



Australian Government

Australian Institute of
Health and Welfare

access

issue no. 27 2010

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prevention**
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Australia's health2010

23 June 2010, see page 5

'The Australia's Health report is over 600 pages of top quality statistical evidence and commentary providing a comprehensive and detailed picture of what's happening in our health system and how well we are performing'

The Hon Nicola Roxon MP, 2008



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Dear reader

a message from Dr Penny Allbon, Director, AIHW



Welcome to the AIHW's first Access newsletter for 2010. Following feedback from you, our readers, we have also produced Access as an electronic newsletter to help reduce our impact on the environment. The back cover of this paper version has details on how to subscribe to the online version.

Of course that's not the only change happening here at the Institute. As I write this column, there are important changes and possible changes afoot on major health and welfare fronts into which we provide data and information. Demands for new data and new analyses to inform policy development and monitor reform are inevitable—and welcomed.

We are already some way down the road in developing data to measure the national performance indicators in the Intergovernmental Agreements following our substantial new funding for this in last year's Federal Budget.

Homelessness is one area undergoing major reform following the Australian Government's release of its white paper, *The road home: a national approach to reducing homelessness*. Homelessness is recognised as more than simply a lack of housing in that it can have so many contributing

(and often-linked) social and economic factors, and many different interventions and outcomes. Developing data to monitor the level of homelessness in Australia is no small task – there are conceptual challenges as well as measurement ones. You can read how the AIHW is responding to these challenges in our second feature article, 'A new direction for homelessness'.

Child Protection is another area of high priority to government where new and enhanced data is needed to measure progress. We have been active in this area for some years now, but the need for data is growing. Juvenile justice is becoming a more prominent topic of social concern. You can read about what we are finding and what our future plans are in our third feature article, 'Understanding the juvenile justice system'.

Closing the data gap to support Indigenous reform continues to be high on our priorities, as does the ongoing improvement of disability services data.

And then of course there's the health system. Among the 'possibles' in our current world of change are proposed changes to the funding and administration of hospitals and the primary care system, as governments and the community react to last year's final report from the National Hospitals and Health Reform Commission, *A Healthier Future for all Australians*. Following a series of community consultations, the Australian Government has set out its initial position in the report *A national health and hospitals network for Australia's future*. Among many other things, that report also foreshadows the implementation and public release of clear and nationally consistent performance information on public and private hospitals, down to individual hospital level, and on other aspects of the health system, including performance monitoring in primary care.

Also included in *A national health and hospitals Network for Australia's future* is a renewed call to focus on prevention rather than cure. Last year the National Preventative Health Taskforce released its *National Preventative Health Strategy Australia: the healthiest country by 2020*. The strategy is a blueprint for tackling the burden of chronic disease caused by obesity, tobacco and alcohol. It aims to halve the current daily smoking rate to 10% or less, halt and reverse the rise in obesity levels and reduce the proportion of Australians who drink at long-term, high-risk levels to 7%.

At the AIHW we strive to produce reports and other outputs that are closely relevant to policy, and in this issue of *access* we pick up on these themes in our 'Prevention of chronic disease' feature.

There are many other interesting items to read in this newsletter, including our new 'In the pipeline' feature, where we gather together forthcoming events and publications, and tell you about some of the things we are working on, all in the one place.

Finally, don't forget our one-day *Australia's Health 2010* conference in Canberra on 23 June. It's a 'must-attend' event for anyone involved in or interested in health, health policy and health services, and once again we have an outstanding program and speakers all vying for your attention at a very low price! You can find more details in this issue of *access*, or on our website.

Dr Penny Allbon

More information

A Healthier Future for all Australians
www.nhhrc.org.au

A national health and hospitals network for Australia's future
www.yourhealth.gov.au

Prevention

of chronic disease

What we know

Many risk factors associated with chronic disease can be prevented or reduced by making lifestyle changes. Chronic diseases such as diabetes, cardiovascular disease, chronic kidney disease, respiratory diseases and some cancers often require ongoing treatment and place a huge burden on Australia's health care system. Preventing risk factors, such as smoking, being overweight or obese, excessive alcohol consumption, high blood pressure and a poor diet can help reduce the incidence of these diseases.

There are already many population-level interventions aimed at these risk factors, such as efforts to reduce air pollution, public awareness campaigns and individual-level services, such as health checks. However, as Australia's population ages, the momentum behind preventive health care rather than curative health care is building.

The situation now

The prevalence of some risk factors is increasing—notably obesity. In its recent *Health at a Glance* report, the OECD ranked Australia as the fourth worst country in terms of adult obesity rates.

While, the number of Australians who smoke is steadily declining, about 17% of Australians aged 14 years and over still smoked daily in 2007.

Alcohol consumption patterns vary among different population groups, however in 2007, 1 in 10 people aged 14 or over consumed alcohol at least once a month at levels considered harmful in the long term.

Towards a healthier future

In 2008, the establishment of the Preventative Health Taskforce laid the foundation for an increased focus on prevention. The taskforce's National Preventative Health Strategy *Australia: the healthiest country by 2020* was released in 2009. The strategy is a blueprint for tackling the burden of chronic disease caused by obesity, tobacco and alcohol. It aims to halve the current daily smoking rate to 10% or less, halt and reverse the rise in obesity levels and reduce the proportion of Australians who drink at long-term, high-risk levels to 7%. The strategy also recommends the establishment of a National Preventive Health Agency which will provide evidence-based policy advice to governments.

The shift towards prevention

'Prevention is not a new concept,' says Mark Cooper-Stanbury of the AIHW's Population Health Unit. 'We've always known about prevention, but this is the first time we've got a prevention strategy and I expect there will soon be an agency for the first time.'

Mr Cooper-Stanbury says the increased focus on prevention may have come about after the 2007

Intergenerational Report, which detailed a dramatic rise in health costs over the next 20 years.

'The idea that prevention is better than a cure is starting to hit home.'

'We know prevention is highly effective, but there can be some aspects of prevention that are more effective than others', he said.

The role of the AIHW

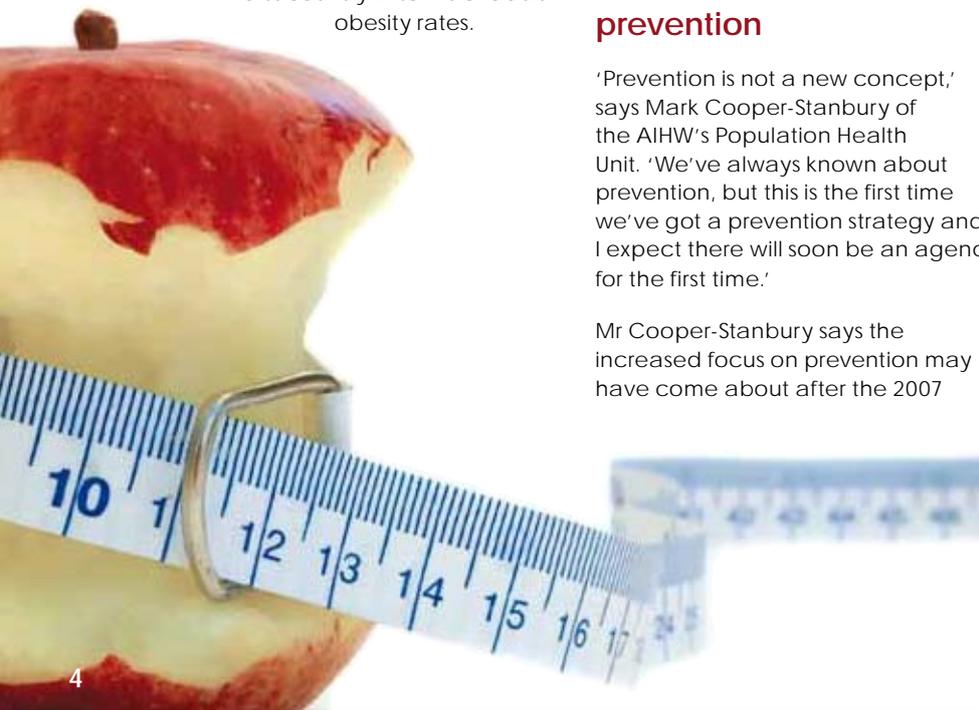
As a reporting agency, the AIHW monitors diseases and risk factors, and preventive activities. These monitoring activities provide the evidence needed for identifying prevention and health priorities, and evaluating interventions. Adrian Webster, of the AIHW's Respiratory Conditions and Primary Care Unit, says the AIHW has done analysis that clearly shows the impacts of smoking and the success that anti-smoking programs have had so far. The links between smoking and lung cancer are clearly established. But there are other links too. For example, comparing tobacco consumption rates with male mortality data shows a link between tobacco consumption and Chronic Obstructive Pulmonary Disease (COPD) in Australia.

'At least half of Australia's adult population is now defined as either overweight or obese.'

About 15 years after tobacco consumption began to rise sharply in the 1930s male COPD deaths began to rise at the same rate. And about 15 years after tobacco consumption began to fall in the 1970s and 1980s, so did the rate of male deaths due to COPD. Mr Webster says this sort of monitoring highlights the risks of smoking and is vital for the evaluation of prevention programs.

Cardiovascular disease, chronic kidney disease and diabetes

In December 2009, the AIHW released *Prevention of cardiovascular disease, diabetes and chronic kidney disease* — the Institute's first report to use a systematic approach to monitor prevention.



'Cardiovascular disease (CVD), chronic kidney disease (CKD) and diabetes account for around a quarter of the disease burden in Australia, and just under two-thirds of all deaths.'

These three diseases often occur together and share risk factors, such as physical inactivity, overweight and obesity, and high blood pressure. The report draws on data from a wide range of sources, and covers three aspects of prevention: the prevalence of risk factors, initiatives aimed at the whole population and services provided to individuals.

The report's co-author and Head of the Cardiovascular, Diabetes and Kidney Unit, Lynelle Moon, describes it as a baseline report which can

be used to compare the situation in the future. 'It's new work for the Institute, something that hasn't been done before, but it's a picture of what's happening', she said. 'There is obviously a strong case for doing more in prevention, as these risk factors are very common.'

The next steps

'The prevention of CVD, diabetes and CKD report really just scratched the surface', Ms Moon said. 'But it's a report that we'd want to update in the future, particularly with the current strong focus on prevention.'

Ms Moon said there was clearly a need for ongoing monitoring in the area of prevention; however, better data are needed, in particular data based on actual measurement rather than self-reported data, as well as systematic data on population-level initiatives. 'There is definitely

an increased focus on prevention by all levels of government and with the increased focus on prevention, it is important that sound systems to independently monitor efforts in the area are established.'

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Further information

Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors see page 13

Australia: the healthiest country by 2020 www.health.gov.au

Australia's health 2010

Wednesday 23 June 2010
The National Convention Centre,
Canberra from 8:00am

The *Australia's health 2010* conference will provide the latest health statistics and informed commentary on:

Chronic disease—Investigating the top candidates: cardiovascular disease, diabetes, cancer, dementia and mental health.

Health prevention—What are the data telling us? What are our success stories? Where should our prevention dollars be spent?

Health reform—What does this mean for hospitals, primary health care, the health workforce, e-Health/privacy, and health insurance?

If you have an interest in any of these health areas this conference is a must.

The conference will also review what the data showed in 2000, what's happening in 2010 and what this could mean in 2020.

The Hon Nicola Roxon MP, Minister for Health and Ageing, will launch the AIHW's *Australia's health 2010* biennial report.

Keynote speaker Geoff Simmons, co-author of *Health Cheque: the truth we should all know about New Zealand's public health system*.

Geoff spent six months carrying out in depth interviews with doctors, specialists, administrators and researchers for the book—the results were surprising.

Are there some take home messages for the Australian health reform process?

Other keynote presenters

Professor Patrick McGorry
Australian of the Year 2010

Professor Ted Wilkes
Professorial Fellow in Aboriginal Health, Curtin University

Melissa Sweet
Health Journalist and published author

Peter Berner
Entertainer and host of The Einstein Factor

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register at www.aihw.gov.au/eventsdiary/index.cfm

A new direction for homelessness



There are many causes of homelessness, and many factors that can contribute to a person remaining homeless. These range from poverty and relationship breakdown to domestic violence and drug and alcohol abuse.

Homelessness affects all sorts of people at different times. For some it may be a once in a lifetime event, some cycle in and out of homelessness for a period; and for others it is a chronic condition.

'The complexity of homelessness means it is a much broader issue than simply a lack of housing.'

At the AIHW, homelessness has become an important work area in terms of providing information on

the assistance programs for people experiencing homelessness and those at risk of homelessness. At the moment, an important part of this work is to upgrade the homelessness data collection. This upgrade will help expand the collection to include more information about the outcomes for people who are homeless or at risk of homelessness. This information will help inform policy makers about the best ways of breaking the cycles of people who are homelessness and how to achieve the best possible outcomes for these people.

The way forward

The road home: a national approach to reducing homelessness is the Australian Government's white paper on homelessness and outlines its commitment to reducing and preventing homelessness.

'The homelessness white paper sets an ambitious target to halve homelessness in Australia by 2020 and offer supported accommodation to all rough sleepers who need it.'

It also emphasises the importance of improving data on homelessness to enable progress towards the goals and targets of the strategy to be measured. The current Australian Government's social inclusion framework also aims to combat the social and economic disadvantage associated with homelessness.

From SAAP to the NAHA

Between 1985 and 2008, the Supported Accommodation Assistance Program (SAAP) was the major government response to homelessness in Australia. SAAP brought together state, territory and national homelessness programs for the first time. The overall aim of SAAP was to provide transitional supported accommodation and related support services to help people who are homeless achieve the maximum possible degree of self-reliance and independence.

In 2009, the SAAP agreement between the Australian Government and the states and territories was replaced by the National Affordable Housing Agreement (NAHA) and a new National Partnership Agreement on Homelessness. The overall approach of the NAHA is to better join-up support for individuals and families across their full range of needs—including housing, employment, education, health and other community services—and to improve the way in which essential services work.

The role of the AIHW

Since 1996, the SAAP National Data Collection Agency at the AIHW has been providing information on all homelessness assistance and services that come under SAAP. The collection consists of three distinct components, which cover clients, demand for accommodation and administrative data. This detailed information includes reasons why a client has requested assistance, their

circumstances immediately before and after support, and the length and level of support they receive.

Under the new NAHA, the AIHW will continue to play a significant role in providing statistics on homelessness through its continued management of the former SAAP data collection, but the collection will be expanded to include more information on the outcomes for people who are homeless or at risk of homelessness once they have accessed these services.

The new Homeless Data Collection

'Good evidence is needed to assess the effectiveness of services and programs and to direct the response to homelessness', said Geoff Neideck, Head of the AIHW's Housing and Disability Group. Mr Neideck said the AIHW was currently working with the Australian Government and states and territories to determine what data are needed to get a more complete picture of the services provided to homeless people.

'While the data collected previously were very much focused on what services were delivered to people who were homeless or at risk of homelessness, the new data will focus more on outcomes.'

Mr Neideck said this would also take in social inclusion outcomes such as employment, and building family and community relationships.

The challenges ahead

Mr Neideck said the biggest challenges at the moment were getting the new collection up and running while maintaining the 'old' collection, developing the methodology to determine the effectiveness of services. 'Training people working in the homelessness sector to use new data collection tools and keeping people informed of the transition will also be fundamental to the new collection's success', he said.

Mr Neideck said 'now' is the right time to upgrade the collection. 'The issue of homelessness has been magnified by the global financial crisis and housing affordability difficulties. It's been highlighted as a key area by the government, and it's appropriate that we gather better information in order for governments and the community to better understand and solve the problems.'

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Further information

The road home: a national approach to reducing homelessness www.fahcsia.gov.au

National Affordable Housing Agreement www.fahcsia.gov



Understanding the juvenile justice system

Detention is only one of the methods used in dealing with young people in trouble with the law—and typically we might expect it's for those who've committed the worst offences. But is that really the case, and just what do we know about the young people who find themselves involved in the juvenile justice system?

What do we know?

On an average day in Australia, hundreds of young people are held in detention in juvenile justice centres around the country. Others are placed under a range of orders including supervised bail, probation, suspended detention or parole. Each of these young people is caught up in a complex system designed to turn young offenders away from crime.

How have we helped

Since 2006, the Australian Institute of Health and Welfare has produced *Juvenile justice in Australia*, an annual report that looks at young people

under supervision in each of the states and territories in Australia. Juvenile justice in Australia is produced using information provided by each of the state and territory departments responsible for juvenile justice.

The report provides a unique look at the supervision of young people in the juvenile justice system. Report author Rachel Aalders says the report provides an important set of nationally comparable statistics.

'Juvenile justice in Australia provides a perspective on young people's experience not available elsewhere.'

Aalders says that the report's findings are not only valuable to juvenile justice departments. 'The reports are used by a range of government and non-government agencies that are concerned with children's welfare and provide valuable data for universities research into juvenile justice.'

Knowing more about the characteristics of young people under supervision, such as their age, sex and whether they are Indigenous, as well as the types of supervision

they experience, can help inform policy makers to achieve better outcomes for these young people.

The latest data

The most recent juvenile justice report, for 2007–08, revealed that on an average day in Australia (excluding New South Wales) there were around 4,000 young people under juvenile justice supervision. 'Most of these were under community-based supervision of some kind—only about 10% were in detention', says Aalders.

'Around 1 in every 200 young people aged 10–17 years was under supervision, either in the community or in detention, at some time during the year.'

Most of the young people under supervision are male—over 80% on an average day in 2007–08. This trend was common around the country, ranging from 80% in the Australian Capital Territory to 94% in the Northern Territory.

Another notable finding from the report was the number of Indigenous children under supervision. Rachel Aalders notes that 'Only around 5% of young Australians are Indigenous, but they comprised 40% of those under supervision on an average day'.

'The report found that an Indigenous young person was 16 times as likely to be under supervision as someone of the same age who wasn't Indigenous.'

This over-representation of Indigenous young people was even more marked for those in detention. The juvenile justice report for 2007–08 revealed that on an average day there were 630 young people in detention in juvenile justice centres around Australia (excluding New South Wales), which is a 17% increase over four years. Nearly all in detention were male and just over half were Aboriginal or Torres Strait Islanders.

Rachel Aalders says that one of the more interesting findings to come out of this year's report was that over half of young people in detention had not yet been sentenced, but were on remand waiting for their cases to be heard. This figure had increased from just over a third in 2004–05.

'Detention is an option that is ideally reserved for only the most serious offenders, and some young people are placed on remand (rather than released into the community) because of the seriousness of their alleged offences', she says. 'But a growing body of research suggests that an increasing number of young people are ending up in remand because they don't have anywhere to live.'

The number of unsentenced young people in detention varied quite dramatically between the states and territories. In the Northern Territory, Queensland and the Australian Capital Territory around two-thirds of young people in detention were unsentenced, while in Victoria the number was as low as a quarter.

Aalders says that these differences suggest that policies and programs within the juvenile justice system can have a dramatic impact on the number of young people in the juvenile justice system. Providing accommodation for homeless young people at risk of remand, for example, or implementing programs that intervene early in life to prevent young people from starting a life of crime, can help keep kids out of detention.

The way that juvenile justice systems work has a real impact on the lives of young offenders, their families and communities. The *Juvenile justice in Australia* reports provide a point from which to start asking questions. Why do so many Indigenous young people end up in the juvenile justice system? Why are rates of detention increasing? Why are there such marked differences between some states and territories? And what can be done to improve the outcomes for these young people?

What's next?

Rachel Aalders has already begun working on the next edition of *Juvenile justice in Australia*. Changes are afoot which she hopes will make the report even more useful and thought-provoking. To date, information has only been provided

about a young person's most serious supervision order but from now on data on all supervised orders will be collected. This will provide more detailed information about the extent of young people's involvement in the juvenile justice system.

Aalders is also collecting and analysing offence data from a number of states and territories. 'We hope that this will provide further information about why young people are under juvenile justice supervision, and whether the rise in the number of young people in detention is in fact the result of young people committing more serious crimes', she says.

Where to from here

In the future, there's also the possibility of expanding the information gathered about the young people themselves. Aalders says that collecting additional data, such as whether young people under supervision have a history of mental health issues or an involvement in the child protection system, will provide policy makers with the information needed to implement early intervention programs and practices that help stop young people from entering the juvenile justice system in the first place.

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Further information

Juvenile justice Australia 2007–08
see page 13





National Drug Strategy Household Survey 2010

What is the strategy?

The National Drug Strategy, a cooperative venture between the Australian Government, state and territory governments and the non-government sector, is aimed at improving health, social and economic outcomes for Australians by:

- preventing the uptake of harmful drug use;
- developing drug strategies;
- allocating resources for the prevention and reduction of the harmful effects of substance use on Australian society.

What is the survey and what does it do?

The survey is Australia-wide and collects interviews from approximately 25,000 persons aged 12 years and older. The survey provides data on alcohol and other drug use in Australia. The surveys also measure community attitudes to drug use, and awareness of and community support for various drug-related policies. This is the tenth survey in a series that began in 1985.

The objectives of the survey include:

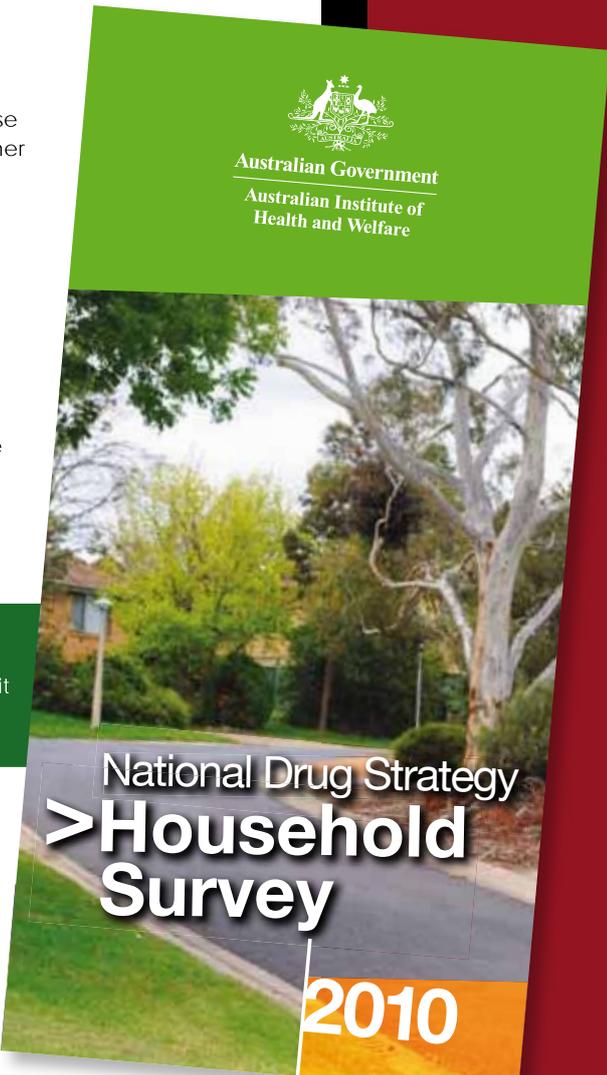
- providing data on the level, patterns and trends in the use of tobacco, alcohol and other substances;
- identifying groups with a high risk for drug abuse;
- measuring community awareness and knowledge of licit and illicit drugs, and
- measuring community support for various drug-related policies. The Institute manages the survey on behalf of the Australian Government Department of Health and Ageing.

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Health and Welfare



National Drug Strategy
> Household
Survey

2010

NatStats 2010 Conference

15–17 September 2010 Darling Harbour Sydney

The Australian Bureau of Statistics will be hosting another NatStats conference at the Sydney Convention and Exhibition Centre, Darling Harbour on 15–17 September 2010. NatStats 2010 will build on the enthusiasm and passion generated by delegates at NatStats08 and aims to build stronger links with key stakeholders, strengthen the understanding of statistical issues within and across governments, and consolidate support for current and emerging statistical initiatives. An exciting program is being developed and will address a range of issues regarding national statistics. Please visit NatStats 2010 at www.nss.gov.au and click on NSS events for more information or email natstats@nss.gov.au.

Community housing data collection

The AIHW's community housing data collection helps to:

- Demonstrate the important role the community housing sector plays in the delivery of housing assistance
- Guide policy and program development and strategic planning
- Inform housing research and the public.

Collecting community housing data

Under the National Affordable Housing Agreement (NAHA), all state and territory governments provide information to the Australian Government about the community housing sector. The AIHW manages this collection of community housing data on behalf of all states and territories. The Community Housing Federation of Australia supports and promotes this collection. The information collected is used by the AIHW to report state, territory and national information about the sector.

About the survey

State and territory housing authorities circulate an annual email survey on behalf of the AIHW to community housing organisations in their jurisdiction. The survey asks organisations about their business as a community housing provider,

the dwellings they manage and the tenants assisted. The electronic survey immediately alerts users to data entry errors, thereby improving data quality.

What's next

National reforms in the not-for-profit community housing sector, driven by the National Affordable Housing Agreement, have highlighted the need for high quality data. The AIHW wants to understand the issues that community housing organisations face in providing information for government reporting. Currently, the coverage of community housing data is not comprehensive and the quality varies. Therefore, we are currently undertaking a study with the help of community housing organisations in New South Wales, Victoria and Queensland to better understand costs and issues associated with improving data quality and coverage of the community housing sector. The results will be fed back to participating organisations and used to help make decisions about future data collections.

2008-09 results

Nearly 10,000 households were newly allocated a community housing dwelling during 2008-09, with over one-third of these households being homeless at the time of allocation.

At 30 June 2009:

- 931 community housing organisations were managing around 42,000 rental units.
- Nearly 38,000 households were living in community housing, occupying over 96% of available community housing stock.
- Over 30% of households had a member with a disability.
- 7% of households identified as Indigenous.
- Nearly 50,000 applicants were on community housing organisation waiting lists, with 45% of these applicants being classified as 'greatest need'.
- Most community housing organisations (88%) managed less than 50 dwellings each.
- Fewer than 5% of organisations managed 200 or more dwellings each.

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Further information

2008-09 housing assistance data results
www.aihw.gov.au/housing/assistance/data/index.cfm



The people behind the stats:

Cardiovascular Disease, Diabetes and Kidney Unit



The Cardiovascular Disease, Diabetes and Kidney Unit team

What we do

Cardiovascular disease, diabetes and chronic kidney disease account for around a quarter of the burden of disease in Australia, and just under two-thirds of all deaths. These three diseases are the focus of the work of the Cardiovascular, Diabetes and Kidney Unit at the AIHW. We aim to help reduce the impact of the diseases by informing community discussion and decision making.

The Unit looks at all aspects of the diseases as well as those common to all three. It provides information on the number of people with the diseases, their functioning and disability, use of health services, risk factors and deaths. Trends, differences between population groups, and international data are analysed where possible.

We also run three national monitoring centres within the Unit: the National Centre for Monitoring Diabetes, the National Centre for Monitoring Chronic Kidney Disease and the National Centre for Monitoring Cardiovascular Disease. We also manage the National Diabetes Register, a database that collects information about people who use insulin as part of their treatment for diabetes.

Who we are and what we're working on

We have a very wide range of skills and professional backgrounds, covering statistics, health sciences, epidemiology and demography. Our two Unit Heads, Lynelle

Moon and Susana Senes, say the Cardiovascular, Diabetes and Kidney Unit is always busy, and this year is no exception. In between contributing to the Institute's biennial health report, *Australia's health*, the Unit produces several publications, including a comprehensive overview report on each disease every five years, and more focused analyses on particular topics.

'This year the Unit is on track to produce about eight publications', Ms Senes said. 'One of these will be looking at diabetes in pregnancy; another will examine the prevalence of Type 1 diabetes in children; another is on chronic kidney disease in Indigenous people; while yet another will look at the use of cardiovascular medicines in regional areas.'

'The work is really varied and you as a rule we don't just scratch the surface. It's always interesting because you never do the same thing twice.'

Our audience

'Our main audience is policy makers, but we also target our publications at the public, health service providers, and peak advisory groups such as the National Heart Foundation, Diabetes Australia and Kidney Health Australia', said Ms Senes.

'These organisations also have representatives on each of our advisory committees and we work very closely with them.'

What lies ahead?

'Cardiovascular disease, diabetes and chronic kidney disease are big challenges for Australia, especially with increasing obesity rates and an ageing population', Ms Moon says. 'Over the last five years, the unit has expanded a lot, especially having established the National Centre for Monitoring Chronic Kidney Disease. And the next five years look set to be just as busy.'

'We hope to do more analyses through data linkage, do more research on how the three diseases are managed, and look at differences in the diseases across regions and population groups. All three diseases affect different groups of the population more than others, particularly Indigenous people and people from lower socio-economic groups', Ms Moon says.

Another big issue affecting the Unit is increasing concern about the trends for some risk factors. For example, the number of people with diabetes is on the rise and this could potentially lead to more people developing cardiovascular disease and chronic kidney disease.

Ms Senes says the ageing of the population is also likely to play a big role in the Unit's future work. 'There will need to be a focus on projections, for example, the number of people in the future who will be affected by these diseases and what that might mean for services. These are potentially big problems for Australia, and it's rewarding knowing that we're contributing to the solutions!'

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Report profiles

Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors



Fast facts

- Cardiovascular disease, diabetes and chronic kidney disease account for around a quarter of the burden of disease and just under two-thirds of all deaths in Australia.
- The three diseases often occur together, and have common risk factors such as smoking, high blood pressure, high cholesterol, overweight and obesity, and physical inactivity.
- Inactivity, overweight and obesity, and high cholesterol affect over 50% of adults.
- Smoking and high blood pressure affect 20–35% of adults.
- Indigenous Australians and people from lower socioeconomic groups particularly affected.
- The prevalence of some risk factors is increasing, notably obesity, which rose from 11% of adults in 1995 to 24% in 2007–08.
- There were almost half a million individual health checks funded by Medicare in 2007–08 and the rate of these checks is increasing.
- Around 20% of all medicines supplied in the community in 2007 were for lowering blood pressure, and another 8% were for lowering cholesterol.

Summary

This is the first report to present a systematic approach to monitor prevention in Australia. Using a new conceptual framework, this report focuses on prevention of the modifiable risk factors for the three closely related conditions of cardiovascular disease, diabetes and chronic kidney disease.

These diseases account for around a quarter of the burden of disease in Australia, and just under two-thirds of all deaths.

Drawing on data from a wide range of sources, the report covers three aspects of prevention: the prevalence of the risk factors, initiatives aimed at the whole population and services provided to individuals.

Further information

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Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors
www.aihw.gov.au/publications/index.cfm/title/10696/

Juvenile justice in Australia 2007–08



Fast facts

- The number of young people in detention on an average day in Australia (except NSW, where data were not available) increased by 17%, from 540 in 2004–05 to 630 in 2007–08.
- Most young people were supervised in the community. Around 87% of those under supervision on an average day were under community-based supervision while 13% were in detention.
- The number of unsentenced young people in detention (which included young people on remand) on an average day increased over the four years, the number of sentenced young people decreased.
- Young people who were under community-based supervision were more likely to be sentenced than those in detention.
- Over 90% of those under community-based supervision on an average day in 2007–08 were serving a sentence, compared with just under 50% in detention.
- There were nearly 5,000 young people under supervision on an average day in all states and territories except NSW, and most (nearly 90%) were under community-based supervision.
- Most of those under supervision were male, with males four times as likely to be under community based supervision on an average day and eight times as likely to be in detention as females.
- About 1 out of every 500 young people aged 10–17 were under community-based supervision on an average day and 1 in 3,000 was in detention.
- Although only about 5% of young Australians are Aboriginal or Torres Strait Islanders, 40% of those under supervision on an average day were Aboriginal or Torres Strait Islander.

Summary

In Australia, responsibility for juvenile justice lies with the states and territories, and involves both juvenile justice agencies and other justice agencies such as the police and the courts. This report presents information on one aspect of the juvenile justice process: the supervision of young people in the juvenile justice system.

Further information

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Juvenile justice in Australia 2007–08
www.aihw.gov.au/publications/index.cfm/title/10853/



In the pipeline...

Projects

- Setting up the new National Centre for Monitoring Cancer
- Development of new indicators for monitoring the cervical screening program in the light of the introduction of the Federally funded Human Papillomavirus vaccine (to be featured next issue)
- Monitoring prevention for Cardiovascular disease
- Overhaul of Australia's food and nutrition—Last published by the AIHW in 1994. It brings together information from all sectors of the food and nutrition system in Australia. The main reason for updating is an increasing policy interest in food and nutrition aspects of preventive health, and this report will be a valuable resource for a wide audience, including governments, teachers, students, the food industry, and the general public. The report includes sections on People and the land, The food supply, The selling and buying of food, Food and nutrient intakes, Nutritional status and health, and Food and nutrition monitoring and surveillance. The report is planned for release in mid-2010.
- National Indigenous Data Improvement Support Centre—Telephone hotline and email service to support stakeholders who collect Indigenous information in health data about the 'National best practice guidelines for collecting Indigenous status in health data sets'.
- Data development for osteoporosis issues
- Further development of the 'Closing the Gap' Clearinghouse website
- 2010 National Drug Strategy Household Survey
- Data development and performance indicator work for the Council of Australian Governments (COAG)
- Joint dementia research project with University of Canberra and University of NSW
- Review of the Residential aged care in Australia and Care packages in the community reports—The reports are due out in the second half of 2010.

Events

- **March/April 2010**
Dr Penny Allbon to attend Asian Development Bank workshop
- **April 2010**
Dr Allbon to attend the WHO Family of International Classifications meeting
- **June 2010**
Dr Allbon to attend WHO International Classification of Functioning, Disability and Health meeting
- **23 June 2010**
Australia's health 2010 conference and report launch
- **24 June 2010**
AIHW Board meeting in Canberra

Publications

- A snapshot of men's health in regional and remote Australia
- Dementia and the take-up of residential respite care
- OECD patient safety indicators: Australian evaluation
- National best practice guidelines for collecting Indigenous status in health data sets

Health and wellbeing of young Australians: indicator framework and key national indicators

This bulletin previews the reporting framework and key national indicators that will be the basis of the report *Young Australians: their health and wellbeing 2011*... **Published 30 March 2010.**

Risk factors and participation in work

This report builds on the previous AIHW report *Chronic disease and participation in work* by showing the association between risk factors and participation in work... **Published 25 March 2010.**

Monitoring the impact of air pollution on asthma in Australia: a methods paper

This paper discusses the challenges associated with measuring the effect of air pollution as well as extreme events such as bushfires and dust storms on asthma sufferers... **Published 22 March 2010.**

Cardiovascular medicines and primary health care: a regional analysis

This report examines the complex relationship between cardiovascular diseases, remoteness and the supply of cardiovascular medicines and primary health-care services... **Published 17 March 2010.**

Creating nationally-consistent health information: engaging with the national health information committees

This document provides guidance on engaging with the national processes responsible for health information and data standards, to ensure that data collected are consistent and therefore accurate and useful for policy, planning and program management... **Published 12 March 2010.**

Spinal cord injury, Australia 2007-08

This report presents national statistics on spinal cord injury (SCI) using data from case registrations to the Australian Spinal Cord Injury Registry (ASCIR) for 2007-08. Overall, the rates and causes of SCI, and characteristics of people affected by SCI, remained broadly similar to previous years... **Published 10 March 2010.**

Risk of invasive breast cancer in women diagnosed with ductal carcinoma in situ in Australia between 1995 and 2005

This report presents data that show that women who are diagnosed with ductal carcinoma in situ (DCIS) are at significantly increased risk of being diagnosed with invasive breast cancer later on in their lives, even though the DCIS would have been treated appropriately at the time... **Published 9 March 2010.**

Medication use for arthritis and osteoporosis

Information is provided on the types of medicines Australians are using to manage their musculoskeletal problems, how much these medicines cost, and trends in the prescription of new medicines... **Published 25 February 2010.**

Ovarian cancer in Australia: an overview, 2010

Provides a comprehensive picture of ovarian cancer in Australia including how ovarian cancer rates differ by age, Indigenous status, country of birth, socioeconomic status and geographical area... **Published 24 February 2010.**

Indigenous identification in hospitals separation data: quality report

Presents the results of an audit of the quality of Indigenous identification in hospital separations data and makes recommendations regarding the use of Indigenous status information... **Published 19 February 2010.**



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