

Indigenous Health Measurement Group meeting in Vancouver, Canada

Project 1

Richard Madden and Fadwa Al-Yaman, Head of the Aboriginal and Torres Strait Islander Health and Welfare Unit, attended the first meeting of the Indigenous Health Measurement Group, in Vancouver, Canada on 4–5 October 2005.

Several National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data members attended, including Ted Wilkes, Dea Delaney Thiele, Ian Anderson and Ian Ring also attended. They were part of a 12-member Australian contingent that included representatives from the Australian Bureau of Statistics, the Australian Department of Health and Ageing Office for Aboriginal and Torres Strait Islander Health. The meeting was held in conjunction with the second meeting of the International Network on Indigenous Health, Knowledge and Development (INIHKD) on 1–4 October.

The Indigenous Health Measurement Group meeting brought together government representatives, researchers and representatives of Indigenous organisations from Australia, Canada, New Zealand and the United States, to discuss health and health measurement issues for the Indigenous populations in the four countries and to consider the creation of an international collaborative group to address these issues.

The participants discussed a number of possible research topics for the Measurement Group to pursue over the next two years. The focus was on practical outcomes that would lead to improvements in the health and wellbeing of Indigenous communities. Participants outlined a number of principles that the research program should follow, including: the Indigenous right to be counted; Indigenous leadership and participation; the need to involve community members as well as governments in these activities; the need to build data skills within the communities; the recognition that collaboration should be both across countries and within countries (nation–provinces/states–communities); the need to share the results of these projects across countries; the need to present statistics in an appropriate way and the

Measurement Group activities should be transformative e.g. data collection/analysis/dissemination should be linked to improvements in health; the need to serve as a facilitator, an honest broker and information provider to the Group and those interested in improving the health of Indigenous people so that the information can inform national decision making.

Australian data, and its governance, seemed to be in better shape than in Canada and the United States. Some Indigenous people are largely invisible in Native American statistics.

On the other hand, Australians could give more thought to the nature of presentation of Aboriginal and Torres Strait Islander data ensuring the context and positive aspects are brought out.

The Group will continue to communicate regularly by tele-conference and email and will hold meetings every two years.

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AIHW reports on Indigenous housing needs

Project 2

Housing is an important part of human welfare and is closely related to health. Many of the significant advances in health in the 19th and 20th centuries were achieved through improvements in housing and public hygiene. Yet, today, many of Australia's Aboriginal and Torres Strait Islander people still live in sub-standard housing.

The Aboriginal and Torres Strait Islander Health and Welfare Unit at AIHW recently produced, for the first time, a report on *Indigenous Housing Needs: A Multi-measure Needs Model 2005*, which details the state of the housing occupied by Indigenous people. The report examines information about homelessness, overcrowding, affordability and condition of the dwelling and connection to essential services among Indigenous people. Security of tenure, appropriateness of housing and emerging needs were also examined, but in less detail.

In 2002, of the estimated 165,700 Indigenous households, 30% owned their homes, 66% were renting and 4% were in rent-free accommodation. Of those owning homes, 65% had a mortgage. Of those renting, 37% were in the private rental market, 57% in social housing and 5% were other renters.

In 2001, between 7,500 and 10,500 Indigenous people in Australia were homeless. They include people with no accommodation, staying with relatives, using Supported Accommodation Assistance Program (SAAP) services or living in boarding houses. Homelessness was three times as high among Indigenous people as among non-Indigenous people, and the use of SAAP services by Indigenous people was eight times as high.

Using one of several overcrowding standards, 10% of Indigenous households were overcrowded. In 2001 overcrowding was more prevalent in the Northern Territory than elsewhere and among households occupying Indigenous Community Housing. In the Northern Territory, 61% of Indigenous people were living in overcrowded households. Overall, the rate of overcrowding in Indigenous households is six times that of non-Indigenous households.

Affordability of housing is defined by the proportion of income spent on providing housing among households in the lowest income distribution. In 2001 it was estimated that 31,255 Indigenous households (or 37%) of low income households were paying more than 25% of the household income in rent. They were therefore in a condition of 'affordability need'. Around 30% of non-Indigenous

households were in the same situation. More Indigenous households in the private rental market were in affordability need than those in public housing. Affordability need was greatest in the cities and lowest in rural areas.

'Dwelling condition' is a measure of whether a dwelling is in need of repair or replacement. In 2001, around 27% of houses on discrete Indigenous communities were in need of major repair or replacement. Some houses occupied by Indigenous households were not connected to essential services: (47 not connected to water; 257 not connected to electricity; and 301 not connected to a sewerage system). All of these were located in outer regional, remote or very remote areas.

Security of tenure is relatively easily defined, but information is difficult to collect systematically. For example, it was estimated that in 2001 around 1,800 Indigenous people were housed in caravan parks where security of tenure can be an issue. Those in private rental houses also appear to be at risk. Information from the ABS National Aboriginal and Torres Strait Islander Social Survey (2002) suggests that 38% of Indigenous households in privately rented housing had moved house in the last 12 months and 15% had moved twice in that time. Census data show that 45% had moved in the preceding 12 months. Some of this mobility can be related to insecure tenure.

'Appropriateness' is a measure of whether a house provides its occupants with a reasonable quality of life, access to work, social contacts and services. The report explains that a method for measuring this dimension of Indigenous housing is yet to be developed.

The emerging need for housing for the Indigenous population was examined by looking at population growth trends. The report concluded that the Indigenous population can be expected to grow at a faster rate than the non-Indigenous population and that, as a result, housing need will increase.

The report attracted more than the usual media interest because it was released in the midst of a public debate on Indigenous housing.

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National Centre for Monitoring Arthritis and Musculoskeletal Conditions in Australia

Project 3

The Australian Institute of Health and Welfare has recently established the National Centre for Monitoring Arthritis and Musculoskeletal Conditions in Australia. The Centre was launched by The Hon. Julie Bishop, Minister for Ageing at Old Parliament House on 31 October 2005.

The establishment of the Centre under the Better Arthritis Care Initiative follows the declaration of arthritis and musculoskeletal conditions as a National Health Priority Area by Australian Health Ministers in July 2002.

Technically, arthritis is inflammation of a joint. However, the term is used much more generally to describe any pain producing damage to the joint. Given the large number of joints in the human body (213 bones with about 360 joints), the number of arthritic problems encountered is large. More than 150 forms of arthritis are already recognised in the literature. The term 'musculoskeletal conditions' includes all disorders associated with bones, muscles and connective tissues of the body, including arthritis. Monitoring this vast array of conditions is a formidable task.

The surveillance and monitoring of arthritis and musculoskeletal conditions in Australia has evolved slowly. There is a perception that chronic diseases such as these do not change appreciably over time. A corollary to that is that not much can be done to alleviate their impact quickly. The establishment of the National Monitoring Centre by the Institute is the first major step to correct this lag, says Dr Ching Choi, Head of the Health Division of the Institute.

'The monitoring system for arthritis and musculoskeletal conditions requires a special orientation', according to Dr Kuldeep Bhatia, head of the newly established Centre. 'The type of information required differs both in emphasis and content. The National Mortality Database—otherwise one of the best sources of information for disease monitoring—is of limited use because of the largely non-fatal nature of most of the musculoskeletal conditions. Similarly, hospital separations constitute a small proportion of health service use for these diseases and conditions. The focus of the Centre has to be on health service use in primary care settings and associated disability.'

In addition to monitoring changes in the magnitude of the problem and health outcomes, the Centre plans to track underlying trends in risk factors. Changes in health practice and prevention and management activities will also be monitored. The focus of the activities of the Centre initially would be on

osteoarthritis, rheumatoid arthritis and osteoporosis, three of the most prevalent diseases and conditions.

A variety of technological innovations over the last few decades has increased opportunities for reducing disability associated with arthritis and musculoskeletal conditions. Many people disabled by arthritis can be treated with pharmaceuticals, or, extreme cases, through joint replacement. The spread of assistive devices, home and occupational modifications has also improved the opportunities for independent living. Monitoring the impact of these innovations and disease management will be central to the activities of the Centre.

Another major focus of the Centre's work is planned to be on osteoporotic fractures. National information on the incidence of osteoporotic fractures, and associated complications and mortality, is currently available in several, incongruent databases. Using record linkage and other similar approaches, the Centre plans to monitor these adverse health outcomes of osteoporosis in a systematic fashion.

Out-of-pocket expenses incurred by people with arthritis to manage their condition also needs to be monitored. The burden is particularly heavy on socioeconomically disadvantaged segments of the community. The Centre plans to monitor and report trends in these expenses regularly.

The staff of the new Centre has a wealth of experience in epidemiology, risk factors and quality of life aspects of various musculoskeletal conditions. Dr Bhatia, has worked on immunogenetic aspects of various arthropathies both at the National Institute of Arthritis, Diabetes and Kidney Diseases and Papua New Guinea Institute of Medical Research. Dr Naila Rahman, an epidemiologist trained at the National Centre for Epidemiology and Population Health, has recently compiled the baseline report on arthritis and musculoskeletal conditions in Australia. Ms Tracy Dixon, a statistician, has worked on issues related to knee and hip replacements both in Australia and abroad. The Centre also has access to expertise in disability, morbidity and mortality issues within the Institute.

The work program of the Centre will be advised by the Data Working Group of the National Arthritis and Musculoskeletal Conditions Advisory Group.

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New report on arthritis and musculoskeletal conditions in Australia

Project 4

The Hon. Julie Bishop, Minister for Ageing launched the AIHW report *Arthritis and Musculoskeletal Conditions in Australia 2005* at Old Parliament House in October 2005 'For the first time, we have a report that provides clear information on the extent of a major health issue which impacts on the lives of so many Australians', Ms Bishop said.

Around 6.1 million Australians are estimated to have arthritis or a musculoskeletal condition. Prominent among these are back pain, osteoarthritis, rheumatoid arthritis and osteoporosis. There are also numerous less common diseases and conditions covered under the rubric of arthritis and musculoskeletal conditions.

'Almost one in five persons with arthritis and musculoskeletal conditions reportedly has activity limitations associated with their condition', said Minister Bishop. 'Lifestyle changes such as regular exercise, weight loss, improved nutrition and giving up smoking are important management factors for these persons.'

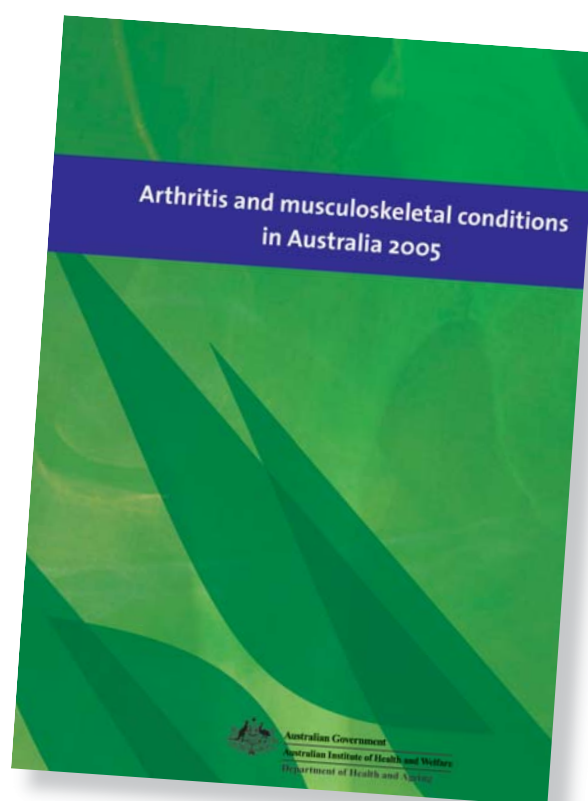
Associate Professor Lyn March congratulated the authors, Dr Naila Rahman, Ms Elizabeth Penm and Dr Kuldeep Bhatia of the AIHW National Centre for Monitoring Arthritis and Musculoskeletal Conditions, for covering such a broad range of issues under one title. Baseline information on the extent of the problem, associated disability and mortality, treatment and management and health expenditure is included in the report.

The focus of the report however is on osteoarthritis, osteoporosis and rheumatoid arthritis, three of the most prevalent diseases and conditions in Australia. The report also provides an overview of the surveillance of these arthritis and musculoskeletal conditions in Australia.

The production of the report has been made possible with funding from the Department of Health and Ageing. The preparation of the report was guided by the Data Working Group of the National Arthritis and Musculoskeletal Conditions Advisory Group.

Professor Peter Brooks, Executive Dean of the Medical Faculty, University of Queensland, contextualised the declaration of arthritis and musculoskeletal conditions as a National Health Priority Area in July 2002. 'This initiative by the Australian Health Ministers was in line with the efforts underway internationally through the World Health Organization's Bone and Joint Decade 2002–2011', Professor Brooks added.

Minister Bishop also launched the National Centre for Monitoring Arthritis and Musculoskeletal Conditions, established at the Institute through a grant from the Australian Government under the Better Arthritis Care Initiative. The Centre will conduct systematic surveillance and monitoring of these conditions and put this information in the public domain on a regular basis.



National Dementia Data Development and Analysis

Project 5

Dementia is a growing health and social issue and has now been identified as a National Health Priority. It is one of the largest contributors to disability burden experienced in Australia, and is the most expensive health condition among the older population, largely due to the costs associated with residential care.

The National Dementia Data Development and Analysis project is analysing available data about people with dementia in Australia, and developing a guide for national data collection about dementia that could inform future policy and service planning and reporting. The project is a collaborative effort of three units at AIHW—the Ageing and Aged Care, Summary Measures and National Data Development and Standards Units. A reference group with expert members from clinical, service provider, data development and policy advising backgrounds is providing advice to the project.

Primary objectives of the project are to:

1. Review definitions of dementia and approaches to its identification in various classifications and data sources including the relationship with cognitive impairment.
2. Provide updated estimates of the prevalence and incidence of dementia, examine the characteristics of people with dementia and their carers, including their use of formal services, and estimate the burden of disease and expenditure on services associated with dementia.
3. Review currently collected data about dementia and identify modules of possible data items that would increase the comprehensiveness of information collected about dementia.

A wide array of data sources are being reviewed and analysed for the project, among them the ABS Survey of Disability, Ageing and Carers, the Aged Care Assessment Program minimum data set and the Alzheimer's Australia data set.

The report is scheduled for release in early in 2006.

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