

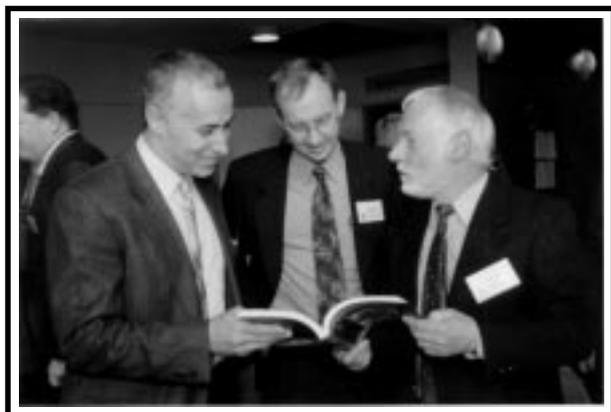
NHWI News

NATIONAL HEALTH AND WELFARE INFORMATION NEWS • NUMBER 12 • JULY 1998
From the Australian Institute of Health and Welfare

Australia's Health Conference

A conference on Australia's Health was organised by the Institute to coincide with the Ministerial launch and Parliamentary tabling of *Australia's Health 1998* on Thursday 25 June. The conference program attracted delegates from a wide cross-section of the health sector, including representatives of the private, public and not-for-profit sectors, as well as interested individuals.

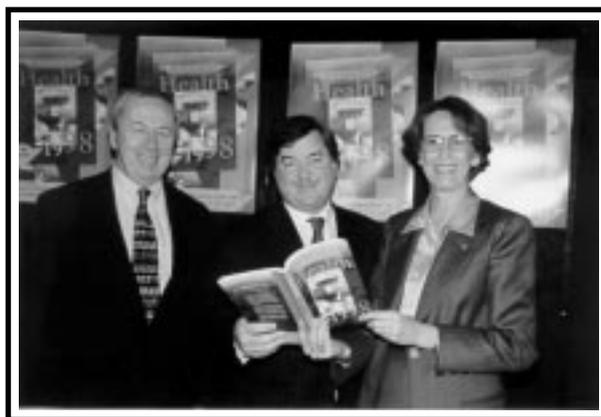
Keynote Speaker, Professor Robert Beaglehole, Assistant Dean (Public Health) of the Faculty of Medicine and Health Science at the University of Auckland, engaged the audience with his challenging address. He congratulated the Institute on producing such an informative, wide-ranging and timely book as *Australia's Health 1998*—indeed, he expressed a desire for such a publication in his own country.



Conference presenters Dr Colin Mathers (left) and Dr James Harrison (centre) confer with the Editor of Australia's Health 1998, Tony Wood.

Professor Beaglehole's presentation covered five major topics—the global health context; Australia's health in the global context; major achievements; specific unresolved issues; and the way forward—and in each he challenged the audience to look beyond their usual frameworks to tackle existing and emerging public health issues. His most specific challenge was to gather and analyse information on the relationship between health and income, employment (especially long-term unemployment), and educational attainment.

A highlight of the one-day conference was the launch of *Australia's Health 1998* by the Minister for Health and Family Services, Dr Michael Wooldridge. The



Dr Richard Madden, Dr Michael Wooldridge and Professor Janice Reid

Minister praised the Institute for producing such an authoritative and usable report. In a wide-ranging speech, the Minister stressed the value of timely national information on which to base public health programs. He stressed the value of prevention in improving public health and gave examples of recent successes. These included reductions in levels of lung cancer among men (now at a 30 year low), significant falls in the rate of injury in children (17–39%), and improvements in rates of immunisation among Australian children (now 79% and expected to reach the national target of 90% in the next two years).

The official launch was followed by three plenary presentations—each from a quite different perspective.

Professor Terry Dwyer, Director of the Menzies Centre for Population Health Research in Hobart, comes from a public health background. He used the successful Sudden Infant Death Syndrome public health campaign to demonstrate the need for research and analysis to underpin public health activities.

An economic perspective was provided by Mrs Helen Owens, Commissioner of the Productivity Commission. Mrs Owens described the need for and issues surrounding health performance indicators.

A consumer's perspective on public health issues was provided by Ms Trisha Goddard, consumer advocate and member of the Australian Health Ministers' Advisory Committee on Mental Health. In an

Continued on page three



Australia's Health 1998, the sixth in the biennial series, is now available. This edition of *NHWI News* features the recent launch of *Australia's Health 1998* and the associated conference in Canberra on 25 June. *Australia's Health* and *Australia's Welfare* are our flagship publications and are valuable sources of essential information. *Australia's Health 1998* forms a record of health status, service provision and expenditure that is complete and easy to read. The full text is available free of charge on the Institute web-site (<http://www.aihw.gov.au>). I urge you to 'try before you buy.' At \$39.95, it needs to be at your side!

Many readers may have missed an announcement of potential significance for epidemiological research in Australia. The House of Representatives Standing Committee on Legal and Constitutional Affairs has now reported on its enquiry into the retention and release of census information (*Saving our Census*, AGPS). AIHW made a submission to the Committee on the value for social and health research of retaining identified census information within the ABS, for linkage with other data sets or with subsequent censuses. AIHW did not support release of census information.

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The Committee has unanimously recommended retention and release after 99 years. It has explicitly recognised the potential value of retained records for health research by recommending that, during the 99-year closed period, the census records should be able to be accessed by the ABS on behalf of researchers for the purpose of epidemiological research. Access would be under protocols developed by National Health and Medical Research Council, and would need approval of the researcher's Ethics Committee.

Government reaction to the Standing Committee's recommendations is not yet known.

On 3 June 1998, at the launch of the National Diabetes Strategy, the Minister for Health and Family Services, Dr Michael Wooldridge, announced that the AIHW would establish and maintain a National Diabetes Register. The register is an integral part of the \$6.2 million package allocated to the National Diabetes Strategy. In his speech the Minister acknowledged the value of the register in providing much-needed information about diabetes prevalence and trends in incidence. He emphasised its increasing value over time, pointing to researchers in 50 years time wishing to look at long-term trends in diabetes patterns.

The register will initially focus on insulin-treated diabetes. A feasibility study on extension to all forms of diabetes is part of the AIHW's work program.

The Institute is working towards an implementation date for the register of 1 September 1998. In the lead-up to this a preliminary record linkage project has been assessing concordance between the two main data suppliers (Diabetes Australia and the Australasian Paediatric Endocrine Group) and pilot testing of a data collection form.

Once operational the register will not only assist in the determination of trends in diabetes incidence and prevalence, but will also provide a valuable sampling frame to researchers seeking to analyse, for example, trends in risk factors for diabetes or in assessing the concurrence of diabetes with other diseases such as cardiovascular disease. These are just two of the many research possibilities enabled by the register. Active exploration of possibilities such as these will enable the Institute to establish relevant links with other research-based institutions both in Australia and overseas.

Finally, I urge any readers interested in having their say regarding the final shape of the National Community Services Information Development Plan to accept the invitation included on page 4 of this newsletter and contact the Institute with comments on the draft Plan.

Richard Madden, Director, AIHW

Australia's Health 1998

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entertaining and often amusing way, Ms Goddard drew delegates' attention to some very serious and thought-provoking issues, including the need for further improvements in attitudes towards mental health, and the distance we still have to go to understand and face the underlying problems.



Ms Trisha Goddard

A consistent theme through all the keynote presentations was the need for authoritative and timely information as the foundation to understanding and taking action on public health issues.

The themes covered by AIHW subject matter specialists during the three concurrent sessions in the afternoon were major diseases, Australia's health services and resources, and population health. While Australia's success in tackling public health issues was applauded, speakers drew attention to areas where there is still room for improvement.

The audience was both amused and sobered when Dr Stan Bennett produced a 4 kg bag of potatoes to indicate the amount of excess weight many people are carrying! Women weighed 4.8 kg more in 1995, on average, than they did in 1980. Men, on average, weighed 3.6 kg more than in 1980.

The health of sub-populations is a major component of *Australia's Health 1998* and was covered in a number of the concurrent sessions. The diversity of the population as a whole was the topic of Dr Kuldeep Bhatia's presentation. He drew attention to a range of factors that can affect people, for example environmental factors, lifestyle choices, economic circumstances and locational factors, and suggested that recent developments in information management may make it possible to look at some of these issues more objectively in the future.

Discussion time at the concurrent sessions provided an opportunity for participants to discuss issues and trends with presenters. Some participants took the opportunity to suggest further areas for the Institute to consider for its work program. Areas suggested included: data linkage and the

interaction between health and welfare; the impact of socioeconomic status on health; the links between health financing and public health; further analysis of morbidity data; and identification of areas of need.

Feedback from the 160 delegates indicates that this was a very successful and well-organised conference – all respondents to the conference evaluation said they would like to be notified of future similar AIHW events. See future editions of NHWI News!



NHIMG Report

On 2 June 1998 the National Health Information Management Group held its first meeting following agreement by all parties to extend the National Health Information Agreement to 2003.

The Group felt that it was timely to update some of its procedures, and chief among these was agreement to move with the times on dissemination of information.

National Health Information Agreement goes on-line

The National Health Information Agreement will go 'live' on the Internet with its own site accessible through the National Health Information Knowledgebase (NHIK) on the AIHW Internet home page (<http://www.aihw.gov.au>).

One of the advantages of this move is a capacity for more frequent and timely updating.

The NHIMG site will cover:

- The Agreement itself: what it is; what it does; the way it works.
- Membership and terms of reference for the Management Group, its National Health Data Committee and its working groups.
- How the National Health Information Management Group and its subsidiaries function and how to have access to them including specific procedures for requesting inclusion in the National Health Information Work Program.
- The National Health Information Development Plan.
- The Summary National Health Information Work Program.

One of the advantages of this move is a capacity for more frequent and timely updating.

Establishment of the NHIMG site complements existing work to provide on-line access to the National Health Data Dictionary through the NHIK.

Review of National Health Information Development Plan

The Management Group took the opportunity to prepare for a review of the National Health Information Development Plan (NHIDP). This included discussion and feedback on its views on the conduct of future health surveys by the Australian Bureau of Statistics (ABS).

ABS is keen to plan a health survey program that is flexible and responsive to priority data needs in terms of content, frequency, geographic focus and timeliness of reporting. The Management Group agreed to contribute to the consultation after it had done the groundwork of reviewing national health information priorities. It sees the key issue at the State/Territory level to be how ABS surveys can complement and not duplicate what is already done by States and Territories (e.g. through telephone surveys).

The NHIDP review will take place at the next meeting, scheduled for November this year.

Other key decisions

Other key decisions taken at this meeting were:

- To agree to changes in the operation of the National Health Data Committee which will formalise relationships with expert/working groups undertaking health data development activities.
- To agree to provide for the inclusion of performance indicators on the National Health Information Knowledgebase. Performance indicator development will be subject to the same process as for data elements and the Management Group will be the body to sign off on sets of indicators.
- To endorse the National Health Data Committee as a Registration Authority for the National Health Information Knowledgebase for data elements under its consideration, which could be authorised with the status 'under development'.
- To endorse the proposal that *Australian Hospital Statistics* becomes the primary hard copy report for the routine release of hospital morbidity data from the 1996-97 reference year, with the inclusion of analyses based on AN-DRGs formerly published by the Department of Health and Family Services in the *Australian Casemix Report*. Important points noted were:
 - The annual production of *Australian Hospital Statistics* will continue to be an AIHW responsibility, and release will be within 12 months of the end of the reference year.
 - Other detailed analyses of AN-DRGs prepared by the Department of Health and Family Services will be made available on the Internet or supplied electronically on request.
- To endorse the establishment by AIHW of an Australian Hospital Statistics Advisory Committee whose terms of reference will be:
 1. To advise AIHW on the collection, analysis and dissemination of national hospital statistical information through the annual *Australian Hospital Statistics*.
 2. To advise AIHW on data development work for national hospital statistics.

- To endorse the National Injury Surveillance Unit (NISU) feasibility study of sample-based surveillance of injury cases attending emergency departments.
- In-principle agreement to include in the National Health Information Work Program a project for burden of disease information development. This would comprise complementary activities undertaken by the Department of Human Services (Victoria) and AIHW. The joint proposal would be considered out of session.
- For all jurisdictions to provide the necessary support to designated lead agencies developing implementation proposals for the recommendations the National Indigenous Health Information Plan.
- To develop a Health Classification Charter indicating the importance of classification beyond casemix, and setting out the guiding principles.
- To support the nomination of Peter Williams (NSW) as the Australian delegate to the international Health Informatics ISO/IEC Technical Committee.

Ian Lester, National Information Policy and Coordination Unit, AIHW, Ph. (02) 6244 1126. E-mail: ian.lester@aihw.gov.au

National community services information

The National Community Services Information Management Group (NCSIMG), under the auspices of the Standing Committee of Community Services and Income Security Administrators (SCCSISA), is seeking views on directions and priorities for the development of national community services information over the next 5 years. NCSIMG has put together a document, endorsed by SCCSISA as an exposure draft, which provides a basis for consultation and discussion.

The aim of consultations is to give an opportunity for all interested and relevant parties to contribute to the National Community Services Information Development Plan (NCSIDP). Consultation with Indigenous people is a high priority.

State and Territory jurisdictions will be consulting locally with government and non-government organisations, priority groups, service providers, data development groups, researchers and clients. NCSIMG members representing Commonwealth Departments will be holding national-level consultations within their own agencies. AIHW will conduct national consultations on behalf of NCSIMG with peak non-government organisations, Indigenous people, other priority groups, and other national community services organisations. Meetings will be organised soon.

Copies of the exposure draft, with an invitation to provide comments are available electronically on the Internet at http://www.aihw.gov.au/publications/w_online/ncsidp/ncsidp.htm

or contact Margaret Fisher, National Information Policy and Coordination Unit, AIHW, Ph. (02) 6244 1033. E-mail: margaret.fisher@aihw.gov.au



National Community Services Data Dictionary

Version 1.0 of the *National Community Services Data Dictionary* was published in June 1998.

The *National Community Services Data Dictionary* is designed to promote the collection and comparison of uniform data on community services throughout Australia. Version 1.0 contains a core set of data item definitions which will be progressively expanded in subsequent editions of the Dictionary. All data item definitions are presented according to their relationship within the National Community Services Information Model. The model provides a structure that facilitates comparisons and discussion of issues, and a useful guide to further development needs.

The Dictionary is an initiative of the National Community Services Information Management Group (NCSIMG), agreed to by the Standing Committee of Community Services and Income Security Administrators (SCCSISA). Its production is a result of the wholehearted efforts of members of the NCSIMG's National Community Services Data Committee, with the technical and secretariat support of the AIHW's National Information Development Unit headed by Joe Christensen.

The Data Dictionary is the output of a year of consultation, information modelling, and discussion within and external to the AIHW. It follows the release last year of the *National Classifications of Community Services Version 1.0*, and the two publications in conjunction have considerable potential to improve the quality of Australian community services data.

The *National Community Services Data Dictionary* and the *National Classifications of Community Services* are available from AusInfo mail order sales, telephone 132 447. Price is \$20 for each publication.

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NCSDD—a viewpoint from the non-government sector

An article written by Keith Suter for the *Australian Business Network Report* (1998).

Useful statistics

'...better statistics should enable better decisions to be made regarding the allocation of resources. In other words, organisations will be able to make greater use of what they know rather than who they know.'

There are 'lies, damn lies and statistics', according to British Prime Minister Benjamin Disraeli well over a century ago. Nowadays, Australian and State government departments probably collect more statistics in a week than the British Government did in a year a century ago. How can we be sure that all this effort is worthwhile?

I am a member of the National Community Services Data Committee which has embarked upon a major effort to

make sense of the data collection activities in community services. This seems a fairly dull subject. And yet it is amazing just how often statistics about community services get mentioned in the mass media.

For example, there was a major inquiry a few years ago conducted by Brian Burdekin on homeless young people. There is agreement that some young people are homeless. But there is no agreement as to the number of people involved. Indeed, even the Burdekin inquiry could not come up with an agreed number, partly because there was no agreed definition of who was a 'homeless person'.

This problem is typical of the way that current data collection activities across community services have little compatibility. In other words, the various State and Commonwealth departments do not necessarily talk the same language. Similarly, non-government organisations (which provide 61% of all community services in the country) do not have a common approach to data collection.

Therefore, the National Community Services Data Committee is producing a National Community Services Data Dictionary to encourage a uniform national approach. The work is being conducted under the auspices of the Australian Institute of Health and Welfare, which is an independent statistics and information agency in the Commonwealth Health and Family Services portfolio.

The Institute provides national leadership in the development and provision of information and analysis on the health and welfare of Australians. It produces an extensive range of publications that enables it to inform community discussion and decision-making, for example, *Australian Hospital Statistics*, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, and *Older Australia at a Glance*. The Institute's website is well worth a visit (<http://www.aihw.gov.au>).

The Institute pioneered a similar data dictionary in health which ensures consistent recording of hospital in-patient statistics. Not only has it been very successful in meeting that aim, but the dictionary is also increasingly the vehicle for developing standards covering out-patient and community-based health services.

The creation of the parallel data dictionary for community services will take some time. But it will be well worth it. The health data dictionary is a very encouraging precedent.

Additionally, the Community Services Data Dictionary will mean that better quality information will help organisations to argue a better case for funding bids because they will have more facts on their side. Also, better statistics should enable better decisions to be made regarding the allocation of resources. In other words, organisations will be able to make greater use of what they know rather than who they know. Instead of relying on their political contacts, they can rely on statistics.

Finally, the Data Dictionary will ensure that the statistics have a client focus rather than being driven solely by the reporting (accountability) requirements of individual government-funded projects. The implementation of consistent standards will enable organisations to better understand the needs of clients, for example, by giving a clear picture of the mix of services being used. Improved standards can help reduce the duplication of data recording and reporting, particularly in reducing the burden placed on organisations.



1996–97 health expenditure figures

The AIHW released figures in April showing that spending on health services as a proportion of Gross Domestic Product (GDP) remained virtually unchanged over the last 6 years. The health-to-GDP ratio was 8.5% in 1996–97.

Australia spent \$43.2 billion on health services in 1996–97, up in real terms (i.e. adjusted for inflation) by 2.9% from the 1995–96 level. This was lower than the real growth of 4.2% in 1994–95 and 5.2% in 1995–96.

Average spending on health services per person in Australia was \$2,345 in 1996–97, an increase of \$74 over the 1995–96 level, or 1.7% in real terms.

Of the \$43.2 billion spent on health services in 1996–97, the Commonwealth Government funded 45.5%, State and local governments funded 23.2% and the non-government sector paid for the remaining 31.3%.

The non-government sector share of total health funding increased slightly from 1988–89 to 1994–95, but in the last 2 years has fallen from 32.8% to 31.3%, to be at the same level it was in 1988–89. The non-government share dropped because of an apparent fall in the expenditure share funded by out-of-pocket payments and due to a fall in capital expenditure by this sector. The proportion of total health services expenditure funded by private health insurance funds was 10.9% in 1996–97, the same as in 1994–95.

From 1992–93 to 1996–97, Commonwealth funding grew, in real terms, by an average of 5.0% per annum; State and local government funding grew by an average 3.6% per annum.

Total health services expenditure and GDP (current prices), 1984–85 to 1996–97

| | Total health \$ million | GDP | Total health expenditure as % of GDP |
|------------------------|----------------------------|---------|---|
| 1984–85 | 16,546 | 217,129 | 7.6 |
| 1985–86 | 18,586 | 240,475 | 7.7 |
| 1986–87 | 21,115 | 264,007 | 8.0 |
| 1987–88 | 23,333 | 299,342 | 7.8 |
| 1988–89 | 26,127 | 339,185 | 7.7 |
| 1989–90 | 28,800 | 370,043 | 7.8 |
| 1990–91 | 31,270 | 379,280 | 8.2 |
| 1991–92 | 33,084 | 387,526 | 8.5 |
| 1992–93 | 34,892 | 405,372 | 8.6 |
| 1993–94 | 36,587 | 429,679 | 8.5 |
| 1994–95 | 38,701 | 457,296 | 8.5 |
| 1995–96 | 41,308 | 487,679 | 8.5 |
| 1996–97 ^(a) | 43,204 | 510,329 | 8.5 |

(a) Total health services expenditure based on preliminary AIHW and ABS estimates.

Sources: Health services expenditure: AIHW Health Expenditure Database; GDP: ABS—Australian National Accounts—National Income, Expenditure and Product, selected quarters (Cat. No. 5206.0).

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PROJECT REPORTS

Expanded data coverage for the Commonwealth–State Housing Agreement

The collection of data for performance measurement of the programs in the Commonwealth–State Housing Agreement (CSHA) recently expanded to include the Crisis Accommodation Program, the Aboriginal Rental Housing Program, Home Purchase Assistance and Private Rental Assistance. This data collection activity, added to the existing public and community housing data collections means that for the first time performance measures will cover all six CSHA program areas.

The AIHW is undertaking the development and compilation with funding assistance from the Department of Social Security. Over the past 6 months links between the sectors have been examined, and performance indicators and data manuals developed.

Data for the indicators will be collected by State and Territory agencies from a range of sources including internal property and tenant management information systems, external collection from providers, and surveys of tenants.

The performance indicators are measures of the effectiveness and efficiency of housing assistance including level of provision, affordability and overcrowding. Many housing program areas have established links with health and community services programs. The need to ensure data are compatible between housing and other program areas will be a major part of future work.

David Wilson, Housing Assistance Unit, AIHW, Ph. (02) 6244 1202. E-mail: david.wilson@aihw.gov.au

Developing Indigenous housing assistance data

In April 1997, at their Indigenous housing conference, Housing Ministers spelled out resolutions aimed at significantly improving outcomes in the provision of housing assistance to Indigenous communities. The Commonwealth–State Working Group on Indigenous Housing was established to tackle impediments to achieving better outcomes and a Data Working Party was formed to examine a range of data and information issues.

The AIHW, through its representation on the Data Working Party, and with additional funding from the Department of Social Security, has been able to assist this work in a range of areas. The Institute has provided advice on technical aspects of Data Working Party projects including

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the examination of housing need measurement and developing resource allocation methodologies. It has also played a key information management role in ensuring links are maintained between Indigenous housing information issues and related work in Indigenous health and community services areas and other areas of housing assistance.

The major work the Institute is currently undertaking is data development for performance measures for Indigenous community-managed housing. An AIHW working paper, *Measuring the Performance of Community-Managed Indigenous Housing Assistance*, documents the measurement issues associated with the development of relevant performance indicators and represents the first stage of developing uniform measures for government programs providing Indigenous community-managed housing.

The next stage is the further development by AIHW of data specifications, and production of a data collection manual for use in data collection activity later this year. The manual will specify standard concepts, definitions and procedures for collection and reporting. This will enable easier resolution of any data issues or measurement problems within and across jurisdictions, and should result in better comparability of data.

Developing performance indicators for Indigenous community housing complements work done by the Commonwealth-State Working Group on Indigenous Housing on identifying and addressing outstanding need, improving the viability of providers and achieving sustainable and healthy housing. It also complements the Aboriginal and Torres Strait Islander Commission's next Housing and Infrastructure Needs Survey and their analysis of the 1996 ABS Population Census data.

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Indigenous Disability Data Workshop, Canberra, 1-2 April 1998

Sixty people from all over Australia attended this workshop to discuss the current and future status of disability data for Indigenous people. The workshop was funded by the Department of Health and Family Services and organised by the Australian Bureau of Statistics and the Australian Institute of Health and Welfare. Representatives attended from these and other Commonwealth and State government agencies, the National Aboriginal Community Controlled Health Organisation (NACCHO) and its State affiliates, service providers from Aboriginal and Torres Strait communities, Aboriginal medical services, and the research sector.

The objectives of the workshop were to:

- provide a forum for exchanging ideas leading to greater awareness of the issues;
- collate existing knowledge;

- establish a network of people committed to improvements in the area;
- encourage increased and coordinated efforts by agencies to promote the use of the common standard for identifying Aboriginal and Torres Strait Islander people; and
- devise a strategy for the implementation of agreed priorities.

The workshop was opened by Barry Wight, First Assistant Secretary, Disability Programs Division of the Department of Health and Family Services, and Dr Richard Madden, Director of the Australian Institute of Health and Welfare. Steve Larkin from NACCHO, Ian Hamm from the Koori Health Unit in the Victorian Department of Human Services, and Grace Fischer from the Torres Strait and Northern Peninsular Health Council gave presentations from the perspective of their own areas of responsibility.

The remainder of the first day was devoted to the first two workshop objectives, with various speakers from Commonwealth and State agencies providing an account of their existing data collections and proposed initiatives in the area, and researchers outlining their findings. Much discussion centred on the definition of disability. A need to define the concepts of disability and needs as they apply to Indigenous people was identified.

The second day was organised around group discussions, which focused on the future: what data were needed, who needed the data and how best the data could be collected. This involved discussion of definitions and concepts, issues of ethics and ownership of data, the coordination of efforts, the need for resources, training priorities, and the requirements for data at different geographic levels.

The workshop ended on a positive note with general agreement that consultation with Indigenous people and Indigenous organisations about the need and level of support for Indigenous disability data was a priority. If such support is gained, a national Indigenous steering committee will be formed to guide further work in the area. Suggestions for the work of such a committee included developing guiding principles and protocols for the area, exploring, in consultation with Indigenous communities, the concepts of disability and need, developing a definition of Indigenous disability, and developing an Indigenous disability data information plan.

Workshop proceedings, including recommendations, will be published in late June.

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Phone toll free 132 447





David Filby, long-time AIHW Board member

Spreading the news about the AIHW is second nature to Board Member, Dr David Filby.

A self-confessed geographer-keen-on-oral-history, Dr Filby has spent most of his working life in policy development, planning information services for the South Australian Health Commission. When asked, in 1991, to contribute to the Institute's expanding role as a national agency for health and welfare statistics, he seized the opportunity.

'Even then I felt comfortable as the States' voice. At the time there just seemed lots of opportunities for the Institute to broaden its scope, so when nominations for the Board were called I put my hand up.'

Reflecting on his six-and-a-half years on the AIHW Board, Dr Filby said the Institute had many success stories, but the greatest achievement had been the decision to broaden its scope.

'The Institute has expanded its range from a narrow interest in State administrative collections, to covering data for States, the Commonwealth and private, non-government organisations – in diverse fields such as housing, community services and health', Dr Filby said.

'I think the National Health Information Agreement – and the management group that has come out of it – has also been very positive. Nationally consistent health data is very important and is another great achievement for the Institute.

'It's because of these kinds of initiatives that governments now regard the Institute as an "expert voice" – 5 years ago this wasn't necessarily the case.'

As Chair of the National Health Information Management Group, Dr Filby has spent a lot of time listening to what other people think about the Institute and believes attitudes are changing.

'I work a lot with the States and Territories and whenever we talk about the AIHW I hear two sets of messages', he said.

'Apart from "Oh no, not another round of data collections", there is an increasing willingness to accept the Institute's independent role – people recognise the quality of the data and believe the AIHW is a genuine, honest, broker.'

During his term as a Board member, Dr Filby has seen the Institute double its staff to meet its expanding role. These days though, Dr Filby is more preoccupied with the growth of his own family. His two eldest children are now studying economics and physiotherapy at university and his youngest will finish Year 10 this year.

'I've really enjoyed seeing my family grow up and looking at what they've achieved. Helen and I have invested a lot of energy into them and it's good to see how well they've turned out', he said.

A heavy workload at the South Australian Health Commission doesn't leave much time for rest and relaxation but Dr Filby said he always makes time for a walk to clear his head.

'I don't get to do as much bushwalking as I used to. I don't get time to do any seven-day treks but do really love to get out and stretch my legs.'

David Filby is a valued asset to the AIHW, both through his active participation on the Board and his drive and energy in steering the NHIMG.



PUBLICATIONS

- Adoptions Australia 1996–97 (Cat. No. CWS 4)*
- Assisted Conception in Australia and New Zealand 1996 (Cat. No. PER 7)*
- Australia's Health 1998 (Cat. No. AUS 10)*
- Australian Hospital Statistics 1996–1997 (Cat. No. HSE 5)*
- Australian Injury Prevention Bulletin Issue 18 April 1998 (Cat. No. INJ 013)*
- Australia's Mothers and Babies (Cat. No. PER 6)*
- Cancer in Australia 1991–1994 with Projections to 1999 (Cat. No. CAN 2)*
- Child Dental Health Survey Australia, 1994 (Cat. No. DEN 30)*
- Child Dental Health Survey Australia, 1995 (Cat. No. DEN 31)*
- Data Briefing for Open Employment Services No. 10*
- Demand for Disability Support Services: Size, Cost and Growth (Cat. No. DIS 8)*
- Disability Support Services Provided Under the CSDA: Available Data 1996 (Cat. No. DIS 7)*
- Hostels in Australia 1995–96 (Cat. No. AGE 7)*
- National Community Services Data Dictionary (Cat. No. HWI 13)*
- Public Housing Data Manual 1996–1997 (Cat. No. HOU 19)*
- The Probability of Nursing Home Use Over a Lifetime (Welfare Working Paper No. 16)*
- The Aboriginal and Torres Strait Islanders Health Information Plan (Cat. No. HWI 12)*

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