

**AUSTRALIAN INSTITUTE OF
HEALTH AND WELFARE**

**Annual report
1997-98**

Australian Institute of Health and Welfare
Canberra

AIHW Cat. No. AUS 11

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The Hon. Dr Michael Wooldridge MP
Minister for Health and Family Services
Parliament House
Canberra ACT 2600

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 1998.

Section 4(2)(a) of the *Australian Institute of Health and Welfare Act 1987* defines the Institute as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997*.

During the current transitional arrangements for the latter Act, this annual report has been prepared to meet the requirements of division 3, part XI of the *Audit Act 1901*, as has been the case for earlier annual reports.

Future annual reports will be prepared to meet the requirements of the Commonwealth Authorities and Companies Act.

Yours sincerely

Professor Janice Reid
Chairperson of the Board

2 October 1998

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statistics and information

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Foreword

From the Chairperson

Australian Institute of Health and Welfare



The past year has seen concentrated activity at the Institute, with the launches of our two premier publications, *Australia's Welfare* and *Australia's Health*, the release of other publications of national significance such as *Australian Hospital Statistics 1996–97*, and the first edition of the *National Community Services Data Dictionary*.

The Board of the Institute had significant input into all of these projects, and I must say that we are all very proud of the results.

The Board has also involved itself with some significant administrative issues, including privacy and data security, the establishment of desktop email, and business principles and charging policy. We also considered the issues surrounding the establishment of a new General Practice Statistics and Classification Collaborating Unit and its Survey of General Practice Activity.

Finally, I must mention the National Health Information Knowledgebase, which was launched on 1 July 1997. This exciting new Internet-based product provides integrated access to health and (shortly) community services data dictionaries and data models, as well as a significant register of Australian data collections. It has received international recognition, and rightly so!

The 1997–98 year marks the end of the term of the current Board. I know I speak for all Board members when I say that it has been a fascinating three years—three years of enterprise, sound management and great achievements in a unique organisation.

We will always be proud to have been associated with the Australian Institute of Health and Welfare.

Professor Janice Reid

AIHW mission

The mission of the Australian Institute of Health and Welfare is:

We inform community discussion and decision making through national leadership in the development and provision of authoritative and timely information and analysis on the health and welfare of Australians.

AIHW values

We contribute to improving the health and wellbeing of Australians by observing these values in all our work:

Objectivity

- We maintain impartiality and objectivity in the analysis, preparation and presentation of information.
- We make our findings and methods accessible to all.

Quality

- We gather, analyse and disseminate information according to statistical and ethical standards.

Respect

- We ensure the confidentiality of information provided to us.
- We respect the privacy and sensitivity of individuals and groups.

Accessibility

- We provide accessible health and welfare information for all Australians.
- We make information available in a timely manner, in forms and styles relevant to our clients' needs.

Independence

- We ensure that our work is in accordance with our mission and values regardless of the funding source.

Client focus

- To ensure the relevance of our work, we actively seek and are guided by the needs and views of our clients.

People

- We respect each other and promote each other's creativity, expertise and wellbeing.

Contents

Foreword	iv
AIHW mission	v
AIHW values	v
List of tables	viii
List of figures	viii
Australian Institute of Health and Welfare	1
Corporate overview	1
Responsible Minister	1
Functions	1
Legislation	1
Corporate governance	2
Board Committees	3
Funding	5
Structure, management and staff	5
Highlights	9
<i>Australia's Welfare 1997 and Australia's Health 1998</i>	9
Survey of General Practice Activity	9
Information privacy and security	9
<i>National Community Services Data Dictionary</i>	10
National Information Agreements	10
Aboriginal and Torres Strait Islander Health Information Plan	10
AIHW's contract work	11
Finance	11
Timeliness	11
Dissemination	11
National information and policy coordination	13
Health information	14
Health of populations	15
National Health Priority Areas	21
Institutional health	26
Community health	28
Health resources	31
Health information infrastructure and services	33
Evaluation	35
Welfare-related information	39
National Community Services Information Agreement	39
<i>National Community Services Data Dictionary</i>	40
<i>Australia's Welfare 1997</i>	40
Aged care services	40
Home and Community Care service standards instrument	41
HACC national minimum data set project	41
Disability services	41

Children and family services	43
Supported accommodation and crisis services	45
Housing assistance	46
Welfare services expenditure	47
Evaluation	48
Information management and business services	49
Change of desktop platform	49
Metadata systems	49
Information technology and telecommunications	50
Corporate data management	50
National information development	51
Corporate communication	52
Library and document management	53
Human resources management	53
Financial resource management	57
Evaluation	58
Appendix 1: Finance	59
Appendix 2: Legislation	79
Appendix 3: AIHW publications and reports 1997-98	103
Appendix 4: Activities funded by outside bodies	110
Appendix 5: Freedom of Information requests and enquiries	114
Appendix 6: Glossary	115
Appendix 7: Equal Employment Opportunity	116
Appendix 8: AIHW – Unit Heads	117
Appendix 9: Assessment against Program Budget Targets	119
Appendix 10: Compliance with Annual Reporting requirements	122
Index	124

List of tables

Table 1:	Staff at 30 June 1998	53
Table 2:	Institute staffing profile at 30 June 1998	54
Table 3:	Staff movements during 1997-98	54
Table 4:	Funding summary, 1997-98	57
Table 5:	Budget supplementation for core activities, 1997-98	57

List of figures

Figure 1:	AIHW organisational structure at 30 June 1998	7
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Australian Institute of Health and Welfare

Corporate overview

The Australian Institute of Health and Welfare (AIHW) is an independent Commonwealth statutory authority established and operating under the provisions of the *Australian Institute of Health and Welfare Act 1987*. The Institute is in the Health and Family Services portfolio.

Responsible Minister

From 1 July 1997 to 30 June 1998 the Minister responsible for the Institute was the Hon. Dr Michael Wooldridge, Minister for Health and Family Services.

The Institute also communicated directly with the Minister for Family Services, the Hon. Judi Moylan (until October 1997), then the Hon. Warwick Smith (from October 1997), on matters for which they were directly responsible.

Functions

The AIHW's primary functions relate to the collection and production of health-related and welfare-related information and statistics, and are specified in section 5 of the AIHW Act.

In summary the AIHW:

- identifies and meets the information needs of governments and the community to enable them to make informed decisions on improving the health and welfare of Australians;
- provides authoritative and timely information and analysis to the Commonwealth Government, State and Territory governments, and non-government clients through the collection, analysis and dissemination of national health and community services data; and
- develops, maintains and promotes, in conjunction with stakeholders, information standards for health and community services to enable comparison of national, State and Territory data.

The Institute has power to do what is necessary or convenient for the best performance of its functions. In particular it may:

- enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute (details of such collaborations are included later in this Report); and
- subject to very strict confidentiality provisions contained in the AIHW Act, release data to other bodies or persons.

The Institute publishes the results of its work.

Legislation

The Institute was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In

1992 the Institute's role and functions were expanded to include welfare-related information and statistics. The Act is now the *Australian Institute of Health and Welfare Act 1987* (Appendix 2, page 79).

Corporate governance

AIHW Board

Section 8(1) of the AIHW Act specifies the composition of the Board of the Australian Institute of Health and Welfare. Board members, other than the three ex-officio members and the staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Family Services for periods not exceeding 3 years. Details of 1997–98 Board members are listed below. The term of the Board ended on 30 June 1998. The Financial Statements contain details of remuneration of Board members (Note 12, page 75), and Related Party Disclosures of the Board (Note 13, page 76).

Matters resolved by the Board during the year included:

- Commissioning a review into AIHW policies on privacy issues and data security (see page 9 for more details), and endorsement of its recommendations
- Establishment of the General Practice Statistics and Classification Unit and endorsement of its Survey of General Practice Activity (see details on pages 9 and 30)
- Arrangements for establishment of desktop email consistent with AIHW security policy
- Endorsement of AIHW business principles and charging policy.

Board members (to 30 June 1998)

Chairperson

Professor Janice Reid

Director, AIHW

Dr Richard Madden

Australian Health Ministers' Advisory Council nominee

Dr David Filby

Standing Committee of Community Services and Income Security Administrators nominee

Mr Richard Deyell

Representative of State and Territory Housing Departments representative

Ms Vivienne R Milligan

Australian Statistician

Represented by Mr Tim Skinner, Deputy Australian Statistician

Secretary, Department of Health and Family Services

Mr Andrew Podger

Person with knowledge of the needs of consumers of health services

Ms Mary Draper

Person with knowledge of the needs of consumers of welfare services

Ms Sarah Fogg

Person with knowledge of the needs of consumers of housing assistance services

Mr Harold Bissett

Person with expertise in research into public health issues

Professor D'Arcy Holman

Ministerial nominee

Dr Anna Howe

Ministerial nominee

Mr Brian Kennedy

Ministerial nominee

Ms Judith Dwyer

AIHW staff nominee

Dr Janis Shaw

As public housing responsibilities currently rest with the Minister for Social Security, the Secretary of the Department of Social Security is invited to attend Board meetings. His representative until May 1998 was Dr Jeff Harmer. The National Health and Medical Research Council (NHMRC) and the Institute have reciprocal arrangements to observe Institute Board and NHMRC Council meetings respectively.

Board Committees

Health and Welfare Ethics Committees

The functions and the composition of the Institute's Health Ethics Committee are prescribed in section 16(1) of the *Australian Institute of Health and Welfare Act 1987*, and Regulations accompanying the Act. The Committee's principal responsibilities are to form an opinion as to the acceptability or otherwise, on ethical grounds, of current or proposed health-related activities of the Institute or bodies with which the Institute is associated, and to inform the Institute of the Committee's opinion. The Institute can release identifiable health data for research purposes with the agreement of the Committee, provided that release does not contravene the terms and conditions under which the data were supplied to the Institute.

During the year, the Institute established a Welfare Ethics Committee to cover the Institute's welfare activities. The Institute, under its Act, cannot release identifiable welfare information. The membership of this Committee is identical to that of the Health Ethics Committee.

Membership and meetings

The Regulations accompanying the Act provide for members to be appointed by the Institute for such periods as is specified in their instrument of appointment. During the year, two members were re-appointed to the Committees. They were Dr Sid Sax, Chairman, and Dr Helen Christensen. Membership of the Health and Welfare Ethics Committees at 30 June 1998 is shown below.

Four meetings of the Health Ethics Committee, and two of the Ethics Welfare Committee were held during 1997–98. The Committees agreed to the ethical acceptability of 25 projects during the year, and referred two projects back to the Institute for clarification or resolution prior to approval. During the year the Committee rejected one project.

The Ethics Committee made a submission to the Board with suggestions for the enhanced dissemination of the results of research conducted by researchers outside the Institute using Institute data. At its June 1998 Board meeting the Board endorsed the recommendations in the submission.

Health Ethics Committee and Welfare Ethics Committee members

Medical graduate with research experience

Dr Sid Sax (Chairman)

Graduate in a social science

Dr Helen Christensen

Nominee of the Registrars of Births, Deaths and Marriages

Mr John Jameson

Minister of Religion

Rev Dr D'Arcy Wood

A legal practitioner

Mr Robert Todd

Representatives of general community attitudes

Mr Ken Moran

Ms Sophie Hill

Director, AIHW

Dr Richard Madden

Audit and Finance Committee

The AIHW Audit and Finance Committee met twice during the year and was responsible for:

- approval of strategic and annual audit plans;
- consideration of major audit reports involving issues of concern to senior management;
- review of annual financial statements and audit report; and

- monitoring action on Australian National Audit Office (ANAO) reports.

House Committee

The House Committee provided advice to the Board and the Institute on management issues and met (by teleconference) as the need arose.

Funding

Part of the Institute's funding is appropriated through the Federal Budget as part of the Health and Family Services portfolio. The 1997-98 appropriation was \$7,748,000 (see Appendix 1, page 59). Income earned from external contracts for 1997-98 was \$6,556,000. Further details on contract work are set out in Appendix 4 (page 110).

For Commonwealth Government program budgeting purposes, for the period 1997-98 the Institute was a sub-program of Program 1 (Public Health) of the Health and Family Services portfolio.

Structure, management and staff

Organisational structure

The Institute Director, who is a member of the Board, is responsible for the Institute's activities. The Director is supported in this role by three Division Heads, each with a major functional responsibility within the Institute's Canberra headquarters. A chart showing the AIHW organisational structure is at page 7.

Divisions

The Institute has three major divisions: Health, Welfare, and Information Management and Business Services. The Director is supported by a National Information Policy and Coordination Unit.

Collaborating Units

Five Collaborating Units (contracted with the organisations shown below) assist the Institute in performing its functions:

- National Perinatal Statistics Unit (University of NSW)
- Dental Statistics and Research Unit (University of Adelaide)
- Aboriginal and Torres Strait Islander Health and Welfare Information Unit (National Centre for Aboriginal and Torres Strait Islander Statistics, Australian Bureau of Statistics)
- National Injury Surveillance Unit (Flinders University)
- General Practice Statistics and Classification Unit (University of Sydney). This Unit was established early in 1998.

The AIHW also has a collaborative relationship with the National Centre for Classification in Health (NCCH) and contributes to the funding of NCCH's Brisbane office in

conjunction with the Australian Bureau of Statistics and the Commonwealth Department of Health and Family Services.

Institute staff

AIHW staff are employed under the Public Service Act. Details of AIHW staffing during 1997-98 are shown on page 54. Details of the AIHW Executive, their qualifications and areas of responsibility as at 30 June 1998 are listed below. Similar information for the Institute's Unit Heads is included at Appendix 8 (page 117).

AIHW senior staff

Executive

Director

Richard Madden, BSc Syd, PhD Princeton, FIA, FIAA

Health Division

Division Head

Geoff Sims, BCom (Stats) (Hons) UNSW

Welfare Division

Division Head

Ching Y Choi, BA ICU, PhD ANU

Information Management and Business Services Division

Division Head

Peter White, AM, GradDipAdmin KCAE, MEd Canberra

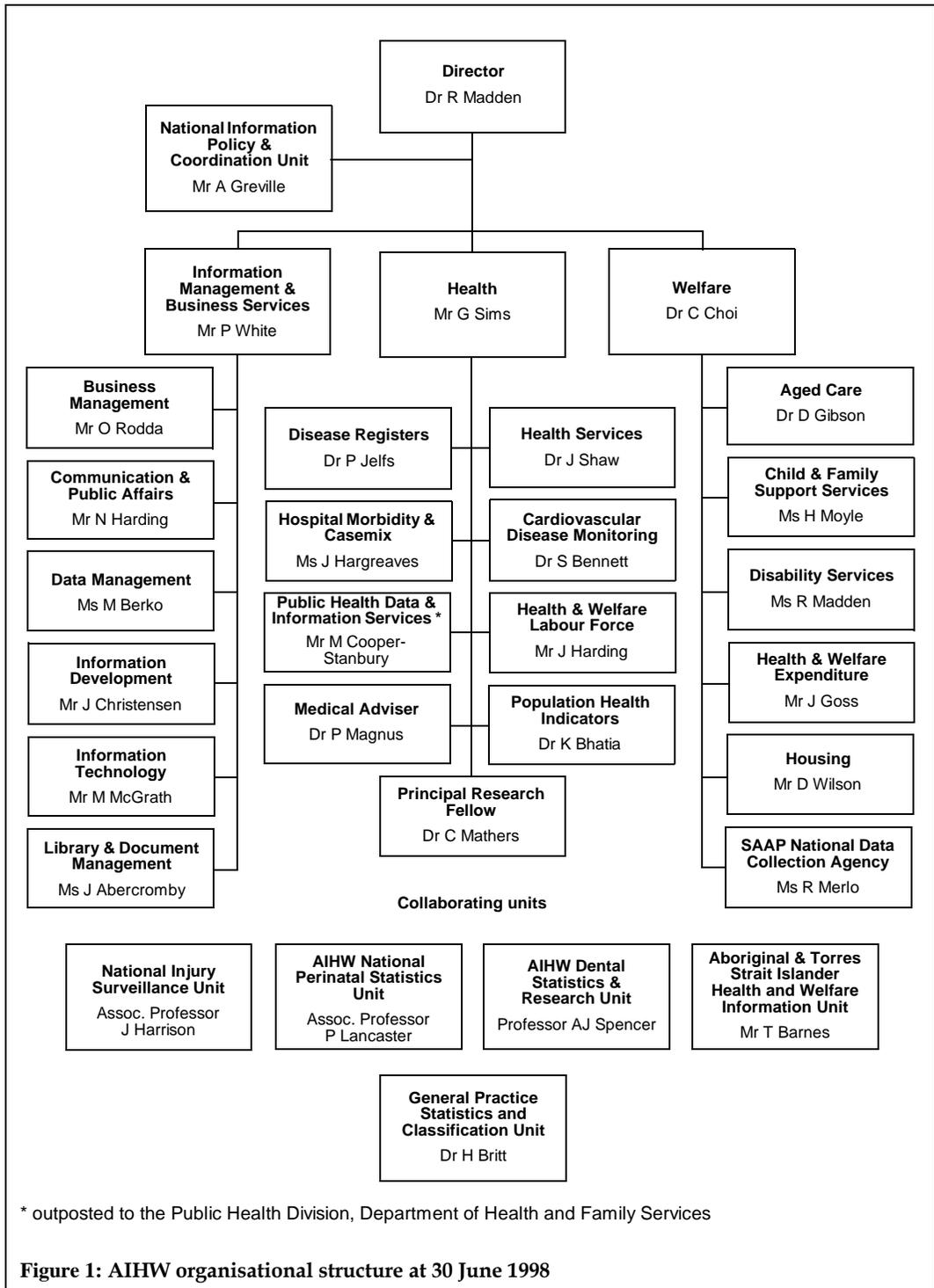
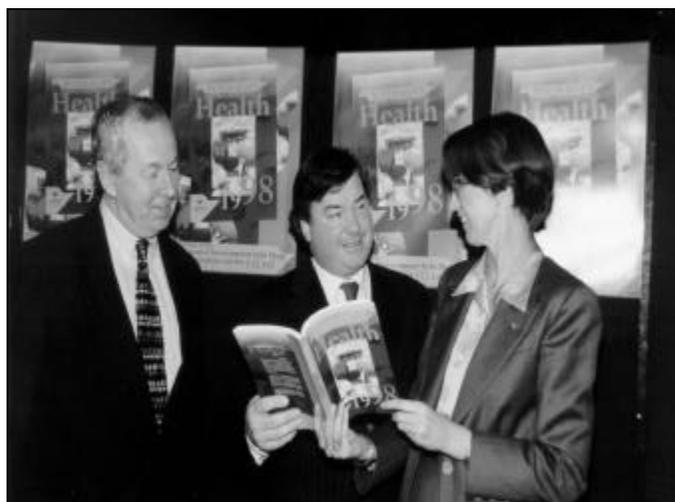


Figure 1: AIHW organisational structure at 30 June 1998



AIHW Director Dr Richard Madden at the launch of Australia's Welfare 1997 by the Minister for Family Services, Warwick Smith



Minister for Health and Family Services Dr Michael Wooldridge (centre) confers with AIHW Board Chairperson Prof. Janice Reid and AIHW Director Dr Richard Madden at the launch of Australia's Health 1998

Highlights

Australia's Welfare 1997 and Australia's Health 1998

The AIHW has a legislative requirement to produce comprehensive biennial reports on the nation's health, and the nation's welfare. Each publication requires significant effort from staff across the organisation. Both major reports were published during 1997-98.

A major innovation this year was the holding of one-day conferences to coincide with the launching of both *Australia's Welfare 1997* and *Australia's Health 1998*.

Australia's Welfare 1997 was launched by the Minister for Family Services, the Hon. Warwick Smith, on 20 November 1997 at Parliament House, Canberra. Three prominent academics gave keynote speeches at the conference, and the report's authors presented the main features of their chapters. *Australia's Welfare 1997* includes a special chapter on families and welfare services by Professor Peter McDonald of the Australian National University.

Australia's Health 1998 was launched by the Minister for Health and Family Services, the Hon. Dr Michael Wooldridge, on 25 June 1998 at the National Convention Centre, Canberra. This conference followed a similar format, with guest keynote addresses on health issues, and presentations by 12 authors. As part of its coverage of health issues *Australia's Health 1998* reports specifically on Australia's five national health priority areas: cancer control, cardiovascular health, injury prevention and control, mental health and diabetes.

Both conferences were judged highly successful by participants and were self-funding through the charging of a modest registration fee. *Australia's Welfare 1997*, *Australia's Health 1998* and all other major AIHW publications are available free of charge on the Internet via the Institute's web site (<http://www.aihw.gov.au>).

Survey of General Practice Activity

The University of Sydney and the Institute agreed to establish the General Practice Statistics and Classification Unit during 1997-98 within the University's Family Medicine Research Unit. The new collaboration was established to undertake a continuing survey of general practice activity, which commenced in April 1998. The survey, and its innovative funding arrangements, are described in detail later in this report.

Information privacy and security

The Board commissioned a review, chaired by Professor D'Arcy Holman, into AIHW policies on privacy issues and data security. The review made a range of recommendations, the most significant covering AIHW obligations in handling data collected without the specific

consent of information subjects (the bulk of AIHW data). The Board endorsed the review's recommendations.

In October 1997 the Australian Federal Police sought access to identified records held by the Institute by use of a warrant. Senior Institute staff responded that no such access was permitted under the AIHW Act. Following lengthy discussions and legal advice, the Australian Federal Police withdrew its demands. The assistance of the Legal Branch of the Department of Health and Family Services (DHFS) and the Australian Government Solicitor during this difficult episode was much appreciated.

National Community Services Data Dictionary

Version 1.0 of the *National Community Services Data Dictionary*, developed and compiled by the National Community Services Data Committee with the assistance of AIHW, was released in June 1998. The compilation of this, the first national data dictionary for community services, was requested by the National Community Services Information Management Group, and was jointly funded by AIHW and the Standing Committee of Community Services and Income Security Administrators (SCCSISA). The Data Dictionary contains a data model that provides an organising framework for the data dictionary entries.

National Information Agreements

All parties to the National Health Information Management Group agreed in February 1998 to extend the National Health Information Agreement to 2003.

The National Community Services Information Agreement has now been signed by all States and Territories except Western Australia. The National Community Services Information Management Group has circulated to interested parties for comment a draft National Community Services Information Development Plan that sets out priority areas for information development in community services.

Aboriginal and Torres Strait Islander Health Information Plan

The Aboriginal and Torres Strait Islander Health Information Plan...This Time, Let's Make it Happen was completed after several extensive rounds of consultation and feedback throughout Australia involving seminars and workshops in all States and Territories with governments and the community-controlled health sector. The Plan, developed by the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU), was endorsed by the Australian Health Ministers' Advisory Council (AHMAC) and Health Ministers, and has since been widely published and distributed. The National Health Information Management Group has established a special working group to oversee implementation of the Plan. AIHW has lead responsibility for improving identification

of Indigenous people in hospital, perinatal and cancer statistics.

AIHW's contract work The Memorandum of Understanding signed with DHFS on 1 July 1997 has seen a continuing increase in work from all areas of the Department. Much of this is national work contracted by the Commonwealth on behalf of all jurisdictions. There has also been an important rationalisation of effort in hospital statistics and aged care information, with Institute publications becoming the major dissemination vehicles in the two areas.

The Institute continues to be careful to take on only work that fits within its mission, with a key stipulation being that the Institute's findings and methods are accessible to all.

Finance The Institute charges for externally funded work on a basis to recover costs incurred in full. The financial result for 1997-98 was a deficit of \$1.5 million. Around \$1 million of this was covered by the changeover of the Institute's computing system to a PC environment, and so will be non-recurring. The continuing absence of funding capacity for staff long service liabilities as they accrue (rather than as they emerge) and for asset replacement, means that deficits of the order of \$250,000 per annum will continue. The introduction of accrual budgeting in 1999-2000 should provide an opportunity for these funding anomalies to be addressed. In the meantime, a note to the financial statements indicates the need for continuing appropriations to allow the Institute to meet its commitments.

Timeliness Further progress was made in releasing major AIHW collections quickly to ensure that relevant data are available for policy-making and community discussion. Importantly, *Australian Hospital Statistics 1996-97* was published before the end of 1997-98, and a lag of around 12 months has now been achieved on most of the important data collections. Cancer data is one major collection where delays in data delivery from some jurisdictions prevent timely publication, but improvements have been achieved here too.

The Institute appreciates the strong support of States and Territories in supplying data, and the efforts being made to overcome bottlenecks, as well as the huge effort by staff across AIHW.

Dissemination The Institute's web site, launched in 1996, has been a key means of disseminating AIHW publications and information. Publications are now routinely made available free of charge on the web site. During the year the

Institute's web site was accessed approximately 30,000 times by external users.

Publications themselves continue to be of high quality, and web site access to detailed tables has allowed some slimming down in size of publications. All publications are now available through e-mail ordering, by telephone, mail or fax, or from Government Info Shops. A selection of major AIHW publications is available from ABS Bookshops.

Significantly, national health information data definitions (metadata) are now available electronically through the National Health Information Knowledgebase, accessed through the AIHW web site.

Finally, direct enquiries are handled across all areas of the Institute. These are welcome, and short enquiries are handled without charge.

National information and policy coordination

The National Information and Policy Coordination Unit coordinates the development of national health and community services information for the AIHW. The Unit supports the AIHW Board, Executive and Health and Welfare Ethics Committees. It also provides the secretariat function for the National Health Information Agreement and the National Community Services Information Agreement. Moving towards a coordinated approach, consistency and compatibility between health information and welfare information is a high priority.

The Unit Head is Secretary to the Institute's Executive Committee, and the Unit supports the Director's activities in various health and welfare forums, and in his business development role.

The Unit has provided the secretariat for the recent reviews of the Institute's Collaborating Units. This round of reviews was completed in 1997 with the finalisation of the review of the Dental Statistics and Research Unit. In 1997-98 the Unit agreed to support the special working group of NHIMG to implement the Aboriginal and Torres Strait Islander Health Information Plan.

Staff of the Unit decreased by 1, to 5, during 1997-98.

Health information

This chapter sets out the Institute's achievements in health information for the year. An analysis of achievement against program budget targets is at Appendix 9, and more details on highlights for the year are included in the Highlights chapter earlier in this report.

The AIHW publishes a range of national health statistics and is active in improving that information. To draw the information together the Institute works with Commonwealth, State and Territory agencies, and with the Australian Bureau of Statistics (ABS). The National Health Information Agreement (NHIA) facilitates development and coordination of national health statistics.

Coordination links are maintained through informal and formal arrangements, including attendance at the Australian Health Ministers' Advisory Council (AHMAC), and membership of the National Health Information Management Group (NHIMG), the National Public Health Partnership Group (especially its National Public Health Information Working Group), the National Health Priorities Committee, various committees of the National Health and Medical Research Council (NHMRC) (the Institute is an observer at Council meetings) and the Australasian Association of Cancer Registries.

Management, advisory or steering committees, that include external experts and stakeholders, exist for a number of Institute projects.

A high proportion of the Institute's health statistics activities are conducted under the auspices of external bodies through agreements that establish specific work programs and provide funding for them. The Department of Health and Family Services (DHFS) is the main funder of such activities. A Memorandum of Understanding (MOU) between DHFS and the Institute, signed on 1 July 1997, has established agreed terms for this work. The MOU now encompasses the large body of work on public health information that was outsourced by DHFS's Public Health Division in early 1997.

Release of *Australia's Health 1998* on 25 June, and the accompanying Australia's Health Conference, have been a highlight of 1997-98. Following the initiative taken with the release of *Australia's Welfare 1997*, the Institute launched the report at a one-day conference attended by 300 people. Planning for *Australia's Health 2000* will commence soon and will draw on valuable feedback provided by participants.

Australian Hospital Statistics 1996-97 was released on 29 June 1998. With this report the Institute reintroduced performance indicator reporting in its publication. As DHFS has decided to discontinue its annual *Australian*

Casemix Report on Hospital Activity, the AIHW's *Australian Hospital Statistics* is now the single source of information in hard copy form for public hospital activity. Both AIHW and DHFS will continue to provide access to detailed statistics from Internet sites.

The report *Cancer in Australia 1991-1994* was ready at year end for Ministerial release on 2 July 1998.

The National Death Index has improved in timeliness, to be within two months of the reference period for all States and Territories. The Institute's Health Ethics Committee approved access to the index for over 30 epidemiological studies for linkage purposes.

Collaborating Units contribute significantly to the Institute's health information output. Reports on the work of the National Perinatal Statistics Unit (University of New South Wales), the National Injury Surveillance Unit (Flinders University), the Dental Statistics and Research Unit (University of Adelaide), the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ABS, Darwin), and the General Practice Statistics and Classification Unit (University of Sydney) are incorporated into this section of the Annual Report.

The AIHW also contributes to the funding of the National Centre for Classification in Health's Brisbane office (at the Queensland University of Technology). A report on the Centre's activities is also included in this section.

Health of populations National Public Health Information Development Plan

The Institute is preparing a National Public Health Information Development Plan under the auspices of the National Public Health Partnership (NPHP) and its National Public Health Information Working Group (NPHIWG). The main objectives of the Plan are to:

- outline a framework for public health information;
- identify gaps and deficiencies in available information on public health;
- develop strategies to maximise the use of existing information resources;
- identify specific public health information development for attention in the short and long term; and
- develop criteria for prioritising public health data collections.

This Plan will be considered by public health stakeholders at a workshop in September 1998 and a finalised Plan will be produced for consideration by the NPHP in December 1998.

Health of Australians living in rural and remote areas

A set of indicators of rural health has been developed to identify differences in health status, lifestyle risk factors

and health care resources between populations of metropolitan, rural and remote Australia. These indicators will form the basis of a report on the health of Australians living in rural and remote areas to be released in the second half of 1998. A summary report on the public health aspects of Australians living in rural and remote areas was presented at the National Rural Public Health Forum held in Adelaide in October 1997 and has been published in *Australia's Health 1998*.

Burden of disease

The Institute contributed to international efforts to develop and standardise summary measures of population health through preparation of a briefing paper for the Organisation for Economic Co-operation and Development (OECD) on health expectancies and burden of disease analysis using disability-adjusted life years (DALYs). The Institute also made a major contribution to a Commonwealth-sponsored workshop in November 1997 to examine and discuss the potential contribution of burden of disease analysis, and other approaches, to the use of health information to assist in planning and priority setting. The Institute, with support from the DHFS, will carry out a national burden of disease study and will play a lead role in coordinating Australian work on burden of disease analysis. A report of the study is to be published in the first half of 1999.

Aboriginal and Torres Strait Islander Health and Welfare information

The Institute's role in the collection and analysis of Indigenous health and welfare information is the responsibility of the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU). This AIHW Collaborating Unit is part of the National Centre for Aboriginal and Torres Strait Islander Statistics in the ABS, located in Darwin. It undertakes, and assists others to undertake, work in all areas of statistics and information concerned with the health and welfare of Aboriginal and Torres Strait Islander peoples. DHFS provides \$470,000 per annum to AIHW to assist the operation of the Unit. A new agreement was signed in 1997-98 to cover the Unit's operations until 30 June 2002.

The Unit's functions include analysis and reporting on Indigenous health and welfare statistics and the assessment and improvement of their quality. In addition, the Unit disseminates information to a wide range of users including Indigenous organisations, government agencies and research institutions, and provides some training and experience in health statistics to Aboriginal and Torres Strait Islander people. An important function of the Unit is its substantial contribution to the national leadership of

projects concerned with the advancement of Indigenous health and welfare information issues.

ATSIHWIU staff develop and maintain effective networks and linkages with key groups concerned with Aboriginal and Torres Strait Islander health information. Foremost amongst these are links with Heads of Aboriginal Health Units (HAHU), the National Aboriginal Community-Controlled Health Organisations (NACCHO), and information groups such as NHIMG, the National Community Services Information Management Group (NCSIMG) and the Disability Data Reference and Advisory Group (DDRAG). Briefings and papers have also been supplied to:

- standing committees (including the House of Representatives Social Services Standing Committee, as part of their investigation into Aboriginal health);
- Ministerial advisory councils for Health and for Aboriginal Affairs; and
- a workshop held jointly by the Department of the Prime Minister and Cabinet, and the Reconciliation Council.

Links have also been established and maintained with health departments in all jurisdictions. Other links must be further developed, notably in the areas of welfare and community services, and with Torres Strait Islander authorities.

National reports on self-assessed health status and on overweight and obesity among Indigenous Australians were released during the year. As with all ATSIHWIU publications, plain language summaries of these reports were prepared and circulated widely. ATSIHWIU staff have also provided training in sources and use of health information for Indigenous students, Aboriginal health workers and other organisations.

ATSIHWIU has played a broad-ranging advising role across a number of areas in addition to its more tangible work program. Among other initiatives, staff of the Unit have worked with HAHU and other agencies to develop health performance indicators which were endorsed by Health Ministers in July 1997. ATSIHWIU has also assisted with the development of performance indicators appropriate to recording service provision and accountability of Aboriginal Medical Services, and participated in a steering committee for a project to identify baseline data and develop collection and reporting mechanisms for allocation and expenditure of funds for Indigenous health services.

Aboriginal and Torres Strait Islander Health Information Plan

As a result of the high priority attached to Indigenous health information by the 1994 National Health

Information Development Forum, AHMAC commissioned ATSIHWIU to develop a National Plan for improving all aspects of Aboriginal and Torres Strait Islander Health information. *The Aboriginal and Torres Strait Islander Health Information Plan...This Time, Let's Make it Happen* was completed after several extensive rounds of consultation and feedback throughout Australia involving seminars and workshops in all States and Territories with governments and the community-controlled health sector. The Plan was endorsed by AHMAC and Health Ministers and has since been widely published and distributed. AHMAC asked the NHIMG to manage implementation of the Plan. NHIMG has established an Implementation Working Group, comprised of NHIMG members, HAHU and other relevant parties. ATSIHWIU has been nominated as the lead agency for many of the key recommendations of the Plan.

AIHW has lead responsibility for improving identification of Indigenous people in hospital, perinatal and cancer statistics. One of the Plan's recommendations is already being acted on by ATSIHWIU through a project funded by AHMAC to develop and evaluate a methodology for assessing the quality of Indigenous identification in hospitals. A preliminary report to AHMAC is expected in October 1998. Hospitals in several jurisdictions are participating.

Child and youth health monitoring

An AIHW child and youth health monitoring project is being supported by funding from AHMAC and the Public Health Division of the DHFS following recommendations in the National Health Plan for Young Australians endorsed by AHMAC in 1996.

A framework for the project is being developed, with the child health component being the subject of a workshop run by the Institute in March 1998. Following the workshop, an expert advisory group was established to provide further advice to the Institute about the framework and on monitoring child health. The youth health component of the framework is currently under development.

An integrated child and youth health monitoring framework will be submitted to AHMAC in 1998-99.

Perinatal statistics

The Institute's role in the collection and analysis of perinatal statistics is the responsibility of the AIHW National Perinatal Statistics Unit (NPSU), a Collaborating Unit of the Institute. Following a review in 1996-97, the Unit was transferred from the University of Sydney to the Faculty of Medicine at the University of New South Wales. The objectives of the Unit are to monitor and interpret

national perinatal mortality and morbidity, to provide a limited perinatal epidemiology service, and to conduct epidemiological research. The Unit's work is overseen by a strengthened Management Advisory Committee chaired by Richard Henry, Professor of Paediatrics at the University of New South Wales.

The NPSU collaborates with State and Territory health authorities and perinatal data groups and professional groups in developing national perinatal data systems. The NPSU works with a newly formed National Perinatal Data Development Committee to develop perinatal definitions for the *National Health Data Dictionary* and improve the quality of data recorded in the perinatal collections.

National perinatal mortality and morbidity

Australia's Mothers and Babies 1995, the sixth report in the AIHW's Perinatal Series, was published using data from the State and Territory perinatal collections and registrations of perinatal deaths. The report provides national information on maternal characteristics such as age, parity (previous births, if any), country of birth and Aboriginality. It also provides information on the baby's birthweight and outcome, and on place of birth and length of stay in hospital.

This report drew particular attention to the continuing trend of shorter hospital stays of mothers after childbirth and the factors associated with short stays, the upward trend of the average age of mothers giving birth, and the differences in caesarean rates between insured and uninsured women. The report also noted the higher rates of low birthweight and perinatal mortality among infants born to Indigenous mothers, and among multiple births.

Register of pregnancies after assisted conception

The national register of pregnancies after assisted conception contains data from all IVF centres performing in-vitro fertilisation, gamete intrafallopian transfer and related procedures in Australia and New Zealand. *Assisted Conception, Australia and New Zealand, 1996* was published jointly by NPSU and the Fertility Society of Australia. The register was partly funded by the Fertility Society of Australia and Serono Australia.

The report showed that slightly more than 1% of all Australian births followed assisted conception, that the proportion of treatment cycles in which microinjection techniques had been used to treat infertility had continued to increase, and that there was little change in the high incidence of multiple births after assisted conception. Pregnancy outcomes after the use of microinjection were similar to those for other IVF pregnancies.

The NPSU's Director was a member of two national working parties that completed extensive reviews of health

services for treating infertility by assisted reproductive technology and the requirements of related data systems. The NPSU developed an expanded computerised system to enable IVF units to report each treatment cycle, as well as pregnancies.

Dental statistics

The Institute's role in dental statistics is the responsibility of its Dental Statistics and Research Unit (DSRU). This AIHW Collaborating Unit was established in 1988 at the University of Adelaide. The Unit aims to improve the oral health of Australians through the collection, analysis and reporting of statistics on the oral health of Australians, their access to dental care, the practice of dentistry in Australia and the dental labour force.

The Unit was reviewed by the AIHW in 1997, and was found to be doing an excellent job in delivering information on the dental status and dental needs of the Australian population. The Unit's contract with the AIHW has been renewed for a further 5 years. In addition to AIHW funding, DHFS contributes \$278,000 per annum to the Unit.

The Unit conducts a range of activities to provide information on oral health and access to dental care. These activities include coordinating and conducting surveys of oral disease prevalence in the community, evaluating strategies for the maintenance of oral health, and investigating access to and the comprehensiveness of dental care received by Australians. Over time these activities have documented changes in dental health and have produced data on access problems among disadvantaged adults to dental care in Australia.

Adult oral health

During the year data from the 1995 and 1996 Adult Dental Programs Surveys were combined, analysed and published by DSRU. A further scientific paper was written and submitted for publication.

Efforts are under way to maintain the Adult Dental Programs Survey data collections in all States and Territories, with the next survey scheduled for 1999.

Child Dental Health Survey

The Child Dental Health Survey is a national monitoring survey of Australian school children, which produces national and State and Territory reports on dental caries experience. The survey began in 1977 and has been a responsibility of the Unit since 1989. Data are collected at the time of dental care provision to children by the school dental services in each State and Territory. The Unit prepares, analyses and reports on these data.

The survey provides a reference point against which dental caries prevention and management programs in Australia may be assessed. In addition, the survey permits analysis of regional and social variation in oral health, and provides the basis for valuable additional research projects.

National, and State- and Territory-level reports have been published to maintain the time series on dental disease in Australian children. The national reports for 1994 and 1995 were published in 1997–98. Two scientific papers were published from these data, including one with a focus on Aboriginal and overseas-born children.

The survey was last revised 10 years ago, and a proposal to improve the quality of data has been discussed with stakeholders. Specific areas for improvement include social characteristics, linkage with service provision data, and linkage of individual data records over time.

Fluoride and dental caries in children

This DSRU project, largely funded by the NHMRC, is examining the role of water fluoridation in the prevention of dental caries within the contemporary Australian child population. Identifying the relative contribution of fluoride from different sources to caries prevention will help optimise current strategies for the prevention of dental caries.

The current work program covers the consolidation and analysis of the incidence data on dental caries and analysis of the association of the incidence of caries and fluoride exposure. Nested studies updating exposure and other data began in late 1997. A scientific paper on risk prediction was published in 1997 and further papers based on incidence data are expected in 1998–99.

South Australian Dental Longitudinal Study

The distribution and determinants of dental disease in a group of Australian adults in South Australia aged over 60 years are being assessed in this longitudinal study, which is supported by an NHMRC project grant. During 1996–97 DSRU collected five-year follow-up data from over 900 interviews and 600 clinical examinations. The current work program aims to assess five-year-old oral disease incidence and its social impact. Questionnaire data on dry mouth (a perception of reduced saliva flow) and xerostomia (low saliva flow) have been collected and correlated with resting saliva flow and medication history.

National Health Priority Areas

The Institute monitors and reports on outcomes in the National Health Priority Areas (NHPA) of cardiovascular health, cancer control, injury prevention and control, mental health and diabetes mellitus.

A report on progress towards NHPA goals and targets, *First Report on National Health Priority Areas 1996*, was

released in 1997-98. This was followed by work on reports against targets for cancer control, and injury prevention control, submitted to Australian Health Ministers in accordance with the NHPA biennial reporting cycle. These two reports were scheduled for Ministerial release in July 1998.

National Cancer Statistics Clearing House

The National Cancer Statistics Clearing House improved timeliness of published cancer incidence data to within 4 years of the reference period. To achieve this it was necessary to use modelling techniques to substitute for 1990-1994 individual year incidence data for one State. However, this situation will be resolved before the end of 1998, making it possible for the first time to release complete national data within 3 years of the reference period. Also for the first time, data were used to support a national breast cancer survival report in collaboration with the Australasian Association of Cancer Registries and the National Breast Cancer Centre. An increased number of researcher requests for access to cancer incidence data were granted over the year, a trend that is expected to continue.

Breast and cervical cancer screening

From July 1997 the Institute became responsible for the development and reporting of indicators monitoring the national breast and cervical cancer screening programs. The Institute measures the effectiveness and coverage of the programs at a national level focusing on key outcome objectives for the programs: to reduce mortality and minimise morbidity from these cancers, to maximise efficiency of delivery of programs and to increase their equity. Regular reports from this new monitoring activity will commence in 1998-99.

Cardiovascular disease and diabetes monitoring

Mortality trends are monitored biennially as part of the Institute's national monitoring system for cardiovascular disease and its impact. At the end of 1997-98 the report *Surveillance of Cardiovascular Mortality Australia, 1985-96* was close to publication. The report presents current trends in cardiovascular disease and its major components, and includes, for the first time, results for urban, rural and remote categories, and for the Indigenous population, in addition to State and Territory data.

The report *Medical Care for Cardiovascular Disease in Australia* has been rescheduled to include more recent data, and will now be released in 1998-99.

Standards for indicators of body fatness in adults have been completed and endorsed by the NHIMG, and will be included in Version 7 of the *National Health Data Dictionary*.

An expert committee developed the standards in conjunction with AIHW. Standards are now being developed for indicators of smoking, physical activity, high blood pressure and high total cholesterol (and other lipid risk markers), for use in epidemiological and health care settings.

To overcome the deficiency of national data on medical and surgical care, the Institute collaborated with the National Heart Foundation to update its registers of cardiac surgery and angioplasty. Efforts to develop a national minimum dataset across both types of interventions continued during 1997–98. Efforts are also continuing to establish a national ambulance database that will provide data on pre-hospital emergency care in Australia.

In response to growing demands for a national survey of biomedical risk factors that included blood indices, the Institute convened a workshop of stakeholders, including public health professionals and researchers, in October 1997. Workshop participants, who represented a wide range of public health areas and expertise in population health surveys, endorsed the need for a national biomedical risk factor survey that includes a blood sample. The monitoring of cardiovascular disease, diabetes, nutrition and communicable diseases was seen as a priority. The National Public Health Partnership Group supports a national biomedical risk factor survey and a steering group, representing the major stakeholders, is developing a proposal.

The number of new cases and prevalence of acute rheumatic fever and rheumatic heart disease among the Indigenous population is being monitored using a register system based in the Northern Territory. The register will assist medical staff in the provision of treatment as well as supplying data on rates of compliance with appropriate treatment and health outcome data on the impact of intervention.

National Diabetes Register

On 2 June 1998 the Minister for Health and Family Services announced that the Institute was the successful tenderer for the establishment and maintenance of a National Diabetes Register, as part of the National Diabetes Strategy. The register will record new cases of insulin treated diabetes mellitus. By capturing new insulin treated cases of diabetes mellitus it is expected that a reliable measure of the incidence of Type 1 diabetes (insulin dependent diabetes mellitus) can be established. The main sources of data for the register will be the National Diabetic Services Scheme (administered by Diabetes Australia) and the Australasian Paediatric Endocrine Group State-based databases. Subsequent ascertainment and validation will

be achieved via cross-checking with other data sources and invoking a range of quality assurance techniques such as record linkage and case-audit trails.

Over time, the register will enable accurate descriptors of the incidence of insulin dependent diabetes mellitus, and allow researchers access to a rich database to aid prevention and treatment of diabetes.

Injury surveillance

Injury surveillance is the responsibility of the AIHW National Injury Surveillance Unit (NISU). From 1 July 1997 this Collaborating Unit became a program of the Research Centre for Injury Studies at the Flinders University of South Australia.

In previous years NISU was an externally located unit of the AIHW, and NISU's staff were employed by AIHW. Under the new arrangements with Flinders University the Institute funds the University to operate NISU as an identifiable activity of the Research Centre for Injury Studies, which is part of the School of Medicine. Flinders University is now responsible for staffing the NISU program. The agreement runs for 5 years and is renewable subject to favourable review in the fourth year. AIHW appropriation funds are supplemented by a grant from DHFS.

The 'new' NISU was officially launched at the University by Dr Andrew Southcott MP, Member for Boothby, on 3 October 1997.

NISU continues to undertake public health surveillance of injury at the national level to support injury prevention and control. It engages in all aspects of surveillance, and places special emphasis on analysis and dissemination of information, and on developing injury surveillance methods. The Unit also provides a national contact point for liaison and information-sharing on injury control, produces information resources and encourages training and research.

As the main national source of injury statistics and related information NISU holds national data sets relating to injury deaths and hospitalisations, and spinal cord injury admissions. These data provide the foundation for the routine statistical publications of the Unit. During the year the Unit produced injury surveillance data reports, four issues of the *Australian Injury Prevention Bulletin*, and specialised reports, including two issues of the *Injury Issues Monitor*. Input to the National Health Priority Areas biennial Injury report was provided as well as to *Australia's Health 1998*. Most Unit publications were published on the Internet as well as on paper.

The Unit also contributed to many other reports and publications, both external to the AIHW and internal, and

answered numerous information requests from a variety of sources. NISU personnel were invited to present injury data and related information and advice through conferences, seminars, and advisory bodies.

The set of data items and classifications for injury surveillance published as the *National Data Standards for Injury Surveillance* was revised during the year in consultation with injury surveillance and prevention personnel throughout Australia. Version 2.1 was published.

Operation of the national register of spinal cord injury (SCI) continued, in cooperation with all specialist spinal units in Australia. The 1995–96 version of the annual SCI report was released in October 1997 and the 1996–97 report in April 1998. A paper covering the statistical profile of SCI was presented as the lead paper at the International Medical Society of Paraplegia (IMSOP) (Australian Division) Conference in Adelaide in February 1998 and another paper was presented at the Third National Injury Conference in Melbourne, also in February. A related research paper on SCI from road crashes was also presented at the IMSOP conference.

Development of injury surveillance methods and data sources continued. The main aspects of this were:

- continuation of a project to investigate the practicability of obtaining quantitative national estimates of injury visits to emergency departments;
- continued participation in the development of a national coronial information system;
- assessment of the needs and opportunities for improved surveillance of burns and brain injury;
- contribution to a draft revised classification of external cause of injury; and
- assessment of the validity and reliability of certain injury indicators based on hospital separations data.

NISU continued to participate in and support a project to develop improved data on injury deaths, in collaboration with State and Territory coroners.

Other injury statistics projects

A project was undertaken by NISU to help ensure that Spinal Cord Injury Register data are put to effective use. The size and dynamics of the spinal injured population are poorly defined, and have implications including service requirements and case costs. In a step towards clarifying these matters, linkage of SCI register data with the National Death Index was completed during the year to determine survival rates and SCI prevalence.

NISU published *Study of Injury in Five Cape York Communities* during the year. The report attracted

favourable comment, and projects in response to issues raised in the report are now in progress.

Flinders Institute of Public Policy and Management completed an annotated bibliography of literature relating to the evaluation of injury prevention strategies under an agreement with the Research Centre. A seminar based on the report was presented at the Third National Injury Conference in Melbourne in February 1998. Comments have been invited on the document, and a revised version will be published when these have been consolidated.

Institutional health

Australian hospital statistics

Australian Hospital Statistics 1996-97 was published within a year of the data reference period, as for 1995-96, and is now the routine annual summary report of the activities and resources of Australian hospitals. The report included expanded and improved analyses, for example on hospitalisations associated with the five National Health Priority Areas. It also continued its dual focus on diagnosis and procedure information reported using the ICD-9-CM classification, and on the Australian National Diagnosis Related Group classification. Extended tables of data were made available on the Internet.

Improvements to the National Hospital Morbidity Database and dissemination of national hospital morbidity statistics continued. For the first time, the Database incorporated data from all public psychiatric hospitals in Australia in addition to the data from other hospitals that had previously been included. Following resolution in 1996-97 of previous problems with timeliness, an increased emphasis was placed on improving data quality. This was accomplished through changed practices at the Institute and improved communication with data providers in State and Territory health authorities.

The Australian Hospital Statistics Advisory Committee is being established, with the endorsement of NHIMG. This group includes representatives of data providers and other external stakeholders, and will help to develop the annual national hospital statistics report to meet the needs of data users more closely.

DHFS has discontinued its *Australian Casemix Report on Hospital Activity*, leaving *Australian Hospital Statistics* as the single hard copy means of routine dissemination of national hospital morbidity data. The Institute and DHFS have agreed to work in a coordinated manner in the compilation of their future national hospital morbidity databases, to ensure that they are as equivalent as possible. It is expected that this will also reduce duplication of the effort required of data providers.

The Institute participated in the National Committee for Implementation of ICD-10-AM in Australian Hospitals, the

Impact Assessment Sub-Committee and the ICD-9-CM/ICD-10-AM dual coding study. The staggered implementation of the new classification, by four jurisdictions in 1998 and the remaining four in 1999, will mean that the Institute will need to map ICD-9-CM data to ICD-10-AM for the affected reference year.

The 1995–96 hospital morbidity data were used for an analysis of adverse events in hospitals. The results were presented at the Australian Medical Association's National Summit on Quality and Efficiency in Medicine in October 1997. The study indicated some areas for improvement in the data for this purpose, but the results were useful in indicating the risk of adverse events in Australian hospitals (4–5% of admissions associated with adverse events) in the context of the wide variety of information available from the collection.

A streamlined system for ad hoc requests for data has been established. The service is now more responsive to the wide range of requestors and data have been provided in a more timely and accurate manner.

Waiting times for elective surgery

Final data for 1995–96 waiting times were collected from the States and Territories and a database prepared. A national summary was published in *Australia's Health 1998*. Data were also collected for 1996–97 in conjunction with data provided for the National Hospital Morbidity Database. The waiting times data collection is still hampered by inconsistent data definitions and collection practices among the States and Territories.

Public hospital performance

The annual report of hospital establishments data released in *Australian Hospital Statistics 1996–97* included data on hospital expenditure, resources and activity. In addition, information on hospital performance indicators, which integrates data from both establishments and morbidity databases, was included for the first time in the 1996–97 publication. The National Health Ministers' Benchmarking Working Group originally developed these indicators, which in previous reference years have been published by the Working Group and in the Council of Australian Governments (COAG) *Report on Government Services*. The Institute has developed the hospital 'peer groups' classification comprising hospitals that are similar in size and complexity of service delivery.

Perinatal outcome in hospitals with neonatal intensive care units

The NPSU monitors outcomes related to perinatal health services. The Australian and New Zealand Neonatal Network was established in 1994 to improve the care of

high-risk newborn infants and their families through collaborative audit and research. The pharmaceutical company Abbott Australasia Pty Ltd funds this project.

Institutional health service collection developments

The Institute convened the National Health Data Committee's Organisational Units Working Group. This group is investigating the feasibility of reporting health service data against service types within the range of the establishment types that are currently used in the National Public Hospitals Establishments Database and elsewhere. Recommendations will be forwarded to NHIMG for endorsement. The outcomes from the work program of this group will ensure data reported are comparable despite different administrative arrangements.

The development of links between collections will be a continuing theme for health services statistics. At present the hospital establishments data are linked to the patient morbidity data, and this is an essential element in the hospital performance analysis such as the cost per casemix-adjusted separation. Consideration is currently being given to the links between the hospital establishments data and the institutional mental health data to be gathered under the National Minimum Data Set (NMDS) for Institutional Mental Health Services, for which 1997-98 is the initial year of implementation. The Institute will continue to work toward developing consistency and sustainability of a broad range of health services collections.

Community health

National Survey of Mental Health Services

The Institute conducted the fifth annual cycle of the National Survey of Mental Health Services, for the 1996-97 reporting period, in consultation with the National Mental Health Information Strategy Committee. The survey includes indicators for monitoring the progress of service reforms under the National Mental Health Plan. An important aspect of the Plan is to assess the closure of the specialised psychiatric hospital services and the increased delivery of services in the community. Information compiled from the survey was released to the Commonwealth in June and will be published in DHFS's annual *National Mental Health Report*.

National Minimum Data Set for Mental Health Care

The Institute undertook the development of a NMDS for community mental health care during 1997. Development of data collection on community mental health will be a feature of the second National Mental Health Strategy (1998-2002) recently endorsed by Health Ministers.

Scoping Study of Older People and Mental Health

The Scoping Study of Older People and Mental Health examines how health care delivery in the residential and community care systems for the aged can be improved in order to:

- meet the accommodation, care and treatment needs of older people who have complex mental health disorders; and
- provide support for their carers.

The Institute commenced work in October 1997 on developing the data collection component of the study. The Institute is investigating available data sources and will make recommendations for data development in support of information required for policy development, service planning and improvements in the quality of care for older people with complex mental health disorders.

Work in the first stage of the study has identified relevant data elements across a broad range of collections at the Institute and elsewhere that are available for analyses of mental health care delivery for older people. Reporting has included recommendations on the validity of comparing (and, where feasible, linking) collections, and recommendations for data development. The second stage of the study, to be completed in the latter half of 1998, will provide an analysis of available data on service delivery and utilisation in the mental health care of the target group.

The study has been funded under an MOU with the Office for the Aged, DHFS, as part of the management of the National Action Plan for Dementia Care under the auspices of the AHMAC National Mental Health Working Group.

National Minimum Data Set for Alcohol and Other Drug Treatment Services

The Institute is managing the development of a National Minimum Data Set (NMDS) for alcohol and other drug treatment services in collaboration with the National Drug and Alcohol Research Centre, University of New South Wales. The NMDS will collect information annually across all jurisdictions on service delivery resources, service activity and on the clients of treatment services. The data will be used by governments, health professionals and researchers to monitor and evaluate service provision, assist in the development of appropriate service mix and to identify broad patterns of service use by clients.

An NMDS project outline was submitted to the National Drug Strategy Intergovernmental Committee in March 1998. The work will lead to recommendations to the National Health Data Committee and NHIMG for endorsement of data definitions and agreement on a

collection methodology by the end of the 1998 calendar year.

General practice—the BEACH program

The AIHW and the Family Medicine Research Unit at the University of Sydney have established a new AIHW Collaborating Unit—the General Practice Statistics and Classification Unit (GPSCU). The primary responsibility of the GPSCU is to fill a national void in information about the activities of general practice. To this end the Unit is conducting a program of continuous data collection in general practice through a rolling nationwide survey of randomly selected general practitioners. The program is called BEACH (Bettering the Evaluation and Care of Health).

The Institute's aims in establishing this collection are to:

- establish an ongoing database of GP–patient encounter information;
- provide a reliable and valid data collection process for general practice that is responsive to the changing needs of information users;
- establish a process that will assist in determining the needs of GPs and their patients; and
- assess patient-based risk factors and aspects of health, and the relationship these factors have with health service activity.

As well, the survey will provide detailed data on the prescribing practices of GPs and the tests they order.

The BEACH program is being supported by a consortium of government bodies and the pharmaceutical industry. Current members of the consortium are DHFS, Astra Pharmaceuticals, the National Occupational Health and Safety Commission, Roche Products and the Department of Veterans' Affairs.

GP recruitment to the BEACH survey began in March 1998, with the first week of recording in the week beginning 30 March 1998. By 30 June, GP recruitment and data collection were well established.

While the first analysis of a full year's data will not be available until mid-1999, interim reports will be available late in 1998.

Longitudinal Study of Dentists Practice Activity

This is a five-yearly longitudinal study by the DSRU. The first wave was collected in 1983–84, the second wave in 1988–89 and the third wave in 1993–94. The results from this study have provided information on dental practice and the dental labour force. Recent analysis has focused on trends in service provision. Two scientific papers were published in 1997–98 and a further paper submitted for publication.

As a preliminary activity to the fourth wave, a separate Study of Dental Services, funded by the Australian Dental Research Fund, was conducted during 1997–98. This study investigated factors influencing service provision and collected data on dentist, practice and patient characteristics, as well as provision of services.

Preparation is under way for the fourth wave of data collection in 1998. Preparation has included the testing of numerous additions to the data collected, especially in the areas of patient characteristics and dentists' clinical decision making. The fourth wave data collection is being funded by NHMRC.

Evaluation of adult access to dental care

The objective of this work, undertaken by DSRU, is to examine social inequality in self-reported oral health and access to services in Australia. It has involved a series of analyses of access to dental care among special target groups—migrants, rural and remote dwellers, and Indigenous people—using the combined data available from the National Dental Telephone Interview Surveys 1994 through to 1996. This has resulted in three reports currently under review for publication. DSRU is planning for the 1999 National Dental Telephone Interview Survey, which will update data on access to dental care.

Evaluation of public dental services

Two contracts were awarded to the DSRU to evaluate aspects of public dental services. The Unit is evaluating the impact of the introduction of co-payments in public dental services for the Victorian Department of Human Services. This work will continue through to 2000. The Unit also completed a school dental service review and analysis of service options for the Health Department of Western Australia in early 1998.

Health resources

Health labour force

The AIHW publishes statistics and labour force analyses for medical, nursing, pharmacy, and dental labour forces. New tri-annual collections during 1998 were organised for the occupational therapy and physiotherapy professions.

The Institute's Director is a member of the Australian Medical Workforce Advisory Committee (AMWAC) and the Institute is funded by AHMAC to provide technical support to the committee. In 1997–98 the Institute and AMWAC jointly published *Profile of New Zealand Medical Graduates Practising in Australia* and *Characteristics of Students Entering Australian Medical Schools 1989 to 1997*. The Institute also prepared data for AMWAC to support working parties examining future workforce requirements for paediatric medicine, intensive care, radiation oncology, cardiology, orthopaedic surgery and dermatology.

The national dental labour force data collection has proceeded for dental practitioners, dental hygienists and dental therapists. Reports on dental practitioners, dental hygienists and dental therapists were published in 1997-98.

Pilot testing of an international collaborative dental hygiene study was conducted in the first quarter of 1998. This study is being conducted in association with the Karolinska Institute in Stockholm and involves the collection of social characteristics, health factors and practice activities of dental hygienists in Australia and Sweden. The main collection is being conducted during 1998.

Health expenditure

There were two releases of data on health services expenditure during the year. The first, covering the period between 1989-90 and 1995-96 was released in July 1997 and the second, which provided detailed expenditure data for 1995-96 and estimates for 1996-97, was released in April 1998.

In March 1998 the Institute and the National Centre for Epidemiology and Population Health (NCEPH) completed a joint project aimed at collecting and analysing data on the utilisation and cost of health services provided to Indigenous Australians. The report, *Expenditures on Health Services for Aboriginal and Torres Strait Islander People*, provides the most comprehensive and detailed picture of expenditure in this area. Overall, \$1.08 is spent on health services for an Indigenous person for each \$1.00 spent on a non-Indigenous person.

Work continued during 1997-98 on developing comparable information on health services expenditure by State and on the development of a system of satellite accounts for health and welfare to supplement the current national account estimates.

A new project commenced during the year will develop systems to enable the collection and analysis of data on public health services expenditure. As well as providing a comprehensive picture of expenditure, this project aims to identify any data inadequacies and recommend on ways to collect nationally consistent data.

Disease costing

The Disease Costs and Impact Study has estimated the direct costs of health services in 1993-94 attributable to a comprehensive range of diseases and injury. The methodology used for these costings has been revised and extended to include health sectors accounting for over 90% of recurrent health expenditure. The revised methodology has also been used to carry out a comprehensive accounting of disease costs across all chapters of the WHO

ICD-9 Classification of Diseases for the year 1993–94. These results and the methodology employed will be published in two AIHW reports in early 1998–99.

Health information infrastructure and services

Classification in health

Classification and coding in health in Australia is the responsibility of the National Centre for Classification in Health (NCCH) which is based at the University of Sydney, with other offices in Brisbane and Melbourne (the latter being new for 1997–98). AIHW has a collaborative relationship with NCCH and contributes to the funding of the NCCH Brisbane office.

The Centre as a whole had a productive year with the publication of the Australian Modification of the WHO International Classification of Diseases version 10 (ICD-10-AM). The five volume set, launched in April 1998, contains, in addition to the modification of ICD-10, a new Australian procedure classification based on the Medicare Benefits Schedule (MBS-Extended or MBS-E) and the Australian Coding Standards. The new classification will be introduced in hospitals in New South Wales, Victoria, Northern Territory and the Australian Capital Territory in July 1998 and the remaining States in July 1999. New Zealand will adopt the classification in late 1998 – early 1999. The ABS plans to use the WHO ICD-10 for cause of death classification from January 1999.

In producing ICD-10-AM, staff at NCCH sites at the University of Sydney and Queensland University of Technology have worked closely with the AIHW in its role as a WHO Collaborating Centre for Classification of Diseases. At the meeting of Heads of Collaborating Centres in Copenhagen in October 1997 a number of Australian recommendations were accepted by WHO for the first update of ICD-10 for international usage. Mechanisms for updating ICD-10 for morbidity and mortality reporting purposes were agreed at that meeting and Australian representatives nominated.

Another initiative has been the development of the Quality Division of NCCH at the School of Public Health, La Trobe University. This Division was launched in January 1998 with the release of the Australian Coding Benchmark Audit, an audit method developed by NCCH to allow hospitals to compare coding audit results and contribute to Australian data for benchmarking purposes.

The Brisbane-based arm of the NCCH located at the Queensland University of Technology deals primarily with mortality coding issues, relationships with the ABS and training in health classification systems in the countries of the Western Pacific.

A principal responsibility for the year has been to educate users of ICD-10 (ICD-10-AM). The Unit is working with the

ABS Cause of Death National Project Centre on an education strategy, which includes programs for trainers, clinical coders, clinicians, and other users of the classifications such as epidemiologists and administrators. In addition, NCCH Brisbane has been involved in a series of ICD-10 'train the trainer' sessions for coders in South East Asia, conducted under contract to WHO. A number of WHO Fellows have also been placed at NCCH Brisbane to learn about ICD-10 and related health information systems in Australia.

In late 1997 NCCH Brisbane was funded by the South East Asia regional office of WHO to prepare and present a short course aimed at improving the collection, management and use of health data to medical record technicians in the region. Visits to several countries by the project manager to view local health information systems, and visits to NCCH by technical advisers to WHO, have occurred. The first 'train the trainer' session, attended by 10 students, was held in June 1998. It is hoped that the course will eventually be self-sustaining in the Asian countries in which it is piloted.

NCCH Brisbane has supervised a number of student research projects in the area of mortality data quality and plans further work in this area. In particular, an analysis is under way on the effects of the introduction by the ABS of automated cause of death coding software from the US National Centre for Health Statistics.

National health record linkage

In late 1996 AHMAC endorsed a proposal for the Institute to adopt a leading national role in health record linkage for statistical and research purposes. In implementing this mandate the Institute is planning a collaborative project with the University of Western Australia and the Health Department of WA using the WA Linked Database as the source of linkage data. The project will also require access to Medicare and Pharmaceutical Benefits data from the Health Insurance Commission in a form suitable for record linkage.

Population database

An AIHW population database was established in 1997-98, to be a repository for Australian population estimates and projections. All Institute staff have access to this database and demographic advice, to ensure use of uniform population datasets in health- and welfare-related analyses.

International collaborations

The Institute is responsible for supplying Australian health data and health-related data to a number of international organisations, including the Organisation for Economic

Co-operation and Development (OECD) and WHO. Australian statistics for indicators in the OECD health database were updated during 1997-98. Health statistics compiled by the OECD on its member countries were also made available for analysis within the Institute, and to outside researchers and policy makers.

Information services to Public Health Division, DHFS

An AIHW outposted unit (Public Health Data and Information Services Unit) was established in the Public Health Division of DHFS in July 1997. The Unit provides a range of statistical and information support services to the Division. Achievements during the year included:

- establishment of a 'help-desk' access point for assistance with public health data and information services, including planning, analysis and reporting of public health and related information activities;
- enhanced coordination of information activities within and outside the Public Health Division, including liaison with subject areas of the Institute;
- conceptual development of an information management framework for the Public Health Division;
- commencement of the 1998 National Drug Strategy Household Survey, being managed by the Institute. Survey findings will be reported during 1998-99.

Key aspects of the 1998 National Drug Strategy Household Survey include:

- The survey is being conducted under the auspices of the AIHW Ethics Committee.
- The Unit is managing the contract with Roy Morgan Research to conduct the fieldwork for the survey.
- The Institute is to be the repository for the identifiable unit record file resulting from the survey, and will be publishing key reports.
- A non-identifiable, public-use dataset will be available through the Social Science Data Archives at the ANU. This dataset will have fields modified to ensure confidentiality of the respondents.

Evaluation

Release of *Australia's Health 1998* on 25 June, and the accompanying Australia's Health Conference provided a good opportunity for feedback and assessment of the Institute's health statistics work. A broad-based attendance at the conference and keen media interest and reporting throughout the day and beyond gave an indication that the report was well received. Planning for *Australia's Health 2000* is to commence soon and will draw on this valuable feedback.

Timeliness of release of regular health statistics outputs continued to be a focus of attention in 1997-98. Although late supply of data continues to put pressure on deadlines,

the Institute has for the second time released *Australian Hospital Statistics* within 12 months of the end of the reference year. With reporting on hospitals now up to date the Institute has reintroduced performance indicator reporting in its publication. In recent years performance indicators have appeared in reports by the National Health Ministers' Benchmarking Reporting Group or the COAG *Report on Government Services*. The range of performance indicator material remains deficient, however. As noted in the COAG report for 1998, indicators of quality of care provided by hospitals are lacking.

The report *Cancer in Australia 1991-1994*, ready at end year for Ministerial release on 2 July, has improved timeliness of important cancer monitoring information but has not yet reached the target of release within 36 months of the reference period.

The National Death Index improved in timeliness, to be within two months of the reference period for all States and Territories. New approaches were developed to deal with name variations, via the establishment of an alternative names database. Progress with data linkage, a new project for AHMAC, was slowed by the need to commit resources to preparation for commencement of a new Diabetes Register on 1 September 1998

An MOU for provision of public health information services, signed in April 1997 with the Public Health Division of DHFS, stretched the Health Division's resources considerably during 1997-98. The task of recruiting the skilled staff needed for monitoring in a range of fields relevant to public health and for new data development was more difficult than anticipated. By the end of the year work on all activities covered by the MOU was well established. However, the Department decided to withdraw one activity from the arrangement, national nutrition monitoring, advising the Institute that it would proceed to contract the work elsewhere. Indications from the experience of implementing the public health information services are that the need to attract suitable staff will be a constraint on the Institute's capacity for growth.

An agency-wide MOU, signed with DHFS on 1 July 1997, provides a framework for simplified agreements for outsourcing specific information activities from the Department and simplified contract administration. However, not all agreements that have been negotiated subsequent to the signing of the MOU have been specified in terms of the simplified project schedule that it envisaged. Payment arrangements have likewise continued to resemble a system associated with separate contracts. Greater security of contracting for the life of the agreement (3 years) has, however, provided a tangible benefit to the Institute.

For its monitoring of several aspects of population health the Institute perceives the need for national biomedical risk factor information. A workshop conducted during the year has identified priorities and some issues. The Institute will continue to give priority to development of its proposal to conduct a survey and in particular to seek a funding source.

NPSU maintained its active collaboration with State and Territory perinatal data groups and with all IVF units and neonatal intensive care units in Australia and New Zealand. Other opportunities for collaboration with professional and hospital groups are being pursued in NPSU's new environment. The reports on Australia's mothers and babies and assisted conception have enabled considerable publicity of issues concerning reproductive and perinatal health services and outcomes.

NPSU's move to the University of New South Wales has required extensive changes to the Unit's computing system and programming, eventually resulting in more efficient and timely production of reports. The appointment of Dr Elizabeth Sullivan to the new position of Deputy Director in May 1998 will enhance the Unit's capability to extend the range of national reproductive and perinatal health data systems.

The first year of operation of NISU as a program of the Research Centre for Injury Studies was generally satisfactory. Adaptation to university administrative systems took time and effort, but was achieved successfully. The chief source of problems was the difficulty experienced in filling some of the positions in the new Unit. Despite energetic recruitment efforts, one key position was vacant for the whole year and another for 10 months of the year. The very small pool of people with appropriate qualifications and experience appears to be the main reason for the difficulty. However, with strengthened teamwork amongst the available staff, the list of delivered outputs did not vary substantially from the plan.

All planned injury surveillance reports were produced, though later than planned due mainly to the reduced complement of staff. Dissemination of injury information on paper and through the Internet continued as planned. Slippage occurred in several other projects. Most were complete or almost complete at the end of the year, though not yet published. The project concerned with the assessment of needs and opportunities for improved surveillance of brain injury made less progress than expected, which reflects the nature of the brain injury field, and will need to be continued next year at a lower intensity to realise the planned deliverable.

The work and functioning of the DSRU were formally evaluated as part of an external review conducted during 1997. The review panel congratulated the Unit on its

excellent record in the development and production of dental statistics. The panel noted that the Unit had produced a high quality and valuable range of published work on dental statistics and was helpful in providing expert advice to external requests.

The external review recommended that consideration be given to the establishment of a Dental Research Centre with the Unit operating within it so that a wider range of oral epidemiological activities could be pursued. The proposed National Adult Dental Survey 1999, the first of a rolling series of national oral epidemiological studies is the most prominent of these activities. Considerable emphasis is also being placed on adult oral health and access to dental care in an effort to provide information relevant to policy development in dental services to disadvantaged Australians.

Within existing activities there is a need to improve the quality of child dental health statistics and the contribution of these statistics to the evaluation of outcomes of school dental services. Greater collaboration with the Health Labour Force Unit of the AIHW is required in the collection and analysis of dental labour force data. DSRU will place greater emphasis on the range of dental occupational groups covered, and on research on supply and requirements within the dental labour force.

Welfare-related information

For AIHW work program purposes, the scope of welfare services is aged care (including residential and community care), disability services, child care (including preschools), family support services, child welfare (including juvenile justice), supported accommodation assistance and emergency relief and crisis services.

The Institute works with community services and housing agencies of all jurisdictions, the ABS, and non-government peak organisations in its data development, collation and dissemination.

The AIHW has had a significant role in developing the National Community Services Information Agreement and the *National Community Services Data Dictionary* – key components of the framework within which national community services information development can occur in a structured and nationally consistent manner.

The Institute has contributed significantly to the development of performance indicators in the community services sector. This work has been undertaken in conjunction with the Commonwealth and the States and Territories. AIHW has provided specialised data support to the Steering Committee for the Review of Commonwealth/State Service Provision for the Committee's annual report. The Steering Committee's reporting on government service provision has been enhanced by improvements in the Institute's data holdings.

Internationally, AIHW has continued to collate and provide Australian community services and welfare data to the OECD for its annual comparative work on social protection in OECD countries. The AIHW is a WHO Collaborating Centre for the International Classification of Diseases and the International Classification of Impairments, Disabilities and Handicaps (ICIDH). As an active member in the current review of the ICIDH, the Institute consolidates and channels Australian comments and suggestions to WHO.

This chapter sets out the Institute's achievements in the field of welfare-related information for the year. An analysis of achievement against program budget targets is in Appendix 9. Other descriptions of significant achievements in the field of welfare-related information are included in 'Health information' (page 14).

National Community Services Information Agreement

With the exception of the Western Australian State Government, all Commonwealth, State and Territory government authorities with responsibility for welfare statistics have now signed the National Community Services Information Agreement (NCSIA). Western

Australia's absence has been offset somewhat by active informal contributions to further the objectives of the Agreement.

During 1997-98 the AIHW assisted in the implementation of the Agreement by providing the secretariat to both the National Community Services Information Management Group (NCSIMG) and its Data Committee, both of which were established under the Agreement. The AIHW provides the Deputy Chair of NCSIMG and Chair of the Data Committee. The Standing Committee of Community Service and Income Security Administrators (SCCSISA) decided that there should be an agreed national plan for the development of community services data and requested the NCSIMG to undertake the task. The NCSIMG, with assistance from AIHW, developed a draft National Community Services Information Development Plan, identifying priority areas and plans for data development. The AIHW is assisting the NCSIMG in its consultations with both government and non-government stakeholders on this draft Plan. The Plan will be submitted to SCCSISA for endorsement, and is expected to have important positive impacts on the improvement of data in the community services sector.

National Community Services Data Dictionary

Version 1.0 of the *National Community Services Data Dictionary*, developed and compiled by the National Community Services Data Committee in conjunction with AIHW, was released in June 1998. The compilation of this, the first national data dictionary for community services, was requested by the NCSIMG, and was jointly funded by the AIHW and SCCSISA. The Data Dictionary contains a data model that provides an organising framework for the data dictionary entries.

Australia's Welfare 1997

The Institute is required by section 31 (1A)(b) of the AIHW Act to submit to the Minister a biennial welfare report. The Minister for Family Services, the Hon. Warwick Smith, launched the third edition of *Australia's Welfare* on 20 November 1997 at Parliament House. The report was tabled in Parliament on the same day. For the first time, the launch of *Australia's Welfare* was accompanied by an all-day conference to discuss the issues surrounding welfare services information and future priorities. At the conference, several *Australia's Welfare* authors presented and discussed their contributions.

Aged care services

The Institute produced the first of an annual statistics series on residential aged care, with the publication of 1995-96 data on nursing homes and hostels. The next volume in the series, *Nursing Homes in Australia 1996-97*, has been completed, and will be published early in 1998-99. These publications fill an important gap in the

availability of aged care information to the public. With the amalgamation of nursing homes and hostels in 1998, plans have been developed to publish a joint volume starting in the next financial year.

A publication entitled *Older Australia at a Glance* was released jointly with the Department of Health and Family Services (DHFS) to coincide with the 1997 World Congress of Gerontology meeting in Adelaide. The publication, comprising 37 'facts sheets' was very popular and was reprinted after the meeting to meet demand. The publication was also placed on the Institute's Internet web site.

Work has continued on the analysis of the balance of care provided to older people across nursing homes, hostels, and the various forms of home or community based care. Output from this work included the report *Community Aged Care Packages: How Do They Compare?*

Home and Community Care service standards instrument

Home and Community Care (HACC) officials from the Commonwealth and States commissioned the AIHW to refine and test the HACC service standards instrument. The instrument is intended for use in monitoring the quality of HACC services. The revised instrument has been accepted by HACC officials for implementation in monitoring service quality in the HACC program. A report on the project, entitled *Developing Quality Measures for Home And Community Care*, has been completed and will be published in the Aged Care Series.

HACC national minimum data set project

The Institute was commissioned by HACC officials to develop items and definitions for a new HACC national minimum data set (NMDS), including a proposed method of linking records on the same individual for statistical purposes only. Connections with other relevant national collections were reviewed as part of this process. The HACC Data Dictionary Version 1.0 was completed and presented to HACC officials. A report on the project has also been completed.

Probability of nursing home usage

An analysis of the probability of nursing home usage over a lifetime was undertaken. This work is made possible by the availability of quality data from the DHFS's nursing home administration system. Results of the analysis have been published in a working paper and are available to both government agencies and nursing home service providers.

Disability services

Commonwealth/State Disability Agreement NMDS for disability services

The AIHW developed and coordinated the Commonwealth/State Disability Agreement (CSDA)

NMDS in cooperation with all Australian jurisdictions under the auspices of the Disability Services Subcommittee (DSSC). It is now in its third year of data collection. A report on the 1996 national collection was released, and material prepared as feedback to data providers. For the first time national disability services performance indicators were included in this report at the request of the DSSC. Enhancements to the collections were recommended to DSSC following collective review by all jurisdictions and AIHW. The 1997 collection was conducted on a snapshot day in September 1997, and data were received from all jurisdictions by June 1998.

DSSC decided in June 1998 to pilot the use of a linkage key in the collection in 1998-99 so that multiple service use on the snapshot day can be identified. This extension has been approved by the Welfare Ethics Committee and ensures the linked data can only be used for statistical purposes.

National information management system for open employment services for people with a disability

Commissioned by DHFS, the National Information Management System (NIMS) has been run by the Institute since 1 January 1995. After consultation with service delivery agencies and data users, the annual reporting basis for the collection changed from calendar year to financial year. This change means the data can be used more conveniently for financial year reporting by the agencies and DHFS. A report on financial years 1995-96 and 1996-97 was completed for release in the latter half of 1997-98. Ongoing enhancement of the system has occurred and more significant redevelopment is planned in cooperation with industry representatives and DHFS.

Disability data development

Guided by the Disability Data Reference Advisory Group (DDRAG), work has progressed on the development of standard terminologies, definitions and classifications in the disability field. National and international elements of the work program include the development of nationally consistent data definitions and the revision of the International Classification of Impairments, Disabilities and Handicaps (ICIDH). In response to several reports calling for greater national consistency in disability data in Australia, the AIHW released a discussion paper on how this consistency might be achieved. The paper provided the focus for discussion by the community, government and non-government service providers, including a special series of discussions with Commonwealth departments.

A series of tests of the draft ICIDH-2, released by WHO in 1997, is being undertaken with the support of DHFS. During the year AIHW, as the Australian WHO Collaborating Centre for ICIDH, prepared reports to WHO

representing the Australian position on the ICIDH-2 revision. This position was established after consultation in the field, and tests of the first public draft of ICIDH-2.

Indigenous disability data

In keeping with the Aboriginal and Torres Strait Islander Health and Welfare Information Unit's (ATSIHWIU) interests in assessing and improving data quality, staff have undertaken an analysis of the quality of disability data from Indigenous respondents in the 1995 National Health Survey. In addition, a workshop on Indigenous disability data, sponsored by DHFS, AIHW and ABS, was held in Canberra in April 1998. This meeting followed on from the successful workshop on improving the identification of Indigenous people in administrative health collections, held in Brisbane in 1996. It is anticipated that workshops covering other areas of interest will be held in the future. The proceedings from the Canberra workshop were published as *Indigenous Disability Data – Current Status and Future Prospects: Report on Proceedings of the Canberra Workshop, April 1998*. Among the reports presented at the workshop was a summary of an ATSIHWIU survey of disability service providers in South Australia and Victoria to investigate Indigenous identification practices in collections covered by the CSDA.

National picture of disability services

This project develops and provides a national statistical picture of the demand for and supply of services in Australia to people with a disability – specialised services as well as relevant mainstream services and assistance. Output from this work was published in *Australia's Welfare 1997*.

Cost of unmet demand

In August 1997, DHFS, on behalf of DSSC, commissioned the Institute to conduct a study of the cost for meeting the unmet demand for disability support services in Australia and the projected growth in demand over the next 5 years arising from demographic and related factors. A report was finalised in December 1997, and has provided information for the renegotiation of the CSDA. This project was not in the forward work program but was undertaken because of the importance of the work.

Children and family services

The role of the Institute in the child protection area is to develop and collate data from each jurisdiction on child abuse and neglect, children on care and protection orders, children in out-of-home care and adoptions, and to analyse and publish these statistics annually.

Child protection

This year, for the first time, data on child abuse and neglect, children on care and protection orders and children in out-of-home care have been incorporated into one report, *Child Protection Australia 1996–97*. This report will be released in August 1998. While it did not meet the target date for publication of April 1998 because of problems with timeliness of data supply, the report will be released within 12 months of August 1997—the end date of the year’s collection. The three collections were brought together to provide better information at the national level on the children who come into contact with community services departments for protective reasons. The scope for regional analysis of child protection data is under investigation.

The AIHW commissioned a scoping study of the relationship between juvenile welfare and juvenile justice during the year. This scoping study will give a framework for future statistical development in this area.

A report containing 1996–97 data on adoptions was released in June 1998.

In November 1997, a new working group on child protection data was created under the auspices of NCSIMG to replace two existing data committees. The group—the National Child Protection and Support Services Group—is comprised of representatives from State and Territory community services departments and AIHW. The Institute provides the secretariat. The main role of this group is to develop nationally consistent and comparable data in the child protection and family support services areas.

Child care

The Children’s Services Data Working Party was established in April 1998, also under the auspices of NCSIMG. The primary purpose of this group is to develop consistent and comparable national children’s services data and to streamline the collection of such data. The membership of the working party includes representatives from DHFS (which chairs the group), relevant State and Territory departments, the Institute and the ABS.

The Institute contributed significantly to the development of performance indicators, data definitions and counting rules in the area of protection and support services, and children’s services, for the 1998 COAG *Report on Government Services*.

A joint project with DHFS was initiated during the year to review the quality of data collected through the annual Child Care Census. This review will identify data necessary for the administration and monitoring of child care and related programs and will form the basis for the development of future Child Care Censuses.

Supported accommodation and crisis services

The Institute established the Supported Accommodation and Crisis Services Unit in 1997–98 to consolidate its work in developing, maintaining and disseminating information related to the provision of services to people who are homeless and/or in crisis.

Supported Accommodation Assistance Program National Data Collection

In its role as the National Data Collection Agency, the Institute continued to manage the Supported Accommodation Assistance Program (SAAP) National Data Collection, which provides information on the provision of supported accommodation and related services to people who are homeless or at risk of becoming homeless.

The release of the 1996–97 National Data Collection annual reports was a major milestone for the Institute. Individual agency reports were distributed to all 1,110 SAAP-funded agencies in early October 1997. State and Territory reports and a national overview report were published in December 1997. Improvements in securing the timely release of administrative data from State and Territory departments ensured that 1997–98 mid-year agency reports were distributed on time in February–March 1998 and will expedite the release of 1997–98 annual reports.

The first comprehensive data collection on accompanying children covered by SAAP was developed and successfully conducted in May and June 1998 in a six-week collection. Individual agency reports and a national overview report on children in SAAP will be released in 1998–99.

The SAAP management and reporting tool (SMART) is a database application developed by the Institute to assist SAAP agencies in the collection and use of information. Version 1.0 of the application was completed in September 1997. An upgrade of the software, incorporating changes to the 1997–98 National Data Collection, is due to be completed in July 1998.

After more than 2 years of managing the National Data Collection, the Institute's work in this area was externally reviewed between October 1997 and March 1998. The evaluation report, finalised in May 1998, recognised the enormous achievement that had been made in establishing the collection, and highlighted the high regard in which all key stakeholders hold the Institute.

The Youth Homelessness Pilot Project data collection

In recognition of its work in maintaining the SAAP data collection, the Institute was asked to manage a data collection on the Youth Homelessness Pilot Project—a Commonwealth government initiative to evaluate a number of early intervention strategies for young homeless people. The Institute's involvement in the collection

commenced in November 1997. Quarterly reports are distributed to all 26 pilot agencies. A national interim report was presented to the Prime Ministerial Youth Homeless Taskforce in March 1998, and the final report of the collection is due in September 1998.

Scoping study of crisis services

The AIHW commissioned the Australian Council of Social Services to undertake a study of the extent and structure of crisis services in Australia. The study was completed in June 1998, and will provide a framework for data development work in this area in the future.

Housing assistance

Significant changes to the information needs of stakeholders in the area of housing assistance affected the Institute's housing assistance work in 1997-98. This followed a review of the Institute's role in housing information by a Committee of the Board. The work program has now altered substantially to focus on data development across the housing sector.

Commonwealth-State Housing Agreement data development and data standards

In 1997-98 there was a significant expansion of the Institute's role in the development and collection of data for performance measurement of the programs in the Commonwealth-State Housing Agreement (CSHA). For the first time all six CSHA program areas were covered: public housing, community housing, the Crisis Accommodation Program, the Aboriginal Rental Housing Program, Home Purchase Assistance and Private Rental Assistance. The need to rapidly develop data standards for all areas has required the AIHW to embark on development work on data standards across CSHA programs and development of a CSHA data framework.

The AIHW organised and chaired the first meeting of the CSHA performance indicator data subgroup in March 1998. This was the first time a meeting of Commonwealth, State and Territory housing representatives had been specifically devoted to CSHA data issues.

Indigenous housing data issues

The AIHW, through its representation on the Data Working Party of the Commonwealth-State Working Group on Indigenous Housing, assisted in the development of Indigenous housing assistance data in a range of areas to improve the monitoring of outcomes in the provision of housing assistance to Indigenous communities.

In 1997-98 the working group developed a proposal for a National Indigenous Housing Data Management Strategy

for the definition, collection, interpretation and dissemination of national Indigenous housing data.

Major data development work was undertaken in 1997–98 on performance measures for Indigenous community-managed housing. This represents the first stage of developing uniform measures for Indigenous housing programs. The AIHW also developed the data collection manual and collection form for use in data collection for 1997–98.

Development of housing assistance information infrastructure

In both mainstream and targeted housing assistance there has been increased emphasis in 1997–98 on uniform information to examine outcomes and accountability. This has increased the need for national coordination and support. Currently, housing assistance information lacks a national infrastructure such as the NCSIA to manage issues such as varying data quality, lack of standard data definitions and poor links between housing assistance information and health, community services and income support information.

To address these concerns the AIHW submitted a paper to the March 1998 meeting of Housing CEOs raising the need for management, at national level, of the development of data standards and quality for housing assistance information. CEOs supported the proposal that the AIHW manage the further enhancement of national housing assistance information and requested it develop a proposal for consultation with stakeholders on their views on this issue, and on resource implications.

Analysis of housing assistance information

During 1997–98 the Institute undertook a range of housing assistance data analysis work, providing expert advice to stakeholders in areas such as needs analysis, housing affordability estimation, resource allocation and the development of imputation techniques for rent assistance, rent rebate and income tax.

Welfare services expenditure

Data on welfare services expenditure for 1995–96 were released in July 1997, and included, for the first time, information showing that welfare services expenditure was 1.8% of GDP. Analysis of the large contribution by volunteers and household members to the provision of welfare services was published in *Australia's Welfare 1997*. Two discussion papers, one on the framework for the estimation of the contribution by volunteers and households to welfare services, and the second on the methods and estimates, were completed.

Australian welfare services expenditure data are routinely provided to the OECD for inclusion in its social protection databases.

Evaluation

Much progress was made in the development and publication of national data on all sectors in community services. Routine information on disability and child protection was published with improved timeliness. National data on residential aged care were published by the Institute for the first time, and important progress was made in housing assistance data development. Comprehensive data on SAAP services and clients were published and are assisting the current State and national evaluation of the SAAP program. In addition, significant ad hoc projects were completed, to the satisfaction of stakeholders.

The momentum generated in the past few years will be maintained under the NCSIA and arrangements to be made by Housing CEOs. The National Community Services Information Development Plan will provide the national priorities for future work programs, including that of the AIHW. Work is required to fill the gaps in community services and housing information, to further standardise data definitions, collections and classifications to enable comparison to be made and to harmonise data across the various community services sectors.

Information management and business services

The Information Management and Business Services Division at AIHW supports the Institute by providing a range of technical and administrative services fundamental to the Institute's program activities. Business services provided by the Division include financial administration and human resource management, and a particular focus on corporate communication and public affairs. The Division also provides a range of professional services for management of the Institute's information technology, data and metadata resources.

Change of desktop platform

Consistent with the directions announced in the Institute's 1996-97 IT strategic plan, the general desktop computing environment was reviewed and replaced during the year with a contemporary PC-Windows platform supplied on a rolling lease basis. Tenders for the project were invited during July 1997 and evaluated during August and September. The eventual contract for the project was signed in September.

The project was undertaken through a contracted 'prime systems integrator', with the Institute's own technical staff maintaining a close involvement with all aspects of procurement, installation and conversion. Supply, configuration, file transfer and eventual cutover to the new system were scheduled to enable transition to the new environment over a single weekend in October 1997. Comprehensive staff training at both introductory and 'follow-on' levels provided a sound working knowledge of the new environment and ensured that the changeover achieved the desired productivity improvements.

The move to lease rather than purchase desktop hardware achieved an improved capacity for dealing with technological change as well as providing necessary capacity for incremental upgrade and expansion. The changeover was achieved on schedule, within budget, and with negligible disruption to normal operations.

Metadata systems

The Institute's 1996-97 report announced the development of a major new product for the management of metadata (the identifying, definitional, relational, representational and administrative attributes of data elements). Released on 1 July 1997, and based on an innovative implementation of international standards, specifically ISO/IEC Standard 11179 *Specification and Standardisation of Data Elements*, the National Health Information Knowledgebase provides integrated access to health and (shortly) community service data dictionaries and data models, as well as a significant register of Australian data collections.

The Knowledgebase provides a useful capacity to support data and metadata development activities in other agencies. Operating as 'registration authorities' within the framework of ISO 11179, agencies are able to use the Knowledgebase to develop their own data definitions in a standardised, high quality environment that encourages and benefits from mutual support and inter-agency cooperation. Several State and Territory health authorities have expressed interest in collaborating in this initiative.

In July 1997 the Knowledgebase was presented by invitation to a joint working group of the International Standards Organisation in Berkeley, California. The presentation received widespread critical acclaim and prompted invitations for collaboration with the International Standards Organisation on the wider development of metadata standards. The Institute was also invited to become a special adviser to a coalition of US federal departments seeking to establish a suitable collaborative framework for the development of a federal metadata registry for health insurance portability and accountability, and other purposes.

The Knowledgebase is accessible on the Internet via the Institute's web site.

Information technology and telecommunications

The Information Technology Unit provides a core of professional and technical expertise for information technology and telecommunications purposes. In addition to overseeing the substantial changes to the desktop computing environment during 1997-98, and consistent with the Institute's IT Strategic Plan, the Unit paid considerable attention to enhancing on-line communication capabilities via electronic mail and the Internet.

During the reporting period on-line security issues were addressed in accordance with best practice guidelines, a process involving both contracted consultancy support, and ongoing consultation and cooperation with the Defence Signals Directorate (DSD). External 'dial-up' access to the Institute's data and administrative systems servers continues to be specifically precluded as a matter of corporate policy.

Corporate data management

The Data Management Unit provides a centralised resource of technical expertise for the management of large databases, and represents an important support service for the data collection and analysis areas of the Institute. It provides specialist support for the acquisition of data as well as its receipt, loading and validation, and ensures optimal availability of data for use in a structured analytical environment.

The Unit contributed significantly to the preparation of an AIHW information privacy and data security review (see

'Highlights', page 9) and will be a key resource in its implementation. The review identified an urgent need to establish a comprehensive central corporate register of AIHW data holdings and to make that register accessible to potential researchers as well as Institute staff. A working prototype registry has been developed and is under evaluation by a number of designated data custodians. Subject to that evaluation, the prototype will move to formal construction during the coming year.

Staff of the Data Management Unit were responsible for developing the AIHW Intranet, installing and managing the Web server and developing a range of applications enabling staff to gain more effective access to the Institute's information and technology resources. This includes access to the Knowledgebase—technical and developmental support for which is provided from the Unit's staff and resources.

National information development

The National Information Development Unit provides coordination and technical support for the National Health Data Committee and the National Community Services Data Committee.

During 1997–98 the Unit produced version 7 of the *National Health Data Dictionary*, a data management reference source which provides a set of data items and definitions to enable the collection of uniform data to describe and compare health-related services throughout Australia. Version 7 of the dictionary continues the Institute's commitment to ISO/IEC Standard 11179, *Specification and Standardisation of Data Elements*. The current dictionary continues to be widely used in the Australian health care system. The dictionary and its development process has attracted widespread interest within Australia and overseas. The Unit also provides guidance on the application of the National Health Information Model for sector-specific information developments.

The first *National Community Services Data Dictionary* was released in June 1998. It was developed in similar style to the *National Health Data Dictionary*. In an effort to maintain consistency between the two dictionaries where possible, the *National Health Data Dictionary* serves as the source document for several data items.

In early 1998, the National Information Development Unit's Head, Mr Joe Christensen, was appointed as foundation convenor for the International Standards Organisation's new technical committee convened to address the restructure of ISO/IEC Standard 11179 and the establishment of a range of wider standards for data and metadata registries. This significant honour recognises the Institute's general achievements in metadata systems.

Corporate communication

The Institute's corporate communication activities comprise public affairs, marketing, and electronic and print publishing, and are conducted by its Communication and Public Affairs Unit. While most public affairs, marketing, Internet and related activities are conducted in-house, editorial, desktop publishing and graphic design functions are largely outsourced.

Thirty public releases and special events were conducted during 1997-98, a similar number to the previous year.

A major innovation was the holding of one-day conferences to coincide with the launching of the Institute's two major publications: *Australia's Welfare 1997* (launched November 1997) and *Australia's Health 1998* (launched June 1998). Participants judged the conferences highly successful. Both conferences were self-funding through the charging of a modest registration fee.

Publications sales outlets were broadened through an agreement with ABS to make major AIHW publications available in ABS Bookshops and through its mail order service. These arrangements supplemented the AIHW's major distribution channels, AusInfo's Government Info Shops and mail order service. (AusInfo was formerly the Australian Government Publishing Service.)

The Institute's publications selling arrangements with AusInfo were changed during the year to a consignment arrangement for all publications. Previously some publications were sold on consignment, and the majority for a small fixed fee per order on terms that were very favourable to AIHW. During the year AusInfo elected to abandon the latter part of the arrangements. The new arrangements have altered publications revenue for the Institute in that the revenue received from AusInfo is now net of costs, whereas previously AIHW received the majority of revenues as gross amounts, with selling costs paid separately to AusInfo. This is the major reason for publications revenue being 41% down on the previous year's. It does not reflect a drop in sales.

The Institute's web site on the Internet was further developed during the year, with the Institute making full-text PDF (portable document format) versions of its major publications available on-line free of charge. This innovation does not appear to have harmed print publication sales. A redesign of the Internet site is currently under way and will be introduced early in 1998-99.

A new corporate communication strategy was presented to and endorsed by the Board at its June 1998 meeting. The strategy is focused on increased commitment to electronic outputs via the Internet and related media, increasing provision of interactive electronic databases to clients, and a new emphasis on business development activities.

Library and document management

The Library holds a small but specialised collection of journals and monographs which support the work of the Institute. During 1997–98 increasing reliance has been placed on the Internet as a tool for the location and acquisition of relevant material. The AIHW library adopted the new DHFS portfolio library management system (Horizon) during the year.

The Library maintains active relationships with other libraries and belongs to a national free inter-library-loan network, Gratis. Access to all major bibliographic databases in the health and welfare fields is available either on-line or in-house. Reciprocal arrangements are in place with several other Canberra libraries, and exchanges of publications occur with a number of similar organisations overseas.

A new records management system (TRIM) has been selected for the Institute, and implementation will commence early in 1998–99.

Human resources management

The Institute experienced an increase in staffing levels, particularly of ongoing positions, over the year. At 30 June 1998, 148 people were employed at the Institute. During the course of the year, 180 people were employed on a temporary basis for varying periods of time. Employment arrangements at 30 June 1998 were:

- the Director was employed under the *Australian Institute of Health and Welfare Act 1987*;
- 140 staff were employed under the Public Service Act; and
- 7 staff were engaged through an employment agency.

A breakdown of staff characteristics at 30 June 1998 is provided in Tables 1–3. 'Permanent staff' refers to staff employed permanently by the Institute, including inoperative staff. 'Temporary staff' refers to staff employed by the Institute either on transfer from another Australian Public Service employer, engaged on either short- or fixed-term contracts under the *Public Service Act 1922*, or engaged under a contract of service, or on secondment from another organisation.

Table 1: Staff at 30 June 1998

Status	Female	Male	Total
Full-time permanent	40 (38)	43 (40)	83 (78)
Full-time temporary	27 (20)	11 (14)	38 (34)
Part-time permanent	10 (7)	1 (0)	11 (7)
Part-time temporary	12 (3)	4 (2)	16 (5)
Total	89 (68)	59 (56)	148 (124)

Note: Figures in brackets are for 30 June 1997.

Table 2: Institute staffing profile at 30 June 1998

Status	Female	Male	Total
Director	0 (0)	1 (1)	1 (1)
Senior Executive Service Band 1	0 (0)	3 (3)	3 (3)
Academic Level 5	0 (0)	1 (1)	1 (1)
Senior Officer Grade B	6 (2)	12 (9)	18 (11)
Academic Level 3	1 (1)	1 (5)	2 (6)
Senior Information Technology Officer Grade B	0 (0)	1 (1)	1 (1)
Senior Officer Grade C	23 (17)	16 (15)	39 (32)
Senior Professional Officer Grade C	1 (1)	0 (0)	1 (1)
Senior Information Technology Officer Grade C	0 (0)	2 (2)	2 (2)
Academic Level 2	0 (3)	3 (3)	3 (6)
Information Technology Officer Class 2	0 (0)	3 (2)	3 (2)
Public Affairs Officer Grade 2	1 (1)	0 (0)	1 (1)
Administrative Service Officer Class 6	21 (13)	4 (5)	25 (18)
Public Affairs Officer Grade 1	0 (0)	1 (1)	1 (1)
Administrative Service Officer Class 5	14 (11)	6 (2)	20 (13)
Academic Level 1	2 (3)	1 (1)	3 (4)
Administrative Service Officer Class 4	6 (4)	3 (2)	9 (6)
Administrative Service Officer Class 3	7 (6)	1 (2)	8 (8)
Administrative Service Officer Class 2	7 (6)	0 (1)	7 (7)
Total	89 (68)	59 (56)	148 (124)

Note: Figures in brackets are for 30 June 1997.

Table 3: Staff movements during 1997-98

Status	In	Out	Total
1 July 1997	124		124
Appointments	16		16
Promotions/transfers	7	(5)	2
Contracts (incl. temporary transfer)	42	(27)	15
Retirements		(2)	(2)
Resignations		(7)	(7)
30 June 1998	189	(41)	148

Note: Figures in brackets are negative numbers.

Diversity

The Institute currently participates in the Health and Family Services portfolio's Workplace Diversity Program. In line with government requirements, however, the Institute is now developing its own Workplace Diversity Program which will contain initiatives to ensure no discrimination against women, Aboriginal and Torres Strait Islander people, people of non-English-speaking

backgrounds and people with disabilities. The Program will also support staff with family and cultural responsibilities. Appropriate performance indicators are being developed so that the Program's outcomes and its effectiveness can be monitored and evaluated.

During 1997-98 the number of female employees, and employees from non-English-speaking backgrounds, increased. A substantial review of EEO staffing profiles and statistics was undertaken through the year to improve the Institute's ability to report on EEO matters. A breakdown of the various equal employment opportunity groups within the Institute, which include adjusted figures following the review, is shown in Appendix 7.

The National Centre for Aboriginal and Torres Strait Islander Statistics in the ABS employs five Indigenous staff, all of whom contribute to the ATSIHWIU work program (ATSIHWIU is described elsewhere in this report).

Workplace relations

The Institute has a consultative and collaborative management style. Staff are represented on the AIHW Board and participate in, and receive feedback on, higher management matters through that forum. Regular and ad hoc staff consultative meetings are held with senior management on matters of importance. Such meetings are held at Institute, Division and Unit levels.

Formal staff consultation and information meetings were held throughout 1997-98 during development of the Institute's Certified Agreement. A forum with elected staff, management and union representatives ran focus groups among Institute staff to develop a Staff Position Paper for management to assess against its proposal for a Certified Agreement. At the end of that process, management decided to negotiate a Certified Agreement with unions, after the unions had undertaken to consult with all staff throughout the negotiations. A handshake agreement was reached in June 1998, and certification is under way.

The Institute's Joint Consultative Council met in September 1997. The composition of the Council (union representatives and management) was found to be not in line with government policy on consultation and freedom of association. The Council has not met since that time.

Occupational health and safety

The Institute maintained its good health and safety record with no reports of major injuries or safety incidents throughout the year.

The Institute's Occupational Health and Safety Plan was finalised and agreed to by all parties. The Occupational Health and Safety Committee met on three occasions during the reporting period.

Comcare undertook a planned workplace investigation of the Institute under the *Occupational Health and Safety (Commonwealth Employment) Act 1991*. The Institute received a favourable report, with the inspector commenting on the very strong work ethic evident among staff and the general view that staff receive strong support from management in both work and family matters.

The Institute was found to be generally compliant with its obligations under the Act, although minor adjustments were recommended with respect to training and supervision, and workplace environment. As a result, Senior Officer training programs have been adjusted to include information on the OH&S responsibilities of managers and supervisors, and an assessment of tasks that expose employees to risk of work-related injury is planned. A program to control any hazards identified by that assessment will be developed and implemented.

The Institute signed a 12-month contract with a new Employee Assistance Program Provider, EASACT Davidson and Trahaire (EASACT). EASACT commenced delivery from 1 January 1998 and are contracted until 31 December 1998. The program continues to offer staff and their families confidential professional assistance in resolving workplace problems, or personal problems affecting their work.

Audit Committee and internal audit services

The Audit Committee met three times during the year. The key elements of the Committee's activities were review of financial reports to the Board, endorsement of the Internal Audit Strategic Plan and review of the external audit report.

Internal audit services for AIHW are provided by Bird Cameron Partners, who were engaged for 3 years commencing 1 July 1996. An Internal Audit Strategic Plan was developed during the year which identified and prioritised all activities of AIHW in accordance with overall risk. Areas internally audited in 1997-98 were liability systems, contract revenue, and information technology-related processing, operating and access control systems.

Fraud control policy

A draft Institute Fraud Control Plan was developed during the year. The draft Plan had its origins in a detailed fraud risk analysis begun in 1996-97. The Plan will be implemented in the coming year.

Financial resource management

The Institute's audited 1997-98 Financial Statements are at Appendix 1 (page 59). The Institute is funded from a number of sources to undertake its activities. A funding summary for 1997-98 is at Table 4.

Core funding is appropriated through the Federal Budget. A small amount of revenue is generated through interest and other AIHW activities. Other income is external funding via contracts and research grants for projects carried out either jointly with or on behalf of the Commonwealth Government, State and Territory governments, or other organisations. Contract income and research grants totalled \$6.5 million in 1997-98.

Funding from government appropriation increased by \$138,000 in 1997-98. The 1997-98 Budget supplementation for core activities is shown at Table 5.

The Institute maintains a 'business case' model which supports the competitiveness of its pricing in relation to quotations for projects and publications. The business case is set out in business rules that guide the financial activities of the Institute in the management of its resources.

Table 4: Funding summary, 1997-98

	1997-98	1996-97
Receipts	\$'000	
Core funding		
Appropriation	7,748	7,610
Interest and other	400	547
<i>Subtotal</i>	<i>8,148</i>	<i>7,546</i>
External funding		
Contract income and research grants	6,556	5,104
Total funds	14,704	13,261

Table 5: Budget supplementation for core activities, 1997-98

	Amounts	
Core funding	\$'000	
Appropriation 1996-97		7,610
Less		
Whole of government telecommunications	12	
Efficiency dividend	76	
<i>Subtotal</i>	<i>88</i>	
Plus		
One-off 1997-98 Adjustments	52	
Salaries and allowances	24	
Employer superannuation	2	
Inflation factor	148	
<i>Subtotal</i>	<i>226</i>	
Appropriation 1997-98		7,748

Evaluation

The Institute continues to respond to ongoing public sector structural and procedural reform. The development and negotiation of an agency-specific Certified Agreement presented many challenges to management and staff, but was achieved within a commendable framework of cooperation, strategic vision and corporate awareness.

Although many reform initiatives translate well into the operating environment of a small agency, some are less easily accommodated. This is particularly the case where net benefit may be measured at whole-of-government rather than single agency ('business case') level. The Institute's early experience with whole-of-government software acquisition initiatives, for example, has not produced the same agency-level benefits that larger departments anticipate.

The present whole-of-government information technology outsourcing agenda presents a technology-dependent small agency with significant challenges, particularly with respect to assured confidentiality and security of sensitive datasets. Over the past few years, the Institute strategically and progressively reviewed its IT infrastructure needs and, having identified appropriate business imperatives and security measures, selectively transferred a range of services to contracted service delivery arrangements. In-house IT staffing was reduced to two people only, each of whom plays an essential strategic/technical role in the Institute's complex interactions with service delivery contractors and a range of government and non-government stakeholders.

The Institute is a significant provider of contracted data development, data acquisition and analytical services to government and non-government service delivery agencies across Australia. Access to a technically astute in-house technical support service is fundamental to business capabilities in these areas as well as the Institute's core functions. The Institute must respect both its responsibilities as a public sector agency and its obligations to its broader base of stakeholders, a matter that continues to present significant corporate challenges.

Appendix 1

Finance

Auditor's report.....	60
Statement by Directors.....	62
Operating statement.....	63
Statement of assets and liabilities.....	64
Statement of cash flows.....	65
Schedule of commitments.....	66
Schedule of contingencies.....	67
Notes to, and forming part of, the financial statements.....	68



INDEPENDENT AUDIT REPORT

To the Minister for Health and Family Services

Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 1998. The financial statements comprise:

- Statement by Directors;
- Statement of Assets and Liabilities;
- Operating Statement;
- Statement of Cash Flows;
- Schedule of Commitments;
- Schedule of Contingencies; and
- Notes to and forming part of the Financial Statements.

The directors of the Institute are responsible for the preparation and presentation of the financial statements and the information they contain. I have conducted an independent audit of the financial statements in order to express an opinion on them to you, the Minister for Health and Family Services.

The audit has been conducted in accordance with Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards, to provide reasonable assurance as to whether the financial statements are free of material misstatement. Audit procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Australian Accounting Standards, other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) and statutory requirements so as to present a view of the entity which is consistent with my understanding of its financial position, the results of its operations and its cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion,

- (i) the financial statements have been prepared in accordance with the Guidelines for Financial Statements of Commonwealth Authorities; and
- (ii) the financial statements give a true and fair view, in accordance with applicable Accounting Standards, other mandatory professional reporting requirements and the Guidelines for Financial Statements of Commonwealth Authorities, of the financial position of the Australian Institute of Health and Welfare as at 30 June 1998 and the results of its operations and its cash flows for the year then ended.

Australian National Audit Office



Allan M Thompson
Executive Director

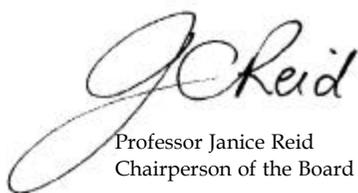
Delegate of the Auditor-General

Canberra
21 September 1998



Statement by Directors

In our opinion, the attached financial statements present fairly the information required by the Minister for Finance and Administration's Guidelines for Financial Statements of Commonwealth Authorities.



Professor Janice Reid
Chairperson of the Board

17 September 1998



Richard Madden
Director

15 September 1998

For health and welfare
statistics and information

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AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
OPERATING STATEMENT
for the year ended 30 June 1998

	Notes	1998 \$'000	1997 \$'000
NET COST OF SERVICES			
Operating expenses			
Employees	4A	7,863	8,173
Suppliers	4B	7,476	5,418
Depreciation and amortisation	4C	495	572
Write-down of assets	4D	86	4
Net losses from sale of assets	4E	248	1
Total operating expenses		16,168	14,168
Operating revenues from independent sources			
Contract income		6,556	5,104
Interest	5A	79	129
Other	5B	321	418
Total operating revenues from independent sources		6,956	5,651
Net cost of services		9,212	8,517
REVENUES FROM GOVERNMENT			
Revenues from government			
Parliamentary appropriations received	6A	7,748	7,610
Resources received free of charge	6B	160	180
Total revenues from government		7,908	7,790
Deficit of revenues from government over net cost of services	8	(1,304)	(727)
Accumulated (deficits) surpluses at beginning of reporting period	8	(286)	441
Accumulated deficits at end of reporting period	8	(1,590)	(286)

The accompanying notes form part of these financial statements

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF ASSETS AND LIABILITIES
as at 30 June 1998

	Notes	1998 \$'000	1997 \$'000
PROVISIONS AND PAYABLES			
Employees	7A	2,167	2,176
Suppliers	7B	590	515
Contract income in advance	7C	2,438	2,342
Total provisions and payables		5,195	5,033
Total liabilities		5,195	5,033
EQUITY			
Capital	8	1,146	1,146
Accumulated deficits	8	(1,590)	(286)
Total equity		(444)	860
Total liabilities and equity		4,751	5,893
FINANCIAL ASSETS			
Cash	9A	1,996	2,915
Receivables	9B	1,103	874
Other	9C	287	109
Total financial assets		3,386	3,898
NON-FINANCIAL ASSETS			
Infrastructure, plant and equipment	10A,B	999	1,653
Inventories	10C	160	267
Other	10D	206	75
Total non-financial assets		1,365	1,995
Total assets		4,751	5,893
Current liabilities		3,635	3,480
Non-current liabilities		1,560	1,553
Current assets		3,729	4,240
Non-current assets		1,022	1,653

The accompanying notes form part of these financial statements.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF CASH FLOWS
for the year ended 30 June 1998

	Notes	1998 \$'000	1997 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		7,748	7,610
Contract income		6,147	4,658
Interest		72	137
Other		321	378
Total cash received		14,288	12,783
Cash used			
Employees		(7,871)	(7,884)
Suppliers		(7,180)	(4,970)
Total cash used		(15,051)	(12,854)
Net cash used by operating activities	11	(763)	(71)
INVESTING ACTIVITIES			
Cash used			
Purchase of infrastructure, plant and equipment		(156)	(296)
Total cash used		(156)	(296)
Net cash used by investing activities		(156)	(296)
Net decrease in cash held		(919)	(367)
add cash at 1 July		2,915	3,282
Cash at 30 June	9A	1,996	2,915

The accompanying notes form part of these financial statements

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF COMMITMENTS
as at 30 June 1998

	1998	1997
	\$'000	\$'000
BY TYPE		
COMMITMENTS		
Operating leases	2,026	2,650
Other commitments	11,356	3,778
Total commitments payable	13,382	6,428
Commitments receivable	(7,980)	(9,010)
Net commitments	5,402	(2,582)
BY MATURITY		
All net commitments		
One year or less	1,995	(2,236)
From one to two years	1,572	(784)
From two to five years	1,835	438
Net commitments	5,402	(2,582)
Operating lease commitments		
One year or less	(1,004)	(872)
From one to two years	(982)	(884)
From two to five years	(40)	(894)
Operating lease commitments	(2,026)	(2,650)

The accompanying notes form part of these financial statements

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF CONTINGENCIES

as at 30 June 1998

	1998	1997
	\$'000	\$'000
CONTINGENT LOSSES		
Other guarantees	<u>75</u>	<u>0</u>
Total contingent losses	<u><u>75</u></u>	<u><u>0</u></u>

The Institute has underwritten a portion of the University of Sydney's investment in the General Practice Activity Survey. The guarantee is limited to \$75,000.

There were no remote contingencies.

The accompanying notes form part of these financial statements

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1998

Note Description

- 1 Summary of Significant Accounting Policies
- 2 Segment Reporting
- 3 Economic Dependency
- 4 Goods and Services Expenses
- 5 Operating Revenue from Independent Sources
- 6 Revenues from Government
- 7 Provisions and Payables
- 8 Equity
- 9 Financial Assets
- 10 Non-Financial Assets
- 11 Cash Flow Reconciliation
- 12 Remuneration of Directors
- 13 Related Party Disclosures
- 14 Remuneration of Officers
- 15 Remuneration of Auditors
- 16 Financial Instruments

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 for the year ended 30 June 1998

1 Summary of Significant Accounting Policies

1.1 Basis of accounting

The financial statements are a general purpose financial report.

They have been prepared in accordance with

- Guidelines titled Financial Statements of Commonwealth Authorities issued by the Minister for Finance and Administration in July 1997 (the 'Guidelines') which require that the financial statements are prepared
 - in compliance with Australian Accounting Standards and Accounting Guidance Releases issued by the Australian Accounting Research Foundation, and
 - having regard to Statements of Accounting Concepts, and
- the Consensus Views of the Urgent Issues Group.

The financial statements have been prepared on an accrual basis and are in accordance with historical cost convention. Except where stated, no allowance is made for the effect of changing prices on the results or on the financial position.

1.2 Rounding

Amounts are rounded to the nearest \$1,000 except in relation to:

- remuneration of directors;
- remuneration of executive officers; and
- remuneration of auditors.

1.3 Taxation

The Australian Institute of Health and Welfare (the Institute) is exempt from all forms of taxation except fringe benefits tax.

1.4 Inventories

Inventories held represent Institute publications for sale. Inventories are valued at cost or net realisable value, whichever is the lowest.

During the year the Institute's publications holding were rationalised to reflect current realistic sales expectations resulting in a write off of inventories totalling \$72,682 (Note 4D). From 15 September 1997 the bulk sales of the Institute's publications have been under an arrangement whereby proceeds from sales are distributed on a 50 - 50 consignment arrangement with AusInfo (formerly Australian Government Publishing Service).

1.5 Infrastructure, plant and equipment

Purchases of infrastructure, plant and equipment are recognised initially at cost in the Statement of Assets and Liabilities, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total). The \$2,000 threshold was selected because it facilitates efficient asset management and recording without materially affecting asset values recognised. The acquisition of infrastructure, plant and equipment free of charge or for a nominal amount is recognised initially at fair value. The Guidelines require that infrastructure, plant and equipment be progressively revalued in accordance with the 'deprival' method of valuation (as set out in the Guidelines on Accounting Policy for Valuation of assets of Government Trading Enterprises).

The Institute is implementing its progressive revaluations as follows:

- infrastructure, plant and equipment will be initially revalued over the financial year 1998-99, and thereafter over successive three-year periods.

Assets in each class acquired after the commencement of the progressive revaluation cycle will be reported on the basis of the value initially recognised on acquisition for the duration of the progressive revaluation then in progress.

The financial effect of the move to progressive revaluations is that the carrying amounts of assets will reflect current values and that depreciation charges will reflect the current cost of the service potential consumed in each period.

The application of the deprival method by the Institute will result in its assets being valued at their depreciated replacement cost. Any assets which would not be replaced or are surplus to requirements are valued at net realisable value. At 30 June 1998 there were no assets in this situation.

Depreciable infrastructure, plant and equipment assets are written off to their estimated residual values over their estimated useful life to the Institute using the straight line method of depreciation. Useful lives and residual values are reviewed at each balance date and necessary adjustments made.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 for the year ended 30 June 1998

Fitout is amortised on a straight line basis over the lesser of the estimated useful life of the improvements or the unexpired period of the lease.

Depreciation and amortisation rates applying to each class of depreciable asset are as follows:

	1998	1997
Leasehold fit-out	Lease term	5 years
Plant and equipment	5 to 10 years	5 to 13 years

The aggregate amount of depreciation allocated for each class of asset during the reporting period is disclosed in Note 4C.

1.6 Liability for employee entitlements

The liability for employee entitlements encompasses provisions for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken by employees is less than the annual entitlement for sick leave.

The provision for annual leave reflects the value of total annual leave entitlements of all employees at 30 June 1998 and is recognised at its nominal value.

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 1998. In determining the present value of the liability, attrition rates and pay increases through promotion and inflation have been taken into account.

Provision is also made for separation and redundancy payments in circumstances where the Institute has formally identified positions as excess to requirements and a reliable estimate of the amount of the payments can be determined.

1.7 Income in advance and services provided in advance

Contract income has been recorded in the Operating Statement to the extent that an equivalent amount of output has been produced. Any surplus contract income over output produced is recorded as income in advance in the Statement of Assets and Liabilities. Conversely, any output produced in excess of contract income received is recorded as services provided in advance in the Statement of Assets and Liabilities.

1.8 Leases

A distinction is made between finance leases, which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased assets and operating leases, under which the lessor effectively retains all such risks and benefits.

There are no finance leases.

Operating lease payments are charged to expense on a basis which is representative of the pattern of benefits derived from the leased assets. The net present value of future net outlays in respect of surplus space under non-cancellable lease agreements is expensed in the period in which space becomes surplus.

1.9 Bad and doubtful debts

Bad debts are written off to expense during the year in which they are identified, to the extent they have not previously been provided for. A provision is raised for doubtful debts based on a review of all outstanding receivables at year end.

1.10 Cash

For the purpose of the Statement of Cash Flows, cash includes deposits held at call with a bank.

1.11 Resources received free of charge

Resources received free of charge are recognised as revenues in the Operating Statement where their fair value can be reliably measured. Use of the resources is recognised as an expense, or, where there is a long term benefit, an asset is recognised.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1998

1.12 Comparative figures

Where necessary, comparative figures have been adjusted to conform with changes in presentation in these financial statements.

1.13 Changes in accounting policies

Where applicable changes in accounting policy are identified in these notes under their appropriate headings.

2 Segment reporting

The Institute operates in a single industry and geographic segment, being provision of government programs in Australia.

3 Economic dependency

The Institute is dependent on appropriations from Parliament to meet its current obligations and to carry out its normal activities.

4 Goods and services expenses	1998	1997
	\$'000	\$'000

4A. Employee expenses

Basic remuneration for services provided	7,863	7,892
Separation and redundancy	0	281
Total employee expenses	<u>7,863</u>	<u>8,173</u>

The separation and redundancy expense is calculated on the basis of two weeks pay for every year of service by employees made redundant.

The Institute contributes to the Commonwealth Superannuation (CSS) and the Public Sector (PSS) superannuation schemes which provide retirement, death and disability benefits to employees. Contributions to the schemes are at rates calculated to cover existing and emerging obligations. Current contribution rates are 20% of salary (CSS) and 11% of salary (PSS). An additional 3% is contributed for employer productivity benefits.

4B. Suppliers expenses

Supply of goods and services	3,344	2,745
Operating lease rentals	984	872
Contracted services	<u>3,148</u>	<u>1,801</u>
Total suppliers expenses	<u>7,476</u>	<u>5,418</u>

Contracted services above are comprised of:

National Perinatal Statistics Unit	367	334
Dental Statistics & Research Unit	515	455
National Reference Centre for Classification in Health	63	60
National Centre for Aboriginal & Torres Strait Islander Statistics	822	576
Department of Health and Family Services	0	314
National Injury Surveillance Unit	1,081	0
Survey of General Practice Activity	300	0
Other	<u>0</u>	<u>62</u>
	<u>3,148</u>	<u>1,801</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1998

	1998	1997
	\$'000	\$'000
4C. Depreciation and amortisation		
Depreciation of infrastructure, plant and equipment	<u>495</u>	<u>572</u>
<p>Depreciation expenses in 1997–98 are \$88,351 higher than they would have been as a result of the reduction of the useful lives of leasehold fitout and plant and equipment. (1996–97: nil).</p> <p>The aggregate amounts of depreciation or amortisation allocated during the reporting period, as expense, for each class of depreciable asset are as follows:</p>		
Leasehold fit-out	184	154
Plant and equipment	<u>311</u>	<u>418</u>
	<u>495</u>	<u>572</u>
4D. Write-down of assets		
Financial assets:		
Receivables for goods and services	13	4
Non-financial assets:		
Inventory	<u>73</u>	<u>0</u>
Total write-down of assets	<u>86</u>	<u>4</u>
4E. Net losses from sale of assets		
Plant and equipment	<u>248</u>	<u>1</u>
5 Operating revenue from independent sources		
5A. Interest		
Cash at bank	<u>79</u>	<u>129</u>
5B. Other revenues		
Consultancy	47	95
Recoveries	152	185
Publications	82	138
Conferences	<u>40</u>	<u>0</u>
Total other revenues	<u>321</u>	<u>418</u>
6 Revenues from government		
6A. Parliamentary appropriations		
Appropriation Act No. 1, 1997–98	<u>7,748</u>	<u>7,610</u>
6B. Resources received free of charge		
Provision of facilities by the Department of Health and Family Services	<u>160</u>	<u>180</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1998

7 Provisions and payables		1998	1997
		\$'000	\$'000
7A. Liabilities to employees			
Salaries and wages		227	183
Annual leave		695	655
Long service leave		1,245	1,240
Separation and redundancy		0	98
Aggregate employee entitlement liability		<u>2,167</u>	<u>2,176</u>
7B. Suppliers			
Trade creditors		43	201
Sundry creditors		547	314
		<u>590</u>	<u>515</u>
7C. Contract income in advance			
Contract income		<u>2,438</u>	<u>2,342</u>
8 Equity			
Item	Capital	Results	Total equity
	\$'000	\$'000	\$'000
Balance @ 1 July 1997	1,146	(286)	860
Deficit	-	(1,304)	(1,304)
Balance @ 30 June 1998	1,146	(1,590)	(444)
9 Financial assets			
9A. Cash			
Cash at bank and on hand		1,945	2,777
Department of Finance Imprest Account		51	138
		<u>1,996</u>	<u>2,915</u>
Balance of cash as at 30 June shown in the Statement of Cash Flows		<u>1,996</u>	<u>2,915</u>
9B. Receivables			
Contract income		1,109	867
Interest		7	11
		<u>1,116</u>	878
Provision for doubtful debts		(13)	(4)
		<u>1,103</u>	<u>874</u>
Receivables includes receivables overdue by:			
- less than 30 days		5	129
- 30 to 60 days		61	3
- more than 60 days		1	0
		<u>67</u>	<u>132</u>
9C. Other financial assets			
Services provided in advance		<u>287</u>	<u>109</u>

Appendix 1

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1998

10 Non-financial assets		
	1998	1997
10A. Infrastructure, plant and equipment	\$'000	\$'000
Infrastructure, plant and equipment—at cost	2,481	3,413
Accumulated depreciation	(1,482)	(1,760)
Total Infrastructure, plant and equipment	999	1,653

10B. Analysis of infrastructure, plant and equipment

Item	Fitout \$'000	Other infrastructure, plant and equipment \$'000	Total \$'000
Gross value as at 1 July 1997	782	2,631	3,413
Additions	105	52	157
Disposals	(77)	(1,012)	(1,089)
Other movements	0	0	0
Gross value as at 30 June 1998	810	1,671	2,481
Accumulated depreciation/ amortisation as at 1 July 1997	275	1,486	1,762
Depreciation/amortisation charge for assets held 1 July 1997	161	306	467
Depreciation/amortisation charge for additions	23	4	27
Adjustment for disposals	(32)	(742)	(774)
Adjustment for other movements	0	0	0
Accumulated depreciation/ amortisation as at 30 June 1998	427	1,054	1,482
Net book value as at 30 June 1998	383	617	999
Net book value as at 1 July 1997	507	1,146	1,653

10C. Inventories

Inventories held for sale (net realisable value)	160	267
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10D. Other non-financial assets

Deferred discount on lease of computers	40	0
Prepayments	166	75
	206	75

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1998

11 Cash flow reconciliation

Reconciliation of net cash flows used by operating activities to net cost of services.

	1998	1997
	<u>\$'000</u>	<u>\$'000</u>
Net cost of services	(9,212)	(8,517)
Revenues from government	7,748	7,610
Resources received free of charge	160	180
Operating deficit	(1,304)	(727)
Depreciation and amortisation of infrastructure plant & equipment	495	572
Write down of assets	86	4
Loss on disposal of infrastructure, plant & equipment	248	1
Increase in receivables	(242)	(755)
Increase in employee liabilities	(8)	289
Decrease in inventory	35	(40)
Increase in liability to suppliers	74	259
Increase in other payables	96	317
Decrease in other assets	(268)	9
Other	25	0
Net cash used by operating activities	(763)	(71)

12 Remuneration of Directors

	1998	1997
	<u>\$</u>	<u>\$</u>
Aggregate amount of superannuation payments in connection with the retirement of Directors	0	41,399
Other remuneration received or due and receivable by Directors of the Institute	261,648	221,135
Total remuneration received or due and receivable by Directors of the Institute	<u>261,648</u>	<u>262,534</u>

The number of Directors of the Institute included in these figures are shown below in the relevant remuneration bands:

	Number	
• \$Nil – \$10,000	12	12
• \$10,001 – \$20,000	1	1
• \$70,001 – \$80,000	1	0
• \$80,001 – \$90,000	0	1
• \$150,001 – \$160,000	0	1
• \$160,001 – \$170,000	1	0
	<u>15</u>	<u>15</u>

Directors of the Australian Institute of Health and Welfare are the members of the Institute. The Officers receive no additional remuneration for these duties

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1998

13 Related party disclosures

Directors of the Institute

The Directors of the Institute during the year were:
Professor J Reid (Chairperson)
Dr R Madden (Director)
Mr P White (Acting Director 15/01/98 to 16/01/98)
Ms V R Milligan
Mr H Bissett
Ms M Draper
Ms J Dwyer
Ms S Fogg
Mr R Deyell
Professor D'Arcy Holman
Mr B F Kennedy
Dr A L Howe
Dr D Filby
Mr A Podger
Mr T Skinner
Dr J Shaw

The aggregate remuneration of Directors is disclosed in Note 12.

The aggregate of superannuation payments paid in connection with the retirement of Directors was nil (1996–97 \$41,399).

	1998	1997
	\$	\$
14 Remuneration of Executive Officers		
Income received or due and receivable by executive officers	466,476	946,836

The number of executive officers included in these figures are shown below in the relevant remuneration bands:

	Number	
\$100,001 – \$110,000	1	1
\$110,001 – \$120,000	2	2
\$120,001 – \$130,000	1	1
\$200,001 – \$210,000	0	1
\$290,001 – \$300,000	0	1
	4	6

The executive officer remuneration includes all officers concerned with or taking part in the management of the economic entity during 1997–98 except the Director. Details in relation to the Director have been incorporated into Note 12 - Remuneration of Directors.

Performance pay has been excluded from the calculation of officer remuneration. The aggregate amount of performance pay received, or due and receivable, by officers was \$nil (1996–97 \$nil).

	1998	1997
	\$	\$
15 Remuneration of Auditors		
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	16,000	17,000

No other services were provided by the Auditor-General during the reporting period.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1998

16 Financial Instruments

16A. Interest rate risk

The Institute's exposure to interest rate risk and the effective weighted average interest rate for classes of financial assets and financial liabilities is set out below:

	Floating interest rate	Floating interest rate		Non-interest bearing	Total
		1 year or less	1 to 5 years		
	\$	\$	\$	\$	\$
Financial assets					
Cash	1,944,260	0	0	51,497	1,995,757
Receivables	0	0	0	1,103,089	1,103,089
Investments	n/a	n/a	n/a	n/a	n/a
Weighted average interest rate	5.0% Est	0.0%	0.0%		
Financial liabilities					
Accounts payable	0	0	0	42,850	42,850
Dividends payable	n/a	n/a	n/a	n/a	n/a
Weighted average interest rate	0.0%	0.0%	0.0%		

16B. Foreign exchange risk

The Institute has not entered into any foreign currency transactions.

16C. Credit risk exposures

Credit risk represents the loss that would be recognised if counterparties failed to perform as contracted.

The credit risk on financial assets of the Institute which have been recognised on the balance sheet, is the carrying amount, net of any provision for doubtful debts. Due to the nature of the majority of the Institute's clients (mainly Commonwealth Government), such risk is considered by the Directors to be very low.

16D. Net fair values of financial assets and liabilities

The net fair value of the Institute's financial assets and financial liabilities approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form. The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to and forming part of the accounts.

Appendix 1

Appendix 2

Legislation

The Institute was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. There have been two major amendments to the Act, the first in 1989 and the second in 1992. The 1989 amendments strengthened the safeguards of confidentiality in section 29. The 1992 amendment expanded the Institute's role and functions to include welfare-related information and statistics. A copy of the Act, now known as the *Australian Institute of Health and Welfare Act 1987*, is reproduced here.

Australian Institute of Health Ethics Committee regulations

Regulations have been made pursuant to subsections 16(1) and (2) of the *Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee. The Regulations are reproduced on page 102.

Contents

Part I—Preliminary

- 1 Short title [see Note 1]
- 2 Commencement [see Note 1]
- 3 Interpretation

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

- 4 Establishment of Institute
- 5 Functions of the Institute
- 6 Powers of Institute
- 7 Directions by Minister

Division 2—Constitution and Meetings of Institute

- 8 Constitution of Institute
- 9 Acting members
- 10 Remuneration and allowances
- 11 Leave of absence
- 12 Resignation
- 13 Termination of appointment
- 14 Disclosure of interests
- 15 Meetings

Division 3—Committees of Institute

- 16 Committees

Division 4—Director of Institute

- 17 Director of Institute
- 18 Functions of Director

Division 5—Staff

- 19 Staff

Part III—Finance

- 20 Money to be appropriated by Parliament
- 22 Money of Institute
- 23 Contracts
- 24 Extra matters to be included in annual report
- 25 Trust money and trust property
- 26 Exemption from taxation

Part IV—Miscellaneous

- 27 Delegation by Institute
- 28 Delegation by Director
- 29 Confidentiality
- 30 Restricted application of the *Epidemiological Studies (Confidentiality) Act 1981*
- 31 Periodical reports
- 32 Regulations

An Act to establish an Australian Institute of Health and Welfare, and for related purposes

Part I—Preliminary

1 Short title *[see Note 1]*

This Act may be cited as the *Australian Institute of Health and Welfare Act 1987*.

2 Commencement *[see Note 1]*

This Act shall come into operation on a day to be fixed by Proclamation.

3 Interpretation

(1) In this Act, unless the contrary intention appears:

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the Health Ethics Committee of the Australian Institute of Health and Welfare.

health-related information and statistics means information and statistics collected and produced from data relevant to health or health services.

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

- (a) the Minister of the Crown for a State;
- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to health in the State, the Australian Capital Territory or the Northern Territory, as the case may be.

State Housing Department means the Department of State of a State or Territory that deals with matters relating to housing in the State or Territory.

State Housing Minister means:

- (a) the Minister of the Crown for a State; or
- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to housing in the State or Territory, as the case may be.

State Welfare Minister means:

- (a) the Minister of the Crown for a State; or
- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to welfare in the State or Territory, as the case may be.

trust money means money received or held by the Institute on trust.

trust property means property received or held by the Institute on trust.

welfare-related information and statistics means information and statistics collected and produced from data relevant to the provision of welfare services.

welfare services includes:

- (a) aged care services; and
 - (b) child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force); and
 - (c) services for people with disabilities; and
 - (d) housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term); and
 - (e) child welfare services (including, in particular, child protection and substitute care services); and
 - (f) other community services.
- (2) A reference in this Act to the Chairperson, the Director or a member, in relation to a time when a person is acting in the office of Chairperson, Director, or a member, includes a reference to that person.

Note: For the manner in which the Chairperson may be referred to, see section 18B of the *Acts Interpretation Act 1901*.

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

- (1) There is hereby established a body to be known as the Australian Institute of Health and Welfare.
- (2) The Institute:
 - (a) is a body corporate with perpetual succession;
 - (b) shall have a common seal; and
 - (c) may sue and be sued in its corporate name.

Note: The *Commonwealth Authorities and Companies Act 1997* applies to the Institute. That Act deals with matters relating to Commonwealth authorities, including reporting and accountability, banking and investment, and conduct of officers.

- (3) All courts, judges and persons acting judicially shall take judicial notice of the imprint of the common seal of the Institute affixed to a document and shall presume that it was duly affixed.

5 Functions of the Institute

[Institute to have health-related and welfare-related functions]

- (1AA) The functions of the Institute are:
 - (a) the health-related functions conferred by subsection (1); and
 - (b) the welfare-related functions conferred by subsection (1A).

[Health-related functions]

- (1) The Institute's health-related functions are:
 - (a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;
 - (b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;
 - (c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;
 - (d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;
 - (e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;
 - (f) to conduct and promote research into the health of the people of Australia and their health services;
 - (g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;
 - (h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by

- bodies or persons with whom contracts or arrangements have been entered into by the Institute;
- (j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;
 - (k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and
 - (m) to do anything incidental to any of the foregoing.
- [Welfare-related functions]*
- (1A) The Institute's welfare-related functions are:
- (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and
 - (d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and
 - (e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and
 - (f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and
 - (g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and
 - (h) to do anything incidental to the functions conferred by paragraphs (a) to (g).
- [Functions of Australian Bureau of Statistics not limited by this section]*
- (3) This section is not intended to limit the functions of the Australian Bureau of Statistics.

6 Powers of Institute

The Institute has power to do all things necessary or convenient to be done for or in connection with the performance of its functions and, in particular, has power:

- (a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;
- (b) to acquire, hold and dispose of real or personal property;
- (c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;

- (d) to appoint agents and attorneys and act as an agent for other persons;
- (e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;
- (f) subject to section 29, to:
 - (i) release data to other bodies or persons; and
 - (ii) publish the results of any of its work; and
- (g) to do anything incidental to any of its powers.

7 Directions by Minister

- (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.
- (1A) The Minister must consult the Chairperson before giving any direction to the Institute.
- (1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.
- (1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:
 - (a) relates to the Institute's welfare-related functions; and
 - (b) does not concern housing matters.
- (1D) The Minister must consult each State Housing Minister before giving the direction if the direction:
 - (a) relates to the Institute's welfare-related functions; and
 - (b) concerns housing matters.
- (2) The Institute shall comply with any direction given under subsection (1).
- (3) This section does not affect the application of section 28 of the *Commonwealth Authorities and Companies Act 1997* in relation to the Institute.

Division 2—Constitution and Meetings of Institute

8 Constitution of Institute

- (1) Subject to subsection (2), the Institute shall consist of the following members:
 - (a) the Chairperson;
 - (b) the Director;
 - (c) a member nominated by the Australian Health Ministers' Advisory Council;
 - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
 - (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
 - (d) the Australian Statistician;
 - (e) the Secretary to the Department;
 - (f) a person:
 - (i) who has knowledge of the needs of consumers of health services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of health services; and
 - (iii) who has been nominated by the Minister;
 - (fa) a person:
 - (i) who has knowledge of the needs of consumers of welfare services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of welfare services; and
 - (iii) who has been nominated by the Minister;
 - (fb) a person:
 - (i) who has knowledge of the needs of consumers of housing assistance services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of housing assistance services; and
 - (iii) who has been nominated by the Minister;
 - (fc) a person:
 - (i) who has expertise in research into public health issues; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that is a peak body promoting research into public health issues; and
 - (iii) who has been nominated by the Minister;
 - (g) 3 other members nominated by the Minister;
 - (h) a member of the staff of the Institute elected by that staff.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
 - (a) may be made by one or more bodies; and
 - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a

- member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
 - (a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);
 - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;
 - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
 - (c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
 - (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).
 - (5) Subject to this section, a member shall be appointed by the Governor-General.
 - (5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
 - (5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:
 - (a) the day on which the poll for the election of the member is held; or
 - (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.
 - (6) A person who has attained the age of 65 years shall not hold office as a member on a full-time basis.
 - (7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.
 - (8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

9 Acting members

- (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):
 - (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or
 - (b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;
 but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.
- (2) A person may resign appointment under this section by instrument in writing delivered to the Minister.
- (3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.

- (4) The Minister may:
 - (a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and
 - (b) terminate such an appointment at any time.
- (5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of 12 months from the date on which the vacancy occurred expires, whichever first happens.
- (6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.
- (7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:
 - (a) the occasion for the appointment of the person had not arisen;
 - (b) there was a defect or irregularity in or in connection with the appointment;
 - (c) the appointment had ceased to have effect; or
 - (d) the occasion for the person to act had not arisen or had ceased.

10 Remuneration and allowances

- (1) Unless otherwise prescribed, a member shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (2) A member shall be paid such allowances as are prescribed.
- (3) This section has effect subject to the *Remuneration Tribunal Act 1973*.

11 Leave of absence

- (1) Subject to section 87E of the *Public Service Act 1922*, a full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.
- (2) The Minister may:
 - (a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and
 - (b) grant a part-time member leave of absence on such terms and conditions as to remuneration or otherwise as the Minister determines.

12 Resignation

A member may resign by instrument in writing delivered to the Governor-General.

13 Termination of appointment

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
 - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
 - (b) without reasonable excuse, contravenes section 21 of the *Commonwealth Authorities and Companies Act 1997*;

- (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
 - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;
- the Governor-General may terminate the appointment of the member.

(3) Where:

- (a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or
 - (b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or
 - (c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;
- the Governor-General shall terminate the appointment of the member.

14 Disclosure of interests

- (3) Section 21 of the *Commonwealth Authorities and Companies Act 1997* does not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

15 Meetings

- (1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.
- (2) The Institute shall meet at least once every 4 months.
- (3) The Chairperson:
 - (a) may at any time convene a meeting; and
 - (b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.
- (4) The Minister may convene such meetings as the Minister considers necessary.
- (5) At a meeting:
 - (a) if the Chairperson is present, the Chairperson shall preside;
 - (b) if the Chairperson is absent, the members present shall appoint one of their number to preside;
 - (c) a majority of the members for the time being constitute a quorum;
 - (d) all questions shall be decided by a majority of the votes of the members present and voting; and
 - (e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.
- (6) The Institute shall keep minutes of its proceedings.
- (7) The Institute shall regulate the procedure of its meetings as it thinks fit.

Division 3—Committees of Institute

16 Committees

- (1) The Institute shall appoint a committee to be known as the Health Ethics Committee of the Australian Institute of Health and Welfare.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations shall not be made for the purpose of subsection (2) except in accordance with a recommendation of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
 - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
 - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.The member must make the disclosure as soon as practicable after he or she knows of the relevant facts.
- (14) The disclosure must be recorded in the minutes of the meeting.
- (15) Subsection (13) does not apply to an interest held by a member described in paragraph 8(1)(c), (ca), (cb) or (h) or subsection 8(2) merely because the member was nominated by a body or person mentioned in that paragraph or subsection.

Division 4—Director of Institute

17 Director of Institute

- (1) There shall be a Director of the Institute.
- (2) The Director shall be appointed by the Minister on the recommendation of the Institute.
- (3) The Director shall be appointed on a full-time or part-time basis for such period, not exceeding 5 years, as is specified in the instrument of appointment.
- (5) The Director holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Minister.
- (6) The appointment of the Director is not invalid because of a defect or irregularity in connection with the appointment or the recommendation by the Institute.
- (7) The Director shall not be present during any deliberation, or take part in any decision, of the Institute with respect to the appointment of the Director.
- (8) Sections 11 and 14 apply to the Director.
- (9) Sections 12 and 13 apply to the Director as if references in those sections to the Governor-General were references to the Minister.

18 Functions of Director

- (1) The Director shall manage the affairs of the Institute subject to the directions of, and in accordance with policies determined by, the Institute.
- (2) All acts and things done in the name of, or on behalf of, the Institute by the Director shall be deemed to have been done by the Institute.

Division 5—Staff

19 Staff

- (1) The staff required for the purposes of this Act shall be:
 - (a) persons appointed or employed under the *Public Service Act 1922*; and
 - (b) persons appointed or employed by the Institute.
- (2) The Director has all the powers of a Secretary under the *Public Service Act 1922*, so far as those powers relate to the branch of the Public Service comprising the staff referred to in paragraph (1)(a), as if that branch were a separate Department of the Public Service.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

Part III—Finance

20 Money to be appropriated by Parliament

- (1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.
- (2) The Minister for Finance may give directions as to the means in which, and the times at which, money referred to in subsection (1) is to be paid to the Institute.

22 Money of Institute

- (1) The money of the Institute consists of:
 - (a) money paid to the Institute under section 20; and
 - (b) any other money, other than trust money, paid to the Institute.
- (2) The money of the Institute shall be applied only:
 - (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;
 - (b) in payment of remuneration and allowances payable under this Act; and
 - (c) in making any other payments required or permitted to be made by the Institute.
- (3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

23 Contracts

The Institute shall not, except with the written approval of the Minister:

- (a) enter into a contract involving the payment or receipt by the Institute of an amount exceeding \$200,000 or such higher amount as is prescribed; or
- (b) enter into a lease of land for a period of 10 years or more.

24 Extra matters to be included in annual report

- (2) A report on the Institute under section 9 of the *Commonwealth Authorities and Companies Act 1997* must, in respect of each direction given under subsection 7(1) that is applicable to the period to which the report relates, include:
 - (a) particulars of the direction; or
 - (b) where the Institute considers that the particulars contain information concerning a person or are of a confidential nature—a statement that a direction was given.

25 Trust money and trust property

- (1) The Institute:
 - (a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust money;
 - (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and

- (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

The income, property and transactions of the Institute are not subject to taxation (including taxation under the *Bank Account Debits Tax Act 1982*) under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 Delegation by Institute

- (1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:
 - (a) delegate to a member;
 - (b) delegate to a member of the staff of the Institute; and
 - (c) with the approval of the Minister—delegate to any other person or body;

all or any of the Institute’s powers or functions under this Act, other than this power of delegation.
- (2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.
- (3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

28 Delegation by Director

- (1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:
 - (a) delegate to a member;
 - (b) delegate to a member of the staff of the Institute; or
 - (c) with the approval of the Minister—delegate to any other person or body;

all or any of the Director’s powers and functions under this Act, other than this power of delegation.
- (2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.
- (3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

29 Confidentiality

- (1) Subject to this section, a person (in this subsection called the *informed person*) who has:
 - (a) any information concerning another person (which person is in this section called an *information subject*), being information acquired by the informed person because of:
 - (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or
 - (b) any document relating to another person (which person is in this section also called an *information subject*), being a document furnished for the purposes of this Act;

shall not, except for the purposes of this Act, either directly or indirectly:
 - (c) make a record of any of that information or divulge or

- communicate any of that information to any person (including an information subject);
- (d) produce that document to any person (including an information subject); or
 - (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.
- Penalty: \$2,000 or imprisonment for 12 months, or both.
- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
 - (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
 - (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the *information provider*) who divulged or communicated the information, or produced the document, directly to the Institute;
 - (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
 - (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
 - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
 - (ii) the publication does not identify the information subject.
 - (2A) Paragraph (2)(c) applies only to information that is health-related information and statistics.
 - (2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related information and statistics.
 - (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
 - (4) In this section:
 - (a) *court* includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
 - (b) *person* includes a body or association of persons, whether incorporated or not, and also includes:
 - (i) in the case of an information provider—a body politic; or
 - (ii) in the case of an information subject—a deceased person;

- (c) **produce** includes permit access to;
- (d) **publication**, in relation to conclusions, statistics or particulars, includes:
 - (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
 - (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
- (e) a reference to information concerning a person includes:
 - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
 - (ii) a reference to information identifying a person or body providing information concerning a person.

30 Restricted application of the *Epidemiological Studies (Confidentiality) Act 1981*

- (1) The *Epidemiological Studies (Confidentiality) Act 1981* (in this section called the **Confidentiality Act**) does not apply to anything done in the exercise of a power or performance of a function under this Act.
- (2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:
 - (a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and
 - (b) give the Institute access to documents prepared or obtained in the conduct of that study.
- (3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.
- (4) In this section:
 - (a) **epidemiological study** has the same meaning as in the Confidentiality Act; and
 - (b) **prescribed study** has the same meaning as in the Confidentiality Act.

31 Periodical reports

- (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:
 - (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
 - (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.
- (1A) The Institute must submit to the Minister:
 - (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
 - (i) beginning on the day on which the *Australian Institute of Health*

- Amendment Act 1992* commences; and
- (ii) ending on 30 June 1993; and
 - (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.
- (2) The Institute may at any time submit to the Minister:
- (a) a health or welfare report for any period; or
 - (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.
- (3) A health report shall provide:
- (a) statistics and related information concerning the health of the people of Australia; and
 - (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
- during the period to which the report relates.
- (3A) A welfare report must provide:
- (a) statistics and related information concerning the provision of welfare services to the Australian people; and
 - (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
- during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

The Governor-General may make regulations, not inconsistent with this Act, prescribing matters required or permitted by this Act to be prescribed.

Schedule—Bodies that may nominate board members

Subsection 8(1)

Australian Council of Social Service

Australian Hospital Association

Australian Medical Association

Australian Pensioners' and Superannuants' Federation

Australian Private Hospitals' Association

Brotherhood of St Laurence

Catholic Social Welfare Commission

Consumers' Health Forum of Australia

National Shelter

Public Health Association of Australia

NOTE

1. The *Australian Institute of Health and Welfare Act 1987* as shown in this reprint comprises Act No. 41, 1987 amended as indicated in the Tables below.

Table of Acts

Act	Number and year	Date of Assent	Date of commencement	Application, saving or transitional provisions
<i>Australian Institute of Health Act 1987</i>	41, 1987	5 June 1987	1 July 1987 (see <i>Gazette</i> 1987, No. S144)	
<i>Community Services and Health Legislation Amendment Act 1988</i>	79, 1988	24 June 1988	Part III (ss. 7–9): Royal Assent (a)	—
<i>Community Services and Health Legislation Amendment Act 1989</i>	95, 1989	28 June 1989	Part 2 (ss. 3–6): Royal Assent (b)	—
<i>Industrial Relations Legislation Amendment Act 1991</i>	122, 1991	27 June 1991	Ss. 4(1), 10(b) and 15–20: 1 Dec 1988 Ss. 28(b)–(e), 30 and 31: 10 Dec 1991 (see <i>Gazette</i> 1991, No. S332) Remainder: Royal Assent	S. 31(2)
<i>Prime Minister and Cabinet Legislation Amendment Act 1991</i>	199, 1991	18 Dec 1991	18 Dec 1991	—
<i>Australian Institute of Health Amendment Act 1992</i>	16, 1992	6 Apr 1992	4 May 1992	—
<i>Audit (Transitional and Miscellaneous) Amendment Act 1997</i>	152, 1997	24 Oct 1997	Schedule 2 (items 324–337): 1 Jan 1998 (see <i>Gazette</i> 1997, No. GN49) (c)	

- (a) The *Australian Institute of Health and Welfare Act 1987* was amended by Part III (sections 7–9) only of the *Community Services and Health Legislation Amendment Act 1988*, subsection 2(1) of which provides as follows:

“(1) Sections 1, 2, 7, 8, 9, 10, 13, 15 and 17 and paragraph 20(b) commence on the day on which this Act receives the Royal Assent.”

- (b) The *Australian Institute of Health and Welfare Act 1987* was amended by Part 2 (sections 3–6) only of the *Community Services and Health Legislation Amendment Act 1989*, subsection 2(1) of which provides as follows:

“(1) Subject to subsections (2), (3), (4), (5), (6), (7), (8), (9) and (10), this Act commences on the day on which it receives the Royal Assent.”

- (c) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 2 (items 324–337) only of the *Audit (Transitional and Miscellaneous) Amendment Act 1997*, subsection 2(2) of which provides as follows:

“(2) Schedules 1, 2 and 4 commence on the same day as the *Financial Management and Accountability Act 1997*.”

Table of Amendments

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted

Provision affected	How affected
Title	am. No. 16, 1992
S. 1	am. No. 16, 1992
S. 3	am. No. 95, 1989; No. 16, 1992; No. 152, 1997
Note to s. 3	ad. No. 152, 1997
Heading to Part II	am. No. 16, 1992
S. 4	am. No. 16, 1992; No. 152, 1997
S. 5	am. No. 16, 1992
S. 7	am. No. 95, 1989; No. 16, 1992; No. 152, 1997
S. 8	am. No. 16, 1992
S. 10	am. No. 16, 1992
S. 11	rs. No. 122, 1991
S. 13	am. No. 122, 1991; No. 16, 1992; No. 152, 1997
S. 14	am. No. 79, 1988; No. 16, 1992; No. 152, 1997
S. 16	am. No. 16, 1992; No. 152, 1997
S. 17	am. No. 16, 1992
S. 19	am. No. 199, 1991
S. 21	rep. No. 152, 1997
S. 22	am. No. 152, 1997
Heading to s. 24	rs. No. 152, 1997
S. 24	am. No. 79, 1988; No. 152, 1997
S. 25	am. No. 152, 1997
S. 29	am. No. 95, 1989; No. 16, 1992
S. 31	am. No. 16, 1992
Schedule	ad. No. 16, 1992

Australian Institute of Health Ethics Committee Regulations

Citation

1. These Regulations may be cited as the Australian Institute of Health Ethics Committee Regulations.

Interpretation

2. In these Regulations, unless the contrary intention appears:
“Ethics Committee” means the Australian Institute of Health Ethics Committee referred to in subsection 16(1) of the Act;
“the Act” means the *Australian Institute of Health Act 1987*.

Functions

3. The functions of the Ethics Committee are:
- (a) to form an opinion as to the acceptability or otherwise, on ethical grounds, of:
 - (i) activities that are being, or it is proposed will be, engaged in by the Institute in the performance of its functions; and
 - (ii) activities that are being, or it is proposed will be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions;having regard, in addition to any other matters that the Ethics Committee considers to be relevant, to the Declaration of Helsinki adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964, as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975 and to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council;
 - (b) where appropriate, to revise an opinion so formed or to form another opinion;
 - (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
 - (d) to provide a written annual report of the Ethics Committee’s operations to the Institute.

Composition

4. The Ethics Committee shall consist of the following members:
- (a) the Director of the Institute or his or her nominee;
 - (b) a person who is a graduate in medicine of a university and has post-graduate medical research experience;
 - (c) a person who is a graduate in a social science of a university, college of advanced education or similar institution and has post-graduate research experience in a social science;
 - (d) a person who is the nominee of the Registrar of Births, Deaths and Marriages in the Australian Capital Territory and of the officer of each State and the Northern Territory who has the responsibility in that State or Territory of registering births, deaths and marriages;
 - (e) a minister of religion;
 - (f) a person who is a barrister, a solicitor, a barrister and solicitor or a legal practitioner, of the High Court or of the Supreme Court of a State or Territory; and
 - (g) a man and a woman, neither of whom is a member or employee of the Institute and each of whom is able to represent general community attitudes;
- one of whom shall be appointed chairperson by the Institute.

Appendix 3

AIHW publications and reports 1997–98

AIHW publications

Books

- Adoptions Australia 1996–97. Australian Institute of Health and Welfare. AIHW cat. no. CWS 4. Canberra: AIHW, 1998 (Child Welfare Series no. 20).
- Aged and respite care in Australia: extracts from recent publications. Australian Institute of Health and Welfare. AIHW cat. no. AGE 5. Canberra: AIHW, 1997.
- AIHW annual report 1996–97. Australian Institute of Health and Welfare. AIHW cat. no. AUS 7. Canberra: AIHW, 1997.
- AIHW publications catalogue 1997–98. Australian Institute of Health and Welfare. AIHW cat. no. AUS 5. Canberra: AIHW, 1997.
- AIHW work program 1997–98. Australian Institute of Health and Welfare. AIHW cat. no. AUS 6. Canberra: AIHW, 1997.
- Assisted conception Australia and New Zealand 1996. Hurst T, Shafir E, Lancaster P. Sydney: AIHW NPSU, 1997 (Assisted Conception Series no. 3).
- Australian and New Zealand Neonatal Network, 1995. Donoghue DA. Sydney. AIHW NPSU, 1997 (Neonatal Network Series no. 2).
- Australian hospital statistics 1996–97. Australian Institute of Health and Welfare. AIHW cat. no. HSE 5. Canberra: AIHW, 1998 (Health Services Series no. 11).
- Australia's health 1998. Australian Institute of Health and Welfare. AIHW cat. no. AUS 10. Canberra: AIHW, 1998.
- Australia's mothers and babies 1995. Day P, Lancaster P, Huang J. Sydney: AIHW NPSU, 1997 (Perinatal Statistics Series no. 6).
- Australia's welfare: services and assistance. Australian Institute of Health and Welfare. AIHW cat. no. AUS 8. Canberra: AIHW, 1997.
- Characteristics of students entering Australian medical schools 1989 to 1997. Australian Medical Workforce Advisory Committee, Australian Institute of Health and Welfare. AIHW cat. no. HWL 6. Sydney: AMWAC, 1998.
- Child dental health survey Australia, 1994, The. Davies MJ, Spencer AJ. AIHW cat. no. DEN 30. Adelaide: AIHW DSRU, 1997 (Dental Statistics and Research Series no. 9).
- Child dental health survey Australia, 1995, The. Davies MJ, Spencer AJ. AIHW cat. no. DEN 31. Adelaide: AIHW DSRU, 1997 (Dental Statistics and Research Series no. 10).
- Definition of disability in Australia: moving towards national consistency, The. Australian Institute of Health and Welfare. AIHW cat. no. DIS 5. Canberra: AIHW, 1997.
- Demand for disability support services in Australia: size, cost and growth. Australian Institute of Health and Welfare. AIHW cat. no. DIS 8. Canberra: AIHW, 1997.
- Dental hygienist labourforce Australia, 1996. Szuster FSP, Spencer AJ. AIHW cat. no. DEN 27. Adelaide: AIHW DSRU, 1997 (Dental Statistics and Research Series no. 12).
- Dental practitioner statistics Australia, 1994. Szuster FSP, Spencer AJ. AIHW cat. no. DEN 26. Adelaide: AIHW DSRU, 1997 (Dental Statistics and Research Series no. 11).
- Dental practitioner statistics, New South Wales, October 1994. Dental Statistics and Research Unit. AIHW cat. no. DEN 24. Adelaide: AIHW DSRU, 1997.

- Dental therapist labourforce Australia, 1996. Szuster FSP, Spencer AJ. AIHW cat. no. DEN 28. Adelaide: AIHW DSRU, 1997 (Dental Statistics and Research Series no. 13).
- Disability support services provided under the CSDA: available data 1996. Black K, Maples J, Wen X, Madden R. AIHW cat. no. DIS 7. Canberra: AIHW, 1997.
- Expenditures on health services for Aboriginal and Torres Strait Islander people. Deeble J, Mathers C, Smith L, Goss J, Webb R, Smith V. AIHW cat. no. HWE 6. Canberra: AIHW and DHFS, 1998.
- First report on National Health Priority Areas 1996. Australian Institute of Health and Welfare. AIHW cat. no. PHE 1. Canberra: AIHW and DHFS, 1997.
- First report on National Health Priority Areas 1996 summary. Australian Institute of Health and Welfare. AIHW cat. no. PHE 2. Canberra: AIHW and DHFS, 1997.
- Geriatric and special care dentistry workshop. Dental Statistics and Research Unit. AIHW cat. no. DEN 43. Adelaide: AIHW DSRU, 1997.
- Hostels in Australia 1995–96: a statistical overview. Australian Institute of Health and Welfare. AIHW cat. no. AGE 7. Canberra: AIHW and DHFS, 1998 (Aged Care Statistics Series no. 2).
- Indigenous disability data – current status and future prospects: report on proceedings of the Canberra workshop, April 1998. Australian Institute of Health and Welfare, Australian Bureau of Statistics, Department of Health and Family Services. AIHW cat. no. DIS 10. Canberra: AIHW, ABS, DHFS, 1998.
- Medical labour force 1995. Australian Institute of Health and Welfare. AIHW cat. no. HWL 5. Canberra: AIHW, 1997 (National Health Labour Force Series no. 10).
- National classifications of community services: version 1.0. Australian Institute of Health and Welfare. AIHW cat. no. HWI 7. Canberra: AIHW, 1997.
- National community services data dictionary: version 1.0. Australian Institute of Health and Welfare. AIHW cat. no. HWI 13. Canberra: AIHW, 1998.
- National data standards for injury surveillance. Version 2.1. Adelaide: AIHW NISU, 1998.
- National health data dictionary: version 6. Australian Institute of Health and Welfare. AIHW cat. no. HWI 9. Canberra: National Health Data Committee, 1997.
- Study of injury in five Cape York communities. Gladman DJ, Hunter EMM, McDermott RA, Merritt TD, Tulip FJ. AIHW cat. INJ0121. Adelaide: AIHW NISU and Queensland Health, 1997.
- Nursing homes in Australia 1995–96: a statistical overview. Australian Institute of Health and Welfare. AIHW cat. no. AGE 6. Canberra: AIHW and DHFS, 1997 (Aged Care Statistics Series no. 1).
- Older Australia at a glance. Gibson D, Mathur S, Racic L (eds). AIHW cat. no. AGE 4. Canberra: AIHW and DHFS, 1997.
- Open employment services for people with disabilities 1996: A brief overview. Australian Institute of Health and Welfare. AIHW cat. no. DIS 9. Canberra: AIHW, 1997.
- Population estimates, standard errors and hypothesis tests from the 1987–88 National Oral Health Survey of Australia. Slade GD, Spencer AJ. AIHW cat. no. DEN 32. Adelaide: AIHW DSRU, 1998 (Dental Statistics and Research Series no. 14).
- Probability of nursing home use over a lifetime, The. Liu Z. Canberra: AIHW, 1998 (Welfare Division Working Paper No. 16).
- Profile of New Zealand medical graduates practising in Australia. Australian Medical Workforce Advisory Committee, Australian Institute of Health and Welfare. AIHW cat. no. HWL 7. Sydney: AMWAC, 1998.
- Prospective adult dental programs survey 1995–1996. Brennan DS, Spencer AJ. AIHW cat. no. DEN 29. Adelaide: AIHW DSRU, 1997.

- SAAP national data collection annual report 1996–1997; Australia. Australian Institute of Health and Welfare. AIHW cat. no. HOU 10. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
- SAAP national data collection annual report 1996–1997; Australian Capital Territory. Australian Institute of Health and Welfare. AIHW cat. no. HOU 17. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
- SAAP national data collection annual report 1996–1997; New South Wales. Australian Institute of Health and Welfare. AIHW cat. no. HOU 11. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
- SAAP national data collection annual report 1996–1997; Northern Territory. Australian Institute of Health and Welfare. AIHW cat. no. HOU 18. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
- SAAP national data collection annual report 1996–1997; Queensland. Australian Institute of Health and Welfare. AIHW cat. no. HOU 13. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
- SAAP national data collection annual report 1996–1997; South Australia. Australian Institute of Health and Welfare. AIHW cat. no. HOU 15. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
- SAAP national data collection annual report 1996–1997; Tasmania. Australian Institute of Health and Welfare. AIHW cat. no. HOU 16. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
- SAAP national data collection annual report 1996–1997; Victoria. Australian Institute of Health and Welfare. AIHW cat. no. HOU 12. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
- SAAP national data collection annual report 1996–1997; Western Australia. Australian Institute of Health and Welfare. AIHW cat. no. HOU 14. Canberra: AIHW, 1997 (SAAP NDCA Report. Series 2).
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Appendix 4

Activities funded by outside bodies

Australian Institute of Health and Welfare

Project:	National Community Services Data Dictionary
Funding body:	Standing Committee of Community Services and Income Security Administrators
Amount:	\$112,500
Project:	Common Unit Record System – Post Acute Care
Funding body:	Department of Health and Family Services
Amount:	\$20,887
Project:	Analysis of Disease Costs and Impact
Funding body:	The Centre for Health Program Evaluation
Amount:	\$30,000
Project:	National Health Record Linkages
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$136,000
Project:	Performance Indicators for Rural Health Australia
Funding body:	Department of Health and Family Services
Amount:	\$57,465
Project:	Scoping Study on Older People and Mental Health
Funding body:	Department of Health and Family Services
Amount:	\$135,000
Project:	Child Welfare – Data Collection
Funding body:	States and Territories
Amount:	\$170,635
Project:	Development of a Minimum Data Set for the Home and Community Care Program
Funding body:	Department of Health and Family Services
Amount:	\$43,652
Project:	National Field Test of the Revised International Classification of Impairments, Disabilities and Handicaps in the Area of Intellectual Disabilities
Funding body:	Department of Health and Family Services
Amount:	\$64,500
Project:	Survival from Breast Cancer
Funding body:	Australian Cancer Council
Amount:	\$39,916

Project:	National Health and Medical Research Council – Forum Paper
Funding body:	National Health and Medical Research Council
Amount:	\$11,634
Project:	Performance Indicators for Indigenous Housing
Funding body:	Department of Social Security
Amount:	\$39,100
Project:	National Database on Public Housing Tenants
Funding body:	Department of Social Security
Amount:	\$28,400
Project:	Commonwealth State Housing Agreement – Performance Indicators
Funding body:	Department of Social Security
Amount:	\$44,301
Project:	Study of Future Growth and Unmet Demand for Specialist Disability Services
Funding body:	Disability Services Sub-Committee of the Standing Committee of Community Service and Income Security Administrators
Amount:	\$125,000
Project:	National Health Information Knowledgebase
Funding body:	Australian Health Ministers’ Advisory Council
Amount:	\$70,000
Project:	National Health Data Dictionary and Information Model
Funding body:	Australian Health Ministers’ Advisory Council
Amount:	\$250,000
Project:	National Assessment of Quality of Indigenous Identification in Australian Hospitals
Funding body:	Australian Health Ministers’ Advisory Council
Amount:	\$160,000
Project:	Develop national public health information and indicators under the National Public Health Partnership, and provide assistance and expertise to the Public Health Division, Department of Health and Family Services
Funding body:	Department of Health and Family Services
Amount:	\$807,441
Project:	National Survey of Mental Health Services
Funding body:	Department of Health and Family Services
Amount:	\$180,537
Project:	National Information Management System for open employment services for people with disabilities
Funding body:	Department of Health and Family Services
Amount:	\$330,400 (1997–98 to 1998–99)

Appendix 4

Project:	Child Care Data Development
Funding body:	Department of Health and Family Services
Amount:	\$46,301 (1997–98 to 1998–99)
Project:	Aboriginal and Torres Strait Islander Disability Data Workshop
Funding body:	Department of Health and Family Services
Amount:	\$86,000
Project:	Youth Homelessness Pilot Programme
Funding body:	Department of Health and Family Services
Amount:	\$174,184 (1997–98 to 1998–99)
Project:	Monitoring System for Cardiovascular Disease
Funding body:	Department of Health and Family Services
Amount:	\$600,000
Project:	National Health Priority Areas
Funding body:	Department of Health and Family Services
Amount:	\$119,100
Project:	Hospital performance indicators – Develop, collect, analyse and report nationally on hospital performance indicators ('Benchmarking')
Funding body:	Department of Health and Family Services
Amount:	\$46,640
Project:	Health of Rural Australians
Funding body:	Department of Health and Family Services
Amount:	\$118,300 (1998–99)
Project:	Support for the Australian Medical Workforce Advisory Committee
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$214,200
Project:	Supported Accommodation Assistance Program – National Data Collection
Funding body:	Department of Health and Family Services
Amount:	\$1,103,420 (1997–98 to 1998–99)
Project:	Costs of Cancer in Australia
Funding body:	National Cancer Control Initiative
Amount:	\$8,000

Collaborating units

AIHW Dental Statistics and Research Unit

Project:	Dental Statistics and Research Unit
Funding body:	Department of Health and Family Services
Amount:	\$278,000

National Injury Surveillance Unit

Project: Emergency Department Cases
Funding body: Department of Health and Family Services
Amount: \$116,500

Project: Injury Information and Statistics
Funding body: Department of Health and Family Services
Amount: \$600,000 (1997-98 to 1998-99)

Aboriginal and Torres Strait Islander Health and Welfare Information Unit

Project: Aboriginal and Torres Strait Islander Health and Welfare
Information and Statistics
Funding body: Department of Health and Family Services
Amount: \$940,000 (1997-98 to 1998-99)

General Practice Statistics and Classification Unit

Project: General Practice Statistics and Classification Unit
Funding body: Department of Health and Family Services
Amount: \$400,000 (1997-98 to 1998-99)

Appendix 5

Freedom of Information requests

There were no requests made under the *Freedom of Information Act 1982* during 1997–98.

Freedom of Information enquiries

All enquiries concerning access to documents under the *Freedom of Information Act 1982* may be directed to the Freedom of Information Contact Officer, Australian Institute of Health and Welfare, GPO Box 570, Canberra, ACT, 2601; telephone (02) 6244 1101.

Appendix 6

Glossary

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
BEACH	Bettering the Evaluation and Care of Health
COAG	Council of Australian Governments
DALY	Disability adjusted life years
DHFS	Department of Health and Family Services
DSRU	Dental Statistics and Research Unit
HACC	Home and Community Care
ICD-9	International Classification of Diseases Ninth Revision
ICD-9-CM	International Classification of Diseases Ninth Revision, Clinical Modification
ICD-10	International Classification of Diseases Tenth Revision
ICD-10-AM	International Classification of Diseases Tenth Revision, Australian Modification
ISO/IEC	International Organization for Standardization / International Electrotechnical Commission
MOU	Memorandum of Understanding
NHMRC	National Health and Medical Research Council
NCSIMG	National Community Services Information Management Group
NHIK	National Health Information Knowledgebase
NHIMG	National Health Information Management Group
NHPA	National Health Priority Area
NHWI	National Health and Welfare Information
NISU	National Injury Surveillance Unit
NMDS	National minimum data set
NPSU	National Perinatal Statistics Unit
OECD	Organisation for Economic Co-operation and Development
SAAP	Supported Accommodation Assistance Program
SCCSISA	Standing Committee of Community Service and Income Security Administrators
WHO	World Health Organization

Appendix 7

Equal Employment Opportunity

Representation of EEO groups within salary levels, at 30 June 1998.

Salary group	ATSI		NESB 1		NESB 2		PWD		Women		Men		Total	
	96-97	97-98	96-97	97-98	96-97	97-98	96-97	97-98	96-97	97-98	96-97	97-98	96-97	97-98
ASO2 & Equiv.	0	0	0	2	1	0	0	0	6	7	1	0	7	7
ASO3 & Equiv.	0	0	0	0	0	0	0	0	6	8	2	1	8	9
ASO4 & Equiv.	0	0	0	0	0	1	0	0	4	7	2	4	6	11
ASO5 & Equiv.	0	0	0	2	1	2	0	0	14	14	4	7	18	21
ASO6 & Equiv.	0	0	1	7	1	2	1	0	14	22	7	7	21	29
SOC & Equiv.	0	0	0	8	5	2	2	1	21	24	20	21	41	45
SOB/A & Equiv.	0	0	1	3	0	2	2	0	3	7	15	15	18	22
SES & Equiv.	0	0	1	1	0	0	1	1	0	0	5	4	5	4
Total	0	0	3	23	8	9	6	2	68	89	56	59	124	148

ATSI Aboriginal and Torres Strait Islander.

NESB1 Non-English-speaking background, first generation.

NESB2 Non-English-speaking background, second generation.

PWD People with a disability.

Appendix 8

AIHW—Unit Heads

National Information Policy and Coordination Unit

Anthony Greville, BEc Qld, MHealthPlanning UNSW

Health Division

Cardiovascular Disease Monitoring

Stan Bennett, B Tech (Hons) Bradford, PhD ANU, C Stat

Disease Registers

Paul L Jelfs, BSc (Hons), PhD UNSW

Health and Community Services Labour Force

John Harding, BA Macq

Public Health Data and Information Services

Mark Cooper-Stanbury, BSc ANU

Patient Morbidity and Services

Jenny Hargreaves, BSc (Hons) ANU

Health Services

Janis Shaw, BA (Hons), PhD ANU

Population Health

Kuldeep Bhatia, BSc, MSc, PhD Panjab, PhD ANU

Principal Research Fellow

Colin D Mathers, BSc (Hons), PhD Syd

Welfare Division

Aged Care

Diane Gibson, BA (Hons), PhD Qld

Child and Family Support Services

Helen Moyle, BA East Anglia, MA La Trobe

Disability Services

Rosamond Madden, MSc Syd

Health and Welfare Expenditure

John Goss, BEc, BSc ANU, GradDipNutrDiet QIT

Housing Unit

David Wilson, BEc (Hons) Flinders

SAAP National Data Collection Agency

Rosangela Merlo, BA LaTrobe, GradDipDemog ANU

Information and Business Management Division

Business Management

Owen Rodda, BA CCAE, MBA Canberra, ASCPA

Communication and Public Affairs

Nigel Harding, BA Qld

Data Management

Monica Berko, BSc Qld

Information Development

Joe Christensen, BA UWA

Information Technology

Mike McGrath, BA CCAE

Library and Document Management Services

Judith Abercromby, BA (Hons) Tas, Dip Lib UNSW

Heads of collaborating units

National Perinatal Statistics Unit Director

Paul Lancaster, MB, BS Syd, MPH UC Berkeley, FRACP, FAFPHM

Dental Statistics and Research Unit Director

A John Spencer, MDSc, PhD Melb, MPH Michigan

Aboriginal and Torres Strait Islander Health and Welfare Information Unit Director

Tony Barnes, BSc (Mathematical Statistics) Birmingham, MSc (Computer Science) London

National Injury Surveillance Unit Director

James Harrison, MB, BS Melb, MPH Syd, FAFPHM

General Practice Statistics and Classification Unit Director

Helena Britt, BA UNSW, PhD Syd

Appendix 9

Assessment against Program Budget Targets

Health information

Indicator	Target	Outcome
'Australia's Health 1998'—a major biennial report on Australia's health	June 1998	<i>Australia's Health 1998</i> tabled by Minister for Health on 25 June 1998. (AIHW Catalogue No. AUS 10)
Collaborating Units	Optimum use of collaborating unit structure	Establishment of General Practice Statistics and Classification Unit, changes to organisational arrangements for NISU and NPSU, extension of funding agreement of ATSIHWIU, review of DSRU. See Health chapter of this Report for details of achievements.
A program of national health data linkage	Release of initial analyses by June 1998	Completion of this project has been delayed by staffing problems. Release of initial analyses has been rescheduled for the 1998–99 year.
Timeliness of national public hospital statistics	1996–97 information by June 1998	Report published June 1997 (AIHW Catalogue No. HSE 5)
Timeliness of national cancer statistics	'Cancer in Australia 1995' by June 1998	Report to be released by the Minister for Health on 2 July 1997 (AIHW Catalogue No. CAN 2)
Health status of population sub-groups	June 1998	Summary report on the health of Australians living in rural and remote areas published in October 1997, and the health of Australian children and young adults: recent statistics published in March 1998.

Welfare-related information

Indicator	Target	Outcome
Publish a national classification of community services	July 1997	<i>National Classifications of Community Services Version 1.0</i> published late 1997 (AIHW Catalogue No. HWI 7)
Develop and publish V1.0 of the National Community Service Data Dictionary	April 1998	Version 1.0 of the <i>National Community Services Data Dictionary</i> released in June 1998 (AIHW Catalogue No. HWI 13)
'Australia's Welfare 1997'—a major biennial report on Australia's welfare services	December 1997	<i>Australia's Welfare: Services and Assistance</i> tabled by Minister for Family Services on 20 November 1997. (AIHW Catalogue No. AUS 8)
Timeliness of data on services provided by Supported Accommodation and Assistance Program	November 1997 and April 1998	National overview report published December 1997. Mid-year agency reports distributed in February–March 1998.
National disability data—publication from NIMS	Quarterly publications	Annual reporting basis changed from calendar to financial years. Report on financial years 1995–96 and 1996–97 completed for release in July 1998.
National child protection data	April 1998	To be released August 1998—within 12 months of the end date of the year's collection.

Information Management and Business Services

Indicator	Target	Outcome
Develop the National Information Knowledgebase	June 1998	Further development since July 1997 incorporates updating facilities and the capability for other agencies to store their metadata in the Knowledgebase.
Electronic dissemination of Institute data products	Main publications accessible on AIHW Home Page by July 1997	Major publications available on-line free of charge on the Institute's World Wide Web Home Page at: http://www.aihw.gov.au .
Published material seen as independent and of high quality and making a major contribution to the debate of health and welfare issues	No public criticism of output on grounds of quality or bias	This requires subjective judgement; comments made by the Minister for Community Services and the Minister for Health at the launch of <i>Australia's Welfare: Services and Assistance</i> and <i>Australia's Health 1998</i> referred to the quality and objectivity of AIHW reports.

Appendix 10

Compliance with Annual Reporting requirements

Statements of the Institute's compliance in the following applicable areas can be found in the following places:

Item	Page
Letter of transmission	iii
Aids to access:	
Table of contents	vi
Alphabetical index	124
Compliance index	122
Glossary	115
Structure of the report and links with other major documents	1
Contact details for Information on request	ii
Corporate overview:	
Structure and senior management	5
Organisation chart	7
Effectiveness of Workplace Diversity Programs:	
• Statistical tables	116
• To comply with PSC Guidelines	54
Internal and external scrutiny:	
• internal audit and fraud control units	56
• reports of ANAO	60
• inquiries by parliamentary committees	Nil
• comments by Ombudsman	Nil
• decisions by courts and admin tribunals	Nil
• FOI cases	114
Reports tabled by parliamentary committees and the Auditor-General	Nil
Other:	
• industrial democracy	55
• occupational health and safety	55
• freedom of information	114
• advertising and market research (not applicable)	Nil
Staffing overview:	
total number of employees – disaggregated by classification and location	54
full-time and part-time staff numbers	53
numbers employed by the Public Service Act	53
temporary staff	53
numbers of men and women in various categories of employment	116
SES information on:	
• level	54
• gender	116

• gains and losses	54
• intra-agency mobility	Nil
Summary statements:	
performance pay	Nil
not eligible expenditure on staff training	Nil
total number of consultants engaged and total expenditure	Nil
Financial statements	59
Information available on request	ii

Index

- Abbott Australasia Pty Ltd, 28
- Aboriginal and Torres Strait Islander Health and Welfare Information Unit, 16–18, 43, 118
- funding, 16, 113
 - Indigenous staff, 55
- Aboriginal and Torres Strait Islander Health Information Plan, 17–18
- Aboriginal Australians, *see* Indigenous Australians
- Aboriginal Medical Services, 17
- Aboriginal Rental Housing Program, 46
- accommodation, 45–7
- accounting policies, 69–71
- acronyms and abbreviations, glossary of, 115
- activities funded by outside bodies, 16, 19, 28, 110–13
- acute rheumatic fever, 23
- adoptions, 44
- adult body fatness indicators, 22–3
- adult oral health, 20, 21, 31, 38
- aged care, 29, 40–1, 117
- agency agreement, 55
- alcohol treatment services, 29–30
- ambulance database, 23
- angioplasty, 23
- annual reporting requirements, compliance with, 122–3
- assets, 69–70, 72, 73–4, 77
- Assisted Conception, Australia and New Zealand, 1996, 19*
- assisted reproduction, 19–20
- Astra Pharmaceuticals, 30
- Audit and Finance Committee, 4–5
- Audit Committee, 56
- Auditor-General, remuneration of, 76
- AusInfo, 52
- Australasian Paediatric Endocrine Group, 23
- Australian and New Zealand Neonatal Network, 27–8
- Australian Bureau of Statistics (ABS), 34, 43
- National Centre for Aboriginal and Torres Strait Islander Statistics, 16, 55
- Australian Casemix Report on Hospital Activity, 26*
- Australian Coding Benchmark Audit, 33
- Australian Council of Social Services, 46
- Australian Dental Research Fund, 31
- Australian Federal Police, 10
- Australian Government Solicitor, 10
- Australian Health Ministers' Advisory Council (AHMAC), 18, 31, 34
- Australian Hospital Statistics 1996–97, 26, 27*
- Australian Hospital Statistics Advisory Committee, 26
- Australian Institute of Health Act 1987, 79*
- Australian Institute of Health and Welfare Act 1987, 79–101*
- Australian Institute of Health Ethics Committee Regulations, 102
- Australian Medical Association, 27
- Australian Medical Workforce Advisory Committee, 31
- Australian National Diagnostic Related Group classification, 26
- Australian National University, Social Science Data Archives, 35
- Australia's Health 1998, 9, 16, 24, 27*
- Australia's Mothers and Babies 1995, 19*
- Australia's Welfare 1997, 9, 43, 47*
- babies, *see* perinatal statistics
- bad debts, 70
- BEACH program, 30
- Bird Cameron Partners, 56
- births, *see* perinatal statistics
- blood indices, 23
- Board, 2–5, 75–6
- body fatness indicators, 22–3
- breast cancer, 22
- burden of disease, 16
- Business Management, 118
- cancer, 18, 22, 36
- radiation oncology workforce, 31
- Cancer in Australia 1991–1994, 36*
- cardiac surgery, 23
- cardiovascular disease, 22–3, 31
- Cardiovascular Disease Monitoring, 117
- casemix, 26
- cash flow reconciliation, 75
- Certified Agreement, 55
- cervical cancer screening, 22
- Child and Family Support Services, 117
- child care, 44
- Child Care Census, 44
- Child Dental Health Survey, 20–1
- child protection, 44
- Child Protection Australia 1996–97, 44*
- children, 18, 20–1, 43–4
- paediatric medicine workforce, 31
- Children's Services Data Working Party, 44
- classification, 26–7, 33–4, 42–3
- COAG *Report on Government Services, 27, 36, 44*
- Collaborating Units, 5, 118
- Comcare investigation, 56
- Commonwealth/State Disability Agreement (CSDA), 41–2, 43
- Commonwealth–State Housing Agreement, 46
- Commonwealth–State Working Group on Indigenous Housing, Data Working Group, 46–7

communicable diseases, 23
 Communication and Public Affairs Unit, 52, 118
 community aged care, 41
Community Aged Care Packages: How Do They Compare, 41
 community health, 28–31
 community housing, 46, 47
 contract work, 11, 23, 36, 52, 71
 corporate communication, 52
 corporate data management, 50–1
 corporate governance, 2–3
 Council of Australian Governments, *Report on Government Services*, 27, 36, 44
 credit risk exposures, 77
 creditors, 73
 Crisis Accommodation Program, 46
 crisis services, 45–6

 Data Management Unit, 50–1, 118
 death, *see* mortality
 debts, 70
 dementia care, 29
 dental practitioners, 30–1, 32, 38
 Dental Research Centre, 38
 dental statistics, 20–1, 30–1, 32, 37–8
 Dental Statistics and Research Unit (DSRU), 20–1, 30–1, 37–8, 118
 Department of Health and Family Services (DHFS), 30, 41, 43, 44
 Australian Casemix Report on Hospital Activity, 26
 funding, 16, 110–13
 Legal Branch, 10
 Memorandums of Understanding, 29, 36
 National Information Management System (NIMS), 42
 Office for the Aged, 29
 Public Health Division, 35, 36
 resources received free of charge, 72
 Department of Veterans' Affairs, 30
 dermatology workforce, 31
 desktop platform, 49
Developing Quality Measures for Home and Community Care, 41
 diabetes, 23–4
 Diabetes Australia, 23
 disability, staff with, 116
 Disability Data Reference Advisory Group, 42
 disability services, 41–3, 117
 Disability Services Subcommittee (DSSC), 42, 43
 disease, burden of, 16
 Disease Costs and Impact Study, 32–3
 Disease Registers, 117
 diversity in the workplace, 54–5, 116
 doctors, 30, 31
 document management, 53
 doubtful debts, 70

 drug survey, 35
 drug treatment services, 29–30

 EASACT Davidson and Trahaire, 56
 economic dependency (AIHW), 71
 elective surgery waiting times, 27
 Employee Assistance Program, 56
 employees, *see* staff
 enterprise agreement, 55
 equal employment opportunity, 54–5, 116
 equity (finance), 73
 equipment, 69–70, 72, 74
 establishment of AIHW, 1–2
 ethics committees, 3–4, 15, 35, 42, 102
 evaluation (external review), 35–8, 48
 expenditures on health and welfare services, 17, 32, 47–8
Expenditures on Health Services for Aboriginal and Torres Strait Islander People, 32

 family services, 43–4
 Fertility Society of Australia, 19
 finance, 5, 11, 57, 59–77
 activities funded by outside bodies, 16, 19, 28, 110–13
 health and welfare services expenditures, 17, 32, 47–8
 financial instruments, 77
 financial management, 4–5, 56–7
 financial performance, 11
First Report on National Health Priority Areas 1996, 21–2
 Flinders Institute of Public Policy and Management, 26
 Flinders University, 24
 fluoridation, 21
 fraud control, 56
 freedom of information, 114
 full-time staff, 53
 functions of AIHW, 1
 funding, *see* finance

 gamete intrafallopian transfer, 19
 general practice, 30
 General Practice Statistics and Classification Unit, 30, 113, 118
 glossary, 115

 Health and Community Services Labour Force, 117
 health and welfare expenditure, 17, 32, 47–8, 117
 Health Division, 6, 117
 Health Ethics Committee, 3–4, 15, 35, 102
 health services expenditure, 17, 32
 health indicators, 15–16, 22–3
 health information, 14–38, 119
 health information infrastructure and services, 33–5

- health labour force, 30, 31–2, 38
- Health Labour Force Unit, 38
- health record linkage, 34, 42
- health resources, 31–3
- health services, 18, 26–33, 117
 - expenditures on, 17, 32
- health status, Indigenous self-assessed, 17
- heart diseases, 22–3
- Home and Community Care, 41
- Home Purchase Assistance, 46
- homelessness, 45–6
- hospital statistics, 18, 26–8
- hostels, 40–1
- House Committee, 5
- housing assistance, 46–7
- Housing Unit, 117
- human resource management, 53–6
- human resources, *see* staff

- ICD-9-CM, 26, 27
- ICD-10-AM, 26–7, 33–4
- ICIDH-2, 42–3
- in-vitro fertilisation, 19–20
- Indigenous Australians, 16–18
 - dental health, 21
 - disability, 43
 - health services expenditure, 17, 32
 - housing assistance, 46–7
 - perinatal statistics, 18, 19
 - rheumatic fever and rheumatic heart disease, 23
 - staff, 55, 116
- Indigenous Disability Data – Current Status and Future Prospects*, 43
- industrial relations, 55
- Information Development, 118
- information management and business services, 6, 49–57, 118, 121
- information privacy and security, 9–10, 50–1
- information technology, 49–51
 - Library, 53
 - Supported Accommodation Assistance Program (SAAP), 45
- Information Technology Unit, 50, 118
- infrastructure, plant and equipment, 69–70, 72, 74
- injury statistics, 24–6, 37
- institutional health, 18, 26–8
- intensive care, 27–8, 31
- interest rate risk, 77
- internal audit services, 56
- Internal Audit Strategic Plan, 56
- international activities, 16, 34–5, 50, 51
- International Classification of Diseases, 26–7, 33–4
- International Classification of Impairments, Disabilities and Handicaps, 42–3
- International Medical Society of Paraplegia (Australian Division), 25

- International Standards Organisation, 50, 51
- Internet site, 11–12, 52
- Intranet, 51

- Joint Consultative Council, 55

- Knowledgebase, 49–50

- La Trobe University, 33
- labour force, 31–2
 - dental, 30–1, 38
 - see also* staff
- leases, 70
- legislation, 79–102
- liabilities, 70, 77
- Library and Document Management Services, 53, 118
- linkages (data), 15, 25, 34, 36, 42
 - see also* networking and linking
- longitudinal studies, 21, 30–1

- management, 1–7, 49–57
 - Medical Care for Cardiovascular Disease in Australia*, 22
- medical practitioners, 30, 31
- Memorandums of Understanding, 29, 36
- men staff, 53–4, 116
- mental health, 28–9
- metadata systems, 49–50, 51
- microinjection, 19
- minimum data sets, 23, 28, 29–30, 41–2
- Minister responsible, 1
- mission statement, v
- morbidity, 19, 26, 27
- mortality, 15, 19
 - National Death Index, 15, 25, 36
- mothers, *see* perinatal statistics

- National Action Plan for Dementia Care, 29
- National Adult Dental Survey, 38
- National Cancer Statistics Clearing House, 22
- National Centre for Aboriginal and Torres Strait Islander Statistics, 16, 55
- National Centre for Classification in Health, 33–4
- National Centre for Epidemiology and Population Health, 32
- National Child Protection and Support Services Group, 44
- National Committee for Implementation of ICD-10-AM in Australian Hospitals, 26–7
- National Community Services Data Committee, 40, 51
 - National Community Services Data Dictionary*, 40, 51
- National Community Services Information Agreement, 39–40

National Community Services Information Development Plan, 40

National Community Services Information Management Group (NCSIMG), 40, 44

National Data Standards for Injury Surveillance, 25

National Death Index, 15, 25, 36

National Dental Telephone Interview Surveys, 31

National Diabetes Register, 23–4

National Diabetic Services Scheme, 23

National Drug and Alcohol Research Centre, 29

National Drug Strategy Household Survey, 35

National Drug Strategy Intergovernmental Committee, 29

National Health and Medical Research Council, 3, 21, 31

National Health Data Committee, 51

Organisational Units Working Group, 28

National Health Data Dictionary, 19, 22, 51

National Health Information Agreement, 10, 13

National Health Information Management Group (NHIMG), 13, 18, 22

National Health Ministers' Benchmarking Working Group, 27

National Health Plan for Young Australians, 18

National Health Priority Areas, 21–6

national health record linkage, 15, 25, 34, 36, 42

National Health Survey, 43

National Heart Foundation, 23

National Hospital Morbidity Database, 26

National Indigenous Housing Data Management Strategy, 46–7

National Information and Policy Coordination Unit, 13, 117

National Information Development Unit, 51

National Information Management System, 42

National Injury Conference, 25, 26

National Injury Surveillance Unit (NISU), 24–6, 37, 113, 118

National Mental Health Strategy, 28

national minimum data sets, 23, 28, 29–30, 41–2

National Occupational Health and Safety Commission, 30

National Perinatal Data Development Committee, 19

National Perinatal Statistics Unit (NPSU), 18–20, 27–8, 37, 118

National Public Health Information Development Plan, 15

National Public Health Information Working Group, 15

National Public Health Partnership, 15

National Public Health Partnership Group, 23

National Rural Public Health Forum, 16

National Summit on Quality and Efficiency in Medicine, 27

National Survey of Mental Health Services, 28

neonatal statistics, *see* perinatal statistics

networking and linking, 14

Aboriginal and Torres Strait Islander Health and Welfare Unit, 17

National Perinatal Statistics Unit, 19

see also linkages (data)

NIMS, 42

non-English speaking backgrounds, staff from, 116

nursing, 31

nursing homes, 40–1

Nursing Homes in Australia 1996–97, 40–1

nutrition, 23, 36

obesity, 17

occupational health and safety, 55–6

Occupational Health and Safety Committee, 55

Occupational Health and Safety Plan, 55

occupational therapists, 31

Office for the Aged, 29

Older Australia at a Glance, 41

older Australians, 29, 40–1

oncology workforce, 31

oral health, 20–1, 30–1, 32, 37–8

Organisation for Economic Co-operation and Development (OECD), 16, 35

organisational structure, 5–7

orthopaedic surgery workforce, 31

outsourcing (contract work), 11, 23, 36, 52, 71

overweight and obesity, 17

paraplegia, 25

part-time staff, 53

Patient Morbidity and Services, 117

paediatric medicine workforce, 31

perinatal statistics, 18–20, 27–8, 37

permanent staff, 53

pharmacists, 31

physiotherapists, 31

plant and equipment, 69–70, 72, 74

population database, 34

population health, 15–21, 37, 117

portfolio membership, 1

pregnancies, *see* perinatal statistics

Prime Ministerial Youth Homeless Taskforce, 46

privacy and security, 9–10, 50–1

Private Rental Assistance, 46

Profile of New Zealand Medical Graduates Practising in Australia and Characteristics of Students Entering Australian Medical Schools 1989 to 1997, 31

public dental services, 31

Public Health Data and Information Services Unit, 35, 117

public health information, 14–38, 119

public hospitals, 27

public housing, 46–7

- public psychiatric hospitals, 26
- publications, 11–12, 52, 103–9
 - plain language summaries, 17
- Queensland University of Technology, 33
- radiation oncology workforce, 31
- records management, 53
- remote Australians, 15–16, 22
 - see also* Indigenous Australians
- rental assistance data, 46
- Report on Government Services*, 27, 36, 44
- reporting requirements, compliance with, 122–3
- Research Centre for Injury Studies, 24
- research ethics, 3–4, 15, 35, 42, 102
- residential aged care, 40–1
- responsible Minister, 1
- rheumatic heart disease, 23
- road crash injuries, 25
- Roche Products, 30
- Roy Morgan Research, 35
- rural Australians, 15–16, 22
 - see also* Indigenous Australians
- SAAP National Data Collection Agency, 45, 117
- scoping studies, 29, 44, 46
- Scoping Study of Older People and Mental Health, 29
- security, 9–10, 50–1
- segment reporting, 71
- self-assessed health status, 17
- Senior Executive Service staff, 54, 76
- Serono Australia, 19
- Social Science Data Archives, 35
- South Australian Dental Longitudinal Study, 21
- spinal cord injury, 25
- Spinal Cord Injury Register, 25
- staff, 6, 53–6, 117
 - liabilities and expenses for, 70, 71, 73
 - National Centre for Aboriginal and Torres Strait Islander Statistics, 55
 - National Information and Policy Coordination Unit, 13
 - publications by, 106–9
- Standing Committee of Community Services and Income Security Administrators, 40
- structure, 5–7
- Study of Dental Services, 31
- Study of Injury in Five Cape York Communities*, 25–6
- suppliers, 71, 73
- Support Accommodation and Crisis Services Unit, 45–6
- Support Accommodation Assistance Program, 45, 117
- surgery, 23, 31
 - waiting times for elective, 27
- Surveillance of Cardiovascular Mortality Australia, 1985–96*, 22
- taxation (AIHW), 69
- temporary staff, 53
- timeliness, 35–6, 44
- Torres Strait Islanders, *see* Aboriginal and Torres Strait Islander Health and Welfare Information Unit; Indigenous Australians
- trade creditors, 73
- Unit heads, 117–18
- University of Adelaide, 20
- University of New South Wales, 18, 29
- University of Sydney, 18, 30, 33
- University of Western Australia, 34
- unmet demand for disability services, 43
- value statement, v
- Victorian Department of Human Services, 31
- waiting times for elective surgery, 27
- water fluoridation, 21
- web site, 11–12, 52
- Welfare Division, 6, 117
- Welfare Ethics Committee, 3–4, 42
- welfare-related information, 39–48, 120
- Western Australian Department of Health, 31, 34
- women, 22
 - staff, 53–4, 116
 - see also* perinatal statistics
- workforce, *see* labour force; staff
- workplace diversity, 54–5, 116
- workplace relations, 55
- World Congress of Gerontology, 41
- World Health Organisation, 33, 34
- youth, 18, 45–6
 - see also* children
- Youth Homelessness Pilot Project, 45–6