

The Australian Institute of Health and Welfare is an independent research and statistical agency located in Canberra. Its mission is to inform community discussion and to support public policy-making on health and welfare issues by coordinating, developing, analysing and disseminating national statistics on the health of Australians and their health and welfare services, and by undertaking and supporting related research and analysis.

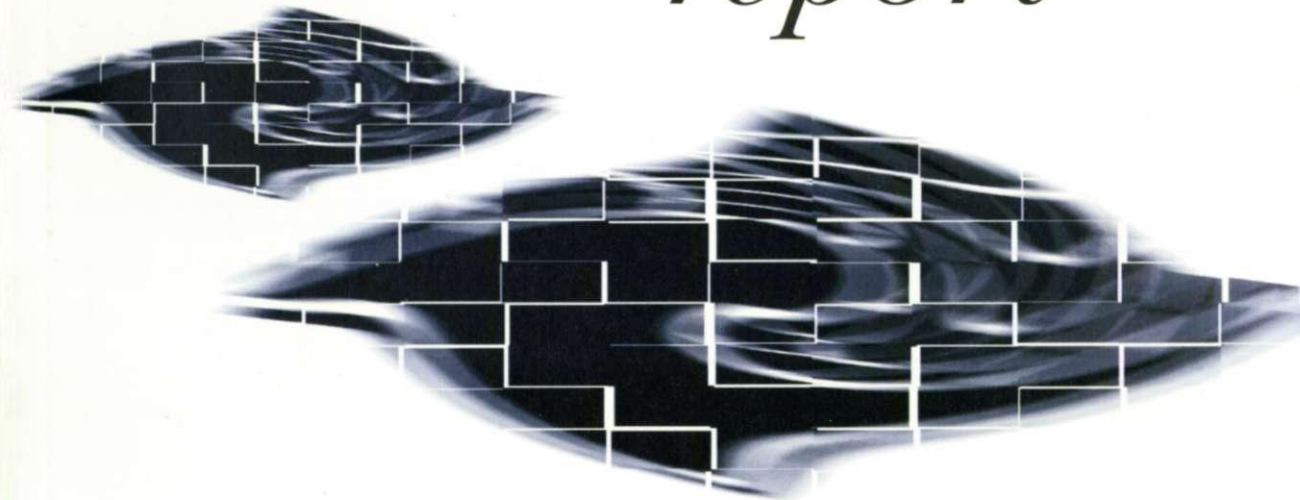


AUSTRALIAN INSTITUTE OF HEALTH and WELFARE
annual report 1994 - 1995



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annual report



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HEALTH AND WELFARE**

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Canberra

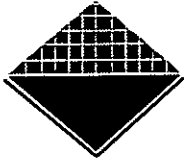
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Information Officer: Lyn Elliott
Telephone: (06) 244 1034
Facsimile: (06) 244 1044

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AUSTRALIAN INSTITUTE OF
HEALTH & WELFARE

GPO Box 570, Canberra ACT 2601, Australia

Telephone International +61 6 244 1000
National (06) 244 1000

Fax International +61 6 244 1299
National (06) 244 1299

The Hon. Carmen Lawrence, MP
Minister for Human Services and Health
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 1995. Section 24(1) of the *Australian Institute of Health and Welfare Act 1987* defines the Institute as a public authority subject to the *Audit Act 1901*. This annual report is a requirement under division 3, part XI, of the Audit Act.

Yours sincerely

Janice Reid
Chairperson

13 October 1995

AIHW mission

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

to inform community discussion and to support public policy-making on health and welfare issues by coordinating, developing, analysing and disseminating national statistics on the health of Australians and their health and welfare services, and by undertaking and supporting related research and analysis.

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AIHW structure

The *Australian Institute of Health and Welfare Act 1987*, section 8(1), specifies the composition of the Board of the Australian Institute of Health and Welfare. Board members are appointed by the Governor-General on the recommendation of the Minister for periods not exceeding three years.

Members of the Board during 1994–95 were as follows. The number of meetings attended during the year is shown in brackets.

AIHW Board

Chairperson

Professor Fiona J Stanley (4)

Appointed 1 July 1992

Director, AIHW

Dr Bruce Armstrong (4)

Appointed 4 January 1994

Dr Ching Choi

Acting 24 October – 4 November 1994

Mr Roy Harvey

Acting 18–30 May 1995

Australian Health Minister's Advisory Council's (AHMAC) nominee

Dr David Filby (3)

Appointed 1 July 1992

Standing Committee of Social Welfare Administrators' nominee

Mr Desmond L Semple (2)

Appointed 1 July 1992

State Housing Departments' representative

Ms Vivienne R Milligan (2)

Appointed 1 July 1992

Australian Statistician

Mr Ian Castles, AO, OBE

Appointed until November 1994

Dr Richard Madden

Acting November 1994 – March 1995

Mr Bill McLennan

Appointed April 1995

Secretary, Department of Human Services and Health

Mr Tony Cole

Appointed until July 1994

Mr Alan J Bansemer

Acting 11 July – 13 August 1994

Dr Stephen Duckett

Appointed August 1994

Person with knowledge of the needs of health consumers

Ms Kate Moore

Appointed 1 July 1992, resigned 6 September 1994

Person with knowledge of the needs of welfare consumers

Mr John Barber (2)

Appointed 1 July 1992

Person with knowledge of the needs of housing assistance consumers

Dr Judith N Yates (3)
Appointed 1 July 1992

Person with expertise in research into public health issues

Professor C D'Arcy J Holman (3)
Appointed 1 July 1992

Ministerial nominee

Dr Anna Howe (3)
Appointed 27 April 1992

Ministerial nominee

Mr Brian Kennedy (3)
Appointed 1 July 1992

Ministerial nominee

Professor John McNeil (2)
Appointed 1 July 1992

AIHW staff nominee

Mr Christopher E Stevenson (4)
Appointed 1 July 1992

Alternate members

Nominee(s) of the Secretary of the Department of Human Services and Health

Dr Tony Adams (1)
Mr Alan J Bansemer (1)

Nominee(s) of the Australian Statistician

Mr Geoff Sims (2)
Mr Timothy J Skinner (1)

Other members

Professor Christine Ewan, representing the National Health and Medical Research Council, attended two meetings as an observer; Professor Bob Douglas, representing the National Centre for Epidemiology and Population Health, attended three meetings as an observer; Mr Shane Gilbert, representing the Secretary of the Department of Housing and Regional Development, attended two meetings as an observer; and Mr Jeff Harmer, representing the Secretary of the Department of Housing and Regional Development, attended one meeting as an observer.

New Board

The membership of the Board of the Australian Institute of Health and Welfare from 1 July 1995 will be as follows:

Chairperson

Professor Janice Reid

Director, AIHW

Dr Bruce Armstrong

Australian Health Minister's Advisory Council's (AHMAC) nominee

Dr David Filby

Standing Committee of Social Welfare Administrators' nominee

Mr Desmond L Semple

State Housing Departments' representative

Ms Vivienne R Milligan

Australian Statistician

Mr Bill McLennan

Secretary, Department of Human Services and Health

Dr Stephen Duckett

Person with knowledge of the needs of health consumers

Ms Mary Draper

Person with knowledge of the needs of welfare consumers

Ms Sarah Fogg

Person with knowledge of the needs of housing assistance consumers

Mr Hal Bissett

Person with expertise in research into public health issues

Professor C D'Arcy J Holman

Ministerial nominee

Dr Anna Howe

Ministerial nominee

Mr Brian Kennedy

Ministerial nominee

Ms Judith Dwyer

AIHW staff nominee

Mr Nigel Mercer

AIHW senior staff

(Those marked were employed by the Institute for part of the 1994–95 financial year.)*

Director's Unit

Director

Bruce Armstrong, BMedSc (Hons), MBBS (Hons) UWA, DPhil Oxon, FRACP, MFPHM, FAFPHM, FCHSE

Principal Medical Adviser

John Donovan, ED, MBBS (Hons), PhD Sydney, FFPHM (UK), FAFPHM, FRACMA

Welfare Division

Division head

Ching Y Choi, BA ICU, PhD ANU

Unit heads

Aged Care

Diane M Gibson, BA (Hons), PhD Queensland

Disability Services

Rosamond Madden, MSc Sydney

Child and Family Support Services

Helen Moyle, BA East Anglia, MA La Trobe

Housing

Glenn Foard, BSW Phillip Institute, MA Melbourne

Health and Welfare Expenditure

John Goss, BEc, BSc ANU, GradDipNutrDiet QIT (to December 1994)

Maneerat Pinyopusarerk, BEc WA, DipEd WA, MADE ANU, DipRuralPlanning ANU, MA ANU (from January 1995)

Welfare Classification

Graeme Vaughan, BA (Hons), PhD Queensland*

Health Services Division

Division head

Roy Harvey, BSc Queensland, MEc Monash

Unit heads

Health and Welfare Labour Force

John Harding, BA Macquarie

Health Services

Michael Cook, BA, MA UIC, PhD Brown

National Health Information

Anthony Greville, BEc Queensland, MHealthPlanning UNSW

Australian Health Outcomes Clearing House

Janet E Sansoni, BA ANU, DipEd Melbourne, MSc Monash

Health Monitoring Division**Division head**

Colin D Mathers, BSc (Hons), PhD Sydney

Unit heads

Disease and Mortality Registers

A John Bass, BSc (Hons), MSc, PhD Natal*

Paul L Jelfs, BSc (Hons) UNSW

Cardiovascular and Risk Factor Statistics

Stan Bennett, BTech (Hons) Bradford, FSS

Population Health Indicators

Edouard T d'Espaignet, BA, MA Macquarie, MPH Sydney, MS Hawaii

Food and Nutrition Monitoring

Ingrid Coles-Rutishauser, BSc (Nutrition) London, MSc (Epidemiology) Melbourne

Aboriginal and Torres Strait Islander Health

Kuldeep Bhatia, BSc Panjab, MSc Panjab, PhD Panjab, PhD ANU

Corporate Services Division**Division head**

Peter White, AM, DipMedTech SAIT, GradDipAdmin KCAE, MEd Canberra

Unit heads

Resource Management

Owen Rodda, BA CCAE, ASCPA

Communication and Public Affairs

Nigel Harding, BA Queensland

Information Management and Technology

Nigel Mercer, BBus DDIAE, BA Murdoch (until January 1995)

Mike McGrath, BA CCAE (from January 1995)*

External units

With the exception of staff employed at the National Injury Surveillance Unit, staff at AIHW external units are not employed by the Institute.

Unit heads

National Perinatal Statistics Unit Director

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

Dental Statistics and Research Unit Director

A John Spencer, MDSc, PhD Melbourne, MPH Michigan

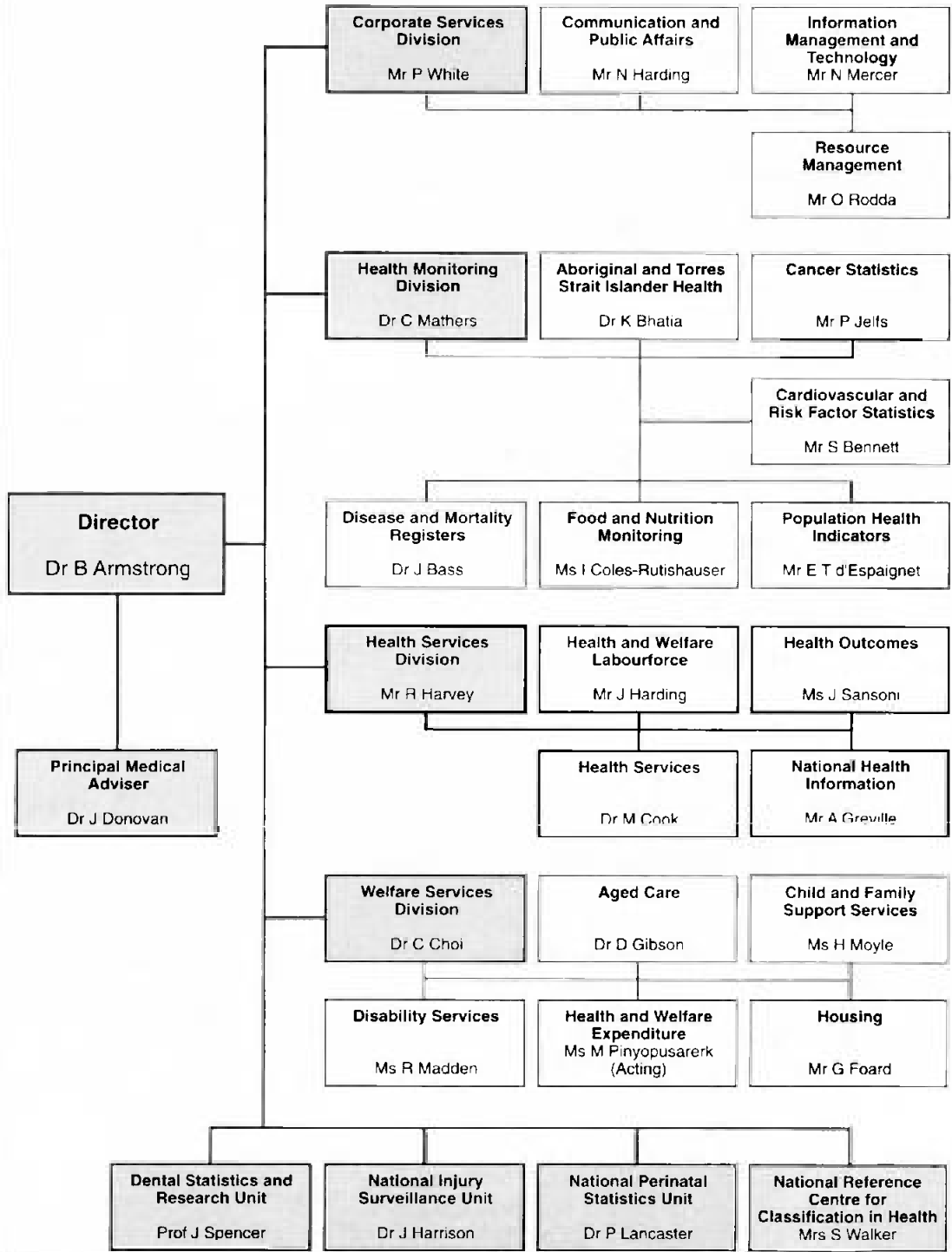
National Injury Surveillance Unit Director

James Harrison, MBBS Melbourne, MPH Sydney

National Reference Centre for Classification in Health Director

Susan Walker, BAppSc (MRA), AssDip (MRA) Cumberland

Organisation chart



Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare (AIHW) is an independent Commonwealth statutory authority which undertakes statistical and research work in the health and welfare areas. The Institute provides support to Commonwealth, State and Territory authorities, either directly or through the Australian Health Ministers' Advisory Council (AHMAC), the Standing Committee of Community Services and Income Security Administrators, or State or Territory housing authorities. The Institute's functions are prescribed in the *Australian Institute of Health and Welfare Act 1987*.

Legislation

The Institute was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. There have been two major amendments to the Act, the first in 1989 and the second in 1992. The 1989 amendments strengthened the safeguards of confidentiality in section 29 by imposing more stringent controls on the release of information by the Institute, by prohibiting the disclosure of information contrary to the conditions under which it was supplied to the Institute. The 1992 amendments expanded the Institute's role and functions to include welfare-related information and statistics. The Act is now known as the *Australian Institute of Health and Welfare Act 1987*.

An unofficial consolidation of the Act incorporating all amendments by legislation to 30 June 1995 is in appendix 2.

Institute

The legislation established 'the Institute' as a body corporate with composition as prescribed in section 8 of the Act. This legally constituted governing body is referred to as 'the Board' of the Institute, to avoid confusion with 'the Institute' as the organisation. The Board had 12 members prior to the 1992 amendments to the Act, when the number was increased to 15. The amendments took effect on 4 May 1992 and the new members' terms of office began on 1 July that year.

Board members, with the exception of ex-officio members, are appointed by the Governor-General on the recommendation of the Minister for periods not exceeding three years. The Board met four times during 1994-95: 24 August and 22 November 1994, and 22 March and 29 June 1995. A list of members, including category of membership, terms of office and the number of meetings attended, is shown on page x.

Ministerial powers

The Institute is responsible to the Minister for Human Services and Health. Section 7(1) of the Act provides that the Minister may, after consultation with the Institute Chairperson and the ministers for Health, Welfare and Housing as appropriate, in each State, 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. No such directions were given during 1994-95.

Committees

Section 16(1) of the Act requires the Institute to appoint an ethics committee. This is currently the only committee established under section 16 of the Act. The Regulations for the Ethics Committee are provided in appendix 2 and a report on its activities for the year is provided in appendix 3.

Organisational structure

Divisions

The Institute has four major divisions: Health Services, Health Monitoring, Welfare, and Corporate Services. The functions of a fifth division, Health Technology, were transferred to the Department of Human Services and Health following Board meeting no. 32 held in June and July 1994. The Welfare Division was established after the 1992 amendments to the Act which broadened the scope of the Institute's activities.

External units

Four external units have been established to assist the Institute perform its functions, as prescribed in the Act, and to achieve the Institute's goals. Contracts have been negotiated with:

- the University of Sydney for the AIHW National Perinatal Statistics Unit;
- the University of Adelaide for the AIHW Dental Statistics and Research Unit; and
- the Queensland University of Technology, Queensland Health and the Australian Bureau of Statistics (ABS) in Brisbane for the National Reference Centre for Classification in Health.

The fourth external unit, the National Injury Surveillance Unit, is administratively part of the Institute proper and is located adjacent to the campus of Flinders University in Adelaide.

Contracts for the Institute's external units are usually for three years. The activities, performance and achievements of the units are reviewed towards the end of the contract term to assess the continued appropriateness of each unit in meeting Institute goals and objectives.

Institute funding

The greater part of the Institute's funding is appropriated through the Federal Budget as part of the Human Services and Health portfolio. The 1994-95 appropriation was \$8,099,000 (see appendix 1 for further details). Additional external funds have been obtained for a number of specific projects. Details of externally funded projects are provided in appendix 5.

Institute staff

Institute staff are employed under the *Public Service Act 1922*. As at 30 June 1995, the Institute had 120 staff. This number includes staff of the National Injury Surveillance Unit, three staff on contract from an employment agency, and one officer on secondment from a university. Staff of the other three external units are not employed by the Institute but by the universities contracted to manage each unit. A report on staffing during 1994-95 is given in the Corporate Services Division entry of this report. A list of senior staff can be found on page xii.

Achievements and developments during 1994-95

National Health Information Forum

The National Health Information Forum was held in Canberra in November 1994. Arising from work under the National Health Information Agreement, the aim of the forum was to assist the Institute in identifying areas and priorities for developing national health information over the next 5-10 years. The emphasis was on what is needed rather than what is possible.

Following the forum, the National Health Information Plan was developed through an extensive consultation process which involved all the National Health Information Agreement signatories. The plan was approved by the National Health Information Management Group in May and the Institute Board in June, and will be presented to AHMAC in October 1995.

National Health Information Model

To enable better quality health information to be produced, the National Health Information Model was developed in the first half of 1995 to provide a common vocabulary and architecture for health information in Australia. Development work included workshops focusing on selected microcosms in health and health care provision. The model received broad national support and version 1 is expected to be published in the latter half of 1995. The project was funded by Health and Community Services Victoria, NSW Health, the Department of Human Services and Health, Queensland Health, and the Institute.

Organisational change

During the year, a number of significant changes were made to the Institute's organisational structure, including:

- the transfer of the Health Technology Division's functions to the Department of Human Services and Health. This transfer was effected following consultation with the staff involved and their union;
- the health and welfare expenditure units, previously located within the Health Services and Welfare divisions respectively, were amalgamated and located within the Welfare Division; and
- correspondingly, an amalgamated health and welfare labour force unit was created within the Health Services Division. At its June 1995 meeting, the Board agreed to a proposal to establish a division for information development and data management. The division will concentrate support for the development of national information and the management of large data sets. The change is expected to increase the efficiency of these

activities and allow the development of a higher level of expertise among staff.

New external unit

The Institute operates four external units and recently negotiated for the establishment of the AIHW Aboriginal and Torres Strait Islander Health and Welfare Information Unit. Negotiations with ABS to operate the unit within the Bureau's National Centre for Aboriginal Statistics in Darwin were completed late in the year.

New premises

Since 1987, the Institute has been accommodated in Bennett House, originally the nurses' quarters of the Royal Canberra Hospital at Acton. The 1993-94 annual report advised that Bennett House remained a problem and that the Institute was seeking a more appropriate standard of accommodation. Following negotiation with the Department of Finance, a contract was signed in early 1995 for the lease of premises in Fern Hill Park, Bruce. Relocation and fit-out arrangements are proceeding well and the move is scheduled for July 1995.

Australian Medical Workforce Advisory Committee

The Director was appointed by AHMAC to the Australian Medical Workforce Advisory Committee and chairs a working group which is reviewing the supply of medical work force for Australia and will recommend a 'benchmark' level of supply for the future. This task assumed greater importance toward the end of the reporting period with the Minister for Human Services and Health's decision to request a 16.7% reduction in medical school intakes.

Taskforce on quality in Australian health care

Following the release of interim results of the Quality in Australian Health Care Study which suggest that the incidence of adverse events resulting from health care management that contribute to or occur during hospitalisation may be as high as 16.2%, the Director was requested by the Minister for Human Services and Health to chair a taskforce on quality in Australian health care. The terms of reference of the taskforce are to:

- assess and assign priorities to the leading causes of adverse events and suggest strategies that can be implemented immediately to address them;
- recommend measures to improve the management of quality of care in hospitals, including ways in which patient records and other relevant data can be routinely reviewed and problems identified acted on;
- recommend indicators that can be used to monitor quality of care in Australian hospitals;
- suggest priorities for the development and use of protocols relating to diagnosis and treatment;

- propose changes in education and training that may reduce the incidence of adverse events;
- recommend other measures that may reduce the incidence of adverse events in the health system, both in and out of hospitals; and
- recommend further analysis or research to identify and improve control of preventable adverse events.

An interim report relating to the first term of reference will be made to the Minister for Human Services and Health in September 1995 and the final report on all terms of reference is to be made by mid December 1995.

Appointment of new Board

With the exception of the three members who hold ex-officio positions on the Institute Board, current Board members' appointments expired on 30 June 1995. The former *Australian Institute of Health Act 1987* was expanded to include welfare functions shortly before the current Board took office. All members took an active interest in the affairs of the Institute. Their contribution, especially that of the outgoing chairperson, Professor Fiona Stanley, in guiding the Institute through a period of significant expansion and change was recognised at the June Board meeting.

National survey of blood lead in children

In June 1994, the Institute was commissioned by the then Commonwealth Environment Protection Agency (now the Environment Protection Agency) to coordinate a national survey of blood lead concentrations in children aged 1-4 years. A pilot survey was conducted in South Australia in September 1994 and a full survey covering the homes of 4,000 children was conducted in February and March 1995. An interim report was presented to the Environment Protection Agency in June 1995 and the final report is due at the end of September 1995.

Australian Health Indicators

The first edition of *Australian Health Indicators* was published in August 1994. Produced with financial assistance from the Department of Human Services and Health, this quarterly bulletin aimed at informing the general public, health professionals and policy makers of the latest trends in health status, and was well received.

Waiting lists

Waiting list definitions developed by the Institute were used to produce the *National report on elective surgery waiting lists for public hospitals 1994* which was released in February. This was the first report on waiting lists to use nationally consistent definitions and attracted a significant level of media and public attention. The national report for 1995 is expected to be based on more comprehensive and better quality information. The Institute's work on Australians waiting for elective surgery was an initiative of the August 1992 Federal Budget.

**Public housing in
Australia**

Public housing in Australia is a benchmark report which assesses the effectiveness of public housing by examining housing affordability, adequacy, security and accessibility. It also profiles public housing stock, funding arrangements and public housing tenants. The report was launched by Deputy Prime Minister and Minister for Housing and Regional Development, the Hon. Brian Howe, MP, in January. The main findings of the report were presented to the February meeting of Commonwealth and State Housing ministers.

**Australia's mothers
and babies**

Australia's mothers and babies 1991, the first report in the AIHW National Perinatal Statistics Unit's Perinatal Statistics Series, was published in July 1994. It brought together for the first time data from all States and Territories on Australia's mothers and babies, including the number of confinements and births, maternal age, country of birth, type of delivery, and Aboriginality. The second report will be released in July 1995.

**Disability data
development**

A full-scale test for the collection of a national minimum data set for Commonwealth/State Disability Agreement services was completed during the year. A report providing preliminary analysis of the results and recommendation for an annual collection was presented to Commonwealth, State and Territory officials and was endorsed by the Disability Services Subcommittee of the Standing Committee of Community Service and Income Security Administrators towards the end of the year. The first annual national collection is scheduled to begin in August 1995.

Research divisions

Director's Unit

Director: Dr Bruce Armstrong

National survey of blood lead in children

A major portion of the Principal Medical Adviser's time during the year was devoted to coordinating the national survey of blood lead levels in Australian children. As reported in the section 'Achievements and developments during 1994-95', an interim report to the Environment Protection Agency was made at the end of June 1995 and a final report is due at the end of September 1995.

The total cost of the survey was about \$1.0 million and its conduct provided a training opportunity for two ABS Senior Officers who acted as survey managers for five-month periods.

Australia's health

Australia's health 1994 was launched by Dr Carmen Lawrence, MP, Minister for Human Services and Health, on 28 June 1994. It had an enthusiastic reception, with some 2,500 copies sold by 30 June 1995. This is substantially more sales than for *Australia's health 1992* during the corresponding period.

Planning for *Australia's health 1996*, the fifth biennial health report, commenced late in the year under review. While the general format of the report will be retained, coverage will be broadened, and there will be some focus on subjects likely to be important during the report's two-year life.

International classification of diseases

Australia was represented at the Annual Meeting of the Heads of World Health Organization (WHO) Centres for Classification of Disease in Caracas, Venezuela, in October 1994 by the Institute's Principal Medical Adviser and the Director of the National Reference Centre for Classification in Health, an external unit of the Institute.

The Principal Medical Adviser presented a paper describing Australian problems with the classification of deaths due to AIDS, and with the attribution of death to diseases which are not usually fatal. Work on the latter subject is continuing, and the Institute is working with ABS to improve quality checks on medical certificate causes of death. Recommendations relating to these should be available for introduction in 1996.

The 1995 meeting of the heads of WHO centres will be held at the Institute in October. This will be the first time they have met in Australia.

**Management
committees**

The Principal Medical Adviser is the Institute's representative on the management committees of three of the Institute's external units: the AIHW National Perinatal Statistics Unit in Sydney, the National Reference Centre for Classification in Health in Brisbane, and the AIHW Dental Statistics and Research Unit in Adelaide.

Welfare Division

Head: Dr Ching Choi

The Welfare Division is responsible for developing and analysing data on welfare services and housing assistance. Welfare services and assistance are defined in the *Australian Institute of Health and Welfare Act 1987*, and include aged care services, services for people with disabilities, child care services, housing assistance, and child welfare services.

During 1994-95, the division made considerable progress in collating and analysing available data, and contributed to the development of national data in selected welfare and housing areas. Results of data analysis and data development were published in a number of Institute reports and in external publications. The Institute is a WHO Collaborating Centre for the International Classification of Impairments, Disabilities, and Handicaps.

Division staff have contributed individually as referees for journals, and as members of selection committees for research grants, academic staff recruitment and tender assessments.

National Community Services Industry Study

A national community services industry survey was proposed by the Institute, supported by ABS and Commonwealth, State and Territory community services departments. Development of the survey is expected to occur in 1995-96, and data collection begin in 1996-97 in respect of 1995-96 data. This will be the first national data collection on the community services industry and will provide baseline information on the size and characteristics of the industry. Progress of this development is reported regularly to the Standing Committee of Community Services and Income Security Administrators.

Classification of welfare services

Work on the development of standard classifications for welfare service types, clients and locations progressed during the year. A draft set of these classifications was proposed and relevant government agencies and other stake holders were consulted. A final set is being prepared for the 1996-97 national community services industry survey. The national classifications are also intended to assist the collection and analysis of administrative data.

Housing assistance

Public housing in Australia, a report on the provision of public housing provided through the Commonwealth/State Housing Agreement, was released in January 1995 by the Deputy Prime Minister, the Hon. Brian Howe, MP. The report profiles the recipients of assistance, and contains details on public housing dwellings, spatial distribution of housing stock, and under-utilisation and overcrowding in

public housing. An assessment of the effectiveness of public housing provision is also included. The information in *Public housing in Australia* provides a background for the current re-negotiation of the Commonwealth/State Housing Agreement.

The division also participated in the Commonwealth/State Housing Agreement Project Team which was established to develop a framework and performance indicators for a new Agreement.

Analysis of Supported Accommodation Assistance Program data

Two substantive books on supported accommodation were published during the year. The first, *Services for the homeless 1990-92*, was a report for the national evaluation of the Supported Accommodation Assistance Program. The second, *From services to outcomes: the Supported Accommodation Assistance Program in Victoria 1990-93*, was a report to Health and Community Services Victoria. These publications analysed the services provided through the Supported Accommodation Assistance Program and the clients of the services. The Victorian study also discussed outcomes for clients in relation to housing, income and education.

Development of an accommodation information strategy

The division participated as a member of the Supported Accommodation Assistance Program's national Data and Research Advisory Committee to advise on a new information strategy and data collection methodology for the program. The committee accepted the division's strategy proposal for a national data manager to collect routine ongoing data directly from accommodation assistance agencies.

Children's services

The first of a series of reports on children's services, *Child care workers*, was finalised during the year using data from the Child Care Census of the Commonwealth Children's Services Program.

The division is preparing a paper outlining the different State and Territory arrangements for child care and preschool services. The paper will include some basic statistics about the numbers of services and the numbers of children using the services.

The enhancement of living standards

In conjunction with the Research School of Social Sciences at the Australian National University, the Institute hosted a workshop for community, academic and government experts on the 'Contribution of Cash and Non-Cash Elements to the Enhancement of Living Standards' on behalf of the Department of Social Security's Community Research Project.

Child welfare data analysis and publications

A report describing State and Territory systems of investigating and processing cases of child abuse and neglect was published, providing valuable background material for welfare workers and research workers in the area.

Considerable improvement in the timeliness of the publication of national data on child welfare was achieved this year. Reports containing 1991-92 and 1992-93 data on adoptions, child abuse and neglect, and children under care and protection orders, and 1993-94 data on adoptions were released during the year. Publications containing 1993-94 data on child abuse and neglect, and children under care and protection orders are expected early in 1995-96.

Further improvements in timeliness and the quality of information presented in this series of publications are expected in 1995-96.

Disability services data

Upon the successful development and testing of the minimum data set for services funded or provided under the Commonwealth/State Disability Agreement, the division coordinated the first national collection of the data. Close working relationships were maintained with Commonwealth, State and Territory authorities throughout the tests and the first collection. Wider consultations were held with disability services organisations. A report containing results of this first collection was completed.

During the year, the division developed a new system, proposed by disability services providers, for the collection, analysis and reporting of data on open employment services for people with disabilities. The system was implemented in January 1995.

International Classification of Impairments, Disabilities, and Handicaps

An Institute representative attended a meeting of representatives of WHO Collaborating Centres in the further development of the International Classification of Impairments, Disabilities, and Handicaps. To assist in this work, and in the development of consistent Australian disability definitions, a review of definitions used in Australian disability services was completed.

The division published the proceedings of a multidisciplinary workshop, jointly sponsored by the Institute and the Australian National University, on the measurement of disability.

Evaluation of the Continence Aids Assistance Scheme

Work continued on the evaluation of the Continence Aids Assistance Scheme, which was in the second year of operation. A draft report on this evaluation was presented to the Department of Human Services and Health in June 1995.

Aged care research

Databases containing data on nursing homes, hostels, and home and community care have been established in the Institute, supporting research activities. Research into the balance of care between the four sectors of service—home and community care, hostel care, nursing home care, and acute hospital care—continued in 1993–94. Several working papers and journal articles on various aspects of service provision were published from this work.

Welfare services expenditure

The welfare services expenditure project was initiated in 1993–94 and completed an assessment of the quality of expenditure data received from ABS and the Commonwealth Grants Commission. A report on data quality, *Welfare services expenditure data in Australia: a review of existing data sources*, was released in 1994–95 and *Welfare Services Expenditure*, the first bulletin providing estimates of public sector welfare services expenditure, was published in June 1995. The division continued to coordinate the collation of welfare expenditure data and provision of the data for inclusion in the Organisation for Economic Co-operation and Development's (OECD) social database. An OECD official was a Visiting Fellow in the division in the second half of 1994–95.

Health expenditure

Work continued to improve the quality and timeliness of data on health expenditure. The first report on health research expenditure was published in December 1994. Bulletins on hospital utilisation and expenditure to 1991–92 and health expenditure to 1992–93 were released during the year.

Evaluation

The Welfare Division made important progress in the development and analysis of national data on welfare services during the year. The proposal for a national community services industry survey received strong support from the Australian Council of Social Service, ABS, and Commonwealth, State and Territory authorities. A draft national classification of community services to be used by this survey was completed.

The timeliness in the publication of data generally improved. The first State and Territory data on disability services funded under the Commonwealth/State Disability Agreement was released, and the first bulletin on welfare services expenditure by governments was also published during the year. The division contributed heavily to the development of a new strategy for the collection of national data on supported accommodation.

Analytical work also progressed considerably with the publication of reports on housing and supported accommodation, and papers on other welfare service topics. A large number of presentations of research results were made at professional conferences.

Good working relationships were maintained with relevant government departments and selected peak welfare-related non-government agencies. The division is represented on a number of government committees and working parties related to data development.

The close working relationships with data suppliers and users which were established in the year will form the basis for a more formal approach to consultation on divisional data and research priorities. Such formal consultation will assist in the formulation of a national strategy on the development of welfare services information.

Health Services Division

Head: Mr Roy Harvey

The Health Services Division is responsible for developing, collecting, analysing and disseminating information on the provision and use of health services in Australia; supporting the development of health information through the National Health Information Agreement; and assisting the development of health outcomes measurement and research in Australia.

Division staff were members on a range of national committees including the National Health and Medical Research Council's Quality of Care and Health Outcomes Committee; the Department of Human Services and Health's Pharmaceutical Health and Rational Use of Medicines Committee; the Pharmaceutical Benefits Advisory Committee's Drug Utilisation Subcommittee, and National Hospital Quality Management Program; and Standards Australia IT/14 (concerned with information technology and data standards).

The main tasks in the division's subprograms during the year are described below.

National health information

The National Health Information Agreement continued to be important in achieving progress in national health information. The Agreement operates under the auspice of AHMAC; its signatories are the Commonwealth, State and Territory health authorities, ABS, and the Institute. It is operated through the National Health Information Management Group which comprises representatives of all signatories. There was a significant increase in the level of activity in health information development during this second year of the Agreement's operation.

The National Health Data Collection and Reporting Guidelines and National Minimum Standard Data Edits will significantly improve the quality and consistency of national hospital morbidity reporting and are expected to demonstrate the benefits which will flow from national cooperation.

National Health Information Forum

The November 1994 National Health Information Forum, the second such forum conducted by the Institute, was held to identify national priorities for the development of health information. Some 130 representatives attended including people from all Australian health authorities, non-government organisations, health consumer organisations, and the private sector, as well as academics and other experts in health and health information. The forum identified the areas and issues within national health information that require action. Six major themes emerged:

- improve the information available on Aboriginal and Torres Strait Islander people and other priority populations;
- develop appropriate linkage of individual records to provide cost-effective information on equity of access to health services, costs of treating episodes of illness, and measures of health outcomes resulting from health interventions;
- increase consumer and provider involvement in national health information development and use;
- improve access to, and dissemination of, information;
- develop and implement health information standards, including standard classifications and indicators; and
- address deficiencies in, and improve, the quality of existing data collections.

The forum output provided the basis for the National Health Information Development Plan which identifies and promotes the development of high priority health information over the next 5-10 years. A series of consultations with Commonwealth, State and Territory health authorities, the National Health Information Management Group, and the Institute's Board were used to finalise the plan which will be submitted to AHMAC for endorsement in October 1995.

National health data dictionary

The *National health data dictionary*, version 4.0, was published during the year. An important change to the dictionary was the broadening of its scope beyond institutional health care to include definitions covering health labour force data, perinatal data and waiting lists. Subsequent editions will also include mental health, perinatal, injury and community health definitions.

Health service statistics and analysis

This subprogram continued to focus mainly on hospital-related activities. Resources only permitted an occasional examination of non-hospital activities. Work continued on the development of the National Hospital Morbidity Database, the production of the Hospital Utilisation and Costs Study, and the further development of the national statistical collection on waiting lists for elective surgery.

The division was contracted by the National Health Ministers' Benchmarking Working Group to provide the technical support for the development of a report on benchmarks for hospital performance. A definition of 'acute care' for classifying episodes of care for patients admitted to hospitals was developed as part of the continuing process of producing uniform definitions for classifying hospital care.

National Hospital Morbidity Database

Consultation with all health authorities on the quality and value of the National Hospital Morbidity Database

indicated very strong support for it. Following the consultations, health authorities expressed their commitment to improving the quality and timeliness of input to the database. One tangible result of this commitment was the National Health Data Collection and Reporting Guidelines and nationally agreed minimum standard data edits.

The Hospital Utilisation and Costs Study is undertaken at the request of AHMAC. The study reports details for all public hospitals in Australia about the provision of services, and the costs of, and resources used in, providing those services. Work continued on this project during the year with volume 1, which relates to the 1991-92 year, being published in December 1994. Volume 2 was delayed due to staffing difficulties. Much of the information on the services was published also in *Australia's health 1994*, released in late June 1994.

Waiting lists

Waiting lists definitions and data items developed for inclusion into the *National health data dictionary* were used for the *National report on elective surgery waiting lists for public hospitals 1994*, published in February 1994. This was the first report to use nationally consistent definitions, although one State did not provide any information for the report and there was considerable variation in the quality of the data provided by other States. Preparations for the 1995 report have begun and it is expected that the quality of information will be improved and that data from all States will be included.

The 1994 elective surgery report attracted considerable media coverage. The Institute provided briefing material to journalists and others in an endeavour to raise awareness of the issues that underpin the simple numbers in the waiting list report. Many of the media reports carried interpretations and discussion suggesting that some of this educational effort was partly successful.

National Health Ministers' Benchmarking Working Group

The Institute was contracted by the Department of Human Services and Health, on behalf of the National Health Ministers' Benchmarking Working Group, to provide the technical support to the development and reporting of health sector performance indicators.

The Institute's role in the project is to develop, collect, analyse and report on hospital performance measures, with particular emphasis on the timeliness, quality and validity of the indicators. The indicators will cover key aspects of hospital performance in the areas of quality, production efficiency, outcome, investment use, access, human resource management and business operations.

The report will cover public acute hospitals, with private acute hospital data being used for two of the indicators. The data published in the report will enable comparison of

the performance of hospital systems between and within States and Territories for similar types of hospitals. The first national report is due in December 1995. The information generated by the project will be used in the Council of Australian Governments' Review of Commonwealth/State Service Provision.

Health and welfare labour force

During the year, national health labour force statistics and work force analyses were published for pharmacy and podiatry, and draft reports on the medicine, nursing and physiotherapy work forces were prepared. A draft welfare labour force report on the community service work force at the 1991 Census was also prepared, and the AIHW Dental Statistics and Research Unit continued to publish national statistics and analyses of the dental labour force.

A set of health labour force definitions was developed and approved by the National Health Data Committee for inclusion in the *National health data dictionary*.

Data were provided for the OECD health database, while analysis of OECD data showed that the provision of medical practitioners in Australia per 100,000 population was close to the OECD average in 1991.

Support for AHMAC committees

During the year, the Labour Force Unit provided technical support to AHMAC's Medical Workforce Data Review Committee, to a meeting of AHMAC which focused on health labour force issues, and in 1995 to the work force committee's successor, the Australian Medical Workforce Advisory Committee, of which the Institute's Director is a member. Support included work force analyses and medical work force supply and demand projections.

Health outcomes

Information on health outcome literature, projects, instruments and measures continues to be expanded within Australian Health Outcomes Clearing House databases. These databases are being integrated to make the information more accessible to users via electronic media. The clearing house established a home page on the World Wide Web and is now connected to the Internet. Technical support continues to be provided to health outcome research activities, seven seminars or workshops were conducted by the clearing house on health outcomes and numerous papers were also presented at other conferences.

At present, NSW Health and Health and Community Services Victoria are providing funding support to the clearing house and discussions about long-term funding will be held with all health authorities.

The clearing house has established links with the United Kingdom Clearing House for the Assessment of Information on Health Outcomes, the New England

Medical Centre's Health Institute (US), the Medical Outcomes Trust (US), and with health authorities in New South Wales and Victoria. Dr John Ware (Health Institute, New England Medical Centre) and Mr Andrew Long (United Kingdom Clearing House for the Assessment of Information on Health Outcomes) visited the Institute and participated in clearing house conferences and seminars.

A major task of the clearing house is to raise awareness of health outcomes measurement issues and to assist professional organisations and health authorities develop expertise in this field. During 1994-95, the clearing house provided three workshops at the Institute and made presentations to, and in some cases chaired, 14 other workshops and conferences.

Evaluation

The adoption of the National Health Data Collection and Reporting Guidelines and the National Minimum Standard Data Edits enhanced national cooperation to improve the timeliness and quality of national data. This cooperation is expected to result in more timely and accurate data being provided to the National Hospital Morbidity Database.

The successful completion of difficult tasks, such as the compilation of the *National report on elective surgery waiting lists for public hospitals 1994*, and support from health authorities for the role of the Institute in compiling the first national report on hospital performance indicators demonstrated that the Institute was an 'honest broker' in national health information and technically competent.

The level of activity in areas such as health outcomes and national health information development were higher than planned, while publications in the hospital statistics and health labour force areas were less than planned. The reduced output of hospital publications largely reflected staffing changes in the area, and in the health labour force area, changes in priorities reflecting the changing focus of AHMAC activity. The increased activities in other areas reflected staff capacity to accept opportunities presented to them, or required of them.

Health Monitoring Division

Head: Dr Colin Mathers

The Health Monitoring Division monitors and reports on the health of all Australians and population subgroups. It also seeks to improve the scope and quality of statistical information available for this purpose. Major activities include the establishment of a national death index; the production of national statistics on cancer incidence; the monitoring of progress towards Australia's health goals and targets; the analysis of data on mortality, health status, heart risk factors, health differentials, and Aboriginal and Torres Strait Islander health.

Data and information are compared over time on an international, national, State and Territory, and regional basis. Collaboration and liaison with international health organisations are important aspects of the division's work. Highlights of the division's subprograms are described below.

National Death Index

Development of the National Death Index database continued in cooperation with State and Territory registrars of births, deaths and marriages. Data to 1994 were transferred from each State and Territory, checked, and compiled in preparation for moving into an Oracle database. Progress was made in implementing the Automatch data linkage system with several pilot projects completed, testing both the National Death Index and the data linkage system.

Australian mortality

The Institute continued its surveillance of mortality with the release of a second report in a series of publications describing current mortality trends and changes in Australia. The report, *Mortality surveillance, Australia 1981-1992*, included enhancements such as improved classification of causes of death and statistical information, and the addition of informed commentary.

A second report in the mortality trends series, *Trends in Australian mortality: diseases of the circulatory system 1950-1991*, was also published.

Cardiovascular disease and risk factors

The division, in association with the WHO Collaborating Centre at Newcastle University and the National Heart Foundation of Australia, has produced three reports on cardiovascular disease and risk factors in Australia. The reports address the impact of cardiovascular disease in Australia, and identify gaps and deficiencies in our current knowledge and measurement of cardiovascular disease. The completed reports are: *Risk factors for cardiovascular disease: a summary of Australian data*, *Morbidity from*

cardiovascular disease in Australia, and Mortality from cardiovascular disease in Australia.

National Cancer Statistics Clearing House

The National Cancer Statistics Clearing House incidence data was updated to 1990 for all States and Territories. With this and other data, work was completed on two publications, *Cervical cancer in Australia* and *Cancer mortality in migrants to Australia 1979-1988*, and is nearing completion on a third, *Cancer in Australia 1989-90: with projections to 1995*. Data development work was given further attention with improved quality control procedures, internal and external data linkage, and identification and removal of duplicate registrations. Efforts were directed at fulfilling a large number of cancer information requests from external clients.

Nutrition monitoring

The Nutrition Monitoring Unit continued to contribute to the development of the National Nutrition Survey and the preparation of a longer term plan for nutrition monitoring during the year.

The unit's other main focus was to identify and develop key indicators for nutrition monitoring. A draft discussion paper on key indicators for monitoring food intake and food habits was circulated and is being revised in the light of comments received. A working paper on the use of Apparent Consumption data for nutrition monitoring is almost complete.

Health differentials

Three major reports on health differentials were published in 1994-95: *Health differentials among adult Australians aged 25-64 years*, *Health differentials among older Australians* and *Health differentials among Australian children*. This series of reports systematically documents health differentials in Australia using national population health and mortality data for the late 1980s.

The division participated in a technical reference group preparing a chapter on human settlements for the 1995 State of the Environment Report. Calculations of health indicators by region of Australia were carried out and a draft health section written for the report.

Health, disability and burden of disease

Advances in health expectancies: proceedings of the 7th Meeting of the International Network on Health Expectancy (REVES) was published and distributed in March 1995.

The division head participated in a United Nations Statistical Office expert group meeting on the development of impairment disability and handicap statistics, funded by the United Nations Statistical Office.

Collaborative work with the National Centre for Health Program Evaluation in Melbourne commenced to review and revise the methods of the Disease Costs and Impacts Study.

National health goals and targets

In 1994, the Australian Health Ministers' Conference accepted the recommendations of the implementation committees for the four health focus areas under the National Health Goals and Targets project: mental health, cardiovascular diseases, cancers, and injuries. The recommendations were published in October 1994 by the Department of Human Services and Health. The Institute provided much of the data contained in the department's publication and the Health Monitoring Division now is developing a strategy for monitoring these national health goals and targets. The work includes the preparation of a report aimed at providing information on which data are available to allow each of the goals and indicators to be monitored.

International data reporting

The division is responsible for the provision of Australian health data to international organisations, in particular to OECD and WHO. The data cover a wide range of subjects including health services, health status and its determinants. The division reviewed its processes for reporting data to these organisations with a view to improving timeliness of data reporting.

Trends in population health indicators

With financial assistance from the Department of Human Services and Health, the division produced quarterly bulletins entitled *Australian Health Indicators*. The aim of the bulletin is to inform the general public, health professionals and policy-makers of the latest trends in health status. In addition, the division is producing a biennial report entitled *Australian health trends*. This report aims to provide information spanning the last 10 years (wherever possible) on a series of indicators.

Aboriginal and Torres Strait Islander health

During 1994-95, the core work of the Aboriginal and Torres Strait Islander Health Unit was directed at further improving the Aboriginal and Torres Strait Islander health-related statistical collections and bringing a number of projects to completion. The unit also endeavoured to generate information on trends in Aboriginal mortality and hospitalisation.

A project on disability and handicap among Aborigines of the Taree area of New South Wales, undertaken in collaboration with the Biripi Aboriginal Council, was completed during the year. *From Darwin to Brisbane: proceedings of a workshop on Aboriginal health statistics*, an Institute workshop held in Brisbane last year, was released. *An overview of Aboriginal and Torres Strait Islander health: present status and future trends* was also prepared to inform the National Aboriginal Health Strategy Evaluation Committee on the state of Aboriginal health and trends in Aboriginal mortality. The dissemination of Aboriginal health-related information was continued through the six-

monthly publication, *Aboriginal and Torres Strait Islander Health Information Bulletin*. The bulletin has 1,700 subscribers and has become a major source of information on Aboriginal and Torres Strait Islander health.

From July 1995, the Aboriginal and Torres Strait Islander Health Unit will expand its program to improve the quality of Aboriginal health-related information collection and its effective dissemination. The unit will be relocated to Darwin and be known as the National Centre for Aboriginal Health and Welfare. It will work cooperatively with ABS and be a part of the Institute's extramural program. The centre will seek extensive Aboriginal participation in its activities and management, and help to monitor improvements in Aboriginal health sought under the National Aboriginal Health Strategy. This expansion of the Institute's work is being funded by the Department of Human Services and Health and the Aboriginal and Torres Strait Islander Commission.

Evaluation

The division had a successful year as its groundwork over the last few years bore fruit in terms of regular population health monitoring reports in a range of areas. Fourteen major reports and nine bulletins were published, as well as numerous journal articles and conference papers. This represents a performance level higher than ever before achieved.

The division also made substantial progress in achieving a number of major objectives. For example, its work on cardiovascular monitoring resulted in funding from the Department of Human Services and Health for the establishment of a national cardiovascular monitoring unit. The Institute was successful in obtaining additional resources to enhance its efforts to improve Aboriginal health and welfare information and this has resulted in agreement with ABS to use these resources in a coordinated manner through expanding the activities of the National Centre for Aboriginal Statistics in Darwin.

The division's expertise in population health monitoring was recognised by AHMAC's request for the Institute to assume responsibility for monitoring and reporting on National Health Goals and Targets. While satisfying, this has the potential to create a substantial additional workload for the division, and it may be necessary to review work program priorities to accommodate some of these important new initiatives.

External units

AIHW National Perinatal Statistics Unit

Director: Associate Professor Paul Lancaster

The AIHW National Perinatal Statistics Unit is an external unit of the Australian Institute of Health and Welfare located within the Faculty of Medicine at the University of Sydney. The unit collaborates with State and Territory perinatal data groups and various professional groups in developing national perinatal data systems.

The objectives of the unit are to monitor and interpret national perinatal mortality and morbidity; to provide a limited perinatal epidemiology service; and to conduct epidemiological research.

National perinatal mortality and morbidity

The second report in the unit's Perinatal Statistics Series, *Australia's mothers and babies 1992*, was completed during the year. It is based on data from State and Territory perinatal collections, registrations of perinatal deaths, and data from selected neonatal intensive care units. *Australia's mothers and babies 1992* provides national information on maternal characteristics such as age, parity, country of birth, Aboriginality, the baby's birthweight and outcome, and on the place of birth and length of stay in hospital. Trends in fetal, neonatal and perinatal death rates between 1973 and 1992 and survival of high-risk infants in selected birthweight categories were analysed.

After further consultation with States and Territory authorities, and review by the National Perinatal Data Advisory Committee at its meeting in May 1995, the revised perinatal minimum data set and definitions for the *National health data dictionary* were submitted to the National Health Data Committee and National Health Information Management Group for approval.

The unit's quarterly perinatal newsletters, with financial support from the Australian Perinatal Society, continued to provide information to health professionals and the general community on current perinatal health issues, recent published reports and research studies.

Congenital malformations monitoring

The unit published its first report in the Birth Defects Series, *Congenital malformations Australia 1981-1992*, which included national trends and variations by State and Territory in rates of all major congenital malformations diagnosed at birth and in the postnatal period. The report also contained a detailed review of the characteristics of

infants with selected malformations such as spina bifida, cleft lip and palate, and Down syndrome.

The unit continued to provide quarterly and annual data to the International Clearinghouse for Birth Defects Monitoring Systems and participated in a project to publish a world atlas of birth defects. An article was published on an international study of neural tube defects.

Register of pregnancies after assisted conception

The national register on pregnancies after assisted conception contains data from all units performing in-vitro fertilisation (IVF), gamete intrafallopian transfer and related procedures in Australia and New Zealand. During the year, the unit consulted extensively with IVF groups in developing a new system to enable notification on floppy disk of each treatment cycle and pregnancy. Preliminary data on treatment cycles, and pregnancies conceived in 1992 and 1993, were distributed to IVF units and a full report is being prepared. The register is partly funded by the Fertility Society of Australia, Organon and Serono.

In collaboration with members of the International Working Group for Registers on Assisted Reproduction, the unit continued to develop international reports on assisted reproduction.

Perinatal outcome in neonatal intensive care units

The Australia and New Zealand Neonatal Network was established to improve the care of high-risk newborn infants and their families through collaborative audit and research, with funding from Wellcome Australia and Wyeth Australia. At meetings in November 1994 and April 1995, directors of neonatal intensive care units agreed to develop a minimum data set and definitions. The units began reporting selected babies admitted to neonatal intensive care units in 1994; annual reports will be published on these admissions.

Evaluation

The unit maintained its active collaboration with State and Territory authorities and published two reports based on the perinatal data collections. Reporting of maternal conditions and obstetric complications is variable and needs further review with the States and Territories before data can be included in *Australia's mothers and babies*. Agreement was achieved on the revised perinatal minimum data set and definitions for submission to the National Health Data Committee. A major report on congenital malformations was published, using data from the perinatal collections and other sources. The development of a new data entry system for obtaining data from IVF units on each treatment cycle and pregnancy delayed publication of reports on assisted conception. Substantial progress was made in establishing a data system for admissions to neonatal intensive care units.

AIHW Dental Statistics and Research Unit

Director: Professor A John Spencer

The AIHW Dental Statistics and Research Unit is an external unit of the Australian Institute of Health and Welfare, and is located at the University of Adelaide.

The unit is motivated by interests in documenting and analysing the rapidly changing profile of dental health among Australians, assisting efforts to reduce social inequality in dental health, and providing information relevant to maintaining an effective and efficient dental labour force.

The unit's work program includes four major areas: the dental health of the nation; dental labour force; clearing house for other dental statistics, particularly access to, and provision of, dental care; and evaluation of the Commonwealth Dental Health Program.

The following sections outline the unit's main activities during the year under review.

Dental health statistics

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

Child Dental Health Survey

The Child Dental Health Survey is a national monitoring survey of Australian school children, which produces national, State and Territory reports on caries experience.

This survey provides an internationally accepted reference point against which caries prevention and management programs in Australia may be assessed. It also permits analysis of regional and social variation in dental health, and provides the basis for valuable additional research projects.

Data on caries prevalence in Australasia was published in the *International Dental Journal*, and further work has been done to update analyses of dental disease in Aboriginal children. National reports were published to continue the time series on dental disease in Australian children.

Fluoride efficacy in child caries prevention

This project, largely funded by the National Health and Medical Research Council, is a three-year prospective study examining the role of water fluoridation in the prevention of dental caries within the contemporary

context of exposure to multiple sources of fluoride and high residential mobility.

Identifying the relative contribution of fluoride from different sources to caries prevention will assist to optimise current strategies for the prevention of dental caries.

Collection of the three-year follow-up data commenced in June 1994 and continued until June 1995. Analysis of the baseline cross-sectional data is currently in progress. Three papers on the effectiveness of water fluoridation, the effect of water fluoridation on socioeconomic inequalities and the intra-oral distribution of dental disease are in press. The unit Director presented a paper, co-authored with Gary Slade, unit consultant, University of Carolina, and Michael Davies, unit research officer, at the International Symposium on Water Fluoridation, 1-2 June 1995, Birmingham, UK.

South Australian Dental Longitudinal Study

With greater recognition of the possibility and importance of maintaining a natural dentition for life, interest in the dental health of the older adult population is increasing. Although the loss of all natural teeth (edentulism) was once common, it is now becoming rare. Retaining a functional and pleasing dentition however, remains a significant challenge. The distribution and determinants of oral disease in a group of Australian adults aged 60+ years are being assessed in this five-year longitudinal study which has completed the two-year data collection phase. A series of papers on this project were presented at the International Association for Dental Research in Seattle in March 1994.

Dental labour force statistics

National dental labour force collection

This annual collection and analysis of labour force activity data from dentists registered to practice in Australia commenced in 1988, with all States and Territories participating in 1993. These data are collected at the time of annual registration by State and Territory dental boards. The unit provides annual reports for each State and Territory and a national report, *Dental practitioner statistics, Australia, 1992*, was published in December 1994. Data from this collection provide information on the geographic distribution of dentists and form the basis for future supply projections of dental practitioner numbers and full-time equivalents.

In March 1995, the unit completed proposals for dental therapy and dental hygiene data collections. These proposals included draft questionnaires and were forwarded to the respective national associations for consideration.

Longitudinal Study of Dentists' Practice Activity

A third wave of data collection at five-year intervals, as part of a longitudinal study, was completed in 1994. The first wave was collected in 1983-84 and the second wave in 1988-89. The results from this study provided information on dental practice and the dental labour force, particularly in the areas of trends in service provision. The collection of data from the third wave of the study will allow detailed investigation of ageing, period and cohort effects in aspects of dental practice.

Dental Statistics Clearing House

The unit has responded to many requests for information. The majority of these requests were from universities, State and Territory dental services, State and Commonwealth Government departments, international organisations, or the Australian Dental Association. Following the unit Director's presentation to the Victorian Government Review of the Dental Auxiliary Workforce in December 1994, access to a considerable volume of the unit's material was requested. A portion of that material has been included as an appendix to the review committee's report.

National evaluation of the Commonwealth Dental Health Program

The unit's work program was expanded in 1993-94 to include the evaluation of the Commonwealth Dental Health Program for the Department of Human Services and Health. The objective of the program is the reduction of social inequality in dental health and access to services in Australia. To this end, the Commonwealth Government provided for an extension of State and Territory services to needy adults and their dependents. Building on the experience gained in developing the Research Database on Dental Care in Australia in 1992-93, the unit has been involved in the implementation of the National Dental Telephone Interview Survey, the Dental Satisfaction Survey and also the Adult Dental Programs surveys.

National Dental Telephone Interview Survey

The telephone interview survey is an annual survey. The second survey was conducted early in 1995 across all States and Territories of Australia to collect data on basic features of oral health and dental care within the Australian population. This survey provides information on the broader parameters of dental health and access to services, and forms an important part of evaluation for the Commonwealth Dental Health Program. Data collection for the second survey was completed. A subsample from this survey was included in a survey of dental satisfaction involving self-completed mailed questionnaires designed to identify the magnitude and variation in satisfaction with received care. A report based on the 1994 survey was released in March 1995.

Dental Satisfaction Survey

The second dental satisfaction survey was carried out on a subsample of dentate adult participants from the 1995 National Dental Telephone Interview Survey. This survey, involving self-completed mailed questionnaires, provides information on the magnitude and variation in satisfaction with received care and forms part of the Commonwealth Dental Health Program evaluation. Data collection for 1995 was completed. A report based on the 1994 survey was released in March 1995.

Adult Dental Programs surveys

These surveys consist of cross-sectional and prospective components and involve the collection of information regarding patients' oral health and visit details, and services provided to patients receiving publicly funded dental care. These surveys provide precise details of dental health status and services received within publicly funded dental care. A report based on the 1994 cross-sectional survey was released in March 1995.

Evaluation

The unit successfully maintained its core data collections in the child dental health and dental labour force areas. Specifically, the Child Dental Health Survey and the national dental labour force collection continue to provide national estimates and additional value to data providers and users through supplementary research. Such research includes the study to evaluate the effectiveness of water fluoridation, which has been running in conjunction with the Child Dental Health Survey. In addition, the supplementary research includes the Longitudinal Study of Dentists' Practice Activity.

The unit has successfully developed four integrated data collections as part of the evaluation project for the Commonwealth Dental Health Program. These are an annual national telephone interview survey, an associated survey of dental satisfaction, a cross-sectional survey of publicly funded dental care and a prospective survey of publicly funded dental care, including patients' oral health status and the services received in a course of dental care. These data collections provide a wide range of patient and population indicators for monitoring the effectiveness of the Commonwealth Dental Health Program.

The unit aims to maintain its substantial output of working papers and reports, as well as scientific publications. Responding to requests for data from these collections forms a significant and expanding role for the unit and establishes feedback on the usefulness of the data.

National Injury Surveillance Unit

Director: Dr James Harrison

The National Injury Surveillance Unit is located adjacent to the Flinders University campus in Adelaide. The unit undertakes public health surveillance of injury at the national level to support injury prevention and control. It engages in all aspects of surveillance, and places special emphasis on analysis and dissemination of information, and on developing injury surveillance methods. It also provides a national contact point for liaison and information sharing on injury control, produces information resources, and encourages training and research.

The unit has four subprograms: Injury Surveillance Development, Injury Information Service, Client Liaison and Development, and Road Injury and Major Trauma. The Client Liaison and Development and the Road Injury Information programs were funded by the Department of Human Services and Health.

In the year under review, the unit's work program focused on completion of national database projects, institution of serial monitoring reports and ongoing information support for setting and evaluating national goals and targets for injury prevention. These functions were identified by the 1994 unit review as central to the unit's role as the national leader in injury surveillance.

Injury surveillance development

Many aspects of injury monitoring and control require more detailed, timely and reliable data than are available at present. Several unit projects are designed to overcome the deficiencies. The projects include collaboration with coroners to develop improved data on injury deaths, development of a new approach to studying emergency department injury attendances, development of a spinal cord injury register, and development of injury surveillance data standards.

Interest in the unit's injury surveillance data standards remained high. In collaboration with other injury surveillance groups, the unit developed the second edition of the data standard (now known as National Data Standards for Injury Surveillance). The National Minimum Data Set—Injury Surveillance forms level 1 in the new system. A more extensive level 2 data standard has been added for use in settings where more information is required and additional resources for data collection are available.

Through membership of the Australian Casemix Clinical Committee's Injury Coding and Classification Group, the unit contributed to the national standardisation of hospital

morbidity data on injury, and to the first Australian edition of the International Classification of Diseases.

The unit's Director continued to participate in the United States National Center for Health Statistics International Collaborative Effort on Injury Statistics attending an invitation seminar in March 1995. The collaborative effort is working closely with the WHO Injury Surveillance Methodology Working Party, of which the unit is a member, and with International Classification of Diseases reference groups.

A National Injury Surveillance Unit study, Needs and Opportunities for a National Coronial Information System, was completed. The report and its recommendations were endorsed by the Australian Coroner's Society and other potential users of the system. As part of its endorsement, the Australian Coroner's Society has established a working party to seek funds for the development of the proposed data system which holds the promise of major improvements in the level of detail and timeliness of Australian injury death data.

In collaboration with the directors of Australia's six spinal units, a method for surveillance of spinal cord injury was planned and tested. National collection is scheduled to commence at the start of 1995-96.

Injury information service

The core injury surveillance tasks, based on deaths data, were reorganised to permit the release of detailed age-specific count and rate tables for major E-code groups, land transport, national minimum data set cause groups and detailed cause groups for the period 1979-1993. The tables are available in electronic form suitable for use in conjunction with standard word processing and spreadsheet packages.

Hospital separations data for 1991-92 were obtained directly from the States and ACT, and are presented in an identical format to that used for deaths data. They will form the basis of a time series as documented data for later years are received by the Institute.

The *Australian Injury Prevention Bulletin* provides analysis of data on a variety of injury topics. The four bulletins prepared for the 1994-95 year cover Aboriginal injury deaths; urban, rural and remote injury patterns; unprotected road users; with the final edition for the financial year presenting annotated data on 1993 injury deaths.

Conference papers were presented on rural injuries, patterns of injury mortality in Australia, differences in rural and remote road injury patterns, falls among the elderly, nursery furniture, and burns and scalds. Papers were also prepared on surveillance in injury research and prevention, suicide, and Australian injury indicators.

The First National Conference on Injury Prevention and Control prompted many requests for detailed analysis and at least 10 papers at the conference were based on the unit's information. Extensive work was done for the Federal Bureau of Consumer Affairs on injury from baby walkers, bicycles, prams and strollers, and consumer product-related injury among the elderly.

Client liaison and development

The Client Liaison and Development Program is funded by the Department of Human Services and Health to complement the unit's surveillance functions by providing services to develop communication and liaison among people engaged in injury control. The program provides an interface between the unit and its major user groups by assisting more effective use of the unit's data for program and policy development at national, State and local levels.

The program supports an exchange of information about developments and personnel involved in injury prevention in Australia. It is organising the Third International Conference on Injury Prevention and Control, to be held in Melbourne in February 1996. The periodical, *Injury Issues Monitor*, provides a clearing house for information about developments in injury surveillance and prevention. The second edition of the Australian directory of injury control personnel was prepared during the year.

The unit made a significant contribution to the First Australian Injury Control Conference held in Sydney in February 1995, including presentation of papers and participation in the conference planning committee.

The unit was represented on two National Health and Medical Research Council committees: the NHMRC Panel on Head and Neck Injuries in Football, which produced a report late in 1994; and the Health Advancement Standing Committee's Injury Prevention Working Party, which commenced work on addressing the issue of unintentional injury among young males.

Road injury and major trauma

Despite a reduction in road deaths in recent years, road injury continues to account for a large proportion of fatal and severe trauma. The Road Injury Information Program, funded through the Department of Human Services and Health, has identified ways in which health sector information can be used to monitor road deaths more accurately and reduce road injury. During the year, the program undertook projects to improve data quality and availability, focusing especially on hospital admission data, registration of spinal injury, the involvement of alcohol in road crashes, and the linkage of transport and police information on crash circumstances with health sector information on crash consequences.

Highlights of the program's work during the year included publication of *A review of the needs and opportunities for the surveillance of spinal cord injury* in February. As a result of

the report, a project was initiated which involves the National Injury Surveillance Unit working with the directors of spinal units to commence national incidence reporting on 1 July 1995; and the completion of several reports including: *Investigation of improved exposure data for the assessment of road safety*; *The linkage of hospital and police information on road crash casualties: an investigation of alternative methods*; and the second edition of *Road injury in Australia*.

Administrative services

As an external unit, the National Injury Surveillance Unit depends on unit-level administrative and information technology services to complement those provided by the Institute's Corporate Services Division. The unit continued to benefit from the presence of a permanent Administrative Officer, and from review recommendations concerning administrative arrangements within the unit and between the unit and the Institute. A unit financial management information system was developed, and preparations made to adopt the corporate Financial Management Information System due to be introduced at the end of the year.

Implementing a recommendation of the 1994 unit review, a management advisory committee was formed. The Head of the Institute's Health Monitoring Division chairs the committee.

The unit's information technology system, modified in the previous year, was maintained and enhanced. An information technology 'rolling-replacement' plan was implemented during the year to ensure that this essential infrastructure remains current. Preliminary work was undertaken to develop an Internet site to facilitate use of publicly available injury surveillance reports and tabular data.

Evaluation

The recommendations of the 1994 unit review were implemented, most of them early in the year. This required little change of direction, and a modest change of emphasis within the program. Following the development of several database projects commenced in previous years, the unit's production of serial injury monitoring reports is now in full operation. The Road Injury Information Program released many reports—this was its final year of funding under present arrangements. The establishment of the Major Client Advisory Group put liaison with the unit's clients on a more formal basis. The unit's role as the national leader in injury surveillance was well demonstrated by its several key contributions to the successful first National Conference on Injury Prevention and Control in February 1995.

National Reference Centre for Classification in Health

Director: Mrs S Walker

The National Reference Centre for Classification in Health is an external unit of the Institute, located at the Queensland University of Technology in Brisbane. Its objectives are to assist the Institute to fulfil WHO requirements as a Collaborating Centre for the Classification of Diseases; to conduct research into, and using, WHO and other specialised health classifications; to collaborate with ABS and the National Coding Centre in the introduction of ICD-10; to assist the WHO Western Pacific region in regard to health classification; and to provide expert advice, education and guidance on health classification issues.

Introduction of ICD-10

In the past year, the reference centre began the development of training courses in ICD-10 and participated in the organisation of several educational courses in ICD-9 and ICD-9-CM. The reference centre participated actively in the debate about the introduction of ICD-10 into the Australian health care system for morbidity and mortality coding.

Maintenance of ICD-9

The reference centre participated in a review of cause of death coding rules introduced in the late 1970s for use with ICD-9. Preliminary findings were presented to the WHO Heads of Collaborating Centres meeting in Venezuela in October 1994 and final recommendations will be presented to the next meeting, planned for Canberra in 1995. Staff of the reference centre undertook training in cause of death coding, with assistance from the ABS Brisbane office. In addition, the reference centre participated in the development of new codes for the National Coding Centre Australian ICD-9-CM through membership of the Coding Standards Advisory Committee and several specialty clinical classification groups.

Other activities

The strategic directions for the reference centre were modified in the past year, with the decision to devote considerable effort to the establishment of a comprehensive research program, in addition to the reference centre's educational and advisory role. The research program is now in operation, with the current focus being on the collection, management, classification, analysis and feedback of data in primary health care settings. Much interest has been shown in this approach from various industrial groups, particularly the tourism industry. This interest has led to a pilot data collection project being initiated on Dunk Island and Great Keppel Island resorts,

with clinic nursing staff using custom-designed software to collect relevant data to forward to the reference centre. To date, three reports of the project have been submitted to peer-reviewed national health journals. External funding is currently being sought for an extension of the research program to include reviews of hospital in-patient and outpatient activity, using different health classification systems as the basis for the examination of the data.

In collaboration with staff from the ABS Brisbane office, the reference centre assisted with an evaluation of coding software purchased from America. ABS hopes to implement this system from 1996, allowing for the coding of multiple causes of death in ICD-9, and eventually in ICD-10.

Reference centre staff were also involved in the delivery of a training workshop for Queensland Health regional health authority staff regarding *National health data dictionary* data items and definitions for morbidity reporting. Advice has also been given to Queensland Health on classification issues and data editing. The reference centre is also coordinating one of the strands for the inaugural International Summer School to be run by the School of Public Health, Queensland University of Technology, in November 1995. An introduction to health information management, including a brief prelude to the use of the ICD-10, will be included in the program.

Evaluation

The year was a busy and constructive one for the reference centre, with activities extending far beyond the scope of the original work program developed for the centre. The lack of a firm decision regarding the future use of ICD-10 has been a continuing problem for the reference centre in fulfilling one of its original objectives, coder training. However, an emerging role for the reference centre has been identified in the area of the evaluation of classification systems and their usefulness and relevance in various research settings. To date, no other organisation has displayed the necessary expertise in this domain and it is planned to build and expand the reference centre's specialisation to this end.

Corporate Services Division

Head: Mr Peter White, AM

The Corporate Services Division provides a range of specialist administrative and technical support services to the Institute and its external units. The division serves as a focus for the Institute's Business Case and for corporate and strategic planning. The division also coordinates the Institute's statutory and protocol responsibilities and controls the Institute's substantial commitment to information management and technology.

Organisation and structure

The division comprises three units: Resource Management, Information Management and Technology, and Communication and Public Affairs. The structure reflects the specialist and professional skills necessary to provide an effective balance between in-house and outsourced services for corporate support in a small agency.

Overview of 1994-95

Business Case

Considerable emphasis was given during 1994-95 to understanding, reviewing and refining the fundamental business basis for the Institute's operation (its corporate 'Business Case'). Fixed and discretionary expenditure components of the Institute's budget were critically reviewed and, where appropriate, cost recovery models for commissioned research activities were modified accordingly.

A structured project development methodology was successfully trialled during the year and has considerably improved cost estimation and risk management activities. The structured approach to these activities is a critical aspect of cost management for both commissioned and in-house project development work and will be further addressed in the coming year. A number of funding bodies participated in cooperative workshop studies of prospective Institute project activities, significantly benefiting subsequent tender preparation efforts.

Enterprise bargaining

On 24 March 1995, Deputy President Harrison of the Australian Industrial Relations Commission certified the Human Services and Health portfolio Agency Agreement. The Institute elected to join with the other portfolio agencies for the purpose of negotiating a suitable agreement. In addition to productivity-linked pay rises for staff, the agreement provided for:

- additional family leave;
- conversion of half-pay sick leave credits to full pay;

- greater rigour for supervisors in determining Higher Duties Allowance;
- extension of the deeming date for recreation leave; and
- variations to flexitime arrangements.

During the coming year, further changes will be processed, including:

- changes to leave and leave without pay;
- negotiation of a continuous improvement program; and
- the streamlining of selection documentation.

Following a portfolio-wide consultation with staff and unions, Senior Officers were not included in the agreement.

Participation in the portfolio agency arrangement was conditional on adequate recognition of the Institute's unique corporate identity in any subsequent agreement. The certified agreement includes specific recognition of the Institute's 'contract staffing' agreement. Separately negotiated as a 'Memorandum of Understanding' with the Community and Public Sector Union during 1993, this agreement underpins staffing strategies for a significant portion of the Institute's commissioned research activities.

Relocation to alternative premises

Arrangements for the relocation of the Institute from its Acton Peninsula site to alternative premises continued throughout the year. Negotiations for a suitable site concluded during February 1995 and the Institute will relocate to Fern Hill Park, Bruce, during July. The new premises have been refitted and will be more suitable for the Institute's purposes. Notwithstanding the continued physical and environmental deterioration of the Acton premises, the April 1995 agreement between the ACT and Commonwealth governments to transfer ownership of Acton Peninsula to the Commonwealth Government made relocation obligatory. Preparations for the move have anticipated these circumstances and ensure minimal disruption to Institute operations.

National Health Information Model

Corporate Services staff have played a leadership role in the Institute's development of a national health information model. Essentially an exercise in information engineering, the model was developed following a series of interactive workshops with a wide range of influential stakeholders in Australian health information management. Generous funding support from NSW Health, Health and Community Services Victoria, and the Department of Human Services and Health enabled the project to commence with minimal lead time and ensured a timely conclusion.

The National Health Information Model is an initiative flowing from the 1994 National Health Information Forum

and is the first attempt to produce a single national representation of health information in Australia. It is expected to provide a single, consistent, logical and technical framework for the management of national health information. Version 1 of the model, scheduled for release in October 1995, will include a technical model, supporting text and definitions, and a comprehensive guide to understanding and using the model.

There is a very close link between the National Health Information Model and the Institute's *National health data dictionary* (currently at Version 4). It is anticipated that the model and the dictionary will be merged into a single document for future versions, with the model providing the conceptual basis for health information and the dictionary providing the data element definitions.

The draft model was reviewed and endorsed by the National Health Information Management Group. The management group agreed that all National Health Information Work Program projects would henceforth adopt the National Health Information Model in developing data and would contribute to ongoing development of the model as part of that process.

Resource management

The Institute's Resource Management Unit is responsible for the management of the Institute's financial and other resources, and provides the following services:

- advice to management and functional areas on finance, staffing and resource issues;
- financial and staffing reports, and preparation of the annual financial statements;
- maintenance and improvement of accommodation and the integrity of the Institute's physical security; and
- maintenance of responsible and consistent personnel management practices and procedures.

During the year, corporate policies and operating procedures were further reviewed in anticipation of a transfer to the Institute's new financial management information system. Increased devolution of financial management responsibility to program areas produced increased demands for program-oriented financial management and reporting and exceeded the capacity of the previous financial management system. The new system will be fully commissioned during transition to the new accommodation.

Human resource management systems were reviewed during the year with particular attention devoted to refining and formalising personal development plans for all staff. A formal Individual Development Plan system was developed in association with a consultant from the Public Service Commission and specifically tailored for the Institute's unique circumstances.

Information management and technology

The Institute's Information Management and Technology Unit coordinates and controls both the Institute's commitment to information technology (computing and communications) and its information management environment (data holdings, access and security). The unit provides dedicated support for corporate data management, systems management and information technology planning, and addresses document management and library services as component parts of an overall corporate information structure.

The Institute's information technology environment comprises high-end Macintosh work stations and separate Sun Microsystems UNIX servers dedicated to statistical processing and data management activities. The environment, installed during 1992-93 and upgraded during 1993-94, has proven to be a stable and reliable operational computing environment. The network-based client server architecture reflects the Institute's commitment to contemporary standards of information technology and management.

The year under review saw a significant commitment of database resources to the ORACLE relational database management system. The environment will be progressively exploited over the coming years as State- and Territory-level data standardisation under the *National health data dictionary* and the National Health Information Model takes effect.

The unit remains a major collaborative partner in the Department of Human Services and Health's HealthROM project. HealthROM provides a comprehensive reference collection of health data and information on CD-ROM. The Institute is represented on the management committee for the project and has played an influential role in the product's development.

The Information Management and Technology Unit also includes the Institute library, a reference and research facility primarily for use by Institute staff. The library provides a fully automated service, sharing its on-line catalogue, HEALTHNET, with other libraries in the portfolio, and is a member of Gratis, a national free inter-library loan network of health libraries. The library has on-line access to, and maintains a reciprocal borrowing arrangement with, the Australian National University libraries and has access to most major on-line databases in the health and welfare fields. Exchanges of publications occur with a number of similar organisations overseas. The library also coordinates and controls custody of the Institute's documentary record and file collection, including a comprehensive array of hard copy research records.

During 1994-95, the library provided a comprehensive evaluation testbed for the future connection of the Institute

to the Internet and World Wide Web. Options for development and refinement of an eventual Institute 'home page' on the net were explored. These options and the numerous problems associated with ensuring that system security is maintained post-connection will be further explored during the coming year. The Institute remains conscious of its obligations regarding data confidentiality and, notwithstanding some outstanding illustrations of the utility of access to the Internet, the Institute will not be connected until a suitably secure connection method is developed and tested.

Information technology procurement

The Institute's 1994-95 information technology procurement complied with Commonwealth information technology purchasing guidelines. During the period, the Institute purchased items from panel period contracts (mainly PE50) after a suitable tendering and quotation process. Guidance and advice was sought directly from Purchasing Australia when appropriate.

Institute purchases of information technology are, in dollar terms, relatively small, and mandatory involvement of either the Acquisition Council or the Systems Integration Panel was not required during 1994-95. The Institute called for tenders for support from contractors listed on the Commonwealth Systems Integration Panel. No use was made of the Australian Information Technology Industry Capability database during the period.

The Institute maintains an internal purchasing policy and procedures document which is used to ensure compliance with guidelines.

Communication and public affairs

The Institute's Communication and Public Affairs Unit completed its first full year of operation in 1994-95. The unit provides a professional focus for public affairs and corporate marketing activities within the Institute, coordinates the Institute's statutory responsibilities, and supports the Institute's comprehensive publishing activities.

Specific activities for 1994-95 included the conduct of a client attitude survey. The survey was an important component of the Institute's communication and public affairs strategy, first presented to the Institute's Board in November 1994, and is intended to promote a sharper focus for the Institute's ongoing public relations and marketing activities. Results from the survey were received at the end of the reporting period, and proper analysis and practical application of the findings will be a priority in the coming year.

Media and portfolio networking strategies were also implemented during the year, with very pleasing results in terms of regular, positive media exposure and greatly

increased awareness and appreciation of the Institute and its functions among stakeholders and the public. Future activities in this area in particular will be influenced by the results of the client attitude survey.

An increased number and variety of publication marketing strategies were used throughout the year, with generally successful results, both commercially and in terms of corporate awareness of the Institute and its products among potential clients. An independent assessment of the Institute's marketing of its publications was very positive, especially considering the rather narrow and highly specialised nature of the target markets for many of the Institute's publications.

The coordination of legal and contractual support services is a Communication and Public Affairs Unit responsibility. During the year, preliminary work was undertaken to enable establishment in the coming year of a strategic partnership with a private or public sector legal firm. Particular emphasis has been given to contractual matters, including intellectual property, and the Institute's complex legal obligations under various Commonwealth Acts.

Support for the Institute's Board and Ethics Committee continued throughout the year, with the appointment of a new Board and changes to the Ethics Committee membership from the beginning of 1995-96 being essential, albeit time-consuming, priorities towards the end of the reporting period.

The year proved exceptionally busy for the unit's Publications Section. With research output from the Welfare Division now nearing full strength, and the addition of a second revenue-funded editor to the publishing staff, publications output was lifted by 65% compared to a busy previous year. The year was also busy in terms of publishing administration, with the development of a new suite of publishing policies by an Institute working group comprising both publications staff and authors.

Recommendations in the working group's report, *Future directions in Institute publishing*, included organisation of the Institute's published outputs into clearly defined publications categories, the promotion of tiered editing strategies tied to publications categories, the use of a dynamic booking system for publications production, the implementation of publications quality and production time benchmarks, and updating the Institute's publications style manual. All strategies were directed at maintaining quality of output for major reports while improving overall timeliness of all publications.

Human resources management

As mentioned at the beginning of this report, at 30 June 1995, 120 people were employed at the Institute and,

during the course of the year, 192 individuals were employed for varying periods of time. Employment arrangements were as follows:

- the Director was employed under the *Australian Institute of Health and Welfare Act 1987*;
- 111 staff were employed under the *Public Service Act 1922*;
- four people were engaged through an employment agency;
- two officers were engaged through computing firms;
- one officer was on secondment from Deakin University and worked under an arrangement between that University and the Institute; and
- one officer was on secondment from the Australian Institute of Family Studies and worked under an arrangement between the two institutes.

A breakdown of staff characteristics as at 30 June 1995, where they are available, is provided in tables 1 and 2, and figure 1 (the figures in brackets show the equivalent 1993-94 numbers). 'Permanent staff' refers to staff employed permanently by the Institute, including inoperative staff, and 'temporary staff' refers to staff employed by the Institute either on transfer from another Australian Public Service employer, engaged on either a short- or long-term contract under the Public Service Act, or engaged under a contract of service or on secondment from a non-government organisation.

Table 1: Staff as at 30 June 1995

Status	Female		Male		Total	
	1994-95	1993-94	1994-95	1993-94	1994-95	1993-94
Location: Australian Capital Territory						
Full-time permanent	30	(31)	35	(40)	65	(71)
Full-time temporary	21	(17)	11	(15)	32	(32)
Part-time permanent	4	(6)	1	(1)	5	(7)
Part-time temporary	4	(5)	2	(0)	6	(5)
<i>Subtotal</i>	<i>59</i>	<i>(59)</i>	<i>49</i>	<i>(56)</i>	<i>108</i>	<i>(115)</i>
Location: South Australia						
Full-time permanent	2	(1)	6	(5)	8	(6)
Full-time temporary	2	(3)	2	(2)	4	(5)
Part-time permanent	0	(0)	0	(0)	0	(0)
Part-time temporary	0	(0)	0	(1)	0	(1)
<i>Subtotal</i>	<i>4</i>	<i>(4)</i>	<i>8</i>	<i>(8)</i>	<i>12</i>	<i>(12)</i>
Total	63	(63)	57	(64)	120	(127)

Note: figures in brackets are for 1993-94

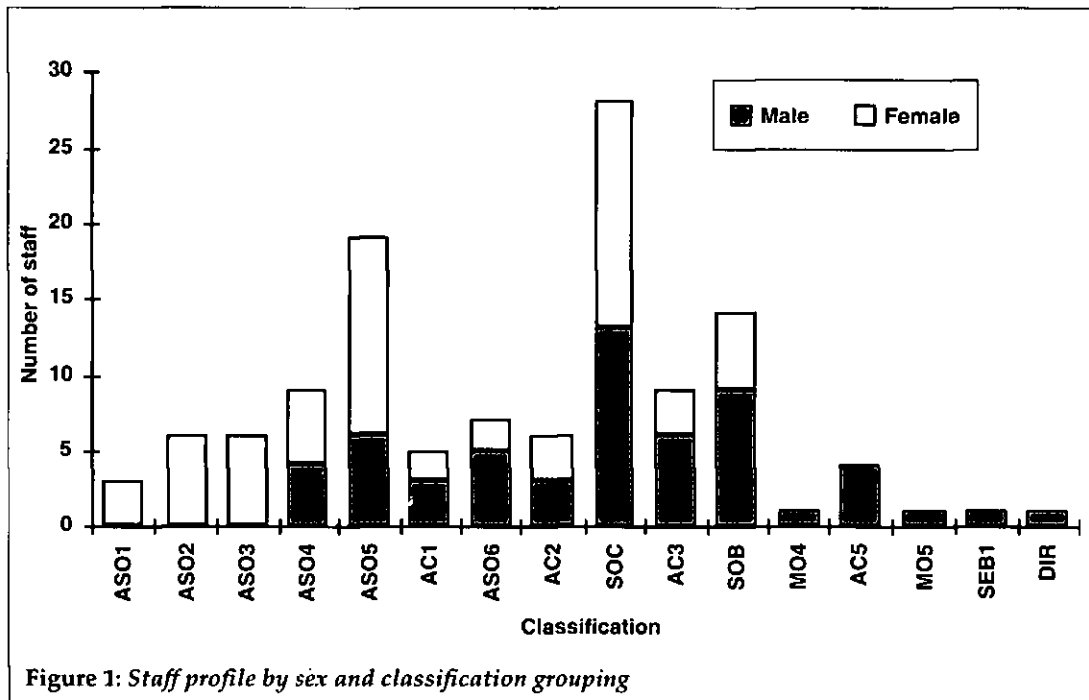


Table 2: Institute staffing profile as at 30 June 1995

Status	Female		Male		Total	
	1994-95	1993-94	1994-95	1993-94	1994-95	1993-94
Director	0	(0)	1	(1)	1	(1)
Senior Executive Service Band 1	0	(0)	1	(1)	1	(1)
Medical Officer Class 5	0	(0)	1	(1)	1	(1)
Medical Officer Class 4	0	(0)	1	(1)	1	(1)
Academic Level 5	0	(0)	4	(5)	4	(5)
Senior Officer Grade B	4	(5)	8	(11)	12	(16)
Academic Level 3	3	(2)	6	(6)	9	(8)
Senior Information Technology Officer Grade B	0	(0)	1	(0)	1	(0)
Senior Professional Officer Grade B	0	(0)	0	(1)	0	(1)
Public Affairs Officer Grade 3	1	(0)	0	(0)	1	(0)
Senior Officer Grade C	15	(13)	11	(14)	26	(27)
Senior Information Technology Officer Grade C	0	(0)	2	(0)	2	(0)
Principal Research Officer Grade C	0	(0)	0	(2)	0	(2)
Academic Level 2	3	(2)	3	(4)	6	(6)
Information Technology Officer Class 2	0	(0)	2	(2)	2	(2)
Professional Officer Class 2	1	(1)	0	(0)	1	(1)
Administrative Service Officer Class 6	1	(4)	3	(2)	4	(6)
Public Affairs Officer Grade 1	1	(1)	1	(1)	2	(2)
Senior Research Officer Grade 1	0	(0)	3	(1)	3	(1)
Administrative Service Officer Class 5	12	(9)	2	(4)	14	(13)
Academic Level 1	2	(3)	3	(3)	5	(7)
Administrative Service Officer Class 4	5	(6)	4	(2)	9	(8)
Administrative Service Officer Class 3	5	(2)	0	(0)	5	(3)
Graduate Administrative Assistant	1	(2)	0	(1)	1	(3)
Administrative Service Officer Class 2	6	(9)	0	(1)	6	(10)
Administrative Service Officer Class 1	3	(2)	0	(0)	3	(2)
Total	63	(63)	57	(64)	120	(127)

Note: figures in brackets are for 1993-94

Industrial democracy

The Institute's management style is collaborative and consultative. Staff are represented on the Institute's Board and both participate in, and receive feedback on, higher management matters through that forum. Specialist consultative committees advise management on information technology, accommodation and finance matters. Regular and ad hoc staff consultations are held with senior management on matters of importance. During 1994-95, formal staff consultations were held on agency bargaining, accommodation and organisational restructuring.

Occupational health and safety

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

Financial resource management

A summary of the Institute's funding levels for 1994-95 is presented in table 3. The Institute's formal financial statement for 1994-95 is in appendix 1.

Funding for the Institute's activities comes from several sources. Core funding is provided through parliamentary appropriation, with minor revenues being generated by Institute activities. External funding is received for projects carried out either jointly or on behalf of Commonwealth or State governments or other organisations. Funding from granting organisations totalled some \$2.9 million, representing a slight increase on the previous year's income and demonstrating the Institute's continuing ability to attract these projects.

Table 3: Funding summary, 1994-95

	1994-95	1993-94
	\$,000	
Receipts		
Core funding		
Appropriation	8,099.0	7,249.0
Other revenue	289.6	165.2
<i>Subtotal</i>	<i>8,388.6</i>	<i>7,414.2</i>
External funding		
Grants	2,912.5	2,554.7
Total funds	11,276.1	9,698.9

In 1994-95, core funding from appropriations increased by a net \$850,000 (11.7%) over the previous year to allow for the effect of the Institute's relocation, to provide supplementation for a variety of other salary-related

increases, to provide short-term funding for specific Government projects and to assist with the financing of Government-provided services that have moved to a cost-recovery or user-pays basis. The budget supplementation for core activities during 1994-95 is shown in table 4.

Table 4: Budget supplementation for core activities, 1994-95

Core funding	Amounts	
	\$,000	
Appropriation		
Appropriation 1993-94		7,249
Less		
One off 1993-94 adjustments	578	
Efficiency dividend	67	
<i>Subtotal</i>		<i>6,604</i>
Plus		
Institute relocation	1,171	
Salaries and allowances	122	
Data acquisition	11	
National Aboriginal Health Strategy (final amount)	70	
Legal expenses	16	
Inflation factor	105	1,247
Appropriation 1994-95		8,099

During 1994-95, the Institute was supplemented for additional costs associated with its planned move from Bennett House on Acton Peninsula. Negotiations for additional funding to facilitate the move resulted in an increase in funding of \$1,170,980. At the time of negotiations for these additional estimates, the Institute was of the firm belief that it would secure a site at Fern Hill Park, Bruce, by November, with an expected rental commencement date of 1 December 1994. Unfortunately, the complications of dealing through estate agents, lease holders and the building owner protracted negotiations. By February 1995, the lease negotiations were completed and, by 30 June, refurbishment of a building at Fern Hill Park was well advanced. The Institute will move into its new premises in July 1995.

Staff salaries and allowances continue to have a major impact on the Institute's budget during the year. The provisions of the agreement between the Commonwealth Government and public sector unions—Improving Productivity, Jobs and Pay in the Australian Public Service (the Agreement) — certified on 4 December 1992, continued to have an effect.

On 24 March 1995, the Australian Industrial Relations Commission certified the portfolio's agency bargaining agreement which authorised pay increases and enhancements to conditions for all staff below Senior Officer classifications (or their equivalent). A salary increase of 2.5% was effective from 18 August 1994. These amounts have been absorbed and the Institute is required to provide an equivalent sum to the foldback pool. Appropriations for 1995-96 will be reduced by the amount of the foldback contribution which was not confirmed by the end of the financial year.

Senior Officers (and equivalent classifications) at the Institute had previously been advised that the Institute would adopt the decision made on behalf of the portfolio by the Secretary, Department of Human Services and Health, whether to be included in the agreement. The Secretary eventually decided that all portfolio Senior Officers would continue to participate in the Performance Appraisal and Pay Scheme, and be excluded from the Provisions Portfolio Agreement.

Foldback arrangements flowing from the 1992 Agreement later applied to all staff, Senior Officers and above received the first payment of 2% (effective 12 January 1995) with an estimated 1.52%, second and final payment expected in July 1995. While expenditure figures include the 12 January pay increase, the appropriation will not be supplemented until 1995-96.

Performance pay

During 1992-93, the Institute commenced Performance Appraisal processes for Senior Officers. In 1994-95, the third cycle was completed and included Senior Executive Service officers. The Institute has adopted the performance appraisal model developed by the Department of Human Services and Health, although certain elements of the model were modified. For example, the appraisal cycle runs from July to June and the Institute distributes to staff all the pooled funds by re-establishing the maximum amounts payable, using a weighting system for the various ratings within each staff level. The maximum permissible payments for each group are shown in table 5 and the maximum amounts paid to Institute staff for a performance rating of 5—outstanding, 4—superior or 3—fully effective are shown in table 6.

As the Institute has only two positions eligible for Senior Executive performance pay, privacy considerations preclude disclosure of payment details.

Table 5: Maximum permissible payments — Australian Public Service

Senior Executive		Senior Officer	
Classification	Amount	Classification	Amount
Band 3	15,000	Grades A	8,000
Band 2	12,500	Grades B	8,000
Band 1	10,000	Grades C	3,000

Table 6: Maximum permissible payments — Institute

Classification	Senior Executive		Classification	Senior Officer	
	1994-95	1993-94		1994-95	1993-94
Band 3	na	(na)			
Band 2	na	(na)	Grades A	na	(na)
Band 1			Grades B		
Rated 5	na	(na)	Rated 5	6,334	(6,911)
Rated 4	na	(na)	Rated 4	4,751	(5,183)
Rated 3	na	(na)	Rated 3	3,167	(3,456)
			Grades C		
			Rated 5	2,372	(2,592)
			Rated 4	1,779	(1,944)
			Rated 3	1,186	(1,296)

Note:

(1) Figures in brackets are for 1993-94.

(2) 'na' means not available for privacy or other reasons.

The Institute had 85 Senior Officer classified staff eligible for receipt of performance pay resulting from performance assessments during 1994-95. A total of \$150,280 was shared between these Senior Officers and twenty of these officers (24%) took advantage of the option to contribute 5% of their payment to a superannuation fund—the Commonwealth Government provided a further 15% employer contribution. The combined outlay for performance pay and employer contribution for superannuation was \$160,047.

The aggregate amounts paid in the Senior Officer grades A to C and equivalent classifications is shown in table 7. The distribution of recipients according to the percentage of maximum permissible performance pay received is shown in figure 2.

Table 7: Performance pay

Senior Officer	Amount	Eligible number of Individuals	Average staff (ASL)
Grades A and equivalent	nil	nil	nil
Grades B and equivalent	110,473	35	27.3
Grades C and equivalent	39,806	52	31.9
Total	150,280	87	59.2

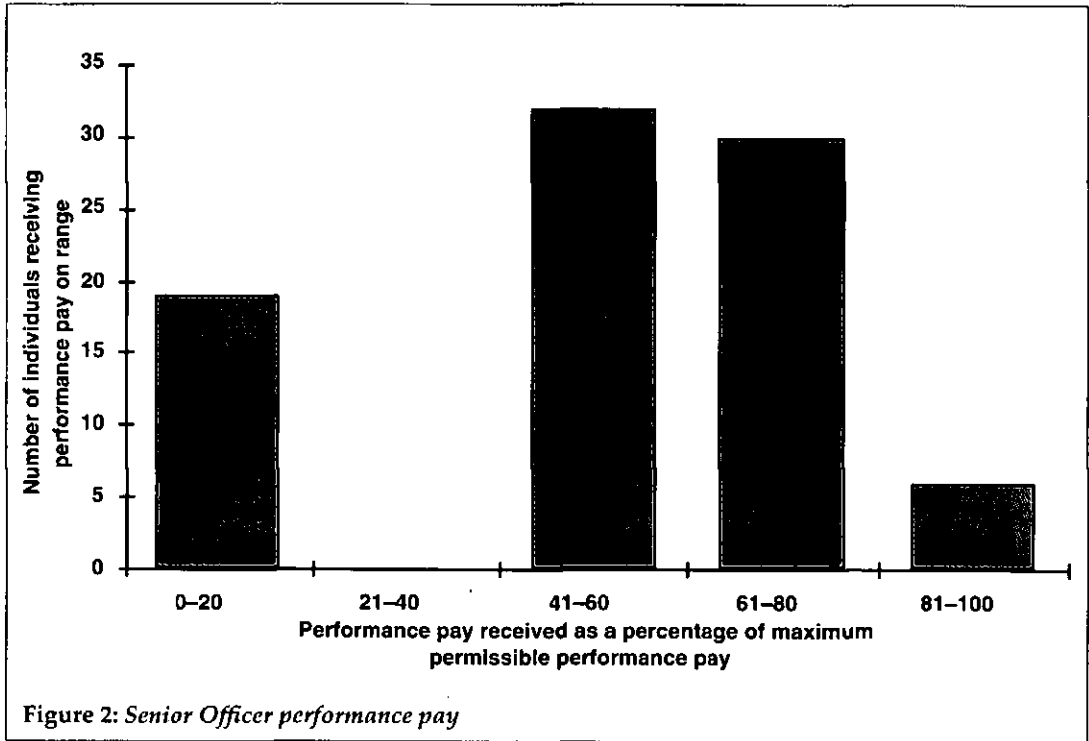


Figure 2: Senior Officer performance pay

Appendix 1

Finance

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AUSTRALIAN NATIONAL AUDIT OFFICE

Address all mail to:
GPO Box 707
CANBERRA
ACT 2601

Ref:

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
INDEPENDENT AUDIT REPORT

To the Minister for Human Services and Health

Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 1995.

The statements comprise:

- Statements by the Chairperson and Director
- Operating Statement
- Statement of Financial Position
- Statement of Cash Flows, and
- Notes to and forming part of the Financial Statements.

The members of the Institute are responsible for the preparation and presentation of the financial statements and the information contained therein. I have conducted an independent audit of the financial statements in order to express an opinion on them to the Minister for Human Services and Health.

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

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

Audit Opinion

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

- (i) the statements are based on proper accounts and records
- (ii) the statements show fairly in accordance with Statements of Accounting Concepts, applicable Accounting Standards and other mandatory professional reporting requirements the financial transactions and results, and cash flows for the year ended 30 June 1995 and the state of affairs of the Institute as at that date
- (iii) the receipt, expenditure and investment of moneys, and the acquisition and disposal of assets, by the Institute during the year have been in accordance with the *Australian Institute of Health and Welfare Act 1987*, and
- (iv) the statements are in accordance with the Guidelines for Financial Statements of Commonwealth Authorities.

Australian National Audit Office



Allan Thompson
Executive Director

For the Auditor-General

Canberra
18 September 1995

Financial statements

for year ended 30 June 1995

Certificate

In our opinion, the accompanying statements of the Australian Institute of Health and Welfare consisting of:

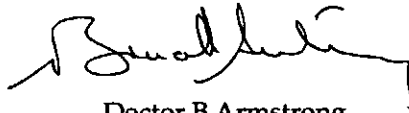
- Operating statement
- Statement of financial position
- Statement of cash flows
- Notes to, and forming part of, the financial statements

which have been made out in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities issued by the Minister for Finance:

- (i) show fairly the operating result of the Institute for the year ended 30 June 1995;
- (ii) show fairly the financial position of the Institute at 30 June 1995; and
- (iii) show fairly the cash flows during the 1994-95 financial year.



Professor J Reid
Chairperson
15 September 1995



Doctor B Armstrong
Director
15 September 1995

Operating statement
for year ended 30 June 1995

	Notes	1995 \$	1994 \$
NET COST OF SERVICES			
Operating expenses			
Employee expenses	2	6,585,745	6,069,974
Administration expenses	3	3,794,875	2,868,793
Research and development expenses	4	1,012,632	909,611
Loss on sale of non-current assets		64,598	67,897
Depreciation		406,312	382,902
Total operating expenses		<u>11,864,162</u>	<u>10,299,177</u>
Operating revenues from independent sources			
Grants		3,288,607	1,883,805
Miscellaneous revenue	5	398,466	142,286
Total operating revenues from independent sources		<u>3,687,073</u>	<u>2,026,091</u>
Net cost of services		<u>(8,177,089)</u>	<u>(8,273,086)</u>
REVENUES FROM GOVERNMENT			
Parliamentary appropriations received	6	8,099,000	7,249,000
Liabilities assumed by government	7	838,640	663,063
Resources received free of charge	8	272,060	223,143
Total revenues from government		<u>9,209,700</u>	<u>8,135,206</u>
Surplus or (deficit) of net cost of services over revenues from government		<u>1,032,611</u>	<u>(137,880)</u>
Accumulated surpluses or (deficits) at beginning of reporting period		(472,403)	(334,523)
Accumulated surpluses or (deficits) at end of reporting period		<u>560,208</u>	<u>(472,403)</u>

The accompanying notes form an integral part of these Financial Statements

Statement of financial position

as at 30 June 1995

	Notes	1995 \$	1994 \$
CURRENT ASSETS			
Cash	9	2,973,660	2,376,683
Receivables	10	151,559	84,226
Inventories	11	160,573	121,701
Other	12	101,635	78,993
Total current assets		3,387,427	2,661,603
NON-CURRENT ASSETS			
Property, plant and equipment	13	1,361,181	1,257,516
Total non-current assets		1,361,181	1,257,516
Total assets		4,748,608	3,919,119
CURRENT LIABILITIES			
Creditors	14	170,080	167,561
Provisions	15	291,300	324,440
Other	16	1,478,105	1,740,767
Total current liabilities		1,939,485	2,232,768
NON-CURRENT LIABILITIES			
Provisions	15	1,102,648	1,012,487
Total non-current liabilities		1,102,648	1,012,487
Total liabilities		3,042,133	3,245,255
Net assets		1,706,475	673,864
EQUITY			
Capital		1,146,267	1,146,267
Accumulated surpluses or (deficits)		560,208	(472,403)
Total equity		1,706,475	673,864

The accompanying notes form an integral part of these Financial Statements

Statement of cash flows

For year ended 30 June 1995

	Notes	1995 \$	1994 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Parliamentary appropriation		8,099,000	7,249,000
Grants and miscellaneous revenue		3,231,596	2,639,658
Interest received		125,944	37,352
		<u>11,456,540</u>	<u>9,926,010</u>
Outflows:			
Salaries		(5,698,223)	(5,414,267)
Administration and Research and development expenses		(4,586,765)	(3,657,668)
		<u>(10,284,988)</u>	<u>(9,071,935)</u>
Net cash provided by operating activities	17	<u>1,171,552</u>	<u>854,075</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Proceeds from sale of property, plant and equipment		36,000	48,915
Outflows:			
Payments for purchase of property, plant and equipment		(610,575)	(456,764)
Net cash used in Investing activities		<u>(574,575)</u>	<u>(407,849)</u>
Net increase or decrease in cash held		596,977	446,226
Cash at beginning of reporting period		2,376,683	1,930,457
Cash at end of reporting period	9	<u>2,973,660</u>	<u>2,376,683</u>

The accompanying notes form an integral part of these Financial Statements

Notes to, and forming part of, the financial statements

For the year ended 30 June 1995

1. Statement of significant accounting policies

The significant accounting policies adopted by the Australian Institute of Health and Welfare are stated to assist in a general understanding of these financial statements.

These policies have been consistently applied except as otherwise indicated.

(a) Statutory requirements

The financial statements are prepared in accordance with section 24(1) of the *Australian Institute of Health and Welfare Act 1987*. The form of the financial statements, including prior year figures, is in accordance with the Guidelines for Financial Statements of Commonwealth Authorities issued by the Minister for Finance for reporting periods ending on and after 30 June 1995.

(b) Basis of accounting

The financial statements are prepared on an accrual accounting basis, are in accordance with historical cost principles and do not take account of changing money values except where stated.

(c) Income tax

The Institute is exempt from income tax imposed under any law of the Commonwealth or of a State or Territory by section 26 of the *Australian Institute of Health and Welfare Act 1987*.

(d) Property, plant and equipment

Fixed assets, including leasehold improvements, are depreciated over their estimated useful lives, with depreciation commencing from the date of acquisition. The straight-line method of depreciation is used. Any gain or loss on disposal of fixed assets is included in the operating result of the Institute in the year of disposal. Assets costing \$500 or greater are capitalised.

Items under \$500 are expensed under the relevant expense category in the year of acquisition.

(e) Grant income

The recognition of grant income is based on the total of the grant receipts that have been expensed during the year. Any remaining funds at year end are recorded as income in advance.

(f) Research and development costs

The costs of research and development activities are treated as an expense and charged to the operating statement in the period in which they are incurred.

(g) Segment reporting

In terms of the provisions of Australian Accounting Standard AAS 16: 'Financial Reporting by Segments', the Institute's activities relate to a single industry, health and welfare statistics and research.

(h) Superannuation

Institute employees contribute to either the Commonwealth Superannuation Scheme (CSS) or the Public Sector Superannuation Scheme (PSS). The Institute is not currently required to make employer contributions on behalf of CSS/PSS superannuation with the relevant superannuation fund.

(i) Employee entitlement

Provisions have been made to annual leave and long service leave and calculated on the basis of pro rata entitlement under appropriate legislation or awards, based on current wages.

Long service leave is accrued by averaging all employees with three and four years or more service with the Australian Public Service and discounting it to present value. The long service leave provision is distributed into current and non-current components based on expected usage in the following year.

Recreation leave is provided for those employees who have an entitlement at balance date. The provision includes a leave loading component and is classified as current and non-current liability based on expected usage in the following year. No provision has been made for sick leave as the average sick leave taken by Institute employees is estimated to be less than sick leave annually accrued.

(j) Cash

For purposes of the 'Statement of cash flows', cash includes deposits at call which are readily convertible to cash on hand and which are used in the cash management function on a day-to-day basis.

(k) Inventories

Inventory is valued at the lower of cost or net realisable value.

Appendix 1

2. Employee expenses

	1995	1994
	\$	\$
Salaries	5,375,625	4,984,344
Liabilities assumed by government (superannuation)	838,640	663,063
Annual leave expenses	299,285	365,220
Long service leave expenses	72,195	57,347
	<u>6,585,745</u>	<u>6,069,974</u>

3. Administration expenses

	1995	1994
	\$	\$
Advertising	24,135	79,242
Audit fees	15,000	14,100
Bad debts written off	55	1,370
Bank charges	2,730	734
Committee expenses	38,453	52,964
Computer maintenance and consumables	182,229	349,368
Consultancy fees	1,174,998	589,427
Doubtful debts	(324)	1,430
Freight	9,765	7,178
Furniture and fittings	14,016	24,900
Legal fees	23,419	2,517
Library materials	99,849	125,179
Motor vehicle hire and maintenance	47,112	38,562
Office machines—acquisitions	506	2,414
Office requisites and miscellaneous	412,467	316,377
Postage	112,279	63,815
Printing and publications	397,259	95,207
Provision for obsolescence in inventory	477	21,029
Rent	541,873	483,104
Repairs and maintenance—building	74,309	74,848
Repairs and maintenance—office machines	13,502	10,869
Senior Officer benefit	69,830	64,627
Telephone	142,573	117,984
Travel	352,671	303,084
Workers compensation insurance premium	45,692	28,463
	<u>3,794,875</u>	<u>2,868,793</u>

4. Research and development expenditure

	1995	1994
	\$	\$
National Perinatal Statistics Unit	624,250	329,000
Dental Statistics and Research Unit	235,000	227,360
National Reference Centre for Classification in Health	138,100	136,000
Department of Human Services and Health	0	75,000
The Reark Research Group—Road Injury Survey	0	39,070
Other	15,282	103,181
	<u>1,012,632</u>	<u>909,611</u>

5. Miscellaneous revenue

	1995	1994
	\$	\$
Commissioned research	97,273	44,395
Interest	136,745	41,713
Publications revenue	108,652	54,395
Recoveries—former years	3,216	0
Other recoveries	52,580	1,783
	<u>398,466</u>	<u>142,286</u>

6. Parliamentary appropriations

	1995	1994
	\$	\$
Appropriation Act 1	6,898,000	7,177,000
Appropriation Act 3	1,201,000	72,000
	<u>8,099,000</u>	<u>7,249,000</u>

7. Liabilities assumed by Government

Employer superannuation contributions, other than those paid by the Institute, are met by the Commonwealth. An estimated amount of \$838,640 (1993–94—\$663,063) representing the superannuation contributions assumed by the Commonwealth has been brought to account in the financial statements both as revenue from government and as superannuation expense.

8. Resources provided free of charge

The Department of Human Services and Health and the Department of Finance—Personnel Services provided some administrative support during the year to the Institute free of charge. The figure for 1994–95 has been estimated at \$272,060 (1993–94—\$223,143).

Appendix 1

9. Cash

	1995	1994
	\$	\$
Cash at bank	2,813,213	2,372,680
Cash on hand	2,500	500
Department of Finance imprest account	157,947	3,503
	<u>2,973,660</u>	<u>2,376,683</u>

10. Receivables

	1995	1994
	\$	\$
Trade debtors	1,870	23,619
<i>less</i> Provision for doubtful debts	(968)	(1,430)
Interest receivable	17,531	6,730
Sundry debtors	133,126	55,307
	<u>151,559</u>	<u>84,226</u>
 Overdue Receivables:		
Less than 30 days	128,756	
30 to 60 days	22,328	
Greater than 60 days	475	
	<u>151,559</u>	

11. Inventory

	1995	1994
	\$	\$
Stock on hand	182,079	102,650
<i>less</i> Provision for obsolescence	(21,506)	(21,029)
	<u>160,573</u>	<u>81,621</u>
Work in progress	0	40,080
	<u>160,573</u>	<u>121,701</u>

12. Current assets—other

	1995	1994
	\$	\$
Prepayments	101,635	78,993
	<u>101,635</u>	<u>78,993</u>

13. Property, plant and equipment

	1995	1994
	\$	\$
Leasehold improvements—at cost	195,908	122,850
<i>less</i> Accumulated depreciation	(124,051)	(122,705)
	<u>71,857</u>	<u>145</u>
Office equipment—at cost	1,991,492	3,110,007
<i>less</i> Accumulated depreciation	(1,014,456)	(1,894,115)
	<u>977,036</u>	<u>1,215,892</u>
Furniture and fittings—at cost	79,554	67,851
<i>less</i> Accumulated depreciation	(32,112)	(26,372)
	<u>47,442</u>	<u>41,479</u>
Work-in-progress—leasehold improvements	264,846	0
	<u>1,361,181</u>	<u>1,257,516</u>

14. Creditors

	1995	1994
	\$	\$
Trade creditors	120,322	113,746
Sundry creditors	8,332	4,250
Accrued salaries	41,426	49,565
	<u>170,080</u>	<u>167,561</u>

15. Provisions

	1995	1994
	\$	\$
Annual leave—current	274,600	274,871
Long service leave—current	16,700	49,569
	<u>291,300</u>	<u>324,440</u>
Annual leave—non-current	333,900	337,047
Long service leave—non-current	768,748	675,440
	<u>1,102,648</u>	<u>1,012,487</u>

16. Current liabilities—other

Represented by income received in advance as follows:

	1995	1994
	\$	\$
Australian Health Ministers' Advisory Council and States	69,773	12,550
Department of Human Services and Health	683,666	110,053
National Better Health Program	348,369	613,251
Australian Environmental Protection Agency	349,526	993,826
Various sponsors	23,169	0
Department of Environment Sport and Territories	3,602	0
Australian Nursing Council	0	2,012
Public Service Commission	0	9,075
	<u>1,478,105</u>	<u>1,740,767</u>

17. Reconciliation of cash flow from operating activities

	1995	1994
	\$	\$
Net cost of services	(8,177,089)	(8,273,086)
Parliamentary appropriation	8,099,000	7,249,000
Liabilities assumed by Government	838,640	663,063
Resources received free of charge	272,060	223,143
Depreciation expense	406,312	382,902
Loss on sale of non-current assets	64,598	67,897
Changes in assets and liabilities		
Increase/(Decrease) in trade debtors	21,749	2,223
(Increase)/Decrease in sundry debtors	(77,819)	(55,307)
Increase/(Decrease) in provision for doubtful debts	(462)	1,430
Increase/(Decrease) in stock	(39,349)	(142,730)
Increase/(Decrease) in provision for obsolescence	477	21,029
(Increase)/Decrease in prepayments	(22,642)	(12,932)
Increase/(Decrease) in trade creditors	10,658	19,026
(Increase)/Decrease in accrued interest	(10,801)	(4,361)
Increase/(Decrease) in salaries accruals	(8,139)	(133,786)
Increase/(Decrease) in income received in advance	(262,662)	714,319
Increase/(Decrease) in annual leave	(3,418)	90,349
(Increase)/Decrease in long service leave	60,439	41,896
Net cash provided by operating activities	<u>1,171,552</u>	<u>854,075</u>

18. Members remuneration

A total of \$16,909 (1993-94 —\$20,669) was paid to members of the Institute in accordance with determinations of the Remuneration Tribunal. Included in this total are:

	1995	1994
	\$	\$
Stipend/sessional fees	16,909	20,669
	<u>16,909</u>	<u>20,669</u>

No other remuneration was provided to the members during the 1994-95 financial year. Disclosed by the number of members receiving remuneration in the following band:

\$0-\$10,000	8	8
---------------------	----------	----------

19. Auditors remuneration

The amount paid and payable to the Australian National Audit Office (ANAO) for the audit of the AIHW 1994-95 financial statements is \$15,000 (1993-94—\$14,100). No other services were provided by ANAO.

20. Commitments

	1995	1994
	\$	\$
Property Operating Lease:		
Not later than one year	51,315	241,842
Later than one year and not later than two years	793,328	0
Later than two years and not later than five years	3,118,249	0
	<u>3,962,892</u>	<u>241,842</u>

21. Agreement equally proportionately unperformed

	1995	1994
	\$	\$
Approved purchase orders	659,280	43,394
	<u>659,280</u>	<u>43,394</u>

22. Contingent liabilities

The Institute is not aware of any contingent liabilities at 30 June 1995 (1993-94—Nil).

23. Economic dependency

The Institute is mainly dependant on Government Appropriation.

24. Executive remuneration

Three executives received remunerations of more than \$100,000 during 1994-95. The aggregate amount of fixed remuneration for these positions was \$355,422 (1993-94—\$214,832). The aggregate amount paid for performance-based pay was

\$16,000 (1993-94—\$12,176). Disclosed by the number of executives receiving remunerations in the following bands:

	1995	1994
\$100,000-\$110,000	1	1
\$110,001-\$120,000	0	0
\$120,001-\$130,000	1	1
\$130,001-\$140,000	1	0

In addition, no executive received, or became entitled to receive, a material benefit by way of a contract with an executive or with an organisation in which he or she is a member or has a substantial financial interest.

25. Related parties

i) *The following persons held the position of Board Member of the Institute during the financial year:*

Chairperson

Professor J F Stanley—appointed—1 July 1992 to 30 June 1995

Directors

Dr Bruce Armstrong

Dr Ching Choi—acting Director— 24 October 1994 to 4 November 1994

Mr D R Harvey—acting Director—18 May 1995 to 30 May 1995

Members

Dr D Filby, Mr D L Semple, Ms V R Milligan, Mr I Castles, Mr T J Skinner, Mr G Sims, Mr A S Cole, Mr A J Bansemer, Dr Steven Duckett, Ms K Moore (1 July 1992 to 6 September 1994), Mr J Barber, Dr J N Yates, Dr C D'Arcy J Holman, Mr B F Kennedy, Professor J McNeil, Dr A L Howe, Mr C E Stevenson.

ii) *Transactions of Board Members and Board Member-Related Entities*

There are no contracts where Board Members have any financial interest. The following transactions were conducted on normal commercial terms and conditions:

Mr C E Stevenson—Member, Australian Consortium for Social and Political Research Incorporated (ACSPRI). The Institute recorded several transactions during the period for staff to attend training activities and for an annual membership fee for the Institute.

Appendix 2

Legislation

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

Australian Institute of Health Ethics Committee regulations

Regulations have been made pursuant to subsections 16(1) and (2) of the *Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee. The Regulations are reproduced on page 85.

Australian Institute of Health and Welfare Act 1987

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3. Interpretation

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Australian Institute of Health and Welfare Act 1987

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

[Assented to 5 June 1987]

BE IT ENACTED by the Queen, and the Senate and the House of Representatives of the Commonwealth of Australia, as follows:

PART 1—PRELIMINARY

Short title

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

Commencement

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

Interpretation

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

“appoint” includes re-appoint;

“Chairperson” means the Chairperson of the Institute;

“Director” means the Director of the Institute;

“Ethics Committee” means the Health Ethics Committee of the Australian Institute of Health and Welfare;

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

“Institute” means the Australian Institute of Health and Welfare;

“member” means a member of the Institute;

“production” means compilation, analysis and dissemination;

“State Health Minister” means:

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

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

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

“State Housing Minister” means:

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

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

“State Welfare Minister” means:

- (a) the Minister of the Crown for a State; or

- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

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

“trust money” means money received or held by the Institute on trust;

“trust property” means property received or held by the Institute on trust.

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

“welfare services” includes:

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

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

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

PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Division 1—Establishment, Functions and Powers of Institute

Establishment of Institute

4. (1) There is hereby established a body to be known as the Australian Institute of Health and Welfare.

- (2) The Institute:
 - (a) is a body corporate with perpetual succession;
 - (b) shall have a common seal; and
 - (c) may sue and be sued in its corporate name.

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

Functions of Institute

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

(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).

5. (1) The Institute’s health-related functions are:

- (a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau’s assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;

- (b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;
- (c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;
- (d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;
- (e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;
- (f) to conduct and promote research into the health of the people of Australia and their health services;
- (g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;
- (h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute;
- (j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;
- (k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia;
- (m) to do anything incidental to any of the foregoing.

[Welfare-related functions]

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

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

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

Powers of Institute

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

- (a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;
- (b) to acquire, hold and dispose of real or personal property;
- (c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;
- (d) to appoint agents and attorneys and act as an agent for other persons;
- (e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;
- (f) subject to section 29, to:
 - (i) release data to other bodies or persons; and
 - (ii) publish the results of any of its work; and
- (g) to do anything incidental to any of its powers.

Directions by Minister

7. (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.

(1A) The Minister must consult the Chairperson before giving any direction to the Institute.

(1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.

(1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:

- (a) relates to the Institute's welfare-related functions; and
- (b) does not concern housing matters.

(1D) The Minister must consult each State Housing Minister before giving the direction if the direction:

- (a) relates to the Institute's welfare-related functions; and
- (b) concerns housing matters.

(2) The Institute shall comply with any direction given under subsection (1).

Division 2—Constitution and Meetings of Institute**Constitution of Institute**

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

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

- (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of health services; and
- (iii) who has been nominated by the Minister;
- (fa) a person:
 - (i) who has knowledge of the needs of consumers of welfare services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of welfare services; and
 - (iii) who has been nominated by the Minister;
- (fb) a person:
 - (i) who has knowledge of the needs of consumers of housing assistance services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of housing assistance services; and
 - (iii) who has been nominated by the Minister;
- (fc) a person:
 - (i) who has expertise in research into public health issues; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that is a peak body promoting research into public health issues; and
 - (iii) who has been nominated by the Minister;
- (g) 3 other members nominated by the Minister;
- (h) a member of the staff of the Institute elected by that staff.

(1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):

- (a) may be made by one or more bodies; and
- (b) may contain one or more names.

(2) If the person referred to in paragraph (1) (d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.

(3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:

- (a) a vacancy in the office of a member referred to in paragraph (1) (a), (b), (f), (fa), (fb), (fc) or (h);
- (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months.
- (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
- (c) a vacancy in the office of the member referred to in paragraph (1) (d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).

(4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1) (b), (d) or (e).

(5) Subject to this section, a member shall be appointed by the Governor-General.

(5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.

(5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:

- (a) the day on which the poll for the election of the member is held; or

(b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.

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

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

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

Acting members

9. (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):

(a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or

(b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;

but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.

(2) A person may resign appointment under this section by instrument in writing delivered to the Minister.

(3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.

(4) The Minister may:

(a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and

(b) terminate such an appointment at any time.

(5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of 12 months from the date on which the vacancy occurred expires, whichever first happens.

(6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.

(7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:

(a) the occasion for the appointment of the person had not arisen;

(b) there was a defect or irregularity in or in connection with the appointment;

(c) the appointment had ceased to have effect; or

(d) the occasion for the person to act had not arisen or had ceased.

Remuneration and allowances

10. (1) Unless otherwise prescribed, a member shall be paid such remuneration as is determined by the Remuneration Tribunal.

(2) A member shall be paid such allowances as are prescribed.

(3) This section has effect subject to the *Remuneration Tribunal Act 1973*.

Leave of absence

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

(2) The Minister may:

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

Resignation

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

Termination of appointment

13. (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.

(2) If a member:

- (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
- (b) without reasonable excuse, contravenes section 14;
- (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
- (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

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

(3) Where:

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

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

Disclosure of interests

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

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

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

Meetings

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

Division 3—Committees of Institute

Committees

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

- (b) references in that section to the Institute were references to the committee.

Division 4—Director of Institute

Director of Institute

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

Functions of Director

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

Division 5—Staff

Staff

19. (1) The staff required for the purposes of this Act shall be—
- (a) persons appointed or employed under the *Public Service Act 1922*; and
- (b) persons appointed or employed by the Institute.
- (2) The Director has all the powers of a Secretary under the *Public Service Act 1922*, so far as those powers relate to the branch of the Public Service comprising the staff referred to in paragraph (1)(a), as if that branch were a separate Department of the Public Service.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

PART III—FINANCE

Money to be appropriated by Parliament

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

Estimates

21. (1) The Institute shall:

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

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

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

Money of Institute

22. (1) The money of the Institute consists of:

- (a) money paid to the Institute under section 20; and
- (b) any other money, other than trust money, paid to the Institute.

(2) The money of the Institute shall be applied only:

- (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;
- (b) in payment of remuneration and allowances payable under this Act; and
- (c) in making any other payments required or permitted to be made by the Institute.

Contracts

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

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

Application of Part XI of Audit Act

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

(2) A report prepared under section 63M of the *Audit Act 1901* (as that section applies by virtue of subsection (1)) shall, in respect of each direction given under subsection 7(1) that is applicable to the period to which the report relates, include:

- (a) particulars of the direction; or
- (b) where the Institute considers that the particulars contain information concerning a person or are of a confidential nature—a statement that a direction was given.

Trust money and trust property

25. (1) The Institute:

- (a) shall pay trust money into an account or accounts referred to in subsection 63J(1) of the *Audit Act 1901* (as that subsection applies by virtue of subsection 24(1)) containing no money other than trust money;
- (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
- (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

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

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

Exemption from taxation

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

PART IV—MISCELLANEOUS

Delegation by Institute

27. (1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:

- (a) delegate to a member;
- (b) delegate to a member of the staff of the Institute; and
- (c) with the approval of the Minister—delegate to any other person or body;

all or any of the Institute's powers or functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

Delegation by Director

28. (1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:

- (a) delegate to a member;
- (b) delegate to a member of the staff of the Institute; or
- (c) with the approval of the Minister—delegate to any other person or body;

all or any of the Director's powers and functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

Confidentiality

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

- (a) any information concerning another person (which person is in this section called an "information subject"), being information acquired by the informed person because of:

- (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or
- (b) any document relating to another person (which person is in this section also called an "information subject"), being a document furnished for the purposes of this Act; shall not, except for the purposes of this Act, either directly or indirectly:
- (c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);
 - (d) produce that document to any person (including an information subject); or
 - (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

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

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

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

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

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

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

(4) In this section:

- (a) "court" includes any tribunal, authority or person having power to require the production of documents or the answering of questions;

- (b) "person" includes a body or association of persons, whether incorporated or not, and also includes:
 - (i) in the case of an information provider—a body politic; or
 - (ii) in the case of an information subject—a deceased person;
- (c) "produce" includes permit access to;
- (d) "publication", in relation to conclusions, statistics or particulars, includes:
 - (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
 - (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
- (e) a reference to information concerning a person includes:
 - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
 - (ii) a reference to information identifying a person or body providing information concerning a person.

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

30. (1) *The Epidemiological Studies (Confidentiality) Act 1981* (in this section called the "Confidentiality Act") does not apply to anything done in the exercise of a power or performance of a function under this Act.

(2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:

- (a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and
- (b) give the Institute access to documents prepared or obtained in the conduct of that study.

(3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.

(4) In this section:

- (a) "epidemiological study" has the same meaning as in the Confidentiality Act; and
- (b) "prescribed study" has the same meaning as in the Confidentiality Act.

Periodical reports

31. (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:

- (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
- (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.

(1A) The Institute must submit to the Minister:

- (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
 - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
 - (ii) ending on 30 June 1993; and

(b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

(2) The Institute may at any time submit to the Minister:

(a) a health or welfare report for any period; or

(b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.

(3) A health report shall provide:

(a) statistics and related information concerning the health of the people of Australia; and

(b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies; during the period to which the report relates.

(3A) A welfare report must provide:

(a) statistics and related information concerning the provision of welfare services to the Australian people; and

(b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies; during the period to which the report relates.

(4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.

(5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

Regulations

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

SCHEDULE 1

Section 13

NEW SCHEDULE TO PRINCIPAL ACT

SCHEDULE

Subsection 8(1)

BODIES THAT MAY NOMINATE BOARD MEMBERS

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

Australian Institute of Health Ethics Committee Regulations

Citation

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

Interpretation

2. In these Regulations, unless the contrary intention appears:
"Ethics Committee" means the Australian Institute of Health Ethics Committee referred to in subsection 16(1) of the Act;
"the Act" means the *Australian Institute of Health Act 1987*.

Functions

3. The functions of the Ethics Committee are:
- (a) to form an opinion as to the acceptability or otherwise, on ethical grounds, of:
 - (i) activities that are being, or it is proposed will be, engaged in by the Institute in the performance of its functions; and
 - (ii) activities that are being, or it is proposed will be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions;having regard, in addition to any other matters that the Ethics Committee considers to be relevant, to the Declaration of Helsinki adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964, as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975 and to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council;
 - (b) where appropriate, to revise an opinion so formed or to form another opinion;
 - (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
 - (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

Composition

4. The Ethics Committee shall consist of the following members:
- (a) the Director of the Institute or his or her nominee;
 - (b) a person who is a graduate in medicine of a university and has post-graduate medical research experience;
 - (c) a person who is a graduate in a social science of a university, college of advanced education or similar institution and has post-graduate research experience in a social science;
 - (d) a person who is the nominee of the Registrar of Births, Deaths and Marriages in the Australian Capital Territory and of the officer of each State and the Northern Territory who has the responsibility in that State or Territory of registering births, deaths and marriages;
 - (e) a minister of religion;
 - (f) a person who is a barrister, a solicitor, a barrister and solicitor or a legal practitioner, of the High Court or of the Supreme Court of a State or Territory; and
 - (g) a man and a woman, neither of whom is a member or employee of the Institute and each of whom is able to represent general community attitudes;
- one of whom shall be appointed chairperson by the Institute.

Appendix 3

Ethics Committee

The functions and the composition of the Committee are prescribed in the Regulations of the Australian Institute of Health and Welfare Act 1987. Its principle responsibilities are to:

- (a) form an opinion and inform the Institute on the acceptability or otherwise, on ethical grounds, of activities engaged in by the Institute or with which it is in any way associated;
- (b) provide a written annual report to the Institute.

The Regulations are still under review with a view to amending them to ensure that the Committee's responsibilities embrace both health-related and welfare-related activities.

The composition of the Committee is specified in the Regulations and section 16 of the Australian Institute of Health and Welfare Act 1987 provides for members to be appointed by the Institute for such periods as is specified in their instrument of appointment. The membership, together with the number of meetings attended by each member during the year, is shown below. Four meetings were held during the year.

Nominee of the Director

- Dr Dell Cowley (to August 1994) [1]
- Dr Ching Choi (from September 1994 to January 1995) [1]
- Dr Graeme Vaughan (from February 1995) [2]

Medical graduate with research experience

- Emeritus Professor Malcolm Whyte, Chairman [4]

Graduate in a social science

- Dr Dorothy Broom (to February 1995) [1]
- Dr Helen Christensen (from March 1995) [1]

Nominee of the Registrars of Births, Deaths and Marriages

- Mr John Jameson [3]

Minister of religion

- Dr D'Arcy Wood [4]

Legal practitioner

- Mr Brian Loftus [2]

Representatives of general community attitudes

- Ms Jarne Graham [1]
- Mr Ken Moran [4]

Dr Sidney Sax has been appointed to succeed Professor Whyte who will retire when his appointment expires at the end of June.

Submissions and clearances

Twenty-one certificates of approval, and none of disapproval, were issued during the year for submissions from the Health Monitoring Division (8), Health Services Division (2), Welfare Division (3), the Director's Unit (1), the National Injury Surveillance Unit (2), the National Perinatal Statistics Unit (3) and the Australian Bureau of Statistics (2). At the end of June decisions had yet to be made on four submissions. The numbers of certificates

issued in each of the previous three years were: 20 in 1993-94; 22 in 1992-93; and 34 in 1991-92.

Monitoring

Except for activities which are judged to be devoid of any significant ethical issues projects are routinely monitored, mostly annually by questionnaire, followed by further enquiries and interview if the Committee thinks it is necessary. In addition, certificates of ethical clearance place the responsibility on investigators to report any proposed changes in protocol and any adverse effects or ethical problems as soon as they arise. No adverse effects of activities were reported during the year, and in no case did the Committee revise its original opinion of acceptability on ethical grounds although the Committee conveyed its concern about deviation from a submission by an outside agency, approved in 1993, to the Director. At the end of June 59 projects remained on the list for monitoring. This included 8 initiated by the Health Technology Division whose functions were transferred to the Department of Human Services and Health during the year.

General

Legal Liability

Legal liability, insurance and indemnity arrangements continue to be matters of concern for institutional ethics committees in general and further guidance is awaited from the Australian Health Ethics Committee of the National Health and Medical Research Council. The AIHW Ethics Committee has raised the matter with the Institute Board and operates on the assumption that the Commonwealth accepts indemnity for individual members in respect of their bona fide actions as members of a committee constituted under the AIHW Act. A formal approach to the Attorney General's Department has been suggested.

ACT Institutional Ethics Committee network

The AIHW Ethics Committee continues to participate in the informal networking meetings of the ten institutional ethics committees in the ACT. Two meetings were held during the year.

Workshop

In May representatives of the Committee participated in a workshop held in Canberra under the auspices of the Australian Health Ethics Committee. The main topics discussed were multi-centre projects and monitoring.

Appendix 4

Publications, reports and presentations 1994–95

Australian Institute of Health and Welfare publications

Aboriginal Health

AIHW. Aboriginal Health. Canberra: AIHW, 1994 (Aboriginal and Torres Strait Islander Health Information Bulletin no. 19, December 1994).

AIHW. Aboriginal Health. Canberra: AIHW, 1995 (Aboriginal and Torres Strait Islander Health Information Bulletin no. 20, June 1995).

AIHW News

AIHW. AIHW News. Canberra: AIHW, 1995 (Australian Institute of Health and Welfare News no. 6, May 1995).

FNM News

AIHW. FNM News. Canberra: AIHW, 1994 (Food and Nutrition Monitoring News no. 1, July 1994).

AIHW. FNM News. Canberra: AIHW, 1994 (Food and Nutrition Monitoring News no. 2, November 1994).

AIHW. FNM News. Canberra: AIHW, 1995 (Food and Nutrition Monitoring News no. 3, March 1995).

Australian Health Indicators

AIHW. Australian Health Indicators. Canberra: AIHW, 1994 (AIHW Australian Health Indicators Bulletin no. 1, July 1994).

AIHW. Australian Health Indicators. Canberra: AIHW, 1994 (AIHW Australian Health Indicators Bulletin no. 2, December 1994).

AIHW. Australian Health Indicators. Canberra: AIHW, 1995 (AIHW Australian Health Indicators Bulletin no. 3, March 1995).

AIHW. Australian Health Indicators. Canberra: AIHW, 1995 (AIHW Australian Health Indicators Bulletin no. 4, June 1995).

Health Outcomes

AIHW. Health Outcomes. Canberra: AIHW, 1994 (Health Outcomes Bulletin no. 3, Spring 1994).

AIHW. Health Outcomes. Canberra: AIHW, 1995 (Health Outcomes Bulletin no. 4, Summer 1995).

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NHI News

AIHW. NHI News. Canberra: AIHW, 1994 (National Health Information News no. 3, July 1994).

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Health Labour Force

AIHW. Health Labour Force: podiatry labour force 1992. Canberra: AIHW, 1994 (National Health Labour Force Bulletin no. 2, October 1994).

HealthTechNews

AIHW. HealthTechNews. Canberra: AIHW, 1995 (Health Care Technology News no. 10, March 1995).

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AIHW. National Health Information Agreement procedure manual, October 1994, Canberra: AIHW, 1994.

AIHW, NH&MRC Social Psychiatry Research Unit. Measurement of disability: workshop proceedings, Canberra, 21-22 February 1994. Canberra: AIHW, 1994.

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Mathers C, McCallum J, Robine J-M (eds). Advances in health expectancies: proceedings of the 7th meeting of the International Network on Health Expectancy (REVES), Canberra, 23–25 February 1994. Canberra: AIHW, 1994.

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- Foard G. The housing program of the Australian Institute of Health and Welfare. Presentation at the Australian Housing and Urban Research Institute Housing Research Forum, Melbourne, 5 December 1994.
- Foard G. Public housing in Australia. Presentation at the Meeting of Housing Ministers, Canberra, 23 February 1995.
- Foard G. Housing needs assessment in the ACT. Presentation to the Housing Review Steering Committee, Canberra, 28 February 1995.
- Foard G. Needs based planning—a possible approach. Presentation to the Housing Advisory Committee, Canberra, 17 February 1995.
- Foard G, Merlo R, Collett C. From services to outcomes—AIHW research findings. Presentation to Health and Community Services Victoria, Melbourne, 10 February 1995.
- Gibson D. Developments in aged care research at the Australian Institute of Health and Welfare—liaison and collaboration. Presentation at the Aged Care Assessment Team Evaluation Unit Workshop, Melbourne, 27-28 February 1995.
- Gibson D. Dependency: the career of a concept. Presentation at the University of New South Wales Social Policy Research Centre Conference on dependency, Sydney, 23 September 1994.
- Gibson D, Liu Z. Changing patterns of services utilisation. Presentation at the Aged Care Australia Conference, Adelaide, 18-22 September 1994.
- Gibson D. Broken down by age and sex: redefining the problem of old women. Presentation for the ANU Public Policy Seminar Series, Canberra, 18 October 1994.
- Gibson D, Liu Z. Changing patterns of residential care 1985 to 2021. Presentation at the 29th National Conference of the Australian Association of Gerontology, Perth, 20-22 October 1994.
- Gibson D. Broken down by age and sex. Presentation at the International Sociological Association Inter Congress Meeting on Ageing, Melbourne, 24-26 April 1995.
- Gibson D. User rights and the frail aged. Presentation at the International Sociological Association Inter Congress Meeting on Ageing, Melbourne, 24-26 April 1995.
- Goss J. Economic perspective on the health impact of the ageing of the Australian population in the 21st century. Presentation at the Australian Population Association Conference, Canberra, 21-23 September 1994.
- Goss J. Health expenditure on the aged, will it break the bank? Presentation at the ANU Public Policy Program Seminar, Canberra, 10 October 1994.

- Goss J. Health resource rationing in aged care. Presentation at the Retirement Village Association Australia 1994 National Convention, Sydney, 12-14 October 1994.
- Giles G, Jelfs P, Kliewer E. Melanoma mortality in Australia, 1979-1988: an analysis by country of birth. Presentation at the Melanoma Symposium, Brisbane, 6-9 April 1994.
- Greville A. National health information developments. A paper presented to the 2nd National Health Informatics Conference, Gold Coast, 1 August 1994.
- Harding J. Current data collections and methodologies. Presentation to the Australian Medical Workforce Advisory Committee, Sydney, 10 April 1995.
- Harding J. Presentation on the national pharmacy labour force and projections of the workforce to the Council of the Pharmaceutical Society of Australia, Canberra, 17 March 1995.
- Harvey R. The National Health Information Agreement and developing a child health minimum data set. Presentation to the National Council on Community Child Health, Canberra, 28 April 1995.
- Harvey R. Child health information and the National Health Information Agreement. Presentation at the Australian College of Paediatrics Conference, Adelaide, 8 May 1995.
- Harvey R. Health outcomes are here to stay: who's doing what and why. Presentation to 'A Seminar on Health Outcomes', Queensland Centre for Public Health and the Queensland Branch of the Public Health Association of Australia, Brisbane, 9 June 1995.
- Harvey R. Health outcomes, quality assurance and information. Presentation to the Public Health Division, Department of Health and Community Services Victoria, Melbourne, 26 May 1995.
- Harvey R. Health Outcomes, a national perspective: doing the do-able. Presentation to the Queensland Department of Health, Brisbane, 9 June 1995.
- Jelfs PL. Patterns of cervix cancer in Australia. Presentation at the XIVth Scientific Meeting of the Australian Society for Colposcopy and Cervical Pathology, Gold Coast, 26-28 August 1994.
- Jelfs PL. Minimum data set for cancer patients. Presentation at the Gynaecological Health Outcomes Workshop, Westmead Hospital, 3 November 1994.
- Jelfs PL. Cancer in Australia: where are we going? Presentation to the Australian Bureau of Statistics, Canberra, 14 February 1995.
- Jellie C. Obtaining information on health outcomes. Paper presented at the 'An Introduction to Health Outcomes' workshop, Canberra, 10 August 1994.
- Lester I, Coles-Rutishauser I. Food and nutrition monitoring at the Institute and prospective roles of the Institute and the Authority in a food and nutrition monitoring strategy. Presentation to the National Food Authority, Canberra, 13 September 1994.
- Lester IH. The use of food data in food and nutrition monitoring. Presentation at the AIHW Work in Progress Seminar, Canberra, 11 April 1995.
- Lester IH. Future directions in nutrition monitoring. Presentation at the 1st South-west Pacific Regional Dietitians Conference, Brisbane, 13 May 1995.
- Liu Z, Gibson D. Projections of residential aged care utilisation, Australia 1992-2021. Presentation at the Australian Population Association Conference, Canberra, 21-23 September 1994.
- Mathers CD. Health expectancies in Australia 1993: preliminary results. Presentation at the 7th Meeting of the International Network on Health Expectancy (REVES), Canberra, 23-25 February 1994.
- Mathers CD. Gender differences in the health of older people. Presentation to the NSW Consultative Committee on Ageing, Sydney, July 1994.

- Mathers CD. The measurement of health status. Presentation to the ANU National Centre for Epidemiology and Population Health Postgraduate Seminar, Canberra, 25 August 1994.
- Mathers CD. Trends in health expectancies in Australia 1981-1993. Presentation at the Seventh National Conference of the Australian Population Association, Canberra, 21-23 September 1994.
- Mathers CD. Health and unemployment. Presentation at the 26th Annual Conference of the Public Health Association, Adelaide, 25-28 September 1994 (Interactive panel presentation).
- Mathers CD. Health differentials by socioeconomic deprivation. Presentation at the 26th Annual Conference of the Public Health Association, Adelaide, 25-28 September 1994.
- Mathers CD. Setting national health goals and targets for Australia. Presentation to the Health and General Branch, Department of Finance, Canberra, 27 October 1994.
- Mathers CD. Expectation of disability and handicap in Australia. Presentation at the 3rd National Rehabilitation Conference, Brisbane, 19 May 1995.
- Mathers CD. Health differentials within Northern Australia. Presentation at the North Australian Statistics Workshop, Darwin, 17-18 May 1995.
- Mays L. Waiting list definitions and data items. Presentation to the National Health Data Committee, Sydney, 18 August 1994.
- McDonald P, Brownlee H. From the inside looking out: the concept of household reference zones in metropolitan areas. Presentation at the Australian Population Association, CSIRO and Australian Housing and Urban Research Institute Joint Conference on Mobility in Australia, Melbourne, 24 November 1994.
- Moss E. Developing national health information—role of the National Health Data Dictionary. Paper presented to the 2nd National Health Informatics Conference, 1 August 1994.
- Moss E. Draft Acute Episodes of Care definition. Presentation to the Australian Clinical Casemix Committee, Melbourne, 14 July 1994.
- Moss E. National Health Health Data Dictionary update. Presentation at the National Coding Centre Inaugural Seminar, University of Sydney, 26 November 1994.
- Moss E. An NHIA and NHDD update to the Palliative Care Minimum Data Set meeting. Presentation to the Australian Association for Hospice and Palliative Care, Sydney, 28 February 1995.
- Rickwood DJ. Client dependency profiles for Australian aged care services. Presentation at the 29th National Conference of the Australian Association of Gerontology, Perth, 20-22 October 1994.
- Rickwood DJ. Dependency profiles for clients of Australian aged care services. Presentation at the Public Health Association 26th Annual Conference, Adelaide, 25-28 September 1994.
- Rickwood DJ. Psychological distress among adolescents in Australia. Presentation at the Public Health Association 26th Annual Conference, Adelaide, 25-28 September 1994.
- Rutishauser IHE. Is one replicate enough to estimate the population variance ratio? Presentation at the 2nd International conference on dietary assessment methods, Boston, USA, 23 January 1995.
- Sansoni J. Health outcomes: an international focus. Paper presented at the 'An Introduction to Health Outcomes' workshop, Canberra, 10 August 1994.
- Sansoni J. Health outcomes. Presentation to Graduate Diploma (Quality Assurance) students, La Trobe University, Melbourne, 17 August 1994.

Sansoni J. Health and welfare outcomes: a case study approach. Paper presented at the Multi-disciplinary Work in Progress Seminar, Canberra, 13 September 1994.

Sansoni J. Health outcomes: the current focus. Paper presented to the Australasian Evaluation Conference, Canberra, 22 September 1994.

Sansoni J, Jellie C. Health outcomes: the Australian focus. Paper presented at the Australian Psychological Society Conference, Wollongong, 28 September 1994.

Sansoni J. Outcomes of the project consultancy 'Consumer Outcomes in Mental Health'. Presentation to the National Mental Health Information Strategy Committee, Department of Human Services and Health, Canberra, 7 October 1994.

Sansoni J. Presentation on health outcomes and outcome measurement to Graduate Diploma (Quality Assurance) students, La Trobe University, Melbourne, 16 February 1995.

Sansoni J. Address to the NHMRC National Health Advancement Section, Department of Human Services and Health, Canberra, 13 October 1994.

Sansoni J. Quality of life: is the answer 36 or 42? Paper presented at the Outcomes Assessment in Gynaecological Cancer Care Workshop, Sydney, 3 November 1994.

Sansoni J. Health outcomes: rhetoric or reality. Paper delivered at the Victorian Hospitals' Association Conference, Melbourne, 18 November 1994.

Sansoni J. The health outcomes focus: rhetoric and reality. Paper presented at the 'An Introduction to Health Outcomes' seminars, Canberra, 1-2 December 1994.

Sansoni J. Quality of life: is the answer 36 or 42 or N+1? Paper presented to the National Alcohol and Drugs Association, Jamberoo, 3-5 February 1995.

Sansoni J. The national focus on health outcomes. Presentation to the ANU National Centre for Epidemiology and Population Health, Canberra, 6 March 1995.

Sansoni J. The health outcomes focus and rehabilitation services. Presentation at the Workshop on Case Classification and Health Outcomes, Commonwealth Rehabilitation Service, Canberra, 19-20 April 1995.

Sansoni J. Quality of life: is it worth measuring. Presentation at the Workshop on Case Classification and Health Outcomes, Commonwealth Rehabilitation Service, Canberra, 19-20 April 1995.

Sansoni J. Health outcomes: why, where, what and how? Nursing outcomes: do nurses make a difference. Presentation at the NSW College of Nursing Workshop, Sydney, 10 May 1995.

Sansoni J. Health outcomes and health gain: do you know where we are going and who is coming with us? Paper presented to the Health Outcomes Forum, Community Quality Assurance Unit and the Centre for Community Child Health and Ambulatory Paediatrics, Royal Children's Hospital, Melbourne, 25 May 1995.

Sansoni J. Health outcomes and health gain: a focus for public gain. Paper presented to the Public Health Division, Department of Health and Community Services Victoria, Melbourne, 26 May 1995.

Wen X, Madden R, Black K. Population indicators of needs for disability services, Australia 1993. Presentation at the Australian Population Association Conference, 23 September 1994.

AIHW National Perinatal Statistics Unit publications

Perinatal Newsletter

NPSU, APS. Perinatal Newsletter. Sydney: AIHW National Perinatal Statistics Unit, 1994 (no. 27, August 1994).

NPSU, APS. Perinatal Newsletter. Sydney: AIHW National Perinatal Statistics Unit, 1994 (no. 28, November 1994).

NPSU, APS. Perinatal Newsletter. Sydney: AIHW National Perinatal Statistics Unit, 1995 (no. 29, February 1995).

NPSU, APS. Perinatal Newsletter. Sydney: AIHW National Perinatal Statistics Unit, 1995 (no. 30, June 1995).

Lancaster PAL, Huang J, Pedisich E. Australia's mothers and babies 1991. Sydney: AIHW National Perinatal Statistics Unit, 1994 (Perinatal Statistics Series no. 1).

Lancaster PAL, Huang J, Pedisich E. Australia's mothers and babies 1992. Sydney: AIHW National Perinatal Statistics Unit, 1995 (Perinatal Statistics Series no. 2).

Lancaster P, Pedisich E. Congenital malformations Australia 1981-1992. Sydney: AIHW National Perinatal Statistics Unit, 1995 (Birth Defects Series no. 1, May 1995).

Publications involving AIHW National Perinatal Statistics Unit staff

Källén B, Cocchi G, Knudsen LB, Castilla EE, Robert E, Daltveit AK, Lancaster PAL, Mastroiacovo P. International study of sex ratio and twinning of neural tube defects. *Teratology* 1994;50:322-31.

Robert E, Vollset SE, Botto L, Lancaster PAL, Merlob P, Mastroiacovo P, Cocchi G, Ashisawa M, Sakamoto S, Orioli I. Malformation surveillance and maternal drug exposure: the MADRE project. *Int J Risk Saf Med* 1994;6:75-118.

Presentations involving AIHW National Perinatal Statistics Unit staff

Lancaster P. Perinatal mortality. Presentation at the Aboriginal and Torres Strait Islander healthcare workshop, Royal Australian College of Obstetricians and Gynaecologists, Cairns, 8-9 July 1994.

Lancaster P. Epidemiological uses of data on congenital malformations. Presentation at the Training Workshop on Birth Defects Monitoring, International Clearinghouse for Birth Defects Monitoring Systems and World Health Organization, Helsinki, Finland, 19-20 September 1994.

Lancaster P. National data on Aboriginal births. Presentation at the New South Wales Branch Annual Meeting, Australian Perinatal Society, Newcastle, 12-13 November 1994.

Lancaster P. Decline in perinatal mortality after assisted conception due to fewer multiple births and greater use of cryopreserved embryos. Presentation at the Ninth World Congress on In Vitro Fertilization and Alternate Assisted Reproduction, Vienna, Austria, 3-7 April 1995.

Venn A, Lumley J, Leeton J, Lancaster P. Pregnancies after infertility—are caesarean section rates too high? Presentation at the Thirteenth Annual Scientific Meeting of the Fertility Society of Australia, Brisbane, 3-7 October 1994.

AIHW Dental and Statistics Research Unit publications

Davies MJ, Spencer AJ, Slade GD. The child dental health survey Australia, 1991. Adelaide: AIHW, 1994 (Dental Statistics and Research Series no. 4).

Davies MJ, Spencer AJ, Slade GD. The child dental health survey Australia, 1992. Adelaide: AIHW, 1994 (Dental Statistics and Research Series no. 5).

DSRU. Dental practitioner statistics Australia, 1992. Adelaide: AIHW, 1994 (Dental Statistics and Research Series no. 6).

DSRU. Commonwealth Dental Health Program research report 1. Adelaide: AIHW, 1995.

AIHW Dental and Statistics Research Unit working papers

Allister JH, Brennan DS, Carter KD, Davies MJ, Slade GD, Spencer AJ, Stewart JF, Szuster FSP, Thomson WM. Commonwealth Dental Health Program baseline evaluation report 1994. Adelaide: AIHW, 1995 (Report).

Allister JH, Stewart JF, Spencer AJ. Dental satisfaction survey 1994. Adelaide: AIHW, 1995 (Report).

Brennan DS, Slade GD, Davies MJ, Spencer AJ. Adult dental programs survey (Cross-sectional) 1994. Adelaide: AIHW, 1995 (Report).

Carter KD, Stewart JF, Davies MJ et al. National dental telephone interview survey 1994. Adelaide: AIHW, 1995 (Report).

(in collaboration with State/Territory dental authorities)

DSRU. The child dental health survey for New South Wales, 1993. Adelaide: AIHW, 1995 (Report).

DSRU. The child dental health survey for South Australia, January–December 1993. Adelaide: AIHW, 1994 (Report).

DSRU. The child dental health survey for Tasmania, January–December 1993. Adelaide: AIHW, 1995 (Report).

DSRU. The child dental health survey for Victoria, 1993. Adelaide: AIHW, 1995 (Report).

DSRU. The child dental health survey for Australian Capital Territory, January–December 1993. Adelaide: AIHW, 1995 (Report).

DSRU. The child dental health survey for Western Australia, 1993. Adelaide: AIHW, 1994 (Report).

DSRU. The child dental health survey for Northern Territory, 1993. Adelaide: AIHW, 1994 (Report).

DSRU. The child dental health survey for Northern Territory, Regional Report 1993. Adelaide: AIHW, 1994 (Report).

(in collaboration with State/Territory dental boards)

DSRU. Dental practitioner statistics, Australian Capital Territory, June 1993. Adelaide: AIHW, 1994 (Report).

DSRU. Dental practitioner statistics, New South Wales, October 1992. Adelaide: AIHW, 1994 (Report).

DSRU. Dental practitioner statistics, Victoria, December 1993. Adelaide: AIHW, 1994 (Report).

DSRU. Dental practitioner statistics, Queensland, 1993. Adelaide: AIHW, 1994 (Report).

DSRU. Dental practitioner statistics, Tasmania, December 1993. Adelaide: AIHW, 1994 (Report).

DSRU. Dental practitioner statistics, Northern Territory, September 1993. Adelaide: AIHW, 1994 (Report).

DSRU. Dental practitioner statistics, South Australia, December 1993. Adelaide: AIHW, 1994 (Report).

DSRU. Dental practitioner statistics, Australian Capital Territory, June 1994. Adelaide: AIHW, 1995 (Report).

Publications involving AIHW Dental and Statistics Research Unit staff

Allister JH, Spencer AJ. Judgements on oral health outcomes by the general public. International Association for Dental Research, Australian and New Zealand Division, Perth, 26–29 September 1993. *J Dent Res* 1994;73(4):741 (Abstract no. 33).

Brennan DS, Spencer AJ, Szuster FSP. Practice styles of dentist service rates. International Association for Dental Research, Australian and New Zealand Division, Perth, 26–29 September 1993. *J Dent Res* 1994;73(4):741 (Abstract no. 40).

Brown LF, Keily PA, Spencer AJ. Evaluation of a continuing education intervention 'periodontics in general practice'. *Community Dent Oral Epidemiol* 1994;22:441–7.

- Brown LF, Keily PA, Spencer AJ. Hygienist employment and the presence of periodontal notations in general dental practice records. *Aust Dent J* 1994;39:45-9.
- Brown LF, Spencer AJ. Longer term evaluation of the effects of a continuing education intervention. International Association for Dental Research, Australian and New Zealand Division, Perth, 26-29 September 1993. *J Dent Res* 1994;73(4):741 (Abstract no. 34).
- Brown LF, Spencer AJ, Keily PA. Service-mix in general dental practices employing and not employing dental hygienists. *J Clin Periodontol* 1994;21:684-9.
- Davies MJ, Spencer AJ, Slade GD. Socioeconomic variation in reported dental health outcomes of school children. International Association for Dental Research, Australian and New Zealand Division, Perth, 26-29 September 1993. *J Dent Res* 1994;73(4):741 (Abstract no. 35).
- Davies MD, Stewart JF, Spencer AJ, Slade GD. Reported sources of additional care among school dental patients. International Association for Dental Research, Australian and New Zealand Division, Perth, 26-29 September 1993. *J Dent Res* 1994;73(4):750 (Abstract no. 109).
- Hoskin GW, Slade GD, Spencer AJ. Use of dental services by older adults. International Association for Dental Research, Australian and New Zealand Division, Perth, 26-29 September 1993. *J Dent Res* 1994;73(4):741 (Abstract no. 37).
- Lewis JM, Spencer AJ, Allister JH, Wright FAC. Validation of dental health status indicators. International Association for Dental Research, Australian and New Zealand Division, Perth, 26-29 September 1993. *J Dent Res* 1994;73(4):750 (Abstract no. 112).
- Roberts-Thomson K, Brennan DS, Spencer AJ. Inequality in use and comprehensiveness of dental services. *Aust J Public Health* 1995;19:80-5.
- Sedgwick AW, Davies MJ, Smith DS. Changes over four years in musculo-skeletal impairment in men and women. *Med J Aust* 1994;161:482-6.
- Slade GD, Spencer AJ. Development and evaluation of the oral health impact profile. *Community Dent Health* 1994;11:3-11.
- Slade GD, Spencer AJ. Distribution and correlates of periodontal attachment loss among older adults. International Association for Dental Research, Australian and New Zealand Division, Perth, 26-29 September 1993. *J Dent Res* 1994;73(4):751 (Abstract no. 114).
- Slade GD, Spencer AJ. Factors associated with oral health impact among older South Australians. International Association for Dental Research, 72nd general session, Seattle, 9-13 March 1994. *J Dent Res* 1994;73:279 (Abstract no. 1421).
- Slade GD, Spencer AJ. Social impact of oral conditions among older adults. *Aust Dent J* 1994;39:358-64.
- Spencer AJ, Brennan DS, Szuster FSP. Trends in work effort among private general practitioners. *Int Dent J* 1994;44:223-9.
- Spencer AJ, Brennan DS, Szuster FSP. Changing provision of restorative services in Australia. *J Dent* 1994;22:136-40.
- Spencer AJ, Davies MJ, Slade GD, Brennan DS. Caries prevalence in Australasia. *Int Dent J* 1994;44:415-23.
- Spencer AJ, Slade GD, Hunt RJ, Locker D. Cross-cultural comparisons of oral health impact in elderly populations. International Association for Dental Research, 72 general session, Seattle, 9-13 March 1994. *J Dent Res* 1994;73:279 (Abstract no. 1419).
- Spencer AJ, Szuster FSP, Brennan DS. Service-mix provided to patients in Australian private practice. *Aust Dent J* 1994;39:316-20.
- Szuster FSP, Spencer AJ, Brennan DS. Geographic variation of dentists practising in Australia. International Association for Dental Research, Australian and New Zealand Division, Perth, 26-29 September 1993. *J Dent Res* 1994;73(4):751 (Abstract no. 119).

Presentations involving AIHW Dental and Statistics Research Unit staff

Carter KD, Spencer AJ. Analysis of waiting times for dental care. Presentation at the IADR (ANZ Division) 34th Annual Scientific Meeting, Melbourne, 25–28 September 1994.

Szuster FSP, Spencer AJ. The dental disadvantaged in Australia. Presentation at the IADR (ANZ Division) 34th Annual Scientific Meeting, Melbourne, 25–28 September 1994.

Brennan DS, Spencer AJ, Slade GD. Service provision among adult public dental service patients. Presentation at the IADR (ANZ Division) 34th Annual Scientific Meeting, Melbourne, 25–28 September 1994.

Allister JH, Spencer AJ, Stewart JF. Satisfaction with dental care among adults. Presentation at the IADR (ANZ Division) 34th Annual Scientific Meeting, Melbourne, 25–28 September 1994.

Slade GD, Spencer AJ. Social factors influencing perceptions of oral well-being among seniors. Presentation at the AADR 24th Annual Meeting, San Antonio, USA, 8–12 March 1995.

Spencer AJ. The role of information in dental public policy. Presentation at the Behavioural Science and Dental Health Research Symposium on Public Policy and Dental Health, IADR (ANZ Division) 34th Annual Scientific Meeting, Melbourne, 25–28 September 1994.

Spencer AJ. Water fluoridation in Australia. Presentation at the International Symposium on Water Fluoridation, British Fluoridation Society in collaboration with the British Dental Association and the US Public Health Service's Division of Oral Health, Birmingham, UK, 1–2 June 1995.

Spencer AJ. Dental services in Australia: health information systems and auditing. Presentation at an open seminar, Community Dentistry, Kuala Lumpur, Malaysia, 3 March 1995.

Spencer AJ. Dental health in Australia. Presentation to the Ministry of Health's Division of Dental Services, Kuala Lumpur, Malaysia, 5 March 1995.

Spencer AJ, Slade GD, Davies MJ. Clinical prediction of caries incidence among South Australian school children. Presentation at the IADR (ANZ Division) 34th Annual Scientific Meeting, Melbourne, 25–28 September 1994.

Stewart JF, Spencer AJ, Allister JH. Response pattern to open-ended dental satisfaction prompts. Presentation at the IADR (ANZ Division) 34th Annual Scientific Meeting, Melbourne, 25–28 September 1994.

AIHW National Injury Surveillance Unit publications

Australian Injury Prevention Bulletin

Harrison J, Moller J. Australian Injury Prevention Bulletin: injury mortality amongst Aboriginal Australians. Adelaide: AIHW, 1994 (no. 7, September 1994).

Moller J. Australian Injury Prevention Bulletin: urban, rural and remote differences in injury mortality. Adelaide: AIHW, 1994 (no. 8, December 1994).

Dolinis J, O'Connor P, Trembath R. Australian Injury Prevention Bulletin: unprotected road users. Adelaide: AIHW, 1995 (no. 9, May 1995).

Injury Issues Monitor

Kreisfeld R ed. Injury Issues Monitor. Adelaide: AIHW, 1994 (no. 4, November 1994).

Kreisfeld R ed. Injury Issues Monitor. Adelaide: AIHW, 1994 (no. 5, December 1994).

Kreisfeld R ed. Injury Issues Monitor. Adelaide: AIHW, 1995 (no. 6, May 1995).

Cameron M, Oxley J. Investigation of improved exposure data for the assessment of road safety. Adelaide: AIHW, 1995 (Road Injury Information Program Report Series no. 6).

- Department of Public Health, University of Sydney. A review of the needs and opportunities for the surveillance of spinal cord injury. Adelaide: AIHW, 1995.
- Dolinis J. Drowning related injuries amongst 0-2 year olds. Adelaide: AIHW, 1995 (Working paper).
- Dolinis J. Fishing related injuries. Adelaide: AIHW, 1995 (Working paper).
- Dolinis J. Swimming related injuries. Adelaide: AIHW, 1995 (Working paper).
- Dolinis J. The assessment of variability in injury mortality rates: confidence intervals for population derived rates. Adelaide: AIHW, 1994 (Working paper).
- Moller J. Coronial information systems: needs and feasibility study. Adelaide: AIHW, 1994.
- Moller J. Baby walkers: an attempt to assess injury risk compared with some other nursery products. Adelaide: AIHW, 1994 (Working paper).
- NISU. Injury deaths, Australia 1989-93: routine surveillance data report. Adelaide: AIHW, 1995.
- NISU. National spinal cord injury register: coding manual and forms. Adelaide: AIHW, 1995.
- NISU. Road injury in Australia, 1991. Adelaide: AIHW, 1995 (Road Injury Information Program Report Series no. 4).
- NISU. Third international conference on injury prevention and control: second newsletter and call for abstracts. Adelaide: AIHW, 1994.
- NISU. Third international conference on injury prevention and control: third newsletter. Adelaide: AIHW, 1995.
- NISU, HSH. Injury prevention and control in Australia: a review of current programs and activities, 1994. Adelaide: AIHW, 1994.
- NISU, HSH. Injury in Australia: and epidemiological review, 1994. Adelaide: AIHW, 1995.
- NISU, KPMG Peat Marwick. Examination of length of stay differences of vehicle injury and other separations within diagnosis related groups. Adelaide: AIHW, 1995 (Road Injury Information Program Report Series no. 5).
- Rosman D. The linkage of hospital and police information on road crash casualties: an investigation of alternative methods. Adelaide: AIHW, 1995 (Road Injury Information Program Report Series no. 7).

Publications involving National Injury Surveillance Unit staff

- Corvalan CF, Driscoll TR, Harrison JE. Role of migrant factors in work-related fatalities in Australia. *Scand J Work Environ Health* 1994;20:364-70.
- Driscoll TR, Ansari G, Harrison JE, Frommer MS, Ruck EA. Traumatic work-related fatalities in commercial fishermen in Australia. *Occup Environ Med* 1994;51:612-6.
- Harrison JE. Australian injury data. In: Ozanne-Smith J, Williams F (eds). *Injury research and prevention: a text*. Melbourne: Monash University Accident Research Centre, 1995:44-60.
- Harrison JE, Choi CY. Suicide mortality in Australia. In: Ozanne-Smith J, Williams F (eds). *Injury research and prevention: a text*. Melbourne: Monash University Accident Research Centre, 1995:114-28.
- Harrison JE. Australian injury morbidity and mortality data: issues for comparability. In: National Center for Health Statistics. *International symposium on injury statistics. Proceedings of the international collaborative effort on injury statistics*, Bethesda, USA, 18-20 May 1994. Hyatsville: National Center for Health Statistics, 1995.
- Harrison J, Moller J. Injury mortality amongst Aboriginal Australians. *Aboriginal Torres Strait Isl Health Inf Bull* 1994;19(December):6-12.

Harrison JE. Injury surveillance in Australia: optimising costs and benefits. In: Rogmans WHJ (ed). *The role of accident data (in designing, monitoring and evaluating measures aiming at improving consumer safety in Europe)*. Amsterdam: European Consumer Safety Association, 1993:108-15.

Kreisfeld R, Harrison J, Moller J. Injury deaths amongst Aboriginal Australians. *Aboriginal Isl Health Work J* 1995;19(1)19-22.

Mandryk J, Harrison JE. Work-related fatalities of children and adolescents up to age 19 in Australia, 1982-84. *Aust J Public Health* 1995;19:46-9.

Moller J. Consumer safety: an overview. In: Ozanne-Smith J, Williams F (eds). *Injury research and prevention: a text*. Melbourne: Monash University Accident Research Centre, 1995:178-89.

Moller J. An introduction to community based injury prevention. In: Ozanne-Smith J, Williams F (eds). *Injury research and prevention: a text*. Melbourne: Monash University Accident Research Centre, 1995:210-20.

Moller J. Safety in the making: Australian product safety for the year 2020. *Int J Consum Saf* 1994;3:141-49.

Presentations involving AIHW National Injury Surveillance Unit staff

Dolinis J. Patterns of injury in the Australian population. Invited presentation at the joint University of Sydney/NSW Health Department workshop 'Planning and implementing effective injury prevention programs', Sydney, 7-8 November 1994.

Dolinis J. Injuries caused by falls: facts and figures for South Australia. Invited presentation at the Centre for Health Advancement symposium on the prevention of falls in older persons, Adelaide, 3 May 1995.

Harrison JE. Surveillance in injury research and prevention. Invited presentation at the conference on prevention strategies in occupational health and safety, Adelaide, 24 September 1994.

Harrison JE. The context of attempted self-harm surveillance: principles and potential problems. Invited presentation at the Rural Adolescent Self-harm Surveillance Project Workshop, Sydney, 3 November 1994.

Harrison JE. The context of new developments in injury surveillance. Invited presentation at the First National Conference on Injury Prevention and Control, Sydney, 27-28 February 1995.

Moller JN. Community injury prevention cycle. Presentation at the community injury prevention projects workshop on evaluation and injury surveillance, Wellington, NZ, 15-16 August 1994.

Moller JN. The essential components of a surveillance system and the role of injury surveillance in outcome evaluation. Presentation at the community injury prevention projects workshop on evaluation and injury surveillance, Wellington, NZ, 15-16 August 1994.

Moller J. Differences in injury patterns: urban, rural and remote areas of Australia. Invited presentation at the Farm Injury Conference, Wagga Wagga, 15 October 1994.

Moller J. The National Coronial Database. Invited presentation at the First National Conference on Injury Prevention and Control, Sydney, 27-28 February 1995.

Moller J. Nursery furniture injury prevention. Invited presentation at the First National Conference on Injury Prevention and Control, Sydney, 27-28 February 1995.

Moller J. Choosing appropriate prevention strategies. Invited presentation at the First National Conference on Injury Prevention and Control, Sydney, 27-28 February 1995.

Moller J. Contrast in urban, rural and remote motor vehicle related deaths. Invited presentation at the National Road Trauma Advisory Council Conference, Wodonga, 20-21 April 1995.

O'Connor P. The Australian national road injury database. Poster presentation at the 38th Annual Conference of the Association for the Advancement of Automotive Medicine, Lyon, France, 21-23 September 1994.

O'Connor P. Results of the investigation of missing values of blood alcohol concentration in road injury databases. Poster presentation at the 38th Annual Conference of the Association for the Advancement of Automotive Medicine, Lyon, France, 21-23 September 1994.

O'Connor PJ. Examination of the impact of a casemix based payment system on reimbursement for road injury admissions. Presentation at the Sixth National Casemix Conference, Hobart, 29-31 August 1994.

O'Connor PJ. Road injury data: barriers, needs and limitations. Invited presentation at the First National Conference on Injury Prevention and Control, Sydney, 27-28 February 1995.

National Reference Centre for Classification of Health Publications

Publications involving National Reference Centre for Classification in Health staff

Walker S, Wilks J, Ring I, Nicol J, Oldenburg B, Mutzelburg C. Use of Queensland hospital services by interstate and overseas visitors. *Health Inf Manage* 1994;25(1):12-15.

Presentations involving National Reference Centre for Classification in Health staff

Walker S. The National Reference Centre for Classification in Health and an introduction to the ICD-10. Presentation at the Inaugural Seminar of the National Coding Centre, Sydney, 25-26 November 1994.

Walker S. The role of the National Reference Centre for Classification in Health and an introduction to the ICD-10. Presentation at a meeting of ICD-10 key stakeholders, Sydney, 28 March 1995.

Walker S, Wood M. National Health Data Dictionary data items and definitions. Presentation to the Queensland Department of Health, Brisbane, 4-5 April 1995.

Wilks J. Publishing in the Professional Literature. Part 1. Presentation to the QUT School of Public Health, Brisbane, 11 October 1994 (QUT Research Series).

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Appendix 5

Activities funded by outside bodies

Institute

Project: National Health Information Model
Funding body: Department of Human Services and Health, Health and Community Services Victoria, and NSW Health
Amount: \$120,000 (1994–95)
Contact: Mr Nigel Mercer

Principal Medical Adviser

Project: National survey of blood lead in children
Funding body: Environment Protection Agency
Amount: \$1,290,300 (1993–94 to 1995–96)
Contact: Dr John Donovan

Health Monitoring Division

Project: Aboriginal and Torres Strait Islander Health and Welfare Unit
Funding body: Department of Human Services and Health
Amount: \$400,000 (1994–95)
Contact: Dr Colin Mathers

Project: Develop and implement a national food and nutrition monitoring and surveillance strategy including a program of regular national dietary surveillance. Develop and validate key indicators of change within the food and nutrition system, and instruments for monitoring key indicators.

Funding body: Department of Human Services and Health
Amount: \$320,000 (1994–95)
Contact: Ms Ingrid Coles-Rutishauser

Project: Population Health Indicators
Funding body: Department of Human Services and Health
Amount: \$89,000 (1994–95)
Contact: Dr Colin Mathers

Project: Burden of Disease
Funding body: NHMRC National Centre for Health Program Evaluation
Amount: \$20,000 (1994–95)
Contact: Dr Colin Mathers

Project: Statement on the Environment
Funding body: Department of Environment, Sports and Territories
Amount: \$5,000 (1994–95)
Contact: Dr Colin Mathers

Health Services Division

Project: Undertake the national development, coordination and liaison of the National Health Data Dictionary into additional areas of health; and manage the national dictionary repository, coordinate the publication and dissemination of all dictionary components

Funding body: AHMAC
Amount: \$142,500 (1994–95)
Contact: Mr Anthony Greville

Project: Develop, collect, analyse and report hospital performance indicators nationally

Funding body: Department of Human Services and Health
Amount: \$49,000 (1994–95)
Contact: Mr John Harding

Project: Provide professional and technical support for the AHMAC Medical Workforce Data Review Committee (part-year) and its replacement the Australian Medical Workforce Advisory Committee. Functions include commissioning, analysing and reporting on Australian medical workforce data.

Funding body: AHMAC
Amount: \$52,300 (1994–95)
Contact: Mr John Harding

Project: National Health Data Dictionary—Institutional Health Care survey program for institutional health services

Funding body: Department of Human Services and Health
Amount: \$80,000 (1994–95)
Contact: Mr Anthony Greville

Project: To develop a set of nationally agreed definitions for use in describing patients waiting for elective surgery in acute hospitals and to publish information based upon these definitions

Funding body: Department of Human Services and Health
Amount: \$36,233 (1994–95)
Contact: Mr John Harding

Project: Australian Health Outcomes Clearing House seminars

Funding body: Various sponsors
Amount: \$10,132 (1994–95)
Contact: Ms Jan Sansoni

Appendix 5

Project: Australian Health Outcomes Clearing House
Funding body: Health and Community Services Victoria
Amount: \$30,000 (1994–95)
Contact: Ms Jan Sansoni

Project: Australian Health Outcomes Clearing House Conference
Funding body: Various sponsors
Amount: \$9,000 (1994–95)
Contact: Mr John Harding

Welfare Division

Project: Continenence Aids Assistance Scheme—develop an evaluation strategy for the scheme
Funding body: Department of Human Services and Health
Amount: \$80,000 (1994–95)
Contact: Dr Ching Choi

Project: The collection and publication of child welfare statistics from all Australian States and Territories
Funding body: State governments
Amount: \$155,450 (1994–95) Ongoing
Contact: Dr Ching Choi

Project: ACT Housing Needs Assessment Model
Funding body: ACT Housing and Community Services Bureau
Amount: \$11,171 (1994–95)
Contact: Mr Glenn Foard

Project: National information system for employment-related disability services
Funding body: Department of Human Services and Health
Amount: \$260,745 (1994–95)
Contact: Ms Ros Madden

Project: CSDA Evaluation Demand Study of demand for disability services
Funding body: Department of Human Services and Health
Amount: \$20,000 (1994–95)
Contact: Ms Ros Madden

Project: Community Research Workshop—Contribution of cash and non-cash benefits to living standard
Funding body: Department of Social Security
Amount: \$21,060 (1994–95)
Contact: Ms Helen Moyle

National Injury Surveillance Unit

- Project: Development and production of a handbook for injury control in Australia
- Funding body: Department of Human Services and Health
- Amount: \$54,086 (1991-92 to 1995-96)
- Contact: Dr James Harrison
- Project: Develop a national strategic plan for injury control; manage planning for the Third International Conference on Injury Control; provide secretariat support for the Trauma Treatment and Intervention Committee of the National Road Trauma Advisory Council; and provide an information, advisory, and support service for injury control practitioners
- Funding body: Department of Human Services and Health, and others
- Amount: \$562,366 (1994-95) Ongoing
- Contact: Dr James Harrison
- Project: Coroner Information System—support the development of the National Coroner's Information System
- Funding body: Department of Human Services and Health
- Amount: \$40,000 (1994-95)
- Contact: Dr James Harrison

Dental Statistics and Research Unit

- Project: Longitudinal Study of Dentists' Practice Activity—the third wave of a five-yearly longitudinal collection on the practice activity of dentists in Australia
- Funding body: Department of Human Services and Health
- Amount: \$22,406 (per year, 1994-95 and 1995-96)
- Contact: Professor A John Spencer
- Project: Commonwealth Dental Health Program Evaluation Project—establish four integrated data collections on oral health, use of services, provision of services and dental satisfaction as part of the evaluation process for the Commonwealth Dental Health Program
- Funding body: Department of Human Services and Health
- Amount: \$316,250 (1994-95)
- Contact: Professor A John Spencer

National Perinatal Statistics Unit

- Project: Register of pregnancies after assisted conception
- Funding body: Fertility Society of Australia/Serono
- Amount: \$63,491
- Contact: Associate Professor Paul Lancaster

Appendix 5

Project:	Perinatal outcome in hospitals with neonatal intensive care units
Funding body:	Wellcome Australia
Amount:	\$100,000
Contact:	Associate Professor Paul Lancaster

Appendix 6

Freedom of Information requests

There were no requests under the *Freedom of Information Act 1982* during 1994–95.

Appendix 7

Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
CD-ROM	Compact disc Read-only Memory (computer storage device)
ICD-9	International Classification of Diseases Ninth Revision
ICD-9-CM	International Classification of Diseases Ninth Revision, Clinical Modification
ICD-10	International Classification of Diseases Tenth Revision
NHMRC	National Health and Medical Research Council
OECD	Organisation for Economic Co-operation and Development
REVES	Reseau Espérance de Vie en Santé
WHO	World Health Organization

Abbreviations of places

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

Appendix 8

Equal Employment Opportunity

Representation of EEO groups within salary levels as at 30 June 1995.

Salary group	NESB 1		NESB 2		PWD		Women		Men		Total	
	93-94	94-95	93-94	94-95	93-94	94-95	93-94	94-95	93-94	94-95	93-94	94-95
ASO 1 & Equiv.	0	0	0	0	0	0	0	0	0	0	0	0
ASO 2 & Equiv. \$24804-\$27506	0	0	0	0	0	0	7	5	1	0	8	5
ASO 3 & Equiv. \$28252-\$30492	0	0	0	0	0	0	5	6	1	0	6	6
ASO 4 & Equiv. \$31488-\$34189	0	1	0	0	0	0	6	6	2	7	8	13
ASO 5 & Equiv. \$35122-\$37241	2	3	0	0	0	1	9	11	9	7	18	18
ASO 6 & Equiv. \$37932-\$43573	1	2	0	0	2	1	5	3	4	4	9	7
SO C & Equiv. \$44898-\$48770	5	4	1	0	1	2	14	17	18	15	32	32
SO B & Equiv. \$49832-\$57184	2	4	0	0	1	1	7	8	18	15	25	23
Medical Officers	0	0	0	0	0	0	0	0	2	2	2	2
SES & Equiv. \$63305 & above	1	1	0	0	1	1	0	0	7	6	7	6
Total	11	15	1	0	5	6	53	56	62	56	115	112

NESB1 Non-English-speaking background, first generation

NESB2 Non-English-speaking background, second generation

PWD People with a disability

Appendix 9

Compliance

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

- Information technology procurement (page 40)
- Occupational health and safety (page 45)
- Industrial democracy (page 45)
- Equal employment opportunity (See 'Representation of equal employment opportunity groups within salary levels' on page 113)
- Performance pay (page 47)
- Resource summary (table 4 on page 46)