

# **Australian Institute of Health and Welfare**

**Annual Report 2004–05**



**Australian Government**  
**Australian Institute of Health and Welfare**

AIHW Cat. No. AUS 66



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The Institute is Australia's national health and welfare statistics and information agency, and is part of the Australian Government's Health and Ageing portfolio.

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**Australian Government**  
**Australian Institute of Health and Welfare**

The Hon. Tony Abbott MP  
Minister for Health and Ageing  
Parliament House  
CANBERRA ACT 2600

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 2005.

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

In accordance with the requirements of Section 9 of the CAC Act, the report was endorsed on 30 September at a meeting of directors responsible for the preparation and content of the report of operations, in accordance with Finance Minister's Orders.

Yours sincerely

**Hon. Peter Collins, AM, QC**

Chair of the Board

4 October 2005

## AIHW 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 INSTITUTE'S VALUES

- |                       |                                                                                                                            |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Accessibility</b>  | making our work available to all Australians                                                                               |
| <b>Expertise</b>      | applying specialised knowledge and high standards to our products and services                                             |
| <b>Independence</b>   | ensuring our work is objective, impartial and reflects our mission                                                         |
| <b>Innovation</b>     | showing curiosity, creativity and resourcefulness in our work                                                              |
| <b>Privacy</b>        | respecting and safeguarding the privacy of individuals and the confidentiality of those who provide the information we use |
| <b>Responsiveness</b> | seeking and responding to the needs of all those who supply or use our data and information.                               |

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## HIGHLIGHTS FROM THE AIHW CHAIR

After a year as Chair of the Australian Institute of Health and Welfare, I am pleased to introduce the annual report and provide a few highlights.

The Institute provides an objective, independent view of Australia's health and welfare system. It rigorously protects the confidentiality of information provided to it. It works closely with all governments and the many stakeholders in the health and welfare system, ensuring that all points of view are fully considered, and it is responsive to emerging demands for information. It follows a strong set of values and has a highly skilled and committed team of people in Canberra and the many organisations that collaborate with it.

These attributes of the Institute were strongly reinforced in a funders' survey conducted during the year. External funders provided almost two thirds of the Institute's revenue in 2004–05, and their satisfaction with the products they buy is vital for the Institute's continuing success. Repeat business is perhaps the best indicator of client satisfaction and so it was pleasing to learn that three-quarters of the clients surveyed expect to commission the Institute to do the same or more work in 2005–06.

With the ABC's James O'Loughlin, I had the pleasure of launching METeOR (Metadata Online Registry), which is available on the relaunched AIHW website, at the National Museum of Australia in May 2005. Metadata is generally defined as 'data about data'. This technology will help to ensure consistency in health and welfare metadata which will result in more comparable and accurate statistics. METeOR draws together Australia's community of data developers and data providers in the health and welfare fields and encourages them to share ideas and information. It will allow the development of metadata more easily and cheaply while conforming to international standards.

Health and Ageing Minister Tony Abbott and Family and Community Services Minister Kay Patterson each launched significant reports, namely the 2004 *National Drugs Survey* and the comprehensive *A Picture of Australia's Children* respectively. Both Ministers recognised in their remarks the valuable contribution made by the Institute in informing policy makers and the broader community.

Another publication highlight was the release of *Australian Hospital Statistics* in May, a month earlier than in previous years. This report has grown to include a wide variety of hospital performance indicators, as well as the basic data to inform understanding of what Australia's \$20 billion hospital system does, to whom, when and at what cost. Importantly, it separates the contribution of public and private hospitals, showing the evolving contribution of each sector over time.

This year the Institute celebrated its 18th birthday and, so to speak, came of age. Board members and staff shared a joyful occasion, aided by the fabulous Institute choir.

Finally, I want to thank my fellow Board members for their hard work and cooperation during the year. They have combined to make a new Chair welcome, and have shared their expertise and insights with me. All of us on the Board in turn thank the Director and his excellent staff, and their collaborating colleagues, for a highly productive year.

**Hon. Peter Collins, AM, QC**

Board Chair



## CHAPTER 1

# ORGANISATION OF THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE



## Enabling legislation

The Australian Institute of Health and Welfare (AIHW) was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992 the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) (Appendix 2, page 13).

The AIHW is in the Health and Ageing portfolio and has a close relationship with the Australian Government Department of Family and Community Services and the Australian Government Department of Veterans' Affairs.

## Responsible Minister

The Hon. Tony Abbott, the Minister for Health and Ageing, is the Minister responsible for the AIHW.

The AIHW also communicates with the Minister for Family and Community Services, the Minister for Ageing and the Parliamentary Secretary to the Minister for Health and Ageing.

## Objectives and functions

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

In summary, the AIHW:

- identifies and meets the information needs of governments and the community to enable them to make informed decisions to improve the health and welfare of Australians
- provides authoritative, timely information and analysis to the Australian Government, state and territory governments, and non-government clients by collecting, analysing and disseminating national data on health, community services and housing assistance
- develops, maintains and promotes, in conjunction with stakeholders, information standards for health, community services and housing assistance.

The AIHW may:

- enter into contracts or arrangements, including contracts or arrangements to perform functions on behalf of the AIHW (details of such collaborations are included later in this report)
- release data to other bodies or persons for research purposes, subject to strict confidentiality provisions in the AIHW Act and with the agreement of its Ethics Committee.

The AIHW promotes and releases the results of its work into the public domain.

# STATEMENT OF GOVERNANCE

## AIHW Board

Section 8(1) of the AIHW Act specifies the composition of the Board of the AIHW. Board members, other than three ex-officio members and a staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Ageing for periods not exceeding three years. Details of 2004–05 Board members are listed below. The financial statements contain details of remuneration of Board members (Note 12, page 72), and Related Party Disclosures of the Board (Note 13, page 72).

The following is a list of Board members for the period 1 July 2004 to 30 June 2005.

### *Chair*

The Hon. Peter Collins, AM, QC

### *Secretary, Department of Health and Ageing*

Ms Jane Halton

### *Australian Statistician*

Mr Dennis Trewin

### *Australian Health Ministers' Advisory Council nominee*

Mr Peter Allen

### *Community Services Ministers' Advisory Council nominee*

Ms Linda Apelt

### *Representative of state and territory housing departments*

Dr Owen Donald

### *Ministerial nominees*

Prof. Heather Gardner

Dr Kerry Kirke

Mr Ian Spicer

### *AIHW staff nominee*

Ms Justine Boland

### *Director, AIHW*

Dr Richard Madden

The Secretary of the Department of Family and Community Services is invited to attend and participate in Board meetings. The Chief Executive Officer of the National Health and Medical Research Council (NHMRC) attends the Board as an observer.

Three Board meetings were held during the period. Details of meetings attended and Board members' qualifications and experience are in Appendix 5 (page 113).

The performance of the AIHW Director is reviewed annually by the Board Chair.

The Charter of Corporate Governance adopted by the Board takes into account contemporary issues regarding corporate governance and underpins Board operations in an increasingly complex environment.

The AIHW Charter of Corporate Governance is available at Appendix 13.

## Board committees

### ETHICS COMMITTEE

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

### Membership and meetings

Membership of the Ethics Committee at 30 June 2005 is shown below. The Ethics Committee meets the NHMRC requirements for the composition of human research ethics committees.

Four meetings of the Ethics Committee were held during 2004–05. The Committee agreed to the ethical acceptability of 21 projects during the year.

## Ethics Committee members 2004–05

### *Chair*

Mr Robert Todd

### *Medical graduate with research experience*

Prof. Tony Adams

### *Graduate in a social science*

Dr Siew-Ean Khoo

### *Nominee of the Registrars of Births, Deaths and Marriages*

Ms Val Edyvean

### *Minister of religion*

Rev. Dr D'Arcy Wood

### *Legal practitioner*

Ms Marina Farnan

### *Representatives of general community attitudes*

Mr John Turner

Ms Janet Kahler

### *Director, AIHW*

Dr Richard Madden

## AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee is a subcommittee of the AIHW Board. The Committee authorises and oversees the AIHW's audit program and reports to the Board on financial and data audit matters.

### Membership and meetings

Membership of the Audit and Finance Committee and details of the three meetings held during the year are shown in Appendix 6.

The major matters on which the Committee reported to the Board were:

- review of annual financial statements
- internal audit program
- data audit program.

## INDEMNITIES AND INSURANCE PREMIUMS FOR OFFICERS

The AIHW provided appropriate indemnity for officers during the financial year.

## FUNDING

Two main sources of income fund the AIHW's activities. As part of the Health and Ageing portfolio, the AIHW was allocated \$8.42 million in 2004–05 by the Australian Government (Appendix 1, page 45). Revenue for externally funded projects from other sources was \$14.9 million. External projects are largely funded through agreements between the AIHW and the Australian Government (the Department of Health and Ageing, the Department of Family and Community Services and the Department of Veterans' Affairs), Health, Community Services and Housing Ministers' advisory councils, and state and territory agencies.

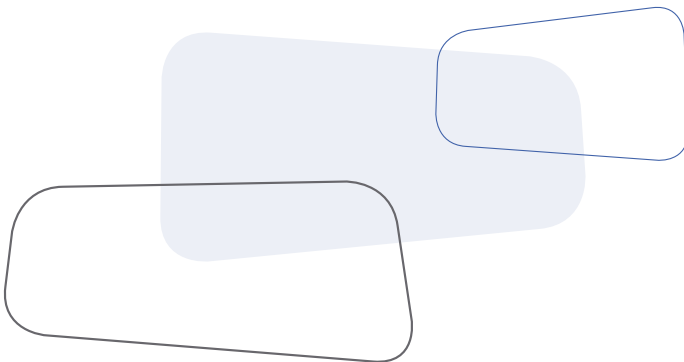
## ORGANISATIONAL STRUCTURE

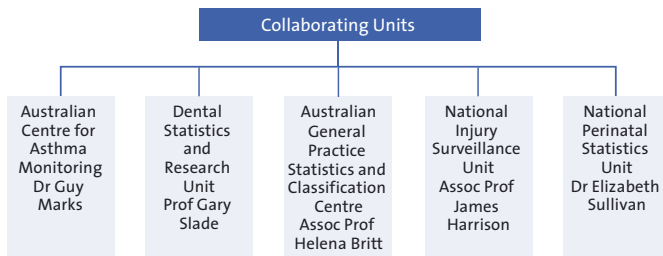
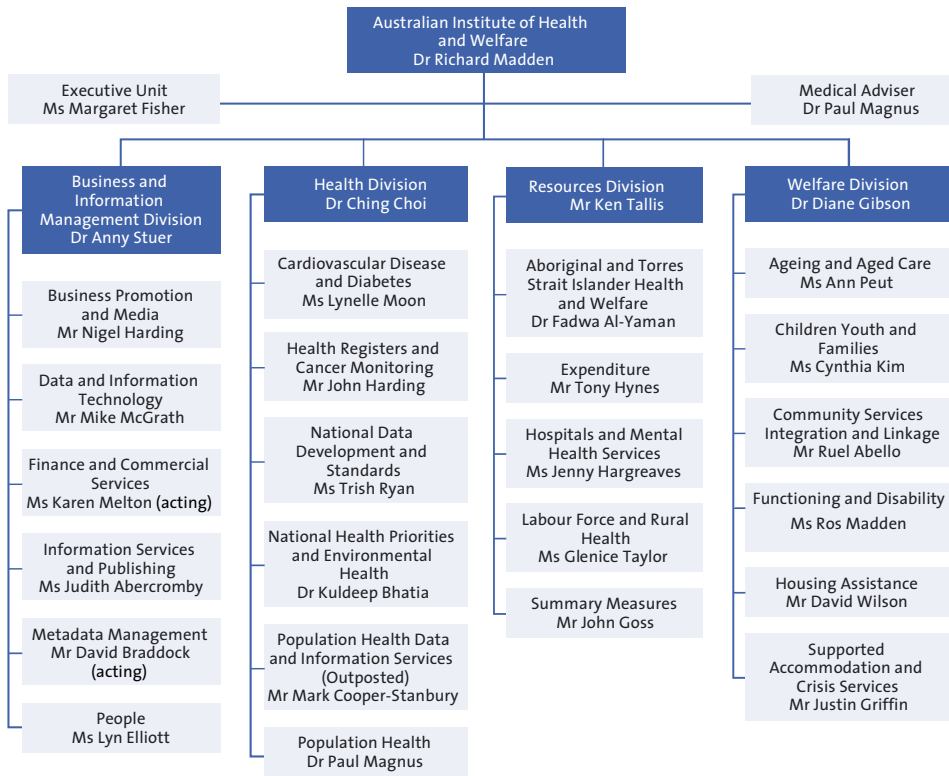
The organisational structure of the AIHW has been established to ensure it best meets its functional responsibilities. The structure does not remain static but is modified to meet the changing requirements of its constituents.

The Director, who is a member of the Board, is responsible for the AIHW's activities. The Director is supported in this role by four Division Heads, each with a major functional responsibility within the organisation (for Health, Welfare, Resources, and Business and Information Management), and an Executive Unit. A chart showing the AIHW's organisational structure is on page 7.

## Collaborative arrangements

The AIHW has agreements with a number of other organisations to facilitate collaboration. Those collaborations extend the scope of the AIHW's skills base and enhance the ability of the AIHW to perform its functions (Appendix 4 Other bodies carrying out Institute functions, page 109).





## AIHW staff

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 2004–05 are shown on page 121. Executive staff at 30 June 2005 are listed below. Information about Heads of functional units is included in Appendix 9 (page 123).

### *Director*

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

### *Business and Information Management Division Head*

Anny Stuer, BA (Hons) (France), PhD (ANU)

### *Health Division Head*

Ching Choi, BA (ICU), PhD (ANU)

### *Resources Division Head*

Ken Tallis, BA (Hons) (ANU), BEc (ANU)

### *Welfare Division Head*

Diane Gibson, BA (Hons), PhD (Qld), FASSA

## ESTABLISHMENT AND MAINTENANCE OF ETHICAL STANDARDS

Ethical standards at the AIHW are upheld through our values:

- accessibility
- expertise
- independence
- innovation
- privacy
- responsiveness.

These values, and those of the Australian Public Service (APS), shape the *AIHW Corporate Plan 2003–2006*, the Business Plan which flows from the Corporate Plan, and the annual Work Program.

To reinforce the AIHW's strong commitment to its values, staff (and those with approved access to AIHW data) are required to sign an Undertaking of Confidentiality in relation to data held under the AIHW Act. An important part of the AIHW's induction program is a discussion, led by the Director, of the values and ethical standards under which the AIHW operates. These practices, together with our data audit programs, are designed to ensure the confidentiality of the data held. The APS Values and Code of Conduct are regularly promoted to staff in seminars and newsletters.



## RISK MANAGEMENT STRATEGIES

Maintaining the security of AIHW data is a key strategy for minimising the Institute's business risk. Staff and researchers seeking access to AIHW data through its Ethics Committee must comply with the confidentiality requirements of s. 29 of the AIHW Act. These requirements are explained in the *AIHW Information Security and Privacy Policy and Procedures*, the *Guidelines for Custody of AIHW Data*, and the *AIHW Ethics Committee Guidelines for the Preparation of Submissions for Ethical Clearance*. Each year the Board endorses an annual audit program covering data, data administration, finance, human resources and other administrative procedures.

These audits determine whether effective strategies are in place to ensure the security and integrity of collections.

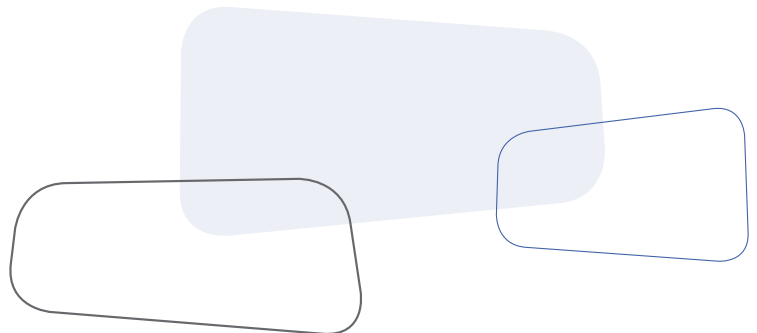
In 2004–05, the AIHW completed a number of audits and put in place a number of actions in response to them:

- financial reporting
- delegations
- liabilities
- contract management audit
- risk profile
- business continuity plan.

Data audits were undertaken on the:

- National Hospital Establishments Database
- National Drug Strategy Household Survey
- Hospital Morbidity Database.

The findings for these collections were that the databases were sound and demonstrated effective management of data collected.



## Recruitment practices

### ACCESSIBILITY OF RECRUITMENT INFORMATION

The AIHW advertises vacancies in the *Australian Public Service Gazette* and on its website; such information is accessible to people with disabilities. Applications may be submitted by email, and emails on accessibility matters are responded to promptly. The AIHW is committed to workplace diversity and equal employment opportunities and updated its Workplace Diversity Plan during the year.

### APPLICATION OF THE PRINCIPLE OF 'REASONABLE ADJUSTMENT'

Recruitment and selection guidelines include a statement that the AIHW is an equal opportunity employer which values and promotes workplace diversity. The AIHW encourages managers and selection advisory committees to demonstrate attitudes and practices that support members of designated groups applying for, securing and maintaining employment.

## Learning and development activities

Learning and development programs are accessible to all staff.

## Accessibility of AIHW work

All AIHW publications are available free of charge on the AIHW's website ([www.aihw.gov.au](http://www.aihw.gov.au)). In addition, the site offers free access to a large number of interactive data 'cubes' which allow users to produce customised tables or graphs to suit their needs.

AIHW publications include a wide range of statistical tables, and it is difficult to render all of these in universally accessible formats. In recognition of this, the AIHW invites website visitors having difficulty accessing information to contact staff directly for individual assistance. Flagship publications are available in RTF (Rich Text Format) in addition to PDF (Portable Document Format) to increase their accessibility.

Printed copies of AIHW publications can be purchased by mail order, online via our website and at a discounted price over the counter at the Institute's premises.

## Grievance mechanism

The AIHW has procedures in place for dealing with grievances, and these are outlined in the AIHW Certified Agreement:

- All staff are encouraged to discuss grievances, in the first instance, with their manager.
- Workplace Harassment Contact Officers have been appointed to assist staff.
- Staff have access to professional counselling through an external Employee Assistance Program. Details of this arrangement are available to all staff via the AIHW intranet.

## OCCUPATIONAL HEALTH AND SAFETY STRATEGIES

The AIHW is committed to providing a healthy and safe working environment for its employees, contractors and visitors. The AIHW Occupational Health and Safety Agreement 1998 was reviewed by the Occupational Health and Safety (OH&S) Committee during the year in consultation with staff representatives, in accordance with the *Occupational Health and Safety (Commonwealth Employees) Act 1991*.

The OH&S Committee met four times during the year. The AIHW's First Aid Guidelines were reviewed.

Pilates classes were added to health and wellbeing initiatives already in place at the AIHW.

Continuing measures to support the health, safety and welfare of employees and contractors included training for first aid officers and fire wardens, and ergonomic assessments of workstations.

Occupational overuse syndrome (OOS) week was publicised to staff and followed up with training sessions on OOS.

Two incidents were notified to Comcare under s. 68 of the Occupational Health and Safety Act.

There were no investigations under s. 41, no Provisional Improvement Notices were issued under s. 29 and no notices were issued under s.46 or s.47 of the Occupational Health and Safety Act.

## ENVIRONMENTAL PERFORMANCE AND CONTRIBUTION TO ECOLOGICALLY SUSTAINABLE DEVELOPMENT

The functions of the AIHW are such that none of its activities are relevant to ecologically sustainable development in terms of the principles identified in the *Environment Protection and Biodiversity Conservation Act 1999*.

However, the AIHW has in place measures to reduce greenhouse emissions and conserve resources. These include recycling and other energy conservation measures such as purchasing green energy.



## 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.

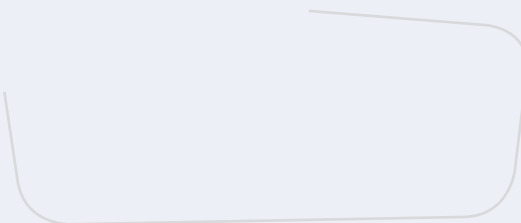
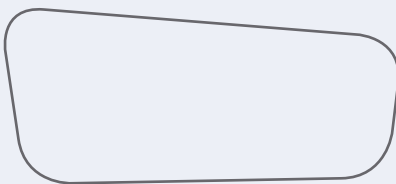
**Output Group 1:** Specific services to the Minister and Parliament required under the AIHW Act.

**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.



## APPENDIX 1

FINANCIAL STATEMENTS





## INDEPENDENT AUDIT REPORT

To the Minister for Health and Ageing

### Matters relating to the Electronic Presentation of the Audited Financial Statements

This audit report relates to the financial statements published in both the annual report and on the website of Australian Institute of Health and Welfare for the year ended 30 June 2005. The Directors are responsible for the integrity of both the annual report and the web site.

The audit report refers only to the financial statements, schedules and notes named below. It does not provide an opinion on any other information which may have been hyperlinked to/from the audited financial statements.

If the users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial statements in the Australian Institute of Health and Welfare's annual report.

### Scope

#### *The financial statements and directors' responsibility*

The financial statements comprise:

- Statement by Directors;
- Statements of Financial Performance, Financial Position and Cash Flows;
- Schedules of Commitments and Contingencies; and
- Notes to and forming part of the Financial Statements

of the Australian Institute of Health and Welfare for the year ended 30 June 2005.

The Directors are responsible for preparing the financial statements that give a true and fair view of the financial position and performance of the Australian Institute of Health and Welfare, and that comply with accounting standards, other mandatory financial reporting requirements in Australia, and the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*. The Directors are also responsible for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial statements.

#### *Audit approach*

I have conducted an independent audit of the financial statements in order to express an opinion on them to you. My audit has been conducted in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing and Assurance Standards, in order to provide reasonable assurance as to whether the financial statements are free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive, rather than conclusive, evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

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While the effectiveness of management's internal controls over financial reporting was considered when determining the nature and extent of audit procedures, the audit was not designed to provide assurance on internal controls.

I have performed procedures to assess whether, in all material respects, the financial statements present fairly, in accordance with accounting standards and other mandatory financial reporting requirements in Australia and the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, a view which is consistent with my understanding of the Australian Institute of Health and Welfare's financial position, and of its performance as represented by the statements of financial performance and cash flows.

The audit opinion is formed on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial statements; and
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the Directors.

#### ***Independence***

In conducting the audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the ethical requirements of the Australian accounting profession.

#### **Audit Opinion**

In my opinion, the financial statements of the Australian Institute of Health and Welfare:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*; and
- (b) give a true and fair view of the Australian Institute of Health and Welfare's financial position as at 30 June 2005 and of its performance and cash flows for the year then ended, in accordance with:
  - (i) the matters required by the Finance Minister's Orders; and
  - (ii) applicable accounting standards and other mandatory financial reporting requirements in Australia.

Australian National Audit Office



Carla Jago  
Executive Director

Delegate of the Auditor-General

Canberra  
12 September 2005



**Australian Government**  
**Australian Institute of Health and Welfare**

**STATEMENT BY DIRECTORS**

In our opinion, the attached financial statements for the year ended 30 June 2005 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Authority will be able to pay its debts as and when they become due and payable.

This Statement is made in accordance with a resolution of the directors.

Handwritten signature of Peter Collins in black ink.

Hon. Peter Collins, AM, QC  
Chair of the Board

12 September 2005

Handwritten signature of Richard Madden in black ink.

Richard Madden  
Director

12 September 2005



**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**STATEMENT OF FINANCIAL PERFORMANCE**  
For the period ended 30 June 2005

	Notes	2005 \$'000	2004 \$'000
<b>REVENUE</b>			
<b><u>Revenues from ordinary activities</u></b>			
Revenues from government	4A	8,420	8,556
Goods and services	4B	15,005	14,188
Interest	4C	254	251
Other Revenues	4E	6	130
<b>Revenues from ordinary activities</b>		<b><u>23,685</u></b>	<b><u>23,125</u></b>
<b>EXPENSE</b>			
<b><u>Expenses from ordinary activities</u></b>			
Employees	5A	14,724	14,136
Suppliers	5B	8,406	8,613
Depreciation and amortisation	5C	440	298
Write-down of assets	5D	107	27
Value of assets sold	4D	-	2
<b>Expenses from ordinary activities</b>		<b><u>23,677</u></b>	<b><u>23,076</u></b>
<b>Operating surplus from ordinary activities</b>		<b><u>8</u></b>	<b><u>49</u></b>
<b>Net surplus</b>		<b><u>8</u></b>	<b><u>49</u></b>
Net credit (debit) to asset revaluation reserve		<u>(12)</u>	<u>-</u>
<b>Total changes in equity</b>		<b><u>(4)</u></b>	<b><u>49</u></b>

The above statements should be read in conjunction with the accompanying notes

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**STATEMENT OF FINANCIAL POSITION**  
 As at 30 June 2005

	Notes	2005 \$'000	2004 \$'000
<b>ASSETS</b>			
<b>Financial assets</b>			
Cash	10,17	4,355	5,675
Receivables	6	5,522	4,250
<b>Total financial assets</b>		<b>9,877</b>	<b>9,925</b>
<b>Non-financial assets</b>			
Buildings	7A,E,F	503	454
Infrastructure, plant and equipment	7B,E,F	670	607
Library Collection	7C,E,F	506	617
Intangibles	7D,E,F,G	728	123
Inventories	7H	102	107
Other	7I	189	188
<b>Total non-financial assets</b>		<b>2,698</b>	<b>2,096</b>
<b>Total assets</b>		<b>12,575</b>	<b>12,021</b>
<b>LIABILITIES</b>			
<b>Provisions</b>			
Employees	8A	4,364	3,836
<b>Total provisions</b>		<b>4,364</b>	<b>3,836</b>
<b>Payables</b>			
Suppliers	8B	900	889
Contract income in advance	8C	5,499	5,409
Other	8D	143	214
<b>Total payables</b>		<b>6,542</b>	<b>6,512</b>
<b>Total liabilities</b>		<b>10,906</b>	<b>10,348</b>
<b>NET ASSETS</b>		<b>1,669</b>	<b>1,673</b>
<b>EQUITY</b>			
Contributed equity	9	1,146	1,146
Reserves	9	756	768
Accumulated deficits	9	(233)	(241)
<b>Total equity</b>		<b>1,669</b>	<b>1,673</b>
<b>Current liabilities</b>		<b>7,787</b>	<b>7,704</b>
<b>Non-current liabilities</b>		<b>3,119</b>	<b>2,644</b>
<b>Current assets</b>		<b>10,168</b>	<b>10,220</b>
<b>Non-current assets</b>		<b>2,407</b>	<b>1,801</b>

The above statements should be read in conjunction with the accompanying notes

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**STATEMENT OF CASH FLOWS**  
For the period ended 30 June 2005

	Notes	2005	2004
		<u>\$'000</u>	<u>\$'000</u>
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Goods and services		14,744	13,637
Appropriations		8,420	8,556
Interest		260	252
GST recovered from ATO		173	450
Other		<u>6</u>	<u>130</u>
<b>Total cash received</b>		<b>23,603</b>	<b>23,025</b>
<b>Cash used</b>			
Employees		(14,195)	(14,045)
Suppliers		<u>(9,568)</u>	<u>(9,196)</u>
<b>Total cash used</b>		<b>(23,763)</b>	<b>(23,241)</b>
<b>Net cash provided by operating activities</b>	<b>10A</b>	<b><u>(160)</u></b>	<b><u>(216)</u></b>
<b>INVESTING ACTIVITIES</b>			
<b>Cash used</b>			
Purchase of infrastructure, plant and equipment		<u>(1,160)</u>	<u>(478)</u>
<b>Total cash used</b>		<b>(1,160)</b>	<b>(478)</b>
<b>Net cash used by investing activities</b>		<b><u>(1,160)</u></b>	<b><u>(478)</u></b>
<b>Net increase / (decrease) in cash held</b>		<b>(1,320)</b>	<b>(694)</b>
Add cash at the beginning of the reporting period		<u>5,675</u>	<u>6,369</u>
<b>Cash at the end of reporting period</b>	<b>10B</b>	<b><u>4,355</u></b>	<b><u>5,675</u></b>

The above statements should be read in conjunction with the accompanying notes

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**SCHEDULE OF COMMITMENTS**  
as at 30 June 2005

	Notes	
	2005	2004
	\$'000	\$'000
<b>BY TYPE</b>		
<b>OTHER COMMITMENTS</b>		
Operating leases*	2,760	3,489
Other commitments**	707	1,650
<b>Total commitments payable</b>	<b>3,467</b>	<b>5,139</b>
<b>COMMITMENT RECEIVABLE</b>		
Projects	(4,020)	(3,729)
GST	(314)	(401)
<b>Total commitments receivable</b>	<b>(4,334)</b>	<b>(4,130)</b>
<b>Net commitments</b>	<b>(867)</b>	<b>1,009</b>
<b>BY MATURITY</b>		
<b>Operating lease commitments</b>		
One year or less	1,336	1,174
From one to five years	1,424	2,315
Over five years	-	-
<b>Total operating lease commitments</b>	<b>2,760</b>	<b>3,489</b>
<b>Other commitments</b>		
One year or less	707	1,451
From one to five years	-	199
Over five years	-	-
<b>Total other commitments</b>	<b>707</b>	<b>1,650</b>
<b>Commitments receivable</b>	<b>(4,334)</b>	<b>(4,130)</b>
<b>Net Commitments</b>	<b>(867)</b>	<b>1,009</b>

NB: Commitments are GST inclusive where relevant

\* Operating leases included are effectively non-cancellable and comprise:

<i>Nature of Lease</i>	<i>General description of leasing arrangements</i>
Lease for office accommodation	<ul style="list-style-type: none"> <li>* Lease payments are subject to annual increases in accordance with upward movements in the Consumer Price Index or 3%.</li> <li>* The lease term is seven years and may be renewed for another seven years at the Institute's option.</li> <li>* Current leases expire in July 2007 and August 2007.</li> </ul>
Computer equipment lease	<ul style="list-style-type: none"> <li>* The lease term is three years.</li> <li>* On expiry of lease term, the Institute has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models.</li> </ul>

\*\* As at 30 June 2005, other commitments are primarily amounts relating to the Institute's contract work.

The above schedule should be read in conjunction with the accompanying notes

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**SCHEDULE OF CONTINGENCIES**  
as at 30 June 2005

	Notes	2005 \$'000	2004 \$'000
<b>CONTINGENT LIABILITIES</b>			
<i>Other guarantees</i>	16		
Balance from previous period		200	200
Re-measurement		110	-
<b>Total contingent liabilities</b>		<b>310</b>	<b>200</b>

Details of contingent liabilities are shown in Note 16: Contingent Liabilities and Assets

The above schedule should be read in conjunction with the accompanying notes

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**Note Description**

- 1 Summary of Significant Accounting Policies
- 2 Adoption of Australian Equivalents to International Financial Reporting Standards from 2005-06
- 3 Economic Dependency
- 4 Operating Revenues
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**1 Summary of Significant Accounting Policies**

**1.1 Basis of accounting**

The financial statements are required by clause 1(b) of Schedule 1 to the *Commonwealth Authorities and Companies Act 1997* and are a general purpose financial report.

The statements have been prepared in accordance with:

- Finance Ministers' Orders (being the *Commonwealth Authorities and Companies Orders (Financial Statements for reporting periods ending on or after 30 June 2005)*);
- Australian Accounting Standards and Accounting Interpretations issued by the Australian Accounting Standards Board;
- Urgent Issues Group Abstracts.

The Institute's Statements of Financial Performance and Financial Position have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets which, as noted, are at valuation. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

Assets and liabilities are recognised in the Institute's Statement of Financial Position when and only when it is probable that future economic benefits will flow and the amounts of the assets or liabilities can be reliably measured.

Assets and liabilities arising under agreements equally and proportionately unperformed are however not recognised unless required by an accounting standard. Liabilities and assets which are unrecognised are reported in the Schedule of Commitments and the Schedule of Contingencies (other than unquantifiable or remote contingencies which are reported at Note 16).

Revenue and expenses are recognised in the Institute's Statement of Financial Performance when and only when the flow or consumption or loss of economic benefits has occurred and can be reliably measured.

**1.2 Changes in Accounting Policy**

The accounting policies used in the preparation of these financial statements are consistent with those used in 2003-2004.

**1.3 Revenue**

The revenues described in this Note are revenues relating to the core operating activities of the Institute. Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Revenue from the disposal of non-current assets is recognised when control of the asset has passed to the buyer.

Revenue from the rendering of a service is recognised by reference to the stage of completion of contracts or other agreements to provide services. The stage of completion is determined according to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

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Receivables for goods and services are recognised at the nominal amounts due less any provision for bad and doubtful debts. Collectability of debts is reviewed at balance date. Provisions are made when collectability of the debt is judged to be less rather than more likely.

*Core Operations*

All material revenues described in this Note are revenues relating to the core operating activities of the Institute whether in their own right or on behalf of the Government. Details of revenue amounts are given in Note 4.

*Revenues from Government - Output Appropriations*

The full amount of the appropriation for departmental outputs for the year is recognised as revenue.

**1.4 Transactions by the Government as Owner**

*Equity injections*

Amounts appropriated by the Parliament as equity injections are recognised as 'contributed equity' in accordance with the Finance Minister's Orders.

**1.5 Employee Benefits**

*Benefits*

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for wages and salaries (including non-monetary benefits), annual leave, sick leave are measured at their nominal amounts. Other employee benefits expected to be settled within 12 months of their reporting date are also to be measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

All other employee benefit liabilities are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

*Leave*

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave because all sick leave is non-vesting and the average sick leave taken in future years by employees of the Institute is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration, including the Institute's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The non-current portion of the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2005. In determining the present value of the liability, the Institute has taken into account attrition rates and pay increases through promotion and inflation.



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*Separation and Redundancy*

Provision is also made for separation and redundancy benefits in cases where positions have been formally identified as excess to requirements, the existence of an excess has been publicly communicated, and a reliable estimate of the amount payable can be determined.

*Superannuation*

Employees of the Institute are members of the Commonwealth Superannuation Scheme, the Public Sector Superannuation Scheme and AGEST.

The Liability for their superannuation benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course.

The Institute makes employer contributions to the Government at rates determined by the actuary to be sufficient to meet the cost to the Government of the superannuation entitlements of the Institute's employees.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final day of the year.

**1.6 Leases**

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

Where a non-current asset is acquired by means of a finance lease, the asset is capitalised at the present value of minimum lease payments at the inception of the lease and a liability recognised for the same amount. The discount used is the interest rate implicit in the lease. Leased assets are amortised over the period of the lease. Lease payments are allocated between the principal component and the interest expense.

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

Lease incentives taking the form of 'free' fitout and rent holidays are recognised as liabilities. These liabilities are reduced by allocating lease payments between rental expense and reduction of liability.

**1.7 Cash**

Cash includes notes and coins held and any deposits held at call with a bank or financial institution. Cash is recognised at its nominal amount. Interest is credited to revenue as it accrues.

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**1.8 Financial instruments**

Accounting policies for financial instruments are stated at Note 17.

**1.9 Unrecognised Financial Liabilities**

Other guarantees, not recognised in the *Statement of Financial Performance* (refer note 16), of the Institute are disclosed in the Schedule of Contingencies.

At the time of completion of the financial statements, there was no reason to believe that these guarantees would be called upon, and recognition of the liability was therefore not required.

**1.10 Acquisition of Assets**

Assets are recorded at cost on acquisition except as stated below.

The cost or acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements.

In the later case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor entity's accounts immediately prior to restructuring.

**1.11 Infrastructure, plant and equipment**

*Asset recognition threshold*

Purchases of property, plant and equipment are recognised initially at cost in the Statement of Financial Position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

*Revaluations*

Buildings, infrastructure, plant and equipment and library collection are carried at valuation, being revalued annually with sufficient frequency such that the carrying amount of each asset class is not materially different, as at reporting date, from its fair value. Valuations undertaken in any year are as at 30 June.

Fair values for each class of assets are determined as shown below.

<b>Asset Class</b>	<b>Fair Value Measured at:</b>	<b>Deprival Value Measured at:</b>
Buildings - Leasehold Improvements	Depreciated replacement cost	Depreciated replacement cost
Plant and Equipment	Market selling price	Depreciated replacement cost
Library Collection	Market selling price	Depreciated replacement cost

Assets that are surplus to requirements are measured at their net realisable value.

At 30 June 2005 the Institute held no surplus assets. (30 June 2004: \$0).

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Building assets, plant and equipment and the library collection are subject to formal valuation every three years. Formal valuations are carried out by an independent qualified valuer.

In between formal valuations, PP&E assets are revalued using an appropriate index reflecting movements in the value of similar assets.

*Depreciation and Amortisation*

Depreciable buildings, infrastructure, plant and equipment and library collections assets are written-off to their estimated residual values over their estimated useful lives to the Institute using, in all cases the straight-line method of depreciation.

Leasehold improvements are amortised on a straight-line basis over the lesser of the estimated useful life of the improvements or the unexpired period of the lease.

Depreciation/amortisation rates (useful lives) and methods are reviewed at each balance date and necessary adjustments are recognised in the current and future reporting periods, as appropriate. Residual values are re-estimated for a change in prices only when assets are revalued.

Depreciation and amortisation rates applying to each class of depreciable assets are based on the following useful lives:

	2004-2005	2003-2004
Leasehold improvements	<b>Lease Term</b>	<b>Lease Term</b>
Infrastructure, plant and equipment	<b>5 to 10 years</b>	<b>5 to 10 years</b>
Library Collection	<b>10 years</b>	<b>10 years</b>

The aggregate amount of depreciation allocated for each class of asset during the reporting period is disclosed in Note 5C.

**1.12 Impairment of Non-Current Assets**

Non-current assets carried at up-to-date fair value at the reporting date are not subject to impairment testing.

Non-current assets carried at cost and held to generate net cash inflows have been tested for their recoverable amounts at the reporting date. The test compared the carrying amounts against the net present value of future cash inflows. No write-down to recoverable amount was required (2004:nil).

The non-current assets carried at cost, which are not held to generate net cash inflows, have been assessed for indications of impairment. Where indications of impairment exist, the asset is written down to the higher of its net selling price and, if the entity would replace the asset's service potential, its depreciated replacement cost.

**1.13 Inventories**

Inventories held for resale are valued at the lower of cost and net realisable value.

All inventories are current assets.

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**1.14 Intangibles**

The Institute's intangibles comprise both internally developed software and purchased software for internal use. These assets are carried at cost.

Software is amortised on a straight line basis over its anticipated useful life. The useful lives of the Institute's software is 3 to 5 years.

All software assets were assessed for indications of impairment as at 30 June 2005.

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**2 Adoption of Australian Equivalents to International Financial Reporting Standards from 2005-2006**

The Australian Accounting Standards Board has issued replacement Australian Accounting Standards to apply from 2005-06. The new standards are the Australian Equivalents to International Financial Reporting Standards (AEIFRS). The International Financial Reporting Standards are issued by the International Accounting Standards Board. The new standards cannot be adopted early. The standards being replaced are to be withdrawn with effect from 2005-06, but continue to apply in the meantime, including reporting periods ending on 30 June 2005.

The purpose of issuing AEIFRS is to enable Australian reporting entities reporting under the *Corporations Act 2001* to be able to more readily access overseas capital markets by preparing their financial reports according to accounting standards more widely used overseas.

For-profit entities complying with AEIFRS will be able to make an explicit and unreserved statement of compliance with International Financial Reporting Standards (IFRS) as well as a statement that the financial report has been prepared in accordance with Australian Accounting Standards.

AEIFRS contain certain additional provisions that will apply to not-for-profit entities, including not-for-profit Australian Government Authorities. Some of these provisions are in conflict with IFRSs, therefore the Institute will only be able to assert that the financial report has been prepared in accordance with Australian Accounting Standards.

AAS 29 *Financial Reporting by Government Departments* will continue to apply under AEIFRS. Accounting Standard AASB 1047 *Disclosing the Impacts of Adopting Australian Equivalents to International Financial Reporting Standards* requires that the financial report for 2004-05 disclose:

- an explanation of how the transition to AEIFRS is being managed;
- narrative explanations of the key policy differences arising from the adoption of AEIFRS;
- any known or reliably estimable information about the impacts on the financial report had it been prepared using the Australian equivalents to IFRS; and
- if the impacts of the above are not known or reliably estimable, a statement to that effect.
- Where an entity is not able to make a reliable estimate, or where quantitative information is not known, the entity should update the narrative disclosures of the key differences in accounting policies that are expected to arise from the adoption of AEIFRS.

The purpose of this Note is to make these disclosures.

*Management of the transition to AEIFRS*

- The Institute has taken the following steps for the preparation towards the implementation of AEIFRS:
- The Chief Executive Officer is tasked with oversight of the transition to and implementation of AEIFRS. The Chief Finance Officer is formally responsible for the project and reports regularly to the Audit Committee on progress against the formal plan.
- The plan requires the following key steps to be undertaken and sets deadlines for their achievement:
- All major accounting policy differences between current AASB standards and AEIFRS were identified by 30 June 2004;
- System changes necessary to be able to report under the AEIFRS, including those necessary to capture data under both sets of rules for 2004-05 were completed in September 2004. This included the testing and implementation of those changes;

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- No material adjustments were identified in relation to the AEIFRS transitional balance sheet as at 1 July 2004.
- An AEIFRS compliant balance sheet was also prepared during the preparation of the 2004-05 statutory financial reports; and
- The 2004-05 Balance Sheet under AEIFRS will be reported to the Department of Finance and Administration in line with their reporting deadlines.

*Major changes in accounting policy*

The Institute believes that the first financial report prepared under AEIFRS i.e. at 30 June 2006, will be prepared on the basis that the Institute will be a first time adopter under AASB 1 *First-time Adoption of Australian Equivalents to International Financial Reporting Standards*. Changes in accounting policies under AEIFRS are applied retrospectively i.e. as if the new policy had always applied except in relation to the exemptions available and prohibitions under AASB 1. This means that an AEIFRS compliant balance sheet has to be prepared as at 1 July 2004. This will enable the 2005-06 financial statements to report comparatives under AEIFRS.

A first time adopter of AEIFRS may elect to use exemptions under paragraphs 13 to 25E. When developing the accounting policies applicable to the preparation of the 1 July opening balance sheet, no exemptions were applied by the Institute.

Changes to major accounting policies are discussed in the following paragraphs.

Management's review of the quantitative impacts of AEIFRS represents the best estimate of the impacts of the changes as at reporting date. The actual effects of the impacts of AEIFRS may differ from these estimates due to:

- continuing review of the impacts of AEIFRS on the Institute operations;
- potential amendments to the AEIFRS and AEIFRS Interpretations; and
- emerging interpretation as to the accepted practice in the application of AEIFRS and the AEIFRS Interpretations.

*Property, plant and equipment*

It is expected that the 2005-06 Finance Minister's Orders will continue to require property plant and equipment assets to be valued at fair value in 2005-06.

*Intangible Assets*

The Institute currently recognises internally-developed software assets on the cost basis.

The AEIFRS standard on Intangibles does not permit intangibles to be measured at valuation unless there is an active market for the intangible. The Institute's internally-developed software is specific to the needs to the Institute and is not traded. The Intangible assets of the Institute have not been subject to prior revaluation processes. As a result there will be no impact on the measurement of this item.

*Impairment of Intangibles and Property, Plant and Equipment*

The Institute's policy on impairment of non-current assets is at Note 1.12.

Under AEIFRS these assets will be subject to assessment for impairment and, if there are indications of impairment, measurement of any impairment (impairment measurement must also be done, irrespective of any indications of impairment, for intangible assets not yet available for use). The impairment test is that the carrying amount of an asset must not exceed the greater of (a) its fair value less costs to sell and (b) its value in use. 'Value in use' is the net present value of net cash inflows for cash generating units assets of the Institute and depreciated replacement cost for other assets that would be replaced if the Institute were deprived of them.

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The most significant changes are that, for the Institute's cash generating units, the recoverable amount is only generally to be measured where there is an indication of impairment. Previously all assets' recoverable amount was tested.

However, an impairment assessment of the Institute's intangible assets indicated that no adjustments will be required.

*Decommissioning, Restoration and Make-good*

An assessment of accommodation leases for the preparation of the opening balance sheet has been completed with obligations for makegood identified in both leases held by the Institute.

The Institute is required to recognise a provision for decommissioning and removal of assets and site restoration in regard to accommodation leases. The value of the provision must be recognised as part of the cost of the underlying asset (deferred expense).

The impact of this change is an increase in Leasehold Improvement assets by \$250,433, an increase in other provisions of \$281,170 and an increase in accumulated deficits of \$30,737

*Inventory*

The new AEIFRS standard will require inventory held for distribution for no consideration or at a nominal amount to be carried at the lower of cost or current replacement cost. No material holdings of inventory held for distribution have been identified by the Institute and no impact is expected.

*Employee Benefits*

The provision for long service leave is measured at the present value of estimated future cash outflows using market yields as at the reporting date on national government bonds.

The 2003-04 Financial Report noted that AEIFRS may require the market yield on corporate bonds to be used. The AASB has decided that a deep market in high quality corporate bonds does not exist and therefore national government bonds will be referenced.

AEIFRS also require that annual leave that is not expected to be taken within 12 months of balance date is to be discounted. After assessing the staff leave profile, the impact of this change would have the effect of reducing Employee Provisions by \$44,031 and decreasing accumulated deficits by \$44,031.

*Financial Instruments*

AEIFRS include an option for entities not to restate comparative information in respect of financial instruments in the first AEIFRS report. It is expected that Finance Minister's Orders will require entities to use this option. Therefore, the amounts for financial instruments presented in the Institute's 2004-05 primary financial statements are not expected to change as a result of the adoption of AEIFRS.

The Institute will be required by AEFIRS to restate the carrying amount of financial instruments at 1 July 2005 to align with the accounting policies required by AEIFRS. It is expected that the carrying amounts of most financial instruments held by the Institute will be unaffected by this requirement.

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*Reconciliation of Impacts – AGAAP to AEIFRS*

	30 June 2005 *	30 June 2004
	\$'000	\$'000
<b>Reconciliation of the Australian Institute of Health and Welfare Equity</b>		
Total Equity under AGAAP	1,669	1,673
Adjustments to accumulated results	13	32
Adjustments to other reserves	-	-
<b>Total Equity under AEIFRS</b>	<u>1,682</u>	<u>1,705</u>
<b>Reconciliation of the Australian Institute of Health and Welfare Accumulated Results</b>		
Total Accumulated Results under AGAAP	(233)	(241)
Adjustments:		
Liabilities - Employee Provisions	44	32
Depreciation and amortisation	(31)	-
<b>Total Accumulated Results under AEIFRS</b>	<u>(220)</u>	<u>(209)</u>
<b>Reconciliation of the Australian Institute of Health and Welfare Reserves</b>		
Total Reserves under AGAAP	756	768
Adjustments	-	-
<b>Total Reserves under AEIFRS</b>	<u>756</u>	<u>768</u>
<b>Reconciliation of the Australian Institute of Health and Welfare Contributed Equity</b>		
Total Contributed Equity under AGAAP	1,146	1,146
Adjustments	-	-
<b>Total Contributed Equity under AEIFRS</b>	<u>1,146</u>	<u>1,146</u>
<b>Reconciliation of the Australian Institute of Health and Welfare Net Profit for the year ended 30 June 2005</b>		
Net Profit under AGAAP	8	49
Adjustments:		
Employee expenses	12	-
Depreciation and amortisation	(31)	-
<b>Net Profit under AEIFRS</b>	<u>(11)</u>	<u>49</u>

\* 30 June 2005 total represents the accumulated impacts of AEIFRS from the date of transition.



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**3 Economic Dependency**

The Institute was established by the *Australian Institute of Health and Welfare Act 1987* and is controlled by the Commonwealth of Australia.

The Institute is dependent on appropriations from the Parliament of the Commonwealth for its continued existence and ability to carry out its normal activities.

The Institute is also dependent upon a significant volume of business conducted with Commonwealth Agencies.

	<u>2005</u> <u>\$'000</u>	<u>2004</u> <u>\$'000</u>
<b>4 Operating Revenues</b>		
<b>4A Revenues from Government</b>		
Appropriations for outputs	<u>8,420</u>	<u>8,556</u>
<b>4B Sales of goods and services</b>		
Goods	74	66
Services	<u>14,931</u>	<u>14,122</u>
<b>Total sales of goods and services</b>	<u>15,005</u>	<u>14,188</u>
Provision of goods to:		
Related entities	4	5
External entities	<u>70</u>	<u>61</u>
<b>Total sales of goods</b>	<u>74</u>	<u>66</u>
Rendering of services to:		
Related entities	<u>11,320</u>	10,872
External entities	<u>3,611</u>	<u>3,250</u>
<b>Total rendering of services</b>	<u>14,931</u>	<u>14,122</u>
Costs of sales of goods	<u>101</u>	<u>132</u>
<b>4C Interest</b>		
Deposits	<u>254</u>	<u>251</u>
<b>4D Net gain from Sale of Assets</b>		
Non-financial asset - Infrastructure, plant and equipment		
Proceeds from disposal	-	-
Net book value of assets disposed	-	-
Write offs	-	<u>2</u>
<b>Net loss from disposal of infrastructure, plant and equipment</b>	<u>-</u>	<u>(2)</u>
<b>4E Other revenues</b>		
Conference income	-	87
Other	<u>6</u>	<u>43</u>
<b>Total other income</b>	<u>6</u>	<u>130</u>

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	2005 \$'000	2004 \$'000
<b>5 Operating Expenses</b>		
<b>5A Employee expenses</b>		
Wages and Salaries	11,126	10,671
Superannuation	2,050	1,954
Leave and other entitlements	1,334	1,367
Separation and redundancy	72	-
Other employee benefits	14	12
<b>Total employee benefit expenses</b>	<b>14,596</b>	<b>14,004</b>
Workers compensation premiums	128	132
<b>Total employee expenses</b>	<b>14,724</b>	<b>14,136</b>
<b>5B Supplier Expenses</b>		
Goods from related entities	-	-
Goods from external entities	505	691
Services from related parties	493	514
Services from external parties	6,279	6,350
Operating lease rentals	1,129	1,058
<b>Total supplier expenses</b>	<b>8,406</b>	<b>8,613</b>
<b>5C Depreciation and amortisation</b>		
Depreciation of infrastructure, plant and equipment	217	180
Amortisation of leasehold improvements	166	118
Amortisation of intangibles	57	-
<b>Total depreciation and amortisation</b>	<b>440</b>	<b>298</b>
The aggregate amounts of depreciation or amortisation allocated during the reporting period, as expense, for each class of depreciable asset are as follows:		
Leasehold improvements	166	118
Infrastructure, plant and equipment	146	119
Library Collection	71	61
Intangible assets	57	-
<b>Total depreciation and amortisation</b>	<b>440</b>	<b>298</b>
<b>5D Write-down of assets</b>		
Non-financial assets:		
Inventory - write down to net realisable value	5	27
Library Collection - revaluation decrement	102	-
<b>Total write-down of assets</b>	<b>107</b>	<b>27</b>

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	2005 \$'000	2004 \$'000
<b>6 Receivables</b>		
Goods and services	5,486	4,145
Less: Provision for doubtful debts	-	-
	<u>5,486</u>	<u>4,145</u>
Other Receivables	36	105
<b>Total Receivables</b>	<u>5,522</u>	<u>4,250</u>
All receivables are current assets		
<b>Receivables (gross) are aged as follows:</b>		
Not Overdue	5,092	3,434
<u>Overdue by:</u>		
- less than 30 days	430	736
- 30 to 60 days	-	20
-60 to 90 days	-	-
-more than 90 days	-	60
<b>Total Receivables (gross)</b>	<u>5,522</u>	<u>4,250</u>
<b>7 Non-financial assets</b>		
7A Buildings		
<b>Leasehold improvements</b>		
- at 30 June 2005 valuation (fair value)	503	-
Accumulated amortisation	-	-
	<u>503</u>	<u>-</u>
- at 30 June 2004 valuation (fair value)	-	1,646
Accumulated amortisation	-	(1,192)
	<u>-</u>	<u>454</u>
- at cost	-	10
Accumulated amortisation	-	(10)
	<u>-</u>	<u>-</u>
<b>Total Buildings (non-current)</b>	<u>503</u>	<u>454</u>

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	2005 \$'000	2004 \$'000
7B Infrastructure, Plant and Equipment		
<b>Plant and equipment</b>		
- at 30 June 2005 valuation (fair value)	670	-
Accumulated depreciation	-	-
	<u>670</u>	<u>-</u>
- at 30 June 2003 valuation (fair value)	-	433
Accumulated depreciation	-	(80)
	<u>-</u>	<u>353</u>
- at cost	-	289
Accumulated depreciation	-	(35)
	<u>-</u>	<u>254</u>
<b>Total Infrastructure, Plant and Equipment (non-current)</b>	<u>670</u>	<u>607</u>
7C Library Collection		
- at 30 June 2005 valuation (fair value)	506	-
Accumulated depreciation	-	-
	<u>506</u>	<u>-</u>
- at 30 June 2003 valuation (fair value)	-	613
Accumulated depreciation	-	(61)
	<u>-</u>	<u>552</u>
- at cost	-	65
Accumulated depreciation	-	-
	<u>-</u>	<u>65</u>
<b>Total Library Collection</b>	<u>506</u>	<u>617</u>
7D Intangibles		
Computer Software:		
Purchased (non-current)	134	57
Accumulated depreciation	(25)	-
	<u>109</u>	<u>57</u>
Internally developed (non-current)	651	-
Accumulated depreciation	(32)	-
	<u>619</u>	<u>-</u>
Internally developed - in progress (non-current)	-	66
<b>Total Intangibles</b>	<u>728</u>	<u>123</u>

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2005

7E Analysis of Property, Infrastructure, Plant and Equipment and Intangibles

**Reconciliation of the opening and closing balances of Infrastructure, Plant and Equipment**

Item	Buildings - Leasehold Improvements	Plant and Equipment	Library Collection	Intangibles	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
As at 1 July 2004					
Gross book value	1,656	722	678	123	3,179
Accumulated depreciation /amortisation	(1,202)	(115)	(61)	-	(1,378)
<b>Net book value</b>	<b>454</b>	<b>607</b>	<b>617</b>	<b>123</b>	<b>1,801</b>
<b>Additions</b>					
By purchase	215	221	62	662	1,160
Brought to account for the first time	-	-	-	-	-
<b>Net revaluation decrement</b>					
Net revaluation decrement	-	(12)	(102)	-	(114)
Depreciation/ amortisation expense	(166)	(146)	(71)	(57)	(440)
Write offs	-	0	-	-	0
<b>As at 30 June 2005</b>					
Gross book value	503	670	506	785	2,464
Accumulated depreciation/ amortisation	-	-	-	(57)	(57)
<b>Net book value</b>	<b>503</b>	<b>670</b>	<b>506</b>	<b>728</b>	<b>2,407</b>

7F **Assets at Valuation**

Item	Buildings - Leasehold Improvements	Plant and Equipment	Library Collection	TOTAL
	\$'000	\$'000	\$'000	\$'000
<b>As at 30 June 2005</b>				
Gross Value	503	670	506	1,679
Accumulated Depreciation	-	-	-	-
<b>Net Book Value</b>	<b>503</b>	<b>670</b>	<b>506</b>	<b>1,679</b>
<b>As at 30 June 2004</b>				
Gross Value	1,646	433	613	2,692
Accumulated Depreciation	(1,192)	(80)	(61)	(1,333)
<b>Net Book Value</b>	<b>454</b>	<b>353</b>	<b>552</b>	<b>1,359</b>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE  
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 For the year ended 30 June 2005

<b>7G Assets under construction</b>					
Item	Buildings - Leasehold Improvements	Plant and Equipment	Library Collection	Intangibles	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Gross value at 30 June 2005	-	-	-	-	-
Gross value at 30 June 2004	-	-	-	66	66
<b>7H Inventories</b>					
Inventories held for sale				<u>102</u>	<u>107</u>
All inventories are current assets					
<b>7I Other non-financial assets</b>					
Prepayments				<u>189</u>	<u>188</u>
<b>8 Provisions and Payables</b>					
<b>8A Provisions - Employees</b>					
Salaries and wages				172	56
Annual leave				1,732	1,552
Long service leave				2,452	2,228
Superannuation				<u>8</u>	<u>-</u>
<b>Aggregate employee entitlement liability and related on costs</b>				<u>4,364</u>	<u>3,836</u>
Employee provisions are categorised as follows:					
Current				1,317	1,335
Non-current				<u>3,047</u>	<u>2,501</u>
				<u>4,364</u>	<u>3,836</u>
<b>8B Payables - Suppliers</b>					
Trade creditors				544	856
GST payable				<u>356</u>	<u>33</u>
<b>Total supplier payables</b>				<u>900</u>	<u>889</u>
All supplier payables are current					
<b>8C Contract income in advance</b>					
Contract income				<u>5,499</u>	<u>5,409</u>
All income in advance payables are current					
<b>8D Other Payables</b>					
Lease Incentive Liability					
Current				71	71
Non-current				<u>72</u>	<u>143</u>
<b>Total other payables</b>				<u>143</u>	<u>214</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2005

9 Analysis of equity

Item	Total Contributed Equity		Accumulated Results		Asset Revaluation Reserve		TOTAL EQUITY	
	2005	2004	2005	2004	2005	2004	2005	2004
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Opening balance 1 July	1,146	1,146	(241)	(290)	768	768	1,673	1,624
Net surplus/deficit	-	-	8	49	-	-	8	49
Net revaluation increment/(decrement)	-	-	-	-	(12)	-	(12)	-
<b>Transactions with owner:</b>								
<i>Distributions to owner:</i>								
Capital Use Charge	-	-	-	-	-	-	-	-
<b>Closing balance as at 30 June 2005</b>	<b>1,146</b>	<b>1,146</b>	<b>(233)</b>	<b>(241)</b>	<b>756</b>	<b>768</b>	<b>1,669</b>	<b>1,673</b>

2005  
\$'000

2004  
\$'000

10 Cash flow reconciliation

10A Reconciliation of Operating Surplus to Net Cash from Operating Activities:

**Reconciliation of operating surplus to net cash from operating activities:**

Operating surplus	8	49
<b>Non-Cash items</b>		
Depreciation and amortisation	440	298
Write down of assets	102	-
Loss on disposal of assets	-	2
<b>Changes in assets and liabilities</b>		
(Increase)/decrease in receivables	(1,272)	(910)
(Increase)/decrease in other assets	(1)	195
(Increase)/decrease in inventories	5	21
Increase/(decrease) in contract income in advance	90	144
Increase/(decrease) in supplier payables	11	(35)
Increase/(decrease) in employee provisions	528	91
Increase/(decrease) in other payables	(71)	(71)
<b>Net cash provided by operating activities</b>	<b>(160)</b>	<b>(216)</b>

10B Reconciliation of Cash:

Cash balance comprises:

Cash at bank and on hand	2,302	507
Deposits at Call	2,053	5,168
<b>Total cash</b>	<b>4,355</b>	<b>5,675</b>

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2005

**11 External Financing Arrangements**

The Institute had no external financing arrangements in 2004-05.

**12 Remuneration of Directors**

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

	2005	2004
• \$Nil - \$10,000	3	4
• \$10,001 - \$20,000	1	1
• \$80,001 - \$90,000	-	1
• \$90,001 - \$100,000	1	-
• \$260,001 - \$270,000	-	1
• \$270,001 - \$280,000	1	-
	<u>6</u>	<u>7</u>

	2005	2004
	\$	\$
Aggregate amount of superannuation payments in connection with the retirement of Directors	57,067	53,315
Other remuneration received or due and receivable by Directors of the Institute	325,749	328,009
Total remuneration received or due and receivable by Directors of the Institute	<u>382,816</u>	<u>381,324</u>

Some Directors of the Australian Institute of Health and Welfare are appointed from other Government Departments and receive no additional remuneration for these duties.

**13 Related party disclosures**

**Directors of the Institute**

The Directors of the Institute during the year were:

The Hon Peter Collins (Chairperson appointed 31/8/04)  
Dr Richard Madden (Director)  
Ms Jane Halton  
Mr Dennis Trewin  
Ms Linda Apelt  
Dr Kerry Kirke  
Mr Ian Spicer  
Prof Heather Gardner  
Mr Peter Allen (appointed 31/8/04)  
Dr Owen Donald (appointed 31/8/04)  
Ms Justine Boland (Staff-elected member)

The aggregate remuneration of Directors is disclosed in Note 12.



**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
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For the year ended 30 June 2005

	<u>2005</u>	<u>2004</u>
<b>14 Remuneration of Executive Officers</b>		
The number of executive officers who received or were due to receive total remuneration of \$100,000 or more:		
• \$160,001 - \$170,000	2	3
• \$170,001 - \$180,000	<u>2</u>	<u>1</u>
	<u>4</u>	<u>4</u>
The aggregate amount of total remuneration of Officers shown above.	<u>\$681,723</u>	<u>\$672,110</u>
The executive officer remuneration includes all officers concerned with or taking part in the management of the Institute during 2004-05 except for the Director. Details in relation to the Director have been incorporated in Note 12 - Remuneration of Directors.		
	<u>2005</u>	<u>2004</u>
<b>15 Remuneration of Auditors</b>		
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	<b>\$16,600</b>	\$15,300
No other services were provided by the Auditor-General during the reporting period.		
	<u>2005</u>	<u>2004</u>
	<u>\$'000</u>	<u>\$'000</u>
<b>16 Contingent Liabilities and Assets</b>		
<b>Quantifiable Contingencies</b>		
<b>Contingent liabilities</b>		
Other guarantees <sup>1</sup>	<u>310</u>	<u>200</u>

<sup>1</sup> Under the lease of premises the Institute is required to remove fitout and make good on termination of the lease. The estimated make good is \$310,000.

As at 30 June 2005, the Institute has no contingent assets, remote contingencies or unquantifiable contingencies.

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

17	<b>Financial Instruments</b>		
17A	<b>Terms, conditions and accounting policies</b>		
<b>Financial Instruments</b>	<b>Notes</b>	<b>Accounting Policies and Methods (including recognition criteria and measurement basis)</b>	<b>Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)</b>
<b>Financial Assets</b>		Financial assets are recognised when control over future economic benefits is established and the amount of the benefit can be reliably measured.	
Cash at bank and on hand	10B	Cash is recognised at nominal amounts. Interest is credited to revenue as it accrues.	Interest is earned on the daily balance, the average rate for 2004-05 was 4.39% (2003-04: 4.15%).
Deposits at call	10B	Deposits are recognised at their nominal amounts. Interest is credited to revenue as it accrues.	Temporarily surplus funds, mainly from cash held for long term leave provisions and contract income in advance are placed on deposit at call with the Institute's banker. Interest is earned on the daily balance, the average rate for 2004-05 was 5.46% (2003-04: 4.75%).
Receivables for goods and services	6	These receivables are recognised at the nominal amounts due less any provision for bad and doubtful debts. Provisions are made when collection of the debt is judged to be less rather than more likely.	Credit terms are net 30 days (2003-04: 30 days).
<b>Financial Liabilities</b>		Financial liabilities are recognised when a present obligation to another party is entered into and the amount of the liability can be reliably measured.	
Trade creditors	8B	Creditors and accruals are recognised at their nominal amounts, being the amounts at which the liabilities will be settled. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).	Settlement is usually made net 30 days (2003-04: 30 days)

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE  
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17B Interest rate risk

Financial Instrument	Notes	Floating interest rate		Non-Interest bearing		Total		Weighted Average Effective Interest Rate	
		04-05 \$'000	03-04 \$'000	04-05 \$'000	03-04 \$'000	04-05 \$'000	03-04 \$'000	04-05 %	03-04 %
<b>Financial assets (Recognised)</b>									
Cash at bank and on hand	10B	2,302	507			2,302	507	4.39	4.15
Deposits at call	10B	2,053	5,168			2,053	5,168	5.46	4.75
Receivables for goods and Services	6			5,522	4,250	5,522	4,250	n/a	n/a
<b>Total Financial Assets (Recognised)</b>		<b>4,355</b>	<b>5,675</b>	<b>5,522</b>	<b>4,250</b>	<b>9,877</b>	<b>9,925</b>		
<b>Total assets</b>						<b>12,575</b>	<b>12,021</b>		
<b>Financial Instrument</b>	<b>Notes</b>	<b>Floating interest rate</b>		<b>Non-Interest bearing</b>		<b>Total</b>		<b>Weighted Average Effective Interest Rate</b>	
<b>Financial Liabilities (Recognised)</b>		<b>04-05 \$'000</b>	<b>03-04 \$'000</b>	<b>04-05 \$'000</b>	<b>03-04 \$'000</b>	<b>04-05 \$'000</b>	<b>03-04 \$'000</b>	<b>04-05 %</b>	<b>03-04 %</b>
Trade Creditors	8B			544	856	544	856	n/a	n/a
<b>Total Financial Liabilities (Recognised)</b>				<b>544</b>	<b>856</b>	<b>544</b>	<b>856</b>		
<b>Total liabilities</b>				<b>10,906</b>	<b>10,348</b>				

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

For the year ended 30 June 2005

**17C Net fair values of financial assets and liabilities.**

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

**17D Credit risk exposures**

Credit risk represents the loss that would be recognised if counterparties failed to perform as contracted. The credit risk on financial assets of the Institute is considered to be very low as the majority of the Institute's clients are Commonwealth Government agencies.

**18 Appropriations**

Particulars	Departmental Outputs		Loans		Equity		Total	
	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000
Year ended 30 June 2005								
Balance carried forward from previous year	-	-	-	-	-	-	-	-
Appropriation Acts 1 and 3	8,408	8,556	-	-	-	-	8,408	8,556
Appropriation Acts 2 and 4	-	-	-	-	-	-	-	-
Appropriation Act 5	12	-	-	-	-	-	12	-
Available for payment of CRF	8,420	8,556	-	-	-	-	8,420	8,556
Payments made out of CRF	8,420	8,556	-	-	-	-	8,420	8,556
Balance carried forward to next year	-	-	-	-	-	-	-	-
Represented by:								
Appropriations Receivable	-	-	-	-	-	-	-	-

This table reports on appropriations made by the Parliament of the Consolidated Revenue Fund (CRF) in respect of the Institute. When received by the Institute, the payments made are legally the money of the Institute and do not represent any balance remaining in the CRF.

**19 Average Staffing levels**

	<u>2005</u>	<u>2004</u>
The average staffing levels for the Institute during the year were:	185	179

**20 Reporting of Outcomes**

**20A Outcome of the Australian Institute of Health and Welfare**

The Australian Institute of Health and Welfare is structured to meet one outcome:

Outcome 9: Health Investment: Knowledge, information and training for developing better strategies to improve the health of Australians. (This outcome is part of the Health and Ageing Portfolio outcomes).

The Australian Institute of Health and Welfare has three Output Groups under Outcome 9:  
 Output Group 1: Specific services to the Minister and Parliament, required under the AIHW Act 1987.

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.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

**Note 20B: Net Cost of Outcome Delivery**

	Outcome 9	
	2005	2004
	\$'000	\$'000
Departmental Expenses	23,677	23,076
<b>Total expenses</b>	<b>23,677</b>	<b>23,076</b>
<i>Costs recovered from provision of goods and services to the non-government sector</i>		
Departmental	3,681	3,311
<b>Total costs recovered</b>	<b>3,681</b>	<b>3,311</b>
<i>Other external revenues</i>		
Departmental		
Sales of goods and services - to related entities	11,324	10,877
Interest	254	251
Other	6	130
<b>Total Departmental</b>	<b>11,584</b>	<b>11,258</b>
<b>Total other external revenues</b>	<b>11,584</b>	<b>11,258</b>
<b>Net cost/(contribution) of outcome</b>	<b>8,412</b>	<b>8,507</b>

The Institute's outcomes and outputs are described at Note 20A.

The net costs shown include intra-government costs that would be eliminated in calculating the actual Budget outcome.

The Australian Institute of Health and Welfare uses an Activity Based Costing System to attribute indirect costs. The financial management information system captures direct and indirect costs.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

**Note 20C: Departmental Revenues and Expenses by Output Group and Outputs**

	Output Group 1		Output Group 2		Output Group 3		Total	
	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000	2005 \$'000	2004 \$'000
<b>Outcome 9</b>								
<b>Operating expenses</b>								
Employees	662	830	3,117	2,996	10,945	10,310	14,724	14,136
Suppliers	279	611	1,502	1,511	6,625	6,491	8,406	8,613
Depreciation and amortisation	66	59	101	68	273	171	440	288
Write-down of assets	16	5	25	6	66	16	107	27
Value of assets sold	-	-	-	1	-	-	1	-
<b>Total operating expenses</b>	<b>1,023</b>	<b>1,505</b>	<b>4,745</b>	<b>4,582</b>	<b>17,909</b>	<b>16,989</b>	<b>23,677</b>	<b>23,076</b>
<b>Funded by:</b>								
Revenues from Government	1,263	1,568	1,937	1,681	5,220	5,307	8,420	8,556
Sales of goods and services	-	-	2,926	2,979	12,079	11,209	15,005	14,188
Interest	39	50	58	57	157	144	254	251
Revenue from sale of assets	-	-	-	-	-	-	-	-
Other	1	26	1	30	4	74	6	130
<b>Total operating revenues</b>	<b>1,303</b>	<b>1,644</b>	<b>4,922</b>	<b>4,747</b>	<b>17,460</b>	<b>16,734</b>	<b>23,685</b>	<b>23,125</b>

The Institute's outcomes and outputs are described at Note 20A.

The net costs shown include intra-government costs that would be eliminated in calculating the actual Budget outcome.

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
For the year ended 30 June 2005

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**20D: Administered Revenues and Expenses by Outcome**

No administered revenues and expenses were incurred.

The Institute's outcomes and outputs are described at Note 20A.





## APPENDIX 2

### LEGISLATION

#### **Australian Institute of Health and Welfare Act 1987**

##### **Act No. 41 of 1987 as amended**

This compilation was prepared on 5 November 2001  
taking into account amendments up to Act No. 159 of 2001

The text of any of those amendments not in force  
on that date is appended in the Notes section

Prepared by the Office of Legislative Drafting,  
Attorney-General's Department, Canberra

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

## PART I—PRELIMINARY

### 1 SHORT TITLE [see Note 1]

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

### 2 COMMENCEMENT [see Note 1]

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

### 3 INTERPRETATION

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

**appoint** includes re-appoint.

**Chairperson** means the Chairperson of the Institute.

**Director** means the Director of the Institute.

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

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

**Institute** means the Australian Institute of Health and Welfare.

**member** means a member of the Institute.

**production** means compilation, analysis and dissemination.

**State Health Minister** means:

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

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

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

**State Housing Minister** means:

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

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

**State Welfare Minister** means:

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

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

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

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

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

**welfare services** includes:

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

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

## PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

### Division 1—Establishment, functions and powers of Institute

#### 4 ESTABLISHMENT OF INSTITUTE

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

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

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

## 5 FUNCTIONS OF THE INSTITUTE

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

(1AA) The functions of the Institute are:

- (a) the health-related functions conferred by subsection (1); and
- (b) the welfare-related functions conferred by subsection (1A).

*[Health-related functions]*

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

- (k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and
- (m) to do anything incidental to any of the foregoing.

*[Welfare-related functions]*

(1A) The Institute's welfare-related functions are:

- (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
- (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
- (c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and
- (d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and
- (e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and
- (f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and
- (g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and
- (h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

*[Functions of Australian Bureau of Statistics not limited by this section]*

- (3) This section is not intended to limit the functions of the Australian Bureau of Statistics.

## **6 POWERS OF INSTITUTE**

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

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

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

## **7 DIRECTIONS BY MINISTER**

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

## **Division 2—Constitution and meetings of Institute**

### **8 CONSTITUTION OF INSTITUTE**

- (1) Subject to subsection (2), the Institute shall consist of the following members:
  - (a) the Chairperson;
  - (b) the Director;
  - (c) a member nominated by the Australian Health Ministers' Advisory Council;
  - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;



- (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
  - (d) the Australian Statistician;
  - (e) the Secretary to the Department;
  - (f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;
  - (fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
  - (fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
  - (fc) a person nominated by the Minister who has expertise in research into public health issues;
  - (g) 3 other members nominated by the Minister;
  - (h) a member of the staff of the Institute elected by that staff.
- (1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:
- (a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and
  - (b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and
  - (c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and
  - (d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
- (a) may be made by one or more bodies; and
  - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:

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

## 9 ACTING MEMBERS

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

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

## 10 REMUNERATION AND ALLOWANCES

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

## 11 LEAVE OF ABSENCE

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

## 12 RESIGNATION

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

### 13 TERMINATION OF APPOINTMENT

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
  - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
  - (b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;
  - (c) being a full-time member who is paid remuneration under this Part:
    - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
    - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
  - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

the Governor-General may terminate the appointment of the member.

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

the Governor-General shall terminate the appointment of the member.

### 14 DISCLOSURE OF INTERESTS

- (3) Sections 27F and 27J of the *Commonwealth Authorities and Companies Act 1997* do not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

### 15 MEETINGS

- (1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.
- (2) The Institute shall meet at least once every 4 months.

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

## Division 3—Committees of Institute

### 16 COMMITTEES

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.

- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
  - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
  - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

The member must make the disclosure as soon as practicable after he or she knows of the relevant facts.

- (14) The disclosure must be recorded in the minutes of the meeting.
- (15) Subsection (13) does not apply to an interest held by a member described in paragraph 8(1)(c), (ca), (cb) or (h) or subsection 8(2) merely because the member was nominated by a body or person mentioned in that paragraph or subsection.

## Division 4—Director of Institute

### 17 DIRECTOR OF INSTITUTE

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

## 18 FUNCTIONS OF DIRECTOR

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

## Division 5—Staff

### 19 STAFF

- (1) The staff required for the purposes of this Act shall be:
  - (a) persons engaged under the *Public Service Act 1999*; and
  - (b) persons appointed or employed by the Institute.
- (2) For the purposes of the *Public Service Act 1999*:
  - (a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and
  - (b) the Director is the Head of that Statutory Agency.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

## PART III—FINANCE

### 20 MONEY TO BE APPROPRIATED BY PARLIAMENT

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

### 22 MONEY OF INSTITUTE

- (1) The money of the Institute consists of:
  - (a) money paid to the Institute under section 20; and
  - (b) any other money, other than trust money, paid to the Institute.
- (2) The money of the Institute shall be applied only:
  - (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;

- (b) in payment of remuneration and allowances payable under this Act; and
  - (c) in making any other payments required or permitted to be made by the Institute.
- (3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

### 23 CONTRACTS

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

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

### 24 EXTRA MATTERS TO BE INCLUDED IN ANNUAL REPORT

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

### 25 TRUST MONEY AND TRUST PROPERTY

- (1) The Institute:
- (a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust money;
  - (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
  - (c) may only invest trust money:
    - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
    - (ii) in any manner in which trust money may be lawfully invested.

### 26 EXEMPTION FROM TAXATION

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



## PART IV—MISCELLANEOUS

### 27 DELEGATION BY INSTITUTE

- (1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:
  - (a) delegate to a member;
  - (b) delegate to a member of the staff of the Institute; and
  - (c) with the approval of the Minister—delegate to any other person or body;all or any of the Institute's powers or functions under this Act, other than this power of delegation.
- (2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.
- (3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

### 28 DELEGATION BY DIRECTOR

- (1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:
  - (a) delegate to a member;
  - (b) delegate to a member of the staff of the Institute; or
  - (c) with the approval of the Minister—delegate to any other person or body;all or any of the Director's powers and functions under this Act, other than this power of delegation.
- (2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.
- (3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

### 29 CONFIDENTIALITY

- (1) Subject to this section, a person (in this subsection called the ***informed person***) who has:
  - (a) any information concerning another person (which person is in this section called an ***information subject***), being information acquired by the informed person because of:
    - (i) holding an office, engagement or appointment, or being employed, under this Act;

- (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
  - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or
- (b) any document relating to another person (which person is in this section also called an **information subject**), being a document furnished for the purposes of this Act;

shall not, except for the purposes of this Act, either directly or indirectly:

- (c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);
- (d) produce that document to any person (including an information subject); or
- (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

Penalty: \$2,000 or imprisonment for 12 months, or both.

- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
- (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
  - (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the **information provider**) who divulged or communicated the information, or produced the document, directly to the Institute;
  - (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
  - (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
    - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
    - (ii) the publication does not identify the information subject.
- (2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.
- (2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.

- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
- (4) In this section:
- (a) **court** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
  - (b) **person** includes a body or association of persons, whether incorporated or not, and also includes:
    - (i) in the case of an information provider—a body politic; or
    - (ii) in the case of an information subject—a deceased person;
  - (c) **produce** includes permit access to;
  - (d) **publication**, in relation to conclusions, statistics or particulars, includes:
    - (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
    - (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
  - (e) a reference to information concerning a person includes:
    - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
    - (ii) a reference to information identifying a person or body providing information concerning a person.

### 30 RESTRICTED APPLICATION OF THE EPIDEMIOLOGICAL STUDIES (CONFIDENTIALITY) ACT 1981

- (1) The *Epidemiological Studies (Confidentiality) Act 1981* (in this section called the **Confidentiality Act**) does not apply to anything done in the exercise of a power or performance of a function under this Act.
- (2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:
- (a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and
  - (b) give the Institute access to documents prepared or obtained in the conduct of that study.

- (3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.
- (4) In this section:
  - (a) **epidemiological study** has the same meaning as in the Confidentiality Act; and
  - (b) **prescribed study** has the same meaning as in the Confidentiality Act.

### 31 PERIODICAL REPORTS

- (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:
  - (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
  - (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.
- (1A) The Institute must submit to the Minister:
  - (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
    - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
    - (ii) ending on 30 June 1993; and
  - (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.
- (2) The Institute may at any time submit to the Minister:
  - (a) a health or welfare report for any period; or
  - (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.
- (3) A health report shall provide:
  - (a) statistics and related information concerning the health of the people of Australia; and
  - (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies; during the period to which the report relates.

- (3A) A welfare report must provide:
- (a) statistics and related information concerning the provision of welfare services to the Australian people; and
  - (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies; during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

### 32 REGULATIONS

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

## NOTES TO THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE ACT 1987

### Note 1

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

All relevant information pertaining to application, saving or transitional provisions prior to 28 June 2001 is not included in this compilation. For subsequent information see Table A.

## Table of Acts

Act	Number and year	Date of Assent	Date of commencement	Application, saving or transitional provisions
<i>Australian Institute of Health Act 1987</i>	41, 1987	5 June 1987	1 July 1987 ( <i>see Gazette</i> 1987, No. S144)	
<i>Community Services and Health Legislation Amendment Act 1988</i>	79, 1988	24 June 1988	Part III (ss. 7–9): Royal Assent (a)	—
<i>Community Services and Health Legislation Amendment Act 1989</i>	95, 1989	28 June 1989	Part 2 (ss. 3–6): Royal Assent (b)	—
<i>Industrial Relations Legislation Amendment Act 1991</i>	122, 1991	27 June 1991	Ss. 4(1), 10(b) and 15–20: 1 Dec 1988 Ss. 28(b)–(e), 30 and 31: 10 Dec 1991 ( <i>see Gazette</i> 1991, No. S332) Remainder: Royal Assent	S. 31(2)
<i>Prime Minister and Cabinet Legislation Amendment Act 1991</i>	199, 1991	18 Dec 1991	18 Dec 1991	—
<i>Australian Institute of Health Amendment Act 1992</i>	16, 1992	6 Apr 1992	4 May 1992	—
<i>Audit (Transitional and Miscellaneous) Amendment Act 1997</i>	152, 1997	24 Oct 1997	Schedule 2 (items 324–337): 1 Jan 1998 ( <i>see Gazette</i> 1997, No. GN49) (c)	—
<i>Public Employment (Consequential and Transitional) Amendment Act 1999</i>	146, 1999	11 Nov 1999	Schedule 1 (items 195–197) 5 Dec 1999 ( <i>see Gazette</i> 1999, No. S584) (d)	—
<i>Corporate Law Economic Reform Program Act 1999</i>	156, 1999	24 Nov 1999	Schedule 10 (items 35–37): 13 Mar 2000 ( <i>see Gazette</i> 2000, No. S114) (e)	—
<i>Health Legislation Amendment Act (No. 2) 2001</i>	59, 2001	28 June 2001	Schedule 3 (items 7–10): 15 Dec 1998 ( <i>see s. 2(2)</i> ) Schedule 3 (item 12): 1 Jan 1999 Remainder: Royal Assent	Sch. 1 (items 4, 9) [ <i>see Table A</i> ]
<i>Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001</i>	159, 2001	1 Oct 2001	29 Oct 2001	Sch 1 (item 97) [ <i>see Table A</i> ]

- (a) The *Australian Institute of Health and Welfare Act 1987* was amended by Part III (sections 7–9) only of the *Community Services and Health Legislation Amendment Act 1988*, subsection 2(1) of which provides as follows:
- (1) Sections 1, 2, 7, 8, 9, 10, 13, 15 and 17 and paragraph 20(b) commence on the day on which this Act receives the Royal Assent.
- (b) The *Australian Institute of Health and Welfare Act 1987* was amended by Part 2 (sections 3–6) only of the *Community Services and Health Legislation Amendment Act 1989*, subsection 2(1) of which provides as follows:
- (1) Subject to subsections (2), (3), (4), (5), (6), (7), (8), (9) and (10), this Act commences on the day on which it receives the Royal Assent.

- (c) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 2 (items 324–337) only of the *Audit (Transitional and Miscellaneous) Amendment Act 1997*, subsection 2(2) of which provides as follows:
- (2) Schedules 1, 2 and 4 commence on the same day as the *Financial Management and Accountability Act 1997*.
- (d) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 1 (items 195–197) only of the *Public Employment (Consequential and Transitional) Amendment Act 1999*, subsections 2(1) and (2) of which provide as follows:
- (1) In this Act, **commencing time** means the time when the *Public Service Act 1999* commences.
  - (2) Subject to this section, this Act commences at the commencing time.
- (e) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 10 (items 35–37) only of the *Corporate Law Economic Reform Program Act 1999*, subsection 2(2)(c) of which provides as follows:
- (2) The following provisions commence on a day or days to be fixed by Proclamation:
- (c) the items in Schedules 10, 11 and 12.

## Table of Amendments

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

Provision affected	How affected
Title	am. No. 16, 1992
S. 1	am. No. 16, 1992
S. 3	am. No. 95, 1989; No. 16, 1992; No. 152, 1997; No. 59, 2001
Note to s. 3	ad. No. 152, 1997
Heading to Part II	am. No. 16, 1992
S. 4	am. No. 16, 1992; No. 152, 1997
S. 5	am. No. 16, 1992
S. 7	am. No. 95, 1989; No. 16, 1992; No. 152, 1997
S. 8	am. No. 16, 1992; Nos. 59 and 159, 2001
S. 10	am. No. 16, 1992
S. 11	rs. No. 122, 1991 am. No. 146, 1999
S. 13	am. No. 122, 1991; No. 16, 1992; No. 152, 1997; No. 156, 1999
S. 14	am. No. 79, 1988; No. 16, 1992; No. 152, 1997; No. 156, 1999
S. 16	am. No. 16, 1992; No. 152, 1997; No. 59, 2001
S. 17	am. No. 16, 1992
S. 19	am. No. 199, 1991; No. 146, 1999
S. 21	rep. No. 152, 1997
S. 22	am. No. 152, 1997
S. 23	am. No. 231, 1997
Heading to s. 24	rs. No. 152, 1997
S. 24	am. No. 79, 1988; No. 152, 1997
S. 25	am. No. 152, 1997
S. 29	am. No. 95, 1989; No. 16, 1992; No. 59, 2001

Provision affected	How affected
S. 31	am. No. 16, 1992
Schedule	ad. No. 16, 1992
	rep. No. 59, 2001

## Table A

### APPLICATION, SAVING OR TRANSITIONAL PROVISIONS

*Health Legislation Amendment Act (No. 2) 2001* (No. 59, 2001)

#### SCHEDULE 1

##### 4 Application

The amendments made by this Part apply to appointments made after the commencement of this Part.

##### 9 Transitional provision

- (1) Immediately after the commencement of this item, the Institute is taken to have appointed each member of the former Ethics Committee as a member of the Australian Institute of Health and Welfare Ethics Committee.
- (2) The appointment of each such member is taken to end at the time when the member's term of appointment as a member of the former Ethics Committee would have ended under the instrument appointing the person as a member of that Committee.
- (3) In this item:
 

**former Ethics Committee** means the Health Ethics Committee of the Australian Institute of Health and Welfare, within the meaning of the *Australian Institute of Health and Welfare Act 1987* as in force immediately before the commencement of this item.

Abolition of *Compulsory Age Retirement (Statutory Officeholders) Act 2001* (No. 159, 2001)

#### SCHEDULE 1

##### 97 Application of amendments

The amendments made by this Schedule do not apply to an appointment if the term of the appointment began before the commencement of this item.



## APPENDIX 3

# ETHICS COMMITTEE REGULATIONS

### **Australian Institute of Health and Welfare Ethics Committee Regulations 1989**

#### **Statutory Rules 1989 No. 118 as amended**

made under the

*Health Act 1987*

This compilation was prepared on 5 April 2002  
taking into account amendments up to SR 2002 No. 62

Prepared by the Office of Legislative Drafting,  
Attorney-General's Department, Canberra

## CONTENTS

1	Name of Regulations [see Note 1]	107
2	Definition	107
3	Functions	107
4	Composition	107
	<b>Notes</b>	<b>108</b>

## 1 Name of Regulations [see Note 1]

These Regulations are the *Australian Institute of Health and Welfare Ethics Committee Regulations 1989*.

## 2 Definition

In these Regulations:

**identifiable data** means data from which an individual can be identified.

## 3 Functions

The functions of the Ethics Committee are:

- (a) to form an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:
  - (i) activities that are being, or are proposed to be, engaged in by the Institute in the performance of its functions; and
  - (ii) activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and
  - (iii) the release, or proposed release, of identifiable data by the Institute for research purposes;

having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;

- (b) where appropriate, to revise an opinion so formed or to form another opinion;
- (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
- (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

## 4 Composition

The Ethics Committee is to consist of the following members:

- (a) a chairperson;
- (b) the Director of the Institute or a nominee of the Director;
- (c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;
- (d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;
- (e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;

- (f) a minister of religion or a person who performs a similar role in a community;
- (g) a lawyer;
- (h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

*Examples for paragraph (c)*

A medical practitioner, a clinical psychologist, a social worker or a nurse.

*Example for paragraph (f)*

An Aboriginal elder.

Notes to the Australian Institute of Health and Welfare Ethics Committee Regulations 1989

## NOTE 1

The *Australian Institute of Health and Welfare Ethics Committee Regulations 1989* (in force under the *Health Act 1987*) as shown in this compilation comprise Statutory Rules 1989 No.118 amended as indicated in the Tables below.

### Table of Statutory Rules

Year and number	Date of notification in <i>Gazette</i>	Date of commencement	Application, saving or transitional provisions
1989 No. 118	21 June 1989	21 June 1989	—
2002 No. 62	5 Apr 2002	5 Apr 2002	—

### Table of Amendments

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

Provision affected	How affected
Provision affected	How affected
Rr. 1, 2	rs. 2002 No. 62
R. 3	am. 2002 No. 62
R. 4	rs. 2002 No. 62

## APPENDIX 4



**OTHER BODIES CARRYING  
OUT INSTITUTE FUNCTIONS**

### **AUSTRALIAN CENTRE FOR ASTHMA MONITORING (ACAM)**

(Woolcock Institute of Medical Research, Sydney)

ACAM aims to help reduce the burden of asthma in Australia by developing, collating, interpreting and disseminating data relevant to asthma prevention, management and health policy.

### **DENTAL STATISTICS AND RESEARCH UNIT (DSRU)**

(University of Adelaide, Adelaide)

DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of dental statistics and through research on dental health status, dental practices and use of dental services, and the dental labour force.

### **AUSTRALIAN GENERAL PRACTICE STATISTICS AND CLASSIFICATION CENTRE (AGPSCC)**

(Westmead Hospital, Sydney)

AGPSCC provides information about activities in general practice, develops primary care classification systems and conducts the BEACH (Bettering the Evaluation and Care of Health) study.

### **NATIONAL INJURY SURVEILLANCE UNIT (NISU)**

(Flinders University, Adelaide)

NISU analyses and reports on existing data, assesses needs and opportunities for new information sources and mechanisms, and develops and improves information sources and other relevant infrastructure.

### **NATIONAL PERINATAL STATISTICS UNIT (NPSU)**

(University of New South Wales, Sydney)

NPSU analyses and reports on reproductive and perinatal health, birth anomalies and assisted conception.

### **PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT (PHIDU)**

(University of Adelaide, Adelaide)

PHIDU assists in the development and presentation of public health data determinants.

**NATIONAL CENTRE FOR CLASSIFICATION IN HEALTH (NCCH)**

(University of Sydney, Sydney and Queensland University of Technology, Brisbane)

NCCH furthers the AIHW work program by supporting the use of health classifications in mortality, hospitals and other data sets, and associated international work.

**NATIONAL CENTRE FOR IMMUNISATION RESEARCH AND SURVEILLANCE OF VACCINE PREVENTABLE DISEASES (NCIRS)**

(Westmead Children's Hospital, Sydney)

AIHW assists NCIRS to monitor vaccine preventable diseases.

**NATIONAL CENTRE IN HIV/AIDS EPIDEMIOLOGY AND CLINICAL RESEARCH (NCHECR)**

(University of New South Wales, Sydney)

AIHW assists NCHECR to monitor HIV/AIDS and viral hepatitis.

**CENTRE FOR BURDEN OF DISEASE AND COST EFFECTIVENESS**

(University of Queensland)

AIHW assists the Centre in Burden of Disease analysis and related work.





## APPENDIX 5



**BOARD MEMBERS**

## Board members' qualifications, current positions and details of meetings attended from 1 July 2004 to 30 June 2005

Board member	Number of meetings attended (3 held this year)
<b>Attended</b>	3
The Hon. Peter Collins, AM, QC, BA, LLB Board Chair	
Professor Heather Gardner, BA (Hons), MA Ministerial appointee	3
Mr Ian Spicer, AM, LLB, FAIM, FICM, AICS Ministerial appointee	3
Associate Professor Kerry Kirke, AM, MD, FAFPHM, (RACP) FRIPH Ministerial appointee	3
Ms Jane Halton, BA (Hons), FAIM Secretary, Department of Health and Ageing	0 *
Mr Dennis Trewin, BSc (Hons), BEc, MSc Australian Statistician, Australian Bureau of Statistics	2 *
Ms Linda Apelt, BEd, GradDip (Counselling), MEd Studies Director-General, Queensland Department of Communities and Disability Services, Representative of the Community Services Ministers' Advisory Council	2
Mr Peter Allen, BA, Dip Journalism Under Secretary, Policy and Strategic Projects, Victoria. Dept of Human Services Representative of the Australian Health Ministers' Advisory Council	3
Dr Owen Donald, BA, PhD, Director of Housing, Victoria, and Executive Director of Housing and Community Building Representative of the state housing departments	3
Ms Justine Boland, BA Staff representative	2
Dr Richard Madden, BSc, PhD, FIA, FIAA Director, Australian Institute of Health and Welfare	3

\*Where the member was not present his or her representative attended on each occasion.

Note: A representative of the Secretary, Department of Family and Community Services, attended and participated in Board meetings.

The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe Institute Board and NHMRC Council meetings respectively.

## APPENDIX 6

**AUDIT AND FINANCE  
COMMITTEE MEMBERS**



## Audit and Finance Committee members' qualifications, current positions and details of meetings attended from 1 July 2004 to 30 June 2005

Committee member	Number of meetings attended
Ms Linda Apelt, BEd, GradDip (counselling), M Ed Studies Director-General, Queensland Department of Communities and Disability Services (Chair)	3
The Hon. Peter Collins, AM, QC, BA, LLB Board Chair	3
Mr Ian Spicer, AM, LLB, FAIM, FICM, AICS Ministerial appointee	3

\*Three meetings were held in this year.

## APPENDIX 7

**FREEDOM OF INFORMATION**



## FREEDOM OF INFORMATION STATEMENT

As required by s. 8 of the *Freedom of Information Act 1982*, the following information is published regarding the organisation and functions of the AIHW, and how members of the public can gain access to documents maintained in the possession of the AIHW.

### Organisation and functions of the Australian Institute of Health and Welfare

Chapter 1 of this report provides details of the organisation and functions of the AIHW.

#### POWERS

The AIHW is a body corporate subject to the *Commonwealth Authorities and Companies Act 1997*. Powers exercised by the Chairperson of the Board and the AIHW's Director are in accordance with delegations determined under that Act.

#### CONSULTATIVE ARRANGEMENTS

The composition of the AIHW Board, prescribed in s. 8 of the *Australian Institute of Health and Welfare Act 1987* (see Appendix 2), enables participation on the Board by a broad range of bodies or persons outside the Commonwealth administration.

The AIHW consults with a wide range of constituents through its membership of national committees (see Appendix 10).

The AIHW has established a number of topic-specific steering committees which include bodies and persons from outside the Commonwealth administration, to advise the AIHW regarding its major reports.

#### CATEGORIES OF DOCUMENTS IN POSSESSION OF THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

##### Documents available to the public upon payment of a fee

The AIHW does not hold any documents of this type.

##### Documents available for purchase or available free of charge

The majority of AIHW reports are available free of charge on its website ([www.aihw.gov.au](http://www.aihw.gov.au)), or can be purchased through the AIHW website or from its contracted distributor CanPrint.

##### Australian Institute of Health and Welfare data

The AIHW makes available through its website unidentifiable aggregated data on a series of data 'cubes'. (See Chapter 2.)

Data collected under the *Australian Institute of Health and Welfare Act 1987* are protected by the confidentiality provisions (s. 29) of that Act.

### **Australian Institute of Health and Welfare seminar program**

Documents describing topics included on the AIHW seminar program conducted for staff of the AIHW and, for some seminars, open to invited guests.

### **Government and Parliament**

Some ministerial briefings, ministerial correspondence, replies to Parliamentary questions and tabling documents.

### **Meeting proceedings**

Agenda papers and records of proceedings of internal and external meetings and workshops.

### **Business management**

Documents related to development of the AIHW's work program, business and personnel management, and general papers and correspondence related to management of the AIHW's work program.

### **Privacy**

The AIHW supplies information on the extent and nature of its holdings of personal information for inclusion in the *Personal Information Digest* published by the Office of the Federal Privacy Commissioner.

### **Freedom of Information requests**

There were no requests made under the *Freedom of Information Act 1982* during 2002–03.

### **Freedom of Information enquiries**

All enquiries concerning access to documents under the *Freedom of Information Act 1982* may be directed to the Freedom of Information Contact Officer, Australian Institute of Health and Welfare, GPO Box 570, Canberra, ACT 2601; telephone (02) 6244 1174.





## APPENDIX 8



**STAFFING**

Staff numbers at the AIHW have remained relatively constant in the 2004–05 year, following an increase of 8.4% the previous year.

**Table 1: Staff by category of employment at 30 June 2005**

Status	Female	Male	Total 30 June 2005	Total 30 June 2004
<b>Ongoing</b>				
Full-time	78	42	120	117
Part-time	28	3	31	29
Leave without pay	8	3	11	9
<b>Non-ongoing</b>				
Full-time	29	17	46	53
Part-time	6	3	9	9
Leave without pay	0	0	0	1
<b>Total</b>	<b>149</b>	<b>68</b>	<b>217</b>	<b>218</b>

**Table 2: Staff by level at 30 June 2005**

Status	Female	Male	Total 30 June 2005	Total 30 June 2004
Senior Executive Service Band 1	2	2	4	4
Executive Level 2	11	10	21	19
Executive Level 1	42	24	66	62
APS Level 6	37	12	49	57
APS Level 5	19	6	25	22
APS Level 4	22	10	32	37
APS Level 3	10	3	13	11
APS Level 2	6	1	7	6
<b>Total</b>	<b>149</b>	<b>68</b>	<b>217</b>	<b>218</b>

*Note: This information is based on substantive positions.*

#### Notes

‘Ongoing staff’ refers to staff employed on an ongoing basis by the AIHW, including ongoing staff on transfer from other APS agencies.

‘Non-ongoing staff’ refers to staff employed by the AIHW on contracts of employment for specified terms and specified tasks.

## APPENDIX 9



UNIT HEADS

## AIHW—UNIT HEADS (as at 30 June 2005)

### Executive Unit

Margaret Fisher, GradDipTandDM, MBus (CSU)

### Medical Advisor

Paul Magnus, MB, BS (UWA)

## Business and Information Management Division

### Business Promotion and Media

Nigel Harding, BA (Qld)

### Data and Information Technology

Mike McGrath, BA (CCAIE)

### Finance and Commercial Services

Karen Melton, BCom (UNSW), CPA, (acting)

### Information Services and Publishing

Judith Abercromby, BA (Hons) (Tas), DipLib (UNSW)

### Metadata Management

David Braddock, BSc (Hons) (UQ), (acting)

### People

Lyn Elliott, BA (CCAIE)

## Health Division

### Cardiovascular Disease and Diabetes

Lynelle Moon, BMath (Wollongong), GradDipStats,  
GradDipPopulation Health (ANU)

### Health Registers and Cancer Monitoring

John Harding, BA (Macquarie)

### National Data Development and Standards

Trish Ryan, BA (Hons) (UNE)

### National Health Priorities and Environmental Health

Kuldeep Bhatia, PhD (ANU), PhD (Panjab)

### Population Health Data and Information Services

Mark Cooper-Stanbury, BSc (ANU)

### Population Health

Paul Magnus, MB, BS (UWA)

## Resources Division

### Aboriginal and Torres Strait Islander Health and Welfare

Fadwa Al-Yaman, BSc (Kuwait), MA (Population Studies), PhD (ANU)

### Expenditure

Tony Hynes, BAppSc (Canberra)

### Hospitals and Mental Health Services

Jenny Hargreaves, BSc (Hons), GradDip Population Health (ANU)

### Labour Force and Rural Health

Glenice Taylor, BSc (Wollongong)

### Summary Measures

John Goss, BEc, BSc (ANU), GradDip Nutr Diet (QIT)

## Welfare Division

### Ageing and Aged Care

Ann Peut, BA (Hons), MA (Sociology) (UTAS), GradDip Applied Science, Library and Information Management

### Children, Youth and Families

Cynthia Kim, BEc (Hons) (Sydney), M PubPolicy (ANU), GradCert Management (Canberra)

### Community Services Integration and Linkage

Ruel Abello, MEc (ANU)

### Functioning and Disability

Ros Madden, BSc (Hons), MSc (Sydney)

### Housing Assistance

David Wilson, BEc (Hons) (Flinders)

### Supported Accommodation and Crisis Services

Justin Griffin, BEc (James Cook)

## HEADS OF COLLABORATING UNITS

### **Australian Centre for Asthma Monitoring**

Guy B Marks, BMedSc, MB, BS (UNSW), PhD (Sydney), MRCP, FRACP, FAFPHM

### **Dental Statistics and Research Unit**

Gary Slade, BSc (Melb), Dip DPH (Toronto), PhD (Adelaide)

### **Australian General Practice Statistics and Classification Centre**

Helena Britt, BA (UNSW), PhD (Sydney)

### **National Injury Surveillance Unit**

James Harrison, MB, BS (Melb), MPH (Sydney), FAFPHM

### **National Perinatal Statistics Unit**

Elizabeth Sullivan, MB, BS, MPH, MMed (Sexual Health) (Sydney), FAFPHM

## APPENDIX 10

### PUBLICATIONS

1 July 2004 – 30 June 2005

## BOOKS

### AIHW publications

Annual Report 2003–04. AIHW. AIHW Cat. No. AUS 50. Canberra: AIHW, 2004.

### Aboriginal and Torres Strait Islander health and welfare

Data Quality of Aboriginal and Torres Strait Islander Identification. AIHW. AIHW Cat. No. HWI 79. Canberra: AIHW, 2004.

Indigenous Housing Indicators 2003–04. AIHW. AIHW Cat. No. HOU 127. Canberra: AIHW, 2005 (Indigenous Housing Series No. 1).

National Summary of the 2001 and 2002 Jurisdictional Reports Against the Aboriginal and Torres Strait Islander Health Performance Indicators. AIHW. AIHW Cat. No. IHW 12. Canberra: AIHW, 2004.

### Ageing and aged care

Carers in Australia: Assisting Frail Older People and People with a Disability. AIHW. AIHW Cat. No. AGE 41. Canberra: AIHW, 2004 (Aged Care Series No. 8).

Community Aged Care Packages in Australia 2002–03: A Statistical Overview. AIHW. AIHW Cat. No. AGE 39. Canberra: AIHW, 2004 (Aged Care Statistics Series No. 19).

Linking Hospital Morbidity and Residential Aged Care Data. AIHW. AIHW Cat. No. AGE 40. Canberra: AIHW, 2004.

Longitudinal Studies of Ageing: Implications for Future Studies. AIHW. AIHW Cat. No. AGE 42. Canberra: AIHW, 2004.

### Alcohol and other drugs

Alcohol and Other Drug Treatment Services in Australia 2002–03. AIHW. AIHW Cat. No. HSE 33. Canberra: AIHW, 2004 (Drug Treatment Series No. 3).

National Comorbidity Initiative: A Review of Data Collections Relating to People with Coexisting Substance Use and Mental Health Disorders. AIHW. AIHW Cat. No. PHE 60. Canberra: AIHW, 2005 (Drug Statistics Series No. 14).

The 2004 National Drug Strategy Household Survey: First Results. AIHW. AIHW Cat. No. PHE 57. Canberra: AIHW, 2005 (Drug Statistics Series No. 13).

The 2004 National Drug Strategy Household Survey: State and Territory Supplement. AIHW. AIHW Cat. No. PHE 61. Canberra: AIHW, 2005.



## Cancer

BreastScreen Australia Monitoring Report 2001–02. AIHW. AIHW Cat. No. CAN 24. Canberra: AIHW, 2005 (Cancer Series No. 29).

Cancer in Australia 2001. AIHW. AIHW Cat. No. CAN 23. Canberra: AIHW, 2004 (Cancer Series No. 28).

Cervical Screening in Australia 2001–02. AIHW. AIHW Cat. No. CAN 22. Canberra: AIHW, 2004 (Cancer Series No. 27).

## Cardiovascular disease

Australian Health Measurement Survey. AIHW. AIHW Cat. No. CVD 28. Canberra: AIHW, 2004.

The Relationship Between Overweight, Obesity and Cardiovascular Disease. AIHW. AIHW Cat. No. CVD 29. Canberra: AIHW, 2004 (Cardiovascular Disease Series No. 23).

## Children, youth and families

A Picture of Australia's Children. AIHW. AIHW Cat. No. PHE 58. Canberra: AIHW, 2005.

Adoptions Australia 2003–04. AIHW. AIHW Cat. No. CWS 23. Canberra: AIHW, 2004 (Child Welfare Series No. 35).

Child Protection Australia 2003–04. AIHW. AIHW Cat. No. CWS 24. Canberra: AIHW, 2005 (Child Welfare Series No. 36).

## Data standards

Commonwealth–State Housing Agreement User Guide for 2001–02 Data: Public Housing and the Aboriginal Rental Housing Program. AIHW. AIHW Cat. No. HOU 107. Canberra: AIHW, 2004.

Commonwealth–State Housing Agreement User Guide for 2002–03 Data: Public and State Owned and Managed Indigenous Housing. AIHW. AIHW Cat. No. HOU 109. Canberra: AIHW, 2004.

Data Set Specification, Acute Coronary Syndrome (clinical), National Health Data Dictionary Version 12 Supplement. Health Data Standards Committee. AIHW Cat. No. HWI 70. Canberra: AIHW, 2004 (National Health Data Dictionary).

Data Set Specification, Cancer (clinical), National Health Data Dictionary Version 12 Supplement. Health Data Standards Committee. AIHW Cat. No. HWI 71. Canberra: AIHW, 2004 (National Health Data Dictionary).

Measuring Housing Assistance: National Data Standards Developed under the 1999 Commonwealth State Housing Agreement. AIHW. AIHW Cat. No. HOU 111. Canberra: AIHW, 2004 (Housing Assistance National Data Development Series).

National Health Data Dictionary Version 12 Supplement. National Health Data Committee (now Health Data Standards Committee). AIHW Cat. No. HWI 72. Canberra: AIHW, 2004 (National Health Data Dictionary).

National Palliative Care Information Collection: A Way Forward for Community-Based Palliative Care. AIHW. AIHW Cat. No. HWI 77. Canberra: AIHW, 2004.

## Dental health

Child Dental Health Survey, Australia 2000: Dental Health Differences Between Boys and Girls, The. Armfield JM, Roberts-Thomson KF, Slade GD, Spencer AJ. AIHW Cat. No. DEN 131. Canberra: AIHW, 2004 (Dental Statistics and Research Series No. 31).

Oral Health of Older Adults with Dementia, The. Chalmers JM, Carter KD, Spencer AJ. AIHW Cat. No. DEN 111. Canberra: AIHW, 2005 (Dental Statistics and Research Series No. 29).

## Functioning and disability

Children with Disabilities in Australia. AIHW. AIHW Cat. No. DIS 38. Canberra: AIHW, 2004.

Disability and its Relationship to Health Conditions and other Factors. AIHW. AIHW Cat. No. DIS 37. Canberra: AIHW, 2004 (Disability Series).

Disability Support Services 2002–03. AIHW. AIHW Cat. No. DIS 35. Canberra: AIHW, 2004 (Disability Series).

First Medical Indemnity National Data Collection Report: Public Sector. AIHW. AIHW Cat. No. HSE 34. Canberra: AIHW, 2004.

## General practice

General Practice Activity in Australia 2003–04. Britt H, Miller GC, Knox S, Charles J, Valenti L, Pan Y, Henderson J, O'Halloran J, Ng A. AIHW Cat. No. GEP 16. Canberra: AIHW, 2004 (General Practice Series No. 16).

General Practice Activity in the States and Territories of Australia 1998–2003. Britt H, Miller GC, Knox S, Charles J, Valenti L, Bayram C, O'Halloran J, Henderson J, Pan Y, Harrison C. AIHW Cat. No. GEP 15. Canberra: AIHW, 2004 (General Practice Series No. 15).

## Health and welfare expenditure

Health Expenditure Australia 2002–03. AIHW. AIHW Cat. No. HWE 27. Canberra: AIHW, 2004 (Health and Welfare Expenditure Series No. 20).

Health System Expenditure on Disease and Injury in Australia 2000–01. Second edition. AIHW. AIHW Cat. No. HWE 28. Canberra: AIHW, 2005 (Health and Welfare Expenditure Series No. 21).

Health System Expenditures on Cancer and Other Neoplasms in Australia 2000–01. AIHW. AIHW Cat. No. HWE 29. Canberra: AIHW, 2005 (Health and Welfare Expenditure Series No. 22).

## Health and welfare labour force

Medical Labour Force 2002. AIHW. AIHW Cat. No. HWL 30. Canberra: AIHW, 2004.

## Health and welfare services and care

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- Gibson D 2004. What future for informal care? 37th Annual Conference of the Australian Association of Gerontology Conference, Melbourne, Australia, 17–19 November 2004.
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- Hargreaves J 2005. Data linkage and the National Hospital Morbidity Database. Coding Rules Conference, Perth, Australia, March 2005.
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- Stevenson CE, Koukari A 2004. Screening for bowel cancer: the national pilot study. 31st Annual Scientific Meeting, Clinical Oncological Society of Australia, Canberra, Australia, November 2004.
- Sullivan EA, Birch MR 2004. National review of birth defect monitoring in Australia, an interim report. Oral presentation at the Annual Scientific Meeting of the Australian Birth Defects Society 2004, Brisbane, Australia, February 2004.
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- Tallis K 2004. Social Indicator Systems—foundations for policy design and evaluation. OECD World Forum on Key Indicators, Palermo, Italy, November 2004.
- Tracy SK 2005. Invited speaker. Women's and Children's Hospitals Australasia Conference, Christchurch, New Zealand, 9th–11th June 2005.
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- Valenti L, Britt H 2004. Changing rates of medication in Australian general practice: prescribed, GP supplied or advised per 100 problems managed: 1998/2000/2002. Presented at the General Practice and Primary Health Care Research Conference, Brisbane, Australia, June 2004.
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- Wen X 2005. Assessing the impact of changes in survey methodologies on disability trends over time: the case of Australia. Presented at the joint OECD and European Commission workshop on Understanding Trends in Disability Among Elderly Population and the Implications of Demographic and Non-demographic Factors for Future Health and Long-term Care Costs, Brussels, Belgium, 21–22 February 2005.
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## APPENDIX 11



**PARTICIPATION IN NATIONAL  
COMMITTEES AS AN  
INFORMATION SPECIALIST**

## NATIONAL COMMITTEES CHAIRED BY AIHW

Australian Birth Defects Society

Information Strategy Committee NMDS Sub-committee

Health Data Standards Committee

National Community Services Data Committee

National Housing Data Development Committee

## NATIONAL COMMITTEES OF WHICH AIHW IS A MEMBER AND PROVIDES THE SECRETARIAT

Advisory Committee on Australian and International Disability Data (replaces DDRAG)

Advisory Committee on Maternal Mortality and Morbidity

AHMAC Mental Health Working Group Information Strategy Committee—NMDS Sub-committee

Australasian Association of Cancer Registries

Commonwealth State/Territory Disability Agreement National Minimum Data Set Network

Computer Assisted Telephone Interview Technical Reference Group

Health Data Standards Committee

Information Strategy Committee NMDS Sub-committee

Intergovernmental Committee on Drugs Alcohol and Other Drug Treatment Services

National Minimum Data Set Working Group

Juvenile Justice Data Working Group

Medical Indemnity Data Working Group

National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data

National Burden of Disease Advisory Committee

National Cardiovascular Monitoring System Advisory Committee



National Child Protection and Support Services Data Group  
National Community Services Data Committee  
National Community Services Information Management Group  
National Diabetes Register Management Committee  
National Housing Data Agreement Management Group  
National Housing Data Development Committee  
National Indigenous Housing Information Implementation Committee  
National Perinatal Data Development Committee  
National Public Health Information Working Group  
Population Health Taskforce on Performance  
Rural Health Information Advisory Committee  
Statistical Information Management Committee



## APPENDIX 12

### ACTIVITIES FUNDED BY OUTSIDE BODIES FOR 2004-05 FINANCIAL YEAR

## AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

The projects below represent the contracted work the AIHW undertook in 2004–05 for other entities. These entities are shown as the funding body.

- Project:** Aboriginal and Torres Strait Islander Health and Welfare  
Funding body: Department of Health and Ageing
- Project:** Aboriginal and Torres Strait Islander Health Performance Indicators Jurisdictional Summary Report  
Funding body: Australian Health Ministers' Advisory Council
- Project:** Admitted Patient Care National Minimum Data Set  
Funding body: Australian Health Ministers' Advisory Council
- Project:** Admitted Patient Care National Minimum Data Set  
Funding body: Department of Health and Ageing
- Project:** Ageing Research Capacity Building Project  
Funding body: Department of Health and Ageing
- Project:** AIHW–WA Linkage Comparison between Residential Aged Care and Hospital Data  
Funding body: Australian Health Ministers' Advisory Council
- Project:** Alcohol and other Drug Treatment Services National Minimum Data Set  
Funding body: Department of Health and Ageing
- Project:** Analysing Veterans in Residential Aged Care  
Funding body: Department of Veterans' Affairs
- Project:** Analysis of Data Quality in Five Health Services Data Collections  
Funding body: Australian Health Ministers' Advisory Council
- Project:** Analysis of Veterans' Use of Community Aged Care Packages  
Funding body: Department of Veterans' Affairs
- Project:** Arthritis and Musculoskeletal Conditions  
Funding body: Department of Health and Ageing
- Project:** Assessing Linking Strategies for the National Hospital Morbidity Database  
Funding body: Australian Health Ministers' Advisory Council

<b>Project:</b>	Assistance for Department of Health and Ageing State of our Public Hospitals 2003-2004 Report
Funding body:	Department of Health and Ageing
<b>Project:</b>	Asthma Monitoring
Funding body:	Department of Health and Ageing
<b>Project:</b>	Cancer Incidence Projections
Funding body:	Department of Health and Ageing
<b>Project:</b>	Cancer Screening
Funding body:	Department of Health and Ageing
<b>Project:</b>	Central Processing Contract for Nurses
Funding body:	State and Territory Health Departments
<b>Project:</b>	Child and Youth Health
Funding body:	Department of Health and Ageing
<b>Project:</b>	Child Welfare
Funding body:	State and Territory Departments of Community Services
<b>Project:</b>	Childrens Services National Minimum Data Set Pilot Test 2002
Funding body:	Community Services Ministers' Advisory Council
<b>Project:</b>	Chronic Disease and Behavioural Risk Factor Surveillance
Funding body:	Department of Health and Ageing
<b>Project:</b>	Commonwealth/State Territory Disability Agreement Data Agency
Funding body:	Department of Family and Community Services
<b>Project:</b>	Community Care Program Interfaces
Funding body:	Department of Health and Ageing
<b>Project:</b>	Council of the Ageing
Funding body:	Council of the Ageing
<b>Project:</b>	Current Longitudinal Studies relevant to Ageing in Australia
Funding body:	Department of Health and Ageing
<b>Project:</b>	Data Development and Analysis in relation to Dementia
Funding body:	Department of Health and Ageing

<b>Project:</b>	Developing a National Minimum Data Set for Public Sector Funding of Health Goods and Services
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	Development and Administration of DVA's Online Research Register
Funding body:	Department of Veterans' Affairs
<b>Project:</b>	Diabetes Register Data Providers
Funding body:	Department of Health and Ageing
<b>Project:</b>	Drug Survey Public Health Information
Funding body:	Department of Health and Ageing
<b>Project:</b>	Educational Outcomes for Children on Care and Protection Orders
Funding body:	Community Services Ministers' Advisory Council
<b>Project:</b>	Enhance Continence Program Data and analyse available National Data on Incontinence
Funding body:	Department of Health and Ageing
<b>Project:</b>	Environmental Health Information Development
Funding body:	Department of Health and Ageing
<b>Project:</b>	Epidemiology of Culturally and Linguistically Diverse 'High Risk' Communities
Funding body:	Diabetes Australia
<b>Project:</b>	Expenditure on Health Care for Aboriginal and Torres Strait Islander Peoples (Third Report)
Funding body:	Department of Health and Ageing
<b>Project:</b>	Extended Aged Care at Home- Data Development and Analysis and Community Aged Care Package Census Support
Funding body:	Department of Health and Ageing
<b>Project:</b>	Female Vietnam Veterans Health Register
Funding body:	Department of Veterans' Affairs
<b>Project:</b>	Functional Outcome of Data Modules
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	HACC Data Dependency Workshop
Funding body:	Department of Health and Ageing

<b>Project:</b>	Health System Expenditures on Cancer in Australia 2000–01
Funding body:	Department of Health and Ageing
<b>Project:</b>	Health Wiz Hospital Use Dataset Provision
Funding body:	Department of Health and Ageing
<b>Project:</b>	HealthConnect Exploratory Project
Funding body:	Department of Health and Ageing
<b>Project:</b>	Hospital Morbidity and Adverse Events Project
Funding body:	Department of Health and Ageing
<b>Project:</b>	Housing Data Repository—S1
Funding body:	State and Territory Housing Departments
<b>Project:</b>	Housing Data Standards—S3
Funding body:	State and Territory Housing Departments
<b>Project:</b>	Housing Performance Reporting—S2
Funding body:	State and territory housing departments
<b>Project:</b>	Indigenous Housing
Funding body:	Housing Ministers' Advisory Council
<b>Project:</b>	Indigenous Identification in Hospital Separations Data
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	Influenza Vaccine Survey
Funding body:	Department of Health and Ageing
<b>Project:</b>	Informatics and Data Standards
Funding body:	Department of Health and Ageing
<b>Project:</b>	Integration of Data Standards
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	Joint Information Models
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	Juvenile Justice National Minimum Data Set—Australia
Funding body:	Australasian Juvenile Justice Administrators

<b>Project:</b>	Medical Indemnity Data Collection
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	Mental Health Services
Funding body:	Department of Health and Ageing and state and territory health departments
<b>Project:</b>	National Centre for Monitoring Cardiovascular Disease
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Community Services Data Dictionary
Funding body:	Community Services Ministers' Advisory Council
<b>Project:</b>	National Diabetes Register
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Evaluation of Aged Care Innovative Care Pool Pilot Projects
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Health Data Development
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	National Health Data Dictionary
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	National Health Priority Areas
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Housing Data Development Committee Support
Funding body:	State and territory departments with responsibility for Housing
<b>Project:</b>	National Monitoring System for Diabetes
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Opioid Pharmacotherapy Statistics Annual Data Collection
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Public Health Expenditure
Funding body:	Department of Health and Ageing



<b>Project:</b>	National Public Health Information
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Public Health Information Working Group
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Sentinel Events Report
Funding body:	Department of Health and Ageing
<b>Project:</b>	National Social Housing Survey
Funding body:	State and territory departments with responsibility for Housing
<b>Project:</b>	National Community Services Information Management Group Project—Development of National Minimum Data Set for Juvenile Justice and Youth Welfare
Funding body:	Community Services Ministers’ Advisory Council
<b>Project:</b>	National Heart Foundation of Australia’s Overweight/Obesity and Cardiovascular Disease Project
Funding body:	National Heart Foundation
<b>Project:</b>	Overcoming Indigenous Disadvantage—Key Indicators
Funding body:	Productivity Commission
<b>Project:</b>	Palliative Care Data Development
Funding body:	Department of Health and Ageing
<b>Project:</b>	Problem Gambling
Funding body:	Department of Family and Community Services
<b>Project:</b>	Program Management Data Dictionary
Funding body:	Department of Health and Ageing
<b>Project:</b>	Projects to Support Aboriginal Reconciliation
Funding body:	Community Services Ministers’ Advisory Council
<b>Project:</b>	Public Hospital Establishments National Minimum Data Set Evaluation
Funding body:	Australian Health Ministers’ Advisory Council
<b>Project:</b>	Residential Aged Care Projections
Funding body:	Department of Veterans’ Affairs

<b>Project:</b>	Residential Aged Care Publications
Funding body:	Department of Health and Ageing
<b>Project:</b>	Resolving Complex Data Definitional Problems
Funding body:	Australian Health Ministers' Advisory Council
<b>Project:</b>	Review Coexisting Substance use
Funding body:	Department of Health and Ageing
<b>Project:</b>	Review of Innovative Care Rehabilitation Service Pilot
Funding body:	Department of Health and Ageing
<b>Project:</b>	Rural Health Information Project
Funding body:	Department of Health and Ageing
<b>Project:</b>	SAAP National Data Collection Agency
Funding body:	Department of Family and Community Services (on behalf of state and territory departments of community services)
<b>Project:</b>	SAAP National Data Collection Agency Training
Funding body:	State and Territory Departments of Community Services
<b>Project:</b>	Scoping Paper for Evaluation of Transition Care Program
Funding body:	Department of Health and Ageing
<b>Project:</b>	Scoping Study of the Evaluation of Aged Care Innovative Pool
Funding body:	Department of Health and Ageing
<b>Project:</b>	Secretariat Support for the Terminology and Classifications Work Group
Funding body:	Department of Health and Ageing
<b>Project:</b>	Statistical Analysis Related to Healthy Ageing
Funding body:	Department of Health and Ageing
<b>Project:</b>	Statistical Support Services to Department of Veterans Affairs
Funding body:	Department of Veterans' Affairs
<b>Project:</b>	Statistics on Drug Use in Australia
Funding body:	Department of Health and Ageing

<b>Project:</b>	Study of Mortality and Cancer Incidence in Australian Participants of the British Nuclear Tests in Australia
Funding body:	Department of Veterans' Affairs
<b>Project:</b>	Support for Australian Medical Workforce Advisory Committee
Funding body:	Australian Medical Workforce Advisory Committee
<b>Project:</b>	Support for the National Public Health Information Working Group
Funding body:	Department of Health and Ageing
<b>Project:</b>	Support to the Australian Health Workforce Advisory Committee
Funding body:	Australian Health Workforce Advisory Committee
<b>Project:</b>	The Impact of Dementia on the Health and Aged Care Systems
Funding body:	Department of Health and Ageing
<b>Project:</b>	Vietnam Veterans Mortality Study (Third)
Funding body:	Department of Veterans' Affairs
<b>Project:</b>	War Veteran's Health Cost Study
Funding body:	Department of Veterans' Affairs
<b>Project:</b>	Window on Women Data Supply
Funding body:	Department of the Prime Minister and Cabinet

## COLLABORATING UNITS

### AUSTRALIAN CENTRE FOR ASTHMA MONITORING

**Project:** Australian Centre for Asthma Monitoring

Funding body: Department of Health and Ageing

### NATIONAL PERINATAL STATISTICS UNIT

**Project:** Data Development for the Perinatal and Birth Anomalies Collections

Funding body: Australian Health Ministers' Advisory Council

### DENTAL STATISTICS AND RESEARCH UNIT

**Project:** Dental Statistics and Research Unit

Funding body: Department of Health and Ageing

### AUSTRALIAN GENERAL PRACTICE STATISTICS AND CLASSIFICATION CENTRE

**Project:** Australian General Practice Statistics and Classification Centre  
BEACH Data Collection

Funding body: Department of Health and Ageing

### NATIONAL INJURY SURVEILLANCE UNIT

**Project:** Injury Information and Statistics

Funding body: Department of Health and Ageing

**Project:** Alcohol and Workplace Culture and Safety

Funding body: Department of Health and Ageing

**Project:** Study of Injury Due to Transport Incidents

Funding body: Department of Transport and Regional Services

## APPENDIX 13

### AIHW CHARTER OF CORPORATE GOVERNANCE

## INTRODUCTION

The Australian Institute of Health and Welfare (AIHW) exists to describe the Australian health and welfare systems. Reflecting the scope of those systems, the operating environment of the Australian Institute of Health and Welfare Board, created by legislation (the *Australian Institute of Health and Welfare Act 1987* (AIHW Act)) as the Institute itself, is complex.

The AIHW is an Australian Government statutory authority within the Health and Ageing portfolio, reporting direct to the portfolio Minister. The Institute is defined as a body corporate subject to the Commonwealth Authorities and Companies Act 1997 (CAC Act). The Institute, as provided for by the AIHW Act, has delegated management of the Institute's affairs to the AIHW Director.

The AIHW Charter of Corporate Governance has been prepared to provide guidance for members and potential members of the AIHW Board to ensure the Institute operates effectively as an independent agency of government. It defines the roles and responsibilities of individual members, and provides guiding principles to support members through the range of operational and legal issues they encounter in their direction of the Institute.

## PURPOSE

This Charter outlines the framework for the corporate governance of the AIHW.

The AIHW is a statutory authority of the Australian Government and must take into account relevant governing laws. A clear set of instructions and processes outlining the Board's responsibilities is designed to enable the Board to work effectively within its legislative requirements and in response to the requirements of the organisation. This paper outlines the corporate governance responsibilities of the Board and the structures established to support it.

## AIHW'S MISSION AND VALUES

The AIHW is guided in all its undertakings by its Mission and Values.

### AIHW 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.

## Values

Accessibility	making our work available to all Australians
Expertise	applying specialised knowledge and high standards to our products and services
Independence	ensuring our work is objective, impartial and reflects our mission
Innovation	showing curiosity, creativity and resourcefulness in our work
Privacy	respecting and safeguarding the privacy of individuals and the confidentiality of those who provide the information we use.
Responsiveness	seeking and responding to the needs of all those who supply or use our data and information.

## ROLES, POWERS AND RESPONSIBILITIES

### 1. Governing laws

#### ENABLING LEGISLATION

The Australian Institute of Health and Welfare was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992 the AIHW's role and functions were expanded to include welfare related information and statistics. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987*.

Under the AIHW Act, AIHW Board members are collectively also referred to as 'the Institute'.

The Board may appoint committees as it thinks fit to assist it in performing its functions (section 16).

As a statutory authority, the AIHW is defined in its Act as a body corporate subject to the CAC Act. Directors (members) are subject to legislation that specifies their duties and responsibilities under the CAC Act.

#### RESPONSIBLE MINISTER

The Minister for Health and Ageing is the Minister responsible for the AIHW and the Institute is therefore an agency within the Health and Ageing portfolio.

## 2. Constitution

Section 8(1) of the AIHW Act specifies the constitution of the Board.

The following members are appointed for a term of three years, by the Governor–General on the advice of the Minister:

- a Chairperson
- a member nominated by the Australian Health Minister’s Advisory Council
- a member nominated by the Community Services Minister’s Advisory Council
- a representative of the Housing Ministers’ Advisory Council;
- three members nominated by the Minister
- a person nominated by the Minister who has knowledge of the needs of consumers of health services
- a person nominated by the Minister who has knowledge of the needs of consumers of welfare services
- a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the Minister who has expertise in research into public health issues.

Directors holding office by virtue of the position they hold (therefore not appointed) are:

- the Director
- the Australian Statistician
- the Secretary of the Department of Health and Ageing.

The Australian Bureau of Statistics and Department of Health and Ageing members may formally designate a representative to attend meetings on their behalf.

A member of staff of the Institute, elected by its staff, is also a member of the Board. The member is appointed annually through a staff ballot. This position is independent of the official appointment process.

*Note:* The Secretary of the Department of Family and Community Services and the Chief Executive Officer, National Health and Medical Research Council, or their nominees, attend and participate as observers with the agreement of the Board.

Board members who are Australian Government or state/territory officers (other than the Director and staff member) are referred to in this document as departmental representatives.



### 3. Conduct of Board members

As a statutory authority, the conduct of members of the AIHW Board is prescribed by the CAC Act. Members are bound by the Conduct of Directors, specified in the Act. (See Appendix 2.)

Directors are expected to ensure that they understand their responsibilities under both the CAC and AIHW Acts, and to uphold the Institute's values.

### 4. Roles of Board members

Key responsibilities of the AIHW are to:

- provide biennial reports to the Minister and to Parliament on Australia's health and Australia's welfare
- establish data standards for health and welfare statistics
- develop knowledge, intelligence and statistics to better inform policy makers and the community.

#### ROLE OF BOARD

The Board has broad responsibilities in:

- setting the Institute's mission and values and its strategic goals and directions, including endorsement of the Institute's Corporate Plan and Business Plan
- maintaining the independence of the Institute
- ensuring that the Institute complies with legislative and administrative requirements
- meeting its statutory requirements, including making recommendations to the Minister to appoint a Director of the AIHW
- overseeing the financial viability of the Institute
- endorsement of the Annual Report and the audited financial statements (as required by the CAC Act) at a Board meeting
- advocacy and promotion of the contribution of information to improve health and welfare outcomes
- identifying and managing the risks that might impact on the Institute
- monitoring the performance of the organisation against its Corporate Plan and Business Plan
- securing feedback from stakeholders on the use of Institute products
- setting remuneration for, and assessing performance of, the Director
- review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

### **ROLE OF CHAIRPERSON (IN ADDITION TO THE ROLE OF THE BOARD)**

- Chair meetings of the Board and endorse associated processes.
- Extended role in managing the formal relationship between the Institute and the Minister.
- Manage significant issues between meetings of the Board.
- Manage the relationship between the Board and the Director of the AIHW.

### **ROLE OF DIRECTOR**

- Provide leadership to the Institute in policy and statistical issues across the scope of the Institute's functions.
- Manage the affairs of the Institute in accordance with the AIHW Act and the CAC Act.
- Establish and maintain appropriate working relationships with the portfolio Minister and other Ministers whose portfolios include activities within the scope of the Institute.
- Establish and maintain appropriate working relationships with the portfolio department, other relevant Australian Government, state and territory agencies, and associated Australian Government/state forums.
- Liaise as required with non-government bodies associated with the functions of the Institute.
- Ensure the Institute provides, either directly or through collaborations with others, high quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.
- Ensure that the Board is properly advised on all matters.
- Ensure the security of data provided to the Institute, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the Corporate Plan and the Business Plan.
- Maintain a strong financial position of the Institute.
- Attract and retain the committed, skilled staff needed to carry out the Institute's functions.

### **ROLE OF STAFF-ELECTED BOARD MEMBER**

- A staff-appointed representative is a member of the Board.
- The staff member is a full member, with the same responsibilities as other members.

### **ROLE OF OTHER MEMBERS**

- Act in the best interests of the Institute. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the Institute. (See also 'Conflicts of interests'.)

- Support the Chair and Director of the Institute in decision making.
- Participate on Board Committees established under s. 16(4) of the AIHW Act.
- Provide input to the Board based on their knowledge and background.

### ROLE OF SECRETARY

- The Secretary provides advice and support to the Board.
- The Secretary is independent of the Director of the Institute and staff when dealing with sensitive matters related to the Director's employment.

## 5. Relationships

### WITH MANAGEMENT

Management representatives are invited to attend Board meetings to inform discussion, while having no formal responsibilities.

### WITH STAKEHOLDERS

Stakeholders are important to the prosperity of the Institute. The Institute has responsibility to a wide range of stakeholders, from the Minister to the whole community. Board members have an important role in establishing and nurturing sound relationships with the Institute's stakeholders.

### WITH STAFF

The Chair participates in key AIHW activities, notably the launch of *Australia's Health* and *Australia's Welfare*, and in developing the Corporate Plan and the Business Plan.

The AIHW Act places the employment and terms and conditions of staff under the control of the Director. The Board seeks to ensure the development and welfare of staff, and provides advice to the Director when considered appropriate.

## 6. Delegation of powers and actions

The Institute has established itself as a Board and delegated powers for the day-to-day operations of the Institute to the Director (s. 27).

## 7. Board processes

### MEETINGS

The AIHW Act stipulates that the Board shall meet at least once every four months.

To enable the Board to guide the work of the Institute, to fit in with the launch of biennial publications, and to approve the financial statements, the Annual Report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

On occasion, where issues are to be discussed by independent members only, for example commercially or personally sensitive issues, the Chair may excuse from discussion the Director, the staff member, and departmental representatives.

## AGENDA AND PAPERS

The Director, in consultation with the Chair, formulates the agenda. Any Board members may submit items.

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director of the Institute in consultation with Division Heads, sourced from the Institute.

Division Heads are responsible for providing papers to the Secretary two weeks prior to the meeting date.

Papers are distributed electronically and in hard copy to members at least one week prior to the meeting date.

The Board will consider late papers with the approval of the Chair.

## CONFIDENTIALITY

All papers for Board meetings are considered to be 'Board in Confidence' unless otherwise decided by the Board. Members and staff attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers.

While Departmental members may be supported by seeking adequate briefings from their departmental staff officers, to protect their confidentiality the full set of papers is not to be distributed throughout the Department. Where members require briefings on certain items, only the paper covering the item in question may be forward to relevant staff within their respective agencies. These papers may not be used for any purpose other than that for which they are intended.

The Institute will make available records of endorsed minutes to its staff.

The staff-elected member may make available notes on the outcome of issues following a Board meeting, in accordance with agreed release practices.

## MINUTES

The secretariat's notes on the meeting are provided to the Chair directly following the meeting.

The Board Secretary and secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Chair before circulation to all members. The minutes should primarily reflect the major decisions from the meeting. Where it is appropriate to do so, a brief background or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are endorsed at the subsequent meeting of the Board. Following endorsement, the Chair signs the minutes to be retained for the official record and are subject to audit scrutiny.

## CONFLICTS OF INTERESTS

The CAC Act requires Directors to disclose their interests relevant to AIHW's functions, and not participate in decisions where a conflict is declared. A member who considers that he or she may have an interest in the matter shall:

- (i) disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict
- (ii) provide details of the interest as requested by other members to determine the nature and extent of the interest
- (iii) remove themselves physically from the room, if appropriate, while the discussion takes place unless the Board determines otherwise.

In some cases Board members could be representing potential purchasers or competitors of the Institute with regard to contract work. In such a case a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision making.

## CONFLICT OF ROLES

The Auditor-General has identified that the presence of government officers on the boards of statutory authorities may give rise to a conflict of roles, and has issued advice as follows (adapted to AIHW circumstances):

The portfolio Secretary, as a member of the Board, is simultaneously:

- chief policy adviser to the Minister for Health and Ageing and can be expected to oversee the Institute's compliance with government policy objectives;
- a customer of the Institute as service provider
- a Board member expected to pursue the interests of the Institute.

If considered necessary for the portfolio Secretary to be excluded from sensitive discussions, such as those concerning forthcoming budget strategy, the Secretary may offer advice and then leave. Relevant papers should not be forwarded on such items.

Concerns by the portfolio secretary as a customer of the AIHW will be pursued through an outside stakeholder–consultation process and brought to the attention of the Board as necessary.

In relation to the Australian Statistician, it has been agreed with the Statistician that his agreement to an AIHW survey at the Board will constitute his agreement under s. 5(1)(a) of the AIHW Act, provided he has had adequate notice of the proposal.

## DECISIONS TAKEN

Decisions of the Board are reached generally on a consensus basis. Decisions are recorded in the minutes.

Sections (5)(d) and (e) of the AIHW Act stipulate that ‘all questions shall be decided by a majority of the votes of the members present’, and ‘the member presiding has a deliberative vote and, if necessary, also has a casting vote’.

## QUORUM

A quorum is the majority of members at the time of the meeting (s. 15(5)(c)).

Members may provide the Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Chair is absent, the members present shall appoint one of their number to preside.

## REMUNERATION AND TRAVEL

In accordance with the AIHW Act, members who are not Australian Government, state or territory employees will be paid remuneration as determined by the Remuneration Tribunal.

The Institute makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The Institute will pay for accommodation and meals where members are required to stay overnight. The Institute will pay for any appropriate and necessary incidental expenses.

## ENSURING CONTINUOUS IMPROVEMENT

The Board will review its performance each year. Issues reviewed may include its success in pursuing AIHW’s objectives, procedural matters, protocol and clarity of roles and individual performance.

## INDUCTION

New members will be provided with a package including instructions and operations of the Board, and various relevant reading materials published by the Institute.

## PROFESSIONAL DEVELOPMENT

The Chair may seek professional development opportunities relevant to the operations of the Board.

## INDEMNITY OF MEMBERS

The AIHW provides appropriate indemnity for Board members.

## COMPLAINTS AND DISPUTE RESOLUTION

Complaints, including complaints about decisions of the Ethics Committee, are to be referred to the Secretary to the Board in the first instance. The Director will advise the Chair on effort to resolve the complaint by mediation. If the complaint cannot be resolved in this way, the Chair may decide on an appropriate mediator to determine the complaint or dispute. The Chair shall advise the Board of any such actions, and the outcome. Disputes remaining unresolved after such a process will be referred to the Board for resolution.

## 8. Board committees

### ETHICS COMMITTEE

The AIHW Ethics Committee is established under the AIHW Act and has the power to release identifiable data for research purposes. The AIHW is keen to fulfil its function to assist research and analysis of the data which it collects. It recognises that an unduly restrictive data release policy is contrary to the public interest. In recognising these issues the Institute is also aware of its legislative responsibility to protect the confidentiality of the information it receives, to respect the privacy and sensitivity of those to whom it relates, to maintain high-level data security procedures and, where appropriate, to incorporate the requirements of its information providers in those procedures.

The Committee considers the ethical acceptability of proposed applications and advises the Institute as to whether projects satisfy the criteria developed by the Committee. Through the Committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Committee provides a yearly report of its operation to both the Institute for inclusion in the Annual Report and also to the NHMRC for its reporting purposes.

The outcomes of meetings are reported to Board meetings by way of a written summary. At least once a year the Ethics Committee Chair is invited to a Board meeting to discuss issues related to the work of the Committee.

Committee membership is prescribed by legislation and is consistent with the guidelines established by the NHMRC for Human Research Ethics Committees.

Members of the Committee are appointed by the Board for a period of three years.

### AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee is established to:

- ensure the Internal Auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs
- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the Institute's financial position and review quarterly financial reports in a form specified by the Committee
- ensure the timely tabling of the Annual Report before the Board
- report to the Board on any matters arising from either the Internal Audit or the External Audit functions that it is considered necessary that the Board be informed about

- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board
- meet with the external auditor annually
- advise the Board on delegations and performance
- oversees the risk management strategy and advises the Board accordingly.

Membership comprises the Institute Chair and three non-executive members of the Board, one of whom is appointed as Chair of this Committee. Members are appointed for a term fixed by the Board, but for a period of not more than three years.

The Institute's Director and relevant staff attend meetings by invitation.

Although the Committee is only required to report to the Board on its activities every six months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on the financial and budgetary issues before it considers each quarterly financial report.

### **REMUNERATION COMMITTEE**

The Remuneration Committee advises the Board on the remuneration of the Director.

The Remuneration Committee provides performance feedback to the AIHW Director and considers an annual review of remuneration; that is, an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The Committee works within guidelines issued from time to time by the Remuneration Tribunal.

Membership currently comprises the Chairperson, the Chair of the Audit and Finance Committee and one other Board member.



## APPENDIX 14

### ABBREVIATIONS

ACAM	Australian Centre for Asthma Monitoring
AGPSCC	Australian General Practice Statistics and Classification Centre
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AIHW Act	<i>Australian Institute of Health and Welfare Act 1987</i>
APS	Australian Public Service
ARCPOH	Australian Research Centre for Population Oral Health
ART	assisted reproductive technology
BEACH	Bettering the Evaluation and Care of Health
CAC Act	<i>Commonwealth Authorities and Companies Act 1997</i>
CSHA	Commonwealth–State Housing Agreement
CSMAC	Community Services Ministers' Advisory Council
CSTDA	Commonwealth–State/Territory Disability Agreement
DSRU	Dental Statistics and Research Unit
GP	general practitioner
HDSC	Health Data Standards Committee
HMAC	Housing Ministers' Advisory Council
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICF	International Classification of Functioning, Disability and Health
ISO	International Standards Organization
MoU	Memorandum of Understanding
NCHECR	National Centre in HIV/AIDS Epidemiology and Clinical Research
NCIRS	National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
NCSIMG	National Community Services Information Management Group
NEHTA	National E-Health Transition Authority

NHDA	National Housing Data Agreement
NHDAMG	National Housing Data Agreement Management Group
NHDDC	National Housing Data Development Committee
NHIG	National Health Information Group
NHMRC	National Health and Medical Research Council
NIHIC	National Indigenous Housing Information Implementation Committee
NISU	National Injury Surveillance Unit
NMDS	national minimum data set
NPHIWG	National Public Health Information Working Group
NPSU	National Perinatal Statistics Unit
OECD	Organisation for Economic Co-operation and Development
OH&S	occupational health and safety
OOS	occupational overuse syndrome
PBS	Pharmaceutical Benefits Scheme
PDF	Portable Document Format
PHIDU	Public Health Information Development Unit
PRWG	Policy and Research Working Group
RTF	Rich Text Format
SAAP	Supported Accommodation Assistance Program
SAND	Supplementary Analysis of Nominated Data
SCIH	Standing Committee on Indigenous Housing
SIMC	Statistical Information Management Committee
Wonca	World Organization of Family Doctors

