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Presentation to

Australia's health in the

Statistics and the people

As Chair of the Australian Institute of Health and Welfare…I would like to launch this conference by going behind Australia's Health 2000, and the 80 or so other publications produced each year by the Institute, to give a sense of their genesis and significance.

All of these publications are really the result of an information cycle that starts with individual Australians and ultimately feeds back to them through public health programs and health care which, because they can be targeted using information such as the Institute provides, address needs we *know* are priorities for the people behind the statistics. In other words, from the people and to the people.

From the statistics which the AIHW compiles emerge comparative pictures of a spectrum of the health experiences and status of Australia's population, the utilisation of services both public and private, and the differentials between groups—between States, across years, by gender, age, ethnicity and so on. These are statistical 'facts'. But they also become policy facts, social facts and political facts as they are interpreted, contextualised and invoked to support debates and advocacy.

For all these reasons the Institute's staff and Board are committed to it's *dis*passion – its role as an honest broker between agencies and jurisdictions. The Institute has earned the confidence and trust of government and the private sector over the last decade. This has allowed it, year after year, to produce the most comprehensive and authoritative pictures available on Australia's health and welfare. It's hard these days even to recall the reluctance and mistrust that preceded the Institute's establishment; the unwillingness to share information so vital to government in setting health and welfare priorities, deploying resources and assessing outcomes.

The millions of data items which are grist to the Institute's mill each year are sometimes referred to as 'administrative byproduct data'. A more dreary description one could not find! But it *does* say something about the Institute's focus: on data that is generated by hospitals, welfare agencies, government departments, health services and so on in the course of their work of caring for people. The Institute doesn't undertake clinical, epidemiological or health service research as such, but its work is centrally informed by the findings of such research. Before the Institute counts and compares the numbers it has to know what things are *important* to count. The findings of original research are its signposts.

As we consider individual Australians, it is also important to remember that these valuable reports on Australia's health have a very real link to the other half of the Institute's agenda, that concerned with providing national information on the use and provision of welfare services—who needs them and who receives them and, by implication, who misses out. Next year the Welfare Division will be presenting its biennial update on Australia's welfare services. But clearly the welfare-related areas of disability services, aged care, child support, accommodation support and housing all have an overlapping relationship with the public's health. The Institute is very mindful of this relationship and is increasingly working at the boundary between the two domains to illuminate the linkages for various population groups. Since the last *Australia's Health*, the Institute has published several thematic reports which explore the mosaic of information about

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the wellbeing of populations and the services which support them. These include *Australia's Children*, *Australia's Young People*, and *Health in Rural and Remote Australia*.

But let me return to the book of the moment, *Australia's Health 2000*. It contains invaluable information on the health status of Australians; the various factors that determine health; the determinants of the health of population groups; health resources and use of services; health service strategies, performance and monitoring; challenges for national health information; and a concluding chapter on Australia's health over the 20th century.

This publication, like its companion *Australia's Welfare*, portrays the health experiences of millions of individual Australians which, in aggregate, it describes. And it is those same millions whom the report is ultimately designed to benefit. The individuals behind the statistics are not identified, of course. The confidentiality of individual information is highly respected by statisticians everywhere and at the Institute it is enshrined in the legislation under which it works.

The speech creates a fictional Aboriginal person, Fred, to show the Institute's involvement in data development and reporting in the areas of hospital mortality, general practice statistics, people with diabetes, and Aboriginal and Torres Strait Islander Australians. It continues…

…it needs to be noted that identifying Aboriginality has now become an accepted part of many health data collections, the very collections that show that Indigenous Australians have a very high, a disproportionate, burden of many different diseases. It is only in the last few short years that we are even *in a position* to identify Aboriginal Australians in all major vital statistics and hospital-related collections. Reliable coverage is still a problem and even 'national' estimates of Indigenous mortality currently do not include New South Wales and Victoria!

Counting people hardly seems like a matter of social justice, but it is. People who are invisible to public agencies, as the referendum of 1967 underlined, can be ignored. A nation can plead ignorance, appeal to stereotypes, downplay the significance of small surveys or anecdotal evidence, and turn its back on suffering.

In 1997 the Institute and the Australian Bureau of Statistics produced a landmark report entitled *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. The report painted a stark picture of both ill health and overwhelming need. I was delighted that the Governor-General agreed to launch that report in Darwin to considerable national and local press coverage, sufficient in Darwin itself to supplant the coverage of one Ms Hanson, who rather disconcertingly arrived on our plane and stayed in our hotel!

That same year *The Aboriginal and Torres Strait Islander National Health Information Plan* ('This time, let's make it happen') was published by the Institute and the Australian Health Ministers' Advisory Council. The Institute, the ABS and others are now working under

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the umbrella of the National Health Information Agreement to monitor the progress of Indigenous identification in vital statistics and in specific health programs and to address shortcomings. Through information such as this, a basic recognition has become part of national awareness—and that is that Aboriginal ill health is a matter for national shame. Perhaps in a small way these efforts have helped to build one of the pillars of reconciliation, a recognition that Australia cannot be secure in its nationhood while such differentials affront us and others.

But this is what I mean when I say that, while the Institute places high value on objectivity and dispassion, its statistics can also in the end become social, political and policy facts. As for other profoundly marginalised and disadvantaged groups, such as the homeless and prisoners, they underline the patterned inequities in life and health chances in this country, and the challenges of fairness, compassion and justice in the allocation of public resources.

The speech proceeds to describe another fictional person, Freda, to show how the Institute reports on national 'lifestyle' factors such as smoking, diet and exercise, other preventive practices such as immunisation of children, on participation rates in cancer screening programs and on socioeconomic problems in health. It continues…

We know that there is a remarkable health gradient with the worst health among the most socially and economically disadvantaged in Australian society and the best among the most advantaged. This is another great challenge to public health in Australia. The Institute's work brings home the message about these socially determined patterns of health. (I should also observe here that the subject of social inequality and health also forms a major bridge to the welfare side of the Institute's work.)

Fred and Freda's stories only touch upon the complex and extensive web of health information, and the Institute's involvement in many stages of the information process. This includes helping to decide what sort of data are important and how they will be defined and collected, as well as combining and analysing information from many sources. To that end, the Institute has helped bring together the major interested parties and forged many continuing partnerships with government and non-government health agencies, major government-funded committees such as the NHMRC, the ABS, and in special collaborations with university-based expert centres. It integrates facts and data across different fields and from multiple sources into the themes represented by more than a decade of reports and studies.

These statistics add to our national consciousness about health. They tell us how people are doing; what's causing concern and where there are improvements; which groups and individuals are in need and how well they are served; how Australia's health system is sailing and how Australia compares with other countries. They also help point to the continuing strong need for public health programs as well as for good treatment services.

The Institute's part in informing national health policy is now a significant one. Few people can now think of the Institute without automatically