



Australian Government

Australian Institute of Health and Welfare

Australian Institute of Health and Welfare

# Annual report

## 2011-12

# 25

years of authoritative information and statistics

00 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012

## About the AIHW

The Australian Institute of Health and Welfare is a major national information and statistics agency that provides authoritative information and statistics on Australia's health and welfare.

We are an independent statutory agency in the Health and Ageing portfolio.

### Our mission

Authoritative information and statistics to promote better health and wellbeing.

### Our role

We are the custodian of major national health and welfare data collections and committed to providing high-quality national data and analysis across the health, housing and community services sectors, presented in meaningful and relevant ways and delivered in a timely manner. Accurate statistical information, comprehensive data development and high-quality analyses support an increased understanding of health and welfare issues. This evidence base is critical to good policy making and effective service delivery, with a direct impact on the lives of Australians.

We maintain close engagement with our data providers to ensure the quality and integrity of our work. We aim to communicate our data, information and analytical products as widely as possible in accessible formats to key stakeholders and the broader public.

### Our values

Our decisions and interactions with our colleagues and external stakeholders are guided by these values.

**Objectivity**—ensuring our work is objective, impartial and reflects our mission

**Responsiveness**—meeting the changing needs of those who provide or use data and information that we collect

**Accessibility**—making data and information as accessible as possible

**Privacy**—safeguarding the privacy of all individuals and groups about whom we collect data or who provide data to us

**Expertise**—applying and developing highly specialised knowledge and standards

**Innovation**—developing original, relevant and valued new products, processes and services.

We also subscribe to the Australian Public Service values of being apolitical, accountable, sensitive and fair, with the highest quality ethics and leadership.





Australian Government

Australian Institute of Health and Welfare

Australian Institute of Health and Welfare

# Annual report 2011-12

25

years of authoritative information and statistics

1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012

© Australian Institute of Health and Welfare 2012



This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <[www.aihw.gov.au/copyright/](http://www.aihw.gov.au/copyright/)>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

Enquiries relating to copyright should be addressed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

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

This publication is part of the Australian Institute of Health and Welfare's corporate series. A complete list of the AIHW's publications is available from the AIHW's website <[www.aihw.gov.au](http://www.aihw.gov.au)>.

ISSN 1321-4985

ISBN 978-1-74249-351-0

#### **Suggested citation**

Australian Institute of Health and Welfare 2012. Australian Institute of Health and Welfare annual report 2011–12. Cat. no. AUS 161. Canberra: AIHW.

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

Board Chair

Dr Andrew Refshauge

Director

David Kalisch

Published by the Australian Institute of Health and Welfare.

#### **Paper stock**

This publication has been printed on paper manufactured by an ISO 14001 certified mill using pulp derived from well managed forests and controlled sources.



# Guide to this report

This annual report of the Australian Institute of Health and Welfare (AIHW) complies with the requirements of the *Commonwealth Authorities and Companies Act 1997* (CAC Act). The mission, strategic directions and values of the AIHW are detailed on the inside front cover. Then the report begins with a **Highlights** section, the AIHW Board **Chair's report**, the AIHW **Director's report**, and an **In brief** summary of the report's contents. A short feature to celebrate the AIHW's 25th year of operation follows the summary.

The first chapter, **Our performance**, summarises the year's activities for 2011–12 against the AIHW's strategic directions, including the 2011–12 Portfolio Budget Statements (PBS). It summarises financial performance.

**Governance and the organisation** describes the AIHW's corporate governance arrangements, including accountabilities to the Minister for Health and the roles and responsibilities of the AIHW's Board and Ethics Committee.

The achievement of specific planned outputs for 2011–12 is recorded in the third chapter, **Our operating units**. The chapter provides work group reports for each unit of the AIHW involved in statistical analysis and reporting. The reports contain detailed information on the units' objectives, planned deliverables and other activities.

The AIHW's staffing profile and information about how the AIHW supports its staff can be found in **Our people**.

The final chapter, **Our communications**, provides an overview of public affairs activities, including the presentation to policy makers and the public of messages arising from the AIHW's data on health and welfare.

The **Appendixes** contain specific governance-related information: legislation, the AIHW Board's Charter of Corporate Governance, membership details of the AIHW Board and the AIHW Ethics Committee, and a list of the AIHW's Executive and unit heads. The appendixes also provide lists of the national information committees and universities with which the AIHW maintains strong working relationships. Details of some matters that the AIHW is required by law to report, and details of the AIHW's publications are also provided in the appendixes. Lastly, the audited financial statements for the AIHW are provided in Appendix 9.

The **Reader guides** help you find specific information: abbreviations; a glossary; lists of tables, figures and 'spotlights' about specific activities; a compliance index of information required to be published in this annual report by law; and a general index.

Contact information is given on the inside back cover.



# Highlights

2011–12 saw the culmination of work by the AIHW that related directly to its strategic directions (SD).

## SD1 Further strengthen our policy relevance

Provided data and data quality statements for the Council of Australian Governments (COAG) national agreements performance indicators

*Performance indicator data support reporting by the COAG Reform Council about national agreements on health, housing and homelessness, disability and Indigenous reform*

Released a report on the first quarter of data from the Specialist Homelessness Services Collection

*The Specialist Homelessness Services Collection reports improved information on homelessness services and their clients*

Developed two significant reports on cancer and on treated end-stage kidney disease containing data that have been projected forward to 2020

*Projections help with health service planning and resource allocation*

Published for the first time, national statistics about *Staphylococcus aureus* bacteraemia infections in hospitals

*'Golden staph' causes a very serious bloodstream infection and can be contracted by hospital patients after admission to a hospital*

Provided data on male health issues

*The data contributed to the development of Australia's first National Male Health Policy*

## SD2 Improve the availability of information for the community and our stakeholders

Published and launched *Australia's welfare 2011* and *Australia's health 2012* and their companion print and web publications *Australia's welfare 2011— in brief* and *Australia's health 2012— in brief*

*The reports meet legislative requirements and provide comprehensive information as reference works and in 'digestible' formats for the community*

Launched the *Mental health services in Australia* web pages, which give a comprehensive picture of mental health services and resources provided by governments

*The reporting format for Mental health services in Australia has been moved to a web-based format that allows updates to occur more frequently and enhances data accessibility*

Produced user-friendly, accessible web-based snapshots of information and statistics on a range of subjects

*A range of new web products makes data more accessible to those who want to access key findings quickly and easily*

## SD3 Improve information quality, protecting privacy

Achieved accreditation as an integrating authority for the integration of Commonwealth data

*The newly established Data Integration Services Centre will undertake data linkage work in an enhanced data storage and security environment, and provide support to researchers undertaking a wide variety of complex analyses*

Continued to develop data quality statements for all data reported

*Data quality statements provide users with explanations of data issues so they will be better able to undertake fair analysis and assessment of data*

## SD4 Capitalise on the contemporary information environment

Delivered annual elective surgery waiting times data much earlier than in previous years

*Improved business and technological processes support our efforts to meet client expectations for timely delivery of data*

## SD5 Cultivate and value a skilled, engaged and versatile workforce

Participated in staff exchanges with the Canadian Institute for Health Information

*Opportunities for staff exchanges and secondments support and develop the capabilities of our staff to meet our work requirements*

Further information on these highlights is provided in the **In brief** section that follows, where there is reference to a number of 'spotlights', and in **Chapter 1 Our performance** and **Chapter 3 Our operating units**.

# Contents

<b>Guide to this report</b> .....	<b>iii</b>
<b>Highlights</b> .....	<b>iv</b>
<b>Letter of transmittal</b> .....	<b>vii</b>
<b>Chair's report</b> .....	<b>viii</b>
<b>Director's report</b> .....	<b>ix</b>
<b>In brief</b> .....	<b>xi</b>
Who we are and what we do .....	xi
Our key directions .....	xi
Our achievements .....	xi
Our financial performance .....	xiii
How we are governed .....	xiv
Our minister .....	xv
Our key relationships .....	xv
Our people .....	xv
Our communications .....	xvi
Our future .....	xvii
<b>Celebrating 25 years</b> .....	<b>xix</b>
<b>Chapter 1 Our performance</b> .....	<b>1</b>
Performance summary .....	2
Portfolio Budget Statements .....	3
Performance against our strategic directions .....	13
Our financial performance .....	31
Compliance with legislation .....	33
<b>Chapter 2 Governance and the organisation</b> .....	<b>35</b>
Ministerial accountability .....	38
AIHW Board .....	38
AIHW Ethics Committee .....	40
Executive .....	43
Organisational structure .....	45
Relationship management .....	46
Financial management .....	49
Contract management .....	49
Risk management .....	50

<b>Chapter 3 Our operating units</b> .....	<b>53</b>
Continuing and Specialised Care Group .....	54
Health Group .....	67
Hospitals and Performance Group .....	80
Housing and Homelessness Group .....	88
Information and Statistics Group .....	95
Social and Indigenous Group .....	105
Collaborating units .....	117
Corporate groups .....	127
<b>Chapter 4 Our people</b> .....	<b>129</b>
Staff profile .....	130
Workforce management .....	133
Encouraging workplace health and safety .....	135
Encouraging workplace diversity .....	136
Encouraging and retaining expertise .....	138
Negotiating our new enterprise agreement .....	140
Accommodation and energy efficiency .....	141
<b>Chapter 5 Our communications</b> .....	<b>145</b>
Communicating well .....	146
New publications .....	149
AIHW's website .....	149
Education activities .....	151
Media relations .....	152
Exhibiting at conferences .....	154
Parliamentary relations .....	155
<b>Appendixes</b> .....	<b>156</b>
Appendix 1 Enabling legislation .....	158
Appendix 2 Charter of Corporate Governance .....	178
Appendix 3 Members of the AIHW Board and the AIHW Ethics Committee .....	186
Appendix 4 Executive and unit heads .....	196
Appendix 5 Participation in national committees .....	200
Appendix 6 Arrangements with Australian universities and specialist centres .....	202
Appendix 7 Publications and papers .....	204
Appendix 8 Compliance matters .....	218
Appendix 9 Financial statements .....	222
<b>Reader guides</b> .....	<b>259</b>
Abbreviations and symbols .....	260
Glossary .....	261
Annual report 2010–11 errors and omissions .....	262
Lists of tables, figures and 'spotlights' .....	263
Compliance index .....	265
Index .....	268



# Letter of transmittal



Australian Government  
Australian Institute of  
Health and Welfare

*Authoritative information and statistics  
to promote better health and wellbeing*

The Hon Tanya Plibersek, MP  
Minister for Health  
Parliament House  
CANBERRA ACT 2600

Dear Minister

I am pleased to present you with the annual report of the Australian Institute of Health and Welfare (AIHW) for the year ending 30 June 2012.

The AIHW is established as a body corporate under section 4 of the *Australian Institute of Health and Welfare Act 1987* and is subject to the *Commonwealth Authorities and Companies Act 1997*.

The report was endorsed on 20 September 2012 at a meeting of the members of the AIHW and satisfies the requirements of section 9 of the *Commonwealth Authorities and Companies Act 1997* and relevant Finance Minister's orders, as follows:

- Commonwealth Authorities (Annual Reporting) Orders 2011
- Commonwealth Authorities and Companies Orders (Financial Statements for reporting periods ending on or after 1 July 2010)

The report also provides information required by other applicable legislation.

I am satisfied that AIHW has prepared fraud risk assessments and fraud control plans and has in place appropriate fraud prevention, detection, investigation, reporting and data collection procedures that meet the specific needs of the agency.

Yours sincerely

Dr Andrew Rdlschaug  
Board Chair

20 September 2012

# Chair's report



In my second report as Chair of the Board of the Australian Institute of Health and Welfare, I can again report that the AIHW has fulfilled its very important role of informing policy development and public debate on matters that affect the lives of all Australians—our health and welfare. It has delivered authoritative, nationally consistent health and welfare information to its stakeholders and the general community, and I consider its publication and data catalogues should be the first port of call for anyone doing research in the health and welfare sectors.

There are many highlights from the AIHW's work for 2011–12 described in this report. Here I will concentrate on relationship-building activities.

Relationships and collaborations are vitally important for the AIHW—with all governments as well as with the non-government sector and universities—as they enable it to meet its legislative remit. Over the past year, the AIHW established new relationships and re-established old ones with a range of organisations.

- It contributed productively to the COAG health reform initiatives and sees a long-term future for the key partnerships with new and established agencies in the health sector that draw upon the AIHW's long-established information resources.
- The AIHW contributed to information needs for the National Health Performance Authority and the Independent Hospital Pricing Authority, and continued its partnership with the Australian Commission on Safety and Quality in Health Care.

- It finalised a number of memorandums of understanding with newly established agencies, and expects to finalise others early in 2012–13.
- Departments of all Australian governments and the AIHW and other data providers and users signed the National Health Information Agreement revision and the National Community Services Infrastructure Information Agreement. This followed the finalisation of the National Housing Infrastructure Information Agreement in 2011. Together these provide the framework and key understandings for the provision and use of data from governments, as an adjunct to the Institute's legislative requirements and privacy obligations.

These activities will stand the AIHW in good stead for the future, supplemented, very importantly, by good day-to-day relationships between AIHW staff and those of our partner organisations. I look forward to the AIHW working to support the information requirements of other government and non-government agencies.

It has been my privilege to work with the Board, the Director and the staff of the AIHW over the last 12 months and I look forward to another busy and productive year. The AIHW's experience and expertise, developed over many years, are recognised as valuable and I am confident that the Institute can meet the information challenges and opportunities afforded it in a dynamic policy world.

The Hon. Andrew Refshauge  
**Board Chair**

## Director's report



2011–12 marks the first 25 years in the history of the AIHW. The Institute was established in 1987, initially as the Australian Institute of Health, with the welfare role added in July 1992. In hindsight, it was an inspired decision to introduce greater transparency and public accountability in health, housing and community services reporting across the nation, in a manner that has developed considerable trust and confidence in the reliability of the information provided.

Beginning with a modest budget of less than \$4 million and 68 staff accommodated on grounds now occupied by the National Museum of Australia, the Institute now has revenues of over \$52 million and 386 staff, though they are treated to less scenic views! The AIHW now has a much broader range of information to contribute than was possible in its early days or perhaps even just 10 years ago.

Some things have not changed—the AIHW's robust governance arrangements have stood the test of time. The success of the 'AIHW model' is also being considered in other contexts, such as reporting on Australia's cities and our environment.

This was another productive year for the AIHW, with the successful launch of our two flagship biennial publications—*Australia's welfare 2011* and *Australia's health 2012*. These reports not only detail current information in formats designed to be as clear, accessible and interesting as possible but also point to remaining information gaps—a subject dear to the hearts of staff dedicated

to further improving the evidence base for policy. Simultaneously with each report launch, the AIHW held a conference—as has become tradition—to encourage greater public debate on the issues discussed in the reports. A number of high-profile and influential thinkers provided thoughtful contributions and I am very grateful for their attendance and efforts.

Over the past year, the AIHW produced 141 reports based on the broad span of data we hold, with innovations introduced in the breadth and style of our reporting.

- We transformed our previously annual and printed reporting of mental health services into a web-based, interactive format with updates occurring more frequently throughout the year as data on particular aspects of mental health services become available.
- We published projections for data on both cancer and end-stage kidney disease through to 2020.
- We reported the results for the first quarter's data from our new Specialist Homelessness Services Collection that began on 1 July 2011.
- We reported new information on the *MyHospitals* web site, including for 'golden staph' infections, hand hygiene compliance and cancer elective surgery waiting times.
- Increasingly, we used web snapshots and summaries to help those who want to access key findings easily.
- We are developing confidentialised data cubes and other web-based interactive devices to allow skilled analysts to derive detailed information, while we ensure confidential data are protected.

The AIHW continues its never-ending task of improving the quality and timeliness of information.

- We delivered the annual elective surgery waiting times data earlier than in previous years.
- In our Commonwealth budget reporting, we have committed to further improvements in the timeliness of our annually-reported data collections.
- We extended our data quality statements to provide users with explanations of data issues so they will be better able to undertake fair analysis and assessment of AIHW data.
- We are carrying out much new data development, particularly in relation to child protection and disability services. Enhancements in the latter will be useful for National Disability Insurance Scheme information requirements.

Essential to the long-term future of the AIHW are the business relationships we have built. Over the past year, the Institute earned \$33.7 million in fees for service activity from a variety of sources in the Australian Government, state and territory governments, and non-government organisations. This is nearly double our guaranteed financial year appropriation from the Australian Parliament (\$17.4 million).

A strategically important development during the year was our accreditation as a Commonwealth integrating authority. This will allow us to build on our current experience and expertise in data integration (data linkage) and carry out work deemed high risk on Commonwealth data under stringent criteria. We have established the Data Integration Services Centre within the AIHW to provide the infrastructure necessary for highly secure data processes. This will make a significant contribution to ensuring that information can be used more effectively for statistical and research purposes.

These activities build on key strengths of the AIHW: the breadth of our information collections and our expertise. The AIHW is a very special organisation. It is able to report on particular aspects of health or welfare in great depth and to analyse key determinants of

disadvantage or survival, as well as create major links between the health and welfare domains.

Over the past year, I have seen how the capable and expert staff at the AIHW succeed in undertaking new activities in response to new opportunities. Having a flexible and adaptable workforce is critical for the AIHW, in circumstances where our funding for particular tasks can change from year to year.

During 2011–12, we began to introduce tools that will support more active management and better monitoring of the progress of our products and other projects. This will help us achieve our objective of improving the quality, timeliness and standardisation of our internal processes and produce our products at the lowest cost possible.

The AIHW's reporting task is complex and often difficult. It is the culmination of considerable activity, from data collection through to analysis and presentation of information. We receive particular support from those who supply health and welfare information, including all Australian governments and non-government service providers. In carrying out its work the AIHW draws upon the expertise and efforts of our staff, and I want to publicly record my appreciation to them—whether those working in the statistical groups or the corporate groups—for their commitment to excellence and to helping the AIHW achieve its mission of providing authoritative information and statistics to promote better health and wellbeing.

I would also like to record my appreciation for the support and guidance received from the AIHW Board. This very productive relationship demonstrates the value of the prevailing governance structures for an organisation with complex relationships across the government and non-government sectors.



David Kalisch  
**Director**

# In brief

## Who we are and what we do

The Australian Institute of Health and Welfare was established as a Commonwealth statutory authority in 1987.

The Institute's governing legislation is the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). The AIHW Act and its Regulations are reproduced in **Appendix 1** on page 158.

The main functions of the AIHW are to collect, analyse and disseminate health- and welfare-related information and statistics. These functions are specified in s. 5 of the AIHW Act and require information to be developed, collected and reported in the following areas:

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

The AIHW provides authoritative and timely information and analysis to governments, other organisations and the community in these subject areas, drawn from the national data collections it manages. The AIHW produces many public reports and actively promotes its work in the community.

Additionally, the AIHW provides leadership and necessary infrastructure for the development, maintenance and promotion of information standards to ensure that data are nationally consistent and appropriate for their purpose.

## Our key directions

During 2011–12, the AIHW's strategic directions (SDs) were:

- SD1 **Further strengthen our policy relevance**
- SD2 **Improve the availability of information for the community and our stakeholders**
- SD3 **Improve information quality, protecting privacy**
- SD4 **Capitalise on the contemporary information environment**
- SD5 **Cultivate and value a skilled, engaged and versatile workforce.**

## Our achievements

As outlined in **Highlights** on page iv, and further expanded here, the AIHW completed a range of significant activities during 2011–12.

### SD1 Further strengthen our policy relevance

- Provided data and data quality statements for all AIHW data supplied for the COAG national agreements performance indicators.
- Contributed to review of performance indicators in the areas of disability, hospitals, homelessness, housing, early childhood development, Indigenous-specific primary health care, aged care, diabetes and chronic kidney disease for the following national agreements:
  - National Partnership Agreement on Homelessness
  - National Healthcare Agreement
  - National Disability Agreement
  - National Affordable Housing Agreement
  - National Indigenous Reform Agreement.

- Released a report on the first quarter of data from the Specialist Homelessness Services Collection.
- Developed two significant reports on cancer and on treated end-stage kidney disease containing data projections to 2020.
- Published, for the first time, national statistics about *Staphylococcus aureus* bacteraemia infections in hospitals.
- Provided data on male health issues.
- Successfully engaged with relevant stakeholders to update several hospital national minimum data sets to meet contemporary health reform needs.
- Developed national minimum data sets for non-government mental health establishments and the Australian Cancer Database.
- Developed an agreed Radiotherapy Waiting Times Data Set Specification for consideration by governments.

## **SD2 Improve the availability of information for the community and our stakeholders**

- Produced user-friendly, accessible web-based snapshots of information and statistics on subjects such as allergic rhinitis, asthma, child protection, chronic obstructive pulmonary disease, diabetes, male health, prisoner health and chronic kidney disease.
- Launched the *Mental health services in Australia* web pages, which give a comprehensive picture of mental health services and resources provided by governments.
- Published and launched *Australia's welfare 2011* and *Australia's health 2012* and their related *Australia's welfare 2011—in brief* and *Australia's health 2012—in brief* publications.
- Applied Creative Commons 3.0 licensing to AIHW publications.

## **SD3 Improve information quality, protecting privacy**

- Achieved accreditation as an integrating authority for the integration of Commonwealth data.
- Continued to develop data quality statements for all data reported by the AIHW, including for the Steering Committee for the Review of Government Service Provision's (SCRGSP's) *Report on government services 2012*.
- Agreed with jurisdictions, a new national minimum data set for child protection to be implemented from 1 July 2013.

- Began the redevelopment of the Disability Services National Minimum Data Set and a standard disability identifier for use in national administrative data collections.
- Completed work required to implement the Validata™ tool and a statistical linkage key for the Alcohol and Other Drug Treatment Services National Minimum Data Set collection in 2012–13.

## **SD4 Capitalise on the contemporary information environment**

- Delivered annual elective surgery waiting times data much earlier than in previous years, enabled by the Institute's Validata™.

## **SD5 Cultivate and value a skilled, engaged and versatile workforce**

- Participated in staff exchanges with the Canadian Institute for Health Information, and secondment arrangements with the Curtin University and the Australian Government Department of Health and Ageing (DoHA).

Further information about the AIHW's achievements can be found in **Chapter 1 Our performance**, with reference to four of the AIHW's strategic directions, and in **Chapter 3 Our operating units**, on a work group basis. The 'spotlights' listed in an index on page 263 also provide more information about the AIHW's achievements and products.

## Our financial performance

The AIHW's financial results since 2007–08 are summarised in **Table 1**. Revenue in 2011–12 was \$52.2 million, a decrease of 3.2% compared with 2010–11. Expenses in 2011–12 were slightly higher than in 2010–11.

In 2011–12, the AIHW reported a deficit of \$1,849,000. This compares with a surplus of \$134,000 in 2010–11.

The deficit comprised an operating loss of just under \$1.0 million and an increase in the value of staff long service leave liabilities of just under \$0.9 million arising from the decrease in the 10-year government bond rate. The operating deficit and the leave liability adjustment were approved by the Department of Finance and Deregulation. The deficit is the result of non-recurring items and comes after 3 years of surpluses totalling \$2.45 million.

Total equity decreased between 2010–11 and 2011–12.

**Table 1: Financial results, 2007–08 to 2011–12 (\$'000)**

	2007–08	2008–09	2009–10	2010–11	Change 2010–11 to 2011–12	2011–12
Revenue	29,600	32,347	46,445	53,952	▼	52,237
Expenditure	30,364	32,208	44,268	53,818	▲	54,086
Surplus (or deficit)	(764)	139	2,177	134	▼	(1,849)
Total assets	16,527	20,731	31,901	30,676	▲	31,848
Total liabilities	15,113	19,178	25,916	24,557	▲	27,578
Total equity	1,414	1,553	5,985	6,119	▼	4,270

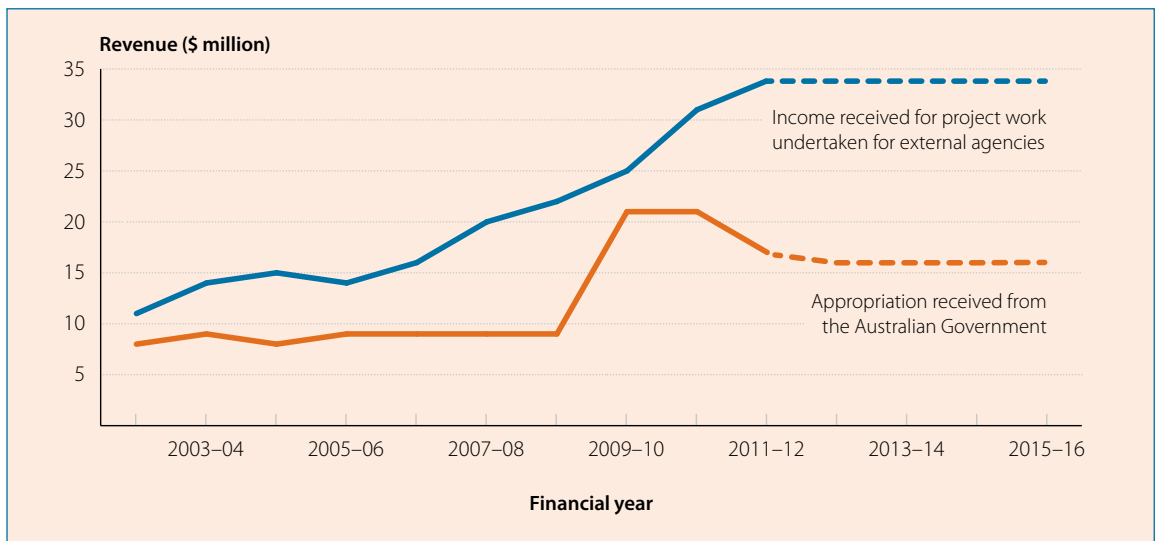
The AIHW's revenue comprises income received as appropriation funding from the Australian Parliament and income received from external sources. The latter is provided mainly for specific project work undertaken for government departments and ministerial councils.

The relative importance of these two income types, including budgeted revenue for the next 4 years, is shown in **Figure 1**. The proportion of the AIHW's revenue from appropriation gradually decreased to 29% in 2008–09. In 2009–10, the proportion increased to 45% because in the

May 2009 Federal Budget the AIHW received a significant increase in its appropriation for the following 4 years. Part of this increase was for data development for COAG reporting. This data development funding has now ceased. In 2011–12, the proportion of the AIHW's revenue from appropriation comprised 33% of total revenue.

Further information about the AIHW's financial performance can be found in '**Our financial performance**' on page 31.

**Figure 1: Major revenue sources, 2002–03 to 2011–12, with projections, 2012–13 to 2015–16**



## How we are governed

The AIHW Act establishes the AIHW Board as the Institute's governing body. The role and composition of the AIHW Board are specified in s. 8(1).

The Board is accountable to the Parliament of Australia through the Minister for Health and is responsible for setting the overall policy and strategic direction of the Institute.

The AIHW's Charter of Corporate Governance adopted by the AIHW Board provides the basis for its operations (see **Appendix 2** on page 178).

The Director of the AIHW manages the day-to-day affairs of the Institute.

An accountability framework for the AIHW (see **Figure 5** on page 37) describes the legislative and reporting relationships that ensure that the Institute's operations and funding contribute to the achievement of AIHW's objectives and outcomes.

The Portfolio Budget Statements for the Health and Ageing portfolio is one of the reporting components of the accountability framework for the AIHW (see **Chapter 1 Our performance**). The AIHW's outcome—intended results for, benefits to or consequences for the Australian community—as stated in the Portfolio Budget Statements 2011–12 is:

*A robust evidence base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.*

The AIHW has one program:

*Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.*

The AIHW prepares a set of annual financial statements as required by the Finance Minister's Orders made pursuant to the *Commonwealth Authorities and Companies Act 1997*—under which the Institute operates—and the Australian Accounting



Standards. These financial statements are audited by the Australian National Audit Office. The financial statements and the Australian National Audit Office's report are provided in **Appendix 9** on page 222.

Other components of the accountability framework include the AIHW's *Strategic directions 2011–2014* and the annual work plans.

## Our minister



The Hon. Tanya Plibersek, MP  
**Minister for Health**

## Our key relationships

The health and welfare information collected, analysed and disseminated by the AIHW is managed in accordance with the Institute's legal and ethical obligations relating to privacy, confidentiality and objectivity. This information must also meet the current and emerging needs of governments and the community. Work undertaken by the AIHW commonly crosses federal, state, territory and private sector areas of responsibility, so engagement and relationships based on mutual trust with its stakeholders are vital. These relationships are also critical to developing nationally consistent and comparable information across jurisdictions.

Within this context, the AIHW has traditionally adopted a strongly collaborative approach to its work, developing relationship networks with the Australian, state and territory governments, and the education and broader private sectors. This is reflected in the AIHW's formal arrangements with other organisations, the various national

information agreements, and in the AIHW's active participation in numerous national committees.

The AIHW's key relationships at the federal level include the Department of Health and Ageing, in relation to which the AIHW is a portfolio agency; the Australian Bureau of Statistics (ABS); the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA); the Department of Education, Employment and Workplace Relations (DEEWR); and the Department of Veterans' Affairs (DVA).

Additionally, the AIHW funds work plans, supported by data-sharing agreements, with a number of Australian universities. These collaborations enable the AIHW to draw on the expertise of these bodies in specialist areas of data and information.

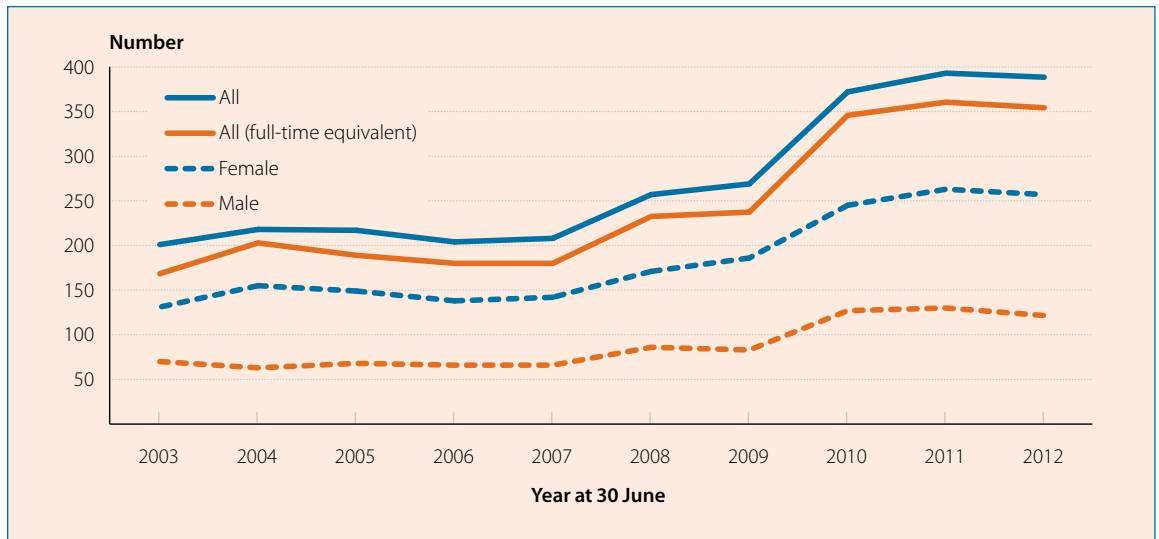
Further information on the AIHW's governance arrangements and external relationships can be found in **Chapter 2 Governance and the organisation**.

## Our people

The AIHW relies on highly skilled and competent staff to support its strategic directions. It strives to provide a workplace that offers fulfilling and challenging work, as well as promoting the professional and personal development of its employees.

Strategies to support, attract and retain the AIHW's valued staff are central to one of the strategic directions: SD5 Cultivate and value a skilled, engaged and versatile workforce.

At the end of the reporting period, the AIHW employed 386 staff, equating to a full-time equivalent of 357.1 staff. **Figure 2** shows changes in staff numbers since 2003. There has been a marginal decrease in the number of staff (0.9% on a full-time equivalent basis) since 30 June 2011.

**Figure 2: Staff numbers, 2003–2012**

The AIHW is a highly sought-after place to work, with a strong work–life balance, in which the interests of both the organisation and the individual are valued.

Further information about the AIHW’s staff, human resource services, facilities services and occupational health and safety can be found in **Chapter 4**

#### **Our people.**

## **Our communications**

The AIHW communicates its information and statistics to the public, its stakeholders and clients in a variety of ways, including:

- printed reports and accompanying report profiles, summaries and media releases
- web publications and online snapshots
- an education corner comprising classroom worksheets and interactive online quizzes
- stand-alone websites and ‘satellite’ web pages for specific purposes
- online data sets.

In brief

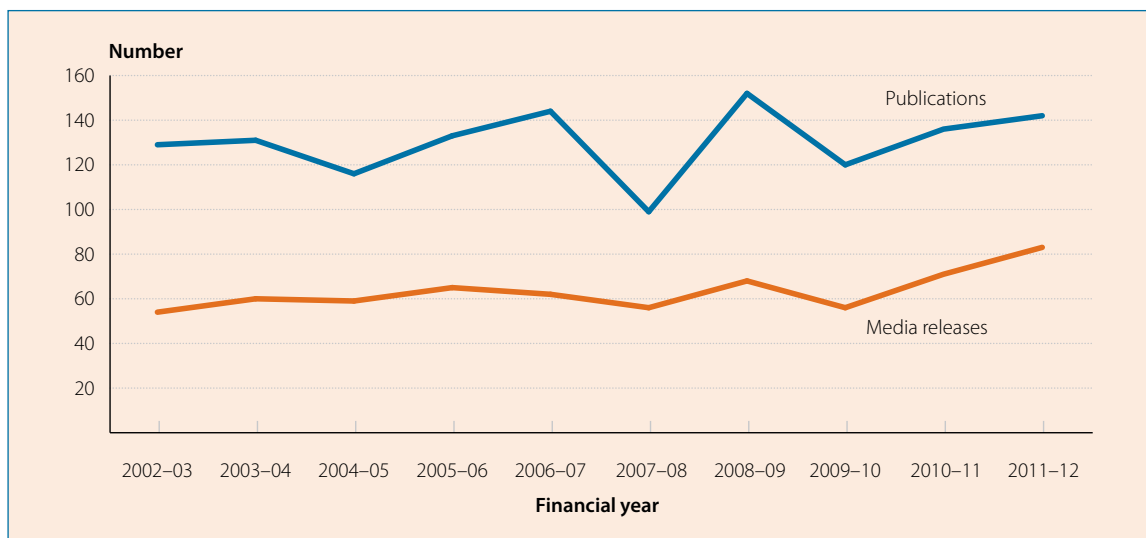
All AIHW publications are available free of charge on the AIHW’s website in a variety of formats to suit individual users’ needs, including versions suitable for people with impaired vision and other accessibility requirements.

In 2011–12, the AIHW released 141 publications in traditional report format and produced 82 media releases (**Figure 3**). This was more than the 135 publications and 71 media releases published in 2010–11. Although production volume of paper-based publications has fluctuated from year to year when measured in these terms, there has been an overall rising trend over the past decade. This trend has continued, even as output types other than traditional publications have increased.

Visits to the AIHW’s website increased by 19.9% during the year to 1.67 million visits (see **Figure 8** on page 149).

Further information about the AIHW’s publications and online information and data can be found in **Chapter 5 Our communications.**

**Figure 3: Publications released and media releases, 2002–03 to 2011–12**



## Our future

Special events such as the AIHW's 25th birthday celebrations (see **Celebrating 25 years** on page xix) provided an opportunity to reflect on past progress and achievements. Looking forward, the AIHW will continue its mission by providing the best available evidence about Australia's health and welfare to help governments and organisations shape policy responses and service delivery strategies.

### The AIHW will change further

In recent years, the AIHW has increased resourcing devoted to disability information, early childhood data developments and the new homelessness services collection. Resourcing for the latter has now decreased, reflecting the development cycle for the collection.

The AIHW expects to change further. Most notably, the number of staff working in different

areas will fluctuate as external funding for particular activities changes over time. Some of these variations can be anticipated with the following changes or potential changes.

- More complex analytical work may be carried out using a new data integration capability, especially given the very diverse data sets held by the AIHW and its reputation for effective management of sensitive personal information.
- External funding sources may become more diverse, with new relationships being built with other agencies, particularly related to health reform, and more funded work in the areas of mental health, disability, aged care, early childhood, Indigenous health and hospital reporting.
- Other sectors may wish to use the AIHW's expert capabilities in collating data, monitoring performance, providing information and communicating messages.

- Investments in business transformation and improving project management will help staff to better manage their work, remove overlapping processes, standardise some of the manually intensive tasks and reduce the risks of errors, thus improving the timeliness and quality of AIHW products.

### **The AIHW will actively influence its future**

The AIHW has been at the forefront of developments in innovative reporting of information via the internet, analysis of the impact of Indigenous health initiatives, mental health reporting and the latest aged care reform measures.

The AIHW aims to have its voice heard where it can provide useful, authoritative messages for the community and for policy debates, and has expertise in specific data-related matters.

- Maintaining the AIHW's reputation among key stakeholders is critical to being heard, to the ongoing provision to AIHW of sensitive data, and for the external income that finances the majority of the AIHW's operations.
- Emphasising the AIHW's unique capabilities in providing the vision for health and welfare information desired by other agencies and the details of how to best deliver and report that information will be important.
- Working respectfully in partnership with other agencies is critical, with clear gains derived from collaboration.
- Building the AIHW's reputation as a quality provider of information will remain critical.
- Providing data quality statements will continue to demonstrate the AIHW's perspectives on the quality of the information that the AIHW reports.
- Actively managing circumstances where external perspectives or delays disrupt information delivery will help external stakeholders contribute to the AIHW's processes in a timely manner.



# Celebrating 25 years

On 1 July 2012 the AIHW reached the milestone of 25 years of providing authoritative statistics and information to governments and the community.

The Institute was established as an independent Commonwealth statutory authority for health statistics and research on 1 July 1987, and was at first known as the Australian Institute of Health.

Welfare responsibilities were added via legislation in 1991, with an accompanying name change to the Australian Institute of Health and Welfare.

The Institute has since built an enviable reputation for independent and authoritative reporting of health and welfare matters—trusted by governments, other key stakeholders in the health and welfare sectors, and the community.

We are perhaps best known for our prolific production of regular reports on almost every aspect of health and/or community services and welfare—now in the order of 140 publications every year.

We are also well-regarded for our very strong privacy and confidentiality arrangements, especially through section 29 of the AIHW Act, which lists jail terms for divulging information concerning a person, and where even a court of law cannot force disclosure of such information.

We have also built, and rely on, strong cooperative relationships with government departments (particularly our portfolio department, the Department of Health and Ageing), statistical agencies such as the ABS, other independent bodies such as the COAG Reform Council and the Productivity Commission, and close engagement with those organisations in the non-government sector that deliver many health and welfare services.

The Institute has grown considerably in its 25 years, from 68 staff at 30 June 1988 to 386 at the end of 2011–12. Two of our current staff have been here for almost the entire journey—Judith Abercromby, currently Head of the Ageing and Aged Care Unit, and Joanne Maples, currently Parliamentary Officer in the Governance Unit.

We celebrated our 25th birthday through a variety of events and other innovations, including:

- a special edition of our *Access* magazine
- a gathering of Board chairs and directors past and present
- a staff afternoon tea incorporating a lively tongue-in-cheek debate on the value of pie charts
- commemorative '25 years' backdrops at the Australia's Health 2012 conference held in June 2012.

When asked for words that described the essence of the Institute, the three current longest-serving members of staff chose 'engaged', 'honest' and 'community'. Three newly-appointed graduates chose 'social', 'progressive' and 'welcoming'.

We like to think all six qualities lie at the heart of the AIHW's culture, reputation and success.

# 25 years at the AIHW—Our achievements

Celebrating 25 years

1987

Australian Institute of Health (AIH) established as a statutory authority.

1988

First *Australia's health* report published.

In 2012, we published the 13<sup>th</sup> edition of this flagship report.

1993

First *Australia's welfare* report published.

In 2011, we published the 10<sup>th</sup> edition of this flagship report.

1992

The Institute becomes the Australian Institute of Health and Welfare (AIHW) with role expanded to include welfare-related information and statistics.

AIHW becomes a World Health Organization Collaborating Centre.

We continue to be a Collaborating Centre.

First data catalogue and health data dictionary published.

Today, the data catalogue is published on the AIHW website and the 15<sup>th</sup> edition of the *National health data dictionary* is in use.

First national health information agreement signed.

A new National Health Information Agreement was signed in 2011.

1995

First national information agreements for community services and housing signed.

New agreements were reached in 2011.

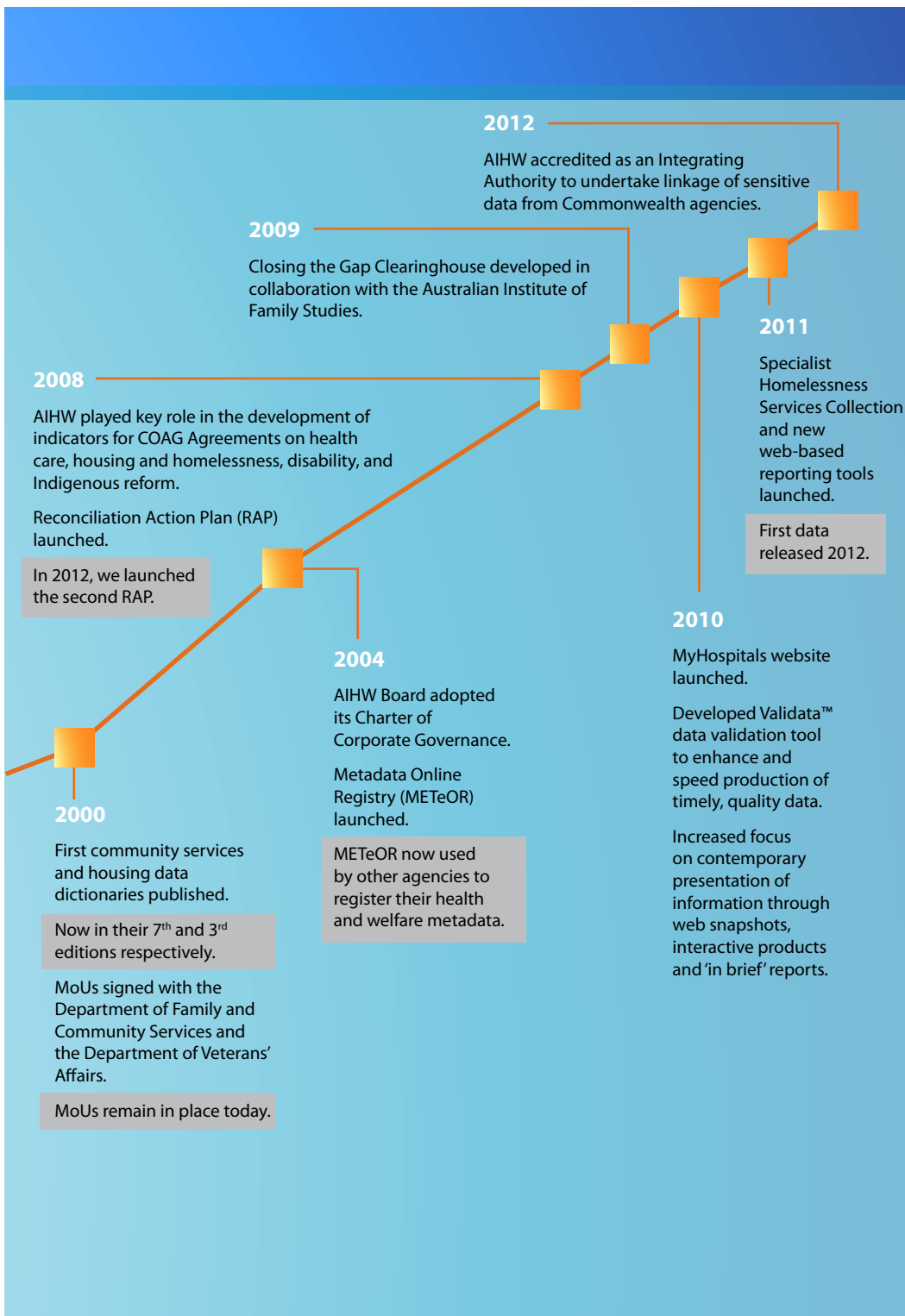
MoU agreed between the AIHW and the Department of Health and Family Services.

We continue to work with DoHA under an MoU.

First joint AIHW–Australian Bureau of Statistics report on *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*.

In 2011, we launched an online Indigenous Observatory which features this report, now in its 7<sup>th</sup> edition.

AIHW website launched.



# Health

Objectivity

Responsiveness

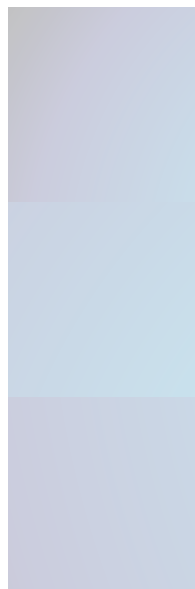
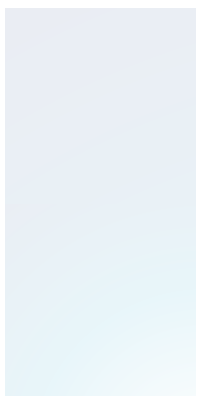
Accessibility

Privacy

# Welfare

Expertise

Innovation





---

The AIHW's activities are underpinned and guided by legislative and administrative requirements. These include the Portfolio Budget Statements 2011–12, the AIHW's strategic directions and work plan, and contractual obligations. The Portfolio Budget Statements and the strategic directions identify expected major deliverables and key performance indicators for 2011–12. Our performance in achieving these is the focus of this chapter.

This chapter also summarises our financial performance.

# Chapter

# 1

Our performance



## Performance summary

The AIHW improved the evidence base for the health, housing and community sectors during 2011–12 by providing:

- comparable health and welfare information and statistics for policy and research purposes
- new and renewed data
- better quality data
- better access to data and information
- improved communication of key messages.

Particular achievements are identified in the **Highlights** section on page iv and the **'Our achievements'** section on page xi. This chapter records the AIHW's achievements against its commitments under the *Portfolio Budget Statements 2011–12 Budget related paper no. 1.10 – Health and Ageing Portfolio* and against its corporate strategic directions. Many achievements are also elaborated in 'spotlights' throughout the report (see the list of **spotlights** on page 264).

The AIHW's achievements are in line with the Institute's functions as identified in the *Australian Institute of Health and Welfare Act 1987*, the commitments it undertook in relation to the expenditure of funds provided as appropriation from the Australian Parliament and funding from clients, and its corporate mission and strategic directions as agreed by the AIHW Board.

In 2011–12, the AIHW:

- achieved all but 1 of its 12 deliverables under the *Portfolio Budget Statements 2011–12*, with the remaining deliverable partially achieved (see **'Portfolio Budget Statements'** on page 3)
- achieved all but 2 of its 7 key performance indicators under the *Portfolio Budget Statements 2011–12*, with the remaining 2 indicators partially achieved
- achieved or made significant progress on all its planned deliverables under its strategic directions (see **'Performance against our strategic directions'** on page 13)
- achieved most of its planned statistical and reporting deliverables and data development activities as outlined in the AIHW Work Plan 2011–12

(see **Chapter 3 Our operating units** for a detailed report of activities achieved for each operating unit).

Instances where deliverables and key performance targets under the *Portfolio Budget Statements 2011–12* were not fully achieved are discussed in **'Exception reporting'** on page 10.

The AIHW's mission statement is 'authoritative information and statistics to promote better health and wellbeing'. Yet it is rarely in a position to be able to point out that its outputs, often in the form of published information and statistics, have resulted in improvements in the lives of Australians. It relies on the willingness of governments, government agencies and the public to use its information and statistics to inform public debate and to contribute to policies that promote better health and wellbeing. Confidence in the AIHW's work is reflected in the degree to which other organisations cooperate with it, use its services, and rely on its published information and statistics. This confidence is built on the Institute's achievements over its 25-year history. It was notably demonstrated during 2011–12 through:

- continued involvement of representatives of other organisations on national information and advisory committees
- new and renewed agreements with other organisations
- new funding contracts or schedules under memorandums of understanding for which the AIHW provides services.

The AIHW obtained a third of its funding during 2011–12 directly from the Australian Parliament as a budget appropriation and two-thirds from clients (mainly government agencies). The financial statements presented in **Appendix 9** received an unqualified report from the Australian National Audit Office. The statements report an approved budgeted operating loss of \$1.0 million. There was an additional one-off expense of just under \$0.9 million resulting from the decrease in the government bond rate used to discount future staff leave liabilities (see **'Our financial performance'** on page 31).

## Portfolio Budget Statements

The PBS provides the major accountability framework against which the AIHW's performance is measured. Annual direct funding for the AIHW from the Australian Parliament is appropriated on the basis of outcomes (see 'Glossary' on page 261).

The AIHW's outcome and program structure, as set out in the *Portfolio Budget Statements 2011–12 Budget Related Paper No. 1.10 – Health and Ageing Portfolio*, consists of one outcome and one program, each of which is consistent with the AIHW's mission and strategic directions.

### Outcome

**A robust evidence base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics**

### Program

**Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.**

In the *Portfolio Budget Statements 2011–12*, the AIHW's outcome and program are underpinned by 12 deliverables and 7 key performance indicators used to monitor its performance. These are detailed in **Table 2** and **Table 3** respectively, along with the reference point (or target) to be achieved in 2011–12 and their status at 30 June 2012. Further information provided elsewhere in this report about deliverables and indicators is cross-referenced in the tables.

Progress in relation to a number of additional longer term AIHW activities that were noted in the *Portfolio Budget Statements 2011–12* is detailed in **Table 4**.



*The dinner held for the Australia's Welfare 2011 conference.*

**Table 2: Portfolio Budget Statement deliverables 2011–12 and their outputs**

Assist the COAG policy reform agenda		
<p>Publish performance data<sup>(a)</sup> specifications, including new and improved specifications, provided for the COAG reporting process.</p>	<p>The AIHW is committed to improving the usefulness of data to inform policy directions, program development, planning, research and evaluation.</p> <p>The AIHW developed and documented new and improved data items for the COAG reporting process. Relevant national committees endorsed new and improved performance data specifications.</p> <p>The AIHW published performance data specifications provided for the 2010–11 COAG reporting process for the health and disability indicators on its Metadata Online Registry (METeOR). Those for Indigenous reform will be published in August 2012.</p>	<p>Achieved</p>
<p>Provide data for the COAG reporting process for performance indicators<sup>(b)</sup>:</p> <ul style="list-style-type: none"> <li>• 48 for health</li> <li>• 6 for Indigenous reform</li> <li>• 6 (now 5) for disability<sup>(d)</sup></li> <li>• 6 for housing and homelessness.</li> </ul>	<p>The AIHW met the COAG reporting timetables for the supply of data to the SCRGSP for the 2010–11 COAG reporting process.</p> <p>The data supplied covered performance indicators described in relevant national agreements:</p> <ul style="list-style-type: none"> <li>• 48 for health</li> <li>• 5 for Indigenous reform<sup>(c)</sup></li> <li>• 5 for disability</li> <li>• 10 for housing and homelessness.</li> </ul>	<p>Achieved</p> <p>Achieved</p> <p>Achieved</p> <p>Achieved</p>
Maintain and enhance the quality of Australia's health and welfare statistics		
<p>Publish new versions of national data dictionaries for health, community services and housing biennially, and produce online updates of each dictionary, if necessary, twice-yearly.</p>	<p>The AIHW makes all data standards endorsed by national information committees freely available through METeOR.</p> <p>Summary updates of all metadata endorsed for the national data dictionaries for these sectors were also published online if necessary, twice-yearly (see '<b>New versions of data dictionaries were published</b>' on page 26).</p> <p>Version 16 of the <i>National health data dictionary</i> is in progress and will be published in 2012–13.</p> <p>The <i>National community services data dictionary version 7</i> was finalised for publication (to be released in August 2012).</p> <p>A new version of a national data dictionary for the housing sector is delayed based on decisions made by the relevant national information committee, the Housing and Homelessness Information Management Group.</p>	<p>Achieved</p>

(a) Data include the data required for performance indicators, performance benchmarks, outputs, etc. as variously described in COAG national agreements and national partnership agreements.

(b) Figures reflect the AIHW's responsibilities for supply of data. However, supply is dependent on collaborative arrangements with state, territory and Australian Government departments and agencies and the availability of data to the AIHW.

(c) Perinatal data from the AIHW Perinatal Data Collection has been reported for one indicator in previous reporting cycles. However, these data are no longer required as the COAG Reform Council prefers to report using ABS perinatal data. These data were not requested by the SCRGSP for the third cycle of National Indigenous Reform Agreement reporting.

(d) During 2010–11, but after the preparation of the *Portfolio Budget Statements 2011–12*, the role previously carried out by the AIHW in enabling the preparation of one indicator was transferred to the ABS. Thus, the data supplied to the SCRGSP for the COAG reporting process covered 5 (not 6) disability performance indicators.

### Maintain and enhance the quality of Australia's health and welfare statistics (continued)

Endorse metadata for a new specialist homelessness services data collection and include it in a national housing data dictionary.

The Housing and Homelessness Information Management Group endorsed data standards for the Specialist Homelessness Services Collection (see '**Specialist Homelessness Services Collection**' on page 16). The AIHW published the standards on METeOR.

Partially achieved

The preparation of a national housing data dictionary that includes these metadata has been delayed following decisions of the Housing and Homelessness Information Management Group (see '**Exception reporting**' on page 10).

Present *Australia's welfare 2011* and *Australia's health 2012* to the Minister by December 2011 and June 2012 respectively.

*Australia's welfare 2011* and *Australia's health 2012* were presented to the Minister on 4 November 2011 and 18 May 2012 respectively, meeting the timing requirements for their provision under the AIHW Act (see '**Key reports presented to the Minister**' on page 21).

Achieved

Make 100% of national data standards for inclusion in the *National health data dictionary* and the *National community services data dictionary* available online within 30 days of committee endorsement.

All new and updated national data standards endorsed for inclusion in the *National health data dictionary* and the *National community services data dictionary* were loaded to METeOR within 30 days of endorsement (see '**METeOR information standards repository**' on page 26).

Achieved

Hold metadata online on METeOR, as minimums:

- 25 national minimum data sets
- 28 other data set specifications
- 1,343 data elements
- 4,397 standard metadata items.

Metadata were held online on METeOR (see '**Metadata were made available on METeOR**' on page 26) for:

- 18 national minimum data sets
- 35 other data set specifications
- 1,400 data elements
- 5,023 standard metadata items.

Achieved<sup>(e)</sup>

Achieved

Achieved

Achieved

### Enhance data access, while protecting privacy

Statistical information on the nation's health, housing and community services sectors, that is relevant to support policy research, is published in a timely manner.

Publications were available on the internet free of charge (see '**Policy-relevant statistical publications were delivered**' on page 16) including a report on the new Specialist Homelessness Services Collection. Data on elective surgery and emergency department waiting times were delivered 5 months earlier than in previous years.

Achieved

Make information for a number of subject areas available on the AIHW website, as minimums:

- 18 interactive data sets
- 5 metadata collections.

The AIHW made interactive data sets covering a range of subject areas available on its website (see '**Data sets were made publicly available**' on page 27):

- 19 interactive data sets
- 5 metadata collections.

Achieved

(e) Some national minimum data sets were temporarily changed into data set specifications for 2011–12 reporting as not all jurisdictions were able to report all the data items included in the national minimum data set. The number of data set specifications has increased correspondingly.

## Improve the communication of key messages

Publish and widely disseminate highlights from *Australia's welfare 2011* as a short booklet in November 2011.

*Australia's welfare 2011—in brief* was published in November 2011 and distributed widely, including to schools (see **'Information "in brief" formats were released'** on page 22).

Achieved

Similar short booklets were published: *Australia's health 2012—in brief* and *Australia's hospitals 2010–11 at a glance*.

Publish user-friendly, accessible data snapshots in HTML format on the AIHW website<sup>(f)</sup>.

Data snapshots were published in HTML format on the AIHW website for 9 topics (see **'User-friendly, accessible data snapshots were published online'** on page 23).

Achieved

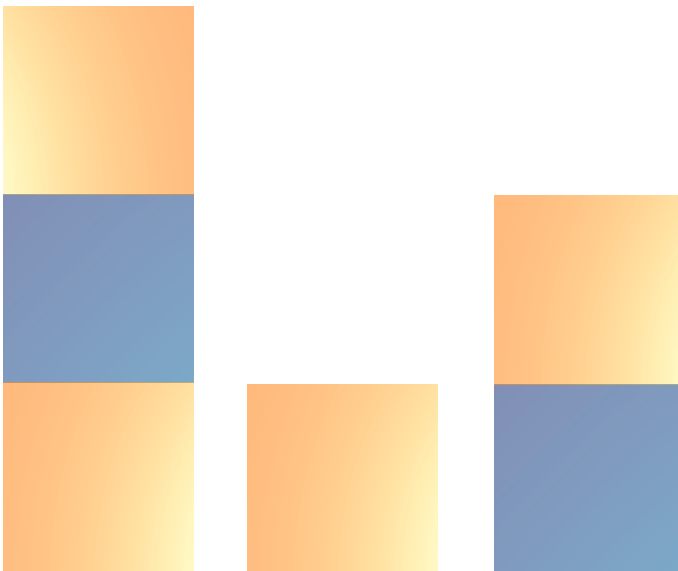
Review the content and presentation of data in two major annual publications.

The AIHW reviewed the content and presentation of data in three major annual publications (see **'Major annual publications were reviewed'** on page 23):

Achieved

- *AIHW annual report 2010–11*
- *Australia's health 2012*
- *Mental health services in Australia* (see the **'spotlight'** on page 18).

(f) A target figure of 9 product releases in HTML format was set out in the *Portfolio Budget Statements 2012–13*.





## Australia's health 2012

Every two years, the AIHW publishes a comprehensive report on health in Australia. The report *Australia's health 2012*, brings together the latest statistics and information on the nation's health.

The 2012 report shows that while Australians are generally healthy, with the majority feeling positive about their quality of life, most also have at least one health risk factor that is likely to contribute to poorer future health.

AIHW Director David Kalisch said that while good health is always good news, there are challenges ahead to maintain an overall healthy population.

'Australia compares well internationally: we enjoy one of the highest life expectancies in the world—79.5 years for men and 84.0 years for women—our level of smoking continues to fall, and most children are fully immunised,' Mr Kalisch said.

'However, there are several areas where Australia compares less favourably. For example, among developed countries, Australia has relatively high death rates from heart disease, diabetes and chronic lung disease.

A national conference was held in June 2012 to coincide with the launch of the report. The report and its companion in-brief document were launched by the Hon. Tanya Plibersek MP, Minister for Health.

Launching the report, the Minister described *Australia's health 2012* as 'a go-to resource for many of the nation's health experts and policy-makers', and its companion *Australia's health 2012—in brief* as 'invaluable resources for understanding Australia's health in 2012'.

Speakers at the conference included Professor Jim Bishop AO, Executive Director of the Victorian Comprehensive Cancer Centre, who spoke about the challenges related to translating evidence into health practices and Mr Paul McClintock, Chair of the COAG Reform Council, who discussed Australia's health in the context of a reform environment.

For more information on the *Australia's health 2012* report and its 'in brief' document visit <[www.aihw.gov.au](http://www.aihw.gov.au)>.



**Table 3: Portfolio Budget Statement key performance indicators 2011–12 and their results**

<b>Assist the COAG policy reform agenda</b>		
Provide support to national information committees for health, housing, community services and Indigenous reform.	The AIHW provided support to national information committees for health, housing, community services and Indigenous reform (see ' <b>National committees were supported</b> ' on page 16).  The AIHW received positive feedback from committee members and others in their departments and agencies.	Achieved
<b>Maintain and enhance the quality of Australia's health and welfare statistics</b>		
Provide free, high-quality information measured by the number of website downloads of key publications, as minimums:	The AIHW publishes statistical information in the health, housing and community services sectors (see ' <b>Policy-relevant statistical publications were delivered</b> ' on page 16). All AIHW publications are available free of charge via the internet at <www.aihw.gov.au>. Website downloads of the two publications required by the AIHW Act (see ' <b>Users downloaded Australia's health and Australia's welfare</b> ' on page 21) were:	
<ul style="list-style-type: none"> <li>• 17,900 for Australia's health</li> <li>• 1,430 for Australia's welfare.</li> </ul>	<ul style="list-style-type: none"> <li>• 19,444 for <i>Australia's health</i></li> <li>• 2,209 for <i>Australia's welfare</i>.</li> </ul>	<p>Achieved</p> <p>Achieved</p>
Provide leadership that contributes to emerging national information-related policy, at the request of state and territory governments and the Australian Government, as seen by continuing participation by:	The AIHW undertook a leadership role in facilitating accurate, valuable and timely data collection and analysis, and improving access to its data, publications and expertise.	
<ul style="list-style-type: none"> <li>• departments and agencies of state and territory governments and the Australian Government in national information committees, AIHW-led consultative processes and business arrangements with the AIHW</li> <li>• the AIHW in information activities initiated by national policy committees.</li> </ul>	<ul style="list-style-type: none"> <li>• Departments and agencies of state and territory governments and the Australian Government continued to participate in national information committees, AIHW-led consultative processes and business arrangements with the AIHW (see '<b>National committees were supported</b>' on page 16 and '<b>Relationship management</b>' on page 46).</li> <li>• The AIHW continued to participate in information activities initiated by national policy committees (see '<b>Information activities of national committees were supported</b>' on page 16).</li> </ul>	<p>Achieved</p> <p>Achieved</p>
<b>Enhance data access, while protecting privacy</b>		
Make data releases widely accessible within privacy and confidentiality constraints, such that:	The AIHW releases data to the extent possible given privacy requirements. Data releases were widely accessible within privacy and confidentiality constraints (see ' <b>Data were released to the extent possible within privacy and confidentiality constraints</b> ' on page 27).	
<ul style="list-style-type: none"> <li>• feedback regarding data access is positive</li> <li>• data releases fully comply with all privacy and confidentiality requirements.</li> </ul>	<ul style="list-style-type: none"> <li>• The AIHW received positive feedback from the public and data users regarding data access.</li> <li>• Data releases fully complied with all privacy and confidentiality requirements. However, a technical problem in the start-up phase of the new Specialist Homelessness Services Collection related to client management software resulted in the potential for a privacy breach. This matter was advised to the Minister for Social Housing and Homelessness, the Privacy Commissioner and affected stakeholders (see the '<b>spotlight</b>' on page 28 and '<b>Exception reporting</b>' on page 10).</li> </ul>	<p>Achieved</p> <p>Partially achieved</p>



### Enhance data access, while protecting privacy (continued)

External research projects considered by the AIHW Ethics Committee will number 35, as minimum.	The AIHW supports ethical human research by providing controlled access to data sets for specific research (see ' <b>Researchers were provided with access to data</b> ' on page 29).  The AIHW Ethics Committee considered 52 external research projects (see ' <b>External research applications were approved</b> ' on page 29).	Achieved
--	---	----------

### Improve the communication of key messages

Improve the readability of publications and the communication of their key messages, as measured by:	The AIHW aims to improve community understanding and use of health and welfare data and information. The readability of AIHW publications and the communication of their key messages was improved (see ' <b>Key messages in report publications were improved</b> ' on page 23), as demonstrated by:	
<ul style="list-style-type: none"> <li>positive feedback on readability</li> </ul>	<ul style="list-style-type: none"> <li>short online surveys showing that 94% of respondents considered the AIHW's publications to be clearly written</li> </ul>	Achieved
<ul style="list-style-type: none"> <li>positive media coverage.</li> </ul>	<ul style="list-style-type: none"> <li>extensive positive media coverage.</li> </ul>	Achieved
Provide free, high-quality information measured by, as minimums:	The AIHW provided free, high-quality information (see <b>Chapter 5 Our communications</b> ), as demonstrated by:	
<ul style="list-style-type: none"> <li>1.617 million website visits<sup>(a)</sup></li> </ul>	<ul style="list-style-type: none"> <li>1.67 million AIHW website visits<sup>(a)</sup></li> </ul>	Achieved
<ul style="list-style-type: none"> <li>3,918 references to the agency and its products in the media</li> </ul>	<ul style="list-style-type: none"> <li>4,174 references to the AIHW and its products in the media (see '<b>Free, high-quality information was provided</b>' on page 21)</li> </ul>	Achieved
<ul style="list-style-type: none"> <li>70 references to the agency and its products in the Australian Parliament.</li> </ul>	<ul style="list-style-type: none"> <li>68 references to the AIHW and its products in the Australian Parliament (see '<b>Free, high-quality information was provided</b>' on page 21 and '<b>Exception reporting</b>' on page 10).</li> </ul>	Partially achieved

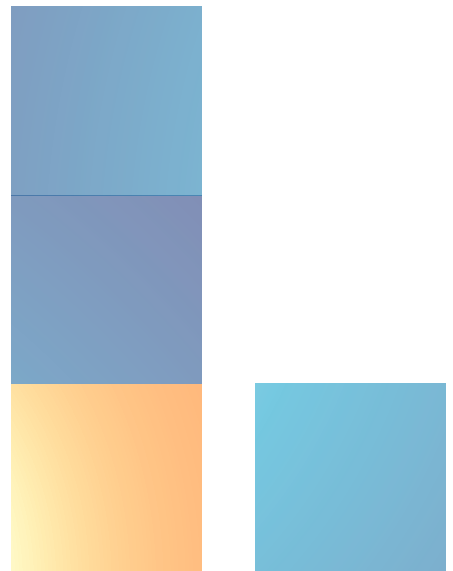
(a) The figure for website visits excludes the *MyHospitals*, METeOR, Specialist Homelessness Services and Closing the Gap Clearinghouse websites. The 2011–12 target was revised upwards in the Portfolio Budget Statements 2012–13, based on more recent trends.

## Exception reporting

Each of the PBS deliverables and indicator targets was achieved, with the following exceptions.

- The deliverable to include endorsed metadata for the new Specialist Homelessness Services Collection in a national housing data dictionary was not fully achieved. While the metadata were endorsed and are publicly available on METeOR, they have not been included in a national housing data dictionary. The dictionary preparation has been delayed following decisions of the Housing and Homelessness Information Management Group to change the focus and ordering of development work.
- The target of 70 mentions of the AIHW and its products in the Australian Parliament was not fully achieved. There were 68 mentions, excluding numerous mentions in submissions made to parliamentary committees.
- The intention to ensure AIHW data releases comply with all privacy and confidentiality requirements was not fully achieved. A technical problem in the start-up phase of the new Specialist Homelessness Services Collection related to client management software resulted in the potential for a privacy breach. This matter was robustly managed and advised to the Minister for Social Housing and Homelessness, the Privacy Commissioner and affected stakeholders (see the **'spotlight'** on page 28).

In last year's exception reporting, the endorsement as standards of a Prisoner Health Data Set Specification and an Indigenous Primary Health Care Data Set Specification were reported as being in progress. Both endorsement processes are now completed. Similarly, delays in the completion by external data developers of several data set specifications in the areas of cancer were noted. Six cancer-related data set specifications were endorsed as standards in December 2011 and 4 remain under development.





## Painting a clearer picture of homelessness in Australia

On 1 July 2011, the AIHW launched the Specialist Homelessness Services (SHS) Collection, marking a significant milestone in information about people who are homeless or at risk of homelessness.

This collection describes all clients who receive services from specialist homelessness agencies and the assistance they receive. It allows a clearer understanding of homelessness in Australia and is based on people's experiences, rather than the number of services provided. For the first time, children are counted as individual clients.

The first results were published in April 2012 and showed that in the July–September 2011 quarter:

- over 90,000 clients were helped by homelessness agencies
- 59% of clients were female, 18% were aged under 10 and half were aged under 25
- most clients presented to agencies alone (66%), but more than one-third presented with children or were themselves children
- 19% of clients had 'slept rough' and 31% had lived in short term or emergency accommodation in the month before presenting for support.

The SHS Collection replaces the Supported Accommodation Assistance Program collection. In comparison the SHS collection:

- captures more comprehensive data about all clients
- captures more complete data about children who receive assistance from specialist homelessness agencies
- uses better data collection and validation tools
- collects data more regularly (monthly rather than six-monthly)
- provides the opportunity to 'join up' data for clients who receive services more than once (from the same agency or from different agencies).

New data from specialist homelessness agencies will be reported quarterly. It will provide a better picture of the people who receive help, and allow us to gain a better understanding of what services are needed in the future.



Specialist

Homelessness

Services

**Table 4: Longer term activities noted in the Portfolio Budget Statements 2011–12 and their status**

<b>Maintain and enhance the quality of Australia's health and welfare statistics</b>		
Implement improved and faster data validation processes.	<p>The AIHW is progressively improving the quality and timeliness of its data collections by supporting a richer array of data checks, reducing multiple handing of data and providing a better data audit trail.</p> <p>In 2011–12, the AIHW continued to enhance data validation processes for hospitals data, and extended data validation processes to the new Specialist Homelessness Services Collection (see the <b>'spotlight'</b> on page 94).</p>	Achieved
Commence redevelopment of the Disability Services National Minimum Data Set.	<p>The Disability Services National Minimum Data Set specifies requirements for collecting information on clients of specialist disability services and the services they receive.</p> <p>In 2011–12, the AIHW began redevelopment of this data set.</p>	Achieved
Develop national key performance indicators and data specifications of Indigenous-specific primary health care services that build on existing collections.	<p>Once collected, the national key performance indicators will improve the monitoring of outcomes relevant to 'Closing the Gap' targets.</p> <p>In 2011–12, the AIHW developed these national key performance indicators (see the <b>'spotlight'</b> on page 13).</p>	Achieved
Lead the development of statistical measures based on administrative child protection data sets for reporting against the new National Standards for Out-of-Home Care.	<p>The new National Standards for Out-of-Home Care are a set of 13 standards, endorsed by community services ministers, that relate to the support of children and young people in out-of-home care.</p> <p>In 2011–12, the AIHW continued development of these standards.</p>	Achieved
Support initiatives to make integrated (linked) data more available to researchers.	<p>The AIHW received accreditation from the Commonwealth Data Integration Oversight Board to undertake high-risk, complex data integration projects involving data from Australian, state and territory agencies (see the <b>'spotlight'</b> on page 25).</p>	Achieved
<b>Enhance data access, while protecting privacy</b>		
Implement the outcomes of the review of ethics procedure and data custodian arrangements.	<p>The AIHW reviewed the procedures and associated guidelines for submissions to the AIHW Ethics Committee in 2010–11. The outcomes aimed to deliver best practice data release practices and privacy arrangements.</p> <p>In 2011–12, the AIHW implemented the outcomes of the review including by starting the development of an online monitoring system for applications for ethical review, including work flow and electronic application facilities for researchers (see the <b>'spotlight'</b> on page 41).</p>	Work in progress



## Better information supporting Healthy for Life

The AIHW has helped develop a new set of national key performance indicators for government-funded primary health care services to help improve the health of Aboriginal and Torres Strait Islander peoples.

The Institute consulted key stakeholders to establish the first 11 indicators, which will be reported during 2012–13. Another 8 indicators will be ready from 1 July 2013 and a further 5 from 1 July 2014.

In February 2012, the AIHW trialled a new web-based tool for data collection. Approximately 80 Healthy for Life services participated in the trial, collecting data on the first set of 11 indicators. Healthy for Life is an Australian Government program that provides improved health services for Indigenous people.

The national key performance indicators will provide better and more consistent information across a wide range of primary health care services.

## Performance against our strategic directions

During 2011–12, the AIHW's activities were guided by 5 strategic directions agreed by the AIHW Board in June 2011 after consultation with key stakeholders and the AIHW's staff. These

were published in the AIHW's *Strategic directions 2011–2014* and are listed below. They provide the basis for establishing and assigning priorities to the AIHW's activities and procedures, to commit it to fulfil its mission.

Mission	Strategic directions
<b>Authoritative information and statistics to promote better health and wellbeing</b>	<b>SD1 Further strengthen our policy relevance</b>
	<b>SD2 Improve the availability of information for the community and our stakeholders</b>
	<b>SD3 Improve information quality, protecting privacy</b>
	<b>SD4 Capitalise on the contemporary information environment</b>
	<b>SD5 Cultivate and value a skilled, engaged and versatile workforce</b>



This section provides a summary of key examples of the AIHW's activities supporting the achievement of the first 4 SD. These activities include many of the deliverables and key performance indicators described above for the Portfolio Budget Statements 2011-12. In addition, **Chapter 3 Our operating units** details the achievements of each AIHW unit and collaborating unit against activities identified in the AIHW Work Plan 2011–12, which was endorsed by the AIHW Board in June 2011. Some specific achievements are highlighted in 'spotlights' throughout the report (see the 'spotlight' list on page 264).

**Chapter 4 Our people** provides details of the AIHW's strategies to recognise and develop the capabilities of its staff. This relates to SD5.

## SD1 Further strengthen our policy relevance

AIHW's work informs and supports the development of policy and programs on Australia's health and welfare. The trend towards greater evidence-based decision making across government will result in policy makers requiring more comprehensive, timely and higher quality health and welfare information. Our collaborative approach with the Australian Government, state and territory governments and non-government organisations allows us to bring a comprehensive approach to our work, and to inform policy discussions through the timely provision of relevant, nationally consistent information.

Statistics can both drive and serve policy development. The AIHW plays a leading national role in the development and delivery of statistics in the fields of health and welfare. Stakeholders continue to value our authoritative reports and other statistical outputs, which help to track the progress of Australia's health and welfare systems.

Under SD1, we aim to develop ways of meeting the information needs described above and of ensuring the policy relevance of the statistics and information we collect and reports.

During 2011–12, the AIHW accorded a high priority to supporting the National Performance Reporting System—established under COAG—while maintaining a strong focus on the release of new and annual data and metadata designed to help policy makers and the broader research and general community.

The AIHW is bringing together nationally consistent data from the various jurisdictions, and playing a lead role in the development of performance indicators for 4 national agreements and 1 national partnership agreement:

- National Healthcare Agreement
- National Affordable Housing Agreement
- National Partnership Agreement on Homelessness
- National Disability Agreement
- National Indigenous Reform Agreement.

In this work, we provide data for performance indicator reporting to the SCRGSP for transmission to the COAG Reform Council. We have worked within the COAG arrangements and with the relevant ministerial councils in developing and specifying the technical detail of indicators and in undertaking data development work necessary to ensure that the COAG performance reporting regime is well supported. In addition, we prepare data quality statements based on the ABS's quality framework that describe the quality attributes of the data. These tasks involved working collaboratively with relevant agencies and the COAG Reform Council to fulfil the performance reporting requirements, to improve the quality and timeliness of indicator data, and to secure agreement on performance indicator specifications and their associated data sources and supply processes.

## Objectives

- Provide relevant, timely and high-quality information useful for policy purposes and informed service delivery approaches
- Respond to the continuing COAG focus on improving performance reporting across health and welfare services
- Take a broad multidimensional view of the policy issues being studied, integrating data from many sources to provide a more complete picture
- Build our analytical capability to provide some added value to the reporting of statistics.

### Planned 2011–12 deliverables and achievements

Contribute to the refinement of COAG performance frameworks and subsequent data provision for the respective national performance reporting arrangements.	<p>Contributed to the review of performance indicators for national agreements and partnership agreements, in particular, in the areas of disability, hospitals, homelessness, housing, early childhood development, national Indigenous-specific primary health care, aged care, diabetes and chronic kidney disease.</p> <p>Provided data for the COAG reporting process for 48 health, 6 Indigenous reform, 5 disability and 10 housing and homelessness performance indicators (<b>PBS deliverable</b>).</p> <p>Provided performance data specifications, including new and improved specifications for the COAG reporting process (<b>PBS deliverable</b>).</p>	Achieved
Deliver timely, high-quality data through a new data collection for specialist homelessness services.	Established the Specialist Homelessness Services Collection on 1 July 2011. A report on the data for the first quarter of 2011–12 was released in April 2012.	Achieved
Provide analysis of Indigenous health and welfare matters, including through the Closing the Gap Clearinghouse.	<p>Developed and published, jointly with the ABS, <i>National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people: 2012</i>, for release in July 2012.</p> <p>Provided analysis of Indigenous health and welfare through the production of reports under the Health Performance Framework, the Indigenous Observatory and the Closing the Gap Clearinghouse, and through modelling life expectancy work.</p>	Achieved



## Information activities of national committees were supported (PBS indicator)

In addition to the deliverables mentioned above, we worked in the following areas for national committees, thereby strengthening our policy relevance:

- provided data on male health issues that contributed to the development of Australia's first National Male Health Policy
- supported the National Mental Health Commission in the development of its inaugural National Report Card on Mental Health and Suicide Prevention
- confirmed as the National Aged Care Data Clearinghouse, as part of the Australian Government's Living Longer Living Better aged care reform package
- confirmed as the service provider for the 2013 National Drug Strategy Household Survey.

## Policy-relevant statistical publications were delivered (PBS deliverable)

The AIHW's publications are listed in **Appendix 7**. They focus on answering policy-relevant questions wherever possible.

Details of data improvements were published in the COAG Reform Council's 2010–11 reports on the National Healthcare Agreement, National Affordable Housing Agreement, National Indigenous Reform Agreement and the National Disability Agreement.

The performance indicator specifications used for 2010–11 COAG reporting are available on the National Indicator Catalogue through the AIHW's METeOR website.

During the year we developed two significant reports on cancer and treated end-stage kidney disease that contained data projections to 2020. Projections help with health service planning and resource allocation.

## Specialist Homelessness Services Collection

A report on the first quarter of 2011–12 data from the Specialist Homelessness Services Collection was released in April 2012. This was the culmination of several years of work, including the development during 2009–10 of national standard metadata in the Specialist Homelessness Services National Minimum Data Set 2011 (see also the **'spotlight'** on page 11). The **PBS deliverable** related to the development of a national housing data dictionary was not delivered in 2011–12 due to decisions of the Housing and Homelessness Information Management Group to change the focus and order of several development projects. It is planned to update the housing data dictionary later this year. When finalised, it will include the metadata already developed for the Specialist Homelessness Services Collection and other housing-related data collections, and supersede an earlier data dictionary for housing assistance.

A technical problem in the start-up phase of the new Specialist Homelessness Services Collection related to client management software resulted in the potential for a privacy breach. This matter was advised to the Minister for Social Housing and Homelessness, the Privacy Commissioner and relevant stakeholders (see the **'spotlight'** on page 28).

## National committees were supported (PBS indicator)

The AIHW participated actively in a range of national information committees as outlined in **Appendix 5**, and chaired and/or provided secretariat support to 8 of these:

- National Health Information Standards and Statistics Committee
- Population Health Information Development Group
- National Disability Information Management Group
- National Community Services Information Management Committee



- Housing and Homelessness Information Management Group
- National Indigenous Reform Agreement Performance Information Management Group
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- MyHospitals Development Steering Committee.

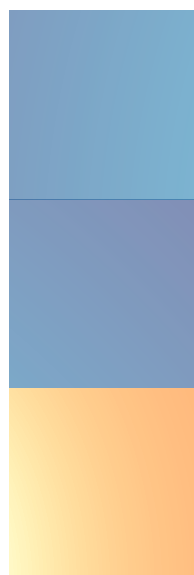
The membership of these committees is drawn from state and territory and Australian Government departments and agencies, and from the non-government sector. We provided extensive support for the committees' work programs, including support for their roles in endorsing national data standards. We received positive feedback from national information committee members and other departmental officers involved in this work.

Our participation in national information committees provides many opportunities for extensive consultation with stakeholders and helps with many of our achievements, detailed elsewhere in this chapter.

### Cause of death data

In June 2012, the AIHW received information on the cause of deaths of Australians for the period 2006–10, after a significant delay. This delay in availability of cause of death data has impeded our ability to provide contemporary estimates of the effects of disease and injury on mortality, and has been frustrating for many researchers. We are working to establish more permanent data supply arrangements with the Registrars of Births, Deaths and Marriages.

Reports on the burden of disease and injury in Australia are produced by the AIHW when resources are available. They rely heavily on cause of death data. A report was last released in 2007 for the year 2003.



## New wave of information on mental health services

### Spotlight



With an estimated 1 in 5 Australians experiencing the symptoms of a mental disorder each year, quality information on mental health services is essential to ensure that policy initiatives are evidence-based and assist in meeting the needs of those with a mental illness.

The AIHW's *Mental health services in Australia* website was launched on 11 October 2011 at Parliament House, Canberra by the Minister for Mental Health and Ageing, the Hon. Mark Butler MP, as part of Mental Health Week.

'Such information is critical to making decisions, informing policy, shaping services and guiding reform. ... The new website will take a lead role in providing this information and will help us to know what's working and what's not—and where the gaps are,' said Minister Butler.

According to the head of the AIHW's Mental Health and Palliative Care Unit, Gary Hanson, the AIHW's mental health services website provides 'a comprehensive picture of the national response to the mental health care needs of Australians.'

'The development of an online version of *Mental health services in Australia* was a direct response to the information needs of mental health stakeholders, including consumers, service providers, policy makers and other interested parties,' Mr Hanson said.

Improved timeliness of reporting is also a key advantage of the new website.

Since the website's launch in October, there have been updates of summary data tables, mental health-related indicators and 5 key chapters, with further updates in the pipeline.

'Previously, this information was "locked" in a 300-page static, hard copy document which took us a full year to assemble. ... With this new format we can add new data to the site progressively, as it becomes available, rather than wait for up to a year until we've brought it all together,' Mr Hanson said.

The AIHW's new online *Mental health services in Australia* website is accompanied by *Mental health services: In brief 2011*, which highlights key statistics. Both are available at <<http://mhsa.aihw.gov.au>>.



AIHW Director David Kalisch and Minister for Mental Health and Ageing, the Hon. Mark Butler.



## SD2 Improve the availability of information for the community and our stakeholders

We pride ourselves on providing sound and thorough statistics and high-quality, authoritative reports to meet the diverse needs of policy makers, commentators, academics and researchers, and the wider public. Our work is published in a variety of formats to meet these diverse needs, including, increasingly, innovative online communication tools. The contemporary focus on citizen-centred government, for example through the Government 2.0 reforms, promotes greater public accessibility to government data and information.

### Objectives

- Meet priority data gaps in community-based services and primary health care
- Further build upon the *MyHospitals* website platform and use innovative online communications methods to deliver health and welfare information to the community
- Continue to ensure information is conveyed in formats that meet the diverse requirements of different audiences
- Help the media to understand and report AIHW information in an accurate and timely manner

### Planned 2011–12 deliverables and achievements

Meet legislative requirements to produce a health report and a welfare report.	Published and launched <i>Australia's welfare 2011</i> and <i>Australia's health 2012</i> (see the ' <b>spotlight</b> ' on page 7) and their <i>Australia's welfare 2011—in brief</i> and <i>Australia's health 2012—in brief</i> companion publications, in print and online formats, thus providing comprehensive information as reference works and in 'digestible' formats for the community.	Achieved
Enhance data dissemination through dashboards, observatories, data portals and other web products.	Produced online snapshots for 9 topics to help those who want to access key findings quickly and easily.  Updated the Indigenous Observatory.  Developed data products for: <ul style="list-style-type: none"> <li>• body weight data sources</li> <li>• alcohol data sources</li> <li>• tobacco data sources</li> <li>• Specialist Homelessness Services Collection.</li> </ul> Produced web pages for: <ul style="list-style-type: none"> <li>• mental health services (see the '<b>spotlight</b>' on page 18)</li> <li>• diabetes indicators.</li> </ul> Produced other web-based products to supplement these major publications: <ul style="list-style-type: none"> <li>• <i>AIHW annual report 2010–11</i></li> <li>• <i>Australian hospital statistics 2010–11</i></li> <li>• <i>Australia's welfare 2011</i></li> <li>• <i>Australia's health 2012</i>.</li> </ul>	Achieved
Develop and enhance the <i>MyHospitals</i> website, as agreed by Health Ministers	Published new data on the website about hand hygiene, cancer services, elective cancer surgery waiting times and <i>Staphylococcus aureus</i> bacteraemia, an infection associated with hospital care (see the ' <b>spotlight</b> ' on page 20).	Achieved
Implement Creative Commons licensing	Applied Creative Commons licensing to all AIHW publications so that users citing AIHW publications can now do so more freely (see the ' <b>spotlight</b> ' on page 146).	Achieved



## *MyHospitals*: making hospitals data locally relevant

Launched in December 2010, the *MyHospitals* website <[www.myhospitals.gov.au](http://www.myhospitals.gov.au)> has brought information on each of Australia's 760 public hospitals and around 250 private hospitals to more than 500,000 website visitors.

In October 2011, *Staphylococcus aureus* bacteraemia (SAB or 'Golden Staph') infection rates for individual hospitals were published for the first time. SAB is a serious bloodstream infection that may be associated with hospital care and the aim is to have as few cases as possible. The national benchmark for public hospitals is no more than 2 cases per 10,000 days of patient care. One of the most effective ways to minimise the risk of SAB and other healthcare associated infections is good hand hygiene.

In February 2012, information on hand hygiene rates (derived from audits of hand hygiene 'moments' that are conducted up to three times a year under the National Hand Hygiene Initiative) was added to the website. This was further updated in May 2012.

In March 2012, information was added on cancer treatment services at individual hospitals, including multidisciplinary care, chemotherapy, radiotherapy, surgery for selected cancers and palliative care.

This was expanded in May 2012 to include information on cancer surgery waiting times. Surgery can be provided on an emergency basis or on an elective or planned basis where patients are first placed on a waiting list. The website reports the median time spent on a waiting list by people who received elective surgery for selected cancer types in individual hospitals. Waiting times for various types of cancer surgery differ depending on the assessed clinical urgency. For example, median waiting times for surgery for lung cancer and breast cancer are generally shorter than for prostate cancer.

The AIHW is continuing to support the delivery of new and updated information on the *MyHospitals* website. It is working together with the National Health Performance Authority, which will assume responsibility for the website from July 2012, as provided for in the August 2011 National Health Reform Agreement.



During 2011–12, we undertook the following activities to improve the availability of information for the community and our stakeholders:

- held public seminars with authors of Closing the Gap Clearinghouse products, policy makers and the public to promote clearinghouse research and products
- provided policy-relevant analyses and technical expertise in support of the National Disability Agreement and the broader National Disability Strategy 2012–2020, focusing on the National Disability Agreement indicators framework, employment support services for persons with disabilities, and their use of health services
- expanded the National Prisoner Health Census to include people being discharged, allowing the exploration of a broader range of health issues in the prison population
- released the first report on *Cancer in adolescents and young adults in Australia*, which provides an evidence base to underpin improvements in cancer outcomes for 15–29 year olds.

### Key reports presented to the Minister (PBS deliverable)

The AIHW has an obligation under the AIHW Act to publish *Australia's welfare*, *Australia's health* and an annual report, and provide them to the Minister within the legislated timeframes. *Australia's welfare 2011* and *Australia's health 2012* were presented to the Minister on 4 November 2011 and 18 May 2012 respectively, meeting the statutory timing requirements. Both publications are highly regarded as key national reference works in the health and welfare fields (see **Table 22** on page 152 and the 'spotlight' on page 7).

The AIHW's *Annual report 2010–11* was presented to the Minister for Health and Ageing on 14 October 2011, meeting the timing requirements for the provision of the annual report under the CAC Act. It was tabled in the Australian Parliament on 3 November 2011.

### Users downloaded *Australia's health and Australia's welfare* (PBS indicator)

This indicator measures the AIHW's progress towards meeting its objective of providing free high-quality information for Australians on health and welfare matters.

During 2011–12, from the AIHW's website, there were:

- 19,444 downloads of *Australia's health*, which included the 2010 report and the 2012 report published on 21 June 2012
- 2,209 downloads of *Australia's welfare*, which included the 2009 report and the 2011 report published on 24 November 2011.

### Free, high-quality information was provided (PBS indicator)

The AIHW provides high-quality information through the contemporary information environment and informs public debate through the use of our information and analyses, to the greatest extent possible consistent with the need to protect the privacy of individuals and service agencies.

Our website continued to be our main medium of communication. It provided published reports and enabled downloading of data. During the year we published 141 reports on the nation's health, housing and community services sectors, all of which are available free on the website <[www.aihw.gov.au](http://www.aihw.gov.au)> (see **Appendix 7**). This is a small increase on 2010–11 (see **Figure 3** on page xvii).

All publications were made available in PDF and an additional RTF or HTML format, which facilitates access by those with impaired vision. Printed copies of many publications can be purchased. A range of online, often interactive, data sets and education resources are available to complement the AIHW's statistical reporting (see **Chapter 5 Our communications**).

- A total of 1.67 million visits was made to the AIHW website in 2011–12, an increase of 20% on 2010–11 (see **Figure 8** on page 149).
- There were 4,781 media references to the AIHW in 2011–12, an increase of 15% on 2010–11 (see '**Overall media coverage**' on page 152).
- There were 68 references to the AIHW in the parliamentary debates of the Senate and the House of Representatives in 2011–12. The AIHW is also regularly referenced in the proceedings of state and territory parliaments.

### Getting the messages out

The AIHW has a strong reputation for delivering quality information and statistical products to a range of audiences including the general public, government, the media, commentators and researchers. We also aim to make our information easily available and in a variety of formats that suit various and diverse needs (see **Chapter 5 Our communications**). We place particular emphasis on explaining the concepts that underpin our analyses and interpretations of the data.

### Information 'in brief' formats were released (PBS deliverable)

The AIHW released several publications in 2011–12 that provide information in formats which supplement traditional reports, for example, 'in brief' companion booklets for several of the major publications, such as:

- *Australia's hospitals 2010–11 at a glance*
- *Mental health services—in brief 2011*
- *Australia's welfare 2011—in brief*
- *Australia's health 2012—in brief.*



### User-friendly, accessible data snapshots were published online (PBS deliverable)

During the year, we published 9 online snapshots in HTML format, optimised for accessibility and use with screen readers and with clear, well-written messages.

### Major annual publications were reviewed (PBS deliverable)

We reviewed the content and presentation of data in 3 publications:

- AIHW's *Annual report 2010–11*, which received a bronze award in the CAC Act online reports category from the Institute of Public Administration (ACT Division)
- *Australia's health 2012*, which was launched on 21 June 2012
- *Mental health services in Australia*, an online report that is updated regularly with data on particular aspects of mental health services.

### Key messages in report publications were improved (PBS indicator)

We aim to improve the readability and communication of key messages in our publications.

- 94% of respondents to online reader surveys considered the AIHW's publications 'clearly written' (see '**Feedback on the effectiveness of products**' on page 148).
- The level of media coverage—all positive—of AIHW's reports rose by 15% in 2011–12 compared with 2010–11 (see '**Media relations**' on page 152).

## SD3 Improve information quality, protecting privacy

A key AIHW objective is making quality information widely available and accessible while protecting confidentiality and privacy. We have a strong reputation for delivering statistical products in a manner that both protects privacy and supports analysis and research.

This is underpinned by a strong information governance model and a robust process to support ethics in health and welfare research. To ensure that the information we produce is used in the best way possible, we aim to provide clear explanations of the concepts that underpin data analyses and interpretations.

Proper enforcement of privacy enhances data access by instilling confidence in the provider and subjects of the information collected. We have in place a powerful and unique combination of privacy measures, ranging from the specific protections provided by the AIHW Act and the *Privacy Act 1988* to a variety of strict protocols and systems used to process data.

SD3 aims to enhance data access to support research, policy and program development in the public interest while ensuring the protection of the personal information of every Australian. The contemporary focus on citizen-centred government, for example through the Government 2.0 reforms, emphasises greater public access to government data and information.

### Objectives

- Play a leadership role in data integration work in health, housing and community services
- Work closely with our stakeholders to identify areas where national consistency of data needs to be improved
- Continue to promote national consistency of data, and improve the quality and timeliness of information through the collection, analysis and reporting stages, working closely with data suppliers and data users, and reporting of data quality
- Promote national standards in information provision and reporting, through the AIHW's METeOR information standards repository
- Ensure that we comply with relevant privacy legislation and frameworks while continuing to make data as accessible as possible

## Planned 2011–12 deliverables and achievements

Become accredited as a data integration authority to undertake data linkage work in health, housing and community services.	Achieved accreditation as an integrating authority for the integration of Commonwealth data to allow the newly established Data Integration Services Centre at the AIHW to undertake data linkage work for researchers to support a wide variety of complex analyses in an enhanced data storage and security environment. Interim accreditation was granted in December 2011. All requirements were completed by May 2012 and final accreditation was granted in June 2012 (see the <b>'spotlight'</b> on page 25).  Expanded internal data linkage capability and forged links with the Population Health Research Network.	Achieved
Expand the METeOR information standards repository that is increasingly used by external stakeholders.	Upgraded METeOR to enable its use as a metadata store and register.  Provided METeOR training to staff of external agencies (both government and non-government).  Engaged with relevant stakeholders to update several hospital-related national minimum data sets to meet contemporary health reform needs.  Developed a national minimum data set for non-government mental health establishments.  Developed a national minimum data set for the Australian Cancer Database.  Developed a data set specification for radiotherapy waiting times.  Began redevelopment of the Disability Services National Minimum Data Set to enhance data collections on disability services and possibly to contribute to National Disability Insurance Scheme information requirements, and a standard disability identifier for use in national administrative data collections.  Developed a statistical linkage key for use in the Alcohol and Other Drugs Treatment Services National Minimum Data Set.	Achieved
Improve data timeliness and quality by extending use of the Validata™ application from hospitals and homelessness data collections to other data collections.	Completed work required to implement the Validata™ tool and a statistical linkage key for the Alcohol and Other Drug Treatment Services National Minimum Data Set collection in 2012–13.  Identified new collections for application of Validata™ (see the <b>'spotlight'</b> on page 94).	Work in progress
Implement streamlined and transparent ethics application and monitoring processes.	Began the development of an ethics online system, including workflow and electronic application facilities for researchers.	Work in progress

2011–12 also saw the culmination of work by the AIHW that improves information quality while protecting privacy.

- Provided data quality statements for data reported by AIHW, including data supplied for the COAG national agreements performance indicators (**PBS deliverable**) and for the SCRGSP's *Report on government services*.

- Agreed, with jurisdictions, on a new national minimum data set for child protection to be implemented from 1 July 2013, which will support the National Framework for Protecting Australia's Children and the National Standards for Out-of-Home Care.





## Data linkage at the AIHW: introducing the new 'Integrating Authority'

*What do projects on the health of Australian Gulf War veterans, surgical treatments for obesity and the effects of bushfire exposure on mental health all have in common?*

They are some of the many projects that depend on data integration carried out by the AIHW's Data Linkage Unit.

Data integration brings together information from different data collections about people, places and events based on common features. It is one of the most powerful means for adding value to data and there is substantial public benefit to be gained from research using integrated data. This research can identify evidence of cause and effect, and the nature and strengths of relationships over time and across separate data collections.

The AIHW has a strong record in data integration (often called 'data linkage'), both in its own work and in facilitating the work of other researchers. Data integration is undertaken for research purposes only under the AIHW's privacy and confidentiality protocols, and projects must be approved by the AIHW Ethics Committee.

The demand for access to integrated data is growing, and the number and breadth of projects involving data integration are expanding rapidly. The AIHW is in a unique position and plays a vital role in bringing together Commonwealth and state and territory data for health and welfare research.

### Data Integration Services Centre

During 2011–12, the AIHW became an 'Accredited Commonwealth Integrating Authority'—one of the first—under new arrangements for the integration of Commonwealth data for statistical and research purposes. Commonwealth data integration work deemed high risk can only be carried out by accredited agencies under stringent criteria. In order to support its accreditation application, the AIHW enhanced data integration infrastructure by establishing its Data Integration Services Centre. The centre provides the infrastructure to support AIHW's data work. It works closely with the Data Linkage Unit to ensure that the processes and infrastructure to support data custodians and researchers in undertaking data integration are efficient and provide researchers with access to linked data in line with privacy obligations.

Support to establish the Data Integration Services Centre was provided through funding for Australia's Population Health Research Network from the Commonwealth's Education Investment Fund.

AIHW's status as an Accredited Commonwealth Integrating Authority recognises the extremely high levels of expertise and security that AIHW brings to data integration work. This ensures that the AIHW's data integration activities maintain the confidentiality of individuals.

For more information, email: [disc@aihw.gov.au](mailto:disc@aihw.gov.au).



## METeOR information standards repository

The AIHW plays a central role in developing metadata and national data standards related to health and welfare information. We work collaboratively with the registering authorities and national information committees to achieve national endorsement of these standards.

This work provides important infrastructure for the AIHW's health, housing and community services data collections.

The AIHW's information standards repository, METeOR, is used for the development, registration and dissemination of metadata for national data standards (see the **spotlight** on page 104).

To support the increased demand for performance indicators under the COAG intergovernmental agreements, a module in METeOR now stores information about the concepts, sources and computation methods that underpin the indicators.

During 2011–12 all new and updated national data standards endorsed for inclusion in the *National health data dictionary* and the *National community services data dictionary* were loaded to METeOR within 30 days of endorsement by relevant registering authorities (**PBS deliverable**).

### New versions of data dictionaries were published (PBS deliverable)

The AIHW aims to publish new versions of the national data dictionaries detailing new and revised data standards for health, community services and housing sectors every 2 years, with twice-yearly production and online release, if necessary, of update compilations of national data standards.

During the year, the AIHW:

- published 2 updates of the *National health data dictionary version 15*
  - summary of updates since Version 15.1: April 2011 – September 2011
  - summary of updates since Version 15.2: October 2011 – April 2012

- published an update of the *National community services data dictionary version 6*
  - summary of updates since Version 6.1: April 2011 – March 2012
- finalised for publication (to be released in August 2012) the *National community services data dictionary version 7*, including a summary of updates made since Version 6 (from July 2010 to June 2012).

Preparation of version 16 of the *National health data dictionary* is in progress and will be published in 2012–13.

Only one update compilation of the *National community services data dictionary version 6* was necessary in 2011–12.

Preparation of a data dictionary intended to supersede the *National housing assistance data dictionary version 3* (released in 2006) was delayed due to decisions of the Housing and Homelessness Information Management Group to change the focus and order of several development projects. No metadata were endorsed by the group in 2011–12.

### Metadata were made available on METeOR (PBS deliverable)

Metadata were held online in METeOR at 30 June 2012 for 5,023 standard metadata items, of which:

- 18 are national minimum data sets
- 35 are other data set specifications
- 1,400 are data elements
- 5 are indicator sets
- 171 are indicators
- 84 are quality statements.

During 2011–12, 442 standard metadata items have changed in METeOR. These include:

- revision to 15 national minimum data sets, and the creation of 1
- revision to 3 data set specifications, and the creation of 10
- revision to 131 data elements, and the creation of 198
- revision to 136 indicators, and the creation of 1.

## Data sets were made publicly available (PBS deliverable)

Users can query some AIHW data collections online and obtain tabulated results. These data holdings are user-friendly and continually updated.

On our website there are national-level interactive data sets, available as data cubes or spreadsheets covering 19 subject areas and metadata collections covering 5 subject areas relevant to health, housing and community services. These include:

- alcohol and other drugs
- body weight data sources
- children's headline indicators
- chronic disease indicators
- disability
- general practice
- expenditure
- hospitals for
  - principal diagnosis
  - diagnosis related group
  - procedures
  - elective surgery waiting times
  - public hospital establishments
- Fixing Houses for Better Health
- mental health
- risk factor prevalence
- workforce.

Also available are interactive Excel workbooks containing comprehensive long-term deaths data, for a broad range of causes of death by age and sex on an annual basis. These workbooks include the General Record of Incidence of Mortality (GRIM) books, Burden of Disease books and Australian Cancer Incidence and Mortality (ACIM) books.

Metadata collections are available through METeOR data dictionaries for health, and community services and housing, and as the national indicator catalogue. A catalogue of holdings of AIHW data is available on the AIHW's website.

In addition, supplementary data linked to reports are available on the website in the form of Excel spreadsheets.

## Data were released to the extent possible within privacy and confidentiality constraints (PBS indicator)

Developmental work continued during 2011–12 on methodologies for the delivery of statistical products (such as tables, data cubes and confidentialised unit record files) in a manner that both protects privacy and supports analysis and research. A trial of changed procedures for data confidentialisation is under way.

The AIHW also further developed its capacity to fill information gaps through the continued enhancement of data linkage and analytical methodologies and its accreditation as an integrating authority for the integration of Commonwealth data. This will allow a newly-established Data Integration Services Centre at the AIHW to undertake data linkage work for researchers to support a wide variety of complex analyses in an enhanced data storage and security environment (see the **'spotlight'** on page 25).

A technical problem in the start-up phase of the new Specialist Homelessness Services Collection related to client management software resulted in the potential for a privacy breach. This matter was robustly managed and advised to the Minister for Social Housing and Homelessness, the Privacy Commissioner and relevant stakeholders (see the **'spotlight'** on page 28).



## Managing privacy breaches

### Spotlight

The AIHW has a strong record of protecting the security of the data it collects and holds, and safeguarding privacy. It has robust procedures in place to manage any potential breaches of security and privacy.

In the second half of 2011, a technical problem in the client management software used to support the new Specialist Homelessness Services Collection resulted in privacy breaches.

The problem stemmed from system errors relating to case worker access controls and involved inadvertent (not intentional) access to information on three occasions by staff at homelessness agencies. That is, the system was not 'hacked' into and no client information was made available to the broader public as a result of the breaches.

We responded to the breaches by:

- promptly rectifying the systems problems
- notifying the Privacy Commissioner and the Minister for Social Housing and Homelessness
- taking all necessary steps to avoid a recurrence
- advising relevant stakeholders.

We also:

- engaged independent IT systems testers to confirm the problems were fixed and to test for any possible vulnerabilities in the system
- strengthened the security of the system (for example, introducing stricter standards for creating passwords).

Any breach of data is unfortunate, but the AIHW ensured prompt and effective management of the issue and transparent communication with stakeholders.

We are committed to protecting client privacy and adhere to all relevant legislation—in particular the AIHW Act and the *Privacy Act 1988*—as well as our own rigorous policies regarding privacy.



## Researchers were provided with access to data

The AIHW aims to enable researchers to have good and timely access to health and welfare information and statistics, and to support legislative requirements related to ethical clearances.

The AIHW has legislative obligations to support ethical research by bona fide researchers through controlled access to its data sets while, at the same time, protecting Australians' privacy. This obligation aligns with the Australian Government's commitment to improve the use of data to inform policy directions, research and evaluation of programs.

A review of the AIHW Ethics Committee arrangements was undertaken during 2010–11 and the **'spotlight'** on page 41 provides information on implementation of the review's recommendations during 2011–12. One of the objectives of the review was to enhance access to AIHW data by researchers, within the AIHW's privacy framework.

In providing access to its data, the AIHW ensures that custodial and ethics approval processes conform to national human research ethics requirements, national privacy legislation, the AIHW Act, policy directions for national health and welfare information, and any new custodial arrangements arising from national information agreements.

### External research applications were approved (PBS indicator)

The AIHW Ethics Committee approves applications, largely from researchers associated with universities, medical research institutes and hospitals around the country, to undertake research using AIHW-held data. During the year, the AIHW Ethics Committee considered 74 applications, 52 of which were external applications (see **Table 9** on page 42).

## SD4 Capitalise on the contemporary information environment

The contemporary information environment is dynamic and provides us with both challenges and opportunities. Our success as a leading data collection and reporting agency will be determined by our flexibility, responsiveness and ability to seize opportunities and minimise risk arising from this rapidly changing environment. In particular, we focus on information technology infrastructure to support high-quality and timely data collection, analysis and reporting.

We also focus on the innovative use of online communication tools to publish our work in a variety of formats to meet users' requirements (see **'SD2 Improve the availability of information for the community and our stakeholders'** on page 19).

### Objectives

- Develop ICT infrastructure that enables innovation in the collection, analysis and reporting of health and welfare data
- Develop and refine end-to-end data management, with streamlined and efficient processes
- Strive for continuous improvement and efficiency through automation of business processes, consistency of business practices and adoption of appropriate technologies
- Work closely with partners engaged in the development of the e-health infrastructure, to ensure optimal usage of e-health records for health information and statistical purposes

## Planned 2011–12 deliverables and achievements

Delivery of annual elective surgery waiting times data was much earlier than in previous years, enabled by the Institute's Validata™ application	To meet client expectations for timely delivery of data, delivered the annual elective surgery and emergency department waiting times data 5 months earlier than in previous years.	Achieved
Gain appropriate information technology infrastructure and resources to support innovative data collection, analysis and dissemination.	Evaluated data centre options for possible implementation to support and enhance data storage and security, and mitigate business risk.  Trialed iPads and implemented Blackberry services for staff.  Improved telephone signalling.	Ongoing
Apply project governance techniques to projects that are complex, higher risk and often information technology resource-intensive.	Engaged consultants to help in the development of a range of tools to enhance business process and project management and to streamline production processes.  Trialed new IT applications to support and enhance business processes, for example, single-source publishing.	Ongoing
Include a skills transfer component in projects that engage external information technology resources.	Ensured that skills were transferred through close working relationships between the <i>MyHospitals</i> development team and contractors.	Ongoing

### ICT infrastructure was developed

The AIHW aims to adopt appropriate technologies that automate business processes and promote consistency of business practices in a streamlined and efficient manner. In 2011–12, a new ICT and Business Transformation Program Group has achieved improvements in productivity and timeliness in some pilot projects. A business process management project has identified further opportunities for improvements in quality, productivity and timeliness; work will continue during 2012–13.

Development of a single-source publishing capability, which will enable a wide variety of publication output formats to be produced from a single set of information, is underway. This will ensure that information can be developed once and then published in multiple formats to meet the diverse requirements of different audiences.

A project management framework and supporting infrastructure was developed in 2011–12 for implementation in 2012–13. This is designed to improve project management and associated skills across the AIHW.

During 2011–12, first-cut versions of key components of a streamlined production system were developed and production tested. The testing indicated that the time taken to produce statistical products can be reduced.

A workflow system was developed to support applications made to the AIHW Ethics Committee for ethical clearance to access AIHW data. The system will be implemented in 2012–13 (see the '**spotlight**' on page 41).

The AIHW's data validation application, Validata™, has improved the quality and timeliness of statistical outputs from the hospitals and Specialist Homelessness Services data collections. Its use is now being extended to a number of other AIHW data collections (see the '**spotlight**' on page 94).

## Our financial performance

### How we are funded

In 2011–12, the AIHW received 33% of its funding as an appropriation from the Australian Parliament. This fell from 40% in 2010–11. Most of the remaining revenue is for the delivery of specific projects for Australian and, to a lesser extent, state and territory government departments and agencies.

A summary of the financial performance of the AIHW follows. Further details are provided in **Appendix 9** on page 222.

### Income and expenditure

The AIHW's appropriation income from the Australian Parliament was \$17.4 million in 2011–12, a decrease of 19% or \$4.0 million over 2010–11 (**Table 5** and **Figure 4**). This decrease was due to the COAG data development funding coming to an end, as planned in the 2009 Federal Budget.

Income from externally funded projects totalled \$33.7 million in 2011–12, an increase of 7% on the previous year. Most of this income came from Australian Government departments, notably DoHA and FaHCSIA.

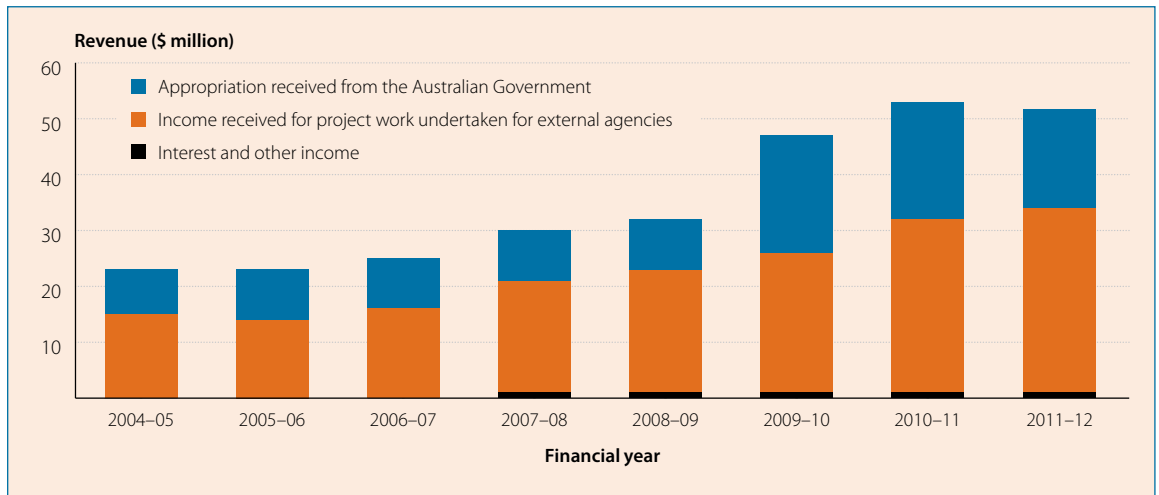
Interest income was marginally lower in 2011–12 than in 2010–11. In 2011–12, the AIHW's cash balances were slightly higher compared with the previous year but the return was reduced by lower rates of interest on term deposits.

Employee-related expenditure was higher in 2011–12 (\$36.0 million) than in 2010–11 (\$35.1 million, **Table 5**). This was due to increased salaries and an increase in the value of leave liabilities caused by the fall in the 10-year government bond rate used to discount future leave liabilities. The increase was offset by a slight fall in staff numbers.

The overall result was a deficit of \$1.8 million.

**Table 5: Income and expenditure, 2007–08 to 2011–12 (\$'000)**

	2007–08	2008–09	2009–10	2010–11	Change: 2010–11 to 2011–12	2011–12
Appropriation revenue	8,678	9,325	20,708	21,408	▼	17,389
Revenue for project work for external agencies	20,227	22,278	24,944	31,398	▲	33,690
Interest	539	741	754	1,146	▼	1,138
Other revenue	156	3	39	0	▲	20
<b>Total revenue</b>	<b>29,600</b>	<b>32,347</b>	<b>46,445</b>	<b>53,952</b>	<b>▼</b>	<b>52,237</b>
Employee-related expenditure	18,437	21,860	28,375	35,124	▲	36,028
Other expenditure	11,927	10,348	15,893	18,694	▼	18,058
<b>Total expenditure</b>	<b>30,364</b>	<b>32,208</b>	<b>44,268</b>	<b>53,818</b>	<b>▲</b>	<b>54,086</b>
<b>Surplus (or deficit)</b>	<b>(764)</b>	<b>139</b>	<b>2,177</b>	<b>134</b>	<b>▼</b>	<b>(1,849)</b>

**Figure 4: Revenue sources, 2004–05 to 2011–12**

## Balance sheet

Financial assets totalled \$29.2 million in 2011–12, an increase of \$2.1 million on the previous year (**Table 6**). This was mainly due to an increase in accounts receivable for project work completed for external agencies (see Note 5B of the financial statements at **Appendix 9**) that could not be invoiced earlier as agreed project milestones had not been reached.

All excess cash has been invested in term deposits in accordance with the AIHW's investment policy.

Liabilities in 2011–12 (\$27.6 million) were higher than 2010–11 (\$24.6 million) due to higher leave provisions and end-of-year creditors.

Total equity decreased from \$6.1 million to \$4.3 million. This was due to the deficit for the year.

**Table 6: Balance sheet summary, 2007–08 to 2011–12 (\$'000)**

	2007-08	2008-09	2009-10	2010-11	Change 2010-11 to 2011-12	2011-12
Financial assets	13,319	18,011	28,156	27,113	▲	29,240
Non-financial assets	3,208	2,720	3,745	3,563	▼	2,608
<b>Total assets</b>	<b>16,527</b>	<b>20,731</b>	<b>31,901</b>	<b>30,676</b>	<b>▲</b>	<b>31,848</b>
Provisions	4,929	5,590	7,895	9,199	▲	10,262
Payables	10,184	13,558	18,021	15,358	▲	17,316
<b>Total liabilities</b>	<b>15,113</b>	<b>19,178</b>	<b>25,916</b>	<b>24,557</b>	<b>▲</b>	<b>27,578</b>
<b>Equity</b>	<b>1,414</b>	<b>1,553</b>	<b>5,985</b>	<b>6,119</b>	<b>▼</b>	<b>4,270</b>



## Cash flow

Net cash received from operating activities was \$1.1 million in 2011–12. Both cash inflows and outflows were lower than in 2010–11, mostly due to a reduction in the appropriation and related expenditure. The AIHW spent \$0.5 million on the purchase of property, plant and equipment, and leasehold improvements, compared to \$0.8 million in 2010–11. The net cash increase in the year was \$0.6 million, increasing the cash balance from \$18.2 million to \$18.8 million (see the cash flow statement in **Appendix 9** on page 222).

## Financial outlook

Income from externally funded projects is expected to be about the same in 2012–13 as in 2011–12 (see **Figure 1** on page xiv). Appropriation income from the Australian Parliament will decrease by \$1.4 million in 2012–13 due to the once-off efficiency dividend and a planned reduction in funding for data development for COAG reporting. Appropriation income is expected to remain relatively stable in subsequent years.

The AIHW's total expenditure in 2012–13 is expected to be less than for 2011–12.

The value of land and buildings is expected to decrease in 2012–13 due to the depreciation of fit-out costs over the term of the remaining lease. No other significant changes in the balance sheet items are expected.

## Auditor-General's report

The Australian National Audit Office conducts an annual audit of the AIHW's financial statements. The auditors issued an unqualified audit opinion on the financial statements for 2011–12.

## Compliance with legislation

Information on the AIHW's compliance with the following specific matters (see the **Compliance index** on page 265) required by legislation can be found in **Appendix 8** on page 218:

- *Freedom of Information Act 1982*
  - freedom of information
- *Commonwealth Electoral Act 1918*
  - advertising and market research
- Commonwealth Authorities (Annual Reporting) Orders 2011
  - ministerial directions issued
  - general policies of the Australian Government
  - General Policy Orders
  - related entity transactions
  - significant events
  - key changes to affairs or activities
  - amendments to enabling or other legislation
  - judicial decisions and decisions of administrative tribunals
  - reports by third parties
  - obtainable information from subsidiaries
  - disclosure requirements for government business enterprises
  - exemptions from requirements.

# Health

Objectivity

Responsiveness

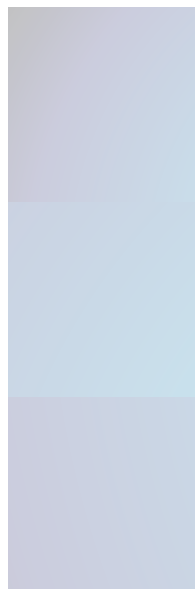
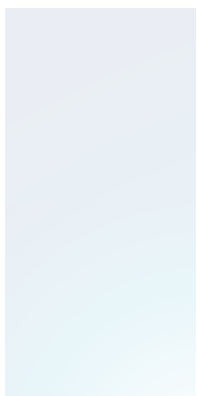
Accessibility

Privacy

# Welfare

Expertise

Innovation



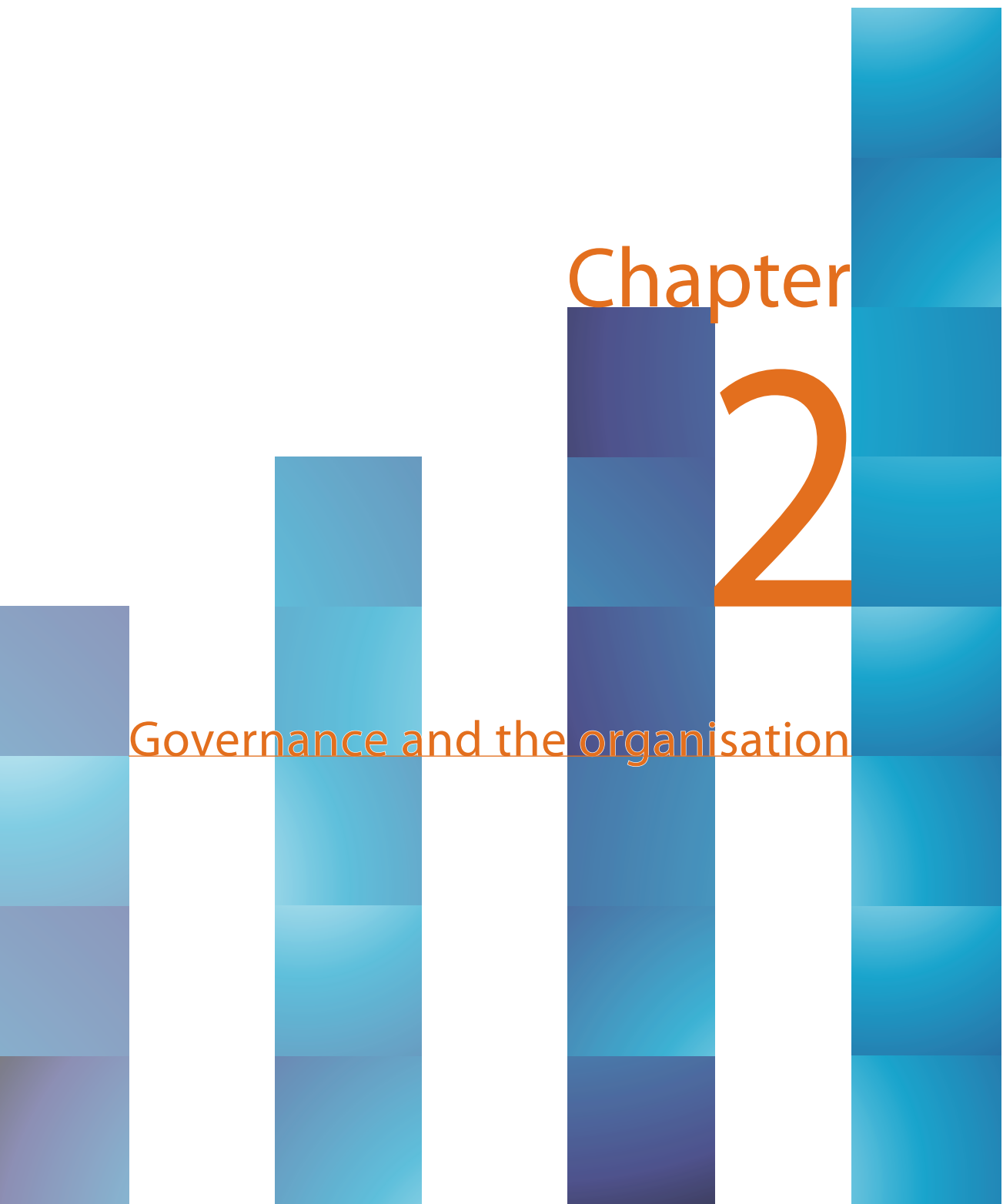
---

This chapter describes the AIHW's governance and management arrangements, including its accountabilities to the Minister for Health, and the roles and responsibilities of its Board and Ethics Committee.

# Chapter

# 2

## Governance and the organisation



The Australian Institute of Health was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987* to report to the nation on the state of its health.

In 1992, the role of the Institute was expanded to include welfare-related information and statistics, and was renamed the Australian Institute of Health and Welfare. The Institute's legislation is now titled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). The AIHW Act and its Regulations are reproduced in **Appendix 1** on page 158.

The AIHW Act establishes the AIHW Board as the governing body of the Institute, with its role and composition specified in s. 8(1). The Board is accountable to the Parliament of Australia through the Minister for Health.

The AIHW operates under the *Commonwealth Authorities and Companies Act 1997* (CAC Act). It prepares a set of annual financial statements as required by the Finance Minister's Orders made under the CAC Act.

The AIHW's accountability framework is shown in **Figure 5**.

The AIHW has a range of reporting mechanisms to ensure transparency and accountability in its operations. Key documents as identified in the framework are:

- AIHW *Strategic directions 2011–2014*: this provides the foundation for establishing, recording, refining and assigning priorities to the AIHW's activities for the period 2011–2014.
- Portfolio Budget Statements: these annual statements inform members of parliament of the proposed allocation of resources to government outcomes and programs.
- Annual work plans and key deliverables: these are internal management documents that provide the AIHW's Director and senior executives with an overview of the AIHW's proposed activities for the next year, against which progress is monitored.
- Annual reports: an annual report to the Minister for Health for presentation to the Australian Parliament is a requirement of s. 9 of the CAC Act.



## AIHW corporate capability statement

The AIHW is always exploring new and innovative ways to provide reliable, regular and relevant information and statistics on Australia's health and welfare.

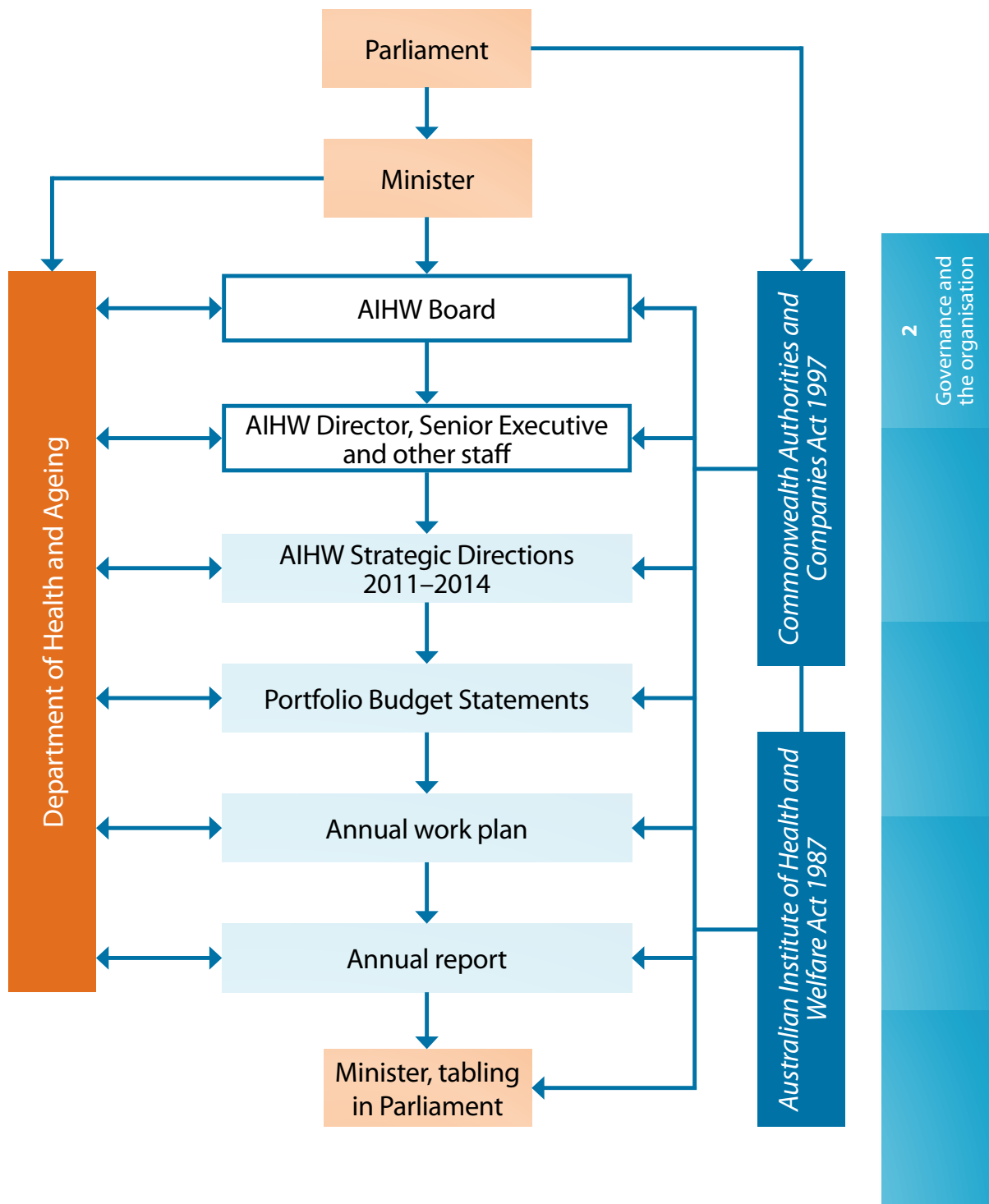
The AIHW corporate capability statement was updated during 2011–12 to reflect the range of products and services we offer in our mission to provide *authoritative information and statistics to promote better health and wellbeing*.

Although the Australian Government directly funds some of our work, we also provide value-for-money services on contract to government and non-government clients who share our commitment to authoritative information and statistics to promote better health and wellbeing.

To find out how the AIHW can help you or for more information view the statement online at [www.aihw.gov.au/capability-statement/](http://www.aihw.gov.au/capability-statement/).



Figure 5: Accountability framework



## Ministerial accountability

The AIHW is responsible to the Minister for Health, and informs the Minister of its activities as required. This includes occasions when the AIHW receives or expends significant funds, for example, when it undertakes work valued at over a certain threshold amount (currently \$1.5 million) for other agencies and organisations.

The AIHW ensures that the Minister for Health and all relevant ministers in the Australian Government and state and territory governments have early embargoed access to its reports, to allow ministers to be prepared to respond to the findings.

## Ministerial directions, general policies and significant events

The AIHW is required to provide details of:

- ministerial directions issued to it
- general policies of the Australian Government that were notified to it before 1 July 2008 under s. 28 of the CAC Act and which continue to apply

- General Policy Orders that are applicable under s. 48A of the CAC Act
- the occurrence of significant events.

Details are provided in **Appendix 8** on page 218.

## AIHW Board

The management of the AIHW is carried out by a board.

Board members, with the exception of the 3 ex-officio members and the staff-elected representative, are appointed by the Governor-General and hold office for a specified term not exceeding 3 years. The ex-officio members are the AIHW's Director, the Australian Statistician or nominee and the Secretary of the Australian Government Department of Health and Ageing (DoHA) or nominee.

**Table 7** provides details of AIHW Board members attending meetings for the period 1 July 2011 to 30 June 2012. Further information about AIHW Board members, including qualifications, current positions and affiliations, is in **Appendix 3** on page 186.

**Table 7: Members of the AIHW Board and their attendance at meetings, 2011–12**

	Appointment change	Meetings attended	Eligible meetings
The Hon. Peter Collins, AM, QC (Chair)	Until 18 July 2011	—	0
The Hon. Andrew Refshauge (Chair)	Appointed 19 July 2011	4	4
Mr David Kalisch (Director, AIHW)		4	4
Dr David Filby (nominee of the Australian Health Ministers' Advisory Council)		4	4
Mr James Moore (nominee of the Community and Disability Services Ministers' Advisory Council)		2	4
Ms Margaret Crawford (representative of state housing departments)	Resigned 14 December 2011	1	2
Ms Mercia Bresnehan (representative of state housing departments)	Appointed 13 June 2012 (acting arrangement)	1	1

	Appointment change	Meetings attended	Eligible meetings
Mr Brian Pink (Australian Statistician)		0 <sup>(a)</sup>	4
Mr Graeme Head <sup>(b)</sup>	Until 6 September 2011	—	0
Ms Kerry Flanagan <sup>(b)</sup>	From 14 September 2011	4	4
Ms Libby Davies (person experienced in the needs of consumers of welfare services)	Until 6 August 2011	—	0
Ms Samantha Page (person experienced in the needs of consumers of welfare services)	Appointed 7 August 2011	3	4
Dr Lyn Roberts, AM (person with expertise in public health research)		3	4
Prof. Terry Dwyer, AO (ministerial nominee)	Resigned 14 June 2012	2	4
Mr David Stanton (ministerial nominee)		3	4
Dr Greg Stewart (ministerial nominee)		4	4
Mr Stuart Fox (staff-elected representative)	Until 18 July 2011	—	0
Ms Jessica Cumming (staff-elected representative)	From 19 July 2011	3	4
Ms Serena Wilson or nominee (observer) <sup>(c)</sup>		4 <sup>(a)</sup>	4
Prof. Warwick Anderson or nominee (observer) <sup>(d)</sup>		3 <sup>(a)</sup>	3
<b>Audit and Finance Committee</b>			
Dr Greg Stewart (Chair)		4	4
Dr Lyn Roberts, AM		3	4
Mr David Stanton		3	4
Mr Max Shanahan <sup>(e)</sup>	From 8 December 2011	2	2
<b>Remuneration Committee</b>			
The Hon. Andrew Refshauge (Chair)	From 19 July 2011	3	3
Dr Greg Stewart		3	3
Dr David Filby		3	3

(a) A representative attended when the member was not present, in an observer capacity.

(b) Member nominated by the Secretary, Department of Health and Ageing.

(c) The Secretary, Department of Families, Housing, Community Services and Indigenous Affairs, or a nominee, is an observer.

(d) The Chief Executive Officer, National Health and Medical Research Council, or a nominee, is an observer.

(e) Appointed by the AIHW Board as an independent member of the Audit and Finance Committee.

## Charter of Corporate Governance

The AIHW Board has adopted a Charter of Corporate Governance that outlines the governance framework for the Institute. The charter may be found at **Appendix 2** on page 178. It provides AIHW Board members with a clear set of governance arrangements within which they are to meet their legislative and other obligations. The Chair and Board members are given a briefing on the charter and how it delineates their roles and guides their actions.

The charter describes, among other things:

- legislation governing the operations of the AIHW
- constitution of the AIHW Board
- conduct of AIHW Board members and the Director
- roles of AIHW Board members
- Board delegations
- Board processes, for example, meetings, conflicts of interest
- Board committees.

Board members are provided with a package of information about the Board and the AIHW's governance frameworks on their commencement as a member. They are also given the opportunity to meet the Director to discuss the role of the Board and key issues for the AIHW.

Consistent with best practice, the AIHW Charter of Corporate Governance provides that the Board should review its performance every 2 years. Matters reviewed may include its success in pursuing the AIHW's objectives, procedural matters, protocol and clarity of roles, and the individual performance of Board members. The scheduled 2011 review was deferred pending the appointment in late 2010 of a new Director and in mid-2011 of a new Board Chair, and is now scheduled to begin towards the end of 2012.

The AIHW Board has two subcommittees: the Audit and Finance Committee and the Remuneration Committee. Full details are provided in the charter.

## Audit and Finance Committee

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

During 2011–12, the committee consisted of 3 non-executive members of the AIHW Board and one independent member.

The major matters on which the committee reported to the AIHW Board during 2011–12 were the review of annual financial statements, the draft budget, the internal audit program and business risks.

## Remuneration Committee

The Remuneration Committee is a subcommittee of the AIHW Board and comprises the Chair of the AIHW Board, the Chair of the Audit and Finance Committee and one other member. The committee advises the AIHW Board on the performance and remuneration of the Director.

## AIHW Ethics Committee

The AIHW Ethics Committee is established under s. 16(1) of the AIHW Act (see **Appendix 1** on page 158).

The committee's main responsibility is to advise the AIHW on the ethical acceptability or otherwise of current or proposed health-related and welfare-related activities of the AIHW, or of bodies with which the AIHW is associated. The Australian Institute of Health and Welfare Ethics Committee Regulations 1989 prescribe the functions and composition of the AIHW Ethics Committee.

The AIHW Ethics Committee is registered with the National Health and Medical Research Council as a properly constituted human research ethics committee.

Consistent with the AIHW Act and the *Privacy Act 1988*, the AIHW may release personal health and welfare data for research purposes with the agreement of the AIHW Ethics Committee provided that release does not contravene the terms and conditions under which the data were supplied to the AIHW.

In June 2011, the AIHW Board accepted the recommendations of a review to ensure the Institute's ethics arrangements and procedures are compliant with its statutory and regulatory obligations, and provide for efficient and accessible access to data by researchers while ensuring robust privacy protections (see the **'spotlight'** on page 41).

Membership and attendance of the Ethics Committee are shown in **Table 8**. Details of Ethics Committee members are in **Appendix 3** on page 186.





## Implementing the ethics review findings

At its June 2011 meeting, the AIHW Board adopted the recommendations of a review of the Institute's ethics arrangements. The review, conducted by the Governance and Communications Group, examined AIHW's ethics policies and processes to ensure that the AIHW:

- meets its statutory, regulatory and other obligations for conducting ethical research involving human beings
- has appropriate policies and procedures that provide for efficient, accessible and transparent arrangements for researchers, AIHW staff and external bodies in accessing data and achieving research outcomes.

The review recommendations included:

- clarifying which research projects require ethical review
- clarifying the factors to take into account in decision making
- improving timeliness of decision making processes
- enhancing research project monitoring processes
- making AIHW Ethics Committee membership appointment processes more open and transparent
- regularly auditing key AIHW data collections
- developing an online system allowing researchers to lodge and track applications for ethical review.

Implementation of the recommendations commenced in 2011–12, including:

- public advertisement of Ethics Committee vacancies
- initial development of an ethics online system
- developing principles for the audit of data collections.

The remainder of the review outcomes will be progressively implemented through 2012–13.



**Table 8: Members of the AIHW Ethics Committee and their attendance at meetings, 2011–12**

	Appointment change	Meetings attended	Eligible meetings
Dr Ching Choi (Chair)		4	4
Mr David Kalisch (Director, AIHW)		3 <sup>(a)</sup>	4
Dr Wendy Scheil (person experienced in professional care, counselling and treatment of people)	Until 29 August 2011	—	0
Dr Angela McLean (person experienced in professional care, counselling and treatment of people)	Appointed 30 August 2011	4	4
Prof. Malcolm Sim (person experienced in research)		3	4
Ms Val Edyvean (nominee of Registrars of Births, Deaths and Marriages)	Until 6 March 2012	3	3
Ms Erin Keleher (nominee of Registrars of Births, Deaths and Marriages)	From 31 May 2012	1	1
Rev. James Barr (minister of religion)		4	4
Ms Camilla Webster (lawyer)		3	4
Mr David Garratt (male general community representative)		2	4
Ms Wendy Antoniak (female general community representative)	Until 27 July 2011	—	0
Ms Margaret Reynolds (female general community representative)	Appointed 17 August 2011	4	4

(a) A representative attended all meetings when the member was not present.

The committee met on 4 occasions during the year to consider proposals for the ethical acceptability of a number of research projects. The committee approved the ethical acceptability of 63 projects during the year (**Table 9**).

**Table 9: Research projects considered by the AIHW Ethics Committee, 2011–12**

	Considered	Approved	Decision pending
<b>Projects seeking approval</b>			
AIHW	9	9	0
AIHW collaborating units	5	5	0
External	46	35	11
<b>Projects seeking modification or extension</b>			
AIHW	6	6	0
AIHW collaborating units	2	2	0
External	6	6	0
<b>Total</b>	<b>74</b>	<b>63</b>	<b>11</b>



## Privacy at the AIHW

As the recipient and user of sensitive personal data, the Institute places a high priority on privacy matters.

We are committed to protecting the privacy of information for 3 key reasons.

- Firstly, it is the law. The Institute is supported by strong privacy policies and processes, which are underpinned by the AIHW Act and the *Privacy Act 1988*.
- Secondly, if we do not properly protect the data we receive, our sources may not agree to provide us with sensitive information. We can only carry out our responsibilities if we have the full confidence of our stakeholders and data providers.
- Lastly, we want to maintain our reputation for integrity in handling data. With our increasing role in data integration, this has become even more important.

During Privacy Awareness Week in May 2012, staff participated in several activities to raise awareness of the Institute's responsibilities in relation to privacy, including a presentation by the Governance Unit on privacy and how it relates to the work of the AIHW Ethics Committee. The Ethics Committee is a key component of the Institute's governance arrangements and oversees the AIHW's privacy and confidentiality obligations.

The AIHW Board also closely monitors the Institute's performance in maintaining the privacy of its data, and has commissioned and endorsed a range of policies and practices on data privacy.

Stakeholders can be confident that the Institute uses its data to create authoritative reports that benefit the public, while protecting the confidentiality of the data and minimising any risk of inappropriate use and access.

For a general overview of how the AIHW protects the privacy of individuals, our legal obligations and the Institute's data custody and governance arrangements visit: [www.aihw.gov.au/privacy-of-data/](http://www.aihw.gov.au/privacy-of-data/).

## Executive

The Director of the AIHW manages the day-to-day affairs of the Institute.

The Director was supported by an executive team of 9 group heads, one more than in 2010–11, who formed the Executive Committee.

The Executive Committee met, usually fortnightly, to consider major policy, financial and other corporate matters.

Of the 9 group heads in place at the end of the year, 6 managed groups that oversaw specific subject areas. The other 3 managed groups that provided support services to the whole organisation.

During the year, the AIHW added 1 new group, the ICT and Business Transformation Program Group, to implement an ICT and business transformation program and deliver new IT applications. One new executive staff member, Mr Warren Richter, was appointed as group head.



The Executive Committee as at 30 June 2012 is listed below.



**Mr David Kalisch**  
Director



**Mr Andrew Kettle**  
Business  
Group head



**Mr Brent Diverty**  
Continuing and Specialised Care  
Group head



**Ms Alison Verhoeven**  
Governance and Communications  
Group head



**Ms Lisa McGlynn**  
Health  
Group head



**Ms Jenny Hargreaves**  
Hospitals and Performance  
Group head



**Mr Geoff Neideck**  
Housing and Homelessness  
Group head



**Mr Warren Richter**  
ICT and Business Transformation Program  
Group head



**Ms Teresa Dickinson**  
Information and Statistics  
Group head



**Dr Fadwa Al-Yaman**  
Social and Indigenous  
Group head

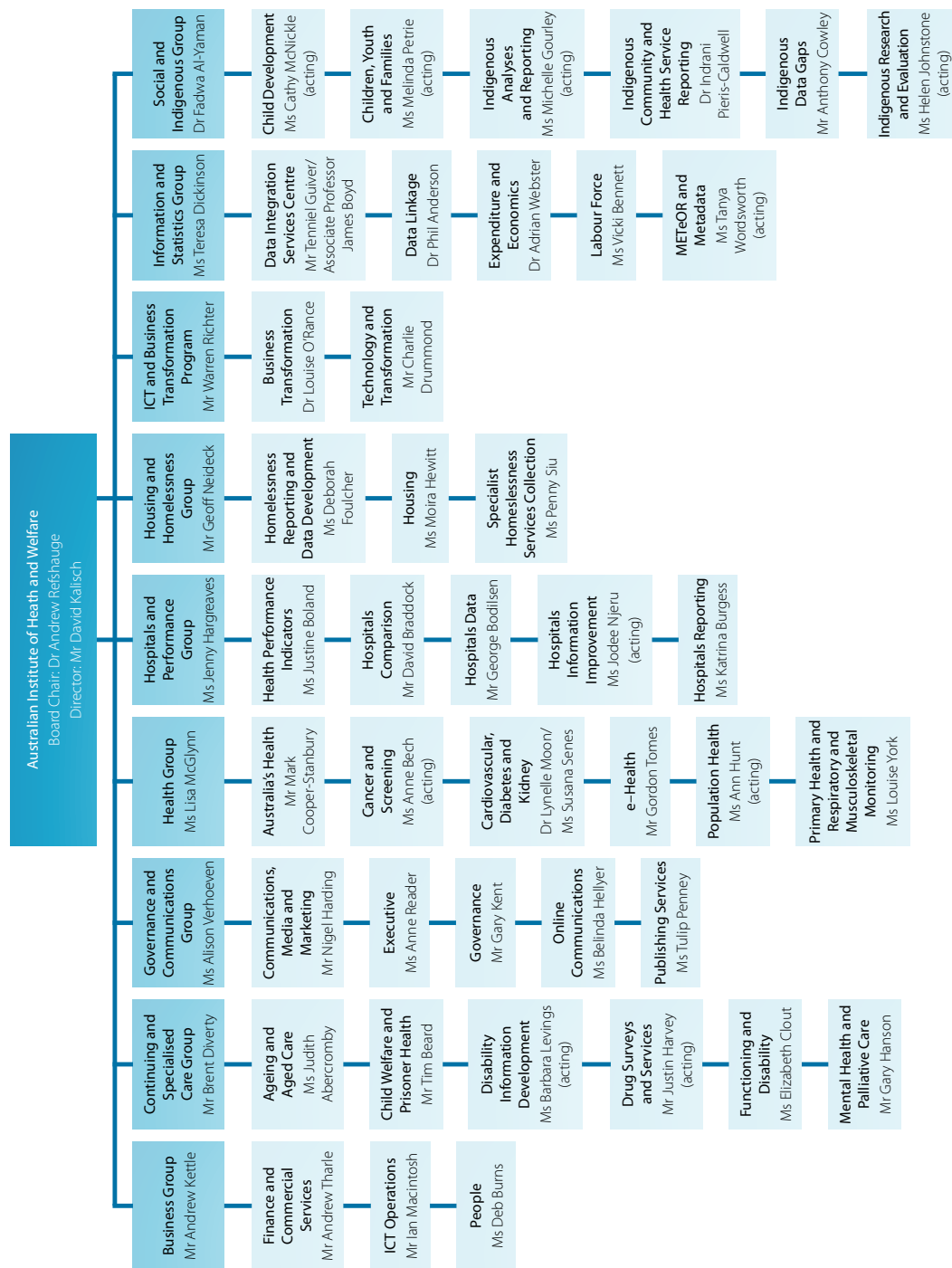
Further information about the executive and unit heads is included in **Appendix 4** on page 196.

Additional information about staffing can be found in **Chapter 4 Our people**.

Changes to groups that occurred during the year are discussed in **Chapter 3 Our operating units**.

# Organisational structure

The AIHW's structure at 30 June 2012 is shown in **Figure 6**.



## 2 Governance and the organisation

## Relationship management

The AIHW's work traverses federal, state and territory government and non-government areas of responsibility in the health and welfare sectors. Effective engagement and productive relationships with all relevant agencies are crucial.

### Australian Government

#### Department of Health and Ageing

The AIHW is an independent agency in the Health and Ageing portfolio. The AIHW's relationship with DoHA is vital, and DoHA directly funds the AIHW to undertake significant work under arrangements additional to work funded through the portfolio appropriation.

With the exception of work that must be competitively tendered under the Commonwealth Procurement Guidelines and other Commonwealth governance requirements, the AIHW's work for DoHA is guided by a memorandum of understanding (MoU) with the Department. The MoU began on 1 January 2011 and will conclude on 30 June 2015.

An MoU management group, comprising senior executive representatives of the two agencies, meets on a regular basis to ensure the effective administration of projects funded or procured under the MoU and to discuss any matters that may emerge during the course of the relationship. The Governance and Communications Group coordinates the AIHW's contribution to the meetings.

The Secretary of DoHA or her nominee is a member of the AIHW Board. The AIHW consults DoHA about the AIHW's annual work plan before it is presented to the AIHW Board for approval. The AIHW also provides DoHA with copies of all publications.

#### Department of Families, Housing, Community Services and Indigenous Affairs

The AIHW's relationship with the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is also very important, particularly in such areas as housing

and homelessness, disability services, Indigenous affairs and child protection. An MoU guides all work undertaken by the AIHW for FaHCSIA that has not otherwise been subject to competitive tender. The MoU began on 1 July 2010 and will conclude on 30 June 2015.

An MoU management group, comprising senior executive representatives from both agencies, meets on a regular basis to ensure the effective administration of projects funded or procured under the MoU and to discuss any matters that arise. The Governance and Communications Group coordinates the AIHW's contribution to the meetings.

The Secretary of FaHCSIA is an invited observer at AIHW Board meetings and receives copies of AIHW Board papers. The AIHW consults with FaHCSIA about the AIHW's annual work plan before it is submitted to the AIHW Board for approval. The AIHW also provides FaHCSIA with copies of all publications.

#### Australian Bureau of Statistics

The AIHW interacts regularly with the Australian Bureau of Statistics (ABS) as a key partner on a range of activities. This relationship is enshrined in the AIHW Act, which provides that the AIHW's functions in collecting health- and welfare-related information and statistics should be conducted with the agreement of the ABS and, if necessary, with its assistance. The Australian Statistician or his nominee is a member of the AIHW Board.

#### Other Australian Government bodies

The AIHW also works closely with other government bodies, including the:

- Australian Commission on Safety and Quality in Health Care
- Australian Health Practitioners Registration Authority
- Australian Institute of Family Studies
- Cancer Australia
- Department of Education, Employment and Workplace Relations
- Department of Veterans' Affairs

- Health Workforce Australia
- Independent Hospital Pricing Authority
- National Health Performance Authority
- National Mental Health Commission
- Productivity Commission
- COAG Reform Council.

The AIHW and the Australian Commission on Safety and Quality in Health Care have a joint commitment to work collaboratively towards a more informative and useable national system of information that enhances the safety and quality of health care in Australia.

The AIHW works closely with the Australian Institute of Family Studies, in particular in its work on the Closing the Gap Clearinghouse. The relationship is governed by an MoU that acknowledges that the sharing of information and expertise is critical to effective and meaningful research by the two bodies.

The relationship between AIHW and Cancer Australia is facilitated by an MoU that reflects the parties' commitment, in consultation with partner organisations and stakeholders, to work in a planned and coordinated manner to ensure that national cancer data needs are met effectively. AIHW is also a member of the Cancer Australia Data Advisory Group. Cancer data from state and territory cancer registries in each state and territory are nationally coordinated through the National Cancer Statistics Clearing House, which is housed at, and managed by, the AIHW in collaboration with the Australasian Association of Cancer Registries.

The AIHW's relationship with the Department of Education, Employment and Workplace Relations (DEEWR) continues to grow, particularly in such areas as the development of information on early childhood education and care. In particular, the AIHW has entered arrangements with DEEWR to provide consultancy services through DEEWR's Research, Evaluation and Analysis Panels.

The AIHW is party to an MoU with the Department of Veterans' Affairs under which it provides consultancy and related services. The MoU reflects a strategic partnership, committed to developing information sources for the delivery of world-class veterans' health care policies and services. At an operational level, the MoU facilitates the collection and use of relevant statistics that are essential elements in the delivery of health and aged care services to the veteran community. Within this context, AIHW also manages selected veterans and defence health databases and nominal rolls.

During 2011–12, the AIHW and Health Workforce Australia agreed on an MoU under which the two organisations exchange data and share information on the health professional workforce. A further MoU between these two organisations and the Australian Health Practitioners Registration Authority also provides for the exchange of data on health practitioners.

Also during the year, an MoU was agreed on with the Independent Hospital Pricing Authority to provide the framework for a business relationship supporting health-and hospitals-related information requirements.

The AIHW has a business relationship with the National Health Performance Authority to supply *MyHospitals* website data updates and support services, as well as supporting other health-and hospitals-related information requirements. An MoU is in development.

During 2011–12, the AIHW and the National Mental Health Commission put in place an MoU that provides the framework for a business relationship supporting the provision of information relating to mental health.

The AIHW provides statistical, information and advisory services to the Productivity Commission, under a formal agreement on business arrangements. It also provides similar services to the COAG Reform Council under an MoU.

## State and territory governments

The AIHW's close working relationships with state and territory governments are critical to the development of nationally consistent and comparable information. During the year, the AIHW continued to engage with all jurisdictions through the various national and ministerial committees and forums charged with developing nationally consistent health and welfare data and information. The AIHW provided secretariat services for many of these committees. A list of the main national committees in which the AIHW participates is provided in **Appendix 5** on page 200. Many units of the AIHW engaged with national committees in their areas of expertise. These are detailed in the reports for each unit in **Chapter 3 Our operating units**.

Underpinning the activities of the national information committees are national information agreements between the AIHW and a significant number of parties from all Australian jurisdictions. The agreements cover the areas of health, community services, and housing and homelessness. They ensure that effective infrastructure and governance arrangements are in place for the development, supply and use of nationally consistent data for each area. During 2011–12, the National Community Services Information Infrastructure Agreement was finalised and the AIHW supported arrangements that finalised the revision of the National Health Information Agreement.

Under the auspices of the COAG process, engagement by the AIHW with relevant state and territory government departments has been maintained throughout the year.

## Collaborations and partnerships

During the year, the AIHW was active in maintaining and strengthening its engagement with allied organisations, including peak bodies and other national forums, to satisfy their need for information to help in the development of policies and program delivery. As well, it contributed information to parliamentary inquiries and committees (see

**'Parliamentary relations'** on page 155), and provided advice in areas of specialist knowledge.

The AIHW conducts its program of work in Aboriginal and Torres Strait Islander health and welfare information in close collaboration with Indigenous advisers to ensure that the work is shaped by relevant policy requirements. The AIHW continued to support the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, and participated in the National Aboriginal and Torres Strait Islander Health Officials Network.

The AIHW funds work plans and data-sharing agreements with a number of universities to facilitate collaboration and to enable it to draw on their expertise in specialist research areas (see **Appendix 6** on page 202). AIHW collaborating units at various universities provide specialist expertise in the areas of injury, asthma and chronic respiratory conditions, dental and perinatal statistics (see **'Collaborating units'** on page 117). These collaborations extend the range of skills available to the AIHW and enhance its capacity to perform its functions in a broader range of subject matters.

The AIHW also has a number of data-sharing agreements with specialist centres. These agreements provide for the use of AIHW data, within the protection of the AIHW Act's confidentiality provisions, to facilitate the development of information in areas such as immunisation research and surveillance, and HIV epidemiology and clinical research. A list of universities and specialist centres with which the AIHW had funding or data-sharing arrangements in place during 2011–12 is provided in **Appendix 6** on page 202.

In addition, the AIHW plays an important role in international data standards and classifications work through the World Health Organization's (WHO) Family of International Classifications and reports health statistics to the Organisation for Economic Co-operation and Development (OECD).



## Financial management

Financial management in the AIHW operates within the following legislative framework:

- *Australian Institute of Health and Welfare Act 1987*
- *Commonwealth Authorities and Companies Act 1997*
- *Auditor-General Act 1997*.

The AIHW classifies all expenditure as internally or externally funded.

Internal expenditure consists of:

- project work undertaken by the AIHW's statistical units
- collaborations with other organisations, often universities, that perform functions under the AIHW Act, for example, the AIHW National Injury Surveillance Unit operated by Flinders University
- corporate services, for example, financial services, human resources, library services and IT services.

Funding for internal expenditure is derived from:

- appropriation (through the federal budget and estimates process)
- contribution to overheads earned on externally funded projects
- miscellaneous sources such as interest and the sale of publications.

A large proportion of the AIHW's revenue comes from external funding for specific projects. Externally funded projects operate on a cost recovery basis, with revenues derived through agreements with external clients. The financial arrangements are determined using an AIHW Board-approved pricing template and most agreements are conducted under the auspices of MoUs with relevant Australian Government departments.

A draft detailed budget for the following financial year is prepared by the AIHW Executive Committee in May each year. The Audit and Finance Committee reviews the budget, which is then approved by the AIHW Board at its June meeting. Individual AIHW units are expected to manage within their allocated budgets.

## Contract management

The AIHW's contractual business is conducted through:

- contracts for the purchase of services
- revenue 'contracts' for the provision of services, which are usually in the form of MoUs, such as those in place with DoHA and FaHCSIA
- agreements with third parties, such as those underpinning collaborating arrangements with universities.

### Purchase contracts

Most of the AIHW's purchase contracts are for standard support services, such as rent, cleaning, payroll processing, internal audit, IT equipment and consultancy advice. The AIHW has adopted standard short-form and long-form contracts prepared by its legal advisers. Wherever possible, these documents are used as the basis of contracts with suppliers. They contain standard clauses on matters such as insurance, indemnity, intellectual property, privacy and performance standards. They also require the specification of tasks, deliverables and due dates that are linked to payment.

### Procurement requirements

As required by the Finance Minister's (CAC Act Procurement) Directions 2009 (clause 5), during 2011–12, the AIHW complied with the Commonwealth Procurement Guidelines when undertaking procurements with a value greater than \$400,000.

The Directions allow the Institute discretion about using coordinated procurement contracting arrangements as specified under the Guidelines.

As required by the Finance Minister's (CAC Act Procurement) Directions 2012, from 1 July 2012, the AIHW is required to comply with new Commonwealth Procurement Rules that supersede the Guidelines.

## Revenue 'contracts'

The scope, timing, deliverables and budget for most externally funded projects are set out in schedules to MoUs with Australian Government departments. The AIHW treats these schedules as revenue contracts even though they are not contracts in the strict legal sense. The relevant unit head is responsible for the delivery of these services to a satisfactory standard and within budget. The Finance and Commercial Services Unit monitors expenditure against the budget and seeks explanations for any projects that appear to be over budget or behind schedule.

In some cases the AIHW has entered into revenue contracts for work done on behalf of non-government organisations. These are managed in the same way as revenue schedules.

## Contract approval

Contracts must be signed by the appropriate delegate. Any contract involving receipt or payment of more than \$1.5 million must be approved by the Minister for Health. The contract manager must be satisfied that the supplier is meeting their obligations under the contract before recommending the payment of invoices.

Any purchase contract worth more than \$25,000 must be approved by a Senior Executive Service officer. Purchase contracts worth more than \$100,000 must be cleared by the Governance and Communications Group head and the Business Group head, and approved by the Director.

Revenue 'contracts' or schedules worth \$100,000 or less must be cleared by the relevant group head and, if there are non-standard clauses, by the Governance

and Communications Group head and the Business Group head. Revenue 'contracts' or schedules worth more than \$100,000 must be cleared by the relevant group head, the Governance and Communications Group head and the Business Group head, and approved by the Director.

## Risk management

The AIHW has a wide range of policies to reduce and manage business risks, including those relating to:

- risk management
- physical security
- information security
- fraud control
- business continuity.

During the year the AIHW updated its business risk assessment. The AIHW contracts out its internal audit function. The current internal auditors are Oakton. During 2011–12, Oakton conducted internal audits on the fraud control plan, records management and purchase contracts of greater than \$400,000 in value.

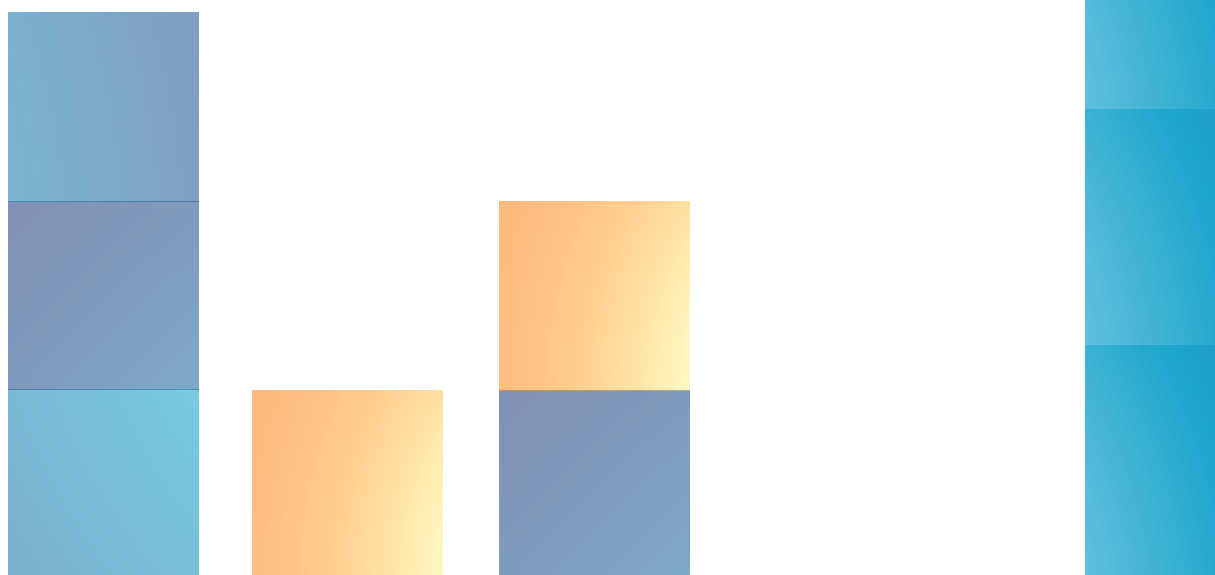
These audits produced several recommendations for improving the management of the relevant risks. The AIHW's management reported to the Audit and Finance Committee on a regular basis on progress in implementing the recommendations. A representative from Oakton attended each of the Audit and Finance Committee meetings.

## Risk of fraud

The AIHW's fraud control plan contains appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific needs of the AIHW and comply with the Commonwealth Fraud Control Guidelines. The fraud control plan and fraud risk assessment were updated in 2011–12.

## Indemnities and insurance premiums for officers

The AIHW has insurance policies through Comcover and Comcare that cover a wide range of insurable risks, including property damage, general liability and business interruption. The Comcover insurance policy includes coverage for directors and officers against various liabilities that may occur in their capacity as officers of the AIHW. The AIHW made no claims against its directors' and officers' liability insurance policy in 2011–12.



# Health

Objectivity

Responsiveness

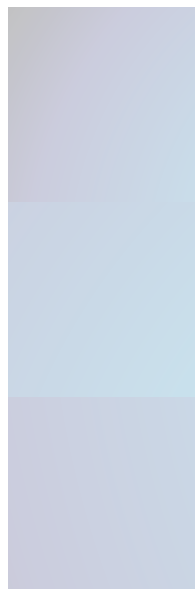
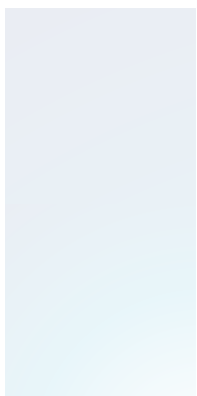
Accessibility

Privacy

# Welfare

Expertise


Innovation



---

In this chapter, a report is provided for each unit of the AIHW involved in statistical analysis and reporting. The reports contain detailed information on the units' objectives, deliverables and additional activities, as well as listing the committees and data collections that they support.

A short outline of the responsibilities of each of the AIHW's corporate units is also included.



# Chapter 3

Our operating units

# Continuing and Specialised Care Group

## Group head

Mr Brent Diverty

## What we do

The Continuing and Specialised Care Group develops, maintains and analyses national data to support monitoring and reporting on:

- the health and welfare of specific subpopulations, including children and youth, older Australians and persons living with disability
- the use of services in the health and welfare sectors, including hospital- and community-based services focused on mental health, alcohol and drug treatment, palliative care, child protection, juvenile justice and disability services.

In addition, the group carries the primary responsibility for producing biennial editions of the publication *Australia's welfare*.

## Major achievements

During 2011–12, major achievements of the group were:

- launching the online report *Mental health services in Australia*, a comprehensive picture of mental health services and resources provided by governments, which is updated with new data as they become available
- supporting the National Mental Health Commission in the production of their inaugural National Report Card on Mental Health and Suicide Prevention
- gaining confirmation of the establishment of a centralised Aged Care Data Clearinghouse within the AIHW, as part of the Australian Government's Living Longer Living Better aged care reform package
- being confirmed as the service provider for the 2013 National Drug Strategy Household Survey

- delivering policy-relevant analyses and providing technical expertise in support of the National Disability Agreement, and the broader National Disability Strategy 2010–2020, with a focus on the National Disability Agreement indicators framework, employment support services for persons with disabilities and their use of health services
- agreeing with jurisdictions on a new Child Protection National Minimum Data Set to be implemented from 1 July 2013, in support of the National Framework for Protecting Australia's Children 2009–2020 and the National Standards for Out-of-Home Care
- completing the work required to implement the Validata™ tool and a statistical linkage key for the Alcohol and Other Drugs Treatment Services National Minimum Data Set collection in 2012–13
- starting work on the redevelopment of the Disability Services National Minimum Data Set and a standard disability identifier for use in national administrative data collections
- expanding the National Prisoner Health Census to include persons being discharged, allowing a broader range of health issues to be explored among the prison population.

## Units in this group

- Ageing and Aged Care
- Child Welfare and Prisoner Health
- Disability Information Development
- Drug Surveys and Services
- Functioning and Disability
- Mental Health and Palliative Care

At the start of or during the year, a number of structural changes were made to the Continuing and Specialised Care Group, as follows:

- the Functioning and Disability Unit moved from the Information and Statistics Group
- the Child Welfare and Prisoner Health Unit moved from the Social and Indigenous Group
- the Housing and Homelessness Integration Unit ceased
- the Disability Information Development Unit was created in October 2011
- the Australia's Welfare Unit ceased in December 2011 following delivery of the *Australia's welfare 2011* report.

## Ageing and Aged Care Unit

### Unit head

Ms Judith Abercromby

### What we do

The Ageing and Aged Care Unit analyses and disseminates national information on residential and community-based aged care services, and older people's health and social participation. The unit works closely with the Data Linkage Unit and other areas of the AIHW to analyse and report on the dynamics of the aged care system as a whole and its relationship with other relevant sectors such as acute care. The unit continues to have a particular focus on dementia.

Recently, it was announced that the unit would establish a centralised Aged Care Data Clearinghouse, as part of the Australian Government's Living Longer Living Better aged care reform package. The purpose of the clearinghouse is to increase the availability, accessibility and coordination of aged care data. The clearinghouse will operate from 1 July 2013.

### Objectives

- Contribute data and information that support the Australian Government's pursuit of the goal of 'ageing well, ageing productively' under the National Research Priority 'Promoting and maintaining good health'
- Engage with the policy agenda by ensuring that implications for policy development, service planning and delivery that will improve the quality of life for older people are identified in unit projects and reporting
- Develop better ways of presenting aged care statistics to make information more accessible, with clearly identified key findings
- Build relationships with key stakeholders in government and non-government sectors to enhance appreciation of the policy and service issues that can be informed by statistical reporting



## Performance in planned statistical and reporting deliverables

Finalise a chapter on ageing and aged care for *Australia's welfare 2011* and contribute to *Australia's health 2012* **Achieved**

Finalise acquisition and verification of residential and community aged care data sets from DoHA **Achieved**

Publish a bulletin on depression, ageing and aged care **Work in progress**  
*To be published in 2012–13*

Publish *The hospital dementia services project: a study description* (jointly with the Data Linkage Unit) **Achieved**

Provide annual data to the OECD **Not achieved**  
*Not required in 2011–12*

Complete key deliverables related to the Hospital Dementia Services Project, a project funded by the National Health and Medical Research Council, in conjunction with researchers at the University of Canberra and the University of New South Wales:

- contribute to three journal articles on dementia and aged care services in NSW hospitals, and characteristics and outcomes of patients **Achieved**

- publish a report on the factors that affect the length of hospital stays for older patients with dementia **Not achieved**  
*Withdrawn from workplan*

- finalise (jointly with the Data Linkage Unit) and publish a bulletin on people with dementia in hospitals in New South Wales for 2006–07 **Achieved**

- conduct return site visits to specific NSW hospitals to convey the project's results and inform modelling **Not achieved**  
*To be conducted as video presentations in 2012–13*

Publish *Residential aged care in Australia 2009–10: a statistical overview* **Achieved**

Finalise and publish a report on dementia **Work in progress**  
*To be published in 2012–13*

Publish *Aged care packages in the community 2009–10: a statistical overview* **Achieved**





### Performance in planned data development activities

- Provided advice and input to National Health Agreement performance indicators and the SCRGSP's *Report on government services 2012* pertaining to aged care
- Contributed to the extension of the care pathways linked database

### Additional projects

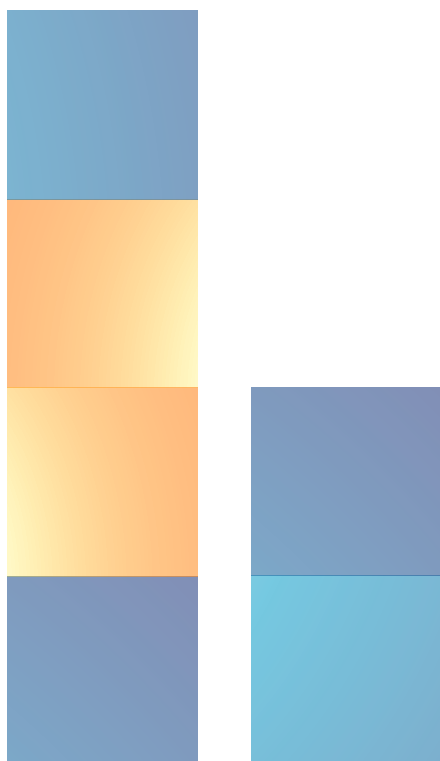
- Undertook analysis for DoHA of the length of intervening stays in hospital between consecutive episodes of Transition Care (a program to support older people leaving hospital)
- Updated a range of demographic statistics previously published in *Older Australia at a glance* in 2007

### Committees

- Aged Care Working Group: Member of this working group of the SCRGSP; the working group is chaired by Ms Rebekah Burton (Tasmanian Department of Premier and Cabinet)
- Dementia Collaborative Research Centre Advisory Committee: Member of this committee chaired by Professor Henry Brodaty (Primary Dementia Collaborative Research Centre)

### Data collections managed

The unit does not currently manage any data collections. It analyses national administrative data provided by DoHA on the Residential Aged Care, Community Aged Care Packages, Extended Aged Care at Home, Extended Aged Care at Home Dementia and Transition Care programs.



3  
Our operating units



## Increasing workforce participation among older Australians

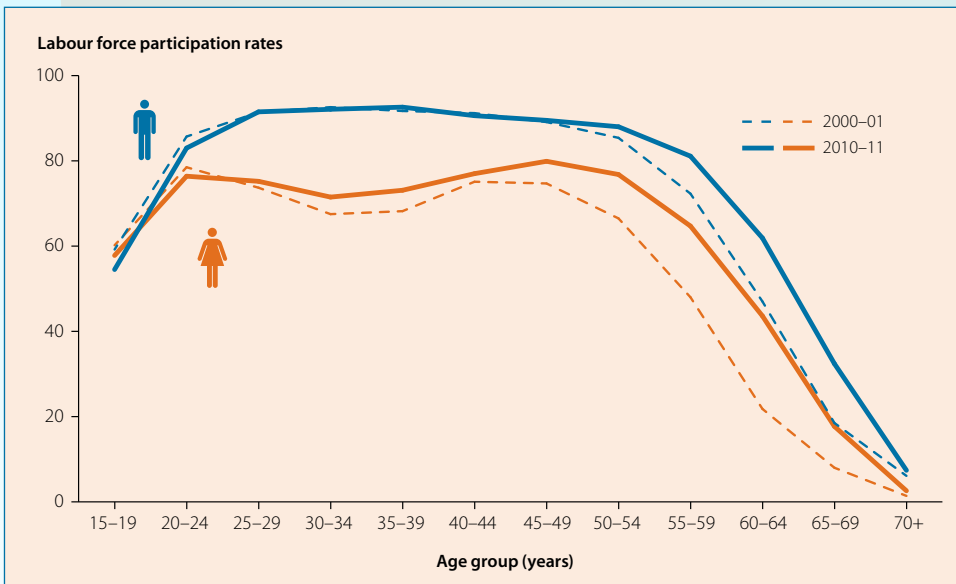
Engagement in education and employment, and access to income and wealth, bring social and health benefits to individuals, their families and their communities.

Over the past decade, more people have stayed longer in employment. Labour force participation rates have increased markedly for older workers, with a significant percentage of Australians remaining in the workforce beyond the traditional retirement age.

In 2010–11, 62% of men and 44% of women aged 60–64 years participated in the workforce. Of those aged 65–69 years, around 1 in 3 (32%) men and 1 in 6 (18%) women participated, along with 7% of men and 3% of women aged 70 years and over.

For men, almost all of the increase in labour force participation since 2000–01 was in the age group 55 and over. For women, participation grew strongly from 45 years, and more than doubled among those in their 60s.

Australia's participation rate for older workers aged 55–64 years ranked 11th for men and 12th for women in the OECD, slightly above the median for all OECD countries.



### Australia's welfare

Mature age employment was part of broader information about economic participation discussed in the AIHW's report *Australia's welfare 2011* and its 'in brief' companion report.



## Child Welfare and Prisoner Health Unit

### Unit head

Mr Tim Beard

### What we do

The Child Welfare and Prisoner Health Unit coordinates, develops and disseminates national statistical analysis and reporting on prisoner health as well as a diverse range of child and youth welfare issues, including adoptions, child protection services and juvenile justice.

The unit changed its name from Child and Youth Welfare Unit in August 2011.

### Objectives

- Ensure that implications for policy development, service planning and delivery that will improve the quality of life for children and young people are identified in unit projects and reporting

- Improve reporting on children in the child protection system through the continued development and final testing of a unit record data collection, along with the redevelopment and scoping of indicators to support the National Framework for Protecting Australia's Children 2009–2020 and the National Standards for Out-of-Home Care
- Develop online products and improve the timeliness and accessibility of juvenile justice and adoptions data to enhance their policy and program relevance
- Undertake scoping work and implement a data collection in relation to available juvenile justice data for the national measurement of recidivism
- Develop and implement a discharge form for the National Prisoner Health Census, to enhance the ability of this collection to inform policy makers about the health needs of prisoners

### Performance in planned statistical and reporting deliverables

Finalise a chapter on children and young people for <i>Australia's welfare 2011</i>	<b>Achieved</b>
Publish <i>Adoptions Australia 2010–11</i>	<b>Achieved</b>
Publish <i>Child protection Australia 2010–11</i>	<b>Achieved</b>
Contribute data to the annual report to COAG on the National Framework for Protecting Australia's Children 2009–2020	<b>Achieved</b>
Contribute data to a substantive biennial report on the health and wellbeing of children for 2012	<b>Achieved</b>
Publish <i>Juvenile justice in Australia 2009–10</i> and an overview report	<b>Achieved</b>
Produce two bulletins on girls and young women, and on Indigenous young people in the juvenile justice system	<b>Work in progress</b> <i>To be published in 2012–12</i>
Produce a report to the child protection Performance and Data Working Group on the outcomes of the child protection unit record pilot data collection	<b>Achieved</b>
Contribute to the child protection and juvenile justice sections of the SCRGSP's <i>Report on government services 2012</i>	<b>Achieved</b>
Publish <i>The mental health of prison entrants in Australia 2010</i>	<b>Achieved</b> <i>To be released in July 2012</i>
Publish <i>The health of Australia's prisoners 2010</i>	<b>Achieved</b>



### Performance in planned data development activities

- Finalised specifications for a live 'dress rehearsal' for the unit record national child protection data collection, including assessing the feasibility of including geographical data and data on disability and culturally and linguistically diverse populations
- Contributed to the development of new performance indicators for juvenile justice for the SCRGSP's *Report on government services 2012*
- Developed national measures based on administrative data for children in out-of-home care
- Continued to develop a unit record carer's module to support the collection of national child protection data on foster care and relative/kinship care
- Completed development and testing of a new treatment and support services minimum data set

### Additional projects

- Completed scoping work on the ongoing reporting on the educational outcomes of children in the child protection system
- Published *Juvenile detention population in Australia 2011*

### Data collections managed

- Juvenile Justice National Minimum Data Set Data Collection
- National Prisoner Health Census
- Adoptions Data Collection
- Child abuse and neglect (child protection) Data Collection
- Children in out-of-home care (child protection) Data Collection
- Children on care and protection orders (child protection) Data Collection
- Foster carer (child protection) Data Collection
- Relative/kinship carer (child protection) Data Collection
- Intensive family support services (child protection) Data Collection
- Child Protection National Minimum Data Set Data Collection (full-scale pilot)

### Committees

- Juvenile Justice Research and Information Group: Secretariat of this subcommittee of the Australasian Juvenile Justice Administrators; the subcommittee is chaired by Ms Jackie Bray (South Australian Department for Communities and Social Inclusion)
- Technical Working and Information Group: Secretariat of this technical subcommittee of the Performance and Data Working Group; the subcommittee is co-chaired by the AIHW and Mr John Prent (Victorian Department of Human Services)
- National Prisoner Health Information Committee: Secretariat of this AIHW advisory committee chaired by Dr Alun Richards (Queensland Health)
- Technical Expert Group: Secretariat of this subcommittee chaired by Dr Tony Butler (University of New South Wales)
- Performance and Data Working Group (for child protection): The unit provides support to the AIHW's member on this group, which is a subgroup of the National Framework Implementation Working Group. The subcommittee is chaired by Ms Helen Bedford (FaHCSIA).



## 15 years of child protection reporting

The AIHW continued its long history of reporting on child protection with the January 2012 release of its 15<sup>th</sup> annual comprehensive publication on this topic.

*Child protection Australia 2010–11* showed that since 2009–10, the number of children subject to ‘notifications’ (when authorities are notified about alleged child abuse or neglect) decreased by 13% from 187,314 to 163,767.

However in the same period, the number of children subject to ‘substantiations’ (when authorities investigate and believe a child has been or is at risk of being abused, neglected, or harmed) remained relatively stable. It increased by less than 1% from 31,295 to 31,527.

The number of children on care and protection orders continued to rise (up 4% from 2009–10), as did the number of children in out-of-home care (up 5%).

As in previous years, the majority of children in out-of-home care (93% at 30 June 2011) were in home-based care—45% in foster care, 46% in relative/kinship care and 2.5% in other types of home-based care.

Aboriginal and Torres Strait Islander children continue to be over-represented in the child protection system and were almost 8 times as likely to be the subject of substantiated abuse or neglect as non-Indigenous children. At 30 June 2011, the rate of Aboriginal and Torres Strait Islander children on care and protection orders was more than 9 times the rate of non-Indigenous children. Similarly, the rate of Aboriginal and Torres Strait Islander children in out-of-home care was 10 times the rate of non-Indigenous children.



## Disability Information Development Unit

### Unit head

Mr Sean Ackland (from October 2011 to May 2012)  
Ms Barbara Levings (acting from May 2012)

### What we do

The Disability Information Development Unit undertakes disability data development projects that support performance reporting and policy development. The unit works closely with the Functioning and Disability Unit to ensure the alignment of data development projects with the ongoing disability data and reporting activities of the AIHW.

The unit was created in October 2011 on a temporary basis.

### Objectives

- Strengthen the capacity of the Disability Services National Minimum Data Set to meet the strategic needs of government, including, where feasible, anticipating the possible information requirements of the National Disability Insurance Scheme
- Improve data definitions and data sources for measuring demand for disability services
- Support mainstream services to meet their reporting obligations under the National Disability Strategy 2010–2020 with the development of a standard disability identifier for use in national administrative data collections

### Performance in planned data development activities

- Continued to redevelop the Disability Services National Minimum Data Set, with associated metadata, which culminated in a national workshop in April 2012 at which stakeholders refined the list of data elements required to support a client-centred information collection
- Undertook work to refine and implement a standard disability identifier: a short set of questions for use in mainstream services (that is, services that are not specifically for people with disability) to help services better identify and meet the needs of people with disability

### Committees

- Disability Policy and Research Working Group (DPRWG): Member of this Community and Disability Services Ministers' Advisory Council working group, which is chaired by Mr Jim Moore (NSW Department of Family and Community Services)
- National Disability Data Network: Secretariat of this sub-working group of the DPRWG; the network is chaired by Ms Alison Crisp (NSW Department of Family and Community Services)

## Drug Surveys and Services Unit

### Unit head

Ms Amber Jefferson (to November 2011)  
Dr Louise O'Rance (November 2011 to May 2012)  
Mr Justin Harvey (acting from May 2012)

### What we do

The Drug Surveys and Services Unit manages and produces reports from the National Drug Strategy Household Survey, which is conducted every 3 years, and develops data and information and produces reports on publicly funded alcohol and other drug treatment services and opioid pharmacotherapy programs. The unit also compiles reports using tobacco, alcohol and other drug statistics and information from other sources.

### Objectives

- Provide national leadership in statistics and information about drug surveys and treatment services
- Develop collaborative relationships with key stakeholders involved in the National Drug Strategy
- Develop strategies for better integration and consistency between drug use and drug treatment data collections
- Continue to improve the process for collecting data on treatment services, for example, through the implementation of the Validata™ tool

## Performance in planned statistical and reporting deliverables

Contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Publish <i>Drugs in Australia 2010: tobacco, alcohol and other drugs</i>	<b>Achieved</b>
Publish <i>Alcohol and other drug treatment services in Australia 2009–10: report on the National Minimum Data Set</i> and its associated: <ul style="list-style-type: none"> <li>- online data spreadsheets and cubes</li> <li>- bulletins detailing findings for each state and territory</li> </ul>	<b>Achieved</b> <b>Achieved</b>
Publish <i>Alcohol and Other Drug Treatment Services National Minimum Data Set 2012–13: specifications and collection manual</i>	<b>Achieved</b> <i>To be released in August 2012</i>
Publish <i>National Opioid Pharmacotherapy Statistics Annual Data Collection: 2011 report</i>	<b>Achieved</b>
Publish <i>National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2012 collection: data guide</i>	<b>Achieved</b>
Publish <i>2010 National Drug Strategy Household Survey report</i>	<b>Achieved</b>
Publish <i>Measuring alcohol risk in the 2010 National Drug Strategy Household Survey: implementation of the 2009 Alcohol Guidelines</i>	<b>Achieved</b>

## Performance in planned data development activities

- Completed work to introduce a statistical linkage key into the Alcohol and Other Drug Treatment Services National Minimum Data Set for collection beginning in the 2012–13 collection period

## Additional projects

- Released confidentialised unit record files for the 2012 National Drug Strategy Household Survey that allow public access to the survey

## Committees

- Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group: Secretariat of this working group of the Intergovernmental Committee on Drugs; the working group is chaired by Ms Anita Reimann (Tasmanian Department of Health and Human Services)

- National Opioid Pharmacotherapy Statistics Annual Data Working Group: Secretariat of this AIHW advisory group chaired by Ms Anita Reimann
- 2013 National Drug Strategy Household Survey Technical Advisory Group: Chair, member and secretariat of this AIHW advisory group
- National Drug Strategy Research and Data Working Group: Member of this working group of the Intergovernmental Committee on Drugs; the working group is chaired by Mr David McGrath (NSW Health)

## Data collections managed

- Alcohol and Other Drug Treatment Services National Minimum Data Set Data Collection
- National Opioid Pharmacotherapy Statistics Annual Data Collection
- National Drug Strategy Household Survey Data Collection

## Functioning and Disability Unit

### Unit head

Mr Sean Ackland (to October 2011)

Ms Elizabeth Clout (from October 2011)

### What we do

The Functioning and Disability Unit develops, collects and reports on data related to functioning and disability in Australia. The unit manages the Disability Services National Minimum Data Set, contributes information about disability services to the national performance reporting process, and analyses ABS survey data and other sources to inform discussion about disability issues such as the nature and extent of disability in Australia and disability-related need for assistance.

### Objectives

- Support the information requirements of the National Disability Agreement, particularly in the areas of national performance indicators and data development under Priority 1: Better measurement of need
- Build analytical capability to increase and enhance the use of existing data on specialist disability services
- Enhance information products to better meet the needs of government, disability service providers, people with disability and their carers, and the broader community

### Performance in planned statistical and reporting deliverables

Finalise chapters on disability and on informal carers for *Australia's welfare 2011* and contribute to *Australia's health 2012*

**Achieved**

Publish *Disability support services 2009–10: report on services provided under the National Disability Agreement* and release associated online data cubes

**Achieved**

Finalise and publish *The use of health services among Australians with disability*

**Achieved**

Publish a bulletin on changes in life expectancy and disability in Australia: 1988 to 2009

**Work in progress**  
*To be published in 2012–13*

Provide data on specialist disability services for 2009–10 for the SCRGSP's *Report on government services 2012*

**Achieved**

Publish *Younger people with disability in residential aged care: 2010–11*

**Achieved**

### Performance in planned data development activities

- Provided advice on performance indicators and associated data to support the National Disability Agreement

### Additional projects

- Undertook analysis of ABS survey data about people of working age with a disability
- Began work to update a 2006 publication on *Australian incontinence data analysis and development*, to be released in 2012–13

### Committees

- Disability Policy and Research Working Group (DPRWG): Member of this Community and Disability Services Ministers' Advisory Council working group, which is chaired by Mr Jim Moore (NSW Department of Family and Community Services)
- National Disability Data Network: Secretariat of this sub-working group of the DPRWG; the network is chaired by Ms Alison Crisp (NSW Department of Family and Community Services)

### Data collections managed

- Disability Services National Minimum Data Set Collection



## Mental Health and Palliative Care Unit

### Unit head

Mr Gary Hanson

### What we do

The Mental Health Services and Palliative Care Unit reports on a range of hospital, community-based and residential mental health services. It provides leadership in developing and refining the various data sets and indicators, including the mental health performance indicators for the National Healthcare Agreement. The unit also undertakes other mental health-related projects under contract on behalf of various federal and state government entities, including the National Mental Health Commission. It is also responsible for a work program in support of the National Palliative Care Strategy launched in 2010, including the development of a compendium-style publication on palliative care services and scoping of potential national palliative care indicators.

The unit changed its name from Mental Health Services Unit in August 2011.

### Objectives

- Continue to work closely with the Mental Health Information Strategy Subcommittee of the Australian Health Ministers' Advisory Council to enhance the usefulness of the mental health information products that support the National Mental Health Information Priorities
- Support the National Mental Health Commission in the production of their inaugural National Report Card on Mental Health and Suicide Prevention by providing them with a mental health data analysis and report production capability
- Improve the usefulness and relevance of the unit's work towards the objectives of the Fourth National Mental Health Plan agreed to by health ministers in 2007
- Continually review the content, presentation and relevance of the online report *Mental health services in Australia*, in collaboration with DoHA and the Mental Health Information Strategy Subcommittee
- Develop and report on mental health-related performance indicators for the National Healthcare Agreement
- Undertake a number of data development, analysis and reporting activities on palliative care to support the implementation of the National Palliative Care Strategy 2010

### Performance in planned statistical and reporting deliverables

Produce mental health performance indicator data for National Healthcare Agreement reporting	<b>Achieved</b>
Publish information to the online report <i>Mental health services in Australia</i> at < <a href="http://www.mhsa.aihw.gov.au">www.mhsa.aihw.gov.au</a> > throughout 2011–12, which is current to at least 2008–09, and publish an associated <i>Mental health services—in brief 2011</i> publication	<b>Achieved</b>
Contribute to the development and reporting of indicators for the Fourth National Mental Health Plan	<b>Achieved</b>
Publish a report on national palliative care performance indicators for 2009	<b>Removed from work plan pending developmental work on indicators</b>
Present options for performance indicators to support the National Palliative Care Strategy to the Palliative Care Data Working Group	<b>Achieved</b>

3

Our operating units

## Performance in planned data development activities

- Refined the mental health performance indicators required for the National Health Agreement, including the development of data linkage infrastructure to improve one indicator
- Improved the timeliness of the Mental Health National Minimum Data Set data flows, for reporting of National Health Agreement performance indicators
- Contributed to national and international mental health services data development and the development of consistent reporting on the provision and utilisation of mental health services in Australia and internationally
- Reviewed and further developed specifications for the collection of data under 3 mental health-related national minimum data sets
- Further refined the validation processes for the mental health-related national minimum data sets to ensure accuracy
- Further refined and piloted the draft Mental Health Intervention Classification
- Continued work to scope a collection of data on mental health services delivered by non-government organisations
- Refined the guidelines for data providers regarding the 3 major mental health-related national minimum data sets

## Additional projects

- Analysed various mental health data collections on behalf of the National Mental Health Commission for potential inclusion in the Commission's inaugural Mental Health and Suicide Prevention Report Card
- Published *Identifying palliative care separations in admitted patient data: technical paper*
- Published *Trends in palliative care in Australian hospitals*

## Committees

- National Minimum Data Set Subcommittee (for mental health): Chair of and secretariat to this subcommittee of the Mental Health Information Strategy Subcommittee
- Palliative Care Data Working Group: Secretariat to this data working group of the Palliative Care Working Group; the data working group is chaired by Mr Tom Goff (DoHA)

## Data collections managed

- Admitted Patient Mental Health Care National Minimum Data Set Collection
- Mental Health Establishments National Minimum Data Set Collection
- Community Mental Health Care National Minimum Data Set Collection
- Residential Mental Health Care National Minimum Data Set Collection
- Palliative Care Performance Indicators Data Collection

# Health Group

## Group head

Ms Lisa McGlynn

## What we do

The Health Group develops and maintains national data to support monitoring and reporting on the health of Australians. This includes monitoring the determinants of health, health status and diseases, and related quality of life. The group reports on the health of populations and chronic disease monitoring, including cardiovascular disease, diabetes, cancer, kidney disease, arthritis and asthma. It also reports on related health services such as cancer screening and primary care. It carries primary responsibility for producing the flagship biennial health publication *Australia's health* and coordinates the AIHW's international work for the OECD and the WHO.

## Major achievements

During 2011–12, major achievements of the group were:

- publishing *Australia's health 2012* and its *Australia's health 2012 in brief* companion publication, following changes in planning and production processes
- developing 2 significant reports containing data that have been projected forward to 2020 to help with health service planning and resource allocation:
  - *Projections of the incidence of treated end-stage kidney disease in Australia 2010–2020*
  - *Cancer incidence projections: Australia 2011 to 2020*
- releasing the first report on *Cancer in adolescents and young adults in Australia*, which provides an evidence base to underpin improvements in cancer outcomes for 15–29 year olds

- disseminating data through accessible website snapshots on subjects including allergic rhinitis, asthma, chronic obstructive pulmonary disease, diabetes, male health, and chronic kidney disease
- publishing a report on male health issues that contributed to the development of Australia's first National Male Health Policy
- providing data and data quality statements for all AIHW data supplied for the COAG National Agreements Performance Indicators
- providing data and technical advice relating to several COAG National Partnership Agreements Performance Indicators
- continuing to develop data quality statements for all data supplied by the AIHW for the SCRGSP's *Report on government services 2012*.

## Units in this group

- Cancer and Screening
- Cardiovascular, Diabetes and Kidney
- e Health
- Population Health
- Primary Health and Respiratory and Musculoskeletal Monitoring



## Cancer and Screening Unit

### Unit heads

Ms Chris Sturrock (to May 2012)

Ms Anne Bech (acting from May 2012)

### What we do

The Cancer and Screening Unit monitors, investigates and reports on cancer incidence, mortality, survival and prevalence as well as population-based cancer screening indicators. This includes maintaining the Australian Cancer Database as part of the National Cancer Statistics Clearing House in collaboration with the Australasian Association of Cancer Registries.

The unit is responsible for annual monitoring of the

national breast cancer, bowel cancer and cervical screening programs. In addition, the unit is responsible for the National Centre for Monitoring Cancer.

### Objectives

- Produce comprehensive and timely national cancer statistical reports
- Provide timely, accessible national cancer data online
- Prepare timely national, state and territory performance indicators for the national screening programs for breast, cervical and bowel cancer
- Extend available national cancer statistics

### Performance in planned statistical and reporting deliverables

Contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Publish annual cancer incidence and mortality books online	<b>Achieved</b>
Provide annual data for COAG and the SCRGSP's <i>Report on government services 2012</i>	<b>Achieved</b>
Publish <i>Cancer in adolescents and young adults in Australia</i>	<b>Achieved</b>
Publish <i>Cancer incidence projections, Australia 2011 to 2020</i>	<b>Achieved</b>
Publish a report on cancer survival and prevalence in Australia: period estimates from 1982 to 2010	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish <i>Cervical screening in Australia 2008–2009</i> and <i>Cervical screening in Australia 2009–2010</i>	<b>Achieved</b>
Publish <i>BreastScreen Australia monitoring report 2008–2009</i>	<b>Achieved</b>
Publish <i>National Bowel Cancer Screening Program monitoring report: Phase 2, July 2008–June 2011</i>	<b>Achieved</b>
Provide biannual operational reports to the program managers of the National Bowel Cancer Screening Program	<b>Achieved</b>
Provide biannual reports on implementing the 2005 guidelines for the management of cervical screening abnormalities to the Safety Monitoring Committee	<b>Achieved</b>
Publish a comprehensive report on gynaecological cancers	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish a comprehensive report on cancer in Aboriginal and Torres Strait Islander peoples	<b>Work in progress</b> <i>To be published in 2012–13</i>
Undertake extensive data analysis comparing data from BreastScreen Australia with regard to participation and outcomes for Aboriginal and Torres Strait Islander compared to non-Indigenous women	<b>Achieved</b>
Publish Australian Cancer Incidence data cubes 1982–2008	<b>Achieved</b>
Publish <i>Lung cancer in Australia: an overview</i>	<b>Achieved</b>



### Performance in planned data development activities

- Reviewed all systems and processes for the Australian Cancer Database
- Developed the Cancer (population-based) National Minimum Data Set
- Developed user-friendly accessible cancer data online
- Sought to expand the availability of cancer information at the national level
- Undertook data development for the national cancer screening program data sets
- Revised the National Cervical Cancer Prevention Dataset
- Produced a comprehensive data dictionary for the National Bowel Cancer Screening Program

### Additional projects

- Began preparing a report on breast cancer, to be published in 2012–13
- Prepared for publication *National Centre for Monitoring Cancer Framework 2012*, for release in July 2012

### Committees

- Cancer Monitoring Advisory Group: Secretariat for this AIHW advisory committee chaired by Professor Jim Bishop (Victorian Comprehensive Cancer Centre)
- Australasian Association of Cancer Registries Executive Committee: Secretariat for this committee chaired by Professor Alison Venn (Menzies Research Institute Tasmania)
- National Bowel Cancer Screening Program Advisory Group: Member of this DoHA group chaired by Ms Melinda Bromley (DoHA)
- Safety Monitoring Committee for the revised National Health and Medical Research Council's guidelines for women with abnormal Pap tests: Member of this committee of the Screening Sub-committee under AHMAC, chaired by Professor David Roder, AM (University of South Australia)

### Data collections managed

- Australian Cancer Database
- BreastScreen Australia Database
- National Cervical Cancer Screening Database
- National Bowel Cancer Screening Database

3

Our operating units

## Cardiovascular, Diabetes and Kidney Unit

### Unit heads

Ms Susana Senes

Dr Lynelle Moon

### What we do

The Cardiovascular, Diabetes and Kidney Unit undertakes national monitoring of the three diseases, including analysis of incidence and prevalence, mortality, morbidity, functioning and disability, risk factors, and associated health services. This work is carried out through the National Centre for Monitoring Cardiovascular Disease, the National Centre for Monitoring Diabetes (including the National Diabetes Register) and the National Centre for Monitoring Chronic Kidney Disease.

### Objectives

- Continue to provide high quality, policy-relevant analysis of existing cardiovascular disease, diabetes and kidney data, including on prevention and health inequalities where possible
- Continue to develop a broader range of products to better meet the varied needs of the AIHW's audiences, including short summaries of publications, fact sheets, better use of the AIHW's website and delivery of presentations at relevant conferences
- Build on the solid base of the National Diabetes Register to extend its scope and use
- Continue to work with linked administrative data sets, wherever possible, to demonstrate the benefit and usefulness of information obtained through analysing data in this way

### Performance in planned statistical and reporting deliverables

Contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Prepare data for performance indicators on diabetes and end-stage kidney disease required for National Healthcare Agreement reporting (annual)	<b>Achieved</b>
Finalise and publish <i>Insulin pump use in Australia</i>	<b>Achieved</b> <i>To be released in August 2012</i>
Finalise compilation of the latest statistics on insulin-treated diabetes from the National Diabetes Register and publish online	<b>Achieved</b>
Publish a report on diabetes among young people	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish online fact sheets with latest diabetes statistics	<b>Achieved</b>
Publish online national indicators for diabetes	<b>Achieved</b>
Publish <i>Monitoring acute coronary syndrome using national hospital data: an information paper on trends and issues</i>	<b>Achieved</b>
Publish <i>Projections of the incidence of treated end-stage kidney disease in Australia 2010–2020</i>	<b>Achieved</b>
Publish <i>Projections of the incidence of treated end-stage kidney disease among Indigenous Australians, 2009–2020: a working paper with preliminary results</i>	<b>Achieved</b>
Finalise and publish an analysis of mortality among registrants on the National Diabetes Register	<b>Work in progress</b> <i>To be published in 2012–13</i>
Finalise a journal article on the prevalence of Type 1 diabetes in Australian children	<b>Not achieved</b>
Finalise and publish <i>Chronic kidney disease in Aboriginal and Torres Strait Islander people 2011</i>	<b>Achieved</b>

### Additional projects

- Conducted the first national survey of people with diabetes using insulin pumps
- Prepared for publication *Dialysis and kidney transplantation in Australia: 1991–2010*, for release in July 2012

### Committees

- Cardiovascular Disease Monitoring Advisory Committee: Secretariat for this National Centre for Monitoring Cardiovascular Disease committee, chaired by Professor Andrew Tonkin (Monash University)

- Chronic Kidney Disease Monitoring Advisory Committee: Secretariat for this National Centre for Monitoring Chronic Kidney Disease advisory committee, chaired by Associate Professor Tim Mathew (Kidney Health Australia)
- National Diabetes Data Working Group: Secretariat for this National Centre for Monitoring Diabetes committee, chaired by Associate Professor Jeff Flack (University of New South Wales)

### Data collections managed

- National Diabetes Register



## Diabetes on the rise but causing fewer deaths

While diabetes has increased significantly in Australia over the past 20 years, the rate of diabetes-related deaths is falling.

The AIHW's web pages *Diabetes indicators in Australia* were released in February 2012, and revealed that the prevalence of diabetes in the Australian population increased from 1.5% to 4.1% over the 20 years to 2007–08. However, diabetes-related deaths dropped by 18% between 1997 and 2007.

Diabetes is a long-term (or chronic) condition marked by high levels of glucose (sugar) in the blood. Insulin is a hormone produced by the pancreas that helps the body to convert glucose into energy.

Diabetes represents an enormous public health and social burden, and is one of the top 10 causes of death in Australia. It can trigger a range of complications, which can lead to a range of disabilities and reduce quality of life and life expectancy.

People with diabetes either don't produce any insulin (Type 1 diabetes), don't produce enough insulin or cannot use insulin effectively (Type 2 diabetes) to break down glucose in the blood. In all cases, blood sugar levels become high.

Around 87% of all people diagnosed with diabetes in Australia have Type 2 diabetes.

Maintaining a healthy weight, getting enough exercise and eating the right amounts of fruit and vegetables help to manage the risk of Type 2 diabetes.

For more information see: <[www.aihw.gov.au/diabetes/indicators/](http://www.aihw.gov.au/diabetes/indicators/)>



## e-Health Unit

### Unit head

Mr Gordon Tomes

### What we do

The e-Health Unit scans the national information environment in the areas of health, welfare, housing, disability and community services. It contributes to the continual improvement in the statistical use of data to support better health and welfare outcomes.

The Unit provides advice and leads the AIHW's engagement with e-health initiatives.

### Objectives

- Play a leading role in developing a framework for the statistical uses of data generated in the e-health environment
- Support the AIHW in using the e-health infrastructure for the supply of health information for statistics and research

### Performance in planned statistical and reporting deliverables

Publish a report on a framework for the future supply of statistical data from the e-health infrastructure

**Removed from the work program**  
*Funding not available*

Publish a report on the status of the alignment of the system of health concepts, used for e-health, with the existing statistical classifications for health

**Removed from the work program**  
*Funding not available*

Publish a report on secondary use service data provisioning arrangements for statistical data supply (jointly with the National E-Health Transition Authority)

**Not achieved**  
*Activity suspended*

Publish a working paper on the statistical use of e-discharge summary data

**Work in progress**  
*To be published in 2012–13*

### Performance in planned data development activities

- Worked with the National E-Health Transition Authority and Standards Australia to ensure that the needs of the statistical community are embedded in the design and implementation of the information infrastructure of the National E-Health Strategy to support:
  - data development to enhance electronic clinical communication between health-care providers
  - specifications for e-health infrastructure and information models that represent clinical concepts

### Committees

- National Health Information Regulatory Framework Working Group: Support for the AIHW observer to this working group of the National E-Health Information and Performance Principal Committee
- Joint Standing Committee on Health Informatics Standards: Support for the AIHW member to this committee of the E-Health Standing Committee; the joint standing committee is co-chaired by Dr David Filby (Chair, National Health Information Standards and Statistics Committee) and Mr Peter Williams (Chair, National Health Chief Information Officers Forum)



## Population Health Unit

### Unit head

Mr Mark Cooper-Stanbury (to September 2011)

Ms Ann Hunt (from September 2011)

### What we do

The Population Health Unit develops and reports information on the health of the Australian population and priority subpopulations, and on health inequalities. The unit takes a 'population health' approach to its work in monitoring chronic diseases and associated determinants of health, managing topic-specific population health surveys and the National Mortality Database, supporting the AIHW's use of demographic and survey data, and providing official Australian data to the OECD and the WHO. The unit also undertakes specific projects in the areas of food and nutrition, and hosts the National Centre for Monitoring Mandatory Folic Acid and Iodine Fortification.

### Objectives

- Develop Australia's capacity to undertake national surveillance of chronic diseases and associated determinants of health
- Support the AIHW's work on health inequalities, including the social determinants of health, and the health of specific populations
- Contribute to improved national understanding of significant gender health issues through monitoring, analysing and disseminating gender health data
- Build the capacity to monitor food and nutrition, including the effects of the mandatory fortification of food with folic acid and iodine
- Support international and AIHW requirements for population health and related data, ABS unit record files and national cause of death data

3

Our operating units

## Performance in planned statistical and reporting deliverables

Finalise a contribution to <i>Australia's welfare 2011</i> and contribute to Australia's health 2012	<b>Achieved</b>
Update the AIHW National Mortality Database with cause of death data to 2010	<b>Achieved</b>
Prepare Generalised Record of Incidence of Mortality books for the 2008 and 2009 year of registration (national) and year of death (state and territory) (Excel workbooks prepared subject to data being supplied by Registrars of Births, Deaths and Marriages)	<b>Not achieved</b> <i>Delayed due to late supply of cause of death data</i>
Coordinate provision of Australian data for OECD Health Data 2012 and support for other OECD projects	<b>Achieved</b>
Coordinate provision of data for the WHO Country Health Information Profile 2012	<b>Not achieved</b> <i>Not required in 2011–12</i>
Finalise and publish <i>Australia's food &amp; nutrition 2012</i> and an associated <i>Australia's food &amp; nutrition 2012: in brief</i>	<b>Achieved</b> <i>To be released in July 2012</i>
Finalise and publish a web product on Australia's standing in international comparisons of health	<b>Achieved</b> Published as a report <i>A working guide to international comparisons of health</i>
Finalise and publish <i>Mandatory folic acid and iodine fortification in Australia and New Zealand: supplement to the baseline report for monitoring</i>	<b>Achieved</b>
Publish <i>2010 Australian National Infant Feeding Survey: indicator results</i>	<b>Achieved</b>
Finalise and publish <i>Comorbidity of mental disorders and physical conditions 2007</i>	<b>Achieved</b>
Publish <i>Risk factors contributing to chronic disease</i>	<b>Achieved</b>



## Performance in planned data development activities

- Redeveloped the General Record of Incidence of Mortality (GRIM) workbook system
- Contributed to international reporting and information development
- Developed a proposal for the third and fourth bulletins on male health
- Provided project support to the Population Health Information Development Group

## Additional projects

- Published:
  - *National breastfeeding indicators: workshop report*
  - *The health of Australia's males: a focus on five population groups* (see the **'spotlight'** on page 76)
- Prepared publications on:
  - *Perinatal depression: data from the 2010 Australian National Infant Feeding Survey*, for release in July 2012
  - *Multiple causes of death in Australia*, for release in August 2012
- Produced a working paper for DoHA outlining options for reporting on chronic disease using Australian Health Survey data from the ABS
- Produced two working papers for DoHA on matters related to a study on the national burden of disease
- Produced an interactive online database as a guide to tobacco-smoking data sources and alcohol data sources

- Produced an online virtual report card for the key indicators of progress for monitoring chronic disease (for release in July 2012)
- Prepared ABS population statistics and related material for internal use (Excel workbooks)

## Committees

- Interim Food and Nutrition Sub-Committee: Observer to this subcommittee of the Community Care and Population Health Principal Committee; the subcommittee is chaired by Dr Jeannette Young (Queensland Health)
- Australasian Mortality Data Interest Group: Member of this interest group chaired by Associate Professor James Harrison (Flinders University)

## Data collections managed

- AIHW National Mortality Database
- AIHW Population Database
- Adult Vaccination Surveys Data Collection (legacy data sets)
- Pandemic Vaccination Survey Data Collection (legacy data set)
- Selected veterans and defence health databases and nominal rolls (legacy data sets)
- Chronic Disease Indicators Database
- Database on sources of anthropometric, alcohol and tobacco data



## The health of Australia's males: a focus on five population groups

*The health of Australia's males: a focus on five population groups* was launched in June 2012 at the Murrumbateman Men's Shed by the Minister for Indigenous Health, the Hon. Warren Snowdon MP, as part of Men's Health Week.

The second report in an AIHW series on the health of Australia's males found that certain groups of Australian males are at higher risk of poor health than other males...

**Aboriginal and Torres Strait Islander males** have a life expectancy of 67 years—11.5 years less than non-Indigenous males. Higher rates of chronic diseases, such as lung cancer, diabetes and kidney disease, and health conditions that are uncommon in the general population, such as scabies, trachoma and acute rheumatic fever, contribute to this.

**Males in remote areas** also generally have shorter life expectancy and poorer self-assessed health status. As remoteness increases, so too do several health-related factors, including rates of obesity, tobacco smoking and risky alcohol consumption. There are more new cases of lung cancer, hospitalisations for Type 2 diabetes, and deaths from chronic obstructive pulmonary disease, diabetes and suicide.

**Males living in low socioeconomic areas** generally have a shorter life expectancy. As socioeconomic disadvantage increases, so too do rates of obesity and tobacco smoking. There are more new cases of lung cancer, hospitalisations for Type 2 diabetes and deaths from coronary heart disease, lung cancer, coronary obstructive pulmonary disease, diabetes and suicide.

But some groups enjoy better health.

**Males born overseas** have fewer risk factors and lower overall mortality and hospitalisations.

**Older males** (aged 65 and over) are living longer than ever before, and generally have fewer risk factors than younger males.



## Primary Health and Respiratory and Musculoskeletal Monitoring Unit

### Unit head

Dr Adrian Webster (to April 2012)

Mr Mark Cooper-Stanbury (from April 2012 to June 2012)

Ms Louise York (from June 2012)

### What we do

The Primary Health and Respiratory and Musculoskeletal Monitoring Unit is responsible for monitoring and reporting on three health areas:

- *Primary health care*: The unit is responsible for contributing to improving the primary health care information available nationally. This includes engaging with key stakeholders on a variety of data development activities related to primary health care and acting as data custodian for the historical data of the Bettering the Evaluation and Care of Health survey of general practice.
- *Chronic respiratory conditions including asthma*: The unit monitors asthma, chronic obstructive pulmonary disease and other chronic respiratory conditions nationally in collaboration with the Australian Centre for Asthma Monitoring (ACAM) at the Woolcock Institute of Medical Research.
- *Musculoskeletal conditions including arthritis and osteoporosis*: The AIHW National Centre for Monitoring Arthritis and Musculoskeletal Conditions undertakes surveillance and monitoring of various bone and joint conditions in Australia. The centre is a source of statistical information about various musculoskeletal conditions and their associated problems.

### Objectives

- Conduct national monitoring of asthma and linked respiratory diseases, including chronic obstructive pulmonary disease
- Conduct national monitoring of musculoskeletal conditions, including arthritis and osteoporosis
- Improve access to primary health care information nationally, particularly about the establishment of Medicare Locals, which are primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps
- Be a reliable source of information on the epidemiology of respiratory and musculoskeletal conditions, and on the health care needs of people with these conditions
- Generate data to track the effects of health policy and prevention and management strategies on respiratory and musculoskeletal conditions and primary health care
- Promote and apply uniform statistical standards, methods and definitions for respiratory and musculoskeletal conditions and primary health care
- Promote improvements in primary health care information, including working with stakeholders to identify data needs, gaps and options for data development

## Performance in planned statistical and reporting deliverables

Contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Publish a report on primary health care	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish <i>Allergic rhinitis ('hay fever') in Australia</i>	<b>Achieved</b>
Publish a report on the geographical distribution of asthma	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish website snapshots on: <ul style="list-style-type: none"> <li>- chronic obstructive pulmonary disease</li> <li>- asthma (an update, jointly with the ACAM)</li> <li>- back problems</li> </ul>	<b>Achieved</b>  <b>Achieved</b>  <b>Achieved</b> <i>To be released in July 2012</i>
Finalise a chronic disease monitoring framework	<b>Achieved</b>
Contribute to <i>Asthma in Australia 2011: with a focus chapter on chronic obstructive pulmonary disease</i> (led by the ACAM)	<b>Achieved</b>
Contribute to a report reviewing data sources to investigate the use of influenza and pneumococcal vaccination among people with obstructive airways disease (led by the ACAM)	<b>Work in progress</b> <i>To be published in 2012–13</i>
Contribute to a report on use of antibiotics by people with obstructive airways disease (led by the ACAM)	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish <i>Population differences in health-care use for arthritis and osteoporosis in Australia</i>	<b>Achieved</b>
Publish <i>Use of antiresorptive agents for osteoporosis management</i>	<b>Achieved</b>



## Performance in planned data development activities

- Contributed to data development activities relating to the establishment of Medicare Locals and the related reporting infrastructure
- Contributed to data development relating to National Healthcare Agreement performance indicators where relevant to primary health care or respiratory or musculoskeletal conditions
- Improved national data collections for respiratory conditions, including asthma, chronic obstructive pulmonary disease and other related chronic respiratory diseases
- Contributed to the development of data about musculoskeletal conditions including arthritis and osteoporosis

## Additional projects

- Provided advice to the ACT Medicare Local to support its plans to develop information about local area population health needs
- Managed the relationship between the AIHW and the ACAM, an AIHW collaborating unit

## Committees

- National Asthma and Linked Chronic Respiratory Conditions Monitoring Advisory Group: Secretariat for this advisory group chaired by Professor Carol Armour (The University of Sydney)
- National Centre for Monitoring Arthritis and Musculoskeletal Conditions Advisory Group: Secretariat for this committee chaired by Professor Graeme Jones (Menzies Research Institute Tasmania)
- National Advisory Committee for the Centre of Research Excellence in accessible and equitable primary health service provision in rural and remote Australia: Support to the AIHW member of this Monash University School of Rural Health committee chaired by Professor John Humphreys (Monash University)
- Victorian Community Health Indicator Project Group: Support to the AIHW member of this Victorian Department of Health group chaired by Mr Paul Ireland (Victorian Quality Council)

## Data collections managed

- Bettering the Evaluation and Care of Health (BEACH) survey data (historical collections before 1 July 2011), as data custodian



# Hospitals and Performance Group

## Group head

Ms Jenny Hargreaves

## What we do

The Hospitals and Performance Group provides statistical leadership, develops and compiles data, undertakes analyses and disseminates policy-relevant statistical information about hospitals and health sector performance, including the safety and quality of health care. Main outputs are the *Australian hospital statistics* suite of products and data and information content for the *MyHospitals* website.

The group has a focus on shaping the AIHW's future role in hospital data management and reporting, and in health sector performance reporting, within the changing environment of the national health reforms.

The group contributes to national and international data and information infrastructure development through leadership and participation in a range of national activities and forums relating to information on hospitals, health care safety and quality, and performance reporting. The group is also responsible for coordinating aspects of Australia's international health classification work.

## Major achievements

During 2011–12, major achievements of the group were:

- publishing, for the first time, national statistics about *Staphylococcus aureus* bacteraemia, a serious bloodstream infection associated with hospital care

- updating the *MyHospitals* website with data on *Staphylococcus aureus* bacteraemia, hand hygiene, cancer services and cancer surgery waiting times
- producing *Australia's hospitals at a glance* for release as a web product
- contributing to the review of performance indicators for the National Healthcare Agreement
- providing data and data quality statements for all AIHW data supplied for the COAG National Agreements performance indicators
- providing data and technical advice relating to several COAG National Partnership Agreements Performance Indicators
- engaging with stakeholders to update several hospital national minimum data sets to meet contemporary health reform needs
- developing data quality statements for data supplied by the AIHW for the SCRGSP's *Report on government services 2012*.

## Units in this group

- Health Performance Indicators
- Hospitals Comparison
- Hospitals Data
- Hospitals Information Improvement
- Hospitals Reporting

At the start of the year, the Health Care Safety and Quality Unit ceased. The Hospitals Comparison Unit was formed in January 2012.



## Health Performance Indicators Unit

### Unit head

Ms Louise York (to June 2012)

Ms Justine Boland (from June 2012)

### What we do

The Health Performance Indicators Unit develops, compiles and analyses data relevant to the performance monitoring of Australia's health care system. The unit's major focus is on coordinating the development and delivery of high-quality performance indicators under the National Healthcare Agreement, in consultation with national health information committees. The unit also coordinates the AIHW's contributions for the SCRGSP's *Report on government services*, and works with stakeholders to develop national data collections required for health performance reporting, particularly for non-admitted patients of hospitals.

### Objectives

- Work closely with the National Health Information Standards and Statistics Committee (NHISSC) of the Australian Health Ministers' Advisory Council to refine health performance indicators for the National Healthcare Agreement and assist in meeting other national reporting requirements related to the Intergovernmental Agreement on Federal Financial Relations
- Provide technical advice for the review of the National Healthcare Agreement conceptual framework and indicators
- Coordinate the provision of performance reporting material under the National Healthcare Agreement from the AIHW and other relevant agencies to central agencies within agreed deadlines
- Improve the quality and comprehensiveness of Australia's national data on non-admitted patients of hospitals

### Performance in planned statistical and reporting deliverables

Contribute to *Australia's health 2012*

**Achieved**

Supply National Healthcare Agreement performance indicators and associated data quality statements to the SCRGSP

**Achieved**

Publish a bulletin on the data development requirements for hospital emergency department services

**Not achieved**  
*Removed from work plan*

### Performance in planned data development activities

- Coordinated the program of refining data and metadata standards required for the reporting of performance indicators under the National Healthcare Agreement
- Finalised development of a new data set specification to support reporting of information about waiting times for radiotherapy treatment services, endorsed by the NHISSC and the National Health Information and Performance Principal Committee
- Coordinated the AIHW's inputs for performance indicator reporting under COAG arrangements and for the SCRGSP's *Report on government services 2012*
- Liaised with national information committees, the SCRGSP, the COAG Reform Council and other bodies responsible for the development of health sector performance reporting
- Worked with all stakeholders to facilitate the continuous improvement of data sources and reporting processes required for COAG performance reporting

## Additional projects

- Began emergency department data development, and completed development of national metadata and performance indicators to support reporting against the National Emergency Access Target (National Partnership Agreement on Improving Public Hospitals (2011) Schedule C)
- Contributed to the development of a set of core questions for surveys on the experiences of hospital patients
- Finalised amended metadata to improve the collection of data on the sources of hospital patient funding, and contracted care arrangements
- Contributed to a report on the quality of Indigenous identification in emergency departments, part of COAG's Closing the Gap strategy
- Managed the relationship between the AIHW and the National Injury Surveillance Unit, an AIHW collaborating unit
- Published *Australian hospital statistics 2010–2011: Staphylococcus aureus bacteraemia in Australian public hospitals*
- National Healthcare Agreement Review Working Group: Member of this COAG subcommittee, chaired by Ms Helen McDevitt (Department of the Prime Minister and Cabinet)
- Patient Experience Survey Reference Group: Member of this ABS group, chaired by Dr Paul Jelfs (ABS)
- Steering Committee for a data quality study on hospital separation data: Member and support to co-chairs of this National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data subcommittee, chaired by the AIHW

## Data collections managed

- *Staphylococcus aureus* Bacteraemia National Data Collection

## Committees

- National Health Information Standards and Statistics Committee: Support to the AIHW member of this committee of the National Health Information and Performance Principal Committee; the committee is chaired by Dr David Filby (Australian Health Ministers' Advisory Council)
- Potentially Preventable Hospitalisations and Potentially Avoidable Deaths Working Group: Secretariat to this NHISSC working group, jointly chaired by the AIHW and Mr Neville Board (ACSQHS)
- Emergency Data Development Working Group: Secretariat to this NHISSC working group, chaired by the AIHW
- Patient Experience Information Development Working Group: Member of this NHISSC working group, jointly chaired by Mr Neville Board (ACSQHS) and Mr David Dennis (DoHA)



## Hospitals Comparison Unit

### Unit head

Mr David Braddock

### What we do

The Hospitals Comparison Unit is responsible for developing comparative performance data for Australian hospitals, drawing upon established AIHW data sources and building new collections. The unit develops data presentations and accompanying information for the *MyHospitals* website in collaboration with government and private sector stakeholders.

### Objectives

- Work closely with the MyHospitals Development Steering Committee and the National Health Performance Authority to

develop new information for reporting on the *MyHospitals* website, and work towards improving the quality, timeliness and comprehensiveness of existing content for the website

- Develop and build data collection infrastructure in consultation with hospital data providers to underpin the ongoing reporting of hospital performance indicators on the website
- Work closely with the ACSQHC, the National Health Performance Authority, the NHISSC and other stakeholders to align hospital performance reporting
- Work with private hospitals and their representative organisations to increase participation by private hospitals in the AIHW's data collections and to expand the range of data they report on the *MyHospitals* website

### Performance in planned statistical and reporting deliverables

Publish data on the *MyHospitals* website for:

- hand hygiene, audit period 3, 2011 and audit period 1, 2012
- cancer services, 2009–10 and 2010–11
- cancer waiting times, 2010–11
- unplanned hospital readmissions, 2010–11

**Achieved**

**Achieved**

**Achieved**

**Work in progress**

*To be published by the National Health Performance Authority*

### Performance in planned data development activities

- Continued the development of new public and private hospital peer group classification
- Contributed to the development of unplanned readmission specifications for core hospital-based outcome indicators for the ACSQHC and the reporting under the National Healthcare Agreement

### Additional projects

- Prepared national coefficients and reference data for core hospital-based outcome indicators for the ACSQHC

## Committees

- MyHospitals Development Steering Committee: Support to AIHW members of this committee that reports to AHMAC and health ministers; the committee is co-chaired by the AIHW Director and Ms Kerry Flanagan (DoHA)
- Cancer Services Working Group: Secretariat to this working group of the MyHospitals Development Steering Committee, which is chaired by the AIHW
- Hospitals Readmissions Working Group: Secretariat to this working group of the MyHospitals Development Steering Committee, which is chaired by the AIHW

## Data collections managed

- Hand Hygiene Audit Data Collection
- Cancer Treatment Services Data Collection

## Hospitals Data Unit

### Unit head

Mr George Bodilsen

### What we do

The Hospitals Data Unit is the custodian of the AIHW's national hospitals databases. The unit is responsible for their collation and maintenance, as well as improving data quality and timeliness, such as by managing the online hospitals data Validata™. The unit undertakes hospitals data development, with a focus on establishment-level data. It also provides support for use of hospitals data by AIHW staff and staff in collaborating units. Additionally, the unit is responsible for developing, collating and reporting on AIHW's data on medical indemnity claims.

### Objectives

- Further develop processes to support earlier receipt, preparation and validation of hospital data
- Receive and validate data provided under the National Partnership Agreement on Improving Public Hospital Services
- Continue to develop national data and statistical outputs on medical indemnity claims, informed by the recent review of this activity
- Support the use of AIHW hospitals data by staff of the AIHW and its collaborating units

### Performance in planned statistical and reporting deliverables

Finalise and publish *Australia's public sector medical indemnity claims 2008–09* and associated online data cubes

**Achieved**  
*The 2009–10 publication and data cubes were also released*

Finalise and publish *Public and private sector medical indemnity claims in Australia 2008–09* and associated online data cubes

**Achieved**  
*The 2009–10 publication and data cubes were also released*

## Performance in planned data development activities

- Continued to improve the processes for receipt and validation of hospitals data, particularly through improvements in the hospitals validator
- Produced a draft data set specification for private hospital establishments
- Undertook data development for the new ABS geographical classification as it applies to data elements in the hospitals databases

## Additional projects

- Undertook a project for DoHA to receive, validate and report on quarterly elective surgery and emergency department data provided by states and territories under the National Partnership Agreement on Improving Public Hospital Services
- Developed data quality statements for hospital-related data reporting

## Committees

- Medical Indemnity Data Working Group: Secretariat for and member of this working group of the National Health Information Standards and Statistics Committee; the working group is chaired by Ms Michele Murphy (NSW Health)
- Medical Indemnity National Collection Coordinating Committee: Secretariat for and member of this AIHW advisory committee, with Mr Julien Wicks (DoHA) as the acting chair

## Data collections managed

- National Hospital Morbidity Database
- National Public Hospital Establishments Database
- National Elective Surgery Waiting Times Data Collections (Removals and Census)
- National Non-admitted Patient Emergency Department Care Database
- National Outpatient Care Database
- Medical Indemnity National Collection

## Hospitals Information Improvement Unit

### Unit head

Ms Cheryl Harkins (to January 2012)

Vacant (from February 2012 to May 2012)

Ms Jodee Njeru (acting from June 2012)

### What we do

The Hospitals Information Improvement Unit undertakes development for hospital data, focusing on admitted patients and elective surgery waiting times, and works in partnership with the ACSQHC on its information strategy projects. The unit is the AIHW's focal point for health classifications, such as the International

Classification of Diseases, contributing to national and international classification development and providing a source of expert advice for staff working with classifications and coded data.

### Objectives

- Review national definitions of urgency categories for elective surgery, working with the Royal Australasian College of Surgeons
- Work with the ACSQHC on their information strategy projects
- Support the use and development of national and international health classifications in the AIHW
- Improve the quality of admitted patient care data and analysis through metadata improvements

## Performance in planned statistical and reporting deliverables

Publish a report on OECD health care quality indicators in Australia: results and appropriateness of their use

**Work in progress**  
To be published in 2012–13

Trial core hospital-based outcome indicators for private hospitals

**Achieved**

### Performance in planned data development activities

- Contributed to external national data and information infrastructure development including through representing the AIHW on relevant national information committees
- Contributed to the development of core hospital-based outcome indicator specifications, for the ACSQHC
- Contributed to international classification activities
- Organised an event to launch the WHO's consultation on the International Classification of Diseases, 11th Revision, in Australia

### Committees

- Australian Collaborating Centre for the WHO Family of International Classifications: Secretariat for this centre, chaired by the AIHW
- Council of the WHO Family of International Classifications' Network of Collaborating Centres: AIHW/Australian representative on this council co-chaired by Dr Stephanie Weber (German centre) and Dr Lars Berg (Nordic Centre)

## Hospitals Reporting Unit

### Unit head

Ms Katrina Burgess

### What we do

The Hospitals Reporting Unit is responsible for statistical reporting on hospitals, including preparation of the Australian hospital statistics suite of products and the data component of the *MyHospitals* website. The unit also prepares hospital performance indicators for reporting under the National Healthcare Agreement and the SCRGSP's *Report on government services*.

### Objectives

- Continue to liaise with stakeholders to ensure the ongoing development and policy relevance of the Australian hospital statistics suite of products
- Continue to produce data for the *MyHospitals* website in order to improve the availability of hospitals information

## Performance in planned statistical and reporting deliverables

Contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Produce performance indicator data and data quality statements for National Healthcare Agreement reporting	<b>Achieved</b>
Publish <i>Australian hospital statistics 2010–11</i> and an 'at a glance' companion report	<b>Achieved</b>
Publish <i>Australian hospital statistics 2010–11: emergency department care and elective surgery waiting times</i>	<b>Achieved</b>

### Additional projects

- Expanded information on surgery in the Australian hospital statistics suite of products

### Committees

- Australian Hospital Statistics Advisory Committee: Secretariat for this AIHW advisory committee chaired by the AIHW

### Data collections managed

- Supplementary Private Hospitals Data Collection (for the *MyHospitals* website)



# Housing and Homelessness Group

## Group head

Mr Geoff Neideck  
Ms Vicki Bennett (acting from September 2011 to November 2011)

## What we do

The Housing and Homelessness Group is responsible for producing statistics, analysis and information on homelessness, social housing and housing assistance.

In collaboration with key government and non-government stakeholders, the group collects and analyses national housing and homelessness data, identifies data items for national collections and produces national reports. In particular, its work encompasses specialist homelessness services, public rental housing, state owned and managed Indigenous housing, community housing, home purchase assistance, private rent assistance (including, where applicable, assistance provided by the states and territories) and Indigenous community housing.

The group works with state housing authorities, community services departments and other state and territory representatives, FaHCSIA and the not-for-profit sector to produce national housing and homelessness information.

The group supports COAG's objectives for transparent and standardised performance information for the public by providing data on performance indicators for the SCRGSP's *Report on government services*, and the National Affordable Housing Agreement and associated partnership agreements.

## Major achievements

During 2011–12, major achievements of the group were:

- establishing the Specialist Homelessness Services Collection from 1 July 2011, with the first quarter report released in April 2012
- developing data products for the Specialist Homelessness Services Collection

- contributing to a review of performance indicators for the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness
- providing housing and homelessness data and data quality statements for the COAG National Agreements Performance Indicators
- providing data and technical advice relating to several COAG National Partnership Agreements Performance Indicators and for the SCRGSP's *Report on government services* Performance Indicator Framework.

## Units in this group

- Homelessness Reporting and Data Development
- Housing
- Specialist Homelessness Services Collection

At the start of and during the year several functional changes were made to the group, to accommodate the work program associated with moving the collection of homelessness data from the former Supported Accommodation Assistance Program collections to the new and expanded Specialist Homelessness Services Collection. Three units ceased operating:

- Homelessness Data Collection
- Homelessness Business Transition Unit
- Specialist Homelessness Services Client Management System.

The Housing Unit moved from the Continuing and Specialised Care Group.



## Homelessness Reporting and Data Development Unit

### Unit heads

Ms Vicki Bennett (June 2011 to September 2011)

Ms Clara Jellie (acting from September 2011 to November 2011)

Ms Cathy McNickle (acting from November 2011 to May 2012)

Ms Deborah Foulcher (from May 2012)

### What we do

The Homelessness Reporting and Data Development Unit analyses and reports on data from the Specialist Homelessness Services (SHS) Collection. This collection describes clients assisted by government-funded specialist homelessness services, their circumstances, and the services provided. The SHS Collection, which began on 1 July 2011, replaced the Supported Accommodation Assistance Program (SAAP) Data Collections.

The SHS Collection is the authoritative source of data on services to support homeless people and those at risk of homelessness. As such, it is an important contributor to the evidence base for monitoring and evaluating homelessness and the effects of reforms in the homelessness sector.

### Objectives

- Produce reports and other data outputs from the SHS Collection, including publications and national performance indicator reporting requirements
- Undertake policy-relevant analysis on this homelessness data set, and other special data requests as required (using SHS and SAAP data as appropriate)
- Maintain and develop data standards relating to the SHS Collection
- Provide input to national committees and groups that are responsible for homelessness data and policy

### Performance in planned statistical and reporting deliverables

Finalise the chapter on homelessness for *Australia's welfare 2011* **Achieved**

Produce agency reports for 2010–11 for each agency contributing to national homelessness services collection arrangements **Achieved**

Report against COAG performance indicators using national homelessness services collections **Achieved**

Support development of additional homelessness metadata for the COAG reform agenda **Work in progress**  
*Progressing subject to committee deliberations*

Publish substantive reports and new SHS data, including:

– *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Australia* and reports for each jurisdiction **Achieved**

– *People turned away from government-funded specialist homelessness accommodation 2010–11* **Achieved**

– *Specialist Homelessness Services Collection: first results* **Achieved**

– *Specialist Homelessness Services Collection: December quarter 2011* **Achieved**  
*To be released in July 2012*

Produce 2010–11 confidentialised unit record files for each state and territory using SAAP data for 2010–11 **Achieved**

Complete the housing and homelessness common data standards assessment project **Work in progress**  
*Project being redefined*

## Performance in planned data development activities

- Contributed to weighting, estimation, validation analysis and improvements to the SHS data items
- Performed quality control procedures for the Specialist Homelessness Services Collection

## Committees

- Specialist Homelessness Services User Advisory Group: Secretariat for this group, which is chaired by the AIHW
- Housing and Homelessness Policy and Research Working Group: Support to the AIHW observer of this Housing Ministers' Advisory Committee group chaired by Ms Marion Bennett (Housing NSW)
- Housing and Homelessness Information Management Group: Support to the AIHW member of this Housing and Homelessness Policy and Research Working Group subcommittee chaired by Ms Maureen Sheehan (ACT Community Services Directorate)

## Data collections managed

- Specialist Homelessness Establishment Database National Minimum Data Set Collection
- Specialist Homelessness Services National Minimum Data Set Collection

## Collections that ceased on 30 June 2011

- Supported Accommodation Assistance Program Administrative Collection
- Supported Accommodation Assistance Program Client Collection
- Supported Accommodation Assistance Program Demand for Accommodation Collection
- Victorian Homelessness Data Collection



## Housing Unit

### Unit head

Ms Moira Hewitt

### What we do

The Housing Unit manages national data collections related to housing assistance. These collections include public and community housing, community and state-owned Indigenous housing, rent and home purchase assistance, and the National Social Housing Survey. Information from these collections is used for national performance reporting for COAG and the SCRGSP's *Report on government services*, and for publishing reports and bulletins related to social housing and housing assistance.

### Objectives

- Develop performance indicators and output measures that meet the reporting needs of housing and community services ministers
- Build on the AIHW's positive relationship with stakeholders to ensure that the unit collects, reports and provides data that meet their needs
- Build on the data holdings of the National Housing Assistance Data Repository to ensure that it meets the new national reporting requirements and supports a wide range of policy-relevant analysis

#### Performance in planned statistical and reporting deliverables

Finalise a chapter on housing for *Australia's welfare 2011* report **Achieved**

Publish the annual report on housing assistance for 2012 **Work in progress**  
*To be published in 2012–13*

Review the needs of stakeholders for reporting on Indigenous housing and homelessness **Work in progress**  
*Awaiting the findings of the National Social Housing Survey*

Produce online annual data tables for public rental housing, state owned and managed Indigenous housing, and mainstream community housing for 2010–11 **Not achieved**  
*Withdrawn from the work program*

Publish bulletins on the housing circumstances of older people, tenure length and moving house in social housing, and a bulletin using National Social Housing Survey data **Work in progress**  
*To be published in 2012–13*

Publish:

- *National Social Housing Survey: a summary of national results* **Achieved**
- *National Social Housing Survey 2010: state and territory results* **Achieved**  
*To be released in August 2012*
- *Key results from the 2010 national housing survey of public housing and community tenants: state and territory report* **Work in progress**  
*To be published in 2012–13*

Produce performance data and data quality statements for national performance indicators for the COAG Reform Council 2012 report **Achieved**

Produce performance data on public rental housing, state owned and managed Indigenous housing, mainstream community housing and Indigenous community housing for the SCRGSP's *Report on government services 2012* **Achieved**

## Performance in planned data development activities

- Supported the development of integrated waitlist data sets from states and territories to form a national data source for assessing need and demand for housing assistance
- Reviewed protocols and analysis for Australian Government Housing Data Set with a view to increasing its use for policy-relevant analysis
- Finalised the scope of data items for all social housing data collections, and drafted national metadata standards for these items for further consideration as national minimum data sets
- Reviewed the consistency of data items across housing and homelessness data sets, and identified improvements to their quality, coverage and relevance to support their use for national reporting and policy priorities

## Committees

- Housing and Homelessness Information Management Group: Support to the AIHW member of this Housing and Homelessness Policy and Research Working Group subcommittee chaired by Ms Maureen Sheehan (ACT Community Services Directorate)
- Housing and Homelessness Working Group: Support to the AIHW observer of this SCRGSP working group chaired by Ms Janelle Thurlby (Queensland Department of Treasury)

## Data collections managed

- Public Rental Housing Data Collection
- State Owned and Managed Indigenous Housing Data Collection
- Community Housing Data Collection
- Indigenous Community Housing Data Collection
- Australian Government Housing Data Set Collection
- Private Rent Assistance Data Collection
- Home Purchase Assistance Data Collection
- National Social Housing Survey data



## Specialist Homelessness Services Collection Unit

### Unit head

Ms Penny Siu

### What we do

The Specialist Homelessness Services Collection Unit works to improve the evidence base for homelessness issues and services to people who are homeless and/or in crisis. The Specialist Homelessness Services (SHS) Collection is vital for policy design and evaluation, as well as service improvement and monitoring of specialist homelessness services in Australia. The unit manages the collection and processing of data on government-funded specialist homelessness services for the new SHS Collection.

The unit liaises with a range of external stakeholders including the ABS, Centrelink, FaHCSIA, state and territory governments, national peak bodies and other sector representatives,

the private sector, various research institutes and relevant committees. SHS agencies are supported by the AIHW SHS Collection Hotline and through regular communications, such as newsletters.

### Objectives

- Deliver high-quality SHS Collection data for national performance reporting purposes and for research and analysis
- Work with key internal and external stakeholders on the management and maintenance of the homelessness data collection
- Encourage homelessness services agencies and peak bodies, and state and territory governments to participate in the SHS collection through regular communications and training
- Manage the contract with the provider of the Specialist Homelessness Information Platform (SHIP), including technical updates and product certification

### Performance in planned statistical and reporting deliverables

Introduce the new SHS Collection on 1 July 2011, including the new client management system for homelessness agencies

**Achieved**  
*Follows substantial survey and systems development during 2010–11*

Process and validate SHS data ready for reporting purposes

**Achieved**

Complete production of stakeholder communication products related to the introduction of the SHS collection

**Achieved**

### Performance in planned data development activities

- Managed, maintained and further developed business requirements and technical specifications
- Contributed to weighting, estimation, validation analysis of and improvements to SHS data items

### Additional projects

- Managed the contract for the supply and support of the new client management system

### Committees

- Specialist Homelessness Services User Advisory Group: Member of this AIHW advisory group chaired by the AIHW
- Housing and Homelessness Policy and Research Working Group: Support to the AIHW observer of this Housing Ministers' Advisory Committee group chaired by Ms Marion Bennett (Housing NSW)
- Housing and Homelessness Information Management Group: Support to the AIHW member of this Housing and Homelessness Policy and Research Working Group subcommittee chaired by Ms Maureen Sheehan (ACT Community Services Directorate)



## Validata™ improves quality of data

### Spotlight

Our online data receipt and validation product, Validata™, has been designed to improve the quality and timeliness of data supplied by jurisdictions and non-government organisations. In 2011–12, it has been used with the Specialist Homelessness Services Collection in addition to its original use with hospitals data in 2010–11.

Validata™ is an innovative and custom-built automated data validation tool (or more colloquially a 'data cleaner') that has significantly reduced the time taken for the AIHW to publish hospitals and homelessness data and has built the AIHW's reputation with jurisdictions for helping them supply accurate data.

We can now collect and report hospitals data much faster than before—for example, hospital emergency department and elective surgery data for 2010–11 was available within 4 months of the end of the collection year, previously it has taken 10 months.

Following its application to the Specialist Homelessness Services Collection, Validata™ will progressively be extended across other AIHW data collections.



# Information and Statistics Group

## Group head

Ms Teresa Dickinson

## What we do

The Information and Statistics Group is responsible for supporting the statistical excellence of the AIHW through metadata and information management services, statistical quality assurance work, the support and conduct of advanced statistical research, and the continual improvement of the AIHW's statistical infrastructure, including classifications and standards.

The group also publishes policy-relevant statistical information about the financial and human resources used in health and welfare. Expenditure is analysed in a number of ways, including by state, by funding source and for different groups, such as Indigenous Australians. The group manages the statistical reuse of information from the National Registration and Accreditation Scheme for health professionals, as well as providing other information relating to the workforce in health and community services occupations and industries in Australia.

The group has worked towards accreditation as an integrating authority for the integration of Commonwealth data to enable it to operate a Data Integration Services Centre. The centre will undertake data linkage work for researchers, both internal and external to the AIHW, to support a wide variety of innovative analyses about the health and welfare of Australians, such as longitudinal analysis and movements between health and welfare services. This will increase the value of individual data sets.

## Major achievements

During 2011–12, major achievements of the group were:

- completing all requirements and achieving accreditation as an integrating authority at the end of June 2012
- expanding internal data linkage capability and forging links with the Population Health Research Network
- upgrading METeOR to enable its use as a metadata store and register, and providing training to internal staff and external agencies (government and non-government) on the use of technology in METeOR
- progressed the development of data quality statements for all data supplied by the AIHW
- working with national information committees and other AIHW units on major metadata and standards projects related to hospitals, mental health and radiotherapy waiting times.

## Units in this group

- Data Integration Services Centre
- Data Linkage
- Expenditure and Economics
- Labour Force
- METeOR and Metadata

During the year a number of structural changes were made to the Information and Statistics Group:

- the Data Integration Services Centre was created in September 2011
- a Geography Unit was created in September 2011, but was integrated into the METeOR and Metadata Unit in June 2012.

3

Our operating units

## Data Integration Services Centre

### Unit head

Mr Warren Richter (from September 2011 to March 2012)

Associate Professor James Boyd (from March 2012 to June 2012)

Mr Tenniel Guiver (from June 2012)

### What we do

The Data Integration Services Centre provides the infrastructure to support the AIHW's data integration (also known as data linkage) work. It works closely with the AIHW Data Linkage Unit to ensure that processes and infrastructure to support data custodians and researchers in undertaking data integration are efficient and provide researchers with access to linked data in accordance with privacy obligations. The unit is the main point of contact with the wider national and international data linkage communities. The centre manages AIHW's membership of the Population Health Research Network (PHRN) and is responsible for maintaining the AIHW's accreditation by the Commonwealth as a Data Integration Authority.

### Objectives

- Maintain accreditation as an integrating authority under the guidelines defined for data integration involving Commonwealth data for statistical and research purposes
- Complete the physical and IT separation of the AIHW integrating authority from the mainstream AIHW infrastructure, to demonstrate the AIHW's strong privacy protections
- Enhance the operations of the Data Integration Services Centre to undertake high-risk, complex data integration projects and provide the capacity to meet researchers' needs
- Refine the governance process and protocols for data integration involving Commonwealth data

- Develop efficient, best practice data integration operations that improve the availability and use of data while maintaining protection of individuals' privacy
- Undertake collaborative work on data linkage methodology with PHRN nodes

### Performance in planned development activities

- Developed, set up and documented governance procedures and structures for operation of the Data Integration Services Centre
- Endorsed as an accredited integrating authority under the interim Commonwealth arrangements
- Established secure IT infrastructure to support data integration activity, including high-risk data integration projects involving Commonwealth data
- Established a secure physical environment with enhanced security to securely undertake data integration
- Developed operating procedures for data linkage operations consistent with the high-level principles for data integration involving Commonwealth data for statistical and research purposes, including protocols for the creation, analysis and protection of linked data
- Acted as the AIHW's contact point with national and international data linkage researchers and contributed to national developments on data linkage

### Committees

- Population Health Research Network Operations Committee: Member of this committee that advises the PHRN Management Council and is chaired by Professor Louisa Jorm (Sax Institute)
- Population Health Research Proof of Concept Reference Group: Member of this group that reports to the PHRN Management Council and is chaired by Ms Diana Rosman (WA Department of Health)
- Population Health Research Network Ethics, Privacy and Consumer Engagement Advisory Group: Support to the AIHW member of this Population Health Research Network Management Council group chaired by Mr Andrew Stanley (SA-NT DataLink)



## Data Linkage Unit

### Unit head

Dr Phil Anderson

### What we do

The Data Linkage Unit facilitates the development and analysis of person-centred (rather than program-centred) data to support whole-of-government and whole-of-life approaches to policy. The unit achieves this by investigating data linkage and analytical methods, undertaking data linkage and analyses of linked data sets, and providing leadership and assistance to analyses undertaken elsewhere in the AIHW, through close collaboration with subject matter staff.

The unit also undertakes record linkage with the National Death Index, the National Cancer Statistics Clearing House and other data to support internal and external linkage-based research projects. These projects have received approval from the AIHW Ethics Committee. All data linkage takes place within the strict ethical and privacy arrangements determined by the Director, AIHW and the AIHW Board and, where appropriate, in accordance with the principles for the integration of Commonwealth data.

### Objectives

- Work with the Data Integration Services Centre to ensure the proper operation of that unit as an accredited integrating authority under the new guidelines on data integration involving Commonwealth data for statistical and research purposes
- Develop the AIHW's capacity to fill information gaps through the continued enhancement of data linkage and analytical methodologies
- Increase confidence in, and acceptance of, data linkage by explaining its benefits and publicising the AIHW's strong privacy protections
- Develop better ways of presenting key findings from linked data and integrating the findings with other statistical analyses in AIHW reports
- Enhance methods and systems to create the data sets required for the AIHW's expanded program of linkage-based statistical analysis and research
- Support the production of those COAG performance indicators to be derived from linked data views of Australians' health and welfare, by undertaking and supporting analyses of linked data

### Performance in planned statistical and reporting deliverables

Publish a technical paper for deriving key patient variables for hospital dementia service outcomes

**Work in progress**  
*To be published in 2012–13*

Publish a report on the use of combinations of aged care services and the total number of people using these services

**Work in progress**  
*A journal article was published online in 2011–12*

Publish a report on the effect of receiving community care on preventing or delaying entry into permanent residential aged care, from the results of a project on care pathways of older Australians

**Work in progress**  
*To be published in 2012–13*

Finalise and publish a report on the use of hospitals by people in residential aged care

**Work in progress**  
*To be published in 2012–13*

Finalise and publish a technical report linking homelessness, child protection and juvenile justice data

**Work in progress**  
*To be published in 2012–13*

Publish a bulletin on the use of hospitals by people with dementia

**Work in progress**  
*To be published in 2012–13*

## Performance in planned data development activities

- Provided ongoing support for the creation and analyses of linked data by other AIHW units
- Provided linked data sets and advice on their use that support statistical analyses by other AIHW units on an ongoing basis
- Undertook collaborative work on data linkage methodology with Population Health Research Network nodes
- Undertook data linkage to enhance Indigenous identification in mortality and other data
- Undertook statistical development and research on dementia
- Provided data and analysis on the use of aged care services
- Continued development of specific linkage-based COAG performance indicators
- Provided ongoing support for linkage-based analyses by academic and other external researchers
- Undertook data linkage work that responds to the needs of external stakeholders
- Made recommendations about opportunities and directions, and national and jurisdictional capacity, for cross-program and cross-sectoral data linkage in the community services sector, and between that sector and other sectors
- Enhanced and expanded methods for the linkage of large data sets for external researchers, particularly for the National Death Index and Australian Cancer Database
- Completed the development of a flexible system for data linkage using statistical linkage keys and the AIHW's stepwise deterministic method
- In preparation for the AIHW assuming the role of an integrating authority under the new guidelines for data integration involving Commonwealth data for statistical and research purposes:
  - reviewed AIHW protocols for the creation, analysis and protection of linked data
  - prepared an application for accreditation of the AIHW
  - developed an IT system
  - enhanced physical security
  - developed, set up and documented governance procedures and structures

## Committees

- Integrating Authorities Working Group: Member of this working group of the Health Policy Priorities Principal Committee, chaired by DoHA
- Cross Portfolio Statistical Integration Committee Working Group: Member of this committee chaired by the ABS

## Data collections managed

- AIHW Data Catalogue (internal to the AIHW)
- National Death Index

## Expenditure and Economics Unit

### Unit head

Ms Gail Brien (to May 2012)

Dr Adrian Webster (from May 2012)

### What we do

The Expenditure and Economics Unit develops, collates and reports information on expenditure relating to the provision of specific types of health and welfare services, and expenditure by disease. The unit also undertakes other economic analysis work relevant to health and welfare.

### Objectives

- Continue to make expenditure data more accessible, more relevant to policy and more timely. In particular, this involves providing expenditure data to support the Intergovernmental Agreement on Federal Financial Relations' performance indicator reporting process
- Finalise the redevelopment of the health expenditure database to improve the efficiency and timeliness of the collation, processing, editing and output of expenditure data
- Continue improving the methodology used for estimating expenditure statistics, in particular for Indigenous people and, subject to available resources, welfare expenditure
- Grow the AIHW's capacity to provide information on disease expenditure, subject to available resources

### Performance in planned statistical and reporting deliverables

Finalise a chapter of <i>Australia's welfare 2011</i> and contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Publish <i>Health expenditure Australia 2009–10</i> and associated online data cubes	<b>Achieved</b>
Produce data for three performance indicators and the associated data quality statements for National Healthcare Agreement reporting	<b>Achieved</b>
Contribute data on health and aged care expenditure by disease to various AIHW publications	<b>Achieved</b>
Finalise and publish <i>Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09: an analysis by remoteness and disease</i> and associated online tables	<b>Achieved</b>

### Performance in planned data development activities

- Continued to improve the timeliness of health expenditure estimates that are required for National Healthcare Agreement reporting
- Completed redevelopment of the health expenditure database
- Provided ongoing assistance and advice to relevant government departments about the development of data and collection systems that facilitate national expenditure reporting
- Provided ongoing advice to the Productivity Commission on its Indigenous expenditure reporting
- Continued to contribute to the expenditure data development and reporting work of the WHO and the OECD
- Developed a new methodology for attributing aged care expenditure to disease categories, initially in relation to dementia

3

Our operating units

### Additional projects

- Provided secretariat functions for the review of public health expenditure data

### Committees

- Health Expenditure Advisory Committee: Chair and secretariat for this committee
- Public Health Expenditure Technical Advisory Group: Secretariat for and member of this advisory group chaired by Ms Robyn Clark (Queensland Health)
- Indigenous Health Expenditure Technical Advisory Group: Secretariat for and joint chair with Mr John Maxwell (DoHA)
- Indigenous Expenditure Framework Steering Committee: Member of this committee chaired by Mr Robert Fitzgerald (Productivity Commission)

### Data collections managed

- Health Expenditure Database
- Government Health Expenditure National Minimum Data Set Collection
- Public Health Expenditure Database
- Welfare Expenditure Database (if resources are made available)
- Indigenous Health Expenditure Database
- Disease Expenditure Database

## Labour Force Unit

### Unit head

Mr David Braddock (to January 2012)  
Ms Vicki Bennett (from January 2012)

### What we do

The Labour Force Unit provides information relating to the workforce in health and community services occupations and industries in Australia, drawing on a range of AIHW and external data sources. A major focus is the statistical reuse of information from the newly-established National Registration and Accreditation Scheme (NRAS) for health professionals, and the collation of national data on health labour forces that culminates in the production of annual reports and online statistics.

### Objectives

- Make labour force data more accessible, more relevant to policy and more timely. In particular, ensure that labour force data collation and reporting activities link to broader national health and community services workforce planning infrastructure and information needs
- Compile and publish information from the NRAS for health professionals, in consultation with stakeholders
- Produce a suite of new publications from the National Health Workforce Data Set, which report on all registered health professions
- Work to implement the COAG health workforce reforms and ensure that labour force outputs complement and contribute to the work of the Health Workforce Principal Committee of the Australian Health Ministers' Advisory Council and Health Workforce Australia, including Health Workforce 2025 and other workforce planning projects

## Performance in planned statistical and reporting deliverables

Finalise a chapter of *Australia's welfare 2011* and contribute to *Australia's health 2012* **Achieved**

Provide data on health workforce and dental services performance indicators for National Healthcare Agreement reporting **Achieved**

Publish *Medical labour force 2009* and associated online tables **Achieved**

Publish *Nursing and midwifery labour force 2009* and associated online tables **Achieved**

Publish products using NRAS data for specific health professions, including:

Publish:

– *Medical workforce 2010* with associated online tables and user guide **Achieved**

– *Nursing and midwifery workforce 2011* **Achieved**

– 12 other professions **Work in progress**  
*Delayed due to format and data quality issues; to be published in 2012–13*

Provide data for use in Health Workforce Australia's National Health Workforce Planning Tool and in the development and review of the National Training Plan **Achieved**  
*For medical practitioners to 2010 and for nurses and midwives to 2011*

Produce data collation and reporting tools for statistical data from the new NRAS for health professionals, including:

– medical practitioners **Achieved**

– nurses and midwives **Achieved**

– other professions **Work in progress**  
*Delayed due to late supply of NRAS data*

Publish a working paper comparing medical workforce data sources **Removed from the work program**

### Performance in planned data development activities

- Submitted a Public Dental Waiting Lists National Minimum Data Set for endorsement

### Additional projects

- Managed the relationship between the AIHW and the Dental Statistics Research Unit, an AIHW collaborating unit
- Managed new relationships between the AIHW and Health Workforce Australia, and between the AIHW and the Australian Health Practitioner Regulation Authority

### Committees

- Workforce Planning and Research Advisory Committee: Member of this Health Workforce Australia group chaired by Mr Ian Crettenden (Health Workforce Australia)

### Data collections managed

- National Health Workforce Data Set collections including:
  - nurses and midwives
  - medical practitioners
  - dental practitioners (dentists, dental hygienists, dental prosthetists and dental therapists)
  - pharmacists
  - physiotherapists
  - podiatrists
  - psychologists
  - optometrists
  - osteopaths
  - chiropractors

## METeOR and Metadata Unit

### Unit head

Ms Melanie Taylor (to March 2012)

Ms Tanya Wordsworth (acting from March 2012)

### What we do

The METeOR and Metadata Unit works with data developers to improve the comparability, consistency, relevance and availability of national health, community services, early childhood education and care, and housing and homelessness information. The unit manages national data definitions and standards, which provide the national infrastructure for the gathering and analysis of information in these areas. It produces biennial editions of national data dictionaries for health, community services and housing assistance. The unit manages METeOR, an online metadata registry. The registry system enables the online creation and dissemination of shared data standards that are the basis of consistent, comparable and linkable data collections.

The unit changed its name from Metadata Information Services—METeOR and Metadata Unit in March 2012.

### Objectives

- Ensure AIHW staff have access to high-quality advice and support on statistical approaches and methods to be used in collecting, analysing and reporting information and statistics
- Support ministerial committees by managing their metadata development and assessment work programs, and by providing expert assessment of the metadata developed for COAG performance frameworks
- Ensure the accessibility of up-to-date national data standards for the health, housing and homelessness, community services and early childhood, education and care sectors, including providing high-quality training, advice and support for users of METeOR technologies
- Provide effective data standard and metadata management technologies that are responsive to the changing needs of users and are up to date with emerging trends

## Performance in planned statistical and reporting deliverables

Update the 2007 publication *A guide to data development*

**Not achieved**  
To be published in 2012–13

Finalise and publish version 16.0 of the *National health data dictionary*

**Work in progress**  
To be published in 2012–13

Finalise and publish version 7.0 of the *National community services data dictionary*

**Achieved**  
To be released in August 2012

Publish version 1.0 of a national housing assistance and homelessness data dictionary

**Work in progress**  
To be published in 2012–13

Publish updates of the data dictionaries online on the METeOR website

**Achieved**

Finalise and publish *A review of the Financial Management Program Data Sets*

**Achieved**

## Performance in planned data development activities

- Assessed metadata developed for COAG reporting, including data elements and performance indicators, and associated methods for providing performance indicator data for specific subpopulations
- Enhanced METeOR's capability as a repository for metadata
- Provided a helpdesk service for METeOR, and training workshops for users and stakeholders
- Enhanced production automation for a range of data dictionary products using emerging technologies
- Continued to develop facilities that enable the automated supply of electronic metadata to data collection, validation and cataloguing systems as well as other data standard registries
- Provided technical advice on metadata development for AIHW units undertaking and collating surveys and collections
- Participated in ongoing work associated with membership of Standards Australia's IT27 and the International Standards Association SC32 WG2 committees responsible for ISO 11179—the international standard for metadata registries—to help ensure that health information standards in Australia are consistent with international standards
- Undertook the development of new METeOR standards to support e-health reporting, including work on new identifier standards for health providers and clients and providing comments on work for Standards Australia's IT14 committee
- Investigated alternative options for a new platform for METeOR, which maintains the ISO standards for metadata registries, including scanning the marketplace based on a predefined set of requirements
- Managed the data development and evaluation work program and undertook related activities for the National Health Information Standards and Statistics Committee
- Managed the data standards work program, provided technical agenda papers and gave technical advice and support to organisations developing data standards for submission to the National Community Services Information Management Group

3

Our operating units

- Managed the data standards work program, provided technical agenda papers and provided technical advice and support to organisations developing data standards for submission to the Housing and Homelessness Information Management Group
- Supported external organisations in their linking to the AIHW's new electronic metadata transmission facility

### Additional projects

- Early Childhood Data Sub Group: Provided support to organisations developing data standards for submission to this subgroup

### Data collections managed

The unit manages metadata collections made available through the AIHW's METeOR website.



## Meteoric win for the Institute

The AIHW's commitment to innovation and modernisation was recognised with a FutureGov 2011 award win for its METeOR Metadata Online Registry.

METeOR, a web-based system for managing, developing and storing data definitions and standards (metadata), won the Information Management category, which recognises 'excellence in the efficient capture, storage and distribution of citizen information'.

'We are very proud to have won this award because METeOR has brought real efficiencies to our business by revolutionising the way users develop, collaboratively review, submit, process and disseminate new data standards', said AIHW Director and CEO, David Kalisch.

The FutureGov awards are open to government, education and healthcare organisations and city administrations in Australasia, Asia and the Middle East. Over 800 entries are received each year.





# Social and Indigenous Group

## Group head

Dr Fadwa Al-Yaman

## What we do

The Social and Indigenous Group provides leadership, both internally and externally to the AIHW, in the areas of children, youth and families, and Indigenous health and welfare information and statistics. It develops, maintains and analyses national data to support monitoring and reporting on the health and welfare of key population groups including Aboriginal and Torres Strait Islander people, and families, children and young people. The group carries the primary responsibility for producing reports for the online *Indigenous Observatory* and an overview report on the health and welfare of Aboriginal and Torres Strait Islander people. It also manages the Closing the Gap Clearinghouse in collaboration with the Australian Institute of Family Studies.

## Major achievements

During 2011–12, major achievements of the group were:

- providing analysis of Indigenous health and welfare through the production of reports under the Health Performance Framework and for the Closing the Gap Clearinghouse, and through modelling life expectancy work
- holding public seminars with authors of Closing the Gap Clearinghouse products, policy makers and the public to promote Clearinghouse research and products
- providing data and data quality statements for AIHW data supplied for the COAG performance indicators in the National Healthcare Agreement and National Indigenous Reform Agreement

- providing data and technical advice on several COAG National Partnership Agreements Performance Indicators
- developing national key performance indicators for Indigenous-specific primary health care services
- developing jointly with the ABS, *National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people: 2012*, for release in July 2012.

## Units in this group

- Child Development
- Children, Youth and Families
- Indigenous Analyses and Reporting
- Indigenous Community and Health Service Reporting
- Indigenous Data Gaps
- Indigenous Research and Evaluation

During the year, a number of structural changes were made to the Social and Indigenous Group:

- the SIG Coordination and Support Unit was created in July 2011 and ceased in May 2012
- the Child Development Unit was created in May 2012.





## International Group for Indigenous Health Measurement meeting

The AIHW was honoured to host the International Group for Indigenous Health Measurement meeting in Canberra on 21–24 February 2012. This was the 5<sup>th</sup> meeting of the group, with the first being held in Vancouver in 2005.

The group comprises representatives from indigenous organisations, national statistical agencies, departments of health, and researchers—all united by a desire to improve the collection, analysis, dissemination and use of health information for indigenous populations.

Representatives from Australia, Canada, New Zealand and the United States each provided Welcome to Country addresses, drawing upon the traditions and stories of their native cultures.

The 2012 meeting, themed 'Issues and prospects', aimed to:

- identify the key issues in indigenous health measurement for the four countries
- assess where the countries are now in terms of addressing them
- consider how to identify solutions
- provide recommendations on tangible outcomes for measures of indigenous health.

The meeting allowed participants to present information on the work they are doing in their own countries to overcome current data deficiencies, share best practice and lessons learnt, and facilitate collaborative projects in the area of indigenous health measurement between the countries.

The AIHW's Social and Indigenous Group head, Dr Fadwa Al-Yaman, was responsible for co-ordinating the event in Australia.

'This is a truly passionate group of people—committed to making real, tangible gains in the area of indigenous disadvantage,' Dr Al-Yaman said.

The next meeting of the group will be held in 2014 in Canada.



*Participants at the International Group for Indigenous Health Measurement meeting.*



## Child Development Unit

### Unit head

Ms Cathy McNickle (acting from May 2012)

### What we do

The Child Development Unit is a new unit established in May 2012 to undertake work on a number of projects funded by DEEWR in the area of child development. The unit is responsible for carrying out a scoping study into an online evidence-based resource of effective attendance strategies for Aboriginal and Torres Strait Islander students. This study will provide practical assistance to school communities and governments.

The unit is working on a new linked national early childhood development researchable data set to foster research in early childhood development across health, human services and early childhood education and care.

The unit is also responsible for a number of internally and externally funded projects relating to childhood development, including data standards work for the Early Childhood Education and Care National Minimum Data Set in co-operation with the Children, Youth and Families Unit.

### Objectives

- Build national leadership in statistics and information related to early childhood development
- Develop collaborative relationships with stakeholders involved in data linkage projects and early childhood development data collections
- Improve reporting on early childhood development through the establishment of a national researchable early childhood development data set

### Performance in planned statistical and reporting deliverables

Publish a report on the quality of Aboriginal and Torres Strait Islander identification in community services data collections

**Work in progress**  
*To be published in 2012–13*

Produce a report on the development of the National Researchable Early Childhood Dataset

**Work in progress**  
*To be published in 2012–13*

Produce a report including a literature review and findings from consultations with schools on effective school attendance strategies for Aboriginal and Torres Strait Islander students

**Work in progress**  
*To be finalised in 2012–13*

### Performance in planned data development activities

- Maintained national data standards and protocols for the Early Childhood Education and Care National Minimum Data Set
- Continued work on developing a national researchable early childhood development linked data set—a national de-identified linked data set on children from birth to the early years of schooling

### Committees

- Early Childhood Data Sub Group: Support to the AIHW member of this subgroup of the Early Childhood Development Working Group; the subgroup is chaired by Ms Kellie Hippit (DEEWR)
- Australian Early Childhood Development Index National Committee: Support to the AIHW member of this DEEWR committee chaired by Mr Matthew Hardy (DEEWR)

## Children, Youth and Families Unit

### Unit head

Ms Melinda Petrie (acting)

### What we do

The Children, Youth and Families Unit monitors, investigates and reports on the health, development and wellbeing of Australia's children and young people. It does this by developing, analysing and disseminating relevant high-quality national

information and statistics. The unit undertakes work in areas encompassing health status, risk and protective factors, education and employment, family and community environments, and safety and security.

### Objectives

- Develop data and expand reporting to further strengthen the policy relevance of the unit's work
- Provide national leadership in statistics and information related to the health and wellbeing of children and youth

### Performance in planned statistical and reporting deliverables

Finalise a contribution to <i>Australia's welfare 2011</i> and contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Publish <i>Social and emotional wellbeing: development of a Children's Headline Indicator</i>	<b>Achieved</b>
Produce children's headline indicators for 2012 for electronic release	<b>Achieved</b>
Publish a biennial technical working paper on operational definitions and data issues for key national indicators of children's health, development and wellbeing	<b>Not achieved</b> <i>Not required by the funder</i>
Publish a biennial indicator framework of children's health, development and wellbeing	<b>Work in progress</b> <i>To be published in a broader report in 2012–13</i>
Publish a substantive biennial report on indicators of children's health, development and wellbeing current to 2013	<b>Work in progress</b> <i>To be published in 2012–13</i>
Develop indicators for reporting on the health and wellbeing of children	<b>Not achieved</b> <i>Not required by the funder</i>



## Performance in planned data development activities

- Maintained national data standards and protocols for the Early Childhood Education and Care National Minimum Data Set
- Worked on consultation and communication strategies for the development of a nationally consistent and comprehensive maternal and perinatal mortality and morbidity data collection project, together with the National Perinatal Epidemiology and Statistics Unit (NPESU), an AIHW collaborating unit
- Reviewed national information needs in relation to maternal and perinatal morbidity and mortality
- Worked jointly with the NPESU in assessing existing data collections to support national information needs in relation to maternal and perinatal morbidity and mortality, and identifying options for reducing data inconsistency and gaps

## Additional projects

- Investigated the affordability of preschool services and provided a report to the Early Childhood Data Sub Group
- Improved national data standards and reporting for children in the early childhood education and care sector
- Improved the quality and availability of data on maternal morbidity and mortality, together with the NPESU
- Managed the relationship between the AIHW and the NPESU

## Committees

- National Child Information Advisory Group: Secretariat for this AIHW advisory group chaired by Professor George Patton (The University of Melbourne)
- National Youth Information Advisory Group: Secretariat for this AIHW advisory group chaired by Professor George Patton (The University of Melbourne)
- National Perinatal Data Development Committee: Secretariat for this AIHW advisory committee chaired by Ms Sue Cornes (Queensland Health)
- National Maternity Data Development Project Advisory Group: Member of and secretariat for this AIHW advisory committee chaired by the AIHW
- Expert Commentary Group: National Core Maternity Indicators Project: Member of and secretariat for this AIHW advisory committee chaired by the AIHW

## Data collections managed

The unit does not collate data provided by multiple sources into national collections, but maintains, documents and analyses national ABS and AIHW data related to child and youth health, development and wellbeing.

## Indigenous Analyses and Reporting Unit

### Unit heads

Dr Indrani Pieris-Caldwell (to May 2012)  
Ms Michelle Gourley (acting from May 2012)

### What we do

The Indigenous Analyses and Reporting Unit provides statistics and information on the health and wellbeing of Aboriginal and Torres Strait Islander Australians through a range of reports. They include Child Health Checks and follow-up dental, audiology, and ear, nose and throat services data collections funded under the Closing the Gap—Northern Territory—Indigenous Health and Related Services (formerly the Northern Territory Emergency Response Child Health Check Initiative). The unit is responsible for reporting against the Aboriginal and Torres Strait Islander Health Performance Framework, which is published every 2 years. New work of the unit includes the development of an Aboriginal and Torres Strait Islander health statistical workforce plan.

### Objectives

- Provide timely and high-quality information needed to respond to policy questions related to Indigenous people
- Identify emerging information needs, information gaps and information required by stakeholders to support the development of public policy in the area of Aboriginal and Torres Strait Islander health and welfare
- Develop better ways of presenting statistics and information on Indigenous Australians, which clearly identify key findings
- Build relationships with stakeholders in government and non-government sectors to increase appreciation of the policy and service issues that can be informed by statistical reporting



### Performance in planned statistical and reporting deliverables

Publish *Dental health of Indigenous children in the Northern Territory: progress of the Closing the Gap Child Oral Health Program*

**Achieved**

Publish *Ear and hearing health of Indigenous children in the Northern Territory*

**Achieved**

Prepare a scoping paper and a draft analytical paper on health needs of children based on the Child Health Check Initiative data

**Not achieved**  
*Changed priorities of funder*

Publish *Aboriginal and Torres Strait Islander Health Performance Framework 2010: detailed analyses* and associated reports for five states and one territory

**Achieved**

## Performance in planned data development activities

- Produced a draft plan for increasing the Aboriginal and Torres Strait Islander health statistical and information workforce

## Additional projects

- Worked to assess a number of national data sources to estimate the Indigenous preschool-age population, which is of relevance to an early childhood target in the National Indigenous Reform Agreement
- Captured data for a joint project with The Australian National University on Indigenous Australians and the National Disability Insurance Scheme: data capture and service delivery models, which is to examine the extent and nature of disability in the Indigenous population using existing data

## Committees

- Health Performance Framework Steering Committee: Member of this DoHA committee chaired by Ms Tarja Saastamoinen (DoHA)
- Health Performance Framework Technical Reference Group: Member of this DoHA committee chaired by Ms Kirrily Harrison (DoHA)

## Data collections managed

- Closing the Gap—Northern Territory—Indigenous Health and Related Services Data Collections: follow-up data sets on dental health, audiology, and ear, nose and throat

## Indigenous Community and Health Service Reporting Unit

### Unit heads

Dr Norbert Zmijewski (to May 2012)

Dr Indrani Pieris-Caldwell (from May 2012)

### What we do

The Indigenous Community and Health Service Reporting Unit collects data for OATSIH (Office for Aboriginal and Torres Strait Islander Health) Services Reporting and national key performance indicators (KPIs) from Indigenous-specific health care services. The health service-level national KPI data on service operations and clients' health outcomes are reported back to health services bi-annually, and aggregated data at jurisdictional and national level are published annually for both the OATSIH Services Reporting and national KPI collections. Together with OATSIH and with the support of the Technical Working Group, the unit

continues to develop national KPIs and works on the development of a new online reporting system, OCHREStreams.

### Objectives

- Work with OATSIH and the Improvement Foundation to develop a new web-based reporting system, making it easier for Indigenous health services to report and use their data for continuous quality improvement
- Provide expert advice on the development of national KPIs for primary health to provide a better picture of the health of Indigenous people
- Improve the quality of data collections for national KPIs, OATSIH Services Reporting and reporting to health services and the public
- Work with health services to improve the quality and usefulness of their data

## Performance in planned statistical and reporting deliverables

Contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Provide data for the Aboriginal and Torres Strait Islander Health Performance Framework 2010 as required	<b>Achieved</b>
Publish the 'Healthy for life' national reports for 2009–10 and 2010–11	<b>Work in progress</b> <i>To be published in 2012–13</i>
Produce reports for 'Healthy for life' services bi-annually	<b>Achieved</b>
Finalise and publish <i>Aboriginal and Torres Strait Islander health services report 2009–10: OATSIH Services Reporting—key results</i>	<b>Achieved</b>
Publish <i>Aboriginal and Torres Strait Islander health services report 2010–11: OATSIH Services Reporting—key results</i>	<b>Work in progress</b> <i>To be published in 2012–13</i>
Produce reports on national primary health care key performance indicators for individual services	<b>Achieved</b>

### Additional projects

- Undertook a trial collection of data for national KPIs using OCHREStreams
- Reviewed and tested online data collection on OCHREStreams for the OATSIH Services Reporting collection
- Contributed to the evaluation of OCHREStreams conducted by PricewaterhouseCoopers consultants

### Committees

- Technical Working Group (for the development of national KPIs): Member of this OATSIH and AIHW advisory group co-chaired by Mr John Shevlin (OATSIH) and the AIHW
- OCHREStreams Project Management Group: Member of this OATSIH group chaired by Mr Stephen Hall (SMS Management & Technology)

- OATSIH Data Advisory Group: Member of this OATSIH advisory group chaired by Mr John Shevlin (OATSIH)
- Web-Based Systems Advisory Group: Member of this OATSIH advisory group chaired by Mr Rod Schreiber (OATSIH)

### Data collections managed

- Healthy for Life Data Collection
- OATSIH Service Reporting Data Collection
- National Indigenous-specific primary health care key performance indicators collections





## Indigenous Data Gaps Unit

### Unit head

Mr Anthony Cowley

### What we do

The Indigenous Data Gaps Unit manages a range of data activities to improve Indigenous identification in key health data sets in order to better monitor COAG Indigenous Closing the Gap targets. Main projects include an assessment of the level of Indigenous identification in key health data sets, the development of best practice guidelines for linking data relating to Indigenous Australians, and the enhancement of mortality data through data linkage. The unit is also involved in coordinating AIHW reporting against the National Indigenous Reform Agreement.

### Objectives

- Engage with policy agendas by ensuring that projects are relevant to the policy, planning and service delivery relating to closing the gap in outcomes between Aboriginal and Torres Strait Islander people and other Australians
- Improve reporting on outcomes and service delivery for Indigenous Australians through coordinating analysis for indicators in the National Indigenous Reform Agreement and Indigenous indicators in the National Health Agreement
- Improve reporting and analysis relevant to Closing the Gap by the development and implementation of methodologies to assess Indigenous identification in key data sets
- Improve the quality of data, in particular on life expectancy, for Indigenous Australians through the development of data linkage and data linkage guidelines

### Performance in planned statistical and reporting deliverables

Provide analyses and data quality statements for third-cycle reporting against the COAG performance indicators for the National Indigenous Reform Agreement and for Indigenous-specific reporting in other COAG agreements

**Work in progress**  
*Awaiting finalisation of technical specifications in 2012–13*

Finalise a report on appropriate methodologies for assessing the quality of Indigenous data in seven key health data sets and assess the effects on the measurement of COAG targets

**Work in progress**  
*To be published in 2012–13*

Publish *An enhanced mortality database for estimating Indigenous life expectancy: a feasibility study*

**Achieved**  
*To be released in July 2012*

Finalise and publish *National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people: 2012*

**Achieved**  
*To be released, jointly with the ABS, in July 2012*

Publish a report on the quality of Indigenous identification in hospital separation data

**Work in progress**  
*To be published in 2012–13*

Prepare a paper on measuring need and access to services by Indigenous people

**Work in progress**  
*Report on general practice services to be published in 2012–13*

3

Our operating units

## Performance in planned data development activities

- Undertook a baseline evaluation of current practices to collect Indigenous status information in health data sets
- Finalised a data collection instrument for Child and Family Centres to complete as part of reporting requirements under the Indigenous Early Childhood Development National Partnership Agreement
- Published *Principles on the use of direct age-standardisation in administrative data collections: for measuring the gap between Indigenous and non-Indigenous Australians*

## Committees

- National Indigenous Reform Agreement Performance Information Management Group: Member of this group, chaired by Mr Matthew James (FaHCSIA), which reports to the Working Group on Indigenous Reform
- Data Quality Improvement Subcommittee: Member of this subcommittee of the Tasmanian Over-arching Bilateral Indigenous Planning group; the subcommittee is chaired by Ms Laurette Thorp (Tasmanian Department of Premier and Cabinet)
- Data Reform Group: Member of this Victorian Over-arching Bilateral Indigenous Planning group, which is chaired by Mr Lane Masterton (ABS)
- Victorian Cancer Screening Data Linkage Working Group: Member of this working group, which advises the Victorian Department of Health and is chaired by Dr Dorota Gertig (Victorian Cytology Service)

## Indigenous Research and Evaluation Unit

### Unit head

Ms Helen Johnstone (acting)

### What we do

The Indigenous Research and Evaluation Unit manages the Closing the Gap Clearinghouse, which is a collaboration between the AIHW and the Australian Institute of Family Studies. This involves producing publications that synthesise the evidence on overcoming Indigenous disadvantage, and managing collections of research and evaluations relevant to the Closing the Gap targets.

The unit works with external stakeholders and other areas in the AIHW to improve Indigenous identification in existing health data sets through the dissemination of the *Best practice guidelines for collecting Indigenous status in health data sets*,

released in April 2010, as well as being responsible for evaluating the implementation of the guidelines. The unit also provides advice and support on the guidelines through the National Indigenous Data Improvement Support Centre (NIDISC).

### Objectives

- Further develop and promote the Closing the Gap Clearinghouse as a key source of evidence for policy makers by providing high-quality publications that synthesise the evidence, and through greater engagement with policy makers
- Improve the quality of Indigenous health and welfare data by promoting the use of the best practice guidelines and evaluating their impact, and through providing advice and support through the NIDISC
- Assess the effects of the COAG initiatives on closing the gap between Indigenous and non-Indigenous Australians

## Performance in planned statistical and reporting deliverables

Publish *What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence 2010–11* in the Closing the Gap Clearinghouse

**Achieved**

Produce issues papers, resource sheets and fact sheets for the Closing the Gap Clearinghouse

**Achieved**  
*1 issues paper and 7 resource sheets produced*

Report on the evaluation of the demonstration projects to improve sexual health among Aboriginal and Torres Strait Islander youth

**Work in progress**  
*To be published in 2012–13*

Prepare papers on the health and welfare of Indigenous people on the online *Indigenous Observatory*

**Not achieved**  
*No new data to report in 2011–12*

Prepare a baseline report on the implementation of best practice guidelines for collecting Indigenous status in health data sets

**Work in progress**  
*To be published in 2012–13*

Develop a communication and dissemination strategy for best practice guidelines for collecting Indigenous status information

**Not achieved**  
*Overtaken by other projects*

### Additional projects

- Undertook modelling work on life expectancy for OATSIH
- Managed the NIDISC helpline and provided related information resources

### Committees

- Closing the Gap Clearinghouse Board: Secretariat for this board, which advises the Minister for Families, Housing, Community Services and Indigenous Affairs and is chaired by Dr Meredith Edwards (University of Canberra)

- Closing the Gap Clearinghouse Scientific Reference Group: Secretariat for this AIHW advisory group chaired by the AIHW

### Data collections managed

- Closing the Gap Clearinghouse Research and Evaluation Register





## Closing the Gap Clearinghouse public seminar series

### Spotlight

The Closing the Gap Clearinghouse conducted the first of its public seminar series in Canberra, in March 2012 and Adelaide, in May 2012.

The Clearinghouse (launched in 2009 by the AIHW in collaboration with the Australian Institute of Family Studies) provides access to a collection of online information on what works to overcome Indigenous disadvantage.

The seminars present findings from major Clearinghouse research publications to policy makers, service providers and the general public. The first series focused on what works to increase Indigenous employment, and discussed two key publications:

- *Increasing Indigenous employment rates*, presented by Professor Matthew Gray (Australian National University)
- *Strategies to enhance employment of Indigenous ex-offenders after release from correctional institutions*, presented by Professor Joseph Graffam (Deakin University)

The seminars were well received and attended, particularly by the not-for-profit sector.

Further seminars are planned for 2012–13: details at [www.aihw.gov.au/closingthegap/](http://www.aihw.gov.au/closingthegap/)



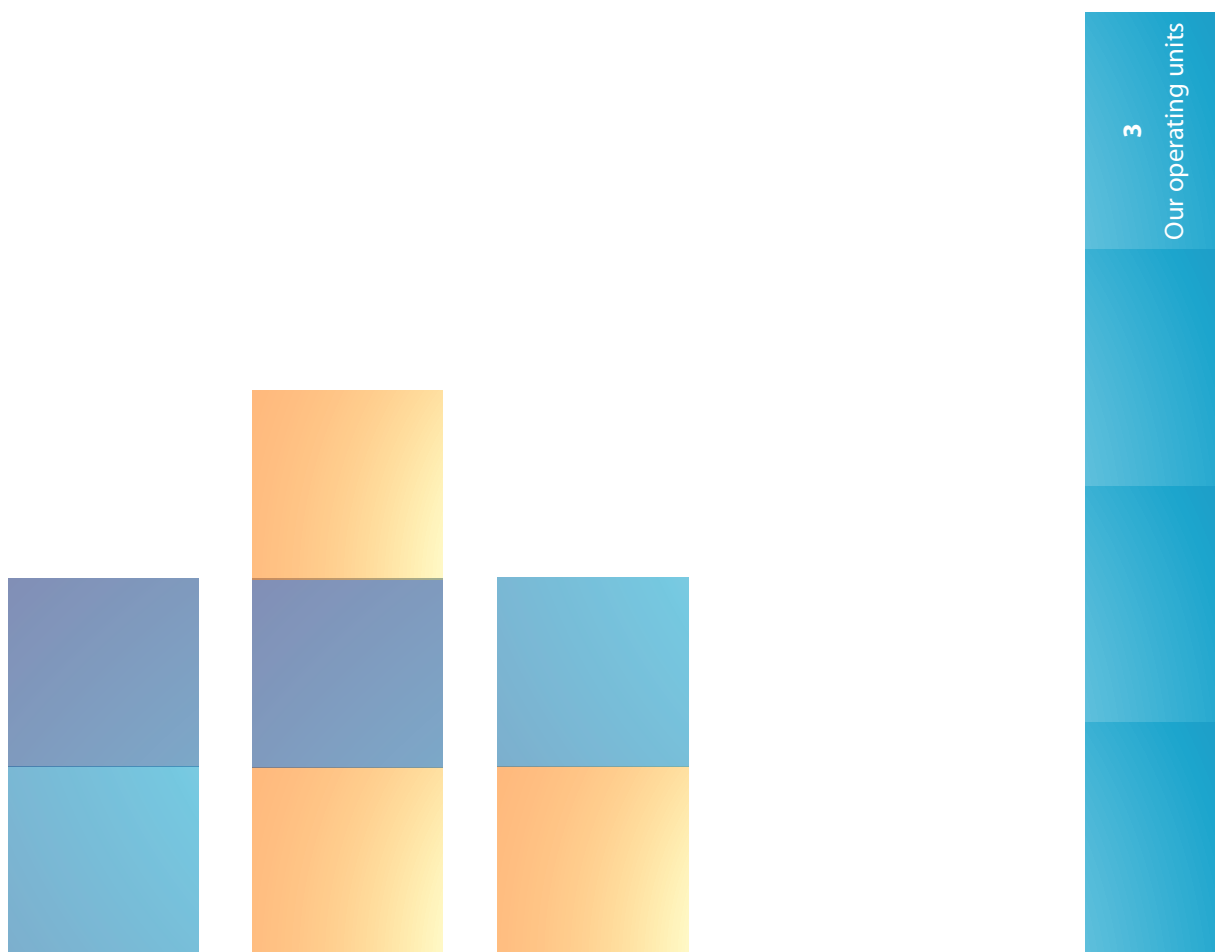
(Left to right): Professor Matthew Gray (Australian National University), Professor Joseph Graffam (Deakin University) and AIHW Director David Kalisch.



## Collaborating units

The AIHW had collaborative arrangements in place during 2011–12 with a number of research organisations, based mainly at universities:

- Australian Centre for Asthma Monitoring at the Woolcock Institute of Medical Research Limited
- Dental Statistics and Research Unit at The University of Adelaide
- National Injury Surveillance Unit at Flinders University
- National Perinatal Epidemiology and Statistics Unit at the University of New South Wales.



## Australian Centre for Asthma Monitoring

The AIHW has an agreement until June 2013 with the Woolcock Institute of Medical Research Limited for the monitoring of asthma and linked chronic respiratory conditions by the Australian Centre for Asthma Monitoring in Sydney.

### Unit head

Professor Guy Marks

### What we do

The Australian Centre for Asthma Monitoring aims to help reduce the burden of asthma in Australia by developing, collating and interpreting data relevant to asthma prevention, management and health policy.

### Objectives

- Contribute to the development of a systematic approach to the surveillance of chronic respiratory conditions in Australia
- Monitor and report on disease levels and the burden and trends associated with asthma in the general population and specific population groups
- Examine social, geographical and environmental differentials that may influence the disease levels and burden associated with asthma
- Identify the potential for improved asthma prevention and management strategies
- Track the effects of changes in asthma prevention and management strategies
- Develop and manage special projects and collaborations for the integration and enhancement of asthma-related information

### Performance in planned statistical and reporting deliverables

Finalise and publish <i>Asthma in Australia 2011</i>	<b>Achieved</b>
Publish a report on influenza and pneumococcal vaccines among people with asthma and chronic obstructive pulmonary disease	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish a report on the use of antibiotics among people with asthma and chronic obstructive pulmonary disease	<b>Work in progress</b> <i>To be published in 2012–13</i>
Contribute to a report on the geographical distribution of asthma	<b>Work in progress</b> <i>To be published in 2012–13</i>
Contribute to the website snapshot on chronic obstructive pulmonary disease	<b>Achieved</b>
Contribute to the website snapshot on asthma	<b>Achieved</b>
Contribute to a chronic disease monitoring framework	<b>Achieved</b>

The last four of the above deliverables are joint projects with the Primary Health and Respiratory and Musculoskeletal Monitoring Unit.

### Performance in planned data development activities

- Improved national data collections for respiratory conditions, including asthma, chronic obstructive pulmonary disease and other related chronic respiratory diseases, for example, through

the development of advice about options for improving information about vaccination status for people with asthma or chronic obstructive pulmonary disease



## Dental Statistics and Research Unit

The AIHW has an agreement until 30 June 2013 with The University of Adelaide for the operation of the Dental Statistics and Research Unit in Adelaide. The unit collects, collates and analyses statistics relating to dental care and oral health, dental services and service providers; and undertakes associated research studies.

### Unit heads

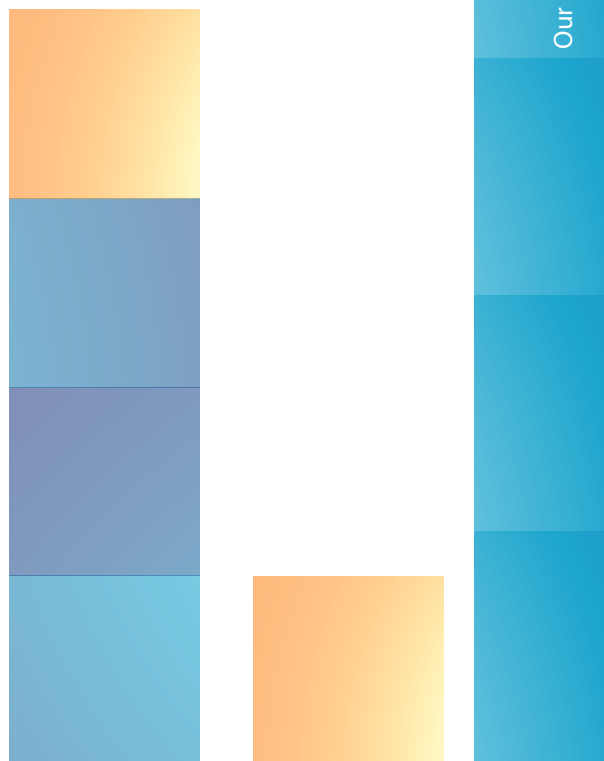
Dr Liana Luzzi  
Dr Jane Harford

### What we do

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

### Objectives

- Publish dental labour force statistics in the form of the 'Dental statistics and research' series and research reports
- Conduct the National Dental Telephone Interview Survey
- Complete data development activities to meet COAG reporting requirements



## Performance in planned statistical and reporting deliverables

Contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Provide performance indicator data on the number of dental services required for reporting under the National Health Agreement	<b>Achieved</b>
Finalise and publish <i>Oral health and dental care in Australia: key facts and figures 2011</i>	<b>Achieved</b>
Finalise and publish 'Dental statistics and research' series reports:	
- <i>Insurance and use of dental services: National Dental Telephone Interview Survey 2010</i>	<b>Achieved</b>
- <i>The Child Dental Health Surveys Australia, 2005 and 2006</i>	<b>Achieved</b>
- <i>Dental health behaviours among children 2002–2004: the use of fluoride toothpaste, fluoride tablets and drops, and fluoride mouthrinse</i>	<b>Achieved</b>
- <i>Oral health and use of dental services 2008: findings from the National Dental Telephone Interview Survey 2008</i>	<b>Achieved</b>
- <i>Child Dental Health Survey Australia 2007: 30-year trends in child oral health</i>	<b>Achieved</b>
Publish 'Dental statistics and research' series reports on:	
- <i>Trends in the Australian dental labour force, 2000 to 2009: dental labour force collection, 2009</i>	<b>Achieved</b>
- adult oral health and dental visiting 2010	<b>Work in progress</b> <i>To be published in 2012–13</i>
- child and teenager oral health and dental visiting 2010	<b>Work in progress</b> <i>To be published in 2012–13</i>
- fissure sealant use among children attending school dental services from the Child Dental Health Survey 2008	<b>Work in progress</b> <i>To be published in 2012–13</i>
- oral health of rural children attending a school dental service from the Child Dental Health Survey 2009	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish bulletins on:	
- oral health and chronic disease	<b>Work in progress</b> <i>To be published in 2012–13</i>
- families and their oral health	<b>Work in progress</b> <i>To be published in 2012–13</i>

### Performance in planned data development activities

- Commented on performance indicators on the number of dental services and on waiting times for public dentistry required for the National Health Agreement

### Additional projects

- Finalised and published *Dental decay among Australian children*

### Committees

- National Oral Health Plan Monitoring Group: Member of this Community Care and Population Health Principal Committee group; the monitoring group is chaired by Mr Kevin Buckett (SA Health)

### Data collections managed

- Child Dental Health Survey Data Collection
- National Dental Telephone Interview Survey Data Collection
- Adult Dental Programs Survey Data Collection



## National Injury Surveillance Unit

The AIHW has an agreement until 30 June 2013 with Flinders University for the operation of the National Injury Surveillance Unit in Adelaide. The unit develops, coordinates, interprets and disseminates relevant information, research and analysis to inform community discussion and support policy making and control of injury.

### Unit head

Associate Professor James Harrison

### What we do

The National Injury Surveillance Unit develops and reports on a range of national statistical

information on injury in Australia. It also contributes to the improvement of national information on injury and the work of the WHO in developing the International Classification of Diseases.

### Objectives

- Analyse and report on injury data
- Assess needs and opportunities for new information sources and mechanisms, and for improvement of existing ones
- Develop new information sources and other relevant infrastructure, particularly in relation to spinal cord injury
- Provide advice and other services to assist those who are engaged in injury control and related matters

### Performance in planned statistical and reporting deliverables

Contribute to *Australia's health 2012*

**Achieved**

Publish a report on hospitalisations due to injury and poisoning for 2009–10 and three reports for the preceding 3 years

**Work in progress**  
To be published in 2012–13

Publish a report on hospitalised spinal cord injury for 2009–10

**Work in progress**  
To be published in 2012–13

Publish a report on *Hospitalisations due to falls by older people, Australia* for 2009–10 and three reports for the preceding 3 years

**Achieved**  
for 2006–07 to 2008–09

**Work in progress**  
for 2009–10;  
to be published in 2012–13

Publish *Serious injury due to land transport accidents, Australia 2008–09*, a report for the previous year, a report on trends from 2000–01 to 2008–09 and a report on trends for accidents involving a railway train from 2004–05 to 2008–09

**Achieved**

Publish a report on deaths due to injury and mortality processes

**Not achieved**  
Removed from the work plan  
due to insufficient data

Publish *Obesity and injury: a review of the literature*

**Achieved**

Publish a report on obesity and injury in the National Hospital Morbidity Database

**Work in progress**  
To be published in 2012–13

Publish a report on selected drugs and their association with injury: results from the 2007 National Drug Strategy Household Survey

**Work in progress**  
To be published in 2012–13

Publish a report on alcohol-related injury: results from the 2010 National Drug Strategy Household Survey

**Work in progress**  
To be published in 2012–13

Publish a report on injury experience of Aboriginal and Torres Strait Islander people: analysis of the 2004–05 National Aboriginal and Torres Strait Islander Health Survey

**Work in progress**  
To be published in 2012–13

### **Performance in planned data development activities**

- Continued work to convert the Spinal Cord Injury Register from an injury incidence register into a clinical quality register, in collaboration with clinical and other stakeholders
- Cleaned and prepared morbidity and mortality data relevant to injury surveillance
- Provided a public information and advisory service
- Undertook classification enhancement and development work and contributed to the International Classification of Diseases, 11th Revision
- Undertook data development work related to Global Burden of Disease methods for injury surveillance

### **Additional projects**

- Drafted a statistical report on hospitalised injury in NSW children for the NSW Commission for Children and Young People (to be published in 2012–13)

### **Committees**

- International Classification of Diseases Revision Steering Group, Injury and External Causes Topic Advisory Group: Chair of this WHO committee
- National Injury Prevention Working Group: Member of this Community Care and Population Health Principal Committee working group, which is chaired by Mr Kevin Bucket (SA Health)
- National Child Information Advisory Group: Member of this AIHW advisory group chaired by Professor George Patton (The University of Melbourne)

### **Data collections managed**

- Australian Spinal Cord Injury Register





## Focus on the National Injury Surveillance Unit

Injury affects Australians of all ages—it is the greatest cause of death in the first half of life, and leaves many people with serious disability or other long-term health conditions.

The National Injury Surveillance Unit (NISU) is a collaborating unit of the AIHW based at Flinders University in Adelaide. The unit recently has been involved in exploring the link between obesity and injury. The report, *Obesity and injury: a review of the literature*, investigates the nature and extent of obesity-injury relationships, with most evidence suggesting that obesity does increase the risk of injury.

The report discusses the likelihood that falls, trips or stumbles rise with obesity.

'However, the increased risk of falls in the obese may be somewhat offset by the possible protective effects of body fat as cushioning and of increased bone density in weight-bearing joints', said Dr Sophie Pointer, NISU's Deputy Director.

The report concludes that obesity can also increase the incidence of workplace injury. It also possibly risky for employees working with obese people, such as hospital workers and nurses, who may have to lift, carry or manoeuvre weighty patients.

The team continues to build on the knowledge of the nature, causes, effects and control of injury in other areas too, including a focus on the relationship between alcohol, drugs and injury and on the injury experience of Aboriginal and Torres Strait Islander people.

As Professor James Harrison, NISU's Director since 1990, summed up: 'Our work has the potential to create greater awareness and understanding of injury and its relationship to policy, and its impact on health and health services. We have big potential to make a difference—and that's why we do it.'



## National Perinatal Epidemiology and Statistics Unit

The AIHW has an agreement until 30 June 2013 with the University of New South Wales for the operation of the National Perinatal Epidemiology and Statistics Unit in Sydney. The unit provides national leadership in the development and study of statistics relating to perinatal health; collecting, collating and analysing statistics relating to perinatal health; and initiating and undertaking associated research studies.

### Unit head

Professor Elizabeth Sullivan

### What we do

The National Perinatal Epidemiology and Statistics Unit aims to improve the health and wellbeing of mothers and babies in Australia through:

- research, analysis and reporting on reproductive, maternal and perinatal health, including assisted reproduction, pregnancy outcomes, maternal morbidity and mortality, admission to neonatal intensive care and perinatal mortality

- assessing needs and opportunities for new information sources and mechanisms and improvement of existing information sources
- developing new information sources and other relevant infrastructure
- providing advice and other services to help others who are engaged in monitoring and research in perinatal health.

### Objectives

- Publish reports on reproductive and perinatal health that cover pregnancy outcomes, maternal morbidity and mortality and assisted reproduction
- Undertake work to support reporting against the National Indigenous Reform Agreement and National Health Agreement performance
- Undertake data development to improve capacity for national perinatal data, to allow reporting on the main pregnancy factors and perinatal outcomes
- Work with stakeholders to identify emerging information gaps and needs, support the review of perinatal health and maternity services, and identify future funding opportunities



## Performance in planned statistical and reporting deliverables

Contribute to <i>Australia's health 2012</i>	<b>Achieved</b>
Publish <i>Australia's mothers and babies 2009</i>	<b>Achieved</b>
Contribute data tables for <i>What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence 2010–11</i>	<b>Achieved</b>
Contribute data tables for a 2012 report on children	<b>Achieved</b>
Contribute data tables for the SCGRSP's <i>Report on government services 2012</i>	<b>Achieved</b>
Publish a report on fetal deaths for 2001–2007	<b>Work in progress</b> <i>To be published in 2012–13</i>
Produce annual statistical tables for three National Healthcare Agreement indicators and four National Indigenous Reform Agreement indicators using perinatal data	<b>Achieved</b>
Publish a bulletin on developing data for fetal alcohol spectrum disorders	<b>Work in progress</b> <i>To be published in 2012–13</i>
Publish <i>Maternity data in Australia: a review of sources and gaps</i>	<b>Achieved</b>
Develop a new report structure in preparation for an enhanced maternal death report	<b>Achieved</b>
Publish <i>Neural tube defects in Australia: prevalence before mandatory folic acid fortification</i>	<b>Achieved</b>
Publish <i>Assisted reproductive technology in Australia and New Zealand 2009</i>	<b>Achieved</b>

## Performance in planned data development activities

- Provided expert input into AIHW perinatal data development
- Enhanced national metadata standards in the Perinatal National Minimum Data Set by adding selected data elements that are currently consistently collected by state-and territory-based agencies through the National Perinatal Data Collection
- Provided statistical advice and information for ad hoc information requests
- Assisted in preparing tender documentation for the National Core Maternity Indicators Project and the perinatal components for the National Preventive Health Agency indicator project
- Undertook data development for the Core Maternity Indicators Project
- Undertook data linkage to support improved maternal deaths reporting
- Managed three components of the National Maternal and Perinatal Data Development Project to:
  - update the second version of the Maternity Information Matrix (MIMv2)
  - complete the first stage review of published literature to support the nomenclature for models of care project
  - establish the National Maternal Mortality Committee and prepare a maternal mortality report, including a chapter on late maternal deaths up to 1 year after birth

- Worked jointly with the Children, Youth and Families Unit in the:
  - development of consultation and communication strategies for the development of a nationally consistent and comprehensive maternal and perinatal mortality and morbidity data collection project
  - assessment of existing data collections to support national information needs in maternal and perinatal morbidity and mortality, and identification of the options for fixing data inconsistencies and gaps

### Additional projects

- Drafted a bulletin for the National Core Maternity Indicators Project

### Committees

- International Network of Obstetric Survey Systems: Member of the Network Secretariat of this multinational collaboration, chaired by Professor Marion Knight (Oxford University, United Kingdom)
- Maternal Morbidity Working Group: Member of this WHO technical consultation group chaired by Dr Lale Say (WHO)
- International Committee Monitoring of Assisted Reproductive Technology: Secretary and treasurer of this independent, international non-profit organisation, chaired by Dr David Adamson (Fertility Physicians of Northern California)
- Australasian Maternity Outcomes Surveillance System Advisory Group: Chair of this national surveillance system advisory committee
- Australian and New Zealand Stillbirth Alliance: Board member of the Australian and New Zealand arm of the International Stillbirth Alliance; the Australian alliance is chaired by Associate Professor Adrian Charles (University of Western Australia)
- Australian and New Zealand Neonatal Network Advisory Group: Chair of this project advisory group for the Australian and New Zealand Neonatal Network

- National Maternity Data Development Project Advisory Group: Member of this advisory group for the National Maternity Data Development Project; the group is chaired by the AIHW
- Expert Commentary Group—National Core Maternity Indicators Project: Member of this project advisory group chaired by the AIHW
- National Maternal Mortality Committee: Chair of this advisory committee for the Maternal Mortality Report component of the National Maternity Data Development Project
- Nomenclature of Models of Care Working Party: Chair of this advisory committee for the Nomenclature of Models of Care component of the National Maternity Data Development Project
- National Perinatal Data Development Committee: Deputy chair for this advisory committee on perinatal data development, which is chaired by Ms Suzanne Cornes (Queensland Health)
- Clinical Technical Group for Obstetrics and Paediatrics for ICD 10 AM and AR DRG development: Member of this technical advisory group that supports various committees reporting to the Clinical Casemix Committee of Australia
- National Child Information Advisory Group: Member of this AIHW advisory group chaired by Professor George Patton (The University of Melbourne)
- NSW Centre for Health Record Linkage Advisory Committee: Member of this advisory committee chaired by Professor Bruce Armstrong (The University of Sydney)

### Data collections managed

- National Perinatal Data Collection
- Australian Congenital Anomalies Monitoring System Collection
- National Maternal Deaths Data Collection

# Corporate groups

## Business Group

- **Finance and Commercial Services Unit** provides services that support the AIHW's financial and business operations, including preparing financial statements (see '**Our financial performance**' on page 31)
- **Information and Communications Technology Operations Unit** is responsible for the AIHW's computing and communications infrastructure and security
- **People Unit** is responsible for delivering a range of strategic and operational human resource management and facility services to AIHW staff (see **Chapter 4 Our people**)

## Governance and Communications Group

- **Executive Unit** provides executive support and secretariat services for the AIHW Director, Board, Executive Committee and a number of national information committees that are listed in **Appendix 5** on page 200
- **Governance Unit** provides leadership and support in governance and legal matters, including data management and release arrangements, ethics, privacy, development and negotiation of external agreements, and the strategic management of internal and external relationships critical to the AIHW's role (see '**AIHW Ethics Committee**' on page 40, '**Relationship management**' on page 46 and '**Parliamentary relations**' on page 155)

- **Communications, Media and Marketing Unit** promotes the Institute and its work through the media, and marketing and client relations activities; and takes a leading role in helping AIHW staff produce interesting and informative work (see **Chapter 5 Our communications**)
- **Online Communications Unit** manages the AIHW's website, intranet and other related websites, for example *MyHospitals*, to deliver the AIHW's online communication activities (see '**AIHW's website**' on page 149)
- **Publishing Services Unit** provides publishing production services for the AIHW's publications (see '**New publications**' on page 149)

## Information and Communications Technology and Business Transformation Program Group

- **Business Transformation Unit** is responsible for improving the efficiency and effectiveness of the AIHW's business processes and providing enabling infrastructure and frameworks designed to improve the quality and timeliness of AIHW statistics and information products
- **Technology and Transformation Unit** is responsible for developing and implementing ICT and related initiatives in support of the AIHW's strategic directions

The Group provides support to DoHA's Enterprise Data Warehouse work program, including by coordinating the provision of AIHW expertise as required. The support is in the form of an AIHW officer outposted to the DoHA Enterprise Data Warehouse team.

# Health

Objectivity

Responsiveness

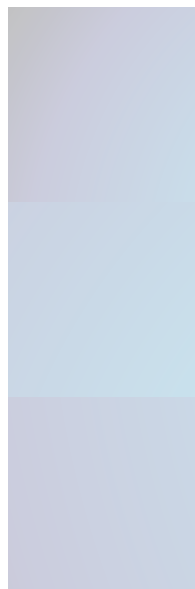
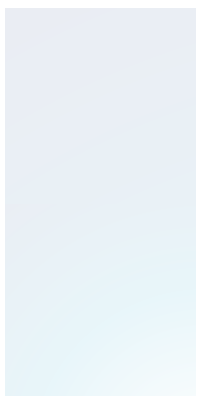
Accessibility

Privacy

# Welfare

Expertise

Innovation





---

The AIHW's staffing profile and information about our workforce strategies can be found in this chapter.

# Chapter

# 4

## Our people



The AIHW's fifth strategic direction (SD5) recognises that skilled, engaged and versatile people are critical to the achievement of its corporate objectives. The AIHW aims to:

- support and develop the capabilities of staff to meet its work requirements
- attract and retain skilled, adaptable and responsive people
- promote a culture in which people work within and across teams to maximise expertise and produce results that benefit the AIHW as a whole
- refine its organisational approaches to meet the requirements of a dynamic, mid-sized organisation that has the capacity to respond quickly and flexibly to emerging needs.

The AIHW's People Unit plays an important role in achieving this strategic direction. It provides human resource services such as workforce management,

recruitment, learning and development, information about conditions of service and advice to managers on performance management. It also provides facilities services including the management of office accommodation and supplies, and work health and safety.

## Staff profile

### Category of employment

AIHW staff numbers at 30 June 2012 were 357.1 full-time equivalent staff (386 total staff) (Table 10). This was a 0.9% decrease on the 360.5 full-time equivalent staff (393 total staff) employed at 30 June 2011. There was a 1.8% decrease in total staff numbers during 2011–12.

Total staff numbers at 30 June 2012 included 27 staff on long-term leave, compared with 20 staff at 30 June 2011.

**Table 10: Category of staff employment, 30 June 2011 and 30 June 2012**

	All staff 2011	All staff 2012	Male staff 2012	Female staff 2012
<b>Number of staff</b>				
<b>Ongoing</b>				
Full-time	243	245	92	153
Part-time	74	74	15	59
Long-term leave	20	27	7	20
<b>Non-ongoing</b>				
Full-time	42	30	9	21
Part-time	14	10	2	8
<b>Total</b>	<b>393</b>	<b>386</b>	<b>125</b>	<b>261</b>
<b>Number of full-time equivalent staff</b>				
<b>Total</b>	<b>360.5</b>	<b>357.1</b>	<b>120.5</b>	<b>236.6</b>

#### Notes

1. 'Ongoing staff' refers to staff employed on an ongoing basis by the AIHW.
2. 'Non-ongoing staff' refers to staff employed by the AIHW on contracts or temporary transfer for specified terms and specified tasks, including staff on transfer from other APS agencies.

**Table 11: Staff by classification level, 30 June 2011 and 30 June 2012**

	All staff 2011	All staff 2012	Male staff 2012	Female staff 2012
Number of staff				
Director (CEO)	1	1	1	0
SES Band 1	8	11 <sup>(a)</sup>	6 <sup>(a)</sup>	5
EL 2	47	56	19	37
EL 1	130	120	40	80
APS 6	92	93	34	59
APS 5	58	61	15	46
APS 4	40	28	6	22
APS 3	13	12	3	9
APS 2	4	4	1	3
<b>Total</b>	<b>393</b>	<b>386</b>	<b>125</b>	<b>261</b>

(a) 2 male officers jointly served in a short-term acting arrangement while a SES Band 1 officer was on leave.

Note: Staff on higher duties are included at the level at which they are acting.

About two-thirds (68%) of the AIHW's staff are female (261). Nearly 90% of staff (346) are ongoing employees and this proportion increased over the year from 86% at 30 June 2011.

The AIHW has a high level of part-time employment, with 22% of staff—74 ongoing and 10 non-ongoing—employed part-time. This proportion remains similar to that at 30 June 2011. More women are employed part-time at the AIHW than men (67 women compared with 17 men, or 26% of female staff compared with 14% of male staff at 30 June 2012).

## Classification level

The most common levels of staff employment at the AIHW are Executive Level (EL) 1 with 120 staff (31% of total staff numbers) and Australian Public Service (APS) level 6 with 93 staff (24% of total staff numbers) (**Table 11**). Over the year, non-Senior Executive Service (SES) staff numbers increased at the EL 2, APS 6 and APS 5 levels, with the largest percentage increase being for the EL 2 level—an increase of 19%, from 47 to 56 staff. At other non-SES levels staff numbers either remained steady (APS 2) or dropped (EL 1, APS 4, APS 3), with the largest decrease being at the EL 1 level—a decrease of 8%, from 130

to 120 staff. SES Band 1 staff numbers increased over the year from 8 to 11 at 30 June 2012, although 2 officers were acting at that level while 1 was on leave.

The relatively high proportion of females at the AIHW (68%) is most prominent at the APS 5 level and below. Three-quarters or more of staff at these levels are female. Of the 9 SES Band 1 positions, 5 are substantively held by women.

## Operating groups

Staff were employed across nine operating groups, with 299 (78%) employed in six statistical work-related groups and 87 (22%) in three corporate services-related groups (**Table 12**). The proportion of ongoing staff is lower in the corporate groups (83%) than across the AIHW as a whole (90%). The number of full-time equivalent staff in each group varied from 19.0 in the ICT and Business Transformation Program Group to 58.4 in the Social and Indigenous Group.

**Table 12: Staff employed by operating groups, 30 June 2012**

	Number of staff			Number of full-time equivalent staff		
	Ongoing	Non-ongoing	Total	Ongoing	Non-ongoing	Total
<b>Statistical groups</b>						
Continuing and Specialised Care	49	4	53	45.5	3.1	48.6
Health	51	3	54	46.0	3.0	49.0
Hospitals and Performance	34	3	37	31.5	2.6	34.1
Housing and Homelessness	44	5	49	40.9	5.0	45.9
Information and Statistics	38	5	43	35.0	4.4	39.4
Social and Indigenous	57	6	63	52.7	5.7	58.4
<i>Subtotal</i>	<i>273</i>	<i>26</i>	<i>299</i>	<i>251.6</i>	<i>23.8</i>	<i>275.4</i>
<b>Corporate groups</b>						
Director (CEO)	0	1	1	0.0	1.0	1.0
Business	25	5	30	24.2	4.4	28.6
Governance and Communications	30	6	36	28.2	4.9	33.1
ICT and Business Transformation Program	18	2	20	17.0	2.0	19.0
<i>Subtotal</i>	<i>73</i>	<i>14</i>	<i>87</i>	<i>69.4</i>	<i>12.3</i>	<i>81.7</i>
<b>Total</b>	<b>346</b>	<b>40</b>	<b>386</b>	<b>321.0</b>	<b>36.1</b>	<b>357.1</b>

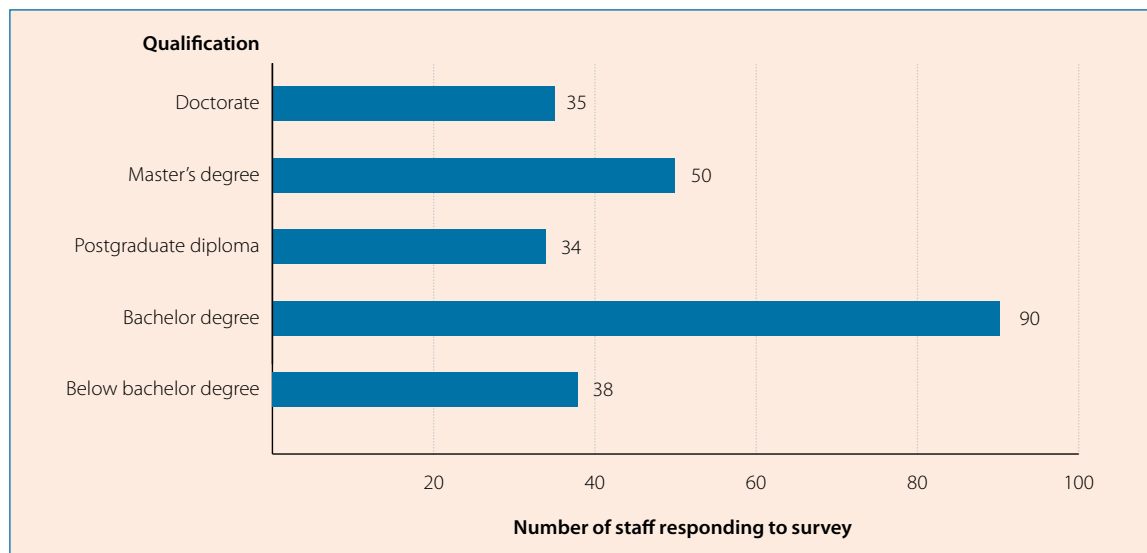
## Staff qualifications

The AIHW participated in the first APS State of the Service employee census conducted by the Australian Public Service Commission in May and June 2012. Of the 247 AIHW staff responses to the question on qualifications, 209 (85%) reported holding tertiary-level (graduate) qualifications. Ninety (36%) reported their highest completed qualification as a bachelor degree (including with honours), 34 (14%) a postgraduate diploma (including graduate certificate), 50 (20%) a master's degree and 35 (14%) a doctorate (**Figure 7**).

Among the 56 staff working at EL 2 level and above who are detailed in **Appendix 4**, there are 54 who hold tertiary-level (graduate) qualifications.

This level of tertiary qualifications compares favourably with the most recently published APS-wide level of 57.4%.<sup>1</sup>

<sup>1</sup> Australian Public Service Commission 2011. State of the service report 2010–11. Canberra: Australian Public Service Commission, p. 98.

**Figure 7: Highest level of staff qualifications, May and June 2012**

Source: APS State of the Service employee census

## Workforce management

### Staff turnover

The AIHW's turnover of ongoing staff, that is, its separation rate excluding staff transferring to other APS agencies, has increased over the past 12 months from 4.4% to 8.1%. This is higher than the 2010–11 separation rate for the wider APS (6.8%).<sup>2</sup>

The overall exit rate of ongoing staff (which includes ongoing staff permanently transferring to other APS agencies) was 15.6% for 2011–12, compared with 13.8% for 2010–11.

### Managing for performance

The AIHW places a strong emphasis on two-way communication between managers and staff, and conducts formal staff performance feedback and communication sessions twice a year. The practice aims to improve communication between

managers and staff on work priorities, workload, performance, learning and development, and other matters. Staff also receive feedback on their performance against the 5 APS Integrated Leadership System capabilities and against relevant technical and professional skills. In August 2011, 80% of all staff participated in formal performance discussions, and 79% participated in February 2012.

To support staff in managing teams, a number of performance management workshops were offered to managers during the year. The program included workshops on giving and receiving feedback, managing for performance and difficult conversations.

### Workplace behaviour

The AIHW recognises that a positive work environment encourages workplace diversity, innovation and creativity, and helps to reduce absenteeism and employee turnover. All new employees are provided with training and

<sup>2</sup> Australian Public Service Commission. Australian Public Service Statistical Bulletin 2010–11. Canberra: Australian Public Service Commission, p. 9.

information on the APS Values and Code of Conduct and the AIHW Values that together frame expectations of behaviour in the workplace. Existing staff have been given the opportunity to attend courses on workplace practices with the objective of ensuring that the AIHW will be free of bullying and harassment.

The AIHW has 6 fully trained harassment contact officers. They represent varying classification levels and AIHW locations, and include male and female contact officers. They are available to all managers and staff for confidential information and support on bullying and harassment issues.

## Employee survey

In October 2011, AIHW employees were surveyed as part of the Hewitt Best Employer Accreditation Process. The survey measured a range of staff attitudes and considered drivers of staff engagement, including intention to stay, motivation to strive and perception of benefits. Over 80% of staff participated, of whom 56% were classified by Hewitt as 'engaged'.

This compares well to an average of 53% for all employers participating in Hewitt's 2011 survey.

The survey results and employee comments identified the potential for the AIHW to focus improvements on change management, work processes, career opportunities and communication to increase the level of staff engagement. Staff were subsequently invited to participate in facilitated focus groups conducted in May 2012 to identify activities to improve consultation and communication with staff about change.

## Recruitment

The AIHW continues to attract and retain talented staff by offering challenging and fulfilling work, competitive salaries, excellent learning and development and career opportunities, good work-life balance, and a friendly and inclusive work environment. In 2011–12, 49 recruitment processes were externally advertised (gazetted) and orders of merit created to fill numerous vacancies across the AIHW, with 36 AIHW staff receiving a promotion (**Table 13**).

**Table 13: Outcome of external recruitment processes completed in 2011–12**

	Ongoing	Non-ongoing	Total
Promotion of AIHW staff (from inside the AIHW)	36	n/a	36
Promotion of APS staff (from outside the AIHW)	2	n/a	2
Transfer at level of APS staff (from outside the AIHW)	12	8	20
External appointments to AIHW	64	28	92
Total external recruitment processes completed	47	2	49

Video clips on the AIHW's website promote the attractions of working at the AIHW. They feature staff and graduates discussing the benefits of the annual graduate intake, the range of career opportunities offered by the AIHW and the general advantages of AIHW employment. The videos are frequently the subject of positive feedback from AIHW job applicants.

## AIHW graduates

The AIHW continues to offer excellent employment opportunities for graduates seeking to apply their

qualifications in the field of health and welfare information. Of the 12 new graduates employed by the AIHW in the 2011–12 intake, 5 had relocated from interstate. New graduates were given the opportunity to participate in training organised by the Australian Public Service Commission and in strategic project work in many areas of the AIHW. They were also offered a variety of learning and development opportunities specifically tailored for APS graduates.

Of the 14 graduates in the 2010–11 intake, 6 remain at the AIHW, with 3 now promoted to the APS 5 level and 3 to the APS 6 level (**Table 14**).

**Table 14: Graduate recruitment intake and outcomes, 2008–09 to 2011–12**

	2008–09	2009–10	2010–11	2011–12
<b>Graduate intake (all at APS 4 level)</b>	<b>12</b>	<b>21</b>	<b>14</b>	<b>12</b>
<b>Graduates remaining at the AIHW at 30 June 2012</b>	<b>5</b>	<b>13</b>	<b>6</b>	<b>12</b>
• as an APS 4	0	1	0	11
• promoted to APS 5	3	6	3	0
• promoted to APS 6	2	6	3	1

## Encouraging workplace health and safety

The AIHW is committed to maintaining an environment where all levels of management and staff cooperate to ensure a safe and healthy workplace. The Health and Safety Management Arrangements, developed in consultation with staff, are the primary vehicle for developing and implementing strategies to achieve this aim. The AIHW Director is assisted in work health and safety matters by the Health and Safety Committee, consisting of representatives of management and staff.

### Health and Safety Management Arrangements

The AIHW's Health and Safety Management Arrangements were being revised, at 30 June 2012, to align with the new *Workplace Health and Safety Act 2011* (WHS Act), following consultation with staff. The arrangements provide the framework within which the AIHW meets its legislative health and safety requirements and integrates work health and safety systems into its business activities.

The revised arrangements will specify workers' responsibilities and the functions of the Health and Safety Committee and health and safety representatives. The committee, which meets at least 4 times a year, monitors incidents in the workplace, ensuring that any issues are dealt

with effectively and efficiently, and reviews policies and procedures related to work health and safety.

### Workplace health and safety actions

#### Staff communication and training

Since the WHS Act came into force on 1 January 2012 the AIHW has undertaken a number of communication and training initiatives to build staff awareness of the new responsibilities and obligations of workers under the Act. These initiatives have included holding Comcare training programs on work health and safety responsibilities for all managers and staff, and distributing copies of Comcare's *Worker's pocket guide* to all staff. The AIHW intranet has been updated with guides for staff and links to more information. New staff receive information on the AIHW's work health and safety practices and procedures in their 'new starter' packs and at corporate induction sessions.

#### Management systems

During 2011–12, the AIHW continued to provide workstation assessments for all new staff. These assessments aim to ensure employee comfort and identify any individual needs to maintain the low incidence of body-stressing injuries at the AIHW. The AIHW has also purchased several lecterns to meet the needs of staff who work in a standing position.

## Workplace safety inspections

The People Unit undertook 4 workplace safety inspections during 2011–12, covering all AIHW office buildings.

## Health and wellbeing

The AIHW continued to use Davidson Trahaire Corpsych to provide short-term counselling services under its Employee Assistance Program. The purpose of the program is to provide information and advice to managers, staff and their immediate families who are experiencing difficult situations and problems related to their personal and/or professional lives.

As in previous years, the AIHW offered free influenza vaccinations to all staff leading into the influenza season.

In 2011–12, the AIHW continued to support a corporate gym membership and the Global Corporate Challenge. The corporate gym membership provides staff with access to a range of gyms across Canberra at a substantially reduced rate. The membership is paid for by staff and administered by the AIHW Social Club.

The Global Corporate Challenge is a worldwide corporate health initiative that encourages participants to increase their daily physical activity over a 3-month period. Participants are also encouraged to review their eating habits and adopt a healthier diet through access to daily information and weekly eating plans provided by a nutrition coach. Ninety-eight staff are currently participating in the 2012 challenge.

## Workplace health and safety performance outcomes

There were no incidents requiring notice to be given under s. 68 of the *Occupational Health and Safety Act 1991*. The AIHW was not subject to any health and safety investigations during the year, and no directions were given under s. 45 or notices provided under ss. 29, 46 or 47 of this Act. Additionally, there have been no notices to report under the new *Workplace Health and Safety Act 2011*.

## Encouraging workplace diversity

The opportunities provided by AIHW for flexible working arrangements encourage and support workplace diversity. The AIHW continues to recognise and celebrate the diverse talents and experiences brought to the workplace by its staff.

## Indigenous employees

Five AIHW staff identified as Indigenous at 30 June 2012, which represents 1.3% of the total AIHW workforce (386) at 30 June 2012.

## APS Indigenous Cadetship Program

The AIHW participates in the APS Indigenous Cadetship Program. During the year, the AIHW sponsored 2 cadets who gained valuable experience through working on projects such as the Closing the Gap Clearinghouse and Healthy for Life. The program, subsidised by the Department of Education, Employment and Workplace Relations, provides financial assistance for cadets while they are completing their tertiary studies and offers them a 12-week work placement each year with the AIHW. At the end of their studies (in December 2013), the cadets will be offered ongoing employment with the AIHW.

## Reconciliation Action Plan and working group

The AIHW's Reconciliation Action Plan (RAP) was revised and relaunched in February 2012 (see the 'spotlight' on page 137).





## Our second Reconciliation Action Plan

AIHW launched its second Reconciliation Action Plan (RAP) on 20 February 2012. The launch of the new RAP was attended by Institute staff and guests including Dr Andrew Refshauge, Agnes Shea OAM, Dr Tom Calma, Professor Lisa Jackson Pulver, Ms Karen Parter, Professor Ian Ring and Professor Ted Wilkes.

The new plan builds on the solid foundations of the previous RAP and demonstrates the AIHW's commitment to:

- enhance awareness of Aboriginal and Torres Strait Islander cultures among staff
- continue to inform and shape policy and community debate by highlighting issues affecting Aboriginal and Torres Strait Islander people, through statistics and relevant advice
- build, develop and encourage Indigenous employment at the AIHW
- use the National Aboriginal and Torres Strait Islander health data principles when undertaking all AIHW data collection and analysis
- develop and build capability of Aboriginal and Torres Strait Islander peoples and organisations in data and statistical areas.

In refreshing the plan, discussions were held with a range of individuals and organisations, including Institute staff, the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data and Reconciliation Australia.

Measurable targets have been identified and will be used to monitor the implementation of the plan, which is overseen by the AIHW Reconciliation Action Plan Working Group.

In line with these targets, in 2011–12, the AIHW celebrated several significant Indigenous events, including NAIDOC Week, Close the Gap Day and Reconciliation Week, by inviting guest speakers and artists to share their experiences with staff.

The plan and progress reports are available on the AIHW website at <[www.aihw.gov.au/about/#doc](http://www.aihw.gov.au/about/#doc)> and on the Reconciliation Australia website.



*Professor Ted Wilkes, Chair of the National Indigenous Drug and Alcohol Committee, plays the didgeridoo at the RAP launch.*



## Macquarie University Indigenous students

Each year, Indigenous students from Macquarie University are invited to visit the AIHW. These annual visitors are second-year, mature-age students undertaking a Bachelor in Community Management degree course through the Warawara Department of Indigenous Studies. They work in various government and community-based organisations in New South Wales, Queensland and the Northern Territory. The students gain an understanding of how Indigenous programs are coordinated at the national level and an awareness of AIHW publications that can help them with their community work. The annual visits raise the profile of the AIHW and enhance Indigenous community access to health and welfare information.

## Employees with disability

Eight AIHW staff have reported, through the AIHW's human resources information system, that they have an ongoing disability. These staff represent 2.1% of the total AIHW workforce at 30 June 2012. However, of the AIHW staff that responded to the APS State of the Service employee census in May–June 2012, 13 reported that they had an ongoing disability. This discrepancy could indicate a level of under-reporting through the AIHW's human resources information system. Some of the reasons could be that people choose to maintain their privacy or do not update their status, and the disability status of people from other APS agencies was not provided when they transferred to the AIHW.

The AIHW has presented a number of staff programs and seminars to raise awareness of mental health issues in the workplace. Recent initiatives by the Australian Public Service Commission to strengthen the APS as a disability-confident employer, such as the launch in May 2012 of *As One—Australian Public Service Disability Employment Strategy*, are monitored to ensure that agency-level recommendations are implemented.

## Encouraging and retaining expertise

### Long service awards

During 2011–12, the AIHW recognised 7 staff for their long service with the AIHW (**Table 15**). This brings to 20 the number of existing staff members who, at 30 June 2012, have celebrated 10 years or more service with the AIHW—just over 5% of the AIHW's total workforce.

**Table 15: Staff long service awards, 2011–12**

20 years' service	10 years' service
Debbie Vandedonk	Brendan Brady
Rosemary Karmel	Katrina Burgess
	Barbara Levings
	Felicity Murdoch
	Elena Ougrinovski



*Debbie Vandedonk, Rosemary Karmel, Katrina Burgess, Brendan Brady and Elena Ougrinovski—5 of the 7 staff who received long service awards during 2011–12.*

### Australia Day awards

Australia Day awards were presented to 24 staff members in 2011–12 in recognition of their outstanding contribution to the AIHW (**Table 16**).

**Table 16: Australia Day awards, January 2012**

Name	For
Dan Sjoberg and Brett Henderson	Contributing to the development of Validata™ for use with hospitals data
Tracey Oliver, Karen Ovington and Tim Adair	Investigating the impact of COAG initiatives in closing the life expectancy gap between Indigenous and non-Indigenous Australians
Phil Anderson, Tenniel Guiver, Ian Macintosh and Warren Richter	Enabling the AIHW to play a more prominent role in data linkage activities through the establishment of the Data Integration Services Centre
Gary Hanson, Trevor O'Donnell and Miriam Lum On	Developing online mental health services reporting and related improvements
Gary Kent, Susan Eggers and Shane Svoboda	Providing expert and sound professional advice to shape our agreements and contracts
Anthony McLean, Cid Riley, James Thompson, Michael Metz and Valdis Thomann	Developing and implementing systems for the Specialist Homelessness Services Collection
Mel Taylor, Robyn Kingham-Edwards, Jane Stark and Tanya Wordsworth	Enhancing METeOR to allow jurisdictions and other metadata developers to become their own Registration Authorities

## Learning and development

The AIHW's Learning and Development Advisory Committee meets 3 times each year to consider the learning and development needs of AIHW staff. The committee uses information gathered from the 6-monthly performance communication feedback discussions between staff and their managers to help plan the corporate learning calendar. Programs focus on building staff capabilities in:

- statistics, analysis and data management
- communications (with a focus on writing capability)
- project management and teamwork
- leadership and management.

In 2011–12, the AIHW continued to focus on the development of leadership skills among middle managers and supervisors by providing access to several of the in-house courses linked to the Australian Public Service Commission's Integrated Leadership System.

## In-house courses

The AIHW offered 86 in-house courses to staff during the year in the broad capability areas of communication, management and leadership, and computing and other technical skills. In addition, a formal induction program was offered to new staff (**Table 17**).

Individual courses offered within these broad subject areas included strategic thinking, stakeholder engagement, contract management, essentials for new team leaders, assessing leadership capability, medical terminology and coding, giving and receiving feedback, media and presentations, minute taking, project management, risk management, negotiation skills, selection criteria and interview skills, career directions, occupational health and safety, bullying and harassment awareness, and Indigenous cultural appreciation. Statistical and IT training—in SAS EG, SAS additional topics and advanced programming, METeOR and Microsoft Excel—and statistical writing, writing for the web and AIHW-specific writing workshops continued.

**Table 17: In-house learning and development courses, 2010–11 and 2011–12**

Course type	Occasions courses offered		Staff attendance numbers <sup>(a)</sup>	
	2010–11	2011–12	2010–11	2011–12
Corporate induction (for new staff)	3	3	55	64
Communication	34	24	475	284
Management and leadership	24	23	268	321
Computing and other technical skills	34	36	320	372

(a) Some staff attended more than one course.

Induction courses for new staff were held 3 times during the year, each comprising 3 half-day programs. As well as information about the AIHW itself, the courses now incorporate greater detail than previously on broader APS practices, such as APS ethical standards focussing on the APS Values and Code of Conduct.

### External study

Through its Studybank Program, the AIHW provides assistance for staff members who wish to undertake external study to further develop their knowledge and skills. A total of 26 staff applications were approved for assistance for study undertaken during 2011 (Semester 2) and 2012 (Semester 1). Areas of study included epidemiology, biostatistics, psychology, public health and management.

### Staff seminars

Expert AIHW staff deliver informal lunchtime seminars every 6–8 weeks on statistical and research methods, and health and wellbeing.

### Statistical consultancy panel

AIHW staff rely on the expertise of the statistical consultancy panel that was established to provide them with advice and support in statistical methodology, working as part of a multidisciplinary team and participating in the development of research projects. The AIHW also employs a part-time

statistician to advise staff on their statistical work. The AIHW statistical manual provides a ready source of information to staff on the AIHW's statistical practices. The manual is updated on an as-needed basis by the AIHW's Statistical and Analytical Methods Advisory Committee.

## Negotiating our new enterprise agreement

The AIHW's Collective Agreement 2008–2012 had a nominal expiry date of 30 June 2012. Bargaining started on 1 March 2012 for a new enterprise agreement, in accordance with the provisions of the Government's Australian Public Service Bargaining Framework and the *Fair Work Act 2009*. A draft enterprise agreement was rejected by a majority of employees in a vote that concluded on 26 June 2012. Consequently, the Collective Agreement remained in place as at 30 June 2012, with bargaining resuming in July 2012.

## Accommodation and energy efficiency

### Current accommodation

The AIHW operated from 4 separate office buildings in Canberra in 2011–12:

- 26 Thynne Street, Fern Hill Park, Bruce (main building)
- 28 Thynne Street, Fern Hill Park, Bruce (Trevor Pearcey House, Block A)
- 28 Thynne Street, Fern Hill Park, Bruce (Trevor Pearcey House, Block D)
- 22 Thynne Street, Fern Hill Park, Bruce (Southlake).

The lease for 28 Thynne Street (Trevor Pearcey House, Block D) expired in February 2012 and was not renewed. The leases for the 3 remaining buildings are due to expire in 2014. During 2011–12, the AIHW sought proposals from building owners and their agents to provide office space in Canberra from 2014. A large number of proposals were received and these were still under evaluation at 30 June 2012.

The Executive is consulting regularly with staff, through the Consultative Committee, about future accommodation.

### Ecologically sustainable development

The *Environment Protection and Biodiversity Conservation Act 1999* identifies the following principles of ecologically sustainable development:

- Decision-making processes should effectively integrate both long-term and short-term economic, environmental, social and equitable considerations.
- If there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation.
- The principle of inter-generational equity: the present generation should ensure that the health, diversity and productivity of the environment is maintained or enhanced for the benefit of future generations.
- The conservation of biological diversity and ecological integrity should be a fundamental consideration in decision making.
- Improved valuation, pricing and incentive mechanisms should be promoted.

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* requires the AIHW to report on ecologically sustainable development.

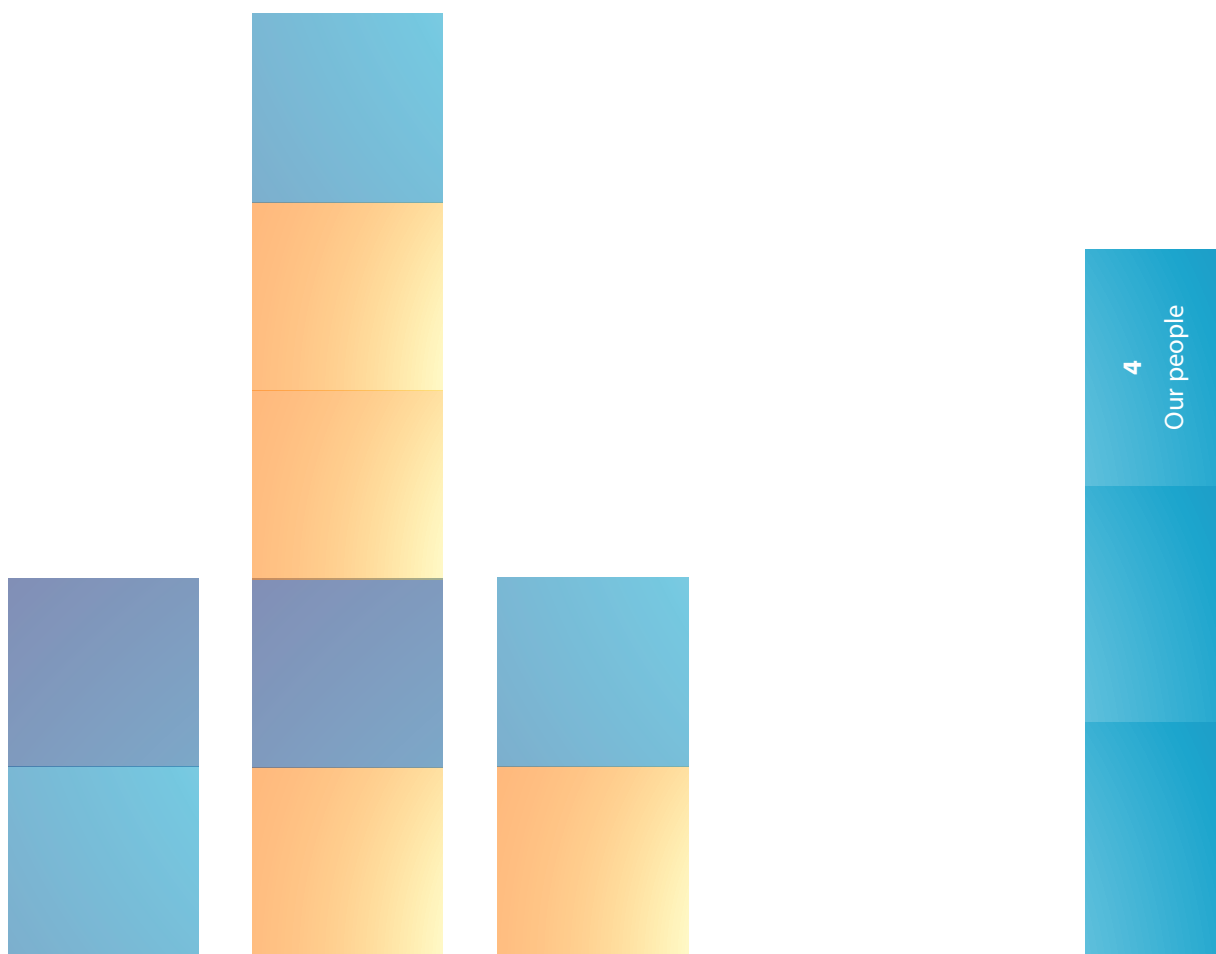
The matters on which the AIHW is required to report under this Act are detailed in **Table 18**.



The AIHW main building at 26 Thynne Street, Fern Hill Park, Bruce.

**Table 18: Ecologically sustainable development reporting**

Legislation administered during 2011–12 accords with the principles of ecologically sustainable development	The AIHW does not administer legislation.
Outcome contribution to ecologically sustainable development	The functions of the AIHW are such that none of its activities contributing to its single outcome under the Portfolio Budget Statements (see <b>Chapter 1 Our performance</b> ) address the principles of, or had direct relevance to, ecologically sustainable development as described above.
The effect of the AIHW's activities on the environment	The AIHW's key environmental impacts relate to the consumption of energy and goods, and waste generated by staff in the course of business activities.
Measures taken to minimise the impact of activities on the environment	<p>In accordance with the AIHW's commitment to protecting the environment, the AIHW has adopted a number of practices aimed at reducing the environmental impact of its day-to-day operations:</p> <ul style="list-style-type: none"> <li>• a Green Group meets on a quarterly basis to examine and advise on options to further reduce the AIHW's environmental impact</li> <li>• environmentally friendly tips and information on the AIHW intranet</li> <li>• provision of amenities for staff who ride bicycles to work</li> <li>• use of energy-efficient lighting</li> <li>• movement-activated lighting that turns off after 20 minutes when no movement is detected</li> <li>• solar tinting on the windows to increase the efficiency of heating and cooling</li> <li>• installation of modern, efficient air-conditioning boiler and chiller by building owner, as well as a new building management system to better monitor fuel usage</li> <li>• provision of designated car parks for staff who car-pool</li> <li>• participation in Earth Hour 2012</li> <li>• water-saving devices in all showers (4) and toilets (37)</li> <li>• recycling of toner cartridges, paper, ring binders and other relevant waste</li> <li>• recycling bins in all AIHW kitchens for collection of organic waste, with 2.4 tonnes of organic waste collected in 2011–12. A total of 7.5 tonnes has been collected since collection began in 2008.</li> </ul>
Mechanisms for reviewing and improving measures to minimise the impact of the AIHW on the environment	The AIHW strives to continually improve its environmental performance through the activities of its Green Group.



# Health

Objectivity

Responsiveness

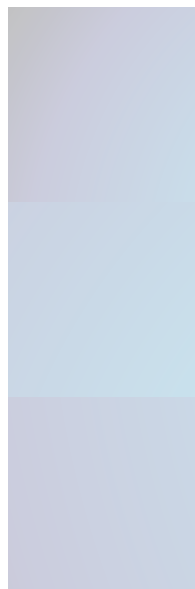
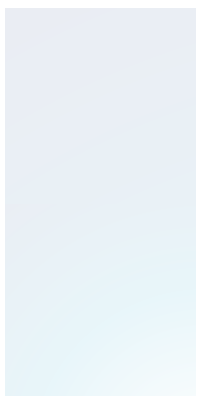
Accessibility

Privacy

# Welfare

Expertise

Innovation



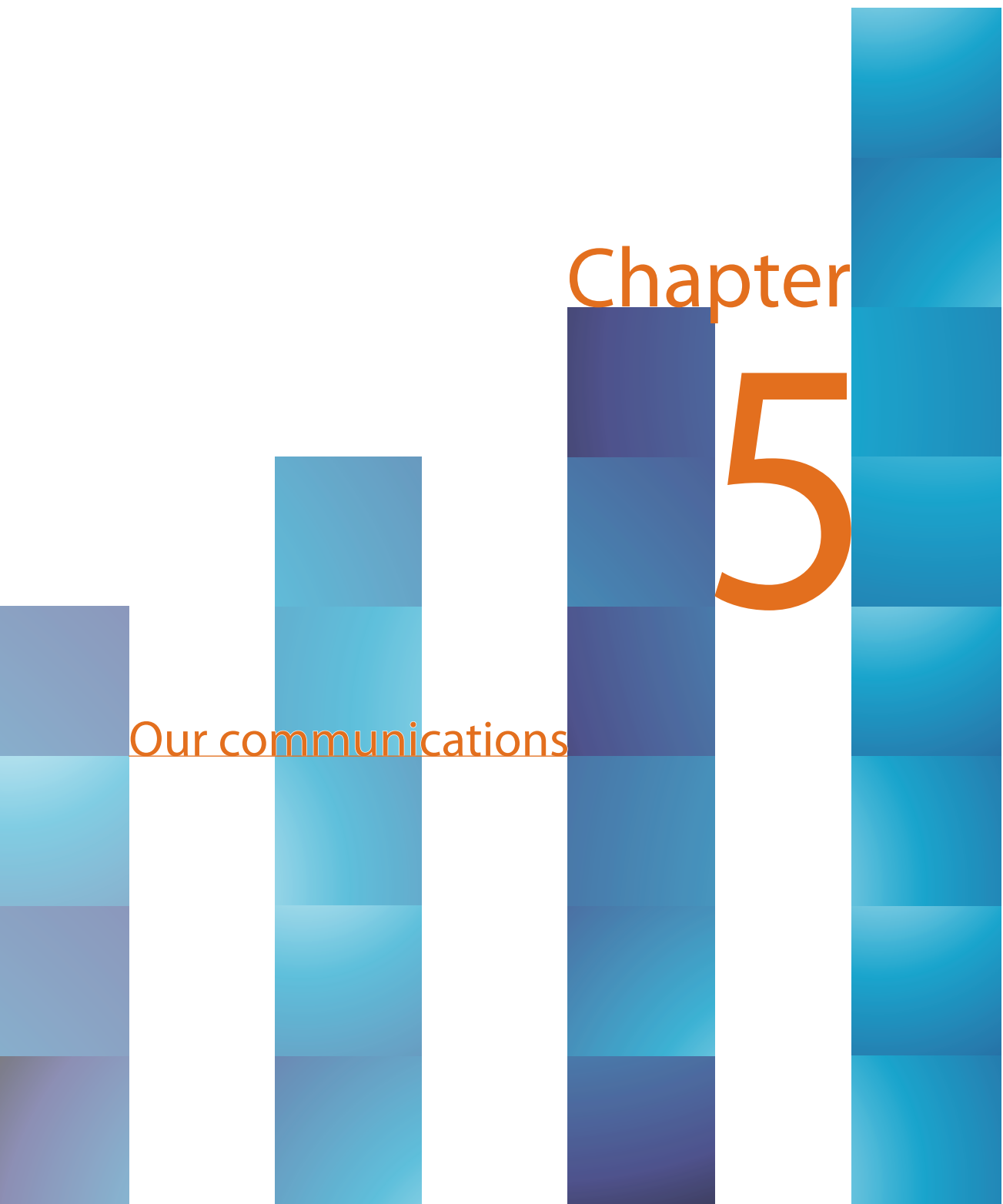


---

This chapter focuses on the AIHW's strategic direction (SD2)  
'Improve the availability of information for the community and  
our stakeholders.'

# Chapter 5

## Our communications



## Communicating well

The AIHW is committed to communicating well by making its work widely accessible and easy to understand.

Today's audience expects to be told about new publications when they happen, and that they will be readily available in a range of electronic formats and come with easily understood summaries. The AIHW meets these expectations through its use of different communication methods, technologies and formats.

The AIHW ensures that its publications undergo a rigorous peer review and editing process so that they are as accurate and as easy to understand as possible. To ensure wide accessibility, all AIHW publications are available free on the AIHW website. Print copies can also be purchased.

## Delivering publications in innovative ways

The AIHW releases all publications in Portable Document Format (PDF) and Rich Text Format (RTF). The latter is tailored for people with vision impairment who rely on special technology to read text on websites. Most AIHW report summaries are published in Hypertext Markup Language (HTML), which is also accessible to vision-impaired users.

During the year the AIHW began publishing under a Creative Commons licence (see the **'spotlight'** below). The AIHW's CC BY licence gives everyone the right to copy, adapt, share and distribute AIHW publications, as well as build upon them, even commercially, as long as the AIHW is credited as the original creator. This opens up the availability of the AIHW's publications to an even greater audience.



### 'Creatively' leading the way

July 2011 saw the implementation of 'Creative commons' licensing for the AIHW's publications and website. The AIHW was the first Commonwealth CAC Act agency to take this step.



'Creative commons' is an automatic licensing system that allows free use of copyright material, subject to a number of conditions, but without the requirement to make a formal request to the AIHW. The system requires users to attribute the AIHW as copyright holder without additional conditions. An assessment can be made on a case-by-case basis of whether any particular publication should be made available under a more restrictive licence.

This system has been widely adopted by the education sector, as well as by a number of Australian Government agencies such as the Australian Bureau of Statistics and Geosciences Australia, and state government agencies in South Australia and Queensland. Under the Australian Government Gov 2.0 policy, Creative commons 3.0 licensing is to become the default position for all future publications released by Commonwealth agencies.



As part of the AIHW's commitment to improving information for the community and its stakeholders, key AIHW reports are accompanied by a printed 'in brief' version. *Australia's welfare 2011—in brief* and *Australia's health 2012—in brief* are attractive, consumer-friendly 48 page versions of the AIHW's biennial reports to the nation, *Australia's welfare 2011* and *Australia's health 2012*. They provide highlights from the main reports in a highly graphical format, and answer some of the 'big' health and welfare-related questions, such as: Is Australia a healthy nation? What actions can be taken for good health? How do we care for others? And how do we compare?

These booklets are distributed in free class sets to secondary schools that buy copies of the main reports. This initiative is backed up by education worksheets on the AIHW website, together with online slide presentations and downloadable interactive quizzes based on the booklets.

Another 'in brief' publication summarises information from *Australian hospital statistics 2010–11*. This 36-page booklet, *Australia's hospitals at a glance 2010–11*, is written in a less technical style and published in a consumer-friendly format that combines key statistics with illustrative graphs and background information. It is also published in HTML format on the AIHW's website.

The AIHW also produces a number of report profiles. These 4-page documents use graphs, pictures and short summaries of information to illustrate a report's main findings. They are distributed at report launches, conferences, meetings and other events to promote the full report. In 2011–12, report profiles were produced to accompany the following publications:

- *Alcohol and other drug treatment services in Australia 2009–10*
- *Assisted reproductive technology in Australia and New Zealand 2009*
- *Child protection Australia 2010–11*
- *National Centre for Monitoring Cancer Framework 2012*

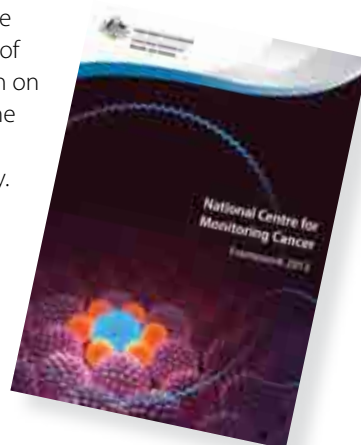
- *The health of Australia's males*
- *The health of Australia's males: a focus on five population groups*
- *The health of Australia's prisoners 2010*
- *Young Australians: their health and wellbeing 2011*.

A number of reports are accompanied by an online snapshot that presents key points in a simple and attractive format. Snapshots released or updated during 2011–12 were for:

- allergic rhinitis
- asthma
- Australia's health
- child protection
- chronic kidney disease
- chronic obstructive pulmonary disease
- diabetes
- male health
- prisoner health.

In October 2011, the AIHW launched a new set of web pages on mental health services in Australia at <http://mhsa.aihw.gov.au/mental-health/>. Accompanied by a 30-page summary report in print and PDF, *Mental health services—in brief 2011*, the web pages provide a comprehensive picture of the national response to the mental health care needs of Australians (see the 'spotlight' on page 18).

New web pages on diabetes indicators and incidence, and risk factors contributing to chronic disease, improve the availability of information on these for the Australian community.



## Notification services for clients and stakeholders

Email notification services are offered through the AIHW website for those wishing to receive notices of the release of AIHW publications, newsletters and education resources, as well as employment and tender notices. Subscriptions to these notices have increased significantly in 2011–12 to over 16,500 (Table 19). The greatest increase in notice subscriptions has been for *AIHW Access*, the AIHW's long-established newsletter, which is available in print and online. There was also continued strong growth in public demand for education resources (see 'Education activities' on page 151) and information on employment opportunities at AIHW.



**Table 19: Email notification service subscriptions, 2009 to 2012 (at 30 June)**

	2009	2010	2011	2012	Percentage change 2011 to 2012
Health publication releases	3,339	4,019	4,629	<b>5,382</b>	+16%
Welfare publication releases	2,498	2,999	3,442	<b>4,102</b>	+19%
Education resources and promotions	276	640	1,171	<b>2,157</b>	+84%
Employment vacancies	467	629	1,640	<b>2,478</b>	+51%
<i>AIHW Access</i> online releases	—	400	1,069	<b>2,398</b>	+124%
<b>Total</b>	<b>6,580</b>	<b>8,687</b>	<b>12,037</b>	<b>16,517</b>	<b>+37%</b>

### Customer care charter

The AIHW has a Customer care charter approved by the AIHW Board, which outlines our service commitment to clients. It can be viewed online at <<http://www.aihw.gov.au/customer-care-charter/>>.

The charter outlines the AIHW's standards for responding to requests for information and how we make information and data available and accessible. It also reinforces our commitment to privacy in the collection, handling, use and disclosure of personal information, and provides information on how clients can make complaints, give feedback and obtain further information about AIHW products.

### Feedback on the effectiveness of products

The AIHW continued to evaluate the effectiveness of its publications through short online reader surveys. Feedback was on the whole very favourable, with 94% of respondents considering the AIHW's publications to be 'quite clearly written' or 'very clearly written', 92% finding them 'quite useful' or 'very useful', and 76% saying they found the level of detail 'about right'.

Increases to both the number and types of products available on the website have seen visits grow over the year by 20% to 1.67 million in 2011–12. According to the 2012 internet user survey, most visitors are

looking for health and welfare information and nearly half found the AIHW website by using a search engine such as Google. More than half of the respondents rated the website as 'good' or 'very good'.

## New publications

### Publication releases

In 2011–12, the AIHW released 141 publications, accompanied by 82 media releases, as well as many other forms of information and statistics including posters, fact sheets and online snapshots. This was a small increase on the 136 publications produced in 2010–11. The overall publishing trend in recent years has been steadily upwards (see **Figure 3** on page xvii).

### Publication sales

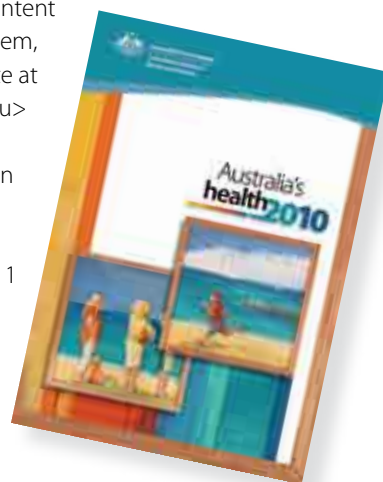
*Australia's health 2010* and *The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011* were the AIHW's most widely distributed publications in 2011–12. *Australia's health 2012* and *Australia's health 2012—in brief* were also popular. As they were released late in the year under review on 21 June 2012, more copies are likely to be distributed in the coming financial year.

The AIHW's free summary publications *Australia's health 2010—in brief* and *Australia's welfare 2011—in brief* were the most ordered publications in 2011–12.

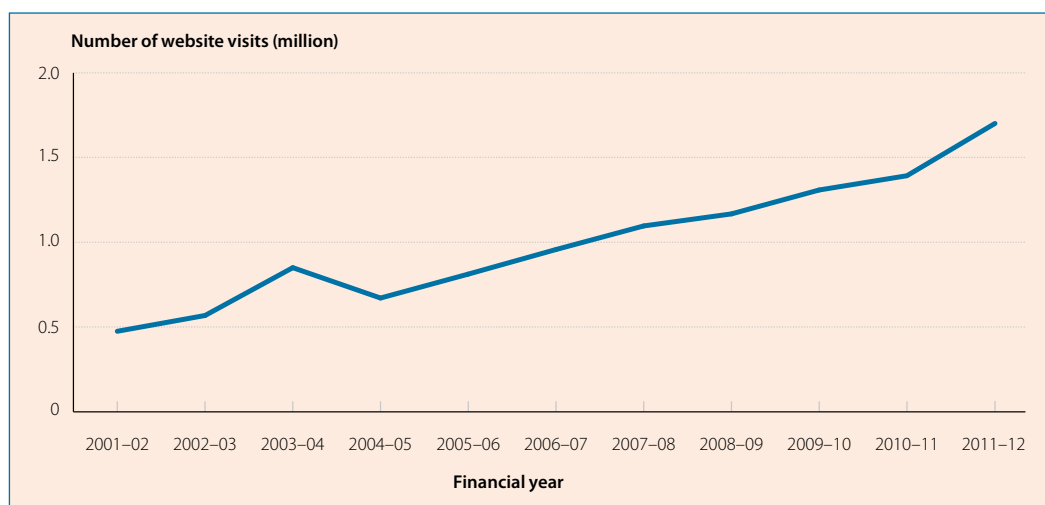
To increase the distribution of *Australia's welfare 2011* and *Australia's health 2012*, the AIHW developed pre-release marketing campaigns that targeted specific government and non-government organisations as well as the education sector. This resulted in increases in overall distribution.

## AIHW's website

Re-launched in early 2011 with a new design, navigation and content management system, the AIHW's website at <www.aihw.gov.au> received over 1.67 million visits in 2011–12. This was a 20.1% increase on visits in 2010–11 (1.39 million) compared with 5.5% over the previous year (**Figure 8**).



**Figure 8: Visits to the AIHW website, 2001–02 to 2011–12**



## Popular downloads

**Table 20** lists the publications that were most frequently downloaded from the AIHW's website during 2011–12. *Australia's health 2010* was the leading publication downloaded in both years.

For those publications released during the financial year, the ranking may not be based on full-year figures, that is, the figures relate to the period between the publication's release date and 30 June 2012.

**Table 20: Top 10 publications downloaded from the AIHW website, 2011–12**

2011–12	
1	<i>Australia's health 2010</i>
2	<i>2010 National Drug Strategy Household Survey report</i> (* 27 July 2011)
3	<i>Australia's health 2010—in brief</i>
4	<i>Young Australians: their health and wellbeing 2011</i>
5	<i>The burden of disease and injury in Australia 2003</i>
6	<i>Diabetes prevalence in Australia: detailed estimates for 2007–08</i>
7	<i>Mental health services—in brief 2011</i> (* 12 October 2011)
8	<i>A picture of Australia's children 2009</i>
9	<i>Child protection Australia 2010–11</i> (* 20 January 2012)
10	<i>Health expenditure Australia 2009–10</i> (* 28 October 2011)

\* Release date

## Online products

During the year the AIHW added new products to its website.

- New snapshots were added (see **Delivering publications in innovative ways** on page 146).
- New full-text online reports were added: *Australia's hospitals at a glance* and *Australia's health 2012—in brief*.
- The Closing the Gap Clearinghouse website at <<http://www.aihw.gov.au/closingthegap/>> continued to expand, with the addition of 9 publications, including resource sheets, an issues paper and an annual report. The website attracted more than 65,000 visits in 2011–12, an increase of 16% on the 56,000 visits in 2010–11. The clearinghouse was begun in 2010–11 by the AIHW for FaHCSIA, in collaboration with the Australian Institute of Family Studies.

- The *Mental health services in Australia* web pages at <<http://mhsa.aihw.gov.au/home/>> (see the 'spotlight' on page 18) were updated with new information on the mental health workforce and mental health-related services.
- The *MyHospitals* website at <<http://www.myhospitals.gov.au/>> was updated several times throughout 2011–12 (see the 'spotlight' on page 20).

The AIHW won a Bronze Award for its online version of the *AIHW annual report 2010–11* in the 'CAC Act Online Category' of the Institute of Public Administration Australia (ACT Division) 2010–11 Annual Reports Awards.

## QR Codes

Quick Response (QR) Codes are two-dimensional barcodes printed on AIHW publications that, when read by smartphones, link the phone directly to the AIHW's website. The first AIHW QR Code links to the AIHW home page, giving fast access to the website. This code and a second QR Code linking to the *Australia's health* web page were used with *Australia's health 2012* and *Australia's health 2012—in brief*. Similarly, the AIHW used a QR Code on printed promotional material to link to the online version of *The health of Australia's males: a focus on five population groups*.



## Social media

The AIHW continues to use its Twitter tags <@aihw> and <@myhospitals> to keep followers informed about new releases on the AIHW website and updates to the *MyHospitals* website. There were 1,755 <@aihw> followers at 30 June 2012.

Twitter enabled 196 followers to keep abreast of news about the Australia's Health 2012 conference, such as details of newly announced conference speakers and program updates. AIHW staff and conference delegates also used Twitter to highlight issues raised by speakers throughout the day and as a way to continue discussion and debate.

## Intranet redevelopment

Work is underway to update the AIHW intranet using new technology, based on feedback and input from AIHW staff. Rollout of the new intranet is planned to take place in late 2012.

## Education activities

The AIHW continued to build and maintain strong relationships with the education sector. Representatives from the AIHW gave presentations to about 1,200 students at the Victorian Certificate of Education Health and Human Development Student Day Out, and to about 250 health and physical education teachers from primary, secondary and special schools at the Queensland Branch of the Australian Council for Health, Physical Education and Recreation conference in August 2011.

The AIHW continued to develop the education resource area of its website by adding a set of worksheets featuring highlights from *Australia's welfare 2011* and *Australia's health 2012*. Worksheets were also developed for specific subjects in response to requests from teachers, including:

- obesity
- weight factors
- risk factors
- chronic disease.

Subscriber numbers to the automatic email notification education service rose by 84% over the year (see **Table 19** on page 148).

The targeted education marketing campaign undertaken since November 2011 showed positive results, with about 7,000 copies of the *Australia's welfare 2011—in brief* booklet distributed to schools, TAFEs and universities around Australia.

The AIHW encourages feedback and suggestions from users about its education resources through its education email contact point at <education@aihw.gov.au>. In 2011–12, the AIHW received about 400 emails through this channel. Through this means, schools, TAFEs and universities requested information and copies of reports, and/or provided suggestions for worksheets.

## Media relations

### Overall media coverage

The AIHW issued 82 media releases in 2011–12, up from 71 releases in 2010–11 (**Table 21**). This largely reflects the increase in the number of published reports for the year, as well as more announcements and launches, such as releases on the *MyHospitals* website and the *Mental health services in Australia* web pages.

**Table 21: Media coverage, 2007–08 to 2011–12**

	Print	Radio	TV	Online	AAP	Total	Media releases
2007–08	847	2,043	52	471	100	<b>3,513</b>	<b>56</b>
2008–09	509	1,412	31	1,402	91	<b>3,445</b>	<b>68</b>
2009–10	581	1,958	139	1,347	60	<b>4,085</b>	<b>56</b>
2010–11	698	1,645	103	1,651	77	<b>4,174</b>	<b>71</b>
<b>2011–12</b>	<b>564</b>	<b>1,956</b>	<b>138</b>	<b>2,127</b>	<b>96</b>	<b>4,781</b>	<b>82</b>
Percentage change 2010–11 to 2011–12	–19	+19	+34	+29	+25	+15	+15

Media coverage rose by 15% in 2011–12, increasing across all media except print compared with 2010–11. The 29% increase in online news coverage since 2010–11 may be due to an increasing shift towards online news, both as a substitute for and complementing print news.

### Media coverage for individual reports and events

AIHW reports and events receiving the most media coverage during the year are listed in **Table 22**.

**Table 22: Top 10 reports and events for media coverage, 2011–12**

2011–12	
1	<i>2010 National Drug Household Survey report</i> (* 27 July 2011)
2	<i>Australia's health 2012</i> (* 21 June 2012)
3	<i>Asthma in Australia 2011: with a focus chapter on chronic obstructive pulmonary disease</i> (* 18 October 2011)
4	<i>Lung cancer in Australia: an overview</i> (* 4 November 2011)
5	<i>MyHospitals hand hygiene data release</i> (* 6 March 2012)
6	<i>Cancer incidence projections, Australia 2011 to 2020</i> (* 9 March 2012)
7	<i>Australian hospital statistics 2010–11 and Australian hospital statistics: at a glance</i> (* 30 April 2012)
8	<i>Child protection Australia 2010–11</i> (* 20 January 2012)
9	<i>People turned away from government-funded specialist homelessness accommodation 2010–11</i> (* 15 December 2011)
10	<i>The Child Dental Health Surveys Australia, 2005 and 2006</i> (* 8 December 2011)

\* Release date



The *2010 National Drug Strategy Household Survey report* attracted the most media coverage for the AIHW in 2011–12, with 184 total mentions across all media, including 10 television items (see the ‘spotlight’ below).

*Australia’s health 2012* was the next most successful report in terms of media coverage,

with 102 items relating to the report. *Asthma in Australia 2011* and *Lung cancer in Australia: an overview* also received significant media coverage. The report on lung cancer was funded by Cancer Australia and the launch involved media spokespeople from both the AIHW and Cancer Australia.



## Media profile: 2010 National Drug Household Survey report

### Spotlight

The high level of media coverage of the *2010 National Drug Household Survey report* reinforced the status of AIHW as the nation’s premier source of health statistics. The AIHW was quoted in a positive light as the author or researcher in all the articles or stories, and much of the coverage related strongly to the messages given in our media release.

Examples of the kind of coverage the report received are:

*We’ve got the message about smoking, are refusing to change our risky drinking habits with the notable exception of teenagers and pregnant women, and our appetite for illicit drugs has risen in the past three years. The mixed picture of drinking and drug use is revealed today in the Australian Institute of Health and Welfare’s National Drug Strategy Household Survey, which shows men are more likely to use legal or illegal drugs than women, except for pharmaceuticals, which are used equally.*

**Stephen Lunn (social affairs writer), *The Australian***

*Fewer Australians are smoking every day, but illicit drugs use is on the rise, the latest health survey says. . . The National Drug Strategy Household Surveys have been conducted by the government’s health statistics agency since 1998 to provide a snapshot of drug use in Australia.*

**AAP, Newswire**

*Australia’s love affair with the party drug ecstasy is waning. A drug use study by the Australian Institute of Health and Welfare, released today, found the rate of ecstasy use throughout the population has dropped to 3 per cent, down from 3.5 per cent in 2007. . . The AIHW has been conducting research into drug use in Australia since 1998.*

**Anthony Templeton, mX (Brisbane)**



Continued next page



## Media profile: 2010 National Drug Household Survey report (continued)

Young women's cocaine consumption has skyrocketed in the past three years and the drug is most popular among educated, high-earning city dwellers, federal government statistics show. One in 20 women aged in their 20s used the drug last year, a 60 per cent increase from 2007. The Australian Institute of Health and Welfare's drug survey, released today, showed that cocaine use overall was most popular in NSW, where 2.9 per cent of residents had used the drug in the past year, followed by Victoria at 2.3 per cent.

**Julie Robotham, The Sydney Morning Herald**

*A push to ban the supply of alcohol to children and teenagers in private homes will be brought to [the South Australian] State Parliament today, in a move to curb binge drinking at parties. ... The move comes as the Australian Institute of Health and Welfare released its latest National Drug Strategy Household Survey 2010. That showed 38.4 per cent of 12 to 17-year-olds had recently consumed alcohol.*

**Sarah Martin (political reporter), The Advertiser**

*The 2010 National Drug Strategy Household Survey report also shows that most Australians support the establishment of supervised drug injecting rooms and the legal use of marijuana to treat medical conditions. According to the survey, conducted for the Australian Institute of Health and Welfare, 50.2 per cent of Australians aged over 14 believe the minimum legal drinking age should be increased.*

**Peter Jean (health reporter), The Canberra Times**

*The latest national survey of drug use shows fewer Australians are smoking but more are using illegal drugs. The Australian Institute of Health and Welfare survey found the number of people aged over 14 who are smoking on a daily basis has dropped to 15 per cent. The percentage of people who reported using an illicit drug has increased to 14.7 per cent since the last survey in 2007. Ecstasy use has declined but there were increases in cocaine use, especially among young women.*

**Afternoon Live (with Kim Landers), ABC News 24**

## Exhibiting at conferences

Professional conferences provide important opportunities for the AIHW to promote its publications, website and other services to a wider professional audience.

In 2011–12, promotional booths and related activities were held at the:

- 2011 Primary Health Care Research conference (convened by the Primary Health Care Research and Information Service)

- Great Healthcare Challenge (convened by the Australasian Association for Quality in Health Care, the Australian Council on Healthcare Standards, the Australian Healthcare & Hospitals Association and the Royal Australasian College of Medical Administrators)
- 9th Asia/Oceania Regional Congress of Gerontology and Geriatrics 2011 (hosted by the Australian Association of Gerontology)



- Longitudinal Study of Australian Children and the Longitudinal Study of Indigenous Children Research conference (hosted by the Australian Institute of Family Studies)
- 4th Primary Health Care Reform conference (organised by a conference committee from various primary care organisations)
- Thoracic Society of Australia and New Zealand and Australian and New Zealand Society of Respiratory Science annual scientific meetings
- 2nd National Indigenous Drug and Alcohol conference (organised by the National Indigenous Drug and Alcohol Committee).



Staff of the AIHW exhibiting the AIHW's products at the Australia's Welfare 2011 conference.

## Parliamentary relations

### Hansard references

The AIHW is considered a reliable information source by members of parliament. The AIHW was cited 68 times during 2011–12 in the Hansards of the Australian Parliament.

### Budget estimates hearings

During the year, the Director appeared before the Senate Community Affairs Committee Additional Estimates hearings held for the Health and Ageing portfolio. Responses were supplied to 3 questions on notice following the 3 Senate Estimates hearings held during 2011–12. An additional 63 responses were supplied as AIHW input to portfolio-wide responses to Senate Estimates questions on notice.

### Inquiries

The AIHW provided 4 submissions to parliamentary or government inquiries during 2011–12 (**Table 23**).

**Table 23: Submissions to parliamentary or government inquiries, 2011–12**

Federal	
Senate Finance and Public Administration Legislation Committee	Inquiry into the National Health Reform (Independent Hospital Pricing Authority) Bill 2011
Senate Community Affairs Legislation Committee	Human Services Legislation Amendment Bill 2010
Senate Community Affairs Committee	Inquiry into Factors Affecting the Supply of Health Services and Medical Professionals in Rural Areas
State/territory	
Victorian Legislative Council Economy and Infrastructure Committee	Inquiry into Primary Health and Aged Care Measures

<b>Appendix 1</b>	Enabling legislation.....	158
<b>Appendix 2</b>	Charter of Corporate Governance .....	178
<b>Appendix 3</b>	Members of the AIHW Board and AIHW Ethics Committee .....	186
<b>Appendix 4</b>	Executive and unit heads .....	196
<b>Appendix 5</b>	Participation in national committees .....	200
<b>Appendix 6</b>	Arrangements with Australian universities and specialist centres .....	202
<b>Appendix 7</b>	Publications and papers .....	204
<b>Appendix 8</b>	Administrative and compliance matters .....	218
<b>Appendix 9</b>	Financial statements.....	222



---

The appendixes contain specific governance-and compliance-related information as well as details of AIHW's outputs as publications and papers, and the audited financial statements.

# Appendixes



# Appendix 1 Enabling legislation

Commonwealth legislation and regulations establishing and governing the AIHW are listed and reproduced below.

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

An Act to establish the AIHW and for related purposes. A compilation of this Act No. 41 of 1987 as amended may be found at <[www.comlaw.gov.au/Details/C2012C00033](http://www.comlaw.gov.au/Details/C2012C00033)>. It was prepared on 27 December 2011, taking into account amendments up to Act No. 5 of 2011, by the Office of Legislative Drafting and Publishing, Attorney-General's Department, Canberra.

- ***Australian Institute of Health and Welfare Regulations 2006***

These Regulations (Select Legislative Instrument 2006 No. 352) prescribe the value of contracts into which the AIHW can enter without seeking ministerial approval and may be found at <[www.comlaw.gov.au/Details/F2006L04013](http://www.comlaw.gov.au/Details/F2006L04013)>. The current prescribed amount is \$1.5 million.

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

These Regulations prescribe the operations of the AIHW Ethics Committee. A compilation of these Regulations as amended may be found at <[www.comlaw.gov.au/Details/F2004C00363](http://www.comlaw.gov.au/Details/F2004C00363)>. It was prepared on 5 April 2002, taking into account amendments up to Statutory Rules 2002 No. 62, by the Office of Legislative Drafting and Publishing, Attorney-General's Department, Canberra.

Information on the history of amendments to the AIHW Act and regulations can also be found on the Commonwealth of Australia Law website at <[www.comlaw.gov.au](http://www.comlaw.gov.au)>.

## Australian Institute of Health and Welfare Act 1987

### Act No. 41 of 1987 as amended

This compilation was prepared on 27 December 2011 taking into account amendments up to Act No. 46 of 2011.

The text of any of those amendments not in force on that date is appended in the Notes section [not given here].

The operation of amendments that have been incorporated may be affected by application provisions that are set out in the Notes section [not given here].

## Contents

<b>Part I—Preliminary</b> .....	<b>160</b>
1 Short title .....	160
2 Commencement .....	160
3 Interpretation .....	160

<b>Part II—Australian Institute of Health and Welfare</b> .....	<b>161</b>
<i>Division 1—Establishment, functions and powers of Institute</i> .....	<b>161</b>
4 Establishment of Institute .....	161
5 Functions of the Institute .....	162
6 Powers of Institute .....	163
7 Directions by Minister .....	163
<i>Division 2—Constitution and meetings of Institute</i> .....	<b>164</b>
8 Constitution of Institute .....	164
9 Acting members .....	165
10 Remuneration and allowances .....	165
11 Leave of absence .....	165
12 Resignation .....	166
13 Termination of appointment .....	166
14 Disclosure of interests .....	166
15 Meetings .....	166
<i>Division 3—Committees of Institute</i> .....	<b>167</b>
16 Committees .....	167
<i>Division 4—Director of Institute</i> .....	<b>168</b>
17 Director of Institute .....	168
18 Functions of Director .....	168
<i>Division 5—Staff</i> .....	<b>168</b>
19 Staff .....	168
<b>Part III—Finance</b> .....	<b>169</b>
20 Money to be appropriated by Parliament .....	169
22 Money of Institute .....	169
23 Contracts .....	169
24 Extra matters to be included in annual report .....	169
25 Trust money and trust property .....	170
26 Exemption from taxation .....	170
<b>Part IV—Miscellaneous</b> .....	<b>170</b>
27 Delegation by Institute .....	170
28 Delegation by Director .....	170
29 Confidentiality .....	171
30 Restricted application of the <i>Epidemiological Studies (Confidentiality) Act 1981</i> .....	172
31 Periodical reports .....	173
32 Regulations .....	173

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

## Part I—Preliminary

### 1 Short title

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

### 2 Commencement

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

### 3 Interpretation

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

**appoint** includes re-appoint.

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

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

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

**Finance Minister** means the Minister administering the *Financial Management and Accountability Act 1997*.

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

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

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

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

**State Health Minister** means:

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

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

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

**State Housing Minister** means:

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

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



**State Welfare Minister** means:

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

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

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

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

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

**welfare services** includes:

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

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

## Part II—Australian Institute of Health and Welfare

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

#### 4 Establishment of Institute

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

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

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

## 5 Functions of the Institute

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

(1AA) The functions of the Institute are:

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

*[Health-related functions]*

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

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

*[Welfare-related functions]*

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

- (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
- (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
- (c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and
- (d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and

- (e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and
- (f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and
- (g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and
- (h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

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

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

## 6 Powers of Institute

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

- (a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;
- (b) to acquire, hold and dispose of real or personal property;
- (c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;
- (d) to appoint agents and attorneys and act as an agent for other persons;
- (e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;
- (f) subject to section 29, to:
  - (i) release data to other bodies or persons; and
  - (ii) publish the results of any of its work; and
- (g) to do anything incidental to any of its powers.

## 7 Directions by Minister

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

## Division 2—Constitution and meetings of Institute

### 8 Constitution of Institute

- (1) Subject to subsection (2), the Institute shall consist of the following members:
  - (a) the Chairperson;
  - (b) the Director;
  - (c) a member nominated by the Australian Health Ministers' Advisory Council;
  - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
  - (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
  - (d) the Australian Statistician;
  - (e) the Secretary to the Department;
  - (f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;
  - (fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
  - (fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
  - (fc) a person nominated by the Minister who has expertise in research into public health issues;
  - (g) 3 other members nominated by the Minister;
  - (h) a member of the staff of the Institute elected by that staff.
- (1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:
  - (a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and
  - (b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and
  - (c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and
  - (d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
  - (a) may be made by one or more bodies; and
  - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
  - (a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);
  - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;

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

## 9 Acting members

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.

Note: For rules that apply to acting appointments, see section 33A of the Acts Interpretation Act 1901.

## 10 Remuneration and allowances

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

## 11 Leave of absence

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

## 12 Resignation

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

## 13 Termination of appointment

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

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

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

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

## 14 Disclosure of interests

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

## 15 Meetings

- (1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.
- (2) The Institute shall meet at least once every 4 months.
- (3) The Chairperson:
  - (a) may at any time convene a meeting; and
  - (b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.

- (4) The Minister may convene such meetings as the Minister considers necessary.
- (5) At a meeting:
  - (a) if the Chairperson is present, the Chairperson shall preside;
  - (b) if the Chairperson is absent, the members present shall appoint one of their number to preside;
  - (c) a majority of the members for the time being constitute a quorum;
  - (d) all questions shall be decided by a majority of the votes of the members present and voting; and
  - (e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.
- (6) The Institute shall keep minutes of its proceedings.
- (7) The Institute shall regulate the procedure of its meetings as it thinks fit.

## Division 3—Committees of Institute

### 16 Committees

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
  - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
  - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

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

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

## Division 4—Director of Institute

### 17 Director of Institute

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

### 18 Functions of Director

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

## Division 5—Staff

### 19 Staff

- (1) The staff required for the purposes of this Act shall be:
  - (a) persons engaged under the *Public Service Act 1999*; and
  - (b) persons appointed or employed by the Institute.
- (2) For the purposes of the *Public Service Act 1999*:
  - (a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and
  - (b) the Director is the Head of that Statutory Agency.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.



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

## Part III—Finance

### 20 Money to be appropriated by Parliament

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

### 22 Money of Institute

- (1) The money of the Institute consists of:
  - (a) money paid to the Institute under section 20; and
  - (b) any other money, other than trust money, paid to the Institute.
- (2) The money of the Institute shall be applied only:
  - (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;
  - (b) in payment of remuneration and allowances payable under this Act; and
  - (c) in making any other payments required or permitted to be made by the Institute.
- (3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

### 23 Contracts

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

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

### 24 Extra matters to be included in annual report

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

## 25 Trust money and trust property

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

## 26 Exemption from taxation

The income, property and transactions of the Institute are not subject to taxation under any law of the Commonwealth or of a State or Territory.

# Part IV—Miscellaneous

## 27 Delegation by Institute

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

## 28 Delegation by Director

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

## 29 Confidentiality

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

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

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

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

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

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

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

- (1) The *Epidemiological Studies (Confidentiality) Act 1981* (in this section called the **Confidentiality Act**) does not apply to anything done in the exercise of a power or performance of a function under this Act.
- (2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:
- (a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and
  - (b) give the Institute access to documents prepared or obtained in the conduct of that study.
- (3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.
- (4) In this section:
- (a) **epidemiological study** has the same meaning as in the Confidentiality Act; and
  - (b) **prescribed study** has the same meaning as in the Confidentiality Act.

### 31 Periodical reports

- (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:
  - (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
  - (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.
- (1A) The Institute must submit to the Minister:
  - (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
    - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
    - (ii) ending on 30 June 1993; and
  - (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.
- (2) The Institute may at any time submit to the Minister:
  - (a) a health or welfare report for any period; or
  - (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.
- (3) A health report shall provide:
  - (a) statistics and related information concerning the health of the people of Australia; and
  - (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
 during the period to which the report relates.
- (3A) A welfare report must provide:
  - (a) statistics and related information concerning the provision of welfare services to the Australian people; and
  - (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
 during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

### 32 Regulations

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

## Australian Institute of Health and Welfare Regulations 2006

### Select Legislative Instrument 2006 No. 352

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 13 December 2006

P. M. JEFFERY  
Governor-General

By His Excellency's Command

TONY ABBOTT  
Minister for Health and Ageing

---

#### 1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Regulations 2006.

#### 2 Commencement

These Regulations commence on the day after they are registered.

#### 3 Repeal

The Australian Institute of Health and Welfare Regulations are repealed.

#### 4 Definitions

In these Regulations:

*Act* means the *Australian Institute of Health and Welfare Act 1987*.

#### 5 Contract value limit

For paragraph 23 (a) of the Act, the amount of \$1 500 000 is prescribed.

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

### Statutory Rules 1989 No. 118 as amended made under the *Health Act 1987*

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

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

## Contents

1	<b>Name of Regulations</b> .....	175
2	<b>Definition</b> .....	175
3	<b>Functions</b> .....	175
4	<b>Composition</b> .....	176

### 1 Name of Regulations

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

### 2 Definition

In these Regulations:

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

### 3 Functions

The functions of the Ethics Committee are:

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

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

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

#### 4 Composition

The Ethics Committee is to consist of the following members:

- (a) a chairperson;
- (b) the Director of the Institute or a nominee of the Director;
- (c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;
- (d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;
- (e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;
- (f) a minister of religion or a person who performs a similar role in a community;
- (g) a lawyer;
- (h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

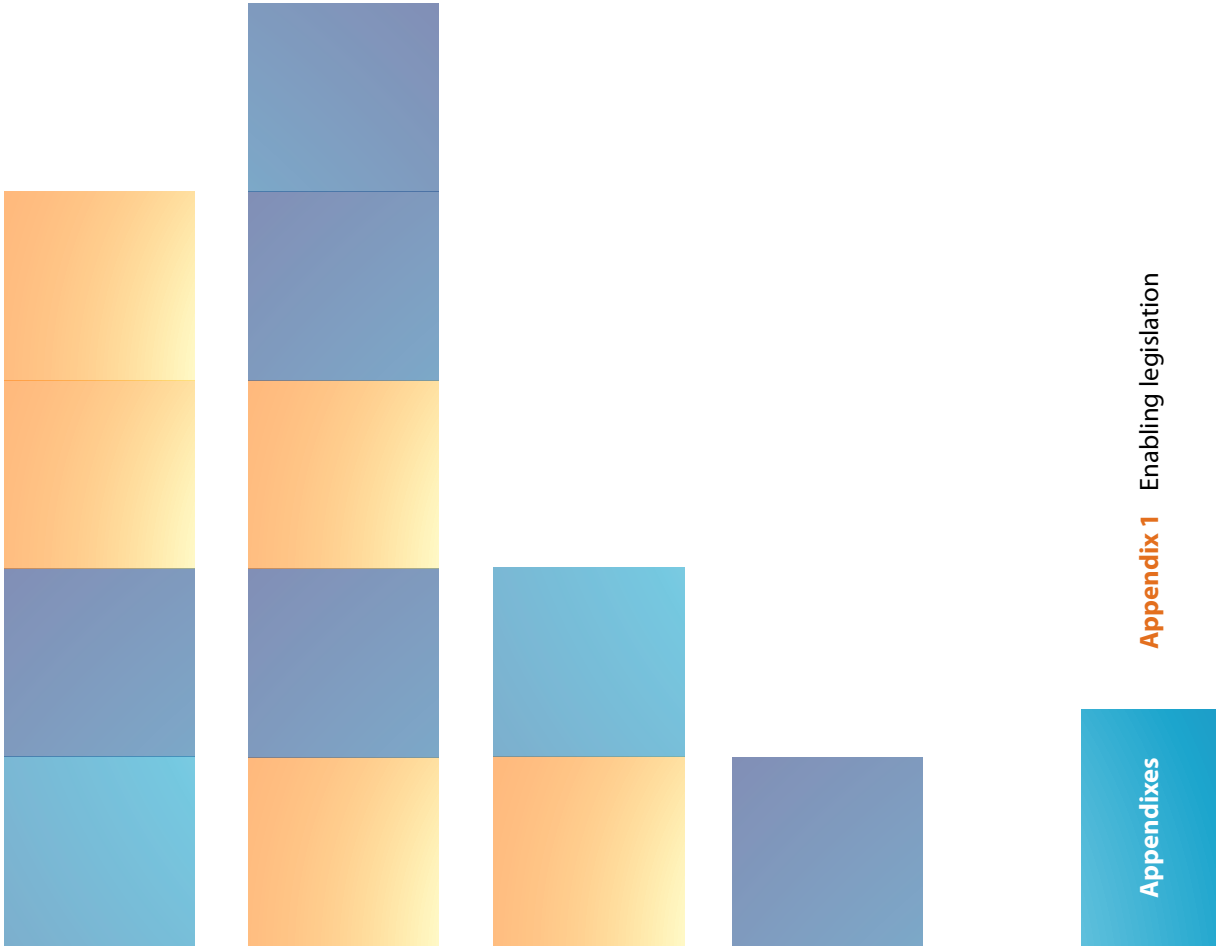
*Examples for paragraph (c)*

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

*Example for paragraph (f)*

An Aboriginal elder.





# Appendix 2 Charter of Corporate Governance

This charter was revised and approved by the AIHW Board at its March 2012 meeting.

## Introduction

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

The AIHW is a major national agency established under the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) as an independent statutory authority to provide reliable, regular and relevant information and statistics in Australia's health and welfare. The AIHW is defined as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act). As provided for by the AIHW Act, management of the AIHW's affairs is delegated to the Director.

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

## Purpose

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

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

## AIHW's mission and values

The AIHW is guided in all its undertakings by its mission and values.

### Mission

Authoritative information and statistics to promote better health and wellbeing.

### Values

Our values are:

- **the APS values**—being apolitical, accountable, sensitive and fair with the highest quality ethics and leadership
- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the changing needs of those who provide or use data and information which are collected by AIHW
- **accessibility**—making data and information as accessible as possible
- **privacy**—safeguarding the privacy of all individuals and groups about whom we collect data, or who provide data to us
- **expertise**—applying and developing highly specialised knowledge and high standards
- **innovation**—developing original, relevant and valued new products, processes and services.

## Roles, powers and responsibilities

### 1. Governing laws

#### *Enabling legislation*

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

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

The Board may appoint committees as it thinks fit to assist it in performing its functions (s. 16 of the AIHW Act).

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

### **Responsible minister**

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

## **2. Constitution**

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

The following members are appointed for a term of 3 years, by the Governor-General on the advice of the minister:

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

Directors holding office by virtue of the position they hold—and therefore not appointed—are:

- the Director (AIHW)
- the Australian Statistician (Australian Bureau of Statistics—ABS)
- the Secretary of the Department of Health and Ageing (DoHA).

The ABS and DoHA members may formally designate a representative to attend meetings on their behalf.

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

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

### **Acting members**

Section 9 of the AIHW Act allows the minister to appoint a person to act as the Chairperson, Director or a member of the Board when there is a vacancy. The minister may also appoint an individual to act in a position where a current member is unable to perform the functions of their position. Further requirements relating to the appointment of acting Board members are contained within s. 33A of the *Acts Interpretation Act 1901*.

### **Role of observers**

Observers are expected to attend Board meetings. While observers do not have voting rights or cannot participate in Board subcommittees, they can actively participate in discussion at Board meetings and assume the other responsibilities of Board members.

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

Observers, who represent government departments or agencies, may be permitted to circulate Board papers solely for the purposes of preparing briefing papers for the observer, after seeking approval from the Board.

### 3. Conduct of Board members

As a statutory authority, the conduct of members of the Board is prescribed by the CAC Act.

Board members are expected to ensure that they understand their responsibilities under both the CAC Act and the AIHW Act, and to uphold the AIHW's values.

### 4. Roles of Board members

Key responsibilities of the AIHW are to:

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

#### *Role of the Board*

The Board sets the overall policy and strategic direction for the AIHW and has broad responsibilities to:

- set the AIHW's mission and values and its strategic goals and directions, including endorsement of its corporate plan and business plan
- maintain the independence of the AIHW
- ensure that the AIHW complies with legislative and administrative requirements
- meet its statutory requirements including making recommendations to the minister to appoint a Director of the AIHW
- oversee the financial viability of the AIHW, including the two components of its funding arrangements, that is, contractual work and the federal Budget appropriation.
- endorse the annual report and the audited financial statements (as required by the CAC Act), at a Board meeting

- advocate and promote the contribution of information to improve health and welfare outcomes
- identify and manage the risks that might impact on the AIHW
- monitor the performance of the organisation against its corporate plan and business plan
- secure feedback from stakeholders on the use of AIHW products
- set remuneration for, and assess performance of, the Director
- review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

#### *Role of the Chair (in addition to the role of the Board)*

- Chair meetings of the Board and endorse associated processes.
- Carry out an extended role in managing formal relationships between the AIHW and the Minister for Health and Ageing; other relevant ministers and key stakeholders.
- Manage significant issues between meetings of the Board.
- Manage the relationship between the Board and the Director of the AIHW.

#### *Role of the Director*

- Provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions.
- Manage the affairs of the AIHW in accordance with the AIHW Act and the CAC Act.
- Identify emerging strategic, operational and financial risks to the AIHW and actively implement strategies to mitigate these risks.
- Establish and maintain appropriate working relationships with the portfolio minister and other ministers whose portfolios include activities within the scope of the AIHW.

- Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies, and associated Commonwealth/state forums.
- Liaise as required with non-government bodies associated with the functions of the AIHW.
- Ensure the AIHW provides, either directly or through collaborations with others, high-quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.
- Ensure the Board is properly advised on all matters and discharges its direction in relation to these matters.
- Ensure the security of data provided to the AIHW, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the corporate plan and the business plan.
- Maintain a strong financial position of the AIHW.
- Attract and retain the committed, skilled staff needed to carry out the AIHW's functions.
- Provide an induction briefing to new Board members on the AIHW's functions, its operating and legislative frameworks, and members' roles and responsibilities.

#### ***Role of staff-elected Board member***

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

#### ***Role of other members***

- Act in the best interests of the AIHW. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the AIHW (see also 'Conflict of interests' below).
- Support the Chair and Director of the AIHW in decision making.

- Participate on Board committees established under s. 16(4) of the AIHW Act.
- Provide input to the Board based on their knowledge and background.

#### ***Role of the Secretary***

- Provide advice and support to the Board.
- Be independent of the AIHW Director and staff when dealing with sensitive matters related to the Director's employment.

## **5. Relationships**

### ***With management***

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

### ***With stakeholders***

Stakeholders are important to the prosperity of the AIHW, in particular the states and territories, given that they are the data and potential funding providers to the Institute. The AIHW also has responsibility to a wide range of key stakeholders from the minister to the whole community. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

### ***With staff***

The Chair participates in key AIHW activities, notably the launch of *Australia's health* and *Australia's welfare*, and in developing the corporate plan and the business plan.

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

## **6. Delegation of powers and actions**

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

## 7. Board processes

### *Meetings*

The AIHW Act stipulates that the Board shall meet at least once every 4 months. To enable the Board to guide the work of the AIHW, to fit in with the launch of its biennial publications, and to approve the financial statements, the annual report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

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

### *Agenda and papers*

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

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director in consultation with group heads, sourced from the AIHW.

Group heads are responsible for providing papers to the Secretary 2 weeks before the meeting date.

Papers are distributed electronically and in hard copy to members at least 1 week before the meeting date.

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

### *Confidentiality*

All papers for Board meetings are considered to be 'Board in confidence' unless otherwise decided by the Board. Members and staff attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers. Papers may only be distributed to persons other than members and observers for the purpose of briefing Board members and observers.

While departmental members and observers may be supported by seeking adequate briefings from their departmental staff officers, to protect their confidentiality the full set of papers is not to be distributed throughout the department. Where

members and observers require briefings on certain items, only the paper covering the item in question may be forwarded to relevant staff within their respective agencies. These papers may not be used for any purpose other than that for which they are intended.

The AIHW makes available records of endorsed minutes to its staff.

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

### *Minutes*

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

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

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

### *Conflict of interests*

The CAC Act requires Board members to disclose their interests relevant to the AIHW's functions, and not participate in decisions where a conflict is declared. The Chair will ask members at the commencement of Board meetings whether there are any conflicts of interest to be declared. A member who considers that he or she may have an interest in the matter shall:

- (i) disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict
- (ii) provide details of the interest as requested by other members to determine the nature and extent of the interest

- (iii) remove themselves physically from the room, if appropriate, while the discussion takes place, unless the Board determines otherwise.

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

### **Conflict of roles**

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

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

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

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

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

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

### **Decisions taken**

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

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

### **Quorum**

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

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

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

### **Remuneration and travel**

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

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

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

***Ensuring continuous improvement***

The Board will review its performance every 2 years. Issues reviewed may include its success in pursuing the AIHW's objectives, procedural matters, protocol and clarity of roles, and individual performance.

***Induction***

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

***Professional development***

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

***Indemnity of members***

The AIHW provides appropriate indemnity for Board members.

***Complaints and dispute resolution***

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

**8. Board committees*****Ethics Committee***

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

level data security procedures; and, where appropriate, to incorporate the requirements of its information providers in those procedures.

The Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. Through the committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Ethics Committee provides a yearly report of its operation to both the AIHW for inclusion in the annual report and also to the National Health and Medical Research Council (NHMRC) for its reporting purposes.

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

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

Members of the committee are appointed by the Board for a period of 3 years.

***Audit and Finance Committee***

The Audit and Finance Committee is established to:

- ensure the internal auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs
- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the AIHW's financial position and review quarterly financial reports in a form specified by the committee
- ensure the timely tabling of the annual report before the Board
- report to the Board on any matters arising from either the internal audit or the external audit functions about which the Board needs to be informed



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

Membership comprises 3 or 4 persons appointed by the Board. At least three members of the committee shall be non-executive members of the Board, one of whom is appointed as Chair of the committee. One member of the committee may not be a member of the Board. A quorum is a minimum of two members. The AIHW's Director shall not be a member of the committee but may be invited to attend the meeting along with other relevant AIHW staff. The internal auditors shall be invited to attend each meeting and provide advice to the committee on financial and audit matters.

Although the committee is only required to report to the Board on its activities every 6 months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on the financial and budgetary issues before it considers each quarterly financial report.

### ***Remuneration Committee***

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

The Remuneration Committee provides performance feedback to the Director and considers an annual review of remuneration, that is, an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The committee works within guidelines issued from time to time by the Remuneration Tribunal. The Remuneration Committee Guidelines also set out the process and timeframes for determining remuneration and performance pay.

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

## Appendix 3 Members of the AIHW Board and the AIHW Ethics Committee

### Members of the AIHW Board as at 30 June 2012



**Andrew Refshaug** MB, BS, FAICD

**Chair**

**Non-executive Director**

*Term: 19 July 2011 – 18 July 2014*

Dr Refshaug was appointed Chair of the AIHW Board in 2010. He is a former deputy premier and treasurer of NSW, and has also held the positions of ministers for health, Aboriginal affairs, planning, housing, education and training, and state development. Dr Refshaug is Chair of CareFlight (NSW) and of the Investment Committee of the NSW Aboriginal Land Council, and from July 2012 will become chair of the Aged Care Standards and Accreditation Agency. He is a director of the Aged Care Standards and Accreditation Agency, Family Care Medical Services Ltd and the Nelune Foundation. He is a former medical practitioner at the Aboriginal Medical Service in Redfern, Sydney.



**David Kalisch** BEc (Hons), MAICD

**Director, Australian Institute of Health and Welfare**

**Executive Director**

*Term: since December 2010*

Mr Kalisch was appointed Director (Chief Executive Officer) of the AIHW in December 2010. He is an economist with 30 years' experience in a range of social policy issues, including labour markets, employment programs, retirement incomes, welfare policy and programs, family and children's services, and health policy. This has included roles in policy development, research and analysis, and public sector program management, generally in the Australian Government.

His recent work experience has included appointments as a commissioner at the Productivity Commission, deputy secretary in the Department of Health and Ageing, and senior executive roles in the departments of Family and Community Services, Social Security, and Prime Minister and Cabinet. Mr Kalisch has also worked in a number of divisions of the OECD in Paris, and in the Australian Delegation to the OECD. He has previously been a board member of the Australian Institute of Family Studies and the National Blood Authority.



**David Filby** BA (Hons), PhD, PSM

**Nominee of the Australian Health Ministers' Advisory Council**

**Non-executive Director**

*Term: 12 August 2009 – 11 August 2012*

Dr Filby is an executive consultant to the Australian Health Ministers' Advisory Council and the Department of Health in South Australia. He has worked for over 30 years in the public health sector, a number of those as executive director of the Department of Health SA and as the deputy director-general in Queensland Health. He is a board member of the National Health Performance Authority and the Chair of Helping Hand Aged Care in South Australia.



**James Moore** BA (Hons), GradDipAcc

**Nominee of the Community and Disability Services Ministers' Advisory Council**

**Non-executive Director**

*Term: 30 June 2011 – 29 June 2014*

Mr Moore is a career public servant who has worked for the Australian and NSW governments since 1983. He is the Director-General of the NSW Department of Family and Community Services, having previously held leadership positions in ageing, disability and home care, including chief executive and deputy director-general. Mr Moore has led a range of human services reforms in NSW, including the state's 10-year plan for disability services, and the roll out of person-centred planning and individualised funding arrangements for people with disability. In the Australian Public Service he has implemented regulatory reforms, directed research and data functions and reform packages, and managed Commonwealth–state relations in areas such as social security, employment, education and youth affairs, and occupational health and safety. Mr Moore has also worked as a consultant to the OECD and as a chief of staff to a federal minister.



## **Mercia Bresnehan** BEd

**Representative of state housing departments**

**Non-executive Director**

*Term: 13 June 2012 – 12 September 2012 (acting arrangement)*

Ms Bresnehan is Deputy Secretary in the Tasmanian Department of Health and Human Services where she is responsible for disability, housing, community services and strategic relationships with the not-for-profit sector. Her previous experience has been in education, first as a teacher and then as senior consultant in curriculum development and student support services. Ms Bresnehan has worked as a senior policy officer in the Department of Premier and Cabinet and the Department of Health where she held executive positions in health service planning, population health and primary health care. Ms Bresnehan was executive director of Housing Tasmania for 10 years and is currently Chair of the government-owned Tasmanian Affordable Housing Company. She is a graduate of the Australian Institute of Company Directors and has sat on a number of community sector boards. She has represented the Housing Minister's Advisory Committee as a director of the Australian Housing Urban Research Institute.



## **Brian Pink** BCom

**Australian Statistician, ABS**

**Non-executive Director**

*Term: Ex-officio appointment*

Mr Pink is the Australian Statistician and head of the ABS, having taken up this appointment in March 2007. His career in official statistics started in Australia with the then Commonwealth Bureau of Census and Statistics in Sydney in 1966 and has over the intervening years taken him to Canberra, Perth and most recently to Wellington where he was Government Statistician and Chief Executive of Statistics New Zealand from 2000 to 2007. Mr Pink is a member of the OECD Committee on Statistics, Chair of the Statistics Committee of the Economic and Social Commission for Asia and the Pacific, Vice-chair of the United Nations Statistical Commission, an ex officio member of the Australian Statistics Advisory Council and a commissioner in the Australian Electoral Commission. He has been instrumental in championing a significant information management transformation program to prepare the ABS, the National Statistics Service and the international statistical community to meet the growing challenges of providing relevant information to policy makers, governments and businesses.



### **Kerry Flanagan** BA

**Representing Ms Jane Halton, Secretary, DoHA  
Non-executive Director**

*Term: Ex-officio appointment*

Ms Flanagan is a Deputy Secretary in the Australian Government Department of Health and Ageing, with oversight of the portfolio strategies, health workforce, and acute care divisions, the Strategy Policy Unit and the Tasmanian State Office. Ms Flanagan is responsible for policy and program aspects of acute care, including hospitals and hospital-related aspects of health reform, health workforce and dental care. She is Chair of the Finance Risk and Security Committee and the Flexible Funds Board, and is a member of the Health Workforce Principal Committee, the Hospital Principal Committee, the Jurisdictional Advisory Committees of the Independent Hospital Pricing Authority, and the National Health Performance Authority. She has worked in senior executive roles in the Australian Public Service for the past 18 years (as head of the Office for Women and in the Department of Family and Community Services). Ms Flanagan has worked for the World Bank in Washington DC on pension and social assistance systems in developing countries and for a number of Australian Government departments including finance, housing and the Treasury.



### **Samantha Page** BA, MA

**Ministerial nominee representing consumers of  
welfare services  
Non-executive Director**

*Term: 7 August 2011 – 6 August 2014*

From 2007 to July 2012, Ms Page was executive director of Family Relationship Services Australia. In July 2012, she took up the position of Chief Executive Officer with Early Childhood Australia. Ms Page is currently a board member for the Australian Council of Social Service and Parentline ACT Inc. She is also a member of the ACT Child & Young People Death Review Committee.



**Lyn Roberts, AM Dip ASc, BA (Hons), PhD**

**Ministerial nominee with expertise in research into public health issues**

**Non-executive Director**

*Term: 12 November 2009 – 11 November 2012*

Dr Roberts is the Chief Executive Officer (National) of the National Heart Foundation of Australia and has held this position since 2001. She was vice-president of the World Heart Federation from 2009 to 2010 and is a member of a number of committees including the Australian National Preventive Health Agency Advisory Council and the Australian Chronic Disease Prevention Alliance.



**David Stanton BEc (Hons), MSc**

**Ministerial nominee**

**Non-executive Director**

*Term: 12 November 2009 – 11 November 2012*

Mr Stanton is a Visiting Fellow at the Crawford School of Public Policy, The Australian National University. He is also a consultant social security planner and policy analyst with Stanton Strategic Solutions. He was deputy chair of the Commonwealth Ministerial Task Force and Reference Group on Child Support and has been a consultant to the Australian National Audit Office. He has previously worked in the Australian Public Service, including as director of the Australian Institute of Family Studies and in various positions in the then Department of Social Security and the ABS.



**Greg Stewart MBBS, MPH, FRACMA, FAFPHM**

**Ministerial nominee**

**Non-executive Director**

*Terms: 1 September 2006 – 31 August 2009;  
12 November 2009 – 11 November 2012*

Dr Stewart is a public health physician and is Director of Operations, Ambulatory and Primary Health Care, Sydney South East Local Health District. He is a foundation fellow of the Australasian Faculty of Public Health Medicine and is currently president-elect of the faculty. He is also a member of the board of Sydney Water. His previous experience includes appointments as director of Population Health, Planning and Performance, Sydney South West Area Health Service; deputy director-general, Population Health, NSW Health and NSW Chief Health Officer; chief executive officer, Wentworth Area Health Service; director of Health Services, Central Sydney Area Health Service; and director of South Western Sydney Area Health Service Public Health Unit.



**Jessica Cumming** BComm, LLB (Hons)

**Staff-elected representative**

*Term: 19 July 2011 – 18 July 2012*

Ms Cumming works in the Communications, Media and Marketing Unit in the AIHW. She is involved in the management of the AIHW's media and publications release program, media monitoring, and the implementation of AIHW policies and procedures relating to media and communications.

## Members of the AIHW Ethics Committee as at 30 June 2012



**Ching Choi** BA, PhD

**Chair**

*Terms: 1 July 2007 – 30 June 2010;  
1 July 2010 – 30 June 2013*

Dr Choi was appointed Chair of the AIHW Ethics Committee in 2007. He is Associate Professor, Social Policy Research Centre, University of New South Wales, and an Adjunct Associate Professor, Australian Demographic and Social Research Institute, College of Arts and Social Sciences, Australian National University. Dr Choi is a member of the Scientific Reference Group, for the Closing the Gap Clearinghouse, and a consultant to the AIHW on various demographic issues. He has worked for the AIHW, the ABS and the Australian Department of Environment, Housing and Community Development. Dr Choi has published a number of papers and reports on various demographic, health and welfare topics.



**Malcolm Sim** BMedSc, MBBS, MSc (Lond),  
GDipOccHyg, PhD, FAFOM (RACP),  
FAFPHM (RACP), FFOM (RCP)

**Member representing a person with knowledge of and current experience in the areas of research**

*Terms: 29 June 2007 – 28 June 2010; 29 June 2010 – 30 June 2013*

Professor Sim is an occupational and public health physician and is Director of the Centre for Occupational and Environmental Health in the School of Public Health and Preventive Medicine at Monash University. He is a chief investigator for several national and international studies investigating the role of workplace and environmental hazards in chronic diseases, such as cancer, respiratory disease and musculoskeletal disorders, as well as being chief investigator for a 5-year NHMRC Public Health Capacity Building Grant. Professor Sim has published over 140 research papers in refereed journals and is deputy editor for *Occupational and Environmental Medicine* and an associate editor for the *Asia Pacific Journal of Public Health*. He is an elected member of the Epidemiology Subcommittee of the International Commission on Occupational Health and chair of its Scientific Committee on Occupational Medicine. He has strong international research links, including a current project with the Chinese National Institute for Occupational Health and Poison Control.



**David Garratt**

**Member representing general community attitudes**

*Term: 26 March 2010 – 25 March 2013*

Mr Garratt is a retired principal. His last appointment was as principal of Daramalan College, Canberra, from which he retired in 2008. He has extensive experience in education in the ACT and has served on committees administering government programs. Mr Garratt was on the founding boards of two schools, St Francis Xavier and Orana School for Rudolf Steiner Education, and was chair of the latter. He was a community representative on the Dickson Neighbourhood Planning Group. Mr Garratt is a board member of the Northside Community Service in Canberra and the Dialogue Australasia Network, and is currently chair of the board of the National Folk Festival.





### **Camilla Webster** BA (Hons), LLB, LLM

#### **Member who is a lawyer**

*Term: 25 March 2010 – 24 March 2013*

Ms Webster is a lawyer. She has worked for various Commonwealth government agencies as specialist adviser on legislation and consultant drafter of legislative instruments. Ms Webster is currently engaged by the Australian Government Solicitor and the Department of Infrastructure on a major legislative project.



### **Angela McLean** MBBS, Dip RACOG, MPH, FAFPHM (RACP), MRepMed

#### **Member representing a person with knowledge of, and current experience in, the professional care, counselling or treatment of people**

*Term: 30 August 2011 – 29 August 2014*

Dr McLean is a public health physician who has worked in various fields of medical practice including general practice, screening mammography, emergency management and environmental medicine. Currently she works as a reproductive medical practitioner at Repromed in Adelaide, assisting couples with infertility to achieve pregnancy. She is also a clinical lecturer in the School of Population Health and Clinical Practice at the University of Adelaide with experience in teaching risk communication. Dr McLean is a member of the SA Branch Regional Committee of the Australasian Faculty of Public Health Medicine and has served on various other committees including the South Australian Public and Environmental Health Council and Asbestos Advisory Committee.



### **Erin Keleher** BOT, MEdLeadMgmt

#### **Member representing the Registrars of Births, Deaths and Marriages**

*Term: Ex-officio appointment*

Ms Keleher is the Registrar of the Victorian Registry of Births, Deaths and Marriages. She has had extensive experience in government (state and federal), non-government and private sectors, in areas as diverse as management, legislative development and regulation, training and development, workplace rehabilitation, policy advice, state and federal program management and clinical practice. Ms Keleher has a particular interest in research and evaluation.



### **Margaret Reynolds** BA, Dip Special Ed

#### **Member representing general community attitudes**

*Term: 17 August 2011 – 16 August 2014*

Ms Reynolds has a background in education, public policy and human rights advocacy and has served in various local government roles. She served as a Senator for Queensland for sixteen years and, for periods during that time, was Minister for Local Government and Regional Development and Minister assisting the Prime Minister for the Status of Women, and represented the Minister for Immigration in the Senate. She has also served as the Australian Government representative on the Council for Aboriginal Reconciliation (1991–1996), Chair of the Commonwealth Human Rights Initiative (1993–2004) and National President of the United Nations Association of Australia (1999–2005). Currently she is a member of the Expert Panel on Quality Safeguards and Standards for the National Disability Insurance Scheme, the National Ministerial Council for People with Disabilities and Carers and the Northern Territory Shires Financial Sustainability Taskforce. She has lectured in human rights and international relations at the University of Queensland, worked as Tasmanian State Manager for National Disability Services and as an Adjunct Professor at the University of Tasmania and authored a political memoir. Her interests are reflected in all these roles but she is particularly interested in policy and practice relating to immigration, women, citizenship, social inclusion and disability services (including from an historical perspective for the latter).



### **James Barr** BA (Hons), BTheol (Hons), MAppSci

#### **Member who is a minister of religion**

*Terms: 12 December 2008 – 11 December 2011;  
12 December 2011 – 11 December 2014*

Reverend Barr has a background in leadership development and pastoral and community work. His work has ranged from community organising in third-world slums to consulting with companies and government agencies in the field of corporate ethics and leadership development. An ordained Baptist minister, he has been minister of the Collins Street Baptist Church, Melbourne, (where he was founding director of the Urban Mission Unit, now Urban Seed), director of the Zadok Institute for Christianity and Society, pastoral associate with Melbourne Citymission and senior minister of the Canberra Baptist Church. He is a former member of the Human Research Ethics Committee of RMIT University and is currently co-minister of the Melbourne Welsh Church.



**David Kalisch** BEd (Hons), MAICD

**Director, AIHW**

*Terms: AIHW Director since December 2010*

Information about Mr Kalisch is provided in his entry under '**Members of the AIHW Board**'.

## Appendix 4 Executive and unit heads

The AIHW's Executive and unit heads at 30 June 2012 are listed below. The heads of the collaborating units are also listed.

### Director

**David Kalisch** BEc (Hons), MAICD  
02 6244 1100 • david.kalisch@aihw.gov.au

### Business Group

#### Group head

**Andrew Kettle** MA (Hons), CA  
02 6244 1010 • andrew.kettle@aihw.gov.au

#### *Finance and Commercial Services Unit*

**Andrew Tharle** BComm, CPA  
02 6244 1087 • andrew.tharle@aihw.gov.au

#### *Information and Communications Technology*

##### *Operations Unit*

**Ian Macintosh**  
02 6249 5100 • ian.macintosh@aihw.gov.au

#### *People Unit*

**Deb Burns** BBus  
02 6244 1034 • deb.burns@aihw.gov.au

### Continuing and Specialised Care Group

#### Group head

**Brent Diverty** BA (Hons), MA  
02 6249 5096 • brent.diverty@aihw.gov.au

#### *Ageing and Aged Care Unit*

**Judith Abercromby** BA (Hons), Dip Lib  
02 6244 1004 • judith.abercromby@aihw.gov.au

#### *Child Welfare and Prisoner Health Unit*

**Tim Beard** BSc, BComm  
02 6244 1270 • tim.beard@aihw.gov.au

#### *Disability Information Development Unit*

**Barbara Levings** RM, MPH  
02 6244 1000 • barbara.levings@aihw.gov.au

#### *Drug Surveys and Services Unit*

**Justin Harvey** BSc (acting)  
02 6249 5057 • justin.harvey@aihw.gov.au

#### *Functioning and Disability Unit*

**Elizabeth Clout** BEc  
02 6244 1208 • elizabeth.clout@aihw.gov.au

#### *Mental Health and Palliative Care Unit*

**Gary Hanson** BPsych, MA  
02 6244 1052 • gary.hanson@aihw.gov.au

### Governance and Communications Group

#### Group head

**Alison Verhoeven** BA, Grad Dip Ed, MLitt, MBA (Dist)  
02 6244 1089 • alison.verhoeven@aihw.gov.au

#### *Communications, Media and Marketing Unit*

**Nigel Harding** BA  
02 6244 1025 • nigel.harding@aihw.gov.au

#### *Executive Unit*

**Anne Reader** BA (Hons), Dip Industrial Studies, MSc  
02 6244 1033 • anne.reader@aihw.gov.au

#### *Governance Unit*

**Gary Kent** LLB, BCom, Grad Dip Public Law, GAICD  
02 6249 5035 • gary.kent@aihw.gov.au

#### *Online Communications Unit*

**Belinda Hellyer** BA, MA  
02 6244 1026 • belinda.hellyer@aihw.gov.au

#### *Publishing Services Unit*

**Tulip Penney** BA, BA (Hons), MBA  
02 6244 1114 • tulip.penney@aihw.gov.au

## Health Group

### Group head

**Lisa McGlynn** BAppSc  
02 6244 1168 • lisa.mcglynn@aihw.gov.au

#### *Australia's Health*

**Mark Cooper-Stanbury** BSc  
02 6244 1251 • mark.cooper-stanbury@aihw.gov.au

#### *Cancer and Screening Unit*

**Anne Bech** BSc, MSc (acting)  
02 6244 1178 • anne.bech@aihw.gov.au

#### *Cardiovascular, Diabetes and Kidney Unit*

**Lynelle Moon** BMath, Grad Dip Statistics,  
Grad Dip Population Health, PhD  
02 6244 1235 • lynelle.moon@aihw.gov.au

**Susana Senes** MSc, Grad Dip Computer Science  
02 6244 1171 • susana.senes@aihw.gov.au

#### *Population Health Unit*

**Ms Ann Hunt** BSc (Hons), Grad Dip Nutrition and  
Dietetics (acting)  
02 6244 1238 • ann.hunt@aihw.gov.au

#### *Primary Health and Respiratory and Musculoskeletal Monitoring Unit*

**Louise York** BEc, BSc, Grad Dip Population Health  
02 6244 1271 • louise.york@aihw.gov.au

#### *e-Health Unit*

**Gordon Tomes** BSc  
02 6244 1228 • gordon.tomes@aihw.gov.au

## Hospitals and Performance Group

### Group head

**Jenny Hargreaves** BSc (Hons), Grad Dip  
Population Health  
02 6244 1121 • jenny.hargreaves@aihw.gov.au

#### *Health Performance Indicators Unit*

**Justine Boland** BA  
02 6249 5124 • justine.boland@aihw.gov.au

#### *Hospitals Comparison Unit*

**David Braddock** BSc (Hons)  
02 6244 1136 • david.braddock@aihw.gov.au

#### *Hospitals Data Unit*

**George Bodilsen** BA, Grad Dip Population Health  
02 6244 1157 • george.bodilsen@aihw.gov.au

#### *Hospitals Information Improvement Unit*

**Jodee Njeru** BAppSc (Hons) (acting)  
02 6244 1021 • jodee.njeru@aihw.gov.au

#### *Hospitals Reporting Unit*

**Katrina Burgess** BMath (Dist)  
02 6244 1215 • katrina.burgess@aihw.gov.au

## Housing and Homelessness Group

### Group head

**Geoff Neideck** B Business Studies, Grad Cert  
Management  
02 6244 1163 • geoff.neideck@aihw.gov.au

#### *Homelessness Reporting and Data Development Unit*

**Deborah Foulcher**  
02 6249 5083 • deborah.foulcher@aihw.gov.au

#### *Housing Unit*

**Moiria Hewitt** B Health Sc, MA, MAppEpid,  
MAppSc

#### *Specialist Homelessness Services Collection Unit*

**Penny Siu** BA  
02 6249 5081 • penny.siu@aihw.gov.au

## Information and Communications Technology and Business Transformation Program Group

### Group head

**Warren Richter** BEc, MSc  
02 6244 1224 • warren.richter@aihw.gov.au

#### *Business Transformation Unit*

**Louise O'Rance** BMedSc (Hons), PhD  
02 6244 1102 • louise.orance@aihw.gov.au

#### *Technology and Transformation Unit*

**Charlie Drummond** BSc (Hons), Grad Dip Computer Sciences  
02 6244 1106 • charlie.drummond@aihw.gov.au

## Information and Statistics Group

### Group head

**Teresa Dickinson** BSc (Hons), MSc, MBA, AStat  
02 6249 5104 • teresa.dickinson@aihw.gov.au

#### *Data Integration Services Centre*

**Associate Professor James Boyd** BSc (Hons)

**Tenniel Guiver** BMet, BMath  
02 6249 5129 • tenniel.guiver@aihw.gov.au

#### *Data Linkage Unit*

**Phil Anderson** BA, BSc (Hons), PhD  
02 6244 1125 • phil.anderson@aihw.gov.au

#### *Expenditure and Economics Unit*

**Adrian Webster** BA (Hons), BSc, PhD  
02 6244 1119 • adrian.webster@aihw.gov.au

#### *Labour Force Unit*

**Vicki Bennett** BAppSc, MHSc  
02 6249 5082 • vicki.bennett@aihw.gov.au

#### *METeOR and Metadata Unit*

**Tanya Wordsworth** BA (acting)  
02 6244 1254 • tanya.wordsworth@aihw.gov.au

## Social and Indigenous Group

### Group head

**Fadwa Al-Yaman** BSc, MA, PhD  
02 6244 1146 • fadwa.alyaman@aihw.gov.au

#### *Child Development Unit*

**Cathy McNickle** BA, Grad Dip Education, MEd (acting)  
02 6244 1219 • cathy.mcnickle@aihw.gov.au

#### *Children, Youth and Families Unit*

**Melinda Petrie** BAppSc (acting)  
02 6244 1124 • melinda.petrie@aihw.gov.au

#### *Indigenous Analyses and Reporting Unit*

**Michelle Gourley** BA (Hons) (acting)  
02 6244 1214 • michelle.gourley@aihw.gov.au

#### *Indigenous Community and Health Service Reporting Unit*

**Indrani Pieris-Caldwell** BA, Grad Dip Demography, PhD  
02 6244 1162 • indrani.pieris-caldwell@aihw.gov.au

#### *Indigenous Data Gaps Unit*

**Anthony Cowley** BSc  
02 6244 1139 • anthony.cowley@aihw.gov.au

#### *Indigenous Research and Evaluation Unit*

**Helen Johnstone** BSocSc, Grad Dip Population Health (acting)  
02 6244 1259 • helen.johnstone@aihw.gov.au

## Outposted Executive Level 2 officers

#### *To DoHA*

**Melanie Taylor** BA

## Executive Level 2 officers on paid leave

**Norbert Zmijewski** PhD

02 6244 5014 • norbert.zmijewski@aihw.gov.au

**Gail Brien** BA

02 6244 1050 • gail.brien@aihw.gov.au

## Collaborating units

### *Australian Centre for Asthma Monitoring*

**Guy Marks** MBBS, PhD, FRACP, FAFPHM

02 9411 0466 • guy.marks@sydney.edu.au

### *Dental Statistics and Research Unit*

**Jane Harford** B Bus, Dip Social Science, Grad Dip  
Public Health, Dip App Ed, PhD

08 8313 3065 • jane.harford@adelaide.edu.au

**Liana Luzzi** BSc (Hons), PhD

08 8313 4049 • liana.luzzi@adelaide.edu.au

### *National Injury Surveillance Unit*

**James Harrison** MBBS, MPH, FAFPHM

08 8201 7602 • james.harrison@flinders.edu.au

### *National Perinatal Epidemiology and Statistics Unit*

**Elizabeth Sullivan** MBBS, MPH, MMed, FAFPHM

02 9382 1064 • e.sullivan@unsw.edu.au

## Appendix 5 Participation in national committees

Listed below are national committees in which the AIHW participates. Other national committees to which the AIHW contributes are detailed in **Chapter 3 Our operating units**.

Committee	Chair	Role of the AIHW	Committee's parent body
Connecting the Dots: Service Delivery Pathways and Homelessness Project Steering Committee	FaHCSIA	Member	FaHCSIA
Cross Sectoral Data Committee	Mr Tony Cook (DEEWR)	Member	National Senior Officials Committee
Disability Policy and Research Working Group	Mr Jim Moore (NSW Department of Family and Community Services)	Member	Standing Council on Community and Disability Services Advisory Council
Disability Services Working Group	Mr Jeremy Nott (Victorian Department of Treasury and Finance)	Member	Steering Committee for the Review of Government Services
Early Childhood Data Sub Group	DEEWR	Member	Early Childhood Development Working Group
Homelessness Data Project Board (ceased in September 2011)	Ms Julie Waylen (WA Department for Child Protection)	Member	Housing Ministers' Advisory Committee
Homelessness Delivery Review Board	Ms Liza Carroll (FaHCSIA)	Member	—
Homelessness Statistics Reference Group	Mr Peter Harper (ABS)	Member	ABS
Housing and Homelessness Information Management Group	Ms Maureen Sheehan (ACT Community Services Directorate)	Secretariat and member	Housing and Homelessness Policy and Research Working Group
Housing and Homelessness Policy and Research Working Group	Ms Marion Bennett (Housing NSW)	Observer	Housing Ministers' Advisory Committee
Housing and Homelessness Working Group	Ms Janelle Thurlby (Queensland Department of Treasury)	Observer	Steering Committee for the Review of Government Services Provision
Housing Ministers' Advisory Committee	Mr Mike Allen (Housing NSW)	Observer	Housing Ministers' Conference
<i>MyHospitals</i> Development Steering Committee	Ms Kerry Flanagan (DoHA) and Mr David Kalisch (AIHW)	Co-chair, secretariat and member	Australian Health Ministers' Advisory Council
National Aboriginal and Torres Strait Islander Health Officials Network	Ms Carmen Parter (Centre for Aboriginal Health, NSW)	Observer	Community Care and Population Health Principal Committee



Committee	Chair	Role of the AIHW	Committee's parent body
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	Mr Kim Snowball (WA Department of Health)	Secretariat and member	National Health Information and Performance Principal Committee
National Community Services Information Management Group	Mr Jim Moore (NSW Department of Family and Community Services)	Secretariat and member	Community and Disability Services Ministers' Advisory Council
National Framework Implementation Working Group (for the National Framework for Protecting Australia's Children)	Ms Cate McKenzie (FaHCSIA) and Mr Terry Murphy (WA Department of Child Protection)	Observer	Standing Council on Community and Disability Services Advisory Council
National Health Information Standards and Statistics Committee	Dr David Filby (consultant to the Australian Health Ministers' Advisory Council)	Secretariat and member	National Health Information and Performance Principal Committee
National Health Information and Performance Principal Committee	Mr David Swan (SA Department of Health)	Member	Australian Health Ministers' Advisory Council
National Indigenous Reform Agreement Performance Information Management Group	Mr Matthew James (FaHCSIA)	Secretariat and member	Working Group on Indigenous Reform
Performance and Data Working Group (for the National Framework for Protecting Australia's Children)	Ms Helen Bedford (interim chair) (FaHCSIA)	Secretariat and member	National Framework Implementation Working Group
Population Health Research Network Management Council	Professor Brendan Kearney, AM (retired)	Member	
Standing Committee on Performance and Reporting	Mr Peter Fitzgerald (Victorian Department of Health)	Member	National Health Information and Performance Principal Committee
Standing Council on Community and Disability Services	The Hon Cassy O'Connor MP, Tasmanian Minister for Human Services	Observer	Council of Australian Governments
Standing Council on Community and Disability Services Advisory Council	Ms Gill Callister (Victorian Department of Human Services)	Observer	Standing Council on Community and Disability Services
Steering Committee for the Review of Government Service Provision	Mr Gary Banks (Productivity Commission)	Observer	Council of Australian Governments
Select Council on Housing and Homelessness	The Hon Brendan O'Connor MP, Minister for Housing and Homelessness	Observer	Council of Australian Governments

## Appendix 6 Arrangements with Australian universities and specialist centres

Listed below are Australian universities and specialist centres with which the AIHW had collaborative arrangements during 2011-12.

### Arrangements with funding for specialist tasks

- **Flinders University:** Agreement to support the functions of the National Injury Surveillance Unit
- **The University of Adelaide:** Agreement to support the functions of the Dental Statistics Research Unit
- **The University of New South Wales:** Agreement to support the functions of the National Perinatal Epidemiology and Statistics Unit
- **Woolcock Institute of Medical Research Limited:** Agreement regarding the monitoring of asthma and linked chronic respiratory conditions

Further information about these AIHW collaborating units can be found in 'Collaborating units' on page 117.

### Data-sharing arrangements

- **The Children's Hospital at Westmead:** Research Associate Agreement regarding the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases
- **The University of New South Wales:** Research Associate Agreement regarding the National Centre in HIV Epidemiology and Clinical Research

### Other arrangements

- **The Australian National University:** The AIHW and the ANU are parties to an MoU regarding AIHW supervision of final-year ANU Medical School Population Health students to undertake specific projects.
- **Cooperative Research Centre for Spatial Information:** The AIHW is a participant in this unincorporated joint venture of organisations from the corporate, government and university sectors that may agree to jointly perform research and development activities.
- **The University of Sydney:** Agreement regarding ongoing management of the Bettering the Evaluation and Care of Health (BEACH) data on general practitioner consultations collected before 30 June 2011.



**Appendix 6** Arrangements with Australian universities and specialist centres

**Appendices**

## Appendix 7 Publications and papers

### AIHW publications

The staff of the AIHW and collaborating units produced 141 publications in 2011–12. The average length was 100 pages. There are 11 web releases additional to these publications (see 'Web releases' on page 210).

All publications are available free of charge on the AIHW's website, in PDF and either RTF or HTML. The AIHW invites any user experiencing difficulty in accessing publications to contact it.

Many publications are available in printed form; there is a charge for most of these. For details, see <[www.aihw.gov.au](http://www.aihw.gov.au)>.

### Aboriginal and Torres Strait Islander health and welfare

Aboriginal and Torres Strait Islander Health Performance Framework 2010: detailed analyses. Cat. no. IHW 53. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander Health Performance Framework 2010 report: New South Wales. Cat. no. IHW 65. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander Health Performance Framework 2010 report: Northern Territory. Cat. no. IHW 63. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander Health Performance Framework 2010 report: Queensland. Cat. no. IHW 66. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander Health Performance Framework 2010 report: South Australia. Cat. no. IHW 62. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander Health Performance Framework 2010 report: Victoria. Cat. no. IHW 64. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander Health Performance Framework 2010 report: Western Australia. Cat. no. IHW 59. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander health services report 2009–10: OATSIH Services Reporting—key results. Cat. no. IHW 56. Canberra: AIHW, 2011.

Chronic kidney disease in Aboriginal and Torres Strait Islander people 2011. Cat. no. PHE 151. Canberra: AIHW, 2011.

Constructing and maintaining houses. Pholeros P & Phibbs P. Resource sheet no. 13. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS, 2012.

Dental health of Indigenous children in the Northern Territory: progress of the Closing the Gap Child Oral Health Program up to December 2011. AIHW bulletin no. 102. Cat. no. AUS 154. Canberra: AIHW, 2012.

Ear and hearing health of Indigenous children in the Northern Territory. Cat. no. IHW 60. Canberra: AIHW, 2011.

Education programs for Indigenous Australians about sexually transmitted infections and bloodborne viruses. Strobel NA & Ward J. Resource sheet no. 14. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS, 2012.

Effective practices for service delivery coordination in Indigenous communities. Stewart J, Lohar S & Higgins D. Resource sheet no. 8. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS, 2011.

Engaging Indigenous students through school-based health education. McCuaig L & Nelson A. Resource sheet no. 12. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS, 2012.

Healthy lifestyle programs for physical activity and nutrition. Resource sheet no. 9. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS, 2012.

Improving Indigenous community governance through strengthening Indigenous and government organisational capacity. Tsey K, McCalman J, Bainbridge R & Brown C. Resource sheet no. 10. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS, 2012.

Increasing Indigenous employment rates. Gray M, Hunter B & Lohoar S. Issues paper no. 3. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS, 2011.

National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data Strategic Plan 2011–2015. Cat. no. IHW 57. Canberra: AIHW, 2011.

Projections of the incidence of treated end-stage kidney disease among Indigenous Australians, 2009–2020: a working paper with preliminary results. AIHW working paper no. 65. Cat. no. WP 65. Canberra: AIHW, 2011.

Strategies to enhance employment of Indigenous ex-offenders after release from correctional institutions. Graffam J & Shinkfield A. Resource sheet no. 11. Produced for the Closing the Gap Clearinghouse. Canberra: AIHW & Melbourne: AIFS, 2012.

What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence 2010–11. Produced for the Closing the Gap Clearinghouse. Cat. no. IHW 69. Canberra: AIHW & Melbourne: AIFS.

## Ageing and aged care

Aged care packages in the community 2009–10: a statistical overview. Aged care statistics series no. 34. Cat. no. AGE 65. Canberra: AIHW, 2011.

Hospitalisations due to falls by older people, Australia 2006–07. Bradley C. Injury research and statistics series no. 57. Cat. no. INJCAT 133. Canberra: AIHW, 2012.

Hospitalisations due to falls by older people, Australia 2007–08. Bradley C. Injury research and statistics series no. 61. Cat. no. INJCAT 137. Canberra: AIHW, 2012.

Hospitalisations due to falls by older people, Australia 2008–09. Bradley C. Injury research and statistics series no. 62. Cat. no. INJCAT 138. Canberra: AIHW, 2012.

Pathways in aged care: do people follow recommendations? AIHW bulletin no. 88. Cat. no. AUS 137. Canberra: AIHW, 2011.

Residential aged care in Australia 2009–10: a statistical overview. Aged care statistics series no. 35. Cat. no. AGE 66. Canberra: AIHW, 2011.

The Hospital Dementia Services Project: a study description. Cat. no. AGE 67. Canberra: AIHW, 2011.

## Alcohol and other drugs

2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in Australia 2009–10: report on the National Minimum Data Set. Drug treatment series no. 14. Cat. no. HSE 114. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in New South Wales: findings from the National Minimum Data Set (NMDS) 2009–10. AIHW bulletin no. 94. Cat. no. AUS 146. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in Queensland: findings from the National Minimum Data Set (NMDS) 2009–10. AIHW bulletin no. 95. Cat. no. AUS 147. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in South Australia: findings from the National Minimum Data Set (NMDS) 2009–10. AIHW bulletin no. 96. Cat. no. AUS 148. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in the Australian Capital Territory: findings from the National Minimum Data Set (NMDS) 2009–10. AIHW bulletin no. 98. Cat. no. AUS 150. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in the Northern Territory: findings from the National Minimum Data Set (NMDS) 2009–10. AIHW bulletin no. 99. Cat. no. AUS 151. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in Victoria: findings from the National Minimum Data Set (NMDS) 2009–10. AIHW bulletin no. 100. Cat. no. AUS 152. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in Western Australia: findings from the National Minimum Data Set (NMDS) 2009–10. AIHW bulletin no. 101. Cat. no. AUS 153. Canberra: AIHW, 2011.

Alcohol and Other Drug Treatment Services National Minimum Data Set 2011–12: specifications and collection manual. Drug treatment series no. 13. Cat. no. HSE 110. Canberra: AIHW, 2011.

Drugs in Australia 2010: tobacco, alcohol and other drugs. Drug statistics series. Cat. no. PHE 154. Canberra: AIHW, 2011.

Measuring alcohol risk in the 2010 National Drug Strategy Household Survey: implementation of the 2009 Alcohol Guidelines. Drug statistics series no. 26. Cat. no. PHE 152. Canberra: AIHW, 2011.

National Opioid Pharmacotherapy Statistics Annual Data collection: 2011 report. Drug treatment series no. 15. Cat. no. HSE 121. Canberra: AIHW, 2012.

National Opioid Pharmacotherapy Statistics Annual Data (NOP SAD) 2012 collection: data guide. Drug treatment series no. 16. Cat. no. HSE 122. Canberra: AIHW, 2012.

## Cancer

BreastScreen Australia monitoring report 2008–2009. Cancer series no. 63. Cat. no. CAN 60. Canberra: AIHW, 2011.

Cancer in adolescents and young adults in Australia. Cancer series no. 62. Cat. no. CAN 59. Canberra: AIHW, 2011.

Cancer incidence projections, Australia 2011 to 2020. Cancer series no. 66. Cat. no. CAN 62. Canberra: AIHW, 2012.

Cervical screening in Australia 2008–2009. Cancer series no. 61. Cat. no. CAN 57. Canberra: AIHW, 2011.

Cervical screening in Australia 2009–2010. Cancer series no. 67. Cat. no. CAN 63. Canberra: AIHW, 2012.

Lung cancer in Australia: an overview. AIHW & Cancer Australia. Cancer series no. 64. Cat. no. CAN 58. Canberra: AIHW, 2011.

National Bowel Cancer Screening Program monitoring report: Phase 2, July 2008–June 2011. Cancer series no. 65. Cat. no. CAN 61. Canberra: AIHW, 2012.

## Cardiovascular disease

Monitoring acute coronary syndrome using national hospital data: an information paper on trends and issues. Cat. no. CVD 57. Canberra: AIHW, 2011.

## Children, youth and families

Adoptions Australia 2010–11. Child welfare series no. 52. Cat. no. CWS 40. Canberra: AIHW, 2011.

Child protection Australia 2010–11. Child welfare series no. 53. Cat. no. CWS 41. Canberra: AIHW, 2012.

Headline indicators for children's health, development and wellbeing 2011. Cat. no. PHE 144. Canberra: AIHW, 2011.

Juvenile detention population in Australia 2011. Juvenile justice series no. 9. Cat. no. JUV 9. Canberra: AIHW, 2012.

Juvenile justice in Australia 2009–10. Juvenile justice series no. 8. Cat. no. JUV 8. Canberra: AIHW, 2011.

Juvenile justice in Australia 2009–10: an overview. AIHW bulletin no. 93. Cat. no. AUS 143. Canberra: AIHW, 2011.

National outcome measures for early childhood development: development of an indicator-based reporting framework. Cat. no. PHE 134. Canberra: AIHW, 2011.

Social and emotional wellbeing: development of a Children's Headline Indicator. Information paper. Cat. no. PHE 158. Canberra: AIHW, 2012.

## Corporate publications

AIHW Access no. 30, August 2011. Cat. no. HWI 111. Canberra: AIHW, 2011.

AIHW Access no. 31, November 2011. Cat. no. HWI 115. Canberra: AIHW, 2011.

AIHW Access no. 32, April 2012. Cat. no. HWI 116. Canberra: AIHW, 2012.

AIHW Access no. 33, June 2012. Cat. no. HWI 117. Canberra: AIHW, 2012.

Annual report 2010–11. Cat. no. AUS 144. Canberra: AIHW, 2011.

Strategic directions 2011–2014. AIHW corporate plan. Cat. no. AUS 128. Canberra: AIHW, 2011.

## Data standards

A review of the Financial Management Program Data Sets. Cat. no. HWI 114. Canberra: AIHW, 2011.

Identifying palliative care separations in admitted patient data: technical paper. Cat. no. HWI 113. Canberra: AIHW, 2011.

Principles on the use of direct age-standardisation in administrative data collections: for measuring the gap between Indigenous and non-Indigenous Australians. Data linkage series. Cat. no. CSI 12. Canberra: AIHW, 2011.

## Dental health

Changes in child toothbrushing over time. Armfield J. AIHW Dental Statistics and Research Unit research report no. 54. Cat. no. DEN 211. Canberra: AIHW, 2011.

Child Dental Health Survey Australia 2007: 30-year trends in child oral health. Mejia GC, Amarasena N, Ha DH, Roberts-Thomson KF & Ellershaw AC. Dental statistics and research series no. 60. Cat. no. DEN 217. Canberra: AIHW, 2012.

Dental decay among Australian children. Ha D. AIHW Dental Statistics and Research Unit research report no. 53. Cat. no. DEN 210. Canberra: AIHW, 2011.

Dental health behaviours among children 2002–2004: the use of fluoride toothpaste, fluoride tablets and drops, and fluoride mouthrinse. Armfield JM & Spencer AJ. Dental statistics and research series no. 56. Cat. no. DEN 215. Canberra: AIHW, 2012.

Insurance and use of dental services: National Dental Telephone Interview Survey 2010. Brennan DS & Ellershaw AC. Dental statistics and research series no. 62. Cat. no. DEN 219. Canberra: AIHW, 2012.

Oral health and dental care in Australia: key facts and figures 2011. Chrisopoulos S, Beckwith K & Harford J. Cat. no. DEN 214. Canberra: AIHW, 2011.

Oral health and use of dental services 2008: findings from the National Dental Telephone Interview Survey 2008. Stewart JF & Ellershaw AC. Dental statistics and research series no. 58. Cat. no. DEN 216. Canberra: AIHW, 2012.

The Child Dental Health Surveys Australia, 2005 and 2006. Ha D, Roberts-Thomson K & Armfield J. Dental statistics and research series no. 54. Cat. no. DEN 213. Canberra: AIHW, 2011.

Visits supplied in dental practice in Australia. AIHW Dental Statistics and Research Unit research report no. 55. Cat. no. DEN 212. Canberra: AIHW, 2011.

## Functioning and disability

Comorbidity of mental disorders and physical conditions 2007. Cat. no. PHW 155. Canberra: AIHW, 2012.

Disability support services 2009–10: report on services provided under the National Disability Agreement. Disability series. Cat. no. DIS 59. Canberra: AIHW, 2011.

The use of health services among Australians with disability. AIHW bulletin no. 91. Cat. no. AUS 140. Canberra: AIHW, 2011.

Younger people with disability in residential aged care: 2010–11. AIHW bulletin no. 103. Cat. no. AUS 155. Canberra: AIHW, 2012.

Younger people with disability in residential aged care: update from the 2009–10 Minimum Data Set. AIHW bulletin no. 86. Cat. no. AUS 135. Canberra: AIHW, 2011.

## Health and welfare expenditure

Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09: an analysis by remoteness and disease. Health and welfare expenditure series no. 45. Cat. no. HWE 54. Canberra: AIHW, 2011.

Health expenditure Australia 2009–10. Health and welfare expenditure series no. 46. Cat. no. HWE 55. Canberra: AIHW, 2011.

## Health and welfare labour force

Dentists, specialists and allied practitioners in Australia: Dental Labour Force Collection, 2006. Balasubramanian M & Teusner DN. Dental statistics and research series no. 53. Cat. no. DEN 202. Canberra: AIHW, 2011.

Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW, 2011.

Medical workforce 2010. National health workforce series no. 1. Cat. no. HWL 47. Canberra: AIHW, 2012.

Nursing and midwifery labour force 2009. AIHW bulletin no. 90. Cat. no. AUS 139. Canberra: AIHW, 2011.

Nursing and midwifery workforce 2011. National health workforce series no. 2. Cat. no. HWL 48. Canberra: AIHW, 2012.

Oral health practitioner labour force projections 2006–2025. AIHW Dental Statistics and Research Unit research report no. 52. Cat. no. DEN 209. Canberra: AIHW, 2011.

Oral health practitioners in Australia, 2006. Teusner D. AIHW Dental Statistics and Research Unit research report no. 49. Cat. no. DEN 201. Canberra: AIHW, 2011.

Trends in the Australian dental labour force, 2000 to 2009: dental labour force collection, 2009. Chrisopoulos S & Nguyen T. Dental statistics and research series no. 61. Cat. no. DEN 218. Canberra: AIHW, 2012.

## Health and welfare services and care

Australian hospital statistics 2010–11. Health services series no. 43. Cat. no. HSE 117. Canberra: AIHW, 2012.

Australian hospital statistics 2010–2011: emergency department care and elective surgery waiting times. Health services series no. 41. Cat. no. HSE 115. Canberra: AIHW, 2011.

Australian hospital statistics 2010–2011: Staphylococcus aureus bacteraemia in Australian public hospitals. Health services series no. 42. Cat. no. HSE 116. Canberra: AIHW, 2011.

Australia's health 2012. Australia's health no. 13. Cat. no. AUS 156. Canberra: AIHW, 2012.

Australia's health 2012—in brief. Cat. no. AUS 157. Canberra: AIHW, 2012.

Australia's hospitals 2010–11 at a glance. Health services series no. 44. Cat. no. HSE 118. Canberra: AIHW, 2012.

Australia's welfare 2011. Australia's welfare no. 10. Cat. no. AUS 142. Canberra: AIHW, 2011.

Australia's welfare 2011—in brief. Cat. no. AUS 145. Canberra: AIHW, 2011.

## Housing and homelessness

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Australia. Cat. no. HOU 250. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Australia appendix. Cat. no. HOU 251. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Australian Capital Territory. Cat. no. HOU 258. Canberra: AIHW, 2011.



Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: New South Wales. Cat. no. HOU 252. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Northern Territory. Cat. no. HOU 259. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Queensland. Cat. no. HOU 254. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: South Australia. Cat. no. HOU 256. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Tasmania. Cat. no. HOU 257. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Victoria. Cat. no. HOU 253. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010–11: Western Australia. Cat. no. HOU 255. Canberra: AIHW, 2011.

National Social Housing Survey: a summary of national results. AIHW bulletin no. 92. Cat. no. AUS 141. Canberra: AIHW, 2011.

People turned away from government-funded specialist homelessness accommodation 2010–11. Cat. no. HOU 260. Canberra: AIHW, 2011.

People turned away from government-funded specialist homelessness accommodation 2010–11: appendix. Cat. no. HOU 261. Canberra: AIHW, 2011.

Specialist Homelessness Services Collection: first results, September quarter 2011. Cat. no. HOU 262. Canberra: AIHW, 2012.

## Injury

Obesity and injury: a review of the literature. Norton L, Harrison JE, Pointer S & Lathlean T. Injury research and statistics series no. 60. Cat. no. INJCAT 136. Canberra: AIHW, 2011.

Serious injury due to land transport accidents, Australia 2007–08. Henley G & Harrison JE. Injury research and statistics series no. 59. Cat. no. INJCAT 135. Canberra: AIHW, 2012.

Serious injury due to land transport accidents, Australia 2008–09. Injury research and statistics series no. 67. Henley G & Harrison JE. Cat. no. INJCAT 143. Canberra: AIHW, 2012.

Serious injury due to transport accidents involving a railway train, Australia 2004–05 to 2008–09. Henley G & Harrison JE. Injury research and statistics series no. 68. Cat. no. INJCAT 144. Canberra: AIHW, 2012.

Trends in serious injury due to land transport accidents, Australia 2000–01 to 2008–09. Henley G & Harrison JE. Injury research and statistics series no. 66. Cat. no. INJCAT 142. Canberra: AIHW, 2012.

## Perinatal health

2010 Australian National Infant Feeding Survey: indicator results. Cat. no. PHE 156. Canberra: AIHW, 2011.

Assisted reproductive technology in Australia and New Zealand 2009. Wang YA, Macaldowie A, Hayward I, Chambers GM & Sullivan EA. Assisted reproduction series no. 15. Cat. no. PER 51. Canberra: AIHW, 2011.

Australia's mothers and babies 2009. Li Z, McNally L, Hilder L & Sullivan EA. Perinatal statistics series no. 25. Cat. no. PER 52. Canberra: AIHW, 2011.

Maternity data in Australia: a review of sources and gaps. Walker J. AIHW bulletin no. 87. Cat. no. AUS 136. Canberra: AIHW, 2011.

National breastfeeding indicators: workshop report. Cat. no. PHE 146. Canberra: AIHW, 2011.

Neural tube defects in Australia: prevalence before mandatory folic acid fortification. Macaldowie A & Hilder L. Cat. no. PER 53. Canberra: AIHW, 2011.

## Population health

Allergic rhinitis ('hay fever') in Australia. Cat. no. ACM 23. Canberra: AIHW, 2011.

Asthma in Australia 2011: with a focus chapter on chronic obstructive pulmonary disease. Australian Centre for Asthma Monitoring. Asthma series no. 4. Cat. no. ACM 22. Canberra: AIHW, 2011.

Mandatory folic acid and iodine fortification in Australia and New Zealand: supplement to the baseline report for monitoring. Cat. no. PHE 153. Canberra: AIHW, 2011.

Mental health services—in brief 2011. Cat. no. HSE 113. Canberra: AIHW, 2011.

Population differences in health-care use for arthritis and osteoporosis in Australia. Arthritis series no. 17. Cat. no. PHE 147. Canberra: AIHW, 2011.

Projections of the incidence of treated end-stage kidney disease in Australia 2010–2020. Cat. no. PHE 150. Canberra: AIHW, 2011.

Risk factors contributing to chronic disease. Cat. no. PHE 157. Canberra: AIHW, 2012.

The health of Australia's males: a focus on five population groups. Cat. no. PHE 160. Canberra: AIHW, 2012.

The health of Australia's prisoners 2010. Cat. no. PHE 149. Canberra: AIHW, 2011.

Trends in palliative care in Australian hospitals. Cat. no. HWI 112. Canberra: AIHW, 2011.

Use of antiresorptive agents for osteoporosis management. Cat. no. PHE 148. Canberra: AIHW, 2011.

## Safety and quality of health care

Australia's public sector medical indemnity claims 2008–09. Safety and quality of health care no. 9. Cat. no. HSE 111. Canberra: AIHW, 2011.

Australia's public sector medical indemnity claims 2009–10. Safety and quality of health care no. 11. Cat. no. HSE 119. Canberra: AIHW, 2012.

A working guide to international comparisons of health. Cat. no. PHE 159. Canberra: AIHW, 2012.

Public and private sector medical indemnity claims in Australia 2008–09. Safety and quality of health care no. 10. Cat. no. HSE 112. Canberra: AIHW, 2011.

Public and private sector medical indemnity claims in Australia 2009–10. Safety and quality of health care no. 12. Cat. no. HSE 120. Canberra: AIHW, 2012.

## Web releases

The staff of the Online Communications Unit in collaboration with staff in statistical units produced 11 web products in 2011–12.

Allergic rhinitis. AIHW 2012. Canberra: AIHW.  
<<http://www.aihw.gov.au/allergic-rhinitis/>>.

Asthma. AIHW 2011. Canberra: AIHW.  
<<http://www.aihw.gov.au/asthma/>>.

Australia's health. AIHW 2012. Canberra: AIHW.  
<<http://www.aihw.gov.au/australias-health/>>.

Child protection. AIHW 2012. Canberra: AIHW  
<<http://www.aihw.gov.au/child-protection/>>.

Chronic kidney disease (CKD). AIHW 2012. Canberra: AIHW.  
<<http://www.aihw.gov.au/chronic-kidney-disease/>>.

COPD (chronic obstructive pulmonary disease). AIHW 2012. Canberra: <<http://www.aihw.gov.au/copd/>>.

Diabetes. AIHW 2012. Canberra: AIHW.  
<<http://www.aihw.gov.au/diabetes/>>.

Diabetes indicators in Australia. AIHW 2012. Canberra: AIHW.  
<<http://www.aihw.gov.au/diabetes/indicators/>>.

Male health. AIHW 2012. Canberra: AIHW.  
<<http://www.aihw.gov.au/male-health/>>.

Mental health services in Australia. AIHW 2012.  
Canberra: AIHW.  
<<http://www.mhsa.aihw.gov.au/>>.

Prisoner health. AIHW 2011. Canberra: AIHW.  
<<http://www.aihw.gov.au/prisoner-health/>>.

## Journal articles

### Journal articles by AIHW staff

The staff of the AIHW produced 5 journal articles in 2011–12.

AIHW 2011. Cancer in Australia: actual incidence and mortality data from 1982 to 2007 and projections to 2010. *Asia-Pacific Journal of Clinical Oncology* 7(4):325–38.

Draper B, Karmel R, Gibson D, Peut A & Anderson P 2011. The Hospital Dementia Services Project: age differences in hospital stays for older people with and without dementia. *International Psychogeriatrics* 23(10):1649–58

Karmel R, Gibson D, Anderson P, Wells Y & Duckett S 2012. Care trajectories through community and residential aged care services: disease effects. *Ageing and Society* (in press); available on CJO 2012 doi:10.1017/S0144686X11001231.

Sainsbury L 2011. Close connections between health and the environment. *Public Health Bulletin SA* 8(2):15–18.

Thrift AG, Tong, B, Senes S, Waters A-M & Lalor E 2012. No evidence for an epidemic of stroke with the ageing of the population. *Neuroepidemiology* 38:268–73.

### Journal articles by staff of the AIHW's collaborating units

The staff of the AIHW's collaborating units produced 3 journal articles in 2011–12.

Vaughan G, Pollock W, Peek MJ, Knight M, Ellwood D, Homer CS, Pulver Jackson L, McLintock C, Ho MT & Sullivan EA 2011. Ethical issues: the multi-centre low-risk ethics/governance review process and AMOSS. *Australian and New Zealand Journal of Obstetrics* 52(2):195–203, doi:10.1111/j.1479-828X.2011.01390.x.

Xu F, Hilder L, Austin M-P & Sullivan EA 2012. Data preparation techniques for a perinatal psychiatric study based on linked data. *BMC Medical Research Methodology* 12(1):71.

Xu F, Sullivan EA, Madden RC, Black D & Jackson Pulver LR 2012. Improvement of maternal Aboriginality in NSW birth data. *BMC Medical Research Methodology* 12(1):1–8.

## Conference papers and presentations

### Papers and presentations by AIHW staff

The staff of the AIHW gave 71 papers and presentations at conferences and workshops in 2011–12.

Adhikari P 2012. 2010 Australian National Infant Feeding Survey: development, implementation and results. Presentation at the Centre for Statistical and Survey Methodology meeting, Goulburn, 21 March.

Al-Yaman F 2011. Closing the Gap Clearinghouse: an online clearinghouse for evidence-based research on overcoming disadvantage for Indigenous Australians. Presentation to the 2nd Annual Building Partnerships within Urban Indigenous Communities conference, Melbourne, 29 November.

- Al-Yaman F 2011. Closing the Gap Clearinghouse: lessons from the first 2 years on collecting and synthesising evidence on what works to overcome Indigenous disadvantage. Presentation to the Australasian Evaluation Society International conference, Sydney, 31 August.
- Al-Yaman F 2012. Closing the Gap on Indigenous Disadvantage: some considerations. Presentation at the DEEWR Closing the Gap committee meeting, Canberra 3 May.
- Al-Yaman F & Ring I 2012. Evidence based policy and knowledge translation. Presentation to the International Group on Indigenous Health Measurement meeting, Canberra, 21–24 February.
- Anderson P 2012. Best practice linkage and the experience of applying to become an Integrating Authority. Presentation at the Data Linkage and Integration: Bringing Data Together to Support Decision Making conference, Canberra, 19–20 June.
- Anderson P 2012. Data linkage. Presentation at the National Health and Medical Research Council Alcohol Data workshop, Canberra, 7 March.
- Anderson P 2012. Using nationally linked aged care data to determine what factors are associated with take-up of services over time. Presentation at the International Data Linkage conference, Perth, 2–4 May.
- Anderson P & Karmel R 2011. Pathways in Aged Care. Presentation at the National Respite Association 2011 National Conference, Tweed Heads, 9–10 August.
- Bennett V 2011. Specialist Homelessness Services Collection. Presentation at the NSW Women's Refuge Movement state conference, Sydney, 14 October.
- Brien G 2011. Where is the money and what are we doing with it? Creating an evidence base for better health financing and greater accountability. Presentation at the OECD Mapping to System of Health Accounts session of the 13th Meeting of Health Accounts Experts and Correspondents for Health Expenditure Data meeting, Paris, France, 4–5 October.
- Claydon C 2011. Risky drinking: analysis of alcohol risk in the 2010 National Drug Strategy Household Survey. Presentation to the Australasian Professional Society on Alcohol and other Drugs, Hobart, 14–16 November.
- Cooper-Stanbury M 2012. Chronic disease surveillance. Presentation to the National Centre for Epidemiology and Population Health Surveillance short course, Canberra, 29 March.
- Dickinson T & Anderson P 2011. Improving the evidence base: health and education integration projects. Presentation at the Ministerial Council for Education, Early Childhood Development and Youth Affairs National Data Linkage forum, Adelaide, 28–29 September.
- Diverty B 2012. Alcohol-related harm information. Presentation to the National Health and Medical Research Council, Canberra, 7 March.
- Draper B, Chan N, Karmel R, Gibson D, Peut A, Hudson C, Anderson P, Bail K & Grealish L 2012. The effects of person-based and hospital-based factors on outcomes of hospitalisation for people with dementia in NSW Australia. Presentation at the Alzheimer's Disease international conference, Toronto, Canada, 7–10 March.
- Draper B, Peut A & Karmel R 2011. The hospital dementia services project. Presentation to the Ministerial Dementia Advisory Group, Canberra, 23 November.
- Dugbaza T 2012. An enhanced mortality database for estimating Indigenous life expectancy. Presentation to the International Group on Indigenous Health Measurement meeting, Canberra, 21–24 February.
- Gall M 2012. AIHW Respiratory conditions monitoring. Presented sponsored display at The Thoracic Society of Australia and New Zealand's 2012 annual scientific meeting, Canberra, 31 March – 4 April.
- Gong Y 2011. Projections of the incidence of treated end-stage kidney disease in Australia, 2010–2020. Poster presentation to the Australian and New Zealand Society of Nephrology, Adelaide, 19–21 September.
- Goodwin M & Davis B 2011. Cancer projections. Presentation to the Canberra branch of the Statistical Society of Australia, Canberra, 27 September.

- Gourley M, Dugbaza T, Kok B, Pieris-Caldwell I & Al-Yaman F 2011. Principles to guide direct age-standardisation for Indigenous mortality data. Presentation at the Australasian Mortality Data Interest Group's Understanding Mortality Data 2011 workshop, Brisbane, 31 October – 1 November.
- Green F 2011. Chronic kidney disease in Aboriginal and Torres Strait Islander people 2011. Poster presentation to the Australian and New Zealand Society of Nephrology, Adelaide, 19–21 September.
- Guiver T 2011. Sample-based clerical review. Presentation at the Population Health Research Network technical forum, Canberra, 2–3 November.
- Harkins C 2011. ICD and morbidity statistics in Australia. Presentation at the Towards ICD-11 for Australia event, Sydney, 1 July.
- Jefferson A & Claydon C 2011. Alcohol findings from the 2010 National Drug Strategy Household Survey. Presentation to The Foundation for Alcohol Research and Education, Canberra, 6 October.
- Kalisch D 2011. Building and using information: the AIHW experience. Presentation at the COAG Reform Council Continuous Improvement and Best Practice series, Melbourne, 13 October.
- Kalisch D 2011. Using health and welfare data: developing evidence based policy. Role of data and information in shaping public policy. Presentation at the Australian National University, Australian National Institute for Public Policy course, Canberra, 7 September.
- Kalisch D 2011. Young Australians: how are they faring? Presentation at the 8th Australian and New Zealand Adolescent Health conference, Sydney, 8–11 November.
- Kalisch D 2012. Information, infrastructure and incentives. Presentation at the Healthcare in Asia 2012 Economist conference, Singapore, 28 March.
- Kalisch D 2012. Occasional address to Deakin University Graduation Ceremony, Faculties of Business and Law and Health, Geelong, 24 April.
- Kalisch D 2012. Specialist Homelessness Services Collection: findings from the first 6 months of analysis. Presentation to the joint meeting of HMAAC–CDSMAC, Adelaide, 28 June.
- Kalisch D 2012. Specialist Homelessness Services Collection: first results. Presentation to the COAG Select Council on Homelessness, Sydney, 30 March.
- Kehoe H 2011. Why identify? A key to improving Aboriginal and Torres Strait Islander health in general practices. Workshop presentation at the GP 11—The General Practice conference, Hobart, 6–8 October.
- Karmel R 2012. Comparing linkage methods for identifying transfer events. Presentation at the International Data Linkage conference, Perth, 2–4 May.
- Karmel R & Powierski A 2011. Getting the most out of an SLK. Presentation at the Population Health Research Network technical forum, Canberra, 2–3 November.
- Lukong P & Hamilton G 2011. Estimating admitted patient expenditure for Aboriginal and Torres Strait Islander people. Presentation at the 7th Health Services and Policy Research conference, Adelaide, 5–7 December.
- Mann N 2012. Update on disease expenditure methodology. Presentation at the OECD Disease Expenditure experts meeting, Paris, France, 13–14 February.
- McLean C 2011. AIHW: Moving, learning, growing. Presentation to the 27th Australian Council for Health, Physical and Recreational International Conference, Adelaide, 18–20 April.
- McLean C 2011. Understanding Australia's health. Presentation to the Home Economics VCE Health and Human Development Student Day Out, Melbourne, 22 August.

- McGlynn L 2012. Analysis and dissemination of surveillance data. Presentation to the National Preventive Health Surveillance forum, Canberra, 2 April.
- Moon L 2011. Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians. Presentation at the Australasian Epidemiological Association conference, Perth, 21 September.
- Moon L 2011. Contribution of chronic disease to the gap in adult mortality between Aboriginal and Torres Strait Islander and other Australians. Presentation at the Health Services and Policy Research conference, Adelaide, 5 December.
- Moon L 2011. Total incidence of end-stage kidney disease, 2003–2007. Presentation to the Australian and New Zealand Society of Nephrology conference, Adelaide, 19–21 September.
- Moon L 2012. A new method for estimating the incidence of end-stage kidney disease. Poster presentation at the International Data Linkage conference, Perth, 2–4 May.
- Neideck G 2011. Creating a clearer picture of homelessness. Presentation at the Integrating Services to Reduce Homelessness conference, Melbourne, 15–16 November.
- Neideck G 2012. Preliminary assessment on progress against the White Paper Targets: an update. Presentation to the Prime Minister's Council on Homelessness, Canberra, 28–29 February.
- O'Rance L 2011. AODTS-NMDS findings with a QLD focus. Presentation to the Queensland Network of Alcohol and Drug Agencies and QLD data collectors, Brisbane, 29 February 2012.
- O'Rance L & Claydon C 2012. Summary of findings from National Drug Strategy Household Survey with a focus on ACT findings. Presentation to the ACT Alcohol, Tobacco and Other Drug Strategy Evaluation Group, Canberra, 18 October.
- Papasjck I 2012. Strategies for the prevention of self-harm and suicide. Presentation for the Closing the Gap Clearinghouse to the Suicide and Self-harm Prevention conference, Cairns, 15 June.
- Peut A 2012. Dementia in acute hospitals—findings from the Hospital Dementia Services Project. Presentation at the Dementia Behaviour Management Advisory Services national meeting, Brisbane, 25 May.
- Peut A, Chan N, Pham LA, Karmel R, Gibson D & Draper B 2011. The nature of hospital stays for patients with dementia. Presentation at the International Association of Gerontology and Geriatrics 9th Asia/Oceania Regional Congress, Melbourne, 23–27 October.
- Powerski A 2011. Factors associated with take-up of aged care services over time. Presentation at the International Association of Gerontology and Geriatrics 9th Asia/Oceania Regional Congress of Gerontology and Geriatrics, Melbourne, 23–27 October.
- Rahman N, Sugiura T, Henry E & Webster A 2011. National statistics on arthritis and osteoporosis. Poster presentation at the 53rd Australia Rheumatology Association annual scientific meeting, Canberra, 12–15 May.
- Sparke C 2011. Total incidence of end-stage kidney disease, 2003–2007. Poster presentation to the Australian and New Zealand Society of Nephrology, Adelaide, 19–21 September.
- Sturrock C 2011. National Cervical Screening Program: new monitoring data for a new cervical screening era. Presentation at the Preventing Cervical Cancer: Integrating Screening and Vaccination conference, Melbourne, 9–11 November.
- Taylor M 2011. Data development activity in health at the Department of Epidemiology and Preventative Medicine, Monash University, Melbourne, 5 August.
- Taylor M 2011. Making public sector information accessible: why metadata is important. Presentation at the Office of the OAIC Information Policy conference, Canberra, 15 November.
- Taylor M 2011. Metadata matters. Presentation at the Data for Effective Decision Making conference, Canberra, 5–7 December.
- Taylor M 2011. National minimum data sets in the health sector. Presentation at the Web 3.0 and Government conference, Canberra, 24–25 November.

- Templeton M & Thompson S 2011. The health of Australia's males: are we speaking your language? Presentation at the 9th National Men's Health conference, Perth, 20–22 September.
- Templeton M, Lee-Koo C, Senes S, Flack JR, Ross GP 2011. Prevalence of adverse pregnancy outcomes among women with diabetes in pregnancy compared with women without diabetes. Poster presentation at the annual scientific meeting of the Australian Diabetes Society and the Australian Diabetes Educators Association, Perth, 31 August – 2 September.
- Templeton M, Lee-Koo C, Senes S, Flack JR, Ross GP et al. 2011. Prevalence of adverse birth outcomes among babies of women with diabetes in pregnancy compared with babies of women without diabetes. Poster presentation at the annual scientific meeting of the Australian Diabetes Society and the Australian Diabetes Educators Association, Perth, 31 August – 2 September.
- Templeton M et al. 2011. The estimated prevalence of type 1 diabetes in children aged 0–14 years in Australia in 2008 and 2013. Poster presentation at the annual scientific meeting of the Australian Diabetes Society and the Australian Diabetes Educators Association, Perth, 31 August – 2 September.
- Verhoeven A 2011. Making data more accessible: MyHospitals website case study. Presentation at the Gov 2.0 conference, Canberra, 25 October.
- Verhoeven A 2012. Developing and using policy-relevant information: The Australian Institute of Health and Welfare as a case study. Science meets policy makers conference, Canberra, 24 February.
- Verhoeven A 2012. Information management: MyHospitals case study. Keynote presentation at the FutureGov Forum Vietnam 2012, Hanoi, Vietnam, 9 May.
- Verhoeven A 2012. MyHospitals website: a case study. Presentation at the Cordelta conference, Sydney, 10 March.
- Verhoeven A 2012. MyHospitals website and private hospitals. Presentation at the Catholic Health Australia conference, Sydney, 22 February.
- Waters A-M, Seselja R, Senes S, Flack JR, Craig ME 2011. The estimated prevalence of type 1 diabetes in children aged 0–14 years in Australia in 2008 and 2013. Poster presentation at the annual scientific meeting of the Australian Diabetes Society and the Australian Diabetes Educators Association, Perth, 31 August – 2 September.
- Webster A 2012. Disease expenditure methodology: Australia. Presentation at the OECD Technical Workshop and System of Health Accounts experts meeting, Seoul, South Korea, 19–20 June.
- Webster A 2012. Update on implementation of the system of health accounts in Australia. Presentation at the OECD Technical Workshop and System of Health Accounts experts meeting, Seoul, South Korea, 19–20 June.
- White A & Jefferson A 2011. Treatment in Australia: a review of the Alcohol and Other Drug Treatment Services National Minimum Data Set. Poster presentation at the Australasian Professional Society on Alcohol and other Drugs, Hobart, 14–16 November.
- White A & Pegrum K 2011. Pharmacotherapy in Australia over time. Poster presentation at the Australasian Professional Society on Alcohol and other Drugs, Hobart, 14–16 November.
- White A & Webber K 2011. Alcohol and other drug treatment over time: what has changed? Poster presentation at the Australasian Professional Society on Alcohol and other Drugs, Hobart, 14–16 November.

## Papers and presentations by staff of the AIHW's collaborating units

The staff of the AIHW's collaborating units gave 14 papers and presentations at conferences and workshops in 2011–12.

Ampon RD, Poulos LM, Cooper SJ, Reddel HK & Marks GB 2012. Socioeconomic disparities in asthma prevalence and outcomes in Australia. Poster presentation at the annual scientific conference of the Thoracic Society of Australia and New Zealand, Canberra, 31 March – 4 April.

Belousova E, Ampon RD, Poulos LM, Cooper SJ, Reddel HK & Marks GB 2012. Prognostic significance of wheeze for poor health outcomes in children aged 4 to 9 years. Presentation at the annual scientific conference of the Thoracic Society of Australia and New Zealand, Canberra, 31 March – 4 April.

Bonello MR 2012. Overview of National Maternity Data Development Project, AIHW National Perinatal Epidemiology and Statistics Unit. Presentation at the Women's Healthcare Australasia Benchmarking meeting, Canberra, 3 May.

Cooper SJ, Ampon RD, Waters A-M, Reddel HR, Marks GB 2012. Hospitalisations attributed to chronic obstructive pulmonary disease among Indigenous and non-Indigenous Australians. Presentation at the annual scientific conference of the Thoracic Society of Australia and New Zealand, Canberra, 31 March – 4 April.

Cooper SJ, Poulos LM, Ampon RD, Reddel HK & Marks GB 2012. Australian Centre for Asthma Monitoring 2012. Trends in the prevalence of asthma in Australia. Poster presentation at the annual scientific conference of the Thoracic Society of Australia and New Zealand, Canberra, 31 March – 4 April.

Harrison J 2011. ICD revision process—injury and external causes. Presentation at the Towards ICD-11 for Australia event, Sydney, 1 July.

Reddel HK, Poulos LM, Ampon RD & Marks GB 2012. Australian Centre for Asthma Monitoring 2012. Are inhaled corticosteroids being prescribed for respiratory tract infections? Presentation at the annual scientific conference of the Thoracic Society of Australia and New Zealand, Canberra, 31 March – 4 April.

Sullivan EA 2011. AMOSS and monitoring of severe rare maternal morbidity and mortality in Australia and New Zealand. Presentation at the Society of Obstetric Medicine of Australia and New Zealand annual scientific meeting, Brisbane, 4–7 November.

Sullivan EA 2011. Making pregnancy safer. Can we do better? Presentation at the NZ PMMRC statistics: reflection from across the Tasman. Annual meeting, Perinatal and Maternal Mortality Review Committee, Health Quality and Safety Commission of New Zealand, Wellington, New Zealand, 11 August.

Sullivan EA 2011. Policy and practice: extreme morbid obesity in pregnancy. Presentation at the Innovations in Clinical Practice Women's and Children's Hospitals Australasia annual conference, Adelaide, 21–23 November.

Sullivan EA 2012. Fetal alcohol spectrum disorder: data collection in Australia. Presentation at the Fetal Alcohol Spectrum Disorder Project Update, Canberra, 21 June.

Sullivan EA 2012. Fetal alcohol spectrum disorder: data collection in Australia. Presentation at the National Advisory Group Aboriginal and Torres Strait Islander Health Information and Data meeting, Perth, 14 March.

Sullivan EA 2012. Indigenous births and the National Perinatal Data Collection. Presentation to the International Group for Indigenous Health Measurement, Canberra, 21–24 February.

Sullivan EA, Wang YA, Abeywardana S & Kovacs G 2011. Congenital anomalies following assisted reproductive technology in Australia. Presentation at the 27th annual meeting of the European Society of Human Reproduction and Embryology, Stockholm, Sweden, 3–6 July.





**Appendix 7** Publications and papers

Appendixes

## Appendix 8 Compliance matters

This appendix contains information on matters relating to:

- *Freedom of Information Act 1982*
  - freedom of information
- *Commonwealth Electoral Act 1918*
  - advertising and market research
- Commonwealth Authorities (Annual Reporting) Orders 2011
  - ministerial directions issued
  - general policies of the Australian Government before 1 July 2008
  - General Policy Orders
  - related entity transactions
  - significant events
  - key changes to affairs or activities
  - amendments to enabling or other legislation
  - judicial decisions and decisions of administrative tribunals
  - reports by third parties
  - obtainable information from subsidiaries
  - disclosure requirements for government business enterprises
  - exemptions from requirements.

### Freedom of information

#### Freedom of information enquiries

A request for access to documents under the *Freedom of Information Act 1982* must be made in writing and include an address in Australia to which notices can be sent.

To enable a prompt response and to help the AIHW meet its obligations under the *Freedom of Information Act 1982*, applicants should provide as much detail as possible about the documents they are seeking. A telephone number or an email address should also be

included in case AIHW officers need any clarification. Applicants may be liable to pay charges at rates prescribed by the Freedom of Information (Charges) Regulations 1982. There is no application fee.

Enquiries about submitting a formal request under the *Freedom of Information Act 1982* should be directed to:

foi@aihw.gov.au

Formal requests should be sent to:

FOI Contact Officer  
Governance Unit  
Australian Institute of Health and Welfare  
GPO Box 570  
Canberra ACT 2601

#### Freedom of information requests received

In 2011–12, there were no requests for access to records under the Freedom of Information Act 1982. There were no requests for internal review made during the year.

#### Data held by the AIHW

Cost recovery is the underlying objective of all prices charged by the AIHW for provision of data. The AIHW charges clients for responding to requests for ad hoc information or data on a cost recovery basis.

The AIHW makes available, through its website, unidentifiable aggregated data in a number of online-accessible data holdings.

Personal information collected under the AIHW Act is protected by the confidentiality provisions (s. 29) of that Act, and the *Privacy Act 1988*.

Information Privacy Principle 5 in the *Privacy Act 1988* requires the AIHW to maintain and provide a written record to the Australian Privacy Commissioner of the extent and nature of the classes of personal information it holds. The Act also requires the Privacy Commissioner to compile and publish these returns in the personal information digests on the Office of the Privacy Commission website <[www.privacy.gov.au](http://www.privacy.gov.au)>.

## Information Publication Scheme

Part 2 of the *Freedom of Information Act 1982* established the Information Publication Scheme (IPS) for Australian Government agencies subject to the Act. Under the scheme, agencies are required to publish a range of information, including an organisation chart, functions, annual reports and certain details of document holdings. The AIHW's current IPS may be found at <[www.aihw.gov.au/ips/](http://www.aihw.gov.au/ips/)>.

## Advertising and market research

Section 311A of the *Commonwealth Electoral Act 1918* requires certain reporting on advertising and market research by Commonwealth agencies, including those covered by the *Public Service Act 1999*.

During 2011–12, the AIHW paid for the following amounts for recruitment and tender notices:

- Adcorp Limited—\$48,985.07
- Australian Healthcare and Hospitals Association—\$990.00
- University of Canberra—\$163.64.

No advertising campaigns were undertaken.

## Ministerial directions issued

Under s. 7 of the AIHW Act, the Minister for Health may give directions to the AIHW on the performance of its functions or the exercise of its powers. The AIHW Act requires that, before issuing a direction to the AIHW, the Minister must consult the AIHW Chair and the relevant state and territory ministers.

The AIHW is required to provide details in its annual report of ministerial directions issued to it (see the **Compliance index** on page 265). This includes ministerial directions under s. 7 of the AIHW Act or by any minister under other legislation.

The following ministerial directions have been issued to the AIHW:

- Legal Services Directions 2005
- the Finance Minister's (CAC Act Procurement) Directions 2009
- the Finance Minister's (CAC Act Procurement) Directions 2012
- the Commonwealth Authorities (Annual Reporting) Orders 2011.

Under the Legal Services Directions, the AIHW is required to give to the Office of Legal Services Coordination, within 60 days of the end of the financial year, a report on legal services expenditure in the preceding financial year. In 2011–12, the report by the AIHW was not provided until 24 October 2011. The AIHW has put in place arrangements to ensure future compliance with this reporting requirement.

## General policies of the Australian Government before 1 July 2008

Until 30 June 2008, the CAC Act provided that the AIHW is required to comply with general policies of the Australian Government that were notified to it by the responsible Minister.

The AIHW is required to provide details in its annual report of Australian Government policies that have been notified to it and are still applicable (see the **Compliance index** on page 265).

No general policies of the Australian Government were notified to the AIHW.

## General Policy Orders

Under s. 48A of the CAC Act, since 1 July 2008, the Finance Minister may make a General Policy Order that specifies a general policy applicable to the AIHW.

The AIHW is required to provide details in its annual report of General Policy Orders of the Australian Government that are applicable to it (see the **Compliance index** on page 265).

There are no General Policy Orders applicable to the AIHW.

## Related entity transactions

The AIHW will be required to report in its 2012–13 and subsequent annual reports on related entity transactions. It is implementing administrative arrangements that will allow it to report on such transactions in 2012–13.

## Significant events

Section 15 of the CAC Act requires the AIHW to notify the Minister of the occurrence of significant events, as defined in s. 15(1).

The AIHW is required to provide details in its annual report of significant events that have occurred (see the **Compliance index** on page 265).

During 2011–12, there were no significant events advised to the minister by the AIHW.

## Key changes to affairs or activities

The AIHW is required to provide details in its annual report of key changes to the AIHW's state of affairs or principal activities.

During 2011–12, there were no such changes.

## Amendments to enabling or other legislation

The AIHW is required to provide details in its annual report of amendments to its enabling legislation and to any other legislation directly relevant to its operation.

During 2011–12, the *Acts Interpretation Amendment Act 2011*, consolidated in the *Acts Interpretation Act 1901*, detailed provisions relating to the appointment of acting AIHW Board members. Relevant provisions of the AIHW Act were repealed.

## Judicial decisions and decisions of administrative tribunals

The AIHW is required to provide details in its annual report of judicial decisions and decisions of administrative tribunals that have had, or may have, a significant effect on the AIHW's operations (see the **Compliance index** on page 265).

During 2011–12, there were no legal actions lodged against the AIHW and no judicial decisions directly affecting the AIHW.

## Reports by third parties

The AIHW is required to provide details in its annual report of reports by third parties about the AIHW that relate to the AIHW's level of accountability as a public sector agency. Specifically, reports by the Commonwealth Ombudsman, parliamentary committees, the Office of the Australian Information Commissioner and the Australian National Audit Office must be detailed (see the **Compliance index** on page 265).

During 2011–12, reports by these agencies relating to the AIHW were:

- the Australian National Audit Office's report on the AIHW's financial statements for 2010–11, which is included in the *Australian Institute of Health and Welfare Annual report 2010–11*.

## Obtainable information from subsidiaries

The AIHW does not currently have any subsidiary organisations and hence has no reporting requirement for this annual report in relation to unobtainable information.

## Disclosure requirements for government business enterprises

The AIHW is not currently a government business enterprise and hence has no reporting requirement for this annual report relating to changes in financial conditions and community service obligations or information that is commercially prejudicial.

## Exemptions from requirements

The AIHW has not been granted any written exemption by the Minister for Finance from a requirement of the Commonwealth Authorities (Annual Reporting) Orders 2011 and hence has no reporting requirement in relation to this.

## Appendix 9 Financial statements

Independent auditor's report .....	223
Statement by Directors, Chief Executive and Chief Financial Officer .....	225
Statement of comprehensive income for the period ended 30 June 2012 .....	226
Balance sheet as at 30 June 2012 .....	227
Statement of changes in equity for the period ended 30 June 2012 .....	228
Cash flow statement for the period ended 30 June 2012 .....	229
Schedule of commitments as at 30 June 2012 .....	230
Notes to and forming part of the financial statements .....	231



## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Health and Ageing

I have audited the accompanying financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2011, which comprise: a Statement by the Directors, Chief Executive and Chief Financial Officer; the Statement of Comprehensive Income; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Asset Additions; and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies and other explanatory information.

#### *Directors' Responsibility for the Financial Statements*

The directors of the Australian Institute of Health and Welfare are responsible for the preparation of the financial statements that give a true and fair view in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards, and for such internal control as the directors determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Australian Institute of Health and Welfare's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Australian Institute of Health and Welfare's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

GPO Box 707 CANBERRA ACT 2601  
19 National Circuit BARTON ACT 2600  
Phone (02) 6203 7300 Fax (02) 6203 7777

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

***Independence***

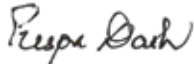
In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

***Opinion***

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

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including the Australian Institute of Health and Welfare's financial position as at 30 June 2011 and of its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dash  
Executive Director

Delegate of the Auditor-General

Canberra

22 September 2011





Australian Government  
 Australian Institute of  
 Health and Welfare

*Authoritative information and statistics  
 to promote better health and wellbeing*

#### **STATEMENT BY DIRECTORS, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER**

In our opinion, the attached financial statements for the year ended 30 June 2012 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, as amended.

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

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

Andrew Refshauge  
 Board Chair

20 September 2012

David Kalisch  
 Chief Executive

20 September 2012

Andrew Kettle  
 Chief Financial Officer

20 September 2012

**Australian Institute of Health and Welfare**  
**STATEMENT OF COMPREHENSIVE INCOME**  
*for the period ended 30 June 2012*

	Notes	2012 \$'000	2011 \$'000
<b>EXPENSES</b>			
Employee benefits	3A	36,028	35,124
Supplier	3B	16,687	17,834
Depreciation and amortisation	3C	1,060	805
Write-down and impairment of assets	3D	295	26
Finance costs	3E	16	29
<b>Total expenses</b>		<b>54,086</b>	53,818
<b>LESS:</b>			
<b>OWN-SOURCE INCOME</b>			
<b>Own-source revenue</b>			
Sale of goods and rendering of services	4A	33,690	31,398
Interest	4B	1,138	1,146
Other revenues	4C	20	-
<b>Total own-source revenue</b>		<b>34,848</b>	32,544
<b>Total own-source income</b>		<b>34,848</b>	32,544
<b>Net cost of services</b>		<b>19,238</b>	21,274
Revenue from government	4D	17,389	21,408
<b>Surplus (Deficit) attributable to the Australian Government</b>		<b>(1,849)</b>	134
<b>OTHER COMPREHENSIVE INCOME</b>			
Change in asset revaluation surplus		-	-
<b>Total other comprehensive income</b>		-	-
<b>Total comprehensive income attributable to the Australian Government</b>		<b>(1,849)</b>	134

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

## Australian Institute of Health and Welfare

### BALANCE SHEET as at 30 June 2012

	Notes	2012 <u>\$'000</u>	2011 <u>\$'000</u>
<b>ASSETS</b>			
<b>Financial assets</b>			
Cash and cash equivalents	5A	18,833	18,209
Trade and other receivables	5B	10,407	8,904
<b>Total financial assets</b>		<u>29,240</u>	<u>27,113</u>
<b>Non-financial assets</b>			
Buildings	6A,D	1,147	1,491
Property, plant and equipment	6B,D	797	1,064
Library collection	6C,D	100	150
Intangibles	6E	212	323
Inventories	6F	0	83
Other non-financial assets	6G	352	452
<b>Total non-financial assets</b>		<u>2,608</u>	<u>3,563</u>
<b>Total assets</b>		<u>31,848</u>	<u>30,676</u>
<b>LIABILITIES</b>			
<b>Payables</b>			
Suppliers	7A	2,953	1,088
Other payables	7B	1,544	1,364
Contract income in advance	7C	12,819	12,906
<b>Total payables</b>		<u>17,316</u>	<u>15,358</u>
<b>Provisions</b>			
Employee provisions	8A	9,607	8,533
Other provisions	8B	655	666
<b>Total provisions</b>		<u>10,262</u>	<u>9,199</u>
<b>Total liabilities</b>		<u>27,578</u>	<u>24,557</u>
<b>Net assets</b>		<u>4,270</u>	<u>6,119</u>
<b>EQUITY</b>			
Contributed equity		2,756	2,756
Reserves		2,288	2,288
Retained surplus (accumulated deficit)		(774)	1,075
<b>Total equity</b>		<u>4,270</u>	<u>6,119</u>

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

**Australian Institute of Health and Welfare**  
**STATEMENT OF CHANGES IN EQUITY**  
*For the period ended 30 June 2012*

	Retained Earnings		Asset Revaluation Surplus		Contributed Equity/Capital		Total Equity	
	2012	2011	2012	2011	2012	2011	2012	2011
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Opening balance</b>								
Balance carried forward from previous period	1,075	941	2,288	2,288	2,756	2,756	6,119	5,985
Adjustment for errors	-	-	-	-	-	-	-	-
<b>Adjusted opening balance</b>	1,075	941	2,288	2,288	2,756	2,756	6,119	5,985
Surplus (Deficit) for the period	(1,849)	134	-	-	-	-	(1,849)	134
<b>Total comprehensive income, of which:</b>	(1,849)	134	-	-	-	-	(1,849)	134
- attributable to the Australian Government	(1,849)	134	-	-	-	-	(1,849)	134
<b>Closing balance at 30 June</b>	(774)	1,075	2,288	2,288	2,756	2,756	4,270	6,119

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

## Australian Institute of Health and Welfare

### CASH FLOW STATEMENT for the period ended 30 June 2012

	Notes	2012 <u>\$'000</u>	2011 <u>\$'000</u>
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Goods and services		35,299	32,751
Receipts from Government		17,389	21,408
Interest		1,092	1,198
Other		216	2
<b>Total cash received</b>		<u>53,996</u>	<u>55,359</u>
<b>Cash used</b>			
Employees		34,808	33,653
Suppliers		16,335	20,335
Net GST paid		1,715	1,115
<b>Total cash used</b>		<u>52,858</u>	<u>55,103</u>
<b>Net cash from (used by) operating activities</b>	9	<u>1,138</u>	256
<b>INVESTING ACTIVITIES</b>			
<b>Cash used</b>			
Purchase of property, plant and equipment		514	839
<b>Total cash used</b>		<u>514</u>	<u>839</u>
<b>Net cash from (used by) investing activities</b>		<u>(514)</u>	<u>(839)</u>
<b>Net increase (decrease) in cash held</b>		624	(583)
Cash and cash equivalents at the beginning of the reporting period		<u>18,209</u>	18,792
<b>Cash and cash equivalents at the end of the reporting period</b>	5A	<u>18,833</u>	18,209

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

## Australian Institute of Health and Welfare

### SCHEDULE OF COMMITMENTS

*as at 30 June 2012*

	<b>2012</b>	2011
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>BY TYPE</b>		
<b>Commitments receivable</b>		
Project <sup>1</sup>	25,833	22,613
Net GST recoverable on commitments	729	762
<b>Total commitments receivable</b>	<b><u>26,562</u></b>	<b><u>23,375</u></b>
<b>Commitments payable</b>		
<b>Other commitments</b>		
Operating leases <sup>2</sup>	4,768	7,092
Other <sup>1</sup>	3,267	1,347
<b>Total other commitments</b>	<b><u>8,035</u></b>	<b><u>8,439</u></b>
<b>Net commitments by type</b>	<b><u>18,527</u></b>	<b><u>14,936</u></b>
<b>BY MATURITY</b>		
<b>Commitments receivable</b>		
One year or less	17,885	12,801
From one to five years	8,677	10,574
<b>Total commitments receivable</b>	<b><u>26,562</u></b>	<b><u>23,375</u></b>
<b>Commitments payable</b>		
<b>Operating lease commitments</b>		
One year or less	2,288	2,325
From one to five years	2,480	4,767
<b>Total operating lease commitments</b>	<b><u>4,768</u></b>	<b><u>7,092</u></b>
<b>Other commitments</b>		
One year or less	2,365	968
From one to five years	902	379
<b>Total other commitments</b>	<b><u>3,267</u></b>	<b><u>1,347</u></b>
<b>Total commitments payable</b>	<b><u>8,035</u></b>	<b><u>8,439</u></b>
<b>Net commitments by maturity</b>	<b><u>18,527</u></b>	<b><u>14,936</u></b>

NB: Commitments are GST inclusive where relevant.

1 Project and other commitments are primarily amounts relating to the AIHW's contract work.

2 Operating leases are effectively non-cancellable and comprise:

**Leases for office accommodation**

- Lease payments are subject to annual increases or reviews until the end of the lease
- Current leases expire in July 2014 and August 2014

**Computer equipment lease**

- The lease term is up to 5 years, on expiry of the lease term, the AIHW has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models

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

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

Note 1	Summary of Significant Accounting Policies
Note 2	Events after the Reporting Period
Note 3	Expenses
Note 4	Revenues
Note 5	Financial Assets
Note 6	Non-Financial Assets
Note 7	Payables
Note 8	Provisions
Note 9	Cash Flow Reconciliation
Note 10	Contingent Assets and Liabilities
Note 11	Directors Remuneration
Note 12	Senior Executive Remuneration
Note 13	Remuneration of Auditors
Note 14	Financial Instruments
Note 15	Compensation and Debt Relief
Note 16	Reporting of Outcomes

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

#### Note 1: Summary of Significant Accounting Policies

##### 1.1 Objectives of the Australian Institute of Health and Welfare

The AIHW is structured to meet a single outcome:

- A robust evidence-base for the health, housing and community sectors, including though developing and disseminating comparable health and welfare information and statistics. (This outcome is included in the Department of Health and Ageing's Portfolio Budget Statements).

##### 1.2 Basis of Preparation of the Financial Statements

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

The continued existence of the Australian Institute of Health and Welfare (AIHW) in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for the AIHW's administration and programs.

The financial statements and notes have been prepared in accordance with:

- Finance Minister's Orders (FMOs) for reporting periods ending on or after 1 July 2011; and
- Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FMOs, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the AIHW or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under executor contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the schedule of contingencies.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the statement of comprehensive income when, and only when, the flow, consumption or loss of economic benefits has occurred and can be reliably measured.



## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

#### 1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, the AIHW has made the following judgements that have the most significant impact on the amounts recorded in the financial statements:

- the fair value of leasehold improvements has been taken to be the depreciated replacement cost as determined by an independent valuer.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next reporting period.

#### 1.4 New Australian Accounting Standards

##### Adoption of new Australian Accounting Standard requirements

No Accounting Standard has been adopted earlier than the application date as stated in the standard.

New standards, revised standards, interpretations or amending standards that were issued prior to the signing off date and are applicable to the current reporting period did not have financial impact and are not expected to have a future financial impact on the AIHW.

##### Future Australian Accounting Standard requirements

New standards, revised standards and interpretations that were issued by the Australian Accounting Standards Board prior to the signing off date and are applicable to the future reporting period are not expected to have a future financial impact on the AIHW.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

#### 1.5 Revenue

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the seller retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any allowance for impairment. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

#### Revenues from Government

Funding received or receivable from the Department of Health and Ageing (appropriated to the Department as a CAC Act body payment item for payment to AIHW) is recognised as Revenue from Government unless they are in the nature of an equity injection or a loan.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

#### 1.6 Gains

##### Resources received free of charge

Resources received free of charge are recognised as gains when and only when a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements.

##### Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

#### 1.7 Transactions with the Government as Owner

##### Equity injections

Amounts that are designated as equity injections for a year are recognised directly in contributed equity in that year.

#### 1.8 Employee Benefits

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

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

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

Other long-term employee benefits are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

#### Leave

The liability for employee benefits includes provision 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 in future years by employees of the AIHW is estimated to be less than the annual entitlement for sick leave.

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

The liability for long service leave is recognised and measured at the present value of the estimated future cashflows to be made in respect of all employees at 30 June 2011. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

#### Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

#### Superannuation

Staff of the AIHW are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance and Deregulation as an administered item.

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the Government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

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

#### **1.9 Leases**

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

The AIHW has no finance leases.

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

#### 1.10 Borrowing Costs

All borrowing costs are expensed as incurred.

#### 1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

#### 1.12 Financial Assets

The AIHW classifies its financial assets as loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon 'trade date'.

##### Effective Interest Method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

##### Receivables

Trade receivables and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'receivables'. Receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

##### Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

- Financial assets held at amortised cost – If there is objective evidence that an impairment loss has been incurred for loans and receivables held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the statement of comprehensive income.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

#### **1.13 Financial Liabilities**

Financial liabilities are classified as other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

##### Other financial liabilities

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

#### **1.14 Contingent Liabilities and Contingent Assets**

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote.

#### **1.15 Acquisition of Assets**

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

#### **1.16 Property, Plant and Equipment (PP&E)**

##### Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than \$3,000, 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 initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW's leasehold improvements with a corresponding provision for the 'makegood' recognised.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

#### Revaluations

Fair values for each class of asset are determined as shown below:

<b>Asset class</b>	<b>Fair value measured at:</b>
Buildings-Leasehold Improvements	Depreciated replacement cost
Property, Plant and Equipment	Market selling price
Library Collection	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

#### Depreciation

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

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

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

	<u>2012</u>	<u>2011</u>
Leasehold improvements	Lease term	Lease term
Property, plant and Equipment	3 to 10 years	3 to 10 years
Library Collection	7 years	7 years

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

#### Impairment

All assets were assessed for impairment at 30 June 2012. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the AIHW were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

#### **1.17 Intangibles**

The AIHW's intangibles comprise internally developed and purchased software for internal use. These assets are carried at cost less accumulated amortisation.

Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than \$50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2010–11: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2012.

#### **1.18 Inventories**

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

Inventories held for distribution are measured at the lower of cost and current replacement cost.

Inventories acquired at no cost or nominal consideration are measured at current replacement cost at the date of acquisition.

#### **1.19 Taxation**

The AIHW is exempt from all forms of taxation except Goods and Services Tax (GST) and Fringe Benefits Tax (FBT).

Revenues, expenses, assets and liabilities are recognised net of GST:

- except where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- except for receivables and payables.



## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

#### Note 2: Events after the Reporting Period

There were no events that occurred after the balance date that would affect the balances in the financial statements.

#### Note 3: Expenses

	<b>2012</b>	<b>2011</b>
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>Note 3A: Employees benefits</b>		
Wages and salaries	27,681	27,273
Superannuation:		
Defined contribution plans	1,948	1,873
Defined benefit plans	2,558	2,643
Leave and other entitlements	3,841	3,335
<b>Total employee benefits</b>	<b><u>36,028</u></b>	<b><u>35,124</u></b>

#### Note 3B: Suppliers

##### Goods and services

Consultants	6,173	6,390
Contracted services	2,084	3,033
Information technology	1,036	1,092
Printing and stationery	444	391
Training	488	487
Travel	682	847
Telecommunications	223	185
Other	2,934	2,866
<b>Total goods and services</b>	<b><u>14,064</u></b>	<b><u>15,291</u></b>

Provision of goods - related entities	-	-
Provision of goods - external parties	1,074	896
Rendering of services - related entities	925	858
Rendering of services - external parties	12,065	13,537
<b>Total goods and services</b>	<b><u>14,064</u></b>	<b><u>15,291</u></b>

##### Other supplier expenses

Operating lease rentals: minimum lease payments	2,268	2,375
Workers compensation premiums	355	168
<b>Total other supplier expenses</b>	<b><u>2,623</u></b>	<b><u>2,543</u></b>
<b>Total supplier expenses</b>	<b><u>16,687</u></b>	<b><u>17,834</u></b>

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<u>2012</u>	<u>2011</u>
	<u>\$'000</u>	<u>\$'000</u>
<u>Note 3C: Depreciation and amortisation</u>		
Depreciation:		
Leasehold improvements	576	516
Property, plant and equipment	323	209
Library collection	50	50
<b>Total depreciation</b>	<b>949</b>	<b>775</b>
Amortisation:		
Intangibles		
Computer software	111	30
<b>Total amortisation</b>	<b>111</b>	<b>30</b>
<b>Total depreciation and amortisation</b>	<b>1,060</b>	<b>805</b>
<u>Note 3D: Write-down and impairment of assets</u>		
Revaluation decrement - Property, plant and equipment	210	-
Inventory Write Down	84	21
Write Off on disposal of Property, plant and equipment	1	5
<b>Total write down and impairment of assets</b>	<b>295</b>	<b>26</b>
<u>Note 3E: Finance Costs</u>		
Unwinding of discount on restoration obligations	16	29
<b>Total finance costs</b>	<b>16</b>	<b>29</b>
 <b>Note 4: Revenue</b>		
<u>Note 4A: Sale of goods and rendering of services</u>		
Provision of goods - external parties	18	77
Rendering of services - related entities	21,691	24,483
Rendering of services - external parties	11,786	6,836
Conference income - external parties	177	2
Conference income - related entities	18	-
<b>Total sale of goods and rendering of services</b>	<b>33,690</b>	<b>31,398</b>
<u>Note 4B: Interest</u>		
Deposits	1,138	1,146
<b>Total interest</b>	<b>1,138</b>	<b>1,146</b>
<u>Note 4C: Other revenues</u>		
Other	20	-
<b>Total other revenues</b>	<b>20</b>	<b>-</b>

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2012</b>	<b>2011</b>
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<u>Note 4D: Revenue from Government</u>		
CAC Act body payment item	<b>17,389</b>	21,408
<b><i>Total revenue from Government</i></b>	<b><u>17,389</u></b>	<b><u>21,408</u></b>

#### **Note 5: Financial Assets**

##### Note 5A: Cash and cash equivalents

Cash on hand or on deposit	<b>18,833</b>	18,209
<b><i>Total cash and cash equivalents</i></b>	<b><u>18,833</u></b>	<b><u>18,209</u></b>

Surplus cash is invested in term deposits and is represented as cash and cash equivalents.

##### Note 5B: Receivables

Goods and services - related entities	<b>9,720</b>	8,078
Goods and services - external parties	<b>523</b>	758
	<b><u>10,243</u></b>	<b><u>8,836</u></b>

GST receivable from the Australian Taxation Office	<b>64</b>	4
Other receivables	<b>100</b>	64
<b><i>Total receivables (gross)</i></b>	<b><u>10,407</u></b>	<b><u>8,904</u></b>
Less: impairment allowance	<b>-</b>	-
<b><i>Total receivables (net)</i></b>	<b><u>10,407</u></b>	<b><u>8,904</u></b>

Receivables are aged as follows:

Not overdue	<b>9,816</b>	7,798
Overdue by:		
Less than 30 days	<b>554</b>	1,099
30–60 days	<b>37</b>	7
<b><i>Total receivables (gross)</i></b>	<b><u>10,407</u></b>	<b><u>8,904</u></b>

Receivables is expected to be recovered in:

No more than 12 months	<b>10,407</b>	8,904
<b><i>Total receivables (gross)</i></b>	<b><u>10,407</u></b>	<b><u>8,904</u></b>

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

#### **Note 6: Non-Financial Assets**

	<b>2012</b>	2011
<u>Note 6A: Buildings</u>	<u>\$'000</u>	<u>\$'000</u>
<b><i>Leasehold improvements</i></b>		
Fair value	1,568	1,370
Accumulated depreciation	(725)	(357)
	843	1,013
Restoration obligations	612	637
Accumulated depreciation	(308)	(159)
	304	478
<b><i>Total buildings</i></b>	<b>1,147</b>	<b>1,491</b>

No indicators of impairment were found for leasehold improvements.

#### Note 6B: Property, plant and equipment

#### ***Property, plant and equipment***

Fair value	802	1,270
Accumulated depreciation	(4)	(206)
<b><i>Total property, plant and equipment</i></b>	<b>798</b>	<b>1,064</b>

No indicators of impairment were found for leasehold improvements

#### ***Library collection***

Fair value	350	350
Accumulated depreciation	(250)	(200)
<b><i>Total library collection</i></b>	<b>100</b>	<b>150</b>

No indicators of impairment were found for Library Collection.

#### Revaluations of non-financial assets

All revaluations were conducted in accordance with revaluation policy stated at Note 1. On 30 June 2012, an independent valuer conducted the revaluations.

A revaluation increment of nil (2011: nil) for leasehold improvements, nil (2011: nil) for restoration obligations assets and nil (2011: nil) for changes in provision for restoration obligations. Revaluation decrement for Property, plant & equipment was \$209,477 (2011: nil). The revaluation decrements were expensed as no Asset Revaluation Surplus was available for the asset class.

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 6D: Analysis of Property, Plant and Equipment

**TABLE A—Reconciliation of the opening and closing balances of property, plant and equipment (2011–12)**

	Buildings-Leasehold Improvements \$'000	Property, Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
<b>As at 1 July 2011</b>				
Gross book value	2,007	1,270	350	3,627
Accumulated depreciation	(516)	(206)	(200)	(922)
<b>Net book value</b>	<b>1,491</b>	<b>1,064</b>	<b>150</b>	<b>2,705</b>
Additions				
by purchase	247	267	–	514
Addition by new lease	–	–	–	–
Transfers	–	–	–	–
Revaluations recognised in other comprehensive income	–	–	–	–
Revaluations recognised in operating results	–	(732)	–	(732)
Depreciation expense	(576)	(323)	(50)	(949)
Write back of depreciation on disposal	59	1	–	60
Write back of depreciation on revaluation	–	523	–	523
Disposals	(74)	(3)	–	(77)
<b>Net book value 30 June 2012</b>	<b>1,147</b>	<b>797</b>	<b>100</b>	<b>2,044</b>
<b>Net book value as at 30 June 2012 represented by:</b>				
Gross Book Value	2,180	802	350	3,332
Accumulated depreciation	(1,033)	(5)	(250)	(1,288)
	<b>1,147</b>	<b>797</b>	<b>100</b>	<b>2,044</b>

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

**TABLE B—Reconciliation of the opening and closing balances of property, plant and equipment (2010–11)**

	Buildings-Leasehold Improvements \$'000	Property, Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
<b>As at 1 July 2010</b>				
Gross book value	1,974	766	350	3,090
Accumulated depreciation	—	—	(150)	(150)
<b>Net book value</b>	<b>1,974</b>	<b>766</b>	<b>200</b>	<b>2,940</b>
Additions				
by purchase	33	512	—	545
Addition by new lease	—	—	—	—
Transfers	—	—	—	—
Revaluations recognised in other comprehensive income	—	—	—	—
Revaluations recognised in operating results	—	—	—	—
Depreciation expense	(516)	(209)	(50)	(775)
Write back of depreciation on disposal	—	3	—	3
Disposals	—	(8)	—	(8)
<b>Net book value 30 June 2011</b>	<b>1,491</b>	<b>1,064</b>	<b>150</b>	<b>2,705</b>
<b>Net book value as at 30 June 2011 represented by:</b>				
Gross Book Value	2,007	1,270	350	3,627
Accumulated depreciation	(516)	(206)	(200)	(922)
	<b>1,491</b>	<b>1,064</b>	<b>150</b>	<b>2,705</b>

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2012</b>	<b>2011</b>
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<u>Note 6E: Intangibles</u>		
<b>Computer software</b>		
- purchased - in use	361	361
- accumulated amortisation	(149)	(38)
	212	323
- internally developed	724	724
- accumulated amortisation	(724)	(724)
	-	-
<b>Total Intangibles</b>	<b>212</b>	<b>323</b>

No indications of impairment were found for intangibles.

**TABLE A—Reconciliation of the opening and closing balances of Intangibles (2011–12)**

	Computer software— internally developed \$'000	Computer software— purchased (in use) \$'000	Total \$'000
<b>As at 1 July 2011</b>			
Gross book value	724	361	1,085
Accumulated amortisation and impairment	(724)	(38)	(762)
<b>Net Book Value 1 July 2011</b>	<b>–</b>	<b>323</b>	<b>323</b>
Additions:			
by purchase or internally developed	–	–	–
Amortisation	–	(111)	(111)
Disposals	–	–	–
<b>Net book value 30 June 2012</b>	<b>–</b>	<b>212</b>	<b>212</b>
<b>Net book value as at 30 June 2012 represented by:</b>			
Gross Book Value	724	361	1,085
Accumulated amortisation	(724)	(149)	(873)
	–	212	212

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

**TABLE B—Reconciliation of the opening and closing balances of Intangibles (2010–11)**

	Computer software— internally developed \$'000	Computer software— purchased (in use) \$'000	Total \$'000
<b>As at 1 July 2010</b>			
Gross book value	717	209	926
Accumulated amortisation and impairment	(717)	(150)	(867)
<b>Net Book Value 1 July 2010</b>	<b>–</b>	<b>59</b>	<b>59</b>
Additions:			
by purchase or internally developed	–	294	294
Amortisation	(7)	(23)	(30)
Disposals	–	(135)	(135)
Write back of Amortisation on Disposal		135	135
Reclassifications	7	(7)	–
<b>Net book value 30 June 2011</b>	<b>–</b>	<b>323</b>	<b>323</b>
<b>Net book value as at 30 June 2011 represented by:</b>			
Gross Book Value	724	361	1,085
Accumulated amortisation	(724)	(38)	(762)
	<b>–</b>	<b>323</b>	<b>323</b>

	2012 \$'000	2011 \$'000
<u>Note 6F: Inventories</u>		
Inventories held for sale	–	83
<b>Total inventories</b>	<b>–</b>	<b>83</b>

All inventory is expected to be sold or distributed in the next 12 months.

	2012 \$'000	2011 \$'000
<u>Note 6G: Other non-financial assets</u>		
Prepayments	352	452
<b>Total other non-financial assets</b>	<b>352</b>	<b>452</b>

All other non-financial assets are expected to be recovered in no more than 12 months.



## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2012</b>	<b>2011</b>
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>Note 7: Payables</b>		
<u>Note 7A: Suppliers</u>		
Trade creditors	2,806	951
Operating lease rentals	147	137
<b>Total supplier payables</b>	<b><u>2,953</u></b>	<b><u>1,088</u></b>
Supplier payables expected to be settled in no more than 12 months:		
Related entities	16	18
External parties	2,790	933
<b>Total</b>	<b><u>2,806</u></b>	<b><u>951</u></b>
Suppliers payables expected to be settled in greater than 12 months:		
External parties	147	137
<b>Total</b>	<b><u>147</u></b>	<b><u>137</u></b>
<b>Total supplier payables</b>	<b><u>2,953</u></b>	<b><u>1,088</u></b>
Settlement is usually made within 30 days		
<u>Note 7B: Other</u>		
Salaries and wages	835	706
Superannuation	121	108
GST payable to Australian Taxation Office	588	550
<b>Total other payables</b>	<b><u>1,544</u></b>	<b><u>1,364</u></b>
All other payables are expected to be settled in no more than 12 months:		
<u>Note 7C: Contract income in advance</u>		
Contract income	12,819	12,906
<b>Total contract income in advance</b>	<b><u>12,819</u></b>	<b><u>12,906</u></b>

All income in advance payables are expected to be settled in 12 months.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2012</b>	2011
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>Note 8: Provisions</b>		
<u>Note 8A: Employee Provisions</u>		
Leave	<b>9,607</b>	8,533
<b><i>Total employee provisions</i></b>	<b><u>9,607</u></b>	<u>8,533</u>
Employee provisions expected to be settled in:		
No more than 12 months	<b>3,408</b>	3,078
More than 12 months	<b>6,199</b>	5,455
<b><i>Total employee provisions</i></b>	<b><u>9,607</u></b>	<u>8,533</u>
<u>Note 8B: Other Provisions</u>		
Provision for restoration obligations	<b>655</b>	666
<b><i>Total other provisions</i></b>	<b><u>655</u></b>	<u>666</u>
Other provisions expected to be settled:		
No more than 12 months	-	26
More than 12 months	<b>655</b>	640
<b><i>Total other provisions</i></b>	<b><u>655</u></b>	<u>666</u>
		<b>Provision for makegood</b>
		<b><u>\$'000</u></b>
<b>Carrying amount 1 July 2011</b>		666
Unwinding of discount		16
Adjustment on revaluation		(27)
<b>Carrying amount 30 June 2012</b>		<b><u>655</u></b>

The AIHW currently has 3 agreements for leasing premises which have provisions requiring the AIHW to restore the premises to their original condition at the conclusion of the lease. The AIHW has made a provision to reflect the present value of this obligation.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	2012	2011
	\$'000	\$'000
<b>Note 9: Cash Flow Reconciliation</b>		
<b>Reconciliation of cash and cash equivalents per Balance Sheet to Cash Flow Statement</b>		
<b>Cash and cash equivalents as per:</b>		
Cash Flow Statement	18,833	18,209
Balance Sheet	18,833	18,209
<b>Difference</b>	<u>-</u>	<u>-</u>
<b>Reconciliation of net cost of services to net cash from operating activities:</b>		
Net cost of services	(19,238)	(21,274)
Add revenue from government	17,389	21,408
<b>Adjustment for non cash items</b>		
Depreciation/amortisation	1,060	805
Net write down and impairment of assets (excluding write down of inventories)	212	5
Finance Costs	16	29
<b>Changes in assets / liabilities</b>		
(Increase) / decrease in receivables	(1,504)	460
(Increase)/decrease in inventories	83	21
(Increase) / decrease in other non financial assets - prepayments	100	190
(Increase) / decrease in transfer of fixed assets	-	-
Increase / (decrease) in supplier	1,865	(862)
Increase / (decrease) in other payables	180	177
Increase / (decrease) in employee provisions	1,073	1,275
Increase/(decrease) in other income in advance	(87)	(1,978)
Increase/(decrease) in other provisions	(11)	-
<b>Net cash from operating activities</b>	<u>1,138</u>	<u>256</u>

#### **Note 10: Contingent Assets and Liabilities**

As at 30 June 2012, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2011: Nil).

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

#### **Note 11: Directors Remuneration**

The number of non-executive directors included in these figures is shown below in the relevant remuneration bands:

	<b>2012</b>	2011
\$0 - \$29,000	<u>17</u>	<u>15</u>
<b>Total number of directors of the AIHW</b>	<b><u>17</u></b>	<b><u>15</u></b>

Total remuneration received or due and receivable by directors of the AIHW	<b>\$17,194</b>	\$25,294
--	-----------------	----------

Remuneration of executive directors is included in Note 12: Senior Executive Remuneration.

#### **Note 12: Senior Executive Remuneration**

##### Note 12A: Senior Executive remuneration expense for the Reporting Period

	<b>2012</b>	2011
Short-term employee benefits:		
Salary	<b>1,539,111</b>	1,332,230
Annual leave accrued*	<b>(21,355)</b>	53,599
Performance bonuses	<b>37,348</b>	51,768
Motor vehicle allowance	<b>191,203</b>	157,664
Total short-term employee benefits	<b><u>1,746,307</u></b>	<u>1,595,261</u>
Post-employment benefits:		
Superannuation	<b>257,787</b>	222,515
Total post-employment benefits	<b><u>257,787</u></b>	<u>222,515</u>
Other long term benefits		
Long-service leave	<b>134,652</b>	12,104
Total other long term benefits	<b><u>134,652</u></b>	<u>12,104</u>
<b>Total</b>	<b><u>2,138,746</u></b>	<b><u>1,829,880</u></b>

\* This is annual leave taken in excess of annual leave accrued

#### **Notes:**

1. Note 12A is prepared on an accrual basis (therefore the performance bonus expenses disclosed above may differ from the cash 'Bonus paid' in Note 12B).
2. Note 12A excludes acting arrangements and part-year service where remuneration expensed was less than \$150,000.

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 12B: Average Annual Reportable Remuneration Paid to Substantive Senior Executives During the Reporting Period

	2012					
Average annual reportable remuneration <sup>1</sup>	Senior Executives No.	Reportable salary <sup>2</sup> \$	Contributed superannuation <sup>3</sup> \$	Reportable allowances <sup>4</sup> \$	Bonus paid <sup>5</sup> \$	Total \$
<b>Total remuneration (including part-time arrangements):</b>						
\$180,000–\$209,999	6	156,229	23,285	23,900	-	203,414
\$210,000–\$239,999	3	159,594	29,281	23,900	-	212,775
\$330,000–\$359,999	1	253,371	55,384	-	35,590	344,345
<b>Total</b>	<b>10</b>					

	2011					
Average annual reportable remuneration <sup>1</sup>	Senior Executives No.	Reportable salary <sup>2</sup> \$	Contributed superannuation <sup>3</sup> \$	Reportable allowances <sup>4</sup> \$	Bonus paid <sup>5</sup> \$	Total \$
<b>Total remuneration (including part-time arrangements):</b>						
\$180,000–\$209,999	8	150,557	25,246	22,926	-	198,729
\$210,000–\$239,999	-	-	-	-	-	-
\$270,000–\$299,999	1	242,374	52,980	-	-	295,354
<b>Total</b>	<b>9</b>					

See notes on next page.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

*Notes:*

1. This table reports substantive senior executives who received remuneration during the reporting period. Each row is an averaged figure based on headcount as at 30 June 2012 for individuals in the band.
2. 'Reportable salary' includes the following: a) gross payments (less any bonuses paid, which are separated out and disclosed in the 'bonus paid' column); b) reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax benefits); and c) exempt foreign employment income.
3. The 'contributed superannuation' amount is the average actual superannuation contributions paid to senior executives in that reportable remuneration band during the reporting period, including any salary sacrificed amounts, as per the individuals' payslips.
4. 'Reportable allowances' are the average actual allowances paid as per the 'total allowances' line on individuals' payment summaries.
5. 'Bonus paid' represents average actual bonuses paid during the reporting period in that reportable remuneration band. The 'bonus paid' within a particular band may vary between financial years due to various factors such as individuals commencing with or leaving the entity during the financial year.
6. Various salary sacrifice arrangements were available to senior executives including superannuation, motor vehicle and expense payment fringe benefits. Salary sacrifice benefits are reported in the 'reportable salary' column, excluding salary sacrificed superannuation, which is reported in the 'contributed superannuation' column.

**Variable Elements:**

With the exception of performance bonuses, variable elements are not included in the 'Fixed Elements and Bonus Paid' table above. The following variable elements are available as part of senior executives' remuneration package:

- (a) Performance bonuses:  
The Director is entitled to a performance bonus.
- (b) On average senior executives are entitled to the following leave entitlements:  
Each year senior executives are entitled to accrue 4 weeks annual leave, 18 days personal leave and 9 days long service leave.
- (c) Senior executives are members of one of the following superannuation funds:
  - Commonwealth Superannuation Scheme (CSS): this scheme is closed to new members, and employer contributions were averaged at 22.0 per cent (2011: 21.8 per cent)(including productivity component). More information can be found at <http://www.css.gov.au>
  - Public Sector Superannuation Scheme (PSS): this scheme is closed to new members. Current employer contributions were set at 15.1 per cent (2011: 15.0 per cent)(including productivity component). More information can be found at <http://www.pss.gov.au>, and

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

- Public Sector Superannuation accumulation plan (PSSap): employer contributions were set at 15.4 per cent (2011 - 15.4 per cent) and the fund has been in operation since July 2005. More information can be found at <http://www.pssap.gov.au>

#### Note 12C: Other Highly Paid Staff

During the reporting period, there were no employees who did not have a role as senior executives whose salary plus performance bonus were \$150,000 or more (2011 – nil).

#### **Note 13: Remuneration of Auditors**

	<b>2012</b>	2011
Remuneration for auditing the financial statements for the reporting period.	<b>\$27,500</b>	\$26,500

No other services were provided by the auditors of the financial statements.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2012</b>	2011
	<b><u>\$'000</u></b>	<u>\$'000</u>
<b>Note 14: Financial Instruments</b>		
<u>Note 14A: Categories of financial instruments</u>		
<b>Financial assets</b>		
Loans and receivables		
Cash at bank	18,833	18,209
Receivables for goods and services	10,243	8,836
<b>Carrying amount of financial assets</b>	<b><u>29,076</u></b>	<u>27,045</u>

<b>Financial liabilities</b>		
Other financial liabilities		
Trade creditors	2,806	951
<b>Carrying amount of financial liabilities</b>	<b><u>2,806</u></b>	<u>951</u>

The AIHW holds basic financial instruments in the form of cash and cash equivalents, receivables for goods and services and trade creditors. The carrying value of financial instruments reported in the balance sheet is a reasonable approximation of fair value.

	<b>2012</b>	2011
	<b><u>\$'000</u></b>	<u>\$'000</u>
<u>Note 14B: Net income and expense from financial assets</u>		
<b>Loans and receivables</b>		
Interest revenue	1,138	1,146
<b>Net gain loans and receivables</b>	<b><u>1,138</u></b>	<u>1,146</u>
<b>Net gain from financial assets</b>	<b><u>1,138</u></b>	<u>1,146</u>

#### Note 14C: Credit risk

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are receivables from other Government organisations. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2012: \$10,243,000 and 2011: \$8,836,000). The AIHW has assessed the risk of the default on payment and has allocated \$0 in 2012 (2011: \$0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.



## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

Credit quality of financial instruments not past due or individually determined as impaired:

	<b>Not Past Due Nor Impaired 2012 \$'000</b>	Not Past Due Nor Impaired 2011 \$'000	<b>Past Due or Impaired 2012 \$'000</b>	Past Due or Impaired 2011 \$'000
Cash at bank	18,833	18,209	–	–
Receivables for goods and services	9,651	7,730	592	1,106
<b>Total</b>	<b>28,484</b>	25,939	<b>592</b>	1,106

Ageing of financial assets that are past due but not impaired for 2012:

	<b>0 to 30 days \$'000</b>	<b>31 to 60 days \$'000</b>	<b>61 to 90 days \$'000</b>	<b>90+ days \$'000</b>	<b>Total \$'000</b>
Receivables for goods and services	554	38	–	–	592
<b>Total</b>	<b>554</b>	<b>38</b>	–	–	<b>592</b>

Ageing of financial assets that are past due but not impaired for 2011:

	0 to 30 days \$'000	31 to 60 days \$'000	61 to 90 days \$'000	90+ days \$'000	Total \$'000
Receivables for goods and services	1,099	7	–	–	1,106
<b>Total</b>	<b>1,099</b>	<b>7</b>	–	–	<b>1,106</b>

#### Note 14D: Liquidity risk

The AIHW is funded by appropriation and the sale of goods and services. It uses these funds to meet its financial obligations.

#### Note 14E: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

#### **Note 15: Compensation and Debt Relief**

No waiver of amounts owing to the Commonwealth was made during the reporting period (2011: nil).

No Act of Grace or ex-gratia payments were made during the reporting period (2011: nil).

#### **Note 16: Reporting of Outcomes**

##### Note 16A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2012 \$'000	2011 \$'000	2012 \$'000	2011 \$'000
<b>Departmental</b>				
Expenses	<b>54,086</b>	53,818	<b>54,086</b>	53,818
Own-source income	<b>22,867</b>	25,629	<b>22,867</b>	25,629
<b>Net cost/(contribution) of outcome</b>	<b>19,238</b>	21,274	<b>19,238</b>	21,274

Outcome 1 is described in note 1.1.

The primary statements of these financial statements represent tables B and C: Major classes of Departmental Expense, Income, Assets and Liabilities by outcome, as required by the FMOs. Accordingly these tables are not repeated in note 16.

# Reader guides

These reader guides help readers find specific information in this annual report and identify any errors and omissions in the previous annual report.

Abbreviations and symbols .....	260
Glossary .....	261
Annual report 2010–11 errors and omissions .....	262
Lists of tables, figures and spotlights .....	263
Compliance index .....	265
Index .....	268

## Abbreviations and symbols

<b>ABS</b>	Australian Bureau of Statistics
<b>ACT</b>	Australian Capital Territory
<b>ACSQHC</b>	Australian Commission for Safety and Quality in Health Care
<b>AIFS</b>	Australian Institute of Family Studies
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>AIHW Act</b>	<i>Australian Institute of Health and Welfare Act 1987</i>
<b>APS</b>	Australian Public Service
<b>CAC Act</b>	<i>Commonwealth Authorities and Companies Act 1997</i>
<b>CEO</b>	Chief Executive Officer
<b>COAG</b>	Council of Australian Governments
<b>DEEWR</b>	Australian Government Department of Education, Employment and Workplace Relations
<b>DoHA</b>	Australian Government Department of Health and Ageing
<b>DVA</b>	Australian Government Department of Veterans' Affairs
<b>EL</b>	Executive Level
<b>FaHCSIA</b>	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
<b>GP</b>	general practitioner
<b>HTML</b>	Hypertext Markup Language
<b>ICT</b>	information and communications technology
<b>IT</b>	information technology
<b>METeOR</b>	AIHW's Metadata Online Registry
<b>MoU</b>	memorandum of understanding
<b>NSW</b>	New South Wales
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PBS</b>	Portfolio Budget Statements
<b>PDF</b>	Portable Document Format
<b>RTF</b>	Rich Text Format
<b>SA</b>	South Australia
<b>SCRGSP</b>	Steering Committee for the Review of Government Service Provision
<b>WA</b>	Western Australia
<b>WHO</b>	World Health Organization
<b>%</b>	per cent
<b>—</b>	not defined, nil or rounded to zero

# Glossary

<b>COAG</b>	The Council of Australian Governments is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association. See < <a href="http://www.coag.gov.au">http://www.coag.gov.au</a> > for more information.
<b>data linkage</b>	The bringing together (linking) of information from two or more different data sources that are believed to relate to the same entity—for example, the same individual or the same institution. This can provide more information about the entity, and in certain cases, it can provide a time sequence, helping to tell a story, show 'pathways' and perhaps unravel cause and effect. The term is used synonymously with 'data integration' and 'record linkage'.
<b>financial results</b>	The results shown in the financial statements of this AIHW annual report.
<b>full-time equivalent</b> (staff numbers)	A standard measure of the number of workers that takes account of the number of hours that each works. During 2011–12, AIHW staff members considered full time were committed to working 37 hours and 5 minutes per week.
<b>indicator</b>	A key statistical measure selected to help describe (indicate) a situation concisely, to track change, progress and performance, and to act as a guide to decision making.
<b>Indigenous</b> (person)	A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander.
<b>Indigenous status</b> (of a person)	Whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin.
<b>outcomes</b> (of the AIHW)	The results, impacts or consequences of actions by the Commonwealth public sector on the Australian community. This may include proposed or intended results, impacts or consequences of actions.
<b>outcome</b> (health outcome)	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.
<b>outputs</b>	Goods or services produced by the AIHW for external organisations or individuals, including goods or services produced for areas of the Australian public sector external to the AIHW.
<b>performance indicators</b> (of the AIHW)	Measures (indicators) that relate to the AIHW's effectiveness in achieving the Australian Government's objectives.
<b>performance indicators</b> (of the health system)	Measures that relate to the health system as a whole or to parts of it such as hospitals, health centres and so forth. The measures include accessibility, effectiveness, efficiency and sustainability, responsiveness, continuity of care and safety.
<b>Portfolio Budget Statements</b>	Statements prepared by Australian Government portfolios to explain the Budget appropriations in terms of outputs and outcomes. The AIHW contributes to the statements of the Health and Ageing portfolio, usually published in May each year.

## Annual report 2010–11 errors and omissions

There are no known errors and omissions in the AIHW's *Annual report 2010–11* to report.

# Lists of tables, figures and snapshots

## Tables

Table 1: Financial results, 2007–08 to 2011–12 (\$'000) .....	xiii
Table 2: Portfolio Budget Statement deliverables 2011–12 and their outputs.....	4
Table 3: Portfolio Budget Statement key performance indicators 2011–12 and their results .....	8
Table 4: Longer-term activities noted in the Portfolio Budget Statements 2011–12 and their status.....	12
Table 5: Income and expenditure, 2007–08 to 2011–12 (\$'000) .....	31
Table 6: Balance sheet summary, 2007–08 to 2011–12 (\$'000) .....	32
Table 7: Members of the AIHW Board and their attendance at meetings, 2011–12 .....	38
Table 8: Members of the AIHW Ethics Committee and their attendance at meetings, 2011–12 .....	42
Table 9: Research projects considered by the AIHW Ethics Committee, 2011–12 .....	42
Table 10: Category of staff employment, 30 June 2011 and 30 June 2012.....	130
Table 11: Staff by classification level, 30 June 2011 and 30 June 2012 .....	131
Table 12: Staff employed by operating groups, 30 June 2012 .....	132
Table 13: Outcome of external recruitment processes completed in 2011–12.....	134
Table 14: Graduate recruitment intake and outcomes, 2008–09 to 2011–12.....	135
Table 15: Staff long service awards, 2011–12 .....	138
Table 16: Australia Day awards, January 2012.....	139
Table 17: In-house learning and development courses, 2010–11 and 2011–12.....	140
Table 18: Ecologically sustainable development reporting.....	142
Table 19: Email notification service subscriptions, 2009 to 2012 (at 30 June) .....	148
Table 20: Top 10 publications downloaded from the AIHW website, 2011–12.....	150
Table 21: Media coverage, 2007–08 to 2011–12 .....	152
Table 22: Top 10 reports and events for media coverage, 2011–12.....	152
Table 23: Submissions to parliamentary or government inquiries, 2011–12 .....	155

## Figures

Figure 1: Major revenue sources, 2002–03 to 2011–12, with projections, 2012–13 to 2015–16. ....	xiv
Figure 2: Staff numbers, 2003–2012. ....	xvi
Figure 3: Publications released and media releases, 2002–03 to 2011–12. ....	xvii
Figure 4: Revenue sources, 2004–05 to 2011–12. ....	32
Figure 5: Accountability framework. ....	37
Figure 6: Organisation chart, 30 June 2012. ....	45
Figure 7: Highest level of staff qualifications, May and June 2012. ....	133
Figure 8: Visits to the AIHW website, 2001–02 to 2011–12. ....	149

## Spotlights

<i>Australia's health 2012</i> . ....	7
Painting a clearer picture of homelessness in Australia. ....	11
Better information supporting Healthy for Life. ....	13
New wave of information on mental health services. ....	18
<i>MyHospitals</i> : making hospitals data locally relevant. ....	20
Data linkage at the AIHW: introducing the new 'Integrating Authority'. ....	25
Managing privacy breaches. ....	28
AIHW corporate capability statement. ....	36
Implementing the ethics review findings. ....	41
Privacy at the AIHW. ....	43
Increasing workforce participation among older Australians. ....	58
15 years of child protection reporting. ....	61
Diabetes on the rise but causing fewer deaths. ....	71
The health of Australia's males: a focus on five population groups. ....	76
Validata™ improves quality of data. ....	94
Meteoric win for the Institute. ....	104
International Group for Indigenous Health Measurement meeting. ....	106
Closing the Gap Clearinghouse public seminar series. ....	116
Focus on the National Injury Surveillance Unit. ....	123
Our second Reconciliation Action Plan. ....	137
'Creatively' leading the way. ....	146
Media profile: 2010 National Drug Household Survey report. ....	153



# Compliance index

The *Commonwealth Authorities and Companies Act 1997* (s. 9) requires the AIHW Board to prepare this 2011–12 annual report and provide it to the Minister for Health by 15 October 2012. The index below shows compliance with information requirements contained in the CAC Act and further specified by orders made by the Minister for Finance under s. 48(1), as follows:

- Commonwealth Authorities (Annual Reporting) Orders 2011, which advise the directors of a Commonwealth authority on what is required for preparing the authority's annual report, specifically in terms of the report of operations that is to be provided annually under the CAC Act
- Commonwealth Authorities and Companies Orders (Financial Statements for reporting periods ending on or after 1 July 2010), which relate to the preparation of financial statements.

CAC Act annual report requirements	Clause or subsection of the CAC Act	Page in this report
Report of operations prepared by the directors	1 in Schedule 1	i–221, 259–267
Financial statements prepared by the directors	1 in Schedule 1	224–258
Auditor-General's report on the financial statements	1 in Schedule 1	2, 33, 222–223

CAC Act report of operations requirements	Clause in the 'annual reporting' Orders	Page in this report
Approval of the Report of Operations by directors (including the signature of a director and a statement of responsibility)	6	xii
Exemptions from requirements under the Orders granted by the Finance Minister	7	33, 221
Parliamentary standards of presentation	8	—
Plain English and clear design, including:	9	
reliable, concise, understandable and balanced information		—
clear design		—
defined acronyms and technical terms		See 260, 261
tables, graphs, diagrams and charts		See 263–264
Enabling legislation (including its objectives and functions)	10	xi, 158–176
Responsible minister's name	11	xv
Ministerial directions issued	12	33, 38, 219

CAC Act report of operations requirements	Clause in the 'annual reporting' Orders	Page in this report
Australian Government policies notified under the CAC Act (s. 28) before 1 July 2008 and still applicable	12	33, 38, 220
General Policy Orders applicable under the CAC Act (s. 48A)	12	33, 38, 220
Other statutory requirements, such as under the:	12	
<i>Commonwealth Electoral Act 1918</i> (s. 331A) relating to expenditure on specific types of advertising and market research organisations and statement on advertising campaigns		33, 219
<i>Environmental Protection and Biodiversity Conservation Act 1999</i> (s. 516A) relating to ecologically sustainable development and environmental performance		141
<i>Occupational Health and Safety Act 1991</i> (s. 74) relating to health and safety matters to be included in annual reports (for the period 1 July to 31 December 2011)		135–136
<i>Workplace Health and Safety Act 2011</i> (s. 4 of Schedule 2) relating to health and safety matters to be included in annual reports		135–136
Information about directors	13	38–39, 186–191
Organisational structure	14	45
Location of major activities and facilities	14	141
Board committees and their main responsibilities	14	40, 42
Director's education and performance review	14	40
Ethics policies	14	133–134
Risk management policies	14	50–51
Related entity transactions (not a requirement in 2011–12)	15	33, 220
Significant events under the CAC Act (s. 15)	16	33, 38, 220
Operational and financial results	16	iv, viii–xiv, 1–33, 224–258
Key changes to affairs or principal activities	16	33, 220
Amendments to enabling or other relevant legislation	16	33, 220
Judicial decisions and decisions of administrative tribunals	17	33, 221

<b>CAC Act report of operations requirements</b>	<b>Clause in the 'annual reporting' Orders</b>	<b>Page in this report</b>
Reports by third parties, including:	17	221
Auditor-General		2, 33, 221, 222–223
parliamentary committees		33, 221
Commonwealth Ombudsman		33, 221
Office of the Australian Information Commissioner		33, 221
Obtainable information from subsidiaries	18	33, 221
Indemnities and insurance premiums for officers	19	51
Disclosure requirements for government business enterprises	20	33, 221
Index of annual report requirements	21	268–282
<b>CAC Act report of operations requirements</b>	<b>Clause in the 'financial statements' Orders</b>	<b>Page in this report</b>
Financial statements for reporting periods ending on or after 1 July 2010	3	224–258

# Index

## A

- AAP media coverage, 152
- Aboriginal and Torres Strait Islander Health Performance Framework, 111, 113
- Aboriginal Australians, *see* Indigenous Australians
- ABS, *see* Australian Bureau of Statistics
- Access* magazine, xix
- accommodation, *see* office accommodation
- accountability, xiv–xv, 36–8
- ACT Medicare Local, 79
- acts, *see* legislation
- Acts Interpretation Amendment Act 2011*, 220
- acute coronary syndrome, 70
- Adcorp Limited, 219
- administrative data, 86, 107, 114
- administrative tribunal decisions, 220
- admitted patients, *see* hospitals
- adoptions, 59
- advertising and market research, 219
- aged care, 55–7, 97, 98
  - expenditure, 99
  - younger people in, 64
- Aged Care Working Group, 57
- Ageing and Aged Care Unit, 55–8
- AIHW Ethics Committee, *see* Ethics Committee
- air-conditioning, 142
- alcohol, 75
  - fetal alcohol spectrum disorders, 125
  - injury related to, 121
- alcohol and other drug treatment services, 54, 63, 147
- allergic rhinitis, 67, 78
- annual report, 36
- Annual report 2010–11*, 21
  - award, 150
  - exception reporting matters discussed, 10
  - exemptions from requirements, 221
- annual work plans, 36, 46
- antibiotics, 78
- antiresorptive agents, 78
- appropriation funding, xiii–xiv, 31, 32, 33
- arthritis, 78
- Asia/Oceania Regional Congress of Gerontology and Geriatrics, 154
- assets, 32, 33
- assisted reproductive technology, 125, 147
- asthma, 77, 78, 79, 118, 152
- Audit and Finance Committee, 39, 40, 49, 50
- audits, xv, 33, 223
  - internal, 50
- Australasian Association for Quality in Health Care, 154
- Australasian Association of Cancer Registries, 47, 69
- Australasian Maternity Outcomes Surveillance System Advisory Group, 126
- Australasian Mortality Data Interest Group, 75
- Australia Day awards, 138–9
- Australian Accounting Standards, xiv–xv
- Australian and New Zealand Network Advisory Group, 126
- Australian and New Zealand Society of Respiratory Science, 155
- Australian and New Zealand Stillbirth Alliance, 126
- Australian Association of Gerontology, 154
- Australian Bureau of Statistics, 14, 46
  - disability data, 64
  - geographical classification, 85
  - National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people*, 113
  - population statistics, 75
- Australian Cancer Database, 69, 98
- Australian Cancer Incidence and Mortality books, 27
- Australian Capital Territory Medicare Local, 79
- Australian Centre for Asthma Monitoring, 118
- Australian Collaborating Centre for the WHO Family of International Classifications, 86
- Australian Commission on Safety and Quality in Health Care, 47, 83, 86
- Australian Council on Healthcare Standards, 154
- Australian Early Childhood Development Index Committee, 107
- Australian Government Housing Data Set, 92
- Australian Health Practitioners Regulation Authority, 47, 102
- Australian Healthcare and Hospitals Association, 154, 219
- Australian hospital statistics 2010–11*, 82, 87
  - ‘in brief’ publication, 147
  - media coverage, 152

- Australian Hospital Statistics Advisory Committee, 87
- Australian Information Commissioner, 220
- Australian Institute of Family Studies, 47, 155
- Australian Institute of Health Act 1987*, 36
- Australian Institute of Health and Welfare Act 1987*, xi, 21, 38, 40, 158–73, 220
- Australian Institute of Health and Welfare Ethics Committee Regulations 1989, 40, 175–6
- Australian Institute of Health and Welfare Regulations 2006, 174
- Australian National Audit Office, xv, 33, 223
- Australian National University, 111
- Australian Parliament, *see* Parliament
- Australian Public Service Commission, 134
- Integrated Leadership System, 139
- State of the Service employee census, 132–3, 138
- Australian Public Service Indigenous Cadetship Program, 136
- Australian Public Service Values and Code of Conduct, 134
- Australian Statistician, 38
- Australia's health*
- website downloads, 8, 21
- Australia's health 2010*, 149
- website downloads, 21, 150
- Australia's health 2010—in brief*, 149, 150
- Australia's health 2012*, 7, 21, 67, 151
- conference, xix, 7
- media coverage, 153
- review of content and presentation, 23
- sales, 149
- Australia's health 2012—in brief*, 7, 147, 151
- sales, 149
- Australia's Health Unit, 67
- Australia's National Health Workforce Planning Tool, 101
- Australia's Population Health Research Network, 25
- Australia's public sector medical indemnity claims 2008–09*, 84
- Australia's welfare*
- website downloads, 8, 21
- Australia's welfare 2009*, 21
- Australia's welfare 2011*, 21, 149, 151
- conference, xix, 3, 55
- Australia's welfare 2011—in brief*, 147, 149, 151
- Australia's Welfare Unit, 55
- availability of information strategic direction, 19–23
- awards and recognition, 138–9
- Annual report 2010–11*, 150
- Australia Day, 138–9
- Future Gov, 104
- METeOR, 104
- ## B
- babies, *see* birth and pregnancy
- back problems, 78
- balance sheet, 32
- barcodes, 151
- bicycles, 142
- birth and pregnancy, 109, 124–6, 147
- infant feeding, 74, 75
- midwifery, 101
- Bishop, Professor Jim, 7
- Board, 36, 38–40, 186–91
- Charter of Corporate Governance, 40, 178–85
- legislative provisions relating to acting members, 220
- meetings, 38–9, 46
- breastfeeding (infant feeding), 74, 75
- BreastScreen Australia, 68
- budget, *see* finance
- bullying, 134
- burden of disease, 75, 150
- Burden of Disease books, 27
- Business Group, 127, 132
- business processes, 30
- business risk assessment, 50
- Business Transformation, 127
- ## C
- cadets, 136
- canter, 27, 47, 67, 68–9, 152, 153
- adolescents and young adults, 67
- data linkage, 98
- media coverage of reports, 152, 153
- MyHospitals website data, 19, 20, 83
- National Centre for Monitoring Cancer Framework 2012, 69, 147
- national minimum data set, 24, 69
- Cancer and Screening Unit, 68–9
- Cancer Australia, 47, 153

- Cancer Monitoring Advisory Group, 69
- Cancer Services Working Group, 84
- capitalise on the contemporary information environment strategic direction, 29–30
- car-pooling by staff, 142
- Cardiovascular, Diabetes and Kidney Unit, 70–1
- Cardiovascular Disease Monitoring Committee, 71
- care pathways of older Australians, 57, 97
- carers, 64
- cash and term deposits, 31, 32
- cash flow, 33
- cause of death, *see* mortality
- cervical cancer, 68, 69
- Chair of AIHW Board, 40
  - attendance at meetings, 38
  - report, viii
- Changes to the AIHW, 220
- Charter of Corporate Governance, 40, 178–85
- Child and Family Centres, 114
- Child and Youth Welfare Unit, 59
- Child Development Unit, 105, 107
- Child Health Check Initiative, 110
- child protection, 59–61, 67, 147
  - data linkage, 97
  - media coverage, 152
  - national minimum data set, 24
  - out-of-home care, 12, 24, 60
  - website downloads, 150
- Child Welfare and Prisoner Health Unit, 55, 59–61
- children, 59, 107–9, 125, 150
  - dental health, 110, 120, 152
  - Indigenous, 110;
  - infant feeding, 75
  - injury hospitalisations, 122
  - school attendance strategies, 107
  - see also* birth and pregnancy; early childhood development; young people
- Children, Youth and Families Unit, 108–9, 126
- Children's Headline indicators, 108
- chronic disease, 74, 75, 147
  - kidney disease, 67, 70, 71
  - obstructive pulmonary disease, 77, 78, 79, 118
  - oral health and, 120
  - respiratory, 77–9, 118, 152
- classification, 72
  - geographic, 85
  - hospitals, 83
  - graduate intake, 134–5
  - injuries, 122
  - international, 48, 86, 122
  - mental health intervention, 66
  - staff, 131
- Clinical Technical Group for Obstetrics and Paediatrics, 126
- Closing the Gap, 82
- Closing the Gap Child Oral Health Program, 110
- Closing the Gap Clearinghouse, 47, 115, 150
  - public seminar system, 116
- Code of Conduct, APS, 134
- collaborations and partnerships, 48, 117–26, 202
  - conference papers and presentations by collaborating unit staff, 216–17
  - journal articles produced by collaborating unit staff, 211
- Collective Agreement 2008–2012, 140
- Comcare, 51, 135
- Comcover, 51
- committees, 16–17, 48, 200–1
  - Board, 39, 40, 49, 50
  - Health and Safety, 135
  - Learning and Development, 139
  - Statistical and Analytical Methods, 140
  - see also* Ethics Committee
- Commonwealth Authorities and Companies Act 1997*, 36, 219–21, 265
  - annual report, 21, 36, 150
- Commonwealth Authorities (Annual Reporting) Orders 2011, 221, 265
- Commonwealth Data Integration Oversight Board accreditation, 12, 24, 25, 98
- Commonwealth Ombudsman, 220
- communications, xvi–xvii, 19–23, 145–55
  - key messages, 6, 9, 23
  - see also* publications; websites and online services
- Communications, Media and Marketing Unit, 127
- community aged care, 56, 57, 97
- community housing, 91, 92

community services, *see* welfare

conference papers and presentations, 211–16

conferences and other forums, 151, 154–5

- Australia's Health 2012*, xix, 7
- Australia's Welfare 2011*, xix, 3, 55

Closing the Gap Clearinghouse public seminar series, 116

Disability Services National Minimum Data Set workshop, 62

International group for Indigenous Health Measurement, 106

papers and presentations, 211–17

for staff, 133, 140

confidentiality and privacy, 27–8, 43

- see also* Ethics Committee

consultative arrangements, *see* committees; feedback

contemporary information environment strategic direction, 29–30

Continuing and Specialised Care Group, 54–66, 88, 132

contract management, purchasing

Core Maternity Indicators Project, 125

coronary disease, 70

corporate capability statement, 36

corporate governance, xiv–xv, 35–51, 178–99

corporate groups, 127, 131, 132

Council of Australian Governments, 48

- cancer data, 68
- National Framework for Protecting Australia's Children annual report, 59
- national information committees, 8

Council of Australian Governments National Performance Reporting System, 14

- deliverables, 4, 15
- funding for AIHW role, xiii
- METeOR methodology module, 26
- reports and contributions to, 89, 91, 98, 113, 125
- see also* National Healthcare Agreement performance indicators, Closing the Gap; *MyHospitals* website

Council of Australian Governments Reform Council, 14, 47

counselling services for staff, 136

court decisions, 220

Creative Commons licensing, 146

Cross Portfolio Statistical Integration Committee, 98

culturally and linguistically diverse populations, *see* migrants

Customer care charter, 148

## D

data access, 5, 8–9, 12

- availability of information strategic direction, 19–23
- see also* websites and online services

data collections ceased, 90

data cubes

- cancer, 68
- disability services, 64
- medical indemnity claims, 84

data dictionaries, 16, 26, 27, 69

data dissemination, *see* publications; websites and online services

data elements, 5, 26

data integration, *see* data linkage

Data Integration Services Centre, 95, 96

- accreditation, 12, 24, 25, 98
- funding, 25

data linkage, 95, 96–8

- aged care, 57, 97
- dementia, 56, 97, 98
- early childhood development, 107
- Indigenous Australians, 15, 98, 113
- maternal deaths, 125
- mental health, 66
- see also* Data Integration Services Centre

Data Linkage Unit, 25, 56, 97–8

data quality, 23–9, 48

- child development administrative data, 107
- early childhood education and care sector, 109
- health expenditure, 98
- health services administrative data, 86
- housing and homelessness, 89
- Indigenous, 113–14
- longer term activities noted in PBS, 12
- maternal morbidity and mortality, 109
- METeOR, 103, 104
- performance indicators, 8
- Validata™, 54, 94

data quality statements, 14, 24

- available on METeOR, 26
- hospitals, 85, 87

data sets, 5, 10, 27, 56, 66, 69, 92, 103  
*see also* national minimum data sets

data set specifications, 5, 26  
 private hospital establishments, 85  
 radiotherapy waiting times, 24

data-sharing agreements, 48, 202

data snapshots, 23, 67, 78

data storage and security, 24, 30, 127  
 integration projects, 96  
*see also* METeOR

data validation processes, 24, 54, 94  
 hospitals, 85  
 mental-health related national minimum data sets, 66

Davidson Trahaire Corpsych, 136

deaths, *see* mortality

deficit operating result, xiii

deliverables, 4–30, 36, 53–126  
 contemporary information environment strategic direction, 30  
 information quality strategic direction, 24, 25, 26–7  
 policy relevance strategic direction, 15, 16

dementia, 56, 57, 97–9

Dementia Collaborative Research Centre, 57

dental health, 101, 119–20, 152  
 Indigenous children, 110  
 public waiting lists, 101

Dental Statistics and Research Unit, 102, 119–20

Department of Education, Employment and Workplace Relations, 47, 107, 136

Department of Families, Housing, Community Services and Indigenous Affairs, 46

Department of Finance and Deregulation, xiii

Department of Health and Ageing, 46  
 aged care data sets, 56  
 Enterprise Data Warehouse, 127  
 hospital data, 85  
 Population Health Unit reports, 75

Department of Veterans' Affairs, 47

depression, 56, 76

diabetes, 67, 70, 71, 150

dialysis, 71

directions for the AIHW, ministerial, xi–xiii

Director, 43, 51  
 relations with Board and Board members, 38, 40  
 report by, ix–x

disability, *see* functioning and disability

Disability Information Development Unit, 55, 62

disability insurance, 62, 111

Disability Policy and Research Working Group, 62

Disability Services National Minimum Data Set, 62

doctors, 101

documents, 218–19  
*see also* publications

Drug Surveys and Services Unit, 63–4

drugs, 54, 63, 150, 153–4  
 injury related to, 121  
 treatment services, 54, 63, 147

## E

e-health, 72, 103

e-Health Unit, 72

*Ear and hearing health of Indigenous children in the Northern Territory*, 110

Early Childhood Data Sub Group, 104

early childhood development, 47, 107  
 Indigenous, 111, 114  
 preschool services, 109

Early Childhood Development National Partnership Agreement, 114

Earth House 2012, 142

ecologically sustainable development, 141–2

education, 151  
 children in child protection system, 60  
 school dental services, 120  
 staff qualifications, 132–3  
 Studybank Program, 140  
*see also* early childhood development

Education Investment Fund, 25

educational resources, 151  
 email notification service subscriptions, 148

elective surgery, 85

elective surgery waiting times, 30, 87  
 cancer, 19, 20, 83

email notification service, 148

emergency departments, 81, 82, 87

Employee Assistance Program, 136

employees, *see* staff

employment, 58  
*see also* health workforce



- end-stage kidney disease, 67, 70, 71
- energy efficiency, 142
- enterprise agreement, 140
- Enterprise Data Warehouse, DoHA, 127
- environmental management, 141–2
- equity (financial), 32
- establishment of the AIHW, xix–xxi, 36
- estimates hearings, budget, 155
- Ethics Committee, 25, 40–2, 191–4
  - applications considered, 9, 29, 42
  - ICT infrastructure, 24, 30
  - regulations, 175–6
- Excel workbooks, 27, 74, 75
- exception reporting, 10
- Executive, 43–4, 49
- Executive and unit heads, qualifications of, 132
- Executive Unit, 127
- exemptions from annual report requirements, 221
- exit rate of ongoing staff, 133
- expenditure, *see* finance
- expenditure, health, 99–100, 150
- Expenditure and Economics Unit, 99–100
- Expert Commentary Group: National Core and Maternity Indicators Project, 109, 126
- externally funded projects, xiii–xiv, 9, 29, 31, 33
  - accounts receivable for project work completed, 32
- ## F
- falls, 121
- families, 108–9
  - oral health, 120
  - see also* birth and pregnancy
- feedback
  - effectiveness of products, 148–9
  - for/from staff, 133, 135, 139, 141
  - national committee members, 8
  - public and data users regarding data access, 8
  - readability of publications, 9
  - schools program, 151
  - surveys, 132–3, 134, 138
- females, *see* women
- fetal alcohol spectrum disorders, 125
- fetal deaths, 125
- finance, xiii–xiv, 31–3, 49–51
  - Audit and Finance Committee, 39, 40, 49, 50
  - Budget estimates hearings, 155
  - Data Integration Services Centre funding, 25
  - financial statements, xiv–xv
- Finance and Commercial Services Unit, 127
- Finance Minister, 219–20, 221
- Finance Minister's (CAC Act Procurement) Directions, 49–50
- Finance Minister's Orders, 36
- financial assets, 32
- Financial Management Program Data Sets, 103
- flagship publications, *see* *Australia's health*; *Australia's welfare*
- Flinders University, 121
- fluoride, 120
- folic acid, 74, 125
- food and nutrition, 74, 75
- forums, *see* conferences and other forums
- foster care, 60
- fraud control, 50
- freedom of information, 218–19
- fuel usage, 142
- functioning and disability, 21, 62, 63, 64
  - child protection, 60
  - COAG National Performance Reporting System performance indicators, 4, 14, 16
  - Indigenous Australians, 111
- Functioning and Disability Unit, 55, 64
- functions, AIHW, xi, xix
- further strengthen our police relevance strategic direction, 14–18
- future, AIHW, xvii–xviii
- FutureGov award, 104
- ## G
- gender, *see* men; women
- general policies, 220
- General Record of Incidence of Mortality workbooks, 74, 75
- geographical analyses, 78, 85
- Geography Unit, 95
- Global Corporate Challenge, 136
- Golden Staph, *see* *Staphylococcus aureus* bacteraemia
- governance, AIHW, xiv–xv, 35–51, 178–99

Governance and Communications Group, 127, 132

Governance Unit, 127

Government bond rate, xiii

government business enterprises, 221

government policies, 219

graduate recruitment, 134–5

Graffam, Professor Joseph, 116

Gray, Professor Matthew, 116

Great Healthcare Challenge, 154

Green Group, 142

group heads, 43–4

contract approval, 50

*Guide to data development*, 103

gym membership, corporate, 136

gynaecological cancers, 68

## H

hand hygiene, in hospitals, 19, 20, 83, 152

Hansard references, 155

harassment contact officers, 134

hay fever (allergic rhinitis), 67, 78

health and health care, 21, 67–79

data dictionary, 26, 27

disability users of services, 63

health expenditure, 99–100, 150

male issues, 16

*see also* *Australia's health 2012*; hospitals; National Healthcare Agreement

performance indicators; primary health care; prisoners health

health and safety, workplace, 135–6

Health and Safety Committee, 135

*The health and welfare of Australia's Aboriginal and Torres Strait Islanders: an overview 2011*, 149

Health Care Safety and Quality Unit, 80

health expenditure, 99–100, 150

Health Group, 67–79, 132

health insurance and dental service use, 120

health labour force, *see* labour force

Health Performance Indicators Unit, 81–2

health workforce, 100–2

Aboriginal and Torres Strait Islander health statistical and information, 111

dental, 120

Health Workforce Australia, 47, 101, 102

Healthy for Life, 13, 112

hearing, NT Indigenous children, 110

heart disease, 70, 71

help desk service, METeOR, 103

Hewitt Best Employer in Accreditation Process, 134

homelessness, *see* housing and homelessness

Homelessness Business Transition Unit, 88

Homelessness Data Collection Unit, 88

Homelessness Reporting and Data Development Unit, 89–90

hospitals, 47, 80–7

*Australia's hospitals 2010–11 at a glance*, 6

data validation, 30

dementia services, 56, 97

Indigenous separations, 113

injury admissions, 121, 122

national minimum data set, 24

older people leaving, 57

palliative care separations, 66

readmissions, 83–4

residential aged care users, 97

*see also* *MyHospitals* website; waiting times and waiting lists; elective surgery

Hospitals and Performance Group, 80–7, 132

Hospitals Comparison Unit, 80, 83–4

Hospitals Data Unit, 84–5

Hospitals Information Improvement Unit, 85–6

Hospitals Reporting Unit, 86–7

housing and homelessness, 88–94, 104, 152

COAG National Performance Reporting System, 4, 14, 16

housing assistance data dictionary, 16, 26, 27

*see also* Specialist Homelessness Services Collection

Housing and Homelessness Group, 88–94, 132

Housing and Homelessness Information Management Group, 16, 17, 104

Housing and Homelessness Integration Unit, 55

Housing Unit, 88, 91–2

Hypertext Markup Language, 23, 146

hygiene in hospitals, hand, 19, 20, 83, 152

immigrants, *see* migrants

immunisation (vaccination), 78, 136

- improve information quality, protecting privacy strategic direction, 23–9
  - improve the availability of information for the community and for stakeholders strategic direction, 19–23
  - ‘in brief’ companion publications, 18, 22, 147, 149
  - incontinence, 64
  - indemnities and insurance, 51
  - Independent Hospital Pricing Authority, 47
  - indicators, *see* performance indicators
  - Indigenous Analysis and Reporting Unit, 109–10
  - Indigenous Australians, 48, 110–16, 136–8, 149
    - cancer, 68
    - community services data collections, 107
    - emergency department users, 82
    - health expenditure on, 99
    - hospitalisation, 113;
    - housing, 91, 92
    - injuries, 121
    - kidney disease, 70
    - life expectancy, 113, 115
    - men’s health, 76
    - mortality, 98
    - perinatal statistics, 125
    - primary health care, 10, 12, 13
    - school attendance strategies, 107
    - staff members, 136
    - young people in juvenile justice system, 59
    - see also* Closing the Gap; National Indigenous Reform Agreement
  - Indigenous Community and Health Service Reporting Unit, 111–12
  - Indigenous Data Gaps Unit, 113–14
  - Indigenous Observatory*, 115
  - Indigenous Research and Evaluation Unit, 114–15
  - infant feeding, 74, 75
  - influenza vaccination, 78, 136
  - informal carers, 64
  - information and communication technology, 30, 127
    - data integration and linkage support, 96, 98
    - e health, 72
    - see also* websites and online services
  - Information and Communication Technology Operations Unit, 127
  - Information and Communications Technology and Business Transformation Program Group, 43, 127, 131–2
  - Information and Statistics Group, 55, 95–104, 132
  - Information Publication Scheme, 219
  - information quality, *see* data quality
  - injuries, 121–3
  - Institute of Public Administration (ACT Division), 150
  - insulin-treated diabetes, 70, 71
  - insurance
    - AIHW, 51
    - health, and dental service use, 120
    - National Disability Insurance Scheme, 62, 111
  - integrated data, *see* data linkage
  - Integrating Authorities Working Group, 98
  - interest income, 31
  - Interim Food and Nutrition Sub-Committee, 75
  - International Classification of Diseases, 86, 122
  - International Committee Monitoring of Assisted Reproductive Technology, 126
  - international comparisons of health status, 74
  - International Group for Indigenous Health Measurement, 106
  - International Network of Obstetric Survey Systems, 126
  - International Standards Association, 103
  - internet, *see* websites and online services
  - intranet, 151
  - iodine fortification, 74
- ## J
- Joint Standing Committee on Health Informatics Standards, 72
  - journal articles by staff, 211
  - judicial decisions affecting the AIHW, 220
  - juvenile justice, 60, 97
  - Juvenile Justice Research and Information Group, 60
- ## K
- key changes to affairs or activities, 220
  - key deliverables, *see* deliverables
  - key directions, xi–xiii
  - key messages, communication of, 6, 9, 23
  - key performance indicators, *see* performance indicators
  - key relationships, xv, 46–8
  - kidney disease, 67, 70, 71
  - kinship/relative care, 60

- L**
- labour force, 58
    - see also* health workforce
  - Labour Force Unit, 100–2
  - land transport accidents, 121
  - learning and development, *see* education; staff learning and development; training
  - Learning and Development Advisory Committee, 139
  - leases of buildings, 141
  - leave liabilities, xiii, 32
  - legislation, 36, 40, 158–76, 220
    - financial management, 36, 49
    - reporting requirements, 21, 33, 36, 141–2
    - workplace health and safety, 135
  - liabilities, xiii, 32
  - liability insurance, 51
  - life expectancy, 63
    - Indigenous Australians, 113, 115
  - linkage of data, *see* data linkage
  - Living Longer Living Better aged care reform package, 55
  - location of offices, 141
  - long service awards, 138
  - long service leave liabilities, xiii
  - Longitudinal Study of Australian Children and Longitudinal Study of Indigenous Children Research conference, 155
  - low socioeconomic areas, men living in, 76
- M**
- McClintock, Paul, 7
  - Macquarie University, 138
  - males, *see* men
  - management of the AIHW, xiv–xv, 178–221
  - management training, 133, 139
  - market research and advertising, 219
  - maternal health, *see* birth and pregnancy
  - media coverage, 152–4
  - media releases, xvi–xvii, 152
  - medical indemnity, 84, 85
  - medical labour force, 101
  - Medicare Locals, 79
  - Medicare Voluntary Indigenous identifier data, 111
  - memorandums of understanding, 46, 47, 49
    - schedules, 50
  - men, 67, 75, 76, 147, 151
  - mental health, 18, 65–6, 150
    - co-morbidity, 74
    - non-government organisation services, 24, 66
    - prisoners, 59
  - Mental Health and Palliative Care Unit, 65–6
  - Mental health services in Australia*
    - review of content and presentation, 23
    - website, 18
  - Mental health services in brief 2011*, 18
  - Mental Health Services Unit, 65
  - metadata, 5, 26, 27
  - METeOR (Metadata Online Registry), 4–5, 24, 26, 102–4
    - COAG reporting process performance data specifications, 4, 16
    - helpdesk service, 103
    - National Indicator Catalogue, 16, 27
  - METeOR and Metadata Unit, 95, 102–4
  - midwifery, 101
  - migrants
    - child protection, 60
    - men's health, 76
  - minimum data sets, *see* national minimum data sets
  - Minister for Finance and Deregulation, 219–20, 221
  - Minister for Health, 36, 38
    - directions, 38, 219
    - launches by, 7
    - reports presented to, 21
  - Minister for Indigenous Health, 76
  - Minister for Mental Health and Ageing, 18
  - Minister for Social Housing and Homelessness, 27
  - ministerial directions, 219
  - mission statement, 2
  - mortality, 17, 74, 75
    - data linkage, 98
    - diabetes, people with, 70
    - fetal, 125
    - Indigenous, 98, 113, 115
    - from injuries, 121, 122
    - maternal, 109, 125–6

- perinatal, 126
- mothers, *see* birth and pregnancy
- musculoskeletal conditions, 77–9
- MyHospitals Development Steering Committee, 84
- MyHospitals* website, 19, 20, 83, 151
- data preparation, 87
  - media coverage, 152
  - skills transfer component of contracts, 30
- N**
- National Aboriginal and Torres Strait Islander Health Officials Network, 48
- National Aboriginal and Torres Strait Islander Health Survey, 121
- National Advisory Committee for the Centre of Research Excellence, 79
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, 17
- National Affordable Housing Agreement performance indicators, 4, 14, 16, 91
- National Aged Care Data Clearinghouse, 55
- National Asthma and Linked Chronic Respiratory Conditions Monitoring Committee, 79
- National best practice guidelines for data linkage activities relating to Aboriginal and Torres Strait Islander people*, 113
- National Bowel Cancer Screening Program, 68, 69
- National Cancer Statistics Clearing House, 47
- National Centre for Monitoring Arthritis and Musculoskeletal Conditions, 79
- National Centre for Monitoring Cancer Framework 2012*, 69, 147
- National Cervical Cancer Prevention Dataset, 69
- National Child Information Advisory Group, 109, 122, 126
- National community services data dictionary*, 26, 27
- National Community Services Information Infrastructure Agreement, 48
- National Community Services Information Management Committee, 16–17, 103
- National Core Maternity Indicators Project, 125, 126
- National Death Index, 98
- National Dental Telephone Interview Survey, 120
- National Diabetes Data Working Group, 71
- National Diabetes Register, 70
- National Disability Agreement, 14, 21, 64
- performance indicators developed, 4, 16
- National Disability Data Network, 62
- National Disability Information Management Group, 16–17
- National Disability Insurance Scheme, 62, 111
- National Disability Strategy 2012–2020, 21, 63
- National Drug Strategy Household Survey, 54, 63, 121, 150, 153–4
- National E Health and Information Principal Committee, 81
- National E Health Transition Authority, 72
- National Emergency Access Target, 82
- National Framework for Protecting Australia's Children, 24, 59
- National Health Agreement, *see* National Healthcare Agreement
- National Health and Medical Research Council, 40
- guidelines for women with abnormal Pap tests, 69
  - Hospital Dementia Services Project, 56
- National health data dictionary*, 26, 27
- National Health Information Agreement, 48
- National Health Information Development Group, 16–17
- National Health Information Regulatory Framework Working Group, 72
- National Health Information Standards and Statistics Committee, 16–17, 81, 82, 103
- National Health Performance Authority, 47
- National Healthcare Agreement performance indicators, 4, 14, 16
- ageing and aged care, 57
  - dental services, 101, 120
  - diabetes, 70
  - end-stage kidney disease, 70
  - health expenditure, 99
  - health workforce, 101
  - hospitals, 81, 83, 87
  - mental health, 66
  - musculoskeletal conditions, 79
  - perinatal statistics, 125
  - primary health care, 79
  - respiratory conditions, 79
- National Healthcare Agreement Review Working Group, 82
- National Hospital Morbidity Database, 121
- National housing assistance data dictionary, 16, 26, 27
- national information committees, 5, 8
- National Indicator Catalogue, 16, 27
- National Indigenous Data Improvement Support Centre, 115
- National Indigenous Drug and Alcohol Conference, 155
- National Indigenous Reform Agreement, 14, 111, 113, 125
- performance indicators developed, 4, 16

- National Indigenous Reform Agreement Performance Information Management Group, 17, 114
- national information agreements, 48
- National Injury Prevention Working Group, 122
- National Injury Surveillance Unit, 82, 121–3
- National Male Health Policy, 67
- National Maternal and Perinatal Data Development Project, 125
- National Maternal Mortality Committee, 125, 126
- National Maternity Data Development Project Advisory Group, 109, 126
- National Mental Health Commission, 47, 66
- National Mental Health Plan, 65
- national minimum data sets, 5, 24, 26
- alcohol and other drug treatment services, 63
  - cancer, 24, 69
  - disability services, 62, 64
  - early childhood education and care, 107, 109
  - mental health, 66
  - non-government establishments, 24
  - perinatal, 125
  - public dental waiting lists, 102
- National Mortality Database, 74
- National Opioid Pharmacotherapy Statistics Annual Data, 63
- National Oral Health Plan Monitoring Group, 120
- National Palliative Care Strategy, 65
- National Partnership Agreement on Homelessness, 89
- performance indicators, 4, 14, 16
- National Partnership Agreement on Improving Public Hospitals, 82, 85
- National Performance Reporting System, *see* Council of Australian Governments National Performance Reporting System
- National Perinatal Data Development Committee, 109, 126
- National Perinatal Epidemiology and Statistics Unit, 109, 124–6
- National Preventive Health Agency indicator project, 125
- National Prisoner Health Census, 21
- National Prisoner Health Information Committee, 60
- National Registration and Accreditation Scheme, 101
- National Social Housing Survey, 91
- National Standards for Out-of-Home Care, 12
- National Youth Information Advisory Group, 109
- net cash, 33
- neural tube defects, 125
- New South Wales Centre for Health Record Linkage Advisory Committee, 126
- New South Wales Commission for Children and Young People, 122
- New South Wales hospitalisations, 56, 122
- NHMRC, *see* National Health and Medical Research Council
- Nomenclature of Models of Care Working Party, 126
- non-English-speaking countries, people born in, *see* migrants
- non-government mental health establishments, 24, 66
- Northern Territory, *see* Closing the Gap
- nursing, 101
- nutrition, 74, 75

## O

- Oakton, 50
- obesity and injury, 121, 123
- obstructive airways disease, 78
- occupational health and safety, 135–6
- OCHREStreams, 112
- office accommodation, 141–2
- workplace safety inspections, 136
- older Australians, 55–8, 97
- falls, hospitalisations due to, 121
  - housing, 91
  - men's health, 76
  - see also* aged care
- Ombudsman, Commonwealth, 220
- Online Communications Unit, 127
- operating result, xiii–xiv
- operating units, 53–127, 131–2
- opioid pharmacotherapy, 63
- oral health, *see* dental health
- organisation and structure of the AIHW, xi–xxi, 35–51, 186–99
- organisation chart, 45
- Organisation for Economic Co-operation and Development, 48
- ageing and aged care reports, 56
  - health care quality reports, 86
  - health data reports, 74
  - health expenditure reports, 99
- osteoporosis, 78

- P**
- palliative care, 65, 66
  - Pap tests, 68, 69
  - Parliament, 155
    - annual report tabling, 21
  - partnerships, *see* collaborations and partnerships
  - patients, *see* hospitals
  - People Unit, 130, 136
    - see also* staff
  - performance of the AIHW, 1–33
  - Performance and Data Working Group, 59, 60
  - performance indicator sets, 26
  - performance indicators, 8–9, 26, 81–2
    - availability of information strategic direction, 21–2
    - children's social and emotional wellbeing, 108
    - Indigenous Australians, 112
    - information quality strategic direction, 29
    - juvenile justice, 60
    - perinatal, 125
    - policy relevant strategic directions, 16–17
    - primary health care services, 12, 13
    - private hospitals, 86
      - see also* Council of Australian Governments National Performance Reporting System
  - performance management, staff, 133
  - perinatal statistics, 75, 109, 124–6
  - plans and planning, 36, 46
  - pneumococcal vaccination, 78
  - poisoning, 121
  - policy relevant strategic directions, 13–18, 21
  - Population differences in health-care use for arthritis and osteoporosis in Australia*, 78
  - population health, 73–6
  - Population Health Information Development Group, 16, 75
  - Population Health Research Network, 95, 96, 98
  - Population Health Research Proof of Concept Reference Group, 96
  - Population Health Unit, 73–6
  - Portfolio Budget Statements, 3–12
  - Potentially Preventable Hospitalisations and Potentially Avoidable Deaths Working Group, 82
  - pregnancy, *see* birth and pregnancy
  - preschool services, 109
  - PricewaterhouseCooper, 112
  - Primary Health and Respiratory and Musculoskeletal Monitoring Unit, 77–9, 118
  - primary health care, 77–9
    - conferences, 154, 155
    - Indigenous, 10, 12, 13
  - Primary Health Care Research and Information Service, 154
  - Principles on the use of direct age-standardisation in administrative data collections*, 114
  - print media coverage, 152
  - prisoners health, 59, 60, 147
    - census, 21
    - data set specification, 10
  - privacy and confidentiality, 27–8, 43
    - see also* Ethics Committee
  - Privacy Commissioner, 28
  - private hospitals, *see* hospitals
  - procurement, *see* purchasing
  - Productivity Commission, 47
    - Indigenous expenditure reporting, 99
  - public dental waiting lists/times, 102, 120
  - public health, *see* population health
  - public hospitals, *see* hospitals
  - public rental housing, 91
  - publications, xvi–xvii, 146–51, 204–17
    - Access* magazine, xix
    - availability of information target directions, 21–3
    - data snapshots, 23
    - deliverables and indicators, 4–11
    - formats, 146
    - notification service subscriptions, 148
    - policy-relevant, 16, 17–18
      - see also* *Annual report 2010–11; Australia's health; Australia's welfare*
  - Publishing Services Unit, 127
  - purchasing, 33, 49–50
    - advertising and market research, 219
    - skills transfer component, 30
      - see also* externally funded projects

## Q

- quality of data, *see* data quality
- Queensland Branch of the Australian Council for Health, Physical Education and Recreation conference, 151
- Quick Response (QR) Codes, 151

## R

- radio coverage, 152
- radiotherapy waiting times, 24, 81
- railway train accidents, 121
- readability of publications, 148
- reader surveys, 148
- Reconciliation Action Plan, AIHW, 136–7
- records management, 50
- recycling, 142
- Registrars of Births, Deaths and Marriages, 17, 74
- regulations, 40, 174–6
- related entity transactions, 220
- relationships, external, xv, 46–8
- relative/kinship care, 60
- remote and regional Australia
  - health expenditure, 99
  - Indigenous communities, 111
  - men's health, 76
- Remuneration Committee, 39, 40
- report profiles, 147
- reports, *see* publications
- researchers, *see* Ethics Committee; externally funded projects
- residential aged care, 56, 57, 97
  - younger people in, 64
- respiratory conditions, 77–9, 118, 152
- revenue, *see* finance
- reviews
  - Australian Cancer Database systems and processes, 69
  - board performance, 40
  - ethics arrangements and proceedings, 40–1
  - housing and homelessness data, 92
  - mental health-related national minimum data sets, 66
  - OCHREStreams, 112

- publication content and presentation, 23
- risk factors (health), 74, 147
- risk management, 50
- Royal Australasian College of Medical Administrators, 154
- rural Australia, *see* remote and regional Australia

## S

- SAB, *see* *Staphylococcus aureus* bacteraemia
- safety, occupational, 135–6
- Safety Monitoring Committee, 68, 69
- school programs, 148, 151
- seminars, *see* conferences and other forums
- service charter, 148
- sex, *see* men; women
- significant events affecting the AIHW, 220
- snapshots, 23, 67, 78
- Social and emotional wellbeing: development of a Children's Headline Indicator*, 108
- Social and Indigenous Coordination and Support Unit, 105
- Social and Indigenous Group, 55, 105–16, 131–2
- social housing, 91–2
- social media, 151
- Specialist Homelessness Services Client Management System, 88
- Specialist Homelessness Services Collection Unit, 93–4
- Specialist Homelessness Services Collection, 5, 11, 16, 89–90, 93–4
  - data validation, 30
  - privacy breach, 28
- spinal cord injury, 121, 122
- staff of the AIHW, xv–xvi, 129–42
  - awards, 138–9
  - car-pooling, 142
  - conference papers and presentations, 211–16
  - exit rate, 133
  - full-time equivalent, xv–xvi, 130, 131–2
  - full-time, 130
  - gym membership, corporate, 136
  - influenza vaccination, 136
  - leadership training, 139
  - journal articles, 211
  - learning and development, 133–5, 139–40
  - liability insurance policy, 51



long term leave, 130

long service leave liabilities, xiii

qualifications, 132–3, 196–9

part-time, 130–1, 140

recruitment, 134–5, 140, 148, 219

reporting ongoing disability, 138

surveys, 132–3, 134, 138

turnover, 133, 134

*see also* workplace

standards, *see* data quality

Standards Australia, 103

*Staphylococcus aureus* bacteraemia, 82

*MyHospitals* data, 19, 20, 83

state and territory governments, 48, 155

State of the Service employee census, 132–3, 138

state owned and managed Indigenous housing, 91

Statistical and Analytical Methods Advisory Committee, 140

statistical consultancy panel, 140

statistical manual, 140

Steering Committee for the Review of Government Service Provision, 4, 14

- aged care, 57
- cancer data, 68
- data quality statements, 24
- disability services, 64
- health performance indicators, 81
- juvenile justice, 60
- perinatal statistics, 125
- social housing, 91

stillbirths, 125

strategic directions, 13–30, 36

structure of the AIHW, *see* organisation and structure

Studybank Program, 140

subsidiaries, 221

suicide prevention, 66

Supported Accommodation Assistance Program, 11, 88, 89

surgery, 87

*see also* elective surgery

## T

Technical Expert Group, 60

Technical Working and Information Group, 60

Technology and Transformation Unit, 127

telephone signalling, 30

television media coverage, 152

term deposits, 31, 32

third party reports, 220

Thoracic Society of Australia and New Zealand, 155

tobacco use, 63, 75

Torres Strait Islanders, *see* Indigenous Australians

train accidents, 121

training

- health labour force, 101
- METeOR users, 103
- see also* staff learning and development

Transition Care, 57

transport accidents, 121

tribunal decisions affecting the AIHW, 220

Twitter tags, 151

## U

unit heads, 132, 196–9

unit record files

- child protection, 59, 60
- community housing, 92

universities, 48, 202

University of Canberra, 56, 219

University of New South Wales, 56

*Use of antiresorptive agents for osteoporosis management*, 78

## V

vaccination, 78

Validata™, 54, 94

values of the AIHW, 134

veterans, 47

Victorian Cancer Screening Data Linkage Working Group, 114

Victorian Certificate of Education Health and Human Development Student Day

- Out, 151

Victorian Community health Indicator Project Group, 79

Victorian Legislative Council Economy and Infrastructure Committee, 155

## W

waiting times and waiting lists

public dental services, 102, 120

radiotherapy, 24, 81

*see also* elective surgery waiting times

Warawara Department of Indigenous Studies, 138

Web-Based System Advisory Group, 112

websites and online services, 21–2, 127, 147–51, 210–11

alcohol data sources, 75

chronic disease report card, 75

data sets made available, 5, 27

data snapshots, 23, 67, 78

downloads, 8, 21, 150

ethics online system, 24

Excel workbooks, 27, 74, 75

Indigenous Observatory, 115

Indigenous primary health care services data collection trial, 13

international comparisons of health, 74

*Mental health services in Australia*, 18

metadata collections made available, 5, 27

OCHREStreams, 112

tobacco-smoking data, 75

visits to, 9, 148–9, 150

*see also* METeOR; *MyHospitals* website

welfare, 46

community services data collections, 107

community services data dictionary, 26, 27

Community Services Information Infrastructure Agreement, 48

community services information management, 103

community services national information committee, 8

email notification service subscriptions, 148

*see also* aged care; *Australia's welfare*; housing and homelessness,

functioning and disability, child protection

*What works to overcome Indigenous disadvantage*, 115, 125

women

cancer, 68, 69

in juvenile justice system, 59

*see also* birth and pregnancy

Woolcock Institute of Medical Research Limited, 118

work plans, 36, 46

workforce planning, health workforce, 101, 102

workplace, 140

behaviour, 133–4

diversity, 136–8

health and safety, 135–6

*see also* staff of the AIHW

*Workplace Health and Safety Act 2012*, 135

workshops, *see* conferences and other forums

workstation assessments, 135

World Health Organization (WHO), 48, 74, 99

International Classification of Diseases, 86

## Y

young people, 59, 108, 109, 147, 150

cancer, 67

diabetes, 70

Indigenous, sexual health of, 115

injury hospitalisations, 122

juvenile justice, 60, 97

oral health, 120

residential aged care, 64

## Contact information

### Main street address

AIHW Building, Fern Hill Park, 26 Thynne Street, Bruce ACT 2617

### Postal address

GPO Box 570, Canberra ACT 2601

### General enquiries and comments

The AIHW welcomes your feedback on our performance. Enquiries or comments should be directed to:

Communications, Media and Marketing Unit

Email: [info@aihw.gov.au](mailto:info@aihw.gov.au)

Telephone: +61 2 6244 1032

Facsimile: +61 2 6244 1299

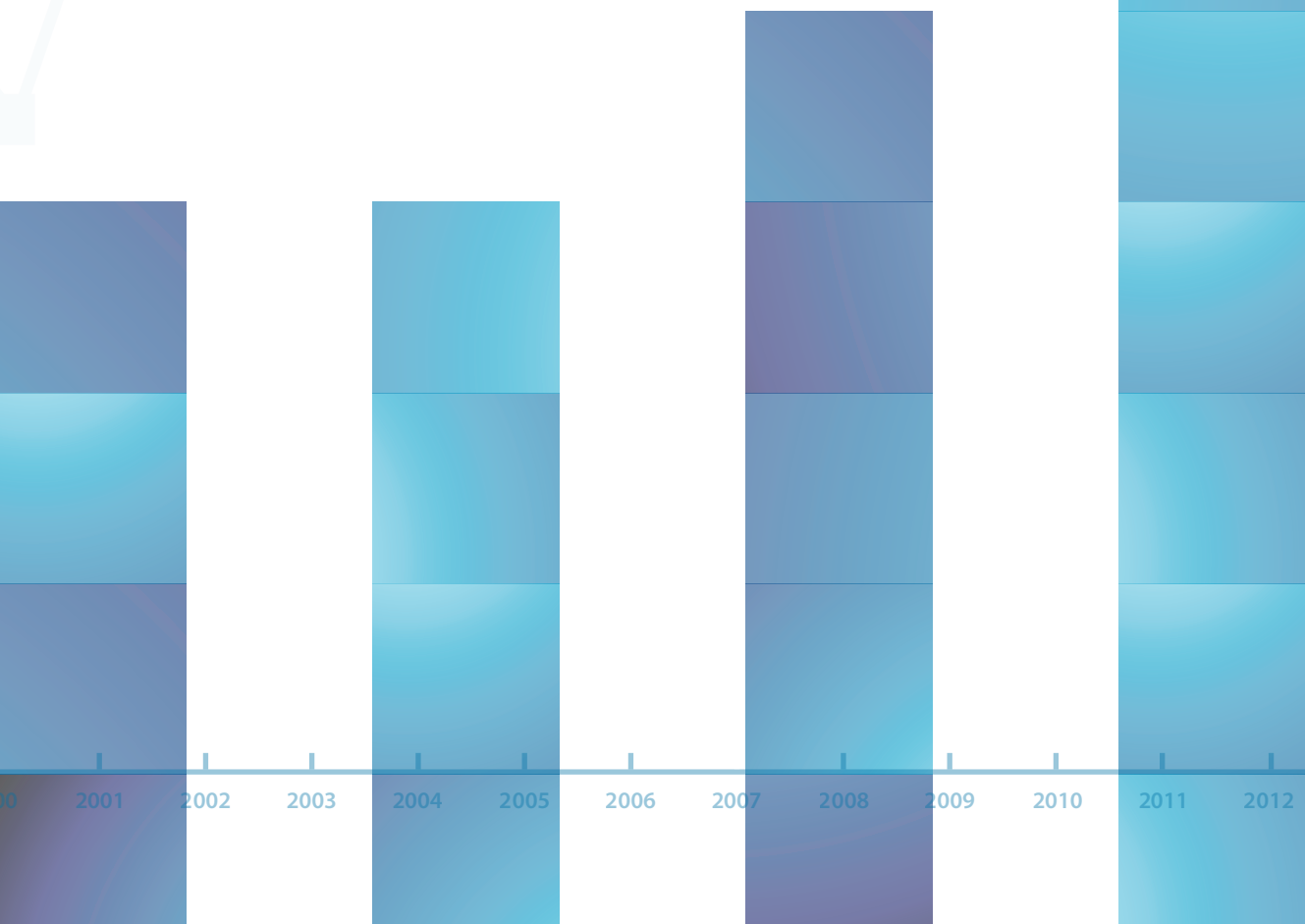
## This publication

### Availability

This publication is available electronically in HTML and PDF formats on the AIHW's website <[www.aihw.gov.au](http://www.aihw.gov.au)>. The full address is <<http://www.aihw.gov.au/aihw-annual-report-2012/>>.

### Acknowledgments

This report was prepared by the Governance Unit, with assistance from staff across the AIHW.



# Health

Objectivity

Responsiveness

Accessibility

Privacy

# Welfare

Expertise

Australian Institute of Health and Welfare

**Annual report**

**2011-12**

GPO Box 570  
Canberra ACT 2601

<b>Email</b>	_____	info@aihw.gov.au
<b>Phone</b>	_____	+61 2 6244 1000
<b>Fax</b>	_____	+61 2 6244 1299

[www.aihw.gov.au](http://www.aihw.gov.au)

