

**AUSTRALIAN INSTITUTE OF
HEALTH AND WELFARE**

**Annual report
1999–00**

Australian Institute of Health and Welfare
Canberra
AIHW cat. no. AUS 20

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

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The Hon. Dr Michael Wooldridge MP
Minister for Health and Aged Care
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 2000.

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

In accordance with the requirements of Section 9 of the CAC Act, the report was endorsed on 7 September 2000 at a meeting of directors responsible for the preparation and content of the report of operations in accordance with Finance Minister's Orders.

Yours sincerely

Professor Janice Reid
Chairperson of the Board
13 September 2000

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Foreword

From the Chairperson, Australian Institute of Health and Welfare

This millennial issue of the AIHW annual report confirms the Institute's continuing leadership in the development of national health, housing and community services statistics and information.

It has been a record year in terms of output, and the volume of contract work being undertaken by the Institute has increased compared with the previous year. The Board is proud to have had significant input in guiding this business expansion.

We are also pleased to have contributed to the development of the two flagship AIHW reports, *Australia's Welfare 1999* and *Australia's Health 2000*, both of which were released during the year.

The Board also supports the Institute's continuing involvement in reports that bridge traditional notions of health and welfare, while at the same time highlighting issues surrounding vulnerable populations within our society. Two examples of such reports in the past year have been *Australia's Young People: Their Health and Wellbeing 1999*, and *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 1999*.

This year's AIHW annual report contains a feature chapter on data security. Data security, and related issues of privacy and confidentiality, are extremely important to us, as the chapter makes clear. They are cornerstones of the Institute and the way we do business with our clients and data providers, as well as meeting our obligations to the Australian community.

In addition to the protective legislative provisions of our Act, there are the ethical protections afforded by the Institute's Health and Welfare Ethics Committees.

Although we protect our data holdings in important ways, we are also committed to publishing the results of all of our work in the interests of accessibility and improving the health and welfare of Australians. We also have provisions for releasing health data to bona fide medical researchers outside the Institute, but only under strict conditions, and with Ethics Committee approval.

We have other values too. Values such as objectivity, independence, client focus, and our commitment to high quality and to our staff. Add in our national focus plus our track record, and this is a potent mix indeed that we can offer the community, and our current and prospective clients.

The total mix is unique in the health, housing and community services statistics and information fields. All of us on the AIHW Board are very happy to be part of it.

Professor Janice Reid, AM



AIHW mission

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

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

AIHW values

We follow these values:

Objectivity

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

Independence

- Ensuring that our work always accords with our mission.

Quality

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

Respect

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

Accessibility

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

Client focus

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

People

- Respecting and promoting the creativity, expertise and well-being of those we work with.

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Australian Institute of Health and Welfare

Enabling legislation	The Australian Institute of Health and Welfare (AIHW) is established and operates under the provisions of the <i>Australian Institute of Health and Welfare Act 1987</i> . The Institute is in the Health and Aged Care portfolio and has a close relationship with the Family and Community Services portfolio.
Responsible Minister	From 1 July 1999 to 30 June 2000 the Minister responsible for the Institute was the Hon. Dr Michael Wooldridge, Minister for Health and Aged Care. The Institute also communicated with the Minister for Family and Community Services, the Hon. Jocelyn Newman, and the Minister for Aged Care, the Hon. Bronwyn Bishop, on its activities in their areas of responsibility.
Objectives and functions	The AIHW's main functions relate to the collection and production of health-related and welfare-related information and statistics, and are specified in s. 5 of the AIHW Act. In summary, the AIHW: <ul data-bbox="481 877 1225 1243" style="list-style-type: none">• identifies and meets the information needs of governments and the community to enable them to make informed decisions to improve the health and welfare of Australians;• provides authoritative and timely information and analysis to the Commonwealth, State and Territory governments and non-government clients through the collection, analysis and dissemination of national health, housing assistance and community services data; and• develops, maintains and promotes, in conjunction with stakeholders, information standards for health, housing assistance and community services. The Institute may: <ul data-bbox="481 1283 1225 1496" style="list-style-type: none">• enter into contracts or arrangements, including contracts or arrangements to perform functions on behalf of the Institute (details of such collaborations are included later in this report); and• subject to strict confidentiality provisions contained in the AIHW Act, release data to other bodies or persons for research purposes. The Institute publishes and promotes the results of its work.
Legislation	The Institute was established as a statutory authority in 1987 by the then <i>Australian Institute of Health Act 1987</i> . In 1992 the Institute's role and functions were expanded to include welfare-related information and statistics. The Act is now entitled the <i>Australian Institute of Health and Welfare Act 1987</i> (Appendix 2, page 83).

Corporate governance

AIHW Board

Section 8(1) of the AIHW Act specifies the composition of the Board of the Australian Institute of Health and Welfare. Board members, other than three ex-officio members and a staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Aged Care for periods not exceeding 3 years. Details of 1999–00 Board members are listed below. The Financial Statements contain details of remuneration of Board members (Note 12, page 77), and Related Party Disclosures of the Board (Note 13, page 78).

Board members for the period 1 July 1999 to 30 June 2000 were:

Chair

Professor Janice Reid, AM

Ministerial nominee

Dr Sandra Hacker

Secretary, Department of Health and Aged Care

Mr Andrew Podger

Australian Statistician

Represented by Mr Tim Skinner, Deputy Australian Statistician

Australian Health Ministers' Advisory Council nominee

Mr David Butt

Community Services Ministers' Advisory Council

Mr Ian Procter

Representative of State and Territory Housing Departments

Ms Linda Apelt

Representative of consumers of welfare services

Ms Elizabeth Davies

Director, AIHW

Dr Richard Madden

AIHW staff nominee

Ms Lyn Elliott

The Secretary of the Department of Family and Community Services, Dr David Rosalky, is invited to attend and participate in Board meetings. His representative until June 2000 was Mr David Tune. The National Health and Medical Research Council (NHMRC) and the Institute have reciprocal arrangements to observe Institute Board and NHMRC meetings respectively.

Four Board meetings were held during the period. Details of meetings attended and Board members' qualifications and experience are in Appendix 3 (page 108).



AIHW Board: (top row) Ms Linda Appelt, Dr Sandra Hacker, Mr David Tune (for Dr David Rosalky), Ms Lyn Elliott, Mr Andrew Podger, Ms Elizabeth Davies; (bottom row) Dr Richard Madden, Prof Janice Reid (Chair), Mr Tim Skinner. Absent: Mr Ian Procter

Board committees

Ethics Committees

The functions and the composition of the Institute's Health Ethics Committee are prescribed in s. 16(1) of the *Australian Institute of Health and Welfare Act 1987*, and Regulations accompanying the Act. The Committee's principal responsibilities are to form an opinion as to the acceptability or otherwise, on ethical grounds, of current or proposed health-related activities of the Institute or bodies with which the Institute is associated, and to inform the Institute of the Committee's opinion. The Institute can release identifiable health data for research purposes with the agreement of the Committee, provided that release does not contravene the terms and conditions under which the data were supplied to the Institute.

The Institute has established a Welfare Ethics Committee to cover its welfare activities. Under its Act, the Institute cannot release identifiable welfare information. The membership of this Committee is identical to that of the Health Ethics Committee.

The Commonwealth Government has approved amendments to the Institute's Act to expand the Health Ethics Committee's functions to include welfare information. The necessary amendments are expected to be introduced into Parliament during 2000-01.

Membership and meetings

Membership of the Ethics Committees at 30 June 2000 is shown below. The Ethics Committees meet the requirements of the National Health and Medical Research Council requirements for the composition of Human Research Ethics Committees.

Four meetings of both the Health Ethics Committee and the Welfare Ethics Committee were held during 1999–00. The Committees agreed to the ethical acceptability of 24 projects during the year.

Ethics Committees members

The Health Ethics Committee and Welfare Ethics Committee share common membership:

Medical graduate with research experience

Dr Sid Sax (Chair)

Graduate in a social science

Dr Helen Christensen (1 July 1999 – 1 March 2000)

Dr Siew-ean Khoo (from 2 March 2000)

Nominee of the Registrars of Births, Deaths and Marriages

Mr John Jameson (1 July 1999 – 14 February 2000)

Mr Andrew Levens (from 15 February 2000)

Minister of religion

Rev. Dr D'Arcy Wood

Legal practitioner

Mr Robert Todd

Representatives of general community attitudes

Mr Ken Moran (1 July 1999 – 6 August 1999)

Mr Stan Alchin (from 7 August 1999)

Ms Sophie Hill

Director, AIHW

Dr Richard Madden

Audit and Finance Committee

New members were appointed to the Audit and Finance Committee during the year. Its membership and details of the four meetings held during the year are shown in Appendix 9.

The Committee considered the following matters and made recommendations to the Institute's Board:

- review of annual financial statements and consideration of audit reports
- annual report by the external auditor on the financial statement
- engagement of an internal auditor for the period commencing 1 July 2000
- 3-year Audit Strategic Plan
- data risk audit

Indemnities for officers

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

Funding

Two main sources of income fund the Institute's activities. As part of the Health and Aged Care portfolio, the Institute was appropriated \$8,111,000 in 1999–00 from the Commonwealth (Appendix 1, page 61). Revenue for externally funded projects from other sources was \$9,066,000. External projects are largely funded through agreements between the Institute and Commonwealth (the Department of Health and Aged Care and the Department of Family and Community Services) and State agencies.

Structure, management and staff

Organisational structure

The Director, who is a member of the Board, is responsible for the AIHW's activities. The Director is supported in this role by three Division Heads, each with a major functional responsibility within the organisation's Canberra headquarters. The chart on page 8 shows the Institute's organisational structure.

Divisions

The AIHW has three divisions: Health, Welfare, and Economics and Business Services. The Director is supported by an Executive Unit.

Collaborating units

Five collaborating units (contracted with the organisations shown below) assist the AIHW in performing its functions:

National Perinatal Statistics Unit (University of New South Wales)

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

Dental Statistics and Research Unit (University of Adelaide)

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

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

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

National Injury Surveillance Unit (Flinders University)

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

General Practice Statistics and Classification Unit (University of Sydney)

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

Cooperative arrangements

The Institute's Board encourages judicious collaboration with suitable organisations to enhance the Institute's ability to meet its mission. The Institute has such arrangements with the National Centre for Classification in Health and the National Key Centre for Social Applications of Geographic Information Systems. These arrangements are briefly outlined below.

National Centre for Classification in Health (NCCH)

The Institute contributes, in conjunction with the Australian Bureau of Statistics, to the funding of the NCCH's work on mortality classification.

National Key Centre for Social Applications of Geographic Information Systems

An agreement was signed in August 1999 with the University of Adelaide to establish a collaboration with the National Key Centre for Social Applications of Geographic Information Systems. The purpose of the collaboration is to enable the presentation and dissemination of health and welfare information to be prepared on a Geographical Information System (GIS) platform.

AIHW staff

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 1999–00 are shown on page 53. Executive staff as at 30 June 2000 are listed below. Information on Unit Heads is in Appendix 6 (page 125).



Director

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

Health Division Head

Geoff Sims, BCom (Stats) (Hons) UNSW

Welfare Division Head

Ching Y Choi, BA ICU, PhD ANU

Economics and Business Services Division Head

Anny Stuer, BA (Hons) France, PhD ANU

Risk management strategies

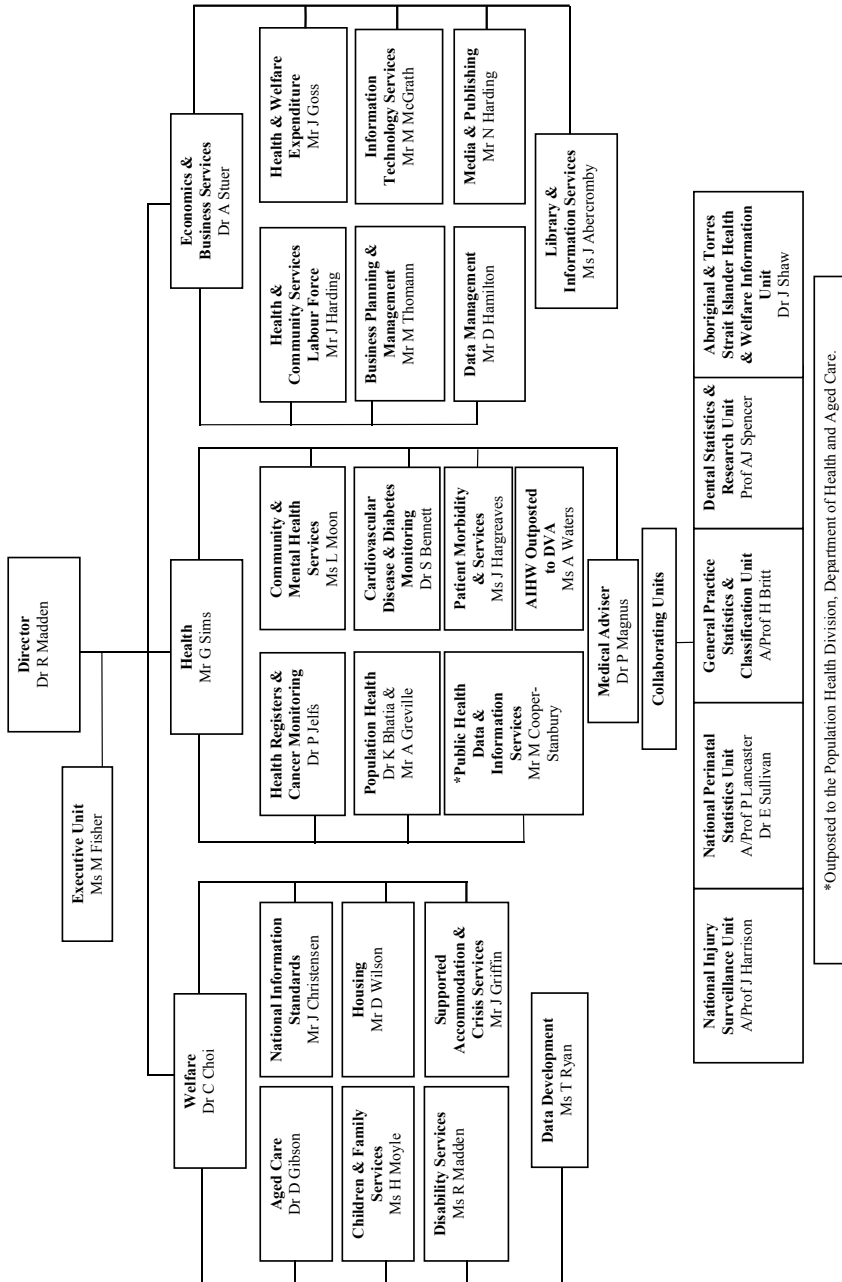
Contingency plans developed during the previous reporting period to ensure Y2K compliance have formed the basis of the development of a risk management plan at the Institute. A review of risk management policies and procedures adopted by the Institute was undertaken by the internal auditors during the year and relevant staff attended Comcover insurance risk management modules.

Year 2000

The transition of all computer-based or -controlled systems to the year 2000 was achieved successfully and without incident, and all have been operating satisfactorily since then.

Computer virus detection

All incoming files continue to be scanned for computer viruses, and virus detection software is being kept up to date. Virus attacks increased during 1999-00, and the period of time between notification of a new virus and its detection for the first time at the Institute appears to be shortening. Despite this reduced warning time, counter measures continue to be effective.



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

Highlights

The Institute continued to lead the development of national information in health, housing assistance and community services in Australia in 1999–00.

It was a very productive year, with a record 77 publications being produced, together with 42 public releases and special events/launches – also a record.

Both of the Institute's biennial reports to Parliament – *Australia's Welfare 1999* and *Australia's Health 2000* – were published during the year, and launched, respectively, by the Minister for Family and Community Services and the Minister for Health and Aged Care. Conferences were held in conjunction with both launches.

The positive response to various AIHW thematic reports in 1998–99 continued in 1999–00 with the publication of *Australia's Young People: Their Health and Wellbeing 1999*. This report included information bridging traditional notions of health and welfare services, an area the AIHW is devoting increasing attention to. During the year, planning sessions were held for a future report on 'de-institutionalisation' (the shift to community care and living).

This 1999–00 Annual Report shows a widening range and extent of work being undertaken by the Institute compared with the previous year. The increased demand for AIHW expertise is pleasing. Staff numbers have grown to over 180 to fulfil contractual obligations with various client groups.

It is not possible to meet demand for additional development work through the Institute's appropriation. Consequently, extra resources must be attracted through partnerships and other business arrangements with various funding agencies (details of which may be found in Appendix 4). The Institute has been meticulous in ensuring that all such arrangements accord with its mission and values, its enabling legislation and its business rules.

Business development has thus become an increasingly important feature of the Institute's relationships with its stakeholders. The AIHW appreciates the support and cooperation given by all agencies with which it works.

A welcome development in this regard was the establishment during the year of a formal partnership among several agencies for the AIHW to develop housing assistance data. The arrangements perhaps provide a model for future data development in other areas.

Some specific highlights of 1999–00 include:

**Release of
Australia's Welfare
1999**

Australia's Welfare: Services and Assistance 1999, the fourth biennial report to government on community services, was published as scheduled in November 1999. The Minister for Family and Community Services, Senator Jocelyn Newman, launched the report at the Australia's Welfare 1999 Conference, organised by the Institute.

The report covers welfare services expenditure, family and children's services including child protection, services for homeless people, housing assistance, disability services and aged care. A special feature chapter, written by Professor Peter Saunders of the University of New South Wales, examines the interactions between changing work patterns and the community services workforce over the past 20 years.

The 1-day conference held to coincide with the launch of the report was very well attended, and feedback from participants was excellent. Keynote speakers were New South Wales Community Services Commissioner Mr Robert Fitzgerald, and Professor Peter Saunders.

Australia's Welfare authors presented sessions on their areas of expertise, and the conference concluded with a panel discussion, 'Welfare services: a new partnership between government, the community and business'.

**Release of
Australia's Health
2000**

Australia's Health 2000, the seventh biennial health report, was published in June 2000. Because of his Parliamentary responsibilities, it was 'virtually' launched by the Minister for Health and Aged Care, Dr Michael Wooldridge, via a video link from Parliament House to the launch venue at the Australian National University. The launch was held as part of the Australia's Health 2000 Conference organised by the Institute.

The report was considerably restructured compared with previous reports in the series. The first chapter includes a conceptual framework for health that provides the foundations for the remainder of the report. Other chapters include comprehensive information on: the health of Australians and population groups; the determinants of health; health resources and use of services; health strategies, performance and monitoring; and challenges for national health information. The report also contains a feature chapter presenting changes in Australia's disease profile over the last 100 years.

As with the Australia's Welfare 1999 Conference, the 1-day Australia's Health 2000 Conference attracted positive feedback. Keynote speakers were AIHW Board Chair Professor Janice Reid, and Professor Peter Baume from the University of New South Wales.

General practice statistics

The AIHW General Practice Statistics and Classification Unit's first annual report, *General Practice Activity in Australia 1998-99*, was released in October 1999.

The report details approximately 100,000 doctor-patient encounters from a sample of 1,000 GPs. It gives an insight into why people visit their GP, the health problems GPs manage, and what types of treatments general practice patients receive.

The report is an output of the BEACH (Bettering the Evaluation And Care of Health) program conducted by the University of Sydney in collaboration with the AIHW.

A second report, *Measures of Health and Health Care Delivery in General Practice in Australia*, released in May 2000, presents the results of 17 sub-studies conducted in the first year of BEACH, including measures of GP patient population health, consultation length, and GP satisfaction with consultations.

Burden of disease and injury in Australia

The Institute published the first national Burden of Disease and Injury Study for Australia in November 1999.

This pioneering study allows measurement of the health burden to the nation arising from 176 diseases, injuries and risk factors, using a common metric, the disability adjusted life year or DALY.

The work was undertaken in association with the Victorian Department of Human Services, building on work undertaken by the World Health Organization, but with method modifications for the Australian context.

The study provides a new way of measuring population health to assist in decision making in health.

One of the more important findings was the extent of the burden of mental illness, particularly depression, in the community.

Australia's Young People: Their Health and Wellbeing 1999

The first national report on the health status of young Australians (12-24 years) was released in January 2000. Development of the report and its content was guided by an expert advisory group working with AIHW staff.

The report provides comprehensive information on important diseases and injuries among Australian youth, major risk factors and social determinants of health.

The publication was widely reviewed and positively received by a broad cross-section of interested parties, from health planners and administrators to academics, researchers and community groups.

Aboriginal and Torres Strait Islander health and welfare information

The Institute's Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU), located in the Australian Bureau of Statistics, Darwin, produced the second edition of its flagship publication, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*.

The report was released in August 1999 and received widespread media attention. Information sessions were conducted nationwide by ATSIHWIU staff.

By February 2000 the publication had sold out and had to be reprinted to satisfy demand.

A companion summary booklet was released in October 1999.

Housing assistance data development

During 1999–00, efforts to develop nationally consistent housing assistance data received a boost through the signing of two data agreements—the National Housing Data Agreement (a subsidiary agreement of the 1999–2003 Commonwealth–State Housing Agreement), and the Agreement on National Indigenous Housing Information. The Institute is recognised as a partner in these agreements.

AIHW work in drafting the agreements and providing secretariat support through the development stages was greatly assisted by strong support from all jurisdictions and the Australian Bureau of Statistics.

Data management groups and data committees have now been established under the agreements, and work is under way. The AIHW contributes funds to support projects identified as priorities by the management groups.

Business arrangements with the Steering Committee for the Review of Government Services

The AIHW contributes strongly to the *Report on Government Services* produced annually by the Steering Committee for the Review of Government Services. The Institute participates in the six working parties covering health, housing and community services, and provides numerous key data sets to the Steering Committee's secretariat.

The volume of this work increased significantly over the past 2–3 years to the point where the resourcing implications had become a serious concern—the AIHW had not been resourced for this work. As well, the Institute had been concerned at specific uses of, and alterations to, Institute information in successive editions of the report.

Consequently, during 1999–00 the AIHW and the Steering Committee agreed to a set of formal business arrangements to clearly define the roles and responsibilities of the parties and to overcome the resourcing concerns. The AIHW Board has endorsed the business arrangements.

AIHW cultural and social activities

Against the background of significant achievements and record output outlined above, AIHW cultural and social activities have also flourished.

The AIHW choir won a Christmas workplace choir competition run by a local radio station. It also performed with distinction at various concerts, social events and competitions, and as part of a massed Australian Public Service choir.

The AIHW's commitment to '...improve the health and wellbeing of Australians...' was reflected in the active nature of its Melbourne Cup celebrations. In addition to the usual

celebrations, walking, running, and bicycle races were held, with a high level of staff participation in each event.

The Institute's birthday was again celebrated by a soccer match between as many staff members as chose to play. The Institute also fielded a team in the Heart Foundation's Swim for Heart fundraising event in July 1999.

The Institute is proud to have its own Olympic torchbearer, John Harding, Head of the Health and Community Services Labour Force Unit. John was selected to run in the torch relay because of his long involvement as a competitor, coach and administrator in Australian Capital Territory distance running.

AIHW staff

AIHW staff worked extremely hard during the year, while suffering increasing accommodation pressure as staff numbers grew at a greater rate than the space available. The accommodation problems will be relieved with an additional wing of the Fern Hill Park premises becoming available in July 2000. The AIHW will then occupy the whole building.

The volume, quality and timeliness of information produced by the AIHW during the year are testimony to the skill and commitment of its staff.

Feature chapter

Security of data in the AIHW

Individual data collected by statistical agencies for statistical compilation, whether they refer to natural or legal persons, are to be strictly confidential and used exclusively for statistical purposes.¹

Proposed new national privacy legislation (Privacy Amendment (Private Sector) Bill 2000) has been the catalyst for lively debate about the security of information. As well, the community is being included in discussions about opportunities to create an electronic health record.

The AIHW has an exemplary record of protecting the security of the data it holds on the health and welfare of Australians.

The functions of the Institute include the collection, coordination and production of health- and welfare-related statistics and information and the provision of assistance to other persons carrying out such activities, the development of specialised statistical standards and classifications relevant to health and welfare services and, subject to the confidentiality provisions in clause 29 of the *Australian Institute of Health and Welfare Act 1987*, allowing researchers access to statistics and other health-related information held by the Institute or its contractors.²

The security of data held by the AIHW has been of the highest importance since the Institute was established. The Explanatory Memorandum which accompanied the introduction of the *Australian Institute of Health Act 1987* stated: 'An important aspect of the Bill is the provision to protect the confidentiality of personal information given to the Institute. Any publications based on the work of the Institute may not identify an individual (including a deceased person...)'.³ The Act's confidentiality provisions are contained in s. 29. (The AIHW Act is reproduced in Appendix 2.)

Section 29 of the AIHW Act prohibits disclosure or communication of information held under the Act even to a court of law. Section 29(4)(e) of the Act includes the requirement not to disclose even the source of the information or 'the whereabouts, existence or non-existence of a document concerning a person'. The AIHW can, however, inform the community that it is responsible for particular collections.

In 1988, the Commonwealth Privacy Act became law. The *Privacy Act 1988* contains 11 Information Privacy Principles (IPPs) which govern the conduct of Commonwealth agencies, including the AIHW, in their collection, management, use and disclosure of records containing personal information. The requirements of the Privacy Act supplement those of the AIHW Act.

In meeting its legislated function of producing health- and welfare-related statistics and information, the AIHW follows the high ethical standard laid down in its Act and the established practice of the Australian Bureau of Statistics (ABS) and the United Nations Principles of Official Statistics of protecting the security of personal information. However, the legislation allocates to the AIHW the additional function (subject to s. 29 of the Act) of enabling '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'. This function provides a degree of flexibility in addressing more complex requirements of researchers.

Section 95 of the Privacy Act contains special provision to allow access to identified or identifiable data for medical research purposes. Section 95 enables Commonwealth agencies to disclose identifiable records for medical research purposes in accordance with privacy guidelines issued by the National Health and Medical Research Council (NHMRC) and approved by the Privacy Commissioner. Essentially, s. 95 allows for an ethics committee to accept that an IPP may need to be breached to allow medical research to proceed, subject to a test of 'overriding public good'.

Section 16(1) of the AIHW Act requires the AIHW to appoint a Health Ethics Committee. The Committee may form an opinion as to the acceptability or otherwise, on ethical grounds, of health-related activities of the Institute or bodies with which it is associated. Section 29(c) of the Act permits release of data with the written authority of the Ethics Committee. The Australian Institute of Health Ethics Committee Regulations require the Committee in fulfilling its functions to have regard to any relevant ethical principles and standards formulated or adopted by the NHMRC (as prescribed by s. 95 of the Privacy Act). Following Ethics Committee consideration and clearance, researchers granted access by the Institute to identifiable data must sign an undertaking which binds them to the same confidentiality obligations (under s. 29 of the AIHW Act) as apply to AIHW staff. Monitoring compliance with the requirements of the undertaking is integral to the Ethics Committee process.

In the 5 years to June 2000, the Health Ethics Committee has agreed to 140 releases of records for research purposes, and has rejected 9 applications. The Ethics Committee also obtained amendments to a number of the proposals to ensure they met the guidelines.

The Ethics Committee's *Guidelines for the Preparation of Submissions for Ethical Clearance* have been endorsed by the Board and are available on the AIHW web site: at <http://www.aihw.gov.au>.

Fundamental to the AIHW's fulfilment of its mission are the processes established by national information agreements covering health, housing and community services

information. Each agreement contains a requirement that 'information will be collected, disseminated, used and secured in such a way as to protect the privacy and confidentiality of any individual to whom and/or organisation to which it may refer. In particular, all State/Territory and Commonwealth privacy and confidentiality legislation and established ethical guidelines and practices will be complied with under this Agreement.' The privacy provisions of the agreements require the parties to 'acknowledge that data holders will comply with the provision of the Commonwealth's *Privacy Act 1988* as amended, and any other Commonwealth, State or Territory legislation relevant to the confidentiality or privacy of the data'.⁴ Thus data provided to the AIHW under the agreements is covered by an additional level of security.

The AIHW has a range of strategies in place to ensure the confidentiality of its data, including:

Undertaking of Confidentiality

Newly appointed Institute staff, including staff employed on a short-term basis and staff of collaborating units, are required to sign an Undertaking of Confidentiality as soon as they start work. Verbal and written information covering security of data is part of the induction material given to all new staff.

Datahound

There is a central corporate register of AIHW data holdings (Datahound) to support a standardised approach to their management.

Formal delegation of responsibilities to data custodians

Staff at Unit Head level have responsibility for particular data sets, including ensuring compliance with any security and confidentiality requirements. The Director has delegated responsibility for the custody of data holdings to those data custodians.

The Board has endorsed *Guidelines for Custody of AIHW Data* which describe the responsibilities of data custodians and the processes to be followed in carrying out those responsibilities. It also details the roles and responsibilities of other staff in monitoring data security and confidentiality. The Board requires regular data audits to ensure the soundness of practices regarding security of data.

Internet security

Because of its concerns regarding Internet security, the AIHW has adopted a cautious approach to incorporating use of the Internet into its working environment. The Institute's connection to the Internet follows Defence Signals Directorate (DSD) recommendations and has been certified by DSD to provide the high level of security required by the Institute.

Policies and Guidelines

The Institute's Board and Executive have endorsed a range of policies and guidelines to ensure the secure handling of its data holdings:

- *AIHW Information Security and Privacy Policy and Procedures*
- *Guidelines for the Custody of AIHW Data*
- *Guidelines for the Preparation of Submissions for Ethical Clearance*
- *AIHW IT Security Manual*

The Information Privacy Principles and the requirements of the Australian Public Service Code of Conduct also apply.

The Institute will not permit its data to be linked for administrative or regulatory purposes.

The AIHW supports the principle that 'Official statistics provide an indispensable element in the information system of a democratic society, serving the Government, the economy and the public with data about the economic, demographic, social and environmental situation.'⁵ Information collected by the AIHW is used only for statistical and research purposes. The framework of legislation, formal agreements, the requirements of its Board, and endorsed policies, principles, guidelines and practices guarantee the security of that information.

Notes

1. Principle 6, Principles of Official Statistics, United Nations Statistical Commission, Report on the Special Session (11–15 April 1994), Economic and Social Council, Official Records, 1994, Supplement No. 9.
2. The Parliament of the Commonwealth of Australia, House of Representatives, Australian Institute of Health Bill 1987, Explanatory Memorandum (11264/87 Cat. No. 87 4080 2).
3. *ibid.*
4. National Housing Data Agreement, National Community Services Information Agreement, Agreement on National Indigenous Housing Information
5. Principle 1, Principles of Official Statistics, United Nations Statistical Commission, Report on the Special Session (11–15 April 1994), Economic and Social Council, Official Records, 1994, Supplement No. 9.

National coordination and executive support

National agreements in health, housing and community services and the processes established under those agreements are fundamental to the AIHW's achieving its mission. The Corporate Plan identifies that the Institute's objective in its relationship with its partners is to 'strengthen and build partnerships and provide leadership to achieve best results'. The Executive Unit helps the AIHW achieve its mission by providing support for the processes of the National Health Information Agreement and the National Community Services Information Agreement. In moving towards a coordinated approach, the consistency and compatibility of health, housing and community services information are high priorities.

The Executive Unit supports the Board, the Executive, and the Health and Welfare Ethics Committees. The Head of the Executive Unit is Secretary to the Board.

The Executive Unit also supports the Director's activities in various health and welfare forums, including in his role as Head of the WHO Collaborating Centre for the Western Pacific for the International Classification of Diseases (ICD) and for the International Classification of Impairments, Disabilities and Handicaps (ICIDH). Secretariat services are provided to support the ICD Links with Other Classifications Subcommittee that the Director chairs.

The Unit is responsible for ensuring that the Board's decisions regarding confidentiality of information held by the Institute are followed, and is the point of contact for privacy matters both across the Institute and in its collaborating units. The Unit worked closely with the Executive, Unit Heads (including collaborating unit heads) who are custodians of AIHW data, and staff of the Data Management, Information Technology, Business Planning and Management, and Library and Information Services Units to develop *Guidelines for the Custody of AIHW Data*. The Institute's Board endorsed those guidelines, together with the *AIHW Information Security and Privacy Policy and Procedures*, also prepared by the Executive Unit in consultation with staff from across the Institute.

The Unit coordinates the production of corporate publications: the Annual Report, the Work Program and, in association with the Media and Publishing Unit, the AIHW's quarterly newsletter, *AIHW Access*. During the year, the Executive Unit coordinated the preparation and publication of the *1999–2002 Corporate Plan*.

Health-related information

The AIHW's health-related information activities in 1999-00 spanned the development, compilation and dissemination of a wide range of national health statistics in the areas of population health (including the National Health Priority Areas) and health services and resources.

The National Health Information Agreement (NHIA) continued to provide the infrastructural support for many of these activities, including collation and publication of data collected as the Agreement's national minimum data sets (NMDSs). This year, the data for the NMDS for Mental Health Care were published for the first time, and a new NMDS for alcohol and other drug treatment services was agreed to. The Agreement also facilitated cooperation and collaboration over a wide range of information and development activities with the States and Territories, the Department of Health and Aged Care, the Australian Bureau of Statistics, and the Health Insurance Commission, which became a signatory to the Agreement during the year.

As previously, coordination with outside health-related activities was maintained not only through the Institute's membership of the NHIA, but through a range of other formal and informal links. Important among these were attendance at meetings of the Australian Health Ministers' Advisory Council, and membership of the Electronic Health Records Taskforce, the National Public Health Partnership and the National Public Health Information Working Group. The management, advisory or steering committees that exist for a number of the Institute's health information projects also facilitate communication and coordination with other agencies and activities. These groups include external experts, stakeholders and users of health information, and help to ensure the quality and appropriateness of the Institute's health information products.

Health-related information activities were also conducted under the auspices of external bodies through agreements that both establish and provide funding for specific work programs. The Department of Health and Aged Care is a major work program funder, but funding was also received from the Department of Veterans' Affairs, the Australian Health Ministers' Advisory Council, the Australian Medical Workforce Advisory Committee and other agencies. This funding allowed the Institute to make significant advances in several areas of health information, including the publication of Australia's first national report on its burden of disease, the first annual report of the BEACH general practitioner survey program, a compendium report on the health and wellbeing of Australia's youth and the ninth edition of the *National Health Data Dictionary*.

Australia's Health 2000 was a major focus for the year and was released in June 2000. The report was considerably revised in comparison with previous reports in this series. It was structured to follow a conceptual framework of health that sees health, disease and disability as a result of a complex interplay of many factors, both individual and environmental, which can be modified to various degrees by prevention activities, treatment and other interventions, supported by human and material resources, including health information.

The structure of the rest of this chapter is also based on this conceptual framework for health, presenting achievements in health-related information under headings of health of populations (encompassing the health of Australians and determinants of their health), health services and resources, and health information infrastructure and services.

Health of populations

National public health information development

The National Public Health Information Development Plan prepared by AIHW in consultation with public health stakeholders, and endorsed by the Australian Health Ministers' Advisory Council, provides the major strategic document for improving public health information in Australia. The Plan was launched by Dr Andrew Wilson, Chair of the National Public Health Partnership, in August 1999.

The Plan was motivated by the need to strengthen capacity and infrastructure to provide consistent, reliable public health information. The Plan identifies the priorities and recommends the action necessary to meet those needs and to improve public health information in Australia. The National Public Health Information Working Group (NPHIWG) is responsible for implementing the Plan and has developed an implementation work program.

The Institute is closely involved with NPHIWG. Richard Madden, the Director, is Joint Chair of NPHIWG, and AIHW provides the secretariat. It also provides the secretariat for an NPHIWG committee, the National Computer Assisted Telephone Interview Health Survey Technical Reference Group.

Burden of disease

The report of the first national study of burden of disease, *The Burden of Disease and Injury in Australia*, was released in November 1999. This study was built on the work of the World Health Organization's 1990 Global Burden of Disease Study, modifying the methods for the Australian context. Illness, injury, impairment, disability and mortality arising from a comprehensive list of 176 diseases and injuries, including coronary heart disease, stroke and the major cancers, were measured using the disability adjusted life year or DALY. These were combined into 22 major disease and injury groups. The report also provided estimates of the disease and injury burden associated with 10 major risk

factors, including tobacco, alcohol, high blood pressure and physical inactivity, and with the six National Health Priority Areas.

Rural health

Work continued on development of rural health information, although the AIHW's capacity was restricted by resource constraints. Although effort was put into developing proposals for establishing rural and remote health monitoring and reporting and related structures and processes, there was little response from possible funding agencies for such a system and no implementation action was undertaken.

Development has commenced on a collaborative relationship with the University Departments of Rural Health network to improve access to AIHW data, subject to meeting confidentiality requirements, and thereby improve the scope for rural health research. Mr Geoff Sims, Head of the Health Division, was a member of the National Health and Medical Research Council Rural Health Research Committee.

The Institute has signed a collaborative agreement with the National Key Centre for Social Applications of Geographic Information Systems to work on the development of the Accessibility/Remoteness Index of Australia (ARIA) in relation to health and health services data held by AIHW. Work on ARIA and geocoding in relation to rural and remote areas will proceed in cooperation with the University Departments of Rural Health.

Also during 1999-00, the Institute published detailed analyses of the rural medical, nursing and pharmacy workforces in its labour force publications. A needs-based analysis of general practitioner workforce requirements for rural and metropolitan areas was undertaken for the Australian Medical Workforce Advisory Committee's working party on general practice. The Institute coordinated a national review of the questionnaire for the annual national medical labour force survey to address data deficiencies in rural and hospital medical workforce statistics. The Institute also participated in workshops to develop a national minimum data set for Rural Workforce Agencies.

Environmental health

Building on work undertaken last year to develop national indicators of environmental health in the context of human settlements, the Institute participated in a consortium led by CSIRO to generate a profile of environment health in Australia. The profile was prepared for inclusion in the *State of the Environment 2001* report, a legislative requirement under the *Environment Protection and Biodiversity Conservation Act 1999*, being overseen by the Australian State of the Environment Committee.

As part of the implementation of the National Environmental Health Strategy, the Institute is working with enHealth Council through the enHealth Information Task Force to develop an effective environmental health information

system. Such a system should meet the needs of environmental health practitioners and managers, health professionals, policy makers, researchers and the general community. Work was also initiated on developing a project, in collaboration with CSIRO and other agencies, to correlate health outcomes with various environmental factors spatio-temporally.

National Diabetes Register

The National Diabetes Register was established in 1999 as part of the National Diabetes Strategy, to collect information about Australians who have been diagnosed with insulin-treated diabetes since 1 January 1999. Data for the register come from the National Diabetic Services Scheme (operated by Diabetes Australia) and the Australasian Paediatric Endocrine Group, which provides data about young Australians who have diabetes.

Information contained in the register will assist in monitoring the incidence of insulin-treated diabetes in Australia (including Type 1, Type 2 and gestational diabetes). Researchers will also be able to use the register and it is expected that it will become an important source of information for clinical and epidemiological studies of the causes, complications and possibly prevention of diabetes.

Aboriginal and Torres Strait Islander health information

Following the resignation of the former Director of the Institute's Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU), a senior officer of AIHW was successful in her application for the position. The AIHW welcomes the resulting opportunity for ever greater cooperation with the ABS in this important endeavour to improve Aboriginal and Torres Strait Islander health and welfare.

The second edition of the ATSIHWIU flagship publication, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, was published in August 1999 and has proved particularly popular. A companion summary booklet was released in October.

Two occasional papers, *Mortality of Aboriginal and Torres Strait Islander Australians*, released in April 2000, and *Hospital Statistics, Aboriginal and Torres Strait Islander Australians 1997–98*, released in June 2000, have generated considerable interest. The latter is the first comprehensive report on Indigenous data from hospital separations collections and, although it was limited by data quality, particularly when comparing different jurisdictions, results indicated that there is a higher level of hospital utilisation by the Indigenous population compared with the general Australian population.

Work is continuing to improve the completeness with which Indigenous people are recorded in health administrative data sets and in birth and death registrations. Birth and death registration work continues to be undertaken in collaboration

with the ABS. Through the conduct of data quality audits and other actions, a number of ways in which the quality of Indigenous birth and death registration data can be improved have been identified and are being reflected in significant increases in the coverage of Indigenous birth and death registrations. For example, based on 1996 Census projections, the estimated coverage of Indigenous births increased from 59% in 1995 to 90% in 1998, and the estimated coverage of Indigenous deaths increased from 36% in 1995 to 61% in 1998.

Despite these apparent improvements in data quality, concern still exists about the reliability of the current methods for estimating the expected numbers of Indigenous births and deaths. A report on alternative methods has been undertaken and its recommendations are currently being considered to assess their operational feasibility.

Two projects have been undertaken with AIHW's hospital separations collection. The first project developed, implemented and evaluated a method of assessing the completeness of identification of Indigenous peoples in hospital records. This project involved different hospitals throughout Australia and approximately 10,000 hospital patients. The Australian Health Ministers' Advisory Council subsequently endorsed the methodology of the pilot project and funded the implementation of the methodology in each State. ATSI-HWIU has a leadership role to play in facilitating and providing technical advice to the jurisdictions. In response to the need for best practice procedures for collecting data on Indigenous status, a project evolved which included the development and dissemination of promotional and training materials and implementation of these 'train-the-trainer' programs in partnership with ABS regional offices, hospitals and health authorities.

A mid-term report on implementation of the National Indigenous Health Information Plan has been provided to the National Health Information Management Group.

Child and youth health monitoring

Australia's Young People: Their Health and Wellbeing 1999 was published at the end of 1999. This was the first national report to focus on the health of young Australians and includes information on major risk factors, injuries and important diseases. It follows the publication in 1998 of a similar report on children.

Information frameworks for child and youth health, developed by the AIHW in consultation with national advisory groups, were approved by AHMAC. These information frameworks will serve as the basis for the development of indicators for future monitoring and reporting on the health and wellbeing of these two groups. A draft set of child health indicators has been produced and has been distributed for comments.

Perinatal mortality and morbidity

Indigenous Mothers and their Babies, Australia 1994–1996 and *Australia's Mothers and Babies 1997*, the eighth and ninth reports in the Perinatal Statistics Series, were published using data from the State and Territory perinatal collections and registrations of perinatal deaths. *Indigenous Mothers and Their Babies, Australia 1994–1996* for the first time presented the information by Aboriginal and Torres Strait Islander Commission regions. *Australia's Mothers and Babies 1997* included a new section on international comparisons of perinatal mortality. This report drew particular attention to the continuing upward trend of the average age of mothers giving birth, the increasing occurrence of multiple births, the shorter hospital stays of mothers after childbirth, and the differences in caesarean rates according to maternal age, parity and patient status.

Improvements to the national perinatal database have been made through a review of perinatal data, including adoption of ICD-10 and improved compliance with the *National Health Data Dictionary*. Liaison with the data providers includes the annual reproductive health forum involving State and Territory perinatal health data managers and other professional and consumer groups.

The National Perinatal Data Development Committee has focused on the continuing development of perinatal data item definitions for the *National Health Data Dictionary*, a review of a draft clinically based system for a classification of the causes of perinatal death, a review of the process for data development and continued work on improving the quality of data recorded in the perinatal collections.

Maternal mortality and morbidity

The National Advisory Committee on Maternal Mortality and Morbidity was convened for the first time in August 1999 to guide and support the preparation and development of two reports, *Maternal Deaths, 1994–1996* and *Maternal Morbidity, 1994–1996*. The latter is the first national report on maternal morbidity and will draw on a subset of the AIHW national hospital morbidity database and the perinatal data collection to supplement the long-established core reporting of maternal deaths.

Register of pregnancies after assisted conception

The national register of pregnancies after assisted conception contains data from all IVF centres in Australia and New Zealand performing in-vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI), gamete intrafallopian transfer (GIFT) and related procedures. *Assisted Conception, Australia and New Zealand, 1997* was published by the National Perinatal Statistics Unit and the Fertility Society of Australia in September 1999.

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 dental caries experience. Data are collected at the time of dental care provision to children by the school dental services in each State and Territory.

The Survey provides a reference point by which dental caries prevention and management programs in Australia may be assessed. The Survey also allows analysis of regional and social variation in oral health, and provides the basis for valuable additional research projects.

National and State reports for 1996 were published in 1999. Publication of more recent reports was delayed due to problems acquiring some data. The national report and State reports for 1997 were being completed at the end of 1999-00.

The Survey was last revised 10 years ago and a proposal to improve the quality of data on social characteristics, linkage with service provision data, and linkage of individual data records over time is being discussed with stakeholders as they move to computerised clinical and management information systems.

Young Adult Oral Study

A Young Adult Oral Study, a cohort investigation into access to dental services and oral health, was undertaken for a random sample of 20-24-year-olds in Adelaide in relation to sociodemographic factors, health behaviours such as smoking, and living arrangements.

Data have been collected through computer-assisted telephone interviewing techniques on a random sample of young adults, and clinical examinations were conducted using three calibrated examiners in clinical settings. Baseline data collection was completed in 1999, and results have been published. The study has indicated that not all the gains in oral health among children and adolescents are carried through to adulthood. Substantial levels of untreated oral disease were observed, yet reported dental visiting was minimal. Both are associated with general health behaviours and living arrangements, as well as sociodemographic factors.

Adult oral health

Data on the oral health of adults using public dental clinics are being collected within a monitoring survey of adult oral health. Data have been combined from the 1995 and 1996 Adult Dental Programs Surveys and analysed and reported in two AIHW DSRU Research Reports during 1999, one dealing with patterns of decayed teeth among public patients and the other with Indigenous oral health. A scientific paper dealing with caries experience by type of care and geographic location was published in the *Australian Dental Journal*. Efforts are under way to extend the Adult Dental Programs Survey data collections in all States and Territories as they move to computerised clinical and management information systems.

Adelaide Dental Study of Nursing Homes

A study of the oral health and needs of older adults resident in nursing homes and the provision of dental services to nursing home residents began in late 1997 with support from the Australian Dental Association (SA Branch). Collection of clinical examination data was completed in late 1998. Two-thirds of residents were edentulous. The vast majority of the participants had Mini-Mental State Exam (MMSE) scores indicative of dementia, and just over half had scores indicative of severe dementia.

The 1-year follow-up data collection was completed in 1999 with the support of a grant from the Australian Dental Research Foundation. Clinical examinations for existing and new nursing home residents revealed that residents were admitted with a compromised oral health status, and that oral diseases continued to progress during institutionalisation.

Injury surveillance

The National Injury Surveillance Unit (NISU) continued to undertake injury surveillance at the national level, fulfilling its commitment to provide information and expert advice on injury prevention and control. It engaged in all aspects of surveillance, placing special emphasis on analysis and dissemination of information, and on surveillance methods development. NISU holds national data sets relating to injury deaths and hospitalisations, including spinal cord injury admissions and these data provide the foundation for the statistical publications of the Unit; this year the *Australian Injury Prevention Bulletin*, specialised reports, and three issues of the *Injury Issues Monitor* were produced.

The Unit also contributed to other reports and publications, both external and internal, and responded to numerous information requests from a variety of sources. NISU personnel were invited to present injury data and related information and advice through conferences, seminars and advisory bodies. NISU's Director was a member of the National Injury Prevention Advisory Council (NIPAC).

Injury surveillance data standards work included preparation of the data dictionary for the National Coronial Information System in collaboration with staff of the National Occupational Health and Safety Commission. NISU also completed a program of field testing of the revised draft International Classification of External Causes of Injury (ICECI). Liaison was maintained concerning the injury items in the *National Health Data Dictionary*, parts of the International Classification of Diseases dealing with injury (in consultation with the National Centre for Classification in Health) and other strategies and standards.

Operation of the Australian Spinal Cord Injury Register (ASCIR) continued, in cooperation with the six specialist spinal units in Australia. The 1998–99 edition of the annual statistical report on SCI was released in December 1999.

Development of electronic methods for disseminating publicly available injury surveillance information continued and an increasing number of clients chose e-mail notification of new reports available on the NISU web site in preference to receiving hard copy reports.

Validation study of the morbidity of Vietnam veterans and their children

In 1998, the AIHW was contracted by the Department of Veterans' Affairs to validate selected health conditions for Vietnam veterans and their children, as reported in a 1997 Vietnam veterans morbidity survey. Each of the conditions to be validated showed higher prevalence in veterans than for the general population.

The validation exercise initially involved obtaining the permission of the veterans and their children to validate their conditions through health registers such as the National Cancer Statistics Clearing House, the Congenital Malformations Register and the National Death Index (all held at AIHW). Where relevant records were not available through these registers, the treating doctor was contacted seeking confirmation of the reported condition.

A detailed report of the findings of the validation exercise was published jointly by AIHW and the Department of Veterans' Affairs in December 1999.

National Health Priority Areas

NHPA surveillance and monitoring

The AIHW is responsible for the surveillance and monitoring of the National Health Priority Areas (NHPA) of cardiovascular health, cancer control, injury prevention and control, mental health, diabetes mellitus and asthma. In addition to statistical input to biennial reports to the Health Ministers on various priority areas, it also provides regular updates on NHPA indicators in its flagship publication *Australia's Health*.

During the year, the Institute published reports on cardiovascular health, mental health and diabetes mellitus jointly with the Commonwealth Department of Health and Aged Care. The reports include succinct overviews of the state of play in relation to cardiovascular conditions, mental disorders and diabetes in Australia, as well as baseline data for various indicators.

Cardiovascular disease and diabetes monitoring

The AIHW maintained the national registers of cardiac surgery and percutaneous transluminal coronary angioplasty (PTCA) procedures performed in Australia. The reports *Cardiac Surgery in Australia 1995* and *Coronary Angioplasty in Australia 1996* have recently been published in collaboration with the National Heart Foundation of Australia, and reports for 1998 and 1999 are in preparation.

A national physical activity survey was conducted in 1999 as a follow-up to the 1997 Active Australia National Physical Activity Survey. Data were collected from over 2,500

Australians in all States and Territories during November and December. The publication and launch of the report from this Survey is scheduled for August 2000. The Survey was funded by the Department of Health and Aged Care.

The development of national data standards for physical activity was completed and recommendations have been included in the National Health Information Knowledgebase. The database is available on the AIHW web site.

On behalf of the National Public Health Partnership, the Institute undertook the development of a business case for a national population health survey that contains a physical measurement component. Regrettably, timing pressures prevented the attachment of such a survey to the planned 2001 ABS National Health Survey. The Institute is now involved in further development of the proposal in partnership with the Department of Health and Aged Care.

An on-line National Cardiovascular Disease Database has been developed in collaboration with the Institute's Data Management Unit to provide a user-friendly interface for people wishing to access data held by the Institute relating to cardiovascular disease, its risk factors and treatment.

The Organisation for Economic Co-operation and Development (OECD) is conducting a study of cross-national differences in the treatment of ageing-related diseases, and the Institute has been designated as contact within Australia for ischaemic heart disease (IHD) and stroke. The main goal of the project is to conduct comparative studies on treatment, costs, and outcomes related to IHD and stroke across OECD countries. The Institute also participated in the first international conference on women, heart disease and stroke and an international roundtable on the global burden of disease.

National Cancer Statistics Clearing House

The National Cancer Statistics Clearing House improved timeliness of published cancer incidence data to within 3 years of the reference period, publishing 1996 data in November 1999. *Cancer in Australia 1996* included an international comparisons section where the latest available New Zealand data were featured for the first time. Work has commenced on national cancer survival analysis, focusing on the 20 most common cancers in Australia. The National Cancer Statistics Clearing House continues to play a role in working towards national data standards, the development of privacy guidelines for cancer registries and the development of cancer registry data.

Breast and cervical cancer screening project

The AIHW monitors and reports on the performance of the National Cervical Screening Program and the BreastScreen Australia Program. The Institute is advised by the National Screening Information Advisory Group and works closely with the working parties of the National Advisory Committees for both programs and the Commonwealth Department of Health and Aged Care. Two reports, *BreastScreen Australia*

Achievement Report 1997 and 1998, and Cervical Screening in Australia 1997–1998 were ready for publication at the end of the financial year. These second annual reports of the programs add substantially to the information available on screening in Australian women.

The Institute was also successful in its tender to develop a data dictionary for BreastScreen Australia. The data dictionary will document data element standards to facilitate consistent application in reporting at a national level. Development of standard data definitions will help in refining current monitoring indicators and also aid development of new indicators.

Asthma

Australian Health Ministers declared asthma the sixth NHPA in August 1999. In accordance with NHPA monitoring and reporting requirements, a set of 20 indicators was developed in consultation with experts through a workshop organised by the Institute on 9 June 2000. The indicators target key areas in asthma morbidity, management, disability and mortality. The national indicators will be submitted to the Australian Health Ministers' Advisory Council for endorsement through the National Health Priority Action Council.

Work began on the establishment of the Australian Monitoring System for Asthma, in consultation with the National Asthma Campaign and the Commonwealth Department of Health and Aged Care. The Institute will manage the system overall but plans to outsource the major monitoring activities to an academic or research organisation, to be set up as a collaborating centre of the Institute.

International health

The AIHW is responsible for supplying Australian health data and health-related data to a number of international organisations, including the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO).

Australian statistics for indicators in the OECD health database were updated during 1999–00. Health statistics compiled by the OECD on its member countries were also made available for analysis within the Institute, and to outside researchers and policy makers. The Institute attended a 2-day international meeting in Paris, on 9–10 March 2000, to discuss the further development of the database.

Data was also supplied to WHO, in order to update the Country Health Information Profile and Western Pacific Region Health Data Bank for Australia.

Health services and resources

Neonatal intensive care

The Australian and New Zealand Neonatal Network was established to improve the care of high-risk newborn infants and their families through collaborative audit and research. Information on perinatal outcomes for babies treated in neonatal intensive care units was published in *Australian and New Zealand Neonatal Network 1996–1997*.

The Network ceased its formal links with AIHW with the finalisation of the 1997–98 report in mid-2000. Negotiations are under way for data to be supplied by the Network for publication by AIHW for future years.

Australian hospital statistics

Australian Hospital Statistics 1998–99 was ready for publication at the end of the financial year and was released on 14 July 2000. In the latest report, diagnosis, procedure and external cause data were presented for the first time using the Australian modification of ICD-10, ICD-10-AM. As implementation of this new classification occurred in only four jurisdictions in 1998–99, the Institute mapped data from the other jurisdictions from ICD-9-AM, which had been used previously to allow the presentation of Australian data using ICD-10-AM. The latest report also included maps depicting hospitalisation rates by geographical area for the six National Health Priority Areas and summary information from the Department of Health and Aged Care's 1998–99 National Hospital Cost Data Collection. Several new tables were added to the report and a list of the hospitals which contributed to the report accompanied the report on the Internet for the first time.

Performance indicator data featured in the report, as in the 1996–97 and 1997–98 reports. Included was analysis of the cost per standardised separation by jurisdiction and, for the first time and using a methodology agreed to by all States and Territories, for different hospital peer groups.

The Australian Hospital Statistics Advisory Committee met in November 1999 and March 2000. This group, which includes representatives of hospital data providers and a range of other hospital data users, has helped the Institute to shape the report to suit the needs of data users and is assisting with forward planning for future hospital statistics reports.

National Hospital Morbidity Database

Improvements to the National Hospital Morbidity Database and dissemination of national hospital morbidity statistics continued, as did close liaison on the compilation and use of the database with the data providers in the States and Territories. This year, further work on improving the quality of the database's geographical data relating to the patients' area of usual residence was undertaken. Provision of ad hoc data services continued for a wide range of data users.

The Institute has continued to work collaboratively with the Department of Health and Aged Care to ensure that the 1998-99 National Hospital Morbidity Database at the Institute and the corresponding database at the Department are as equivalent as possible. This has reduced duplication of the effort required of data providers and ensured that data disseminated by the two agencies is comparable.

Data development work continued through participation in the National Health Data Committee and associated data development working groups. This year, an evaluation of the national minimum data set for admitted patient care was undertaken for the National Health Information Management Group. Work undertaken with the Department of Health and Aged Care led to the development of a revised range of data elements for hospital-admitted patients for implementation from July 2000. Further development is being undertaken, for example, to identify 'hospital in the home', and who pays for admissions.

The Institute continued its representation on the National Centre for Classification in Health's Coding Standards Advisory Committee, which advises the National Centre for Classification in Health on the revision of ICD-10-AM.

The Institute is also preparing a report to assist data users with the transition to ICD-10-AM from ICD-9-CM. An analysis of a small dual-coded data set compiled in 1997 is being undertaken as well as time series analysis for some areas of the classification, including comparisons of actual and predicted separation counts for 1998-99 in ICD-9-CM and ICD-10-AM. In addition, assessment of appropriate ICD-10-AM codes to use for indicators (e.g. for National Health Priority Areas) which use hospital morbidity data is being undertaken.

Waiting times for elective surgery

Elective surgery waiting times data were compiled for 1995-96 and 1996-97 and a working paper was prepared reporting the data and discussing the inconsistent data definitions and collection practices used by the States and Territories for those years. Data for 1997-98 were also compiled and published. Some critical data elements, identified through these processes as problematic, are being reviewed with a subcommittee of the National Health Data Committee.

National Minimum Data Set for Mental Health Care

The first AIHW report on *Institutional Mental Health Services in Australia 1997-98* was released in January 2000. This report presents information from the National Minimum Data Set for Mental Health Care for admitted patients. The development of this NMDS continues in collaboration with the States and Territories, with funding support from the Department of Health and Aged Care. The NMDS is designed to facilitate policy and epidemiological analyses of mental health services and client characteristics, and to allow

monitoring of mental health service delivery under the provisions of the Second Plan of the National Mental Health Strategy. Collection of community mental health service information has also begun, and will be progressively included in future AIHW reports on mental health services.

National Minimum Data Set for Alcohol and Other Drug Treatment Services

Substantial work was undertaken by AIHW during 1999–00 to facilitate the introduction of a new national data collection beginning on 1 July 2000. This work on the National Minimum Data Set for Alcohol and Other Drug Treatment Services was conducted with support from the Department of Health and Aged Care and in partnership with the States and Territories. The collection includes data on both patient and establishment levels, and will be used in planning and policy developments designed to reduce drug-related harm as outlined in the National Drug Strategic Framework 1998–99 to 2002–03. An information paper which includes data collection guidelines and the detailed definitions that form the data collection was released in June 2000.

Palliative care information development

An information paper, *Palliative Care Information Development*, was released in February 2000. This paper provides a summary of existing data on palliative care services (including an analysis of admitted patient services in 1997–98) and reports on the progress of the national minimum data set (NMDS) development activities.

Work in 1999–00 has focused on developing the Community Patient Palliative Care NMDS, which is planned to build on information currently available through the Admitted Patient Palliative Care NMDS. A feasibility study is also being conducted to describe information systems in community-based palliative care services, report on the capacity of States and Territories to collect candidate community patient palliative care NMDS data elements, and report on the information needs of key stakeholders.

These palliative care information development activities are under the auspices of the Palliative Care Intergovernmental Forum and have been funded by the Department of Health and Aged Care under the National Strategy for Palliative Care 1998–2003.

Survey of general practice activity

The General Practice Statistics and Classification Unit (GPSCU), a collaboration between the AIHW and the University of Sydney's Family Medicine Research Centre, has continued to conduct the national survey of general practice activity, known as the BEACH program (Bettering the Evaluation And Care of Health). The program is funded by a consortium of government and industry and is now in its third year. In the first 2 years, 2,031 randomly selected GPs participated, and their data provides a national database of details on 203,100 GP–patient consultations, 98,400 in the first year and 104,700 in the second.

Results from the first year of the program were reported in *General Practice Activity in Australia 1998–99* (October 1999) and in *Measures of Health and Health Care Delivery in General Practice in Australia* (May 2000). The former described the GP participants, the characteristics of the patients, morbidity managed, medications prescribed, and referrals and treatments provided. The latter summarised the results of 17 sub-studies that covered aspects of patient risk behaviour, estimates of prevalence of selected disease, co-morbidity, severity of illness, length of consultation and GP satisfaction.

The GPSCU continues its work on coding and classification systems for primary care. The interface terminology (ICPC-2 PLUS) developed by the Unit for coding and classification in electronic health records is now included in the Unified Medical Language System (UMLS) of the US National Library of Medicine. This will facilitate future mapping between ICPC-2 PLUS and other health classifications such as ICD-10-AM.

The Classification for Pharmaceutical Substances (CAPS) for the coding and classification of pharmacological details of prescriptions and over-the-counter drugs advised by GPs in the BEACH program has undergone considerable development during the past year. This was in response to the needs of both government and industry for more specific information from the BEACH survey about prescribed daily dose and regimen.

Access to dental care

This project is associated with the Memorandum of Understanding between the Commonwealth Department of Health and Aged Care and the AIHW for national public health information. The objective is to examine social inequality in self-reported oral health and access to services.

This work has involved a series of analyses of access to dental care among special target groups, migrants, rural and remote dwellers, and Indigenous persons using the combined data available from the National Dental Telephone Interview Surveys 1994 through to 1996. This has resulted in three AIHW DSRU Research Reports (two published in 1999, one in draft form) and three more detailed technical reports which have recently been published.

The 1999 National Dental Telephone Interview Survey data collection was conducted during August–November 1999. These data will provide up-to-date information on access to dental care in Australia.

An associated questionnaire was sent to approximately 6,000 of the 7,800 interviewees in the 1999 National Dental Telephone Interview Survey on self-reported oral health and lifestyle issues. This questionnaire includes information on dental satisfaction to compare with similar data collected across 1994–96. It also explores the social determinants of oral health.

Health labour force

The AIHW published labour force statistics and analyses for the medical, nursing and pharmacy fields. A questionnaire was developed for the conduct of the first national psychologist labour force survey in 2000.

The Institute receives funding from the Australian Health Ministers' Advisory Council to provide technical support to the Australian Medical Workforce Advisory Committee (AMWAC). The AIHW Director is a member of the committee. Data analyses were undertaken for AMWAC to support working parties examining future workforce requirements for general practice, psychiatry, gastroenterology, neurosurgery, cardiothoracic surgery and medical oncology.

In November 1999, Mr John Harding, Head of the Health and Welfare Labour Force Unit, presented a paper on 'Workforce Productivity in the Australian Medical Workforce' to the Fourth International Medical Workforce Conference in San Francisco. The Institute was joint author with AMWAC of a further paper presented: 'Women in the Medical Workforce in Australia: How they Differ from Men and the Planning Implications of a Rising Female Workforce'.

In addition to its role on AMWAC, the Institute participated in national workforce planning forums during the year for nursing, pharmacy and Rural Workforce Agency data collection.

Publications released were *Medical Labour Force 1998*, *Nursing Labour Force 1998* and *Pharmacy Labour Force 1998*.

Health expenditure

The analysis of health expenditure data to 1997–98 was included in *Australia's Health 2000* and preliminary data on 1998–99 were released in *Health Expenditure Bulletin No. 16*. The analyses showed that health expenditure as a proportion of GDP continued to grow in the period 1997–98 to 1998–99 from 8.3% to 8.5% of GDP.

Comprehensive information on 12 categories of public health expenditure for 1998–99 was collected through the State and Commonwealth health authorities.

Information on Aboriginal and Torres Strait Islander health expenditure in 1998–99 has been collected and will be analysed for the second report on Aboriginal and Torres Strait Islander health expenditure. The second report replicates the ground-breaking analysis of the 1995–96 report, but also analyses Aboriginal and Torres Strait Islander health expenditure by regional areas and by income group.

Information on health services expenditure in Australia was supplied to the Organisation for Economic Co-operation and Development (OECD) for inclusion in the OECD's health database.

The AIHW was involved in the initial trialling and review of the OECD's draft System of Health Accounts (SHA), version 1.0 of which was published in June 2000.

Health information infrastructure and services

Information services to Population Health Division, Department of Health and Aged Care

An AIHW outposted unit (Population Health Data and Information Services Unit) has been operating in the Population Health Division of the Department of Health and Aged Care since July 1997. The Unit provides a range of statistical and information support services to the Division. Achievements during the year included:

- publication of the national results of the 1998 National Drug Strategy Household Survey (which was managed by the Institute) as *1998 National Drug Strategy Household Survey: First Results*;
- enhanced coordination of information activities within and outside the Population Health Division, including liaison with subject areas of the Institute; and
- continuation of a 'help-desk' access point for assistance with population health data and information services, including planning, analysis and reporting of population health and related information activities.

Detailed reports of Western Australian and Queensland results of the National Drug Strategy Household Survey were also prepared and published under contract. Further findings, including a State and Territory comparative report and a study of the correlates of drug use, will be published during 2000-01.

National health record linkage

The AIHW continued its service to researchers of linking their data sets to the National Death Index (NDI) and National Cancer Statistics Clearing House (NCSCCH), on approval by the Institute's Ethics Committee. The Institute has been active in establishing links between organisations maintaining health-related data to support record linkage activities. Activity has been directed at setting up an AHMAC-funded collaborative project with the University of Western Australia, Health Department of Western Australia, the Health Insurance Commission and the Department of Health and Aged Care for the linking of data relating to hospital, medical and pharmaceutical services for persons with diabetes. The Institute has also been developing record-linkage activities relating the National Hospital Morbidity Database and road crash data collected by the Australian Transport Safety Bureau.

National information development

With funding from AHMAC, Version 9.0 of the *National Health Data Dictionary* was published in May 2000 by AIHW on behalf of the National Health Data Committee. The content of the Dictionary has been expanded considerably in Version 9.0 with the inclusion of 32 new data elements and 17 new versions of existing data elements. Version 9.0

features the inclusion of the new National Minimum Data Set for Alcohol and Other Drug Treatment Services and new data elements relating to non-admitted patients. Each of the two existing minimum data sets for institutional health care and community mental health care are now split into separate patient-level and establishment-level data sets.

Statistical services to the Department of Veterans' Affairs

An AIHW officer was outposted to the Strategic Support Branch of the Department of Veterans' Affairs (DVA) in November 1999. During the 7 months to the end of June 2000, the outposted officer provided statistical consultancy, guidance and leadership to DVA's Statistical Services Team, reviewed the Statistical Services Team work program, and provided expert advice on several statistical activities undertaken by DVA.

Evaluation

Australia's Health 2000 was the major health information product of the AIHW for the year. It successfully brought together a comprehensive range of Australian health information, including an historical feature to mark the end of the twentieth century. The report was compiled with input from staff of all three of the Institute's divisions and all five of its collaborating units, and some outside contributors. This meant that there was a considerable coordination effort involved, but also that significant expertise from around the nation was drawn on to ensure the quality of the product.

The collaborative production of *Australia's Health 2000* reflects the way in which several health (and welfare) information activities have been undertaken over the last year. For example, *Australian Hospital Statistics 1998–99* was produced by a team of staff from the Health and Economics and Business Services Divisions; the thematic report of the health and wellbeing of Australia's youth incorporated contributions from the Health and Welfare Divisions and collaborating units; and the National Health Priority Areas monitoring activities continued to be a collaborative effort of several Health Division units and other groups. Similarly, health information infrastructure development undertaken through the National Health Information Management Group and the National Health Data Committee was a result of cooperative efforts of staff in all three Divisions and the Executive Unit. As with *Australia's Health 2000*, these arrangements are accompanied by coordination costs with which the Institute must contend.

Improving or maintaining the timeliness of health publications continues to be a major focus for the AIHW. Great efforts are made to maintain communicative links with data providers (for example through the NHIA processes), to work with them to agree to data provision and publication timetables, and to provide assistance as appropriate for data supply. However, late data provision, quality problems for some provided data, and internal Institute factors meant that

timeliness is still not attainable for all publications. *Cancer in Australia 1996* was published in November 1999, an improvement on the timeliness of *Cancer in Australia 1995*, but still almost 3 years after the end of the reference period and not yet matching the timeliness of some other routine outputs. *Australian Hospital Statistics 1998–99* was not published until 14 July 2000, so was not available within 12 months of the end of the reference period, as the previous three reports in this series had been. Difficulties associated with the introduction of ICD-10-AM contributed to this slight delay.

Lack of identified resources for some health information work meant that some projects, identified in the past as being necessary, could not be undertaken, or could be done only in a minimal manner. For example, rural and remote health monitoring did not progress beyond planning stage, and detailed analyses of elective surgery waiting times for 1997–98 were not included in the summary report released on this topic. The Institute will continue to work with stakeholders and potential funding agencies to clarify needs and to ensure that outputs match national requirements for these and other types of health information.

The AIHW's relationships with the Department of Health and Aged Care and other Commonwealth and State and Territory agencies regarding statistical and analytical work have been good during the year. The Memorandum of Understanding (MoU) between the Department of Health and Aged Care and the Institute that established conditions for the Institute's provision of health statistics services for the 3-year period from 1 July 1997 was to expire on 30 June 2000. By agreement between the Department and the Institute, it has been extended pending finalisation of a new MoU. Negotiations are continuing to specify new work programs to be undertaken under it.

Links with the Department of Veterans' Affairs have strengthened with the agreement that the Department would fund an Institute outposted officer at the Department and several statistical projects.

Welfare-related information

The Australian Institute of Health and Welfare Act defines welfare services to include aged care services, childcare services, services for people with a disability, housing assistance (both long-term and crisis accommodation), child welfare services, and other community services. Progress has been made in all these areas, assisted by cooperative working relationships with relevant government agencies at the Commonwealth, State and Territory levels, the Australian Bureau of Statistics (ABS) and non-government organisations. National minimum data sets have been developed and implemented in many community services sectors, and nationally comparable data are now available in these sectors for the monitoring of community services programs. These achievements are described below in more detail.

A good working relationship has been developed with the Department of Family and Community Services (FaCS), and effective consultation has been established and maintained on the Institute's work program and resources used on projects related to FaCS. A Memorandum of Understanding has been developed for signing in 2000–01 to formalise this relationship.

Two agreements have been signed during the year on housing assistance information. They are the National Housing Data Agreement (signed by all housing jurisdictions, the ABS and the Institute) and the Agreement on National Indigenous Housing Information (signed by all housing jurisdictions, the Aboriginal and Torres Strait Islander Commission, the Torres Strait Regional Authority, the ABS and the Institute). The National Housing Data Agreement is a subsidiary agreement required by the Commonwealth–State Housing Agreement, and a very useful tool for the development of consistent national housing data.

These two Agreements are based on the same principles as the National Community Services Information Agreement. Management committees have been established under these Agreements and senior State officials chair them with secretariat support from the Institute. Data committees, supported by the Institute, have also been established. The Institute's Director has joined the new Housing Ministers' Advisory Committee as an observer, mirroring the long-standing arrangements with the Australian Health Ministers' Advisory Council and the Community Services Ministers' Advisory Council (CSMAC).

The Institute continued to support the work of community services jurisdictions under the National Community Services Information Agreement. The history and the operation of this Agreement were reported in the Institute's *Annual Report 1998–99*. Under this Agreement, a National Community Services Information Development Plan, drafted with the assistance of the Institute, was published in 1999–00.

The Institute has assisted in the specification of work under the plan and its implementation.

Three priority projects agreed by CSMAC are currently being implemented—the development of a juvenile justice minimum data set, a scoping study of family support services, and the development of standards for Indigenous identification in community services data. The Institute has also assisted in developing projects for 2000–01 in the areas of statistical linkage key for community services data, updating the national child protection data framework, and a review of the national community services classification. This plan has also helped the Institute to prioritise its work.

The Institute has completed the compilation of the enhanced Version 2 of the *National Community Services Data Dictionary*, also under the National Community Services Information Agreement.

The work involved in assisting the compilation of the *Report on Government Services* has grown. The report, which is published annually by the Steering Committee for the Review of Commonwealth/State Service Provision, has a tight timetable and is increasingly reliant on data supplied through the Institute. In addition to the provision of data, the Institute has assisted in developing performance indicators and drafting the relevant chapters. The amount and coverage of nationally consistent data provided to the Steering Committee has increased. Assistance provided to the Steering Committee and its working groups covers the areas of aged care, housing assistance, disability services, supported accommodation, and child protection services. To enable the Institute to work cooperatively with Steering Committees, formal business arrangements were agreed with the Productivity Commission, which provides the secretariat to the Steering Committee. Additional information on the business arrangements can be found in the 'Highlights' chapter.

The Aboriginal and Torres Strait Islander Health and Welfare Unit has been funded by CSMAC, under the auspices of the National Community Services Information Management Group (NCSIMG), to investigate Indigenous identification data quality issues in community services collections. The work involves two distinct projects and both are being guided by an NCSIMG-appointed project steering committee. The first project is the development of principles and standards for community services Indigenous population data. Focus groups have been established with a wide range of stakeholders including policy makers, service providers and Aboriginal and Torres Strait Islander clients. Data collected from the groups will be analysed and form the basis of recommendations to improve data collection and reporting by service delivery agencies. The second project is the evaluation of the quality and completeness of Indigenous data in the Supported Accommodation Assistance Program (SAAP) and Child Protection data collections. A large

number of agencies are being sampled with regard to the ways in which the Indigenous identifier is collected as part of routine administration, and data reporting arrangements. The project is also assessing requirements of data users and concomitant gaps in current information systems. Plans are in place to undertake a third evaluation project on the national disability data collection.

National Community Services Data Dictionary

With resourcing from CSMAC supported by the AIHW, extensive work has been undertaken in 1999–00 to compile the *National Community Services Data Dictionary* Version 2. A final draft has been completed and has received the endorsement of the National Community Services Data Committee. The Dictionary is expected to be published jointly with the CSMAC in late 2000 after approval by the NCSIMG. This version of the Dictionary expands on the coverage of the previous version and includes data items from disability services, SAAP, home and community services, supported accommodation, and child protection. Work undertaken has included the identification and assessment for suitability for inclusion into the Dictionary of data items currently used in these community services sectors.

Housing assistance

Development of national housing assistance information infrastructure

During 1999–00 the AIHW worked with Commonwealth, State and Territory Governments and the ABS to support initiatives to develop the necessary information management infrastructure for housing assistance. This resulted in the signing of two data agreements during the year:

- The National Housing Data Agreement, a subsidiary agreement of the 1999–2003 Commonwealth–State Housing Agreement (CSHA), establishes a framework for the development and provision of nationally consistent data for the CSHA and related programs. The Agreement defines roles and responsibilities and includes three schedules relating to minimum data sets, national performance indicators and national data definitions and standards.
- The Agreement on National Indigenous Housing Information provides a framework to improve measurement of outcomes for Indigenous housing.

The Institute's role in successfully developing these two agreements is furthered by the provision of secretariat support for the agreements. Joint membership between the management bodies avoids overlap. The Institute ensures that communication and cooperation between the housing and the health and community services agreements are maintained.

Under the housing agreements the AIHW funds projects in partnership with Commonwealth, State and Territory housing agencies to develop consistent national data collections. These projects cover:

- data development covering data dictionary development, data manuals, and collection methodologies for collecting housing assistance data;
- data collation/collection involving the compilation of State/Territory and national level data; and
- data repository involving the development of national unit record data for housing assistance.

Development of a *National Housing Assistance Data Dictionary*

Under the two housing information agreements, work has progressed on the drafting of the first *National Housing Assistance Data Dictionary*. The initial draft of this dictionary will be distributed to the management groups in July 2000.

Commonwealth–State Housing Agreement data development

Scoping study

From September to November 1999 the AIHW undertook a scoping study for the development of the National Housing Data Agreement (NHDA) under the Commonwealth–State Housing Agreement (CSHA). The major purpose of the project was to more clearly identify the immediate and longer term requirements of the signatories and identify current constraints on meeting these requirements. It also identified the management processes for developing national housing information and provided an initial management plan and work program as a starting point for more detailed considerations. The report of this study was endorsed by the NHDA Management Group and formed the basis of the initial work program under the Agreement.

Performance indicators

In 1999–00 the AIHW contributed to the development, collection and analysis of data for performance measurement across all six programs in the 1996–99 CSHA covering public housing, community housing, private rental, home purchase, the Crisis Accommodation Program, and the Aboriginal Rental Housing Program. Data for public and community housing were forwarded on time to the Productivity Commission for inclusion in the *Report on Government Services*. Data and notes for all six CSHA program areas for the 1998–99 *Housing Assistance Annual Report* was provided to FaCS on schedule.

The Institute also contributed to the development of performance indicators for the 1999–2003 CSHA. In March 2000 the Institute conducted a workshop to develop the detailed specifications of the performance indicator framework.

National data repository

Under the NHDA the Institute is undertaking the Public Rental Housing Data Repository Project for the development of a nationally consistent public rental housing assistance data set.

The main purpose of this project is to contribute to the 1999–00 national performance reporting for public rental housing. The data set may also provide data for bilateral performance reporting. Furthermore the data set will have use outside the area of performance reporting for jurisdiction policy and program analysis as well as for research and evaluation. The use of this data will be under the direction of the NHDA Management Group.

The three components of the data for 1999–00 are:

- data from jurisdiction administrative data systems;
- a national public housing survey (previously called the National Customer Satisfaction Survey); and
- financial jurisdiction administrative data collected through a standard national financial reporting framework.

National Indigenous housing data development

Development of national performance data

In 1999–00 the Institute undertook the collection of performance data for 1998–99 for Indigenous community-managed housing. The National Indigenous Housing Information Implementation Committee endorsed the report on this project. Work has also progressed on the development of a national minimum data set to ensure more uniform reporting of data.

Development of a national Indigenous dwelling data model

During 1999–00 work began on a project sponsored by FaCS, to develop a national data model to identify the key sets of data which need to be monitored and analysed to inform policy and actions for extending dwelling lifespan and limiting dwelling lifecycle costs.

Other data development, collection and analysis

Housing and homeless persons

During 1999–00 the Institute completed the Australian Housing Research Fund project on identifying the housing needs of homeless persons using the national Supported Accommodation Assistance Program (SAAP) data. The project provided statistical information that describes the characteristics of homeless persons who received accommodation assistance through SAAP-funded agencies across the States and Territories of Australia and examines the housing circumstances of SAAP clients, both before and after receiving SAAP assistance.

Supported accommodation and crisis services

In its role as the Supported Accommodation Assistance Program (SAAP) National Data Collection Agency (NDCA), the AIHW continued to develop, maintain and disseminate information on the provision of services to people who are homeless and/or in crisis. As well as conducting and managing the SAAP national data collection and the Youth Homelessness Pilot Project data collection, statistical analyses were undertaken of supported accommodation and crisis services.

Supported Accommodation Assistance Program National Data Collection

The 1998–99 national annual report collated data from four collections (i.e. the main Client Collection, the Casual Client Collection, the Unmet Demand Collection and the Administrative Data Collection), and was released in April 2000. A new weighting system was developed and applied to the SAAP data returned to the NDCA to estimate for agency non-participation in the collection and for incomplete client data. The data published in the reports reflect the new weights. The system was also applied to previous years data published in the reports to ensure that time series data were comparable. A working paper on the new weighting system was published in November 1999.

Summary reports of each agency's SAAP activities in 1998–99 were distributed to all 1,206 SAAP-funded agencies in September 1999. Similar half-yearly reports for the 6 months to December 1999 were released in March 2000. Confidentialised unit record files of the 1998–99 SAAP data were provided to the Commonwealth and State/Territory funding departments in April 2000.

The first comprehensive data collection on accompanying children covered by SAAP was conducted in 1998 and analysed in 1999–00, and a report will be published in October 2000. A collection on SAAP clients on very low or no income was run in May–June 2000. The results will be published in early 2001.

The NDCA commenced a review of the SAAP unmet demand collection to move the collection to a point in time methodology. The new methodology is intended to be implemented in November 2000.

A review of the reports to be produced for the 1999–00 national data collection began in May 2000. The 1999–00 annual national and state reports are expected to be more succinct and considerably more timely.

The 1999–00 client data collection form was reviewed and the revised form incorporates questions for each child accompanying adult clients presenting to SAAP agencies and a question on the achievement of case management goals. Data on these new topics, available in 2000–01, are expected to

inform SAAP administrators about the type of assistance required to meet the needs of families with children and to assess the impact on clients of case management plans.

There has been a large increase in work to satisfy ad hoc requests for data during 1999–00. The complexity of the SAAP data requests also increased as more longitudinal data became available.

The SAAP management and reporting tool (SMART) is a database application developed by the Institute to assist SAAP agencies in the collection and use of information. The tool was upgraded to incorporate changes to the 1998–99 national data collection (Version 1.4) and to ensure that the tool was Year 2000 compliant (Version 2.0). It was upgraded again in the second half of the year to incorporate the abovementioned changes to the client collection form. The new upgrade (version 3.0) will be released in late 2000. SMART is currently used as a data collection tool by a little over 25% of all SAAP-funded agencies.

Youth Homelessness Pilot Project data collection

In association with its work in maintaining the SAAP data collection, the AIHW also managed a data collection on the Youth Homelessness Pilot Project. The project was a Commonwealth government initiative to evaluate a number of early intervention strategies for young homeless people. The project was transformed into a government program, called Reconnect, at the beginning of 2000. This ended the AIHW's involvement in the collection and the final quarterly statistical reports were distributed to all 26 pilot agencies and FaCS in January 2000.

Child protection

The AIHW receives funds from the States and Territories to collect, analyse and publish on an annual basis core data in three areas of child protection: child protection notifications, investigations and substantiations; children on care and protection orders; and children in supported out-of-home overnight care. The latest report, *Child Protection Australia 1998–99*, was released in May 2000.

The Institute plays a key role in the development and refinement of national data collections and performance indicators in child protection, a role it undertakes through its participation in the National Child Protection and Support Services Data Group (NCPASS), to whom it acts as the Secretariat. The report on the NCPASS project, *Comparability of Child Protection Data*, examining comparability of child protection data across Australia and options to improve data comparability, was published by the Institute in December 1999.

Collecting, analysing and publishing national data on adoptions is another of the Institute's responsibilities. The report *Adoptions Australia 1998–99*, released in February 2000, introduced a new set of categories for adoptions and an

expanded set of data items. This new categorisation reflects the changes to adoption regulations and practices that have taken place since the national collection was first established. The Institute also acts as the Australian clearing house for adoptions data required under the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption.

Children's services

A report examining the comparability of the data from the Commonwealth Children's Services Program Census and ABS Child Care Survey and selected State data collections on childcare was released by the AIHW in January 2000. This report informed the development of a proposal for a minimum data set for childcare and preschool services by the NCSIMG Children's Services Data Working Group. On the basis of this proposal, the Institute in conjunction with FaCS produced a draft *Children's Services National Minimum Data Set Data Manual* in May 2000.

A working paper, *Outside School Hours Care Services 1994-97*, using data from the various Commonwealth Childcare Program Censuses, was released in June 2000.

Juvenile justice data development

Commissioned by the Australasian Juvenile Justice Administrators and the NCSIMG, the AIHW has commenced the development of a national minimum data set for juvenile justice. Juvenile justice was listed under the National Community Services Information Plan as a priority area needing more effort. Consultation with all jurisdictions, the Australian Institute of Criminology and the Australian Bureau of Statistics has been completed. A data model as well as data items, data definitions and collection methods have been proposed. The project will be completed in 2000-01 and the proposal will be forwarded to juvenile justice administrators for consideration for implementation.

Disability services

National minimum data set for disability services

This national collection is a joint responsibility of the AIHW in cooperation with all jurisdictions under the auspices of the National Disability Administrators. A report on the 1998 national data was released, and material was prepared as feedback to data providers. A preliminary publication on the May 1999 collection was published in a Data Briefing published in March 2000, and performance indicators were prepared for inclusion in the *Report on Government Services*. A statistical linkage key was introduced in all jurisdictions and new analyses were prepared, removing double counting which occurs when clients receive more than one service on

the collection day. The NMDS for disability services has been collected since 1996 and has become an important data collection in the disability services field, satisfying the requirements of the disability administrators at both the Commonwealth and State levels. The data are also used by disability peak bodies for the monitoring of the adequacy of disability services.

Partnership with National Disability Administrators

Three projects have been carried out, supported by and in partnership with the National Disability Administrators (NDA):

- a study of ageing and disability and implications for support services;
- a project to better integrate indicators of demand, input, output, outcome and performance; and
- a joint review by the AIHW and NDA of the Commonwealth/State Disability Agreement Minimum Data Set and associated collection, in the context of changing services structures, information needs and technical capabilities.

Reports of the first two projects have been finalised and will be published early in 2000–01. The third report has been considered by NDA and plans have been made to redevelop the collection, based on the AIHW report.

Disability data development

Work has progressed on the development of standard terminologies, definitions and classifications in the disability field. This work has benefited from the Disability Data and Research Advisory Group (DDRAG) established by the AIHW. National and international elements of the DDRAG work program include the development of nationally consistent data definitions and the revision of the International Classification of Impairments, Disabilities and Handicaps (ICIDH). Regular reports are provided to the National Community Services Information Management Group and its data committee.

Using WHO protocols, three studies were conducted of the second draft of the revised ICIDH, published by WHO in mid-1999. The Institute is a WHO Collaborating Centre for the ICIDH, as well as the International Classification of Diseases. A preliminary report on the tests was provided to WHO in June 2000.

Disability data elements were developed and approved for inclusion in the *National Community Services Data Dictionary* – the culmination of some 3 years work with DDRAG, representing a major milestone in the search for greater national consistency in disability data.

National picture of disability services

This project develops and provides a national statistical picture of the demand for and supply of services in Australia to people with a disability—specialised services as well as relevant mainstream services and assistance. During the year, two reports on definition and prevalence of physical disability and acquired brain injury were published.

Aged care

Statistics series

The AIHW produced the sixth and seventh volumes of the Aged Care Statistics series, with the publication of 1997–98 and 1998–99 data on residential aged care facilities. The next volume in the series, *Community Aged Care Packages in Australia 1998–99*, has been completed, and will be released early in 2000–01. These publications fill an important gap in the availability of aged care services information to the public.

Home and Community Care quality appraisal

In 1997 Home and Community Care (HACC) officials of the Commonwealth and State and Territory governments commissioned the AIHW to develop the HACC service standards instrument for use in monitoring the quality of HACC services. The instrument was accepted by HACC officials for national implementation in 1998, and a report on the project, entitled *Developing Quality Measures for Home and Community Care*, was published in the Aged Care Series.

In 1998 HACC officials asked the Institute to undertake a related project to further develop, test and refine strategies for collecting client feedback for input into the quality appraisal process. The Institute started this project in late 1998. The project has been substantially completed, with some analysis remaining to be undertaken in 2000–01.

The International Year of Older Persons

The Institute was involved in a number of activities relating to the International Year of Older Persons. These included the release of a second edition of the highly successful *Older Australia at a Glance*, a collection of fact sheets produced in collaboration with the Office of Older Australians in the Department of Health and Aged Care. Other activities include the contribution of invited articles to special issues of the *Australasian Journal of Ageing* and *Family Matters*, and the presentation of papers to various national and international conferences run to celebrate the International Year. The Institute also contributed to the National Strategy for an Older Australia via its presence at various forums and meetings.

A report on ethnic older Australians, commissioned by the Department of Immigration and Multicultural Affairs as part of the International Year, was completed and published jointly by the Department and the Institute.

Community care data development

Throughout the year, development of national data standards for a range of community care programs has been undertaken as part of the Community Care Data Development Project. This project was commissioned by the Commonwealth Department of Health and Aged Care and has involved developing and pilot-testing version 2 of the Aged Care Assessment Program Minimum Data Set; developing data definitions for the Community Care Package Program; and developing a conceptual framework for information to support performance measurement and planning across all community care programs. The main goal of this work has been to improve the consistency and comparability of national data on community care provision and related areas.

Welfare services expenditure

The fifth in the current series of *Welfare Services Expenditure Bulletins* was released early in the financial year. It contained detailed analyses of expenditure data for the years 1992–93 to 1997–98, inclusive. The proportion of GDP spent on welfare services rose from 1.7% in 1992–93 to 1.9% in 1997–98. For the first time, expenditure on aged care services (not including nursing homes) and disability services were separated.

Australia's Welfare 1999, which was released during the year, included analysis of expenditure on welfare services from 1988–89 to 1997–98. Although much of that analysis concentrated on 'monetary' expenditure by governments on welfare services, the Institute also undertook an estimation of the value of welfare services provided on a voluntary basis by households. This involved analysis of data collected by the ABS during the course of the 1997 Time Use Survey.

The AIHW's estimates indicate that the value of unpaid welfare assistance provided by households during 1997–98 was \$24.5 billion. This was almost 2.5 times total monetary expenditure on welfare services (\$10.9 billion). These estimates and the method used to derive them formed the basis for a presentation by the Institute at the Seventh International Research Seminar on 'Issues in Social Security' in Stockholm.

Evaluation

Working relations with various government departments in statistical and analytical work have been positive in 1999–00. This has been assisted by structure established under the national information agreements, now signed by both the community services administrators and the housing assistance administrators. By providing the secretariats to the information management groups and participating in the related data committees and working groups, the AIHW has gained awareness of the context of its work, the demand and

the priorities. In the same way, by participating in the working groups of the Review of Commonwealth/State Service Provision, the Institute gains insight into how its work can be more useful for the Review.

The information agreements are a very important infrastructure that gives incentive to and enables the full participation of policy departments in statistical work. The lack of enthusiasm in the past in developing administrative systems to produce nationally consistent data had been a reason for the difficulties in developing quality community services data. With the commitment shown by policy departments by the signing of the information agreements, this is now set to change rapidly.

However, the participation in such a wide range of working groups has put some pressure on Institute staff time and resources, in particular those participating in meetings. As some of the projects move from a developmental phase to a more routine data collection and analysis phase, the requirement to participate in all working groups may reduce. However, this would require close monitoring.

Thus far, efforts have been devoted to developing data in particular community services sectors to meet the requirements for program management in these sectors. There is, however, a demand for information that cuts across program sectors so that the implication of action of one service program on another (or their interrelationship) can be better understood and assessed. Information that is client-focused rather than program-focused is important. As national minimum data sets in program areas are developed and implemented, the linking of data systems of these sectors and their joint use will be an area requiring further resources and efforts. The Institute will work with the information management groups to further this area of work.

The Commonwealth, States and the Territories continued to be important sources of funds for data development work in 1999-00. It is expected that this will continue in 2000-01. Contract funding carries with it uncertainty from year to year, but ensures that the Institute aligns its activities to the statistical needs of clients.

Business services

Technology and innovation

1999–01 Information Technology Strategic Plan

In conjunction with all areas of the AIHW and taking account of the Institute's current Corporate Plan, the 1999–01 Information Technology Strategic Plan has been developed and subsequently endorsed both by the Institute's Information Technology Advisory Committee and the Institute's Executive. The plan will continue the provision of a robust IT system to meet the Institute's requirements. Equipment is largely leased, and the help desk is staffed by external contractors.

Management of corporate data

The Institute's expanding role in custody of data collections has meant that its role in maintaining databases has become larger and more complex. Staff expertise in cleaning, manipulating, validating and loading data ensures the Institute has the capability to access the widest range of data sources possible and to incorporate those data from disparate sources into Institute data holdings.

Examples of large national collections supported by the Institute's Data Management Unit include Australian Hospital Statistics, the National Mortality and Cancer Registries, the National Health Labour Force Database, and the Supported Accommodation and Assistance Program Collection. This year, the Unit also supported a pilot project developing information on Home and Community Care including the establishment of data transmission standards, data structures, validation and linkage procedures.

New guidelines for data custody and procedures for the audit of risks associated with data management have also been developed.

Secure desktop Internet access

To date, access to the Internet for work-related purposes has been provided by means of a small separate network within the Institute. In view of the major importance of the Internet for the Institute's work, the emphasis it places on the security of its data, and consistent with its policy of outsourcing IT, the Institute conducted detailed investigations and identified a contractor endorsed by the Defence Signals Directorate to provide secure desktop access to the Internet.

Information promotion and dissemination

Web Project

The Web Project was established to develop enhanced dynamic and client-focused Internet and intranet sites, which will become a cornerstone of the Institute's information dissemination strategy. The redeveloped sites will incorporate on-line statistical analysis tools allowing web site visitors and Institute staff to generate customised tables and graphs from carefully selected and de-identified Institute data sets.

Publications

Output of AIHW publications continued to be very high considering the size of the Institute—77 publications were produced for the year, at an average page content of 105 pages. This is the highest annual output in the Institute's history.

Publications sales through the AIHW's major distribution channels—AusInfo's Government Info Shops and mail order service, and the Australian Bureau of Statistics—were at similar levels to the previous year.

All major AIHW publications are available free of charge on the AIHW's Internet web site. In this light, the continuing public support for print versions of AIHW publications is very pleasing.

Public affairs

Forty-two public releases and special events/launches were conducted during 1999–00, six more than in the previous year, and the highest output in the Institute's history.

The Institute has a policy of releasing, to the media and public, all reports of national significance. Releases are coordinated with authors, Ministers, external clients such as the Commonwealth Department of Health and Aged Care, and our publications sales agents (AusInfo and the ABS).

Media coverage of AIHW reports was excellent, as were the Institute's working relationships with the media and Ministers' offices.

The AIHW also promoted its products at 18 conferences during the year, either as an exhibitor or through other forms of sponsorship.

Conferences

The AIHW held both the Australia's Welfare 1999 and Australia's Health 2000 Conferences during the year. Each conference attracted approximately 300 participants, and were rated very highly by participants. The conferences were self-funding via a modest registration fee.

Keynote speakers at the Australia's Welfare 1999 Conference were Mr Robert Fitzgerald, Community Services Commissioner, and Professor Peter Saunders, Director of the Social Policy Research Centre at the University of New South Wales.

Keynote speakers at the Australia's Health 2000 Conference were Emeritus Professor Peter Baume, Chancellor, Australian National University, and Professor Janice Reid, Chair of the AIHW Board, and Vice Chancellor and University President, University of Western Sydney.

Text of the keynote speeches is available through the Institute's web site.

Library

The library supports the work of the AIHW through provision of its specialised collection of journals and monographs and maintains access to a number of key on-line databases. It has established collaborative arrangements with other libraries in the portfolio which provide excellent opportunities for resource sharing.

Oral history project

The AIHW is sponsoring an oral history project, and a number of interviews with prominent individuals who have featured in the organisation's history were conducted during the year. The resulting materials will be made available for research purposes to staff and other interested individuals.

Records management

Work began on a review and upgrade of AIHW records which will ensure compliance with new guidelines and standards for records management released by National Archives.

Human resources management

Within very tight timelines, effective implementation of the new Public Service Act was achieved through:

- a series of communications to management and staff on the contents of the new Act and its associated Regulations and Directions;
- information seminars for all staff on the scope of the changes with particular emphasis on the new regulations for employment of non-ongoing staff;
- training and support for personnel staff;
- revision of all delegations;
- actions to cover staff on Part IV mobility;
- preparation of new templates for contracts and correspondence; and
- preparation of agency-specific material on conditions of engagement and probation.

Payroll services

Since its inception, the Institute has received a payroll service from the Department of Health and Aged Care. Both the Department and the Institute have been reviewing options for future provision of this service.

Staffing

As at 30 June 2000, 183 people were employed at the Institute. This compares with 164 at the same time the previous year, an increase of 12%.

A breakdown of staff characteristics at 30 June 2000 is provided in Tables 1-3. A feature of recruitment during 1999-00 was the graduate recruitment program, which resulted in the appointment of 10 graduate analysts on a contract basis.

Table 1: Staff as at 30 June 2000

Status	Female		Male		Total	
		(1998-99)		(1998-99)		(1998-99)
Full-time ongoing	48	(46)	48	(44)	96	(90)
Full-time non-ongoing	42	(24)	19	(20)	61	(44)
Part-time ongoing	13	(15)	1	(1)	14	(16)
Part-time non-ongoing	11	(13)	1	(1)	12	(14)
Total	114	(98)	69	(66)	183	(184)

Note: Figures in parentheses are for 1998-99. See page 54 for an explanation of the terms 'ongoing' and 'non-ongoing'.

Table 2: Institute staffing profile as at 30 June 2000

Status	Female		Male		Total	
		(1998-99)		(1998-99)		(1998-99)
Director	0	(0)	1	(1)	1	(1)
SES Band 1	1	(0)	2	(3)	3	(3)
Executive Level 2	10	(7)	14	(16)	24	(23)
Executive Level 1	28	(25)	29	(23)	57	(48)
APS Level 6	29	(25)	12	(6)	41	(31)
APS Level 5	10	(14)	6	(9)	16	(23)
APS Level 4	17	(9)	5	(6)	22	(15)
APS Level 3	12	(5)	1	(2)	13	(7)
APS Level 2	7	(13)	0	(0)	7	(13)
Total	114	(98)	69	(66)	183	(164)

Notes

1. Figures in parentheses are for 1998-99.
2. Figures include 11 inoperative staff (leave without pay and maternity leave). These are included in the various categories in which they belong.

Table 3: Staff movements during 1999-00

Status	In	Out	Total
1 July 1999	164		164
Appointments	9		9
Promotions/transfers	13	(1)	12
Contracts (incl. temporary transfers)	42	(34)	8
Retirements		(3)	(3)
Resignations		(7)	(7)
30 June 2000	228	(45)	183

Note: Figures in parentheses are negative numbers.

'Ongoing staff' refers to staff employed on an ongoing basis by the AIHW, including ongoing staff on transfer from other Australian Public Service agencies and 10 inoperative staff. 'Non-ongoing staff' refers to staff employed by the AIHW on either short- or fixed-term contracts under the *Public Service Act 1922*, or engaged under a contract of non-ongoing employment under the *Public Service Act 1999*, and includes 1 inoperative.

Learning and development

On the basis of a training needs analysis conducted early in 1999, the Training Coordination Committee developed a corporate training program for the 1999-00 year which was largely implemented during the year.

The AIHW sponsored one employee for the Year 2000 Senior Women in Management Program and one employee for the Springboard Program.

AIHW Certified Agreement

The Institute's inaugural enterprise bargaining agreement continued in operation during the period covered by this report. An amendments package, foreshadowed in the agreement, was accepted in September 1999. The amendments dealt with four matters outstanding from the agreement negotiations: Work Level Standards; Pay Points and Pay Point Advancement for 1999-00; Performance Communication Policy; and Pay Point Advancement Report.

Staff received their second pay adjustment of 3% under the Agreement on 1 July 1999. All Institute employees, other than the Senior Executive Service (SES), are covered by the Agreement. The Institute's three SES employees are covered by Australian Workplace Agreements approved by the Employment Advocate.

Consultations and negotiations on a replacement Agreement started during the year, and are expected to be concluded during the first quarter of the 1999-00 year.

Workplace diversity

The Institute's inaugural Workplace Diversity Program, 'Enhancing Workplace Diversity—The AIHW's Workplace Diversity Program 1998-2000' continued to operate. The program contains strategies which aim to enhance the existing diversity and promote a flexible working environment which allows staff to balance responsibilities within and outside the workplace.

Review groups examined induction and exit procedures, and implemented an improved induction program. Performance feedback processes incorporating diversity principles were widely implemented and linked to paypoint advancement. New home-based work guidelines were drafted in consultation with staff and are expected to be endorsed in the first half of the new year.

There are two workplace harassment contact officers who undertook training during the reporting period.

The Institute is continuing to attract staff from equal employment opportunity groups. A breakdown of the various equal employment opportunity groups within the Institute is shown in Appendix 7.

Participative management

The AIHW has a consultative and collaborative management style. Staff are represented on the Board and participate in and receive feedback on its deliberations. Regular and ad hoc staff meetings are held with senior management at all levels.

Formal and informal staff consultation throughout 1999-00 focused mainly on implementation of the *Public Service Act 1999*, the development of operational guidelines on various matters, and the development of a replacement Certified Agreement. Staff have also been consulted on, and have participated in, the development of policy initiatives arising out of implementation of the new Public Service Act.

Occupational health and safety

The AIHW maintained its good health and safety record throughout the reporting year.

The Occupational Health and Safety Committee met quarterly to consider and assess health- and safety-related policy initiatives and proposals. Health and safety inspections of the building were conducted regularly with the Institute's site services officer.

The services of occupational health and safety officers from the Department of Health and Aged Care were sought to provide workstation assessments to new and existing employees experiencing discomfort with their workstation setup.

Fire wardens also received periodic training throughout the reporting period.

The Institute extended its contract with EASACT Davidson and Trahaire for the delivery of an Employee Assistance Program.

Financial and facilities management

The AIHW's audited 1999–00 Financial Statement is in Appendix 1 (page 61).

The AIHW is funded from a number of sources. A funding summary for the financial year is shown in Table 4. Core funding appropriated from the Commonwealth Government increased by \$408,000. The 1999–00 budget appropriation for core activities is shown at Table 5. Revenue from external contracts received to fund activities on projects carried out either jointly or on behalf of Commonwealth or State Governments or other organisations totalled \$9,066,000.

A small surplus was earned during the year. The AIHW actively managed its resources to enable essential infrastructure to be put in place. A key investment was the provision of resources for the enhancement of the web site, including web-based dissemination software.

Audit planning

The AIHW continued to engage the services of Bird Cameron Partners to provide internal audit services. The Internal Audit Plan flows from an Internal Audit Strategic Plan which identified activities of the AIHW and prioritised these activities in accordance with overall risk to the AIHW. The Board accepted the recommendation of the Audit and Finance Committee for a new 3-year Internal Audit Strategic Plan.

Provision of advice on the efficiency and effectiveness of financial and asset operations in line with the Internal Audit Plan were provided on:

- procurement
- service charges
- risk management.

Financial highlights during the financial year

- Enhancement of monitoring and reporting systems.
- Compliance of business systems with GST requirements.
- Review of credit card usage and introduction of electronic funds transfer in preparation for meeting the Commonwealth Electronic Procurement strategy.
- Unqualified Audit Report for 1999–00.

Fraud control

The AIHW Fraud Control Plan and Guidelines have been operational for over 1 year now and will be reviewed in the coming year. The plan and guidelines have been made available to staff on the intranet.

Table 4: Funding summary, 1999-00

Revenue	\$'000	
	1999-00	1998-99
Core funding		
Appropriation	8,111	7,703
Interest and other	416	358
Resources received free of charge	159	162
Subtotal	8,686	8,223
External funding		
Contract income	9,066	8,550
Total funds	17,752	16,773

Table 5: Budget supplementation for core activities, 1999-00

Core funding	Amounts	
	\$'000	\$'000
Appropriation		
Appropriation 1998-99		7,703
Plus		
Rebasing adjustments	9	
Insurance supplementation	59	
Depreciation and amortisation	340	
<i>Subtotal</i>		408
Appropriation 1999-00		8,111

Performance assessment

Performance assessment against portfolio budget indicators and targets

Outputs

1. Expert objective information advice to governments, non-government and community organisations.
2. Services to Ministers and Parliament.
3. National leadership through the Institute taking a national leadership role in relation to promoting and supporting the development of national health community services and housing assistance information.
4. Information development and dissemination.

Indicator	Target	Output
A health report (<i>Australia's Health 2000</i>) providing statistics and related information concerning the health of the Australian people. (Outputs 1 & 2)	June 2000	Report presented to Parliament June 2000.
A welfare report (<i>Australia's Welfare 1999</i>) providing statistics and related information concerning the provision of welfare services to the Australian people. (Outputs 1 & 2)	Nov 1999	Report presented to Parliament in November 1999.
Promotion and development of national health, community services and housing assistance information and establishing national data standards and metadata. (Outputs 3 & 4)	Ongoing	Completion of AHMAC-funded work projects with NHIMG guidance.
	June 2000	Version 9 of the <i>National Health Data Dictionary</i> . Version 2 of the <i>National Community Services Data Dictionary</i> .

Indicator	Target	Output
Major publications including: <i>SAAP National Data Collection</i> <i>Residential Aged Care Facilities in Australia 1998–99</i> <i>Child Protection Australia 1998–99</i> <i>Australia’s Young People—Their Health and Wellbeing 1999</i> <i>Burden of Disease and Injury in Australia</i> <i>The Health and Welfare of Australia’s Aboriginal & Torres Strait Islander Peoples</i> <i>Pharmacy Labour Force 1998</i> <i>Nursing Labour Force 1998</i> <i>Medical Labour Force 1998</i> <i>Health Expenditure Bulletin</i> <i>Welfare Services Expenditure Bulletin</i> (Outputs 1, 3 & 4)	May 2000 June 2000 May 2000 January 2000 November 1999 August 1999 June 2000 September 1999 June 2000 June 2000 November 1999	Publications released on time.
Promotion and development of national health, housing and community services information agreements aimed at improving national information, identifying priorities and developing consistent national information. (Outputs 3 & 4)	June 2000 December 1999	National agreement signed on housing assistance information. Formal agreement signed on Indigenous housing information.
Promotion and development of international health, housing and community services information standards and classifications with Australian participation. (Outputs 1 & 3)	Ongoing	Involvement in testing ICIDH on behalf of WHO
Electronic presentation of and access to Institute publications and data through the Institute’s Internet site. (Outputs 1 & 4)	Ongoing	High level of satisfaction of information disseminated.
<i>AIHW Annual Report 1998–99</i> (Output 1 & 2)	September 1999	Report presented to Parliament October 1999.
Stakeholder satisfaction with the quality and timeliness of outputs. (Output 1)	High level of satisfaction	High level of satisfaction identified through Internet feedback, meetings with key clients, renewal of contracts and increased funded work activity in health and welfare-related areas.

Appendix 1

Finance

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INDEPENDENT AUDIT REPORT

To the Minister for Health and Aged Care

Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2000. The financial statements comprise:

- Statement by Directors;
- Operating Statement;
- Balance Sheet;
- Statement of Cash Flows;
- Schedule of Commitments;
- Schedule of Contingencies; 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 they contain. I have conducted an independent audit of the financial statements in order to express an opinion on them to you.

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

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

GPO Box 707 CANBERRA ACT 2601
Centenary House 19 National Circuit
BARTON ACT
Phone (02) 6203 7300 Fax (02) 6203 7777

Audit Opinion

In my opinion,

- (i) the financial statements have been prepared in accordance with Schedule 2 of the Finance Minister's Orders; and
- (ii) the financial statements give a true and fair view, in accordance with applicable Accounting Standards, other mandatory professional reporting requirements and Schedule 2 of the Finance Minister's Orders, of the financial position of the Australian Institute of Health and Welfare as at 30 June 2000 and the results of its operations and its cash flows for the year then ended.

Australian National Audit Office



Puspa Dash
Senior Director

Delegate of the Auditor-General

Canberra

8 September 2000



STATEMENT BY DIRECTORS

In our opinion, the attached financial statements give a true and fair view of the matters required by Schedule 2 of the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997* for the year ended 30 June 2000.

Professor J Reid
Chair
8 September 2000

Richard Madden
Director
8 September 2000

For health and welfare
statistics and information

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**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
OPERATING STATEMENT**

	Notes	2000 \$'000	1999 \$'000
Operating revenues			
Revenues from government	4A	8,270	7,865
Sales of goods and services	4B	9,066	8,550
Interest	4C	147	69
Other	4D	269	289
Total operating revenues		17,752	16,773
Operating expenses			
Employees	5A	10,265	9,003
Suppliers	5B	7,022	7,039
Depreciation and amortisation	5C	418	409
Write-down of assets	5D	14	19
Total operating expenses		17,719	16,470
Operating surplus		33	303
Net surplus		33	303
Net surplus attributable to the Commonwealth		33	303
Accumulated deficits at beginning of reporting period		(1,287)	(1,590)
Total available for appropriation		(1,254)	(1,287)
Accumulated deficits at end of reporting period		(1,254)	(1,287)

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

BALANCE SHEET

as at 30 June 2000

	Notes	2000 \$'000	1999 \$'000
ASSETS			
Financial assets			
Cash	6A	6,079	4,197
Receivables	6B	2,405	830
Total financial assets		8,484	5,027
Non-financial assets			
Buildings	7A,C	0	191
Infrastructure, plant and equipment	7B,C	467	647
Inventories	7D	212	147
Other	7E	147	133
Total non-financial assets		826	1,118
Total assets		9,310	6,145
LIABILITIES			
Provisions and payables			
Employees	8A	3,001	2,706
Suppliers	8B	841	630
Contract income in advance	8C	5,442	2,816
Total provisions and payables		9,284	6,152
Total liabilities		9,284	6,152
EQUITY			
Capital	9	1,146	1,146
Reserves	9	134	134
Accumulated deficits	9	(1,254)	(1,287)
Total equity		26	(7)
Total liabilities and equity		9,310	6,145
Current liabilities		7,040	4,300
Non-current liabilities		2,244	1,852
Current assets		8,843	5,301
Non-current assets		467	844

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF CASH FLOWS
for the year ended 30 June 2000

	Notes	2000 \$'000	1999 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		8,111	7,703
Sales of goods and services		10,119	9,590
Interest		147	65
Other		241	248
Total cash received		18,618	17,606
Cash used			
Employees		(9,971)	(8,465)
Suppliers		(6,722)	(6,843)
Total cash used		(16,693)	(15,308)
Net cash from operating activities	10	1,925	2,298
INVESTING ACTIVITIES			
Cash used			
Purchase of infrastructure, plant and equipment		(43)	(97)
Total cash used		(43)	(97)
Net cash from investing activities		(43)	(97)
Net increase (decrease) in cash held		1,882	2,201
Add cash at the beginning of the reporting period		4,197	1,996
Cash at the end of reporting period		6,079	4,197

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF COMMITMENTS
as at 30 June 2000

	<u>2000</u>	<u>1999</u>
	\$'000	\$'000
BY TYPE		
OTHER COMMITMENTS		
Operating leases ¹	192	1,026
Other commitments ²	5,713	9,094
Total other commitments	<u>5,905</u>	<u>10,120</u>
Commitments receivable	<u>(3,949)</u>	<u>(7,461)</u>
Net commitments	<u>1,956</u>	<u>2,659</u>
BY MATURITY		
All net commitments		
One year or less	998	969
From one to two years	933	773
From two to five years	25	917
Net commitments	<u>1,956</u>	<u>2,659</u>
Operating lease commitments		
One year or less	(103)	(958)
From one to two years	(64)	(54)
From two to five years	(25)	(14)
Net operating lease commitments	<u>(192)</u>	<u>(1,026)</u>

NB: All 1999-00 commitments are GST inclusive where relevant. The comparatives have not been adjusted to reflect the GST.

¹ Operating leases included are effectively non-cancellable and comprise leases for office accommodation and lease of computer equipment.

² As at 30 June 2000, other commitments comprise amounts payable under agreements in respect of which the recipient is yet to either perform the services required to meet eligibility conditions.

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF CONTINGENCIES
as at 30 June 2000

	2000	1999
	<u>\$'000</u>	<u>\$'000</u>
BY TYPE		
CONTINGENT LOSSES		
Other guarantees	<u>0</u>	<u>0</u>
Total contingent losses	<u><u>0</u></u>	<u><u>0</u></u>

There were no remote contingencies.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2000

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2000

1 Summary of Significant Accounting Policies

1.1 Basis of accounting

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

The statements have been prepared in accordance with:

- *Requirements for the Preparation of Financial Statements of Commonwealth Agencies and Authorities* made by the Minister for Finance and Administration in August 1999 (Schedule 2 to the *Commonwealth Authorities and Companies (CAC) Orders*);
- Australian Accounting Standards;
- other authoritative pronouncements of the Australian Accounting Standards Board; and
- the Consensus Views of the Urgent Issues Group.

The statements have been prepared having regard to:

- Statements of Accounting Concepts; and
- the Explanatory Notes to Schedule 2 issued by the Department of Finance and Administration.

The financial statements have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets which, as noted, are at valuation. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position of the Australian Institute of Health and Welfare (the Institute).

1.2 Reporting by Outcomes

The Institute is funded by Appropriation for one outcome only.

1.3 Appropriations

From 1 July 1999, the Commonwealth Budget has been prepared under an accruals framework. Under this framework, Parliament appropriates monies to the Institute as revenue appropriations, as loan appropriations and as equity injections.

Revenue Appropriations

Revenues from government are revenues of the core operating activities of the Institute.

Appropriations for outputs are recognised as revenue to the extent they have been received into the Institute's Bank account or are entitled to be received by the Institute at year end.

Resources Received Free of Charge

Services received free of charge are recognised in the Operating Statement as revenue when and only when a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of resources is recognised as an expense

1.4 Other Revenue

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

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

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

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

Core Operations

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 2000

1.5 Employee Entitlements

Leave

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

The liability for annual leave reflects the value of total annual leave entitlements of all employees at 30 June 2000 and is recognised at its nominal amount.

The non-current portion of the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2000. In determining the present value of the liability, attrition rates and pay increases through promotion and inflation have been taken into account.

Separation and redundancy

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

Superannuation

Employees contribute to the Commonwealth Superannuation Scheme and the Public Sector Superannuation Scheme.

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

1.6 Leases

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

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

1.7 Cash

Cash includes notes and coins held and any deposits held at call with a bank or financial institution.

1.8 Financial instruments

Accounting policies for financial instruments are stated at note 17.

1.9 Acquisition of Assets

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

1.10 Infrastructure, plant and equipment

Asset recognition threshold

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

Revaluations

Schedule 2 requires that infrastructure, plant and equipment be progressively revalued in accordance with the 'deprival' method of valuation by no later than 1 July 1999 and thereafter be revalued progressively on that basis every three years.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 for the year ended 30 June 2000

The Institute has implemented its progressive revaluations to 1 July 1999 as follows:

- infrastructure, plant and equipment assets have been revalued in full as at 30 June 1999, by type of asset.

Leasehold improvements have not been revalued. The term of the existing lease expires in July 2000, and significant restructuring of leasehold has occurred since balance date as a result. All leasehold improvements will be revalued during the year ended 30 June 2001.

Assets in each class acquired after the commencement of the progressive revaluation cycle are not captured by the progressive revaluation then in progress

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

Any assets which would not be replaced or are surplus to requirements are valued at net realisable value. At 30 June 2000 there were no assets in this situation.

All valuations are independent.

Recoverable amount test

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

Depreciation and Amortisation

Depreciable infrastructure plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Institute using, in all cases, the straight-line method of depreciation. Leasehold improvements are amortised on a straight-line basis over the lesser of the estimated useful life of the improvements or the unexpired period of the lease.

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

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

	1999-2000	1998-99
Leasehold improvements	Lease Term	Lease term
Infrastructure plant and equipment	5 to 10 years	5 to 10 years

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

1.11 Inventories

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

All inventories are current assets.

1.12 Taxation

The Institute is exempt from all forms of taxation except fringe benefits tax and the goods and services tax.

1.13 Comparative figures

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

1.14 Rounding

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

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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for the year ended 30 June 2000

2 Segment reporting

The Institute operates in a single industry and geographic segment, being provision to government of health and welfare information in Australia. The Institute operates in the research industry.

The Institute is structured to meet one outcome:

Outcome 1: Knowledge, information and training for developing better strategies to improve the health of Australians.

Reporting by Outcome for 1999-00

	Total	
	Budget	Actual
Net cost of entity outputs	\$'000	\$'000
Net cost to budget outcome	8,512	8,237
	8,512	8,237
Total assets deployed as at 30/6/00	6,736	9,310
Net assets deployed as at 30/6/00	2	26

Reporting by Outcomes by funding source for 1999-00

Outcome	Outputs \$'000			Total Expenses against Outputs	Total Appropriations \$'000	Total Expenses \$'000
	Expenses against Revenue from Government Appropriations (B)		Expense against Revenue from other sources (C)	(D) = (B)		
	Annual Appropriation Acts	Total				
Outcome						
Actual	8,237	8,237	9,482	17,719	8,237	17,719
Budget	8,512	8,512	8,387	16,899	8,512	16,899
Total						

3 Economic dependency

The Institute is controlled by the Government of the Commonwealth of Australia.

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

The Institute is also dependent upon a significant volume of business with the Department of Health and Aged Care.

4 Operating revenue from independent sources

	2000 \$'000	1999 \$'000
4A Revenues from Government		
Appropriations	8,111	7,703
Resources received free of charge		
Provision of facilities by the Department of Health and Aged Care	159	162
Total	8,270	7,865
4B Sales of goods and services		
Contract income	9,066	8,550
4C Interest		
Deposits	147	69
4D Other revenues		
Consultancy	68	21
Recoveries	0	168
Publications	77	100
Conferences	65	0
Other	59	0
Total	269	289

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5. Operating Expenses- Goods and Services

5A Employee expenses		
Remuneration for services provided	10,198	9,003
Separation and redundancy	67	0
Total	10,265	9,003

The Institute contributes to the Commonwealth Superannuation (CSS) and the Public Sector (PSS) Superannuation schemes which provide retirement, death and disability benefits to employees. Contributions to the schemes are at rates calculated to cover existing and emerging obligations. Current contribution rates are 18.9% of salary (CSS) and 10.1% of salary (PSS). An additional 3% is contributed for employer productivity benefits. The Institute also meets its superannuation guarantee liabilities for employees that are not members of CSS or PSS.

5B Supplier's Expenses		
Supply of goods and services	3,613	3,524
Operating lease rentals	981	1,020
Contracted services	2,428	2,495
Total	7,022	7,039

Contracted services above are comprised of:

National Perinatal Statistics Unit	440	388
Dental Statistics & Research Unit	518	516
National Reference Centre for Classification in Health	63	62
National Centre for Aboriginal & Torres Strait Islander Statistics	576	576
National Injury Surveillance Unit	755	753
Survey of General Practice Activity	0	200
Other	35	0
Department of Health and Aged Care	41	0
	2,428	2,495

5C Depreciation and amortisation		
Depreciation of infrastructure, plant and equipment	203	211
Amortisation of leasehold improvements	192	181
Amortisation of discount on lease of computers	23	17
Total	418	409

The aggregate amounts of depreciation or amortisation allocated during the reporting period, as expense, for each class of depreciable asset are as follows:

Leasehold improvement	192	181
Plant and equipment	146	177
Furniture and Fitting	57	34
Deferred discount on lease of computers	23	17
	418	409

5D Write-down of assets		
Financial assets:		
Receivables for goods and services	14	0
Non-financial assets:		
Inventory - write off	0	19
Total	14	19

6 Financial assets

6A Cash		
Cash at bank and on hand	6,038	4,156
Department of Finance Imprest Account	41	41
	6,079	4,197
Balance of cash as at 30 June shown in the Statement of Cash Flows	6,079	4,197

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6B Receivables		
Goods and services	2,405	830
Total	<u>2,405</u>	<u>830</u>
Receivables (gross) which are overdue are aged as follows:		
Not Overdue	1,126	762
<u>Overdue by:</u>		
- less than 30 days	1,257	66
- 30 to 60 days	22	2
-60 to 90 days	0	0
-more than 90 days	0	0
Total Receivables (gross)	<u>2,405</u>	<u>830</u>

7 Non-financial assets

7A Land and Buildings		
Leasehold improvements - at cost	786	786
Accumulated amortisation	(786)	(595)
Total Land and Buildings	<u>0</u>	<u>191</u>

7B Infrastructure Plant and Equipment		
Plant and equipment - at June1999 valuation	647	647
Accumulated depreciation	(202)	0
	<u>445</u>	<u>647</u>
Plant and equipment - at cost	24	0
Accumulated depreciation	(2)	0
	<u>22</u>	<u>0</u>
Total Infrastructure Plant and Equipment	<u>467</u>	<u>647</u>

The revaluation of non-financial assets as at 30 June 1999 in accordance with the revaluation policies stated at Note 1 was completed by an independent valuer Australian Valuation Office. Revaluation increment of \$133,631 was transferred to the asset revaluation reserve in 1998-99.

7C	Analysis of infrastructure, plant and equipment			
	Item	Buildings	Plant and Equipment	Total
		\$'000	\$'000	\$'000
	Gross value as at 1 July 1999	786	647	1,433
	Additions	0	24	24
	Disposals	0	0	0
	Transfers	0	0	0
	Gross value as at 30 June 2000	<u>786</u>	<u>671</u>	<u>1,457</u>
	Accumulated depreciation/ amortisation as at 1 July 1999	595	0	595
	Adjustment for disposals	0	0	0
	Depreciation/amortisation charge for assets held 1 July 1999	191	202	393
	Depreciation/amortisation charge for additions	0	2	2
	Transfers	0	0	0
	Accumulated depreciation/ amortisation as at 30 June 2000	<u>786</u>	<u>204</u>	<u>990</u>
	Net book value as at 30 June 2000	<u>0</u>	<u>467</u>	<u>467</u>
	Net book value as at 1 July 1999	191	647	838

7D Inventories		
All inventories are current assets		
Inventories held for sale	<u>212</u>	<u>147</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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 for the year ended 30 June 2000

7E Other non-financial assets				
Deferred discount on lease of computers		0		23
Prepayments		147		110
Total		147		133
8 Provisions and Payables				
8A Employees				
Salaries and wages		279		428
Annual leave		1,009		797
Long service leave		1,713		1,481
Aggregate employee entitlement liability		3,001		2,706
8B Suppliers				
Trade		841		630
Total		841		630
8C Contract income in advance				
Contract income		5,442		2,816
Total		5,442		2,816
9 Equity				
		Asset		
		Capital	Revaluation	Accumulated
Item	Capital	Reserves	Results	Total equity
	\$'000	\$'000	\$'000	\$'000
Balance @ 1 July 1999	1,146	134	(1,287)	(7)
Operating result - 99/00	-	0	33	33
Balance @ 30 June 2000	1,146	134	(1,254)	26
10 Cash flow reconciliation				
Reconciliation of net cash flows used by operating activities to net cost of service		2000		1999
		\$'000		\$'000
Operating surplus/(deficit)		33		303
Depreciation and amortisation of infrastructure plant & equipment		418		409
Write down of assets		0		19
Loss on disposal of infrastructure, plant & equipment		0		0
Changes in assets and liabilities				
(Increase)decrease in receivables			(1,576)	617
Increase(decrease) in employee liabilities			294	539
(Increase)decrease in inventory			(65)	(6)
Increase(decrease) in liability to suppliers			210	40
Increase(decrease) in other payables			2,625	377
(Increase)/decrease in other Assets			(14)	0
Net cash provided by operating activities			1,925	2,298
11 External Financing Arrangements				
The Institute has access to an overdraft facility of \$100,000 with the Commonwealth Bank.				
12 Remuneration of Directors				
Aggregate amount of superannuation payments in connection with the retirement of Directors		58,768		35,189
Other remuneration received or due and receivable by Directors of the Institute		223,541		230,251
Total remuneration received or due and receivable by Directors of the Institute		282,309		265,440

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

	Number	
• \$Nil - \$10,000	2	8
• \$10,001 - \$20,000	1	1
• \$80,001 - \$90,000	1	1
• \$160,001 - \$170,000	1	1
	5	11

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

13 Related party disclosures

Directors of the Institute

The Directors of the Institute during the year were:

Professor J Reid (Chairperson)
Dr R Madden (Director)
Mr A Podger
Ms L Apelt (Appointed 22/9/99)
Mr I Procter (Appointed 22/9/99)
Ms E Davies (Appointed 22/9/99)
Mr David Butt (Appointed 22/9/99)
Ms L Elliott
Mr T Skinner
Dr S Hacker

The aggregate remuneration of Directors is disclosed in Note 12.

	2000	1999
	\$	\$
14 Remuneration of Executive Officers		
Income received or due and receivable by executive officers	541,902	463,229

The number of executive officers included in these figures are shown below in the relevant remuneration bands:

	Number	
\$100,000 - \$110,000	0	0
\$110,001 - \$120,000	0	4
\$120,001 - \$130,000	1	0
\$130,001 - \$140,000	2	0
	3	4

The executive officer remuneration includes all officers concerned with or taking part in the management of the economic entity during 1999-00 except the Director and a proportion of the remuneration for executive officers who were acting Directors during the year. Details in relation to those Directors have been incorporated into Note 12 - Remuneration of Directors.

Performance pay has been excluded from the calculation of officer remuneration. The aggregate amount of performance pay received, or due and receivable, by officers was \$20,000. (1998-99 \$10,000).

	2000	1999
	\$	\$
15 Remuneration of Auditors		
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	14,000	14,000

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

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Appropriations

The Institute received \$8.270m in appropriations during the year out of the Consolidated Revenue Fund.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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 for the year ended 30 June 2000

17 Financial Instruments

17A Terms, conditions and accounting policies

Financial Instruments	Notes	Accounting Policies and Methods (including recognition criteria and measurement basis)	Nature of underlying instrument (including significant terms & conditions affecting the amount, timing and certainty of cash flows)
Receivables for goods and services	6B	These receivables are recognised at the nominal amounts due less any provision for bad and doubtful debts. Provisions are made when collection of the debt is judged to be less rather than more likely.	Credit terms are net 14 days (1998-99; 14 days).
Other debtors	6B	As for receivables for goods and services.	As for receivables for goods and services.
Financial Liabilities		Financial liabilities are recognised when a present obligation to another party is entered into and the amount of the liability can be reliably measured.	
Trade creditors	8B	Creditors and accruals are recognised at their nominal amounts, being the amount at which the liabilities will be settled. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).	Settlement is usually made net 30 days (1998-99; 30 days)

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AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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 for the year ended 30 June 2000

Note 17 Financial Instruments (cont.)

17B Interest rate risk

Financial Instrument	Notes	Floating interest rate		Non-Interest bearing		Total		Weighted Average Effective Interest Rate	
		99-00 \$'000	98-99 \$'000	99-00 \$'000	98-99 \$'000	99-00 \$'000	98-99 \$'000	99-00 %	98-99 %
Cash at bank and on hand	6A	6079	4197			6079	4197	2.65	3.75
Receivables for goods and Services	6B			2405	830	2405	830	n/a	n/a
Total Financial Assets (Recognised)		6079	4197	2405	830	8484	5027		
Total assets						9310	6145		

Financial Instrument	Notes	Floating interest rate		Non-Interest bearing		Total		Weighted Average Effective Interest Rate	
		99-00 \$'000	98-99 \$'000	99-00 \$'000	98-99 \$'000	99-00 \$'000	98-99 \$'000	99-00 %	98-99 %
Trade Creditors	8B			841	630	841	630	n/a	n/a
Total Financial Liabilities (Recognised)				841	630	841	630		
Total liabilities						9284	6152		

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for the year ended 30 June 2000

17C Foreign exchange risk

The Institute has not entered into any foreign currency transactions.

17D Credit risk exposures

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

17E Net fair values of financial assets and liabilities.

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

Appendix 2

Legislation

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

Australian Institute of Health Ethics Committee Regulations

Regulations have been made pursuant to subsections 16(1) and (2) of the *Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee. The Regulations are reproduced on page 107.

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

Part I—Preliminary

1 Short title

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

2 Commencement

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the 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.

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

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

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

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

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

5 Functions of the Institute

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

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

[Health-related functions]

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

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

[Welfare-related functions]

- (1A) The Institute's welfare-related functions are:
- (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and
 - (d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and
 - (e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and
 - (f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and
 - (g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and
 - (h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

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

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

6 Powers of Institute

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

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

7 Directions by Minister

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

Division 2—Constitution and Meetings of Institute

8 Constitution of Institute

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

9 Acting members

- (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):
 - (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or

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

10 Remuneration and allowances

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

11 Leave of absence

- (1) 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.

12 Resignation

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

13 Termination of appointment

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
 - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
 - (b) without reasonable excuse, contravenes section 21 of the *Commonwealth Authorities and Companies Act 1997*;
 - (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
 - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

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

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

14 Disclosure of interests

- (3) Section 21 of the Commonwealth Authorities and Companies Act 1997 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.

15 Meetings

- (1) Subject to this section, meetings of the Institute shall be held at such times

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

Division 3—Committees of Institute

16 Committees

- (1) The Institute shall appoint a committee to be known as the 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) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
 - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
 - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

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

Division 4—Director of Institute

17 Director of Institute

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

18 Functions of Director

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

Division 5—Staff

19 Staff

- (1) The staff required for the purposes of this Act shall be:
 - (a) persons 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

20 Money to be appropriated by Parliament

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

22 Money of Institute

- (1) The money of the Institute consists of:
 - (a) money paid to the Institute under section 20; and
 - (b) any other money, other than trust money, paid to the Institute.
- (2) The money of the Institute shall be applied only:
 - (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;
 - (b) in payment of remuneration and allowances payable under this Act; and
 - (c) in making any other payments required or permitted to be made by the Institute.
- (3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

23 Contracts

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

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

24 Extra matters to be included in annual report

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

25 Trust money and trust property

- (1) The Institute:
 - (a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust

- money;
- (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
- (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

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

Part IV—Miscellaneous

27 Delegation by Institute

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

28 Delegation by Director

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

29 Confidentiality

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

section also called an *information subject*), being a document furnished for the purposes of this Act;

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

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

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

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

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

- (1) The *Epidemiological Studies (Confidentiality) Act 1981* (in this section called the Confidentiality Act) does not apply to anything done in the exercise of a power or performance of a function under this Act.
- (2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:
 - (a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and
 - (b) give the Institute access to documents prepared or obtained in the conduct of that study.
- (3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.
- (4) In this section:
 - (a) **epidemiological study** has the same meaning as in the Confidentiality Act; and
 - (b) **prescribed study** has the same meaning as in the Confidentiality Act.

31 Periodical reports

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

during the period to which the report relates.
- (3A) A welfare report must provide:
 - (a) statistics and related information concerning the provision of welfare services to the Australian people; and
 - (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

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

Schedule—Bodies that may nominate board members

Subsection 8(1)

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 and Welfare Regulations

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS 1997

No. 231*1*

-Dated 3 September 1997

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS 1997

No. 231— REG 1

Citation

REG

1. These Regulations may be cited as the Australian Institute of Health and Welfare Regulations.

[Note: These Regulations commence on gazettal: see *Acts Interpretation Act 1901*, section 48.]

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS 1997

No. 231— REG 2

Contract value limit

REG

2. For paragraph 23 (a) of the *Australian Institute of Health and Welfare Act 1987*, the amount of \$500,000 is prescribed.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS 1997

No. 231— NOTE 1

NOTE

1 Notified in the Commonwealth of Australia Gazette on 10 September 1997.

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

Board members

Qualifications, current positions and details of meetings attended from 1 July 1999 to 30 June 2000

Board member	Number of meetings
Professor Janice Reid AM, BSc, MA, PhD, FASSA Vice-Chancellor and University President, University of Western Sydney	4
Dr Sandra Hacker, MB, BS, DPM, FRANZCP Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit, Alfred Hospital	3
Ms Elizabeth Davies BA, Dip. Ed National Director, Uniting Community Services Australia, Uniting Church (from 22 September 1999)	3
Mr Andrew Podger, BSc (Hons) Syd Secretary, Department of Health and Aged Care	3
Mr Tim Skinner, BA, Dip Ed Deputy Australian Statistician, Australian Bureau of Statistics	3
Mr David Butt, Cert. Health Economics, Grad Dip Management, FAIM Chief Executive, ACT Department of Health and Community Care (from 22 September 1999)	1
Mr Ian Procter, BEc, Dip Ed General Manager, Family and Youth Services, Department of Human Services, SA (from 22 September 1999)	3
Ms Linda Apelt, Dip Teaching, B Ed, Grad Dip (Counselling), M Ed Studies Director General, Qld Department of Housing (from 22 September 1999)	3
Ms Lyn Elliott, BA (Comm.) Staff representative	4
Dr Richard Madden, BSc Syd, PhD Princeton, FIA, FIAA Director, Australian Institute of Health and Welfare	4

Note: A representative of the Secretary, Department of Family and Community Services, attended and participated in Board meetings. The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe AIHW Board and NHMRC Council meetings respectively. A representative of the Department of Family and Community Services is also invited to participate in Board meetings.

Appendix 4

Activities funded by outside bodies for 1999–00 financial year

Australian Institute of Health and Welfare

(The amounts shown below represent the value of each project for the 1999–00 financial year, and not necessarily for the entire project.)

Project:	Aboriginal and Torres Strait Islander Health Performance Indicators Jurisdictional Summary Report 1999
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$49,700
Project:	Ageing and Disability
Funding body:	Disability Services Sub-Committee (Commonwealth, States and Territories)
Amount:	\$41,900
Project:	Australian Monitoring System for Asthma
Funding body:	Department of Health and Aged Care
Amount:	\$80,000
Project:	Cardiac Surgery and Percutaneous Transluminal Coronary Angioplasty Registers
Funding body:	National Heart Foundation
Amount:	\$26,000
Project:	Child and Youth Health Monitoring
Funding body:	Department of Health and Aged Care
Amount:	\$173,600
Project:	China – Enterprise Housing and Social Security Reform
Funding body:	Department of Family and Community Services
Amount:	\$18,200
Project:	Commonwealth–State Housing Agreement data development
Funding body:	Department of Family and Community Services
Amount:	\$45,000
Project:	Community Care Data Development Stage 1
Funding body:	Department of Health and Aged Care
Amount:	\$392,000

Project:	Community Housing Mapping Project
Funding body:	National Community Housing Forum
Amount:	\$18,000
Project:	Data custodianship for the Quality in Australian Health Care Study Database
Funding body:	Department of Health and Aged Care
Amount:	\$10,100
Project:	Data storage for Department of Veterans' Affairs Morbidity Study data
Funding body:	Department of Veterans' Affairs
Amount:	\$21,000
Project:	Data validation of the Vietnam Veterans Morbidity Study
Funding body:	Department of Veterans' Affairs
Amount:	\$243,000
Project:	Development of Children's Services Minimum Data Set Data Manual
Funding body:	Department of Family and Community Services
Amount:	\$17,100
Project:	Development of National Minimum Data Set for Alcohol and Other Drug Treatment Services
Funding body:	Department of Health and Aged Care
Amount:	\$115,000
Project:	Development of national public health information including secretariat for National Public Health Information Working Group
Funding body:	Department of Health and Aged Care
Amount:	\$168,800
Project:	Development of national public health information indicators
Funding body:	Department of Health and Aged Care
Amount:	\$65,500
Project:	Drug-caused Mortality and Hospital Admission Statistics
Funding body:	Department of Health and Aged Care
Amount:	\$53,800
Project:	Ethnic Populations Projection Project
Funding body:	Department of Health and Aged Care

Amount:	\$100,000
Project:	Health cooperation with Thai Health Ministry
Funding body:	Department of Health and Aged Care
Amount:	\$23,000
Project:	Home and Community Care Service Standards Consumer Appraisal Data Development
Funding body:	Department of Health and Aged Care
Amount:	\$61,500
Project:	Homelessness Study
Funding body:	Department of Family and Community Services
Amount:	\$30,000
Project:	Indigenous dwelling data modelling
Funding body:	Department of Family and Community Services
Amount:	\$150,000
Project:	Integrating Indicators of Supply, Outcome and Demand
Funding body:	Disability Services Sub-Committee (Commonwealth, States and Territories)
Amount:	\$27,200
Project:	Juvenile Justice Minimum Data Set
Funding body:	Standing Committee of Community Services and Income Security Administrators (SCCSISA)
Amount:	\$50,000
Project:	Leukaemia and Adrenal Gland Cancer/ Myeloid Leukaemia Project
Funding body:	Department of Veterans' Affairs
Amount:	\$15,500
Project:	Medicare metadata on the National Health Information Knowledgebase
Funding body:	Department of Health and Aged Care
Amount:	\$32,100
Project:	Mental Health Care National Minimum Data Set
Funding body:	Department of Health and Aged Care
Amount:	\$120,000
Project:	Monitoring of diabetes
Funding body:	Department of Health and Aged Care

Amount:	\$193,600
Project:	Monitoring of National Breast and Cervical Cancer Screening Programs
Funding body:	Department of Health and Aged Care
Amount:	\$347,500
Project:	National cancer survival analysis
Funding body:	Department of Health and Aged Care
Amount:	\$75,000
Project:	National Centre for Monitoring Cardiovascular Disease
Funding body:	Department of Health and Aged Care
Amount:	\$483,100
Project:	National Community Services Data Dictionary
Funding body:	Standing Committee of Community Services and Income Security Administrators (SCCSISA)
Amount:	\$50,000
Project:	National Diabetes Register
Funding body:	Department of Health and Aged Care
Amount:	\$298,100
Project:	National health data development
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$95,000
Project:	National Health Data Dictionary
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$300,000
Project:	National Health Priority Areas (NHPA) surveillance and reporting
Funding body:	Department of Health and Aged Care
Amount:	\$187,000
Project:	National Health Record Linkage
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$80,000
Project:	National Housing Data Dictionary
Funding body:	State and Territory Housing Departments
Amount:	\$166,000

Project:	National Housing Data Repository
Funding body:	State and Territory Housing Departments
Amount:	\$114,100
Project:	National housing performance reporting
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$86,000
Project:	National Indigenous Housing Data Management Strategy
Funding body:	State and Territory Housing Departments
Amount:	\$120,000
Project:	National Physical Activity Survey followup
Funding body:	Department of Health and Aged Care
Amount:	\$50,000
Project:	Performance indicators for palliative care
Funding body:	Department of Health and Aged Care
Amount:	\$77,000
Project:	Professional support to the Australian Medical Workforce Advisory Committee (AMWAC)
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$221,000
Project:	Public health expenditure monitoring
Funding body:	Department of Health and Aged Care
Amount:	\$110,800
Project:	Public Health Information Unit
Funding body:	Department of Health and Aged Care
Amount:	\$410,100
Project:	Refinement of National Performance Indicators and Targets for Aboriginal and Torres Strait Islander Health for the Year 2000 and Beyond
Funding body:	Department of Health and Aged Care
Amount:	\$83,900
Project:	Research study on the ethnic aged and their capacity for financial independence and self provision
Funding body:	Department of Immigration and Multicultural Affairs
Amount:	\$15,000
Project:	Residential aged care publication

Funding body:	Department of Health and Aged Care
Amount:	\$10,400
Project:	Scoping Study for Family Support Services
Funding body:	Standing Committee of Community Services and Income Security Administrators (SCCSISA)
Amount:	\$50,000
Project:	Scoping Study for the National Housing Data Agreement
Funding body:	State and Territory Departments
Amount:	\$42,100
Project:	Second report on Expenditure on Health Care for Aboriginal and Torres Strait Islander People
Funding body:	Department of Health and Aged Care
Amount:	\$260,000
Project:	State-based Child Welfare Collections
Funding body:	State and Territory Community Services Departments
Amount:	\$216,400
Project:	Statistical consultancy, guidance and leadership
Funding body:	Department of Veterans' Affairs
Amount:	\$74,300
Project:	Stocktake of aged and community care data collections
Funding body:	Department of Health and Aged Care
Amount:	\$36,500
Project:	Strategic development of Commonwealth/State Disability Agreement Minimum Data Set
Funding body:	Disability Services Sub-Committee (Commonwealth, States and Territories)
Amount:	\$20,000
Project:	Suicide in Vietnams veterans' children report
Funding body:	Department of Veterans' Affairs
Amount:	\$16,500
Project:	Supported Accommodation Assistance Program (SAAP)
Funding body:	National Data Collection Agency (NCDA)
Amount:	Department of Family and Community Services
Amount:	\$1,642,400

Project:	Supported Accommodation Assistance Program statistical data
Funding body:	Department of Transport and Regional Services
Amount:	\$12,000
Project:	Transition to ICD-10-AM in the National Hospital Morbidity Database
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$100,000
Project:	Validation Study of Multiple Sclerosis and Motor Neurone Disease in Vietnam Veterans
Funding body:	Department of Veterans' Affairs
Amount:	\$48,500
Project:	Youth Homelessness Pilot Program
Funding body:	Department of Family and Community Services
Amount:	\$123,900

Collaborating Units

AIHW Dental Statistics and Research Unit

Project:	Dental Statistics and Research Unit
Funding body:	Department of Health and Aged Care
Amount:	\$278,000

General Practice Statistics and Classification Unit

Project:	General Practice Statistics and Classification Unit
Funding body:	Department of Health and Aged Care
Amount:	\$400,000

National Centre for Aboriginal and Torres Strait Islander Statistics

Project:	Aboriginal and Torres Strait Islander health and welfare information and statistics
Funding body:	Department of Health and Aged Care
Amount:	\$470,000

National Injury Surveillance Unit

Project:	Injury surveillance services
Funding body:	Department of Health and Aged Care
Amount:	\$300,000

National Perinatal Statistics Unit

Project:	Reports on maternal mortality and morbidity (1994-96)
Funding body:	Department of Health and Aged Care
Amount:	\$63,700

Appendix 5

Publications and reports 1999–00

AIHW publications

Books

Annual report 1998–99. AIHW. Cat. no. AUS 15. Canberra: AIHW, 1999.

Australia's health 2000. AIHW. Cat. no. AUS 19. Canberra: AIHW, 2000.

Australia's welfare 1999: services and assistance. AIHW. Cat. no. AUS 16. Canberra: AIHW, 1999.

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Publications and services catalogue 2000. AIHW. Cat. no. AUS 13. Canberra: AIHW, 2000.

Work program 1999–2000. AIHW. Cat. no. AUS 17. Canberra: AIHW, 1999.

Aged care

National Minimum Data Set for Home and Community Care, A. Ryan T, Holmes B, Gibson D. Cat. no. AGE 13. Canberra: AIHW, 1999 (Aged Care Series).

Older Australia at a glance (second edition). Gibson D, Benham C, Racic L. Cat. no. AGE 12. Canberra: AIHW, 1999.

Residential aged care facilities in Australia 1998: a statistical overview. AIHW. Cat. no. AGE 14. Canberra: AIHW, 1999 (Aged Care Statistics Series).

Residential aged care facilities in Australia 1998–99: a statistical overview. AIHW. Cat. no. AGE 16. Canberra: AIHW, 2000 (Aged Care Statistics Series).

Cancer

Breast cancer in Australian women 1982–1996. AIHW, NBBC, AACR. Cat. no. CAN 6. Canberra: AIHW, 1999 (Cancer Series).

Cancer in Australia 1996. AIHW. Cat. no. CAN 7. Canberra: AIHW, 1999 (Cancer Series).

Cardiovascular disease

Cardiac surgery in Australia 1995. Senes S, Davies J. Cat. no. CVD 8. Canberra: AIHW, 1999 (Cardiovascular Disease Series).

Coronary angioplasty in Australia 1996. Senes S, Davies J. Cat. no. CVD 9. Canberra: AIHW, 1999 (Cardiovascular Disease Series).

Child and family support services

Adoptions Australia 1998–99. AIHW. Cat. no. CWS 10. Canberra: AIHW, 2000 (Child Welfare Series).

Child protection Australia 1997–98. AIHW. Cat. no. CWS 8. Canberra: AIHW, 1999 (Child Welfare Series).

Child protection Australia 1998–99. AIHW. Cat. no. CWS 11. Canberra: AIHW, 2000 (Child Welfare Series).

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Dental

Access to dental services of Australian children and adolescents: research report, January 2000. AIHW DSRU. Cat. no. DEN 68. Adelaide: AIHW DSRU, 2000.

Adelaide dental study of nursing homes: baseline data collection report 1998, The. Chalmers JM, Hodge CP, Fuss JM, Spencer AJ, Carter KD. Cat. no. DEN 53. Adelaide: AIHW DSRU, 1999.

Adelaide dental study of nursing homes: research report, October 1999, The. AIHW DSRU. Cat. no. DEN 63. Adelaide: AIHW DSRU, 1999.

Adult oral health and access to dental care: research report, September 1999. AIHW DSRU. Cat. no. DEN 62. Adelaide: AIHW DSRU, 1999.

Aging and dental health. Chalmers JM, Ettinger RL, Thomson WM, Spencer AJ. Cat. no. DEN 45. Adelaide: AIHW DSRU, 1999 (Dental Statistics and Research Series).

Child Dental Health Survey for Australian Capital Territory, 1996, The. AIHW DSRU. Cat. no. DEN 38. Adelaide: AIHW, 1999.

Child Dental Health Survey for New South Wales, 1996, The. AIHW DSRU. Cat. no. DEN 47. Adelaide: AIHW DSRU, 1999.

Child Dental Health Survey for New South Wales, 1997, The. AIHW DSRU. Cat. no. DEN 54. Adelaide: AIHW DSRU, 2000.

Child Dental Health Survey for Northern Territory, 1996, The. AIHW DSRU. Cat. no. DEN 35. Adelaide: AIHW DSRU, 1999.

Child Dental Health Survey for Northern Territory, 1997, The. AIHW DSRU. Cat. no. DEN 60. Adelaide: AIHW DSRU, 2000.

Child Dental Health Survey for Queensland, 1997, The. AIHW DSRU. Cat. no. DEN 55. Adelaide: AIHW DSRU, 2000.

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Child Dental Health survey, Tasmania, 1997, The. AIHW DSRU. Cat. no. DEN 59. Adelaide: AIHW DSRU, 2000.

Child Dental Health Survey, Western Australia, 1997, The. AIHW DSRU. Cat. no. DEN 61. Adelaide: AIHW DSRU, 2000.

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Oral health and access to dental care in rural and remote areas of Australia: research report, September 1999. AIHW DSRU. Cat. no. DEN 50. Adelaide: AIHW DSRU, 1999.

Oral health and access to dental services among Indigenous Australians: research report, March 2000. AIHW DSRU. Cat. no. DEN 64. Adelaide: AIHW DSRU, 2000.

Oral health of public dental patients: research report, December 1999. AIHW DSRU. Cat. no. DEN 65. Adelaide: AIHW DSRU, 1999.

Disability services

Definition and prevalence of physical disability in Australia, The. Wen X, Fortune N. Cat. no. DIS 13. Canberra: AIHW, 1999.

Definition, incidence and prevalence of acquired brain injury in Australia, The. Fortune N, Wen X. Cat. no. DIS 15. Canberra: AIHW, 1999.

Disability support services provided under the Commonwealth/State Disability Agreement: national data 1998. AIHW. Cat. no. DIS 16. Canberra: AIHW, 1999.

Open employment services for people with disabilities 1997–98. Anderson P, Golley L. Cat. no. DIS 14. Canberra: AIHW, 1999.

General practice

General practice activity in Australia 1998–99. Britt H, Sayer G, Miller GC, Charles J, Scahill S, Horn F, Bhasak A, McGeechan K. Cat. no. GEP 2. Canberra: AIHW GPSCU, 1999 (General Practice Series).

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Australia's health services expenditure to 1998–99. AIHW. Cat. no. HWE 15. Canberra: AIHW, 2000 (Health Expenditure Bulletin no. 16).

Australia's welfare services expenditure 1992–93 to 1997–98. AIHW. Cat. no. HWE 14. Canberra: AIHW, 1999 (Welfare Services Expenditure Bulletin no. 5).

Health and welfare labour force

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Medical labour force 1998. AIHW. Cat. no. HWL 15. Canberra: AIHW, 2000 (National Health Labour Force Series).

Nursing labour force 1998. AIHW. Cat. no. HWL 14. Canberra: AIHW, 1999 (National Health Labour Force Series).

Pharmacy labour force 1998. AIHW. Cat. no. HWL 16. Canberra: AIHW, 2000 (National Health Labour Force Series).

Health services

Institutional mental health services in Australia 1997-98. Moore M, Shaw J, Grant B, Braddock D. Cat. no. HSE 7. Canberra: AIHW, 2000.

Palliative care information development: progress report on the National Minimum Data Set for Palliative Care. Jellie C, Shaw J. Cat. no. HSE 8. Canberra: AIHW, 2000.

Waiting times for elective surgery 1995-96 and 1996-97. AIHW. Cat. no. HSE 4. Canberra: AIHW, 2000 (Health Services Series).

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Housing

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Perinatal health

Assisted conception Australia and New Zealand 1997. Hurst T, Shafir E, Lancaster P. Cat. no. PER 10. Canberra: AIHW NPSU, 1999 (Assisted Conception Series).

Australian and New Zealand Neonatal Network 1996–1997. Donoghue D. Cat. no. PER 11. Canberra: AIHW NPSU, 1999 (Neonatal Network Series).

Australia's mothers and babies 1997. Day P, Sullivan E, Ford J, Lancaster P. Cat. no. PER 12. Canberra: AIHW NPSU, 1999 (Perinatal Statistics Series).

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Population health

Australia's young people: their health and wellbeing 1999. Moon L, Meyer P, Grau, J. AIHW cat. no. PHE 19. Canberra: AIHW, 2000.

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AIHW Access

Access, July 1999. AIHW. AIHW cat. no. HWI 21. Canberra: AIHW, 1999 (Issue 2).

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Access, May 2000. AIHW. AIHW cat. no. HWI 26. Canberra: AIHW, 2000 (Issue 4).

Dental Statistics and Research Unit Newsletter

AIHW Dental Statistics and Research Unit Newsletter. AIHW DSRU. Cat. no. DEN 51. Adelaide: AIHW, 1999 (Dental Statistics and Research Unit Newsletter vol. X, no. 2).

AIHW Dental Statistics and Research Unit Newsletter. AIHW DSRU. Cat. no. DEN 52. Adelaide: AIHW, 1999 (Dental Statistics and Research Unit Newsletter vol. X, no. 3).

Disability Data Briefing

Disability support services under the CSDA. 1998 data. AIHW. Canberra: AIHW, 1999 (Disability Data Briefing no. 16).

Disability support services under the CSDA. 1999 data. AIHW. Canberra: AIHW, 1999 (Disability Data Briefing no. 17).

Injury Issues Monitor

Injury Issues Monitor, October 1999. Kreisfeld R (ed.). Adelaide: AIHW NISU, 1999 (Injury Issues Monitor no. 17).

Injury Issues Monitor, December 1999. Kreisfeld R (ed.). Adelaide: AIHW NISU, 1999 (Injury Issues Monitor no. 18).

Injury Issues Monitor, April 2000. Kreisfeld R (ed.). Adelaide: AIHW NISU, 1999 (Injury Issues Monitor no. 19).

Joint publications

Comparison of data items in selected children's services collections. AIHW, FaCS. Cat. no. CFS 3. Canberra: AIHW, 2000.

Health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples 1999, The. ABS, AIHW. Cat. no. IHW 3. Canberra: AIHW, 1999.

Independence in ageing: the social and financial circumstances of older overseas-born Australians. Benham C, Gibson D with Holmes B, Rowland D. Cat. no. AGE 15. Canberra: DIMA & AIHW, 2000.

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NHPA report on cardiovascular health 1998: a report on heart, stroke and vascular disease. DHAC, AIHW. Cat. no. PHE 9. Canberra: AIHW, 1999.

NHPA report on cardiovascular health: a report on heart, stroke and vascular disease—summary. DHAC, AIHW. Cat. no. PHE 12. Canberra: AIHW, 1999.

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Appendix 6

Unit Heads

Executive Unit

Margaret Fisher, GradDipT&DM, MBus, CSU

Health Division

Cardiovascular Disease & Diabetes Monitoring

Stan Bennett, BTech (Hons) Bradford, PhD ANU, C Stat

Health Registers & Cancer Monitoring

Paul L Jelfs, BSc (Hons), PhD UNSW

Public Health Data & Information Services

Mark Cooper-Stanbury, BSc ANU

Patient Morbidity & Services

Jenny Hargreaves, BSc (Hons) ANU

Community & Mental Health Services

Lynelle Moon, BMath UW, Grad Dip Stat ANU

Population Health

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

Anthony Greville, BEc Qld, MHealth Planning UNSW

Medical Adviser

Paul Magnus, MB BS

AIHW Outposted – Department of Veterans' Affairs

Anne-Marie Waters, BMath UN'cle, Grad Dip Stat ANU,
Grad Dip Hlth ANU

Welfare Division

Aged Care

Diane Gibson, BA (Hons), PhD Qld

National Information Standards

Joe Christensen, BA UWA

Children & Family Services

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

Disability Services

Rosamond Madden, BSc (Hons), MSc Syd

Housing

David Wilson, BEc (Hons) Flinders

Data Development

Trish Ryan, BA (Hons) UNE

Supported Accommodation & Crisis Services

Justin Griffin, BEc JCUNQ

**Economics and
Business Services**

Health & Welfare Expenditure

John Goss, BEc, BSc ANU; GradDipNutrDiet QIT

Health & Community Services Labour Force

John Harding, BA Macq

Business Planning & Management

Mark Thomann, BA (Hons) UNE, Grad Cert Housing Mgt
Policy, Swinbourne

Information Technology Services

Mike McGrath, BA CCAE

Data Management

David Hamilton, BA, MLitt NE

Media & Publishing

Nigel Harding, BA Qld

Library & Information Services

Judith Abercromby, BA (Hons) Tas; DipLib UNSW

**Heads of
collaborating units**

National Perinatal Statistics Unit

Paul Lancaster, MB, BS Syd; MPH UC Berkeley; FRACP,
FAFPHM

Liz Sullivan, MBBS, MPH, FAFPHM

Dental Statistics & Research Unit

A John Spencer, MDSc, PhD Melb; MPH Michigan

*Aboriginal & Torres Strait Islander Health & Welfare Information
Unit*

Janis Shaw, BA (Hons) PhD ANU

National Injury Surveillance Unit

James Harrison, MB, BS Melb; MPH Syd; FAFPHM

General Practice Statistics & Classification Unit

Helena Britt, BA UNSW, PhD Syd

Appendix 7

Equal Employment Opportunity

Representation of EEO groups within salary levels, at 30 June 2000

Salary group	ATSI	NESB 1	NESB 2	PWD	Women	Men	Total
APS Level 2	0	1	1	0	7	0	7
APS Level 3	0	0	1	0	12	1	13
APS Level 4	0	0	1	1	17	5	22
APS Level 5	0	3	2	2	10	6	16
APS Level 6	0	8	6	3	29	12	41
Executive Level 1	0	12	6	2	28	29	57
Executive Level 2	0	2	2	0	10	14	24
SES 1	0	2	0	1	1	2	3
Total	0	28	19	9	114	69	183

ATSI: Aboriginals and Torres Strait Islanders

NESB1: Non-English-speaking background, first generation

NESB2: Non-English-speaking background, second generation

PWD: People with a disability

Appendix 8

Freedom of Information requests and enquiries

There were no requests made under the *Freedom of Information Act 1982* during 1999-00.

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

Appendix 9

Audit and Finance Committee members

Qualifications, current positions and meetings attended from 1 July 1999 to 30 June 2000

Committee member	Number of meetings
Mr Ian Procter, BEc, Dip Ed General Manager, Family and Youth Services, Department of Human Services, SA (from 30 April 1999)	4
Professor Janice Reid AM, BSc, MA, PhD, FASSA Vice-Chancellor and University President, University of Western Sydney	4
Ms Elizabeth Davies, BA, Dip Ed National Director, Uniting Community Services Australia, Uniting Church	2

Appendix 10

Abbreviations

ABS	Australian Bureau of Statistics
AHMAL	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AIHW	Australian Institute of Health and Welfare
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
BEACH©	Bettering the Evaluation And Care of Health
CSIRO	Commonwealth Scientific and Industrial Research Organisation
CSMC	Community Services Ministers' Council
CSMAC	Community Services Ministers' Advisory Council
DALY	Disability adjusted life years
DHAC	Department of Health and Aged Care
DSRU	Dental Statistics and Research Unit
FaCS	Department of Family and Community Services
GPSCU	General Practice Statistics and Classification Unit
GST	Goods and Services Tax
HACC	Home and Community Care
HMAC	Housing Ministers' Advisory Committee
ICD-9-CM	International Statistical Classification of Diseases and Related Health Problems Ninth Revision, Clinical Modification
ICD-10	International Classification of Diseases Tenth Revision
ICD-10-AM	International Classification of Diseases Tenth Revision, Australian Modification
ICIDH	International Classification of Impairments, Disabilities and Handicaps
ICIDH-2	International Classification of Functioning and Disability
ICPC-2	International Classification of Primary Care Revision 2
ICPC-2 PLUS	Australian Extended Terminology Classified According to ICPC-2
ISO/IEC	International Organisation for Standardisation/ International Electrotechnical Commission
MoU	Memorandum of Understanding
NCCH	National Centre for Classification in Health
NCSDD	National Community Services Data Dictionary
NCSIMG	National Community Services Information Management Group
NHDD	National Health Data Dictionary
NHDC	National Health Data Committee
NHIMAC	National Health Information Management Advisory Council
NHIMG	National Health Information Management Group
NHMRC	National Health and Medical Research Council

NHPA	National Health Priority Area
NIHIPIWG	National Indigenous Health Information Plan Implementation Working Group
NISU	National Injury Surveillance Unit
NPHP	National Public Health Partnership
NPHIWG	National Public Health Information Working Group
NMDS	National Minimum Data Set
NPSU	National Perinatal Statistics Unit
OECD	Organisation for Economic Co-operation and Development
SAAP	Supported Accommodation Assistance Program
SCCSISA	Standing Committee of Community Service and Income Security Administrators
SCI	Spinal cord injury
WHO	World Health Organization

Appendix 11

Compliance index

Board members are responsible under s. 9 of the *Commonwealth Authorities and Companies Act 1997* (CAC Act) for the preparation and content of the report of operations in accordance with the Commonwealth Authorities and Companies Order 1998 (otherwise known as the Finance Ministers Orders or FMOs). Schedule 1 of the FMOs specifies the requirements for the report of operations. The report of operations must include:

	Page
Part 1—Preliminary	
Certification of report of operations by Directors	Letter of transmission
Part 2—Form and content of the Report of Operations	
<i>Division 2—General information about operations and activities</i>	
Enabling legislation and responsible Minister	1
• Enabling legislation and objectives and functions	1
• Name of the responsible Minister at the date of the report and the names of any other responsible Minister during the period covered by the report	1
Outline of organisational structure	8
Review operations and future prospects	Chapters 2, 3, 4 and 5
• Operational and financial results of the AIHW during the financial year	Appendix 1
• Risk management strategy	7
• Significant events of which the Minister was notified (s.15 of the CAC Act)	Nil
Particulars of judicial decisions or reviews by outside bodies which may have a significant impact on the operations of the AIHW	Nil
Report on the effects of Ministerial directions or general policies of the Government by the Minister, and any reason for non-compliance	Nil
<i>Division 3—Specific information</i>	
Name, qualifications, experience and special responsibilities of each Director	108
Number of meetings of the Board and details of each director's attendance	108
Number of meetings of each Board committee held during the financial year and each director's attendance at those meetings	3
Details of the Audit Committee, number of Audit Committee meetings and attendance record	4
Details of indemnities and insurance for officers	5