



Australian Government

Australian Institute of
Health and Welfare

Australian Institute of Health and Welfare

Annual report **2009–10**

Providing feedback

If you would like to comment on this annual report, or have any queries, please contact:

Mr Gary Kent
Head, Information Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

26 Thynne Street
Fern Hill Park, Bruce ACT 2617
Phone: +61 2 6249 5035
+61 2 6244 1000 (switchboard)
Fax: +61 2 6244 1299
Email: info@aihw.gov.au

Availability

This annual report is available electronically on the Australian Institute of Health and Welfare's website in PDF and RTF formats. The 'In brief' section is available in HTML. The address is <www.aihw.gov.au/publications/index.cfm/title/12056>.

Acknowledgments

Coordination: Joanne Maples, Information Governance Unit
Editing: Ann Parkinson, Information Services and Publishing Unit
Layout and design: Sarah Christie, Information Services and Publishing Unit
Printing: New Millennium Print, Canberra.

Copyright

Cat. no. AUS 127
ISSN 1321-4985
ISBN 978 1 74249 052 6

© Australian Institute of Health and Welfare 2010

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

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



Australian Government
**Australian Institute of
Health and Welfare**

*Better information and statistics
for better health and wellbeing*

The Hon Nicola Roxon, MP
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare (AIHW) for the year to 30 June 2010.

The AIHW is established as a body corporate under section 4(2)(a) of the *Australian Institute of Health and Welfare Act 1987* and is subject to the *Commonwealth Authorities and Companies Act 1997*.

The report was endorsed on 23 September 2010 at a meeting of the members of the AIHW in accordance with the requirements of section 9 of the *Commonwealth Authorities and Companies Act 1997* and relevant Finance Minister's Orders.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter Collins', written over a light blue horizontal line.

The Hon Peter Collins, AM QC
Board Chair

23 September 2010

26 Thynne Street, Fern Hill Park, Bruce ACT • GPO Box 570, Canberra ACT 2601
phone 02 6244 1000 • facsimile 02 6244 1299 • web www.aihw.gov.au

Guide to this report

This annual report of the Australian Institute of Health and Welfare (AIHW) complies with the requirements of the *Commonwealth Authorities and Companies Act 1997*. It begins with the mission, strategic directions and values of the AIHW, the AIHW Board Chair's report, the AIHW Director's report and an 'In brief' summary of the report's contents.

Governance and management arrangements for the AIHW are described, including accountabilities to the Minister for Health and Ageing, and the roles and responsibilities of the AIHW's Board and the AIHW Ethics Committee.

The chapter **Our performance** summarises the year's activities for 2009–10 against the AIHW's key strategic directions and 2009–10 Portfolio Budget Statements. It summarises financial performance in relation to the audited financial statements in Appendix 9. The achievement of specific planned outputs for 2009–10 is recorded in the work group reports in Chapter 5.

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

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

Work group reports are provided for each unit of the AIHW involved in statistical analysis and reporting. The reports contain detailed information on the units' objectives, activities and outputs.

The **Appendixes** contain specific governance-related information: legislation, the AIHW Board's Charter of Corporate Governance, membership of the AIHW Board and the AIHW Ethics Committee, and a list of the AIHW's Executive and unit heads, as well as lists of the national information committees and universities with which the AIHW maintains strong working relationships. A Freedom of Information statement, required by law, and details of the AIHW's formal publications are also provided in the appendixes. Lastly, the financial statements for the AIHW are provided in Appendix 9.

The **Reader guides** help you find specific information: abbreviations; a glossary; lists of tables, figures and 'snapshots' about specific activities; a compliance index of information required by law; and a general index.

About the AIHW

The Australian Institute of Health and Welfare is a statutory authority established by the Australian Government as an independent agency in the Health and Ageing portfolio to generate reliable, regular and relevant information and statistics on the health and welfare of Australians. The AIHW collates and adds value to information drawn together as a nationally consistent picture of health and welfare services. This information is used by policy makers and program managers.

The AIHW's information also plays an important part in informing community discussion. The AIHW works closely with the Australian Bureau of Statistics and with all state and territory governments.

The AIHW is a major driving force in Australia for the production of national information and statistics on health, community services and housing assistance.

Mission

Better information
and statistics for better
health and wellbeing

Strategic directions

Strengthening our policy relevance

Capitalising on the new information
environment

Enhancing data access, protecting privacy

Getting the messages out better

Our people—valued, expert and versatile

Values

Australian Public Service values—being apolitical, accountable, sensitive and fair, with the highest quality ethics and leadership

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

Responsiveness—meeting the needs of those who supply or use our information

Accessibility—making information as accessible as possible

Privacy—safeguarding the personal and collective privacy of both information subjects and data providers

Expertise—applying specialised knowledge and high standards to our work

Innovation—showing curiosity, creativity and resourcefulness in what we do

Contents

Letter of transmittal .....	.iii
Guide to this report .....	.iv
About the AIHW	v
Chair's report	viii
Director's report .....	.ix
In brief	xii
Who we are .....	.xii
How we are governed .....	.xii
Our Minister .....	.xii
Accounting for outcomes .....	.xiii
Our key relationships .....	.xiii
Our achievements and outputs .....	.xiv
Our communications .....	.xiv
Our financial performance .....	.xv
Our people .....	.xvi
Chapter 1 Governance and management	1
Ministerial accountability .....	.2
AIHW Board .....	.5
AIHW Ethics Committee .....	.6
Executive .....	.7
Organisational structure .....	.8
Relationship management .....	.10
Accountability reporting .....	.12
Financial management .....	.13
Contract management .....	.13
Risk management .....	.14
Chapter 2 Our performance	15
Portfolio Budget Statements .....	.16
Performance against strategic directions .....	.16
Performance as deliverables and indicators .....	.23
Financial performance .....	.28
Further compliance with legislation .....	.30
Chapter 3 Our communications	31
Getting the messages out better .....	.32
New publications .....	.34
The AIHW's website .....	.35
Media coverage .....	.36
Conference participation .....	.39
Parliamentary relations .....	.40

Chapter 4 Our people	41
Our people	42
Staff profile	42
Recruitment strategies	44
Workplace diversity	45
Workplace behaviour.....	45
Reconciliation Action Plan	45
Commonwealth Disability Strategy	46
Staff awards	46
Learning and development	47
Ecologically sustainable development	48
Occupational health and safety	50
Accommodation management	51
Chapter 5 Work group reports.....	53
Economics and Health Services Group.....	55
Health Group	64
Housing and Homelessness Group	76
Information and Statistics Group.....	85
Social and Indigenous Group	94
Collaborating units	106
Appendixes	115
Appendix 1 Legislation	116
Appendix 2 Charter of Corporate Governance	137
Appendix 3 Members of the AIHW Board and the AIHW Ethics Committee	145
Appendix 4 Executive and unit heads	153
Appendix 5 Participation in national committees	156
Appendix 6 Arrangements with Australian universities and specialist centres.....	157
Appendix 7 Publications and papers	158
Appendix 8 Freedom of information statement	173
Appendix 9 Financial statements	176
Reader guides	217
Abbreviations	218
Glossary.....	219
Annual report 2008–09 errors and omissions	221
Compliance index.....	222
Lists of tables, figures and snapshots	223
Index	225

Chair's report



As Chairman of the AIHW Board, it is once again my pleasure to report that the Institute has continued to deliver the quality, nationally consistent information that has become its

hallmark. We have added value to understanding the nation's health and welfare through the development of new data as well as the analysis and reporting of a broad range of existing and improved data sets.

A highlight of the year was the publication of two flagship reports: *Australia's welfare 2009* was launched by the Hon. Jenny Macklin, MP, in November 2009 and *Australia's health 2010* was launched by the Hon. Nicola Roxon, MP, in June 2010. Both publications were well received and attracted much media attention. They are widely used as authoritative and informative sources of information and feedback has been very pleasing.

At the same time as maintaining its reporting and analysis profile, with 119 reports published throughout the year, the AIHW has managed a significant program of growth in the development of data. This growth was largely to support the development and reporting of data for the national performance indicators required by the Council of Australian Government's (COAG) reform process. The Institute has taken a leadership role in driving this development and enhancement of data and worked collaboratively with many partners including the Australian Government, state and territory governments, other government agencies, the research community and service providers around the country.

To meet the increased demand for the AIHW's services, the AIHW has grown a great deal over the year, with staff numbers increasing by about a third, from 270 to 372 in the course of the year. This high level of growth has been managed successfully and has enabled the Institute to respond effectively to the information requirements of the COAG reform process as well as other policy priorities.

On behalf of the Board, I record our appreciation for the tremendous work of AIHW staff during this year of rapid growth. I also wish to acknowledge the exceptional contribution of our departing Director, Dr Penny Allbon. Penny has been a stand-out performer. She has resolutely 'built the business' of the AIHW and leaves us with not only new challenges but a much stronger income stream to meet the added workload.

The call on the AIHW's resources by governments and the general community has never been greater. The demand for quality information will inevitably increase in coming years and AIHW is well placed to lead the way.

A handwritten signature in black ink, appearing to read 'Peter Collins'. The signature is fluid and cursive, with a long horizontal stroke at the end.

The Hon. Peter Collins, AM, QC
Board Chair

Director's report



The demand for the data and information that AIHW can supply increased markedly throughout 2009–10. In response, and in keeping with our strategic direction

of strengthening our policy relevance, the AIHW has maintained and expanded the range and depth of its collections and analysis.

This rapid expansion, which has seen the number of staff grow by over a hundred, from 270 to 372, has been possible because of the solid infrastructure, corporate expertise, effective processes and collaborative relationships that provided a good foundation for growth.

Data development and improvement processes were underway in almost every area of data collection in the AIHW, often driven by the need to measure and monitor the Council of Australian Government's (COAG) national agreement performance indicators and targets.

During the year, data specifications were finalised for performance indicators in the four COAG national agreements areas with which AIHW is involved—health care and hospitals, housing and homelessness, disability services and Indigenous reform. In addition, the Institute has played a prominent role in developing better data about cancer, child protection services, Indigenous primary care services, juvenile justice, the health of prisoners and the health professional workforces.

This work was done in collaboration with the relevant national information committees across various subject areas as well as the COAG Reform

Council and the Steering Committee for the Review of Government Service Provision.

A major challenge throughout 2009–10 has been the preparatory work for a new system for collecting data from over 1,500 non-government agencies that provide services for homeless people. The Specialist Homelessness Services Collection and its associated new client management tool has been a major undertaking and work is on track for delivery of the new system by 1 July 2011.

Another important new product was the Closing the Gap Clearinghouse, an initiative developed in collaboration with the Australian Institute of Family Studies for the Department of Families, Housing, Community Services and Indigenous Affairs, which was successfully launched in October 2009. By the end of the year, there were more than 4,700 items on the Clearinghouse database relating to the COAG building blocks.

Considerable work was also undertaken during the year under contract to the Department of Health and Ageing on development of the government's proposed MyHospitals website.

Meeting the challenges of timely and quality data provided the opportunity during the year to review our systems, and we have made significant improvements to the information technology that underpins our work. A new data validation tool for hospitals data was developed as part of an enhanced system of data receipting that will speed up the supply of data as well as maintain its quality. This tool will be extended to other collections across the AIHW.

Other investments in information technology included:

- the release of more advanced statistical software with training offered to all relevant staff

- major upgrades to our server infrastructure to improve capacity, performance and reliability
- a new telephone system and installation of information technology ICT systems in newly leased accommodation.

The growth of the Institute necessitated the leasing of a new building (next to the main one), so that AIHW now operates from a 'campus' of buildings clustered close together.

The Institute maintained its steady flow of publications, with 119 reports released during the year. These included the two AIHW flagship publications, *Australia's welfare 2009* and *Australia's health 2010*, both of which were launched at conferences attracting hundreds of interstate participants and a range of high-profile speakers from Australia and overseas.

The suite of published reports included many regular annual publications that monitor trends in particular services, such as child protection, hospitals services and health expenditure. We also published a number of one-off studies, such as *Primary carers of people with arthritis and osteoporosis*, and *Women and heart disease: cardiovascular profile of women in Australia*, which was accompanied by a reader-friendly 'summary' publication.

Some of our best known publications were revamped to make them more accessible, with accompanying short publications to highlight the key messages. *Australia's health 2010* had a very successful accompanying short publication, *Australia's health 2010—in brief*, as did *Australian hospital statistics 2008–09*, with the accompanying *Australia's hospitals 2008–09 at a glance*.

Our commitment to accurate identification of Indigenous status in health services settings was showcased in our publication *National best practice guidelines for collecting Indigenous status in health data sets*, incorporating a user-friendly three-step process for ascertaining a client's Indigenous status.

The scope of our work also led to the publication of some very exciting 'firsts'. *The health of Australia's prisoners 2009* was the first report to make use of the National Prisoner Health Indicators, developed to help monitor the health of prisoners and assist in creating and implementing prisoner health services. Another first was *A snapshot of men's health in regional and remote Australia*, offering a unique perspective on longstanding health issues faced in regional and remote Australia.

Consistent with its strategic direction of getting the messages out better, the AIHW began a complete redevelopment of its internet site during the year, together with the installation of a new content management system (for the website and intranet). The new site will feature significantly enhanced functionality and other technologies in line with Gov 2.0 strategic directions. At the same time, we are redeveloping our intranet to improve internal communication, collaboration and knowledge sharing across the Institute.

As a result of the additional funding for the COAG-related information work provided in the 2009–10 budget, the AIHW's appropriation was more than twice what it was in the previous year (growing from \$9.3 million to \$20.7 million). This meant that appropriation funding represented 45% of the total revenue, compared with 29% in the previous year.

Contract funding also continued to show strong growth, particularly for work contracted by the Department of Health and Ageing and the Department of Families, Housing, Community Services and Indigenous Affairs. The memoranda of understanding that govern the Institute's business relationships with these two key departments were reviewed and revised during the year, and arrangements put in place for new memoranda to be signed after 30 June 2010.

The culmination of developing stronger relations with the Canadian Institute for Health Information (CIHI) came with the invitations to three CIHI staff

to start work with the AIHW in 2010–11. This will bring expertise and international experience to the AIHW and we look forward to AIHW staff gaining experience at the CIHI in the future.

The AIHW also developed stronger relations with the United States National Center for Health Statistics. A letter of intent proposed the exchange of information, statistics and expertise to enhance collaboration focusing on Indigenous populations.

The growth of the Institute during the year heightened the ongoing challenge of attracting and retaining high-quality professional staff. The challenge was met by offering interesting and fulfilling work, competitive salaries, good work–life balance and a great work environment. The AIHW's flexible approach to part-time work continued in 2009–10, with over 21% of staff working part time at 30 June 2010. Twenty-one new graduates were employed in the 2009–10 intake, 10 of whom relocated from interstate. Of the 12 graduates who commenced in the 2007–08 intake, 8 were still at the Institute by the end of 2009–10.

The AIHW takes a strong approach to performance feedback and mandates two periods each year when all managers are required to have formal communication and feedback sessions with their staff. These sessions provide managers with the opportunity to discuss achievements, give formal feedback on performance, put work priorities in place, and identify learning and development needs. A very high level of participation was achieved during the February 2010 round, with over 96% of staff participating in formal discussions.

A staff survey conducted in October 2009 provided AIHW with a number of findings, notably that the Institute scored favourably compared with most other employers on the extent to which staff are engaged with and committed to their work. Some useful findings from the survey led to staff being invited to

participate in facilitated focus groups to identify activities for improvement.

The AIHW faces the coming year in excellent shape, with a dedicated staff committed to making a difference in their areas of expertise. While we sadly miss the immense contribution made by departing senior executive team members, Dr Ken Tallis, Dr Paul Magnus and Ms Susan Killion there is a strong, highly experienced leadership team in place. This is the Institute's key strength and one that will help it meet what is sure to be another challenging year. For me personally, as I leave the AIHW, I would like to record my thanks to the many great people who have made this small agency a delight to lead. I inherited an agency with a professional, respectful and supportive culture and I am proud that this culture has remained strong during a period of rapid growth.



Dr Penny Allbon
Director

In brief

Who we are

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

The Institute's governing legislation is the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). The AIHW Act and its Regulations are reproduced in **Appendix 1** on page 116.

The AIHW produces many public reports and actively promotes its work in the community.

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

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

In these subject areas, the AIHW provides authoritative, timely information and analysis to governments and the community, drawn from the national data collections managed by the Institute. Additionally, the AIHW provides leadership and infrastructure for the

development, maintenance and promotion of information standards to ensure that data are nationally consistent and appropriate for their purpose.

How we are governed

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

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

The AIHW's Charter of Corporate Governance adopted by the AIHW Board provides the basis for the Board's operations (see **Appendix 2** on page 137).

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

Our Minister



The Hon. Nicola Roxon, MP
Minister for Health and Ageing

Accounting for outcomes

An accountability framework for the Institute (Figure 4 on page 3) shows the legislative and reporting relationships that ensure that the AIHW's operations and funding contribute to its functions and outcomes.

The Portfolio Budget Statements for the Health and Ageing portfolio include one of the reporting components of the accountability framework for the AIHW (see **Chapter 2 Our performance** on page 15). The AIHW's outcome—intended results, benefits or consequences on the Australian community—as stated in the *Portfolio Budget Statements 2009–10* is:

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

The AIHW has one program:

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

The AIHW prepares a set of annual financial statements as required by the Finance Minister's Orders that are made under the *Commonwealth Authorities and Companies Act 1997*—under which the Institute operates—and the Australian Accounting Standards. These financial statements are audited by the Australian National Audit Office. The detailed financial statements and the auditor's report are contained in **Appendix 9** on page 176.

Other components of the accountability framework include the *AIHW Corporate Plan: strategic directions 2007–2010* and the AIHW's annual work plans.

Our key relationships

The health and welfare information collected, analysed and disseminated by the AIHW is managed in accordance with legal and ethical obligations for privacy, confidentiality and objectivity. At the same time, this information must meet the current and emerging needs of governments and the community. Work undertaken by the AIHW commonly crosses federal, state, territory and private sector areas of responsibility. Therefore, effective engagement and relationships based on mutual trust are vital. These relationships are critical to developing nationally consistent and comparable information across jurisdictions.

Within this context, the AIHW has developed a strongly collaborative approach to its work, developing relationship networks in the Australian Government, state and territory governments, and educational and broader private sectors. This collaborative and consultative approach is reflected in the AIHW's memoranda of understanding and national information agreements, and in the AIHW's performance of roles such as chair, secretariat and participant in numerous national committees.

The AIHW's key relationships at the Australian Government level include the Department of Health and Ageing, of which the AIHW is a portfolio agency; the Department of Families, Housing, Community Services and Indigenous Affairs; the Department of Education, Employment and Workplace Relations; the Department of Veterans' Affairs; and the Australian Bureau of Statistics.

Additionally, the AIHW funds work plans supported by data-sharing agreements with a number of Australian universities, in order to facilitate collaboration and to draw on their expertise in specialist areas of data and information.

Further information on the AIHW's governance arrangements and relationships with other bodies can be found in **Chapter 1 Governance and management** on page 1.

Our achievements and outputs

During 2009–10, the AIHW saw the culmination of work:

- to produce *Australia's welfare 2009* and *Australia's health 2010*, both being key reference works provided for the Australian Parliament and community, and both being released with an associated conference
- to help jurisdictions in their commitment to provide meaningful performance indicator data under several Council of Australian Governments (COAG) national agreements—for health, housing, disability and Indigenous reform—including data supply, the development of new and improved performance indicators and the delivery of data quality statements
- to develop and release online the Closing the Gap Clearinghouse—in collaboration with the Australian Institute of Family Studies—aimed at improving access by policy makers, service providers and the general public to evidence on best practice and success factors in closing the gap in Indigenous disadvantage
- to help set a new direction for the collection of homelessness data that will provide more information than under previous arrangements.

Much of the new work undertaken in 2009–10 was developmental in nature or—as with the work on the COAG performance indicators—was published by other agencies. A developmental project undertaken in collaboration with the Department of Health and Ageing is still to be released. This project will provide the community with online information on the performance of individual hospitals.

The AIHW continued to provide authoritative information—as reports and bulletins or, more recently and increasingly, as interactive data available online—in areas such as health, aged care services, child care services, disability

services, housing assistance and child welfare services, in collaboration with all jurisdictions and service providers.

Further information about the AIHW's achievements and outputs can be found in the Director's report on page ix, **Chapter 2 Our performance** on page 15 and—on a work group basis—in **Chapter 5 Work group reports** on page 53. The 'snapshots' listed in the 'snapshot' index on page 224 also give some more specific information about a number of the AIHW's products and achievements.

Our communications

The AIHW communicates its information and data to the public and its stakeholders and clients in a variety of ways, including hard copy reports, website publications and guidelines, and other online information and data.

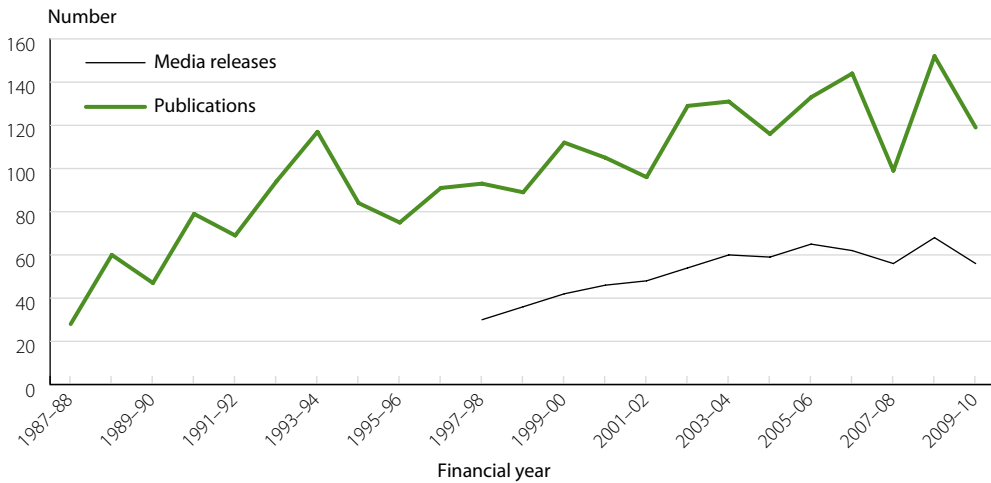
In 2009–10 the AIHW released 119 publications with 56 media releases (Figure 1). This was fewer than the 152 publications and 68 media releases for 2008–09. For publications, there is a pattern of 'ups and downs' within the overall rising annual trend. This pattern has been generally matched for media releases.

All publications are available in full text free of charge on the website. From July 2009 onwards the AIHW made all its website publications available in an additional format (RTF) that is more suitable for many people with impaired vision.

The AIHW is required by s. 31 of the AIHW Act to publish reports on Australia's health and Australia's welfare, both of which are key national information resources. *Australia's welfare 2009* was published in November 2009 and *Australia's health 2010* in June 2010. Both were subsequently tabled in the Australian Parliament.

Further information about AIHW's publications and online information and data can be found in **Chapter 3 Our communications** on page 31.

Figure 1: Publications released, 1987–88 to 2009–10, and media releases, 1997–98 to 2009–10



Our financial performance

The AIHW's financial results for 2008–09 and 2009–10 are summarised in Table 1 and compared with the estimates for 2009–10 that were included in the 2010–11 Portfolio Budget Statements. Revenue in 2009–10 was \$46.4 million, an increase of 43.6% on 2008–09. Expenses in 2009–10 were 37.4% greater than in 2008–09. In 2009–10 the AIHW achieved a surplus of \$2,177,000, which equated to 4.7% of total revenue. This compares with a surplus of \$139,000 in 2008–09.

Table 1: Financial results, 2008–09 and 2009–10 (\$'000)

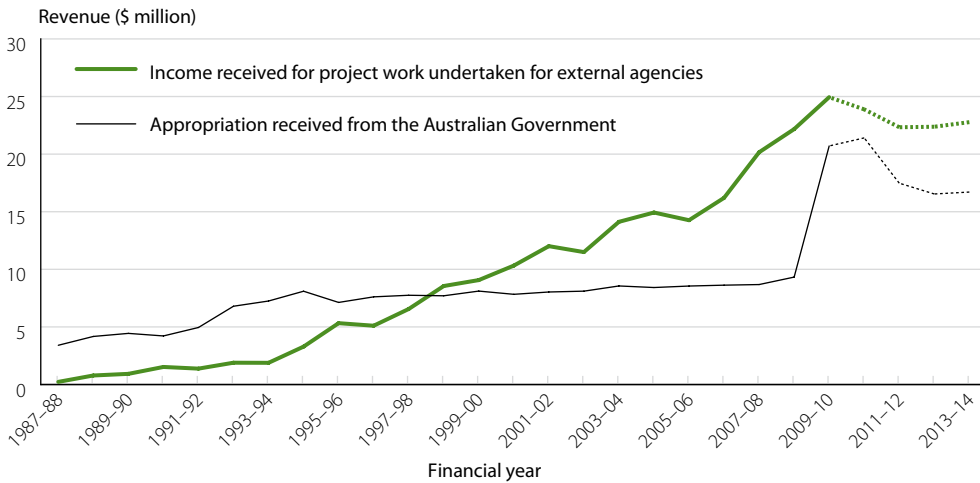
	Actual 2008–09	PBS estimates 2009–10	Actual 2009–10
Revenue	32,347	43,548	46,445
Expenses	32,208	40,748	44,268
Surplus	139	2,800	2,177

The AIHW's revenue comprises income received as appropriation from the Commonwealth Parliament and income received from external sources. The latter is mainly received for specific project work undertaken for other government departments and ministerial councils. The balance between these two income types, including budgeted revenue for the next 4 years, is shown in Figure 2.

The proportion of the AIHW's revenue from appropriation decreased from almost 100% in 1987–88 to 29% in 2008–09. For 2009–10, the proportion increased to 45% because in the May 2009 Federal Budget the AIHW received a significant increase in its appropriation for the following 4 years. Most of this revenue is for the AIHW's role in implementing the COAG's federal financial framework.

Further information about AIHW's financial performance can be found in 'Financial performance' on page 28.

Figure 2: Major revenue sources, 1987–88 to 2009–10, with projections, 2010–11 to 2013–14



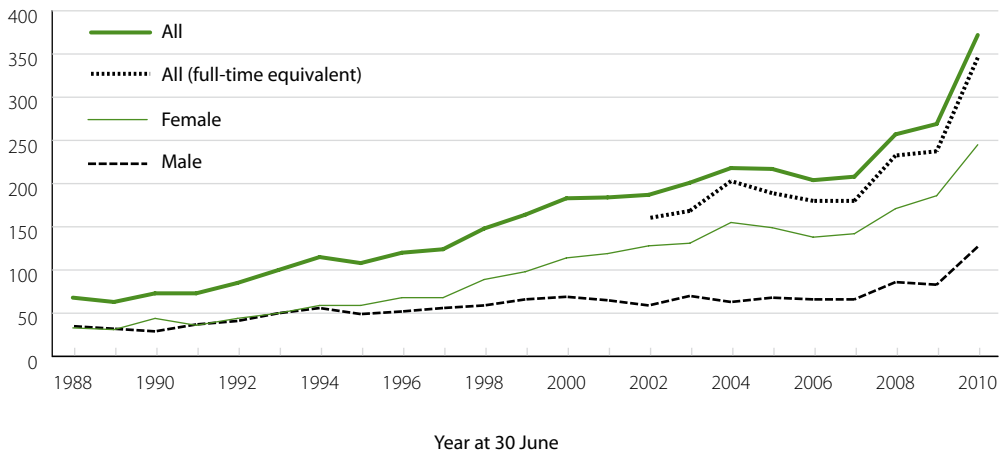
Our people

At the end of the reporting period, there were 372 staff employed at the AIHW, equating to a full-time equivalent of 345.8 staff. Figure 3 shows changes in staff numbers since 1988. There has been a 37.8% increase (45.1% on a full-time equivalent basis) since 30 June 2009.

This is associated with additional funding and subsequent project work arising from the 2009–10 Budget.

Further information about the AIHW’s staff, human resource services, facilities services, and occupational health and safety can be found in **Chapter 4 Our people** on page 41.

Figure 3: Staff numbers, 1988–2010



Chapter 1

Governance and management

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

In 1992, the role and functions of the Institute were expanded to include welfare-related information and statistics, with the new name of the Australian Institute of Health and Welfare (AIHW). The Institute's legislation is now titled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). The AIHW Act and its Regulations are reproduced in **Appendix 1** on page 116.

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

The AIHW Board is accountable to the Parliament of Australia through the Minister for Health and Ageing.

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

The AIHW's accountability framework is shown in Figure 4.

Ministerial accountability

The AIHW is responsible to the Minister for Health and Ageing, and informs the Minister of its activities as required, including occasions when the AIHW receives or expends significant funds, for example, when it undertakes work valued at over a certain threshold amount for other agencies.

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

Ministerial directions and general policies

Under s. 7 of the AIHW Act, the Minister may give directions to the AIHW on the performance of its functions or the exercise of its powers. The AIHW Act requires that, before issuing a direction to the AIHW, the Minister must consult the AIHW Chair and the relevant state and territory ministers.

Under s. 12 of the Commonwealth Authorities and Companies (Report of Operations) Orders 2008, the AIHW is required to provide particulars of ministerial directions issued under the AIHW Act or other legislation, and of general policies of the Australian Government notified by the responsible minister under s. 28 of the CAC Act:

- during the financial year
- since the end of the financial year
- continuing from previous financial years.

Where a direction or general policy reported under s. 12 of the Orders has not been fully complied with, the report is required to include an explanation of the extent of, and reasons for, the non-compliance.

The following directions were notified to the AIHW by the responsible minister before the start of the financial year and remain in force:

- nil.

During 2009–10 the following ministerial directions were given to the AIHW:

- Finance Minister's (CAC Act Procurement) Directions 2009.

The following ministerial directions were notified to the AIHW by the responsible minister following the end of the financial year:

- nil.

The following general policies were notified to the AIHW by the responsible minister before the start of the financial year and remain in force:

- National Code of Practice for the Construction Industry

Figure 4: Accountability framework

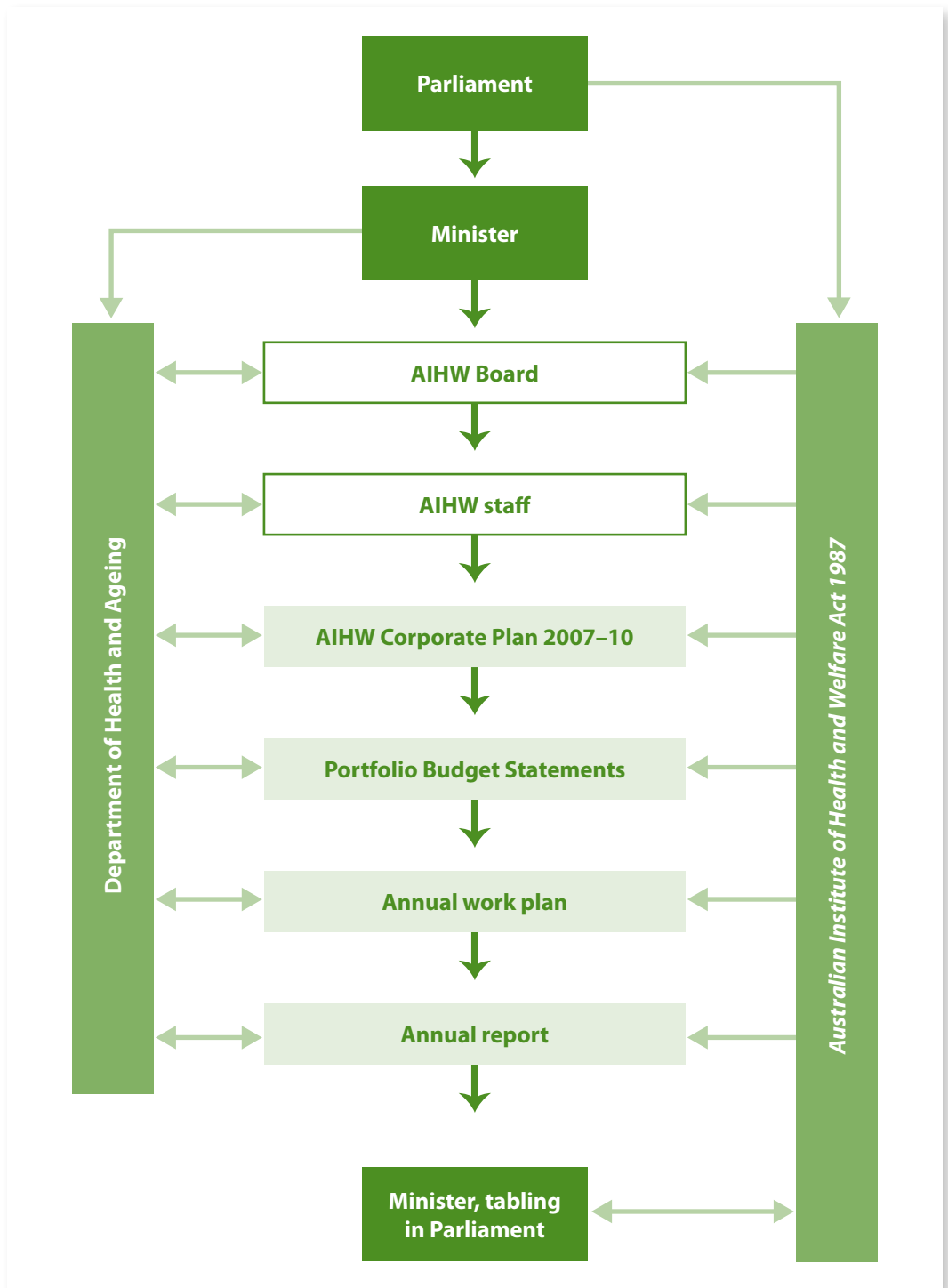


Table 2: Members of the AIHW Board and their attendance at meetings, 2009–10

	Appointment change	Meetings attended	Eligible meetings
The Hon. Peter Collins, AM, QC (Chair)		3 ^(a)	4
Dr Penny Allbon (Director, AIHW)		4	4
Dr David Filby (nominee of the Australian Health Ministers' Advisory Council)	Appointed 12 August 2009	4	4
Ms Bette Kill (nominee of the Community and Disability Services Ministers' Advisory Council)		2	4
Ms Margaret Crawford (representative of state and territory housing departments)		3 ^(a)	4
Mr Brian Pink (Australian Statistician)		0 ^(a)	4
Mr Graeme Head (for the Secretary, DoHA) ^(b)		1	1
Mr Richard Eccles (for the Secretary, DoHA) ^(b)		2 ^(a)	3
Ms Libby Davies (person experienced in the needs of consumers of welfare services)		2	4
Dr Lyn Roberts, AM (person with expertise in public health research)	Appointed 12 November 2009	1	3
Prof. Terry Dwyer, AO (ministerial nominee)	Appointed 12 November 2009	2	3
Mr David Stanton (ministerial nominee)	Appointed 12 November 2009	2	3
Dr Greg Stewart (ministerial nominee)	Reappointed 12 November 2009	4	4
Ms Louise York (staff-elected representative)		4	4
Ms Serena Wilson (observer) ^(c)		0 ^(a)	4
Prof. Warwick Anderson (observer) ^(d)		0 ^(a)	4
Audit and Finance Committee			
Ms Libby Davies (acting Chair)	Until January 2010	2	2
Dr Greg Stewart (Chair)	From February 2010	2	2
Dr David Filby	From September 2009 until January 2010	2	2
Ms Margaret Crawford	From September 2009 until January 2010	1	2
Ms Bette Kill	From September 2009	1	4
Dr Lyn Roberts, AM	From February 2010	2	2
Mr David Stanton	From February 2010	1	2
Remuneration Committee			
The Hon. Peter Collins, AM, QC (Chair)		3	3
Ms Libby Davies	Until January 2010	1	2
Dr Greg Stewart	From February 2010	1	1
Dr David Filby		3	3

(a) A representative attended when the member was not present. In the case of the Chair's absence, Dr Greg Stewart acted as Chair.

(b) Attended as the representative of the Secretary, Department of Health and Ageing.

(c) A representative of the Secretary, Department of Families, Housing, Community Services and Indigenous Affairs, attended meetings as an observer.

(d) The National Health and Medical Research Council and the AIHW Board have reciprocal arrangements to observe meetings.

- Foreign Exchange Risk Management Policy
- Competitive Neutrality
- Protective Security Manual
- Fraud Control Guidelines.

During 2009–10 the following general policies were notified to the AIHW:

- nil.

The following general policies were notified to the AIHW by the responsible minister following the end of the financial year and remain in force:

- nil.

Significant events

Section 15 of the CAC Act requires the AIHW to notify the Minister of the occurrence of significant events, as defined in s. 15(1). There were no significant events advised to the Minister by the AIHW during 2009–10.

AIHW Board

The management of the AIHW is carried out by a Board comprising members of the AIHW.

The role and composition of the AIHW Board are specified in s. 8(1) of the AIHW Act (see **Appendix 1** on page 116). Board members, with the exception of the three ex-officio members and the staff-elected representative, are appointed by the Governor-General and hold office for a specified term not exceeding 3 years. The ex-officio members are the AIHW's Director, the Australian Statistician and the Secretary of the Australian Government Department of Health and Ageing (DoHA).

Table 2 provides details of AIHW Board members attending meetings for the period 1 July 2009 to 30 June 2010. Further information about AIHW Board members, including qualifications, current positions and affiliations with respect to s. 8(1) of the AIHW Act, is in **Appendix 3** on page 145.

Charter of Corporate Governance

The AIHW Board has adopted the Charter of Corporate Governance that outlines the framework for the governance of the Institute. The Charter may be found at **Appendix 2** on page 137. It provides AIHW Board members with a clear set of instructions and processes to enable them to work effectively to meet their legislative and other obligations, and to ensure that the AIHW operates effectively as an independent government agency. The Charter describes, among other things:

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

The AIHW Board has three subcommittees: the Audit and Finance Committee, the Remuneration Committee and the AIHW Ethics Committee. Information about these committees can be found below. Full details are provided in the Charter.

Audit and Finance Committee

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

During 2009–10 the committee consisted of four non-executive members of the AIHW Board.

The major matters on which the committee reported to the AIHW Board during 2009–10 were the review of annual financial statements, the draft budget, the internal audit program and accommodation.

Remuneration Committee

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

AIHW Ethics Committee

The AIHW Ethics Committee is established under s. 16(1) of the AIHW Act (see **Appendix 1** on page 116).

The committee's main responsibility is to advise the AIHW on the ethical acceptability or otherwise of current or proposed health-related and welfare-related activities of the AIHW or of bodies with which the AIHW is associated (see Australian Institute of Health and Welfare Ethics Committee Regulations 2003 in **Appendix 1** on page 135).

The Regulations also prescribe the functions and composition of the AIHW Ethics Committee.

The Ethics Committee meets the National Health and Medical Research Council's requirements for the composition of human research ethics committees.

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

Membership and attendance of the Ethics Committee are shown in Table 3. Details about Ethics Committee members are in **Appendix 3** on page 149.

The committee met on four occasions during the year to consider proposals for the ethical acceptability of a number of research projects and considered a further five proposals out of session. The committee agreed to the ethical acceptability of 70 projects during the year (Table 4).

Table 3: Members of the AIHW Ethics Committee and their attendance at meetings, 2009–10

	Appointment change	Meetings attended	Eligible meetings
Dr Ching Choi (Chair)		4	4
Dr Penny Allbon (Director, AIHW)		2 ^(a)	4
Dr Wendy Scheil (person experienced in professional care, counselling and treatment of people)		4	4
Prof. Malcolm Sim (person experienced in research)		4	4
Ms Val Edyvean (representative of Registrars of Births, Deaths and Marriages)		4	4
Rev. James Barr (minister of religion)		2 ^(b)	4
Ms Camilla Webster (lawyer)	Appointed 25 March 2010	1	1
Mr John Buckley (male layperson)	Until 30 March 2010	3	3
Mr David Garratt (male layperson)	Appointed 26 March 2010	1	1
Ms Kathryn Cole (female layperson)	Until 2 March 2010	2 ^(b)	3
Ms Wendy Antoniak (female layperson)		3 ^(b)	4

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

(b) The member provided comments for all eligible meetings even if they were unable to attend.

Table 4: Research projects considered by the AIHW Ethics Committee, 2009–10

	Considered	Approved	Decision pending
Projects seeking approval			
AIHW	12	12	0
AIHW collaborating units	2	2	0
External	39 ^(a)	38 ^(b)	0
Projects seeking modification or extension			
AIHW	9	9	0
AIHW collaborating units	0	0	0
External	10	9	1
Total	72	70^(b)	1

(a) Two projects for which a decision remained pending at 30 June 2009 are included.

(b) One additional project considered did not require approval.

Note: Figures exclude multiple consideration of applications during the year.

Executive

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

Throughout the year the Director was supported by an executive team of seven group heads—one more than in 2008–09—who, together with the Medical Adviser, formed the Executive Committee.

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

During the year, the AIHW adopted a seven-group structure, with the reforming of the Information and Strategy Group, Housing and Disability Group and Executive Unit as the Information and Statistics Group, Housing and Homelessness Group and Governance and Communications Group. These changes occurred in two stages and accommodated the significant increases in workload that resulted primarily from the AIHW's greatly increased reporting responsibilities for the Council of Australian Governments (COAG).

Of the seven group heads in place at the end of the year, five managed groups that worked in specific subject areas. The other two managed groups that provided support services to the whole organisation.

Dr Ken Tallis was Acting Director from early April to mid-June 2010. From mid-June he acted as a Division Head.

The following executive staff left the AIHW during the year: the Deputy Director and Information and Strategy Group Head, Ms Julie Roediger; the Health Group Head, Ms Susan Killion; and the Medical Adviser, Dr Paul Magnus.

Further information about the executive and unit heads is included in **Appendix 4** on page 153. Further information about staffing can be found in **Chapter 4 Our people** on page 41.

Changes that have occurred during the year within groups are discussed in **Chapter 5 Work group reports** on page 53.

The Executive Committee as at 30 June 2010 is listed below.



Dr Penny Allbon

Director



Dr Ken Tallis

Division Head (Acting)



Mr Andrew Kettle

Business Group Head



Ms Alison Verhoeven

*Governance and Communications
Group Head*



Ms Teresa Dickinson

*Information and Statistics
Group Head*



Ms Jenny Hargreaves

*Economics and Health Services
Group Head*



Ms Lynelle Moon

*Health
Group Head (acting)*



Mr Geoff Neideck

*Housing and Homelessness
Group Head*



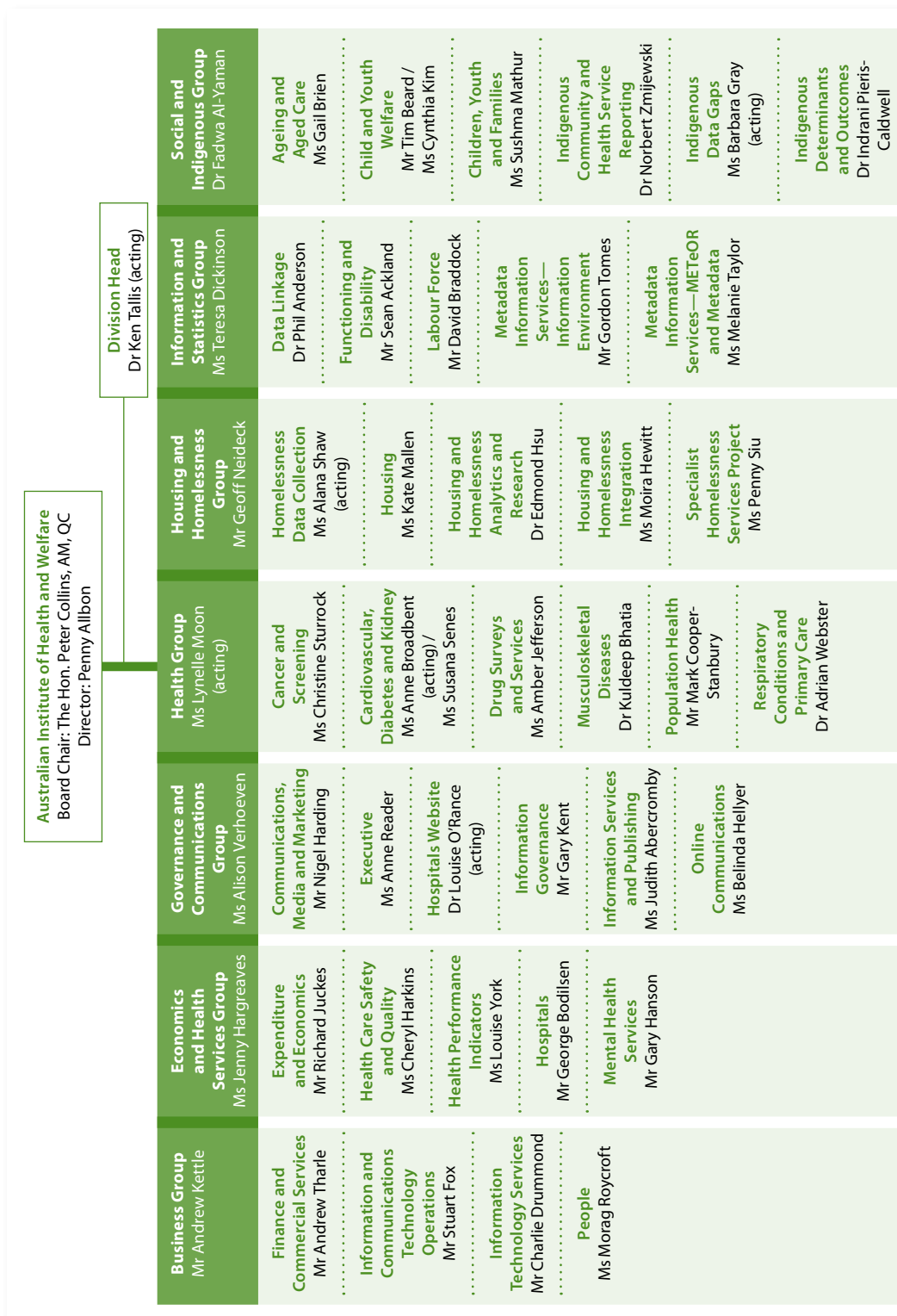
Dr Fadwa Al-Yaman

*Social and Indigenous
Group Head*

Organisational structure

A chart showing the AIHW's structure at 30 June 2010 is shown in Figure 5.

Figure 5: Organisation chart, 30 June 2010



Relationship management

Work undertaken by the AIHW commonly crosses federal, state, territory and private sector areas of responsibility, so effective engagement and productive relationships in all sectors engaged in the health and welfare arenas are crucial.

Australian Government

Department of Health and Ageing

The AIHW is an independent agency in the Health and Ageing portfolio. The AIHW's relationship with DoHA is vital, and DoHA directly funds the AIHW to undertake significant work under arrangements separate from those for the portfolio appropriation. With the exception of work that must be competitively tendered under the Commonwealth Procurement Guidelines and other Commonwealth governance requirements, all such work is guided by a memorandum of understanding (MoU) between DoHA and the AIHW. Regular two-way communication is critical to this relationship.

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

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

Department of Families, Housing, Community Services and Indigenous Affairs

The AIHW's relationship with the Department of Families, Housing, Community Services

and Indigenous Affairs (FaHCSIA) is also highly important, particularly in such areas as housing and homelessness, disability services, Indigenous affairs and child protection. An MoU guides all work undertaken by the AIHW for FaHCSIA that has not otherwise been subject to competitive tenders.

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

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

Australian Bureau of Statistics

The Australian Bureau of Statistics (ABS) is a key partner with which the AIHW interacts regularly on a range of activities. This relationship is enshrined in the AIHW Act. The Australian Statistician is a member of the AIHW Board.

Other Australian Government bodies

The AIHW also works closely with other government bodies, including the Productivity Commission, the Department of Veterans' Affairs, the Australian Commission on Safety and Quality in Health Care, Cancer Australia and the Australian Institute of Family Studies. During 2009–10 a new MoU was signed with the Australian Institute of Family Studies to ensure an ongoing effective and collaborative relationship for the period 2010–14.

The AIHW is a strong contributor to work led by the Department of the Treasury to develop a framework for reporting the expenditure on services for Indigenous Australians.

The AIHW's relationship with the Department of Education, Employment and Workplace Relations continues to grow, particularly in such areas as the development of information on early childhood education and care.

State and territory governments

Close working relationships with state and territory governments are critical to the development of nationally consistent and comparable information. Engagement with all jurisdictions through the various national and ministerial committees and forums charged with developing nationally consistent data and information continued throughout the year. The AIHW provided secretariat services for many of these committees. A list of the main national committees in which the AIHW participates is given in **Appendix 5** on page 156. Many units of the AIHW engaged with national committees in their areas of expertise and these are detailed in the reports for each unit in **Chapter 5 Work group reports** on page 53.

Under the impetus of the COAG process, engagement has increased throughout the year (see 'snapshot' on page 12).

Collaborations and partnerships

As well as working closely with Australian Government departments and supporting the states and territories in developing nationally consistent information, the AIHW was active throughout the year in maintaining and strengthening its engagement with a range of other stakeholders.

The AIHW worked with peak bodies and other national forums to satisfy their need for stronger evidence to help in developing policies and delivering programs. As well, it contributed information to parliamentary inquiries and parliamentary committees, and provided or sought advice in areas of specialist knowledge.

The AIHW has also entered into arrangements to increase the depth and scope of its own expertise and service delivery.

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

The AIHW funds work plans and data-sharing agreements with a number of universities to facilitate collaboration and to enable it to draw on their expertise in specialist areas of data and information. These AIHW collaborating units at various universities provide specialist expertise in the areas of injury, asthma and chronic respiratory conditions, dental, perinatal and general practice statistics. These collaborations extend the range of skills available to the AIHW and enhance its capacity to perform its functions in a broader range of subject matters.

The AIHW also has a number of data-sharing agreements with specialist centres across Australia. These agreements provide for the use of AIHW data, within the protection of the AIHW Act's confidentiality provisions, to facilitate the development of information in areas such as immunisation research and surveillance, and HIV epidemiology and clinical research. A list of universities and specialist centres with which the AIHW had funding or data-sharing arrangements in place during 2009–10 is provided in **Appendix 6** on page 157.

In addition, the AIHW plays an important role in international data standards and classifications work through the World Health Organization's (WHO) Family of International Classifications.



The AIHW's work for COAG

The AIHW plays an important role in developing the national performance reporting system driven by the relevant national committees established under COAG and various ministerial councils.

As well as acting as the secretariat for national committees overseeing health, housing and homelessness, disability and Indigenous reform information, the AIHW collects, analyses and supplies data for COAG performance reporting.

The AIHW also contributes to the development of national data definitions and standards to measure and monitor the new COAG-related performance targets, and to the identification of data gaps.

Homelessness data development

Arising from the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness, the AIHW is developing, building and implementing a new client-based specialist homelessness services data collection.

Remote service delivery national partnership agreement

As part of the National Partnership Agreement on Remote Service Delivery for Aboriginal and Torres Strait Islander peoples, the AIHW is reporting and analysing data on health, aged care, disability and child protection services for 29 remote Indigenous communities.

Indicator development and data supply

The AIHW devoted significant resources in 2009–10 to the development of indicators to meet COAG-related performance targets. It also collated indicator data and produced data quality statements about these data for submission to the Productivity Commission.

SNAPSHOT

Accountability reporting

The AIHW has a range of reporting mechanisms to ensure transparency and accountability in its operations. Key reports, as identified in the AIHW's accountability framework (see Figure 4 on page 3), are the:

- *AIHW Corporate Plan: strategic directions 2007–2010*: this provides the foundation for establishing, recording, refining and assigning priorities to the AIHW's activities
- Portfolio Budget Statements: these annual statements inform members of parliament of the proposed allocation of resources to government outcomes and programs
- annual work plans: these are internal management documents that provide the Director and senior executives with an overview of the AIHW's proposed activities for the next year, against which progress is monitored
- annual reports: an annual report is a requirement of s. 9 of the CAC Act. It outlines the AIHW's mission and values, staffing profile and highlights of the year as well as reporting on progress in national information and policy coordination, and in the development and provision of health-related and welfare-related information. It also reviews the activities of the AIHW in the areas of economic and business services, legislation and communications, and details financial performance for the year.

Financial management

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

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

The AIHW classifies all expenditure as internally or externally funded.

Internal expenditure consists of:

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

Funding for internal expenditure is derived from:

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

A large proportion of the AIHW's revenue comes from external funding for specific projects.

Externally funded projects operate on a cost recovery basis, with revenues derived through agreements with external clients. The financial arrangements are determined using an AIHW Board-approved pricing template and most agreements are by way of MoUs with relevant Australian Government departments.

A draft detailed budget for the following financial year is prepared by the AIHW Executive around May. The Audit and Finance Committee reviews the budget, which is then approved by

the AIHW Board at its June meeting. Individual AIHW units are expected to manage within their allocated budgets.

Contract management

The AIHW's contractual business is conducted through:

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

Purchase contracts

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

Revenue 'contracts'

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

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

Contract approval

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

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

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

Risk management

The AIHW has a wide range of policies to reduce and manage business risks. These include:

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

During the year the AIHW updated its business risk assessment. The AIHW contracts out its internal audit function. The current internal auditors are Oakton. During 2009–10 Oakton updated the Fraud Control Plan and conducted internal audits on leave liability balances and procedures, and travel procedures.

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

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

The Australian National Audit Office conducts an annual audit of the AIHW's financial statements. This year the auditors again issued an unqualified audit opinion on the financial statements.

The AIHW has insurance policies through Comcover and Comcare that cover a wide range of insurable risks, including property damage, general liability and business interruption. The Comcover insurance policy includes coverage for directors and officers against various liabilities that may occur in their capacity as officers of the AIHW. The AIHW made no claims against its directors' and officers' liability insurance policy in 2009–10.

Chapter 2

Our performance

The AIHW's performance is guided by legislative and government requirements, and its strategic directions, work plan and contractual requirements.

The Portfolio Budget Statements provide the major performance accountability framework against which performance is measured.

This chapter discusses the AIHW's performance against each strategic direction, key deliverable and performance indicator, notably those included in the Portfolio Budget Statements 2009–10. It also provides a summary of financial results. Performance for some specific legislative requirements is noted at the end of the chapter.

Portfolio Budget Statements

Annual direct funding for the AIHW from the Australian Government is appropriated on the basis of outcomes (see Glossary on page 219).

The AIHW's outcome and program structure, as set out in the *Portfolio Budget Statements 2009–10 Budget Related Paper No. 1.10 – Health and Ageing Portfolio*, consists of one outcome and one program (see Figure 6). This is a change from the one outcome and one output group structure used in 2008–09. The move to program reporting rather than output reporting applied to all General Government Sector entities beginning with the federal budgetary processes 2009–10.

Under the Portfolio Budget Statements 2009–10, the AIHW's single outcome and single program are underpinned by four strategic directions and six deliverables or performance indicators used to monitor the AIHW's performance. Each of these was achieved, although website visits were marginally lower than the target.

Performance against strategic directions

The AIHW's Corporate Plan includes five key strategic directions that were agreed by the AIHW Board in 2007 after consultation with key stakeholders and the AIHW's staff. They were published in 2007 as the *AIHW Corporate Plan: strategic directions 2007–2010*. This provides the foundation for establishing, recording, refining and assigning priorities to the AIHW's activities and procedures, with the ultimate aim of fulfilling its mission, 'Better information and statistics for better health and wellbeing'.

This section provides a summary of prominent examples of the AIHW's activities covering four of the five strategic directions. In addition, **Chapter 5 Work group reports** on page 53 details the achievements of each AIHW unit and collaborating unit against plans identified in the AIHW Work Plan for 2009–10. Some specific achievements are highlighted in 'snapshots' throughout the report (see the 'snapshots' index on page 224).

Chapter 4 Our people on page 41 provides details of the AIHW's strategies to recognise and develop the capabilities of its staff. This relates to the fifth strategic direction.

Strengthening our policy relevance

This strategic direction aims to support the development of health and welfare policy through ensuring the policy relevance of statistics and information collected and reported by the AIHW. Stakeholders continue to value the AIHW's authoritative reports and other statistical outputs that help to track the progress of Australia's health and welfare systems.

Figure 6: Outcome and program structure under the Portfolio Budget Statements 2009–10

Outcome	
A robust evidence base for the health, housing and community sectors, including through developing and disseminating comparable health and welfare information and statistics.	
Program	
Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.	
Strategic directions	
Assisting the COAG policy reform agenda	Support the Australian Government’s COAG policy by contributing to the development and collection of high-quality and consistent data on health care to enhance the accountability of governments to the community.
Maintaining and enhancing the quality of Australia’s health and welfare statistics	Capitalise on the new information environment to maintain and enhance the quality of Australia’s health and welfare statistics.
Enhancing data access, while protecting privacy	Enhance data access to support research, policy and program development in the public interest, while ensuring that the personal information of every Australian is protected.
Improved communication of key messages	Improve the communication of key messages from information and statistics to support informed debate about health and welfare services and their delivery.
Deliverables and indicators	
Assisting the COAG policy reform agenda	<i>Australia’s welfare 2009, Australia’s health 2010</i> and the AIHW’s <i>Annual report 2008–09</i> to be presented to the Minister within the timeframes required by legislation and to the Minister’s satisfaction (see ‘Deliverable’ on page 23).
Maintaining and enhancing the quality of Australia’s health and welfare statistics	<p>The <i>National health data dictionary</i> and the <i>National community services data dictionary</i> to be published in hard copy at least once each in the period 1 July 2008 to 30 June 2010 and biennially thereafter (see ‘Deliverable’ on page 25).</p> <p>Leadership that capitalises on changes in the health and welfare information environment to be evident and to the satisfaction of jurisdictions (measured by feedback and by participation in committees and consultative processes; see ‘Indicator’ on page 24).</p> <p>All data standards endorsed for inclusion in the <i>National health data dictionary</i> and the <i>National community services data dictionary</i> to be loaded to METeOR within 30 days of endorsement (see ‘Indicator’ on page 25).</p>
Improved communication of key messages	<p>Website visits for published reports to be more than 1,355,200^(a) (see ‘Indicator’ on page 28).</p> <p>References to published reports in the media and by Parliament to be more than 3,617^(a) (see ‘Indicator’ on page 27).</p>

(a) This 2009–10 target was updated in the PBS 2010–11 from that used in the PBS 2009–10. The target was increased or the measure was refined.

During 2009–10, the AIHW devoted a considerable portion of its resources to support the National Performance Reporting System—which engages with the policy agendas of all Australian governments—while maintaining a strong presence in the release of new and annual data and metadata that support information relevant to policy makers and the broader community.

National Performance Reporting System

In November 2008, the COAG endorsed the new Intergovernmental Agreement on Federal Financial Relations, which outlined a new national performance reporting regime to support its reform directions. The AIHW's role in bringing together nationally consistent data from the jurisdictions and its experience in performance reporting have enabled it to play a key role in developing indicators for four of the six new national agreements:

- National Healthcare Agreement
- National Affordable Housing Agreement
- National Disability Agreement
- National Indigenous Reform Agreement.

The AIHW has also been able to provide expertise to help with defining the performance benchmarks included in the associated national partnership agreements.

The AIHW is a data collection agency responsible for providing required data to the Steering Committee for the Review of Government Service Provision for passing on to the COAG Reform Council. In addition, it prepares data quality statements that set out the quality attributes of the data using the ABS's Quality Framework. The AIHW has worked collaboratively with these agencies and the COAG Reform Council to fulfil the COAG's performance reporting requirements, and to improve the quality and timeliness of indicator data.

AIHW staff have worked within the COAG's arrangements and with the relevant ministerial councils in developing and specifying the technical detail of indicators and starting the data development work necessary to ensure that the COAG's performance reporting regime is well supported. This has involved supporting and attending numerous working groups and consultative forums to reach agreement on performance indicator specifications and their associated data sources and data supply processes. The first cycle of reporting on the four national agreements for which the AIHW has a contributing role required data to be provided to the Steering Committee for the Review of Government Service Provision by December 2009 for an April 2010 COAG Reform Council report.

In the second half of 2009–10 AIHW staff continued to work towards maintaining and improving reporting for the second cycle.

The AIHW has supported the COAG's emphasis on timely reporting by working with all jurisdictions to improve the timeliness of data supply, and to streamline data validation processes. In working to deliver data more quickly, the AIHW remains committed to ensuring that the data are nationally consistent and of sufficient quality for the purpose for which they are intended.

Recognition of the AIHW's expertise and ability to play a key role in the reform process came with the announcement of a large boost to the AIHW's appropriation in the May 2009 Budget (see Figure 2 on page xvi). The increased funding provides for the AIHW to develop and supply indicator data for the COAG's performance reporting arrangements in the national agreements covering health care, housing and homelessness, and disability. This was followed in the November 2009 Additional Estimates process by the allocation of further funds to the AIHW for data development associated with the COAG's Closing the Indigenous Data Gap program.

New work and new relationships

The COAG performance reporting regime has given the AIHW an opportunity to continue its work with the Australian Government and state and territory governments to improve national data reporting in a range of subject areas. It has led to productive relationships with an increased range of agencies from all governments, including treasuries and other central agencies.

National Closing the Gap Clearinghouse

With guidance from the COAG 'building blocks' for 'Closing the Gap' between Indigenous and non-Indigenous Australians, the AIHW completed work (in collaboration with the Australian Institute of Family Studies) on a national Closing the Gap Clearinghouse. This clearinghouse collects, assesses and disseminates reliable evidence about success factors for overcoming Indigenous disadvantage.

A new direction for homelessness data

Providing information on homelessness has been an important area of the AIHW's work since 1996 when the Supported Accommodation Assistance Program National Data Collection Agency was established at the AIHW. In 2009 the Supported Accommodation Assistance Program Agreement between the Australian Government and the states and territories was replaced by the National Affordable Housing Agreement and a new Partnership Agreement on Homelessness. The AIHW will continue to play a significant role in providing statistics on homelessness through its continued management of upgraded collections. These collections will now include more information on outcomes, following access to services, for people who are homeless, and on those who are at risk of homelessness. During 2009–10, the AIHW trained people who worked in the homelessness sector to use new data collection tools, and has kept them informed of the transition.

Information on hospitals

The April 2010 COAG National Health and Hospitals Network Agreement foreshadowed the public release of nationally consistent performance information on public and private hospitals, including reporting at individual hospital level. The AIHW is developing a website to make this information available.

Child protection

The AIHW has been contracted by FaHCSIA to develop a unit record collection in child protection to help improve the future evidence base in this area.

New information and statistics

The AIHW released several publications in 2009–10 that provide information not previously available in a range of subject areas of direct policy relevance. The AIHW aims to develop its information and products to address current policy issues. Additional topics covered in 2009–10 include:

- problem gambling among clients of homelessness services
- the health of prisoners
- the risk of invasive breast cancer
- general practice, health priorities and policies
- pathways through aged care services.

Work on the last topic has resulted in the integration of diverse data collections using data linkage techniques (see 'Enhancing data access while protecting privacy' on page 22).

Developmental work in several areas reached fruition during 2009–10 with the release of, for example:

- data collection guidelines for Indigenous status
- an information model and framework for hospitals safety and quality data sets
- the extension of interactive data sets for mortality data.

Some of these projects are featured elsewhere in this annual report (see the 'snapshots' index on page 224).

Ongoing outputs

These new outputs supplement annual and other releases of information in areas of policy relevance, for example, the health of mothers and babies, men's health in regional and remote areas, hospitals, housing, disability services, aged care, young people under juvenile justice supervision and health expenditure. Information in many of these areas is available online in interactive data sets.

In addition, the AIHW supports its collated data collections through the development of metadata agreed by data providers. These are made available to the public as data dictionaries (see the 'snapshot' below).

Capitalising on the new information environment

This strategic direction aims to ensure that the AIHW capitalises on new information

developments to maintain and enhance the quality of Australia's health and welfare statistics.

The AIHW's central role in developing and supporting national data standards in the new information environment continued to be well reflected in its commitment to METeOR, its national metadata online registry, from which national data dictionaries in health, community services and housing are generated.

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

Work has continued in collaboration with the National E-Health Transition Authority to develop and understand the implications of the development of e-health for statistical collections in the future. This included analyses of the future data supply chain and the statistical implications of key elements of the e-health agenda such as terminologies, the individual e-health record and the discharge summary.

Consistent data: a national resource

Consistency and comparability are fundamental to effective data sharing. The AIHW produces several national data dictionaries—valuable resources for government and non-government health, community services and housing agencies.

Helping to compare apples with apples

These dictionaries standardise data across various collections, including those using national minimum data sets, and allow users to meaningfully compare and interpret health and welfare information. They inform users of national standards that have been agreed and endorsed by national information committees.

A metadata creation tool is also available free of charge to help users create quality metadata and obtain endorsement from the relevant national information committee.

The AIHW hosts a website where its work on national standards is available to the public. Access the website through the METeOR tab at <www.aihw.gov.au>.

METeOR
Metadata Online Registry



Changes in information and communications technology

In July 2009 the Data and Information Technology Unit was split into two units: Information Technology (IT) Services and Information and Communications Technology (ICT) Operations. These two units are responsible for enabling the secure, efficient and effective use of, and access to, AIHW data resources and the information and communication technology environment.

Major projects undertaken in 2009–10 are described below.

A new SAS data analytics platform

During 2009–10 the ICT units began an upgrade and expansion of the AIHW's SAS platform. The upgrade included both software and hardware improvements. A major component of the upgrade was the introduction of SAS Enterprise Guide, which included training developed and presented in-house, and ongoing support for all staff.

The upgrade and expansion of the SAS platform met several needs, including:

- the need for a more user-friendly interface for SAS
- the opportunity to maximise the AIHW's existing investment in SAS tools
- the need for additional SAS capacity to meet the demands placed on it by the increase in the number of staff and the size of data collections.

The first course was an introductory full-day program. In all, 179 staff attended the 19 sessions provided.

Online hospital data validator pilot

To meet the shorter times for collecting hospitals data driven by the COAG Performance Indicator reporting obligations, the ICT units, in collaboration with the Hospitals Unit, are building a proof-of-concept online validator to evaluate:

- the potential for speeding up the supply of hospitals data
- the likelihood that the AIHW's core framework technologies can be used for online automated validation of data.

The proof-of-concept is expected to be ready for user testing during 2010–11. This will allow the AIHW to evaluate the online validator solution for hospitals data and for other data collections. This pilot project supports the AIHW's strategic directions for capitalising on the new information environment.

AIHW website

The AIHW is carrying out numerous projects, particularly for COAG performance reporting, that will require secure online delivery services (including Web 2.0 services). To facilitate these new services, during 2009–10 the ICT units implemented a secure web environment to host externally facing services, including the AIHW's website and data upload facilities. This environment includes systems to monitor and maintain proper controls over critical externally accessible applications. The environment was completed in 2009–10, and the new services will be deployed in 2010–11.

ICT infrastructure upgrades and rationalisation

During 2009–10, ICT Operations embarked on a 6-month rationalisation and modernisation of the systems and structures that support AIHW business objectives and data activities. This plan will prepare the organisation's business systems for several years of growth, and provide the flexibility to accommodate new technologies as they are introduced.

Major improvements to ICT server infrastructure during 2009–10 include:

- the redesign of the AIHW's core data storage system. A new storage area network technology allows for consolidation, and

provides the AIHW with a flexible solution for future data growth

- the introduction of Unix server virtualisation, which provides capacity for future growth in data-processing applications and contains service costs
- continued virtualisation of Windows services, which allows more efficient processing and contains the costs of resources such as hardware, staff and utilities
- a major Oracle database upgrade, which increases performance and improves storage capabilities for the AIHW's growing data collections
- a full upgrade of the AIHW network, providing high-speed links between buildings and fast connectivity.

'New look' workstations

During 2009–10, all AIHW workstations were updated with new ICT equipment, including new computers and phones. The workstations now provide staff with a faster, more stable operating environment and larger monitors. The telephone system was replaced by a new VoIP telephony system, which provided better user functionality and greater flexibility to deliver services to multiple buildings.

Enhancing data access while protecting privacy

This strategic direction aims to enhance data access to support research, policy and program development in the public interest while ensuring that the personal information of every Australian is protected.

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

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

The AIHW Ethics Committee approves applications, largely from researchers from universities, medical research institutes, peak bodies and hospitals around the country, to undertake research using AIHW-held data (see Table 4 on page 7).

Exploratory and developmental work on methodologies for the delivery of statistical products (such as tables, data cubes and confidentialised unit record files) in a manner that both protects privacy and supports analysis and research was also undertaken during 2009–10.

The AIHW also developed its capacity to fill information gaps through the continued enhancement of data linkage and analytical methodologies, including support for the production of COAG performance indicators that will be derived from linked data. Whole-of-government and life-transition views of Australians' health and welfare were enhanced by the AIHW's analyses of linked data about care pathways of older Australians. During the year, the AIHW also improved the quality of the National Death Index, achieving substantial processing efficiencies (see 'Data Linkage Unit' on page 86).

Getting the messages out better

This strategic direction aims to improve the communication of key messages from information and statistics to support informed debate about health and welfare services and their delivery.

The AIHW continued its emphasis on improving the executive summaries of its publications and using plain English in all its reports.

A series of in-house writing seminars was held for staff (see 'Learning and development' on page 47).

Education resources for the secondary education sector are available on the AIHW website and have been publicised to teachers through popular marketing channels. The education resources draw on AIHW-published facts and figures on health and welfare topics of high interest to students and teachers. Teachers can self-subscribe to future education resource notifications (see Table 8 on page 33).

The AIHW also reviewed the structure of some of its key publications. *Australian hospital statistics 2008–09*, for example, was changed from one structured in previous years around databases and individual data elements to one structured around hospital products (see the 'snapshot' on page 33). An 'at a glance' companion publication and a CD with electronic tables complemented the *Australian hospital statistics 2008–09* publication.

An 'in brief' companion publication to *Australia's health 2010* was produced and has been well received by readers. Secondary teachers are using it as a classroom resource.

Performance as deliverables and indicators

Assist the COAG policy reform agenda

Deliverables

- Data required for COAG reporting as per the reporting timetable
- New and improved data items for the COAG reporting process

This required the endorsement by relevant national information committees of a significant number of performance indicator specifications and the provision of associated data to the COAG Reform Council through the Steering Committee for the Review of Government Service Provision (Table 5).

Table 5: Performance indicator data supplied for 2008–09 COAG reporting^(a)

	Indicators for which specifications were endorsed	Indicators for which data were supplied
Health	79 ^(b)	48
Indigenous reform	26	6
Disability	11	6
Housing and homelessness	8	3

(a) This table covers information requirements variously termed 'indicator', 'benchmark', 'target', etc. in national agreements agreed by COAG.

(b) This figure includes nine performance benchmarks for which no data were supplied.

Deliverable

- **Presentation of *Australia's welfare 2009*, *Australia's health 2010* and the AIHW's *Annual report 2008–09* to the Minister within the timeframes required by legislation and to the Minister's satisfaction.**

Achievements

Presented *Australia's welfare 2009* to the Minister for Health and Ageing on 28 October 2009; it was tabled on 17 November 2009

Presented *Australia's health 2010* to the Minister for Health and Ageing on 24 May 2010; it was tabled on 23 June 2010

Presented the AIHW's *Annual report 2008–09* to the Minister for Health and Ageing on 12 October 2009; it was tabled on 26 October 2009

Reference points

This indicator is measured by milestones toward completion and the level of expressed ministerial satisfaction. The reference points are adherence to the timetables for provision of reports to Parliament as required by the AIHW Act and the CAC Act:

- presentation of *Australia's welfare 2009* to the Minister by 31 December 2009
- presentation of *Australia's health 2010* to the Minister by 30 June 2010
- presentation of the AIHW's *Annual report 2008–09* to the Minister by 31 October 2009.

Adherence to the timetables for planning and preparing drafts for external review by expert referees is also relevant.

Notes

Both the biennial *Australia's health* and *Australia's welfare* reports were required to be published in the 2009–10 year. Preparation work begins 15–18 months before release and hence work covers prior years as well.

Both are well-received publications in the community (see Table 9 on page 34, Table 10 on page 35 and 'AIHW conferences' on page 39) and are accepted as key national reference works in the health and welfare fields.

Maintain and enhance the quality of Australia's health and welfare statistics

The AIHW maintains and enhances the quality of Australia's health and welfare statistics by delivering high-quality data and metadata, freely available online.

Indicator

- **Leadership that capitalises on changes in the health and welfare information environment is evident and to the satisfaction of jurisdictions**

Achievements

Provided support to the national information committees for health, housing, community services and Indigenous reform, most of which involved jurisdictional representation. The support included technical support to a large number of subsidiary data development groups, and acting as the chair or secretariat to a number of groups endorsing changes to the way data are prepared and presented (see **Appendix 5** on page 156)

Released several publications containing data of a type not published before in Australia (see, for example, the 'snapshots' on pages 66, 78 and 99)

Held an indicator development workshop (see the 'snapshot' below)

Reference point

This indicator is measured by the feedback received from jurisdictions, with the reference point being the continuing participation by jurisdictions in national information committees and AIHW-led consultative processes.

SNAPSHOT

Indicator development workshop

The AIHW convened an indicator development workshop in February 2010 for representatives from government and non-government agencies in the health, housing, education and community services sectors.

The purpose was to enable those who develop indicators to share their experiences about their approach to indicator development. A number of 'principles of best practice' were identified by the more than 100 external stakeholders for incorporation into their own development processes.

The workshop provided the AIHW with the opportunity to share the extensive knowledge of its staff with other organisations and to build stronger relationships with all sectors.



Notes

The AIHW is well positioned to advise on and deliver the COAG performance indicator data because of its established collaborative leadership position among jurisdictions in the health, housing and community services sectors.

Deliverable

- **Biennial publication in hard copy of the *National health data dictionary* and the *National community services data dictionary***

Achievements

Published two 6-monthly updates to the *National health data dictionary version 14* on the METeOR website:

- *Summary of updates since Version 14.1 – Feb 2009 to June 2009*
- *Summary of updates since Version 14.2 – July 2009 to January 2010*

Finalised the *National health data dictionary version 15*, ready for publication in August 2010

Published one 6-monthly update to the *National community services data dictionary version 5* on the internet:

- *Summary of updates since Version 5.1 – January 2009 to June 2009*

A second update was not required as no further change to the dictionary occurred.

Finalised the *National community services data dictionary version 6*, ready for publication in August 2010

Reference points

This indicator is measured by adherence to milestones toward publication of new versions of the national data dictionaries—detailing new and revised data standards—and the online release of update compilations of these national data standards. The reference points are the:

- 2-yearly publication of new versions of the national data dictionaries
- twice-yearly production of online updates of these national data dictionaries.

Notes

The AIHW supports the production of national data standards, data sets and metadata in the health, housing and community services sectors (see the ‘snapshot’ on page 20).

The AIHW is an active participant in the development of data standards put forward for national endorsement, and works collaboratively with the registering authorities. The AIHW maintains an internet registry for the development, registration and dissemination of metadata for national data standards (METeOR), from which the dictionaries are available.

Indicator

- **All data standards endorsed for inclusion in the *National health data dictionary* and the *National community services data dictionary* were loaded to METeOR within 30 days of endorsement.**

Achievements

Made available online all health, community services and housing data standards endorsed as national standards within 30 days of endorsement

Made all endorsed data standards freely available through the internet

Reference point

This indicator is measured by timely access to up-to-date national data standards for the health, community services and housing sectors. The reference point is that 100% of updates to data standards should be made available online within 30 days of endorsement.

Enhancing data access while protecting privacy

Deliverables

The AIHW enhances data access while protecting privacy by:

- **Publishing statistical information in the health, housing and community services sectors**

Publications are available free of charge via the internet; printed copies can be purchased.

- **Releasing data to the extent possible given privacy issues**

No breaches of privacy occurred relating to the release of confidential data during 2009–10.

- **Making data sets available online**

Fifteen interactive data sets and 3 metadata collections are available on the AIHW website.

Australia's welfare 2009

The Australia's welfare 2009 conference was held on 17 November 2009 with a theme of 'Whose needs? How well met?' The conference was a great success, with more than 350 delegates in attendance. It provided a wealth of information and resources to attendees, and featured a lively and provocative debate.

During the conference the Hon. Jenny Macklin, MP, Minister for Families, Housing, Community Services and Indigenous Affairs, launched the accompanying report, *Australia's welfare 2009*.

The conference and report provided a comprehensive and wide-ranging evaluation of the welfare of Australians, with particular emphasis on those potentially most vulnerable: the homeless, children and young people, carers, those with a disability, families and the elderly.

Australia's welfare 2009 at a glance...

- The number of people with a disability doubled between 1981 and 2003, to reach an estimated 3.9 million Australians.
- Disability showed an uneven geographical distribution, not always linked to remoteness. Census data on capital cities showed that higher levels of disability tended to be more prevalent in areas of relative economic disadvantage.
- Most informal carers were women aged 25–54 and living with the person for whom they cared. They were the main sources of assistance for the aged and most people with disability and other long-term conditions.
- The demand for affordable housing exceeded supply and the continued decline in affordability in the private rental market may further increase the demand for social housing.
- There was growing concern over family homelessness. Of homeless people in 2006, 26% were members of homeless families with children. This had increased from 17% in 2001.
- Indigenous children and young people continued to be disadvantaged. They were less likely to attend preschool and school, meet minimum standards for literacy and continue their schooling to Year 12. They were over-represented in the child protection system, and were more likely to be under juvenile justice supervision.



- **Providing metadata online in the METeOR registry**

Metadata are held online for

- 22 national minimum data sets
- 25 other data set specifications
- 1,119 data elements
- 3,664 standard metadata items (see the ‘snapshot’ on page 20).

- **Providing researchers with access to data and supporting legislative requirements related to ethical clearances**

During 2009–10 the AIHW Ethics Committee approved 70 applications, 47 of which were external applications (see Table 4 on page 7).

A review of procedures and associated guidelines for submissions to the AIHW Ethics Committee began in 2009–10 (for completion in 2010–11).

Improve the communication of key messages

Deliverables

- **Review of major annual publications for content and presentation of data**

Australian hospital statistics 2008–09 underwent significant change following review (see the ‘snapshot’ on page 33).

- **Improvements in the readability and communication of key messages in report publications**

Feedback on readability of publications remained positive (see ‘Feedback on the effectiveness on AIHW publications effectiveness’ on page 32).

- **Upgrade of the AIHW website**

Work for a website upgrade began in 2009–10 (for completion in 2010–11; see ‘Website and intranet redevelopment’ on page 36).

Indicator

- **Website visits for published reports**

Achievements

Published 119 reports throughout the year

Received over 1.3 million visits to the AIHW website, which was a 12.1% increase on 2008–09

Made all publications available free on the AIHW website <www.aihw.gov.au>

Made all publications since July 2009 available in an additional format (RTF) more suitable for those with impaired vision

Reference point

This indicator relates to providing access to the AIHW’s information and analyses. The reference points are that the number of website visits is maintained at or increases from 1,355,200 (see the footnote to Figure 6) and that access to the AIHW’s reports remains free on the internet.

Notes

- The website continued to be the AIHW’s major communication medium for downloading data (see ‘The AIHW’s website’ on page 35).
- ‘Data cubes’ on the website are continually updated.
- Supplementary data linked to reports are made available on the website in Excel spreadsheets.
- Interactive Excel workbooks containing comprehensive long-term mortality data on selected causes of death by age and sex for each year were maintained and extended, including the General Record of Incidence of Mortality (GRIM) books, Burden of Disease books and Australian Cancer Incidence and Mortality (ACIM) books.

Indicator

- References to published reports in the media and by Parliament

Achievements

Elicited 4,085 media references to the AIHW (see 'Media coverage' on page 36).

Elicited 64 references to the AIHW in the Hansards of both Houses of the Commonwealth Parliament (see 'Hansard references' on page 40).

Reference point

This indicator relates to how public debate is enhanced by the use of the AIHW's information and analyses. The reference point is that mentions of the AIHW's reports in the media and the Commonwealth Parliament are maintained at or increased from 3,617 (see the footnote to Figure 6).

Notes

The AIHW is also well referenced in the Hansards of other Australian parliaments (see Table 13 on page 40).

Financial performance

How we are funded

In 2009–10 the AIHW received 45% of its funding as an appropriation from the Australian Government.

The annual appropriation has been increasingly supplemented by income from Australian and, to a lesser extent, state government departments and agencies for work on specific projects. In 2009–10 the appropriation increased by \$11.4 million for the AIHW's role in implementing the COAG's federal financial framework, improving access to data and analysis and developing cancer data to improve population-level evidence about cancer survival.

Over half of the AIHW's revenue was for delivery of specific projects. The deliverables and funding for each of these projects were negotiated with each funder.

A summary of the financial performance of the AIHW follows. Further details are provided in **Appendix 9** on page 176.

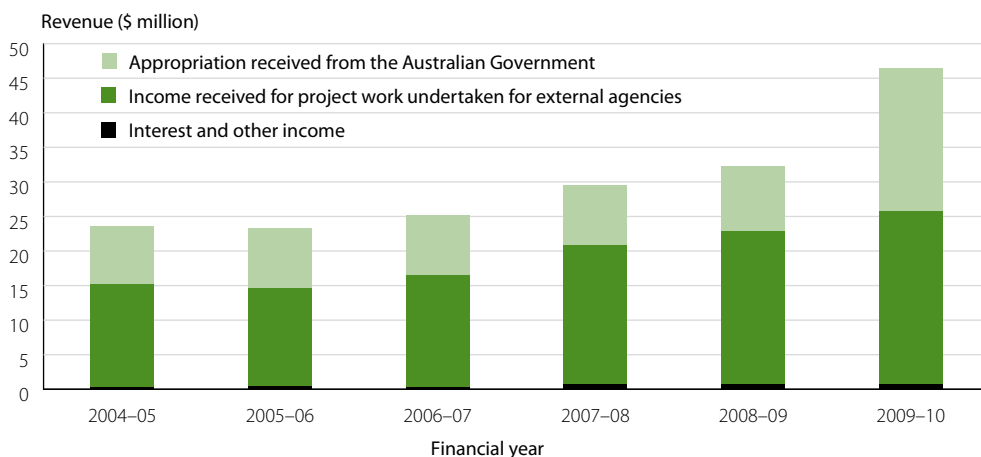
Income and expenditure

The AIHW's appropriation income from the Australian Government was \$20.7 million in 2009–10, an increase of 122% over 2008–09 (Table 6). This increase was mainly due to new funding for the AIHW's role in implementing COAG performance reporting, closing Indigenous data gaps, improving access to data and analysis, and developing cancer data to improve population-level evidence about cancer survival.

Income from externally funded projects totalled \$24.9 million for 2009–10, an increase of 12.0% on

Table 6: Income and expenditure, 2008–09 and 2009–10 (\$'000)

	Actual 2008–09	PBS estimates 2009–10	Actual 2009–10
Appropriation income	9,325	20,708	20,708
Income from externally funded projects	22,278	22,203	24,944
Interest	741	467	754
Other income	3	170	39
Total revenue	32,347	43,548	46,445
Employee-related expenditure	21,860	27,052	28,375
Other expenditure	10,348	13,696	15,893
Total expenditure	32,208	40,748	44,268
Surplus	139	2,800	2,177

Figure 7: Revenue sources, 2004–05 to 2009–10

the previous year. Most of this income came from Australian Government departments, notably DoHA and FaHCSIA.

Interest income was slightly higher in 2009–10 than in 2008–09 (Figure 7). In 2009–10 the AIHW had higher cash balances that were offset by lower rates of interest on term deposits.

Employee-related expenditure was higher in 2009–10 than in 2008–09 due to increased salary rates and increased staff numbers (Table 6). There were also additional costs in recruiting and accommodating staff.

The AIHW originally budgeted for a break-even result in 2009–10. However, the actual result was a surplus of \$2.2 million. This surplus resulted mainly from differences between the timing of budgeted and actual expenditure for homelessness systems work and work on closing Indigenous data gaps, which are multi-year projects. These timing differences are expected to reverse in subsequent years.

Balance sheet

Cash and term deposits totalled \$28.2 million in 2009–10, an increase of \$10.1 million on the previous year (Table 7). This was due to the timing

of the increase in the AIHW's appropriation and its expenditure and an increase in income received in advance for externally funded projects. All excess cash has been invested in term deposits in accordance with the AIHW's investment policy. Liabilities in 2009–10 were higher than budgeted due to increased income received in advance and higher leave provisions due to increased staff numbers. Total equity increased from \$1.6 million to \$6.0 million. This was due to the surplus for the year, an increase in the revaluation reserve of \$0.7 million and an equity injection of \$1.6 million for systems development, which has not yet been fully spent.

Cash flow

Net cash received from operating activities was \$9.3 million in 2009–10. This was mainly due to an increase in the level of cash received in advance for services not yet provided. The AIHW spent \$1.2 million on the purchase of property, plant and equipment, and leasehold improvements. The AIHW also received a cash equity injection of \$1.6 million. The net cash increase in the year was \$9.7 million, lifting the cash balance from \$9.1 million to \$18.8 million.

Table 7: Balance sheet summary, 2008–09 and 2009–10 (\$'000)

	Actual 2008–09	PBS estimates 2009–10	Actual 2009–10
Financial assets	18,011	20,991	28,156
Non-financial assets	2,720	4,118	3,745
Total assets	20,731	25,109	31,901
Provisions	5,590	5,969	7,895
Payables	13,558	13,177	18,021
Total liabilities	19,178	19,146	25,916
Equity	1,553	5,963	5,985

Financial outlook

Income from externally funded projects is expected to be similar in 2010–11 to 2009–10. Appropriation income from the Commonwealth Parliament will increase slightly in 2010–11 and reduce in subsequent years in line with the Budget Measures contained in the May 2009 Federal Budget and 2009 Additional Estimates. Expenditure in 2010–11 is expected to be higher than in 2009–10 as staff numbers have increased greatly since July 2009.

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

Further compliance with legislation

Freedom of information

The *Freedom of Information Act 1982* requires each Commonwealth Government agency to publish a statement setting out its role, structure and functions, the categories of documents available for public inspection and information on how to access these documents. This statement is available in **Appendix 8** on page 173.

Under the *Freedom of Information Act 1982*, there were two requests and one internal review request made during 2009–10.

Commonwealth Ombudsman

No new issues or matters about the AIHW were referred to, or raised with, the Commonwealth Ombudsman's Office during 2009–10.

Judicial decisions and decisions of administrative tribunals

In 2009–10 there were no legal actions lodged against the AIHW and no judicial decisions directly affecting the AIHW.

Advertising and market research

Section 311A of the *Commonwealth Electoral Act 1918* requires certain reporting on advertising and market research by Commonwealth agencies, including those covered by the *Public Service Act 1999*.

During 2009–10, the AIHW paid \$80,210 to Adcorp Australia, a media marketing organisation that placed recruitment and tender notices on behalf of the AIHW. No advertising campaigns were undertaken.

Chapter 3

Our communications

Getting the messages out better

The AIHW communicates its information and data to the public, and its stakeholders and clients, in a variety of ways. Website and other online communication to the public and the AIHW's stakeholders is becoming increasingly important.

The AIHW is committed to making its work widely accessible, and all publications are available free in full text on the AIHW website. Hard copies are also available.

Delivering publications in new ways

The AIHW releases all publications simultaneously in Portable Document Format (PDF) and Rich Text Format (RTF). The latter format suits people with vision impairments who use special screen-reader technology to interpret text on websites. All AIHW report summaries are also published in Hypertext Markup Language (HTML), which is accessible to screen readers. The AIHW also offers telephone help to vision-impaired people by describing and interpreting complex tables, charts and graphs.

As part of the AIHW's commitment to getting its messages out better, the following publications were produced during 2009–10:

- *Australia's health 2010—in brief* (released June 2010). This booklet highlights key points from the 578-page *Australia's health 2010* in 60 reader-friendly, illustrated pages. In addition, *Australia's health 2010—in brief* depicts the scope for illness prevention activities and other health advances. It is particularly suitable for use by consumer audiences and in secondary schools.
- *Australia's hospitals 2008–09 at a glance* (released June 2010). This short (28-page) publication presents key information from *Australian hospital statistics 2008–09*, written in a less technical style and published in a consumer-friendly format that combines key statistics with highly illustrative graphs and background information.

Feedback on the effectiveness of AIHW publications

The AIHW continued to evaluate the effectiveness of AIHW publications through short online reader surveys and telephone surveys of key clients. Feedback was on the whole very favourable, with over 90% of respondents considering the AIHW's publications to be 'quite clearly written' or 'very clearly written', 86% finding the AIHW's reports either 'quite useful' or 'very useful', and 70% saying they found the level of detail 'about right'. The main area for improvement, identified by around half of respondents in the telephone surveys, was 'the ability to locate publications not released recently'. Work to revamp and improve the website began during the year, with enhanced searchability one of many improvements (see 'Website and intranet redevelopment' on page 36).

Building writing capacity

'Getting the messages out better' is a key strategic direction for the AIHW for 2007–2010. Building writing capacity was again a major focus of activity for the year.

Following on from eight sessions held the previous year, another intensive in-house seminar session was held in 2009–10. This focused on the importance of concise, reader-friendly summaries in the AIHW's publications, using plain English wherever possible and avoiding statistical language traps. These sessions were backed by writing workshops for staff on 'Getting started', 'Supervising a writing project', 'Bringing a piece of writing to life' and 'Writing summaries'.

A third edition of the AIHW in-house style guide, *Writing for the AIHW*, was released in March 2010, for mandatory use by staff. Copies were distributed to all AIHW and collaborating unit staff.

Notification services for clients and stakeholders

During the year the AIHW enhanced its public email notification and news feed services, making them available through the 'Connect with AIHW' area of the website's home page. The 'AIHW in the news' service to clients links with a new live newsfeed section on the home page, showing where and how the AIHW is being mentioned in online news.

The AIHW offers various email notification services through its website. The number of subscriptions grew over the 2009–10 year to nearly 8,700, with a 20% increase in subscriptions to both the health and welfare publication release services, a 132% increase in subscriptions to education notices (mainly intended for teachers), and a 35% rise in subscriptions to employment notices (Table 8).

A self-subscription service was introduced for the long-established *AIHW access* magazine, providing readers with the option of receiving the newsletter by email instead of a hard copy version by post.

Table 8: Email notification service subscriptions, 30 June 2009 and 30 June 2010

	2009	2010	Percentage change
Health publication releases	3,339	4,019	+ 20.4
Welfare publication releases	2,498	2,999	+ 20.1
Education resources and promotions	276	640	+ 131.9
Employment vacancies	467	629	+ 34.7
<i>AIHW access</i> online releases	—	400	..
Total	6,580	8,687	+ 32.0



Review of Australian hospital statistics reports

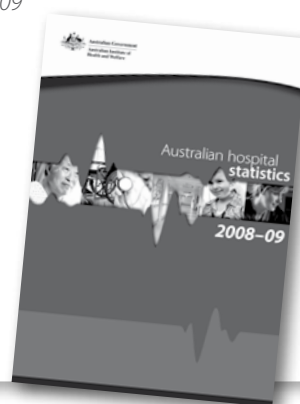
A report on Australian hospitals statistics is released annually and presents a detailed overview of Australia's public and private hospitals.

As part of the AIHW's ongoing publications review process, the AIHW sought feedback from stakeholders and users on whether the publication met their needs and whether there were areas they considered could be improved.

The result was a redeveloped report based around hospital products and services (such as emergency department services, same-day admitted patient care and overnight admitted patient care).

A user-friendly companion publication, *Australia's hospitals 2008–09 at a glance*, was produced, providing an overview of statistics on hospitals including funding, expenditure, facilities, beds, workforce and services provided.

Hospital statistics are very complex, requiring an in-depth understanding of data and statistics. In publishing a simplified and abridged version of the report, the AIHW aims to better meet the needs of the general public and non-government organisations for information about hospitals.



SNAPSHOT

New publications

Publication releases

During the year the AIHW released 119 publications, accompanied by 56 media releases, as well as many other forms of output, such as posters and slide presentations (Figure 1 on page xv).

The number of publications fluctuates from year to year depending on the nature of work produced under contract. The number produced this year was lower than the 152 publications in 2008–09. This was because several resource-intensive projects undertaken by the AIHW in 2009–10 did not result in AIHW publications. For example, the work on developing indicators and reporting indicator data for the COAG Reform Council was published by other agencies. Further, as reported last year, the total for 2008–09 was higher than expected as several publications originally scheduled for release in 2007–08 were held over to 2008–09.

All publications continue to be available free on the AIHW website <www.aihw.gov.au> and printed copies can be purchased by mail order, online via the website or over the counter at the AIHW's premises. A list of publications is included in **Appendix 7** on page 158.

Publication sales

The AIHW's flagship publications—*Australia's health 2008*, *Australia's health 2010* and *Australia's welfare 2009*—were the best selling publications for 2009–10 (Table 9). For those publications released during the financial year, the ranking may not be based on full-year figures. For example, *Australia's health 2010* was popular, yet was released only a week before the end of the 2009–10 year.

To enhance the sales of flagship publications, the AIHW developed pre-release marketing campaigns to target specific government and non-government organisations as well as the education sector, resulting in increases in overall sales.

Table 9: Top 10 publication sales, 2008–09 and 2009–10

	2008–09	2009–10
1	<i>Australia's health 2008</i>	<i>Australia's health 2008</i>
2	<i>Making progress: the health, development and wellbeing of Australia's children and young people</i> (* 24 September 2008)	<i>Australia's health 2010</i> (* 23 June 2010)
3	<i>Older Australia at a glance</i> , 4th edition	<i>Australia's welfare 2009</i> (* 17 November 2009)
4	<i>Health expenditure Australia 2006–07</i> (* 26 September 2008)	<i>Australian hospital statistics 2008–09</i> (* 17 June 2010)
5	<i>Australia's welfare 2007</i>	<i>A picture of Australia's children 2009</i>
6	<i>Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples</i> (* 30 January 2009)	<i>Health expenditure Australia 2007–08</i> (* 30 September 2009)
7	<i>Mental health services in Australia 2005–06</i> (* 6 August 2008)	<i>Australia's health 2010—in brief</i> (* 23 June 2010)
8	<i>Child protection Australia 2007–08</i> (* 21 January 2009)	<i>Older Australia at a glance</i> , 4th edition
9	<i>Disability in Australia: trends in prevalence, education, employment and community living</i> (* 28 August 2008)	<i>General practice in Australia, health priorities and policies 1998 to 2008</i> (* 8 July 2009)
10	<i>Asthma in Australia 2008</i> (* 20 October 2008)	<i>Australian hospital statistics 2007–08</i>

* Released during the financial year on the date shown.

The AIHW's website

The AIHW's major communication medium is its website. The site received over 1.3 million visits in 2009–10, a 12.1% increase on visits in 2008–09 (1.2 million) (Figure 8).

Visits to popular publications

Australia's health 2008 was the leading publication visited on the website during 2009–10 (Table 10). For those publications released during the financial year, the ranking may not be based on full-year figures, that is, the figures are from the release date of each publication until 30 June. Nonetheless, the publications listed, including both the AIHW's flagship biennial publications (*Australia's health* and *Australia's welfare*), were all highly sought from the website.

Figure 8: Visits to the AIHW website, 2001–02 to 2009–10

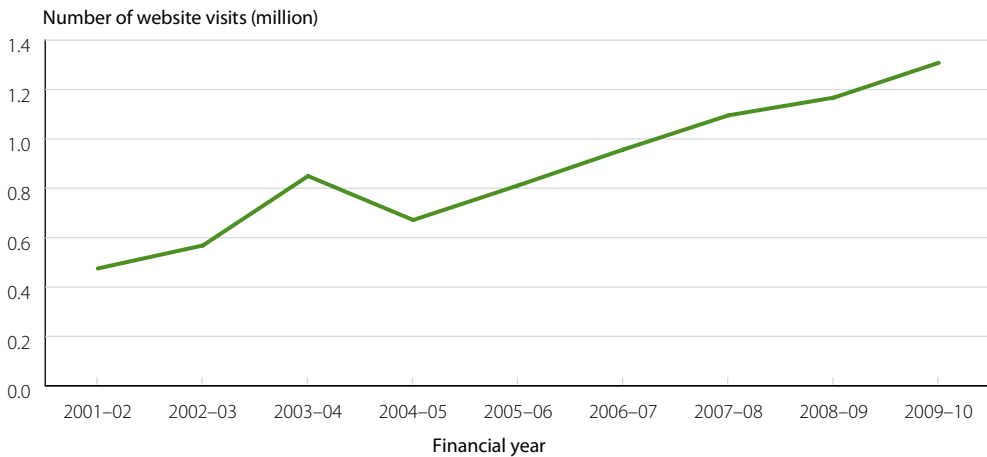


Table 10: Top 10 publications downloaded from the AIHW website, 2008–09 and 2009–10

2008–09		2009–10	
1	<i>Australia's health 2008</i>	1	<i>Australia's health 2008</i>
2	<i>National health data dictionary version 14</i> (* 21 July 2008)	2	<i>Young Australians: their health and wellbeing 2007</i>
3	<i>Australia's health 2006</i>	3	<i>Cancer in Australia: an overview, 2008</i>
4	<i>The burden of disease and injury in Australia 2003</i>	4	<i>Diabetes: Australian facts 2008</i>
5	<i>Diabetes: Australian facts 2008</i>	5	<i>A picture of Australia's children 2009</i>
6	<i>Australia's welfare 2007</i>	6	<i>Child protection Australia 2008–09</i> (* 21 January 2010)
7	<i>Aboriginal and Torres Strait Islander Health Performance Framework 2008 report: detailed analyses</i> (* 19 January 2009)	7	<i>Diabetes prevalence in Australia: an assessment of national data sources</i> (* 13 October 2009)
8	<i>Older Australia at a glance, 4th edition</i>	8	<i>Health and wellbeing of young Australians: indicator framework and key national indicators</i> (* 30 March 2010)
9	<i>Australia's health 2004</i>	9	<i>The burden of disease and injury in Australia 2003</i>
10	<i>Statistics on drug use in Australia 2006</i>	10	<i>Australia's welfare 2009</i> (* 17 November 2009)

* Released during the financial year on the date shown.

Website and intranet redevelopment

In 2009–10 the AIHW undertook significant redevelopment work on its website and intranet.

The website's structure and graphics were redesigned, and changes will be implemented in 2010–11. To support the website redevelopment a new content management system was purchased. When fully implemented in 2010–11, the new system will allow selected staff to manage their workflows collaboratively. The content management system will also reduce duplicate input and improve consistency and usability.

An expert in intranet architecture was engaged to seek users' comments and recommend changes to the structure and design of the AIHW intranet. These extensive changes are planned for 2010–11.

Closing the Gap Clearinghouse

A major communication innovation for the year was the development and establishment of the Closing the Gap Clearinghouse, a website project undertaken in collaboration with the Australian Institute of Family Studies.

The Clearinghouse website attracted over 20,600 visits between its launch in early October 2009 and 30 June 2010. By the end of the year the Clearinghouse site contained over 4,800 items. Further details are in the 'snapshot' on page 103.

Education resources

The AIHW continued to develop the education resource area of the website by adding a

set of worksheets based on key points from *Australia's welfare 2009* and *Australia's health 2010*. Worksheets were also developed for specific subjects in response to requests from teachers.

Subscriber numbers to the automatic email notification education service rose by 132% over the year, largely due to new links established with the Home Economics Victoria Teaching Association, and resulting from the AIHW's ongoing relationship with the Australian Council for Health, Physical Education and Recreation, and word-of-mouth recommendations by teachers.

A targeted education marketing campaign was undertaken at the end of June 2010 to coincide with the release of *Australia's health 2010* and its companion booklet *Australia's health 2010—in brief*. Schools were offered free class sets (20 copies) of the 'In brief' booklet with any purchase of the more comprehensive *Australia's health 2010* report.

Media coverage

Overall media coverage

The AIHW issued 56 media releases in 2009–10, down from 68 releases in 2008–09 (Table 11). This decrease largely reflected the drop in the number of published reports for the year. However, the total number of media releases was the same as for 2007–08.

Although fewer media releases were issued, media coverage rose by over 18%, with 4,085 media references in 2009–10 compared with

Table 11: Media coverage, 2006–07 to 2009–10

	Press articles	Radio	TV	Online	AAP	Total	Media releases
2006–07	296	1,443	17	208	54	2,018	62
2007–08	847	2,043	52	471	100	3,513	56
2008–09	509	1,412	31	1,402	91	3,445	68
2009–10	581	1,958	139	1,347	60	4,085	56

3,445 in 2008–09. Radio references increased by nearly 39% and comprised nearly half of all references, while online references dropped slightly (about 4%) and represented one-third of all references. Press references increased by 14% while television references rose substantially from 31 to 139, an increase of nearly 350%.

Media coverage for individual reports

Reports receiving the most media coverage during the year are shown in Table 12.

The ‘Counting the homeless 2006’ series of reports was the most successful in terms of media coverage for 2009–10. These reports

were counted as a single release, although individual reports for each state and territory were published simultaneously. The provision of statistics for each state and territory may underlie the report’s popularity in the media as it enables news organisations to report more specifically on particular regions and localise findings on homelessness. This series, and *Australia’s health 2010* and *Australian hospital statistics 2008–09*, were all referenced more prominently on radio than online when compared with total references for all AIHW publications.

The AIHW’s two flagship publications, *Australia’s health 2010* and *Australia’s welfare 2009*, both received more coverage than did previous editions.

Table 12: Top 10 publications for media coverage, 2009–10

	2008–09	2009–10
1	<i>Australian hospital statistics 2007–08</i> (* 10 June 2009)	<i>Counting the homeless 2006</i> (a series of national and state- and territory-based reports) (* 9 July 2009)
2	<i>A picture of Australia’s children 2009</i> (* 17 June 2009)	<i>Australia’s health 2010</i> (* 23 June 2010)
3	<i>Health expenditure Australia 2006–07</i> (* 26 September 2008)	<i>Child protection Australia 2008–09</i> (* 21 January 2010)
4	<i>Cancer in Australia: an overview, 2008 and National Bowel Cancer Screening Program monitoring report 2008</i> (* 19 December 2008 for both)	<i>Australian hospital statistics 2008–09</i> (* 17 June 2010)
5	<i>General practice activity in Australia 2007–08 and General practice activity in Australia 1998–99 to 2007–08: 10 year data tables</i> (* 3 October 2008 for both)	<i>Australia’s welfare 2009</i> (* 17 November 2009)
6	<i>Making progress: the health, development and wellbeing of Australia’s children and young people</i> (* 24 September 2008)	<i>A snapshot of men’s health in regional and remote Australia</i> (* 14 April 2010)
7	<i>2007 National Drug Strategy Household Survey: detailed findings</i> (* 18 December 2008)	<i>Breast cancer in Australia: an overview, 2009</i> (* 26 October 2009)
8	<i>Child protection Australia 2007–08</i> (* 21 January 2009)	<i>Asthma in Australian children: findings from Growing Up in Australia, the Longitudinal Study of Australian Children</i> (* 14 October 2009)
9	<i>Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004</i> (* 22 August 2008)	<i>General practice activity in Australia 2008–09 and General practice activity in Australia 1999–00 to 2008–09: 10 year data tables</i> (* 2 December 2009 for both)
10	<i>Incidence of Type 1 diabetes in Australia 2000–2006: first results</i> (* 2 July 2008)	<i>General practice in Australia, health priorities and policies 1998 to 2008</i> (* 8 July 2009)

* Released during the financial year on the date shown.



Australia's health 2010

The Australia's health 2010 conference was held on 23 June 2010, with over 450 delegates, volunteers and staff in attendance.

The combined knowledge of the health professionals, practitioners, policy makers and researchers presenting at and attending the conference ensured a comprehensive and informative event.



The focus of the conference was a broad review of the nation's health over the past 10 years. Particular emphasis was placed on the changes expected in the coming decade, particularly in health prevention and promotion, chronic disease and policy reform.

The report *Australia's health 2010* was launched at the conference by the Hon. Nicola Roxon, MP, Minister for Health and Ageing, who described it as a treasure trove of information.

'I know non-government organisations in the broader community also look to this trusted resource for information about Australia's health', she said.

'It gives us a very valuable analysis of where we are as a nation, what we're doing well, where we need to pick up our game, and the trends show us the risks on the horizons that of course any smart government will plan for.'

Facts from *Australia's health 2010*

In a single day...

- 806 babies were born—27 of these were conceived using assisted reproductive technology (2007)
- around 135 people aged 40–90 years had a heart attack (2006)
- 65 people were hospitalised for self-inflicted injury, and for 5 of these the injuries were life-threatening (2007–08)
- ambulance services attended almost 8,000 incidents (2008–09)
- over 529,000 prescriptions for medications were subsidised by the Pharmaceutical Benefits Scheme or Repatriation Pharmaceutical Benefits Scheme (2008)
- 124 people had a hip or knee replacement to relieve osteoarthritis or rheumatoid arthritis (2007–08)
- nearly \$284 million was spent on health-related goods and services such as medications, hospital care and health research (2007–08)
- 378 people died, 109 of them from various types of cancer (2007).

Conference participation

Exhibiting at conferences

Each year, the AIHW attends a selection of conferences as an exhibitor. Professional conferences provide marketing opportunities for the AIHW to promote its publications, website and other services to a wider audience.

In 2009–10 staff organised promotional booths and related activities at the:

- 26th international conference of the Australian Council for Health, Physical Education and Recreation
- 4th international conference on community health nursing research in collaboration with the Royal District Nursing Service of South Australia
- 39th annual conference of the Public Health Association Australia
- 6th National Housing Conference of the Australian Housing and Urban Research Institute with the Victorian Department of Human Services, Housing Division
- annual scientific meeting of the Australian and New Zealand Society of Nephrology
- 2nd Australian Institute of Family Studies research conference on Growing Up in Australia: The Longitudinal Study of Australian Children
- 42nd national conference of the Australian Association of Gerontology
- inaugural conference of the National Indigenous Drug and Alcohol Committee.

AIHW conferences

Successful conferences were held in 2009–10 by the AIHW to coincide with the release of its major 2-yearly flagship reports *Australia's welfare 2009* in November 2009 and *Australia's health 2010* in June 2010. The conferences provide the opportunity to showcase the AIHW's work to delegates from around Australia in the health and welfare sectors (see the 'snapshots' on pages 24 and 38).

The Australia's welfare 2009 conference theme was 'Whose needs? How well met?' The conference was attended by 350 participants and included papers on social inclusion as well as on how well the needs of Australians were being met by government welfare services and programs. The *Australia's welfare 2009* report was launched at the conference by the Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon. Jenny Macklin.

The Australia's health 2010 conference, which had 450 delegates, provided opportunities for prominent international and Australian speakers to discuss current health issues, including health prevention, health reform and chronic disease. The Minister for Health and Ageing, the Hon. Nicola Roxon, launched the report *Australia's health 2010* at the conference.

Registrations for the conferences increased by 30% and 23% respectively over the previous conferences.

Parliamentary relations

Hansard references

The AIHW is used as a reliable information source by members of parliament. The AIHW was cited 64 times during 2009–10 in the Hansards of both houses of the Commonwealth Parliament, a decrease from 2008–09 (72 citations) (Table 13).

Budget estimates hearings

The Director appeared before the Senate Community Affairs Committee Additional Budget Estimates hearing for the Health and Ageing portfolio in February 2010. The Acting Director appeared before the Budget Estimates hearing in June 2010. Responses were supplied to 14 questions on notice arising from these hearings.

Inquiries

The AIHW provided several submissions to parliamentary or government inquiries during the year, as follows:

Australian Government	
House of Representatives Standing Committee on Family, Community, Housing and Youth	Inquiry into homelessness legislation
House of Representatives Standing Committee on Family, Community, Housing and Youth	Inquiry into the impact of violence on young Australians
Ministerial Council on Drug Strategy	National Drug Strategy Consultation—responding to Australia's National Drug Strategy Beyond 2009 consultation paper
Senate Community Affairs Committee	Healthcare Identifiers Bill 2010 and Healthcare Identifiers (Consequential Amendments) Bill 2010
Productivity Commission	Inquiry into a national disability long-term care and support scheme
Senate Standing Committee on Finance and Public Administration	Inquiry into the COAG's reforms relating to health and hospitals
State governments	
Queensland Commission for Children and Young People and Child Guardian	Keeping country kids safe initiative
Victorian Parliament Family and Community Development Committee	Inquiry into the adequacy and future directions of public housing in Victoria

Table 13: Parliamentary Hansard citations, 2009–10

	Number of citations
Australian Government	64
New South Wales	16
Victoria	4
Queensland	16
South Australia	3
Western Australia	8
Tasmania	7
Australian Capital Territory	12
Northern Territory	4
Total	134

Chapter 4

Our people

Our people

The AIHW has a highly expert and well-qualified workforce. Supporting this workforce is one of the strategic directions in the *AIHW Corporate Plan: strategic directions 2007–2010*: ‘Our people—valued, expert and versatile’.

Under this strategic direction the AIHW aims to:

- support and develop the capabilities of existing staff in meeting the AIHW’s strategic directions as well as the continuing demands of core business
- when recruiting, do more to publicise the broad range of expertise that the AIHW needs
- devise ways of complementing the expertise of staff—for example, by exchanges with universities and government agencies

- develop individual and collective flexibility in responding to the changing demands for information
- develop policies for retaining staff.

The AIHW’s People Unit plays an important internal support role toward this strategic direction. It provides human resource services such as workforce management, recruitment, learning and development, pay and conditions, and performance management. It also provides facilities services such as managing office accommodation and supplies, and occupational health and safety.

Staff profile

Staff numbers at 30 June 2010 were 372 (comprising 345.8 full-time equivalent staff) (Table 14). This is a significant increase on the 270 staff (238.4 full-time equivalent staff)

Table 14: Category of staff employment, 30 June 2009 and 30 June 2010

	All staff 2009	All staff 2010	Male staff 2010	Female staff 2010
Number of staff				
Ongoing				
Full-time	181	252	103	149
Part-time	45	69	15	54
Long-term leave	14	18	2	16
Non-ongoing				
Full-time	14	20	3	17
Part-time	16	11	4	7
Long-term leave	0	2	0	2
Total	270	372	127	245
Number of full-time equivalent staff				
Total	238.4	345.8	n.a.	n.a.

Notes

1. ‘Ongoing staff’ refers to staff employed on an ongoing basis by the AIHW, including staff on transfer from other Australian Public Service agencies.
2. ‘Non-ongoing staff’ refers to staff employed by the AIHW on contracts for specified terms and specified tasks.
3. In previous years’ annual reports the AIHW’s Director has been excluded from equivalent tables.

who were employed on 30 June 2009. This is associated with additional funding from the Australian Government and subsequent project work arising from 2009–10 budget outcomes.

About two-thirds of the AIHW's staff are female (245). The proportion of male to female staff increased from 31% to 34% during the year.

Just over 91% of staff are ongoing employees, a proportion that has changed little over the year (89% at 30 June 2009).

The AIHW has a high level of part-time employment, with 22% of staff—69 ongoing and 11 non-ongoing—being employed part time at 30 June 2010. This percentage has changed little since 30 June 2009 (23%).

More women are employed part time at the AIHW than men (61 women compared with 19 men, or 25% of female staff compared with 15% of male

staff at 30 June 2010). Eighteen women and two men were on long-term leave at 30 June 2010.

The most common levels of staff employment at the AIHW are Executive Level 1 (EL 1) with 125 staff (34% of total staff numbers) and Australian Public Service 6 (APS 6) level with 82 staff (22%) (Table 15).

Over the year, staff numbers increased for most classification levels, particularly for the APS 6 level (from 51 to 82, or 61%).

The relatively high proportion of females at the AIHW is less prominent for the EL 2. Slightly more than half the staff employed at these levels are female.

Of the 96% of all staff who responded to the 2009 staff survey, 86% hold tertiary qualifications or more (see 'Employee survey' on page 45).

Table 15: Level of staff employment, 30 June 2009 and 30 June 2010

	All staff 2009	All staff 2010	Male staff 2010	Female staff 2010
Number of staff				
Director (CEO)	1	1	0	1
SES Band 2	1	2 ^(a)	1	1 ^(a)
SES Band 1	6	9 ^(b)	3 ^(b)	6 ^(b)
EL 2	36	43	19	24
EL 1	91	125	40	85
APS 6	51	82	31	51
APS 5	41	61	21	40
APS 4	27	31	9	22
APS 3	10	13	2	11
APS 2	6	5	1	4
Total	270	372	127	245

(a) One female officer was on long-term leave.

(b) Two officers, one male and one female, were serving in short-term acting arrangements while Senior Executive Service (SES) Band 1 officers were on annual leave.

Notes

- Staff on higher duties are included at the level at which they are acting, reflecting the level of work being undertaken by employees at the time of reporting.
- In previous years' annual reports the AIHW Director has been excluded from equivalent tables.

Recruitment strategies

The AIHW continues to attract and retain talented staff by offering challenging and fulfilling work, competitive salaries, good work–life balance and a great work environment. The Working @ AIHW video available for public viewing on the AIHW’s website features staff promoting the benefits of working at the AIHW and is frequently the subject of positive feedback from applicants during selection processes. It has also been referenced in the Australian Public Service Commission’s ‘best practices’ recruitment literature in 2009, and in several press releases as an innovative strategy for recruitment, including one in Canada on employer branding in August 2009.

AIHW graduates

The AIHW continues to offer employment opportunities for graduates and postgraduates interested in health, housing and community services. Twenty-one new graduates were employed by the AIHW in the 2009–10 intake, 10 of whom relocated from interstate. All took up APS 4 positions. They have had the opportunity to participate in training organised by the Australian Public Service Commission and strategic project work in many areas of the AIHW, as well as in a variety of learning and

development opportunities specifically tailored for APS graduates.

Of the 12 graduates who were in the 2008–09 intake, 8 remain at the AIHW.

Sponsorship of overseas employees

In October 2009 the AIHW obtained approval from the Department of Immigration and Citizenship to sponsor overseas employees. Under the sponsorship arrangements a French citizen has been employed on a non-ongoing contract, and the Canadian Institute for Health Information has been invited to nominate staff for temporary engagement at the AIHW. This provides an opportunity for the international sharing of expertise and best practice.

Occupational placements

In November 2009 the AIHW hosted a human resources practitioner from Papua New Guinea for 4 days. The participant was one of 12 high-level public servants selected from the Pacific Islands to come to Canberra for 2 weeks on an Australian Public Service Commission leadership program.

The AIHW also hosted a Samoan Ministry of Health staff member under an AusAID program (see the ‘snapshot’ below).

Australian Leadership Awards Fellowship

From 15 June to 9 July 2010, the AIHW hosted Mrs Sosefina Talauta-Tualaulelei from the Samoan Ministry of Health as part of the Australian Leadership Awards Fellowships program, funded by AusAID. The program is a global program designed to provide short-term opportunities for study, research and professional attachment programs in Australia delivered by Australian organisations. The program aims to develop leadership, look at regional issues, and build partnerships and linkages with developing countries.

Mrs Talauta-Tualaulelei’s 4-week program enabled her to learn about the different types of work carried out by the AIHW, as well as an in-depth understanding of the health economics aspects of the work. Visits were also arranged to the ABS and ACT Health to get a broader understanding of health information settings in Australia.



Performance management

The AIHW's performance communication and feedback policy recognises the value to the organisation of formal assessment and constructive feedback. As well as providing ongoing feedback, all managers are required to have at least two formal communication and feedback sessions with their staff each year (in August and March). These sessions give managers the opportunity to discuss achievements, give formal feedback on performance, put work priorities in place, and identify learning and development needs. A very high level of participation was achieved during the August 2009 round, with over 96% of staff participating in formal discussions.

Employee survey

In October 2009 an employee survey was conducted by Hewitt's Best Employers in Australia and New Zealand to measure the attitudes of employees at the AIHW. Staff engagement was measured from the perspective of a range of drivers, including their intention to stay, motivation to strive, their perception of benefits and the AIHW's organisational brand. Sixty-nine per cent of all staff participated in the survey. Overall the results were positive, with two-thirds (67%) of those participating being assessed as 'engaged'. This compares with a national average in the Hewitt survey of 55%, which placed the AIHW in the 'high performance' range of Hewitt's Best Employers in Australia and New Zealand. The survey results and employee comments identified the potential for the AIHW to further increase the level of staff engagement by focusing on three key areas:

- communicating career opportunities
- improving performance management capabilities
- improving both the transparency of communication and communication about change.

All staff were invited to participate in facilitated focus groups to identify activities for improvement.

Workplace diversity

The AIHW continues to recognise and celebrate the diverse talents and experiences brought by its staff to the workplace. It does this by providing opportunities for flexible working arrangements, education and training in how to maintain a positive discrimination-free environment, and activities that increase awareness and appreciation of Aboriginal and Torres Strait Islander cultures.

Workplace behaviour

The AIHW launched its workplace behaviour policy in July 2009. The policy is based on the recognition that a positive work environment encourages innovation and creativity, helps reduce absenteeism and employee turnover, and makes the AIHW a great place to work. All new employees are provided with training and information on positive behaviour in the workplace, and existing staff have been given the opportunity to attend courses on maintaining a positive work environment, free of bullying and harassment.

Three additional workplace harassment contact officers were selected and trained during the year, bringing to five the number of harassment contact officers at the AIHW. They are from varying classification levels and AIHW locations, and represent both genders. They are available to provide confidential support to managers and staff on bullying and harassment issues.

Reconciliation Action Plan

The AIHW's Reconciliation Action Plan was endorsed by Reconciliation Australia and launched in June 2009 to:

- enhance awareness of Aboriginal and Torres Strait Islander cultures at the AIHW
- shape policy and community debate by highlighting issues affecting Aboriginal and

Torres Strait Islander people through statistics and relevant advice

- develop and build capacity in Aboriginal and Torres Strait Islander people and organisations in data and statistical areas.

The AIHW Reconciliation Action Plan Working Group met regularly during 2009–10 to ensure the implementation across the AIHW of actions outlined in the Reconciliation Action Plan.

Three Indigenous cultural appreciation sessions were held for staff during 2009–10.

The AIHW continually explores ways to increase the number of Indigenous staff. One initiative during the year was the establishment of an Aboriginal and Torres Strait Islander temporary employment register.

Over the last financial year, the AIHW's self-identified Indigenous staff rose from three to five (1.1% of the AIHW workforce). Of these, all of whom were women, two were recruited through the Australian Public Service Commission's Indigenous Cadetship Program. This program provides financial assistance to cadets while they are completing their tertiary studies and offers them a 12-week paid work placement during each academic year. At the end of their degree the cadets are guaranteed ongoing employment with the AIHW.

Commonwealth Disability Strategy

The AIHW recognises the importance of the Commonwealth Disability Strategy, and makes every effort to ensure that all its policies and procedures comply with the principles of the strategy. The AIHW is both an 'employer' and a 'service provider' under the Commonwealth Disability Strategy Performance Reporting Framework. The AIHW is not a 'policy advisor', 'regulator' or 'purchaser' under the framework.

As a service provider

The major focus of the AIHW is to provide information to other government departments and statutory agencies to help them in their development of policies and programs.

Information is also available to the community on the AIHW website and in printed publications.

During 2009–10 all the AIHW's publications since July 2008 were produced in accessible alternative versions in RTF. All new publications are now released simultaneously on the website in both PDF and RTF. The AIHW invites website visitors who have difficulty accessing information to seek individual assistance. Facilities and conferences managed by the AIHW comply with accessibility standards for people with disability, including those for wheelchair access, toilets and disabled parking.

Staff awards

Long service awards

During 2009–10 the AIHW recognised six staff for their long service with the AIHW (Table 16). This brings to 38 the number of existing staff members who, as at 30 June 2010, have celebrated 10 years or more service with the AIHW—just over 10% of the AIHW's total workforce.

Table 16: Staff long service awards, 2009–10

10 years' service	
Fadwa Al-Yaman	Peter Braun
Geoff Davis	Stirling Lewis
Gabriele Norman	Kristy Raitchel

Director's awards

During 2009–10 Director's awards were presented to nine staff members in recognition of their outstanding contribution to the AIHW (Table 17).

Table 17: Director's awards, 2009–10

Name	Unit
Kevin Bell	People Unit
Gail Brien	Ageing and Aged Care Unit
Charlie Drummond	Information Technology Services Unit
Michelle Gourley	Indigenous Data Gaps Unit
Moira Hewitt	Housing and Homelessness Integration Unit
Michael Paxton	Information and Communications Technology Operations Unit
Nicole Schroder	Mental Health Services Unit
Chris Stevenson	Information Services and Publishing Unit
Kun Zhao	Cancer and Screening Unit

Learning and development

The AIHW's Learning and Development Strategy 2008–2010, developed in consultation with the Learning and Development Advisory Committee, focuses on continually building staff's capabilities in:

- statistics, analytical and data management skills
- communications (with a focus on writing capability)
- project management and team work
- leadership and management.

In 2009–10 the AIHW continued to focus on leadership skills and the development of middle managers and supervisors by providing access to several of the in-house courses linked to the Australian Public Service Commission's Integrated Leadership System.

Learning and development achieved the highest satisfaction score in the 2009 staff survey, with 86% of staff responding positively to the learning and development opportunities available to them (see 'Employee survey' on page 45).

Part of the July 2010 pay rise was conditional on 90% of the staff who had worked at the AIHW from 1 June 2009 to 31 May 2010 participating in five learning and development activities (pro rata for part-time staff). This target, which was set by the Consultative Committee, was achieved, with 95% of eligible staff completing the required number of activities.

In-house courses

In-house courses were offered to staff during the year in the areas of communication, management and leadership, computing and other technical skills, and in a formal induction program for new staff (Table 18).

Table 18: In-house learning and development courses for staff, 2009–10

Course type	Occasions course offered	Occasions staff attended
Corporate induction (for new staff)	5	105
Communication	22	303
Management and leadership	26	343
Computing and other technical	24	404

Note: Some staff attended more than one course.

Examples of the courses offered included strategic thinking, stakeholder engagement, essentials for new team leaders, assessing leadership capability, medical terminology and coding, giving and receiving feedback, media and presentations, minute taking, project management, occupational health and safety, bullying and harassment awareness, and cultural awareness. Statistical and IT training—in SAS, Deltagraph, METeOR and Microsoft Excel—and writing workshops continued (see 'Building writing capacity' on page 32). SAS training is now being provided by an internal employee who is a SAS specialist with facilitation skills.

Induction courses were held to help new staff understand the AIHW's culture and business and, ultimately, to increase retention. These courses were held five times during the year, and were extended to 4 half-days. They now incorporate greater detail on APS practices as a whole (for example, code of conduct, values and ethics).

External study

The AIHW continues to provide assistance for staff members who wish to undertake external study to further develop their knowledge and skills through the AIHW's Studybank Program.

Seminars

Internal seminars for staff about statistical, research and other issues are held on a regular basis (see the 'snapshot' below).

Statistical consultancy panel

The AIHW's staff continue to use the expertise of the statistical consultancy panel established to help them with developing statistical methodology, working as part of a multidisciplinary team and participating in the development of new research projects.

One member of the panel, Professor Bruce Bacon, of the National Centre for Social and Economic Modelling at the University of Canberra, was available at the AIHW on a regular part-time basis to help staff with statistical queries.

A statistical manual written for staff helps to support and improve the statistical skills available to the AIHW. The manual is updated by the Statistical and Analytical Methods Advisory Committee.

Ecologically sustainable development

The *Environment Protection and Biodiversity Conservation Act 1999* identifies the following principles of ecologically sustainable development.

- Decision-making processes should effectively integrate both long-term and short-term economic, environmental, social and equitable considerations.
- If there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation.

Privacy Awareness Week

Privacy is of the utmost importance to the AIHW. This was highlighted during Privacy Awareness Week, 2–8 May 2010.

An initiative of the Asia Pacific Privacy Authorities, this annual event is an opportunity for public and private sector organisations to promote awareness of privacy rules and practices among their staff and stakeholders.

The AIHW hosted a staff seminar titled 'Perspectives on privacy' during Privacy Awareness Week. Presented by the Information Governance Unit, this seminar focused on privacy laws of particular relevance to the AIHW, including proposals for reform.

The AIHW is committed to ensuring a balance between its confidentiality obligations and effective, accessible information sharing. Achieving these objectives is central to the *AIHW Corporate Plan: strategic directions 2007–2010*.



- The principle of inter-generational equity: the present generation should ensure that the health, diversity and productivity of the environment is maintained or enhanced for the benefit of future generations.
- The conservation of biological diversity and ecological integrity should be a fundamental consideration in decision making.

- Improved valuation, pricing and incentive mechanisms should be promoted.

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* requires the AIHW to report on the following issues.

Ecologically sustainable development reporting

Legislation administered by the AIHW during 2009–10 accords with the principles of ecologically sustainable development

The AIHW does not administer legislation.

Outcome contribution to ecologically sustainable development

The functions of the AIHW are such that none of its activities contributing to its single outcome under Portfolio Budget Statements (see **Chapter 2 Our performance** on page 15) address the principles of, or had direct relevance to, ecologically sustainable development as described above.

The effect of the AIHW's activities on the environment

The AIHW's key environmental impacts relate to the consumption of energy and goods, and waste generated by staff in the course of business activities.

Measures taken to minimise the impact of activities on the environment

In accordance with the AIHW's commitment to protecting the environment, the AIHW has adopted a number of practices aimed at reducing the environmental impact of its day-to-day operations:

- a Green Group that meets on a quarterly basis to examine and advise on options to further reduce the AIHW's environmental impact
- environmentally friendly tips and information on the AIHW intranet
- provision of amenities for staff who ride bicycles to work
- use of energy-efficient lighting
- encouraging all staff to turn off computers when they go home
- participating in Earth Hour 2010
- water-saving devices in all showers (4) and toilets (37)
- recycling of toner cartridges, paper, ring binders and other relevant waste
- recycling bins in kitchens for co-mingled waste, and for organic waste (food scraps, bread and paper towels). The latter is fed to composting works and recycled into an organic fertiliser. During 2009–10, about 1,800 kilograms of organic kitchen waste were collected, compared with about 1,100 kilograms in 2008–09.

Mechanisms for reviewing and improving measures to minimise the impact of the AIHW on the environment

The AIHW strives to continually improve its environmental performance through the activities of its Green Group.

Occupational health and safety

The AIHW is committed to creating and maintaining an environment where all levels of management and staff cooperate to ensure a safe and healthy workplace. The Health and Safety Management Arrangements, developed in consultation with staff and agreed to by them, is the primary vehicle for developing and implementing strategies to achieve this aim. The AIHW Director is also helped in occupational health and safety matters by the Health and Safety Committee, comprising management and staff representatives.

Health and Safety Management Arrangements

The AIHW's Health and Safety Management Arrangements were launched in October 2008 after being developed in consultation with all levels of management and employees. The arrangements provide the framework within which the AIHW meets legislative requirements and integrates occupational health and safety systems into business activities. The arrangements also specify the responsibilities of the employer (the Director), senior managers, supervisors, other key roles (for example, health and safety representatives) and staff.

The arrangements are due for review in October 2010 (2 years from their start), although they are subject to ongoing review to reflect any changes to the *Occupational Health and Safety Act 1991* or as may be required by other circumstances by agreement between the Director and employees. Resolution of a dispute during a consultation period for the variance of the arrangements will be in accordance with the AIHW's Collective Agreement 2008–2012.

The AIHW's Health and Safety Management Arrangements outlines the functions of the Occupational Health and Safety Committee. This committee met three times during 2009–10,

with its main focus being on ensuring that additional accommodation met occupational health and safety standards (see 'Accommodation management' on page 51) and that various issues were dealt with effectively and efficiently as they came to notice.

Occupational health and safety initiatives

Management systems

Improvements to internal occupational health and safety management systems were made during 2009–10. This included the adoption of workstation assessments for all new starters, which not only aimed to ensure employee comfort but also to identify any individual needs and maintain the low incidence of body-stressing injuries in the AIHW.

Workplace safety inspections

Four workplace safety inspections were undertaken by the People Unit during 2009–10 in all AIHW locations (see 'Accommodation management' on page 51). The AIHW's occupational health and safety practices and procedures were also formally covered in corporate induction sessions. Targeted training sessions were held throughout the year (two sessions for managers and two sessions for staff during 2009–10) as part of an ongoing program to reinforce the importance of occupational health and safety for new and existing staff, and contractors.

Employee assistance program

The AIHW continued to use Davidson Trahaire Corpsych to provide its Employee Assistance Program. The purpose of the program is to help managers, staff and their immediate families whose lives and work may be adversely affected by personal or work-related problems.

Occupational health and safety performance outcomes

There were no incidents requiring notice to be given under s. 68 of the *Occupational Health and Safety Act 1991*. The AIHW was not subject to any investigations during the year, and no directions were given under s. 45 or notices provided under ss. 29, 46 or 47 of the *Occupational Health and Safety Act 1991*.

Accommodation management

The number of staff increased significantly during the year, resulting in the leasing and fit out of 22 Thynne Street (Southlake building).

The AIHW operated from four locations in Canberra in 2009–10:

- 26 Thynne Street, Fern Hill Park, Bruce (main building)
- 28 Thynne Street, Fern Hill Park, Bruce (Trevor Pearcey House, Block A)
- 28 Thynne Street, Fern Hill Park, Bruce (Trevor Pearcey House, Block D)
- 22 Thynne Street, Fern Hill Park, Bruce (Southlake).

Chapter 5

Work group reports

Statistical groups

This chapter provides information about activities undertaken during 2009–10 by each of the AIHW's statistical groups:

- Economics and Health Services 55
- Health 64
- Housing and Homelessness 76
- Information and Statistics 85
- Social and Indigenous 94

During the year the AIHW had a unit-based structure under each of these groups (see Figure 5 on page 9). Each unit was to achieve planned outputs specified in the AIHW Work Plan 2009–10, which was approved by the AIHW Board in June 2009. The reports for each unit that follow include information on the status of each planned output as well as other activities and responsibilities.

This chapter also includes information about the activities of AIHW collaborating units:

- Collaborating units 106

Corporate groups

Information about the activities of the Business Group and the Governance and Communications Group is interspersed throughout the other chapters of this annual report.

During the year there were some changes to these two groups, as follows:

- the Business Group took responsibility for the former Data and Information Technology Unit, which was split into two new units—IT Services and ICT Operations
- the Information Services and Publishing Unit and the Communications, Media and Marketing Unit were transferred from the Business Group to the Governance and Communications Group
- the Executive Unit became part of the Governance and Communications Group
- new units were created in the Governance and Communications Group. They are the Information Governance Unit and the Online Communications Unit.

The Governance and Communications Group provides secretariat services to the AIHW Board and a number of intergovernmental committees that oversee the performance reporting and information environment for key health and welfare sectors. It manages information governance, including data access, ethics and privacy. It also undertakes the strategic management of internal and external relationships and communications, including the media, conferences, the AIHW website and publishing.

Economics and Health Services Group

Group head

Ms Jenny Hargreaves

What we do

The Economics and Health Services Group provides statistical leadership, develops and compiles data, undertakes analyses and disseminates policy-relevant statistical information about the financial resources used in health and welfare, and about key health services. The group's scope is health and welfare economics (health expenditure, welfare expenditure, health system expenditures on disease and injury, and medical indemnity), and health services (hospitals, mental health services, other health services, and the quality and safety of health care).

Units in this group

- Expenditure and Economics
- Health Care Safety and Quality
- Health Performance Indicators
- Hospitals
- Mental Health Services

Expenditure and Economics Unit

Unit heads

Mr Richard Juckes (since February 2010)
Mr John Goss (to February 2010)

What we do

The Expenditure and Economics Unit develops, collates and reports information on expenditure for the provision of health and welfare services. Expenditure is analysed by disease, by state, by provider of services and by who funds it, for different age and sex groups, for Aboriginal and Torres Strait Islander people, and in comparison with other countries. The unit also undertakes other economic analysis work relevant to health and welfare, and provides input into the development and maintenance of statistical frameworks used to support the expenditure estimates it produces.

Due to changed priorities and resource constraints experienced during the 2009–10 financial year, elements of the redevelopment of

the health and aged care expenditure database were postponed to 2010–11.

Objectives

- Make expenditure data more accessible, more relevant to policy and more timely. In particular, provide expenditure data to support the Intergovernmental Agreement on Federal Financial Relations' performance indicator reporting process.
- Undertake the redevelopment of the health and aged care expenditure database to improve the efficiency and timeliness of the collation, processing, editing and output of expenditure data.
- Improve the methodology used for estimating expenditure statistics, in particular for Indigenous and welfare expenditure.
- Achieve a transfer of expenditure and economics knowledge and expertise from long-term staff to new staff. This risk management approach aims to avoid future knowledge gaps and therefore contain risks in meeting timelines for core and externally funded projects.

Performance against planned outputs in 2009–10

Contribute to <i>Australia's health 2010</i>	Achieved
Publish <i>Health expenditure Australia 2007–08</i>	Achieved
Produce health expenditure data cubes	Achieved
Produce estimates for inclusion in the OECD's international health and social expenditure databases	Achieved <i>Only partial data was provided for the social expenditure database, while the welfare expenditure collection is being reviewed/revised</i>
Publish <i>Public health expenditure in Australia, 2007–08</i>	Achieved
Publish a report on public health expenditure in Australia for 2008–09	Work in progress <i>To be published in late 2010</i>
Publish <i>Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07</i>	Achieved
Publish a report to support expenditure on health for Aboriginal and Torres Strait Islander people, analysed by remoteness and disease, for 2006–07	Work in progress <i>To be published in late 2010</i>

Additional projects

- Undertook work, in collaboration with the states and territories and other stakeholders, to develop specifications for expenditure performance indicators for the National Healthcare Agreement and to improve the timeliness of reporting of the indicators
- Contributed to national data and information infrastructure, such as through provision of assistance and advice on the development of data and collection systems, to facilitate the reporting of comprehensive expenditure data that are comparable across jurisdictions
- Provided technical expertise on the development of the Productivity Commission's Indigenous Expenditure Framework and data for inclusion under the framework
- Contributed to international data and information infrastructure development, including participation in the data development and reporting work of the WHO and the Organisation for Economic Co-operation and Development (OECD)
- Worked with stakeholders to review the scope, data sources and outputs for the AIHW's work on collating and reporting expenditure on welfare
- Provided support for the Asia-Pacific National Health Accounts Development project (a project financed by the Asian Development Bank)
- Contributed to the Health Financing Policy Reform in Asia-Pacific project by producing a classifications schema
- Published *Funding sources for admitted patients in Australian hospitals, 2005–06*
- Finalised and published *Health system expenditure on disease and injury in Australia, 2004–05*

- Undertook an analysis of hospital expenditures by state and by Indigenous status for the Commonwealth Grants Commission
- Drafted a report analysing health expenditure in Australia by remoteness for publication in late 2010

Committees

- Health Expenditure Advisory Committee Technical Advisory Group: Chair and secretariat
- Public Health Expenditure Technical Advisory Group: Secretariat for and member of this advisory group chaired by the Queensland Department of Health
- Indigenous Health Expenditure Technical Advisory Group: Joint chair (with Ms Elizabeth Clout, Office for Aboriginal and Torres Strait Islander Health (OATSIH), DoHA) and secretariat
- Indigenous Expenditure Framework Steering Committee: Member of this committee established through the Productivity Commission

Data collections managed

- Health expenditure database
- Public health expenditure database
- Welfare expenditure database
- Indigenous health expenditure database
- Disease expenditure database

Health Care Safety and Quality Unit

Unit heads

Ms Cheryl Harkins (from March 2010)
 Ms Sally Bullock (acting January to March 2010)
 Dr Earl Dudley (acting to December 2009)

What we do

The Health Care Safety and Quality Unit develops, compiles and analyses data on the safety and quality of Australia's health care services. Major focuses are medical indemnity information, and developing specifications and data for the National Healthcare Agreement performance indicators on adverse events in hospitals, hospital re-admissions and potentially avoidable deaths. In addition, the unit works in partnership with the Australian Commission on Safety and Quality in Health Care to improve the quality and availability

of national information on health care safety and quality, and with the OECD's Health Care Quality Indicators project.

Objectives

- Continue to develop medical indemnity information, and work to develop and implement the National Healthcare Agreement performance indicators
- Strengthen involvement in the OECD's Health Care Quality Indicators project, helping to ensure that the AIHW's work is not only relevant to policies in Australia but also internationally
- Explore the use of data cubes for the provision of medical indemnity data
- Work with stakeholders to ensure that the unit provides and presents information in the most timely and user-friendly way, including using web-based communication and presentation of information

Performance against planned outputs in 2009–10

Finalise contribution to and coordinate a chapter of <i>Australia's health 2010</i>	Achieved
Prepare health care quality indicators for an OECD 'Health at a glance 2010' report	Not achieved <i>Not funded</i>
Collate and provide data for three National Healthcare Agreement hospital-based performance indicators	Achieved
Publish a report on public sector medical indemnity 2008–09	Work in progress <i>The delayed completion of 2007–08 report delayed this report. To be published late 2010.</i>
Publish a summary report on public and private sector medical indemnity claims in Australia for 2007–08	Work in progress <i>The delayed completion of the 2006–07 report delayed this report. To be published late 2010.</i>
Produce guidelines for the analysis and interpretation of administrative data to describe the quality of health services	Work in progress <i>Awaiting data required for analysis</i>

Additional projects

- Finalised publication of *Public and private sector medical indemnity claims in Australia 2006–07: a summary*
- Supplied 3 years of data to states and territories for 14 national core hospital-based outcome indicators
- Introduced more extensive data validation processes for the 2008–09 Medical Indemnity

National Collection—this resulted in some delay to publications

- Provided a report on an Australian evaluation of the OECD's patient safety indicators, and an information model and framework for safety and quality data sets and standards to the Australian Commission on Safety and Quality in Health Care
- Continued work on an inventory of health care safety and quality data sources

Committees

- *Staphylococcus aureus* Bacteraemia Working Group: Chair of and secretariat for this subcommittee of the National Health Information Standards and Statistics Committee (NHISSC)
- Potentially Preventable Hospitalisations Working Group: Secretariat for and member

of this NHISSC working group, chaired by Dr Chris Baggoley (Australian Commission on Safety and Quality in Health Care)

- Adverse Events in Hospitals Working Group: Chair of and secretariat for this NHISSC subcommittee
- Medical Indemnity Data Working Group: Secretariat for and member of this NHISSC subcommittee, chaired by Ms Milena Canil (Victorian Department of Human Services)
- Medical Indemnity National Collection Coordinating Committee: Secretariat for and member of this committee, chaired by Mr Paul Currall (DoHA)

Data collections managed

- Medical Indemnity National Collection

Health Performance Indicators Unit

Unit head

Ms Louise York

What we do

The Health Performance Indicators Unit develops, compiles and analyses data relevant to the performance monitoring of Australia's health care system. The unit's major focus is on coordinating the development and delivery of high-quality performance indicators under the National Healthcare Agreement, in consultation with national data committees. The unit also works with stakeholders to develop new national data collections required for national health performance reporting.

Objectives

- Work closely with the National Health Information Standards and Statistics Committee of the Australian Health Ministers' Advisory Council to further develop the indicators associated with the new National Healthcare Agreement and to help in meeting the national reporting requirements for the Intergovernmental Agreement on Federal Financial Relations
- Coordinate the provision of performance reporting material under the National Healthcare Agreement from the AIHW and other relevant agencies to central agencies to agreed deadlines
- Enhance the availability and timeliness of health-related information by participating in the AIHW's work to capitalise on the new information environment as it relates to healthcare performance indicators

Performance against planned outputs in 2009–10

Contribute to <i>Australia's health 2010</i>	Achieved
Supply nine National Healthcare Agreement performance indicators and associated data quality statements to the Steering Committee for the Review of Government Service Provision	Achieved
Draft a report on welfare indicators	Not achieved <i>Insufficient staff resources</i>

Additional projects

- Undertook work to develop a new non-admitted patient national minimum data set, required to support reform objectives outlined in the National Partnership Agreement for Hospital and Health Workforce Reform
- Coordinated the program of developing new data collections, data sets and standards required for reporting performance indicators under the National Healthcare Agreement
- Coordinated the supply of performance indicators under the National Healthcare Agreement and associated data quality statements to the Steering Committee for the Review of Government Service Provision

- Provided support across the full range of issues associated with the first cycle of performance indicators under the National Healthcare Agreement
- Worked with all stakeholders to facilitate the continuous improvement of data sources and reporting processes required for the first cycle of COAG performance reporting

Committees

- National Health Information Standards and Statistics Committee: Support to the AIHW member, the AIHW Director

Hospitals Unit

Unit head

Mr George Bodilsen

What we do

The Hospitals Unit develops and collates data and produces reports from the AIHW's national hospitals databases, in consultation with national stakeholders. Key aims of the unit are to produce the annual report on Australian hospital statistics and accompanying internet-based electronic data resources, improve the quality and usefulness of Australia's hospitals data, and progress appropriate ways in which the data can be analysed and disseminated to inform community discussion and decision making.

Objectives

- Develop processes to support earlier receipt, preparation and validation of hospital data to enable reporting of National Healthcare Agreement indicators
- Develop indicators and related data for the National Healthcare Agreement
- Report on the National Healthcare Agreement indicators
- Continue to liaise with stakeholders to ensure the ongoing development and policy relevance of Australian hospital statistics and other products

Performance against planned outputs in 2009–10

Contribute to <i>Australia's health 2010</i>	Achieved
Publish <i>Australian hospital statistics 2008–09</i>	Achieved
Publish Indigenous identification audit report	Achieved
Respond to ad hoc data requests from within the AIHW	Achieved
Provide data and advice on the State of Our Public Hospitals/Australian hospital statistics comparison project	Achieved
Provide data and advice for the Steering Committee for the Review of Government Service Provision's <i>Report on Government Services 2010</i>	Achieved
Provide a service to answer ad hoc data requests from people and organisations outside the AIHW	Achieved

Additional projects

- Published the *Australia's hospitals 2008–09 at a glance* companion report
- Provided data to the Productivity Commission to support a research report on the relative performance of public and private hospitals
- Supported the internal use of all hospitals-related databases

Committees

- Australian Hospital Statistics Advisory Committee: Chair of and secretariat for this AIHW committee

Data collections managed

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

Mental Health Services Unit

Unit head

Mr Gary Hanson

What we do

The Mental Health Services Unit compiles, develops and reports on the national mental health services databases. The unit also reports on a range of mental health-related health and community services in Australia. The unit provides leadership in the development and refinement of mental health services data in Australia, including the mental health performance indicators for the National Healthcare Agreement.

Objectives

- Continue to work closely with the Mental Health Information Strategy Subcommittee of the Australian Health Ministers' Advisory Council to enhance the usefulness of the mental health information products that support the National Mental Health Information Priorities
- More broadly, improve the usefulness and relevance of the unit's work toward the objectives of the National Action Plan on Mental Health 2006–11 agreed to by COAG in 2006
- Keep under review the content, presentation and relevance of the annual series of reports on mental health services in Australia, in collaboration with DoHA and the Mental Health Information Strategy Subcommittee
- Develop and report on mental health-related performance indicators for the National Healthcare Agreement

Performance against planned outputs in 2009–10

Contribute to <i>Australia's health 2010</i>	Achieved
Publish a bulletin on community mental health care by socioeconomic status	Work in progress <i>To be published in late 2010</i>
Publish 'Mental health services in Australia 2007–08' and associated data cubes	Work in progress <i>Report to be published in August 2010 and data cubes in late 2010</i>

Additional projects

- Finalised a report on national palliative care performance indicators that gives the results of the 2008 performance indicator data collection (to be published in July 2010)
- Completed the scoping of a potential collection of data on mental health services delivered by non-government organisations
- Developed data cubes for the Community Mental Health Services National Minimum Data Set
- Developed data cubes for Residential Mental Health Care National Minimum Data Set
- Conducted a 'proof of concept' trial of the draft Mental Health Interventions Classification with ACT Health

Committees

- National Minimum Data Set Subcommittee: Chair of and secretariat for this subcommittee of the Mental Health Information Strategy Subcommittee
- Mental Health Information Strategy Subcommittee: Member of this subcommittee of the Mental Health Standing Subcommittee; the Information Strategy Subcommittee is chaired by Dr Aaron Groves (Queensland Health)
- National Mental Health Performance Subcommittee: Member of this subcommittee of the Mental Health Information Strategy Subcommittee; the Performance Subcommittee is chaired by Ms Ruth Catchpole (Queensland Health)

Data collections managed

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

Health Group

Group heads

Ms Lynelle Moon (acting since March 2010)

Ms Susan Killion (to March 2010)

What we do

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

Units in this group

- Cancer and Screening
- Cardiovascular, Diabetes and Kidney
- Drug Surveys and Services
- Musculoskeletal Diseases
- Population Health
- Respiratory Conditions and Primary Care

During the year there were some changes to the Health Group:

- the former Respiratory and Musculoskeletal Diseases Unit became two units in October 2009
- the former Health Registers and Cancer Monitoring Unit changed its name to Cancer and Screening Unit following the transfer of data linkage functions related to the National Death Index to the new Data Linkage Unit in July 2009.

Cancer and Screening Unit

Unit heads

Ms Christine Sturrock

Ms Melissa Goodwin (acting January 2010 and March 2010)

What we do

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

Australian Cancer Database for health research approved by the AIHW Ethics Committee. In addition, the unit is responsible for developing a new National Centre for Monitoring Cancer.

Objectives

- Develop the National Centre for Monitoring Cancer
- Produce comprehensive and timely national cancer statistics
- Prepare timely national, state and territory performance indicators for the national screening programs for breast, cervical and bowel cancer

Performance against planned outputs in 2009–1

Contribute to <i>Australia's health 2010</i>	Achieved
Publish an overview report on cancer in Australia for 2010	Work in progress To be published in 2010–11
Publish updated Australian Cancer Incidence 1982–2006 data cubes	Achieved
Publish edition 5 of Australian Cancer Incidence and Mortality 'books' (spreadsheets)	Achieved
Finalise and publish <i>Breast cancer in Australia: an overview, 2009</i>	Achieved
Finalise and publish <i>Ovarian cancer in Australia: an overview, 2010</i>	Achieved
Finalise and publish <i>Risk of invasive breast cancer in women diagnosed with ductal carcinoma in situ in Australia between 1995 and 2005</i>	Achieved
Contribute to a report on the health and welfare of Aboriginal and Torres Strait Islander people	Achieved
Publish <i>Cervical screening in Australia 2007–08</i>	Achieved
Publish <i>National Bowel Cancer Screening Program: annual monitoring report 2009</i>	Achieved Further data is to be published as a supplement in August 2010
Provide biannual operational reports to the program managers of the National Bowel Cancer Screening Program	Achieved
Provide biannual reports on implementing the 2005 guidelines for the management of cervical cancer abnormalities to the Safety Monitoring Committee	Achieved
Finalise and publish <i>BreastScreen Australia monitoring report 2005–2006</i>	Achieved



Additional projects

- Produced cancer incidence projections suitable for use in radiotherapy service planning being undertaken by DoHA
- Published *Gynaecological cancer projections 2010–2015*
- Assessed data needs for the new National Neonatal Hearing Screening Program
- Undertook development and management work on the Australian Cancer Database
- Reviewed cervical cancer screening monitoring indicators
- Undertook ad hoc analyses of cancer data
- Drafted the 'BreastScreen Australia monitoring report 2006–2007 and 2007–2008', and associated supplementary data tables (to be published in August 2010)

Committees

- Cancer Monitoring Advisory Group: Secretariat for this AIHW committee, chaired by Professor Jim Bishop (DoHA), that advises the National Centre for Monitoring Cancer
- Australasian Association of Cancer Registries Executive Committee: Secretariat for this committee chaired by Professor Alison Venn (Menzies Research Institute Tasmania)

Data collections managed

- Australian Cancer Database (formerly known as the National Cancer Statistics Clearing House)
- BreastScreen Australia Database
- National Cervical Cancer Screening Database
- National Bowel Cancer Screening Database

Risk of invasive breast cancer

Women diagnosed with ductal carcinoma in situ (DCIS) are at significantly increased risk of being diagnosed with a subsequent invasive breast cancer.

The report *Risk of invasive breast cancer in women diagnosed with ductal carcinoma in situ in Australia between 1995 and 2005* provides the first Australian data on the risk of invasive breast cancer following a diagnosis of DCIS.

DCIS is a non-invasive tumour arising from, and contained entirely within, a milk duct of the breast. About 1,600 women are diagnosed with DCIS each year in Australia. The study found that women diagnosed with DCIS were about four times more likely to develop a subsequent invasive breast cancer than other women of similar age.

'This risk was significantly higher for women who were under 40 years of age when they were diagnosed with DCIS', said Christine Sturrock, Head of the AIHW's Cancer and Screening Unit.

'These women were about 20 times more likely than other Australian women in this age range to develop a subsequent invasive breast cancer. The good news is that these women generally had relatively small invasive breast cancers and these cancers were less likely to have spread to the lymph nodes. The practice of placing these women under closer medical surveillance may be responsible for earlier diagnosis of subsequent invasive breast cancers.'

This study is an important step forward in our understanding of the risk of invasive breast cancer in Australian women following a diagnosis of DCIS.

Cardiovascular, Diabetes and Kidney Unit

Unit heads

Ms Susana Senes

Ms Anne Broadbent (acting since March 2010)

Ms Lynelle Moon (to March 2010)

What we do

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

Objectives

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



Cardiovascular disease, diabetes and chronic kidney disease prevention

Cardiovascular disease, diabetes and chronic kidney disease account for around a quarter of the burden of disease in Australia, and just under two-thirds of all deaths.

Given the impact of these diseases on the lives of so many Australians, and the nation's healthcare system, the AIHW commissioned the report *Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors*.

The three diseases often occur together, and have common risk factors such as smoking, high blood pressure, high cholesterol, overweight and obesity, and physical inactivity.

'Inactivity, overweight and obesity, and high cholesterol affect over 50% of adults, while smoking and high blood pressure affect 20–35% of adults. Indigenous Australians and people from lower socioeconomic groups are particularly affected,' said Lynelle Moon, Head of the AIHW's Cardiovascular Disease, Diabetes and Kidney Unit.

The report draws on a range of data sources to cover three aspects of prevention: the prevalence of risk factors, preventive initiatives aimed at the whole population, and services targeted at individuals.

Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors is the first report to use a systematic approach to monitor preventive measures in Australia. The report focuses on the modifiable risk factors of these three closely related conditions, to improve prevention and reduce suffering and mortality.

Performance against planned outputs in 2009–10

Contribute to and coordinate a chapter for <i>Australia's health 2010</i>	Achieved
Publish <i>Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors</i>	Achieved
Finalise and publish <i>Cardiovascular medicines and primary health care: a regional analysis</i>	Achieved
Publish <i>Cardiovascular disease mortality: trends at different ages</i>	Achieved
Publish <i>Women and heart disease: cardiovascular profile of women in Australia</i> and <i>Women and heart disease: summary</i>	Achieved
Draft a report on heart failure	Not achieved <i>Delayed until 2010–11 by funder</i>
Begin drafting the report 'Cardiovascular disease: Australian facts', including trends in cardiovascular hospitalisations	Achieved
Data development, compilation, analysis and reporting of the COAG performance indicator on chronic kidney disease	Achieved
Finalise and publish <i>Health care expenditure on chronic kidney disease in Australia 2004–05</i>	Achieved
Draft 'Chronic kidney disease hospitalisations in Australia 2000–01 to 2007–08'	Achieved <i>To be published in 2010–11</i>
Draft a report on projections in the number of treated end-stage kidney disease patients	Achieved
Publish <i>Insulin-treated diabetes in Australia 2000–2007</i>	Achieved
Draft an analytical report on National Diabetes Register data	Work in progress
Finalise and publish an analysis of mortality among registrants on the National Diabetes Register	Work in progress <i>Delayed due to data access issues</i>
Finalise and publish <i>Diabetes prevalence in Australia: an assessment of national data sources</i>	Achieved
Finalise and publish a report on diabetes indicators as web pages for each indicator	Achieved <i>Publication pending website changes</i>
Publish a report on outcomes of diabetes in pregnancy	Work in progress <i>To be published in 2010–11</i>
Draft a report on the impact of diabetes on quality of life and productivity	Work in progress

Additional projects

- Drafted a report on the incidence of Type 1 diabetes in Australian children 2000–2008 (to be published in 2010–11)
- Undertook work to create a master file for gestational diabetes from National Diabetes Services Scheme data (work in progress; now expanded to include all diabetes types)

Committees

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

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

Data collections managed

- National Diabetes Register

Drug Surveys and Services Unit

Unit head

Ms Amber Jefferson

What we do

The Drug Surveys and Services Unit integrates two streams of work within the AIHW to provide better information on the use of tobacco, alcohol and illicit drugs, and on alcohol and other drug treatment provided in Australia. The unit manages and produces reports from the National Drug Strategy Household Survey, conducted every 3 years, and develops data and information and produces reports on publicly funded alcohol and other drug treatment services and opioid pharmacotherapy programs. The unit compiles

reports about tobacco, alcohol and other drug statistics and information. The unit also provides strategic support to the Dental Statistics Research Unit, an AIHW collaborating unit based at Adelaide University.

Objectives

- Provide national leadership in statistics and information related to drug surveys and treatment services
- Develop collaborative relationships with key stakeholders involved in the National Drug Strategy
- Develop strategies for better integration and consistency between drug use and drug treatment data collections

Performance against planned outputs in 2009–10

Contribute to <i>Australia's health 2010</i>	Achieved
Publish <i>Alcohol and other drug treatment services in Australia 2007–08: report on the National Minimum Data Set</i>	Achieved
Publish <i>Alcohol and other drug treatment services in Australia 2007–08: findings from the National Minimum Data Set</i>	Achieved
Publish national, state and territory bulletins using 2007–08 alcohol and other drug treatment services data	Achieved
Create online 2007–08 Alcohol and Other Drug Treatment Services National Minimum Data Set data cubes	Achieved
Publish <i>Alcohol and Other Drug Treatment Services National Minimum Data Set 2010–11: specifications and collection manual</i>	Achieved
Publish <i>National Opioid Pharmacotherapy Statistics Annual Data collection: 2009 report</i>	Achieved
Publish <i>National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2010 collection: data guide</i>	Achieved
Prepare a report on statistics on drug use in Australia in 2010	Work in progress To be published in 2010–11

Additional projects

- Continued enhancement of the Alcohol and Other Drug Treatment Services National Minimum Data Set data collection and the National Opioid Pharmacotherapy Statistics Annual Data collection
- Drafted a report on a review of the Alcohol and Other Drug Treatment Services National Minimum Data Set (to be published in 2010–11)
- Drafted a report on methodological options for estimating the prevalence of alcohol, tobacco and other drug use by Aboriginal and Torres Strait Islander people (to be published in 2010–11)

Committees

- Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group: Secretariat for this working group chaired by Mr Kieron McGlone (NSW Department of Health)
- National Opioid Pharmacotherapy Statistics Annual Data Working Group: Secretariat for this working group chaired by Ms Anne Lawrence (NSW Department of Health)
- 2010 National Drug Strategy Household Survey Technical Advisory Group: Chair of and secretariat

Data collections managed

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

Musculoskeletal Diseases Unit

Unit head

Dr Kuldeep Bhatia

What we do

The Musculoskeletal Diseases Unit monitors and reports on the effects of arthritis, osteoporosis, back problems, and other bone and joint conditions on the health of Australians. Taking a multidisciplinary approach, the unit focuses on illness, pain, disability, medicine use, joint replacements, fractures, health care needs and services, physical therapy, expenditure and quality of life in the context of musculoskeletal health in Australia.

Objectives

- Be a reliable source of information on the epidemiology of musculoskeletal diseases and conditions, and on the health care needs of people with these conditions
- Develop comprehensive information on risk factors for and management of osteoarthritis, rheumatoid arthritis, osteoporosis and minimal trauma fractures
- Monitor and report on arthritis and osteoporosis in Australia
- Develop the methodology and statistics for monitoring the use of medicines
- Generate health profiles of people with specific musculoskeletal diseases or conditions

Performance against planned outputs in 2009–10

Contribute to and coordinate a chapter for <i>Australia's health 2010</i>	Achieved
Publish a report on the disparities in health care for people with arthritis and osteoporosis for 2004–05	Work in progress <i>To be published in 2010–11</i>
Publish a fact sheet or bulletin on arthritis and osteoporosis for 2007–08	Not achieved <i>Removed from work plan by funder</i>
Publish a report on the use of disease-modifying anti-rheumatic drugs for rheumatoid arthritis	Work in progress <i>To be published in 2010–11</i>
Publish a report on the use of bisphosphonates for osteoporosis	Work in progress <i>To be published in 2010–11</i>
Publish a report on when musculoskeletal conditions and mental disorders occur together	Work in progress <i>To be published in 2010–11</i>
Publish a report on the use of services by people with arthritis and osteoporosis for 2007–08	Work in progress <i>To be published in 2010–11</i>
Finalise and publish <i>Health expenditure for arthritis and musculoskeletal conditions, 2004–05</i>	Achieved
Develop and maintain web pages for the National Centre for Monitoring Arthritis and Musculoskeletal Conditions	Achieved

Additional projects

- Finalised and published *Medication use for arthritis and osteoporosis* and *The problem of osteoporotic hip fracture in Australia*
- Drafted 'A snapshot of arthritis in Australia 2010' and 'A snapshot of osteoporosis in Australia 2010' (both to be published in 2010–11)
- Developed a person-level Pharmaceutical Benefits Scheme database for arthritis
- Continued to build expertise in analysis and interpretation of medicine use data

- Supported the work of the National Centre for Monitoring Arthritis and Musculoskeletal Conditions

Committees

- National Centre for Monitoring Arthritis and Musculoskeletal Conditions Steering Committee: Secretariat for this committee chaired by Professor Nick Bellamy

Population Health Unit

Unit head

Mr Mark Cooper-Stanbury

What we do

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

Objectives

- Help in the development of Australia's capacity to undertake national surveillance of chronic diseases and associated determinants
- Support the AIHW's work on health inequalities, and the health of specific populations
- Support the health-related statistics needs of the Department of Veterans' Affairs
- Contribute to improved national understanding of significant rural health issues through monitoring, analysing and disseminating rural health data
- Contribute to improved national understanding of environmental health data sources with an emphasis on climate change and health
- Build on Australia's capacity to monitor the effects of the mandatory fortification of food with folic acid and iodine

A snapshot of men's health in regional and remote Australia

Drawing on several data sources, *A snapshot of men's health in regional and remote Australia* provides insight into the health of men in rural Australia compared with men in urban areas.

The report presents a unique perspective on a particular group of Australians. Men in rural Australia are potentially faced with distinct health issues because of their location, work and lifestyle. Notably, the report found that male death rates increase with remoteness.

Men in rural areas are more likely than their urban counterparts to experience chronic health conditions and risk factors. For example, they:

- are more likely to report daily smoking and risky drinking behaviour
- are less likely to possess an adequate level of health literacy
- have higher mortality rates from injury, cardiovascular disease and diabetes.

The report was launched by the Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery, the Hon. Warren Snowden, MP.



Performance against planned outputs in 2009–10

Contribute to <i>Australia's welfare 2009</i>	Achieved
Contribute to and coordinate chapters for <i>Australia's health 2010</i>	Achieved
Prepare General Record of Incidence of Mortality books for 2006 and 2007 years of registration (national) and year of death (state and territory) (set of Excel workbooks)	Achieved
Coordinate provision of Australian data to OECD and WHO: a data set for OECD Health Data 2010; support for other OECD projects; and data for WHO Country Health Information Profile	Achieved
Prepare a report on Australia's food and nutrition	Work in progress <i>To be published 2010–11</i>
Prepare a report on international comparisons of Australia's health	Work in progress <i>To be published 2010–11</i>
Finalise and publish <i>Risk factors and participation in work</i>	Achieved
Publish a bulletin on premature mortality from chronic disease.	Work in progress <i>To be published 2010–11</i>
Publish a bulletin on the comorbidity of mental health and chronic disease	Work in progress <i>To be published 2010–11</i>
Publish a bulletin on children's physical activity patterns	Work in progress <i>Pending revised data provision, to be published in 2010–11</i>
Publish baseline report on mandatory folic acid and iodine fortification	Work in progress <i>Drafted and, pending external approval, to be published in 2010–11</i>
Finalise and publish <i>A guide to Australian eye health data</i> , 2nd edition	Achieved
Publish <i>A snapshot of men's health in regional and remote Australia</i>	Achieved
Draft specific reports on chronic diseases and associated determinants, including an indicators data report	Achieved
Publish a report on electoral roll-matching suitability project	Work in progress <i>To be published in 2010–11</i>

Additional projects

- Developed data concepts, elements and reporting relating to specified COAG indicators (2-year project)
- Maintained the Chronic Disease Indicators (web-based) database
- Continued the conceptual development of composite indicators in the set of indicators for prevention of chronic disease
- Provided statistical support to the Department of Veterans' Affairs, particularly in support of AIHW Ethics Committee applications by researchers for the use of Vietnam Veterans Nominal Roll data
- Prepared a draft report on an audit of environmental data sources related to health and evidence demonstrating the effects of environmental factors on health
- Developed the inaugural Australian National Infant Feeding Survey

- Prepared a draft publication on summary results from the Adult Vaccination Survey and the Pandemic Vaccination Survey
- Provided support as the AIHW's contact and custodian for the ABS's confidentialised unit record files

Committees

- Population Health Information Development Group: Co-chair of and secretariat for this subcommittee of the Australian Population Health Development Principal Committee; the subcommittee is co-chaired by Mr Jim Hyde (Victorian Department of Health)
- Australian National Infant Feeding Survey Technical Advisory Group: Chair of and secretariat for this AIHW advisory group

- Australasian Mortality Data Interest Group: Member of this interest group chaired by Dr James Harrison (Flinders University)
- ABS Mortality Statistics Advisory Group: Member
- Dietary Modelling Stakeholder Advisory Group: Member of this advisory group of Food Standards Australia New Zealand
- DrinkWise Australia Research Advisory Group: Member

Data collections managed

- National Mortality Database
- AIHW Population Database
- Adult Vaccination surveys
- Pandemic Vaccination Survey
- selected veterans and defence health databases and nominal rolls

Respiratory Conditions and Primary Care Unit

Unit heads

Dr Adrian Webster

Dr Kuldeep Bhatia (to October 2009, Respiratory and Musculoskeletal Diseases Unit head)

What we do

The Respiratory Conditions and Primary Care Unit monitors and reports on asthma and linked respiratory diseases in Australia. In this task the unit works with the Australian Centre for Asthma Monitoring at the Woolcock Institute for Medical Research. The unit is also responsible for working towards improvements in the monitoring of primary care service delivery in Australia.

This includes managing and contributing to the collection of primary health-care data. A key part of these activities is collaborating with the Australian General Practice Statistics and Classifications Centre at The University of Sydney in running the Bettering the Evaluation and Care of Health (BEACH) survey.

Objectives

- Conduct national monitoring of asthma and linked respiratory diseases including chronic obstructive pulmonary disease
- Develop data and strategies for monitoring primary health care in Australia
- Implement a project to develop a primary care national minimum data set

Performance against planned outputs in 2009–10

Contribute to and coordinate a chapter for <i>Australia's health 2010</i>	Achieved
Finalise and publish <i>Monitoring the impact of air pollution on asthma in Australia: a methods paper</i>	Achieved
Publish <i>Asthma among older people in Australia</i>	Achieved
Publish 'Asthma and other chronic respiratory diseases in primary health-care settings'	Achieved <i>Not published. Converted to a discussion paper by agreement with the funder</i>
Develop recommendations for the development of a primary health care national minimum data set	Achieved

Additional projects

- Finalised and published *Asthma, chronic obstructive pulmonary disease and other respiratory diseases in Australia*
- Undertook analytical work for respiratory diseases other than asthma, including influenza and pneumonia, chronic obstructive pulmonary disease, allergic rhinitis and cystic fibrosis
- Participated in the creation of a business case for the collection of Indigenous status on pathology request forms as part of work on Closing the Data Gaps

- Provided support for the Australian Centre for Asthma Monitoring and the Australian General Practice Statistics and Classification Centre

Committees

- National Asthma and Linked Chronic Respiratory Conditions Monitoring Advisory Group: Secretariat for this AIHW committee chaired by Professor Carol Armour (The University of Sydney)

Data collections managed

- BEACH survey data, as data custodian

Housing and Homelessness Group

Group heads

Mr Geoff Neideck (from August 2009)

Ms Alison Verhoeven (to August 2009)

What we do

The Housing and Homelessness Group is responsible for producing statistics, analysis and information on housing assistance to Australians across all tenures (that is, ownership, rental and crisis accommodation), homelessness, and services to people experiencing homelessness and the need for assistance.

Units and project in this group

- Homelessness Data Collection
- Housing
- Housing and Homelessness Analytics and Research
- Housing and Homelessness Integration
- Specialist Homelessness Services Project

During the year the group changed its name from Housing and Disability Group and several functional changes were made, as follows:

- the Housing and Homelessness Integration Unit was added in December 2009
- the Specialist Homelessness Services Project was added in February 2010
- the Functioning and Disability Unit was transferred to the Information and Statistics Group in February 2010.

Homelessness Data Collection Unit

Unit heads

Ms Alana Shaw (acting from February 2010)
Mr Nick Mann (acting from mid-July 2009 to February 2010)
Mr Stephen Davison (to mid-July 2009)

What we do

The Homelessness Data Collection Unit collects data on government-funded specialist homelessness services and the Victorian Homelessness Data Collection.

The Supported Accommodation Assistance Program ceased in 2008. However, the unit continues to collect data on existing government-funded specialist homelessness services and new services that began with the advent of the National Affordable Housing Agreement. The unit:

- collects, processes and reports on data on a similar basis to the former Supported Accommodation Assistance Program services collection pending the introduction of a new national homelessness data system in 2011, and for the Victorian Homelessness Data Collection
- sets standards for the collection of homelessness data
- works closely with other agencies in conducting the above-mentioned collections.

Objectives

- Develop administrative data to reflect changes in the funding arrangements and scope of the new collection
- Make a smooth transition from the Supported Accommodation Assistance Program data collection to the interim data collection arrangements to ensure the continued provision of relevant data for jurisdictions and their agencies
- Undertake development activities to simplify and make more efficient the delivery of data by agencies and the AIHW's ability to meaningfully interpret the results
- Ensure that the collections meet the needs of the Intergovernmental Agreement on Federal Financial Relations for any interim performance indicators and provide assistance in the development of such indicators
- Issue a national report against any relevant Intergovernmental Agreement on Federal Financial Relations interim performance indicators, including those on homelessness and crisis or transitional housing
- Continue work on the Victorian Homelessness Data Collection project
- Help in the development of procedures to transition data collection arrangements from the Supported Accommodation Assistance Program collection to the new national homelessness data system
- Investigate opportunities to contribute to the development of national standards and protocols for the collection of data on homelessness, and investigate emerging information needs, including research and information dissemination

Performance against planned outputs in 2009–10

Finalise a contribution to <i>Australia's welfare 2009</i>	Achieved
Deliver presentations and papers at relevant conferences	Achieved
Produce half-yearly (July to December) and annual agency data reports for each agency contributing to national homelessness services collection arrangements, including Victorian Homelessness Data Collection agencies	Achieved
Produce confidentialised unit record files of homelessness services collections for each state and territory	Achieved
Report against first-cycle COAG performance indicators using national homelessness services collections	Achieved

Additional projects

- Published *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Australia* and eight associated state and territory supplementary tables reports
- Published *Problem gambling among those seeking homelessness services*

Committees

- Housing and Homelessness Information Management Group: Observer at this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Penny Gillespie (Queensland Department of Communities)

- Housing Working Group: Observer at this working group of the Steering Committee for the Review of Government Service Provision; the working group is chaired by Mr John O'Connell (Queensland Department of Treasury)

Data collections managed

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

Problem gambling among those seeking homelessness services



A unique report released by the AIHW in November 2009 found that 2,462 Supported Accommodation Assistance Program (SAAP) support periods provided to homeless clients during 2007–08 involved clients with a gambling problem. This was 1.2% of all support periods.

The Supported Accommodation Assistance Program in New South Wales had the highest proportion of SAAP clients with gambling-related issues (2.0) and Western Australia had the lowest proportion (0.3%).

Affected clients tended to be older and male. Indigenous Australians were less likely to have gambling-related problems—less than 1% of Indigenous clients had gambling problems compared with 1.5% of non-Indigenous clients.

The report's findings present a detailed look at a group of Australians whose needs are particularly complex and specific.

Housing Unit

Unit heads

Ms Kate Mallen (from September 2009)

Ms Tracie Ennis (to September 2009)

What we do

The Housing Unit works with state housing authorities and other state and territory representatives, FaHCSIA and the not-for-profit sector to produce national housing information. In collaboration with these stakeholders,

it develops national data standards, identifies data items for national collection, collects and analyses national housing data, makes data available for policy development and research, and produces national reports on housing and housing assistance. The unit provides data to the Productivity Commission on performance indicators within the framework for the Report on Government Services, as well as those under the National Affordable Housing Agreement, supporting the COAG objectives for transparent and standardised performance information for the public.

Performance against planned outputs in 2009–10

Finalise contribution to <i>Australia's welfare 2009</i>	Achieved
Publish reports under the 2008–09 National Reporting Framework for Indigenous housing:	
<i>Indigenous community housing 2008–09</i>	Achieved
<i>State owned and managed Indigenous housing 2008–09</i>	Achieved
Publish a report using 2008–09 data on 2008–09 Indigenous access to mainstream housing assistance.	Work in progress <i>To be integrated into a report on Indigenous access to housing and homelessness services, to be published 2010–11</i>
Publish a bulletin on children and young people in community housing	Work in progress <i>To be published 2010–11</i>
Publish a bulletin using community housing data for 2008–09	Work in progress <i>Preliminary analysis completed</i>
Publish <i>Public rental housing 2008–09</i>	Achieved
Publish <i>Community housing 2008–09</i>	Achieved
Publish <i>Crisis Accommodation Program 2008–09</i> and release data tables	Achieved
Performance data for two National Affordable Housing Agreement performance indicators and associated quality statements for the 2010 COAG Reform Council report	Achieved
Provide performance data for the Steering Committee for the Review of Government Service Provision's <i>Report on government services 2010</i>	Achieved
Give a presentation at the National Housing Conference	Achieved
Give a presentation at the Social Policy Research Centre Conference	Not achieved <i>Abstract not accepted</i>

Objectives

- Work with the Housing and Homelessness Information Management Group to develop performance indicators and output measures that meet the reporting needs of housing and community services ministers
- Build on the AIHW's positive relationship with key governance groups such as the Housing and Homelessness Policy Research Working Group and the Report on Government Services secretariat, to ensure the unit collects, reports and provides data that meet the needs of these stakeholders
- Initiate discussion with relevant high-level stakeholders on the need for strategic national strategies for housing and homelessness information. These will be based on information needs for reporting mandated under the Intergovernmental Agreement on Federal Financial Relations as well as data for policy development, policy analysis and research
- Build on the data holdings of the National Housing Assistance Data Repository, to ensure it meets the needs of new national reporting requirements and is better able to support a wider range of policy-relevant analysis

Additional projects

- Finalised and published *Indigenous housing needs 2009: a multi-measure needs model* and *Indigenous housing indicators 2007–08*

Committees

- Housing and Homelessness Information Management Group: Member of this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Penny Gillespie (Queensland Department of Communities)
- Housing Working Group: Member of this working group of the Steering Committee for the Review of Government Service Provision; the working group is chaired by Mr John O'Connell (Queensland Department of Treasury)

Data collections managed

- Public Rental Housing data
- State Owned and Managed Indigenous Housing data
- Community Housing data
- Indigenous Community Housing data
- Crisis Accommodation Program data

Housing and Homelessness Analytics and Research Unit

The unit was formerly known as the Housing and Homelessness Coordination Unit.

Unit head

Dr Edmond Hsu

What we do

The Housing and Homelessness Analytics and Research Unit works closely with other housing and homelessness units at the AIHW to develop, measure and report on the COAG performance indicators. Other priorities include developing housing and homelessness data, and carrying out research and evaluation to inform policies for housing and homelessness services. To achieve these goals the unit liaises with a range of external stakeholders including the Housing and Homelessness Information Management Group, the Housing and Homelessness Policy Research Working Group, the ABS, Centrelink, FaHCSIA and various research institutes.

Objectives

- Form partnerships with policy makers, other statistical agencies and researchers to ensure housing and homelessness information is relevant and timely
- Help the housing and homelessness units at the AIHW to produce high-quality performance data to measure progress against goals and targets set by the National Affordable Housing Agreement and associated partnership agreements
- Promote the development of national housing and homelessness minimum data sets, and contribute to data coordination and data linkage activities
- Explore ways of integrating mainstream service data with specialist homelessness service data in order to gain a clearer picture of homeless people's pathways through service systems
- Support the national housing and homelessness research strategy by building on existing data and research to ensure that homelessness intervention is evidence-based

Performance against planned outputs in 2009–10

Finalise contribution to <i>Australia's welfare 2009</i>	Achieved
Develop and deliver homelessness performance indicators to inform 2010 COAG Reform Council reporting	Achieved
Facilitate partnership between the AIHW and a consortium of four academic institutions to undertake homelessness research under the National Homelessness Partnership Agreement. The four academic institutions are Swinburne University of Technology, the Royal Melbourne Institute of Technology, Murdoch University and the National Centre for Social and Economic Modelling of the University of Canberra	Achieved
Prepare agenda papers for the Housing and Homelessness Policy Research Working Group and the Housing and Homelessness Information Management Group	Achieved
Present papers at key conferences	Not achieved <i>Resources transferred to other priority work</i>

Additional projects

- Contributed to a review of the methodology used to produce the ABS's publication *Counting the Homeless 2006*

Committees

- Housing and Homelessness Information Management Group: Member of this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Penny Gillespie (Queensland Department of Communities)

Housing and Homelessness Integration Unit

Unit heads

Ms Moira Hewitt (from January 2010)

Mr Cid Riley (acting May–June 2010)

What we do

The Housing and Homelessness Integration Unit liaises with external stakeholders to further the AIHW's work on developing and reporting housing and homelessness data. External stakeholders include the Housing and Homelessness Policy Research Working Group, the Housing and Homelessness Information Management Group, the Homelessness Working Group, the Homelessness Data Project Board, the Homelessness Delivery Review Board, the ABS, the Productivity Commission and the COAG Reform Council.

The unit works closely with other housing and homelessness units at the AIHW to contribute to the development, measurement and reporting on the performance measures in the National Affordable Housing Agreement and associated partnership agreements as set out in the Intergovernmental Agreement on Federal Financial Relations. A key component of the work program is the development of data and metadata to support reporting, including the development of related national minimum data sets. The unit also develops reports across housing and homelessness that support the measurement of progress towards the targets set out in these agreements.

The unit collaborates with jurisdictions to develop and integrate housing and homelessness data collections, metadata standards, performance reporting requirements and the national performance reporting framework.

Objectives

- Form close partnerships with policy makers, other statistical agencies and researchers to ensure housing and homelessness information is relevant and timely
- Assist the housing and homelessness units at the AIHW to produce high-quality performance data to measure progress against goals and targets set by the National Affordable Housing Agreement and associated Partnership Agreements
- Promote the development of national housing and homelessness national minimum data sets, including making an appropriate contribution to data coordination and data linkage activities
- Explore innovative ideas to integrate mainstream service data with specialist homelessness service data in order to gain a clearer picture of the homeless pathways through service systems
- Support the national homelessness research strategy by assisting the Australian Government to build on existing data and research to ensure that homelessness intervention is evidence-based

Performance against planned outputs in 2009–10

Contribute to the Housing and Homelessness Policy Research Working Group agenda papers	Achieved
Deliver presentation (and papers) at key conferences in 2009–10	Not achieved <i>Focused on establishing new unit</i>

Additional projects

- Developed the client-based Specialist Homelessness Services National Minimum Data Set and began development of the related Specialist Homelessness Establishments National Minimum Data Set
- Liaised with Australian Government agencies (Department of Education, Employment and Workplace Relations; Department of Immigration and Citizenship; Department of Veterans' Affairs; DoHA) to promote the development of homelessness identifiers in their data sets

Committees

- Housing and Homelessness Information Management Group: Member of this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Penny Gillespie (Queensland Department of Communities)
- Homelessness Working Group: Observer at this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Kate Gumley (FaHCSIA)
- Homelessness Data Project Board: Member of this Homelessness Working Group committee, chaired by Ms Julie Waylen (Western Australian Department for Child Protection)

Specialist Homelessness Services Project

Project heads

Ms Penny Siu (from February 2010)
Mr Sean Ackland (to February 2010)

What we do

The Specialist Homelessness Services Project works to improve the evidence base for homelessness issues and services to support the homeless by building a new homelessness data collection. The primary objective of this project is to provide a system that will allow the submission of specialist homelessness client data from service providers, the storage and administration of these data, and a flexible reporting system that will be able to provide reports that support the needs of jurisdictions and homelessness agencies.

The new specialist homelessness services collection will replace the existing Supported Accommodation Assistance Program Data Collection and provide a new client-based measure of homelessness services. The new collection will be the authoritative source of data on services directed specifically to support homeless people. As such it will be an important contributor to the evidence base for monitoring and evaluating homelessness and the effects of reforms in the homelessness sector.

The Specialist Homelessness Services Project will therefore be vital for policy design and evaluation, as well as service improvement and monitoring of specialist homelessness services in Australia. It will further extend the data and experience of the AIHW as the National Data Collection Agency.

Objectives

- Design and document new national data collections for homelessness
- Liaise with relevant AIHW and inter-jurisdictional committees to ensure the necessary agreements are in place to support the collections
- Begin work on building and implementing the collection in 2010
- Support and advise other AIHW housing and homelessness units on homelessness data requirements for the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness, as well as advising on managing these requirements during the transition from existing homelessness collections

Performance against planned outputs in 2009–10

There were no planned outputs for 2009–10.

Committees

- Specialist Homelessness Services Project Board: Secretariat for this project board for the Specialist Homelessness Services Collection; the project board was chaired by the AIHW
- Specialist Homelessness Services User Group: Secretariat for this user group comprising homelessness sector representatives, chaired by the AIHW

Information and Statistics Group

Group heads

Ms Teresa Dickinson

Ms Melanie Taylor (acting at 30 June 2010)

What we do

The Information and Statistics Group is responsible for supporting the statistical excellence of the AIHW through metadata and information management services, data linkage, support and conduct of advanced statistical research and continual improvement of the statistical infrastructure including classifications and standards. It manages the statistical reuse of information from the National Registration and Accreditation Scheme for health professionals as well as providing other information relating to the workforce in health and community services occupations and industries in Australia. The group also produces information related to functioning and disability in Australia from the relevant national minimum data sets that it manages, as well as from analysis of other data on functioning and disability.

Units in this group

- Data Linkage
- Functioning and Disability
- Labour Force
- Metadata Information Services – Information Environment
- Metadata Information Services – METeOR and Metadata

During the year the former Information and Strategy Group was renamed Information and Statistics Group, and a number of functional changes were made:

- the Data Linkage Unit was created from the former Community Services Integration and Justice Health Unit to coordinate and better focus the many data linkage activities being undertaken by the AIHW. The new unit took over responsibility for the National Death Index from the Cancer and Screening Unit, while responsibility for juvenile justice and prisoner health was transferred to the Child and Youth Welfare Unit
- the Functioning and Disability Unit and the Labour Force Unit were transferred to the group
- the former National Data Development and Standards Unit (Metadata Infrastructure Services Unit) was split into two units. Some responsibilities were transferred to the new Governance and Communications Group
- the former Data and Information Technology Unit was split into two units and both were transferred to the Business Group.

Data Linkage Unit

Unit head

Dr Phil Anderson

What we do

The Data Linkage Unit facilitates the development and analysis of person-centred (rather than program-centred) data in order to support whole-of-government and whole-of-life approaches to policy. The unit achieves this by investigating data linkage and analytical methods, by undertaking data linkage and analyses of linked data sets, and by providing leadership and assistance to analyses undertaken elsewhere within the AIHW, through close collaboration with subject matter staff. The unit is the main point of contact with the wider data linkage community. The unit also undertakes record linkage with the National Death Index, the National Cancer Statistics Clearing House and other data to support internal and external linkage-based research projects that have received AIHW Ethics Committee approval.

All data linkage takes place within the strict ethical and privacy arrangements determined by the AIHW's Director and Board.

Objectives

- Develop the AIHW's capacity to fill information gaps through the continued enhancement of data linkage and analytical methodologies
- Support the production of those Intergovernmental Agreement on Federal Financial Relations performance indicators that will be derived from linked data
- Enhance whole-of-government and life-transition views of Australians' health and welfare by undertaking and supporting analyses of linked data
- Increase confidence in and acceptance of data linkage by explaining its benefits and by publicising the AIHW's strong privacy protections
- Develop better ways of presenting key findings from linked data and integrating the findings with other statistical analyses in the AIHW's reports
- Enhance methods and systems to create the data sets required for the AIHW's expanded program of linkage-based statistical analysis and research

Pathways through aged care services

The aged care sector in Australia is very complex, with a wide range of services available to older people in need of assistance. The Pathways in Aged Care cohort study linked aged care assessment data for a cohort of 105,100 people with data sets showing deaths over 4 years and the use of five main aged care programs.

The *Pathways through aged care services: a first look* report presented the first findings from analyses of the pathways cohort, including common care pathways, the time to entry to permanent residential aged care and the time to death after the first assessment for use of aged care services. This report provided information useful for both policy planners and service providers.



Performance against planned outputs in 2009–10

Publish reports and papers on the pathways of older Australians (National Health and Medical Research Council grant):	
a report introducing the Pathways in Aged Care project	Work in progress <i>To be published in 2010–11</i>
<i>Pathways through aged care services: a first look</i>	Achieved
a report and a bulletin on <i>Dementia and the take-up of residential respite care</i>	Achieved
a paper on record linkage across multiple data sets using statistical linkage keys	Achieved
<i>Incorporating HACC use into aged care pathways: a technical report for the PIAC project</i>	Achieved
Report on data linkage methods used for hospital dementia services outcomes	Not achieved <i>Methods broadly described in previous reports</i>
Contribute linkage-based statistical analyses to <i>Australia's health 2010</i> and other AIHW publications	Not achieved <i>Not required</i>
Draft a report on the use of hospitals by people in residential aged care	Work in progress <i>To be published 2010–11</i>
Report on the implementation of the linkage of Supported Accommodation Assistance Program, child protection and juvenile justice data	Work in progress <i>To be published 2010–11</i>

Additional projects

- Finalised contributions to the Ageing and Aged Care chapter and Children, Youth and Families chapter of *Australia's welfare 2009*
- Prepared a report comparing name-based linkage strategies with strategies that use statistical linkage keys (to be published in 2010–11)
- Undertook work to improve the quality of the National Death Index and achieved substantial processing efficiencies
- Undertook work to develop linkage-based COAG performance indicators

Committees

- Data Linkage Working Group: Member of this working group of the Health Policy Priorities Principal Committee; the working group was chaired by DoHA
- Cross Portfolio Statistical Integration Committee Working Group: Member of this committee chaired by ABS

Data collections managed

- National Death Index

Functioning and Disability Unit

Unit heads

Mr Sean Ackland

Ms Tracy Dixon (from January 2010 to May 2010)

Ms Cathy Hales (to November 2009)

What we do

The Functioning and Disability Unit monitors trends in the prevalence of disability in Australia, and measures the need for and use of disability support services. The main focus of disability monitoring is the analysis and dissemination of information on levels of functioning, and types and levels of disability (including disability related to specific health conditions) in the Australian population. The main focus of the disability services monitoring is the collection and analysis of data on specialist disability services provided or funded under the National Disability Agreement,

including the development of data for the purpose of monitoring demand for specialist services. The unit strives to make information about disability and disability services accessible to a wide audience including government, disability service users and service providers, and the general public.

Data development in the area of functioning and disability is a significant area of activity for the unit. This work is done in consultation with the ABS, the Disability Policy and Research Working Group, the National Disability Information Management Group and their associated technical advisory groups, and other stakeholders. It involves the development, promotion and implementation of national and international data standards across the health and community services fields in Australia.

Performance against planned outputs in 2009–10

Contribute to chapters about disability and health in <i>Australia's health 2010</i>	Achieved
Publish <i>Disability support services 2007–08: national data on services provided under the Commonwealth State/Territory Disability Agreement</i>	Achieved
Create online data cubes for the 2007–08 Commonwealth State/Territory Disability Agreement National Minimum Data Set service user data collection	Achieved
Publish <i>Younger People with Disability in Residential Aged Care Program: report on the 2008–09 Minimum Data Set</i>	Achieved
Undertake analysis of disability data in the ABS National Health Survey and ABS Survey of Mental Health and Wellbeing with the publication of bulletins on: <ul style="list-style-type: none"> the health status of Australians with disability the use of health services among Australians with disability 	<p>Work in progress Pending data availability, to be published in 2010–11</p> <p>Work in progress Pending data availability, to be published in 2010–11</p>
Undertake predictive/discriminant analysis of disability service users with high support needs, with the publication of a bulletin on services and support for Australian children with disability	<p>Work in progress Pending data availability, to be published in 2010–11</p>

Objectives

- Support the information requirements of the National Disability Agreement, particularly in the areas of national performance indicators and data development under Priority 1: Better measurement of need
- Strengthen the capacity of the Disability Services National Minimum Data Set to meet the strategic needs of government
- Improve data definitions and data sources for measuring demand for disability services
- Build analytical capability to make greater and enhanced use of existing data on specialist disability services
- Provide leadership on national disability data
- Change the unit's products to better meet the information needs of government, disability service providers, people with disability and their carers, and the broader community

Additional projects

- Published *Disability in Australia: multiple disabilities and need for assistance*
- Undertook work to develop an Autism Spectrum Disorder Register
- Undertook the development of performance indicators and supplied data to support the National Disability Agreement
- Provided a technical advice report on projected disability and disability-free life expectancies between 2010 and 2040 to the Treasury
- Undertook initial planning and design work for a redeveloped Disability Services National Minimum Data Set (previously the Commonwealth State/Territory Disability Agreement National Minimum Data Set)
- Provided advice for the ABS's 2009 Survey of Disability, Ageing and Carers confidentialised unit record file design

Committees

- National Disability Data Network: Secretariat for this National Disability Information Management Group committee, chaired by Ms Alison Crisp (Ageing, Disability and Home Care, Department of Human Services NSW)
- National Disability Information Management Group: Secretariat for this Disability Policy and Research Working Group committee, chaired by Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)
- Disability Policy and Research Working Group: Observer at this working group of the Community and Disability Services Ministers' Advisory Committee; the working group was chaired by Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)
- Disability Services Working Group: Observer at this working group of the Steering Committee for the Review of Government Services; the working group was chaired by Mr Tony Bates (Victorian Department of Treasury and Finance)
- National Disability Strategy Development Officials Working Group Data Sub-group: Member of this committee chaired by Ms Helen Bedford (FaHCSIA)

Data collections managed

- Disability Services National Minimum Data Set collection
- Younger People in Residential Aged Care National Minimum Data Set collection

Labour Force Unit

Unit head

Mr David Braddock

What we do

The Labour Force Unit provides information on the workforce in health and community services occupations and industries in Australia, drawing on a range of AIHW and external data sources. A major focus is the collation of national data collections on the health labour forces, and the production of annual reports and online statistics based on them.

Objectives

- Ensure that future data collation and reporting work links to broader national infrastructure and information needs
- Implement new systems and tools for data from the first year of the National Registration and Accreditation Scheme for health professionals, in consultation with stakeholders
- Ensure that the unit's outputs complement and contribute to the work of the Health Workforce Principal Committee of the Australian Health Ministers' Advisory Council and Health Workforce Australia, including workforce planning projects and work to implement the COAG health workforce reforms

Performance against planned outputs in 2009–10

Contribute to <i>Australia's health 2010</i>	Achieved
Develop online data tables presenting medical and nursing time series data	Achieved
Provide data on health workforce performance indicators for the National Healthcare Agreement	Achieved
Publish <i>Medical labour force 2007</i>	Achieved
Publish <i>Nursing and midwifery labour force 2007</i>	Achieved
Provide an ad hoc data request service	Achieved

Additional projects

- Finalised and published *Eye health labour force in Australia*
- Developed specifications for interim and ongoing health workforce performance indicators for the National Healthcare Agreement
- Finalised the Registered Health Professional Labour Force Data Set Specification and supported effective implementation by the Australian Health Practitioner Regulation Agency
- Continued the preparation of a working paper on a comparison of medical workforce data sources (to be published in 2010–11)

Data collections managed

- Nursing Labour Force Data Collection
- Medical Labour Force Data Collection
- Occupational Labour Force Data Collection
- Pharmacy Labour Force Data Collection
- Physiotherapy Labour Force Data Collection
- Podiatry Labour Force Data Collection
- Psychology Labour Force Data Collection
- Optometry Labour Force Data Collection

Metadata Information Services – Information Environment Unit

Unit head

Mr Gordon Tomes

What we do

The Metadata Information Services – Information Environment Unit monitors changes in the national information environment for health, welfare, housing, disability and community services; liaises within the AIHW to disseminate information and coordinate responses and seeks to shape the emerging environment to ensure the continual improvement of statistical use of data to support better health and welfare outcomes. The unit also supports the AIHW Director in her role

as Head of the Australian Collaborating Centre for the WHO Family of International Classifications, provides advice on best practice for information management and leads the AIHW's engagement with cross-cutting e-health initiatives.

Objectives

- Play a leading role in developing a framework for the statistical uses of data generated in the e-health environment
- Establish a strong contract base for the work of the unit
- Undertake activities for the Australian Collaborating Centre for the WHO Family of International Classifications and improve the supporting governance arrangements

Performance against planned outputs in 2009–10

Publish working papers on e-health issues:

governance framework

Work in progress
Subject to a review of portfolio functions and responsibilities

statistical use of e-discharge summary data

Work in progress
To be published in 2010–11

secondary use service framework

Work in progress
To be published in 2010–11

Additional projects

- Provided support to the Australian Collaborating Centre for the WHO Family of International Classifications – Australian Collaborating Centre, and through its Chair—the AIHW Director—to the WHO Family of International Classifications Network
- Advised on the implications of models for the Individual Healthcare Identifier, and for the reuse of data for statistical purposes, including issues associated with the use of the National Registration and Accreditation Scheme

Committees

- WHO Family of International Classifications Education Committee: Member of this committee of the WHO Family of International Classifications Network
- Clinical Terminology and Information Reference Group: Member of this National E-Health Transition Authority committee, chaired by Dr Michael Legg (Health Informatics Society of Australia)
- General Practice SNOMED Clinical Terminology Reference Set Support Group: Member of this National E-Health Transition Authority committee

- Australian Clinical Terminologies User Group:
Member of this National E-Health Transition
Authority committee

Data classifications managed

- Australian Medicines Terminology (for
internal use)
- SNOMED Clinical Terminology – Australian
Release (for internal use)
- The International Statistical Classification of
Diseases and Related Health Problems, 10th
Revision, Australian Modification (ICD-10-AM)
(for internal use)

Metadata Information Services – METeOR and Metadata Unit

Unit head

Ms Melanie Taylor

What we do

The Metadata Information Services – METeOR and Metadata Unit aims to improve the comparability, consistency, relevance and availability of national health, community services, housing and homelessness information. The unit manages Australia’s national health and community services data definitions and standards, which provide the national infrastructure for the gathering and analysis of information in these areas. The unit also ensures that the AIHW and its many stakeholders have access to, and benefit from, world-leading data standard and metadata management technologies. In particular, the unit manages METeOR—a web-based data standard management system. This system enables the

online creation and dissemination of shared data standards that are the basis of consistent, comparable and linkable data collections.

Objectives

- Support ministerial committees by providing expert assessment of the metadata developed under the Intergovernmental Agreement on Federal Financial Relations
- Manage the metadata development and assessment work program on behalf of the National Health Information Standards and Statistics Committee
- Ensure accessibility of up-to-date national data standards for the health, housing and homelessness, and community services sectors
- Provide effective data standard and metadata management technologies that are responsive to changing user needs and are up to date with emerging trends
- Provide high-quality training, advice and support for users of METeOR technologies

Performance against planned outputs in 2009–10

Publish 'National health data dictionary version 15'	Achieved <i>To be published in August 2010</i>
Publish updates since versions 14.1 and 14.2 of the <i>National health data dictionary version 14</i> on the METeOR website	Achieved
Publish 'National community services data dictionary version 6'	Achieved <i>To be published in August 2010</i>
Publish updates since version 5.1 and 5.2 of the <i>National community services data dictionary version 5</i> on the METeOR website	Achieved <i>An update since version 5.2 was not required in 2009–10 as no further change occurred</i>

Additional projects

- Provided expert assessment of metadata developed under the Intergovernmental Agreement on Federal Financial Relations for data elements, performance indicators and methods for creating subpopulation splits
- Developed the capability to manage performance indicators within METeOR, including the national indicator catalogue web interface
- Provided METeOR helpdesk service and training workshops for the large pool of users and stakeholders distributed across Australia

Social and Indigenous Group

Group head

Dr Fadwa Al-Yaman

What we do

The Social and Indigenous Group is responsible for producing statistics and carrying out analysis and reporting on health and welfare issues relating to children, youth and families, on ageing and aged care, and on Aboriginal and Torres Strait Islander people. The group is also responsible for producing statistics on juveniles in the juvenile justice system and on prisoners' health. The group leads the production of the biennial report on Aboriginal and Torres Strait Islander health and welfare.

The group contributes to the work of a number of national committees such as the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, the National Aboriginal and Torres Strait Islander Health Officials Network, the National Community Services Information Management Group, the International Group for Indigenous Health Measurement, the National Aboriginal and Torres Strait Islander Health Performance Steering Committee, the Social Inclusion Consultative Forum, the Early Childhood Data subgroup and the Australian Early Childhood Index Strategic Policy Committee.

Units in this group

- Ageing and Aged Care
- Child and Youth Welfare
- Children, Youth and Families
- Indigenous Community and Health Service Reporting
- Indigenous Data Gaps
- Indigenous Determinants and Outcomes

During the year the responsibilities of the former Community Services Integration and Justice Health Unit were transferred to the Data Linkage Unit in the Information and Statistics Group and to the Child and Youth Welfare Unit.

Ageing and Aged Care Unit

Unit heads

Ms Gail Brien (from September 2009)

Dr Peter Braun (acting until September 2009)

What we do

The Ageing and Aged Care Unit aims to inform community debate and public policy making in the areas of ageing and aged care through a variety of statistical reporting, research, evaluation and data development projects on the wellbeing, health and service use patterns of older Australians. The unit analyses and disseminates national information on aged care services, the informal care sector, and older people's health and social participation. The unit works closely with the Data Linkage Unit to analyse and report on the dynamics of the aged care system as a whole and its relationship with other key sectors (for example, acute care).

Objectives

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

Performance against planned outputs in 2009–10

Finalise a chapter for <i>Australia's welfare 2009</i> and deliver a conference presentation	Achieved
Contribute to <i>Australia's health 2010</i>	Achieved
Contribute to a report on the health and welfare of Australia's Aboriginal and Torres Strait Islander people	Work in progress <i>To be published in 2010–11</i>
Draft a report on aged care packages in Australia for 2008–09	Achieved
Draft a guide to the Aged Care Funding Instrument data for internal AIHW data users	Work in progress <i>Insufficient staff resources</i>
Contribute a chapter on older people born overseas in non-English-speaking countries for an external publication	Achieved
Draft a report on residential aged care in Australia for 2008–09	Achieved
Contribute to reports on the care pathways of older Australians (National Health and Medical Research Council grant)	Achieved <i>See Data Linkage Unit work group report on page 86</i>
Draft a report on the survey of dementia services in hospitals	Work in progress <i>To be published in 2011–12</i>
Publish a report on latent demand for aged care services	Not achieved <i>Output priority changed to a new report on dementia and the Aged Care Funding Instrument</i>
Contribute to drafting a report on the use of hospitals by people in residential aged care	Work in progress <i>To be published in 2010–11</i>

- Develop the unit's capacity to fill information gaps about the aged care system as a whole and patterns of use by different groups of older people through the analysis of linked aged care data

Additional projects

- Finalised and published *Aged care packages in the community 2007–08: a statistical overview and Carers National Data repository scoping study: final report*
- Redeveloped and enhanced the annual reports on residential aged care services in Australia and on aged care packages in the community in Australia, including by the production and internet posting of data cubes
- Drafted a bulletin examining new variables on health conditions of permanent aged care residents with dementia derived from the Aged Care Funding Instrument that is used to collect data in residential aged care facilities
- Provided expert advice for a Dementia Collaborative Research Centre project that examined the utility of the Aged Care Funding Instrument as a vehicle for improving staff skills and knowledge in care planning and management of behavioural and psychological symptoms of dementia
- Continued working with the Data Linkage Unit to produce updated and more accurate estimates of movements of people between residential aged care and hospital and vice versa, using an event-based data linkage method
- Checked data and data quality statements for the COAG aged care performance indicators provided by DoHA. Contributed to the redevelopment of an aged care performance indicator for use in the 2010–11 report

Committees

- Aged Care Working Group: Member of this working group of the Steering Committee for the Review of Government Service Provision; the working group is chaired by Ms Rebekah Burton (Tasmanian Department of Premier and Cabinet)
- Dementia Collaborative Research Centre Advisory Committee: Member of this committee chaired by Professor Henry Brodaty (Primary Dementia Collaborative Research Centre)
- Dementia Collaborative Research Centre Steering Committee: Member of this committee chaired by Professor Henry Brodaty (Primary Dementia Collaborative Research Centre)
- Survey of Disability, Ageing and Carers Output Reference Group: Member of this ABS committee, chaired by Dr Paul Jelfs (ABS)
- The Dynamic Analyses to Optimise Ageing project Steering Committee: Member of this committee chaired by Professor Kaarin Anstey (Australian National University)

Data collections managed

The unit does not collate any data collections but maintains, documents and analyses national data held at the AIHW on residential aged care, Community Aged Care Packages, Extended Aged Care at Home, Extended Aged Care at Home Dementia, Transition Care, and Home and Community Care.

Child and Youth Welfare Unit

Unit heads

Mr Tim Beard

Ms Cynthia Kim—Technical Advisor

What we do

The Child and Youth Welfare Unit informs community debate and supports the development of public policy in the area of child and youth welfare. The unit coordinates, develops and disseminates relevant, timely national statistical analysis and reporting for a diverse range of child and youth welfare issues. The work of the unit covers the following areas: adoptions, child protection services (including out-of-home care, educational outcomes and family support services), juvenile justice and prisoner health.

Objectives

- Ensure that projects and reporting identify implications for policy development, service

planning and delivery that will improve the quality of life for children and young people

- Improve reporting on children in the child protection system through the development of a unit record data collection, and the development of new collections on foster carers and family support services
- Undertake longitudinal reporting on the educational outcomes of children on guardianship or custody orders
- Improve national data standards and reporting for children in the early childhood education sector
- Expand the range of information collected in the Juvenile Justice National Minimum Data Set and improve the reporting of juvenile justice data to enhance its policy and program relevance
- Develop the prisoner health data collection to provide relevant information to inform policy making

Performance against planned outputs in 2009–10

Finalise chapter on children, youth and families for <i>Australia's welfare 2009</i>	Achieved
Contribute on prisoners' health to <i>Australia's health 2010</i>	Achieved
Publish <i>Adoptions Australia 2008–09</i>	Achieved
Publish <i>Child protection Australia 2008–09</i>	Achieved <i>See the 'snapshot' on page 100</i>
Provide reports to the National Community Services Information Management Group and the Community and Disability Services Ministers' Advisory Council in relation to Stage 2 Educational outcomes of children on guardianship or custody orders	Work in progress <i>To be published in 2010–11</i>
Report to the Community and Disability Services Ministers' Advisory Council on child protection workshop	Not achieved <i>Workshop replaced with inaugural meeting of child protection Performance and Data Working Group</i>
Publish <i>Juvenile justice in Australia 2007–08</i>	Achieved
Publish <i>From corrections to community: a set of indicators of the health of Australia's prisoners</i>	Achieved
Contribute data to child protection section of the Steering Committee for the Review of Government Service Provision's <i>Report on government services 2010</i>	Achieved

Additional projects

- Published *The health of Australia's prisoners 2009* (see the 'snapshot' on page 99)
- Developed a national relative and kinship carers data collection (ongoing development)
- Completed development work on a national foster carers data collection
- Continued analysis of the relationship of the Juvenile Justice National Minimum Data Set with other related data collections, including liaison with the ABS and the Australian Institute of Criminology, and assistance in the development of key performance indicators
- Completed Stage 1 development of national data standards and protocols for early childhood education

Committees

- Juvenile Justice Research and Information Group: Secretariat for this Australasian Juvenile Justice Administrators committee, chaired by Ms Julie Gunn (South Australian Department of Families and Communities)
- Prisoner Health Information Group: Secretariat for this committee chaired by Mr Alun Richards (Queensland Health)
- Performance and Data Working Group (for child protection): Observer at this National

Framework Implementation Working Group committee chaired by Mr Paul Wyles (ACT Department of Disability, Housing and Community Services) and Ms Bette Kill (Queensland Department of Communities)

- Unit Record Working Group (child protection): Secretariat for this Performance and Data Working Group committee chaired by Mr John Prent (Victorian Department of Human Services)

Data collections managed

- Juvenile Justice National Minimum Data Set collection
- Prisoner Health Census collection
- Adoptions data collection
- Child abuse and neglect (child protection) data collection
- Children in out-of-home care (child protection) data collection
- Children on care and protection orders (child protection) data collection
- Intensive family support services (child protection) data collection
- Educational outcomes project (child protection) data collection

Children, Youth and Families Unit

Unit head

Ms Sushma Mathur

What we do

The Children, Youth and Families Unit aims to monitor, investigate and report on the health and wellbeing of Australia's children and young

people. It does this by developing, analysing and disseminating relevant and timely national information and statistics on the health and wellbeing of Australia's children, young people and families. The unit undertakes work in the areas of child and youth health, development and wellbeing, encompassing early childhood development, health status, risk and protective factors, education and employment, family and community environments, and safety and security.



The health of prisoners

After several years' development of the relevant national indicators, the AIHW released *The health of Australia's prisoners 2009*. This report showed that, on average, prisoners have poorer health than the general community. It also reported data relating to communicable diseases, educational attainment, deaths in custody, the use of health services and the types of medications used by prisoners.

Key findings:

Of prison entrants...

- 18% were taking medication for mental health-related conditions
- 43% had had a head injury resulting in a loss of consciousness
- 35% tested positive to hepatitis C, 21% tested positive to the hepatitis B antibody and less than 1% tested positive to HIV
- 74% smoked daily
- 16% suffered from asthma
- 75% had completed Year 10 or less at school
- 25% were Indigenous.

Of prisoners...

- they attended prison clinics an average of twice a week
- many had diabetes and mental health issues—these were very common problems managed in prison clinics
- they took an average of 2.3 medications daily
- 21% were taking medication for mental health-related conditions
- in over 70% of their clinic visits for primary health care the services were provided by nurses.

SNAPSHOT

Performance against planned outputs in 2009–10

Finalise chapter on children, youth and families for <i>Australia's welfare 2009</i>	Achieved
Contribute to the children and youth sections of <i>Australia's health 2010</i>	Achieved
Publish <i>Health and wellbeing of young Australians: indicator framework and key national indicators</i>	Achieved
Draft report on the health and wellbeing of Australia's young people	Work in progress <i>Draft to be reviewed in August 2010</i>
Draft report on Children's Headline Indicators	Work in progress <i>Draft report to be reviewed in September 2010</i>
Electronically disseminate Children's Headline Indicators	Achieved
Produce biannual status reports on Children's Headline Indicators	Achieved
Produce data development information papers for Children's Headline Indicators: shelter, family social network and social and emotional wellbeing	Work in progress <i>To be published in 2010–11</i>

Objectives

- Develop data and expand reporting to further strengthen the policy relevance of the unit's work. This is reflected in several projects that are underway, such as reporting and developing data on the Children's Headline Indicators and for young Australians, and exploring longitudinal data sets of children with disability
- Provide national leadership in statistics and information related to the health and wellbeing of children and youth

Additional projects

- Published *Health and wellbeing of young Australians: technical paper on operational definitions and data issues for key national indicators*
- Developed a reporting framework for early childhood development that will feed

into the Early Childhood Development Information Strategy

- Improved national data standards and reporting for children in the early childhood education sector

Committees

- National Youth Information Advisory Group: Secretariat for this AIHW committee chaired by Professor George Patton (The University of Melbourne)
- Headline Indicator Data Development Expert Working Group: Chair of and secretariat for this AIHW committee
- Early Childhood Data Subgroup: Observer at this group chaired by Mr Tony Cook (Department of Education, Employment and Workplace Relations)

Child protection

It sounds grim: over 200,000 Australian children were the subject of one or more child protection notifications in 2008–09, according to *Child protection Australia 2008–09*.

'Over the past year, the number of children on care and protection orders and the number of children in out-of-home care increased by almost 10%, said Kate Valentine of the AIHW's Child and Youth Welfare Unit.

The corollary of the apparent increase in children needing protection is that child protection services are being used by larger numbers. The figures also suggest an important shift in perceptions.

'The results show greater community awareness, a broadening of what governments regard as child abuse or neglect, and changes in child protection policies and practices', said Ms Valentine.

The report reveals a broad network of intensive family support services across Australia, with 254 services available in 267 locations in 2009.

The aim of these services is to strengthen family relationships, improve families' ability to care for their children and, ultimately, create a nation of more functional, autonomous, harmonious families.

The publication is the 13th annual comprehensive child protection report, and is invaluable to those involved in creating a better future for Australian children and their families.



Indigenous Community and Health Service Reporting Unit

Unit head

Dr Norbert Zmijewski

What we do

The Indigenous Community and Health Service Reporting Unit is responsible for reporting against the Healthy for Life, OATSIH Service Reporting and the Fixing Houses for Better Health projects. The unit is also responsible for mapping services and providing baseline data for the selected Indigenous communities under the National Partnership Agreement on Remote Service Delivery.

Objectives

- Coordinate Intergovernmental Agreement on Federal Financial Relations reporting across the AIHW in relation to reporting on Indigenous Australians
- Develop the concept of access relevant to need
- Develop regional and community profiles for selected areas based on Intergovernmental Agreement on Federal Financial Relations targets
- Work with OATSIH in the streamlining of their reporting requirements for Indigenous-specific primary health-care services

Performance against planned outputs in 2009–10

Contribute text on Indigenous Australians to <i>Australia's health 2010</i>	Achieved
Develop Healthy for Life service reports and final national reports	Achieved
Develop OATSIH Service Reporting national reports	Achieved <i>First report to be published in 2010–11</i>
Develop regional profiles in data that can be disaggregated at community or regional levels	Achieved

Additional projects

- Undertook data development of indicators, definitions, technical specifications and standards for the Healthy for Life project
- Prepared papers comparing performance indicators used in various reporting systems, and on the taxonomy of OATSIH services
- Improved data collections for OATSIH Service Reporting
- Provided advice to DoHA on the development of key performance indicators for primary health
- Contributed to reports on baseline data and mapping of health, aged care, disability and child protection services for FaHCSIA documents in relation to the National

Partnership Agreement on Remote Service Delivery

Committees

- Online System for Comprehensive Activity Reporting Design and Development Working Group: Member of this working group chaired by Mr Kevin Swift (Menzies School of Health Research)

Data collections managed

- Healthy for Life data collection
- OATSIH Service Reporting data collection

Indigenous Data Gaps Unit

The unit was formerly known as the Aboriginal and Torres Strait Islander Program Evaluation and Capacity Building Unit.

Unit heads

Ms Barbara Gray (acting from November 2009)
Ms Tulip Penney (to November 2009)

What we do

The Indigenous Data Gaps Unit manages a range of data activities that seek to improve Indigenous health and welfare data in order to better monitor the COAG's Indigenous Closing the Gap targets.

The unit coordinates and carries out projects to improve the quality of data to monitor outcomes for Indigenous people. It also compiles, analyses and disseminates data on a range of topics related to Aboriginal and Torres Strait Islander health and welfare including the National Indigenous Reform Agreement indicators.

The unit manages the Closing the Gap Clearinghouse that is being delivered in collaboration with the Australian Institute of Family Studies. It is an online source for evidence-based research on what works to overcome Indigenous disadvantage. The Clearinghouse provides access to a single online repository of material, rates the quality of the evidence, and advises on gaps and priorities for future research and evaluation.

Performance against planned outputs in 2009–10

Contribute to a report on the health and welfare of Australia's Aboriginal and Torres Strait Islander people 2011 and the associated web observatory	Work in progress
Provide analyses and data quality statements for second-cycle reporting of the COAG performance indicators for the National Indigenous Reform Agreement and for Indigenous-specific reporting in other COAG agreements	Work in progress <i>To be completed in 2010</i>
Produce a business case for the inclusion of Indigenous status on pathology forms to improve Indigenous information available through health registers	Work in progress <i>Drafted for consideration through Australian Health Ministers' Advisory Council committees</i>
Produce a paper on measuring need and access to services for Aboriginal and Torres Strait Islander people	Work in progress
Produce a report on appropriate methodologies for assessing the quality of Indigenous data in key health data sets and assess the effects on the measurement of COAG targets	Work in progress <i>To be published in 2010–11</i>
Produce guidelines for national best practice for Indigenous data linkage	Work in progress <i>To be published in 2010–11</i>
Produce a Closing the Gap Clearinghouse website providing public access to a repository of material relevant to Aboriginal and Torres Strait Islander issues	Achieved <i>(See the 'snapshot' on page 103)</i>
Produce reviewed and rated assessments of research and evaluations as part of the Closing the Gap Clearinghouse functions	Achieved
Produce a paper on gaps in the available research and evaluation evidence, and on priorities for future research for the Closing the Gap Clearinghouse	Work in progress <i>To be published in 2010–11</i>
Report on the Enhanced Mortality Database for Estimating Indigenous Life Expectancy	Work in progress <i>First stage completed</i>

Objectives

- Increase the accessibility of information through the Closing the Gap Clearinghouse to help policy makers and planners who are involved in programs that seek to close the gap in outcomes between Aboriginal and Torres Strait Islander people and other Australians.

In November 2009, several objectives were added following an expansion of the unit.

- Engage with policy agendas by ensuring that the unit's projects are relevant to the policy, planning and service delivery that relate to closing the gap in outcomes between Indigenous and other Australians
- Improve reporting on outcomes and service delivery for Indigenous Australians through data development and analysis for indicators in the National Indigenous Reform Agreement

and Indigenous indicators in the National Healthcare Agreement

- Improve reporting and analysis relevant to closing the gap by developing and implementing methodologies to assess Indigenous identification in key health data sets
- Improve the quality of data, in particular on life expectancy, for Indigenous Australians through the development of data linkage and national best practice Indigenous data linkage guidelines

Committees

- National Indigenous Reform Agreement Performance Information Management Group: Observer at this COAG Working Group on Indigenous Reform committee chaired by Mr Matthew James (FaHCSIA)



Closing the Gap Clearinghouse

Under the direction of the COAG, the AIHW has, in collaboration with the Australian Institute of Family Studies, established a clearinghouse for evidence on what works to close the gap in Indigenous disadvantage.

The Closing the Gap Clearinghouse includes a collection of material assessed by experts, as well as a general collection of research, evaluations and other material; issues papers and resource sheets commissioned by the Clearinghouse; and a research and evaluation register.

The Clearinghouse relates to the seven building blocks endorsed by COAG:

- early childhood
- economic participation
- governance and leadership
- health
- healthy homes
- safe communities
- schooling.

The Clearinghouse makes it easier for policy makers, service providers and the public to find out what is 'best practice' and most successful in reducing Indigenous disadvantage. Visit the Clearinghouse at <www.aihw.gov.au/closingthegap>.



Indigenous Determinants and Outcomes Unit

Unit head

Dr Indrani Pieris-Caldwell

What we do

The Indigenous Determinants and Outcomes Unit provides information on the health and wellbeing of Aboriginal and Torres Strait Islander Australians through a range of statistical reports, research, evaluation and data quality improvement projects. The unit manages and reports on a major data collection on the Northern Territory Emergency Response Child Health Check Initiative and

associated follow-up care. The unit is responsible for reporting against the Aboriginal and Torres Strait Islander Health Performance Framework, which is published every two years. The unit will also begin a process for evaluating two projects during the next financial year: evaluation of the demonstration projects on improving sexual health in Indigenous youth, and the national best practice guidelines for collecting Indigenous status in health data sets.

Objectives

- In conjunction with OATSIH, work on the evaluation of the Northern Territory Emergency Response Child Health Check Initiative and the Expanding Health Services Delivery Initiative

New data collection guidelines for Indigenous status

All Australians should soon become accustomed to being asked 'Are you of Aboriginal or Torres Strait Islander origin?' when they visit a health service, following the release of new AIHW data collection guidelines.

The *National best practice guidelines for collecting Indigenous status in health data sets* stresses that the question, 'Are you of Aboriginal or Torres Strait Islander origin?' should be asked of all clients, irrespective of appearance, country of birth or whether the staff know of the client or their family background.

According to the COAG National Indigenous Reform Agreement, all states and territories will adopt the guidelines and have them in systematic use by December 2012.

'We know that the question on Aboriginal or Torres Strait Islander origin is not always asked of every client, because staff may not realise the question is important, or they are concerned that this question is sensitive or even discriminatory', said Kerryn Pholi of the AIHW's National Indigenous Data Improvement Support Centre.

'Asking the question helps the design, delivery and evaluation of services to Indigenous Australians. It also helps researchers, policy makers and community organisations who rely on the data to understand and improve the health of Aboriginal and Torres Strait Islander people', Ms Pholi said.

The report includes recommendations for putting the guidelines into practice, and gives useful advice for dealing with common scenarios such as when the client is too ill to be asked or does not speak English, or when Indigenous status has to be established for a deceased person.

Also included are practical and easy guidelines for staff who might be reluctant to ask the question, and examples of clear concise responses if the client wants to know why they are being asked.



- Provide timely and high-quality information necessary to respond to important policy questions
 - How many children are receiving child health checks and follow-up care in remote communities of the Northern Territory?
 - Are children receiving needed and appropriate health care?
- Undertake analysis of data and information for the Aboriginal and Torres Strait Islander Health Performance Framework
 - trajectories for some child mortality target supplementary indicators—infant mortality, low birthweight and antenatal care—were produced
 - this work has been published on the National Indigenous Health Equity Council website

Committees

- Northern Territory Emergency Response Child Health Initiative MoU Management Committee: Member of this AIHW–DoHA committee chaired by Dr Brendan Gibson (OATSIH, DoHA)
- Health Performance Framework Technical Reference Group: Member of this DoHA committee, chaired by Ms Kिरily Harrison (OATSIH, DoHA)
- Social Inclusion Indicator Sub-group: Member of this Department of Prime Minister and Cabinet committee, chaired by Ms Joanne Hillermann (Department of Prime Minister and Cabinet)

Additional projects

- Published *National best practice guidelines for collecting Indigenous status in health data sets*
- Expanded the Northern Territory Emergency Response Child Health Check Initiative data collection to include two data sets on ear, nose and throat services, and surgery
- Completed some preliminary work on trajectories at the national level for the National Indigenous Reform Agreement child mortality target to halve the gap in mortality in children aged under 5 years within a decade (between 2008 and 2018)

Data collections managed

- Northern Territory Emergency Response Child Health Check Initiative data collection

Performance against planned outputs in 2009–10

Contribute to a report on the health and welfare of Australia's Aboriginal and Torres Strait Islander people	Work in progress <i>To be published in 2010–11</i>
Publish <i>Progress of the Northern Territory Emergency Response Child Health Check Initiative: update on results from the Child Health Check and follow-up data collections</i>	Achieved
Publish a report on extended measures for assessing the social and emotional wellbeing for Indigenous Australians	Work in progress <i>Draft completed for consultation</i>
Develop a communication and dissemination strategy for best practice guidelines for collecting Indigenous status information	Achieved
Finalise report on geographical analyses of health status	Work in progress <i>Awaiting decision on population data and other data updates</i>
Finalise a draft report on substance use among Aboriginal and Torres Strait Islander people	Achieved
Produce a report on the outcomes of Aboriginal and Torres Strait Islander Health Data Principles Review	Work in progress <i>Awaiting survey responses</i>
Produce 6-monthly monitoring reports on the Improving Sexual Health in Aboriginal and Torres Strait Islander Demonstration Projects	Achieved

Collaborating units

The AIHW has collaborative arrangements in place during 2009–10 with a number of research organisations, based mainly at universities (see **Appendix 6** on page 157).

The organisations listed below—and in the work group reports that follow—work collaboratively with the AIHW and provide their expertise for specific tasks funded by the AIHW.

- Australian Centre for Asthma Monitoring at the Woolcock Institute of Medical Research Limited
- Australian General Practice Statistics and Classification Centre at The University of Sydney
- Dental Statistics and Research Unit at The University of Adelaide
- National Injury Surveillance Unit at the Flinders University of South Australia
- National Perinatal Statistics Unit at the University of New South Wales

Australian Centre for Asthma Monitoring

The AIHW has an agreement with the Woolcock Institute of Medical Research Limited for the enhanced monitoring of asthma and linked chronic respiratory conditions by the Australian Centre for Asthma Monitoring. The centre is based at the Woolcock Institute of Medical Research in Sydney.

The agreement continues to 30 June 2013.

Unit head

Professor Guy Marks

What we do

The Australian Centre for Asthma Monitoring aims to help in reducing the burden of asthma in Australia by developing, collating and interpreting data relevant to asthma prevention, management and health policy.

Objectives

- Develop a systematic approach to the surveillance of asthma in Australia
- Monitor and report on disease levels and the burden and trends associated with asthma in the general population and specific population groups
- Examine social, geographical and environmental differentials that may influence the disease levels and burden associated with asthma
- Identify the potential for improved asthma prevention and management strategies
- Track the impact of changes in asthma prevention and management strategies
- Develop and manage special projects and collaborations for the integration and enhancement of asthma-related information

Outputs in 2009–10

Finalised the asthma chapter for *Australia's health 2010*

Published *Refining national asthma indicators: Delphi survey and correlation analysis* (e-report)

Published *Burden of disease due to asthma in Australia 2003*

Published *Asthma in Australian children: findings from Growing up in Australia, the Longitudinal Study of Australian Children*

Published the journal article 'Cost is a major barrier to the use of inhaled corticosteroids for obstructive airways disease'

Published 'Asthma in Indigenous Australians: so much yet to do for Indigenous lung health' (editorial)

Published 'Asthma in older adults: a holistic, person-centred and problem-oriented approach' (editorial)

Began work on an overview report on asthma in Australia in 2011

Drafted a report on time trends and geographical variation in re-admissions for asthma

Provided relevant data to the AIHW for an 'Asthma snapshot' website

Australian General Practice Statistics and Classification Centre

The Australian General Practice Statistics and Classification Centre collects and disseminates information on the characteristics of patients of general practitioners and the medical and pharmaceutical prescriptions provided to patients. The AIHW receives funds from DoHA to contribute to the work of the Australian General Practice Statistics and Classification Centre. The centre receives the remainder of its funding from the private sector. The centre is located at the Westmead Hospital campus of The University of Sydney in association with the Family Medicine Research Centre of the university's School of Public Health.

Unit head

Associate Professor Helena Britt

What we do

The Australian General Practice Statistics and Classification Centre continuously collects information about clinical activities in general practice in Australia including characteristics of general practitioners, patients seen, reasons people seek medical care, problems managed and how they are managed by the general practitioners. The centre is also responsible for the development of primary care classification systems.

Objectives

- Provide information about activities in general practice by conducting continuous data collection in general practice and widely disseminating the results
- Continue development and testing of data collection and analytical methods for gathering data through electronic means
- Further develop and maintain classification and terminology systems for primary care

Outputs in 2009–10

Published *General practice activity in Australia, health priorities and policies 1998 to 2008*

Published *General practice activity in Australia 2008–09*

Published *General practice activity in Australia 1999–00 to 2008–09: 10 year data tables*

Data collections managed

- Bettering the Evaluation and Care of Health (BEACH) data collection, as data collector

Dental Statistics and Research Unit

The AIHW has an agreement with The University of Adelaide for the operation of the AIHW Dental Statistics and Research Unit at the university. The unit was established for the purposes of collecting, collating and analysing statistics relating to dental care and oral health, and on dental services and service providers; and for initiating and undertaking associated research studies.

Unit head

Associate Professor David Brennan

What we do

The Dental Statistics and Research Unit aims to improve the oral health of Australians through the collection, analysis and reporting of dental statistics, and through research on dental health status, dental practices and use of dental services, and the dental labour force.

Objectives

- Conduct the Child Dental Health Survey and collect dental labour force statistics
- Produce reports in the form of the 'Dental statistics and research' series, research reports, and 'Data watch' articles
- Undertake data development to meet the Intergovernmental Agreement on Federal Financial Relations reporting requirements

Performance against planned outputs in 2009–10

Publish a report on the Child Dental Health Survey, Australia 2007	Work in progress <i>Awaiting data supply</i>
Publish a brief research report on child oral health	Work in progress <i>Awaiting data supply</i>
Publish a brief research report on the dental labour force	Work in progress <i>Report drafted</i>
Publish an ARCPOH 'Data watch' journal article on the oral health and visiting patterns of Indigenous Australians aged 35–54 years	Achieved
Publish an ARCPOH 'Data watch' journal article on dental specialists in Australia	Achieved

Additional projects

- Conducted the annual Child Dental Health Survey of clinical dental health and dental attendance of about 80,000 children treated by state and territory school dental services
- Collected practice activity statistics for the dental labour force: all registered dentists, dental hygienists, dental therapists and dental technicians
- Undertook data development to support the Intergovernmental Agreement on Federal Financial Relations performance indicators for
 - waiting times for public dentistry
 - number of dental services (public and private) per 1,000 population (by location)
- Finalised and published *Dental health of Australia's teenagers and pre-teen children: the Child Dental Health Survey, Australia 2003–04, Trends in access to dental care among Australian children, Oral health impacts among children by dental visiting and treatment needs and Oral health behaviours in the Australian population 2004–06*

- Finalised and published ARCPOH 'Data watch' journal articles on periodontal diseases in Australian adults, and dental visiting and use of services by older Australians

Committees

- Oral Health Advisory Committee: Member of this South Australian Department of Health committee, chaired by Sinead O'Brien (South Australian Department of Health)

Data collections managed

- Child Dental Health Survey data collection
- Adult Dental Programs Survey data collection
- Dental Labour Force Data Collection
- National Dental Telephone Interview Survey data collection

National Injury Surveillance Unit

The AIHW has an agreement with Flinders University for the operation of the AIHW National Injury Surveillance Unit at the university. The unit was developed for the purposes of informing community discussion and supporting policy making on the prevention and control of injury in Australia by developing, coordinating, interpreting and disseminating relevant information, research and analysis.

Unit head

Associate Professor James Harrison

What we do

The National Injury Surveillance Unit aims to be the main source of national statistical reporting on injury in Australia.

Objectives

- Analyse and report on existing data
- Assess needs and opportunities for new information sources and mechanisms, and for improvement of existing ones
- Develop new information sources and other relevant infrastructure
- Provide advice and other services to assist others who are engaged in injury control and related matters

Performance against planned outputs in 2009–10

<i>Contribute to Australia's health 2010</i>	Achieved
Publish a report on serious injury due to land transport accidents, 2007–08	Work in progress <i>To be published in 2010–11</i>
Publish a report on trends in serious injury due to land transport accidents	Work in progress <i>To be published in 2010–11</i>
Publish a report on injury of Aboriginal and Torres Strait Islander people due to transport	Work in progress <i>To be published in 2010–11</i>
Publish a report on injury hospitalisations for 2007–08	Work in progress <i>To be published in 2010–11</i>
Publish a report on hospitalisations due to falls by older people for 2007–08	Work in progress <i>To be published in 2010–11</i>
Publish a report on injury deaths for 2007–08	Work in progress <i>Awaiting supply of data</i>
Publish a report on Indigenous injury	Work in progress <i>Awaiting population data</i>
Publish a report on alcohol and drug-related injury	Work in progress <i>To be published in 2010–11</i>
Publish a report on obesity and injury	Work in progress <i>To be published in 2010–11</i>

Achievements

- Undertook injury surveillance system enhancement and development work relating to severity measures, Global Burden of Disease methods and use of linked data
- Published *A review of suicide statistics in Australia, Serious injury due to land transport accidents, Australia 2006–07* and *Serious injury due to transport accidents involving a railway train, Australia 2002–03 to 2006–07*
- Finalised and published *Spinal cord injury, Australia 2007–08* and *Injury deaths, Australia 2004–05*
- Undertook development work for a performance indicator on hospital standardised mortality ratios
- Cleaned and prepared morbidity and mortality data relevant to injury surveillance
- Undertook classification enhancement and development work relevant to injury surveillance
- Provided a public information and advisory service
- Provided expert advice and input to relevant AIHW projects and publications
- Contributed to the International Statistical Classification of Diseases and Related Health Problems, 11th Revision

Committees

- International Classification of Diseases Revision Steering Group, Injury and External Causes Topic Advisory Group: Chair of this WHO committee
- National Injury Prevention Working Group: Member of this working group of the Australian Population Health Development Principal Committee; the working group is chaired by Dr Tony Sherbon (South Australian Department of Health)
- National Children's Information Advisory Group: Member of this AIHW committee, chaired by Professor George Patton (University of Melbourne)
- Centre for Automotive Safety Research Advisory Board: Member of this Adelaide University committee, chaired by Mr Tom Phillips (Centre for Automotive Safety Research)
- National Committee for Standardised Reporting on Suicide: Member of this Suicide Prevention Australia committee, chaired by Dr Michael Dudley (Suicide Prevention Australia)

Data collections managed

- Australian Spinal Cord Injury Register

National Perinatal Statistics Unit

The AIHW has an agreement with the University of New South Wales for the operation of the AIHW National Perinatal Statistics Unit at the university. The unit was established for the purposes of providing national leadership in the development and study of statistics relating to perinatal health; collecting, collating and analysing statistics relating to perinatal health; and initiating and undertaking associated research studies.

Unit heads

Associate Professor Tessa Ho (acting from April 2010)
Associate Professor Elizabeth Sullivan

What we do

The National Perinatal Statistics Unit aims to improve the health and wellbeing of mothers and babies in Australia through the collection, analysis and reporting of national reproductive and perinatal health information.

Objectives

- Continue to manage and evolve key data collections
- Publish reports on reproductive and perinatal health that cover pregnancy outcomes, maternal morbidity and mortality, assisted reproduction and congenital anomalies
- Undertake data development work to support the new National Indigenous Reform Agreement and National Health Agreement performance reporting requirements
- Work collaboratively with stakeholders, including DoHA, to liaise and exchange information with stakeholders on future activities and funding opportunities

Additional projects

- Provided statistical advice and information for ad hoc data requests for perinatal information
- Undertook data development in support of new reporting requirements under the Inter-Governmental Agreement for Federal Financial Relations



Australia's mothers and babies

In December 2009, AIHW released the 17th report into births in Australia, drawing on perinatal data collections from all states and territories. *Australia's mothers and babies 2007* presents a comprehensive overview of births in 2007.

The report provides a detailed picture of the circumstances and risk factors associated with mothers and their babies.

It takes into account the demographic, socioeconomic and lifestyle conditions of mothers. As well, it describes the circumstances surrounding the conception and birth of their children, such as the rates of assisted reproductive technology, analgesia use and home births, and the numbers of caesarean sections administered.

The outcomes of the births are also documented, with data provided on perinatal deaths, birthweight and the post-partum wellbeing of the mother.

The overriding message of the report is that Australia's 'baby boom' is continuing, with over 12,000 more births in 2007 than in 2006.

Performance against planned outputs in 2009–10

Contribute to <i>Australia's health 2010</i>	Achieved
Publish <i>Australia's mothers and babies 2007</i>	Achieved
Undertake a comprehensive review of maternal and perinatal morbidity and mortality data collections in Australia	Achieved
Produce data for three National Healthcare Agreement indicators and four National Indigenous Reform Agreement indicators	Achieved
Publish <i>Assisted reproductive technology in Australia and New Zealand 2007</i>	Achieved

- Participated in collaborative work on the evolution of the International Statistical Classification of Diseases and Related Health Problems
- Continued work to include the Indigenous status of the baby in the Perinatal National Minimum Data Set, including stakeholder consultation and consideration by relevant national information committees to proceed with the implementation
- Began consultation with stakeholders on the development of new data items about alcohol use in pregnancy and the number of visits for antenatal care for the Perinatal National Minimum Data Set
- Produced a report on the prevalence of neural tube defects in pregnancies ending in the years 2006–2008. This updates baseline information up to the introduction of mandatory folate and iodine fortification of flour in 2009
- Provided detailed tables for the National Partnership Agreement on Remote Service Delivery
- Provided detailed tables and text for the national 'Outcomes of diabetes in pregnancy for Australian women and their babies' report
- Provided tables for the Children's Headline Indicators, Aboriginal and Torres Strait Islander Health Performance Framework, Young Australians report and Chronic Disease Indicators report

Committees

- Review of Maternal and Perinatal Morbidity and Mortality Data Collections Expert Reference Group: Secretariat for this committee chaired by Professor David Ellwood (Australian National University)
- National Child Information Advisory Group: Member of this AIHW committee chaired by Professor George Patton (University of Melbourne)
- Mortality Statistics Advisory Group: Member of this ABS committee
- Australia and New Zealand Stillbirth Alliance: Member of this committee chaired by Professor David Ellwood (Australian National University)
- Australian and New Zealand Neonatal Network Advisory Committee: Member of this committee chaired by Professor Brian Darlow (University of Otago)
- National Perinatal Data Development Committee: Member of this committee chaired by Ms Sue Cornes (Queensland Department of Health)

Data collections managed

- National Perinatal Data Collection
- Australian Congenital Anomalies Monitoring System collection
- National Maternal Deaths Data Collection

Appendixes

Appendix 1 Legislation	116
Appendix 2 Charter of Corporate Governance	137
Appendix 3 Members of the AIHW Board and the AIHW Ethics Committee.	145
Appendix 4 Executive and unit heads	153
Appendix 5 Participation in national committees	156
Appendix 6 Arrangements with Australian universities and specialist centres.	157
Appendix 7 Publications and papers	158
Appendix 8 Freedom of information statement.	173
Appendix 9 Financial statements	176

Appendix 1 Legislation

The main Commonwealth legislation relating to the AIHW is reproduced below with the exception of the Notes and Schedules.

- **Australian Institute of Health and Welfare Act 1987** An Act to establish the AIHW and for related purposes
- **Australian Institute of Health and Welfare Regulations 2006** These Regulations prescribe the value of contracts into which the AIHW can enter without seeking ministerial approval (see page 134).
- **Australian Institute of Health and Welfare Ethics Committee Regulations 1989** These Regulations prescribe the operations of the AIHW Ethics Committee (see page 135).

The full text of the Act (including the Notes and Schedules) may be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

Australian Institute of Health and Welfare Act 1987

Act No. 41 of 1987 as amended

This compilation was prepared on 22 September 2006 taking into account amendments up to Act No. 101 of 2006.

Information on the history of amendments can be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

Prepared by the Office of Legislative Drafting and Publishing, Attorney-General's Department, Canberra.

Contents

Part I—Preliminary	118
1 Short title.....	118
2 Commencement	118
3 Interpretation.....	118
Part II—Australian Institute of Health and Welfare.....	119
Division 1—Establishment, functions and powers of Institute	119
4 Establishment of Institute	119
5 Functions of the Institute	120
6 Powers of Institute	121
7 Directions by Minister.....	121

Division 2—Constitution and meetings of Institute	122
8 Constitution of Institute	122
9 Acting members	124
10 Remuneration and allowances	124
11 Leave of absence	125
12 Resignation	125
13 Termination of appointment	125
14 Disclosure of interests	126
15 Meetings	126
Division 3—Committees of Institute	126
16 Committees	126
Division 4—Director of Institute	127
17 Director of Institute	127
18 Functions of Director	128
Division 5—Staff	128
19 Staff	128
Part III—Finance	128
20 Money to be appropriated by Parliament	128
22 Money of Institute	129
23 Contracts	129
24 Extra matters to be included in annual report	129
25 Trust money and trust property	129
26 Exemption from taxation	129
Part IV—Miscellaneous	130
27 Delegation by Institute	130
28 Delegation by Director	130
29 Confidentiality	130
30 Restricted application of the <i>Epidemiological Studies (Confidentiality) Act 1981</i>	132
31 Periodical reports	132
32 Regulations	133

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

Part I—Preliminary

1 Short title

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

2 Commencement

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the Australian Institute of Health and Welfare Ethics Committee.

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

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

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

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

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

State Housing Minister means:

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

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

State Welfare Minister means:

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

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

trust money means money received or held by the Institute on trust.

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

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

welfare services includes:

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

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

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

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

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

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

5 Functions of the Institute

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

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

[Health-related functions]

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

[Welfare-related functions]

- (1A) The Institute's welfare-related functions are:
- (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and

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

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

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

6 Powers of Institute

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

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

7 Directions by Minister

- (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.
- (1A) The Minister must consult the Chairperson before giving any direction to the Institute.
- (1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.
- (1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:
 - (a) relates to the Institute's welfare-related functions; and
 - (b) does not concern housing matters.

- (1D) The Minister must consult each State Housing Minister before giving the direction if the direction:
 - (a) relates to the Institute's welfare-related functions; and
 - (b) concerns housing matters.
- (2) The Institute shall comply with any direction given under subsection (1).
- (3) This section does not affect the application of section 28 of the *Commonwealth Authorities and Companies Act 1997* in relation to the Institute.

Division 2—Constitution and meetings of Institute

8 Constitution of Institute

- (1) Subject to subsection (2), the Institute shall consist of the following members:
 - (a) the Chairperson;
 - (b) the Director;
 - (c) a member nominated by the Australian Health Ministers' Advisory Council;
 - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
 - (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
 - (d) the Australian Statistician;
 - (e) the Secretary to the Department;
 - (f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;
 - (fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
 - (fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
 - (fc) a person nominated by the Minister who has expertise in research into public health issues;
 - (g) 3 other members nominated by the Minister;
 - (h) a member of the staff of the Institute elected by that staff.
- (1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:
 - (a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and
 - (b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and
 - (c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and

- (d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
- (a) may be made by one or more bodies; and
 - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
- (a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);
 - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;
 - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
 - (c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General.
- (5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:
- (a) the day on which the poll for the election of the member is held; or
 - (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.
- (7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.
- (8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

9 Acting members

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

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

10 Remuneration and allowances

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

11 Leave of absence

- (1) A full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.
- (2) The Minister may:
 - (a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and

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

12 Resignation

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

13 Termination of appointment

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
 - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
 - (b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;
 - (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
 - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

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

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

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

14 Disclosure of interests

- (3) Sections 27F and 27J of the *Commonwealth Authorities and Companies Act 1997* do not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

15 Meetings

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

Division 3—Committees of Institute

16 Committees

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.

- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
 - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
 - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

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

Division 4—Director of Institute

17 Director of Institute

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

18 Functions of Director

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

Division 5—Staff

19 Staff

- (1) The staff required for the purposes of this Act shall be:
 - (a) persons engaged under the *Public Service Act 1999*; and
 - (b) persons appointed or employed by the Institute.
- (2) For the purposes of the *Public Service Act 1999*:
 - (a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and
 - (b) the Director is the Head of that Statutory Agency.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

Part III—Finance

20 Money to be appropriated by Parliament

- (1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.
- (2) The 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 under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 Delegation by Institute

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

28 Delegation by Director

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

29 Confidentiality

- (1) Subject to this section, a person (in this subsection called the **informed person**) who has:
 - (a) any information concerning another person (which person is in this section called an **information subject**), being information acquired by the informed person because of:
 - (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute;
 or
 - (b) any document relating to another person (which person is in this section also called an **information subject**), being a document furnished for the purposes of this Act; shall not, except for the purposes of this Act, either directly or indirectly:
 - (c) make a record of any of that information or divulge or communicate any of that information

- to any person (including an information subject);
- (d) produce that document to any person (including an information subject); or
- (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.
- Penalty: \$2,000 or imprisonment for 12 months, or both.
- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
- (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
- (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the **information provider**) who divulged or communicated the information, or produced the document, directly to the Institute;
- (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
- (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
- (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
- (ii) the publication does not identify the information subject.
- (2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.
- (2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.
- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
- (4) In this section:
- (a) **court** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
- (b) **person** includes a body or association of persons, whether incorporated or not, and also includes:
- (i) in the case of an information provider—a body politic; or
- (ii) in the case of an information subject—a deceased person;
- (c) **produce** includes permit access to;
- (d) **publication**, in relation to conclusions, statistics or particulars, includes:

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

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

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

31 Periodical reports

- (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:
 - (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
 - (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.
- (1A) The Institute must submit to the Minister:
 - (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
 - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
 - (ii) ending on 30 June 1993; and
 - (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

- (2) The Institute may at any time submit to the Minister:
- (a) a health or welfare report for any period; or
 - (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.
- (3) A health report shall provide:
- (a) statistics and related information concerning the health of the people of Australia; and
 - (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
- during the period to which the report relates.
- (3A) A welfare report must provide:
- (a) statistics and related information concerning the provision of welfare services to the Australian people; and
 - (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
- during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

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

Australian Institute of Health and Welfare Regulations 2006¹

Select Legislative Instrument 2006 No. 352

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 13 December 2006

P. M. JEFFERY
Governor-General

By His Excellency's Command

TONY ABBOTT
Minister for Health and Ageing

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Regulations 2006.

2 Commencement

These Regulations commence on the day after they are registered.

3 Repeal

The Australian Institute of Health and Welfare Regulations are repealed.

4 Definitions

In these Regulations:

Act means the *Australian Institute of Health and Welfare Act 1987*.

5 Contract value limit

For paragraph 23 (a) of the Act, the amount of \$1 500 000 is prescribed.

Australian Institute of Health and Welfare Ethics Committee Regulations 1989

Statutory Rules 1989 No. 118 as amended made under the *Health Act 1987*

This compilation was prepared on 5 April 2002 taking into account amendments up to SR 2002 No. 62.

Information on the history of amendments can be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

Prepared by the Office of Legislative Drafting, Attorney-General's Department, Canberra.

Contents

1 Name of Regulations	135
2 Definition	135
3 Functions	135
4 Composition	136

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Ethics Committee Regulations 1989.

2 Definition

In these Regulations:

identifiable data means data from which an individual can be identified.

3 Functions

The functions of the Ethics Committee are:

- (a) to form an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:
 - (i) activities that are being, or are proposed to be, engaged in by the Institute in the performance of its functions; and
 - (ii) activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and

- (iii) the release, or proposed release, of identifiable data by the Institute for research purposes; having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;
- (b) where appropriate, to revise an opinion so formed or to form another opinion;
- (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
- (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

4 Composition

The Ethics Committee is to consist of the following members:

- (a) a chairperson;
- (b) the Director of the Institute or a nominee of the Director;
- (c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;
- (d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;
- (e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;
- (f) a minister of religion or a person who performs a similar role in a community;
- (g) a lawyer;
- (h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

Examples for paragraph (c)

A medical practitioner, a clinical psychologist, a social worker or a nurse.

Example for paragraph (f)

An Aboriginal elder.

Appendix 2 Charter of Corporate Governance

This charter was revised and approved by the AIHW Board at its March 2010 meeting.

Introduction

The Australian Institute of Health and Welfare (AIHW) exists to describe the Australian health and welfare systems. Reflecting the scope of those systems, the operating environment of the AIHW Board, created by legislation (the *Australian Institute of Health and Welfare Act 1987*—the AIHW Act) is complex.

The AIHW is an Australian Government statutory authority within the Health and Ageing portfolio, reporting directly to the portfolio Minister. The AIHW is defined as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act). As provided for by the AIHW Act, management of the AIHW's affairs is delegated to the Director.

The AIHW Charter of Corporate Governance provides guidance for members and potential members of the AIHW Board to ensure the AIHW operates effectively as an independent agency of government. It defines the roles and responsibilities of individual members, and provides guiding principles to support members through the range of operational and legal issues they encounter in their direction of the AIHW.

Purpose

This charter outlines the framework for the corporate governance of the AIHW.

As a statutory authority of the Australian Government, the AIHW must take into account relevant governing laws. A clear set of instructions and processes outlining the Board's

responsibilities is designed to enable the Board to work effectively within its legislative requirements and in response to the requirements of the organisation. This paper outlines the corporate governance responsibilities of the Board and the structures established to support it.

AIHW's mission and values

The AIHW is guided in all its undertakings by its mission and values.

Mission

Better information and statistics for better health and wellbeing.

Values

Our values are:

- **the APS values**—being apolitical, accountable, sensitive and fair with the highest quality ethics and leadership
- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the needs of those who supply or use our information
- **accessibility**—making information as accessible as possible
- **privacy**—safeguarding the personal and collective privacy of both information subjects and data providers
- **expertise**—applying specialised knowledge and high standards to our work
- **innovation**—showing curiosity, creativity and resourcefulness in what we do.

Roles, powers and responsibilities

1. Governing laws

Enabling legislation

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

Under the AIHW Act, AIHW Board members are collectively also referred to as the AIHW.

The Board may appoint committees as it thinks fit to assist it in performing its functions (section 16).

As a statutory authority, the AIHW is defined in its Act as a body corporate subject to the CAC Act. Directors (members) are subject to legislation that specifies their duties and responsibilities under the CAC Act.

Responsible Minister

The Minister for Health and Ageing is the minister responsible for the AIHW and it is therefore an agency within the Health and Ageing portfolio.

2. Constitution

Section 8(1) of the AIHW Act specifies the constitution of the Board.

The following members are appointed for a term of 3 years, by the Governor-General on the advice of the Minister:

- a chairperson
- a member nominated by the Australian Health Ministers' Advisory Council
- a member nominated by the Community Services Ministers' Advisory Council

- a representative of the Housing Ministers' Advisory Council
- three members nominated by the Minister for Health and Ageing
- a person nominated by the Minister who has knowledge of the needs of consumers of health services
- a person nominated by the Minister who has knowledge of the needs of consumers of welfare services
- a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the Minister who has expertise in research into public health issues.

Directors holding office by virtue of the position they hold—and therefore not appointed—are:

- the Director (AIHW)
- the Australian Statistician (Australian Bureau of Statistics)
- the Secretary of the Department of Health and Ageing (DoHA).

The ABS and DoHA members may formally designate a representative to attend meetings on their behalf.

A member of staff of the AIHW, elected by its staff, is also a member of the Board. The member is appointed annually through a staff ballot.

This position is independent of the official appointment process.

Board members who are Commonwealth or state/territory officers (other than the Director and staff member) are referred to in this document as departmental representatives.

Note: The Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs, and the Chief Executive Officer, National Health and Medical Research Council, or their nominees, attend and participate as observers with the agreement of the Board.

Role of observers

Observers are expected to attend Board meetings. While observers do not have voting rights or cannot participate in Board subcommittees, they can actively participate in discussion at Board meetings and assume the other responsibilities of Board members.

Observers, who represent government departments or agencies, may be permitted to circulate Board papers solely for the purposes of preparing briefing papers for the observer, after seeking approval from the Board.

3. Conduct of Board members

As a statutory authority, the conduct of members of the AIHW Board is prescribed by the CAC Act. Members are bound by the Conduct of Directors, specified in the AIHW Act.

Board members are expected to ensure that they understand their responsibilities under both the CAC and AIHW Acts, and to uphold the AIHW's values.

4. Roles of Board members

Key responsibilities of the AIHW are to:

- provide biennial reports to the Minister and to parliament on Australia's health and Australia's welfare
- establish data standards for health and welfare statistics
- develop knowledge, intelligence and statistics to better inform policy makers and the community.

Role of the Board

The Board sets the overall policy and strategic direction for the AIHW and has broad responsibilities to:

- set the AIHW's mission and values and its strategic goals and directions, including endorsement of its corporate plan and business plan

- maintain the independence of the AIHW
- ensure that the AIHW complies with legislative and administrative requirements
- meet its statutory requirements including making recommendations to the Minister to appoint a Director of the AIHW
- oversee the financial viability of the AIHW, including the two components of its funding arrangements, that is, contractual work and the federal Budget appropriation
- endorse the Annual Report and the audited financial statements (as required by the CAC Act), at a Board meeting
- advocate and promote the contribution of information to improve health and welfare outcomes
- identify and manage the risks that might impact on the AIHW
- monitor the performance of the organisation against its corporate plan and business plan
- secure feedback from stakeholders on the use of AIHW products
- set remuneration for, and assess performance of, the Director
- review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

Role of the Chair (in addition to the role of the Board)

- Chair meetings of the Board and endorse associated processes.
- Extended role in managing formal relationships between the AIHW and the Minister for Health and Ageing; other relevant ministers and key stakeholders.
- Manage significant issues between meetings of the Board.
- Manage the relationship between the Board and the Director of the AIHW.

Role of the Director

- Provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions.
- Manage the affairs of the AIHW in accordance with the AIHW Act and the CAC Act.
- Identify emerging strategic, operational and financial risks to the AIHW and actively implement strategies to mitigate these risks.
- Establish and maintain appropriate working relationships with the portfolio minister and other ministers whose portfolios include activities within the scope of the AIHW.
- Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies, and associated Commonwealth/state forums.
- Liaise as required with non-government bodies associated with the functions of the AIHW.
- Ensure the AIHW provides, either directly or through collaborations with others, high-quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.
- Ensure the Board is properly advised on all matters and discharges its direction in relation to these matters.
- Ensure the security of data provided to the AIHW, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the corporate plan and the business plan.
- Maintain a strong financial position of the AIHW.
- Attract and retain the committed, skilled staff needed to carry out the AIHW's functions.
- Provide an induction briefing to new Board members on the AIHW's functions, its operating and legislative frameworks and members' roles and responsibilities.

Role of staff-elected Board member

- The staff member is a full Board member, with the same responsibilities as other members.

Role of other members

- Act in the best interests of the AIHW. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the AIHW (see also 'Conflict of interests' below.)
- Support the Chair and Director of the AIHW in decision making.
- Participate on Board committees established under s. 16(4) of the AIHW Act.
- Provide input to the Board based on their knowledge and background.

Role of the Secretary

- Provide advice and support to the Board.
- Is independent of the AIHW Director and staff when dealing with sensitive matters related to the Director's employment.

5. Relationships**With management**

Management representatives are invited to attend Board meetings to inform discussion, while having no formal responsibilities.

With stakeholders

Stakeholders are important to the prosperity of the AIHW, in particular the states and territories, given that they are the data and potential funding providers to the Institute. The AIHW also has responsibility to a wide range of key stakeholders from the minister to the whole community. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

With staff

The Chair participates in key AIHW activities, notably the launch of *Australia's health* and *Australia's welfare*, and in developing the corporate plan and the business plan.

The AIHW Act places the employment and terms and conditions of staff under the control of the Director. The Board seeks to ensure the development and welfare of staff, and provides advice to the Director when considered appropriate.

6. Delegation of powers and actions

The AIHW has established itself as a Board and delegated powers for the day-to-day operations of the AIHW to the Director (s. 27).

7. Board processes***Meetings***

The AIHW Act stipulates that the Board shall meet at least once every 4 months. To enable the Board to guide the work of the AIHW, to fit in with the launch of its biennial publications, and to approve the financial statements, the annual report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

On occasion, where issues are to be discussed by independent members only, for example, commercially or personally sensitive issues, the Chair may excuse from discussion the Director, the staff member and departmental representatives.

Agenda and papers

The Director, in consultation with the Chair, formulates the agenda. Any Board member may submit items.

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director

in consultation with group heads, sourced from the AIHW.

Group heads are responsible for providing papers to the Secretary 2 weeks before the meeting date.

Papers are distributed electronically and in hard copy to members at least 1 week before the meeting date.

The Board will consider late papers with the approval of the Chair.

Confidentiality

All papers for Board meetings are considered to be 'Board in Confidence' unless otherwise decided by the Board. Members and staff attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers. Papers may only be distributed to persons other than members and observers for the purpose of briefing Board members and observers.

While departmental members and observers may be supported by seeking adequate briefings from their departmental staff officers, to protect their confidentiality the full set of papers is not to be distributed throughout the department. Where members and observers require briefings on certain items, only the paper covering the item in question may be forwarded to relevant staff within their respective agencies. These papers may not be used for any purpose other than that for which they are intended.

The AIHW makes available records of endorsed minutes to its staff.

The staff-elected member may make available notes on the outcome of issues following a Board meeting, in accordance with agreed release practices.

Minutes

The secretariat notes on the meeting are provided to the Chair directly following the meeting.

The Board Secretary and secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Chair before circulation to all members. The minutes primarily reflect the major decisions from the meeting. Where it is appropriate to do so, a brief background or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are endorsed at the subsequent meeting of the Board. Following endorsement, the Chair signs the minutes which are retained for the official record and are subject to audit scrutiny.

Conflict of interests

The CAC Act requires Board members to disclose their interests relevant to the AIHW's functions, and not participate in decisions where a conflict is declared. The Chair will ask members at the commencement of Board meetings whether there are any conflicts of interest to be declared. A member who considers that he or she may have an interest in the matter shall:

- (i) disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict;
- (ii) provide details of the interest as requested by other members to determine the nature and extent of the interest; and
- (iii) remove themselves physically from the room, if appropriate, while the discussion takes place, unless the Board determines otherwise.

In some cases, Board members could be representing potential purchasers or competitors of the AIHW with regard to contract work. In such a case, a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision making.

Conflict of roles

The Auditor-General has identified that the presence of government officers on the boards of statutory authorities may give rise to a conflict of roles, and has issued advice as follows (adapted to the AIHW's circumstances).

The portfolio Secretary, as a member of the Board, is simultaneously:

- chief policy adviser to the Minister for Health and Ageing and can be expected to oversight the AIHW's compliance with government policy objectives;
- a customer of the AIHW as service provider; and
- a Board member expected to pursue the interests of the AIHW.

If considered necessary for the portfolio Secretary to be excluded from sensitive discussions, such as those concerning forthcoming budget strategy, the Secretary may offer advice and then leave. Relevant papers should not be forwarded on such items.

Concerns by the Secretary as a customer of the AIHW will be pursued through an outside stakeholder consultation process and brought to the attention of the Board as necessary.

In relation to the Australian Statistician, it has been agreed with the Statistician that his agreement to an AIHW survey at the Board will constitute his agreement under s. 5(1)(a) of the AIHW Act, provided he has had adequate notice of the proposal.

Decisions taken

Decisions of the Board are reached generally on a consensus basis. Decisions are recorded in the minutes.

Sections 5(d) and 5(e) of the AIHW Act stipulate that 'all questions shall be decided by a majority of the votes of the members present', and 'the member presiding has a deliberative vote and, if necessary, also has a casting vote'.

Quorum

A quorum is the majority of members at the time of the meeting (s. 15(5)(c)).

Members may provide the Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Chair is absent, the members present shall appoint one of their number to preside.

Remuneration and travel

In accordance with the AIHW Act, Board members who are not Australian Government, state or territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The AIHW makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The AIHW will pay for accommodation and meals where members are required to stay overnight. The AIHW will pay for any appropriate and necessary incidental expenses.

Ensuring continuous improvement

The Board will review its performance each year. Issues reviewed may include its success in pursuing the AIHW's objectives, procedural matters, protocol and clarity of roles, and individual performance.

Induction

New members will be provided with a package including instructions and operations of the Board, and various relevant reading materials published by the AIHW.

Professional development

The Chair may seek professional development opportunities relevant to the operations of the Board.

Indemnity of members

The AIHW provides appropriate indemnity for Board members.

Complaints and dispute resolution

Complaints, including complaints about decisions of the Ethics Committee, are to be referred to the Secretary to the Board in the first instance. The Director will advise the Chair on efforts to resolve the complaint by mediation. If the complaint cannot be resolved in this way, the Chair may decide on an appropriate mediator to determine the complaint or dispute. The Chair shall advise the Board of any such actions, and the outcome. Disputes remaining unresolved after such a process will be referred to the Board for resolution.

8. Board committees**Ethics Committee**

The AIHW Ethics Committee is established under the AIHW Act and has the power to release identifiable data for research purposes. The AIHW is keen to fulfil its function to assist research and analysis of the data which it collects. It recognises that an unduly restrictive data release policy is contrary to the public interest. In recognising these issues the AIHW is also aware of its legislative responsibility to protect the confidentiality of the information it receives; to respect the privacy and sensitivity of those to whom it relates; to maintain high-level data security procedures; and, where appropriate, to incorporate the requirements of its information providers in those procedures.

The Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. Through the committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Ethics Committee provides a yearly report of its operation to both the AIHW for inclusion in the annual report and

also to the National Health and Medical Research Council (NHMRC) for its reporting purposes.

The outcomes of meetings are reported to Board meetings by way of a written summary. At least once a year, the Ethics Committee Chair is invited to a Board meeting to discuss issues related to the work of the committee.

Committee membership is prescribed by legislation and is consistent with the guidelines established by the NHMRC and Medical Research Council for Human Research Ethics Committees.

Members of the committee are appointed by the Board for a period of 3 years.

Audit and Finance Committee

The Audit and Finance Committee is established to:

- ensure the internal auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs
- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the AIHW's financial position and review quarterly financial reports in a form specified by the committee
- ensure the timely tabling of the annual report before the Board
- report to the Board on any matters arising from either the internal audit or the external audit functions about which the Board needs to be informed
- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board
- meet with the external auditor annually
- advise the Board on delegations and performance

- oversight the risk management strategy and advise the Board accordingly.

Membership comprises 3 or 4 persons appointed by the Board. At least three members of the committee shall be non-executive members of the Board, one of whom is appointed as Chair of this committee. One member of the committee may not be a member of the Board. A quorum is a minimum of two members. The AIHW Director shall not be a member of the committee but may be invited to attend the meeting along with other relevant AIHW staff. The internal auditors shall be invited to attend each meeting and provide advice to the committee on financial and audit matters.

Although the committee is only required to report to the Board on its activities every 6 months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on the financial and budgetary issues before it considers each quarterly financial report.

Remuneration Committee

The Remuneration Committee advises the Board on the remuneration of the AIHW Director.

The Remuneration Committee provides performance feedback to the Director and considers an annual review of remuneration, that is, an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The committee works within guidelines issued from time to time by the Remuneration Tribunal. The Remuneration Committee Guidelines also set out the process and timeframes for determining remuneration and performance pay.

Membership currently comprises the Board Chair, the Chair of the Audit and Finance Committee and one other Board member.

Appendix 3 Members of the AIHW Board and the AIHW Ethics Committee

Members of the AIHW Board as at 30 June 2010

Peter Collins, AM, QC RFD, BA, LLB

Chair

Terms: 31 August 2004 – 30 August 2007; 31 August 2007 – 30 August 2010

Mr Collins was appointed Chair of the AIHW in 2004. He served as Chairman of the Cancer Institute (NSW) from 2005 to 2008 and is Chair of St John Ambulance NSW, a director of HostPlus Pty Ltd, and a board member of the Workers Compensation Insurance Fund Investment Board, a position appointed by the New South Wales Government. He is also Managing Director of Barton Deakin Pty Ltd. Mr Collins is a Captain in the Royal Australian Naval Reserve.



Penny Allbon BA (Hons), PhD

Director, AIHW

Term: AIHW Director since February 2006

Dr Allbon was appointed Director of the AIHW in 2006. She has over 20 years of experience in government, at both federal and territory levels and within the financial, health and welfare arenas, including the position of Chief Executive of ACT Health. Dr Allbon has also run her own consultancy, working with the governments of various Pacific Island nations. She has a particular interest in translating the needs of policy makers into relevant data analysis and ensuring that data are user-friendly and timely.



David Filby BA (Hons), PhD

Nominee of the Australian Health Ministers' Advisory Council

Term: 12 August 2009 – 11 August 2012

Dr Filby is an executive consultant to the Australian Health Ministers' Advisory Council and the Department of Health in South Australia. He has worked for over 30 years in the health industry, a number of those as Executive Director of the Department of Health SA and as the Deputy Director-General in Queensland Health. He is the Chair of Helping Hand Aged Care and a member of the executive committee of the Alumni Association, Flinders University of South Australia.



Bette Kill BSc (Hons), MPublic Health

Nominee of the Community and Disability Services Ministers' Advisory Council

Term: 15 May 2008 – 14 May 2011

Ms Kill is an Associate Director-General in the Queensland Department of Communities. She has expertise in public sector leadership and management, strategic policy, program development and service delivery. She is also Chairperson of the National Community Services Information Management Group.



Margaret Crawford BA (Econ), GradDipRecnMgt, MBA

Representative of state and territory housing departments

Term: 4 June 2009 – 3 June 2012

Ms Crawford is the Director of Housing and Executive Director of Housing and Community Building, Department of Human Services Victoria, where she is responsible for providing housing policy advice to government, managing the public housing system, developing housing associations, and developing and managing community building activities. Before that she was the Chief Operating Officer for the Australian Taxation Office, where she oversaw all transaction processing, call management and debt collection operations. She has also worked for the Brisbane City Council as Divisional Manager of Customer and Community Services, and has held senior positions in the New South Wales and Victorian public services.

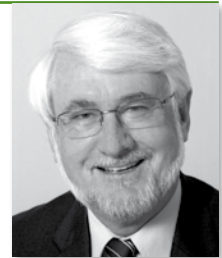


Brian Pink BCom

Australian Statistician, ABS

Term: Ex-officio appointment

Mr Pink is Chair of the OECD Committee on Statistics, Vice-Chair of the United Nations Statistical Commission, Vice-Chair of the Statistics Committee of the United Nations Economic and Social Commission for Asia and the Pacific, Technical Adviser to the OECD Global Project Advisory Board on Measuring the Progress of Societies, and a member of the Executive Bureau of the Conference of European Statisticians. He is also an Australian Electoral Commissioner and a member of the Sectorial Advisory Council for Information and Communication Technology at CSIRO.



Graeme Head

Representing Ms Jane Halton, Secretary, DoHA

Term: Ex-officio appointment

Mr Head is Deputy Secretary in DoHA with responsibility for the Portfolio Strategies Division, Acute Care Division, Health Workforce Division and the South Australian and Western Australian state offices of the department.



Libby Davies BA, Dip Ed*Ministerial nominee representing consumers of welfare services***Terms:** 22 September 1999 – 30 June 2004; 7 August 2008 – 6 August 2011

Over recent years Ms Davies has worked as a senior policy adviser with the Rural Doctors Association of Australia and as a consultant in the areas of social policy, strategic planning and mentoring to the community sector. She is currently working with Frontier Services, a national provider of aged and community services across rural and remote Australia. Ms Davies has held a number of chief executive positions, such as CEO for Family Services Australia, National Director of UnitingCare Australia and Executive Director of the Head Injury Council of Australia (now Brain Injury Australia). She is currently Chair of the board of UnitingCare NSW.ACT and has also held a number of board and representative positions (including at executive and ministerial level) in health, ageing, and family and community services including ACOSS. Before moving into national social policy and advocacy work in community and welfare services, Ms Davies worked in projects of national significance relating to education and national curriculum development, and was a teacher of social sciences.

**Lyn Roberts, AM** BA (Hons), PhD, Dip AsC (Chem)*Ministerial nominee with expertise in research into public health issues***Term:** 12 November 2009 – 11 November 2012

Dr Roberts is the Chief Executive Officer (National) of the National Heart Foundation of Australia and has held this position since 2001. She is Vice-President of the World Heart Federation and is a member of a number of committees including the National Preventative Health Taskforce and the Australian Chronic Disease Prevention Alliance.

**David Stanton** BEc (Hons), MSc (Social Administration)*Ministerial nominee***Term:** 12 November 2009 – 11 November 2012

Mr Stanton is a Visiting Fellow, Crawford School of Economics and Government, The Australian National University. He is also a consultant social security planner and policy analyst with Stanton Strategic Solutions. He was Deputy Chair of the Commonwealth Ministerial Task Force and Reference Group on Child Support and has been a consultant to the Australian National Audit Office. He has previously worked in the Commonwealth Government, including as Director of the Australian Institute of Family Studies and in various positions in the then Department of Social Security and the ABS.



Terry Dwyer, AO FAFPHM, MD, MPH, MBBS*Ministerial nominee***Term:** 12 November 2009 – 11 November 2012

Professor Dwyer is Director of the Murdoch Children's Research Institute. Before that he was Director of the Menzies Research Institute in Tasmania. Professionally he was a member of the National Health and Medical Research Council's Research Advisory Committee and the National Chair of the Gulf War Veterans Study Scientific Advisory Committee. His international roles have included the Chair of the WHO's Western Pacific Region Advisory Committee on Health Research and a member of the WHO's Global Advisory Committee on Health Research. Professor Dwyer is currently also involved in the I4C (International Childhood Cancer Cohort Consortium) and is on the International Scientific Advisory Board of UK Biobank.

**Greg Stewart** MBBS, MPH, FRACMA, FAFPHM*Ministerial nominee***Terms:** 1 September 2006 – 31 August 2009; 12 November 2009 – 11 November 2012

Dr Stewart is a public health physician and was appointed to the position of Director of Population Health, Planning and Performance, Sydney South West Area Health Service, in February 2005. He is a Foundation Fellow of the Australasian Faculty of Public Health Medicine and is currently Honorary Secretary–Treasurer of the faculty. He is also a member of the NSW Medical Board and Sydney Water. His previous experience includes appointments as Deputy Director-General, Population Health, and NSW Chief Health Officer; Chief Executive Officer, Wentworth Area Health Service; Director of Health Services, Central Sydney Area Health Service; Director of Sydney South West Area Health Service Public Health Unit and Medical Officer of Health for the Sydney South West Area Health Service.

**Louise York** BEc, BSc, Grad Dip Population Health*Staff-elected representative***Terms:** 15 May 2008 – 14 May 2009; 12 August 2009 – 11 August 2010

Ms York has worked in various units in the AIHW, in both welfare and health, and is currently head of the Health Performance Indicators Unit.



Members of the AIHW Ethics Committee as at 30 June 2010

Ching Choi BA, PhD

Chair

Terms: 1 July 2007 – 30 June 2010; 1 July 2010 – 30 June 2013

Dr Choi was appointed Chair of the AIHW Ethics Committee in 2007. He is a Senior Visiting Fellow, Social Policy Research Centre, University of New South Wales, and an Adjunct Associate Professor, Australian Demographic and Social Research Institute, College of Arts and Social Sciences, Australian National University.

Dr Choi is a member of the Scientific Reference Group, COAG Indigenous Clearinghouse, and a consultant to the AIHW on various demographic issues. He has worked for the AIHW, the ABS and the Australian Department of Environment, Housing and Community Development. Dr Choi has published a number of papers and reports on various demographic, health and welfare topics.



Malcolm Sim BMedSc, MBBS, MSc (Lond), GDipOccHyg, PhD, FAFOM (RACP), FAFPHM (RACP), FFOM (RCP)

Member representing a person with knowledge of and current experience in the areas of research

Terms: 29 June 2007 – 28 June 2010; 29 June 2010 – 30 June 2013

Professor Sim is an occupational and public health physician and is Director of the Centre for Occupational and Environmental Health in the School of Public Health and Preventive Medicine at Monash University. He is a chief investigator for several national and international studies investigating the role of workplace and environmental hazards in chronic diseases, such as cancer and respiratory disease. Professor Sim has published about 120 research papers in refereed journals and is deputy editor of the international journal *Occupational and Environmental Medicine*, and an associate editor for the *Asia-Pacific Journal of Public Health*. He is active in the International Commission on Occupational Health and is a member of the Ministerial Reference Council for Climate Change Adaptation in Victoria. He was a member of the scientific panel established to investigate the breast cancer cluster at the ABC offices in Toowong and the Human Research Ethics Committee of the Cancer Council Victoria.



David Garratt

Member representing general community attitudes

Term: 26 March 2010 – 25 March 2013

Mr Garratt is a retired principal. His last appointment was as principal of Daramalan College from which he retired in 2008. He has extensive experience in education and has served on committees administering government programs. Mr Garratt was on the founding boards of two schools, St Francis Xavier and Orana School for Rudolf Steiner Education, and was chair of the latter. He was a community representative on the Dickson Neighbourhood Planning Group. Mr Garratt is a board member of the Northside Community Service and the Dialogue Australasia Network, and is currently Chair of the Board of the National Folk Festival.



Camilla Webster BA (Hons), LLB, LLM

Member who is a lawyer

Term: 25 March 2010 – 24 March 2013

Ms Webster is a lawyer. She has worked for various Commonwealth government agencies as specialist adviser on legislation and consultant drafter of legislative instruments. Ms Webster is currently engaged by the Australian Government Solicitor and the Department of Infrastructure on a range of legislative projects.



Wendy Scheil MBBS, FAFPHM, FRACGP, MAE, Dip.OBS, DTM&H, FPC

Member representing a person with knowledge of, and current experience in, the professional care, counselling or treatment of people

Terms: 30 August 2005 – 29 August 2008; 30 August 2008 – 29 August 2011

Dr Scheil is a medical epidemiologist with the South Australian Department of Health. She has worked as a doctor in public hospitals and in the private sector in several states and territories in Australia and in the United Kingdom. Dr Scheil is a Councillor of the Australasian Faculty of Public Health Medicine, a Fellow of the Royal Australian College of General Practitioners and a member of a number of organisations and committees: the Australasian Epidemiological Association, Medical Association for Prevention of War (International Physicians for the Prevention of Nuclear War), Doctors for the Environment and the South Australian Human Ethics Research Committee. Dr Scheil has published a number of papers.



Val Edyvean BA, MAPsS, JP*Member representing the Registrars of Births, Deaths and Marriages***Term:** Ex-officio appointment

Ms Edyvean is a registered psychologist, a professional member of the Australian Society of Archivists and a marriage celebrant. She has worked as a psychologist in clinical and educational fields before moving into project and policy work in early childhood services and then into management in the corporate regulation area. She has since worked in archives and records management, becoming the State Archivist in South Australia and establishing the Public Record Office in that state. She has also worked as a policy analyst working on deregulation, on legislative review in the local government field and for the State Library of South Australia. Ms Edyvean was the research officer – executive officer of a parliamentary standing committee before her appointment as Registrar of Births, Deaths and Marriages in 1997.

**Wendy Antoniak***Member representing general community attitudes***Term:** 28 July 2008 – 27 July 2011

Ms Antoniak has had broad administrative experience in both the public and private sectors and is now mostly retired. She was employed by the Australian National University (ANU) for over 10 years in a range of administrative positions in various areas of the university. Most recently Ms Antoniak was an executive assistant at Saab Systems Pty Ltd and was a membership secretary of Dragons Abreast ACT. Ms Antoniak worked part time in the National Centre for Indigenous Studies, ANU, for 6 months in 2009 and now works part time in the Legal Workshop at the ANU.

**James Barr** BA (Hons), BTheol (Hons), MAppSci*Member who is a minister of religion***Term:** 12 December 2008 – 11 December 2011

Reverend Barr has a background in leadership development and pastoral and community work. His work has ranged from community organising in third-world slums to consulting with companies and government agencies in the field of corporate ethics and leadership development. An ordained Baptist minister, he has been minister of the Collins Street Baptist Church (where he was founding Director of the Urban Mission Unit, now Urban Seed), Director of the Zadok Institute for Christianity and Society, Pastoral Associate with Melbourne Citymission and Senior Minister of the Canberra Baptist Church. He is a former member of the Human Research Ethics Committee of RMIT University and is currently co-minister of the Melbourne Welsh Church.



Penny Allbon BA (Hons), PhD

Director, AIHW

Term: AIHW Director since February 2006

Information about Dr Allbon is provided in her entry under 'Members of the AIHW Board' on page 145.



Appendix 4 Executive and unit heads

The AIHW's Executive and unit heads at 30 June 2010 are listed below. The heads of the collaborating units are also listed.

Director

Penny Allbon BA (Hons), PhD
02 6244 1100 • penny.allbon@aihw.gov.au

Division Head

Ken Tallis (acting), BA, BEc, MLitt, PhD, DPhil
02 6244 1014 • ken.tallis@aihw.gov.au

Business Group

Group Head

Andrew Kettle MA (Hons), CA
02 6244 1010 • andrew.kettle@aihw.gov.au

Finance and Commercial Services Unit

Andrew Tharle BComm, CPA
02 6244 1087 • andrew.tharle@aihw.gov.au

Information and Communications Technology Operations Unit

Stuart Fox BSc (Computing), MBA
02 6244 1117 • stuart.fox@aihw.gov.au

Information Technology Services Unit

Charlie Drummond BSc (Hons) (Human Biology),
Grad Dip Computer Sciences
02 6244 1106 • charlie.drummond@aihw.gov.au

People Unit

Morag Roycroft
02 6244 1034 • morag.roycroft@aihw.gov.au

Economics and Health Services Group

Group Head

Jenny Hargreaves BSc (Hons), Grad Dip
Population Health
02 6244 1019 • jenny.hargreaves@aihw.gov.au

Expenditure and Economics Unit

Richard Juckes BA (Hons)
02 6249 5126 • richard.juckes@aihw.gov.au

Health Care Safety and Quality Unit

Cheryl Harkins BH Service Management, RN
02 6249 5140 • cheryl.harkins@aihw.gov.au

Health Performance Indicators Unit

Louise York BEc, BSc, Grad Dip Population Health
02 6244 1271 • louise.york@aihw.gov.au

Hospitals Unit

George Bodilsen BA, Grad Dip Population Health
02 6244 1157 • george.bodilsen@aihw.gov.au

Mental Health Services Unit

Gary Hanson BPsych, MA
02 6244 1052 • gary.hanson@aihw.gov.au

Governance and Communications Group

Group Head

Alison Verhoeven BA, Grad Dip Education, MLitt,
MBA (Dist)
02 6244 1089 • alison.verhoeven@aihw.gov.au

Communications Media and Marketing Unit

Nigel Harding BA
02 6244 1025 • nigel.harding@aihw.gov.au

Executive Unit

Anne Reader BA (Hons), DIS, MSc (Social Sciences)
02 6244 1033 • anne.reader@aihw.gov.au

Hospitals Website Unit

Louise O'Rance (acting), BMedSc (Hons), PhD
02 6244 1102 • louise.orance@aihw.gov.au

Information Governance Unit

Gary Kent LLB, BCom, Grad Dip Public Law, GAICD
02 6249 5035 • gary.kent@aihw.gov.au

Information Services and Publishing Unit

Judith Abercromby BA (Hons), DipLib
02 6244 1004 • judith.abercromby@aihw.gov.au

Online Communications Unit

Belinda Hellyer BA, MA
02 6244 1026 • belinda.hellyer@aihw.gov.au

Health Group**Group Head**

Lynelle Moon (acting), BMath, Grad Dip Statistics,
Grad Dip Population Health
02 6244 1235 • lynelle.moon@aihw.gov.au

Cancer and Screening Unit

Christine Sturrock BHthSc (Midwifery),
M App Epid, RN, RM
02 6244 1118 • christine.sturrock@aihw.gov.au

Cardiovascular, Diabetes and Kidney Unit

Anne Broadbent (acting), BA
02 6244 1204 • anne.broadbent@aihw.gov.au
Susana Senes, MSc, Grad Dip Computer Science
02 6244 1171 • susana.senes@aihw.gov.au

Drug Surveys and Services Unit

Amber Jefferson BSc
02 6244 1137 • amber.jefferson@aihw.gov.au

Musculoskeletal Diseases Unit

Kuldeep Bhatia PhD
02 6244 1144 • kuldeep.bhatia@aihw.gov.au

Population Health Unit

Mark Cooper-Stanbury BSc
02 6244 1251 • mark.cooper-stanbury@aihw.gov.au

Respiratory Conditions and Primary Care Unit

Adrian Webster BA, BSc, PhD (Sociology),
MPD–AIPM
02 6244 1119 • adrian.webster@aihw.gov.au

Housing and Homelessness Group**Group Head**

Geoff Neideck B Business Studies,
Grad Cert Management
02 6244 1163 • geoff.neideck@aihw.gov.au

Homelessness Data Collection Unit

Alana Shaw (acting)
02 6244 1105 • alana.shaw@aihw.gov.au

Housing Unit

Kate Mallen BPsych (Hons)
02 6244 1107 • kate.mallen@aihw.gov.au

Housing and Homelessness Analytics and Research Unit

Edmond Hsu BSc, Grad Dip Statistics,
MStats, PhD
02 6244 1206 • edmond.hsu@aihw.gov.au

Housing and Homelessness Integration Unit

Moira Hewitt B Health Sc (Nursing),
MA (Women's Studies), M App Epid,
M Applied Sc (Health Informatics)
02 6244 1107 • moira.hewitt@aihw.gov.au

Specialist Homelessness Services Project

Penny Siu BA
02 6249 5081 • penny.siu@aihw.gov.au

Information and Statistics Group**Group Head**

Teresa Dickinson BSc (Hons), MSc, MBA
02 6249 5104 • teresa.dickinson@aihw.gov.au

Data Linkage Unit

Phil Anderson BA, BSc (Hons), PhD
02 6244 1125 • phil.anderson@aihw.gov.au

Functioning and Disability Unit

Sean Ackland BA (Hons)
02 6244 1051 • sean.ackland@aihw.gov.au

Labour Force Unit

David Braddock BSc (Hons)
02 6244 1136 • david.braddock@aihw.gov.au

Metadata Information Services—**Information Environment Unit**

Gordon Tomes BSc
02 6244 1228 • gordon.tomes@aihw.gov.au

Metadata Information Services—METeOR and Metadata Unit

Melanie Taylor BA
02 6244 1261 • melanie.taylor@aihw.gov.au

Social and Indigenous Group**Group Head**

Fadwa Al-Yaman BSc, MA (Population Studies), PhD
02 6244 1146 • fadwa.alyaman@aihw.gov.au

Ageing and Aged Care Unit**Gail Brien** BA

02 6244 1050 • gail.brien@aih.gov.au

Child and Youth Welfare Unit**Tim Beard** BSc, BComm

02 6244 1270 • tim.beard@aih.gov.au

Cynthia Kim BEc (Hons), MPubPol, Grad Cert
Management

02 6244 1213 • cynthia.kim@aih.gov.au

Children, Youth and Families Unit**Sushma Mathur** BMath

02 6244 1067 • sushma.mathur@aih.gov.au

***Indigenous Community and Health Service
Reporting Unit*****Norbert Zmijewski** PhD

02 6244 5014 • norbert.zmijewski@aih.gov.au

Indigenous Data Gaps Unit**Barbara Gray** (acting), BSc (Hons) (Psychology),
Dip Education (Technical)

02 6249 5191 • barbara.gray@aih.gov.au

Indigenous Determinants and Outcomes Unit**Indrani Pieris-Caldwell** BA, Grad Dip

Demography, PhD (Demography)

02 6244 1162 • indrani.pieris-caldwell@aih.gov.au

Collaborating units***Australian Centre for Asthma Monitoring*****Guy Marks** MBBS, PhD, FRACP, FAFPHM

02 9411 0466 • g.marks@unsw.edu.au

***Australian General Practice Statistics and
Classification Centre*****Helena Britt** BA, PhD

02 9845 8155 • helenab@med.usyd.edu.au

Dental Statistics and Research Unit**David Brennan**BA (Hons), Grad Dip Computer and Information
Science, MPH, PhD

08 8303 4046 • david.brennan@adelaide.edu.au

National Injury Surveillance Unit**James Harrison** MBBS, MPH, FAFPHM

08 8201 7602 • james.harrison@flinders.edu.au

National Perinatal Statistics Unit**Elizabeth Sullivan** MBBS, MPH, MMed, FAFPHM

02 9382 1064 • e.sullivan@unsw.edu.au

Appendix 5 Participation in national committees

Listed below are national committees in which the AIHW participates.

Committee	Chair	Role of the AIHW	Committee's parent body
Community and Disability Services Ministers' Advisory Council	Ms Gill Callister (Victorian Department of Human Services)	Observer	Community and Disability Services Ministers' Conference
Disability Policy and Research Working Group	Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)	Member	Community and Disability Services Ministers' Advisory Council
Homelessness Delivery Network	FaHCSIA	Member	Homelessness Delivery Review Board
Homelessness Delivery Review Board	FaHCSIA	Member	Prime Minister's Council on Homelessness
Housing and Homelessness Information Management Group	Ms Penny Gillespie (Queensland Department of Communities)	Secretariat and member	Housing and Homelessness Policy Research Working Group
Housing Ministers' Advisory Committee	Mr Mike Allen (NSW Department of Housing)	Observer	Housing Minister's Conference
National E-Health Transition Authority Board	Mr David Gonski AC	Observer	
National Indigenous Reform Agreement Performance Information Management Group	Mr Matthew James (FaHCSIA)	Secretariat and member	COAG Working Group on Indigenous Reform
National Health Information Standards and Statistics Committee	Dr David Filby (consultant to the Australian Health Ministers' Advisory Council)	Secretariat and member	National e-Health Information Principal Committee
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	Mr Kim Snowball (WA Department of Health)	Secretariat and member	Australian Health Ministers' Advisory Council
National Community Services Information Management Group	Ms Bette Kill (Queensland Department of Communities)	Secretariat and member	Community and Disability Services Ministers' Advisory Council
National Disability Information Management Group	Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)	Secretariat and member	Disability Policy and Research Working Group
National e-Health Information Principal Committee	Ms Fran Thorn (Victorian Department of Human Services)	Member	Australian Health Ministers' Advisory Council
Performance and Data Working Group (for child protection)	Mr Paul Wyles (ACT Department of Disability, Housing and Community Services) and Ms Bette Kill (Queensland Department of Communities)	Member	National Framework Implementation Working Group
Population Health Information Development Group	Co-chaired by Mr Jim Hyde (Victorian Department of Human Services)	Co-chair and secretariat	Australian Population Health Development Principal Committee
Steering Committee for the Review of Government Service Provision	Mr Gary Banks (Productivity Commission)	Observer	COAG

Further national committees that the AIHW contributes to are detailed in **Chapter 5 Work group reports**.

Appendix 6 Arrangements with Australian universities and specialist centres

Listed below are Australian universities and specialist centres with which the AIHW had collaborative arrangements in place during 2009–10.

Arrangements with funding for specialist tasks

- Australian Centre for Asthma Monitoring at the Woolcock Institute of Medical Research Limited
- Australian General Practice Statistics and Classification Centre at The University of Sydney (until 30 June 2010)
- Dental Statistics Research Unit at The University of Adelaide
- National Injury Surveillance Unit at the Flinders University of South Australia
- National Perinatal Statistics Unit at the University of New South Wales

Further information about these AIHW collaborating units can be found in 'Collaborating units' on page 106.

Data-sharing arrangements

- National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases at The Children's Hospital at Westmead: A research associate arrangement
- National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales: A research associate arrangement
- Public Health Information Development Unit of Adelaide Research and Innovation Pty Ltd: For the development of public health data, data systems and indicators (until 30 June 2010)

Other arrangements

- Cooperative Research Centre for Spatial Information: The AIHW is a participant in this unincorporated joint venture of organisations from the corporate, government and university sectors that may agree to perform research and development jointly.

Appendix 7 Publications and papers

AIHW publications

The staff of the AIHW and collaborating units produced 119 publications in 2009–10. The average length was 93 pages.

All publications are available free of charge on the AIHW's website, mostly in PDF and RTF. The AIHW invites any user experiencing difficulty accessing publications to contact it.

Many publications are available in printed form; there is a charge for most of these. For details, see <<http://www.aihw.gov.au/publications>>.

Aboriginal and Torres Strait Islander health and welfare

Indigenous community housing 2008–09. Cat. no. HOU 229. Canberra: AIHW, 2010.

Indigenous housing indicators 2007–08. Cat. no. HOU 212. Canberra: AIHW, 2009.

Progress of the Northern Territory Emergency Response Child Health Check Initiative: update on results from the Child Health Check and follow-up data collections. Cat. no. IHW 28. Canberra: AIHW, 2009.

Ageing and aged care

Aged care packages in the community 2007–08: a statistical overview. Cat. no. AGE 60. Canberra: AIHW, 2009.

Carers National Data Repository scoping study: final report. Cat. no. AGE 59. Canberra: AIHW, 2009.

Dementia and the take-up of residential respite care. Cat. no. AUS 124. Canberra: AIHW, 2010.

Dementia and the take-up of residential respite care: an analysis using the PIAC cohort. Cat. no. CSI 9. Canberra: AIHW, 2010.

Pathways through aged care services: a first look. Cat. no. AUS 116. Canberra: AIHW, 2009.

Alcohol and other drugs

Alcohol and other drug treatment services in Australia 2007–08: findings from the National Minimum Data Set. Cat. no. AUS 118. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in Australia 2007–08: report on the National Minimum Data Set. Cat. no. HSE 73. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in New South Wales 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 77. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in South Australia 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 80. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in Tasmania 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 81. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in the Australian Capital Territory 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 76. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in the Northern Territory 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 79. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in Victoria 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 82. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in Western Australia 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 83. Canberra: AIHW, 2009.

Alcohol and Other Drug Treatment Services National Minimum Data Set 2010–11: specifications and collection manual. Cat. no. PHE 125. Canberra: AIHW, 2010.

National Opioid Pharmacotherapy Statistics Annual Data collection: 2009 report. Cat. no. AUS 125. Canberra: AIHW, 2010.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2010 collection: data guide. Cat. no. WP 64. Canberra: AIHW, 2010.

Cancer

Breast cancer in Australia: an overview, 2009. Cat. no. CAN 46. Canberra: AIHW, 2009.

BreastScreen Australia monitoring report 2005–2006. Cat. no. CAN 44. Canberra: AIHW, 2009.

Cervical screening in Australia 2007–2008. Cat. no. CAN 50. Canberra: AIHW, 2010.

Gynaecological cancer projections 2010–2015. Cat. no. CAN 49. Canberra: AIHW, 2010.

National Bowel Cancer Screening Program: annual monitoring report 2009. Cat. no. CAN 45. Canberra: AIHW, 2009.

Ovarian cancer in Australia: an overview, 2010. Cat. no. CAN 48. Canberra: AIHW, 2010.

Risk of invasive breast cancer in women diagnosed with ductal carcinoma in situ in Australia between 1995 and 2005. Cat. no. CAN 47. Canberra: AIHW, 2010.

Cardiovascular disease

Cardiovascular disease mortality: trends at different ages. Cat. no. CVD 47. Canberra: AIHW, 2010.

Cardiovascular medicines and primary health care: a regional analysis. Cat. no. CVD 48. Canberra: AIHW, 2010.

Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors. Cat. no. PHE 118. Canberra: AIHW, 2009.

Women and heart disease: cardiovascular profile of women in Australia. Cat. no. CVD 49. Canberra: AIHW, 2010.

Women and heart disease: summary. Cat. no. CVD 50. Canberra: AIHW, 2010.

Children, youth and families

Adoptions Australia 2008–09. Cat. no. CWS 36. Canberra: AIHW, 2010.

Child protection Australia 2008–09. Cat. no. CWS 35. Canberra: AIHW, 2010.

Health and wellbeing of young Australians: indicator framework and key national indicators. Cat. no. AUS 123. Canberra: AIHW, 2010.

Health and wellbeing of young Australians: technical paper on operational definitions and data issues for key national indicators. Cat. no. WP 63. Canberra: AIHW, 2010.

Juvenile justice in Australia 2007–08. Cat. no. JUV 5. Canberra: AIHW, 2009.

Corporate publications

AIHW access no. 26. Cat. no. HWI 104. Canberra: AIHW, 2009.

AIHW access no. 27. Cat. no. HWI 105. Canberra: AIHW, 2010.

Annual report 2008–09. Cat. no. AUS 119. Canberra: AIHW, 2009.

Data standards

Creating nationally-consistent health information: engaging with the national health information committees. Cat. no. CSI 8. Canberra: AIHW, 2010.

From corrections to the community: a set of indicators of the health of Australia's prisoners. Cat. no. AUS 120. Canberra: AIHW, 2009.

Indigenous identification in hospital separations data: quality report. Cat. no. HSE 85. Canberra: AIHW, 2010.

National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW, 2010.

Refining national asthma indicators: Delphi survey and correlation analysis. Australian Centre for Asthma Monitoring. Cat. no. ACM 15. Canberra: AIHW, 2009.

Towards national indicators of safety and quality in health care. Cat. no. HSE 75. Canberra: AIHW, 2009.

Dental health

Dental health of Australia's teenagers and pre-teen children: the Child Dental Health Survey, Australia 2003–04. Brennan D S & Armfield JM. Cat. no. DEN 199. Adelaide: AIHW DSRU, 2010.

Oral health behaviours in the Australian population 2004–06. AIHW Dental Statistics and Research Unit. Cat. no. DEN 197. Adelaide: AIHW DSRU, 2009.

Oral health impacts among children by dental visiting and treatment needs. AIHW Dental Statistics and Research Unit. Cat. no. DEN 200. Adelaide: AIHW DSRU, 2009.

Trends in access to dental care among Australian children. Spencer A J & Ellershaw A. Cat. no. DEN 198. Canberra: AIHW, 2009.

Diabetes

Diabetes prevalence in Australia: an assessment of national data sources. Cat. no. CVD 46. Canberra: AIHW, 2009.

Insulin-treated diabetes in Australia 2000–2007. Cat. no. CVD 45. Canberra: AIHW, 2009.

Functioning and disability

Disability in Australia: multiple disabilities and need for assistance. Cat. no. DIS 55. Canberra: AIHW, 2009.

Disability support services 2007–08: national data on services provided under the Commonwealth State/Territory Disability Agreement. Cat. no. DIS 56. Canberra: AIHW, 2009.

Younger People with Disability in Residential Aged Care Program: report on the 2008–09 Minimum Data Set. Cat. no. DIS 57. Canberra: AIHW, 2010.

General practice

General practice activity in Australia 1999–00 to 2008–09: 10 year data tables. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Valenti L et al. Cat. no. GEP 26. Canberra: AIHW, 2009.

General practice activity in Australia 2008–09. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Pan Y et al. Cat. no. GEP 25. Canberra: AIHW, 2009.

General practice in Australia, health priorities and policies 1998 to 2008. Britt H, Miller GC, Charles J, Valenti L, Henderson J, Pan Y et al. Cat. no. GEP 24. Canberra: AIHW, 2009.

Health and welfare expenditure

Estimating the impact of selected National Health and Hospitals Reform Commission (NHHRC) reforms on health care expenditure, 2003 to 2033. Cat. no. HWE 45. Canberra: AIHW, 2009.

Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07. Cat. no. HWE 48. Canberra: AIHW, 2009.

Funding sources for admitted patients in Australian hospitals, 2005–06. Cat. no. HWE 44. Canberra: AIHW, 2009.

Health care expenditure on chronic kidney disease in Australia 2004–05. Cat. no. PHE 117. Canberra: AIHW, 2009.

Health expenditure Australia 2007–08. Cat. no. HWE 46. Canberra: AIHW, 2009.

Health expenditure for arthritis and musculoskeletal conditions, 2004–05. Cat. no. PHE 115. Canberra: AIHW, 2009.

Health system expenditure on disease and injury in Australia, 2004–05. Cat. no. HSE 87. Canberra: AIHW, 2010.

Public health expenditure in Australia, 2007–08. Cat. no. HWE 47. Canberra: AIHW, 2009.

Health and welfare information

A guide to Australian eye health data. 2nd edition. Cat. no. PHE 119. Canberra: AIHW, 2009.

Incorporating HACC use into aged care pathways: a technical report for the PIAC project. Cat. no. CSI 7. Canberra: AIHW, 2009.

Monitoring the impact of air pollution on asthma in Australia: a methods paper. Cat. no. ACM 18. Canberra: AIHW, 2010.

Health and welfare labour force

Eye health labour force in Australia. Long R. Cat. no. PHE 116. Canberra: AIHW, 2009.

Medical labour force 2007. Cat. no. HWL 45. Canberra: AIHW, 2009.

Nursing and midwifery labour force 2007. Cat. no. HWL 44. Canberra: AIHW, 2009.

Health and welfare services and care

Australian hospital statistics 2008–09. Cat. no. HSE 84. Canberra: AIHW, 2010.

Australia's health 2010. Cat. no. AUS 122. Canberra: AIHW, 2010.

Australia's health 2010—in brief. Cat. no. AUS 126. Canberra: AIHW, 2010.

Australia's hospitals 2008–09 at a glance. Cat. no. HSE 89. Canberra: AIHW, 2010.

Australia's welfare 2009. Cat. no. AUS 117. Canberra: AIHW, 2009.

Medication use for arthritis and osteoporosis. Cat. no. PHE 121. Canberra: AIHW, 2010.

Mental health services in Australia 2006–07. Cat. no. HSE 74. Canberra: AIHW, 2009.

Primary carers of people with arthritis and osteoporosis. Cat. no. PHE 124. Canberra: AIHW, 2010.

Housing and homelessness

Community housing 2008–09. Cat. no. HOU 217. Canberra: AIHW, 2010.

Counting the homeless 2006: Australian Capital Territory. Chamberlain C & MacKenzie D. Cat. no. HOU 207. Canberra: AIHW, 2009.

Counting the homeless 2006: New South Wales. Chamberlain C & MacKenzie D. Cat. no. HOU 204. Canberra: AIHW, 2009.

Counting the homeless 2006: Northern Territory. Chamberlain C & MacKenzie D. Cat. no. HOU 210. Canberra: AIHW, 2009.

Counting the homeless 2006: Queensland. Chamberlain C & MacKenzie D. Cat. no. HOU 205. Canberra: AIHW, 2009.

Counting the homeless 2006: South Australia. Chamberlain C & MacKenzie D. Cat. no. HOU 206. Canberra: AIHW, 2009.

Counting the homeless 2006: Tasmania.
Chamberlain C & MacKenzie D. Cat. no. HOU 208.
Canberra: AIHW, 2009.

Counting the homeless 2006: Victoria.
Chamberlain C & MacKenzie D. Cat. no. HOU 203.
Canberra: AIHW, 2009.

Counting the homeless 2006: Western Australia.
Chamberlain C & MacKenzie D. Cat. no. HOU 209.
Canberra: AIHW, 2009.

Crisis Accommodation Program 2008–09. Cat. no. HOU 228. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Australia. Cat. no. HOU 219. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Australian Capital Territory supplementary tables. Cat. no. HOU 220. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 New South Wales supplementary tables. Cat. no. HOU 223. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Northern Territory supplementary tables. Cat. no. HOU 221. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Queensland supplementary tables. Cat. no. HOU 224. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 South Australia supplementary tables. Cat. no. HOU 225. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual

report 2008–09 Tasmania supplementary tables. Cat. no. HOU 227. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Victoria supplementary tables. Cat. no. HOU 222. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Western Australia supplementary tables. Cat. no. HOU 226. Canberra: AIHW, 2010.

Indigenous housing needs 2009: a multi-measure needs model. Cat. no. HOU 214. Canberra: AIHW, 2009.

Problem gambling among those seeking homelessness services. Cat. no. HOU 215. Canberra: AIHW, 2009.

Public rental housing 2008–09. Cat. no. HOU 218. Canberra: AIHW, 2010.

State owned and managed Indigenous housing 2008–09. Cat. no. HOU 216. Canberra: AIHW, 2010.

Injury

A review of suicide statistics in Australia. Harrison JE, Pointer S & Abou Elnour A. Cat. no. INJCAT 121. Adelaide: AIHW NISU, 2009.

Injury deaths, Australia 2004–05. Henley G & Harrison JE. Cat. no. INJCAT 127. Adelaide: AIHW NISU, 2009.

Serious injury due to land transport accidents, Australia 2006–07. Henley G & Harrison JE. Cat. no. INJCAT 129. Adelaide: AIHW NISU, 2009.

Serious injury due to transport accidents involving a railway train, Australia 2002–03 to 2006–07. Henley G & Harrison JE. Cat. no. INJCAT 130. Adelaide: AIHW NISU, 2009.

Spinal cord injury, Australia 2007–08. Norton L. Cat. no. INJCAT 128. Adelaide: AIHW NISU, 2010.

Perinatal health

Assisted reproductive technology in Australia and New Zealand 2007. Wang YA, Chambers GM, Dieng M & Sullivan EA. Cat. no. PER 47. Canberra: AIHW, 2009.

Australia's mothers and babies 2007. Laws P & Sullivan EA. Cat. no. PER 48. Sydney: AIHW NPSU, 2009.

Population health

A snapshot of men's health in regional and remote Australia. Cat. no. PHE 120. Canberra: AIHW, 2010.

Asthma among older people in Australia. Gall M. Cat. no. ACM 19. Canberra: AIHW, 2010.

Asthma in Australian children: findings from Growing Up in Australia, the Longitudinal Study of Australian Children. Australian Centre for Asthma Monitoring. Cat. no. ACM 17. Canberra: AIHW, 2009.

Asthma, chronic obstructive pulmonary disease and other respiratory diseases in Australia. Cat. no. ACM 20. Canberra: AIHW, 2010.

Burden of disease due to asthma in Australia 2003. Cat. no. ACM 16. Canberra: AIHW, 2009.

Risk factors and participation in work. Cat. no. PHE 122. Canberra: AIHW, 2010.

The health of Australia's prisoners 2009. Cat. no. PHE 123. Canberra: AIHW, 2010.

The problem of osteoporotic hip fracture in Australia. Cat. no. AUS 121. Canberra: AIHW, 2010.

Safety and quality of health care

Public and private sector medical indemnity claims in Australia 2006–07: a summary. Cat. no. HSE 86. Canberra: AIHW, 2010.

Journal articles

Journal articles by AIHW staff

The staff of the AIHW produced five journal article articles in 2009–10.

Catanzariti L, Faulks K, Moon L, Waters A-M, Flack J & Craig ME 2009. Australia's national trends in the incidence of Type 1 diabetes in 0–14-year-olds, 2000–2006. *Diabetic Medicine* 26(6):596–601.

Chen L, Tonkin AM, Moon L, Mitchell P, Dobson A, Giles G et al. 2009. Recalibration and validation of the SCORE risk chart in the Australian population: the AusSCORE chart. *European Journal of Cardiovascular Prevention & Rehabilitation* 16(5):562–70.

Karmel R, Anderson P, Gibson D, Peut A, Duckett S & Wells Y 2010. Empirical aspects of record linkage across multiple data sets using statistical linkage keys: the experience of the PIAC cohort study. *BMC Health Services Research* 10:41.

Karmel R, Gibson D, Lloyd J & Anderson P 2009. Transitions from hospital to residential aged care in Australia. *Australasian Journal on Ageing* 28:198–205.

Peut I A & Seebus I 2010. The cultural diversity of older Australians. In: Mackinlay E (ed.). *Ageing and spirituality across faiths and cultures*. London: Jessica Kingsley Publishers, 40–56.

Journal articles by staff of the AIHW's collaborating units

The staff of the AIHW's collaborating units produced 50 journal articles in 2009–10.

Abou Elnour A & Harrison JE 2009. Suicide decline in Australia: where did the cases go? *Australian and New Zealand Journal of Public Health*. 33(1):67–9.

Amarasena N, Spencer AJ, Ou Y & Brennan DS 2010. Dentine hypersensitivity—Australian dentists' perspective. *Australian Dental Journal* 55(2):181–7.

Ampon RD, Reddel HK, Correll PK, Poulos LM & Marks GB 2009. Cost is a major barrier to the use of inhaled corticosteroids for obstructive airways disease. *Medical Journal of Australia* 191(6):319–23.

Australian Research Centre for Population Oral Health 2009. Oral Health and visiting patterns of Indigenous Australian adults aged 35–54 years. Data watch. *Australian Dental Journal* 54(3):271–3.

Australian Research Centre for Population Oral Health 2009. Periodontal diseases in the Australian adult population. Data watch. *Australian Dental Journal* 54(4):390–3.

Australian Research Centre for Population Oral Health 2010. Dental specialists in Australia. Data watch. *Australian Dental Journal* 55(1):96–100.

Australian Research Centre for Population Oral Health 2010. Dental visiting and use of dental services among the Australian older population. Data watch. *Australian Dental Journal* 55(2):223–7.

Ben-Tovim DI, Woodman RJ, Hakendorf PH & Harrison JE 2009. Standardised mortality ratios. Neither constant nor a fallacy. Letter. *British Medical Journal* 338.

Berry JG, Harrison JE & Ryan P 2009. Hospital admissions of Indigenous and non-Indigenous Australians due to interpersonal violence, July 1999 to June 2004. *Australian and New Zealand Journal of Public Health* 33(3):215–22.

Berry JG, Jamieson LM & Harrison JE 2010. Head and traumatic brain injuries among Australian children, July 2000– June 2006. *Injury Prevention* 16(3):198–202.

Bhalla K, Harrison JE, Abraham J, Borse NN, Lyons R, Boufous S et al. 2009. Data sources for improving estimates of the global burden of injuries: call for contributors. *PLoS Medicine*. 6(1):0022–0024.

Bradley CE, Harrison JE & Abou Elnour A 2010. Appearances may deceive: what's going on with

Australian suicide statistics? Editorial. *Medical Journal of Australia* 192(8):428–9.

Brennan DS & Spencer AJ 2009. Stability of practice beliefs and preferences for patients among private general dentists: a comparison of 1997 and 2007. *Australian Dental Journal* 54(3):198–203.

Brennan DS, Singh KA, Liu P & Spencer AJ 2010. Fruit and vegetable consumption among older adults by tooth loss and socio-economic status. *Australian Dental Journal* 55(2):143–9.

Bryan-Hancock C & Casey S 2010. Psychological maturity of at-risk juveniles, young adults and adults: implications for the justice system. *Psychiatry, Psychology and Law* 17(1):57–69.

Burgess T, Crocombe LA, Kelly J & Seet P 2009. The effect of cultural background on the academic adjustment of first year dental students. *Ergo* 1(2):5–14.

Charles J, Britt H & Fahridin S 2009. Glaucoma. *Australian Family Physician* 38(10):763.

Charles J, Britt H & Fahridin S 2010. COPD. *Australian Family Physician* 39(3):93.

Charles J, Britt H & Fahridin S 2010. Croup. *Australian Family Physician* 39(5):269.

Charles J, Britt H & Fahridin S 2010. NESB patients. *Australian Family Physician* 39(4):187.

Charles J, Fahridin S & Britt H 2009. Bites and stings. *Australian Family Physician* 38(11):861.

Charles J, Fahridin S & Britt H 2009. Carpal tunnel syndrome. *Australian Family Physician* 38(9):665.

Fahridin S & Miller G 2009. Management of HIV/AIDS. *Australian Family Physician* 38(8):573.

Fahridin S & Miller G 2009. Presentations of rash. *Australian Family Physician* 38(7):475.

Fahridin S & Miller G 2010. Musculoskeletal injuries. *Australian Family Physician* 39(1–2):11.

- Flood L & Harrison JE 2009. Epidemiology of basketball and netball injuries that resulted in hospital admission in Australia, 2000–2004. *Medical Journal of Australia* 190(2):87–90.
- Finch CF, Day L, Donaldson A, Segal L & Harrison JE 2009. Determining policy-relevant formats for the presentation of falls research evidence. *Health Policy* 93(2–3):207–13.
- Henderson J, Miller G, Britt H & Pan Y 2010. Effect of computerisation on Australian general practice: does it improve the quality of care? *Quality in Primary Care* 18(1):33–47.
- Henderson JV, Harrison CM & Britt HC 2010. Computerised prescribing: assessing the impact on prescription repeats and on generic substitution of some commonly used antibiotics. Letter. *Medical Journal of Australia* 192(9):543–4.
- Homer C, Clements V, McDonnell N, Peek M & Sullivan EA 2009. Maternal mortality: what can we learn from stories of postpartum haemorrhage? *Women and Birth* 22(3):97–104.
- Jamieson LM, Gunthorpe W, Cairney SJ, Sayers SM, Roberts-Thomson KF & Slade GD 2010. Substance use and periodontal disease among Australian Aboriginal young adults. *Addiction* 105:719–26.
- Jamieson LM, Roberts-Thomson KF & Sayers SM 2010. Risk indicators for severe impaired oral health among indigenous Australian young adults. *BMC Oral Health* 10:1.
- Jenkins CR, Chang AB, Poulos LM & Marks GB 2009. Asthma in Indigenous Australians: so much yet to do for Indigenous lung health. Editorial. *Medical Journal of Australia* 190(10):530–1.
- Laws PJ, Tracy SK & Sullivan EA 2010. Perinatal outcomes of women intending to give birth in birth centers in Australia. *Birth* 37(1):28–36.
- Luzzi L, Spencer AJ, Jones K & Roberts-Thomson KF 2009. Predicting relative need for urgent dental care. *Community Dental Health* 26(3):162–9.
- Marks GB, Poulos LM, Jenkins CR & Gibson PG 2009. Asthma in older adults: a holistic, person-centred and problem-oriented approach. Editorial. *Medical Journal of Australia* 191(4):197–9.
- McKenzie K, Campbell MA, Scott DA, Discoll TR, Harrison JE & McClure RJ 2010. Identifying work related injuries: comparison of methods for interrogating text fields. *BMC Medical Informatics and Decision Making* 10:19.
- McKenzie K, Enraght-Moony EL, Waller GS, Walker SM, Harrison JE & McClure RJ 2009. Causes of injuries resulting in hospitalisation in Australia: assessing coder agreement on external causes. *Injury Prevention* 15(3):188–96.
- McKenzie K, Enraght-Moony EL, Walker SM, McClure RJ & Harrison JE 2009. Accuracy of external cause-of-injury coding in hospital records. *Injury Prevention* 15(1):60–4.
- McKenzie K, Harrison JE & McClure RJ 2010. Identification of alcohol involvement in injury-related hospitalisations using routine data compared to medical record review. *Australian and New Zealand Journal of Public Health* 34(2):146–52.
- McKenzie K, Mitchell R, Scott DA, Harrison JE & McClure RJ 2009. The reliability of information on work-related injuries available from hospitalisation data in Australia. *Australian and New Zealand Journal of Public Health*. 33(4):332–8.
- Miller G & Charles J 2009. GORD. *Australian Family Physician* 38(12):955.
- Pirotta M, Stein AN, Conway EL, Harrison C, Britt H & Garland S 2010. Genital warts incidence and healthcare resource utilisation in Australia. *Sexually Transmitted Infections* 86(3):181–6.
- Robson SJ, Laws P & Sullivan EA 2009. Adverse outcomes of labour in public and private hospitals in Australia: a population-based descriptive study. *Medical Journal of Australia* 190(9):474–7.

Rosendal M, Letrilliart L, van Boven K, Grimsmo A, Britt H, Soler JK et al. 2010. Comment on the article "Sixteen years of ICPC use in Norwegian primary care" by Botsis et al. *BMC Medical Informatics and Decision Making* 10:11.

Schneider JM, Gopinath B, McMahon CM, Britt HC, Harrison CM, Usherwood T et al. 2010. Role of general practitioners in managing age-related hearing loss. *Medical Journal of Australia* 192(1): 20–3.

Sullivan EA, Moran K & Chapman MG 2009. Term breech singletons and caesarean section: a population study, Australia 1991–2005. *Australia and New Zealand Journal of Obstetrics and Gynaecology* 49(5):456–60.

Webster R, Bayram C, Turnbull F & Patel A 2009. Management of cardiovascular risk factors in Australian general practice of those at highest risk. *Australasian Epidemiologist* 16(1):6–11.

Webster RJ, Heeley EL, Peiris DP, Bayram C, Cass A & Patel AA 2009. Gaps in cardiovascular disease risk management in Australian general practice. *Medical Journal of Australia* 191(6):324–9.

Williams CM, Maher CG, Hancock MJ, McAuley JH, McLachlan AJ, Britt H et al. 2010. Low back pain and best practice care: a survey of general practice physicians. *Archives of Internal Medicine* 170(3):271–7.

Conference papers and presentations

Papers and presentations by AIHW staff

The staff of the AIHW gave 79 papers and presentations at conferences and workshops in 2009–10.

Aalders R 2009. Aboriginal and Torres Strait Islander young people under juvenile justice supervision—state and territory differences. Presentation at the Australian and New Zealand Society of Criminology conference, Perth, 22–25 November.

Allbon P 2009. Health indicators. Presentation at the Health Information Systems Development AusAID forum, Brisbane, 2 November.

Allbon P 2009. Measuring child well-being. Keynote address at the 2nd international conference of the International Society for Child Indicators, Sydney, 4–5 November.

Allbon P 2009. Measuring (injury) for wellbeing. Keynote address at the New Zealand Injury Information Forum, Wellington, New Zealand, 4 December.

Allbon P 2009. Will e-health bring data wealth? Paper presented at the Australian Healthcare and Hospitals Association Congress, Hobart, 8–9 October.

Allbon P 2010. Australia's health 2010—an overview. Opening address at the Australia's Health 2010 conference, Canberra, 23 June.

Allbon P 2010. Delivering homelessness data. Presentation to the Homelessness Delivery Review Board, Canberra, 11 March.

Allbon P 2010. Health and welfare indicators and measurement. Presentation at the Productivity Commission Workshop on Economic & Social Inclusion Indicators, Productivity Commission, Canberra, 25 March.

Allbon P 2010. Indicators and measurement. Presentation at the AIHW Indicators Development Workshop, Canberra, 10 February.

Allbon P 2010. Measuring outcomes: a set of performance indicators across the health and aged care system. Paper presented at the Measuring Patient Outcomes conference, Sydney, 17–18 February.

Allbon P 2010. Using national health accounts as an evidence base for policy development. Presentation at the Pacific Island Countries Regional Workshop on National Health Accounts, Nadi, Fiji, 25 May.

Al-Yaman F 2009. Measuring performance to assess whether the gap is closing. Aboriginal and Torres Strait Islander Health Care 2009 conference, Sydney, 25–26 November.

Al-Yaman F 2009. Recent developments in Indigenous health monitoring in Australia. XXVI International Population Conference of the International Union for the Scientific Study of Population, Marrakech, Morocco, 27 September – 2 October.

Al-Yaman F 2009. The Northern Territory Intervention. Indigenous Health Delivery Forum 2009, Brisbane, 28–30 October.

Al-Yaman F 2010. Assessment of trends—issues and challenges. International Group for Indigenous Health Measurement, Seattle, USA, 26 May.

Al-Yaman F 2010. Closing the Gap Clearinghouse evaluation forum, Canberra, 25 March.

Al-Yaman F 2010. Closing the Gap Clearinghouse presentations to all Australian Government agencies in Canberra, and to agencies in the Northern Territory, Queensland, the Australian Capital Territory and New South Wales, February to May.

Al-Yaman F 2010. Measures of life expectancy. International Group for Indigenous Health Measurement, Seattle, USA, 26 May.

Al-Yaman F & Jackson Pulver L 2010. Indigenous health reforms. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Anderson P 2009. Pathways in care: the evidence. ACAP as a gateway to HACC? Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Anderson P 2010. Pathways in aged care: what do people do? Paper presented at the 10th Global Conference on Ageing of the International Federation on Ageing, Melbourne, 3–6 May.

Beard T 2009. Australia's children and youth: who are they and what are their needs? Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Bennetts R 2009. Output-based health-specific PPPs pilot project Australian study. Paper presented at the Purchasing Price Parity Technical Workshop of the OECD, Paris, 6 October.

Bishop K 2009. Burden of injury mortality in Matlab, Bangladesh. Paper presented at the 6th Understanding Mortality Data—Reaping the Rewards workshop of the Australasian Mortality Data Interest Group, Wellington, New Zealand, 2–3 December.

Bishop K 2010. Obesity—weighing up the facts. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Bowler E 2009. What can the Aged Care Funding Instrument tell us about dementia? Paper presented at the Dementia Collaborative Research Centre seminar, Sydney, 23 April.

Bowler E & Brien G 2010. Dementia. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Bowles D 2010. The AIHW Healthy for Life Summary National Report: an important tool for services in their continuous quality improvement processes. Paper presented at the Healthy for Life and New Directions Mothers and Babies Services conference, Brisbane, 28–30 April.

Braddock D 2010. Health workforce trends during the 2000s. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Branson K 2010. Closing the Gap Clearinghouse. Poster presented at the Indigenous Employment and Economic Development conference, Brisbane, 19–21 April.

Brien G 2009. Australia's welfare 2009 'Aged Care' chapter. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Brien G 2010. Characteristics of the CALD population. Presented at the Diversity in Health conference, Melbourne, 7–9 June.

Brien G 2009. Hospital Dementia Services Project. Poster presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Brien G 2009. Hospital Dementia Services Project. Poster presented at the National Dementia Research forum 2009, Sydney, 24–25 September.

Chau T 2009. Relationship between location and characteristics of private renters and social housing tenants. Paper presented at the 6th National Housing conference, Melbourne, 25–27 November.

Cooper-Stanbury M 2010. Key indicators of progress for chronic disease and associated determinants. Presentation at the AIHW Indicators Development Workshop, Canberra, 10 February.

Craig P 2009. Mandatory food fortification: influencing health and well-being across populations. Paper presented at the 2009 Home Economics Institute of Australia conference, Darwin, 9–11 July.

Dixon T & Bhatia K 2009. Deaths involving hip fracture in Australia: shifts in the assignment of the underlying cause of death. Paper presented at the 6th Understanding Mortality Data—Reaping the Rewards workshop of the Australasian Mortality Data Interest Group, Wellington, New Zealand, 2–3 December.

Docrat N & Harrold T 2009. How do we capture what we know? Capturing comorbidity in the Alcohol and Other Drug Treatment Services National Minimum Data Set. Paper presented at the Creating Synergy VI conference, Wollongong, 1–3 July.

Dugbaza T 2010. The role of data linkage in assessing the level of Indigenous under-identification. Presentation at the Data and Information Management Workshop of the Aboriginal Health Council of South Australia, Adelaide, 17 June.

Faulks K, Waters A-M & Wilson H 2009. Questions we can't answer—why the NDSS form is important. Paper presented at the annual scientific meeting of the Australian Diabetes Society & Australian Diabetes Educators Association, Adelaide, 26–28 August.

Faulks K, Waters A-M & Wilson H 2009. Type 1 diabetes in children—latest results from the

National Diabetes Register. Paper presented at the annual scientific meeting of the Australian Diabetes Society & Australian Diabetes Educators Association, Adelaide, 26–28 August.

Gall M 2010. Respiratory disease trends in Australia. Presentation at the National Asthma Management Program Evaluation workshop, Sydney, 22 April.

Gibson D & Peut A 2009. Pathways in care: the evidence. Introduction to the PIAC project. Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Green F 2009. Health care expenditure on chronic kidney disease in Australia 2004–05. Paper presented at the annual scientific meeting of the Australian and New Zealand Society of Nephrology, Hobart, 7–9 September.

Hayward R & Jefferson A 2010. Aboriginal and Torres Strait Islander people in alcohol and other drug treatment. Poster presented at the inaugural conference of the National Indigenous Drug and Alcohol Committee, Adelaide, 16–18 June.

Jefferson A 2010. Alcohol and other drugs. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Jefferson A, Docrat N & Harrold T 2009. Sex, age and treatment: what's really happening? Accurate comparison of drug treatment services data. Paper presented at the Australasian Professional Society on Alcohol and other Drugs conference, Darwin, 1–4 November.

Jellie C 2009. Carers and informal care: an overview. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Karmel R 2009. Pathways in care: the evidence. Permanent residential care in care pathways. Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Karmel R 2010. The Hospital Dementia Services Project: what happens in hospital to people with

dementia. Paper presented at the 10th Global Conference on Ageing of the International Federation on Ageing, Melbourne, 3–6 May.

Lukong PF 2009. Using Medicare data to estimate Indigenous health expenditure. Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Macdonald M 2009. Experiences and challenges in developing and reporting on key national indicators. Paper presented at the 2nd international conference of the International Society for Child Indicators, Sydney, 4–5 November.

Mallen K 2009. Housing and housing assistance. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Mathur S 2009. Reporting on children and youth in Australia—the challenges. Paper presented at the 2nd international conference of the International Society for Child Indicators, Sydney, 4–5 November.

Moon L 2010. Cardiovascular disease: recent trends and current key issues. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Moon L, Ryan C & Green F 2010. The latest statistics on chronic kidney disease. Paper presented at the 38th annual conference of the Renal Society of Australasia, Cairns, 3–5 June.

Murdoch F 2009. Homelessness in Australia—what the data tells us. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

O'Rance L 2009. Disability trends—a closer look. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Peut A 2009. Pathways in care: the evidence. Wrapping up care. Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Pieris-Caldwell I 2010. Substance use among Aboriginal and Torres Strait Islander people:

an overview. Paper presented at the inaugural conference of the National Indigenous Drug and Alcohol Committee, Adelaide, 16–18 June.

Powerski A 2009. Pathways in care: the evidence. Who can and who does use residential respite care? Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Ryan C 2009. An overview of chronic kidney disease in Australia. Paper presented at the 18th annual scientific meeting of the Australasian Epidemiological Association, Dunedin, New Zealand, 30 August – 1 September.

Ryan C 2009. An overview of the latest statistics on chronic kidney disease in Australia. Paper presented at the annual scientific meeting of the Australian and New Zealand Society of Nephrology, Hobart, 7–9 September.

Ryan C 2009. Chronic kidney disease hospitalisations in Australia. Paper presented at the annual scientific meeting of the Australian and New Zealand Society of Nephrology, Hobart, 7–9 September.

Ryan C 2009. Chronic kidney disease mortality in Australia. Paper presented at the annual scientific meeting of the Australian and New Zealand Society of Nephrology, Hobart, 7–9 September.

Senes S 2010. Diabetes. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Sturrock C 2010. National cancer data: now and in the future! Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Taylor M 2010. National minimum data sets in health and community services. Presentation at the Metadata 2010 conference, Canberra, 26–27 May.

Templeton M & Pieris-Caldwell I 2009. GMD incidence: what is the current picture in Australia? Paper presented at the annual scientific meeting of the Australian Diabetes Society and Australian Diabetes Educators Association, Adelaide, 26–28 August.

Thompson L & Bullock S 2010. A health report of Australian men. Paper presented at the 4th annual Andrology Australia forum, Sydney, 4–6 June 2010.

Tresidder J 2010. Tobacco. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Tresidder J, Jefferson A & Claydon C 2010. Illicit drug use data—options for the future. Paper presented at the inaugural conference of the National Indigenous Drug and Alcohol Committee, Adelaide, 16–18 June.

Valentine K 2009. Child protection data in Australia. Asian Pacific Conference on Child Abuse and Neglect, Perth, 15–18 November.

Verhoeven A 2010. Emerging compliance considerations. Paper presented at the 4th Annual Public Sector Information Management Strategy conference, Canberra, 16–17 March.

Webster A 2010. Respiratory disease trends in Australia. Presentation at the Asthma Management Program Evaluation conference, Adelaide, 22 April.

Woodall J, Broadbent A & Senes S 2009. Describing the supply of cardiovascular medicines in Australia. Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Woodall J, Broadbent A & Senes S 2010. Describing the supply of cardiovascular medicines in Australia. Paper presented at the National Medicines Symposium, Melbourne, 26–28 May.

Wordsworth T 2010. Indicator registry for health and welfare. Presentation at the AIHW Indicators Development Workshop, Canberra, 10 February.

Papers and presentations by staff of the AIHW's collaborating units

The staff of AIHW collaborating units gave 45 papers and presentations at conferences and workshops in 2009–10.

Ampon RD 2010. The association between antibiotic use in infancy and the use of inhaled corticosteroids later in childhood. Poster presented at the National Medicines Symposium, Melbourne, 26–28 May.

Balasubramanian M 2009. Brain drain, brain circulation, brain exportation: a case of Indian dentists migrating to Australia. Paper presented at the mid-term conference of the Research Committee on Sociology of Health of the International Sociological Association, Jaipur, India, 21–23 September.

Bayram C, Valenti L, Britt H & Miller G 2009. GP pathology ordering in Australia 2000–02 to 2006–08. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Bradley C 2009. Identifying injuries in Australia due to mobility scooters; incidence, severity and common characteristics. Paper presented at the 9th National Conference on Injury Prevention and Safety Promotion, Melbourne, 26–28 July.

Bradley C 2009. Identifying injuries in Australia due to mobility scooters. Incidence, severity and common characteristics. Presentation at the National Mobility Scooter Reference Group roundtable of the Australian Competition and Consumer Commission, Canberra, 17 September.

Bradley C 2009. Trends in fall-related hospitalisations for Australians aged 65 years and older. What's going on? Paper presented at the National Falls Prevention Summit, Brisbane, 19–20 October.

Brennan DS 2009. Social deprivation, stress and dental service provision. Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Brennan DS 2009. The 'missing' action area: rural dwellers: monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

Britt H, Harrison C & Miller G 2009. Prevalence and patterns of multimorbidity in Australia. Paper

presented at the 37th annual meeting of the North American Primary Care Research Group, Montreal, Canada, 14–18 November.

Britt H, Miller G, Henderson J, Harrison C, O'Halloran J & Fahridin S 2009. General practice in Australia, health priorities and policy 1998–2008. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Crocombe L 2009. Interdental cleaning. Oral Health Promotion Clearinghouse Workshop, Adelaide, 30 November–1 December.

Crocombe L 2009. Soft drinks and sports drinks. Oral Health Promotion Clearinghouse Workshop, Adelaide, 30 November–1 December.

Ellershaw AE 2009. Low income and disadvantage: monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

Fahridin S & Britt H 2009. General practice encounters with Indigenous patients. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Fahridin S 2009. Cancer and injury. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Harford J 2009. Can reason for dental insurance predict service use? Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Harford J 2009. Older people: monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

Harrison J 2009. A comparison of methods for measurement of injury severity. Presentation at Injury ICE and GBD, Boston, USA, 7–10 October.

Harrison J 2009. Global burden of injury: developments in theory and methods in the

GBD2005 project. Paper presented at the 9th National Conference on Injury Prevention and Safety Promotion, Melbourne, 26–28 July.

Harrison J 2009. ICD-11 in eleven points. Paper presented at the 6th Understanding Mortality Data—Reaping the Rewards workshop of the Australasian Mortality Data Interest Group, Wellington, New Zealand, 2–3 December.

Harrison J 2009. Quality of external cause coding in Australian hospitals: implications for injury surveillance. Paper presented at the 9th National Conference on Injury Prevention and Safety Promotion, Melbourne, 26–28 July.

Harrison J 2010. ICD-11 Injury & External Causes. Topic Advisory Group on Patient Safety, New York, USA, June.

Harrison J 2010. Injury and external causes of injury. GBD2005 progress meeting, Seattle, USA, May.

Harrison J 2010. Literature reviewing: Injury GBD2005 progress meeting, Seattle, USA, May.

Harrison C, Britt H & Miller G 2009. Family practice workforce shortages in Australia: now and in 2020. Paper presented at the 37th annual meeting of the North American Primary Care Research Group, Montreal, Canada, 14–18 November.

Harrison C & Charles J 2009. The effect of policy on mental health management in Australian general practice, 1998–2008. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Henderson J & Pan Y 2009. Cardiovascular problems in general practice—policy and practice, 1998–2008. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Henderson J & Pan Y 2009. Respiratory problems in general practice—policy and practice, 1998–2008. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Henley G 2009. Estimating the number of Indigenous injury deaths within Australian mortality data: the way forward. Paper presented at the 6th Understanding Mortality Data—Reaping the Rewards workshop of the Australasian Mortality Data Interest Group, Wellington, New Zealand, 2–3 December.

Laws PJ, Lim C, Tracy SK, Dahlen H & Sullivan EA 2010. Changes to booking, transfer criteria and procedures in birth centres in Australia from 1997 to 2007: a national survey. Paper presented at the 14th annual congress of the Perinatal Society of Australia and New Zealand, Wellington, New Zealand, 28–31 March.

Marks GB 2009. Asthma in Australia: an update on the burden and management of asthma. Paper presented at the Pharmacy Australia Congress, Sydney, 15–18 October.

Marks GB 2010. Data Methods Workshop: Measuring the impact of medicines policy and practice on drug utilisation, costs and health. Use of PBS data for monitoring asthma. Paper presented at the National Medicines Symposium, Melbourne, 26–28 May.

Miller G, Britt H & Pan Y 2009. Severity of illness and resource utilization in family practice. Paper presented at the 37th annual meeting of the North American Primary Care Research Group, Montreal, Canada, 14–18 November.

Miller G, Britt H & Pan Y 2009. Type 2 diabetes, practise and policy. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Miller G, Britt H & Valenti L 2009. The management of type 2 diabetes in Australian general practice, 1998–2008. Paper presented at the Westmead Association Hospital Week, Sydney, August.

Norton L 2009. The effectiveness of a 40-day physical activity intervention on insufficiently active adults. Paper presented at the Australian Conference of Science and Medicine in Sport, Brisbane, 14–17 October.

O'Halloran J & Pan Y 2009. Changes in the management of musculoskeletal problems in general practice, 1998–99 to 2007–08. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Roberts-Thomson KF 2009. Children and adolescents—monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

Roberts-Thomson KF 2009. Fluoride use in the 21st century: Australian recommendations. Paper presented at the North Queensland Oral Health convention, Cairns, 20–22 August.

Roberts-Thomson KF 2009. Oral health promotion messages. Oral Health Promotion Clearinghouse Workshop, Adelaide, 30 November – 1 December.

Sullivan EA 2009. Pregnancy and perinatal outcomes after ART treatment in Australia and New Zealand 2004–2006. Paper presented at the national conference of the Fertility Society of Australia, Perth, 25–26 October.

Teusner DN 2009. Workforce development—monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

Teusner DN 2009. Dental insurance status, level of cover and use of services. Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Waters A-M, Poulos LM, Ampon RD, Zinoviev A, Xuan W, Reddel HK et al. 2009. Prognostic significance of parental reports of “asthma” and “wheeze” in kindergarten children. Paper presented at the 2nd Growing Up in Australia: The Longitudinal Study of Australian Children research conference, Melbourne, 3–4 December.

Zinoviev A 2009. Outcomes associated with asthma or wheezing illness in the fifth year of life. Poster presented at the 18th annual scientific meeting of the Australasian Epidemiological Association, Dunedin, New Zealand, 30 August – 1 September.

Appendix 8 Freedom of information statement

It is a requirement of s. 8 of the *Freedom of Information Act 1982* that the AIHW publish in its annual report information about:

- the organisation and functions of the AIHW
- its decision-making powers that affect the public
- its arrangements for public participation in the formulation of policy
- the categories of documents that are in the possession of the AIHW
- how these documents can be accessed by the public, including facilities to obtain physical access, access procedures and initial contact for inquiries.

Organisation and functions of the AIHW

Chapter 1 Governance and management of the AIHW's *Annual report 2009–10* provides details of the organisational structure, functions and decision-making arrangements of the AIHW.

The main function of the AIHW is to collect, analyse and disseminate information and statistics related to health and welfare. The decision-making powers of the AIHW therefore have minimal effect on members of the public.

Arrangements for public participation in policy formulation

The composition of the AIHW Board is prescribed in s. 8 of the AIHW Act (**Appendix 1**, page 116). Provision is made for membership of the AIHW

Board by a range of people and representatives of bodies outside the Australian Government sphere.

The AIHW consults with a wide range of stakeholders through its membership of national committees (**Appendix 5**, page 156).

The AIHW has established a number of topic-specific steering committees, which include bodies and persons from outside the Commonwealth administration, to advise the AIHW on its major reports.

The membership of the AIHW Ethics Committee, as prescribed by AIHW Ethics Committee Regulations 1989, includes a range of community representatives.

The statutory role of the AIHW does not include the responsibility for formulating Commonwealth health or welfare policy.

Views and comments from members of the public and bodies outside the Commonwealth on the AIHW's policies and guidelines or on its administration can be directed, in writing, to:

The Director
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Categories of documents maintained

Documents available to the public upon payment of a fee

The AIHW does not hold any documents of this type.

Documents available for purchase by the public

Under the AIHW Act, the AIHW has a responsibility to publicly report information about the health and welfare status of Australians and the services they receive.

Printed copies of the AIHW's publications can be purchased through the AIHW's website or from its contracted distributor CanPrint on 1300 889 873.

Other documents made available to the public on request free of charge

AIHW publications and media releases are available as electronic file downloads free of charge on the AIHW website at <<http://www.aihw.gov.au>>.

Facilities provided to enable the public to physically access documents

Facilities will be provided by the AIHW to enable members of the public to obtain physical access to the AIHW's documents, on an 'as needed' basis.

Freedom of information enquiries

A request for access to documents under the *Freedom of Information Act 1982* must be made in writing and accompanied by a \$30 application fee and an address in Australia to which notices can be sent. In certain circumstances the fee is not required and can be remitted. To enable a prompt response and to help the AIHW meet its obligations under the *Freedom of Information Act 1982*, applicants should provide as much detail as possible about the documents they are seeking. A telephone number or an email address should also be included in case AIHW officers need any clarification. Applicants may be liable to pay charges at rates prescribed by the Freedom of Information (Fees and Charges) Regulations.

Enquiries about submitting a formal request under the *Freedom of Information Act 1982* should be directed to the:

FOI Contact Officer
Information Governance Unit
Phone: 02 6244 1107

Formal requests should be sent to the:

FOI Contact Officer
Information Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

In accordance with the *Electronic Transactions Act 1999*, freedom of information requests may be mailed to parliamentary@aihw.gov.au.

In most cases, no action will be taken until an application fee is received. A request for remission of the application fee can be made in the formal request.

Freedom of information requests received

Under the *Freedom of Information Act 1982* there were two requests and one internal review request made during 2009–10. These were completed during the year.

Data held by the AIHW

In relation to data held by the AIHW:

- Cost recovery is the underlying policy for all prices charged by the AIHW. The AIHW will charge clients for responding to requests for ad hoc information or data on a cost recovery basis.
- The AIHW makes available, through its website, unidentifiable aggregated data in a series of 'data cubes' (see 'Enhancing data access while protecting privacy' on page 26).

- Data that are collected under the AIHW Act is protected by the confidentiality provisions (s. 29) of that Act, and the *Privacy Act 1988*.
- Information Privacy Principle 5 in the *Privacy Act 1988* requires the AIHW to maintain and provide a written record to the Australian Privacy Commissioner of the extent and nature of the classes of personal information it holds. The Act also requires the Privacy Commissioner to compile and publish these returns in the personal information digests on the Office of the Privacy Commission website <www.privacy.gov.au>.

Freedom of information enquiries

Enquiries regarding access to documents under the *Freedom of Information Act 1982* should be directed to the:

FOI Contact Officer
Information Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra, ACT 2601
Phone 02 6244 1107.

Appendix 9 Financial statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Scope

I have audited the accompanying financial statements of Australian Institute of Health and Welfare for the year ended 30 June 2010, which comprise: the Statement by Director, Chief Executive and Chief Financial Officer; Statement of Comprehensive Income; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Contingencies; Schedule of Asset Additions; and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies.

The Directors' Responsibility for the Financial Statements

The directors is responsible for the preparation and fair presentation of the financial statements in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards (which include the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Australian Institute of Health and Welfare's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing

GPO Box 707 CANBERRA ACT 2601
19 National Circuit BARTON ACT 2600
Phone (02) 6203 7300 Fax (02) 6203 7777

an opinion on the effectiveness of Australian Institute of Health and Welfare's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting the audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Auditor's Opinion

In my opinion, the financial statements of Australian Institute of Health and Welfare:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including Australian Institute of Health and Welfare's financial position as at 30 June 2010 and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dash
Executive Director
Delegate of the Auditor General

Canberra
23 September 2010



STATEMENT BY DIRECTOR, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2010 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Institute will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the directors.

Hon. Peter Collins, AM, QC
Chair

23 September 2010

Penny Allbon
Chief Executive

23 September 2010

Andrew Kettle
Chief Financial Officer

23 September 2010

Australian Institute of Health and Welfare
STATEMENT OF COMPREHENSIVE INCOME
for the period ended 30 June 2010

	Notes	2010 <u>\$'000</u>	2009 <u>\$'000</u>
EXPENSES			
Employee benefits	3A	28,375	21,860
Supplier expenses	3B	14,745	9,697
Depreciation and amortisation	3C	757	635
Write-down of assets	3D	345	–
Finance costs	3E	45	–
Losses from sales of assets	3F	1	16
Total expenses		44,268	32,208
LESS:			
OWN-SOURCE INCOME			
Own-source revenue			
Sale of goods and rendering of services	4A	24,944	22,278
Interest	4B	754	741
Total own-source revenue		25,698	23,019
Gains			
Other revenues	4C	39	3
Total gains		39	3
Total own-source income		25,737	23,022
Net cost of services		18,531	9,186
Revenue from government	4D	20,708	9,325
Surplus attributable to the Australian Government		2,177	139
OTHER COMPREHENSIVE INCOME			
Change in asset revaluation reserve		688	–
Total other comprehensive income		688	–
Total comprehensive income		2,865	139
Total comprehensive income attributable to the Australian Government		2,865	139

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

Australian Institute of Health and Welfare

BALANCE SHEET

as at 30 June 2010

	Notes	2010 <u>\$'000</u>	2009 <u>\$'000</u>
ASSETS			
Financial assets			
Cash and cash equivalents	5A	18,792	9,119
Trade and other receivables	5B	9,364	8,892
Total financial assets		<u>28,156</u>	<u>18,011</u>
Non-financial assets			
Buildings	6A,D	1,974	1,303
Property, plant and equipment	6B,D	766	451
Library collection	6C,D	200	250
Intangibles	6E	59	116
Inventories	6F	104	66
Other non-financial assets	6G	642	534
Total non-financial assets		<u>3,745</u>	<u>2,720</u>
Total assets		<u>31,901</u>	<u>20,731</u>
LIABILITIES			
Payables			
Suppliers	7A	1,950	868
Other payables	7B	1,187	913
Contract income in advance	7C	14,884	11,807
Total payables		<u>18,021</u>	<u>13,588</u>
Provisions			
Employee provisions	8A	7,258	5,167
Other provisions	8B	637	423
Total provisions		<u>7,895</u>	<u>5,590</u>
Total liabilities		<u>25,916</u>	<u>19,178</u>
Net assets		<u>5,985</u>	<u>1,553</u>
EQUITY			
Contributed equity		2,756	1,146
Reserves		2,288	1,600
Accumulated surplus/(deficit)		941	(1,193)
Total equity		<u>5,985</u>	<u>1,553</u>

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

Australian Institute of Health and Welfare
STATEMENT OF CHANGES IN EQUITY
For the period ended 30 June 2010

	Retained Earnings		Asset Revaluation Reserve		Contributed Equity/Capital		Total Equity	
	2010	2009	2010	2009	2010	2009	2010	2009
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Opening balance								
Balance carried forward from previous period	(1,193)	(1,332)	1,600	1,600	1,146	1,146	1,553	1,414
Adjustment for errors	(43)	–	–	–	–	–	(43)	–
Adjusted opening balance	(1,236)	(1,332)	1,600	1,600	1,146	1,146	1,510	1,414
Comprehensive income								
Other comprehensive income	–	–	688	–	–	–	688	–
Surplus (Deficit) for the period	2,177	139	–	–	–	–	2,177	139
Total comprehensive income, of which:	2,177	139	688	–	–	–	2,865	139
- attributable to the Australian Government	2,177	139	688	–	–	–	2,865	139
- transactions with owners								
- contributions by owners								
Equity injection	–	–	–	–	1,610	–	1,610	–
Sub-total transactions with owners	–	–	–	–	1,610	–	1,610	–
Closing balance at 30 June	941	(1,193)	2,288	1,600	2,756	1,146	5,985	1,553
Closing balance attributable to the Australian Government	941	(1,193)	2,288	1,600	2,756	1,146	5,985	1,553

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

Australian Institute of Health and Welfare

CASH FLOW STATEMENT for the period ended 30 June 2010

	Notes	2010 <u>\$'000</u>	2009 <u>\$'000</u>
OPERATING ACTIVITIES			
Cash received			
Goods and services		29,519	25,536
Receipts from Government		21,404	8,629
Interest		675	740
Net GST received		1,375	1,041
Other		206	120
Total cash received		53,179	36,066
Cash used			
Employees		26,012	21,097
Suppliers		15,150	11,127
GST paid		2,747	2,340
Total cash used		43,909	34,564
Net cash from (or used by) operating activities	9	9,270	1,502
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment		1,207	161
Total cash used		1,207	161
Net cash from (or used by) investing activities		(1,207)	(161)
FINANCING ACTIVITIES			
Cash received			
Contributed equity		1,610	-
Total cash received		1,610	-
Net cash from (or used by) financing activities		1,610	-
Net increase (or decrease) in cash held		9,673	1,341
Cash and cash equivalents at the beginning of the reporting period		9,119	7,778
Cash and cash equivalents at the end of the reporting period	5A	18,792	9,119

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

Australian Institute of Health and Welfare

SCHEDULE OF COMMITMENTS

as at 30 June 2010

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
BY TYPE		
Commitments receivable		
Project ¹	13,089	14,195
GST recoverable on commitments	1,050	845
Total commitments receivable	<u>14,139</u>	<u>15,040</u>
Commitments payable		
Other commitments		
Operating leases ²	9,489	8,812
Other ¹	2,056	485
Total other commitments	<u>11,545</u>	<u>9,297</u>
Net commitments by type	<u>2,594</u>	<u>5,743</u>
BY MATURITY		
Commitments receivable		
Contract work commitments		
One year or less	11,326	9,950
From one to five years	2,813	5,090
Total commitments receivable	<u>14,139</u>	<u>15,040</u>
Commitments payable		
Operating lease commitments		
One year or less	2,397	2,066
From one to five years	7,092	6,674
Over five years	–	72
Total operating lease commitments	<u>9,489</u>	<u>8,812</u>
Other commitments		
One year or less	1,816	333
From one to five years	240	152
Total other commitments	<u>2,056</u>	<u>485</u>
Total commitments payable	<u>11,545</u>	<u>9,297</u>
Net commitments by maturity	<u>2,594</u>	<u>5,743</u>

NB: Commitments are GST inclusive where relevant.

1 Project and other commitments are primarily amounts relating to the AIHW's contract work.

2 Operating leases are effectively non-cancellable and comprise:

Leases for office accommodation

- Lease payments are subject to annual increases or reviews until the end of the lease
- Current leases expire in September 2011, July 2014 and August 2014

Computer equipment lease

- The lease term is up to 5 years, on expiry of the lease term, the AIHW has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models

Agreements for the provision of motor vehicles to Senior Executive Officers

- No contingent rentals exist.

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 2010

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
CONTINGENCIES	Nil	Nil

As at 30 June 2010, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2009: nil).

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

Australian Institute of Health and Welfare

SCHEDULE OF ASSET ADDITIONS

For the period ended 30 June 2010

The following non-financial non-current assets were added in 2009–10:

	Buildings- Leasehold Improvements	Property Plant and Equipment	Makegood	Intangibles	Total
	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>
By purchase—					
Government funding	188	952	–	67	1,207
By new lease	–	–	202	–	202
Total additions	188	952	202	67	1,409

No other funding types were used for asset additions during 2009–10.

The following non-financial non-current assets were added in 2008–09:

	Buildings- Leasehold Improvements	Property, Plant and Equipment	Makegood	Intangibles	Total
	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>
By purchase—					
Government funding	55	106	–	–	161
Total additions	55	106	–	–	161

No other funding types were used for asset additions during 2008–09.

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1	Summary of Significant Accounting Policies
Note 2	Events after the Balance Date
Note 3	Expenses
Note 4	Revenues
Note 5	Financial Assets
Note 6	Non-Financial Assets
Note 7	Payables
Note 8	Provisions
Note 9	Cash flow reconciliation
Note 10	Directors Remuneration
Note 11	Executive Remuneration
Note 12	Remuneration of Auditors
Note 13	Financial Instruments
Note 14	Compensation and Debt Relief
Note 15	Reporting of Outcomes

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1: Summary of Significant Accounting Policies

1.1 Basis of Preparation of the Financial Report

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

The continued existence of the Australian Institute of Health and Welfare (AIHW) in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for the AIHW's administration and programs.

The financial statements and notes have been prepared in accordance with:

- Finance Minister's Orders (FMO) for reporting periods ending on or after 1 July 2009; and
- Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FMO, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the AIHW or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under agreements equally proportionately unperformed are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the schedule of contingencies.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the Statement of Comprehensive Income when, and only when, the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.2 Objectives of the Australian Institute of Health and Welfare

The AIHW is structured to meet a single outcome:

- Better health and wellbeing for Australians through better health and welfare statistics and information. (This outcome is included in the Department of Health and Ageing's Portfolio Budget Statements).

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, the AIHW has made the following judgements that have the most significant impact on the amounts recorded in the financial statements:

- the fair value of leasehold improvements has been taken to be the depreciated replacement cost as determined by an independent valuer.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

1.4 New Australian Accounting Standards

Adoption of new Australian Accounting Standard requirements

No Accounting Standard has been adopted earlier than the application date as stated in the Standard.

Future Australian Accounting Standard requirements

The following new standards, amendments to standards or interpretations have been issued by the Australian Accounting Standards Board but are effective for future reporting periods. It is estimated that the impact of adopting these pronouncements when effective will have no material financial impact on future reporting periods.

AASB 101 Presentation of Financial Statements (Sep 2007)

AASB 2007-6 Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, 101, 107, 111, 116 & 138 and Interpretations 1 & 12]

AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101

AASB 2007-10 Further Amendments to Australian Accounting Standards arising from AASB 101

AASB 2008-2 Amendments to Australian Accounting Standards – Puttable Financial Instruments and Obligations arising on Liquidation [AASB 7, AASB 101, AASB 132 & AASB 139 and Interpretation 2]

AASB 2008-5 Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 5, 7, 101, 102, 107, 108, 110, 116, 118, 119, 120, 123, 127, 128, 129, 131, 132, 134, 136, 138, 139, 140, 141, 1023 & 1038]

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101

AASB 2009-2 Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments [AASB 4, AASB 7, AASB 1023 & AASB 1038]

AASB 2009-6 Amendments to Australian Accounting Standards

It is not expected that any of these amended standards will have a material financial impact but may affect the disclosures presented in the financial statements.

1.5 Revenue

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the seller retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any allowance for impairment. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Revenues from Government

Funding received or receivable from the Department of Health and Ageing (appropriated to the Department as a CAC Act body payment item for payment to AIHW) is recognised as Revenue from Government unless they are in the nature of an equity injection or a loan.

1.6 Gains

Resources received free of charge

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

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements.

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

1.7 Transactions with the Government as Owner

Equity injections

Amounts that are designated as equity injections for a year are recognised directly in contributed equity in that year.

Restructuring of Administrative Arrangements

Net assets received from or relinquished to another Australian Government agency or authority under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

Other distributions to owners

The FMO require that distributions to owners be debited to contributed equity unless in the nature of a dividend.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.8 Employee Benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Other long-term employee benefits are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

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

The leave liabilities are calculated on the basis of employees' remuneration, including the AIHW's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave is recognised and measured at the present value of the estimated future cashflows to be made in respect of all employees at 30 June 2010. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

Staff of the AIHW are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance and Deregulation as an administered item.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the Government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

Where an asset is acquired by means of a finance lease, the asset is capitalised at either the fair value of the lease property or, if lower, the present value of minimum lease payments at the inception of the contract and a liability recognised at the same time and for the same amount.

The discount rate used is the interest rate implicit in the lease. Leased assets are amortised over the period of the lease. Lease payments are allocated between the principal component and the interest expense.

The AIHW has no finance leases.

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

1.10 Borrowing Costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.12 Financial Assets

The AIHW classifies its financial assets in the following categories:

- held-to-maturity investments; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon 'trade date'.

Held-to-maturity investments

Non-derivative financial assets with fixed or determinable payments and fixed maturity dates that the group has the positive intent and ability to hold to maturity are classified as held-to-maturity investments. Held-to-maturity investments are recorded at amortised cost using the effective interest method less impairment, with revenue recognised on an effective yield basis.

Loans and receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

- Financial assets held at amortised cost – If there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Statement of Comprehensive Income.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.13 Financial Liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

Supplier and other payables

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.14 Contingent Liabilities and Contingent Assets

Contingent liabilities and contingent assets are not recognised in the Balance Sheet but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote.

1.15 Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.16 Property, Plant and Equipment (PP&E)

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than \$3,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to ‘makegood’ provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW’s leasehold improvements with a corresponding provision for the ‘makegood’ recognised.

Revaluations

Fair values for each class of asset are determined as shown below:

Asset class	Fair value measured at:
Buildings-Leasehold Improvements	Depreciated replacement cost
Property, Plant and equipment	Market selling price
Library Collection	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets’ fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the AIHW using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

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

	<u>2010</u>	<u>2009</u>
Leasehold improvements	Lease term	Lease term
Property, plant and Equipment	3 to 10 years	3 to 10 years
Library Collection	7 years	7 years

Impairment

All assets were assessed for impairment at 30 June 2010. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the AIHW were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.17 Intangibles

The AIHW's intangibles comprise internally developed and purchased software for internal use. These assets are carried at cost less accumulated amortisation.

Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than \$50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2008–09: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2010.

1.18 Inventories

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

Inventories held for distribution are measured at the lower of cost and current replacement cost.

Inventories acquired at no cost or nominal consideration are measured at current replacement cost at the date of acquisition.

1.19 Taxation

The AIHW is exempt from all forms of taxation except Goods and Services Tax (GST) and Fringe Benefits Tax (FBT).

Revenues, expenses and assets are recognised net of GST:

- except where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- except for receivables and payables.

Note 2: Events after the Balance Date

There were no events that occurred after the balance date that would affect the balances in the financial statements.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 3: Expenses

	2010	2009
	\$'000	\$'000
<u>Note 3A: Employees benefits</u>		
Wages and salaries	22,044	16,362
Superannuation:		
Defined contribution plans	1,214	1,053
Defined benefit plans	2,366	1,897
Leave and other entitlements	2,751	2,548
Total employee benefits	28,375	21,860
<u>Note 3B: Suppliers</u>		
Goods and services		
Consultants	3,380	963
Contracted services	3,036	2,574
Information technology	1,125	1,087
Printing and stationery	355	303
Training	442	248
Travel	799	594
Telecommunications	183	86
Other	3,035	2,113
Total goods and services	12,355	7,968
Provision of goods - related entities	1	-
Provision of goods - external entities	1,232	875
Rendering of services - related entities	857	385
Rendering of services - external entities	10,265	6,708
Total goods and services	12,355	7,968
Other supplier expenses		
Operating lease rentals: minimum lease payments	2,129	1,561
Workers compensation premiums	261	168
Total other supplier expenses	2,390	1,729
Total supplier expenses	14,745	9,697
<u>Note 3C: Depreciation and amortisation</u>		
Depreciation:		
Leasehold improvements	293	251
Property, plant and equipment	290	164
Library collection	50	50
Total depreciation	633	465
Amortisation:		
Intangibles		
Computer software	124	170
Total amortisation	124	170
Total depreciation and amortisation	757	635

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2010	2009
<u>Note 3D: Write-down and impairment of assets</u>	\$'000	\$'000
Revaluation decrement - Property, plant and equipment	345	–
<i>Total write down and impairment of assets</i>	345	–
 <u>Note 3E: Finance Costs</u>		
Unwinding of discount.	45	–
<i>Total finance costs</i>	45	–
 <u>Note 3F: Net losses from sale of assets</u>		
Net book value of Property, plant and equipment	1	16
Less: Proceeds from sale	–	–
<i>Net loss from sale of assets</i>	1	16
 <i>Revenue</i>		
<u>Note 4A: Sale of goods and rendering of services</u>		
Provision of goods - external entities	77	108
Rendering of services - related entities	19,869	16,521
Rendering of services - external entities	4,832	5,649
Conference income - external entities	149	–
Conference income - related entities	17	–
<i>Total sale of goods and rendering of services</i>	24,944	22,278
 <u>Note 4B: Interest</u>		
Deposits	754	741
<i>Total interest</i>	754	741
 <u>Note 4C: Other revenues</u>		
Other	39	3
<i>Total other revenues</i>	39	3
 <u>Note 4D: Revenue from Government</u>		
CAC Act body payment item	20,708	9,325
<i>Total revenue from Government</i>	20,708	9,325

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
Note 5: Financial Assets		
<u>Note 5A: Cash and cash equivalents</u>		
Cash on hand or on deposit	18,792	9,119
<i>Total cash and cash equivalents</i>	<u>18,792</u>	<u>9,119</u>
Surplus cash is invested in term deposits and is represented as cash and cash equivalents.		
<u>Note 5B: Receivables</u>		
Goods and services - related entities	7,959	7,630
Goods and services - external entities	1,121	346
	9,080	7,976
Receivable from Department of Health and Ageing for existing outputs	–	696
Total receivable from Department of Health and Ageing	–	696
GST receivable from the Australian Taxation Office	163	67
Other receivables	121	153
Less: Impairment allowance	–	–
<i>Total net receivables</i>	<u>9,364</u>	<u>8,892</u>
Receivables are aged as follows:		
Not overdue	9,070	8,578
Overdue by:		
Less than 30 days	229	299
30–60 days	22	4
61–90 days	3	11
More than 90 days	40	–
<i>Total receivables (gross)</i>	<u>9,364</u>	<u>8,892</u>
Receivables is expected to be recovered in:		
No more than 12 months	9,364	8,892
More than 12 months	–	–
<i>Total receivables (gross)</i>	<u>9,364</u>	<u>8,892</u>

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 6: Non-Financial Assets

	2010	2009
<u>Note 6A: Buildings</u>	<u>\$'000</u>	<u>\$'000</u>
<i>Leasehold improvements</i>		
Fair value	1,337	1,309
WIP	–	39
Accumulated depreciation	–	(347)
	1,337	1,001
Deferred makegood	637	423
Accumulated depreciation	–	(121)
	637	302
<i>Total buildings</i>	1,974	1,303

No indicators of impairment were found for leasehold improvements.

A revaluation increment of \$398,133 (2009: nil) for leasehold improvements and \$214,000 (2009: nil) for makegood assets and another \$76,000 (2009: nil) for changes in provision for makegood were credited to the Asset Revaluation Reserve as at 30 June 2010 and are included in the equity section of the balance sheet.

Note 6B: Property, plant and equipment

Property, plant and equipment

Fair value	766	713
Accumulated depreciation	–	(262)
<i>Total property, plant and equipment</i>	766	451

A revaluation decrement of \$344,446 (2009: nil) was transferred to the Statement of Comprehensive Income as at 30 June 2010.

No indicators for impairment were found for property, plant and equipment.

Note 6C: Library collection

Library collection

Fair value	350	350
Accumulated depreciation	(150)	(100)
<i>Total library collection</i>	200	250

No indicators of impairment were found for Library Collection.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 6D: Analysis of Property, Plant and Equipment

TABLE A—Reconciliation of the opening and closing balances of property, plant and equipment (2009–10)

	Buildings-Leasehold Improvements \$'000	Property, Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
As at 1 July 2009				
Gross book value	1,772	713	350	2,835
Accumulated depreciation	(469)	(262)	(100)	(831)
Net book value	1,303	451	250	2,004
Additions				
by purchase	188	952	–	1,140
Addition by new lease	202	–	–	202
Transfers	(39)	–	–	(39)
Revaluations recognised in other comprehensive income	613	–	–	613
Revaluations recognised in operating results		(345)		(345)
Depreciation expense	(293)	(290)	(50)	(633)
Write back of depreciation on disposal	–	4	–	4
Disposals	–	(6)	–	(6)
Net book value 30 June 2010	1,974	766	200	2,940
Net book value as at 30 June 2010 represented by:				
Gross Book Value	1,974	766	350	3,090
Accumulated depreciation	–	–	(150)	(150)
	1,974	766	200	2,940

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

TABLE B—Reconciliation of the opening and closing balances of property, plant and equipment (2008–09)

	Buildings—Leasehold Improvements \$'000	Property, Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
As at 1 July 2008				
Gross book value	1,834	624	350	2,808
Accumulated depreciation	(218)	(108)	(50)	(376)
Net book value	1,616	516	300	2,432
Additions				
by purchase	55	106	—	161
Transfers	(117)	—	—	(117)
Depreciation expense	(251)	(164)	(50)	(465)
Write back of depreciation on disposal	—	10	—	10
Disposals	—	(17)	—	(17)
Net book value 30 June 2009	1,303	451	250	2,004
Net book value as at 30 June 2009 represented by:				
Gross Book Value	1,772	713	350	2,835
Accumulated depreciation	(469)	(262)	(100)	(831)
	1,303	451	250	2,004

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
Note 6E: Intangibles		
Computer software		
- purchased - in use	209	142
- accumulated amortisation	(150)	(129)
	59	13
- internally developed	717	717
- accumulated amortisation	(717)	(614)
	-	103
Total Intangibles	59	116

No indications of impairment were found for intangibles.

TABLE A—Reconciliation of the opening and closing balances of Intangibles (2009–10)

	Computer software— internally developed \$'000	Computer software— purchased (in use) \$'000	Total \$'000
As at 1 July 2009			
Gross book value	717	142	859
Accumulated amortisation and impairment	(614)	(129)	(743)
Net Book Value 1 July 2009	103	13	116
Additions:			
by purchase or internally developed	-	67	67
Amortisation	(103)	(21)	(124)
Disposals	-	-	-
Write back of amortisation on disposal	-	-	-
Net book value 30 June 2010	-	59	59
Net book value as at 30 June 2010 represented by:			
Gross Book Value	717	209	926
Accumulated amortisation	(717)	(150)	(867)
	-	59	59

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

TABLE B—Reconciliation of the opening and closing balances of Intangibles (2008–09)

	Computer software— internally developed \$'000	Computer software— purchased (in use) \$'000	Total \$'000
As at 1 July 2008			
Gross value	775	142	917
Accumulated amortisation and impairment	(497)	(125)	(622)
Net Book Value 1 July 2008	278	17	295
Additions:			
by purchase or internally developed	–	–	–
Amortisation	(166)	(4)	(170)
Disposals	(57)	–	(57)
Write back of amortisation on disposal	48	–	48
Net book value 30 June 2009	103	13	116
Net book value as at 30 June 2009 represented by:			
Gross Book Value	717	142	859
Accumulated amortisation	(614)	(129)	(743)
	103	13	116

	2010	2009
	\$'000	\$'000

Note 6F: Inventories

Inventories held for sale

	104	66
--	------------	----

Total inventories

	104	66
--	------------	----

All inventory is expected to be sold or distributed in the next 12 months.

Note 6G: Other non-financial assets

Prepayments

	642	534
--	------------	-----

Total other non-financial assets

	642	534
--	------------	-----

All other non-financial assets are expected to be recovered in no more than 12 months.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
Note 7: Payables		
<u>Note 7A: Suppliers</u>		
Trade creditors	1,929	868
Operating lease rentals	21	–
<i>Total supplier payables</i>	<u>1,950</u>	<u>868</u>
All supplier payables expected to be settled in no more than 12 months.		
<u>Note 7B: Other</u>		
Salaries and wages	536	298
Superannuation	81	46
GST payable to ATO	570	569
<i>Total other payables</i>	<u>1,187</u>	<u>913</u>
All other payables are expected to be settled in no more than 12 months.		
<u>Note 7C: Contract income in advance</u>		
Contract income	14,884	11,807
<i>Total contract income in advance</i>	<u>14,884</u>	<u>11,807</u>
All income in advance payables are expected to be settled in 12 months.		
Note 8: Provisions		
<u>Note 8A: Employee Provisions</u>		
Leave	7,258	5,167
<i>Total employee provisions</i>	<u>7,258</u>	<u>5,167</u>
Employee provisions expected to be settled in:		
No more than 12 months	3,053	1,901
More than 12 months	4,205	3,266
<i>Total employee provisions</i>	<u>7,258</u>	<u>5,167</u>
<u>Note 8B: Other Provisions</u>		
Provision for makegood	637	423
<i>Total other provisions</i>	<u>637</u>	<u>423</u>
Other provisions expected to be settled:		
No more than 12 months	159	–
More than 12 months	478	423
<i>Total other provisions</i>	<u>637</u>	<u>423</u>

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	Provision for makegood
	<u>\$'000</u>
Carrying amount 1 July 2009	466
Additional provisions made	202
Amount used	–
Unwinding of discount	45
Adjustment on revaluation	(76)
Carrying amount 30 June 2010	<u>637</u>

The AIHW currently has 4 agreements for leasing premises which have provisions requiring the AIHW to restore the premises to their original condition at the conclusion of the lease. The AIHW has made a provision to reflect the present value of this obligation.

Note 9: Cash Flow Reconciliation **Reconciliation of cash and cash equivalents per Balance Sheet to Cash Flow Statement**

Cash and cash equivalents as per:

Cash Flow Statement	18,792	9,119
Balance Sheet	<u>18,792</u>	<u>9,119</u>
Difference	–	–

Reconciliation of net cost of services to net cash from operating activities:

Net cost of services	(18,531)	(9,186)
Add revenue from government	20,708	9,325

Adjustment for non cash items

Depreciation/amortisation	757	635
Net loss from sale of assets	1	–
Net write down of non financial assets	345	16
Finance Costs	45	–

Changes in assets / liabilities

(Increase) / decrease in receivables	(472)	(3,351)
(Increase)/decrease in inventories	(38)	–
(Increase) / decrease in other non financial assets - prepayments	(108)	(119)
(Increase) / decrease in transfer of fixed assets	39	117
Increase / (decrease) in supplier	1,027	(203)
Increase / (decrease) in other payables	329	402
Increase / (decrease) in employee provisions	2,091	661
Increase/(decrease) in other income in advance	<u>3,077</u>	<u>3,205</u>
Net cash from operating activities	<u>9,270</u>	<u>1,502</u>

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 10: Directors Remuneration

The *Commonwealth Authorities and Companies Act 1997* defines members of the Board as directors. The number of directors included in these figures is shown below in the relevant remuneration bands:

	2010	2009
Less than \$145,000	16	14
\$270,000 to \$284,999	1	1
Total number of directors of the AIHW	17	15

Total remuneration received or due and receivable by directors of the AIHW

\$302,496 \$299,590

Some directors of the AIHW are Government employees and receive no additional remuneration for these duties. There were no related party transactions for the year.

Note 11: Executive Remuneration

Note 11A: Actual Remuneration Paid to Senior Executives

Executive Remuneration

	2010	2009
The number of executives who received:		
\$160,000–\$174,999	1	–
\$175,000–\$189,999	2	3
\$190,000–\$204,999	3	–
\$205,000–\$219,999	1	1
\$220,000–\$234,999	–	1
Total	7	5

No separation or redundancy payments were made to executives during the year. The Director of the AIHW is a member of the Board. Her remuneration is included in Note 10.

Total expense recognised in relation to Senior Executive employment

	2010	2009
Short-term employee benefits:		
Salary (including annual leave taken)	994,566	692,351
Changes in annual leave provisions	24,141	29,047
Motor vehicle allowance	139,251	97,579
Total short-term employee benefits	1,157,958	818,977
Superannuation (post-employment benefits)	141,917	110,834
Other long term benefits	55,207	56,557
Total	1,355,082	986,368

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 11B: Salary packages for Senior Executives

Average annualised remuneration packages for substantive Senior Executives (SES)

	As at 30 June 2010			As at 30 June 2009		
	No. SES	Base salary (including annual leave)	Total remuneration package	No. SES	Base salary (including annual leave)	Total remuneration package
Total remuneration*:						
less than \$144,999	—	—	—	—	—	—
\$145,000–\$159,999	—	—	—	—	—	—
\$160,000–\$174,999	—	—	—	—	—	—
\$175,000–\$189,999	3	143,000	185,688	3	137,748	172,145
\$190,000–\$204,999	4	145,750	195,672	3	132,000	178,468
\$205,000–\$219,999	—	—	—	—	—	—
Total	7	—	—	1	164,000	209,764

* Excluding acting arrangements and part year service

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 12: Remuneration of Auditors

	2010	2009
Remuneration for auditing the financial statements for the reporting period.	\$24,500	\$23,700

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

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>

Note 13: Financial Instruments

Note 13A: Categories of financial instruments

Financial assets

Loans and receivables

Cash at bank	18,792	9,119
Receivables for goods and services	9,080	8,675

Carrying amount of financial assets	<u>27,872</u>	<u>17,794</u>
--	----------------------	---------------

Financial liabilities

Other financial liabilities

Trade creditors	1,929	868
-----------------	-------	-----

Carrying amount of financial liabilities	<u>1,929</u>	<u>868</u>
---	---------------------	------------

Note 13B: Net income and expense from financial assets

Loans and receivables

Interest revenue	754	741
------------------	-----	-----

Net gain loans and receivables	<u>754</u>	<u>741</u>
---------------------------------------	-------------------	------------

Net gain from financial assets	<u>754</u>	<u>741</u>
---------------------------------------	-------------------	------------

Note 13C: Credit risk

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are receivables from other Government organisations or amounts. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2010: \$9,080,000 and 2009: \$8,676,000). The AIHW has assessed the risk of the default on payment and has allocated \$0 in 2010 (2009: \$0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Credit risk of financial instruments not past due or individually determined as impaired:

	Not Past Due Nor Impaired 2010 \$'000	Not Past Due Nor Impaired 2009 \$'000	Past Due or Impaired 2010 \$'000	Past Due or Impaired 2009 \$'000
Cash at bank	18,792	9,119	–	–
Receivables for goods and services	8,786	8,361	294	314
Total	27,578	17,480	294	314

Ageing of financial assets that are past due but not impaired for 2010:

	0 to 30 days \$'000	31 to 60 days \$'000	61 to 90 days \$'000	90+ days \$'000	Total \$'000
Receivables for goods and services	229	22	3	40	294
Total	229	22	3	40	294

Ageing of financial assets that are past due but not impaired for 2009:

	0 to 30 days \$'000	31 to 60 days \$'000	61 to 90 days \$'000	90+ days \$'000	Total \$'000
Receivables for goods and services	299	4	11	–	314
Total	299	4	11	–	314

Note 13D: Liquidity risk

The AIHW is funded by appropriation and the sale of goods and services. It uses these funds to meet its financial obligations.

Note 13E: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 14: Compensation and Debt Relief

No waiver of amounts owing to the Commonwealth were made during the reporting period (2009: nil).

No Act of Grace or ex-gratia payments were made during the reporting period (2009: nil).

Note 15: Reporting of Outcomes

Note 15A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2010 \$'000	2009 \$'000	2010 \$'000	2009 \$'000
<i>Expenses</i>				
Departmental	44,268	32,208	44,268	32,208
Total expenses	44,268	32,208	44,268	32,208
<i>Costs recovered from provision of goods and services to the non-government sector</i>				
Departmental	5,058	5,757	5,058	5,757
Total costs recovered	5,058	5,757	5,058	5,757
<i>Other external revenues</i>				
Departmental				
Sale of services—to related parties	19,886	16,521	19,886	16,521
Interest	754	741	754	741
Other	39	3	39	3
Total other external revenues	20,679	17,265	20,679	17,265
Net cost/(contribution) of outcome	18,531	9,186	18,531	9,186

Outcome 1 is described in Note 1.2.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 15B: Major classes of departmental revenues and expenses by outcome

	Outcome 1		Total	
	2010	2009	2010	2009
	\$'000	\$'000	\$'000	\$'000
Expenses				
Employees	28,375	21,860	28,375	21,860
Suppliers	14,745	9,697	14,745	9,697
Depreciation and amortisation	757	635	757	635
Write-down of assets	345	–	345	–
Finance costs	45	–	45	–
Net losses from sale of assets	1	16	1	16
Total expenses	44,268	32,208	44,268	32,208
Funded by:				
Revenues from Government	20,708	9,325	20,708	9,325
Sales of goods and services	24,944	22,278	24,944	22,278
Interest	754	741	754	741
Other	39	3	39	3
Total operating revenues	46,445	32,347	46,445	32,347

Outcome 1 is described in Note 1.2.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 15C: Major classes of departmental assets and liabilities by outcome group

	Outcome 1		Total	
	2010	2009	2010	2009
	\$'000	\$'000	\$'000	\$'000
Departmental assets				
Cash and cash equivalents	18,792	9,119	18,792	9,119
Receivables	9,364	8,892	9,364	8,892
Buildings	1,974	1,303	1,974	1,303
Property, plant and equipment	766	451	766	451
Library collection	200	250	200	250
Intangibles	59	116	59	116
Inventories	104	66	104	66
Other non-financial assets	642	534	642	534
Total departmental assets	31,901	20,731	31,901	20,731
Departmental liabilities				
Suppliers	1,950	868	1,950	868
Other payables	1,187	913	1,187	913
Contract income in advance	14,884	11,807	14,884	11,807
Employee provisions	7,258	5,167	7,258	5,167
Other provisions	637	423	637	423
Total operating revenues	25,916	19,178	25,916	19,178

Outcome 1 is described in Note 1.2.

Reader guides

Abbreviations	218
Glossary	219
Annual report 2008–09 errors and omissions	221
Compliance index	222
Lists of tables, figures and snapshots	223
Index	225

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AIHW Act	<i>Australian Institute of Health and Welfare Act 1987</i>
APS	Australian Public Service
ARCPOH	Australian Research Centre for Population Oral Health
BEACH	Bettering the Evaluation and Care of Health
CAC Act	<i>Commonwealth Authorities and Companies Act 1997</i>
CIHI	Canadian Institute for Health Information
COAG	Council of Australian Governments
DoHA	Australian Government Department of Health and Ageing
EL	Executive Level
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
GP	general practitioner
HIV	human immunodeficiency virus
HTML	Hypertext Markup Language
ICT	information and communications technology
IT	information technology
METeOR	the AIHW's Metadata Online Registry
MoU	memorandum of understanding
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
PBS	Portfolio Budget Statement
PDF	Portable Document Format
RTF	Rich Text Format
SA	South Australia
WA	Western Australia
WHO	World Health Organization

Glossary

COAG	The Council of Australian Governments is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association. (See < http://www.coag.gov.au > for more information.)
COAG building blocks	The building blocks endorsed by COAG underpin the Closing the Gaps targets for overcoming Indigenous disadvantage. (See < http://www.aihw.gov.au/closingthegap/resources/building-blocks.cfm > for more information.)
data linkage	The bringing together (linking) of information from two or more different data sources that are believed to relate to the same entity—for example, the same individual or the same institution. This can provide more information about the entity and in certain cases it can provide a time sequence, helping to ‘tell a story’, show ‘pathways’ and perhaps unravel cause and effect. The term is used synonymously with ‘record linkage’.
disability (for Commonwealth Disability Strategy purposes)	When commencing employment at the AIHW, employees are asked to self-identify and self-report their disability by responding to the question ‘Do you have a disability that is likely to last 2 years or more?’
financial results	The results shown in the financial statements of this AIHW annual report.
full-time equivalent (staff numbers)	A standard measure of the number of workers that takes account of the number of hours that each works. During 2009–10 AIHW staff members considered full time were committed to working 37 hours and 5 minutes per week.
indicator	A key statistical measure selected to help describe (indicate) a situation concisely, to track change, progress and performance, and to act as a guide to decision making.
Indigenous (person)	A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander.
Indigenous status (of a person)	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.
outcomes (of the AIHW)	The results, impacts or consequences of actions by the Commonwealth public sector on the Australian community. This may include proposed or intended results, impacts or consequences of actions.
outcome (health outcome)	A health-related change due to a preventive or clinical intervention or service. (The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.)

outputs	Goods or services produced by the AIHW for external organisations or individuals, including goods or services produced for areas of the Commonwealth public sector external to the AIHW.
performance indicators (of the AIHW)	Measures (indicators) that can relate to the AIHW's effectiveness in achieving the Australian Government's objectives.
performance indicators (of the health system)	Measures that can relate to the health system as a whole or to parts of it such as hospitals, health centres and so forth. The measures include accessibility, effectiveness, efficiency and sustainability, responsiveness, continuity of care and safety.
Portfolio Budget Statements	Statements prepared by Australian Government portfolios to explain the Budget appropriations in terms of outputs and outcomes. The AIHW contributes to the statements of the Health and Ageing portfolio, usually published in May each year.

Annual report 2008–09 errors and omissions

There are no known errors and omissions in the
AIHW's *Annual report 2008–09* to report.

Compliance index

The index below shows compliance with information requirements contained in the *Commonwealth Authorities and Companies Act*

1997 and in particular Part 2 of Schedule 1 of the *Commonwealth Authorities and Companies (Report of Operations) Orders 2008*.

Report of Operations requirements	Reference in Schedule 1	Page in this report
Audited financial statements	Clause 10 (1d)	176–215
Australian National Audit Office	Clause 11 (b)	xiii, 14, 176
Board committees	Clause 15 (2), (3)	5–6
Commonwealth Ombudsman	Clause 11 (b)	30
Corporate governance practices	Clause 15 (1)	xii–xiii, 1–6, 137–144
Director's particulars	Clause 14 (1a), (1b)	145–148
Director's review of operations and future prospects	Clause 10 (1), (2)	ix–xi
Disability strategies	Clause 8	46
Disclosure requirements for government business enterprises	Clause 13	Not applicable
Enabling legislation – objectives and functions	Clause 8 (a)	116–133
Environmental performance and environmentally sustainable development	Clause 17 (2)	48–49
Financial results	Clause 10 (1)	xv–xvi, 28–30, 176–215
Freedom of information	Clause 17 (1b)	30, 173–175
Functions and powers	Clause 8 (a)	xii, 2, 16, 120–121, 137–144
Government policies notified by the minister	Clause 12 (1b)	2, 5
Indemnities and insurance premiums for offers	Clause 16	14
Judicial decisions and decisions of administrative tribunals	Clause 11 (a)	30
Letter of transmittal	Clause 4	iii
Location of major activities and facilities	Clause 9	51
Ministerial directions	Clause 12 (1a)	2
Occupational health and safety	Clause 17 (1b)	50–51
Organisational structure	Clause 9	9
Outcomes (Portfolio Budget Statement)	Clause 10 (1), (2)	xiii, 16
Outputs (Portfolio Budget Statement)	Clause 10 (1), (2)	xiii, 16
Performance indicators	Clause 10 (1), (2)	16, 23–28
Performance outcome	Clause 10 (1), (2)	16–30
Performance review	Clause 10 (1), (2)	53–114
Privacy legislation	Clause 17 (1b)	6, 130–132, 175
Responsible minister	Clause 8 (b)	xii
Review of operations and future prospects	Clause 10 (1), (2)	ix–xi, xv–xvi, 28–30
Risk management	Clauses 10 (1b), 15 (3d)	14
Significant events	Clause 10 (1c)	5
Statement on governance	Clause 15	xii–xiii, 1–6, 137–144
Strategic plan	Clause 10 (1a ii)	16–23
Subsidiaries of the authority	Clauses 9, 17 (2)	Not applicable

Lists of tables, figures and snapshots

Tables

Table 1: Financial results, 2008–09 and 2009–10	xv
Table 2: Members of the AIHW Board and their attendance at meetings, 2009–10	4
Table 3: Members of the AIHW Ethics Committee and their attendance at meetings, 2009–10	6
Table 4: Research projects considered by the AIHW Ethics Committee, 2009–10	7
Table 5: Performance indicator data supplied for 2008–09 COAG reporting	23
Table 6: Income and expenditure, 2008–09 and 2009–10	28
Table 7: Balance sheet summary, 2008–09 and 2009–10	30
Table 8: Email notification service subscriptions, 30 June 2009 and 30 June 2010	33
Table 9: Top 10 publication sales, 2008–09 and 2009–10	34
Table 10: Top 10 publications downloaded from the AIHW website, 2008–09 and 2009–10	35
Table 11: Media coverage, 2006–07 to 2009–10	36
Table 12: Top 10 publications for media coverage, 2009–10	37
Table 13: Parliamentary Hansard citations, 2009–10	40
Table 14: Category of staff employment, 30 June 2009 and 30 June 2010	42
Table 15: Level of staff employment, 30 June 2009 and 30 June 2010	43
Table 16: Staff long service awards, 2009–10	46
Table 17: Director's awards, 2009–10	46
Table 18: In-house learning and development courses for staff, 2009–10	47

Figures

Figure 1: Publications released, 1987–88 to 2009–10, and media releases, 1997–98 to 2009–10	xv
Figure 2: Major revenue sources, 1987–88 to 2009–10, with projections, 2010–11 to 2013–14	xvi
Figure 3: Staff numbers, 1988–2010	xvi
Figure 4: Accountability framework	2
Figure 5: Organisation chart, 30 June 2010	9
Figure 6: Outcome and program structure under the Portfolio Budget Statements 2009–10	17
Figure 7: Revenue sources, 2004–05 to 2009–10	29
Figure 8: Visits to the AIHW website, 2001–02 to 2009–10	35

Snapshots

The AIHW's work for COAG	12
Consistent data: a national resource	20
Indicator development workshop	24
Australia's welfare 2009	26
Review of <i>Australian hospital statistics</i> reports	33
Australia's health 2010	38
Australian Leadership Awards Fellowship	44
Privacy Awareness Week	48
Risk of invasive breast cancer	66
Cardiovascular disease, diabetes and chronic kidney disease prevention	67
A snapshot of men's health in regional and remote Australia	72
Problem gambling among those seeking homelessness services	78
Pathways through aged care services	86
The health of prisoners	99
Child protection	100
Closing the Gap Clearinghouse	103
New data collection guidelines for Indigenous status	104
Australia's mothers and babies	113

Index

A

- AAP references, 36
- Aboriginal and Torres Strait Islander Health Data Principles Review, 105
- Aboriginal and Torres Strait Islander Health Performance Framework 2008 report*, 35
- Aboriginal and Torres Strait Islander Health Performance Report, 114
- Aboriginal and Torres Strait Islander Program Evaluation and Capacity Building Unit, 102
- Aboriginal Australians, *see* Indigenous Australians
- ABS, *see* Australian Bureau of Statistics
- accommodation management, 51
- accountability, 2–9, 137–55
 - reporting, 12
- ACT Health, 44, 62
- Acting Director, 7
- acts, *see* legislation
- Adcorp Australia, 30
- Adelaide University, 109
- administrative data, 58
 - see also* data linkage
- administrative tribunal decisions, 30
- admitted patients, *see* hospitals
- Adoptions Australia 2008–09*, 97
- Adult Vaccination Survey, 74
- advertising and market research, 30
- aged care, 86, 87, 95–6
 - remote Indigenous communities, 12, 101
- Ageing and Aged Care Unit, 95–6
- AIHW access magazine*, 33
- AIHW Corporate Plan: strategic directions 2007–2010*, 16–23, 42
- air pollution, 75
- alcohol, 69, 111
 - use in pregnancy, 114
- allergic rhinitis, 75
- annual report 2008–09, 23
 - errors and omissions, 221
- annual reports
 - AIHW, 12
 - aged care services, 96
 - SAAP National Data Collection, 78
- annual work plans, 10, 12, 54
- antenatal care, 105
- appropriation funding, xv–xvi, 28–30
- ARCPOH ‘Data watch’ journal articles, 110
- arthritis, 71
- Asia-Pacific National Health Accounts Development project, 57
- Asia Pacific Privacy Authorities, 48
- assets, 29–30
- Assisted reproductive technology in Australia and New Zealand 2007*, 114
- asthma, 34, 75, 107
 - children, 37, 107
- Audit and Finance Committee, 4, 5, 6, 13, 14
- audits, 14
- AusAID, 44
- Australian and New Zealand Society of Nephrology, 39
- Australian Association of Gerontology, 39
- Australian Bureau of Statistics (ABS), 10, 44, 98
 - confidentialised unit record files, 74, 89
 - disability data, 88, 89
 - homeless methodology review, 81
 - Quality Framework, 18
- Australian Cancer Database, 66
- Australian Cancer Incidence 1982–2005 data cubes, 65
- Australian Cancer Incidence and Mortality ‘books’, 65
- Australian Centre for Asthma Monitoring, 75, 107
- Australian Collaborating Centre for the WHO Family of International Classifications, 91
- Australian Commission on Safety and Quality in Health Care, 59
- Australian Council for Health, Physical Education and Recreation, 36, 39
- Australian General Practice Statistics and Classification Centre, 75, 108
- Australian Health Practitioner Regulation Agency, 90
- Australian hospital statistics 2007–08*, 34, 37
- Australian hospital statistics 2008–09*, 33, 61
 - Australia’s hospitals 2008–09 at a glance*, 32, 61
 - media coverage, 37
 - sales, 34
- Australian Housing and Urban Research Institute, 39
- Australian Institute of Criminology, 98
- Australian Institute of Family Studies, 10, 103
- Australian Institute of Health Act 1987*, 2
- Australian Institute of Health and Welfare Act 1987*, xii, 2, 6, 10, 116–33
 - requirement to publish reports on Australia’s health and Australia’s welfare, xiv
- Australian Institute of Health and Welfare Ethics Committee Regulations 1989, 135–6
- Australian Institute of Health and Welfare Regulations 2006, 134
- Australian Leadership Awards Fellow, 44
- Australian National Audit Office, 14
- Australian National Infant Feeding Survey, 73
- Australian Public Service Commission, 44, 47
 - Indigenous Cadetship Program, 46
- Australia’s health 2004*, 35
- Australia’s health 2006*, 35
- Australia’s health 2008*, 34, 35
- Australia’s health 2010*, 23, 24, 38
 - conference coinciding with launch, 38, 39
 - ‘in brief’ companion publication, 32, 34, 36

- legislative requirement, xiv
- media coverage, 37
- sales, 34
- worksheets, 36
- Australia's health 2010* contributions
 - Ageing and Aged Care Unit, 95
 - Australian Centre for Asthma Monitoring, 107
 - Cancer and Screening Unit, 65
 - Cardiovascular, Diabetes and Kidney Unit, 68
 - Child and Youth Welfare Unit, 97
 - Children, Youth and Families Unit, 99
 - Data Linkage Unit, 87
 - Drug Surveys and Services Unit, 69
 - Expenditure and Economics Unit, 56
 - Functioning and Disability Unit, 88
 - Health Care Safety and Quality Unit, 58
 - Health Performance Indicators Unit, 60
 - Hospitals Unit, 61
 - Indigenous Community and Health Service Reporting Unit, 101
 - Labour Force Unit, 90
 - Mental Health Services Unit, 62
 - Musculoskeletal Diseases Unit, 71
 - National Injury Surveillance Unit, 111
 - National Perinatal Statistics Unit, 114
 - Population Health Unit, 73
 - Respiratory Conditions and Primary Care Unit, 75
- Australia's hospitals 2008–09 at a glance*, 32, 61
- Australia's mothers and babies 2007*, 113
- Australia's welfare 2007*, 34, 35
- Australia's welfare 2009*, 23, 24
 - conference coinciding with launch, 26, 39
 - contributions to, 73, 78, 79, 81, 87, 95, 97, 99
 - legislative requirement, xiv
 - media coverage, 37
 - sales, 34
 - website downloads, 35
 - worksheets, 36
- Autism Spectrum Disorder Register, 89
- awards and recognition, 46–7

B

- babies, *see* births
- balance sheet, 29–30
- bicycles, 49
- births, 113–14
 - pregnancy, 68, 114
- birthweight, 105
- bisphosphonates, 71
- Board, 2, 4, 5–7, 16, 54, 145–8
- body weight, 111
- bowel cancer screening, 37, 65
- breast cancer, 37, 65, 66
- BreastScreen Australia, 65, 66
- budget, *see* finance
- burden of disease, 35
 - asthma, 107
- Business Group, 54

C

- Canada, 44
- Canadian Institute for Health Information, 44
- cancer, 27, 35, 37, 65–6
 - Cancer and Screening Unit, 64, 65–6
 - Cardiovascular, Diabetes and Kidney Unit, 67–8
 - Care pathways of older Australians, 87, 95
 - carers, 89, 96, 98
 - cash and term deposits, 29–30
 - cash flow, 29
 - cervical cancer, 65, 66
- Chair, 2, 6
 - attendance at meetings, 4
 - report, viii
- Charter of Corporate Governance, 5, 137–44
- Child and Youth Welfare Unit, 85, 97–8
- child protection, 87, 97, 100
 - media coverage, 37
 - publication sales, 34
 - remote Indigenous communities, 12, 101
 - unit record collection, 19
 - website downloads, 35
- children, 34, 35, 37, 97–100
 - asthma, 37, 107
 - in community housing, 79
 - diabetes, 68
 - with disability, 88
 - Indigenous, 105
 - infant feeding, 73
 - mortality, 105
 - oral health, 110
 - physical activity patterns, 73
 - see also* young people
- Children, Youth and Families Unit, 98–100
- Children's Headline indicators, 99, 114
- chronic disease, 73, 114
 - respiratory, 75
- chronic kidney disease, 67, 68
- chronic obstructive pulmonary disease, 75
- classification, 91
 - health financing, 57
 - injuries, 112
 - mental health interventions, 62
 - perinatal, 114
 - staff, 43
- classroom resources, *see* education resources
- Closing the Gap Clearinghouse, 36, 102, 103

- Closing the Indigenous Data Gap program, 18, 75, 102–3
- COAG, *see* Council of Australian Governments
- collaborations and partnerships, 11–12, 19, 106–14
- conference papers and presentations by collaborating unit staff, 170–2
 - journal articles produced by collaborating unit staff, 163–6
 - National Partnership for Hospital and Health Workforce Reform, 60
- Collective Agreement 2008–2012, 50
- Comcare, 14
- Comcover, 14
- committees, 11, 156
- Ageing and Aged Care Unit, 96
 - Board, 4, 5–7, 13, 14; *see also* Ethics Committee
 - Cancer and Screening Unit, 66
 - Cardiovascular, Diabetes and Kidney Unit, 68
 - Child and Youth Welfare Unit, 98
 - Children, Youth and Families Unit, 100
 - Data Linkage Unit, 87
 - Dental Statistics and Research Unit, 110
 - Drug Surveys and Services Unit, 70
 - Expenditure and Economics Unit, 57
 - Functioning and Disability Unit, 89
 - Health Care and Safety Quality Unit, 59
 - Health Performance Indicators Unit, 60
 - Homelessness Data Collection Unit, 78
 - Hospitals Unit, 61
 - Housing and Homelessness Analytics and Research Unit, 81
 - Housing and Homelessness Integration Unit, 83
 - Housing Unit, 80
 - Indigenous Community and Health Service Reporting Unit, 101
 - Indigenous Data Gaps Unit, 103
 - Indigenous Determinants and Outcomes Unit, 105
 - Learning and Development Advisory Committee, 47
 - Mental Health Services Unit, 63
 - Metadata Information Services – Information Environment Unit, 91–2
 - Musculoskeletal Diseases Unit, 71
 - National Injury Surveillance Unit, 112
 - National Perinatal Statistics Unit, 114
 - Occupational Health and Safety, 50
 - Population Health Unit, 74
 - Respiratory Conditions and Primary Care Unit, 75
 - Specialist Homelessness Services Project, 84
- Commonwealth Authorities and Companies Act 1997*, 2, 5, 12
- Commonwealth Authorities and Companies (Report of Operational Orders) 2008, 2, 222
- Commonwealth Disability Strategy, 46
- Commonwealth Grants Commission, 57
- Commonwealth Ombudsman, 30
- Commonwealth State/Territory Disability Agreement, 88, 89
- communications, xiv–xv, 32–40
- deliverables and indicators, 27–8
 - in-house training, 32, 47
 - strategic direction, 22–3
 - see also* internet and websites; publications
- Communications, Media and Marketing Unit, 54
- community aged care packages, 95, 96
- Community and Disability Services Ministers' Advisory Council, 97
- community housing, 79
- community mental health, 62
- community services data dictionary, 25, 93
- Community Services Integration and Justice Health Unit, 85
- Competitive Neutrality policy, 5
- computing, *see* information and communication technology
- conferences and other forums, 39
- associated with launches, 26, 38, 39
 - child protection workshop, 97
 - indicator development workshop, 24
 - papers and presentations, 78, 79, 81, 83, 166–72
 - for staff, 32, 48
- confidentialised unit record files, *see* unit record files
- consultative arrangements, 173
- see also* committees
- contract management, *see* externally funded projects
- corporate governance and management, 2–14, 137–57
- corporate plan, 16–23, 42
- corticosteroids, 107
- Council of Australian Governments (COAG), 7, 12, 18, 22, 23, 60, 73, 87
- aged care performance indicators, 96
 - chronic kidney disease performance indicator, 68
 - Closing the Indigenous Data Gap program, 18, 19, 75
 - funding for AIHW role, 28
 - housing and homelessness performance indicators, 18, 23, 78, 79, 81
 - Indigenous projects and programs, 12, 18, 23, 75, 102–3, 104, 114
 - National Healthcare Agreement, 18, 57, 58, 60, 90, 114
 - publications, 34
- 'Counting the homeless' report series, 37
- court decisions, 30
- Crisis Accommodation Program 2008–09*, 79
- cultural appreciation sessions, 46
- custody orders, children on, 97
- cystic fibrosis, 75
- ## D
- data access, 22, 26
- Data and Information Technology Unit, 21, 54
- data cubes, 27
- aged care services, 96
 - Alcohol and Other Drug Treatment Services National Minimum Data Set, 69
 - cancer, 65
 - Commonwealth State/Territory Disability Agreement National Minimum Data Set, 88

- health expenditure, 56
 - mental health, 62
 - data dictionaries, 20, 25, 35
 - data linkage, 22, 86–7, 96
 - Indigenous data guidelines, 102
 - injury surveillance, 112
 - Data Linkage Unit, 85, 86–7, 96
 - data sets, 27, 59, 60, 90, 105
 - see also national minimum data sets
 - data-sharing agreements, 11, 157
 - data standards, 11, 20
 - COAG aged care performance indicators, 96
 - deliverables and indicators, 24–6
 - early childhood education, 98
 - early childhood education sector, 100
 - health care safety and quality, 58–9
 - National Performance Reporting System, 18
 - see also national minimum data sets
 - data storage system, 21–2
 - 'Data watch' journal articles, 110
 - Davidson Trahaire Corpsych, 50
 - DCIS, 66
 - deaths, see mortality
 - deliverables, 23–8
 - dementia, 87, 95, 96
 - Dementia Collaborative Research Centre, 96
 - Dental Statistics and Research Unit, 69, 109–10
 - Department of Education, Employment and Workplace Relations, 11, 83
 - Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), x, 10, 101
 - Department of Health and Ageing (DoHA), ix, 10, 83, 108
 - aged care performance indicator, 96
 - memorandum of understanding, x, 10
 - primary health performance indicators, 101
 - radiotherapy service planning, 66
 - Department of Immigration and Citizenship, 44, 83
 - Department of the Treasury, 10, 89
 - Department of Veterans' Affairs, 73, 83
 - Deputy Director, 7
 - diabetes, 35, 37, 67, 68, 114
 - Director, 7, 91
 - Board membership, 5; attendance at meetings, 4
 - remuneration, 6
 - report by, ix–xi
 - Director's awards, 46–7
 - disability, see functioning and disability
 - Disability in Australia*, 34
 - Disability Strategy, 46
 - disease and injury expenditure, 57
 - Division Head, 7
 - documents, 173–4
 - see also publications
 - Drug Surveys and Services Unit, 69–70
 - drug treatment services, 69
 - drug use, 35, 37, 69
 - Indigenous, 39, 105
 - injury related to, 111
 - drugs (medications), 69
 - arthritis and osteoporosis, 71
 - cardiovascular, 68
 - obstructive airways disease, 107
 - ductal carcinoma in situ, 66
- E**
- e-health, 20, 91
 - ear, nose and throat services, 105
 - Early Childhood Development Information Strategy, 100
 - early childhood education, 98, 100
 - Earth House 2010, 49
 - ecologically sustainable development, 48–9
 - Economics and Health Services Group, 55–63
 - education
 - children on guardianship or custody orders, 97
 - early childhood, 98, 100
 - education resources, 23, 36
 - email notification service subscriptions, 33, 36
 - effectiveness of publications, 32
 - electoral roll-matching suitability project, 73
 - email notification service, 32–3, 36
 - Employee Assistance Program, 50
 - employees, see staff
 - employment vacancies email notification service subscriptions, 33
 - end-stage kidney disease, 68
 - energy conservation, 49
 - Enhanced Mortality Database for Estimating Indigenous Life
 - Expectancy report, 102
 - environmental health, 73
 - environmental management, 48–9
 - equity (financial), 29, 30
 - establishment, 2
 - estimates hearings, 40
 - Ethics Committee, 6–7, 22, 27, 73, 149–52
 - regulations, 135–6
 - Excel, 27
 - Executive, 7–8, 13, 153–5
 - Executive Level (EL) staff, 43
 - Executive Unit, 7, 54
 - expenditure, see finance; health expenditure
 - Expenditure and Economics Unit, 56–7
 - external study, 48
 - externally funded projects, xv, xvi, 13–14, 28, 29
 - memorandums of understanding, x, 101
 - eye health, 73
 - labour force, 90
 - publications for people with vision impairment, 32

F

- falls, 111
- families, 97, 99
- feedback
 - effectiveness of publications, 32
 - Working @ AIHW video, 44
- females, *see* women
- finance, xv–xvi, 13–14, 28–30, 177–206
 - Audit and Finance Committee, 4, 5, 6, 13
 - Budget estimates hearings, 40
 - COAG work, 18
 - see also* health expenditure
- Finance Minister's (CAC Act Procurement) Directions 2009, 2, 5
- Finance Minister's Orders, 2
- Financial and Commercial Services Unit, 14
- financial assets, 29–30
- financial statements, 14, 177–215
- flagship publications, *see* *Australia's health; Australia's welfare*
- Flinders University, 111
- folic acid, 73, 114
- food and nutrition, 73
- Foreign Exchange Risk Management Policy, 5
- forums, *see* conferences and other forums
- foster carers, 98
- fraud control, 5, 14
- freedom of information, 173–5
- From corrections to community*, 97
- full-time equivalent staff, xvi, 42–3
- full-time staff, 42
- functioning and disability, 88–9
 - COAG indicators, 18, 23
 - publication format for people with vision impairments, 32
 - remote Indigenous communities, 12, 101
- Functioning and Disability Unit, 76, 88–9
- functions, xii, 2, 5–6
- Funding sources for admitted patients in Australian hospitals*, 57

G

- gambling, 78
- gender of staff, xvi, 42, 43
- general policies notified to AIHW, 3–5
- general practice, 34, 37, 75, 108, 109
- General Record of Incidence of Mortality books, 73
- geographical analyses, 105, 107
- gestational diabetes, 68, 114
- 'Getting the messages out better', *see* communications
- Governance and Communications Group, 7, 10, 14, 54, 85
- governance and management, 2–14, 137–57
- Government-funded specialist homelessness services*, 78
- graduate recruitment, 44
- Green Group, 49
- Growing Up in Australia longitudinal study, 37, 39, 107
- guardianship orders, children on, 97
- gynaecological cancer, 66

H

- HACC, 87
- Hansard references, 40
 - indicator, 27–8
- harassment contact officers, 45
- Health and Safety Management Arrangements, 50
- Health and wellbeing of young Australians*, 35, 99, 100
- 'Health at a glance 2010' report, 58
- Health Care Safety and Quality Unit, 58–9
- health data dictionary, 25, 35, 93
- health expenditure, 34, 37, 56–7
 - arthritis and musculoskeletal conditions, 71
 - chronic kidney disease, 68
- Health Financing Policy Reform in Asia-Pacific project, 57
- Health Group, 7, 64–75
- health labour force, *see* labour force
- The health of Australia's prisoners 2009*, 98, 99
- Health Performance Indicators Unit, 59–60
- Health Registers and Cancer Monitoring Unit, 64
- Healthcare Agreement, 18, 57, 58, 60, 90, 114
- A healthier future for all Australians*, 19
- Healthy for Life project, 101
- hearing, 66
- heart disease, 67–8
- heart failure, 68
- Hewitt's Best Employers in Australia and New Zealand, 45
- hip fractures, 71
- Home and Community Care (HACC), 87
- Home Economics Victoria Teaching Association, 36
- homelessness, *see* housing and homelessness
- Homelessness Data Collection Unit, 77–8
- hospitals, 32, 33, 61
 - cardiovascular admissions, 68
 - chronic kidney disease admissions, 68
 - dementia services, 87, 95
 - expenditure, 57
 - funding sources for admitted patients, 57
 - injury admissions, 111
 - media coverage, 37
 - mortality ratios, 112
 - National Hospitals and Health Reform Commission response, 19
 - non-admitted patients, 60
 - Online Hospital Data Validator Pilot, 21
 - outcome indicators, 58
 - publications sales, 34
 - residential aged care users, 87, 95, 96
- Hospitals Unit, 21, 61
- Hospitals Website Unit, 54
- House of Representatives committees, 40
- Housing and Disability Group, 76
- housing and homelessness, 19, 76–84
 - COAG indicators, 18, 23, 78, 79, 81
 - conference, 39

- ‘Counting the homeless 2006’ report series, 37
 - online availability indicator, 25–6
 - Housing and Homelessness Analytics and Research Unit, 81
 - Housing and Homelessness Coordination Unit, 81
 - Housing and Homelessness Group, 76–84
 - Housing and Homelessness Information Management Group, 81
 - Housing and Homelessness Integration Unit, 76, 82–3
 - Housing and Homelessness Policy Research Working Group, 81, 83
 - Housing Unit, 79–80
 - Hypertext Markup Language (HTML), 32
- I**
- immigrants, 95
 - immunisation (vaccination), 74
 - Improving Sexual Health in Aboriginal and Torres Strait Islander Demonstration Projects, 105
 - in-house style guide, 32
 - Incidence of Type 1 diabetes in Australia 2000–2006*, 37
 - incidents under s.68 of *Occupational Health and Safety Act 1991*, 51
 - Incorporating HACC use into aged care pathways*, 87
 - indicators, *see* performance indicators
 - Indigenous Australians, 11, 95, 101–5, 109
 - Aboriginal and Torres Strait Islander Health Performance Framework 2008 report*, 35
 - asthma, 107
 - cancer, 65
 - COAG projects and programs, 12, 18, 23, 75, 102–3, 104, 114
 - drug use, 39, 69
 - gambling, 78
 - health expenditure on, 56, 57
 - hospital data, 57, 61
 - housing and homelessness, 78, 79, 80
 - injuries, 111
 - Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples*, 34
 - oral health, 110
 - perinatal statistics, 114
 - Reconciliation Action Plan, 45–6
 - services expenditure framework, 10
 - Indigenous Cadetship Program, 46
 - Indigenous Community and Health Service Reporting Unit, 101
 - Indigenous Data Gaps Unit, 102–3
 - Indigenous Determinants and Outcomes Unit, 104–5
 - Indigenous status information, 104
 - pathology request forms, 75, 102
 - infant feeding, 73
 - infant mortality, 105
 - influenza, 75
 - Pandemic Vaccination Survey, 73
 - information and communication technology, ix–x, 21–2, 49, 54
 - e-health, 20, 91
 - training, ix, 21, 47
 - see also* internet
 - Information and Communications Technology Operations, 21, 22
 - Information and Statistics Group, 85–93
 - Information and Strategy Group, 85
 - information environment strategic direction, 20–22
 - Information Governance Unit, 54
 - Information Services and Publishing Unit, 54
 - Information Statistics Group, 76
 - Information Technology Services, 21
 - inhaled corticosteroids, 107
 - injuries, 111–12
 - health expenditure, 57
 - hip fractures, 71
 - Insulin-treated diabetes in Australia 2000–2007*, 68
 - insurance policies, 14
 - interest income, 28, 29
 - Intergovernmental Agreement on Federal Financial Relations, 18, 93, 110
 - internal audits, 14
 - international comparisons, 73
 - international organisations, 48, 57
 - OECD, 56, 58, 59, 73
 - WHO, 57, 73, 91
 - international relations, xi, 44
 - International Statistical Classification of Diseases and Related Health Problems, 112, 114
 - internet and websites, 32–3, 35–6
 - ‘Asthma snapshot’, 107
 - Chronic Disease Indicators database, 73
 - Closing the Gap Clearinghouse, 36, 102, 103
 - data sets available, 27
 - diabetes indicators web pages, 68
 - hospital performance information, 19
 - METeOR, 20, 25–6, 27, 93
 - MyHospitals, ix
 - National Centre for Monitoring Arthritis and Musculoskeletal Conditions web pages, 71
 - online references to AIHW, 36, 37
 - publications available, 23, 25, 27–8, 35; formats, 32
 - security, 21
 - Working @ AIHW video, 44
 - see also* data cubes
 - intranet, 36, 49
 - investment policy, 29
 - iodine fortification, 73, 114
- J**
- journal articles, 107, 110, 163–6
 - judicial decisions, 30
 - juvenile justice, 85, 87, 97, 98

K

key relationships, xiii, 10–12
 key strategic directions, 16–23, 42
 kidney disease, chronic, 67, 68
 kitchen waste, 49

L

labour force, 90
 dental, 110
 National Registration and Accreditation Scheme, 91
 Labour Force Unit, 85, 90
 land transport accidents, 111, 112
 leadership and management courses, 47
 learning and development, *see* education resources; staff learning and development; training
 Learning and Development Advisory Committee, 47
 leave, 14, 29
 staff on long-term, 42
 legal actions, 30
 legislation, xii, 2, 5, 6, 10, 116–36
 financial management, 2, 13
 reporting requirements, xiv, 12, 22, 30, 48–9, 51
 liabilities, 29–30
 liability insurance, 14
 life expectancy, Indigenous, 102
 lighting, 49
 linkage of data, *see* data linkage
 location of offices, 51
 long service awards, 46
 long-term leave, staff on, 42

M

Making progress, 34, 37
 males, *see* men
 management and governance, 2–14, 137–57
 management and leadership courses, 47
 mandatory folate and iodine fortification, 73, 114
 market research and advertising, 30
 marketing campaigns, 34, 36
 maternal health, 113–14
 gestational diabetes, 68, 114
Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, 34
 media coverage, 36–7
 indicator, 27–8
 media marketing organisations, payments to, 30
 media releases, xiv, xv, 36, 44
 Medical Adviser, 7
 medical indemnity, 58–9
 medical labour force, *see* labour force
 medicines/medications, *see* drugs
 meetings

Board and subcommittees, 4, 6, 13, 14
 Executive Committee, 7
 Green Group, 49
 MoU management groups, 10
 Occupational Health and Safety Committee, 50
 membership
 Board and subcommittees, 4, 5–6, 145–52
 Executive Committee, 7
 statistical consultancy panel, 48
 memorandums of understanding, x, 10
 schedules, 13–14
 men, 37, 72
 staff members, xvi, 42, 43
 mental health, 34, 62–3
 chronic disease comorbidity, 73
 disability comorbidity, 88
 musculoskeletal conditions comorbidity, 71
 Mental Health Services Unit, 62–3
 Metadata Information Services – Information Environment Unit, 91–2
 Metadata Information Services – METeOR and Metadata Unit, 93
 Metadata Infrastructure Services Unit, 85
 METeOR (Metadata Online Registry), 20, 25–6, 27, 93
 midwifery, 90
 migrants, 95
 minimum data sets, *see* national minimum data sets
 Minister, 3–5
 launches by, 38
 reports tabled by, 23
 Minister for Families, Housing, Community Services and Indigenous Affairs, 26
 Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery, 72
 ministerial directions, 2
 mission statement, v
Monitoring the impact of air pollution on asthma in Australia, 75
 mortality, 27, 73
 cancer, 65
 cardiovascular, 68
 diabetes, 68
 in hospitals, 112
 Indigenous, 102, 105
 from injuries, 111, 112
 maternal, 114
 National Death Index, 85, 87
 palliative care, 62
 Pathways in Aged Care cohort study, 86
 perinatal, 114
 mothers, 113–14
 pregnancy, 68, 114
 Murdoch University, 81
 Musculoskeletal Diseases Unit, 70–1
myhospital website, ix

N

- National Aboriginal and Torres Strait Islander Health Officials Network, 11
- National Advisory Group of Aboriginal and Torres Strait Islander Health Information and Data, 11
- National Affordable Housing Agreement, 18, 19, 79
- National best practice guidelines for collecting Indigenous status in health data sets*, 104
- National Bowel Cancer Screen Program, 37, 65
- National Cancer Statistics Clearing House (Australian Cancer Database), 66
- National Centre for Monitoring Arthritis and Musculoskeletal Conditions, 48, 71
- National Centre for Social and Economic Modelling, 81
- National Closing the Gap Clearinghouse, 36, 102, 103
- National Code of Practice for the Construction Industry, 2
- national committees, *see* committees
- National community services data dictionary*, 25, 93
- National Community Services Information Management Group, 97
- National Data Development and Standards Unit, 85
- National Death Index, 85, 87
- National Diabetes Register, 68
- National Diabetes Services Scheme, 68
- National Disability Agreement, 18, 89
- National Drug Strategy Household Survey, 37
- National E-Health Transition Authority, 21
- National Health and Medical Research Council, 87, 95
- National health data dictionary*, 25, 35, 93
- National Health Survey, 88
- National Healthcare Agreement, 18, 57, 58, 60, 90, 114
- National Hospitals and Health Reform Commission, 19
- National Housing Conference, 79
- National Indigenous Drug and Alcohol Committee, 39
- National Indigenous Reform Agreement, 18, 102, 104, 114
- National Injury Surveillance Unit, 111–12
- national minimum data sets, 27
 - alcohol and other drug treatment services, 69
 - disability services, 88, 89
 - homelessness, 83
 - juvenile justice, 98
 - mental health, 62
 - non-admitted patients, 60
 - perinatal, 114
 - primary health care, 75
- National Neonatal Hearing Screening Program, 66
- National Opioid Pharmacotherapy Statistics Annual Data collection, 69
- National Partnership Agreement on Homelessness, 19, 81
- National Partnership Agreement on Remote Service Delivery for Aboriginal and Torres Strait Islander peoples, 12, 101, 114
- National Partnership for Hospital and Health Workforce Reform, 60
- National Performance Reporting Framework, 18
- National Perinatal Statistics Unit, 113–14
- National Prisoner Health Indicators, x
- National Registration and Accreditation Scheme, 91
- National Reporting Framework for Indigenous Housing, 79
- Neonatal Hearing Screening Program, 66
- neural tube defects, 114
- new information environment strategic direction, 20–22
- news feed services, 32–3
- NHMRC, 87, 95
- non-admitted patients, 60
- non-English-speaking countries, people born in, 95
- non-government organisations, 62
- non-ongoing staff, 42, 43
- Northern Territory Emergency Response Child Health Check Initiative, 105
- nursing, 90
- nutrition, 73

O

- Oakton, 14
- OATSIH services, 101
- obesity, 111
- occupational health and safety, 50–1
- Occupational Health and Safety Committee, 50
- occupational placements, 44
- office accommodation, 51
- older people, 34, 35, 95–6
 - aged care, 86, 87, 95–6; remote Indigenous communities, 12, 101
 - asthma, 75, 107
 - falls, 111
- Ombudsman, 30
- ongoing staff, 42, 43
- Online Communications Unit, 54
- Online Hospital Data Validator Pilot, 21
- opioid pharmacotherapy, 69
- Oracle database, 22
- oral health, 109–10
- organic kitchen waste, 49
- organisation and structure, 5–9, 54, 145–55
 - Data and Information Technology Unit, 21, 54
 - Health Group, 64
 - Housing and Homelessness Group, 76, 81
 - Information and Statistics Group, 85
 - outcome and program, 17
 - Social and Indigenous Group, 94, 102
- organisation chart, 9
- Organisation for Economic Co-operation and Development (OECD), 56, 73
 - 'Health at a glance 2010' report, 58
 - patient safety indicators, 59
- osteoporosis, 71
- outcome and program, 16–28
- Ovarian cancer in Australia*, 65
- overseas-born people, 95
- overseas employees, 44

P

- Pacific Islands, 44
- palliative care, 62
- Pandemic Vaccination Survey, 74
- Papua New Guinea, 44
- Parliament, 40
 - tabling of documents, 23
- parliamentary committees, 40
- part-time staff, 42, 43
- partnerships, *see* collaborations and partnerships
- pathology, 109
 - request forms, 75, 102
- Pathways in Aged Care cohort study, 86, 87
- patients, *see* hospitals
- pay increases, 47
- payables, 29, 30
- PDF, 32
- People Unit, 42, 50
 - see also* staff
- performance against planned outcomes
 - Ageing and Aged Care Unit, 95
 - Cancer and Screening Unit, 65
 - Cardiovascular, Diabetes and Kidney Unit, 68
 - Child and Youth Welfare Unit, 97
 - Children, Youth and Families Unit, 99
 - Data Linkage Unit, 87
 - Dental Statistics and Research Unit, 110
 - Drug Surveys and Services Unit, 69
 - Expenditure and Economics Unit, 56
 - Functioning and Disability Unit, 88
 - Health Care Safety and Quality Unit, 58
 - Health Performance Indicators Unit, 60
 - Homelessness Data Collection Unit, 78
 - Hospitals Unit, 61
 - Housing and Homelessness Analytics and Research Unit, 81
 - Housing and Homelessness Integration Unit, 83
 - Housing Unit, 79
 - Indigenous Community and Health Service Reporting Unit, 101
 - Indigenous Data Gaps Unit, 102
 - Indigenous Determinants and Outcomes Unit, 105
 - Labour Force Unit, 90
 - Mental Health Services Unit, 62
 - Metadata Information Services – Information Environment Unit, 91
 - Metadata Information Services – METeOR and Metadata Unit, 93
 - Musculoskeletal Diseases Unit, 71
 - National Injury Surveillance Unit, 111
 - National Perinatal Statistics Unit, 114
 - Population Health Unit, 73
 - Respiratory Conditions and Primary Care Unit, 75
- performance indicators, 23–8, 59–60
 - chronic disease, 73
 - hospital standardised mortality ratios, 112
 - hospitals, 58
 - indicator development workshop, 24
 - National Disability Agreement, 18, 89
 - OECD ‘Health at a glance 2010’ report, 58
 - palliative care, 62
 - primary health, 101
 - see also* Council of Australian Governments
- performance management, 45
- performance report, 16–30
- perinatal statistics, 113–14
 - see also* births
- Pharmaceutical Benefits Scheme, 71
- pharmaceuticals, *see* drugs
- physical activity, 73
- PIAC project, 87
- A picture of Australia’s children 2009*, 34, 35, 37
- pneumonia, 75
- policies notified to AIHW, 3–5
- policy relevance, 16–20
- population health, 39, 72–4
 - expenditure, 56
- Population Health Unit, 72–4
- Portable Document Format (PDF), 32
- Portfolio Budget Statements, xv, 12, 16
- portfolio membership, v
- pregnancy, 68, 114
- press references, 36, 37
- press releases, xiv, xv, 36, 44
- Prevention of cardiovascular disease, diabetes and chronic kidney disease*, 67
- primary health care, 34, 37, 75, 108, 109
- prisoners, x, 85, 97, 98, 99
- privacy, 22, 26–7
- Privacy Awareness Week, 48
- private hospitals, *see* hospitals
- private sector medical indemnity, 58
- Problem gambling among those seeking homelessness services*, 78
- procurement, *see* purchasing
- Productivity Commission, 12, 40, 61
 - Indigenous Expenditure Framework, 57
- program and outcome, 16–28
- Progress of the Northern Territory Emergency Response Child Health Check Initiative*, 105
- proof of concept, 21, 62
- Protective Security Manual, 5
- provisions, 29, 30
- public dentistry, 110
- public health, *see* population health
- Public Health Association Australia, 39
- public hospitals, *see* hospitals
- Public rental housing 2008–09*, 79
- public sector medical indemnity, 58

publication releases/launches, xiv–xv, 34
Australia's health 2010, 38
Australia's welfare 2009, 23, 26
 email notification service subscriptions, 33
A snapshot of men's health in regional and remote Australia, 72

publication sales, 34

publications, x, xiv–xv, 10, 32, 158–72
 Ageing and Aged Care Unit, 95, 96
 Australian Centre for Asthma Monitoring, 107
 Australian General Practice Statistics and Classification Centre, 108
 Cancer and Screening Unit, 65, 66
 Cardiovascular, Diabetes and Kidney Unit, 67–8
 Child and Youth Welfare Unit, 97, 98
 Children, Youth and Families Unit, 99, 100
 Data Linkage Unit, 86, 87
 deliverables and indicators, 23–8
 Dental Statistics and Research Unit, 110
 Drug Surveys and Services Unit, 69
 Expenditure and Economics Unit, 56, 57
 Functioning and Disability Unit, 88, 89
 Health Care and Safety Quality Unit, 58, 59
 Health Performance Indicators Unit, 60
 Homelessness Data Collection Unit, 78
 Hospitals Unit, 61
 Housing Unit, 79, 80
 Indigenous Community and Health Service Reporting Unit, 101
 Indigenous Data Gaps Unit, 102
 Indigenous Determinants and Outcomes Unit, 104, 105
 Labour Force Unit, 90
 Mental Health Services Unit, 62
 Metadata Information Services – Information Environment Unit, 91
 Metadata Information Services – METeOR and Metadata Unit, 93
 Musculoskeletal Diseases Unit, 71
 National Injury Surveillance Unit, 111, 112
 National Perinatal Statistics Unit, 113–14
 Population Health Unit, 72–4
 Respiratory Conditions and Primary Care Unit, 75
 strategic directions, 16–23
see also annual reports; *Australia's health*; *Australia's welfare*

purchasing, 13, 14
 advertising and market research, 30
 Finance Minister's (CAC Act Procurement) Directions 2009, 2, 5
 website content management system (CMS), 36

Q

qualifications of staff, 43
 quality of data, *see* data standards
 quality of health care, 58–9
 questions on notice, 40

R

radio references, 36, 37
 radio therapy, 66
 railway trains, 112
 readability of publications feedback, 32
 Reconciliation Action Plan, 45–6
 recruitment, *see* staff recruitment
 recycling, 49
Refining national asthma indicators, 107
 regional profiles, 101
 Registered Health Professional Labor Force Data Set Specification, 90
 regulations, 134–6
 relationship management, xiii, 10–12
 remote and regional Australia
 health expenditure, 57
 Indigenous communities, 12, 101, 114; health expenditure, 56
 men's health, 37, 72
 Remuneration Committee, 4, 6
 reporting, xiv, 12, 23, 30, 48–9, 51
 see also annual reports; performance indicators
 reports, *see* publications
 residential aged care, 87, 95, 96
 younger people in, 88
 Residential Mental Health Care National Minimum Data Set, 62
 Respiratory and Musculoskeletal Diseases Unit, 64
 respiratory conditions, 75, 107
 see also asthma
 Respiratory Conditions and Primary Care Unit, 75
 responsible Minister, 2
 revaluation reserve, 29
 revenue, *see* finance
 revenue contracts, 13–14
 rheumatoid arthritis, 71
 rhinitis, allergic, 75
 Rich Text Format (RTF), 32
 risk factors (health), 73
 risk management, 14
Risk of invasive breast cancer in women diagnosed with ductal carcinoma in situ in Australia between 1995 and 2005, 66
 Royal District Nursing Service of South Australia, 39
 Royal Melbourne Institute of Technology, 81
 rural Australia, *see* remote and regional Australia

S

SAAP, 19, 78, 87
 safety, 50–1
 health care, 58–9
 Safety Monitoring Committee, 65
 salary increases, 47
 sales of publications, 34
 Samoan Ministry of Health, 44
 SAS platform, 21, 47

- school dental services, 110
 secondary education sector, *see* education resources
 seminars, *see* conferences and other forums
 Senate committees, 40
 Senior Executive Service (SES) staff, 43
 separations of executive staff, 7
 server infrastructure, 21–2
 sex of staff, xvi, 42, 43
 sexual health, 105
 showers, 49
 significant events, 5
 'A snapshot of arthritis in Australia 2010', 71
A snapshot of men's health in regional and remote Australia, 37, 72
 'A snapshot of osteoporosis in Australia 2010', 71
 Social and Indigenous Group, 94–105
 Social Policy Research Centre Conference, 79
 Specialist Homelessness Establishments National Minimum Data Set, 83
 Specialist Homelessness Services National Minimum Data Set, 83
 Specialist Homelessness Services Project, 76, 84
 spinal cord injury, 112
 sponsorship of overseas employees, 44
 staff, xvi, 42–52
 - conference papers and presentations, 166–70
 - executive, 7–9, 153–5
 - expenditure relating to, 28–9
 - journal articles, 163
 - liability insurance policy, 14
 staff awards, 46–7
 staff learning and development, 47–8
 - cultural appreciation, 46
 - information technology training, ix, 21, 47
 - workplace behaviour, 45
 - workplace safety, 50
 - writing capacity seminars and workshops, 32
 staff recruitment, 30, 44, 46
 - induction course, 47, 48, 50
 - workstation assessments for new staff, 50
 staff survey, 43, 45, 47
 stakeholders, xiii, 10–12
 standards, *see* data standards
 state and territory governments, 11
 - parliamentary relations, 40
 State of Our Public Hospitals/Australian hospital statistics project, 61
State owned and managed Indigenous housing 2008–09, 79
 Statistical and Analytical Methods Advisory Committee, 48
 statistical consultancy panel, 48
 statistical manual, 48
Statistics on drug use in Australia 2006, 35
 Steering Committee for the Review of Government Service Provision, 18, 60, 61, 79, 97
 strategic directions, 16–22, 42
 strengthening policy relevance strategic direction, 16–20
 structure, *see* organisation and structure
 Studybank Program, 48
 style guide, 32
 substance use, 105
 - see also* drug use
 suicide, 112
 Supported Accommodation Assistance Program (SAAP), 19, 78, 87
 surgery, 105
 surplus, xv
 Survey of Disability, Ageing and Carers, 89
 Survey of Mental Health and Wellbeing, 88
 Swinburne University of Technology, 81
 Sydney University, 108
- T**
- tabled documents, 23
 teaching resources, *see* education resources
 telephone system, x
 television references, 36, 37
 term deposits and cash, 29, 30
 tobacco, 69
 Torres Strait Islanders, *see* Indigenous Australians
 training
 - homelessness sector workers, 19
 - METeOR users, 93
 - see also* staff learning and development
 trains, 112
 transport accidents, 111, 112
 travel procedures, 14
 Treasury, 10, 89
 tribunal decisions, 30
 Type 1 diabetes, 37, 68
- U**
- unit record files, 74, 89
 - child protection, 19
 - homelessness, 78
 United States Center for Health Statistics, xi
 universities, 11, 81, 157
 University of Adelaide, 109
 University of Canberra, 48, 81
 University of New South Wales, 113
 University of Sydney, 108
 Unix server virtualisation, 22
- V**
- vaccination, 74
 values, v
 Victorian Department of Human Services, Housing Division, 39
 Victorian Homelessness Data Collection, 78
 video, 44
 Vietnam Veterans Nominal Roll data, 73
 vision, *see* eye health

W

- waiting times for public dentistry, 110
- waste management, 49
- water saving devices, 49
- websites, *see* internet
- weight, 111
- welfare
 - children and young people, 97–100
 - data dictionary, 25, 93
 - email notification service subscriptions for publication releases, 33
 - expenditure, 57
 - indicators, 60
 - National community services data dictionary*, 25, 93
 - see also* aged care; *Australia's welfare*; housing and homelessness
- Windows services, 22
- women
 - heart disease, 68
 - mothers, 113–14; pregnancy, 68, 114
 - staff, xvi, 42, 43
- Woolcock Institute of Medical Research, 107
- work groups, 7, 54–114
- work plans, 10, 12, 54
- workbooks and worksheets, 27, 36, 73
- Working @ AIHW video, 44
- workplace behaviour, 45
- workplace diversity, 45, 46
- workplace health and safety, 50–1
- workshops, *see* conferences and other forums
- workstations, 22
 - assessments, 50
- World Health Organization (WHO), 57, 73, 91
- writing, 32
- Writing for the AIHW*, 32

Y

- Young Australians: their health and wellbeing*, 35
- young people, 34, 35, 37, 97–100, 114
 - in community housing, 79
 - dental health, 110
- younger people in residential aged care, 88