

AUSTRALIAN INSTITUTE OF HEALTH & WELFARE ANNUAL REPORT 1996 - 97

AUSTRALIAN INSTITUTE OF HEALTH & WELFARE

annual report

1996 - 97

The Institute's World Wide Web site, at <http://www.aihw.gov.au>, was launched on 31 October 1996.

The site is an integral part of the AIHW's overall communication strategy, aimed at promoting awareness of and access to the Institute and its work, including job opportunities.

Among the many features of the site are the National Health Information Knowledgebase, and full text versions of *Australia's Health* and *Australia's Welfare*.



**AUSTRALIAN INSTITUTE OF
HEALTH AND WELFARE**

**Annual report
1996-97**

Australian Institute of Health and Welfare
Canberra
AIHW Cat. No. AUS 7

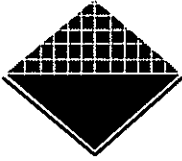
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The Hon. Dr Michael Wooldridge MP
Minister for Health and Family Services
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 1997. Section 24(1) of the *Australian Institute of Health and Welfare Act 1987* defines the Institute as a public authority subject to the *Audit Act 1901*. This annual report is a requirement under division 3, part XI, of the *Audit Act*.

Yours sincerely

Janice Reid
Chairperson

9 October 1997

Foreword

From the Chairperson,

**Australian Institute of Health
and Welfare**



This year, the tenth anniversary of the Institute, has been one of significant development, growth and public recognition. The rapid rise in the proportion of commissioned research in the Institute's work program is testimony to the confidence of its stakeholders in the integrity, quality and timeliness of its analyses. The Institute has continued to provide national leadership in the forging and implementation of agreements relating to health and welfare information.

The Board and staff have helped inform public awareness of pressing issues by providing honest and accurate information relevant to fields such as Aboriginal health, disability services, child welfare and the five national health priority areas.

The successes chronicled in this report owe much to the commitment, contributions and enthusiasm of many people. Among them are my fellow Board members, the Director and staff of the Institute, and our colleagues in the Commonwealth Government, the State and Territory governments, the Australian Bureau of Statistics, and non-government organisations.

Finally, I look forward to another enterprising year for the Institute in 1997-1998, with the launch of *Australia's Welfare 1997*, further development of our flagship programs, and exploration of new directions and partnerships.

Professor Janice Reid

AIHW mission

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

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

AIHW values

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

Objectivity

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

Quality

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

Respect

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

Accessibility

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

Independence

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

Client focus

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

People

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

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Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare (AIHW) is an independent Commonwealth statutory authority which provides information and analysis on the health and welfare of Australians.

Legislation

The Institute was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992 the Institute's role and functions were expanded to include welfare-related information and statistics. The Act is now the *Australian Institute of Health and Welfare Act 1987* (Appendix 2, page 79).

Board

The *Australian Institute of Health and Welfare Act 1987*, section 8(1), specifies the composition of the Board of the Australian Institute of Health and Welfare. Board members are appointed by the Governor-General on the recommendation of the Minister for Health and Family Services for periods not exceeding three years. The current Board members are listed below (* term ends 30 June 1998; ** term ended 30 June 1997).

AIHW Board

Chairperson

Professor Janice Reid *

Director, AIHW

Dr Richard Madden

Australian Health Ministers' Advisory Council nominee

Dr David Filby *

Standing Committee of Community Services and Income Security Administrators nominee

Mr Desmond L Semple (until 23 November 1996)

Mr Richard Deyell (from 4 December 1996) *

State Housing Department representative

Ms Vivienne R Milligan *

Australian Statistician

Represented by Mr Tim Skinner

Secretary, Department of Health and Family Services

Mr Andrew Podger

Person with knowledge of the needs of health consumers

Ms Mary Draper *

Person with knowledge of the needs of welfare consumers

Ms Sarah Fogg *

Person with knowledge of the needs of housing assistance consumers

Mr Harold Bissett *

Person with expertise in research into public health issues

Professor D'Arcy Holman *

Ministerial nominee

Dr Anna Howe *

Ministerial nominee

Mr Brian Kennedy *

Ministerial nominee

Ms Judith Dwyer *

AIHW staff nominee

Mr Nigel Mercer **

Because of its housing function, the Secretary, Department of Social Security, is invited to attend Institute meetings. The National Health and Medical Research Council is also invited to observe Institute meetings.

Health Ethics Committee

Section 16(1) of the Act requires the Institute to appoint a Health Ethics Committee. This is currently the only committee established under section 16 of the Act. The Regulations for the Health Ethics Committee are provided in Appendix 2 (page 79) and a report of its activities for the year is provided on page 13.

Organisational structure

Divisions

The Institute has three major divisions: Health, Welfare, and Information Management and Business Services. The Executive includes an Information Policy and Coordination Unit.

Collaborating units

Three collaborating units (contracted with the organisations in parentheses) assist the Institute in performing its functions:

- AIHW National Perinatal Statistics Unit (University of Sydney);
- AIHW Dental Statistics and Research Unit (University of Adelaide);
- Aboriginal and Torres Strait Islander Health and Welfare Information Unit (National Centre for Aboriginal and Torres Strait Islander Statistics, Australian Bureau of Statistics).

The Institute has contracted Flinders University to operate the National Injury Surveillance Unit as part of the new Research Centre for Injury Studies from the beginning of the 1997-98 financial year. Until 30 June 1997 the Unit was administratively part of the Institute and located adjacent to Flinders University, Adelaide campus.

The National Centre for Classification in Health (Brisbane), a former collaborating unit at the Queensland University of Technology, is funded by the Australian Bureau of

Statistics, the Australian Institute of Health and Welfare, and the Department of Health and Family Services.

Institute funding

Part of the Institute's funding is appropriated through the Federal Budget as part of the Health and Family Services portfolio. The 1996-97 appropriation was \$7,610,000 (Appendix 1, page 59). Grant revenue for 1996-97 was \$5,104,000. Information about grant-funded projects is provided in Appendix 4 (page 106).

Institute staff

A report on staffing during 1996-97 is given in 'Technical and business functions' (page 49). Until 30 June 1997 National Injury Surveillance Unit staff were employed by the Institute and other collaborating unit staff were employed by the organisations contracted to manage each unit. Senior Institute staff at 30 June 1997 are listed below.

AIHW senior staff

Executive

Director

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

Unit Head

National Information Policy and Coordination Unit

Anthony Greville, BEc *Qld*, MHealthPlanning *UNSW*

Welfare Division

Division Head

Ching Y Choi, BA *ICU*, PhD *ANU*

Unit Heads

Aged Care

Diane M Gibson, BA (Hons), PhD *Qld*

Child and Family Support Services

Helen Moyle, BA *East Anglia*, MA *La Trobe*

Disability Services

Rosamond Madden, MSc *Syd*

Health and Welfare Expenditure

John Goss, BEc, BSc *ANU*, GradDipNutrDiet *QIT*

Housing Unit

David Wilson, BEc (Hons) *Flinders*

SAAP National Data Collection Agency

Rosangelo Merlo, BA *LaTrobe*, GradDipDemog *ANU*

Health Division

Division Head

Geoff Sims, BCom (Stats) (Hons) *UNSW*

Unit Heads

Cardiovascular Disease Monitoring

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

Disease Registers

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

Health and Community Services Labour Force

John Harding, BA Macq

Health Services

Mark Cooper-Stanbury, BSc ANU

Hospital Morbidity and Casemix

Jenny Hargreaves, BSc (Hons) ANU

Population Health

Kuldeep Bhatia, BSc Panjab MSc Panjab PhD Panjab
PhD ANU

Principal Research Fellow

Colin D Mathers, BSc (Hons), PhD Syd

Heads of collaborating units

National Perinatal Statistics Unit Director

Paul Lancaster, MBBS Syd, MPH California (Berkeley),
FRACP, FAFPHM

Dental Statistics and Research Unit Director

A John Spencer, MDSc, PhD Melb, MPH Michigan

National Injury Surveillance Unit Director

James Harrison, MBBS Melb, MPH Syd

*Aboriginal and Torres Strait Islander Health and Welfare
Information Unit Director*

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

*Aboriginal and Torres Strait Islander Health and Welfare
Information Unit Director of Research*

Joan Cunningham, ScD (Epi.) Harvard, ALM Harvard, AB
Harvard

**Information Management and Business
Services Division**

Division Head

Peter White, AM, GradDipAdmin KCAE, MEd Canberra

Unit Heads

Business Management

Owen Rodda, BA CCAE, MBA Canberra, ASCPA

Communication and Public Affairs

Nigel Harding, BA Qld

Data Management

Nigel Mercer, BBus DDIAE, BA Murdoch

Information Development

Joe Christensen, BA UWA

Information Technology

Mike McGrath, BA CCAE

Library and Document Management Services

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

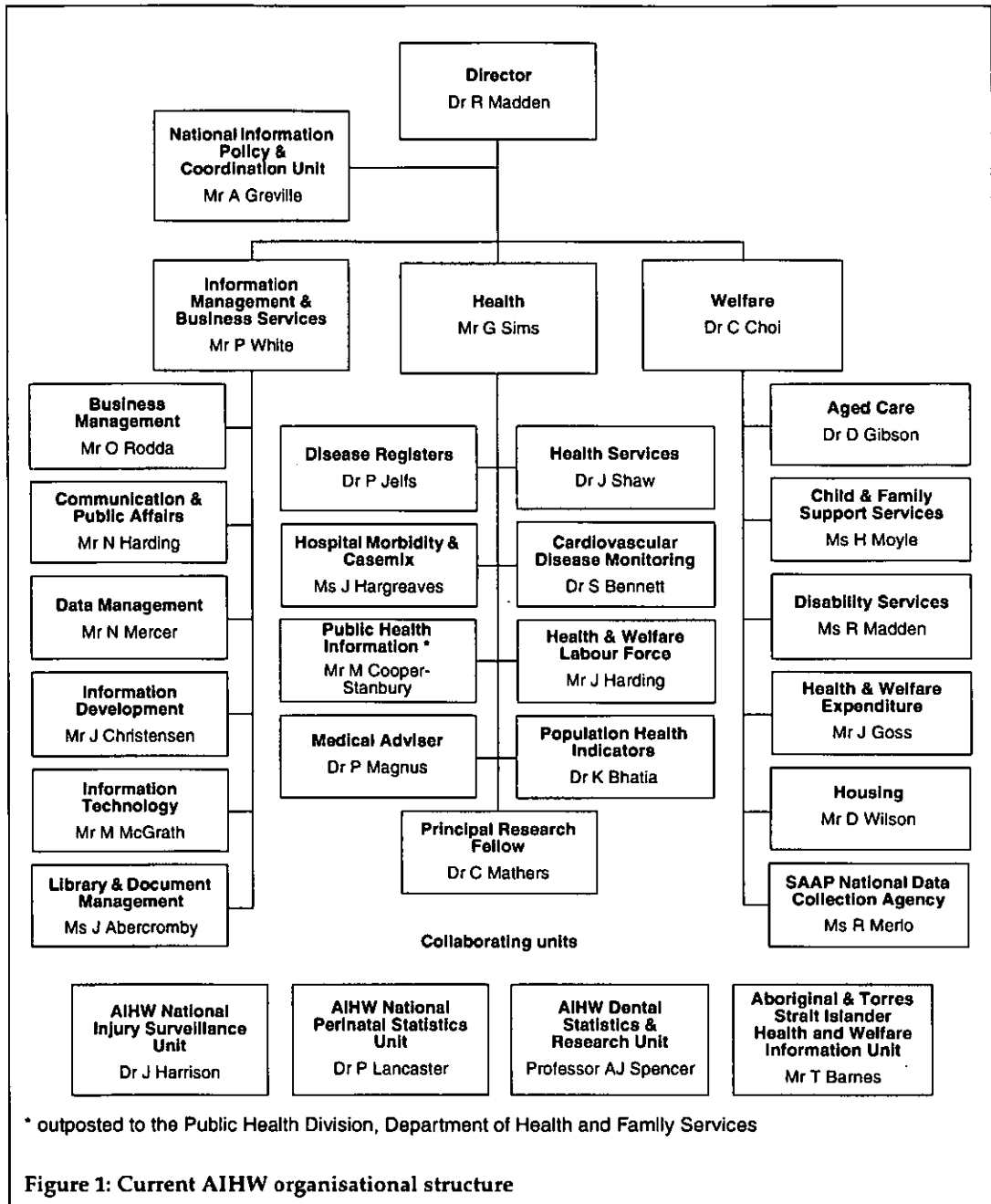
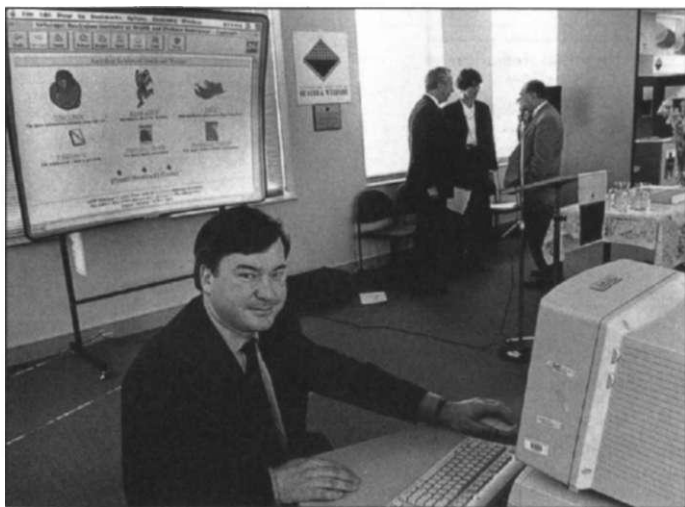


Figure 1: Current AIHW organisational structure



Governor-General, Sir William Deane, and Lady Deane with members of the Belyuen dance group and other representatives of the Larrakia people at the launch of the Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, at the Museum and Art Gallery of the Northern Territory, Darwin, on 2 April 1997.



Dr Michael Wooldridge, Federal Minister for Health and Family Services, clicking the mouse to officially launch the Institute's Home Page, at the Australian Institute of Health and Welfare's Fern Hill Park premises, Canberra, on 31 October 1996.

Achievements and developments during 1996-97

The year closed with a celebration of the Australian Institute of Health and Welfare's tenth anniversary. In that relatively brief time, the Institute has become Australia's centre for timely, reliable information on health and welfare services across the country. Increasingly the Institute's analyses bring together, and help make sense of, the wide array of data from various sources describing the health and wellbeing of Australians. With 170 highly skilled people working for the Institute or its collaborating units, the Institute is at the centre of vital national agreements for developing comparable health and welfare statistics across Australia.

The Institute's tenth year, however, was probably the most important in developing health and welfare information management arrangements since the welfare information functions were added in 1992.

National Community Services Information Agreement

The Standing Committee of Community Services and Income Support Administrators endorsed the National Community Services Information Agreement in October 1996 as the basis for the development of nationally consistent definitions and standards across community services data collections, and the determination of priorities for future information development.

The Agreement brings together all the agencies in each jurisdiction with an interest in community services information, including the Institute and the Australian Bureau of Statistics (ABS), and extends beyond the existing scope of Institute activity. Hopefully it will facilitate national statistical developments independent of day-to-day administrative or political differences between jurisdictions, and so better inform decision making and debate at all levels.

Cooperation with the Department of Health and Family Services

A Memorandum of Understanding (MOU) between the Department of Health and Family Services and the Institute was completed.

The MOU sets out the respective roles of the Department and the Institute, the former focusing on policy advice and service development, the latter on health and welfare information. The MOU also sets out standard arrangements to facilitate the Department in contracting for its information requirements with the Institute. Conditions under which the Department might consider the Institute a preferred provider are described (focusing on the importance of confidentiality, the need for long-term data collection and analysis, and the interaction of Commonwealth and State agencies). A minimum annual

payment by the Department to the Institute is included (\$1.3 million for salaries, plus related on-costs). Once contract payments pass that amount, the Institute's standard overhead charge will be progressively discounted.

The MOU will, over time, lead to a far more transparent relationship with the Department. It will be much easier to contract information work to the Institute, and there will be, over time, a better understanding at all levels of the Department of the skills and capacities of the Institute.

Public health information

Complementing the MOU, an Agreement was concluded in April 1997 for the Institute to undertake a range of statistical activities for the Public Health Division of the Department, including outposting specialist staff from the Institute to assist with information requirements. This decision followed a comprehensive analysis of the Division's information capacity and needs by the Institute in 1996.

The Institute has also joined the National Public Health Information Group, the body established under the National Public Health Partnership between the Commonwealth, and States and Territories. The Institute has agreed to convene the Information Working Group within the Partnership.

This set of initiatives will give the Institute the responsibility for managing and coordinating a wide array of information activities, some of which have long been with the Institute but many of which are new. Already synergies are evident, and new information priority areas such as diabetes should be able to be satisfied far more easily with these arrangements in place than would have previously been the case.

Timeliness

30 June 1997 saw the release of *Australian Hospital Statistics 1995-96*, within 12 months of the end of the year described. Earlier that month, the same statistics were released for the two previous years. This is the most stark illustration of the dramatic improvements in timeliness of important data (for policy makers and for everyone in Australia) concerned with how Australian hospitals are performing.

The Institute had negotiated realistic timelines for delivery of data from State and Territory health authorities. One or two authorities had trouble meeting these timelines, but a great cooperative effort by Institute staff and the data providers overcame the hurdles.

To catch up several years in one year was a huge effort for several groups of Institute staff, and this brief summary places on record the appreciation of the Institute's Executive and Board to all those concerned.

National Health Information Knowledgebase development

An exciting innovation this year was the development of the National Health Information Knowledgebase (NHIK). A world first for health data, the NHIK is an Internet-based interactive electronic storage site for national health metadata—the identifying, definitional, relational, representational and administrative attributes of data elements. Produced using international data standards, the NHIK has captured the interest of health information providers from around the world. The Institute (one of six organisations invited to give demonstrations) is to present the NHIK at the International Standards Organization's (ISO) Joint Workshop on Metadata Registries in the USA in July 1997.

New activities

Following a full-scale trial during 1995–96, a national system for the collection of data on the Supported Accommodation Assistance Program (SAAP) was implemented during the year. The project involves the ongoing collection of data directly from over 1,100 non-government organisations throughout Australia. The release of the first series of reports using the data was a significant achievement for the Institute this year. The series, released in April, consists of one national report and eight State or Territory reports.

The release of *Open Employment Services for People with Disabilities 1995: The First Year of NIMS Data* in April was also a major achievement. This report presents national data for 1995, the first year that comprehensive data on these services were collected.

The Institute has participated actively in negotiations to improve diabetes information, following a workshop hosted by the Minister in October 1996. The Director was invited by the Minister to join the Ministerial Advisory Council on Diabetes, and that group has asked the Institute to auspice a national Insulin Treated Diabetes Register.



The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples

The joint Institute and ABS report, the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, was launched by the Governor-General, Sir William Deane, in Darwin on 2 April 1997. The report was produced by the Darwin-based Aboriginal and Torres Strait Islander Health and Welfare Information Unit (a joint Institute and ABS project) and presents, for the first time, in the one place, all current authoritative statistical material on Aboriginal and Torres Strait Islander health and welfare. While the report is extensive, it also draws attention to a number of deficiencies in the data available and highlights where effort is needed to improve the quality and completeness of information.

Internet Home Page

The Institute Home Page on the Internet (<http://www.aihw.gov.au>) was launched by the Minister for Health

and Family Services, Dr Michael Wooldridge, at the Institute on 31 October 1996. The site has been designed as an integral part of the Institute's overall communication strategy, aimed at promoting awareness of Institute activities and products, and increasing availability of and access to its work. To protect the confidentiality of Institute data holdings, the site is isolated from the Institute's internal computer network, although it is hoped that improved security arrangements will make this separation unnecessary before too long.

The availability of Institute-published data on the Internet has enabled a broadening of development of the NHIK so that its query tools can, where possible, incorporate direct links to actual data in addition to health metadata.

Future directions for the Home Page include use of the site for public consultation purposes, and to enhance the information dissemination activities of the Institute collaborating units.

National Injury Surveillance Unit outsourced

During the year, a five-year contract was negotiated with Flinders University, South Australia, for the administration of the National Injury Surveillance Unit as a major activity of the newly established Research Centre for Injury Studies within the University's School of Medicine. The Unit has operated as part of the Institute since the Unit was established in 1990. Closer affiliation and integration of the Unit with related university departments is expected to enhance staff development, to enable the Unit to benefit more extensively from the expertise of other university staff and to encourage a more multidisciplinary approach to injury prevention.

Retirement of the Principal Medical Adviser

Dr John Donovan, Principal Medical Adviser to the Institute since January 1989, retired in May 1997. As Principal Medical Adviser, Dr Donovan was a key player in the Institute's role as a World Health Organization (WHO) Collaborating Centre for Classification of Disease and represented Australia at several meetings on International Classification of Disease (ICD) developments. He has been an expert adviser on cause of death coding in Australia for many years and was editor of the Institute's biennial flagship publication, *Australia's Health*, in 1994 and 1996. Dr Madden has replaced Dr Donovan as head of the WHO Centre. New medical advisory arrangements are being put in place.

Performance analysis

The Australian Institute of Health and Welfare is Program 1.4 in the 1996–97 Portfolio Budget Statements, with the Institute's stated objective being:

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

The Institute's goals for the period were:

- to improve access to national health and welfare information for the community, governments and researchers; and
- to improve the focus of Institute services and products on the needs of the community and key Institute stakeholders.

The strategies developed to achieve these goals were:

- to develop, maintain, and expand the national health and welfare information infrastructure, particularly in response to the requirements of Councils of Commonwealth, State and Territory Ministers;
- to exploit existing resources and technology to improve access to, and awareness of, all national health and welfare information resources;
- to extend the scope of services and products provided by the Institute; and
- to continuously improve the productivity of the Institute and the quality and timeliness of its information.

Performance indicators and targets were set for *effectiveness, efficiency, quality and equity*.

Indicators for *effectiveness* were all met. Of particular note was the achievement in developments with the National Health Information Model. The objective was to develop the model to merge the National Health Data Dictionary, National Health Information Model and Dictionary of Data Collections into a single cross-referenced resource by June 1997. As reported in 'Achievements and developments during 1996–97' and 'Technical and business functions', this task evolved into the National Health Information Knowledgebase which received international acclaim prior to its scheduled launch on 1 July 1997.

The publication of national public hospital statistics within 12 months of the reference year was a significant achievement against the *efficiency* indicators. *Australian Hospital Statistics 1995–96* was released on 30 June 1997 and the improved efficiency in publication of these statistics is expected to continue.

A major restructure in the Health Division, delays in finalising contracts for external funding and consequent

delays in recruiting suitable staff put several projects behind schedule. For example, *Cancer in Australia 1991-93* was not published by December 1996 as targeted; the revised plan for December 1997 includes an extra year of data. Data supply constraints also affected a number of projects; these are reported in the relevant areas of this report.

The *quality* of the Institute's published work remains high and there was no public criticism of the Institute's output on the grounds of quality or bias.

Equity performance indicator targets were met and included a number of significant first reports. The *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, a joint report by the Institute and the Australian Bureau of Statistics, was launched in Darwin on 2 April 1997 by the Governor-General. Work on the development of national disabilities information included the establishment of a Disability Data and Research Advisory Group which, among other things, provided advice on the preparation of a discussion paper on national consistency of disability data. The *Definition and Prevalence of Intellectual Disability in Australia* was released in January 1997.

Further discussion of work undertaken to meet the 1996-97 strategies is given in the body and appendixes of this report.

The future

The Institute's objectives, goals, strategies and performance targets are detailed in the 1997-98 Portfolio Budget Statements. The objective remains the same as for the current year and the revised goals are:

- to be the leading agency in Australia in coordinating, developing, collecting where appropriate, and analysing data, and disseminating accurate, consistent and timely information and statistics, on the health of Australians and their health and welfare services; and
- to continue to upgrade the efficiency of our operations through improved arrangements with data providers, staff skills and information technology.

Health Ethics Committee

The functions and the composition of the Australian Institute of Health and Welfare Health Ethics Committee are prescribed in the *Australian Institute of Health and Welfare Act 1987*, and Regulations to the Act. The Committee's principal responsibilities are to form an opinion as to the acceptability or otherwise, on ethical grounds, of current or proposed health-related activities of the Institute or bodies with which the Institute is associated, and to inform the Institute of the Committee's opinion.

Membership and meetings

The Regulations accompanying the Act provide for members to be appointed by the Institute for such periods as is specified in their instrument of appointment. During the year, two new members were appointed to the Committee. They were Ms Sophie Hill, a woman representing general community attitudes, and Mr Robert Todd, a legal practitioner. Three meetings were held during the year. The membership at 30 June 1997 is shown below.

Health Ethics Committee

Medical graduate with research experience

Dr Sid Sax, Chairman

Graduate in a social science

Dr Helen Christensen

Nominee of the Registrars of Births, Deaths and Marriages

Mr John Jameson

Minister of Religion

Rev Dr D'Arcy Wood

A barrister, a solicitor, a barrister and solicitor or a legal practitioner

Mr Robert Todd

Representatives of general community attitudes

Mr Ken Moran

Ms Sophie Hill

Director

Dr Richard Madden

Outcomes for 1996-97

The Committee agreed to the ethical acceptability of 21 projects during the year and referred seven projects back to the Institute for clarification or resolution prior to approval. During the year, the Committee rejected two projects. These projects were subsequently revised and reconsidered by the Committee.

Comment

The Committee was concerned to ensure that any identified information released should only be used for statistical or research purposes, and that the information

cannot be acquired for an administrative or regulatory use. This is a particularly important concern in applications that come from organisations without their own ethics committee.

It was agreed during the year that lists of names from registers held by the Institute would not be released to researchers without the consent of the subjects (or if deceased, their next of kin). The Australian Institute of Health and Welfare will seek consent only if the Health Ethics Committee is satisfied with the researcher's proposal for contact and the information to be sought.

Discussion has commenced within the Committee covering whether the Institute should require dissemination of research results obtained using Institute-identified information, and if so what these requirements should be.

National information policy and coordination

The National Information Policy and Coordination Unit coordinates the development of national health and community services information for the Australian Institute of Health and Welfare. The Unit supports the AIHW Board, Executive and Health Ethics Committee. The information development function comes from the Institute's membership and secretariat role in the National Health Information Agreement and the National Community Services Information Agreement. Moving towards a coordinated approach, consistency and compatibility between health information and welfare information is a high priority.

The Unit is the bridge for the integration of health and welfare information, providing a central coordinating mechanism to ensure:

- coordination of information development activities within each sector;
- coordination of information development activities across sectors;
- coordination of joint products, particularly the national data dictionaries; and
- consistent use of, and adherence to, the data requirements of the Agreements within the Institute.

In 1996–97 the major tasks undertaken were:

- the development, negotiation and signing of the National Community Services Information Agreement and convening the National Community Services Information Management Group;
- technical and secretariat support for the National Health Information Management Group and the National Community Services Information Management Group, and the establishment of the National Community Services Data Committee;
- production of a position paper on the development of a common unit record system for acute and post-acute care services;
- internal coordination role in relation to information development;
- preparation and publication of *NHWI News*, a quarterly newsletter on national health and welfare information developments and issues;
- external liaison functions—Parliamentary, Ministerial, portfolio, Australian Health Ministers' Advisory Committee and the Standing Committee of Community Services and Income Security Administrators; and
- AIHW Board reviews of the National Perinatal Statistics Unit and the Dental Statistics and Research Unit.

Health information

The Australian Institute of Health and Welfare advises on, plans and coordinates national health statistics developments. To draw together the information the Institute works with health agencies of the Commonwealth and the States and Territories, and with the Australian Bureau of Statistics, under the National Health Information Agreement, and with other bodies outside that Agreement. Coordination links are maintained through informal and formal arrangements, including membership of the National Health Information Management Group, the National Public Health Partnership, the National Health Priority Committee, various committees of the National Health and Medical Research Council (the Institute is an observer at Council meetings), and the Australasian Association of Cancer Registries. Management advisory or steering committees, including external experts and stakeholders, exist for a number of Institute projects, particularly those which operate under substantial grant funding.

Particular emphasis was given during the year to the timeliness of major data collections and reports. Release on 30 June 1997 of *Australian Hospital Statistics 1995-96* marked the successful conclusion of a concerted effort with State and Territory data providers to release summary hospital statistics within 12 months of the end of the reference year, the first time that this has been achieved. Access to this and other Institute health publications is now available on the Institute's Home Page (<http://www.aihw.gov.au>), as well as in a hard copy version.

A new organisational structure for the Health Division was implemented during the year. Ongoing health information activity of the Division is now consolidated into six units—Population Health, Disease Registers, Cardiovascular Disease Monitoring, Hospital Morbidity and Casemix, Health Services and Health and Community Services Labour Force. An Australian Health Outcomes Clearing House operated within the Division until 30 June 1997. A Principal Research Fellow is attached to the Division and a medical adviser will be contracted early in the next financial year. Collaborating units of the Institute undertake additional work in the areas of Aboriginal and Torres Strait Islander health, perinatal health, injury surveillance and dental health. The Institute also collaborates closely with the National Centre for Classification in Health.

Population health

National health priority areas

The Institute monitors and reports on outcomes in the national health priority areas (NHPAs) of cardiovascular

health, cancer control, injury prevention and control, mental health, and diabetes mellitus. A draft report on progress towards achieving targets for several of the NHPA indicators was submitted to the Australian health ministers at the end of 1996. The *First Report on National Health Priority Areas 1996* has been finalised and will be released early in 1997-98.

Work has also commenced on the 1997 NHPA biennial reporting cycle for the priority areas of cancer control and injury prevention and control. Indicators for monitoring diabetes mellitus are currently being finalised in consultation with the Ministerial Advisory Council on Diabetes, the National Health Information Management Group, State and Territory health departments, various non-government organisations, and the National Health Priority Committee.

Public health information

The Institute has been given the lead role for information infrastructure development under the National Public Health Partnership. A National Public Health Information Working Group, under the chairmanship of the Institute Director, has canvassed the scope of national public health information. The Working Group also plans to take a strategic approach to identifying key public health information issues, determine gaps in the information base and ensure consistent definitions and classifications for national use.

Following *Meeting the National Needs for Public Health Information*, a review of the statistical information needs of the Public Health Division of the Department of Health and Family Services by the Institute's Principal Research Fellow, the Institute signed a MOU with the Department to provide statistical and health information services. Under the MOU, the Institute will not only provide the Department with support for management of specific public health statistical activities but also undertake important statistical analysis for regular monitoring and reporting. For example, national reports will be prepared on the number of women attending breast cancer screening centres and utilising the cervical cancer screening program. The Institute also agreed to establish an outposted unit within the Department to coordinate and support information planning and to enhance access to the Institute's health data collections.

A working paper, *Indicators of Public Health in Australia*, was prepared to contribute to the evaluation of Program 1 of the Public Health Division of the Department. The paper reports trends in public health in Australia using a set of indicators and also provides health status comparisons with seven Organisation for Economic Co-operation and Development (OECD) countries.

Child and youth health monitoring

The Australian Health Ministers' Advisory Council has granted the Institute a sum of \$63,000 for developing a framework to monitor the health of young Australians. A working group, consisting of distinguished child and youth health professionals, is being established to develop the framework. This framework will form the basis of biennial reports on the health of children and young adults, under the MOU signed with the Public Health Division of the Department, beginning in 1998.

Health status variation

Building upon health differentials work undertaken at the Institute over the past several years, a comprehensive statistical report contrasting the health status of Australians living in rural and remote areas with those living in urban settlements is now in preparation. The Institute is also contributing to the development of key environmental indicators for human settlements in *State of the Environment* reporting.

Work is now progressing on *Australia's Health: International Comparisons*, a publication comparing Australia with 19 other developing countries for a wide range of health and health-related indicators. An update of the *Australian Health Trends* report is also being prepared for release in 1997-98.

International collaboration

The Institute is responsible for supplying Australian health and health-related data to a number of international organisations, including the OECD and WHO. Australian statistics for numerous indicators in the OECD health database were updated during 1996-97. Health statistics compiled by the OECD on its member countries were also made available to researchers and policy makers. Data were provided to the WHO to update its Country Health Information Profile for Australia, as well as to the Department as part of its submission to the WHO's third evaluation of the *Health For All by the Year 2000* strategy.

Disease registers

National cancer monitoring

With the help of State and Territory cancer registries, the Institute's National Cancer Statistics Clearing House database has been updated to include 1993 data for all States and Territories, except Queensland. Clearing House and mortality databases were used to complete the recent publication *Breast Cancer in Australian Women 1921-1994*. The Clearing House work has also assisted with the development of the National Cancer Control Initiative strategic planning process. The Institute plans to update the Cancer Series publications in 1997-98 to include an analysis of incidence data to 1994, an examination of

patterns of melanoma and a descriptive analysis of cancer mortality in migrants compared with the Australian-born population. A joint project underway in 1997 between State and Territory cancer registries, the National Breast Cancer Centre, and the Institute, using the Clearing House database and the National Death Index, is the first national survival analysis for women affected by breast cancer.

National Death Index and mortality surveillance

The National Death Index database is supported by the State and Territory Registrars of Births, Deaths and Marriages. Using this database, the Institute provides an up-to-date and efficient record linkage service for epidemiological studies. Numerous externally sponsored health research projects have been supported this year through access to the National Death Index, including the Vietnam Veterans' Health and Mortality studies, the Healthwise and Hepatitis C studies, and death clearance for State and Territory cancer registries. All of these studies have involved the Institute's Health Ethics Committee in deliberating their public benefit. It is anticipated that the National Death Index will be heavily used by epidemiologists over the next year as it becomes more widely known in health research circles.

The mortality database, while used by a wide variety of projects, has been used to update the Mortality Surveillance Series to 1996. This project has been conducted in conjunction with an update of the Institute's long-term trend mortality summary data. Expected to be released early 1998, the publication brings a new dimension to the Institute's work by publishing data electronically as well as in a hard copy version.

Health record linkage for statistical purposes

The Australian Health Ministers' Advisory Committee, at its October 1996 meeting, accepted a National Health Information Management Group paper on data linkage and asked the Institute to take a leading national role in health record linkage for statistical and research purposes. A group is to be established within the Institute's Health Division to undertake this work.

Cardiovascular disease monitoring

A new report, *Surveillance of Cardiovascular Mortality in Australia 1983-94*, provided a detailed statistical profile of cardiovascular disease and its major components for Australia, and for each State and Territory. The report, *Medical Care for Cardiovascular Disease in Australia*, is close to completion.

Under the auspice of the Institute, expert working groups are developing national standards and definitions for the measurement of overweight and obesity, physical activity, and smoking. Terms of reference include development of

standard definitions and validation processes for national consultation before presentation for inclusion in the National Health Data Dictionary and adoption in major national data collections. The working group dealing with overweight and obesity had reached an advanced stage in the process leading to national consultation, and other working groups were at earlier stages at the end of the year.

To overcome the deficiency of national data on medical and surgical care for cardiovascular disease, the Institute has examined the potential to enhance the angioplasty and surgery databases established by the National Heart Foundation, to create a national cardiovascular procedures database. It has also commenced compilation of a national register of cardiovascular disease monitoring activity.

To redress the lack of recent biomedical data for national risk factor monitoring, the Institute has been pursuing, through the National Public Health Partnership's Information Working Group and the Ministerial Advisory Committee on Diabetes, the development of a national biomedical risk factor survey. Such a survey would be a resource for cardiovascular disease, diabetes and nutrition monitoring. A workshop of stakeholders, including researchers and public health professionals, is planned for later in 1997.

On the recommendation of the Advisory Committee of the National Cardiovascular Surveillance System, the Institute has established the following projects in collaborating centres:

- development of a register of acute rheumatic fever and rheumatic heart disease in the Northern Territory (Northern Territory Health Services);
- development of incidence methodology (Consortium from the Universities of Newcastle and Western Australia, and the Queensland health department); and
- development of a pre-hospital emergency care database (Curtin University).

Hospital statistics

The timeliness of the hospital statistics work was improved, culminating in the publication of hospital patient data in *Australian Hospital Statistics 1995-96* within a year of the data collection period. It was the first Australian publication in which national patient-level data were presented with a focus on the reported principal diagnosis and principal procedure (using the ICD-9-CM classification) and also on the Australian National Diagnosis Related Group classification. Previously, national hospital morbidity statistics had been published focusing only on one or the other of these classifications—in previous hospital statistics reports of the

Institute and the Department's *Australian Casemix Report on Hospital Activity*, respectively.

The publication of this report on time was the result of coordinated efforts by staff across the Institute and of the implementation, with data providers, of a new timetable for data collation, analysis and dissemination. In addition, liaison visits made by Institute staff to the State and Territory health authorities provided a foundation for the improved communication and cooperation which was central to the timely publication this year, and will also facilitate future improvements in national hospital statistics reporting.

The Institute implemented other Hospital Utilisation and Costs Study review recommendations by supplementing the hard copy version of the report with electronic tables and Internet publication, and by expanding the scope of the hospital morbidity data collection to include psychiatric hospitals. Work commenced on review of the data items for the hospital data collections, with revisions for several data item definitions approved by the National Health Information Management Group, and processes for review of other data items established in consultation with the National Health Data Committee.

Work also continued in clearing the backlog of national hospital statistics reporting. Data for 1993-94 and 1994-95 were reported in *Australian Hospital Statistics 1993-95: An Overview*. As for 1995-96, key statistics were included from the Institute's national hospital databases, and additional detail on psychiatric hospital services was able to be integrated, sourced from the National Survey of Mental Health Services. The report on 1992-93 hospital data was given lower priority than reports for more recent years and will be published during 1997-98.

Major input was provided for the *Report on Government Service Provision 1997*. Hospital performance information derived from analysis of the hospital establishments and hospital morbidity databases will be included in the second report of the National Health Ministers' Benchmarking Working Group, due in the second half of 1997, and the inaugural *Health Services Standards Report*.

The data items for the national waiting times for elective surgery data collection were reviewed with the Waiting Times Working Group of the National Health Data Committee. Revisions approved by the National Health Information Management Group for implementation from 1 July 1997 included a three-tier urgency categorisation aligning with Medicare Agreement reporting requirements.

Data for 1995-96 waiting times were collected from the States and Territories. For the first time, these data were provided in conjunction with and, where possible, linked

to the other establishment- and patient-level hospital data provided for the Institute's databases. This facilitated data provision and is enabling more detailed analysis to be undertaken by the Institute. A report based on the data will be prepared and published during the first months of 1997-98.

Mental health services

The Institute's role in mental health reporting has been consolidated, with significant improvements in the quality of data reported for the National Survey of Mental Health Services 1995-96, which will be included in the Mental Health Report on progress with the National Mental Health Strategy. Delays in provision of survey responses by State and Territory agencies have affected the timeliness of this collection, which relies on a special paper-based data collection. However, progress has been made towards integrating mental health data collection into mainstream health services statistics. A National Minimum Data Set for Institutional Mental Health has been agreed by the National Health Information Management Group for implementation from 1 July 1997 and progress has been made towards specification of a new National Minimum Data Set for community-based mental health services.

Health labour force


The Institute published statistics and work force analyses for medical, nursing, pharmacy, podiatry and dental labour forces. The dental statistics were prepared by the AIHW Dental Statistics and Research Unit, which has also undertaken data collection on dental therapists and hygienists. Following consultation with stakeholders, the scope of data sources and data analyses in these publications was expanded to increase their usefulness for research, planning and policy development.

On behalf of the National Health Information Management Group, the Institute surveyed Commonwealth, State and Territory health authorities on the priorities for future national health labour force collections. From the results of this survey, the Management Group decided that the medical labour force survey should continue annually, nursing survey every two years, and a three-yearly rolling survey program be instituted for pharmacy, physiotherapy, podiatry, speech pathology, occupational therapy and clinical psychology. It was also agreed that in 1997-98 the Institute should publish a profile of the optometry work force from Medicare data, and summary profiles for all other health occupations from 1996 national population census data.

The Institute's Director is a member of the Australian Medical Workforce Advisory Committee and the Institute is funded by the Australian Health Ministers' Advisory Council to provide technical support to the Committee. In

1996-97 the Institute and Committee jointly published *Female Participation in the Australian Medical Workforce*. The Institute also prepared work force profiles for the Committee to support working parties examining future work force requirements for general surgery; ear, nose and throat surgery; emergency medicine; rehabilitation medicine; geriatric medicine; orthopaedic surgery; and dermatology.

Australian Health Outcomes Clearing House

The Australian Health Outcomes Clearing House has operated under user funding pending consideration by the Australian Health Ministers' Advisory Council of a proposal to auspice an ongoing health outcomes clearing house operation. While these arrangements remain under consideration, the Institute has an agreement with the University of Wollongong for it to maintain from July to at least December 1997, a user inquiry service using material generated by the Clearing House at the Institute. 

Major activities of the year included the convening of an expert group to select measures and instruments for the coordinated care trials on behalf of the Department, and presentation of a paper on this issue for the Darwin meeting of the Aboriginal Co-ordinated Care Trials. Major training workshops were also conducted for the Northern Territory and Western Australian health departments and a smaller staff development activity for the Queensland health department.

One of the major achievements of the year was the Integrating Health Outcomes Measurement in Routine Health Care Conference held in Canberra in August. Including speakers, approximately 350 people attended this conference which was very positively evaluated by the participants. There has been strong demand for the report of conference proceedings.

The Clearing House produced two health outcomes bulletins and also provided research support to a number of health consultancies, including the women's health area and a study on Models and Costings for a Cancer Guidelines Repository.

Health expenditure

Data on health services expenditure between 1982-83 and 1994-95 were released in December 1996. There was improvement in the timeliness of 1994-95 data.

A new project to collect and analyse data on Indigenous health services expenditure commenced during the year. As well as providing the most comprehensive and detailed picture of expenditure in this area, the project identifies data gaps and makes recommendations on ways to collect nationally consistent data.

An analysis of expenditure by the health insurance funds in the last 11 years was prepared for the Industry

Commission inquiry into private health insurance. Work in developing comparable information on State health services expenditure continued.

Health, disability and the burden of disease

The Institute's disease costing methodology has been revised and updated to generate estimates of the health system costs of diseases and injury by age, sex and health sector in 1993-94. The Institute supports the National Cancer Control Initiative in the analysis of health system costs for cancers in 1993-94. The Institute continued to contribute to the international development and standardisation of health expectancies and related indicators as summary measures of population health and to assist priority setting and resource allocation through the preparation of a report for the OECD's newly established Health Statistics Working Party.

Evaluation

The year was one of significant change and growth for the Health Division. A new organisational structure, designed to create units each with responsibility for a field of health statistics, has already shown improved timeliness and healthy growth from an expanding program of externally funded work. Most notable among the new work is the program of data management and statistical work to be implemented under the MOU with the Public Health Division of the Department, signed in April 1997. This Agreement, and the subsequent MOU with the Department, provides for greater certainty of resource planning for the Health Division.

The MOU will also provide more consistent and simpler procedures for negotiating and managing agreements to provide services, which have too often absorbed an inordinate amount of management effort on both sides. Unnecessary involvement in fine detail of project work by some Departmental officers who are delegated managers of small contracts has created added management complexity for the Institute and contributed significantly to some delays in output.

Achieving credible timeliness of hospital statistics is the result of an excellent effort by staff within the Division and in support areas of the Institute, as well as by most providers. One State provider stretched delivery dates beyond reasonable limits, putting significant stress on quality control and publication systems. Nevertheless, systems now developed with State and Territory providers for information collection and quality control make the achievement sustainable. This will enable the Institute to pay more attention in future years to quality management, to correct some clear inadequacies in implementation of data standards and quality control by some providers, and to analysis and reporting from the databases. Lessons learned from the hospital statistics program will be applied

in 1997-98 to data collection and validation processes for the Mental Health Services Survey, which has drifted backwards in timeliness this year.

Another significant consolidation has occurred in the health labour force publication program, with a number of reports being publicly released during the year. A new program of data collection cycles agreed by the National Health Information Management Group sets up, with provider endorsement, a regular cycle of reporting on major health professional labour forces in coming years.

Delays in staff recruitment hindered improvements in timeliness for reporting national cancer data, which was an objective for 1996-97. Once these improvements are achieved, now expected by the end of 1997 with the release of 1994 cancer incidence data, it will be in a credible position to press the least up-to-date cancer registries to improve their delivery of this most important national data. Servicing research requirements for searching and data linkage with the National Death Index was brought up to date during the year.

Overall the Health Division ended the year in a good position, with the skills and ability to deliver on a balanced program of data development, collection and analysis, and with a management structure able to handle a growing volume of externally funded work from its clients.

National perinatal statistics

The objectives of the AIHW National Perinatal Statistics Unit are to monitor and interpret national perinatal mortality and morbidity, and to facilitate and conduct epidemiological research.

National perinatal mortality and morbidity

Australia's Mothers and Babies 1994, the fifth report in the Perinatal Series, was published from data from the State and Territory perinatal collections and registrations of perinatal deaths. This report provides national information on maternal characteristics such as age, parity, country of birth and Aboriginality, on the baby's birthweight and outcome, and on place of birth and length of stay in hospital.

The report highlighted the increasing average age of mothers who gave birth, particularly those with private health insurance; the further shortening of the length of stay in hospital after childbirth; and the rising trend in multiple births, with twin births reaching a new peak. Also, the report noted that the risk of low birthweight and perinatal death was considerably higher for twins, and for infants from other multiple births, than for single births.

Another report in the Perinatal Series, *Indigenous Mothers and Their Babies Australia 1991-1993*, showed that Indigenous mothers accounted for 2.8% of all mothers in Australia, that their average age was 4.5 years less than that of other mothers, their infants had an average birthweight more than 200 g below that of other infants, and that the foetal death rate among births to Indigenous mothers was more than double that for non-Indigenous births.

After consultation with the States and Territories, revised definitions for the National Health Data Dictionary were approved by the National Health Data Committee.

National congenital malformations monitoring system

Congenital Malformations Australia 1993 and 1994 was based on data from State and Territory perinatal collections, birth defects registers, and from other sources. This report showed that perinatal deaths from congenital malformations had increased considerably in the early 1990s, and that births of infants with spina bifida and anencephalus had declined further. The Unit also provided data for International Clearinghouse for Birth Defects Monitoring Systems annual reports.

Register of pregnancies after assisted conception

The national register of pregnancies after assisted conception contains data from all IVF centres performing in-vitro fertilisation, gamete intrafallopian transfer and related procedures in Australia and New Zealand. *Assisted Conception Australia and New Zealand, 1994 and 1995*, was

published jointly by the Unit and the Fertility Society of Australia. The register was partly funded by the Fertility Society of Australia and Serono Australia.

The report showed that 1.0% of all Australian births followed assisted conception, that the proportion of treatment cycles in which microinjection techniques had been used to treat infertility had increased sharply in recent years, and that there was little change in the high incidence of multiple births after assisted conception. Pregnancy outcomes after the use of microinjection were similar to those for other IVF pregnancies.

Perinatal outcome in hospitals with neonatal intensive care units

The Australian and New Zealand Neonatal Network was established to improve the care of high-risk newborn infants and their families through collaborative audit and research. This project is funded by Glaxo Wellcome Australia Ltd. The second report from this network, *Australian and New Zealand Neonatal Network 1995*, was based on 5,771 infants admitted to neonatal intensive care units in 1995. Of these infants, 4,856 received assisted ventilation and 775 had major surgery. Admissions of high-risk newborn infants of less than 32 weeks gestation, or less than 1,500 g in weight, accounted for 1% of all births in Australia in that year. Antenatal corticosteroids, used to enhance foetal lung maturation, had been given to three-quarters of the mothers of high-risk infants born at less than 34 weeks gestation. The majority of infants (89.4%) survived and were discharged home. Survival varied from 39.6% at 23 weeks gestation to 97.9% at 31 weeks.

Evaluation

A review of the AIHW National Perinatal Statistics Unit was completed in late 1996 by a team headed by AIHW Board member Ms Judith Dwyer, and which included Professor Shaun Brennecke, Dr David Tudehope, Ms Ros Richardson and Dr John Donovan. The AIHW Board discussed the report extensively and decided to investigate whether another Sydney-based institution wished to auspice the Unit. The University of New South Wales and the Macquarie University expressed interest. In May 1997, the Board decided to transfer the Unit to the University of New South Wales. At year's end, contract negotiations were underway between the Australian Institute of Health and Welfare and the University of New South Wales.



Dental statistics and research

The AIHW Dental Statistics and Research Unit works toward improving the dental health of Australians through the documentation and analysis of the dental health of Australians, social inequality in dental health and access to dental care, and maintenance of an effective and efficient dental labour force.

The work program of the Unit has included four major areas:

- the dental health of the nation;
- the evaluation of adult access to dental care;
- a clearing house for other dental statistics; and
- the dental labour force.

Following the cessation of the Commonwealth Public Dental Health Program, the Public Health Division of the Department of Health and Family Services is now assisting the Australian Institute of Health and Welfare to support the work of the Unit.

Dental health statistics

The Unit conducts a range of activities to provide information on the dental health and access to dental care of Australians. These activities include conducting surveys of dental disease prevalence in the community, evaluating strategies for the maintenance of dental health, and the level and comprehensiveness of dental care received by Australians. Over time these activities have documented a rapid change in the dental health of Australians, and have produced data important to the effective and equitable distribution of dental care.

Child Dental Health Survey

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

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

National- and State- and Territory-level reports have been published to maintain the time series on dental disease in Australian children. The Survey was last revised nine years ago, and a proposal to improve the level of data on social characteristics, linkage with service-mix data, and linkage of individual data records over time is being prepared.

The efficacy of fluorides in preventing caries in a child population

This project, largely funded by the National Health and Medical Research Council, is examining the role of water fluoridation in the prevention of dental caries within the contemporary context of exposure to multiple sources of fluoride and high residential mobility. Identifying the relative contribution of fluoride from different sources to caries prevention will help optimise current strategies for the prevention of dental caries.

The current work program covers the completion of the monitoring phase especially the consolidation of the three-year incidence data on dental caries, the updating of the exposure to fluorides data at the end of the observation period and analysis of the association of three-year incidence of caries and fluoride exposure. All existing three-year incidence data have been prepared on the approximate 20,500 subjects and missing cases at follow-up identified. Several nested studies updating exposure and other data are due to begin in late 1997. This will lead into a period of data preparation and then analysis, interpretation and reporting.

South Australian Dental Longitudinal Study

Interest in the dental health of the older adult population is increasing as there is greater recognition of the possibility and importance of maintaining a natural dentition for life. The loss of all natural teeth (edentulism) is becoming rare, when once it occurred to the majority of the population. However, retaining a functional and pleasing dentition is a significant challenge. The distribution and determinants of dental disease in a group of Australian adults aged over 60 years are being assessed in this longitudinal study, which collected the five-year follow-up data during 1996-97 with the support of a National Health and Medical Research Council project grant.

The current work program aims to evaluate five-year-old oral disease incidence and its social impact. Progress in 1996 included over 900 interviews and 600 clinical examinations. Questionnaire data on the social impact of oral diseases and disorders have again been collected, as well as new reports on dry mouth and xerostomia. Resting saliva samples were collected as part of the fieldwork and medications recorded for investigation of the risk factors for dry mouth, xerostomia and dental caries. Data are being consolidated and analysis of the five-year incidence of disease and its associations has begun.

Evaluation of adult access to dental care

This aspect of the Unit work program was associated, until January 1997, with the evaluation of the Commonwealth Dental Health Program for the Department of Human Services and Health (now Department of Health and

Family Services). The objective of the Program was the reduction of social inequality in dental health and improved access to services in Australia. The Commonwealth provided for an extension of State and Territory services to needy adults and their dependants. The Unit was involved in the maintenance of the National Dental Telephone Interview Survey, a Dental Satisfaction Survey and also the Adult Dental Programs Surveys as part of the evaluation of the Program.

The National Dental Telephone Interview Survey was conducted annually from 1994 to 1996. The Survey was conducted across all States and Territories of Australia to collect data on basic features of dental health and dental care within the Australian population. With the cessation of the Program, the National Dental Telephone Interview Survey was not conducted in 1997, and the next national survey is planned to be conducted in 1999.

The Dental Satisfaction Survey, involving self-completed mailed questionnaires sent to a subsample of persons interviewed in the National Dental Telephone Interview Survey in 1994 to 1996, provided information on the magnitude and variation in satisfaction with received care. Data collection for 1996 has been completed and a technical report prepared.

Adult Dental Programs Surveys

The Adult Dental Programs Surveys provided details of dental health status and services received within publicly funded dental care which were incorporated in the evaluation project of the Commonwealth Dental Health Program. Technical reports for the cross-sectional survey for 1995 and 1996 were published, as was a newsletter based on oral health data from one prospective survey. Two scientific papers were published.

Collection of the prospective component of the Adult Dental Programs Survey is continuing in some States in early 1997, and will be extended to all States and Territories during 1997-98.

Overview

Information from these surveys has been produced as separate technical reports of tabulated data. Data across the three surveys over the period 1994-96 were combined into the *Evaluation Report on the Commonwealth Dental Health Program 1994-1996*.

With the cessation of the Commonwealth Dental Health Program at the end of 1996, the focus of the work program has moved away from evaluation to monitoring and analysis of adult access to dental care.

Monitoring and analysis on adult access to dental care are included in the activities beginning in mid 1997 to generate public health information and indicators under the National Public Health Partnership, and are included in

the MOU between the Institute and the Public Health Division of the Department.

Longitudinal Study of Dentists' Practice Activity

This is a five-yearly longitudinal study. The first wave was collected in 1983-84, the second wave was collected in 1988-89 and the third wave in 1993-94. The results from this study have provided information on dental practice and the dental labour force. Recent analysis has focused on gender and dental practice, trends in service provision and the investigation of ageing, period and cohort effects in aspects of dental practice.

Findings from this study were presented at the Public Health Association conference in September 1996. Two scientific papers were published.

Preparation is underway for the fourth wave of data collection in 1998. This preparation has included the testing of numerous additions to the data collected, especially in the areas of patient characteristics and dentists' clinical decision making.

Evaluation

The AIHW Dental Statistics Research Unit has successfully maintained its core data collections in the child dental health and dental labour force areas. Specifically, the Child Dental Health Survey and the National Dental Labourforce Data Collection continue to provide national estimates and additional value to providers and users of data through supplementary research. An example of the importance of supplementary research is found in the National Health and Medical Research Council-funded study evaluating the effectiveness of water fluoridation, which has been running in conjunction with the Child Dental Health Survey.

However, both core data collections require revision. Changes are required to the Child Dental Health Survey to improve the capacity of the data to address issues of risk of dental caries and effectiveness of school dental service delivery. Additional dental occupation groups have been included in the National Dental Labourforce Data Collection, but further additions can be made. Some revision of procedures might also increase the efficiency of the data collection on the dental labour force.

The Unit has also successfully completed a period of data collection associated with the evaluation of the Commonwealth Dental Health Program. However, there is a challenge to both use the collected data to understand the access to dental care for special groups in the community and to assist States and Territories in maintaining some aspect of these data collections on adult dental health and access to dental care under considerable scarcity of resources after the cessation of the Commonwealth Dental Health Program.

National injury surveillance

The National Injury Surveillance Unit undertakes public health surveillance of injury at the national level to support injury prevention and control. It engages in all aspects of surveillance, and places special emphasis on analysis and dissemination of information, and on developing injury surveillance methods. It also provides a national contact point for liaison and information sharing on injury control, produces information resources, and encourages training and research. The Unit's AIHW funding is supplemented by funding provided to the Institute by the Public Health Division of the Department of Health and Family Services. On 30 June 1997 the Unit ceased operations as part of the Institute, to be succeeded on 1 July 1997 by a similarly named unit within the new Research Centre for Injury Studies within the Medical School of Flinders University.

Analysis and dissemination of information derived from the major existing injury data sources, and production of periodical injury surveillance publications and special reports, continued to be the core of the Unit's work. Three issues of the *Australian Injury Prevention Bulletin*, two supplementary issues, and two issues of the *Injury Issues Monitor* were published during the year. Two more issues of the *Bulletin* were in draft form at the end of the year.

Efforts were continued and extended to improve existing data sources and to develop new ones. The main aspects of this were:

- continued development of the national spinal injury register and related projects;
- continued participation in the development of a national coronial information system;
- planning and commencement, at the end of the year, of a project to investigate the practicability of obtaining quantitative national estimates of injury visits to emergency departments; and
- participation in planning national sports injury surveillance.

Several reports published during the year demonstrate the Unit's attention to providing credible, relevant and accessible information to inform discussion and policy development concerning injury. These include supplementary issues of the *Australian Injury Prevention Bulletin* on injury by firearms, and on youth suicide and self-injury, and a report on injury-related hospitalisation of Aboriginal and Torres Strait Islander people, and an associated issue of the *Bulletin* on Aboriginal data issues. All of these have contributed to current debates.

Injury surveillance information

The Unit continued to fulfil its role as the main national source of injury statistics and related information,

producing injury surveillance data reports, the *Australian Injury Prevention Bulletin*, specialised reports, and contributed to many other reports and publications, both external to the Institute and internal. In addition, numerous information requests, from government agencies, university researchers, commercial organisations and non-government organisations, were answered. Unit personnel were invited to present injury data and related information and advice through conferences, seminars, and advisory bodies. The Unit's planned contribution to the *First Report on National Health Priority Areas 1996* was provided, and advice was provided on related matters.

The accessibility of Unit publications was increased by publishing most of them on the Internet (<http://www.nisu.flinders.edu.au>) as well as in a hard copy version.

Injury surveillance development

The set of data items and classifications for injury surveillance published as the *National Data Standards for Injury Surveillance, Version 2.0*, was revised in consultation with injury surveillance and prevention personnel throughout Australia. Mechanisms to improve communication between the injury surveillance sector and health information processes were developed.

Operation of the national register of spinal cord injury continued, in cooperation with all six spinal units in Australia. Data from a previous register were checked, reformatted and re-coded to achieve compatibility with the new register. Data for the period between the two registers were obtained for one State, on a pilot basis.

The Unit continued to participate in and support a project to develop improved data on injury deaths, in collaboration with coroners.

At the invitation of the Department of Health and Family Services, a project for the development of an injury surveillance system based on a national probability sample of emergency department cases was designed. Funding was provided late in the year, and the project commenced on 1 June 1997.

A project was undertaken, through the Cairns Tropical Public Health Unit, to develop injury surveillance methods for remote Indigenous communities. The project report was complete, though not yet published, at the end of the year. The results of this project have already led to preventative action by the local communities and Queensland Transport.

A descriptive study in the automotive industry of eye injuries occurring to workers wearing approved and recommended eye protection was completed. The project was undertaken as a demonstration of the process of applying surveillance data to prevention. Workcover South Australia partly funded the project. The report

recommended modification to the relevant Australian Standard for protective eyewear.

Evaluation

All planned injury surveillance reports were produced, except for those whose production depended on provision to the National Injury Surveillance Unit of hospital activity data (improvements to timeliness are discussed elsewhere in the report). The first surveillance report based on the spinal injury register was in draft form at the end of the year, due to delayed provision of final data from some participating spinal units. Dissemination of injury information electronically through the Internet (<http://www.nisu.flinders.edu.au>) as well as in a hard copy version continued as planned.

Classification in health

The National Centre for Classification in Health has had a landmark year with the joint development of the new national centre between the National Coding Centre, University of Sydney, and the National Reference Centre for Classification in Health, Queensland University of Technology. The National Centre for Classification in Health has a small executive representing its financial supporters (the Australian Bureau of Statistics, Department of Health and Family Services and Australian Institute of Health and Welfare), the National Health Information Management Group and the two Universities. The Centre also has a Management Advisory Committee with a wider representation from State and Territory health authorities, the private sector, the Australian Casemix Clinical Committee and the Health Information Management Association of Australia (HIMAA). The Coding Standards Advisory Committee advises the Centre on the introduction of Australian codes in ICD-10-AM (Australian Modification) and the Australian Coding Standards.

The Centre has 15 staff, 12 at the University of Sydney where the main functions relate to coding for morbidity reporting purposes, and three at the Queensland University of Technology, dealing primarily with mortality coding issues, relationships with the ABS and training in health classification systems in the countries of the Western Pacific. Functions of the Centre in Sydney and Brisbane can be divided into development of codes and coding standards, education, publication, and quality management. The appointment in June 1997 of a Research Fellow in Brisbane has added a new dimension to the Centre.

Coding services

Activities in this area include the development of an Australian Modification of ICD-10 disease classification and an Australian Procedure classification, Medicare Benefits Schedule—Extended, preparation of Australian Coding Standards for ICD-10-AM, mappings between ICD-9-CM and ICD-10-AM, and work with the National Health Data Committee on items relating to disease and procedure classification in the National Health Data Dictionary. The Centre has contributed to conferences and seminars in casemix, public health, health administration, quality indicators and health informatics.

The Centre and the Institute have agreed on a collaborating relationship to replace the former collaborating unit arrangement with the National Research Centre for Classification in Health. This reflects the Institute's interest in higher quality coding of mortality, morbidity and procedures as well as other coding systems such as impairments, and disability and handicap, as the basis for

high-quality health and welfare statistics. It also recognises the important role the National Centre for Classification in Health plays within the WHO Collaborating Centre for Classification of Diseases for the Western Pacific, which the Institute heads. The relationship includes an agreement that the Institute report annually on the overall activities of the National Centre for Classification in Health.

Education service

The highlight of 1996-97 for education services was the 3rd annual National Centre for Classification in Health seminar designed specifically for Australian clinical coders, held at the Hyatt Regency, Coolom on November 1996. This event attracted over 190 registrants from Australia, New Zealand and Hong Kong. The seminar theme, 'Partnerships in Coding', reflected the strong alliances and partnerships that have been forged in the area of coding in recent times, among the Commonwealth, State health authorities, computer and IT specialists, clinicians, allied health professionals, other organisations and, most importantly, clinical coders.

Other education activities in 1996-97 included contributing to the Tokyo meeting of WHO Collaborating Centres for Classification of Diseases (October 1996), preparation and presentation of education programs in ICD-10 for countries in South-East Asia (Thailand) and the Western Pacific (Philippines, China and Malaysia), education sessions for Australian trainers and coders in the move from ICD-9-CM to ICD-10-AM for morbidity coding and in ICD-10 for mortality coding, staff training in medical terminology and coding for the Health and Vital Statistics Unit, the ABS in Brisbane, and assistance to the ABS in the training for, and implementation of, Automated Cause of Death coding software.

As well as the continued publication of the Australian version of the ICD-9-CM and plans for the ICD-10-AM, the National Centre for Classification in Health has produced a series of specialty booklets to educate coders and clinicians in ICD-9-CM and casemix issues. An ASCII list of ICD-10-AM codes has also been developed.

Quality activities

Projects in this area have been the development of an Australian Coding Benchmark Audit, work with the Department and the Australian Council on Healthcare Standards on code translation of clinical indicators used in the Care Evaluation Program and the secondment of a staff member to NSW Central Cancer Registry to develop quality assurance systems for cancer registry data. The Centre also contributed to the Steering Committee and Expert Panel for HIMAA National Coder Workforce Issues Project and Coder Accreditation Examination.

Research

The Centre in Brisbane has assisted with the implementation of multiple cause of death data collection at the ABS to significantly enhance the value of mortality statistical data for public health and research. A new research program, primarily focusing on electronic coding systems and the development of software to facilitate the coding of health data at the point of patient care, has also been developed.

Future plans

The forthcoming year will see further work with the National Committee for Implementation of ICD-10 in Australian Hospitals, the completion of a Dual Coding Study (in ICD-9-CM and ICD-10-AM) to feed in to an overall Impact Assessment of ICD-10 for the Australian Health Ministers' Advisory Committee, and a national education program in preparation for the introduction of ICD-10-AM in July 1998. The publication of a multi-volume set of ICD-10-AM is a major undertaking and the work involved will consume the energies of the Publications Division for the remainder of 1997. A strategy regarding the implementation of electronic coding systems into electronic health records is currently under development.

A staff member from the Centre in Sydney will be seconded to the NSW health department to work on development of code sets for 'Issue' and 'Activity' for the Community Health Information Management Enterprise. Staff are currently preparing proposals for further work on strategies to move from hard copy to electronic classification systems for integration into electronic patient records.

Evaluation

The year has been an extremely full and successful one for the National Centre for Classification in Health in Brisbane and Sydney. The recommendations of the National Research Centre for Classification in Health review were successfully achieved, resulting in amalgamation. The Australian network of primary producers and users of coded data have been brought together in a collaborative and cooperative way through this merger, with issues in both morbidity and mortality coding being taken into account. In addition, the international profile of the National Centre for Classification in Health has been reinforced through links with the WHO Western Pacific and South-East Asia regional offices.

The Centre is supplementing its grant from the Institute, the Department and the ABS with revenue from products (mainly publications), educational programs and consulting. These activities are allowing the Centre to grow and take its place as an Australian centre for expertise in classification of diseases and procedures. To reflect this role, the centre is working with the Institute on a Health Classification Charter and on defining the Centre's special collaborating relationship with the Institute.

Aboriginal and Torres Strait Islander health and welfare information

An agreement reached in May 1995 between the Australian Institute of Health and Welfare and the Australian Bureau of Statistics saw the creation of the Aboriginal and Torres Strait Islander Health and Welfare Information Unit. The Unit was initially funded for 1995-96 and 1996-97. Following a review of the Unit, all funding parties (the Institute, ABS, and Department of Health and Family Services) have agreed to continue present funding arrangements for a further five years, subject to annual agreement on the Unit's work program.

The annual work program constitutes the tangible existence of the Unit. In all other respects (staffing, infrastructure etc.) the Unit is fully integrated with other components of the ABS's National Centre for Aboriginal and Torres Strait Islander Statistics in Darwin.

The functions of the Unit are to undertake, and to assist others to undertake, work in all areas of statistics and information concerned with the health and welfare of Aboriginal and Torres Strait Islander people. This includes analysis and reporting on health and welfare statistics, and the assessment and improvement of statistical quality. In addition, the Unit disseminates statistics to a wide range of users including Indigenous organisations, government agencies and research institutions, and provides some training and experience in health statistics to Aboriginal and Torres Strait Islander people. An important function of the Unit is its substantial contribution to the national leadership of projects concerned with the advancement of Indigenous health and welfare information issues.

The main components of the 1996-97 work program were the preparation and release of the publication, the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, and the subsequent efforts to disseminate and explain the findings of the report; a workshop on improving the identification of Indigenous people in administrative health collection; the completion and publication of statistical reports from the National Aboriginal and Torres Strait Islander Survey on Health and Housing Characteristics and Conditions; the development of a National Plan for Aboriginal and Torres Strait Islander Health Information; and a national report on cigarette smoking among Indigenous Australians.

First report on Aboriginal and Torres Strait Islander health and welfare

The *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* is the first of a biennial series which will provide comprehensive documentation of the status of the health and welfare of Aboriginal and Torres Strait Islander people on a national scale. The reports will also

monitor progress towards addressing disadvantages in these areas. A comprehensive account of the quality of data in this area is also provided. Among the topics covered in the first publication of the series were: population; issues in environmental health; housing; health risk factors; perceptions about health; access to health care, including Indigenous work force statistics; mothers and babies; ill-health, including hospitalisation; mortality; Torres Strait Islander health; a range of welfare issues; data sets; and issues of data quality.

The report, launched by Governor-General Sir William Deane at the Museum and Art Gallery of the Northern Territory in Darwin on 2 April 1997, generated considerable government and public interest through extensive media coverage. Since the launch, a program to disseminate the report's findings through a series of seminars offered in all States and Territories has been undertaken. A copy of the report has also been distributed to all Aboriginal and Torres Strait Islander Medical Services and a summary report has been distributed more widely.

Indigenous identification in administrative collections

A two-day workshop focusing on ways of improving the identification of Indigenous peoples in administrative health collections was held in Brisbane in November 1996. The participants at the workshop included one or more representatives from health departments and registrars offices from all States and Territories, as well as representatives from Commonwealth agencies (such as the ABS, Department and Institute) and professional bodies (such as the Australian Medical Association, funeral directors and Health Information Management Association of Australia). The report of the workshop proceedings, the *Identification of Indigenous Peoples in Administrative Collections: Best Practice and Quality Assurance*, provides a comprehensive account of the identification of Indigenous people in vital, hospital separation, perinatal and other health collections in different jurisdictions. The proceedings also present papers on other topics relevant to deriving Indigenous statistics from health and other collections.

National plan for Aboriginal and Torres Strait Islander health information

As a result of the high priority attached to Indigenous health information by the 1994 National Health Information Development Forum, the Australian Health Ministers' Advisory Council commissioned the Unit to develop a national plan for improving all aspects of Aboriginal and Torres Strait Islander health information. This plan is close to completion and has been developed after two extensive rounds of consultation and feedback throughout Australia, involving seminars and workshops in all States and Territories, governments, and the community-controlled health sector. To date, 300 copies of

the draft summary plan have been circulated for comment and have been generally well received. The draft plan will also be presented to agencies and groups such as the National Health Information Management Group, the Institute, and other Commonwealth agencies. The plan will be finalised in August 1997, taking into account all the advice received, and will include both State and Territory reports and case studies of good practice in health information for Indigenous health. It will be presented to the Australian Health Ministers' Advisory Committee for endorsement in October 1997, prior to implementation.

National leadership

The Unit has played a broad ranging advisory role across a number of areas in addition to its more tangible work program. Among other initiatives, Unit staff have worked with the Heads of Aboriginal Health Units and other agencies to develop health performance indicators, while the Unit has assisted with the development of performance indicators appropriate to assessing performance and recording accountability of Aboriginal Medical Services. The Unit also participated in a steering committee for a Department-funded project to determine government spending on Indigenous health.

In its first two years of operation the Unit has created effective networks and linkages with key groups concerned with Aboriginal and Torres Strait Islander health information. Foremost among these are links with the Heads of Aboriginal Health Units; the Institute and other AIHW collaborating units; the National Aboriginal Community Controlled Health Organisations; and information groups such as the National Health Information Management Group, the Disability Data Reference Advisory Group, and the National Community Services Information Management Group. Briefings and papers have also been supplied to standing groups of officials, and to Ministerial Advisory Councils for Health and for Aboriginal Affairs. Links have also been established and maintained with health departments in all jurisdictions. These links must be consolidated in future years and others developed, notably in the area of welfare and community services and with Torres Strait Island authorities.

Evaluation and future funding

The first 14 months of operation for the Unit were evaluated by the Office of Aboriginal and Torres Strait Islander Health Services of the Department in mid 1996. This review reported favourably on the set-up phase of the Unit and on the productivity of the first year of effective operation. As a result, a recommendation was made for continued funding under the existing agreements in which the three funding agencies (the ABS, Department and Institute) at least maintain their current input. The review

recommended that the funding be continued for five years with a further review ahead of the completion of the funding period. The Institute, ABS and Department have agreed to this proposal subject to an agreed work program being defined and produced each year.

Welfare-related information

The Australian Institute of Health and Welfare works with community services agencies of all jurisdictions, the Australian Bureau of Statistics, and non-government peak organisations in data development, collation and dissemination activities in the community services field. Linkages with government stakeholders were formalised in the year through the signing of the National Community Services Information Agreement and the National Community Services Information Management Group was established under the Agreement to coordinate data development activities of the sector.

Preparation of the third edition of *Australia's Welfare: Services and Assistance* progressed during the year, and will be presented to the Minister for Health and Family Services in December 1997.

Significant progress was made in the development of national data on disability services, housing assistance, child protection, supported accommodation, and expenditure on community services.

National Community Services Information Agreement

During 1996-97, the Standing Committee of Community Services and Income Security Administrators endorsed the National Community Services Information Agreement. The Agreement, which came into effect on 1 March 1997, covers community services in Commonwealth and State jurisdictions, the Institute and the ABS. The development of the Agreement was carried out in consultation with major non-government organisations and with the participation of the Australian Council of Social Services. The Agreement provides a structure and processes for the formulation of national data priorities and the development of national community services data.

The operation of the Agreement is the responsibility of the National Community Services Management Information Group, chaired by Richard Deyell of the South Australian Department of Family and Community Services. The Institute provides the secretariat. The Management Group is developing a national information development plan that will identify areas of national information development priority for the next 5-10 years. This will provide an annual work program for national information development. A major priority already identified is the development of a National Community Services Information Model and the early publication of a National Community Services Data Dictionary. The data development process is the responsibility of the National Community Services Data Committee, which is chaired by the Institute.

The Management Group is seen by the Standing Committee of Community Services and Income Security Administrators as having an important advisory role on data issues, and has been asked to provide the advice on a number of information issues, including data aspects of the *Report on Government Service Provision 1997* and data sources on homeless youth.

National classification of community services

The development of the classification was finalised during the year after extensive consultation with potential users. The classification has been endorsed by the National Community Services Data Committee for trial use. The classification has been used by the ABS for its 1996-97 survey of the community services industry.

Welfare services expenditure

Data on welfare services expenditure for 1994-95 were released in July 1996. Compilation of 1995-96 data was completed in June 1997 for publication in July 1997. The 1995-96 data include estimates of expenditure by non-government organisations as well as contributions from volunteers working through these organisations.

New work on welfare services expenditure by non-government organisations was commissioned. A new project will supplement ABS national accounts to better measure the size of the community services sector by the provision of new estimates of welfare services expenditure, and by rearranging current national account estimates. The timeliness, detail and reliability of welfare services expenditure data is being improved.

Australia's welfare data are routinely provided to the OECD for inclusion in its social protection databases.

Supported Accommodation Assistance Program

Following its selection in September 1995 as the SAAP National Data Collection Agency, the Institute developed suitable data collection instruments and accompanying collections manuals, and provided training to service providers. A full-scale trial was completed before implementation of the collection proper on 1 July 1996.

The national data collection is the first ongoing collection of information about clients, their circumstances, and the provision of support and supported accommodation services by some 1,200 SAAP-funded agencies around Australia. Two time-limited collections were also implemented during the year which provide information about unmet demand for SAAP services, and the provision of very short-term assistance to people who are homeless or in crisis.

The first series of national data collection reports, consisting of nine published reports (one national report and eight State or Territory reports) and almost 1,200 individual reports for SAAP agencies, was released

in April 1997. Reports were well received by key stakeholders and enjoyed considerable media attention.

Following the release of the reports, SAAP-funded agencies were trained in the use of data and interpretation of statistics at 63 workshops held across Australia. Positive feedback was expressed by the overwhelming majority of participants.

The Institute is currently developing the SAAP Management and Reporting Tool, a software package designed to assist SAAP agencies in collecting data for planning and service evaluation. The use of this tool will improve data quality and streamline the collection process.

Housing assistance

During the year the Institute undertook development of data dictionaries and assisted in data collection for the performance indicators for public housing and community housing for 1996-97. The dictionaries provide the basis for data collection as part of the new Commonwealth-State Housing Agreement and for information reporting required by the Review of Government Service Provision, which operates under the auspice of the Council of Australian Governments.

Review of the Institute's housing information function

In light of changes to the delivery of housing assistance the Institute undertook a review of requirements for housing assistance information and how it could best contribute to the development of national data. Stakeholders have broadly endorsed the Institute taking a more proactive role in ensuring nationally consistent information is developed, collated and disseminated. In particular, the development of data dictionaries for housing assistance information was identified as a priority.

Housing legislation and policy

The Institute contributed the housing chapter to the *Diary of Social Legislation and Policy 1996*. The Diary is a joint project of the Institute, the Australian Institute of Family Studies and the Social Policy Research Centre.

Aged care services

Throughout the year the Institute has continued to improve and expand its contribution to informed community debate in the aged care area. The second and third volumes of the Aged Care Series were released. *Aged Care Services in Australia's States and Territories* provides a comprehensive analysis of aged care data at the State and Territory level. The third volume, the *Respite Care Needs of Australians*, was a supporting paper for the Respite Review, conducted by the Department of Health and Family Services. The analyses reported in the *Respite Care Needs of Australians* were used extensively in the Report of the

Respite Review, which was released simultaneously with the supporting papers.

The Institute completed a detailed analysis of the 1996 Community Aged Care Packages Survey undertaken by the Department. The resulting report is being published in the Department's Aged and Community Care Service Development and Evaluation Reports Series.

Home and community care

The Institute was commissioned by Home and Community Care (HACC) officials to undertake developmental work and a national pilot test of the HACC Service Standards Instrument. The Instrument is intended to provide nationally consistent data on the quality of Home and Community Care services, measured against the 26 HACC Service Standards.

A project aimed at furthering the development of the new national minimum data set for the Home and Community Care program commenced. This involved both refinement and development of items, and data definition work. The poor quality of data has been recognised for some time, and this project has the potential to provide an important contribution to the quality of national data, and its utility for program accountability, management, policy and planning purposes.

Aged care data holdings

The Institute updated its data holdings to include data for 1995-96. The Institute now holds data on community options projects, community aged care packages, Home and Community Care, hostels and nursing homes.

Disability services

International Classification of Impairments, Disabilities, and Handicaps

The Institute is the WHO Collaborating Centre for the revision of the International Classification of Impairments, Disabilities, and Handicaps. Detailed comments and suggestions on an early draft of the revision were forwarded to the WHO after discussion with Australian experts, and plans made for wider discussion and consultation on a public draft to become available in 1997-98. Plans are being made for testing the Classification concepts among Indigenous people, and in the field of intellectual disability in Australia.

Disability Data and Research Advisory Group

In response to an identified need for standardisation of terminology and data items, the Institute established the Disability Data and Research Advisory Group to advise on the development of national data on disability. Non-government organisations, the Disability Services Sub-Committee of the Standing Committee of Community

Services and Income Security Administrators, and experts in the field are represented in the Group. Two workshops were conducted during the year, one leading to a draft disability information model, the other leading to comments and suggestions on an early draft of the revised Classification. The Group has advised the Institute on a range of disability data issues, especially relating to the preparation of a discussion paper on national consistency of disability data, and plans to review the basic definition of disability and continue classification work.

Minimum data set for the Commonwealth/State Disability Agreement

A report on the first (1995) national data on disability services funded under the Commonwealth/State Disability Agreement was published this year. All jurisdictions participated in the planning of the second national collection which was conducted in late 1996. Problems exist in ensuring that all jurisdictions contribute to and use the data set consistently. In particular the Commonwealth has not participated every year in the collection, and Western Australia has not yet produced data which can be consistently combined with those of other jurisdictions.

Data on open employment services for people with a disability

A detailed report, *Open Employment Services for People with Disabilities 1995: The First Year of NIMS Data*, was published. The report presented data on open employment services for people with disabilities funded by the Department. This collection provides data for the development of outcomes indicators such as changes in employment, income, and working hours. The data system was further developed, and the presentation of reporting reviewed during the year.

Children's and family services

Two reports published this year—*Children's Services in Australia 1996: Services for Children under School Age* and *Outside School Hours Care Services in Australia 1996*—provided for the first time a description of the various ways in which key child care and preschool services are funded and delivered. These reports outline the structure, funding, administration and regulation of preschool and child care services; and the roles and responsibilities of the Commonwealth and State and Territory Governments in the service provision and delivery. The reports demonstrate the problems of developing a national data set for this area, given the complexity in the provision and delivery of services and the lack of any consistent national data classifications, definitions and counting rules.

Information on government-funded family support services was obtained from Commonwealth, State and Territory departments. An overview of family support services will be published in *Australia's Welfare 1997*. It is hoped that this exploratory information will provide an initial step towards the development of a national data collection for family services.

Child welfare

The role of the Institute in the child protection area is to collect and collate core data on child abuse and neglect, children on care and protection orders, children in out-of-home care and adoptions from each jurisdiction and to analyse and publish these statistics annually. The Institute also plays a key role in the development and refinement of national data collections in the child protection area.

Further improvements in the timeliness and quality of information presented in the Child Welfare Series were made in 1996-97. A newsletter containing basic 1995-96 child welfare data was released in December 1996. Reports containing 1995-96 data on child abuse and neglect, children on care and protection orders and adoptions were released during the year. For the first time, the Institute collected data on children in out-of-home placement. These 1995-96 data will be published in the child protection chapter of *Australia's Welfare 1997*.

The Institute contributed significantly to the development of performance indicators, data definitions and counting rules for the *Report on Government Service Provision 1997* in the area of protection and support services.

Evaluation

Progress was made in the development and release of national community services information in the year. In particular, the signing of the National Community Services Information Agreement is a significant milestone in the work towards consistent national data to support government policy and program initiatives.

The estimate of the size of the community services sector was improved by developing a method to calculate expenditure by the non-government sector.

In the areas of housing assistance (both long-term and short-term assistance), disability services and child protection, the Institute has provided an important contribution to the development, collation and publication of nationally consistent data. National data developed by the Institute are important to national evaluation and monitoring activities, including the *Report on Government Service Provision 1997* by the Council of Australian Governments.

In the areas of aged care and child care services, the Institute has continued to release substantive reports which will aid in the future development of national data.

The Institute will make effort to further improve the timeliness of community services data, and will work with the National Community Services Information Management Group to set the priorities of the Institute's activities.

Technical and business functions

The Information Management and Business Services Division addresses a range of technical and administrative functions fundamental to the Australian Institute of Health and Welfare's program activities. Business services provided include financial planning and human resource management capabilities, as well as a specialised focus for corporate communication and public affairs.

A range of professional services for management of the Institute's information technology and data resources is also provided. Particular emphasis is given to the provision of data acquisition, analysis and dissemination tools, and to support for contemporary information engineering methodologies. Data modeling is encouraged as the method of choice for the Institute's nationally significant data development activities.

1996-97 in review

Audit Committee and Internal Audit services

On 7 August 1996 the AIHW Board established an Internal Audit function in the Institute and an Audit Committee comprising three non-executive board members. Tenders for the supply of Internal Audit services were requested from 12 prominent chartered accounting firms, with Bird, Cameron and Partners appointed as the Institute's Internal Auditor on 22 January 1997.

An Internal Audit Plan has been agreed and the Institute's main auditable areas will be progressively examined over a three-year period. The contractor is currently completing audits of the Human Resource function and IT security.

Information technology and telecommunications

The Corporate Information Technology Strategic Plan

Having reviewed the AIHW Corporate Plan during 1995-96, the Institute reviewed and released a new Corporate Information Technology Strategic Plan during 1996-97. The Plan establishes the framework and priorities for the development of information technology and telecommunications (IT&T) services within the Institute over the next three years. The Plan identifies IT&T objectives and strategies to support the business objectives of the Institute identified in the Corporate Plan and annual Work Program.

Information technology procurement

The Institute's 1996-97 information technology procurements complied with Commonwealth information technology purchasing guidelines and the Institute's own internal purchasing policy and procedures. During the period, all information technology acquisitions were met from existing Commonwealth panel period contracts and

followed the procedures laid down for the use of these contracts.

In accordance with the Commonwealth's outsourcing policies, the Institute continued to use specialist technical consultants for advice where appropriate. Contracts for a number of specialised application development and maintenance activities were awarded during the year.

Overall architecture

Commercially developed 'off-the-shelf' software and packages continue to be the mainstay of the Institute's processing environment. Mainstream office systems and products, and workstation user interfaces which provide and support application integration, are fundamental to the approach.

The current IT&T hardware architecture consists of Macintosh workstations connected via a network to PC- and Unix-based mid-range servers. This 'client-server' architecture has shown itself to be well suited to Institute needs and has proven to be flexible and adaptable, with considerable capacity for expansion to meet growing as well as new needs.

The Corporate Information Technology Strategic Plan affirmed the client-server architecture as the basis for the Institute's IT&T services over the next three years. The capacities and functionality of the mid-range servers will need to be upgraded during the period, particularly the main database and large data set processing server.

The Plan does, however, recommend that the current Macintosh workstations be replaced by the more widely used Windows/Intel workstations. This change will improve Institute compatibility with its stakeholders and further facilitate electronic data acquisition and dissemination. An acquisition and replacement program, endorsed by the Office of Government Information Technology, has commenced and is expected to be completed by the end of 1997.

Electronic communications

External electronic communication is assuming greater importance for many core Institute activities and the Plan emphasises the need for an enhanced communication capability. Enhanced electronic communication links are expected to improve the timeliness and efficiency of data acquisition as well as providing enhanced access to the Institute's information resources. The enhanced capabilities will also assist publication dissemination and general promotion and marketing of the Institute and its products. Emphasis will also be given to supporting and promoting the Institute's information development and coordination roles.

Corporate data management

Database management

The Data Management Unit was established during 1996–97 and provides a centralised resource for the management of large databases. It provides the specialist skills required to support the provision of data from disparate sources and facilitates the receipt, loading and validation of this data. These technical support services improve the general availability of data within the Institute, and for its stakeholders, and are an important aid to the analysis and research areas of the Institute.

The move to corporate data management has already paid dividends. Significant data backlogs in the National Death Index, National Hospital Morbidity and National Hospital Establishment databases have been cleared. The corporate approach has streamlined data management processes and promotes and manages data as an Institute and national resource.

A planned review of the Institute's information security policy and procedures is currently being conducted by a subcommittee of the AIHW Board.

National Health Information Knowledgebase

As foreshadowed in last year's report, during 1996–97 the Institute developed and released a major new product for the management of metadata—the identifying, definitional, relational, representational and administrative attributes of data elements. Released on 1 July 1997, the National Health Information Knowledgebase (NHIK) is available on the Internet via the Institute's Home Page (<http://www.aihw.gov.au>).

Based on an innovative implementation of ISO/IEC Standard 11179 'Specification and standardisation of data elements', the NHIK provides integrated access to health data dictionaries and data models, as well as a comprehensive register of data collections. The NHIK has received favourable review and comment from a range of national and international users. The Institute is collaborating with the ISO on the development of interoperable metadata registries and is widely regarded as a leading agency in this emerging but important field.

During 1997–98 the NHIK will be expanded to include a range of welfare and community services metadata, including a National Community Services Information Model and Data Dictionary.

National information development

During 1996–97, the National Information Development Unit produced Version 6 of the National Health Data Dictionary, a data management reference source which provides a thorough and systematic description of

nationally agreed health metadata. Version 6 of the dictionary reflects, for the first time, the Institute's commitment to ISO/IEC Standard 11179, 'Specification and standardisation of data elements'. The process of re-engineering the dictionary to conform with this important international standard was technically complex and time-consuming, but has produced a reference text of great quality. The process and the revised dictionary have attracted considerable interest within Australia and overseas.

The Unit also provided guidance on the application of the National Health Information Model to a range of sector-specific information developments. Unit staff are supporting the development of a National Community Services Information Model, an initiative which draws much from experience gained during development of the National Health Information Model. The National Community Services Information Model will provide the conceptual framework for the inaugural version of the National Community Services Data Dictionary, expected to be issued in late 1997.

Initial versions of national classifications of community services were developed by the Unit during 1996-97. These comprise three separate classifications of community services activities, target groups and service delivery settings, and have already been utilised by the Australian Bureau of Statistics in its national community services industry survey.

Communication and public affairs

The Institute's corporate approach to communication activities continues to attract critical acclaim and has once again proven particularly successful over the past year. Managed media and portfolio networking strategies continue to provide positive media exposure for the Institute, and increased public and stakeholder awareness of the Institute and its functions.

During 1996-97, the Public Affairs and Marketing Manager was released to attend the nine-month Public Service and Merit Protection Commission's Senior Women in Management program. While the reduced staffing of the Communication and Public Affairs Unit's public relations and marketing activities severely limited the Unit's promotional capabilities, the increased skills, ability and experience brought back from the program are expected to produce longer term benefits for both the staff member concerned and the Institute. The experience has, however, highlighted the inordinate impact on productivity faced by smaller agencies wishing to support the training and development of talented staff by participation in structured

management programs such as Senior Women in Management.

Notwithstanding these limitations, the Unit was able to handle more than 30 public releases and special events during the year. The launch of the *Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* by the Governor-General, Sir William Deane, at the Museum and Art Gallery of the Northern Territory in Darwin on 2 April 1997 was particularly successful. The launch was organised by the Unit in conjunction with the ABS.

The Unit published 80 publications during 1996–97 at an average content of 80 pages. The Unit's resources were restructured during the year to accommodate Internet Home Page responsibilities, and to provide for a structured project planning approach to Institute publishing activities. Editorial and desktop publishing services have been outsourced for most Institute publications. The Institute has retained a core in-house publishing capacity to support production of its main corporate publications—*Australia's Health, Australia's Welfare, NHWI News*, the publications catalogue, and the Institute's annual report, corporate plan, work program and information brochure.

Library and document management

The library's collection of books and journals spans the Institute's work program and is controlled by the portfolio library management system. During 1996–97, the portfolio department selected a new library management system (Horizon) offering sophisticated multimedia search and retrieval facilities; the new system will be implemented during the coming year. The Institute Librarian was actively involved in the selection process for the new system.

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

During 1996–97, the Librarian chaired a working group which established Internet access for Institute staff, via a stand-alone network centred in the library.

Human resources management

At 30 June 1997, 124 people were employed at the Institute and, during the course of the year, 177 were employed for varying periods of time. Employment arrangements at 30 June were as follows:

- the Director was employed under the *Australian Institute of Health and Welfare Act 1987*;

- 119 staff were employed under the *Public Service Act 1922*;
- three people were engaged through an employment agency; and
- one person was engaged through a computing firm.

A breakdown of staff characteristics at 30 June 1997 is provided in Tables 1-3 and Figure 2. 'Permanent staff' refers to staff employed permanently by the Institute, including inoperative staff, and 'temporary staff' refers to staff employed by the Institute either on transfer from another Australian Public Service employer, engaged on either short- or long-term contract under the Public Service Act, or engaged under a contract of service or on secondment from another organisation.

Equal employment opportunity

The Institute participates in the portfolio's Equal Employment Opportunity Plan. A new Plan was launched this year with the title, *Managing Diversity and Equity*. The change of name reflects the many informal changes and expansions to the traditional definition of Equal Employment and Opportunity. While initiatives to support members of the four target groups will continue to be examined, initiatives which assist workers with family, and cultural responsibilities will also be looked at, as will strategies to successfully manage and value diversity. One female senior officer participated in the 1996 Senior Women in Management Program and returned to the Institute in April. One female officer participated in the Public Sector Management Course.

A breakdown of the various Equal Employment and Opportunity designated groups within the Institute are shown in Appendix 7 (page 113).

Industrial democracy

The Institute's management style is collaborative and consultative. Staff are represented on the AIHW Board and participate in, and receive feedback on, higher management matters through that forum. During 1996-97, formal staff consultative and information meetings were held on organisational restructuring.

Table 1: Staff at 30 June 1997

Status	Female		Male		Total	
	1996-97	1995-96	1996-97	1995-96	1996-97	1995-96
Full-time permanent	38	(31)	40	(46)	78	(77)
Full-time temporary	20	(25)	14	(15)	34	(40)
Part-time permanent	7	(4)	0	(0)	7	(4)
Part-time temporary	3	(10)	2	(0)	5	(10)
Total	68	(70)	56	(61)	124	(131)

Note: Figures in brackets are for 1995-96.

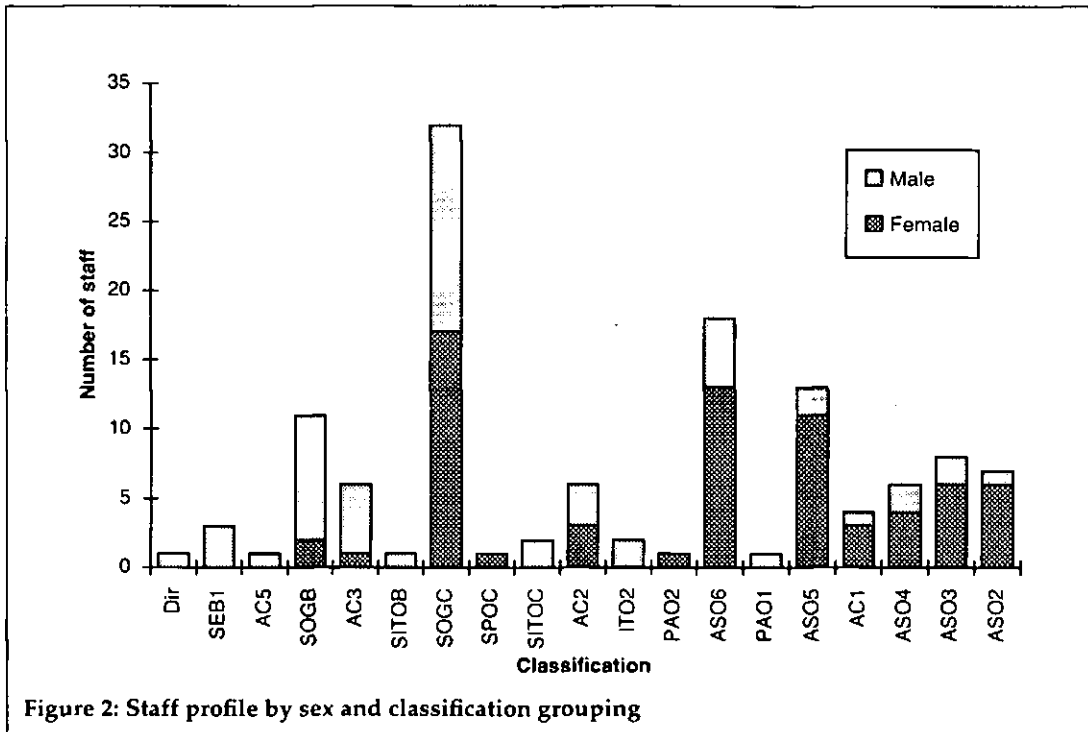


Figure 2: Staff profile by sex and classification grouping

While regular and ad hoc staff consultative meetings are held with senior management on matters of importance, the Institute has seen a need to formalise its consultative mechanisms for its expanding work force. Consequently, in December 1996 the inaugural meeting of the Institute's Joint Consultative Council took place. The Institute's Industrial Democracy Plan was endorsed at this meeting. A second meeting took place in March. Future consultative arrangements are under review in light of changing government policy.

Occupational health and safety

The Institute maintained its good health and safety record throughout the year with no reports of serious injury arising from incidents in the workplace.

An employee assistance program continued throughout the year reflecting the Institute's ongoing interest in staff welfare and occupational health and safety. The program offers confidential and professional assistance to staff facing problems which may directly or indirectly have an impact on work performance.

Negotiations on the Institute's draft occupational health and safety plan are nearing completion. The Institute's interim occupational health and safety committee met twice during the year.

Table 2: Institute staffing profile at 30 June 1997

Status	Female		Male		Total	
	1996-97	1995-96	1996-97	1995-96	1996-97	1995-96
Director	0	(0)	1	(1)	1	(1)
Senior Executive Service Band 1	0	(0)	3	(3)	3	(3)
Medical Officer Class 5	0	(0)	0	(1)	0	(1)
Medical Officer Class 4	0	(0)	0	(1)	0	(1)
Academic Level 5	0	(0)	1	(1)	1	(1)
Senior Officer Grade A	0	(0)	0	(1)	0	(1)
Senior Officer Grade B	2	(3)	9	(10)	11	(13)
Academic Level 3	1	(1)	5	(7)	6	(8)
Senior Information Technology Officer Grade B	0	(0)	1	(1)	1	(1)
Public Affairs Officer Grade 3	0	(1)	0	(0)	0	(1)
Senior Officer Grade C	17	(18)	15	(10)	32	(28)
Senior Professional Officer Grade C	1	(1)	0	(0)	1	(1)
Senior Information Technology Officer Grade C	0	(0)	2	(2)	2	(2)
Academic Level 2	3	(3)	3	(4)	6	(7)
Information Technology Officer Class 2	0	(0)	2	(3)	2	(3)
Public Affairs Officer Grade 2	1	(0)	0	(0)	1	(0)
Administrative Service Officer Class 6	13	(9)	5	(5)	18	(14)
Public Affairs Officer Grade 1	0	(1)	1	(1)	1	(2)
Senior Research Officer Grade 1	0	(0)	0	(2)	0	(2)
Administrative Service Officer Class 5	11	(12)	2	(3)	13	(15)
Academic Level 1	3	(5)	1	(2)	4	(7)
Administrative Service Officer Class 4	4	(6)	2	(2)	6	(8)
Administrative Service Officer Class 3	6	(5)	2	(1)	8	(6)
Administrative Service Officer Class 2	6	(5)	1	(0)	7	(5)
Total	68	(70)	56	(61)	124	(131)

Note: Figures in brackets are for 1995-96.

Table 3: Staff movements during 1996-97

Status	In	Out	Total
1 July 1996	131		131
Appointments	4		4
Promotions/transfers	12	(5)	7
Contracts (incl. temporary transfer)	30	(35)	(5)
Retirements		(7)	(7)
Resignations		(6)	(6)
30 June 1997	177	(53)	124

Note: Figures in brackets are negative numbers.

Performance pay

During 1996-97 four Senior Executive Service officers were eligible for performance pay resulting from assessments covering the previous 12 months. Privacy considerations preclude disclosure of payment details.

Fraud control policy

In accordance with the requirements of the Commonwealth Law Enforcement Board, a detailed fraud risk analysis commenced during 1996-97. The analysis will form the basis of an Institute Fraud Control Plan for consideration and implementation during the coming year.

Financial resource management

A summary of the Institute's funding levels for 1996-97 is presented in Table 4. The Institute's formal financial statement for 1996-97 is in Appendix 1 (page 59).

Funding for the Institute's activities comes from several sources. Core funding is provided through Parliamentary appropriation, with minor revenues being generated by Institute activities. External funding is received for projects

Table 4: Funding summary, 1996-97

Revenue	1996-97	1995-96
	\$'000	
Core funding		
Appropriation	7,610	7,126
Interest and Other	547	420
<i>Subtotal</i>	<i>8,157</i>	<i>7,546</i>
External funding		
Contract income	5,104	5,326
Total funds	13,261	12,872

Table 5: Budget supplementation for core activities, 1996-97

Core funding	Amounts	
	\$'000	
Appropriation		
Appropriation 1995-96		7,126
Less		
One-off 1995-96 adjustments	220	
Efficiency dividend	205	
<i>Subtotal</i>		<i>425</i>
Plus		
Salaries and allowances	344	
Employer superannuation	514	
Inflation factor	51	909
Appropriation 1996-97		7,610

carried out either jointly or on behalf of Commonwealth or State Governments, or other organisations. Revenue from contract work and research grants totalled \$5.1 million.

Funding from contracts, grants and similar sources, and from miscellaneous revenue, reflects the Institute's adherence to the 'business case' that underpins its approach to establishing competitive quotes, pricing publications and generally managing the cash resources in its care.

In 1996-97 core funding from appropriations increased by a net \$484,000 (3.7 per cent) over the previous year. This reflects the additional funding for the superannuation payments made by the Institute for its staff to COMSUPER since the 1 July 1996. The budget supplementation for core activities during 1996-97 is shown in Table 5.

Evaluation

The Government's emphasis on outsourcing and public sector downsizing contributed to an extremely busy year for the Information Management and Business Services Division. The Division delivered the considerable majority of its work program commitments on time and within budget, but once again necessarily deferred work on much needed policy development and review activities.

The closing of the National Injury Surveillance Unit, the development and management of an appropriate tender and contract process for outsourcing the Unit's activities, and the negotiation of satisfactory redeployment or redundancy arrangements with staff and their unions were a substantial workload for the Division. In common with most Commonwealth agencies, the Institute has substantially reduced the size of its corporate services sector over recent years and, accordingly, is hard-pressed to cope with the administrative consequences of major structural or legislative change within the Australian Public Service.

This difficulty is expected to continue through the coming year, as the requirements of new Industrial Relations legislation and the revised Public Service Act are negotiated with staff and their unions, and implemented at policy and systems levels. While the changes may well bring efficiencies in later years, the initial impact on a small agency is substantial at the outset.

Appendix 1

Finance

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AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

INDEPENDENT AUDIT REPORT

To the Minister for Health and Family Services

Scope

I have audited the financial statements of Australian Institute of Health and Welfare for the year ended 30 June 1997. The financial statements comprise:

- Statement by Directors
- Statement of Assets and Liabilities
- Operating Statement
- Statement of Cash Flows
- Schedule of Commitments, 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 the Minister for Health and Family Services.

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

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

Audit Opinion

In accordance with section 24 of the *Australian Institute of Health and Welfare Act 1987*, I now report that the financial statements are in agreement with the accounts and records of the Australian Institute of Health and Welfare, and in my opinion:

- (i) the statements are based on proper accounts and records;
- (ii) the statements present fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, the financial position of the Institute as at 30 June 1997 and the results of its operations and its cash flows for the year then ended;
- (iii) the receipt, expenditure and investment of moneys, and the acquisition and disposal of assets, by the Institute during the year have been in accordance with the *Australian Institute of Health and Welfare Act 1987*, and
- (iv) the statements are in accordance with the Guidelines for Financial Statements of Commonwealth Authorities.

Australian National Audit Office



Allan Thompson
Executive Director

For the Auditor-General

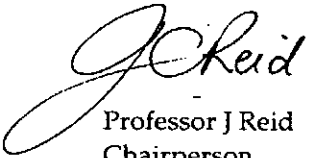
Canberra

8 September, 1997

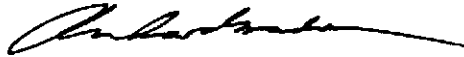
Statement by Directors

for year ended 30 June 1997

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



Professor J Reid
Chairperson
4 September 1997



Dr R Madden
Director
1 September 1997

Operating statement

for the year ended 30 June 1997

	Notes	1997 \$'000	1996 \$'000
NET COST OF SERVICES			
Operating expenses			
Employees	5A	8,173	7,611
Suppliers	5B	5,418	5,845
Depreciation and amortisation	5C	572	493
Write-down of assets	5D	4	45
Net losses from sale of assets	5E	1	32
Total operating expenses		14,168	14,026
Operating revenues from independent sources			
Contract income		5,104	5,326
Interest	6A	129	190
Other	6B	418	230
Total operating revenues from independent sources		5,651	5,746
Net cost of services		8,517	8,280
REVENUES FROM GOVERNMENT			
Revenues from government			
Parliamentary appropriations received	7A	7,610	7,126
Liabilities assumed by government	7B	0	863
Resources received free of charge	7C	180	172
Total revenues from government		7,790	8,161
Surplus (deficit) of revenues from government over net cost of services		(727)	(119)
Accumulated surpluses (deficits) at beginning of reporting period	9	441	560
Accumulated surpluses (deficits) at end of reporting period	9	(286)	441

The accompanying notes form part of these financial statements

Statement of assets and liabilities
as at 30 June 1997

	Notes	1997 \$'000	1996 \$'000
PROVISIONS AND PAYABLES			
Employees	8A	2,176	1,887
Suppliers	8B	515	256
Contract income in advance	8C	2,342	2,025
Total provisions and payables		5,033	4,168
Total liabilities		5,033	4,168
EQUITY			
Capital	9	1,146	1,146
Accumulated surpluses or (deficits)	9	(286)	441
Total equity		860	1,587
Total liabilities and equity		5,893	5,755
FINANCIAL ASSETS			
Cash	10A	2,915	3,282
Receivables	10B	874	123
Other	10C	184	194
Total financial assets		3,973	3,599
NON-FINANCIAL ASSETS			
Infrastructure, plant and equipment	11A,B	1,653	1,928
Inventories	11C	267	228
Total non-financial assets		1,920	2,156
Total assets		5,893	5,755
Current liabilities		3,480	2,688
Non-current liabilities		1,553	1,480
Current assets		4,240	3,827
Non-current assets		1,653	1,928

The accompanying notes form part of these financial statements.

Statement of cash flows
for the year ended 30 June 1997

	Notes	1997 \$'000	1996 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		7,610	7,126
Contract income		4,658	5,784
Interest		137	188
Other		378	224
Total cash received		<u>12,783</u>	<u>13,322</u>
Cash used			
Employees		(7,884)	(6,305)
Suppliers		(4,970)	(5,589)
Total cash used		<u>(12,854)</u>	<u>(11,894)</u>
Net cash from operating activities	12	<u>(71)</u>	<u>1,428</u>
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of infrastructure, plant and equipment		0	10
Total cash received		<u>0</u>	<u>10</u>
Cash used			
Purchase of infrastructure, plant and equipment		(296)	(1,130)
Total cash used		<u>(296)</u>	<u>(1,130)</u>
Net cash from investing activities		<u>(296)</u>	<u>(1,120)</u>
Net increase/(decrease) in cash held		<u>(367)</u>	<u>308</u>
add cash at 1 July		3,282	2,974
Cash at 30 June		<u>2,915</u>	<u>3,282</u>

The accompanying notes form part of these financial statements

Schedule of commitments

as at 30 June 1997

	1997	1996
	\$'000	\$'000
BY TYPE		
COMMITMENTS		
Operating leases	2,650	3,674
Other commitments	3,778	411
Total other commitments	<u>6,428</u>	<u>4,085</u>
Total commitments payable	6,428	4,085
Commitments receivable	(9,010)	0
Net commitments	<u>(2,582)</u>	<u>4,085</u>
BY MATURITY		
One year or less	(2,236)	1,287
From one to two years	(784)	847
From two to five years	438	1,951
Net commitments	<u>(2,582)</u>	<u>4,085</u>

Comparative prior year information for commitments receivable could not be disclosed as it was not practicable.

The accompanying notes form part of these financial statements

**Notes to, and forming part of, the financial statements
for the year ended 30 June 1997**

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

1 Summary of Significant Accounting Policies

1.1 *Basis of accounting*

The financial statements are a general purpose financial report.

They have been prepared in accordance with:

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

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

1.2 *Rounding*

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

- remuneration of Directors;
- remuneration of Executive Officers; and
- remuneration of Auditors.

1.3 *Taxation*

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

1.4 *Inventories*

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

1.5 *Infrastructure, plant and equipment*

Purchases of infrastructure, plant and equipment are recognised initially at cost in the Statement of Assets and Liabilities, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total). The \$2,000 threshold was selected because it facilitates efficient asset management and recording without materially affecting asset values recognised. The acquisition of infrastructure, plant and equipment free of charge or for a nominal amount is recognised initially at fair value. From 1996-97 onwards, the Guidelines require that infrastructure, plant and equipment be progressively revalued in accordance with the 'deprival' method of valuation (as set out in the Guidelines on Accounting Policy for Valuation of Assets of Government Trading Enterprises).

The Institute is implementing its progressive revaluations as follows (changes in accounting policy from 1995-96 are indicated):

- infrastructure, plant and equipment will be initially revalued over the financial years 1997-98 and 1998-99, and thereafter over successive three-year periods.

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

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

The application of the deprival method by the Institute will result in its assets being valued at their depreciated replacement cost. Any assets which would not be replaced or are surplus to requirements are valued at net realisable value. At 30 June 1997 there were no assets in this situation.

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

The useful lives of the Institute's infrastructure, plant and equipment assets have not changed due to the change in the definition of useful life in AAS 4 Depreciation of Non-Current Assets from the asset's economic life to its useful life to the entity.

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

1.6 Liability for employee entitlements

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

The provision for annual leave reflects the value of total annual leave entitlements of all employees at 30 June 1997 and is recognised at its nominal value.

The liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 1997. In determining the present value of the liability, attrition rates and pay increases through promotion and inflation have been taken into account.

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

1.7 Income in advance and services provided in advance

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

1.8 Leases

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

There are no finance leases.

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

1.9 Foreign currency transactions

Transactions denominated in a foreign currency are converted at the rate of exchange prevailing at the date of the transaction. At balance date, amounts receivable and payable in foreign currency are translated at the exchange rate prevailing at that date and any exchange differences are brought to account in the Operating Statement.

1.10 Bad and doubtful debts

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

1.11 Cash

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

1.12 Resources received free of charge

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

1.13 Comparative figures

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

1.14 Changes in accounting policies

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

1.15 Contingent liabilities

There is no contingent liability to report this financial year (nil in 1995-96).

2 Segment reporting

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

3 Economic dependency

The Institute is dependent on appropriations from Parliament to carry out its normal activities.

4 Subsequent events

The National Injury Surveillance Unit of the Institute ceased operations on 1 July 1997. From that date Flinders University was contracted to provide injury surveillance services for a period of five years. As the contract received Ministerial approval on 9 May 1997 employee redundancy payments were accrued in the 1996-97 financial statements.

1997	1996
\$'000	\$'000

5 Goods and services expenses

5A. Employee expenses

Basic remuneration for services provided	7,892	7,611
Separation and redundancy	281	0
Total Employee expenses	8,173	7,611

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

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

5B. Suppliers expenses

Supply of goods and services	2,745	3,328
Operating lease rentals	872	812
Contracted services	1,801	1,705
Total Suppliers expenses	5,418	5,845

Contracted services above are comprised of:

National Perinatal Statistics Unit	334	337
Dental Statistics & Research Unit	455	629
National Reference Centre for Classification in Health	60	140
National Centre for Aboriginal & Torres Strait Islander Statistics	576	576
Department of Health and Family Services	314	0
Other	62	23
	1,801	1,705

5C. Depreciation and amortisation

Depreciation of infrastructure, plant and equipment	572	493
-----------------------------------------------------	-----	-----

	1997	1996
	\$'000	\$'000
5D. Write-down of assets		
Financial assets:		
Receivables for goods and services	4	11
Non-Financial assets:		
Infrastructure, plant and equipment	0	34
Total Write-down of assets	<u>4</u>	<u>45</u>
5E. Net Losses from sale of assets		
Plant and equipment	<u>1</u>	<u>32</u>
6	Operating revenue from independent sources	
6A. Interest		
Cash at bank	<u>129</u>	<u>190</u>
6B. Other revenue		
Consultancy	95	10
Recoveries	185	140
Publications	138	80
Total Other revenue	<u>418</u>	<u>230</u>
7	Revenues from government	
7A. Parliamentary appropriations		
Appropriation Act No. 1, 1996-97	<u>7,610</u>	<u>7,126</u>
7B. Liabilities assumed by government		
Employer superannuation contributions were paid by the Institute for the first time during the 1996-97 financial year and these expenses have been recorded in Note 5A—Employee expenses. Contributions assumed by the Commonwealth for 1995-96 (\$862,891) were brought to account in the financial statements both as revenue from government and as a superannuation expense.		
7C. Resources received free of charge		
Provision of facilities by the Department of Health and Family Services	<u>180</u>	<u>172</u>

1997	1996
\$'000	\$'000

8 Provisions and payables

8A. Employees

Salaries and wages	183	59
Separation and redundancy	98	0
Annual leave	655	731
Long service leave	1,240	1,097
Total Employee liability	2,176	1,887

8B. Suppliers

Trade creditors	201	246
Sundry creditors	314	10
Total Suppliers liability	515	256

8C. Contract income in advance

Contract income	2,342	2,025
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9 Equity

Item	Capital	Accumulated Results	Total equity
	\$'000	\$'000	\$'000
Balance @ 1 July 1996	1,146	441	1,587
Surplus/(Deficit)	0	(727)	(727)
Balance @ 30 June 1997	1,146	(286)	860

	1997	1996
	\$'000	\$'000
10 Financial assets		
<i>10A. Cash</i>		
Cash at bank	2,776	3,165
Cash on hand	1	3
Department of Finance Imprest Account	138	114
Total Cash	<u>2,915</u>	<u>3,282</u>
<i>10B. Receivables</i>		
Contract income	867	115
Interest	11	19
	<u>878</u>	<u>134</u>
Provision for doubtful debts	(4)	(11)
Total Receivables	<u>874</u>	<u>123</u>
Receivables includes receivables overdue by:		
— less than 30 days	545	5
— 30 to 60 days	129	10
— more than 60 days	3	31
Total Overdue receivables	<u>677</u>	<u>46</u>
<i>10C. Other financial assets</i>		
Services provided in advance	109	109
Prepayments	75	85
Total Other financial assets	<u>184</u>	<u>194</u>

1997	1996
\$'000	\$'000

11 Non-financial assets

11A. Infrastructure, plant and equipment

Infrastructure, plant and equipment—at cost	3,413	3,592
Accumulated depreciation	(1,760)	(1,664)
Total infrastructure, plant and equipment	1,653	1,928

11B. Analysis of infrastructure, plant and equipment

Item	Fitout	Other infra- structure, plant and equipment	Total
	\$'000	\$'000	\$'000
Gross value as at 1 July 1996	852	2,740	3,592
Additions	53	243	296
Disposals	0	(8)	(8)
Other movements	(123)	(344)	(467)
Gross value as at 30 June 1997	782	2,631	3,413
Accumulated depreciation/amortisation as at 1 July 1996	245	1,418	1,664
Depreciation/amortisation charge for assets held 1 July 1996	146	395	540
Depreciation/amortisation charge for additions	7	22	29
Adjustment for disposals	0	(6)	(6)
Adjustment for other movements	(123)	(344)	(467)
Accumulated depreciation/amortisation as at 30 June 1997	275	1,485	1,760
 Net book value as at 30 June 1997	 507	 1,146	 1,653
 Net book value as at 1 July 1996	 607	 1,322	 1,928

11C. Inventories

Inventories held for sale (net realisable value)	<u>267</u>	<u>228</u>
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1997	1996
\$'000	\$'000

12 Cash flow reconciliation

Reconciliation of net cash flows from operating activities to Net Cost of Services.

Net cost of services	(8,517)	(8,280)
Revenues from government	7,610	7,126
Liabilities assumed by government	0	863
Resources free of charge	180	172
Operating surplus/(deficit)	(727)	(119)
Depreciation and amortisation of infrastructure		
Plant & equipment	572	493
Write-down of assets	4	35
Loss on disposal of infrastructure, plant & equipment	1	32
Profit on disposal of infrastructure, plant & equipment	0	(6)
Increase in receivables	(755)	(80)
Increase in employee liabilities	289	450
Increase in inventory	(40)	(68)
Increase in liability to suppliers	259	128
Increase in other payables	317	547
Decrease in other assets	9	16
Net cash provided/(used) operating activities	(71)	1,428

13 Remuneration of Directors

Aggregate amount of superannuation payments in connection with the retirement of Directors	41,399	35,711
Other remuneration received or due and receivable by Directors of the Institute	221,135	232,506
Total remuneration received or due and receivable by Directors of the Institute	262,534	268,217

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

	Number	
\$Nil – \$10,000	12	13
\$10,000 – \$20,000	1	1
\$70,000 – \$80,000	0	1
\$80,000 – \$90,000	1	2
\$150,000 – \$160,000	1	0
	<u>15</u>	<u>17</u>

Directors of the Australian Institute of Health and Welfare are the members of the Institute.

14 Related party disclosures

Directors of the Institute

The Directors of the Institute during the year were:

Professor J Reid (Chairperson)

Dr R Madden (Director)

Dr C Choi (Acting Director 23/12/96 to 10/1/97 & 3/6/97 to 21/6/97)

Mr D L Semple (ceased 23/11/96)

Ms V R Milligan

Mr H Bissett

Ms M Draper

Ms J Dwyer

Ms S Fogg

Mr R Deyell (Appointed 4/12/96)

Mr W McLennan

Dr C D'Arcy J Holman

Mr B F Kennedy

Dr A L Howe

Dr D Filby

Mr A Podger

Mr N Mercer

The aggregate remuneration of Directors is disclosed in Note 13.

The aggregate of superannuation payments paid in connection with the retirement of Directors was \$41,399 (1995-96, \$35,711).

Appendix 1

	1997	1996
	\$	\$
15 Remuneration of Executive Officers		
Income received or due and receivable by Executive Officers	946,836	459,652

The number of Executive Officers included in these figures are shown below in the relevant income bands:

	Number	
\$100,000 – \$110,000	1	3
\$110,000 – \$120,000	2	0
\$120,000 – \$130,000	1	1
\$200,000 – \$210,000	1	0
\$290,000 – \$300,000	1	0
	<u>6</u>	<u>4</u>

The executive officer remuneration includes all officers concerned with or taking part in the management of the economic entity during 1996–97 except the Director. Details in relation to the Director have been incorporated into Note 13—Remuneration of Directors.

Performance pay has been excluded from the calculation of officer remuneration. The aggregate amount of performance pay received, or due and receivable, by officers was \$nil (1995–96, \$17,250).

16 Remuneration of Auditors		
Remuneration to the Auditor-General for auditing the financial statements for the reporting period	17,000	17,000

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

Appendix 2

Legislation

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

Australian Institute of Health Ethics Committee regulations

Regulations have been made pursuant to subsections 16(1) and (2) of the *Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee. The Regulations are reproduced on page 98.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE ACT 1987

Reprinted as at 30 June 1994

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**SCHEDULE
BODIES THAT MAY NOMINATE BOARD MEMBERS**

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE ACT 1987

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

PART I—PRELIMINARY

Short title

1. This Act may be cited as the *Australian Institute of Health and Welfare Act 1987*.¹

Commencement

2. This Act shall come into operation on a day to be fixed by Proclamation.¹

Interpretation

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

"appoint" includes re-appoint;

"Chairperson" means the Chairperson of the Institute;

"Director" means the Director of the Institute;

"Ethics Committee" means the Health Ethics Committee of the Australian Institute of Health and Welfare;

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

"Institute" means the Australian Institute of Health and Welfare;

"member" means a member of the Institute;

"production" means compilation, analysis and dissemination;

"State Health Minister" means:

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

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

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

"State Housing Minister" means:

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

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

"State Welfare Minister" means:

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

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

"trust money" means money received or held by the Institute on trust;

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

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

"welfare services" includes:

- (a) aged care services; and
- (b) child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force); and
- (c) services for people with disabilities; and
- (d) housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term); and
- (e) child welfare services (including, in particular, child protection and substitute care services); and
- (f) other community services.

(2) A reference in this Act to the Chairperson, the Director or a member, in relation to a time when a person is acting in the office of Chairperson, Director, or a member, includes a reference to that person.

(3) The Chairperson may be referred to as the Chairman or Chairwoman, as the case requires.

PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Division 1—Establishment, Functions and Powers of Institute

Establishment of Institute

4. (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.

(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.

Functions of Institute

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

5. (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;
- (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.

Powers of Institute

6. 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.

Directions by Minister

7. (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).

Division 2—Constitution and Meetings of Institute

Constitution of Institute

8. (1) Subject to subsection (2), the Institute shall consist of the following members:

- (a) the Chairperson;
- (b) the Director;
- (c) a member nominated by the Australian Health Ministers' Advisory Council;
- (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
- (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
- (d) the Australian Statistician;
- (e) the Secretary to the Department;
- (f) a person:
 - (i) who has knowledge of the needs of consumers of health services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of health services; and

- (iii) who has been nominated by the Minister;
 - (fa) a person:
 - (i) who has knowledge of the needs of consumers of welfare services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of welfare services; and
 - (iii) who has been nominated by the Minister;
 - (fb) a person:
 - (i) who has knowledge of the needs of consumers of housing assistance services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of housing assistance services; and
 - (iii) who has been nominated by the Minister;
 - (fc) a person:
 - (i) who has expertise in research into public health issues; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that is a peak body promoting research into public health issues; and
 - (iii) who has been nominated by the Minister;
 - (g) 3 other members nominated by the Minister;
 - (h) a member of the staff of the Institute elected by that staff.
- (1A) A recommendation for the purposes of paragraph (1) (f), (fa), (fb) or (fc):
- (a) may be made by one or more bodies; and
 - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1) (d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
- (a) a vacancy in the office of a member referred to in paragraph (1) (a), (b), (f), (fa), (fb), (fc) or (h);
 - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months.
 - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1) (c), (ca) or (cb);
 - (c) a vacancy in the office of the member referred to in paragraph (1) (d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1) (b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General.
- (5A) Subject to this Act, a member referred to in paragraph (1) (a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (5B) Subject to this Act, a member elected under paragraph (1) (h) holds office on a part-time basis for a period of one year commencing on:
- (a) the day on which the poll for the election of the member is held; or
 - (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.

(6) A person who has attained the age of 65 years shall not hold office as a member on a full-time basis.

(7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.

(8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

Acting members

9. (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.

Remuneration and allowances

10. (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*.

Leave of absence

11. (1) Subject to Section 87E of the *Public Service Act 1922*, a full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.

(2) The Minister may:

- (a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and

- (b) grant a part-time member leave of absence on such terms and conditions as to remuneration or otherwise as the Minister determines.

Resignation

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

Termination of appointment

13. (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 14;
- (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.

Disclosure of interests

14. (1) A member who has a direct or indirect interest, pecuniary or otherwise, in a matter being considered or about to be considered by the Institute, being an interest that would conflict with the proper performance of the member's functions in relation to the consideration of the matter, shall, as soon as practicable after the relevant facts have come to the knowledge of the member, disclose the nature of the interest at a meeting of the Institute.

(2) A disclosure under subsection (1) shall be recorded in the minutes of the meeting.

(3) This section does not apply to an interest of a member referred to in paragraph 8 (1) (c), (ca), (cb) or (h) or a member nominated under subsection 8 (2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

Meetings

15. (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

Committees

- 16. (1) The Institute shall appoint a committee to be known as the Health Ethics Committee of the Australian Institute of Health and Welfare.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations shall not be made for the purpose of subsection (2) except in accordance with a recommendation of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) Section 14 applies in relation to a committee as if:
 - (a) references in that section to a member were references to a member of the committee; and
 - (b) references in that section to the Institute were references to the committee.

Division 4—Director of Institute

Director of Institute

- 17. (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.

Functions of Director

18. (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

Staff

19. (1) The staff required for the purposes of this Act shall be—

- (a) persons appointed or employed under the *Public Service Act 1922*; and
- (b) persons appointed or employed by the Institute.

(2) The Director has all the powers of a Secretary under the *Public Service Act 1922*, so far as those powers relate to the branch of the Public Service comprising the staff referred to in paragraph (1) (a), as if that branch were a separate Department of the Public Service.

(3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.

(4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1) (b) are such as are determined by the Institute.

(5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

PART III—FINANCE

Money to be appropriated by Parliament

20. (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.

Estimates

21. (1) The Institute shall:

- (a) prepare estimates of the receipts and expenditure of the Institute in such form as the Minister directs for:
 - (i) each financial year; and
 - (ii) any other period specified by the Minister; and
- (b) lodge estimates with the Minister within such time as the Minister directs.

(2) Estimates under section (1) shall not include estimates of receipts or expenditure of trust money.

(3) The money of the Institute, other than trust money, shall be expended only in accordance with estimates approved by the Minister.

Money of Institute

22. (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.

Contracts

23. 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.

Application of Part XI of Audit Act

24. (1) The Institute is a public authority to which Division 3 of Part XI of the *Audit Act 1901* applies.

(2) A report prepared under section 63M of the *Audit Act 1901* (as that section applies by virtue of subsection (1)) shall, 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.

Trust money and trust property

25. (1) The Institute:
- (a) shall pay trust money into an account or accounts referred to in subsection 63J (1) of the *Audit Act 1901* (as that subsection applies by virtue of subsection 24 (1)) 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.

(2) Sections 63K and 63L of the *Audit Act 1901* (as those sections apply by virtue of subsection 24 (1)) have effect as if:

- (a) a reference in those sections to moneys included a reference to trust money;
- (b) a reference in those sections to transactions or to transactions and affairs included a reference to transactions, or to transactions and affairs, relating to trust money or to trust property; and

- (c) a reference in those sections to assets included a reference to trust property.

Exemption from taxation

26. 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

Delegation by Institute

27. (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.

Delegation by Director

28. (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.

Confidentiality

29. (1) Subject to this section, a person (in this subsection called the "informed person") who has:

- (a) any information concerning another person (which person is in this section called an "information subject"), being information acquired by the informed person because of:
 - (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or

- (b) any document relating to another person (which person is in this section also called an "information subject"), being a document furnished for the purposes of this Act;

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

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

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

(2) Subject to subsections (2A) and (2B), nothing in this section prohibits:

- (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
- (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the "information provider") who divulged or communicated the information, or produced the document, directly to the Institute;
- (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
- (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
 - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
 - (ii) the publication does not identify the information subject.

(2A) Paragraph (2) (c) applies only to information that is health-related information and statistics.

(2B) Paragraph (2) (c) applies to a document only to the extent to which the document contains health-related information and statistics.

(3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2) (a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.

(4) In this section:

- (a) "court" includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
- (b) "person" includes a body or association of persons, whether incorporated or not, and also includes:
 - (i) in the case of an information provider—a body politic; or
 - (ii) in the case of an information subject—a deceased person;
- (c) "produce" includes permit access to;

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

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

30. (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.

Periodical reports

31. (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.

Regulations

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

SCHEDULE

Section 8(1)

BODIES THAT MAY NOMINATE BOARD MEMBERS

Australian Council of Social Service
Australian Hospital Association
Australian Medical Association
Australian Pensioners' and Superannuants' Federation
Australian Private Hospitals' Association
Brotherhood of St Laurence
Catholic Social Welfare Commission
Consumers' Health Forum of Australia
National Shelter
Public Health Association of Australia

NOTE

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

Table of Acts

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

- (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.”

NOTE—continued**Table of Amendments**

ad. = added or inserted am. = amended rep. = repealed rs. = repealed or 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
Heading to Part II	am. No. 16, 1992
Ss. 4, 5	am. No. 16, 1992
S. 7	am. No. 95, 1989; No. 16, 1992
S. 8	am. No. 16, 1992
S. 10	am. No. 16, 1992
S. 11	rs. No. 122, 1991
S. 13	am. No. 122, 1991; No. 16, 1992
S. 14	am. No. 79, 1988; No. 16, 1992
Ss. 16, 17	am. No. 16, 1992
S. 19	am. No. 199, 1991
S. 24	am. No. 79, 1988
S. 29	am. No. 95, 1989; No. 16, 1992
S. 31	am. No. 16, 1992
Schedule	ad. No. 16, 1992

Australian Institute of Health Ethics Committee Regulations

Citation

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

Interpretation

2. In these Regulations, unless the contrary intention appears:

“Ethics Committee” means the Australian Institute of Health Ethics Committee referred to in subsection 16(1) of the Act;

“the Act” means the *Australian Institute of Health Act 1987*.

Functions

3. The functions of the Ethics Committee are:

(a) to form an opinion as to the acceptability or otherwise, on ethical grounds, of:

(i) activities that are being, or it is proposed will be, engaged in by the Institute in the performance of its functions; and

(ii) activities that are being, or it is proposed will be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions;

having regard, in addition to any other matters that the Ethics Committee considers to be relevant, to the Declaration of Helsinki adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964, as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975 and to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council;

(b) where appropriate, to revise an opinion so formed or to form another opinion;

(c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and

(d) to provide a written annual report of the Ethics Committee's operations to the Institute.

Composition

4. The Ethics Committee shall consist of the following members:

(a) the Director of the Institute or his or her nominee;

(b) a person who is a graduate in medicine of a university and has post-graduate medical research experience;

(c) a person who is a graduate in a social science of a university, college of advanced education or similar institution and has post-graduate research experience in a social science;

(d) a person who is the nominee of the Registrar of Births, Deaths and Marriages in the Australian Capital Territory and of the officer of each State and the Northern Territory who has the responsibility in that State or Territory of registering births, deaths and marriages;

(e) a minister of religion;

(f) a person who is a barrister, a solicitor, a barrister and solicitor or a legal practitioner, of the High Court or of the Supreme Court of a State or Territory; and

(g) a man and a woman, neither of whom is a member or employee of the Institute and each of whom is able to represent general community attitudes;

one of whom shall be appointed chairperson by the Institute.

Appendix 3

AIHW publications and reports 1996-97

Australian Institute of Health and Welfare publications

Periodicals

Dental Statistics and Research

AIHW Dental Statistics and Research Unit Newsletter. AIHW Dental Statistics and Research Unit. Adelaide: AIHW DSRU, 1996 (Vol. VII; No. 1).

AIHW Dental Statistics and Research Unit Newsletter. AIHW Dental Statistics and Research Unit. Adelaide: AIHW DSRU, 1997 (Vol. VIII; No. 1).

Health Expenditure Bulletin

Health Expenditure Bulletin. Australia's health services expenditure, 1982-83 to 1994-95. Australian Institute of Health and Welfare. Canberra: AIHW, 1996 (No. 12, December 1996).

Health Labour Force Bulletin

Health Labour Force Bulletin. Podiatry labour force 1994. Australian Institute of Health and Welfare. Canberra: AIHW, 1996 (No. 5, October 1996).

Health Outcomes Bulletin

Health Outcomes Bulletin. Australian Institute of Health and Welfare. Canberra: AIHW, 1996 (No. 8, Summer 1996).

Health Outcomes Bulletin. Australian Institute of Health and Welfare. Canberra: AIHW, 1997 (No. 9, Winter 1997).

National Injury Surveillance

Injury Issues Monitor. Kreisfeld R (editor). Adelaide: AIHW NISU, (No. 9, October 1996).

Injury Issues Monitor. Kreisfeld R (editor). Adelaide: AIHW NISU, (No. 10, March 1997).

Injury mortality 1994. Bordeaux S, Harrison J. Adelaide: AIHW NISU, 1996 (Australian Injury Prevention Bulletin No. 13, October 1996).

Injury by firearms 1994. Harrison J, Moller J, Bordeaux S. Adelaide: AIHW NISU, 1996 (Supplement to Australian Injury Prevention Bulletin No. 13, October 1996).

Progress and current issues in child injury prevention. Moller J, Kreisfeld R. Adelaide: AIHW NISU, 1996 (Australian Injury Prevention Bulletin No. 15, March 1997).

Understanding national injury data regarding Aboriginal and Torres Strait Islander people). Moller J. Adelaide: AIHW NISU, 1995 (Australian Injury Prevention Bulletin No. 14, December 1996).

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NHWI News

NHWI News. Australian Institute of Health and Welfare. Canberra: AIHW, 1996 (No. 4, July 1996).

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NHWI News. Australian Institute of Health and Welfare. Canberra: AIHW, 1997 (No. 6, January 1997).

NHWI News. Australian Institute of Health and Welfare. Canberra: AIHW, 1997 (No. 7, April 1997).

Books

Aboriginal and Torres Strait Islander peoples injury-related hospitalisations 1991-92: A comparative overview. Moller J, Dolinis J, Cripps R. Adelaide: AIHW NISU, 1996.

Adoptions Australia 1995-96. Bentley R, Broadbent A. Canberra: AIHW, 1997 (Child Welfare Series No. 19).

Adult Dental Programs Survey (Cross-sectional) 1995. Brennan DS, Spencer AJ. Adelaide: AIHW, 1996 (DEN 19).

Adult Dental Programs Survey (Cross-sectional) 1996. Brennan DS, Spencer AJ. Adelaide: AIHW, 1997 (DEN 20).

Aged care services in Australia's States and Territories. Mathur S. Canberra: AIHW, 1996 (Aged Care Series No. 2).

Assisted conception, Australia and New Zealand, 1994 and 1995. Lancaster P, Shafir E, Hurst T, Huang J. Sydney: AIHW NPSU, 1997 (Assisted Conception Series No. 2).

Atlas of injury in Australia 1990-92, An. Moller J. Adelaide: AIHW NISU, 1996.

Australia and New Zealand Neonatal Network 1995. Donoghue D. Sydney: AIHW NPSU, 1997 (Neonatal Network Series No. 2).

Australian hospital statistics 1993-95: An overview. Australian Institute of Health and Welfare. Canberra: AIHW, 1997 (Health Services Series No. 9).

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Australian Institute of Health and Welfare corporate plan 1996-1999. Australian Institute of Health and Welfare. Canberra: AIHW, 1996.

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Child abuse and neglect Australia 1995-96. Broadbent A, Bentley R. Canberra: AIHW, 1997 (Child Welfare Series No. 17).

Child Dental Health Survey for Australian Capital Territory 1995, The. Davies MJ. Adelaide: AIHW DSRU, 1996 (DEN 5; prepared in collaboration with State and Territory dental authorities.)

- Child Dental Health Survey for New South Wales 1995, The. Davies MJ. Adelaide: AIHW DSRU, 1996 (DEN 6; prepared in collaboration with State and Territory dental authorities).
- Child Dental Health Survey for Northern Territory 1995, The. Davies MJ. Adelaide: AIHW DSRU, 1996 (DEN 7; prepared in collaboration with State and Territory dental authorities).
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- Conference proceedings, Integrating Health Outcomes Measurement in Routine Health Care Conference, August 1996. Australian Institute of Health and Welfare. Canberra: AIHW, 1996.
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- Definition and prevalence of intellectual disability in Australia, The. Wen X. Canberra: AIHW, 1997.
- Dental practitioner statistics, Australia, 1993. Adelaide: AIHW, 1996 (Dental Statistics and Research Series No. 8; DEN 4).
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- Dental practitioner statistics, New South Wales, October 1993. Adelaide: AIHW DSRU, 1996 (DEN 24; prepared in collaboration with State and Territory dental boards).

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- Eye injuries in the workplace occurring while wearing recommended and approved eye protection. Moller J, Bordeaux S. Adelaide: AIHW, 1996.
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- Road injury in Australia, 1992. Bordeaux S, O'Connor P. Adelaide: AIHW, 1996.
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Appendix 4

Activities funded by outside bodies

Australian Institute of Health and Welfare

Project:	National Dental Health Survey
Funding body:	Department of Health and Family Services
Amount:	\$220,000
Project:	National Health Information Model
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$90,000
Project:	National Health Data Dictionary—Management and National Publisher
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$247,250
Project:	National Health Data Dictionary—Institutional Health Care
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$133,250
Project:	Examination of data on herbicides and spina bifida
Funding body:	Expert Committee
Amount:	\$5,000
Project:	Common Unit Record System—Post Acute Care
Funding body:	Department of Health and Family Services
Amount:	\$70,887 (1996–97 to 1997–98)
Project:	Mental health
Funding body:	Department of Health and Family Services
Amount:	\$140,000
Project:	Burden of disease (Disease Costs and Impact Study collaborative project)
Funding body:	National Centre for Health Program Evaluation
Amount:	\$31,275
Project:	National system for monitoring cardiovascular disease
Funding body:	Department of Health and Family Services
Amount:	\$600,000
Project:	Monitoring National Health Goals and Targets
Funding body:	Department of Health and Family Services
Amount:	\$117,700

Project:	Hospital performance indicators—Develop, collect, analyse and report nationally on hospital performance indicators ('Benchmarking')
Funding body:	Department of Health and Family Services
Amount:	\$179,193 (1995-96 to 1996-97)
Project:	Professional support to the Australian Medical Workforce Advisory Committee: Model demand and supply projections of the medical labour force
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$195,000
Project:	Australian Health Outcomes Clearing House
Funding body:	New South Wales Health, Victorian Department of Health and Community Services, South Australian Health Commission
Amount:	\$120,000 (1995-96 to 1996-97)
Project:	Focus in Health Care Conference (Australian Health Outcomes Clearing House)
Funding body:	Various sources
Amount:	\$116,000 (1995-96 to 1996-97)
Project:	Co-ordinated Care Trials Workshop (Australian Health Outcomes Clearing House)
Funding body:	Department of Health and Family Services
Amount:	\$30,225 (1995-96 to 1996-97)
Project:	Review of information management and planning processes of the Public Health Division, Department of Health and Family Services
Funding body:	Department of Health and Family Services
Amount:	\$20,000
Project:	National health record linkage
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$59,058
Project:	Development of performance indicators for rural health
Funding body:	Department of Health and Family Services
Amount:	\$114,930 (1996-97 to 1997-98)
Project:	Project work for Stage 2 of the Scoping Study on Older People and Mental Health
Funding body:	Department of Health and Family Services
Amount:	\$31,200
Project:	Consultancy services for the Aboriginal and Torres Strait Islander Health Allocations and Expenditure Project (Joint project with the Welfare Division)
Funding body:	Australian National University
Amount:	\$98,100

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Project:	Develop a framework of indicators to support monitoring evaluation and reporting on the National Health Plan for Young Australians
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$63,000
Project:	Develop rational public health information and indicators under the National Public Health Partnership, and provide assistance and expertise to the Public Health Division, Department of Health and Family Services—Stage 1 projects
Funding body:	Department of Health and Family Services
Amount:	\$438,061
Project:	Supported Accommodation Assistance Program—National Data Collection Agency
Funding body:	Supported by the Department of Health and Family Services, and State and Territory departments
Amount:	\$1,181,370
Project:	Child welfare—Data collection from the States for 1995–96
Funding body:	States and Territories
Amount:	\$168,455
Project:	National Information Management System for open employment services—extension
Funding body:	Department of Health and Family Services
Amount:	\$332,000
Project:	Production of a quality measures instrument for use in Home and Community Care quality service appraisals
Funding body:	Department of Health and Family Services
Amount:	\$89,155
Project:	Report on data generated by Community Aged Care Packages survey undertaken in 1996
Funding body:	Department of Health and Family Services
Amount:	\$35,020
Project:	Aged Care Services Projections
Funding body:	NSW Department of Ageing and Disability
Amount:	\$19,600
Project:	Further development of the Home and Community Care Minimum Data Set
Funding body:	Department of Health and Family Services
Amount:	\$133,652 (1996–97 to 1997–98)

Project: National field test of the revised International Classification of Impairments, Disabilities, and Handicaps in the area of intellectual disabilities
Funding body: Department of Health and Family Services
Amount: \$20,000

AIHW National Perinatal Statistics Unit

Project: Register of pregnancies after assisted conception
Funding body: Fertility Society of Australia, Serono
Amount: \$16,000

Project: Australian and New Zealand Neonatal Network
Funding body: Glaxo Wellcome Australia Ltd
Amount: \$35,000

Project: Perinatal Newsletter
Funding body: Perinatal Society of Australia and New Zealand
Amount: \$11,470

AIHW Dental Statistics and Research Unit

Project: Longitudinal Study of Dentists' Practice Activity—The third wave of a five-yearly longitudinal collection on the practice activity of dentists in Australia
Funding body: Department of Health and Family Services
Amount: \$11,203

Project: Evaluation of the Commonwealth Dental Health Program—Establish four integrated data collections on oral health, use of services, provision of services and dental satisfaction as part of the evaluation process for the Commonwealth Dental Health Program
Funding body: Department of Health and Family Services
Amount: \$100,000

Project: Adult Access to Dental Care—As part of the Department of Health and Family Services Public Health Division information initiatives, collect data on the users of publicly funded dental care for adults
Funding body: Department of Health and Family Services
Amount: \$120,000

Project: The efficacy of fluorides in preventing caries over three years in children—Consolidation of the three-year incidence data, updating fluoride exposure data and examining fluoride associations with the three-year incidence data
Funding body: Department of Health and Family Services
Amount: \$73,023

Appendix 4

Project: The South Australian Dental Longitudinal Study—This stage of the longitudinal oral epidemiological study of persons aged 60+ years in Adelaide and Mount Gambier will involve the conduct of five-year follow-up examinations in 1996

Funding body: National Health and Medical Research Council Medical Research Committee

Amount: \$70,262

National Injury Surveillance Unit

Project: The provision of injury information and statistics

Funding body: Department of Health and Family Services

Amount: \$300,000

Project: Development of a method to provide emergency department injury surveillance

Funding body: Department of Health and Family Services

Amount: \$15,000

Project: Development of an injury surveillance system based on a national probability sample of emergency department cases

Funding body: Department of Health and Family Services

Amount: \$215,000

Aboriginal and Torres Strait Islander Health and Welfare Information Unit

Project: Aboriginal and Torres Strait Islander Health and Welfare Information and Statistics Project

Funding body: Department of Health and Family Services

Amount: \$470,000

Appendix 5

Freedom of Information requests

One request was made under the *Freedom of Information Act 1982* during 1996–97. The request was satisfied within the required time and the fee was waived.

Appendix 6

Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
HACC	Home and Community Care
HIMAA	Health Information Management Association of Australia
ICD-9	International Classification of Diseases Ninth Revision
ICD-9-CM	International Classification of Diseases Ninth Revision, Clinical Modification
ICD-10	International Classification of Diseases Tenth Revision
ICD-10-AM	International Classification of Diseases Tenth Revision, Australian Modification
ISO/IEC	International Organization for Standardization / International Electrotechnical Commission
IT&T	Information technology and telecommunications
IVF	In-vitro fertilisation
MOU	Memorandum of Understanding
NHIK	National Health Information Knowledgebase
NHPA	National Health Priority Area
NHWI	National Health and Welfare Information
OECD	Organisation for Economic Co-operation and Development
SAAP	Supported Accommodation Assistance Program
WHO	World Health Organization

Abbreviations of places

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia
UK	United Kingdom
USA	United States of America

Appendix 7

Equal Employment Opportunity

Representation of EEO groups within salary levels, at 30 June 1997.

Salary group	NESB 1		NESB 2		PWD		Women		Men		Total	
	95-96	96-97	95-96	96-97	95-96	96-97	95-96	96-97	95-96	96-97	95-96	96-97
ASO 1 & Equiv. \$23938-\$26457	0	0	0	0	0	0	0	0	0	0	0	0
ASO 2 & Equiv. \$27091-\$30042	0	0	0	1	0	0	5	6	0	1	5	7
ASO 3 & Equiv. \$30857-\$33304	1	0	0	0	0	0	5	6	1	2	6	8
ASO 4 & Equiv. \$34391-\$37341	1	0	0	0	0	0	5	4	2	2	7	6
ASO 5 & Equiv. \$38359-\$40675	1	0	0	1	1	0	16	14	8	4	24	18
ASO 6 & Equiv. \$41430-\$47591	1	1	0	1	2	1	8	14	7	7	15	21
SO C & Equiv. \$50931-\$55170	5	0	2	5	2	2	21	21	15	20	36	41
SO B & Equiv. \$57983-\$66175	0	1	0	0	1	2	5	3	16	15	21	18
SO A & Equiv. \$68497	0	0	0	0	0	0	0	0	1	0	1	0
Medical Officers	0	0	0	0	0	0	0	0	2	0	2	0
SES & Equiv. \$68228 & above	1	1	0	0	1	1	0	0	5	5	5	5
Total	10	3	2	8	7	6	65	68	57	56	122	124

NESB1 Non-English-speaking background, first generation.

NESB2 Non-English-speaking background, second generation.

PWD People with a disability.

Appendix 8

Compliance

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

- Information technology procurement (page 49)
- Occupational health and safety (page 55)
- Industrial democracy (page 54)
- Equal employment opportunity (see 'Representation of equal employment opportunity groups within salary levels', page 113)
- Performance pay (page 57)
- Resource summary (Table 5, page 57)