

GRIM Books

Ever wanted to access mortality information for a specific cause of death? Now you can, using the GRIM Books (General Record of Incidence of Mortality).

The GRIM Books are a collection of dynamic and interactive workbooks comprising cause-specific Australian mortality information for the most recent years (to 2001) and historically to 1907 for many causes of death. For over 150 causes, features added functionality and an interactive mechanism, enabling the user to set limits on the data (for example by age groups and years) for analysis. Each workbook contains comprehensive user information and notes on data source and methods.

GRIM Books present mortality data indexed by year, sex and five-year age groups for a specific cause, or a combination of causes mapped to the International Classification of Diseases Version 10 (ICD10). The workbooks, built in Excel, contain deaths and population data, which allow the user to manipulate the data in many ways. Graphs and tables are available and can easily be copied into documents. Data are included subject to availability, with some workbooks beginning in 1907. The workbooks are updated annually upon the release of mortality data from the ABS.

Cause-specific mortality information is presented in multiple ways: deaths (total deaths, median age at death, percent of all causes, percent of ICD10 chapter causes and PYLL — potential years of life lost) and death rates (age-specific and age-standardised, male:female ratio and lifetime risk of dying). GRIM Books also turn the data around and examine mortality by five- and ten-year birth cohorts. The workbooks include graphs featuring cause-specific trends in

death rates (comparing the pattern against all causes of death), number of deaths and age-specific rates and deaths and death rates for five- and ten-year birth cohorts.

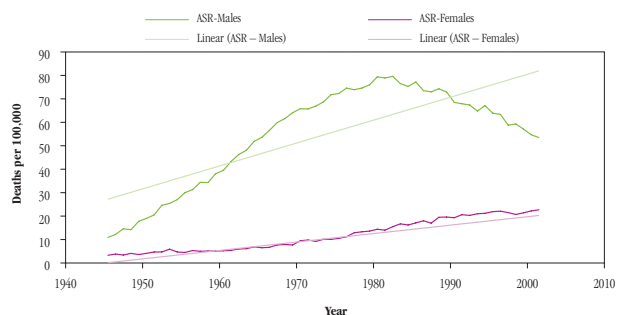
A new addition to the GRIM Books is an interactive feature, enabling the user to generate summary tables. Version 6 comprises five tables — summary measures (for example mean age at death, and lifetime risk of dying), average annual rates of change, aggregated age-specific rates, risk of dying and PYLL. Users drive the tables by specifying the year(s), age group(s) and a population standard to their requirements.

Other features include colour coding according to ICD version, notes relating to classification, and where applicable, a comparability factor to facilitate comparison of ICD9 (1979–96) and ICD10 (1997 onwards) data.

GRIM Books are available, for a small charge, for over 150 specific causes and combinations of causes of death. Two examples (All causes combined, and Lung cancer (see illustration) are available free of charge on the AIHW web site (www.aihw.gov.au/mortality under 'What's new and interesting'). A list of available diseases can also be found on the web site. To order GRIM Books, or for technical information, please contact mortality_info@aihw.gov.au.

GRIM Books are a useful data resource to get some summary information quickly, but should be used with the notes about the ICD versions, and generally with the attention to some of the detailed data available. For example, 'lung cancer deaths between 1950 and 2000 for males increased' is a conclusion that can come from the summary data, if you don't look at the graph or the spreadsheet with all the data.

Trends in death rates for Lung cancer (ICD10 C33, C34), Australia, 1945–2001



Summary measures of mortality

1. Select a year (Data available for 1945 to 2001)

	Total Deaths	ASR ¹	Male:Female Ratio	Mean Age at Death	% ICD10 Chapter Causes	% All Causes	PYLL (75) ²	PYLL (75) Rate ³	% All Causes PYLL (75)	Lifetime Risk of Dying ⁴
Males	4,642	53.3	2.4	71.1	22.0%	8.9%	28,248	5.1	< 0.1%	1 in 27
Females	2,394	22.7		70.8	14.6%	3.9%	16,203	1.8	< 0.1%	1 in 57
Persons	7,035	38.2		71.0	18.8%	5.9%	45,050	2.5	< 0.1%	1 in 37

Notes

Please refer to the User Information page for notes on the methods used.

- ASR is the age-standardised mortality rate per 100,000 population using the Australian Standard Population 2001.
- The PYLL measure used here uses an arbitrary limit to life of 75 years.
- The PYLL Rate is expressed as the years of life lost per 1,000 population.
- The lifetime risk of dying is calculated here for ages 0 to 74.

— Not applicable



Double-Jeopardy in childhood disabilities

DENNIS HOGAN, BROWN UNIVERSITY

All studies of children, youth and families would benefit from the inclusion of information on disability. This recommendation was the focus of a discussion on the survey measurement of childhood disability by Dennis Hogan, in a May 2003 meeting at AIHW. Hogan, the Robert E. Turner Distinguished Professor of Population Studies at Brown University, has been developing methods for the survey measurement of disability in children.

Hogan was in Australia to work with his colleague Peter Brandon, a Visiting Fellow in Demography at the Australian National University. The meeting at AIHW was the first of what we hope will be many meetings to exchange ideas, compare data and methods, and to compare findings. We hope that these contacts and exchanges may ultimately lead to the development of collaborative work.

Hogan has worked with an interdisciplinary team of collaborators (sociologists, economists, medical doctors and demographers) over the past ten years to develop a comprehensive population-based portrait of children with disability. This research has used the new World Health Organisation's International Classification of Functioning, Disability and Health (ICFDH) to capture the various aspects of disability in children. In the ICFDH, health condition is an umbrella term for disease (acute or chronic), disorder, injury or trauma. Disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environment and personal factors). Most large government-sponsored surveys of health have historically concentrated on the measurement of illness and disease (impairments), access and use of medical services, and unmet needs for medical care. Limitations in activity and participation are dimensions of disability for which demographic data collection and analysis of population surveys are particularly appropriate. There is a long tradition of measuring limitations in activities of daily living among the elderly; Hogan shows that it is equally important to measure limitations in activities and participation to understand disability among children, and to assess its implications for successful child development.

Hogan reported on new population-based survey methodologies for the measurement of disabilities among children, with regard to mobility, self-care, communication, and learning and behaviour, during his visit to AIHW. An important component of this research is the finding that only a handful of questions is adequate to measure these dimensions of disability. More specifically, he recommends for use in general population surveys a concise set of survey questions worded similarly to the following:

- Does R have any trouble seeing, even when wearing glasses or contact lenses?
- Does R have any trouble hearing what is said in normal conversation, even when wearing a hearing aid?
- Does R have difficulty communicating so that people outside the family understand?
- Is R limited in his/her ability to walk, run or play?
- Does R have difficulty learning how to do things that most people of the same age are able to learn?
- Does R have significant problems at school with paying attention in class?

Recent work using these survey-based methods has focused on the use of medical care and rehabilitation among children with impairments and limitations in activities. The occurrence and severity of disabilities vary systematically according to social and demographic characteristics of families (especially race and ethnicity, and migration status). Families with children with disabilities report a variety of types of distress—sleep deprivation, changes in work to meet specialised child care needs, and major financial loss. Yet most families are fairly resilient, adapting to the challenges posed by a child with a disability. In the United States, these problems are more severe than in Australia because of its limited provision for childcare for children with disabilities and the expectation that mothers (including single mothers) will work to support their families. Parents in America face the need for intensive time-use to mobilise a fractured system of medical, rehabilitation and social services. Hogan has shown that well children who have a sibling with a disability are considerably less likely to receive routine medical, dental and vision care.

Disabilities in childhood create a double jeopardy to successful youth development that is linked to the disability itself and to the less advantageous family and socioeconomic resources of households containing a child with a disability. Young persons with disabilities face a variety of challenges in becoming fully participating members of adult society. In the United States, the school-to-work transition and obtaining a place of independent residence are particularly difficult. Hogan and colleague Brandon suspect that the situation in Australia is somewhat different because of its well-established post-secondary vocational education and training system.

Hogan reported, 'I greatly enjoyed my visit to AIHW. The exciting and diverse research activities, and the friendly and knowledgeable staff, made my meeting especially interesting and productive. I hope that we can continue to meet and exchange ideas, and that members of AIHW will be able to visit Brown University in the not too distant future'.



Dennis Hogan,
Brown University

Our cubes are multiplying!

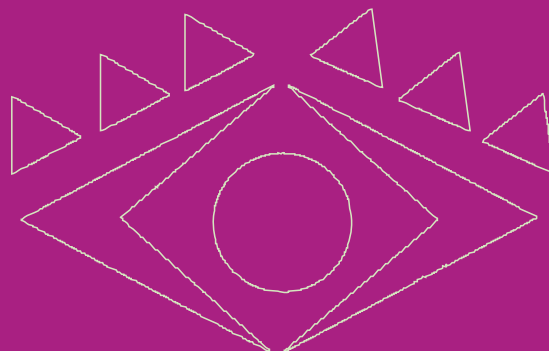
For those not familiar with the cubes on our web site — these are multidimensional representations of data which let you drill down to the statistics YOU want without having to download large publications from our website. All you need to use our cubes is your web browser (Internet Explorer or Netscape Navigator) — no extra software is required.

The addition of several new expenditure cubes (<http://www.aihw.gov.au/expenditure/datacubes/index.html>) has brought to approximately 40 the total number of data cubes on our website. The new cubes cover welfare services expenditure by state and national government and by non-government community services organisations.

Also new in our Data Online portal are three cubes containing data from the Alcohol and Other Drug Treatment Services National Minimum Data Set (<http://www.aihw.gov.au/drugs/datacubes/index.html>) — these provide statistics on treatment services and client demographics.

HINT:

For regular users of our data cubes — please do not bookmark a specific cube page in your browser, as we refresh the cubes as new data come to hand. To ensure you always find your way to our latest data, bookmark the Data Online page (<http://www.aihw.gov.au/dataonline/index.html>) and navigate to your cube of choice from there!



National Community Services Information Management Group (NCSIMG)

The National Community Services Information Management Group (NCSIMG) has embarked on a new phase of its life, holding its first meeting with Dr David Filby as Chair. The meeting, held over two days in July, covered both retrospective as well as prospective aspects of the work of the Group.

Leaders of NCSIMG work program project teams reported to Group members about the status of those projects. Those projects are:

- a final report on Statistical Data Linkage in Community Services Data Collections. The original report was endorsed by the Community Services Ministers' Advisory Council in March 2002 and was distributed for consultation and comment. NCSIMG endorsed the updated report, which incorporates comments received, including those from the Office of the Federal Privacy Commissioner, for publication and distribution as a resource to inform consideration of data linkage in the sector. Please contact the Secretary, NCSIMG if you want a copy of the final report;
- an extensive program of work of the National Community Services Data Committee, including preparation of Version 3 of the National Community Services Data Dictionary;
- projects relating to the development of national minimum data sets for juvenile justice and for children's services;
- an extensive program of work of the National Child Protection and Support Services Data Working Group;
- projects to support Aboriginal reconciliation;
- a draft report, prepared by the AIHW, on the data quality of Indigenous identification in seven community services data collections;

- development of a website-based resource providing information on ways of improving the identification of Aboriginal and Torres Strait Islander people in administrative datasets;
- scoping work regarding the development of national outcome indicators for community services.

The NCSIMG has now completed the priority tasks identified in its National Community Services Information Development Plan (available on the NCSIMG web page at: <http://www.aihw.gov.au/committees/welfare/ncsimg/publications/ncsidp.pdf>). Group members suggested projects for inclusion in a future work program; comments on the draft work program will be sought in a range of consultations with interested parties. It was particularly valuable to have David Filby lead that exercise. David was inaugural Chair of the National Health Information Management Group and strongly supports current processes to more closely link the work of the two Groups.

David, who, at the request of the Community Services Ministers' Advisory Council (CSMAC), is reviewing the National Community Services Information Agreement, also led a healthy discussion and debate among management group members regarding the scope and shape of a future Agreement. David has already consulted with representatives of CSMAC and will hold further consultative meetings to inform the report he is preparing on the review.

For further information contact Margaret Fisher, Secretary, NCSIMG (margaret.fisher@aihw.gov.au).

National Housing Data Agreement Management Group (NHDAMG)

In June 2003 the Commonwealth and the states and territories signed the new five-year Commonwealth–State Housing Agreement (CSHA). The new Agreement is designed to provide strategic directions and funding certainty for the provision of housing assistance across Australia in the five years from 1 July 2003. The new CSHA consists of a multilateral agreement accompanied by bilateral agreements between the Commonwealth and each state and territory. The bilateral agreements allow each jurisdiction more flexibility in delivering housing assistance according to priorities and circumstances.

The multilateral agreement specifies the guiding principles, funding arrangements and operating procedures. It also specifies an outcome measurement framework based on bilateral information and a core set of nationally consistent indicators and data. Like the previous CSHA signed in 1999, the new Agreement includes the National Housing Data Agreement (NHDA) as a subsidiary agreement to the CSHA. Under the NHDA, the Commonwealth and states and territories will provide data as specified under the Data Agreement, according to agreed standards, and will provide funding for data management and other purposes.

The new CSHA includes Indigenous housing in a broader way than previous Agreements and should facilitate a closer alignment between mainstream and targeted housing assistance data requirements.

This work on national housing data development, management and reporting is coordinated by the National Housing Data Advisory Management Group (NHDAMG). The Institute is the secretariat for the NHDAMG, the National Housing Data Committee and the National Indigenous Housing Information reports.

Under the new CSHA the NHDAMG will work more closely with national policy and research groups to ensure expertise and skills are effectively utilised. The development of common approaches across the CSHA and related programs to defining and measuring need, alignment of national reporting requirements and the use of common standards will continue.

For more information on the NHDAMG or other housing information issues, please contact the head of the Housing Assistance Unit at the AIHW, David Wilson, ph. (02) 6244 1202 or e-mail david.wilson@aihw.gov.au

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