



Australian Government

Australian Institute of
Health and Welfare

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We're halfway through 2011 already, and at the Institute the pace has been frenetic with the release of several new high profile publications and online products.

The end of April saw the release of one of our signature annual reports, the 2009–10 edition of **Australian Hospital Statistics**. This is the earliest this 400-page report has ever been made available—thanks to earlier supply of data by our state and territory health department colleagues enabled by the improved data validation processes achieved through the AIHW's new online Validata™ system.

To reinforce our commitment to making important national information as accessible as possible we also released a companion report, **Australia's hospitals 2009–10 at a glance**, in both print and special online versions, and released updated individual hospital level data on the **MyHospitals** website.

In early May we were honoured that the Minister for Human Services, the Hon Tanya Plibersek MP, was able to launch the AIHW's biennial report **The health and welfare of Aboriginal and Torres Strait Islander people: an overview 2011** (pages 4-5) and new **Indigenous Observatory**.

The Observatory includes nine new online papers and accompanying summary sheets on a variety of interesting Indigenous health and welfare topics, including Indigenous life expectancy and mortality; child safety; eye health; disability; access to health services; chronic disease; and older people. More papers will be added as they are written.

The online **Closing the Gap Clearinghouse**, which we produce in partnership with the Australian Institute of Family Studies, also received Ministerial attention in May, with the Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon Jenny Macklin MP, launching the latest Clearinghouse report, **What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence**.

A little 'light relief', if not notoriety, was achieved on 11 May when the 2006 AIHW report *Australian incontinence data analysis and development* was

featured on the ABCTV music quiz show 'Spicks and Specks'. Perth singer/songwriter Grace Woodroffe lent her haunting yet tranquil voice to singing excerpts from the report to the tune of the Beach Boys' *Don't Worry Baby*, Nick Cave's *Into my arms*, and Beyonce's *Crazy love*.

On 10 June we released **Young Australians: their health and wellbeing 2011**, which focuses on recent progress in the health and wellbeing of 12 to 24 year olds across the nation. We produced a new-look 4-page report profile for this publication, detailing the main findings.

On 14 June, which marked the start of International Men's Health Week, we were again honoured to have a federal Minister launch one of our publications. On this occasion it was the Hon Warren Snowdon MP, Minister for Veterans' Affairs, Defence Science and Personnel, Indigenous Health and several other responsibilities, including men's health.

The AIHW report was **The health of Australia's males**, which examines attitudes to health issues, rates of injury, illness and mortality, and use of health services among Australian men. As with the Young Australians report, we produced an attractive accompanying 4-page report profile.

Minister Snowdon launched the report at the Tuggeranong Men's Shed in Canberra, and drew a very large and appreciative crowd, with the Prime Minister's partner and Men's Sheds Association patron Tim Mathieson also speaking, and several radio and television stations attending to cover the event.

Two days after the men's health launch I participated in the CEO Sleepout in Canberra, organised by the St Vincent de Paul Society. The CEO Sleepout took place in capital cities across Australia, although I suspect the Canberra sleepout experience was colder than most, and by some accounts was very noisy in the middle of the night as snoring reached a crescendo. It was a great opportunity to help Vinnies to raise money for their services to the homeless, and gave us a better understanding of some personal journeys involving homelessness in our community.

The AIHW is undertaking important work on homelessness, with the development of a new specialist homelessness services data collection, supported by a new client management system for agencies providing homelessness services. The new collection system went live on 1 July, and we anticipate that the first data will be reported in early 2012. More information will be provided in forthcoming editions of Access.

As a precursor to other published information, the AIHW has also been very active on a range of data development activities, with preliminary work underway to improve our data collections in disability services, hospitals and mental health services areas, among a range of others. This is a key part of our ongoing business that goes on behind the scenes.

In other happenings, the AIHW celebrated **National Reconciliation Week** from 27 May to 3 June with a morning tea and presentation from Glen Cummings, the National Program Manager for Indigenous Community Volunteers. AIHW staff were invited to share their stories on reconciliation, why it is important, and what it means to them.

The Institute is already seeking new graduates for 2012, and our creative staff and past graduate recruits have used their talents to produce a brand new recruitment video which is now available on YouTube and the AIHW website. The jobs section of the AIHW website has all the graduate intake information you will need if you want to apply to join us next year.

As I write this column, the June meeting of the AIHW Board has just taken place. Among the many items that have been finalised are the AIHW's **2011–2014 Strategic Directions**, our **2011–12 Budget**, our **2011–12 work plan**, and a new **customer service charter**.

On a final note I would like to thank and bid farewell to the Hon Peter Collins AM QC who will be retiring as Chair of the AIHW Board after a record 7 years of service.

Peter led the Board through an enormous expansionary phase for the AIHW. Under his chairmanship the AIHW transformed from being a \$24 million organisation in 2004 to being a \$53 million organisation in 2011, with much greater focus on COAG performance reporting in the key areas of health and welfare services and much improved information on health and welfare services used by Indigenous Australians.

Peter made sure that this development did not compromise the independence and quality of our work. He insisted that we have efficient and robust processes, while delivering necessary and interesting information on the health and welfare of Australians. Peter, your contribution to the organisation will be enduring.

David Kalisch
Director(CEO)



New AIHW Indigenous Observatory

About 80% of the mortality gap between Aboriginal and Torres Strait Islander people and other Australians aged 35 to 74 years is due to chronic diseases, according to reports available on the new online AIHW Indigenous Observatory (www.aihw.gov.au/indigenous-observatory).

The Observatory, consisting of an initial nine statistical discussion papers, accompanying fact sheets and an overview report, was launched on 6 May by Tanya Plibersek, Minister for Human Services and Minister for Social Inclusion, in Sydney at the Centre for Research into Aboriginal Health (CRIA) conference.

'We're talking here of diseases that are long lasting and persistent but rarely immediately fatal', Minister Plibersek said, '...illnesses such as heart disease, diabetes, liver disease, respiratory diseases, stroke and cancer'.

'While the 80% figure is surprising, it also gives us hope, because most of these diseases are highly preventable, and can be reduced through well-proven health and other measures.'

'These include tackling risk factors such as smoking, lack of exercise, and poor diet, and attending to health services access problems, and poor housing, low educational achievements and unemployment.'

The gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians is currently estimated by the Australian Bureau of Statistics at 12 years for males and 10 years for females.

The most significant contributors to the mortality gap are heart diseases (22%), followed by diabetes (12%) and liver diseases (11%).

The AIHW has been reporting on Indigenous health and welfare since the late 1980s, and its latest compendium report, *The health and welfare of Aboriginal and Torres Strait Islander people: an overview 2011* is the eighth report of its kind.

The report is available on the new Observatory, as well as in traditional hard copy form.



Key improvements

The Observatory highlights several key areas where there have been improvements in the health and welfare of Aboriginal and Torres Strait Islander people.

For example, Indigenous death rates declined significantly between 1991 and 2008, and the proportion of Indigenous people who were daily smokers dropped from 49% to 45% between 2002 and 2008.

The number of health checks of Indigenous children more than doubled in the 3 years to 2009, and hearing services provided to Indigenous Australians more than tripled in the 5 years to 2009.

There was also good news in education. Indigenous Australians aged 25-34 years completed more schooling than those aged 55 years and over, and Year 12 retention rates for Indigenous students rose from 29% in 1996 to 47% in 2010.

Home ownership levels also improved steadily, with the proportion of Indigenous households who were home owners or buyers rising from 26% to 32% between 1994 and 2008.



Indigenous housing conditions also improved, with the proportion of Indigenous households living in dwellings with structural problems falling from 34% to 26% between 2002 and 2008.

Not so good

The Observatory also shows where improvements are needed in order to close the gap on Indigenous disadvantage.

For example, Indigenous Australians were more than twice as likely to be hospitalised as other Australians, and had longer waiting times for a range of public elective surgery. Around two-thirds of Indigenous Australians die before reaching the age of 65 years and Indigenous people were 1.5 to 2 times as likely as non-Indigenous people to be obese.

End stage kidney disease incidence rates more than doubled for Indigenous Australians between 1991 and 2008, and babies born to Indigenous mothers were twice as likely to be of low birth weight as babies born to other Australian mothers.

Not so good on the education front was that Year 12 completion rates are half those of non-Indigenous Australians.

Indigenous Australians comprised more than a quarter of all prisoners in 2010.

Nearly half of all Indigenous children were living in jobless families in 2006—three times the proportion of all children in Australia. Indigenous people were also much more likely to be sleeping rough or in improvised shelters than others. They also accounted for 17% of clients of homelessness services, more than expected given that Indigenous Australians comprise about 2.5% of the population.

New discussion papers

The Indigenous Observatory currently includes discussion papers on issues ranging from access to health services, chronic disease, disability and child safety, through to eye health, homelessness, older people, international comparisons and life expectancy. More papers will be added as they are written.

One of the papers discusses the different methods that Australia, New Zealand, Canada and the USA use to calculate Indigenous/non-Indigenous life expectancy gaps. On the face of the figures

produced across the four countries, Australia has the largest life expectancy gap. But the answer will never be certain until all four countries use the same methodology and cover similar populations. The authors make some recommendations to that end.

Where's the Observatory?

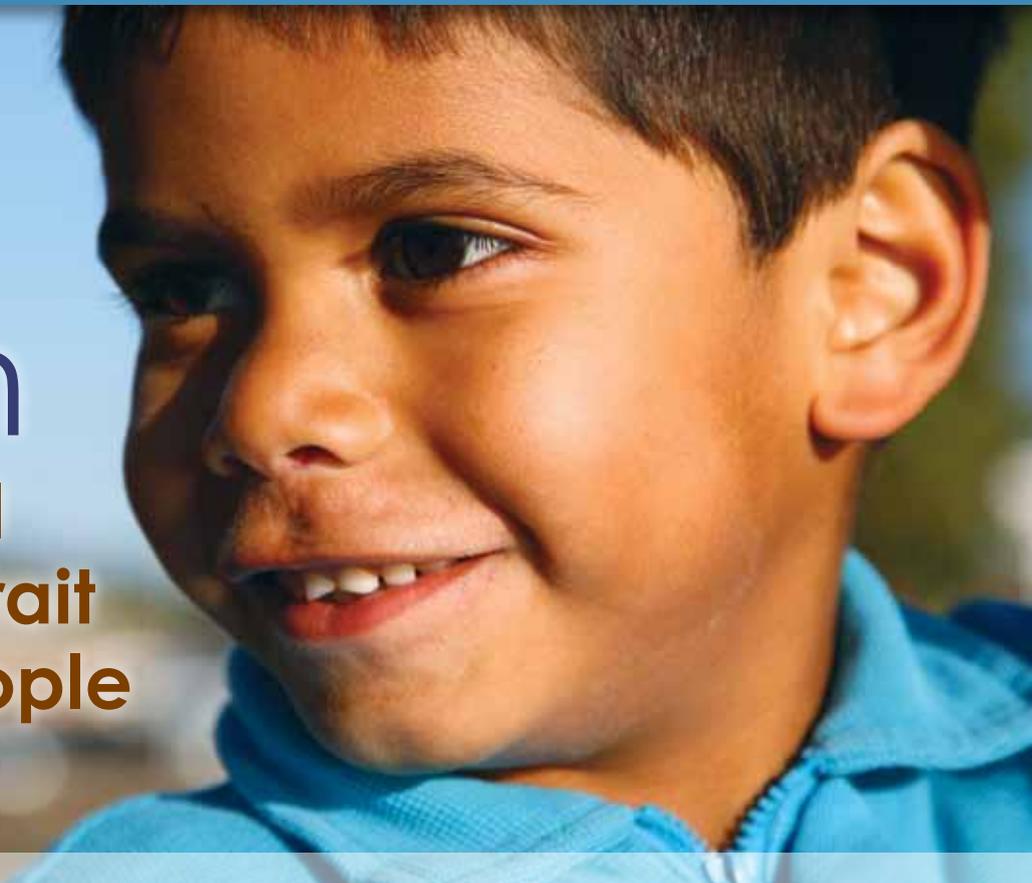
You can find the AIHW Indigenous Observatory at www.aihw.gov.au/indigenous-observatory/.



The artwork for the AIHW Indigenous Observatory and the overview report was sourced through a local Indigenous artist, James Baban. The painting is about health, wellbeing and support and shows that Aboriginal and Torres Strait Islander people have unique cultures and ways of perceiving the world.

Eye health

in Aboriginal and Torres Strait Islander people



While the prevalence of reported eye and vision problems are similar among Indigenous and other Australians, the burden of eye disease faced by Aboriginal and Torres Strait Islander people is disproportionate.

Factors such as geographical isolation, economic disadvantage, a lack of transport and a lack of access to health services limit the opportunities for prompt identification, management and treatment of eye health problems.

Visual impairment can affect quality of life and independent living and can increase the risk of mortality, earlier nursing home placement, falls, and the use of community support services.

Until recently, there has been limited national data on eye and vision problems for Indigenous people. The 2008 National Indigenous Eye Health Survey (NIEHS) reported the overall prevalence of blindness and vision impairment in Aboriginal and Torres Strait Islander children aged 5 to 15 years and adults over the age of 40 years.

Eye health issues affect many Indigenous Australians—and are mostly preventable

Nearly 80% of Aboriginal and Torres Strait Islander adults report having eye problems. Eighty three percent of these have sought care, but most say that their vision problems haven't been resolved.

Among those aged over 40 years, Aboriginal and Torres Strait Islander people have six times the rate of blindness of non-Indigenous Australians.

The good news is that 94% of vision loss in Indigenous Australians can be prevented or treated.

The bad news is that – at present – this is not occurring: 35% of Indigenous adults say they've never even had an eye examination.

It's not just the physical consequences of poor eye health that are troubling: 'Patients with unresolved vision problems report having significantly worse quality of life,' said Helen Johnstone, from the Indigenous Research and Evaluation Unit.

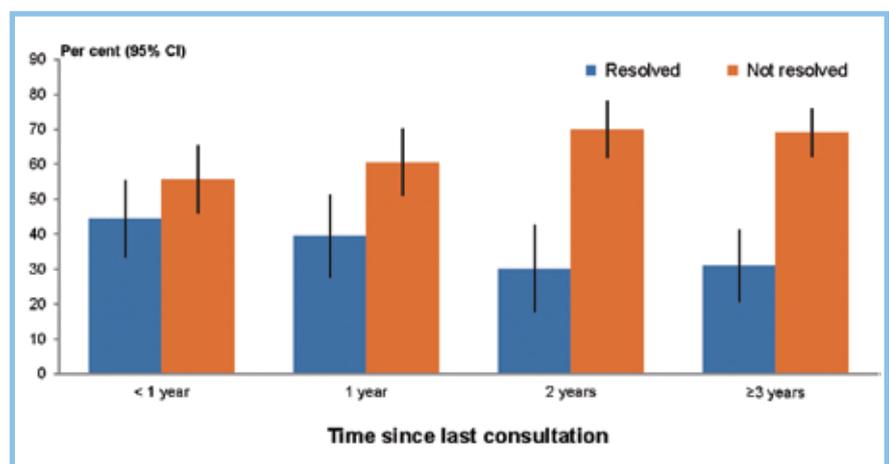


Figure 1: Time since last consultation, by problems resolved and not resolved

Vision loss among Indigenous Australians: the main culprits

The most common cause of blindness in Indigenous adults was cataract, making up 32% of cases.

Over half (54%) of low vision cases were caused by uncorrected refractive error.

In Indigenous children, uncorrected refractive error was the main cause of low vision (56%) and blindness (33%).

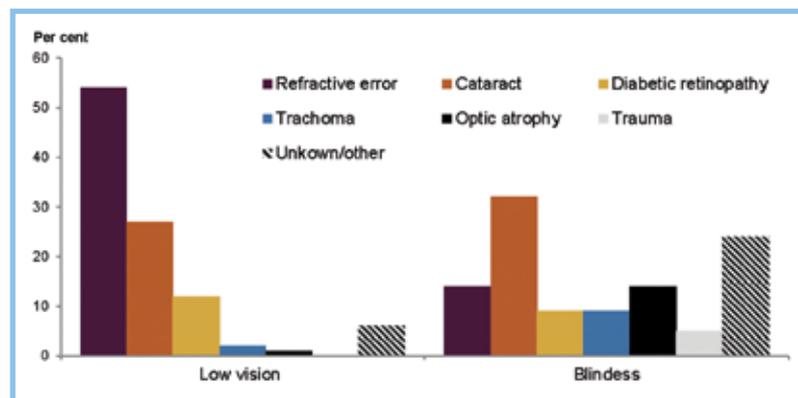


Figure 2: Causes of bilateral vision loss, adults, 2008

About these conditions

A refractive error refers to a condition when the eye has trouble focusing light. It is very common and includes near-sightedness, far-sightedness and astigmatism.

A cataract is when the lens of the eye 'clouds over', which obstructs the passage of light to cause vision loss and, potentially, blindness.

'The main risk factors for the onset of cataract include ageing, exposure to ultraviolet light, injury, diabetes and smoking,' Ms Johnstone said.

Treatment for cataracts involves surgery to replace the clouded lens with one made from plastic.

Trachoma and diabetic retinopathy

Trachoma is another particularly common eye condition among Aboriginal and Torres Strait Islander people. It is an infectious disease which, if untreated, can lead to turned in eyelids, which can cause the eyelashes to scratch the cornea.

Half of very remote communities are affected by trachoma at endemic levels.

'More than 5% of children in these communities have active trachoma, which is the rate considered by the World Health Organization to be the indicator that trachoma is of public health importance,' Ms Johnstone said.

'This is particularly alarming, as Australia is the only developed country to still experience endemic blinding trachoma.'

Another cause of vision loss is diabetic retinopathy, which is caused by complications of diabetes and can eventually lead to blindness. Diabetic retinopathy involves damage to the blood vessels in the retina.

Overall, 13% of Aboriginal and Torres Strait Islander people with diabetes had visual impairment, with diabetes being the cause of 13% of low vision and 9% of blindness.

'Despite these associated risks, only 20% of Indigenous Australians with diabetes had an eye examination in the last year,' Ms Johnstone said.

Eye services for Indigenous Australians: service types and access issues

Despite a number of government initiatives to improve Indigenous people's access to eye health services there remain some inequities in access and treatment.

'Many Indigenous communities could benefit from a greater full-time presence of optometrists and ophthalmologists, as well as increased coordination between visiting eye teams, local service providers, Aboriginal Medical Services, and Regional Surgical Centres,' Ms Johnstone said.

Areas with greater access to optometric services through Aboriginal Medical Services tend to experience a reduction in visual impairment and increased use of glasses.

'This success shows the importance of community-controlled organisations in providing appropriate services,' Ms Johnstone said.

About the National Indigenous Eye Health Survey

The Indigenous Eye Health Unit at the University of Melbourne collaborated with the Centre for Eye Research Australia and the Vision Cooperative Research Centre to conduct the National Indigenous Eye Health Survey in 2008.

The survey used a multi-stage, random cluster sample to obtain representative national data. The sample sites were grouped according to the Accessibility/Remoteness Index of Australia into five categories; *Major cities*, *Inner regional*, *Outer regional*, *Remote* and *Very remote*. The *Very remote* category was divided into *Very remote coastal* and *Very remote inland*. Within each category, five sample areas were randomly selected to yield 30 geographic areas containing about 300 Indigenous Australians.

A standardised eye examination was done on all participants. Overall, 1,694 children aged 5 to 15 years and 1,189 adults aged 40 years and above were examined.

Full report: *Eye health in Aboriginal and Torres Strait Islander people*
www.aihw.gov.au/indigenous-observatory-eye-health/

Further information

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Visit: www.aihw.gov.au/indigenous-observatory/



Opening the door on health services for Indigenous Australians

Having access to health services is important when it comes to good health and wellbeing. There is a significant gap between the health and wellbeing of Indigenous and non-Indigenous Australians. Aboriginal and Torres Strait Islander people generally have poorer health than other Australians, die at younger ages, and are more likely to experience disability. Access to quality health services is fundamental in tackling this health disadvantage.

The Indigenous Observatory report, *Access to health services for Aboriginal and Torres Strait Islander people*, examines Indigenous access to a range of health services available via mainstream and Indigenous-specific services.

It shows that while Indigenous Australians are over-represented in the use of some services, such as hospitals, in other areas they access services less often, such as primary health care and screening checks.

'When it comes to Indigenous Australians accessing health care services, the issue is not only the availability of the service, but also the way in which the service is delivered,' said report author Dr Louise O'Rance.

'The nature and extent of health care needs of Indigenous Australians can differ from those of non-Indigenous Australians and this needs to be taken into account when considering the availability and effectiveness of health care services.'

Preventative health services

These days, the old adage 'prevention is better than cure' has taken on increased significance in planning for the health care needs of Australians. Preventative health services, such as vaccination, screening and regular health checks are aimed at preventing illness or protecting or promoting

health. Various specific programs and initiatives have been developed, and existing ones tailored to focus specifically on the health problems that affect Indigenous Australians. However, Indigenous Australians continue to be less likely than non-Indigenous Australians to access a range of preventative health services. For example, in December 2009, Indigenous children were less likely than their non-Indigenous counterparts to be fully immunised at 1, 2 and 5 years of age.

Population-based screening is another preventative health measure with the aim of detecting diseases in their early or pre-disease stages to avoid or reduce illness and death. Screening for a variety of diseases is available to Australians with no apparent symptoms. However, rates of screening for Indigenous Australians remain at lower levels than non-Indigenous Australians. For instance, in the two-year period 2007–2008, just over a third of Indigenous women in the target age group participated in BreastScreen Australia programs—considerably lower than the overall

participation rate for this age group—which was more than half.

In a more positive development for Indigenous preventative health, there has been considerable uptake of Indigenous health checks provided by primary care services. This increase was particularly apparent for older Indigenous Australians and Indigenous children aged less than 15 years. Rates of use for these groups more than doubled between September 2006 and September 2009. In 2008–09, 72 child health checks per 1,000 people were recorded for Indigenous children aged under 15 years—these were first introduced in May 2006. In 2008–09, 115 older persons health checks were recorded for older Indigenous people in 2008–09—almost twice the rate recorded in the first quarter of 2006.

Primary health services

For many patients, primary health care (such as visiting a GP, allied health professional or pharmacist) is their first point of contact with the health system. Indigenous Australians can access primary care and community health services through mainstream services and Indigenous-specific services.

Based on 2009–10 Medicare data, GP-type service use was similar for Indigenous Australians and non-Indigenous Australians. However, Indigenous Australians had a higher rate of long and complex consultations compared with non-Indigenous Australians.

In 2008–09, about 2.1 million episodes of care were provided through 211 primary health care services that specifically target services for Aboriginal and Torres Strait Islander people (although one-fifth of

contacts were non-Indigenous Australians). Two-thirds of these services were located in *Outer regional, Remote and Very remote areas*.

Hospital services

Indigenous Australians are more likely to end up in hospital than other Australians, particularly when the admission is potentially preventable.

'Potentially preventable hospitalisations are admissions to hospital that could potentially have been prevented through the timely and appropriate provision of primary care or other non-hospital services,' Dr O'Rance said.

They can include vaccine-preventable conditions, such as measles, mumps and whooping cough; acute conditions that may not require hospitalisation if given adequate and timely care, such as gastroenteritis and nose and ear infections; and chronic conditions that may be manageable in non-hospital care, such as diabetes and hypertension.

The rate of potentially preventable hospitalisations for Indigenous Australians was almost 5 times the rate for other Australians in 2008–09.

For overall hospital admissions, the hospitalisation rate for Aboriginal and Torres Strait Islander people was almost 2.5 times the rate for other Australians.

'While Indigenous Australians were more likely to end up in hospital, they were less likely to undergo a procedure while they were in hospitals and had longer waiting times for some public elective surgeries,' Dr O'Rance said.

Mental health services

Aboriginal and Torres Strait Islander people are more likely to have poor social and emotional wellbeing than their non-Indigenous counterparts which can include greater need for mental health services. In 2009–10, more than 366,000 community mental health contacts were reported for people of Aboriginal and Torres Strait Islander origin, accounting for 6.5% of all service contacts for which Indigenous status was recorded. The rate of community mental health service contact for Indigenous Australians was 2.9 times that for other Australians.

Treatment for alcohol and other drugs

In 2008–09, about 170,000 treatment episodes for alcohol or other drugs were provided to clients of Aboriginal and/or Torres Strait Islander origin, accounting for 12% of all treatment episodes. More Indigenous young people received treatment for alcohol and other drugs compared to non-Indigenous Australians. More than half of all episodes involving Indigenous clients were provided to people aged less than 30 years compared to 41% of treatment episodes for non-Indigenous clients.

Compared with non-Indigenous clients, Indigenous clients were more likely to report alcohol as their principle drug of concern; were just as likely to report cannabis as their principle drug of concern; and were less likely to report an opioid (such as heroin) as their principle drug of concern.

Further Information

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Australian Government

Australian Institute of Health and Welfare

Australian Institute of Family Studies

Closing the gap clearinghouse

A Clearinghouse for evidence-based research on overcoming disadvantage for Indigenous Australians

Online resources for policy-makers

The Closing the Gap Clearinghouse is an online resource of research and evaluations relevant to the Council of Australian Governments (COAG) closing the gap targets in early childhood, health, education, and employment. It is aimed at policy-makers, service providers and all interested Australians. The Clearinghouse focuses on what works to overcome the disadvantage rather than outlining the nature or the extent of the problems.

On the Clearinghouse site you will find:

Publications: resource sheets and issues papers that synthesise the evidence, and an annual paper on the key learnings from the Clearinghouse

Assessed collection: research and evaluations relevant to overcoming Indigenous disadvantage

General collection: publications relating to COAG building blocks

Research and evaluation register: recently completed and in-progress research and evaluations by Australian governments

Events calendar: information on seminars, conferences and workshops

Please help us by:

- Contributing research and evaluations to the Research and Evaluation Register and online collections
- Sending us details of your seminars and workshops for the Events Calendar
- Subscribing to the free Clearinghouse e-newsletter
- Visiting and using the Closing the Gap Clearinghouse website and resources
- Giving us feedback on how we can improve the Clearinghouse resources

www.aihw.gov.au/closingthegap

People behind the stats

Indigenous Community and Health Service Reporting Unit



Back row: (L to R) Steve Whiting, Kate Bradbury, Amie Zhang, Alex Topfer, Kathryn Sedgwick;
Front row: (L to R) Norbert Zmijewski, Louise Wangerek, Denise Arnold, Michelle Harvey

Who we are

The Indigenous Community and Health Service Reporting Unit, led by Unit Head, Norbert Zmijewski, is dedicated to progressing the health and welfare of Australia's Aboriginal and Torres Strait Islander people.

Individual team members bring a wide range of professional expertise to the Unit, including biological and chemical sciences, public health, population studies, psychology, anthropology and practical statistics.

What we do

In its broadest sense, our work is about ensuring that community and health services for Indigenous Australians are based on the best available statistical evidence.

We collaborate with individual health service providers across Australia, collecting and reporting on data to better inform governments and service providers working to close the gap on Indigenous disadvantage.

What we are working on

The *Healthy for Life* program is something we have been involved with since 2006. This project combines much of our work on the ongoing collection, reporting and publication of data for services providing primary health care to Indigenous people throughout Australia.

This year, for the first time, the Unit will publicly release the *Healthy for Life* report. 'Ultimately, making this report available to more service providers offers an excellent opportunity to inform and encourage ongoing practice improvement for Australia's services,' Dr Zmijewski says.

'Through a continuous quality improvement approach, *Healthy for Life* allows individual providers to use the information we gather to compare, evaluate, and ultimately improve, their own services.'

The Unit's ongoing work with *Healthy for Life* has more recently led to a new focus for the team — the development of National Key Performance Indicators, under the National Indigenous Reform Agreement.

'The type of data we are collecting about the quality of available Indigenous services also lends itself to inform the development of national indicators or benchmarks — what we are working towards here is a more uniform collection of data in gaining a nationwide picture of Indigenous specific services,' Dr Zmijewski says.

Office for Aboriginal and Torres Strait Islander Health (OATSIH) services reporting is another ongoing priority for the Unit. (OATSIH is a branch of the Australian Government Department of Health and Ageing.)

'This entails liaising closely with over 300 individual government-funded Indigenous services. We are currently finalising our OATSIH

report for 2009-10, which will be released later this year. The data we collect has the potential to inform Indigenous health policy, and program development and implementation for primary health-care services, rehabilitation and treatment services, as well as the Bringing Them Home and Link Up counselling services.'

Why we do it

For Project Manager Devin Bowles, this work offers him an opportunity to make a real difference.

'The significance of our work lies in its potential to inform both government and individual service providers about the quality of services available to Aboriginal and Torres Strait Islander people. We talk about "evidence-based practice" a lot—and what we're doing is providing that evidence. It's nice to feel that what I do at the AIHW makes a real contribution.'

Fellow colleague and Database Manager, Amie Zhang, admits that while she enjoys playing with numbers, her team's work is bigger than statistics alone.

'I like watching things grow, and many areas of our work have developed over the years. Working more closely with individual services allows us to see how they have improved and, for me, that is an incredibly satisfying part of my role.'

What lies ahead

The Indigenous Community and Health Service Reporting Unit is continually working to improve its data collections, particularly for the *Healthy for Life* and OATSIH Service Reporting collections.

The Unit is also moving towards web-based reporting measures for service providers.

According to Dr Zmijewski, this is an exciting step: 'The shift to a single web-based reporting tool for all of our collections will streamline our data collection processes. We hope that it will make it easier for services to provide their valuable information to us'.

Further information

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Australian Government

Australian Institute of
Health and Welfare

Welfare in a growing economy

Australia's **2011** welfare

Conference and report launch

Thursday 24 November, National Convention Centre, Canberra

Key speakers

The Hon Jenny Macklin MP

Minister for Families, Housing, Community Services and Indigenous Affairs

Mr Simon McKeon

Australian of the Year 2011

Father Chris Riley

Founder and CEO, Youth Off The Streets

Ms Patricia Faulkner

Chair, Australian Social Inclusion Board

Professor Adam Graycar

Dean, Australian National Institute of Public Policy

Dr Robert Fitzgerald

Commissioner, Caring for Older Australians Inquiry

Mr Tony Nicholson

Chair, Prime Minister's Council on Homelessness

Ms Therese Rein

Founder and Managing Director of Ingeus

Ms Tracey Curro

Conference Host and Compere

Discover the latest information and statistics on Australia's welfare and community services at the upcoming *Australia's welfare 2011* conference.

The one-day conference, with a focus on *welfare in a growing economy*, brings together the nation's leading thinkers and decision-makers to provide a stimulating forum for discussion and debate on the future of welfare services in Australia.

This year's conference will offer opportunities to explore relationships between economic growth and the provision of, or need for, welfare services and support, in the areas of:

- ✓ **aged care**
- ✓ **carers**
- ✓ **disability services**
- ✓ **housing assistance**
- ✓ **homelessness**
- ✓ **children and young people**
- ✓ **welfare expenditure**

If you are interested in the future of welfare services in Australia, don't miss this conference!

The Hon. Jenny Macklin MP will launch *Australia's welfare 2011*, the Australian Institute of Health and Welfare's flagship report on the nation's welfare services. All delegates will receive a copy.

Meet the speakers and other delegates at the **welcome dinner** on **Wednesday 23 November**, the evening before conference day.

Registration cost

All registration types include conference registration, welcome dinner, all conference provisions and a copy of the Australia's welfare 2011 report.

- \$495 Delegate** (government/private business)
- \$330 Non-government organisation** (welfare/not-for-profit)
- \$165 Concession** (healthcare card holders)
- \$88 Dinner guest only**

Note: all prices include GST

'Australia's welfare is our nation's premier report on welfare services. I am very pleased to be able to launch it, and congratulate the Australian Institute of Health and Welfare on another job well done.'

The Hon Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs, 2009

To register visit www.aihw.gov.au/eventsdiary/index.cfm

REPORT Profiles



The health of Australia's males

Summary

The health of Australia's males examines attitudes to health issues, rates of injury, illness and mortality, and use of health services among Australian men.

Australia's males at a glance

In June 2010, there were 11.1 million males living in Australia—just under half of the total population. The median age was 36 years; 20% of males were aged under 15 years and 12% were aged 65 years and over. The male population is continuing to age, associated with increasing life expectancy.

Some males make healthy lifestyle choices and have positive health outcomes...

- around two-thirds of males participate in sport or physical activity (2009–10)
- nearly 40% of males discuss healthy lifestyle issues with a health professional (2007–08)

- 20% of males rate their health as excellent (2007–08)
- survival rates for prostate and testicular cancer have improved overall (1998–2004).

But many males are still at risk of poor health...

- 5% of adult males consume sufficient fruit and vegetables (2007–08)
- around two-thirds of adult males (18 years and over) and one-quarter of boys (5–17 years) are overweight or obese (2007–08)
- half of all males report being a victim of violence at least once in their lifetime (2005).

And many males are already experiencing poor health...

- 4% of males rate their health as poor (2007–08)
- nearly half have ever had a mental health condition (2007), nearly one-quarter have a disability (2009)

and nearly one-third have a chronic health condition (2007–08).

With under-use of some health services...and over-representation in others

- males make up a smaller proportion of GP encounters (2009–10), hospitalisations (2008–09) and some mental health services (2008–09) compared with females
- males make up a greater proportion of emergency department presentations (2008–09) and some other mental health services (2007–08) compared with females
- 16% of males do not use any Medicare services in a year (2008–09).

Further information

Communications, Media and Marketing Unit
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Young Australians: their health and wellbeing 2011

Summary

Young Australians: their health and wellbeing 2011 is the fourth in a series of national statistical reports on young people aged 12–24 years produced by the Australian Institute of Health and Welfare (AIHW). This report provides the latest available information on how Australia's young people are faring according to national indicators of health and wellbeing.

The good news

- Large declines in death rates (mostly due to declines in injury deaths)
- Declines in asthma hospitalisations, notifications for hepatitis (A, B and C) and improved survival for cancer, with survival for melanoma very high.
- Favourable trends in some risk and protective factors, such as declines in smoking and illicit substance use, and most Year 10 and Year 12 students using contraception.
- The majority of young people rate their health as 'good', 'very good' or 'excellent'.
- Most young people are achieving national minimum standards for reading, writing and numeracy, are fully engaged in study or work, and have strong support networks.
- Most young people are able to get support from outside the household in times of crisis.

Things to work on

- Rising rates of diabetes and sexually transmissible infections (largely chlamydia), and high rates of mental disorders and, among males, road transport accident deaths.
- Too many young people are overweight or obese, not meeting physical activity or fruit and vegetable guidelines, are drinking at risky or high-risk levels for short-term or long-term harm, are victims of alcohol- or drug-related violence, or are homeless.
- Although there have been improvements in some of these areas, the rates remain too high.

Aboriginal and Torres Strait Islander young people

Indigenous young people are far more likely to be disadvantaged across a broad range of health, community and socioeconomic indicators compared with non-Indigenous young people.

They are:

- twice as likely to die from all causes (6 times as likely from assault and 4 times from suicide)
- 10 and 6 times as likely to have notifications for sexually transmissible infections and hepatitis

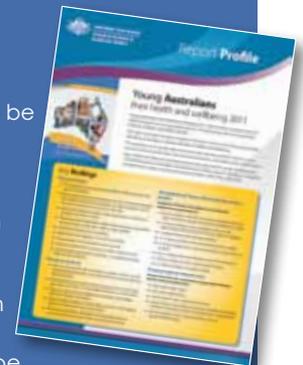
- 6 times as likely to be teenage mothers
- 6–7 times as likely to be in the child protection system
- 15 times as likely to be in juvenile justice supervision or in prison
- twice as likely to be unemployed or on income support
- 3 times as likely to live in overcrowded housing
- 2–3 times as likely to be daily smokers.

Young people living in remote areas

- have higher death rates
- have more dental decay
- are less likely to access general practitioners
- are less likely to meet minimum standards for reading, writing and numeracy and to be studying for a qualification
- are more likely to be in jobless families and live in overcrowded housing.

Further information

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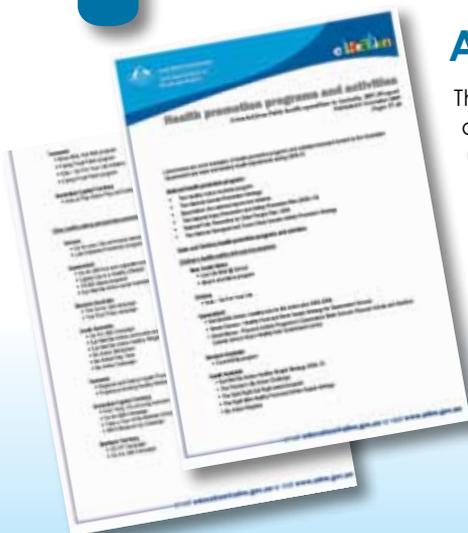
In the pipeline...

Events

- **AUGUST 2011**
National Health Information Standards and Statistics Committee meeting
AIHW Ethics meeting
- **SEPTEMBER 2011**
AIHW Board meeting
Performance and Data Working Group meeting
Housing Ministers Advisory Council meeting

Publications

- *Aged care packages in the community 2009-10*
- *The health of Australia's prisoners 2010*
- *Asthma in Australia 2011*
- *Australia's welfare 2011*
- *Australia's food and nutrition*



AIHW education resources

The AIHW education resource section on the AIHW website is designed to assist teachers, secondary and undergraduate students to improve their understanding of the nation's health and welfare information and statistics. The main resources available are worksheets based around personal development, health and physical education curriculum topics.

The latest of our 50 worksheets are:

- Young people—their health and wellbeing, relationships and bullying, education and employment—developed from the new AIHW report *Young Australians: their health and wellbeing 2011*
- Chronic disease
- Men's health

For more information or to register to receive our free resources
visit: www.aihw.gov.au/education/
phone: (02) 6244 1012

Late News

New AIHW Board Chair announced

Dr Andrew Refshauge has been appointed as the new Chair of the AIHW Board for a three-year term from 19 July 2011.

Dr Refshauge is a former New South Wales Deputy Premier, Treasurer, and Health Minister. He has also held portfolio responsibilities in Aboriginal Affairs, Planning, Housing, Education and Training, and State Development.

As a medical practitioner, Dr Refshauge served as Senior Medical Officer at the Aboriginal Medical Service in Redfern. His current board memberships include Careflight NSW (Chair), the Aged Care and Standards Accreditation Agency, Family Care Medical Services, and the Investment Committee of the NSW Aboriginal Land Council (Chair).

new releases

Diabetes prevalence in Australia: detailed estimates for 2007–08

This report presents the most up-to-date estimates of the number of people with diagnosed diabetes in Australia based on self-reports to the Australian Bureau of Statistics 2007–08 National Health Survey.

Published 30 June 2011.

Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09

In 2008–09, total health expenditure for Aboriginal and Torres Strait Islander people was estimated at \$3,700 million. The average health expenditure per person for Indigenous Australians was \$6,787, compared with \$4,876 for each non-Indigenous Australian.

Published 24 June 2011.

Diabetes and poor mental health and wellbeing: an exploratory analysis

Diabetes and poor mental health and wellbeing are both common health conditions in Australia and contribute substantially to the overall burden of disease. A large proportion of people with diabetes are also living with poor mental health and wellbeing, with 41.6% of adult Australians with diabetes also reporting medium, high or very high levels of psychological distress.

Published 23 June 2011.

National Opioid Pharmacotherapy Statistics Annual Data collection: 2010 report

On a snapshot day in 2010 there were 46,078 clients who received pharmacotherapy for opioid dependence, of which almost two in three were male. This was an overall increase of just over 2,600 clients since 2009.

Published 22 June 2011.

End-stage kidney disease in Australia: total incidence, 2003–2007

This report presents a new method for counting the total incidence of end-stage kidney disease which also includes those not treated with dialysis or transplant. This method indicates that for every new case treated with dialysis or transplant there is one that is not, although the vast majority of these are elderly.

Published 21 June 2011.

Key indicators of progress for chronic disease and associated determinants: data report

With preventive health now a major focus of health reform in Australia, this report provides information about the prevalence of those chronic diseases for which behavioural changes, or increased screening practices, can reduce onset, assist in management, or prevent death.

Published 20 June 2011.

Prevalence of Type 1 diabetes in Australian children, 2008

This report presents, for the first time, estimates of the prevalence of Type 1 diabetes in children aged 0–14 years, based on Australia's National Diabetes Register data.

Published 17 June 2011.

Housing assistance in Australia 2011

This compendium-style publication provides readers with information about housing assistance in each segment of the housing sector: government, not-for-profit and private.

Published 15 June 2011.

The health of Australia's males

Drawing on a wide range of data sources, this report provides a snapshot of the health of Australia's males as a distinct population group. It also sets the scene for future reporting and research.

Published 14 June 2011.

Young Australians: their health and wellbeing 2011

This report is the fourth in a series of national statistical reports on young people aged 12–24 years. It provides the latest available information on how Australia's young people are faring according to a set of national indicators of health and wellbeing.

Published 10 June 2011

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

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