

AIHW CAT. NO. AUS 28

**AUSTRALIAN INSTITUTE OF
HEALTH AND WELFARE**

Annual report 2001–02

© Australian Institute of Health and Welfare 2002

Commonwealth legislation herein is reproduced by permission, but does not purport to be the official or authorised version.

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Media and Publishing, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

ISSN 1321-4985

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

The AIHW is located at
6A Traeger Court
Fern Hill Park
Bruce ACT 2617

The Australian Institute of Health and Welfare's web site can be found at www.aihw.gov.au

Information Officer: Margaret Fisher
Telephone: (02) 6244 1033
Facsimile: (02) 6244 1111

Published by the Australian Institute of Health and welfare

Typeset by Di Walker Design, Canberra

Cover art by Kate Barry, based on the covers of *Australia's Health 2002* and *Australia's Welfare 2001*

Printed by National Capital Printing

Senator the Hon. Kay Patterson
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

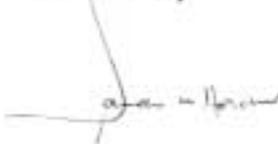
Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 2002.

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 3 October 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



Dr Sandra Hacker
Chairperson of the Board

3 October 2002

For health and welfare
statistics and information

5A Traragon Court
Fern Hill Park
Bruce ACT
GPO Box 570
Canberra ACT 2601

Phone 02 6244 1000
Fax 02 6244 1299
<http://www.aihw.gov.au>

MISSION

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

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

Values

We are committed to the following values:

Objectivity

- ▶ Being objective, impartial and open in our methods, analysis and presentation.

Independence

- ▶ Ensuring that our work always accords with our mission.

Quality

- ▶ Following high statistical and ethical standards in all our work.

Respect

- ▶ Ensuring the confidentiality of information provided to us.
- ▶ Respecting the privacy and sensitivity of individuals and groups.
- ▶ Recognising the efforts and expertise of our partners and data providers.

Accessibility

- ▶ Making our work accessible to all Australians in a timely manner.

Client focus

- ▶ Learning the varied needs and views of our clients to ensure the relevance of our work.

People

- ▶ Respecting and promoting the creativity, expertise and wellbeing of those we work with.

CONTENTS

Mission	iv
Highlights from the AIHW Chair	vi
Chapter 1: Organisation of the Australian Institute of Health and Welfare	1
Chapter 2: Reporting framework	13
Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act	18
Output Group 2: National leadership in health-related and welfare-related information and statistics	21
Output Group 3: Collection and production of health-related and welfare-related information and statistics to governments, non-government and community organisations	31
Appendix 1: Financial statements	47
Appendix 2: Legislation	77
Appendix 3: Board members	101
Appendix 4: Audit and Finance Committee members	103
Appendix 5: Freedom of information	105
Appendix 6: Staffing	109
Appendix 7: Unit Heads	111
Appendix 8: Publications 2001–02	115
Appendix 9: Participation in national committees as an information specialist	125
Appendix 10: National infrastructure projects	131
Appendix 11: Activities funded by outside bodies for 2001–02 financial year	135
Appendix 12: Abbreviations	141

HIGHLIGHTS FROM THE AIHW CHAIR

Apart from production of its Annual Report to Parliament, the Australian Institute of Health and Welfare (AIHW) has a legislative requirement under the *Australian Institute of Health and Welfare Act 1987* to produce, every 2 years, two reports:

- ▶ a *health report*, providing statistics and related information concerning the health of the people of Australia and an outline of the development of health-related information and statistics by the AIHW (section 31(3))
- ▶ a *welfare report*, providing statistics and related information concerning the provision of welfare services to the Australian people and an outline of the development of welfare-related information and statistics by the AIHW (section 31(3A)).

The timing of production of the reports is prescribed in the legislation. Thus, during every second reporting year, the AIHW produces editions of both *Australia's Health* and *Australia's Welfare*—2001–02 was such a year.

The reports draw together the vast amount of information produced by the AIHW in the health and welfare sectors, as well as information from other organisations.

Both reports are considered by Ministers, administrators, academics and students, service providers, clients and interested citizens as definitive works in their field. I am personally aware of the use by my colleagues in the health sector of the *Australia's Health* reports, and of their widespread use in the university sector as a valued resource.

Media coverage of the launch of both publications was extensive. It was particularly pleasing that coverage of the reports was intelligent and informative, a tribute both to the reliability of the accuracy of their content, and the excellent work in producing and releasing the reports.

Australia's Welfare 2001

It was my privilege, for the first time as Chair of the AIHW Board, to participate in the launch by Senator Amanda Vanstone, Minister for Family and Community Services, of *Australia's Welfare 2001* on 13 December 2001. It is the fifth biennial report on welfare services by the AIHW. The publication draws together national information and data in the fields of welfare services expenditure, housing assistance, children's services, aged care services and disability services. The 2001 report contained special chapters on de-institutionalisation and measurement frameworks for welfare services.



Minister for Family and Community Services, Senator Amanda Vanstone (third from right), shares a copy of *Australia's Welfare 2001* with AIHW Board Chair Dr Sandra Hacker. Also present (left to right): AIHW staff Ms Ros Madden, Dr Ching Choi, Dr Richard Madden and Dr Diane Gibson.

Australia's Health 2002

Australia's Health 2002 was launched by the Minister for Health and Ageing, the Hon. Kay Patterson, on 27 June 2002. That report provides a comprehensive picture of the health of Australians and the provision of health services. *Australia's Health 2002* is the eighth biennial health report produced by the AIHW. The report provides a wealth of material to allow an informed view of the multitude of pressures acting on Australia's health system, and is a quality base for commentary and policy analysis.



Happy *Australia's Health 2002* chapter coordinators gather around Health Minister Kay Patterson and AIHW Health Division Head Ching Choi. From left: Ching Choi, Paul Magnus, Paul Jelfs, Senator Patterson, Jenny Hargreaves, Mark Cooper-Stanbury and Stan Bennett. (Not pictured: John Harding)

Institute publications

Although production of both *Australia's Health* and *Australia's Welfare* within one reporting year represents a significant effort on the part of AIHW staff, they are by no means the only publications produced. During the reporting period, the AIHW produced 71 publications averaging 95 pages each.

The AIHW puts all its work in the public domain, and is committed to making it accessible to all Australians in a timely manner. Publications are available free of charge on the AIHW web site at www.aihw.gov.au, as well as being available for purchase through AusInfo shops or through the web site. To honour its commitment to meeting the needs of people with a disability, the AIHW makes specific arrangements with individuals who have difficulty accessing the published format.

Timeliness is a constant concern, as most AIHW data is provided by other bodies. I place on record the AIHW's appreciation of the efforts of large numbers of people across the health and welfare system who make AIHW publications possible, often against tight timeframes.

Australian Hospital Statistics 2000–01

Australian Hospital Statistics 2000–01 was released on 28 June, the day following the release of *Australia's Health 2002* and within one year of the reference period. This achievement represents significant effort on the part of staff both from the Hospitals and Mental Health Services Unit as well as from the Data and Information Technology Unit and the Media and Publishing Unit. The cooperation of State and Territory health departments in providing the data promptly is also essential to timely production of this important report. The 2000–01 publication includes data on waiting times and key national performance indicators, transforming the report to a national report on Australia's hospitals, both public and private.

Unmet Disability Needs Study

The Institute's Disability Services Unit was contracted to undertake work within a stringent timeline to provide information for the new Commonwealth-State/Territory Disability Agreement commencing in July 2002.

The final report on the study of the effectiveness of the disability unmet needs funding and remaining shortfall was completed on time and submitted to the National Disability Administrators on 10 May, having begun in December 2001.

The report was released for publication by Disability Ministers on 28 June 2002. It is available, along with all other publications, on the AIHW web site.

Australian Centre for Asthma Monitoring

Asthma has recently loomed large on the national health agenda. Although mortality rates are falling, the prevalence of the disease has been increasing. It is the major reason for hospitalisation among children and imposes a substantial social and economic burden on the community. To increase its capacity to respond to the need for data and analysis in relation to asthma, the AIHW has recently established a new collaborating unit, the Australian Centre for Asthma Monitoring, at the Institute of Respiratory Medicine in Sydney. The Centre will collect and analyse data from a range of nation-wide sources, to give a comprehensive picture of the status of asthma in Australia.

The AIHW in context

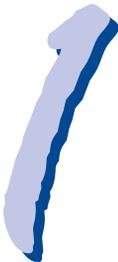
In March 2002, I joined senior AIHW staff in updating our Corporate Plan.

After consultation with present and past Board members, I encouraged the AIHW to display fearless curiosity in its work; to use its skills to do the job well, but to have a demonstrable capacity to be critically aware, and to remember that reciprocity with our many partners is essential. The AIHW must have analytical integrity in everything it does. And it must understand its audience, so that it speaks to the right constituencies at the right time in the right way.

I am confident that the AIHW is performing well, and I am grateful to my fellow Board members, management and all staff and collaborators for their efforts to ensure that Australia has world-class health and welfare information.



Dr Sandra Hacker
Board Chair

A stylized, light blue map of Australia is positioned to the right of the word 'CHAPTER'.

CHAPTER

**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 77).

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

Responsible Minister

Senator the Hon. Dr Kay Patterson, the Minister for Health and Ageing, has been the Minister responsible for the AIHW since 25 November 2001. The Hon. Dr Michael Wooldridge was the responsible Minister for the period 1 July 2001 until 25 November 2001.

The AIHW also communicated with Senator the Hon. Amanda Vanstone, Minister for Family and Community Services, the Hon. Kevin Andrews, Minister for Ageing, and the Hon. Bronwyn Bishop, the previous Minister for Aged Care, on its activities in their areas of responsibility.

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 and timely information and analysis to the Commonwealth, State and Territory governments and non-government clients through the collection, analysis and dissemination of national health, community services and housing assistance data
- 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)
- subject to strict confidentiality provisions contained in the AIHW Act and with the agreement of its Ethics Committee, release data to other bodies or persons for research purposes.

The AIHW publishes and promotes the results of its work.

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 3 years. Details of 2001–02 Board members are listed below. The financial statements contain details of remuneration of Board members (Note 12, page 70), and Related Party Disclosures, Directors of the Institute (Note 13, page 71).

The following is a list of Board members for the period 1 July 2001 to 30 June 2002.

Chair

Dr Sandra Hacker

Representative of consumers of welfare services

Ms Elizabeth Davies

Secretary, Department of Health and Aged Care

Mr Andrew Podger (to 17 January 2002)

Secretary, Department of Health and Ageing

Ms Jane Halton (from 18 January 2002)

Australian Statistician

Mr Dennis Trewin

(represented by Mr Tim Skinner to 11 February 2002)

Australian Health Ministers' Advisory Council nominee

Dr Penny Gregory

Community Services Ministers' Advisory Council nominee

Dr Tom Stubbs

Representative of State and Territory Housing Departments

Ms Linda Apelt

AIHW staff nominee

Ms Lyn Elliott

Director, AIHW

Dr Richard Madden

The Secretary of the Department of Family and Community Services is invited to attend and participate in Board meetings. Dr David Rosalky, as Secretary of the department from 1 July 2001 until the December 2001 Board meeting, was represented at meetings by Ms Kerry Flanagan. Since his appointment as Secretary of the department, Mr Mark Sullivan personally attends Board meetings. The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe AIHW Board and NHMRC Council meetings respectively.

Four Board meetings were held during the period. Details of meetings attended and Board members' qualifications and experience are in Appendix 3 (page 107).

The performance of the AIHW Director, the only full-time member of the Board, is reviewed annually by the Board Chair and two other members. Performance is measured against achievement of Corporate Plan objectives.

BOARD COMMITTEES

Ethics Committee

The functions and the composition of the 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 terms and conditions under which the data were supplied to the AIHW.

Membership and meetings

Membership of the Ethics Committee at 30 June 2002 is shown below. The Ethics Committee meets the National Health and Medical Research Council (NHMRC) requirements for the composition of human research ethics committees.

During the year, the Chair and other committee members attended educational activities associated with the introduction of new guidelines developed by the National Health and Medical Research Council under section 95A of the *Privacy Act 1988*.

Four meetings of the Ethics Committee were held during 2001–02. The committee agreed to the ethical acceptability of 28 projects during the year.

Ethics Committee members 2001–02

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

Mr Andrew Levens (to February 2002)

Ms Val Edyvean (from March 2002)

Minister of religion

Rev. Dr D'Arcy Wood

Legal practitioner
Ms Marina Farnan

Representatives of general community attitudes
Mr David Mulford
Ms Christine Sanger (from 13 December 2001)

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 audit issues.

Membership and meetings

Membership of the Audit and Finance Committee and details of the four meetings held during the year are shown in Appendix 4 (page 103).

The major areas of consideration 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 appropriated \$8.0 million in 2001–02 from the Commonwealth (Appendix 1, page 47). Revenue for externally funded projects from other sources was \$12.1 million. External projects are largely funded through agreements between the AIHW and Commonwealth (the Department of Health and Ageing, the Department of Family and Community Services and the Department of Veterans' Affairs), the Housing Ministers' Advisory Committee, and State 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 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 three division heads, each with a major functional responsibility within the organisation, and an Executive Unit. A chart showing the AIHW's organisational structure is on page 12.

DIVISIONS

The AIHW has three divisions—Health, Welfare, and Economics and Business Services.

COLLABORATING UNITS

Six collaborating units (contracted with the organisations shown below) extend the scope of the AIHW's skills base and enhance the ability of the AIHW to perform its functions.

Aboriginal and Torres Strait Islander Health and Welfare Information Unit (National Centre for Aboriginal and Torres Strait Islander Statistics, Australian Bureau of Statistics, Darwin)

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit undertakes the development, collection and analysis of health and welfare information for Aboriginal and Torres Strait Islander peoples. With the assistance of the Office of Aboriginal and Torres Strait Islander Health in the Department of Health and Ageing, the arrangements with the Australian Bureau of Statistics allow a unified focus on the important areas of Aboriginal and Torres Strait Islander health and welfare information.

Australian Centre for Asthma Monitoring (Institute of Respiratory Medicine, Sydney)

This collaboration started operation in February 2002. The Australian Centre for Asthma Monitoring forms part of the Australian asthma monitoring system, which was established as a component of the National Health Priority Area plan for asthma.

Dental Statistics and Research Unit (University of Adelaide)

The Dental Statistics and Research Unit aims to improve oral health of Australians through the collection, analysis and reporting of the oral health and access to dental care of Australians, the practice of dentistry in Australia and the dental labour force.

General Practice Statistics and Classification Unit (University of Sydney)

The General Practice Statistics and Classification Unit operates within the University of Sydney's Family Medicine Research Centre. It conducts a continuous national survey of general practice activity and maintains and develops the classifications needed for this purpose.

National Injury Surveillance Unit (Flinders University)

The National Injury Surveillance Unit operates as part of the Research Centre for Injury Studies at the Flinders University of South Australia. The Unit undertakes public health surveillance of injury at the national level to support injury prevention and control.

National Perinatal Statistics Unit (University of New South Wales)

The National Perinatal Statistics Unit contributes to the health and wellbeing of mothers and babies in Australia through the collection, analysis and reporting of national reproductive and perinatal health information. The Unit collaborates with State and Territory perinatal data groups and other professional and consumer groups in developing national reproductive and perinatal health statistics and information systems.

COLLABORATIVE ARRANGEMENTS

The AIHW has established agreements with a number of other organisations to facilitate collaboration. These include the National Centre for Classification in Health in relation to the Cause of Death classification, and the National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases.

AIHW STAFF

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 2001–02 are shown in Appendix 6 on page 109. Executive staff as at 30 June 2002 are listed below. Information about Heads of functional Units is included in Appendix 7 (page 111).

Director

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

Health Division Head

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

Welfare Division Head

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

Economics and Business Services Division Head

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

Establishment and maintenance of ethical standards

The core values of the AIHW are:

- ▶ Objectivity
- ▶ Independence
- ▶ Quality
- ▶ Respect
- ▶ Accessibility
- ▶ Client focus
- ▶ People

An explanation of the way those values guide the operations of the AIHW are set out in the opening pages of this Annual Report.

The *AIHW Corporate Plan 1999–2002* was developed in the context of the AIHW's core values. In turn, those values shape the Business Plan which flows from the Corporate Plan, and the annual Work Program. A new Corporate Plan was under development at 30 June 2002.

Staff are required to sign an Undertaking of Confidentiality. Work practices, which are the subject of audit scrutiny, are designed to ensure the confidentiality of data collected under the AIHW Act.

A major focus of the AIHW's Induction Program is a discussion, led by the Director, of the values and ethical standards under which the AIHW operates.

Risk management strategies

The Board has identified maintaining the security of AIHW data as a key strategy to minimising 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, Guidelines for Custody of AIHW Data*, and *The AIHW Ethics Committee Guidelines for the Preparation of Submissions for Ethical Clearance*.

A significant feature of the AIHW audit program is to identify threats to data security and to recommend strategies for managing such risk. To that end, the 2001–02 audit program included audits of the National Death Index and Database Administration Procedures. An audit of the National Cancer Statistics Clearing House planned to start in mid-June 2002 did not begin during the reporting period. It has been rescheduled for August 2002.

The major purpose of these audits was to assess compliance with security and confidentiality requirements and undertakings, and to assess procedures that affect data quality.

The auditors made a number of recommendations for improved practices and procedures, particularly in relation to documentation, but overall commented very favourably on the generally high standards maintained by the AIHW. Further data audits will be undertaken in 2002–03.

Commonwealth Disability Strategy

The core business role of the AIHW in terms of the Commonwealth Disability Strategy is as an employer. To that end, the AIHW has implemented the following strategies.

EMPLOYMENT POLICIES, PROCEDURES AND PRACTICES

The AIHW has a range of employment policies and procedures which take into account the requirements of the Commonwealth Disability Strategy. These policy and procedural documents are available to all staff on the AIHW intranet. Work practices are in accordance with those policies and procedures.

RECRUITMENT PRACTICES

Accessibility of recruitment information

Vacancies are advertised in the *Gazette* and on the AIHW web site, which gives maximum access to people with disabilities. E-mails on accessibility matters are responded to promptly. The AIHW is committed to workplace diversity and equal employment and opportunity.

E-mailed applications are accepted.

Application of the principle of 'reasonable adjustment'

Recruitment and selection guidelines spell out that:

- ▶ the aim of recruitment is to select the best person for the job and to minimise the cost and time involved while meeting all legislative requirements
- ▶ the skills and abilities required for the job form the basis of selection
- ▶ all selection decisions are to be free of patronage, favouritism or discrimination
- ▶ as an equal opportunity employer which values and promotes workplace diversity, the AIHW encourages managers and selection advisory committees to embrace attitudes and adopt practices to support members of designated groups applying for, securing and maintaining employment.

TRAINING AND DEVELOPMENT ACTIVITIES

Staff training and development programs are accessible to all staff.

- ▶ The AIHW arranged for a seminar for its staff conducted by staff of the Office of Disability on the Commonwealth Disability Strategy.
- ▶ Training programs delivered for the AIHW are selected on the basis of inclusion of relevant information on disability issues.

GRIEVANCE MECHANISM

- ▶ Staff are encouraged to discuss grievances, in the first instances, with their manager.
- ▶ The Institute has appointed Workplace Harassment Officers to assist staff.
- ▶ The Institute provides access to an external counselling/grievance agency. Details of this arrangement are available to all staff via the AIHW intranet.

ACCESSIBILITY OF AIHW WORK

All AIHW publications, as well as a series of multidimensional data 'cubes', including a cube on disability services, which allow users to produce customised tables or graphs on statistics, are available free of charge on the AIHW web site: www.aihw.gov.au.

The large number of statistical tables in AIHW publications make them extremely difficult to render in universally accessible formats. In recognition of this, the AIHW invites web site visitors having difficulty accessing information to contact it directly for individual assistance.

Occupational health and safety strategies

Safe working practices are covered by the AIHW Occupational Health and Safety Agreement, which was signed in 1998. The Agreement recognises the AIHW's legal responsibility to provide a healthy and safe workplace and work practices for staff. The Agreement is accessible to staff via the AIHW intranet, which provides advice to staff on a range of occupational health and safety issues.

The Occupational Health and Safety Committee met four times during the year. Health and Safety representatives selected in 2001 undertook 5 days' training provided by Workwatch.

Measures taken during the year to ensure the health, safety and welfare at work of employees and contractors included:

- ▶ the provision of training in occupational health and safety work practices and management of occupational health and safety risks
- ▶ the provision of training in firefighting and emergency evacuation procedures for fire wardens, and first aid training for staff with those responsibilities
- ▶ the conduct by professional occupational therapists of individual workstation assessments for many staff
- ▶ the conduct of regular workplace inspections by Health and Safety representatives and Office Services staff, and repairs and maintenance as required.

There were no accidents or dangerous occurrences that required the giving of notice under s. 68 of the *Occupational Health and Safety Act 1991*.

The AIHW was not subject to any investigations during the year, and no directions were given under s. 45 or notices given under ss. 29, 46 or 47 of the *Occupational Health and Safety Act 1991*.

Environmental performance and contribution to ecologically sustainable development

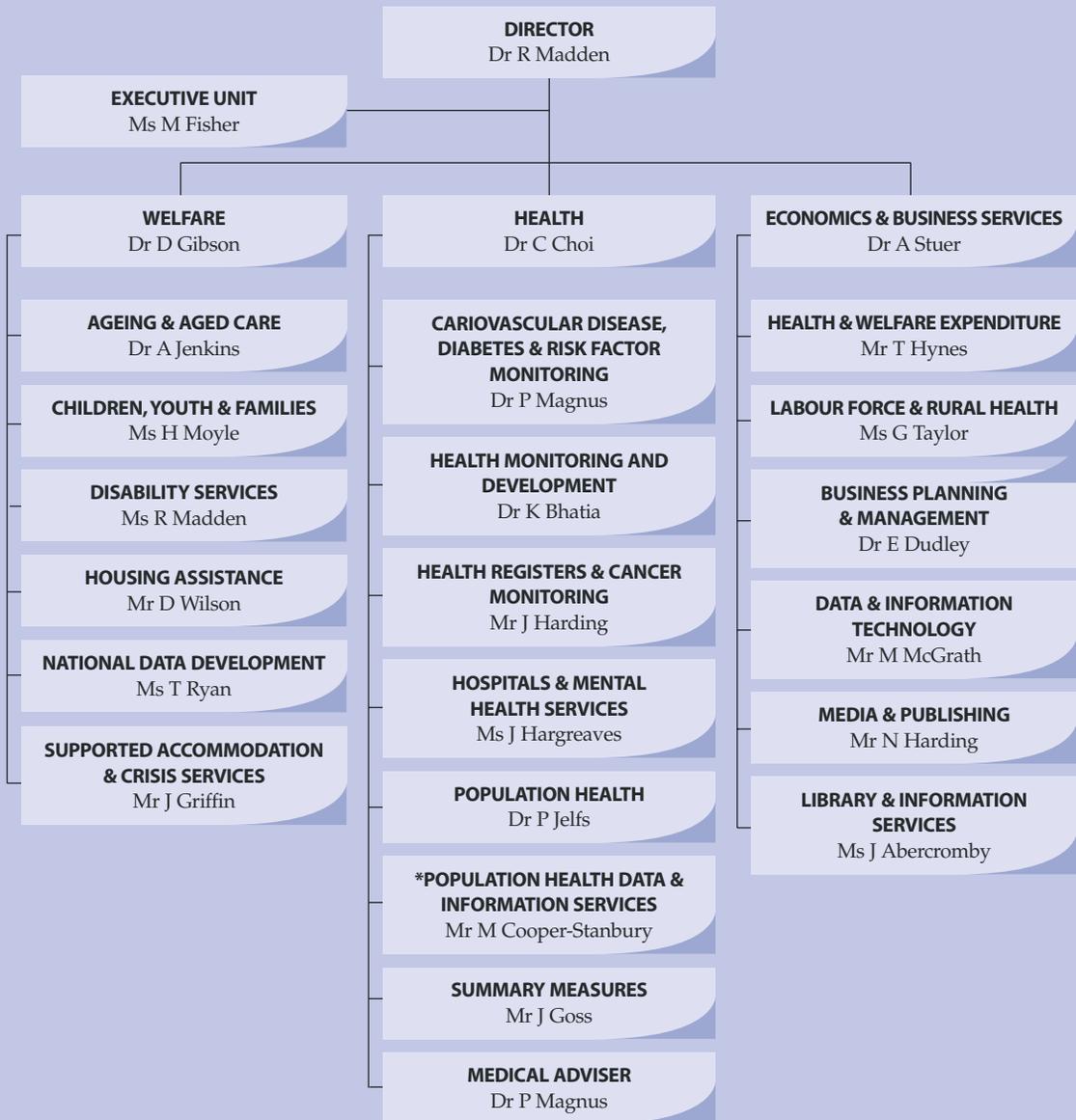
The functions of the AIHW are such that none of its activities are relevant to ecologically sustainable development in terms of the principles identified in the *Environment Protection and Biodiversity Conservation Act 1999*.

However, in accordance with the AIHW's broad commitment to following high ethical standards which include ecologically sustainable development, the AIHW has in place a number of practical measures to reduce the environmental impacts of its day-to-day operations.

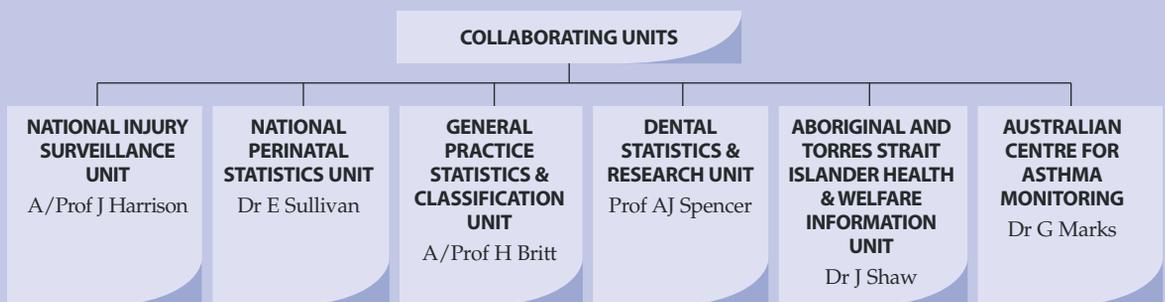
- ▶ A major role of the AIHW in meeting the requirements of Output Group 2 (national leadership in health-related and welfare-related information and statistics) under its budget appropriation is to support major national information committees. The AIHW reduces its consumption of paper by making available agenda papers on a password-protected page on its web site to committee members.

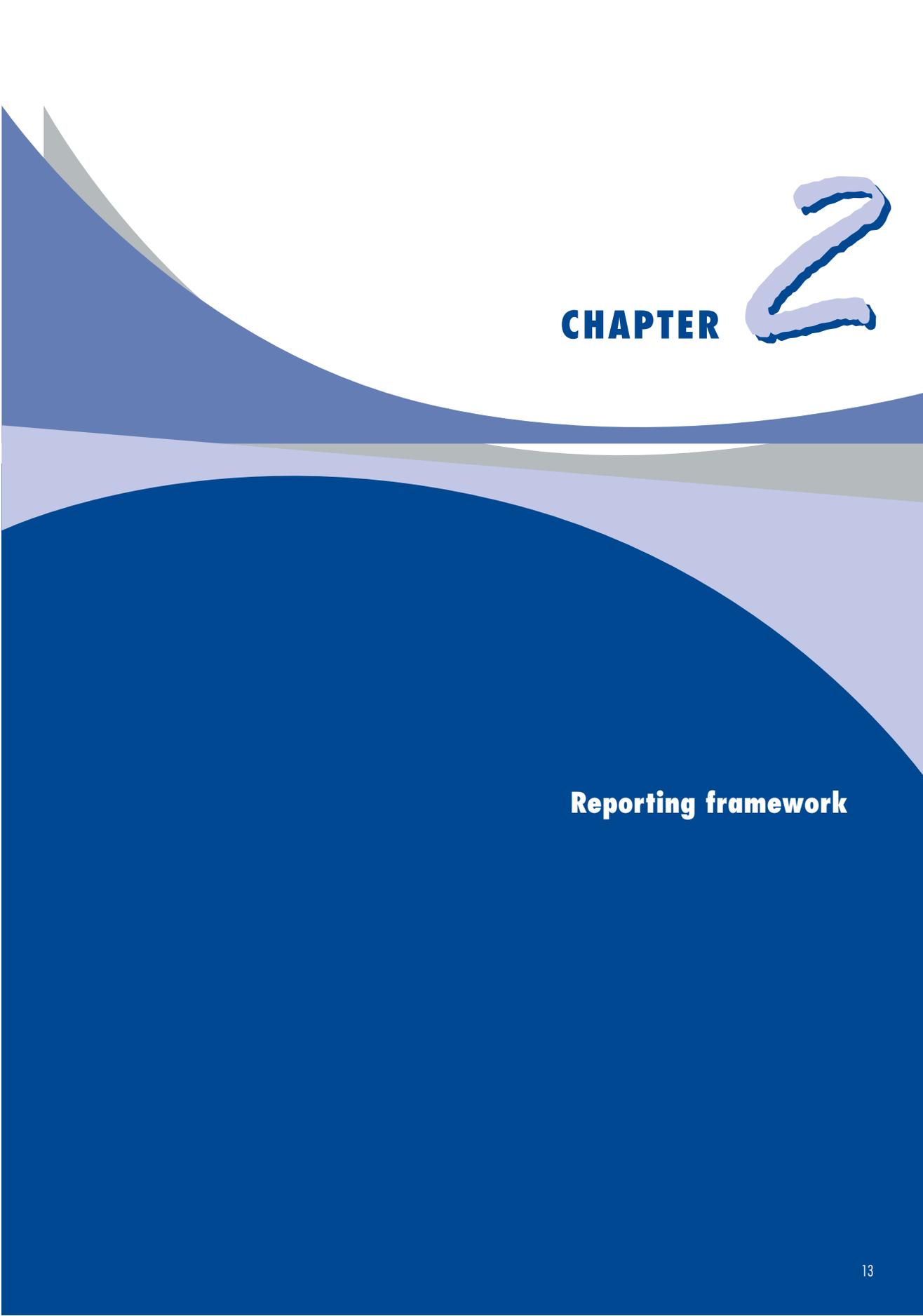
- ▶ The AIHW-engaged contractor supplies both secure and non-secure recycling bins located in various parts of the building. Staff are encouraged to recycle waste paper; the bins are emptied regularly.
- ▶ Signs located around the building remind staff and contracted cleaners to turn out lights and to close the blinds to minimise heat loss when they finish work.
- ▶ The building's airconditioning system is closed down on weekends and during the Christmas close-down period.
- ▶ Areas of the building not used on a daily basis have a separate airconditioning system which is used only when needed.

Organisational structure



* Outposted to the Population Health Division, Department of Health and Ageing.





CHAPTER 2

Reporting framework

Background

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

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

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

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

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

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

The AIHW work program

The annual work program is endorsed by the AIHW Board. In addition to its internally funded work program, the AIHW provides services on a cost-recovery basis to a variety of government and non-government clients. This includes work on a number of nationally important ongoing data sets such as housing, the Supported Accommodation Assistance Program, mental health services, cancer screening, physical activity monitoring, and child and youth health.

The work program for 2001–02 puts into operation the goals and describes the outputs that are delivered to meet the objectives of the AIHW Corporate Plan 1999–2002 and the Business Plan 2001–2004.

The AIHW earns more than half its income through contracted services provided on a cost-recovery basis to a variety of government and non-government clients. The Board agreed to maintain the relativity of appropriation funding committed to projects in the Health and Ageing and in the Family and Community Services portfolios 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 under appropriation and through external contracts is considered as contributing to the same broad outcomes. Accordingly, this report on performance makes no distinction between work that is funded through appropriation and that which is funded from external sources.

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

Business and people strategies

The AIHW continues to experience strong growth in its business. Contract income for 2001–02 was \$12.1 million, an increase of 15.4%. This followed an increase of \$1.3 million or 13.9% for the previous year.

Contract work with Commonwealth agencies is generally undertaken under Memoranda of Understanding (MOU). The MOU with the Department of Health and Ageing continues to operate to the satisfaction of the AIHW and the department. An MOU with the Department of Family and Community Services was finalised during the year and a new MOU with the Department of Veterans' Affairs is close to completion. Much of this work supports Commonwealth–State agreements.

The effective management of AIHW business underlies its sound financial performance. The AIHW is committed to operating under ethical business principles consistent with its mission. It has transparent pricing arrangements designed to recover the costs of external project work undertaken with client departments. It also tenders for project work with other organisations if the work is consistent with its core mission and values.

During the year, the Board endorsed the recommendations of a review it had commissioned of the National Perinatal Statistics Unit, the Dental Statistics and Research Unit, the National Injury Surveillance Unit and the Cardiovascular Disease Monitoring Unit (located within the AIHW). The recommendations covered measures to strengthen the focus of each Unit on performance and to improve resourcing and coordination arrangements.

A number of initiatives during 2001–02 have strengthened the AIHW performance in ensuring the confidentiality and security of data. This is critical to the business success of the AIHW. New photo identification passes and more rigorous sign-in arrangements for visitors were introduced.

In addition, the rolling program of internal audits undertaken under the broad direction of the Audit and Finance Committee of the AIHW Board has been augmented by a program of audits dealing specifically with the management of AIHW data. Further details of the audit program are included in the section 'Risk management strategies' in Chapter 1, page 8.

The business of the AIHW depends to a large extent on the quality and the commitment of its people. A new Certified Agreement to cover the period 2002–05 was negotiated. It provides for guaranteed pay rises of 4.5% and 4% in the first 2 years and a pay rise for the third year which depends on the performance of the business through the application of a formula.

The new Certified Agreement reinforces the approach of the AIHW to have family-friendly working conditions. The benefits available under the *Maternity Leave (Commonwealth Employees) Act 1973* have been extended to adopting parents. Paid paternity leave of 1 week also has been introduced.

The introduction of a formula linking growth in business to the amount of the third year salary increase is evidence of the confidence that management and staff have in the future of the business. There is a shared commitment to more effective working arrangements through improving performance communication arrangements and a focus on strengthening work responsibilities at the different classification levels (particularly the Executive Level 1 classification).

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

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

The Committee met twice during the year.

The contract with Spherion to manage personnel and payroll processing is operating successfully. Through this contract, the AIHW has improved access to information relating to staff to enable it to engage in workforce planning. A workforce planning report was produced in February 2002 and will be updated twice a year. Pursuant to an objective in the 2001–04 Business Plan, the AIHW has been successful in increasing the proportion of its staff who are ongoing from 60% at 30 June 2000 to 72% at 30 June 2001 and 76% at 30 June 2002.

The implementation of the Training and Development Strategic Plan continued during the year. Project management training, which was customised to respond to AIHW business needs, was provided to project staff. A new statistical training consultancy arrangement was also introduced. Workshops are conducted to cover broad areas of statistical techniques and methodology relevant to AIHW project work. In addition, staff can receive statistical advice from the consultants on a one-on-one basis.

Information and communication strategies

The AIHW web site (www.aihw.gov.au) continues to attract a steady stream of visitors — currently averaging about 1,700 per day, which is an increase of about 700 over the same period last year. There are now 26 subject portals on the web site.

The web site also includes 12 multidimensional data ‘cubes’, which allow users to produce customised tables or graphs on statistics related to cancer, disability services, hospital diagnoses and general practice activity.

Staff were given secure direct access to the Internet last financial year. Following on from this development, the AIHW Collaborating Units were given access to the AIHW network by means of secure virtual private network (VPN) connections. Once again Defence Signals Directorate standards have been followed to ensure that these connections are secure. The ability to connect to the AIHW network provides Collaborating Units, where appropriate, with improved access to data and other information resources available in the AIHW.

During the year the AIHW published 71 reports and issued 48 media releases.

In response to both internal and external demands for short publications on topics of high interest, a new 'AIHW Bulletin' series of publications was introduced. The bulletins aim to get 'data to market' quickly and professionally in a highly readable, attractive and short format.

Reports according to Portfolio Budget Statement

Although the AIHW Review of Operations for 2001–02 reports according to output groups in the Department of Health and Ageing Portfolio Budget Statement, the significant proportion of the AIHW work program which supports the objectives of the Family and Community Services portfolio is included to present a comprehensive record of the AIHW's contribution to the health and welfare of Australians.

The output groups within Outcome 9 of the Department of Health and Ageing 2001–02 Portfolio Budget Statement according to which the AIHW reports are listed below. The groups are sufficiently broad to enable reporting on contributions made to the Family and Community Services portfolio.

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

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

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

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

Specific services include:

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

Contribution to Portfolio Outcome 9

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

- ▶ They are flagship publications that offer a comprehensive picture across the scope of national health, housing and community services information.
- ▶ They draw together the vast amount of information produced by the AIHW and other organisations about health, housing and community services in Australia.
- ▶ They can be used to provide an evidence base for policy development.
- ▶ They provide summary descriptive information and specifics on the health, housing and community services information available, and identify information gaps.
- ▶ They provide references to areas where further detail is available.
- ▶ They provide consistent data over time in summary tables.

Background

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

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

Parliament is an important audience for *Australia's Health* and *Australia's Welfare*, but they are also widely used by Commonwealth, State and Territory officials and the community for policy debate and development.

Australia's Welfare 2001

Australia's Welfare 2001 was tabled on 13 December 2001 and was launched on the same date by Senator Amanda Vanstone, Minister for Family and Community Services.

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

Australia's Health 2002

Australia's Health 2002 was tabled on 27 June 2002. Senator the Hon. Kay Patterson, Minister for Health and Ageing, launched the publication on the same day, referring to it as 'our 2-yearly health report card'.

Australia's Health 2002 provides information on a range of important health issues. The introductory chapter contains a slightly modified conceptual framework for health that serves to organise the report. Other chapters cover health of Australians, determinants of health, population health, health resources and services, and health monitoring and data development.

Performance measures

LEVEL OF SATISFACTION OF THE MINISTER AND PARLIAMENT WITH THE RELEVANCE, QUALITY AND TIMELINESS OF SERVICES PROVIDED

Senator Vanstone, in launching *Australia's Welfare 2001*, stated that there were many myths surrounding family and community services, but that *Australia's Welfare 2001* was a useful resource for helping to debunk myths. Senator Vanstone expressed confidence that documents such as *Australia's Welfare 2001* would help give the welfare debate in Australia the complexity it deserves.

Senator the Hon. Patterson, in launching *Australia's Health 2002*, commented: 'The statistics are vital for everything from supporting policy debates, planning future health interventions, evaluating our investment in health care—even allocating funding to the States and Territories. They form a significant and eagerly awaited resource for everyone with a professional interest in health and ageing issues in Australia.'

SUBMISSION OF THE 2000–01 AIHW ANNUAL REPORT BY 30 SEPTEMBER 2001

The 2000–01 AIHW Annual Report was submitted within the specified time frame.

AUSTRALIA'S WELFARE 2001 AND AUSTRALIA'S HEALTH 2002 PREPARED

Australia's Welfare 2001 and *Australia's Health 2002* were tabled within the specified time frames.

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

The AIHW takes a national leadership role in relation to:

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

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

NATIONAL DATA DICTIONARIES

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

Now at Version 11, the *National Health Data Dictionary* continues to be the authoritative source of national standard definitions for the health sector. It contains definitions of data elements for 12 national minimum data sets collections in the health sector as well as a range of nationally endorsed data standards for use in other types of health-related data collections.

The *National Community Services Data Dictionary* (Version 2) provides a more comprehensive and detailed source of national data standards in community services than was previously available. The dictionary is increasingly recognised as a key document by those developing new community services data sets.

The first *National Housing Assistance Data Dictionary* (Version 1) was released in September 2001 under the auspice of the National Housing Data Agreement. This data dictionary has served as the authoritative source of data definitions and standards in the Commonwealth–State Housing Agreement data collections and in the National Housing Data Repository managed by the AIHW.

NATIONAL DATA INFRASTRUCTURE PROJECTS

The AIHW undertook several additional data infrastructure projects of relevance and benefit across the spectrum of health and welfare information and statistics.

A publication describing the purpose, scope, development process and application of Version 2 of the National Health Information Model was prepared under the auspices of the National Health Information Management Group.

Version 2.0 of the National Classifications of Community Services has been completed and endorsed by the National Community Services Information Management Group for submission to the Community Services Ministers' Advisory Council (CSMAC) for approval. The service activity and service delivery setting classifications in the previous version of the classifications were widely used by the Australian Bureau of Statistics in the national community services industry survey, and by government and non-government organisations for administration and reporting purposes. However, feedback from users indicated that the target group classification in version 1.0 was not as useful. Consequently, the second version of the classifications focuses on service activities and service delivery settings with the recommendation that the definitions included in the national data dictionaries be used in identifying target groups.

Improvements have continued to be made to the content and functionality of the Knowledgebase (the AIHW's electronic registry for data standards). The AIHW, with support from the HealthConnect initiative, has begun to redevelop the Knowledgebase to more effectively meet future requirements. In particular, the Knowledgebase will incorporate an expanded role for the *National Health Data Dictionary* as the source of data definitions for electronic health records.

NATIONAL MINIMUM DATA SETS AND OTHER DATA DEVELOPMENT PROJECTS

A national minimum data set (NMDS) is a core set of data elements endorsed for collection and reporting at a national level. In the case of health information, NMDSs are agreed by the National Health Information Management Group for mandatory collection and reporting. In the community services sector, agreement to collect and report NMDSs is reached within Commonwealth–State structures relevant to specific programs or policy areas. As signatories to the National Community Services Information Agreement, the government authorities responsible for community services at State/Territory and Commonwealth levels are committed to using national data standards endorsed through the National Community

Services Information Management Group. The National Housing Data Agreement Management Group and the National Indigenous Housing Information Implementation Committee endorse national housing data standards in reporting mainstream and Indigenous housing assistance.

A list of NMDS projects for the year is in Appendix 10, page 131.

HEALTH CLASSIFICATIONS

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

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

The AIHW is now working with a new advisory group on International Classification of Functioning, Disability and Health (ICF) implementation in Australia, including the preparation of a user guide which will promote national quality and consistency in disability-related data collection in a wide range of applications.

The AIHW has provided advice and technical support to the Department of Health and Ageing in its preparations to conduct an Australian adaptation of a WHO health survey in Australia.

AIHW work on international classifications is supported by the Expert Group on Health Classifications which acts as a point of reference for harmonising existing and ongoing work on classifications. The Expert Group has received funding under the *HealthConnect* initiative to:

- identify and report on the scope of the family of classifications needed to support necessary national health and health-related data collections in Australia, and the details of the proposed mechanism to choose classifications for inclusion in that family
- provide an account of the issues and relationships between classifications, including any quality issues, gaps or overlaps
- identify and document additional classifications necessary for Australia (and essential further developments of existing classifications) and any work under way or planned to fill these gaps
- recommend and communicate development and approval arrangements necessary for classifications to be used in national health and health-related collections in Australia, including future editions of the International Classification of Diseases, Version 10, Australian Modification (ICD-10-AM).

Participation in developing and maintaining classifications for injury surveillance focused on the External Causes chapter of ICD-10-AM and the new International Classification of External Causes of Injury (ICECI).

The AIHW participated in providing advice to the National Centre for Classification in Health on the ongoing maintenance of ICD-10-AM.

NATIONAL PERFORMANCE INDICATORS

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

- ▶ National Health Performance Framework indicators
- ▶ public health system performance indicators through representation on the Public Health Performance Project reference group
- ▶ ISO Health Indicators Framework
- ▶ performance indicator information in *Australian Hospital Statistics* using the National Health Performance Framework.
- ▶ child protection and out-of-home care services
- ▶ juvenile justice system
- ▶ Aged Care Assessment Program
- ▶ Community Aged Care Package program
- ▶ Day Therapy Centre program
- ▶ palliative care
- ▶ Commonwealth–State Housing Agreement performance indicators for public housing, community housing, Aboriginal Rental Housing Program, Home Purchase Assistance
- ▶ development of Commonwealth–State Housing Agreement performance indicators and national reporting requirements for Indigenous housing.

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

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

The **National Health Information Agreement** (NHIA) is designed to ensure nationally important health information is collected, compiled and interpreted correctly and efficiently. This requires agreed:

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

The National Health Information Management Group (NHIMG), a subgroup of the Australian Health Ministers' Advisory Council, directs the implementation of the NHIA. The AIHW's Director is Deputy Chair of the Management Group for which the AIHW provides the secretariat.

During the year, NHIMG, with the support of the AIHW, undertook the following projects which were funded by the Australian Health Ministers' Advisory Council:

- Indigenous identification in hospital separations data—monitoring completeness and coverage
- 2000 summary of the jurisdiction reports against Aboriginal and Torres Strait Islander health performance indicators
- support for the National Health Data Committee and preparation of Version 11 of the *National Health Data Dictionary*
- evaluation of the NMDS for Admitted Patient Care
- data development for the elective surgery waiting times national minimum data set.

During the year the AIHW has supported NHIMG by publishing *Minimum Guidelines for Health Registers for Statistical and Research Purposes* and has developed the NHIMG page on the AIHW web site to enable increased access to NHIMG documents (see www.aihw.gov.au/committees/nhimg).

The AIHW, through the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (in collaboration with the Australian Bureau of Statistics), continued the implementation of recommendations of the National Indigenous Health Information Plan, in particular in the area of improving the quality of Indigenous health data in hospital separations records. The unit provides the Secretariat for the **National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data**, which has been established by Australian Health Ministers' Advisory Committee to provide broad strategic advice to the NHIMG on the improvement of the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery, and to draw together the range of existing activities already under way into a coordinated and strategic process.

The AIHW supports the **National Public Health Information Working Group** (NPHIWG) by providing the Secretariat and the joint Chair. The National Public Health Information Development Plan was published by NPHIWG in 1999 to identify the action needed to improve public health information. Of the plan's recommendations, more than half have been completed or implemented as NPHIWG work projects, managed and coordinated by the Working Group's Secretariat. The development of the second National Public Health Information Development Plan is under way to describe future strategies, priorities and direction for Australia's public health information and NPHIWG.

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

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

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

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

- the development and data collection for 2000–01 for the CSHA national performance reporting framework for public and community housing programs and the Aboriginal Rental Housing Program as well as data collections for the three other CSHA areas of Home Purchase Assistance, Private Rental Assistance and the Crisis Accommodation Program
- the use of a national public housing data repository to construct national administrative unit record data on public housing.

National data development work during the year covered:

- expansion of the national housing data repository to contain data on the Aboriginal Rental Housing Program
- development of policy-relevant national data standards across the CSHA areas, and development work for Version 2 of the *National Housing Assistance Data Dictionary*.

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

During the year, NIHIIC, with the support of the AIHW, developed and submitted an Indigenous Housing Information Management Strategy and an Action Plan to the newly formed HMAC Standing Committee on Indigenous Housing. NIHIIC now reports to the Standing Committee and provides information and data support to the Standing Committee in its implementation of Housing Ministers' recent statement on new directions for Indigenous housing entitled *Building a Better Future: Indigenous Housing to 2010*.

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

The NCSIA provides for the establishment of the national infrastructure and decision-making processes needed to integrate and coordinate the development of consistent national community services information. These processes are necessary to improve national community services information and access to quality information by the community, service providers, consumers of services and governments.

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

- ▶ production of Version 2.0 of the *National Classifications of Community Services*
- ▶ report to NCSIMG on *Statistical Data Linkage in Community Services Data Collections*
- ▶ development of a Work Program for the implementation of the National Indigenous Community Services Information Plan.

NCSIMG publications are available on the Management Group's web page at:
<http://www.aihw.gov.au/committees/welfare/ncsimg/index.html>.

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

The AIHW contributed to the development and implementation of the Organisation for Economic Co-operation and Development's (OECD) International Classification for Health Accounts (ICHA). It also contributed to the OECD's health services expenditure database by providing estimates of health expenditure based on the ICHA classifications.

The AIHW also provided OECD with estimates of social security payments and expenditure on welfare services in Australia to update its international social expenditure database.

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.

An evaluation was undertaken of the World Health Organization's Health System Performance Assessment framework as input into the review of this work by the Scientific Peer Review Group. A second workshop on WHO work and International Health Information was held. Particular attention was paid to the measurement of fair financing of health systems as well as an assessment of the way health status is measured. The WHO Performance Assessment framework is now being revised and Australian data are being collected that will fit in with this framework.

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

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

- ▶ Following on from content developments for the 2001 National Drug Strategy Household Survey, the AIHW, in conjunction with the National Drug Research Institute and Turning Point Drug and Alcohol Centre, developed an analysis framework for reporting alcohol consumption compliance with the new National Health and Medical Research Council guidelines on alcohol consumption. The analysis approach also

enables stronger reconciliation of survey-based reports of alcohol use with data on apparent per capita consumption of alcohol.

- ▶ The Institute organised a workshop to discuss issues and priorities in chronic disease surveillance and monitoring. The workshop, hosted jointly with the Commonwealth Department of Health and Ageing, also covered common risk factors.
- ▶ The AIHW contributed to the development of national data on palliative care, including provision of advice to the Department of Health and Ageing and consultants engaged to identify a set of potential performance indicators.
- ▶ The AIHW coordinated the Commonwealth–State development of public health activity categories for use in the capture and estimation of expenditure on public health in Australia. Those categories were used in compiling consistent estimates of expenditure on public health by all jurisdictions during 1998–99 and 1999–00.
- ▶ In conjunction with all major stakeholders in the nursing profession, the AIHW reviewed the nursing labour force minimum data set, redesigned the nursing questionnaire, and re-examined the way the survey is run to resolve delays and inconsistencies in data processing.
- ▶ The General Practice Statistics and Classification Unit developed, for a project funded by the Commonwealth Department of Health and Ageing, a data model and code set for general practice.
- ▶ The AIHW redeveloped and implemented a national training course for Supported Accommodation Assistance Program (SAAP) agencies on the data collection and use of SMART—the SAAP Management and Reporting Tool—including training resources.
- ▶ The AIHW, with the support of the National Disability Administrators, undertook the redevelopment of Version 2 of the Disability Services NMDS, involving not only the redevelopment of data items, but also a substantial improvement in data quality through moving from a ‘snapshot’ point-in-time collection to a full annual collection.
- ▶ The first annual collection using the Alcohol and Other Drug Service NMDS was completed.
- ▶ The juvenile justice data set was developed.
- ▶ Version 2 of the Aged Care Assessment Program MDS was developed.
- ▶ The AIHW, with the support of the Standing Committee for Indigenous Housing and National Indigenous Housing Information Implementation Committee, conducted workshops to develop an Indigenous housing NMDS and measure of Indigenous housing need.
- ▶ Data dictionaries for the Community Aged Care Package program and the Day Therapy Centre program were produced.

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

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

The AIHW is a member of the Australian Health Ministers' Advisory Council Health Privacy Working Group which is developing a draft National Health Privacy Code.

Under the guidance of its Audit and Finance Committee, the AIHW's 2001–02 audit program included an audit of the National Death Index, as well as an audit of Database Administration Procedures. An audit of the National Cancer Statistics Clearing House planned to start in mid-June 2002 did not begin during the reporting period, and has been rescheduled for August 2002.

The major purpose of these audits was to assess compliance with security and confidentiality requirements and undertakings, and to assess procedures that affect data quality.

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

The AIHW also developed draft data access protocols for the Commonwealth–State Housing Agreement national data repository, covering privacy and other ethical issues.

The AIHW web site complies with the guidelines developed by the Office of the Federal Privacy Commissioner for Federal Government.

Participation in national committees as an information specialist

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

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

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

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

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

A list of national committees to which the AIHW belongs is in Appendix 9, page 125.

Submissions and advice to major inquiries

The AIHW prepared a submission to the Senate Employment, Workplace Relations and Education Reference Committee: Inquiry into the Education of Students with Disabilities.

The AIHW made a submission in response to the report of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, *We Can Do It! The Needs of Urban Dwelling Aboriginal and Torres Strait Islander Peoples*.

Aboriginal and Torres Strait Islander Health and Welfare Information Unit also provided a draft for AIHW response to the discussion draft of the National Aboriginal and Torres Strait Islander Health Council's *National Aboriginal and Torres Strait Islander Health Strategy*.

Performance measures

USE OF NATIONAL DATA STANDARDS IN HEALTH, COMMUNITY SERVICES AND HOUSING ASSISTANCE DATA COLLECTIONS

National data standards are widely used in health, community services and housing assistance data collections. The national information management groups for each of these areas endorse the national standards, and have committed their jurisdictions to the use of the national standards.

PUBLICATION OF VERSION 11 OF THE NATIONAL HEALTH DATA DICTIONARY

Version 11 of the *National Health Data Dictionary* was endorsed for publication in the reporting period. The publication process was delayed because of the precedence taken by publication of *Australia's Health 2002* and *Australian Hospital Statistics*. It will be available in printed format and on the AIHW web site early in 2002–03.

COMPLETION OF VERSION 2 OF THE NATIONAL HOUSING ASSISTANCE DATA DICTIONARY

The *National Housing Assistance Data Dictionary* Version 2 will be released in 2002–03 (later than the planned dates). This work was delayed as a result of staff losses due to funding uncertainties.

PREPARATION OF VERSION 3 OF THE NATIONAL COMMUNITY SERVICES DATA DICTIONARY

Work was undertaken during the reporting period on the preparation of Version 3 of the *National Community Services Data Dictionary*.

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

Statistics are collected and produced in relation to:

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

The report of achievements lists outputs for the year of specific Units of the AIHW and its Collaborating Units to demonstrate the AIHW's contribution towards improving the health and wellbeing of Australians.

National data collections and reports

HEALTH INFORMATION AND STATISTICS

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

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

HEALTH REGISTERS AND CANCER MONITORING

Objectives

- ▶ To set standards for and maintain national databases derived from registers of disease incidence for cancer and insulin-treated diabetes.
- ▶ To monitor, investigate and report on cancer incidence, mortality and survival, and population-based cancer screening indicators.
- ▶ To develop and undertake record linkage with health information databases for statistical and research purposes.

Development and maintenance of standards was achieved through secretariat services to the Executive of the Australasian Association of Cancer Registries and the National Diabetes Register Management Committee. Statistical services were provided to the National Advisory Committees to the BreastScreen Australia, cervical cancer and pilot bowel cancer screening programs. National cancer registry data definitions were published for the first time in the *National Health Data Dictionary*.

National reporting requirements were met through AIHW statistical reports on cancer incidence, mortality and survival and the National Diabetes Register, and provision of statistical reports to the national breast and cervical cancer screening programs.

Record linkage was undertaken for statistical and research purposes with the National Death Index and National Cancer Statistics Clearing House for more than 20 health research studies approved by the AIHW Ethics Committee. In-principle agreement was obtained from the State and Territory Registrars of Births, Deaths and Marriages to create a National Birth Index.

CARDIOVASCULAR DISEASE AND DIABETES MONITORING

Objective

- ▶ To set standards and develop and coordinate data to monitor cardiovascular disease and diabetes, risk factors, and outcomes of public health interventions and treatment strategies.

The online National Cardiovascular Diseases Database has been maintained to provide a user-friendly interface for people wishing to access the latest data on cardiovascular disease, its risk factors and treatment.

The AIHW acted as the Australian contact for an international comparative study of the treatment of ischaemic heart disease and stroke conducted by the Organisation for Economic Co-operation and Development.

Several reports were prepared for the Department of Health and Ageing—a history of the development of questions and related data elements for measuring physical activity in Australian adults; an information paper on physical activity and the National Health Priority Areas; and a short report on the relationship between physical activity and socioeconomic factors. Material was also prepared for the department's *Active Australia* web site.

Data for reporting against the National Health Priority Area diabetes indicators were updated. This involved investigation of new data sources for diabetes monitoring, an examination of implications of change in coding from ICD-9 to ICD-10, and analyses of data issues associated with the indicators.

A diabetes portal was prepared for the AIHW web site. It provides information about relevant AIHW publications and organising committees, and links to Australian and international diabetes sites.

POPULATION HEALTH

Objectives

- To develop and provide information on the health of the Australian population, including population structure, disease trends and patterns, risk factors and socioeconomic determinants.
- To monitor the impact of various diseases and conditions on health status, quality of life and resource use.

These objectives were met through a series of outputs including the publication of reports; meeting information requests from other government departments, academic institutions, the media, the health industry and the general public; providing expert advice; participating in committee work; and providing Secretariat and the joint Chair to the National Public Health Information Working Group (NPHIWG).

Information on health and health services in Australia was supplied to the OECD for inclusion in the OECD's health database.

HEALTH MONITORING

Objective

- To monitor and report on the health of Australians by tracking and analysing trends in various diseases, risk factors and health outcomes.

A wide range of information on the health of Australians and emerging trends was put in the public domain. Also, issues and priorities in chronic disease surveillance and monitoring in Australia were more clearly identified.

Through its health monitoring work, AIHW was able to:

- outline trends in the health of Australians over the last 12 to 15 years
- update indicators to report progress in the National Health Priority Areas
- identify issues and priorities in chronic disease surveillance and monitoring
- recommend a framework for environmental health monitoring.

POPULATION HEALTH DATA AND INFORMATION SERVICES (OUTPOSTED TO DEPARTMENT OF HEALTH AND AGEING)

Objectives

- To provide data, information and statistical support services to the Population Health Division of the Department of Health and Ageing.
- To manage the development, conduct, analysis and dissemination of results from the National Drug Strategy Household Survey series.
- To provide secretariat services and project support to the National Computer-Assisted Telephone Interview Health Survey Technical Reference Group.

Data, information and statistical support services were provided to the Population Health Division of the Department of Health and Ageing through, for example, the production of a regular bulletin about health data for staff of the division.

The National Computer-Assisted Telephone Interview Health Survey Technical Reference Group was assisted with the provision of secretariat services for meetings.

The National Drug Strategy Household Survey was managed, and data were collated, analysed and disseminated.

During the year the unit undertook an analysis of the impact of declining tobacco consumption and use of illicit tobacco on tobacco excise revenue, commissioned by the Australian National Audit Office.

HOSPITALS AND MENTAL HEALTH SERVICES

Objectives

- ▶ To develop data relating to hospitals and mental health services.
- ▶ To collate hospitals and mental health services national data sets.
- ▶ To analyse and disseminate national data on public hospitals, admitted patients in public and private hospitals, community mental health establishments and their clients, and public hospital elective surgery waiting times.

Data development work undertaken included the development of a data element for hospital accreditation that has been included in the *National Health Data Dictionary*, revision of data elements for elective surgery waiting times, and work on options for mainstreaming data collected for public mental health services.

The National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection, and the National Community Mental Health Establishments Database were collated in collaboration with the State and Territory data providers. Work was started on the collation of the National Community Mental Health Care Database for its first year.

Data were disseminated through four major statistical reports. Hospital data were also disseminated through the internet interactive data cubes, and to 161 ad hoc data requesters including government agencies, non-government organisations, private enterprises and individuals.

DENTAL STATISTICS AND RESEARCH

Objectives

- ▶ To describe and make available information on oral health status and access to dental services in Australia, paying special attention to school children, young adults, adult recipients of public dental services, and older adults.
- ▶ To maintain national data sets on dental personnel, produce descriptive statistics on the dental labour force, and develop national projections of the dental service supply.

- ▶ To provide information on practice activity of dentists, particularly identifying changes in time devoted to work, productivity and the service mix of patients, and investigate variation between dental personnel in the practice of dentistry.

The Dental Statistics and Research Unit has continued to produce a high-quality and valuable range of published work and has provided helpful expert advice to external requests.

The Unit's labour force data collections have been widened to include all providers of dental services—dentists, dental therapists, hygienists and prosthetists. New emphasis is being given to value-added labour force research, such as the Longitudinal Study of Dentists Practice Activity and the Study of Dental Services and projection of supply and demand as completed for Victoria and being undertaken for New South Wales and Australia.

The momentum developed by the Unit for policy relevant research during the preparation of the AHMAC report *Oral Health of Australians: National Planning for Oral Health Improvement* needs to be maintained. The recent establishment of a National Advisory Committee on Oral Health to oversee the development of a National Oral Health Plan and the NHMRC identification and funding of research into oral health as a strategic research development priority place a new national emphasis on oral health.

INJURY INFORMATION AND STATISTICS

Objectives

- ▶ To report on injury mortality, injury hospitalisation and spinal cord injury.
- ▶ To operate and maintain the Australian Spinal Cord Injury Register.
- ▶ To participate in developing and maintaining classifications for injury surveillance.
- ▶ To undertake and continue injury surveillance data and system investigation and development.
- ▶ To undertake projects for the Injury Prevention and Control Section of the Department of Health and Ageing.

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

Statistical reports were produced on the a range of injury-related topics, including all four of the Priorities for 2001–2003 specified in the National Injury Prevention Plan: falls in older people, falls in children, drowning and near drowning, and poisoning among children. Material on injury was produced for inclusion in *Australia's Health 2002*.

Technical reviews which contribute to the development and maintenance of classifications for injury surveillance and to relevant data system investigation and development were produced.

NATIONAL PERINATAL STATISTICS

Objectives

- ▶ To develop and provide information on the reproductive and perinatal health of the Australian population.
- ▶ To maintain national data sets on maternal and perinatal health, congenital malformations, assisted reproductive technology, and maternal and perinatal mortality.
- ▶ To monitor pregnancy outcomes of mothers and babies.
- ▶ To support the development and refinement of standard terminologies, definitions and classifications for use in perinatal and reproductive health and contribute to the development of nationally consistent data.
- ▶ To develop and coordinate data to monitor maternal and perinatal morbidity and mortality, congenital malformations and assisted reproductive technology.

These objectives were met through a series of outputs including the publication of specific perinatal and reproductive health statistical reports on Australia's mothers and babies, maternal deaths and assisted conception as well as other AIHW reports; meeting information requests from other government departments, academic institutions, the media, the health industry and the general public; providing expert advice; participating in committee work; and providing secretariat services to the Advisory Committee on Maternal Mortality and Morbidity and the Reproductive Health Advisory Committee.

Development and maintenance of data standards was achieved through secretariat services to the National Perinatal Data Development Committee and through the development of new assisted-conception data and a reporting structure in collaboration with the Fertility Society of Australia.

The Unit developed a report on maternal morbidity in Australia, 1994–96, for the National Health and Medical Research Council using hospital inpatients data, and contributed perinatal and reproductive health data to major AIHW reports and Indigenous data to the National Centre for Aboriginal and Torres Strait Islander Statistics.

GENERAL PRACTICE STATISTICS AND CLASSIFICATION

Objectives

- ▶ To collect, make available, analyse and report information about characteristics of patients of general practitioners in Australia and the medical services and pharmaceutical prescriptions provided to such patients.
- ▶ To further develop classification systems for primary care.
- ▶ To develop and test methods for data collection via direct computer entry by the clinician at the time of the encounter.

The first objective of collection analysis and reporting of information from general practice was met through the continued conduct of the BEACH program (Bettering the Evaluation and Care of Health) and the subsequent publication of a number of reports, abstracts and articles.

The second objective, of further development of classification systems for primary care was met by:

- completion of a more precise GP pathology ordering code in the Australian extended vocabulary of terms (ICC-2 PLUS) according to the International Classification of Primary Care (ICPC-2)
- development of a natural language file of the PLUS terms to relate to the International Classification of Primary care
- addition of new terms in response to GP-recorded data in BEACH and to requests for GPs using the system in electronic health records.

The third objective was partially met during 2001. Agreement was reached between the Western Sydney Division of General Practice and the Royal Australian College of General Practitioners to fund the development and testing of an electronic data entry system that would allow GPs to directly enter their own data when participating in the BEACH program. Development and beta testing is expected to be completed early in 2002. A controlled trial will then be conducted in the Western Sydney Divisional area with GPs who have participated in BEACH in previous years, using the paper-based data collection method.

The Unit has also contributed to other AIHW publications either through provision of data, by preparing sections of reports, by advising members of AIHW in undertaking their own analysis of BEACH data, or through reviewing draft work for other AIHW reports.

Welfare information and statistics

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

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

HOUSING ASSISTANCE

Objectives

- To describe the need for, provision and use of housing assistance in Australia, including the determinants and the outcomes.
- To support the development of standard terminologies, definitions and classifications for use in measuring housing assistance and contribute to the development of nationally consistent data.

The objectives were met through the provision of data reports and annual data on housing assistance to the Department of Family and Community Services for use in the annual reporting for the Housing Assistance Act for the six Commonwealth–State Housing Agreement (CSHA) program areas. A national database on the provision of housing assistance was compiled and maintained, and a modelling task involving rent subsidies, which was requested as a matter of urgency by the Housing Ministers' Advisory Council to provide a basis for future national housing policy development, was begun and substantial progress made.

The Unit's reports and other activities were endorsed by the CSHA National Housing Data Agreement Management Group and the National Indigenous Housing Information Implementation Committee (NIHIIC) which operates under the Agreement on National Indigenous Housing Information (ANIHI). Data, statistical information and advice to staff of policy departments, researchers, service providers and the community were also provided.

SUPPORTED ACCOMMODATION AND CRISIS SERVICES

Objectives

- To describe the need for and the provision of supported accommodation and crisis services.
- To develop standard definitions in the area of supported accommodation and crisis services and reporting on data collected.

The objectives were met through publishing reports on the Supported Accommodation Assistance Program (SAAP) which provide information and analysis on the provision and need for supported accommodation and other crisis services, including statistics on newly developed data items for children in SAAP. A national database on the provision of supported accommodation and crisis services was compiled and maintained.

AGEING AND AGED CARE

Objectives

- To describe the need for, supply of and access to both institutional and home-based aged care services in Australia, including their determinants and outcomes.
- To inform community debate and public policy making in the area of ageing and aged care by timely research, analysis and publication.

The objectives were met by the production of the two regular annual publications detailing the supply and use of residential aged care and community aged care packages. Developmental and exploratory work also took place to create national databases using statistical linkage techniques to shape emerging policy issues concerning the interfaces between residential and community care, and hospital and aged care services. Statistical information and advice were provided in a range of formats to staff of policy departments, researchers, service providers and the community, and analyses were disseminated through publications and conference presentations.

DISABILITY SERVICES

Objectives

- To describe the need for, provision and use of disability services in Australia.
- To inform community debate, and support the development of public policy in the area of disability by timely data development, collection, analysis and publication.

The objectives were met by publication of annual data on the provision of disability services and dissemination of analyses through publications and conference presentations. A major study of the effectiveness of unmet needs funding and remaining unmet need in the disability services field, commissioned by National Disability Administrators, was completed and made available to Ministers in June 2002. Statistical information and advice were provided in a range of formats to staff of policy departments, researchers, service providers and the community.

A redeveloped national data collection for the disability services field is ready for commencement in October 2002.

Cross-sector work program

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

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

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

NATIONAL DATA DEVELOPMENT

Objective

- To improve the comparability, policy-relevance and availability of national information on health- and welfare-related statistics.

Work continued on the ongoing development of the Alcohol and Other Drug Treatment Services National Minimum Data Set and the national collection of the first year of data for that NMDS. Data dictionaries and national performance indicators were developed for a range of programs, including ageing and community care (in conjunction with staff from the Department of Health and Ageing) and juvenile justice (in collaboration with the Australasian Juvenile Justice Administrators); also, national minimum data sets and data dictionaries for disability services and childcare preschool services were developed with other AIHW units.

By creating metadata for existing information resources (Office of Hearing Services and the residential aged care databases), management of information in policy departments was improved. In conjunction with the Department of Health and Ageing, State and Territory governments and other stakeholders, work was done to improve national information on palliative care, and to develop a draft set of performance indicator specifications. Several national minimum data sets under development at the AIHW were pilot tested.

CHILDREN, YOUTH AND FAMILIES

Objectives

- ▶ To collate, analyse and publish data on child protection, children on care and protection orders, and children in out-of-home care.
- ▶ To collate and publish data on child care and preschool services.
- ▶ To analyse and publish data on child and youth health and wellbeing.

Objectives were met through completing the annual statistical reports on child protection and adoptions, producing of a report on national indicators of child health and wellbeing and presenting conference papers, including a paper on child care affordability to the Social Policy Research Centre Conference in July 2001.

Statistical information and advice were provided to staff of policy departments, researchers, service providers and the community on child care, child protection, adoptions and child health.

HEALTH AND WELFARE SERVICES EXPENDITURE

Objective

- ▶ To develop consistency and relevance in the estimation and reporting of expenditure on both health and welfare services. This includes developing estimates of expenditure at both the macro (national and State/Territory) level and at the micro level, where emphasis is on particular types of programs/services or target populations.

Regular expenditure bulletins for health and welfare were produced and progress was made towards the development of preliminary estimates of government expenditure on health services in Australia.

HEALTH AND WELFARE LABOUR FORCE

Objectives

- ▶ To support improved health and community service labour force planning by providing trend, national and comparative State data and, where possible, regional data, for the major registrable health professions and workers in the community services industry.
- ▶ To provide technical support to the Australian Medical Workforce Advisory Committee (AMWAC) and the Australian Health Workforce Advisory Committee (AHWAC) in analyses and recommendations to the Australian Health Ministers' Advisory Council (AHMAC) on national health workforce planning.

- ▶ To provide data and/or statistical support for other government agencies as required. Regular reports covering the health and welfare workforce were produced, together with statistical data for the Australian Medical Workforce Advisory Council for a number of workforce projects and for a nursing demand model for Department of Education, Science and Training.

RURAL HEALTH

The AIHW focused on the development of a framework and relevant indicators and a series of reports to describe the health status of rural populations. These reports, prepared under the guidance of the Rural Health Information Advisory Committee (RHIAC), aim to provide a good basis for analyses and advice on issues relating to regional health data.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE INFORMATION

Objectives

- ▶ To collect, analyse and disseminate health and welfare information and statistics relating to Aboriginal and Torres Strait Islander peoples.
- ▶ In collaboration and consultation with a broad range of government and non-government agencies, to improve the quality and coverage of Indigenous identification in administrative data sources.
- ▶ To contribute to improvements in definitions, classifications and collection standards for statistics across census, survey and administrative data sources.
- ▶ To develop the capacity of Aboriginal and Torres Strait Islander organisations to collect and use information about their health and about health and welfare services.

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit supports national data development and reporting requirements through the secretariat for the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, which provides broad strategic advice to the National Health Information Management Group on the improvement of the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery, and draws together the range of existing activities already under way into a coordinated and strategic process.

The major achievement in reporting and dissemination was the release of *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2001*, a biennial report which brings together a comprehensive body of information about Indigenous health and welfare, predominantly at the national level, and covers topics on housing and infrastructure, community services and housing assistance, the availability and use of health services the health of mothers and babies, health status, rates and causes of mortality, and a special chapter examining the impact of diabetes on the Indigenous population. The Unit produced a plain English summary pamphlet as a companion to

the biennial report, continued work on the development of a statistical training package for use at the community level, and provided a routine query resolution, advice and support service on Indigenous health and welfare statistics.

Work continued on improving the completeness with which Indigenous people are recorded in health administrative data sets, and in birth and death registrations. Considerable progress has been made in securing the cooperation of State and Territory central health authorities and Registrars-General in improving the recording of Indigenous status in these registrations. The Unit works closely with the relevant survey management groups within ABS to consult stakeholders, develop content and provide advice on output for the major Indigenous household surveys, which cover a range of health and welfare topics.

PROVISION OF STATISTICAL SERVICES TO THE DEPARTMENT OF VETERANS' AFFAIRS

Objectives

- ▶ To provide statistical services to the Department of Veterans' Affairs (DVA) in order to identify opportunities for collaboration on projects, and enhance understanding of and interaction with the health and community services information environment.
- ▶ To provide a consultancy service to DVA's statistical services team to facilitate access to data held by the DVA and support DVA statistical services work.

These objectives were met through providing expert advice and ongoing collaborative work with the DVA.

Performance measures

LEVEL OF SATISFACTION OF GOVERNMENT, NON-GOVERNMENT AND COMMUNITY ORGANISATIONS WITH THE RELEVANCE, QUALITY, TIMELINESS AND OBJECTIVITY OF INFORMATION PROVIDED

Our major client, the Department of Health and Ageing, has provided encouraging feedback on AIHW's performance in undertaking projects funded by the department.

Positive comments included 'the report produced was of a very high quality' and 'the AIHW was very proactive in consultation and alerting DoHA to deficiencies in proposed models'. The department also mentioned that improvements were needed in the negotiation phase of some projects, and timeliness was an area of concern for some projects.

The Secretariat of the Steering Committee for the Review of Commonwealth-State Service Provision acknowledged the considerable effort of the AIHW in improving reporting on housing assistance. It particularly recognised the advances made in reporting on housing provision to Indigenous Australians.

ACROD has introduced in its publication *Disparity* a regular series of facts and figures in the disability sector provided by the AIHW.

PUBLICATION OF MAJOR REGULAR STATISTICAL PUBLICATIONS ON HEALTH AND WELFARE SERVICES

The following regular statistical publications were produced as scheduled during the financial year. In addition, 54 other publications were produced.

Adoptions Australia 2000–01	Disability Support Services 2001: National Data on Services Provided Under the Commonwealth/State Disability Agreement
Assisted Conception Australia and New Zealand 1999 and 2000	General Practice Activity in Australia 2000–01
Australian Hospital Statistics 2000–01	Nursing Labour Force 1999
Australia's Mothers and Babies 1999	Occupational Therapy Labour Force 1998
Cancer in Australia 1998: Incidence and Mortality Data for 1998	Physiotherapy Labour Force 1998
Cancer Survival in Australia Part 1: National Summary Statistics	Residential Aged Care in Australia 2000–01: A Statistical Overview
Cancer Survival in Australia Part 2: Statistical Tables	SAAP NDCA Annual Report 2000–01 (national report and 8 State and Territory reports)
Child Protection Australia 2000–01	
Community Aged Care Packages 2000–01: A Statistical Overview	

SIGNIFICANT OUTPUT PLANNED BUT NOT PRODUCED IN THE REPORTING PERIOD

The following were provided to the Department of Health and Ageing for publication but were not publicly released in 2001–02. These are planned for publication in 2002–03.

- Cervical Screening in Australia 1998–1999
- BreastScreen Australia: Achievement Report 1998 and 1999

Cancer in Australia 1999 was not produced by June 2002 because of delays in receipt of data from State and Territory cancer registries arising from a change in disease coding. The data analysis for *Cancer Incidence in Veterans of the Korean War* had not commenced by June 2002 because the roll of Korean veterans had not been received from the Department of Veterans' Affairs.

Cancer Survival in Australia Part 3 and *Cancer Mortality in Migrants to Australia 1979–1998* were both prepared and were being externally reviewed in June 2002 before publication.

The information paper on methods and hospital peer grouping used in cost per casemix-adjusted separation analyses was not completed, but some of the information on the methods was included in *Australian Hospital Statistics 2000–01*.

The report to help hospital morbidity data users with analyses that use data partly compiled in ICD-9-CM and partly compiled in ICD-10-AM was not completed, but parts of it were released as a conference paper.

The report *National Performance Indicator Data for Housing Assistance to Indigenous Australians* will be released in 2002–03 (later than the planned date). This work was delayed as a result of staff losses. The planned report *Housing Assistance in Australia* has been replaced by a series of data briefings on specific topics.

Reports entitled *Income Status of SAAP Clients*, *Demand for SAAP Assistance 2000–01* and *Young Clients in SAAP* will be released early in the new financial year (later than the planned dates). The report on the complex needs of SAAP clients has been postponed indefinitely due to resource constraints and the competing information priorities of SAAP stakeholders.

A significant and urgently required report on unmet need for disability services was not on the AIHW work plan. Its preparation, commissioned by National Disability Administrators to inform the renegotiation of the Commonwealth–State/Territory Disability Agreement, meant that some other planned work of the Disability Services Unit had to be rescheduled for completion in the 2002–03 financial year. This included the reports on disability prevalence and trends and the use of equipment by people with a disability, as well as the *Data Starter* providing advice on data development and collection for non-government agencies.

The report on trends in long day care services in 1991–99 was not completed in 2000–01 because of a shifting in priorities in the childcare and preschool area to data development work. The working paper on trends in intercountry adoptions was not started because of shifting priorities between the areas of adoptions and child protection.

The National Perinatal Statistics Unit did not produce the planned congenital malformations report because a national review of the congenital malformations database was undertaken during the year. This report will be finalised in 2002–03.

AIHW'S WEB SITE LISTS AND PRESENTS ALL NEW INSTITUTE PUBLICATIONS

All AIHW publications are available free of charge from the AIHW web site: www.aihw.gov.au.

A comprehensive list of AIHW publications for the reporting period is in Appendix 8, on page 115.

PUBLICATION OF 75 REPORTS AVERAGING 95 PAGES EACH

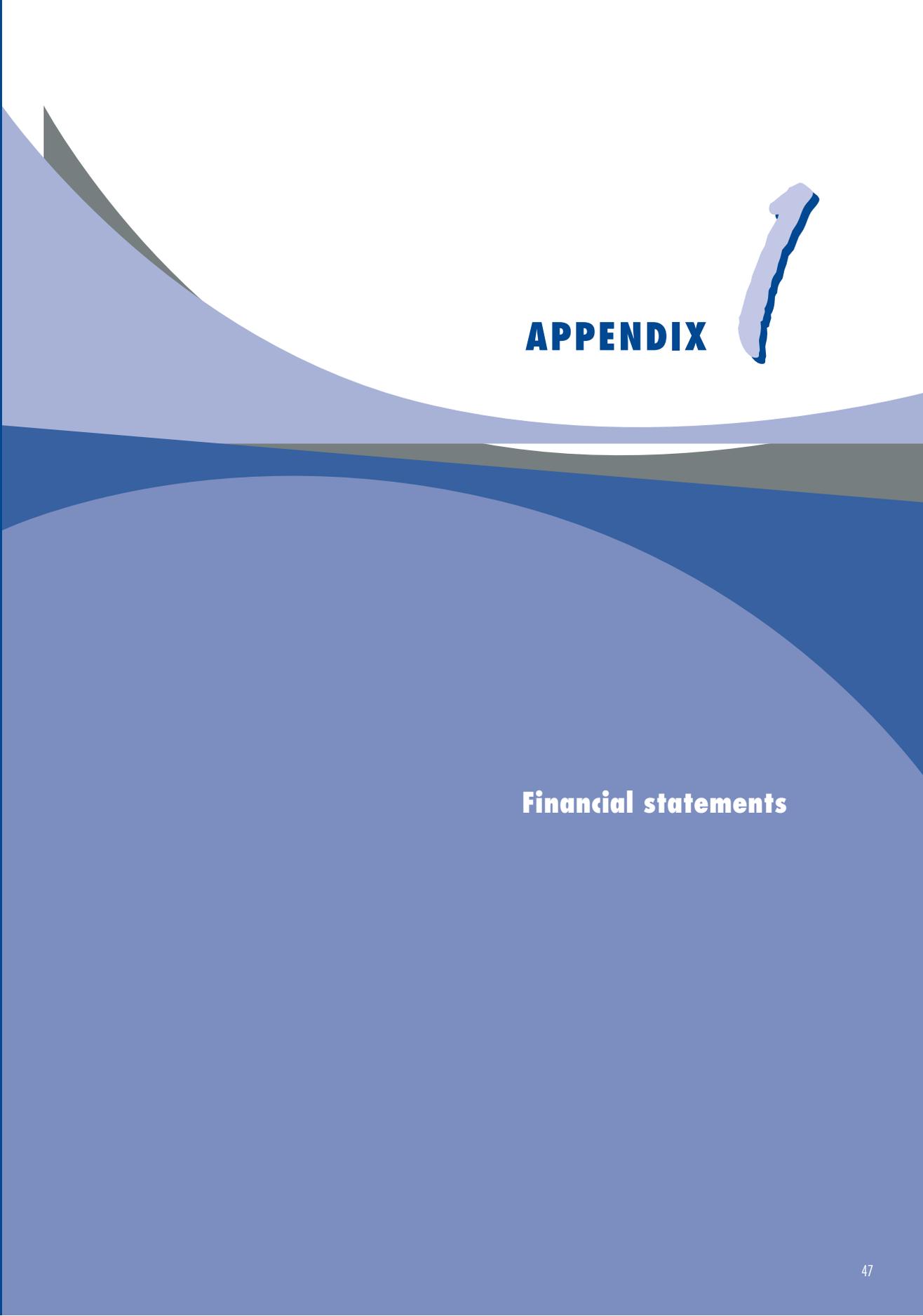
During the reporting period, the AIHW produced 71 reports averaging 95 pages each.



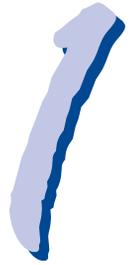
APPENDIXES

Appendixes

1	Financial statements	47
2	Legislation	77
3	Board members	101
4	Audit and Finance Committee members	103
5	Freedom of information	105
6	Staffing	109
7	Unit Heads	111
8	Publications 2001–02	115
9	Participation in national committees as an information specialist	125
10	National infrastructure projects	131
11	Activities funded by outside bodies for 2001–02 financial year	135
12	Abbreviations	141



APPENDIX



Financial statements



INDEPENDENT AUDIT REPORT

To the Minister for Health and Ageing

Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2002. 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.

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

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

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

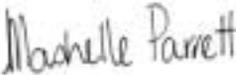
GPO Box 707 CANBERRA ACT 2601
Centenary House 16 National Circuit
BARTON ACT
Phone (02) 6263 7900 Fax (02) 6263 7777

Audit Opinion

In my opinion the financial statements:

- (i) have been prepared in accordance with Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*; and
- (ii) give a true and fair view, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the Finance Minister's Orders, of the financial position of the Australian Institute of Health and Welfare as at 30 June 2002, and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Mashelle Parrett
Executive Director

Delegate of the Auditor-General

Canberra
26 September 2002

STATEMENT BY DIRECTORS

In our opinion, the attached financial statements for the year ended 30 June 2002 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*.



Dr Sandra Hacker
Chair

24 September 2002



Richard Madden
Director

24 September 2002

For health and welfare
statistics and information

6A Traragan Court
Fers Hill Park
Bruce ACT
GPO Box 670
Canberra ACT 2601

Phone 02 6244 1200
Fax 02 6244 1299
http://www.aihw.gov.au

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF FINANCIAL PERFORMANCE
For the year ended 30 June 2002

	Notes	2002 \$'000	2001 \$'000
Revenues from ordinary activities			
Revenues from government	4A	8,032	7,970
Sales of goods and services	4B	12,081	10,465
Interest	4C	195	226
Other	4E	16	300
Total revenues from ordinary activities		20,324	18,961
Expenses from ordinary activities			
Employees	5A	11,382	10,288
Suppliers	5B	8,446	8,468
Depreciation and amortisation	5C	213	153
Write-down of assets	5D	126	0
Net loss from sales of assets	4D	0	1
Total expenses from ordinary activities		20,167	18,910
Net operating surplus or deficit from ordinary activities		157	51
Net surplus attributable to the Commonwealth		157	51
Net credit (debit) to asset revaluation reserve		(46)	553
Total revenues, expenses and valuation adjustments attributable to the Commonwealth and recognised directly in equity		(46)	553
Total changes in equity other than those resulting from transactions with owners as owners		111	604

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

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF FINANCIAL POSITION**

As at 30 June 2002

	Notes	2002 \$'000	2001 \$'000
ASSETS			
Financial assets			
Cash	6A	4,937	7,218
Receivables	6B	4,372	552
Total financial assets		9,309	7,770
Non-financial assets			
Buildings	7A,C,D	589	674
Infrastructure, plant and equipment	7B,C,D	473	513
Inventories	7E	140	266
Other	7F	324	150
Total non-financial assets		1,526	1,604
Total assets		10,835	9,374
LIABILITIES			
Provisions			
Employees	8A	3,375	3,191
Total provisions		3,375	3,191
Payables			
Suppliers	8B	388	409
Contract income in advance	8C	5,974	4,715
Other	8D	357	429
Total payables		6,719	5,553
Total liabilities		10,094	8,744
NET ASSETS		741	630
EQUITY			
Capital	9	1,146	1,146
Reserves	9	641	687
Accumulated deficits	9	(1,046)	(1,203)
Total equity		741	630
Current liabilities		7,869	6,051
Non-current liabilities		2,225	2,693
Current assets		9,773	8,187
Non-current assets		1,062	1,187

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF CASH FLOWS
For the year ended 30 June 2002

	Notes	2002 \$'000	2001 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		8,032	7,831
Sales of goods and services			
Government		9,724	11,593
Non-government		14	14
Interest		195	218
GST recovered from ATO		375	270
Other		16	291
Total cash received		18,356	20,217
Cash used			
Employees		(11,199)	(10,098)
Suppliers		(9,303)	(8,660)
Total cash used		(20,502)	(18,758)
Net cash from operating activities	10	(2,146)	1,459
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment		0	0
Total cash received		0	0
Cash used			
Purchase of infrastructure, plant and equipment		(135)	(320)
Total cash used		(135)	(320)
Net cash from investing activities		(135)	(320)
Net increase (decrease) in cash held		(2,281)	1,139
Add cash at the beginning of the reporting period		7,218	6,079
Cash at the end of reporting period	6A	4,937	7,218

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF COMMITMENTS
as at 30 June 2002

	Notes	
	2002	2001
	\$'000	\$'000
BY TYPE		
OTHER COMMITMENTS		
Operating leases*	5,839	6,517
Other commitments**	3,970	12,039
Total other commitments	9,809	18,556
COMMITMENTS RECEIVABLE		
Net commitments	(4,341)	(6,396)
BY MATURITY		
All net commitments		
One year or less	999	7,047
From one to five years	4,469	4,159
Over five years	0	954
Net commitments	5,468	12,160
Operating lease commitments		
One year or less	1,370	1,162
From one to five years	4,469	3,380
Over five years	0	1,975
Net operating lease commitments	5,839	6,517

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	* lease payments are subject to annual increases of 3%. * the lease term is seven years and may be renewed for another seven years at the Institute's option. * current lease expires in July 2007.
Computer equipment lease	* the lease term is three years. * 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.

** As at 30 June 2002, 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 2002

Notes

	2002	2001
	\$'000	\$'000
CONTINGENT LOSSES		
Other guarantees	0	0
Total contingent losses	<u>0</u>	<u>0</u>

SCHEDULE OF UNQUANTIFIABLE CONTINGENCIES

At 30 June 2002, the Institute has no unquantifiable contingencies

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

Note Description

- 1 Summary of Significant Accounting Policies
- 2 Reporting of Outcomes
- 3 Economic Dependency
- 4 Operating Revenues
- 5 Operating Expenses
- 6 Financial Assets
- 7 Non-Financial Assets
- 8 Provisions and Payables
- 9 Equity
- 10 Cash Flow Reconciliation
- 11 External Financing Arrangements
- 12 Remuneration of Directors
- 13 Related Party Disclosures
- 14 Remuneration of Officers
- 15 Remuneration of Auditors
- 16 Remote Contingencies
- 17 Financial Instruments
- 18 Appropriations
- 19 Average Staffing Levels
- 20 Events Occurring after Reporting Date

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

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 Minister's Orders (being the *Commonwealth Authorities and Companies (Financial Statements 2001-2002) Orders*);
- Australian Accounting Standards and Accounting Interpretations issued by the Australian Accounting Standards Boards;
- other authoritative pronouncements of the Australian Accounting Standards Board; and
- Consensus Views of the Urgent Issues Group.

The statements have been prepared having regard to:

- the Explanatory Notes to Schedule 1 issued by the Department of Finance and Administration; and
- Finance Briefs issued by the Department of Finance and Administration

The financial statements 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 of the Australian Institute of Health and Welfare (the Institute).

Assets and liabilities are recognised in the Institute 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.

Revenue and expenses are recognised in the Institute 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 2000-2001.

1.3 Reporting by Outcomes

A comparison of Budget and Actual figures by outcome specified in the Appropriation Acts relevant to the Institute is presented in Note 2. Any intra-government costs included in the figure 'net cost to Budget outcomes' are eliminated in calculating the actual budget outcome for the Government overall.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

1.4 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 to Commonwealth bodies. The stage of completion is determined according to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

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 Commonwealth. 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.

1.5 Employee Entitlements

Leave

The liability for employee entitlements 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 liability for annual leave reflects the value of total annual leave entitlements of all employees at 30 June 2002 and is recognised at its nominal amount.

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 2002. In determining the present value of the liability, the Institute has taken into account attrition rates and pay increases through promotion and inflation.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

Separation and redundancy

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

Superannuation

Employees contribute to the Commonwealth Superannuation Scheme, the Public Sector Superannuation Scheme and AGEST. Employer contributions amounting to \$1,213,538 (2000-01: \$1,129,785) for the Institute in relation to these schemes have been expensed in these financial statements.

No liability is shown for superannuation as the employer contributions fully extinguish the accruing liability which is assumed by the Commonwealth.

Employer Productivity Superannuation Contributions totalled \$251,962 (2000-01: \$233,914) for the Institute.

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. 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.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

1.8 Financial instruments

Accounting policies for financial instruments are stated at Note 17.

1.9 Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

1.10 Infrastructure, plant and equipment

Asset recognition threshold

Purchases of infrastructure, plant and equipment are recognised initially at cost 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

Infrastructure, plant and equipment are revalued progressively in accordance with the 'deprival' method of valuation in successive three-year cycles, so that no asset has a value greater than three years old.

The Institute implemented its progressive revaluations in 1999. Its infrastructure, plant and equipment assets were revalued in full at 30 June 1999, by type of asset. Assets in each class acquired after the commencement of the progressive revaluation cycle were not captured by the progressive revaluation then in progress. Leasehold improvements were revalued at 30 June 2001. Plant and equipment assets were revalued at 30 June 2002.

Infrastructure, plant and equipment is recognised at its depreciated replacement cost.

Any assets which will not be replaced or are surplus to requirements are valued at net realisable value. At 30 June 2002 there were no assets in this situation.

All valuations are independent.

Recoverable amount test

The carrying amount of each item of non-current infrastructure plant and equipment assets is reviewed to determine whether it is in excess of the asset's recoverable amount. If in excess at the reporting date, the asset is written down to its recoverable amount immediately. In assessing recoverable amounts, the relevant cash flows, including the expected cash inflows from future appropriations by the Parliament, have been discounted to their present value.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

Depreciation and Amortisation

Depreciable infrastructure plant and equipment 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, or 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:

	2001-2002	2000-2001
Leasehold improvements	Lease Term	Lease Term
Infrastructure plant and equipment	5 to 10 years	5 to 10 years

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

1.11 Inventories

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

All inventories are current assets.

1.12 Taxation

The Institute is exempt from all forms of taxation except Fringe Benefits Tax and the Goods and Services Tax.

1.13 Insurance

The Institute has insured for risks through the Government's insurable risk managed fund, called 'Comcover'. Workers compensation is insured through Comcare Australia.

1.14 Comparative figures

Comparative figures have been adjusted to conform with changes in presentation in these financial statements where required.

1.15 Rounding

Amounts have been rounded to the nearest \$1,000 except in relation to the following:

- remuneration of directors;
- remuneration of officers (other than directors); and
- remuneration of auditors.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

2 Reporting of Outcomes

Note 2A: Outcomes of the Australian Institute of Health and Welfare

The Institute is structured to meet part of one outcome within the Health and Ageing Portfolio:

Outcome 9: Health Investment: Knowledge, information and training for developing better strategies to improve the health of Australians.

The Institute has three Output Groups under Outcome 9:

Output Group 1: Specific services to the Minister and Parliament, required under the *Australian Institute of Health and Welfare 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

The Institute provides services to other government entities shown as non-specific.

Note 2B: Total Cost/Contribution of Outcomes (Whole of Government)

	Outcome 9		Total	
	Actual \$'000	Budget \$'000	Actual \$'000	Budget \$'000
Net taxation, fees and fines revenues	-	-	-	-
Other administered revenues	-	-	-	-
Net subsidies, benefits and grants expenses	-	-	-	-
Other administered expenses	-	-	-	-
Net cost of departmental outputs	7,875	8,004	7,875	8,004
Cost of outcome before extraordinary items	7,875	8,004	7,875	8,004
Extraordinary items	-	-	-	-
Net cost to Budget outcome	7,875	8,004	7,875	8,004

Note 2C: Major Departmental Revenues and Expenses by Output Group

	Output Group 1		Output Group 2		Output Group 3		Non-Specific		Total	
	2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000
Operating revenues	1,851	1,411	1,223	1,020	4,958	5,539	-	-	8,032	7,970
Revenues from Government	-	-	-	-	-	-	-	-	-	-
Contract Income	-	-	-	-	-	-	11,954	10,323	11,954	10,323
Donations and bequests	-	-	-	-	-	-	-	0	0	0
Industry contributions	-	-	-	-	-	-	-	-	-	-
Other non-taxation revenues	77	118	51	85	210	464	-	-	338	668
Total operating revenues	1,928	1,530	1,274	1,105	5,168	6,003	11,954	10,323	20,324	18,961
Operating expenses	-	-	-	-	-	-	-	-	-	-
Employees	1,465	1,128	904	814	2,238	2,539	6,775	5,807	11,382	10,288
Suppliers	403	333	321	237	2,689	3,181	5,033	4,716	8,446	8,468
Grants	-	-	-	-	-	-	-	-	-	-
Depreciation and amortisation	13	6	18	9	45	37	138	100	213	153
Write-down of assets	-	-	-	-	126	-	-	-	126	-
Disposal of assets	-	-	-	-	-	1	-	-	-	1
Total operating expenses	1,881	1,467	1,242	1,060	5,098	5,759	11,946	10,623	20,167	18,910

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

Note 2D: Major Classes of Departmental Assets and Liabilities by Output Group

	Output Group 1		Output Group 2		Output Group 3		Non-Specific		Total	
	2002 \$'000	2001 \$'000								
Output specific departmental assets										
Goods and services receivable	-	-	-	-	-	-	4302	463	4302	463
Less: provision for doubtful debts	-	-	-	-	-	-1	-	-4	0	-5
Loans receivable	-	-	-	-	-	-	-	-	-	-
Less: provision for doubtful debts	-	-	-	-	-	-	-	-	-	-
Net GST receivable	-	3	1	4	2	16	5	43	8	66
Land	-	-	-	-	-	-	-	-	-	-
Buildings	35	27	49	41	124	165	381	441	589	674
Plant and equipment	28	20	39	31	100	126	306	336	473	513
Internally developed software	-	-	-	-	-	-	-	-	-	-
Inventories held for sale	-	-	-	-	140	266	-	-	140	266
Total specific departmental assets	64	50	89	77	366	571	4993	1279	5512	1977
Other departmental assets										
Cash at bank and on hand	-	-	-	-	-	-	470	1515	470	1515
Deposits at call	-	-	-	-	-	-	4467	5703	4467	5703
Other receivables	4	1	5	2	13	7	40	19	62	29
Investments	-	-	-	-	-	-	-	-	-	-
Other	20	6	27	9	69	37	209	99	324	151
Total other departmental assets	23	7	32	11	82	44	5186	7336	5323	7398
Output specific departmental liabilities										
Leases	21	17	30	26	75	105	231	281	357	429
Employees	203	192	279	264	712	673	2181	2062	3375	3191
Suppliers	23	16	32	25	82	100	251	268	388	409
Total specific departmental liabilities	248	225	341	316	869	878	2662	2610	4120	4029
Other departmental liabilities										
Loans	-	-	-	-	-	-	-	-	-	-
Capital use charge	-	-	-	-	-	-	-	-	-	-
Employees	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Total other departmental liabilities	-	-	-	-	-	-	5974	4715	5974	4715

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

2E Major Classes of Administered Revenues and Expenses by Outcome

No administered expenses were incurred.

2F Major Classes of Administered Assets and Liabilities by Outcome

There are no administered assets.

There are no administered liabilities.

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.

4 Operating revenue from independent sources

	2002	2001
	\$'000	\$'000
4A Revenues from Government		
Appropriations for outputs	8,032	7,831
Resources received free of charge from Department of Health and Ageing and Department of Finance and Administration	0	139
Total	8,032	7,970
4B Sales of goods and services		
Contracted Services	11,954	10,323
Ad Hoc Consultancy Services	57	51
Sale of Publications	70	91
	12,081	10,465
Goods and Services were sold to:		
Government	12,067	10,451
Non-Government	14	14
	12,081	10,465
Costs of sales of goods	141	182
4C Interest		
Deposits	195	226

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

For the year ended 30 June 2002

	2002	2001
	\$'000	\$'000
4D Proceeds from disposal of assets		
Non-financial asset - Infrastructure, plant & equipment		
Expense from sale	0	1
Total	0	1
4E Other revenues		
Other	16	300
Total	16	300

5 Operating Expenses - Goods and Services

5A Employee expenses		
Remuneration for services provided	11,302	10,288
Separation and redundancy	80	0
Total	11,382	10,288

The Institute contributes to the Commonwealth Superannuation (CSS) and the Public Sector (PSS) Superannuation schemes which provide retirement, death and disability benefits to employees. Contributions to the schemes are at rates calculated to cover existing and emerging obligations. Current contribution rates are 19.9% of salary (CSS) and 11.4% of salary (PSS). An additional 3% is contributed for employer productivity benefits. The Institute also meets its superannuation guarantee liabilities for employees that are not members of CSS or PSS.

5B Supplier Expenses		
Supply of goods and services	4,497	4,788
Operating lease rentals	1,010	841
Contracted services	2,939	2,839
Total	8,446	8,468

Contracted services above are comprised of:

National Perinatal Statistics Unit	345	543
Dental Statistics and Research Unit	540	552
National Centre for Classification in Health	64	64
Aboriginal and Torres Strait Islander Health and Welfare Information Unit	576	601
National Injury Surveillance Unit	711	669
General Practice Statistics and Classification Unit	500	410
Australian Centre for Asthma Monitoring	203	0
	2,939	2,839

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

For the year ended 30 June 2002

	2002	2001
	\$'000	\$'000
5C Depreciation and amortisation		
Depreciation of infrastructure, plant and equipment	98	133
Amortisation of leasehold improvements	115	20
Total	213	153

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	115	20
Plant and equipment	41	83
Furniture and fittings	57	50
	213	153

5D Write-down of assets

Non-financial assets:

Inventory - write off	126	0
Total	126	0

6 Financial assets

6A Cash

Cash at bank and on hand	470	1,515
Deposits at Call	4,467	5,703
	4,937	7,218
Balance of cash as at end of period shown in the Statement of Cash Flows	4,937	7,218

6B Receivables

Goods and services	4,302	463
Less: Provision for doubtful debts	(0)	(6)
	4,302	457
Other Debtors	62	29
GST Receivables	8	66
Total Receivables	4,372	552

Receivables (gross) which are overdue are aged as follows:

Not Overdue	1,897	366
<u>Overdue by:</u>		
- less than 30 days	1,857	177
- 30 to 60 days	148	0
-60 to 90 days	0	9
-more than 90 days	470	0
Total Receivables (gross)	4,372	552

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

7 Non-financial assets	2002	2001
	\$'000	\$'000
7A Buildings		
Leasehold improvements - at valuation 30 June 2001	551	551
Accumulated amortisation	(92)	0
	<u>459</u>	<u>551</u>
Leasehold improvements - at cost	172	143
Accumulated amortisation	(42)	(20)
	<u>130</u>	<u>123</u>
Total Buildings	<u><u>589</u></u>	<u><u>674</u></u>
7B Infrastructure Plant and Equipment		
Plant and equipment - at 30 June 1999 valuation	0	624
Accumulated depreciation	0	(282)
	<u>0</u>	<u>342</u>
Plant and equipment - at 30 June 2002 valuation	901	0
Accumulated depreciation	(440)	0
	<u>461</u>	<u>0</u>
Plant and equipment - at cost	12	206
Accumulated depreciation	(0)	(35)
	<u>12</u>	<u>171</u>
Total Infrastructure Plant and Equipment	<u><u>473</u></u>	<u><u>513</u></u>

The revaluation of non-financial assets as at 30 June 2002 in accordance with the revaluation policies stated at Note 1 was completed by an independent valuer from the Australian Valuation Office. Revaluation decrement of \$46,278 was transferred to the asset revaluation reserve in 2001-2002.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

7C Analysis of infrastructure, plant and equipment

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

Item	Buildings - Leasehold Improvements	Plant and Equipment	Total
	\$'000	\$'000	\$'000
Gross value as at 1 July 2001	694	830	1,524
Additions - Purchase of Assets	30	105	135
Revaluations: write-ups / (write downs)	0	(14)	(14)
Assets transferred in / (out)	0	0	0
Write-offs	0	(8)	(8)
Disposals	0	0	0
Gross value as at 30 June 2002	724	913	1,637
Accumulated depreciation / amortisation as at 1 July 2001	20	317	337
Disposals	0	0	0
Depreciation / amortisation charge for the year	115	98	213
Revaluations: write-ups / (write downs)	0	32	32
Assets transferred in / (out)	0	0	0
Write-offs	0	(7)	(7)
Accumulated depreciation / amortisation at 30 June 2002	135	440	575
Net book value as at 30 June 2002	589	473	1,062
Net book value as at 1 July 2001	674	513	1,187

7D Analysis of infrastructure, plant and equipment

Summary of balances of assets at valuation as at 30 June 2002

Item	Buildings - Leasehold Improvements	Plant and Equipment	Total
	\$'000	\$'000	\$'000
As at 30 June 2002			
Gross Value	551	901	1,452
Accumulated Depreciation	(92)	(440)	(532)
Net Book Value	459	461	920
As at 30 June 2001			
Gross Value	551	624	1,175
Accumulated Depreciation	0	(282)	(282)
Net Book Value	551	342	893

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

For the year ended 30 June 2002

	2002	2001
	\$'000	\$'000
7E Inventories		
Inventories held for sale	140	266
Total	140	266
All inventories are current assets		
7F Other non-financial assets		
Other prepayments	324	150
Total	324	150
8 Provisions and Payables		
8A Provisions - Employees		
Salaries and wages	325	330
Annual leave	1,142	1,073
Long service leave	1,908	1,788
Aggregate employee entitlement liability	3,375	3,191
Employee provisions are categorised as follows:		
Current	1,436	855
Non-current	1,939	2,336
	3,375	3,191
8B Payables - Suppliers		
Trade creditors	388	409
Total	388	409
All supplier payables are current		
8C Payables - Income in advance		
Contract income	5,974	4,715
Total	5,974	4,715
All income in advance payables are current		
8D Payables - Other		
Lease Incentive Liability		
Current	71	72
Non-current	286	357
	357	429

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

9 Equity

Item	Capital		Accumulated Results		Asset Revaluation Reserves		Total equity	
	2002	2001	2002	2001	2002	2001	2002	2001
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance 1 July	1,146	1,146	(1,203)	(1,254)	687	134	630	26
Operating result			157	51			157	51
Net revaluation increases/ (decreases)					(46)	553	(46)	553
Capital Use Charge			0	0			0	
Balance 30 June	1,146	1,146	(1,046)	(1,203)	641	687	741	630

	2002	2001
	\$'000	\$'000
10 Cash flow reconciliation		
Reconciliation of net cash flows used by operating activities to net cost of services.		
Operating surplus/(deficit)	157	51
Depreciation / amortisation of infrastructure, plant and equipment	213	153
Changes in assets and liabilities		
(Increase)decrease in receivables	(3,820)	1,853
(Increase)decrease in other assets	(172)	(4)
(Increase)decrease in inventory	126	(54)
Increase(decrease) in other payables	1,259	(727)
Increase(decrease) in liability to suppliers	(21)	(432)
Increase(decrease) in employee liabilities	184	190
Increase(decrease) in lease incentive liability	(72)	429
Net cash provided by operating activities	(2,146)	1,459

11 External Financing Arrangements

The Institute had no external financing arrangement in 2001-02.

12 Remuneration of Directors

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

	2002	2001
• \$Nil - \$10,000	1	2
• \$10,001 - \$20,000	1	1
• \$70,001 - \$80,000	1	1
• \$170,001 - \$180,000	0	1
• \$200,001 - \$210,000	1	0
	4	5

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

For the year ended 30 June 2002

	2002	2001
	\$	\$
Aggregate amount of superannuation payments in connection with the retirement of Directors	44,700	40,088
Other remuneration received or due and receivable by Directors of the Institute	254,317	230,016
Total remuneration received or due and receivable by Directors of the Institute	<u>299,017</u>	<u>270,104</u>

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

13 Related party disclosures

Directors of the Institute

The Directors of the Institute during the year were:

- Dr Sandra Hacker (Chairperson)
- Dr Richard Madden (Director)
- Ms Elizabeth Davies
- Ms Jane Halton
- Mr Dennis Trewin
- Dr Penny Gregory
- Dr Tom Stubbs
- Ms Linda Apelt
- Ms Lyn Elliott (staff-elected member)
- Mr Andrew Podger (to 17 January 2002)
- Mr Tim Skinner (to 11 February 2002)

The aggregate remuneration of Directors is disclosed in Note 12.

14 Remuneration of Executive Officers

	2002	2001
The number of executive officers included in these figures are shown below in the relevant remuneration bands:		
• \$130,001 - \$140,000	0	3
• \$140,001 - \$150,000	1	0
• \$150,001 - \$160,000	1	0
• \$160,001 - \$170,000	1	0
	<u>3</u>	<u>3</u>

Income received or due and receivable by executive officers	<u>\$468,586</u>	<u>\$413,982</u>
---	------------------	------------------

The executive officer remuneration includes all officers concerned with or taking part in the management of the economic entity during 2001-02 except for the Director. Details in relation to the Director have been incorporated in Note 12 - Remuneration of Directors.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

15 Remuneration of Auditors	<u>2002</u>	<u>2001</u>
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	\$15,000	\$15,000

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

16 Contingencies

As at the 30 June 2002, the Authority has no remote contingencies and no unquantifiable contingencies.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

17 Financial Instruments

17A Terms, conditions and accounting policies

Financial Instruments	Notes	Accounting Policies and Methods (including recognition criteria and measurement basis)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
Financial Assets		Financial assets are recognised when control over future economic benefits is established and the amount of the benefit can be reliably measured.	
Deposits at call	6A	Deposits are recognised at their nominal amounts. Interest is credited to revenue as it accrues.	Temporarily surplus funds, mainly from contracts, are placed on deposit at call with the Institute's banker. Interest is earned on the daily balance at the prevailing rate for money on call and is paid at month end.
Receivables for goods and services	6B	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 14 days (202001; 14 days).
Other debtors	6B	As for receivables for goods and services.	As for receivables for goods and services.
Financial Liabilities		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 (202001; 30 days)

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

17B Interest rate risk

Financial Instrument	Notes	Floating interest rate		Non-Interest bearing		Total		Weighted Average Effective Interest Rate	
		2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000	2002 %	2001 %
Cash at bank and on hand	6A	470	1,515			470	1,515	3.30	2.70
Deposits at call	6A	4,467	5,703			4,467	5,703	4.02	5.24
Receivables for goods and services	6B			4,372	552	4,372	552	n/a	n/a
Total Financial Assets (Recognised)		4,937	7,218	3,936	552	9,309	7,770		
Total assets						10,835	9,374		

Financial Instrument	Notes	Floating interest rate		Non-Interest bearing		Total		Weighted Average Effective Interest Rate	
		2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000	2002 \$'000	2001 \$'000	2002 %	2001 %
Trade Creditors	8B			388	409	388	409	n/a	n/a
Total Financial Liabilities (Recognised)				388	409	388	409		
Total liabilities						10,094	8,744		

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2002

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 balance sheet 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

The Institute received \$8.032m in appropriations during the period out of the Consolidated Revenue Fund (2000-01: \$7.831m)

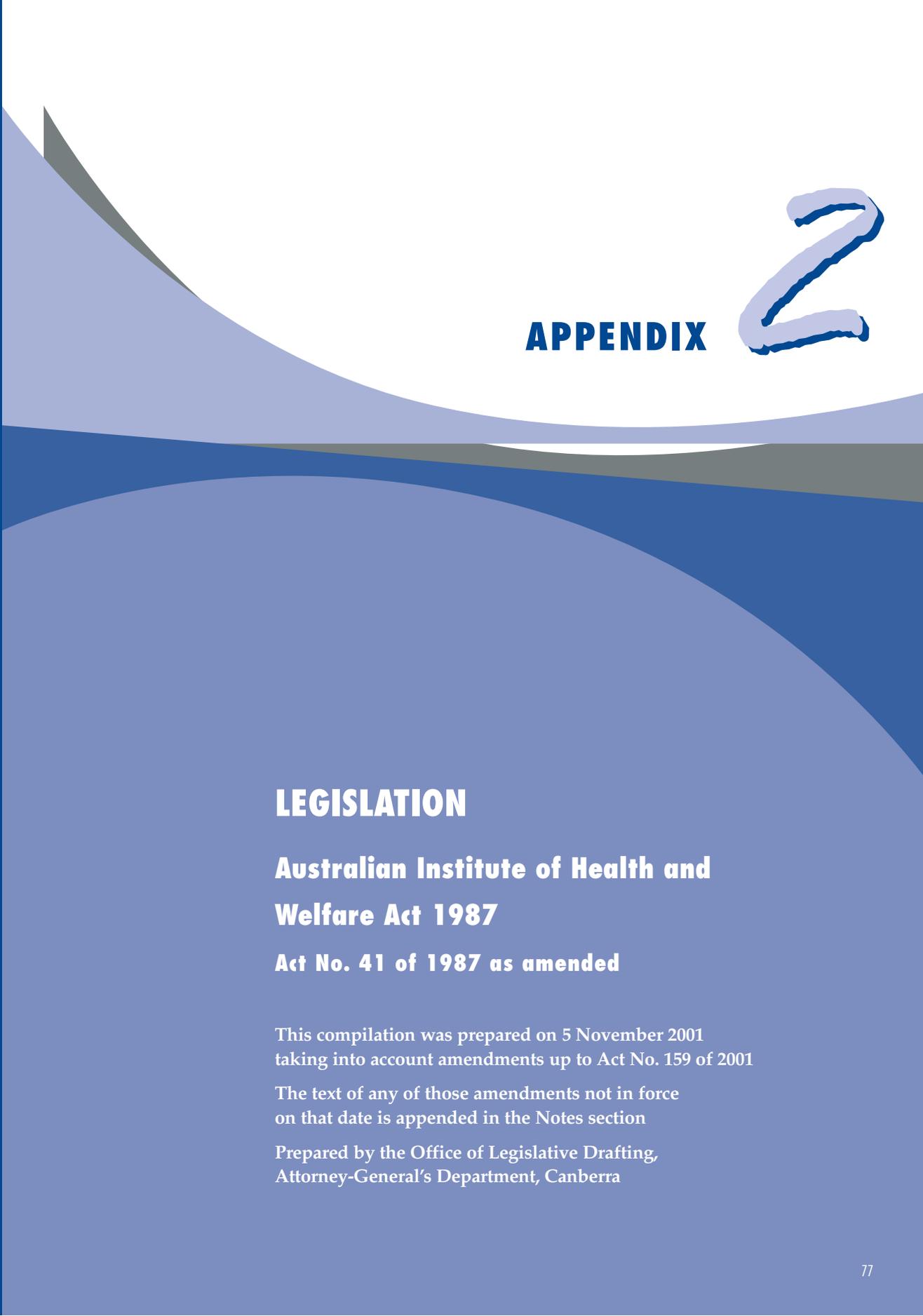
19 Average Staffing Levels

	<u>2,002</u>	<u>2,001</u>
--	--------------	--------------

The average staffing levels for the Institute during the year were:	160	153
---	-----	-----

20 Events Occurring after Reporting Date

There have been no events after Reporting Date that require the effects of included in the 2002 Financial Statements.



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

Contents

PART I—PRELIMINARY	79
1 Short title [<i>see</i> Note 1]	
2 Commencement [<i>see</i> Note 1]	
3 Interpretation	
PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE	81
Division 1—Establishment, functions and powers of Institute	81
4 Establishment of Institute	
5 Functions of the Institute	
6 Powers of Institute	
7 Directions by Minister	
Division 2—Constitution and meetings of Institute	83
8 Constitution of Institute	
9 Acting members	
10 Remuneration and allowances	
11 Leave of absence	
12 Resignation	
13 Termination of appointment	
14 Disclosure of interests	
15 Meetings	
Division 3—Committees of Institute	88
16 Committees	
Division 4—Director of Institute	89
17 Director of Institute	
18 Functions of Director	
Division 5—Staff	89
19 Staff	
PART III—FINANCE	90
20 Money to be appropriated by Parliament	
22 Money of Institute	
23 Contracts	
24 Extra matters to be included in annual report	
25 Trust money and trust property	
26 Exemption from taxation	
PART IV—MISCELLANEOUS	91
27 Delegation by Institute	
28 Delegation by Director	
29 Confidentiality	
30 Restricted application of the <i>Epidemiological Studies (Confidentiality) Act 1981</i>	
31 Periodical reports	
32 Regulations	
NOTES	95

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

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

Part II—Australian Institute of Health and Welfare

DIVISION 1—ESTABLISHMENT, FUNCTIONS AND POWERS OF INSTITUTE

4 Establishment of Institute

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

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

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

5 Functions of the Institute

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

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

[Health-related functions]

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

- (h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute;
- (j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;
- (k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and
- (m) to do anything incidental to any of the foregoing.

[Welfare-related functions]

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

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

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

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

6 Powers of Institute

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

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

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

7 Directions by Minister

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

DIVISION 2—CONSTITUTION AND MEETINGS OF INSTITUTE

8 Constitution of Institute

- (1) Subject to subsection (2), the Institute shall consist of the following members:
 - (a) the Chairperson;
 - (b) the Director;
 - (c) a member nominated by the Australian Health Ministers' Advisory Council;
 - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
 - (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
 - (d) the Australian Statistician;
 - (e) the Secretary to the Department;
 - (f) a person 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 information concerning a person or are of a confidential nature—a statement that a direction was given.

25 Trust money and trust property

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

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

26 Exemption from taxation

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

Part IV—Miscellaneous

27 Delegation by Institute

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

28 Delegation by Director

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

29 Confidentiality

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

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

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

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

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

- (2A) Paragraph (2)(c) applies only to information that is health-related 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</i> <i>Gazette</i> 1987, No. S144)	—
<i>Community Services and Health Legislation Amendment Act 1988</i>	79, 1988	24 June 1988	Part III (ss. 7–9): Royal Assent (a)	—
<i>Community Services and Health Legislation Amendment Act 1989</i>	95, 1989	28 June 1989	Part 2 (ss. 3–6): Royal Assent (b)	—
<i>Industrial Relations Legislation Amendment Act 1991</i>	122, 1991	27 June 1991	Ss. 4(1), 10(b) and 15–20: 1 Dec 1988 Ss. 28(b)–(e), 30 and 31: 10 Dec 1991 (<i>see</i> <i>Gazette</i> 1991, No. S332) Remainder: Royal Assent	S. 31(2)
<i>Prime Minister and Cabinet Legislation Amendment Act 1991</i>	199, 1991	18 Dec 1991	18 Dec 1991	—
<i>Australian Institute of Health Amendment Act 1992</i>	16, 1992	6 Apr 1992	4 May 1992	—

Act	Number and year	Date of assent	Date of commencement	Application, saving or transitional provisions
<i>Audit (Transitional and Miscellaneous) Amendment Act 1997</i>	152, 1997	24 Oct 1997	Schedule 2 (items 324–337): 1 Jan 1998 (see <i>Gazette</i> 1997, No. GN49) (c)	—
<i>Public Employment (Consequential and Transitional) Amendment Act 1999</i>	146, 1999	11 Nov 1999	Schedule 1 (items 195–197) 5 Dec 1999 (see <i>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 (see <i>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 (see s. 2(2)) Schedule 3 (item 12): 1 Jan 1999 Remainder: Royal Assent	Sch. 1 (items 4, 9) [see Table A]
<i>Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001</i>	159, 2001	1 Oct 2001	29 Oct 2001	Sch 1 (item 97) [see Table A]

- (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
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
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.

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 [<i>see</i> Note 1]	3
2	Definition	3
3	Functions	3
4	Composition	4
	Notes	5

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.

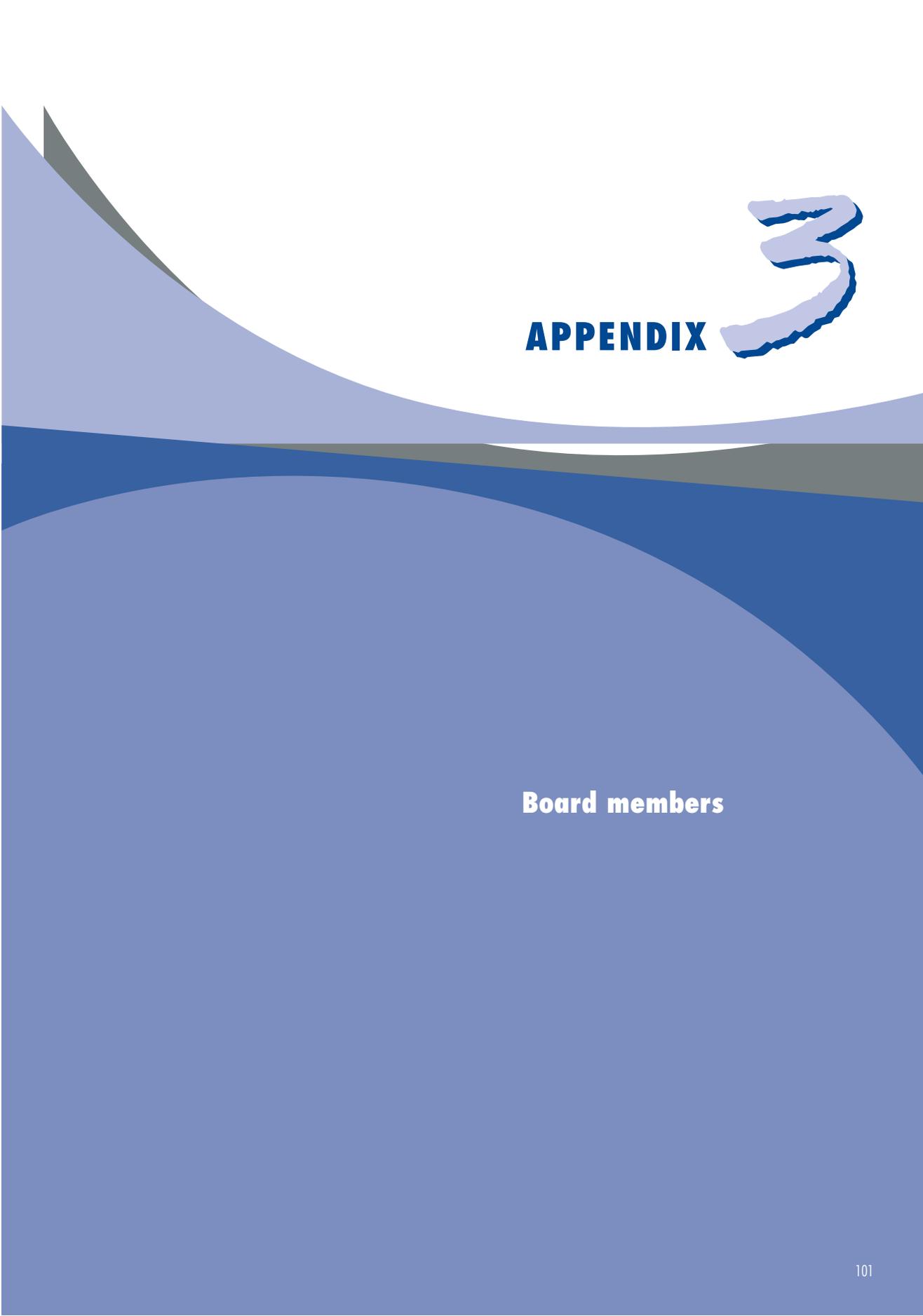
TABLE OF STATUTORY RULES

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



APPENDIX

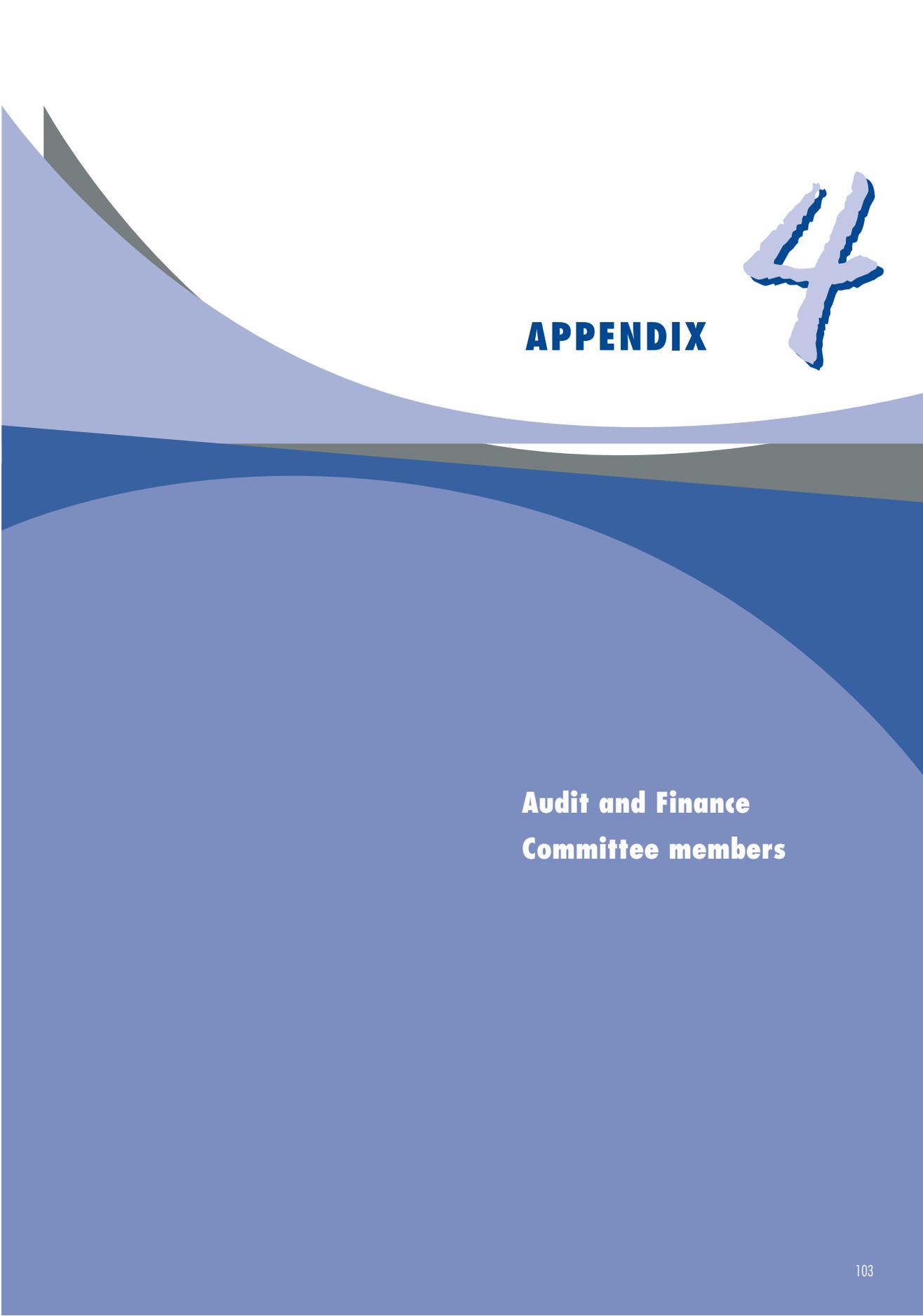
3

Board members

Board members' qualifications, current positions and details of meetings attended from 1 July 2001 to 30 June 2002

Board member	Number of meetings attended
Dr Sandra Hacker, MB, BS(Melb), DPM, FRANZCP, FAICD Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit, Alfred Hospital	4
Ms Elizabeth Davies, BA (Newcastle), Dip Ed (Syd) Executive Director, Family Services Australia, Representing consumers of welfare services	4
Ms Jane Halton, BA (Hons) Secretary, Department of Health and Ageing (from 18 January 2002)	2
Mr Andrew Podger, BSc (Hons) (Syd) Secretary, Department of Health and Ageing (to 17 January 2002)	2
Mr Dennis Trewin, BSc (Hons) (Melb), BEc (ANU), MSc (London School of Economics) Australian Statistician, Australian Bureau of Statistics (from 12 February 2002)	1
Mr Tim Skinner, BA, Dip Ed Deputy Australian Statistician, Australian Bureau of Statistics (to 11 February 2002)	2
Dr Penny Gregory, PhD (ANU) Chief Executive, ACT Community Care Representative of Australian Health Ministers' Advisory Committee	2
Dr Tom Stubbs, BSc (Hons) (Adel), PhD, Dip Ed, Licentiate of Music Executive Director, Metropolitan Health Division, SA Department of Human Services Representative of the Community Services Ministers' Advisory Council	4
Ms Linda Apelt, Dip Teach, B Ed, Grad Dip (Counselling), M Ed Studies Director General, Qld Department of Housing Representative of the State and Territory Housing Department	3
Dr Richard Madden, BSc (Syd), PhD (Princeton), FIA, FIAA Director, Australian Institute of Health and Welfare	4
Ms Lyn Elliott, BA (Comm) (CCAIE) Staff representative	4

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 AIHW Board and NHMRC Council meetings respectively.



APPENDIX

4

**Audit and Finance
Committee members**

Audit and Finance Committee members' qualifications, current positions and details of meetings attended from 1 July 2001 to 30 June 2002

Committee member	Number of meetings attended
Ms Linda Apelt, Dip Teach, B Ed, Grad Dip (Counselling), M Ed Studies Director General, Qld Department of Housing (Chair)	4
Dr Sandra Hacker, MB BS (Melb), DPM, FRANZCP, FAICD (Chair, AIHW Board) Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit, Alfred Hospital	4
Ms Elizabeth Davies, BA (Newcastle), Dip Ed (Syd) Executive Director, Family Services Australia	3



APPENDIX

5

Freedom of information

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 held by 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 established under the *Commonwealth Authorities and Companies Act 1997*. The Act provides a range of administrative powers to be exercised by the Chair of the Board and the AIHW's Director. Some of these powers have been delegated to various AIHW staff.

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, page 77), 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 9, page 125).

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 AIHW produces a range of reports. A complete list of reports produced in 2001–02 is available at Appendix 8, page 115. The reports are available free of charge on the web site www.aihw.gov.au, or can be purchased through the web site or from AusInfo shops.

Australian Institute of Health and Welfare data

The AIHW makes available through its web site 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 and this establishes constraints on the availability of the data to third parties.

Australian Institute of Health and Welfare seminar program

The AIHW retains documents on topics included on the AIHW seminar program, which is conducted for staff. Visitors are welcome to some seminars.

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 the development and management of the AIHW's work program and documents relating to business and personnel management.

Privacy

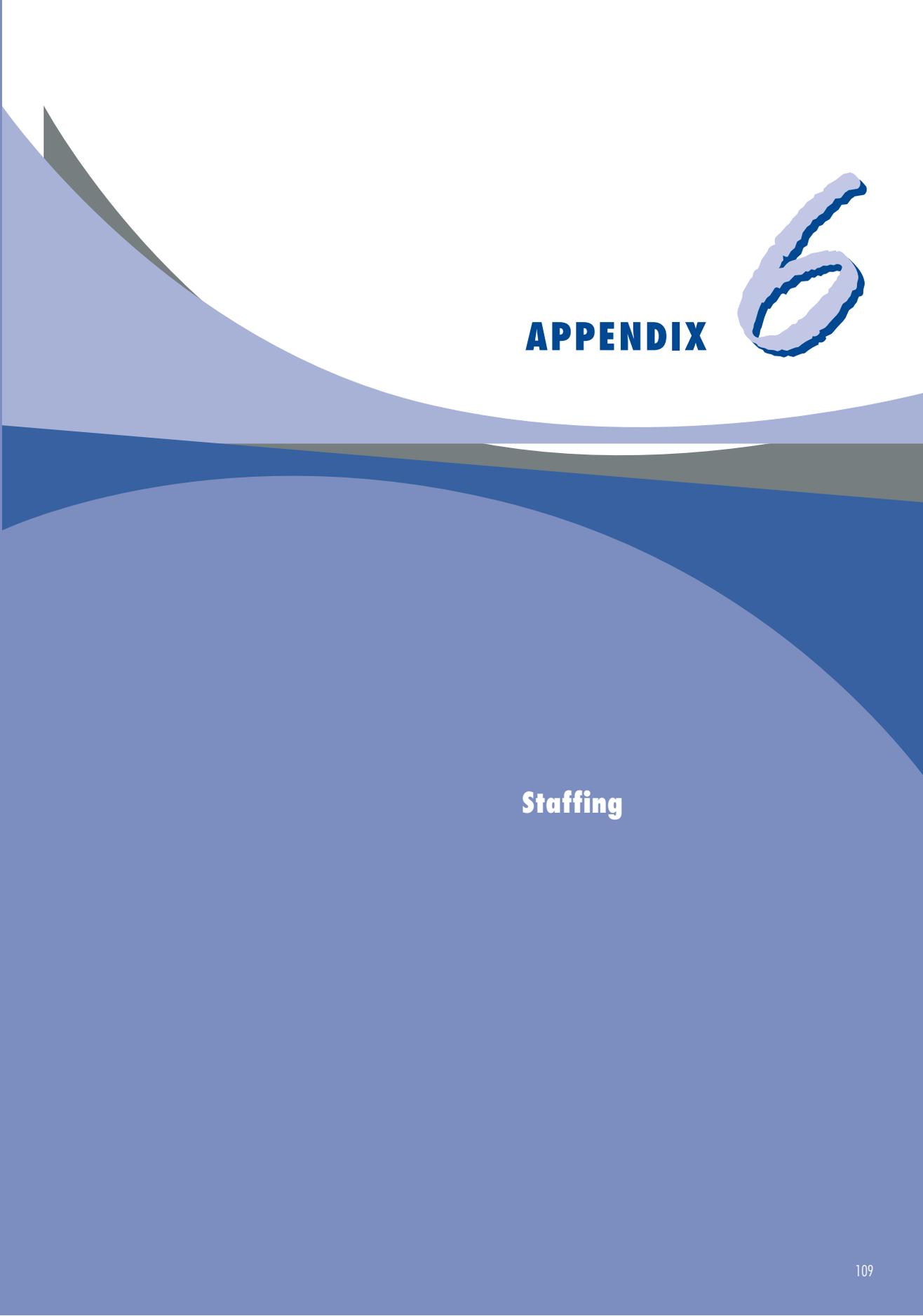
The AIHW supplies information on the extent and nature of its holdings of personal information for inclusion in the *Personal Information Digest* published by the Office of the Federal Privacy Commissioner.

FREEDOM OF INFORMATION REQUESTS

There were no requests made under the *Freedom of Information Act 1982* during 2001–02.

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 1033.



APPENDIX

6

Staffing

Staff numbers have remained constant over the past 2 years (the number of staff at 30 June 2000 was 183). The proportion employed as ongoing has increased from 60% at 30 June 2000 to 72% at 30 June 2001 and 75% at 30 June 2002.

TABLE 1: STAFF BY CATEGORY OF EMPLOYMENT AT 30 JUNE 2002

Status	Female	Male	Total (30 June 2002)	Total (30 June 2001)
Ongoing				
Full-time	59	44	103	100
Part-time	24	2	26	21
Leave without pay	10	2	12	12
Non-ongoing				
Full-time	24	10	34	40
Part-time	11	1	12	11
Leave without pay	0	0	0	0
Total	128	59	187	184

Notes:

'Ongoing staff' refers to staff employed on an ongoing basis, including ongoing staff on transfer from other Australian Public Service agencies.

'Non-ongoing staff' refers to staff employed on contracts of employment for specified terms and specified tasks.

TABLE 2: STAFF BY LEVEL AT 30 JUNE 2002

Status	Female	Male	Total (30 June 2002)	Total (30 June 2001)
Senior Executive Service Band 1	2	1	3	3
Executive Level 2	9	12	21	26
Executive Level 1	30	26	56	57
APS Level 6	40	13	53	42
APS Level 5	21	3	24	20
APS Level 4	13	4	17	21
APS Level 3	7	0	7	8
APS Level 2	6	0	6	7
Total	128	59	187	184

Some 68% of staff are female, 19% of staff identified themselves as being from non-English-speaking backgrounds (either first or second generation) and 2% identified as having a disability. Our data are likely to underestimate the degree of workplace diversity because, in common with many other agencies, provision of this information is voluntary and often under-reported.



APPENDIX

7

Unit Heads

EXECUTIVE UNIT

Margaret Fisher, GradDipT & DM, MBus, (CSU)

Health Division

CARDIOVASCULAR DISEASE, DIABETES AND RISK FACTOR MONITORING

Paul Magnus, MB, BS (WA)

HEALTH REGISTERS AND CANCER MONITORING

John Harding, BA (Macquarie)

POPULATION HEALTH DATA AND INFORMATION SERVICES

Mark Cooper-Stanbury, BSc (ANU)

HOSPITALS AND MENTAL HEALTH SERVICES

Jenny Hargreaves, BSc (Hons) (ANU), Grad Dip Population Health (ANU)

POPULATION HEALTH

Paul L Jelfs, BSc (Hons), PhD (UNSW)

HEALTH MONITORING AND DEVELOPMENT

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

SUMMARY MEASURES

John Goss, BEc, BSc (ANU), Grad Dip Nutr Diet (QIT)

MEDICAL ADVISER

Paul Magnus, MB, BS (WA)

Welfare Division

AGEING AND AGED CARE

Anne Jenkins, BSc, Grad Dip Psych, PhD (ANU)

CHILDREN, YOUTH AND FAMILY SERVICES

Helen Moyle, BA (Hons) (East Anglia), MA (La Trobe)

DISABILITY SERVICES

Rosamond Madden, BSc (Hons), MSc (Syd)

HOUSING ASSISTANCE

David Wilson, BEc (Hons) (Flinders)

NATIONAL DATA DEVELOPMENT

Trish Ryan, BA (Hons) (UNE)

SUPPORTED ACCOMMODATION AND CRISIS SERVICES

Justin Griffin, BEc (James Cook)

Economics and Business Services

HEALTH AND WELFARE EXPENDITURE

Tony Hynes, BApp Sc (Canberra)

LABOUR FORCE AND RURAL HEALTH

Glenice Taylor, BSc (Wollongong)

BUSINESS PLANNING AND MANAGEMENT

Earl Dudley, BSc (Hons) (ANU), PhD (Washington)

DATA AND INFORMATION TECHNOLOGY

Mike McGrath, BA (CCAIE)

MEDIA AND PUBLISHING

Nigel Harding, BA (Qld)

LIBRARY AND INFORMATION SERVICES

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

Heads of Collaborating Units

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE INFORMATION UNIT

Janis Shaw, BA (Hons), PhD (ANU)

AUSTRALIAN CENTRE FOR ASTHMA MONITORING

Guy B. Marks, B Med Sc, MBBS (UNSW), PhD (Syd), MRCP, FRACP, FAFPHM

DENTAL STATISTICS AND RESEARCH UNIT

A John Spencer, MDSc, PhD (Melb), MPH (Michigan)

GENERAL PRACTICE STATISTICS AND CLASSIFICATION UNIT

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

NATIONAL INJURY SURVEILLANCE UNIT

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

NATIONAL PERINATAL STATISTICS UNIT

Elizabeth Sullivan, MB, BS, MPH, M Med (Sexual Health) (Syd), FAFPHM

APPENDIX



Publications 2001–02

Books

AIHW PUBLICATIONS

- Annual Report 2000–01. AIHW. AIHW Cat. No. AUS 23. Canberra: AIHW, 2001.
- Australia's Health 2002. AIHW. AIHW Cat. No. AUS 25. Canberra: AIHW, 2002.
- Australia's Welfare 2001. AIHW. AIHW Cat. No. AUS 24. Canberra: AIHW, 2001.
- Publications Catalogue 2002. AIHW. AIHW Cat. No. AUS 22. Canberra: AIHW, 2002.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

- Expenditures on Health Services for Aboriginal and Torres Strait Islander People 1998–99. AIHW. AIHW Cat. No. IHW 7. Canberra: AIHW, 2001.

AGED CARE

- Community Aged Care Packages in Australia 2000–01: A Statistical Overview. AIHW. AIHW Cat. No. AGE 23. Canberra: AIHW, 2002 (Aged Care Statistics Series No. 12).
- Entry Period for Residential Aged Care. AIHW. AIHW Cat. No. AGE 24. Canberra: AIHW, 2002 (Aged Care Series No. 7).
- Residential Aged Care in Australia 2000–01: A Statistical Overview. AIHW. AIHW Cat. No. AGE 22. Canberra: AIHW, 2002 (Aged Care Statistics Series No. 11).

CANCER

- See Collaborative publications (with non-AIHW data provider).

CARDIOVASCULAR DISEASE

- Cardiac Surgery in Australia 1998. Davies J, Senes S. AIHW Cat. No. CVD 15. Canberra: AIHW, 2001 (Cardiovascular Disease Series No. 16).
- Coronary Angioplasty in Australia 1998. Davies J, Senes S. AIHW Cat. No. CVD 14. Canberra: AIHW, 2001 (Cardiovascular Disease Series No. 15).
- Coronary Angioplasty in Australia 1999. Davies J, Senes S. AIHW Cat. No. CVD 19. Canberra: AIHW, 2002 (Cardiovascular Disease Series No. 19).
- General Practice View of Cardiovascular Disease and Diabetes in Australia, A. Senes S, Britt H. AIHW Cat. No. CVD 17. Canberra: AIHW, 2001 (Cardiovascular Disease Series No. 18).
- National Diabetes Register, Statistical Profile, December 2000. AIHW. AIHW Cat. No. CVD 18. Canberra: AIHW, 2001 (Diabetes Series No. 2).

CHILDREN, YOUTH AND FAMILIES

Adoptions Australia 2000–01. AIHW. AIHW Cat. No. CWS 15. Canberra: AIHW, 2002 (Child Welfare Series No. 28).

Australia's Children: Their Health and Wellbeing 2002. Sargeant H, Bryant M, Al-Yaman F. AIHW Cat. No. PHE 36. Canberra: AIHW, 2002.

Child Protection Australia 2000–01. AIHW. AIHW Cat. No. CWS 16. Canberra: AIHW, 2002 (Child Welfare Series No. 29).

Guidelines for Interpretation of Child Protection and Out-of-home Care Performance Indicators. AIHW. AIHW Cat. No. CWS 17. Canberra: AIHW, 2002.

Report on the Development of a Juvenile Justice NMDS. Broadbent A. AIHW Cat. No. CWS 14. Canberra: AIHW, 2001.

DENTAL HEALTH

Access to Dental Services of Australian Children and Adolescents 1999: Research Report No. 2. AIHW DSRU. AIHW Cat. No. DEN 100. Adelaide: AIHW DSRU, 2002.

Adelaide Dental Study of Nursing Homes 1998. Chalmers JM, Carter KD, Hodge CP, Fuss JM, Spencer AJ. AIHW Cat. No. DEN 83. Adelaide: AIHW DSRU, 2001 (Dental Statistics and Research Series No. 22).

Adelaide Dental Study of Nursing Homes: One-year Follow-up 1999, The. Chalmers JM, Carter KD, Hodge CP, Fuss JM, Spencer AJ. AIHW Cat. No. DEN 84. Adelaide: AIHW DSRU, 2001 (Dental Statistics and Research Series No. 23).

Child Dental Health Survey, Australia 1998, The. Armfield J, Roberts-Thomson K, Spencer AJ. AIHW Cat. No. DEN 88. Adelaide: AIHW DSRU, 2001 (Dental Statistics and Research Series No. 24).

Child Dental Health Survey, New South Wales, 1998, The. AIHW DSRU. AIHW Cat. No. DEN 74. Adelaide: AIHW DSRU, 2001.

Child Dental Health Survey, New South Wales, 1999, The. AIHW DSRU. AIHW Cat. No. DEN 89. Adelaide: AIHW DSRU, 2001.

Child Dental Health Survey, Queensland, 1999, The. AIHW DSRU. AIHW Cat. No. DEN 92. Adelaide: AIHW DSRU, 2001.

Child Dental Health Survey, Tasmania, 1999, The. AIHW DSRU. AIHW Cat. No. DEN 90. Adelaide: AIHW DSRU, 2002.

Child Dental Health Survey, Victoria, 1999, The. AIHW DSRU. AIHW Cat. No. DEN 87. Adelaide: AIHW DSRU, 2001.

Child Dental Health Survey, Western Australia, 1999, The. AIHW DSRU. AIHW Cat. No. DEN 91. Adelaide: AIHW DSRU, 2001.

Public Perceptions of Dentistry: Stimulus or Barrier to Better Oral Health. AIHW DSRU. AIHW Cat. No. DEN 96. Adelaide: AIHW DSRU, 2002 (Dental Statistics and Research Series no. 25).

Rural Oral Health and Access to Dental Care—1994–96 and 1999: Research Report No. 1. AIHW DSRU. AIHW Cat. No. DEN 86. Adelaide: AIHW DSRU, 2002.

South Australian Dental Longitudinal Study Five-year Follow-up: Research Report No. 3, The. AIHW DSRU. AIHW Cat. No. DEN 102. Adelaide: AIHW DSRU, 2002.

DISABILITY SERVICES

Disability Support Services 2001. First National Results on Services Provided under the CSDA. AIHW. AIHW Cat. No. DIS 24. Canberra: AIHW, 2002 (Disability Series).

Disability Support Services 2001: National Data on Services Provided Under the Commonwealth/State Disability Agreement. AIHW. AIHW Cat. No. DIS 25. Canberra: AIHW, 2002 (Disability Series).

Unmet Need for Disability Services: Effectiveness of Funding and Remaining Shortfalls. Summary. AIHW. AIHW Cat. No. DIS 26. Canberra: AIHW, 2002 (Disability Series).

GENERAL PRACTICE

General Practice Activity in Australia 2000–01. Britt H, Miller GC, Knox S, Charles J, Valenti L, Henderson J, Kelly Z, Pan Y. AIHW Cat. No. GEP 8. Sydney: AIHW GPSCU, 2001 (General Practice Series No. 8).

Imaging Orders by General Practitioners in Australia 1999–00. Britt H, Miller GC, Knox S. AIHW Cat. No. GEP 7. Sydney: AIHW GPSCU, 2001 (General Practice Series No. 7).

HEALTH SERVICES

Australian Hospital Statistics 2000–01. AIHW. AIHW Cat. No. HSE 20. Canberra: AIHW, 2002 (Health Services Series No. 19).

Guidelines for the NMDS for Alcohol and Other Drug Treatment Services 2001–02. AIHW. AIHW Cat. No. HSE 16. Canberra: AIHW, 2001.

Mental Health Services in Australia 1999–00. AIHW. AIHW Cat. No. HSE 19. Canberra: AIHW, 2002 (Mental Health Series No. 3).

Waiting Times for Elective Surgery in Australia 1998–99. AIHW. AIHW Cat. No. HSE 13. Canberra: AIHW, 2001 (Health Services Series No. 16).

Waiting Times for Elective Surgery in Australia 1999–00. AIHW. AIHW Cat. No. HSE 18. Canberra: AIHW, 2002 (Health Services Series No. 18).

HEALTH AND WELFARE EXPENDITURE

Australia's Health Services Expenditure to 1999–00. Health Expenditure Bulletin No. 17. AIHW. AIHW Cat. No. HWE 18. Canberra: AIHW, 2001 (Health and Welfare Expenditure Series No. 12).

Australia's Welfare Services Expenditure 1994–95 to 1999–00. Welfare Services Expenditure Bulletin No. 6. AIHW. AIHW Cat. No. HWE 17. Canberra: AIHW, 2001 (Health and Welfare Expenditure Series No. 11).

National Public Health Expenditure Report 1998–99. AIHW. AIHW Cat. No. HWE 16. Canberra: AIHW, 2001 (Health and Welfare Expenditure Series No. 10).

State of Play of Expenditure on Public Health by Australian Governments. A Survey of Data Available on Public Health Expenditure in Australia for 1997–98 and for Earlier Years. AIHW. AIHW Cat. No. HWE 19. Canberra: AIHW, 2001 (Health and Welfare Expenditure Series No. 13).

HEALTH AND WELFARE LABOUR FORCE

Nursing Labour Force 1999. AIHW. AIHW Cat. No. HWL 20. Canberra: AIHW, 2001 (National Health Labour Force Series No. 20).

Occupational Therapy Labour Force 1998. AIHW. AIHW Cat. No. HWL 21. Canberra: AIHW, 2001 (National Health Labour Force Series No. 21).

Physiotherapy Labour Force 1998. AIHW. AIHW Cat. No. HWL 22. Canberra: AIHW, 2001 (National Health Labour Force Series No. 22).

HOUSING

National Housing Assistance Data Dictionary version 1. AIHW. AIHW Cat. No. HOU 59. Canberra: AIHW, 2001.

SAAP National Data Collection Annual Report 2000–01 Australia. AIHW. AIHW Cat. No. HOU 61. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection Annual Report 2000–01 Australian Capital Territory. AIHW. AIHW Cat. No. HOU 68. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection Annual Report 2000–01 New South Wales. AIHW. AIHW Cat. No. HOU 62. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection Annual Report 2000–01 Northern Territory. AIHW. AIHW Cat. No. HOU 69. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection Annual Report 2000–01 Queensland. AIHW.
AIHW Cat. No. HOU 64. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection Annual Report 2000–01 South Australia. AIHW.
AIHW Cat. No. HOU 66. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection Annual Report 2000–01 Tasmania. AIHW.
AIHW Cat. No. HOU 67. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection Annual Report 2000–01 Victoria. AIHW.
AIHW Cat. No. HOU 63. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection Annual Report 2000–01 Western Australia. AIHW.
AIHW Cat. No. HOU 65. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 6).

SAAP National Data Collection: Demand for SAAP Assistance 1999–2000. AIHW.
AIHW Cat. No. HOU 60. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Series 5).

INJURY

Accidental Poisoning of Preschool Children from Medicinal Substances, Australia. O'Connor P. AIHW Cat. No. INJCAT 39. Adelaide: AIHW NISU, 2002 (Injury Research and Statistics Series No. 9).

Alcohol-related Injury and Young Males. Allsop S, Steenkamp M, Harrison J. AIHW Cat. No. INJCAT 42. Adelaide: AIHW NISU, 2002 (Injury Technical Paper Series No. 1).

Child Injuries Due to Falls. Steenkamp M, Cripps R. AIHW Cat. No. INJCAT 37. Adelaide: AIHW NISU, 2001 (Injury Research and Statistics Series No. 7).

Falls by the Elderly in Australia, Trends and Data for 1998. Cripps R, Carman J. AIHW Cat. No. INJCAT 35. Adelaide: AIHW NISU, 2001 (Injury Research and Statistics Series No. 6).

Information Sources for Injury Prevention Among Indigenous Australians. Status and Prospects for Improvement. Harrison J, Miller ER, Weeramanthri TS, Wakerman J, Barnes T. AIHW Cat. No. INJCAT 38. Adelaide: AIHW NISU, 2002 (Injury Research and Statistics Series No. 8).

Persisting Morbidity Among Hospitalisations for Near Drowning, Australia 1997–98. Steenkamp M. AIHW Cat. No. INJCAT 45. Adelaide: AIHW NISU, 2002 (Injury Research and Statistics Series No. 12).

Spinal Cord Injury, Australia, 1999–00. O'Connor P. AIHW Cat. No. INJCAT 40. Adelaide: AIHW NISU, 2002 (Injury Research and Statistics Series No. 10).

PERINATAL HEALTH

Assisted Conception Australia and New Zealand 1999 and 2000. Hurst T, Lancaster P. AIHW Cat. No. PER 18. Sydney: AIHW NPSU, 2001 (Assisted Conception Series No. 6).

Australia's Mothers and Babies 1999. Nassar N, Sullivan E A. AIHW Cat. No. PER 19. Sydney: AIHW NPSU, 2001 (Perinatal Statistics Series No. 11).

POPULATION HEALTH

Australian Health Trends 2001. de Looper M, Bhatia K. AIHW Cat. No. PHE 24. Canberra: AIHW, 2001.

Chronic Diseases and Associated Risk Factors in Australia, 2001. AIHW. AIHW Cat. No. PHE 33. Canberra: AIHW, 2002.

Morbidity of Vietnam Veterans, Adrenal Gland Cancer, Leukaemia and Non-Hodgkin's Lymphoma, Supplementary Report 2. AIHW. AIHW Cat. No. PHE 28. Canberra: AIHW, 2001.

National Drug Strategy Household Survey 2001: First Results. AIHW. AIHW Cat. No. PHE 35. Canberra: AIHW, 2002 (Drug Statistics Series No. 9).

Prisoner Health Information System, A. Grau J. AIHW Cat. No. PHE 32. Canberra: AIHW, 2001.

Periodicals

AIHW ACCESS

Access Issue 10 May 2002. AIHW. AIHW Cat. No. HWI 35. Canberra: AIHW, 2002 (AIHW Access No. 10).

Access Issue 9 December 2001. AIHW. AIHW Cat. No. HWI 34. Canberra: AIHW, 2001 (AIHW Access No. 9).

Access Issue 8 August 2001. AIHW. AIHW Cat. No. HWI 33. Canberra: AIHW, 2001 (AIHW Access No. 8).

CANCER MONITORING

Breast Cancer Size and Nodal Status. National Breast Cancer Centre, Australasian Association of Cancer Registries, Commonwealth Department of Health and Aged Care, AIHW, BreastScreen Australia. Canberra: AIHW, 2001 (Cancer Monitoring Issue No. 2).

DISABILITY DATA BRIEFING

The International Classification of Functioning, Disability and Health (ICF). AIHW. Canberra: AIHW, 2002 (Disability Data Briefing no. 20).

Working papers

Comparability and Consistency of Community Care Meta-data. Jeffery K, Ryan T. Canberra: AIHW, 2002 (Welfare Working Paper Series No. 38).

Probability of Using an Aged Care Home Over a Lifetime, 1999–00, The. Mason F, Liu Z, Braun P. Canberra: AIHW, 2001 (Welfare Working Paper Series No. 36).

Report on the Field Testing of the Proposed Children's Services National Minimum Data Set. Al Yaman F. Canberra: AIHW, 2001 (Welfare Working Paper Series No. 37).

Joint publications

Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2001, The. Australian Bureau of Statistics & AIHW. Canberra: ABS, 2001.

National Summary of the 1999 Jurisdictional Reports against the Aboriginal and Torres Strait Islander Health Performance Indicators. National Health Information Management Group. AIHW Cat. No. IHW 8. Canberra: AIHW, 2001.

Report on Maternal Deaths in Australia 1994–96. NHMRC, AIHW. AIHW Cat. No. PER 17. Sydney: AIHW NPSU, 2001.

Vaccine Preventable Diseases and Vaccination Coverage in Australia, 1999 to 2000. McIntyre P, Gidding H, Gilmour R, Lawrence G, Hull B, Horby P, Wang Han, Andrews R, Burgess M. Canberra: DHAC, University of Sydney & AIHW, 2002.

Collaborative publications (with non-AIHW data provider)

Cancer Survival in Australia, 2001 Part 1: National Summary Statistics. AIHW, Australasian Association of Cancer Registries. AIHW Cat. No. CAN 13. Canberra: AIHW, 2001 (Cancer Series No. 18).

Cancer Survival in Australia, 2001 Part 2: Statistical Tables. AIHW, Australasian Association of Cancer Registries. AIHW Cat. No. CAN 14. Canberra: AIHW, 2001 (Cancer Series No. 19).

Cancer in Australia 1998: Incidence and Mortality Data for 1998. AIHW, Australasian Association of Cancer Registries. AIHW Cat. No. CAN 12. Canberra: AIHW, 2001 (Cancer Series No. 17).

Staff other

BOOKS

Bauman A, Ford I, Armstrong T 2001. Trends in population levels of reported physical activity in Australia, 1997, 1999 and 2000. Canberra: Australian Sports Commission.

Newton P, Baum S, Bhatia K, Brown SK, Cameron AS, Foran B, Grant T, Mak SL, Memmott PC, Mitchell VG, Neate KL, Pears A, Smith N, Stimson RJ, Tucker SN, Yencken D 2001. Human Settlements, Australia State of the Environment Report 2001. Theme report. Canberra: CSIRO Publishing on behalf of the Department of Environment and Heritage.

CHAPTERS IN EDITED BOOKS

Grant A, David F, Cook B 2002. Victims of crime. In: Graycar and Grabosky (eds). *The Cambridge Handbook of Australian Criminology*. Cambridge: Cambridge University Press, 281–93.

JOURNAL ARTICLES

Brennan DS, Gaughwin A, Spencer AJ 2001. Differences in dimensions of satisfaction with private and public dental care among children. *International Dental Journal* 51:77–82.

Brennan DS, Spencer AJ 2002. Evaluation of patients by private general practitioners: associations with patient, visit, and service characteristics. *Community Dental Health* 19:109–15.

Brennan DS, Spencer AJ 2002. Practice activity trends among Australian private general dental practitioners: 1983–84 to 1998–99. *International Dental Journal* 52:61–6.

Brennan DS, Spencer AJ 2001. Practice belief scales among private general dental practitioners. *Australian Dental Journal* 46(3):186–93.

Brennan DS, Spencer AJ, Kriven S, Szuster FSP 2001. The effect of mailing strategies and use of incentives on response rates to mailed surveys. *Australian Journal of Market Research* 9(1):1–8.

Brennan DS, Spencer AJ, Slade GD 2001. Prevalence of periodontal conditions among public-funded dental patients in Australia. *Australian Dental Journal* 46:114–21.

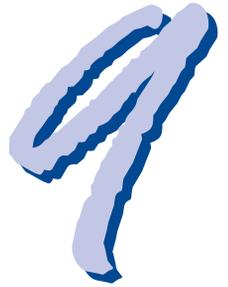
Brennan DS, Spencer AJ, Szuster FSP 2001. Provision of extractions by main diagnoses. *International Dental Journal* 51(1):1–6.

Chalmers JM 2001. Geriatric oral health issues in Australia. *International Dental Journal* 51:188–99.

Chalmers JM, Hodge C, Fuss J, Spencer AJ, Carter KD 2002. The prevalence of oral diseases in Adelaide nursing home residents. *Australian Dental Journal* 47(2):123–30.

- Chalmers JM, Hodge C, Fuss JM, Spencer AJ, Carter KD, Mathew R 2001. Opinions of dentists and directors of nursing concerning dental care provision for Adelaide nursing homes. *Australian Dental Journal* 46(4):277–83.
- Gibson D, Braun P & Liu Z 2002. Spatial equity in the distribution of aged care services in Australia. *Australasian Journal on Ageing* 21(2):80–86.
- Leuppi JD, Downs SH, Downie SR, Marks GB, Salome CM 2002. Exhaled nitric oxide levels in atopic children: relation to specific allergen sensitisation, AHR, and respiratory symptoms. *Thorax* 57:518–23.
- Magnus P & Beaglehole R 2001. The real contribution of the major risk factors to the coronary epidemics: time to end the ‘only 50%’ myth. *Archives of Internal Medicine* 161: 2657–2660.
- Marks GB, Zhou J, Yang HS, Joshi PA, Bishop GA, Britton WJ and the CAPS investigators 2002. Cord blood mononuclear cell cytokine responses in relation to maternal house dust mite allergen exposure. *Clinical and Experimental Allergy* 32:355–60.
- Mihrshahi S, Vanlaar C, Marks GB, Tovey ER, Peat JK, for the CAPS Team 2002. Predictors of high house dust mite allergen concentrations in residential homes in Sydney. *Allergy* 57:137–42.
- Mihrshahi S, Vukasin N, Forbes S, Wainwright C, Krause W, Ampon R, Mellis C, Marks G, Peat J for the CAPS team 2002 Are you busy for the next five years? Recruitment in the Childhood Asthma Prevention Study (CAPS). *Respirology* 7:147–51.
- Poulos LM, O’Meara TJ, Hamilton RG & Tovey ER 2002 Inhaled latex allergen (Hev b 1) *The Journal of Allergy and Clinical Immunology* 109(4):701–6.
- Thomson WM, Spencer AJ, Slade GD, Chalmers JM 2002. Is medication a risk factor for dental caries among older people? Evidence from a longitudinal study in South Australia. *Community Dentistry and Oral Epidemiology* 30:224–32.
- Xuan W, Marks GB, Toelle BG, Belousova E, Peat JK, Berry G, Woolcock AJ 2002. Risk factors for onset and remission of atopy, wheeze, and airway hyperresponsiveness *Thorax* 57:104–9.

APPENDIX



Participation in national committees as an information specialist

NATIONAL COMMITTEES CHAIRED BY AIHW

Australian Hospital Statistics Advisory Committee
Intergovernmental Committee on Drugs Data Working Group
National Community Services Data Committee
National Health Data Committee

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

Advisory Committee on Australian and International Disability Data (ACAIDD replaces DDRAG)
Advisory Committee on Maternal Mortality and Morbidity
AHMAC Mental Health Working Group Information Strategy Committee – National Minimum Data Set Sub-committee
Australasian Association of Cancer Registries
Commonwealth–State Housing Agreement National Housing Data Agreement Management Group
Commonwealth–State Housing Agreement National Housing Data Agreement National Housing Data Development Committee
Commonwealth/State Disability Agreement National Minimum Data Set Network
Computer Assisted Telephone Interview Technical Reference Group
Indigenous Housing Data Committee
Information Strategy Committee NMDS Sub-committee
Juvenile Justice Data Working Group
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
National Child Protection and Support Services Data Group
National Community Services Data Committee
National Community Services Information Management Group
National Diabetes Register
National Health Data Committee
National Health Information Management Group
National Housing Data Development Committee
National Indigenous Housing Information Implementation Committee

National Indigenous Housing Information Implementation Committee's National Minimum Data Set Working Group

National Perinatal Data Development Committee

National Public Health Information Working Group (NPHIWG)

NHIMG Expert Group on Health Classifications

Population Health Taskforce on Performance

Rural Health Information Advisory Committee

NATIONAL COMMITTEES OF WHICH AIHW IS A MEMBER

Aged Care Assessment Program IT Feasibility Study Steering Committee

AHMAC Mental Health Working Group Information Strategy Committee

Anaesthesia Workforce Review

Australian Bureau of Statistics Housing Statistics User Advisory Group

Australian Casemix Clinical Committee on Injury

Australian Council for Safety and Quality in Health Care's Data and Information Working Group

Australian Health Ministers' Advisory Council Privacy Working Group

Australian Health Workforce Advisory Committee

Australian Medical Workforce Advisory Committee

Australian Patient Safety Foundation Council

Bowel Screening Pilot Implementation Committee

BreastScreen Australia National Advisory Committee

Cervical Screening National Advisory Committee

Cardiovascular Data Working Group

Clinical Casemix Committee of Australia

Critical Care Workforce Working Party

Department of Family and Community Services Steering Committee for the Longitudinal Survey of Australian children

Emergency Medicine Workforce Review

Environmental Health Information Task Group

Federal Privacy Commissioner's Reference Group on Health Privacy Guidelines

Greater Collaboration in Primary Health and Community Care Jurisdictional Group

Home and Community Care Data Reform Working Group

Housing Working Group for the Review of Commonwealth/State Service Provision

Joint Working Group on Healthy Ageing

Maternal Morbidity and Mortality National Advisory Committee

Medicines Coding Council of Australia

Midwifery Workforce Working Party

Monitoring and Evaluation Coordination Committee of the Intergovernmental Committee on Drugs

National Advisory Committee on Oral Health

National Cardiovascular Monitoring System Advisory Committee

National Centre for Classification in Health's Coding Standards Advisory Committee

National Community Services Information Management Group sub-groups:

- ▶ Children's Services Data Working Group
- ▶ Aged Care Data Advisory Group

National Diabetes Data Group

National Health Performance Committee

National Health Priority Performance Advisory Group

National Social Housing Survey Working Group

National Public Health Information Working Group

National Public Health Partnership

National Public Health Partnership, Child and Youth Health Intergovernmental Partnership

NHMRC Working Party on Guidelines for Water Fluoridation and Fluoride Intake from Discretionary Fluoride Supplements

NHMRC Dental Amalgam Risk Assessment Panel

NHMRC Women's Longitudinal Study, Project Advisory Committee

Pathology Workforce Working Party

Public Health Information Working Group

RACGP National Informatics Committee

RACGP National Archives Committee

RACGP Taskforce on Privacy Legislation

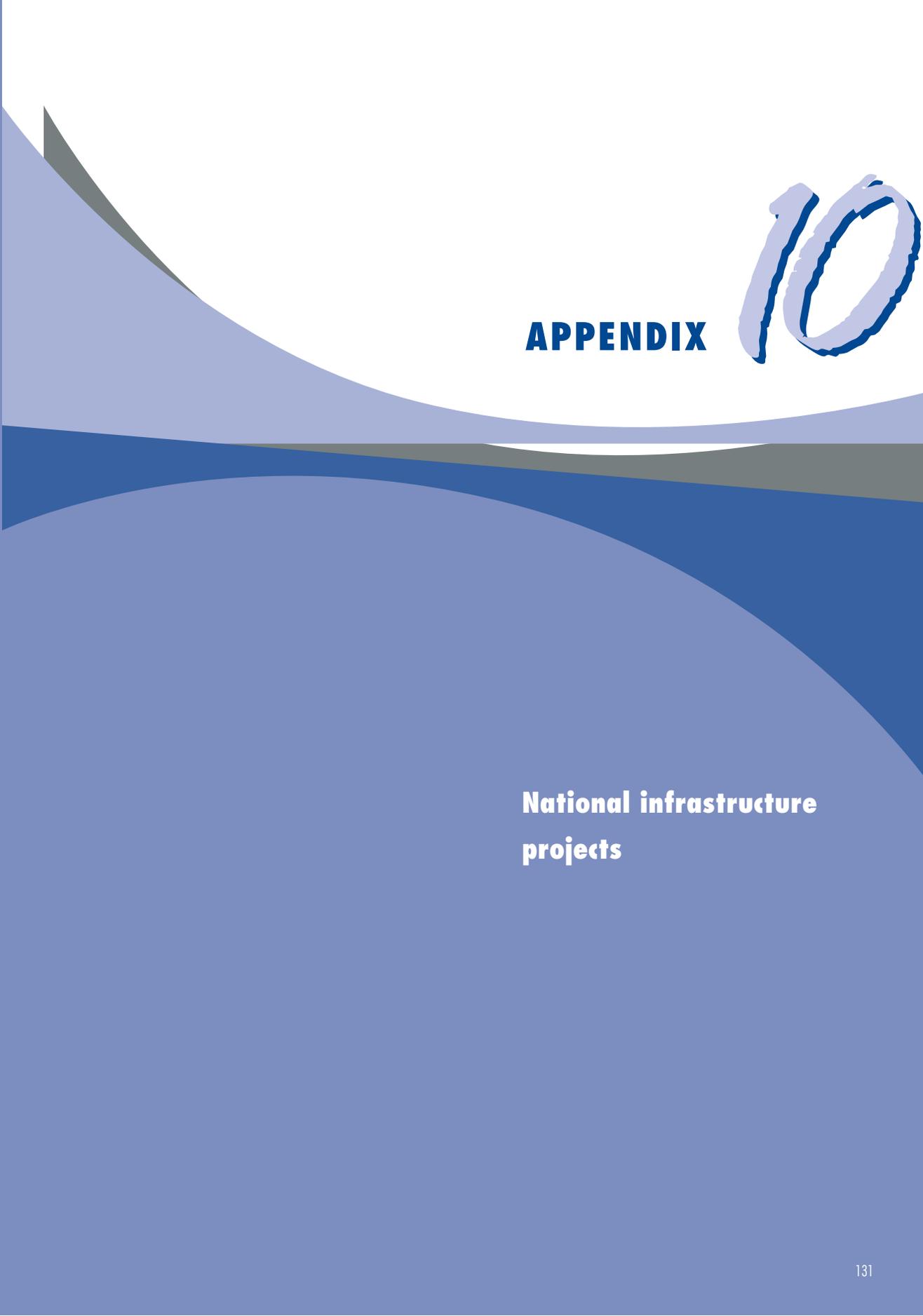
SAAP Information Management Plan Core Needs Project Steering Group

Specialist Radiology Workforce Working Party
 Standards Australia's IT/14 (Health Informatics Committee)
 Steering Committee for the Home and Community Care Dependency Data Items Project
 Steering Committee for the Second Report on Expenditures on Health Services for
 Aboriginal and Torres Strait Islander People
 Steering Committee & Reference Group, Australian Health Measurement Survey
 Advisory Committee, National Food & Nutrition Monitoring & Surveillance Project
 Strategic Inter-Governmental Nutrition Alliance
 Strategic Injury Prevention Partnership Group of the National Public Health Partnership
 Strategic Inter-Governmental Forum on Physical Activity and Health
 Working groups for the following chapters of the *Report on Government Services*:

- ▶ Aged Care
- ▶ Children's Services
- ▶ Protection and Support Services
- ▶ Disability
- ▶ Housing
- ▶ Health
- ▶ Indigenous Data Working Group

NATIONAL COMMITTEES OF WHICH AIHW IS AN OBSERVER

ABS National Health Survey Reference Group
 Aged Care Ministers' Conference
 Australian Health Ministers' Advisory Council
 Australian Health Ministers' Conference
 Community Services Ministers' Advisory Council
 Community Services Ministers' Conference
 Disability Services Ministers' Conference
 Housing Ministers' Advisory Committee
 Housing Ministers' Conference
 National Disability Administrators
 National Health and Medical Research Council
 Supported Accommodation Assistance Program Data Sub-committee



APPENDIX

10

**National infrastructure
projects**

During the year the AIHW contributed to the improvement of the national health and welfare information infrastructure through a range of national data development activities and the production of a range of resources to support consistency and comparability in national information reporting.

ACTIVITIES

During the year the AIHW was involved with the development of the following new national data sets and major revisions or enhancements to existing national data collections and standards:

- ▶ National Health Data Dictionary, Version 11
- ▶ National Classification of Community Services, Version 2.0
- ▶ Version 2 of the NMDS for disability support services provided under the Commonwealth–State/Territory Disability Agreement
- ▶ development of a national cardiovascular clinical minimum data set for use in general practice and other community healthcare settings
- ▶ review and revision of components of the NMDS for elective surgery waiting times
- ▶ data development work relating to hospital accreditation and specialised psychiatric care units for the NMDS for Public Hospital Establishments
- ▶ data development work relating to community mental health service contacts for the NMDS for Community Mental Health Care
- ▶ an evaluation of the NMDS for Admitted Patient Care, building on a compliance report prepared previously for 1997–98 NMDS data
- ▶ development of an NMDS for hospital emergency departments, and data developments relating to hospital outpatients clinics, and to rehabilitation for admitted patients
- ▶ the proposal of new items to the States and Territories for inclusion in the Perinatal MDS, such as smoking in pregnancy
- ▶ development of the CSHA Public rental housing NMDS
- ▶ development of the CSHA Aboriginal Rental Housing Program NMDS
- ▶ development of an NMDS for private rental assistance based on the FaCS Commonwealth Rent Assistance data set
- ▶ development of an NMDS for Indigenous housing assistance to support Housing Ministers' recent statement on new directions for Indigenous housing titled *Building a Better Future: Indigenous Housing to 2010*.
- ▶ development of draft standards to measure high need and priority access housing tenants
- ▶ development work for Version 2 of the National Housing Assistance Data Dictionary
- ▶ development of Version 2 of the Aged Care Assessment Program Minimum Data Set and national program performance indicators
- ▶ development and field testing of data items for a national census of the Community Aged Care Package program and national program performance indicators
- ▶ development and field testing of data items for a national census of the Day Therapy Centre program and national program performance indicators

- development and conduct of a national census of the Extended Aged Care at Home Program
- data development work regarding identification of core public health activities for expenditure purposes
- development of draft performance indicators for the residential aged care program
- development of metadata for the Department of Health and Ageing's Aged and Community Care Management Information System
- development of metadata for the Office of Hearing Services management information resources
- revision of the Children's Services NMDS data manual and preparation of materials for the pilot test of the first stage of the NMDS
- developing a new national framework for reporting on child protection
- field testing of the draft Juvenile Justice NMDS
- ongoing refinement of the Alcohol and Other Drug Treatment Services NMDS
- development of a data dictionary for the Continence Aids Assistance Scheme
- review and assessment of existing national information sources on incontinence to assist with evaluation of the National Continence Strategy
- the core needs project of the SAAP Information Management Plan, which aims to identify the important data needs of SAAP national data collection stakeholders and to implement a revised dataset in July 2005
- development of draft specifications for national palliative care performance indicators
- revision of the International Standards Organisation (ISO) standard for the specification of data elements (ISO 11179) and contribution to the development of the Health Indicators Conceptual Framework under development by ISO Technical Committee 215
- contribution to the Standards Australia development process for the identification of health care clients
- development of Version 11 of the National Health Data Dictionary
- development of Version 2 of the National Classification of Community Services
- Functions relating to ICF implementation have been carried out, including seminars, responding to inquiries, work on a training strategy, secretariat support to advisory committee
- Preliminary review of the Home and Community Care program's performance information requirements
- Nursing workforce survey redevelopment

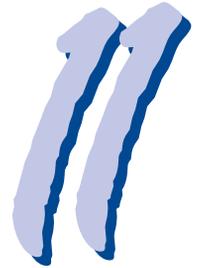
PRODUCTS

- Aged Care Assessment Program Data Dictionary, Version 1.0, incorporating national program performance indicators
- Community Aged Care Package Program Data Dictionary, Version 1, incorporating national program performance indicators

- ▶ Day Therapy Centre Program Data Dictionary, Version 1, incorporating national program performance indicators
- ▶ Supported Accommodation Assistance Program (SAAP) national data collection Data Dictionary Version 2.
- ▶ SAAP national data collection Collector's Manual was dispatched to all SAAP agencies early in 2000–01 to ensure that all agencies responsible for collecting SAAP data had access to working definitions of the data items described in the SAAP Data Dictionary.
- ▶ Data collection forms and guidelines for the national census for the Extended Aged Care at Home program
- ▶ Continence Aids Assistance Scheme Data Dictionary, Version 1
- ▶ Data sources available for the management and treatment of incontinence: Report
- ▶ Guidelines to the Alcohol and Other Drug Treatment Services NMDS collection 2002–03
- ▶ Children's Services NMDS Data Manual and Pilot Test data collection forms and guidelines
- ▶ CSDA MDS redevelopment: Forms and other data transmission tools, data guides, data dictionaries, national newsletters, reports to advisory group and National Disability Administrators
- ▶ Draft disability data elements for the next National Community Services Data Dictionary—first versions have been discussed with Australian advisory group
- ▶ CSDA Data Dictionary (to be published in 2002–03)
- ▶ Report on analysis of Admitted Patient Palliative Care NMDS 1999–00 to assist with development of a national community based palliative care NMDS
- ▶ Draft Palliative Care Performance Indicator Data Dictionary, Version 1
- ▶ Report on the Day Therapy Centre program data development field test
- ▶ Draft Residential Aged Care Performance Indicator Data Dictionary Version, 1
- ▶ Working Paper: Comparability and consistency of community care metadata
- ▶ 2000–01 CSHA Public rental housing data collection manual
- ▶ 2000–01 CSHA Aboriginal Rental Housing Program data collection manual
- ▶ 2000–01 CSHA Community Housing data collection manual
- ▶ 2000–01 CSHA Crisis Accommodation Program data collection manual
- ▶ 2000–01 CSHA Private Rent Assistance data collection manual
- ▶ 2000–01 CSHA Home Purchase Assistance data collection manual
- ▶ 2001–02 CSHA Public rental housing data collection report
- ▶ 2001–02 CSHA Aboriginal Rental Housing Program data collection report
- ▶ 2001–02 CSHA Community Housing data collection report
- ▶ 2001–02 CSHA Crisis Accommodation Program data collection report
- ▶ 2001–02 CSHA Private Rent Assistance data collection report
- ▶ 2001–02 CSHA Home Purchase Assistance data collection report
- ▶ Version 1 of the National Housing Assistance Data Dictionary Data Dictionary
- ▶ Indigenous Housing Information Management Strategy and an Action Plan



APPENDIX



**Activities funded by
outside bodies for
2001–02 financial year**

- Project:** ACT Physical Activity Report
Funding body: ACT Department of Health, Housing and Community Care
- Project:** Advanced Statistical Analysis of Residential Aged Care Entry Period and Residential Movement Data
Funding body: Department of Health and Ageing
- Project:** Aged and Community Care Data and Performance Indicator Development
Funding body: Department of Health and Ageing
- Project:** Ageing Research Capacity Building Project
Funding body: Department of Health and Ageing
- Project:** An Australian Health Data Repository for Data Supplied to the World Health Organization
Funding body: Department of Health and Ageing
- Project:** Analysis and Reporting of ACT Cancer Incidence and Mortality Data
Funding body: ACT Department of Health, Housing and Community Care
- Project:** ANAO Performance Audit
Funding body: Australian National Audit Office
- Project:** Asthma Monitoring
Funding body: Department of Health and Ageing
- Project:** Australian Health Measurement Survey—Pilot Test Development
Funding body: Department of Health and Ageing
- Project:** Breast and Cervical Cancer Screening
Funding body: Department of Health and Ageing
- Project:** Cancer of Korean War Veterans
Funding body: Department of Veterans' Affairs
- Project:** Child and Youth Health Monitoring
Funding body: Department of Health and Ageing
- Project:** Chronic Diseases and Behavioural Risk Factor Monitoring and Surveillance
Funding body: Department of Health and Ageing
- Project:** Commonwealth/State Disability Agreement Minimum Data Set Redevelopment
Funding body: Department of Family and Community Services, on behalf of Disability Administrators
- Project:** Community Care Data Development
Funding body: Department of Health and Ageing
- Project:** Community Comparison and Cost Drivers
Funding body: Department of Veterans' Affairs

- Project:** **Cost Sharing for the Pilot Testing of the National Minimum Data Set of Children’s Services Information**
Funding body: Community Services Ministers’ Advisory Council and Department of Education, Science and Training
- Project:** **Creation of a Data Dictionary for the Office of Hearing Services**
Funding body: Department of Health and Ageing
- Project:** **Development of National Public Health Information, including secretariat and support for the National Public Health Information Working Group**
Funding body: Department of Health and Ageing
- Project:** **Drug Survey Provider**
Funding body: Department of Health and Ageing
- Project:** **Environmental Health Information Development**
Funding body: Department of Health and Ageing
- Project:** **Environmental Health Monitoring**
Funding body: Department of Health and Ageing
- Project:** **Evaluation of the National Minimum Data Set for Admitted Patient Care**
Funding body: Australian Health Ministers Advisory Council
- Project:** **HACC Service Standards Consumer Appraisal Data Development Project**
Funding body: Department of Health and Ageing
- Project:** **Health Connect Exploratory Project to Develop a National Family of Health Classifications**
Funding body: Department of Health and Ageing
- Project:** **Indigenous Data Modelling Project**
Funding body: Department of Family and Community Services
- Project:** **Indigenous Housing Information Management Strategy**
Funding body: Department of Health and Ageing/Various State and Territory departments
- Project:** **Link Road Crash Data to Hospital Morbidity Data Using Probabilistic Matching**
Funding body: Department of Transport and Regional Services
- Project:** **MDS for Drug & Alcohol**
Funding body: Department of Health and Ageing
- Project:** **Mental Health Care National Minimum Data Set**
Funding body: Department of Health and Ageing
- Project:** **National Cancer Survival Analysis**
Funding body: Department of Health and Ageing

- Project:** National Cardiovascular Disease Monitoring Centre
Funding body: Department of Health and Ageing
- Project:** National Classification of Community Services
Funding body: Community Services Ministers' Advisory Council
- Project:** National Community Services Data Dictionary
Funding body: Community Services Ministers' Advisory Council
- Project:** National Diabetes Register
Funding body: Department of Family and Community Services
- Project:** National Health Data Development
Funding body: Australian Health Ministers' Advisory Council
- Project:** National Health Data Dictionary
Funding body: Australian Health Ministers' Advisory Council
- Project:** National Health Priority Areas (NHPA) Surveillance and Reporting
Funding body: Department of Health and Ageing
- Project:** National Housing Data Dictionary
Funding body: Various States and Territory Departments
- Project:** National Housing Data Repository
Funding body: Various State Housing Departments
- Project:** National Housing Performance Reporting
Funding body: Various State Housing Departments
- Project:** National Monitoring System for Diabetes
Funding body: Department of Health and Ageing
- Project:** Nursing data for National Review of Nursing Education
Funding body: Department of Education, Science and Training
- Project:** NCSIMG Project—Development of NMDS for Juvenile Justice & Youth Welfare
Funding body: Community Services Ministers Advisory Council
- Project:** Older Australia at a Glance Publication
Funding body: Department of Health and Ageing
- Project:** Outposting of an AIHW Statistician to DVA
Funding body: Department of Veterans' Affairs
- Project:** Palliative Care Data Development
Funding body: Department of Health and Ageing
- Project:** Physical Activity Measures
Funding body: Department of Health and Ageing
- Project:** Population Health Data Needs for the ACT Government
Funding body: ACT Government—Canberra Hospital

- Project:** **Projecting the Supply of Informal Care**
Funding body: Department of Health and Ageing
- Project:** **Public Health Expenditure (national project)**
Funding body: Department of Health and Ageing
- Project:** **Public Health Information**
Funding body: Department of Health and Ageing
- Project:** **Public Health Information—Drug Support**
Funding body: Department of Health and Ageing
- Project:** **Residential Aged Care Publication**
Funding body: Department of Health and Ageing
- Project:** **Residential Aged Care/Acute Hospital Care Interface**
Funding body: Department of Health and Ageing
- Project:** **Rural Health Information**
Funding body: Department of Health and Ageing
- Project:** **SAAP Access and Exit Project**
Funding body: Community Services Commission
- Project:** **SAAP National Data Collection Agency (NCDA)**
Funding body: Department of Family and Community Services
- Project:** **Spatial Environmental Epidemiology**
Funding body: Department of Health and Ageing
- Project:** **State-based Child Welfare Collections**
Funding body: Various States and Territory Departments
- Project:** **Statistical Support to the Australian Medical Workforce Advisory Committee (AMWAC)**
Funding body: Australian Medical Workforce Advisory Committee (AMWAC)
- Project:** **Statistical support to the Australian Health Workforce Advisory Committee (AHWAC)**
Funding body: Australian Health Ministers' Advisory Council (AHMAC)
- Project:** **Suicide and Data Storage for Vietnam Veterans**
Funding body: Department of Veterans' Affairs
- Project:** **Transition to ICD-10-AM in the National Hospital Morbidity Database**
Funding body: Australian Health Ministers' Advisory Council
- Project:** **Unmet Need for Disability Services Study**
Funding body: Department of Family and Community Services
- Project:** **World Health Report**
Funding body: Department of Health and Ageing

Collaborating Units

AIHW DENTAL STATISTICS AND RESEARCH UNIT

Project: Assistance of AIHW Dental Statistics and Research Unit
Funding body: Department of Health and Ageing

GENERAL PRACTICE STATISTICS AND CLASSIFICATION UNIT

Project: GPSU BEACH Data Collection
Funding body: Department of Health and Ageing

NATIONAL PERINATAL STATISTICS UNIT

Project: Reproduction Health Indicators
Funding body: Department of Health and Ageing

Project: Assisted Conception Statistics
Funding body: Fertility Society

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE INFORMATION UNIT

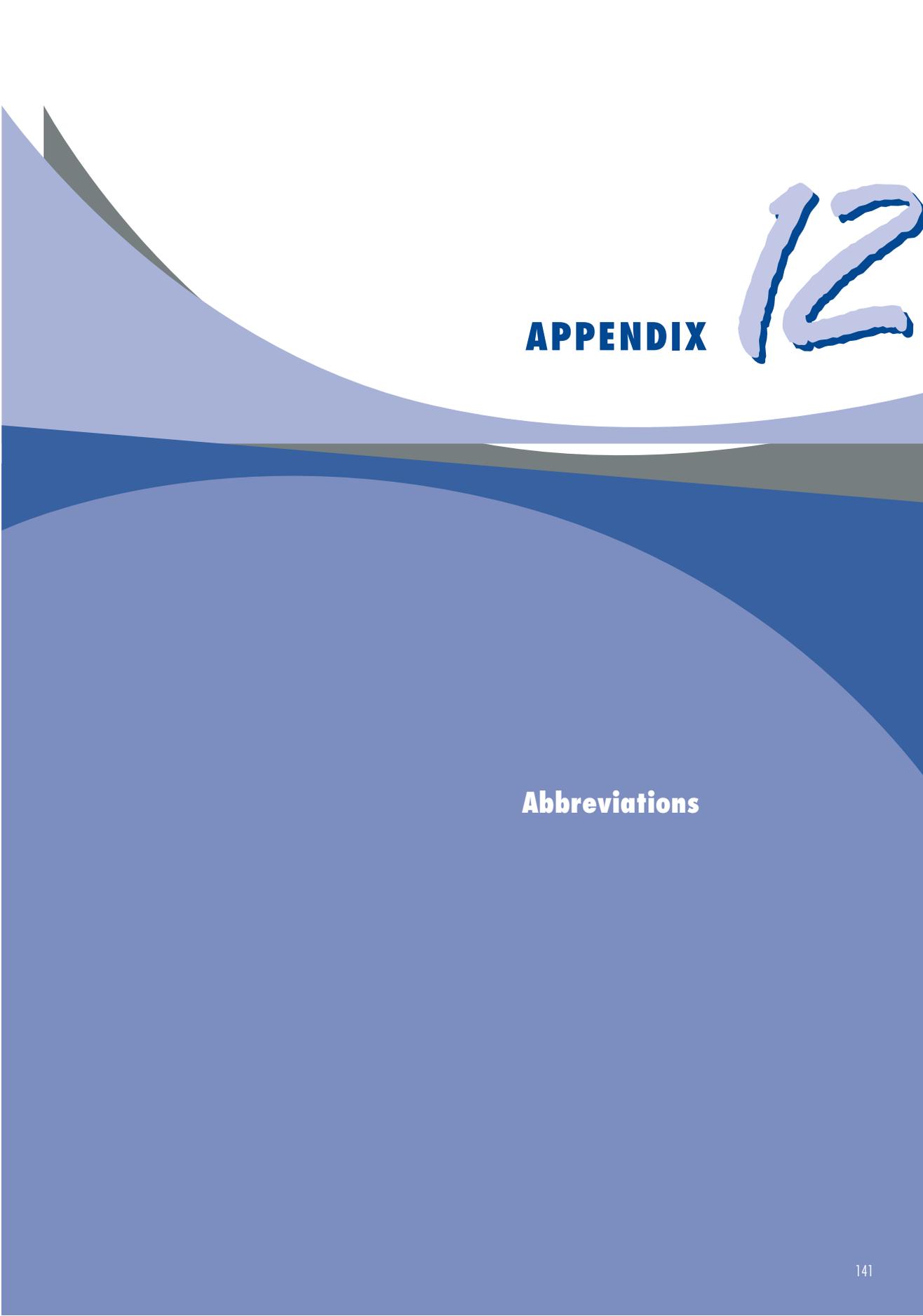
Project: Assistance for the Aboriginal and Torres Strait Islander Health & Welfare Information Unit
Funding body: Department of Health and Ageing

Project: Performance Indicators for Indigenous Health
Funding body: Australian Health Ministers' Advisory Council (AHMAC)

NATIONAL INJURY SURVEILLANCE UNIT

Project: Project work on injury statistics
Funding body: Department of Health and Ageing

Project: Principals and standards for Community Services for Indigenous Population Data
Funding body: Department of Family and Community Services



APPENDIX

12

Abbreviations

ABS	Australian Bureau of Statistics
ACAM	Australian Centre for Asthma Monitoring
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHWAC	Australian Health Workforce Advisory Committee
AHWOC	Australian Health Workforce Officials Committee
AIHW	Australian Institute of Health and Welfare
AMWAC	Australian Medical Workforce Advisory Committee
ANIHI	Agreement on National Indigenous Housing Information
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
BEACH©	Bettering the Evaluation And Care of Health
CACP	Community Aged Care Packages
CSHA	Commonwealth–State Housing Agreement
CSI	Consumer Survey Instrument
CSMC	Community Services Ministers' Conference
CSMAC	Community Services Ministers' Advisory Council
DoHA	Department of Health and Ageing
DSRU	Dental Statistics and Research Unit
DVA	Department of Veterans' Affairs
EACH	Extended Aged Care at Home
FaCS	Department of Family and Community Services
GIS	Geographical Information System
GPSCU	General Practice Statistics and Classification Unit
HACC	Home and Community Care
HMAC	Housing Ministers' Advisory Council
HMC	Housing Ministers' Conference
ICD-10-AM	International Classification of Diseases, 10th Revision, Australian Modification
ICF	International Classification of Functioning, Disability and Health
ICECI	International Classification of External Causes of Injury
MDS	Minimum Data Set
MOU	Memorandum of Understanding

NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
NCCH	National Centre for Classification in Health
NCSIA	National Community Services Information Agreement
NCSDD	National Community Services Data Dictionary
NCSIMG	National Community Services Information Management Group
NDC	National Data Collection
NDCA	National Data Collection Agency
NHDA	National Housing Data Agreement
NHDAMG	NHDA Management Group
NHDC	National Health Data Committee
NHDD	National Health Data Dictionary
NHDDC	National Housing Data Development Committee
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NHMRC	National Health and Medical Research Council
NHPAC	National Health Priority Action Council
NHPC	National Health Performance Committee
NHPPAG	National Health Priority Performance Advisory Group
NIHIIC	National Indigenous Housing Information Implementation Committee
NISU	National Injury Surveillance Unit
NMDSWG	National Minimum Data Set Working Group
NPHIWG	National Public Health Information Working Group
NPHP	National Public Health Partnership
NMDS	National Minimum Data Set
NPSU	National Perinatal Statistics Unit
OECD	Organisation for Economic Co-operation and Development
PHGWG	Public Health Genetics Working Group
RACGP	Royal Australian College of General Practitioners
SAAP	Supported Accommodation Assistance Program
SMART	SAAP Management and Reporting Tool
WHO	World Health Organization

