

## CHAPTER 2

### REPORTING FRAMEWORK



## BACKGROUND

The 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 two years the AIHW publishes *Australia's Health* and *Australia's Welfare* as comprehensive summaries of these two major areas that encompass health, health services, community services and housing assistance.

In 2004–05 the AIHW directly contributed to Portfolio Outcome 9, Health Investment, of the Department of Health and Ageing portfolio, that is, 'Knowledge, information and training for developing better strategies to improve the health of Australians', through achievement of its mission:

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

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

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

The AIHW Act makes provision for the AIHW to collect and produce health-related and welfare-related information and statistics about the people of Australia and the health and welfare services available to them. The AIHW provides the information that governments and the community use to develop policy and make appropriate decisions. The AIHW does not formulate health, housing or community services policies.

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

## THE AIHW WORK PROGRAM

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

The Work Program for 2004–05 outlines actions taken to achieve the goals and describes outputs that are delivered to meet the objectives of the AIHW Corporate Plan and the Business Plan 2004–05. Analysis of achievements based on Work Program goals is included on pages 18-43.

The Board agreed to maintain the relativity of appropriation funding committed to projects in the Health and Ageing portfolio and the Family and Community Services portfolio at 62% and 38% respectively. As a statutory authority within the Health and Ageing portfolio, the AIHW reports on its appropriation funding through that portfolio budget process only, whether its outputs relate to health or community services data and information.

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

## BUSINESS AND PEOPLE STRATEGIES

This section highlights initiatives associated with the AIHW's relationships with its partners, clients and employees, and with the application of high professional and ethical standards to its work.

The values, objectives, priorities and strategies described in the *AIHW Corporate Plan 2003–2006* and 2004–2005 Business Plan underpin the AIHW's business and people strategies.

The AIHW undertakes work for Australian government agencies under Memoranda of Understanding (MoUs). Existing MoUs with the Department of Family and Community Services and the Department of Veterans' Affairs were renewed, and negotiations to renew the MoU with the Department of Health and Ageing were nearing completion at the end of the reporting period.

Agreements are in place with a number of organisations for collaboration in several areas of the AIHW's work. Arrangements were also established with the University of Queensland to collaborate on work on burden of disease.

During this third year of the AIHW internal audit program, which is conducted by Acumen Alliance, a number of data collections and administrative and financial processes were audited (see Risk Management strategies).

Negotiation of a new Certified Agreement was almost completed and voting was to take place in early July 2005.

Learning and development strategies are aligned with the Business Plan framework. Highlights during the year included the development and delivery of a leadership and management workshop for Executive Level 2 staff, and a Good Practice Seminar series. All staff were encouraged to attend seminars on aspects of the APS values and code of conduct.

The objective of the AIHW's graduate intake arrangements—begun in 1999—is to attract suitably qualified graduates and to develop in-house the specialised skills required for the AIHW's current and future work. The objectives of the graduate intake have been met, and the graduate retention rate is good.

## INFORMATION AND COMMUNICATION STRATEGIES

Following a detailed analysis of usage patterns and feedback, the AIHW's website was completely restructured and redesigned during the year, and went into production in April.

E-government standards guided the redevelopment to ensure that our information is accessible to the widest possible range of users, averaging between 2,000 and 3,000 per day.

The site now allows us to highlight new services and products more effectively, with an eye-catching display on the homepage. Our automated release notification service alerts over 3,000 users to our new publications.

A brief online survey conducted soon after the redesign returned pleasing results, with 90% of respondents rating the new site as either good or excellent. Not surprisingly, we also discovered that 60% of visits to the site came from the secondary or tertiary education sector.

The growing number of multidimensional data cubes on the site continue to be popular, with staff reporting that they can respond quickly to requests for information by simply referring inquirers to these cubes and other parts of the website.

During the year AIHW published 112 reports and 59 media releases.

### Media coverage

Most AIHW reports, when released, receive coverage in major metropolitan newspapers and radio stations. Some television coverage is achieved for publications of very high interest. Generally, level of coverage is heavily influenced by the general level of current public interest in a particular topic. Accordingly, the standout performers media-wise over the year were *The 2004 National Drug Strategy Household Survey: First Results* report, *A Picture of Australia's Children*, and *Australian Hospital Statistics 2003–04*. The drug strategy report in particular was very successful, generating 14 major press articles, 63 radio items and 7 television items.

Also interesting was the very high radio coverage of the *Rural, Regional and Remote Health: Indicators of Health* report, with 71 different items, reflecting the coverage and reach of radio networks into rural areas through syndicated radio stations.

Other strong media performers during the year included *Assisted Reproductive Technology in Australia and New Zealand 2002*, *General Practice Activity in the States and Territories of Australia 1998–2003*, *Medical Labour Force 2002*, *National Report on Health Sector Performance Indicators 2003*, *Child Protection Australia 2003–04*, *BreastScreen Australia Monitoring Report 2001–02*, and *Living Dangerously: Australians with Multiple Risk Factors for Cardiovascular Disease*.

## AIHW's relevance in meeting the information needs of governments and the community

Aside from media coverage generated as a result of newly released reports, the AIHW is approached regularly by the media for both data and expert opinion. AIHW statistics were quoted in more than 200 mainstream media articles during 2004–05, ranging from popular women's magazines to financial newspapers. This was in addition to citations in published professional journals, online journals and websites. During the last quarter of 2004–05, several press articles quoted AIHW's cancer statistics when commenting on singer Kylie Minogue's breast cancer diagnosis.

The AIHW is also well utilised as a reliable information source by Members of Parliament. The AIHW was cited or mentioned 63 times during the year in the Hansards of both Houses of Parliament. This was approximately half the number of mentions of the Department of Health and Ageing, for example, and around the same as for the Health Insurance Commission.

In addition, the Parliamentary Library, the main source of information for federal Members of Parliament and Senators, continues to promote the AIHW as the 'primary agency for health and welfare information in Australia', producing 'authoritative and comprehensive publications across the broad areas of health and welfare'.

## REPORTS ACCORDING TO PORTFOLIO BUDGET STATEMENT

The AIHW Review of Operations for 2004–05 reports according to output groups in the Department of Health and Ageing Portfolio Budget Statement. In reporting on these output groups, the AIHW includes the significant proportion of its Work Program which supports the objectives of the Family and Community Services portfolio so as to present a comprehensive record of the AIHW's contribution to the health and welfare of Australians.

The output groups within Outcome 9 of the Department of Health and Ageing 2004–05 Portfolio Budget Statement according to which the AIHW reports are listed below. The groups are sufficiently broad to enable reporting on contributions made to the Family and Community Services portfolio.

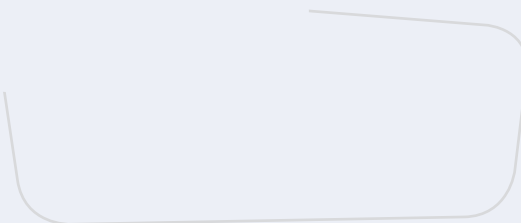
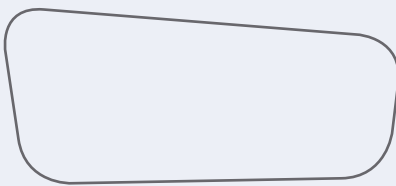
**Output Group 1:** Specific services to the Minister and Parliament required under the AIHW Act.

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

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

### Performance targets not achieved

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



## OUTPUT GROUP 1: SPECIFIC SERVICES TO THE MINISTER AND PARLIAMENT REQUIRED UNDER THE AIHW ACT

Specific services include:

- analysis of data and information for the production of a report on the provision of welfare services (*Australia's Welfare 2005*) due by the end of 2005 (under s. 31(1A) of the *Australian Institute of Health and Welfare Act 1987*)
- analysis of data and information for the production of a report concerning the health of Australia's people (*Australia's Health 2006*) due by the end of June 2006 (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 of the scope of national information available on health, housing assistance and community services.
- They provide an overview of the position of health, housing assistance and community services information in Australia.
- They can be used as a source of evidence for policy development and review.
- They provide an extensive guide to summary descriptive information and specifics on health, housing assistance and community services and identify information gaps.
- They provide references to areas where further detail is available.

## Background

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 two-year period.

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

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

## Performance measures

In 2004–05, there were 63 references in the Hansards of the House of Representatives and the Senate to reports by the AIHW.

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

### AUSTRALIA'S WELFARE 2005

Work on the preparation of the seventh biennial report has been ongoing. The Board has endorsed the content of this publication. The traditional chapter on children and family services has been restructured and expanded to become a thematic chapter. The report will be refereed by a spectrum of the AIHW stakeholders, including its Board members.

Preparation of *Australia's Welfare 2005* is currently on schedule for the planned release date of 30 November 2005. Progress is monitored by the AIHW's senior management and the Board.

### AUSTRALIA'S HEALTH 2006

Preliminary work has been done to develop the content of this publication, and the Board has endorsed the chapter outline for the report.

### AIHW ANNUAL REPORT

The AIHW *Annual Report 2003–04* was tabled on 27 October 2004.



## OUTPUT GROUP 2: NATIONAL LEADERSHIP IN HEALTH-RELATED AND WELFARE-RELATED INFORMATION AND STATISTICS

The AIHW takes a national leadership role:

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

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

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

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

## NATIONAL DATA DICTIONARIES

National data dictionaries produced by the AIHW provide nationally endorsed specifications for the definition and representation of core data items for use in Australian data collections in the health, housing assistance and community services sectors. Key national data collections are specified, including the national minimum data sets (NMDSs) described below. Much of the drive for standardisation arises from Australia's various national agreements, that is, the Australian Health Care Agreements, the National Health Information Agreement, the National Community Services Information Agreement, and the National Housing Data Agreement, and the Agreement on National Indigenous Housing Information.

The content of the *National Health Data Dictionary* was enhanced by additions and revisions to existing national minimum data sets, including those for community mental health care, mental health establishments, hospital emergency departments and outpatient care. Data set specifications for health care provider identification and a computer-assisted telephone interviewing module on demographics were also added.

The development of version 3 of the *National Housing Assistance Data Dictionary* is nearing completion, with an expected publication date of September 2005. The Dictionary is the source for housing assistance data definitions and version 3 incorporates new items for Indigenous and community housing.

Electronic access to the content of these data dictionaries is available through the METeOR AIHW's online registry of national data standards in health, community services and housing assistance (see National Data Infrastructure Projects below).

## NATIONAL DATA INFRASTRUCTURE PROJECTS

The AIHW undertook several data infrastructure projects relating to health and welfare information and statistics. A key data infrastructure project was the development and implementation of the new metadata registry, METeOR. This system is an open-access electronic site with powerful search facilities to help users find, view and download from its vast reporting of national data standards.

Where relevant standards do not exist, METeOR was developed to enable users to create and propose new data items using its online development tools and help facilities. The system also allows standards managers and approvers to systematically review and advance proposed data items through national endorsement process.

The key components of the METeOR project were the development of the system and its website, the formulation of comprehensive business rules, and reformatting of existing national data standards to comply with the latest international metadata standard.

## NATIONAL MINIMUM DATA SETS (NMDS)

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

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

Several new community services NMDSs underwent critical developmental stages during 2004–05, contributing substantially to national welfare information infrastructure. The Juvenile Justice NMDS was implemented, and four years of data successfully submitted by all jurisdictions to the AIHW. As a result, the first national database on all young people under juvenile justice supervision including both community-based supervision and detention has been created. The children's services NMDS was pilot tested and finalised by the AIHW, and agreed by the Children's Services Data Working Group (a subcommittee of the NCSIMG).

The AIHW, in conjunction with the National Child Protection and Support Services data group has developed and agreed a draft NMDS for the National Child Protection Data Collection. This developmental work also shifts the collection to a unit record base, and will provide a much richer data source, enabling improved national reporting on what is happening to children in the child protection system. The SAAP National Data Collection was also redeveloped, along with the appropriate software updates, and the new 'core data set' implemented on time from 1 July 2005.

A new NMDS for Mental Health Establishments was developed, to replace the Department of Health and Ageing's National Survey of Mental Health Services. Major enhancements were also made to the NMDS for Community Mental Health Care. An evaluation of the NMDS for Admitted Patient Mental Health Care was undertaken and a report prepared for publication. Work to assess and improve the quality of the Indigenous status information in the National Hospital Morbidity Database was undertaken in consultation with states and territories.

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

National information agreements provide a framework for national data infrastructure activities in the AIHW's three areas of functional responsibility. The AIHW's participation in and support of national information management groups covering health, community services and housing assistance enable it to play a role in promoting and supporting the development of nationally consistent, readily accessible information in these areas.

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

### HEALTH INFORMATION

During 2004–05, the AIHW participated in the national health information governance arrangements aimed at integrating work on statistical, clinical and management use of health information for the purposes of health care delivery, monitoring population health, health system management, and planning and research.

The **National Health Information Agreement** (NHIA) is designed to ensure that nationally important health information is collected, compiled and interpreted correctly and efficiently. A revised National Health Information Agreement came into effect on 1 September 2004, and will remain in effect for five years. The AIHW is a party to the Agreement, along with all state and territory health authorities, the Department of Health and Ageing, the Department of Veterans' Affairs, the Australian Bureau of Statistics and the Health Insurance Commission.

The Statistical Information Management Committee (SIMC), which reports to the NHIG, a subcommittee of AHMAC, directs the implementation of the National Health Information Agreement. The SIMC also advises the NHIG on national health statistics and is responsible for coordinating the development and implementation of NMDSs for health information. During 2004–05, the SIMC was also active in leading national efforts in relation to statistical data linkage. The AIHW is a member of the SIMC and provides the secretariat. The SIMC page on the AIHW website ([www.aihw.gov.au/committees/simc](http://www.aihw.gov.au/committees/simc)) provides information about the SIMC and the work produced for it, as well as giving access to SIMC publications.

The **Health Data Standards Committee** (HDSC) is a subcommittee of the NHIG. The HDSC is responsible for supporting the aims and objectives of the National Health Information Group by coordinating the development and endorsement of national data standards used for administrative reporting and research in the health sector. It works closely with

the National E-Health Transition Authority (NEHTA) on those data standards that are used both for the provision of care to clients and for statistical reporting and research. It also works closely with other bodies under the AHMAC umbrella with work programs and responsibilities that affect national health data standards.

The HDSC's work focuses mainly on the maintenance, revision and development of the **National Health Data Dictionary** and the health data standards included in METeOR. The AIHW is a member of the HDSC, and provides the secretariat and Chair.

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

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

Two members of the AIHW Executive team, Dr Richard Madden (the Director) and Dr Ching Choi (Health Division Head), participate as individual experts on the advisory committee for the NEHTA, which has been established to drive critical national health information management and information and communication technology priorities. NEHTA's work program is focused on developing the specifications, standards and infrastructure necessary for an electronic health information network.

## COMMUNITY SERVICES INFORMATION

The AIHW supports the work of community services jurisdictions under the **National Community Services Information Agreement**. The Agreement is managed by the NCSIMG, a subgroup of the CSMAC.

The National Community Services Information Agreement provides for the establishment of the national infrastructure and decision-making processes needed to integrate and coordinate the development of consistent national information on community services. The current Agreement between Australian Government, state and territory jurisdictions with a responsibility for community services programs, the AIHW and the Australian Bureau of Statistics covers the period 2004–2009. Schedules to the Agreement have been signed on behalf of key program groups within the sector.

The National Community Services Data Committee is a subcommittee of NCSIMG with the main responsibility of developing and maintaining the *National Community Services Data Dictionary* and promoting national data consistency in the community services field. The AIHW provides the secretariat of the Data Committee and chaired the Committee until March 2005.

## HOUSING ASSISTANCE INFORMATION

The AIHW supports national housing statistical work under the **National Housing Data Agreement** and the **Agreement on National Indigenous Housing Information**. The National Housing Data Agreement is a subsidiary agreement under the 2003 Commonwealth–State Housing Agreement outlining a commitment to the development and provision of nationally consistent data. The National Housing Data Agreement includes major work areas comprising development of NMDs, national performance indicators and national data definitions and standards. The Agreement on National Indigenous Housing Information provides a framework for improving the measurement of outcomes for Indigenous housing, of the need for such housing and of access to it.

The National Housing Data Agreement Management Group (NHDAMG) reports to the Policy and Research Working Group (PRWG) of Housing Ministers’ Advisory Council (HMAC). The National Indigenous Housing Information Implementation Committee (NIHIC) manages the Agreement on National Indigenous Housing Information, and reports to the Standing Committee on Indigenous Housing (SCIH), which in turn reports to HMAC. The AIHW provides the secretariat for the NHDAMG, NIHIC and the National Housing Data Development Committee (NHDDC), which the AIHW chairs. Joint membership of the NHDAMG, NIHIC and NHDDC avoids duplication and allows the groups to work together on relevant data development issues.

The NHDAMG and NHDDC, with the support of PRWG, SCIH and NIHIC, have been implementing the twelve recommendations contained in the report on the Joint Review of the National Housing Data Agreement and the Agreement on National Indigenous Housing Information which were agreed by HMAC at their meeting on 12 August 2004.

These recommendations along with the increased emphasis by the Housing Ministers’ Conference at their December 2004 meeting relating to Indigenous access to mainstream housing assistance, have helped form a closer working relationship with SCIH and NIHIC. As a result there has been some additional work by NHDAMG this year to address several data issues around Indigenous access, and this work has proceeded in a cooperative environment. This work will receive a high priority in the 2005–06 work program.

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

The AIHW is the Australian collaborating centre for the World Health Organization’s Family of International Classifications (WHO–FIC). These classifications include causes of death, diagnoses, functioning and disability, interventions, external causes of injury, medicines and other factors. International comparability of information is facilitated by use of WHO–FIC classifications, and duplication of effort across countries is avoided.

The AIHW is working on disability data standards, including the implementation in Australia of the International Classification of Functioning, Disability and Health (ICF). Its related work program has been devised by and is carried out in consultation with an advisory group. The ICF classifies functioning and disability associated with health conditions. The ICF provides a firm foundation for improving the quality and consistency of disability data in many human service fields, promoting whole-of-government approaches to human functioning and disability.

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.

## Providing expertise and advice on information-related issues of data privacy, confidentiality and ethics

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

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

This use of AIHW data for research by academic institutions provides opportunities for broader based discussion on health and welfare in Australia.

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

## Participating in national committees as an information specialist

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

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

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

A list of national committees which the AIHW chairs and for which it provides the secretariat is in Appendix 11, page 151.

## Submissions and advice to major inquiries

The AIHW attended and gave evidence at the following Parliamentary Committees:

- House of Representatives Standing Committee on Family and Community Services inquiry into the adoption of children from overseas.
- Senate Community Affairs Legislation Committee (Additional Estimates).
- Senate Community Affairs Reference Committee on ‘The inquiry into services and treatment options for persons with cancer’.

## Performance measures

- Over 2,500 national data standards restructured to align with the latest ISO/IEC 11179 standard for metadata registries.
- An innovative application (METeOR) with user-friendly tools to help users locate, create and manage data standards online.
- Comprehensive business rules to assist users in the creation of consistent and high quality data standards.
- Several new or redeveloped data set specifications have been added to the National Health Data Dictionary. They are: Outpatient Care NMDS, Emergency Department NMDS, demographic modules for computer-assisted telephone interview health surveys.
- Increased participation in the work programs of Standards Australia’s IT-14 Committee on health informatics and NEHTA.
- Development of a new NMDS for Mental Health Establishments.
- Implementation of new Juvenile Justice NMDS.
- Development of new Children’s Services NMDS.



# OUTPUT GROUP 3: COLLECTION AND PRODUCTION OF HEALTH-RELATED AND WELFARE-RELATED INFORMATION AND STATISTICS FOR GOVERNMENTS, NON-GOVERNMENT AND COMMUNITY ORGANISATIONS

## National data collections and reports

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

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

To ensure the integrity, quality and timeliness of reports based on the national collections, the AIHW has established steering committees to guide production of the reports, such as the Health Expenditure Advisory Committee. Membership of the committee covers: data providers (the Private Health Insurance Administration Council); data providers/users (Departments of Health and Ageing and Veterans' Affairs, state and territory health authorities); other data users (Commonwealth Grants Commission, Productivity Commission); and the Australian Bureau of Statistics. The committee meets twice annually on a face-to-face basis. The first meeting is convened to comment on the previous year's publication and to discuss the content for the next report. The second meeting looks at analytical methodologies and longer term data development for the report.

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

Similar steering or advisory committees exist in relation to hospital statistics, perinatal statistics, maternal deaths, cardiovascular disease, diabetes and other specialised areas, juvenile justice, disability, and children and youth health and wellbeing.

## NATIONAL HEALTH PRIORITY AREAS MONITORING

The AIHW undertakes regular surveillance and monitoring of the National Health Priority Areas (NHPA) of cardiovascular health, cancer control, injury prevention and control, mental health, diabetes, asthma, and arthritis and musculoskeletal conditions. Up-to-date statistical information on sets of indicators for National Health Priority Areas is provided biennially, the latest included in *Australia's Health 2004*.

## CANCER MONITORING AND HEALTH REGISTERS

*Cancer in Australia 2001*, published in 2004, provided a comprehensive coverage of cancer statistics in Australia, including incidence, mortality, screening, management of cancer in general practice, cancer expenditure and the cancer workforce. An international comparison feature chapter compared Australian incidence and mortality rates with those of selected countries.

During 2004–05 the Department of Health and Ageing, on behalf of the National Cancer Strategies Group and the Radiation Oncology Reform Implementation Committee, commissioned the AIHW to prepare national and state and territory incidence projections in collaboration with the state and territory cancer registries. The National Cancer Strategies Group took responsibility for assumptions underpinning the projections. The draft national projections were endorsed in June by the cancer registries for publication. The draft state projections were finalised in June for consideration by the cancer registries.

The AIHW produced national monitoring reports to agreed timetables for the BreastScreen Australia and cervical cancer programs. The AIHW also produced quarterly monitoring reports and an overall monitoring report on the national bowel cancer screening pilot and provided data analysis to support the evaluation plan for the pilot.

*Health System Expenditures on Cancer and Other Neoplasms in Australia 2000–01* was published in May 2005 and provided valuable expenditure monitoring of the 25 most common cancers.

During 2004–05 increasing use was made of the National Death Index by managers of national health registers and other researchers in order to undertake mortality and survival analyses, and to minimise the risk of writing to deceased persons to invite participation in research studies.

## DIABETES MONITORING AND CARDIOVASCULAR DISEASE

This year saw major steps forward for the National Diabetes Register. Following an agreement between the Department of Health and Ageing, Diabetes Australia and AIHW, data supplied for inclusion on the Register is now significantly more complete. Up-to-date information on people with insulin-treated diabetes will be released in the next financial year.

Other major achievements included the release of reports on the costs of diabetes, multiple risk factors for cardiovascular disease, the relationship between overweight, obesity and cardiovascular disease, rheumatic heart disease, and a report on the pilot for the Australian Health Measurement Survey.

### ASTHMA

The AIHW has continued to support development of information on asthma, a National Health Priority Area, through its collaboration with the Australian Centre for Asthma Monitoring (ACAM). This year ACAM published recommendations for measuring the effects of Asthma in its report, *Measuring the Impact of Asthma on Quality of Life in the Australian Population*. ACAM also convened a working group of key experts, including the Australian Bureau of Statistics, to develop recommended questions for monitoring asthma indicators in health surveys. Additionally, it has carried out extensive analyses of a wide range of data to revise and extend its previous work and produce the *Asthma in Australia 2005* report.

### INJURY INFORMATION AND STATISTICS

Injury is a National Health Priority Area. The AIHW provided statistical information and contributed to policy development concerning injury and injury prevention through the National Injury Surveillance Unit (NISU), an AIHW collaborating unit. The NISU contributed statistical and other information to assist the development of two policies: the National Injury Prevention and Safety Promotion Plan, and the National Aboriginal and Torres Strait Islander Safety Promotion Strategy. Reports were produced on injury mortality of all Australians and Aboriginal and Torres Strait Islander Peoples, spinal cord injury, statistical methods for injury surveillance, injury classification and other topics. Contributions to communication and liaison included publication of the *Injury Issues Monitor* periodical and participation in national and international organisations concerned with injury prevention and related matters.

### POPULATION HEALTH

The AIHW continued to manage the 2004 National Drug Strategy Household Survey during 2004–05. Fieldwork for the survey was undertaken over June–November, and involved improved survey design and content to elicit more useful information on youth and prevention issues, to upgrade available information on mental health and drug use comorbidity, and to generally enhance the relevance of the survey findings. The report of the first results of the survey was launched by the Hon. Tony Abbott, Minister for Health and Ageing, in April 2005.

The AIHW also managed the 2004 Adult Vaccination Survey and published a comprehensive report. This study was further enhanced by a survey of 200 residential aged care facilities, which enabled an adjustment of the community vaccination rate to take account of the slightly higher rate observed in aged care facilities.

The AIHW provided the secretariat and project support for the National Computer-Assisted Telephone Interviewing Health Surveys Technical Reference Group and its parent group, the NPHIWG. These two groups oversaw substantial progress in developing infrastructure and capacity for national and state and territory public health information activities, including development work on a public health classification system, enhanced reporting of public health expenditure, and final development work for a new National Public Health Information Plan. The AIHW also participated in the NPHIWG drafting group that prepared a draft blueprint for nation-wide surveillance of chronic diseases and associated determinants. This blueprint sets out the foundations for a systematic approach to public health surveillance in Australia. Also completed was a major project to assess the technical feasibility of a data sharing protocol, whereby state and territory health surveillance data could be pooled, analysed and reported, to complement national survey outputs.

The AIHW began new work on improving prisoner health information in Australia, and participated in the new Prisoner Health Information Group under NPHIWG.

The AIHW continued to maintain the National Mortality Database, mortality information on its website, and the General Record of Incidence of Mortality workbooks. Important groundwork to restructure the mortality database to better facilitate analysis of multiple causes of death was begun. The AIHW produced the bulletin *Australian Health Inequalities: Trends in Male Mortality by Broad Occupational Group*, and assisted the Queensland University of Technology in publishing its report *Health Inequalities in Australia: Mortality*.

The AIHW continued to be a major supplier of health and welfare data to the World Health Organization and the Organization for Economic Co-operation and Development (OECD), and was an invited co-author of the OECD's *Health at a Glance* publication.

## ARTHRITIS

Arthritis and musculoskeletal conditions were declared a National Health Priority Area by Australian Health Ministers in 2002. A national centre has been established at the AIHW to monitor these diseases and conditions. The AIHW has contributed to the development of information for this priority area by participating in the activities of the Data Working Group of the National Arthritis and Musculoskeletal Conditions Advisory Group. An indicator development process has been established to regularly monitor the focus areas of rheumatoid arthritis, osteoarthritis and osteoporosis. The preparation of a baseline report on the status of arthritis and musculoskeletal conditions in Australia, with a focus on osteoarthritis, osteoporosis and rheumatoid arthritis, is near completion.

## RURAL HEALTH

A major report, *Rural, Regional and Remote Health: Indicators of Health*, was released during the year; it reported on a wide range of health status, health determinants and health service provision indicators. The report made comparisons between the population health and health services in major cities, regional areas and remote areas.

## ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE

Jointly with the Australian Bureau of Statistics, the AIHW is compiling the biennial report *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2005*.

The report provides comprehensive data on the Indigenous population, including topics such as housing circumstances, mothers and children, health status and health services, community services, health risk factors and mortality. The 2005 edition of the report presents new analyses of trends in Indigenous mortality. It will be released in August 2005.

The AIHW released a new report titled *Indigenous Housing Indicators 2003–04*. This included national data from a new Indigenous community housing data collection undertaken by the AIHW. Also, a draft report was completed on the extent of Indigenous housing needs using a multi-measure needs model. The report presents comprehensive information on measures such as homelessness, affordability, overcrowding, dwelling condition, connection to services, appropriateness and security of tenure.

The AIHW is also involved in an international initiative to improve the measurement of health disparities and trends in health for Indigenous populations. This is a collaborative effort between Australia, the United States, New Zealand and Canada. Participants from the four countries have agreed to convene a meeting in October 2005 to share experience in health measurement.

## HOSPITALS AND MENTAL HEALTH SERVICES

*Australian Hospital Statistics 2003–04* was released within 11 months of the reference period (one month earlier than previous reports in the series). A new chapter on emergency department care was included, and the range of time series analyses was expanded.

*Mental Health Services in Australia 2002–03* was published two months earlier than previous reports in the series. It brought together a wide range of data on specialised and other mental health services and included a special chapter focusing on health care for schizophrenia and related disorders.

Statistical information on hospitals and mental health services was also disseminated through interactive data cubes on the Internet (including a new cube with hospital procedures information), and in response to specific data requests from government agencies, non-government organisations, private enterprise and individuals.

## GENERAL PRACTICE STATISTICS AND CLASSIFICATION

The AIHW's collaboration with the Australian General Practice Statistics and Classification Centre (AGPSCC) at the University of Sydney provides the only source of detailed statistical information on the work of general practitioners in Australia. The AGPSCC conducts the BEACH program in collaboration with the AIHW and a consortium of private and public sector funders.

The report on *General Practice Activity in the States and Territories of Australia 1998–2003* provided a secondary analysis of data for each state and territory from five years of the BEACH program. It was based on 502,100 general practitioner–patient encounters reported by 5,021 general practitioners, and highlighted differences in the characteristics of the general practitioners, the patients encountered, the problems managed and treatments provided, between each jurisdiction and the national average.

The annual report of current general practice activity (*General Practice Activity in Australia 2003–04*) was also published as an AIHW report in the general practice series.

### SUMMARY MEASURES

The AIHW continued to update its analyses on disease costing and burden of disease. It published the second edition of *Health System Expenditure on Disease and Injury in Australia 2000–01* in April 2005, and developed detailed cost estimates for a number of major disease groups, including cancer, to supplement and expand on that publication.

### HOUSING ASSISTANCE

The AIHW's Work Program included the production of six national data reports, the *Commonwealth–State Housing Agreement National Data Reports 2003–04* on the Crisis Accommodation Program, CSHA community housing, home purchase assistance, private rent assistance, public rental housing and state owned and managed Indigenous housing.

These data reports and annual data on housing assistance were provided to the Department of Family and Community Services for use in annual reporting on the Housing Assistance Act for the six program areas of the Commonwealth–State Housing Agreement. For three program areas, data are also provided for the Council of Australian Governments Review of Government Services.

Improvements in the quality and consistency of national public rental housing data, including state and territory owned and managed Indigenous housing, have been made. Improvements in the quality of jurisdictions' own data were accompanied by an increased understanding by jurisdictions of their data and, consequently, an increased usefulness of their data.

The AIHW developed and managed the conduct of the 2005 National Social Housing Survey for public rental housing and the 2005 National Social Housing Survey for community housing. Both surveys are currently at the data analysis and reporting stage. Data will be available as part of the 2004–05 data reporting process.

A joint protocol with the NIHIIC has been developed to clarify the roles and relationships between the stakeholders involved in mainstream and Indigenous housing data development at a national level.

Work is progressing under the strategy for improving the quality, coverage and consistency of community housing data, including the development of a communication strategy to encourage sector participation.

## SUPPORTED ACCOMMODATION AND ASSISTANCE

This year the AIHW published reports on the Supported Accommodation Assistance Program (SAAP), providing information and analysis on the provision of, and need for, supported accommodation and other crisis services. The regular reports included *Homeless People in SAAP: SAAP National Data Collection Annual Report 2003–04* (comprising nine reports, one for each state and territory and one for Australia) and *Demand for SAAP Assistance by Homeless People 2002–03*. The latter report included turnaway rates for adults and, introduced turnaway rates for accompanying children requesting immediate accommodation from the Program. A report was also produced for each of the almost 1300 contributing agencies about their SAAP service provision in September 2004 for 2003–04, and for the six months to 31 December 2004, in April 2005.

The program's third thematic report, *Homeless SAAP Clients with a Disability 2002–03*, was published in February 2005. The SAAP national data collection was also substantially redeveloped during this year. The data collection was reduced to 23 'core' questions (from 29). More refined data definitions and a new statistical linkage key aligned with other community services collections were also developed and comprehensively tested for introduction on 1 July 2005. Training of SAAP service providers accompanied the introduction of the 'core data set' in over 50 locations across Australia. This training was held in addition to regular data and electronic instrument training conducted in every State and Territory.

## AGEING AND AGED CARE

The AIHW prepared two reports providing information about the supply and use of institutional and home-based care services in Australia. The report *Residential Aged Care in Australia 2003–04* provides comprehensive statistical information on a major form of institutional care and its users, while *Community Aged Care Packages 2003–04* presents similar information about of an important community care program. Both reports were completed in 2004–05 for release in July 2005.

The AIHW completed work analysing data from the 1998 Australian Bureau of Statistics Survey of Disability, Ageing and Carers to present a picture of informal care in contemporary Australia, and the resulting report *Carers in Australia: Assisting Frail Older People and People with a Disability* was published in October 2004. In addition, analysis of the changing geographic distribution of older people from culturally and linguistically diverse backgrounds was completed. This analysis resulted in the publication of the bulletin *Diversity Among Older Australians in Capital Cities 1996–2011*, which focused on the change over time to the older populations in capital cities.

Investigations into the feasibility of linking hospital morbidity and residential aged care data to examine the interface between the two sectors using linkage keys which did not include name, part of name or person identifier have been underway since 2002. The linkage of community care data sets has also been under investigation. In 2003–04 the

AIHW published the report *Linking Hospital Morbidity and Residential Aged Care Data* and a working paper *Statistical Linkage Across Aged Care Programs: An Exploratory Example*.

Analysis of the use of Community Aged Care Packages by veterans was undertaken and a report finalised for publication in 2005–06. Work has continued on the evaluation of pilot projects funded under the Aged Care Innovative Pool during 2004–05, with interim reports prepared for projects in the disability and dementia-specific streams and the Retirement Villages Care program. Evaluation reports will be finalised in 2005–06.

AIHW has continued to engage with the research agenda for an ageing Australia, through the ongoing development of infrastructure such as the Ageing Research Online website for the community of researchers into ageing. AIHW also published an important resource in *Longitudinal Studies of Ageing: Implications for Future Studies*, which examines the methodological features and data collection scope of a selection of recent, current and planned Australian longitudinal studies relevant to ageing.

AIHW completed work analysing the prevalence of major eye disorders which contribute to visual impairment among older Australians. The bulletin *Vision Problems among Older Australians* will be published in July 2005.

### FUNCTIONING AND DISABILITY

Two major reports on disability in the Australian population were published during the year: on children's disability, and on disability and related health conditions and other factors.

The first six months of data from the redeveloped national data collection on disability services under the Commonwealth–State/Territory Disability Agreement was published and indicators based on these 2002–03 data were produced for the *Report on Government Services*. The first full year of data (for 2003–04) was collated and indicators produced for the National Disability Administrators in mid-2005. There has been an improvement in both timeliness and data quality in 2004–05 when compared with the first six months of data of the redeveloped collection (2003–04).

AIHW publications on treatment services for alcohol and other drugs have improved in timeliness, with the annual report for 2002–03 published in September 2004 and the report for 2003–04 to be published in August 2005. These data are an important resource for monitoring initiatives under the new National Drug Strategy and are being more widely used each year by analysts other than AIHW. A new collection on pharmacotherapy treatment is being developed, funded by the Department of Health and Ageing, and will improve the completeness of data in this area. An unanticipated project was undertaken and completed during the year, with the publication of *National Comorbidity Initiative: A Review of Data Collections Relating to People with Coexisting Substance Use and Mental Health Disorders*.



The first report on the new national data collection on medical indemnity claims in the public sector was published in late 2004, and the first report on a full year of data (2003–04) was also completed, with release scheduled for July 2005. Discussions are being held with private insurers with the aim of compiling a national report covering both public and private sectors.

A ‘special chapter’ on disability and ageing among Indigenous people, drawing on the newly available national data on this topic, was prepared for the biennial report produced jointly by the AIHW and the Australian Bureau of Statistics: *The Health and Welfare of Aboriginal and Torres Strait Islander Peoples 2005*.

## CHILDREN, YOUTH AND FAMILIES

*A Picture of Australia’s Children*, the third national statistical report of its kind, was launched by the Minister for Family and Community Services in May 2005. This report has been broadened to bring together a wide variety of data, including information about individual, family and societal factors that influence the health, development and wellbeing of children. New topics in the report included exposure to tobacco smoke, homelessness, literacy and numeracy, children as victims of violence, neighbourhood safety, and parental health and disability. The format of the report was substantially changed to make the statistical information more readily accessible; this development has received very positive feedback from stakeholders.

Two bulletins were also published as part of the Picture of Australia’s Children project. The first, *Australia’s Babies: Their Health and Wellbeing*, focused on four selected topics—birthweight, gestational age, birth defects and infant mortality. This bulletin presented data for the five-year period from 1997 to 2001. The second bulletin, *Key National Indicators of Children’s Health, Development and Wellbeing*, contained background to, and specifications for, a set of key national indicators of child health, development and wellbeing. These indicators were developed by the AIHW in collaboration with an expert committee and were used as the basis for reporting in *A Picture of Australia’s Children*.

*Juvenile Justice: A New National Collection*, the first bulletin for juvenile justice published by AIHW, provided a history of the development of the new Juvenile Justice NMDS. The major outcomes from field and pilot testing were outlined, as well as progress on the implementation of this new national collection of data about young people undergoing juvenile justice supervision in Australia. The new collection was successfully implemented in 2004–05, and a national database collated at the AIHW. The first report will be released in 2005–06.

*Child Protection Australia 2003–04* provided comprehensive information on child protection services delivered by state and territory community service departments. The report contained data for 2003–04, as well as trend data on child protection notifications, investigations and substantiations; children on care and protection orders; and children in out-of-home care. The release of this report generated much national interest.

*Adoptions Australia 2003–04* published statistics on finalised local, intercountry and ‘known’ child adoptions for each state and territory for 2003–04. The report included information on adopted children, adoptive families and birth mother. The publication also provided trend data in the number of adoptions from 1968–69 to 2003–04.

*Counting Kids: Developing a New National Collection for Childcare and Preschool Services* was a bulletin published to provide background information about the development of a NMDS for children’s services. It described the scope of the proposed data collection, the items planned for collection, as well as key stages of development of the NMDS and issues surrounding its implementation.

### COMMUNITY SERVICES INTEGRATION AND LINKAGE

In 2004–05 the AIHW established a new unit responsible for driving the integration and linkage of data in the community services sector. The unit was created to facilitate the development of person-centred rather than program-centred data, in order to support whole-of-government approaches to policy in the community services arena.

With this new unit, the AIHW has expedited the linkage work already emerging in the ageing and aged care area, and allowed the development of technical and methodological skills relating to data linkage in community services and related areas. An important output from this work is a recommended linkage protocol which ensures—when linking aged care datasets—consistency in linkage procedures over time and across data sets while protecting the privacy of individuals. The work has also generated an aged care dataset that made possible the examination of the extent and nature of movements between services, allowing an analytic focus on the flow of clients through the aged care sector rather than simply measures relating to a specific program at a point in time. These analyses will be published in late 2005.

The AIHW has also completed data linkage work for the Department of Veterans’ Affairs’ datasets, which will allow a series of analyses to be undertaken in 2005–06 comparing veterans and non-veterans. The patterns of use by Department of Veterans’ Affairs of department-funded medical and allied health services are also being examined using the linked data.

The AIHW continues to collaborate with external researchers in examining the interfaces between aged and health care. With partners from two major universities, AIHW currently participates in a dynamic systems modelling of the interface between acute care, subacute care, residential aged care and community care. This work addresses the question of how the current service mix and models of service provision for aged care can be developed to meet expected changes in demand over the next 10 years.

## HEALTH AND WELFARE SERVICES EXPENDITURE

The AIHW published its yearly reports on national, state and territory expenditure on health services and welfare services, and its third report on expenditure on public health activities by Australian Government, state and territory health departments.

In addition, the AIHW provided support for the development of consistent methods for estimating expenditure on health services for Aboriginal and Torres Strait Islander peoples.

The AIHW has established the Health Expenditure Advisory Committee to provide advice on data sources, analysis and presentation of estimates of health expenditure and on the integration of expenditure data collections. The Committee also undertakes work on behalf of the SIMC, such as advising on the creation of a standardised system for reporting health expenditures under the Australian Health Care Agreements.

## HEALTH AND WELFARE LABOUR FORCE

*Medical Labour Force 2002* was released in a new, more approachable format, and was supplemented by a comprehensive set of tables available on the AIHW website. The timeliness of this publication has been improved considerably over the past several editions.

The AIHW also made significant contributions to several Australian Health Workforce Advisory Committee and Australian Medical Workforce Advisory Committee projects: Australian Mental Health Nurse Supply, Recruitment and Retention; The Australian Nursing Workforce—An Overview of Workforce Planning 2001–2004; and The General Practice Workforce in Australia (to be released before the end of 2005).

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

The AIHW provides expert advice to, and participates in ongoing collaborative work with, the Department of Veterans' Affairs. A substantive report was prepared on projected health usage and costs for the Local Medical Officer/General Practitioner, specialist and pharmaceutical sectors. Project work was also undertaken on the linkage of identifiers between the Department of Veterans' Affairs' and residential aged care datasets, and on the AIHW component for the first volume of the third Vietnam Veterans' Mortality Study on cancer incidence. Along with a range of other activities, AIHW continued collecting registrations for the Female Vietnam Veteran & Civilian Health Register.

## PERINATAL STATISTICS

A number of major reports were released this year.

Two reports on perinatal data quality were released—the evaluation of the Perinatal NMDS and the review of the congenital anomalies system. Data development work arising from these reports was incorporated into the work programs of the National Perinatal Data Development Committee and the National Birth Anomalies Steering Committee and some work was undertaken.

Two editions of the flagship report *Australia's Mothers and Babies* were released (based on data for 2001 and 2002). This report was redeveloped in 2004 to improve the format and include data from a wider range of data sources and information on selected summary measures of perinatal health. Special chapters were also included on confinements and births of twins (2001), babies admitted to neonatal intensive care units (2001), births from assisted reproductive technology (2001 and 2002) and homebirths and birth centre births (2002). The highlights section was also significantly redeveloped for the 2001 report.

The first report using data from the newly developed Australia and New Zealand Assisted Reproductive Technology Database was released. The database allowed the presentation of data on treatment cycles linked to their resulting pregnancies and births for the first time. The format of the report was also redeveloped to improve the accessibility of the information presented.

*Maternal Deaths in Australia 1997–1999* was released as the latest in the series of triennial reports on maternal deaths dating back to 1964. To improve ascertainment, two data sources were used for this report: state and territory confidential maternal death enquiries and Australian Bureau of Statistics, death data.

The bulletin *Australia's Babies: Their Health and Wellbeing* was also released this year as part of a key national indicators project being undertaken by the AIHW. The bulletin focused on four selected topics—birthweight, gestational age, congenital anomalies and infant mortality—and presented data for the five year period from 1997 to 2001.

Compilation of the data sets that form the basis of *Australia's Mothers and Babies*, *Assisted Reproductive Technology in Australia and New Zealand* and *Maternal Deaths in Australia 1997–1999* was undertaken and preparation of the next editions of these reports commenced. Compilation of the new national congenital anomalies system also commenced as did development of the first revised national report on congenital anomalies.

## DENTAL STATISTICS AND RESEARCH

During 2004–05 the AIHW Dental Statistics and Research Unit (DSRU) of the University of Adelaide continued a series of studies that supplement its core monitoring and surveillance activities in the areas the dental workforce, oral health status and access to dental care:

Data collection continued for the National Survey of Adult Oral Health. This is Australia's second dental examination survey of nationally representative sample of adults and supplements DSRU's National Dental Telephone Interview Survey. The survey is being directed by DSRU researchers and is being conducted in collaboration with state and territory health departments. During 2004–05, data collection was completed in South Australia, Western Australia and the Australian Capital Territory. Data collection will continue in other jurisdictions throughout 2005.

Data collection was completed for the Child Oral Health Study. This survey examines the relationship between children's exposure to fluoride and dental decay. It is an addition to DRSU's Child Dental Health Survey in South Australia, Victoria, Tasmania and Queensland. Data analysis is now underway.

Data collection was completed for the NHMRC-funded project entitled 'The impact of declining tooth loss on oral health status and dental care utilisation'. This is a prospective cohort study examining a cohort of adults in Adelaide.

Data collection began for the NHMRC-funded project entitled 'Determinants of the oral health of adults entering the third decade life-stage'. This project follows a cohort of subjects first recruited into a DSRU study begun in 1988.

Work began on the NHMRC-funded project entitled 'A life-course approach to understanding oral health inequalities'. It is a prospective cohort study that is following life-course influences on oral health among a cohort of people first recruited into a DSRU study undertaken in 1993–94.

## PERFORMANCE MEASURES

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

In 2004–05, there were 63 reported AIHW references in Hansard of the House of Representatives and the Senate.

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

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

## FUNDERS' FEEDBACK SURVEY REPORT

An independent feedback survey of AIHW funders was conducted in May 2005 by The Leadership Factor Pty Ltd. The survey involved 20-minute in-depth telephone interviews with 59 AIHW clients.

The results were made available to all staff, and showed that, on the whole, satisfaction with AIHW was very positive, as evidenced by a Satisfaction Index™ of 79.6% ( $\pm 2.41\%$ ), placing the AIHW in the second quartile of The Leadership Factor's Satisfaction Benchmark League Table.

AIHW was perceived as Australia's pre-eminent organisation for health and welfare data, and AIHW staff were mostly seen as responsive to clients' needs and expectations, through professionalism, understanding, knowledge, experience and expertise.

In some areas clients' expectations were exceeded, for example security of data, ease of accessing information via the AIHW website, upholding ethical values (balancing privacy with data accessibility), and fair and reasonable memorandums of understanding.

Areas where satisfaction could be increased among AIHW funders included timeliness of AIHW products and services (but with acknowledgement that it is generally a consequence of late provision of data to AIHW), understanding of and responsiveness to clients' needs, and the usability of reports.

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

As a supplement to the text of this chapter, a comprehensive listing of AIHW publications produced in 2004–05 is shown in Appendix 10, page 127.

## Institute's website lists and presents all new AIHW publications

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

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

## Publication of estimated 112 reports averaging 122 pages each.

During the reporting period the AIHW produced 112 reports averaging 122 pages each.

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

- The planned 2001 national report of the Child Dental Health Survey continued to be delayed by late provision of data from New South Wales. When a dataset was received in 2005, it was inadequate. Consequently, the nature and format of the national report had to be altered, delaying its publication until the 2005-06 work plan. In addition, liaison began with New South Wales with the aim of rectifying current data collection procedures.
- A Dental Statistics Research Report on access to dental care, based on data from the 2002-03 National Dental Telephone Interview Survey, was delayed due to requirements for implementation of the National Survey of Adult Oral Health. The report has been drafted and will be published as part of the 2005-06 work plan.
- The second volume of the third Vietnam Veterans' Mortality Study has been completed and will be published in the next reporting period.
- It was planned to release *Medical Labour Force 2003* during the first half of 2005. The publication is ready for printing, but is awaiting publication approval by some states.
- The report *Disability Support Services 2003-04* scheduled for release in June 2005 was delayed as a result of significant timelags in a resubmission of annual data from some states. The report has been completed and is scheduled for release in August 2005.
- The fourth thematic report *Female SAAP Clients and Children Escaping Domestic and Family Violence 2003-04* was delayed as a result of work requirements associated with the implementation of the new data collection. It will be released in September 2005.
- Due to the commitment of the National Housing Data Development Committee (NHDDC) to provide a comprehensive source of data standards for housing assistance, the release of the *National Housing Assistance Data Dictionary* version 3 has been postponed until September 2005.

