

Australian Institute of Health and Welfare

Annual report 2010–11

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.

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Availability

This annual report is available electronically on the Australian Institute of Health and Welfare's website in Hypertext Markup Language. The address is <www.aihw.gov.au/aihw-annual-report-2011/> It is also available in Portable Document Format and Rich Text Format.

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Australian Government
Australian Institute of
Health and Welfare

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

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

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare (AIHW) for the year to 30 June 2011.

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

The report was endorsed on 22 September 2011 at a meeting of the members of the AIHW in accordance with the requirements of section 9 of the *Commonwealth Authorities and Companies Act 1997* and relevant *Finance Minister's Orders*.

Yours sincerely

Dr Andrew Refshauge
Board Chair

22 September 2011

Guide to this report

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

The chapter **Our performance** summarises the year's activities for 2010–11 against the AIHW's key strategic directions, including the 2010–11 Portfolio Budget Statements. It summarises financial performance in relation to the audited financial statements in Appendix 9.

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

The achievement of specific planned outputs for 2010–11 is recorded in the **Our operating units** chapter. The chapter provides work group reports for each unit of the AIHW involved in statistical analysis and reporting. The reports contain detailed information on the units' objectives, planned outputs and other activities.

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

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

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

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

About the AIHW

The Australian Institute of Health and Welfare (AIHW) is a major national agency established by the Australian Government as an independent statutory agency in the Health and Ageing portfolio to provide reliable, regular and relevant information and statistics on Australia's health and welfare.

The AIHW, as custodian of major national data collections, is committed to providing high quality, national data and analysis across the health, housing and community services sectors, presented in meaningful and relevant ways and delivered in a timely manner. This data and

analysis supports an increased understanding of health and welfare issues and is critical to good policy making and effective service delivery, both of which can have a direct impact on the lives of Australians. The AIHW's statistics and information also play an important part in informing community discussion on health, housing and community services matters.

Effective national health and welfare data development undertaken by the AIHW will improve this capacity into the future.

Mission (during 2010–11)

Better information
and statistics for better
health and wellbeing

Strategic directions

(during 2010–11)

SD1 Strengthening our policy relevance

SD2 Capitalising on the new information environment

SD3 Enhancing data access, protecting privacy

SD4 Getting the messages out better

SD5 Our people—valued, expert and versatile

Values

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

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

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

Accessibility—making information as accessible as possible

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

Expertise—applying specialised knowledge and high standards to our work

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

At the end of June 2011, the AIHW Board agreed a new mission statement and revised strategic directions. The AIHW will report performance

against these revised strategic directions in its 2011–12 annual report.

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Chair's report



It was with much pleasure that I accepted the position of Chair of the Australian Institute of Health and Welfare (AIHW) earlier this year. My previous roles in the health

and welfare sectors have provided me with an excellent understanding and appreciation of the role of the Institute in providing information on matters of vital concern to every Australian.

The year under review posed various challenges for the AIHW, all of which were met with the responsiveness and professionalism which have become the Institute's hallmark. As noted in last year's report by my predecessor, the demands for quality and authoritative information and statistics are steadily increasing, and this presents both challenges and opportunities for the AIHW.

In 2010–11, the Institute again delivered quality, nationally-consistent health and welfare information to its stakeholders and the general community. This information plays a tremendously important role in informing policy development and public debate in matters which affect the lives of every Australian.

The AIHW has continued its work to develop new data and to set the national standards for the reporting of a broad range of existing and improved data sets. A significant part of this activity involved the development and reporting of data for the national performance indicators required by the Council of Australian Governments reform process. In this role, the AIHW has worked with other government agencies and stakeholders across the nation.

The AIHW continues to earn respect for its wide range of quality reports and other publications. One highlight among many during the year was the launch of *The health and welfare of Aboriginal and Torres Strait Islander people 2011*, alongside the 'Indigenous Observatory' website. Both products were well-received and attracted considerable media attention. They are widely used as authoritative and interesting sources of information in a high profile area of public policy.

The former Chair, the Hon Peter Collins AM, QC, steered the organisation through a period of significant change during his nearly seven years in this role.

In this endeavour, he and the AIHW Board were well supported by the former Director, Dr Penny Allbon, who, until her retirement in late 2010, made a major contribution to the Institute. Dr Allbon was well-supported by qualified and talented staff, the commitment and work of whom I have been able to observe in my relatively short time as Chair.

Our new Director, David Kalisch, who joined the Institute in December 2010, has already stamped his mark on the organisation, bringing with him the perspectives of his many years of experience in the Australian Public Service.

I look forward to working with the Board, the Director, and staff in taking the Institute forward as it addresses emerging challenges and opportunities in a dynamic information and policy environment.

A handwritten signature in black ink, appearing to read 'A. Refshaug'.

The Hon. Andrew Refshaug
Board Chair

Director's report



I am delighted to present my first annual report as Director of the Australian Institute of Health and Welfare (AIHW).

I have joined the Institute at a time

when the demands on its services have never been greater. 2010–11 was an exceptionally busy year in which a number of important projects central to achieving our strategic objectives commenced or were completed, with attention to both building our key infrastructure for the future and delivering outcomes for the community.

The AIHW values its strong relationships with the Department of Health and Ageing, the Department of Families, Housing, Community Services and Indigenous Affairs, the Australian Bureau of Statistics and relevant state and territory departments.

The Institute continues to publish a range of highly-regarded publications with a total of 135 reports released during 2010–11. Most of these received extensive media attention.

A key area of achievement was work on behalf of the Council of Australian Governments (COAG) in measuring and monitoring performance indicators used by COAG in developing and implementing its policy reform agenda across the health and community sectors. This work was undertaken in collaboration with the relevant national information committees in the health, housing and homelessness and community services sectors, as well as the COAG Reform

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

AIHW's efforts in this area are well-regarded, and it was pleasing that its work in relation to performance indicators under the National Healthcare Agreement was acknowledged in the recent COAG review of performance indicators and targets.

The launch of the *MyHospitals* website was a major initiative for the AIHW during the year and attracted considerable public interest. The site provides public access to hospital-level data and is being enhanced with the addition of new types of hospital data.

As reported last year by my predecessor, Dr Penny Allbon, the demand for the Institute's services continues to increase and, in line with our strategic direction of strengthening our policy relevance, the AIHW has further expanded the range and depth of its collections and analysis over the past year.

A priority in this regard was the development of a new system for collecting data from more than 1,500 non-government agencies that provide services for homeless people. The new Specialist Homelessness Services Collection and associated client management tool, which commenced on 1 July 2011, will support the information needs of COAG in tackling the problem of homelessness in Australia. This was a major challenge for the Institute, which was made possible with the effective engagement of key stakeholders.

AIHW continues to invest to ensure it stays abreast of the latest developments in information and communications technology. An important initiative during the year was a substantial enhancement of our data integration (data linkage) capability. This is important in terms

of our bid to become an 'integrating authority' under the new arrangements for statistical data integration involving Commonwealth data.

Another initiative of which the Institute is very proud is our new data validation tool, Validata®, which will substantially enhance our ability to meet the challenges of producing timely and quality data. This tool helped us achieve our annual release of hospital data significantly earlier than in previous years and, with appropriate refinements, will assist us in other data gathering activities.

The AIHW guards its reputation for protecting the privacy and confidentiality of the information about millions of Australians in its collections, and has robust arrangements for the release of information to researchers which are overseen by the AIHW Ethics Committee. During the year the Board reviewed the Institute's Ethics arrangements with a view to ensuring continued compliance with relevant statutory and regulatory requirements, while facilitating researchers' legitimate needs for access to information. In June 2011, the AIHW Board approved the findings of the review and agreed to a number of recommendations which will be implemented over the course of 2011–12.

During the year we continued to focus on improving the accessibility and appeal of our publications. Consistent with our strategic direction of getting our messages out better, the Institute's biennial publication about the health and welfare of Indigenous Australians was released in a new format—as an Indigenous 'observatory'—a website covering a range of relevant issues. Similarly, the *Cancer in Australia, 2010* report was released with a companion 'in brief' publication, similar to the popular *Australia's health 2010—in brief* companion report. New ways to release AIHW information online were pioneered with the release of a data snapshot on asthma.

The Board's decision in June to implement Creative Commons BY 3.0 licensing as the default for Institute publications will enhance the value of the Institute's data to policy makers, researchers and other interested users. The Board also reviewed the Institute's media embargo policy, to ensure it remains relevant in the current media environment.

During the year, additional appropriation funding was received for AIHW's COAG development work. AIHW's appropriation funding grew from \$20.7 million in 2009–10 to \$21.4 million in 2010–11. This represented 40% of our total revenue in 2010–11, a decrease over the 2009–10 proportion of 45%. Contract funding continued to show strong growth, particularly for work contracted by the Department of Health and Ageing.

The AIHW received a significant increase in its appropriation funding in 2009–10. This will fall by approximately \$4.0 million in 2011–12 due to the ending of the data development component of COAG funding as planned in 2009. Funding for Closing the Data Gap work will reduce by \$0.9 million in 2012–13. After this time, appropriation funding will stabilise.

The rapid expansion in Institute staff numbers seen in 2009–10 (from 270 to 372) slowed during the year under review, by the end of which there were 393 staff employed at the AIHW.

Attracting and retaining high-quality professional staff remains a key priority for the Institute. The AIHW offers interesting and fulfilling work, competitive salaries, good work–life balance and a positive work environment. Part-time workers made up more than 22% of staff at 30 June 2011.

During the year, I was delighted to welcome three temporary exchange staff from the Canadian Institute for Health Information, including Mr Brent Diverty, who joined the AIHW senior executive team. Ms Lisa McGlynn also joined as Head of the Health Group during the year.

I am fortunate to lead a highly experienced management team at AIHW, each member of whom leads teams of dedicated staff committed to making a difference in their subject areas of expertise.

I would like to record my thanks to the outgoing Board Chair, the Hon Peter Collins AM, QC, who very ably led the organisation as it grew from a small to a mid-sized agency in a relatively short period of time, as it met the many challenges that inevitably arise with such rapid growth.

I wish also to acknowledge the work of my predecessor, Dr Penny Allbon, who was AIHW Director for nearly five years. The organisation has an enviably high reputation amongst its many stakeholders and the general public due to the quality of its information products. Dr Allbon fostered a strong professional culture at the Institute which positioned it to achieve its important work on behalf of the Australian nation.

I look forward to building on these developments and to leading the Institute, under the guidance of the Board and the new AIHW strategic directions it approved in June 2011.



David Kalisch
Director

Highlights

During 2010–11, the Australian Institute of Health and Welfare saw the culmination of work in the following areas of activity:

Information for policy and related purposes

- supply of performance indicator data and associated data quality statements, and development of new and improved performance indicators required for Council of Australian Governments (COAG) reporting
- launch of the *MyHospitals* website
- launch of the biennial Indigenous report and web observatory
- release of *What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence, 2009–10*, the first Closing the Gap Clearinghouse evaluation report

New developments and renewal

- development of the new Specialist Homelessness Services collection
- pilot testing of the draft Mental Health Interventions Classification using a range of data collection methodologies, including iPads
- production of the first analysis of information on patients with dementia from the new Aged Care Funding Instrument, and on older people leaving hospital assisted by the Transition Care Program
- completion of a review of the Alcohol and Other Drug Treatment Services National Minimum Data Set
- revision of the presentation of data in the *Cancer in Australia: an overview 2010* publication and its companion *Cancer in brief 2010* publication

- production of user-friendly, accessible online snapshots of information and statistics on asthma and on male health
- an independent stakeholder review of *Australian Hospital Statistics* publications to further develop the AIHW's suite of hospitals products

Quality and standards

- development of an on-line hospitals data validation tool, Validata®, to improve timeliness and quality of national hospital statistics products
- development of methodologies and infrastructure that allow increasingly large and complex data linkage projects to be undertaken
- promulgation of data standards throughout the health and community services data communities
- release of the National Indicator Catalogue containing all COAG performance indicators and their specifications

Further information on these highlights is provided in the 'In brief' section that follows and in **Chapter 1 Our performance** and **Chapter 3 Our operating units**.

In brief

Who we are and what we do

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

The Institute's governing legislation is the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). The AIHW Act and its Regulations are reproduced in **Appendix 1** on page 146.

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

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

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

The AIHW provides authoritative and timely information and analysis to governments and the community in these subject areas, drawn from the national data collections it manages. Additionally, the AIHW provides leadership and the necessary infrastructure for the development, maintenance and promotion of information

standards to ensure that data are nationally consistent and appropriate for their purpose.

How we are governed

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

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

The AIHW's Charter of Corporate Governance adopted by the AIHW Board provides the basis for the Board's operations (see **Appendix 2** on page 167).

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

An accountability framework for the AIHW (see **Figure 4** on page 21) describes the legislative and reporting relationships that ensure the Institute's operations and funding contribute to its functions and outcomes.

The Portfolio Budget Statements for the Health and Ageing portfolio are one of the reporting components of the accountability framework for the AIHW (see **Chapter 1 Our performance**). The AIHW's outcome—intended results, benefits or consequences on the Australian community—as stated in the *Portfolio Budget Statements 2010–11* is:

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

The AIHW has one program:

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

The AIHW prepares a set of annual financial statements as required by the Finance Minister's Orders made pursuant to the *Commonwealth Authorities and Companies Act 1997 (CAC Act)*—under which the Institute operates—and the Australian Accounting Standards. These financial statements are audited by the Australian National Audit Office (ANAO). The financial statements and the ANAO report are contained in **Appendix 9** on page 207.

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

Our Minister



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

Our key directions

During 2010–11, the AIHW's key strategic directions (SD) were:

- SD1** Strengthening our policy relevance
- SD2** Capitalising on the new information environment
- SD3** Enhancing data access, protecting privacy
- SD4** Getting the messages out better
- SD5** Our people—valued, expert and versatile

Our key relationships

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

Within this context, the AIHW has traditionally adopted a strongly collaborative approach to its work, developing relationship networks with the Australian, state and territory governments, and educational and broader private sectors. This collaborative and consultative approach is reflected in the AIHW's formal arrangements with other organisations, the terms of the various national information agreements, and in the AIHW's active participation in numerous national committees.

The AIHW's key relationships at the federal level include the Department of Health and Ageing (DoHA), of which the AIHW is a portfolio

agency; the Australian Bureau of Statistics; the Department of Families, Housing, Community Services and Indigenous Affairs; the Department of Education, Employment and Workplace Relations; and the Department of Veterans' Affairs.

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

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

Our achievements

As outlined in 'Highlights', the AIHW completed a range of significant activities during 2010–11, including:

Information for policy and related purposes

- helping jurisdictions to provide meaningful performance indicator data under Council of Australian Governments (COAG) national agreements for health, housing, disability and Indigenous reform, including supply of performance indicator data and associated data quality statements and development of new and improved performance indicators (see the 'snapshot' on page 36)
- launch of the *MyHospitals* website, developed in six months under contract to the DoHA. The site follows from the April 2010 COAG National Health and Hospitals Network Agreement (see the 'snapshot' on page 6) and provides the community with online nationally consistent performance information on individual public and private hospitals

- launching the *AIHW Indigenous Observatory*, a web-based repository for the publication *The health and welfare of Australia's Aboriginal and Torres Strait Islander people* and a variety of statistically-based papers and fact sheets on high-interest Indigenous health and welfare issues (see the 'snapshot' on page 104)
- release of the first Closing the Gap Clearinghouse evaluative report, *What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence, 2009–10*, which is designed for policy makers and summarises the evidence on effective strategies to overcome Indigenous disadvantage (see the 'snapshot' on page 106)
- publishing a new report on *The health of Australia's males* including a companion report summary and accompanying online dashboard, showing that many Australian men could be doing more to look after their health (see the 'snapshot' on page 62)

New developments and renewal

- developing the new Specialist Homelessness Services (SHS) collection which sets a new direction for the collection of homelessness data following from the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness. This will provide more information on outcomes than previous arrangements, tracing access to services for people who are homeless or at risk of homelessness (see the 'snapshot' on page 80)
- completing a scoping study on the collection of mental health services delivered by non-government organisations, and pilot testing the draft Mental Health Interventions Classification using a range of data collection methodologies, including iPads (see the 'snapshot' on page 52)

- developing national Key Performance Indicators for the collection of data from Indigenous primary health care services
- completing a review of the Alcohol and Other Drug Treatment Services National Minimum Data Set, providing the opportunity for critical assessment of the collection and identification of key development opportunities to ensure it remains policy relevant
- developing more sophisticated data linkage methodologies and infrastructure and undertaking increasingly large and complex data linkage projects (see the ‘**snapshot**’ on page 16)
- developing an Enhanced Mortality database, which will be used for preparing improved estimates of mortality and Indigenous life expectancy
- conducting an independent stakeholder review of *Australian Hospital Statistics* to further enhance the suite of AIHW hospitals products (see the ‘**snapshot**’ on page 134)

Quality and standards

- ensuring that the information contained in the standards and specifications for the developing e-health information environment conform to or can be mapped to the standards contained in the National Health Data Dictionary
- developing an on-line data validation tool, Validata®, first used to improve timeliness and quality of the national hospital statistics products (see the ‘**snapshot**’ on page 10) and then, with appropriate modification, to support the SHS data collection
- producing substantial updates to the National Health Data Dictionary and National Community Services Data Dictionary (see the ‘**snapshot**’ on page 12)
- release of the National Indicator Catalogue, containing all COAG performance indicators

and their specifications (see the ‘**snapshot**’ on page 12)

Communicating our information

- amalgamating several publications on various housing assistance programs into one compendium publication, *Housing assistance in Australia*, making it a ‘one-stop-shop’ for information about the range of such programs available
- revising the presentation of data in the *Cancer in Australia: an overview 2010* publication and its companion *Cancer in brief 2010* publication (see the ‘**snapshot**’ on page 138)
- producing a user-friendly, accessible online data snapshot on asthma (see the ‘**snapshot**’ on page 14)

Some of the work undertaken in 2010–11 was developmental in nature or, as with the work on the COAG performance indicators, was published by other agencies. Notably, the Steering Committee for the Review of Government Service Provision published work undertaken by the AIHW in its *Report on Government Services 2010*.

During the year, the AIHW continued to provide authoritative information—in the form of reports and bulletins or, more recently and increasingly, as interactive data available online, in areas such as health, aged care services, child care services, disability services, housing assistance and child welfare services, in collaboration with the state and territory jurisdictions and service providers.

Further information about the AIHW’s achievements can be found in **Chapter 1 Our performance**—with reference to four of the AIHW’s strategic directions—and in **Chapter 2 Our operating units**—on a work group basis. The ‘snapshots’ listed on page 252 also provide some more specific information about a number of the AIHW’s products and achievements.

Our communications

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

- hard copy reports and accompanying report profiles and fact sheets
- web publications and web-optimised 'snapshots'
- an education corner comprising classroom worksheets and interactive online quizzes
- stand-alone and 'satellite' websites for specific purposes
- online datasets.

All AIHW publications are available in full text free of charge on our website in a variety of formats to suit individual user needs, including Rich Text Format versions suitable for many people with impaired vision.

There were several 'big picture' AIHW achievements in communication during the year. On the strategic side, an AIHW Communication Strategy for 2010–13 was produced, in addition to a revised media engagement policy and procedures, a new branding guide, a new customer care charter and an external review

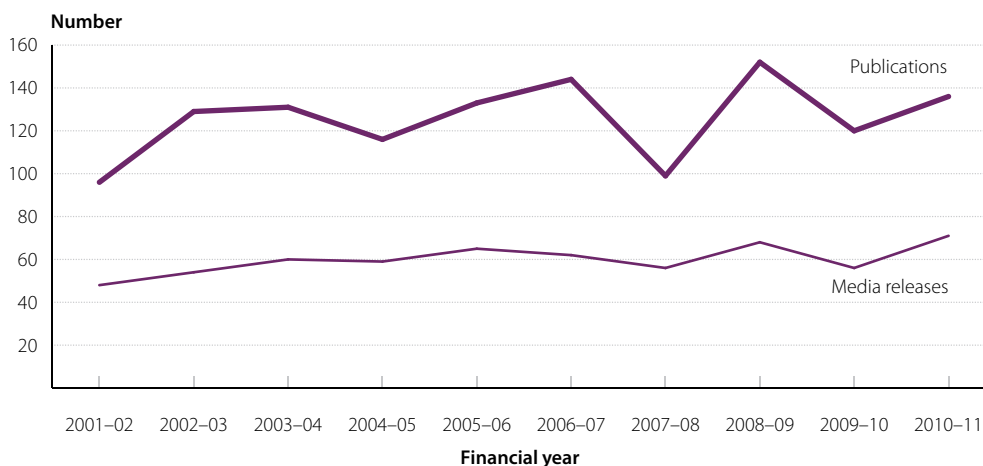
of the AIHW's media embargo policy. Also, new publications processes incorporating stronger internal peer review arrangements were implemented.

On the output side, as mentioned in '**Our achievements**' above, the AIHW produced a new stand-alone website, *MyHospitals*, launched in December 2010, and a new satellite website, the *AIHW Indigenous observatory*, launched in May 2011. The latter site joins the *Closing the Gap Clearinghouse* as one of two satellite websites on Aboriginal and Torres Strait Islander topics currently operated by AIHW.

The new look and feel <www.aihw.gov.au> website was launched in March 2011 with a new Content Management System. Web visitor feedback on the updated site has been very positive, and work continues to expand the site's content, functionality and usability.

In 2010–11, the AIHW released 135 publications in traditional report format and produced 71 media releases (**Figure 1**). This was more than the 119 publications and 56 media releases published in 2009–10. While, measured in these terms, production volume has fluctuated from year to year, there has been an overall rising trend over the past decade. This trend has continued, even

Figure 1: Publications released and media releases, 2001–02 to 2010–11



as output types other than traditional publication products have risen.

The AIHW's strategic directions during 2010–11 include 'Getting the messages out better' (SD4). The AIHW adopted a number of measures towards this objective in 2010–11.

For example, the Institute produced a 60-page attractive consumer-friendly version of its biennial report, *Australia's health 2010*, entitled *Australia's health 2010: in brief*. This publication presents key information from the main report in graph format. Each graph 'tells a story' about health, health spending or health services. During the year, this summary report was distributed in class sets free of charge to secondary schools that bought copies of the main 600-page report. The AIHW followed up this initiative with education worksheets available on the AIHW website, together with an online slide presentation and interactive downloadable online quizzes based on the booklet.

The feedback received from teachers, academics and government departments has been highly positive. Demand for the booklet has been so strong that it was reprinted late in the year, only half way through its expected shelf life.

The AIHW produced a *Cancer in Australia: in brief 2010* booklet to accompany the AIHW's biennial report on cancer. This report was totally redesigned and presented in a new graphical and context-rich format as *Cancer in Australia 2010: an overview*.

Similarly, all-new consumer-friendly web and print versions of the *Australian hospital statistics 2009–10* report, entitled *Australian hospitals 2009–10 at a glance*, were produced. The 'at a glance' report helped attract a record level of media coverage on the main report.

Another notable innovation during the year was the production of the first two in a planned series of consumer-friendly website 'snapshots'

on important topics. The asthma snapshot was launched in March 2011, followed by a male health snapshot in June 2011.

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

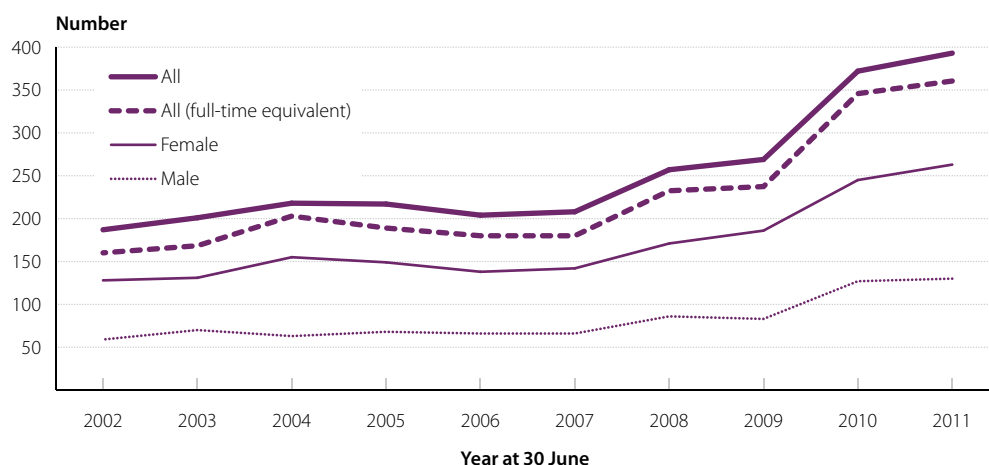
Our people

The AIHW has a well-qualified and highly expert workforce. Strategies to support, attract and retain the AIHW's valued staff are central to one of the strategic directions in the *AIHW Corporate Plan: strategic directions 2007–2010: SD5 Our people—valued, expert and versatile*.

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

At the end of the reporting period, the AIHW employed 393 staff, equating to a full-time equivalent of 360.5 staff. **Figure 2** shows changes in staff numbers since 2002. There has been a marginal increase in the number of staff (4.3% on a full-time equivalent basis) since 30 June 2010.

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

Figure 2: Staff numbers, 2002–2011

Our financial performance

The AIHW's financial results for the last four years are summarised in **Table 1**. Revenue in 2010–11 was \$54.0 million, an increase of 16.2% compared to 2009–10. Expenses in 2010–11 were 21.6% greater than in 2009–10.

In 2010–11, the AIHW achieved a surplus of \$134,000. This compares with a surplus of \$2,177,000 in 2009–10. Total equity increased marginally between 2009–10 and 2010–11.

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

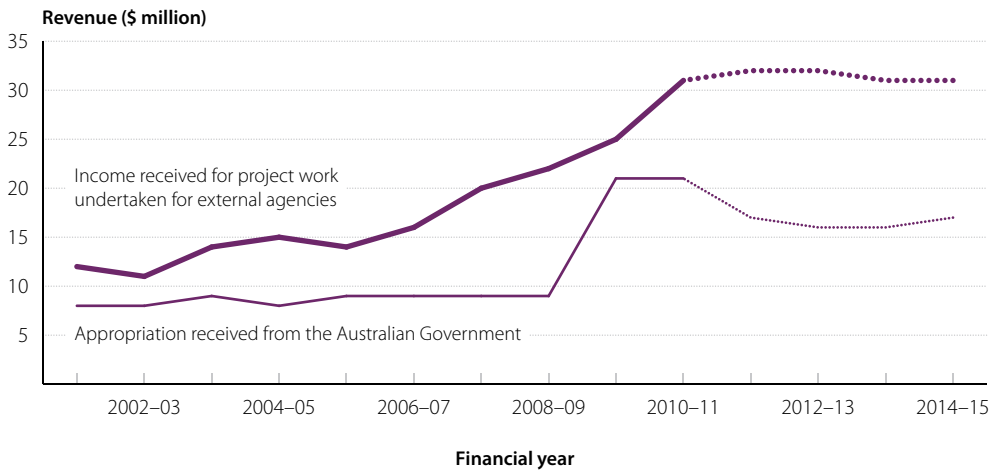
The balance between these two income types, including budgeted revenue for the next four years, is shown in **Figure 3**. The proportion of the AIHW's revenue from appropriation decreased from historically high levels to 29% in 2008–09. For 2009–10, the proportion increased to 45% because in the May 2009 Federal Budget the AIHW received a significant increase in its appropriation for the following four years. Most of this revenue is associated with the AIHW's role in implementing COAG's federal financial framework. In 2010–11, the proportion of the AIHW's revenue from appropriation was 40%.

Further information about AIHW's financial performance can be found in 'Our financial performance' on page 19.

Table 1: Financial results, 2007–08 to 2010–11 (\$'000)

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

Figure 3: Major revenue sources, 2001–02 to 2010–11, with projections, 2011–12 to 2014–15



Our future

Some of the key objectives towards which the AIHW will work in future years are listed below. They support the AIHW’s focus on its *Strategic Directions 2011–14*, which were approved by the Institute’s Board at its June 2011 meeting.

To further strengthen our policy relevance, the AIHW will:

- provide relevant, timely and high quality information useful for policy purposes and informed service delivery approaches
- respond to the continuing COAG focus to improve performance reporting across health and welfare services
- take a broad multi-dimensional view of the policy issues being studied, integrating data from multiple sources in order to provide a more complete picture
- build our analytical capability to provide some value-add to the reporting of statistics.

To further improve the availability of information for the community and our stakeholders, the AIHW will:

- meet priority data gaps around community-based services and primary health care

- further build upon the *MyHospitals* platform and use innovative online communications methods to deliver health and welfare information to the community
- continue to ensure information is conveyed in formats to meet the requirements of different audiences, and for different purposes
- assist the media to understand and report AIHW information in an accurate and timely manner.

To further improve information quality while protecting privacy, the AIHW will:

- play a leadership role in data integration work in health, housing and community services
- work closely with our stakeholders to identify areas where national consistency of data needs to be improved
- continue to promote national consistency of data, and improve the quality and timeliness of information through the collection, analysis and reporting stages, working closely with data suppliers and data users
- promote national standards in information provision and reporting, through the AIHW’s metadata and information standards repository (METeOR)

- ensure that we comply with relevant privacy legislation and frameworks while continuing to make data as accessible as possible.

To further capitalise on the contemporary information environment, the AIHW will:

- develop information and communications technology infrastructure which enables innovation in the collection, analysis and reporting of health and welfare data
- develop and refine end-to-end data management, with streamlined and efficient processes
- strive for continuous improvement and efficiency through automation of business processes, consistency of business practices and adoption of appropriate technologies
- work closely with partners engaged in development of the e-health infrastructure, to ensure optimal usage of e-health records for health information and statistical purposes.

Recognising that skilled, engaged and versatile people are critical to the achievement of our strategic directions, the AIHW will:

- support and develop the capabilities of our staff to meet our work requirements
- attract and retain skilled, adaptable and responsive people
- promote a culture where people work within and across teams to maximise expertise and produce results that benefit the AIHW as a whole
- refine our organisational approaches to reflect the requirements of a dynamic mid-sized organisation which has the capacity to respond quickly and flexibly to meet emerging requirements.

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Chapter 1

Our performance

The Australian Institute of Health and Welfare's (AIHW) activities are guided by legislative and government requirements, and its strategic directions, work plan and contractual obligations. This chapter summarises the AIHW's performance for 2010–11 against each of its strategic directions, expected major deliverables and key performance indicators that were operating during this financial year, including those in the *Portfolio Budget Statements 2010–11*.

The achievement of specific planned outputs for 2010–11 is recorded in the unit reports in **Chapter 3 Our operating units**.

This chapter also summarises financial performance in relation to the audited financial statements in **Appendix 9** on page 207. Performance in relation to some specific legislative requirements is noted at the end of the chapter.

Portfolio Budget Statements

The Portfolio Budget Statements (PBS) provide the major performance accountability framework against which the AIHW's performance is measured. Annual direct funding for the AIHW from the Australian Parliament is appropriated on the basis of outcomes (see **Glossary** on page 247).

The AIHW's outcome and program structure, as set out in the *Portfolio Budget Statements 2010–11 Budget Related Paper No. 1.11 – Health and Ageing Portfolio*, consists of one outcome and one program, each of which is consistent with the AIHW's mission and strategic directions.

Under the PBS for 2010–11, the AIHW's outcome and program are underpinned by 18 deliverables and associated key performance indicators used to monitor its performance. These are all included in the deliverables and indicators detailed in this chapter and listed below along with the reference point (or target) to be achieved.

Outcome

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

Program

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

PBS deliverables and key performance indicators, 2010–11

Assist the COAG policy reform agenda

Data required for COAG reporting are produced to support the reporting timetable

COAG reporting timetables are met

COAG performance indicator specifications are endorsed by relevant national committees

Specifications are endorsed that cover 9 health and 6 housing and homelessness performance indicators (as minimums)

Support is provided to national information committees for health, housing, community services and Indigenous reform

Continued participation by departments and agencies of state and territory governments and the Australian Government in national information committees, AIHW-led consultative processes and business relationships with the AIHW and continuing participation in information activities initiated by national policy committees

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

Develop new and improved data items for the COAG reporting process

Data improvements for COAG are documented

Support the production of national data standards, datasets and metadata in the health, housing and community services sectors

Endorsed data standards are made freely available through AIHW's METadata Online Registry (METeOR)

Data standards endorsed for inclusion in the *National health data dictionary* and the *National community services data dictionary* to be made available quickly

100% of new and updated data standards to be loaded to the AIHW's online METeOR registry within 30 days of endorsement

Provide performance indicator data required for the COAG reporting process to the SCRGSP

Data supplied for the 2009–10 COAG reporting process cover performance indicators described in relevant National Agreements:

- 48 for health
- 6 for Indigenous reform
- 6 for disability
- 6 for housing and homelessness

Publish <i>Australia's health 2012</i>, <i>Australia's welfare 2011</i>, and the AIHW's <i>Annual report 2009–10</i> within the timeframes required by legislation	Adherence to the timetables for provision of reports to Parliament as required by the AIHW Act and the CAC Act: <ul style="list-style-type: none"> • presentation of <i>Australia's welfare 2011</i> to the Minister by 31 December 2011 • presentation of <i>Australia's health 2012</i> to the Minister by 30 June 2012 • presentation of the AIHW's <i>Annual report 2009–10</i> to the Minister by 15 October 2010
Achieve target website downloads for <i>Australia's health</i> and <i>Australia's welfare</i> publications	Website downloads of <i>Australia's health</i> are 17,000 and of <i>Australia's welfare</i> are 1,370 (as a minimum)
Enhance data access, while protecting privacy	
Publish statistical information in the health, housing and community services sectors	Publications available free of charge via the internet
Review procedures and associated guidelines for submissions to the AIHW Ethics Committee	The review is complete by June 2011
Make interactive datasets available on the AIHW website	Make interactive data sets covering 18 subject areas and metadata collections covering 5 subject areas available on the AIHW website (as minimums)
Hold metadata online in METeOR	Hold metadata online in METeOR for: <ul style="list-style-type: none"> • 25 national minimum data sets • 28 other data set specifications • 1,231 data elements • 4,030 standard metadata items
Release data to the extent possible given privacy issues	Data releases fully comply with all privacy and confidentiality requirements
Improve the communication of key messages	
Upgrade the AIHW website	The AIHW website upgrade is complete by June 2011
Major annual publications where content and presentation of data are reviewed	Four publications are reviewed
Improve the readability and communication of key messages in report publications	Feedback regarding the readability of publications is positive and media coverage is positive
Provide free, high-quality information, measured as AIHW website visits and as references to published reports in the media and in Parliament	Website visits are 1,423,000 and mentions of the AIHW and its products in the media are 3,728 and in the Commonwealth Parliament are 70 (each as a minimum).

Exception reporting

Each of these deliverables and indicator targets were achieved, with the following exceptions.

The data supplied to the Steering Committee for the Review of Government Service Provision (SCRGSP) for the Council of Australian Governments (COAG) reporting process covered 5 (not 6) disability performance indicators. During the year, the role previously carried out by the AIHW in enabling the preparation of one

indicator from Australian Bureau of Statistics (ABS) survey data was transferred to the ABS, which will in future supply data for this indicator.

Metadata held online in METeOR—the AIHW's online registry of metadata—at June 2011 included 23 (not 25) national minimum data sets, 25 (not 28) other dataset specifications and 1,168 (not 1,231) data elements. These differences arose from changes to data collections and delays in data development.

- The Specialist Homelessness Services (SHS) National Minimum Data Set replaced two now superseded national minimum data sets related to the former Supported Accommodation Assistance Program data collection. In addition, the expected development of an additional national minimum data set for homelessness was not required. The Children's Services National Minimum Data Set was also superseded by the development of the new Early Childhood Education and Care suite of data collections.
- There were delays in the endorsement as standards of a Prisoner Health Data Set Specification and an Indigenous Primary Health Care Data Set Specification developed by the AIHW. Both endorsement processes are in progress. The expected development of a Specialist Homelessness Establishment Database Data Set Specification by the AIHW will not be undertaken. The completion by external data developers of several data set specifications in the areas of cancer has been delayed.
- Data element numbers have declined partly due to the above national minimum data sets being superseded and partly due to regular maintenance work by the AIHW to align data elements across sectors, resulting in data elements being used in more collections. During the year, 618 items were changed.

The 1.392 million visits to the AIHW website for 2010–11 was slightly under the target of 1.423 million (see the last indicator in the list below). However, there were also 0.230 million visits to the *MyHospitals* website, and 0.056 million visits to the Closing the Gap Clearinghouse.

The target of 70 mentions of the AIHW and its products in the Commonwealth Parliament was not achieved. The actual number was 30, reflecting a different counting method that more accurately reflects occasions where the AIHW is mentioned.

Performance against our strategic directions

During 2010–11, the AIHW's activities were guided by five strategic directions agreed by the AIHW Board in 2007 after consultation with key stakeholders and the Institute's staff. They were published in *AIHW strategic directions 2007–2010* and are listed below. The directions provided the foundation for establishing and assigning priorities to the AIHW's activities and procedures, to enable it to fulfil its mission, 'Better information and statistics for better health and wellbeing'.

SD1 Strengthening our policy relevance

SD2 Capitalising on the new information environment

SD3 Enhancing data access, protecting privacy

SD4 Getting the messages out better

SD5 Our people—valued, expert and versatile

This section provides a summary of key examples of the AIHW's activities covering the first four strategic directions. In addition, **Chapter 3 Our operating units** details the achievements of each AIHW unit and collaborating unit against plans identified in the AIHW Work Plan 2010–11 endorsed by the AIHW Board in June 2010. Some specific achievements are highlighted in 'snapshots' throughout the report (see the 'snapshot' list on page 252).

Chapter 4 Our people provides details of the AIHW's strategies to recognise and develop the capabilities of its staff. This relates to the fifth strategic direction (SD5).

SD1 Strengthening our policy relevance

Statistics can both drive and serve policy development. The AIHW plays a leading national role in the development and delivery of statistics in the fields of health and welfare. Stakeholders continue to value the AIHW's authoritative

reports and other statistical outputs which help to track the progress of Australia's health and welfare systems.

Those involved in making policy and running services on a day-to-day basis have specific, sophisticated and often urgent information requirements. Evidence-based decision making across government requires comprehensive, timely and higher-quality health and welfare information. Under this strategic direction (SD1), the AIHW aims to develop ways of meeting those needs and of ensuring the policy relevance of the statistics and information it collects and reports.

Under this strategic direction (SD1), the AIHW aims to:

- develop stronger engagement with policy agendas at all levels of government and among the wider community
- build its capacity to do further program evaluations that look at outcomes along with throughput
- enhance its whole-of-government and 'life transition' views, by integrating diverse pieces of data and linking data sets
- develop its information and products to address the policy questions at hand, including providing defensible estimates to respond to urgent and important questions
- offer further explanatory services and products for those policy makers using AIHW reports.

New products that strengthen our policy relevance

Developmental work in several areas reached fruition during 2010–11 with the release of, for example, the *MyHospitals* website, which was one of the AIHW's major achievements in 2010–11 (see the 'snapshot' on page 6).

Maintaining our policy relevance

During 2010–11, the AIHW accorded a high priority to supporting the National Performance Reporting System—established under COAG—while maintaining a strong focus on the release of new and annual data and metadata that assist policy makers and the broader research and general community.

The COAG-endorsed Intergovernmental Agreement on Federal Financial Relations established a national performance reporting regime to support its reform program. The AIHW is bringing together nationally consistent data from the various jurisdictions and leading the development of performance indicators for four national agreements and associated national partnership agreements:

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

The AIHW is responsible for providing data for performance indicator reporting to the SCRGSP for transmission to the COAG Reform Council. The AIHW has worked within the COAG arrangements and with the relevant ministerial councils in developing and specifying the technical detail of indicators and in commencing data development work necessary to ensure that the COAG performance reporting regime is well supported. In addition, it prepares data quality statements that describe the quality attributes of the data based on the ABS's Quality Framework. These tasks involved working collaboratively with relevant agencies and the COAG Reform Council to fulfil the performance reporting requirements and to improve the quality and timeliness of indicator data by resourcing and attending numerous working groups and consultative forums with the objective of securing agreement



MyHospitals: Nationally consistent, locally relevant

The *MyHospitals* website, launched in December 2010 by the Minister for Health and Ageing, the Hon. Nicola Roxon, MP, is an Australian Government initiative that makes it easier for people to access information about the performance of their local hospitals. It is a major initiative of the National Health and Hospitals Reform Agreement.

The clear and transparent reporting on the *MyHospitals* website will assist Australians make more informed choices about their health services and help ensure the standard of care patients receive continues to improve.

Around 230,000 visits were made to the website in the six months after its launch, with almost 1.5 million pages viewed.

The website includes information on all public hospitals and more than 200 private hospitals in Australia. It is based on the latest available information provided by state and territory health departments and private hospitals.

MyHospitals allows the performance of individual hospitals to be compared with national averages with respect to waiting times, elective surgery procedures and emergency department treatment. It contains information about patient admissions and hospital accreditation, as well as the types of specialised services provided by each hospital.

A major update of the site, in May 2011, resulted in the addition of services and admissions information for 2009–10 and links to new national hospitals data available on the AIHW website. In addition, users have been able to search for hospitals with the aid of interactive maps and to print and share pages more easily.

Regular updates are made to *MyHospitals* to ensure accuracy, and to include new data. Public enquiries about the site are responded to by telephone and email.

Development of the website drew on the skills of staff from across the AIHW, in areas including hospitals data and data development, communications, information governance and information and communications technology (ICT).

The AIHW continues to work with consumers to ensure that the website is simple, clear and easy to use. The *MyHospitals* Development Steering Committee, with representatives from all states and territories and private hospital groups, was established to provide advice on potential innovations for the site. Anticipated future developments include safety and quality measures, such as the incidence of *Staphylococcus aureus* bacteraemia infections acquired in hospitals and readmission rates.

The AIHW, in conjunction with consultants Cordelta and Cogent Pty Ltd, won the 2011 iAWARD for e-Government in the ACT, in recognition of the *MyHospitals* site. The 2011 iAwards honour companies at the cutting edge of technology innovation and leading professionals across the industry.

MyHospitals can be accessed at www.myhospitals.gov.au.



on performance indicator specifications and their associated data sources and data supply processes.

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

This work also included the development of metadata items supporting the data provided to the COAG Reform Council through the SCRGSP.

The AIHW's publications are listed in **Appendix 7** on page 189 and focus on answering policy-relevant questions wherever possible. These include:

- *Cardiovascular Disease: Australian facts 2011*, which is produced every 4–5 years
- *Housing assistance in Australia*, which provides information about the range of housing assistance programs available that was previously published annually for each program separately.

During 2010–11 the AIHW released several publications containing policy-relevant data of a type not previously published in Australia. These include:

- *Australian health expenditure by remoteness: a comparison of remote, regional and city health expenditure*, which provided a comprehensive examination of spending in remote and regional Australia as compared with urban areas (see the 'snapshot' on page 82)
- *End-stage kidney disease in Australia: total incidence, 2003–2007*, which includes a new method for counting, covering people not treated with dialysis or by receiving a transplant as well as—as for past reports—those patients who are being treated
- *Health and the environment: a compilation of evidence* showing how human health can be

positively and negatively influenced by the environment

- the first analysis of information collected through the new Aged Care Funding Instrument with a particular focus on patients with dementia, and the first analysis of older people leaving hospital assisted by the Transition Care Program (see the 'snapshot' on page 46).

Deliverables and indicators that relate to this strategic direction (SD1) follow.

Data required for COAG reporting were produced on time (PBS deliverable)

Data were provided to the SCRGSP for the second cycle of performance indicator reporting according to an agreed timetable to enable release of the COAG Reform Council report in April 2011.

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

AIHW responsibility for the supply of data is dependent on collaborative arrangements with Australian, State and Territory government departments and agencies and the availability of data to the Institute. Having received this data, the AIHW produced collated data for indicators as shown in **Table 2** to meet the COAG reporting timetable.

New and improved data items were developed for COAG reporting (PBS deliverable)

The AIHW developed or enhanced the quality of data items in a number of respects, including:

- improving timeliness of administrative data relating to emergency department and elective surgery activity
- improving data quality for key indicators of safety and quality
- in partnership with relevant stakeholders, developing proposed metadata in areas where data gaps exist (for example, radiotherapy waiting times)
- preparing for the launch, on 1 July 2011, of the new SHS data collection, which will better support reporting against COAG objectives relating to homelessness, relative to previous arrangements
- improving reporting of information about Indigenous mortality estimates.

Details of data improvements were published in the COAG Reform Council’s 2009–10 National Agreement reports on the National Healthcare Agreement, National Affordable Housing Agreement, National Indigenous Reform Agreement and the National Disability Agreement.

Performance indicator specifications required for COAG reporting were endorsed (PBS deliverable)

Performance indicator specifications in the areas of health, housing and homelessness, disability and Indigenous reform required for the COAG

reporting process were endorsed by the relevant national information committees (see **Table 2**).

The performance indicator specifications used for 2009–10 COAG reporting are available on the National Indicator Catalogue through the AIHW’s METeOR website (see the ‘snapshot’ on page 12).

Performance indicator data required for the COAG reporting process were provided (PBS deliverable)

Performance indicator data required for the COAG reporting process were provided to the SCRGSP. Details are included in **Table 2** and in the ‘snapshot’ on page 36.

Support was provided to national information committees (PBS indicator)

This indicator relates to the AIHW’s role in coordinating the collection and production of health and welfare information and statistics from other departments and agencies. The national committees with which the AIHW engages are listed in **Appendix 5** on page 186.

The AIHW chairs and/or provides secretariat support to seven of these committees (listed below) and either secretariat or technical support (or both) to a large number of subsidiary data development groups reporting to them (as detailed in **Chapter 3 Our operating units**).

Table 2: Performance indicator data supplied for 2008–09 and 2009–10 COAG reporting^(a)

	Indicators for which specifications were endorsed		Indicators for which data were supplied	
	2008–09	2009–10	2008–09	2009–10
Health	79 ^(b)	79 ^(b)	48	48
Indigenous reform	26	26	6	6
Disability	11	11	6	5
Housing and homelessness	8	8	3	6

(a) This table covers information requirements variously termed ‘indicator’, ‘benchmark’, ‘output’, ‘target’, etc. in COAG national agreements and national partnership agreements.

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

- National Health Information Standards and Statistics Committee
- Population Health Information Development Group
- National Disability Information Management Group
- National Community Services Information Management Committee
- Housing and Homelessness Information Management Group
- National Indigenous Reform Agreement Performance Information Management Group
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data

The AIHW was an active participant in these national information committees, which include members drawn from state and territory and Australian Government departments and agencies, and from the non-government sector. It provided extensive support to their work programs, including in relation to their roles in endorsing national data standards that affect the way data are prepared and presented. AIHW received positive feedback from national information committee members and other departmental officers involved in this work.

The AIHW's participation in national information committees provides it with opportunities for extensive consultation with stakeholders and assisted with many of its achievements, detailed elsewhere in this chapter.

SD2 Capitalising on the new information environment

This strategic direction (SD2) aims to ensure that the AIHW capitalises on new developments in the information environment that will maintain and enhance the quality of its statistics and information on Australia's health and welfare. The AIHW's success as a leading data collection and

reporting agency depends on its flexibility and capacity to seize opportunities while minimising risk in this rapidly changing environment. In particular the AIHW focuses on information technology infrastructure that will support high quality and timely data collection, analysis and reporting. It also focuses on innovative use of online communication tools designed to allow it to publish its work in a variety of formats to meet user requirements (see '**SD4 Getting the messages out better**' on page 17).

Under this strategic direction (SD2), the AIHW aims to:

- support informed debate about health and welfare services and their delivery by publishing reports on health and welfare matters affecting Australians
- stay in close touch with key changes in the information environment and their implications for policy, including new data sources and methods that will better support policy
- build our technical and analytical capacity to capitalise on those changes
- examine the potential to fill information gaps through sources that have so far been underused, such as some service administration data, registers and surveys
- build and promote the Institute's expertise with metadata so it can enhance the whole statistical chain, from data gathering through to analysis and reporting
- help lead the thinking about how Australia's health and welfare statistical system can take advantage of the changing information environment.

New projects that capitalise on the contemporary information environment

During 2010–11, the AIHW successfully delivered several high profile products that capitalised on the contemporary information environment and

represent a significant advance in the AIHW's ICT and information reporting capabilities.

MyHospitals website

During the second half of 2010, the AIHW's ICT and Online Communications units, in collaboration with specialist staff and other internal/external stakeholders, contributed the technical infrastructure required for the *MyHospitals* website (see the 'snapshot' on page 6).

Online hospital data Validata®

During 2010–11, the AIHW's ICT units, in collaboration with the Institute's Hospitals Unit and relevant state and territory departments, successfully piloted and released an online

data Validata® for formal supply of hospital related data. This initiative led to immediate and significant improvements in the timeliness and quality of the resulting data supply. The project also delivered on two key corporate objectives:

- speeding up the supply of hospital data to meet the shorter times for the reporting of hospital data required by COAG
- demonstrating that AIHW's core framework technologies can be used for online automated validation of data.

The online hospital validator project succeeded beyond expectations in speeding up the supply of hospital data. It also marked the first step towards a corporate-wide validator which, based on its impact on the timeliness and quality of

Introducing the Validata®

The AIHW is always looking for ways to improve the timeliness and quality of its information and data products, hence its development of an online tool for identifying errors in data prior to submitting data.

The Validata® was used by states and territories for the first time in September 2010, for the submission of elective surgery and emergency department data. It was used again from December 2010 for hospital data on admitted patient care, outpatient care and hospital characteristics.

State and territory departments lodge their datasets online (via secure internet access) and receive an automatic report of possible data errors.

This initiative facilitated more timely reporting of:

- *Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times*, released at the end of November 2010, six months earlier than previous reporting of these data
- *Australian hospital statistics 2009–10*, released at the end of April 2011, a month earlier than in previous years.

The emergency department and elective surgery waiting times data were also available in time for inclusion in the COAG Reform Council report on the National Healthcare Agreement 2009–10.

Before the Validata® was developed, all hospital data were validated manually, in conjunction with jurisdictions, and this could be a lengthy process.

Receiving better quality public hospital information from states and territories has enabled the AIHW to report quality information in a more timely manner. Work continues on improving the Validata® and enhancing its potential for application to other AIHW data collections.



hospital data, will have a significant positive effect across all collections in future years. The success of the Validata® led to its selection for use with the SHS system.

The Validata® will be expanded to support the next hospital data collection period (see the ‘**snapshot**’ on page 10).

Specialist Homelessness Services System

During 2010–11, AIHW’s ICT units, in collaboration with the Institute’s Housing and Homelessness Group, commenced development of an online system for lodging and validating homelessness data. The project represented a significant commitment of information technology (IT) resources and has made a significant contribution to enhancing the organisation’s IT capability (see the ‘**snapshot**’ on page 80).

The system is based on the Validator® and will facilitate the adoption of validator technology across the AIHW.

The development of the SHS System has expanded the Institute’s knowledge of and experience in Microsoft SharePoint, a technology relatively new to the AIHW but one that is expected to provide other benefits across the organisation.

The system is the first adopted by the AIHW to require the implementation of a range of servers to support the full software development lifecycle. As a result, end users are expected to see improvements in quality and stability of the system which will also lead to a reduction in the maintenance and administration overhead for IT staff. These benefits will accrue to other AIHW systems as they are migrated to or developed on the new infrastructure.

The following deliverables and indicators describe AIHW’s performance in maintaining its information infrastructure during 2010–11.

Production of national data standards was supported (PBS deliverable)

The AIHW has a central role in developing metadata relevant to health, health services and welfare services that are suitable for use as national data standards. It works collaboratively with the registering authorities from which national endorsement is required.

By developing applicable national data standards, data sets and metadata, the Institute supports its health, housing and community services data collections.

The AIHW has a commitment to maintaining its METeOR registry—for the development, registration and dissemination of metadata for national data standards.

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

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

Data standards were loaded to METeOR (PBS deliverable)

This deliverable is measured by timely access to up-to-date national data standards for the health, community services and housing sectors.

During 2010–11, the AIHW made available online in METeOR all health, community services and housing data standards, which had been

endorsed as national standards, within 30 days of endorsement, including those to appear in the *National health data dictionary* and the *National community services data dictionary*.

New versions of data dictionaries were published

Endorsed standards are made available to the public as data dictionaries (see the ‘**snapshot**’ below). The Institute generates national data dictionaries from the METeOR registry.

This deliverable is measured by adherence to milestones toward publication of new versions of the national data dictionaries—detailing new and revised data standards—and the online release of update compilations of these national data standards. The reference points are two-yearly publication of new versions of the national data dictionaries and twice-yearly production, if necessary, of online updates of these dictionaries.

During the year, the AIHW:

- finalised and published the *National health data dictionary version 15*, including a summary of updates made since Version 14 (from July 2008 to June 2010)
- published an update of the *National health data dictionary version 15: Summary of updates since Version 15* (from July 2010 to March 2011)
- finalised and published the *National community services data dictionary version 6*, including a summary of updates made since Version 5 (from July 2008 to June 2010)
- published an update of the *National community services data dictionary version 6: Summary of updates since Version 6* (from July 2010 – March 2011).

ICT capability was enhanced

A new data analytics platform and operating system

In August 2010, the ICT units finalised a six-month project to migrate the AIHW to a new data

Making metadata more comprehensive and available

While statistical reports are a good source of useful facts and figures, it is important that advice is also provided on what those facts really mean. For example, what is classified as ‘low birth weight’? How is ‘life expectancy’ calculated and what is a ‘potentially avoidable death’?

These definitions can be found in AIHW data dictionaries and the *National Indicator Catalogue* (NIC). The NIC was released by the AIHW on its website in July 2010, and provides an accessible and comprehensive ‘one stop’ view of national indicators.

The NIC draws on national data standards covering a number of national minimum data sets for which AIHW is the custodian. These standards are held in the AIHW’s online metadata registry (METeOR) and, where they are used in data collections, allow users of the data to meaningfully compare and interpret health and welfare information.

The AIHW also publishes and maintains the *National Health Data Dictionary* and the *National Community Services Data Dictionary*. These resources provide data definitions and spell out exactly what sort of data needs to be provided by people who supply data for specific national health or community services data collections.



snapshot

analytics platform—a new version of SAS. The Institute will realise a number of benefits from the new platform, including a more user-friendly point and click interface to SAS, making the platform more widely available to staff who have varying levels of SAS experience.

Successful rollout of a new operating system—a new version of Microsoft Office—was also a significant achievement during 2010–11.

Reduction of the number of different data analysis toolsets

During the year the AIHW expanded its SAS analytical capacity to support increased staff numbers and the size of the collections. Staff have already experienced productivity gains through reduced running times of data analyses. It is also scalable to support future analysis requirements.

During 2010–11, the IT Services Unit introduced several initiatives to support staff in their use of the new SAS platform.

- An expanded internally developed and conducted training program. In 2010–11, 217 staff received full-day training in 27 separate sessions.
- Expansion of the SAS team in the IT Services Unit. The team provides SAS support to staff, undertakes data processing work for line areas and administers the SAS system. It also undertakes research and development to identify opportunities for other benefits potentially available through the SAS platform.
- Monthly meetings of user groups to enable staff to share knowledge and provide feedback on a regular basis and to assist the IT Services Unit in identifying priorities for future enhancements. The user groups are run by the SAS team, which provides presentations and expert advice to staff.

Migration of online data cubes

In February 2011, the ICT units commenced a project to migrate existing online-accessible data cubes to the new SAS platform. The migration will make it easier for staff to produce and maintain cubes and yielded benefits through technology rationalisation. The project is planned for completion during 2011–12.

The IT Services Unit commenced a project to investigate and evaluate related SAS data dissemination technologies and to identify additional opportunities for SAS to support the AIHW's strategic directions.

Improving the report production process

In February 2011, IT Services Unit commenced a project designed to reduce the level of staff resources required to compile and update data tables and graphs in AIHW publications. The project is expected to reap efficiencies across the AIHW's collection and reporting units and will enable the Institute to capitalise on new features available to the AIHW following recent updates to SAS and Microsoft technologies. The project is planned for completion during 2011–12.

SD3 Enhancing data access, protecting privacy

Proper enforcement of privacy enhances data access by instilling confidence in the provider and subjects of the information collected. The AIHW has in place a powerful and unique combination of privacy measures, ranging from the specific protection of the AIHW Act and the *Privacy Act 1988*, to a variety of strict protocols and systems used to manage its data collections.

This strategic direction (SD3) aims to enhance data access to support research, policy and program development in the public interest while ensuring that the personal information of every Australian is protected. The contemporary focus on citizen-centred government, for

example through the Government 2.0 reforms, emphasises greater public accessibility to government data and information.

Under this strategic direction (SD3), the AIHW has aimed to:

- take a strong stance on privacy, promoting the Institute's unique privacy protection arrangements along with the benefits of information for national wellbeing
- take a leading role in promoting the benefits of enhanced access to information and in exploring measures to enhance accessibility
- maintain and apply its knowledge of developments in technology and other approaches that enhance accessibility, as well as developments in privacy legislation

- continue to refuse requests for information when they threaten privacy or do not follow the conditions set by those supplying the base data
- take a leading national role in explaining that privacy and access are mutually beneficial
- negotiate to bring more health and welfare data sets under its protective umbrella and to provide greater access to them.

The following deliverables and indicators measure the AIHW's success in improving the communication and accessibility of its information and messages to the community during 2010–11.

A snapshot of asthma



Did you know that 1 in 10—or over 2 million—Australians suffer from asthma? Or that in 2007–08 there were more than 37,500 hospitalisations for asthma and in 2007 there were 385 deaths due to asthma?

The AIHW's Asthma online snapshot is the newest way to quickly and easily find this information and answer many other questions about asthma.

The snapshot answers questions such as: 'Who gets asthma?', 'What drugs are used to treat asthma?', 'What roles do general practitioners play in treating asthma?' and 'How does asthma affect quality of life?'

This product is the first in a planned series of AIHW data snapshots covering a range of health areas designed to enhance the availability and accessibility of information by providing key statistics in a simple, easy to understand format.

The asthma snapshot has already proven to be a popular resource. It received 12,091 views, averaging more than 100 views per day, between 5 March and 30 June 2011. Feedback from users has been positive.

'Asthma Australia values highly the comprehensive, accessible, high quality data provided in the Asthma web product,' said Debra Kay, Chief Executive Officer of Asthma Australia.

The asthma snapshot was developed in association with the Australian Centre for Asthma Monitoring, a collaborating unit of the AIHW.

It is available at www.aihw.gov.au/asthma-and-chronic-respiratory-diseases/.

Statistical information was published

(PBS deliverable)

The AIHW makes its products available free on the internet to the greatest extent possible consistent with the need to protect the privacy of individuals and service agencies. Printed copies of many publications can be purchased.

During the year the AIHW published 135 reports on the nation's health, housing and community services sectors, all of which are available free on the AIHW website <www.aihw.gov.au>. This is an increase of 17 reports on 2009–10.

All publications were made available in Portable Document Format and an additional Rich Text Format, which facilitates access by those with impaired vision.

Key reports were presented *(PBS deliverable)*

This deliverable relates to AIHW's legislated obligation to publish *Australia's welfare 2011*, *Australia's health 2012* and the *AIHW's Annual report 2009–10* and provide them to the Minister within the timeframes required by legislation and to the Minister's satisfaction. It is measured by adherence to planned milestones toward completion and the level of expressed ministerial satisfaction. Adherence to the timetables for planning and preparation of drafts for external review by expert referees is also measured.

Neither *Australia's welfare 2011* nor *Australia's health 2012* were published in 2010–11. However, preparation for each begins 15–18 months before release and so work was undertaken during the year. Both publications are highly regarded as key national reference works in the health and welfare fields (see **Table 14** on page 139, **Table 16** on page 142 and '**Feedback on the effectiveness of products**' on page 135).

The timetable for the preparation of *Australia's welfare 2011* was met and planning for *Australia's health 2012* is underway.

The AIHW's *Annual report 2009–10* was presented to the Minister on 13 October 2010 and tabled in the Australian Parliament on 27 October 2010.

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

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

During 2010–11, there were:

- 18,000 downloads of *Australia's health 2010* (released June 2010) from the AIHW's website
- 1,390 downloads of *Australia's welfare 2009* (released November 2009) from the AIHW's website.

Datasets were made publicly available *(PBS deliverable)*

For some data collections, users can query the data online and obtain tabulated results. These online data holdings are user-friendly and continually updated. For example, interactive Excel workbooks containing comprehensive long-term deaths data are available—for a broad range of causes of death by age and sex on an annual basis—including the General Record of Incidence of Mortality (GRIM) books, Burden of Disease books and Australian Cancer Incidence and Mortality (ACIM) books.

There are national-level interactive data sets covering 22 subject areas and metadata collections covering five subject areas relevant to health, housing and community services, available on the AIHW's website.

In addition, supplementary data linked to reports are available on the website in Excel spread sheets.

Metadata were made available on METeOR
(PBS deliverable)

Metadata was held online in METeOR at 30 June 2011 for 4,160 standard metadata items, of which:

- 23 are national minimum data sets
- 25 are other data set specifications
- 1,168 are data elements
- 4 are indicator sets
- 129 are indicators (see the ‘snapshot’ on page 12).

During 2010–11, 618 standard metadata items have changed in METeOR. This includes:

- revision of 12 national minimum data sets, and the creation of one
- revision of 44 data elements, and the creation of 63

- revision of 105 indicators, and the creation of 24
- revision of 87 data quality statements.

COAG indicator work was a substantial driver of the data development program of work in METeOR for the indicators and quality statements.

User-friendly, accessible data snapshots were published online

During the year, the AIHW published a data snapshot on asthma in an online-accessible Hypertext Markup Language format (see the ‘snapshot’ on page 14). Other data snapshots are in preparation.

Data linkage—an expanding field

What do the topics ‘the health of Australian Gulf War veterans’, ‘bushfire exposure on mental health’ and ‘the impact of surgical treatment for obesity’ have in common?

The answer is data linkage. Research supported by linked data can help identify cause and effect relationships, or explain the nature of relationships over time and across different contexts.

Data linkage is one of the most powerful ways of adding value to data. It involves merging data—records, facts and figures—from different sources, based on common features.

For example, researchers at the University of Melbourne are using data linkage (also known as data integration) to examine the long-term effects of low dose radiation from CT scans in childhood. The AIHW has assisted them by linking Medicare (Medical Benefits Scheme) data on CT scans with the AIHW’s National Death Index and Australian Cancer Database. This study will test whether there is an increase in cancer incidence or mortality following CT scans in childhood—providing an understanding of the size of any cancer risk—and could lead to further improvements in radiation protection.

The AIHW has a strong record in data linkage, both in its own work and in facilitating the work of other researchers.

The number and breadth of projects requiring data linkage is expanding rapidly. To meet this demand, the AIHW has further developed and expanded its linkage infrastructure and methods over the past year. This has enabled it to handle projects involving the linkage of several million records at one time.



snapshot

Researchers were provided with access to data

This indicator measures the effectiveness of the AIHW's objectives of enabling researchers to have good and timely access to health and welfare information and statistics, and of supporting legislative requirements related to ethical clearances.

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

The AIHW Ethics Committee approves applications, largely from researchers associated with universities, medical research institutes and hospitals around the country, to undertake research using AIHW-held data (see for example the 'snapshot' on page 16).

During the year, the AIHW Ethics Committee approved 67 applications, 52 of which were external applications (see **Table 7** on page 29). Three projects submitted by external applicants were not approved.

Guidelines for Ethics Committee submissions were reviewed (PBS deliverable)

A review of the AIHW Ethics Committee arrangements was undertaken during 2010–11 (see the 'snapshot' on page 34), one of the objectives of which was to enhance access to AIHW data by researchers, within the AIHW's privacy framework. The review's recommendations were accepted by the AIHW Board at its meeting in June 2011.

In providing access to its data, the AIHW ensures that custodial and ethics approval processes conform to national human research ethics

requirements, national privacy legislation, the AIHW Act, policy directions for national health and welfare information, and any new custodial arrangements arising from national information agreements.

Data were released to the extent possible given privacy issues (PBS indicator)

Exploratory and developmental work was undertaken during 2010–11 on methodologies for the delivery of statistical products (such as tables, data cubes and confidentialised unit record files) in a manner that both protects privacy and supports analysis and research.

The AIHW also further developed its capacity to fill information gaps through the continued enhancement of data linkage and analytical methodologies, including support for the production of COAG performance indicators to be derived from linked data. Whole-of-government and life-transition views of Australians' health and welfare were enhanced by the AIHW's analyses of linked data recording the care pathways of older Australians (see the 'snapshot' on page 46).

Feedback regarding data releases was positive. 89% of respondents to short online reader surveys considered the AIHW's reports 'useful' (see '**Feedback on the effectiveness of products**' on page 135).

No breaches of privacy occurred relating to release of confidential data.

SD4 Getting the messages out better

The AIHW has a strong reputation for delivering quality information and statistical products to a range of audiences including the general public, government, the media, commentators and researchers. It also aims to make them easily available and in a variety of formats that suit various and diverse needs. The AIHW has continued to explain the concepts that underpin

its analyses, and the interpretations that those data will or will not support to allow users to make good sense of the information in those products.

Under this strategic direction (SD4), the AIHW has aimed to:

- consult users, including policy makers about the best ways to reach them and to present messages that fit their various needs
- consider the variety, modes of delivery, style and detail of our products
- explore new ways to deliver information straight to users, at their desktops
- similarly, explore new ways of helping users to find the information they need and to understand the meaning and quality of the data
- keep developing better ways of distilling statistics into digestible key messages.

The AIHW maintained its emphasis on improving its communications during 2010–11 (see **Chapter 5 Our communications**) and reviewed the structure of some of its key publications.

The following deliverables and indicators relate to how well the AIHW improved the communication of its messages to the community, and their accessibility during 2010–11.

Major annual publications were reviewed (PBS deliverable)

The content and presentation of data in four publications were reviewed:

- *Australia's health 2010*
- the *Australia's welfare* report that is due for release at the end of 2011
- *Cancer in Australia 2010: an overview*
- *Australian hospital statistics 2009–10*

Each of these was released—or will be released—with a companion 'in brief' publication.

Key messages in report publications were improved (PBS deliverable)

This deliverable relates to improving the readability and communication of key messages in AIHW publications.

93% of respondents to short online reader surveys considered the AIHW's publications 'clearly written' (see '**Feedback on the effectiveness of products**' on page 135).

The level of media coverage of AIHW's reports rose slightly in 2010–11 compared with 2009–10 (see '**Media relations**' on page 141).

The AIHW website was upgraded (PSB deliverable)

Changes to the AIHW website's structure, content and graphics were implemented in the form of a new website, supported by an upgrade of the web infrastructure (see '**Website and intranet redevelopment**' on page 139).

A key feature of the upgraded AIHW website was an enhanced search capability for the publications catalogue, the need for which had been previously identified through telephone surveys.

Users visited the AIHW website for published reports (PBS indicator)

This indicator relates to provision of access to the AIHW's information and analyses through the contemporary information environment. The AIHW website continued to be the AIHW's major communication medium for the provision of published reports and for downloading data. All AIHW publications were made available free on the AIHW website <www.aihw.gov.au>.

Nearly 1.4 million 'visits' were made to the AIHW website in 2010–11, an increase of 5.5% on 2009–10.

The media and Parliament referenced AIHW published reports (PBS indicator)

This indicator relates to the provision of free, high quality information through the contemporary information environment and the informing of public debate through use of the Institute's information and analyses.

There were 4,174 media references to the AIHW in 2010–11, a slight increase on 2009–10 (see **Table 15** on page 140).

There were 30 references to the AIHW in the parliamentary debates of the Senate and the House of Representatives in 2010–11. The AIHW is well referenced in the proceedings of state and territory parliaments (see **Table 17** on page 144) and in the reports of Senate committees.

Information in new formats were released

The AIHW released several publications in 2010–11 that provide information in new formats, for example:

- 'in brief' companion publications for several of the AIHW's major publications (see for example the 'snapshots' on page 134 and 138).
- data snapshot material released online in formats suitable for those with visual impairments and with clear, well-written messages for everyone (see for example the 'snapshot' on page 14).

Ongoing information formats

The new formats mentioned above supplement annual and other releases of information as publications available on the internet and in print, as online-accessible (often interactive) data sets and as education resources for the secondary education sector, to which teachers can self-subscribe (see **Chapter 5 Our communications**).

Our financial performance

How we are funded

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

A summary of the financial performance of the AIHW follows. Further details are provided in **Appendix 9** on page 207.

Income and expenditure

The AIHW's appropriation income from the Australian Parliament was \$21.4 million in 2010–11, an increase of 3% or \$0.7 million over 2009–10 (**Table 3** and **Figure 4**). This increase was due to a small increase in funding for COAG performance reporting offset by a small decrease in funding for work on closing Indigenous data gaps.

Income from externally funded projects totalled \$31.4 million for 2010–11, an increase of 26% on the previous year. Most of this income came from Australian Government departments, notably the Department of Health and Ageing (DoHA) and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

Interest income was 52% higher in 2010–11 than in 2009–10. In 2010–11, the AIHW had higher cash balances and higher rates of interest on term deposits compared with the previous year.

Employee-related expenditure was higher in 2010–11 (\$35.1 million) than in 2009–10 (\$28.4 million, **Table 3**). This was due to increased salary rates and increased staff numbers (see **Table 8** on page 120). There were also additional costs in accommodating staff.

The overall result was a small surplus of \$0.13 million.

Balance sheet

Financial assets totalled \$27.1 million in 2010–11, a decrease of \$1.0 million on the previous year (Table 4). This was mainly due to a decrease in income received in advance for externally funded projects.

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

Liabilities in 2010–11 (\$24.6 million) were lower than 2009–10 (\$25.9 million) due to decreased income received in advance offset by higher leave provisions due to increased staff numbers.

Total equity increased marginally from \$6.0 million to \$6.1 million. This was due to the surplus for the year.

Cash flow

Net cash received from operating activities was \$0.3 million in 2010–11. Both cash inflows and outflows were higher because more contract work was being undertaken. The AIHW spent \$0.8 million on the purchase of property, plant and equipment, and leasehold improvements compared to \$1.2 million in 2009–10. The net cash decrease in the year was \$0.6 million,

reducing the cash balance from \$18.8 million to \$18.2 million (see the cash flow statement in Appendix 9).

Financial outlook

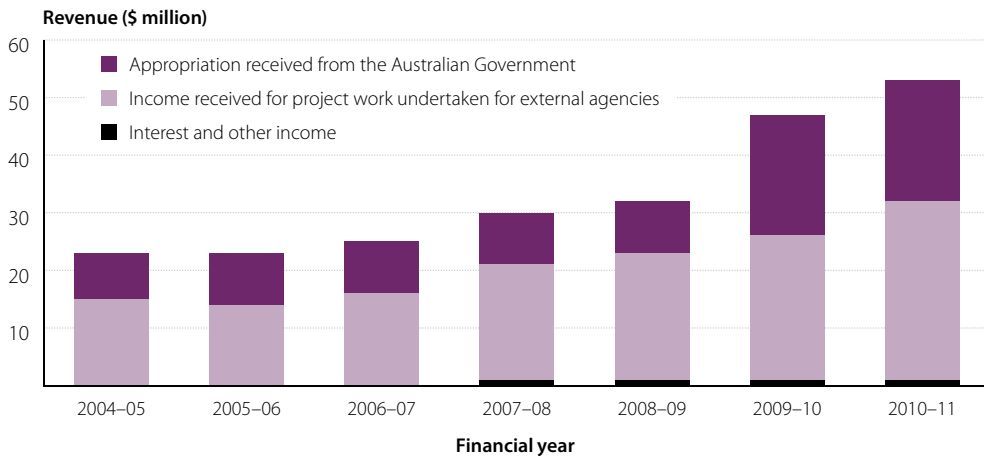
Income from externally funded projects is expected to increase in 2011–12 compared with 2010–11 (see Figure 3 on page xx). Appropriation income from the Australian Parliament will decrease by \$4.0 million in 2011–12 due to the cessation of funding for COAG data development work at the end of 2010–11. The decrease was offset by a small increase in funding for Closing the Data Gap work. Appropriation income will then remain relatively stable in subsequent years.

The AIHW's total expenditure in 2011–12 is expected to be similar to that for 2010–11. This is due to an anticipated increase in external income which will offset the drop in appropriation income.

The value of land and buildings is expected to decrease in 2011–12 due to the depreciation of fit-out costs over the term of the remaining lease. No other significant changes in the balance sheet items are expected.

Table 3: Income and expenditure, 2007–08 to 2010–11 (\$'000)

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

Figure 4: Revenue sources, 2001–02 to 2010–11**Table 4: Balance sheet summary, 2007–08 to 2010–11 (\$'000)**

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

Further compliance with legislation

Freedom of information

The *Freedom of Information Act 1982* (FOI Act) requires each Commonwealth Government agency to publish a statement setting out its role, structure and functions, the categories of documents available for public inspection and information on how to access these documents. This statement is available in **Appendix 8** on page 204.

In 2010–11, there was one request for access to records under the FOI Act, which was refused.

There were no requests for internal review made during the year.

Commonwealth Ombudsman

No new matters relating to the AIHW were referred to, or raised with, the Commonwealth Ombudsman's Office during 2010–11.

Judicial decisions and decisions of administrative tribunals

In 2010–11, there were no legal actions lodged against the AIHW and no judicial decisions directly affecting the Institute.

Advertising and market research

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

During 2010–11, the AIHW paid \$23,915 (GST inclusive) to Adcorp Australia, a media marketing organisation that placed recruitment and tender notices on behalf of the AIHW. No advertising campaigns were undertaken.

Chapter 2

Governance and the organisation

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

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

In 1992, the role of the Institute was expanded to include welfare-related information and statistics, and was renamed the Australian Institute of Health and Welfare. The Institute's legislation is now titled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). The AIHW Act and its Regulations are reproduced, for convenience, in **Appendix 1** on page 146.

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

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

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

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

Ministerial accountability

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

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

allow ministers to be prepared to respond to the findings.

Ministerial directions and general policies

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

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

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

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

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

- nil.

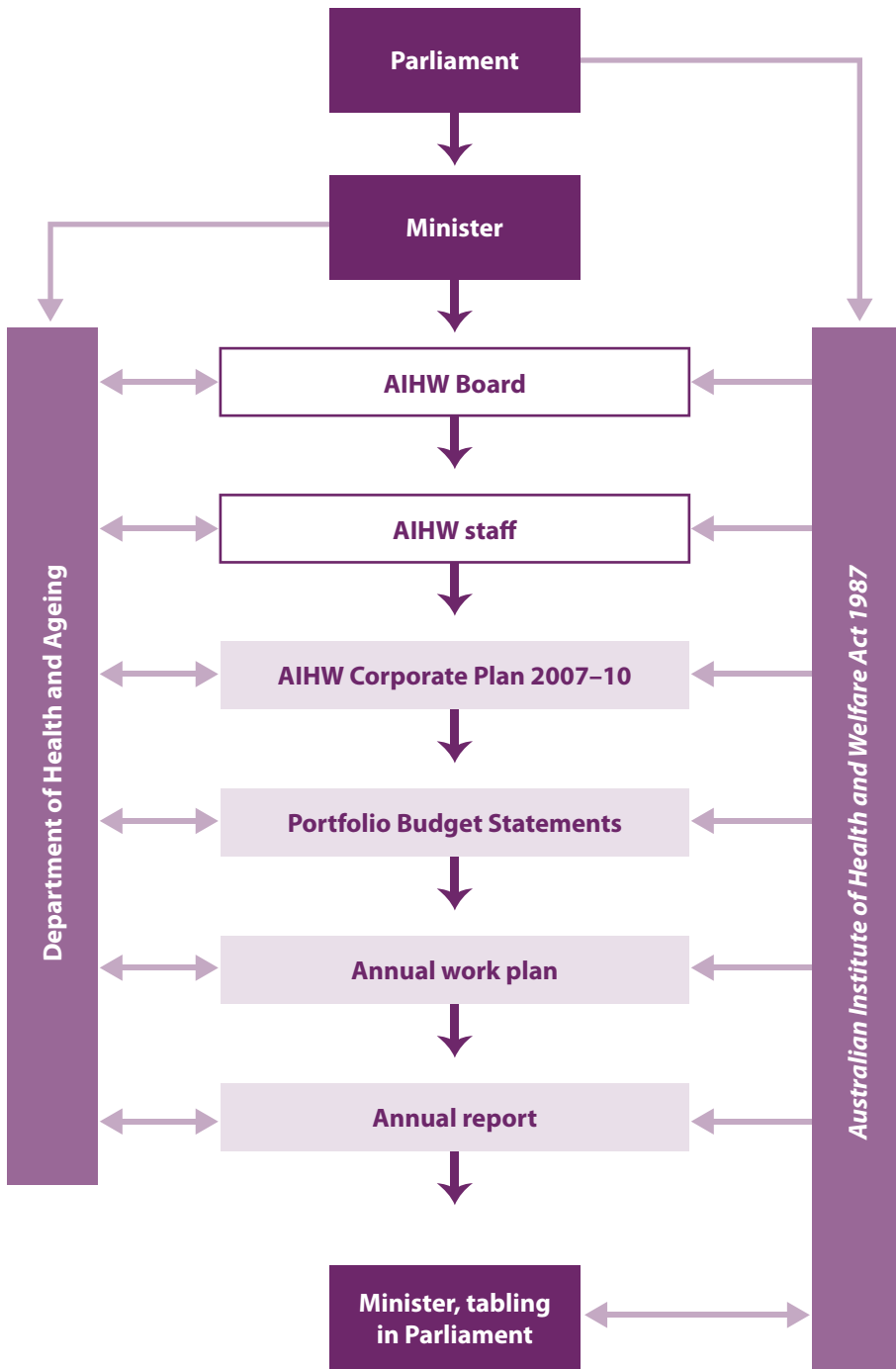
During 2010–11 the following ministerial directions were given to the AIHW:

- nil.

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

- nil.

Figure 5: Accountability framework



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

- National Code of Practice for the Construction Industry
- Foreign Exchange Risk Management Policy
- Competitive Neutrality
- Fraud Control Guidelines.

During 2010–11 the following general policies were notified to the AIHW:

- nil.

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

- nil.

Significant events

Section 15 of the CAC Act requires the AIHW to notify the Minister of the occurrence of significant events, as defined in s. 15(1). There were no significant events advised to the Minister by the AIHW during 2010–11.

AIHW Board

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

The role and composition of the AIHW Board are specified in s. 8(1) of the AIHW Act (see **Appendix 1** on page 146). Board members, with the exception of the three ex-officio members and the staff-elected representative, are appointed by the Governor-General and hold office for a specified term not exceeding 3 years. The ex-officio members are the AIHW's Director, the Australian Statistician and the Secretary of the Australian Government Department of Health and Ageing.

Table 5 provides details of AIHW Board members attending meetings for the period 1 July 2010 to 30 June 2011. Further information about AIHW Board members, including qualifications, current positions and affiliations with respect to s. 8(1) of the AIHW Act, is in **Appendix 3** on page 175.

Charter of Corporate Governance

The AIHW Board has adopted a Charter of Corporate Governance that outlines the governance framework for the Institute. The Charter may be found at **Appendix 2** on page 167. It provides AIHW Board members with a clear set of governance arrangements within which they are to meet their legislative and other obligations. The Charter describes, among other things:

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

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

Audit and Finance Committee

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

Table 5: Members of the AIHW Board and their attendance at meetings, 2010–11

	Appointment change	Meetings attended	Eligible meetings
The Hon. Peter Collins, AM, QC (Chair)		4	4
Dr Penny Allbon (Director, AIHW)	Until 14 December 2010	2	2
Mr David Kalisch (Director, AIHW)	Appointed 14 December 2010	2	2
Dr David Filby (nominee of the Australian Health Ministers' Advisory Council)	Appointed 12 August 2009	4	4
Ms Bette Kill (nominee of the Community and Disability Services Ministers' Advisory Council)	Until 14 May 2011	2	3
Mr James Moore (nominee of the Community and Disability Services Ministers' Advisory Council)	Appointed 30 June 2011	0	0
Ms Margaret Crawford (representative of state and territory housing departments)		2	4
Mr Brian Pink (Australian Statistician)		0 ^(a)	4
Mr Graeme Head (for the Secretary, DoHA) ^(b)		3 ^(a)	4
Ms Libby Davies (person experienced in the needs of consumers of welfare services)		3	4
Dr Lyn Roberts, AM (person with expertise in public health research)	Appointed 12 November 2009	3	4
Prof. Terry Dwyer, AO (ministerial nominee)	Appointed 12 November 2009	4	4
Mr David Stanton (ministerial nominee)	Appointed 12 November 2009	3	4
Dr Greg Stewart (ministerial nominee)	Reappointed 12 November 2009	2	4
Mr Stuart Fox (staff-elected representative)	Appointed 19 July 2010	4	4
Ms Serena Wilson (observer) ^(c)		0 ^(a)	4
Prof. Warwick Anderson (observer) ^(d)		0 ^(a)	4
Audit and Finance Committee			
Dr Greg Stewart (Chair)	From 19 February 2010	4	4
Dr Lyn Roberts, AM	From 19 February 2010	3	4
Mr David Stanton	From 19 February 2010	2	4
Remuneration Committee			
The Hon. Peter Collins, AM, QC (Chair)		2	2
Dr Greg Stewart	From 19 February 2010	2	2
Dr David Filby		2	2

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

(b) The Secretary, Department of Health and Ageing is a member and has nominated Mr Head in lieu.

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

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

During 2010–11, the committee consisted of four non-executive members of the AIHW Board.

The major matters on which the committee reported to the AIHW Board during 2010–11 were the review of annual financial statements, the draft budget, the internal audit program and business risks.

Remuneration Committee

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

AIHW Ethics Committee

The AIHW Ethics Committee is established under s. 16(1) of the AIHW Act (see **Appendix 1** on page 146).

The committee’s main responsibility is to advise the AIHW on the ethical acceptability or otherwise of current or proposed health-related

and welfare-related activities of the AIHW, or of bodies with which the AIHW is associated. The Australian Institute of Health and Welfare Ethics Committee Regulations 2003 prescribe the functions and composition of the AIHW Ethics Committee (see **Appendix 1** on page 146).

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

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

The AIHW undertook a recent review to ensure the Institute’s ethics arrangements and procedures are compliant with its statutory and regulatory obligations (see the ‘**snapshot**’ on page 34).

Membership and attendance of the Ethics Committee are shown in **Table 6**. Details

Table 6: Members of the AIHW Ethics Committee and their attendance at meetings, 2010-11

	Appointment change	Meetings attended	Eligible meetings
Dr Ching Choi (Chair)		4	4
Dr Penny Allbon (Director, AIHW)	Until 14 December 2010	2 ^(a)	2
Mr David Kalisch (Director, AIHW)	Appointed 14 December 2010	1 ^(a)	2
Dr Wendy Scheil (person experienced in professional care, counselling and treatment of people)		4	4
Prof. Malcolm Sim (person experienced in research)		1 ^(b)	4
Ms Val Edyvean (representative of Registrars of Births, Deaths and Marriages)		4	4
Rev. James Barr (minister of religion)		3	4
Ms Camilla Webster (lawyer)		3	4
Mr David Garratt (male layperson)		4	4
Ms Wendy Antoniak (female layperson)		3	4

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

(b) The member provided comments for two of the meetings that he was unable to attend.

Table 7: Research projects considered by the AIHW Ethics Committee, 2010–11

	Considered	Approved	Decision pending
Projects seeking approval			
AIHW	8	8	0
AIHW collaborating units	0	0	0
External	34 ^(a)	30 ^(b)	1
Projects seeking modification or extension			
AIHW	6	6	0
AIHW collaborating units	1	1	0
External	22	22	0
Total	71	67^(b)	1

(a) One project for which a decision remained pending at 30 June 2011 is included.

(b) Three projects considered were not approved.

about Ethics Committee members are listed in **Appendix 3** on page 175.

The committee met on four occasions during the year to consider proposals for the ethical acceptability of a number of research projects and considered a further nine proposals out of session. The committee approved the ethical acceptability of 67 of the 71 projects considered during the year (**Table 7**).

Executive

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

Throughout the year, the Director was supported by an executive team of eight group heads—one more than in 2009–10—who formed the Executive Committee.

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

During the year, the AIHW added one new group, the Continuing and Specialised Care Group, to accommodate the Institute's increased workload.

Of the eight group heads in place at the end of the year, six managed groups that oversaw

specific subject areas. The other two managed groups that provided support services to the whole organisation.

During 2010–11, both the Director, Dr Penny Allbon, and Division Head, Dr Ken Tallis, left the AIHW. Mr David Kalisch was appointed Director of the Institute in December 2010. Other new executive staff appointed during the year are Ms Lisa McGlynn and Mr Brent Diverty.

Further information about the executive and unit heads is included in **Appendix 4** on page 183. Additional information about staffing can be found in **Chapter 4 Our people**.

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

Organisational structure

A chart showing the AIHW's structure at 30 June 2011 is shown in **Figure 6** on page 32.

The Executive Committee as at 30 June 2011 is listed below.



Mr David Kalisch
Director



Mr Andrew Kettle
*Business
Group Head*



Ms Alison Verhoeven
*Governance and Communications
Group Head*



Mr Brent Diverty
*Continuing and Specialised Care
Group Head*



Ms Teresa Dickinson
*Information and Statistics
Group Head*



Ms Jenny Hargreaves
*Hospitals and Performance
Group Head*



Ms Lisa McGlynn
*Health
Group Head*



Mr Geoff Neideck
*Housing and Homelessness
Group Head*



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

Relationship management

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

Australian Government

Department of Health and Ageing

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

With the exception of work that must be competitively tendered under the Commonwealth Procurement Guidelines and other Commonwealth governance requirements, the AIHW's work for DoHA is guided by a memorandum of understanding (MoU) between the Department and the AIHW. Regular two-way communication is critical to this relationship. During the year, the AIHW and DoHA signed a new MoU, which will guide the business relationship between the two agencies from 1 January 2011 until 30 June 2015.

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

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

Department of Families, Housing, Community Services and Indigenous Affairs

The AIHW's relationship with the FaHCSIA is also very important, particularly in such areas as housing and homelessness, disability services, Indigenous affairs and child protection. An MoU guides all work undertaken by the AIHW for FaHCSIA that has not otherwise been subject to competitive tender. During 2010–11, business arrangements between the two agencies were renewed with the signing of an MoU for the period 1 July 2010 to 30 June 2015.

An MoU management group, comprising senior executive representatives from both agencies,

meets formally twice a year to ensure the effective administration of projects funded or procured under the MoU and to discuss matters that arise. The Governance and Communications Group coordinates the AIHW's contribution to the meetings.

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

Australian Bureau of Statistics

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

The AIHW's relationship with the ABS is highly collaborative. During 2010–11 the AIHW:

- worked with the ABS and other entities to agree on the most appropriate method to present Indigenous information in all key national reports (see '**Major achievements**' on page 95)
- collaborated with the ABS to investigate the suitability of the existing method of confidence interval analyses for Indigenous mortality data
- consulted with the ABS, the Disability Policy and Research Working Group, associated technical advisory groups and other stakeholders on data development and enhancement in the area of functioning and disability (see '**What we do**' on page 87)

Figure 6: Organisation chart, 30 June 2011

<p style="text-align: center;">Australian Institute of Health and Welfare Board Chair: The Hon. Peter Collins, AM, QC Director: Mr David Kalisch</p>							
<p>Business Group Mr Andrew Kettle</p>	<p>Continuing and Specialised Care Group Mr Brent Diverty</p>	<p>Governance and Communications Group Ms Alison Verhoeven</p>	<p>Health Group Ms Lisa McGlynn</p>	<p>Hospitals and Performance Group Ms Jenny Hargreaves</p>	<p>Housing and Homelessness Group Mr Geoff Neideck</p>	<p>Information and Statistics Group Ms Teresa Dickinson</p>	<p>Social and Indigenous Group Dr Fadwa Al-Yaman</p>
<p>Finance and Commercial Services Mr Andrew Tharle</p>	<p>Ageing and Aged Care Ms Judith Abercromby</p>	<p>Communications, Media and Marketing Mr Nigel Harding</p>	<p>Cancer and Screening Ms Christine Sturrock</p>	<p>Health Care Safety and Quality Dr Julia Tresidder (acting)</p>	<p>Client Management System Ms Alana Shaw (acting)</p>	<p>Data Linkage Dr Phil Anderson</p>	<p>Child and Youth Welfare Mr Tim Beard</p>
<p>Information and Communications Technology Operations Mr Stuart Fox</p>	<p>Drug Surveys and Services Ms Amber Jefferson</p>	<p>Executive Ms Anne Reader</p>	<p>Cardiovascular, Diabetes and Kidney Ms Lynelle Moon/ Ms Susana Senes</p>	<p>Health Performance Indicators Ms Louise York</p>	<p>Homelessness Business Transition Ms Penny Siu</p>	<p>Expenditure and Economics Ms Gail Brien</p>	<p>Children, Youth and Families Ms Melinda Petrie (acting)</p>
<p>Information and Communications Technical Services Mr Charlie Drummond</p>	<p>Housing Ms Vicki Bennett</p>	<p>Information Governance Mr Gary Kent</p>	<p>Population Health Mr Mark Cooper-Stanbury</p>	<p>Hospitals Data Mr George Bodilsen</p>	<p>Homelessness Data Collection Ms Cathy McNickle (acting)</p>	<p>Functioning and Disability Mr Sean Ackland</p>	<p>Indigenous Analysis and Reporting Dr Indrani Pieris-Caldwell</p>
<p>People Ms Morag Roycroft</p>	<p>Housing and Homelessness Integration Ms Moira Hewitt</p>	<p>Online Communications Ms Belinda Hellyer</p>	<p>Primary Health and Respiratory and Musculoskeletal Monitoring Dr Adrian Webster</p>	<p>Hospitals Information Improvement Ms Cheryl Harkins</p>	<p>Specialist Homelessness Services Collection System Team Mr Anthony MacLean (temporary contractor)</p>	<p>Labour Force Mr David Braddock</p>	<p>Indigenous Community and Health Service Reporting Dr Norbert Zmijewski</p>
	<p>Mental Health Services Mr Gary Hanson</p>	<p>Publishing Services Ms Tulip Penney</p>	<p>e-Health Mr Gordon Tomes</p>	<p>Hospitals Reporting Ms Katrina Burgess (acting)</p>		<p>Metadata Information Services—METeOR and Metadata Ms Melanie Taylor</p>	<p>Indigenous Data Gaps Mr Anthony Cowley</p>
	<p>Australia's Welfare Dr Louise O'Rance (acting)</p>						<p>Indigenous Research and Evaluation Ms Helen Johnstone (acting)</p>

- provided expert advice on the ABS *2009 Survey of Disability, Ageing and Carers Confidentialised Unit Record File* design
- undertook preparatory metadata development related to the introduction of a new ABS geographical classification.

At an operational level, AIHW and ABS staff commonly sit on the same committees and governance groups. During 2010–11 these included many of the committees detailed in **Appendix 5** on page 186 and, as other examples, the:

- Integrating Authorities Working Group
- Cross Portfolio Statistical Integration Committee Working Group
- Mortality Statistics Advisory Group.

Other Australian Government bodies

The AIHW also works closely with other government bodies, including the Productivity Commission, Australian Commission on Safety and Quality in Health Care (ACSQHC), Cancer Australia, the Australian Institute of Family Studies (AIFS), the Department of Education, Employment and Workplace Relations (DEEWR) and the Department of Veterans' Affairs (DVA). AIHW's interaction with these bodies is described in further detail below.

The AIHW provides statistical, information and advisory services to the Productivity Commission. During 2010–11, AIHW assisted the Productivity Commission by:

- contributing to the Commission's *Report on Government Services* (published through the SCRGSP), by providing data and information relevant to numerous performance indicators
- providing advice to the Commission on its Indigenous expenditure reporting
- participating in the Indigenous Expenditure Framework Steering Committee.

AIHW and the ACSQHC have a partnership agreement which describes their commitment to work collaboratively towards a more informative and useable, national system of information that enhances the safety and quality of health care in Australia. During 2010–11 AIHW:

- provided support and advice to the ACSQHC on data and information matters
- produced reports for the ACSQHC to support the development of methods for national core hospital-based outcome indicators
- was a member of, and provided secretariat services for, the Potentially Preventable Hospitalisations Working Group of the National Health Information Standards and Statistics Committee, which was chaired by the ACSQHC.

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

The AIHW works closely with the AIFS. This relationship is governed by an MoU, which acknowledges that the sharing of information and expertise is critical to effective and meaningful research by the two bodies. The AIHW and the AIFS work collaboratively to deliver the Closing the Gap Clearinghouse—a clearinghouse for evidence-based research on what works to overcome Indigenous disadvantage. The AIHW and AIFS also discuss

issues of strategic importance, in particular, drawing upon their respective expertise in the areas of collection, synthesis and dissemination of evidence-based research, children's and families policy and research, development and collection of longitudinal datasets and the provision of statistical advice and services to contribute to the overall success of each agency's activities.

The AIHW's relationship with DEEWR continues to grow, particularly in such areas as the development of information on early childhood education and care. In particular, the AIHW has entered into arrangements with DEEWR to provide consultancy services for DEEWR's Research, Evaluation and Analysis Panels. During 2010–11, AIHW developed an indicator-based reporting framework for early childhood development to measure progress against the Early Childhood Development Outcomes Framework in the *National Early Childhood Development Strategy, Investing in the Early Years* released by COAG in July 2009. AIHW is a member of the Early Childhood Data Sub Group chaired by DEEWR.

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

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

State and territory governments

The AIHW's close working relationships with state and territory governments are critical to the development of nationally consistent and

Review of Ethics Committee arrangements

The AIHW Ethics Committee plays an important role in overseeing the ethical aspects of the Institute's work, including approving the release of identifiable data for research purposes.

During the year the Institute reviewed its ethics arrangements to ensure their compliance with its statutory and regulatory obligations, and provided for efficient and accessible access to data by researchers while ensuring robust privacy protections.

The key findings of the review include:

- clarifying which research projects require review by the Committee
- clarifying the factors the Committee takes into account in its decision making
- streamlining processes to improve timeliness of decision-making
- enhancing research project monitoring processes
- making Committee membership appointment processes more open and transparent.

The AIHW Board accepted the recommendations of the review in June 2011 and implementation will begin in 2011–12.



comparable information. During the year, the AIHW continued to engage with all jurisdictions through the various national and ministerial committees and forums charged with developing nationally consistent data and information. The AIHW provided secretariat services for many of these committees. A list of the main national committees in which the AIHW participates is given in **Appendix 5** on page 186. Many units of the AIHW engaged with national committees in their areas of expertise. These are detailed in the reports for each unit in **Chapter 3 Our operating units**.

Underpinning the activities of the national information committees are national information agreements between the AIHW and a significant number of parties from across all Australian jurisdictions. The agreements cover the areas of health, community services and housing and homelessness. They ensure that effective infrastructure and governance arrangements are in place for the development, supply and use of nationally consistent data for each area. During 2010–11, work to revise an agreement for the community services sector was completed and the renamed *National Community Services Information Infrastructure Agreement* was circulated for signature. Similarly a new *National Housing and Homelessness Information Infrastructure Agreement* was finalised for agreement by the parties. The AIHW also supported arrangements for revision of the *National Health Information Agreement*, which is expected to be finalised in 2011–12.

Under the impetus of the COAG process, engagement with relevant state and territory government departments has increased throughout the year (see the ‘**snapshot**’ on page 36).

Collaborations and partnerships

As well as working closely with Australian Government departments and supporting the

states and territories in developing nationally consistent information, the AIHW was active throughout the year in maintaining and strengthening its engagement with a range of other stakeholders.

The AIHW worked with peak bodies and other national forums to satisfy their need for information to assist the development of policies and program delivery. As well, it contributed information to parliamentary inquiries and parliamentary committees, and provided advice in areas of specialist knowledge. The AIHW has also entered into arrangements to increase the depth and scope of its own expertise and service delivery.

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

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

The AIHW also has a number of data-sharing agreements with specialist centres across Australia. These agreements provide for the use of AIHW data, within the protection of the AIHW Act’s confidentiality provisions, to facilitate the development of information in areas such as

immunisation research and surveillance, and human immunodeficiency virus epidemiology and clinical research. A list of universities and specialist centres with which the AIHW had funding or data-sharing arrangements in place during 2010–11 is provided in **Appendix 6** on page 188.

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

Accountability reporting

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

AIHW's accountability framework (see **Figure 5** on page 25), are:

- AIHW Corporate Plan: strategic directions 2007–2010: this provides the foundation for establishing, recording, refining and assigning priorities to the AIHW's activities for the period 2007–2010
- Portfolio Budget Statements: these annual statements inform members of parliament of the proposed allocation of resources to government outcomes and programs
- Annual work plans: these are internal management documents that provide the Director and senior executives with an overview of the AIHW's proposed activities for the next year, against which progress is monitored

The AIHW's work for COAG

The AIHW plays an important role in developing data and performance indicators associated with COAG National Agreements.

During 2010–11, the Institute devoted significant resources to the collection, analysis and supply of data and the further development of COAG indicators, such as those for:

GP-type services

Work continued to refine and improve the GP-type services indicator, in consultation with DoHA and DVA. This involved reviewing the method used to account for under-identification of Indigenous status in Medical Benefits Scheme (Medicare) data.

Potentially preventable hospitalisations

The AIHW led a review of the potentially preventable hospitalisations indicator, in collaboration with the ACSQHC. The aim was to update the indicator to reflect current primary care service arrangements and current hospital diagnosis coding, such as the coding used for diabetes.

Cancer

Particular emphasis was placed on developing methods to provide meaningful comparable data for remoteness areas and socioeconomic quintiles at the state and territory level. This will be used initially for the reporting of cancer-related indicators.

Closing Indigenous gaps

The AIHW produced national and jurisdictional trajectories for two targets—to close the life expectancy gap within a generation and to halve the child mortality gap in a decade. The trajectories will be useful in finding out whether current trends are on track to meet the targets.



- Annual reports: an annual report to the Minister for Health and Ageing for presentation to the Australian Parliament is a requirement of s. 9 of the CAC Act.

Financial management

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

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

The AIHW classifies all expenditure as internally or externally funded.

Internal expenditure consists of:

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

Funding for internal expenditure is derived from:

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

A large proportion of the AIHW's revenue comes from external funding for specific projects. Externally funded projects operate on a cost recovery basis, with revenues derived through

agreements with external clients. The financial arrangements are determined using an AIHW Board-approved pricing template and most agreements are conducted under the auspices of MoUs with relevant Australian Government departments.

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

Contract management

The AIHW's contractual business is conducted through:

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

Purchase contracts

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

The AIHW complies with the Commonwealth Procurement Guidelines to the extent that they apply to *Commonwealth Authorities and Companies Act 1997* bodies. The AIHW applies the mandatory procurement procedures to covered procurements with a value greater than \$400,000.

Revenue ‘contracts’

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

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

Contract approval

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

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

Revenue ‘contracts’ or schedules worth \$100,000 or less must be cleared by the group heads, including the Governance and Communications Group Head and the Business Group Head, who have responsibilities related to the associated deliverables. Revenue ‘contracts’ or schedules worth more than \$100,000 must be cleared by the Governance and Communications Group Head and the Business Group Head, and approved by the Director.

Risk management

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

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

During the year the AIHW updated its business risk assessment. The AIHW contracts out its internal audit function. The current internal auditors are Oakton. During 2010–11, Oakton conducted internal audits on the IT helpdesk, financial transaction processing, IT governance and payroll and leave processing.

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

The AIHW’s fraud control plan contains appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific

needs of the Institute and comply with the Commonwealth Fraud Control Guidelines.

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

The AIHW has insurance policies through Comcover and Comcare that cover a wide range of insurable risks, including property damage, general liability and business interruption. The Comcover insurance policy includes coverage for directors and officers against various liabilities that may occur in their capacity as officers of the AIHW. The AIHW made no claims against its directors' and officers' liability insurance policy in 2010–11.

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Chapter 3

Our operating units

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

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

Statistical groups

Information about the outputs and other activities undertaken during 2010–11 by each of the AIHW’s statistical groups is detailed in this chapter.

- Continuing and Specialised Care 44
- Health 54
- Hospitals and Performance. 66
- Housing and Homelessness 73
- Information and Statistics. 81
- Social and Indigenous 94

During the year, the AIHW had a unit-based structure under each of these groups (see **Figure 6** on page 32). Each unit was tasked with achieving planned outputs specified in the *AIHW Work Plan 2010–11*. The plan, which was approved by the AIHW Board in June 2010, included outputs such as:

- the publication of a specific document
- the delivery of data for a particular purpose to another organisation
- making a specific data release available to the public online.

The reports for each unit include information on the status of each planned output as well as other activities and responsibilities undertaken through the year. Other activities and responsibilities can include:

- outputs that were not planned at the time the *AIHW’s Work Plan 2010–11* was prepared
- milestone deliverables with a particular long-term objective
- review activities related to data collections or publications
- work related to representation at, or management support to, committees which provide an avenue for stakeholder consultation relevant to achieving the unit’s objectives or outputs

- management of data collections relevant to achieving the unit’s objectives or outputs, including the role of data custodian which includes providing assistance to external researchers requesting access to data.

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

- Collaborating units 109

Corporate groups

Information about the activities of the Business Group and the Governance and Communications Group is interspersed throughout the other chapters of this annual report, however the responsibilities of each are briefly outlined below.

The Business Group had the following unit-based structure.

- Finance and Commercial Services Unit provides services that support the AIHW’s financial and business operations
- Information and Communication Technology Operations Unit is responsible for the Institute’s computing and communications infrastructure and security (see **‘ICT capability was enhanced’** on page 13)
- Information Technology Services Unit is responsible for applications development and services related to the AIHW’s databases (see **‘ICT capability was enhanced’** on page 13)
- People Unit is responsible for delivering a range of strategic and operational human resource management and facility services to AIHW staff (see **Chapter 4 Our people**)

The Governance and Communications Group had the following unit-based structure.

- Communications, Media and Marketing Unit provides communications, media and marketing services that support and enhance the AIHW’s business, particularly its relationships with stakeholders and

the community (see **Chapter 5 Our communications**)

- Executive Unit provides executive support and secretariat services for the AIHW Director, Board, Executive Committee and a number of national information committees that are included in **Appendix 5** on page 186
- Information Governance Unit provides leadership and support in information governance and legal matters, including data management and release arrangements, ethics, privacy and effective agreement making, and in the strategic management of internal and external relationships critical to the AIHW's role as the statistical agency responsible for provision of health and welfare information (see '**AIHW Ethics Committee**' on page 28, '**Relationship management**' on page 30 and '**Parliamentary relations**' on page 144)
- Online Communications Unit manages the AIHW website, intranet and other related websites, for example *MyHospitals*, to deliver the Institute's online communication activities (see '**The AIHW's website**' on page 139)
- Publishing Services Unit provides publishing production services for print and online publications (see '**New publications**' on page 137)

Continuing and Specialised Care Group

Group heads

Ms Vicki Bennett (acting from August 2010 to January 2011)

Mr Brent Diverty (from January 2011)

What we do

The Continuing and Specialised Care Group develops, maintains and analyses national data to support monitoring and reporting on the health and welfare of key sub-populations and the use of services within a range of health and welfare sectors. In addition, the group carries the primary responsibility for producing biennial editions of the *Australia's welfare* publication.

Major achievements

During 2010–11, major achievements for the group were:

- completing a scoping study on the collection of mental health services delivered by non-government organisations, and pilot testing the draft Mental Health Interventions Classification using a range of data collection methodologies, including iPads
- producing the first analysis of information collected through the new Aged Care Funding Instrument with a particular focus on patients with dementia, and the first analysis of older people leaving hospital assisted by the Transition Care Program
- completing a review of the Alcohol and Other Drug Treatment Services National Minimum Data Set, providing the opportunity for critical assessment of the collection and identification

of key development opportunities to ensure the collection remains policy relevant

- amalgamating several publications on various housing assistance programs into one compendium publication, *Housing assistance in Australia*, making it a one-stop-shop for information about the range of housing assistance programs available.
- developing the new Specialist Homelessness Services (SHS) National Minimum Data Set

Units in this group

- Ageing and Aged Care
- Drug Surveys and Services
- Housing
- Housing and Homelessness Integration
- Mental Health Services

The group was created in August 2010 following transfer of the Ageing and Aged Care Unit, Drug Surveys and Services Unit, and Mental Health Services Unit from three other groups. Since then, changes to the group's structure have occurred as follows:

- the Housing Unit and the Housing and Homelessness Integration Unit were transferred from the Housing and Homelessness Group in October 2010.

The group also hosted a temporary Australia's Welfare Unit during the year to assist with the production of the AIHW's biennial flagship report on welfare services to be published in 2011–12.

Ageing and Aged Care Unit

Unit heads

Ms Gail Brien (to November 2010)

Ms Judith Abercromby (from November 2010)

What we do

The Ageing and Aged Care Unit analyses and disseminates national information on aged care services, the informal care sector, and older people's health and social participation. The unit works closely with the Data Linkage Unit to analyse and report on the dynamics of the aged care system as a whole and its relationship with other key sectors (for example, acute care). Currently the unit has a particular focus on dementia, including an NHMRC grant-funded

project on dementia services provided in hospitals.

Objectives

- Contribute data and information that supports the Australian Government's pursuit of the goal of ageing well and ageing productively under the National Research Priority 'Promoting and maintaining good health'
- Ensuring that the unit's projects and reporting identify implications for policy development, service planning and delivery that will improve the quality of life for older people
- Develop better ways of presenting aged care statistics and information that more clearly identify key findings of interest to priority stakeholder groups

Performance against planned outputs in 2010–11

Contribute a chapter on ageing and aged care for *Australia's welfare 2011*

Work in progress

To be published in 2011–12

Publish *Older Aboriginal and Torres Strait Islander people*

Achieved

Contribute to reports on the Pathways in Aged Care project (National Health and Medical Research grant)

Achieved

Finalise and publish a report on dementia services in hospitals

Work in progress

To be published in 2011–12

Finalise (jointly with the Data Linkage Unit) and submit for publication:

– The Hospital Dementia Services Project: Age differences in hospital stays for older people with and without dementia

Achieved

Accepted for publication

– Alcohol-related cognitive impairment in NSW hospital patients aged 50 years and over

Achieved

Revised after peer review

– The Hospital Dementia Services Project: a study protocol

Work in progress

To be published in 2011–12

Publish *Residential aged care in Australia: a statistical overview 2008–09*

Achieved

Publish *Aged care packages in the community 2008–09: a statistical overview*

Achieved

Finalise a contribution to a report (by the Data Linkage Unit) on the use of hospitals by people in residential aged care

Achieved

Publish a report on dementia

Work in progress

To be published in 2011–12

Develop a collection and reporting tool for the Dementia Behaviour Management Advisory Services program

Achieved

- Build relationships with key stakeholders in government and non-government sectors that will increase the unit's appreciation of the policy and service issues that can be informed by statistical reporting

Additional projects

- Developed and published *Dementia among aged care residents: first information from the Aged Care Funding Instrument*
- Developed and published *Older people leaving hospital: a statistical overview of the Transition Care Program in 2008–09*
- Visited 19 NSW public hospitals and completed data collection for the Hospital Dementia Services Project Survey

Committees

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

committee chaired by Professor Henry Brodaty (Primary Dementia Collaborative Research Centre)

- Dementia Collaborative Research Centre Steering Committee: Member of this committee chaired by Professor Henry Brodaty (Primary Dementia Collaborative Research Centre)
- The Dynamic Analyses to Optimise Ageing Project Steering Committee: Member of this committee chaired by Professor Kaarin Anstey (Australian National University)

Data collections managed

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

Tracking the path through ageing and aged care

An ageing population means a growing need for specialist services for older Australians. With this comes increasing government and community interest in residential aged care, community-based aged care packages and informal care arrangements.

In December 2010, the AIHW published two reports on aged care services, *Residential aged care in Australia 2008–09: a statistical overview* and *Aged care packages in the community 2008–09: a statistical overview*.

The reports are part of a series produced annually by the AIHW since 2000. This year, they were redeveloped to improve readability, clarity and ease of access. Several new topics were added along with data cubes to allow users to tailor a view of the statistics to suit their needs.

During the year, the AIHW released two new reports on specific aspects of aged care. The first was an analysis of information on people with dementia in residential aged care, using data collected through the recently-introduced Aged Care Funding Instrument. The second was an overview of the Transition Care Program, which assists older people after they leave hospital.



Drug Surveys and Services Unit

Unit head

Ms Amber Jefferson

What we do

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

Objectives

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

Committees

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

Performance against planned outputs in 2010–11

Contribute to <i>Australia's health 2012</i>	Work in progress <i>To be published in 2011–12</i>
Finalise and publish a report on Drugs in Australia for 2010	Work in progress <i>To be published in 2011–12</i>
Publish <i>Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set</i> and a companion 2-page report profile	Achieved
Publish bulletins for each state and territory using the Alcohol and other drug treatment services National Minimum Data Set 2008–09 data	Achieved
Publish online-accessible data from the Alcohol and other drug treatment services National Minimum Data Set 2008–09	Achieved
Publish a report on the Alcohol and Other Drug Treatment Services National Minimum Data Set 2011–12: specifications and collection manual	Achieved <i>To be published in July 2011</i>
Publish <i>National Opioid Pharmacotherapy Statistics Annual Data collection: 2010 report</i>	Achieved
Publish <i>National Opioid Pharmacotherapy Statistics Annual Data 2011 collection: data guide</i>	Achieved
Publish the 2010 National Drug Strategy Household Survey report	Achieved <i>To be published in July 2011</i>
Publish a bulletin on reporting of the 2009 National Health and Medical Research Council Guidelines to Reduce Health Risks from Drinking Alcohol	Work in progress <i>To be published in 2011–12</i>
Publish <i>Review of the Alcohol and Other Drug Treatment Services National Minimum Data Set</i>	Achieved

- 2010 National Drug Strategy Household Survey Technical Advisory Group: Chair, member and secretariat of this group
- National Opioid Pharmacotherapy Statistics Annual Data collection
- National Drug Strategy Household Survey collection

Data collections managed

- Alcohol and Other Drug Treatment Services National Minimum Data Set collection

Housing Unit

Unit heads

Ms Kate Mallen (to February 2011)

Ms Vicki Bennett (from February 2011)

What we do

The Housing Unit works with state housing authorities and other state and territory government representatives, FaHCSIA, and the not-for-profit sector to produce national housing information. In collaboration with these stakeholders, it develops national data standards, identifies data items for national collection, collects and analyses national housing data, makes data available for policy development and research, and produces national reports on housing and housing assistance. In particular, its work covers public rental housing, state owned and managed Indigenous housing, community housing, home purchase assistance, private rent assistance and Indigenous community housing.

The unit provides data to the Productivity Commission on performance indicators within the framework of the SCRGSP's *Report on Government Services*, as well as those under the National Affordable Housing Agreement (NAHA), supporting the COAG objectives for transparent and standardised performance information for the public.

Objectives

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

Additional projects

- Undertook experimental work aimed at improving the collection of community housing data by linking administrative housing datasets with the Australian Government Housing Data Set

Committees

- Housing and Homelessness Information Management Group: Member of this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Maureen Sheehan (Queensland Department of Communities)
- Housing and Homelessness Working Group: Member of this working group of the SCRGSP; the working group is chaired by Ms Janelle Thurlby (Department of Treasury, Queensland)

Performance against planned outputs in 2010–11

Contribute to and coordinate the housing chapter of <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Develop a unit record collection for mainstream community housing	Work in progress <i>Stakeholder consultations completed</i>
Pilot test use of a statistical linkage key for housing datasets to contribute to a longitudinal housing and homelessness database	Achieved
Develop and finalise the scope and items for national minimum data sets for social housing data collections	Work in progress <i>Completion expected 2012–13</i>
Review Indigenous housing data collection to improve the quality and coverage of Indigenous community housing collection and to develop a reporting strategy following transitions to state housing authorities	Achieved
Published <i>Young people and children in social housing</i> (see the 'snapshot' on page 50)	Achieved
Publish working papers on: – developing a community housing unit record data collection – integrated waitlist data for community housing	Achieved
Publish <i>Housing assistance in Australia 2011</i>	Achieved
Contribute to the report (by the Housing and Homelessness Integration Unit) <i>Housing and homelessness services: access for Aboriginal and Torres Strait Islander people</i>	Achieved
Publish online-accessible data tables from the <i>Public rental housing 2009–10, State owned and managed Indigenous housing 2009–10, Community housing 2009–10</i> and <i>Indigenous community housing 2008–09</i> data collections	Achieved
Publish an analytical bulletin on the National Social Housing Survey 2010	Work in progress <i>To be published in 2011–12</i>
Publish an analytical bulletin on locational disadvantage in housing assistance	Not achieved <i>Withdrawn from work plan</i>
Provide performance data for the NAHA and associated quality statements for the COAG Reform Council's <i>National Affordable Housing Agreement: Performance report for 2009–10</i>	Achieved
Provide performance indicators for public rental housing, state owned and managed Indigenous housing, mainstream community housing and Indigenous community housing for the SCRGSP's <i>Report on Government Services 2011</i>	Achieved
Present a paper at the National Housing Conference 2011	Not achieved <i>Conference cancelled</i>

Data collections managed

- Public Rental Housing data
- State Owned and Managed Indigenous Housing data
- Community Housing data
- Indigenous Community Housing data
- Australian Government Housing Data Set
- Private Rent Assistance data
- Home Purchase Assistance data
- National Social Housing Survey data



Young people and children in social housing

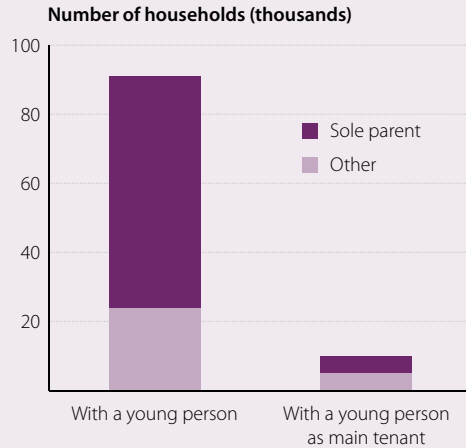
Young people and children make up a considerable proportion of people living in social housing. In 2008–09, nearly 40% of all those living in government-managed housing were young people aged under 25. This is more than the proportion of people in this age group in the general community, which is around 34%.

The AIHW report, *Young people and children in social housing*, released in December 2010, reveals that in 2008–09 about 300,000 young people were residents of public rental housing or state-owned and managed Indigenous housing.

About three-quarters of the 90,210 households that included young people or children were single-parent households. Of the 9,865 households where the main tenant was under 25, nearly half were single-parent households.

‘While one interpretation of these housing figures is that young people and children are over-represented in social housing, it is equally fair to say that government housing is being allocated on a priority basis to households with young people and children, particularly those in high need’ said AIHW spokesperson Vicki Bennett.

There was some evidence of inter-generational use of government housing. Between 2003–04 and 2008–09, about 1,600 ‘transitions’ occurred where a dependant living in government-managed housing became a main tenant the following year.



snapshot

Housing and Homelessness Integration Unit

Unit heads

Ms Moira Hewitt

What we do

The Housing and Homelessness Integration Unit liaises with external stakeholders to further the AIHW’s work on developing and reporting housing and homelessness data. The unit works closely with other housing and homelessness units at the AIHW to contribute to the development, measurement and reporting

on the performance measures in the National Affordable Housing Agreement (NAHA) and associated partnership agreements as set out in the Intergovernmental Agreement on Federal Financial Relations.

A key component of the work program is the development of data and metadata to support reporting, including the development of related national minimum data sets. The unit also develops reports across housing and homelessness that support the measurement of progress towards the achievement of the targets specified in these agreements. The unit collaborates with jurisdictions to develop and integrate housing and homelessness data

Performance against planned outputs in 2010–11

Contribute to the housing and homelessness chapters of <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Publish <i>Housing and homelessness services: access for Aboriginal and Torres Strait Islander people</i>	Achieved
Publish <i>A profile of homelessness for Aboriginal and Torres Strait Islander people</i>	Achieved
Developed data standards for housing and homelessness data as follows:	
– Report to HHIMG: Options for improving the alignment of national housing and homelessness data sets	Achieved
– Proposal for the housing and homelessness common data standards assessment project and endorsed by HHIMG	Achieved
– The housing and homelessness common data standards assessment project	Work in progress <i>To be completed in 2011–12</i>
Produce a Specialist Homelessness Services National Minimum Data Set	Achieved

collections, metadata standards, performance reporting requirements and the national performance reporting framework.

Objectives

- Assist the housing and homelessness units at the AIHW to produce high-quality performance data to measure progress against goals and targets set by the NAHA and associated Partnership Agreements
- Promote the development of national housing and homelessness data, including the development of metadata standards, and contribute to data coordination and data linkage activities
- Explore innovative ideas to integrate mainstream service data with specialist homelessness service data in order to gain a clearer picture of the homeless pathways through service systems
- Support the improvement of the quality and coverage of Indigenous identification for reporting in the housing and homelessness data sets

Additional projects

- Investigated the potential to link mainstream service data with specialist homelessness

service data in order to gain a clearer picture of the homeless pathways through service systems

- Undertook liaison work with the Productivity Commission for preparing housing and homelessness performance indicators required for COAG reporting

Committees

- Housing and Homelessness Information Management Group (HHIMG): Member of this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Maureen Sheehan (ACT Department of Housing and Community Services)
- Homelessness Working Group: Observer at this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Liz Treglown (FaHCSIA)
- Homelessness Data Project Board: Member of this Homelessness Working Group committee, chaired by Ms Julie Waylen (WA Department for Child Protection)
- The unit also contributed agenda papers to the Homelessness Delivery Review Board

Mental Health Services Unit

Unit head

Mr Gary Hanson

What we do

The Mental Health Services Unit reports on a range of hospital and community-based mental health services in Australia, and provides leadership in the development and refinement of the various data sets and indicators, including the mental health performance indicators for the National Healthcare Agreement (NHA). The unit also undertakes other mental health related projects under contract on behalf of various Federal and State Government entities. The unit is also responsible for a work program in support of the National Palliative Care Strategy launched in 2010.

Objectives

- Enhance the usefulness of the mental health information products that support the National Mental Health Information Priorities
- Improve the usefulness and relevance of the unit's work toward the objectives of the COAG National Action Plan on Mental Health 2006–11
- Keep under review the content, presentation and relevance of the annual series of reports on mental health services
- Develop and report on mental health-related performance indicators for the NHA

Pilot testing the draft Mental Health Interventions Classification



In May–June 2011, the AIHW undertook a comprehensive national pilot study of the latest version of the Mental Health Interventions Classification (MHIC) protocol.

Developing the MHIC is a national health information priority and will enable information to be collected on the types of services provided to mental health consumers.

The pilot study used a range of technologies, and participants were provided with an educational CD with interactive menus and video content, as well as email and '1800' phone support.

A variety of data collection methodologies were used in the study, including a commercially available online survey, Apple iPads with preloaded survey links, direct extracts from jurisdictional systems and paper booklets. The online survey tool was designed by the AIHW MHIC project team staff and was also used as the data entry tool for paper booklet survey responses.

This data collection is important because of its potential to inform national mental health policy development.

snapshot

Performance against planned outputs in 2010–11

Finalise and publish a bulletin on community mental health care by socio-economic status	Not achieved <i>Withdrawn from work plan</i>
Finalise and publish <i>Mental health services in Australia 2007–08</i> and associated online-accessible data	Achieved
Report on mental health performance indicators required for 2009–10 NHA reporting	Achieved
Publish a report on national palliative care performance indicators for 2009	Work in progress
Publish a report on mental health services for 2008–09 and associated outputs	Work in progress <i>To be published in 2011–12</i>
Contribute to the development and reporting of the Fourth National Mental Health Plan indicators	Achieved
Develop guidelines for data providers regarding the three major mental health-related National Minimum Data Sets	Achieved

Additional projects

- Pilot-tested the draft Mental Health Interventions Classification (see the ‘**snapshot**’ on page 52)
- Undertook work to refine the NHA mental health performance indicators, including—for one indicator—linkage of datasets
- Improved the timeliness of reporting of performance indicators under the NHA that rely on the Mental Health National Minimum Data Set data collection
- Undertook a scoping study on the collection of mental health services delivered by non-government organisations

Committees

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

Strategy Subcommittee; the Performance Subcommittee is chaired by Ms Ruth Catchpoole (Queensland Health)

Data collections managed

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

Health Group

Group heads

Ms Lynelle Moon (acting to August 2010)

Ms Lisa McGlynn (from August 2010)

What we do

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

Major achievements

During 2010–11, major achievements for the group were:

- revision of the presentation of data in the *Cancer in Australia: an overview 2010* publication and its companion *Cancer in brief 2010* publication (see the 'snapshot' on page 138)
- production of a user-friendly, accessible online snapshot of information and statistics on asthma
- publication of other reports on:
 - *Health and the environment: a compilation of evidence* showing how human health can be positively and negatively influenced by the environment

- *The health of Australia's males* including a companion report summary, showing that many Australian men could be doing more to protect and improve their health (see the 'snapshot' on page 62)
- *Cardiovascular Disease: Australian facts 2011* which is produced only every 4–5 years
- *End-stage kidney disease in Australia: total incidence, 2003–2007*, which includes a new method for counting, that now covers people with the disease who are not treated with dialysis or receiving a transplant as well as those patients who are
- ensuring that the information contained in the standards and specifications for the developing e-health information environment conform with or can be mapped to the standards contained in the *National Health Data Dictionary*.

Units in this group

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

During the year, there were changes to the structure of the Health Group as follows:

- the Drug Surveys and Services Unit transferred to the new Continuing and Specialised Care Group in August 2010
- the former Respiratory Conditions and Primary Care Unit and former Musculoskeletal Diseases Unit combined to become the Primary Health and Respiratory and Musculoskeletal Monitoring Unit in August 2010
- the E-Health Unit transferred from the Information and Statistics Group in August 2010.

Cancer and Screening Unit

Unit head

Ms Chris Sturrock

What we do

The Cancer and Screening Unit monitors, investigates and reports on cancer incidence, mortality, survival and prevalence as well as population-based cancer screening indicators. This includes maintaining the Australian Cancer Database as part of the National Cancer Statistics Clearing House in collaboration with the Australasian Association of Cancer Registries. The unit is responsible for annual monitoring of the national breast cancer, bowel cancer and cervical cancer screening programs. The unit also

undertakes record linkage with the Australian Cancer Database for health research approved by the AIHW Ethics Committee. In addition, the unit is responsible for the National Centre for Monitoring Cancer which was established in 2009.

Objectives

- Provide high quality analyses of existing cancer data to inform policy
- Produce comprehensive and timely national cancer statistical reports
- Provide timely, accessible national cancer data online
- Prepare timely national, state and territory performance indicators for the national screening programs for breast, cervical and bowel cancer

Performance against planned outputs in 2010–11

Contribute to <i>Australia's health 2012</i>	Work in progress <i>To be published in 2011–12</i>
Finalise and publish <i>Cancer in Australia: an overview 2010</i> and its companion summary report <i>Cancer in Australia: in brief 2010</i>	Achieved
Publish the sixth edition of Australian Cancer Incidence and Mortality 'books' (data spreadsheets)	Achieved
Publish Australian Cancer Incidence data cubes 1982–2007	Work in progress <i>To be published in 2011–12</i>
Contribute to <i>The health and welfare of Aboriginal and Torres Strait Islander people: an overview 2011</i>	Achieved
Publish <i>Cervical cancer screening in Australia 2008–09</i>	Work in progress <i>To be published in 2011–12</i>
Publish <i>BreastScreen Australia monitoring report 2008–09</i>	Work in progress <i>To be published in 2011–12</i>
Publish <i>National Bowel Cancer Screening Program: annual monitoring report 2009 data supplement 2010</i>	Achieved
Publish <i>The National Bowel Cancer Screening Program: Phase 2 report</i>	Work in progress <i>To be published in 2011–12</i>
Provide biannual operational reports to the program managers of the National Bowel Cancer Screening Program	Achieved
Provide biannual reports on implementation of the 2005 guidelines for the management of cervical cancer abnormalities to the Safety Monitoring Committee	Achieved
Publish <i>Calculating screening rates for bowel cancer: Methodologies for the National Bowel Cancer Screening Program and National Healthcare Agreement performance indicators explained</i>	Achieved
Produce a data dictionary for the National Bowel Cancer Screening program	Work in progress <i>Long-term project; timing uncertain</i>

Additional projects

- Implemented revised cervical cancer screening monitoring indicators
- Revised the National Cervical Cancer Prevention Dataset
- Reviewed the content and format of the *Cancer in Australia* publication (see the 'snapshot' on page 138)
- Developed a draft population-based National Minimum Data Set for cancer
- Provided input to a business case aimed at including a question about Indigenous status on pathology service request forms
- Undertook a study of breast cancer screening characteristics and breast cancer survival in Aboriginal and Torres Strait Islander women
- Reviewed the statistical methodology for projections of cancer incidence and for survival after a diagnosis of cancer

Committees

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

- Cancer Australia data advisory group: Member
- National Breast and Ovarian Cancer Centre data advisory group: Member
- National Bowel Cancer Screening Program Advisory Group: Member
- Safety Monitoring Committee for the revised NHMRC guidelines for women with abnormal Pap tests: Member

Data collections managed

- Australian Cancer Database (in collaboration with the Australasian Association of Cancer Registries)
- BreastScreen Australia Database
- Cervical Screening (Safety monitoring) Dataset
- National Bowel Cancer Screening Database

Cardiovascular, Diabetes and Kidney Unit

Unit heads

Ms Susana Senes

Ms Anne Broadbent (acting to August 2010)

Ms Lynelle Moon

What we do

The Cardiovascular, Diabetes and Kidney Unit undertakes national monitoring of three diseases, including analysis of incidence and prevalence, mortality, morbidity, functioning and disability, risk factors, and associated health services.

This work is carried out through the National Centre for Monitoring Cardiovascular Disease, the National Centre for Monitoring Diabetes

Performance against planned outputs in 2010–11

Contribute to and coordinate a chapter for <i>Australia's health 2012</i>	Work in progress <i>To be published in 2011–12</i>
Contribute to <i>The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011</i>	Achieved
Publish the <i>Contribution of chronic disease to the adult mortality gap between Indigenous and other Australians</i>	Achieved
Finalise and publish <i>Cardiovascular disease: Australian facts 2011</i>	Achieved
Publish a report on monitoring acute coronary events using national hospital morbidity data: trends and issues	Work in progress <i>To be published in 2011–12</i>
Finalise creation of a diabetes master file based on National Diabetes Services Scheme data	Achieved
Finalise and publish an analysis of mortality among registrants on the National Diabetes Register	Work in progress <i>To be published in 2011–12</i>
Finalise and publish <i>Incidence of Type 1 diabetes in Australian children 2000–2008</i>	Achieved
Publish <i>Prevalence of Type 1 diabetes in Australian children 2000–2008</i>	Achieved
Finalise a journal article on the prevalence of Type 1 diabetes in Australian children	Not achieved <i>To be submitted in 2011–12</i>
Publish a report on diabetes among young people	Work in progress <i>To be published in 2011–12</i>
Produce online-accessible data on insulin-treated diabetes from the National Diabetes Register	Work in progress <i>To be published in 2011–12</i>
Draft a report on trends in use of insulin pumps among people with diabetes	Work in progress <i>To be published in 2011–12</i>
Publish <i>Diabetes in pregnancy: its impact on Australian women and their babies</i>	Achieved
Finalise and publish <i>Diabetes and poor mental health and wellbeing: an exploratory analysis</i>	Achieved
Publish <i>End-stage kidney disease in Australia: total incidence 2003–2007</i>	Achieved
Finalise and publish <i>Chronic kidney disease hospitalisations in Australia 2000–01 to 2007–08</i>	Achieved
Publish a report on projections of the incidence of treated end-stage kidney disease for 2010–2020 and a working paper on projections for Indigenous Australians	Work in progress <i>To be published in 2011–12</i>
Finalise and publish a report on chronic kidney disease in Aboriginal and Torres Strait Islander people for 2010	Work in progress <i>To be published in 2011–12</i>

(including the National Diabetes Register) and the National Centre for Monitoring Chronic Kidney Disease.

Objectives

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

Additional projects

- Drafted a report on trends in risk factors for cardiovascular disease, diabetes and chronic kidney disease in different age groups
- Drafted a report on acute rheumatic fever and rheumatic heart disease
- Provided performance indicator data on the incidence of end-stage kidney disease and on diabetes required for 2009–10 National Healthcare Agreement reporting
- Drafted a report on the treatment methods for end-stage kidney disease in Australia

Committees

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

Data collections managed

- National Diabetes Register



e-Health Unit

Unit head

Mr Gordon Tomes

What we do

The e-Health Unit scans the national information environment in the areas of health, welfare, housing, disability and community services. Within the AIHW, the unit disseminates and brokers information across the Institute for the national e-health agenda. It seeks to contribute to the continual improvement of statistical use of data to support better health and welfare outcomes. The e-Health Unit leads the AIHW's engagement with cross-cutting e-health initiatives, supports the Australian Collaborating Centre for the WHO Family of International Classifications (WHO-FIC), and provides advice on best practice for information management.

Objectives

- Play a leading role in developing a framework for the statistical uses of data generated in the e-health environment
- Seek to ensure e-health infrastructure is consistent with recognised adopted statistical standards
- Support the AIHW to engage in the developing e-health infrastructure for the supply of health information for statistics and research

Committees

- National Health Information Regulatory Framework Working Group of the National E-Health and Information Principal Committee: Support to the Institute's member on this Group, chaired by Ms Rosemary Huxtable (DoHA)
- Joint Standing Committee of Health Informatics Standards: Support to the committee co-chaired by Dr David Filby (Chair, National Health Information Standards and Statistics Committee) and Mr Peter Williams (Chair, National Health Chief Information Officers Forum)
- Education and Implementation Committee: Member of this WHO-FIC Network committee, chaired by Ms Sue Walker (National Centre for Health Information and Training, Queensland University of Technology)
- Informatics and Terminology Committee: Member of this WHO-FIC Network committee, chaired by Dr Stefanie Weber (German Institute of Medical Documentation and Information)
- Health Informatics Committee (IT-014): Member of this Standards Australia committee, chaired by Ms Heather Grain (Consumer Health Forum and Llewellyn Grain Informatics)
- Clinical Terminology and Information Reference Group: Member of this NeHTA committee, chaired by Dr Michael Legg (NeHTA Clinical Lead and Health Informatics Society of Australia)

Performance against planned outputs in 2010–11

Develop governance arrangements for the adoption of health classifications	Work in progress <i>Contributing to an external process</i>
Publish a report on e-Health benefits realisation measurement framework (jointly with National E-Health Transition Authority (NeHTA))	Work in progress <i>To be published in 2011–12</i>
Publish a report on secondary use service-data provisioning arrangements for statistical data supply (jointly with NeHTA)	Work in progress <i>To be published in 2011–12</i>
Publish a working paper on the statistical use of e-discharge summary data	Work in progress <i>To be published in 2011–12</i>

- General Practice SNOMED Clinical Terminology Reference Set Support Group: Member of this NeHTA committee, chaired by Dr John Bennett (NeHTA Clinical Lead and Royal Australian College of General Practitioners representative)
- Australian Clinical Terminologies User Group: Member of this NeHTA user forum, chaired by Mr Graeme Pegler (NSW Department of Health)
- National e-Health Transition Authority Clinical Leads Working Group: the Group Head is an observer of this group chaired by Dr Mukesh Haikerwahl (general practitioner and NEHTA)

Data collections managed

- Australian Medicines Terminology (for internal use)
- Systematized Nomenclature of Medicine - Clinical Terms - Australian Release (for internal use)

Data provision to OECD Health Data 2011



The AIHW compiles and submits health and expenditure statistics to a number of international agencies, including the Organisation for Economic Cooperation and Development (OECD) and the WHO.

OECD Health Data is an interactive online database maintained by the OECD. It contains information on over 1,000 health and health-related indicators, covering 34 OECD member countries and dating back to 1960.

The AIHW collates the Australian data for the health-related indicators, drawing on sources such as the DoHA, the ABS, other government and non-government organisations, and our own collections.

Indicators cover health status, health care utilisation and resources, health care quality, long-term care, health expenditure, pharmaceutical sales and consumption, and determinants of health.

OECD Health Data provides the basis for much of the OECD's analytical work on health, including the biennial publication *Health at a glance* and other policy-relevant reports relating to population health status, non-medical determinants of health and health care resources and utilisation. The OECD Health Data is freely available at <<http://stats.oecd.org>>.

snapshot

Population Health Unit

Unit head

Mr Mark Cooper-Stanbury

What we do

The Population Health Unit develops and reports information on the health of the Australian population and priority sub-populations, and covers health inequalities. It undertakes specific projects in the areas of environmental health and

veterans' health, and hosts the National Centre for Monitoring Mandatory Folic Acid and Iodine Fortification. The unit also takes a 'population health' approach to its work in monitoring chronic diseases and associated determinants of health, management of the National Mortality Database, provision of official Australian data to international organisations (notably OECD and WHO), management of topic-specific population health surveys, and in support of the Institute's use of demographic and survey data.

Performance against planned outputs in 2010–11

Contribute to <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Contribute to and coordinate a chapter of <i>Australia's health 2012</i>	Work in progress <i>To be published in 2011–12</i>
Prepare General Record of Incidence Mortality 'books' for 2008 year of registration (national) and year of death (state and territory) (set of Excel workbooks)	Not achieved <i>Source data unavailable; 'books' now superseded</i>
Finalise and publish a report on Australia's food and nutrition	Work in progress <i>To be published in 2011–12</i>
Finalise and publish a report on international comparisons of Australia's health	Work in progress <i>Redefined report to be published in 2011–12</i>
Publish <i>Health and the environment: a compilation of evidence</i>	Achieved
Finalise and publish <i>Premature mortality from chronic disease</i>	Achieved
Finalise and publish a bulletin on comorbidity of mental health and chronic disease	Work in progress <i>To be published in 2011–12</i>
Finalise and publish a bulletin on children's physical activity patterns	Not achieved <i>Removed from work plan</i>
Publish <i>Key indicators of chronic disease and associated determinants: data report</i>	Achieved
Publish <i>Mandatory folic acid and iodine fortification in Australia and New Zealand: baseline report for monitoring</i>	Achieved
Publish <i>2009 Adult Vaccination Survey: summary results</i>	Achieved
Publish <i>2010 Pandemic Vaccination Survey: summary results</i>	Achieved
Publish a report on the 2010 Australian National Infant Feeding Survey	Work in progress <i>To be published in 2011–12</i>
Produce an interactive online database as a guide to overweight and obesity data sources	Achieved
Contribute to the OECD's <i>Health at a glance</i> publication (see the 'snapshot' on page 62)	Achieved
Publish <i>Electoral roll matching project</i>	Achieved

Objectives

- Help the development of Australia's capacity to undertake national surveillance of chronic diseases and associated determinants
- Support the AIHW's work on health inequalities (including social determinants of health), and the health of specific populations
- Contribute to improved national understanding of significant male health issues through monitoring, analysing and disseminating male health data
- Contribute to improved national understanding of environmental health data sources with an emphasis on climate change and health
- Build capacity to monitor food and nutrition, including the effects of the mandatory fortification of food with folic acid and iodine
- Coordinate the AIHW's input to international reporting obligations
- Support the AIHW's needs for population and related data, ABS health-related unit record files, and national cause of death data.

Snapshot of the health and wellbeing of Australia's males



While some Australian men enjoy good health and improved life expectancy, many could be doing more to protect their health.

The AIHW's *The health of Australia's males* offers a unique insight into lifestyle factors, health conditions, mortality and use of health services among Australian males.

The report was launched on 14 June at the Tuggeranong Men's Shed in Canberra, to mark the start of International Men's Health week in Australia.

The Hon. Warren Snowdon MP, Minister for Veterans' Affairs, Minister for Defence Science and Personnel and Minister for Indigenous Health launched the report. The event was also attended by Mr Tim Mathieson, Men's Shed Ambassador, and members of the Men's Shed Association.

Examples of the report's findings include:

- males born between 2007–2009 can expect to live 24 years longer than males born between 1901–1910
- around two-thirds of adult males and one-quarter of boys are overweight or obese
- nearly half of males have had a mental health condition, nearly one-quarter have a disability and nearly one-third have a chronic health condition
- 16% of males did not use any Medicare services in 2008–09.



The report provides a summary for policymakers, researchers and others interested in male health issues, and sets the scene for future reporting and research. To support this broad brush picture, the second report in this series will examine how health varies among males in certain population groups.

Additional projects

- Prepared a set of mortality data spreadsheets as an alternative to the General Record of Incidence Mortality 'books' for 2008
- Established a project about male health information, including publication and Ministerial launch of *The health of Australia's males* during Men's Health Week (June 2011) (see the 'snapshot' on page 62)
- Developed a set of core national breastfeeding indicators including convening a national consensus workshop and publishing the National breastfeeding indicators: workshop report (to be released in July 2011)
- Drafted a supplementary report on folic acid and iodine fortification baseline data (to be published in 2011–12)
- Supported an AIHW Ethics Committee application for data from the Female Vietnam Veteran Health Register
- Produced a pamphlet for AIHW staff describing sources and contacts for population data
- Published *Drinking patterns in Australia, 2001–2007*

Committees

- Population Health Information Development Group: Secretariat for this subcommittee of the Australian Population Health Development Principal Committee; the subcommittee is chaired by Mr Jim Hyde (Victorian Department of Health) (internally and externally funded)
- National Partnership Agreement on Preventive Health Implementation Working Group Technical Advisory Group: Member
- Australian Population Health Development Principal Committee—Interim Food and Nutrition Sub-Committee: Observer
- Australasian Mortality Data Interest Group: Member of this interest group chaired by Dr James Harrison (Flinders University)

- ABS Mortality Statistics Advisory Group: Member
- Australian National Infant Feeding Survey Technical Advisory Group: Chair of and secretariat for this AIHW advisory group
- Food Standards Australia New Zealand Dietary Modelling Stakeholder Advisory Group: Member

Data collections managed

- National Mortality Database
- AIHW Population Database
- Adult Vaccination surveys
- Pandemic Vaccination Survey
- Australian National Infant Feeding Survey
- Selected veterans and defence health databases and nominal rolls
- Chronic Disease Indicators Database
- Guide to anthropometric data sources database

Primary Health and Respiratory and Musculoskeletal Monitoring Unit

Unit head

Dr Adrian Webster

What we do

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

- Primary health care: The unit is responsible for contributing to improving the primary health care information available nationally, including engaging with key stakeholders surrounding a variety of related data development activities and acting as data custodian of Bettering the Evaluation and Care of Health (BEACH) survey of general practice data.
- Chronic respiratory conditions including asthma: The unit works in collaboration with

the Australian Centre for Asthma Monitoring at the Woolcock Institute for Medical Research to monitor asthma, chronic obstructive pulmonary disease and other chronic respiratory conditions nationally.

- Musculoskeletal conditions including arthritis and osteoporosis: The AIHW National Centre for Monitoring Arthritis and Musculoskeletal Conditions undertakes surveillance and monitoring of various bone and joint conditions in Australia. The centre is a source of statistical information about various musculoskeletal conditions and their associated problems.

Objectives

- Conduct national monitoring of asthma and linked respiratory diseases including chronic obstructive pulmonary disease
- Conduct national monitoring of musculoskeletal conditions including arthritis and osteoporosis
- Support improved access to primary health care information nationally

Performance against planned outputs in 2010–11

Finalise and publish:

– <i>The use of disease-modifying anti-rheumatic drugs for the management of rheumatoid arthritis</i>	Achieved
– <i>When musculoskeletal conditions and mental disorders occur together</i>	Achieved
– <i>Use of health services for arthritis and osteoporosis</i>	Achieved
– <i>A snapshot of arthritis in Australia 2010</i>	Achieved
– <i>Population differences in healthcare use for arthritis and osteoporosis in Australia</i>	Achieved
	<i>To be published in August 2011</i>
– <i>The use of antiresorptive agents for osteoporosis management</i>	Achieved
	<i>To be published in August 2012</i>

Publish:

– <i>A snapshot of osteoporosis in Australia 2011</i>	Achieved
– ‘The Asthma Snapshot’ — a web-based product showing key trends in asthma	Achieved
– <i>Asthma in Australia 2011</i>	Work in progress
	<i>To be published in 2011–12</i>

Commence drafting a baseline report of primary care service delivery nationally

Work in progress

- Be a reliable source of information on the epidemiology of respiratory and musculoskeletal conditions, and on the health care needs of people with these conditions
- Generate data to track the impact of health policy and of prevention and management strategies on respiratory and musculoskeletal conditions and primary health care
- Promote and apply uniform statistical standards, methods and definitions for respiratory and musculoskeletal conditions as well as for primary health care
- Promote improvements in primary health care information, including working with stakeholders to identify data needs, gaps and recommendations for data development
- Advisory Committee for Practice level Indicators of Safety and Quality for Primary Health Care: the Group Head chairs this ACSQHC committee
- National Advisory Committee for the Centre of Research Excellence in accessible and equitable primary health service provision in rural and remote Australia: the Group Head is a member of this Monash University School of Rural Health committee chaired by Professor John Humphreys (Monash University)
- Victorian Community Health Indicator Project group: the Group Head is a member of this Victorian Department of Health group chaired by Mr Paul Ireland (Victorian Quality Council)

Additional projects

- Finalised a paper on the proposed National Minimum Data Set for primary care for the National Health Information and Statistics Standards Committee

Committees

- National Asthma and Linked Chronic Respiratory Conditions Monitoring Advisory Group: Secretariat for this group chaired by Professor Carol Armour (The University of Sydney)
- National Centre for Monitoring Arthritis and Musculoskeletal Conditions Advisory Group: Secretariat for this group; the Chair is yet to be appointed
- Advisory Committee Geographic and Remote Analysis in Primary Health Care: the Group Head is a member of this Australian Primary Health Care Research Institute committee chaired by Mr Robert Wells (Menzies Centre for Health Policy and Australian National University)

Data collections managed

- BEACH survey data, as data custodian

Hospitals and Performance Group

Group head

Ms Jenny Hargreaves

What we do

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

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

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

Major achievements

During 2010–11, major achievements for the group were:

- conducting an independent stakeholder review of the Australian hospital statistics suite of products to inform their further development (see the 'snapshot' on page 134)
- development of an online hospitals data validation tool, Validata®, to improve timeliness

and quality of the national hospital statistics products (see the 'snapshot' on page 10)

- a contribution to the development of the *MyHospitals* website and the timely delivery of quality information on hospital performance (see the 'snapshot' on page 6).

Units in this group

- Health Care Safety and Quality
- Health Performance Indicators
- Hospitals Data
- Hospitals Information Improvement
- Hospitals Reporting

The former Economics and Health Services Group changed its name to the Hospitals and Performance Group in August 2010. This followed the transfer in August 2010 of:

- the Expenditure and Economics Unit to the Information and Statistics Group
- the Mental Health Services Unit to the Continuing and Specialised Care Group.

Other changes at that time were that:

- the former Hospitals Unit and the former (temporary) Hospitals Website Data Unit (transferring from the Governance and Communications Group) were reorganised into three units—Hospitals Data Unit, Hospitals Information Improvement Unit and Hospitals Reporting Unit.

Health Care Safety and Quality Unit

Unit heads

Ms Cheryl Harkins (to August 2010)

Dr Julia Tresidder (acting from August 2010)

What we do

The Health Care Safety and Quality Unit focuses on the development and reporting of safety and quality information in relation to Australia's health care services. Major priorities are medical indemnity information and partnership work with the Australian Commission on Safety and Quality in Health Care (ACSQHC) to improve the quality and availability of national information on health care safety and quality. The unit also contributes to the development of specifications and data for the National Healthcare Agreement (NHA) performance indicators on health care safety and quality and the OECD's Health Care Quality Indicators project.

Objectives

- Continue to develop medical indemnity information, including developing a data set specification and online data cubes to enhance reporting
- Contribute to the core hospital-based outcome indicator of the ACSQHC. This project will produce robust national core hospital-based outcome indicators for the monitoring and review of safety and quality

- Develop and report on the NHA performance indicators on adverse events in hospitals and potentially preventable hospitalisations
- Continue to strengthen involvement in the OECD's Health Care Quality Indicators project, with a view to ensuring the AIHW's work is both nationally and internationally relevant
- Work with stakeholders to ensure that the unit provides and presents information in the most timely and user-friendly way, including using web-based communication and presentation of information

Additional projects

- Undertook data development for NHA performance indicators for adverse events in hospitals and potentially preventable hospitalisations
- Provided support and advice to the ACSQHC on information matters
- Drafted reports for publication on public sector medical indemnity claims for 2008–09 and on public and private sector medical indemnity claims for 2008–09 (to be published in 2011–12)
- Collated public and private sector data for 2009–10 for the Medical Indemnity National Collection and began preparing reports
- Drafted a Data Set Specification for the Medical Indemnity National Collection for consideration by the National Health Information Standards and Statistics Committee (NHISSC)

Performance against planned outputs in 2010–11

Contribute to *Australia's health 2012*

Work in progress
To be published in 2011–12

Collate and provide data on 8 NHA performance indicators of adverse events in hospitals, hospital re-admissions, and potentially preventable hospitalisations

Achieved

Publish *Australia's public sector medical indemnity claims 2007–08* and *Public and private sector medical indemnity claims in Australia 2007–08*

Achieved

- Completed a review of the Medical Indemnity National Collection, including a stakeholder workshop held in collaboration with the Medical Indemnity Data Working Group
- Contributed to the preparation of national data for international publication through the OECD Health Care Quality Indicators project
- Produced reports for the ACSQHC to support the development of methods for national core hospital-based outcome indicators
- *Staphylococcus aureus* bacteraemia Working Group: Chair of and secretariat for this working group of the NHISSC
- Potentially Preventable Hospitalisations Working Group: Secretariat for and member of this working group of the NHISSC, chaired by Professor Chris Baggoley (ACSQHC)
- Adverse Events in Hospitals Working Group: Chair of and secretariat for this working group of the NHISSC

Committees

- Medical Indemnity Data Working Group: Secretariat for and member of this working group of the NHISSC, chaired by Ms Michele Murphy (NSW Department of Health)
- Medical Indemnity National Collection Coordinating Committee: Secretariat for and member of this committee, chaired by Mr Paul Currall (DoHA)

Data collections managed

- Medical Indemnity National Collection
- *Staphylococcus aureus* bacteraemia data collection (for NHA reporting)

Health Performance Indicators Unit

Unit head

Ms Louise York

What we do

The Health Performance Indicators Unit develops, compiles and analyses data relevant to the performance monitoring of Australia's health care system. The unit's major focus is on coordinating the development and delivery of high-quality performance indicators under the National Healthcare Agreement (NHA), in consultation with national information and data committees. The unit also coordinates AIHW contributions for the SCRGSP's *Report on Government Services* (published through the SCRGSP), and works with

stakeholders to develop national data collections required for health performance reporting, particularly for non-admitted hospital patients.

Objectives

- Work closely with the National Health Information Standards and Statistics Committee to further develop and review indicators associated with the NHA and to help in meeting the national reporting requirements for the Intergovernmental Agreement on Federal Financial Relations
- Coordinate the provision of high-quality performance reporting material under the NHA from the AIHW and other relevant authorities to central agencies according to agreed deadlines
- Enhance the availability and timeliness of health-related information by participating

Performance against planned outputs in 2010–11

Contribute to *Australia's health 2012*

Work in progress
To be published in 2011–12

Quality assure 48 performance indicators required for National Health Agreement reporting and associated data quality statements supplied by the AIHW to the SCRGSP

Achieved

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

Work in progress
To be published in 2011–12

Publish a report on welfare indicators

Not achieved
Incorporated into Australia's welfare 2011

Publish a bulletin on socio-economic/remoteness gradients in selected National Healthcare Performance Indicators

Not achieved
Removed from work plan due to competing priorities

in the AIHW's work to capitalise on the new information and strategic environment as it relates to healthcare performance indicators

Additional projects

- Developed a Non-Admitted Patient Data Set Specification in consultation with all Australian jurisdictions
- Progressed development of a proposed radiotherapy waiting times National Minimum Data Set and associated business case
- Published *Access to health and services for Aboriginal and Torres Strait Islander people*
- Provided technical guidance to AIHW and collaborating unit staff developing and reviewing indicator and datasets for NHA reporting

Committees

- National Health Information Standards and Statistics Committee: provided support to the AIHW member on this committee chaired by Dr David Filby (consultant to the Australian Health Ministers' Conference)
- Radiotherapy Waiting Times Working Group: Secretariat for and member of this working group of the NHISSC, chaired by Peter Brandt (NSW Health)

Hospitals Data Unit

Unit head

Mr George Bodilsen

What we do

The Hospitals Data Unit is the custodian of the AIHW's national hospitals databases. The unit is responsible for the collation and maintenance of the databases, and for improving data quality and timeliness (such as by managing use of the online validation tool, Validata®). It also provides support for the use of the hospitals data by AIHW staff and staff in collaborating units. The unit undertakes hospitals data development, focusing on establishment-level data.

Objectives

- Develop processes to support earlier receipt, preparation and validation of national hospital data
- Finalise the development of a private hospital establishments Data Set Specification
- Collate and maintain hospitals databases
- Support use of hospitals data by AIHW staff and collaborating units
- Support the use of hospitals data by the public

Additional projects

- Successfully launched Validata® (the online hospital validation tool), in collaboration with the Business Group
- Successfully produced hospital databases on time for release of more timely Australian hospital statistics products
- Undertook preparatory metadata development related to the introduction of a new ABS geographical classification
- Finalised the development of a private hospital establishments Data Set Specification in preparation for field testing

Undertook receipt and validation of quarterly Non-Admitted Patient Emergency Department Care data on behalf of DoHA

Data collections managed

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

Performance against planned outputs in 2010–11

Publish <i>Weight Loss Surgery in Australia</i>	Achieved
Respond to ad hoc data requests from internal and external stakeholders	Achieved

Hospitals Information Improvement Unit

Unit head

Ms Cheryl Harkins (from August 2010)

What we do

The Hospitals Information Improvement Unit has a strategic focus on hospitals information development, in the context of the national health reforms. It is the AIHW's focal point for health classifications (such as ICD-10-AM), contributing to national and international classification development, and providing a source of expert advice for staff working with classifications and coded data. The unit undertakes development of performance reporting for the *MyHospitals* website, undertakes development of other hospital data (focussing on admitted patients) and contributes to the OECD's Health Care Quality Indicators project.

Objectives

- Develop indicators (including for safety and quality) for reporting on the *MyHospitals* website, and work towards other content improvement for the website
- Contribute to shaping the AIHW's role in hospitals information development and dissemination, in the context of the national health reforms

- Improve the quality of admitted patient care data and analysis, through metadata improvements and contribution to an assessment of the quality of Indigenous identification data
- Improve health care safety and quality reporting for the National Healthcare Agreement (NHA), and the OECD's Health Care Quality Indicators project

Additional projects

- Contributed to AIHW strategic positioning for hospitals work
- Further developed COAG NHA performance indicators on adverse drug events in hospitals and hospital re-admissions
- Coordinated AIHW contributions to the WHO Family of International Classifications (WHO-FIC) Australian Collaborating Centre
- Contributed to the initial phases in the redevelopment of the 11th revision of the International Classification of Diseases
- Developed internal seminar on coded diagnosis and procedures hospitals data to improve the quality of AIHW analysis and reporting
- Undertook performance indicator development for the *MyHospitals* website
- Produced requested advice for national health committees on possible options for reporting on patient continuity of care using

Performance against planned outputs in 2010–11

Provide health care quality indicator data for an <i>OECD Health at a glance 2011</i> report	Achieved
Publish a report on OECD health care quality indicators in Australia: results and appropriateness of their use	Work in progress <i>To be published in 2011–12</i>
Produce guidelines for the analysis and interpretation of administrative data to describe the quality of health services	Work in progress <i>An internal document</i>
Publish <i>OECD patient safety indicators: Australian evaluation</i>	Work in progress <i>To be published in 2011–12</i>

the Admitted patient care National Minimum Data Set

- Contribute to the closing the data gaps Indigenous identification project (joint project with the Indigenous Data Gaps Unit)

Committees

- Adverse Events in Hospitals Working Group: Chair and secretariat for this National

Health Information Standards and Statistics Committee working group

- MyHospitals Development Steering Committee: Member (Group Head) and lead developer of performance indicator advice
- Australian Collaborating Centre for WHO-FIC: Chair and secretariat

Hospitals Reporting Unit

Unit head

Katrina Burgess (acting from August 2010)

What we do

The Hospitals Reporting Unit is responsible for statistical reporting on hospitals, including the preparation of the *Australian Hospital Statistics* suite of products and the data component of the *MyHospitals* website. The unit also prepares hospital performance indicators for National Healthcare Agreement (NHA) reporting and for the SCRGSP's *Report on Government Services*.

Objectives

- Produce comprehensive and timely national hospital statistics for publication in a suite of *Australian Hospital Statistics* products
- Prepare data for the *MyHospitals* website
- Prepare hospital-related NHA indicators

- Manage a comprehensive stakeholder review of the Australian hospital statistics suite of products
- Continue to liaise with stakeholders to ensure the ongoing development and policy relevance of the *Australian Hospital Statistics* suite of products, in the light of the recent review of the suite
- Contribute to communicating knowledge of the hospitals data within the AIHW

Additional projects

- Prepared data for the *MyHospitals* website

Committees

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

Data collections managed

- Supplementary private hospitals data collection (for the *MyHospitals* website)

Performance against planned outputs in 2010–11

Publish <i>Australian Hospital Statistics 2009–10</i>	Achieved
Publish <i>Australia's hospitals 2009–10 at a glance</i>	Achieved
Publish <i>Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times</i>	Achieved
Prepare 12 hospital-based performance indicator data and data quality statements for NHA reporting	Achieved
Respond to ad hoc data requests from within the AIHW and from external stakeholders	Achieved

Housing and Homelessness Group

Group head

Mr Geoff Neideck

Dr Ken Tallis was Division Head with responsibilities covering Housing and Homelessness Group prior to his resignation in August 2010.

What we do

The Housing and Homelessness Group is responsible for producing statistics, analysis and information on housing and homelessness. The Group aims to describe and analyse the services and forms of assistance which help all Australians to find or maintain safe, secure and affordable housing.

In 2010–11, the Group has had lead responsibility at AIHW for production of performance indicators to support the COAG reform agenda, as articulated in the National Affordable Housing Agreement, the National Partnership Agreement on Homelessness, the National Partnership Agreement on Social Housing and the National Partnership Agreement on Remote Indigenous Housing.

The group works closely with stakeholders in the Housing and Homelessness Policy and Research Working Group (HHPRWG), the Homelessness Data Project Board, and the Housing and Homelessness Information Management Group for which AIHW acts as the Secretariat.

Major achievements

- Development of an improved and expanded National Minimum Data Set for the Specialist Homelessness Services (SHS) data collection
- Development of systems to collect and process homelessness data

- Development of a client management system for specialist homelessness services to manage and report client information (see the 'snapshot' on page 80)
- Improved reporting of Supported Accommodation Assistance Program (SAAP) data

Units and teams in this group

- Client Management System Team
- Homelessness Business Transition
- Homelessness Data Collection
- Specialist Homelessness Services Collection System Team

During the year several functional changes were made to the group, to accommodate the expanded work program associated with the former SHS Project as follows:

- the Housing Unit and the Housing and Homelessness Integration Unit transferred, as an expected interim arrangement, to the new Continuing and Specialised Care Group in September 2010
- the responsibilities of the former Housing and Homelessness Analytics and Research Unit were transferred partially to the Economics and Expenditure Unit and partially to the Housing and Homelessness Integration Unit in October 2010
- a new Client Management System Team was created in September 2010
- the SHS Project became the Homelessness Business Transition Unit and the Specialist Homelessness Services Collection System Team in February 2011.

Client Management System Team

Unit head

Ms Alana Shaw (acting from September 2010)

What we do

The Client Management System team is responsible for the development and implementation of the new Client Management System for the homelessness sector. This system has been deployed to help agencies that work directly with people who are homeless or at risk of homelessness to run their core business and concurrently capture the data required for reporting purposes.

Objectives

- Assist jurisdictions in implementing the new client management system among their specialist homelessness services agencies
- Provide advice and support for helpdesk and other support to agencies and jurisdictions in implementing the new client management system

Performance against planned outputs in 2010–11

Provide support to States and Territories in a plan for procuring a client management system for homelessness agencies	Achieved
Successfully procure a client management system that would deliver quality data to AIHW for the SHS Collection	Achieved
Support development for new NMDS items	Achieved

Additional projects

- Designed and documented business requirements and system architecture for the client-based homelessness data collection, which replaced the SAAP collection

Homelessness Business Transition Unit

Unit head

Ms Penny Siu (from January 2011)

What we do

The Homelessness Business Transition Unit was established to develop a series of communication, training and transition products to ensure the success of the business implementation of the new Specialist Homelessness Services (SHS) data collection.

Objectives

The unit managed the transition from previous homelessness data collections to the new collection by:

- communicating with the homelessness sector and State and Territory governments on implementation plans for the new collection are in place
- developing and delivering a training package on various modules of the new SHS data collection to training staff within each state and territory jurisdiction
- developing a paper form instrument and data collection contingency plan involving paper forms as a business continuity option for agencies
- creating change management materials in order to communicate information and a training schedule to ensure all internal staff are informed and learn the skills required for the new collection.

Performance against planned outputs in 2010–11

Complete Ethics Committee application for the SHS data collection	Achieved
Develop external stakeholder communication products such as e-newsletters, flyers, webpage updates, presentations for use by peak bodies/organisations, brochures and posters	Work in progress <i>Partly complete</i>
Develop a national training framework and manage the delivery of the trainer package in all State and Territory jurisdictions	Achieved
Develop a transition plan and new group structure including roles and responsibilities at each level of the new data collection	Achieved
Develop a training program for internal staff along with operational procedures	Achieved
Contribute to the development of data collection manuals, technical guides and procedural documentation	Achieved
Develop a paper form instrument for the SHS data collection	Achieved
Develop a paper form contingency plan for the SHS data collection	Achieved

Additional projects

- Monitored the progress of SHS data collection training nationally and provide support in meeting training targets
- Created a contingency plan for states or territories unable to commence the SHS data collection on 1 July 2011, including increased flexibility for implementation and additional training assistance
- Communicated key messages and updates to stakeholders concerning the SHS data collection implementation
- Established relationships and governance structure to work with key internal and external stakeholders on the development of the new homelessness data system

Committees

- Specialist Homelessness Services Steering Committee: Chair of this committee
- Specialist Homelessness Services User Advisory Group: Secretariat for this external user group chaired by the AIHW
- Homelessness Data Project Board (HDPB): Observer at this Housing Ministers' Advisory Committee board; chaired by Ms Julie Waylen (WA Department of Child Protection)

People turned away from homelessness accommodation



Every day, government-funded homelessness agencies receive an enormous number of requests for accommodation.

Unfortunately, not all people seeking accommodation are able to be assisted. While these agencies are operating to capacity, they are unable to keep up with the demand.

When a valid request cannot be met, the person is classified as having been 'turned away'.

In June 2011, the AIHW released the report *People turned away from government-funded specialist homelessness accommodation 2009–10*, providing information on why so many in need are 'turned away'.

'In 2009–10, people needing new and immediate accommodation comprised a relatively small percentage of total demand (about 4%), but of those new requests, the majority (58%) were unable to be accommodated,' said Geoff Neideck, head of the Institute's Housing and Homelessness Group.

Family groups were those most often unable to be catered for, while individuals who presented without children had the lowest turn-away rate.

People turned away from government-funded specialist homelessness accommodation 2009–10 provides valuable insight into the reality of homelessness, identifying Australia's most vulnerable groups and the risk-factors that stand in the way of meeting their needs.

snapshot

Homelessness Data Collection Unit

Unit heads

Ms Alana Shaw (acting to September 2010)
 Dr Edmond Hsu (from November 2010 to March 2011)
 Ms Felicity Murdoch (acting October 2010; March 2011 to May 2011)
 Ms Cathy McNickle (acting from May 2011)

What we do

The Homelessness Data Collection Unit collects data on government-funded specialist homelessness services and the Victorian Homelessness Data Collection (VHDC). The Supported Accommodation Assistance Program (SAAP) ceased in 2008. However, the unit continues to collect data, via the SAAP National Data Collection (NDC), on existing government-funded specialist homelessness services and new services that began with the advent of the National Affordable Housing Agreement.

The unit collects, processes and reports on data collected from specialist homelessness agencies

pending the introduction of a new national homelessness data system in 2011, and for the VHDC. It also works closely with other agencies in conducting the above-mentioned collections.

Objectives

- Support a smooth transition from the SAAP NDC to the Specialist Homelessness Services (SHS) data collection to ensure the continued provision of relevant data for jurisdictions and their agencies
- Provide hotline support to specialist homelessness agencies
- Report on data collected from specialist homelessness agencies, including preparation of agency reports, annual reports, turn-away reports and confidentialised unit record files
- Continue work on the VHDC project, including preparation of agency reports, annual reports, confidentialised unit record files and telephone hotline support to agency workers
- Ensure the continued provision of relevant data for jurisdictions and their agencies
- Review draft reports, supply data and provide advice to other AIHW units

Performance against planned outputs in 2010–11

Contribute a chapter on homelessness for <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Produce confidentialised unit record files of homelessness services collections for each state and territory (including SAAP NDC and VHDC)	Achieved
Report against interim COAG performance indicators	Achieved
Produce agency reports for each agency supplying specialist homelessness services, including VHDC	Achieved
Deliver papers and presentations at relevant conferences in 2010–11	Not achieved <i>Conference postponed</i>

Additional projects

- Published *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10 Australia* and eight associated state and territory supplementary reports
- Published *People turned away from government-funded specialist homelessness accommodation 2009–10* (see the ‘**snapshot**’ on page 76)
- Produced an annual report for the 2009–10 VHDC
- Produced ad hoc data for specialist homelessness stakeholders, including VHDC
- Supported additional elements of the COAG reform agenda relevant to homelessness
- Published *Demand for government-funded specialist homelessness accommodation 2008–09: a report from the SAAP National Data Collection*, and accompanying summary document

Committees

- Housing and Homelessness Information Management Group: Observer at this Housing and Homelessness Policy Research Working Group committee, chaired by Ms Penny Gillespie (Queensland Department of Communities)
- Housing Working Group: Observer at this working group of the SCRGSP; the working group is chaired by Mr John O’Connell (Queensland Department of Treasury)

Data collections managed

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

Specialist Homelessness Services Collection System Team

Unit head

Mr Anthony MacLean (from February 2011)

What we do

The Specialist Homelessness Services Collection System Team will improve the evidence base with regard to homelessness and services to support the homeless by building a new homelessness data collection system. The primary objective of this team is to provide a system that will allow submissions of specialist homelessness client data, the storage and administration of this data, and a flexible reporting system that will be able to provide reports for the Commonwealth, jurisdictions, agencies and AIHW. The new homelessness data collection will be an important contributor to the evidence base for monitoring and evaluating homelessness in Australia.

Objectives

- Design and document a new national specialist homelessness services (SHS) data collection
- Liaise with relevant AIHW and inter-jurisdictional governance committees to ensure necessary agreements are in place to support the SHS data collection
- Build, implement and deliver systems to support the new SHS data collection
- Support and advise other AIHW units regarding homelessness data for COAG reporting requirements, while managing the transition from existing homelessness collections

Performance against planned outputs in 2010–11

Produce a technical specification of a new SHS data collection including requirements for data collection, business systems and system architecture	Achieved
Produce a technical specification to support the collection of administrative data from jurisdictional data suppliers	Achieved
Build a computerised system to support a new client-based SHS data collection	Work in progress <i>Substantively complete</i>

Additional projects

- Provided expert advice to the Housing and Homelessness Information Management Group on national performance reporting issues, including national data standards
- Provided advice to the HHIMG, the Housing and Homelessness Performance Review Working Group and other Commonwealth agencies, regarding the establishment of collection systems to support national reporting requirements as specified by the National Affordable Housing Agreement
- Resolved technical issues associated with the collection and reporting of homelessness data

New Specialist Homelessness Services data collection



Homelessness has become an increasingly important area of the AIHW's work.

Much of our focus is on providing information on the assistance programs for people experiencing homelessness and those at risk of homelessness.

This year, a key activity of the AIHW's Housing and Homelessness Group has been the upgrade of the homelessness data collection.

The new SHS data collection was developed under the National Affordable Housing Agreement, and expands on the previous collection to include more information about the experiences of, and outcomes for, people who are homeless or at risk of homelessness.

Geoff Neideck, Head of the AIHW's Housing and Homelessness Group, said that the new collection will help governments gain a better understanding of the resources needed to overcome homelessness.

'While the data collected previously very much focused on what services were delivered to people who were homeless or at risk of homelessness, the new data focuses more on the outcomes for these people once they have accessed these services,' Mr Neideck said.

The new collection will provide more information to support the Australian Government's homelessness strategy, which aims to halve homelessness by 2020. The strategy emphasises the importance of improving data on homelessness to assess the effectiveness of services and programs, and enable progress towards breaking the cycle of homelessness.

'Tackling homelessness has been highlighted as a key area for government action, and it's appropriate that we gather and maintain better information to enable us to better understand and solve the problems,' Mr Neideck said.

The new collection is the result of two years of intensive work by the AIHW.

snapshot

Information and Statistics Group

Group head

Ms Teresa Dickinson

What we do

The Information and Statistics Group is responsible for supporting the statistical excellence of the AIHW through metadata and information management services, data linkage, statistical quality assurance work, support and conduct of advanced statistical research and continual improvement of AIHW's statistical infrastructure, including classifications and standards.

The group also publishes policy-relevant statistical information about the financial and human resources used in health and welfare. Expenditure is analysed in a number of ways, including by state, by funding source and for different groups, such as indigenous Australians. The group manages the statistical reuse of information from the National Registration and Accreditation Scheme for health professionals, as well as providing other information relating to the workforce in health and community services occupations and industries in Australia.

During 2010–11, the Information and Statistics Group was also responsible for producing reports on functioning and disability in Australia and for managing national minimum data sets relating to disability. From January 2011, it also took on oversight of work performed by the Dental Statistics and Research Unit—a collaborating unit of AIHW, based at the University of Adelaide.

Major achievements

Major achievements for the group during 2011–12 are listed below.

- The group continues to build its experience and capability in data linkage through development of data linkage methodologies and infrastructure as well as by undertaking increasingly large and complex data linkage projects. This work is consistent with the AIHW's intention to apply to become an Accredited Integrating Authority, and so be authorised to undertake high risk complex data linkage projects involving Commonwealth data.
- The release of the publication *Australian health expenditure by remoteness: a comparison of remote, regional and city health expenditure* provided a new opportunity for AIHW data users to comprehensively examine spending in remote and regional Australia compared with urban areas (see the 'snapshot' on page 82).
- Production of substantial updates to the national data dictionaries for the health and community services sectors promulgates data standards throughout the health and community services data communities.
- Release of the National Indicator Catalogue, containing all COAG performance indicators and their specifications, which is a substantial AIHW contribution to the COAG reporting agenda (see the 'snapshot' on page 12).

Units in this group

- Data Linkage
- Expenditure and Economics
- Functioning and Disability
- Labour Force
- METeOR and Metadata Unit
- the Expenditure and Economics Unit transferred from the former Economics and Health Services Group in August 2010
- the former Metadata Information Services – Information Environment Unit changed its name to e-Health Unit and was transferred to the Health Group in August 2010

During the year a number of structural changes were made to the Information and Statistics Group, as follows:

Health cents—across the country



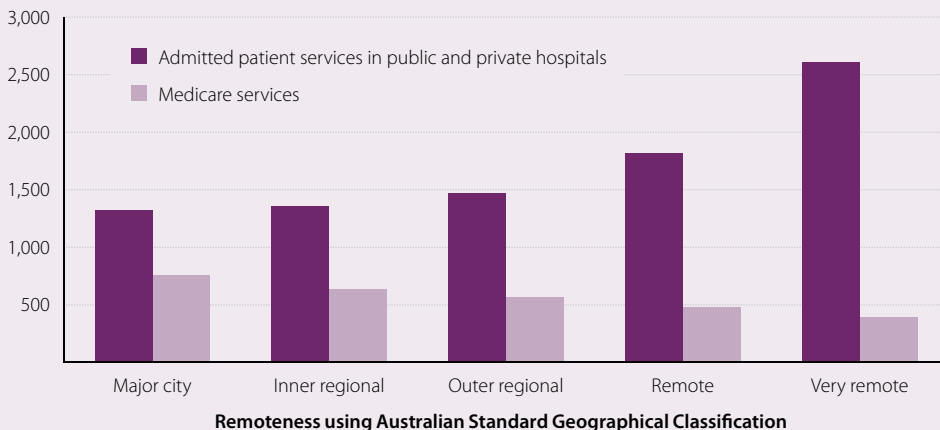
In Australia, more than \$5,000 on average, is spent on the health of every individual each year. But expenditure of this money differs depending on whether a person lives in remote, regional or city areas. For some types of health services, clear differences can be seen in the patterns of service expenditure by residents of the different geographical areas.

The AIHW report, *Australian health expenditure by remoteness: a comparison of rural, regional and city health expenditure*, compares in dollar terms, the different types of health services that were accessed and used in different parts of Australia.

The report found that in 2006–07, the amount spent on hospital admissions, per person, tended to increase the further away a person lived from urban areas. On average, \$2,609 was spent on each person in very remote areas, compared to \$1,321 per person in major cities.

The per person cost of Medicare services on the other hand, decreased from \$761 in major cities to \$390 in very remote areas.

\$ per person (age-standardised), current prices, 2006–07



snapshot

Data Linkage Unit

Unit head

Dr Phil Anderson

What we do

The Data Linkage Unit facilitates the development and analysis of person-centred (rather than program-centred) data to support whole-of-government and whole-of-life approaches to policy. The unit achieves this by investigating data linkage and analytical methods, by undertaking data linkage and analyses of linked data sets, and by providing leadership and assistance to analyses undertaken elsewhere within the AIHW, through close collaboration with subject matter staff. The unit is the main point of contact with the wider national and international data

linkage communities. The unit also undertakes record linkage with the National Death Index, the National Cancer Statistics Clearing House and other data to support internal and external linkage-based research projects that have received AIHW Ethics Committee approval. All data linkage takes place within the strict ethical and privacy arrangements determined by the AIHW Board, the AIHW Ethics Committee and the AIHW Director.

Objectives

- Develop the AIHW's capacity to fill information gaps through the continued enhancement of data linkage and analytical methodologies
- Increase confidence in, and acceptance of, data linkage by explaining its benefits and by publicising the AIHW's strong privacy protections

Performance against planned outputs in 2010–11

Publish <i>Comparing an SLK-based and a name-based data linkage strategy: an investigation into the PIAC linkage</i>	Achieved
Produce a report on data linkage methods used for the Hospital Dementia Services outcomes project (National Health and Medical Research Council grant)	Not achieved <i>Not required as described elsewhere</i>
Contribute to <i>Australia's welfare 2011</i> and other AIHW publications	Not achieved <i>Not required</i>
Publish reports and articles on the care pathways of older Australians (National Health and Medical Research Council grant):	
– <i>Pathways in aged care services: program use after assessment</i>	Achieved
– a journal article on care trajectories through community and residential aged care services: disease effects	Achieved <i>Submitted for publication</i>
– <i>Pathways in aged care: do people follow recommendations?</i>	Achieved <i>To be published in 2011–12</i>
– a bulletin on the effect of community care and entry into permanent residential aged care	Work in progress <i>To be published 2011–12</i>
Finalise and publish a report on the use of hospitals by people in residential aged care	Work in progress <i>To be published 2011–12</i>
Publish a bulletin on the Hospital Dementia Services Project: age differences in hospital stays for older people with and without dementia	Achieved <i>Format changed; a paper submitted for publication</i>
Finalise and publish a report on the implementation of the linkage of Supported Accommodation Assistance Program, child protection and juvenile justice data	Work in progress <i>To be published 2011–12</i>

- Prepare and apply for becoming an accredited integrating authority under the new guidelines for data integration involving Commonwealth data for statistical and research purposes
- Develop better ways of presenting key findings from linked data and integrating the findings with other statistical analyses in the AIHW's reports
- Enhance methods and systems to create the data sets required for the AIHW's expanded program of linkage-based statistical analysis and research
- Support the production of those COAG performance indicators that will be derived from linked data views of Australians' health and welfare, by undertaking and supporting analyses of linked data

Additional projects

- Undertook data linkage work that responded to the needs of internal and external stakeholders
- Completed data linkage for a project on Low dose radiation – Effects of CT scans in childhood
- Produced AIHW protocols for the creation, analysis and protection of linked data; the protocols have been adopted for a number of internal projects

Committees

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

Data collections managed

- National Death Index

Expenditure and Economics Unit

health and welfare services, and expenditure by disease. The unit also undertakes other economic analysis work relevant to health and welfare.

Unit head

Mr Richard Juckes (to March 2011)

Ms Gail Brien (from April 2011)

What we do

The Expenditure and Economics Unit develops, collates and reports information on expenditure relating to the provision of specific types of

Objectives

- Make expenditure data more accessible, more relevant to policy and timelier. In particular, provide expenditure data to support the Intergovernmental Agreement on Federal Financial Relations' performance indicator reporting process
- Redevelop the health expenditure database to improve the efficiency and timeliness of the

Performance against planned outputs in 2010–11

Contribute welfare expenditure data for 2008–09 to <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Publish <i>Health expenditure Australia 2008–09</i>	Achieved
Produce health expenditure data cubes for 2008–09	Achieved
Produce estimates for inclusion in OECD's international health and social expenditure databases (see the 'snapshot' on page 60)	Achieved <i>For the OECD's health expenditure database; AIHW's welfare expenditure collection is under review</i>
Produce performance indicators and data quality statements for National Healthcare Agreement reporting	Achieved
Contribute health and aged care expenditure data by disease to various AIHW processes and publications	Achieved <i>A report on lung cancer is to be published in 2011–12</i>
Finalise and publish <i>Public health expenditure in Australia 2008–09</i>	Achieved
Produce public health expenditure data cubes for 2008–09	Achieved
Publish a report on public health expenditure for 2009–10	Not achieved <i>Public health expenditure collection is being reviewed</i>
Publish a report on health system expenditure on disease and injury for 2007–08	Work in progress <i>Output redefined; analyses to be included in Australia's health 2012</i>
Contribute to <i>The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview, 2011</i>	Achieved
Publish <i>Australian health expenditure by remoteness: a comparison of remote, regional and city health expenditure</i> (see the 'snapshot' on page 82)	Achieved
Finalise and publish a bulletin on Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07: an analysis by remoteness and disease	Work in progress <i>To be published in 2011–12</i>
Publish <i>Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09</i>	Achieved
Publish a bulletin on expenditure on health for Aboriginal and Torres Strait Islander people 2008–09: an analysis by remoteness and disease	Work in progress <i>To be published in 2011–12</i>

collation, processing, editing and output of expenditure data

- Improve the methodology used for estimating expenditure statistics, in particular for Indigenous and (subject to resources) welfare expenditure

Additional projects

- Redeveloped the Health Expenditure Database
- Progressed development of a new methodology for attributing aged care expenditure to disease categories, initially in relation to dementia
- Provided advice to the relevant government departments about the development of data and collection systems that will facilitate the reporting of comprehensive expenditure data that are comparable across jurisdictions
- Provided advice to the Productivity Commission on its Indigenous expenditure reporting
- Participated in data development and reporting work of the WHO and the OECD

Committees

- Health Expenditure Advisory Committee: Chair of and secretariat for this committee
- Public Health Expenditure Technical Advisory Group: Secretariat for and member of this advisory group chaired by Ms Robyn Clark (Queensland Department of Health)
- Indigenous Health Expenditure Technical Advisory Group: Secretariat for and joint chair with Ms Jenean Spencer (Office for Aboriginal and Torres Strait Islander Health, DoHA)
- Indigenous Expenditure Framework Steering Committee: Member of this committee chaired by Mr Robert Fitzgerald, Productivity Commission
- Welfare Expenditure Australia Committee: Chair of and secretariat for this committee that reports to National Community Services Information Management Group

Data collections managed

- Health expenditure National Minimum Data Set collection
- Public health expenditure database
- Welfare expenditure database
- Indigenous health expenditure database
- Disease expenditure database

Functioning and Disability Unit

Unit head

Mr Sean Ackland

What we do

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

services. The unit strives to make information about disability and disability services accessible to a wide audience including government, disability service users and service providers, and the general public.

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

Objectives

- Support the information requirements of the NDA, particularly in the areas of national performance indicators and data development

Performance against planned outputs in 2010–11

Contribute chapters on disability and on carers to <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Publish <i>Disability support services 2008–09: report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement</i>	Achieved
Produce online-accessible data from the 2008–09 National Minimum Data Set disability support service user collection	Achieved
Publish <i>Health of Australians with disability: health status and risk factors</i> (see the 'snapshot' on page 88)	Achieved
Publish a bulletin on the use of health services among Australians with a disability	Work in progress <i>To be published in 2011–12</i>
Undertake predictive/discriminant analysis of disability service users with high support needs and publish a series of bulletins	Not achieved <i>Withdrawn from work plan</i>
Contribute to <i>Aboriginal and Torres Strait Islander people with disability: Wellbeing, participation and support</i>	Achieved
Publish a report on younger people with disability in residential aged care: update from the 2009–10 Minimum Data Set	Achieved <i>To be published in July 2011</i>
Contribute to the reporting on specialist disability services for 2008–09 in the SCRGSP's <i>Report on Government Services 2011</i>	Achieved

- Strengthen the capacity of the Disability Services National Minimum Data Set to meet the strategic needs of government
- Provide leadership on national disability data to improve understanding of disability and the need for, use and provision of disability services
- Improve data definitions and data sources for measuring demand for disability services
- Build analytical capability to make greater and enhanced use of existing data on specialist disability services
- Develop the unit’s products to better meet the information needs of government, disability service providers, people with disability and their carers, and the broader community

Measuring the health of Australians with disability



There is a large gap between people with disability and those without, in health status terms.

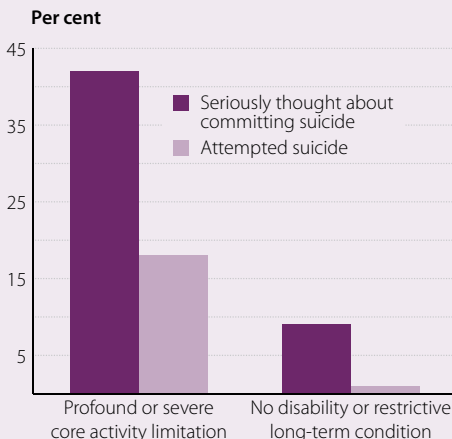
In November 2010, the AIHW released the first bulletin in a new series designed to examine how health-related factors affect people with disability in Australia.



Health of Australians with disability: health status and risk factors, uses data from the 2007–08 National Health Survey and 2007 National Survey of Mental Health and Wellbeing, which included, for the first time, a disability identification component to shed new light on the health of Australians with disability at the national population level.

One of the most interesting findings showed that Australians with a disability were more likely to have seriously thought about committing suicide, or to have actually attempted suicide, than Australians without disability.

Of people aged 16–64 years with severe or profound disability, 42% had seriously contemplated suicide, compared with 9% of people without a disability. Of this group, 18% of those with a disability had actually attempted suicide. In people without a disability, this figure is just 1%.



Thoughts of—and attempts at—suicide among people with severe or profound disability were associated with a high prevalence of mental and behavioural problems and a high level of psychological distress.

Access this bulletin online at: www.aihw.gov.au/publications/.

snapshot

Additional projects

- Undertook analysis of disability data in the National Health Survey and Survey of Mental Health and Wellbeing
- Completed documentation outlining redevelopment strategies to improve the content, quality and timeliness of the Disability Services National Minimum Data Set
- Undertook the development of performance indicators and supplied data to support the NDA
- Undertook scoping project to assess the feasibility of establishing a register for Autism Spectrum Disorder
- Provided expert advice on the ABS 2009 Survey of Disability, Ageing and Carers (SDAC) Confidentialised Unit Record File (CURF) design
- Provision of expert advice to other AIHW units on use of the ABS 2009 SDAC CURF
- Ad-hoc analyses of disability data for internal and external stakeholders
- Published *Aboriginal and Torres Strait Islander people with a disability*

Committees

- National Disability Data Network: Secretariat for this National Disability Information Management Group committee, chaired by Ms Alison Crisp (Ageing, Disability and Home Care, Department of Human Services NSW)
- National Disability Information Management Group: Secretariat for this DPRWG committee, chaired by Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)

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

Data collections managed

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

Labour Force Unit

Unit head

Mr David Braddock

What we do

The Labour Force Unit provides information relating to the workforce in health and community services occupations and industries in Australia, drawing on a range of AIHW and external data sources. A major focus is the statistical reuse of information from the National Registration and Accreditation Scheme (NRAS) for health professionals and the collation of national data on the health labour forces and the production of annual reports and online statistics based on them.

The unit also manages the relationship between the AIHW and the AIHW's collaborating Dental Statistics and Research Unit.

Objectives

- Ensure that labour force data collation and reporting work links to broader national health and community services workforce planning infrastructure and information needs
- Compile and publish information from the NRAS for health professionals, in consultation with stakeholders
- Ensure that labour force outputs complement and contribute to the work of the Health Workforce Principal Committee of the Australian Health Ministers' Advisory Council and Health Workforce Australia, including the National Training Plan and other workforce planning projects and work to implement the COAG health workforce reforms

Performance against planned outputs in 2010–11

Contribute a chapter on workforce to <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Collate and report data on health workforce performance indicators for the National Healthcare Agreement	Achieved
Publish a bulletin and associated online data tables for <i>Medical labour force 2008</i>	Achieved
Publish a bulletin and associated online data tables for <i>Nursing and midwifery labour force 2008</i>	Achieved
Produce data collation and reporting tools for statistical data from the new NRAS for health professionals	Work in progress <i>Delayed due to late supply of NRAS data</i>
Revise the Registered health professional labour force Data Set Specification to include four new professions	Work in progress <i>Delayed due to late supply of NRAS data</i>
Publish labour force bulletins on, and associated online data for, 14 health professions for 2010–11	Work in progress <i>Delayed due to late supply of NRAS data; to be published in 2011–12</i>
Publish a working paper comparing medical workforce data sources	Work in progress <i>Delayed due to late supply of NRAS data; to be published in 2011–12</i>

Additional projects

- Collated and analysed 2009 data for medical and nursing labour force surveys
- Established online data cubes for medical and nursing and midwifery data from 1997 to 2008
- Provided an ad hoc data request service

Committees

- National Training Plan Technical Reference Group: Member
- Workforce Planning and Research Advisory Committee: Member

Data collections managed

- Nursing and Midwifery Labour Force Data Collection
- Medical Labour Force Data Collection
- Pharmacy Labour Force Data Collection
- Physiotherapy Labour Force Data Collection
- Podiatry Labour Force Data Collection
- Psychology Labour Force Data Collection
- Optometry Labour Force Data Collection
- Osteopathy Labour Force Data Collection
- Chiropractic Labour Force Data Collection

Metadata Information Services – METeOR and Metadata Unit

Unit head

Ms Melanie Taylor

What we do

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

Objectives

- Ensure AIHW staff and data developers more broadly have access to high quality advice and support on statistical approaches and methods to be used in collecting, analysing and reporting information and statistics
- Support ministerial committees by providing expert assessment of the metadata developed under the Intergovernmental Agreement on Federal Financial Relations
- Manage the metadata development and assessment work program on behalf of ministerial committees
- Ensure the accessibility of up-to-date national data standards for the health, housing and homelessness, community services, and early childhood, education and care sectors, including by providing high-quality training, advice and support for users of METeOR technologies
- Ensure the accessibility of up-to-date national performance indicator technical specifications through the national indicator catalogue
- Provide effective data standard and metadata management technologies that are responsive to changing user needs and are up to date with emerging trends

Performance against planned outputs in 2010–11

Publish updates since version 15.0 of the <i>National Health Data Dictionary version 15</i> on the METeOR website	Achieved
Publish updates since version 6.0 of the <i>National Community Services Data Dictionary version 6</i> on the METeOR website	Achieved
Publish a report that reviews the financial management program data sets	Work in progress <i>To be published in 2011–12</i>
Publish the National Housing Data Dictionary version 1 and updates to it on the METeOR website	Work in progress <i>To be published in 2011–12</i>

Additional projects

- Provided METeOR helpdesk service, support and training workshops for users and stakeholders
- Participated in work of associated committees responsible for the development of health information standards
- Managed the data development and evaluation work program covering tasks levied by the National Health Information Standards and Statistics Committee and other funded activities from health related agencies
- Provided expert technical advice and support for those developing data standards for consideration by the National Community Services Information Management Group
- Participated in work of committees responsible of the development of housing and homelessness data standards, including the Housing and Homelessness Information Management Group
- Published the National Indicator Catalogue which contains all performance indicators produced by the AIHW that are required for COAG reporting, and their specifications

Data collections managed

The unit manages significant metadata collections held on the AIHW's METeOR website.

Social and Indigenous Group

Group head

Dr Fadwa Al-Yaman

What we do

The Social and Indigenous Group provides leadership both within the AIHW and externally in the area of mothers, children, youth and families, in addition to Indigenous health and welfare information and statistics. It carries out data development work, analysis and reporting

on health and welfare issues relating to mothers, children, youth, families and Aboriginal and Torres Strait Islander people.

The group is responsible for national analyses and reporting against:

- the National Indigenous Reform Agreement
- the Aboriginal and Torres Strait Islander Health Performance Framework
- the Indigenous specific primary health care national key performance indicators

Child protection



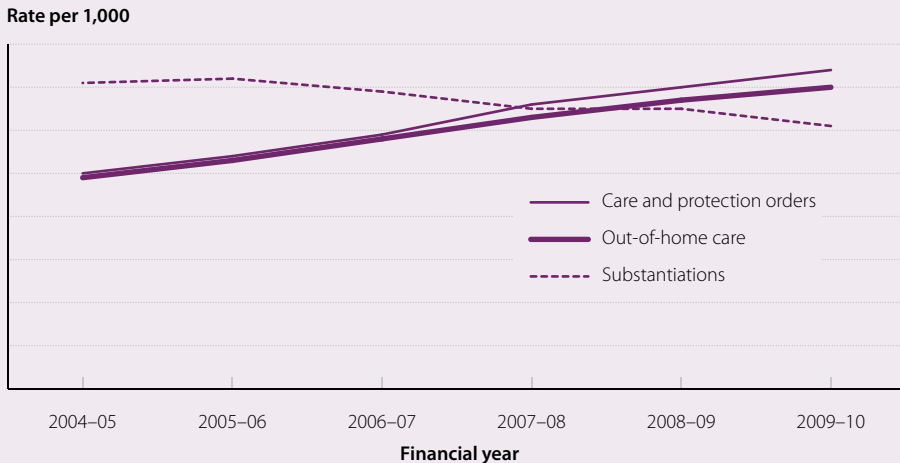
Child Protection Australia 2009–10 reveals a mixed picture for Australia's child protection environment.

There has been a steady downward trend in the rate of substantiated child abuse and neglect over the past six years. While there are variations at a state and territory level, the overall direction at national level is promising, and in line with the long-term goals of the *National Framework for Protecting Australia's Children 2009–2020*.

On the other hand, national trends in children on care and protection orders and living in out-of-home care show a very different pattern, with steady increases in rates.

Much of this change might be due to an increasing number of children entering these arrangements from a relatively young age and remaining in them for several years.

snapshot



- the child health check and follow-up services in the NT
- the health, development and wellbeing of Australia's children and young people.

The group also produces statistics on juveniles in the juvenile justice system and on prisoners' health and provides expert advice and information related to these areas to key stakeholders in both government and non-government sectors.

The group maintains strong working relationships within and outside of governments, and works closely with many of these stakeholders to deliver a range of products. This includes overseeing the Closing the Gap Clearinghouse and leading the production of the biennial report on Aboriginal and Torres Strait Islander health and welfare and the online Indigenous observatory.

The group continues to work to improve the quality of Indigenous identification in key data sets in order to improve reporting against the COAG targets.

Major achievements

Major achievements for the group during 2010–11 are listed below.

- Launch of the AIHW Indigenous Observatory and overview report. The observatory provides on line access to key reports and information updates and currently houses nine papers which address various health and welfare issues of relevance to the Indigenous population (see the '**snapshot**' on page 104).
- Publication of the annual report of the Closing the Gap Clearinghouse and a report on *What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence, 2009–10* (see the '**snapshot**' on page 106).
- Progress towards development of an indicator-based reporting framework for early childhood development to measure progress against the Early Childhood Development Outcomes Framework released by COAG in July 2009.
- Completion of work on methods of presenting Indigenous data which has led to agreement with the ABS and other major stakeholders to use direct age-standardisation for presenting Indigenous information in all key national reports.

Units in this group

- Child and Youth Welfare
- Children, Youth and Families
- Indigenous Analyses and Reporting
- Indigenous Community and Health Service Reporting
- Indigenous Data Gaps
- Indigenous Research and Evaluation

During the year there were changes to the organisational structure of the Social and Indigenous Group, as follows:

- the Ageing and Aged Care Unit was transferred to the Continuing and Specialised Care Group in August 2010
- a new Indigenous Program Monitoring Unit was created in July 2010, which was renamed Indigenous Research and Evaluation Unit in May 2011.

Child and Youth Welfare Unit

Unit heads

Mr Tim Beard
Ms Cynthia Kim (to March 2011)

What we do

The Child and Youth Welfare Unit coordinates, develops and disseminates national statistical

analysis and reporting for a diverse range of child and youth welfare issues, including adoptions, child protection services (covering out-of-home care, educational outcomes and family support services), juvenile justice and prisoner health.

Objectives

- Engage with policy agendas by ensuring that projects and reporting are relevant to and identify implications for policy development, service planning and delivery that will improve

Juvenile justice and socioeconomic disadvantage

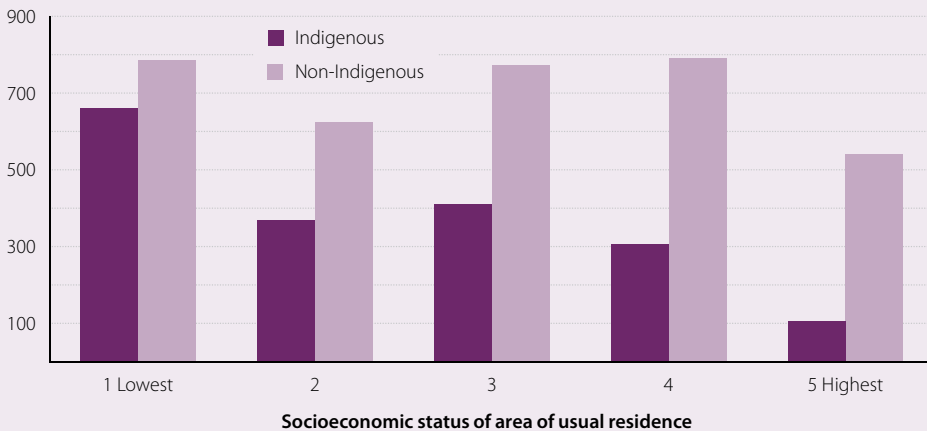


Work undertaken by the AIHW in 2010–11 has produced, for the first time, a clearer picture of the link between the socioeconomic status of young people and their likelihood of being under juvenile justice supervision.

This year's *Juvenile Justice 2008–09* report included a detailed analysis of the socio-economic status of young people under juvenile justice supervision, and found that almost six young people out of every 1,000 aged 10–17 years living in an area of the lowest socioeconomic status were under supervision on an average day, which was five times the rate of those living in an area of the highest socioeconomic status.

The report also found that while both Indigenous and non-Indigenous young people under supervision were more likely to come from an area of disadvantage, the differences were greater for Indigenous young people. On an average day, 36% of Indigenous young people under supervision were from one of the areas of lowest socioeconomic status in Australia, compared with 22% of non-Indigenous young people.

Number of young people under supervision on an average day



The figure excludes young people under supervision in WA and the NT.

snapshot

Performance against planned outputs in 2010–11

Contribute to the chapter on children, youth and families for <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Publish a Prisoner Health Data Set Specification on METeOR	Achieved
Publish <i>Adoptions Australia 2009–10</i>	Achieved
Publish <i>Child protection Australia 2009–10</i> (see the 'snapshot' on page 94)	Achieved
Contribute to a report on <i>Young Australians: their health and wellbeing 2011</i>	Achieved
Contribute to the annual COAG report on the National Framework for Protecting Australia's Children	Achieved
Publish <i>Educational outcomes of children on guardianship or custody orders—a pilot study, Stage 2</i>	Achieved
Publish <i>Juvenile justice in Australia 2008–09</i> and an earlier interim report with main tables (see the 'snapshot' on page 96)	Achieved
Publish two thematic bulletins relating to young people under juvenile justice supervision	Work in progress <i>To be published in 2011–12</i>
Contribute data to the child protection and juvenile justice sections of the SCRGSP's <i>Report on Government Services 2011</i>	Achieved

the quality of life for children and young people

- Improve reporting on children in the child protection system through the continued development and pilot testing of a unit record data collection and through developing specifications for a support services collection
- Expand the range of information reported in relation to the Juvenile Justice National Minimum Data Set, including a more comprehensive annual report and publication of policy relevant, subject-specific bulletins
- Expand the national prisoner health data collection to provide more relevant information

Additional projects

- Undertook analysis of pilot data for the child protection unit record file
- Undertook development of a national relative/kinship carers data collection
- Developed a scope and draft specifications for a national child protection treatment and support services collection

- Completed development of relative/kinship data for inclusion in the national child protection collection
- Commenced development of a carer's module to support the collection of unit record level national child protection data in relation to foster care and relative/kinship care
- Undertook the second Prisoner Health Census
- Collected offence data relating to young people under juvenile justice supervision for selected states and territories
- Commenced developmental work to expand the Juvenile Justice National Minimum Data Set
- Assisted the development of juvenile justice performance indicators and collection of relevant data
- Published *Aboriginal and Torres Strait Islander child safety*

Committees

- Juvenile Justice Research and Information Group: Secretariat for this Australasian Juvenile Justice Administrators committee, chaired by

Ms Jackie Bray (SA Department of Families and Communities)

- Prisoner Health Information Group: Secretariat for this committee chaired by Mr Alun Richards (Queensland Health)
- Performance and Data Working Group (for child protection): Member of this National Framework Implementation Working Group committee chaired by Mr Paul Wyles (ACT Department of Disability, Housing and Community Services) and Ms Bette Kill (Queensland Department of Communities)
- Child Protection Data Working Group: Secretariat for this Performance and Data Working Group committee chaired by Mr John Prent (Victorian Department of Human Services)

Data collections managed

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

Young Australians in rural and remote areas



Young people in rural and remote areas often experience health and wellbeing outcomes very different to that of their urban-dwelling counterparts.

The recently released AIHW report, *Young Australians: their health and wellbeing 2011*, describes these differences across a range of indicators.

One of the report's main findings is that death rates of young Australians increase substantially with remoteness, with rates in *Remote and very remote* areas almost 2.5 times as high as in *Major cities*.

The teenage birth rate also increases with remoteness, with teenage females in *Remote and Very remote* areas more than five times as likely to give birth as their peers in *Major cities*.

Young people living in rural and remote areas are less likely to:

- participate in physical activity
- access general practitioners
- meet minimum national standards for reading, writing and numeracy
- be studying for a qualification.

The report, which the AIHW produces every four years, is a valuable resource for anyone interested in youth health and wellbeing issues.

Children, Youth and Families Unit

Unit head

Ms Sushma Mathur (to March 2011)
Ms Melinda Petrie (acting from April 2011)

What we do

The Children, Youth and Families Unit monitors, investigates and reports on the health and wellbeing of Australia's children and young people. It does this by developing, analysing and disseminating high quality and timely national information and statistics on the health, development and wellbeing of this target population group. The unit undertakes work in the areas of child and youth health, development and wellbeing, encompassing early childhood development, health status, risk and protective factors, education and employment, family and community environments, and safety and security.

Objectives

- Provide high quality data and information on how Australia's children and young people are faring, that contributes to informed community discussion and supports the development of public policy
- Undertake data development and reporting to strengthen the policy relevance of the Unit's work, including improving national data standards and reporting for children in the early childhood education and care sector

Performance against planned outputs in 2010–11

Contribute to the chapter on children, youth and families for <i>Australia's welfare 2011</i>	Work in progress <i>To be published in 2011–12</i>
Finalise and publish <i>Young Australians: their health and wellbeing 2011</i> (see the 'snapshot' on page 98)	Achieved
Finalise and publish papers:	
– <i>Shelter: development of a Children's Headline Indicator</i>	Achieved
– <i>Family social network: development of a Children's Headline Indicator</i>	Achieved
– <i>Social and emotional wellbeing: development of a Children's Headline Indicator</i>	Work in progress <i>To be published in 2011–12</i>
Finalise and publish <i>Headline indicators for children's health, development and wellbeing, 2011</i>	Achieved <i>To be published in July 2011</i>
Update online-accessible interactive data for 12 children's headline indicators	Work in progress <i>To be released in 2011–12</i>
Publish <i>National outcome measures for early childhood development: development of an indicator-based reporting framework</i>	Achieved <i>To be published in July 2011</i>
Draft and publish a technical paper on operational definitions and data issues for key national indicators in the Early Childhood Development Outcomes Framework	Work in progress <i>To be published in 2011–12</i>

Additional projects

- Investigated issues around the affordability of preschool services and provided a report to the Early Childhood Data Sub Group
- Improved national data standards and reporting for children in the early childhood education and care sector
- Improved the quality and availability of data on maternal morbidity and mortality together with National Perinatal Epidemiology and Statistics Unit

- Early Childhood Data Sub Group: Member of this group chaired by Ms Ngaire Hosking (DEEWR)
- National Perinatal Data Development Committee: Secretariat for this committee chaired by Ms Sue Cornes (Queensland Health)

Data collections managed

The unit maintains, documents and analyses national ABS and AIHW data related to child and youth health, development and wellbeing.

Committees

- National Youth Information Advisory Group: Secretariat for this AIHW committee chaired by Professor George Patton (The University of Melbourne)

Northern Territory Emergency Response follow up



The Northern Territory Emergency Response (NTER) Child Health Check Initiative identified a high prevalence of dental health problems and ear health conditions among children living in NTER areas.

In response, the Australian Government funded follow-up dental, audiology and ear, nose and throat (including surgery) services to Indigenous children living in the NT 'prescribed communities' as defined under the *Northern Territory National Emergency Response Act 2007*.

The first report, *Dental health of Indigenous children in the Northern Territory*, from a follow-up dental data collection showed that over 9,500 occasions of service were provided to more than 6,000 children between August 2007 and June 2010.

snapshot



The most common services provided were preventative (70%) and restorative (48%), followed by fluoride varnish and dental surgery (16%).

Fifty-five per cent of children required further dental care after their initial consultation.

Eighty-three per cent of Indigenous children in the NT prescribed communities had decayed, missing or filled teeth—much higher than for non-Indigenous children.

The average waiting time between referral and receipt of service was just over 14 months.

Indigenous Analyses and Reporting Unit

Unit head

Dr Indrani Pieris-Caldwell

What we do

The Indigenous Determinants and Outcomes Unit provides statistics and information on the health and wellbeing of Aboriginal and Torres Strait Islander Australians through a range of statistical reports. The unit is responsible for reporting against the Aboriginal and Torres Strait Islander Health Performance Framework, which is published every two years. The unit also manages and reports on a major data collection on the Northern Territory Emergency Response (NTER) Child Health Check Initiative and associated follow-up services data collections.

In May 2011 the unit name changed from Indigenous Determinants and Outcomes Unit.

Objectives

- Provide timely and high-quality information necessary to respond to important policy questions related to Indigenous people
- In conjunction with DoHA's Office For Aboriginal And Torres Strait Islander Health, work on the evaluation of the NTER Child Health Check Initiative and the Expanding Health Services Delivery Initiative
- Identify emerging information needs, information gaps and information required by stakeholders to support the development of public policy in the area of Aboriginal and Torres Strait Islander health and welfare
- Develop better ways of presenting statistics and information on Indigenous Australians which clearly identify key findings
- Build relationships with key stakeholders in government and non-government sectors to increase our appreciation of the policy and service issues which can be informed by statistical reporting

Performance against planned outputs in 2010–11

Publish <i>Life expectancy and mortality of Aboriginal and Torres Strait Islander people</i>	Achieved
Publish <i>Substance use among Aboriginal and Torres Strait Islander people</i>	Achieved
Present a report summarising the outcomes of Aboriginal and Torres Strait Islander Health Data Principles Review to the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	Achieved
Finalise a report on extended measures for assessing the social and emotional wellbeing for Indigenous Australians to DoHA	Achieved
Finalise a report on geographical analyses of health status to the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	Achieved
Produce progress reports on 'Child Health Check' referrals and follow-up care:	
– <i>Dental health of Indigenous children in the Northern Territory: findings from the Closing the Gap Program</i> (see the 'snapshot' on page 100)	Achieved

Additional projects

- Produced papers supporting the work of the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- Produced a preliminary report assessing various data sources available for estimating the Indigenous preschool-age population aimed at the development of a reliable denominator for reporting COAG early childhood education performance indicators

Committees

- Northern Territory Emergency Response Child Health Initiative MoU Management Committee: Member of this AIHW–DoHA committee chaired by Dr Brendan Gibson (Office For Aboriginal And Torres Strait Islander Health, DoHA)

- Health Performance Framework Technical Reference Group: Member of this DoHA committee, chaired by Ms Kirrily Harrison (Office for Aboriginal and Torres Strait Islander Health, DoHA)

Data collections managed

- NTER Child Health Check Initiative data collection
- NTER Dental health follow-up data set
- NTER Audiology follow-up data set
- NTER Ear, Nose and Throat follow-up data sets

Indigenous Community and Health Service Reporting Unit

Unit head

Dr Norbert Zmijewski

What we do

The Indigenous Community and Health Service Reporting Unit's areas of work include reporting on primary health care, substance use and 'Bringing Them Home' services and specialised programs such as the Healthy for Life program that aims at improving quality of services and health outcomes for Indigenous mothers, babies and sufferers of chronic diseases. In collaboration with DoHA's Office for Aboriginal and Torres Strait Islander Health (OATSIH), jurisdictions and services, and using METeOR, the unit has

developed national key performance indicators for Indigenous specific primary health care services. Collection, analyses and reporting of data on a subset of those indicators will commence in 2011–12. The unit also provides advice on data collection and taxonomy of services to OATSIH.

Objectives

- Work to coordinate existing reporting systems and to reduce reporting burden on services
- Provide expert advice on the development of key performance indicators for primary health
- Improve data collections for DoHA's Office for Aboriginal And Torres Strait Islander Health Service Reporting and Healthy for Life
- Report on mapping of services in Indigenous remote area

Performance against planned outputs in 2010–11

Contribute to <i>The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011</i>	Achieved
Provide final and summary <i>Healthy for Life</i> individual service reports for 2009–10 to service agencies who contribute to the national collection	Achieved
Publish the National report for the <i>Healthy for Life</i> data collection 2011	Work in progress <i>To be published in 2011–12</i>
Publish the <i>Aboriginal and Torres Strait Islander Health Services Report, 2008–09: OATSIH Services Reporting - key results</i>	Achieved
Update online data for 2007–08 and 2008–09 for the <i>Fixing Housing for Better Health</i> program which is a targeted program of small-scale critical repairs and maintenance carried out in Indigenous houses in remote communities	Achieved
Provide quarterly reports to FaHCSIA and Health Habitat on users of online data for the <i>Fixing Housing for Better Health</i> program	Achieved
Produce a summary report for mapping health, disability, aged care and child protection services in Indigenous remote areas	Achieved

Additional projects

- Reviewed data collections for DoHA's Office for Aboriginal and Torres Strait Islander Health Service Reporting and taxonomy of OATSIH services

Committees

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

Data collections managed

- Healthy for Life data collection
- Office for Aboriginal and Torres Strait Islander Health Service Reporting data collection
- National Indigenous Specific primary health care Key Performance Indicators data collection

Indigenous web observatory and report



May 2011 saw a major step forward for the AIHW's web presence, with the implementation of a new online information product.



The Indigenous Observatory—an online repository of information on the health and welfare of Aboriginal and Torres Strait Islander people—was launched with the authoritative AIHW report, *The health and welfare of Aboriginal and Torres Strait Islander People, an overview 2011*. The Minister for Social Inclusion, the Hon. Tanya Plibersek MP, presented these products at the Coalition for Research to Improve Aboriginal Health (CRIA) conference.

The Observatory helps to maximise the reach of AIHW's messages about Indigenous health and welfare issues, by providing information in an accessible, user-friendly format, consistent with the Institute's efforts to promote access to its data.

The Observatory covers a range of subject areas, including:

- | | | |
|--------------|-----------------|--|
| Child safety | Homelessness | Access to health services |
| Disability | Life expectancy | Contribution of chronic disease to the mortality gap |
| Eye health | Older people | International comparisons of life expectancy. |

The report, which features in the Observatory, provides the most relevant and interesting information gathered from AIHW and ABS Indigenous statistics, and explores the impact of disease on the life expectancy gap between Indigenous and non-Indigenous Australians. About 80% of the mortality gap can be attributed to chronic diseases, most significantly heart diseases (22%), followed by diabetes (12%) and liver diseases (11%).

Access the Indigenous observatory at: <www.aihw.gov.au/indigenous-observatory/>.

snapshot

Indigenous Data Gaps Unit

Unit heads

Ms Barbara Gray (acting to October 2010)

Mr Conan Liu (from October 2010 to February 2011)

Mr Anthony Cowley (from February 2011)

What we do

The Indigenous Data Gaps Unit manages a range of data activities that seek to improve Indigenous identification in key health data sets in order to better monitor the COAG Indigenous 'Closing the Gap' targets as outlined in section F of the National Indigenous Reform Agreement (NIRA).

Major projects include assessment of the level of Indigenous identification in key health data sets (hospitals, mental health, perinatal, diabetes, cancer, alcohol and other drugs and general practitioner data), in conjunction with the development of best practice guidelines for linking data relating to Indigenous Australians and the enhancement of Indigenous mortality data. The Unit is also involved in the development of indicator specifications and a data collection instrument for reporting under the Indigenous

Early Childhood Development National Partnership Agreement and in reporting against the NIRA.

Objectives

- Undertake data-based projects aimed at improving Indigenous identification in key data sets in line with 'Closing the Gap' targets relating to COAG and NIRA
- Ensure that projects are relevant to the policy, planning and service delivery that assist in closing the gap in outcomes between Indigenous and other Australians
- Improve reporting on outcomes and service delivery for Indigenous Australians through data development and analysis for indicators in the NIRA and Indigenous indicators in the National Healthcare Agreement
- Improve reporting by developing and implementing methodologies to assess Indigenous identification in key health data sets
- Improve data quality, in particular on life expectancy for Indigenous Australians, through the development of data linkage and national best practice Indigenous data linkage guidelines

Performance against planned outputs in 2010–11

Provide analyses and data quality statements for 2009–10 reporting against COAG NIRA performance indicators and Indigenous-specific reporting in other COAG agreements	Achieved
Prepare a paper on measuring need and access to services by Indigenous people	Work in progress
Progress appropriate methodologies for assessing the quality of Indigenous data in seven key health datasets and assess the impacts on the measurement of COAG targets	Work in progress
Finalise and publish guidelines for national best practice for Indigenous data linkage	Work in progress <i>To be published in 2011–12</i>
Progress Indigenous identification in hospital separations data project	Work in progress <i>To be published in 2011–12</i>
Finalise and publish a report using the Enhanced Mortality Database for Estimating Indigenous Life Expectancy	Work in progress <i>To be published in 2011–12</i>
Finalise a business case for the inclusion of Indigenous status on pathology forms to improve Indigenous information available through health registers	Achieved <i>To be endorsed through relevant national committees</i>

Additional projects

- Developed indicator specifications and a data collection instrument for reporting under the Indigenous Early Childhood Development National Partnership Agreement
- Developed *Principles to guide direct age-standardisation for Indigenous mortality data* to assist COAG reporting on 'Closing the Gap' targets

Committees

- National Indigenous Reform Agreement Performance Information Management Group: Observer at this COAG Working Group on Indigenous Reform committee chaired by Mr Matthew James (FaHCSIA)
- Tasmanian Over-arching Bilateral Implementation Planning group: Member
Foetal Alcohol Spectrum Disorder Expert Referencing Group: Member

What works to overcome Indigenous disadvantage?



In May 2010, the first annual report from the Closing the Gap Clearinghouse, *What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence*, was launched at Parliament House in Canberra by the Hon. Jenny Macklin MP, Minister for Families, Housing, Community Services and Indigenous Affairs.

The report draws on the evidence collected by the Clearinghouse around six COAG building blocks: early childhood, schooling, economic participation, health and safe communities.

A number of prominent themes emerged, including the importance of community involvement, sustainable infrastructure, adequate resources, shared leadership, strong networks and respect for language and culture.

The Clearinghouse is an online source of evidence on what works to overcome Indigenous disadvantage, making it easier for policy makers, service providers and the public to identify 'best practice' and most successful strategies to reduce Indigenous disadvantage.

Visit the Clearinghouse at <www.aihw.gov.au/closingthegap>.

snapshot

Indigenous Research and Evaluation Unit

Unit heads

Ms Vicki Bennett (to October 2010)

Ms Barbara Gray (acting jointly from October 2010 to February 2011)

Ms Helen Johnstone (acting from October 2010)

What we do

The main area of work of the Indigenous Program Monitoring Unit is managing the Closing the Gap Clearinghouse, which is funded by COAG and delivered in collaboration with the Australian Institute of Family Studies. The unit coordinates the production of the biennial report on the health and welfare of the Aboriginal and Torres Strait Islander people, and leads the development of the online AIHW Indigenous Observatory. The unit is responsible for monitoring and evaluating the youth demonstration projects for improving sexual health among Aboriginal and Torres Strait Islander people.

In May 2011 the unit name changed from Indigenous Program Monitoring Unit.

Objectives

- Further develop and promote the Closing the Gap Clearinghouse as a key source of evidence for policy makers through greater synthesis of the evidence, collaboration with the experts and engagement with policy and research areas
- Provide national leadership in statistics and information related to the health and wellbeing of Indigenous Australian through developing and promoting the AIHW Indigenous Web Observatory and overview report to ensure that they are well used and a credible source of information
- Increase the Institute's evaluation expertise through taking up opportunities for evaluation work.

Performance against planned outputs in 2010–11

Publish <i>The health and welfare of Australia's Aboriginal and Torres Strait Islander people overview report 2011</i>	Achieved
Contribute to the publication of:	
– <i>Comparing life expectancy of Indigenous people in Australia, New Zealand, Canada and the United States</i>	Achieved
– <i>Eye health in Aboriginal and Torres Strait Islander people</i>	Achieved
Establish the AIHW Indigenous Observatory website (see the 'snapshot' on page 104)	Achieved
Publish the annual paper for Closing the Gap Clearinghouse <i>What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence, 2009–10</i> (see the 'snapshot' on page 106)	Achieved
Produce biannual monitoring reports for OATSIH on the Improving Sexual Health in Aboriginal and Torres Strait Islander Demonstration Projects	Achieved
Develop a communication and dissemination strategy for best practice guidelines for collecting Indigenous status information	Work in progress <i>Established a helpline—the National Indigenous Data Improvement Support Centre</i>

Additional projects

- Completed field work for the evaluation of Improving Sexual Health in Aboriginal and Torres Strait Islander Demonstration Projects
- Published *Closing the gap clearinghouse annual report 2009–10*
- Coordinated publication of resource sheets for the Closing the Gap Clearinghouse, summarising the evidence on:
 - Anti-tobacco programs for Aboriginal and Torres Strait Islander people
 - Closing the school completion gap for Indigenous students
 - Early childhood and education services for Indigenous children prior to starting school
 - Reducing alcohol and other drug-related harm
 - Teacher and school leader quality and sustainability
 - Pathways for Indigenous school leavers to undertake training or gain employment
 - Community development approaches to safety and wellbeing of Indigenous children
- Coordinated publication of issues papers for the Closing the Gap Clearinghouse, reviewing the literature on:
 - School readiness: what does it mean for Indigenous children, families, schools and communities?
 - School attendance and retention of Indigenous Australian students

Committees

- Closing the Gap Clearinghouse Board: secretariat for this board chaired by Dr Meredith Edwards (University of Canberra)
- Closing the Gap Clearinghouse Scientific Reference Group: Secretariat for this group of the Closing the Gap Clearinghouse Board

Data collections managed

- Closing the Gap Clearinghouse data collection

Collaborating units

The AIHW has collaborative arrangements in place during 2010–11 with a number of research organisations, based mainly at universities (see **Appendix 6** on page 188).

These organisations work collaboratively with the AIHW and provide their expertise for specific tasks funded by the AIHW.

- Australian Centre for Asthma Monitoring at the Woolcock Institute of Medical Research Limited
- Australian General Practice Statistics and Classification Centre at The University of Sydney
- Dental Statistics and Research Unit at The University of Adelaide
- National Injury Surveillance Unit at the Flinders University of South Australia
- National Perinatal Epidemiology and Statistics Unit at the University of New South Wales

Australian Centre for Asthma Monitoring

The AIHW has an agreement with the Woolcock Institute of Medical Research Limited for the enhanced monitoring of asthma and linked chronic respiratory conditions by the Australian Centre for Asthma Monitoring. The centre is based at the Woolcock Institute of Medical Research in Sydney.

The agreement continues to 30 June 2013.

Unit head

Professor Guy Marks

What we do

The Australian Centre for Asthma Monitoring aims to help in reducing the burden of asthma in Australia by developing, collating and interpreting data relevant to asthma prevention, management and health policy.

Objectives

- Develop a systematic approach to the surveillance of asthma in Australia
- Monitor and report on disease levels and the burden and trends associated with asthma in the general population and specific population groups
- Examine social, geographical and environmental differentials that may influence the disease levels and burden associated with asthma
- Identify the potential for improved asthma prevention and management strategies
- Track the impact of changes in asthma prevention and management strategies
- Develop and manage special projects and collaborations for the integration and enhancement of asthma-related information

Outputs in 2010–11

Publish <i>Time trends and geographical variation in re-admissions for asthma</i>	Achieved
Finalise and publish <i>Asthma in Australia 2011</i>	Work in progress <i>To be published in 2011–12</i>
Present at Australasian Epidemiological Association Conference, Sydney	Achieved
Present at Thoracic Society of Australia and New Zealand annual scientific meeting	Achieved

Australian General Practice Statistics and Classification Centre

The AIHW had an agreement with the University of Sydney related to the collection and dissemination of information by the Australian General Practice Statistics and Classification Centre (AGPSCC) about the characteristics of patients of general practitioners and the medical and pharmaceutical prescriptions provided to patients. The AGPSCC is located at the Westmead Hospital campus of the University of Sydney in association with the Family Medicine Research Centre of the University's School of Public Health.

The agreement ended on 30 June 2011.

Unit head

Professor Helena Britt

What we do

The AGPSCC continuously collects information about clinical activities in general practice in Australia, including characteristics of the general practitioners, patients seen, reasons people seek medical care, the problems managed and how they are managed by the GP. The Centre is also responsible for the development of primary care classification systems.

Objectives

- Provide information about activities in general practice by conducting continuous data collection in general practice and widely disseminating the results
- Continue development and testing of data collection and analytical methods for gathering data through electronic means
- Further develop and maintain classification and terminology systems for primary care.

Outputs in 2010–11

Publish <i>General practice activity in Australia 2009–10</i>	Achieved
Publish <i>General practice activity in Australia 2000–01 to 2009–10: 10 year data tables</i>	Achieved

Dental Statistics and Research Unit

The AIHW has an agreement with The University of Adelaide for the operation of the AIHW Dental Statistics and Research Unit at the university. The unit was established for the purposes of collecting, collating and analysing statistics relating to dental care and oral health, and on dental services and service providers; and for initiating and undertaking associated research studies.

The agreement continues to 30 June 2012.

Unit head

Dr Liana Luzzi (from August 2010)

Dr Jane Harford (from August 2010)

What we do

The Dental Statistics and Research Unit aims to improve the oral health of Australians through the collection, analysis and reporting of dental statistics, and through research on dental health status, dental practices and use of dental services, and the dental labour force.

Objectives

- Conduct the Child Dental Health Survey and collect dental labour force statistics
- Produce reports in the form of the 'Dental statistics and research' series, research reports, and 'Data watch' articles
- Provide advice and undertake data analysis and provision to meet the Intergovernmental Agreement on Federal Financial Relations reporting requirements

Additional projects

- Conducted the Child Dental Health Survey, Adult Dental Programs Survey, and the National Dental Telephone Interview Survey
- Published:
 - *Age and the costs of dental care*
 - *Dental attendance patterns and oral health status* (see the 'snapshot' on page 114)
 - *Self-rated oral health of adults*
 - *Socioeconomic variation in periodontitis among Australian adults 2004–06*
 - *Trends in access to dental care among Australian adults 1994–2008*
 - *Trends in access to dental care among Australian adults: in brief*
 - *Trends in access to dental care among Australian teenagers*
- Finalised for publication (in August 2011):
 - *Dental decay among Australian children*

Committees

- National Oral Health Plan Monitoring Group: Member

Data collections managed

- Child Dental Health Survey
- National Dental Telephone Interview Survey
- Adult Dental Programs Survey
- Dental labour force data collection

Performance against planned outputs in 2010–11

Publish a report on child oral health for 2008–09

Work in progress
Delayed data supply; to be published in 2011–12

Finalise and publish reports on the dental labour force:

– *Dentists, specialists and allied practitioners in Australia: Dental Labour Force Collection, 2006*

Achieved
To be published in August 2011

– *Oral health practitioner labour force projections, 2006–2025*

Achieved
To be published in August 2011

– *Oral health practitioners in Australia, 2006*

Achieved
To be published in August 2011

Report on dental performance indicators required for COAG reporting under the National Healthcare Agreement

Achieved

Produce a report on key facts and figures in dentistry that overviews major areas of oral health status and dental service use

Work in progress
Deliverable redefined by funder; to be published in 2011–12

Publish ARCPH 'Data watch' journal articles:

– *Supply and demand for oral and maxillofacial surgeons and services in Australia*

Achieved

– *Practice profiles of male and female dentists in Australia*

Achieved

– *Chronic disease and use of dental services in Australia*

Achieved
Submitted for publication

– *Dental caries experience among young Australian adults*

Achieved

– *Trends in child oral health 1977–2007*

Achieved
Submitted for publication

Publish Dental Statistics and Research Unit Research series reports:

– *Changes in child tooth brushing over time*

Achieved
To be published in August 2011

– *Visits supplied in dental practice in Australia*

Achieved
To be published in August 2011

Publish Dental Statistics and Research series reports:

– Insurance cover and use of dental services

Work in progress
To be published in 2011–12

– Child Dental Health Survey for 2005–06

Work in progress
To be published in 2011–12

– dental health behaviours among children

Work in progress
To be published in 2011–12

– oral health and use of dental services; National Dental Telephone Interview Survey 2008

Work in progress
To be published in 2011–12

– Child Dental Health Survey 2007 covering data from 1977–2007

Work in progress
To be published in 2011–12



Positive dental attendance patterns associated with good oral health

In April 2011, the Dental Statistics and Research Unit (DSRU), a collaborating unit of the AIHW, released the *Dental attendance patterns and oral health status* report, offering valuable insight into the oral health of Australians, their behaviours and their patterns of dental service usage.

Nearly 30% of Australian adults display 'unfavourable' dental attendance patterns – characterised by infrequent visits to dental care providers, and usually only for a dental problem.

Compared with those who visited their dentist at least once a year for regular check-ups, these adults were more likely to report:

- experiencing toothache, sensitive teeth and bleeding gums in the previous year
- being uncomfortable with their dental appearance
- avoiding certain foods due to dental problems.

They were found to have, on average, more than three times the level of untreated decay and 1.6 times more teeth missing due to dental disease. They were also nearly four times more likely to have had a tooth extracted in the previous year.

Adults with 'unfavourable' dental attendance tended to report barriers to accessing dental care. In particular, they were three times more likely to report any of the following:

- delaying or avoiding dental care due to cost
- finding difficulty in paying a \$100 dental bill
- being very afraid or distressed when making a dental visit.

Only 40% of Australian adults were found to engage in 'favourable' dental attendance patterns – namely, visiting a usual dental care provider at least once a year for a check-up. These adults were more likely to have dental disease treated promptly, leading to less untreated decay, fewer extractions and more teeth restored.

snapshot

National Injury Surveillance Unit

The AIHW has an agreement with Flinders University for the operation of the AIHW National Injury Surveillance Unit at the university. The unit was developed for the purposes of informing community discussion and supporting policy making on the prevention and control of injury in Australia by developing, coordinating, interpreting and disseminating relevant information, research and analysis.

The current agreement continues to June 2012.

Unit head

Associate Professor James Harrison

What we do

The National Injury Surveillance Unit aims to be the main source of national statistical reporting on injury in Australia.

Performance against planned outputs in 2010–11

Contribute to <i>Australia's health 2012</i>	Work in progress <i>To be published in 2011–12</i>
Publish <i>Trends in serious injury due to land transport accidents, Australia 2000–01 to 2007–08</i>	Achieved
Publish <i>Serious injury due to land transport accidents, Australia 2008–09</i>	Work in progress <i>To be published in 2011–12</i>
Publish <i>Serious injury due to transport accidents involving a railway train, Australia, 2004–05 to 2008–09</i>	Work in progress <i>To be published in 2011–12</i>
Publish a report on injury hospitalisations for 2008–09	Work in progress <i>To be published in 2011–12</i>
Publish a report on hospitalisations due to falls by older people for 2008–09	Work in progress <i>To be published in 2011–12</i>
Publish a report on injury deaths for 2008–09	Not achieved <i>Data unavailable</i>
Publish a report on Selected drugs and their association with injury: Results from the 2007 National Drug Strategy Household Survey	Work in progress <i>To be published in 2011–12</i>
Publish a report on Injury experience of Aboriginal and Torres Strait Islander people: Analysis of the 2004–05 National Aboriginal and Torres Strait Islander Health Survey	Work in progress <i>To be published in 2011–12</i>
Publish a report on Obesity and injury in the National Hospital Morbidity Database	Work in progress <i>To be published in 2011–12</i>

Objectives

- Analyse and report on existing injury data
- Assess needs and opportunities for new information sources and mechanisms, and for improvement of existing ones
- Develop new information sources and other relevant infrastructure
- Provide advice and other services to assist others who are engaged in injury control and related matters

Additional projects

- Produced a report on activities to enhance injury mortality surveillance
- Produced an annual statistical report on new spinal cord injury cases for 2008–09
- Continued redevelopment work to convert the Australian Spinal Cord Injury Register into a clinical quality register

- Contributed to managing the Topic Advisory Group - Injury and External Causes ICD-11 for the revision of the International Classification of Diseases (ICD), 11th edition

Committees

- International Classification of Diseases Revision Steering Group, Injury and External Causes Topic Advisory Group: Chair of this WHO committee
- National Injury Prevention Working Group: Member of this working group of the Australian Population Health Development Principal Committee; the working group is chaired by Mr Kevin Bucket (SA Department of Health)

Data collections managed

- Australian Spinal Cord Injury Register

National Perinatal Epidemiology and Statistics Unit

The AIHW has an agreement with the University of New South Wales for the operation of the AIHW National Perinatal Epidemiology and Statistics Unit at the university. The current agreement continues until 30 June 2012. During the year, the name of the unit changed from the National Perinatal Statistics Unit in recognition of the epidemiological work program being undertaken by the unit. The unit was established for the purposes of providing national leadership in the development and study of statistics relating to perinatal health; collecting, collating and analysing statistics relating to perinatal health; and initiating and undertaking associated research studies.

Unit head

Associate Professor Elizabeth Sullivan

What we do

The National Perinatal Epidemiology and Statistics Unit aims to improve the health and wellbeing of mothers and babies in Australia

through: analysing and reporting of existing national reproductive and perinatal health information; assessing needs and opportunities for new information sources and mechanisms and improvement of existing information sources; developing new information sources and other relevant infrastructure; and providing advice and other services to assist others who are engaged in monitoring and researching perinatal health.

Specifically, the unit carries out and assists with research and reporting on reproductive, maternal and perinatal health including assisted reproduction, pregnancy outcomes, maternal morbidity and mortality, congenital anomalies, admission to neonatal intensive care and perinatal mortality.

Objectives

- Continue to manage and improve key data collections
- Publish reports on reproductive and perinatal health that cover pregnancy outcomes, newborn and maternal morbidity and mortality and assisted reproduction
- Undertake data development work to support the new National Indigenous Reform Agreement and National Health Agreement performance reporting requirements

Performance against planned outputs in 2010–11

Publish <i>Australia's mothers and babies 2008</i>	Achieved
Publish <i>Assisted Reproduction Technology in Assisted Reproduction Technology in Australia and New Zealand 2008</i>	Achieved
Provide data for <i>Headline indicators for children's health, development and wellbeing, 2011</i>	Achieved
Provide data for the report <i>Overcoming Indigenous Disadvantage 2011</i>	Achieved
Provide data for the <i>SCRGSP's' Report on Government Services 2011</i>	Achieved
Provide data for perinatal performance indicators: three for the National Healthcare Agreement and four for the National Indigenous Reform Agreement	Achieved
Publish a report on neural tube defects for 2006–2008: baseline report for monitoring the effect of flour fortification	Work in progress <i>To be published in 2011–12</i>
Publish a report on fetal deaths for 2001–2007	Work in progress <i>Pending final data supply</i>

- Work collaboratively with stakeholders, including DoHA, to liaise and exchange information with stakeholders on future activities and funding opportunities

Additional projects

- Undertook a project to provide advice on ways to support the potential collection of data about fetal alcohol spectrum disorders
- Consulted on the development of data items to support potential collection of data on the number of antenatal visits and maternal alcohol use in pregnancy
- Prepared a bulletin that reviews sources and gaps in maternity data and outlines the key findings of the Maternal and Perinatal Morbidity and Mortality Data Collections project
- Contributed advice and preparation of data for an AIHW report on diabetes in pregnancy
- Contributed to reports to the Office for Indigenous Development, Office for Aboriginal and Torres Strait Islander Health

Committees

- National Perinatal Data Development Committee: Chair Ms Sue Cornes
- Mortality Statistics Advisory Group: Member of this ABS committee
- Australia and New Zealand Stillbirth Alliance: Member of this committee chaired by Professor David Ellwood (Australian National University) and the research committee chaired by Professor Jonathon Morris (University of Sydney)
- Australian and New Zealand Neonatal Network Advisory Committee: Member of this committee chaired by Professor Brian Darlow (University of Otago)

- AIHW National Advisory Committee on Maternal Mortality: member of this committee
- National Congenital Anomalies Steering Committee: member of this committee
- Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS) : member of this Committee
- Expert Advisory Committee, National Evidence based Antenatal Care Guidelines Project, Member
- Australasian Maternity Outcomes Surveillance System Advisory Group, Chair Associate Prof Elizabeth Sullivan

Data collections managed

- National Perinatal Data Collection
- Australian Congenital Anomalies Monitoring System collection
- National Maternal Deaths Data Collection

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Chapter 4

Our people

The AIHW's staffing profile and information about how the AIHW supports its staff can be found in this chapter.

The AIHW's fifth strategic direction (SD5) recognises that valued, expert and versatile people are critical to the achievement of its corporate objectives. The AIHW aims to:

- support and develop the capabilities of staff to meet our work requirements
- attract and retain skilled, adaptable and responsive people
- promote a culture in which people work within and across teams to maximise expertise and produce results that benefit the AIHW as a whole
- refine organisational approaches to reflect the requirements of a dynamic mid-sized organisation which has the capacity to respond quickly and flexibly to meet emerging requirements.

The AIHW's People Unit plays an important role in achieving this strategic direction. It provides human resource services such as workforce management, recruitment, learning and development, information about conditions of

service and advice to managers on performance management. It also provides facilities services including management of office accommodation and supplies, and occupational health and safety.

Staff profile

Staff numbers at 30 June 2011 were 360.5 full-time equivalent staff (393 total staff) (**Table 8**). This was a 4.3% increase on the 345.8 full-time equivalent staff (372 total staff) employed as at 30 June 2010. There was a 5.6% increase in total staff numbers during 2010–11.

About two-thirds (67%) of the AIHW's staff are female (263) and nearly 86% of staff (337) are ongoing employees. The proportion of ongoing employees decreased over the year from 91% at 30 June 2010.

The AIHW has a high level of part-time employment, with 22% of staff—74 ongoing and 14 non-ongoing—employed part-time. This proportion remains similar to that at 30 June 2010.

Table 8: Category of staff employment, 30 June 2010 and 30 June 2011

	All staff 2010	All staff 2011	Male staff 2011	Female staff 2011
Number of staff				
Ongoing				
Full-time	252	243	90	153
Part-time	69	74	17	57
Long-term leave	18	20	4	16
Non-ongoing				
Full-time	20	42	17	25
Part-time	11	14	2	12
Long-term leave	2	0	0	0
Total	372	393	130	263
Number of full-time equivalent staff				
Total	345.8	360.5	124.7	235.8

Notes:

1. 'Ongoing staff' refers to staff employed on an ongoing basis by the AIHW.
2. 'Non-ongoing staff' refers to staff employed by the AIHW on contracts or temporary transfer for specified terms and specified tasks, including staff on transfer from other Australian Public Service agencies.

More women are employed part-time at the AIHW than men (69 women compared with 19 men, or 26% of female staff compared with 15% of male staff at 30 June 2011). Sixteen women and four men were on long-term leave at 30 June 2011.

The most common levels of staff employment at the AIHW are Executive Level (EL) 1 with 130 staff (33% of total staff numbers) and Australian Public Service (APS) 6 level with 92 staff (23%) (Table 9).

Over the year, staff numbers increased at the EL 2, EL 1, APS 6 and APS 4 levels with the largest percentage increases being for the APS 4 level—an increase of 30%, from 31 to 40 staff—and the APS 6 level—an increase of 12%, from 82 to 92. At other levels staff numbers remained steady or dropped.

The relatively high proportion of females at the AIHW is less prominent at the EL 2 level. More than half the staff employed at each level (except CEO level) are female.

The AIHW recently conducted a skills and qualifications survey of all staff. Nearly three-quarters of all employees (288) responded. Of these, 262 reported having a bachelor degree or higher qualification (Figure 7). The most common fields of study identified were sciences (15%), health or public health (13%), mathematics or statistics (13%) and psychology (12%).

Recruitment strategies

The AIHW continues to attract and retain talented staff by offering challenging and fulfilling work, competitive salaries, excellent learning and development opportunities, good work-life balance and a friendly and inclusive work environment.

Video clips on the AIHW's website promote the attractions of working at the Institute. They feature staff and graduates discussing the benefits of the Graduate Program, the range of career opportunities offered by the Institute and the general advantages of AIHW employment.

Table 9: Level of staff employment, 30 June 2010 and 30 June 2011

	All staff 2010	All staff 2011	Male staff 2011	Female staff 2011
Number of staff				
Director (CEO)	1	1	1	0
SES Band 2	2 ^(a)	0	0	0
SES Band 1	9 ^(b)	8	3	5
EL 2	43	47	20	27
EL 1	125	130	46	84
APS 6	82	92	28	64
APS 5	61	58	15	43
APS 4	31	40	12	28
APS 3	13	13	4	9
APS 2	5	4	1	3
Total	372	393	130	263

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

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

Note: Staff on higher duties are included at the level at which they are acting.

The videos are available for public viewing and are frequently the subject of positive feedback from AIHW job applicants.

AIHW representatives attended several Australian Public Service Commission Career Fairs during the year to promote the career opportunities available at the AIHW and to encourage applications for the Indigenous Graduate and Cadet Programs.

Although staff turnover has increased slightly over the past 12 months, the separation rate of 4.4%—which excludes staff transferring to other

Australian Public Service agencies—remains well below the rate for the wider Australian Public Service (6.4%).

AIHW graduates

The AIHW continues to offer excellent employment opportunities for graduates and postgraduates seeking to apply their qualifications in the field of health and welfare information (see the **'snapshot'** below). Fourteen new graduates were employed by the AIHW in the 2010–11 intake, eight of whom relocated

Graduate opportunities at the AIHW

Graduates are highly valued and well catered for at the AIHW. Employment opportunities are available for graduates and postgraduates interested in applying their skills and knowledge in the field of health and welfare information.

'We are always looking for super thinkers, writers and talkers who also want to be part of a team. And you do not have to be a statistician,' says David Kalisch, AIHW Director.

During the 2010–11 intake, 14 new graduates began their employment with the AIHW. With backgrounds ranging from practical statistics, public health, community development and communication management, AIHW's graduates are a diverse range of individuals with a wide variety of skills.

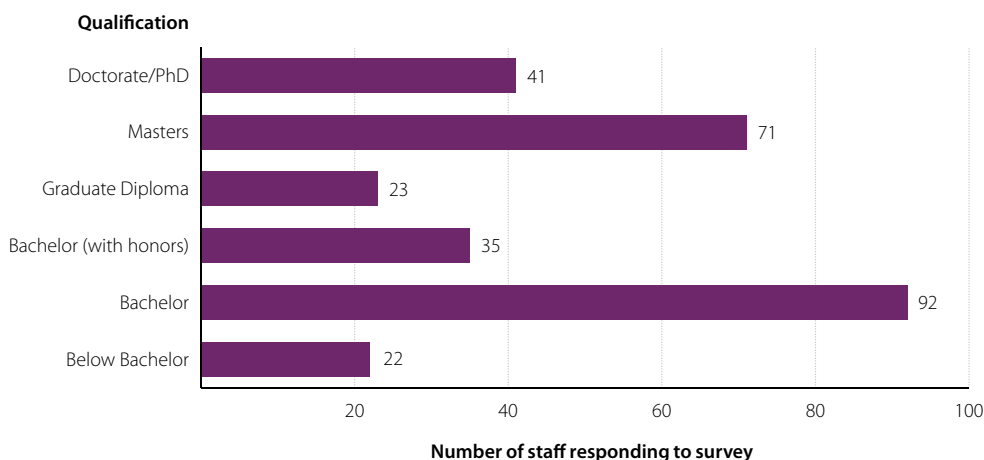
Working with experts in their field, AIHW graduates have gained experience in subject areas, such as population health, health and community services, housing, Indigenous health and welfare, information management, corporate services, publishing and media.

Graduates have the opportunity to participate in a number of learning and development programs throughout the year, including:

- writing workshops
- introduction to public policy
- selection criteria and interviews
- statistical writing and other technical training
- diversity, bullying and harassment awareness
- occupational health and safety
- many events offered by the Australian Public Service Commission specifically targeted to graduates.

Meet some of our graduates at <www.aihw.gov.au/graduate-program-video/>.



Figure 7: Highest level of staff qualifications, 2011

from interstate. All took up APS 4 positions. They were given the opportunity to participate in training organised by the Australian Public Service Commission and in strategic project work in many areas of the AIHW. They were also offered a variety of learning and development opportunities specifically tailored for APS graduates. This year the AIHW is trialling a developmental toolkit that provides advice for graduates on making the transition to a professional career. The kit contains a handbook, a workbook, a journal and CDs through which graduates can work independently at their own pace or with their supervisor as a means of assessing and enhancing their skills and capabilities.

Of the 21 graduates in the 2009–10 intake, 17 remain at the AIHW. Ten have been promoted to the APS 5 level and one to the APS 6 level.

Sponsorship of overseas employees

In March 2010, the AIHW invited the Canadian Institute for Health Information (CIHI) to nominate staff for temporary engagement with the AIHW, as approved under Department of Immigration and Citizenship sponsorship arrangements (see the **'snapshot'** on page 124). Three Canadian staff have made a very valuable contribution to

the AIHW. One AIHW manager is currently on a temporary transfer with CIHI for 12–24 months.

Managing for performance

The AIHW places a strong emphasis on two-way communication between managers and staff and conducts formal staff performance feedback and communication twice a year. The practice aims to improve formal communication between managers and staff on work priorities, workload, performance, learning and development and other matters. Staff also receive feedback on their performance against the five standard Australian Public Service Commission Integrated Leadership System selection criteria and against relevant technical and professional skills. In August 2010, more than 98% of staff participated in formal performance discussions. This is the highest level of participation to date across the AIHW and was repeated in February 2011.

To support staff in managing teams, a number of performance management workshops were offered to managers during the year. The programs included Giving and Receiving Feedback, Managing for Performance, and Difficult Conversations.

Workplace behaviour

The AIHW recognises that a positive work environment encourages workplace diversity, innovation and creativity and helps reduce absenteeism and employee turnover. All new employees are provided with training and information on behaviour in the workplace, and existing staff have been given the opportunity to attend courses on workplace practices with the objective of ensuring that the AIHW will be free of bullying and harassment.

The AIHW has four fully trained Harassment Contact Officers. They represent varying classification levels and AIHW locations, and include staff from both genders. They are available to provide confidential support to managers and staff on bullying and harassment issues.

Workplace diversity

The AIHW continues to recognise and celebrate the diverse talents and experiences brought to the workplace by its staff.

The AIHW conducts a range of activities that increase awareness and appreciation of Aboriginal and Torres Strait Islander cultures. This year it has celebrated several significant Indigenous events, including NAIDOC Week, Close the Gap Day and Reconciliation Week, by inviting guest speakers and artists to share their experiences with staff on these occasions.

The AIHW has also presented a number of new staff programs and seminars to raise awareness of mental health issues in the workplace. The AIHW currently has seven staff with a reported disability. Over the coming year the Institute will investigate recruitment strategies, programs and Australian Public Service Commission initiatives to increase the employment of staff with disabilities.

The opportunities provided by the Institute for flexible working arrangements also encourage workplace diversity.

Professional exchanges with the Canadian Institute of Health Information



snapshot

In early 2011, the AIHW welcomed three staff members from the Canadian Institute of Health Information (CIHI) as part of its professional exchange program.

The Institute's Canadian visitors are employed at a variety of levels: SES Band 1, EL 1 and APS 6. They bring to the AIHW a diversity of knowledge and experience in various health-related issues.

The professional exchange program is a reflection of the AIHW's commitment to building a diverse, highly skilled workforce, drawing on a broad range of professional experience, both nationally and globally.

The CIHI placements offer a unique opportunity to share international expertise and best practice. The AIHW is continuing discussions with CIHI to facilitate other international AIHW staff placements.

Reconciliation Action Plan

The AIHW's Reconciliation Action Plan (RAP) working group reports annually to the AIHW Board and Reconciliation Australia on the AIHW's progress in meeting the plan's objectives. The plan's objectives are to:

- enhance awareness of Aboriginal and Torres Strait Islander cultures at the AIHW
- shape policy and community debate by highlighting issues affecting Aboriginal and Torres Strait Islander people, drawing upon relevant statistics and advice
- develop and build capacity in Aboriginal and Torres Strait Islander people and organisations in relation to data and statistical collection and analysis.

A number of measurable targets were identified to achieve these objectives. All targets were achieved and several exceeded. The AIHW RAP working group met regularly during 2010–11 to ensure the implementation across the AIHW of actions outlined in the plan. The group focused on increasing and retaining Indigenous staff numbers at the AIHW and continuing to raise awareness of Indigenous issues (see the 'snapshot' on page 126).

The AIHW participates in the APS Indigenous Cadetship Program. During the year, the Institute sponsored two cadets who gained valuable experience through working on projects such as Closing the Gap Clearinghouse and Healthy for Life. The program, subsidised by the Department of Education, Employment and Workplace Relations, provides financial assistance for cadets while they are completing their tertiary studies and offers them a 12-week work placement each year with the AIHW. At the end of their studies, the cadets are guaranteed ongoing employment with the AIHW.

Each year, Indigenous students from Macquarie University are invited to visit the AIHW. These annual visitors are second-year, mature-age students undertaking a Bachelor in Community Management through the Warawara Department of Indigenous Studies. They work in various government and community-based organisations in New South Wales, Queensland and the Northern Territory. The students gain an understanding of how Indigenous programs are coordinated at the national level and an awareness of AIHW publications that can assist them with their community work. The annual visits raise the profile of the AIHW and enhance Indigenous community access to health and welfare information.

The number of AIHW Indigenous employees has increased from five to six over the year, and now represent 1.5% of the AIHW workforce.

Staff awards

Long service awards

During 2010–11, the AIHW recognised six staff for their long service with the AIHW (Table 10). This brings to 41 the number of existing staff members who, as at 30 June 2011, have celebrated 10 years or more service with the AIHW—just over 10% of the AIHW's total workforce.

Table 10: Staff long service awards, 2010–11

10 years' service		
Timothy Beard	Evon Bowler	Janice Miller
Susana Senes	Toni Stepniak	Linda Wallace



Reconciliation Action Plan working group

The Reconciliation Action Plan (RAP) working group was very busy in 2010–11, holding 10 meetings during the year. In line with the RAP objectives, the working group focused on developing policies that will help to increase the AIHW's Indigenous staff numbers and raise awareness of Indigenous issues.

Key activities for 2010-11 included:

Enhancing awareness within the AIHW

- offering three Indigenous cultural awareness programs to all staff as a component of AIHW's corporate learning and development program
- staff participation in organised celebrations for NAIDOC week, Closing the Gap week and Reconciliation week
- support for local Indigenous artists through purchase of artworks for AIHW products
- keeping staff informed about Indigenous issues and the above events

Shaping policy and community debate, highlighting issues

- ensuring that, wherever possible, AIHW publications include analyses according to Indigenous status, as well as increasing the number of Indigenous-specific publications
- regularly reporting on progress against the COAG Indigenous reform targets

Developing and building capability

- improving our Indigenous recruitment strategies, including the establishment of an Aboriginal and Torres Strait Islander support network
- recruiting an Indigenous Liaison Officer to support the RAP working group and liaise with schools, universities and the community to raise awareness of the AIHW amongst Aboriginal and Torres Strait Islanders and to actively market the AIHW as a good place to work
- offering two Indigenous cadets work experience to supplement their tertiary studies, with

ongoing employment on their completion.



Dr Penny Allbon, the former AIHW Director, Mr James Baban, a traditional Aboriginal healer, and Dr Lisa Jackson Pulver, an Indigenous epidemiologist, at an event held for staff during NAIDOC week (July 2010) that showcased the AIHW's Indigenous publications and offered some 'bush tucker' refreshments

Director's awards

During 2010–11, Director's awards were presented to 12 staff members in recognition of their outstanding contribution to the AIHW (Table 11).

Table 11: Director's awards, 2010–11

Name	Unit
Cid Riley, Scott Lee, Mark Petricevic, John Sant and Tim Holloway	Housing and Homelessness Integration (Team Award)
Sarah Christie	Publishing Services
Mark Short	Cancer and Screening
Cheree West	People
Penny Siu	Specialist Homelessness Services Collection
Sally Bullock	Health Performance Indicators
Nadia August	Drug Surveys and Services
Jess Cumming	Communications, Media and Marketing

Learning and development

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

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

The strategy is currently being reviewed.

In 2010–11, the AIHW continued to focus on the development of leadership skills among middle managers and supervisors by providing access to several of the in-house courses linked to the Australian Public Service Commission's Integrated Leadership System.

Part of the 1 July 2011 pay rise to AIHW staff was conditional on at least 92% of the staff who had worked at the AIHW for more than four months participating in five learning and development activities (pro rata for part-time staff and staff with less than 12 months tenure). This target, which was set by the AIHW Consultative Committee (established under the AIHW's Collective Agreement), was achieved, with 96% of eligible staff completing the required number of activities.

In-house courses

The AIHW offered in-house courses to staff during the year in the broad skill areas of communication, management and leadership, and computing and other technical skills. In addition, a formal induction program was offered for new staff (Table 12).

Table 12: In-house learning and development courses for staff, 2010–11

Course type	Occasions course offered	Occasions staff attended
Corporate induction (for new staff)	3	55
Communication	34	475
Management and leadership	24	268
Computing and other technical skills	34	320

Note: Some staff attended more than one course.

Individual courses offered within these broad subject areas included strategic thinking, stakeholder engagement, essentials for new team leaders, assessing leadership capability, medical terminology and coding, giving and receiving feedback, media and presentations, minute taking, project management, risk management, negotiation skills, selection criteria and interview skills, career directions, occupational health and safety, bullying and harassment awareness, and Indigenous cultural appreciation. Statistical and IT training—in SAS Enterprise Guide, SAS additional topics and advanced programming, METeOR and

Microsoft Excel—and statistical writing, writing for the web and AIHW-specific writing workshops continued (see ‘**Strengthening communication**’ on page 136). SAS training is now being provided by an AIHW employee who is a SAS specialist with facilitation skills.

Induction courses for new staff were held three times during the year, each comprising three half-day programs. In addition to information about the AIHW itself, they now incorporate greater detail than previously on APS practices as a whole (for example, code of conduct, values and ethics) than previously.

External study

Through its Studybank Program, the AIHW continues to provide assistance for staff members who wish to undertake external study to further develop their knowledge and skills. Thirteen staff received Studybank assistance during 2010–11. These staff were each studying for a post-graduate degree or certificate, most commonly in epidemiology, biostatistics, psychology, public health or management.

Seminars

Internal staff seminars about statistical, research and other issues are held on a regular basis (see for example the ‘**snapshot**’ below). Informal lunchtime seminars are offered to staff every 6–8 weeks on health and wellbeing related topics.

Statistical consultancy panel

AIHW staff continue to rely on the expertise of the statistical consultancy panel established to provide them with advice and support in statistical methodology, and how to work as part of a multidisciplinary team and to participate in the development of new research projects. The AIHW also employs a part-time statistician to advise staff in relation to their statistical work. The AIHW statistical manual provides a ready source of information to staff on the AIHW’s statistical practices. The manual is updated on an as-needed basis by the AIHW’s Statistical and Analytical Methods Advisory Committee.

Privacy Awareness week

Privacy *matters* at the AIHW, and the Institute is committed to protecting the privacy of the information entrusted to it. The AIHW can only carry out its responsibilities if it has the full confidence of our stakeholders and data providers. In addition, legal obligations related to privacy are an important part of the AIHW Act and the *Privacy Act 1988*.

During Privacy Awareness Week in May 2011, conducted under the auspices of the Office of the Australian Information Commissioner, the AIHW reinforced its ongoing commitment to honouring its privacy-related obligations. A staff seminar titled ‘Privacy Fundamentals’ focused on the need to recognise and apply privacy considerations in the Institute’s day-to-day work, and on potential reforms to Australia’s privacy laws.

The seminar emphasised the importance of the AIHW balancing its confidentiality obligations with the need to facilitate access to information.



snapshot

Ecologically sustainable development

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

- Decision-making processes should effectively integrate both long-term and short-term economic, environmental, social and equitable considerations.
- If there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation.
- The principle of inter-generational equity: the present generation should ensure that the health, diversity and productivity of the environment is maintained or enhanced for the benefit of future generations.
- The conservation of biological diversity and ecological integrity should be a fundamental consideration in decision making.
- Improved valuation, pricing and incentive mechanisms should be promoted. Section

Ecologically sustainable development reporting

Legislation administered during 2010–11 accords with the principles of ecologically sustainable development

The AIHW does not administer legislation.

Outcome contribution to ecologically sustainable development

The functions of the AIHW are such that none of its activities contributing to its single outcome under the PBS (see Portfolio Budget Statements on page <?>) address the principles of, or had direct relevance to, ecologically sustainable development as described above.

The effect of the AIHW's activities on the environment

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

Measures taken to minimise the impact of activities on the environment

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

- a Green Group meets on a quarterly basis to examine and advise on options to further reduce the AIHW's environmental impact
- environmentally friendly tips and information on the AIHW intranet
- provision of amenities for staff who ride bicycles to work
- use of energy-efficient lighting
- movement activated lighting that turns off after 20 minutes when no movement is detected
- solar tinting on the windows to increase heating/cooling efficiency
- installation of modern, efficient air-conditioning boiler and chiller by building owner, as well as a new Building Management System to better monitor fuel usage
- provision of designated car parks for staff who car-pool
- participating in Earth Hour 2010
- water-saving devices in all showers (4) and toilets (37)
- recycling of toner cartridges, paper, ring binders and other relevant waste
- recycling bins in kitchens for co-mingled waste, and for organic waste (food scraps, bread and paper towels). The latter is fed to composting worms and recycled into an organic fertiliser. During 2010–11, 2,051 kilograms of organic kitchen waste was collected (Figure 8).

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

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

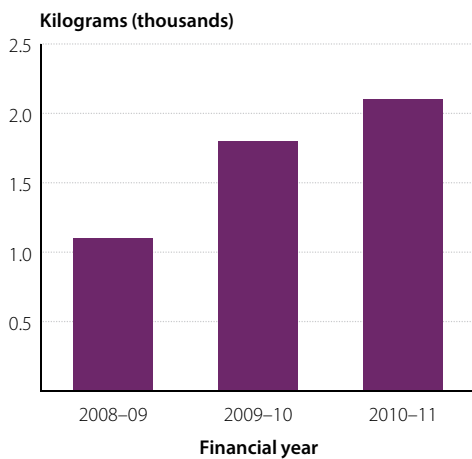
516A of the Environment Protection and Biodiversity Conservation Act 1999 requires the AIHW to report on the following issues.

Under this Act the AIHW is required to report on the matters included in the list on page 129.

Organic waste collection at AIHW

As of June 2011, there were 13 bins in AIHW kitchens for the collection of organic waste such as food scraps, coffee grounds, tea bags, bread and paper towels. The waste is fed to worms and recycled into an organic fertiliser in a process called vermicomposting. Over five tonnes of organic waste has been collected since collection began in 2008 (Figure 8).

Figure 8: Organic waste collected, 2008–09 to 2010–11



Occupational health and safety

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

Health and Safety Management Arrangements

The AIHW’s Health and Safety Management Arrangements were revised in 2010–11 in consultation with all levels of management and staff. The arrangements provide the framework within which the AIHW meets its legislative health and safety requirements and integrates occupational health and safety systems into its business activities. The arrangements specify the respective responsibilities of the employer (the Director), senior managers, supervisors, other key roles (for example, health and safety representatives) and staff.

The arrangements outline the functions of the Occupational Health and Safety Committee. The committee, which meets four times a year, monitors incidents in the workplace, ensuring that any issues are dealt with effectively and efficiently, and reviews occupational health and safety related policies.

Occupational health and safety initiatives

Management systems

During 2010–11, the AIHW continued to provide workstation assessments for all new staff. This is aimed at ensuring employee comfort and identifying any individual needs to maintain the low incidence of body-stressing injuries at the AIHW. The AIHW has also purchased several lecterns to allow staff who need it the option of working in a standing position.

Workplace safety inspections

The People Unit undertook four workplace safety inspections during 2010–11 covering all AIHW office buildings (see ‘**Accommodation**’ on page 131). The Institute’s occupational health and safety practices and procedures were also explained in corporate induction sessions. Targeted training sessions were held throughout the year (two sessions for managers and two sessions for staff during 2010–11) as part of an ongoing program to reinforce the importance of occupational health and safety for new and existing staff, and contractors.

Health and wellbeing

The AIHW continues to offer free vaccinations to all staff leading into the influenza season.

In 2010–11, the AIHW supported two new health and wellbeing initiatives, a corporate gym membership and the Global Corporate Challenge. The corporate gym membership provides staff with access to a range of gyms across Canberra at a substantially reduced rate. The membership is paid for by staff and administered by the social club. The Global Corporate Challenge is a worldwide corporate health initiative that encourages participants to increase their daily physical activity over a three-month period. Participants are also encouraged to review their eating habits and adopt a healthier diet through

access to daily information and weekly eating plans provided by a nutrition coach. There are 91 staff currently participating in 13 teams of seven.

Employee assistance program

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

Occupational health and safety performance outcomes

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

Accommodation

The AIHW operated from four separate office buildings in Canberra in 2010–11:

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

The leases for three of these buildings are due to expire in 2014. The lease for Block D expires in September 2011.

In May 2011, the AIHW conducted a staff accommodation survey as part of the process of planning the AIHW’s future accommodation requirements.

Commonwealth Disability Strategy

AIHW makes every effort to ensure that all its policies and procedures comply with the principles of the Commonwealth Disability Strategy. The AIHW is both an 'employer' (see '**Workplace diversity**' on page 124) and a 'service provider' under the Commonwealth Disability Strategy Performance Reporting Framework. The AIHW is not a 'policy advisor', 'regulator' or 'purchaser' under the framework.

As a service provider

The major focus of the AIHW is to provide information to other government departments and statutory agencies to help them in their development of policies and programs. Information is also available to the community on the AIHW website and in printed publications.

During 2010–11 all new publications were released simultaneously on the AIHW's website in both Portable Document Format and Rich Text Format, the latter format being more accessible for those with vision impairments. The AIHW invites its website visitors who have difficulty accessing information to seek individual assistance. Facilities and conferences managed by the AIHW comply with accessibility standards for people with disability, including those for wheelchair access, toilets and disabled parking.

Disability reporting

During the year the Commonwealth Disability Strategy was overtaken by a new National Disability Strategy which sets out a ten year national policy framework for improving life for Australians with disability, their families and carers. Disability reporting now occurs through a number of mechanisms. For example, the APS Commission's *State of the Service Report* and the *APS Statistical Bulletin*, to which the AIHW contributes, provide information on the 'employer' role.

Chapter 5

Our communications

This chapter provides an overview of public affairs activities, including the provision to policy makers and the public of messages arising from the AIHW's data on health and welfare.

The chapter focuses on the AIHW's strategic direction 'Improve the availability of information for the community and our stakeholders' through:

- continuing to ensure information is conveyed in formats to meet the requirements of different audiences, and for different purposes
- assisting the media to understand and report AIHW information in an accurate and timely manner.



Australian Hospital Statistics review

The AIHW is proud to provide a comprehensive range of hospital performance related information, but we know that there is always room for improvement.

That is why, in early 2011, the Institute undertook an external stakeholder review of its *Australian hospital statistics* suite of products to ensure their continued relevance to the intended audience and to identify possible improvements.

This suite offers performance information and other statistics about public and private hospitals in Australia.

It comprises:

- the annual *Australian hospital statistics* full report
- the 'at a glance' companion summary hard copy publication and online product



- a separate, more timely publication on emergency department care and elective surgery waiting times (for which data are available in a more timely manner).

More than 70 stakeholders were interviewed as part of the review—from state and territory health authorities, Australian Government agencies, public and private hospitals, the media and other health-related organisations—all users and providers of AIHW data.

The Australian hospital statistics products were considered to contain valuable information by their users, were frequently accessed and well respected. A range of possible improvements were suggested and stakeholders noted that the earliest possible reporting was fundamental to ensuring the relevance of the products.

The AIHW will implement changes to the *Australian hospital statistics* suite of products progressively in response to the findings of the review. For example, more time series information is to be included in the publication on emergency department care and elective surgery waiting times for 2010–11, to be published in late 2011.

The *Australian hospital statistics* suite of products accompany the information presented on the *MyHospitals* website, providing national and state and territory views of the *MyHospitals* information.

The AIHW is committed to further improving the quality, relevance and timeliness of the Australian hospital statistics products to better suit the needs of stakeholders.

Improving the availability of information

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

The AIHW is committed to making its work widely accessible and easy to understand, consistent with its strategic direction (SD5) 'Getting the messages out better'. All publications are available free in full text on the AIHW website. Hard copies are also available.

Delivering publications in new ways

The AIHW releases all publications in Portable Document Format and Rich Text Format. The latter is tailored for people with vision impairment who use special screen-reader technology to read text on websites. All AIHW report summaries are also published in Hypertext Markup Language, which is accessible to screen readers.

As part of the AIHW's commitment to improving information for the community and its stakeholders, it produced *Australia's health 2010: in brief*, an attractive, consumer-friendly 60-page version of its biennial report to the nation, *Australia's health 2010*. Produced at the end of 2009–10 and distributed during 2010–11, the 'in brief' document provides highlights from the main report in a highly graphical format, and 'shows the story' that they tell about health, and health spending and services, in Australia. These were distributed in free class sets to secondary schools that bought copies of the main 600-page report. This initiative was backed up by education worksheets on the education pages of the AIHW website, together with an online slide presentation and interactive downloadable online quizzes based on the booklet.

The feedback received from teachers, academics and government agencies has been highly positive. Demand for the booklet has been so strong that it was reprinted late in the year, just one year into a two-year shelf life.

The AIHW also produced the following publications in new community-friendly formats during 2010–11:

- *Cancer in Australia: in brief 2010* (released December 2010). This 27-page booklet features key messages from the 215-page main report *Cancer in Australia: an overview 2010*, with a focus on incidence, mortality and survival statistics. It presents this information in a reader-friendly format with highly illustrative graphs, diagrams and tables (see the 'snapshot' on page 138).
- *Australia's hospitals 2009–10 at a glance* (released April 2011). This 35-page publication provides key information from *Australian hospital statistics 2009–10*, written in a less technical style and published in a consumer-friendly format that combines key statistics with highly illustrative graphs and background information (see the 'snapshot' on page 134).

Feedback on the effectiveness of products

The AIHW continued to evaluate the effectiveness of its publications through short online reader surveys. Feedback was very favourable, with 93% of respondents considering the AIHW's publications to be 'quite clearly written' or 'very clearly written', 89% finding them 'quite useful' or 'very useful', and 72% saying they found the level of detail 'about right'.

Feedback was also sought on the effectiveness of the *MyHospitals* website via an external evaluation report. Data for this review were sourced from the website and call centre statistics, a scan of social media conversations referring to the site, and an online survey of internet users in Australia

to measure awareness and usage. The review found that while *MyHospitals* is yet to develop a sustained high public profile, those who have visited the site were largely satisfied with the experience, and credibility was high.

The AIHW also engaged Health Policy Analysis in 2010–11 to undertake consultations with key stakeholders to review the *Australian hospital statistics* suite of products. Overall, the products were found to be extremely valuable, highly accessed and well respected. Several recommendations were put forward to further enhance their value to users and these will be taken into account in producing next year's suite of outputs (see the 'snapshot' on page 134).

Strengthening communication

'Getting the messages out better', for the community and our stakeholders, was a key strategic direction for the AIHW during the year. Enhancing the writing abilities of AIHW staff is essential to achieving this objective.

AIHW staff are offered a number of writing and communications courses and seminars designed to further develop their ability to express complex statistical ideas in concise, clear, reader-friendly

language. In 2010–11, 54 AIHW staff attended the 'Writing Skills' course, 26 attended 'Statistical Writing Skills', 6 attended 'Web Writing Skills', 46 attended grammar workshops and 9 undertook courses to help enhance their presentation skills.

A Writing for the Web Guide has been produced for use in conjunction with 'Writing for the web' training courses to enhance the quality of internet and intranet content.

In conjunction with the *AIHW branding guide*, work has begun on a new *Web Style Guide* to ensure branding consistency across the AIHW website.

Development of customer care charter

During 2010–11, a new customer care charter was agreed upon by the AIHW Board (see the 'snapshot' below).

Notification services for clients and stakeholders

The AIHW offers various email notification services through its website for anyone wishing to receive notices of the release of AIHW publications. Subscriptions to these notices have increased significantly in 2010–11 to over 12,000. The most significant increase in notice subscriptions has been for *AIHW Access*, the

snapshot

A commitment to quality customer service

The AIHW recently adopted a new customer care charter, which outlines our service commitment to clients.

The charter outlines the AIHW's standards for responding to requests for information and how we make information and data available and accessible.

The charter also reinforces our commitment to privacy in the collection, handling, use and disclosure of personal information.

It provides information on how clients can make complaints, give feedback and obtain further information about AIHW products.

View the charter online at <http://www.aihw.gov.au/customer-care-charter/>



Table 13: Email notification service subscriptions, 2009 to 2011 (at 30 June)

	2009	2010	2011	Percentage change 2010 to 2011
Health publication releases	3,339	4,019	4,629	+15
Welfare publication releases	2,498	2,999	3,442	+15
Education resources and promotions	276	640	1,171	+83
Employment vacancies	467	629	1,640	+161
AIHW Access online releases	—	400	1,069	+167
Total	6,580	8,687	12,037	+39

AIHW's long-established magazine, which was made available in a new online format for the first time in 2009–10 (Table 13). There was also continued strong growth in members of the public seeking education resources (see 'Education resources' on page 140) and employment information.

New publications

Publication releases



In 2010–11, the AIHW released 135 publications, accompanied by 71 media releases, as well as many other forms of information and statistics, such as posters, fact sheets, web-optimised 'snapshots' and online datasets. This was a 15% increase on the 119 publications produced in 2009–10 (see Figure 1 on page xvii). The overall publishing trend in recent years has been steadily upwards.

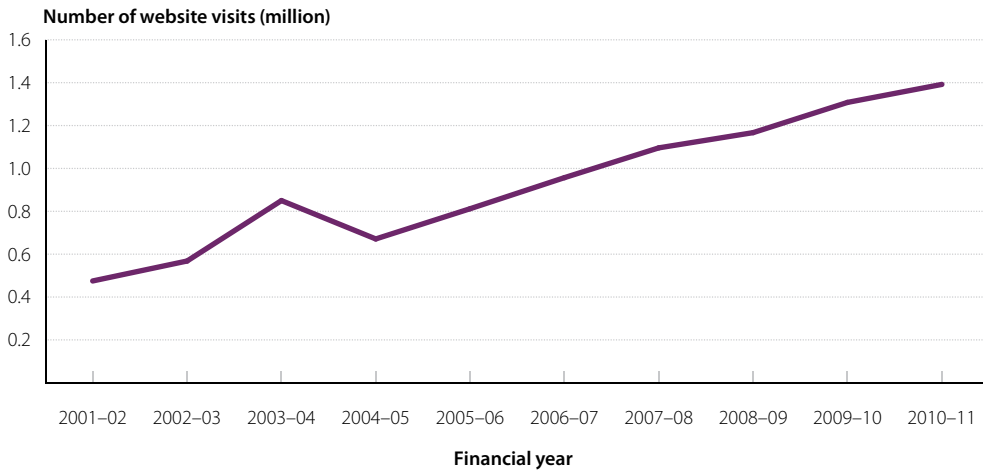
Publication sales



The AIHW's flagship health publication—*Australia's health 2010* and the accompanying summary publication—*Australia's health 2010: in brief*—were the best-selling publications for 2010–11. *Australian hospital statistics 2009–10* was also very popular in sales terms, although being released only nine weeks before the end of 2010–11.

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

Figure 9: Visits to the AIHW website, 2001–02 to 2010–11



Cancer in Australia 2010



For every two Australians, one will develop cancer.

For every five, one will die of the disease before the age of 85 years.

Cancer has a greater overall impact on the health of Australians than any other disease, which is why the AIHW's bi-annual *Cancer in Australia* series of reports are of such relevance.

The most recent release in this series is *Cancer in Australia: an overview, 2010* which features enhanced presentation of information and statistics. The report now offers a better context for statistical data and provides more commentary.



snapshot

The general format of the report reflects the AIHW's assessment of the information requirements of the audience for this publication. This includes known risk factors for cancer, chances of developing cancer, differences across regions and population groups and survival rates.

For the first time, the report was released with a companion summary document, *Cancer in Australia: in brief, 2010*. This companion report was designed to make it easier to access information on cancer statistics quickly and easily. It presents cancer information for 2007 in a question-and answer format, and advises where to find more information.

The AIHW's website

The AIHW's major communication medium is its website. The site received nearly 1.4 million visits in 2010–11, a 5.5% increase on visits in 2009–10 (over 1.3 million) (Figure 9).

Visits to popular publications

Table 14 lists the most popular publications downloaded from the Institute's website during 2010–11. *Australia's health 2010* was the leading publication downloaded. For those publications released during the financial year, the ranking may not be based on full-year figures, that is, the figures relate to the period between the publication's release date until 30 June in the year in question.

Website and intranet redevelopment

In 2010–11, <www.aihw.gov.au> was relaunched with all-new branding, content, design and graphics, made possible following the purchase of a new Content Management System (CMS). The CMS has reduced duplicate input, thereby improving efficiency and consistency of information across the site. New features—such

as collaborative authoring—will be implemented throughout the coming year.

Work is underway to update the AIHW intranet, using new technology, based on feedback and input from AIHW staff.

Online products

During the year the AIHW developed some new product types and continued support to existing ones.

- Data snapshots on asthma and male health are new AIHW product types providing information in a more accessible way by offering interesting facts and data in a summary format (see the 'snapshot' on page 14). More are planned for 2011–12, covering subjects such as diabetes, prisoner health, chronic obstructive pulmonary disease and health risk factors.
- The *MyHospitals* website, launched on 10 December 2010, received about 275,300 visits in its first 6 months (see the 'snapshot' on page 142).
- The AIHW Indigenous Observatory, launched on 5 May 2011, is a new repository

Table 14: Top 10 publications downloaded from the AIHW website, 2009–10 and 2010–11

2009–10	2010–11
1 <i>Australia's health 2008</i>	<i>Australia's health 2010</i>
2 <i>Young Australians: their health and wellbeing 2007</i>	<i>Australia's health 2010 in brief</i>
3 <i>Cancer in Australia: an overview, 2008</i>	<i>Australia's health 2008</i>
4 <i>Diabetes: Australian facts 2008</i>	<i>Australian hospital statistics 2008–09</i>
5 <i>A picture of Australia's children 2009</i>	<i>Diabetes: Australian facts 2008</i>
6 <i>Child protection Australia 2008–09</i> (* 21 January 2010)	<i>The burden of disease and injury in Australia 2003</i>
7 <i>Diabetes prevalence in Australia: an assessment of national data sources</i> (* 13 October 2009)	<i>A picture of Australia's children 2009</i>
8 <i>Health and wellbeing of young Australians: indicator framework and key national indicators</i> (* 30 March 2010)	<i>Cancer in Australia: an overview, 2008</i>
9 <i>The burden of disease and injury in Australia 2003</i>	<i>Mental health services in Australia 2007–08</i> (* 12 August 2010)
10 <i>Australia's welfare 2009</i> (* 17 November 2009)	<i>Young Australians: their health and wellbeing</i> (* 10 June 2011)

*Released during the financial year on the date shown.

Table 15: Media coverage, 2006–07 to 2010–11

	Press articles	Radio	TV	Online	AAP	Total	Media releases
2006–07	296	1,443	17	208	54	2,018	62
2007–08	847	2,043	52	471	100	3,513	56
2008–09	509	1,412	31	1,402	91	3,445	68
2009–10	581	1,958	139	1,347	60	4,085	56
2010–11	698	1,645	103	1,651	77	4,174	71

of information featuring key reports on Indigenous health and welfare issues—with its central product being the report *The health and welfare of Aboriginal and Torres Strait Islander People: an overview 2011*—information updates, and links to other important websites (see the ‘snapshot’ on page 104).

- Building on last year’s success, the Closing the Gap Clearinghouse website project, undertaken by the AIHW for FaHCSIA in collaboration with the AIFS, has continued to expand, with the addition of nine publications, including resource sheets, issues papers and annual papers. The Clearinghouse website attracted more than 56,000 visits between 30 June 2010 and 1 July 2011 (see the ‘snapshot’ on page 106).

Education resources

The AIHW continued to develop the education resource area of its website by adding a set of worksheets featuring highlights from *Australia’s welfare 2009* and *Australia’s health 2010*.

Worksheets were also developed for specific subjects in response to requests from teachers.

Subscriber numbers to the automatic email notification education service rose by 83% over the year (see **Table 13** on page 137), largely due to new links established with the Home Economics Victoria (HEV) Teaching Association, the AIHW’s ongoing relationship with the Australian Council for Health, Physical Education

and Recreation (ACHPER), and word-of-mouth recommendations by teachers.

Building on these relationships, the AIHW was asked to present a plenary session to 1,500 Year 12 students at the Victorian Certificate of Education Health and Human Development Student Day Out in August 2010; provide an education package for the Victorian teachers of Health and Human Development professional development day in February 2011; and present a session at the International ACHPER conference in Adelaide in April 2011.

Following on from these presentations, the AIHW has been asked to present at future Victorian Education and state level ACHPER conferences.

The targeted education marketing campaign undertaken from June to December 2010 has shown positive results, with 5,000 copies of the *Australia’s health 2010: in brief* booklet distributed to schools, TAFEs and universities around Australia.

The AIHW encourages feedback and suggestions from users about its education resources through its exclusive education email contact point at education@aihw.gov.au.

In 2010–11, the AIHW received about 250 emails from schools, TAFEs and universities requesting copies of reports, information, and/or providing worksheet suggestions through its education email channel. It also received more than 200 individual student enquiries through its generic info@aihw.gov.au email channel.

Feedback from students and teachers

Thank you for organising the PowerPoints and quiz on Australia's health. They are a great resource for our Year 12 students.

Skye, Pymble Ladies College, New South Wales

Thanks for your PowerPoints and the excellent information. It is so relevant and helpful to many projects and departments in the NT and will be heavily perused.

Anne Goodman, Education Advisor - Health and Wellbeing, Northern Territory Department of Education and Training

Thanks for the great worksheets—yes, it certainly fast tracks accessing data. A suggestion to extend your worksheets ... Students are often asked to analyse data. It is a very valuable skill for exams. It would be great if you could add some questions (with access to correct answers) with each worksheet so students could practise their analytical skills. This will further their understanding of the data.

Wendy Hewitt, PE Teacher, Warracknabeal Secondary College, Victoria

Media relations

Overall media coverage

The AIHW issued 71 media releases in 2010–11, up from 56 releases in 2009–10 (**Table 15**). This largely reflects the increase in the number of published reports for the year, as well as more announcements and launches, such as the *MyHospitals* website and Indigenous Observatory launches.

Generally media coverage of the AIHW's products is neutral or positive.

Overall media coverage rose slightly in 2010–11, increasing across all mediums compared with 2009–10, except for radio and television. This may be due to the increasing shift towards online news, with a 22% increase in online news coverage since 2009–10.

Media coverage for individual reports and events

AIHW reports and events receiving the most media coverage during the year are listed in **Table 16**.

The launch of the *MyHospitals* website attracted the most media coverage for the AIHW in 2010–11, accounting for more than 10% of all media coverage throughout the year (see the 'snapshot' on page 142).

The report *Trends in serious injury due to land transport accidents, Australia* was the most successful individual AIHW report in terms of media coverage. This report went 'viral' online due largely to a news story with the theme 'middle-aged men at most risk on two wheels' and received more than 150 online mentions.

Australian hospital statistics 2009–10 (see the 'snapshot' on page 134) and *Cancer in Australia 2010* (see the 'snapshot' on page 138) were the next most successful reports and received greater coverage in the more traditional media (print, radio and television) than the report *Trends in serious injury due to land transport accidents, Australia*.

Review of media embargo policy

During 2010–2011, the AIHW sought an external review of its media embargo policies and practices.

Table 16: Top 10 reports and events for media coverage, 2009–10 and 2010–11

2009–10	2010–11
1 <i>Counting the homeless 2006</i> (a series of national and state- and territory-based reports) (* 9 July 2009)	<i>MyHospitals</i> website launch (* 10 December 2010)
2 <i>Australia's health 2010</i> (* 23 June 2010)	<i>Trends in serious injury due to land transport accidents, Australia</i> (* 1 April 2011)
3 <i>Child protection Australia 2008–09</i> (* 21 January 2010)	<i>Australian Hospital Statistics 2009-10</i> (* 29 April 2011)
4 <i>Australian hospital statistics 2008–09</i> (* 17 June 2010)	<i>Cancer in Australia 2010</i> (* 16 December 2010)
5 <i>Australia's welfare 2009</i> (* 17 November 2009)	<i>Assisted reproductive technology in Australia and New Zealand 2008</i> (* 17 September 2010)
6 <i>A snapshot of men's health in regional and remote Australia</i> (* 14 April 2010)	<i>The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview, 2011 and nine observatory papers</i> (* 5 May 2011)
7 <i>Breast cancer in Australia: an overview, 2009</i> (* 26 October 2009)	<i>Child protection Australia, 2009-10</i> (* 21 January 2011)
8 <i>Asthma in Australian children: findings from Growing Up in Australia, the Longitudinal Study of Australian Children</i> (* 14 October 2009)	<i>Medical labour force, 2008 and Nursing and midwifery labour force, 2008</i> (* 3 October 2010)
9 <i>General practice activity in Australia 2008–09 and General practice activity in Australia 1999–00 to 2008–09: 10 year data tables</i> (* 2 December 2009 for both)	<i>Cardiovascular disease: Australian facts 2011</i> (* 17 March 2011)
10 <i>General practice in Australia, health priorities and policies 1998 to 2008</i> (* 8 July 2009)	<i>Demand for government-funded specialist homelessness accommodation 2008–09: a report from the SAAP National Data Collection</i> (* 21 July 2010)

*Released during the financial year on the date shown.

MyHospitals media coverage

The AIHW's *MyHospitals* website was launched on 10 December 2010 and received significant interest from the general public as well as the media.

The AIHW's Communications, Media and Marketing Unit examined the types of media coverage that the *MyHospitals* site received, particularly online, including any coverage before the website was launched, and all the news coverage following the launch.

Of the 173 online articles that were reviewed from December 2010 to February 2011, 72 articles or 42% of the total, were positive towards the website, describing prominently its benefits or features.

Forty articles, or 23%, were classified as negative—for example, the article focused on criticism of the website or the validity of the data.

A further 35% of articles were rated as 'neutral'—most described results for a specific hospital, city or state, but did not discuss the 'good' or 'bad' aspects of the website; alternatively, the article presented both sides of any argument equally.



The existing policies had been in place for many years, and the review was conducted with the objective of ensuring their continued relevance and effectiveness.

Following extensive consultation with various external stakeholders (including Ministers' offices and members of the press), the AIHW Board approved the decision to retain current media embargo policy, including the default 1am release time and the media embargo period of 48 hours. The policy has been slightly amended to allow the embargo period to be reduced to 24 hours in individual cases.

The Board has also approved retaining the existing sanctions for journalists who break an embargo (6 months denial of prior access to AIHW reports and media releases).

Updates to media spokesperson policy

In order to ensure the consistency and quality of its public 'face', the AIHW has adopted new policies for the selection of media spokespeople.

For flagship publications—as well as selected others—the Director is the key spokesperson, with Group Heads (or Unit Heads, with Director's approval) handling major—but not flagship—reports. The Head of the Governance and Communications Group or Head of the Communications, Media and Marketing Unit will be the spokespersons for other publications. Where appropriate, the Director may delegate these duties to other subject experts.

Exhibiting at conferences

Each year, the AIHW exhibits at a range of conferences. Professional conferences provide important marketing opportunities for the Institute to promote its publications, website and other services to a wider audience.

In 2010–11, staff organised promotional booths and related activities at the:

- NatStats 2010 National Statistical Conference
- 40th Public Health Association of Australia Annual Conference
- National Forum on Safety and Quality in Health Care
- 43rd National Conference of the Australian Association of Gerontology
- Australian Population Association 15th Biennial Conference
- 14th National Rural Health Conference
- Conference of the Australian Council for Health, Physical Education and Recreation
- National Disability Conference

Parliamentary relations

Hansard references

The AIHW is considered as a reliable information source by members of parliament. The AIHW was cited 30 times during 2010–11 in the Hansards of both Houses of the Australian Parliament. (Table 17).

Budget estimates hearings

During the year, the Director appeared before the Senate Community Affairs Committee Additional, Budget and Supplementary Estimates hearings for the Health and Ageing portfolio. Responses were supplied to 25 questions on notice arising from these hearings.

Inquiries

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

Federal	
Productivity Commission	Inquiry into Disability Care and Support (in two parts)
Australian Commission on Safety and Quality in Health Care	Patient Safety in Primary Health Care Discussion Paper
Productivity Commission	Inquiry on Care of Older Australians

Table 17: Parliamentary Hansard citations, 2010–11

	Number of citations
Australian	30
New South Wales	10
Victoria	8
Queensland	3
South Australia	11
Western Australia	8
Tasmania	9
Australian Capital Territory	12
Northern Territory	5
Total	96

Appendixes

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Appendix 1 Legislation

The main Commonwealth legislation relating to the AIHW is reproduced below with the exception of the Notes and Schedules.

- **Australian Institute of Health and Welfare Act 1987** An Act to establish the AIHW and for related purposes
- **Australian Institute of Health and Welfare Regulations 2006** These Regulations prescribe the value of contracts into which the AIHW can enter without seeking ministerial approval.
- **Australian Institute of Health and Welfare Ethics Committee Regulations 1989** These Regulations prescribe the operations of the AIHW Ethics Committee.

The full text of the Act (including the Notes and Schedules) may be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

Australian Institute of Health and Welfare Act 1987

Act No. 41 of 1987 as amended

This compilation was prepared on 19 April 2011 taking into account amendments up to Act No. 5 of 2011.

Information on the history of amendments can be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

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

Part I—Preliminary

1 Short title

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

2 Commencement

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the Australian Institute of Health and Welfare Ethics Committee.

Finance Minister means the Minister administering the *Financial Management and Accountability Act 1997*.

health-related information and statistics means information and statistics collected and produced from data relevant to health or health services.

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

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

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

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

State Housing Minister means:

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

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

State Welfare Minister means:

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

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

trust money means money received or held by the Institute on trust.

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

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

welfare services includes:

- (a) aged care services; and
 - (b) child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force); and
 - (c) services for people with disabilities; and
 - (d) housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term); and
 - (e) child welfare services (including, in particular, child protection and substitute care services); and
 - (f) other community services.
- (2) A reference in this Act to the Chairperson, the Director or a member, in relation to a time when a person is acting in the office of Chairperson, Director, or a member, includes a reference to that person.

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

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

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

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

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

5 Functions of the Institute

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

(1AA) The functions of the Institute are:

- (a) the health-related functions conferred by subsection (1); and
- (b) the welfare-related functions conferred by subsection (1A).

[Health-related functions]

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

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

[Welfare-related functions]

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

- (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in

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

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

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

6 Powers of Institute

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

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

7 Directions by Minister

- (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.
- (1A) The Minister must consult the Chairperson before giving any direction to the Institute.
- (1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.

- (1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:
- (a) relates to the Institute's welfare-related functions; and
 - (b) does not concern housing matters.
- (1D) The Minister must consult each State Housing Minister before giving the direction if the direction:
- (a) relates to the Institute's welfare-related functions; and
 - (b) concerns housing matters.
- (2) The Institute shall comply with any direction given under subsection (1).
- (3) This section does not affect the application of section 28 of the *Commonwealth Authorities and Companies Act 1997* in relation to the Institute.

Division 2—Constitution and meetings of Institute

8 Constitution of Institute

- (1) Subject to subsection (2), the Institute shall consist of the following members:
- (a) the Chairperson;
 - (b) the Director;
 - (c) a member nominated by the Australian Health Ministers' Advisory Council;
 - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
 - (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
 - (d) the Australian Statistician;
 - (e) the Secretary of the Department;
 - (f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;
 - (fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
 - (fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
 - (fc) a person nominated by the Minister who has expertise in research into public health issues;
 - (g) 3 other members nominated by the Minister;
 - (h) a member of the staff of the Institute elected by that staff.
- (1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:
- (a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and
 - (b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and

- (c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and
 - (d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
- (a) may be made by one or more bodies; and
 - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
- (a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);
 - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;
 - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
 - (c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General.
- (5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full time or a part time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part time basis for a period of one year commencing on:
- (a) the day on which the poll for the election of the member is held; or
 - (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.
- (7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.
- (8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

9 Acting members

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

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

10 Remuneration and allowances

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

11 Leave of absence

- (1) A full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.
- (2) The Minister may:
 - (a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and

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

12 Resignation

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

13 Termination of appointment

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
 - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
 - (b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;
 - (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
 - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

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

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

14 Disclosure of interests

- (3) Sections 27F and 27J of the *Commonwealth Authorities and Companies Act 1997* do not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

15 Meetings

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

Division 3—Committees of Institute

16 Committees

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.

- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
 - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
 - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

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

Division 4—Director of Institute

17 Director of Institute

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

18 Functions of Director

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

Division 5—Staff

19 Staff

- (1) The staff required for the purposes of this Act shall be:
 - (a) persons engaged under the *Public Service Act 1999*; and
 - (b) persons appointed or employed by the Institute.
- (2) For the purposes of the *Public Service Act 1999*:
 - (a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and
 - (b) the Director is the Head of that Statutory Agency.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

Part III—Finance

20 Money to be appropriated by Parliament

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

22 Money of Institute

- (1) The money of the Institute consists of:
 - (a) money paid to the Institute under section 20; and

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

23 Contracts

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

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

24 Extra matters to be included in annual report

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

25 Trust money and trust property

- (1) The Institute:
 - (a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust money;
 - (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
 - (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

The income, property and transactions of the Institute are not subject to taxation under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 Delegation by Institute

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

28 Delegation by Director

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

29 Confidentiality

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

- (c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);
 - (d) produce that document to any person (including an information subject); or
 - (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.
- Penalty: \$2,000 or imprisonment for 12 months, or both.
- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
- (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
 - (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the **information provider**) who divulged or communicated the information, or produced the document, directly to the Institute;
 - (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
 - (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
 - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
 - (ii) the publication does not identify the information subject.
- (2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.
- (2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.
- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
- (4) In this section:
- (a) **court** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
 - (b) **person** includes a body or association of persons, whether incorporated or not, and also includes:
 - (i) in the case of an information provider—a body politic; or
 - (ii) in the case of an information subject—a deceased person;
 - (c) **produce** includes permit access to;
 - (d) **publication**, in relation to conclusions, statistics or particulars, includes:

- (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
- (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
- (e) a reference to information concerning a person includes:
 - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
 - (ii) a reference to information identifying a person or body providing information concerning a person.

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

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

31 Periodical reports

- (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:
 - (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
 - (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.
- (1A) The Institute must submit to the Minister:
 - (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
 - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
 - (ii) ending on 30 June 1993; and
 - (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

- (2) The Institute may at any time submit to the Minister:
 - (a) a health or welfare report for any period; or
 - (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.
- (3) A health report shall provide:
 - (a) statistics and related information concerning the health of the people of Australia; and
 - (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies; during the period to which the report relates.
- (3A) A welfare report must provide:
 - (a) statistics and related information concerning the provision of welfare services to the Australian people; and
 - (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies; during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

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

Australian Institute of Health and Welfare Regulations 2006¹

Select Legislative Instrument 2006 No. 352

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 13 December 2006

P. M. JEFFERY
Governor-General

By His Excellency's Command

TONY ABBOTT
Minister for Health and Ageing

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Regulations 2006.

2 Commencement

These Regulations commence on the day after they are registered.

3 Repeal

The Australian Institute of Health and Welfare Regulations are repealed.

4 Definitions

In these Regulations:

Act means the *Australian Institute of Health and Welfare Act 1987*.

5 Contract value limit

For paragraph 23 (a) of the Act, the amount of \$1 500 000 is prescribed.

Australian Institute of Health and Welfare Ethics Committee Regulations 1989

Statutory Rules 1989 No. 118 as amended made under the *Health Act 1987*

This compilation was prepared on 5 April 2002 taking into account amendments up to SR 2002 No. 62.

Information on the history of amendments can be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

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

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1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Ethics Committee Regulations 1989.

2 Definition

In these Regulations:

identifiable data means data from which an individual can be identified.

3 Functions

The functions of the Ethics Committee are:

- (a) to form an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:
 - (i) activities that are being, or are proposed to be, engaged in by the Institute in the performance of its functions; and
 - (ii) activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and

- (iii) the release, or proposed release, of identifiable data by the Institute for research purposes;
having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;
- (b) where appropriate, to revise an opinion so formed or to form another opinion;
- (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
- (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

4 Composition

The Ethics Committee is to consist of the following members:

- (a) a chairperson;
- (b) the Director of the Institute or a nominee of the Director;
- (c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;
- (d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;
- (e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;
- (f) a minister of religion or a person who performs a similar role in a community;
- (g) a lawyer;
- (h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

Examples for paragraph (c)

A medical practitioner, a clinical psychologist, a social worker or a nurse.

Example for paragraph (f)

An Aboriginal elder.

Appendix 2 Charter of Corporate Governance

This charter was revised and approved by the AIHW Board at its December 2010 meeting.

Introduction

The Australian Institute of Health and Welfare (AIHW) exists to describe the Australian health and welfare systems. Reflecting the scope of those systems, the operating environment of the AIHW Board, created by legislation (the *Australian Institute of Health and Welfare Act 1987*—the AIHW Act) is complex.

The AIHW is an Australian Government statutory authority within the Health and Ageing portfolio, reporting directly to the portfolio Minister. The AIHW is defined as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act). As provided for by the AIHW Act, management of the AIHW's affairs is delegated to the Director.

The AIHW Charter of Corporate Governance provides guidance for members and potential members of the AIHW Board to ensure the AIHW operates effectively as an independent agency of government. It defines the roles and responsibilities of individual members, and provides guiding principles to support members through the range of operational and legal issues they encounter in their direction of the AIHW.

Purpose

This charter outlines the framework for the corporate governance of the AIHW.

As a statutory authority of the Australian Government, the AIHW must take into account relevant governing laws. A clear set of instructions and processes outlining the Board's

responsibilities is designed to enable the Board to work effectively within its legislative requirements and in response to the requirements of the organisation. This paper outlines the corporate governance responsibilities of the Board and the structures established to support it.

AIHW's mission and values

The AIHW is guided in all its undertakings by its mission and values.

Mission

Better information and statistics for better health and wellbeing.

Values

Our values are:

- **the APS values**—being apolitical, accountable, sensitive and fair with the highest quality ethics and leadership
- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the needs of those who supply or use our information
- **accessibility**—making information as accessible as possible
- **privacy**—safeguarding the personal and collective privacy of both information subjects and data providers
- **expertise**—applying specialised knowledge and high standards to our work
- **innovation**—showing curiosity, creativity and resourcefulness in what we do.

Roles, powers and responsibilities

1. Governing laws

Enabling legislation

The AIHW was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992, the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now titled the *Australian Institute of Health and Welfare Act 1987*.

Under the AIHW Act, AIHW Board members are collectively also referred to as the AIHW.

The Board may appoint committees as it thinks fit to assist it in performing its functions (section 16).

As a statutory authority, the AIHW is defined in its Act as a body corporate subject to the CAC Act. Directors (members) are subject to legislation that specifies their duties and responsibilities under the CAC Act.

Responsible Minister

The Minister for Health and Ageing is the minister responsible for the AIHW and it is therefore an agency within the Health and Ageing portfolio.

2. Constitution

Section 8(1) of the AIHW Act specifies the constitution of the Board.

The following members are appointed for a term of 3 years, by the Governor-General on the advice of the Minister:

- a chairperson
- a member nominated by the Australian Health Ministers' Advisory Council
- a member nominated by the Community Services Ministers' Advisory Council

- a representative of the Housing Ministers' Advisory Council
- three members nominated by the Minister for Health and Ageing
- a person nominated by the Minister who has knowledge of the needs of consumers of health services
- a person nominated by the Minister who has knowledge of the needs of consumers of welfare services
- a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the Minister who has expertise in research into public health issues.

Directors holding office by virtue of the position they hold—and therefore not appointed—are:

- the Director (AIHW)
- the Australian Statistician (Australian Bureau of Statistics)
- the Secretary of the Department of Health and Ageing (DoHA).

The ABS and DoHA members may formally designate a representative to attend meetings on their behalf.

A member of staff of the AIHW, elected by its staff, is also a member of the Board. The member is appointed annually through a staff ballot.

This position is independent of the official appointment process.

Board members who are Commonwealth or state/territory officers (other than the Director and staff member) are referred to in this document as departmental representatives.

Note: The Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs, and the Chief Executive Officer, National Health and Medical Research Council, or their nominees, attend and participate as observers with the agreement of the Board.

Role of observers

Observers are expected to attend Board meetings. While observers do not have voting rights or cannot participate in Board subcommittees, they can actively participate in discussion at Board meetings and assume the other responsibilities of Board members.

Observers, who represent government departments or agencies, may be permitted to circulate Board papers solely for the purposes of preparing briefing papers for the observer, after seeking approval from the Board.

3. Conduct of Board members

As a statutory authority, the conduct of members of the AIHW Board is prescribed by the CAC Act. Members are bound by the Conduct of Directors, specified in the AIHW Act.

Board members are expected to ensure that they understand their responsibilities under both the CAC and AIHW Acts, and to uphold the AIHW's values.

4. Roles of Board members

Key responsibilities of the AIHW are to:

- provide biennial reports to the Minister and to parliament on Australia's health and Australia's welfare
- establish data standards for health and welfare statistics
- develop knowledge, intelligence and statistics to better inform policy makers and the community.

Role of the Board

The Board sets the overall policy and strategic direction for the AIHW and has broad responsibilities to:

- set the AIHW's mission and values and its strategic goals and directions, including endorsement of its corporate plan and business plan

- maintain the independence of the AIHW
- ensure that the AIHW complies with legislative and administrative requirements
- meet its statutory requirements including making recommendations to the Minister to appoint a Director of the AIHW
- oversee the financial viability of the AIHW, including the two components of its funding arrangements, that is, contractual work and the federal Budget appropriation
- endorse the Annual Report and the audited financial statements (as required by the CAC Act), at a Board meeting
- advocate and promote the contribution of information to improve health and welfare outcomes
- identify and manage the risks that might impact on the AIHW
- monitor the performance of the organisation against its corporate plan and business plan
- secure feedback from stakeholders on the use of AIHW products
- set remuneration for, and assess performance of, the Director
- review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

Role of the Chair (in addition to the role of the Board)

- Chair meetings of the Board and endorse associated processes.
- Extended role in managing formal relationships between the AIHW and the Minister for Health and Ageing; other relevant ministers and key stakeholders.
- Manage significant issues between meetings of the Board.
- Manage the relationship between the Board and the Director of the AIHW.

Role of the Director

- Provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions.
- Manage the affairs of the AIHW in accordance with the AIHW Act and the CAC Act.
- Identify emerging strategic, operational and financial risks to the AIHW and actively implement strategies to mitigate these risks.
- Establish and maintain appropriate working relationships with the portfolio minister and other ministers whose portfolios include activities within the scope of the AIHW.
- Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies, and associated Commonwealth/state forums.
- Liaise as required with non-government bodies associated with the functions of the AIHW.
- Ensure the AIHW provides, either directly or through collaborations with others, high-quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.
- Ensure the Board is properly advised on all matters and discharges its direction in relation to these matters.
- Ensure the security of data provided to the AIHW, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the corporate plan and the business plan.
- Maintain a strong financial position of the AIHW.
- Attract and retain the committed, skilled staff needed to carry out the AIHW's functions.
- Provide an induction briefing to new Board members on the AIHW's functions, its

operating and legislative frameworks and members' roles and responsibilities.

Role of staff-elected Board member

- The staff member is a full Board member, with the same responsibilities as other members.

Role of other members

- Act in the best interests of the AIHW. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the AIHW (see also 'Conflict of interests' below.)
- Support the Chair and Director of the AIHW in decision making.
- Participate on Board committees established under s. 16(4) of the AIHW Act.
- Provide input to the Board based on their knowledge and background.

Role of the Secretary

- Provide advice and support to the Board.
- Is independent of the AIHW Director and staff when dealing with sensitive matters related to the Director's employment.

5. Relationships

With management

Management representatives are invited to attend Board meetings to inform discussion, while having no formal responsibilities.

With stakeholders

Stakeholders are important to the prosperity of the AIHW, in particular the states and territories, given that they are the data and potential funding providers to the Institute. The AIHW also has responsibility to a wide range of key stakeholders from the minister to the whole community. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

With staff

The Chair participates in key AIHW activities, notably the launch of *Australia's health and Australia's welfare*, and in developing the corporate plan and the business plan.

The AIHW Act places the employment and terms and conditions of staff under the control of the Director. The Board seeks to ensure the development and welfare of staff, and provides advice to the Director when considered appropriate.

6. Delegation of powers and actions

The AIHW has established itself as a Board and delegated powers for the day-to-day operations of the AIHW to the Director (s. 27).

7. Board processes

Meetings

The AIHW Act stipulates that the Board shall meet at least once every 4 months. To enable the Board to guide the work of the AIHW, to fit in with the launch of its biennial publications, and to approve the financial statements, the annual report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

On occasion, where issues are to be discussed by independent members only, for example, commercially or personally sensitive issues, the Chair may excuse from discussion the Director, the staff member and departmental representatives.

Agenda and papers

The Director, in consultation with the Chair, formulates the agenda. Any Board member may submit items.

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director

in consultation with group heads, sourced from the AIHW.

Group heads are responsible for providing papers to the Secretary 2 weeks before the meeting date.

Papers are distributed electronically and in hard copy to members at least 1 week before the meeting date.

The Board will consider late papers with the approval of the Chair.

Confidentiality

All papers for Board meetings are considered to be 'Board in Confidence' unless otherwise decided by the Board. Members and staff attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers. Papers may only be distributed to persons other than members and observers for the purpose of briefing Board members and observers.

While departmental members and observers may be supported by seeking adequate briefings from their departmental staff officers, to protect their confidentiality the full set of papers is not to be distributed throughout the department. Where members and observers require briefings on certain items, only the paper covering the item in question may be forwarded to relevant staff within their respective agencies. These papers may not be used for any purpose other than that for which they are intended.

The AIHW makes available records of endorsed minutes to its staff.

The staff-elected member may make available notes on the outcome of issues following a Board meeting, in accordance with agreed release practices.

Minutes

The secretariat notes on the meeting are provided to the Chair directly following the meeting.

The Board Secretary and secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Chair before circulation to all members. The minutes primarily reflect the major decisions from the meeting. Where it is appropriate to do so, a brief background or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are endorsed at the subsequent meeting of the Board. Following endorsement, the Chair signs the minutes which are retained for the official record and are subject to audit scrutiny.

Conflict of interests

The CAC Act requires Board members to disclose their interests relevant to the AIHW's functions, and not participate in decisions where a conflict is declared. The Chair will ask members at the commencement of Board meetings whether there are any conflicts of interest to be declared. A member who considers that he or she may have an interest in the matter shall:

- disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict;
- provide details of the interest as requested by other members to determine the nature and extent of the interest; and
- remove themselves physically from the room, if appropriate, while the discussion takes place, unless the Board determines otherwise.

In some cases, Board members could be representing potential purchasers or competitors of the AIHW with regard to contract work. In such a case, a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision making.

Conflict of roles

The Auditor-General has identified that the presence of government officers on the boards of statutory authorities may give rise to a conflict of roles, and has issued advice as follows (adapted to the AIHW's circumstances).

The portfolio Secretary, as a member of the Board, is simultaneously:

- chief policy adviser to the Minister for Health and Ageing and can be expected to oversight the AIHW's compliance with government policy objectives;
- a customer of the AIHW as service provider; and
- a Board member expected to pursue the interests of the AIHW.

If considered necessary for the portfolio Secretary to be excluded from sensitive discussions, such as those concerning forthcoming budget strategy, the Secretary may offer advice and then leave. Relevant papers should not be forwarded on such items.

Concerns by the Secretary as a customer of the AIHW will be pursued through an outside stakeholder consultation process and brought to the attention of the Board as necessary.

In relation to the Australian Statistician, it has been agreed with the Statistician that his agreement to an AIHW survey at the Board will constitute his agreement under s. 5(1)(a) of the AIHW Act, provided he has had adequate notice of the proposal.

Decisions taken

Decisions of the Board are reached generally on a consensus basis. Decisions are recorded in the minutes.

Sections 5(d) and 5(e) of the AIHW Act stipulate that 'all questions shall be decided by a majority of the votes of the members present', and 'the member presiding has a deliberative vote and, if necessary, also has a casting vote'.

Quorum

A quorum is the majority of members at the time of the meeting (s. 15(5)(c)).

Members may provide the Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Chair is absent, the members present shall appoint one of their numbers to preside.

Remuneration and travel

In accordance with the AIHW Act, Board members who are not Australian Government, state or territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The AIHW makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The AIHW will pay for accommodation and meals where members are required to stay overnight. The AIHW will pay for any appropriate and necessary incidental expenses.

Ensuring continuous improvement

The Board will review its performance every two years. Issues reviewed may include its success in pursuing the AIHW's objectives, procedural matters, protocol and clarity of roles, and individual performance.

Induction

New members will be provided with a package including instructions and operations of the Board, and various relevant reading materials published by the AIHW.

Professional development

The Chair may seek professional development opportunities relevant to the operations of the Board.

Indemnity of members

The AIHW provides appropriate indemnity for Board members.

Complaints and dispute resolution

Complaints, including complaints about decisions of the Ethics Committee, are to be referred to the Secretary to the Board in the first instance. The Director will advise the Chair on efforts to resolve the complaint by mediation. If the complaint cannot be resolved in this way, the Chair may decide on an appropriate mediator to determine the complaint or dispute. The Chair shall advise the Board of any such actions, and the outcome. Disputes remaining unresolved after such a process will be referred to the Board for resolution.

8. Board committees**Ethics Committee**

The AIHW Ethics Committee is established under the AIHW Act and has the power to release identifiable data for research purposes. The AIHW is keen to fulfil its function to assist research and analysis of the data which it collects. It recognises that an unduly restrictive data release policy is contrary to the public interest. In recognising these issues the AIHW is also aware of its legislative responsibility to protect the confidentiality of the information it receives; to respect the privacy and sensitivity of those to whom it relates; to maintain high-level data security procedures; and, where appropriate, to incorporate the requirements of its information providers in those procedures.

The Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. Through the committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Ethics Committee provides a yearly report of its operation to both the AIHW for inclusion in the annual report and

also to the National Health and Medical Research Council (NHMRC) for its reporting purposes.

The outcomes of meetings are reported to Board meetings by way of a written summary. At least once a year, the Ethics Committee Chair is invited to a Board meeting to discuss issues related to the work of the committee.

Committee membership is prescribed by legislation and is consistent with the guidelines established by the NHMRC and Medical Research Council for Human Research Ethics Committees.

Members of the committee are appointed by the Board for a period of 3 years.

Audit and Finance Committee

The Audit and Finance Committee is established to:

- ensure the internal auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs
- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the AIHW's financial position and review quarterly financial reports in a form specified by the committee
- ensure the timely tabling of the annual report before the Board
- report to the Board on any matters arising from either the internal audit or the external audit functions about which the Board needs to be informed
- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board
- meet with the external auditor annually
- advise the Board on delegations and performance

- oversight the risk management strategy and advise the Board accordingly.

Membership comprises 3 or 4 persons appointed by the Board. At least three members of the committee shall be non-executive members of the Board, one of whom is appointed as Chair of this committee. One member of the committee may not be a member of the Board. A quorum is a minimum of two members. The AIHW Director shall not be a member of the committee but may be invited to attend the meeting along with other relevant AIHW staff. The internal auditors shall be invited to attend each meeting and provide advice to the committee on financial and audit matters.

Although the committee is only required to report to the Board on its activities every 6 months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on the financial and budgetary issues before it considers each quarterly financial report.

Remuneration Committee

The Remuneration Committee advises the Board on the remuneration of the AIHW Director.

The Remuneration Committee provides performance feedback to the Director and considers an annual review of remuneration, that is, an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The committee works within guidelines issued from time to time by the Remuneration Tribunal. The Remuneration Committee Guidelines also set out the process and timeframes for determining remuneration and performance pay.

Membership currently comprises the Board Chair, the Chair of the Audit and Finance Committee and one other Board member.

Appendix 3 Members of the AIHW Board and the AIHW Ethics Committee

Members of the AIHW Board as at 30 June 2011

Hon Peter Collins AM, QC RFD, BA, LLB

Chair

Terms: 31 August 2004 – 30 August 2007; 31 August 2007 – 18 July 2011

Mr Collins was appointed Chair of the AIHW in 2004. He served as Chairman of the Cancer Institute (NSW) from 2005 to 2008 and is Chair of St John Ambulance NSW, a director of HostPlus Pty Ltd, and a board member of the Workers Compensation Insurance Fund Investment Board, a position appointed by the New South Wales Government. He is also Managing Director of Barton Deakin Pty Ltd. Mr Collins is a Captain in the Royal Australian Naval Reserve.



David Kalisch BEc (Hons)

Director, AIHW

Term: AIHW Director since December 2010

Mr Kalisch was appointed Director (CEO) of the AIHW in December 2010. He is an economist with around 30 years' experience across a range of social policy issues, including labour markets, employment programs, retirement incomes, welfare policy and programs, family and children's services, and health policy. This has included roles in policy development, research and analysis and public sector program management, generally in the Commonwealth Government.

His recent work experience has included appointments as a Commissioner at the Productivity Commission, Deputy Secretary in the Commonwealth Department of Health and Ageing, and senior executive roles in the Department of Family and Community Services, Social Security and Prime Minister and Cabinet. Mr Kalisch has also worked in a number of Divisions of the OECD in Paris, in the Australian Delegation to the OECD, and as Principal Advisor to a previous Commonwealth Minister for Social Security. He has previously been a board member of the Australian Institute of Family Studies and the National Blood Authority.



David Filby BA (Hons), PhD, PSM

Nominee of the Australian Health Ministers' Advisory Council

Term: 12 August 2009 – 11 August 2012

Dr Filby is an executive consultant to the Australian Health Ministers' Advisory Council and the Department of Health in South Australia. He has worked for more than 30 years in the health industry, a number of those as Executive Director of the Department of Health SA and as the Deputy Director-General in Queensland Health. He is the Chair of Helping Hand Aged Care in South Australia and a member of the executive committee of the Alumni Association, Flinders University of South Australia.



James Moore GradDipAcc, BA (Hons)

Nominee of the Community and Disability Services Ministers' Advisory Council

Term: 30 June 2011 – 29 June 2014

Mr Moore is the Chief Executive of Ageing, Disability and Home Care in the NSW Department of Human Services. He is currently leading a range of major reform and major disability initiatives. He has extensive experience as a Senior Executive in the Commonwealth and NSW public services and has a strong interest and proficiency in large human service agencies, specifically social security, employment, education and youth affairs, and ageing and disability services. His roles have covered managing the corporate service of large distributed/networked agencies, development of regulatory reforms, oversight of research functions, development of strategic policies and reform packages, Commonwealth/State relations, Chief of Staff for a Commonwealth minister, and economic analysis and modelling. He is currently a board member of the IDF Implementation Group, NSW Businesslink Board and the Home Care Advisory Board.



Margaret Crawford BA (Econ), GradDipRecnMgt, MBA

Representative of state and territory housing departments

Term: 4 June 2009 – 3 June 2012

Ms Crawford is the Director of Housing and Executive Director of Housing and Community Building, Department of Human Services Victoria, where she is responsible for providing housing policy advice to government, managing the public housing system, developing housing associations, and developing and managing community building activities. Before that, she was the chief operating officer for the Australian Taxation Office, where she oversaw all transaction processing, call management and debt collection operations. She has also worked for the Brisbane City Council as Divisional Manager of Customer and Community Services, and has held senior positions in the New South Wales and Victorian public services.



Brian Pink BCom*Australian Statistician, ABS***Term:** Ex-officio appointment

Mr Pink is Chair of the OECD Committee on Statistics, Vice-Chair of the United Nations Statistical Commission, Chair of the Statistics Committee of the United Nations Economic and Social Commission for Asia and the Pacific and Technical Adviser to the OECD Global Project Advisory Board on Measuring the Progress of Societies. He is also an Australian Electoral Commissioner and a member of the Information, Communication and Services Sector Advisory Council at CSIRO.

**Graeme Head***Representing Ms Jane Halton, Secretary, DoHA***Term:** Ex-officio appointment

Mr Head is a Deputy Secretary in DoHA and currently the Chief Executive of the Health Reform Transition Office.

**Libby Davies** BA, Dip Ed*Ministerial nominee representing consumers of welfare services***Terms:** 22 September 1999 – 30 June 2004; 7 August 2008 – 6 August 2011

Ms Davies is currently the CEO of the White Ribbon Foundation. Prior to this position, and in recent years, Ms Davies has worked as a business development consultant to Frontier Services, a national provider of aged and community services across rural and remote Australia; senior policy adviser with the Rural Doctors Association of Australia; and as a consultant in the areas of social policy, strategic planning and mentoring to the community sector. Ms Davies has also held a number of chief executive positions, such as CEO for Family Services Australia, National Director of UnitingCare Australia and Executive Director of the Head Injury Council of Australia (now Brain Injury Australia). She is currently Chair of the board of UnitingCare NSW/ACT and has also held a number of board and representative positions (including at executive and ministerial level) in health, ageing, and family and community services including ACOSS. Before moving into national social policy and advocacy work in community and welfare services, Ms Davies worked in projects of national significance relating to education and national curriculum development, and was a teacher of social sciences.



Lyn Roberts AM BA (Hons), PhD, Dip ASc (Chem)

Ministerial nominee with expertise in research into public health issues

Term: 12 November 2009 – 11 November 2012

Dr Roberts is the Chief Executive Officer (National) of the National Heart Foundation of Australia and has held this position since 2001. She was Vice-President of the World Heart Federation from 2009 to 2010 and is a member of a number of committees including the National Preventative Health Taskforce (2009-2011) and the Australian Chronic Disease Prevention Alliance.



David Stanton BEc (Hons), MSc (Social Administration)

Ministerial nominee

Term: 12 November 2009 – 11 November 2012

Mr Stanton is a Visiting Fellow, Crawford School of Economics and Government, The Australian National University. He is also a consultant social security planner and policy analyst with Stanton Strategic Solutions. He was Deputy Chair of the Commonwealth Ministerial Task Force and Reference Group on Child Support and has been a consultant to the Australian National Audit Office. He has previously worked in the Commonwealth Government, including as Director of the Australian Institute of Family Studies and in various positions in the then Department of Social Security and the ABS.



Terry Dwyer AO FAFPHM, MD, MHP, MBBS

Ministerial nominee

Term: 12 November 2009 – 11 November 2012

Professor Dwyer is Director of the Murdoch Children's Research Institute. Before that, he was Director of the Menzies Research Institute in Tasmania. Professionally he was a member of the National Health and Medical Research Council's Research Advisory Committee and the National Chair of the Gulf War Veterans Study Scientific Advisory Committee. His international roles have included the Chair of the WHO's Western Pacific Region Advisory Committee on Health Research and a member of the WHO's Global Advisory Committee on Health Research. Professor Dwyer is currently also involved in the I4C (International Childhood Cancer Cohort Consortium) and is on the International Scientific Advisory Board of UK Biobank.



Greg Stewart MBBS, MPH, FRACMA, FAFPHM*Ministerial nominee***Terms:** 1 September 2006 – 31 August 2009; 12 November 2009 – 11 November 2012

Dr Stewart is a public health physician and was appointed to the position of Director of Population Health, Planning and Performance, Sydney South West Area Health Service, in February 2005. He is a Foundation Fellow of the Australasian Faculty of Public Health Medicine and is currently Honorary Secretary–Treasurer of the faculty. He is also a member of the NSW Medical Board and Sydney Water. His previous experience includes appointments as Deputy Director–General, Population Health, and NSW Chief Health Officer; Chief Executive Officer, Wentworth Area Health Service; Director of Health Services, Central Sydney Area Health Service; Director of Sydney South West Area Health Service Public Health Unit and Medical Officer of Health for the Sydney South West Area Health Service.

**Stuart Fox** BSc, MBA*Staff-elected representative***Term:** 19 July 2010 – 18 July 2011

Mr Fox works in information technology and is currently head of the ICT Operations Unit.



Members of the AIHW Ethics Committee as at 30 June 2011

Ching Choi BA, PhD

Chair

Terms: 1 July 2007 – 30 June 2010; 1 July 2010 – 30 June 2013

Dr Choi was appointed Chair of the AIHW Ethics Committee in 2007. He is a Conjoint Associate Professor, Social Policy Research Centre, University of New South Wales, and an Adjunct Associate Professor, Australian Demographic and Social Research Institute, College of Arts and Social Sciences, Australian National University. Dr Choi is a member of the Scientific Reference Group, COAG Indigenous Clearinghouse, and a consultant to the AIHW on various demographic issues. He has worked for the AIHW, the ABS and the Australian Department of Environment, Housing and Community Development. Dr Choi has published a number of papers and reports on various demographic, health and welfare topics.



David Kalisch

Director, AIHW

Terms: AIHW Director since December 2010

Information about Mr Kalisch is provided in his entry under 'Members of the AIHW Board'.



Malcolm Sim BMedSc, MBBS, MSc (Lond), GDipOccHyg, PhD, FAFOEM (RACP), FAFPHM (RACP), FFOM (RCP)

Member representing a person with knowledge of and current experience in the areas of research

Terms: 29 June 2007 – 28 June 2010; 29 June 2010 – 30 June 2013

Professor Sim is an occupational and public health physician and is Director of the Centre for Occupational and Environmental Health in the School of Public Health and Preventive Medicine at Monash University. He is a Chief Investigator for several national and international studies investigating the role of workplace and environmental hazards in chronic diseases, such as cancer, respiratory disease and musculoskeletal disorders, as well as being CIA for a NHMRC Public Health Capacity Building Grant. Specific studies include the Australian Mesothelioma Registry, cohort studies of petroleum workers, aluminium workers, nurses, asbestos cement workers and Gulf War veterans, as well as studies of air pollution and mobile phones. Professor Sim has published over 130 research papers in refereed journals and is Deputy Editor for Occupational and Environmental Medicine and an Associate Editor for the Asia Pacific Journal of Public Health. He is an elected member of the Epidemiology Subcommittee of the International Commission on Occupational Health and was invited by the International Agency for Research on Cancer to be a member of the 2011 Working Group reviewing the evidence for mobile phones and other radiofrequency sources as a cause of cancer in humans.



James Barr BA (Hons), BTheol (Hons), MAppSci*Member who is a minister of religion***Term:** 12 December 2008 – 11 December 2011

Reverend Barr has a background in leadership development and pastoral and community work. His work has ranged from community organising in third-world slums to consulting with companies and government agencies in the field of corporate ethics and leadership development. An ordained Baptist minister, he has been minister of the Collins Street Baptist Church (where he was founding Director of the Urban Mission Unit, now Urban Seed), Director of the Zadok Institute for Christianity and Society, Pastoral Associate with Melbourne Citymission and Senior Minister of the Canberra Baptist Church. He is a former member of the Human Research Ethics Committee of RMIT University. Mr Barr is currently co-minister of the Melbourne Welsh Church, Executive Chair of the Major Issues and Theology Foundation Inc. and President of the Australia Palestine Advocacy Network Inc.

**David Garratt***Member representing general community attitudes***Term:** 26 March 2010 – 25 March 2013

Mr Garratt is a retired principal. His last appointment was as principal of Daramalan College from which he retired in 2008. He has extensive experience in education and has served on committees administering government programs. Mr Garratt was on the founding boards of two schools, St Francis Xavier and Orana School for Rudolf Steiner Education, and was chair of the latter. He was a community representative on the Dickson Neighbourhood Planning Group. Mr Garratt is a board member of the Northside Community Service and the Dialogue Australasia Network, and is currently chair of the board of the National Folk Festival.

**Camilla Webster** BA (Hons), LLB, LLM*Member who is a lawyer***Term:** 25 March 2010 – 24 March 2013

Ms Webster is a lawyer. She has worked for various Commonwealth government agencies as specialist adviser on legislation and consultant drafter of legislative instruments. Ms Webster is currently engaged by the Australian Government Solicitor on a major legislative project.

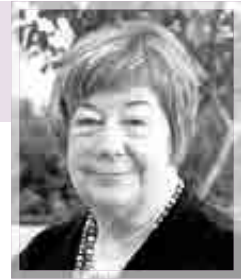


Val Edyvean JP BA, MAPsS

Member representing the Registrars of Births, Deaths and Marriages

Term: Ex-officio appointment

Ms Edyvean worked as a psychologist in clinical and educational fields before moving into project and policy work in early childhood services and then into management. She became the State Archivist in South Australia and established that state's Public Record Office. She also worked as a policy analyst and on legislative review in several agencies. Ms Edyvean was the research officer – executive officer of a parliamentary standing committee before her appointment to the statutory position of Registrar of Births, Deaths and Marriages in 1997. As Registrar she is responsible for the State's records of life events and for managing access to them, including data releases, linkage projects and other research proposals. She is a professional member of the Australian Society of Archivists and of the Australian Psychological Society, and a marriage celebrant.



Wendy Antoniak

Member representing general community attitudes

Term: 28 July 2008 – 27 July 2011

Ms Antoniak has had broad administrative experience in both the public and private sectors and is now mostly retired. She was employed by The Australian National University (ANU) for over 10 years in a range of administrative positions in various areas of the university. Most recently, Ms Antoniak was an executive assistant at Saab Systems Pty Ltd and was a membership secretary of Dragons Abreast ACT. Ms Antoniak worked part time in the National Centre for Indigenous Studies, ANU, for 6 months in 2009 and now works part time in the Legal Workshop at the ANU.



Wendy Scheil MBBS, FAFPHM, FRACGP, MAE, Dip.OBS, DTM&H, FPC

Member representing a person with knowledge of, and current experience in, the professional care, counselling or treatment of people

Terms: 30 August 2005 – 29 August 2008; 30 August 2008 – 29 August 2011

Dr Scheil is the Head of the Pregnancy Outcome Unit in the South Australian Department of Health. She has worked as a doctor in public hospitals and in the private sector in several states and territories in Australia and the United Kingdom. Dr Scheil is a Councillor of the Australasian Faculty of Public Health Medicine, a Fellow of the Royal Australian College of General Practitioners and a member of a number of organisations and committees: the Australasian Epidemiological Association, Medical Association for Prevention of War (International Physicians for the Prevention of Nuclear War), the Climate and Health Council and the South Australian Human Ethics Research Committee. Dr Scheil has published a number of papers.



Appendix 4 Executive and unit heads

The AIHW's Executive and unit heads at 30 June 2011 are listed below. The heads of the collaborating units are also listed.

Director

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Business Group

Group Head

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Information and Communications

Technology Operations Unit

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Information Technology Services Unit

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People Unit

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Continuing and Specialised Care Group

Group Head

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Mental Health Services Unit

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Governance and Communications Group

Group Head

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Communications Media and Marketing Unit

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Executive Unit

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Health Group

Group Head

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Cancer and Screening Unit

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Cardiovascular, Diabetes and Kidney Unit

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Primary Health and Respiratory and Musculoskeletal Monitoring Unit

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eHealth Unit

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Hospitals and Performance Group

Group Head

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Hospitals Information Improvement Unit

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Hospitals Reporting Unit

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Housing and Homelessness Group

Group Head

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Client Management System

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Homelessness Business Transition Unit

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Homelessness Data Collection Unit

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Specialist Homelessness Services Collection System Team

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Information and Statistics Group

Group Head

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Expenditure and Economics Unit

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Functioning and Disability Unit

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Labour Force Unit

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Metadata Information Services—METeOR and Metadata Unit

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Social and Indigenous Group

Group Head

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Child and Youth Welfare Unit

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Children, Youth and Families Unit

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Indigenous Analyses and Reporting Unit

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Indigenous Community and Health Service Reporting Unit

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Indigenous Data Gaps Unit

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Indigenous Research and Evaluation Unit

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Collaborating units

Australian Centre for Asthma Monitoring

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Australian General Practice Statistics and Classification Centre

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Dental Statistics and Research Unit

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National Injury Surveillance Unit

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National Perinatal Epidemiology and Statistics Unit

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Appendix 5 Participation in national committees

Listed below are national committees in which the AIHW participates.

Committee	Chair	Role of the AIHW	Committee's parent body
Community and Disability Services Ministers' Advisory Council	Ms Gill Callister (Victorian Department of Human Services)	Observer	Community and Disability Services Ministers' Conference
Disability Policy and Research Working Group	Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)	Member	Community and Disability Services Ministers' Advisory Council
Homelessness Delivery Network	FaHCSIA	Member	Homelessness Delivery Review Board
Homelessness Delivery Review Board	FaHCSIA	Member	Prime Minister's Council on Homelessness
Housing and Homelessness Information Management Group	Ms Maureen Sheehan (Disability, Housing and Community Services, ACT)	Secretariat and member	Housing and Homelessness Policy Research Working Group
Housing Ministers' Advisory Committee	Mr Mike Allen (NSW Department of Housing)	Observer	Housing Minister's Conference
MyHospitals Development Steering Committee	Ms Kerry Flannagan (DoHA) and Mr David Kalisch (AIHW)	Co-Chair and Secretariat	Australian Health Ministers' Advisory Council
National E-Health Transition Authority Board	Mr David Gonski AC	Observer	
National Indigenous Reform Agreement Performance Information Management Group	Mr Matthew James (FaHCSIA)	Secretariat and member	COAG Working Group on Indigenous Reform
National Health Information Standards and Statistics Committee	Dr David Filby (consultant to the Australian Health Ministers' Advisory Council)	Secretariat and member	National e-Health Information Principal Committee
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	Mr Kim Snowball (WA Department of Health)	Secretariat and member	Australian Health Ministers' Advisory Council
National Community Services Information Management Group	Ms Bette Kill (Queensland Department of Communities)	Secretariat and member	Community and Disability Services Ministers' Advisory Council
National Disability Information Management Group	Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)	Secretariat and member	Disability Policy and Research Working Group

National e-Health Information Principal Committee	Ms Fran Thorn (Victorian Department of Human Services)	Member	Australian Health Ministers' Advisory Council
National Health Information Regulatory Framework	Ms Fionna Granger (DoHA)	Observer	National e-Health Information Principal Committee
Performance and Data Working Group (for the National Framework for Protecting Australia's Children)	Mr Paul Wyles (ACT Department of Disability, Housing and Community Services) and Ms Bette Kill (Queensland Department of Communities)	Secretariat and member	National Framework Implementation Working Group
Population Health Information Development Group	Professor Jim Hyde (Victorian Department of Human Services)	Secretariat and member	Australian Population Health Development Principal Committee
Steering Committee for the Review of Government Service Provision	Mr Gary Banks (Productivity Commission)	Observer	COAG

Additional national committees to which the AIHW contributes are detailed in **Chapter 3 Our operating units**.

Appendix 6 Arrangements with Australian universities and specialist centres

Listed below are Australian universities and specialist centres with which the AIHW had collaborative arrangements in place during 2010–11.

Arrangements with funding for specialist tasks

- Australian Centre for Asthma Monitoring at the Woolcock Institute of Medical Research Limited
- Australian General Practice Statistics and Classification Centre at The University of Sydney (concluding 30 June 2011)
- Dental Statistics Research Unit at The University of Adelaide
- National Injury Surveillance Unit at the Flinders University of South Australia
- National Perinatal Epidemiology and Statistics Unit at the University of New South Wales
- Further information about these AIHW collaborating units can be found in ‘**Collaborating units**’ on page 109.

Other arrangements

- Cooperative Research Centre for Spatial Information: The AIHW is a participant in this unincorporated joint venture of organisations from the corporate, government and university sectors that may agree to perform research and development jointly.
- Australian National University (ANU): The AIHW and ANU are parties to a memorandum of understanding regarding AIHW supervision of final-year ANU Medical School Population Health students to undertake specific projects.

Data-sharing arrangements

- National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases at The Children’s Hospital at Westmead: Research associate arrangement
- National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales: Research associate arrangement

Appendix 7 Publications and papers

AIHW publications

The staff of the AIHW and collaborating units produced 135 publications in 2010–11. The average length was 105 pages.

All publications are available free of charge on the AIHW's website, mostly in PDF and RTF. The AIHW invites any user experiencing difficulty accessing publications to contact it.

Many publications are available in printed form; there is a charge for most of these. For details, see <www.aihw.gov.au>.

Aboriginal and Torres Strait Islander health and welfare

A profile of homelessness for Aboriginal and Torres Strait Islander people. AIHW. Cat. no. IHW 43. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander child safety. AIHW. Cat. no. IHW 50. Canberra: AIHW, 2011.

Aboriginal and Torres Strait Islander health services report, 2008–09: OATSIH Services Reporting—key results. AIHW. Cat. no. IHW 31. Canberra: AIHW, 2010.

Aboriginal and Torres Strait Islander people with disability: wellbeing, participation and support. AIHW. Cat. no. IHW 45. Canberra: AIHW, 2011.

Access to health and services for Aboriginal and Torres Strait Islander people. AIHW. Cat. no. IHW 46. Canberra: AIHW, 2011.

Anti-tobacco programs for Aboriginal and Torres Strait Islander people. Closing the Gap Clearinghouse. Cat. no. IHW 37. Canberra: AIHW, in press.

Closing the gap clearinghouse annual report 2009–10. Closing the Gap Clearinghouse. Cat. no. IHW 54. Canberra: AIHW, 2011.

Closing the school completion gap for Indigenous students. Closing the Gap Clearinghouse. Cat. no. IHW 38. Canberra: AIHW, in press.

Comparing life expectancy of indigenous people in Australia, New Zealand, Canada and the United States: Conceptual, methodological and data issues. AIHW. Cat. no. IHW 47. Canberra: AIHW, 2011.

Contribution of chronic disease to the gap in mortality between Aboriginal and Torres Strait Islander people and other Australians. AIHW. Cat. no. IHW 48. Canberra: AIHW, 2011.

Dental health of Indigenous children in the Northern Territory: findings from the Closing the Gap program. AIHW. Cat. no. IHW 41. Canberra: AIHW, 2011.

Early childhood and education services for Indigenous children prior to starting school. Closing the Gap Clearinghouse. Cat. no. IHW 55. Canberra: AIHW, 2011.

Eye health in Aboriginal and Torres Strait Islander people. AIHW. Cat. no. IHW 49. Canberra: AIHW, 2011.

Life expectancy and mortality of Aboriginal and Torres Strait Islander people. AIHW. Cat. no. IHW 51. Canberra: AIHW, 2011.

Older Aboriginal and Torres Strait Islander people. AIHW. Cat. no. IHW 44. Canberra: AIHW, 2011.

Reducing alcohol and other drug-related harm. Closing the Gap Clearinghouse. Cat. no. IHW 35. Canberra: AIHW, in press.

School attendance and retention of Indigenous Australian students. Closing the Gap Clearinghouse. Cat. no. IHW 33. Canberra: AIHW, in press.

School readiness: what does it mean for Indigenous children, families, schools and communities? Closing the Gap Clearinghouse. Cat. no. IHW 36. Canberra: AIHW, in press.

Substance use among Aboriginal and Torres Strait Islander people. AIHW. Cat. no. IHW 40. Canberra: AIHW, 2011.

Teacher and school leader quality and sustainability. Closing the Gap Clearinghouse. Cat. no. IHW 39. Canberra: AIHW, in press.

The health and welfare of Australia's Aboriginal and Torres Strait Islander people: an overview 2011. AIHW. Cat. no. IHW 42. Canberra: AIHW, 2011.

What works to overcome Indigenous disadvantage 2009–10: key learnings and gaps in the evidence. Closing the Gap Clearinghouse. Cat. no. IHW 52. Canberra: AIHW, 2011.

Ageing and aged care

A snapshot of osteoporosis in Australia 2011. AIHW. Cat. no. PHE 137. Canberra: AIHW, 2011.

Aged care packages in the community 2008–09: a statistical overview. AIHW. Cat. no. AGE 61. Canberra: AIHW, 2010.

Dementia among aged care residents: first information from the Aged Care Funding Instrument. AIHW. Cat. no. AGE 63. Canberra: AIHW, 2011.

Older people leaving hospital: a statistical overview of the Transition Care Program in 2008–09. AIHW. Cat. no. AGE 64. Canberra: AIHW, 2011.

Pathways in Aged Care: program use after assessment. AIHW. Cat. no. CSI 10. Canberra: AIHW, 2011.

Residential aged care in Australia 2008–09. AIHW. Cat. no. AGE 62. Canberra: AIHW, 2010.

Alcohol and other drugs

Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set. AIHW. Cat. no. HSE 92. Canberra: AIHW, 2010.

Alcohol and other drug treatment services in New South Wales 2008–09: findings from the National Minimum Data Set (NMDS). AIHW. Cat. no. HSE 97. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in Queensland 2008–09: findings from the National Minimum Data Set (NMDS). AIHW. Cat. no. HSE 99. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in South Australia 2008–09: findings from the National Minimum Data Set (NMDS). AIHW. Cat. no. HSE 102. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in Tasmania 2008–09: findings from the National Minimum Data Set (NMDS). AIHW. Cat. no. HSE 103. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in the Australian Capital Territory 2008–09: findings from the National Minimum Data Set (NMDS). AIHW. Cat. no. HSE 96. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in the Northern Territory 2008–09: findings from the National Minimum Data Set (NMDS). AIHW. Cat. no. HSE 98. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in Victoria 2008–09: findings from the National Minimum Data Set (NMDS). AIHW. Cat. no. HSE 104. Canberra: AIHW, 2011.

Alcohol and other drug treatment services in Western Australia 2008–09: findings from the National Minimum Data Set (NMDS). AIHW. Cat. no. HSE 95. Canberra: AIHW, 2011.

Drinking patterns in Australia, 2001–2007. AIHW. Cat. no. PHE 133. Canberra: AIHW, 2010.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2011 collection: data guide. AIHW. Cat. no. HSE 108. Canberra: AIHW, 2011.

National Opioid Pharmacotherapy Statistics Annual Data collection: 2010 report. AIHW. Cat. no. HSE 109. Canberra: AIHW, 2011.

Review of the Alcohol and Other Drug Treatment Services National Minimum Data Set. AIHW. Cat. no. HSE 94. Canberra: AIHW, 2011.

Cancer

BreastScreen Australia monitoring report 2006–2007 and 2007–2008. AIHW. Cat. no. CAN 51. Canberra: AIHW, 2010.

BreastScreen Australia monitoring report 2006–2007 and 2007–2008: supplementary data tables. AIHW. Cat. no. CAN 52. Canberra: AIHW, 2010.

Calculating screening rates for bowel cancer: Methodologies for the National Bowel Cancer Screening Program and the National Healthcare Agreement performance indicators explained. AIHW. Cat. no. CAN 54. Canberra: AIHW, 2010.

Cancer in Australia 2010: an overview. AIHW. Cat. no. CAN 56. Canberra: AIHW, 2010.

Cancer in Australia 2010: in brief. AIHW. Cat. no. CAN 55. Canberra: AIHW, 2010.

National Bowel Cancer Screening Program: annual monitoring report 2009 data supplement 2010. AIHW. Cat. no. CAN 53. Canberra: AIHW, 2010.

Cardiovascular disease

Cardiovascular disease: Australian facts 2011. AIHW. Cat. no. CVD 53. Canberra: AIHW, 2011.

Children, youth and families

Adoptions Australia 2009–10. AIHW. Cat. no. CWS 38. Canberra: AIHW, 2010.

Child protection Australia 2009–10. AIHW. Cat. no. CWS 39. Canberra: AIHW, 2011.

Educational outcomes of children on guardianship or custody orders: a pilot study, Stage 2. AIHW. Cat. no. CWS 37. Canberra: AIHW, 2011.

Family social network: development of a Children's Headline Indicator. AIHW. Cat. no. PHE 131. Canberra: AIHW, 2010.

Juvenile justice in Australia 2008–09. AIHW. Cat. no. JUV 7. Canberra: AIHW, 2011.

Juvenile justice in Australia 2008–09: interim report—main tables. AIHW. Cat. no. JUV 6. Canberra: AIHW, 2010.

Shelter: development of a Children's Headline Indicator. AIHW. Cat. no. PHE 132. Canberra: AIHW, 2010.

Young Australians: their health and wellbeing 2011. AIHW. Cat. no. PHE 140. Canberra: AIHW, 2011.

Corporate publications

AIHW Access no. 28: 2010. AIHW. Cat. no. HWI 108. Canberra: AIHW, 2010.

AIHW Access no. 29: March 2011. AIHW. Cat. no. HWI 110. Canberra: AIHW, 2011.

Annual report 2009–10. AIHW. Cat. no. AUS 127. Canberra: AIHW, 2010.

Data linkage

Comparing an SLK-based and a name-based data linkage strategy: an investigation into the PIAC linkage. AIHW. Cat. no. CSI 11. Canberra: AIHW, 2011.

Data standards

National Community Services Data Dictionary, version 6. AIHW. Cat. no. HWI 109. Canberra: AIHW, 2010.

National health data dictionary, version 15. AIHW. Cat. no. HWI 107. Canberra: AIHW, 2010.

National palliative care performance indicators: results of the 2008 performance indicator data collection. AIHW. Cat. no. HWI 106. Canberra: AIHW, 2010.

Dental health

Age and the costs of dental care. AIHW Dental Statistics and Research Unit. Cat. no. DEN 203. Canberra: AIHW, 2010.

Dental attendance patterns and oral health status. Spencer AJ, Ellershaw A. Cat. no. DEN 208. Canberra: AIHW, 2011.

Self-rated oral health of adults. AIHW Dental Statistics and Research Unit. Cat. no. DEN 206. Canberra: AIHW, 2010.

Socioeconomic variation in periodontitis among Australian adults 2004–06. AIHW. Cat. no. DEN 207. Canberra: AIHW, 2010.

Trends in access to dental care among Australian adults 1994–2008. Spencer AJ, Hartford JE & Ellershaw A. Cat. no. DEN 204. Canberra: AIHW, 2011.

Trends in access to dental care among Australian adults: in brief. AIHW Dental Statistics and Research Unit. Cat. no. DEN 205. Canberra: AIHW, 2010.

Trends in access to dental care among Australian teenagers. AIHW Dental Statistics and Research Unit. Cat. no. DEN 191. Canberra: AIHW, 2010.

Diabetes

Diabetes and poor mental health and wellbeing: an exploratory analysis. AIHW. Cat. no. CVD 55. Canberra: AIHW, 2011.

Diabetes in pregnancy: its impact on Australian women and their babies. AIHW. Cat. no. CVD 52. Canberra: AIHW, 2010.

Diabetes prevalence in Australia: detailed estimates for 2007–08. AIHW. Cat. no. CVD 56. Canberra: AIHW, 2011.

Incidence of Type 1 diabetes in Australian children 2000–2008. AIHW. Cat. no. CVD 51. Canberra: AIHW, 2010.

Prevalence of Type 1 diabetes in Australian children, 2008. AIHW. Cat. no. CVD 54. Canberra: AIHW, 2011.

Functioning and disability

Disability support services 2008–09: Report on services provided under the Commonwealth State/Territory Disability Agreement and the National Disability Agreement. AIHW. Cat. no. DIS 58. Canberra: AIHW, 2011.

Health of Australians with disability: health status and risk factors. AIHW. Cat. no. AUS 132. Canberra: AIHW, 2010.

When musculoskeletal conditions and mental disorders occur together. AIHW. Cat. no. AUS 129. Canberra: AIHW, 2010.

General practice

General practice activity in Australia 2000–01 to 2009–10: 10 year data tables. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Valenti L et al. Cat. no. GEP 28. Canberra: AIHW, 2010.

General practice activity in Australia 2009–10. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Pan Y et al. Cat. no. GEP 27. Canberra: AIHW, 2010.

Health and welfare expenditure

Australian health expenditure by remoteness: a comparison of remote, regional and city health expenditure. AIHW. Cat. no. HWE 50. Canberra: AIHW, 2011.

Australian hospital statistics 2009–10: emergency department care and elective surgery waiting times. AIHW. Cat. no. HSE 93. Canberra: AIHW, 2010.

Expenditure on health for Aboriginal and Torres Strait Islander people 2008–09. AIHW. Cat. no. HWE 53. Canberra: AIHW, 2011.

Health expenditure Australia 2008–09. AIHW. Cat. no. HWE 51. Canberra: AIHW, 2010.

Public health expenditure in Australia, 2008–09. AIHW. Cat. no. HWE 52. Canberra: AIHW, 2011.

Health and welfare labour force

Medical labour force 2008. AIHW. Cat. no. AUS 131. Canberra: AIHW, 2010.

Nursing and midwifery labour force 2008. AIHW. Cat. no. AUS 130. Canberra: AIHW, 2010.

The coding workforce shortfall. AIHW. Cat. no. HWL 46. Canberra: AIHW, 2010.

Health and welfare services and care

Australia's hospitals 2009–10 at a glance. AIHW. Cat. no. HSE 106. Canberra: AIHW, 2011.

Australian hospital statistics 2009–10. AIHW. Cat. no. HSE 107. Canberra: AIHW, 2011.

Housing and homelessness

A profile of social housing in Australia. AIHW. Cat. no. HOU 232. Canberra: AIHW, 2010.

Community housing 2009–10. AIHW. Cat. no. HOU 235. Canberra: AIHW, 2011.

Demand for government-funded specialist homelessness accommodation 2008–09: a report from the SAAP National Data Collection. AIHW. Cat. no. HOU 230. Canberra: AIHW, 2010.

Demand for government-funded specialist homelessness accommodation 2008–09: summary. AIHW. Cat. no. HOU 231. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: Australia. AIHW. Cat. no. HOU 246. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: Australia appendix. AIHW. Cat. no. HOU 238. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: Australian Capital Territory. AIHW. Cat. no. HOU 242. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: New South Wales. AIHW. Cat. no. HOU 240. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: Northern Territory. AIHW. Cat. no. HOU 247. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: Queensland. AIHW. Cat. no. HOU 239. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: South Australia. AIHW. Cat. no. HOU 243. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: Tasmania. AIHW. Cat. no. HOU 244. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: Victoria. AIHW. Cat. no. HOU 241. Canberra: AIHW, 2011.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2009–10: Western Australia. AIHW. Cat. no. HOU 245. Canberra: AIHW, 2011.

Housing and homelessness services: access for Aboriginal and Torres Strait Islander people. AIHW. Cat. no. HOU 237. Canberra: AIHW, 2011.

Housing assistance in Australia 2011. AIHW. Cat. no. HOU 236. Canberra: AIHW, 2011.

People turned away from government-funded specialist homelessness accommodation 2009–10. AIHW. Cat. no. HOU 248. Canberra: AIHW, 2011.

People turned away from government-funded specialist homelessness accommodation 2009–10: appendix. AIHW. Cat. no. HOU 249. Canberra: AIHW, 2011.

Public rental housing 2009–10. AIHW. Cat. no. HOU 234. Canberra: AIHW, 2011.

State owned and managed Indigenous housing 2009–10. AIHW. Cat. no. HOU 233. Canberra: AIHW, 2011.

Young people and children in social housing. AIHW. Cat. no. AUS 134. Canberra: AIHW, 2010.

Injury

Hospital separations due to injury and poisoning, Australia 2005–06. AIHW National Injury Surveillance Unit. Cat. no. INJCAT 131. Adelaide: AIHW NISU, 2010.

Injury of Aboriginal and Torres Strait Islander people due to transport, 2003–04 to 2007–08. Henley G. Cat. no. INJCAT 134. Canberra: AIHW, 2010.

Trends in serious injury due to land transport accidents, Australia. Henley G & Harrison J. Cat. no. INJCAT 132. Canberra: AIHW, 2011.

Perinatal health

Assisted reproductive technology in Australia and New Zealand 2008. Sullivan EA, Wang YA & Chambers G. Cat. no. PER 49. Canberra: AIHW, 2010.

Australia's mothers and babies 2008. Sullivan EA, Li & Laws. Cat. no. PER 50. Canberra: AIHW, 2010.

Population health

2009 Adult Vaccination Survey: summary results. AIHW. Cat. no. PHE 135. Canberra: AIHW, 2011.

2010 Pandemic Vaccination Survey: summary results. AIHW. Cat. no. PHE 128. Canberra: AIHW, 2010.

A snapshot of arthritis in Australia 2010. AIHW. Cat. no. PHE 126. Canberra: AIHW, 2010.

Chronic kidney disease hospitalisations in Australia 2000–01 to 2007–08. AIHW. Cat. no. PHE 127. Canberra: AIHW, 2010.

Electoral roll matching project. AIHW. Cat. no. PHE 129. Canberra: AIHW, 2010.

End-stage kidney disease in Australia: total incidence, 2003–2007. AIHW. Cat. no. PHE 143. Canberra: AIHW, 2011.

Health and the environment: a compilation of evidence. AIHW. Cat. no. PHE 136. Canberra: AIHW, 2011.

Key indicators of progress for chronic disease and associated determinants: data report. AIHW. Cat. no. PHE 142. Canberra: AIHW, 2011.

Mandatory folic acid and iodine fortification in Australia and New Zealand: baseline report for monitoring. AIHW. Cat. no. PHE 139. Canberra: AIHW, 2011.

Mental health services in Australia 2007–08. AIHW. Cat. no. HSE 88. Canberra: AIHW, 2010.

Premature mortality from chronic disease. AIHW. Cat. no. AUS 133. Canberra: AIHW, 2010.

The health of Australia's males. AIHW. Cat. no. PHE 141. Canberra: AIHW, 2011.

The use of disease-modifying anti-rheumatic drugs for the management of rheumatoid arthritis. AIHW. Cat. no. PHE 138. Canberra: AIHW, 2011.

Time trends and geographical variation in re-admissions for asthma in Australia. AIHW. Cat. no. ACM 21. Canberra: AIHW, 2011.

Use of health services for arthritis and osteoporosis. AIHW. Cat. no. PHE 130. Canberra: AIHW, 2010.

Weight loss surgery in Australia. AIHW. Cat. no. HSE 91. Canberra: AIHW, 2010.

Safety and quality of health care

Australia's public sector medical indemnity claims 2007–08. Canberra: AIHW. Cat. no. HSE 105. Canberra: AIHW, 2011.

Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07: an analysis by remoteness and disease. AIHW. Cat. no. HWE 49. Canberra: AIHW, 2010.

Public and private sector medical indemnity claims in Australia 2007–08. Canberra: AIHW. Cat. no. HSE 90. Canberra: AIHW, 2011.

Journal articles

Journal articles by AIHW staff

The staff of the AIHW produced seven journal article articles in 2010–11.

Anderson P & Madden R 2011. Design and quality of ICF-compatible data items for national disability support services. *Disability and Rehabilitation* 33(9):758–769.

Beard T, Valentine K & Jepsen G 2010. Child Protection Statistics in Australia. In: *World Perspectives on Child Abuse Ninth Edition*. USA: International Society for Prevention of Child Abuse and Neglect, 61–67.

Budd AC & Sturrock CJ 2010. Cytology and cervical cancer surveillance in an era of human papillomavirus vaccination. *Sexual Health* 7:1–7.

Draper B, Karmel R, Gibson D & Peut A 2011. Alcohol-related dementia in patients admitted to NSW public hospitals. *Australian and New Zealand Journal of Psychiatry*, 45 (Suppl 1), A31.

Draper B, Karmel R, Gibson D, Peut A & Anderson P (in press) The Hospital Dementia Services Project: Age differences in hospital stays for older people with and without dementia. *International Psychogeriatrics*.

Rahman N 2011. Comorbidity of musculoskeletal conditions and mental disorders in Australia. *Massage Therapists* 9:6–7.

Sitas F, O'Connell DL, van Kemenade CH, Short MW & Zhao K 2010. Breast cancer risk among female employees of the Australian Broadcasting Corporation in Australia. *Medical Journal of Australia* 192(11):651–54.

Journal articles by staff of the AIHW's collaborating units

The staff of the AIHW's collaborating units produced 33 journal articles in 2010–11.

Abeywardana S, Bower C, Halliday J, Chan, Sullivan EA 2010. Prevalence of neural tube defects in Australia prior to mandatory fortification of bread-making flour with folic acid. *Australian and New Zealand Journal of Public Health* 34(4): 351–355.

Armfield JM 2010. Community effectiveness of public water fluoridation in reducing children's dental disease. *Public Health Reports* 125(5):655–64.

Ben-Tovim DI, Pointer S, Woodman RJ, Hakendorf PH & Harrison JE 2010. Routine use of administrative data for safety and quality purposes - hospital mortality. *Medical Journal of Australia* 193(8): S100–S103.

Bhalla K, Harrison JE, Shahraz S & Fingerhut LA 2010. Availability and quality of cause-of-death data for estimating the global burden of injuries. *Bulletin of the World Health Organization* 88(11): 831–838.

Bradley CE, Harrison JE & Henley GI 2010. Trends in the incidence of hospitalisation for injuries resulting from non-traffic crashes in New South Wales, July 1998 to June 2007 *Medical Journal of Australia* 193(10): 620.

Brennan DS 2011. Practice profiles of male and female dentists in Australia. *Australian Dental Journal* 56: 197–99.

Brennan DS, Do LG & Slade GD 2011. Caries experience of adults attending private and public dental clinics in Australia. *Journal of Public Health Dentistry* 71(1) 32–37.

Crocombe LA, Stewart JF, Barnard PD, Slade GD, Roberts-Thomson KF & Spencer AJ 2010. Relative oral health outcome trends between people inside and outside capital city areas of Australia. *Australian Dental Journal* 55(3):280–4.

Day L, Finch CF, Harrison JE, Hoareau E, Segal L & Ullah S 2010. Modelling the population-level impact of tai-chi on falls and fall-related injury among community-dwelling older people. *Injury Prevention* 16(5): 321–326.

De Leo D, Dudley M, Aebersold C, Mendoza JA, Barnes MA, Harrison JE & Ranson DL 2010. Achieving standardised reporting of suicide in Australia: rationale and program for change. *Medical Journal of Australia* 192(8): 452–456.

Henley G & Harrison JE 2011. Trends in serious injury due to land transport accidents, Australia 2000–01 to 2007–08. *Injury research and statistics series no. 54. Cat. no. INJCAT 132. Canberra: AIHW.*

Henley G & Harrison JE 2010. Injury of Aboriginal and Torres Strait Islander people due to transport, 2003–04 to 2007–08. *Injury research and statistics series no. 58. Cat. no. INJCAT 134. Canberra: AIHW.*

Homer CSE, Biggs J, Vaughan G, Sullivan EA 2011. Mapping maternity services in Australia: Location, classification and services. *Australian Health Review* 35(2): 222–229.

Ju X 2010. Supply and demand for oral and maxillofacial surgeons and services. *Australian Dental Journal* 55(3):346–50.

Knight M, Pierce M, Seppelt I, Kurinczuk J, Spark P, Brocklehurst P, McLintock C, Sullivan EA 2011, on behalf of the UK's Obstetric Surveillance System, the ANZIC Influenza Investigators, and the Australasian Maternity Outcomes Surveillance System. Critical illness with AH1N1v influenza in pregnancy: a comparison of two population-based cohorts. *British journal of obstetrics and gynaecology* 118(2): 232–239.

- Knight M & Sullivan EA 2010. Variation in caesarean delivery rates. (Editorial) *British Medical Journal* 341:c5255.
- Kreisfeld R & Harrison JE 2010. Hospital separations due to injury and poisoning 2005–06. *Injury research and statistics series no. 55. Cat. no. INJCAT 131*. Canberra: AIHW.
- Laws PJ, Tracy S & Sullivan EA. Perinatal outcomes of women intending to give birth in birth centers in Australia. *Birth* 2010; 37(1): 28–36.
- Lee BB, Cripps RA, Woodman RJ, Biering-Sorensen F, Wing PC, Campbell R, Noonan VK, Wang D, Stander J, Lee B & Harrison JE 2010. Development of an international spinal injury prevention module: application of the international classification of external cause of injury to spinal cord injury. *Spinal Cord* 48(6): 498–503.
- Martin G, Swannell SV, Hazell PL, Harrison JE & Taylor A 2010. Self-injury in Australia: a community survey. *Medical Journal of Australia* 193(9): 506–510.
- Mejia GC 2010. Dental caries experience among young Australian adults. *Australian Dental Journal (ARCPOH, Data Watch)* 55(4):468–71.
- Mejia GC & Ha DH 2011. Dental caries trends in Australian school children. *Australian Dental Journal. (Data Watch)* 56; 2: 231–233.
- Nair P, Davies AR, Beca J, Bellomo R, Ellwood D, Forrest P, Jackson A, Pye R, Seppelt I, Sullivan EA & Webb S 2011, for The Australia and New Zealand Extracorporeal Membrane Oxygenation (ANZ ECMO) Influenza Investigators and the Australasian Maternity Outcomes Surveillance System. *Extracorporeal Membrane Oxygenation for Severe ARDS in Pregnant and Postpartum Women during the 2009 H1N1 pandemic. Intensive Care Medicine*; 37(4): 648–654.
- Norton K, Norton L & Sadgrove D, 2010. Position statement on physical activity and exercise intensity terminology. *Journal of Science and Medicine in Sport* 13(5): 496–502.
- Norton KI, Norton L & Lewis N 2010. Physical activity interventions improve central processing and choice response speed. *Journal of Science and Medicine in Sport*. 13(6): 41–42.
- Norton L, Henley GI & Harrison JE 2010. Trends in cycling injuries 2000–2008 *Journal of Science and Medicine in Sport* 13(6): 50.
- Norton L, Norton K, Lewis N & Dollman J 2010. Intensive short-term physical activity interventions show sustained health benefits at 12 months. *Journal of Science and Medicine in Sport* 12(52): 188.
- Nygren KG, Sullivan EA, Zegers-Hochschild F, Mansour R, Ishihara O, Adamson GD, de Mouzon J 2011. International Committee for Monitoring Assisted Reproductive Technology (ICMART) world report: assisted reproductive technology 2003. *Fertility and sterility* 95(7): 2209–222.e17.
- Pirotta M, Stein AN, Conway EL, Harrison C, Britt H, Garland S 2010. Genital warts incidence and healthcare resource utilisation in Australia. *Sexually Transmitted Infections* 86(3): 181–186.
- Sullivan EA, Chapman MG, Wang A, Adamson GD. Population-based study of caesarean section after in vitro fertilization in Australia. *Birth* 2010; 37(3): 184–191.
- Taylor AW, Martin G, Dal Grande E, Swannell SV, Fullerton S, Hazell PL & Harrison JE 2011. Methodological issues associated with collecting sensitive information over the telephone - experience from an Australian non-suicidal self-injury (NSSI) prevalence study. *BMC Medical Informatics and Decision Making* 11(20): 1–7.
- Wang YA, Chapman M, Costello M, Sullivan EA 2010. Better perinatal outcomes following transfer of fresh blastocysts and blastocysts cultured from thawed cleavage embryos: a population-based study. *Human Reproduction* 25(6): 1536–1542.

Willis CD, Gabbe B, Jolley D, Harrison JE & Cameron PA 2010. Predicting trauma patient mortality: ICD [or ICD-10-AM] versus AIS based approaches. *ANZ Journal of Surgery* 80(11): 802–806.

Conference papers and presentations

Papers and presentations by AIHW staff

The staff of the AIHW gave 72 papers and presentations at conferences and workshops in 2010–11.

Aalders R 2010. Juvenile justice trends in Australia. Presentation at the Juvenile Offending—What Are the Facts? seminar, Sydney, 11 November.

Aalders R 2010. Juvenile justice in Australia: providing a national perspective of young people under supervision. Presentation at The National Youth Law and Juvenile Justice Forum 2010, Melbourne, 27–28 October.

Ainley J, Chew A, Cummins R, Eldridge D, Goldfeld S, Gray M, Hamilton M & Holloway G 2010. Symposium: Social and emotional wellbeing indicators for young Australians: national and international developments. Panel discussion at the 11th Australian Institute of Family Studies Conference, Melbourne, 7–9 July.

Al-Yaman F 2011. Closing the Gap Clearinghouse future directions. ACT Jurisdictional presentation, May 11.

Al-Yaman F 2011. The health and welfare of Australia Aboriginal and Torres Strait islander people. Paper presented at the Australian National University, Canberra, 12 May.

Al-Yaman F 2010. Improving Australia's health and welfare through statistics and data development. Presentation at the Aboriginal and Torres Strait Islander Health Care Conference, Sydney, November 24.

Al-Yaman F 2010. Evidence on what works in schooling. Presentation at the Senior Officers of Aboriginal Education meeting, Perth, 17–18 November.

Al-Yaman F 2010. Equity and access issues in service use for Aboriginal and Torres Strait Islander people. Presentation at Health Information Management: The Golden Thread in Health Reform, Sydney, 27 October.

Al-Yaman F 2010. Indigenous Health and Reforms. Presentation at the Australian National University, Canberra, July.

Al-Yaman F & Higgins D 2010. Closing the Gap Clearinghouse: an online clearinghouse for evidence-based research on overcoming disadvantage for Indigenous Australians. Presentation at the 11th Australian Institute of Family Studies Conference, Melbourne, 8 July.

Al-Yaman F, Gourley M & Pieris-Caldwell I 2011. Application of confidence intervals to administrative data at the AIHW. Paper presented at an age-standardisation workshop at the Australian Bureau of Statistics, Canberra, 19 April.

Anderson P 2010. What happens to people with dementia in Australia? Paper presented at the 43rd Australian Association of Gerontology Conference, Hobart, 17–19 November.

Anderson P 2011. Assessing the feasibility of linking datasets. Invited paper presented at the Scottish Universities Insight Institute Program: Meeting children's needs for care and protection: key issues for longitudinal research and evaluation: Data linkage and mining: vision, possibilities and practicalities. Glasgow, 9–11 March.

Bourchier M 2011. Cardiovascular disease: Australian facts 2011. Presentation at the 2011 National Heart Foundation Conference, Melbourne, 17 June.

Bowler E 2010. Characteristics of patients using transition care. Presentation at the 43rd Australian

Association of Gerontology Conference, Hobart, 17–19 November.

Brien G 2010. Aged care services. Presentation at the Catholic Health Association National Conference, Adelaide, 23–25 August.

Cooper-Stanbury M 2011. Understanding Australia's health. Presentation at the Victorian Certificate of Education Health and Human Development Student Day Out, Melbourne, 22 August.

Cooper-Stanbury M 2011. Australia's health: in brief. Presentation at the Health and Productivity Management Conference, Melbourne, August.

Cooper-Stanbury M 2010. Burden of chronic disease in Australia. Presented to NSW Health EpiSIG, Sydney, July.

Cooper-Stanbury M 2011. Home phone ownership on the decline. Presented to Telephone Surveys and the Mobile Phone Only Population workshop, Melbourne, March.

Cooper-Stanbury M 2011. Electoral roll matching project. Presented to Telephone Surveys and the Mobile Phone Only Population workshop, Melbourne, March.

Draper B, Karmel R, Gibson D, Peut A, Anderson P, Brien G, Pham Lobb L & Hudson C 2010. Age effects upon general hospital admissions of persons with dementia: longer admissions in young-onset dementia. Poster presented at International Conference on Alzheimer's Disease 2010, Honolulu, Hawaii, USA, 10–15 July.

Draper B, Gibson D, Peut A, Karmel R, Hudson C, Pham Lobb L, Brien G & Anderson P 2011. The effects of age on hospitalisation of persons with dementia. Presentation at Alzheimer's Australia Conference, 17–20 May.

Draper B, Karmel R, Gibson D & Peut A 2011. Alcohol-related dementia in patients admitted to NSW public hospitals. Presentation at the Royal

Australian & NZ College of Psychiatrists Annual Congress, Darwin, 29 May–2 June.

Dugbaza T 2011. Indigenous data linkage at AIHW, with special reference to data linkage for improving Indigenous identification on mortality data sets. Presentation at the Victorian Women's Cancer Screening Project Working Group Meeting, Melbourne, 21 April.

Dugbaza T, Gourley M, Kok B & Pieris-Caldwell I 2011. Principles for undertaking age-standardisation for Indigenous mortality data. Powerpoint presentation to joint ABS-AIHW workshop on age-standardisation for Indigenous mortality data, Australian Bureau of Statistics, 10 June.

Eldridge D 2010. A snapshot of the health and wellbeing of Australia's children. Presentation at the 11th Australian Institute of Family Studies Conference, Melbourne, 7–9 July.

Gall M & Webster A 2010. The asthma snapshot: National asthma statistics online. Poster presented at the Australasian Epidemiological Association 2010 Annual Scientific Meeting, Sydney, 29 September–1 October.

Gall M & Webster A 2010. Chronic obstructive pulmonary disease in Australia: An update on the national trends. Poster presented at the Australasian Epidemiological Association 2010 Annual Scientific Meeting, Sydney, 29 September–1 October.

Gibson D, Draper B, Peut A, Karmel R, Brien G, Pham Lobb L, Hudson C, Bail K, Shannon K, Goss J & Chan N 2010 & 2011. Your hospital by numbers: What do your numbers mean? Presentations at 20 hospitals as a part of the Hospital Dementia Services Project fieldwork.

Glaznieks SE 2010. Fighting the epidemic of siloed information: standardised vocabularies in health data. Presentation at the Saying What You Mean: Developing Controlled Vocabulary Services

- for Australian Research workshop, Canberra, 4 November.
- Green F 2010. Chronic kidney disease hospitalisations. Presentation at the Australian and New Zealand Society of Nephrology Annual Scientific Meeting, Perth, 13 September.
- Green F 2010. Using data linkage to estimate the total incidence of end-stage kidney disease. Presentation at the Australasian Mortality Data Interest Group Mortality Data Workshop. Melbourne, 19 November.
- Green F 2011. Using data linkage to estimate the total incidence of end-stage kidney disease. Presentation at the Renal Society of Australasia Annual Conference, Adelaide, 9 June.
- Hargreaves J 2010. Australian Spinal Cord Injury Register (ASCIR). Presentation at ASCIR Workshop, Adelaide, 31 August.
- Hargreaves J 2010. AIHW Hospital Statistics Reporting. Presented at Catholic Health Australia Forum, Parliament House, Canberra, 17 November.
- Hargreaves J 2011. Centre for Health Service Development's Report on Emergency Department Performance by States and Territories: some issues to consider. Presentation at the COAG Reform Council Forum on Emergency Department Performance, University of New South Wales Central Business District Campus Sydney, 8 March.
- Hargreaves J 2011. Translating Evidence into Policy Making: Australian Hospital Statistics. Presentation at the 5th National Conference for Clinical Research 2011, Malaysia, 23 June.
- Hargreaves J 2011. Hospital Healthcare Databases – The Australian Experience. Presentation at the 5th National Conference for Clinical Research 2011, Malaysia, 23 June.
- Hargreaves J 2011. Hospital Performance. Presentation at the 5th National Conference for Clinical Research 2011, Malaysia, 24 June.
- Hayward R, Jefferson A 2010. Treatment activity across the lifespan in Tasmania contrasted with all Australia during 2007–08: Information from the Alcohol and other drug treatment services national minimum data set. Presentation at the Alcohol Tobacco and Drug Council of Tasmania (ATDC) Conference, Hobart, October.
- Hudson C, Chan N, Peut A, Grealish L, Gibson D, Draper B & Karmel R 2011. Characteristics of rural NSW hospital services for people with dementia. Presentation at the Australian Association of Gerontology Rural Conference, 31 March.
- Hunter N 2011. Educational outcomes of children in the care of the state: how do they compare? Presentation at the Australasian Institute of Judicial Administration Conference, Brisbane, 5–7 May.
- Jepsen G & Beard T 2010. Protecting Australia's children in the 21st Century. Presentation at the Association of Children's Welfare Agencies Conference, Sydney, 2–4 August.
- Johnston I 2010. Prisoner health in Australia: New national information. Presentation at the 23rd Annual Australian and New Zealand Society of Criminology Conference, Alice Springs, 28–30 September.
- Johnston I 2010. Prisoner health in Australia: New national information. Presentation at the Correctional Services Healthcare Summit, Melbourne, 27–28 October.
- Johnston I 2010. The alcohol and other drug use of Australia's prison entrants – results from the inaugural National Prisoner Health Census. Presentation at the Australasian Professional Society on Alcohol and Other Drugs Conference, Canberra, 28 November–1 December.

Juckes R 2010. Increasing healthcare expenditure and chronic diseases. Presentation at the 9th Annual Health Insurance Summit, Sydney, 30 June–1 July.

Kalisch, D 2011. Contemporary Data Governance Challenges and Opportunities. Presentation at the Health Informatics Society of Australia Data Governance Conference, Melbourne, 20 May.

Karmel R 2010. The effect of dementia and musculoskeletal disease on aged care pathways. Paper presented at the 43rd Australian Association of Gerontology Conference, Hobart, 17–19 November.

Kingham-Edwards R 2010. Building a thriving metadata registry: METeOR 6 years old and still kicking. Presentation at the Institute of Metadata Managements Conference, 2011, ANU, Canberra.

Mathur S 2010. Measuring child wellbeing. Presentation at the Early Childhood Development in Indigenous Communities Conference, Darwin, 21–22 September.

McLean C 2011. Australia's health overview and AIHW education resources information. Presentation at the 27th Australian Council for Health, Physical Education and Recreation International Conference, Adelaide, 18–20 April.

Moon L 2010. Estimating the total incidence of end-stage kidney disease. Presentation at the Australian and New Zealand Society of Nephrology Annual Scientific Meeting, Perth, 13 September.

Moon L 2010. Projections of the incidence of treated end-stage kidney disease in Australia 2009–2020. Presentation at the Australian and New Zealand Society of Nephrology Annual Scientific Meeting, Perth, 13 September.

Moon L 2010. Monitoring prevention: what is the evidence for our main risk factors. Presentation at the Public Health Association Annual Conference, Adelaide, 28 September.

Moon L 2010. Using data linkage to estimate the total incidence of end-stage kidney disease. Presentation at the Australasian Epidemiological Association Annual Conference, Sydney, 30 September.

Moon L 2011. What proportion of end-stage kidney disease patients are currently receiving kidney replacement therapy? Presentation to the Dialysis, Nephrology and Transplant Subcommittee of the Australian and New Zealand Society of Nephrology, Hunter Valley, 28 March.

Moon L 2011. Prevention of cardiovascular disease: monitoring framework and application to risk factor prevention. Presentation at the 2011 National Heart Foundation Conference, Melbourne, 17 June.

Neideck G 2010. National Homelessness Conference (session chair), Brisbane, 2–3 September.

Neideck G 2010. An integrated data system to reduce homelessness: The Specialist Homelessness Services Collection. Presentation at the Integrating Services to Reduce Homelessness Conference, Melbourne, 1 December.

Neideck G 2011. The Specialist Homelessness Services Collection. Presentation to Prime Minister's Council on Homelessness, Parliament House, 10 February.

Neideck G 2011. SHSC National Implementation Workshop, Melbourne, 17 February.

O'Mahony S 2011. Chronic kidney disease in Aboriginal and Torres Strait Islander people. Presentation at the Renal Society of Australasia Annual Conference, Adelaide, 11 June.

Pham L, Peut A, Grealish L, Draper B, Chan N, Hudson C, Gibson D, Karmel R & Anderson P 2011. Local practices influence hospital discharge for patients with dementia. Poster presented at Alzheimer's Australia Conference, 17–20 May.

Powierski A 2010. Comparing an SLK-based linkage strategy and a name-based linkage strategy. Paper presented at the Australian Statistical Conference, Fremantle, 6–10 December.

Rahman N, Webster A & Sugiura T 2011. Mental disorders in people with musculoskeletal conditions. Presentation at the Australian Rheumatology Association 52nd Annual Scientific Meeting, Brisbane 14–17 May.

Taylor M, Couder S & Brown J 2010. Flow of information through the health system. Presentation at HIC Conference, Melbourne, August.

Thompson L & Bullock S 2010. A report on men's health in regional and remote Australia. Paper presented at the NSW Rural and Remote Health Conference, Albury, 4–5 November.

Waters A-M, et al 2010. Comparison of complete-case and multiple imputation analysis in the investigation of the prognostic significance of parental reports of 'asthma' and 'wheeze' in kindergarten children. Poster presented at the Australasian Epidemiological Association 2010 Annual Scientific Meeting, Sydney, 29 September–1 October.

White A 2010. Contrasting NSW and National NOPSAD data for the 2009 collection. Presentation at the NSW Drug and Alcohol Program Council meeting, 3 December.

White A, Sebbens C & Jefferson A 2010. Clients and prescribers of pharmacotherapy in Australia – 2009 National Opioid Pharmacotherapy Statistical Annual Data Collection. Presentation at APSAD 2010 Conference.

Papers and presentations by staff of the AIHW's collaborating units

The staff of AIHW collaborating units gave 20 papers and presentations at conferences and workshops in 2010–11.

Ampon RD et al 2010. Time trends in the incidence and prevalence of asthma in Australian children: a cohort and age-period analysis. Poster presented at the Australasian Epidemiological Association 2010 Annual Scientific Meeting, Sydney, 29 September–1 October.

Ampon R et al 2010. Factors affecting inappropriate use of combination therapy for asthma: analysis of two child cohorts. 10 minute talk presented by Guy Marks at The Thoracic Society of Australia and New Zealand (TSANZ) 2010 Annual Scientific Meeting, Perth, 2–6 April.

Bradley C & Pointer S 2010. Identifying injuries in Australia due to mobility scooters: Incidence, severity and common characteristics. PHAA (Public Health Association of Australia) 40th Annual Conference, Adelaide, 27 September.

Bradley C 2010. Trends in hospitalised injuries due to falls by older people, Australia 1999–2007. PHAA (Public Health Association of Australia) 40th Annual Conference. Adelaide, 27 September.

Bradley CE & Harrison JE 2010. Trends in hospitalised injuries due to falls by older people, Australia 1999–2007. Safety 2010 World Conference, London, 21 September.

Bryan-Hancock C & Harrison JE 2010. The global burden of disease project 2005 methods utilised by the injury expert group for estimating world-wide incidence and prevalence rates. Safety 2010 World Conference, London, 21 September.

Bryan-Hancock C & Harrison JE 2010. The global burden of traumatic brain injury: preliminary results from the global burden of disease project. Injury Prevention Safety 2010 World Conference, London, 21 September.

Cooper S et al 2010. Time trends in hospitalisations for asthma among children and adults in Australia, 2003–2007. Poster presented at the Australasian Epidemiological Association 2010 Annual Scientific Meeting, Sydney, 29 September–1 October.

Cooper S et al 2010. Hospitalisations attributed to chronic obstructive pulmonary disease among Indigenous and non-Indigenous Australians. 10 minute talk presented at The Thoracic Society of Australia and New Zealand (TSANZ) 2010 Annual Scientific Meeting, Perth, 2–6 April.

Cooper S et al 2010. Gender differences in the association of asthma status with current smoking. Poster presented at The Thoracic Society of Australia and New Zealand (TSANZ) 2010 Annual Scientific Meeting, Perth, 2–6 April.

Do LG, Spencer AJ, Roberts-Thomson KF 2010. Age-specific smoking-related individual risk and population attributable fraction for periodontal disease in the Australian adult population. Australasian Epidemiological Association Annual Conference, Sydney, 30 September–1 October.

Harrison JE & Henley GI 2010. A comparison of methods for measurement of injury severity. Safety 2010 World Conference, London, 21 September.

Harrison JE. 2010. Data and surveillance. Invited plenary presentation ('State of the Art'), Safety 2010, London, 22–24 September.

Mejia GC, Spencer AJ, Roberts Thomson KF, Brennan DS 2010. Dental caries in Australian school children: 30 years of surveillance. Australasian Epidemiological Association Annual Conference, Sydney, 30 September–1 October.

Norton L, Harrison JE, & Henley G 2010. Trends in cycling injuries 2000–2008. Public Health Association of Australia 40th Annual Conference 2010, Adelaide.

Pointer S 2010. Injury prevention in Australia: The lay of the land in 2010. Public Health Association of Australia 40th Annual Conference, Adelaide, 27 September.

Spencer, AJ 2010. The National Survey of Adult Oral Health: Implications for today and tomorrow. Australian Dental Association 33rd Congress, Brisbane, 30 March–3 April.

Sullivan EA. Simply the best? Births following assisted reproductive technology in the new millennium. Invited oral presentation. 29th Annual Scientific Meeting of The Fertility Society of Australia, Adelaide, 10–13 October.

Sullivan EA, Vaughan GA, Callaway L on behalf of AMOSS investigators. Extreme morbid obesity in pregnancy. 15th Annual Congress of the Perinatal Society of Australia and New Zealand, Hobart, 10–13 April.

Sullivan EA, Wang YA, Abeywardana S, Kovacs G. Congenital anomalies following assisted reproductive technology in Australia. 27th Annual Meeting of the European Society of Human Reproduction and Embryology, Stockholm, Sweden, 3–6 July.

Appendix 8 Freedom of information statement

It is a requirement of the Guidelines issued under section 93A of the *Freedom of Information Act 1982* by the Office of the Australian Information Commissioner that the AIHW publish in its annual report information about:

- the organisation and functions of the AIHW
- its decision-making powers that affect the public
- its arrangements for public participation in the formulation of policy
- the categories of documents that are in the possession of the AIHW
- how these documents can be accessed by the public, including facilities to obtain physical access, access procedures and initial contact for inquiries.

Organisation and functions of the AIHW

Chapter 2 Governance and management of the AIHW's *Annual report 2010–11* provides details of the organisational structure, functions and decision-making arrangements of the AIHW.

The main function of the AIHW is to collect, analyse and disseminate information and statistics related to health and welfare. The decision-making powers of the AIHW therefore have minimal effect on members of the public.

Arrangements for public participation in policy formulation

The composition of the AIHW Board is prescribed in s. 8 of the AIHW Act (see **Appendix 1** on page 146). Provision is made for membership of the AIHW Board by a range of people and representatives of bodies outside the Australian Government sphere.

The AIHW consults with a wide range of stakeholders through its membership of national committees (see **Appendix 5** on page 186).

The AIHW has established a number of topic-specific steering committees, which include bodies and persons from outside the Commonwealth administration, to advise the AIHW on its major reports.

The membership of the AIHW Ethics Committee, as prescribed by AIHW Ethics Committee Regulations 1989, includes a range of community representatives.

The statutory role of the AIHW does not include the responsibility for formulating Commonwealth health or welfare policy.

Views and comments from members of the public and bodies outside the Commonwealth on the AIHW's policies and guidelines or on its administration can be directed, in writing, to:

The Director
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Categories of documents maintained

Documents available to the public upon payment of a fee

The AIHW does not hold any documents of this type.

Documents available for purchase by the public

Under the AIHW Act, the AIHW has a responsibility to publicly report information about the health and welfare status of Australians and the services they receive.

Printed copies of the AIHW's publications may be bought through the AIHW's website or from its contracted distributor CanPrint on 1300 889 873.

Other documents made available to the public on request free of charge

AIHW publications and media releases are available as electronic file downloads free of charge on the AIHW website at <<http://www.aihw.gov.au>>.

Facilities provided to enable the public to physically access documents

Facilities will be provided by the AIHW to enable members of the public to obtain physical access to the AIHW's documents, on an 'as needed' basis.

Freedom of information enquiries

A request for access to documents under the *Freedom of Information Act 1982* must be made in writing and include an address in Australia to which notices can be sent.

To enable a prompt response and to help the AIHW meet its obligations under the *Freedom of Information Act 1982*, applicants should provide as much detail as possible about the documents they are seeking. A telephone number or an email address should also be included in case AIHW officers need any clarification. Applicants may be liable to pay charges at rates prescribed by the *Freedom of Information (Charges) Regulations 1982*. There is no application fee.

Enquiries about submitting a formal request under the *Freedom of Information Act 1982* should be directed to:

foi@aihw.gov.au

Formal requests should be sent to the:

FOI Contact Officer
Information Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

In accordance with the *Electronic Transactions Act 1999*, freedom of information requests may be mailed to foi@aihw.gov.au.

Freedom of information requests received

Under the *Freedom of Information Act 1982* there was one request and no internal review requests made during 2010–11. The request received was completed during the year.

Data held by the AIHW

In relation to data held by the AIHW:

- Cost recovery is the underlying policy for all prices charged by the AIHW. The AIHW will charge clients for responding to requests for ad hoc information or data on a cost recovery basis.
- The AIHW makes available, through its website, unidentifiable aggregated data in a number of online-accessible data holdings (see '**SD3 Enhancing data access, protecting privacy**' on page 13).
- Data that are collected under the AIHW Act is protected by the confidentiality provisions (s. 29) of that Act, and the *Privacy Act 1988* where the data are personal information.
- Information Privacy Principle 5 in the *Privacy Act 1988* requires the AIHW to maintain and provide a written record to the Australian Privacy Commissioner of the extent and nature of the classes of personal information it holds. The Act also requires the Privacy Commissioner to compile and publish these returns in the personal information digests on the Office of the Privacy Commission website <www.privacy.gov.au>.

Freedom of information enquiries

Enquiries regarding access to documents under the *Freedom of Information Act 1982* should be directed to the:

FOI Contact Officer
Information Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone 02 6244 1107.

Appendix 9 Financial statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

I have audited the accompanying financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2011, which comprise: a Statement by the Directors, Chief Executive and Chief Financial Officer; the Statement of Comprehensive Income; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Asset Additions; and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies and other explanatory information.

Directors' Responsibility for the Financial Statements

The directors of the Australian Institute of Health and Welfare are responsible for the preparation of the financial statements that give a true and fair view in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards, and for such internal control as the directors determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Australian Institute of Health and Welfare's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Australian Institute of Health and Welfare's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

GPO Box 707 CANBERRA ACT 2601
18 National Circuit BARTON ACT 2600
Phone 021 6203 7300 Fax 020 6203 7777

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

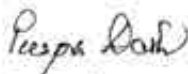
In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Opinion

In my opinion, the financial statements of the Australian Institute of Health and Welfare:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including the Australian Institute of Health and Welfare's financial position as at 30 June 2011 and of its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dasit
Executive Director

Delegate of the Auditor-General

Canberra

22 September 2011



Australian Government
Australian Institute of
Health and Welfare

Authoritative information and services
to promote better health and wellbeing

STATEMENT BY DIRECTORS, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2011 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Institute will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the directors.

Andrew Refshauge
Board Chair

22 September 2011

David Kalisch
Chief Executive

22 September 2011

Andrew Kettle
Chief Financial Officer

22 September 2011

Australian Institute of Health and Welfare
STATEMENT OF COMPREHENSIVE INCOME
for the period ended 30 June 2011

	Notes	2011 <u>\$'000</u>	2010 <u>\$'000</u>
EXPENSES			
Employee benefits	3A	35,124	28,375
Supplier expenses	3B	17,834	14,745
Depreciation and amortisation	3C	805	757
Write-down and impairment of assets	3D	26	346
Finance costs	3E	29	45
Total expenses		<u>53,818</u>	<u>44,268</u>
LESS:			
OWN-SOURCE INCOME			
Own-source revenue			
Sale of goods and rendering of services	4A	31,398	24,944
Interest	4B	1,146	754
Total own-source revenue		<u>32,544</u>	<u>25,698</u>
Gains			
Other revenues	4C	-	39
Total gains		<u>-</u>	<u>39</u>
Total own-source income		<u>32,544</u>	<u>25,737</u>
Net cost of services		<u>21,274</u>	<u>18,531</u>
Revenue from government	4D	21,408	20,708
Surplus attributable to the Australian Government		<u>134</u>	<u>2,177</u>
OTHER COMPREHENSIVE INCOME			
Change in asset revaluation reserve		-	688
Total other comprehensive income		<u>-</u>	<u>688</u>
Total comprehensive income attributable to the Australian Government		<u>134</u>	<u>2,865</u>

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

Australian Institute of Health and Welfare

BALANCE SHEET

as at 30 June 2011

	Notes	2011 <u>\$'000</u>	2010 <u>\$'000</u>
ASSETS			
Financial assets			
Cash and cash equivalents	5A	18,209	18,792
Trade and other receivables	5B	8,904	9,364
Total financial assets		<u>27,113</u>	<u>28,156</u>
Non-financial assets			
Buildings	6A,D	1,491	1,974
Property, plant and equipment	6B,D	1,064	766
Library collection	6C,D	150	200
Intangibles	6E	323	59
Inventories	6F	83	104
Other non-financial assets	6G	452	642
Total non-financial assets		<u>3,563</u>	<u>3,745</u>
Total assets		<u>30,676</u>	<u>31,901</u>
LIABILITIES			
Payables			
Suppliers	7A	1,088	1,950
Other payables	7B	1,364	1,187
Contract income in advance	7C	12,906	14,884
Total payables		<u>15,358</u>	<u>18,021</u>
Provisions			
Employee provisions	8A	8,533	7,258
Other provisions	8B	666	637
Total provisions		<u>9,199</u>	<u>7,895</u>
Total liabilities		<u>24,557</u>	<u>25,916</u>
Net assets		<u>6,119</u>	<u>5,985</u>
EQUITY			
Contributed equity		2,756	2,756
Reserves		2,288	2,288
Accumulated surplus/(deficit)		1,075	941
Total equity		<u>6,119</u>	<u>5,985</u>

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

Australian Institute of Health and Welfare

STATEMENT OF CHANGES IN EQUITY

For the period ended 30 June 2011

	Retained Earnings		Asset Revaluation Reserve		Contributed Equity/Capital		Total Equity	
	2011	2010	2011	2010	2011	2010	2011	2010
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Opening balance								
Balance carried forward from previous period	941	(1,193)	2,288	1,600	2,756	1,146	5,985	1,553
Adjustment for errors	–	(43)	–	–	–	–	–	(43)
Adjusted opening balance	941	(1,236)	2,288	1,600	2,756	1,146	5,985	1,510
Comprehensive income								
Other comprehensive income	–	–	–	688	–	–	–	688
Surplus (Deficit) for the period	134	2,177	–	–	–	–	134	2,177
Total comprehensive income, of which:	134	2,177	–	688	–	–	134	2,865
- attributable to the Australian Government	134	2,177	–	688	–	–	134	2,865
Contributions by owners								
Equity injection	–	–	–	–	–	1,610	–	1,610
Sub-total contributions by owners	–	–	–	–	–	1,610	–	1,610
Closing balance at 30 June	1,075	941	2,288	2,288	2,756	2,756	6,119	5,985
Closing balance attributable to the Australian Government	1,075	941	2,288	2,288	2,756	2,756	6,119	5,985

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

Australian Institute of Health and Welfare

CASH FLOW STATEMENT for the period ended 30 June 2011

	Notes	2011 <u>\$'000</u>	2010 <u>\$'000</u>
OPERATING ACTIVITIES			
Cash received			
Goods and services		32,751	29,519
Receipts from Government		21,408	21,404
Interest		1,198	675
Net GST received		1,829	1,375
Other		2	206
Total cash received		<u>57,188</u>	<u>53,179</u>
Cash used			
Employees		33,653	26,012
Suppliers		20,335	15,150
GST paid		2,944	2,747
Total cash used		<u>56,932</u>	<u>43,909</u>
Net cash from (or used by) operating activities	9	<u>256</u>	<u>9,270</u>
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment		839	1,207
Total cash used		<u>839</u>	<u>1,207</u>
Net cash from (or used by) investing activities		<u>(839)</u>	<u>(1,207)</u>
FINANCING ACTIVITIES			
Cash received			
Contributed equity		-	1,610
Total cash received		<u>-</u>	<u>1,610</u>
Net cash from (or used by) financing activities		<u>-</u>	<u>1,610</u>
Net increase (or decrease) in cash held		(583)	9,673
Cash and cash equivalents at the beginning of the reporting period		<u>18,792</u>	9,119
Cash and cash equivalents at the end of the reporting period	5A	<u>18,209</u>	<u>18,792</u>

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 2011

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
BY TYPE		
Commitments receivable		
Project ¹	22,613	13,089
GST recoverable on commitments	762	1,050
Total commitments receivable	<u>23,375</u>	<u>14,139</u>
Commitments payable		
Other commitments		
Operating leases ²	7,092	9,489
Other ¹	1,347	2,056
Total other commitments	<u>8,439</u>	<u>11,545</u>
Net commitments by type	<u>14,936</u>	<u>2,594</u>
BY MATURITY		
Commitments receivable		
One year or less	12,801	11,326
From one to five years	10,574	2,813
Total commitments receivable	<u>23,375</u>	<u>14,139</u>
Commitments payable		
Operating lease commitments		
One year or less	2,325	2,397
From one to five years	4,767	7,092
Total operating lease commitments	<u>7,092</u>	<u>9,489</u>
Other commitments		
One year or less	968	1,816
From one to five years	379	240
Total other commitments	<u>1,347</u>	<u>2,056</u>
Total commitments payable	<u>8,439</u>	<u>11,545</u>
Net commitments by maturity	<u>14,936</u>	<u>2,594</u>

NB: Commitments are GST inclusive where relevant.

1 Project and other commitments are primarily amounts relating to the AIHW's contract work.

2 Operating leases are effectively non-cancellable and comprise:

Leases for office accommodation

- Lease payments are subject to annual increases or reviews until the end of the lease
- Current leases expire in September 2011, July 2014 and August 2014

Computer equipment lease

- The lease term is up to 5 years, on expiry of the lease term, the AIHW has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models

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

Australian Institute of Health and Welfare

SCHEDULE OF ASSET ADDITIONS

For the period ended 30 June 2011

The following non-financial non-current assets were added in 2010–11:

	Buildings- Leasehold Improvements	Property Plant and Equipment	Makegood	Intangibles	Total
	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>
By purchase—					
Government funding	33	512	–	294	839
By new lease	–	–	–	–	–
Total additions	33	512	–	294	839

No other funding types were used for asset additions during 2010–11.

The following non-financial non-current assets were added in 2009–10:

	Buildings- Leasehold Improvements	Property, Plant and Equipment	Makegood	Intangibles	Total
	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>
By purchase—					
Government funding	188	952	–	67	1,207
By new lease	–	–	202	–	202
Total additions	188	952	202	67	1,409

No other funding types were used for asset additions during 2009–10.

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1	Summary of Significant Accounting Policies
Note 2	Events after the Balance Date
Note 3	Expenses
Note 4	Revenues
Note 5	Financial Assets
Note 6	Non-Financial Assets
Note 7	Payables
Note 8	Provisions
Note 9	Cash Flow Reconciliation
Note 10	Contingent Assets and Liabilities
Note 11	Directors Remuneration
Note 12	Executive Remuneration
Note 13	Remuneration of Auditors
Note 14	Financial Instruments
Note 15	Compensation and Debt Relief
Note 16	Reporting of Outcomes

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1: Summary of Significant Accounting Policies

1.1 Basis of Preparation of the Financial Report

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

The continued existence of the Australian Institute of Health and Welfare (AIHW) in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for the AIHW's administration and programs.

The financial statements and notes have been prepared in accordance with:

- Finance Minister's Orders (FMOs) for reporting periods ending on or after 1 July 2010; and
- Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FMOs, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the AIHW or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under executor contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the schedule of contingencies.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the statement of comprehensive income when, and only when, the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.2 Objectives of the Australian Institute of Health and Welfare

The AIHW is structured to meet a single outcome:

- Better health and wellbeing for Australians through better health and welfare statistics and information. (This outcome is included in the Department of Health and Ageing's Portfolio Budget Statements).

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, the AIHW has made the following judgements that have the most significant impact on the amounts recorded in the financial statements:

- the fair value of leasehold improvements has been taken to be the depreciated replacement cost as determined by an independent valuer.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

1.4 New Australian Accounting Standards

Adoption of new Australian Accounting Standard requirements

No Accounting Standard has been adopted earlier than the application date as stated in the Standard.

No new standards, revised standards, interpretations or amending standards that were issued prior to the signing off date and are applicable to the current reporting period had a material financial impact on the AIHW.

Future Australian Accounting Standard requirements

New standards, revised standards and interpretations that were issued by the Australian Accounting Standards Board prior to the signing off date and are applicable to the future reporting period are not expected to have a material future financial impact.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.5 Revenue

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the seller retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any allowance for impairment. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

Revenues from Government

Funding received or receivable from the Department of Health and Ageing (appropriated to the Department as a CAC Act body payment item for payment to AIHW) is recognised as Revenue from Government unless they are in the nature of an equity injection or a loan.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.6 Gains

Resources received free of charge

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

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements.

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

1.7 Transactions with the Government as Owner

Equity injections

Amounts that are designated as equity injections for a year are recognised directly in contributed equity in that year.

1.8 Employee Benefits

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

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

Other long-term employee benefits are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Leave

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

The leave liabilities are calculated on the basis of employees' remuneration, including the AIHW's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave is recognised and measured at the present value of the estimated future cashflows to be made in respect of all employees at 30 June 2011. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

Staff of the AIHW are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance and Deregulation as an administered item.

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the Government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

The AIHW has no finance leases.

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

1.10 Borrowing Costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

1.12 Financial Assets

The AIHW classifies its financial assets as loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon 'trade date'.

Loans and receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

- Financial assets held at amortised cost – If there is objective evidence that an impairment loss has been incurred for loans and receivables held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the statement of comprehensive income.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.13 Financial Liabilities

Financial liabilities are classified as other financial liabilities.

Financial liabilities are recognised and derecognised upon ‘trade date’.

Other financial liabilities

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.14 Contingent Liabilities and Contingent Assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote.

1.15 Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority’s accounts immediately prior to the restructuring.

1.16 Property, Plant and Equipment (PP&E)

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than \$3,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to ‘makegood’ provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW’s leasehold improvements with a corresponding provision for the ‘makegood’ recognised.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Revaluations

Fair values for each class of asset are determined as shown below:

Asset class	Fair value measured at:
Buildings-Leasehold Improvements	Depreciated replacement cost
Property, Plant and equipment	Market selling price
Library Collection	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the AIHW using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

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

	<u>2011</u>	<u>2010</u>
Leasehold improvements	Lease term	Lease term
Property, plant and Equipment	3 to 10 years	3 to 10 years
Library Collection	7 years	7 years

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Impairment

All assets were assessed for impairment at 30 June 2011. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the AIHW were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

1.17 Intangibles

The AIHW's intangibles comprise internally developed and purchased software for internal use. These assets are carried at cost less accumulated amortisation.

Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than \$50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2009–10: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2011.

1.18 Inventories

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

Inventories held for distribution are measured at the lower of cost and current replacement cost.

Inventories acquired at no cost or nominal consideration are measured at current replacement cost at the date of acquisition.

1.19 Taxation

The AIHW is exempt from all forms of taxation except Goods and Services Tax (GST) and Fringe Benefits Tax (FBT).

Revenues, expenses, assets and liabilities are recognised net of GST:

- except where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- except for receivables and payables.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 2: Events after the Balance Date

There were no events that occurred after the balance date that would affect the balances in the financial statements.

Note 3: Expenses

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
Note 3A: Employees benefits		
Wages and salaries	27,273	22,044
Superannuation:		
Defined contribution plans	1,873	1,214
Defined benefit plans	2,643	2,366
Leave and other entitlements	3,335	2,751
Total employee benefits	<u>35,124</u>	<u>28,375</u>
Note 3B: Suppliers		
Goods and services		
Consultants	6,390	3,380
Contracted services	3,033	3,036
Information technology	1,092	1,125
Printing and stationery	391	355
Training	487	442
Travel	847	799
Telecommunications	185	183
Other	2,866	3,035
Total goods and services	<u>15,291</u>	<u>12,355</u>
Provision of goods - related entities	-	1
Provision of goods - external entities	896	1,232
Rendering of services - related entities	858	857
Rendering of services - external entities	13,537	10,265
Total goods and services	<u>15,291</u>	<u>12,355</u>
Other supplier expenses		
Operating lease rentals: minimum lease payments	2,375	2,129
Workers compensation premiums	168	261
Total other supplier expenses	<u>2,543</u>	<u>2,390</u>
Total supplier expenses	<u>17,834</u>	<u>14,745</u>

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	<u>2011</u>	<u>2010</u>
	<u>\$'000</u>	<u>\$'000</u>
Note 3C: Depreciation and amortisation		
Depreciation:		
Leasehold improvements	516	293
Property, plant and equipment	209	290
Library collection	50	50
Total depreciation	775	633
Amortisation:		
Intangibles		
Computer software	30	124
Total amortisation	30	124
Total depreciation and amortisation	805	757
Note 3D: Write-down and impairment of assets		
Revaluation decrement - Property, plant and equipment	-	345
Inventory Write Down	21	-
Write Off on disposal of Property, plant and equipment	5	1
Total write down and impairment of assets	26	346
Note 3E: Finance Costs		
Unwinding of discount on restoration obligations	29	45
Total finance costs	29	45
Revenue		
	<u>2011</u>	<u>2010</u>
	<u>\$'000</u>	<u>\$'000</u>
Note 4A: Sale of goods and rendering of services		
Provision of goods - external entities	77	77
Rendering of services - related entities	24,483	19,869
Rendering of services - external entities	6,836	4,832
Conference income - external entities	2	149
Conference income - related entities	-	17
Total sale of goods and rendering of services	31,398	24,944
Note 4B: Interest		
Deposits	1,146	754
Total interest	1,146	754
Note 4C: Other revenues		
Other	-	39
Total other revenues	-	39

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
<u>Note 4D: Revenue from Government</u>		
CAC Act body payment item	21,408	20,708
<i>Total revenue from Government</i>	<u>21,408</u>	<u>20,708</u>

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
Note 5: Financial Assets		
<u>Note 5A: Cash and cash equivalents</u>		
Cash on hand or on deposit	18,209	18,792
<i>Total cash and cash equivalents</i>	<u>18,209</u>	<u>18,792</u>

Surplus cash is invested in term deposits and is represented as cash and cash equivalents.

<u>Note 5B: Receivables</u>		
Goods and services - related entities	8,078	7,959
Goods and services - external entities	758	1,121
	<u>8,836</u>	<u>9,080</u>
GST receivable from the Australian Taxation Office	4	163
Other receivables	64	121
Less: Impairment allowance	-	-
<i>Total net receivables</i>	<u>8,904</u>	<u>9,364</u>

Receivables are aged as follows:

Not overdue	7,798	9,070
Overdue by:		
Less than 30 days	1,099	229
30–60 days	7	22
61–90 days	-	3
More than 90 days	-	40
<i>Total receivables (gross)</i>	<u>8,904</u>	<u>9,364</u>
Receivables is expected to be recovered in:		
No more than 12 months	8,904	9,364
More than 12 months	-	-
<i>Total receivables (gross)</i>	<u>8,904</u>	<u>9,364</u>

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 6: Non-Financial Assets

	2011	2010
<u>Note 6A: Buildings</u>	<u>\$'000</u>	<u>\$'000</u>
<i>Leasehold improvements</i>		
Fair value	1,370	1,337
Accumulated depreciation	(357)	–
	1,013	1,337
Restoration obligations	637	637
Accumulated depreciation	(159)	–
	478	637
<i>Total buildings</i>	1,491	1,974

No indicators of impairment were found for leasehold improvements.

A revaluation increment of nil (2010: \$398,133) for leasehold improvements, nil (2010: \$214,000) for restoration obligations assets and nil (2010: \$76,000) for changes in provision for restoration obligations. Therefore there was no adjustment to the Asset Revaluation Reserve as at 30 June 2011.

Note 6B: Property, plant and equipment

<i>Property, plant and equipment</i>		
Fair value	1,270	766
Accumulated depreciation	(206)	–
<i>Total property, plant and equipment</i>	1,064	766

No revaluation decrement (2010: \$344,446) was transferred to the statement of comprehensive income as at 30 June 2011.

No indicators for impairment were found for property, plant and equipment.

Note 6C: Library collection

<i>Library collection</i>		
Fair value	350	350
Accumulated depreciation	(200)	(150)
<i>Total library collection</i>	150	200

No indicators of impairment were found for Library Collection.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 6D: Analysis of Property, Plant and Equipment

TABLE A—Reconciliation of the opening and closing balances of property, plant and equipment (2010–11)

	Buildings-Leasehold Improvements \$'000	Property, Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
As at 1 July 2010				
Gross book value	1,974	766	350	3,090
Accumulated depreciation	–	–	(150)	(150)
Net book value	1,974	766	200	2,940
Additions				
by purchase	33	512	–	545
Addition by new lease	–	–	–	–
Transfers	–	–	–	–
Revaluations recognised in other comprehensive income	–	–	–	–
Revaluations recognised in operating results	–	–	–	–
Depreciation expense	(516)	(209)	(50)	(775)
Write back of depreciation on disposal	–	3	–	3
Disposals	–	(8)	–	(8)
Net book value 30 June 2011	1,491	1,064	150	2,705
Net book value as at 30 June 2011 represented by:				
Gross Book Value	2,007	1,270	350	3,627
Accumulated depreciation	(516)	(206)	(200)	(922)
	1,491	1,064	150	2,705

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

TABLE B—Reconciliation of the opening and closing balances of property, plant and equipment (2009–10)

	Buildings-Leasehold Improvements \$'000	Property, Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
As at 1 July 2009				
Gross book value	1,772	713	350	2,835
Accumulated depreciation	(469)	(262)	(100)	(831)
Net book value	1,303	451	250	2,004
Additions				
by purchase	188	952	—	1,140
Addition by new lease	202	—	—	202
Transfers	(39)	—	—	(39)
Revaluations recognised in other comprehensive income	613	—	—	613
Revaluations recognised in operating results	—	(345)	—	(345)
Depreciation expense	(293)	(290)	(50)	(633)
Write back of depreciation on disposal	—	4	—	4
Disposals	—	(6)	—	(6)
Net book value 30 June 2010	1,974	766	200	2,940
Net book value as at 30 June 2010 represented by:				
Gross Book Value	1,974	766	350	3,090
Accumulated depreciation	—	—	(150)	(150)
	1,974	766	200	2,940

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
Note 6E: Intangibles		
Computer software		
- purchased - in use	361	209
- accumulated amortisation	(38)	(150)
	323	59
- internally developed	724	717
- accumulated amortisation	(724)	(717)
	-	-
Total Intangibles	323	59

No indications of impairment were found for intangibles.

TABLE A—Reconciliation of the opening and closing balances of Intangibles (2010–11)

	Computer software— internally developed \$'000	Computer software— purchased (in use) \$'000	Total \$'000
As at 1 July 2010			
Gross book value	717	209	926
Accumulated amortisation and impairment	(717)	(150)	(867)
Net Book Value 1 July 2010	-	59	59
Additions:			
by purchase or internally developed	-	294	294
Amortisation	(7)	(23)	(30)
Disposals	-	(135)	(135)
Write back of Amortisation on Disposal		135	135
Reclassifications	7	(7)	-
Net book value 30 June 2011	-	323	323
Net book value as at 30 June 2011 represented by:			
Gross Book Value	724	361	1,085
Accumulated amortisation	(724)	(38)	(762)
	-	323	323

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

TABLE B—Reconciliation of the opening and closing balances of Intangibles (2009–10)

	Computer software— internally developed \$'000	Computer software— purchased (in use) \$'000	Total \$'000
As at 1 July 2009			
Gross value	717	142	859
Accumulated amortisation and impairment	(614)	(129)	(743)
Net Book Value 1 July 2009	103	13	116
Additions:			
by purchase or internally developed	–	67	67
Amortisation	(103)	(21)	(124)
Disposals	–	–	–
Write back of amortisation on disposal	–	–	–
Net book value 30 June 2010	–	59	59
Net book value as at 30 June 2010 represented by:			
Gross Book Value	717	209	926
Accumulated amortisation	(717)	(150)	(867)
	–	59	59

	2011	2010
	\$'000	\$'000

Note 6F: Inventories

Inventories held for sale

	83	104
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Total inventories

	83	104
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All inventory is expected to be sold or distributed in the next 12 months.

Note 6G: Other non-financial assets

Prepayments

	452	642
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Total other non-financial assets

	452	642
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All other non-financial assets are expected to be recovered in no more than 12 months.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
Note 7: Payables		
<u>Note 7A: Suppliers</u>		
Trade creditors	951	1,929
Operating lease rentals	137	21
Total supplier payables	<u>1,088</u>	<u>1,950</u>
Supplier payables expected to be settled in no more than 12 months:		
Related entities	18	163
External parties	933	1,766
Total	<u>951</u>	<u>1,929</u>
Suppliers payables expected to be settled in greater than 12 months:		
Related entities	–	–
External parties	137	21
Total	<u>137</u>	<u>21</u>
Total supplier payables	<u>1,088</u>	<u>1,950</u>
Settlement is usually made within 30 days		
<u>Note 7B: Other</u>		
Salaries and wages	706	536
Superannuation	108	81
GST payable to Australian Taxation Office	550	570
Total other payables	<u>1,364</u>	<u>1,187</u>
All other payables are expected to be settled in no more than 12 months:		
<u>Note 7C: Contract income in advance</u>		
Contract income	12,906	14,884
Total contract income in advance	<u>12,906</u>	<u>14,884</u>

All income in advance payables are expected to be settled in 12 months:

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
Note 8: Provisions		
<u>Note 8A: Employee Provisions</u>		
Leave	8,533	7,258
<i>Total employee provisions</i>	<u>8,533</u>	<u>7,258</u>
Employee provisions expected to be settled in:		
No more than 12 months	3,078	3,053
More than 12 months	5,455	4,205
<i>Total employee provisions</i>	<u>8,533</u>	<u>7,258</u>
<u>Note 8B: Other Provisions</u>		
Provision for makegood	666	637
<i>Total other provisions</i>	<u>666</u>	<u>637</u>
Other provisions expected to be settled:		
No more than 12 months	26	159
More than 12 months	640	478
<i>Total other provisions</i>	<u>666</u>	<u>637</u>
		Provision for makegood \$'000
Carrying amount 1 July 2010		637
Additional provisions made		–
Amount used		–
Unwinding of discount		29
Adjustment on revaluation		–
Carrying amount 30 June 2011		<u>666</u>

The AIHW currently has 4 agreements for leasing premises which have provisions requiring the AIHW to restore the premises to their original condition at the conclusion of the lease. The AIHW has made a provision to reflect the present value of this obligation.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2011 \$'000	2010 \$'000
Note 9: Cash Flow Reconciliation		
Reconciliation of cash and cash equivalents per Balance Sheet to Cash Flow Statement		
Cash and cash equivalents as per:		
Cash Flow Statement	18,209	18,792
Balance Sheet	18,209	18,792
Difference	-	-
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	(21,274)	(18,531)
Add revenue from government	21,408	20,708
Adjustment for non cash items		
Depreciation/amortisation	805	757
Net write down and impairment of assets (excluding write down of inventories)	5	346
Finance Costs	29	45
Changes in assets / liabilities		
(Increase) / decrease in receivables	460	(472)
(Increase)/decrease in inventories	21	(38)
(Increase) / decrease in other non financial assets - prepayments	190	(108)
(Increase) / decrease in transfer of fixed assets	-	39
Increase / (decrease) in supplier	(862)	1,027
Increase / (decrease) in other payables	177	329
Increase / (decrease) in employee provisions	1,275	2,091
Increase/(decrease) in other income in advance	(1,978)	3,077
Net cash from operating activities	256	9,270

Note 10: Contingent Liabilities and Assets

As at 30 June 2011, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2010: Nil)

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 11: Directors Remuneration

The *Commonwealth Authorities and Companies Act 1997* defines members of the Board as directors. The number of directors included in these figures is shown below in the relevant remuneration bands:

	2011	2010
Less than \$150,000	15	15
Total number of directors of the AIHW	15	15
Total remuneration received or due and receivable by directors of the AIHW	\$25,294	\$23,042

Remuneration of executive directors is included in Note 12: Senior Executive Remuneration.

Note 12: Senior Executive Remuneration

Note 12A: Senior Executive remuneration expense for the Reporting Period

	2011	2010
Short-term employee benefits:		
Salary	1,332,230	1,238,138
Annual leave accrued	53,599	33,858
Performance bonuses	51,768	37,790
Motor vehicle allowance	157,664	139,251
Total short-term employee benefits	1,595,261	1,449,037
Post-employment benefits:		
Superannuation	222,515	171,672
Total post-employment benefits	222,515	171,672
Other long term benefits		
Long-service leave	12,104	13,828
Total other long term benefits	12,104	13,828
Total	1,829,880	1,634,537

Notes:

1. Note 12A excludes acting arrangements and part-year service where remuneration expensed was less than \$150,000.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 12B: Average Annual Remuneration Packages and Bonus Paid for Substantive Senior Executives as at the end of the Reporting Period

	As at 30 June 2011				As at 30 June 2010				
	<u>Fixed elements</u> ¹				<u>Fixed elements</u>				
	No. SES	Salary \$	Allowances \$	Total \$	No. SES	Salary \$	Allowances \$	Total \$	
Total remuneration:									Bonus paid ² \$
less than \$150,000	—	—	—	—	—	—	—	—	—
\$150,000–\$179,999	5	150,600	23,000	173,600	6	143,667	23,000	166,667	—
\$180,000–\$209,999	3	153,512	31,000	184,512	1	150,000	37,000	187,000	—
\$210,000–\$239,999	—	—	—	—	1	197,050	42,672	239,722	37,790
\$240,000–\$279,999	1	221,144	21,230	242,374	—	—	—	—	—
	<u>9</u>				<u>8</u>				

Notes:

1. This table reports on substantive senior executives who are employed by the entity as at the end of the reporting period. Fixed elements are based on the employment agreement of each individual - each row represents an average annualised figure (based on headcount) for the individuals in that remuneration package band (i.e. the 'Total' column).
2. Represents average actual bonuses paid during the reporting period. The 'Bonus paid' is excluded from the 'Total' calculation, (for the purpose of determining remuneration package bands). The 'Bonus paid' within a particular band may vary between financial years due to factors such as individuals commencing with or leaving the entity during the financial year.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Variable Elements:

With the exception of performance bonuses, variable elements are not included in the 'Fixed Elements and Bonus Paid' table above. The following variable elements are available as part of senior executives' remuneration package:

- (a) Performance bonuses:
The Director is entitled to a performance bonus.
- (b) On average senior executives are entitled to the following leave entitlements:
Each year senior executives are entitled to accrue 4 weeks annual leave, 18 days personal leave and 9 days long service leave.
- (c) Senior executives are members of one of the following superannuation funds:
 - Commonwealth Superannuation Scheme (CSS): this scheme is closed to new members, and employer contributions were averaged at 21.8 per cent (2010: 21.7 per cent)(including productivity component). More information can be found at <http://www.css.gov.au>
 - Public Sector Superannuation Scheme (PSS): this scheme is closed to new members. Current employer contributions were set at 15.0 per cent (2010: 15.1 per cent)(including productivity component). More information can be found at <http://www.pss.gov.au>, and
 - Public Sector Superannuation accumulation plan (PSSap): employer contributions were set at 15.4 per cent (2010 15.4 per cent) and the fund has been in operation since July 2005. More information can be found at <http://www.pssap.gov.au>

Note 12C: Other Highly Paid Staff

During the reporting period, there were no employees who did not have a role as senior executives whose salary plus performance bonus were \$150,000 or more (2010 – nil).

Note 13: Remuneration of Auditors

	2011	2010
Remuneration for auditing the financial statements for the reporting period.	\$26,500	\$24,500

No other services were provided by the auditors of the financial statements.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
Note 14: Financial Instruments		
<u>Note 14A: Categories of financial instruments</u>		
Financial assets		
Loans and receivables		
Cash at bank	18,209	18,792
Receivables for goods and services	8,836	9,080
Carrying amount of financial assets	<u>27,045</u>	<u>27,872</u>
Financial liabilities		
Other financial liabilities		
Trade creditors	951	1,929
Carrying amount of financial liabilities	<u>951</u>	<u>1,929</u>

The AIHW holds basic financial instruments in the form of cash and cash equivalents, receivables for goods and services and trade creditors. The carrying value of financial instruments reported in the balance sheet is a reasonable approximation of fair value.

	2011	2010
	<u>\$'000</u>	<u>\$'000</u>
<u>Note 14B: Net income and expense from financial assets</u>		
Loans and receivables		
Interest revenue	1,146	754
Net gain loans and receivables	<u>1,146</u>	<u>754</u>
Net gain from financial assets	<u>1,146</u>	<u>754</u>

Note 14C: Credit risk

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are receivables from other Government organisations. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2011: \$8,836,000 and 2010: \$9,080,000). The AIHW has assessed the risk of the default on payment and has allocated \$0 in 2011 (2010: \$0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Credit quality of financial instruments not past due or individually determined as impaired:

	Not Past Due Nor Impaired 2011 \$'000	Not Past Due Nor Impaired 2010 \$'000	Past Due or Impaired 2011 \$'000	Past Due or Impaired 2010 \$'000
Cash at bank	18,209	18,792	–	–
Receivables for goods and services	7,730	8,786	1,106	294
Total	25,939	27,578	1,106	294

Ageing of financial assets that are past due but not impaired for 2011:

	0 to 30 days \$'000	31 to 60 days \$'000	61 to 90 days \$'000	90+ days \$'000	Total \$'000
Receivables for goods and services	1,099	7	–	–	1,106
Total	1,099	7	–	–	1,106

Ageing of financial assets that are past due but not impaired for 2010:

	0 to 30 days \$'000	31 to 60 days \$'000	61 to 90 days \$'000	90+ days \$'000	Total \$'000
Receivables for goods and services	229	22	3	40	294
Total	229	22	3	40	294

Note 14D: Liquidity risk

The AIHW is funded by appropriation and the sale of goods and services. It uses these funds to meet its financial obligations.

Note 14E: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 15: Compensation and Debt Relief

No waiver of amounts owing to the Commonwealth was made during the reporting period (2010: nil).

No Act of Grace or ex-gratia payments were made during the reporting period (2010: nil).

Note 16: Reporting of Outcomes

Note 16A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2011 \$'000	2010 \$'000	2011 \$'000	2010 \$'000
<i>Expenses</i>				
Departmental	53,818	44,268	53,818	44,268
Total expenses	53,818	44,268	53,818	44,268
<i>Costs recovered from provision of goods and services to the non-government sector</i>				
Departmental	6,915	5,058	6,915	5,058
Total costs recovered	6,915	5,058	6,915	5,058
<i>Other external revenues</i>				
Departmental				
Sale of services—to related parties	24,483	19,886	24,483	19,886
Interest	1,146	754	1,146	754
Other	–	39	–	39
Total other external revenues	25,629	20,679	25,629	20,679
Net cost/(contribution) of outcome	21,274	18,531	21,274	18,531

Outcome 1 is described in note 1.2.

The primary statements of these financial statements represent tables B and C: Major classes of Departmental Expense, Income, Assets and Liabilities by outcome, as required by the FMOs. Accordingly these tables are not repeated in note 16.

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACSQHC	Australian Commission for Safety and Quality in Health Care
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AIHW Act	<i>Australian Institute of Health and Welfare Act 1987</i>
APS	Australian Public Service
CAC Act	<i>Commonwealth Authorities and Companies Act 1997</i>
CIHI	Canadian Institute for Health Information
COAG	Council of Australian Governments
DEEWR	Australian Government Department of Education, Employment and Workplace Relations
DoHA	Australian Government Department of Health and Ageing
DVA	Australian Government Department of Veterans' Affairs
EL	Executive Level
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
GP	general practitioner
ICT	information and communications technology
IT	information technology
METeOR	the AIHW's Metadata Online Registry
MoU	memorandum of understanding
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
PBS	Portfolio Budget Statement
SA	South Australia
SCRGSP	Steering Committee for the Review of Government Service Provision
SHS	Specialist Homelessness Services
WA	Western Australia
WHO	World Health Organization

Glossary

COAG	The Council of Australian Governments is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association. (See < http://www.coag.gov.au > for more information.)
COAG building blocks	The building blocks endorsed by COAG underpin the Closing the Gaps targets for overcoming Indigenous disadvantage. (See < http://www.aihw.gov.au/closingthegap/resources/building-blocks.cfm > for more information.)
data linkage	The bringing together (linking) of information from two or more different data sources that are believed to relate to the same entity—for example, the same individual or the same institution. This can provide more information about the entity and in certain cases it can provide a time sequence, helping to ‘tell a story’, show ‘pathways’ and perhaps unravel cause and effect. The term is used synonymously with ‘record linkage’.
disability (for Commonwealth Disability Strategy purposes)	When commencing employment at the AIHW, employees are asked to self-identify and self-report their disability by responding to the question ‘Do you have a disability that is likely to last 2 years or more?’
financial results	The results shown in the financial statements of this AIHW annual report.
full-time equivalent (staff numbers)	A standard measure of the number of workers that takes account of the number of hours that each works. During 2010–11 AIHW staff members considered full time were committed to working 37 hours and 5 minutes per week.
indicator	A key statistical measure selected to help describe (indicate) a situation concisely, to track change, progress and performance, and to act as a guide to decision making.
Indigenous (person)	A person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander.
Indigenous status (of a person)	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.
outcomes (of the AIHW)	The results, impacts or consequences of actions by the Commonwealth public sector on the Australian community. This may include proposed or intended results, impacts or consequences of actions.
outcome (health outcome)	A health-related change due to a preventive or clinical intervention or service. (The intervention may be single or multiple, and the outcome may relate to a person, group or population, and may be partly or wholly due to the intervention.)

outputs	Goods or services produced by the AIHW for external organisations or individuals, including goods or services produced for areas of the Commonwealth public sector external to the AIHW.
performance indicators (of the AIHW)	Measures (indicators) that can relate to the AIHW's effectiveness in achieving the Australian Government's objectives.
performance indicators (of the health system)	Measures that can relate to the health system as a whole or to parts of it such as hospitals, health centres and so forth. The measures include accessibility, effectiveness, efficiency and sustainability, responsiveness, continuity of care and safety.
Portfolio Budget Statements	Statements prepared by Australian Government portfolios to explain the Budget appropriations in terms of outputs and outcomes. The AIHW contributes to the statements of the Health and Ageing portfolio, usually published in May each year.

Annual report 2009–10 errors and omissions

There are no known errors and omissions in the
AIHW's *Annual report 2009–10* to report.

Compliance index

The index below shows compliance with information requirements contained in the *Commonwealth Authorities and Companies Act 1997* and in particular Part 2 of Schedule 1 of the *Commonwealth Authorities and Companies (Report of Operations) Orders 2008*.

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