



## CHAPTER 2



## Reporting framework

## Background

The Australian Institute of Health and Welfare (AIHW) is Australia's national agency for health and welfare statistics and information, established by an Act of Parliament to report to the nation on the state of its health and welfare. Thus, every 2 years the AIHW publishes *Australia's Health* and *Australia's Welfare* as comprehensive summaries of these two major areas that encompass health, health services, community services and housing assistance.

The AIHW directly contributes to Portfolio Outcome 9, Health Investment, of the Department of Health and Ageing portfolio, i.e. 'Knowledge, information and training for developing better strategies to improve the health of Australians', through achievement of its mission:

*Better health and wellbeing for Australians through better health and welfare statistics and information.*

We inform community discussion and decision making through national leadership and collaboration in developing and providing health and welfare statistics and information.

The AIHW also provides services to the Department of Family and Community Services under arrangements endorsed by the Board and Minister.

The *Australian Institute of Health and Welfare Act 1987* makes provision for the AIHW to collect and produce health-related and welfare-related information and statistics about the people of Australia and their health and welfare services. The AIHW provides the information that governments and the community use to discuss policy and make appropriate decisions. The AIHW does not formulate health, housing and community services policy.


The AIHW plays an active role in the complex interplay of government and non-government networks that have an interest in Australia's health and welfare statistics and information.

## The AIHW Work Program

The annual Work Program is endorsed by the AIHW Board. In addition to its internally funded Work Program, the AIHW provides services on a cost-recovery basis to a variety of government and non-government clients. This includes work on a number of nationally important ongoing data sets such as those relating to housing, the Supported Accommodation Assistance Program, mental health services, cancer screening, asthma monitoring, diabetes monitoring, cardiovascular disease monitoring, and dental services.

The Work Program for 2002–03 outlines actions taken to achieve the goals and describes outputs that are delivered to meet the objectives of the AIHW Corporate Plan and the Business Plan 2001–04. Analysis of achievements based on Work Program goals is included on page 25.

The Board agreed to maintain the relativity of appropriation funding committed to projects in the Health and Ageing portfolio and the Family and Community Services portfolio at 62% and 38% respectively. As a statutory authority within the Health and Ageing portfolio, the AIHW reports



on its appropriation funding through that portfolio budget process only, whether its outputs relate to health or community services data and information.

In terms of how the AIHW manages its Work Program, work funded both under appropriation and through external contracts is considered as contributing to the same broad outcomes. Accordingly, the AIHW's report on performance makes no distinction between work funded through appropriation and that funded from external sources.

## Business and people strategies

The AIHW's business and people strategies reflect the values, objectives and strategies described in the 2003–06 Corporate Plan. This section highlights initiatives associated with AIHW's relationships with its partners and clients, and with the application of high professional and ethical standards to its work.

During the year, the AIHW renewed agreements with Flinders University, the University of Adelaide and the University of New South Wales for the operation of collaborating units—the National Injury Surveillance Unit, the Dental Statistics and Research Unit and the National Perinatal Statistics Unit—in their respective institutions.

An agreement will be signed shortly for collaborative arrangements between the AIHW and the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales.

The AIHW undertakes work for Commonwealth agencies under Memoranda of Understanding (MOUs). Existing MOUs with the Department of Health and Ageing and the Department of Family and Community Services both continued in 2002–03. The AIHW signed a new MOU with the Department of Veterans' Affairs, signifying the maturing of its relationship with this agency.

Acumen Alliance was appointed as the AIHW's internal auditor and began a 3 year audit program that covers data collections as well as financial and administrative policies and procedures.

A number of initiatives emanating from the 2002–05 Certified Agreement were implemented, including simplified procedures for performance feedback.

To ensure that staff keep up with contemporary statistical expertise, the AIHW has contracted a statistical consultancy service as a step towards appointing an in-house statistical adviser.

The AIHW also has an annual graduate intake, commenced 5 years ago, which has helped to attract new employees from a variety of relevant disciplinary backgrounds.

The AIHW's Learning and Development Strategic Plan was revised and updated during the year, and a needs analysis was undertaken to inform the learning and development program. The AIHW Studybank policy was reviewed and revised.

Regular seminars with speakers from policy departments and other stakeholder areas, and quarterly Institute updates, continued to play an important role in keeping staff abreast of developments in the AIHW's internal and external business environments.

## Information and communication Strategies

The AIHW web site ([www.aihw.gov.au](http://www.aihw.gov.au)) with its 30 subject portals continues to attract a large number of visitors. The current average is about 1,900 per day.

The web site also includes 40 multidimensional data 'cubes', an increase of 28 on last year. These cubes allow users to produce customised tables or graphs on statistics related to cancer, disability services, hospital diagnoses and usage, general practice activity, expenditure on health and welfare services, and use of alcohol and other drug treatment services.

During the year, the AIHW published a record 115 reports and 54 media releases.

In the latter half of the year, an AIHW products questionnaire was sent to AIHW product-release subscribers, and subscribers to the corporate newsletter, *AIHW Access*. AIHW web site visitors were also invited to complete the questionnaire. Respondents indicated a very high overall level of satisfaction with the AIHW's print and internet products.

## Reports according to Portfolio Budget Statement

The AIHW Review of Operations for 2002–03 reports according to output groups in the Department of Health and Ageing Portfolio Budget Statement; in reporting on these output groups, however, the AIHW includes the significant proportion of its Work Program which supports the objectives of the Family and Community Services portfolio so as to present a comprehensive record of the AIHW's contribution to the health and welfare of Australians.

The output groups within Outcome 9 of the Department of Health and Ageing 2002–03 Portfolio Budget Statement according to which the AIHW reports are listed below. The groups are sufficiently broad to enable reporting on contributions made to the Family and Community Services portfolio.

*Output Group 1:* Specific services to the Minister and Parliament required under the AIHW Act.

*Output Group 2:* National leadership in health-related and welfare-related information and statistics.

*Output Group 3:* Collection and production of health-related and welfare-related information and statistics for governments, non-government and community organisations.

### PERFORMANCE TARGETS NOT ACHIEVED

This report identifies where the AIHW did not meet its Work Program goals against each of the Output Groups.

# Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act

Specific services include:

- analysis of data and information for the production of a report on the provision of welfare services (*Australia's Welfare 2003*) due by the end of 2003 (under s. 31(1A) of the *Australian Institute of Health and Welfare Act 1987*)
- analysis of data and information for the production of a report on the health of Australia's people (*Australia's Health 2004*) due by the end of June 2004 (under section 31(1) of the *Australian Institute of Health and Welfare Act 1987*)
- AIHW Annual Report.

## Contribution to Portfolio Outcome 9

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*Australia's Welfare* and *Australia's Health* contribute specifically to Portfolio Outcome 9 in the following ways:

- They are flagship publications that offer a comprehensive picture of the scope of national information available on health, housing assistance and community services.
- They provide an overview of the position of health, housing assistance and community services information in Australia.
- They can be used as a source of evidence for policy development and review.
- They provide an extensive guide to summary descriptive information and specifics on health, housing assistance and community services and identify information gaps.
- They provide references to areas where further detail is available.

## Background

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The AIHW is required by law (s. 31(1)(b) and 31(1A)(b) of the *Australian Institute of Health and Welfare Act 1987*) to submit to the Minister for tabling in Parliament a health report and a welfare report for the previous 2 year period.

The AIHW regards the requirement to produce the reports as an excellent opportunity to provide health and welfare statistics and information to Parliament and thus to the Australian community. The reports are important vehicles for informing the Australian public about the state of the nation's health and its health and welfare associated support services. They also enable the AIHW to showcase its capability in health and welfare statistics and information.

Parliament is an important audience for *Australia's Health* and *Australia's Welfare*, not only because the AIHW Act requires that the reports are presented to Parliament, but also because they are used to inform Parliament and the processes of government.

## **Performance measures**

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In 2002–03, there were 73 references in the Hansards of the House of Representatives and the Senate to reports by the AIHW.

The AIHW's Board, which includes representatives of the Department of Health and Ageing, the Department of Family and Community Services, the Australian Bureau of Statistics, the Australian Health Ministers' Advisory Council, the Community Services Ministers' Advisory Council and Housing Administrators, has been closely involved in the preparation of both *Australia's Welfare 2003* and *Australia's Health 2004*.

### **AUSTRALIA'S WELFARE 2003**

The Board has endorsed the content of this publication, and work on its preparation has been ongoing. Progress is monitored by the AIHW's senior management and the Board. At the end of June 2003, chapters had been circulated to a number of external referees for comment. These referees cover the spectrum of the AIHW's stakeholders, including its Board members.

Preparation of *Australia's Welfare 2003* is currently on schedule for the planned release date of November 2003 as required by the AIHW Act.

### **AUSTRALIA'S HEALTH 2004**

Preliminary work has been done to develop the content of this publication, and the Board has endorsed a project outline.

*Australia's Health* and *Australia's Welfare* are the best selling of the AIHW's publications, with sales totalling 1724 and 578 respectively in 2002–03. (They are also available free of charge through the AIHW web site.)

### **AIHW ANNUAL REPORT**

The 2001–02 AIHW Annual Report was tabled on Wednesday 23 October 2002.

## Output Group 2: National leadership in health-related and welfare-related information and statistics

The AIHW takes a national leadership role in relation to:

- promoting and supporting the development of national information on health, community services and housing assistance, and establishing national data standards and metadata
- promoting and supporting national health, community services and housing assistance information agreements aimed at improving national information, identifying priorities and developing consistent national information
- developing international health and welfare information standards and classifications
- expertise and advice on information-related issues of data privacy, confidentiality and ethics
- participation in national committees as an information specialist
- submissions and advice to major inquiries.

### **Promoting and supporting the development of national information on health, community services and housing assistance, and establishing national data standards and metadata**

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Quality data are needed to inform community discussion and decision making. Such data are essential to government agencies in the health, community services and housing assistance sectors as well as to community groups for policy development and service planning and monitoring. Consistent data, which allow valid comparison between jurisdictions or service providers, are also essential to central agencies such as the Productivity Commission, the Commonwealth Grants Commission and Commonwealth, state and territory Treasuries.

Data development is integral to the process of improving information. A structured approach to data development and collection minimises duplication and has potential benefits, including cost savings, for all agencies, providers and clients.

### **NATIONAL DATA DICTIONARIES**

National data dictionaries produced by the AIHW provide a set of core data item definitions for use in Australian data collections in the health, housing assistance and community services sectors. Much of the drive for standardisation arises from Australia's various national agreements, e.g, the Australian Health Care Agreements, the National Health and Community Services Information Agreements and the National Housing Data Agreement.

Electronic access to data dictionaries developed by the AIHW is available through the Knowledgebase on the AIHW web site ([www.aihw.gov.au](http://www.aihw.gov.au)). The Knowledgebase is an open-access electronic storage site where users can view and comment on Australian health, community services and housing assistance related data definitions and standards. It provides precise definitions of data on particular health or community services, related topics or terms, and any related officially agreed national minimum data sets, performance indicators, definitions and standards.

Outputs for 2002–03 in this category are shown in the performance table on page 25.

### NATIONAL DATA INFRASTRUCTURE PROJECTS

The AIHW undertook several data infrastructure projects relating to health and welfare information and statistics. Outputs achieved during the year in this category are referred to at the end of the chapter.

### NATIONAL MINIMUM DATA SETS

A national minimum data set (NMDS) is a core set of data elements endorsed for collection and reporting at a national level. For health information, NMDSs are agreed by the National Health Information Management Group for mandatory collection and reporting.

In the community services sector, agreement to collect and report NMDSs is reached within Commonwealth, state and territory structures relevant to specific programs or policy areas. As signatories to the National Community Services Information Agreement, the government authorities responsible for community services at state, territory and Commonwealth levels are committed to using national data standards endorsed through the National Community Services Information Management Group. In the housing assistance sector, procedures are similar to those for the community services sector.

### NATIONAL PERFORMANCE INDICATORS

Well-designed and clearly defined indicators enable the systematic analysis of trends in outcomes for health, housing assistance and community services, and factors affecting these outcomes. Indicators also enable comparisons to be made across populations, help to identify problem areas, and provide a basis for establishing benchmarks. Details of the AIHW's contribution during the year to this work are included in the table on page 25.

## **Promoting and supporting national health, community services and housing assistance information agreements aimed at improving national information, identifying priorities and developing consistent national information**

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National information agreements provide a framework for national data infrastructure activities in the AIHW's three areas of functional responsibility. The AIHW's participation in and support of national information management groups covering health, community services and housing



assistance enable it to play a role in promoting and supporting the development of nationally consistent, readily accessible information in these areas.

The AIHW contributes a significant amount of its resources to the work of these information management groups. It chairs national data committees on health, housing assistance (including Indigenous housing) and community services and provides the secretariat to these committees and to the information management groups to which these report.

## HEALTH INFORMATION

The **National Health Information Agreement** (NHIA) is designed to ensure nationally important health information is collected, compiled and interpreted correctly and efficiently. The National Health Information Management Group (NHIMG), which reports to the Australian Health Ministers' Advisory Council, directs the implementation of the NHIA. The AIHW is a member of the NHIMG and provides the secretariat. The NHIMG page on the AIHW web site ([www.aihw.gov.au/committees/nhimg](http://www.aihw.gov.au/committees/nhimg)) provides information about the NHIMG and the work produced for it, as well as giving access to NHIMG publications.

The **National Health Data Committee** (NHDC) is a subcommittee of the NHIMG. The Committee's work has been focused primarily on the maintenance, revision and development of the *National Health Data Dictionary* and health data standards included in the AIHW Knowledgebase (electronic metadata registry for national data standards in health, community services and housing). Twelve versions of the NHDD have been produced. Version 13 is scheduled for 2004. The NHDD originated from the need for consistent nationally endorsed definitions to underpin reporting of data sets (NMDSs) for national collation and analysis to inform policy development and public debate. The AIHW is a member of the Committee, and provides the secretariat and Chair.

Through the AIHW, the NHDC has membership on Standards Australia committees relevant to its work program. These are 'Health Informatics' (IT-014) and its various subcommittees, and the Information Systems subcommittee 'Data Management and Interchange' (IT-001-032). The Health Informatics committee provides input to the International Standards Organization's (ISO's) technical committee on Health Informatics (TC215). The Data Management and Interchange sub-committee provides input to the same-named ISO's joint technical committee (JTC 1/SC 32). Standards Australia has the voting rights for Australia in relation to a range of international standards that are of significance to Health Informatics in Australia.

The **National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data** was established by Australian Health Ministers' Advisory Council to provide broad strategic advice to the NHIMG on improving of the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health-service delivery. The AIHW is a member of the advisory group, and provides the secretariat.

The **National Public Health Information Working Group** drives a coordinated national effort to ensure nationally consistent information infrastructure to promote and protect the health of all Australians. The AIHW provides the secretariat and the joint chair to the working group.

During 2002–03, the AIHW participated in redevelopment of national health information governance arrangements aimed at integrating work on statistical, clinical and management use health information. Implementation of the new arrangements is planned for 2003–04.

### COMMUNITY SERVICES INFORMATION

The AIHW supports the work of community services jurisdictions under the **National Community Services Information Agreement (NCSIA)**. The agreement is managed by the National Community Services Information Management Group (NCSIMG), a subgroup of the Community Services Ministers' Advisory Council.

The NCSIA provides for the establishment of the national infrastructure and decision-making processes needed to integrate and coordinate the development of consistent national information on community services.

### HOUSING ASSISTANCE INFORMATION

The AIHW supports national housing statistical work under the **National Housing Data Agreement (NHDA)** and the **Agreement on National Indigenous Housing Information (ANIHI)**.

The NHDA is a subsidiary agreement under the 1999–2003 Commonwealth–State Housing Agreement outlining a commitment to the development and provision of nationally consistent data. The NHDA includes major work areas comprising development of national minimum data sets, national performance indicators and national data definitions and standards.

The NHDA Management Group (NHDAMG) reports to the Housing Ministers' Advisory Council. The AIHW provides the secretariat for the NHDAMG and its National Housing Data Development Committee which the AIHW chairs.

The ANIHI provides a framework for improving the measurement of outcomes for Indigenous housing, of the need for such housing and of access to it. The AIHW provides the secretariat of the National Indigenous Housing Information Implementation Committee (NIHIC). Joint membership of the NHDAMG and NIHIC avoids duplication and allows the groups to work together on relevant data development issues.

## Developing national and international health and welfare information standards and classifications

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The AIHW's work in developing and implementing high-quality health and welfare classifications assists national and international comparability through providing a strong base for the production of statistics.

The AIHW contributes to the development and implementation of international information infrastructure standards and classifications of the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO), enabling international comparison of Australia's progress in providing health and welfare services to its people. The AIHW is the WHO Collaborating Centre in Australia for the WHO Family of International



Classifications. The AIHW Director, Dr Richard Madden, is head of the centre and chairs the WHO Family of International Classifications Development Committee.

The AIHW is working with an advisory group on International Classification of Functioning, Disability and Health (ICF) implementation in Australia. The overall aim of the ICF classification is to provide a unified, standard language and framework for the description of health and health-related states. The ICF classifies functioning and disability associated with health conditions.

The AIHW provided advice to the National Centre for Classification in Health on the ongoing maintenance of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM). This classification permits the systematic recording, analysis, interpretation and comparison of data on hospitalisations and community mental health services.

Input to the development of the International Classification of External Causes of Injury (ICECI) continued. This included a taxonomic review of ICECI, and submission of the classification for admission to the WHO Family of International Classifications, resulting in its admission as an alpha version. The AIHW prepared a number of technical documents including the *Technical Review and Documentation of Current NHPA Injury Indicators*. This was a major paper which contributed to the development and maintenance of classifications for injury surveillance and to relevant data system investigation.

The AIHW's General Practice Statistics and Classification Unit further developed the International Classification of Primary Care (Version 2) PLUS (ICPC-2-PLUS) by adding new terms in response to data recorded by general practitioners and to requests from general practitioners using the classification in electronic health records.

The AIHW acts as the Australian clearing house for adoptions data required under the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption.

## **Expertise and advice on information-related issues of data privacy, confidentiality and ethics**

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The AIHW operates under a strict confidentiality regime that has its basis in s. 29 of the *Australian Institute of Health and Welfare Act 1987*. Legislative requirements are operationalised by formal policies and guidelines endorsed by the AIHW's Board. This legislative framework, which established the AIHW Ethics Committee, has led to a demand for AIHW expertise and advice on information-related issues of data privacy, confidentiality and ethics.

The AIHW Ethics Committee considers researchers' applications (predominantly university-based) for access to its data collections. This year, record linkage was undertaken for statistical and research purposes with the National Death Index and the National Cancer Statistics Clearing House for more than 20 health research studies approved by the Ethics Committee. Researchers report annually to the Committee on the progress of studies, and subsequently publish findings.

This further use of AIHW data for research by non-government/academic institutions, provides opportunities for broader based discussion on health and welfare in Australia.

The AIHW is a member of the Australian Health Ministers' Advisory Council Health Privacy Working Group which is developing a draft National Health Privacy Code. The code establishes a set of national health privacy principles and guidelines to protect the privacy of health information across Australia. The AIHW's focus in this exercise is on the appropriate use of health information for statistical purposes.

The AIHW contributed to major reports produced by the National Health Information Management Group and the National Community Services Information Management Group. These reports were NHIMG's *Issues for the Use of Unique Patient Identifiers in Statistical Collections* and NHIMG's *Statistical Data Linkage in Community Services Data Collections* respectively.

## **Participation in national committees as an information specialist**

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The AIHW is a member of a large number of national committees and supports health and welfare investment by providing statistical expertise in a range of areas.

The importance of information to support national health, housing assistance and community services policies has been acknowledged through inclusion of a representative of the AIHW as observer on the key Ministerial Councils and Ministerial Advisory Councils.

The AIHW contributes significantly to the annual *Report on Government Services* prepared by the steering committee for the Review of Commonwealth–State Service Provision. The AIHW and the Steering Committee cooperate on the basis of agreed business arrangements. AIHW staff who are subject-matter experts are members of seven of the working groups (Children's Services, Protection and Support Services, Disability, Aged Care, Housing, Health, and Indigenous Data). The AIHW provides data for a number of chapters in the report, and is the major data source for disability, housing and child protection and support services.

A list of national committees which the AIHW chairs and for which it provides the secretariat is in Appendix 9, page 119.

## **Submissions and advice to major inquiries**

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The AIHW contributed to the following parliamentary inquiries:

- Senate inquiry into children in institutional care
- House of Representatives Standing Committee on Family and Community Affairs inquiry into improving children's health and wellbeing
- House of Representatives Standing Committee on Ageing inquiry into long-term strategies to deal with the ageing of the Australian population during the next 40 years.

## Performance measures

The following national infrastructure projects demonstrate the Institute's achievements against its work program objectives for Output Group 2.

- Publication of the *National Classifications of Community Services Version 2*
- Publication of the *National Health Information Model Version 2*
- Publication of the *National Health Data Dictionary Version 12*
- Preparation of functional specifications for a redeveloped Knowledgebase
- Preparation of database for Office of Hearing Services metadata with definitions of data resources and constituent data items
- Publication of *Palliative Care Data Dictionary*, incorporating performance indicator specifications
- Preparation of Day Therapy Centre Program national census documentation (shared output)
- Preparation of Community Aged Care Packages program national census documentation and briefing materials (shared output)

### Significant output planned but not produced in the reporting period

Planned outputs for 2002–03	Performance outcome	Comments on performance outputs
Preparation of the <i>National Community Services Data Dictionary Version 3</i>	Due December 2003	Re-scheduled to ensure fuller coverage on the advice of the NCSDC.
Publication of the <i>National Housing Assistance Data Dictionary Version 2</i>	Published 31 July 2003	Work delayed to accommodate urgent data modelling work requested by Housing Ministers' Advisory Council for use in developing national housing policy.
Report: Admitted Patient Palliative Care in Australia 1999–00	Published 18 July 2003	

## Output Group 3: Collection and production of health-related and welfare-related information and statistics for governments, non-government and community organisations

To achieve its mission, *Better health and wellbeing for Australians through better health and welfare statistics and information*, the AIHW collects and analyses data to produce and disseminate reports on a wide range of topics relating to national health, community services and housing assistance.

### **National data collections and reports**

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The AIHW obtains data mainly from administrative information collected by Commonwealth, state and territory jurisdictions in the course of service delivery in the health, community services and housing assistance sectors. The national information agreements established under direction of the relevant Ministerial Councils and described under Output Group 2 of this report, facilitate the flow of data from these jurisdictions to the AIHW so it can fulfil its function of collecting and producing health-related and welfare-related information and statistics.

Increasingly, there is interest in areas where concepts of health and welfare merge in policy or service provision. The AIHW is in a unique position to focus on areas where policies overlap and to influence the use of consistent data standards in health and welfare statistics.

To ensure the integrity, quality and timeliness of reports based on the national collections, the AIHW has established steering committees to guide production of the reports. The Australian Hospital Statistics Advisory Committee is an example of such a group. Membership of the committee covers data providers (state and territory health authorities) and other data users and expert advisers (the Department of Health and Ageing, Australian Private Hospitals Association, Australian Healthcare Association, Australian Private Health Insurance Administration Council, Clinical Casemix Committee of Australia, the National Centre for Classification in Health, the Australian Bureau of Statistics, the Department of Veterans' Affairs, and an independent academic expert). The committee usually meets annually on a face-to-face basis to comment on the previous year's publication and to discuss the content, including analytical methodologies and longer-term data development for the next report. Subsequent meetings are held, mainly by teleconference, on specific aspects of the report's preparation, and a draft is sent to data providers for comment.

Such a comprehensive process ensures the requirements of key stakeholders are considered in preparing the report, engages data providers in the process to support their timely provision of quality data and imposes a rigour that ensures that the expectations of all stakeholders are met.

Policies and practices, endorsed by the AIHW's Board, as well as a program of independent data audits, are in place to ensure the confidentiality and integrity of AIHW data collections.

Examples of the AIHW's work and its role in bettering the health and welfare of the Australian community are identified in this chapter. Appendix 8, page 107, lists publications produced by the AIHW during 2002–03. The table accompanying this chapter provides details of significant work not finalised during the year.

## CANCER MONITORING AND HEALTH REGISTERS

This year's *Cancer in Australia* report provided an expanded range of cancer statistics. As well as covering incidence and mortality statistics, it included for the first time data on cancer survival, cancer screening, general practitioner visits, hospital admissions and the cancer workforce. Another first for the AIHW was the publication of a national report on cancer survival by geographic location and socioeconomic status. Cancer registries such as the Cancer Council Victoria and the Queensland Cancer Fund have used this information in promoting the prevention and early detection of cancer. The information was also included in material provided by the Department of Health and Ageing for general practitioners, nurses and community health workers.

Collection of cancer data during 2003 has been affected by withdrawal of approval by the New South Wales Health Department for the NSW cancer registry to provide identified cancer records to the Institute until a privacy exemption is obtained. The Institute is endeavouring to assist the Department and the registry in resolving this. There has also been a temporary withdrawal of approval by the Victorian cancer registry for the Institute to conduct record linkage with Victorian records in the National Cancer Statistics Clearing House.

The AIHW produced national monitoring reports to agreed timetables for the BreastScreen Australia and cervical cancer programs. The AIHW has also been contracted to produce regular monitoring reports from 2003–04 onwards on the national bowel cancer screening pilot.

During this year, the AIHW also conducted quality and coverage checks of the National Death Index database. Some deficiencies in coverage were identified, and state and territory Registrars of Births, Deaths and Marriages provided updated data for recent years to ensure full coverage.

## DIABETES MONITORING AND CARDIOVASCULAR DISEASE

A major accomplishment was the AIHW's first comprehensive report on the full spectrum of diabetes—*Diabetes: Australian Facts 2002*—which included information on the levels of the disease in the population, its risk factors and treatment. The report's detailed data for the National Health Priority Area indicators for diabetes have been used to raise public knowledge and awareness of the disease. The Minister for Children and Youth Affairs issued a media release based on statistics in the report to highlight the impact of diabetes on Australian children and to encourage parents to look after their children's health by ensuring they eat sensibly and get adequate exercise.

Another important achievement was the first bulletin-style report for the AIHW Work Program, titled *Heart failure...what of the future?* This bulletin contains an assessment of what we need to know to monitor heart failure effectively in Australia. It summarises what we already know as a result of analysing existing national data sets and discusses issues in monitoring heart failure, particularly in interpreting data from existing sources. The bulletin also includes international comparisons and a discussion of possible future trends in the incidence and prevalence of heart failure in Australia.

## ASTHMA

Asthma has been identified as a National Health Priority Area. The AIHW supports this priority through a new collaboration with the Australian Centre for Asthma Monitoring. During the year, the centre developed a report on asthma in Australia. Based on data from a range of sources, the report discussed disease levels, burden and trends and social, geographical and environmental differentials. It also covered the impact that various strategic, preventive and management initiatives have had on asthma.

## INJURY INFORMATION AND STATISTICS

Through its collaboration with the National Injury Surveillance Unit at Flinders University, the AIHW supported development of government policy in injury prevention, one of the National Health Priority Areas. Statistical reports were produced on a range of injury-related topics, including hospital separations due to injury and poisoning (two reports), traumatic brain injury, hospitalised fractures, persisting morbidity due to hospitalised near-drowning, spinal cord injury in 2000–01, and trends in spinal cord injury.

In consultation with members of the Strategic Injury Prevention Partnership (a committee of the National Public Health Partnership), the AIHW produced a report that surveyed and described injury broadly, using statistical and other information. This report was requested by the Department of Health and Ageing to provide a basis for developing the next national policy on injury prevention.

## POPULATION HEALTH

The AIHW published three substantive reports from the 2001 National Drug Strategy Household Survey, two of which were released in 2002–03 — *State and Territory Supplement* and *Detailed Findings*. The issue of drug usage and its effects is topical. The Department of Health and Ageing commissioned the AIHW to undertake the survey to assist policy development in this area. The survey reports, which provided valuable information on household usage of illicit and non-illicit drugs, attracted considerable media attention. The Prime Minister quoted the survey results in parliamentary debate, and organisations such as the Australian Drug Foundation used the reports to help promote drug-prevention services to the community. The Alcohol and Other Drugs Council of Australia also used the information from the reports to lobby government to continue initiatives aimed at reducing tobacco usage and smoking.

A further way in which the AIHW supported the development of policies on the health of the Australian population was through the publication of reports on seasonality of death and trends in deaths.

The AIHW also managed the 2001 Older Persons Influenza Vaccination Survey and published a substantive report. This report was carried out as part of an evaluation of the national Influenza Vaccination Program for Older Australians. The program is a Commonwealth government initiative designed to reduce the impact of influenza. The survey involved 8,000 participants across Australia, interviewed during October 2002—the end of the winter flu season.



## RURAL HEALTH

During the year, the AIHW worked on developing a framework, a set of indicators and a series of reports to describe the health status of rural populations. These reports, prepared under the guidance of the Rural Health Information Advisory Committee, aim to provide a good basis for analyses and advice on issues relating to regional health data.

The framework, released in June 2003, provides a basis for reporting, analysing, discussing and presenting information about rural health. Another report, to be released later in 2003, and guided by the framework, will describe a broad array of rural health issues.

The first systematic inter-regional review of mortality that addresses rural and Indigenous health effects will also be released later in 2003 along with a guide to the commonly used regional classifications (RRMA, ARIA and ABS ASGC Remoteness).

## ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE

During the year and following the withdrawal of the Australian Bureau of Statistics from its collaborative arrangement with the AIHW, the Aboriginal and Torres Strait Islander Health and Welfare Unit was established. This new arrangement has allowed the AIHW to ensure the seamless provision of statistics to support policy in this area.

The AIHW worked closely with the Australian Bureau of Statistics on *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003*, due to be published in August 2003. This is the fourth biennial report which brings together a comprehensive body of information on the topic.

The release of *National Summary of the 2000 Jurisdictional Reports against the Aboriginal and Torres Strait Islander Health Performance Indicators* makes this the final edition of three reports (previously released for the 1998 and 1999 periods) by jurisdictions against the interim set of Aboriginal and Torres Strait Islander health performance indicators. This report includes more than 50 indicators across nine categories: mortality, morbidity, access to health services, health service impacts, workforce developments, risk factors, intersectoral issues, community development and quality of service provisions. The AIHW also began collating information for the next report, to be based on the final performance indicator set, which will cover 2001 and 2002.

## HOSPITALS AND MENTAL HEALTH SERVICES

*Australian Hospital Statistics 2001–02* was released within 12 months of the reference period as the latest in the AIHW's series of reports summarising data on Australia's hospitals. For the first time, information on trends in hospital care was presented in an easy-to-follow 'Hospitals at a glance' section. In addition, hospital data were disseminated through interactive data cubes on the Internet, and in response to 195 ad hoc data requests from government agencies, non-government organisations, private enterprises and individuals.

The Prime Minister's April 2003 press release on the Australian health care agreements drew on the AIHW's 2000–01 Australian Hospital Statistics report. Press releases from the major political parties also referred to information in the report.

The AIHW also published *Mental Health Services in Australia 2000–01* which included a reader-friendly summary chapter shaped with input from the Information Strategy Committee of the Australian Health Ministers' Advisory Council's National Mental Health Working Group.

## GENERAL PRACTICE STATISTICS AND CLASSIFICATION

The AIHW's collaboration with the General Practice Statistics and Classification Unit at the University of Sydney provides the only source of detailed statistical information on the work of general practitioners in Australia. The unit conducts the BEACH (Bettering the Evaluation and Care of Health) program in collaboration with the AIHW and a consortia of private and public sector funders.

*Male Consultations in General Practice in Australia 1999–00* provided a secondary analysis of data from April 1999 to March 2000. Based on 44,308 encounters with male patients and 59,366 encounters with female patients, it reported on the characteristics of male patients who attended general practitioners in Australia, and information about these encounters

A historical study of the ordering of pathology by general practitioners from 1998–99 and 2000–01 was undertaken for the Department of Health and Ageing.

## SUMMARY MEASURES

The AIHW continued to update its disease costing and burden of disease analyses. In addition, work on international comparisons of mental health expenditure was undertaken and published in response to needs expressed by the Department of Health and Ageing.

## HOUSING ASSISTANCE


The AIHW's Work Program included providing data reports and annual data on housing assistance to the Department of Family and Community Services for use in annual reporting on the Housing Assistance Act for the six program areas of the Commonwealth–State Housing Agreement. One of the reports released was the *Commonwealth–State Housing Agreement National Data Reports 2001–02: Aboriginal Rental Housing Program*. Following its release, the Aboriginal and Torres Strait Islander Commission issued a press release commenting on the report.

Work was completed on a modelling task involving rent subsidies. This was requested as a matter of urgency by the Housing Ministers' Advisory Council to inform future national housing policy development.

## SUPPORTED ACCOMMODATION ASSISTANCE PROGRAM

This year the AIHW published reports on the Supported Accommodation Assistance Program (SAAP), providing information and analysis on the provision of, and need for, supported accommodation and other crisis services. Among these publications was the program's first thematic report, which provided information on young people aged 12–24 years who are homeless or are at imminent risk of becoming homeless, and the assistance given to them by SAAP.

*The Homeless People in SAAP: National Data Collection Annual Report 2001–02* (published within 12 months of the reference period) is one of a set of nine reports giving statistics for each state and



territory and for Australia as a whole on supported assistance and crisis accommodation provided to people who were homeless or in crisis during 2001–02.

## AGEING AND AGED CARE

AIHW work in the ageing and aged care field this year has provided extensive coverage on the supply of, and access to, institutional and home-based care services in Australia. Through timely research, analysis and publication, the AIHW has provided information to support community discussion and public policy making on ageing and aged care. Further developmental work has been done on statistical linkage analysis techniques to inform emerging policy issues concerning the interfaces between residential and community care, and hospital and aged care services. The Australian Health Ministers' Advisory Council released a report prepared by the AIHW on this topic.

The reports *Residential Aged Care in Australia 2001–02* and *Community Aged Care Packages in Australia 2001–02* provide comprehensive statistical information on residential and community aged-care services and their users.

## FUNCTIONING AND DISABILITY

The National Disability Administrators commissioned the AIHW to undertake a study of funding for disability services. The report *Unmet Need for Disability Services: Effectiveness of Funding and Remaining Shortfalls* covers the findings of this study.

The AIHW became, on invitation, a regular contributor to two journals: *Journal of Intellectual and Developmental Disability* and ACROD's *Disparity*.

This year, the AIHW published the first national statistics on publicly funded services for alcohol and other drugs treatment services. These data will be an important resource for monitoring initiatives under the National Drugs Strategic Framework.

The former data collection of disability services provided on a single 'snapshot' day was replaced with a continuous collection during the year, following a comprehensive redevelopment process.

## CHILDREN, YOUTH AND FAMILIES

*Child Protection Australia 2001–02* provided comprehensive information on child protection services delivered by state and territory community service departments. The report contained data for 2001–02, as well as trend data on child protection notifications, investigations and substantiations; children on care and protection orders; and children in out-of-home care.

The release of this report generated much interest in Parliament, with the Prime Minister responding to questions about child abuse during question time. In addition, both the Minister for Children and Youth Affairs and the Shadow Minister for Family and Community Services issued press releases in response to the report's findings.

*Trends in Long Day-Care Services for Children in Australia, 1991–99* provided comprehensive information on Commonwealth-supported long day-care services (long day-care centres and family day-care services) during the 1990s. It presented detailed data on service provision and

characteristics of children's use of long day-care services. The report also discussed staffing of services, particularly the qualifications and training levels of workers

## HEALTH AND WELFARE SERVICES EXPENDITURE

The AIHW published annual national and state/territory expenditure for health services and welfare services, as well as preliminary estimates for public non-psychiatric hospitals.

In addition, AIHW published its second report on expenditure on public health activities in Australia and provided support for the development of consistent methods of estimating expenditure on health services for Aboriginal and Torres Strait Islander peoples.

## HEALTH AND WELFARE LABOUR FORCE

The report *Nursing Labour Force 2001* presented statistics on trends in the employment of nurses in Australia during the decade up to and including 2001. The number and characteristics of all registered and enrolled nurses were presented for 1999, including statistics showing employment in nursing by age, sex, type of nurse, area of clinical nursing, classification, work setting, hours worked and geographic location of main job.

Following the release of the report, the Australian Nursing Federation approached the government for funding for more undergraduate nursing places, more funding for the clinical component of the nursing undergraduate degree and improved wages and conditions for nurses to improve retention and recruitment.

*Medical Labour Force 2000* presented findings from the annual Medical Labour Force Survey for 2000 in a new condensed format. The new format serves two purposes: to present the main highlights concisely and to accelerate the release of updated data pending results of the 2001 survey, which are expected to be available later in 2003. The Minister for Health and Ageing issued a press release using the data, noting that federal government initiatives to attract and retain doctors were working.


Other AIHW labour force publications in 2002–03 covered medical (1999), pharmacists and podiatry.

## PROVISION OF STATISTICAL SERVICES TO THE DEPARTMENT OF VETERANS' AFFAIRS

The AIHW provides expert advice to, and participates in ongoing collaborative work with the Department of Veterans' Affairs. An example of a joint report produced during the year was the *Health Care Usage and Cost Study*.

## PERINATAL STATISTICS

Three major reports on perinatal and reproductive health were released in 2002–03. These included *Reproductive Health Indicators Australia, 2002*, *Australia's Mothers and Babies, 2000* and *Assisted Conception Australia and New Zealand, 2000 and 2001*. All three reports evoked much media and community interest about declining fertility rates, delay in childbearing, and increased use of assisted reproduction to achieve pregnancy. Information from the reports also stimulated discussion about community expectations of family size and the impact of non-health factors on fertility decisions.



Some positive findings from the reports were the improvements in pregnancy rates from IVF treatment, the continued decline in the number of teenage mothers to an all-time low of less than one-third of what it was 30 years ago and the continued decline in perinatal mortality.

## DENTAL STATISTICS AND RESEARCH

During 2002–03, the Dental Statistics and Research Unit, a collaborating unit of the AIHW at the University of Adelaide, completed the fifth National Dental Telephone Interview Survey of some 7,000 people aged 5 years or more. Analyses are under way to evaluate trends during the last decade in oral health, access to dental services, and satisfaction with dental care. Enhancements to the Child Dental Health Survey have been incorporated into the dental health surveillance systems in Victoria, Queensland, South Australia and Tasmania to study effects of fluorides on dental decay.

The unit contributed information to a National Workshop on the Dental Workforce and to the National Workshop on Aboriginal Oral Health, as well as to working papers used by the National Advisory Committee on Oral Health as it prepares a National Oral Health Plan.

Labour force data collections have been widened to include all providers of dental services—dentists, dental therapists, hygienists and prosthetists. An analysis of dental labour force supply and demand within South Australia is in progress.

## Performance measures

The following analysis of the AIHW's effectiveness in meeting its objectives against Output Group 3 is made in relation to the targets shown in the 2002–03 Portfolio Budget Statement.

### **Level of satisfaction of government, non-government and community organisations with the relevance, quality, timeliness and objectivity of information provided.**

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In 2002–03, there were 73 reported AIHW references in Hansard of the House of Representatives and the Senate.

The AIHW has established processes to enhance the relevance, quality and timeliness of AIHW publications:

- All significant publications are either externally refereed or incorporate comments from stakeholder and data provider groups.
- Advisory groups have been established to advise the AIHW on the content and methodological aspects of its publications
- The AIHW Board has endorsed a Publications Release Policy to ensure equitable access to pre-release embargoed copies of reports.

## Publication of major reports on health and welfare within 12 months of the reference period

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As a supplement to the text of this chapter, a comprehensive listing of AIHW publications produced in 2002–03 are shown in Appendix 8, page 103.

## Significant output planned but not produced in the reporting period:

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The table accompanying this chapter shows output included in the AIHW's 2002–03 Work Program but not completed for the reasons shown.

## Institute's web site lists and presents all new Institute publications.

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All AIHW publications are available free of charge on the AIHW web site ([www.aihw.gov.au](http://www.aihw.gov.au)).

The AIHW web site complies with the guidelines developed by the Office of the Federal Privacy Commissioner for Federal Government and ACT World Wide Web sites.

## Publication of estimated 80 reports averaging 95 pages each

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During the reporting period the AIHW produced 115 reports averaging 85 pages each.

## Significant output planned but not produced in the reporting period

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Planned outputs for 2002-03	Performance outcome	Comments on performance outcome
Rural Health project reports —Mortality —Geographical Classifications —Indicators	Due October 2003 Due November 2003 Due November 2003	Delayed due to unanticipated volume of liaison work required
Report on maternal mortality and morbidity	Due June 2004	Delayed awaiting funding agreement. Morbidity section not funded.
Report of the Extended Aged Care at Home (EACH) Census, 2002	Due October 2003	
Disability: the use of equipment and the role of environment — substantive report	Published 21 August 2003	Reassignment of priorities