

CHAPTER

2

Reporting
framework

The Australian Institute of Health and Welfare (AIHW) is Australia's national agency for health and welfare statistics and information, established by an Act of Parliament to report to the nation on the state of its health and welfare. Thus, every 2 years the AIHW publishes *Australia's Health* and *Australia's Welfare* as comprehensive summaries of these two major areas that encompass health, health services, community services and housing. The *Australian Institute of Health and Welfare Act 1987* defines welfare services as including:

- aged care services
- child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force)
- services for people with disabilities
- 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)
- child welfare services (including, in particular, child protection and substitute care services)
- other community services.

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

To improve the health and wellbeing of Australians, we inform community discussion and decision-making through national leadership in developing and providing health and welfare statistics and information.

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

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

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

The AIHW has a reputation for producing authoritative and comprehensive publications to support Australia's health investment. In addition to *Australia's Health* and *Australia's Welfare*, the AIHW produces some 80 reports and working papers each year. These provide a broad range of easily interpreted information for policy makers, academics, students and the general public about key health and welfare issues in Australia. Most AIHW publications are available free on its website at www.aihw.gov.au.

The AIHW work program

The annual work program is endorsed by the AIHW Board. The work program for 2000–01 puts into operation the goals and describes the outputs that are delivered to meet the objectives of the AIHW Corporate Plan 1999–2002.

The Board agreed to maintain the relativity of appropriation funding committed to projects in the Health and Aged Care and in the Family and Community Services portfolios at 62% and 38% respectively. As a statutory authority within the Health and Aged Care portfolio, the AIHW receives appropriation funding only through that portfolio budget. However, this report covers all work performed by the AIHW, including work for both the Department of Health and Aged Care and the Department of Family and Community Services.

In addition to its appropriation-funded work program, the AIHW provides services on a cost-recovery basis to a variety of government and non-government clients. This includes work on a number of nationally important data sets such as mental health services, cancer screening, physical activity monitoring and child and youth health.

The work program also includes infrastructure work which supports the AIHW's meeting its output targets.

BUSINESS STRATEGIES AND PRINCIPLES

An executive planning meeting in October 1999 decided that the AIHW needed a strategic framework to pursue business opportunities and deliver sustainable human and financial resource outcomes. The 2001–2004 Business Plan was developed as a result. All staff were involved in development of the Plan with the process including an off-site management and leadership workshop in February and workshops for all staff. The heads of the collaborating units were also involved.

To support its business development activities, the AIHW also produced a Capability Document.

The AIHW continues to experience strong growth in its business with income increasing by \$1.3 million or 13.9% over the course of 2000–01.

During the year the AIHW signed a new 5-year Memorandum of Understanding with the Department of Health and Aged Care. That arrangement provides the framework for the delivery of a range of services to a key client, as well as giving the AIHW a level of certainty in its externally-funded work program. A Memorandum of Understanding with the Department of Family and Community Services is nearing completion and is expected to further strengthen the relationship with this important partner and client.

The AIHW meets its commitment to operate under ethical business principles consistent with its mission through sound financial management, with responsible and transparent pricing policies. An active rolling program of audits ensures that policies and procedures are appropriate for the nature of AIHW business.

The AIHW reviewed its pricing policies over the course of the year and a new pricing 'template' was introduced which is simpler and more transparent to clients. The AIHW prices its services to recover its costs on external project work undertaken under Memoranda of Understanding with client departments. It plans to achieve a small surplus over the financial year.

Strong financial performance can in part be attributed to effective management of costs. The AIHW is prepared to contract for provision of corporate services by external suppliers if there is a sound business case. During the year the AIHW entered into a contract with Spherion to manage its personnel and payroll processing function. The new arrangements went online in December and are now working effectively and will be extended to employee self-service late in 2001.

INFORMATION AND COMMUNICATION STRATEGIES

Effective business practices were enhanced during the year when staff were given direct access to the Internet. Because of its concerns regarding Internet security, the AIHW adopted a cautious approach to incorporating use of the Internet into its working environment. Such access was given only after certification by Defence Signals Directorate to provide the high level of security required.

The AIHW's information infrastructure was strengthened during the year through installation of eight additional servers, increasing data disk storage by 100% and replacing, through lease arrangements, 120 PCs with more powerful machines.

The AIHW improved its external communications by significantly redeveloping its website. Access to topic areas of key interest to users is now readily available through a series of portals. The website, which is currently averaging 1,000 visitors per day, has become a cornerstone of the AIHW's information dissemination strategy by offering the full text of publications for downloading free of charge.

Access to AIHW data on the website was further enhanced by adding a number of multidimensional data 'cubes', allowing users to produce customised tables or graphs to suit their particular requirements.

During the year, the AIHW published 82 reports and 46 media releases. Considerable effort is made to ensure that publications meet the information needs of partners, clients and the Australian community.

WORKING ARRANGEMENTS, STAFFING AND STAFF DEVELOPMENT

The AIHW staff are its greatest asset and workplace relations are given high priority. The quality of industrial democracy is reflected in 90% of staff voting in favour of the 2000–02 Certified Agreement.

The new Certified Agreement sets out initiatives which were implemented during the year, including arrangements for home-based work, the provision of a Parenting Room and arrangements for the closure of AIHW premises over Christmas. The Parenting Room is well equipped and provides an option for staff with families to deal with child care emergencies.

The AIHW Consultative Committee has six members, two each representing management, staff and unions. The charter of the Committee is to:

- promote sound workplace relations in the AIHW
- improve mutual understanding between management and employees
- provide a formal mechanism for consultation and discussions between management and employees aimed at facilitating the mutual exchange of information.

The Committee met three times during the year.

In keeping with the need to pursue and sustain business, the 2001 Training and Development Strategic Plan was developed with the aim of enhancing AIHW capacity for productive and high-quality work. The AIHW has committed a substantial allocation of funds to corporate training initiatives consistent with its commitment to develop a skilled and motivated workforce.

The AIHW takes pride in its role under the Disability Strategy as an employer. Initiatives under this Strategy are discussed in Chapter 1.

Reports according to Portfolio Budget Statement

Although the AIHW Review of Operations for 2000–01 reports according to output groups in the Department of Health and Aged Care Portfolio Budget Statement, the significant proportion of the AIHW work program which supports the objectives of the Family and Community Services portfolio is included to present a comprehensive record of the AIHW's contribution to the health and welfare of Australians.

The output groups within Outcome 9 of the Department of Health and Aged Care 2000–01 Portfolio Budget Statement according to which the AIHW reports are listed below. The groups are sufficiently broad to enable reporting on contributions made to the Family and Community Services portfolio.

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

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

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

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

Specific services include:

- ▶ work leading to the preparation of a welfare report (*Australia's Welfare 2001*, due by the end of 2001), providing statistics and related information concerning the provision of welfare services to the Australian people (under s. 31(1A) of the *Australian Institute of Health and Welfare Act 1987*)
- ▶ preliminary work on the preparation of a health report (*Australia's Health 2002*, due by the end of June 2002) providing statistics and related information concerning the health of the Australian people (under s. 31(1) of the *Australian Institute of Health and Welfare Act 1987*)
- ▶ AIHW Annual Report.

Contribution to Portfolio Outcome 9

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

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

Background

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

The AIHW regards the requirement to produce the reports as a unique opportunity to provide health and welfare statistics and information to Parliament and thus to the Australian community. The reports are important vehicles for informing the Australian public about the state of the nation's health and welfare and the services supporting them, and provide an opportunity for the AIHW to showcase its capability in health and welfare statistics and information.

Parliament is an important audience for *Australia's Health* and *Australia's Welfare*, not only because the AIHW Act requires that the reports are presented to Parliament, but also because they are used to inform Parliament and the processes of government. In launching *Australia's Health 2000*, Minister Wooldridge gave a strong endorsement of the report, describing it as providing the 'usual excellent, comprehensive compendium of today's health statistics and related information', and noting that data are needed to provide the basis for decision making in relation to the provision of health services. References are made to material from *Australia's Health* in parliamentary debates, and the AIHW's other publications are influential in both debate and in argument presented to government (e.g. the Australian Medical Association statement on tobacco use by Aboriginal and Torres Strait Islander populations).

Australia's Welfare is also widely used by Commonwealth, State and Territory officials and the community for policy debate and development.

Australia's Welfare 2001

Australia's Welfare 2001 is due to be released in December 2001. The content of this report was decided on the basis of comments received about *Australia's Welfare 1999* and its launch.

As with previous editions, *Australia's Welfare 2001* contains chapters on expenditure and labour force, housing, children and families, aged care, disability services and services for homeless people. Common themes within these chapters include the need for services, service provision and use, income support and outcomes of services. In addition to these chapters, there are two new thematic chapters: one on the trend towards de-institutionalisation and the drift to community-based care (a significant area of policy) and the other on the measuring and measurement of welfare and performance indicators.

Australia's Health 2002

Following the publication of *Australia's Health 2000* in June 2000, the AIHW, at the request of its Board, performed a comprehensive internal review of the publication and its associated launch. The review covered such fundamental issues as:

- ▶ the target audience and purpose of the report
- ▶ content
- ▶ size
- ▶ nature of the launch
- ▶ timing of the release of the report.

Following the review, a planning workshop was held to consider preliminary content proposals, retaining a similar chapter structure as for *Australia's Health 2000*.

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

The AIHW takes a national leadership role in relation to:

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

Contribution to Portfolio Outcome 9

The national data dictionaries provide standards that support the collection of reliable information about the health and welfare of Australians. The continued expansion of the content of the data dictionaries makes a significant contribution to the goal of achieving a consistent set of data standards across the health, housing and community services sectors.

A review of the *National Health Data Dictionary*, conducted under the auspices of the National Health Information Management Group, has recommended a new development path for the *National Health Data Dictionary* and the Knowledgebase to meet new demands, e.g. from the national HealthConnect initiative.

During 2000–01, the AIHW contributed significantly to epidemiological research studies in Australia. Following institutional ethics committee and AIHW Ethics

Committee approvals, 24 projects were undertaken involving data linkages with the National Death Index, and 3 projects were undertaken involving data linkages with the National Cancer Statistics Clearing House.

The AIHW has taken over from the Department of Health and Aged Care the responsibility for developing the content and design of the 2001 National Drug Strategy Household Survey. This will continue the established series of data to monitor and evaluate drug consumption and drug-related interventions in Australia.

A protocol and Memorandum of Understanding were finalised and signed for a national health record linkage project on diabetes in Western Australia. The parties involved who provided de-identified data to the University of Western Australia for the project were the Australian Institute of Health and Welfare, the Health Department of Western Australia, the Commonwealth Department of Health and Aged Care and the Health Insurance Commission.

The AIHW, through the General Practice Statistics and Classification Unit has provided government, industry and the public with information about the activities of general practice – the patients they see, the problems they manage and the prescribing and other management techniques used.

The effect of policy on the health of the community over time can also be assessed to some degree from data obtained from the Unit's Bettering the Evaluation And Care of Health (BEACH) survey. BEACH collects information about total medication prescribed, advised or supplied by general practitioners. These areas of therapeutic intervention provide a significant addition to understanding problem management in general practice. Investigation of the relationship between ordering of tests and investigations, and morbidity under management has provided a better understanding of ordering patterns and allowed review of the current guidelines.

The AIHW, through the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (in collaboration with the Australian Bureau of Statistics), makes a significant contribution to the betterment of Indigenous health and welfare.

The Unit continued work on improving the completeness with which Indigenous people are recorded in health administrative data sets and in birth and death registrations. Considerable progress has been made in securing the cooperation of Registrars-General in improving the recording of Indigenous status in these registrations.

The Unit finalised a report (on behalf of the National Community Services Information Management Group) to establish a set of principles and standards for the collection of Indigenous client data in the community services sector. The Community Services Ministers' Advisory Council endorsed the report. Work to implement the report's recommendations is under way.

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

DATA DICTIONARIES

National data dictionaries produced by the AIHW provide a set of core definitions and data items for use in Australian data collections in the health, housing and community services sectors. Much of the drive for standardisation arises from Australia's various national agreements, e.g. the Health Care Agreements, the Commonwealth–State Housing Agreement and the Commonwealth/State Disability Agreement. With the growing cost of the provision of health care and welfare services, there is a proportionately greater emphasis being placed on performance measurement. To be effective, this requires national monitoring and reporting of standardised information

Now at Version 10, the *National Health Data Dictionary* continues to be the authoritative source of national standard definitions for the health sector. It contains definitions of data elements for 12 national minimum data sets collections in the health sector. In July 2000, Health Ministers endorsed a recommendation from the Electronic Health Records Task Force that the *National Health Data Dictionary* form the basis of an expanded set of data definitions needed for the development of electronic health records.

The *National Community Services Data Dictionary* is identified in the Community Services Ministers' Advisory Council Strategic Plan as a key part of the information infrastructure for nationally consistent community services information. Version 2 of the *National Community Services Data Dictionary* is more comprehensive and detailed than Version 1, and is a significant step towards nationally consistent community services data in Australia.

The first *National Housing Assistance Data Dictionary* was produced during the year under the auspices of the National Housing Data Agreement Management Group and development of Version 2 is progressing.

NATIONAL DATA INFRASTRUCTURE PROJECTS

In addition to its work on the data dictionaries, during the year the AIHW undertook several data infrastructure projects of relevance and benefit across the spectrum of health and welfare information and statistics.

A draft publication of Version 2 of the National Health Information Model (a high-level model providing an organisational framework for the *National Health Data Dictionary*) has been considered by the National Health Information Management Group. Its release was deferred until late 2001 so that it could incorporate the outcomes of developments taking place within the International Organization for Standardization (ISO) Health Informatics Committee, to which AIHW contributes.

Following extensive consultation with users, a plan for further development of the National Classifications of Community Services has been endorsed by the National Community Services Information Management Group, and it is anticipated that revisions will be completed in late 2001. The classifications are widely used by the jurisdictions and non-government organisations, and provide agreed standards on classifying service types and activities in the community services sector. In particular, the Australian Bureau of Statistics uses them for the national community services industry survey and several non-government organisations use them for administration and reporting to their management.

A number of improvements have been made to the content and functionality of the Knowledgebase (the AIHW's electronic registry for data standards) to more effectively meet the requirements of the National Health Data Committee and the National Community Services Data Committee for authoritative documentation of national data dictionaries and associated data standards.

NATIONAL MINIMUM DATA SETS

A national minimum data set (NMDS) is a core set of data elements endorsed by the relevant information management group for collection and reporting at a national level. In the case of health information, NMDSs are agreed by the National Health Information Management Group for mandatory collection and reporting. During the year the AIHW was involved with the following NMDS projects:

- ◆ Version 2 of the NMDS for disability support services provided under the Commonwealth/State Disability Agreement
- ◆ a national cardiovascular clinical minimum data set for use in general practice and other community health care settings
- ◆ review and revision of components of the NMDS for elective surgery waiting times
- ◆ the proposal of new items to the States and Territories for inclusion in the Perinatal MDS, such as smoking in pregnancy
- ◆ national data standards and NMDSs for the aged care assessment program
- ◆ data standards and data development work for the community aged care packages program
- ◆ the aged and community care data stocktake project (the process involved describing a selection of aged and community care data resources and the data items they contain according to a standard set of descriptors or attributes which were developed for the project)
- ◆ field testing of the first stage of an NMDS for child care and preschool services and revision of the Children's Services NMDS data manual
- ◆ the trial of a national public housing data repository containing data from jurisdictional administrative data systems contributing to progress on an NMDS on housing
- ◆ the development of the first stage of an NMDS for Indigenous community-managed housing

HEALTH CLASSIFICATIONS

The World Health Organization (WHO) and its Collaborating Centres for the Family of International Classifications are committed to the development and implementation of high-quality health classifications to assist international comparability and to provide a strong base for health statistics in member states.

The AIHW is the WHO Collaborating Centre for the WHO Family of International Classifications in Australia. The AIHW Director, Dr Richard Madden, is Head of the Centre and, during the past year, has led the WHO Family Development Committee.

The AIHW was instrumental in the finalisation of the revision of the International Classification of Functioning, Disability and Health (ICF) and its adoption by the World Health Assembly in May 2001.

To support both international and national classification work, the AIHW, under the auspices of the National Health Information Management Group, has established an Expert Group on Health Classifications to act as a point of reference for harmonising existing and ongoing work on classifications. The objectives of the group are:

- to establish a sustainable process for the national maintenance of classifications and terminologies, and mechanisms to facilitate interoperability through the use of a national reference terminology
- to agree upon national classification systems for all sectors identified within the framework (taking the WHO family of health classifications as a starting point)
- to establish a national mechanism for the assessment and accreditation of interface terminologies in use in all health care settings.

The Expert Group contributed to work that was presented at the WHO Family Development Committee meeting in Copenhagen in April.

The AIHW, through the National Injury Surveillance Unit, continued to contribute to the development and testing of the International Classification of External Causes of Injury (ICECI), the first version of which was completed early in 2001. Activities included:

- finalisation and release of the draft report of an evaluation of inter-rater reliability and related characteristics
- membership of the ICECI development group (the WHO Working Group on Injury Surveillance Methods), and input to the finalisation of ICECI Version 1.0
- developing liaison between the ICECI development group and broader WHO health classification processes, with particular reference to those concerning the International Classification of Diseases.

The National Injury Surveillance Unit collaborated closely with the National Centre for Classifications in Health during the development of the External Causes chapter of the 3rd edition of ICD-10-AM.

NATIONAL PERFORMANCE INDICATORS

Well-designed and clearly defined indicators enable the systematic analysis of trends in health, housing and community services outcomes and factors affecting these outcomes. Indicators also enable comparisons across populations, help identify problem areas and are used to establish benchmarks. During the past year, the AIHW contributed to the following work relating to the development of performance indicators:

- ▶ development by the National Health Performance Committee of a National Health Performance Framework and related work by the International Standards Organization on a Health Indicators Conceptual Framework
- ▶ housing performance indicators, endorsed by the Housing Ministers' Advisory Committee
- ▶ development of program performance indicators through the National Screening Information Advisory Group for the national cervical, breast and bowel cancer screening advisory committees
- ▶ technical review and documentation of the existing set of National Health Priority Area injury indicators (the report provides a solution to some reported problems, and proposes ways to solve others)
- ▶ a project to develop guidelines for performance indicators for child protection and out-of-home care services
- ▶ development of performance indicators for family preservation services

The Report on Government Services performance indicators benefit from AIHW work through the participation of AIHW subject-matter staff on relevant working groups.

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

The AIHW supports health jurisdictions which are signatories of the **National Health Information Agreement** (NHIA). The National Health Information Management Group directs the implementation of the NHIA. The NHIA is designed to ensure nationally important health information is collected, compiled and interpreted correctly and efficiently. This requires agreed:

- ▶ definitions, standards and rules for collection information
- ▶ guidelines to coordinate access to and interpretation and publication of information.

The AIHW's Director is Deputy Chair of the Management Group for which the AIHW provides the secretariat.

During the year, National Health Information Management Group (NHIMG), with the support of the AIHW, undertook the following projects which were funded by the Australian Health Ministers' Advisory Council:

- coordination and development of improved strategies and materials for data on Indigenous identification in hospitals
- 1999 summary of the jurisdiction reports against Aboriginal and Torres Strait Islander health performance indicators
- a review of the *National Health Data Dictionary* and support for the National Health Data Committee
- transition to ICD-10-AM in *Australian Hospital Statistics*.

The AIHW, through the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (in collaboration with the Australian Bureau of Statistics), continued the implementation of recommendations of the National Indigenous Health Information Plan, in particular in the area of improving the quality of Indigenous health data in hospital separations records.

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

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

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

During the year, NHDAMG, with the support of the AIHW, completed the following projects:

- the development and data collection for 1999–00 for the new CSHA national performance reporting framework for public and community housing programs as well as data collections for the four other CSHA areas of Home Purchase Assistance, Private Rental Assistance, Aboriginal Rental Housing Program and the Crisis Accommodation Program
- the trial of a national public housing data repository to construct national administrative unit record data on public housing
- production of the first *National Housing Assistance Data Dictionary*.

National data development work during the year covered:

- ▶ expansion of the national housing data repository to contain data on community and private rental housing assistance
- ▶ improvements to the quality and comparability of indicator data on public rental housing and the development and collection of Aboriginal Rental Housing Program data for the *Report on Government Services*
- ▶ enhanced data collection for community housing
- ▶ development of policy-relevant national data standards across the CSHA areas, and development work for Version 2 of the *National Housing Assistance Data Dictionary*.

The Agreement on National Indigenous Housing Information provides a framework for improving the measurement of outcomes for Indigenous housing. The AIHW provides the secretariat for the Agreement's National Indigenous Housing Information Implementation Committee (NIHIC) and National Minimum Data Set Working Group (NMDSWG). Joint membership of the NHDAMG and NIHIC avoid duplication and allow both groups to work together on relevant data development issues.

During the year, NIHIC, with the support of the AIHW, developed its first work program, endorsed and funded by AHMAC, to be undertaken in 2001–02. The five projects in the work program seek to:

- ▶ establish an overall Indigenous Housing Information Management Strategy and an Action Plan as indicated in Section 3 of the Agreement on National Indigenous Housing Information
- ▶ establish outcome measures through development of an Indigenous performance information framework
- ▶ report on issues regarding and improvements to data coverage and quality for targeted as well as mainstream assistance by reporting on community-managed housing and Indigenous access to government-managed assistance
- ▶ continue development of national data standards through work on areas of high priority for Indigenous housing assistance for inclusion in the *National Housing Assistance Data Dictionary*.
- ▶ bring together current data-related initiatives across jurisdictions to feed into future national data development and data standards for asset management systems.

The AIHW supports the work of community services jurisdictions under the **National Community Services Information Agreement** (NCSIA). The Agreement is managed by the National Community Services Information Management Group (NCSIMG), a subgroup of the Community Services Ministers' Advisory Council. The AIHW's Director is Deputy Chair of the Management Group, for which the AIHW provides the secretariat.

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

national community services information and to improve access to quality information by the community, service providers, consumers of services and governments.

During the year, NCSIMG, with the support of the AIHW, completed the following projects which were funded by the Community Services Ministers' Advisory Council:

- ▶ preparation of principles and standards for community services Indigenous client data
- ▶ preliminary work on the development of a minimum data set for juvenile justice
- ▶ scoping study of family support services.

Developing international health and welfare information standards and classifications, with Australian participation

The AIHW is a member of the Standards Australia's IT/14 (Health Informatics) Committee, and also participates in international standards development activity. It has provided editorial support for the revision of ISO/IEC 11179 Specification and Standardization of Data Elements, and, through the ISO Health Informatics Committee, is currently supporting the development of a Health Information Architecture Framework and a Health Indicators Conceptual Framework.

During the year, the AIHW Cardiovascular Disease and Diabetes Monitoring Unit acted as Australian contact for an international comparative study of the treatment of ischaemic heart disease and stroke conducted by the Organisation for Economic Co-operation and Development (OECD) and provided Australian data to the OECD, the WHO and the US National Center for Health Statistics.

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

Information on welfare services expenditure in Australia was supplied to the OECD for inclusion in the OECD's social expenditure database.

Statistical and related aspects of development, collection, compilation and analysis of health, housing and community services information

The AIHW supports the development, collection, compilation and analysis of the range of information within its scope of responsibilities, mainly through its support of client organisations and its participation in data-related committees:

- ▶ In preparing the content of the 2001 National Drug Strategy Household Survey, the AIHW, in conjunction with the National Drug Research Institute, developed a question set for alcohol consumption with a focus on measuring compliance with National Health and Medical Research Council guidelines on alcohol consumption, and on reconciling survey-based reports of alcohol use with data on apparent per capita consumption of alcohol.

- ▶ Mental health data development included demographic data elements for the client-level community collection, and initial work on establishment-level data for psychiatric units in acute care hospitals.
- ▶ The AIHW contributed to data development for hospital admitted and non-admitted patients, with outputs including the introduction or revision of a range of data elements in the National Minimum Data Set for Admitted Patient Care.
- ▶ Contributions were made to data development in relation to adverse events in health care, including the preparation and dissemination of a working paper describing data on adverse events in routinely collected databases in Australia.
- ▶ The AIHW has provided technical support to the National Perinatal Data Development Committee regarding the structures and processes for national perinatal data development. The key outputs from these committees include a standardised death reporting form, standardised data items, increased compliance of the national perinatal minimum data set with the *National Health Data Dictionary*, development of new data items, and the development of health information frameworks. All these outputs have strengthened perinatal and reproductive health information systems and dissemination.
- ▶ The General Practice Statistics and Classification Unit developed, for a project funded by the Commonwealth Department of Health and Aged Care, a data model and code set for general practice.
- ▶ The AIHW redeveloped a national training course for Supported Accommodation Assistance Program (SAAP) agencies on the data collection and use of SMART—the SAAP Management and Reporting Tool—including training resources.
- ▶ Through the Aboriginal and Torres Strait Islander Health and Welfare Information Unit, the AIHW developed a work program to promote improved Aboriginal and Torres Strait Islander identification in hospitals in each State and Territory. To date, efforts have focused on the promotion of best practice guidelines in data capture and recording, training and support materials for data collectors, and data-quality assessments. This includes awareness raising, staff training, and promoting data-quality assessment methodologies. Opportunities to implement the guidelines are actively pursued with State and Territory health departments and hospitals. Over 150 training sessions have been conducted and more than 200,000 units of promotional materials have been distributed over the past 2 years to provide support to hospital administrators.

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

The AIHW operates under a strict confidentiality regime which has its basis in s. 29 of the *Australian Institute of Health and Welfare Act 1987*.

The AIHW is a member of the Australian Health Ministers' Advisory Council Health Privacy Working Group which is developing a draft National Health Privacy Code. The AIHW has taken a keen interest in the work of the Office of the Federal Privacy Commissioner during preparation of the *Privacy Amendment (Private Sector) Act 2000*, and has provided written comments in response to the draft guidelines to support implementation of the new Act.

Under the guidance of its Board, the AIHW has developed policies covering confidentiality of data and guidelines for researchers seeking to access AIHW data for research purposes.

During the year, the AIHW developed a register of data collections and guidelines for data custodians responsible for the administration of these collections.

Under the guidance of its Audit and Finance Committee, the AIHW commissioned a scoping study which led to the development of a program of security checks of the AIHW's data holdings. These checks will be conducted by external parties during the next audit program.

The AIHW developed draft data principles for the new Commonwealth/State Disability Agreement MDS collection, covering privacy and other ethical issues, which are available for public discussion on the AIHW website.

The website complies with the guidelines developed by the Office of the Federal Privacy Commissioner for Federal Government and ACT World Wide Websites.

Participation in national committees as an information specialist

The AIHW is a member of a large number of national committees in the health, housing and community services sectors and supports health and welfare investment by providing statistical expertise in a range of program areas.

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

The AIHW chairs national data committees on health, housing and community services and provides the secretariat of the information management groups to which those data committees report.

The AIHW contributes significantly to the annual *Report on Government Services* prepared by the Steering Committee for the Review of Commonwealth–State Service Provision. The AIHW and the Steering Committee cooperate on the basis of agreed business arrangements. AIHW staff who are subject-matter experts are members of seven of the Working Groups (Children’s Services, Protection and Support Services, Disability, Aged Care, Housing, Health, and Indigenous Data).

In addition, because of its expertise in health, housing and community services information and statistics, the AIHW is represented on a large number of national committees.

Submissions and advice to major inquiries

Publications of the AIHW in aged care were listed as a source of information for the recently completed *Two-Year Review of Aged Care Reforms* undertaken by Professor Len Gray.

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit prepared a statement on behalf of ABS and AIHW for the Parliamentary Inquiry into Illicit Drug Use — House of Representatives Standing Committee on Family and Community Affairs.

The Unit also participated in a hearing for Commonwealth Agencies in the Health Sector — Commonwealth Grants Commission Inquiry into Indigenous Funding. It also contributed to the coordinated response of the Department of Health and Aged Care to the ‘Health is Life’ Report on the Inquiry into Indigenous Health — House of Representatives Standing Committee on Family and Community Affairs.

During the year, the General Practical Statistics and Classification Unit prepared a submission to and attended the public hearing of the New South Wales Parliamentary Committee on Children and Young People: Inquiry into Use and Prescription of Drugs and Medications in Children and Young People.

Output Group 3:

Collection and production of health-related and welfare-related information and statistics to governments, non-governments and community organisations

Statistics are collected and produced in relation to:

- ▶ national data collections and reports on a wide range of health, housing and community services issues
- ▶ national data collections in specialised areas through outsourcing and collaborative arrangements with universities
- ▶ electronic presentation of and access to AIHW publications and data through the website.

This chapter lists outputs for the year of specific units of the AIHW and its collaborating units to demonstrate the AIHW's contribution towards improving the health and wellbeing of Australians.

Contribution to Portfolio Outcome 9

In addition to the output listed for specific areas of responsibility, the AIHW has contributed significantly to the achievement of Outcome 9 in the following areas.

During the year, the Aged Care Services Unit developed the Consumer Survey Instrument (CSI) for getting client feedback as part of the recently implemented national quality appraisal process for the Home and Community Care (HACC) program. The CSI was adopted for national implementation by HACC officials. The successful completion of the project represents an important step in national quality appraisal and accreditation processes in health and welfare services. The systematic collection of client feedback is not a common component of national quality appraisal mechanisms, although it is generally accepted that client feedback is important. The CSI is designed for use with the national HACC Quality Appraisal Instrument, developed by the AIHW in 1999.

With increased contracting out and outcomes emphasis, quality appraisal and accreditation have become increasingly important in many health and welfare areas. Involvement in this work has been a major focus in aged care statistics over the past year.

The AIHW website, launched in 1997, was comprehensively redeveloped by August 2000. The redeveloped site is dynamic and client-focused, with improved navigation and an emphasis on a subject-based approach to information. Each subject 'portal' on the site gives users access to resources, regardless of format, on work in that area. These may include publications, tabulated statistics, frequently asked questions and discussion groups.

Recently, a number of multidimensional data 'cubes' have been added to the site, allowing users to produce customised tables or graphs to suit their particular requirements. Cubes currently on the site contain statistics on disability services by service type, hospital statistics classified by principal diagnoses (including those in specialised psychiatric care) and cancer incidence. Cardiovascular disease statistics from the National Cardiovascular Disease Database are also accessible on the site.

The Institute has implemented initiatives pursuant to the Commonwealth Disability Strategy as a provider of information under its reporting of activities regarding 'electronic presentation of and access to Institute publications and data through the Institute Internet site'.

The website, which is currently averaging 1,000 visitors per day, has become a cornerstone of the AIHW's information dissemination strategy, by offering all publications for downloading in full text free of charge .

During the year, the AIHW produced 82 AIHW publications (listed in Appendix 5).

National data collections and reports

HEALTH INFORMATION AND STATISTICS

The objective of the AIHW's work program of health information and statistics is to provide:

- ▶ authoritative, high-quality, timely and accessible statistics and information guided by user needs
- ▶ information infrastructure to develop and support a national system for health statistics and contribute to broader health information developments
- ▶ objective health statistical services for clients.

HEALTH REGISTERS AND CANCER MONITORING

The AIHW's work in health registers and cancer monitoring includes:

- setting standards for and maintaining national databases derived from registers of deaths and disease incidence
- monitoring, investigating and reporting on mortality, disease incidence and survival and population-based cancer screening indicators, and facilitating epidemiological studies in cooperation with State and Territory cancer registers and other organisations
- developing and undertaking record linkage of health information databases for statistical and research purposes.

Reports produced

- Ductal Carcinoma In Situ (DCIS)
- Cancer in Australia 1997
- Cervical Screening in Australia 1997–1998
- BreastScreen Australia: Achievement Report 1997 and 1998

CARDIOVASCULAR DISEASE AND RISK FACTOR MONITORING

The AIHW's work in cardiovascular disease and risk factor monitoring sets standards and develops and coordinates data for monitoring cardiovascular disease and diabetes, risk factors, and outcomes of public health interventions and treatment strategies.

Reports produced

- General Practice view of Cardiovascular Disease and Diabetes in Australia 1998–99
- Cardiac Surgery in Australia 1998
- Coronary Angioplasty in Australia 1998
- Heart, Stroke and Vascular Diseases: Australian Facts 2001
- Physical Activity Patterns of Australian Adults
- Monitoring the Incidence of Cardiovascular Disease in Australia
- The WHO MONICA Study, Australia, 1984–1993
- Diabetes as a Cause of Death, Australia, 1997 and 1998

POPULATION HEALTH

The AIHW's population health work includes:

- developing and providing information on the health of the Australian population, including population structure, disease trends and patterns, risk factors and socioeconomic determinants
- monitoring the impact of various diseases and conditions on health status, quality of life and resource use

- ▶ providing data, information and statistical support services to the Population Health Division of the Department of Health and Aged Care
- ▶ managing the development, conduct and dissemination of results from the National Drug Strategy Household Survey series.

Reports produced

- ▶ 1998 National Drug Strategy Household Survey: Detailed Findings
- ▶ 1998 National Drug Strategy Household Survey: State and Territory Results
- ▶ Statistics on Drug Use in Australia 2000

The Public Health Data and Information Services Unit is outposted to the Population Health Division of the Department of Health and Aged Care to provide statistical support to the Division. The Unit prepared for the Division an inventory of population health-related data collections, as well as a synopsis of past and future collections. The inventory was made available as part of the divisional online management information system.

PATIENT MORBIDITY AND MENTAL HEALTH SERVICES

The AIHW's work on patient morbidity and health services includes developing, compiling and disseminating national data on admitted patients in public and private hospitals, on community mental health establishments and on elective surgery waiting times.

Reports produced

- ▶ Australian Hospital Statistics 1998–99
- ▶ Mental Health Services in Australia 1998–99: National Minimum Data Sets — Mental Health Care
- ▶ Australian Hospital Statistics 1999–00

Work began during 2000–01 on the collation and first-stage validation of 1999–00 data for the community mental health establishments data collection.

DENTAL STATISTICS AND RESEARCH

The Dental Statistics and Research Unit:

- ▶ describes and makes available information on oral health status and access to dental services in Australia, paying special attention to school children, young adults, adult recipients of public dental services, and older adults
- ▶ maintains national data sets on dental personnel, produces descriptive statistics on the dental labour force, and develops national projections of the dental service supply
- ▶ provides information on practice activity of dentists, particularly identifying changes in time devoted to work, productivity and the service mix of patients, and investigates variation between dental personnel in the practice of dentistry.

Reports produced

- Oral Health and Access to Dental Care of Young South Australian Adults: Research Report, August 2000
- The Adelaide Dental Study of Nursing Homes: One-year Follow-up: Research Report, October 2000
- Oral Health and Access to Dental Care — Older Adults in Australia: Research Report, November 2000
- Oral Health and Access to Dental Care — 1994-96 and 1999: Research Report, March 2001
- Oral Health and Access to Dental Care — the Gap Between the 'Deprived' and the 'Privileged' in Australia: Research Report, March 2001
- The Child Dental Health Survey, Australia 1997
- The Adelaide Dental Study of Nursing Homes 1998

INJURY INFORMATION AND STATISTICS

The National Injury Surveillance Unit informs community discussion and supports policy-making on the prevention and control of injury in Australia by developing, coordinating, interpreting and disseminating relevant information, research and analysis.

Reports produced

- Accidental Poisoning of Preschool Children from Non-medical Substances, Australia
- ICECI: Case Scenario Testing
- Information Sources for Injury Prevention Among Indigenous Australians: Status and Prospects for Improvement
- Needs and Opportunities for Improved Surveillance of Brain Injury: a Progress Report
- Needs and Opportunities for Improved Surveillance of Burns
- Suicide and Hospitalised Self-Harm in Australia
- The Application of Attributable Fractions to Alcohol and Injury in Australia

PERINATAL INFORMATION AND STATISTICS

The National Perinatal Statistics Unit (NPSU):

- monitors and interprets national data in reproductive and perinatal morbidity and mortality
- provides a reproductive and perinatal epidemiology service
- conducts epidemiological research
- enhances national reproductive and perinatal health data systems

- ▶ secures long-term recurrent funding
- ▶ increases the number and value of external research grants
- ▶ attracts talented research students to promote the research endeavours of the NPSU
- ▶ establishes high-quality reproductive and perinatal health teaching.

Reports produced

- ▶ Australia's Mothers and Babies 1998
- ▶ Assisted Conception, Australia and New Zealand, 1998
- ▶ Congenital Malformations, Australia, 1997

GENERAL PRACTICE STATISTICS AND CLASSIFICATION

The General Practice Statistics and Classification Unit:

- ▶ collects, makes available, analyses and reports information about characteristics of patients of general practitioners in Australia and the medical services and pharmaceutical prescriptions provided to such patients
- ▶ further develops classification systems for primary care
- ▶ develops and tests methods for data collection via direct computer entry by the clinician at the time of the encounter.

Reports produced

- ▶ Pathology Ordering by General Practitioners in Australia 1998
- ▶ General Practice Activity in Australia 1999–2000
- ▶ 'It's Different in the Bush'. A Comparison of General Practice Activity in Metropolitan and Rural Areas of Australia 1998–2000

The Unit developed, for the Diagnostics and Technology Branch of the Department of Health and Aged Care, a code set for imaging orders by general practitioners, a study into diagnostic imaging requests by general practitioners, and a code set and map to ABS old codes for the Australian Health Survey 2000 for the Australian Bureau of Statistics.

WELFARE INFORMATION AND STATISTICS

The objective of the AIHW's work program of welfare information and statistics is to provide:

- authoritative, high-quality, timely and accessible statistics and information guided by user needs
- information infrastructure to develop and support a national system for welfare statistics and contribute to broader welfare information developments
- objective welfare statistical services for clients.

HOUSING ASSISTANCE

The housing assistance program:

- describes the need for, provision and use of housing assistance in Australia, including the determinants and the outcomes
- supports the development of standard terminologies, definitions and classifications for use in measuring housing assistance and contributes to the development of nationally consistent data.

Reports produced

- Aboriginal Rental Housing Program Data Manual 2000–01
- Crisis Accommodation Program Data Manual 2000–01
- Home Purchase Assistance Data Manual 2000–01
- Public Housing Data Manual 2000–01
- Community Housing Data Manual 2000–01
- Community Managed Indigenous Housing Assistance Program Data Manual 1999–2000
- Private Rental Assistance Data Manual 2000–01
- National Housing Assistance Data Dictionary. Version 1
- Housing Needs of Homeless People. An analysis of the 1997–98 SAAP National Data Collection
- National Housing Data Agreement. A subsidiary agreement to the 1999–2003 Commonwealth–State Housing Agreement
- Agreement on National Indigenous Housing Information

In 2000–01 the Unit undertook the collection of performance data for 1999–00 for Indigenous community-managed housing.

Data reports were provided to the Department of Family and Community Services for use in the annual reporting for the Housing Assistance Act for the six CSHA program areas.

SUPPORTED ACCOMMODATION AND CRISIS SERVICES

The AIHW's work on supported accommodation and crisis services is:

- ▶ describing the need for and the provision of supported accommodation and crisis services
- ▶ developing standard definitions and classifications in the area of supported accommodation and crisis services and reporting on data collected.

Reports produced

- ▶ SAAP NDCA Report, 1998–99 (a report for each State and Territory)
- ▶ Accompanying Children in SAAP Special Collection, 1998
- ▶ SAAP NDCA Annual Report, 1999–2000 (a report for Australia and each State and Territory)
- ▶ 1999–2000 SAAP agency reports (1,200 — one for each SAAP agency)
- ▶ Mid financial year agency reports (1,200 — one for each SAAP agency)

The work of the Supported Accommodation and Crisis Services Unit is unique in the AIHW because, in its role as the SAAP National Data Collection Agency, the Unit conducts and manages the SAAP National Data Collection (NDC) information. During the year, the Unit undertook the following significant infrastructure projects to support its collecting and reporting role:

- ▶ redevelopment of electronic SAAP NDC collection instrument (SMART)
- ▶ redevelopment of SAAP unmet demand collection
- ▶ introduction of new SAAP NDC client questionnaire (including new questions on children in SAAP)
- ▶ contribution to the SAAP NDC information management plan
- ▶ redeveloped SAAP Collector's Manual.

AGED CARE

The AIHW's work in the aged care field includes:

- ▶ describing the need for, supply of and access to both institutional and domiciliary aged care services in Australia, including their determinants and outcomes
- ▶ informing community debate and public policy making in the area of aged care by timely research, analysis and publication.

Reports produced

- ▶ Community Aged Care Packages in Australia 1999–00
- ▶ Residential Aged Care in Australia 1999–00
- ▶ Projections of Older Immigrants. People from Culturally and Linguistically Diverse Backgrounds, 1996–2026, Australia

- ▶ Policy Convergence: Restructuring Long Term Care in Australia and the UK
- ▶ Community Care Packages in Australia 1998–99
- ▶ Obtaining Consumer Views of Service Standards in Home and Community Care: Main Report of Findings
- ▶ Obtaining Consumer Views of Service Standards in Home and Community Care. Supplementary Report: Examining the Validity of Consumer Feedback Collected for the HACC National Service Standards Instrument

DISABILITY SERVICES

The AIHW's contribution in the disability services field includes:

- ▶ describing the need for, provision and use of disability services in Australia
- ▶ informing community debate and supporting the development of public policy in the area of disability by timely data development, collection, analysis and publication.

Reports produced

- ▶ Disability Support Services 2000: National Data on Services Provided Under the Commonwealth/State Disability Agreement
- ▶ Data Starter 1: How to Find and Use Disability Data
- ▶ Disability Support Services 2000: First National Results on Services Provided Under the CSDA
- ▶ Open Employment Services for People with Disabilities 1998–99
- ▶ Disability and Ageing
- ▶ Disability Support Services Provided Under the Commonwealth/State Disability Agreement: National Data 1999
- ▶ Integrating Indicators: Theory and Practice in the Disability Services Field
- ▶ Performance Indicators: Theory and Practice in the Disability Services Field

CHILDREN AND FAMILY SERVICES

The AIHW's work in the children and family services sector includes:

- ▶ collecting, analysing and publishing core data on child protection, children on care and protection orders and children in out-of-home care
- ▶ collecting, analysing and publishing core data on adoptions
- ▶ analysing and publishing data on child care services.

Reports produced

- ▶ Adoptions Australia 1999–00
- ▶ Child Protection Australia 1999–00
- ▶ Family Support Services in Australia, 2000
- ▶ Trends in the Affordability of Child Care Services

CROSS-SECTOR WORK PROGRAM

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

The AIHW objective in its cross-sector work program is to provide:

- ▶ authoritative, high-quality, timely and accessible statistics and information guided by user needs
- ▶ information infrastructure to develop and support a national system for health and welfare statistics and contribute to broader health and welfare information developments
- ▶ objective health and welfare statistical services for clients.

COMMUNITY CARE AND COMMUNITY HEALTH

The AIHW's work in the community care and community health fields improves the comparability, consistency, relevance and availability of national information with a primary focus on services provided in community-based settings.

Reports produced

- ▶ Alcohol and Other Drug Treatment Services: Development of a National Minimum Data Set
- ▶ Aged and Community Care Data Resources: Database and Report on Data Definition Consistency with National Standards
- ▶ Guidelines for the National Minimum Data Set for Alcohol and other Drug Treatment Services

Other output

In addition to the published reports listed, the AIHW made the following contributions to community care and community health during the year:

- ▶ report on the development of a Juvenile Justice National Minimum Data Set
- ▶ Version 2.0 of the Aged Care Assessment Program Minimum Data Set

- ▶ Aged Care Assessment Program Data Dictionary Version 1.0, incorporating national performance indicator specifications
- ▶ report to Department of Health and Aged Care on review of the National Respite for Carers Program Minimum Data Set
- ▶ Community Aged Care Packages Data: Draft CACP Data Dictionary Version 1.0, including national program performance indicator specifications, and field testing of draft survey form
- ▶ Children's Services National Minimum Data Set: Draft Children's Services Data Manual, participation in field visits to service providers
- ▶ report summarising existing data on primary health and community care sector to assist with the Greater Collaboration in Primary Health and Community Care Project
- ▶ report on gaps and inconsistencies in community care data
- ▶ Commonwealth/State Disability Agreement Minimum Data Set: Draft Data Dictionary.

NATIONAL DATA STANDARDS

Work on national data standards contributes to Output Group 3 by providing leadership in national information development through support and promotion of an effective national information management infrastructure and the development and maintenance of standards, models, definitions and structures for health and welfare information.

The National Data Standards Unit provides executive and secretariat support for the operations and activities of the National Health Data Committee and the National Community Services Data Committee.

Reports produced

- ▶ National Health Data Dictionary, Version 10
- ▶ National Community Services Data Dictionary, Version 2
- ▶ Review of the National Health Data Dictionary (report of a strategic review commissioned by the National Health Information Management Group)

HEALTH AND COMMUNITY SERVICES LABOUR FORCE

The AIHW's work on the health and community services labour force includes:

- ▶ supporting health labour force planning by providing planners and policy makers with national and comparative State and Territory data on the major registrable health professions and on the community services industry
- ▶ providing technical support to the Australian Medical Workforce Advisory Committee (AMWAC) and the Australian Health Workforce Advisory Committee (AHWAC) in their analyses and recommendations to the Australian Health Ministers' Advisory Council (AHMAC).

Reports produced

- Optometrist Labour Force 1999
- Nursing Labour Force 1999: Preliminary Report
- Health and Community Services Labour Force 1996
- Statistical input to the following AMWAC reports published in 2000–01:
 - The Gastroenterology Workforce in Australia
 - The Neurosurgery Workforce in Australia
 - The General Practice Workforce in Australia

RURAL HEALTH

The AIHW recently began work in the rural health field in order to contribute to the improvement in health status and services in rural and remote Australia by developing a strategy and process for spatial data. Work to date has been developmental.

HEALTH AND WELFARE EXPENDITURE

The AIHW's work on health and welfare expenditure includes:

- informing policy and planning decisions by providing timely and accurate information about health and welfare expenditure in Australia — by area of expenditure, by State and Territory, by provider of funds, by sociodemographic group, and in comparison with other countries
- producing related performance indicators, in the hospital area in particular.

Reports produced

- The Unemployed and Single Mothers: How They Spend Their Time
- Fairness of Health Financing Contributions, Australia, 1993–94

The AIHW revised its health expenditure database to comply with the OECD's *System of Health Accounts* and provided information on health services expenditure in Australia for inclusion in the OECD's health database.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE INFORMATION

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit:

- collects and analyses health and welfare information and statistics relating to Aboriginal and Torres Strait Islander peoples and improves definitions, classifications and collection standards for these statistics
- develops the capacity of Aboriginal and Torres Strait Islander organisations to collect and use information about their health and about health and welfare services.

Work was completed on the 3rd edition of the biennial publication, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. The report was released in August 2001. An extensive national dissemination plan was prepared and this was implemented immediately after the launch of the publication.

PROVISION OF STATISTICAL SERVICES TO THE DEPARTMENT OF VETERANS' AFFAIRS

The AIHW provides statistical services to the Department of Veteran's Affairs (DVA) in order to identify opportunities for collaboration on projects, and enhance understanding of and interaction with the health and community services information environment

In 2000 the AIHW provided a consultancy service to the DVA's statistical services team through the placement of an AIHW officer to facilitate access to data held by the DVA and support DVA statistical services work. In late 2000 this arrangement was reviewed and it was agreed that program objectives could be achieved without the full-time services of an AIHW officer.

Reports produced

- Morbidity of Vietnam Veterans: Multiple Sclerosis and Motor Neurone Disease in Vietnam Veterans (Supplementary Report no. 3)
- Morbidity of Vietnam Veterans: Adrenal Gland Cancer, Leukaemia and Non-Hodgkin's Lymphoma (Supplementary Report no. 2)
- Morbidity of Vietnam Veterans: Suicide in Vietnam Veterans' Children (Supplementary Report no. 1)

In May 2001, the AIHW advised the Minister for Health and Aged Care and the Minister for Veteran's Affairs of a correction to the joint AIHW–DVA publication *Morbidity of Vietnam Veterans — Adrenal Gland Cancer, Leukaemia and Non-Hodgkin's Lymphoma*. This error in calculation changed the interpretation of the results from an excess of cases of adrenal gland cancer and acute myeloid leukaemia in children of veterans to numbers which are elevated, but not in a way that can be described as statistically significantly different from normal expectations.

The AIHW advised the public of this correction immediately and will release a corrected publication as soon as possible. The error in this publication did not affect the results in other previously released AIHW–DVA publications related to the morbidity of Vietnam veterans.