



Australian Government

Australian Institute of  
Health and Welfare

Australian Institute of  
Health and Welfare

# Annual report

2007–08

Cat. no. AUS 108

Celebrating our

20<sup>th</sup>

ANNIVERSARY

1987–88 to 2007–08



### **Cover artwork by Christina Budden, National Art School**

The AIHW supports up-and-coming Australian artists by purchasing their artwork for the covers of its flagship publications. Artists have the satisfaction of seeing their work on the cover of a publication, displayed at a major launch, and used in posters and other promotional material.

### **Enquiries**

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

The Information Officer  
Australian Institute of Health and Welfare  
26 Thynne Street  
Fern Hill Park  
Bruce ACT 2617

Cherie McLean  
Phone: +61 2 6244 1012  
Fax: +61 2 6244 1299  
Email: [cherie.mclean@aihw.gov.au](mailto:cherie.mclean@aihw.gov.au)

### **Alternative formats**

This annual report is also available electronically on the Australian Institute of Health and Welfare website, at [www.aihw.gov.au](http://www.aihw.gov.au).

### **Acknowledgments**

Coordinator: Cherie McLean

Design and layout: Peter Nolan (AIHW) and Sam Highley (Clarus Design)

Printing: Paragon Printers Australasia

### **Copyright**

ISSN 1321-4985

ISBN 978 1 74024 849 5

© Australian Institute of Health and Welfare 2008

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

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



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

*Better information and statistics  
for better health and wellbeing*

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

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 2008.

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

In accordance with the requirements of Section 9 of the CAC Act, the report was endorsed on 18 September at a meeting of directors responsible for the preparation and content of the report of operations, in accordance with Finance Minister's Orders.

Yours sincerely

The Hon. Peter Collins, AM, QC  
Board Chair

18 September 2008



## Mission

Better information and statistics for better health and wellbeing.

## Role

The Australian Institute of Health and Welfare (AIHW) is the national agency set up to provide information on Australia's health and welfare, through statistics and data development that inform discussion and decisions on policy and services. The AIHW's focus is on drawing together national data from administrative collections. It works closely with the Australian Bureau of Statistics, which conducts national survey programs in related areas.

## AIHW values

Our values are:

- **the 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.

## AIHW corporate plan 2007–10

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

### Strategic directions

1. Strengthening our policy relevance
2. Capitalising on the new information environment
3. Enhancing data access, protecting privacy
4. Getting the messages out better
5. Our people—valued, expert and versatile

## Responsible minister

As at 30 June 2008



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

## Key relationships

The AIHW is part of the Health and Ageing portfolio, and works closely with the following Australian Government Departments: Health and Ageing; Families, Housing, Community Services and Indigenous Affairs; Veterans' Affairs and the Australian Bureau of Statistics. The AIHW also works closely with state and territory departments covering health, housing and community services, and several non-government agencies and peak bodies.



# Contents

<b>Mission and values</b> .....	<b>5</b>
<b>Chair's report</b> .....	<b>9</b>
<b>Director's report</b> .....	<b>11</b>
<b>Twenty years at the AIHW</b> .....	<b>14</b>
<b>Summary</b> .....	<b>16</b>
Who we are .....	16
How we are governed .....	16
Our reporting framework .....	16
How we are funded .....	17
Summary of financial performance .....	17
Trend analysis .....	18
Flagship publications .....	19
<b>Chapter 1—Accountability</b> .....	<b>21</b>
Accountability framework .....	22
Ministerial accountability .....	23
Charter of Corporate Governance .....	23
AIHW Board .....	23
Ethics Committee .....	25
AIHW structure .....	26
Organisation chart as at 30 June 2008 .....	27
<b>Chapter 2—Performance</b> .....	<b>29</b>
Portfolio Budget Statements—outcome and output structure .....	30
Portfolio Budget Statements—achievements against key strategic directions .....	31
Portfolio Budget Statements—achievements against performance indicators .....	34
Summary of financial performance .....	42
<b>Chapter 3—Work group reports</b> .....	<b>45</b>
Information and Strategy Group .....	47
Economics and Health Services Group .....	55
Health and Functioning Group .....	65
Population Health Cluster .....	75
Welfare and Housing Group .....	79

Housing and Homelessness Cluster .....	87
Collaborations and partnerships .....	97
Reports from collaborating units with agreed work plans .....	99
<b>Chapter 4—Business management .....</b>	<b>107</b>
Financial management.....	108
Data management.....	108
Contract management.....	109
Risk management.....	109
Indemnities and insurances for Directors and Officers .....	110
Freedom of information.....	110
Commonwealth Ombudsman .....	110
Judicial decisions and decisions of administrative tribunals.....	110
Ministerial directions and notifications.....	110
Significant events .....	110
ICT management .....	110
Communicating with stakeholders .....	111
People management.....	118
Environmental management.....	120
Occupational health and safety.....	121
Accommodation management.....	122
Commonwealth Disability Strategy.....	122
<b>Appendix 1 — Financial statements .....</b>	<b>123</b>
<b>Appendix 2 — Legislation .....</b>	<b>163</b>
<b>Appendix 3 — Regulations .....</b>	<b>185</b>
<b>Appendix 4—AIHW Charter of Corporate Governance .....</b>	<b>189</b>
<b>Appendix 5—Board and Ethics Committee members 2007–08 .....</b>	<b>198</b>
<b>Appendix 6—Freedom of information .....</b>	<b>202</b>
<b>Appendix 7—Executive and unit heads .....</b>	<b>204</b>
<b>Appendix 8—Publications .....</b>	<b>208</b>
<b>Appendix 9—Participation in national committees as chair and/or secretariat .....</b>	<b>225</b>
<b>Appendix 10—Abbreviations .....</b>	<b>226</b>
<b>Compliance index .....</b>	<b>227</b>
<b>Index.....</b>	<b>229</b>



# Chair's report

With the change of government and with it an increasing focus on data, information and evidence to inform Australia's progress, the 2007–08 year has been a busy one for the AIHW. Earlier this year I was pleased to meet with the new Minister for Health and Ageing, the Hon. Nicola Roxon MP to discuss the role of the Institute and how the Institute can contribute to the Government's evidence based policy agenda.

The Board has been pleased with the way the Director and staff have responded to the challenge of the information agenda. Undoubtedly, the solid attention to core business over the 21 years of the AIHW's existence has put the AIHW in a strong position to produce the information required by government and the community.

---

## *Producing relevant information required by government and the community.*

---

This year the AIHW celebrated its twentieth anniversary: a time to reflect on the changes we have seen. This was one of the themes explored by the Hon. Neal Blewett in his address at the conference to launch *Australia's health 2008* at the end of June. Dr Blewett contrasted the 'abysmal state of national health statistics' 20 years ago with the latest Australia's health report 'from an institution which has achieved an international reputation' (see page 20).

In 2007–08 the AIHW produced three substantial biennial reference books, highlighting the immense capacity of the AIHW to monitor and report on Australia's health and welfare systems. They included *Australia's welfare 2007*, *The health and welfare of Aboriginal and Torres Strait Islander peoples 2008* and *Australia's health 2008*.



In addition to these reference books, the AIHW has continued to collect, collate, report and analyse information relating to the 45 major national data collections it holds as well as numerous other projects. It is especially pleasing that the AIHW has worked closely alongside the government and Indigenous representatives to collate and analyse the data from two new collections—the Healthy for Life primary care services introduced to Indigenous communities, and the Child Health Checks under the Northern Territory Emergency Response.

---

## *Working closely with government and Indigenous representatives.*

---

The Board has spent considerable time dealing with AIHW revenue issues. The Institute has been remarkably successful, since its

inception 21 years ago, in building up revenue for specific projects from sources other than appropriation.

---

### *External project funding continues to grow.*

---

Consequently the Institute's appropriation funding has dropped from 78% of total revenue in 1992 (when the Welfare function was added) to less than 30% of current total revenue. While this is an extremely positive indicator of AIHW's performance over that period, it leaves the Institute with a declining capacity to meet core functions – unless funded by specific project allocations. Meanwhile the task of meeting the AIHW's core functions continues to become more challenging as the sources of data continue to grow larger and more complex every year. Though permission was forthcoming for the

AIHW to run a \$730,000 deficit in 2007–08, the Board acknowledges that this should not be seen as the way forward. The Board will need to resolve these pressures in 2008–09.

---

### *A great place to work.*

---

Throughout the busy year, the AIHW has maintained its warm, communicative work culture, as evidenced by the results of the Great Place to Work survey, which identified the AIHW as bearing all the hallmarks of a great place to work. Add this to the AIHW's well-deserved reputation for quality, consistency and objectivity, and you have an organisation that the Australian community can be proud of, and that we as Board members are proud to represent.

**The Hon. Peter Collins, AM, QC**  
Chair

# Director's report

The AIHW is a great place to work, and I have enjoyed leading our expert and committed staff throughout the year. Many staff have long track records in the AIHW and a wealth of experience in producing and analysing high-quality, consistent data. We are also training new graduates, many of whom come to us already very well qualified to contribute to our work.

---

## *A communicative and supportive work culture.*

---

Throughout all the hard work during the year, we have maintained our focus on the importance of a communicative and supportive work culture, providing as much flexibility and support as possible for staff to work in ways that produce the best outputs.

The five strategic directions in our corporate plan have been central to the development of our work program. These directions are also reflected in the government's Portfolio Budget Statements.

The work plan for 2007–08 was approved by the Board at the start of the year, and has formed the basis for our program of both internally and externally funded work throughout the year. The work plan expanded over the course of the year through the addition of new externally funded contract work.

Determining whether to take on contract work requires a balance between the policy relevance of the project and the availability and skills of staff. In the main, it has been possible to redirect staff towards areas of high

relevance. An example of this was the work for Health Ministers on performance indicators for the next Healthcare Agreements, which was a high policy priority that was achieved by redirecting skilled staff from other projects.

---

## *Responding to the government's policy directions.*

---

Similarly, analysis of the data the AIHW collects from the 1,500 or so non-government supported accommodation assistance service outlets has contributed to the development of the Government's Green Paper on Homelessness.

We have also been able to take on a range of information development activities in relation to Aboriginal and Torres Strait Islander peoples, such as the Healthy for Life data, the Northern Territory Emergency Response Child Health Check data and evaluation of the Cape York Income Management Trials.

On the population health monitoring side, the new Centre for Monitoring the Mandatory Fortification of Food with Folic Acid and Iodine and the Centre for Chronic Kidney Disease have become the fourth and fifth monitoring centres to be established at the AIHW.

---

## *49 new positions created during 2007–08.*

---

As a result of this new-policy relevant work, 49 new positions were created. The number of ongoing staff leaving fell to the lowest number in over four years.

During the year the AIHW reviewed our collaborating arrangements with a number of universities across Australia. The three university-based collaborating units funded from appropriation have been re-established, with new memorandums of understanding in place and agreed workplans. This confirms the core importance of the dental, perinatal and injury statistics units. The Centre for Asthma Monitoring has also been renewed as a collaborating unit, with funding from the Department of Health and Ageing.

A new 'Research Associate' memorandum of understanding has also been developed to better describe the relationship we have with other universities who do not receive funding from the AIHW but with whom we share data under the provisions of our Act.

---

### *Planning for the impact of e-health.*

---

One of the biggest changes that looms on our horizon is the conversion to electronic health records, which is well underway. The AIHW has played a leading role in planning for the impact the change will have on the administrative collections we rely on for a great deal of information about health. There are potential risks to statistical information if we don't manage the transition properly, as well as opportunities for enhanced information.

In early February I was a guest of the Canadian Institute of Health Information at a Canadian forum entitled 'Collect once, use often', which explored the implications for the Canadian system of the move to e-health. During the year Julie Roediger, our Deputy Director, has led several workshops, in partnership with the National E-Health Transition Authority, to

map the potential new data flows and ensure that the changes do not take our statistical collections by surprise.

AIHW staff were also engaged in making the most of the data sets we hold by linking data (within our privacy arrangements) to create information that is more person-centred than events-centred. This included work as diverse as linking child protection data to educational outcomes, and linking breast cancer diagnosis to mortality.

---

### *Providing researchers with access to data.*

---

Researchers across Australia regularly access the AIHW National Death Index service, allowing them to link records (under strict ethical conditions). Providing researchers with access to data is a core function of the AIHW, with over 100 requests filled during the year. We conducted a stocktake and review of data requests to help us improve this aspect of our business.

---

### *Better information and statistics for better health and wellbeing.*

---

No matter how good the statistical methodology, the way in which the information is conveyed to the community is a critical factor in achieving our mission of 'Better information and statistics for better health and wellbeing'. Conveying the message in a better way has been the springboard for a number of new approaches to publications over the past year, including the start of a new series of consumer-focused booklets on arthritis and musculoskeletal conditions.

Our media releases have continued to be picked up by the national media, reflecting a continuing strong interest in the subject matter and a continuing strong reputation for the AIHW as an authoritative source of information.

It has been a mammoth task to pull together three major reference publications in the one financial year. *Australia's welfare 2007* was launched by the Hon. Tanya Plibersek, MP, at her first official function as Minister for Housing. The associated one-day conference run by the AIHW was well received, with keynote addresses from Monsignor David Cappo, Social Inclusion Adviser to the South Australian Government, and Dr Ken Henry, Secretary to the Federal Treasury.

The ABS–AIHW joint publication, *The health and welfare of Aboriginal and Torres Strait Islander peoples 2008*, was launched by the Minister for Families, Housing, Community Services and Indigenous Affairs, the Hon. Jenny Macklin, MP, in association with a one-day conference organised by the Sax Institute in Sydney.

The Minister for Health, the Hon. Nicola Roxon, MP, launched *Australia's health 2008* at another highly successful conference run by the AIHW at the end of June 2008.

---

### *The year ahead.*

---

In June 2008, as a result of the changing policy environment created by the new government, I revised the group structure within the AIHW, creating an additional group responsible for our social housing, homelessness and disability services data and information. This will allow a greater degree of focus on these areas for 2008–09 and streamline our interactions with stakeholders.

The nature of our work in the coming year across health, housing, homelessness, disability and Aboriginal and Torres Strait Islander information will be influenced by the decisions of COAG, both in relation to performance indicator reporting by the COAG Reform Council and in the increasing emphasis placed on data to inform policy development. The AIHW is the source of national service-related data that monitors and measures many aspects of performance and we will work hard to ensure the continuing policy relevance of our work.

We also look to the unfolding COAG process as a way to place a myriad of current ad hoc data collection mechanisms on a more secure footing, so that national data collection becomes more sustainable into the future.

A great many people have worked long hours and shown extraordinary levels of commitment to produce our many outputs during the year. The statistical and analytical staff have been very well supported by our business management and information technology staff.

---

*Staff have pulled together to make this organisation a great place in every way.*

---

From the meticulous work of aligning data standards, through multivariate statistical analysis, through data entry, through presenting the messages the data are conveying, through to conference management, staff have pulled together to make this organisation a great place in every way. Thank you.

**Dr Penny Allbon**  
Director



# Twenty

Bennett House



Bennett House gardens

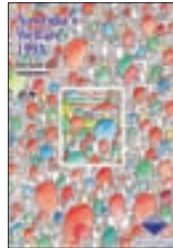


**1 July 1987**

AIH set up as a Statutory Authority in response to the Kerr-White report, which recommended a new national emphasis on public health research and training. Its 50 staff occupied a prime waterfront position in Bennett House, Acton Peninsula—a former nurses' residence in the grounds of the now demolished Royal Canberra Hospital. A renovator's delight, each 'office' was equipped with a hand basin and mirror.

AIH releases 7 publications.

We enjoy our social activities and can't resist the chance to dress up.



*Australia's welfare 1993*

**1993**

First *Australia's welfare: services and assistance* published.

**1996**

AIHW website launched.

**1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997**

**1988**

Three Collaborating Units join the Institute—National Perinatal Statistics Unit, National Injury Surveillance and Prevention Project and Dental Statistics and Research Unit.

First *Australia's health* published.

AIH Ethics Committee established—one of the first in a government agency.

**1989**

Purchase of a very advanced mainframe computer, delivered by crane to the upper level of the building—photographed by the local press!

**1992**

AIH expands under Health Minister Brian Howe to take on welfare functions, and becomes the AIHW.

Protocols established for release and publication of data.

**1995**

Move to Fernhill Park—all staff issued with a commemorative t-shirt for the event!



AIH Ethics Committee 1988



*Australia's health 1988*



Leaving Bennett House



# years at the AIHW

Santa and his helper arrive at Bennett House



## AIHW directors



1987–93  
Dr Leonard R Smith



1993–94  
Dr Tim Skinner



1994–96  
Dr Bruce Armstrong



1996–2006  
Dr Richard Madden



2006–  
Dr Penny Allbon



Judith Abercromby, Richard Madden and Jan Reid demonstrate the AIHW website

### 2002

AIHW, as an Australian Collaborating Centre for the World Health Organization, hosts a major international meeting on the Family of International Classifications.



Harmony Counts

## 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007

### 1997

First Memorandum of Understanding with the Department of Health and Family Services.

### 2000

AIHW boardroom named The Sidney Sax Room to honour the prominent public health expert and Institute supporter.

### 2001

First Memorandum of Understanding with the Department of Family and Community Services.

### 2005

METeOR (Metadata Online Registry) launched—an innovative tool developed by the AIHW to support the development of consistent metadata across the health and welfare fields.

AIHW Choir (Harmony Counts) performs at Australian National Eisteddfod and Floriade.

### 2007

Now with a staff of 200, AIHW releases a record 140 publications.



Richard Madden, Gwen Sax, Sidney Sax and Jan Reid in 2000



AIHW staff 2007, Fernhill Park

# Summary

## Who we are

The main functions of the Australian Institute of Health and Welfare (AIHW) relate to the collection, analysis and dissemination of health-related and welfare-related information and statistics. These functions are specified in s. 5 of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). In summary, the AIHW:

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

The AIHW promotes and releases most of its results into the public domain.

## How we are governed

The AIHW was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987* to report to the nation on the state of its health. In 1992, the role and functions of the then Australian Institute of Health were expanded to include welfare-related information and statistics, making it

the Australian Institute of Health and Welfare. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987* (**Appendix 2 Legislation**, page 163).

Subject to strict confidentiality provisions in the AIHW Act and with the agreement of its Ethics Committee, the AIHW may release data to other bodies or persons for research purposes.

## Our reporting framework

The AIHW's outcome as stated in the 2007–08 Portfolio Budget Statements for the Health and Ageing portfolio is 'Better health and wellbeing for Australians through better health and welfare statistics and information'.

The AIHW has one output group: 'Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community'. See **Chapter 2 Performance**, page 29 for more information.

The AIHW prepares a set of annual financial statements as required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997* and the Australian Accounting Standards. These financial statements are audited by the Australian National Audit Office. The detailed financial statements and the auditor's report are contained in **Appendix 1**, page 123.



## How we are funded

In 2007–08 the AIHW received 29% of its funding as an annual appropriation from the Australian Government.

Over the years, the annual appropriation has been increasingly supplemented by funding from Australian and state government departments and agencies for work on specific projects. Most funding is now for specific projects. The deliverables and funding for each of these projects are negotiated with the funder.

## Summary of financial performance

The AIHW's financial results against the 2007–08 Budget Estimates contained in the 2007–08 Portfolio Budget Statements and the actual results for 2006–07 are summarised in Table 1.

In 2007–08, the AIHW's appropriation funding from the Australian Government was \$8.678 million, an increase of 0.6% over the previous financial year.

External fee revenue increased by 24% over the previous financial year to a record high. Most of this income came from Australian Government departments. The growth in this revenue has been particularly strong for work on Aboriginal and Torres Strait Islander health and welfare.

Expenditure on employees and suppliers increased in line with the growth in revenue.

The AIHW had received approval from the Minister for Finance and Administration to budget for a deficit of \$730,000 for the year due to cost pressures on core appropriation-funded work. The actual deficit was slightly higher than budgeted (by \$34,000, or 0.1% of total expenditure) due to essential one-off expenditure incurred late in the year.

**Table 1: Financial results for 2007–08 and 2006–07**

	Actual 2007–08 \$'000	Estimates 2007–08 \$'000	Actual 2006–07 \$'000
<b>Revenue</b>			
Appropriation revenue	8,678	8,718	8,625
Total revenue from other sources	20,922	15,703	16,661
<b>Total revenue</b>	<b>29,600</b>	<b>24,421</b>	<b>25,286</b>
<b>Expenditure</b>			
Employees	18,437	16,058	15,426
Other expenditure	11,927	9,093	10,184
<b>Total expenditure</b>	<b>30,364</b>	<b>25,151</b>	<b>25,610</b>
<b>Deficit</b>	<b>(764)</b>	<b>(730)</b>	<b>(324)</b>

## Trend analysis

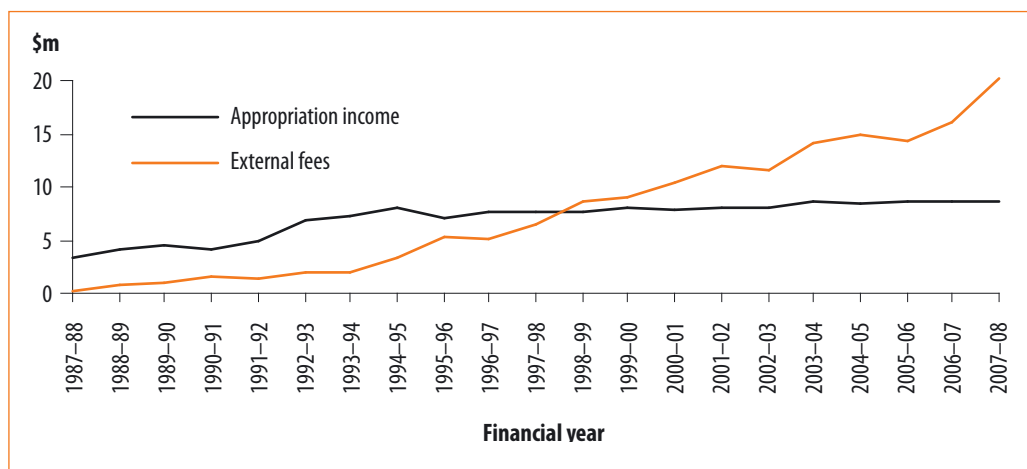
The AIHW's revenue from appropriation and external fees since the creation of the AIHW in 1987 is shown in Figure 1.

Over the last 10 years appropriation income has increased by a compound rate of just 1.1% a year. The proportion of income from

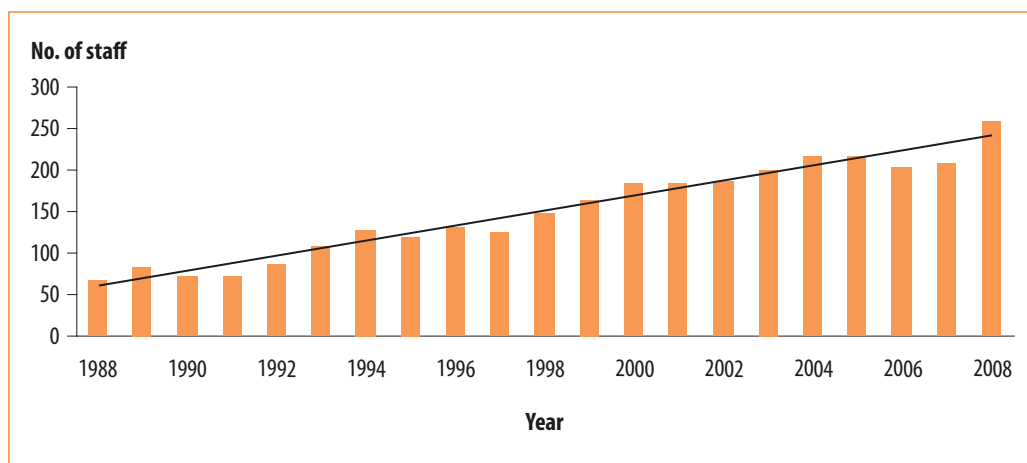
appropriation has decreased from almost 100% in 1987–88 to 29% in 2007–08.

Figure 2 shows that staff numbers have increased in line with the growth in the AIHW's revenue. The increase in the number of staff in 2007–08 was the largest increase in a single year.

**Figure 1: Revenue history, 1997–98 to 2007–08**



**Figure 2: Total staff numbers 1988–2008**

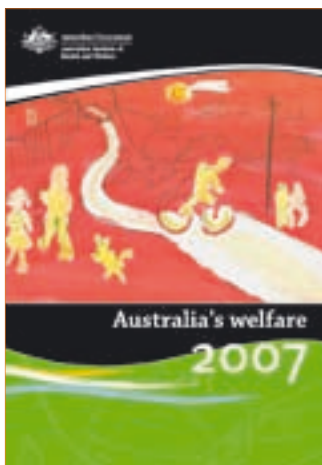


## Flagship publications

In alternate years the AIHW is required by its Act to publish *Australia's health* and *Australia's welfare*, both of which are key national resources for these major areas. In addition, the AIHW publishes a comprehensive report in conjunction with the Australian Bureau of Statistics on the health and welfare of Australia's Aboriginal and Torres Strait Islander peoples.



*Australia's health 2008*



*Australia's welfare 2007*



*The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008*

## An extract from the Hon. Neal Blewett's keynote speech at the Australia's health 2008 conference

Dr Blewett discussed the formation of the Institute.



*The Institute was brought into being as a result of the abysmal state of national health statistics in this country, a weakness underlined dramatically in my first month as minister by the fact that the federal Department of Health did not know in March 1983 that Australia's first case of AIDS had been diagnosed 4 months earlier...*

*In its 21 years the Institute has established an outstanding publications record. On the health side alone it has produced over 1200 publications...*

Dr Blewett then compared *Australia's health* 1987 with the 2008 edition.

*Superficially they look very different animals. The 1988 is a pale little beast, its cover in muted colours and quite slim in line—a mere 244 pages. 2008 has a cover in glorious technicolour and is a massive beast—nearly three times as large at 614 pages. 2008 has a 60-page appendix of statistical tables which has no parallel in the earlier number. The glossary has expanded from eight to sixteen pages.*

*Things not dreamt of in 1988—at least not by the Health Minister of the day—turn up in 2008, including angioplasty, campylobacteriosis and post-traumatic stress disorder. The glossary explosion is mainly due to the vast increase in the detailed coverage of disease in the latest report.*

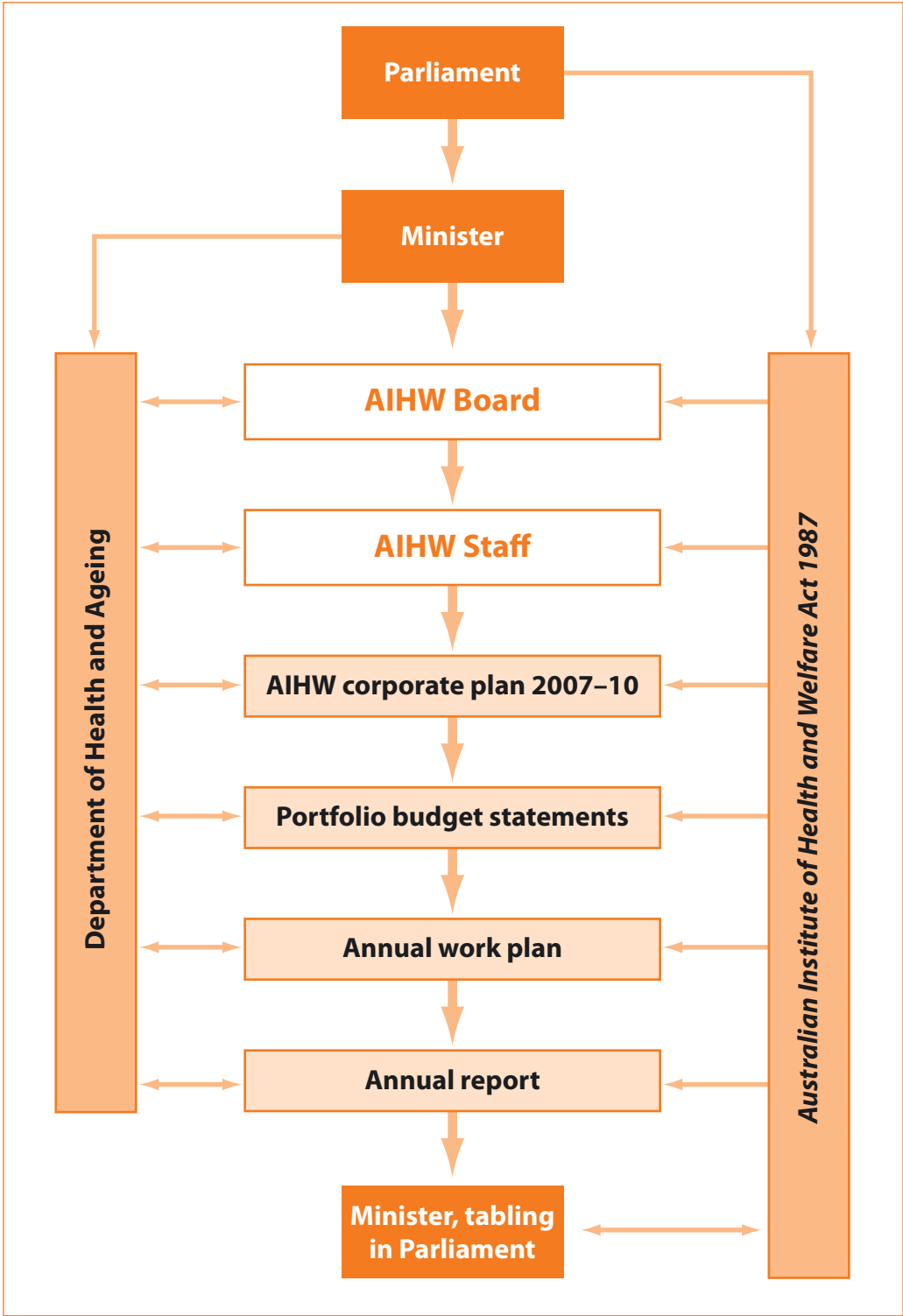
*This much greater detail relates to what is perhaps the one most obvious difference between the two reports—the vast increase in the range and depth of health information now available to governments...*

*Perhaps the most important strategic development in the 20 years has been the focus on particular population groups and age cohorts to illuminate the determinants of health status...*

# Chapter 1—Accountability



Figure 3: Accountability framework



## Ministerial accountability

The AIHW is an independent statutory authority within the Health and Ageing portfolio and is responsible to the Minister for Health and Ageing. When the subject area is related to other portfolios, the AIHW provides advice and reports to relevant Ministers, including:

- Minister for Families, Housing, Community Services and Indigenous Affairs
- Minister for Ageing
- Minister for Housing and Status of Women
- Minister for Youth and Sport
- Parliamentary Secretary for Health and Ageing
- Parliamentary Secretary to the Minister for Families, Housing, Community Services and Indigenous Affairs and Parliamentary Secretary for Disabilities and Children's Services
- Parliamentary Secretary for Early Childhood Education and Childcare.

The AIHW appeared before the Senate Community Affairs Committee (Senate Estimates) on two occasions during 2007–08.

In addition to this the AIHW prepared 12 Minutes to the Minister, 1 Current Issue Brief, 9 Parliamentary Questions on Notice and 3 Ministerial Briefings.

## Charter of Corporate Governance

The AIHW Charter of Corporate Governance adopted by the Board takes into account contemporary thinking on corporate governance and forms the basis for Board

operations in an increasingly complex environment. This charter is provided at **Appendix 4**, page 189.

## AIHW Board

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

The role and composition of the Board is specified in s. 8(1) of the AIHW Act. Board members, other than the ex-officio members, are appointed by the Governor-General on the recommendation of the Minister for Health and Ageing and hold office for a specified term not exceeding 3 years.

Directors' fees are set by the Remuneration Tribunal (see **appendix 1 Financial statements**, Note 10).

The Board is supported by two committees: the Audit and Finance Committee and the Remuneration Committee.

### Audit and finance committee

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

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

## Remuneration committee

The Remuneration Committee is a subcommittee of the AIHW Board. The committee advises the Board on the remuneration of the Director and provides performance feedback to the Director.

## Board members

Table 2 is a list of Board members, meetings and committees attended for the period 1 July 2007 to 30 June 2008. Details of the Board members' qualifications, current positions and affiliations are in **Appendix 5**, page 198.

**Table 2: Board members and meetings attended**

Board member	Board		Audit and Finance Committee		Remuneration Committee	
	Meetings attended	Eligible meetings	Meetings attended	Eligible meetings	Meetings attended	Eligible meetings
<b>Non-Executive Directors</b>						
The Hon. Peter Collins, AM (Board Chair)	2*	4			2	2
Adjunct Professor Heather Gardner	4	4	4	5		
Mr Ian Spicer, AM	4	4	5	5	2	2
Dr Greg Stewart	3	4				
Mr David Kalisch	4	4				
Mr Brian Pink	2**	4				
Ms Sandra Lambert (until 7 January 2008)	2	2				
Ms Bette Kill (appointed 15 May 2008)	1	1				
Mr Peter Allen	3	4	5	5	2	2
Mr Peter Smith	3	4				
Dr Sandra Eades	1	4				
Mr Daniel McCarthy (staff representative) (resigned 25 January 2008)	2	2				
Ms Louise York (staff representative) (elected 25 February 2008) (appointed 15 May 2008)	2	2				
Mr Owen Donald***			5	5		
<b>Executive Director</b>						
Dr Penny Allbon (Director, AIHW)	4	4				

\* Ian Spicer was appointed acting Chair in Peter Collins' absences.

\*\* On the two occasions the member was not present his representative attended.

\*\*\* Appointed as an independent non-executive member of the Audit and Finance Committee.

### Notes

1. A representative of the Secretary, Department of Families, Housing, Community Services and Indigenous Affairs, attended and participated in Board meetings.
2. The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe AIHW Board and NHMRC Council meetings, respectively.



## Ethics Committee

The Ethics Committee is established under section 16(1) of the AIHW Act.

The committee's main responsibility is to advise the AIHW on the ethical acceptability or otherwise of current or proposed health-related and welfare-related activities of the AIHW or of bodies with which the AIHW is associated (see **Appendix 3 Regulations**, page 185).

The AIHW may release identifiable health and welfare data for research purposes with the agreement of the committee, provided that release does not contravene the

Commonwealth's *Privacy Act 1988* and the terms and conditions under which the data were supplied to the AIHW.

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

The committee agreed to the ethical acceptability of 35 projects during the year.

Membership and attendance of the Ethics Committee is shown in Table 3. Details of the Ethics Committee members' qualifications are in **Appendix 5**, page 198.

**Table 3: Ethics Committee members and meetings attended**

Committee member	Meetings attended	Eligible meetings
Dr Ching Choi (Chair)	4	4
Dr Malcolm Sim	2*	4
Mr John Buckley	4	4
Ms Kathryn Cole	4	4
Rev. Dr Wesley Campbell	4	4
Ms Ellen Kittson	3*	4
Dr Wendy Scheil	4	4
Ms Val Edyvean	4	4
Dr Penny Allbon (Director, AIHW)	4	4

\* Members were provided with papers and opportunity to comment for all meetings even if they didn't attend.

## AIHW structure

The AIHW structure is aimed at ensuring that the AIHW fulfils its roles and responsibilities in the best manner possible. The structure reflects the growth in various aspects of the work program and ensures that staff have clear, balanced and reasonable workloads.

The Director is supported by a Deputy Director, Medical Adviser and five group heads, each with major functional responsibilities. The

Deputy Director has responsibility for the Information and Strategy Group, and the group heads have responsibility for Health and Functioning, Welfare and Housing, Economics and Health Services, and Business. Figure 4 shows the AIHW's structure as at 30 June 2008.

Information about the Executive and unit heads are included in **Appendix 7**, page 204.

Further information about staffing can be found in tables 8 and 9 on page 118.



**Dr Penny Allbon**  
Director



**Ms Julie Roediger**  
Deputy Director and  
Information and Strategy  
Group Head



**Mr Andrew Kettle**  
Business Group Head



**Ms Jenny Hargreaves**  
Economics and Health  
Services Group Head



**Ms Susan Killion**  
Health Group Head



**Mr Justin Griffin (acting)**  
Housing and Disability  
Group Head

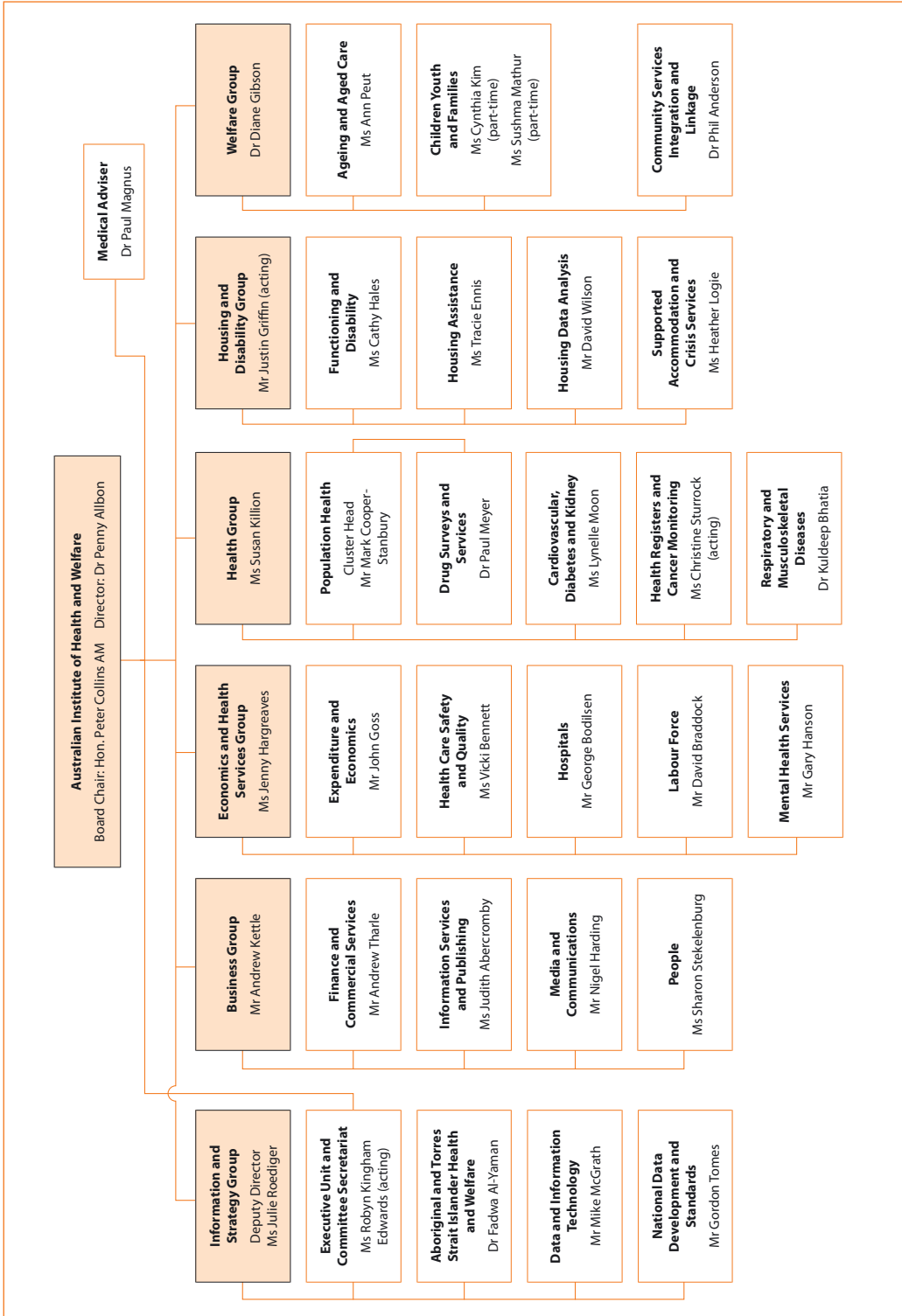


**Dr Diane Gibson**  
Welfare Group Head



**Dr Paul Magnus**  
Medical Adviser

Figure 4: Organisation chart as at 30 June 2008



## Harmony Counts—the choir of the AIHW

Harmony Counts is a mixed choir born out of a series of temporary choirs that brightened up the AIHW's Christmas parties for a couple of years.

At Christmas 1999, one of Harmony Counts' songs won the FM104.7 Christmas Carol competition. Inspired by this success the choir has continued to sing and perform on various occasions.

Harmony Counts rehearses once a week during lunch breaks and aims to simply enjoy singing together.

The choir often performs at social gatherings at the AIHW, such as the AIHW's birthday party and the Christmas party. Harmony Counts has performed at the Australian National Choral Eisteddfod, Floriade, carols at the Canberra Centre and Old Parliament House, among others.

The choir also participates, both solely and as part of a combined choir, in rhAPSody, which is a choral event involving many public service choirs.

The choir mostly sings unaccompanied using the four voices: soprano, alto, tenor and bass. Harmony Counts has a large repertoire, including African, Latin, Aboriginal, other ethnic and contemporary songs.



Harmony Counts performing at Floriade in 2007

## Chapter 2—Performance



The AIHW's performance is guided by legislative, government and organisational requirements. As an independent statutory body under the AIHW Act, the AIHW provides information and does related developmental work in the areas of health, community services and housing assistance. The AIHW also has an important role as the custodian of major databases.

This chapter provides a summary of the AIHW's performance against the 2007–08 Portfolio Budget Statements and an analysis of the financial results.

## Portfolio Budget Statements—outcome and output structure

The AIHW's outcome and output structure, as set out in the *Portfolio Budget Statements 2007–08: Health and Ageing Portfolio*, consist of one outcome and one output group (see figure 5). This was a simplification from three outputs in 2006–07.

Under the AIHW's performance framework, the outcome and output group are underpinned by four key strategic directions. These directions help the AIHW to plan, monitor and evaluate its performance in producing its output, achieving its outcome and fulfilling its mission. Achievements against the strategic directions are discussed on page 31.

Nine performance indicators are used to monitor the AIHW's performance. The AIHW's performance against each of these indicators is discussed further in this chapter.

For an explanation of AIHW's reporting framework see **Our reporting framework** on page 16.

**Figure 5: Portfolio Budget Statements—outcome and output structure for the AIHW, 2007–08**

<b>Outcome</b>
Better health and wellbeing for Australians through better health and welfare statistics and information.
<b>Output</b>
Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.
<b>Key strategic directions</b>
Strengthen its policy relevance through stronger stakeholder engagement.
Capitalise on the new information environment to maintain and enhance the quality of Australia's health and welfare statistics.
Enhance data access while guarding privacy.
Improve communication of key messages in information and statistics.
<b>Performance indicators</b>
Meeting the legislative requirement for presentation of <i>Australia's welfare 2007</i> and <i>Australia's health 2008</i> to the Minister.
Presentation of the AIHW's annual report in line with legislative requirements.
Enhanced consistency and comparability of information through the use of national data standards in national data collections.
Increased use of data standards in data development.
The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors.
Enhanced capacity to produce high-quality information and analysis across the health and welfare sectors.
The volume of projects funded on a fee-for-service basis.
Broad awareness of the AIHW's publications and information products.
Increased availability of electronic tools to improve access to timely data.

## Portfolio Budget Statements—achievements against key strategic directions

The *AIHW corporate plan: strategic directions 2007–2010* contains five strategic directions that form the basis of the four strategic directions in the Portfolio Budget Statements for 2007–08. The directions in the Portfolio Budget Statements are to:

- strengthen our policy relevance through stronger stakeholder engagement
- capitalise on the new information environment to maintain and enhance the quality of Australia’s health and welfare statistics
- enhance data access while guarding privacy
- improve communication of key messages in information and statistics.

### Strengthen policy relevance

In 2007–08 the AIHW continued to collect and analyse information about a range of topics that inform policy and programs in Australia, such as hospital services, health expenditure, disability services and social housing. The breadth and depth of AIHW analysis was showcased in 2007–08 with the release of its three flagship publications, *Australia’s welfare 2007*, *Australia’s health 2008* and *Health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples 2008*, a joint publication with the Australian Bureau of Statistics.

There was also a particular focus on Australians who are most in need of health and welfare services—Indigenous Australians, children, the aged, the homeless and those at risk of homelessness.

The AIHW is constantly working to expand the evidence base to improve outcomes for Indigenous Australians. Examples of work conducted in 2007–08 include engagement in the Healthy for Life project, which has improved the capacity and performance of primary health care services that provide care to Indigenous Australians to deliver high-quality maternal and children’s health services and chronic disease management; the first trial of a unit record collection for administrative data for Indigenous community housing, which will allow more detailed analysis and support evaluation of services; and collaborative work with jurisdictions to improve Indigenous identification in admitted hospital patient care data. The number of jurisdictions now suitable for reporting has increased from four to six, an important improvement given the high usage of hospital services among Indigenous Australians.

The AIHW has gathered data from a number of sources to report on the health and wellbeing of children and young people. In 2007–08 the AIHW established a new centre for monitoring the mandatory fortification of food with folic acid and iodine, a pilot collection in three jurisdictions for additional juvenile justice data items for offences relating to supervised sentences of young people in the juvenile justice system, and a new collection for younger people with disabilities in residential aged care.

The AIHW continued to work closely with service providers and funders to provide reporting and advice on the number of people in Australia who use Supported Accommodation Assistance Program (SAAP) agencies. The AIHW also contributed to the development of the Australian Government



Green Paper on Homelessness, *Which way home? A new approach to homelessness*.

A highlight of 2007–08 was the conduct of the high and complex needs census, which ran from 16 to 22 June 2008. This involved clients from all SAAP agencies nationwide. The census aims to gain a greater understanding of the extent, level and complexity of the needs of people who are homeless or at risk of homelessness.

As well as improving the evidence base for understanding populations in need, the AIHW continued work on a range of policy-relevant issues that affect all Australians. These included the establishment of a new national data set for monitoring chronic kidney disease, production of a set of performance indicators for the health system, and a new report on elective surgery in Australia that utilised data linkage to produce new measures of access to elective surgery that may be developed for routine reporting.

### **The new information environment**

In 2007–08 the AIHW expanded the metadata available in METeOR, Australia's repository for national data standards for health, housing and community services statistics and information. This was complemented by the release of the *National health data dictionary* (version 14) and the *National community services data dictionary* (version 5) on CD rather than in hard-copy.

The AIHW's ongoing work linking national data sets continued with the successful linkage of a number of major aged care data sets, funded in part by an NHMRC Health Service Grant. By using administrative data to create anonymised service paths the AIHW is able to analyse people's experience of the aged care system without compromising

their privacy. This new resource is already in use, answering policy questions about the outcomes arising from aged care assessments and the experience of people with dementia. The AIHW has also published a methodological paper on the linkage of SAAP, child protection and juvenile justice data collections, which established the feasibility and utility of a linked data set to understand the interaction between homelessness, child protection and contact with the juvenile justice system.

### **Enhance data access while guarding privacy**

In addition to releasing 99 publications in 2007–08, the AIHW provided more than 500 pages of supplementary data on its website, provided a range of searchable data sets and processed about 100 requests for data from researchers, all in accordance with strict privacy protection and the requirements of the relevant data custodians.

In 2007–08 additional data cubes were provided for health expenditure, elective surgery waiting times, Indigenous housing conditions in rural and remote areas, labour force data and online interactive atlases of population health of Aboriginal and Torres Strait Islander peoples published by an AIHW collaborating unit, the Public Health Information Development Unit.

In addition to these services to the public, the AIHW developed a suite of electronic tools to allow Aboriginal Medical Services participating in the Healthy for Life program to submit and access their data more easily in a secure environment.



### Better communication of key messages

The AIHW was active on several fronts in communicating its messages better to stakeholders and the community. Major areas tackled during the year included upgrading the writing skills of staff, providing ongoing training in media skills, improving report and website production processes, launching

several major reports to the public, and actively disseminating report findings to key contract funders and Ministers' offices.

As a result the AIHW was mentioned in over 3,500 media items during the year, compared with around 2000 mentions the previous year (see Table 7 on page 115 for more information).

### *Australia's welfare 2007 fast facts*

- Median weekly disposable household income rose by 34% in the 10 years from 1995–96.

#### **Housing and homelessness**

- 100,000 people in Australia are homeless—most common reasons are interpersonal relationships, including domestic violence and relationship breakdown and conflict, and the need for time-out from family.
- Indigenous Australians in particular suffer from higher levels of sub-standard housing, overcrowding and homelessness.

#### **Education**

- Education retention rates for Aboriginal and Torres Strait Islander students (40%) were just over half that of non-Indigenous students (76%) in 2006.
- Indigenous students were also substantially less likely to meet national benchmarks in reading, writing and numeracy.

#### **Labour force**

- Labour force participation among the Indigenous population is 59% compared with 78% for the non-Indigenous population.

#### **Children**

- 13,000 young people experience some form for juvenile justice supervision.
- 20% of the population consists of children under the age of 15.

- Between 2002 and 2006 the number of children on care and protection orders rose by 32%, from 20,557 to 27,188. Some of this can be explained by greater community awareness of child abuse and neglect, and the cumulative effect of children who enter the system at a young age and remain there for some years. But it's not the entire explanation.
- 1.6 million children were in either formal or informal child care in 2006.

#### **Older Australians**

- 2.7 million older Australians (people aged 65 and older) made up 13% of the population in 2006.
- Approximately 29% of older people live in their own homes, and only 6% live in non-private dwellings such as nursing homes and hospitals.
- In 2006, there were 145,000 older people in residential aged care.
- Spouses and adult children, mostly daughters, made up equal proportions of all primary carers of older people (43% each).

#### **People with a disability**

- 3.9 million people had a disability (20% of the Australian population) in 2003.
- The prevalence rates of severe disability among indigenous Australians were at least twice as high as those of other Australians.

## Portfolio Budget Statements—achievements against performance indicators

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

	MET	SUBSTANTIALLY MET	NOT MET
<b>INDICATOR ONE</b> Meeting the legislative requirement for presentation of <i>Australia's welfare 2007</i> and <i>Australia's health 2008</i> to the Minister	●		
<b>INDICATOR TWO</b> Presentation of the AIHW annual report in line with legislative requirements	●		
<b>INDICATOR THREE</b> Enhanced consistency and comparability of information through the use of national data standards in national data collections	●		
<b>INDICATOR FOUR</b> Increased use of data standards in data development	●		
<b>INDICATOR FIVE</b> The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors	●		
<b>INDICATOR SIX</b> Enhanced capacity to produce high-quality information and analysis across the health and welfare sectors		●	
<b>INDICATOR SEVEN</b> The volume of projects funded on a fee-for-service basis	●		
<b>INDICATOR EIGHT</b> Broad awareness of the AIHW's publications and information products	●		
<b>INDICATOR NINE</b> Increased availability of electronic tools to improve access to timely data	●		

## INDICATOR ONE

MET

### Meeting the legislative requirement for presentation of *Australia's welfare 2007* and *Australia's health 2008* to the Minister

#### *Summary of achievements*

- Presented *Australia's welfare 2007* to the Minister of Health and Ageing on 4 December 2007 and tabled it in parliament on 6 December 2007.
- Presented *Australia's health 2008* to the Minister of Health and Ageing on 29 May 2008 and tabled it in parliament on 24 June 2008.

#### *Reference points*

Both reports completed on time.

Presentation of *Australia's welfare 2007* to the Minister by the end of 2007.

Presentation of *Australia's health 2008* to the Minister by the end of June 2008.

## INDICATOR TWO

MET

### Presentation of the AIHW annual report in line with legislative requirements

#### *Summary of achievements*

- Presented the *AIHW annual report 2006–07* to the Minister for Health and Ageing on 27 September 2007 and tabled it in parliament in October 2007. The ACT Division of the Institute of Public Administration Australia noted that 'the AIHW annual report for 2006–07 was coherent, [and] contained detailed information about both financial and operational performance'.

#### *Reference points*

Presentation by 31 October 2007.

Maintain or increase previous year's satisfaction.

## INDICATOR THREE

MET

### Enhanced consistency and comparability of information through the use of national data standards in national data collections

#### *Summary of achievements*

- Improved the Indigenous identification in admitted patient care data through audits with New South Wales and Victoria agreeing to use nationally accepted reporting standards.
- Improved the reporting of educational outcomes for children on guardianship or custody orders.
- Developed a pilot collection of additional items in the juvenile justice area.
- Developed new data collection for younger people with disabilities in residential aged care.
- Developed an expanded national minimum data set on congenital anomalies and options for monitoring folate and neural tube defects.
- Improved data for the publications *Child protection, Australia* and *Adoptions, Australia* to adhere more closely to the counting rules developed by the AIHW in partnership with the states and territories.
- Improved the financial and performance reporting of the National Committee for Housing Information and the Commonwealth State Housing Agreement so that they now come from the one source that conforms to the International Financial Reporting Standards.
- Assessed the misclassification of external causes of death and participated in a project to study quality of external cause coding of hospital records.

#### *Reference point*

National data standards are used in national data collections.

**Increased use of data standards in data development***Summary of achievements*

- Increased by 10% the number of data development groups using METeOR as a collaborative platform (118 work groups, up from 106).
- Increased by 21% the data elements included in METeOR endorsed as standards in the financial year 2007–08 (3,221 data elements, up from 2,659).
- Included the Government Health Expenditure National Minimum Data Set on METeOR.
- Developed a data quality framework for the Commonwealth State/Territory Disability Agreement National Minimum Data Set.
- Completed preliminary work to develop national data standards for the collection of labour force details on health care and allied health care professionals.
- Refined data elements for the Mental Health Establishments National Minimum Data Set.
- Completed preliminary work to develop new indicators for the National Prisoner Health Data Collection.
- Completed preliminary work to develop data specifications for breast cancer.

- Developed new data elements for the cervical screening data dictionaries.
- Changed the registration status of 1086 metadata items.
- Trained 43 new Commonwealth, state and territory staff in METeOR.
- Developed draft data standards for the introduction of a statistical linkage key and mental health questions to the Alcohol and Other Drugs Treatment Services National Minimum Data Set collection.

*Reference points*

Increase number of data development groups using METeOR by 2% over previous year.

Increase in data elements by 2% over previous year.

## INDICATOR FIVE

MET

### The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors

#### *Summary of achievements*

- Posted updated versions of the health data dictionaries to the Internet every 6 months. Posted community services and national housing assistance data dictionaries to the Internet as updates were endorsed.
- Updated Australian data provided to international organisations for Joint OECD (Organisation for Economic Co-operation and Development), EUROSTAT and WHO (World Health Organization) Health Accounts Data Collection, OECD social expenditure data collection, WHO Country Health Information Profile and Health Databank.

- Released the *National health data dictionary* (version 14) and the *National community services data dictionary* (version 5) on CD rather than in hard-copy.

#### *Reference points*

Online updates to data standards are made within 1 month of endorsement by registrars.

A document outlining new data standards or changes to existing items is published every 6 months.

## INDICATOR SIX

**SUBSTANTIALLY MET**

### **Enhanced capacity to produce high-quality information and analysis across the health and welfare sectors**

#### *Summary of achievements*

- Contract work increased by 16% from \$17.4 million in 2006–07 to \$20.2 million in 2007–08.
- Expanded contracts to include new work on disease expenditure, hospital expenditure, Australian Health Care Agreement performance indicators, children, families, aged care, Indigenous community housing and dwelling conditions, prisoners' health, arthritis, osteoporosis, hip fractures, asthma, chronic obstructive pulmonary disease, and cancer survival and prevalence in Australia.
- Contracted new work with the National Heart Foundation, Australian Commission on Safety and Quality in Health Care and the Pharmacy Guild.
- Conducted High and Complex Needs census for SAAP agencies.
- Established new centres for Monitoring Chronic Kidney Disease, and Mandatory Fortification of Food with Folic Acid and Iodine.
- Contributed to the 2008 world drug report.
- Number of publications (99) decreased by 29% from 2006–07 (140) partly due to resources being diverted to flagship publications resulting in the release of over 40 publications in July and August 2008 (see Figure 7 on page 113).
- Released three major biennial reference publications.
- Contributed to the development of the Australian Government Green Paper on Homelessness, *Which way home? A new approach to homelessness*.
- Diversity of publications expanded from 2006–07.
- Developed a new report on elective surgery in Australia.
- Expanded topics in the report *Older Australia at a glance*.
- Released the first publication for children and young people that used linked data.
- Upgraded the national collection of Commonwealth State Housing Agreement community housing data.
- Expanded perinatal health information and statistics.
- Produced a draft report on the effect of mandatory folate fortification of food on neural tube defects in Australia.

#### *Reference point*

Maintain or increase on previous years.

## INDICATOR SEVEN

MET

### The volume of projects funded on a fee-for-service basis

#### Summary of achievements

- The ratio of non-appropriation revenue for 2007–08 was 71%. This includes sale of services, interest and other revenue. The ratio of sale of services to total income was 68% compared with 64% in 2006–07.

#### Reference point

Ratio of non-appropriation revenue to total funding greater than 50%.

## INDICATOR EIGHT

MET

### Broad awareness of the AIHW's publications and information products

#### Summary of achievements

- Gained an increase in press, radio and online media coverage for AIHW reports. The overall level of media coverage was significantly higher in 2007–08 (3,569) than in 2006–07 (2,080) and 2005–06 (2,016), despite there being fewer media releases during 2007–08 (56) than in 2006–07 (62) and 2005–06 (65). This increase was partly due to the AIHW moving to a more comprehensive online monitoring service and more journalists subscribing to the publication release service.
- Increased level of citation in the Hansards of both Houses of Commonwealth Parliament to 55 during 2007–08, an increase of 41% from 2006–07 (39) and 104% increase from 2005–06 (27).
- Received over 1.1 million visits to the website in 2007–08, with an average of 3,035 visitors a day, a small increase over 2006–07 (3,000) and a significant increase over 2005–06 (2,500).
- Increased subscriptions to the AIHW's automatic release notification service available via the website.

- Promoted the AIHW and its publications by exhibiting at seven major Australian health and welfare conferences (see **Promoting our publications** on page 116).
- Hosted two major conferences—Australia's welfare 2007 and Australia's health 2008—to promote and distribute the publications (attended by over 700 delegates).
- The report *Australia's health* is used as a resource by secondary students and university students. In New South Wales and Victoria *Australia's health* is a recommended reference for the Personal Development, Health and Physical Education syllabus for students studying for their Higher School Certificate or Victorian Certificate of Education.
- Statistics from AIHW publications are regularly used by a range of popular magazines and health industry journals including *Woman's Day*, *Good Health*, *Australian Pharmacist*, *Cancer Australia* and the Royal Australasian College of Surgeons' magazine *Surgical News*.

#### Reference point

Maintain or increase on previous years.



**Increased availability of electronic tools to improve access to timely data***Summary of achievements*

- Expanded the availability of electronic datasets and tools for 2007–08.
- Developed new electronic data tools to access the data developed for health expenditure, elective surgery waiting times, Indigenous housing, Indigenous primary health care services and BreastScreen Australia.
- Updated electronic dissemination of health expenditure funding mix, labour force, Chronic Diseases Indicators, General Record of Incidence of Mortality (GRIM) and Australian Cancer Incidence and Mortality (ACIM) books, SMART data collection tool for use by SAAP agencies, cancer data cubes.
- Developed new electronic data for Headline Indicators for Children's Health.
- Updated AIHW web pages to make information more accessible.
- Developed data cubes for survey information on the condition of dwellings for Indigenous people before and after the Fixing Houses for Better Health program was implemented.
- Developed electronic tools to allow Aboriginal Medical Services participating in the Healthy for Life program to submit and access their data more easily.
- Published online, interactive atlases of population health of Aboriginal and Torres Strait Islander peoples.

*Reference point*

An increase on previous year.

## Summary of financial performance

### Income statement

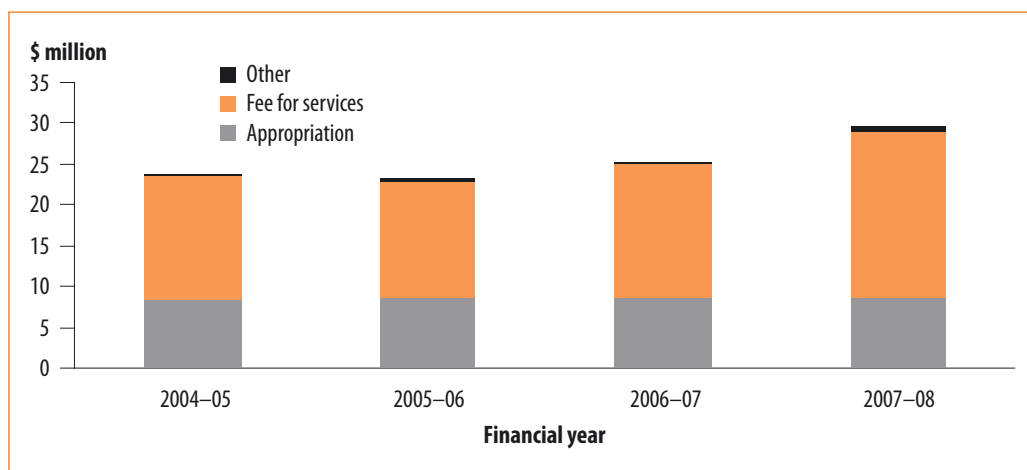
The AIHW recorded a deficit of \$764,000 in 2007–08 compared with a deficit of \$324,000 in the previous year and a budgeted deficit of \$730,000 (see Table 4).

**Table 4: Income statement summary**

	Actual 2007–08 \$'000	Estimates 2007–08 \$'000	Actual 2006–07 \$'000
Revenue	29,600	24,421	25,286
Expenses	30,364	25,151	25,610
Net surplus/(deficit)	(764)	(730)	(324)

In 2007–08, the AIHW's appropriation funding from the Australian Government was \$8.678 million, an increase of 0.6% on the previous financial year. Revenue from externally funded projects totalled \$20.2 million, an increase of 24.1% on the previous year. Interest income was 53% higher in 2007–08 than in the previous year due to higher cash balances and higher interest rates (see Figure 6).

**Figure 6: Comparison of income sources**



Expenses were 18.6% greater than in 2006–07. The majority of this increase was in salaries and on-costs, the cost of consultants, staff training and maintenance of office buildings. Most of these cost increases related to the increase in externally funded work.

The AIHW had received approval to budget for an operating loss of \$730,000 in 2007–08 from the Minister for Finance and Administration. The actual loss exceeded the budgeted loss by \$34,000, or 0.1% of expenditure, due to one-off essential expenditure incurred late in the year.

### Balance sheet

Cash and term deposits totalled \$7.8 million, an increase of \$0.7 million on the previous year (see Table 5). This was due to an increase in the amount of contract revenue received in advance of services provided. All excess cash has been invested in term deposits in accordance with the AIHW Investment Policy. This policy was developed during the year to maximise earnings from authorised investments while ensuring the security of AIHW funds. Liabilities were higher than

budgeted and the previous year's liabilities due to the growth in expenditure resulting from the increased levels of work.

**Table 5: Balance sheet summary**

	Actual 2007–08 \$'000	Estimates 2007–08 \$'000	Actual 2006–07 \$'000
Cash	7,778	4,788	7,133
Other financial assets	5,541	4,612	4,601
Non-financial assets	3,208	3,534	3,126
Total assets	16,527	12,934	14,860
Provisions	5,171	4,579	4,660
Payables	9,942	6,215	8,022
Total liabilities	15,113	10,794	12,682
Equity	1,414	2,140	2,178

### Cash flow

Net cash received from operating activities was \$1.35 million. This is mainly due to an increase in the level of cash received in advance for services not yet provided. The AIHW spent \$0.7 million on the purchase of property, plant and equipment, and leasehold improvements. The net cash increase in the year was \$0.7 million, lifting the cash balance from \$7.1 million to \$7.8 million. See **Appendix 1**, page 123 for full details of the financial statements.

### Outlook

Since 1996–97 the AIHW's appropriation has reduced by over 15% in real terms after allowing for the effect of the consumer price index. During this time the complexity and scope of the AIHW's work has increased, with large increases in the amount of data stored and the number of reports produced. Due to the application of the efficiency dividend, the AIHW's appropriation will fall by \$49,000 to \$8.6 million in 2008–09.

Externally funded income is not expected to be as high in 2008–09 as 2007–08. The agreement with the Public Health Information Development Unit has ceased and the drug survey only occurs every 3 years. In 2007–08 funding for these projects contributed \$1.8 million to the AIHW's external income.

The AIHW has budgeted to break even in 2008–09. In order to achieve this, the AIHW will have to reduce some of its outputs, including the scope of the publications *Australia's health* and *Australia's welfare*.

## Australia's health 2008 fast facts—a day in the life of Australia's health

### Vital stats

- 746 babies are born, including 12 sets of twins; 230 babies by caesarean section.
- 300 females become mothers for the first time; they are aged 28 years on average.
- 360 people die; 75 are under 65 years of age and 9 are under 25.

### Increasing and decreasing our risk

- 2.9 million people smoke at least one cigarette; 56,000 of these smokers are under 18.
- 2,000 infants receive a dose of the triple antigen vaccine to prevent diphtheria, tetanus and polio.
- 6,500 females aged 20 and over have a Pap smear through the National Cervical Cancer Screening Program.

### Diseases and conditions

- 1,200 people are diagnosed with a non-melanoma skin cancer.
- 290 people are diagnosed with other invasive cancers; 110 people die from them.
- 130 people aged 40–90 years have a heart attack; 52 are fatal.
- 2 children are diagnosed with Type 1 diabetes.

### Medicines

- 500,000 subsidised prescriptions are dispensed, at a cost to government of \$17 million.
- 2 million people take cholesterol-lowering medication.
- 780,000 people take antidepressant medication.
- Around one-third of females aged 16–59 years take the oral contraceptive pill.

### Health services

- 270,000 people visit a GP.
- 150,000 people consult an allied health professional.
- 32,000 people aged 15 years and over visit a dentist.
- 7,400 incidents are attended by ambulance services.
- 660 people have contact with the Royal Flying Doctor Service.
- 19,000 services are provided in emergency departments and 44,000 in hospital outpatient clinics.
- 18,000 people are admitted to hospital; 7,800 stay at least one night.

### Health professionals

- 240,000 people are employed as nurses or midwives; 92% are female.
- 23,000 people are employed as primary care practitioners (mostly as GPs); 63% are male.
- 13,000 people are employed as pharmacists; 57% are female.
- 10,000 people are employed as dentists; 72% are male.
- 10,000 people are employed as ambulance officers or paramedics; 79% are male.

## Chapter 3—Work group reports



The following reporting information follows the structure of work groups that were in place for 11 months of the year up to 1 June 2008. The AIHW organisation chart on page 27 shows the new structure of the work groups as at 30 June 2008.

This chapter also includes a list of collaborating units, with reports from units with agreed work plans with the AIHW.

CASE STUDY

## Staff supporting worthy causes

In 2007–08 AIHW staff donated their time and talents (and in some cases their hair) to raise money for a number of health and welfare charities that were close to their hearts.

In March five brave men and women went under the razor and shaved their heads to raise money for cancer research by participating in the World’s Greatest Shave, a fundraising event that supports the Leukaemia Foundation.

More than a dozen men at the Institute went the other way and threw away their razors for the month of ‘Movember’ to grow a moustache and help raise awareness of men’s health issues, specifically prostate cancer and depression.

Another ongoing tradition at the AIHW is the Christmas giving tree for Salvation Army. Each year employees’ generosity results in a large pile of gifts making Christmas a more joyful time for many children.

The personal experience of one Institute staff member has driven an annual Legacy fundraiser for the last three years.

Employees’ efforts to support these worthy causes are fully supported and encouraged by the AIHW.



World’s Greatest Shave



Movember

# Information and Strategy Group

## **Group head**

Ms Julie Roediger

## **What we do**

The Information and Strategy Group develops and maintains much of the technical and governance infrastructure that underpins the AIHW's work on health and welfare statistics. The group is responsible for coordinating the AIHW's work on informatics (including data standards, classifications and other metadata), statistical methods, and privacy and ethics; providing secretariat services and other support to national information committees in the health, community services and housing fields; and providing executive support to the AIHW Board, Director and Deputy Director. It is also responsible for gathering, analysing and disseminating information about the health and welfare of Aboriginal and Torres Strait Islander peoples.

## **Overview of units**

- Executive Unit and Committee Secretariat
- Data and Information Technology
- Aboriginal and Torres Strait Islander Health and Welfare
- National Data Development and Standards, incorporating METeOR Management

## Executive Unit and Committee Secretariat

### Unit head

Ms Margaret Blood

### What we do

The Executive Unit and Committee Secretariat provides support services to the Director, the AIHW Board, the Executive and the Ethics Committee.

During 2007–08, the unit provided services to the:

- National Community Services Information Management Group
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data

- Statistical Information Management Committee
- Housing Data Standards Committee
- Population Health Information Development Group
- National Committee on Housing Information.

The unit also provides support for the development and maintenance of the Australian Family of Health and Related Classifications, and the AIHW's role as a WHO Collaborating Centre and its participation in the WHO Family of International Classifications.

## Data and Information Technology Unit

### Unit head

Mike McGrath

### What we do

The Data and Information Technology Unit is responsible for enabling secure, efficient and effective use of and access to AIHW computing and data resources, and for developing the AIHW's computing infrastructure. It provides the services and specialised computing

expertise needed to support users; data capture, transformation, analysis, publication and information dissemination processes; the design, management and use of databases; and the development and maintenance of client-server and Web-based applications.

See **Chapter 4 Business management** on page 110 for further discussion on the unit's achievements for 2007–08.



## Aboriginal and Torres Strait Islander Health and Welfare Unit

### Unit head

Dr Fadwa Al-Yaman

### What we do

The Aboriginal and Torres Strait Islander Health and Welfare Unit produces statistics and information on the health and welfare of Indigenous Australians to inform public discussion and policy decision making. Its work spans the health, housing and community services fields.

At the end of the financial year, plans were put in place to convert the Aboriginal and Torres Strait Islander Health and Welfare Unit to a cluster of two units to tackle the volume and increasing complexity of projects.

### Objectives

- Collect data on primary health care clients.
- Build capacity of primary health care service providers.
- Analyse data on health status by remoteness.
- Analyse mortality and life expectancy estimates using data linkage and indirect estimation methods.
- Analyse Indigenous patients who discharge themselves from hospital against medical advice and the rate at which Indigenous patients receive recommended procedures in hospitals.

### Performance against planned unit outputs in 2007–08

Produce, with the Australian Bureau of Statistics, a report on the health and welfare of Aboriginal and Torres Strait Islander peoples.	Achieved
Prepare input on Indigenous issues for <i>Australia's welfare 2007</i> and <i>Australia's health 2008</i> .	Achieved
Prepare a draft report on the multi-measure needs of Indigenous housing.	Report moved to Housing Unit
Report on the <i>2005–06 Indigenous housing indicators</i> .	Achieved
Produce data cubes for the Fixing Houses for Better Health program.	Achieved
Publish a report on <i>Prisoner health in Australia</i> .	Achieved
Provide data for the Productivity Commission in relation to the production of the Overcoming Disadvantage report.	Achieved
Produce a draft statistical report on the Aboriginal and Torres Strait Islander Health Performance Framework.	Achieved <i>Following release, states and territories have contracted AIHW for further work in 2008–09</i>
Publish a report on the evaluation of the social and emotional wellbeing and mental health module from the National Aboriginal and Torres Strait Islander Health Survey.	Substantially achieved <i>Draft under review</i>
Publish a report on Aboriginal and Torres Strait Islander mothers and babies (in collaboration with the National Perinatal Statistics Unit).	Achieved
Publish the national best practice guidelines for collecting Indigenous status information (for selected health data sets).	Substantially achieved

(continued)

Publish data specifications for prisoner health indicators and related data set.	Substantially achieved <i>Currently being pilot tested</i>
Calculate and produce a report on the under-identification factors to support the analysis of expenditure data; report on the level of under-identification of Aboriginal and Torres Strait Islander people in hospital data.	Substantially achieved
Produce a draft report on differences in health status by region.	Substantially achieved <i>Examines differentials in health status and use of services by remoteness classification using a number of administrative and survey data sets</i>
Produce a report on indirect estimates of mortality (in collaboration with the Australian National University).	Work in progress <i>Project involves linking of a number of data sets to produce an enhanced mortality data set that will be used for the analyses of mortality</i>
Produce a report on the 2006 International Group for Indigenous Health Measurement meeting held in Canberra, Australia.	Substantially achieved <i>Draft under review</i>
Produce a report on key differentials in hospital access by Aboriginal and Torres Strait Islander peoples and discharge against medical advice.	Achieved <i>Internal report only</i>
Produce a draft report on developmental work in the social and emotional wellbeing area arising from the Social and Emotional Wellbeing of Indigenous People workshop held in Canberra in late 2006.	Deferred to 2008–09
Produce and update data cubes for the Fixing Houses for Better Health program.	Achieved

**Additional projects**

- Data management, analysis and reporting for the Northern Territory Emergency Response Child Health Check Initiative
  - Evaluation of the Improving Sexual Health in Aboriginal and Torres Strait Islander Youth Demonstration Projects
  - Improved primary health care data for Aboriginal and Torres Strait Islander peoples
  - Capacity building of primary health care service providers
- (See Case study on page 51 for more information on these projects.)

**Fast facts**

Infant mortality for Indigenous Australians in the Northern Territory, South Australia and Western Australia declined significantly (47%) between 1991 and 2006, and the gap between Indigenous and non-Indigenous infants is narrowing.

The rate of discharge against medical advice for Indigenous Australians has increased from 16.6 per 1,000 in 1998–99 to 20.1 per 1,000 in 2005–06. The respective rates for non-Indigenous Australians were 0.9 and 1.0 per 1,000.

## Committees

- Prisoner Health Information Group (secretariat)

## Data collections managed

- Healthy for Life

- Northern Territory Emergency Response Child Health Check Initiative data management, analysis and reporting
- National Prisoner Health Information System

## Innovative Indigenous health programs

The AIHW's role in innovative Indigenous health programs is directly helping health services on the ground while building an important evidence base for the future.

### *Northern Territory emergency response child health check initiative—data management, analysis and reporting*

This project involves the data management, analysis and reporting of information gathered during the Australian Government's Northern Territory Emergency Response Child Health Checks.

The Aboriginal and Torres Strait Islander Health and Welfare Unit has been involved in developing a data entry application and data analysis, providing the DoHA with a suite of reports. In addition, the unit will be managing three data collections—audiology, dental and chart review. Work is also progressing in the area of transmitting Child Health Check data from services undertaking these checks to the AIHW in an electronic format.

### *Evaluation of the Improving Sexual Health in Aboriginal and Torres Strait Islander Youth Demonstration Projects*

A number of health services are undertaking demonstration projects aimed at increasing the number of Aboriginal and Torres Strait Islander young people accessing testing and treatment services for sexually transmitted infections (including HIV/AIDS). The demonstration projects also aim to reduce risk behaviours among the target group and contribute to the development of best practice approaches.

AIHW as the lead agency will work with the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales to evaluate both the individual organisations against their stated objectives and outcomes, and an overall evaluation of the demonstration projects to determine which were successful and why. It is anticipated that the evaluation process will involve an analysis of qualitative and quantitative indicators reported by the participating organisations and a number of other data sources and case studies.

*(continued)*

(continued from previous page)

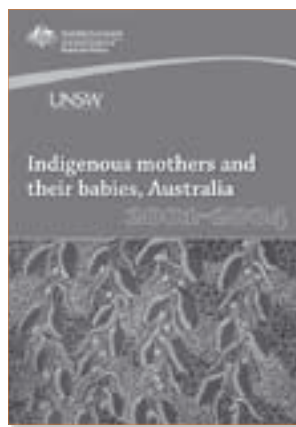
### ***Improved primary health care data for Aboriginal and Torres Strait Islander peoples***

Currently there is little information available on Aboriginal and Torres Strait Islander clients who access primary health care services. As part of the Healthy for Life program, the AIHW is leading the development of indicators, data standards and analyses and reporting to services. While the main areas covered by the current indicators and reports are maternal and child health, and chronic disease management, additional work is being undertaken for an expanded set of indicators that will help in streamlining service reporting.

### ***Capacity building of primary health care service providers***

Part of the Healthy for Life—Support, Collection, Analyses and Reporting Functions is capacity building of primary health care service providers in collecting and interpreting data. The AIHW is providing support that will lead to improved primary health care services to Indigenous Australians through training on how to use and interpret data. This is done in collaboration with service support officers who support services through visits.

The AIHW is also developing a Reconciliation Action Plan that has three main components, one of which focuses on attracting, developing and building capability of Aboriginal and Torres Strait Islander people and organisations in data and statistical areas.



## National Data Development and Standards Unit incorporating METeOR Management Unit

### Unit head

Mr Gordon Tomes

### What we do

The National Data Development and Standards Unit aims to improve the comparability, consistency, relevance and availability of national health and community services information. The unit manages Australia's national health and community services data definitions and standards, and works to support the national standards governance committees.

The functions and programs of the METeOR Management Unit were transferred to the National Data Development and Standards Unit in September 2007. METeOR is a sophisticated, 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

- Increase the availability and use of national data standards within national data collections.
- Ensure accessibility of up-to-date national data standards for the health and community services sectors.
- Provide effective data standard and metadata management technologies that are responsive to changing users needs and are up to date with emerging trends.
- Provide high-quality training, advice and support for users of these technologies.

### Performance against planned unit outputs in 2007–08

Report on the 2006 national palliative care performance indicators survey.	Achieved <i>Deferred from 2006–07</i>
Report on the 2007 national palliative care performance indicators survey.	Achieved
Report on the pilot test of the community-based palliative care data collection.	Achieved
Provide helpdesk service and training workshops for the large pool of users and stakeholders distributed across Australia.	Achieved
Collate user feedback and implement priority enhancements to ensure that data standard and metadata management systems evolve with changing user requirements.	Achieved <i>Increased METeOR's user-friendliness</i>
Utilise emerging technologies for greater automation in production of a range of data dictionary products.	Achieved <i>e-Data Dictionary for Health 2007–08 and e-Data Dictionary for Community Services 2007–08 updated</i>

*(continued)*

Continue to develop facilities that enable the automated supply of electronic metadata to data collection, validation and cataloguing systems as well as other data standard registries.

*Not achieved  
Standards for Government Information Exchange were still being defined by the Australian Government Information Management Office. There were also no resources*

Support external organisations in their linking to the AIHW's new electronic metadata transmission facility.

*Achieved  
A number of external organisations are now successfully accessing electronic metadata transmission for their information systems to directly use the data standards within METeOR*

### **Additional projects**

- NDDSU delivered a 10% increase in the number of data development groups (118 work groups, up from 106).
- In 2007–08, 43 persons from the states, territories and non-government organisations were trained as data developers in METeOR.

### **Collaborations**

- National e-Health Transition Authority on e-Health and Statistics

### **Committees**

- Palliative Care Outcomes Collaboration—Scientific and Advisory Committee
- Palliative Care Australia—National Standards Assessment Program Reference Group
- Palliative Care Data Working Group (AIHW provided secretariat)—subcommittee of Palliative Care Intergovernmental Forum
- Health Data Standards Committee
- Community Services Data Standards Committee

### **Data collections managed**

- Palliative Care National Minimum Data Set

# Economics and Health Services Group

## **Group head**

Ms Jenny Hargreaves

## **What we do**

The Economics and Health Services Group provides statistical leadership, develops and compiles data, undertakes analyses and disseminates policy-relevant statistical information about the financial and human resources used in health and welfare, and about key health services.

Areas of subject matter within the group's scope include health and welfare economics (health expenditure, welfare expenditure, health system expenditures on disease and injury, health labour force, community services labour force and medical indemnity), and health services (hospitals, mental health services, other health services and the quality and safety of health care).

## **Overview of units**

- Expenditure and Economics
- Health Care Safety and Quality
- Hospitals
- Labour Force
- Mental Health Services

## Expenditure and Economics Unit

### Unit head

Mr John Goss

### What we do

The Expenditure and Economics Unit reports on Australian health and welfare services expenditure. Expenditure is analysed by disease, service provider, funder, age and sex groups, veteran and non-veteran status, Indigenous status, and states and territories, and is compared with other countries' expenditure.

### Objectives

- Make expenditure data more accessible, more policy-relevant and more timely through liaison with advisory groups.
- Produce a more complete and consistent set of definitions to achieve more policy-relevant and timely expenditure outputs.
- Analyse health sector efficiency and productivity using expenditure and burden of disease data to illuminate the effects of health policy.

### Performance against planned unit outputs in 2007–08

Publish report on the impact of changing disease prevalence in last decade on working-age deaths, and workforce participation.	Deferred to 2008–09
Produce projections of health expenditure by disease to 2031.	Achieved
Prepare estimates for inclusion in the OECD's international health and social expenditure databases.	Achieved
Prepare health system expenditures for diseases and injuries, 2004–05.	Substantially achieved <i>Summary published Report to be published 2008–09</i>
Prepare health system costs of risk factors.	Work in progress
Update health expenditure data cubes.	Achieved
Install new Cognos cubes for welfare expenditure.	Substantially achieved
Install new Cognos cubes for disease expenditure.	Work in progress
Report on methods for measuring health sector efficiency.	Substantially achieved <i>Report to be published 2008–09</i>
Contribute to <i>Australia's health 2008</i> .	Achieved
Contribute to <i>Australia's welfare 2007</i> .	Achieved
Publish <i>Health expenditure Australia: 2005–06</i> .	Achieved
Publish <i>Welfare expenditure Australia: 2004–05</i> and <i>Welfare expenditure Australia: 2005–06</i> .	Achieved <i>2004–05 data was included in the 2005–06 report</i>
Contribute to Aboriginal and Torres Strait Islander health and welfare biennial report.	Achieved
Publish <i>National public health expenditure report 2005–06</i> .	Achieved
Publish <i>Expenditures on health for Aboriginal and Torres Strait Islander peoples 2004–05</i> .	Achieved



## Additional projects

- The Government Health Expenditure National Minimum Data Set was endorsed by the National Health Information Management Principal Committee on 5 December 2007 for implementation from 1 July 2008. This will improve the reporting of health expenditure statistics through the use of national data standards.
- A guide for interactive health expenditure data users was produced and made available on the AIHW website to assist users of expenditure data cubes.
- Contract with the OECD to be one of five case study countries to test the feasibility of implementing the *Draft Guidelines for Estimating Expenditure by Disease, Age and Gender under the System of Health Accounts*.
- Contributor to the OECD Task Force for the Development of Health-Specific Purchasing Power Parities 2008.
- Participated in the development of performance indicators for the next Australian Health Care Agreements.

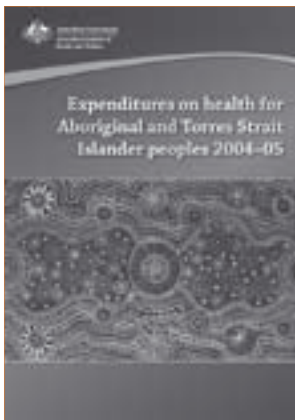
- Contract with Commonwealth Grants Commission to provide a national-level hospital morbidity database of separations, bed days and expenditure for a set of specified variables.

## Committees

- Health Expenditure Advisory Committee (secretariat)
- Government Health Expenditure NMDS Subcommittee (secretariat)
- Public Health Expenditure Technical Advisory Group (secretariat)
- Technical Advisory Group for Indigenous Expenditures Report 2004–05

## Data collections managed

- Health expenditure database
- Public health expenditure database
- Welfare expenditure database
- Aboriginal and Torres Strait Islander health expenditure database
- Disease expenditure database



### Fast fact

In 2004–05 cardiovascular disease was the most expensive disease group in Australia (\$5.9 billion, or 11% of allocatable health expenditure).

## Health Care Safety and Quality Unit

### Unit head

Ms Vicki Bennett

### What we do

The Health Care Safety and Quality Unit develops, compiles and analyses data relevant to the safety and quality of Australia's health-care services. The unit focuses on medical indemnity information, and working in partnership with the Australian Commission on Safety and Quality in Health Care. The unit also works with the National Health Performance Committee, and is responsible for the provision of safety and quality information in international forums.

### Objectives

- Work closely with the Australian Commission on Safety and Quality in Health Care to

develop national information that will inform the policy debate regarding safety and quality in health care in Australia.

- A review of the national (public and private) medical indemnity collection will be undertaken in 2007–08 to inform the future of that work.
- Explore the use of data cubes for the provision of medical indemnity data.
- Expand into projects which make extensive use of mapping technology to display results of issues relating to safety and quality.
- Explore opportunities to creatively use web-based information in the safety and quality arena.
- Examine possibilities for web-based communication and presentation of information.

---

### Performance against planned unit outputs in 2007–08

Contribute to <i>Australia's health 2008</i> .	Achieved
Publish Medical indemnity public sector report 2006–07.	Substantially achieved <i>Report to be released in 2008–09</i>
Publish A national picture of medical indemnity claims 2005–06.	Substantially achieved <i>Report to be released in 2008–09</i>
Provide states with medical indemnity data tables.	Achieved
Publish sentinel events report.	Achieved
Develop reports of a range of demonstration projects exploring the suitability of existing administrative data as indicators of safety and quality, including the geographic mapping of some information and the development of web-based information to present results.	Substantially achieved <i>Reports to be released in 2008–09</i>

---

### Additional projects

- Contracted work for the Australian Commission on Safety and Quality in Health Care: Project 3.1 National Safety and Quality Indicators; Project 4.1 National Data Sets and Standards
- Contracted work to provide Australian 2005–06 rates and background information for the patient safety indicators compared internationally by the OECD Health Care Quality Indicator Project

### Committees

- National Health Performance Committee
- National Indicator Advisory Group
- OECD Health Care Quality Indicator Patient Safety Indicator Pilot Group
- Medical Indemnity Data Working Group
- Medical Indemnity National Collection Coordinating Committee
- Medical Indemnity National Collection Working Group

### Data collections managed

- Medical Indemnity National Collection

#### Fast fact

General surgery, obstetrics and emergency medicine were the most commonly recorded specialties of clinicians involved in allegations of harm that led to medical indemnity claims in 2005–06.



## Hospitals Unit

### Unit head

Mr George Bodilsen

### What we do

The Hospitals Unit produces the annual *Australian hospital statistics* report and accompanying internet-based electronic data resources to improve the quality and usefulness of Australian hospitals data. It promotes appropriate data analysis and dissemination to inform community discussion and decision making.

### Objectives

- Identify the scope for providing a broader range of products such as bulletins on areas of interest to policy makers and service planners.
- Continue to liaise with stakeholders to ensure the ongoing development and policy relevance of *Australian hospital statistics* and other products provided by the unit.
- Increase access to data while protecting privacy through the provision of additional data cubes in the key area of public hospital establishments data.
- Build upon the unit's capacity to provide timely and accurate information through the ongoing development of data extraction and reporting processes.

### Performance against planned unit outputs in 2007–08

Contribute to <i>Australia's health 2008</i> .	Achieved
Publish <i>Australian hospital statistics 2006–07</i> .	Achieved
Prepare a paper on data linkage within the National Hospital Morbidity Database, and between it and the National Death Index.	Substantially achieved <i>To be completed in 2008–09</i>
Prepare a paper on linkage of codes within admitted patient records.	Substantially achieved <i>To be combined with paper on linking strategies for national hospital morbidity database</i>
Develop public hospital establishments data cube.	Substantially achieved <i>Draft under review</i>
Produce bulletin on funding and provision of selected procedures across public and private sectors over time.	Achieved <i>Changed to new report on access to elective surgery</i>
Report on differences between hospitals' admission boundaries.	Work in progress <i>Ongoing liaison with working group</i>
Carry out Indigenous identification audit in hospitals.	Substantially achieved <i>Audit completed. Preliminary report for review by stakeholders being drafted for publication in 2008–09</i>

(continued)

Report on evaluation of Elective Surgery Waiting Times National Minimum Data Set.

Substantially achieved  
*Incorporating stakeholder comments.  
To be published 2008–09*

Contribute to comparison project on Australian hospital statistics and State of Our Public Hospitals report.

Achieved

### Additional projects

- Published new online interactive data for Elective Surgery Waiting Times

### Committees

- Health Data Standards Committee
- Coding Standards Advisory Committee

### Data collections managed

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



### Fast fact

The overall rate of elective surgery (including private elective surgery) for Indigenous Australians (48.9 per 1,000 persons) was markedly lower than for other Australians (85.5 per 1,000). However, Indigenous patients were admitted from public hospital waiting lists for cardiothoracic surgery, vascular surgery and ophthalmology at about twice the corresponding rates for other patients.

## Labour Force Unit

### Unit head

Mr David Braddock

### What we do

The Labour Force Unit provides information relating to the health and community services occupations and industries in Australia. A major focus is the collation of national data collections and the production of reports on the medical and nursing labour forces.

### Objectives

- Continue to liaise with stakeholders about data and information issues for the national registration system for health professionals to be implemented in July 2008.

- Ensure that the work of the unit complements and contributes to the work of Australian Health Ministers' Advisory Council's Health Workforce Principal Committee, including its workforce planning projects, work to implement Council of Australian Governments health workforce reforms, and work under the National Health Workforce Strategic Framework.
- Review the content of the annual medical and nursing workforce reports with advice from the Health Workforce Principal Committee.

### Performance against planned unit outputs in 2007–08

Contribute to <i>Australia's health 2008</i> .	Achieved
Contribute to <i>Australia's welfare 2007</i> .	Achieved
Contribute to <i>The health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008</i> .	Achieved
Publish <i>Nursing and midwifery labour force, Australia, 2005</i> .	Achieved
Publish <i>Nursing and midwifery labour force, Australia, 2006</i> .	Not achieved Funding redirected to NMDS data development project
Carry out labour force survey data enhancement and national minimum data set data development project.	Achieved
Publish <i>Medical labour force, Australia, 2005</i> .	Achieved
Publish report on medical labour force 2006.	Work in progress
Publish report on health and community services labour force 2006.	Work in progress

### Additional projects

- Began development of new national minimum data set for health labour force.
- Undertook pharmacy labour force data provision and information development activities for the Pharmacy Guild.
- Developed two new data sets:
  - 2006 medical practitioner data set built
  - 2006 nursing and midwifery data set built.

### Collaborations

- Participation in consortium led by Human Capital Alliance for Pharmacy labour force tender.

### Committees

- The Community and Disability Services Ministers' Advisory Council's Structural Issues in the Workforce
- Australian Health Ministers' Advisory Council's Health Workforce Principal Committee's Jurisdiction Workforce Planners Working Group

### Data collections managed

- National Health Labour Force Data Collections for medicine, nursing, psychology, occupational therapy, physiotherapy, podiatry and pharmacy

### Fast fact

In 2005 there were an estimated 60,252 employed medical practitioners, an increase of 25% since 1997. However, the full-time equivalent (FTE) supply of practitioners increased by just over 4% in the same period, from 275 FTE practitioners per 100,000 population in 1997 to 287 in 2005. The smaller increase in the FTE rate for medical practitioners over this period, despite the large increase in their numbers, is due to the growth in the population and declining average hours worked (by 4 hours from 48 to 44). Both male and female medical practitioners reduced their average working week, by 4 and 2 hours respectively.



## Mental Health Services Unit

### Unit head

Mr Gary Hanson

### What we do

The Mental Health Services Unit compiles, develops and reports on the AIHW's national mental health services databases. It reports on mental health-related health and community services in Australia and provides leadership for the development and refinement of mental health services data.

### Objectives

- Work closely with the Mental Health Information Strategy Subcommittee of the Australian Health Ministers' Advisory Council

to enhance the usefulness of the mental health information products supporting the National Mental Health Information Priorities.

- Improve the usefulness and relevance of its work to the objectives of the National Action Plan on Mental Health 2006–11 agreed to by the Council of Australian Governments in 2006.
- Keep under review the content, presentation and relevance of its annual series of reports on mental health services in Australia, in collaboration with the Department of Health and Ageing and the Mental Health Information Strategy Sub-committee.

### Performance against planned unit outputs in 2007–08

Produce data cubes for admitted patient mental health services.	Not achieved, <i>Deferred to 2008–09</i>
Contribute to <i>Australia's health 2008</i> .	Achieved
Publish a report on the mental health services in Australia 2005–06.	Substantially achieved <i>To be published in 2008–09</i>
Publish a report on the review of Australian housing and mental health data.	Not achieved, <i>Deferred to 2008–2009</i>
Report on the scope of the residential mental health care data set.	Not achieved, <i>Deferred to 2008–2009</i>

### Additional projects

- Re-appraisal of the mental health intervention classification work and draft report produced for review.
- Refined data elements are in the process of being developed for the Mental Health Establishment National Minimum Data Set.

### Committees

- Mental Health Information Strategy National Minimum Dataset Sub-Committee
- Palliative Care Data Working Group

### Data collections managed

- Mental Health Establishment Database
- National Community Mental Health Care Database
- National Residential Mental Health Care Database



# Health and Functioning Group

## **Group head**

Ms Susan Killion

## **What we do**

The Health and Functioning Group develops and maintains national data to support monitoring and reporting on the health and functioning of Australians (including health status, outcomes and related quality of life), determinants of health and health services. The group reports on the health of populations, rural health, cancer, disabilities and disability services, veterans' health, alcohol and other drugs use and treatment services, and chronic disease monitoring, including cardiovascular disease, diabetes, arthritis and asthma.

The group works to enhance the relevance and timeliness of reports and other statistical outputs, and put information in the public domain for use by decision makers, health care consumers, researchers, the media and the general public.

## **Overview of units**

- Asthma, Arthritis and Environmental Health
- Cardiovascular Disease and Diabetes
- Functioning and Disability
- Health Registers and Cancer Monitoring

### *Population Health Cluster*

- Population Health Data and Information Services
- Population Health

## Asthma, Arthritis and Environmental Health Unit

### Unit head

Dr Kuldeep Bhatia

### What we do

The Asthma, Arthritis and Environmental Health Unit monitors and reports on asthma, arthritis, osteoporosis and obstructive respiratory diseases such as chronic obstructive pulmonary disease. The unit manages the Australian System for Monitoring Asthma and the National Centre for Monitoring Arthritis and Musculoskeletal Conditions. The unit also reports on environmental health issues in Australia.

### Objectives

- Be a reliable source of information on the national health priority areas of asthma, arthritis and osteoporosis.
- Develop suitable information on environmental health risk factors.
- Contribute to the development of primary health care data sources including electronic collection of general practice data.
- Develop methodology and statistics for monitoring the use of prescription medicines in Australia.

### Performance against planned unit outputs in 2007–08

Contribute a chapter to CSIRO publication <i>Urban environmental health</i> .	Achieved
Contribute to <i>Australia's health 2008</i> .	Achieved
Prepare a journal article on polypharmacy among chronic respiratory disease medication users.	Substantially achieved <i>Paper presented at national meetings</i>
Report on Pharmaceutical Benefits Scheme support of arthritis management.	Work in progress
Publish report on asthma in Australia 2008.	Substantially achieved <i>Draft completed</i>
Report on work-related asthma in Australia.	Achieved
Lead an occupational asthma workshop.	Substantially achieved <i>Workshop in August 2008</i>
Prepare discussion paper, <i>Occupational asthma in Australia</i> .	Achieved
Report on air pollution and asthma.	Substantially achieved <i>Draft under review</i>
Report on respiratory diseases in Australia.	Work in progress <i>Delayed due to staff movement</i>
Arthritis and osteoporosis in Australia 2007.	Substantially achieved <i>Draft under review</i>
Juvenile arthritis in Australia.	Substantially achieved <i>Report to be published 2008–09</i>
Publish <i>Impairments and disability associated with arthritis and osteoporosis</i> .	Achieved

(continued)

---

Produce a series of booklets on health information for consumers:

*A picture of osteoarthritis in Australia*

*A picture of osteoporosis in Australia*

*A picture of rheumatoid arthritis in Australia.*

Achieved

Achieved

Substantially achieved

*Draft under review*

Publish an evaluation report on primary health care data collections.

Achieved

Develop a discussion paper on electronic collection of GP data.

Substantially achieved

*Draft under review*

---

### Additional projects

- Importation of Pharmaceutical Benefits Scheme data for analysis of people with lung disease
- Assessment of electronic collection of general practice data
- Analysis of various data collections to generate information on arthritis, osteoporosis, hip fractures, asthma, chronic obstructive pulmonary disease and other issues
- Funding and managing the Bettering the Evaluation and Care of Health data collection

### Committees

- Steering Committee for the National Centre for Monitoring Arthritis and Musculoskeletal Conditions
- Steering Committee for the Australian System for Monitoring Asthma
- Quality Use of Medicines Project Steering Committee

### Data collections managed

- Bettering the Evaluation and Care of Health database

### Fast facts

Osteoporotic hip fractures are on the decline in Australia.

Up to 300 new cases of occupational asthma occur in Australia each year.



## Cardiovascular Disease and Diabetes Unit

### Unit head

Ms Lynelle Moon

### What we do

The Cardiovascular Disease and Diabetes Unit, with the National Centre for Monitoring Cardiovascular Disease, the National Centre for Monitoring Diabetes and the National Centre for Monitoring Chronic Kidney Disease, analyses incidence and prevalence, mortality, morbidity, functioning, disability, risk factors and health services associated with cardiovascular disease and diabetes.

### Objectives

- Continue to provide high-quality, novel, policy-relevant analysis of existing cardiovascular disease and diabetes data, including on health inequalities and meeting the information needs of the Council of Australian Governments' diabetes initiative where possible.
- Produce a broader range of products to better meet the varied needs of our audiences, including short summaries of our publications, better use of our website, and presentations at relevant conferences.
- Build on the solid base of the National Diabetes Register to extend its scope and use.

### Performance against planned unit outputs in 2007–08

Contribute to <i>Australia's health 2008</i> .	Achieved
Publish <i>Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander People, 2004–05</i> .	Achieved
Publish <i>Diabetes facts 2008</i> .	Achieved
Publish <i>National Diabetes Register statistical profile 1999–2005</i> .	Achieved
Draft second report on comorbidities between cardiovascular disease, diabetes and chronic kidney disease.	Work in progress <i>Draft report to be released in 2008–09</i>
Publish <i>National indicators for monitoring diabetes</i> .	Achieved
Draft report on cardiovascular disease primary health services for Indigenous people (under negotiation with funder).	Not achieved <i>Awaiting supply of data on Medicare Benefits Schedule services and Pharmaceutical Benefits Scheme medicines.</i>
Draft other cardiovascular disease report.	Achieved
Draft report on diabetes incidence and prevalence.	Achieved <i>Scope changed to include more data sources, and only cover prevalence.</i>
Draft report on gestational diabetes.	Achieved
Publish bulletin on the first results from the National Diabetes Register 2006.	Achieved

## Additional projects

- New National Centre for Monitoring Chronic Kidney Disease established
- New contract work commissioned by the National Heart Foundation of Australia

## Committees

- National Diabetes Data Working Group (member and secretariat)
- National Heart, Stroke and Vascular Health Data Working Group (member and secretariat)
- National Chronic Kidney Disease Advisory Committee (member and secretariat)
- Data collections managed
- National Diabetes Register

### Fast facts

Between 2002 and 2005, cardiovascular death rates in Indigenous Australians were 3 times as high as in non-Indigenous Australians.

Between 1989–90 and 2004–05, the proportion of people with diagnosed diabetes more than doubled from 1.3% to 3.6%.



## Functioning and Disability Unit

### Unit head

Ms Cathy Hales

### What we do

Functioning and Disability Unit manages the Commonwealth State/Territory Disability Agreement (CSTDA) National Minimum Data Set, the Younger People in Residential Aged Care minimum data set and the Alcohol and Other Drug Treatment Services minimum data set. The unit analyses and reports on population disability in Australia, services to people with a disability, and alcohol and drug treatment services in Australia.

### Objectives

- Develop data and indicators to support an outcomes focus and priorities for monitoring CSTDA-funded services as identified by Ministers during the renegotiation of the Commonwealth State/Territory Disability Agreement.
- Carry out data development work to enhance the Alcohol and Other Drug Treatment Services minimum data set.
- Identify the scope to provide a broader range of products and better target the unit's products to the needs of policy analysts and the broader community.
- Explore ways to raise the profile of the unit's data and products among stakeholders and the broader community, including presentations at stakeholder-organised conferences and publications in selected, relevant academic journals.
- Further the integration of the health perspective and the functioning perspective in the work of the Health and Functioning Group.

### Performance against planned unit outputs in 2007–08

Publish AIHW annual report on the 2005–06 Commonwealth State/Territory Disability Agreement National Minimum Data Set collection.	Achieved
Create on-line data cubes for 2005–06 Commonwealth State/Territory Disability Agreement National Minimum Data Set collection.	Achieved
Analyse Survey of Disability and Carers data, with output planned as a series of bulletins.	Achieved
Produce journal articles on disability population data.	Substantially achieved <i>Staffing constraints limited output to one journal article</i>
Write chapter on disability and disability services for <i>Australia's welfare 2007</i> .	Achieved
Write chapter on welfare indicators for <i>Australia's welfare 2007</i> .	Achieved
Contribute to Chapter 2 in <i>Australia's health 2008</i> .	Achieved
Prepare the annual report on the 2005–06 Alcohol and Other Drug Treatment Services National Minimum Data Set collection.	Achieved
Produce national, state and territory bulletins using Alcohol and Other Drug Treatment Services annual data.	Achieved

(continued)

Create online data cubes for the Alcohol and Other Drug Treatment Services National Minimum Data Set.	Achieved
Draft National Opioid Pharmacotherapy Statistics Annual Data Collection: 2007 (for inclusion in the Alcohol and Other Drug Treatment Services annual report).	Achieved
Publish the data guide <i>National Opioid Pharmacotherapy Statistics Annual Data Collection: 2007</i> .	Substantially achieved To be published 2008–09
Develop 2007–08 Alcohol and Other Drug Treatment Services National Minimum Data Set data guide.	Achieved
Publish report <i>The effectiveness of Illicit Drug Diversion Initiative in rural and remote Australia</i> .	Achieved

### Additional projects

- The AIHW, in collaboration with the Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group, has used METeOR to develop draft data standards to pilot the introduction of a statistical linkage key and mental health questions into the collection.
- Increased efforts in monitoring and improving data quality for the Commonwealth State/Territory Disability Agreement National Minimum Data Set, including the development of a data quality framework. This new framework sets targets for data quality in a range of areas.
- Collection and management of 2006–07 data for Younger People in Residential Aged Care Program. METeOR was used to ensure that data in the minimum data set conform to national data standards. The data item definitions can be readily incorporated into METeOR should the metadata for this collection be endorsed as national standards.
- The unit contributed to the United Nations Office on Drugs and Crime *World drug report 2008* (26 June 2008) and is collaborating on a forthcoming major WHO report, *Disability and rehabilitation*.

The invitation to participate in these projects recognises the AIHW's leadership and capacity for producing high-quality information on population disability, and on tobacco, alcohol and other drug use and treatment in Australia, suitable for an international readership.

- Review of the estimation of the potential population for disability services (on behalf of the Disability Services Working Group of the Steering Committee for the Review of Government Service Provision).

### Committees

- Commonwealth State/Territory Disability Agreement National Minimum Data Set Data Network (member and secretariat)
- Advisory Committee for Functioning and Disability Data (deputy chair and secretariat)
- Disability Policy and Research Working Group (observer)
- Steering Committee for the Review of Government Service Provision Disability Services Working Group (working group member)
- Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group (member and secretariat)

- National Opioid Pharmacotherapy Statistics Annual Data Working Group (member and secretariat)

### Data collections managed

- Commonwealth State/Territory Disability Agreement National Minimum Data Set
- Younger People in Residential Aged Care National Minimum Data Set
- Alcohol and Other Drug Treatment Services National Minimum Data Set
- National Opioid Pharmacotherapy Statistics Annual Data collection

### Fast fact

Among people who use disability services funded under the Commonwealth State/Territory Disability Agreement, the proportion that reported a primary disability of psychiatric disability has increased from around 8% in 2003–04 to 15% in 2006–07.





## Health Registers and Cancer Monitoring Unit

### Unit head

Ms Christine Sturrock

### What we do

The Health Registers and Cancer Monitoring Unit reports on cancer incidence, mortality and survival, and cancer-screening indicators. It sets standards for the National Cancer Statistics Clearing House in collaboration with the Australasian Association of Cancer Registries, and undertakes record linkage.

### Objectives

- Prepare more comprehensive and more timely national cancer statistics to support the national cancer data strategy and national cancer control research and planning.
- Produce analyses to support the Department of Health and Ageing's evaluations of the BreastScreen Australia program and the National Bowel Cancer screening Program.

### Performance against planned unit outputs in 2007–08

Publish overview of cancer in Australia, 2007.	Substantially achieved <i>Data was put onto the website following a decision by the AIHW Board to make this a biennial publication</i>
Publish overview of cancer in Australia, 2008.	Substantially achieved <i>Report to be published 2008–09</i>
Publish Australian cancer incidence data cubes 1982–2004.	Achieved
Publish Australian cancer incidence data cubes 1982–2005.	Substantially achieved <i>Report to be published 2008–09</i>
Contribute to <i>Australia's health 2008</i> and <i>The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008</i> .	Achieved
Publish Australian cancer incidence and mortality books, edition 2.	Achieved
Publish Australian cancer incidence and mortality books, edition 3.	Substantially achieved <i>Report to be published 2008–09</i>
Publish <i>Cervical cancer screening in Australia 2005–2006</i> .	Achieved
Publish <i>BreastScreen Australia monitoring report 2004–2005</i> .	Achieved
Publish <i>National Bowel Cancer Screening Program monitoring report 2007</i> .	Achieved
Produce 'The Australian Bowel Cancer Screening Program: nine-month monitoring report' (internal report for Department of Health and Ageing).	Achieved
Produce 'The Australian Bowel Cancer Screening Program: 18-month monitoring report' (internal report for Department of Health and Ageing).	Achieved
Publish <i>Breast cancer survival by size and nodal status</i> .	Achieved
Publish <i>Cancer survival and prevalence in Australia</i> .	Achieved

### **Additional projects**

- The unit is working with the National Breast and Ovarian Cancer Centre to develop data specifications in relation to breast cancer using METeOR.
- The *Cervical screening standardised data dictionary* has developed significantly over the previous year. This includes the addition of subset two–histology and subset three–algorithms for national data supply. The original document has also been significantly improved following a consultative process with stakeholders.
- Expansion of the memorandum of understanding with the Department of Health and Ageing for cancer screening.

### **Collaborations**

- Cancer Australia
- National Breast and Ovarian Cancer Centre
- Australasian Association of Cancer Registries
- National Cervical Screening Program
- BreastScreen Australia

### **Committees**

- National Bowel Cancer Screening Program Advisory Group
- AIHW Ethics Committee
- Australasian Association of Cancer Registries: Coding and Reporting Committee, Indigenous Cancer Committee and a member of AACR Executive
- National Breast and Ovarian Cancer Data Advisory Group
- National Cervical Screening Monitoring Indicators Working Group
- National Cervical Screening Data Managers Working Group

### **Data collections managed**

- National Bowel Cancer Screening Register
- National Death Index
- National Cancer Statistical Clearing House
- BreastScreen Australia National Database

#### **Fast fact**

For a cohort of women diagnosed with breast cancer in 1997 the 5-year relative survival was 98% for women with tumours 10 mm in size or smaller.

# Population Health Cluster

The Population Health Cluster was established in early 2007 to provide more strategic management of population health issues, particularly as they relate to the Population Health Information Development Group (a subcommittee of the Australian Population Health Development Principal Committee).

The cluster comprises the Population Health Unit and the AIHW Data and Information Services Unit (outposted to the Department of Health and Ageing).

## **Cluster head**

Mr Mark Cooper-Stanbury

## Population Health Unit

### Unit head

Mr Mark Cooper-Stanbury

### What we do

The Population Health Unit develops and provides information on the health of the Australian population and priority subpopulations, and covers health inequalities and international health. The unit undertakes specific projects in the areas of veterans' health and rural health. The unit also takes a 'population health' approach to its work in monitoring chronic diseases and associated determinants of health, in management of the National Mortality Database, and in support of the AIHW's use of demographic data.

### Objectives

- Assist the development of Australia's capacity to undertake national surveillance of chronic diseases and associated determinants.
- Support AIHW work on health inequalities and the health of specific populations.
- Support the health-related statistics needs of the Department of Veterans' Affairs.
- Contribute to improved national understanding of significant rural health issues through monitoring, analysis and dissemination of rural health data.
- Provide support and expert input to relevant information committees and working groups.

### Performance against planned unit outputs in 2007–08

Prepare General Record of Incidence of Mortality books for 2006 year of registration (national) and year of death (state and territory) (set of Excel workbooks).	Achieved
Contribute to <i>Australia's health 2008</i> , <i>Australia's welfare 2007</i> and other AIHW flagship publications.	Achieved
Publish report on <i>Indicators for chronic diseases and their determinants</i> .	Achieved
Publish bulletin on chronic diseases and productive participation.	Substantially achieved
Publish <i>Rural, regional and remote health: a study on mortality</i> , 2nd edition (2002–04).	Achieved
Publish <i>Rural, regional and remote health: indicators of health status and determinants of health</i> .	Achieved
Publish <i>Rural, regional and remote health: indicators of health system performance</i> .	Substantially achieved <i>Vol. 1 published</i> <i>Vol. 2 to be published 2008–09</i>
Draft specific rural health reports (content to be finalised, under negotiation with funders).	Not achieved <i>No funding available</i>
Build proof of concept website for chronic disease surveillance hub.	Achieved
Develop set of 'headline' chronic disease indicators.	Substantially achieved
Publish Multiple risk factors and productive participation (bulletin).	Substantially achieved <i>Work in progress</i>
Publish (jointly with the Department of Veterans' Affairs) a report on the health effects of exposure to Dapsone.	Substantially achieved <i>Draft under review</i>
Draft (jointly with the Department of Veterans' Affairs) a report on the Study of Health Outcomes of Aircraft Maintenance Personnel.	Substantially achieved <i>Draft under review</i>

## Additional projects

- Provided a data set for the OECD Health Data 2008 and contributed to the OECD publication *Health at a glance 2007*.
- The unit established the new National Monitoring Centre for Folate and Iodine Fortification, to coordinate monitoring activities related to introduction of mandatory fortification of food with folic acid and iodine in September 2009.
- The unit also established a new work program on eye health information, comprising a set of reports on various aspects of eye health in the Australian population.
- Minor enhancements applied to the Chronic Diseases Indicator Database and the General Record of Incidence of Mortality books, and the content of the unit's web pages was revised and updated.



### Fast fact

Life expectancy decreases with increasing remoteness: compared with major cities, the life expectancy in regional areas is 1–2 years lower and in remote areas is up to 7 years lower.

## Committees

- National Public Health Information Working Group
- Australasian Mortality Data Interest Group
- Australian Bureau of Statistics Health Reference Group
- Australian Bureau of Statistics Mortality Reference Group
- Australian Bureau of Statistics Demography Reference Group
- Public Health Information Development Unit Management Advisory Committee
- DrinkWise Australia Research Advisory Group
- National Drug Strategy Household Survey Technical Advisory Group

## Data collections managed

- National Mortality Database
- AIHW population database
- Female Vietnam Veteran and Civilian Health Register
- Australian Bureau of Statistics Confidentialised Unit Record File contact

## Population Health Data and Information Services Unit

### Unit head

Dr Paul Meyer

### What we do

The Population Health Data and Information Services Unit is outposted to the Population Health Division of the Department of Health and Ageing. Its role is to be an on-site consultancy for statistical information and services, and to be a preliminary liaison point for the AIHW in the department. The unit is the locus of the AIHW's international health work, and is also responsible for managing the National Drug Strategy Household Survey.

This unit was merged into Drug Surveys and Services on 1 July 2008.

### Objectives

- Support the information and statistics needs of the Population Health Division of the Department of Health and Ageing.
- Manage the development, collection, analysis and reporting of the National Drug Strategy Household Survey and related collections.
- Manage the development, collection, analysis and reporting of the Adult Vaccination Survey and related collections.
- Maintain AIHW's international liaison on health data, notably with the OECD and the WHO.

### Data collections managed

- National Drug Strategy Household Survey

### Performance against planned unit outputs in 2007–08

Contribute to the OECD publication <i>Health at a glance 2007</i> .	Not achieved <i>Moved to Population Health Unit</i>
Provide a data set for OECD Health Data 2008.	Not achieved <i>Moved to Population Health Unit</i>
Contribute to <i>Australia's health</i> , <i>Australia's welfare</i> and other AIHW flagship publications.	Achieved
Publish <i>2007 National Drug Strategy Household Survey: First results</i> .	Achieved
Draft <i>2007 National Drug Strategy Household Survey: Detailed findings</i> .	Achieved
Draft Statistics on Drug Use in Australia 2008.	Deferred until 2008–09

### Fast fact

The proportion of daily smokers among Australians aged 14 years and older declined to 16.6% in 2007, from a peak of 25.0% in 1993.

# Welfare and Housing Group

## Group head

Dr Diane Gibson

## What we do

The Welfare and Housing Group is responsible for producing statistics, analysis and information on ageing and aged care; the health and welfare of children, youth and families; housing (both long-term and crisis accommodation); and homelessness. The group also has the function of developing data linkage and integration capacity in relation to housing, community services and associated health services data sets, and undertaking analyses on cross-program information issues in keeping with the current recognition of whole-of-government policy agendas.

## Overview of units

- Ageing and Aged Care
- Children, Youth and Families
- Community Services Integration and Linkage

### *Housing and Homelessness Cluster*

- Housing Data Analysis
- Housing Assistance
- SMART 6 Implementation team
- Supported Accommodation and Crisis Services

## Ageing and Aged Care Unit

### Unit head

Ms Ann Peut

### What we do

The Ageing and Aged Care Unit aims to inform community debate and public policy in the areas of ageing and aged care through a variety of statistical reporting, research, evaluation and data development projects in relation to the wellbeing, health and service use patterns of older Australians.

### Objectives

- Contribute data and information that supports the Government's monitoring of the goal of ageing well and ageing productively under the National Research Priority of Promoting and Maintaining Good Health.
- Begin work to expand the information base on carers through more integrated use of relevant data.
- Engage more strongly with the policy agenda by ensuring that our evidence review of service use by people with dementia identifies practical implications for service planning and delivery that will improve the quality of life for people with dementia and/or their carers, which is one of the key policy goals of the current Dementia Initiative.
- Develop better ways of presenting aged care statistics to more clearly identify key findings.
- Develop our capacity to fill information gaps about the aged care system as a whole and patterns of use by different groups of older people through the analysis of linked aged care data.

### Performance against planned unit outputs in 2007–08

Draft the Ageing and Aged Care chapter of <i>Australia's welfare 2007</i> and prepare conference presentation.	Achieved
Draft contributions to chapters 3 and 4 of <i>Australia's health 2008</i> .	Achieved
Contribute to the Community services chapter of the <i>Health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008</i> .	Achieved
Aged care packages in Australia 2006–07.	Substantially achieved <i>Report to be published 2008–09</i>
Residential aged care system dynamics.	Substantially achieved
Write journal article on aged care services drawing on some work related to evaluation projects.	Not achieved <i>Project withdrawn due to resource constraints.</i>
Deliver presentations and papers at two key conferences in 2007–08.	Achieved
Publish <i>Residential aged care in Australia 2006–07</i> .	Achieved
Publish <i>Older Australians at a glance</i> (4th edition).	Achieved
Dementia Transitions in Care – review of evidence and node leadership within Primary Dementia Collaborative Research Centre.	Substantially achieved <i>Draft under review</i>

(continued)



Care pathways of older Australians (joint project with Community Services and Integration Linkage Unit).

*Work in progress  
This project is being undertaken over three years. Data linkage, consultations and preliminary analysis were completed in 2007–08*

Prepare bulletin on older Indigenous people (under negotiation with funder).

*Not achieved  
Project withdrawn due to lack of funding*

### **Additional projects**

- The Transitions in Care node of the Primary Dementia Collaborative Research Centre, led by the AIHW, successfully applied for funding to analyse the take up of residential respite care by people with dementia who have the relevant Aged Care Assessment Teams approval. This project is being conducted jointly with Community Services Integration and Linkage Unit.
- The unit, together with the Community Services Integration and Linkage Unit, collaborating researchers from the Dementia Collaborative Research Centre and the Dementia Transitions in Care node, and other stakeholders was successful in its application to the NHMRC for a Dementia Research Grant. The project is titled 'The impact of hospital-based aged care and dementia services on outcomes for people with dementia admitted to hospital—a regional analysis'. Work has begun on obtaining appropriate Ethics Committee and data custodian approvals.
- The unit received funding from the Department of Health and Ageing to undertake a scoping study into the feasibility and value of a Carers National Data Repository. The project involves

extensive stakeholder consultation, indicative data analysis and research into possible options for a repository.

- The Department of Health and Ageing has provided funding to refine and further develop linked aged care data sets incorporating data from the Aged Care Assessment Program, residential aged care, aged care packages in the community, Veterans' Home Care, and Home and Community Care.
- Funding was also provided to support a range of analyses of particular policy interest to DoHA.

### **Collaborations**

- The University of New South Wales
- The University of Queensland
- The Lincoln Centre for Research on Ageing, La Trobe University
- The Australian National University
- Alzheimer's Australia
- Australian Association of Gerontology
- Australian Research Council/NHMRC Research Network in Ageing Well
- NSW Health

## Committees

- Report on Government Services Aged Care Working Group
- Dementia Cooperative Research Centre Steering Committee
- Dementia Cooperative Research Centre Advisory Committee
- Australian Bureau of Statistics National Ageing Statistics Unit Advisory Board
- Australian Bureau of Statistics Survey of Disability, Ageing and Carers Advisory Committee
- Advisory Committee for Functioning and Disability Data
- DYNOPTA project Steering Committee
- Australian Association of Gerontology National Council
- Australian Association of Gerontology Australian Capital Territory Committee

## Data collections managed

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



### Fast facts

About 29% of people aged 65 or over live alone in private dwellings. This proportion increases with age so that around 39% of people aged 85 or over live alone.

Less than a quarter (23.7%) of people aged 85 or over lives in permanent residential aged care.

In 2003 there were 239,400 primary carers assisting someone aged 65 or over. A large majority (84%) provided assistance with mobility tasks, over half (55%) assisted with self-care activities and 42% provided help with communication.

## Children, Youth and Families Unit

### Unit heads (job-share)

Ms Cynthia Kim

Ms Sushma Mathur

### What we do

The Children, Youth and Families Unit works in the following areas of community services statistics: child protection services, adoptions, family support services, child and youth health and wellbeing, and children's services (child care and preschools).

The unit aims to contribute to informed community discussion and to support the development of public policy in the area of children, youth and families by collecting, coordinating, developing, and disseminating relevant and timely national statistics and analysis.

### Objectives

Establish new national collections in the following areas:

- foster carers and family support services in the context of child protection
- examining the options for implementation for the Children's Services National Minimum Data Set
- reporting and data development for the headline indicators of children's health, development and wellbeing
- longitudinal analyses on the educational outcomes of children on guardianship or custody orders.

The unit also undertakes regular reporting on national child protection and adoptions statistics and produces indicator-based reports on children's and young people's health, development and wellbeing.

---

### Performance against planned unit outputs in 2007–08

Draft chapter on Australia's children, youth and families for <i>Australia's welfare 2007</i> and paper conference presentation.	Achieved
Contribute information on children and youth for <i>Australia's health 2008</i> .	Achieved
Contribute to the community services chapter of the <i>Health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008</i> .	Achieved
Deliver presentations and papers at two key conferences in 2007–08.	Achieved
Plan and draft <i>A picture of Australia's children</i> report and bulletin.	Achieved
Produce <i>Adoptions Australia 2006–07</i> .	Achieved
Produce <i>Child protection Australia 2006–07</i> .	Achieved
Publish bulletin <i>Injury among young Australians</i> .	Achieved
Children's headline indicators (data development and status report)	Achieved

### **Additional projects:**

The unit also commenced a number of new projects in 2007–08 for which work will continue in 2008–09:

- development of a structure and format for the release of headline indicators in electronic format as part of the reporting for the headline indicators for children's health, development and wellbeing
- improvements to the project specifications for Stage 2 of educational outcomes for children on guardianship or custody orders project, resulting in more consistent and comparable collection of data
- development work for a national data collection for foster carers
- a feasibility study for the implementation of the Children's Services National Minimum Data Set
- a feasibility study for a national data collection on family support services in the context of child protection.

### **Committees**

- Children's Services Data Working Group
- Children's Services Working Group
- Longitudinal Study of Australian Children/ The Household, Income and Labour Dynamics in Australia steering committee
- Children and Youth Statistics Advisory Group

- Department of Families, Housing, Community Services and Indigenous Affairs Youth Statistics working group
- National Child Information Advisory Group
- National Child Protection and Support Services data group
- Protection and Support Services Working Group
- Intercountry adoptions managers' meetings
- Early Childhood Data Mapping Project Working Group
- National Data Network/ Child and Youth Portal Reference Group
- Family Statistics Advisory Group
- Childhood Education and Care Survey Reference Group

### **Data collections managed**

- Child Protection and Family Support Services
- Adoptions Australia
- Headline Indicators for Children's Health, Development and Wellbeing
- Educational outcomes for children on guardianship or custody orders

#### **Fast fact**

The intentional self-harm hospitalisation rate increased by 43% among young people aged 12–24 years between 1996–97 and 2005–06. The increase was greater for young women (51%) than for young men (27%).

## Community Services Integration and Linkage Unit

### Unit head

Dr Phil Anderson

### What we do

The Community Services Integration and Linkage Unit develops and analyses person-centred data (rather than program-centred data) that support whole-of-government and whole-of-life approaches to policy in the community services arena. The linkage work adheres to strict ethical and privacy provisions.

### Objectives

- Enhance whole-of-government and life transition views of older Australians by analysis of linked data that provides information relevant to policy makers.
- Develop our capacity to fill information gaps through the continued enhancement of data linkage methodology for different types of information.
- Protect privacy while increasing confidence in and acceptance of data linkage by explaining its benefits, while publicising the AIHW Data Linkage Protocol and privacy regime.
- Examine the potential for data linkage to help fill information gaps in areas where data linkage is currently not utilised.
- Improve information and products from the Juvenile Justice National Minimum Data Set to enhance their relevance to government policy and programs.
- Develop better ways of presenting statistics from the analysis of linked data which more clearly identify key findings.

### Performance against planned unit outputs in 2007–08

Contribute to the ageing and aged care and children, youth and families chapters of <i>Australia's welfare 2007</i> .	Achieved
Contribute to the community services chapter of the <i>Health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008</i> .	Achieved
Investigate the characteristics of people who move from hospitals to residential aged care.	Achieved <i>Project involved the linkage of seven aged care data sets</i>
Develop data linkage and analysis of Care Pathways of Older Australians (joint project with the Ageing and Aged Care unit)—also includes data development.	Work in progress <i>Data linkage completed and data analysis commenced</i>
Publish <i>Juvenile justice in Australia 2005–06</i> .	Achieved
Publish <i>Veterans' use of health services</i> .	Achieved
Publish report on veterans in residential aged care: current trends (in conjunction with staff of Ageing and Aged Care Unit).	Substantially achieved <i>First report published on the comparison of the use of health services by veterans in residential aged care with those living in the community. Second report delayed due to problems with data supply</i>

(continued)

Publish bulletin on modelling the future: a policy flight simulator at the acute–aged care interface.	Achieved <i>Bulletin published on older people in hospital</i>
Develop data linkage methods, techniques and protocols additional to specific projects.	Achieved <i>Linking SAAP, child protection and juvenile justice data collections: a feasibility study released</i>
Deliver presentations and papers at two key conferences in 2007–08.	Achieved
Prepare one journal article.	Achieved

## Additional projects

An NHMRC Dementia Research Grant was awarded to the AIHW for the project ‘The impact of hospital-based aged care and dementia services on outcomes for people with dementia admitted to hospital’, submitted together with the Ageing and Aged Care Unit and researchers from The University of New South Wales. Work has begun on this project, which will explore the effect of different types of hospital services on outcomes for people with dementia, in particular the likelihood and timing of entry into residential aged care.

Following on from the report *Characteristics of people who move from hospitals to residential aged care*, the unit is working on a prototype publication to demonstrate the analyses that can be done with linked data, for release in 2008–09.

New funding was received from the Department of Health and Ageing for two projects:

- examining the take-up of residential respite care by people with dementia
- an aged care research program—further development and building of linked aged care databases.

Using linked data the unit has also carried out analyses of people who receive aged care assessments but do not then receive the services for which they are assessed.

## Collaborations

- Alzheimer’s Australia
- Health Information Linkage Branch, Department of Health, Western Australia
- NSW Health
- The Lincoln Centre for Research on Ageing, La Trobe University
- The University of New South Wales
- The University of Queensland
- The University of Sydney

## Committees

- Juvenile Justice Data Working Group (secretariat)

## Data collections managed

- Juvenile Justice National Minimum Data Set

### Fast fact

More people are admitted for the first time to residential aged care directly from hospital than from the community.

## Housing and Homelessness Cluster

The Housing and Homelessness Cluster works with the housing and homelessness units in the AIHW to bring together the common issues facing these two sectors. It has facilitated the exploration of the AIHW's rich data holdings in housing and homelessness.

### **Cluster head**

Mr Justin Griffin

## Housing Data Analysis Unit

### Unit head

Mr David Wilson

### What we do

The Housing Data Analysis Unit works with other AIHW units to develop and improve policy-relevant information on housing assistance and its relationship to other health, welfare and income support issues using administrative data as well as census and survey information.

### Objectives

- Improve the awareness and application of the National Housing Assistance Data Repository information in relevant policy and program work and housing research.
- Develop information on the interface between housing and homelessness to better describe how housing and homelessness assistance contributes to health, welfare and income support issues.
- Develop and promote the use of housing and homelessness assistance information with other health and welfare work within the AIHW.
- Provide technical and expert advice on housing assistance information issues to other agencies and to other units in the AIHW.
- Promote the use of housing information and standards in data collection and analysis activities externally and with other areas of the AIHW.

### Performance against planned unit outputs in 2007–08

Produce bulletin Commonwealth Rent Assistance June 2006: A profile of recipients.	Not achieved <i>Deferred to 2008–09</i>
Produce bulletin <i>Community housing data collection 2006–07</i> .	Achieved
Publish <i>Australia's housing at a glance</i> .	Achieved
Produce report on rent-setting modelling work done for 2008 Commonwealth State Housing Agreement.	Not achieved <i>Deferred to 2008–09</i>
Draft the housing assistance chapter of <i>Australia's welfare 2007</i> and prepare conference presentation.	Achieved
Deliver presentations and papers at two key conferences in 2007–08.	Achieved
Produce eight jurisdictions-specific unit record files based on the Australian Government Housing Data Set in the National Housing Assistance Data Repository.	Achieved
Report of clients of SAAP and public housing.	Not achieved <i>Moved to the Supported Accommodation and Crisis Services Unit</i>
Report on identifying high and complex needs in housing and homelessness data.	Not achieved <i>Moved to the Supported Accommodation and Crisis Services Unit</i>
Examine housing data sets regarding the housing and homelessness interface.	Not achieved <i>Moved to the Supported Accommodation and Crisis Services Unit</i>



### Additional projects

- Peer review of Indigenous housing costing study: 2008–09 to 2013–14 undertaken for FaHCSIA
- Input to Australian Government Green Paper on Homelessness, *Which way home? A new approach to homelessness*

### Committees

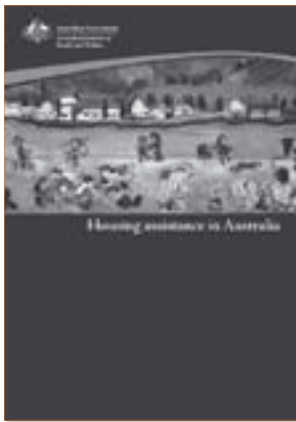
- Australian Housing Urban Research Institute Research Panel

### Data collections managed

- Australian Government Housing Data Set

### Fast fact

In 2006 there were 84,000 renters in Australia who were paying more than 50% of their income in rent even after receiving Commonwealth Rent Assistance.



## Housing Assistance Unit

### Unit head

Ms Tracie Ennis

### What we do

The Housing Assistance Unit works with housing agencies, the Australian government and peak bodies to produce policy-relevant national housing information. It also develops national data standards, identifies items for collection, collects and analyses national housing data and produces reports on housing assistance.

### Objectives

- Strengthen the unit's engagement with policy makers at both state and Commonwealth levels, to ensure that data development and analysis activities are of maximum relevance.
- Maintain and build on the unit's position as the Australian experts in the development of housing assistance performance indicator frameworks and associated performance-reporting activities.
- Promote the national housing assistance data repository, in particular the extensive nature of the data held, the high quality of this data and its application for policy-relevant analysis.
- Build on the early achievements of the Housing and Homelessness Cluster and use this to develop the careers and job satisfaction of staff through such mechanisms as cross-unit projects and opportunities to work on newly emerging areas.
- Build a highly skilled and flexible team, to ensure that the unit continues to meet existing commitments but is also able to take on new opportunities that are likely to arise as a result of the new National Affordable Housing Agreement and the implementation of the Housing and Disability Group.

### Performance against planned unit outputs in 2007–08

Produce bulletin on public housing in Australia.	Substantially achieved <i>Report to be published in 2008–09</i>
Produce bulletin on the 2007 Public Housing National Social Housing Survey.	Substantially achieved <i>Data provision was delayed</i>
Produce bulletin on the 2007 Community Housing National Social Housing Survey.	Substantially achieved <i>Data provision was delayed</i>
Contribute to the housing chapter of <i>Australia's welfare 2007</i> .	Achieved
Contribute to the housing chapter of <i>The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2007</i> .	Achieved
Provide to the Department of Families, Housing, Community Services and Indigenous Affairs the 2006–07 national performance information for the six 2003 Commonwealth State Housing Agreement program areas.	Achieved
Report on <i>2006–07 public rental housing data</i> .	Achieved
Report on <i>2006–07 state owned and managed Indigenous housing data</i> .	Achieved

(continued)

Report on 2006–07 mainstream Commonwealth State Housing Agreement community housing data.	Achieved
Report on 2006–07 Crisis Accommodation Program data.	Achieved
Report on 2006–07 private rent assistance data	Achieved
Reports on 2006–07 mainstream Commonwealth State Housing Agreement home purchase assistance data.	Achieved
Report on the 2006–07 community housing trial unit record collection on dwellings and organisations.	Achieved
Produce fact sheets on results from 2006–2007 Commonwealth State Housing Agreement community housing data collection.	Achieved
Report on the development and collection of data on the access by Indigenous households to mainstream housing assistance for the 2003 Commonwealth State Housing Agreement.	Substantially achieved Draft under review
Deliver presentation and papers at two key conferences in 2007–08.	Achieved

### Additional projects

- The addition of Indigenous community housing work to the unit’s responsibilities has allowed for a much greater alignment of this collection to mainstream community housing and targeted Indigenous public housing. This will be further improved in subsequent collections.
- Through the unit’s representation on both the Northern Centre for Healthcare Improvement and the Financial Technical Working Group of the Health Ministers’ Advisory Council, the AIHW has been able to facilitate an alignment of financial reporting standards across the Commonwealth State Housing Agreement financial and performance reporting frameworks. These had previously been collected separately and with different definitions and standards. Data for both collections now comes from the one source that conforms to the International Financial Reporting Standards.
- The Housing Assistance Unit also made a significant contribution to the 2008 publication *Housing assistance in Australia*.
- The unit has continued to work with the National Committee on Housing Information to ensure national standards are defined and met in the Commonwealth State Housing Agreement data collections. For example, this year’s public housing collection will trial the use of the Canadian Occupancy Standard to determine the levels of overcrowding.
- The unit has continued to implement the strategy for improving the quality, coverage and consistency of community housing data under the 2003 Commonwealth State Housing Agreement. Specific progress includes the agreement to upgrade the national collection of Commonwealth State Housing Agreement community housing administrative data from an aggregate collection to a unit record collection. Some jurisdictions will also provide household data at the unit record level for 2007–08 onwards.
- Previous analysis undertaken by the AIHW has resulted in an agreement to undertake the first national reporting of dwelling condition for Indigenous Community

Housing across all jurisdictions. This methodology may also be applicable across other forms of social housing.

### Committees

- National Committee for Housing Information (member, secretariat)
- Report on Government Services Steering Committee Housing Working Group (member)
- Financial Technical Working Group of the Housing Ministers' Advisory Committee (member)

### Data collections managed

- Commonwealth State Housing Agreement public rental housing
- Commonwealth State Housing Agreement state owned and managed Indigenous housing
- Commonwealth State Housing Agreement community housing
- Commonwealth State Housing Agreement home purchase assistance
- Commonwealth State Housing Agreement private rent assistance
- Commonwealth State Housing Agreement Crisis Accommodation Program
- Indigenous community housing

### Fast fact

Households in public housing given priority allocation due to homelessness were equally as likely as non-priority households to still be housed in the same dwelling after 2 years.



## SMART 6 Implementation Team

### Unit head

Ms Heather Logie

### What we do

The team successfully piloted SMART Version 6 in a small number of agencies in July 2007. The evaluation of this pilot revealed the unexpectedly high costs associated with installation and support of the application in a diverse technological environment. Without a large commitment of resources to the rollout and support of SMART 6, a decision was taken in September 2007 by the SAAP Coordination and Development Committee to suspend development of SMART Version 6.

## Supported Accommodation and Crisis Services Unit

### Unit head

Ms Heather Logie

### What we do

The Supported Accommodation and Crisis Services Unit produces national and state/territory reports that describe the need for and provision of supported accommodation and crisis services to people who are homeless and/or in crisis, using surveys and census data.

The unit is undergoing a review of its structure and working procedures with a view to better positioning the AIHW to respond to the growing policy interest in homelessness and the increasing need for timely, responsive evidence to support the policy development process.

### Objectives

- Carry out data development activities that will revise the SAAP Administrative Data collection and the SAAP Demand for Accommodation collection, and develop a referrals collection.
- Implement the Victorian Homelessness Data Collection. This was a Victorian Office of Housing initiative to integrate reporting across the three major programs of the Victorian Homelessness Strategy. This project incorporated work by the SMART 6 Implementation Team (see **SMART 6 Implementation Team** on page 93).

### Performance against planned unit outputs in 2007–08

Develop new weighting system for SAAP data.	Work in progress
Write journal articles for <i>Parity</i> .	Achieved
Write journal article for <i>Family Matters</i> .	Not achieved <i>Deferred to 2008–09</i>
Draft the Homelessness chapter of <i>Australia's welfare 2007</i> and prepare conference presentation.	Achieved
Contribution to the community services chapter of the <i>Health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008</i> .	Achieved
Deliver presentations and papers at two key conferences in 2007–08.	Achieved
Apply new weighting system for SAAP data (including analysis of differences using old weighting system with 2005–06 data).	Not achieved <i>Pending data changes and revised strategic directions</i>
Produce half yearly (July to December) agency reports for each agency providing SAAP services.	Achieved
Produce 2006–07 agency reports for each agency providing SAAP services.	Achieved
Produce <i>Demand for SAAP assistance by homeless people 2005–06</i> .	Achieved
Produce bulletin <i>Demand for SAAP accommodation by homeless people 2005–06</i> .	Achieved

(continued)

Produce bulletin on Aboriginal and Torres Strait Islander SAAP clients.	Substantially achieved <i>Combined with SAAP client group bulletin. To be published 2008–09</i>
Produce bulletin with SAAP client group.	Substantially achieved <i>Combined with Aboriginal and Torres Strait Islander SAAP clients. To be published 2008–09</i>
Produce confidentialised unit record files.	Achieved
Provide an ad hoc data request service to SAAP stakeholders.	Achieved
SAAP V Evaluation—pilot and manage the Strategic Priority Survey.	Achieved
SAAP V Evaluation—Performance Indicator Analysis Project.	Substantially achieved <i>Pending external decision to complete SAAP V Evaluation</i>
Develop and produce unit record files for the Victorian Homelessness Data Collection.	Not achieved <i>Deferred to 2008–09</i>
Produce quarterly agency reports for all agencies participating in the Victorian Homelessness Data Collection (SAAP, Housing Information Referral and Tenancy Administration agencies).	Not achieved <i>Deferred to 2008–09</i>

### Additional projects

- The High and Complex Needs Census, a new project jointly funded by Mission Australia and the Department of Families, Housing, Community Services and Indigenous Affairs, examines the extent of needs of clients receiving SAAP assistance in a specified week with a view to identifying those who have high and complex needs. The report is scheduled for release in 2008–09.
- The unit produced *Housing assistance in Australia*, the first publication to comprehensively describe housing and homelessness assistance in Australia.
- The pilot evaluation report for the Victorian Homelessness Data Collection project (unpublished) was completed in February 2008 and the full collection commenced in all Victorian SAAP and Transitional Housing Management agencies on 1 July 2008.

- The unit was asked to contribute to the Australian Government Green Paper on Homelessness, *Which way home? A new approach to homelessness*, and provided a large number of detailed tables for the report.
- In June 2008, the unit completed development of, and released, Version 5.2 of the SMART data collection tool that is used by SAAP agencies to record client and service information and electronically provide securely encrypted data to the AIHW.

### Collaborations

- Mission Australia
- Department of Families, Housing, Community Services and Indigenous Affairs

## Committees

- SAAP Co-ordination and Development Committee
- SAAP Information Sub-Committee
- Performance Indicators Working Group
- Administrative Data Collection Working Group
- High and Complex Needs Census Project Steering Committee

## Data collections managed

- SAAP Client Collection
- SAAP Administrative Data Collection
- SAAP Demand for Accommodation Collection
- Victorian Homelessness Data Collection
- High and Complex Needs Census Data (one-off) Collection

### Fast fact

On an average day during the 2005–06 collection period, around 355 people (consisting of 225 adults and unaccompanied children, and 130 accompanying children) were turned away from a SAAP agency without receiving SAAP accommodation.





# Collaborations and partnerships

The AIHW has work plans and data-sharing agreements with a number of organisations to facilitate collaboration. In effect, this creates AIHW units at various universities. Such collaborations extend the range of skills available to the AIHW and enhance its capacity to perform its functions across a broader range of subject matter.

In addition to the data-sharing collaborations, the AIHW also works with other government agencies. These include the Australian Safety and Quality in Healthcare Commission and the Australian Institute of Family Studies.

## Collaborating units with agreed work plans and data-sharing agreements

### **Australian Centre for Asthma Monitoring**

The AIHW has an agreement with the Woolcock Institute of Medical Research for the management of the Australian Centre for Asthma Monitoring for the period 1 July 2006 to 30 June 2009. The AIHW collaborates with the centre in the development and dissemination of asthma-related information as part of the Australian System for Monitoring Asthma.

### **Australian General Practice Statistics and Classification Centre**

The AIHW has an agreement with The University of Sydney for the period 1 July 2005 to 30 June 2010. The AIHW, in collaboration with the Australian General Practice Statistics

and Classification Centre, collects and makes available information about characteristics of patients of general practitioners in Australia, and the medical services and pharmaceutical prescriptions provided to such patients.

### **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 for the period 1 July 2002 to 30 June 2008. 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.

### **National Injury Surveillance**

The AIHW has an agreement with Flinders University for the operation of the National Injury Surveillance Unit for the period 1 July 2002 to 30 June 2008. An additional schedule to the agreement exists between the Australian Government Department of Health and Ageing and the AIHW for the National Injury Surveillance Unit for the period 1 July 2005 to 30 June 2008. 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.

### **National Perinatal Statistics Unit**

The AIHW has an agreement with The University of New South Wales for the operation of the National Perinatal Statistics Unit at the university for the period 1 July 2002 to 30 June 2008. 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.

### **Public Health Information Development Unit**

The AIHW has an agreement with Adelaide Research and Innovation Pty Ltd (a wholly owned company of The University of Adelaide) for the operation of the Public Health Information Development Unit from 1 October 2004 to 30 June 2010. The unit was established to collect, collate and analyse statistics relating to public health, and to initiate and undertake associated research studies.

## **Collaborating units with data-sharing agreements**

### **National Centre for Classification in Health**

The AIHW has an agreement with the Queensland University of Technology and the Australian Bureau of Statistics for the operation of the National Centre for Classification in Health (Brisbane) for the period 1 July 2003 to 30 June 2008. The centre supports the use of health classifications in mortality, hospitals and other data sets, and associated international work.

The AIHW also has an agreement in place for the National Centre for Classification in Health (The University of Sydney) for the period 22 November 2004 to 30 June 2008. The agreement provides a basis for AIHW and the centre to cooperate to ensure adequate resourcing for the updating and implementation of the ICD-10-AM (Australian version of the International Classification of Diseases).

### **National Centre in HIV/AIDS Epidemiology and Clinical Research**

The AIHW has an agreement with The University of New South Wales for cooperation on information and research on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) diagnoses under a national HIV/AIDS strategy from 1 January 2004 to 31 December 2007. The AIHW collaborates with the university in the collection, development and dissemination of care reporting on HIV and AIDS diagnoses, and ensures that the compilation and interpretation of HIV/AIDS surveillance data provided by the Department of Health and Ageing and state and territory health departments is appropriate, secure and efficient.

### **National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases**

The AIHW is currently in negotiations with the Royal Alexandra Hospital for Children to renew their agreement for the operation of the Vaccine-Preventable Diseases Research Unit at the hospital. The AIHW collaborates with the Royal Alexandra Hospital for Children in undertaking analysis and dissemination of information on vaccine-preventable diseases and immunisation in Australia.

# Reports from collaborating units with agreed work plans

## National Injury Surveillance Unit

### Unit head

Associate Professor James Harrison

### What we do

The National Injury Surveillance Unit operates as part of the Research Centre for Injury Studies at the Flinders University of South Australia.

The unit undertakes public health surveillance of injury at the national level to support injury prevention and control. The largest program of the research centre is operating the AIHW National Injury Surveillance Unit.

### Achievements

- The unit contributed to the development and maintenance of national data standards relevant to injury. Activities in 2007–08 included the assessment of misclassification of external causes of death, and participation in a project to study quality of external cause coding of hospital records.
- Demand for the unit's services for purposes beyond the core program increased, compared with the previous year.
- Review of quality of suicide data—AIHW (Department of Health and Ageing).
- In-hospital mortality demonstration project—AIHW (Australian Council for Safety and Quality in Health Care).
- Eye injuries bulletin—AIHW (Department of Health and Ageing).

### Publications

- *Spinal cord injury, Australia, 2005–06*
- *Venomous bites and stings in Australia to 2005*
- *Deaths and hospitalisations due to drowning, Australia 1999–00 to 2003–04*
- *Hospitalised football injuries 2004–05*
- *Ladder-related fall injuries*
- *Use of multiple causes of death data for identifying and reporting injury mortality*
- *Serious injury due to land transport accidents, Australia, 2003–04*
- *Serious injury due to transport accidents involving a railway train, Australia, 1999–00 to 2003–04*
- *Serious injury due to transport accidents, Australia, 2003–04*
- *Injury Issues Monitor 39*
- *Injury Issues Monitor 40*

### Committees

- Member, WHO ICD Revision Steering Committee and Chair, Technical Advisory Group for injury and external causes
- ICECI Coordination and Development Group: executive group member responsible for development

- International Collaborative Effort on Injury Statistics. US National Center for Health Statistics Steering group member
- National Injury Prevention Working Group
- National Coroners Information System Committee
- Australian Injury Prevention Network Executive Committee
- National Child Information Advisory Group
- Australian Bureau of Statistics Mortality Statistics Advisory Group
- Australasian Mortality Data Interest Group
- IARP data subgroup of the National Marine Safety Committee

**Data collections managed**

- Australian Spinal Cord Injury Register

**Fast fact**

Despite the notoriety of Australia’s venomous snakes, more than twice as many people are admitted to a hospital each year from spider bites than snake bites. Bee stings also account for more admissions than snake bites.



## National Perinatal Statistics Unit

### Unit head

Dr Elizabeth Sullivan

### What we do

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

### Achievements

- Development of the congenital anomalies chapter of the ICD-10-AM classification. A series of teleconferences and two national workshops on congenital anomalies were conducted.
- Preparation of a report on neural tube defects in Australia to provide baseline prevalence before mandatory fortification of bread flour by folic acid.
- Development of a national minimum data set for congenital anomalies.
- Development of smoking in pregnancy data (funded by the Australian Health Ministers' Advisory Council and reporting to the Department of Health and Ageing).
- Investigation into the need for and feasibility of national reporting on newborn and prenatal screening (funded by the Statistical Information Management Committee).
- Perinatal National Minimum Data Set Compliance Evaluation.

- Three national maternal mortality workshops were held to develop options for future maternal death reporting in Australia. The workshops comprised National Advisory Committee on Maternal Mortality committee representatives.

### Publications

- *Australia's mothers and babies 2005*
- *Indigenous mothers and their babies, Australia 2001–2004*
- *Assisted reproduction technology in Australia and New Zealand 2005*
- *Maternal deaths in Australia 2003–2005*
- *Congenital anomalies in Australia 1998–2001*
- *Congenital anomalies in Australia 2002–2003*

### Committees

- National Perinatal Data Development Committee (secretariat)
- National Congenital Anomalies Steering Committee (secretariat)
- AIHW National Advisory Committee on Maternal Mortality (secretariat)
- State and Territory Implementation Committee for Congenital Anomalies (secretariat)
- AIHW National Perinatal Statistics Unit Management Advisory Committee
- ICD-10-AM classification development committee (congenital anomalies)

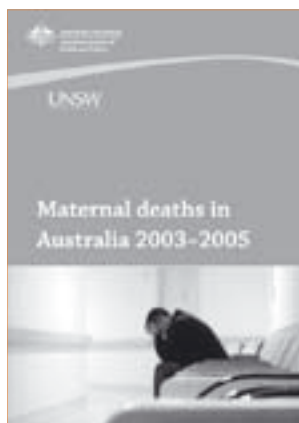
## Data collections managed

- National perinatal data collection 1991–ongoing (current 2005, from states and territories)
- Australian congenital anomalies data collection 1998–2003 from states and territories
- Congenital Malformation Data System 1981–1997 (ceased collection)
- Australia and New Zealand Assisted Reproduction 2002–ongoing (current 2005, from all assisted reproductive technology units in Australia and New Zealand)
- Assisted Conception Data Collection 1979–2001 (ceased collection)
- National Maternal Deaths Data Collection 1994–2005 from states and territories

### Fast facts

Maternal mortality rates for Aboriginal and Torres Strait Islander women were more than two and a half times as high as for other women. This high rate is consistent with previous reports, indicating that further work measures are needed to improve pregnancy outcomes for Aboriginal and Torres Strait Islander women.

The proportion of women who had induced or no labour, and the proportion who had an instrumental delivery or caesarean section, increased with socioeconomic advantage.



## Dental Statistics and Research Unit

### Unit head

Professor Gary Slade

### 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.

### Achievements

The unit was actively involved in conferences and writing journal articles including:

- presenting 38 conference papers and journal articles
- publishing 25 papers
- presenting at 28 national and international conferences including in the United Kingdom, Canada, the United States of America and Finland.



### Publications

#### *AIHW Dental statistics and research series*

- Oral health of Aboriginal and Torres Strait Islander children. Dental statistics and research series no. 35.
- Water fluoridation and children's dental health: The Child Dental Health Survey, Australia 2002. Dental statistics and research series no. 36.
- Geographic distribution of the Australian dental labour force, 2003. Dental statistics and research series no. 37.

#### *AIHW DSRU research report*

- Dental service patterns by patient and visit characteristics. DSRU research report no. 32.

### Committees

- Monitoring Group for National Oral Health Plan

### Data collections managed

- Child Dental Health Survey
- Adult Dental Programs Survey
- Dental Labour Force Data Collection
- National Dental Telephone Interview Survey

#### Fast fact

Complete tooth loss in the Australian population is unrelated to people's age, but depends entirely on the decade in which they were born.

## Australian General Practice Statistics and Classification Centre

### Unit head

Associate Professor Helena Britt

### What we do

The Australian General Practice Statistics and Classification Centre is a collaborating unit of the Family Medicine Research Centre of the University of Sydney and the AIHW. The unit is responsible for conducting the Bettering the Evaluation and Care of Health study and the development of primary care classification systems.

### Achievements

- The centre has developed 90 new data elements to be entered in METeOR, and has arranged access to put forward the drafts, but no funding is available to do the work.
- The centre was actively involved in conferences and writing journal articles including 6 refereed and 10 non-refereed articles in recognised journals, 18 published conference abstracts, and 16 Bettering the Evaluation and Care of Health SAND abstracts.

### Publications

- Patient-based substudies from BEACH: abstracts and research tools 1999–2006. General practice series no. 20
- General practice activity in Australia 2006–07. General practice series no. 21

### Committees

- International Classification Committee of the World Organisation of Family Doctors
- International Health Terminology Standards Development Organisation Primary Care Working Group
- Standards Australia Committee IT14 Health Informatics
- Federal Privacy Commissioner Health Privacy Forum
- Law Reform Commission Medical Advisory Group on Privacy Law Reform

### Data collections managed

- Bettering the Evaluation and Care of Health—a continuous national study of general practice activity in Australia

### Fast fact

The introduction of Medicare rebates for psychologist consultations for patients referred by GPs resulted in a significant decrease in GP provision of counselling for depression. Referrals to psychologists significantly increased and those to psychiatrists decreased.



## Public Health Information Development Unit

### Unit head

Mr John Glover

### What we do

The Public Health Information Development Unit was established by the Australian Government Department of Health and Ageing in 1999 to assist in the development of public health data, data systems and indicators. The unit is located at The University of Adelaide and is a collaborating unit of the AIHW in relation to its work for the Department of Health and Ageing.

### Achievements

- Online, interactive atlases of population health of Aboriginal and Torres Strait Islander peoples published.

### Committees

- Australian Bureau of Statistics Australian Health Statistics
- Australian Bureau of Statistics General Social Survey Advisory Committee
- Mapping Group (chair), Technical Reference Group, Australian Early Development Index
- Australian Bureau of Statistics Mortality Statistics Advisory Group

### Fast fact

The 'Monitoring inequality' site launched to highlight socioeconomic variations across the population: pilot site published for South Australia in 2007–08, with Australia-wide data to be published in 2008–09.

## Australian Centre for Asthma Monitoring

### Unit head

Professor Guy Marks

### What we do

The Australian Centre for Asthma Monitoring forms part of the Australian System for Monitoring Asthma, which was established as a component of the National Health Priority Area plan for asthma. ACAM aims to assist in reducing the burden of asthma in Australia by developing, collating and interpreting data relevant to asthma prevention, management and health policy.

Asthma indicators developed by the AIHW cover the areas of prevalence; health care utilisation; comorbidities; quality of life, disability, disease severity and mortality; risk factors; and management practices.

### Achievements

- The Australian Centre for Asthma Monitoring released a detailed statistical manual on the methods used for monitoring asthma in Australia, which has contributed to the forthcoming production of a similar document from the AIHW as a whole.
- Dr Anne Chang collaborated with the centre to prepare the focus chapter of the upcoming 'Asthma in Australia 2008' report.

### Publications

- *Australian asthma indicators: Five-year review of asthma monitoring in Australia*
- *Statistical methods for monitoring asthma*

### Committees

- Australian System for Monitoring Asthma Steering Committee

### Fast fact

Hospital admissions for anaphylaxis have recently tripled in Australia with children most at risk of being hospitalised for adverse reactions to food.



## Chapter 4—Business management



## Financial management

Financial management within 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, which perform functions under the AIHW's Act, for example, the AIHW National Injury Surveillance Unit operated by Flinders University
- corporate services, for example, financial services, human resources, library, and information technology services.

Funding for internal expenditure comes 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.

The majority 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 a Board-approved pricing template and most

agreements are by way of memorandums of understanding with relevant Australian Government departments.

The detailed budget for the following financial year is prepared by the Executive around May. The Executive involves every unit in preparing budgets for consideration. The detailed budget consists of each unit's internal budget plus an estimate of externally funded revenue and expenditure for the year. The Board approves the detailed budget for the following financial year at its June meeting following a review of the budget by the Audit and Finance Committee. Units are expected to manage within their allocated internal budgets.

## Data management

The AIHW obtains data mainly from administrative information collected by Australian Government and state and territory jurisdictions in the course of service delivery in the health, community services and housing assistance sectors.

The national information agreements, the National Health Information Agreement and the National Community Services Information Agreement, established under direction of the relevant Ministerial Councils, facilitate the flow of data from these jurisdictions to the AIHW so it can fulfil its function of collecting and producing health-related and welfare-related information and statistics.

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

## Contract management

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 a standard short form and a standard long form contract prepared by external legal advisers. These documents are used as the basis of contracts with suppliers wherever possible. They contain standard clauses on matters such as insurance, indemnity, intellectual property, privacy and performance standards. They also require tasks, deliverables and due dates to be set that are linked to payment. Contracts must be signed by the appropriate delegate. Any contract greater than \$25,000 must be approved by a Senior Executive Service officer. Any AIHW contract involving receipt or payment of more than \$1.5 million must be approved by the Minister for Health and Ageing. The contracts nominate a contract manager and this person must be satisfied that the supplier is meeting their obligations under the contract before recommending the payment of invoices.

The scope, timing, deliverables and budget for most externally funded projects are set out in schedules to memorandums of understanding with 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 budget and seeks explanations for any projects that appear to be over budget or behind schedule. In a few cases the AIHW has revenue contracts for work done by the AIHW on behalf of non-government organisations. These

are managed in the same way as revenue schedules.

An internal audit on the AIHW's contract management is planned for 2008–09.

## 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 prepared a risk management policy and updated its business risk assessment.

The AIHW contracts out its internal audit function. The current internal auditors are Acumen Alliance. During 2007–08, Acumen Alliance:

- undertook a fraud risk assessment and helped the AIHW prepare its 2007–09 fraud control plan
- completed a review of IT change and release management
- reviewed financial and payroll processing procedures
- reviewed the AIHW's disaster recovery plan
- followed up recommendations from previous database audits
- attended Audit and Finance Committee meetings.

The audit reviews produced several recommendations for improving the management of the relevant risks. Some of

these recommendations have been dealt with already and others will be addressed in 2008–09. AIHW management will report to the AIHW's Audit and Finance Committee on progress with implementing the recommendations on a regular basis.

The AIHW's fraud control plan for 2007–09 contains appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific needs of the AIHW and comply with the Commonwealth Fraud Control Guidelines.

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

The AIHW has insurance policies in place through Comcover and Comcare to cover a wide range of insurable risks, including property damage, general liability and business interruption.

## Indemnities and insurances for Directors and Officers

The AIHW is a member of Comcover, the Australian Government's self-managed fund for insurance cover. The AIHW's insurance covers Directors and Officers against various liabilities that may occur in their capacity as officers of the AIHW. No insurance claims were made by the AIHW during 2007–08.

## Freedom of information

The *Freedom of Information Act 1982* requires each Commonwealth Government agency to publish a statement setting out its role, structure and functions, the documents

available for public inspection, and how to access documents. This statement is available in **Appendix 6**. There were no requests made under the *Freedom of Information Act 1982* during 2007–08.

## Commonwealth Ombudsman

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

## Judicial decisions and decisions of administrative tribunals

There were no legal actions lodged against the AIHW.

## Ministerial directions and notifications

The AIHW received four notifications from the Minister with regard to Board appointments and approvals for a member to act in the Chair's role.

The AIHW has been directed to report annually on compliance with the *Commonwealth Authorities and Companies Act 1997* legislation and financial sustainability.

## Significant events

There were no significant events advised to the Minister by the AIHW during 2007–08 in accordance with the *Commonwealth Authorities and Companies Act 1997*.

## ICT management

Information and Communication Technology (ICT) plays a vital role within the AIHW. It is essential for establishing and analysing the AIHW's databases and for providing

information and statistics to policy makers, researchers and the community generally.

Bolstering the AIHW's core ICT infrastructure has been the main focus during 2007–08. The aim is to meet the AIHW's evolving needs and to provide for the opportunities that will arise during this period.

A major undertaking has been the development of a new Information and Communication Technology (ICT) Strategic Plan for the period 2008–11. It identifies six key high-level ICT objectives. These objectives are closely aligned with the information and communication requirements set out in the AIHW's current Strategic Directions. It also sets out the strategies and framework for achieving these objectives.

The cost of additional ICT services that go beyond the standard services required by most areas are charged back to projects. This helps ensure that the ICT environment keeps pace with the AIHW's growth and needs.

Key improvements to core ICT infrastructure during 2007–08 included:

- redesign of the AIHW Data Centre to provide for future growth by making better use of the space available, and improving air conditioning, power supplies and monitoring systems
- refurbishment of the whole computer network, including the main backbone, to improve reliability and capacity
- modernisation and integration of the AIHW's security systems
- the introduction of server virtualisation to provide capacity for future growth, improve reliability, and to reduce server build time
- improved email services

- conversion of telephone services from analogue to digital.

## Communicating with stakeholders

### Building writing capacity

'Getting the messages out better' is a key strategic direction for the AIHW for 2007–10 and 'building writing capacity' was a major focus of activity during the year.

Thirty-five staff attended intensive tailored in-house writing courses emphasising the use of plain English and the importance of concise, user-friendly summaries in conveying the key messages of AIHW's publications. These courses were supplemented by regular grammar workshops and individual consultations for staff on writing matters.

A new, enhanced style guide, *Writing for the AIHW*, was produced, and launched at an all-staff seminar. The guide includes a new section on writing style in addition to the existing technical and formatting style guidance.

Work also began on evaluating the effectiveness of AIHW publications through questionnaires to key clients, short online surveys, analyses of media coverage, expert assessments of readability and utility, and readability tests. Results will be available in 2008–09.

### DoHA–AIHW memorandum of understanding communications

The Commonwealth Department of Health and Ageing is the AIHW's key contract funder. All AIHW work for the department is guided by the provisions of the DoHA–AIHW Memorandum



## The AIHW—using simple language and clear writing

Medical terminology can seem dramatic or even fantastic to those who do not yet know its meaning.

Part of the AIHW's strategic direction to get its messages out better is to make all its information more accessible—and that includes using intelligible and uncomplicated language.

For the AIHW, it's about giving its people the licence to write simply, AIHW Medical Adviser Dr Paul Magnus says. 'These can be serious and complex topics but we aspire to use simple language and clear writing. There is no reason not to simplify the language whenever we can.'

Pulmonary? Why not just say 'lung'. Cardiac? What about 'heart'?

It's a simple but important strategy to skip the jargon and make the AIHW's information accessible to all.



of Understanding. Regular communication is critical to the successful working of this major business relationship. A DoHA–AIHW Memorandum of Understanding Steering Committee, comprising executive, business and communication representatives of the two organisations, meets quarterly to communicate and deal with any issues as they arise. The AIHW's Business Group coordinates the AIHW contribution to the meetings. Four meetings were held in 2007–08.

The Secretary of DoHA or her nominee is a member of the AIHW Board. Members of the AIHW's Business Group assist the department with briefing the Board member from DoHA about the content of AIHW Board papers. The AIHW also provides DoHA with copies of all publications, including PDF copies of internet-only publications.

### **FaHCSIA–AIHW memorandum of understanding communications**

The AIHW has a memorandum of understanding with the Department of Families, Housing, Community Services and Indigenous Affairs. In 2007–08 the department funded three projects under this memorandum of understanding and FaHCSIA is an important stakeholder in several other AIHW projects. A FaHCSIA–AIHW MoU steering committee meets formally twice a year. Members of the steering committee include a Deputy Secretary from FaHCSIA, the Director of the AIHW and other senior staff from both organisations. The Deputy Secretary from FaHCSIA is an invited observer at all AIHW Board meetings and receives copies of all Board papers. The AIHW consults with FaHCSIA about the annual work plan before it is submitted to the Board for approval. The AIHW also provides FaHCSIA with copies of all AIHW publications, including PDF copies of internet-only publications.



## Publications and media releases

During the year the AIHW released 99 publications and 56 media releases, in addition to the many other outputs, both internally and externally funded.

The volume of publications was lower than in 2006–07 (see figure 7) as the production of three major biennial reference publications took priority for resources. It is also important to note that a large number of publications were released in July and August 2008 (about 40).

All publications continue to be available free on the AIHW website ([www.aihw.gov.au](http://www.aihw.gov.au)) and printed copies can be purchased by mail order, online via the website or over the counter at the AIHW's premises.

## Website

The AIHW website is well-established as the organisation's major communication medium, with publication visits and downloads clearly outnumbering hard copy print publication sales. The site received over 1.1 million visits

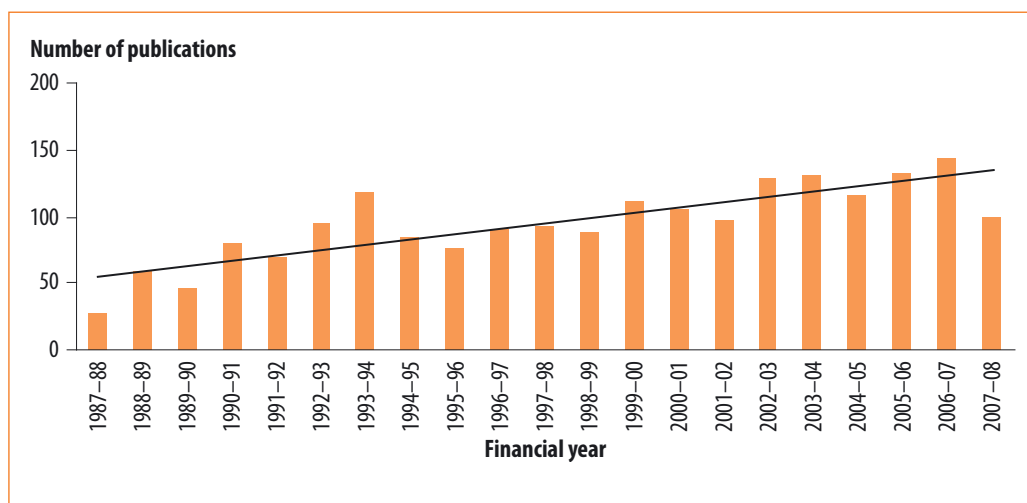
for the year, with an average of 3,035 visitors a day, a small increase on 2006–07 (3,000, see Figure 8).

*Australia's health 2006* was by far the most popular publication visited on the website (see Table 6). It is interesting to see that *Australia's health 2008* occupies fifth place in the table despite having been online for only 6 days at the end of 2007–08.

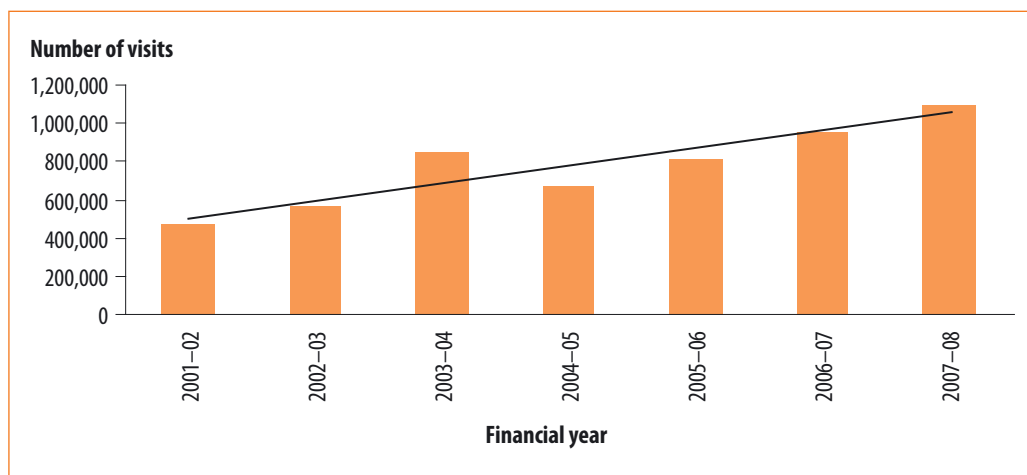
Around 3,700 people keep up to date with new AIHW publication releases by subscribing to the AIHW's automatic release notification service, available via the website.



Figure 7: Publication output



**Figure 8: Website visits**



**Table 6: Top 10 publications downloaded from the AIHW website**

No. of downloads 2007-08	Top 10 publications on AIHW website
1,034,943	<i>Australia's health 2006</i>
224,108	<i>The burden of disease and injury in Australia 2003</i>
186,530	<i>Australia's welfare 2007</i>
163,860	<i>Australia's health 2004</i>
144,782	<i>Australia's health 2008 (since 24 June 2008)</i>
129,897	<i>Statistics on drug use in Australia 2006</i>
106,802	<i>Statistics on drug use in Australia 2004</i>
103,717	<i>Australian hospital statistics 2005-06</i>
101,454	<i>Older Australia at a glance (4th edition)</i>
93,959	<i>Diabetes: Australian facts 2008</i>

### Media coverage

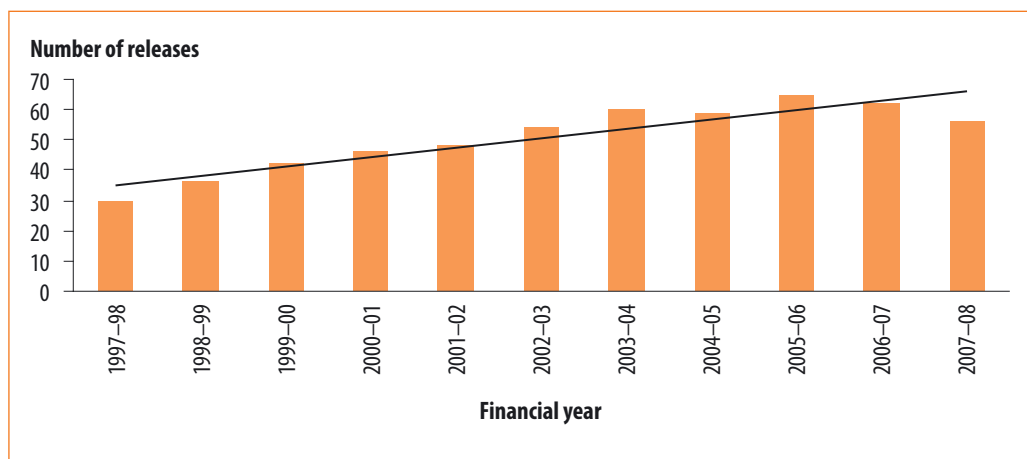
AIHW reports receive excellent media coverage. Despite there being fewer media releases during the year than in the previous year (see Figure 9), the overall level of media coverage was significantly higher in 2007-08 than in 2006-07 (see Table 7).

Media coverage of AIHW is rising very quickly. This appears to be due to a combination of increased coverage for individual reports in the

week of release, and evidence of many reports having an extended media 'life'—that is, being quoted by the media some months after the release.

During the last quarter of the year internet coverage rose sharply. This was partly due to a switch to a more comprehensive online monitoring service late in the year, but it also reflects the increasing importance of the Internet as a first choice to find breaking news.

**Figure 9: Media releases**



**Table 7: Media coverage for 2006-07 and 2007-08**

	Total media coverage	Media releases issued	Press articles	Radio	TV	Online	Australian Associated Press
2006-07	2,080	62	296	1,443	17	208	54
2007-08	3,569	56	847	2,043	52	471	100

**Parliamentary**

The AIHW was used as a reliable information source by Members of Parliament. It was cited 55 times during 2007-08 in the Hansards of both Houses of Parliament, an increase of 41% from 2006-07 (39).

The AIHW also prepared 12 Minutes to the Minister, 1 Current Issue Brief, 9 Parliamentary Questions on Notice and 3 Ministerial Event Briefings.

**Coverage for individual AIHW reports**

The level of media coverage for individual reports is influenced by many factors, including current level of public interest in a particular topic.

Reports receiving the most media coverage over the year were as follows.

*Print (10 articles or more)*

- 2007 National Drug Strategy Household Survey: first results (44)
- Health expenditure Australia 2005-06 (32)
- Australia's health 2008 (29)
- Alcohol and other drug treatment services in Australia 2005-06 (19)
- Australia's welfare 2007 (19)
- Sentinel events in public hospitals (18)
- Child protection Australia 2006-07 (11)
- Australian hospital statistics 2006-07 (10)
- Injury among young Australians (10)
- Water fluoridation and children's dental health: The Child Dental Health Survey, Australia 2002 (10)

### **Radio (mentioned 50 times or more)**

- *Health expenditure Australia 2005–06* (203)
- *Australia's health 2008* (130)
- *Australia's mothers and babies 2005* (122)
- *Water fluoridation and children's dental health: The Child Dental Health Survey, Australia 2002* (121)
- *Child protection Australia 2006–07* (100)
- *Sentinel events in public hospitals* (99)
- *2007 National Drug Strategy Household Survey: first results* (88)
- *National Diabetes Register statistical profile 1999–2005* (71)
- *Rural, regional and remote Australia: a study on mortality* (70)
- *Injury among young Australians* (63)
- *Alcohol and other drug treatment services in Australia 2005–06* (55)

### **Television**

- *Alcohol and other drug treatment services in Australia 2005–06*
- *Australia's health 2008*
- *Breast cancer survival by size and nodal status in Australia*
- *Cervical screening in Australia 2005–2006*
- *Community housing 2006–07: Commonwealth State Housing Agreement national data report, Public rental housing 2006–07: Commonwealth State Housing Agreement national data report, State owned and managed Indigenous housing 2006–07 Commonwealth State Housing Agreement national data report (three reports that were released simultaneously).*
- *Health expenditure Australia 2005–06*

- *Impairments and disability associated with arthritis and osteoporosis*
- *Indicators for chronic diseases and their determinates*
- *Medical labour force 2005 and Nursing and midwifery labour force 2005 (two reports that were released simultaneously)*
- *National Diabetes Register—a statistical profile 1999–2005*
- *Sentinel events in public hospitals*

### **Promoting our publications**

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

In 2007–08, Media and Communications Unit staff organised promotional booths and related activities at:

- Clinical Oncology Conference
- Dementia in Australia Conference
- Australian Association of Gerontology National Conference.
- Australasian Professional Society on Alcohol and Other Drugs Conference
- National Housing Conference
- 5th National Homelessness Conference
- Australian Healthcare and Hospitals Association Conference.

### **AIHW conferences**

The AIHW runs its own one-day conferences to coincide with the release of two of its major biennial flagship reports, *Australia's health*, and *Australia's welfare*. In 2007–08, new versions of both reports were released, and conferences held.

## Australia's welfare 2007



### DISADVANTAGE AND DIVERSITY

The Australia's welfare 2007: disadvantage and diversity conference, held on 6 December 2007, attracted almost 300 delegates from around Australia. Topics included indicators of the welfare of Australia's population, ageing and aged care services, disability and disability services, assistance for housing, services for people experiencing homelessness, and welfare services expenditure and labour force.

The Hon. Tanya Plibersek, MP Minister for Housing, launched the report *Australia's welfare 2007* at the conference.



**The Hon. Tanya Plibersek, MP at the launch of *Australia's welfare 2007***

## Australia's health 2008

# Australia's health 2008

The Australia's health conference was held on 24 June 2008. With 17 sponsors and approximately 500 delegates, the conference brought together health professionals, researchers, policy makers, practitioners and academics working across all industry and government fields in health. Both invited and AIHW experts discussed the health of Australians and our health services, focusing on where we've come from, what's happening now and what's likely to happen in the future.

The report *Australia's health 2008* was launched at the conference by the Minister for Health and Ageing, the Hon. Nicola Roxon MP.



**AIHW Director Dr Penny Allbon with Hon. Nicola Roxon, MP at the launch of *Australia's health 2008***

## People management

### Staffing

Staff numbers since June 2007 have increased from 208 to 257, an increase of 49 staff (see Table 8). Most of this increase is in full-time ongoing employment. There has been a significant increase in the number of staff

taking up part-time working arrangements in both ongoing and non-ongoing employment. The proportion of male to female staff has remained stable over the last 12 months (see Table 9). This year's graduate recruitment program attracted 64 applications and 12 were employed at the APS 4 level in ongoing positions.

**Table 8: Staff by category of employment at 30 June 2008**

Status	Female	Male	Total June 2008	Total June 2007
<b>Ongoing</b>				
Full-time	104	66	170	123
Part-time	40	8	48	42
LWOP	7	3	10	12
<b>Non-ongoing</b>				
Full-time	13	7	20	25
Part-time	7	2	9	4
LWOP	0	0	0	2
<b>Total</b>	<b>171</b>	<b>86</b>	<b>257</b>	<b>208</b>
FT equivalent			242	180

**Table 9: Staff by level at 30 June 2008**

Status	Female	Male	Total June 2008	Total June 2007
SES Band 2	1	0	1	1
SES Band 1	3	2	5	5
EL 2	15	17	32	27
EL 1	59	23	82	72
APS 6	37	19	56	41
APS 5	16	7	23	28
APS 4	22	13	35	22
APS 3	9	2	11	9
APS 2	9	3	12	3
<b>Total</b>	<b>171</b>	<b>86</b>	<b>257</b>	<b>208</b>

Note:

1. This information is based on substantive positions.
2. 'Ongoing staff' refers to staff employed on an ongoing basis by the AIHW, including staff on transfer from other APS agencies.
3. 'Non-ongoing staff' refers to staff employed by the AIHW on contracts for specified terms and specified tasks.

## Graduate employees

The AIHW offers graduates and postgraduates opportunities for people of all ages interested in health, housing and community services issues. The AIHW offers a dynamic and friendly work environment, a flexible graduate program, and positions to suit their skills and interests. Graduates also experience a variety of learning and development opportunities. As well as learning about the subject-matter of their work areas, graduates have access to a range of technical training such as Statistical Analysis Software, writing skills and media skills, as well as professional development and public sector awareness courses offered by the Australian Public Service Commission.

In 2007–08 the AIHW employed 12 people in its graduate program. A number of former graduates hold Executive Level 1 and 2 positions within the AIHW.

## Staff awards

Almost 17% (43) of AIHW staff have 10 years or more service. On 25 June 2008, eight staff were recognised for their 10 years of AIHW service and two staff were recognised for 20 years AIHW service.

**Table 10: Staff service awards**

10 Year Service	20 Year Service
Anne-Marie Waters	Joanne Maples
Fiona Douglass	Maneerat Pinyopusarerk
Helen Johnston	
Indrani Pieris-Caldwell	
Justin Griffin	
Louise York	
Lynelle Moon	
Melinda Petrie	
Naila Rahman	

## Director's awards for 2007–08

These awards are presented to staff members or teams in recognition for outstanding performance.

**Table 11: Director's awards**

Name	Unit
Nicole Hunter	Children, Youth and Families Unit
Stan Bennett	Contractor
Amber Summerill	Drug Surveys and Services Unit
Margaret Blood	Executive Unit
Brett Rogers	Expenditure and Economics Unit
Karin Cerasini	Finance and Commercial Services Unit
Tim Beard	Functioning and Disability Unit
Debbie Vanderdonk	Health Group
John Harding	Health Registers and Cancer Monitoring
Katrina Burgess	Hospitals Unit
Melinda Petrie	Housing Assistance Unit
Janine Martin	Information Services and Publishing Unit
Smart 6 team	Members of Smart 6 and SAAP units
Tanya Wordsworth	National data development and standards unit
Louise York	Population Health Unit
Michael de Looper	Population Health Unit
Tracy Dixon	Respiratory and Musculoskeletal Diseases Unit

## Performance feedback and communication policy

The AIHW implemented its performance feedback and communication policy this year. The policy aims to improve formal communication between managers and staff on work priorities, workload, performance, learning and development, and other issues. There is a strong emphasis on two-way communication and the process is



## Dr Fadwa Al-Yaman—Public Service medal

Aboriginal and Torres Strait Islander Health and Welfare Unit head, Dr Fadwa Al-Yaman was awarded a 2008 Public Service Medal. Dr Al-Yaman



has a background in immunology and health population and was recognised for outstanding public service in improving the accuracy and reliability of the data on Indigenous Australians contained in information collections for health, housing and community services.

conducted twice annually. A very high level of participation was achieved across the AIHW, with over 90% of staff participating in the first formal discussion.

### Learning and development

The Learning and Development Advisory Committee (LDAC) provides strategic direction for learning and development policies and activities across the AIHW. The committee reports to the Executive through its Chair, the Group Head Business Group. Through its group representatives, the LDAC seeks stakeholder input to the planning of the AIHW's corporate learning and development activities. The Corporate Learning and Development budget provides for generic AIHW-wide learning and development programs.

In 2007–2008 the AIHW focused on oral (giving and receiving feedback, media and presentations, and negotiation skills) and written (grammar workshops and writing skills)

communication skills, statistical and IT-related training (SAS, Deltagraph, METeOR, Beach, MS Excel, MS outlook), and other relevant training (OH&S, bullying and harassment awareness, and APS Values and Code of Conduct).

### Workplace relations (Collective Agreement 2008–2012)

The AIHW and the CPSU negotiated the AIHW Collective Agreement 2008–2012. The agreement was voted in favourably by staff (96.7% voted yes). The major changes to the new 4-year agreement include salary increases, an increase in the working day by 4 minutes, an additional paypoint for APS 5, increased allowances and guaranteed shutdown between Christmas and New Year. The new agreement came into effect on 15 July 2008.

## Environmental management

The functions of the AIHW are such that none of its activities is directly relevant to ecologically sustainable development as described in s. 516A of the *Environment Protection and Biodiversity Conservation Act 1999*. Nevertheless, in accordance with the AIHW's commitment to protecting the environment, the AIHW has in place a number of practices aimed at reducing the environmental effects of its day-to-day operations. These include:

- setting up a Green Group to examine and advise on options to further reduce our environmental impact (the group has met on three occasions and has made a number of suggestions which have been adopted)
- providing recycling bins in kitchens for co-mingled waste, as well as separate bins for organic waste provided to a worm farm



## Organic waste collection

(Part of the Green Group initiative during 2007–08)

### *Why collect organic waste?*

Like most offices, the AIHW produces a considerable amount of waste. While staff at the Institute are able to recycle many organic and inorganic materials through bins set up to collect paper and other materials, food scraps were thrown away with unsorted waste ultimately ending up in landfills.



### *How does the collection work at the AIHW?*

Since the beginning of May 2008, an additional bin has been available to staff in all AIHW kitchens. These bins collect organic waste such as food scraps, bread and paper towels.

This waste is collected by one of the Institute's employees and subsequently fed to worms and recycled into an organic fertiliser on his property in NSW—a process which is called vermicomposting.

These bins are pedal operated and colourfully labelled with instructions on what is suitable for worms including food scraps, coffee grinds, paper towels, tea bags, bread, cakes and biscuits. Bins are emptied 2–3 times a week and sterilised on a weekly basis. Records are kept on the weight of waste that is collected and contaminants that are found in the bins.

### *How well have we done to date?*

The collection commenced in May. In the first 7 weeks of operation (up to the end of June 2008) over 140 kilograms of organic waste was collected, equating to over 20 kilograms a week.

Progress to date indicates that over a tonne of organic waste will be collected from AIHW kitchens during the first 12 months of operations.

- installation of water saving devices in showers and toilets
- use of energy-efficient lighting
- upgrading of the air conditioning cooling tower
- recycling of toner cartridges, paper and other relevant waste
- provision of amenities for staff who ride bicycles to work.

## Occupational health and safety

The OH&S Committee met during the year. The committee's activities focused on drafting OH&S arrangements under the new legislative framework, and hazard and risk assessment. The AIHW's Health and Safety Management Agreement will be finalised by September 2008.

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 under ss.29, 46 or 47 of the *Occupational Health and Safety Act 1991*.

## Accommodation management

Negotiations for the extension of the AIHW's lease on the main building were completed in the early part of 2008. As part of these negotiations, the owners have undertaken to upgrade the air-conditioning system—this was completed in August 2008. In addition, the owners have repainted the outside of the building and have agreed to contribute to the cost of recarpeting the building.

As staff numbers increased during the year, it has been necessary to reconfigure office accommodation to maximise the use of office space. In particular, this has meant the relocation of the Executive area and the library. This work was completed in May 2008. The AIHW continues to lease a floor in the Trevor Pearcey House office complex, adjacent to the main building.

The AIHW operated from three locations in Canberra in 2007–08:

- 26 Thynne St, Fernhill Park, Bruce, Canberra (Main building)
- 28 Thynne St, Fernhill Park, Bruce, Canberra (Trevor Pearcey House)
- Level 4, Scarborough House: Atlantic Street, Woden, Canberra (Out-posted unit—closed 30 June 2008)

## Commonwealth Disability Strategy

The AIHW recognises the importance of the Commonwealth Disability Strategy (CDS), and makes every effort to ensure that all its policies

and procedures comply with the principles of the strategy. The AIHW fits the categories of employer, and service provider, respectively, under the Commonwealth Disability Strategy Performance Reporting Framework. The AIHW does not fit the categories of policy advisor, regulator or purchaser under the framework.

### The AIHW as employer

In accordance with the changes to the CDS reporting requirements, the AIHW's employer role activities can be located in the Australian Public Service Commission's State of the Service agency survey [www.apsc.gov.au/stateoftheservice](http://www.apsc.gov.au/stateoftheservice).

### The AIHW as provider

The major focus of the AIHW is to provide information to other government departments and statutory agencies for them to develop policies and programs. Our information is also available for the general public to access. The majority of our information is available in print as well as via the AIHW web site, however due to the large number of statistical tables in AIHW publications, it is extremely difficult to render the information in universally accessible formats. In recognition of this, the AIHW invites website visitors having difficulty accessing information to contact us directly for individual assistance.

Facilities and conferences managed by the AIHW comply with accessibility standards, including wheelchair access, toilets and disabled parking.

### Goals and actions for 2007–08

To review our current approach to and options for improving the accessibility of our website publications. Our actions will include fully assessing all options for making our publications more accessible within budget constraints.

# Appendix 1 — Financial statements



## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Health and Ageing

#### Scope

I have audited the accompanying financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2008, which comprise: a Statement by Directors; Income Statement; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Contingencies; and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies.

#### *The Responsibility of the Board of Directors for the Financial Statements*

The members of Board are responsible for the preparation and fair presentation of the financial statements in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards (which include the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

#### *Auditor's Responsibility*

My responsibility is to express an opinion on the financial statements based on my audit. My audit has been conducted in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Australian Institute of Health and Welfare's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Australian Institute of Health and Welfare's internal control. An audit also includes evaluating the appropriateness of accounting policies used

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

preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Australian Institute of Health and Welfare's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the *Directors*, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for my audit opinion.

### ***Independence***

In conducting the audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

### **Auditor's Opinion**

In my opinion, the financial statements of 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 2008 and of its financial performance and cash flows for the year then ended.

Australian National Audit Office



Jocelyn Ashford  
Executive Director  
Delegate of the Auditor-General  
Canberra

22 September 2008



**STATEMENT BY DIRECTORS**

In our opinion, the attached financial statements for the year ended 30 June 2008 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Institute will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the directors.

Hon. Peter Collins, AM, QC  
Chair

18 September 2008

Penny Allbon  
Director

18 September 2008

## Australian Institute of Health and Welfare

### INCOME STATEMENT

*for the year ended 30 June 2008*

	Notes	2008 <u>\$'000</u>	2007 <u>\$'000</u>
<b>INCOME</b>			
<b>Revenue</b>			
Revenue from Government	3A	8,678	8,625
Sale of goods and rendering of services	3B	20,227	16,300
Interest	3C	539	353
Other revenues	3D	156	8
<b>Total revenue</b>		<b>29,600</b>	25,286
<b>TOTAL INCOME</b>		<b>29,600</b>	25,286
<b>EXPENSES</b>			
Employee benefits	4A	18,437	15,426
Suppliers	4B	11,267	9,400
Depreciation and amortisation	4C	569	588
Write-down of assets	4D	83	187
Sales of assets	4E	8	9
<b>TOTAL EXPENSES</b>		<b>30,364</b>	25,610
<b>Surplus/(Deficit)</b>		<b>(764)</b>	(324)

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

## Australian Institute of Health and Welfare

### BALANCE SHEET

*as at 30 June 2008*

	Notes	2008 <u>\$'000</u>	2007 <u>\$'000</u>
<b>ASSETS</b>			
<b>Financial assets</b>			
Cash and cash equivalents	5A	7,778	7,133
Receivables	5B	5,541	4,601
<b>Total financial assets</b>		<b>13,319</b>	11,734
<b>Non-financial assets</b>			
Buildings	6A,D	1,616	1,492
Infrastructure, plant and equipment	6B,D	516	363
Library collection	6C,D	300	350
Intangibles	6E	295	478
Inventories	6F	66	66
Other non-financial assets	6G	415	377
<b>Total non-financial assets</b>		<b>3,208</b>	3,126
<b>Total Assets</b>		<b>16,527</b>	14,860
<b>LIABILITIES</b>			
<b>Payables</b>			
Suppliers	7A	1,071	920
Other payables	7B	269	397
Contract income in advance	7C	8,602	6,705
<b>Total payables</b>		<b>9,942</b>	8,022
<b>Provisions</b>			
Employee provisions	8A	4,748	4,237
Other provisions	8B	423	423
<b>Total provisions</b>		<b>5,171</b>	4,660
<b>Total liabilities</b>		<b>15,113</b>	12,682
<b>Net Assets</b>		<b>1,414</b>	2,178
<b>EQUITY</b>			
Contributed equity		1,146	1,146
Reserves		1,600	1,600
Retained surpluses/(accumulated deficits)		(1,332)	(568)
<b>Total Equity</b>		<b>1,414</b>	2,178
<b>Current Assets</b>		<b>13,799</b>	12,178
<b>Non-current Assets</b>		<b>2,728</b>	2,682
<b>Current Liabilities</b>		<b>14,139</b>	11,788
<b>Non-current Liabilities</b>		<b>974</b>	894

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



## Australian Institute of Health and Welfare

### STATEMENT OF CHANGES IN EQUITY

*as at 30 June 2008*

	Retained Earnings		Asset Revaluation Reserve		Contributed Equity/Capital		Total Equity	
	<u>2008</u>	<u>2007</u>	<u>2008</u>	<u>2007</u>	<u>2008</u>	<u>2007</u>	<u>2008</u>	<u>2007</u>
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Opening Balance</b>								
Balance carried forward from previous period	(568)	(244)	1,600	1,268	1,146	1,146	2,178	2,170
Adjustment for errors	-	-	-	-	-	-	-	-
Adjustment for changes	-	-	-	-	-	-	-	-
<b>Adjusted opening balance</b>	<b>(568)</b>	<b>(244)</b>	<b>1,600</b>	<b>1,268</b>	<b>1,146</b>	<b>1,146</b>	<b>2,178</b>	<b>2,170</b>
<b>Income and Expense</b>								
Income and expense recognised Directly in Equity	-	-	-	332	-	-	-	332
<b>Sub-total income and expenses recognised directly in equity</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>332</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>332</b>
Surplus (Deficit) for the period	(764)	(324)	-	-	-	-	(764)	(324)
<b>Total income and expenses</b>	<b>(764)</b>	<b>(324)</b>	<b>-</b>	<b>332</b>	<b>-</b>	<b>-</b>	<b>(764)</b>	<b>8</b>
<b>Transactions with Owners</b>								
<i>Distributions to owners</i>								
Return on Capital: Dividends	-	-	-	-	-	-	-	-
<i>Contributions by Owners</i>								
Appropriation (equity injection)	-	-	-	-	-	-	-	-
Restructuring	-	-	-	-	-	-	-	-
<b>Sub-total Transactions with Owners</b>								
<b>Closing balance at 30 June</b>	<b>(1,332)</b>	<b>(568)</b>	<b>1,600</b>	<b>1,600</b>	<b>1,146</b>	<b>1,146</b>	<b>1,414</b>	<b>2,178</b>

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

## Australian Institute of Health and Welfare

### CASH FLOW STATEMENT for the year ended 30 June 2008

	Notes	2008	2007
		<u>\$'000</u>	<u>\$'000</u>
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Goods and services		23,284	19,692
Appropriations		8,678	8,625
Interest		530	365
Other		156	8
<b>Total cash received</b>		<b>32,648</b>	28,690
<b>Cash used</b>			
Employees		18,047	15,563
Suppliers		12,062	9,860
Net GST paid		1,190	826
<b>Total cash used</b>		<b>31,299</b>	26,249
<b>Net cash from or (used by) operating activities</b>	9	<b>1,349</b>	2,441
<b>INVESTING ACTIVITIES</b>			
<b>Cash received</b>			
Sale of property, plant and equipment		0	1
<b>Total cash received</b>		<b>0</b>	1
<b>Cash used</b>			
Purchase of property, plant and equipment		704	215
<b>Total cash used</b>		<b>704</b>	215
<b>Net cash from or (used by) investing activities</b>		<b>(704)</b>	(214)
<b>Net Increase or (Decrease) in Cash Held</b>		<b>645</b>	2,227
Cash at the beginning of the reporting period		7,133	4,906
<b>Cash at the end of the reporting period</b>	5A	<b>7,778</b>	7,133

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 2008*

	<b>2008</b>	2007
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>BY TYPE</b>		
<b>Commitments</b>		
Operating leases <sup>1</sup>	9,401	10,146
Other <sup>2</sup>	1,321	2,776
<b>Total commitments</b>	<b>10,722</b>	12,922
<b>Commitments receivable</b>	(13,154)	(17,363)
<b>Net commitments by type</b>	<b>(2,432)</b>	(4,441)
<b>BY MATURITY</b>		
<b>Operating lease commitments</b>		
One year or less	1,645	1,519
From one to five years	6,190	5,752
Over five years	1,566	2,875
<b>Total operating lease commitments</b>	<b>9,401</b>	10,146
<b>Other commitments</b>		
One year or less	1,238	2,384
From one to five years	83	392
<b>Total other commitments</b>	<b>1,321</b>	2,776
<b>Total commitments payable</b>	<b>10,722</b>	12,922
<b>Commitments receivable</b>		
Contract work commitments <sup>2</sup>		
One year or less	(8,604)	(9,960)
From one to five years	(3,574)	(6,231)
<b>Total contract work commitments</b>	<b>(12,178)</b>	(16,191)
Goods and Services Tax (GST)	(976)	(1,172)
<b>Total commitments receivable</b>	<b>(13,154)</b>	(17,363)
<b>Net commitments by maturity</b>	<b>(2,432)</b>	(4,441)

NB: Commitments are GST inclusive where relevant.

<sup>1</sup> 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.
- The lease term is seven years.
- Current leases expire in July and August 2014.

**Computer equipment lease**

- The lease term is three years, on expiry of the lease term, the AIHW has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models.

**Agreements for the provision of motor vehicles to Senior Executive Officers.**

- No contingent rentals exist. There are no renewal or purchase options available to the AIHW.

<sup>2</sup> Other commitments are primarily amounts relating to the AIHW's contract work.

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

**Australian Institute of Health and Welfare**

**SCHEDULE OF CONTINGENCIES**

*as at 30 June 2008*

---

	<b>2008</b>	2007
	<b><u>\$'000</u></b>	<u>\$'000</u>
<b>CONTINGENCIES</b>	<b>Nil</b>	Nil

---

As at 30 June 2008, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2007: Nil).

---

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	Income
Note 4	Expenses
Note 5	Financial Assets
Note 6	Non-Financial Assets
Note 7	Payables
Note 8	Provisions
Note 9	Cash flow reconciliation
Note 10	Directors Remuneration
Note 11	Executive Remuneration
Note 12	Remuneration of Auditors
Note 13	Financial Instruments
Note 14	Appropriations
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 Objectives of the Australian Institute of Health and Welfare

The financial statements are required by clause 1(b) of Schedule 1 to the *Commonwealth Authorities and Companies Act 1997* and are a General Purpose Financial Report.

The continued existence of the 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 2007; and
- Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial report has been prepared on an accrual basis and is 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 report is 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 and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under agreements equally proportionately unperformed are not recognised unless required by an Accounting Standard.

# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

### 1.2 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.

### 1.3 Statement of Compliance

#### Adoption of new Australian Accounting Standard requirements

No accounting standard has been adopted earlier than the application date as stated in the Standard. The following new standard is applicable to the current reporting period.

#### Financial instrument disclosure

AASB 7 *Financial Instruments: Disclosures* is effective for reporting periods beginning on or after 1 January 2007 (the 2007-08 financial year) and amends the disclosure requirements for financial instruments. In general AASB 7 requires greater disclosure than that previously required. Associated with the introduction of AASB 7 a number of accounting standards were amended to reference the new standard or remove the present disclosure requirements through 2005-10 Amendments to Australian Accounting Standards [AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023 & AASB 1038]. These changes have no financial impact but will affect the disclosure presented in future financial reports.

The following new standards, amendments to standards or interpretations for the current financial year have no material financial impact on the AIHW.

101 Presentation of Financial Statements (issued October 2005)

1048 Interpretation and Application of Standards (reissued September 2007)

2005-10 Amendments to Australian Accounting Standards [AASB 1, 4, 101, 114, 117, 132, 133, 139, 1023, 1038]

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

2007-1 Amendments to Australian Accounting Standards arising from AASB interpretation 11 [AASB 2]

2007-4 Amendments to Australian Accounting Standards arising from ED 151 and Other Amendments and Erratum: Proportionate Consolidation

2007-5 Amendments to Australian Accounting Standards – Inventories for Distribution by Not-for-Profit Entities

2007-7 Amendments to Australian Accounting Standards

2008-4 Amendments to Australian Accounting Standards – Key Management Personnel Disclosures by Disclosing Entities [AASB 124]

ERR Erratum Proportionate Consolidation [AASB 101, AASB 107, AASB 121, AASB 127, Interpretation 113]

Interpretation 10 Interim Financial Reporting and Impairment

Interpretation 11 AASB2 Group and Treasury Share Transactions

Interpretation 1003 Australian Petroleum Resource Rent Tax

UIG Interpretation 11 AASB 2 – Group and Treasury Share Transactions and 2007-1 Amendments to Australian Accounting Standards arising from AASB Interpretation 11.

#### *Future Australian Accounting Standard requirements*

The following new standards, amendments to standards or interpretations have been issued by the Australian Accounting Standards Board but are effective for future reporting periods. It is estimated that the impact of adopting these pronouncements when effective will have no material financial impact on future reporting periods.

AASB Interpretation 12 Service Concession Arrangements and 2007-2 Amendments to Australian Accounting Standards arising from AASB Interpretation 12

AASB 8 Operating Segments and 2007-3 Amendments to Australian Accounting Standards arising from AASB 8

2007-6 Amendments to Australian Accounting Standards arising from AASB 123

AASB Interpretation 13 Customer Loyalty Programmes



# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

AASB Interpretation 14 AASB 119 – The Limit on a Defined Benefit Asset, Minimum Funding Requirements and their Interaction

### *Other*

The following standards and interpretations have been issued but are not applicable to the operations of the AIHW.

### ***AASB 1049 Financial Reporting of General Government Sectors by Government.***

AASB 1049 specifies the reporting requirements for the General Government Sector. The FMOs do not apply to this reporting or the consolidated financial statements of the Australian Government.

#### **1.4 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 entity.

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 provision for bad and doubtful debts. Collectability of debts is reviewed at balance date. Provisions are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

### Revenues from Government

Amounts appropriated for Departmental outputs appropriations for the year (adjusted for any formal additions and reductions) are recognised as revenue, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned.

Appropriations receivable are recognised at their nominal amounts.

### **1.5 Gains**

#### Other 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.

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 (Refer to Note 1.6).

#### Sale of assets

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

### **1.6 Transactions with the Government as Owner**

#### Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) are recognised directly in Contributed Equity in that year.

#### Restructuring of administrative arrangements

Net assets received from or relinquished to another Australian Government Agency or authority under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

#### Other distributions to owners

The FMOs require that distributions to owners be debited to contributed equity unless in the nature of a dividend. No distributions were made during the 2007-08 year.

# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

### 1.7 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) 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.

All other employee benefit liabilities are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

#### Leave

The liability for employee 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 2008. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

#### Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

#### Superannuation

Staff of the AIHW are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance and Deregulation as an administered item.

# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the Government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

### **1.8 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 non-current assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is capitalised at either the fair value of the lease property or, if lower, the present value of minimum lease payments at the inception of the contract and a liability recognised at the same time and for the same amount.

The discount rate used is the interest rate implicit in the lease. Leased assets are amortised over the period of the lease. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

### **1.9 Borrowing Costs**

All borrowing costs are expensed as incurred.

### **1.10 Cash**

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

### 1.11 Financial Assets

The AIHW classifies its financial assets in the following categories:

- ‘held-to-maturity investments’, and
- ‘loans and receivables’.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon ‘trade date’.

#### Held-to-maturity investments

Non-derivative financial assets with fixed or determinable payments and fixed maturity dates that the group has the positive intent and ability to hold to maturity are classified as held-to-maturity investments. Held-to-maturity investments are recorded at amortised cost using the effective interest method less impairment, with revenue recognised on an effective yield basis.

#### Loans and receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as ‘loans and receivables’. They are included in current assets, except for maturities greater than 12 months after the balance sheet date. These are classified as non current assets. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

#### Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

- Financial assets held at amortised cost - If there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset’s carrying amount and the present value of estimated future cash flows discounted at the asset’s original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Income Statement.
- Available for sale financial assets - If there is objective evidence that an impairment loss on an available for sale financial asset has been incurred, the amount of the difference between its cost, less principal repayments and amortisation, and its current fair value, less any impairment loss previously recognised in expenses, is transferred from equity to the Income Statement.

# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

### **1.12 Financial Liabilities**

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

#### *Financial liabilities at fair value through profit or loss*

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

#### *Supplier and other payables*

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

### **1.13 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.

### **1.14 Financial Guarantee Contracts**

Financial guarantee contracts are accounted for in accordance with AASB139. They are not treated as a contingent liability, as they are regarded as financial instruments outside the scope of AASB137. The AIHW has no contracts with financial guarantees.

### **1.15 Acquisition of Assets**

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate. Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

---

#### 1.16 Property, Plant and Equipment (PP&E)

##### Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the Balance Sheet, except for purchases costing less than \$3,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'makegood' provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW's leasehold improvements with a corresponding provision for the 'makegood' recognised.

##### Revaluations

Fair values for each class of asset are determined as shown below:

<b>Asset class</b>	<b>Fair value measured at:</b>
Buildings-Leasehold Improvements	Depreciated replacement cost
Plant and equipment	Market selling price
Library Collection	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

### Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the AIHW using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

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

	<u>2008</u>	<u>2007</u>
Leasehold improvements	Lease term	Lease term
Plant and Equipment	3 to 10 years	3 to 10 years
Library Collection	7 years	7 to 10 years

### Impairment

All assets were assessed for impairment at 30 June 2008. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the AIHW were deprived of the asset, its value in use is taken to be its depreciated replacement cost.



# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

---

### **1.17 Intangibles**

The AIHW's intangibles comprise internally developed and purchased software for internal use. These assets are carried at cost.

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 (2006-07: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2008.

### **1.18 Inventories**

Inventories held for sale are valued at the lower of cost and net realisable value. Inventories held for distribution are measured at the lower of cost and current replacement cost.

Inventories acquired at no cost or nominal consideration are measured at current replacement cost at the date of acquisition.

### **1.19 Taxation**

The AIHW is exempt from all forms of taxation except goods and services tax (GST) and Fringe Benefits Tax (FBT).

Revenues, expenses and assets are recognised net of GST:

- except where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- except for receivables and payables.

### **Note 2: Events after the Balance Date**

There were no events that occurred after the balance date that would affect the balances in the financial statements.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

#### **Note 3: Income**

<i>Revenue</i>	<b>2008</b>	2007
	<b><u>\$'000</u></b>	<u>\$'000</u>
<u>Note 3A: Revenue from Government</u>		
Appropriations		
Departmental outputs	<b>8,678</b>	8,625
<b><i>Total revenue from Government</i></b>	<b><u>8,678</u></b>	<u>8,625</u>
<u>Note 3B: Sale of goods and rendering of services</u>		
Provision of goods – related entities	<b>0</b>	4
Provision of goods – external entities	<b>67</b>	93
Rendering of services – related entities	<b>14,187</b>	11,620
Rendering of services – external entities	<b>5,973</b>	4,583
<b><i>Total sale of goods and rendering of services</i></b>	<b><u>20,227</u></b>	<u>16,300</u>
<u>Note 3C: Interest</u>		
Deposits	<b>539</b>	353
<b><i>Total interest</i></b>	<b><u>539</u></b>	<u>353</u>
<u>Note 3D: Other revenues</u>		
Conference income	<b>153</b>	2
Other	<b>3</b>	6
<b><i>Total other revenues</i></b>	<b><u>156</u></b>	<u>8</u>
<b>Note 4: Expenses</b>		
<u>Note 4A: Employees benefits</u>		
Wages and salaries	<b>14,021</b>	11,920
Superannuation	<b>2,438</b>	2,127
Leave and other entitlements	<b>1,788</b>	1,366
Separation and redundancies	<b>89</b>	0
Other employee expenses	<b>101</b>	13
<b><i>Total employee benefits</i></b>	<b><u>18,437</u></b>	<u>15,426</u>
<u>Note 4B: Suppliers</u>		
Provision of goods – external entities	<b>583</b>	486
Rendering of services – related entities	<b>274</b>	284
Rendering of services – external entities	<b>8,877</b>	7,330
Operating lease rentals: minimum lease payments	<b>1,412</b>	1,161
Workers compensation premiums	<b>121</b>	139
<b><i>Total supplier expenses</i></b>	<b><u>11,267</u></b>	<u>9,400</u>

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2008</b>	2007
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>Note 4C: Depreciation and amortisation</b>		
Depreciation:		
Leasehold improvements	218	150
Infrastructure, plant and equipment	110	186
Library collection	50	50
<b>Total depreciation</b>	<b><u>378</u></b>	<b><u>386</u></b>
Amortisation:		
Intangibles		
Computer software	191	202
<b>Total amortisation</b>	<b><u>191</u></b>	<b><u>202</u></b>
<b>Total depreciation and amortisation</b>	<b><u>569</u></b>	<b><u>588</u></b>

**Note 4D: Write-down of assets**

Inventory – write down to net realisable value	0	2
Library collection – revaluation decrement	0	151
Infrastructure, plant and equipment – revaluation decrement	0	34
Leasehold improvements	83	0
<b>Total write down of assets</b>	<b><u>83</u></b>	<b><u>187</u></b>

**Note 4E: Net losses from sale of assets**

Net book value of infrastructure, plant and equipment	8	10
Less: Proceeds from sale	0	1
<b>Net loss from disposal of infrastructure, plant and equipment</b>	<b><u>8</u></b>	<b><u>9</u></b>

**Note 5: Financial Assets**

**Note 5A: Cash and cash equivalents**

Cash on hand or on deposit	7,778	7,133
<b>Total cash and cash equivalents</b>	<b><u>7,778</u></b>	<b><u>7,133</u></b>

Surplus cash is invested in term deposits and is represented as cash and cash equivalents.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	2008	2007
	<u>\$'000</u>	<u>\$'000</u>
<b>Note 5B: Receivables</b>		
Goods and services	5,461	4,479
Other receivables	80	122
<b>Total receivables (gross)</b>	<b><u>5,541</u></b>	<b><u>4,601</u></b>
Receivables are aged as follows:		
Not overdue	5,369	4,223
Overdue by:		
Less than 30 days	165	371
30 – 60 days	0	6
61 – 90 days	0	1
More than 90 days	7	0
<b>Total receivables (gross)</b>	<b><u>5,541</u></b>	<b><u>4,601</u></b>
Receivables is represented by:		
Current	5,541	4,601
Non-current	0	0
<b>Total receivables (gross)</b>	<b><u>5,541</u></b>	<b><u>4,601</u></b>

### Note 6: Non-Financial Assets

#### Note 6A: Buildings

Leasehold improvements		
- fair value	1,254	1,069
- WIP	156	0
- accumulated depreciation	(157)	0
	<u>1,253</u>	<u>1,069</u>
- deferred makegood expense	423	423
- accumulated depreciation	(60)	0
	<u>363</u>	<u>423</u>
<b>Total Buildings (non-current)</b>	<b><u>1,616</u></b>	<b><u>1,492</u></b>

No indicators of impairment were found for leasehold improvements.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2008</b>	2007
<u>Note 6B: Infrastructure, plant and equipment</u>	<u>\$'000</u>	<u>\$'000</u>
<b><i>Plant and Equipment</i></b>		
- fair value	624	363
- accumulated depreciation	(108)	-
<b><i>Total Plant and Equipment (non-current)</i></b>	<b>516</b>	<b>363</b>

All revaluations are conducted in accordance with the revaluation policy stated at Note 1. In 2006-07, an independent valuer conducted the revaluations.

No revaluations were made in 2007-08 (2007:\$437,000). A decrement of \$139,000 for plant and equipment (2007: \$139,000) and a decrement of \$151,000 for the Library Collection (2007: \$151,000) were processed at 30 June 2007. These were accounted for in the Asset Revaluation Reserve and the Income Statement.

No indicators for impairment were found for plant and equipment.

<u>Note 6C: Library Collection</u>		
- fair value	350	350
- accumulated depreciation	(50)	-
<b><i>Total Library Collection (non-current)</i></b>	<b>300</b>	<b>350</b>

No indicators of impairment were found for property, plant and equipment.

## 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 (2007-08)**

	Buildings-Leasehold Improvements \$'000	Infrastructure and Equipment \$'000	Other Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
<b>As at 1 July 2007</b>					
Gross book value	1,492		363	350	2,205
Accumulated depreciation/amortisation	-		-	-	-
<b>Net book value</b>	<b>1,492</b>		<b>363</b>	<b>350</b>	<b>2,205</b>
Additions by purchase	425		271	0	696
Revaluations					
Depreciation expense	(218)		(110)	(50)	(378)
Write back of depreciation on disposal			2		2
Disposals			(10)		(10)
Write downs	(83)				(83)
<b>Net book value 30 June 2008</b>	<b>1,616</b>		<b>516</b>	<b>300</b>	<b>2,432</b>
<b>Net book value as of 30 June 2008 represented by:</b>					
Gross Book Value	1,834		624	350	2,808
Accumulated depreciation/amortisation	(218)		(108)	(50)	(376)
	<b>1,616</b>		<b>516</b>	<b>300</b>	<b>2,432</b>

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

**TABLE A — Reconciliation of the opening and closing balances of property, plant and equipment (2006-07)**

	Buildings-Leasehold Improvements \$'000	Infrastructure Plant and Equipment \$'000	Other Library Collection \$'000	Total \$'000
<b>As at 1 July 2006</b>				
Gross book value	1,194	758	558	2,510
Accumulated depreciation/amortisation	(70)	(185)	(57)	(312)
<b>Net book value</b>	<b>1,124</b>	<b>573</b>	<b>501</b>	<b>2,198</b>
Additions by purchase	23	142	50	215
Revaluations	437	(139)	(151)	147
Change in estimate of makegood value	58	-	-	58
Depreciation expense	(150)	(186)	(50)	(386)
Write back of depreciation on disposal	-	6	-	6
Disposals	-	(16)	-	(16)
Transfer of work in progress	-	(17)	-	(17)
<b>Net book value 30 June 2007</b>	<b>1,492</b>	<b>363</b>	<b>350</b>	<b>2,205</b>
<b>Net book value as of 30 June 2007 represented by:</b>				
Gross Book Value	1,492	363	350	2,205
Accumulated depreciation/amortisation	-	-	-	-
	<b>1,492</b>	<b>363</b>	<b>350</b>	<b>2,205</b>

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2008</b>	<b>2007</b>
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>Note 6E: Intangibles</b>		
<b>Computer software</b>		
- purchased – in use	142	134
- accumulated amortisation	(125)	(99)
	17	35
- internally developed – in use	775	775
- accumulated amortisation	(497)	(332)
	278	443
<b>Total Intangibles (non-current)</b>	<b>295</b>	<b>478</b>

No indications of impairment were found for intangibles.

**TABLE A — Reconciliation of the opening and closing balances of Intangibles (2007-08)**

	Computer software – internally developed \$'000	Computer software – purchased (in use) \$'000	Computer software – purchased (in progress) \$'000	Total \$'000
<b>As at 1 July 2007</b>				
Gross book value	775	134	0	909
Accumulated depreciation/amortisation and impairment	(332)	(99)	0	(431)
<b>Net Book Value 1 July 2007</b>	<b>443</b>	<b>35</b>	<b>0</b>	<b>478</b>
<b>Additions:</b>				
by purchase or internally developed		8		8
Transfers				
Amortisation	(165)	(26)	0	(191)
<b>Net book value 30 June 2008</b>	<b>278</b>	<b>17</b>	<b>0</b>	<b>295</b>
<b>Net book value as of 30 June 2008:</b>				
<b>As at 30 June 2008</b>				
Gross Book Value	775	142	0	917
Accumulated depreciation/amortisation	(497)	(125)	0	(622)
	<b>278</b>	<b>17</b>	<b>0</b>	<b>295</b>



## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

**TABLE A — Reconciliation of the opening and closing balances of Intangibles (2006-07)**

	Computer software – internally developed \$'000	Computer software – purchased (in use) \$'000	Computer software – purchased (in progress) \$'000	Total \$'000
<b>As at 1 July 2006</b>				
Gross value	725	134	32	891
Accumulated depreciation/amortisation and impairment	(167)	(62)	0	(229)
<b>Net Book Value 1 July 2006</b>	<b>558</b>	<b>72</b>	<b>32</b>	<b>662</b>
Additions:				
by purchase or internally developed	50	0	0	50
Transfers	0	0	(32)	(32)
Amortisation	(165)	(37)		(202)
<b>Net book value 30 June 2007</b>	<b>443</b>	<b>35</b>	<b>0</b>	<b>478</b>
<b>Net book value as of 30 June 2007</b>				
<b>As at 30 June 2007</b>				
Gross Book Value	775	134	0	909
Accumulated depreciation/amortisation	(332)	(99)	0	(431)
	<b>443</b>	<b>35</b>	<b>0</b>	<b>478</b>

<b>2008</b>	2007
<b>\$'000</b>	<b>\$'000</b>

Note 6F: Inventories

Inventories held for sale

<b>66</b>	66
-----------	----

All inventories are current assets.

Note 6G: Other Non-Financial Assets

Prepayments

<b>415</b>	377
------------	-----

All other non-financial assets are current assets.

No indicators of impairment were found for other non-financial assets.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2008</b>	<b>2007</b>
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>Note 7: Payables</b>		
<u>Note 7A: Suppliers</u>		
Trade creditors	<b>1,071</b>	920
<b><i>Total supplier payables</i></b>	<b><u>1,071</u></b>	<u>920</u>
Supplier payables are represented by:		
Current	<b>1,071</b>	920
Non-current	-	-
<b><i>Total supplier payables</i></b>	<b><u>1,071</u></b>	<u>920</u>
Settlement is usually made net 30 days.		
<u>Note 7B: Other</u>		
GST payable to ATO	<b>269</b>	397
<b><i>Total other payables</i></b>	<b><u>269</u></b>	<u>397</u>
All other payables are current liabilities.		
<u>Note 7C: Contract income in advance</u>		
Contract income	<b>8,602</b>	6,705
All income in advance payables are current.		
<b>Note 8: Provisions</b>		
<u>Note 8A: Employee Provisions</u>		
Salaries and wages	<b>213</b>	138
Leave	<b>4,506</b>	4,082
Superannuation	<b>29</b>	17
<b><i>Total employee provisions</i></b>	<b><u>4,748</u></b>	<u>4,237</u>
Employee provisions are represented by:		
Current	<b>4,198</b>	3,766
Non-current	<b>550</b>	471
<b><i>Total other provisions</i></b>	<b><u>4,748</u></b>	<u>4,237</u>

The classification of current includes amounts for which there is not an unconditional right to defer settlement by one year. Hence in the case of employee provisions the above classification does not represent the amount expected to be settled within one year of the reporting date. Employee provisions expected to be settled in one year are \$1,671,000 (2007: \$1,863,000), and in excess of one year are \$3,077,000 (2007: \$2,374,000).

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2008</b>	2007
	<b><u>\$'000</u></b>	<b><u>\$'000</u></b>
<b>Note 8B: Other Provisions</b>		
Provision for makegood	<b>423</b>	423
<b>Total other provisions</b>	<b><u>423</u></b>	<b><u>423</u></b>

Other provisions are represented by:

Current	-	-
Non - current	<b>423</b>	423
<b>Total other provisions</b>	<b><u>423</u></b>	<b><u>423</u></b>

		<b>Provision for makegood</b>
<b>Carrying amount 1 July 2007</b>		423
Amount used		-
Revaluation		-
<b>Carrying amount 30 June 2008</b>		<b><u>-</u></b>

The AIHW currently has 2 agreements for leasing premises which have provisions requiring the AIHW to restore the premises to their original condition at the conclusion of the lease. The AIHW has made a provision to reflect the present value of this obligation.

#### **Note 9: Cash Flow Reconciliation**

##### **Reconciliation of cash and cash equivalents per Balance Sheet to Cash Flow Statement**

Cash Flow Statement	7,778	7,133
Balance Sheet	<b>7,778</b>	<b>7,133</b>
<b>Difference</b>	<b><u>-</u></b>	<b><u>-</u></b>

##### **Reconciliation of net surplus/(deficit) to net cash from operating activities:**

Net surplus (deficit)	(764)	(324)
Depreciation/amortisation	<b>569</b>	588
Net loss from sale of assets	<b>8</b>	10
Net write down of non financial assets	<b>83</b>	185
(Increase) / decrease in net receivables	<b>(940)</b>	(253)
(Increase) / decrease in inventories	<b>0</b>	2
(Increase) / decrease in other non financial assets	<b>(38)</b>	(167)
Increase / (decrease) in supplier and other payables	<b>23</b>	526
Increase / (decrease) in employee provisions	<b>511</b>	3
Increase / (decrease) in lease incentive liability	<b>0</b>	(71)
Increase / (decrease) in other income in advance	<b>1,897</b>	1,944
<b>Net cash from/(used by) operating activities</b>	<b><u>1,349</u></b>	<b><u>2,441</u></b>

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

**Note 10: Directors Remuneration**

The *Commonwealth Authorities and Companies Act 1997* defines members of the Board as directors. The number of directors included in these figures is shown below in the relevant remuneration bands:

	<b>2008</b>	2007
Nil to \$14,999	<b>12</b>	12
\$15,000 to \$29,999	<b>1</b>	1
\$260,000 to \$274,999	<b>1</b>	1
<b>Total number of directors of the AIHW</b>	<b>14</b>	14

Total remuneration received or due and receivable by directors of the AIHW	<b>\$296,452</b>	\$276,954
----------------------------------------------------------------------------	------------------	-----------

- Some directors of the AIHW are Government employees and receive no additional remuneration for these duties.

**Note 11: Executive Remuneration**

The number of executives who received or were due to receive total remuneration of \$130,000 or more:

	<b>2008</b>	2007
\$145,000 - \$159,999	<b>1</b>	3
\$160,000 - \$174,999	<b>2</b>	1
\$175,000 - \$189,999	<b>1</b>	1
\$190,000 - \$204,999	<b>1</b>	0
<b>Total</b>	<b>5</b>	5

The aggregate amount of total remuneration of executives shown above:	<b>\$875,314</b>	\$810,888
-----------------------------------------------------------------------	------------------	-----------

No separation or redundancy payments were made to executives during the year. The Director of the AIHW is a member of the Board. Her remuneration is included in Note 10.

**Note 12: Remuneration of Auditors**

	<b>2008</b>	2007
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	<b>\$23,700</b>	\$19,000

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

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

	<b>2008</b>	2007
	<b>\$'000</b>	\$'000
<b>Note 13: Financial Instruments</b>		
<u>Note 13A: Categories of financial instruments</u>		
<b>Financial assets</b>		
Loans and receivables		
Cash at bank	7,778	7,133
Receivables for goods and services	5,461	4,479
<b>Carrying amount of financial assets</b>	<b>13,239</b>	11,612
<b>Financial liabilities</b>		
Other financial liabilities		
Trade creditors	138	8
<b>Carrying amount of financial liabilities</b>	<b>138</b>	8
<u>Note 13B: Net income and expense from financial assets</u>		
<b>Loans and receivables</b>		
Interest revenue (see note 3C)	539	353
<b>Net gain/(loss) loans receivable</b>	<b>539</b>	353
<b>Net gain/(loss) from financial assets</b>	<b>539</b>	353

#### Note 13C: Credit risk

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are cash, receivables from other Government organisations or amounts. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2008: \$5,461,000 and 2007: \$4,479,000). The AIHW has assessed the risk of the default on payment and has allocated \$0 in 2008 (2007: \$0) to an allowance for doubtful debts account.

The AIHW has policies and procedures that guide employees debt recovery techniques that are to be applied.

The AIHW has no significant exposure to any concentrations of credit risk.

## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

Credit risk of financial instruments not past due or individually determined as impaired:

	<b>Not Past Due Nor Impaired 2008 \$'000</b>	Not Past Due Nor Impaired 2007 \$'000	<b>Past Due or Impaired 2008 \$'000</b>	Past Due or Impaired 2007 \$'000
Cash at bank	7,778	7,133	0	0
Receivables for goods and services	5,289	4,223	172	378
<b>Total</b>	<b>13,067</b>	11,356	<b>172</b>	378

Ageing of financial assets that are past due but not impaired for 2008.

	<b>0 to 30 days \$'000</b>	<b>31 to 60 days \$'000</b>	<b>61 to 90 days \$'000</b>	<b>90+ days \$'000</b>	<b>Total \$'000</b>
Receivables for goods and services	165	0	0	7	172
<b>Total</b>	<b>165</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>172</b>

Ageing of financial assets that are past due but not impaired for 2007.

	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	371	6	1	0	378
<b>Total</b>	<b>371</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>378</b>

#### Note 13D: Market risk

The AIHW holds basic financial instruments that do not expose the Authority to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

# Australian Institute of Health and Welfare

## Notes to and forming part of the Financial Statements

### Note 14: Appropriations

Particulars	Administered Expenses		Departmental Outputs		Total	
	Outcome 1		2008	2007	2008	2007
	2008	2007				
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Balance brought forward from previous period	-	-	-	-	-	-
Appropriation Act:						
Appropriation Act (No.1) 2007-08	-	-	<b>8,718</b>	8,625	<b>8,718</b>	8,625
Appropriation Act (No.3) 2007-08	-	-	-	-	-	-
Appropriation Act (No.5) 2007-08	-	-	-	-	-	-
Other annual appropriation acts						
Administered appropriation lapsed (Appropriation Act section 8)	-	-			-	-
Reductions of appropriations (Appropriation Act section 9)			<b>(40)</b>	-	<b>(40)</b>	-
Advance to the Finance Minister (Appropriation Act section 11)	-	-	-	-	-	-
Comcover receipts (Appropriation Act section 12)	-	-	-	-	-	-
FMA Act:						
Refunds credited (FMA section 30)	-	-	-	-	-	-
Appropriations to take account of recoverable GST (FMA section 30A)	-	-	-	-	-	-
Annotations to 'net appropriations' (FMA section 31)	-	-	-	-	-	-
Adjustment of appropriations on change of entity function (FMA section 32)	-	-	-	-	-	-
Total appropriation available for payments	-	-	<b>8,678</b>	8,625	<b>8,678</b>	8,625
Cash payments made during the year (GST inclusive)	-	-	<b>(8,678)</b>	(8,625)	<b>(8,678)</b>	(8,625)
Appropriations credited to Special Accounts (excluding GST)	-	-	-	-	-	-
Balance of Authority to Draw Cash from the Consolidated Revenue Fund for Ordinary Annual Services Appropriations and as represented by:						
	-	-	-	-	-	-
Cash at bank and on hand	-	-	-	-	-	-
*Departmental appropriations receivable			-	-	-	-
*Undrawn, unexpired administered appropriations	-	-			-	-
<b>Total</b>	-	-	-	-	-	-

## 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 were made during the reporting period (2007: Nil).

#### **Note 16: Reporting of Outcomes**

##### Note 16A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2008 \$'000	2007 \$'000	2008 \$'000	2007 \$'000
<i>Expenses</i>				
<b>Departmental</b>	<b>30,364</b>	25,610	<b>30,364</b>	25,610
<b>Total expenses</b>	<b>30,364</b>	25,610	<b>30,364</b>	25,610
<i>Costs recovered from provision of goods and services to the non-government sector</i>				
Departmental	<b>6,040</b>	4,676	<b>6,040</b>	4,676
<b>Total costs recovered</b>	<b>6,040</b>	4,676	<b>6,040</b>	4,676
<i>Other external revenues</i>				
Departmental				
Sale of services – to related parties	<b>14,187</b>	11,624	<b>14,187</b>	11,624
Interest	<b>539</b>	353	<b>539</b>	353
Other	<b>156</b>	8	<b>156</b>	8
Total Departmental	<b>14,882</b>	11,985	<b>14,882</b>	11,985
<b>Total other external revenues</b>	<b>14,882</b>	11,985	<b>14,882</b>	11,985
<b>Net cost/(contribution) of outcome</b>	<b>9,442</b>	8,949	<b>9,442</b>	8,949

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).



## Australian Institute of Health and Welfare

### Notes to and forming part of the Financial Statements

#### Note 16B – Major classes of departmental revenues and expenses by output group

Output Group	Total	
	2008	2007
	\$'000	\$'000
<b>Expenses</b>		
Employees	18,437	15,426
Suppliers	11,267	9,400
Depreciation and amortisation	569	588
Write-down of assets	83	187
Net losses from sale of assets	8	9
<b>Total expenses</b>	<b>30,364</b>	25,610
<b>Funded by:</b>		
Revenues from Government	8,678	8,625
Sales of goods and services	20,227	16,300
Interest	539	353
Other	156	8
<b>Total operating revenues</b>	<b>29,600</b>	25,286

There is one output group, which is to develop, collect, analyse and report high quality national health and welfare information and statistics for governments and the community.



# Appendix 2 — Legislation

## Australian Institute of Health and Welfare Act 1987

### Act No. 41 of 1987 as amended

This compilation was prepared on 22 September 2006 taking into account amendments up to Act No. 101 of 2006.

Information on the history of amendments can be found on the Commonwealth of Australia Law website [www.comlaw.gov.au](http://www.comlaw.gov.au).

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

## Contents

<b>Part I—Preliminary .....</b>	<b>165</b>
1 Short title .....	165
2 Commencement .....	165
3 Interpretation .....	165
<b>Part II—Australian Institute of Health and Welfare.....</b>	<b>167</b>
<b>Division 1—Establishment, functions and powers of Institute.....</b>	<b>167</b>
4 Establishment of Institute.....	167
5 Functions of the Institute.....	167
6 Powers of Institute.....	169
7 Directions by Minister .....	169
<b>Division 2—Constitution and meetings of Institute.....</b>	<b>170</b>
8 Constitution of Institute .....	170
9 Acting members.....	172
10 Remuneration and allowances .....	172
11 Leave of absence.....	173
12 Resignation .....	173
13 Termination of appointment.....	173
14 Disclosure of interests .....	174
15 Meetings .....	174

<b>Division 3—Committees of Institute .....</b>	<b>175</b>
16 Committees .....	175
<b>Division 4—Director of Institute .....</b>	<b>176</b>
17 Director of Institute.....	176
18 Functions of Director.....	176
<b>Division 5—Staff .....</b>	<b>177</b>
19 Staff.....	177
<b>Part III—Finance.....</b>	<b>177</b>
20 Money to be appropriated by Parliament .....	177
22 Money of Institute .....	177
23 Contracts.....	178
24 Extra matters to be included in annual report .....	178
25 Trust money and trust property.....	178
26 Exemption from taxation.....	178
<b>Part IV—Miscellaneous .....</b>	<b>179</b>
27 Delegation by Institute.....	179
28 Delegation by Director .....	179
29 Confidentiality .....	179
30 Restricted application of the <i>Epidemiological Studies (Confidentiality) Act 1981</i> .....	181
31 Periodical reports .....	182
32 Regulations .....	183

# AN ACT TO ESTABLISH AN AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE, AND FOR RELATED PURPOSES

## Part I—Preliminary

### 1 Short title

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

### 2 Commencement

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

### 3 Interpretation

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

**appoint** includes re-appoint.

**Chairperson** means the Chairperson of the Institute.

**Director** means the Director of the Institute.

**Ethics Committee** means the Australian Institute of Health and Welfare Ethics Committee.

**health-related information and statistics** means information and statistics collected and produced from data relevant to health or health services.

**Institute** means the Australian Institute of Health and Welfare.

**member** means a member of the Institute.

**production** means compilation, analysis and dissemination.

**State Health Minister** means:

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

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

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

**State Housing Minister** means:

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

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

**State Welfare Minister** means:

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

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

**trust money** means money received or held by the Institute on trust.

**trust property** means property received or held by the Institute on trust.

**welfare-related information and statistics** means information and statistics collected and produced from data relevant to the provision of welfare services.

**welfare services** includes:

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

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

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

## Part II—Australian Institute of Health and Welfare

### Division 1—Establishment, functions and powers of Institute

#### 4 Establishment of Institute

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

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

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

#### 5 Functions of the Institute

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

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

*[Health-related functions]*

- (1) The Institute's health-related functions are:
  - (a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;
  - (b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;
  - (c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;
  - (d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;

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

*[Welfare-related functions]*

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

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



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

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

## **6 Powers of Institute**

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

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

## **7 Directions by Minister**

- (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.
- (1A) The Minister must consult the Chairperson before giving any direction to the Institute.
- (1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.
- (1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:
  - (a) relates to the Institute's welfare-related functions; and
  - (b) does not concern housing matters.
- (1D) The Minister must consult each State Housing Minister before giving the direction if the direction:
  - (a) relates to the Institute's welfare-related functions; and
  - (b) concerns housing matters.

- (2) The Institute shall comply with any direction given under subsection (1).
- (3) This section does not affect the application of section 28 of the *Commonwealth Authorities and Companies Act 1997* in relation to the Institute.

## Division 2—Constitution and meetings of Institute

### 8 Constitution of Institute

- (1) Subject to subsection (2), the Institute shall consist of the following members:
  - (a) the Chairperson;
  - (b) the Director;
  - (c) a member nominated by the Australian Health Ministers' Advisory Council;
  - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
  - (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
  - (d) the Australian Statistician;
  - (e) the Secretary to the Department;
  - (f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;
  - (fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
  - (fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
  - (fc) a person nominated by the Minister who has expertise in research into public health issues;
  - (g) 3 other members nominated by the Minister;
  - (h) a member of the staff of the Institute elected by that staff.
- (1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:
  - (a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and
  - (b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and
  - (c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and
  - (d) before nominating the member referred to in paragraph 8(1)(fc), seek

recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.

- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
  - (a) may be made by one or more bodies; and
  - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
  - (a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);
  - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;
  - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
  - (c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General.
- (5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:
  - (a) the day on which the poll for the election of the member is held; or
  - (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.
- (7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.
- (8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

## 9 Acting members

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

## 10 Remuneration and allowances

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

- (2) A member shall be paid such allowances as are prescribed.
- (3) This section has effect subject to the *Remuneration Tribunal Act 1973*.

## 11 Leave of absence

- (1) A full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.
- (2) The Minister may:
  - (a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and
  - (b) grant a part-time member leave of absence on such terms and conditions as to remuneration or otherwise as the Minister determines.

## 12 Resignation

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

## 13 Termination of appointment

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
  - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
  - (b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;
  - (c) being a full-time member who is paid remuneration under this Part:
    - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
    - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
  - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;the Governor-General may terminate the appointment of the member.
- (3) Where:
  - (a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or

- (b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or
  - (c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;
- the Governor-General shall terminate the appointment of the member.

## 14 Disclosure of interests

- (3) Sections 27F and 27J of the *Commonwealth Authorities and Companies Act 1997* do not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

## 15 Meetings

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

## Division 3—Committees of Institute

### 16 Committees

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
  - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
  - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

The member must make the disclosure as soon as practicable after he or she knows of the relevant facts.

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

## Division 4—Director of Institute

### 17 Director of Institute

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

### 18 Functions of Director

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



## Division 5—Staff

### 19 Staff

- (1) The staff required for the purposes of this Act shall be:
  - (a) persons engaged under the *Public Service Act 1999*; and
  - (b) persons appointed or employed by the Institute.
- (2) For the purposes of the *Public Service Act 1999*:
  - (a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and
  - (b) the Director is the Head of that Statutory Agency.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

## Part III—Finance

### 20 Money to be appropriated by Parliament

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

### 22 Money of Institute

- (1) The money of the Institute consists of:
  - (a) money paid to the Institute under section 20; and
  - (b) any other money, other than trust money, paid to the Institute.
- (2) The money of the Institute shall be applied only:
  - (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;

- (b) in payment of remuneration and allowances payable under this Act; and
  - (c) in making any other payments required or permitted to be made by the Institute.
- (3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

### **23 Contracts**

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

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

### **24 Extra matters to be included in annual report**

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

### **25 Trust money and trust property**

- (1) The Institute:
- (a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust money;
  - (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
  - (c) may only invest trust money:
    - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
    - (ii) in any manner in which trust money may be lawfully invested.

### **26 Exemption from taxation**

The income, property and transactions of the Institute are not subject to taxation under any law of the Commonwealth or of a State or Territory.

## Part IV—Miscellaneous

### 27 Delegation by Institute

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

### 28 Delegation by Director

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

### 29 Confidentiality

- (1) Subject to this section, a person (in this subsection called the ***informed person***) who has:
  - (a) any information concerning another person (which person is in this section called an ***information subject***), being information acquired by the informed person because of:

- (i) holding an office, engagement or appointment, or being employed, under this Act;
- (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
- (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or
- (b) any document relating to another person (which person is in this section also called an **information subject**), being a document furnished for the purposes of this Act;

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

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

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

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

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

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

- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
- (4) In this section:
- (a) **court** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
  - (b) **person** includes a body or association of persons, whether incorporated or not, and also includes:
    - (i) in the case of an information provider—a body politic; or
    - (ii) in the case of an information subject—a deceased person;
  - (c) **produce** includes permit access to;
  - (d) **publication**, in relation to conclusions, statistics or particulars, includes:
    - (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
    - (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
  - (e) a reference to information concerning a person includes:
    - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
    - (ii) a reference to information identifying a person or body providing information concerning a person.

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

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

- (4) In this section:
- (a) **epidemiological study** has the same meaning as in the Confidentiality Act; and
  - (b) **prescribed study** has the same meaning as in the Confidentiality Act.

### 31 Periodical reports

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

- (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
- during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

### **32 Regulations**

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





# Appendix 3 — Regulations

## Australian Institute of Health and Welfare Regulations 2006<sup>1</sup>

### 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.

## Note

1. All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003*. See [www.frli.gov.au](http://www.frli.gov.au).

# 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](http://www.comlaw.gov.au).

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

## Contents

1	Name of Regulations .....	187
2	Definition .....	187
3	Functions.....	187
4	Composition.....	188

### 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 4—AIHW Charter of Corporate Governance

## 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*—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 AIHW 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.

### AIHW 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 entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act).

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 (therefore not appointed) are:

- the Director
- the Australian Statistician
- the Secretary of the Department of Health and Ageing (DoHA).

The Australian Bureau of Statistics 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.

*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.

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.

### **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 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
- 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 relationship between the AIHW and the Minister for Health and Ageing.
- 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.
- 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.
- 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.

### *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*

- Provides 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. The AIHW has responsibility to a wide range of 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.

While departmental members 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 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 AIHW's functions, and not participate in decisions where a conflict is declared. A member who considers that he or she may have an interest in the matter shall:

- (i) disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict
- (ii) provide details of the interest as requested by other members to determine the nature and extent of the interest
- (iii) remove themselves physically from the room, if appropriate, while the discussion takes place unless the Board determines otherwise.

In some cases, Board members could be representing potential purchasers or competitors of the AIHW with regard to

contract work. In such a case, a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision making.

## *Conflict of roles*

The Auditor-General has identified that the presence of government officers on the boards of statutory authorities may give rise to a conflict of roles, and has issued advice as follows (adapted to AIHW 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 oversee the AIHW's compliance with government policy objectives
- a customer of the AIHW as service provider
- 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 (e) of the AIHW Act stipulate that ‘all questions shall be decided by a majority of the votes of the members present’, and ‘the member presiding has a deliberative vote and, if necessary, also has a casting vote’.

### ***Quorum***

A quorum is the majority of members at the time of the meeting (s. 15(5)(c)).

Members may provide the Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Chair is absent, the members present shall appoint one of their number to preside.

### ***Remuneration and travel***

In accordance with the AIHW Act, Board members who are not Australian Government, or state or territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The AIHW makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The AIHW will pay for accommodation and meals where members are required to stay overnight. The AIHW will pay for any appropriate and necessary incidental expenses.

### ***Ensuring continuous improvement***

The Board will review its performance each year. Issues reviewed may include its success in pursuing 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 Directors and Officers against various liabilities that they may incur in their capacity as officers of the AIHW.

### ***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 effort 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 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 National Health 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 four non-executive members of the Board, one of whom is appointed as Chair of this committee. Members are appointed for a term fixed by the Board, but for a period not more than 3 years.

The AIHW's Director and relevant staff attend meetings by invitation.

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.

Membership currently comprises the Board Chair, the Chair of the Audit and Finance Committee and one other Board member.

# Appendix 5—Board and Ethics Committee members 2007–08

## Short biographies—qualifications, current position and affiliations of Board members as at 30 June 2008

---

### Peter Collins

AM, RFD, QC, BA, LLB

- Chair
- Non-Executive Director

The Hon. Peter Collins was appointed Chair of the AIHW in 2004. He is also Chair of the Cancer Institute (New South Wales) and St John Ambulance NSW. Mr Collins is a Director of HostPlus Pty Ltd and a Board member of the Workers Compensation Insurance Fund Investment Board and Macquarie Generation, both positions appointed by the New South Wales Government. He is a Commander in the Naval Reserve Support and Director of the Naval Reserve Support (NSW).

---

### Heather Gardner

BA (Hons), MA, FAIEH (Hons)

- Ministerial appointee
- Non-Executive Director

Adjunct Associate Professor Gardner is a political scientist who has taught health policy and politics to health science students for many years, first at the Lincoln Institute of Health Sciences, then at La Trobe University, where she was Foundation Head of the School of Public Health. She is Associate Editor *Environmental Health*, the journal of the Australian Institute of Environmental Health and a Fellow of the Australian Institute of Environmental Health. She was the Founding

Editor of the *Australian Journal of Primary Health*, which is the journal of the Victorian Community Health Association in association with the Australian Institute of Primary Health and the School of Public Health, La Trobe University.

---

### Ian Spicer

AM, LLB, FAIM, FICM, ACIS

- Ministerial appointee
- Non-Executive Director

Over recent years, Mr Spicer has held a series of senior appointments on advisory bodies to the Australian Government in the fields of welfare reform, disability and education and youth transition policy. Prior to that he was Chief Executive of the Australian Chamber of Commerce and Industry, spending almost 40 years representing Australian business at all levels. He was also a member of the Council for Aboriginal Reconciliation from 1992 to 2000 and Chair of VATMI Industries Ltd. (a disability service provider) for over twenty-five years.

Mr Spicer is currently Deputy President of the Metropolitan Fire and Emergency Services Board.

---

### Greg Stewart

MBBS, MPH, FRACMA, FAFPHM

- Ministerial appointee
- Non-Executive Director

Dr Stewart is a public health physician and is currently the Director of Population Health, Planning and Performance for Sydney South

West Area Health Service. He was formerly Chief Health Officer for New South Wales (2001–2005).

---

### **David Kalisch**

BEC (Hons)

- Representing Ms Jane Halton, Secretary, Department of Health and Ageing
- Non-Executive Director

Mr Kalisch is a Deputy Secretary in the Department of Health and Ageing with responsibility for Portfolio Strategies Division, Acute Care Division, the Mental Health and Workforce Division and the South Australian and Western Australian state offices of the department.

---

### **Brian Pink**

BCom

- Australian Statistician, Australian Bureau of Statistics
- Non-Executive Director

Mr Pink is Chair of the OECD Committee on Statistics, was President of the International Association for Official Statistics for the 2005–2007 period, Technical Adviser to the OECD Global Project Advisory Board on Measuring the Progress of Societies, Member of the Executive Bureau of the Conference of European Statisticians and is Australia's Head of Delegation to the United Nations Statistical Commission.

---

### **Bette Kill**

BSc (Hons), Master of Public Health

- Deputy Director-General, Service Delivery and Smart Service Queensland, Department of Communities

- Representative of the Community Services Ministers' Advisory Council (*nominated 30 January 2008, appointed 15 May 2008*)
- Non-Executive Director

Ms Bette Kill is a Deputy Director-General in the Queensland Department of Communities. She has expertise in public sector leadership and management, strategic policy, program development and service delivery.

---

### **Peter Allen**

BA, Dip Journalism

- Under-Secretary, Portfolio Services and Strategic Projects, Victorian Department of Human Services
- Representative of the Australian Health Ministers' Advisory Council
- Non-Executive Director

Mr Allen is the Under-Secretary, Portfolio Services and Strategic Projects in the Victorian Department of Human Services and the Victorian Government's Chief Drug Strategy Officer. He is a Director of the Australia and New Zealand School of Government, Vice-President of the Victorian Division of the Institute of Public Administration Australia and a Board member of the Victorian Institute of Forensic Medicine.

---

### **Peter Smith**

BSc, Grad Dip (HRM), MBA

- Deputy Chief Executive, Department for Families and Communities, South Australia
- Representative of the state housing departments (*from 31 August 2007*)
- Non-Executive Director

Mr Smith is Deputy Chief Executive, Department for Families and Communities



where he has particular responsibility for housing and organisational development. In this role Mr Smith is the head of Housing South Australia. Mr Smith is the Chair of the Housing Ministers' Advisory Council and is a Board member of the South Australian Housing Trust and the Australian Housing and Urban Research Institute.

---

### **Sandra Eades**

BMed, PhD

- Expert in public health research
- Non-Executive Director

Professor Eades is a medical epidemiologist with a special interest in paediatric and perinatal epidemiology, and is the first Aboriginal medical doctor to be awarded a PhD. She is a Senior Research Fellow in Aboriginal Health at the Sax Institute in Sydney and is a Conjoint Professor in the Faculty of Health Sciences at Newcastle University.

---

### **Daniel McCarthy**

- Staff representative (*until 25 January 2008*)

Mr McCarthy worked in the Human Resources and Facilities Unit from late 2003 until January 2008.

---

### **Louise York**

BEC, BSc, Grad Dip (Population Health)

- Staff representative (*elected by staff 25 February 2008, appointed 15 May 2008*)

Ms York has worked in various units across both welfare and health and is currently in the Population Health Unit.

---

### **Penny Allbon**

BA (Hons), PhD

- Director, Australian Institute of Health and Welfare
- Executive Director

Dr Allbon was appointed Director of the AIHW in February 2006. She has over 20 years of experience in government, at both Federal and Territory levels and within the financial, health and welfare arenas including the position of Chief Executive of ACT Health. She has also run her own consultancy, working with governments in various Pacific Islands.

---

### **Warwick Anderson**

AM, BSc (Hons), PhD

- CEO, National Health and Medical Research Council
- Observer
- Non-Executive Director

Professor Anderson was appointed CEO of the National Health and Medical Research Council in June 2006. His previous appointments include Head of School of Biomedical Sciences at Monash University (2001–06) and prior to that, Deputy Director of The Baker Institute.

---

### **Robyn McKay**

BA (Hons), BEc (Hons)

- Acting Deputy Secretary, Department Families, Housing, Community Services and Indigenous Affairs
  - Observer
  - Non-Executive Director
-



Ms McKay is an Acting Deputy Secretary in the Department of Families, Housing, Community Services and Indigenous Affairs. From late 2002 to mid 2005, she was Minister-Counsellor (Social Policy) in the Australian Delegation to the OECD in Paris. This followed a period of four years as Executive Director (Families and Children) in the former FaCS, where she carried strategic responsibility for all income support and services policy for families, children and young people.

---

**Owen Donald**

BA, PhD

- Non-Executive member of the Audit and Finance Committee

Dr Donald is Chair of the National Housing Supply Council. He is recognised as an expert in housing policy and research, social housing management and housing supply planning, and played a key role in the review of the Victorian Government's approach to affordable housing.

---

**Ethics Committee members' qualifications as at 30 June 2008****Chair****Ching Choi**

BA, PhD

**Members****Malcolm Sim**

MBBS, MSc, PhD, FAFOEM (RACP), FAFPHM (RACP)

**John Buckley**

BA (Hons)

**Kathryn Cole**

BA (Hons), LIB

**Wesley Campbell**

BA (Hons), DipTheol, BD (Hons), DTheol

**Ellen Kittson**

BSc, Grad Dip Applied Science, Grad Cert Prof Ethics and Governance, Int'l Grad Cert International Food Law, FAIFST

**Wendy Scheil**

MBBS, FAFPHM, FRACGP, MAE, DTMEH

**Val Edyvean**

BA, MAPSS

**Penny Allbon**

BA (Hons), PhD

# Appendix 6—Freedom of information

## Freedom of information statement

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

### Organisation and functions of the AIHW

Chapter 1 and Chapter 3 of this report provide details of the organisation and functions of the AIHW.

### Powers

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

### Consultative arrangements

The composition of the AIHW Board, prescribed in s. 8 of the *Australian Institute of Health and Welfare Act 1987* (see **Appendix 2 Legislation**, page 163), enables participation on the Board by a broad range of bodies or persons outside the Commonwealth administration.

The AIHW consults with a wide range of constituents through its membership of national committees (see **Appendix 9 Participation in national committees**, page 225).

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.

### Categories of documents in possession of the AIHW

#### *Documents available to the public upon payment of a fee*

The AIHW does not hold any documents of this type.

#### *Documents available for purchase or available free of charge*

The majority of AIHW reports are available free of charge on its website <[www.aihw.gov.au](http://www.aihw.gov.au)>, or can be purchased through the AIHW website or from its contracted distributor CanPrint.

#### *AIHW data*

The AIHW makes available through its website unidentifiable aggregated data on a series of 'data cubes' (see Chapter 3 Communicating with stakeholders).

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

#### *AIHW seminar program*

The AIHW makes available documents about topics included on the AIHW seminar program conducted for staff, and for some seminars open to invited guests.

### ***Government and parliament***

Some ministerial briefings, ministerial correspondence, replies to parliamentary questions and tabling documents are available.

### ***Meeting proceedings***

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

### ***Business management***

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

### ***Privacy***

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

### **Freedom of information requests**

There were no requests made under the *Freedom of Information Act 1982* during 2007–08.

### **Freedom of information enquiries**

All enquiries concerning access to documents under the *Freedom of Information Act 1982* may be directed to the:

Freedom of Information Contact Officer  
Australian Institute of Health and Welfare  
GPO Box 570  
Canberra, ACT 2601

Phone (02) 6244 1123.

# Appendix 7—Executive and unit heads

(as at 30 June 2008)

## *Director*

Dr Penny Allbon  
BA (Hons), PhD  
02 6244 1033  
penny.allbon@aihw.gov.au

## *Deputy Director*

Julie Roediger  
BSc, BA, MA (SS)  
02 6244 1033  
julie.roediger@aihw.gov.au

## *Medical Adviser*

Dr Paul Magnus  
MB, BS  
02 6244 1149  
paul.magnus@aihw.gov.au

## **Information and Strategy Group**

### *Group head*

Julie Roediger  
BSc, BA, MA (SS)  
02 6244 1033  
julie.roediger@aihw.gov.au

### **Executive Unit and Committee Secretariat**

Robyn Kingham-Edwards (acting)  
BEC, RN  
02 6244 1033  
robyn.kinghamedwards@aihw.gov.au

### **Aboriginal and Torres Strait Islander Health and Welfare**

Dr Fadwa Al-Yaman  
BSc Zoology, PhD in Immunology and MA  
Population Studies  
02 6244 1146  
fadwa.alyaman@aihw.gov.au

### **Data and Information Technology**

Michael McGrath  
BA Computing Studies  
02 6244 1106  
michael.mcgrath@aihw.gov.au

### **National Data Development and Standards**

Gordon Tomes  
BSc Botany and Zoology  
02 6244 1228  
gordon.tomes@aihw.gov.au

## **Business Group**

### *Group head*

Andrew Kettle  
MA (Hons), CA  
02 6244 1010  
andrew.kettle@aihw.gov.au

### **Finance and Commercial Services**

Andrew Tharle  
BComm, CPA  
02 6244 1087  
andrew.tharle@aihw.gov.au

## **Information Services and Publishing**

Judith Abercromby  
BA (Hons), DipLib  
02 6244 1004  
judith.abercromby@aihw.gov.au

## **Media and Communications**

Nigel Harding  
BA  
02 6244 1025  
nigel.harding@aihw.gov.au

## **People**

Sharon Stekelenburg  
BEd, MBA  
02 6244 1034  
sharon.stekelenburg@aihw.gov.au

## **Economics and Health Services Group**

### *Group head*

Jenny Hargreaves  
BSc (Hons), GradDip Pop Health  
02 6244 1019  
jenny.hargreaves@aihw.gov.au

## **Expenditure and Economics**

John Goss  
BSc, BEc, GradDip Nutrition and Dietetics  
02 6244 1151  
john.goss@aihw.gov.au

## **Health Care Safety and Quality**

Vicki Bennett  
BAppSc, MHlthSc  
02 6244 1058  
vicki.bennett@aihw.gov.au

## **Hospitals**

George Bodilsen  
BA, GradDip Population Health  
02 6244 1157  
george.bodilsen@aihw.gov.au

## **Labour Force**

David Braddock  
BSc (Hons)  
02 6244 1136  
david.braddock@aihw.gov.au

## **Mental Health Services**

Gary Hanson  
BPsych, MA MAPS  
02 6244 1052  
gary.hanson@aihw.gov.au

## **Health Group**

### *Group head*

Susan Killion  
BSc (Nursing), MN  
02 6244 1198  
susan.killion@aihw.gov.au

## **Population Health Cluster**

Mark Cooper-Stanbury  
BSc  
02 6244 1251  
mark.cooper-stanbury@aihw.gov.au

## **Drug Services and Surveys**

Paul Meyer  
PhD  
02 6244 1186  
paul.meyer@aihw.gov.au

## **Cardiovascular, Diabetes and Kidney**

Lynelle Moon  
BMath, GradDip Statistics, GradDip Population  
Health  
02 6244 1235  
lynelle.moon@aihw.gov.au

## **Health Registers and Cancer Monitoring**

Christine Sturrock (acting)  
RN, RM, BHthSc (Midwifery), MAE  
02 6244 1118  
christine.sturrock@aihw.gov.au

## **Respiratory and Musculoskeletal Diseases**

Kuldeep Bhatia  
PhD  
02 6244 1144  
kuldeep.bhatia@aihw.gov.au

## **Housing and Disability Group**

### *Group head*

Justin Griffin (acting)  
BEc  
02 6244 1277  
justin.griffin@aihw.gov.au

### **Functioning and Disability**

Cathy Hales  
BA Computing, MAppStats  
02 6244 1135  
cathy.hales@aihw.gov.au

## **Housing Assistance**

Tracie Ennis  
BAppSc Human Biology, GradCert Public Policy  
02 6244 1073  
tracie.ennis@aihw.gov.au

## **Housing Data Analysis**

David Wilson  
BEc (Hons)  
02 6244 1202  
david.wilson@aihw.gov.au

## **Housing and Homelessness**

Justin Griffin  
BEc  
02 6244 1277  
justin.griffin@aihw.gov.au

## **Supported Accommodation and Crisis Services**

Heather Logie  
BA/BSc Psychology, MPubPol, Dip PM  
02 6244 1206  
heather.logie@aihw.gov.au

## **Welfare Group**

### *Group head*

Diane Gibson  
BA (Hons), PhD  
02 6244 1190  
diane.gibson@aihw.gov.au

### **Ageing and Aged Care**

Ann Peut  
BA (Hons), MA Sociology, GradDip AppSc  
Library and Information Management  
02 6244 1108  
ann.peut@aihw.gov.au

### **Children, Youth and Families**

Cynthia Kim (part-time, job share)  
BEc (Hons), MPubPol, GradCert Management  
02 6244 1213  
cynthia.kim@aihw.gov.au

Sushma Mathur (part-time, job share)  
BMath Statistics  
02 6244 1067  
sushma.mathur@aihw.gov.au

### **Community Services Integration and Linkage**

Dr Phil Anderson  
BA, BSc (Hons), PhD  
02 6244 1125  
phil.anderson@aihw.gov.au

## **Collaborating Units with Agreed Work Programs**

### **National Injury Surveillance Unit**

Associate Professor James Harrison  
MBBS, MPH, FAFPHM  
08 8201 7602  
james.harrison@flinders.edu.au

### **National Perinatal Statistics Unit**

Elizabeth Sullivan  
MBBS, MPH, MMed, FAFPHM  
02 9382 1064  
e.sullivan@unsw.edu.au

### **Public Health Information Development Unit**

John Glover  
BEc, BA  
08 8303 6237  
john.glover@adelaide.edu.au

### **Australian Centre for Asthma Monitoring**

Guy Marks  
MBBS, PhD, FRACP, FAFPHM  
02 9411 0466  
g.marks@unsw.edu.au

### **Dental Statistics and Research Unit**

Professor Gary Slade  
BDSc, DDPH, PhD  
08 8303 3291  
gary.slade@adelaide.edu.au

### **Australian General Practice Statistics and Classification Centre**

Associate Professor Helena Britt  
BA, PhD  
02 9845 8155  
helenab@med.usyd.edu.au

# Appendix 8—Publications

## AIHW publications for 2007–08

There were 99 publications produced.

### Aboriginal and Torres Strait Islander health and welfare

Expenditures on health for Aboriginal and Torres Strait Islander peoples 2004–05. Deeble J, Shelton Agar J & Goss J. Cat. no. HWE 40. Canberra: AIHW, 2008.

Indigenous housing indicators 2005–06. AIHW. Cat. no. HOU 168. Canberra: AIHW, 2007.

Indigenous mothers and their babies, Australia 2001–2004. Leeds KL, Gourley M, Laws PJ, Zhang J, Al-Yaman F & Sullivan EA. Cat. no. PER 38. Canberra: AIHW, 2007.

The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008. ABS & AIHW. Cat. no. IHW 21. ABS cat. no. 4704.0. Canberra: ABS, 2008.

### Ageing and aged care

Movement from hospital to residential aged care: preliminary results. Karmel R, Anderson P & Lloyd J. Cat. no. CSI 4. Canberra: AIHW, 2008.

Older Australia at a glance. 4th edition. AIHW. Cat. no. AGE 52. Canberra: AIHW, 2007.

Older Australians in hospital. Karmel R, Hales C & Lloyd J. Cat. no. AUS 92. Canberra: AIHW, 2007.

Residential aged care in Australia 2006–07: a statistical overview. AIHW. Cat. no. AGE 56. Canberra: AIHW, 2008.

Veterans' use of health services. Anderson P & Lloyd J. Cat. no. AGE 51. Canberra: AIHW, 2008.

### Alcohol and other drugs

Alcohol and other drug treatment services in Australia 2005–06: findings from the National Minimum Data Set. AIHW. Cat. no. AUS 91. Canberra: AIHW, 2007.

Alcohol and other drug treatment services in Australia 2005–06: report on the National Minimum Data Set. AIHW. Cat. no. HSE 53. Canberra: AIHW, 2007.

Alcohol and other drug treatment services in Australian Capital Territory 2005–06: findings from the National Minimum Data Set. AIHW. Canberra: AIHW, 2007.

Alcohol and other drug treatment services in New South Wales 2005–06: findings from the National Minimum Data Set. AIHW. Canberra: AIHW, 2007.

Alcohol and other drug treatment services in Northern Territory 2005–06: findings from the National Minimum Data Set. AIHW. Canberra: AIHW, 2007.

Alcohol and other drug treatment services in South Australia 2005–06: findings from the National Minimum Data Set. AIHW. Canberra: AIHW, 2007.

Alcohol and other drug treatment services in Tasmania 2005–06: findings from the National Minimum Data Set. AIHW. Canberra: AIHW, 2007.



Alcohol and other drug treatment services in Victoria 2005–06: findings from the National Minimum Data Set. AIHW. Canberra: AIHW, 2007.

Alcohol and other drug treatment services in Western Australia 2005–06: findings from the National Minimum Data Set. AIHW. Canberra: AIHW, 2007.

Alcohol and other drug treatment services NMDS specifications 2008–09: data dictionary, collection guidelines and validation processes. AIHW. Canberra: AIHW, 2008.

The effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia. AIHW. Cat. no. PHE 96. Canberra: AIHW, 2008.

## **Cancer**

Breast cancer survival by size and nodal status in Australia. AIHW, Australasian Association of Cancer Registries & National Breast Cancer Centre. Cat. no. CAN 34. Canberra: AIHW, 2007.

BreastScreen Australia monitoring report 2004–2005. AIHW & Department of Health and Ageing. Cat. no. CAN 37. Canberra: AIHW, 2008.

Cervical screening in Australia 2005–2006. AIHW & Department of Health and Ageing. Cat. no. CAN 36. Canberra: AIHW, 2008.

National Bowel Cancer Screening Program monitoring report 2007. AIHW & Department of Health and Ageing. Cat. no. CAN 35. Canberra: AIHW, 2008.

## **Cardiovascular disease**

Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander peoples 2004–05. Penm E. Cat. no. CVD 41. Canberra: AIHW, 2008.

## **Children, youth and families**

Adoptions Australia 2006–07. AIHW. Cat. no. CWS 32. Canberra: AIHW, 2008.

Child protection Australia 2006–07. AIHW. Cat. no. CWS 31. Canberra: AIHW, 2008.

Injury among young Australians. Eldridge D. Cat. no. AUS 102. Canberra: AIHW, 2008.

Juvenile justice in Australia 2005–06. AIHW. Cat. no. JUV 3. Canberra: AIHW, 2007.

Key national indicators of children's health, development and wellbeing: indicator framework for *A picture of Australia's children 2009*. AIHW. Cat. no. AUS 100. Canberra: AIHW, 2008.

Technical paper on operational definitions and data issues for key national indicators of children's health, development and wellbeing. AIHW. Cat. no. WP 59. Canberra: AIHW, 2008.

## **Corporate publications**

AIHW Access no. 24: October 2007. AIHW. Cat. no. HWI 98. Canberra: AIHW, 2007.

AIHW Access no. 25: June 2008. AIHW. Cat. no. HWI 100. Canberra: AIHW, 2008.

Annual report 2006–07. AIHW. Cat. no. AUS 95. Canberra: AIHW, 2007.

Australia's health 2008. AIHW. Cat. no. AUS 99. Canberra: AIHW, 2008.

Australia's welfare 2007. AIHW. Cat. no. AUS 93. Canberra: AIHW, 2007.

## Data linkage and standards

Comparing name-based and event-based strategies for data linkage: a study linking hospital and residential aged care data for Western Australia. Karmel R & Rosman D. Cat. no. CSI 3. Canberra: AIHW, 2007.

Linking SAAP, child protection and juvenile justice data collections: a feasibility study. AIHW. Cat. no. CSI 5. Canberra: AIHW, 2008.

National palliative care performance indicators: results of the 2006 performance indicator data collection. AIHW. Cat. no. AUS 94. Canberra: AIHW, 2007.

National palliative care performance indicators: results of the 2007 performance indicator data collection. AIHW. Cat. no. HWI 99. Canberra: AIHW, 2008.

Report on the pilot test of the community-based palliative care client data collection. AIHW. Cat. no. HWI 97. Canberra: AIHW, 2007.

## Dental health

Dental service patterns by patient and visit characteristics. AIHW Dental Statistics and Research Unit. Cat. no. DEN 169. Adelaide: AIHW DSRU, 2008.

Geographic distribution of the Australian dental labour force, 2003. AIHW Dental Statistics and Research Unit. Cat. no. DEN 168. Adelaide: AIHW DSRU, 2007.

Oral health of Aboriginal and Torres Strait Islander children. Jamieson LM, Armfield JM & Roberts-Thomson KF. Cat. no. DEN 167. Adelaide: AIHW DSRU, 2007.

Social determinants of oral health: conditions linked to socioeconomic inequalities in oral health in the Australian population. Sanders A. Cat. no. POH 7. Canberra: AIHW, 2007.

Water fluoridation and children's dental health: the Child Dental Health Survey, Australia 2002. AIHW Dental Statistics and Research Unit. Cat. no. DEN 170. Adelaide: AIHW DSRU, 2007.

## Diabetes

Diabetes: Australian facts 2008. AIHW. Cat. no. CVD 40. Canberra: AIHW, 2008.

National Diabetes Register: statistical profile 1999–2005. Catanzariti L, Faulks K & Waters AM. Cat. no. CVD 39. Canberra: AIHW, 2007.

National indicators for monitoring diabetes: report of the Diabetes Indicators Review Subcommittee of the National Diabetes Data Working Group. AIHW. Cat. no. CVD 38. Canberra: AIHW, 2007.

## Expenditure on health and welfare

Elective surgery in Australia: new measures of access. AIHW. Cat. no. HSE 57. Canberra: AIHW, 2008.

Health expenditure Australia 2005–06. AIHW. Cat. no. HWE 37. Canberra: AIHW, 2007.

National public health expenditure report 2005–06. AIHW. Cat. no. HWE 39. Canberra: AIHW, 2008.

Welfare expenditure Australia 2005–06. AIHW. Cat. no. HWE 38. Canberra: AIHW, 2007.

## Functioning and disability

Disability in Australia: acquired brain injury. O'Rance L. Cat. no. AUS 96. Canberra: AIHW, 2007.

Disability support services 2005–06: national data on services provided under the Commonwealth State/Territory Disability Agreement. AIHW. Cat. no. DIS 51. Canberra: AIHW, 2007.

### **General practice**

General practice activity in Australia 2006–07. Britt H, Miller GC, Charles J, Bayram C, Pan Y, Henderson J et al. Cat. no. GEP 21. Canberra: AIHW, 2008.

Patient-based substudies from BEACH: abstracts and research tools 1999–2006. Britt H, Miller GC, Henderson J & Bayram C. Cat. no. GEP 20. Canberra: AIHW, 2007.

### **Health and welfare services and care**

Australian hospital statistics 2006–07. AIHW. Cat. no. HSE 55. Canberra: AIHW, 2008.

### **Housing**

Community housing 2006–07: Commonwealth State Housing Agreement national data report. AIHW. Cat. no. HOU 172. Canberra: AIHW, 2008.

Community housing in Australia 2005–06: findings from the Commonwealth State Housing Agreement data. AIHW. Cat. no. AUS 98. Canberra: AIHW, 2008.

Crisis Accommodation Program 2006–07: Commonwealth State Housing Agreement national data report. AIHW. Cat. no. HOU 174. Canberra: AIHW, 2008.

CSHA community housing data collection 2006–07: results for the trial collection of unit record level dwelling and organisation administrative data. AIHW. Cat. no. WP 58. Canberra: AIHW, 2008.

Demand for SAAP accommodation by homeless people 2005–06. AIHW. Cat. no. HOU 169. Canberra: AIHW, 2007.

Demand for SAAP accommodation by homeless people 2005–06: summary. AIHW. Cat. no. AUS 97. Canberra: AIHW, 2007.

Home purchase assistance 2006–07: Commonwealth State Housing Agreement national data report. AIHW. Cat. no. HOU 176. Canberra: AIHW, 2008.

Housing assistance in Australia 2008. AIHW. Cat. no. HOU 173. Canberra: AIHW, 2008.

Private rent assistance 2006–07: Commonwealth State Housing Agreement national data report. AIHW. Cat. no. HOU 175. Canberra: AIHW, 2008.

Public rental housing 2006–07: Commonwealth State Housing Agreement national data report. AIHW. Cat. no. HOU 170. Canberra: AIHW, 2008.

State owned and managed Indigenous housing 2006–07: Commonwealth State Housing Agreement national data report. AIHW. Cat. no. HOU 171. Canberra: AIHW, 2008.

### **Injury**

Deaths and hospitalisations due to drowning, Australia 1999–00 to 2003–04. Kreisfield R & Henley G. Cat. no. INJCAT 109. Adelaide: AIHW NISU, 2008.

Hospitalisation due to falls in older people, Australia 2003–04. Bradley C & Harrison JE. Cat. no. INJCAT 96. Adelaide: AIHW NISU, 2007.

Hospitalised football injuries, 2004–05. Henley G. Cat. no. INJCAT 103. Adelaide: AIHW NISU, 2007.

Ladder-related fall injuries. Bradley C. Cat. no. INJCAT 105. Adelaide: AIHW NISU, 2007.

Serious injury due to land transport accidents, Australia 2003–04. Harrison JE & Berry JG. Cat. no. INJCAT 107. Adelaide: AIHW NISU, 2007.

Serious injury due to transport accidents, Australia 2003–04. Harrison JE & Berry JG. Cat. no. INJCAT 101. Adelaide: AIHW NISU, 2007.

Serious injury due to transport accidents involving a railway train, Australia 1999–00 to 2003–04. Flood F, Berry JG & Harrison JE. Cat. no. INJCAT 104. Adelaide: AIHW NISU, 2007.

Spinal cord injury, Australia, 2005–06. Cripps R. Cat. no. INJCAT 102. Adelaide: AIHW NISU, 2007.

Use of multiple causes of death data for identifying and reporting injury mortality. Kreisfeld R & Harrison JE. Cat. no. INJCAT 98. Adelaide: AIHW NISU, 2007.

Venomous bites and stings in Australia to 2005. Bradley C. Cat. no. INJCAT 110. Adelaide: AIHW NISU, 2008.

### **Labour force health and welfare**

Medical labour force 2005. AIHW. Cat. no. HWL 41. Canberra: AIHW, 2008.

Nursing and midwifery labour force 2005. AIHW. Cat. no. HWL 40. Canberra: AIHW, 2008.

### **National health and welfare information**

Prisoner health in Australia: contemporary information collection and a way forward. Al-Yaman F & Belcher J. Cat. no. PHE 94. Canberra: AIHW, 2007.

### **Perinatal health**

Assisted reproduction technology in Australia and New Zealand 2005. Wang YA, Dean JH & Sullivan EA. Cat. no. PER 36. Canberra: AIHW, 2007.

Australia's mothers and babies 2005. Laws PJ, Abeywardana S, Walker J & Sullivan EA. Cat. no. PER 40. Canberra: AIHW, 2007.

Congenital anomalies in Australia 1998–2001. Abeywardana S, Karim M, Grayson N & Sullivan EA. Cat. no. PER 37. Canberra: AIHW, 2007.

Congenital anomalies in Australia 2002–2003. Abeywardana S & Sullivan EA. Cat. no. PER 41. Canberra: AIHW, 2008.

Maternal deaths in Australia 2003–2005. Sullivan EA, Hall B & King JF. Cat. no. PER 42. Canberra: AIHW, 2008.

### **Population health**

2007 National Drug Strategy Household Survey: first results. AIHW. Cat. no. PHE 98. Canberra: AIHW, 2008.

A picture of osteoarthritis in Australia. AIHW. Cat. no. PHE 93. Canberra: AIHW, 2007.

Australian asthma indicators: five-year review of asthma monitoring in Australia. Australian Centre for Asthma Monitoring. Cat. no. ACM 12. Canberra: AIHW, 2007.

Comorbidity of cardiovascular disease, diabetes and chronic kidney disease in Australia. Tong B & Stevenson C. Cat. no. CVD 37. Canberra: AIHW, 2007.

Impairments and disability associated with arthritis and osteoporosis. Rahman N & Bhatia K. Cat. no. PHE 90. Canberra: AIHW, 2007.

Indicators for chronic diseases and their determinants 2008. AIHW. Cat. no. PHE 75. Canberra: AIHW, 2008.

Occupational asthma in Australia. Bhatia K. Cat. no. AUS 101. Canberra: AIHW, 2008.

Statistical methods for monitoring asthma. Australian Centre for Asthma Monitoring. Cat. no. ACM 13. Canberra: AIHW, 2008.

### **Rural health**

Rural, regional and remote health: a study on mortality. 2nd edition. AIHW. Cat. no. PHE 95. Canberra: AIHW, 2007.

Rural, regional and remote health: indicators of health status and determinants of health. AIHW. Cat. no. PHE 97. Canberra: AIHW, 2008.

### **Safety and quality of health care**

Medical indemnity national data collection public sector 2005–06. AIHW. Cat. no. HSE 52. Canberra: AIHW, 2007.

Sentinel events in Australian public hospitals 2004–05. AIHW & Commission for Safety and Quality in Health Care. Cat. no. HSE 51. Canberra: AIHW, 2007.

### **Journal articles produced by AIHW staff**

AIHW 2007. Intellectual disability in Australia's Aboriginal and Torres Strait Islander peoples. *Journal of Intellectual & Developmental Disability* 32(3):222–5.

Carney L 2007. Homeless SAAP clients with a mental health problem. *Parity*, September 20(8):10–12.

Griffin J 2008. Reducing unmet demand in SAAP: pointers from the evidence base. *Parity*, May 21(4):38–39.

Griffin J & Giovanetti A 2007. SAAP data and research. *Parity*, August 20(7):12–13.

Karmel R & Gibson D 2007. Event-based record linkage in health and aged care services data: a methodological innovation. *BMC Health Services Research* 7:154.

### **Journal articles produced by collaborating units**

About Elnour A & Harrison JE 2008. Lethality of suicide methods. *Injury Prevention* 14:39–45.

Armfield JM 2007. Manipulating perceptions of spider characteristics and predicted spider fear: evidence for the cognitive vulnerability model of the etiology of fear. *Journal of Anxiety Disorders* 21(5):691–703.

Armfield JM 2007. Understanding animal fears: a comparison of the cognitive vulnerability and harm-looming models. *BMC Psychiatry* 7:68.

Armfield JM 2007. When public action undermines public health: a critical examination of antifluoridationist literature. *Australia and New Zealand Health Policy* 4:25.

Armfield JM 2008. An experimental study of the role of vulnerability related perceptions in spider fear: comparing an imaginal and in vivo encounter. *Journal of Anxiety Disorders* 22(2):222–32.

Armfield JM 2008. A preliminary investigation of the relationship of dental fear to other specific fears, general fearfulness, disgust sensitivity and harm sensitivity. *Community Dentistry and Oral Epidemiology* 36(2):128–36.

Armfield JM & Spencer AJ 2007. Community effectiveness of fissure sealants and the effect of fluoridated water consumption. *Community Dental Health* 24:4–11.

Armfield JM & Spencer AJ 2008. Quarter of a century of change: caries experience in Australian children, 1977–2002. *Australian Dental Journal* 53(2):151–9.

Armfield JM, Slade GD & Spencer AJ 2008. Cognitive vulnerability and dental fear. *BMC Oral Health* 8:2.

Armfield JM, Stewart JF & Spencer AJ 2007. The vicious cycle of dental fear: exploring the interplay between oral health, service utilization and dental fear. *BMC Oral Health* 7:1.

Australian Research Centre for Population Oral Health: Armfield JM 2008. The benefits of water fluoridation across areas of differing socio-economic status. *Australian Dental Journal* 53(2):180–3.

Australian Research Centre for Population Oral Health: Crocombe LA & Slade GD 2007. Decline of the edentulism epidemic in Australia. *Australian Dental Journal* 52(2):154–6.

Australian Research Centre for Population Oral Health: Do LG & Roberts-Thomson KF 2007. Dental caries experience in the Australian adult population. *Australian Dental Journal* 52(3):249–51.

Australian Research Centre for Population Oral Health: Kapellas K & Slade G 2008. The relationship between diabetes and oral health among Australian adults. *Australian Dental Journal* 53(1):93–6.

Australian Research Centre for Population Oral Health: Spencer AJ & Harford J 2007. Dental visiting among the Australian adult dentate population. *Australian Dental Journal* 52(4):336–9.

Bayram C, Britt H & Fahridin S 2007. Adolescent attendances in general practice. *Australian Family Physician* 36(8):586–7.

Bayram C, Knox S, Miller G, Ng A & Britt H 2007. Clinical activity of overseas-trained doctors practising in general practice in Australia. *Australian Health Review* 31(3):440–8.

Berry JG, Pidd K, Roche AM & Harrison JE 2007. Prevalence and patterns of alcohol use in the Australian workforce: findings from the 2001 National Drug Strategy Household Survey. *Addiction* 102(9):1399–1410.

Brennan DS 2007. Dental attitudes provide a proximate explanation for oral health disparities. *Journal of Evidence-Based Dental Practice* 7(3):144–5.

Brennan DS & Spencer AJ 2007. Trends in private dental service provision in major city and other Australian locations. *Australian Journal of Rural Health* 15(3):189–95.

Brennan DS & Spencer AJ 2007. Service patterns associated with coronal caries in private general dental practice. *Journal of Dentistry* 35(7):570–7.

Brennan DS, Luzzi L & Roberts-Thomson KF 2008. Dental service patterns among private and public patients in Australia. *BMC Health Services Research* 8(1).

Brennan DS, Roberts-Thomson KF & Spencer AJ 2007. Oral health of Indigenous adult public dental patients. *Australian Dental Journal* 52(4):322–8.

- Brennan DS, Singh KA & Spencer AJ 2008. Health system values and social values of dental practitioners. *Health Policy* 86:318–24.
- Brennan DS, Spencer AJ & Roberts-Thomson KF 2007. Caries experience among 45–54 year olds in Adelaide, South Australia. *Australian Dental Journal* 52(2):122–7.
- Brennan DS, Spencer AJ & Roberts-Thomson KF 2007. Periodontal disease among 45–54 year olds in Adelaide, South Australia. *Australian Dental Journal* 52(1):55–60.
- Brennan DS, Spencer AJ & Roberts-Thomson KF 2007. Quality of life and disability weights associated with periodontal disease. *Journal of Dental Research* 86(8):713–17.
- Brennan DS, Spencer AJ & Roberts-Thomson KF 2008. Tooth loss, chewing ability and quality of life. *Quality of Life Research* 17(2):227–35.
- Brickhouse TH, Rozier RG & Slade GD 2008. Effects of enrollment in Medicaid versus the State Children’s Health Insurance Program on kindergarten children’s untreated dental caries. *American Journal of Public Health* 98(5):876–81.
- Britt H & Fahridin S 2007. Presentations of nausea and vomiting. *Australian Family Physician* 36(9):682–3.
- Charles J, Britt H & Fahridin S 2008. Urinary incontinence in the older patient. *Australian Family Physician* 37(3):105.
- Charles J, Britt H & Valenti L 2008. Lifestyle matters. *Australian Family Physician* 37(1–2):9.
- Charles J, Fahridin S & Britt H 2008. Vertiginous syndrome. *Australian Family Physician* 37(5):299.
- Charles J, Miller G & Harrison C 2007. Management of haemachromatosis in general practice. *Australian Family Physician* 36(10):792–3.
- Charles J, Miller G & Fahridin S 2007. Management of stroke in general practice. *Australian Family Physician* 36(11):890–1.
- Diatchenko L, Nackley AG, Slade GD, Belfer I, Max MB, Goldman D et al. 2007. Responses to Drs. Kim and Dionne regarding comments on Diatchenko, et al. Catechol-O-methyltransferase gene polymorphisms are associated with multiple pain-evoking stimuli. *Pain* 2006;125:216–24. *Pain (letter)*;129(3):366–70.
- Do LG & Spencer AJ 2007. Decline in the prevalence of dental fluorosis among South Australian children. *Community Dentistry and Oral Epidemiology* 35(4):282–91.
- Do LG & Spencer AJ 2007. Oral health-related quality of life of children by dental caries and fluorosis experience. *Journal of Public Health Dentistry* 67(3):132–9.
- Do LG & Spencer AJ 2007. Risk-benefit balance in the use of fluoride among young children. *Journal of Dental Research* 86(8):723–8.
- Do LG, Slade GD, Roberts-Thomson KF & Sanders AE 2008. Smoking-attributable periodontal disease in the Australian adult population. *Journal of Clinical Periodontology* 35(5):398–404.
- Fahridin S & Britt H 2008. Allergic rhinitis. *Australian Family Physician* 37(4):203.
- Fahridin S, Charles J & Miller G 2007. Atrial fibrillation in Australian general practice. *Australian Family Physician* 36(7):490–1.



Fahridin S, Harrison C, Britt H & Charles J 2007. Skin malignancies in general practice. *Australian Family Physician* 36(12):984–5.

Gagliardi D, Slade GD & Sanders AE 2008. Impact of dental care on oral health-related quality of life and treatment goals among elderly adults. *Australian Dental Journal* 53(1):26–33.

Glover J, Hetzel D & Tennant S (in press). Health systems of Australia and New Zealand. In: Heggenhougen K & Quah S (eds). *International Encyclopedia of Public Health*. 6 vols. Academic Press. Invited contributor.

Gunasekera H, Knox S, Morris P, Britt H, McIntyre P & Craig JC 2007. The spectrum and management of otitis media in Australian Indigenous and non-Indigenous children: a national study. *The Pediatric Infectious Disease Journal* 26(8):689–92.

Hayen A, Boufous S & Harrison JE 2007. A discussion of the potential benefits to injury surveillance through inclusion of date of injury in hospitalisation data in New South Wales and Australia. *NSW Public Health Bulletin* 18(7–8):130–2.

Henderson J, Miller G, Pan Y & Britt H 2008. The effect of advertising in clinical software on general practitioners' prescribing behaviour. *The Medical Journal of Australia* 188(1):15–20.

Jamieson LM & Koopu PI 2007. Associations between ethnicity and child health factors in New Zealand. *Ethnicity & Disease* 17(1):84–91.

Jamieson LM & Koopu PI 2007. Child use of dental services and receipt of dental care in New Zealand. *Journal of Paediatrics and Child Health* 43(11):732–9.

Jamieson LM & Koopu PI 2008. Factors associated with restoration and extraction receipt among New Zealand children. *Community Dental Health* 25(1):59–64.

Jamieson LM & Roberts-Thomson KF 2007. Hospitalized head injuries among older people in Australia, 1998/1999 to 2004/2005. *Injury Prevention* 13(4):243–7.

Jamieson LM & Roberts-Thomson KF 2008. Dental general anaesthetic receipt among Australians aged 15+ years, 1998–1999 to 2004–2005. *BMC Oral Health* 8:10.

Jamieson LM, Armfield JM & Roberts-Thomson KF 2007. Dental caries trends among Indigenous and non-Indigenous Australian children. *Community Dental Health* 24(4):238–46.

Jamieson LM, Harrison JE & Berry JG 2008. Hospitalisation for head injury due to assault among Indigenous and non-Indigenous Australians, July 1999 – June 2005. *The Medical Journal of Australia* 188(10):576–9.

Jamieson LM, Parker EJ & Richards L 2007. Using qualitative methodology to inform an Indigenous owned oral health promotion initiative. *Health Promotion International* 23(1):52–9.

Luzzi L & Spencer AJ 2008. Factors influencing the use of public dental services: an application of the Theory of Planned Behaviour. *BMC Health Services Research* 8:93.

Mahoney G, Slade GD, Kitchener S & Barnett A 2008. Lifetime fluoridation exposure and dental caries experience in a military population. *Community Dentistry and Oral Epidemiology*. Epublication ahead of print.



- Mejia GC, Kaufman JS, Corbie-Smith G, Rozier RG, Caplan DJ & Suchindran CM 2008. A conceptual framework for Hispanic oral health care. *Journal of Public Health Dentistry* 68(1):1–6.
- O'Halloran J, Britt H & Valenti L 2007. General practitioner consultations at residential aged-care facilities. *The Medical Journal of Australia* 187(2):88–91.
- Pahel BT, Rozier RG & Slade GD 2007. Parental perceptions of children's oral health: the Early Childhood Oral Health Impact Scale (ECOHIS). *Health and Quality of Life Outcomes* 5:6.
- Parker EJ & Jamieson LM 2007. Oral health comparisons between children attending an Aboriginal health service and a Government school dental service in a regional location. *Rural and Remote Health* 7(2):625.
- Patrick J, Wang Y, Miller G & O'Halloran J 2007. Automatic mapping of ICPC-2 PLUS terms to the SNOMED CT terminology. *electronic Journal of Health Informatics* 2(2):e11.
- Plutzer K & Spencer AJ 2008. Efficacy of an oral health promotion intervention in the prevention of early childhood caries. *Community Dentistry and Oral Epidemiology* 36(4):335–46.
- Poulos LM, Waters A-M, Correll PK, Loblay RH & Marks GB 2007. Trends in hospitalizations for anaphylaxis, angioedema, and urticaria in Australia, 1993–94 to 2004–05. *Journal of Allergy and Clinical Immunology* 120(4):878–84.
- Roberts-Thomson KF & Stewart JF 2008. Risk indicators of caries experience among young adults. *Australian Dental Journal* 53(2):122–7.
- Roberts-Thomson KF, Spencer AJ & Jamieson LM 2008. Oral health of Aboriginal and Torres Strait Islander Australians. *The Medical Journal of Australia* 188(10):592–3.
- Roche AM, Pidd K, Berry JG & Harrison JE 2008. Workers' drinking patterns: the impact on absenteeism in the Australian work-place. *Addiction* 103(5):738–48.
- Sanders AE, Lim S & Sohn W 2008. Resilience to urban poverty: theoretical and empirical considerations for population health. *American Journal of Public Health* 98(6):1101–6.
- Sanders AE, Slade GD, Turrell G, Spencer AJ & Marcenes W 2007. Does psychological stress mediate social deprivation in tooth loss? *Journal of Dental Research* 86(12):1166–70.
- Singh KA, Spencer AJ & Brennan DS 2007. Effects of water fluoride exposure at crown completion and maturation on caries of permanent first molars. *Caries Research* 41(1):34–42.
- Slade GD 2007. Interim analysis of validity of periodontitis screening questions in the Australian population. *Journal of Periodontology* 78(7):1463–70.
- Slade GD & Reisine ST 2007. The child oral health impact profile: current status and future directions. *Community Dentistry and Oral Epidemiology* 35(Suppl 1):50–3.
- Slade GD, Diatchenko L, Bhalang K, Sigurdsson A, Fillingim RB, Belfer I et al. 2007. Influence of psychological factors on risk of temporomandibular disorders. *Journal of Dental Research* 86(11):1120–5.

Slade GD, Diatchenko L, Ohrbach R & Maixner W 2008. Orthodontic treatment, genetic factors, and risk of temporomandibular disorder. *Seminars in Orthodontics* 14(2):146–56.

Slade GD, Rozier RG, Zeldin LP & Margolis PA 2007. Training pediatric health care providers in prevention of dental decay: results from a randomized controlled trial. *BMC Health Services Research* 7:176.

Spencer AJ 2007. Policy challenges in South Australia: improving oral health and dental care. *South Australian Policy Online* 12 July. Viewed 22 August 2008, <[www.sapo.org.au/opin/opin8943.html](http://www.sapo.org.au/opin/opin8943.html)>.

Spencer AJ & Do LG 2007. Water fluoridation. *Public Health Bulletin South Australia* 4(2):17–20.

Spencer AJ & Do LG 2008. Changing risk factors for fluorosis among South Australian children. *Community Dentistry and Oral Epidemiology* 36(3):210–18.

Spencer AJ & Harford J 2007. Inequality in oral health in Australia. *Australian Review of Public Affairs* October. Viewed 22 August, <[www.australianreview.net/digest/2007/election/spencer\\_harford.html](http://www.australianreview.net/digest/2007/election/spencer_harford.html)>.

Spencer AJ, Armfield JM & Slade GD 2008. Exposure to water fluoridation and caries increment. *Community Dental Health* 25(1):12–22.

Stark RJ, Valenti L & Miller GC 2007. Management of migraine in Australian general practice. *The Medical Journal of Australia* 187(3):142–6.

Sutinen S, Lahti S, Nuttall NM, Sanders AE, Steele JG, Allen PF et al. 2007. Effect of a 1-month vs. a 12-month reference period on responses to the 14-item Oral Health Impact Profile. *European Journal of Oral Sciences* 115(3):246–9.

Turrell G, Sanders AE, Slade GD, Spencer AJ & Marcenes W 2007. The independent contribution of neighborhood disadvantage and individual-level socioeconomic position to self-reported oral health: a multilevel analysis. *Community Dentistry and Oral Epidemiology* 35(3):195–206.

Zhong Y, Slade GD, Beck JD & Offenbacher S 2007. Gingival crevicular fluid interleukin-1, prostaglandin E<sub>2</sub> and periodontal status in a community population. *Journal of Clinical Periodontology* 34(4):285–93.

## Conference papers given by AIHW staff

Al-Yaman F 2007. Indigenous child health and wellbeing data. Presented at the Indigenous Child Health and Wellbeing Forum, Darwin, October.

Al-Yaman F 2008. A brief history of the collection of statistics about the health of Indigenous Australians. Presented at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Conference, Canberra, November.

Al-Yaman F 2008. A realistic outlook at measuring COAG targets. Presented at the Indigenous Health Summit, Melbourne, June.

Al-Yaman F 2008. How to get good quality data. *Healthy for Life Biennial Conference*, Adelaide, April.

Al-Yaman F 2008. Using health information to improve service delivery. Healthy for Life Biennial Conference, Adelaide, April.

Al-Yaman F & Allbon P 2008. Are we serious about measuring targets? Presented at the Indigenous Inequality Summit, Canberra, February.

Al-Yaman F & Wilkes E 2008. Are we making progress? How do we know if we are? Australia's Health 2008, Canberra, June.

Bhatia K 2008. Using PBS data for pharmacoepidemiological studies. Presented at the 5th Annual Future of the PBS conference, Sydney, May.

Broomfield L, Holzer P & Penhaligon D 2007. International approaches to child protection: how is Australia positioned? A collaboration between the Australian Institute of Family Studies, National Child Protection Clearinghouse and the Australian Institute of Health and Welfare, Children, Youth and Families Unit. Presented at National Child Protection Week, Canberra, September.

Cooper-Stanbury M 2007. Drug use in Australia. Presented at the Families Australia Forum, Canberra, July.

Cooper-Stanbury M 2007. Mortality from motor neurone disease in Australia. Presented at the Australasian Mortality Data Interest Group Mortality Data Workshop – 2007, Wellington, New Zealand, 30 November.

Eldridge D 2007. Young Australians: their health and wellbeing 2007. Presented at the Children and Young People are Key Stakeholders Conference, Perth, July.

Ennis T 2007. The 2003 Commonwealth State Housing Agreement: who receives assistance and what impact has it had on their lives? Presented at the Australian Social Policy Conference, Sydney, July.

Gibson D 2007. Quantitative and qualitative research: divide and conquer or combine and prosper? Dementia Research Forum, Sydney, September.

Gibson D 2008. The new picture of ageing. Presented to the HACC National Forum, Melbourne, February.

Griffin J 2008. Reducing unmet demand in SAAP. Presentation at the 5th National Homelessness Conference, Adelaide, May.

Hanson G 2008. Oz Health mental health presentation. Presented at the Australia's Health Conference, Canberra, June.

Hunter N & Mathur S 2007. Academic performance of children in the care of the state: how do they compare? Presented at the Australian Social Policy Conference, Sydney, July.

Jellie C, Lai R & O'Neill C 2008. High and complex needs, presented at the National Homelessness Conference, Adelaide, May. Joint presentation between AIHW, FaHCSIA and Mission Australia.

Johnston I & Aalders R 2007. Aboriginal and Torres Strait Islander Australians in juvenile justice: are things improving? Presented at the Australian and New Zealand Society of Criminology (ANZSOC) 20th Annual Conference, Adelaide, September.

Johnston I & Alders R 2007. Juvenile justice supervision in Australia. Presented at the Australian Social Policy Conference, Sydney, July.

Karmel R, Lloyd J & Anderson P 2007. Moving from hospital to aged care. Presented at the Australian Association of Gerontology 40th National Conference, Adelaide, November.

Karmel R, Lloyd J & Hales C 2007. Older Australians in hospital. Presented at the Australian Association of Gerontology 40th National Conference, Adelaide, November.

Kim C & Mathur S 2007. Children, Youth and Families. Presented at the Australia's Welfare conference, Canberra, December.

Mallen K & Miller J 2008. Public rental housing in Australia: tenant affordability and economic participation. Presented at the National Housing Conference, Sydney, February.

Moon L 2007. Diabetes prevalence in Australia: which estimate to use? Presented at the Joint Scientific Meetings of the Australasian Epidemiological Association and the International Epidemiological Association, Western Pacific Region, Hobart, August.

Moon L 2007. Latest results on insulin-treated diabetes from the National Diabetes Register. Presented at the Australian Diabetes Society conference, Christchurch, September.

Moon L 2008. Comorbidity of cardiovascular disease, diabetes and chronic kidney disease. Presented at the Australia's Health Conference 2008, Canberra, June.

Moon L 2008. Complications of diabetes and its effect on people with diabetes in Australia. Presented at the 7th International Diabetes Federation Western Pacific Region Congress, Wellington, March.

Penm E 2007. Prevalence of cardiovascular disease and its associated risk factors among Aboriginal and Torres Strait Islander peoples, 2004–05. Presented at the Joint Scientific Meetings of the Australasian Epidemiological Association and the International Epidemiological Association, Western Pacific Region, Hobart, August.

Penm E 2008. Prevalence of cardiovascular disease and its associated risk factors among Aboriginal and Torres Strait Islander peoples, 2004–05. Presented at the CRIAH Aboriginal Health Conference 2008, Sydney, April.

Peut A 2007. Older Australia at a glance 4th edition: dispelling myths. Presented at the 40th National Conference of the Australian Association of Gerontology, Adelaide, November.

Peut A 2007. Ageing and aged care. Presented at the Australia's Welfare Conference, Canberra, December.

Peut A 2008. Ageing in Australia. Presented at the PhD Masterclass at the University of Queensland, Brisbane, March 2008.

Peut A 2008. An ageing Australia: diversity and change. Presented at the Ageing Population Policy & Planning conference, Canberra, February.

Peut A 2008. Older Australia at a glance. Presented to the Australian Association of Gerontology, ACT Division, Canberra, May.

Peut A & Goss J 2007. Dementia in Australia: identification and measurement of dementia in national data sources. Presented to the Ageing and Aged Care Division, Department of Health and Ageing. Canberra, August.

Pieris-Caldwell I 2007. Monitoring Australian trends in diabetes prevalence using three national data sources. Presented at the Australian Diabetes Society conference, Christchurch, September.

Pieris-Caldwell I 2008. Diabetes prevalence, hospitalisations and deaths in different population groups of Australia. Presented at the 7th International Diabetes Federation Western Pacific Region Congress, Wellington, March.

Sadkowsky K 2008. Polypharmacy in persons with obstructive lung diseases. Presented at the National Medicines Symposium 2008, Canberra, May.

Senes S 2007. Do patients use medicines for cardiovascular disease as the doctor intended? Presented at the Health Services Research Association of Australia and New Zealand, Auckland, December.

Senes S 2008. AIHW quality use of medicines report. Presented at the Challenges in Cardiology Conference VIII, Brisbane, May.

Sturrock C 2008. Australia's national cancer screening programs. Presented at Australia's health 2008 conference, Canberra, 24 June.

Sturrock C 2008. Cancer survival and prevalence in Australia. Presented at Australia's health 2008 conference, Canberra, 24 June.

Templeton M 2008. GDM estimates: what is the current picture in Australia? Presented at the 7th International Diabetes Federation Western Pacific Region Congress, Wellington, March.

Tong B 2007. Comorbidity of cardiovascular disease and diabetes in Australia. Presented at the Joint Scientific Meetings of the Australasian Epidemiological Association and the International Epidemiological Association Western Pacific Region, Hobart, August.

Wang H & Wilson D 2008. The distributional effect of CRA and public housing rent rebate for low income people. Presented at the National Housing Conference 2008, Sydney, February.

Wen X 2007. Life expectancy, ageing, disability and demand for disability services. Presented at Australian Social Policy Conference, Sydney, July.

Wilson D 2008. Older Australians at a glance. Presented at the National Housing Conference 2008, Sydney, February.

Wilson D 2008. The distributional effect of CRA and public housing rent rebate for low income people. Presented at the National Housing Conference 2008, Sydney, February.

## **Conference papers given by collaborating units**

Armfield JM 2007. Changing patterns – a Queensland perspective. Presented at the Dental and Oral Health Therapist Association of Queensland Conference, Surfers Paradise, August.

Armfield JM 2007. Changing patterns of oral disease in Australia. Presented at the Dental and Oral Health Therapist Association of Queensland Conference, Surfers Paradise, August.

Armfield JM 2008. The science behind Australia's new fluoride guidelines. Presented at the Australian and New Zealand Society of Paediatric Dentistry (NSW Branch), Sydney, April.

Armfield JM, Roberts-Thomson K & Spencer AJ 2007. Family resources and parental assistance with child toothbrushing. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Brennan DS & Spencer AJ 2007. Social acceptability of occlusal conditions and fixed orthodontic treatment. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Brennan DS, Crocombe LA & Slade GS 2007. Dental care and quality of life. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Brennan DS, Spencer AJ & Roberts-Thomson KF 2007. Dental behaviour and social inequality in caries experience. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Do LG, Jamieson LM, Mejia GC & Roberts-Thomson KF 2007. Dental health and dental visiting among young Australian adults. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Ha DH, Slade GD & Spencer AJ 2007. Accuracy of caries risk assessment in the South Australian School Dental Service. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September 2007.

Harford JE & Mejia GC 2007. Impact of Commonwealth policies on access to dental care. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Harrison JE 2007. ICD-11: injury and external causes of injury. Presented at the WHO-FIC Network Meeting, Trieste, October.

Harrison JE 2008. ICD revision: injury and external causes. NCHS International Collaborative Effort on Injury Statistics. Merida, Mexico, March.

Harrison JE & Berry J 2008. Serious non-fatal injury due to transport, Australia, 2005–06. Presented at the National Road Safety Strategy Panel Canberra, February.

Harrison JE & Helps Y 2007. Epidemiology of indigenous injury in Australia. Presented at the RACS Workshop: Injury in Indigenous Populations – towards a safer future. Melbourne, November.

Henley G 2007. Enumeration of road deaths and homicides in Australia: comparison of ABS data with other data sources. Presented at the AMDIG Workshop/NZHIS Mortality Forum, Wellington, November.

Jamieson LM 2007. Hospitalised head injury due to assault among Indigenous and non-Indigenous Australians, 1998–1999 to 2004–2005. Presented at The 22nd Annual International Disciplinary Conference on Ethnicity and Disease, Orlando, June.

Jamieson LM 2007. Is birth size a predictor of oral health outcomes? The Australian Aboriginal Birth Cohort Study, 1987–2007. Presented at The 5th International Congress on Developmental Origins of Health and Disease, Perth, November.

Jamieson LM 2007. Risk factors for dental pain among Aboriginal adolescents involved in a longitudinal study. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Jamieson LM 2007. Using qualitative methodology to inform an Indigenous-owned oral health promotion initiative. Presented at the 19th International Union of Health Promotion and Education World Conference, Vancouver, June.

Mejia GC 2007. Participation in the National Survey of Adult Oral Health, Australia 2004–2006. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Mejia GC & Ellershaw A 2007. Differences in self-reported oral health and health care access between immigrants and Australian-born adults. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Plutzer K & Spencer AJ 2007. An oral health promotion intervention and the intention to treat principle. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Sanders AE, Slade GD & Roberts-Thomson K 2007. Population effects during early adulthood of lifetime exposure to fluorides. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Sanders AE 2008. Moving towards causal explanations for socially determined oral health outcomes. Presented at the School of Dentistry, University of North Carolina, Chapel Hill, USA, June.

Sanders AE 2008. Race, ethnicity and social status: markers for differential exposure to determinants of oral health quality of life in the U.S. population. Presented at The Finnish Dental Society of Apollonia Research Symposium, Helsinki, Finland, March.

Slade GD 2007. Australia's dental generations: the National Survey of Adult Oral Health. Presented at the Australian Dental Association, Biennial Congress, Sydney, March.



Slade GD 2007. The epidemiology of oral health in the elderly—current patterns, projected trends. Presented at the Oral Health of Older Populations in Australia Symposium, Melbourne, September.

Slade GD, Spencer AJ & Pradhan A 2007. Access to clinical care among adult special needs population residence factors. Presented at the Special Care Dentistry 19th Annual Meeting, Denver, USA, August.

Slade GD, Spencer AJ & Pradhan A 2007. Caries experience among adults with physical and intellectual disabilities. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Slade GD, Stewart JF, Spencer AJ & Roberts-Thomson KF 2007. Oral health dental visiting—capital city vs rest-of-state Australians. Presented at the 47th Annual Meeting of the Australian and New Zealand Division of the International Association for Dental Research, Barossa Valley, September.

Spencer AJ 2007. Australia's dental generations: the National Survey of Adult Oral Health and two other issues. Presented at the National Oral Health Alliance, Advocacy Day, Canberra, March.

Spencer AJ 2007. Evaluating the impact of water fluoridation on oral health. Presented at the National Fluoride Information Centre (NFIC), University of Manchester, Manchester, UK, January.

Tan H 2007. A 36-month randomised trial on root caries prevention in institutionalised elders. Presented at the 6th National Conference of Emerging Researchers in Ageing, Adelaide, November.



# Appendix 9—Participation in national committees as chair and/or secretariat

*Listed below are the inter-jurisdictional committees in which AIHW carries out the roles of chair and/or secretariat.*

- Australasian Association of Cancer Registries (secretariat)
- Australian Centre for Asthma Monitoring (secretariat)
- Commonwealth State/Territory Disability Agreement National Minimum Data Set Network (secretariat)
- Health Data Standards Committee (chair and secretariat)
- Improving Identification of Indigenous people in Health Data Collections—Steering Committee (chair and secretariat)
- Intergovernmental Committee on Drugs: Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group (secretariat)
- Juvenile Justice Data Working Group (secretariat)
- Medical Indemnity Data Working Group (secretariat)
- Medical Indemnity National Collection Coordinating Committee (secretariat)
- Mental Health Information Strategy National Minimum Sub-committee (chair and secretariat)
- National Advisory Committee on Maternal Mortality (secretariat)
- National Advisory Group on Aboriginal Health Information and Data (secretariat)
- National Child Protection and Support Services data group (secretariat)
- National Committee for Housing Information (secretariat)
- National Community Services Data Committee (chair and secretariat)
- National Community Services Information Management Group (deputy chair and secretariat)
- National Congenital Anomalies Steering Committee (secretariat)
- National Diabetes Data Working Group (secretariat)
- National Heart, Stroke and Vascular Health Data Working Group (secretariat)
- National Opioid Pharmacotherapy Statistics Annual Data Working Group (secretariat)
- National Perinatal Data Development Committee (secretariat)
- Palliative Care Data Working Group (secretariat)
- Population Health Information Development Group (co-chair and secretariat)
- Prisoner Health Information Group (secretariat/chair)
- Public Health Expenditure Technical Advisory Group (secretariat)
- Statistical Information Management Committee (deputy chair and secretariat)
- Steering Committee of the National Centre for Monitoring Arthritis and Musculoskeletal Conditions (secretariat)

# Appendix 10—Abbreviations

ABS	Australian Bureau of Statistics
AIDS	Aquired immune deficiency syndrome
AIHW	Australian Institute of Health and Welfare
AIHW Act	Australian Institute of Health and Welfare Act
HIV	Human immunodeficiency virus
IT	Information Technology
METeOR	Metadata Online Registry
NHMRC	National Health and Medical Research Council
OECD	Organisation for Economic Co-operation and Development
SAAP	Supported Accommodation Assistance Program
WHO	World Health Organization

# 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 the Commonwealth Authorities and Companies (Report of Operations) Orders 2005.

CAC Act 1997, Report of Operations 2005 requirements	CAC Act 1997, Report of operations 2005 reference	Annual report page
Audited financial statements	Schedule 1, Clause 10 (1d)	123–161
Australian National Audit Office	Schedule 1, Clause 11 (b)	16, 110
Board committees	Schedule 1, Clause 15 (2), (3)	23–25, 198–201
Commonwealth Ombudsman	Schedule 1, Clause 11 (b)	110
Corporate governance practices	Schedule 1, Clause 15 (1)	16, 23, 189–197
Directors' particulars	Schedule 1, Clause 14 (1a),(1b)	198–200
Director's review of operations and future prospects	Schedule 1, Clause 10 (1), (2)	11–13
Disability strategies	Schedule 1, Clause 8	122
Disclosure requirements for GBEs	Schedule 1, Clause 13	Not applicable
Enabling legislation—objectives and functions	Schedule 1, Clause 8 (a)	16, 163–183
Environmental performance and environmentally sustainable development	Schedule 1, Clause 17 (2)	120–121
Financial results	Schedule 1, Clause 10 (1)	10, 17–18, 42–43, 123–161
Freedom of information	Schedule 1, Clause 17 (1b)	110, 202–203
Functions and powers	Schedule 1, Clause 8 (a)	16, 22–23, 30, 167–169, 189–197
Government policies notified by the Minister	Schedule 1, Clause 12 (1b)	110, 169–170
Indemnities and insurance premiums for offers	Schedule 1, Clause 16	110, 195
Judicial decisions and decisions of administrative tribunals	Schedule 1, Clause 11 (a)	110

CAC Act 1997, Report of Operations 2005 requirements	CAC Act 1997, Report of operations 2005 reference	Annual report page
Letter of Transmittal	Schedule 1, Clause 4	3
Location of major activities and facilities	Schedule 1, Clause 9	122
Ministerial directions	Schedule 1, Clause 12 (1a)	110, 169–170
Occupational Health and Safety	Schedule 1, Clause 17 (1b)	121–122
Organisational structure	Schedule 1, Clause 9	27
Outcomes (Portfolio Budget Statement)	Schedule 1, Clause 10 (1), (2)	16, 30
Outputs (Portfolio Budget Statement)	Schedule 1, Clause 10 (1), (2)	16, 30–33
Performance indicators	Schedule 1, Clause 10 (1), (2)	30, 34–41
Performance outcome	Schedule 1, Clause 10 (1), (2)	29–106
Performance review	Schedule 1, Clause 10 (1), (2)	45–106
Privacy legislation	Schedule 1, Clause 17 (1b)	25, 179–182, 192, 196, 203
Responsible Minister	Schedule 1, Clause 8 (b)	5, 23
Review of operations and future prospects	Schedule 1, Clause 10 (1), (2)	11–13, 17–18, 42–43
Risk management	Schedule 1, Clause 10 (1b) Schedule 1, Clause 15 (3d)	109–110
Significant events	Schedule 1, Clause 10 (1c)	110
Statement on governance	Schedule 1, Clause 15	16, 23, 189–197
Strategic plan	Schedule 1, Clause 10 (1aii)	5, 11, 22, 30–33, 111–112
Subsidiaries of the authority	Schedule 1, Clause 9 Schedule 1, Clause 17 (2)	Not applicable

# Index

## A

- abbreviations, 226
- Aboriginal and Torres Strait Islander Health and Welfare Unit, 49–52, 204
- Aboriginal and Torres Strait Islander Health Performance Framework, 49
- Aboriginal Australians, *see* Indigenous Australians
- accessibility of up-to-date national data standards, 38
- accommodation, 91, 94
  - AIHW, 122
  - see also* housing
- accountability, 22–7
- Acumen Alliance, 109
- Adelaide Research and Innovation Pty Ltd, 98
- administrative data, 12, 31, 58, 91
  - see also* data linkage
- administrative tribunal decisions, 110
- admitted patients, *see* hospitals
- Adoptions, Australia*, 36
  - 2006–07, 83
- aged care, 39, 80–2
  - Australia's welfare 2007* chapter, 85
  - data linkage, 32, 81, 86
- Ageing and Aged Care Unit, 80–2, 85, 207
- agreements, 97–8
  - memorandums of understanding, 12, 74, 111–12
  - with staff, 120, 121
- AIDS/HIV, 51, 98
- air conditioning, 122
- air pollution, 66
- aircraft maintenance personnel, 76
- Alcohol and other drug treatment services in Australia 2005–06*, 115, 116
- Alcohol and Other Drug Treatment Services National Minimum Data Set, 70–1
- allied health care professionals, 37
- annual reports, 70
  - legislative requirements, 35
- appropriation funding, 10, 17, 18, 42, 43
- arthritis, 39, 66–7, 116
- articles, 66, 69, 80, 94, 104, 213–18
  - media coverage of AIHW publications, 115
- assets, 43
- asthma, 39, 66–7
  - Australian Centre for Asthma Monitoring, 12, 97, 106, 207
- Asthma, Arthritis and Environmental Health Unit, 66–7
- Audit and Finance Committee, 23, 24, 109
- audits, 109–10
- Australian Bowel Cancer Screening Program, 73
- Australian Bureau of Statistics, 13, 98
- Australian Cancer Incidence and Mortality books, 41, 73
- Australian Centre for Asthma Monitoring, 12, 97, 106, 207
- Australian Commission on Safety and Quality in Health Care, 59, 99
- Australian General Practice Statistics and Classification Centre, 97, 104, 207
- Australian Government Housing Data Set, 88
- Australian Health Ministers' Advisory Council, 101
- Australian hospital statistics 2005–06*, 114
- Australian hospital statistics 2006–07*, 60, 115
- Australian Institute of Health and Welfare Act 1987*, 16, 23, 163–83
- Australian Institute of Health and Welfare Ethics Committee Regulations 1989, 187–8
- Australian Institute of Health and Welfare Regulations 2006, 185–6
- Australian National Audit Office, 110
- Australian National University, 50
- Australia's health*, 40, 43
- Australia's health 2004*, 114
- Australia's health 2006*, 113, 114
- Australia's health 2008*, 44
  - conference coinciding with launch, 117; keynote speech at, 20
  - contributions to, 49, 56, 58, 60, 62, 64, 66, 68, 70, 73, 76, 78, 80, 83
  - downloads from AIHW website, 113, 114
  - legislative requirements, 35
  - media coverage, 115, 116
- Australia's housing at a glance*, 88
- Australia's welfare*, 43
- Australia's welfare 2007*, 33
  - conference coinciding with launch, 13, 80, 83, 94, 117
  - contributions to, 49, 56, 62, 70, 76, 78, 80, 83, 85, 88, 90, 94

- downloads from AIHW website, 114
- legislative requirements, 33
- media coverage, 115
- automatic release notification service, 40, 113
- availability of electronic tools, 41
- availability of up-to-date national data standards, 38
- awards and recognition, 119, 120
- awareness of publications and information products, 40

## B

- babies, *see* perinatal statistics
- balance sheet, 42–3
- BEACH, 104
- better communication of key messages strategic direction, 33
- Bettering the Evaluation and Care of Health data collection, 67
- Blewett, Hon. Neal, 20
- Board, 23–4, 110, 112, 189–201
- bowel cancer, 73, 74
- breast cancer, 74
- Breast cancer survival by size and nodal status*, 73, 116
- BreastScreen Australia, 41, 74
  - monitoring report, 73
- briefs, 23
- broad awareness of publications and information products, 40
- burden of disease, 114
- business arrangements, *see* contract work
- Business Group, 26, 204–5
- business management, 108–22

## C

- Canadian Institute of Health Information, 12
- cancer, 39, 73–4, 116
- capacity to produce performance indicator, 39
- Cape York Income Management Trials, 11
- Cappo, Monsignor David, 13
- Cardiovascular Disease and Diabetes Unit, 68–9
- Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander People, 2004–05*, 68
- Care Pathways for Older Australians, 85
- carers, 70, 81
  - foster, 84
- cash and term deposits, 42
- cash balances, 42, 43
- cash flow, 43
- CDs, 38
- Centre for Asthma Monitoring, 12, 97, 106, 207

- Centre for Chronic Kidney Disease, 11
- Centre for Monitoring the Mandatory Fortification of Food with Folic Acid and Iodine, 11, 77
- Cervical cancer screening in Australia 2005–06*, 73, 116
- cervical screening, 74
- Chair's report, 9–10
- Chang, Dr Anne, 106
- Charter of Corporate Governance, 23, 189–97
- child protection, 32, 84
- Child protection, Australia, 36*
  - 2006–07, 83, 115, 116
- children, 39, 83–4, 85
  - dental health, 103, 115, 116
  - immunisation and vaccine-preventable diseases, 98
  - Indigenous, 49, 51, 52
    - see also* perinatal statistics; young people
- Children, Youth and Families Unit, 83–4, 119, 207
- Children's Services National Minimum Data Set, 84
- chronic diseases, 76, 77, 116
  - electronic dissemination, 41
  - Indigenous Australians, 56
  - kidney, 11, 32, 68
- chronic obstructive pulmonary disease, 39, 67
- classification, 98
  - external causes, 99
  - perinatal, 101
  - staff, 118
- COAG, 13
- Cognos cubes, 56
- collaborations and collaborating units, 12, 97–106, 207
  - Ageing and Aged Care Unit, 81
  - Community Services Integration and Linkage Unit, 86
  - conference papers given by, 221–4
  - Health Registers and Cancer Monitoring Unit, 74
  - journal articles produced, 213–18
  - Labour Force Unit, 63
  - National Data Development and Standards Unit, 54
  - Supported Accommodation and Crisis Services Unit, 95
- collective agreement, 120
- Comcare, 110
- Comcover, 110
- committees, 48, 225
  - Aboriginal and Torres Strait Islander Health and Welfare Unit, 51
  - Ageing and Aged Care Unit, 82
  - Asthma, Arthritis and Environmental Health Unit, 67
  - Australian Centre for Asthma Monitoring, 106

Australian General Practice Statistics and Classification Centre, 104  
 Cardiovascular Disease and Diabetes Unit, 69  
 Children, Youth and Families Unit, 84  
 Community Services Integration and Linkage Unit, 86  
 Dental Statistics and Research Unit, 103  
 Expenditure and Economics Unit, 57  
 Functioning and Disability Unit, 71–2  
 Health Care and Safety Quality Unit, 59  
 Hospitals Unit, 61  
 Housing Assistance Unit, 92  
 Housing Data Analysis Unit, 89  
 Labour Force Unit, 63  
 Mental Health Services Unit, 64  
 National Data Development and Standards Unit, 54  
 National Injury Surveillance Unit, 99–100  
 National Perinatal Statistics Unit, 101  
 Population Health Unit, 77  
 Public Health Information Development Unit, 105  
 Supported Accommodation and Crisis Services Unit, 96  
*Commonwealth Authorities and Companies Act 1997*, 108, 110  
 Commonwealth Disability Strategy, 122  
 Commonwealth Grants Commission, 57  
 Commonwealth Ombudsman, 110  
*Commonwealth Rent Assistance June 2006: A profile of recipients*, 88  
 Commonwealth State Housing Agreement, 88, 90, 91, 92  
 Commonwealth State/Territory Disability Agreement National Minimum Data Set, 70, 71  
 communicating to stakeholders, 111–17  
     *see also* publications  
 communication strategic direction, 33  
 community housing, 88, 90, 91, 116  
     Indigenous, 31, 39, 91–2  
*Community housing dwellings and organisations 2006*, 88  
 Community Services and Integration Linkage Unit, 81, 85–6, 207  
 community services labour force, 62  
 comparability of information, 35  
 conferences, seminars and workshops, 116–17  
     associated with launches, 13, 40, 80, 83, 88, 94, 117  
     on congenital abnormalities, 101  
     international, 12, 50  
     on maternal mortality, 101  
     presentations at, 80, 83, 86, 88, 91, 94, 103, 218–24  
 congenital anomalies, 101, 102  
 consistency of information, 35  
 consultative arrangements, 202

contract management, 109  
 contract work, 11, 39, 42, 43  
     Aboriginal and Torres Strait Islander Health and Welfare Unit, 49  
     Ageing and Aged Care Unit, 81  
     Cardiovascular Disease and Diabetes Unit, 69  
     Expenditure and Economics Unit, 59  
     Health Care Safety and Quality Unit, 67  
     Housing Assistance Unit, 91–2  
 corporate governance, 23–6, 189–201  
 corporate plan, 5  
 court decisions, 110  
 crisis accommodation, 94  
 Crisis Accommodation Program, 91  
 CSIRO, 66  
 Current Issue Brief, 23  
 custody orders, children on, 84

**D**

Dapsone, 76  
 data access strategic direction, 32  
 Data and Information Technology Unit, 48, 204  
 Data Centre, 111  
 data collections, 9, 35  
     Aboriginal and Torres Strait Islander Health and Welfare Unit, 51  
     Ageing and Aged Care Unit, 82  
     Asthma, Arthritis and Environmental Health Unit, 67  
     Australian General Practice Statistics and Classification Centre, 104  
     Children, Youth and Families Unit, 84  
     Community Services Integration and Linkage Unit, 86  
     Dental Statistics and Research Unit, 103  
     Expenditure and Economics Unit, 57  
     Functioning and Disability Unit, 71–2  
     Health Care and Safety Quality Unit, 59  
     Health Registers and Cancer Monitoring Unit, 74  
     Hospitals Unit, 61  
     Housing Assistance Unit, 92  
     Housing Data Analysis Unit, 89  
     Labour Force Unit, 63  
     Mental Health Services Unit, 64  
     National Data Development and Standards Unit, 54  
     National Injury Surveillance Unit, 100  
     National Perinatal Statistics Unit, 102  
     Population Health Data and Information Services Unit, 78  
     Population Health Unit, 77

- Supported Accommodation and Crisis Services Unit, 96
- data cubes, 32, 202
  - admitted patient mental health services, 64
  - Alcohol and Other Drug Treatment Services National Minimum Data Set, 71
  - cancer, 73
  - Commonwealth State/Territory Disability Agreement National Minimum Data Set, 70
  - Fixing House for Better Health program, 41
  - health expenditure, 56, 57
  - public hospital establishments, 60
- data development, 37
  - see also national minimum data sets
- data dictionaries, 38, 53
  - cervical screening, 74
- data linkage, 32, 85–6
  - aged care, 32, 81, 86
  - children and young people, 39
  - elective surgery, 32
  - hospitals, 60
  - mental health and Alcohol and Other Drug Treatment Services NMDS, 71
  - National Death Index, 12, 60
- data management, 108
- data requests from researchers, 32
- data sets, searchable, 32
- data-sharing agreements, 98
- data standards, 36–8
  - injury, 99
  - see also national minimum data sets
- deaths, see mortality
- deficit, 17
- Demand for SAAP accommodation by homeless people 2005–06*, 94
- Demand for SAAP assistance by homeless people 2005–06*, 94
- dementia, 32, 80, 81, 86
- Dementia Collaborative Research Centre, 81
- Dental Statistics and Research Unit, 97, 103, 115, 116, 207
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), 90, 112
- Department of Health and Ageing (DoHA), 51, 99, 101
  - funding provided by, 12, 81, 86
  - memorandum of understanding, 74, 111–12
  - National Injury Surveillance Unit agreement, 97
- Department of Veterans' Affairs, 76
- Deputy Director, 12, 26
- diabetes, 68, 69, 114, 116
- Director, 24, 26

- report by, 11–13
- Director's awards, 119
- disability, see functioning and disability
- disaster recovery plan, 109
- disease expenditure, 39, 56
- disease prevalence, 56
- doctors, see medical practitioners
- documents, 202–3
  - see also publications
- Draft Guidelines for Estimating Expenditure by Disease, Age and Gender*, 57
- drowning, 99
- Drug Surveys and Services, 78, 119, 205
- drugs, 71, 78, 114, 115, 116
  - frequency of survey, 43
- dwellings, 41, 88, 91–2

## E

- e-Data Dictionary for Community Services 2007–08*, 53
- e-Data Dictionary for Health 2007–08*, 53
- Economics and Health Services Group, 26, 55–64, 205
- educational outcomes, for children on guardianship or custody orders, 84
- The effectiveness of Illicit Drug Diversion Initiative in rural and remote Australia*, 71
- efficiency dividend, 43
- efficiency measures, health sector, 56
- elective surgery, 32, 61
- electronic health records and health statistics, 12, 67
  - see also METeOR
- electronic tools, 41, 61
- email, 111
- employees, see staff
- enhance data access while guarding privacy strategic direction, 32
- enhanced capacity to produce performance indicator, 39
- environmental health, 66
- environmental management, 120–1
- equity (financial), 43
- establishment, 16
- Ethics Committee, 25, 201
  - regulations, 187–8
- EUROSTAT, 38
- Executive, 26, 108, 204
- Executive Unit and Committee Secretariat, 48, 119, 204
- expenditure, see finance; health expenditure
- Expenditure and Economics Unit, 56–7, 119, 205



*Expenditures on health for Aboriginal and Torres Strait Islander peoples 2004–05, 56*

external causes, *see* injuries  
external fee revenue, 17, 18  
external work, *see* contract work  
eye health, 77  
eye injuries, 99

## F

families, 39, 84  
*Australia's welfare 2007* chapter, 83, 85  
*Family matters*, 96  
fee revenue, 17, 18, 40  
*see also* contract work  
feedback and communication policy, 119–20  
female staff, 118  
finance, 9–10, 17–18, 42–3, 108, 123–61  
    Audit and Finance Committee, 23, 24  
    ICT services cost, 111  
    volume of projects funded on fee-for-service basis, 40  
Finance and Commercial Services Unit, 109, 119, 204  
financial assets, 43  
financial statements, 110, 123–61  
Fixing Houses for Better Health program, 41  
flagship publications, 19, 39  
    contributions to, 76, 78  
    *see also Australia's health; Australia's welfare; The health and welfare of Aboriginal and Torres Strait Islander peoples 2008*  
Flinders University, 97  
folate, 101  
    national monitoring centre, 11, 77  
forums, *see* conferences, seminars and workshops  
foster carers, 84  
fraud control plan, 109, 110  
freedom of information, 202–3  
full-time staff, 118  
functioning and disability, 70–2  
    associated with arthritis and osteoporosis, 66  
Functioning and Disability Unit, 70–2, 119, 206  
functions and role, 5, 16  
    Audit and Finance Committee, 23  
    Ethics Committee, 25  
    Remuneration Committee, 24

## G

gender of staff, 118  
general practitioners, 67, 97, 104  
General Record of Incidence of Mortality (GRIM), 76, 77  
gestational diabetes, 68  
governance, 23–6, 189–201  
Government Health Expenditure National Minimum Data Set, 37, 57  
graduate recruitment, 118–19  
Great Place to Work survey, 10  
Green Group, 120  
Green Paper on Homelessness, 32, 39, 89, 95  
guardianship orders, children on, 84

## H

Hansard mentions, 40  
Harmony Counts, 28  
headline indicators for children's health, development and wellbeing, 84  
Health and Functioning Group, 26, 65–78  
*The health and welfare of Aboriginal and Torres Strait Islander peoples 2008*, 13  
    contributions to, 56, 62, 73, 80, 83, 85, 90, 94  
Health Care Safety and Quality Unit, 58–9, 205  
health data dictionaries, 32, 38  
health expenditure, 32, 39, 41, 56–7, 116  
    Indigenous Australians, 50  
*Health expenditure Australia 2005–06*, 56, 115, 116  
Health Group, 119, 205–6  
health labour force, *see* labour force  
Health Ministers' Advisory Council Financial Technical Working Group, 91  
Health Registers and Cancer Monitoring Unit, 73–4, 119, 206  
Healthcare Agreements, performance indicators for, 11, 57  
Healthy for Life program, 32, 52  
Henry, Dr Ken, 13  
high and complex needs in housing and homelessness, 88  
    census, 32, 95  
hip fractures, 39, 67  
HIV/AIDS, 51, 98  
Home and Community Care, 81  
home purchase assistance, 91  
homelessness, 31–2, 88, 94–6  
hospitals, 60–1  
    deaths in, 99  
    Expenditure and Economics Unit contract, 57

- Indigenous data, 31, 36, 50, 60
- injuries admissions, 99
- morbidity database, 57
- sentinel events report, 58, 115, 116
- Hospitals Unit, 60–1, 119, 205
- housing, 64, 88–96
  - Indigenous, 41, 49, 89, 90, 91
  - see also community housing
- Housing and Disability Group, 206
- Housing and Homelessness Cluster, 87–96, 206
- Housing assistance in Australia*, 91, 95
- Housing Assistance Unit, 90–2, 119, 206
- Housing Data Analysis Unit, 88–9, 206

**I**

- ICD-10-AM classification, 98, 101
- Illicit Drug Diversion Initiative, 71
- immunisation research, 98
- Impairments and disability associated with arthritis and osteoporosis*, 66
- Improving Sexual Health in Aboriginal and Torres Strait Islander Youth Demonstration Projects, 51
- incidents under s.68 of OH&S Act, 122
- Indigenous Australians, 11, 49–52
  - cardiovascular disease, 68
  - community housing, 31, 39, 91–2
  - health expenditure, 56
  - Healthy for Life program, 32, 52
  - hospital data, 31, 36, 50, 60
  - housing, 41, 49, 89, 90, 91
  - older people, 81
  - online interactive atlases of population health, 105
  - primary health care, 41, 52, 68
  - SAAP clients, 95
  - see also *The health and welfare of Aboriginal and Torres Strait Islander peoples 2008*
- information and communication technology, 48, 109, 110–11
  - see also electronic health records and health statistics; internet
- Information and Communication Technology Strategic Plan, 111
- Information and Strategy Group, 26, 47–54, 204
- information environment strategic direction, 32
- Information Services and Publishing Unit, 119, 205
- injuries (external causes), 56, 97, 99–100
- Injury among young Australians*, 83, 115, 116
- Institute of Public Administration Australia, ACT Division, 35

- insurance policies, 110
- interactive electronic tools, 61, 105
- interest income, 42
- internal audit, 109–10
- International Group for Indigenous Health Measurement meeting, 50
- international organisations, 38
  - OECD, 38, 56, 57, 59, 77, 78
  - UN Office on Drugs and Crime, 71
  - WHO, 38, 48, 99
- Internet and website, 32, 40, 113–14
  - chronic disease surveillance hub, 76
  - data dictionary updates, 38
  - interactive electronic tools, 61, 105
  - see also METeOR
- Investment Policy, 42
- iodine, 11

**J**

- judicial decisions, 110
- juvenile arthritis, 66
- juvenile justice, 31, 32, 85
- Juvenile Justice Data Working Group, 86
- Juvenile justice in Australia 2005–06*, 85

**K**

- key relationships, 5
- key strategic directions, 11, 31–3
- kidney disease, chronic, 11, 32, 68

**L**

- labour force data, 37, 41, 62–3
  - dental, 103
  - publications, 62, 116
- Labour Force Unit, 62–3, 205
- launches, 13, 40, 80, 83, 88, 94, 117
- Learning and Development Advisory Committee, 120
- leased accommodation, 122
- leave without pay, staff on, 118
- legal actions, 110
- legislation, 16, 23, 108, 110, 163–88
  - occupational health and safety reporting, 122
  - requirements for presentation of publications, 35
- liabilities, 42–3
- lighting, 121

linkage of data, *see* data linkage  
locations of staff, 122  
lung disease, 67

## M

Macklin, Hon. Jenny, 13  
male staff, 118  
management, 108–22  
maternal health, 101, 116  
    gestational diabetes, 68  
    Indigenous, 49, 52, 91  
Media and Communications Unit, 116, 205  
media coverage, 33, 114–16  
media releases, 114, 115  
Medical Adviser, 26  
medical indemnity, 58, 59  
*Medical labour force, Australia*, 62, 116  
medical practitioners, 62, 63, 116  
    general practitioners, 67, 97, 104  
meetings, 24, 25  
members, 23–5, 112, 189–201  
memorandums of understanding, 12, 74, 111–12  
men staff, 118  
mental health, 64  
    Indigenous Australians, 49, 50  
    linkage to Alcohol and Other Drugs Treatment Services  
        National Minimum Data Set, 71  
Mental Health Establishments National Minimum Data Set, 64  
Mental Health Services Unit, 64, 205  
metadata items, registration status of, 37  
METeOR (Metadata Online Registry), 15, 37, 53, 54  
    Functioning and Disability Unit projects, 71  
    general practice data elements, 104  
    Health Registers and Cancer Monitoring Unit project, 74  
METeOR Management Unit, 53  
midwifery labour force, 62, 63, 116  
minimum data sets, *see* national minimum data sets  
Ministerial Briefings, 23  
ministers, 23, 110  
    launches by, 13  
    publications presented to, 35  
Minutes to the Minister, 23  
mission statement, 5  
mortality, 12, 56, 60, 76, 77, 116  
    from cancer, 41, 73  
    Indigenous, 50  
    from injuries (external causes), 99

maternal, 101  
palliative care, 53, 64

## N

National Aboriginal and Torres Strait Islander Health Survey, 49  
*National Bowel Cancer Screen Program monitoring report 2007*,  
    73  
National Breast and Ovarian Cancer Centre, 74  
National Centre for Classification in Health, 98  
National Centre for HIV/AIDS Epidemiology and Clinical  
    Research, 51, 98  
National Centre for Immunisation Research and Surveillance of  
    Vaccine Preventable Diseases, 98  
National Centre for Monitoring Chronic Kidney Disease, 11  
National Committee on Housing Information, 91  
national committees, *see* committees  
*National communities services data dictionary* (version 5), 38  
national data collections, 9, 35  
National Data Development and Standards Unit, 53–4, 119, 204  
national data standards, 36–8  
    *see also* national minimum data sets  
National Death Index, 12, 60  
*National Diabetes Register Statistical profile 1999–2005*, 68, 116  
National Drug Strategy Household Survey, 78, 115, 116  
National E-Health Transition Authority (NEFTA), 12  
National Health and Medical Research Council (NHMRC), 32,  
    81, 86  
*National health data dictionary* (version 14), 38  
National Health Information Management Principal  
    Committee, 57  
National Heart Foundation of Australia, 69  
National Hospital Morbidity Database, 60  
National Housing Assistance Data Repository, 88  
National Injury Surveillance Unit, 97, 99–100, 207  
national minimum data sets  
    alcohol and other drug treatment services, 70, 71  
    children's services, 84  
    Commonwealth State/Territory Disability Agreement,  
        70, 71  
    congenital anomalies, 101  
    government health expenditure, 37, 57  
    labour force, 63  
    mental health establishments, 64  
    perinatal, 101  
National Monitoring Centre for Folate and Iodine Fortification,  
    11, 77

National Opioid Pharmacotherapy Statistics Annual Data Collection, 71  
*National palliative care performance indicators 2007*, 64  
 National Perinatal Statistics Unit, 12, 49, 98, 101–2, 207  
*A national picture of medical indemnity claims 2005–06*, 58  
 National Prisoner Health Data Collection, 37  
*National public health expenditure report 2005–06*, 56  
*National report on chronic disease indicators*, 76  
 national standards, *see* data standards  
 net cash, 43  
 neural tube defects, 101  
 new information environment strategic direction, 32  
 New South Wales, 36, 40  
 NHMRC, 32, 81, 86  
 non-ongoing staff, 118  
 Northern Centre for Healthcare Improvement, 91  
 Northern Territory Emergency Response Child Health Checks, 51  
 nursing and midwifery, 62, 63, 116

## O

occupational asthma, 66  
 occupational health and safety, AIHW, 121–2  
 office accommodation, 122  
*Older Australia at a glance*, 39, 114  
 older Australians, *see* aged care  
 Ombudsman, 110  
 ongoing staff, 118  
 operating result, 17  
 opioid pharmacotherapy, 71  
 oral health, 97, 103, 115, 116  
 organisation and structure, 13, 16, 22–7  
     METeOR Management Unit, 53  
     monitoring centres, 11  
     outcome and output, 30  
     Population Health Data and Information Services Unit, 78  
 organisation chart, 27  
 Organisation for Economic Co-operation and Development (OECD), 38, 56, 57, 59, 77, 78  
 osteoarthritis, 67  
 osteoporosis, 39, 66–7, 116  
 outcome and outputs, 30–41  
 Overcoming Disadvantage report, 49

## P

palliative care, 53, 64

*Parity*, 94  
 parliament, 115  
     Hansard citations, 40  
     tabling of documents, 35  
 parliamentary committees, 23  
 Parliamentary Questions, 23  
 part-time staff, 118  
 partnerships, *see* collaborations and collaborating units  
 pay increases, 120  
 payables, 43  
 payroll processing, 109  
 People, 205  
     *see also* staff  
 performance feedback and communication policy, 119–20  
 performance indicators, 34–41  
     Commonwealth State Housing Agreement program areas, 90  
     health system, 32, 56  
     Healthcare Agreements, 11, 57  
     palliative care, 53  
 performance report, 30–43  
 perinatal statistics, 12, 39, 98, 101–2, 116, 207  
     Indigenous, 49, 101  
 Pharmaceutical Benefits Scheme, 66, 67  
 pharmaceuticals, 66  
 pharmacotherapy, 69  
 Pharmacy Guild, 39, 63  
 pharmacy labour force, 63  
*A picture of Australia's children*, 83  
*A picture of osteoarthritis in Australia*, 67  
*A picture of osteoporosis in Australia*, 67  
*A picture of rheumatoid arthritis in Australia*, 67  
 Plibersek, Hon. Tanya, 13  
 policy relevance, 31–2  
 polypharmacy, 66  
 population health, 11, 76–8  
     expenditure, 56, 57  
     Public Health Information Development Unit, 43, 98, 105, 207  
 Population Health Cluster, 75–8, 205  
 Population Health Data and Information Services Unit, 78  
 Population Health Unit, 76–7, 119  
 Portfolio Budget Statement, 17, 30  
     achievements against key strategic directions, 31–3  
     achievements against performance indicators, 34–41  
 portfolio membership, 23  
 powers, 202  
 pregnancy and smoking, 101

press coverage, 115  
 press releases, 114, 115  
 Primary Dementia Collaborative Research Centre, 80, 81  
 primary health care, 67  
     Indigenous Australians, 41, 52, 68  
 prisoners, 37, 39  
     Indigenous Australians, 49, 50, 51  
     juvenile justice, 31, 32, 85  
 privacy, 32  
 private hospitals, 60  
 private rent assistance, 91  
 Productivity Commission, 49  
 provisions, 43  
 public health, *see* population health  
 Public Health Information Development Unit, 43, 98, 105, 207  
 public hospitals, 60, 61  
     sentinel events report, 58, 115, 116  
 public housing, 90  
 Public Service Medal, 120  
 publications and information products, 12–13, 39, 112, 113–17, 208–24  
     Aboriginal and Torres Strait Islander Health and Welfare Unit, 49–50  
     Ageing and Aged Care Unit, 80–1  
     annual report, 35  
     Asthma, Arthritis and Environmental Health Unit, 66–7  
     Australian Centre for Asthma Monitoring, 106  
     Australian General Practice Statistics and Classification Centre, 104  
     awareness of, 40  
     Cardiovascular Disease and Diabetes Unit, 68  
     Children, Youth and Families Unit, 83–4  
     Community Services Integration and Linkage Unit, 85–6  
     data dictionaries, 38, 53, 74  
     Dental Statistics and Research Unit, 103  
     elective surgery report, 32  
     Expenditure and Economics Unit, 56  
     Functioning and Disability Unit, 70–1  
     Health Care and Safety Quality Unit, 58  
     Hospitals Unit, 60–1  
     Housing Assistance Unit, 90–1  
     Housing Data Analysis Unit, 88  
     Labour Force Unit, 62–3  
     Mental Health Services Unit, 64  
     National Injury Surveillance Unit, 99  
     National Perinatal Statistics Unit, 101  
     Population Health Unit, 76–7  
     style guide, 111

Supported Accommodation and Crisis Services Unit, 94–5  
     *see also* flagship publications  
 purchasing, 109

## Q

quality of data, *see* data standards  
 quality of health care, 58–9  
 Queensland University of Technology, 98

## R

radio mentions of AIHW publications, 116  
 Reconciliation Action Plan, 52  
 recruitment of staff, 118, 122  
 recycling, 120, 121  
 regulations, 185–8  
 Remuneration Committee, 24  
 rents and rent assistance, 88, 90, 91  
 reporting, 16  
     statutory requirements, 35  
 reports, *see* publications  
 ‘Research Associate’ memorandum of understanding, 12  
 researcher requests for data, 32  
 residential aged care, 80, 81, 85–6  
     younger people in, 36, 71  
*Residential aged care in Australia 2006–07*, 80  
 residential mental health care, 64  
 residential respite care, 81  
 Respiratory and Musculoskeletal Diseases Unit, 119  
 respiratory diseases, 39, 66, 67  
     *see also* asthma  
 respite care, 81  
 responsible Minister, 23  
 revenue, *see* finance  
 Review of Government Service Provision, 71  
 rheumatoid arthritis, 67  
 risk factors (health), 56, 68, 76  
 risk management, 109–10  
 role, *see* functions and role  
 Royal Alexandra Hospital for Children, 98  
 rural and remote areas, 71, 76, 116  
     Indigenous housing conditions, 32

## S

SAAP, 31–2, 88, 94–6  
 SAAP Coordination and Development Committee, 93

safety, 121–2  
 health care, 58–9  
 salary increases, 120  
 Sax Institute, 13  
 security, 111  
 seminars, *see* conferences, seminars and workshops  
 Senate Community Affairs Committee, 23  
 sentinel events report, 58, 115, 116  
 server virtualisation, 111  
 sex of staff, 118  
 sexual health, 51  
 significant events, 110  
 SMART 5.2, 95  
 SMART 6 Implementation Team, 93, 119  
 smoking in pregnancy, 101  
 Social and Emotional Wellbeing of Indigenous People  
 workshop, 50  
 spinal cord injury, 99  
 staff, 11, 18, 46, 118–20, 121–2  
 conference papers given by, 218–21  
 executive, 26, 204–7  
 expenditure on, 17  
 journal articles produced by, 213  
 training and development, 120; writing courses, 111  
 stakeholder communications, 111–17  
*see also* publications  
 standards, *see* data standards  
 Statistical Information Management Committee, 101  
*Statistics on drug use in Australia*, 78, 114  
 Steering Committee for the Review of Government Service  
 Provision, 71  
 strategic directions, 11, 31–3  
 strategic planning, 111  
 strengthen policy relevance strategic direction, 31–2  
 structure, *see* organisation and structure  
 Study of Health Outcomes of Aircraft Maintenance Personnel,  
 76  
 style guide, 111  
 suicide, 99  
 Supported Accommodation and Crisis Services Unit, 88, 94–6,  
 119, 206  
 Supported Accommodation Assistance Program (SAAP), 31–2,  
 88, 94–6  
 Supported Accommodation Assistance Program (SAAP)  
 Coordination and Development Committee, 93  
 surgery, elective, 32, 61  
*Systems of Health Accounts*, 57

## T

telephone services, 111  
 television items on AIHW publications, 116  
 training, 120  
 in METeOR, 53, 54  
 writing courses, 111  
 Transitions in Care node, 80, 81  
 transport accidents, 99  
 tribunal decisions, 110  
 twentieth anniversary, 9

## U

unit record files, 31, 88, 91, 95  
 United Nations Office on Drugs and Crime, 71  
 universities, 12  
 University of Adelaide, 97, 98  
 University of New South Wales, 51, 86, 98  
 University of Sydney, 97, 98  
*Urban environmental health*, 66

## V

vaccine-preventable diseases, 98  
 values, 5  
 veterans, 76, 81, 85  
 Victoria, 36, 40  
 Victorian Homelessness Data Collection, 94, 95, 96  
 volume of projects funded on fee-for-service basis, 40

## W

waiting times for elective surgery, 32, 61  
 water fluoridation, 103, 115, 116  
 water saving devices, 120  
*A way forward for national information on prisoner health*, 49  
 web services, *see* Internet  
 Welfare and Housing Group, 26, 79–96  
 welfare expenditure, 56  
 Welfare Group, 206–7  
*Which way home?* Green Paper, 95  
 women staff, 118  
 Woolcock Institute of Medical Research, 97  
 work plan, 11  
 work-related asthma, 66  
 workplace health and safety, AIHW, 121–2  
 workplace relations, 120

workshops, *see* conferences, seminars and workshops  
World Drug report, 71  
World Health Organization (WHO), 38, 48, 71, 99  
writing, 111

## Y

young people, 39  
    arthritis, 66  
    *Australia's welfare 2007* chapter, 83, 85  
    Indigenous, 51  
    injury, 83, 115, 116  
    juvenile justice, 31, 32, 85  
younger people in residential aged care, 36, 71

