

Foreword

The Australian System for Monitoring Asthma was established in 2001 in response to the declaration of asthma as the sixth National Health Priority Area by the Australian Health Ministers. At that stage, the epidemiology of asthma in Australia was not clear and we needed to develop reliable statistics to describe the extent of the problem. There was a need to work with researchers and policy makers to put the monitoring of asthma on a firm footing. With that in mind, the Australian Institute of Health and Welfare established the Australian Centre for Asthma Monitoring as one of its collaborative units. The intention was to bring together its own data expertise and collections with clinical and epidemiological research expertise of the Woolcock Institute of Medical Research in Sydney. As this report shows, the synergy brought together by this collaboration has given asthma monitoring a clear direction in Australia. The model and quality of the work of the System is now acknowledged internationally.

Asthma in Australia 2008 is the third report in the series from the Australian System for Monitoring Asthma. The first report released by the Australian Institute of Health and Welfare in 2003 provides baseline information about the disease, its risk factors and its complications. One of the important steps in disease monitoring is to standardise data definitions and to raise data quality. The use of non-standard definitions can lead to incomparable, sometimes conflicting, information about disease epidemiology. The second report published in 2005, builds upon the first by putting data and definitional issues into better perspective and providing a clearer view of the extent of the problem, the underlying trends and clarification of various population health issues.

The third report in any disease monitoring series creates the opportunity to provide unambiguous answers about the extent of the problem and the policy issues that can be addressed using the information generated. While asthma remains a large problem in Australia, and Australia remains a high prevalence country by international standards, the adoption of a rigorous approach to monitoring of asthma has allowed us to gain a clear understanding of the issues surrounding this disease.

The prevalence of asthma among children in Australia is now plateauing, if not declining. Asthma mortality in Australia is also lower than it was a few short years ago. There is now general acceptance of the overlapping nature of asthma and chronic obstructive pulmonary disease (COPD) in older people.

Having settled some of the epidemiological issues in asthma monitoring, this report focuses its attention on asthma in Aboriginal and Torres Strait Islander Australians. A special chapter deals with the extent of the problem in this most disadvantaged population group. Unfortunately, the picture for asthma is no different among Indigenous Australians than for other health issues.

I would like to take this opportunity to congratulate the authors of the report, in particular Professor Guy Marks and Ms Leanne Poulos of the Australian Centre for Asthma Monitoring, in the preparation of this report. The advice and guidance of the Steering Committee in putting together this report is also gratefully acknowledged.

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