



AUSTRALIAN
INSTITUTE
of HEALTH
and WELFARE



ANNUAL
REPORT

2002-03



AIHW
AUSTRALIAN INSTITUTE
OF HEALTH & WELFARE

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ISSN 1321-4985

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

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Published by the Australian Institute of Health and Welfare

Typeset by Levitate Graphic Design

Cover art by Kate Barry

Printed by National Capital Printing



Senator the Hon. Tony Abbott
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 for the year to 30 June 2003.

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

In accordance with the requirements of Section 9 of the CAC Act, the report was endorsed on 2 October at a meeting of directors responsible for the preparation and content of the report of operations, in accordance with the Finance Minister's Orders.

Yours sincerely

Dr Sandra Hacker
Chairperson of the Board

7 October 2003

For health and welfare
statistics and information

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AIHW Mission

Better health and wellbeing for Australians through better health and welfare statistics and information.

We inform community discussion and decision-making through national leadership and collaboration in developing and providing health and welfare statistics and information.

The Institute's values

We uphold these values:

- ACCESSIBILITY** making our work available to all Australians
- EXPERTISE** applying specialised knowledge and high standards to our products and services
- INDEPENDENCE** ensuring our work is objective, impartial and reflects our mission
- INNOVATION** showing curiosity, creativity and resourcefulness in our work
- PRIVACY** respecting and safeguarding the privacy of individuals and the confidentiality of those who provide the information we use
- RESPONSIVENESS** seeking and responding to the needs of all those who supply or use our data and information

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Highlights from the AIHW Chair

I am proud to be able to report that the Australian Institute of Health and Welfare (AIHW) has had its busiest and most productive year on record by way of published reports. The increased output reflects a substantial rise in the number of small publications in response to Board, client and funder demands. More than 50% of publications were funded by external clients, reflecting increasing business activity between the AIHW and its major stakeholders.

Production of such a volume and quality of reports could not be achieved without analytical and production processes of a high professional standard. I take pleasure in this opportunity to congratulate staff for their commitment to the mission of the AIHW.

The AIHW's work program is guided by the AIHW Board, whose membership includes representatives of key departments, and by the requirements of the respective national health, housing and community services information agreements.

The Institute works consultatively on all its projects. For major publications such as *Australian Hospital Statistics 2001–02*, an advisory group comprising representatives from across the broad range of stakeholders is established to monitor progress and advise on the content of the report. Where the report involves a number of key interest groups, there is negotiation and discussion between parties throughout the process.

Reports containing original findings and newly released statistics are refereed. The AIHW's Board is included in the development of our flagship publications through lively discussions at meetings regarding structure, concepts and content, and through refereeing chapters.

To gain a snapshot of how our publications are received by stakeholders and clients, we conducted an Internet-based client satisfaction survey this year. Responses from this survey were overwhelmingly positive, indicating that we are releasing into the public arena useful statistics that inform public policy and debate.

In October 2002, the AIHW, as the Australian Collaborating Centre, hosted the 2002 meeting of Heads of World Health Organization Collaborating Centres for the Family of International Classifications. The Heads of Centres meet annually to direct work on endorsing and implementing International Classifications and thus ensure consistent international data are available on the health of the populations of member countries. The theme of the program was 'Improving health systems through quality data'.



The two core components of the Family of International Classifications are:

- The International Statistical Classification of Diseases and Related Health Problems (ICD-10)
- The International Classification of Functioning, Disability and Health (ICF).

Such partnerships recognise the AIHW as a key member of select organisations that produce quality statistical information to enhance the health and wellbeing of national populations. It was pleasing to see such an attendance with 90 delegates from 21 countries attending the meeting.

This year saw the previous collaborative arrangements on Aboriginal and Torres Strait Islander health and welfare statistics come to a close. The arrangements were a driving force for major gains in this crucial field. In acknowledgment of the need to maintain and build on these gains, the AIHW established the Aboriginal and Torres Strait Islander Health and Welfare Unit dedicated to ensuring the valuable work in this vital area continues.

The Corporate Plan 2003–06 was released following a planning process that commenced early in 2002. There are some important changes that demonstrate the current role of the AIHW, the scope of our work and our place in our strategic environment. The refined mission for the AIHW is *Better health and wellbeing for Australians through better health and welfare statistics and information*. The Plan outlines the values that are important to the AIHW and relevant in the current environment. Changes acknowledge the heightened privacy environment in which we operate and draw on my encouragement of the AIHW to demonstrate fearless curiosity in pursuing its goals.



Dr Sandra Hacker
Board Chair





CHAPTER 1



**Organisation of the
Australian Institute of
Health and Welfare**

Enabling legislation

The Australian Institute of Health and Welfare (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 entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) (Appendix 2, page 67).

The AIHW is in the Health and Ageing portfolio and has a close relationship with the Department of Family and Community Services and the Department of Veterans' Affairs.

Responsible Minister

Senator the Hon. Dr Kay Patterson, the Minister for Health and Ageing, is the Minister responsible for the AIHW.

The AIHW also communicates with Senator the Hon. Amanda Vanstone, Minister for Family and Community Services, the Hon. Kevin Andrews, Minister for Ageing, and the Hon. Larry Anthony, Minister for Children and Youth Affairs.

Objectives and functions

The AIHW's main functions relate to the collection and production of health-related and welfare-related information and statistics, and are specified in s. 5 of the AIHW Act.

In summary, the AIHW:

- identifies and meets the information needs of governments and the community to enable them to make informed decisions to improve the health and welfare of Australians
- provides authoritative, timely information and analysis to the Commonwealth, state and territory governments and to non-government clients by collecting, analysing and disseminating national data on health, community services and housing assistance
- develops, maintains and promotes, in conjunction with stakeholders, information standards for health, community services and housing assistance.

The AIHW may:

- Enter into contracts or arrangements, including contracts or arrangements to perform functions on behalf of the AIHW (details of such collaborations are included later in this report).
- Subject to strict confidentiality provisions in the AIHW Act and with the agreement of its Ethics Committee, release data to other bodies or persons for research purposes.

The AIHW puts into the public domain and promotes the results of its work.

Statement of governance

AIHW Board

Section 8(1) of the AIHW Act specifies the composition of the Board of the AIHW. Board members, other than three ex-officio members and a staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Ageing for periods not exceeding 3 years. Details of 2002–03 Board members are listed below. The financial statements contain details of remuneration of Board members (Note 12, page 61), and Related Party Disclosures of the Board (Note 13, page 61).

The following is a list of Board members for the period 1 July 2002 to 30 June 2003.

Chair

Dr Sandra Hacker

Representative of consumers of welfare services

Ms Elizabeth Davies

Secretary, Department of Health and Ageing

Ms Jane Halton

Australian Statistician

Mr Dennis Trewin

Australian Health Ministers' Advisory Council nominee (until 10 April 2003)

Dr Penny Gregory

Community Services Ministers' Advisory Council nominee

Dr Tom Stubbs

Representative of state and territory Housing Departments

Ms Linda Apelt

Ministerial nominees (from 7 April 2003)

Prof. Heather Gardner

Dr Kerry Kirke

Mr Ian Spicer

AIHW staff nominee

Ms Justine Boland

Director, AIHW

Dr Richard Madden

The Secretary of the Department of Family and Community Services is invited to attend and participate in Board meetings.

Four Board meetings were held during the period. Details of meetings attended and Board members' qualifications and experience are in Appendix 3 (page 89).

The performance of the AIHW Director is reviewed annually by the Board Chair.

Board committees

ETHICS COMMITTEE

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

Membership and meetings

Membership of the Ethics Committee at 30 June 2003 is shown below. The Ethics Committee meets the NHMRC requirements for the composition of human research ethics committees.

Four meetings of the Ethics Committee were held during 2002–03. The Committee agreed to the ethical acceptability of 32 projects during the year.

Ethics Committee members 2002–03

Chair

Mr Robert Todd

Medical graduate with research experience

Prof. Tony Adams

Graduate in a social science

Dr Siew-Ean Khoo

Nominee of the Registrars of Births, Deaths and Marriages

Ms Val Edyvean

Minister of religion

Rev. Dr D'Arcy Wood

Legal practitioner

Ms Marina Farnan

Representatives of general community attitudes

Mr David Mulford

Ms Janet Kahler (from 5 September 2002)

Director, AIHW

Dr Richard Madden

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 Board on financial and audit issues.

Membership and meetings

Membership of the Audit and Finance Committee and details of the four meetings held during the year are shown in Appendix 4.

The major matters on which the Committee reported to the Board were:

- review of annual financial statements
- internal audit program
- data audit program.

Indemnities and insurance premiums for officers

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

Funding

Two main sources of income fund the AIHW's activities. As part of the Health and Ageing portfolio, the AIHW was appropriated \$8.105 million in 2002–03 from the Commonwealth (Appendix 1, page 37). Revenue for externally funded projects from other sources was \$11.5 million. External projects are largely funded through agreements between the AIHW and the Commonwealth (the Department of Health and Ageing, the Department of Family and Community Services and the Department of Veterans' Affairs), state and territory advisory councils, and state and territory agencies.

Organisational structure

The organisational structure of the AIHW has been established to ensure it best meets its functional responsibilities. The structure does not remain static, but is modified to meet changing requirements of its constituents.

The Director, who is a member of the Board, is responsible for the AIHW's activities. The Director is supported in this role by four Division Heads, each with a major functional responsibility within the organisation (for Health, Welfare, Resources, and Business and Information Management), and an Executive Unit. A chart showing the AIHW's organisational structure is on page 12.

Collaborating units

Five collaborating units (contracted with the organisations shown below) extend the scope of the AIHW's skills base and enhance the ability of the AIHW to perform its functions.

AUSTRALIAN CENTRE FOR ASTHMA MONITORING (WOOLCOCK INSTITUTE OF MEDICAL RESEARCH, SYDNEY)

The Australian Centre for Asthma Monitoring forms part of the Australian asthma monitoring system, which was established as a component of the National Health Priority Area plan for asthma.

DENTAL STATISTICS AND RESEARCH UNIT (UNIVERSITY OF ADELAIDE)

The Dental Statistics and Research Unit aims to improve oral health of Australians by collecting, analysing and reporting information on people's oral health, their access to dental care, the practice of dentistry in Australia and the dental labour force.

GENERAL PRACTICE STATISTICS AND CLASSIFICATION UNIT (UNIVERSITY OF SYDNEY)

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

NATIONAL INJURY SURVEILLANCE UNIT (FLINDERS UNIVERSITY)

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

NATIONAL PERINATAL STATISTICS UNIT (UNIVERSITY OF NEW SOUTH WALES)

The National Perinatal Statistics Unit contributes to the health and wellbeing of mothers and babies in Australia by collecting, analysing and reporting national information on reproductive and perinatal health. The unit collaborates with state and territory perinatal data groups and other professional and consumer groups in developing national reproductive and perinatal health statistics and information systems.

COLLABORATIVE ARRANGEMENTS

The AIHW has agreements with a number of other organisations to facilitate collaboration. These include the National Centre for Classification in Health in relation to classification of cause of death, and the National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases.

AIHW staff

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 2002–03 are shown on page 100. Executive staff at 30 June 2003 are listed below. Information about heads of functional units is included in Appendix 7 (page 99).

Director

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

Health Division Head

Ching Y Choi, BA (ICU), PhD (ANU)

Welfare Division Head

Diane Gibson, BA (Hons), PhD (Qld), FASSA

Business and Information Management Division Head

Anny Stuer, BA (Hons) (France), PhD (ANU)

Resources Division Head

Jenny Hargreaves (acting from 2 June 2003), BSc (Hons)(ANU), Grad Dip Population Health (ANU)

Establishment and maintenance of ethical standards

The AIHW upholds these values:

- Accessibility
- Expertise
- Independence
- Innovation
- Privacy
- Responsiveness.

The *AIHW Corporate Plan 2003–2006* was developed in the context of the AIHW's values. In turn, those values shape the Business Plan which flows from the Corporate Plan, and the annual Work Program.

The AIHW's strong commitment to its values is reinforced for staff in a number of ways. Staff are required to sign an Undertaking of Confidentiality in relation to data held under the AIHW Act. A major focus of the AIHW's induction program is a discussion, led by the Director, of the values and ethical standards under which the AIHW operates. These policies and work practices, which are subject to audit scrutiny, are designed to ensure the confidentiality of the data held.

Risk management strategies

Maintaining the security of AIHW data is a key strategy in minimising the Institute's business risk. Staff and researchers seeking access to AIHW data through its Ethics Committee must comply with the confidentiality requirements of s. 29 of the AIHW Act. These requirements are explained in the *AIHW Information Security and Privacy Policy and Procedures*, the *Guidelines for Custody of AIHW Data*, and the *AIHW Ethics Committee Guidelines for the Preparation of Submissions for Ethical Clearance*. Each year the Board endorses an annual audit program covering data, data administration, finance, human resources and other administrative procedures.

The AIHW has in place a program of independent data audits. The audits are designed to determine whether effective strategies are in place to ensure the security and integrity of collections, and that adequate controls surround the administration of databases. Database administration procedures and two major collections were audited in 2002–03. The audits have shown a high standard of data-management practice and at the same time indicated areas for improvement. The last audit completed in 2002–03 showed that improvements recommended earlier in the year were being adopted. Several more data audits are planned for 2003–04 and will continue to assess data-management practices to ensure appropriate levels of security and data integrity.

In light of the 2002–03 audits, the auditors recommended a more streamlined data audit strategy, focusing on groups of data collections assessed as having a similar level of risk. This recommendation was endorsed by the Board.

An Accounting Health Check, which assesses the Institute's compliance with relevant policies and procedures, was also completed, with the auditor's report expected early in the next financial year. Key elements examined were the goods and services tax, purchasing and accounts payable (including the use of credit cards and travel arrangements), cash management, and salary and allowances. Auditors found that processes examined within the Institute are operating soundly and that some controls can be improved.

Commonwealth Disability Strategy

The core business role of the AIHW in terms of the Commonwealth Disability Strategy is as an employer. To that end, the AIHW has implemented the following strategies.

Employment policies, procedures and practices

The AIHW has a range of employment policies and procedures which take into account the requirements of the Commonwealth Disability Strategy. These policy and procedural documents are available to all staff on the AIHW intranet. Work practices are in accordance with these policies and procedures.

Recruitment practices

ACCESSIBILITY OF RECRUITMENT INFORMATION

Vacancies are advertised in the *Gazette* and on the AIHW web site; such information is therefore accessible to people with disabilities. E-mails on accessibility matters are responded to promptly, and applications submitted by e-mail are accepted. The AIHW is committed to workplace diversity and equal employment and opportunity.

APPLICATION OF THE PRINCIPLE OF 'REASONABLE ADJUSTMENT'

Recruitment and selection guidelines include a statement that the AIHW is an equal opportunity employer which values and promotes workplace diversity. The AIHW encourages managers and selection advisory committees to demonstrate attitudes and practices that support members of designated groups applying for, securing and maintaining employment.

Training and development activities

Staff training and development programs are accessible to all staff.

Accessibility of AIHW work

All AIHW publications are available free of charge on the AIHW web site (www.aihw.gov.au). In addition, the site offers free access to 40 interactive data 'cubes' which allow users to produce customised tables or graphs to suit their needs.

AIHW publications include a wide range of statistical tables, and it is difficult to render all of these in universally accessible formats. In recognition of this, the AIHW invites web site visitors having difficulty accessing information to contact Institute staff directly for individual assistance.

Grievance mechanism

The AIHW has procedures in place for dealing with grievances:

- All staff are encouraged to discuss grievances, in the first instances, with their manager.
- Workplace Harassment Officers have been appointed to assist staff.
- Staff have access to an external counselling/grievance agency. Details of this arrangement are available to all staff via the AIHW intranet.

Occupational health and safety strategies

Safe working practices are covered by the AIHW Occupational Health and Safety Agreement, which was signed in 1998. The agreement recognises the AIHW's legal responsibility to ensure staff's workplace and work practices are healthy and safe. The agreement is accessible to staff via the AIHW intranet, which provides advice to staff on a range of occupational health and safety issues.

The Occupational Health and Safety Committee met four times during the year. Committee members received training from Comcare on how to improve the effectiveness of occupational health and safety committees.

Measures taken during the year to ensure the health, safety and welfare at work of employees and contractors included:

- the provision of training in occupational health and safety work practices, and in managing occupational health and safety risks
- the provision of training in firefighting and emergency evacuation procedures for fire wardens, and first aid training for staff with those responsibilities
- the conduct by professional occupational therapists of individual workstation assessments for many staff
- the conduct of regular workplace inspections by health and safety representatives and office services staff, and repairs and maintenance as required.

There were four accidents that required the giving of notice 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 given under ss. 29, 46 or 47 of the *Occupational Health and Safety Act 1991*.



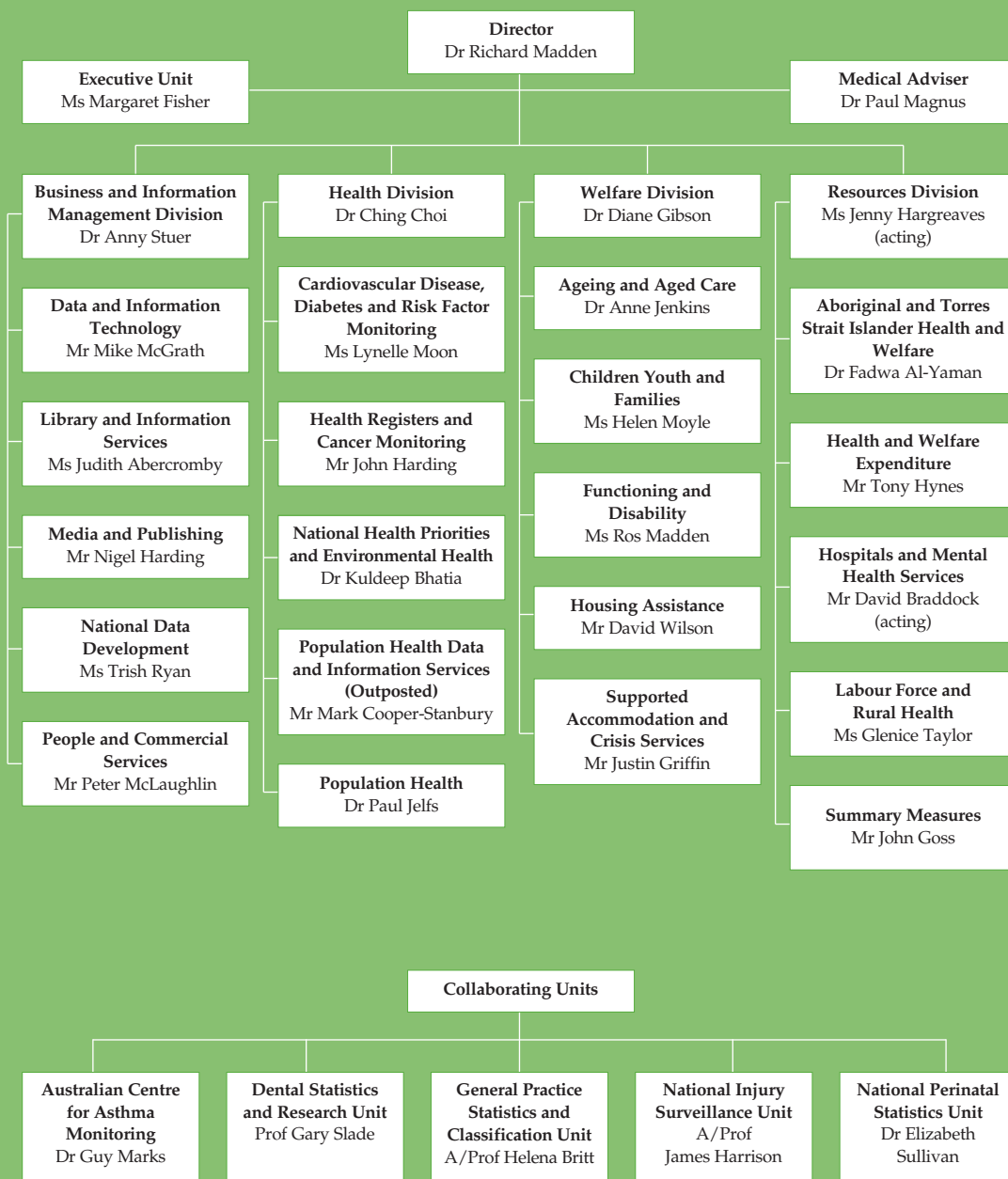
Environmental performance and contribution to ecologically sustainable development

The functions of the AIHW are such that none of its activities are relevant to ecologically sustainable development in terms of the principles identified in the *Environment Protection and Biodiversity Conservation Act 1999*.

However, in accordance with its broad commitment to following high ethical standards, the AIHW has in place a number of policies and procedures to reduce the environmental impacts of its day-to-day operations. These relate particularly to conservation of energy and other natural resources.

Organisational structure

Australian Institute of Health and Welfare





CHAPTER 2



Reporting framework

Background

The Australian Institute of Health and Welfare (AIHW) is Australia's national agency for health and welfare statistics and information, established by an Act of Parliament to report to the nation on the state of its health and welfare. Thus, every 2 years the AIHW publishes *Australia's Health* and *Australia's Welfare* as comprehensive summaries of these two major areas that encompass health, health services, community services and housing assistance.

The AIHW directly contributes to Portfolio Outcome 9, Health Investment, of the Department of Health and Ageing portfolio, i.e. 'Knowledge, information and training for developing better strategies to improve the health of Australians', through achievement of its mission:

Better health and wellbeing for Australians through better health and welfare statistics and information.

We inform community discussion and decision making through national leadership and collaboration in developing and providing health and welfare statistics and information.

The AIHW also provides services to the Department of Family and Community Services under arrangements endorsed by the Board and Minister.

The *Australian Institute of Health and Welfare Act 1987* makes provision for the AIHW to collect and produce health-related and welfare-related information and statistics about the people of Australia and their health and welfare services. The AIHW provides the information that governments and the community use to discuss policy and make appropriate decisions. The AIHW does not formulate health, housing and community services policy.


The AIHW plays an active role in the complex interplay of government and non-government networks that have an interest in Australia's health and welfare statistics and information.

The AIHW Work Program

The annual Work Program is endorsed by the AIHW Board. In addition to its internally funded Work Program, the AIHW provides services on a cost-recovery basis to a variety of government and non-government clients. This includes work on a number of nationally important ongoing data sets such as those relating to housing, the Supported Accommodation Assistance Program, mental health services, cancer screening, asthma monitoring, diabetes monitoring, cardiovascular disease monitoring, and dental services.

The Work Program for 2002–03 outlines actions taken to achieve the goals and describes outputs that are delivered to meet the objectives of the AIHW Corporate Plan and the Business Plan 2001–04. Analysis of achievements based on Work Program goals is included on page 25.

The Board agreed to maintain the relativity of appropriation funding committed to projects in the Health and Ageing portfolio and the Family and Community Services portfolio at 62% and 38% respectively. As a statutory authority within the Health and Ageing portfolio, the AIHW reports



on its appropriation funding through that portfolio budget process only, whether its outputs relate to health or community services data and information.

In terms of how the AIHW manages its Work Program, work funded both under appropriation and through external contracts is considered as contributing to the same broad outcomes. Accordingly, the AIHW's report on performance makes no distinction between work funded through appropriation and that funded from external sources.

Business and people strategies

The AIHW's business and people strategies reflect the values, objectives and strategies described in the 2003–06 Corporate Plan. This section highlights initiatives associated with AIHW's relationships with its partners and clients, and with the application of high professional and ethical standards to its work.

During the year, the AIHW renewed agreements with Flinders University, the University of Adelaide and the University of New South Wales for the operation of collaborating units—the National Injury Surveillance Unit, the Dental Statistics and Research Unit and the National Perinatal Statistics Unit—in their respective institutions.

An agreement will be signed shortly for collaborative arrangements between the AIHW and the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales.

The AIHW undertakes work for Commonwealth agencies under Memoranda of Understanding (MOUs). Existing MOUs with the Department of Health and Ageing and the Department of Family and Community Services both continued in 2002–03. The AIHW signed a new MOU with the Department of Veterans' Affairs, signifying the maturing of its relationship with this agency.

Acumen Alliance was appointed as the AIHW's internal auditor and began a 3 year audit program that covers data collections as well as financial and administrative policies and procedures.

A number of initiatives emanating from the 2002–05 Certified Agreement were implemented, including simplified procedures for performance feedback.

To ensure that staff keep up with contemporary statistical expertise, the AIHW has contracted a statistical consultancy service as a step towards appointing an in-house statistical adviser.

The AIHW also has an annual graduate intake, commenced 5 years ago, which has helped to attract new employees from a variety of relevant disciplinary backgrounds.

The AIHW's Learning and Development Strategic Plan was revised and updated during the year, and a needs analysis was undertaken to inform the learning and development program. The AIHW Studybank policy was reviewed and revised.

Regular seminars with speakers from policy departments and other stakeholder areas, and quarterly Institute updates, continued to play an important role in keeping staff abreast of developments in the AIHW's internal and external business environments.

Information and communication Strategies

The AIHW web site (www.aihw.gov.au) with its 30 subject portals continues to attract a large number of visitors. The current average is about 1,900 per day.

The web site also includes 40 multidimensional data 'cubes', an increase of 28 on last year. These cubes allow users to produce customised tables or graphs on statistics related to cancer, disability services, hospital diagnoses and usage, general practice activity, expenditure on health and welfare services, and use of alcohol and other drug treatment services.

During the year, the AIHW published a record 115 reports and 54 media releases.

In the latter half of the year, an AIHW products questionnaire was sent to AIHW product-release subscribers, and subscribers to the corporate newsletter, *AIHW Access*. AIHW web site visitors were also invited to complete the questionnaire. Respondents indicated a very high overall level of satisfaction with the AIHW's print and internet products.

Reports according to Portfolio Budget Statement

The AIHW Review of Operations for 2002–03 reports according to output groups in the Department of Health and Ageing Portfolio Budget Statement; in reporting on these output groups, however, the AIHW includes the significant proportion of its Work Program which supports the objectives of the Family and Community Services portfolio so as to present a comprehensive record of the AIHW's contribution to the health and welfare of Australians.

The output groups within Outcome 9 of the Department of Health and Ageing 2002–03 Portfolio Budget Statement according to which the AIHW reports are listed below. The groups are sufficiently broad to enable reporting on contributions made to the Family and Community Services portfolio.

Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act.

Output Group 2: National leadership in health-related and welfare-related information and statistics.

Output Group 3: Collection and production of health-related and welfare-related information and statistics for governments, non-government and community organisations.

PERFORMANCE TARGETS NOT ACHIEVED

This report identifies where the AIHW did not meet its Work Program goals against each of the Output Groups.

Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act

Specific services include:

- analysis of data and information for the production of a report on the provision of welfare services (*Australia's Welfare 2003*) due by the end of 2003 (under s. 31(1A) of the *Australian Institute of Health and Welfare Act 1987*)
- analysis of data and information for the production of a report on the health of Australia's people (*Australia's Health 2004*) due by the end of June 2004 (under section 31(1) of the *Australian Institute of Health and Welfare Act 1987*)
- AIHW Annual Report.

Contribution to Portfolio Outcome 9

Australia's Welfare and *Australia's Health* contribute specifically to Portfolio Outcome 9 in the following ways:

- They are flagship publications that offer a comprehensive picture of the scope of national information available on health, housing assistance and community services.
- They provide an overview of the position of health, housing assistance and community services information in Australia.
- They can be used as a source of evidence for policy development and review.
- They provide an extensive guide to summary descriptive information and specifics on health, housing assistance and community services and identify information gaps.
- They provide references to areas where further detail is available.

Background

The AIHW is required by law (s. 31(1)(b) and 31(1A)(b) of the *Australian Institute of Health and Welfare Act 1987*) to submit to the Minister for tabling in Parliament a health report and a welfare report for the previous 2 year period.

The AIHW regards the requirement to produce the reports as an excellent opportunity to provide health and welfare statistics and information to Parliament and thus to the Australian community. The reports are important vehicles for informing the Australian public about the state of the nation's health and its health and welfare associated support services. They also enable the AIHW to showcase its capability in health and welfare statistics and information.

Parliament is an important audience for *Australia's Health* and *Australia's Welfare*, not only because the AIHW Act requires that the reports are presented to Parliament, but also because they are used to inform Parliament and the processes of government.

Performance measures

In 2002–03, there were 73 references in the Hansards of the House of Representatives and the Senate to reports by the AIHW.

The AIHW's Board, which includes representatives of the Department of Health and Ageing, the Department of Family and Community Services, the Australian Bureau of Statistics, the Australian Health Ministers' Advisory Council, the Community Services Ministers' Advisory Council and Housing Administrators, has been closely involved in the preparation of both *Australia's Welfare 2003* and *Australia's Health 2004*.

AUSTRALIA'S WELFARE 2003

The Board has endorsed the content of this publication, and work on its preparation has been ongoing. Progress is monitored by the AIHW's senior management and the Board. At the end of June 2003, chapters had been circulated to a number of external referees for comment. These referees cover the spectrum of the AIHW's stakeholders, including its Board members.

Preparation of *Australia's Welfare 2003* is currently on schedule for the planned release date of November 2003 as required by the AIHW Act.

AUSTRALIA'S HEALTH 2004

Preliminary work has been done to develop the content of this publication, and the Board has endorsed a project outline.

Australia's Health and *Australia's Welfare* are the best selling of the AIHW's publications, with sales totalling 1724 and 578 respectively in 2002–03. (They are also available free of charge through the AIHW web site.)

AIHW ANNUAL REPORT

The 2001–02 AIHW Annual Report was tabled on Wednesday 23 October 2002.

Output Group 2: National leadership in health-related and welfare-related information and statistics

The AIHW takes a national leadership role in relation to:

- promoting and supporting the development of national information on health, community services and housing assistance, and establishing national data standards and metadata
- promoting and supporting national health, community services and housing assistance information agreements aimed at improving national information, identifying priorities and developing consistent national information
- developing international health and welfare information standards and classifications
- expertise and advice on information-related issues of data privacy, confidentiality and ethics
- participation in national committees as an information specialist
- submissions and advice to major inquiries.

Promoting and supporting the development of national information on health, community services and housing assistance, and establishing national data standards and metadata

Quality data are needed to inform community discussion and decision making. Such data are essential to government agencies in the health, community services and housing assistance sectors as well as to community groups for policy development and service planning and monitoring. Consistent data, which allow valid comparison between jurisdictions or service providers, are also essential to central agencies such as the Productivity Commission, the Commonwealth Grants Commission and Commonwealth, state and territory Treasuries.

Data development is integral to the process of improving information. A structured approach to data development and collection minimises duplication and has potential benefits, including cost savings, for all agencies, providers and clients.

NATIONAL DATA DICTIONARIES

National data dictionaries produced by the AIHW provide a set of core data item definitions for use in Australian data collections in the health, housing assistance and community services sectors. Much of the drive for standardisation arises from Australia's various national agreements, e.g, the Australian Health Care Agreements, the National Health and Community Services Information Agreements and the National Housing Data Agreement.

Electronic access to data dictionaries developed by the AIHW is available through the Knowledgebase on the AIHW web site (www.aihw.gov.au). The Knowledgebase is an open-access electronic storage site where users can view and comment on Australian health, community services and housing assistance related data definitions and standards. It provides precise definitions of data on particular health or community services, related topics or terms, and any related officially agreed national minimum data sets, performance indicators, definitions and standards.

Outputs for 2002–03 in this category are shown in the performance table on page 25.

NATIONAL DATA INFRASTRUCTURE PROJECTS

The AIHW undertook several data infrastructure projects relating to health and welfare information and statistics. Outputs achieved during the year in this category are referred to at the end of the chapter.

NATIONAL MINIMUM DATA SETS

A national minimum data set (NMDS) is a core set of data elements endorsed for collection and reporting at a national level. For health information, NMDSs are agreed by the National Health Information Management Group for mandatory collection and reporting.

In the community services sector, agreement to collect and report NMDSs is reached within Commonwealth, state and territory structures relevant to specific programs or policy areas. As signatories to the National Community Services Information Agreement, the government authorities responsible for community services at state, territory and Commonwealth levels are committed to using national data standards endorsed through the National Community Services Information Management Group. In the housing assistance sector, procedures are similar to those for the community services sector.

NATIONAL PERFORMANCE INDICATORS

Well-designed and clearly defined indicators enable the systematic analysis of trends in outcomes for health, housing assistance and community services, and factors affecting these outcomes. Indicators also enable comparisons to be made across populations, help to identify problem areas, and provide a basis for establishing benchmarks. Details of the AIHW's contribution during the year to this work are included in the table on page 25.

Promoting and supporting national health, community services and housing assistance information agreements aimed at improving national information, identifying priorities and developing consistent national information

National information agreements provide a framework for national data infrastructure activities in the AIHW's three areas of functional responsibility. The AIHW's participation in and support of national information management groups covering health, community services and housing

assistance enable it to play a role in promoting and supporting the development of nationally consistent, readily accessible information in these areas.

The AIHW contributes a significant amount of its resources to the work of these information management groups. It chairs national data committees on health, housing assistance (including Indigenous housing) and community services and provides the secretariat to these committees and to the information management groups to which these report.

HEALTH INFORMATION

The **National Health Information Agreement** (NHIA) is designed to ensure nationally important health information is collected, compiled and interpreted correctly and efficiently. The National Health Information Management Group (NHIMG), which reports to the Australian Health Ministers' Advisory Council, directs the implementation of the NHIA. The AIHW is a member of the NHIMG and provides the secretariat. The NHIMG page on the AIHW web site (www.aihw.gov.au/committees/nhimg) provides information about the NHIMG and the work produced for it, as well as giving access to NHIMG publications.

The **National Health Data Committee** (NHDC) is a subcommittee of the NHIMG. The Committee's work has been focused primarily on the maintenance, revision and development of the *National Health Data Dictionary* and health data standards included in the AIHW Knowledgebase (electronic metadata registry for national data standards in health, community services and housing). Twelve versions of the NHDD have been produced. Version 13 is scheduled for 2004. The NHDD originated from the need for consistent nationally endorsed definitions to underpin reporting of data sets (NMDs) for national collation and analysis to inform policy development and public debate. The AIHW is a member of the Committee, and provides the secretariat and Chair.

Through the AIHW, the NHDC has membership on Standards Australia committees relevant to its work program. These are 'Health Informatics' (IT-014) and its various subcommittees, and the Information Systems subcommittee 'Data Management and Interchange' (IT-001-032). The Health Informatics committee provides input to the International Standards Organization's (ISO's) technical committee on Health Informatics (TC215). The Data Management and Interchange sub-committee provides input to the same-named ISO's joint technical committee (JTC 1/SC 32). Standards Australia has the voting rights for Australia in relation to a range of international standards that are of significance to Health Informatics in Australia.

The **National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data** was established by Australian Health Ministers' Advisory Council to provide broad strategic advice to the NHIMG on improving of the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health-service delivery. The AIHW is a member of the advisory group, and provides the secretariat.

The **National Public Health Information Working Group** drives a coordinated national effort to ensure nationally consistent information infrastructure to promote and protect the health of all Australians. The AIHW provides the secretariat and the joint chair to the working group.

During 2002–03, the AIHW participated in redevelopment of national health information governance arrangements aimed at integrating work on statistical, clinical and management use health information. Implementation of the new arrangements is planned for 2003–04.

COMMUNITY SERVICES INFORMATION

The AIHW supports the work of community services jurisdictions under the **National Community Services Information Agreement (NCSIA)**. The agreement is managed by the National Community Services Information Management Group (NCSIMG), a subgroup of the Community Services Ministers' Advisory Council.

The NCSIA provides for the establishment of the national infrastructure and decision-making processes needed to integrate and coordinate the development of consistent national information on community services.

HOUSING ASSISTANCE INFORMATION

The AIHW supports national housing statistical work under the **National Housing Data Agreement (NHDA)** and the **Agreement on National Indigenous Housing Information (ANIHI)**.

The NHDA is a subsidiary agreement under the 1999–2003 Commonwealth–State Housing Agreement outlining a commitment to the development and provision of nationally consistent data. The NHDA includes major work areas comprising development of national minimum data sets, national performance indicators and national data definitions and standards.

The NHDA Management Group (NHDAMG) reports to the Housing Ministers' Advisory Council. The AIHW provides the secretariat for the NHDAMG and its National Housing Data Development Committee which the AIHW chairs.

The ANIHI provides a framework for improving the measurement of outcomes for Indigenous housing, of the need for such housing and of access to it. The AIHW provides the secretariat of the National Indigenous Housing Information Implementation Committee (NIHIC). Joint membership of the NHDAMG and NIHIC avoids duplication and allows the groups to work together on relevant data development issues.

Developing national and international health and welfare information standards and classifications

The AIHW's work in developing and implementing high-quality health and welfare classifications assists national and international comparability through providing a strong base for the production of statistics.

The AIHW contributes to the development and implementation of international information infrastructure standards and classifications of the Organisation for Economic Co-operation and Development (OECD) and the World Health Organization (WHO), enabling international comparison of Australia's progress in providing health and welfare services to its people. The AIHW is the WHO Collaborating Centre in Australia for the WHO Family of International



Classifications. The AIHW Director, Dr Richard Madden, is head of the centre and chairs the WHO Family of International Classifications Development Committee.

The AIHW is working with an advisory group on International Classification of Functioning, Disability and Health (ICF) implementation in Australia. The overall aim of the ICF classification is to provide a unified, standard language and framework for the description of health and health-related states. The ICF classifies functioning and disability associated with health conditions.

The AIHW provided advice to the National Centre for Classification in Health on the ongoing maintenance of the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM). This classification permits the systematic recording, analysis, interpretation and comparison of data on hospitalisations and community mental health services.

Input to the development of the International Classification of External Causes of Injury (ICECI) continued. This included a taxonomic review of ICECI, and submission of the classification for admission to the WHO Family of International Classifications, resulting in its admission as an alpha version. The AIHW prepared a number of technical documents including the *Technical Review and Documentation of Current NHPA Injury Indicators*. This was a major paper which contributed to the development and maintenance of classifications for injury surveillance and to relevant data system investigation.

The AIHW's General Practice Statistics and Classification Unit further developed the International Classification of Primary Care (Version 2) PLUS (ICPC-2-PLUS) by adding new terms in response to data recorded by general practitioners and to requests from general practitioners using the classification in electronic health records.

The AIHW acts as the Australian clearing house for adoptions data required under the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption.

Expertise and advice on information-related issues of data privacy, confidentiality and ethics

The AIHW operates under a strict confidentiality regime that has its basis in s. 29 of the *Australian Institute of Health and Welfare Act 1987*. Legislative requirements are operationalised by formal policies and guidelines endorsed by the AIHW's Board. This legislative framework, which established the AIHW Ethics Committee, has led to a demand for AIHW expertise and advice on information-related issues of data privacy, confidentiality and ethics.

The AIHW Ethics Committee considers researchers' applications (predominantly university-based) for access to its data collections. This year, record linkage was undertaken for statistical and research purposes with the National Death Index and the National Cancer Statistics Clearing House for more than 20 health research studies approved by the Ethics Committee. Researchers report annually to the Committee on the progress of studies, and subsequently publish findings.

This further use of AIHW data for research by non-government/academic institutions, provides opportunities for broader based discussion on health and welfare in Australia.

The AIHW is a member of the Australian Health Ministers' Advisory Council Health Privacy Working Group which is developing a draft National Health Privacy Code. The code establishes a set of national health privacy principles and guidelines to protect the privacy of health information across Australia. The AIHW's focus in this exercise is on the appropriate use of health information for statistical purposes.

The AIHW contributed to major reports produced by the National Health Information Management Group and the National Community Services Information Management Group. These reports were NHIMG's *Issues for the Use of Unique Patient Identifiers in Statistical Collections* and NHIMG's *Statistical Data Linkage in Community Services Data Collections* respectively.

Participation in national committees as an information specialist

The AIHW is a member of a large number of national committees and supports health and welfare investment by providing statistical expertise in a range of areas.

The importance of information to support national health, housing assistance and community services policies has been acknowledged through inclusion of a representative of the AIHW as observer on the key Ministerial Councils and Ministerial Advisory Councils.

The AIHW contributes significantly to the annual *Report on Government Services* prepared by the steering committee for the Review of Commonwealth–State Service Provision. The AIHW and the Steering Committee cooperate on the basis of agreed business arrangements. AIHW staff who are subject-matter experts are members of seven of the working groups (Children's Services, Protection and Support Services, Disability, Aged Care, Housing, Health, and Indigenous Data). The AIHW provides data for a number of chapters in the report, and is the major data source for disability, housing and child protection and support services.

A list of national committees which the AIHW chairs and for which it provides the secretariat is in Appendix 9, page 119.

Submissions and advice to major inquiries

The AIHW contributed to the following parliamentary inquiries:

- Senate inquiry into children in institutional care
- House of Representatives Standing Committee on Family and Community Affairs inquiry into improving children's health and wellbeing
- House of Representatives Standing Committee on Ageing inquiry into long-term strategies to deal with the ageing of the Australian population during the next 40 years.

Performance measures

The following national infrastructure projects demonstrate the Institute's achievements against its work program objectives for Output Group 2.

- Publication of the *National Classifications of Community Services Version 2*
- Publication of the *National Health Information Model Version 2*
- Publication of the *National Health Data Dictionary Version 12*
- Preparation of functional specifications for a redeveloped Knowledgebase
- Preparation of database for Office of Hearing Services metadata with definitions of data resources and constituent data items
- Publication of *Palliative Care Data Dictionary*, incorporating performance indicator specifications
- Preparation of Day Therapy Centre Program national census documentation (shared output)
- Preparation of Community Aged Care Packages program national census documentation and briefing materials (shared output)

Significant output planned but not produced in the reporting period

Planned outputs for 2002–03	Performance outcome	Comments on performance outputs
Preparation of the <i>National Community Services Data Dictionary Version 3</i>	Due December 2003	Re-scheduled to ensure fuller coverage on the advice of the NCSDC.
Publication of the <i>National Housing Assistance Data Dictionary Version 2</i>	Published 31 July 2003	Work delayed to accommodate urgent data modelling work requested by Housing Ministers' Advisory Council for use in developing national housing policy.
Report: Admitted Patient Palliative Care in Australia 1999–00	Published 18 July 2003	

Output Group 3: Collection and production of health-related and welfare-related information and statistics for governments, non-government and community organisations

To achieve its mission, *Better health and wellbeing for Australians through better health and welfare statistics and information*, the AIHW collects and analyses data to produce and disseminate reports on a wide range of topics relating to national health, community services and housing assistance.

National data collections and reports

The AIHW obtains data mainly from administrative information collected by Commonwealth, state and territory jurisdictions in the course of service delivery in the health, community services and housing assistance sectors. The national information agreements established under direction of the relevant Ministerial Councils and described under Output Group 2 of this report, facilitate the flow of data from these jurisdictions to the AIHW so it can fulfil its function of collecting and producing health-related and welfare-related information and statistics.

Increasingly, there is interest in areas where concepts of health and welfare merge in policy or service provision. The AIHW is in a unique position to focus on areas where policies overlap and to influence the use of consistent data standards in health and welfare statistics.

To ensure the integrity, quality and timeliness of reports based on the national collections, the AIHW has established steering committees to guide production of the reports. The Australian Hospital Statistics Advisory Committee is an example of such a group. Membership of the committee covers data providers (state and territory health authorities) and other data users and expert advisers (the Department of Health and Ageing, Australian Private Hospitals Association, Australian Healthcare Association, Australian Private Health Insurance Administration Council, Clinical Casemix Committee of Australia, the National Centre for Classification in Health, the Australian Bureau of Statistics, the Department of Veterans' Affairs, and an independent academic expert). The committee usually meets annually on a face-to-face basis to comment on the previous year's publication and to discuss the content, including analytical methodologies and longer-term data development for the next report. Subsequent meetings are held, mainly by teleconference, on specific aspects of the report's preparation, and a draft is sent to data providers for comment.

Such a comprehensive process ensures the requirements of key stakeholders are considered in preparing the report, engages data providers in the process to support their timely provision of quality data and imposes a rigour that ensures that the expectations of all stakeholders are met.

Policies and practices, endorsed by the AIHW's Board, as well as a program of independent data audits, are in place to ensure the confidentiality and integrity of AIHW data collections.

Examples of the AIHW's work and its role in bettering the health and welfare of the Australian community are identified in this chapter. Appendix 8, page 107, lists publications produced by the AIHW during 2002–03. The table accompanying this chapter provides details of significant work not finalised during the year.

CANCER MONITORING AND HEALTH REGISTERS

This year's *Cancer in Australia* report provided an expanded range of cancer statistics. As well as covering incidence and mortality statistics, it included for the first time data on cancer survival, cancer screening, general practitioner visits, hospital admissions and the cancer workforce. Another first for the AIHW was the publication of a national report on cancer survival by geographic location and socioeconomic status. Cancer registries such as the Cancer Council Victoria and the Queensland Cancer Fund have used this information in promoting the prevention and early detection of cancer. The information was also included in material provided by the Department of Health and Ageing for general practitioners, nurses and community health workers.

Collection of cancer data during 2003 has been affected by withdrawal of approval by the New South Wales Health Department for the NSW cancer registry to provide identified cancer records to the Institute until a privacy exemption is obtained. The Institute is endeavouring to assist the Department and the registry in resolving this. There has also been a temporary withdrawal of approval by the Victorian cancer registry for the Institute to conduct record linkage with Victorian records in the National Cancer Statistics Clearing House.

The AIHW produced national monitoring reports to agreed timetables for the BreastScreen Australia and cervical cancer programs. The AIHW has also been contracted to produce regular monitoring reports from 2003–04 onwards on the national bowel cancer screening pilot.

During this year, the AIHW also conducted quality and coverage checks of the National Death Index database. Some deficiencies in coverage were identified, and state and territory Registrars of Births, Deaths and Marriages provided updated data for recent years to ensure full coverage.

DIABETES MONITORING AND CARDIOVASCULAR DISEASE

A major accomplishment was the AIHW's first comprehensive report on the full spectrum of diabetes—*Diabetes: Australian Facts 2002*—which included information on the levels of the disease in the population, its risk factors and treatment. The report's detailed data for the National Health Priority Area indicators for diabetes have been used to raise public knowledge and awareness of the disease. The Minister for Children and Youth Affairs issued a media release based on statistics in the report to highlight the impact of diabetes on Australian children and to encourage parents to look after their children's health by ensuring they eat sensibly and get adequate exercise.

Another important achievement was the first bulletin-style report for the AIHW Work Program, titled *Heart failure...what of the future?* This bulletin contains an assessment of what we need to know to monitor heart failure effectively in Australia. It summarises what we already know as a result of analysing existing national data sets and discusses issues in monitoring heart failure, particularly in interpreting data from existing sources. The bulletin also includes international comparisons and a discussion of possible future trends in the incidence and prevalence of heart failure in Australia.

ASTHMA

Asthma has been identified as a National Health Priority Area. The AIHW supports this priority through a new collaboration with the Australian Centre for Asthma Monitoring. During the year, the centre developed a report on asthma in Australia. Based on data from a range of sources, the report discussed disease levels, burden and trends and social, geographical and environmental differentials. It also covered the impact that various strategic, preventive and management initiatives have had on asthma.

INJURY INFORMATION AND STATISTICS

Through its collaboration with the National Injury Surveillance Unit at Flinders University, the AIHW supported development of government policy in injury prevention, one of the National Health Priority Areas. Statistical reports were produced on a range of injury-related topics, including hospital separations due to injury and poisoning (two reports), traumatic brain injury, hospitalised fractures, persisting morbidity due to hospitalised near-drowning, spinal cord injury in 2000–01, and trends in spinal cord injury.

In consultation with members of the Strategic Injury Prevention Partnership (a committee of the National Public Health Partnership), the AIHW produced a report that surveyed and described injury broadly, using statistical and other information. This report was requested by the Department of Health and Ageing to provide a basis for developing the next national policy on injury prevention.

POPULATION HEALTH

The AIHW published three substantive reports from the 2001 National Drug Strategy Household Survey, two of which were released in 2002–03 — *State and Territory Supplement* and *Detailed Findings*. The issue of drug usage and its effects is topical. The Department of Health and Ageing commissioned the AIHW to undertake the survey to assist policy development in this area. The survey reports, which provided valuable information on household usage of illicit and non-illicit drugs, attracted considerable media attention. The Prime Minister quoted the survey results in parliamentary debate, and organisations such as the Australian Drug Foundation used the reports to help promote drug-prevention services to the community. The Alcohol and Other Drugs Council of Australia also used the information from the reports to lobby government to continue initiatives aimed at reducing tobacco usage and smoking.

A further way in which the AIHW supported the development of policies on the health of the Australian population was through the publication of reports on seasonality of death and trends in deaths.

The AIHW also managed the 2001 Older Persons Influenza Vaccination Survey and published a substantive report. This report was carried out as part of an evaluation of the national Influenza Vaccination Program for Older Australians. The program is a Commonwealth government initiative designed to reduce the impact of influenza. The survey involved 8,000 participants across Australia, interviewed during October 2002—the end of the winter flu season.

RURAL HEALTH

During the year, the AIHW worked on developing a framework, a set of indicators and a series of reports to describe the health status of rural populations. These reports, prepared under the guidance of the Rural Health Information Advisory Committee, aim to provide a good basis for analyses and advice on issues relating to regional health data.

The framework, released in June 2003, provides a basis for reporting, analysing, discussing and presenting information about rural health. Another report, to be released later in 2003, and guided by the framework, will describe a broad array of rural health issues.

The first systematic inter-regional review of mortality that addresses rural and Indigenous health effects will also be released later in 2003 along with a guide to the commonly used regional classifications (RRMA, ARIA and ABS ASGC Remoteness).

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE

During the year and following the withdrawal of the Australian Bureau of Statistics from its collaborative arrangement with the AIHW, the Aboriginal and Torres Strait Islander Health and Welfare Unit was established. This new arrangement has allowed the AIHW to ensure the seamless provision of statistics to support policy in this area.

The AIHW worked closely with the Australian Bureau of Statistics on *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003*, due to be published in August 2003. This is the fourth biennial report which brings together a comprehensive body of information on the topic.

The release of *National Summary of the 2000 Jurisdictional Reports against the Aboriginal and Torres Strait Islander Health Performance Indicators* makes this the final edition of three reports (previously released for the 1998 and 1999 periods) by jurisdictions against the interim set of Aboriginal and Torres Strait Islander health performance indicators. This report includes more than 50 indicators across nine categories: mortality, morbidity, access to health services, health service impacts, workforce developments, risk factors, intersectoral issues, community development and quality of service provisions. The AIHW also began collating information for the next report, to be based on the final performance indicator set, which will cover 2001 and 2002.

HOSPITALS AND MENTAL HEALTH SERVICES

Australian Hospital Statistics 2001–02 was released within 12 months of the reference period as the latest in the AIHW's series of reports summarising data on Australia's hospitals. For the first time, information on trends in hospital care was presented in an easy-to-follow 'Hospitals at a glance' section. In addition, hospital data were disseminated through interactive data cubes on the Internet, and in response to 195 ad hoc data requests from government agencies, non-government organisations, private enterprises and individuals.

The Prime Minister's April 2003 press release on the Australian health care agreements drew on the AIHW's 2000–01 Australian Hospital Statistics report. Press releases from the major political parties also referred to information in the report.

The AIHW also published *Mental Health Services in Australia 2000–01* which included a reader-friendly summary chapter shaped with input from the Information Strategy Committee of the Australian Health Ministers' Advisory Council's National Mental Health Working Group.

GENERAL PRACTICE STATISTICS AND CLASSIFICATION

The AIHW's collaboration with the General Practice Statistics and Classification Unit at the University of Sydney provides the only source of detailed statistical information on the work of general practitioners in Australia. The unit conducts the BEACH (Bettering the Evaluation and Care of Health) program in collaboration with the AIHW and a consortia of private and public sector funders.

Male Consultations in General Practice in Australia 1999–00 provided a secondary analysis of data from April 1999 to March 2000. Based on 44,308 encounters with male patients and 59,366 encounters with female patients, it reported on the characteristics of male patients who attended general practitioners in Australia, and information about these encounters

A historical study of the ordering of pathology by general practitioners from 1998–99 and 2000–01 was undertaken for the Department of Health and Ageing.

SUMMARY MEASURES

The AIHW continued to update its disease costing and burden of disease analyses. In addition, work on international comparisons of mental health expenditure was undertaken and published in response to needs expressed by the Department of Health and Ageing.

HOUSING ASSISTANCE


The AIHW's Work Program included providing data reports and annual data on housing assistance to the Department of Family and Community Services for use in annual reporting on the Housing Assistance Act for the six program areas of the Commonwealth–State Housing Agreement. One of the reports released was the *Commonwealth–State Housing Agreement National Data Reports 2001–02: Aboriginal Rental Housing Program*. Following its release, the Aboriginal and Torres Strait Islander Commission issued a press release commenting on the report.

Work was completed on a modelling task involving rent subsidies. This was requested as a matter of urgency by the Housing Ministers' Advisory Council to inform future national housing policy development.

SUPPORTED ACCOMMODATION ASSISTANCE PROGRAM

This year the AIHW published reports on the Supported Accommodation Assistance Program (SAAP), providing information and analysis on the provision of, and need for, supported accommodation and other crisis services. Among these publications was the program's first thematic report, which provided information on young people aged 12–24 years who are homeless or are at imminent risk of becoming homeless, and the assistance given to them by SAAP.

The Homeless People in SAAP: National Data Collection Annual Report 2001–02 (published within 12 months of the reference period) is one of a set of nine reports giving statistics for each state and



territory and for Australia as a whole on supported assistance and crisis accommodation provided to people who were homeless or in crisis during 2001–02.

AGEING AND AGED CARE

AIHW work in the ageing and aged care field this year has provided extensive coverage on the supply of, and access to, institutional and home-based care services in Australia. Through timely research, analysis and publication, the AIHW has provided information to support community discussion and public policy making on ageing and aged care. Further developmental work has been done on statistical linkage analysis techniques to inform emerging policy issues concerning the interfaces between residential and community care, and hospital and aged care services. The Australian Health Ministers' Advisory Council released a report prepared by the AIHW on this topic.

The reports *Residential Aged Care in Australia 2001–02* and *Community Aged Care Packages in Australia 2001–02* provide comprehensive statistical information on residential and community aged-care services and their users.

FUNCTIONING AND DISABILITY

The National Disability Administrators commissioned the AIHW to undertake a study of funding for disability services. The report *Unmet Need for Disability Services: Effectiveness of Funding and Remaining Shortfalls* covers the findings of this study.

The AIHW became, on invitation, a regular contributor to two journals: *Journal of Intellectual and Developmental Disability* and ACROD's *Disparity*.

This year, the AIHW published the first national statistics on publicly funded services for alcohol and other drugs treatment services. These data will be an important resource for monitoring initiatives under the National Drugs Strategic Framework.

The former data collection of disability services provided on a single 'snapshot' day was replaced with a continuous collection during the year, following a comprehensive redevelopment process.

CHILDREN, YOUTH AND FAMILIES

Child Protection Australia 2001–02 provided comprehensive information on child protection services delivered by state and territory community service departments. The report contained data for 2001–02, as well as trend data on child protection notifications, investigations and substantiations; children on care and protection orders; and children in out-of-home care.

The release of this report generated much interest in Parliament, with the Prime Minister responding to questions about child abuse during question time. In addition, both the Minister for Children and Youth Affairs and the Shadow Minister for Family and Community Services issued press releases in response to the report's findings.

Trends in Long Day-Care Services for Children in Australia, 1991–99 provided comprehensive information on Commonwealth-supported long day-care services (long day-care centres and family day-care services) during the 1990s. It presented detailed data on service provision and

characteristics of children's use of long day-care services. The report also discussed staffing of services, particularly the qualifications and training levels of workers

HEALTH AND WELFARE SERVICES EXPENDITURE

The AIHW published annual national and state/territory expenditure for health services and welfare services, as well as preliminary estimates for public non-psychiatric hospitals.

In addition, AIHW published its second report on expenditure on public health activities in Australia and provided support for the development of consistent methods of estimating expenditure on health services for Aboriginal and Torres Strait Islander peoples.

HEALTH AND WELFARE LABOUR FORCE

The report *Nursing Labour Force 2001* presented statistics on trends in the employment of nurses in Australia during the decade up to and including 2001. The number and characteristics of all registered and enrolled nurses were presented for 1999, including statistics showing employment in nursing by age, sex, type of nurse, area of clinical nursing, classification, work setting, hours worked and geographic location of main job.

Following the release of the report, the Australian Nursing Federation approached the government for funding for more undergraduate nursing places, more funding for the clinical component of the nursing undergraduate degree and improved wages and conditions for nurses to improve retention and recruitment.

Medical Labour Force 2000 presented findings from the annual Medical Labour Force Survey for 2000 in a new condensed format. The new format serves two purposes: to present the main highlights concisely and to accelerate the release of updated data pending results of the 2001 survey, which are expected to be available later in 2003. The Minister for Health and Ageing issued a press release using the data, noting that federal government initiatives to attract and retain doctors were working.


Other AIHW labour force publications in 2002–03 covered medical (1999), pharmacists and podiatry.

PROVISION OF STATISTICAL SERVICES TO THE DEPARTMENT OF VETERANS' AFFAIRS

The AIHW provides expert advice to, and participates in ongoing collaborative work with the Department of Veterans' Affairs. An example of a joint report produced during the year was the *Health Care Usage and Cost Study*.

PERINATAL STATISTICS

Three major reports on perinatal and reproductive health were released in 2002–03. These included *Reproductive Health Indicators Australia, 2002*, *Australia's Mothers and Babies, 2000* and *Assisted Conception Australia and New Zealand, 2000 and 2001*. All three reports evoked much media and community interest about declining fertility rates, delay in childbearing, and increased use of assisted reproduction to achieve pregnancy. Information from the reports also stimulated discussion about community expectations of family size and the impact of non-health factors on fertility decisions.



Some positive findings from the reports were the improvements in pregnancy rates from IVF treatment, the continued decline in the number of teenage mothers to an all-time low of less than one-third of what it was 30 years ago and the continued decline in perinatal mortality.

DENTAL STATISTICS AND RESEARCH

During 2002–03, the Dental Statistics and Research Unit, a collaborating unit of the AIHW at the University of Adelaide, completed the fifth National Dental Telephone Interview Survey of some 7,000 people aged 5 years or more. Analyses are under way to evaluate trends during the last decade in oral health, access to dental services, and satisfaction with dental care. Enhancements to the Child Dental Health Survey have been incorporated into the dental health surveillance systems in Victoria, Queensland, South Australia and Tasmania to study effects of fluorides on dental decay.

The unit contributed information to a National Workshop on the Dental Workforce and to the National Workshop on Aboriginal Oral Health, as well as to working papers used by the National Advisory Committee on Oral Health as it prepares a National Oral Health Plan.

Labour force data collections have been widened to include all providers of dental services—dentists, dental therapists, hygienists and prosthetists. An analysis of dental labour force supply and demand within South Australia is in progress.

Performance measures

The following analysis of the AIHW's effectiveness in meeting its objectives against Output Group 3 is made in relation to the targets shown in the 2002–03 Portfolio Budget Statement.

Level of satisfaction of government, non-government and community organisations with the relevance, quality, timeliness and objectivity of information provided.

In 2002–03, there were 73 reported AIHW references in Hansard of the House of Representatives and the Senate.

The AIHW has established processes to enhance the relevance, quality and timeliness of AIHW publications:

- All significant publications are either externally refereed or incorporate comments from stakeholder and data provider groups.
- Advisory groups have been established to advise the AIHW on the content and methodological aspects of its publications
- The AIHW Board has endorsed a Publications Release Policy to ensure equitable access to pre-release embargoed copies of reports.

Publication of major reports on health and welfare within 12 months of the reference period

As a supplement to the text of this chapter, a comprehensive listing of AIHW publications produced in 2002–03 are shown in Appendix 8, page 103.

Significant output planned but not produced in the reporting period:

The table accompanying this chapter shows output included in the AIHW's 2002–03 Work Program but not completed for the reasons shown.

Institute's web site lists and presents all new Institute publications.

All AIHW publications are available free of charge on the AIHW web site (www.aihw.gov.au).

The AIHW web site complies with the guidelines developed by the Office of the Federal Privacy Commissioner for Federal Government and ACT World Wide Web sites.

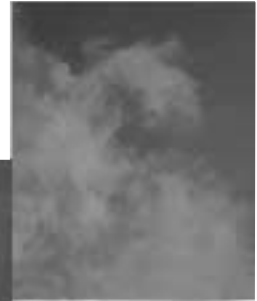
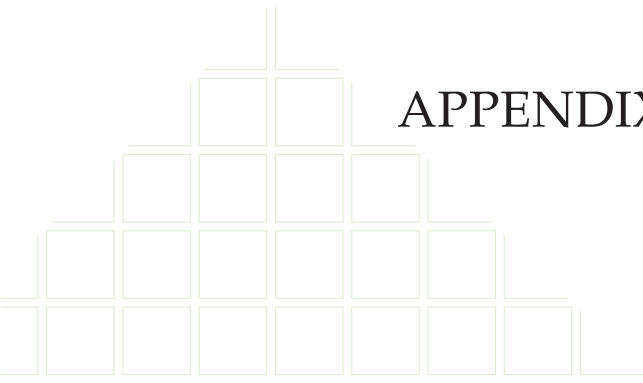
Publication of estimated 80 reports averaging 95 pages each

During the reporting period the AIHW produced 115 reports averaging 85 pages each.

Significant output planned but not produced in the reporting period

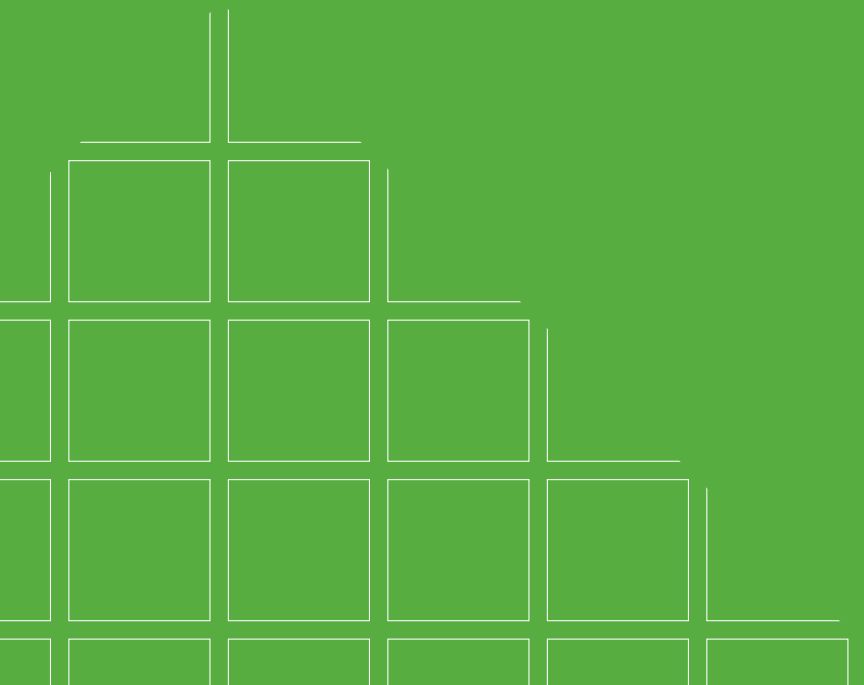
Planned outputs for 2002-03	Performance outcome	Comments on performance outcome
Rural Health project reports —Mortality —Geographical Classifications —Indicators	Due October 2003 Due November 2003 Due November 2003	Delayed due to unanticipated volume of liaison work required
Report on maternal mortality and morbidity	Due June 2004	Delayed awaiting funding agreement. Morbidity section not funded.
Report of the Extended Aged Care at Home (EACH) Census, 2002	Due October 2003	
Disability: the use of equipment and the role of environment — substantive report	Published 21 August 2003	Reassignment of priorities

APPENDIXES



Appendixes

- 1 Financial statements**
- 2 Legislation**
- 3 Board members**
- 4 Audit and Finance Committee members**
- 5 Freedom of information**
- 6 Staffing**
- 7 Unit Heads (as at 30 June 2003)**
- 8 Publications 1 July 2002 – 30 June 2003**
- 9 Participation in national committees as an information specialist**
- 10 Activities funded by outside bodies for 2002–03 financial year**
- 11 Abbreviations**





APPENDIX 1



Financial statements



INDEPENDENT AUDIT REPORT

To the Minister for Health and Ageing

Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2003. The financial statements comprise:

- Statement by Directors;
- Statements of Financial Performance, Financial Position and Cash Flows;
- Schedules of Contingencies and Commitments; and
- Notes to and forming part of the Financial Statements.

The Directors are responsible for the preparation and presentation of the financial statements and the information they contain. I have conducted an independent audit of the financial statements in order to express an opinion on them to you.

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

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

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

Audit Opinion

In my opinion the financial statements:

- (i) have been prepared in accordance with Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*; and
- (ii) give a true and fair view, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia and the Finance Minister's Orders, of the financial position of the Australian Institute of Health and Welfare as at 30 June 2003, and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Mashelle Parrett
Executive Director

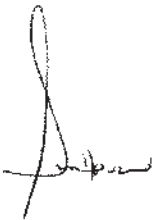
Delegate of the Auditor-General

Canberra
24 September 2003

STATEMENT BY DIRECTORS

In our opinion, the attached financial statements for the year ended 30 June 2003 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 Authority will be able to pay its debts as and when they become due and payable.



Dr Sandra Hacker
Chair
23 September 2003



Richard Madden
Director
23 September 2003

For health and welfare
statistics and information

6A Traeger Court
Fern Hill Park
Bruce ACT
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**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF FINANCIAL PERFORMANCE**

For the year ended 30 June 2003

	Notes	2003 \$'000	2002 \$'000
REVENUE			
<u>Revenues from ordinary activities</u>			
Revenues from government	4A	8,105	8,032
Goods and services	4B	11,577	12,081
Interest	4C	255	195
Revenue from sale of assets	4D	2	-
Library Collection - asset not previously recognised	4E	613	-
Other	4F	45	16
Revenues from ordinary activities		20,597	20,324
EXPENSE			
<u>Expenses from ordinary activities</u>			
Employees	5A	12,092	11,382
Suppliers	5B	7,478	8,446
Depreciation and amortisation	5C	241	213
Write-down of assets	5D	12	126
Value of assets sold	4D	7	-
Expenses from ordinary activities		19,830	20,167
Operating surplus from ordinary activities		767	157
Net surplus		767	157
Net credit (debit) to asset revaluation reserve		127	(46)
Total changes in equity		894	111

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF FINANCIAL POSITION
As at 30 June 2003

	Notes	2003 \$'000	2002 \$'000
ASSETS			
Financial assets			
Cash	10,17	6,369	4,937
Receivables	6	3,340	4,372
Total financial assets		9,709	9,309
Non-financial assets			
Buildings	7A,D,E	572	589
Infrastructure, plant and equipment	7B,D,E	439	473
Library Collection	7C,D,E	613	-
Inventories	7F	128	140
Other	7G	383	324
Total non-financial assets		2,135	1,526
Total assets		11,844	10,835
LIABILITIES			
Provisions			
Employees	8A	3,745	3,375
Total provisions		3,745	3,375
Payables			
Suppliers	8B	924	388
Contract income in advance	8C	5,265	5,974
Other	8D	286	357
Total payables		6,475	6,719
Total liabilities		10,220	10,094
NET ASSETS		1,624	741
EQUITY			
Capital	9	1,146	1,146
Reserves	9	768	641
Accumulated deficits	9	(290)	(1,046)
Total equity		1,624	741
Current liabilities		7,884	7,869
Non-current liabilities		2,336	2,225
Current assets		10,220	9,773
Non-current assets		1,624	1,062

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF CASH FLOWS
For the year ended 30 June 2003

	Notes	2003 \$'000	2002 \$'000
OPERATING ACTIVITIES			
Cash received			
Goods and services		12,029	9,738
Appropriations		8,105	8,032
Interest		263	195
GST recovered from ATO		433	375
Other		45	16
Total cash received		20,875	18,356
Cash used			
Employees		(11,721)	(11,199)
Suppliers		(7,643)	(9,303)
Total cash used		(19,364)	(20,502)
Net cash provided by operating activities	10	1,511	(2,146)
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant & equipment		2	-
Total cash received		2	-
Cash used			
Purchase of infrastructure, plant and equipment		(70)	(135)
Total cash used		(70)	(135)
Net cash used by investing activities		(68)	(135)
FINANCING ACTIVITIES			
Cash received			
Total cash received		-	-
Cash used			
Capital use charge paid		(11)	-
Total cash used		(11)	-
Net cash used by financing activities		(11)	-
Net increase / (decrease) in cash held		1,432	(2,281)
Add cash at the beginning of the reporting period		4,937	7,218
Cash at the end of reporting period	7A	6,369	4,937

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 2003

	Notes	
	2003 \$'000	2002 \$'000
BY TYPE		
OTHER COMMITMENTS		
Operating leases*	4,359	5,839
Other commitments**	2,163	3,970
Total commitments payable	6,522	9,809
COMMITMENT RECEIVABLE		
Projects	(3,041)	(3,810)
GST	(386)	(531)
Total commitments receivable	(3,427)	(4,341)
Net commitments	3,095	5,468
BY MATURITY		
All net commitments		
One year or less	644	999
From one to five years	2,451	4,469
Over five years	-	-
Net commitments	3,095	5,468
Operating lease commitments		
One year or less	1,112	1,370
From one to five years	2,851	4,469
Over five years	-	-
Net operating lease commitments	3,963	5,839

NB: Commitments are GST inclusive where relevant

* Operating leases included are effectively non-cancellable and comprise:

<i>Nature of Lease</i>	<i>General description of leasing arrangements</i>
Lease for office accommodation	* lease payments are subject to annual increases of 3%. * the lease term is seven years and may be renewed for another seven years at the Institute's option. * current lease expires in July 2007.
Computer equipment lease	* the lease term is three years. * on expiry of lease term, the Institute has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models.

** As at 30 June 2003, other commitments are primarily amounts relating to the Institute's contract work.

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 2003

	Notes	2003 \$'000	2002 \$'000
CONTINGENT LIABILITIES			
Other guarantees	16	200	-
Total contingent liabilities		200	-

Details of contingent liabilities are shown in Note 15: Contingent Liabilities

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
For the year ended 30 June 2003

Note Description

- 1 Summary of Significant Accounting Policies
- 2 Reporting of Outcomes
- 3 Economic Dependency
- 4 Operating Revenues
- 5 Operating Expenses
- 6 Financial Assets
- 7 Non-Financial Assets
- 8 Provisions and Payables
- 9 Equity
- 10 Cash Flow Reconciliation
- 11 External Financing Arrangements
- 12 Director Remuneration
- 13 Related Party Disclosures
- 14 Remuneration of Officers
- 15 Remuneration of Auditors
- 16 Contingent Liabilities and Assets
- 17 Financial Instruments
- 18 Appropriations
- 19 Average Staffing Levels

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

1 Summary of Significant Accounting Policies

1.1 Basis of accounting

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

The statements have been prepared in accordance with:

- Finance Ministers' Orders (being the *Commonwealth Authorities and Companies (Financial Statements for reporting periods ending on or after 30 June 2003) Orders*);
- Australian Accounting Standards and Accounting Interpretations issued by the Australian Accounting Standards Board;
- Consensus Views of the Urgent Issues Group.

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

Assets and liabilities are recognised in the Institute when and only when it is probable that future economic benefits will flow and the amounts of the assets or liabilities can be reliably measured. Assets and liabilities arising under agreements equally and proportionately unperformed are however not recognised unless required by an Accounting Standard. Liabilities and assets which are unrecognised are reported in the Schedule of Commitments and the Schedule of Contingencies.

Revenue and expenses are recognised in the Institute when and only when the flow or consumption or loss of economic benefits has occurred and can be reliably measured.

1.2 Changes in Accounting Policy

The accounting policies used in the preparation of these financial statements are consistent with those used in 2001-2002, except in respect of:

- measurement of certain employee benefits at nominal amounts (refer to Note 1.5); and
- the initial revaluation of property, plant and equipment on a fair value basis (refer to Note 1.10).

1.3 Revenue

The revenues described in this Note are revenues relating to the core operating activities of the Institute. Revenue from the sale of goods is recognised upon the delivery of goods to customers.

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

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

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

Core Operations

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

Revenues from Government - Output Appropriations

The full amount of the appropriation for departmental outputs for the year is recognised as revenue.

1.4 Transactions by the Government as owner

Capital Use Charge

A Capital Use Charge is imposed by the Government on the net assets of the Institute. The Charge is accounted for as a dividend to Government.

In accordance with the recommendations of a review of Budget Estimates and Framework, the Government has decided that the Charge will not operate after 30 June 2003. Therefore, the amount of the charge payable in respect of 2003 is the amount appropriated (2002: 11% of adjusted net assets).

1.5 Employee Benefits

Benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for wages and salaries (including non-monetary benefits), annual leave, sick leave are measured at their nominal amounts. Other employee benefits expected to be settled within 12 months of their reporting date are also to be measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability. This is a change in accounting policy from last year required by initial application of a new Accounting Standard AASB 1028 from 1 July 2002. As the Institute's certified agreement raises pay rates on 1 July by 4% the financial effect of this change is not material.

All other employee benefit liabilities 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 entitlements includes provision for annual leave and long service leave. No provision has been made for sick leave because all sick leave is non-vesting and the average sick leave taken in future years by employees of the Institute 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 Institute's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

The non-current portion of the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2003. In determining the present value of the liability, the Institute has taken into account attrition rates and pay increases through promotion and inflation.

Separation and Redundancy

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

Superannuation

Employees of the Institute are members of the Commonwealth Superannuation Scheme, the Public Sector Superannuation Scheme and AGEST.

The Liability for their superannuation benefits is recognised in the financial statements of the Commonwealth and is settled by the Commonwealth in due course.

The Institute makes employer contributions to the Commonwealth at rates determined by the actuary to be sufficient to meet the cost to the Commonwealth of the superannuation entitlements of the Institute's employees.

No liability is shown for superannuation in the Statement of Financial Position as the employer contributions fully extinguish the accruing liability which is assumed by the Commonwealth.

1.6 Leases

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

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

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

Lease incentives taking the form of 'free' fitout and rent holidays are recognised as liabilities. These liabilities are reduced by allocating lease payments between rental expense and reduction of liability.

1.7 Cash

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

1.8 Financial instruments

Accounting policies for financial instruments are stated at Note 17.

1.9 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.

1.10 Infrastructure, plant and equipment

Asset recognition threshold

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

Assets not previously recognised

The Institute's Library Collection was brought to account for the first time at 30 June 2003. A Valuation of the Collection was completed by an independent valuer from International Valuation Consultants.

The valuation of the Collection at fair value is \$612,700 consisting of:

	\$
• Monograph Collection	203,700
• Australian Bureau of Statistics Collection	12,000
• Journals	<u>397,000</u>
	<u>612,700</u>

The Collection will be written-off to the estimated residual value over the estimated useful life to the Institute using the straight line method of depreciation. The estimated useful life of items in the collection is 7 to 10 years.

Revaluations

Infrastructure, plant and equipment are carried at valuation. Revaluations undertaken up to 30 June 2002 were done on a deprival basis; revaluations since that date are at fair value.

This change in accounting policy is required by Australian Accounting Standard AASB 1041

Revaluation of Non-Current Assets.

Fair and deprival value for each class of assets are determined as shown below.

Asset Class	Buildings - Leasehold Improvements	Plant and Equipment
Fair Value Measured at:	Depreciated replacement cost	Market Selling price
Deprival Value Measured at:	Depreciated replacement cost	Depreciated replacement cost

Under both deprival and fair value, assets which are surplus to requirements are measured at their net realisable value. At 30 June 2003 the Institute held no surplus assets (30 June 2002: \$0).

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

The financial effect for 2002-03 of this change in policy relates to those assets to be recognised at fair value at 30 June 2003. The financial effect of the change is given by the difference between the carrying amount at 30 June 2002 of these assets and their fair values as at 1 July 2002.

The financial effect by class is as follows:

Asset Class	Buildings - Leasehold Improvements	Plant and Equipment
Adjustment	\$101,184	\$0
Contra Account	Asset Revaluation Reserve	Asset Revaluation Reserve

Total financial effect was a net credit to the asset revaluation reserve of \$101,184

Accounting Standard AAS 6 *Accounting policies* requires where practicable, presentation of the information that would have been disclosed in the 2001-02 Statements had the new accounting policy always been applied. It is impracticable to present this information.

Conduct

All valuations are conducted by an independent qualified valuer.

Frequency

Leasehold improvements were revalued at 1 July 2002. Infrastructure, plant and equipment were revalued at 1 July 2002 and again at 30 June 2003.

Recoverable amount test

From 1 July 2002, Schedule 1 no longer requires the application of the recoverable amount test in AAS10 *Recoverable amount of Non-Current Assets* to the assets of authorities where the primary purpose of the asset is not the generation of net cash inflows.

No Infrastructure, plant and equipment assets have been written to recoverable amount per AAS 10. Accordingly the change in policy has had no financial effect.

Depreciation and Amortisation

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

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

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

	2002-2003	2001-2002
Leasehold improvements	Lease Term	Lease Term
Infrastructure, plant and equipment	5 to 10 years	5 to 10 years

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

1.11 Inventories

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

All inventories are current assets.

1.12 Comparative figures

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

1.13 Rounding

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

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

2 Reporting of Outcomes

2A Outcome of the Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare is structured to meet one outcome:

Outcome 9: Health Investment: Knowledge, information and training for developing better strategies to improve the health of Australians. (This outcome is part of the Health and Ageing Portfolio outcomes).

The Australian Institute of Health and Welfare has three Output Groups under Outcome 9:

Output Group 1: Specific services to the Minister and Parliament, required under the AIHW Act 1987.

Output Group 2: National leadership in health-related and welfare-related information and statistics.

Output Group 3: Collection and production of health-related and welfare-related information and statistics.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 2B: Net Cost of Outcome Delivery

	Outcome 9	
	2003 \$'000	2002 \$'000
Departmental Expenses	19,830	20,167
Total expenses	19,830	20,167
<i>Costs recovered from provision of goods and services to the non-government sector</i>		
Departmental	81	73
Total costs recovered	81	73
	Total	
	2003 \$'000	2002 \$'000
<i>Other external revenues</i>		
Departmental		
Sales of goods and services - to related entities	11,496	12,008
Interest	255	195
Other	660	16
Total Departmental	12,411	12,219
Total other external revenues	12,411	12,219
Net cost/(contribution) of outcome	7,338	7,876

The Institute's outcomes and outputs are described at Note 2A.

The net costs shown include intra-government costs that would be eliminated in calculating the actual Budget outcome. The Capital Usage Charge is not included in any of the Net costs/(contribution) of outcome as it is not an operating expense.

The Australian Institute of Health and Welfare uses an Activity Based Costing System to attribute indirect costs. The financial management information system captures direct and indirect costs.

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 2C: Departmental Revenues and Expenses by Output Group and Outputs

	Output Group 1		Output Group 2		Output Group 3		Total	
	2003 \$'000	2002 \$'000	2003 \$'000	2002 \$'000	2003 \$'000	2002 \$'000	2003 \$'000	2002 \$'000
Outcome 9								
Operating expenses								
Employees	1,189	1,465	3,560	3,045	7,343	6,872	12,092	11,382
Suppliers	223	403	1,353	1,258	5,902	6,785	7,478	8,446
Depreciation and amortisation	55	48	64	57	122	108	241	213
Write-down of assets	-	-	-	-	12	128	12	126
Value of assets sold	-	-	-	-	7	-	7	-
Total operating expenses	1,467	1,916	4,977	4,360	13,386	13,891	19,830	20,167
Funded by:								
Revenues from Government	1,398	1,832	1,875	1,186	4,832	5,014	8,105	8,032
Sales of goods and services	-	-	3,019	3,197	8,558	8,884	11,577	12,081
Interest	58	46	68	52	129	98	255	196
Revenue from sale of assets	-	-	-	-	2	-	2	-
Other	55	4	166	4	437	8	658	16
Total operating revenues	1,512	1,882	5,127	4,439	13,958	14,004	20,597	20,324

The Institute's outcomes and outputs are described at Note 2A.

The net costs shown include intra-government costs that would be eliminated in calculating the actual Budget outcome.

The Capital Usage Charge is not included in any of the Net costs/(contribution) of outcome as it is not an operating expense.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

2D: Administered Revenues and Expenses by Outcome

No administered revenues and expenses were incurred.

The Institute's outcomes and outputs are described at Note 2A.

3 Economic Dependency

The Institute was established by the *Australian Institute of Health and Welfare Act 1987* and is controlled by the Commonwealth of Australia.

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

The Institute is also dependent upon a significant volume of business conducted with Commonwealth Agencies.

	2003 \$'000	2002 \$'000
4 Operating Revenues		
4A Revenues from Government		
Appropriations for outputs	<u>8,105</u>	<u>8,032</u>
4B Sales of goods and services		
Goods	81	70
Services	<u>11,496</u>	<u>12,011</u>
Total sales of goods and services	<u>11,577</u>	<u>12,081</u>
Provision of goods to:		
Related entities	70	49
External entities	<u>11</u>	<u>21</u>
Total sales of goods	<u>81</u>	<u>70</u>
Rendering of services to:		
Related entities	11,426	11,959
External entities	<u>70</u>	<u>52</u>
Total rendering of services	<u>11,496</u>	<u>12,011</u>
Costs of sales of goods	<u>162</u>	<u>141</u>
4C Interest		
Deposits	<u>255</u>	<u>195</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2003

	2003	2002
	<u>\$'000</u>	<u>\$'000</u>
4D Net gain from Sale of Assets		
Non-financial asset - Infrastructure, plant and equipment		
Proceeds from disposal	2	-
Net book value of assets disposed	<u>(7)</u>	<u>-</u>
Net loss from disposal of infrastructure, plant and equipment	<u>(5)</u>	<u>-</u>
4E Library Collection		
Fair value of the Library Collection not previously recognised	<u>613</u>	<u>-</u>
4F Other revenues		
Conference income	21	-
Other	<u>24</u>	<u>16</u>
Total other income	<u>45</u>	<u>16</u>
5 Operating Expenses		
5A Employee expenses		
Wages and Salaries	9,320	8,650
Superannuation	1,491	1,466
Leave and other entitlements	1,189	1,115
Separation and redundancy	-	80
Other employee benefits	<u>22</u>	<u>24</u>
Total employee benefit expenses	<u>12,022</u>	<u>11,335</u>
Workers compensation premiums	<u>70</u>	<u>47</u>
Total employee expenses	<u>12,092</u>	<u>11,382</u>
5B Supplier Expenses		
Goods from related entities	-	-
Goods from external entities	511	544
Services from related parties	558	900
Services from external parties	5,397	5,992
Operating lease rentals	<u>1,012</u>	<u>1,010</u>
Total supplier expenses	<u>7,478</u>	<u>8,446</u>
5C Depreciation and amortisation		
Depreciation of infrastructure, plant and equipment	113	98
Amortisation of leasehold improvements	<u>128</u>	<u>115</u>
Total depreciation and amortisation	<u>241</u>	<u>213</u>
The aggregate amounts of depreciation or amortisation allocated during the reporting period, as expense, for each class of depreciable asset are as follows:		
Leasehold improvements	128	115
Plant and equipment	53	41
Furniture and fittings	<u>60</u>	<u>57</u>
Total depreciation and amortisation	<u>241</u>	<u>213</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2003

	2003	2002
	\$'000	\$'000
5D Write-down of assets		
Non-financial assets:		
Inventory - write off	12	126
Total write-down of assets	<u>12</u>	<u>126</u>
6 Receivables		
Goods and services	3,298	4,302
Less: Provision for doubtful debts	-	-
	<u>3,298</u>	<u>4,302</u>
Other Receivables	42	62
GST Receivables	-	8
Total Receivables	<u>3,340</u>	<u>4,372</u>
All receivables are current assets		
Receivables (gross) are aged as follows:		
Not Overdue	3,255	1,897
<u>Overdue by:</u>		
- less than 30 days	-	1,857
- 30 to 60 days	65	148
- 60 to 90 days	-	-
- more than 90 days	20	470
Total Receivables (gross)	<u>3,340</u>	<u>4,372</u>
7 Non-financial assets		
7A Buildings		
Leasehold improvements		
- at 1 July 2002 valuation (fair value)	1,646	-
Accumulated amortisation	<u>(1,074)</u>	<u>-</u>
	572	-
- at 30 June 2001 valuation (deprival)	-	551
Accumulated amortisation	<u>-</u>	<u>(92)</u>
	-	459
- at cost	10	172
Accumulated amortisation	<u>(10)</u>	<u>(42)</u>
	-	130
Total Buildings (non-current)	<u>572</u>	<u>589</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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	2003 \$'000	2002 \$'000
7B Infrastructure, Plant and Equipment		
<i>Plant and equipment</i>		
- at 30 June 2003 valuation (fair value)	439	-
Accumulated depreciation	-	-
	<u>439</u>	<u>-</u>
- at 30 June 2002 valuation (deprival)	-	901
Accumulated depreciation	-	(440)
	<u>-</u>	<u>461</u>
- at cost	-	12
Accumulated depreciation	-	-
	<u>-</u>	<u>12</u>
Total Infrastructure, Plant and Equipment (non-current)	<u>439</u>	<u>473</u>
7C Library Collection		
- at 30 June 2003 valuation (fair value)	613	-
Accumulated depreciation	-	-
Total Library Collection	<u>613</u>	<u>-</u>

The revaluation of non-financial assets as at 1 July 2002 and 30 June 2003 in accordance with the revaluation policies stated at Note 1 was completed by an independent valuer from the Australian Valuation Office.

Revaluation increment of \$127,336 was transferred to the asset valuation reserve in 2002-03.

7D Analysis of Property, Infrastructure, Plant and Equipment
Reconciliation of the opening and closing balances of infrastructure, Plant and Equipment

Item	Buildings -	Plant and Equipment	Library Collection	TOTAL
	Leasehold Improvements			
	\$'000	\$'000	\$'000	\$'000
As at 1 July 2002				
Gross book value	723	913	-	1,636
Accumulated depreciation /amortisation	(134)	(440)	-	(574)
Net book value	589	473	-	1,062
Additions				
By purchase	10	61	-	71
Brought to account for the first time	-	-	613	613
Net revaluation increment	101	26	-	127
Depreciation/amortisation expense	(128)	(113)	-	(241)
Disposals	-	(8)	-	(8)
As at 30 June 2003				
Gross book value	1,656	439	613	2,708
Accumulated depreciation/amortisation	(1,084)	-	-	(1,084)
Net book value	572	439	613	1,624

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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For the year ended 30 June 2003

7E Assets at Valuation

Item	Buildings -	Plant and	Library Collection	TOTAL
	Leasehold	Equipment		
	Improvements			
	\$'000	\$'000	\$'000	\$'000
As at 30 June 2003				
Gross Value	1,646	439	613	2,698
Accumulated Depreciation	(1,074)	-	-	(1,074)
Net Book Value	572	439	613	1,624
As at 30 June 2002				
Gross Value	551	901	-	1,452
Accumulated Depreciation	(92)	(440)	-	(532)
Net Book Value	459	461	-	920

	2003	2002
	\$'000	\$'000
7F Inventories		
Inventories held for sale	128	140
All inventories are current assets		
7G Other non-financial assets		
Prepayments	383	324
8 Provisions and Payables		
8A Provisions - Employees		
Salaries and wages	326	288
Annual leave	1,431	1,142
Long service leave	1,934	1,908
Superannuation	54	37
Aggregate employee entitlement liability and related on costs	3,745	3,375
Employee provisions are categorised as follows:		
Current	1,624	1,436
Non-current	2,121	1,939
	3,745	3,375
8B Payables - Suppliers		
Trade creditors	896	388
GST payable	28	-
Total supplier payables	924	388
All supplier payables are current		
8C Payables - Income in advance		
Contract income	5,265	5,974
All income in advance payables are current		

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2003

	2003	2002
	<u>\$'000</u>	<u>\$'000</u>
8D Other Payables		
Lease Incentive Liability		
Current	71	71
Non-current	215	286
Total other payables	<u>286</u>	<u>357</u>

9 Analysis of equity

Item	Total Contributed Equity		Accumulated Results		Asset Revaluation Reserve		TOTAL EQUITY	
	2003	2002	2003	2002	2003	2002	2003	2002
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Opening balance 1 July	1,146	1,146	(1,046)	(1,203)	641	687	741	630
Net surplus/deficit	-	-	767	157	-	-	767	157
Net revaluation increment/(decrement)	-	-	-	-	127	(46)	127	(46)
Transactions with owner:								
Distributions to owner:								
Capital Use Charge	-	-	(11)	-	-	-	(11)	-
Closing balance as at 30 June 2003	1,146	1,146	(290)	(1,046)	768	641	1,624	741

2003	2002
<u>\$'000</u>	<u>\$'000</u>

10 Cash flow reconciliation

10A Reconciliation of Operating Surplus to Net Cash from Operating Activities:

Reconciliation of operating surplus to net cash from operating activities:

Operating surplus	767	157
Non-Cash items		
Depreciation and amortisation	241	213
Loss on disposal of assets	5	-
Changes in assets and liabilities		
(Increase)/decrease in receivables	1,032	(3,820)
(Increase)/decrease in other Assets	(672)	(172)
(Increase)/decrease in inventory	12	126
Increase/(decrease) in other payables	(710)	1,259
Increase/(decrease) in liability to suppliers	536	(21)
Increase/(decrease) in employee liabilities	371	184
Increase/(decrease) in lease incentive liability	(71)	(72)
Net cash provided by operating activities	<u>1,511</u>	<u>(2,146)</u>

10B Reconciliation of Cash:

Cash balance comprises:		
Cash at bank and on hand	705	470
Deposits at Call	5,664	4,467
Total cash	<u>6,369</u>	<u>4,937</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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For the year ended 30 June 2003

11 External Financing Arrangements

The Institute had no external financing arrangements in 2002-03.

12 Remuneration of Directors

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

	2003	2002
• \$Nil - \$10,000	4	1
• \$10,001 - \$20,000	1	1
• \$70,001 - \$80,000	-	1
• \$80,001 - \$90,000	1	-
• \$200,001 - \$210,000	-	1
• \$230,001 - \$240,000	1	-
	<u>7</u>	<u>4</u>
	<u>2003</u>	<u>2002</u>
	\$	\$
Aggregate amount of superannuation payments in connection with the retirement of Directors	46,797	44,700
Other remuneration received or due and receivable by Directors of the Institute	290,730	254,317
Total remuneration received or due and receivable by Directors of the Institute	<u>337,527</u>	<u>299,017</u>

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

13 Related party disclosures

Directors of the Institute

The Directors of the Institute during the year were:

Dr Sandra Hacker (Chairperson)
Dr Richard Madden (Director)
Ms Elizabeth Davies
Ms Jane Halton
Mr Dennis Trewin
Ms Linda Apelt
Dr Tom Stubbs
Dr Kerry Kirke (Appointed 7/4/03)
Mr Ian Spicer (Appointed 7/4/03)
Prof Heather Gardner (Appointed 7/4/03)
Dr Penny Gregory (Resigned 10/4/03)
Ms Justine Boland (Staff-elected member)

The aggregate remuneration of Directors is disclosed in Note 12.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

14 Remuneration of Executive Officers	<u>2003</u>	<u>2002</u>
The number of executive officers who received or were due to receive total remuneration of \$100,000 or more:		
• \$140,001 - \$150,000	-	1
• \$150,001 - \$160,000	1	1
• \$160,001 - \$170,000	2	1
	<u>3</u>	<u>3</u>
The aggregate amount of total remuneration of Officers shown above.	<u>\$481,892</u>	<u>\$468,586</u>

The executive officer remuneration includes all officers concerned with or taking part in the management of the Institute during 2002-03 except for the Director. Details in relation to the Director have been incorporated in Note 12 - Remuneration of Directors.

15 Remuneration of Auditors	2003	2002
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	\$15,000	\$15,000
No other services were provided by the Auditor-General during the reporting period.		
	<u>2003</u>	<u>2002</u>
	<u>\$'000</u>	<u>\$'000</u>

16 Contingent Liabilities and Assets

Quantifiable Contingencies

Contingent liabilities

Other guarantees ¹	<u>200</u>	<u>-</u>
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¹ Under the lease of premises the Institute is required to remove fitout and make good on termination of the lease. The estimated make good is \$200,000.

As at 30 June 2003, the Institute has no contingent assets, remote contingencies or unquantifiable contingencies.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

17 Financial Instruments

17A Terms, conditions and accounting policies

Financial Instruments	Notes	Accounting Policies and Methods (including recognition criteria and measurement basis)	Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows)
<i>Financial Assets</i>		Financial assets are recognised when control over future economic benefits is established and the amount of the benefit can be reliably measured.	
Deposits at call	10B	Deposits are recognised at their nominal amounts. Interest is credited to revenue as it accrues.	Temporarily surplus funds, mainly from contracts, are placed on deposit at call with the Institute's banker. Interest is earned on the daily balance, the average rate for 2002-03 was 4.25%.
Receivables for goods and services	6	These receivables are recognised at the nominal amounts due less any provision for bad and doubtful debts. Provisions are made when collection of the debt is judged to be less rather than more likely.	Credit terms are net 30 days (2001-02; 30 days).
Other Receivables	6	As for receivables for goods and services.	As for receivables for goods and services.
<i>Financial Liabilities</i>		Financial liabilities are recognised when a present obligation to another party is entered into and the amount of the liability can be reliably measured.	
Trade creditors	8B	Creditors and accruals are recognised at their nominal amounts, being the amounts at which the liabilities will be settled. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).	Settlement is usually made net 30 days (2001-02; 30 days)

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**
For the year ended 30 June 2003

17B Interest rate risk

Financial Instrument	Notes	Floating interest rate		Non-Interest bearing		Total		Weighted Average Effective Interest Rate	
		02-03 \$'000	01-02 \$'000	02-03 \$'000	01-02 \$'000	02-03 \$'000	01-02 \$'000	02-03 %	01-02 %
Financial assets (Recognised)									
Cash at bank and on hand	10B	705	470			705	470	2.74	3.30
Deposits at call	10B	5,664	4,467			5,664	4,467	4.25	4.02
Receivables for goods and Services	6			3,340	4,372	3,340	4,372	n/a	n/a
Total Financial Assets (Recognised)		6,369	4,937	3,340	4,372	9,709	9,309		
Total assets						11,844	10,835		

Financial Instrument	Notes	Floating interest rate		Non-Interest bearing		Total		Weighted Average Effective Interest Rate	
		02-03 \$'000	01-02 \$'000	02-03 \$'000	01-02 \$'000	02-03 \$'000	01-02 \$'000	02-03 %	01-02 %
Financial Liabilities (Recognised)									
Trade Creditors	8B			924	388	924	388	n/a	n/a
Total Financial Liabilities (Recognised)				924	388	924	388		
Total liabilities				10,220	10,094				

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2003

17C Net fair values of financial assets and liabilities.

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

17D Credit risk exposures

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

18 Appropriations

Particulars	Departmental		Loans		Equity		Total	
	2003	2002	2003	2002	2003	2002	2003	2002
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Year ended 30 June 2003								
Balance carried forward from previous year	-	-	-	-	-	-	-	-
Appropriation Acts 1 and 3	8,105	8,032	-	-	-	-	8,105	8,032
Appropriation Acts 2 and 4	-	-	-	-	-	-	-	-
Available for payment of CRF	8,105	8,032	-	-	-	-	8,105	8,032
Payments made out of CRF	8,105	8,032	-	-	-	-	8,105	8,032
Balance carried forward to next year								
Represented by:								
Appropriations Receivable	-	-	-	-	-	-	-	-

This table reports on appropriations made by the Parliament of the Consolidated Revenue Fund (CRF) in respect of the Institute. When received by the Institute, the payments made are legally the money of the Institute and do not represent any balance remaining in the CRF.

19 Average Staffing levels

	<u>2003</u>	<u>2002</u>
The average staffing levels for the Institute during the year were:	169	160



APPENDIX 2



LEGISLATION

Australian Institute of Health and Welfare Act 1987

ACT NO. 41 OF 1987 AS AMENDED

This compilation was prepared on 5 November 2001
taking into account amendments up to Act No. 159 of 2001

The text of any of those amendments not in force
on that date is appended in the Notes section

Prepared by the Office of Legislative Drafting,
Attorney-General's Department, Canberra

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

Part I—Preliminary

1 SHORT TITLE [see Note 1]

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

2 COMMENCEMENT [see Note 1]

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 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 (including taxation under the *Bank Account Debits Tax Act 1982*) under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 DELEGATION BY INSTITUTE

- (1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:
 - (a) delegate to a member;
 - (b) delegate to a member of the staff of the Institute; and
 - (c) with the approval of the Minister—delegate to any other person or body; all or any of the Institute’s powers or functions under this Act, other than this power of delegation.

- (2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.
- (3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

28 DELEGATION BY DIRECTOR

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

29 CONFIDENTIALITY

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

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

- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
 - (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;

- (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the *information provider*) who divulged or communicated the information, or produced the document, directly to the Institute;
 - (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
 - (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
 - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
 - (ii) the publication does not identify the information subject.
- (2A) Paragraph (2)(c) applies only to information that is health-related 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

Notes to the *Australian Institute of Health and Welfare Act 1987*

Note 1

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

All relevant information pertaining to application, saving or transitional provisions prior to 28 June 2001 is not included in this compilation. For subsequent information *see* Table A.

Table of Acts

Act	Number and year	Date of assent	Date of commencement	Application, saving or transitional provisions
<i>Australian Institute of Health Act 1987</i>	41, 1987	5 June 1987	1 July 1987 (<i>see</i> <i>Gazette</i> 1987, No. S144)	
<i>Community Services and Health Legislation Amendment Act 1988</i>	79, 1988	24 June 1988	Part III (ss. 7-9): Royal Assent (a)	—
<i>Community Services and Health Legislation Amendment Act 1989</i>	95, 1989	28 June 1989	Part 2 (ss. 3-6):	— Royal Assent (b)

continued over

Act	Number and year	Date of assent	Date of commencement	Application, saving or transitional provisions
<i>Industrial Relations Legislation Amendment Act 1991</i>	122, 1991	27 June 1991	Ss. 4(1), 10(b) and 15-20: 1 Dec 1988 Ss. 28(b)-(e), 30 and 31: 10 Dec 1991 (see <i>Gazette</i> 1991, No. S332) Remainder: Royal Assent	S. 31(2)
<i>Prime Minister and Cabinet Legislation Amendment Act 1991</i>	199, 1991	18 Dec 1991	18 Dec 1991	—
<i>Australian Institute of Health Amendment Act 1992</i>	16, 1992	6 Apr 1992	4 May 1992	—
<i>Audit (Transitional and Miscellaneous) Amendment Act 1997</i>	152, 1997	24 Oct 1997	Schedule 2 (items 324-337): 1 Jan 1998 (see <i>Gazette</i> 1997, No. GN49) (c)	—
<i>Public Employment (Consequential and Transitional) Amendment Act 1999</i>	146, 1999	11 Nov 1999	Schedule 1 (items (see <i>Gazette</i> 1999, No. S584) (d)	— 195-197) 5 Dec 1999
<i>Corporate Law Economic Reform Program Act 1999</i>	156, 1999	24 Nov 1999	Schedule 10 (items 35-37): 13 Mar 2000 (see <i>Gazette</i> 2000, No. S114) (e)	—
<i>Health Legislation Amendment Act (No. 2) 2001</i>	59, 2001	28 June 2001	Schedule 3 (items 7-10): 15 Dec 1998 (see s. 2(2)) Schedule 3 (item 12): 1 Jan 1999 Remainder: Royal Assent	Sch. 1 (items 4, 9) [see Table A]
<i>Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001</i>	159, 2001	1 Oct 2001	29 Oct 2001	Sch 1 (item 97) [see Table A]

- (a) The *Australian Institute of Health and Welfare Act 1987* was amended by Part III (sections 7-9) only of the *Community Services and Health Legislation Amendment Act 1988*, subsection 2(1) of which provides as follows:
- (1) Sections 1, 2, 7, 8, 9, 10, 13, 15 and 17 and paragraph 20(b) commence on the day on which this Act receives the Royal Assent.
- (b) The *Australian Institute of Health and Welfare Act 1987* was amended by Part 2 (sections 3-6) only of the *Community Services and Health Legislation Amendment Act 1989*, subsection 2(1) of which provides as follows:
- (1) Subject to subsections (2), (3), (4), (5), (6), (7), (8), (9) and (10), this Act commences on the day on which it receives the Royal Assent.
- (c) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 2 (items 324-337) only of the *Audit (Transitional and Miscellaneous) Amendment Act 1997*, subsection 2(2) of which provides as follows:
- (2) Schedules 1, 2 and 4 commence on the same day as the *Financial Management and Accountability Act 1997*.
- (d) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 1 (items 195-197) only of the *Public Employment (Consequential and Transitional) Amendment Act 1999*, subsections 2(1) and (2) of which provide as follows:
- (1) In this Act, *commencing time* means the time when the *Public Service Act 1999* commences.
- (2) Subject to this section, this Act commences at the commencing time.
- (e) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 10 (items 35-37) only of the *Corporate Law Economic Reform Program Act 1999*, subsection 2(2)(c) of which provides as follows:
- (2) The following provisions commence on a day or days to be fixed by Proclamation:
- (c) the items in Schedules 10, 11 and 12.

Table of Amendments

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted

Provision affected	How affected
Title	am. No. 16, 1992
S. 1	am. No. 16, 1992
S. 3	am. No. 95, 1989; No. 16, 1992; No. 152, 1997; No. 59, 2001
Note to s. 3	ad. No. 152, 1997
Heading to Part II	am. No. 16, 1992
S. 4	am. No. 16, 1992; No. 152, 1997
S. 5	am. No. 16, 1992
S. 7	am. No. 95, 1989; No. 16, 1992; No. 152, 1997
S. 8	am. No. 16, 1992; Nos. 59 and 159, 2001
S. 10	am. No. 16, 1992
S. 11	rs. No. 122, 1991 am. No. 146, 1999
S. 13	am. No. 122, 1991; No. 16, 1992; No. 152, 1997; No. 156, 1999
S. 14	am. No. 79, 1988; No. 16, 1992; No. 152, 1997; No. 156, 1999
S. 16	am. No. 16, 1992; No. 152, 1997; No. 59, 2001
S. 17	am. No. 16, 1992
S. 19	am. No. 199, 1991; No. 146, 1999
S. 21	rep. No. 152, 1997
S. 22	am. No. 152, 1997
S. 23	Am. No. 231, 1997
Heading to s. 24	rs. No. 152, 1997
S. 24	am. No. 79, 1988; No. 152, 1997
S. 25	am. No. 152, 1997
S. 29	am. No. 95, 1989; No. 16, 1992; No. 59, 2001
S. 31	am. No. 16, 1992
Schedule	ad. No. 16, 1992 rep. No. 59, 2001

Table A

APPLICATION, SAVING OR TRANSITIONAL PROVISIONS

Health Legislation Amendment Act (No. 2) 2001 (No. 59, 2001)

SCHEDULE 1

4 Application

The amendments made by this Part apply to appointments made after the commencement of this Part.

9 Transitional provision

- (1) Immediately after the commencement of this item, the Institute is taken to have appointed each member of the former Ethics Committee as a member of the Australian Institute of Health and Welfare Ethics Committee.
- (2) The appointment of each such member is taken to end at the time when the member's term of appointment as a member of the former Ethics Committee would have ended under the instrument appointing the person as a member of that Committee.
- (3) In this item:
former Ethics Committee means the Health Ethics Committee of the Australian Institute of Health and Welfare, within the meaning of the *Australian Institute of Health and Welfare Act 1987* as in force immediately before the commencement of this item.

Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001 (No. 159, 2001)

SCHEDULE 1

97 Application of amendments

The amendments made by this Schedule do not apply to an appointment if the term of the appointment began before the commencement of this item.



APPENDIX 3



Board members

Board members' qualifications, current positions and details of meetings attended from 1 July 2002 to 30 June 2003

Board Member	Number of meetings attended
Dr Sandra Hacker, MB, BS, DPM, FRANZCP Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit, Alfred Hospital	4
Ms Elizabeth Davies BA, Dip Ed Executive Director, Family Services Australia, Representing consumers of welfare services	3
Ms Jane Halton Faculty of Arts, BA (Hons), FAIM Secretary, Department of Health and Ageing (from 18 Jan.02)	1*
Mr Dennis Trewin, BSc (Hons), BEc, MSc Australian Statistician, Australian Bureau of Statistics	3*
Dr Penny Gregory, PhD Chief Executive, ACT Community Care Representative of Australian Health Ministers' Advisory Committee (until 10 April)	3
Dr Tom Stubbs, BSc (Hons), PhD, Dip Ed, Licentiate of Music Executive Director, Metropolitan Health Div., SA Department of Human Services Representative of the Community Services Ministers' Advisory Council	2
Ms Linda Apelt, Dip Teaching, BEd, Grad Dip (Counselling), M Ed Studies Director General, Qld Department of Housing Representative of the State Housing Departments	1**
Professor Heather Gardner, BA, MA Ministerial appointee (from 7 April 2003)	2
Mr Ian Spicer, BA LLB Ministerial appointee (from 7 April 2003)	1
Dr Kerry Kirke, MBBS, MD Ministerial appointee (from 7 April 2003)	2
Ms Justine Boland, BA Staff representative	4
Dr Richard Madden, BSc, PhD, FIA, FIAA Director, Australian Institute of Health and Welfare	4

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

* where the member was not present their representative attended

** representative attended for one meeting



APPENDIX 4



Audit and Finance Committee members

Audit and Finance Committee members' qualifications, current positions and details of meetings attended from 1 July 2002 to 30 June 2003

Committee member	Number of meetings attended
Ms Linda Apelt, Dip Teaching, BEd, Grad Dip (Counselling), M Ed Studies Director General, Qld Department of Housing (Chair)	2
Dr Sandra Hacker, MB, BS, DPM, FRANZCP (Chair, AIHW Board) Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit, Alfred Hospital	4
Ms Elizabeth Davies, BA, Dip Ed Executive Director, Family Services Australia	4



APPENDIX 5



Freedom of information

Freedom of Information statement

As required by section 8 of the *Freedom of Information Act 1982*, the following information is published regarding the organisation and functions of the AIHW, and how members of the public can gain access to documents maintained in the possession of the AIHW.

ORGANISATION AND FUNCTIONS OF THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Chapter 1 of this report provides details of the organisation and functions of the AIHW.

POWERS

The AIHW is a body corporate subject to the *Commonwealth Authorities and Companies Act 1997*. Powers exercised by the Chairperson of the Board and the Institute's Director are in accordance with delegations determined under that Act.

CONSULTATIVE ARRANGEMENTS

The composition of the AIHW Board, prescribed in section 8 of the *Australian Institute of Health and Welfare Act 1987* (see Appendix 2), enables participation on the Board by a broad range of bodies or persons outside the Commonwealth administration.

The AIHW consults with a wide range of constituents through its membership of national committees (see Appendix 9).

The AIHW has established a number of topic-specific Steering Committees which include bodies and persons from outside the Commonwealth administration, to advise the Institute regarding its major reports.

CATEGORIES OF DOCUMENTS IN POSSESSION OF THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Documents available to the public upon payment of a fee

The AIHW does not hold any documents of this type.

Documents available for purchase or available free of charge

The majority of AIHW reports are available free of charge on its web site: <http://www.aihw.gov.au>, or can be purchased through the AIHW web site or from Government Info shops.

Australian Institute of Health and Welfare data

The AIHW makes available through its web site unidentifiable aggregated data on a series of data 'cubes'. (See Chapter 2.)

Data collected under the *Australian Institute of Health and Welfare Act 1987* are protected by the confidentiality provisions (section 29) of that Act.

Australian Institute of Health and Welfare seminar program

Documents informing of topics included on the AIHW seminar program conducted for staff of the Institute, and for some seminars, open to invited guests.

Government and Parliament

Some ministerial briefings, ministerial correspondence, replies to Parliamentary questions and tabling documents.

Meeting proceedings

Agenda papers and records of proceedings of internal and external meetings and workshops.

Business management

Documents related to development of the Institute's work program, business and personnel management, and general papers and correspondence related to management of the Institute's work program.

Privacy

The AIHW supplies information on the extent and nature of its holdings of personal information for inclusion in the *Personal Information Digest* published by the Office of the Federal Privacy Commissioner.

FREEDOM OF INFORMATION REQUESTS

There were no requests made under the *Freedom of Information Act 1982* during 2002–03.

FREEDOM OF INFORMATION ENQUIRIES

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



APPENDIX 6



Staffing

Staff numbers at the Institute have increased by some 7% since last year (by 5% when comparing FTEs), after having plateaued over the two preceding years.

Over the last five years, the proportion employed as ongoing has increased from 63% to 75%.

TABLE 1: STAFF BY CATEGORY OF EMPLOYMENT AT 30 JUNE 2003

Status	Female	Male	Total (30 June 2003)	Total (30 June 2002)
Ongoing				
Full-time	61	45	106	103
Part-time	31	3	34	26
Leave without pay	8	2	10	12
Non-ongoing				
Full-time	24	18	42	34
Part-time	7	2	9	12
Leave without pay	0	0	0	0
Total	131	70	201	187
Full Time Equivalent	—	—	168.4	160.1

TABLE 2: STAFF BY LEVEL AT 30 JUNE 2003

Status	Female	Male	Total (30 June 2003)	Total (30 June 2002)
Senior Executive Service Band 1	3	1	4	3
Executive Level 2	9	13	22	21
Executive Level 1	33	27	60	56
APS Level 6	40	13	53	53
APS Level 5	16	5	21	24
APS Level 4	15	10	25	17
APS Level 3	8	0	8	7
APS Level 2	7	1	8	6
Total	131	70	201	187

Notes:

- 'Ongoing staff' refers to staff employed on an ongoing basis by the Institute, including ongoing staff on transfer from other APS agencies.
- 'Non-ongoing staff' refers to staff employed by the Institute on contracts of employment for specified terms and specified tasks.
- 'Full time equivalent' expresses the size of the workforce adjusted for those staff who work part-time hours, and for those who are inoperative on maternity leave, transfer or leave without pay.



APPENDIX 7



Unit Heads (AS AT 30 JUNE 2003)



EXECUTIVE UNIT

Margaret Fisher, Grad Dip T and DM, MBus, CSU

Health Division

CARDIOVASCULAR DISEASE, DIABETES AND RISK FACTOR MONITORING

Lynelle Moon, BMath Wollongong, Grad Dip Stats, Grad Dip Pop Health ANU

HEALTH REGISTERS AND CANCER MONITORING

John Harding, BA Macquarie

POPULATION HEALTH DATA AND INFORMATION SERVICES

Mark Cooper-Stanbury, BSc ANU

POPULATION HEALTH

Paul Jelfs, BSc (Hons), PhD UNSW

NATIONAL HEALTH PRIORITIES AND ENVIRONMENTAL HEALTH

Kuldeep Bhatia, PhD ANU, PhD Panjab

MEDICAL ADVISER

Paul Magnus MB, BS UWA

Welfare Division

AGEING AND AGED CARE

Anne Jenkins BSc, Grad Dip Psych, PhD ANU

CHILDREN, YOUTH AND FAMILY SERVICES

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

FUNCTIONING AND DISABILITY

Ros Madden, BSc (Hons), MSc Sydney

HOUSING ASSISTANCE

David Wilson, BEc (Hons) Flinders

SUPPORTED ACCOMMODATION AND CRISIS SERVICES

Justin Griffin, BEc James Cook

Economics and Business Services

PEOPLE AND COMMERCIAL SERVICES

Peter McLaughlin, Dip HA, MHA Charles Sturt

DATA AND INFORMATION TECHNOLOGY

Mike McGrath, BA CCAE

MEDIA AND PUBLISHING

Nigel Harding, BA Qld

NATIONAL DATA DEVELOPMENT

Trish Ryan, BA (Hons) UNE

LIBRARY AND INFORMATION SERVICES

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

Resources Division

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE

Fadwa Al-Yaman, BSc Kuwait, PhD ANU, MA Population Studies ANU

HEALTH AND WELFARE EXPENDITURE

Tony Hynes, BAppSc Canberra

HOSPITALS AND MENTAL HEALTH SERVICES

Jenny Hargreaves, BSc (Hons) ANU, Grad Dip Population Health ANU

LABOUR FORCE AND RURAL HEALTH

Glenice Taylor, BSc Wollongong

SUMMARY MEASURES

John Goss, BEc, BSc ANU, Grad Dip Nutr Diet QIT

Heads of Collaborating Units

AUSTRALIAN CENTRE FOR ASTHMA MONITORING

Guy B. Marks, B Med Sc, MB, BS UNSW, PhD Sydney, MRCP, FRACP, FAFPHM

DENTAL STATISTICS AND RESEARCH UNIT

Gary Slade, BSc Melb, Dip DPH Toronto, PhD Adelaide

GENERAL PRACTICE STATISTICS AND CLASSIFICATION UNIT

Helena Britt, BA UNSW, PhD Sydney

NATIONAL INJURY SURVEILLANCE UNIT

James Harrison, MB, BS Melb, MPH Sydney, FAFPHM

NATIONAL PERINATAL STATISTICS UNIT

Elizabeth Sullivan, MB, BS, MPH, M Med (Sexual Health) Sydney, FAFPHM



APPENDIX 8



Publications

1 JULY 2002 – 30 JUNE 2003

Books

AIHW publications

Annual Report 2001–02. AIHW. AIHW Cat. No. AUS 28. Canberra: AIHW, 2002.

Corporate Plan 2003–2006. AIHW. AIHW Cat. No. AUS 32. Canberra: AIHW, 2003.

Ageing and aged care

Aged Care Assessment Program Data Dictionary Version 1.0. AIHW. AIHW Cat. No. AGE 26. Canberra: AIHW, 2002.

Ageing in Place: Before and After the 1997 Aged Care Reforms. Gibson D, Rowland F, Braun P, Angus P. AIHW Cat. No. AUS 26. Canberra: AIHW, 2002 (AIHW Bulletin No. 1).

Client Characteristics Meta-data in Residential Aged Care. Jeffery K. AIHW Cat. No. AGE 28. Canberra: AIHW, 2003.

Community Aged Care Packages in Australia 2001–02: A Statistical Overview. AIHW. AIHW Cat. No. AGE 30. Canberra: AIHW, 2003 (Aged Care Statistics Series No. 14).

Day Care Therapy Centre Program Data Dictionary Version 1.0. AIHW. AIHW Cat. No. AGE 27. Canberra: AIHW, 2003.

Older Australia at a Glance 2002 (third edition). AIHW. AIHW Cat. No. AGE 25. Canberra: AIHW, 2002.

Residential Aged Care in Australia 2001–02: A Statistical Overview. AIHW. AIHW Cat. No. AGE 29. Canberra: AIHW, 2003 (Aged Care Statistics Series No. 13).

Alcohol and other drugs

2001 National Drug Strategy Household Survey: Detailed Findings. AIHW. AIHW Cat. No. PHE 41. Canberra: AIHW, 2002 (Drug Statistics Series No. 11).

2001 National Drug Strategy Household Survey: State and Territory Supplement. AIHW. AIHW Cat. No. PHE 37. Canberra: AIHW, 2002 (Drug Statistics Series No. 10).

Alcohol and Other Drug Treatment Services in Australia 2000–01: First Report on the National Minimum Data Set. AIHW. AIHW Cat. No. HSE 22. Canberra: AIHW, 2002 (Drug Treatment Series No. 1).

Alcohol and Other Drug Treatment Services 2002–03: Guidelines for Collection of the National Minimum Data Set. AIHW. AIHW Cat. No. HSE 21. Canberra: AIHW, 2002.

Alcohol and Other Drug Treatment Services in Australia: Findings from the National Minimum Data Set 2000–01. AIHW. AIHW Cat. No. AUS 30. Canberra: AIHW, 2002 (AIHW Bulletin No. 4).

Alcohol and Other Drug Treatment Services NMDS Specifications 2003–04: Data Dictionary, Collection Guidelines and Validation Processes. AIHW. AIHW Cat. No. HSE 26. Canberra: AIHW, 2003 (Drug Treatment Series No. 2).

Statistics on Drug Use in Australia 2002. AIHW. AIHW Cat. No. PHE 43. Canberra: AIHW, 2003 (Drug Statistics Series No. 12).

Cancer

Cervical Screening in Australia 1999–2000. AIHW. AIHW Cat. No. CAN 16. Canberra: AIHW, 2003 (Cancer Series No. 21).

Cardiovascular disease

Cardiac Surgery in Australia 1999. Davies MJ, Senes S. AIHW Cat. No. CVD 23. Canberra: AIHW, 2003 (Cardiovascular Disease Series No. 21).

Diabetes: Australian Facts 2002. AIHW. AIHW Cat. No. CVD 20. Canberra: AIHW, 2002 (Diabetes Series No. 3).

Epidemic of Coronary Heart Disease and its Treatment in Australia. Mathur S. AIHW Cat. No. CVD 21. Canberra: AIHW, 2002 (Cardiovascular Disease Series No. 20).

Heart Failure. . .What of the Future? Field B. AIHW Cat. No. AUS 34. Canberra: AIHW, 2003 (AIHW Bulletin No. 6).

The Active Australia Survey: A Guide and Manual for Implementation, Analysis and Reporting. AIHW. AIHW Cat. No. CVD 22. Canberra: AIHW, 2003.

Children, youth and families

Adoptions Australia 2001–02. AIHW. AIHW Cat. No. CWS 18. Canberra: AIHW, 2002 (Child Welfare Series No. 30).

Child Protection Australia 2001–02. AIHW. AIHW Cat. No. CWS 20. Canberra: AIHW, 2003 (Child Welfare Series No. 32).

Child Protection Australia 2001–02: First National Results. AIHW. AIHW Cat. No. CWS 19. Canberra: AIHW, 2002 (Child Welfare Series No. 31).

Trends in Long Day-Care Services for Children in Australia, 1991–99. AIHW. AIHW Cat. No. CFS 5. Canberra: AIHW, 2002 (Children's Services Series No. 4).

Dental health

Access to Dental Services of Australian Children and Adolescents 1999. AIHW DSRU. AIHW Cat. No. DEN 100. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 2).

Caries Experience of Public Dental Patients. AIHW DSRU. AIHW Cat. No. DEN 112. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 10).

Child Dental Health Survey, Australia, 1999: Trends across the 1990s, The. Armfield JM, Roberts-Thomson KF, Spencer AJ. AIHW Cat. No. DEN 95. Adelaide: AIHW DSRU, 2003 (Dental Statistics and Research Series No. 27).

Child Dental Health Survey, New South Wales, 2000, The. Armfield J, Roberts-Thomson K, Spencer J. AIHW Cat. No. DEN 117. Adelaide: AIHW DSRU, 2003.

Child Dental Health Survey, South Australia, 1999, The. AIHW DSRU. AIHW Cat. No. DEN 82. Adelaide: AIHW DSRU, 2002.

Child Dental Health Survey, Australian Capital Territory, 1999, The. AIHW DSRU. AIHW Cat. No. DEN 94. Adelaide: AIHW DSRU, 2002.

Child Dental Health Survey, Northern Territory, 1999, The. AIHW DSRU. AIHW Cat. No. DEN 93. Adelaide: AIHW DSRU, 2002.

Demand for Dental Care. Davies MJ. AIHW Cat. No. DEN 103. Adelaide: AIHW DSRU, 2003 (DSRU Research Report Series No. 8).

Dental Hygienist Labour Force Data Collection 2000. AIHW DSRU. AIHW Cat. No. DEN 97. Adelaide: AIHW DSRU, 2002. (Research Report Series No. 6.)

Dental Insurance and Access to Dental Care. Davies M J. AIHW Cat. No. DEN 105. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 5).

Dental Therapist Labour Force Data Collection 2000. Davies M J. AIHW Cat. No. DEN 110. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 7).

Dentists' Practice Activity in Australia 1983–84 to 1998–99. Spencer AJ, Brennan DS. AIHW Cat. No. DEN 101. Adelaide: AIHW DSRU, 2002 (Dental Statistics and Research Series No. 26).

Oral Health of Aboriginal and Torres Strait Islander Persons. AIHW DSRU. AIHW Cat. No. DEN 108. Adelaide: AIHW DSRU, 2003 (DSRU Research Report Series No. 14).

Oral Health of Public Dental Patients in Rural Areas. Davies MJ. AIHW Cat. No. DEN 114. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 12).

Periodontal Disease among Public Dental Patients. Davies MJ. AIHW Cat. No. DEN 113. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 11).

Rural Oral Health and Access to Dental Care — 1994–96 and 1999. AIHW DSRU. AIHW Cat. No. DEN 86. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 1).

Service Patterns of Public Dental Patients. Davies MJ. AIHW Cat. No. DEN 115. Adelaide: AIHW

DSRU, 2002 (DSRU Research Report Series No. 13).

Social Determinants of Oral Health. Davies MJ. AIHW Cat. No. DEN 107. Adelaide: AIHW DSRU, 2003 (DSRU Research Report Series No. 9).

South Australian Dental Longitudinal Study Five-year Follow-up, The. AIHW DSRU. AIHW Cat. No. DEN 102. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 3).

Trends in Satisfaction with Dental Care 1994–96 to 1999. Davies MJ. AIHW Cat. No. DEN 85. Adelaide: AIHW DSRU, 2002 (DSRU Research Report Series No. 4).

Functioning and disability

Australia's National Disability Services Data Collection: Redeveloping the Commonwealth–State/Territory Disability Agreement National Minimum Data Set. AIHW. AIHW Cat. No. DIS 30. Canberra: AIHW, 2003 (Disability Series).

Continence Aids Assistance Scheme Data Dictionary Version 1.0. AIHW. AIHW Cat. No. DIS 28. Canberra: AIHW, 2003.

Disability Support Services 2002: First National Results on Services Provided Under the Commonwealth–State Disability Agreement. AIHW. AIHW Cat. No. DIS 27. Canberra: AIHW, 2002 (Disability Series).

Disability Support Services 2002: National Data on Services Provided under the Commonwealth–State Disability Agreement. AIHW. AIHW Cat. No. DIS 31. Canberra: AIHW, 2003 (Disability Series).

Disability Support Services: Revisions to CSDA MDS Data and Reports 1996 to 2000. AIHW. AIHW Cat. No. DIS 29. Canberra: AIHW, 2003 (Disability Series).

History of the International Classification of Functioning, Disability and Health (ICF). AIHW. Canberra: AIHW, 2002 (Disability Data Briefing No. 21).

Unmet Need for Disability Services: Effectiveness of Funding and Remaining Shortfalls. AIHW. AIHW Cat. No. DIS 26. Canberra: AIHW, 2002 (Disability Series).

General practice

Cardiovascular Problems and Risk Behaviours among Patients at General Practice Encounters in Australia 1998–00. Henderson J, Pan Y, Britt H, Charles J, Miller GC, Knox S. AIHW Cat. No. GEP 9. Sydney: AIHW GPSCU, 2002 (General Practice Series No. 9).

General Practice Activity in Australia 2001–02. Britt H, Miller GC, Knox S, Charles J, Valenti L, Henderson J, Pan Y, Bayram C, Harrison C. AIHW Cat. No. GEP 10. Sydney: AIHW GPSCU, 2002 (General Practice Series No. 10).

Male Consultations in General Practice in Australia 1999–00. Bayram C, Britt H, Kelly Z, Valenti L. AIHW Cat. No. GEP 11. Sydney: AIHW GPSCU, 2003 (General Practice Series No. 11).

Health and welfare expenditure

Australian National Health and Welfare Accounts: Concepts and Data Sources. AIHW. AIHW Cat. No. HWE 23. Canberra: AIHW, 2003.

Health Expenditure Australia 2000–01. AIHW. AIHW Cat. No. HWE 20. Canberra: AIHW, 2002 (Health and Welfare Expenditure Series No. 14).

National Public Health Expenditure Report 1999–00. AIHW. AIHW Cat. No. HWE 22. Canberra: AIHW, 2002 (Health and Welfare Expenditure Series No. 16).

Welfare Expenditure Australia 2000–01. AIHW. AIHW Cat. No. HWE 21. Canberra: AIHW, 2003 (Health and Welfare Expenditure Series No. 15).

Health and welfare labour force

Medical Labour Force 1999. AIHW. AIHW Cat. No. HWL 24. Canberra: AIHW, 2003 (National Health Labour Force Series No. 24).

Medical Labour Force 2000. AIHW. AIHW Cat. No. AUS 33. Canberra: AIHW, 2003 (AIHW Bulletin No. 5).

Nursing Labour Force 2001. AIHW. AIHW Cat. No. HWL 26. Canberra: AIHW, 2003 (National Health Labour Force Series No. 26).

Pharmacy Labour Force to 2001. AIHW. AIHW Cat. No. HWL 25. Canberra: AIHW, 2003 (National Health Labour Force Series No. 25).

Podiatry Labour Force 1999. AIHW. AIHW Cat. No. HWL 23. Canberra: AIHW, 2002 (National Health Labour Force Series No. 23).

Health and welfare services and care

Australian Hospital Statistics 2001–02. AIHW. AIHW Cat. No. HSE 25. Canberra: AIHW, 2003 (Health Services Series No. 20).

Mental Health Services in Australia 2000–01. AIHW. AIHW Cat. No. HSE 24. Canberra: AIHW, 2003 (Mental Health Series No. 4).

Housing

Commonwealth–State Housing Agreement National Data Reports 2001–02: Aboriginal Rental Housing Program. AIHW. AIHW Cat. No. HOU 83. Canberra: AIHW, 2003.

Commonwealth–State Housing Agreement National Data Reports 2001–02: CSHA Community Housing. AIHW. AIHW Cat. No. HOU 81. Canberra: AIHW, 2003.

Commonwealth–State Housing Agreement National Data Reports 2001–02: Crisis Accommodation Program. AIHW. AIHW Cat. No. HOU 86. Canberra: AIHW, 2003.

Commonwealth–State Housing Agreement National Data Reports 2001–02: Home Purchase Assistance. AIHW. AIHW Cat. No. HOU 85. Canberra: AIHW, 2003.

Commonwealth–State Housing Agreement National Data Reports 2001–02: Private Rent Assistance. AIHW. AIHW Cat. No. HOU 84. Canberra: AIHW, 2003.

Commonwealth–State Housing Agreement National Data Reports 2001–02: Public Rental Housing. AIHW. AIHW Cat. No. HOU 82. Canberra: AIHW, 2003.

Demand for SAAP Assistance by Homeless People 2000–01: A Report from the SAAP National Data Collection. AIHW. AIHW Cat. No. HOU 71. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 6).

Homeless People in SAAP: National Data Collection Annual Report 2001–02 ACT. AIHW. AIHW Cat. No. HOU 79. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Homeless People in SAAP: SAAP NDC Annual Report 2001–02 Australia. AIHW. AIHW Cat. No. HOU 72. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Homeless People in SAAP: SAAP NDC Annual Report 2001–02 Northern Territory. AIHW. AIHW Cat. No. HOU 80. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Homeless People in SAAP: SAAP NDC Annual Report 2001–02 NSW. AIHW. AIHW Cat. No. HOU 73. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Homeless People in SAAP: SAAP NDC Annual Report 2001–02 Queensland. AIHW. AIHW Cat. No. HOU 75. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Homeless People in SAAP: SAAP NDC Annual Report 2001–02 South Australia. AIHW. AIHW Cat. No. HOU 77. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Homeless People in SAAP: SAAP NDC Annual Report 2001–02 Tasmania. AIHW. AIHW Cat. No. HOU 78. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Homeless People in SAAP: SAAP NDC Annual Report 2001–02 Victoria. AIHW. AIHW Cat. No. HOU 74. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Homeless People in SAAP: SAAP NDC Annual Report 2001–02 Western Australia. AIHW. AIHW Cat. No. HOU 76. Canberra: AIHW, 2002 (SAAP National Data Collection Agency (NDCA) Report Series 7).

Income Status of Homeless People in SAAP 1999–2001. AIHW. AIHW Cat. No. HOU 70. Canberra: AIHW, 2002.

Injury

Hospital Separations Due to Injury and Poisoning, Australia 1999–00. Helps Y, Cripps R, Harrison J. AIHW Cat. No. INJCAT 48. Adelaide: AIHW NISU, 2002 (Injury Research and Statistics Series No. 15).

Hospital Separations Due to Injury and Poisoning, Australia 1998–99. Harrison J, Cripps R, Steenkamp M. AIHW Cat. No. INJCAT 46. Adelaide: AIHW NISU, 2002 (Injury Research and Statistics Series No. 13).

Hospitalisation Due to Traumatic Brain Injury, Australia 1997–98. O'Connor P. AIHW Cat. No. INJCAT 43. Adelaide: AIHW NISU, 2002 (Injury Research and Statistics Series No. 11).

Spinal Cord Injury, Australia, 2000–01. O'Connor P. AIHW Cat. No. INJCAT 50. Adelaide: AIHW NISU, 2003 (Injury Research and Statistics Series No. 16).

Technical Review and Documentation of Current NHPA Injury Indicators and Data Sources. Harrison J, Steenkamp M. AIHW Cat. No. INJCAT 47. Adelaide: AIHW NISU, 2002 (Injury Research and Statistics Series No. 14).

National health and welfare information

National Classifications of Community Services Version 2. AIHW. AIHW Cat. No. HWI 40. Canberra: AIHW, 2003.

National Health Data Dictionary Version 11. AIHW. AIHW Cat. No. HWI 36. Canberra: AIHW, 2002.

National Health Data Dictionary, Version 12. National Health Data Committee. AIHW Cat. No. HWI 43. Canberra: AIHW, 2003 (National Health Data Dictionary No. 12).

National Health Information Model Version 2. AIHW. AIHW Cat. No. HWI 45. Canberra: AIHW, 2003.

Perinatal health

Assisted Conception Australia and New Zealand 2000 and 2001. Dean JH, Sullivan EA. AIHW Cat. No. PER 22. Sydney: AIHW NPSU, 2003 (Assisted Conception Series No. 7).

Australia's Mothers and Babies 2000. AIHW National Perinatal Statistics Unit. AIHW Cat. No. PER 21. Sydney: AIHW NPSU, 2003 (Perinatal Statistics Series No. 12).

Reproductive Health Indicators Australia 2002. Ford J, Nassar N, Sullivan EA, Chambers G, Lancaster P. AIHW Cat. No. PER 20. Sydney: AIHW NPSU, 2003.

Population health

2002 Influenza Vaccine Survey: Summary Results. AIHW. AIHW Cat. No. PHE 46. Canberra: AIHW, 2003.

Australian Health Inequalities: 1 Birthplace. Singh M, de Looper M. AIHW Cat. No. AUS 27. Canberra: AIHW, 2002 (AIHW Bulletin No. 2).

Health Care Usage and Costs: A Comparison of Veterans and War Widows and Widowers with the Rest of the Community. AIHW. AIHW Cat. No. PHE 42. Canberra: AIHW, 2002.

Issues and Priorities in the Surveillance and Monitoring of Chronic Diseases in Australia. Report of a Workshop Held 8–9 November 2001, Canberra. AIHW. AIHW Cat. No. PHE 39. Canberra: AIHW, 2002.

Rural, Regional and Remote Health: Information Framework and Indicators. Version 1. AIHW. AIHW Cat. No. PHE 44. Canberra: AIHW, 2003.

Seasonality of Death. AIHW. AIHW Cat. No. AUS 29. Canberra: AIHW, 2002 (AIHW Bulletin No. 3).

Trends in Deaths: Analysis of Australian Data 1987–1998 with Updates to 2000. Dunn C, Sadkowsky K, Jelfs P. AIHW Cat. No. PHE 40. Canberra: AIHW, 2002 (Mortality Surveillance Series No. 3).

Periodicals

AIHW Access

Access Issue 11 September 2002. AIHW. AIHW Cat. No. HWI 37. Canberra: AIHW, 2002 (AIHW Access No. 11).

Access Issue 12 December 2002. AIHW. AIHW Cat. No. HWI 41. Canberra: AIHW, 2002 (AIHW Access No. 12).

Access Issue 13 May 2003. AIHW. AIHW Cat. No. HWI 42. Canberra: AIHW, 2003 (AIHW Access No. 13).

Drug treatment data briefing

Alcohol and Other Drug Treatment Services in New South Wales. Findings from the National Minimum Data Set (NMDS) 2000–01. AIHW. Canberra: AIHW, 2003 (Drug Treatment Data Briefing No. 1).

Alcohol and Other Drug Treatment Services in South Australia. Findings from the National Minimum Data Set (NMDS) 2000–01. AIHW. Canberra: AIHW, 2003 (Drug Treatment Data Briefing No. 3).

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APPENDIX 9



**Participation in national
committees as an
information specialist**

NATIONAL COMMITTEES CHAIRED BY AIHW

Australian Birth Defects Society
Information Strategy Committee NMDs Sub-committee
Intergovernmental Committee on Drugs Data Working Group
National Health Data Committee
National Community Services Data Committee

NATIONAL COMMITTEES OF WHICH AIHW IS A MEMBER AND PROVIDES THE SECRETARIAT

Advisory Committee on Australian and International Disability Data (replaces DDRAG)
Advisory Committee on Maternal Mortality and Morbidity
AHMAC Mental Health Working Group Information Strategy Committee – National Minimum Data Set Sub-committee
Australasian Association of Cancer Registries
Commonwealth State Housing Agreement National Housing Data Agreement Management Group
Commonwealth State Housing Agreement National Housing Data Agreement National Housing Data Development Committee
Commonwealth/State Disability Agreement National Minimum Data Set Network
Computer Assisted Telephone Interview Technical Reference Group
Indigenous Housing Data Committee
Information Strategy Committee NMDs Sub-committee
Juvenile Justice Data Working Group
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
National Burden of Disease Advisory Committee
National Cardiovascular Monitoring System Advisory Committee
National Child Protection and Support Services Data Group
National Community Services Data Committee
National Community Services Information Management Group
National Diabetes Register Management Committee
National Health Data Committee
National Health Information Management Group
National Housing Data Agreement Management Group
National Housing Data Development Committee
National Indigenous Housing Information Implementation Committee
National Indigenous Housing Information Implementation Committee's National Minimum Data Set Working Group
National Perinatal Data Development Committee
National Public Health Information Working Group (NPHIWG)
NHIMG Expert Group on Health Classifications
Population Health Taskforce on Performance
Rural Health Information Advisory Committee



APPENDIX 10



**Activities funded by outside bodies
for 2002-03 financial year**



Australian Institute of Health and Welfare

The projects below represent the contracted work the AIHW undertook in 2002–03 for other entities. These entities are shown as the funding body.

- Project:** ACT Physical Activity Report
Funding body: ACT Department of Health, Housing and Community Care
- Project:** Advanced Statistical Analysis of Residential Aged Care Entry Period and Residential Movement Data
Funding body: Department of Health and Ageing
- Project:** Advanced Statistical Analysis of Transition Care Data
Funding body: Department of Health and Ageing
- Project:** Aged and Community Care Data and Performance Indicator Development
Funding body: Department of Health and Ageing
- Project:** Ageing Research Capacity Building Project
Funding body: Department of Health and Ageing
- Project:** Alcohol and Other Drug Treatment Services National Minimum Data Set
Funding body: Department of Health and Ageing
- Project:** Analysis and Reporting of ACT Cancer Incidence and Mortality Data
Funding body: ACT Department of Health, Housing and Community Care
- Project:** Asthma Monitoring
Funding body: Department of Health and Ageing
- Project:** Australian Community Based Health Services Codeset
Funding body: Department of Health and Ageing
- Project:** Australian Health Data Repository for Data Supplied to WHO
Funding body: Department of Health and Ageing
- Project:** Australian Health Measurement Survey Pilot
Funding body: Department of Health and Ageing
- Project:** Australian Health Measurement Survey Providers
Funding body: Department of Health and Ageing
- Project:** Breast and Cervical Cancer Screening
Funding body: Department of Health and Ageing
- Project:** Cancer Incidence in Korean War Veterans
Funding body: Department of Veterans' Affairs
- Project:** Child and Youth Health Monitoring
Funding body: Department of Health and Ageing

Project:	Chronic Disease and Behavioural Risk Factor Monitoring and Surveillance
Funding body:	Department of Health and Ageing
Project:	Commonwealth State Disability Agreement Minimum Data Set Redevelopment
Funding body:	National Disability Administrators under the Commonwealth/State Disability Agreement
Project:	Community Care Data Development Stage 5
Funding body:	Department of Health and Ageing
Project:	Community Care Data Development Stage 6
Funding body:	Department of Health and Ageing
Project:	Compendium of Alcohol Data Sources
Funding body:	Department of Health and Ageing
Project:	Cost Sharing for the Pilot Testing of the National Minimum Data Set of Children's Services Information
Funding body:	Community Services Ministers' Advisory Council and Department of Education, Science and Training
Project:	Creation of a Data Dictionary for the Office of Hearing Services
Funding body:	Department of Health and Ageing
Project:	Data Custodianship for the Quality in Australian Health Care Study Database
Funding body:	Department of Health and Ageing
Project:	Data Development Work for Indigenous Health Expenditure
Funding body:	Department of Health and Ageing
Project:	Data and Information Services
Funding body:	Department of Health and Ageing
Project:	Development of a Functional Specification for the Redevelopment of the AIHW Knowledgebase
Funding body:	Department of Health and Ageing
Project:	Development of National Public Health Information, including secretariat and support for the National Public Health Information Working Group
Funding body:	Department of Health and Ageing
Project:	Diabetes Register—Data Providers
Funding body:	Department of Health and Ageing
Project:	DVA Community Comparison and Cost Drivers
Funding body:	Department of Veterans' Affairs
Project:	End of Life Study
Funding body:	University of Queensland

- Project:** Environmental Health Information Development
Funding body: Department of Health and Ageing
- Project:** Environmental Health Monitoring
Funding body: Department of Health and Ageing
- Project:** Evaluation of the National Minimum Data Set for Admitted Patient Care
Funding body: Australian Health Ministers Advisory Council
- Project:** Feasibility Study for the Collection of Wholesale Alcohol Sales Data
Funding body: Department of Health and Ageing
- Project:** Female Vietnam Veteran Health Register
Funding body: Department of Veterans' Affairs
- Project:** Hospital Morbidity Data and Adverse Events
Funding body: Safety and Quality Council
- Project:** Health Connect Exploratory Project to Develop a National Family of Health Classifications
Funding body: Department of Health and Ageing
- Project:** Indigenous Data Modelling Project
Funding body: Department of Family and Community Services
- Project:** Indigenous Housing Information Management Strategy
Funding body: Department of Health and Ageing/Various State and Territory Departments
- Project:** Influenza Vaccine CATI Survey
Funding body: Department of Health and Ageing
- Project:** Korean Veterans' Follow-up and Mortality Study
Funding body: Department of Veterans' Affairs
- Project:** Medical Indemnity Data Collection
Funding body: Community Services Ministers Advisory Council
- Project:** Mental Health Care National Minimum Data Set
Funding body: Department of Health and Ageing
- Project:** National Cancer Survival Analysis
Funding body: Department of Health and Ageing
- Project:** National Cardiovascular Disease Monitoring Centre
Funding body: Department of Health and Ageing
- Project:** National Classification of Community Services
Funding body: Community Services Ministers Advisory Council
- Project:** National Community Services Data Dictionary
Funding body: Community Services Ministers' Advisory Council

Project:	National Diabetes Register
Funding body:	Department of Health and Ageing
Project:	National Health Data Development
Funding body:	Australian Health Ministers' Advisory Council
Project:	National Health Data Dictionary
Funding body:	Australian Health Ministers' Advisory Council / Department of Health and Ageing
Project:	National Health Priority Areas (NHPA) Surveillance and Reporting
Funding body:	Department of Health and Ageing
Project:	National Housing Data Dictionary
Funding body:	States and Territory Departments with responsibility for Housing, Housing Ministers' Advisory Council
Project:	National Housing Data Repository
Funding body:	State and Territory Departments with responsibility for Housing, Housing Ministers' Advisory Council
Project:	National Housing Performance Reporting
Funding body:	State and Territory Departments with responsibility for Housing, Housing Ministers' Advisory Council
Project:	National Monitoring System for Diabetes
Funding body:	Department of Health and Ageing
Project:	National Public Health Expenditure
Funding body:	Department of Health and Ageing
Project:	NCSIMG Project —Development of NMDS for Juvenile Justice & Youth Welfare
Funding body:	Australasian Juvenile Justice Administrators
Project:	NHFA Overweight/Obesity and CVD Project Task 1
Funding body:	National Heart Foundation of Australia
Project:	Occupation Coding in Mortality Records
Funding body:	Department of Health and Ageing
Project:	Older Australia at a Glance Publication
Funding body:	Department of Health and Ageing
Project:	Department of Veterans' Affairs Statistical Support
Funding body:	Department of Veteran's Affairs
Project:	Palliative Care Data Development
Funding body:	Department of Health and Ageing
Project:	Physical Activity Measures
Funding body:	Department of Health and Ageing

- Project:** **Production of publication *Health and Community Services Labour Force 2001***
Funding body: Australian Health Workforce Advisory Committee
- Project:** **Projecting the Supply of Informal Care**
Funding body: Department of Health and Ageing
- Project:** **Projects to Support Aboriginal Reconciliation**
Funding body: Community Services Ministers Advisory Council
- Project:** **Provision of and Need for Specified Human Services in the ACT: Analysis of Available Data**
Funding body: ACT Government - Chief Ministers Department
- Project:** **Provision of Data on Elective Surgery Waiting Times**
Funding body: Department of Health and Ageing
- Project:** **National Drug Strategy Household Survey**
Funding body: Department of Health and Ageing
- Project:** **NSW Burden of Disease and Injury 2001**
Funding body: The Health Administration Corporation
- Project:** **Radiation Oncology - Areas of Need**
Funding body: Department of Health and Ageing
- Project:** **Residential Aged Care/Acute Hospital Care Interface**
Funding body: Department of Health and Ageing
- Project:** **Residential Aged Care Publication**
Funding body: Department of Health and Ageing
- Project:** **Rural Health Project**
Funding body: Department of Health and Ageing
- Project:** **SAAP Access and Exit Project**
Funding body: NSW Community Services Commission
- Project:** **SAAP National Data Collection Agency (NCDA)**
Funding body: Department of Family and Community Services
- Project:** **Scoping Study - Integrated Information Management**
Funding body: Community Services Ministers Advisory Council
- Project:** **State Based Child Welfare Collections**
Funding body: States and Territory Departments with responsibility for Child Care
- Project:** **Statistical Analysis Related to Healthy Ageing**
Funding body: Department of Health and Ageing
- Project:** **Statistical Support to the Australian Health Workforce Advisory Committee (AHWAC)**
Funding body: Australian Health Workforce Advisory Committee

Project:	Statistical Support to the Australian Medical Workforce Advisory Committee (AMWAC)
Funding body:	Australian Health Workforce Advisory Committee
Project:	Statistics on Drug Use in Australia 2002
Funding body:	Department of Health and Ageing
Project:	Secretarial Support for the Australasian Journal on Ageing
Funding body:	Australian Council of the Ageing
Project:	The Impact of Dementia on the Health and Aged Care Systems
Funding body:	Department of Health and Ageing
Project:	Summary of the Jurisdiction Reports Against Aboriginal and Torres Strait Islander Health Performance Indicators 2001
Funding body:	Australian Health Ministers' Advisory council
Project:	Trends in Australian Premature Mortality Burden 1996-2001
Funding body:	Department of Health and Ageing
Project:	Unmet Need for Disability Services Study
Funding body:	Department of Family and Community Services
Project:	Window on Women Data Supply
Funding body:	Department of Prime Minister and Cabinet
Project:	World Health Report
Funding body:	Department of Health and Ageing

Collaborating Units

AIHW DENTAL STATISTICS AND RESEARCH UNIT

Project:	Dental Statistics and Research Unit
Funding body:	Department of Health and Ageing

AUSTRALIAN CENTRE FOR ASTHMA MONITORING

Project:	Australian Centre for Asthma Monitoring
Funding body:	Department of Health and Ageing

GENERAL PRACTICE STATISTICS AND CLASSIFICATION UNIT

Project:	GPSU BEACH Data Collection
Funding body:	Department of Health and Ageing

NATIONAL INJURY SURVEILLANCE UNIT

Project:	NISU — Injury Information & Statistics
Funding body:	Department of Health and Ageing



APPENDIX 11



Abbreviations

ABS	Australian Bureau of Statistics
ACAM	Australian Centre for Asthma Monitoring
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHWAC	Australian Health Workforce Advisory Committee
AHWOC	Australian Health Workforce Officials Committee
AIHW	Australian Institute of Health and Welfare
AMWAC	Australian Medical Workforce Advisory Committee
ANIHI	Agreement on National Indigenous Housing Information
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
BEACH©	Bettering the Evaluation And Care of Health
CACP	Community Aged Care Packages
CSHA	Commonwealth-State Housing Agreement
CSI	Consumer Survey Instrument
CSMC	Community Services Ministers' Conference
CSMAC	Community Services Ministers' Advisory Council
DoHA	Department of Health and Ageing
DSRU	Dental Statistics and Research Unit
DVA	Department of Veteran's Affairs
EACH	Extended Aged Care at Home
FaCS	Department of Family and Community Services
GIS	Geographical Information System
GPSCU	General Practice Statistics and Classification Unit
HACC	Home and Community Care
HMAC	Housing Ministers' Advisory Council
HMC	Housing Ministers' Conference
ICD-10-AM	International Classification of Diseases, 10th Revision, Australian Modification

ICF	International Classification of Functioning, Disability and Health
ICECI	International Classification of External Causes of Injury
ISO	International Standards Organisation
MDS	Minimum Data Set
MoU	Memorandum of Understanding
NAGATSIHID	National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data
NCCH	National Centre for Classification in Health
NCSIA	National Community Services Information Agreement
NCSDD	National Community Services Data Dictionary
NCSIMG	National Community Services Information Management Group
NDC	National Data Collection
NDCA	National Data Collection Agency
NHDA	National Housing Data Agreement
NHDAMG	NHDA Management Group
NHDC	National Health Data Committee
NHDD	National Health Data Dictionary
NHDDC	National Housing Data Development Committee
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NHMRC	National Health and Medical Research Council
NHPAC	National Health Priority Action Council
NHPC	National Health Performance Committee
NHPPAG	National Health Priority Performance Advisory Group
NIHIIC	National Indigenous Housing Information Implementation Committee
NISU	National Injury Surveillance Unit
NMDSWG	National Minimum Data Set Working Group

NPHIWG	National Public Health Information Working Group
NPHP	National Public Health Partnership
NMDS	National Minimum Data Set
NPSU	National Perinatal Statistics Unit
OECD	Organization for Economic Co-operation and Development
PHGWG	Public Health Genetics Working Group
RACGP	Royal Australian College of General Practitioners
SAAP	Supported Accommodation Assistance Program
SMART	SAAP Management and Reporting Tool
WHO	World Health Organization