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INSIDE

AIHW weighs in on obesity

It's fair to say that modern-day western societies have long been obsessed with fatness and thinness. But it is also true that in the last 20 to 30 years or so, the prevalence of obesity has risen so dramatically worldwide that the World Health Organization (WHO) has been moved to call it a 'global epidemic'. It's a major concern because of the proven negative effects of overweight and obesity (especially obesity) on longevity and illness.

At the AIHW we have been playing our part in the obesity debate by putting some facts and food (for thought) on the table, through a series of four AIHW bulletins on overweight and obesity, all of which have attracted intense media and professional attention:

- AIHW Bulletin No. 8: *A Growing Problem: Trends and Patterns in Overweight and Obesity Among Adults in Australia, 1980 to 2001* (Authors: Tracy Dixon and Anne-Marie Waters)
- AIHW Bulletin No. 11: *Are all Australians Gaining Weight? Differentials in Overweight and Obesity Among Adults, 1989–90 to 2001* (Authors: Kathleen O'Brien and Kathryn Webbie)
- AIHW Bulletin No. 12: *Obesity Trends in Older Australians* (Authors: Stan Bennett, Paul Magnus and Diane Gibson)
- AIHW Bulletin No. 13: *Health, Wellbeing and Body Weight: Characteristics of Overweight and Obesity in Australia, 2001* (Authors: Kathleen O'Brien and Kathryn Webbie).

The original concept for the series grew from a string of ideas springing from the fertile mind of the AIHW's Medical Adviser, Dr Paul Magnus. Funding has been shared between the AIHW and the Australian Government Department of Health and Ageing.

Bulletin no. 8, *A Growing Problem: Trends and Patterns in Overweight and Obesity 1980 to 2001,* introduces the topic by pointing out that at a basic level overweight is a matter of energy imbalance. Weight gain generally results when, over a sufficient period, energy intake from the diet exceeds energy expended through basic metabolism and physical activity. But the factors affecting this equation are complex, ranging from non-modifiable genetic factors to social, economic and cultural factors and the nature of the physical environment. These interact with dietary behaviours and patterns of physical activity.

WHO thinks that the large-scale changes inherent in the modernisation of society, particularly since the 1950s, are the driving forces behind the global epidemic. Some of these are obvious, such as the increased use of cars,

Continued on page 4 ►

The AIHW's obesity bulletin series author team (left to right): Kathleen O'Brien, Diane Gibson, Tracy Dixon, Stan Bennett, Kathryn Webbie, Anne-Marie Waters and Paul Magnus.

cont

Contents

from the Director

The Institute is gearing up for the release of *Australia's Health 2004* in June. For the first time in some years, the launch of the flagship publication will coincide with a conference on 'Australia's Health: Vital statistics, vital signs — weighing up our health and health system'. Participants will have the opportunity to listen to and question the nation's leading health professionals on such critical issues as Indigenous health, health expenditure and environmental health. Minister Tony Abbott will launch this report. A distinguished international speaker, Dr Ed Sondik, Director of the US National Center for Health Statistics, will be a keynote speaker at the conference. There will be parallel sessions on both days based around several themes from *Australia's Health*. These will aim for more comprehensive presentations of content, analysis and data issues. More details are available from the Institute.

We have commenced this year with a positive boost to staffing with a record graduate intake. The Institute is proud of its graduate recruitment program. At the Institute, graduates are offered a contracted position, working as a team member under the guidance of expert staff. Graduate staff have an opportunity to contribute further to the work of the Institute and gain valuable, longer term experience in an area of interest to them.

Of vital interest to the Institute is the renewal of National Information Agreements for each of the Community Services, Health and Housing sectors. The National Community Services Information Agreement has been endorsed by the Community Services Ministers' Advisory Council and is in the process of being signed by the parties; the National Health Information Agreement is being redeveloped through the National Health Information Group processes. A joint review is currently underway of the National Housing Data Agreement and the Agreement on National Indigenous Housing Information.

Congratulations to Linda Apelt on her recent appointment as Director-General of the Department of Communities and Disability Services Queensland. Linda has for some years represented the State Housing Departments on our Board. Following her change in portfolios, Linda will continue on the Board as member representing the Community Services Administrators. We are also pleased to hear of Linda's recent appointment as Chair of the National Community Services Information Management Group.

The Institute has entered into a collaborative arrangement with the University of New South Wales' Centre in HIV Epidemiology and Clinical Research. The collaboration will enhance AIHW's capacity in monitoring and reporting on communicable diseases and supplement the existing collaboration with the National Centre for Immunisation Research and Surveillance, at the Royal Alexander Hospital for Children in Sydney.

Following 15 years of service, the Institute recently bade farewell to Paul Jelfs following his appointment as Director of the Epidemiology Branch, South Australian Department of Human Services. Paul has held a series of research and executive positions at the Institute since 1989. He has significant achievements in the development of the National Death Index, National Cancer Statistics Clearing House and the National Diabetes Register. Other major projects he was involved with include a series of epidemiological investigations relating to the health of Vietnam and Korean War veterans. His contribution to the Institute will be sorely missed and we wish him well.

With the closure of the Australian Government Info Shop network, AIHW publications are now best purchased from CanPrint. The AIHW web site allows direct ordering online. If you are in Canberra, publications can be purchased direct from the Institute's office in Bruce at a substantial discount. We also continue to attend major conferences with a range of relevant publications.

I look forward to seeing many of you at our upcoming conference.

AIHW welcomes new collaborating unit

The AIHW has recently exchanged a memorandum of understanding (MOU) with the University of New South Wales, establishing collaborating status between the AIHW and the National Centre in HIV Epidemiology and Clinical Research (NCHECR). NCHECR is funded by the Australian Government Department of Health and Ageing, under the HIV/AIDS and Hepatitis C Strategies.

The MOU will allow for the exchange of information, afford protection of the Institute's Act to the HIV/AIDS data and allow for a joint work program exploring a range of data collections.

In collaboration with the AIHW, state/territory health authorities, the Australian Paediatric Surveillance Unit, and the Communicable Diseases Network Australia, NCHECR has responsibilities in the areas of monitoring the extent and outcome of HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia.

NCHECR will publish the biennial reports on HIV/AIDS surveillance, and contribute to Australia's Health, as well as the analysis of hospital morbidity data, mortality data and notification of data on HIV/AIDS, viral hepatitis and sexually transmissible infections and related sexual health.

Other areas of work may include linkage studies between registries held at NCHECR and those held at the AIHW, and a more detailed analysis of AIHW databases.

AIHW weighs in on obesity

Continued from page 1

which has led to not only a decrease in transport-related physical activity, but also to a reduction in access and availability of safe walking and cycling paths, particularly for children. There's also the upsurge in passive entertainment such as television and computer games, the proliferation of labour-saving devices and easy availability of high calorie fast foods and drinks, and larger meals. Together these have created an environment conducive to weight gain and the development of obesity. It is for this reason that some experts say the key to reduction of obesity lies in changing this environment to one that promotes active healthy living, rather than in strategies aimed at the individual.

The 'Growing Problem' bulletin draws together data from all relevant national surveys conducted since 1980. From this evidence we estimate that the number of obese Australian adults is as high as 3.3 million and the number of overweight but not obese is around 5.6 million.

The publication also shows that the prevalence of obesity rose alarmingly in only 10 years over the 1990s — by 71% for men, and 80% for women.

Paul Magnus says that in terms of obesity and overweight 'we are now at the point where the USA was in 1995. Their self-reported obesity prevalence is now 21% compared to our 16%. We shouldn't allow ourselves to go down the same path'.

Bulletin no. 11, *Are all Australians Gaining Weight?,* shows that the problem of increasing overweight and obesity affects people from all kinds of backgrounds, with no group escaping the trend.

At the report's release, Bonnie Field, of the AIHW's Cardiovascular Disease, Diabetes and Risk Factor Monitoring Unit, said that men were more likely than women to be overweight (59% compared to 43%), but men and women were just as likely to be obese (16% and 17% respectively).

'Also, women in the most disadvantaged socioeconomic group had nearly double the rate of obesity of those in the most advantaged group (23% versus 12%). The situation was similar for men in the same two groups (20% and 13%).'

The study also found that Indigenous Australians are almost twice as likely to be obese as other Australians (these results exclude those living in remote areas).

Queensland had the highest rate of obesity at 18.5%, followed by South Australia (17.6%), New South Wales (16.9%), Tasmania (16.5%), Victoria (15.5%) and Western Australia (15.1%). The ACT had the lowest obesity rate at 13.5% (no data were available for the Northern Territory).

Bulletin no. 12, *Obesity Trends in Older Australians,* is the first national obesity study to focus on older Australians rather than adults generally. Looking at age groups from 55 onwards, it shows that older men and women are 6–7 kg heavier on average than their counterparts 20 years ago — the equivalent of 12–14 medium-sized tubs of margarine!

There has also been a trebling in 20 years of those older Australians who are obese (markedly overweight), from 310,000 in 1980 to 940,000 in 2000. This is more than one in five of Australia's older people, with one-third of the increase in number being the result of an ageing population, and two-thirds due to an increase in obesity rates.

According to report co-author Dr Stan Bennett, a surprising finding in the report was that Australians in their fifties are continuing to gain weight as they gain years, at least into their mid-seventies.

'The effect of this obesity epidemic has far exceeded any natural tendency that may exist for older Australians to lose weight as they age', Dr Bennett said.

'The obesity epidemic in our ageing society brings a number of potential challenges', said Dr Bennett. 'It brings implications for older

people in their daily functioning, social lives, mental health and personal health care costs. Nationally, there could be a greater demand for health and aged care services. And for nurses and others involved in the care of obese older Australians, there could well be occupational health and safety concerns.'

Bulletin no. 13, *Health, Wellbeing and Bodyweight: Characteristics of Overweight and Obesity in Australia, 2001*, confirms that obese men and women are much more likely to report fair or poor health compared to their healthy weight counterparts (26% of obese men and 28% of obese women compared with 17% and 16% of healthy weight men and women respectively).

Long-term health conditions such as diabetes, heart and circulatory conditions, high blood pressure and high blood cholesterol were more commonly reported by obese and overweight women and men.

Report co-author Kathleen O'Brien noted that 'a clear relationship was found between weight and the prevalence of heart and circulatory conditions, with the likelihood of reporting a heart or circulatory condition rising with increasing weight.'

Interestingly, some specific health conditions were more commonly reported in obese women compared with healthy weight women, than in the corresponding categories of men.

A total of 9% of obese women reported having diabetes compared with 2% of healthy weight women. There was also quite a significant gap with the incidence of high blood pressure in women (28% and 12% respectively).

Obese women were also more likely to have visited a hospital or doctor in the past fortnight.

Kathleen O'Brien said there were also some interesting results in the area of health behaviours, considering health conditions and use of health services were found to be more common among overweight people.

'Overweight people were more likely to drink skim milk than healthy weight adults, for example.

If you go down to the woods today… the author team strides out

'We also discovered that smoking was more common among healthy weight men (30%) than in those who were obese (24%), while no relationship between weight status and smoking was found in women.'

To complete the series a fifth bulletin is planned, on the topic of obesity and absenteeism from work.

Other AIHW projects in the pipeline on overweight and obesity include:

- a journal article on the extent to which recent rises in diabetes incidence can be explained by the rise in obesity
- a data briefing on overweight and obesity in children and adolescents.

All AIHW bulletins are available free of charge on the AIHW web site. Full-colour printed copies are also available at $10 each. Bulletins purchased at the AIHW front counter attract a $5 discount per publication. On-line and telephone purchasing options are also available (see. p. 11).

project reports

Project 1

METeOR is coming!

Those who have spent time under the brilliant stars of the Australian bush will be familiar with the sight of a meteor arcing across the night sky. For those who work with health and welfare data, another form of meteor will soon become a familiar and illuminating sight. The Australian Institute of Health and Welfare is currently developing METeOR (Metadata Online Registry) to replace the Knowledgebase as the Institute's online registry of nationally endorsed metadata standards.

The Knowledgebase was originally designed and created by the Institute in 1996 on behalf of the National Health Information Management Group. It was subsequently expanded to become a register for all health, community services and housing assistance data standards and data set specifications. At the time, the Knowledgebase was one of the first examples in the world of an online implementation of the international standard for the specification and standardisation of data elements (ISO/IEC 11179).

In recent years, the Knowledgebase and the review, endorsement and dissemination processes it supports have been struggling to keep pace with the acceleration in the volume and range of national metadata development. Part of this struggle has been due to its outdated technological base. It is expected that the volume of metadata development will further increase in coming years, including increasing numbers of clinical data sets and recent electronic health record metadata.

The technology with which the Knowledgebase was written is now approaching ten years of age and needs to be updated to improve the flexibility, capacity and usability of the registry. For example, the current technology does not allow for:

- cost-effective publication processes
- tracked version changes made to metadata under development
- efficient handling of an increased volume of metadata for registration
- multiple registration authorities
- contextual differences between service sectors for what is essentially the same metadata item
- other types of metadata such as performance indicators, classifications and terminologies
- efficient handling of various metadata-to-metadata relationships, metadata-to-information model relationships or the metadata-to-data set relationships.

Following comprehensive consultation with Knowledgebase users and other key stakeholders, the Institute has decided to address these issues by building a new metadata registry. This decision has also provided the opportunity for a fundamental restructuring of national metadata, in line with the latest version of the international standard for metadata identification and recording.

A Metadata Management Unit has been established within the Business and Information Management Division of the Institute to lead and manage this initiative, which is expected to result in substantial efficiencies in the way we develop and disseminate metadata standards. To date, staff in the Unit have focused on building the metadata re-engineering process and have begun re-engineering metadata content. The next step of the METeOR creation will be to develop software that enables the registry and its web interface to provide:

- information and assistance for users and metadata developers (e.g. user-friendly guides, examples of good metadata definitions)
- tools for metadata developers to support higher quality metadata
- streamlined registrar and data dictionary production processes
- a flexible architecture to allow for future modifications.

The fully developed METeOR including the re-engineered content is expected to be online by the end of this year. For more information please contact David Braddock on (02) 6244 1136.

Project 2

National data collection commences for juvenile justice

In Australia, the responsibility for juvenile justice lies with each individual state and territory. Legislative and policy differences between the jurisdictions naturally make their current data collections inconsistent.

While juvenile justice has long been an area of interest and concern to communities and government alike, there has been limited statistical information on young people's involvement with the justice system at a nationally comparable level. The only national data that currently exists records the rates of juveniles in detention within each state and territory.

Several years ago the National Community Services Information Management Group (NCSIMG) identified juvenile justice data as a key priority area for development. In 2001, The AIHW began development of a Juvenile Justice National Minimum Data Set (JJNMDS) on behalf of the NCSIMG and the Australasian Juvenile Justice Administrators (AJJA). Each state and territory department responsible for the management of juvenile justice contributed to the development of the JJNMDS, along with the Australian Bureau of Statistics, the Australian Institute of Criminology and the Queensland Criminal Justice Commission (now the Crime and Misconduct Commission). These organisations, in conjunction with the AIHW, formed the Juvenile Justice Data Working Group.

In 2003 a comprehensive field and pilot test of the JJNMDS successfully concluded. The AJJA agreed to implement the JJNMDS as an ongoing data collection with the AIHW as the data custodian. Implementation is expected to commence in 2004.

The JJNMDS provides a unique source of nationally comparable policy-relevant information on the flow of young offenders through the justice system over time. The data set also provides a profile of what happens to young offenders from one form of 'intervention' to another. This concept is called a 'juvenile justice episode'. Some juveniles can have multiple episodes (such as moving between bail to probation, detention or community service order), or multiple episodes due to repeat offending. In the pilot test the majority of young offenders only had one episode, and very few juveniles had more than two episodes. These results confirm the commonly held view based on jurisdictional research that few young offenders commit more than one offence.

In addition to flow data, unidentifiable unit record data will be collected from each juvenile justice client about their date of birth, sex and Indigenous status. For each client episode, data will be provided on the episode type, if the client had been transferred from a location or system to the supervision or case management of the juvenile justice department, the last known home suburb and postcode of the client, and the reason for exit at the end of the episode.

Apart from key information about juvenile justice clients and episodes, the JJNMDS also encompasses a data set referred to as the Juvenile Justice Centre Collection. Data from the Centre Collection focuses on remand or detention centres in each jurisdiction and provides information on the name of the centre, the postcode, the design capacity, the number of detainees, escapes from secure perimeters, escapes from other legal custody and escapes resulting in a charge of escape. While the Juvenile Justice Client Collection is based on episode data, the Centre Collection is an aggregate data base collected once a year.

While developing the JJNMDS the Juvenile Justice Data Working Group also began work on developing national performance indicators. The development and testing of these indicators is expected to continue alongside the implementation phase of the JJNMDS.

It is anticipated that several short publications on juvenile justice will be produced by the AIHW in 2004, while more comprehensive analysis and reporting of JJNMDS results will commence in 2005.

project reports

Project 3

Health expenditure, by disease and injury

The AIHW has recently compiled estimates of health expenditure, classified by 19 broad disease/injury groups, for the year 2000–01. This work updates a 1993–94 study by Mathers, Penm, Carter and Stevenson, and will integrate with burden of disease analyses being undertaken collaboratively by the University of Queensland and the AIHW.

This kind of analysis (sometimes called a 'cost of disease' study) provides insights into the use and costs of health services. It goes beyond the aggregate analyses published in the AIHW's annual *Health Expenditure Australia* publication by allocating aggregate cost/expense across disease groups. The estimates will appear in the forthcoming AIHW publication, *Health System Expenditure on Disease and Injury in Australia, 2000–01*.

The six disease groups that accounted for most health expenditure in Australia in 2000–01 were (in descending order): nervous system disorders; cardiovascular system; musculoskeletal conditions; injury; respiratory disease; and oral health. Together, these six groups accounted for a little under half the total expenditure allocated in the study.

The estimates are presented by broad disease group and by area of expenditure (hospitals, medical services, etc.). They are based on a fairly detailed analysis of expenditures through hospitals (for admitted patients), high level residential aged care, medical services, other professional services and prescription pharmaceuticals. But, for the remaining areas of expenditure (such as non-admitted hospital patients, low level aged care, over-the-counter pharmaceuticals, and so on), the estimates have been extrapolated from the 1993–94 study, based on demographic change and growth in expenditure.

The AIHW could undertake further work of this kind — for example, to provide finer disaggregations by disease type, to provide more comprehensive analyses for particular diseases or population groups, or to replace the extrapolated figures with estimates based on a detailed investigation of 2000–01 expenditures. But any such work would depend on the strength of client demand and the availability of resources.

For further information, contact John Goss, AIHW, ph. (02) 6244 1151 or e-mail john.goss@aihw.gov.au

Trust me — Australian hospital statistics

In our December edition of Access, Paul Magnus wrote an article entitled 'Australia's hospital statistics: what can they tell us about our health status?' The article was to be continued in this edition of Access, but has been postponed for a future edition.

Project 4

Health Expenditure Advisory Committee (HEAC)

Among the AIHW publications of greatest interest to policy makers and health economists are those that present statistics on the economic resources allocated to the consumption of health care. The most recent publication in this family — *Health Expenditure Australia 2001–02* — reported that health expenditure was equivalent to 9.3% of GDP (up from 9.1% in the previous year, and from 8.1% a decade earlier).

Health expenditure statistics is a dynamic field. There have been significant shifts in the value and mix of goods and services produced and used by the health industry; there have also been changes in the institutional arrangements for delivering and financing health care. Statistical standards in the field have advanced considerably, especially through the release a few years ago of the OECD manual, *A System of Health Accounts*. In addition, there have been changes in the arrangements for statistical reporting. For example, the Australian Health Care Agreements negotiated for the period 2003–08 include a requirement that the Australian Government and the states and territories 'develop a comprehensive, standardised system for determining recurrent health expenditure in relation to the services provided under [the] Agreement'.

All of these influences mean that the AIHW must undertake a good deal of work in coming years to maintain and enhance its health expenditure publications. In mid-2003, the AIHW Board agreed to the establishment of a committee that would advise the Institute on this work.

The Health Expenditure Advisory Committee met for the first time on 20 February 2004. HEAC members include representatives of Australian Government, state and territory health departments, the Department of Veterans' Affairs, the Australian Bureau of Statistics, the Commonwealth Grants Commission and the Private Health Insurance Administration Council.

The February meeting was very lively and informative. It traversed the following issues:

- whether and how the AIHW could go further in implementing international standards for reporting health expenditure
- what reporting of health expenditure is required under the Australian Health Care Agreements and how it might be integrated with AIHW and other reporting
- how the AIHW can improve the timeliness of its health expenditure publications.

HEAC will meet twice a year. The next meeting in mid-2004 will consider design and content changes for the forthcoming publication *Health Expenditure Australia 2002–03,* the AIHW's recent work on measuring capital in the health industry, and a couple of other topics.

For further information, contact Tony Hynes, AIHW, ph. (02) 6244 1160 or e-mail tony.hynes@aihw.gov.au

project reports

Project 5

New report from the Aboriginal and Torres Strait Islander Health and Welfare Unit

The AIHW's Aboriginal and Torres Strait Islander Health and Welfare Unit produces the National Summary of the 2001 and 2002 Jurisdictional Reports against the Aboriginal and Torres Strait Islander Health Performance Indicators. The Unit has recently completed a major report for the Australian Health Ministers Advisory Council (AHMAC).

In 1996, AHMAC directed state and federal departments of health to develop a set of national performance indicators for Aboriginal and Torres Strait Islander health and welfare. In 1997 the Australian Health Ministers Council endorsed an interim set of 58 national performance indicators to be reported against by all jurisdictions.

In the reports that were prepared in 1998, 1999 and 2000 (published in 2003), a number of statistical problems were identified: some indicators were difficult to interpret; data supplied by jurisdictions for some indicators were of poor quality and for different time periods; data were not provided by some jurisdictions for some indicators; and the indicator set was not accompanied by a conceptual framework.

In 2002, the AIHW commissioned the Cooperative Research Centre for Aboriginal and Tropical Health to refine the set of indicators, which were endorsed by AHMAC. During 2003 the Aboriginal and Torres Strait Island Health and Welfare Unit worked closely with all jurisdictions to report against this new set of 56 indicators. The indicators cover a wide range of areas including government input, social equity, access to services, risk behaviours and outcomes for people.

The report identifies continuing problems with the quality of data relating to the health and welfare of Indigenous people. In particular, problems continue with Indigenous identification in births and deaths registration, hospital separation statistics, perinatal datasets, in the notifiable diseases registries and in workforce surveys.

The results will not be surprising to anyone familiar with the state of Indigenous health and welfare in Australia. Indigenous life expectancies remain around 20 years below those for the Australian population and 10 years below those for Indigenous people in Canada and New Zealand.

The infant mortality rate in the four jurisdictions for which the data are of usable quality — Queensland, Western Australia, South Australia and the Northern Territory — was 15 per 1,000 live births, compared to less than 5 per 1,000 for non-Indigenous Australians and less than 9 per 1,000 for Indigenous New Zealanders, Americans and Canadians.

Regarding economic disadvantage, 45% of Indigenous Australians had weekly incomes (household-size-adjusted) below the 20th percentile of all incomes, compared to 19% of other Australians. Economic disadvantage was greatest in the Northern Territory and least in the ACT. Over the whole of Australia, 80% of Indigenous persons had a household-size-adjusted weekly income below the 50th percentile, compared to 49% of non-Indigenous Australians.

Poor education outcomes contribute to the low earning capacity of Indigenous people. Overall, only 28% of Indigenous males and 33% of Indigenous females aged 20–24 years had completed Year 12 compared to 64% of non-Indigenous males and 74% of non-Indigenous females. In the ACT, 56% of Indigenous males and 58% of Indigenous females aged 20–24 years had completed Year 12, but in the Northern Territory only 8% of Indigenous males and 11% of Indigenous females had done so.

The standard of Indigenous housing is frequently argued to contribute to poor health outcomes. The indicators require jurisdictions to report only against housing in 'discrete Indigenous communities'. Of the 17,000-odd houses in these communities, around 98% were found to be connected to water, sewerage and electricity systems.

The indicators require that jurisdictions report the numbers of Indigenous people serving on health and hospital boards, and employed as health workers in hospital and health centres. But many jurisdictions do not collect information on the Indigenous status of their employees.

The quality of data has meant that it has not been possible to provide reliable data on changes over time for most indicators. This is a matter of some concern. An important reason for the establishment of the indicators and the considerable amount of work that is required in all jurisdictions to report against them, is to ascertain whether efforts to improve Indigenous health and welfare have been successful. At present, data quality means that it is not possible to answer this question.

In late 2003, the AIHW Unit organised a workshop for representatives from all jurisdictions, the ABS and the Office for Aboriginal and Torres Strait Islander Health in the Australian Government Department of Health and Ageing. Many of the difficulties with meeting the requirements of reporting against the indicators were discussed. Participants provided valuable input to the workshop and made recommendations for amendments to the indicators or to the way in which data are collected.

This is an important report that will continue to evolve as the available data change and that will also continue to influence the way in which jurisdictions collect data. Because the state and territory Health Ministers endorse them, the indicators have an important role to play in influencing jurisdictions to collect comparable data of high quality. It is apparent that in 2001 and 2002 this situation has not yet been reached but important progress has been made and, importantly, constructive communication has been instituted between jurisdictions, the Australian Government, the ABS and the AIHW. All of this must contribute to improved quality of data in the long term.

from the Inside

NISU — the injury surveillance specialists

In 1986 the Australian Government declared injury a national health priority area, reflecting the size of the problem, but also highlighting the potential to reduce the level of injury and its associated costs.

The National Injury Surveillance Unit (NISU) is a collaborating unit of the AIHW, established in 1990 and based at Flinders University in Adelaide, as part of the University's Research Centre for Injury Studies. The NISU sprung into being following a time-limited project dealing with issues on child injury back in the 1980s. It has now established a role as Australia's leading source of technical and methodological advice and expertise on injury surveillance and related matters, as well as being the leading provider of high quality surveillance reports. The work carried out by the NISU is critical in producing information and expertise to support the public health approach to injury prevention.

Injury is estimated to account for approximately 8% of the total direct healthcare cost of all diseases. In 2000 it was the fifth leading cause of death, accounting for 8,361 deaths amongst Australians, and it was the leading cause of death among young people: suicide topped the list, with deaths due to road crashes a close second.

To be able to tackle such a problem, it's crucially important to know and understand its complexities: its magnitude, scope and nature. You need to be able to monitor incidence: know frequencies, type and scale of injuries and make assessments on whether there are any linkages and trends.

With a staff of eight, NISU is led by Dr James Harrison, Director of NISU since 1990. Qualified in medicine and trained in epidemiology, James' focus before joining NISU had been on workplace injury mortality for what was then Worksafe Australia, now known as the National Occupational Health and Safety Commission.

NISU, while principally funded by AIHW, receives additional funding from the Australian Government Department of Health and Ageing. There are three main themes to the multi-faceted and varied work carried out by the NISU.

The first is the provision of statistical reports on injury surveillance. These can take many different forms, and vary from the annual statistical reports to the more in-depth occasional thematic reports on important issues such as suicide, drowning or work-related injury.

Using new data sources, such as the National Coroners Information System, it has been possible for NISU to carry out injury surveillance at a high level of precision to examine types of injury deaths that are, whether frequent or not, preventable.

'For example, something we have looked at recently was infants dying after having been strangled in the cords of venetian blinds,' explains James 'This typically occurs when a cot is parked near a blind and the kids are old enough to start to stand up.

'There isn't a high frequency of death from this kind of injury, but it is eminently preventable, as shown by work carried out in the USA in previous years.

'Our work in this area has contributed to shaping legislation, standards and information programs at both federal and state government levels.'

The second major area of work for the NISU revolves around the development of data sources, methods and tools that underlie injury surveillance.

The origin of the Australian Spinal Cord Injury Register, a comprehensive listing of people with this high-severity type of injury, is a good example of the NISU's work and influence in this area.

'The Spinal Cord Injury Register predates the NISU, but was becoming an orphan system when we took it over in the early 1990s. We collect information in collaboration with all the directors of all the specialist units around the country to form this unique register', explains James.

'Over the last couple of years we have made great improvements to the database. We now have a series of new data collection and enhancement projects underway. These are being undertaken by the NISU and organisations that want to use the data.

'Due to the progress we have made in refining this data source, we can now look at, for example, whether there are trends in spinal cord injury with rugby playing over the last 18 years. There is sufficient detail to examine differences in injury between rugby league and union, and perhaps Queensland and New South Wales, or younger players and older players.'

The NISU has also contributed to other injury data developments. Invaluable input was given by the NISU to the newly developed National Coroners Information System, and it also provides ongoing technical development of injury indicators and classifications.

James welcomes opportunities to link the NISU's data with other health information systems.

'If we are able to link our data with other records, then we can expand our analysis. For example, we could look at the longevity of people with spinal injury, the quality of their lives and whether they are compensated in ways that enable them to live a decent life.'

The third main focus for the National Injury Surveillance Unit is the expertise and advice it injects into Australian and international discussions surrounding injury and injury prevention. The NISU acts as a source of advice and expertise within the AIHW, as well as contributing and collaborating on joint ventures alongside Institute staff. James also represents the NISU and the AIHW in other contexts such as the Strategic Injury Prevention Partnership group and related policy development.

And where is the NISU heading in the future?

'Topics to which I expect that we will give a lot of attention in the next few years are the relationship of alcohol and other drugs to injury, work-related injury, injury among Aboriginal and Torres Strait Islander communities, and falls prevention for older people.

'In addition, all of the NISU's work will benefit from the results of our methodological projects. An important theme is to find ways to make better use of available sources, by understanding data better and by finding ways to combine sources so that the resulting information is more useful. For example, the National Death Index is already enabling us to make better use of the Spinal Cord Injury Register, and we are seeking approval to validate the completeness of the register in relation to hospital data. We have demonstrated that the National Coroners Information System is useful for injury surveillance, but it would be much more useful if cases recorded in it could be linked to injury deaths in the mortality file provided by the ABS.

'The biggest challenge though is in finding really high quality people who want to be involved in the sort of work we are engaged in and who want to be a part of the fantastic team we are lucky enough to already have here at NISU.'

NISU staff

James Harrison has been the Director of the National Injury Surveillance Unit since 1990, and is involved in a broad range of injury research and surveillance activities both in Australia and abroad.

Steve Trickey, who is employed by NISU on a part-time basis, manages the Unit's information technology facilities and its website. He is assisted by Lachlan Johnson who provides day-to-day support to staff and maintains the computer network (Lachlan also keeps a watchful eye on Steve!)

Continued on next page ►

from the Inside

NISU — the injury surveillance specialists

Continued from page 6

NISU Staff (left to right): Katie Gitsham, Geoff Henley, Clare Bradley, Lachlan Johnson, Ray Cripps, Jesia Berry, James Harrison, Jill Carlson, Stacey Avefua, Yvonne Helps, Renate Kreisfeld

Raymond Cripps has been with the Unit for 10 years. His role encompasses the development and management of the Australian Spinal Cord Injury Register with assistance from Jill Carlson and Katie Gitsham. Ray has an interest in spinal injury generally, and a particular interest in living successfully with the condition. He currently operates a National Surveillance Program which monitors horse and rider falls during cross-country eventing. He is the Unit's 'resident fuddy duddy and mail boy'.

Clare Bradley, a research officer with the NISU, is currently working on several projects which include investigations of computer-assisted telephone interviewing for injury surveillance; falls in the elderly; and the validation of methods using linked data. She also has an interest in suicide research and small animals (especially disabled frogs—although not hopping mice).

Renate Kreisfeld is a part-time research officer and has been at the Unit for 12 years. She edits the Unit's periodical, Injury Issues Monitor. Currently her work includes analysis and reporting of injury mortality and an investigation of the practicability of using multiple causes of death to enhance injury surveillance. She has no grasp of the concept of eBay's operation.

Stacey Avefua has been with the Unit for 4 years. As the Unit's Clerical Officer and chief 'gopher', she is responsible for a range of administrative duties as well as the proofreading and layout of NISU reports and the management and maintenance of the web-based Directory of Australian Injury Personnel.

Geoff Henley is currently engaged in research into injury surveillance and is an author of recent reports on the use of the National Coronial Information System for injury surveillance and on diagnosis-based injury severity scaling.

Jesia Berry is a recent recruit whose current work includes the investigation of problems with data quality and ascertainment for Indigenous mortality.

Yvonne Helps is currently working on the analysis and reporting of Indigenous mortality and morbidity and on issues surrounding Indigenous ascertainment. She will be guest editor of the next edition of the Injury Issues Monitor. Yvonne's fashion advice, particularly in the area of neckwear, is highly regarded within the Unit.

Recent publications by NISU

The National Coroners Information System as an Information Tool for Injury Surveillance, AIHW cat. no. INJCAT-60, released 1 March 2004, $30.00.

Diagnosis-Based Injury Severity Scaling, AIHW cat. no. INJCAT-59, released 24 February 2004, $25.00.

Spinal Cord Injury, Australia 2001–02, AIHW cat. no. INJCAT-58, released 18 December 2003, $25.00.

National Injury Prevention Plan Priorities for 2004 and Beyond, AIHW cat. no. INJCAT-55, released 11 September 2003, $35.00.

the driving force

National Community Services Information Management Group (NCSIMG)

The December 2003 edition of *AIHW Access* reported that the Community Services Ministers' Advisory Council (CSMAC) had endorsed the renewal of the National Community Services Information Agreement.

Under the leadership of the NCSIMG Chair, Dr David Filby, a new Agreement has been finalised following extensive consultations with Australian Government and state and territory community services jurisdictions, Centrelink, ABS, AIHW and non-government organisations.

A key feature of this new Agreement, which operates for 5 years from 1 March 2004, is acknowledgement of the role of formal Groups operating in the community services sector and their specific data and information requirements. These Groups, which are represented on the NCSIMG, are responsible for programs delivering: Home and Community Care; Supported Accommodation Assistance; Disability Services; and Juvenile Justice.

NCSIMG, with funding support from CSMAC as well as from individual jurisdictions, will continue to work with the National Community Services Data Committee on expansion of the National Community Services Data Dictionary, and to guide the data development work of subject-specific data working groups.

Sadly, David Filby will cease to Chair NCSIMG when his changed responsibilities in South Australia means he no longer operates in the community services sector. David's guidance to the Group, particularly in achieving the renewal of the Information Agreement, has been much valued and will be enormously missed. At its March meeting, CSMAC endorsed Ms Linda Apelt, the new Director-General, Queensland Department of Communities, as NCSIMG Chair from 1 July 2004. Linda is well known to the AIHW having represented State Housing Departments on the AIHW Board. Her appointment as NCSIMG Chair is most welcomed.

You can find information about the NCSIMG and read its publications on the AIHW website: http://www.aihw.gov.au/committees/welfare/ncsimg/index.html.

For further information contact Margaret Fisher, Secretary, National Community Services Information Management Group, e-mail margaret.fisher@aihw.gov.au

force

spotlight

on Ken Tallis

'I like to see the world through numbers — to look at a problem, whether it's how the economy works or how music works, and to get a sense of the patterns and order that underlie what might otherwise appear just too complex or even chaotic. It's a thread that runs through both my personal interests and my professional life.'

A 26-year career moving between academic and public service jobs, all the while working with data and understanding the world through mathematics, preceded Ken Tallis's arrival at the AIHW as Head of the Resources Division seven months ago.

Raised mostly in coastal New South Wales, Ken finished his schooling in Wollongong before moving to Canberra to take up a scholarship at the Australian National University, where he completed his first degree in mathematics and statistics.

'I imagined for quite a while that I'd spend my life in some university department of mathematics, but the job market wasn't all that strong for mathematicians at the time!'

After a few years working at the CSIRO and the Australian Bureau of Statistics (ABS), Ken returned to study, spending the next decade or so 'knocking around' various universities, tackling the subjects of economics, econometrics, computing and data modelling.

Several stints at the ABS followed, as well as posts with the Department of Foreign Affairs and Trade where Ken worked on trade modelling and policy advising, and the Commonwealth Grants Commission, where he modelled taxation, government expenditures and intergovernment finances. Ken also analysed drug trials and administrative data with the Department of Health, and spent a number of years in the Parliamentary Research Service advising politicians and committees on economic and labour statistics.

Ken was lured from his previous post as head of the Analysis Branch at the ABS to head up the newly formed Resources Division at the AIHW. He was attracted by the opportunity to focus on social statistics and to get back to more direct engagement with policy makers and the community who use the numbers.

'I've become very interested in health and welfare in recent years, especially making use of the new data sets that are now becoming available to better inform discussion of such issues as population ageing, early childhood, life chances for disadvantaged Australians and improving government services. Seeing your work on statistics and information exert an influence for good, and engaging directly with the people who are going to use your work, is a fabulous spur to keep going when the work becomes tough. The combination of these factors is a key element of life at the AIHW, and made the move very attractive.

'And if I'd had my choice of the segments of the AIHW work program to take on, they'd pretty much coincide with what's in the Resources Division. It's just about an ideal combination for me — a mix of direct statistical work on labour force and expenditure, which are closely related to things I've done before; hospital statistics, which I'd previously encountered only as a user, combined with areas where I'd had little previous experience, especially work on Indigenous Australians' health and welfare, and on estimating the cost and burden of disease and other high-end analyses.

'Although I'd touched on health and welfare statistics in particular ways before — I'd done analyses of clinical trials, of the output and productivity of the health sector, and of financing arrangements for health and welfare services, for example — I'd acquired only a rather patchy knowledge of how human health or the health and welfare systems work. So it was a real attraction to learn a body of "new stuff".'

The biggest challenges Ken sees for himself as Head of the new Division?

'A major challenge for me as a newcomer to AIHW is understanding who our clients are and what information would help them most. To date, I've become acquainted with the dozen or so national committees that we serve, and am gradually finding my way through the forest of acronyms.

'Until you understand your clients and their needs, you might do work that is professionally superb and receive rave reviews from your academic colleagues, but you probably won't contribute much to making life in Australia better.

'A key question is where each unit of the Division should invest effort. Which five or six investments — better statistics, better analyses or better support for our clients' application of information — would deliver the most benefit?'

An area of work Ken is particularly passionate about is statistical methods.

'In the past decade or so there's been a major flourishing of professional literature. We now have statistical techniques that help us answer questions that used to be just too hard. For example, we're able to analyse how the characteristics of individual people, their families, and the communities in which they live combine to affect people's health or economic prospects. We also have better methods for drawing valid inferences from "dirty" or complex data. Previously, we suspected that these things should be taken into account when analysing data, but we had to ignore them and just hoped that our answers weren't distorted too badly.

'One thing I'd really like to contribute to the Institute is helping our judgments about what methodologies are most appropriate to the data and the question at hand, and enhancing our confidence in analysing and explaining what's in our numbers.'

Outside of work, Ken maintains interests which are equally mentally rigorous. He reads voraciously, and each year tries to acquire a smattering of some new language — his latest, the ancient Asian language of Pali, bringing to 16 or so the tally of languages he has attempted. Ken also plays several musical instruments 'rather badly'.

These endeavours are balanced with plenty of physical exercise, mostly running, combined with a bit of swimming and rock-climbing as the season allows.

'I became very interested in distance running in my late twenties and have kept that up for 20 years, occasionally tackling marathons. Like many people, I find that physical effort relieves rather than compounds mental fatigue.

'I'll confess to two personal goals — getting my marathon time below two hours 40 minutes, and giving a passable performance of all six Bach cello suites before I die. Both look almost achievable.'

It's a wonder he finds the time. And how?

'Generally speaking, I've not slept very much, usually about five hours a night or so. So that frees up a lot of space!'

Australia's Health: Vital statistics, vital signs

Weighing up our health and health system

22–23 June 2004 • Parliament House, Canberra

Are you an informed health professional? Do you feel you need to know more?

If you pride yourself on being at the forefront of Australian health information and statistics then attendance at this year's Australian Institute of Health and Welfare conference is vital. The two-day conference to be held at Parliament House in Canberra will benefit all professionals, government administrators and academics serious about health information. You will:

- Attend the launch of Australia's most authoritative and comprehensive health statistics publication, *Australia's Health 2004*. This valuable resource will be launched by the **Hon. Tony Abbott MP, Minister for Health and Ageing.**
- Be first to receive never-before-released AIHW information that will help to shape Australia's future health policies.
- Hear from international keynote speaker **Ed Sondik PhD, Director of the US National Center for Health Statistics,** about the state of America's health system.
- Listen to and question the nation's leading health professionals including Edward J Sondik PhD, Dr Rosemary Stanton OAM, Professor Kerin O'Dea, Professor Tony McMichael, Professor Gavin Andrews MD, and Dr Richard Madden.
- Customise your attendance at the conference by choosing from a range of concurrent sessions on offer. Topics include:
  - Health expenditure: under the microscope
  - Health of older Australians: living older and healthier?
  - Cancer statistics: winning the battle?
  - Obesity and lifestyle: weighing up the risks.
- Dine and be entertained at the National Press Club before hearing Australia's most prominent nutritionist **Dr Rosemary Stanton OAM** give her views on health and nutrition, and the national obesity epidemic.
- Network with the nation's top health administrators, health service providers, health statisticians and academics.

Full registration includes a two-day conference, morning and afternoon teas and full buffet lunches, a copy of *Australia's Health 2004* and dinner and entertainment at the National Press Club.

If you want to hear the latest on vital statistics and vital signs in health from the nation's leading experts, then your attendance at this conference is also vital!

To register or for more information please visit www.aihw.gov.au/conferences/ah04/ or contact Felicity Harrigan, Conference Coordinator 02 6244 1011.

It may be necessary for reasons beyond the control of AIHW to alter the content and the timing of the program or substitute other speakers.

Australian Institute of Health and Welfare Conference Program

Day One

TUESDAY 22 JUNE 8.30AM – 4.30PM

8.30am **Registration and tea/coffee on arrival**

9.15am **Welcome by Dr Richard Madden, Director, Australian Institute of Health and Welfare**

9.20am Address by Chair of AIHW Board, *Dr Sandra Hacker*

9.30am Opening of conference and launch of ***Australia's Health 2004*** by the Minister for Health and Ageing, *Hon Tony Abbott, MP*

10.00am **Morning tea**

10.30am **Plenary session: International speaker –** *Edward J Sondik, PhD,* Director, National Center for Health Statistics, USA speaking on his vision for health statistics.

11.30am **Plenary session:** *Dr Richard Madden,* Director, The Australian Institute of Health and Welfare, will examine the content of the Institute's flagship health publication *Australia's Health 2004.*

12.15pm **Lunch**

1.15pm **Parallel sessions: Session 1**

Health expenditure: under the microscope
Tony Hynes, Lindy Ingham and *Ken Tallis,* AIHW. *Professor Jane Hall*, Director, Centre for Health Economics Research and Evaluation, University of Technology

Indigenous health: is the imbalance improving?
Dr Fadwa Al-Yaman, AIHW. *Edward Wilkes*, Associate Professor, Curtin University and Telethon Institute for Child Health Research (invited)

Obesity and lifestyle: weighing up the risks
Bonnie Field, AIHW. *Dr Anthony Rogers*, Director, Clinical Trials Research Unit, University of Auckland

2.45pm **Afternoon tea**

3.15pm **Parallel sessions: Session 2**

Hospitals: changing roles?
Jenny Hargreaves, AIHW. *Charles Maskell-Knight*, Principal Advisor, Medical Indemnity Branch, Australian Department of Health and Ageing. *Maxine Drake*, Health Consumers' Council of Western Australia. *Prue Power*, Executive Director, Australian Healthcare Association. *Jim Pearse*, Associate Professor, Centre for Health Service Development, University of Wollongong

Maternal and infant health: from little acorns…
Dr Elizabeth Sullivan, AIHW. *Professor David Ellwood*, Associate Dean, Canberra Clinical School, University of Sydney

Asthma: are we breathing easier?
Dr Guy Marks, AIHW. *Dr Anne-Louise Ponsonby*, NCEPH, ANU

4.30pm **Sessions ends**

7pm Conference Dinner at **National Press Club,** Barton, Canberra

Dinner Speaker – Dr Rosemary Stanton OAM, will talk on health and nutrition, and the national obesity epidemic.

Day Two

WEDNESDAY 23 JUNE 8.30AM – 4.45PM

8.30am **Registration and tea/coffee on arrival**

9.00am **Plenary Session:**
Panel discussion on Health Statistics and Policy: What works and where are the gaps?
Professor Kerin O'Dea, Director, Menzies School of Health Research, NT, *Professor Tony McMichael,* Director, National Centre for Epidemiology and Population Health, ANU, *Professor Gavin Andrews,* Policy and Epidemiology Group (Mental Health), UNSW at St Vincent's Hospital, Sydney. The discussion will be chaired by *Dr Rob Wooding,* Department of Health and Ageing.

10.45am **Morning tea**

11.15am **Parallel sessions: Session 3**

Labour force: who is looking after your health?
Glenice Taylor, AIHW and *Paul Gavel,* Executive Officer AMWAC, NSW Health Dept

Health of older Australians: living older and healthier?
Dr Ching Choi and *Ros Madden,* AIHW. *Professor Anthony Jorm*, Centre for Mental Health Research, ANU

Cancer statistics: winning the battle?
John Harding, AIHW and *Professor Simon Chapman,* School of Public Health, University of Sydney

12.45pm **Lunch**

1.30pm **Parallel Sessions: Session 4**

Dental labour force and oral health: brushing up on where we're at
Professor Gary Slade, AIHW, and *Professor John Spencer,* ARCPOH,

National population and state/territory health surveys
Mark Cooper-Stanbury, AIHW. *Senior ABS Officer*

Cardiovascular disease and diabetes: concerns and considerations
Lynelle Moon, AIHW. *Annette Dobson*, Professor of Biostatistics, Queensland University and *Professor Paul Zimmet*, International Diabetes Institute

3.00pm **Afternoon tea**

3.20pm **Parallel sessions: Session 5**

Diseases and dollars: what's being spent: whether and how disease expenditure estimates can guide resource allocation
John Goss, AIHW. *Robert Carter*, Associate Professor, School of Population Health, Melbourne University (invited)

Children's health: strong foundations for the future?
Dr Kerry Carrington, AIHW. *Dr Sharon Goldfeld*, Paediatrician Research Fellow, Centre for Community Child and Health

Mental disorders: what about the stats?
Ken Tallis, AIHW. *Professor Beverley Raphael*, Director, Centre for Mental Health, NSW Health Department

4.45pm **Conference closes**

The conference program will include the Ministerial launch and an international keynote speaker on day one, and a panel of three Australian speakers on day two. On each day there will also be three streams of concurrent sessions following the plenary sessions that will be devoted to discussion around several themes from *Australia's Health 2004*. The format of these sessions will include statistical background from AIHW subject specialists followed by commentary from an invited expert.

Recent releases

all prices include GST

April 2004

Mental Health Services in Australia 2001–02	Cat. No. HSE 31	$30.00
2003 Influenza Vaccine Survey: Summary Results	Cat. No. PHE 51	FREE (Internet only)

March 2004

National Community Services Data Dictionary Version 3	Cat. No. HWI 65	FREE (Internet only)
Rural, Regional and Remote Health: A Guide to Remoteness Classifications	Cat. No. PHE 53	$20.00
The Comparability of Dependency Information across Three Aged and Community Care Programs	Cat. No. AGE 36	FREE (Internet only)
Commonwealth-State Housing Agreement National Data Report 2002-03: Private Rent Assistance	Cat. No. HOU 105	FREE (Internet only)
Commonwealth-State Housing Agreement National Data Reports 2002-03: Crisis Accommodation Program	Cat. No. HOU 103	FREE (Internet only)
Commonwealth-State Housing Agreement National Data Reports 2002-03: Home Purchase Assistance	Cat. No. HOU 104	FREE (Internet only)
2003 Influenza Vaccine Survey: Summary Results	Cat. No. PHE 51	FREE (Internet only)
Health, Wellbeing and Body Weight: Characteristics of overweight and obesity in Australia, 2001	Cat. No. AUS 43	$10.00
The National Coroners Information System as an Information Tool for Injury Surveillance	Cat. No. INJCAT 60	$30.00

February 2004

Day Therapy Centre Census 2002	Cat. No. AGE 34	$25.00
Review of Proposed National Health Priority Area Asthma Indicators and Data Sources	Cat. No. ACM 2	FREE (Internet only)
Projections of the Australian Dental Labour Force	Cat. No. POH 1	$21.00
The Dental Labour Force in Australia: The Position and Policy Directions	Cat. No. POH 2	$21.00
Diagnosis-based Injury Severity Scaling	Cat. No. INJCAT 59	$25.00
Oral Health Trends among Adult Public Dental Patients	Cat. No. DEN 127	$21.00
Extended Aged Care at Home Census 2002	Cat. No. AGE 33	$25.00
Obesity Trends in Older Australians	Cat. No. AUS 42	$10.00
National Health Data Dictionary Version 12	Cat. No. HWI 63	$25.00 (CD-ROM), $80.00 (SET)

January 2004

Child Protection Australia 2002–03	Cat. No. CWS 22	$24.00

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AIHW Access
GPO Box 570
Canberra ACT 2601

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