



AUSTRALIAN INSTITUTE  
OF HEALTH & WELFARE

ANNUAL REPORT

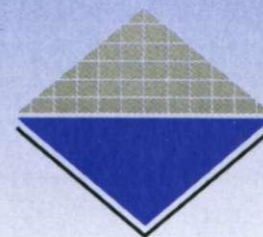
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Australian Institute of Health & Welfare - Annual Report 1992-93



AUSTRALIAN INSTITUTE OF  
HEALTH & WELFARE

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AUSTRALIAN INSTITUTE OF  
HEALTH & WELFARE

**Australian Institute of Health  
and Welfare  
Annual Report 1992–93**

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Information Officer: Lyn Elliott  
Telephone: (06) 243 5024  
Fax: (06) 257 1470



AUSTRALIAN INSTITUTE OF  
**HEALTH & WELFARE**

GPO Box 570, Canberra ACT 2601, Australia

Telephone International +61 6 243 5000  
National (06) 243 5000

Fax International +61 6 257 1470  
National (06) 257 1470

The Hon B.L. Howe MP  
Minister for Housing, Local  
Government and Community Services  
Parliament House  
CANBERRA ACT 2600

Senator the Hon G.F. Richardson  
Minister for Health  
Parliament House  
CANBERRA ACT 2601

Dear Ministers

I am pleased to present the Annual Report of the Australian Institute of Health and Welfare for the year to 30 June 1993. Section 24(1) of the *Australian Institute of Health and Welfare Act 1987* defines the Institute as a public authority subject to the *Audit Act 1901*. This Annual Report is a requirement under Division 3, Part XI of the Audit Act.

Yours sincerely

Fiona Stanley  
Chair

15 November 1993

# AIHW Mission

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

*"to inform community discussion and to support public policy-making on health and welfare issues by coordinating, developing, analysing and disseminating national statistics on the health of Australians and their health and welfare services, and by undertaking and supporting related research and analysis."*

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# AIHW Board members

The Australian Institute of Health and Welfare Act 1987 section 8(1) specifies the composition of the Board of the Australian Institute of Health and Welfare. Board members are appointed by the Governor-General on the recommendation of the Minister(s) for periods not exceeding three years.

Members of the Board during 1992-93 were as follows. The number of meetings attended during the year is shown in brackets.

## **Chairperson**

Professor Fiona J Stanley (4)

Appointed 1 July 1992

## **Director, AIHW**

Dr Leonard Smith (3) to 31 December 1992

Appointed 1 July 1988

Mr Timothy J Skinner (1)

Appointed Acting Director 1 February 1993

## **Australian Health Minister's Advisory Council (AHMAC) nominee**

Dr David Filby (4)

Appointed 1 July 1992

## **Standing Committee of Social Welfare Administrators' nominee**

Mr Desmond L Semple (3)

Appointed 1 July 1992

## **State Housing Departments' representative**

Ms Vivienne R Milligan (4)

Appointed 1 July 1992

## **Australian Statistician**

Mr Ian Castles, AO, OBE

## **Secretary, Department of Health, Housing, Local Government and Community Services**

Mr Stuart Hamilton (3)

Mr Tony Cole (1)

## **Person with knowledge of the needs of health consumers**

Ms Kate Moore (3)

Appointed 1 July 1992

**Person with knowledge of the needs of welfare consumers**

Mr John Barber (3)

Appointed 1 July 1992

**Person with knowledge of the needs of housing assistance consumers**

Dr Judith N Yates (4)

Appointed 1 July 1992

**Person with expertise in research into public health issues**

Dr C D'Arcy J Holman (3)

Appointed 1 July 1992

**Ministerial nominee**

Professor Bettina Cass (3)

Appointed 27 February 1991

**Ministerial nominee**

Mr Brian Kennedy (3)

Appointed 1 July 1992

**Ministerial nominee**

Professor John McNeil (3)

Appointed 1 July 1992

**AIHW staff nominee**

Mr Christopher E Stevenson (4)

Appointed 1 July 1992

**Alternate members:****Nominee(s) of the Secretary of the Department of Health, Housing, Local Government and Community Services**

Mr Alan J Bansemer

Mr Glen Rees (1)

**Nominee of the Australian Statistician**

Mr Timothy J Skinner (2)

Mr Geoff Sims (1)

Dr Richard Madden (1)

A representative of the office of the Minister for Health, Housing and Community Services attended two meetings. Professor Ken Donald, representing the National Health and Medical Research Council, and Professor Bob Douglas, representing the National Centre for Epidemiology and Population Health, each attended two meetings as observers.

# AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

The Australian Institute of Health and Welfare (AIHW) is an independent Commonwealth statutory authority. It undertakes statistical and research work in the health and welfare areas and provides support both to the Commonwealth and to the States and Territories, either directly, or through the Australian Health Ministers' Advisory Council (AHMAC), the Standing Committee of Social Welfare Administrators (SCSWA) and State and Territory housing authorities. The Institute's functions are prescribed in its Act.

## **Legislation**

The Institute was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. There have been two major amendments to the Act, the first in 1989 and the second in 1992. The 1989 amendments strengthened the safeguards of confidentiality in section 29 by imposing more stringent controls on the release of information by the Institute, by prohibiting the disclosure of information contrary to the conditions under which it was supplied. The 1992 amendments expanded the Institute's role and functions to include welfare-related information and statistics. The Act is now known as the *Australian Institute of Health and Welfare Act 1987*.

An unofficial consolidation of the Act incorporating all amendments by legislation to 30 June 1993 is at Appendix 2.

## **Institute**

The legislation established 'the Institute' as a body corporate with composition as prescribed in section 8 of the Act. This legally constituted governing body is referred to as 'the Board' of the Institute, to avoid confusion with 'the Institute' as the organisation. The Board had 12 members prior to the 1992 amendments to the Act, when the number was increased to 15. The amendments took effect on 4 May 1992 but the new members' term of office did not begin until 1 July of that year. Board members, with the exception of ex-officio members, are appointed by the Governor-General on the recommendation of the Minister for periods not exceeding three years.

The Board met 4 times during 1992-93: on 21 July, 25 September and 18 November 1992, and 17 February 1993. A list of members, including category of membership, terms of office and the number of meetings attended, is shown on the two preceding pages.

## **Ministerial powers**

The Institute is responsible to the Minister for Health, and to the Minister for Housing, Local Government and Community

Services. Section 7(1) of the Act provides that the Minister may, after consultation with the Institute Chairperson and the Ministers for Health, Welfare or Housing as appropriate, in each State, 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. No such directions were given during 1992-93.

## **Committees**

Section 16(1) of the AIHW Act requires the Institute to appoint an ethics committee. This is currently the only committee established under Section 16 of the Act. The Regulations for the Ethics Committee are provided at Appendix 2 and a report on its activities for the year is provided at Appendix 3.

The National Committee on Health and Vital Statistics (NCHVS) was established in 1989, under section 16(4) of the AIHW Act, as a Committee reporting solely to the Institute, after a two-year period of reporting jointly to AHMAC and to the Institute. The role of the NCHVS was to identify needs for national health-related statistics and to recommend on priorities for their development. The culmination of the NCHVS work was the National Forum on Priorities for National Health Statistics held in February 1991. A major outcome from the Forum was the proposal to develop a national health information agreement and a national health information strategy. At its November 1991 meeting, the Institute's Board decided to defer further meetings of the Committee pending restructuring of AIHW advisory committee arrangements following enactment of the amending legislation. The legislation was enacted in May 1992.

In early 1993 the AIHW Board decided not to continue with the NCHVS. The Board considers that extensive consultations with a wide range of government and non-government organisations is essential for the Institute's work program to continue to reflect users' needs. It asked the Institute to ensure that its work program and advice to the Board on national health and welfare statistics priorities reflects such broad consultation, and includes consultation through regular national user forums. The Board also asked the Institute to represent the statistical needs of all users in the National Health Information Agreement Management Committee's work program discussions.

## **Organisational structure**

### **Divisions**

The Institute has five major Divisions: Health Services, Health Technology, Health Monitoring, Welfare, and Corporate Services. The Welfare Division was established after the May

1992 amendments to the AIHW Act which broadened the scope of the Institute's activities.

### **External units**

Four external units have been established to assist the Institute with performing its functions as prescribed in the AIHW Act (1987), and to achieve its goals. Contracts have been negotiated with:

- the University of Sydney for the AIHW National Perinatal Statistics Unit (NPSU);
- the University of Adelaide for the AIHW Dental Statistics and Research Unit (DSRU); and
- the Queensland University of Technology, Queensland Health and the Australian Bureau of Statistics in Brisbane for the National Reference Centre for Classification in Health.

The fourth external unit, the National Injury Surveillance Unit (NISU), is funded through AIHW appropriation and is located adjacent to the campus of Flinders University in Adelaide.

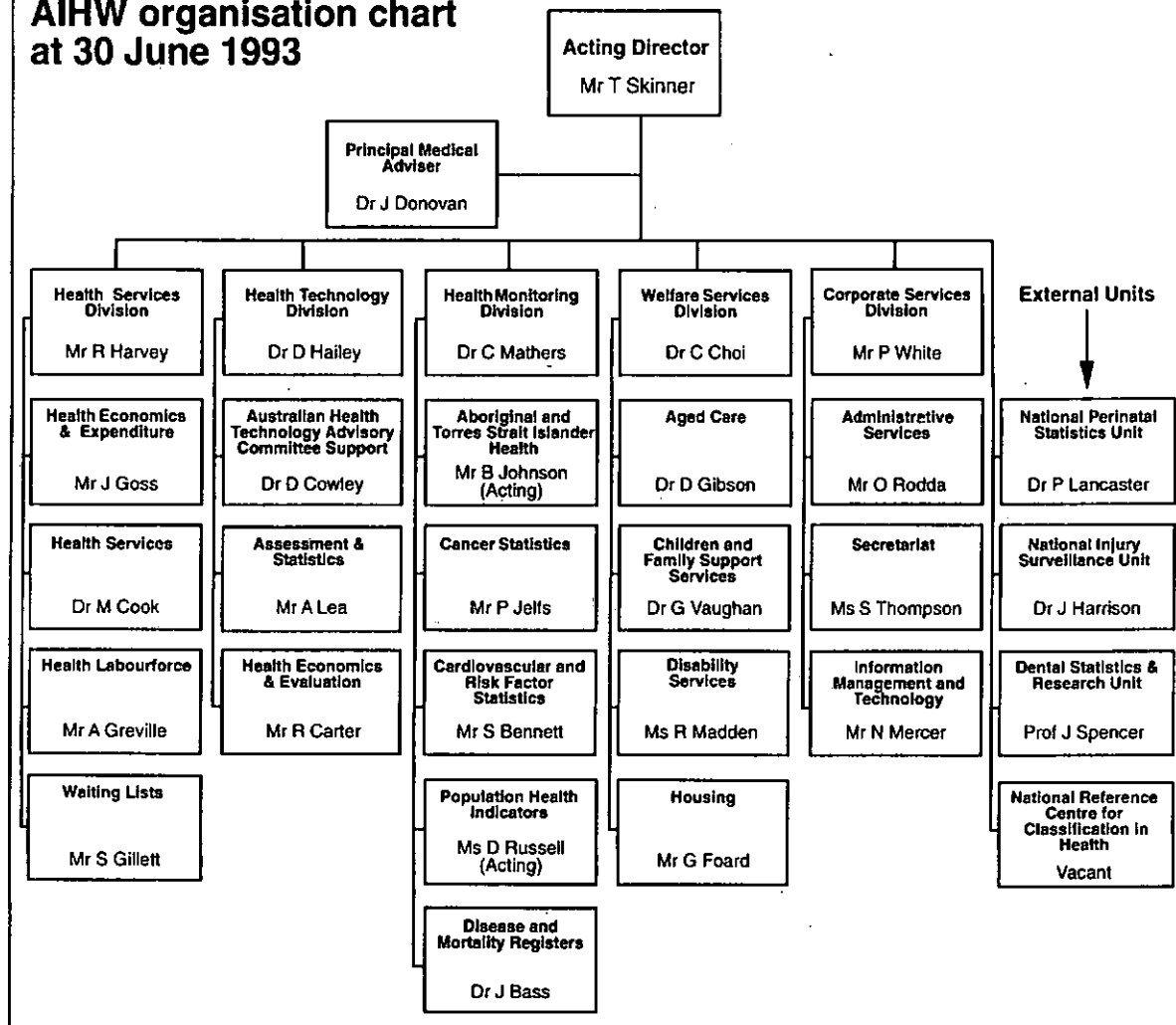
Contracts for AIHW external units are usually for three years. The activities, performance and achievements of the Units are reviewed towards the end of the term of the contract to assess the continued appropriateness of the Units in meeting AIHW goals and objectives.

### **Collaborating Centres**

As part of a network of research organisations, AIHW Collaborating Centres undertake activities which directly support the Institute's functions. They may contribute technical expertise, information, services, research and training to assist the Institute in fulfilling its statutory functions. Designation as an AIHW Collaborating Centre is usually for an initial period of three years. All agreements are subject to review at the end of three years and Collaborating Centres are required to report annually on their activities.

Formal collaborating arrangements have been established with designated units at the University of Newcastle; designated units within St Vincent's Hospital, Melbourne; the Australian Centre for Medical Laser Technology Inc. in Adelaide; the National Centre for Health Program Evaluation in Melbourne; the Epidemiology Branch of the South Australian Health Commission and the Graduate School of Health and Medical Sciences at the University of Wollongong.

## AIHW organisation chart at 30 June 1993





***Institute funding***

The greater part of the Institute's funding is appropriated through the Commonwealth Budget as part of the Health, Housing, Local Government and Community Services portfolio. The 1992-93 appropriation was \$6,796,000 (see Appendix 1 for further details). Additional external funds have been obtained for a number of specific projects. Details of externally funded projects are provided in Appendix 8.

***Institute staff***

Institute staff are employed under the Public Service Act. As at 30 June 1993 the Institute had 107 staff. This number includes staff of the National Injury Surveillance Unit, and two staff on contract from an employment agency. Staff of the other three external units are not employed by the Institute but by the universities to which the unit grants are made. A list of staff showing their qualifications and area of employment is at Appendix 4.

# ACHIEVEMENTS AND DEVELOPMENTS DURING 1992-93

The year under review saw a number of projects reach significant milestones, the expansion of activities in some Divisions and consolidation of work in other areas. Major events and achievements included:

- the appointment of a new Board
- new AIHW Director
- new Corporate Plan
- the release of *Australia's health 1992*
- the signing of the National Health Information Agreement
- the publication of the National Health Data Dictionary
- Data catalogue developments
- commencement of work on National Health Goals and Targets
- commencement of work on the Waiting List project
- the expansion of the Welfare Division
- the signing of the Welfare Data Agreement
- review of external units.

## **Appointment of new Board**

There were nine new members among those appointed to the expanded, 15-member Board on 1 July 1993, as foreshadowed in last year's annual report. The new Board was launched by Deputy Prime Minister and (then) Minister for Health, Housing and Community Services, Mr Brian Howe, at a press conference at the Institute on 21 July, the day of the new Board's first meeting.

## **AIHW Director**

After four-and-a-half years in the position, Dr Len Smith resigned as Director of AIHW in December 1992. A national and international search for a new Director commenced early in 1993 and interviews were conducted in June. Dr Bruce Armstrong is expected to take up duties in early January 1994. Dr Armstrong has a distinguished academic and administrative record and is currently Deputy Director of the International Agency for Research on Cancer in Lyon, France.

## **New Corporate Plan**

The new Board attended a special two-day AIHW strategic planning forum in September. The forum was addressed by the heads of each of the Institute's research divisions and external units, and critically examined future directions for the Institute. The corporate and strategic planning process continued with a high level of Board and staff involvement during the year; a new AIHW Corporate Plan was prepared for publication in July 1993.

The planning process achieved a high level of integration between the Institute's Corporate Plan and Work Program. These documents, in turn, provided an invaluable foundation for development of the 1993-94 corporate operating budget and the second cycle of performance agreements for the Institute's Senior Officers.

In line with an intended increased corporate emphasis on communication and public affairs, a condensed version of the Corporate Plan is also being developed and will be used to promote a wider understanding of the Institute's diverse roles and activities within the Australian health and welfare community.

### **Australia's health 1992**

The third and most comprehensive edition of the Institute's biennial health report was launched by Mr Gary Johns, Parliamentary Secretary to the (then) Minister for Health, Housing and Community Services, at Parliament House in late July 1992. *Australia's health 1992* is divided into two parts: Part 1 focuses on health and health services, and Part 2 deals primarily with health statistics, including an extensive overview of Australian sources and developments. The publication is used as a reference book by health practitioners, administrators and other professionals and as a text for students in health-related courses. *Australia's health 1992* is marketed Australia-wide by the Australian Government Publishing Service. Sales for 1992-93 were considerably higher than the target set.

### **National Health Information Agreement**

During 1992-93 the Commonwealth and State/Territory health authorities, the Australian Bureau of Statistics and the Institute signed the National Health Information Agreement. The Agreement came into effect on 1 June 1993.

The purposes of the Agreement are to overcome current deficiencies in health information and to provide a cooperative framework with a national perspective to develop national health information. A major thrust of the Agreement is to facilitate the more effective use of, and access to, existing data.

The major objectives of the Agreement are to establish:

- national priorities for health information;
- national health data standards and classifications, including data quality; and
- guidelines and consultative mechanisms for
  - setting up national data collections
  - promoting the more effective use of existing data
  - addressing major data gaps.

The NHIA arose from the recommendations of the Institute's Forum on National Priorities for Health Statistics, held in February 1991.

The Institute provides secretariat support for the NHIA Management Group which oversees the direction, development, review and implementation of the Agreement, the agreed work program and the National Health Data Dictionary. The Management Group held its first meeting in Canberra in June 1993.

## **National Health Data Dictionary**

A major achievement for the Institute this year was the publication of the *National Health Data Dictionary—institutional health care* (NHDD). The NHDD was reviewed and developed by a national committee comprising representatives from each State and Territory health authority, the Australian Private Hospitals' Association, the Australian Bureau of Statistics, the Commonwealth Departments of Veterans' Affairs and Health, Housing, Local Government and Community Services and the Institute.

Formerly known as the *National Minimum Data Set—institutional health care*, the NHDD contains standard data definitions which are recommended for national use in institutional health care settings—including acute general hospitals and psychiatric hospitals in both the public and private sectors, and residential care. As the source of data definitions for the National Health Information Agreement, the NHDD will eventually encompass the full range of health services, including medical outpatients, community health services, a standard chart of accounts, the health labourforce and mental health, in addition to the institutional health care services currently covered.

## **Data catalogue**

In the course of its work the Institute is provided with a significant amount of health- and welfare-related data from a number of sources. The major databases held at the Institute are set out in Appendix 9. The Institute regularly publishes a catalogue of its publications and data holdings.

Access to the data holdings is governed by the confidentiality provisions of the *Australian Institute of Health and Welfare Act 1987* and by any conditions imposed by the agency providing the data to the Institute. Identifiable data can only be released with the approval of the Institute's Health Ethics Committee or with the agreement of the data provider.

The timeliness and comprehensiveness of some of the data holdings continue to be of concern. It is hoped these will improve as a result of commitments to the National Health Information Agreement.

**National health goals and targets**

The Australian Health Ministers' Advisory Council (AHMAC) has identified four priority areas for which national health goals and targets are to be finalised by June 1994. The priority areas are cardiovascular disease, preventable cancers, injury and mental illness. The Commonwealth has established four implementation groups to finalise these targets and to develop implementation strategies for achieving them. In early 1993 the Institute commenced work on reviewing available data sources, and on the development of statistical methods and data definitions for monitoring national health targets for these priority areas. AHMAC has endorsed AIHW's role as the appropriate authority to monitor and report on progress towards national health goals and targets.

**Waiting lists**

In August 1992 the Deputy Prime Minister and (then) Minister for Health, Housing and Community Services, Mr Brian Howe, announced that the Australian Institute of Health and Welfare would be producing national waiting lists statistics. Consultations with State and Territory health authorities to develop an agreed set of definitions and reporting arrangements to enable the collection of comparable national data commenced during the year. As not all States currently collect waiting list information and those that do use different approaches, the interim report will not provide a comprehensive description of Australian waiting lists. The first national report is expected late in 1994.

**Expansion of Welfare Division**

The Institute's Welfare Division was created following enactment of the *Australian Institute of Health and Welfare Act 1987* amending legislation in May 1992. During 1992-93 the Division appointed Unit Heads to the Aged Care, Disability Services, Family and Children's Services, and Housing Units. These appointments enabled the Division to develop its work program and to make significant progress in the collection of welfare and housing services data and towards the publication of the first biennial edition of *Australia's welfare: services and assistance*—which is to be presented to the Minister in December 1993.

**Signing of Welfare Data Agreement**

Consultations with State, Territory and Commonwealth officials held late in 1992 led to the signing of the Welfare Data Agreement by all State and Territory welfare and housing Ministers and the Commonwealth in February 1993. The Agreement sets out the rights and responsibilities of all parties in the provision of data on welfare services to the Institute. It will ensure that the Institute is given access to welfare services data which are compiled from Commonwealth programs or provided to the

***Review of  
external units***

Commonwealth by the States and Territories. The Welfare Data Agreement also formalises the provision of funds by the States to the Institute for the maintenance and enhancement of State-based child welfare data.

The contracts of two of the Institute's external units, the National Perinatal Statistics Unit and the Dental Statistics and Research Unit, were due to expire towards the end of 1992-93 and extensive reviews of both Units were conducted as required under the terms of their contracts. The purposes of the reviews were to report on the activities, performance and achievements of the external units during the period of their contracts, and to assess the continued appropriateness of their goals and objectives. The Review Reports were prepared for presentation at the July 1993 Board meeting.

# RESEARCH DIVISIONS

## Director's Unit

### **Acting Director: Mr Tim Skinner**

Most of the liaison between the Institute and external bodies is the responsibility of the Director's Unit. The Director attends, by invitation, meetings of the Australian Health Ministers' Advisory Council (AHMAC) and the National Health and Medical Research Council (NHMRC). Dr John Donovan, Principal Medical Adviser, is the Institute nominee on the Public Health Research and Development Committee (PHRDC), which is a principal committee of NHMRC.

The Director is also a member of the Advisory Committee of the National Centre for Epidemiology and Population Health (NCEPH), and the Advisory Committee of the Centre for Clinical Epidemiology and Biostatistics at the University of Newcastle.

The Institute maintains regular contact with the Australian Bureau of Statistics (ABS) in relation to individual projects. Coordination meetings are held approximately every two months, alternately at the Institute and at the ABS.

The major research activities in the Director's Unit in 1992-93 were the continuation of a review of psychosurgery in New South Wales, a continuing study of AIDS death statistics, and finalisation of work on a report on the carcinogenicity of dapsone among Vietnam veterans. Work began on the Institute's biennial publication, *Australia's health 1994*, in late 1992. This issue will include a detailed report on the effectiveness and quality of health services in Australia.

## Welfare Division

**Head: Dr Ching Choi**

The Welfare Division was established in May 1992 and is responsible for developing and analysing data on welfare services and housing assistance. The Division's areas of work are defined in the *Australian Institute of Health and Welfare Act 1987*. They include aged care services, services for people with disabilities, childcare services, housing assistance and child welfare services.

### ***Development of a Divisional work program***

During the year the Division consulted extensively with Commonwealth and State agencies and relevant peak non-government organisations on its work priorities. The work program of the Division can be categorised into two streams. The first stream relates to the development, collation and analysis of data relevant to the five areas of welfare services and housing assistance specified in the Act. The second stream relates to developmental work which cuts across the subject matter fields. Projects in this stream include the development of an agreement with States and Territories on the transfer of data to the Institute, the preparation of a report on welfare services and assistance, the compilation of an inventory of significant welfare services data holdings, and the development of a classification scheme for data on welfare services.

### ***Preparation of Australia's welfare 1993: services and assistance***

The publication of a biennial report on Australia's welfare is a requirement under the Australian Institute of Health and Welfare Act. Preparation for the first biennial report began early in 1993 after senior staff of the Welfare Division were recruited. *Australia's welfare 1993: services and assistance*, to be presented to the Minister in December 1993, will provide statistical and related information on the provision of welfare services in Australia and an outline of the development of welfare-related information and statistics.

### ***Welfare Data Agreement with State and Territory welfare and housing authorities***

An agreement with all State and Territory welfare and housing authorities was concluded in February 1993. This Agreement provides a basis for the Institute to gain access to welfare and housing data collected by the Commonwealth and the States and Territories. It also formalises the provision of funds to the Institute by the States and Territories for the maintenance and enhancement of State and Territory-based child welfare data.



**Publication of  
child welfare  
data**

Data on adoptions, child abuse and neglect, and children under care and protection orders were collated from all States and Territories. Publications containing data on adoptions and on child abuse and neglect were released during the year.

**Analysis of data  
on the Supported  
Accommodation  
and Assistance  
Program**

As part of the national evaluation of the second Commonwealth/State Supported Accommodation Assistance Program Agreement, the Division completed an analysis of several data collections on the services provided by the Program and the recipients of those services. A report entitled *Services for the Homeless 1990-92*, containing results of the analysis, was presented to the National Evaluation Steering Committee. The Division has also been invited to participate in a separate review process to enhance the national data collections.

**Inventory of  
welfare services  
data holdings**

A draft inventory of welfare services data holdings known to the Institute was compiled. Updates on the entries in the draft as well as new entries are being sought from Commonwealth and State government departments, academic research organisations, and peak welfare agencies.

**Development of a  
minimum dataset  
for disability  
services**

At the request of Commonwealth and State and Territory agencies responsible for disability services, the Institute was asked to undertake the development of a minimum set of consistent data for disability services funded under the umbrella of the Commonwealth/State Disability Agreement (CSDA). The dataset is intended for use in monitoring the services provided and to assist in planning. This project has the potential for wider application beyond services funded under the CSDA. Work commenced on this project early in the year and consultations with government agencies as well as peak disability organisations were undertaken. It is anticipated that agreement on data items will be reached in 1993 and that pilot testing and implementation will follow.

**Evaluation**

In its first year of operation the Division consulted widely on its work program and established good working relationships with the Commonwealth, State and Territory governments. Support from selected non-government organisations was also obtained.

The Division provides a report on its work progress to the Standing Committee of Social Welfare Administrators (SCSWA) twice a year through the SCSWA representative on the Institute's Board. SCSWA has indicated that it would like the Institute to investigate, during 1993-94, the feasibility of, and options for, a national welfare industry study.

## Health Services Division

### Head: Mr Roy Harvey

The Health Services Division is responsible for developing, collecting and analysing statistics and information on the provision and use of health services in Australia.

The Division's main activities during 1992-93 were:

- development of national health labourforce collections;
- development of the *National Health Data Dictionary—institutional health care* and collections related to it; and
- production and analysis of health expenditure information.

Following the 1992-93 Commonwealth Budget, the Division was funded to develop national statistics on waiting lists for admissions to hospitals.

The Division also played a leading role in issues related to the development of health outcomes measures—measures which seek to describe and quantify the changes in health and function that patients experience as a result of health service interventions.

During the year the Division managed the processes associated with the development of the National Health Information Agreement (NHIA). The NHIA provides a mechanism through which all Commonwealth, State and Territory health authorities, the Australian Bureau of Statistics and the Institute will cooperate in agreeing on definitions of health and health services to be used nationally, and in developing national collections of information.

The Division also provided support to the triennial review of the AIHW Dental Statistics and Research Unit.

### **National Health Labourforce Collections**

Development of the National Health Labourforce Collection continued as a major task during 1992-93. Initially envisaged as a comprehensive health labourforce database, AHMAC requested that the emphasis should be on the medical and nursing professions. Current collections cover medicine, nursing, pharmacy and podiatry for some States and the Northern Territory. Agreement was reached with most States and Territories on the coverage of the 1993 collections.

The dental component of the labourforce collection is being undertaken by the AIHW Dental Statistics and Research Unit in consultation with the Division's Health Labourforce Unit.

The Health Labourforce Unit had further discussions with professional associations on establishing labourforce collections. A national physiotherapy collection was developed in

cooperation with State and Territory Registration authorities and the Australian Physiotherapy Association.

An important task was the provision of technical advice and support to Commonwealth and State health labourforce planners and the development of joint projects for inclusion in the National Health Information Work Program.

Other significant tasks included:

- providing advice and data to the Medical Workforce Data Review Committee of AHMAC, including analysis of data on medical specialists;
- assisting the Hospital Medical Workforce Working Group of AHMAC on data collection; and
- examining and advising on proposed labourforce planning models.

**National Health  
Data Dictionary  
and the National  
Minimum Data Set  
for institutional  
health care**

A high priority for the Division was the development of nationally recognised definitions for institutional health care services. The major contribution to this during 1992-93 was the publication of the National Health Data Dictionary (NHDD) for institutional health care.

The NHDD is a set of data items and definitions, which will enable institutional services throughout Australia to be described in a uniform and consistent manner; it will also facilitate the collection and analysis of comparable data on institutional health services. Version 2 of the Dictionary was published in March 1993 and was followed later in the year by the publication of a 'summary' edition for use in hospitals and for wider circulation. A seminar for software vendors was held in conjunction with the launch of the NHDD to promote the use of standard definitions in hospital-based computer systems.

The NHDD was developed under the auspice of the National Minimum Data Set Review Committee (NMDS-RC), a committee established at the request of AHMAC. It is chaired by the Institute and has representatives from:

- each State and Territory health authority;
- the Australian Private Hospitals' Association;
- the Australian Bureau of Statistics;
- the Commonwealth Department of Veterans' Affairs; and
- the Commonwealth Department of Health, Housing, Local Government and Community Services.

The NMDS-RC also advises on which items should be collected in the Hospital Utilisation and Costs Study and on items that should be added to or deleted from the NHDD.

## **Health economics and expenditure**

The Division continued to develop its health expenditure data. Data on health expenditure by States was compiled to provide greater insight into the provision of health services. These showed major inadequacies with the data at State level. Under the National Health Information Agreement, work will be undertaken in 1993-94 to standardise the health expenditure categories between the States.

Three papers were prepared on the health impact and financial aspects of the ageing of the Australian population in the 21st century. This work included estimation of the proportion of health expenditure incurred by people in their last years of life. Current estimates, based partially on US data, are that 30 per cent of health expenditure is in the last year of life, and 10 per cent in the second last year of life. Further work in this area using Australian data is continuing.

*Health expenditure bulletin no. 8* on Australian health expenditure to 1991-92 was published in April 1993. This bulletin contained information on expenditure in the public and private sectors, movements in health prices, and comparisons between growth in health expenditure and the economy as a whole.

Detailed data concerning health research expenditure in Australia were compiled.

## **Reports on health service utilisation and costs**

The *Hospital Utilisation and Cost Study* (HUCS) is a report on the provision and costs of services for all public hospitals in Australia, and the resources used in providing them. The report relating to the 1989-90 year was published in 1992-93; the data in the report had been available to all health authorities much earlier. This report marked the last biennial collection as AHMAC requested that the study be carried out annually in future. The collection of data relating to 1991-92 has commenced and was largely completed during the year. It is due to be published in 1993-94.

*Health services bulletin No. 3* was published in August 1992. It provided a brief summary of statistics of major components of Australia's health care service use. With the commencement of an annual collection of HUCS it was decided to discontinue this publication.

## **Waiting lists**

Health Services Division established a separate Waiting List Unit in early 1993 in order to address the Institute's commitment to develop comparative national statistics describing hospital waiting lists.

A detailed literature review of the issue, and a survey of the activities of State and Territory health authorities relating to compilation of local waiting list data were conducted during

the reporting period. Preliminary discussions to establish agreed data items were held with the various health authorities.

In the longer term it is envisaged that waiting list information will be incorporated into the NHDD and routine hospital surveys.

### **Measuring health outcomes**

The Australian Government spends in the order of \$33 billion per year on health services programs. It is essential to measure the resulting health outcomes to evaluate the benefits of this expenditure. The Institute made significant progress during the year in evaluating ways of measuring health status and outcomes suitable for the Australian context.

Two workshops on health status and outcome measures were held jointly with the Health Monitoring Division, and a discussion paper on definitions in the health outcomes area was prepared. Those attending these workshops endorsed the Institute in its development of a clearing house for:

- health status and health outcomes measurement instruments;
- clinical data holdings from which health outcomes may be measured; and
- activities being undertaken by health authorities, universities and clinical groups relevant to the measurement of health status and outcomes.

This work is continuing.

### **National Health Information Agreement**

The Division provided professional support and the secretariat for the AHMAC National Health Information Agreement Taskforce, liaised with health authorities and the ABS in developing the NHIA, and coordinated the work necessary for the development of a work program to be carried out under the NHIA during 1993–94.

The Division also provided secretariat support for the conduct of the first meeting of the Management Group, held in June 1993.

### **Other significant activities**

Other significant activities undertaken by the Health Services Division during 1992–93 included:

- provision of statistical and research advice to the Department of Veterans' Affairs in the development and analysis of health service use by beneficiaries;
- management of a project modelling locational need for acute hospital care incorporating socioeconomic and locational disadvantage. The project was commissioned by

the Department of Prime Minister and Cabinet and carried out in conjunction with the CSIRO;

- management of an evaluation of programs of the Department of Health, Housing, Local Government and Community Services directed at women's health and delivery of health services to women;
- presentations about health expenditure as part of professional development for officers of the WA Health Department;
- a presentation on health care for older persons at the Economic Planning Advisory Council seminar on the economic and social consequences of Australia's ageing population; and
- participation in the International Symposium on the Economics of Drug Abuse held in Canberra on 30 April 1993.

## **Evaluation**

The Division did not achieve all the objectives it had set for the year. A number of factors contributed to this, including:

- the development of the National Health Information Agreement and its AHMAC endorsed Work Program imposed a greater than expected burden on Divisional resources, especially on senior staff;
- the effort devoted to establishing the Institute's role in relation to health outcomes measurement was greater than planned; however, the success of the joint workshops and wide acceptance of the Institute's role in this area were major achievements for the Division;
- some delays were experienced in producing the HUCS reports due to the inability of some agencies to provide data within agreed time frames. Some internal Institute processes also contributed to the delays and action was taken to remedy these.

The Division also undertook a number of additional functions such as the waiting lists project and the coordination of important external projects. The ultimate success of the NHIA, the endorsement of the establishment of the Health Outcomes Clearing House, and the work undertaken on national waiting list data were major achievements. Overall, the Division was very productive during 1992-93 and its staff achieved wide recognition as shown by the wide range of external bodies that drew on the Division's expertise.

## Health Technology Division

### Head: Dr David Hailey

Health Technology Division undertakes assessments and collects data on the role, distribution, costs and effectiveness of health care technologies. 'Health care technology' is defined to include any device, procedure, management regime or information processing system used in the diagnosis, treatment or prevention of disease or disability, and in the promotion of health. The Division also undertakes assessments of the economic impact of disease and disease prevention programs. Advice on these areas is provided to other health agencies and the community.

### **Divisional health technology projects and assessments**

Three reports in the Health Care Technology series were completed during the year. The first dealt with technologies to treat menorrhagia and uterine myomas. This report continued work done in 1991-92 on minimal access surgery (less-invasive or 'keyhole' surgery), in this case focusing on the application of these newer techniques in gynaecology. The report considered hysteroscopic endometrial resection/ablation and laparoscopically assisted hysterectomy, and compared them with standard forms of hysterectomy.

The second report, a review of the use of lasers in medicine, was prepared in collaboration with the AIHW Collaborating Centre, the Australian Centre for Medical Laser Technology Inc. It describes the current status of medical lasers in the most significant areas of application, with particular reference to Australia.

The third publication in the Health Care Technology series was a report on work undertaken by researchers at La Trobe University and St Vincent's Hospital, Melbourne, on the social impact of echocardiography. This described the effects of a diagnostic technology on opinions of medical staff and patients.

Discussion papers were produced on a range of topics. As part of work undertaken for the National Task Force on Prevention of Cervical Cancer, a review of new technologies in this area was completed, with a study on the costs of alternative management strategies for women with abnormal Pap smear tests. The Division's continuing involvement in assessment of diagnostic and information technologies resulted in papers on an assessment of test systems for office pathology testing, cardiac imaging technologies and telemedicine in Australia. A short review of technologies for management of incontinence was completed as a first stage in

a continuing project on health technologies and older persons.

Two issues of the bulletin *HealthTechStats* were released during the year (in November and June) and provided information on the distribution, level and trends of use of health technologies in Australia. Further issues of the newsletter *HealthTechNews* were published in November and May and continued to attract considerable interest.

Work continued on the Emerging Health Technology Brief series. Nine briefs were prepared to provide health care policy-makers, planners and administrators with early, concise information on new developments in technologies. The topics covered were cerebral oximetry; magnetoencephalography; cultured skin; magnetic resonance angiography; laparoscopically assisted hysterectomy; transurethral lithotripsy; lasers in dentistry; coronary atherectomy; and radiolabeled monoclonal antibodies in diagnostic imaging.

In response to the need for information on established technologies, the Division initiated a new series of issues briefs which will deal with older technologies in cases where there is uncertainty or controversy. The first brief in the series, on carotid endarterectomy, was released in March.

During 1992-93 the Division continued to provide support for the Australian Health Technology Advisory Committee (AHTAC), a standing committee of the NHMRC Health Care Committee.

A major part of the Division's support of AHTAC was through work concerned with the Nationally Funded Centres Program. Assessment of a proposal for Nationally Funded Centre status for a third heart transplantation unit and a second review of the Australian liver transplantation program were completed. Project work is continuing on a review of the Australian heart and lung transplantation programs in relation to suitability for Nationally Funded Centre Status.

The Division also assisted AHTAC in the preparation of a report on the treatment of sleep apnea, and this report was endorsed by the NHMRC. Project work is continuing on guidelines for cardiac interventions, low-power lasers in medicine and use of renal lithotripsy.

The Division continued to assist the NHMRC in its analysis of the potential impact and worth of a range of possible health promotion and illness prevention programs, through the development of a macro economic evaluation model. The

### **Support for AHTAC**

### **Macro economic evaluation project**



model accesses a number of databases and provides a balanced overview to assist in prioritisation and policy development.

The project includes the development of an approach to link changes in risk factors and disease incidence to changes in health status and to the cost of providing health care. It has involved input from the Health Monitoring and Health Services Divisions, and has been supported by grant funding from the Department of Health, Housing, Local Government and Community Services.

During the year the Division was invited to prepare a major paper on the public health significance and cost of illness of drug abuse for an international symposium. This paper covered smoking, alcohol abuse, illicit drug abuse, and the adverse effects of licit drug use. Cost of illness studies of obesity, syphilis and TB, hepatitis B, and AIDS/HIV were also completed and the subject of conference presentations. This work will form the basis for future Institute reports. The work on the economic impact of disease led to a discussion paper on the cost of diet-related disease, issued as a joint publication with the National Centre for Health Program Evaluation.

Work commenced during the year on preparation of a paper on the economics of cardiovascular disease, as part of the project's contribution to the National Health Goals and Targets initiative.

### **External projects**

The assessment at St Vincent's Hospital, Melbourne, of biliary lithotripsy in the treatment of gallstone disease was brought to a conclusion and a final report prepared on the project. Work was started, with the hospital, on planning an observational study on coronary angioplasty.

AIHW continued to investigate the use of telemedicine in Australia. A project was commenced with the Royal Alexandra Hospital for Children, Sydney, to evaluate the use of teleradiology. This technology has the possibility of providing diagnostic support to remote sites and reducing the need to transport patients from lower population areas to city hospitals.

The Division continued its coordination role in a comparative evaluation of copper bromide and pulsed dye lasers in dermatology undertaken by the Australian Centre for Medical Laser Technology Inc. and the Royal Prince Alfred Hospital, Sydney.

Collaborative work continued with the Canadian Coordinating Office for Health Technology Assessment, Ottawa, with

joint articles and presentations being completed on magnetic resonance imaging and laparoscopic cholecystectomy.

A short consultancy was undertaken for the Health Department of Western Australia as part of the North Metropolitan Needs Analysis, Perth. A report was prepared on the technology impact component of this project, which involves consideration of future health services requirements for areas of major population growth north of Perth.

The Division also responded to a range of requests for advice on economic evaluation and assessment of health technologies. Agencies advised included the Commonwealth units responsible for implementing the national breast and cervical cancer screening programs.

## **Evaluation**

The Division again had a busy and productive year. Obligations to AHTAC were met and an effective contribution was made to the assessment of health technologies and services in Australia. Evidence that the work of the Division is valued was provided by the national and international response to the publications prepared and strong demand for assistance, presentations, and involvement in evaluation activity from the NHMRC, health authorities, professional groups and private industry.

Limitations on resources available continued to restrict the coverage of health technologies and the depth of analysis provided. Networking with other assessment groups has proved helpful in maintaining the scope of activities.

## Health Monitoring Division

### Head: Dr Colin Mathers

The Health Monitoring Division's role is to monitor and evaluate the health of Australians and population subgroups and it seeks to improve the range of collections and quality of statistical information available for this purpose. The Division's collections include information on:

- health status, differentials and population health outcomes;
- health determinants and risk factors;
- physical, social and economic health-related factors; and
- health attitudes, knowledge and behaviour.

Data and information are compared over time on an international, national, State, Territory and regional basis. Collaboration and liaison with international health organisations are important aspects of the Division's work.

The Division's most significant progress towards meeting its goals during 1992-93 was through:

- agreement by all State and Territory Registrars of Births, Deaths and Marriages to participate in the National Death Index with significant progress in obtaining data being made;
- publication of national cancer statistics for the years 1983, 1984 and 1985;
- release of a comprehensive report on risk factor levels in State and Territory capital cities;
- publication of the first Mortality Surveillance Report identifying significant trends in mortality and unexpected changes in mortality due to a wide range of causes of death. This is the first of a regular series of publications.
- achievement of consensus on the need for general health status measures in population health surveys and health outcomes research, and agreement on a preferred instrument;
- a major contribution to the international development of health expectancies for use as indicators for monitoring trends in population health;
- publication of a comprehensive report on the health of immigrants to Australia; and
- a major role in negotiations and development of proposals for a national dietary survey.

### **National Death Index**

Work on establishment of the National Death Index continued. As a single computerised index of all Australian deaths since 1980, the National Death Index will facilitate the

conduct of epidemiological studies and health outcomes research. Researchers wishing to know whether subjects have died will no longer need to seek the assistance of eight different registries around Australia.

All States and Territories have agreed to participate, and historical data going back to 1980 are being obtained. Negotiations to procure regular updates of new information are continuing. Some delays were experienced due to technical problems in a few registries, and some historical data were not yet computerised. By the end of 1993 virtually all the historical data will have been obtained and a suite of linkage programs will be available.

Some requests for death information were received, and the first linkages were expected to be underway early in 1993-94. A Steering Committee was established and held its first meeting.

### **National Cancer Statistics Clearing House**

*Cancer in Australia 1983-85* was published late in 1992 in conjunction with the Australasian Association of Cancer Registries. This publication provided detailed national estimates of cancer incidence and mortality for the years 1983, 1984 and 1985. Good progress was made with preparation of *Cancer in Australia 1986-88*, which was expected to be completed in August 1993—later than first envisaged because of delays experienced in obtaining data from State and Territory Registries.

During the year the Cancer Statistics Unit successfully processed an increasing number of requests for information from individuals, private organisations and State and Territory governments. To satisfy these requests methods are being developed to facilitate the extraction of data from databases into readily available graphs and tables.

Data for a project monitoring cancer mortality trends have been compiled by Unit staff, and final analysis is in progress.

A draft publication entitled *Country of birth differentials in cancer mortality* is nearing completion. This is a joint project with the Anti Cancer Council of Victoria and the National Centre for Epidemiology and Population Health.

The Cancer Statistics Unit has made substantial progress towards completion of the cervix cancer monitoring project funded by the Department of Health, Housing, Local Government and Community Services. This project assembles and analyses cancer registry data.

### **Cardiovascular disease and risk factors**

Cardiovascular disease is one of the key priority areas arising from the report on Australia's health goals and targets for the year 2000. The Division is collaborating with researchers at Newcastle University to produce a report on the epidemiological aspects of cardiovascular disease including mortality, morbidity, hospitalisation, risk factors, use of pharmaceutical drugs and medical and surgical procedures. This report will also provide baseline data for monitoring national health targets relating to cardiovascular disease.

A report comparing risk factor levels between State and Territory capital cities was produced jointly with the National Heart Foundation. The report analysed data from the Foundation's 1989 Risk Factor Prevalence Survey.

The Division provided advice on the conduct of risk factor prevalence surveys in rural communities in Tasmania and around Bendigo, Victoria, and provided input to the Australian Youth Longitudinal Survey conducted by the Department of Employment, Education and Territories.

An Institute paper was produced comparing self-reported and measured height and weight from the 1989 Risk Factor Prevalence Survey. This assessment of self-reported height and weight, and their use in the determination of body mass index, was discussed with the Australian Bureau of Statistics in relation to the National Health Survey, which collects self-reported measures.

### **National Mortality Database**

The Australian mortality data held by the AIHW cover the period 1964 to 1991. The Institute receives the data from ABS on an annual basis. The data are held on a relational database for ease of access for research. Summary data were given to various agencies and individuals during the year.

Mortality statistics for the years 1983 to 1989 were supplied to the World Health Organization (WHO). In future the ABS will provide these data to WHO.

### **Mortality surveillance**

The Division implemented a comprehensive mortality surveillance system for Australia which examines the most recent mortality data for evidence of trends and unexpected observations. The system scans death rates for males and females separately, for age groups ranging from 0 to 85 years or more, and for a fine classification of diseases. The first in this new series of publications was released in 1992. A second report, for the period 1981-92, will include commentary.

### **National health goals and targets**

In early 1993, *Goals and targets for Australia's health in the year 2000 and beyond* was released. It contained a large number of proposed national health goals and associated targets. Each target was defined in terms of a priority population, a target

date for achievement and an amount of change from a baseline figure. In addition, proposed targets, which currently have no baseline figures, were identified. The goals and targets were grouped under four categories (preventable mortality and morbidity, healthy lifestyles and risk factors, health literacy and health skills, and healthy environments) and cross reference targets were provided. Separate reports proposed targets for Aborigines and Torres Strait Islanders, women and children.

The Population Health Indicators Unit commenced a review of data sources and data gaps relating to the development of indicators and an associated database for monitoring progress towards national health targets.

### **Food and nutrition monitoring and surveillance**

The Government's National Food and Nutrition Policy, launched in September 1992, included a commitment to develop ongoing monitoring and surveillance of the food system. As part of its role in the development of a national monitoring strategy and its responsibility to report publicly on progress towards meeting food and nutrition goals and targets, the Institute was funded by the Department of Health, Housing, Local Government and Community Services to undertake three major tasks:

- to produce a benchmark report—*Australia's food and nutrition 1993*—against which policy implementation strategies will be assessed; this was to be released at an International Congress on Nutrition in Adelaide in September 1993.
- to engage in consultation with other key agencies to develop a national dietary survey; and
- to develop key indicators of change within the food and nutrition system as part of the monitoring strategy.

### **Health expectancies**

The Head of the Health Monitoring Division, Dr Colin Mathers, was awarded an NHMRC Public Health Travelling Fellowship which enabled him to spend three months working in Europe. The primary purpose of this Fellowship was to carry out work in the health expectancy area in collaboration with a group in the National Institute of Health and Medical Research in Montpellier, France, and to attend the 6th International Meeting of the Network on Health Expectancy in Montpellier.

This visit resulted in the production of four papers on health expectancy, including a general report on the work of the Network over the last three years. Considerable progress was also made in understanding the relationship between different methods for calculating health expectancies.

Dr Jean-Marie Robine, founder and coordinator of the Network on Health Expectancy subsequently visited the Institute for one month and collaborated in further work on health expectancies.

### **Health differentials**

Comprehensive analyses of health differentials carried out by the Institute were published by the National Health Strategy in its Research Report No. 1 *Enough to make you sick: how income and environment affect health*. AIHW distributed a detailed statistical supplement to the Report to many of its readers. These analyses led to the presentation of several papers on the health of the unemployed at conferences on unemployment and health during the year.

The experience gained in carrying out this project was extremely valuable in preparing AIHW recommendations for the content of the next ABS National Health Survey to be conducted in 1994-95. In particular, the Institute identified the need for a general health status measurement instrument in the National Health Survey and held two national workshops to develop consensus on recommendations for a preferred instrument for use in population surveys and also in health outcomes research. The Institute agreed to establish a clearing house for health status and health outcomes measurement instruments in use in Australia.

### **Ethnic Health Data Project**

Two reports were published in late 1992: *Immigrants in Australia: a health profile* and *Inventory of Australian health data collections which contain information on ethnicity*. This project was commissioned as part of the National Agenda for a Multicultural Australia.

### **Organization for Economic Co-operation and Development**

Australia is one of 24 member countries of the Organization for Economic Co-operation and Development (OECD). The Health Monitoring Division is responsible for providing OECD with Australian health statistics covering a wide range of subjects, including births, life expectancy, morbidity, mortality, nutritional intake, consumption of cigarettes and tobacco, utilisation of health services and facilities, providers of health services, and expenditure.

### **Aboriginal and Torres Strait Islander Health Unit**

The Institute's Aboriginal and Torres Strait Islander Health Unit has become a major source of information relating to Aboriginal health statistics. In addition to the provision of health differentials for *Australia's health*, the Unit's role has been to produce the *Aboriginal health bulletin* and other reports on Aboriginal health, to provide advice to government and non-government organisations and agencies, to undertake research and to develop a national database.

A significant achievement during 1992-93 was the redefinition of the role and function of the Unit to place greater emphasis on the information needs of Aboriginal and Torres Strait Islander people. The redefined role of the Unit will make it more responsive to realistic requirements regarding Aboriginal and Torres Strait Islander health statistics. The Unit also intends to develop and consolidate its working relationship with government organisations that have responsibilities for Aboriginal and Torres Strait Islander people.

**Development of  
National  
Aboriginal Health  
Statistics  
Database**

This activity is undertaken as part of the National Aboriginal Health Strategy. The Unit negotiated with States and Territories for their support and continuous provision of information on Aboriginal and Torres Strait Islander people's health. This entailed a number of meetings with key Aboriginal and Torres Strait Islander organisations and State and Territory health authorities. By agreement, the States and Territories continued to provide fertility, morbidity and mortality information on Aboriginal and Torres Strait Islander health. Only South Australia, Western Australia and the Northern Territory have comprehensive data on Aboriginal health. During the year the Unit's holdings were updated to include data for the 1988-90 period. Current holdings are listed in Appendix 9.

The Unit's activities for the year culminated in June 1993 with the Institute bringing together those working in Aboriginal health for a workshop in Brisbane to discuss problems of health statistics and research, uniformity of data definitions and the type and ownership of data to be collected. The meeting agreed on a number of resolutions to address future priorities in Aboriginal health statistics and the need to disseminate the findings of research and analysis to the community.

During the year the Unit published *Fertility and mortality of Aborigines living in the Queensland communities 1972-1990*, and prepared two papers resulting from information gathered during the Royal Commission into Aboriginal Deaths in Custody. Work continued on two research projects—the first designed to assess the prevalence of disabilities and handicaps among Aborigines living in the Taree region of NSW, the second to examine the fertility and mortality of Aborigines living in the North Coast region of NSW.

The *Aboriginal health information bulletin* continued to be published and is now in its eleventh year of disseminating information on Aboriginal and Torres Strait Islander health.



The Unit also participated in a number of working parties concerning Aboriginal and Torres Strait Islander health. These included the Commonwealth Working Party on Aboriginal and Torres Strait Islander statistics, the workshop on Aboriginal health research, and the Health Technical Reference Group of the ABS National Aboriginal Survey. The Unit was also represented on the working party convened to assess the Commonwealth's contribution to the National Aboriginal Health Strategy.

### **Evaluation**

The Division had a successful year and made substantial progress in meeting its objectives. Significant improvements in the timeliness and availability of national cancer data and Aboriginal health data were achieved and substantial progress was made in the development of a National Death Index. Several major reports were published documenting trends and differentials in health status and risk factors among Australians.

Delays and difficulties in recruiting senior staff during the year limited the Division's activities and restricted the range of work undertaken. It is hoped that the successful filling of some senior research positions will enhance the Division's output and its ability to achieve its objectives in the coming year.

# EXTERNAL UNITS AND COLLABORATING CENTRES

## National Perinatal Statistics Unit

**Director: Associate Professor Paul Lancaster**

The AIHW National Perinatal Statistics Unit (NPSU) is located within the Faculty of Medicine's Department of Public Health at the University of Sydney. The core functions of the Unit include the collection and analysis of mortality and morbidity data (including congenital malformations) relating to the perinatal period, the provision of data on congenital malformations and assisted conception to international data collections, and the dissemination of information through a consultation service and provision of routine reports.

The Unit was established in 1979 in response to increasing public concern over congenital malformations arising from maternal exposure to agricultural herbicides. Those concerns continue to be reflected in some of the Unit's work, including the national monitoring system on congenital malformations.

### ***National monitoring system on congenital malformations***

Quarterly and annual data on specific and total malformations are published by the Unit in its Congenital Malformations Monitoring Reports. Publication of these data allow national surveillance and investigation of perceived problems and, with more than a decade of data, also allows analysis of trends and regional variations.

A research project on the outcome of pregnancy after amniocentesis in twin pregnancies was nearing completion at the end of the year. A collaborative study with Victorian researchers on the suspected association between diagnostic chorionic villus sampling in early pregnancy and limb reduction defects was completed and submitted for publication. NPSU was co-opted to participate in a study of health problems of residents living near the Lucas Heights nuclear reactor in Sydney. The study was commissioned by the Research Reactor Review committee appointed by the Commonwealth Minister for Science and Technology in 1992.

### ***Pregnancies after assisted conception***

NPSU collects data on outcomes of reproductive technology in assisted conception (such as IVF and GIFT). Australia led the world in 1993 in establishing a comprehensive data collection in this field. All pregnancies after assisted conception in Australia and New Zealand were included in the NPSU register, which continued to be partly funded by the Fertility Society of Australia, and by Organon. During the year the Unit published its report based on treatment cycles

in 1990 and pregnancies resulting from conceptions in that year in its annual publication *Assisted conception, Australia and New Zealand, 1990*. Work undertaken by the Unit influenced a review of policy regarding the number of embryos or oocytes transferred during the various procedures of assisted conception. Possibilities for international cooperative use of these data are currently being investigated.

The Director participated in several meetings of the NHMRC Working Party on long-term effects to women from assisted conception. He is coordinating the preparation of an international report on assisted reproduction, to be published by the International Working Group for Registers on Assisted Reproduction.

### **Home births**

NPSU has developed comprehensive national data on home births. These births are viewed by some as potentially hazardous for mother and infant, and NPSU's collection provides recent data for informed assessment. The Unit's report, *Homebirths in Australia 1988-1990*, prepared in collaboration with Homebirth Australia, and funded by the NHMRC, was published in 1992. The issue of perinatal deaths shown from these statistics will be investigated further with State Maternal and Perinatal Mortality Committees.

### **Datasets for State perinatal data collections and neonatal intensive care units**

At a meeting of the National Perinatal Data Advisory Committee, convened by NPSU during the year, data items currently included in perinatal collections were reviewed by representatives of State and Territory health departments and professional and consumer groups. The Committee recommended the inclusion of several new items in the minimum dataset.

NPSU liaised with directors of Neonatal Intensive Care Units (NICUs) with a view to developing a minimum data set for NICUs, and recommendations were made to the NHMRC's Expert Panel on Perinatal Morbidity. A research project on survival in relation to birthweight and gestational age is planned.

### **Caesarean section rates**

During the year the Unit worked on a report, which is nearing publication, on recent trends in caesarean section rates and factors influencing these rates.

### **Dissemination of information**

A major function of NPSU is the dissemination of information about medical research in the perinatal area, to both professionals and the public, in order to facilitate the utilisation of statistics in practice and public policy-making. To this end, it publishes statistics from its perinatal data collections on a regular basis. The Unit's major efforts in this direction are:

- the publication of the *Perinatal newsletter*, with the assistance of a grant from the Australian Perinatal Society; and
- the maintenance of a bibliography and a library of journal articles from Australian perinatal research.

### **Other activities**

Other work undertaken by NPSU during the year included:

- playing an important role in the International Clearing house for Birth Defects Monitoring Systems (ICBDMS), which promotes international collaboration in monitoring and epidemiological studies of congenital malformations. The Director was elected Chairperson of the ICBDMS in 1992. NPSU participated in several collaborative studies within the ICBDMS, one involving analysis of small area variations in the occurrence of congenital malformations;
- active involvement by staff in a number of perinatal committees and working groups. Staff also organised monthly seminars in conjunction with the Department of Perinatal Medicine, King George V Hospital, and coordinated courses in the Master of Public Health program at the University of Sydney; and
- Jianmeng Liu, a Visiting Scholar from China on a UNICEF Fellowship, worked on a project with the NPSU, analysing New South Wales data on regional variations in perinatal mortality.

### **Evaluation**

NPSU maintained its regular commitments to publication of data on congenital malformations and outcomes of assisted conception during the year. The second report on homebirths in Australia, covering three years of data, was completed on target.

The Unit's congenital malformations monitoring system contributed to several international studies on specific malformations, and the Unit's research was the subject of presentations at Australian and international conferences. NPSU's register on assisted conception contributed to papers in areas not anticipated at the time it was initiated, such as pregnancy outcome after embryo freezing and after use of new fertility drugs.

A review of the Unit was nearing completion at the end of 1992-93. As well as identifying successes, it saw a need for substantial reallocation of the Unit's priorities. The task of collation, analysis and publication of national perinatal statistics had not, in the opinion of the reviewers, received sufficient attention. The report of the review is to be addressed in 1993-94.

## **Dental Statistics and Research Unit**

**Director: Professor A John Spencer**

The AIHW Dental Statistics and Research Unit (DSRU) is an external unit of the Australian Institute of Health and Welfare located at the University of Adelaide.

The work program of the Unit includes three major areas:

- the dental labourforce;
- the dental health of the nation (especially child dental health); and
- a clearing house for other dental statistics, particularly aspects of access to, and provision of, dental care.

DSRU is involved in improving the range and quality of dental statistics. The Unit is motivated by concerns about the appropriateness of the dental labourforce, changes in dental health among children, maintenance of the gains in dental health that have been achieved, and the need for information on adults' dental health and access to services.

### ***Dental labourforce***

DSRU is involved in several labourforce data collections. The National Dental Labourforce Data Collection was initiated in 1988 and more recently was brought into line with other AIHW health labourforce data collections. The revised collection has been implemented in all States and Territories except Victoria which is still using previous data items and definitions. All States and Territories participated in the most recent data collection (December 1992), resulting in the first complete national collection.

From these data, DSRU provided State/Territory reports, analysis of gross flows in practice status and estimates of recruitment and wastage as inputs to a computer model to project dentist labourforce supply. The DSRU expects to publish the first national dental labourforce report in 1993-94 and to develop more precise estimates for projections of supply of dentists. The data collection will be expanded in 1993-94 to incorporate dental auxiliaries (dental therapists and dental hygienists) to provide a more complete picture of the supply of dental personnel.

The other major dental labourforce data collection is the Longitudinal Study of Labourforce Participation and Productivity of Dentists in Australia. This five-yearly data collection is providing detailed information on the activity of a sample of Australian dentists, enabling trends in practice to be examined.

Among the trends examined have been practice patterns of men and women dentists, time devoted to practice, and aspects of service provision such as service-mix, work effort, and detailed variation in restorative services. These data also allow conversion of dentist numbers to age- and sex-adjusted full-time equivalents, which can then be incorporated into projections of dental labourforce supply. This work has highlighted that the projected rate of growth in dentist supply is lower than that of the Australian population.

A number of scientific presentations and publications resulted from this study and a further data collection round is scheduled for the latter part of 1993. As a result of this third round of data collection, analysis of ageing and cohorts effects in time devoted to practice of dentistry will be conducted.

### **Dental health of the nation**

DSRU's involvement in monitoring the dental health of the nation involves predominantly the Child Dental Health Survey. DSRU redesigned the Child Dental Health Survey in 1989 and it has since been fully implemented in all States and Territories. Regional, State and Territory, and national reports are prepared routinely. The reports document the improvement of child dental health over the 1980s, but there are signs that improvement may now have plateaued.

The monitoring of child dental health has also acted as a platform for supplementary research on the role of fluorides in dental health. Two supplementary research projects have been implemented in Queensland, South Australia and the Australian Capital Territory, which extend the Child Dental Health Survey by changing its cross-sectional nature to longitudinal, the unit of collection from the tooth to tooth surface, and linking dental health to a range of social and behavioural factors. In the longer-term, DSRU aims to incorporate many of these features into the Child Dental Health Survey. This supplementary research, involving some 23,000 children, is funded by NHMRC Public Health Research and Development Project Grants.

### **Research database**

A major activity for DSRU has been the provision of consulting services to the Department of Health, Housing, Local Government and Community Services. The need to build a research database on dental care in Australia, which could be used to document and analyse issues and prescribe aspects of policy development on dental care, was recognised in the 1992-93 Federal Budget. DSRU was contracted to build a research database on dental care in Australia, focusing on access and affordability of dental care, particularly among older people and low income earners.

Specifically, the database aims to:

- identify and describe the economic, public health and social justice consequences of oral disease and its care;
- examine the availability of dental services to the Australian community through private and public services;
- examine the existing patterns of provision of dental care through private and public services;
- examine the cost of existing dental care compared to individuals' capacity to pay; and
- examine the nature and distribution of dental care needed by adults.

The research database demonstrated that substantial oral problems persist among Australian adults, despite the availability of advanced dental technology and wide participation in programs of primary prevention of oral disease. Within the population, low income groups, most notably those who receive Government health concessions, were consistently disadvantaged.

Key findings of the research were documented and discussed in a report *A research database of dental care in Australia*. The report is to be the focus of an upcoming Workshop from which a monograph for wider distribution will be prepared. DSRU has proposed that two of the key data collections which supported this research database should be the backbone of the monitoring and evaluation of any dental care program.

Further development of these data collections is dependent upon the funding of dental care programs and the acceptance of the data collections as key aspects of monitoring and evaluation. These data collections would strengthen data available on dental health and access to services among Australian adults, consistent with identified gaps in dental statistics and the strategic plan of DSRU.

### **Other activities**

The remaining activities conducted by DSRU are related to its clearing house role and to its support for associated research. These include both routine reporting and interactions with other bodies, and special one-off activities such as consulting services.

DSRU routinely produces and distributes a Newsletter and interacts with suppliers and users of dental statistics. Among these are the Dental Boards and dental authorities of the States and Territories, the Department of Health, Housing, Local Government and Community Services, the NHMRC, the Australian Dental Association and the Australian Bureau of Statistics.

DSRU contributed both data and expertise to four NHMRC Expert Advisory Panels or Working Parties in 1992-93. This work ranged across issues such as the impact of change in oral health status on dentistry, dental care for older adults, dental services for disadvantaged groups and discretionary fluorides. The Unit also contributed to the development of an Australian Dental Association resource document on the dental labourforce.

### ***Review of DSRU***

During 1992-93 DSRU was reviewed by an external Review Committee as required under the terms of the Agreement between AIHW and the University of Adelaide. The Review Committee considered that the Unit's overall achievements had been significant in the relatively short time which had been available to it to establish its reputation. In particular, the Committee considered the Unit has made significant progress in collecting, analysing and disseminating information on the oral health of the nation, and on the dental labourforce. The Review Committee also noted that the studies completed by DSRU for the National Health Strategy, and on fluoridation, had been of very high quality.



## National Injury Surveillance Unit

### Director: Dr James Harrison

The AIHW National Injury Surveillance Unit (NISU) is located adjacent to the Flinders University campus in Adelaide. It undertakes public health surveillance of injury at national level, placing special emphasis on analysis and dissemination of information, the development of injury surveillance methods, and the promotion of relevant research. The Unit also provides a national point for liaison and sharing of information on injury control matters, produces information resources and encourages training in injury prevention methods.

NISU has four sub-programs: injury surveillance support and development; an injury information service; the injury prevention services program; and the road injury information program.

### ***Injury surveillance support and development***

Support for users of the Injury Surveillance Information System (ISIS) continued during the year. A minor upgrade of the ISIS software was completed and provided to users. Development of a revised surveillance system proceeded, though more slowly than anticipated. A proposal for a standard data set for routine surveillance of injuries is nearing completion and has been circulated for comment, and consultation meetings have been organised. The proposed data standard was incorporated into several emergency department data systems and put forward for consideration as a component of the National Health Data Dictionary.

A NISU-funded review of spinal injury registration in Australia was undertaken in collaboration with the Department of Public Health at Sydney University and the Epidemiology and Health Services Branch, NSW Health. Findings were presented to a meeting of directors of spinal units in June 1993.

A proposal for a needs assessment of a national coroner data system to meet requirements for injury surveillance as well as coroner's requirements was put to a national meeting of coroners in April 1993. The meeting decided to seek Ministerial endorsement before inviting NISU to commence the project, which has the potential to substantially enhance the value of mortality data for injury surveillance.

### ***Injury information service***

Provision of reports in response to requests for information continued. As planned, approximately 200 reports were provided during the year to clients including federal agencies (e.g. the Federal Bureau of Consumer Affairs), State and

### **Injury prevention services**

Territory health departments, injury prevention research agencies, community-based injury surveillance and prevention projects, academic researchers in Australia and overseas, the media, industry and the general public. Several thematic short reports and papers were completed and published.

During this first year of operation, the Injury Prevention Services Program successfully completed the initial stage of organisation for the Third International Conference on Injury Prevention and Control which is to be held in Melbourne in 1996. Three officers participated in the Second World Conference on Injury Control, and in associated meetings in Atlanta in May 1993. A high profile promotion of Australia's conference was organised at the Atlanta Conference where key representatives from many countries were also recruited to assist in promotional activities in their countries.

Staff established contacts with major injury control programs in all States and Territories, and visited relevant staff in every State. They also contributed to the development of State injury control strategies in Western Australia, Queensland and Victoria, and provided developmental support to the Injury Control Council of Western Australia, the Injury Control Forum of South Australia and to a new injury control forum in Victoria. Professional development seminars were supported in Western Australia, NSW and Victoria.

Two publications with a national focus were produced: the quarterly *Injury issues monitor* (two issues released during the year), and the second edition of the *Australian directory of injury control personnel*. Material to underpin the development of a national strategy on injury control was developed and provided to the Department of Health, Housing, Local Government and Community Services.

### **Road Injury Information Program**

Work during 1992-93 produced outcomes in three main areas: the Road Injury Information Plan (RIIP), national strategies for research and prevention of road injury, and database developments.

Road Injury Information staff undertook the development, publication and distribution of a plan for improvement of road injury information (*Needs and opportunities for improved road injury surveillance*, September, 1992). The plan has been endorsed by the National Road Trauma Advisory Council (NRTAC), AHMAC, State Premiers and Health Ministers.

The Swedish Office of Road Safety has expressed an intention to model its data improvement program on the Australian plan. The International Driver Behaviour Research

Association (France) is promoting the Australian data linkage initiative as a model for the OECD's Road Research Committee.

The main elements of the Road Injury Information Program have been included in the health and transport sector national plans for research and prevention of road injury.

A number of data development initiatives were undertaken with a view to improving information on road injury. These included:

- development of the National Road Injury Database incorporating hospital morbidity data and focusing in particular on age, road user type, injury severity, population-based rates of injury by body region and length of stay in hospital, and preparation of the first annual statistical report from the database;
- a joint NISU/Federal Office of Road Safety annual publication on road crashes and injuries in Australia;
- projects to investigate linkage of health and transport sector data on road injury, at both a technical and administrative level. Various privacy/confidentiality and technical issues must be resolved before a national database can be fully implemented.

### **Other activities**

Other work of the Unit during the year included:

- A submission was made concerning the next National Health Survey by the Australian Bureau of Statistics. Contact was maintained concerning developments towards a national coroner database.
- NISU made a submission concerning the need to incorporate standards for injury surveillance data sets in the National Health Data Dictionary. Consideration of the Basic Routine Injury Surveillance data standard was advocated.
- Regular communication was maintained with the Injury program of the Geneva office of the World Health Organization (WHO). NISU is an active member of a WHO Working Group on Injury Surveillance Methodology.
- There was frequent communication with the Injury Control Center at the US Centers for Disease Control, and with the European Consumer Safety Association.

### **Evaluation**

NISU's role at national level generates a substantial, and increasing, load of requests for representational and consultative work. The total impact of these demands is considerable, and attention is being given to prioritising them.

The effective initiation of planning for the 3rd International Conference on Injury Prevention and Control attracted favourable comment at the 2nd Conference.

Early results from the Road Injury Information Program, which became available in draft form near the end of the year are, as anticipated, providing new insights into preventable severe injury.

In summary, much was achieved during the year, but not all that was planned. At the start of the year, the work plan was assessed as being 'ambitious in some respects', but 'in the main, achievable'. It was anticipated that operational and staffing changes, which had been great during 1991-92, would be less far-reaching in 1992-93. Several unanticipated staffing changes during the year had a substantial impact on performance, particularly in the Injury Information Services sub-program. These events exposed the vulnerability of a small and administratively isolated unit such as NISU to individually unpredictable events. Further, the experience of attempting to fill a senior research position emphasised the scarcity of people in Australia having suitable skills and interests for employment in injury surveillance. In general, the directions followed in 1992-93 will be continued next year.

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

**Director: Ms Jennifer Mitchell**

The AIHW National Reference Centre for Classification in Health (NRCCH) is located in the Queensland University of Technology's (QUT) School of Public Health in Brisbane. It was established in February 1992 following the World Health Organization designation of AIHW as a WHO Collaborating Centre for Classification of Diseases.

The Centre is a joint undertaking of AIHW, the School of Public Health at QUT, the Australian Bureau of Statistics, and Queensland Health. It is staffed by a half-time director and a full-time medical record administrator. Administrative assistance is provided by QUT as required.

The Centre liaises with WHO and other international and national bodies in relation to classification in health. It collects and disseminates information about health classification nationally and internationally, and provides an environment for individuals who wish to undertake research into aspects of classification in health. It also has expertise to assist AIHW, ABS, State, Territory and Commonwealth Departments of Health, and other health care organisations in areas related to health classification.

NRCCH staff intended to conduct a training course in ICD-10 Coding for the WHO Western Pacific Region this year, but this was postponed to 1994 because the ICD Manuals required for the training had not been published by WHO.

During the year NRCCH staff were involved in two consultancy projects:

- the development and writing of a workbook on ICD-9-CM Coding (Basic) for the Health Information Management Association of Australia Distance Education Program; and
- the development and writing of a position statement on ICD-9-CM Coding Competency for the Health Information Management Association of Australia.

In January and February 1993, Centre staff conducted a four-week intensive face-to-face course in Brisbane in basic ICD-9-CM coding for Queensland Health. Sixteen people from remote parts of Queensland participated in the course. Feedback was positive and the course was considered very successful.

The Director presented papers at several conferences outlining the NRCCH's work and discussing the

implementation of ICD-10 in Australia. The Centre staff also wrote a regular column, 'Nosology Notes', for the *Australian Medical Record Journal*, a quarterly publication.

During the year the Centre was active in fulfilling its role as a central reference point for questions about disease classification, and responded to enquiries from all over Australia from people involved in disease classification.

The Director resigned from the NRCCH in June to take up an appointment at Sydney University.

## **Collaborating Centres**

The Institute is developing a network of Collaborating Centres as a means of expanding its capacity to fulfil its statutory functions. Both established and developing groups whose work can contribute to the Institute's objectives may qualify for designation as AIHW Collaborating Centres. AIHW Collaborating Centres may contribute technical expertise, information, services, research and training to assist the Institute. Approval for designation as an AIHW Collaborating Centre must be obtained from the AIHW Board.

Designation is made with the agreement of the Head of the establishment to which the group is attached or, if it is an independent institution or agency, with its Director. It does not necessarily imply financial support being given to a Collaborating Centre by AIHW. Designation is for an initial period of three years, which may be renewed subject to review at the end of the initial period.

The Institute has entered into formal collaborative arrangements with six institutions for work on particular topics. Activities during the year relating to these arrangements were as follows.

***Designated units  
of St Vincent's  
Hospital,  
Melbourne***

The trial of biliary lithotripsy for the treatment of gallstones was brought to a conclusion, and a joint final report issued. The Institute published a report on the social impact of echocardiography, which had involved the hospital, as a contribution to furthering discussion on the assessment of diagnostic technologies. Planning commenced during the year on an observational study on coronary angioplasty which will involve patients and specialists at the hospital.

***Australian Centre  
for Medical Laser  
Technology Inc.,  
Adelaide***

A review on medical lasers developed with the assistance of the Centre was completed and published in the Health Care Technology Series. Contact was maintained on a trial of lasers in treatment of port wine stains. The Centre provided assistance in development of a brief on dental lasers and a working paper for AHTAC on low power lasers.

***National Centre  
for Health  
Program  
Evaluation,  
Melbourne***

A joint paper was published on the costs of nutrition-related disease. Earlier work on the impact of health technology assessment was followed up with additional papers. The Centre provided valuable advice on costs to patients which was used in the Institute's work on laparoscopic cholecystectomy.

**Epidemiology  
Branch, South  
Australian  
Health  
Commission**

The Epidemiology Branch of the South Australian Health Commission was designated as an AIHW Collaborating Centre in July 1992. It may provide the Institute with epidemiological data for national purposes, and collaborate in applied research projects which serve mutual objectives, for example, cancer screening and perinatology. No specific collaborative projects were undertaken during 1992-93.

**Designated units  
at the University  
of Newcastle**

In February 1993 AIHW Collaborating Centre status was granted to the Department of Statistics in the School of Economic and Information Sciences, the Centre for Clinical Epidemiology and Biostatistics in the School of Medicine at the University of Newcastle, and the Hunter Centre for Health Advancement, part of the Hunter Area Health Service.

During the year the Hunter Health Statistics Unit undertook an analysis of data collected by AIHW for the Hospital Utilisation and Costs Studies of 1985-86, 1987-88 and 1989-90. The study included a brief description of the changes in costs and activity in different States as well as a more detailed consideration of the New South Wales data. Hospital-specific data for New South Wales were adjusted for casemix and a number of regression models constructed.

**Graduate School  
of Health and  
Medical  
Sciences,  
University of  
Wollongong**

AIHW Collaborating Centre status was granted to the Graduate School of Health and Medical Sciences at the University of Wollongong in June 1993. This collaborating arrangement is planned to encompass the following areas of activity:

- the development of data standards and casemix classifications for allied health professionals, including descriptions of types of services and the costs of providing these services;
- the development of national standards for product classifications and cost allocation methods for hospital services; and
- mathematical modelling of health services.

The first collaborative effort was the presentation of a series of workshops on casemix for the allied health professions. The three workshops held to date were for social workers, dietitians and rehabilitation workers.



# CORPORATE SERVICES DIVISION

**Head: Mr Peter White, AM**

The Corporate Services Division provides a range of specialist administrative and technical support services to the Institute and its external units. The Division serves as a focus for Corporate and Strategic Planning, coordinates the Institute's statutory and protocol responsibilities and manages the Institute's substantial commitment to information management and technology.

During 1992-93 the Division was the subject of a comprehensive organisation review aimed at ensuring maximum productivity from the resources committed to corporate support. A number of structural changes to the Division in response to the Institute's changing roles are now under consideration.

The year also saw corporate policy review and development activities given high priority within the Division.

## ***Information management and technology***

The Information Management and Technology Unit is responsible for managing both the Institute's extensive commitment to information technology (computing and communications) and its information management environment (data holdings, access and security). The Unit was formed during 1992-93 by merging the former Information Services and Technical Support sections, and reflects the need for close coordination and control of information management and information technology plans and efforts.

During 1992-93 the Institute's information technology environment was significantly upgraded. The Institute's expansion into its new welfare role, increasing user demand for special 'tools' and services, and the increasingly high operating costs of the previous hardware and software systems were such that a comprehensive redevelopment was deemed essential. The 12-month initial phase of this complex project was completed on time and within budget.

The new system architecture reflects the Institute's commitment to contemporary standards of information technology and management, and involved migration of some 100 users from a centrally-based office automation environment to a distributed desktop-based system and a network-based client-server architecture. The project included a complete recabling of the site and the adoption of the X.400 international standard for electronic mail.

Major benefits for Institute staff have included:

- access to a high-powered desktop workstation for each member of staff;
- access to a range of sophisticated office automation tools;
- extension of electronic mail access to locations outside the Institute, including worldwide addressing capabilities;
- access to higher quality print devices;
- access to portable computers;
- a stable and reliable operational computing environment, requiring less complex and less expensive maintenance; and
- a significant increase in staff productivity.

The Institute has also benefited from the introduction of a new data management structure, which encourages the storage of information in corporate, rather than personal, areas. This has facilitated more efficient use of information, and improved the Institute's management of its corporate document holdings.

During 1993-94 the second phase of the project will address the data processing, statistical analysis and storage requirements of research staff.

## **Publications**

The Publications Unit is responsible for editing, producing, printing and distributing Institute publications. It provides publications assistance to the Institute's external units as required and carries significant responsibilities for media liaison and public relations. Policy development activity during the year included the production of a draft style guide for report writing for AIHW authors as the first step in formally developing and documenting publishing policy and practice at the Institute. The policy development process also included a successful publications forum for all staff to discuss issues related to publishing and the publishing process at the Institute.

Highlights of 1992-93 for the Unit included:

- a substantial increase in productivity in terms of the number of publications and published pages produced;
- a highly successful media launch and public release of the Institute's 'flagship' publication *Australia's health 1992*;
- the continued success of, and growing audience for, the Institute's corporate newsletter *AIHW News*;
- a change to completely new desktop publishing hardware and software in conjunction with the change in the AIHW IT environment; and

- production of version 2.0 of *The National Health Data Dictionary—institutional health care*.

The Institute's publications output for the year is at Appendix 5.

## **Library**

The AIHW library provides a reference and research facility primarily for use by Institute staff. It has a reciprocal borrowing arrangement with the Australian National University libraries.

The collection focuses primarily on the areas of health statistics, health economics, health services and health technology. Publications are exchanged with a number of similar organisations overseas. Recently, the Library commenced a welfare collection, and this will be consolidated over the forthcoming year. The Library has access to a number of online databases and database vendors, including MEDLINE, DIALOG, OZLINE and ABN. Online access to the ANU Libraries catalogue is also offered. Several other databases are available on CD-ROM, to facilitate end-user searching.

The Library is highly automated, sharing its online catalogue, HEALTHNET, with other libraries in the HHLGCS portfolio. The Library is also a member of Gratis, a national free inter-library-loan network of health libraries.

## **Secretariat**

The Secretariat provides assistance with a range of statutory responsibilities and with the management of the Institute's Board and Ethics Committee. Services provided include assistance with annual reporting requirements and coordination of liaison with the offices of the Portfolio Ministers, the Cabinet Office, the Department of Health, Housing, Local Government and Community Services, and other agencies.

During 1992-93, the Secretariat was closely involved with the appointment of the new members of the Board of the Institute and with their initial introduction to the Institute. In collaboration with the Publications Unit, the Secretariat also organised the official launch of *Australia's health 1992* at Parliament House, Canberra. The release of this 'flagship' publication was a significant success, attracting considerable Ministerial and media interest.

Administrative assistance was provided for the reviews of the AIHW Dental Statistics and Research Unit and the AIHW National Perinatal Statistics Unit.

### **Administrative services**

The Administrative Services Unit is responsible for the management of the Institute's financial and other resources and provides the following services:

- advice to management and functional areas on finance, staffing and resource issues;
- production and distribution of financial and staffing reports and preparation of the annual financial statements;
- maintenance and improvement of accommodation and the integrity of the Institute's physical security; and
- maintenance of responsible and consistent personnel management practices and procedures.

### **Accommodation**

The Institute's tenure at Acton Peninsula remains tenuous in view of ACT Government uncertainty about longer term applications for the site. The general standard of the building and its services remains a cause for serious concern. Failures in the heating system during 1992-93 caused significant damage to equipment and records on several occasions. Negotiation with the ACT Government about the general standard of the Bennett House accommodation is continuing. The Institute has also initiated discussions with the Department of Finance (and others) with a view to possible relocation to a more appropriate standard of accommodation.

### **Human resource management**

The Institute employed the Director under the Australian Institute of Health and Welfare Act, 104 staff under the *Public Service Act 1922* and two through an employment agency at 30 June 1993. A breakdown of staff characteristics at that date is provided at Tables 1 and 2 and Figure 1. 'Permanent staff' refers to staff employed permanently by the Institute (including inoperative staff) and 'temporary staff' refers to staff employed by the Institute either on transfer from another Australian Public Service (APS) employer, engaged on either a short- or long-term contract under the *Public Service Act*, or engaged through a staffing agency.

There was an increase in staff numbers during the year, mainly due to the expanded role of the Institute following the passage of the *Australian Institute of Health Amendment Act 1992* in May 1992. The Welfare Division was created a short time after the passage of the Amendment Act. Some Institute staff transferred to the new Division late in 1991-92, but a larger number were recruited during the 1992-93 financial year.

Table 1: Staff as at 30 June 1993

Status	Female		Male		Total	
<b>Location: Australian Capital Territory</b>						
Full-time permanent	29	(31)	36	(35)	65	(66)
Full-time temporary	10	(5)	12	(5)	22	(10)
Part-time permanent	4	(4)	1	(1)	5	(5)
Part-time temporary	7	(4)	1	(0)	8	(4)
<i>Sub-total</i>	<i>50</i>	<i>(44)</i>	<i>50</i>	<i>(41)</i>	<i>100</i>	<i>(85)</i>
<b>Location: South Australia</b>						
Full-time permanent	0	(0)	3	(3)	3	(3)
Full-time temporary	3	(3)	1	(1)	4	(4)
Part-time permanent	0	(0)	0	(0)	0	(0)
Part-time temporary	0	(0)	0	(0)	0	(0)
<i>Sub-total</i>	<i>3</i>	<i>(3)</i>	<i>4</i>	<i>(4)</i>	<i>7</i>	<i>(7)</i>
<b>Total</b>	<b>53</b>	<b>(47)</b>	<b>54</b>	<b>(45)</b>	<b>107</b>	<b>(92)</b>

Note: Figures in brackets are for 1991-92.

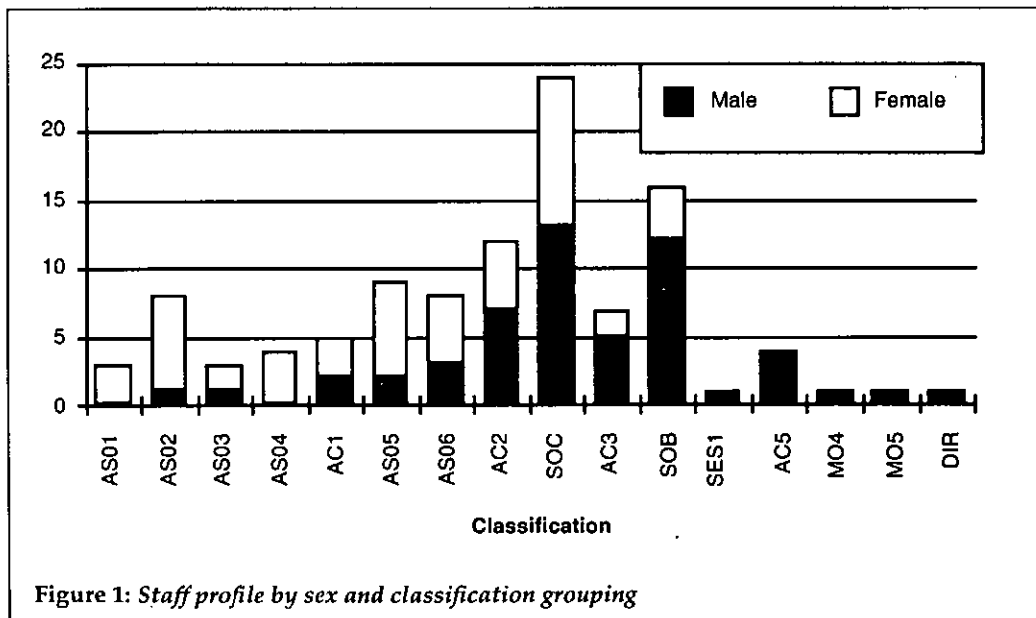


Table 2: AIHW staffing profile as at 30 June 1993

Status	Female		Male		Total	
Director	0	(0)	1	(1)	1	(1)
Senior Executive Service Band 1	0	(0)	1	(1)	1	(1)
Medical Officer Class 5	0	(0)	1	(1)	1	(1)
Medical Officer Class 4	0	(0)	1	(2)	1	(2)
Academic Level 5	0	(1)	4	(4)	4	(5)
Medical Officer Class 3	0	(0)	0	(1)	0	(1)
Senior Officer Grade B	4	(2)	9	(8)	13	(10)
Academic Level 3	2	(1)	5	(4)	7	(5)
Senior Information Technology Officer Grade B	0	(0)	1	(1)	1	(1)
Senior Professional Officer Grade B	0	(0)	1	(1)	1	(1)
Public Affairs Officer Grade 3	0	(0)	1	(1)	1	(1)
Senior Officer Grade C	11	(8)	9	(2)	20	(10)
Senior Information Technology Officer Grade C	0	(0)	1	(2)	1	(2)
Principal Research Officer Grade C	0	(0)	3	(3)	3	(3)
Academic Level 2	5	(6)	7	(5)	12	(11)
Information Technology Officer Class 2	0	(0)	1	(0)	1	(0)
Professional Officer Class 2	1	(1)	0	(0)	1	(1)
Administrative Service Officer Class 6	4	(4)	2	(3)	6	(7)
Public Affairs Officer Grade 1	1	(1)	0	(0)	1	(1)
Administrative Service Officer Class 5	6	(8)	2	(1)	8	(9)
Academic Level 1	3	(2)	2	(2)	5	(4)
Administrative Service Officer Class 4	4	(3)	0	(0)	4	(3)
Administrative Service Officer Class 3	2	(3)	0	(0)	2	(3)
Graduate Administrative Assistant	0	(0)	1	(1)	1	(1)
Administrative Service Officer Class 2	7	(5)	1	(1)	8	(6)
Administrative Service Officer Class 1	3	(2)	0	(0)	3	(2)
<b>Total</b>	<b>53</b>	<b>(47)</b>	<b>54</b>	<b>(45)</b>	<b>107</b>	<b>(92)</b>

Note: Figures in brackets are for 1991-92.

The increase in average staffing levels (ASL) to meet the Institute's expanded role in welfare statistics and other staffing needs is shown in Table 3. The expansion of the Welfare Division will increase the Institute's ASL from a base level of 53.9 at the end of 1991-92 to a base level of 82.0 by the end of 1993-94; this is an increase of over 50 per cent. This ASL forms the basis for funding salaries and related expenses for the Institute's core activities.

Table 3: Core average staffing levels

	1991-92	1992-93	1993-94	1994-95
Base level	53.9	59.1	74.9	82.0
Less efficiency dividend	-0.7	-0.7	-0.9	-1.0
Less ethnic health data users	-0.6	0	0	0
Welfare	6.5	11.5	6.0	0
National Injury Surveillance Unit	0	5.0	0	0
Waiting lists	0	0	2.0	-2.0
Base level following year	59.1	74.9	82.0	79.0
Percentage variation on base levels	9.6%	26.7%	9.5%	-3.8%

At the beginning of 1992-93, National Injury Surveillance Unit (NISU) moved from AIHW grant funding to funding through AIHW appropriation. NISU continued to attract grant funding for specific projects. Details of externally funded projects are shown at Appendix 8. At 30 June 1993, seven staff were employed at NISU. Staffing levels for both NISU and the Welfare Division are shown in Table 4.

Table 4: Welfare Division and NISU staff as at 30 June 1993

Status	Female		Male		Total	
<b>Location: Australian Capital Territory—Welfare</b>						
Full-time permanent*	7	(5)	5	(3)	12	(8)
Full-time temporary	0	(0)	2	(0)	2	(0)
Part-time permanent	2	(1)	0	(0)	2	(1)
Part-time temporary	3	(0)	0	(0)	3	(0)
<b>Total</b>	<b>12</b>	<b>(6)</b>	<b>7</b>	<b>(3)</b>	<b>19</b>	<b>(9)</b>
<b>Location: South Australia—NISU</b>						
Full-time permanent	0	(0)	3	(3)	3	(3)
Full-time temporary	3	(3)	1	(1)	4	(4)
Part-time permanent	0	(0)	0	(0)	0	(0)
Part-time temporary	0	(0)	0	(0)	0	(0)
<b>Total</b>	<b>3</b>	<b>(3)</b>	<b>4</b>	<b>(4)</b>	<b>7</b>	<b>(7)</b>

Note: Figures in brackets are for 1991-92.

\* includes two inoperative staff on maternity leave at 30 June 1993.

**Financial.  
resource  
management**

A summary of the Institute's funding levels for 1992-93 is presented in Table 5. The Institute's formal financial statements for 1992-93 are at Appendix 1.

Funding for the Institute's activities comes from several sources. Core funding is provided through a Parliamentary appropriation, with minor revenues being generated by Institute activities. External funding is received for projects carried out either jointly or on behalf of Federal or State Governments or other organisations. Funding from granting organisations totalled approximately \$1.6 million, representing an apparent reduction on the previous year's income of \$1.9 million. This reduction reflects the transfer of the Institute's National Injury Surveillance Unit from grant funding to funding under the AIHW appropriation.

Table 5: *Funding summary, 1992-93*

Receipts	1992-93 \$'000	1991-92 \$'000
<b>Core funding</b>		
Appropriation	6,796.0	4,950.0
Other revenue	197.7	90.8
<i>Sub-total</i>	<i>6,993.7</i>	<i>5,040.8</i>
<b>External funding</b>		
Grants	1,634.4	1,903.9
<b>Total funds</b>	<b>8,628.1</b>	<b>6,944.7</b>

In 1992-93 core funding from appropriation increased by \$1,846,000 (37 per cent) over the previous year to take account of the Institute's expanded welfare role, to provide supplementation for a variety of other salary-related increases, and to assist with the financing of Government-provided services that have moved to a cost recovery or user-pays basis. The budget supplementation for core activities during 1992-93 is shown in Table 6.



**Table 6: Budget supplementation for core activities, 1992-93**

Core funding	\$'000	\$'000
<b>Appropriation</b>		
Appropriation 1991-92		4,950
<i>Less</i>		
One-off 1991-92 adjustments	-278	
Efficiency dividend	-58	-336
<i>Sub-total</i>		4,616
<i>Plus</i>		
Welfare functions	890	
National Injury Surveillance Unit	472	
Establishment costs—expanded role	423	
Salaries and allowances	206	
National Aboriginal Health Strategy	70	
Data acquisition	63	
Legal fees	25	
Inflation factor	19	
Audit fees	14	2,182
<b>Appropriation 1992-93</b>		<b>6,796</b>

Increases in salaries and allowances had a major impact on the Institute's budget during the year. These were mainly as a result of the implementation of the Agreement between the Australian Government and the Public Sector Unions—Improving Productivity, Jobs and Pay in the Australian Public Service—which was certified by the Australian Industrial Relations Commission on 4 December 1992.

The major increases resulted from the introduction of two pay increases (2% effective 17 December 1992, and 1.4% effective 10 March 1993), performance pay and senior officer allowance. Increases in salaries and allowances for core staff were supplemented by the Commonwealth Government, and increases for grant-funded staff were either absorbed by existing grant funds or supplemented from other core funding.

### **Performance-based pay**

During 1992-93 the Institute implemented the APS Performance Appraisal process and completed a first cycle payment of performance-based pay. The Institute has adopted the performance appraisal model developed by the Department of Health, Housing, Local Government and Community Services, although certain elements of the model

were modified to reflect staff preferences and the Institute's unique corporate culture. The maximum permissible payments for each group are shown at Table 7. Initial performance pay bonuses for Senior Executives become payable after 30 June 1993 and for Senior Officers during 1992-93.

Table 7: *Maximum entitlements*

Classification	Amount	Classification	Amount
<b>Senior Executive</b>		<b>Senior Officer</b>	
Band 3	15,000	Grades A	8,000
Band 2	12,500	Grades B	8,000
Band 1	10,000	Grades C	3,000

Sixty Institute staff were eligible for receipt of performance pay resulting from performance assessments during 1992-93. The officers shared in total payments of \$140,960. Twenty-seven Senior Officers (45 per cent) took advantage of the option to contribute 5 per cent of their payment to a superannuation fund—the Government provided a further 15 per cent employer contribution. The combined outlay for performance pay and employer contribution for superannuation was \$151,060.

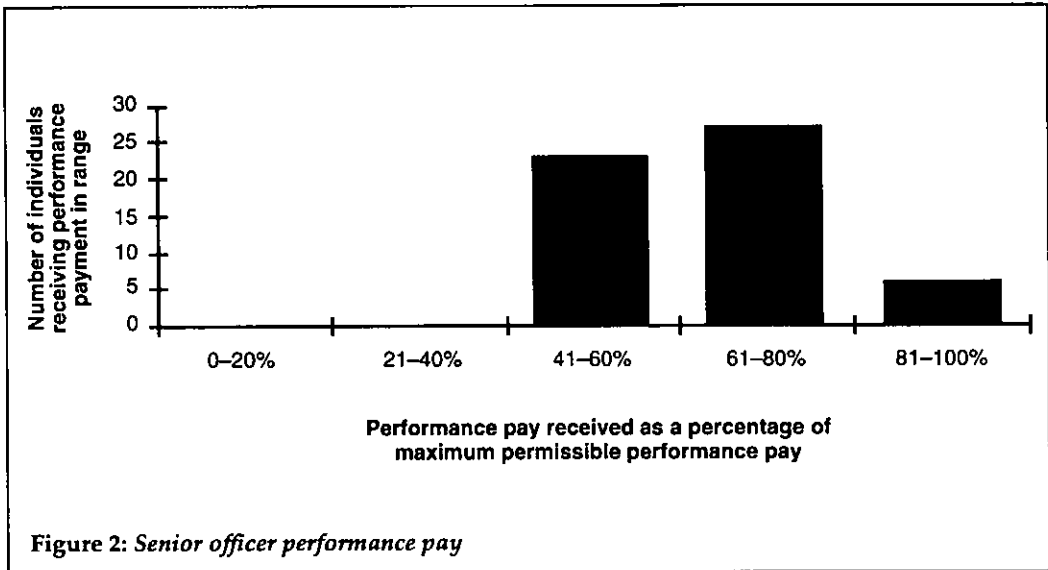
The aggregate amounts paid in the Senior Officer Grades A to C and equivalent classifications is shown at Table 8. The distribution of recipients according to the percentage of maximum permissible performance pay received is shown in Figure 2.

Table 8: *Performance pay*

Senior Officer	Amount	Number of eligible individuals
Grades A and equivalent	na	na
Grades B and equivalent	107,587	31
Grades C and equivalent	33,373	29
<b>Total</b>	<b>140,960</b>	<b>60</b>

The development of Institute-specific policies and processes to cover the implementation of senior officer performance agreements, performance appraisal and performance-based

pay involved significant consultation and interaction between staff and management, and was essentially trouble-free. As a result, the first cycle was completed without major procedural difficulty.



# APPENDIX 1

## Finance

### Audit report on financial statements



Auditor-General

#### INDEPENDENT AUDIT REPORT

To the Minister for Health, Housing, Local Government and Community Services

#### Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 1993. The statements comprise:

- . Statement by the Chairperson and the acting Director
- . Operating Statement
- . Statement of Financial Position
- . Statement of Cash Flows, and
- . Notes to and forming part of the Financial Statements.

The Institute's members are responsible for the preparation and presentation of the financial statements and the information contained therein. I have conducted an independent audit of the financial statements in order to express an opinion on them to the Minister for Health, Housing, Local Government and Community Services.

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

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

- 2 -

Audit Opinion

In accordance with section 24 of the Australian Institute of Health and Welfare Act 1987, I now report that the statements are in agreement with the accounts and records of the Institute, and in my opinion:

- (i) the statements are based on proper accounts and records
- (ii) the statements show fairly in accordance with Statements of Accounting Concepts and applicable Accounting Standards the financial transactions and cash flows for the year ended 30 June 1993 and the state of affairs of the Institute as at that date
- (iii) the receipt, expenditure and investment of moneys, and the acquisition and disposal of assets, by the Institute during the year have been in accordance with the Australian Institute of Health and Welfare Act 1987, and
- (iv) the statements are in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities.

R.W. Alfredson  
Executive Director  
Australian National Audit Office  
Canberra

12 November 1993

## Financial statements for the year ended 30 June 1993

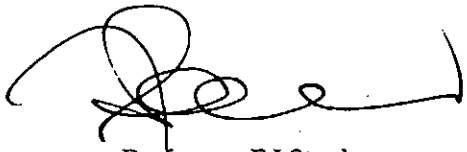
### Certificate

In our opinion, the accompanying statements of the Australian Institute of Health and Welfare consisting of:

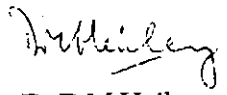
- operating Statement
- statement of Financial Position
- statement of Cash Flows
- notes to and forming part of the Financial Statements

which have been made out in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities issued by the Minister for Finance:

- (i) show fairly the operations of the Institute for the year ended 30 June 1993;
- (ii) show fairly the state of affairs of the Institute at 30 June 1993; and
- (iii) show fairly the cash flows during the 1992-93 financial year.



Professor F J Stanley  
Chairperson  
12 November 1993



Dr D M Hailey  
A/g Director  
12 November 1993

## Operating statement for year ended 30 June 1993

COST OF SERVICES	Notes	1993 \$	1992 \$
<b>Operating expenses</b>			
Salaries		4,091,163	3,351,167
Administration expenses	3	2,544,523	1,858,469
Research and development	4	995,597	717,222
Loss on sale of non-current assets		612	23,568
Assets written off		0	(4,112)
Aggregate amount of unfunded charges	11	929,895	797,443
<b>Total operating expenses</b>		<u>8,561,790</u>	<u>6,743,757</u>
<b>Operating revenues from independent sources</b>			
Grants		1,893,348	1,380,425
Miscellaneous revenue	10	197,658	90,745
<b>Total operating revenues from independent sources</b>		<u>2,091,006</u>	<u>1,471,170</u>
Net cost of services		<u>(6,470,784)</u>	<u>(5,272,587)</u>
<b>REVENUE FROM GOVERNMENT</b>			
Parliamentary appropriations received	19	6,796,000	4,950,000
<b>Total revenue from government</b>		<u>6,796,000</u>	<u>4,950,000</u>
Operating result		<u>325,216</u>	<u>(322,587)</u>
<b>Accumulated operating results at beginning of financial year</b>		<u>(659,739)</u>	<u>(337,152)</u>
<b>Accumulated operating results at end of financial year</b>		<u><u>(334,523)</u></u>	<u><u>(659,739)</u></u>

The accompanying notes form an integral part of these Financial Statements.

## Statement of financial position as at 30 June 1993

	Notes	1993 \$	1992 \$
<b>CURRENT ASSETS</b>			
Cash	5	1,930,457	2,002,713
Receivables	6	28,211	50,523
Other	7	66,061	31,758
<b>Total current assets</b>		<u>2,024,729</u>	<u>2,084,994</u>
<b>NON-CURRENT ASSETS</b>			
Property plant and equipment	12	1,301,673	981,627
<b>Total non-current assets</b>		<u>1,301,673</u>	<u>981,627</u>
<b>Total assets</b>		<u>3,326,402</u>	<u>3,066,621</u>
<b>CURRENT LIABILITIES</b>			
Creditors	8	283,528	190,471
Provisions	13	556,973	456,179
Other	9	1,026,448	1,298,293
<b>Total current liabilities</b>		<u>1,866,949</u>	<u>1,944,943</u>
<b>NON-CURRENT LIABILITIES</b>			
Provisions	14	647,709	635,150
<b>Total non-current liabilities</b>		<u>647,709</u>	<u>635,150</u>
<b>Total liabilities</b>		<u>2,514,658</u>	<u>2,580,093</u>
<b>Net assets</b>		<u>811,744</u>	<u>486,528</u>
<b>EQUITY</b>			
Capital		1,146,267	1,146,267
Accumulated operating results		(334,523)	(659,739)
<b>Total equity</b>		<u>811,744</u>	<u>486,528</u>

The accompanying notes form an integral part of these Financial Statements.



## Statement of cash flows

### for year ended 30 June 1993

	Notes	1993 \$	1992 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Inflows:</b>			
Parliamentary appropriation		6,796,000	4,950,000
Grants		1,640,280	1,976,055
Miscellaneous revenue		174,539	20,623
Interest Received		34,172	66,077
		<u>8,644,991</u>	<u>7,012,755</u>
<b>Outflows:</b>			
Salaries		(4,276,457)	(3,588,293)
Administration expenses		(2,545,129)	(1,801,316)
Research and development		(994,597)	(607,378)
		<u>(7,816,183)</u>	<u>(5,996,987)</u>
<b>Net cash provided or used by operating activities</b>	<b>22</b>	<u>828,808</u>	<u>1,015,768</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
<b>Inflows:</b>			
Proceeds from sale of property, plant and equipment		70	6,170
<b>Outflows:</b>			
Payments for purchase of property, plant and equipment		(901,134)	(128,296)
<b>Net cash provided or used in investing activities</b>		<u>(901,064)</u>	<u>(122,126)</u>
Net increase or decrease in cash held		(72,256)	893,642
Cash at beginning of reporting period		2,002,713	1,109,071
<b>Cash at end of reporting period</b>		<u><u>1,930,457</u></u>	<u><u>2,002,713</u></u>

The accompanying notes form an integral part of these Financial Statements.

## Notes to and forming part of the Financial Statements for the year ended 30 June 1993

### 1. Statement of significant accounting policies

The significant accounting policies adopted by the Australian Institute of Health & Welfare are stated to assist in a general understanding of these financial statements. These policies have been consistently applied except as otherwise indicated.

#### (a) Statutory requirements

The financial statements are prepared in accordance with Section 24(1) of the *Australian Institute of Health and Welfare Act 1987*. The form of the financial statements is in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities issued by the Minister for Finance in March 1993.

#### (b) Basis of accounting

The financial statements are prepared on an accrual accounting basis, are in accordance with historical cost principles and do not take account of changing money values.

#### (c) Income tax

The Institute is exempt from income tax imposed under any law of the Commonwealth or of a State or Territory by Section 26 of the *Australian Institute of Health and Welfare Act*.

#### (d) Property, plant and equipment

Fixed assets, including leasehold improvements, are depreciated over their estimated useful lives, with depreciation commencing from the date of acquisition. The straight-line method of depreciation is used. Any gain or loss on disposal of fixed assets is included in the operating result of the Institute in the year of disposal. Assets valued at \$500 or greater than \$500 are capitalised. Items under \$500 are expensed under the relevant expense category in the year of acquisition.

#### (e) Grant income

The recognition of grant income is based on the total of the grant receipts that have been expensed during the year. Any remaining funds at year end are recorded as income in advance.

#### (f) Research and development costs

The costs of research and development activities are treated as an expense and charged to the profit and loss account in the period in which they are incurred.

#### (g) Employee benefits

These provisions relate to annual leave and long service leave and have been calculated on the basis of pro-rata entitlements under appropriate legislation or awards, based on current wages. The *Long Service Leave (Commonwealth Employees) Act 1976* provides for the granting of long service leave where staff have 10 years' service. The Act also provides for granting of pro-rata long

service leave or payment in lieu where staff have at least one year's service, but less than 10 years' service, cease Commonwealth employment on or after reaching the minimum retirement age of 55 years. The provisions comprise current and noncurrent portions, the current provision being the amount expected to be paid within the next 12 months.

#### (h) Segment reporting

In terms of the provisions of Australian Accounting Standard AAS 16: 'Financial Reporting by Segments', the Institute's activities relate to a single industry—health and welfare statistics and research.

## 2. Superannuation

Staff of the Institute are employed under the *Public Service Act 1922* and are entitled to benefits under the *Superannuation (Productivity Benefit) Act 1988* and from the Commonwealth Superannuation Scheme (*Superannuation Act 1976*) or the Public Sector Superannuation Scheme (*Superannuation Act 1990*).

Eligible staff have a voluntary superannuation option regarding performance based pay (PBP) which involves making an employee contribution of 5 per cent PBP. Where the contribution is made, the Institute pays an additional 15 per cent contribution on top of the PBP amount. Payments are made into the Australian Government Employees Superannuation Trust or to one of the industry accumulation funds available under the Productivity Benefit Act.

## 3. Administration expenses

	1993	1992
	\$	\$
Advertising	60,502	64,077
Audit fees	28,050	0
Bank charges	245	(842)
Committee expenses	51,437	31,956
Computer maintenance and consumables	316,239	281,381
Consultancy fees	158,579	135,706
Freight	25,667	2,595
Furniture and fittings	21,349	23,730
Legal fees	17,068	0
Library materials	85,951	68,228
Motor vehicle hire and maintenance	42,151	39,092
Office requisites and miscellaneous	294,678	112,522
Postage	59,121	36,889
Printing and publications	289,394	107,251
Rent	459,438	445,292
Repairs and maintenance—building	72,011	89,239
Repairs and maintenance—office machines	10,510	13,542
Senior Officer benefit	55,911	14,583
Telephone	127,919	100,845
Travel	327,215	266,250
Workers compensation insurance premium	41,088	26,133
	<u>2,544,523</u>	<u>1,858,469</u>

Appendix 1

**4. Research and development**

	1993 \$	1992 \$
National Perinatal Statistics Unit	329,000	323,190
Dental Statistics and Research Unit	210,984	222,126
National Reference Centre for Classification in Health	135,700	68,287
Coastal Public Health Unit	43,432	0
Division of Workplace Health and Safety	41,600	0
Child, Adolescent and Family Health Service	35,000	0
Qld Injury Surveillance and Prevention Project	35,000	0
Other	164,881	103,619
	<u>995,597</u>	<u>717,222</u>

**5. Cash**

	1993 \$	1992 \$
Cash at bank	1,934,951	1,853,458
Cash on hand	500	500
Dept of Finance Imprest Account	(4,994)	148,755
	<u>1,930,457</u>	<u>2,002,713</u>

**6. Receivables**

	1993 \$	1992 \$
Debtors	25,842	46,904
Interest receivable	2,369	3,619
	<u>28,211</u>	<u>50,523</u>

**7. Current assets—other**

	1993 \$	1992 \$
Prepayments	66,061	31,758
	<u>66,061</u>	<u>31,758</u>

**8. Creditors**

	1993 \$	1992 \$
Trade creditors	100,177	59,048
Other creditors	183,351	131,423
	<u>283,528</u>	<u>190,471</u>

**9. Current liabilities—other**

Represented by income received in advance as follows:

	1993 \$	1992 \$
Australian Health Ministers' Advisory Council	58,989	110,322
National Health and Medical Research Council	0	26,746
DHHLGCS	451,326	210,049
National Better Health Program	469,831	916,675
Welfare—States	36,383	19,533
Economic Planning Advisory Council	844	1,165
NSW Health Department	0	13,803
Public Service Commission	9,075	0
	<u>1,026,448</u>	<u>1,298,293</u>

**10. Miscellaneous revenue**

	1993 \$	1992 \$
Commissioned research	84,836	13,692
Interest	32,922	62,354
Publications revenue	41,315	6,742
Recoveries—former years	31,118	7,442
Other recoveries	7,467	515
	<u>197,658</u>	<u>90,745</u>

Appendix 1

**11. Provisions and unfunded charges**

	1993 \$	1992 \$
Depreciation of exhaustible assets	580,406	407,818
Provision for long service leave	18,888	147,998
Provision for annual leave	330,601	241,627
	<u>929,895</u>	<u>797,443</u>

**12. Property, plant and equipment**

	1993 \$	1992 \$
Leasehold improvements—at cost	122,850	122,850
less accumulated depreciation	(121,529)	(112,444)
	<u>1,321</u>	<u>10,406</u>
Office equipment—at cost	3,021,078	2,122,926
less accumulated depreciation	(1,761,813)	(1,195,566)
	<u>1,259,265</u>	<u>927,360</u>
Furniture and fittings—at cost	62,545	60,576
less accumulated depreciation	(21,458)	(16,715)
	<u>41,087</u>	<u>43,861</u>
	<u>1,301,673</u>	<u>981,627</u>

An exemption has been provided under the Guidelines for Financial Statements of Public Authorities and Commercial Activities such that 'not-for-profit' entities are not required to apply the recoverable amount test specified in Australian Accounting Standard AAS 10 'Accounting for the Revaluation of Non-current Assets'. For those entities, including the Institute, the test must still be applied to assets which are meant to generate net cash inflows. For other assets, their carrying value should reflect their remaining service potential to the entity.

Application of the recoverable amount test would cause the value of the Institute's non-current assets to equate to their disposal value, as the entity does not generate cash inflows from the asset's continued use. Applying the recoverable amount test would cause the financial statements not to show a fair view, as the service potential of the assets equate to their written down historical cost rather than their disposal value.

**13. Provisions—current**

	1993 \$	1992 \$
Annual leave	521,569	419,323
Long service leave	35,404	36,856
	<u>556,973</u>	<u>456,179</u>

**14. Provisions—non-current**

	1993 \$	1992 \$
Long service leave	647,709	635,150
	<u>647,709</u>	<u>635,150</u>

**15. Members remuneration**

A total of \$27,974 (1991-92—\$20,165) was paid to members of the Institute in accordance with determinations of the Remuneration Tribunal. Included in this total are:

	1993 \$	1992 \$
Stipend/sessional fees	19,516	17,767
Travel allowances	7,203	1,755
Other	1,255	643
	<u>27,974</u>	<u>20,165</u>

Disclosed by the number of members receiving stipend/sessional fees in the following bands:

	1993	1992
\$0-\$10,000	15	14
\$10,001-\$20,000	0	1

**16. Auditors remuneration**

The 1992-93 Financial Statements recognise Audit fees of \$28,050 which relates to:

	\$
a) 1992-93 Financial Statements audit	14,100
b) 1991-92 Financial Statements audit	13,950
	<u>28,050</u>

Appendix 1

**17. Commitments**

The estimated amount of commitments not provided for in the accounts as at 30 June 1993 are:

	1993 \$	1992 \$
Commitments for capital expenditure	350,000	1,020,000
Lease commitments < 1 year	231,840	220,500
	<u>581,840</u>	<u>1,240,500</u>

The Institute has a lease rental agreement with the ACT Accommodation Service for use of office space at Bennett House, Hospital Point, Acton, ACT. This lease agreement may be terminated by either party giving to the other 6 months notice in writing. The commitment represents 6 months rental payable on termination of the lease.

**18. Contingent liabilities**

The Institute is not aware of any material contingent liabilities at 30 June 1993 (Nil in 1991-92).

**19. Parliamentary appropriations**

	1993 \$	1993 \$
Appropriation Act 1	6,351,000	4,925,000
Appropriation Act 5	445,000	25,000
	<u>6,796,000</u>	<u>4,950,000</u>

**20. Executive remuneration**

Two executives received remunerations of more than \$100,000 during 1992-93. The aggregate amount of remuneration for these positions was \$219,603 (1991-92—\$227,042).

Disclosed by the number of executives receiving remunerations in the following bands:

	1993	1992
\$100,000-\$110,000	1	1
\$110,001-\$120,000	1	1



**21. Resources provided free of charge**

The Department of Health, Housing, Local Government and Community Services (DHHLGCS) provides administrative support to the Institute for the maintenance of its personnel records. No charge is made to the Institute for this service.

**22. Statement of cash flows**

This note provides a reconciliation of net cash provided or used by operating activities to the change in net assets resulting from operations as shown in the operating statement.

	1993 \$	1992 \$
Operating result	325,216	(322,587)
Depreciation expense	580,406	407,818
Amounts credited to provisions	349,489	389,625
Amounts charged to provisions	(236,136)	(241,154)
Decrease in receivables	22,312	59,662
(Increase)/Decrease in prepayments	(34,303)	150,767
Increase in creditors	93,057	24,592
(Decrease)/Increase in income received	(271,845)	523,477
Loss of sale of assets	612	23,568
<b>Net cash provided or used by operating activities</b>	<b>828,808</b>	<b>1,015,768</b>

**23. Related parties**

- a) The following persons held the position of Board Member of the Institute during the financial year:

**Chairperson**

Professor F J Stanley

**Director**

Dr L Smith—to 31 December 1992;

Mr D R Harvey—acting 17 December 1992 – 31 January 1993;

Mr T J Skinner—acting 1 February 1993 – 30 June 1993.

**Australian Health Ministers' Advisory Council (AHMAC) nominee**

Dr D Filby

**Standing Committee of Social Welfare Administrators' nominee**

Mr D L Semple

**State Housing Departments' nominee**

Ms V R Milligan

**Australian Statistician**

Mr I Castles; or

Mr T J Skinner as nominee to 31 January 1993;

Dr R C Madden as nominee from 16 February 1993.

**Secretary, Department of Health, Housing, Local Government and Community Services**

Mr S Hamilton to 23 March 1993;

Mr A S Cole from 24 March 1993; or

Mr A J Bansemer as nominee.

**Person with knowledge of needs of consumers of health services**

Ms K Moore

**Person with knowledge of needs of consumers of welfare services**

Mr J Barber

**Person with knowledge of needs of consumers of housing assistance services**

Dr J N Yates

**Person who has expertise in research into public health issues**

Dr C D'Arcy J Holman

**Ministerial nominee**

Mr B F Kennedy

Professor J McNeil

Professor B Cass

**Australian Institute of Health and Welfare staff nominee**

Mr C E Stevenson

**b) Transactions of Board Members and Board Member—Related Entities**

Professor F J Stanley is Director, Western Australia Research Institute for Child Health.

Mr D L Semple is Chairperson, Advisory Board, Homecare Service of NSW.

Mr I Castles is a Member of the Electoral Commission.

Mr S Hamilton and Mr A S Cole were members of the Health Insurance Commission during their appointment as Secretary.

Ms K Moore is a Member of the Board of the National Prices Network and a Member of the Australian Consumers' Council.

Dr J N Yates is a Member of the Home Purchase Assistance Authority of NSW.

Mr B F Kennedy is a Member of the Australian Catholic Social Welfare Commission.

Professor J McNeil is a Member of the Alfred Hospital Board, Melbourne and a Member of the National Heart Foundation Board, Victorian Branch.

Professor B Cass was Deputy Chairperson, Board of Management, Australian Institute of Family Studies (to December 1992); Chairperson, Board of Management, National Advisory Council on Children's Services (to March 1993). She is currently Chairperson, National Council for International Year of the Family.

Mr C E Stevenson is a Member of Council, Australian Consortium for Social and Political Research Incorporated (ACSPRI). The Institute had several transactions with ACSPRI during the past financial year, which totalled \$5,100 for staff to attend training activities and \$970 for an annual membership fee. All transactions were on normal commercial terms and conditions.

## APPENDIX 2

### Legislation

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

#### **Australian Institute of Health Ethics Committee regulations**

Regulations have been made pursuant to subsections 16(1) and (2) of the *Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee. The Regulations are reproduced on page 88.

# Australian Institute of Health and Welfare Act 1987

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# Australian Institute of Health and Welfare Act 1987

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

[Assented to 5 June 1987]

BE IT ENACTED by the Queen, and the Senate and the House of Representatives of the Commonwealth of Australia, as follows:

### PART 1—PRELIMINARY

#### Short title

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

#### Commencement

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

#### Interpretation

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

“appoint” includes re-appoint;

“Chairperson” means the Chairperson of the Institute;

“Director” means the Director of the Institute;

“Ethics Committee” means the Health Ethics Committee of the Australian Institute of Health and Welfare;

“health-related information and statistics” means information and statistics collected and produced from data relevant to health or health services;

“Institute” means the Australian Institute of Health and Welfare;

“member” means a member of the Institute;

“production” means compilation, analysis and dissemination;

“State Health Minister” means:

- (a) the Minister of the Crown for a State;
- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to health in the State, the Australian Capital Territory or the Northern Territory, as the case may be;

“State Housing Department” means the Department of State of a State or Territory that deals with matters relating to housing in the State or Territory.

“State Housing Minister” means:

- (a) the Minister of the Crown for a State; or
- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to housing in the State or Territory, as the case may be;

**"State Welfare Minister"** means:

- (a) the Minister of the Crown for a State; or
- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of matters relating to welfare in the State or Territory, as the case may be;

**"trust money"** means money received or held by the Institute on trust;

**"trust property"** means property received or held by the Institute on trust.

**"welfare-related information and statistics"** means information and statistics collected and produced from data relevant to the provision of welfare services;

**"welfare services"** includes:

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

(2) A reference in this Act to the Chairperson, the Director or a member, in relation to a time when a person is acting in the office of Chairperson, Director, or a member, includes a reference to that person.

(3) The Chairperson may be referred to as the Chairman or Chairwoman, as the case requires.

## **PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**

### ***Division 1—Establishment, Functions and Powers of Institute***

#### **Establishment of Institute**

4. (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.

(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.

#### **Functions of 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).



5. (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;
- (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).

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

### **Powers of Institute**

6. 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.

### **Directions by Minister**

7. (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).

### **Division 2—Constitution and Meetings of Institute**

#### **Constitution of Institute**

8. (1) Subject to subsection (2), the Institute shall consist of the following members:

- (a) the Chairperson;
- (b) the Director;
- (c) a member nominated by the Australian Health Ministers' Advisory Council;
- (ca) a member nominated by the Standing Committee of Social Welfare Administrators;

- (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
  - (d) the Australian Statistician;
  - (e) the Secretary to the Department;
  - (f) a person:
    - (i) who has knowledge of the needs of consumers of health services; and
    - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of health services; and
    - (iii) who has been nominated by the Minister;
  - (fa) a person:
    - (i) who has knowledge of the needs of consumers of welfare services; and
    - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of welfare services; and
    - (iii) who has been nominated by the Minister;
  - (fb) a person:
    - (i) who has knowledge of the needs of consumers of housing assistance services; and
    - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of housing assistance services; and
    - (iii) who has been nominated by the Minister;
  - (fc) a person:
    - (i) who has expertise in research into public health issues; and
    - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that is a peak body promoting research into public health issues; and
    - (iii) who has been nominated by the Minister;
  - (g) 3 other members nominated by the Minister;
  - (h) a member of the staff of the Institute elected by that staff.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
- (a) may be made by one or more bodies; and
  - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1) (d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
- (a) a vacancy in the office of a member referred to in paragraph (1) (a), (b), (f), (fa), (fb), (fc) or (h);
  - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months.
  - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
  - (c) a vacancy in the office of the member referred to in paragraph (1) (d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1) (b), (d) or (e).

(5) Subject to this section, a member shall be appointed by the Governor-General.

(5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.

(5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:

- (a) the day on which the poll for the election of the member is held; or
- (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.

(6) A person who has attained the age of 65 years shall not hold office as a member on a full-time basis.

(7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.

(8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

### **Acting members**

9. (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.

### Remuneration and allowances

10. (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*.

### Leave of absence

11. (1) Subject to Section 87E of the *Public Service Act 1922*, a full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.
- (2) The Minister may :
  - (a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and
  - (b) grant a part-time member leave of absence on such terms and conditions as to remuneration or otherwise as the Minister determines.

### Resignation

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

### Termination of appointment

13. (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 14;
  - (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.

### **Disclosure of interests**

14. (1) A member who has a direct or indirect interest, pecuniary or otherwise, in a matter being considered or about to be considered by the Institute, being an interest that would conflict with the proper performance of the member's functions in relation to the consideration of the matter, shall, as soon as practicable after the relevant facts have come to the knowledge of the member, disclose the nature of the interest at a meeting of the Institute.

(2) A disclosure under subsection (1) shall be recorded in the minutes of the meeting.

(3) This section does not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

### **Meetings**

15. (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***

#### **Committees**

16. (1) The Institute shall appoint a committee to be known as the Health Ethics Committee of the Australian Institute of Health and Welfare.

(2) The functions and composition of the Ethics Committee shall be as prescribed.

(3) Regulations shall not be made for the purpose of subsection (2) except in accordance with a recommendation of the National Health and Medical Research Council.

(4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.

(5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.

(6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).

- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) Section 14 applies in relation to a committee as if:
  - (a) references in that section to a member were references to a member of the committee; and
  - (b) references in that section to the Institute were references to the committee.

#### **Division 4—Director of Institute**

##### **Director of Institute**

17. (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.

##### **Functions of Director**

18. (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**

##### **Staff**

19. (1) The staff required for the purposes of this Act shall be—
  - (a) persons appointed or employed under the *Public Service Act 1922*; and
  - (b) persons appointed or employed by the Institute.
- (2) The Director has all the powers of a Secretary under the *Public Service Act 1922*, so far as those powers relate to the branch of the Public Service comprising the staff referred to in paragraph (1)(a), as if that branch were a separate Department of the Public Service.

(3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.

(4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.

(5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

### **PART III—FINANCE**

#### **Money to be appropriated by Parliament**

20. (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.

#### **Estimates**

21. (1) The Institute shall:

(a) prepare estimates of the receipts and expenditure of the Institute in such form as the Minister directs for:

(i) each financial year; and

(ii) any other period specified by the Minister; and

(b) lodge estimates with the Minister within such time as the Minister directs.

(2) Estimates under section (1) shall not include estimates of receipts or expenditure of trust money.

(3) The money of the Institute, other than trust money, shall be expended only in accordance with estimates approved by the Minister.

#### **Money of Institute**

22. (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.

#### **Contracts**

23. 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.

#### **Application of Part XI of Audit Act**

24. (1) The Institute is a public authority to which Division 3 of Part XI of the *Audit Act 1901* applies.

(2) A report prepared under section 63M of the *Audit Act 1901* (as that section applies by virtue of subsection (1)) shall, 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.

### **Trust money and trust property**

25. (1) The Institute:

- (a) shall pay trust money into an account or accounts referred to in subsection 63J(1) of the *Audit Act 1901* (as that subsection applies by virtue of subsection 24(1)) 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.

(2) Sections 63K and 63L of the *Audit Act 1901* (as those sections apply by virtue of subsection 24(1)) have effect as if:

- (a) a reference in those sections to moneys included a reference to trust money;
- (b) a reference in those sections to transactions or to transactions and affairs included a reference to transactions, or to transactions and affairs, relating to trust money or to trust property; and
- (c) a reference in those sections to assets included a reference to trust property.

### **Exemption from taxation**

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

## **PART IV—MISCELLANEOUS.**

### **Delegation by Institute**

27. (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.

### **Delegation by Director**

28. (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.

### **Confidentiality**

29. (1) Subject to this section, a person (in this subsection called "informed person") who has:

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

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

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

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

(2) Subject to subsections (2A) and (2B), nothing in this section prohibits:

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

relevant to the publication; or produced a document relevant to the publication, directly to the Institute; and

(ii) the publication does not identify the information subject.

(2A) Paragraph (2)(c) applies only to information that is health-related information and statistics.

(2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related information and statistics.

(3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.

(4) In this section:

(a) "court" includes any tribunal, authority or person having power to require the production of documents or the answering of questions;

(b) "person" includes a body or association of persons, whether incorporated or not, and also includes:

(i) in the case of an information provider—a body politic; or

(ii) in the case of an information subject—a deceased person;

(c) "produce" includes permit access to;

(d) "publication", in relation to conclusions, statistics or particulars, includes:

(i) the divulging or communication to a court of the conclusions, statistics or particulars; and

(ii) the production to a court of a document containing the conclusions, statistics or particulars; and

(e) a reference to information concerning a person includes:

(i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and

(ii) a reference to information identifying a person or body providing information concerning a person.

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

30. (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.

### Periodical reports

31. (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.

### Regulations

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

**SCHEDULE 1**

**NEW SCHEDULE TO PRINCIPAL ACT**

**SCHEDULE**

**BODIES THAT MAY NOMINATE BOARD MEMBERS**

Australian Council of Social Service  
Australian Hospital Association  
Australian Medical Association  
Australian Pensioners' and Superannuants' Federation  
Australian Private Hospitals' Association  
Brotherhood of St Laurence  
Catholic Social Welfare Commission  
Consumers' Health Forum of Australia  
National Shelter  
Public Health Association of Australia

## **Australian Institute of Health Ethics Committee Regulations**

### **Citation**

1. These Regulations may be cited as the Australian Institute of Health Ethics Committee Regulations.

### **Interpretation**

2. In these Regulations, unless the contrary intention appears:

"Ethics Committee" means the Australian Institute of Health Ethics Committee referred to in subsection 16(1) of the Act;

"the Act" means the *Australian Institute of Health Act 1987*.

### **Functions**

3. The functions of the Ethics Committee are:

- (a) to form an opinion as to the acceptability or otherwise, on ethical grounds, of:
  - (i) activities that are being, or it is proposed will be, engaged in by the Institute in the performance of its functions; and
  - (ii) activities that are being, or it is proposed will be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions;

having regard, in addition to any other matters that the Ethics Committee considers to be relevant, to the Declaration of Helsinki adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964, as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975 and to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council;

- (b) where appropriate, to revise an opinion so formed or to form another opinion;
- (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
- (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

### **Composition**

4. The Ethics Committee shall consist of the following members:

- (a) the Director of the Institute or his or her nominee;
- (b) a person who is a graduate in medicine of a university and has post-graduate medical research experience;
- (c) a person who is a graduate in a social science of a university, college of advanced education or similar institution and has post-graduate research experience in a social science;
- (d) a person who is the nominee of the Registrar of Births, Deaths and Marriages in the Australian Capital Territory and of the officer of each State and the Northern Territory who has the responsibility in that State or Territory of registering births, deaths and marriages;
- (e) a minister of religion;
- (f) a person who is a barrister, a solicitor, a barrister and solicitor or a legal practitioner, of the High Court or of the Supreme Court of a State or Territory; and

(g) a man and a woman, neither of whom is a member or employee of the Institute and each of whom is able to represent general community attitudes; one of whom shall be appointed chairperson by the Institute.

# APPENDIX 3

## AIHW Committees

### Ethics Committee

The principal responsibilities of the AIHW Ethics Committee are described in the AIHW Ethics Committee Regulations. They are to:

- form an opinion and inform the Institute on the acceptability or otherwise, on ethical grounds, of activities engaged in by the Institute or with which it is in any way associated; and
- provide a written annual report to the Institute.

The Regulations are under review with a view to amending them to ensure that the Committee's responsibilities embrace both health-related and welfare-related activities.

The composition of the Committee is specified in the Regulations and section 16 of the AIHW Act provides for members to be appointed by the Institute for such period as is specified in their instrument of appointment. During 1992-93, the Ethics Committee membership was as shown below. The Committee held four meetings during the year, one of which included two subsequent telephone-conference sessions.

The number of meetings attended by each member is shown in brackets.

**Nominee of the Director**

Dr John Donovan (4)

**Medical graduate with research experience**

Emeritus Professor Malcolm Whyte, Chairman (3)

**Graduate in a social science**

Dr Dorothy Broom (3)

**Nominee of the Registrars of Births, Deaths and Marriages**

Mr Roger Thomson (3)

**Minister of religion**

The Reverend Father Thomas Wright (3)

**Legal practitioner**

Mr Colin Thomson (to 21 February 1993)(2)

Mr Brian Loftus (from 1 June 1993)

**Representatives of general community attitudes**

Ms Janne Graham (3)

Mr David Purnell (to 30 September 1992) (2)

Mr Lindsay Croft (from 1 October 1992) (2)

Two members resigned during 1992-93 at the conclusion of their terms: Mr David Purnell on 30 September 1992, who was replaced by Mr Lindsay Croft, and Mr Colin Thomson on 21 February 1993, who was replaced by Mr Brian Loftus. The AIHW Board considered and instituted procedures for filling vacancies.



During the year the Committee received twenty-three submissions. Twenty-two certificates of approval were granted embracing 35 projects. One submission was withdrawn. Nine of the certificates were for twenty-two projects judged to raise no significant ethical issues. No submissions remained unresolved at the end of the year.

Since the first clearance certificate was issued in May 1989, a total of 118 certificates have been granted for 197 projects or modifications of projects. Procedures have been modified in some instances in response to the Committee's suggestions but no certificate of unacceptability has been issued.

Except for activities which are judged not to raise any significant ethical issues, monitoring of projects in progress is carried out routinely, mostly by questionnaire annually. Further enquiries and interviews are conducted if thought necessary. During the year 38 projects were monitored. Changes in protocol were reported in a small number of cases and these were examined closely and some modifications of procedures were recommended. There were no reports of adverse effects from projects granted ethical clearance and the Committee did not have to revise its original opinion of acceptability on ethical grounds for any projects.

There is continuing uncertainty about the applicability to the Institute—and therefore to this Committee—of the Privacy Act and its Guidelines for the protection of privacy in the conduct of medical research. The Committee awaits the outcome of current negotiations about these matters.

Discussions were held with the Board, with the Heads of Divisions and Units and with the Acting Director to increase awareness of the responsibilities of the Committee and to facilitate its working relations with the Institute.

The Committee's Guidelines and associated materials were revised and a report of the Canadian Pacific Conference on Law and Ethics was received from Mr Colin Thomson.

# APPENDIX 4

## Institute staff

### Director's Unit

#### Director

Leonard Smith BA *Syd*, MSc *London*, PhD *UNSW* (to December 1992)

Timothy Skinner BA *ANU*, Dip Ed *UNSW* (Acting from February 1993)

#### Executive Assistant

Janet Markey (part year)

Patricia English Cert Hort *Canberra TAFE*, BA *ANU* (part year)

#### AIHW Visiting Fellow

Sidney Sax CBE, MD DPH (*Wwrand*), FRCP *Edin*, FRACMA, FRACP

#### Principal Medical Adviser

John Donovan ED, MBBS (Hons), PhD *Syd*, FFPHM RCP (*UK*), FAFPHM, FRACMA

### Welfare Division

#### Head

Ching Choi BA *ICU, Tokyo*, MA *West Res, Cleveland*, PhD *ANU*

#### Administrative Assistants

Carmel Fardoulis (part year)

Debbie Van de Donk (part year)

Margaret Heiskanen B Comm *Melb* (part year)

#### Aged Care

Diane Gibson BA (Hons) PhD *Uni Qld*

Zhibin Liu BSc(Hons) *Nankai*, MA *ANU*

#### Disability Services

Rosamond Madden MSc *Syd*

Ken Black BSc *Syd*

Joanne Maples BSc *ANU*, Grad Dip Food Technol, MSc *UNSW* (part year)

Megan Shirlow BSc, Dip Nutr & Diet, PhD *Syd*

#### Children and Family Support Services

Graeme Vaughan BA (Hons), PhD *Uni Qld*

Graham Angus BEc *UWA*

Perrohean Sperling BA *Syd*

Katherine Wilkinson BEc *Macq*

#### Housing

Glenn Foard BSW *Phillip Institute*

Neal Anderton BA (Hons) *Murdoch*

Glenda Cresswick BEd *CCAE*

Rosemary Karmel BSc (Hon) ANU (part year)

Rosangela Merlo BA *La Trobe*

## Health Services Division

### Head

Roy Harvey BSc *Qld*, MEd *Monash*

### Executive Assistant

Lorraine Taylor

### Health Economics and Expenditure

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

Simon Eckermann BEc (Hons) *Adel*

Emma Katauskas BA Asian Studies ANU (part year)

Maneerat Pinyopusarerk BEc WA, MADE ANU, MA(D) ANU, Dip Ed WA (part year)

### Health Labourforce

Anthony Greville BEc *Qld*, M Health Planning UNSW (part year)

John Bass BSc (Hons) MSc PhD *Natal* (part year)

Judith Clark BSc *Exeter* BA ANU ACHSA (part year)

John Harding BA *Macq*

James Harris BSc (Hons) ANU (part year)

Michael de Looper BSc (Hons) UNSW

Helen Milne RN, RM, DipAppSc *Sturt*, Dip Audiometry *Sydney College of TAFE*,  
Grad Dip in Health Services Management CSU (part year)

Natalie Staples BA *Syd*, Dip Ed *UNE*, MA (Hons) ANU, RN, SCM (part year)

Jim Wylie (part year)

### Health Services

Michael Cook PhD *Brown*, MA *UIC*, BA *UIC*

Mark Cooper-Stanbury BSc ANU (part year)

Claire Kelly BA ANU, MCom (Hons) *Wollongong* (part year)

Elizabeth Moss BApp Sc, MRA *Cumberland Coll Health Sciences*

Mary Nicoll BSc *Adel*, BA *CCAE*

Manoa Renwick BA *UNE*, MHA UNSW, ACHSE (part year)

Bill Sardana BSc (Hons) Maths, MSc Stats *New Delhi* (part year)

Richard Solon BSc *Syd*, Dip App Sc CSU, *Mitchell*

### Waiting Lists

Stephen Gillett BSc *N'cle*, M Med Stats *N'cle*, Dip Ed *NCAE*

Larry Mays MBBS *Qld*, MHA UNSW (part year)

Emma Katauskas BA Asian Studies ANU (part year)

Patricia Ryan Assoc Dip MRA *Lincoln Inst Health Sciences* (part year)

Lena Searle (part year)

## Health Technology Division

### Head

David Hailey MSc, PhD *Bristol*

### Administrative Assistant

Julianne O'Malley Cert Sec Stud *Canberra TAFE*

### AHTAC Support

Delma Cowley MSc, PhD *Qld*

Naarilla Hirsch BSc (Hons) *Qld*, B App Sc *Canberra*

Patricia Ludowyk BSc, Grad Dip Sc (Neuroscience) *ANU* (part year)

### Assessment and Statistics

Anthony Lea MSc *ANU*

Bernard Crowe BA *Melb*, MPH *Syd*, MACS

Wolodja Dankiw BSc (Hons) *Adel*

### Health Economics and Evaluation

Robert Carter BA (Hons), Grad Dip Pop Health, MAS *ANU*

Kathryn Antioch BA (Hons) *ANU*, MSc *UBC* (part year)

Lynne Conway BA (Hons) *Melb*, Dip Teach *NBCAE*, MBA *Monash*

Pamela Eveille Cert Sec Stud, *Canberra TAFE* (part year)

Ruth Penm BA, Grad Dip Op Res *CCAE* (part year)

Maneerat Pinyopusarek B Ec, Dip Ed *WA*, MADE, MA(D) *ANU* (part year)

Anne-Marie Waters B Math *N'cle*, Grad Dip Stat *ANU* (part year)

### Graduate Administrative Assistants

David Braggett BEc, LLB *ANU* (part year)

Richard Rutkin BPhysio *Qld* (part year)

## Health Monitoring Division

### Head

Colin D Mathers BSc (Hons) PhD *Syd*

### Disease and Mortality Registers

A John Bass BSc (Hons), MSc, PhD *Natal* (part year)

David W Greenhill BSc (Hons) *Birmingham*

Paul L Jelfs BSc (Hons) *UNSW*

Janet Markey (part year)

Marijke van Ommeren Soc Cand *Utrecht*, MA *ANU* (part year)

### Cardiovascular and Risk Factor Statistics

Stan Bennett B Tech (Hons) *Bradford*, FSS

Anne-Marie Waters B Math *N'cle*, Grad Dip Stat *ANU* (part year)

Peter Wright

### Population Health Indicators

Geoff Elvy Dip Tch, BSc, MA, PhD, Dip Clin Psych *Canterbury* (part year)

Edouard T d'Espaignet BA, MA *Macq*, MPH *Syd*, MSc *Hawaii*

Sun-Hee Lee BA, MA *Ewha Seoul*, MA, PhD *Hawaii* (part year)

Carolyn Merton BA *ANU*

Dorothy Russell BSc (Hons) *London* Dip Ed *UWA* Grad Dip Computing *WA Inst Technology* (part year)

Christopher E Stevenson BSc (Hons) *Melb*, MSc *ANU* FSS CStat

**Food and Nutrition Monitoring**

Tettah Dugbaza BA (Hons) *Cape Coast*, Grad Dip, MA *Ghana* (part year)

Ian Lester BSc *Monash*, Grad Dip Nutr Diet *Flinders* (part year)

Merran Laver B App Sci *Canberra* (part year)

Michael de Looper BSc (Hons) *UNSW*

**Aboriginal and Torres Strait Islander Health**

Neil Thomson BSc, MBBS, *BAWA*, MPH *Syd*, FAFPHM (part year)

Barry Johnson (Acting Head from 2.93)

David Achanfuo-Yeboah BA(Hons) *Cape Coast*, Grad Dip Popn Studies *Ghana*, MA *ANU*, Grad Cert Popn and Dev't Planning *Moscow*, PhD *Alberta* (part year)

Bruce English BA (Hons) *ANU*

## External Unit staff

With the exception of staff employed at the AIHW National Injury Surveillance Unit, staff at external units are not employed by the Institute.

### National Perinatal Statistics Unit

**Director**

Paul Lancaster MBBS *Syd*, MPH *California (Berkeley)* FRACP, FAFPHM

Sharon Kidd MPH *California (Berkeley)*

Wei Luo MB *Chongqing*

Jocelyn Mann

Elvis Pedisich BSc, MStat *UNSW*

Esther Shafir MB *Lvov*

Lucy Sullivan BA (Hons) *Qld*, MA qualif *Syd*, PhD *Macquarie*

Glenn Tun BSc, MSc *Rangoon*

### Dental Statistics and Research Unit

**Director**

A John Spencer, MDSc *Melbourne*, MPH *Michigan*, PhD *Melbourne*

Kate Battersby (part-time)

David Brennan BA (Hons) *Flinders*

Michael Davies BA (Hons) *Adelaide*

Lorna Lucas (part-time)

Dianne Parish (part-time)

Gary Slade BDSc *Melbourne*, Dip DPH *Toronto*

Judy Stewart BSc *Adelaide* (part-time)

Fearnley Szuster BA (Hons) *Flinders*

(Includes staff supported by external funds)

### National Injury Surveillance Unit

**Director**

James Harrison MBBS *Melb* MPH *Syd*

Pamela Albany Dip Home Ec *WA Inst Tech*, Assoc Dip Teach *WA Sec Tech Coll*

Roderick Brunkner (part year)

Jo den Engelse

Renata Kreisfeld Dip Teach, Grad Dip Educ *SACAE*

Peter O'Connor BA, Dip Ed, Dip Soc Sc *Flinders*, MA *Adelaide*

David Robley

Stephen Trickey (part year)

Daniel Tyson BA (Hons) *Adel*, PhD *ANU* (part year)

Dee-Anne Vahlberg BSc *Flinders* (part year)

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

### **Director**

Jennifer Mitchell BA, Dip Ed *Macquarie*, Assoc Dip MRA *Cumberland*, MSc *Griffith*

Jennifer Nicol B Bus (Health Admin) *QIT*

## **Corporate Services Division**

### **Head**

Peter White AM, Dip Med Tech *SAIT*, Grad Dip Admin *KCAE*, MEd *Canberra*

### **Administrative Services**

Christine Fuso BA *CCAIE*, CPA (part year)

Georgina Ekin BPharm *Syd*, FDipSHP (part year)

Owen Rodda BA Acctn'g *CCAIE*, ASCPA (part year)

Judith Clark BSc *Exeter*, BA *ANU*, ACHSA (part year)

### **Security and Resources**

Lyndell Shaw Cert Sec Studies *Bedford Bus Coll*

### **Finance**

Paula Bowen

Karin Cerasani (part year)

Yvette Midgley (part year)

Bernice Nott Cert Bookkeeping *Can TAFE* (part year)

Lena Searle (part year)

### **Personnel**

Philip Garvin BA *Macq*

### **Information Management and Technology**

Nigel Mercer BBus *DDIAE*, BA *Murdoch*

Christopher Dowd BSc MInfSc *UNSW*

Flannan Horgan (part year)

Anna Lusso

Kim McDowell (part year)

Polly Wallace BA *Canberra*

### **Publications**

Nigel Harding BA *Qld*

Deborah Beck BA *CCAIE*

Beth Bennett (part year)

Julianne O'Malley (part year) Cert Sec Stud, *Canberra TAFE*

Lucia Pietrzak (part year)

Alannah Smith

### **Library**

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

Alison Kennedy Lib Tech *Canberra TAFE*

*Appendix 4*

**Registry**

Kylie Allen

**Reception**

Emma Currie (part year)

Margaret Hurley (part year)

Debbie Van De Donk (part year)

**Secretariat**

Stephanie Lindsay Thompson BA (Hons) ANU, Dip Soc Stds Syd

Lynette Elliott BA CCAE

Patricia English Cert Hort *Canberra TAFE*, BA ANU (part year)

Jo-Ann Dan Cert Bus Stud *Gordon Tech Coll* (part year)



## Equal employment opportunity (EEO) table

### Representation of EEO groups within salary levels

Salary group	NES B 1		NES B 2		PW D		Women		Men		Total	
	91-92	92-93	91-92	92-93	91-92	92-93	91-92	92-93	91-92	92-93	91-92	92-93
ASO1 & Equiv. \$12701-\$23397	0	0	0	0	0	0	1	2	0	0	1	2
ASO2 & Equiv. \$23959-\$26568	0	0	0	0	0	1	5	6	0	1	5	7
ASO3 & Equiv. \$27289-\$29452	0	0	0	0	0	0	2	2	1	0	3	2
ASO4 & Equiv. \$30415-\$33204	0	0	0	0	0	0	6	4	2	2	8	6
ASO5 & Equiv. \$33924-\$35971	2	2	0	0	0	0	9	8	1	6	10	14
ASO6 & Equiv. \$36638-\$42088	3	3	0	0	2	2	4	4	3	3	7	7
SO C & Equiv. \$43367-\$47107	2	4	1	1	0	0	12	15	12	17	24	32
SO B & Equiv. \$48133-\$55234	2	1	0	0	1	1	5	6	13	19	18	25
Medical Officers \$40434-\$90112	0	0	0	0	0	0	0	0	3	2	3	2
SES & Equiv. \$61147 & above	1	1	0	0	1	1	0	0	6	6	6	6
<b>Total</b>	<b>10</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>44</b>	<b>47</b>	<b>41</b>	<b>56</b>	<b>85</b>	<b>103</b>

## APPENDIX 5

# Publications, reports and presentations 1992-93

### AIHW publications

*Aboriginal health information bulletin*

No. 17: May 1992

*AIHW News*

No. 3: November 1992

No. 4: April 1993

*Annual report 1991-92*

*Dapsone exposure, Vietnam service and cancer incidence: report to the Scientific Advisory Committee to the Minister for Veterans' Affairs (1992)*

*HealthTechNews (Health Technology News Bulletin)*

No. 6: November 1992

No. 7: May 1993

*HealthTechStats (Health Technology Statistics Bulletin)*

No. 2: November 1992

No. 3: June 1993

*Health services bulletin*

No. 3: August 1992

*Health expenditure bulletin*

No. 7: *Australian health expenditure to 1990-91*: April 1993

No. 8: *Australian health expenditure to 1991-92*: April 1993

*Hospital Utilisation and Costs Study 1989-90*

*Volume 1: A survey of public hospitals and related data*: February 1993

*Volume 2: The use of acute hospitals—a summary of hospital morbidity*: June 1993

*National Health Data Dictionary—institutional health care*

Version 2.0: March 1993

*National Health Data Dictionary—institutional health care*

Summary edition: June 1993

*Publications catalogue*

No. 1: January 1993

*State variations in hospital costs* AHA special monograph, March 1993.

Angus G & Wilkinson K (1993) *Child abuse and neglect Australia 1990-91*. Child Welfare Series No. 2.

- Bennett S, Stevenson C, Melville G, de Looper M & Wright P (1992) *Mortality surveillance, Australia 1979-1990*. Mortality Surveillance Series No. 1.
- Braggett D, Lea AR, Carter RC, Hailey DM & Ludowyk P (1993) *Issues in cervical cancer screening and treatment—new technologies and costs of alternative management strategies*.
- Crowe BL (1993) *Telemedicine in Australia*.
- Crowe BL & Hailey DM (1993) *Cardiac imaging technologies*.
- Donovan J, d'Espaignet E, Merton C & van Ommeren M (eds) (1992) *Immigrants in Australia: a health profile*. Population Health Series No. 1.
- Hirsch NA (1993) *Technologies for treatment of menorrhagia and uterine myomas*. Health Care Technology Series No. 10.
- Hogg R & Thomson N (1992) *Fertility and mortality of Aborigines living in the Queensland Aboriginal Communities 1972-1990*.
- Lea AR (1993) *Technologies for management of incontinence*.
- Ludowyk P, Lea AR & Hailey DM (1992) *Products for office pathology testing: an assessment of three test systems*.
- Taylor F (1992) *Guide to use of international classifications of diseases in Australia*. Classification in Health Series No. 1.
- Waters A-M (1993) *Assessment of self-reported height and weight and its use in the determination of body mass index*.
- Wilkinson K & Angus G (1993) *Adoptions Australia 1990-91*. Child Welfare Series No. 1.

### Joint publications

- Biliary lithotripsy assessment program: final report* (1993) (with St Vincent's Hospital, Melbourne).
- Risk factor prevalence study: survey no. 3 1989, cities analysis* (1991) (with the National Heart Foundation of Australia).
- Crowley S, Antioch K, Carter RC, Waters A-M, Conway L & Mathers C (1992) *The cost of diet-related disease in Australia* (with the National Centre for Health Program Evaluation).
- Daly J, McDonald I (1993) *The social impact of echocardiography*. Health Care Technology Series No. 9 (with La Trobe University and St Vincent's Hospital, Melbourne).
- Dankiw W, Hailey D & Angel A (1993) *Lasers in medicine*. Health Care Technology Series No. 8 (with the Australian Centre for Medical Laser Technology Inc).
- Jelfs P, Giles G, Shugg D, Taylor R, Bonett A, Thompson J, Ring I, Durling G (eds) (1992) *Cancer in Australia 1983-1985*. Cancer Series No. 1 (with the Australasian Association of Cancer Registries).

### AIHW working papers

- Braggett, D & Carter R (1993) *Cost study on management protocols for women with abnormal Pap smears*.
- Gillett S & Katauskas E (1993) *Waiting lists: a look at the literature*.
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### **Presentations involving AIHW National Injury Surveillance Unit staff**

**Albany P** *The role of NISU's Injury Prevention Services program*, Australian Faculty of Public Health Medicine (South Australia) seminar series, November 1992.

**Albany P** *The prevention of school aged drowning in private swimming pools—the WA experience*, National Conference of Health Promotion Professionals, February 1993.

**Albany P** *Planning injury programs*, National Conference of Health Promotion Professionals, February 1993.

**Albany P & Kreisfeld R** *Community development injury prevention programs in Australia*, 2nd World Conference on Injury Control, Atlanta, May 1993.

**Albany P** *Interacting with local government in the pursuit of drowning prevention policy*, 2nd World Conference on Injury Control, Atlanta, May 1993 (Invited paper).

Ehrlich SE, Driscoll TR & Harrison JE *Traumatic agricultural fatalities in Australia, 1982-1984*, 2nd World Conference on Injury Control, Atlanta, May 1993.

Harrison JE *Injury surveillance and prevention in Australia*, Netherlands Consumer Safety Institute, Amsterdam, September 1992.

Harrison JE *Injury surveillance in Australia: optimising costs and benefits*, European Consumer Safety Association (ECOSA) Annual Conference on 'The Role of Accident Data', Lisbon, September 1992.

Harrison JE & Tyson D *Injury prevention: ethics, politics and economics*, Public Health Association of Australia annual conference, Canberra, September 1992.

Harrison JE *Nature and dimensions of injury in Australia*, Injury research and prevention training seminar, Canberra, October 1992.

Harrison JE *Injury in Australia: the problem and the programs at national level*, Injury Prevention Conference, NSW North Coast Regional Public Health Unit, November 1992.

Harrison JE *The role of NISU*, Australian Faculty of Public Health Medicine (South Australia) seminar series, November 1992.

Harrison JE *Injury prevention in Australia: which injuries should we try to prevent now?* National Conference of Health Promotion Professionals, Fremantle, February 1993.

Harrison JE, Tyson D & Vahlberg D *23 year trends in Australian injury mortality rates*, 2nd World Conference on Injury Control, Atlanta, May 1993 (Poster).

Harrison JE, Tyson DC & Moller JN *It may prevent injury, but I don't want it*, 2nd World Conference on Injury Control, Atlanta, May 1993.

Harrison JE & Tyson DC *Consumer safety in Australia: the role of injury surveillance data*, 2nd World Conference on Injury Control, Atlanta, May 1993.

Harrison JE & Blumer C *Report on review of spinal injury registration and surveillance in Australia*, National meeting of Directors of Spinal Units, June 1993.

Kreisfeld R & Albany P *Strengthening organisational links for more effective injury control*, Child Accident Prevention Foundation of Australia National Conference, 'The Bitter Pill: Children and Poisons Prevention', Melbourne, October 1992 (Invited workshop paper).

O'Connor PJ *Road injury surveillance in Australia*, 2nd World Conference on Injury Control, Atlanta, May 1993.

Mandryk JA & Harrison JE *Work-related fatalities of children in Australia, 1982-1984*, 2nd World Conference on Injury Control, Atlanta, May 1993.

### **Presentations involving NRCCH staff**

Mitchell J *The role of the National Reference Centre for Classification in Health*, Queensland Medical Record Association Continuing Education Seminar, Brisbane, August 1992.

Mitchell J *Coding practices: Australian standards and international developments*, Department of Health, Housing and Community Services, Fourth National Casemix Conference, August 1992.



**Mitchell J** *The role of the National Reference Centre for Classification in Health*, Medical Record Association of Australia Seminar—Casemix: Implications and Expectations, Adelaide, October 1992.

**Mitchell J** *Introduction to ICD-10*, Queensland Injury Surveillance and Prevention Project Workshop—Injury Surveillance: Future Directions, Gold Coast, February 1993.

**Mitchell J** *Medical record systems in Australia. ICD-10 update. DRGs and Casemix: Their Significance to health financial management*. World Health Organization, Philippine Department of Health, and Philippine Hospital Association Symposium on Medical Record and Health Information Management, Manila, April 1993.

# APPENDIX 6

## Seminars

### AIHW work-in-progress seminars

- 1-2 September 1992      **Strategic Planning Meeting**  
*Future directions and corporate priorities, AIHW 1993-1996*
- 10 September 1992      **Richard Rutkin**  
*Cost effectiveness analysis of mandatory pre-marital screening for HIV in Australia*
- 17 September 1992      **Rob Carter**  
*Overview of the macro economic evaluation model*
- 17 December 1992      **Colin Mathers**  
*Overview of work carried out in Britain and France under an NHMRC Public Health Travelling Fellowship*
- 3 March 1993            **Glenn Foard, Diane Gibson, Ros Madden and Graeme Vaughan**  
*The 1993 Australia's welfare report*
- 24 March 1993          **Steve Gillett**  
*Waiting lists work in progress seminar*
- Barry Johnson**  
*Aboriginal health*
- 12 May 1993            **Wolodja Dankiw, David Hailey**  
*Treatment options for benign prostatic hyperplasia*
- David Hailey**  
*Cost impact of laparoscopic cholecystectomy*

### Seminars held at AIHW

- 16 October 1992      **Carol Oxley and Scott Briant, Community Services Victoria**  
*A classification of Victorian Community Services*
- 4 March 1993          **Joe Christensen and Mr Darryl Butler, HHCS**  
*Regionalisation and Cross Program Link*
- 9 March 1993          **Professor Gavin Mooney**  
*What do we want from our health care system?*  
(McMaster Lecture)
- 19 April 1993          **Dr Helmut Anheir, John Hopkins University (USA) and Associate Professor Mark Lyons, University of Technology, Sydney**  
*Comparative non-profit sector study*

- 28 April 1993      **Professor Anne Harding, Centre for Social and Economic Modelling, University of Canberra**  
*Micro-simulation modelling—new initiatives*
- 7 June 1993      **Professor Sandra Schneider, University of Southern Carolina (USA)**  
*Health and welfare funding in the USA*

### **NISU seminars and conferences**

- 30 July 1992      **Workshop on injury goals and targets, Sydney**  
Convened by NISU at the invitation of the National Health Goals and Targets Review Team
- 11 August 1992    **Planning meeting, Third International Conference on Injury Prevention and Control, Sydney**
- October 1992      **WHO 'Safe Communities' Program international liaison meetings.** Sydney 26 October; Noarlunga (South Australia), 27 October
- February 1993     **'Injury Control for Health Promotion Professionals'—one-day workshop associated with the National Conference of Health Promotion Professionals, Fremantle**
- May 1993          **International Injury Researcher's Colloquium, Atlanta, Georgia**

## **APPENDIX 7**

### **Membership of committees and working parties**

#### **Director/Acting Director**

Advisory Committee, Centre for Clinical Epidemiology and Biostatistics, University of Newcastle

Advisory Committee and Board of Studies, National Centre for Epidemiology and Population Health, Australian National University

Australian Health Ministers' Advisory Council (by invitation)

National Health and Medical Research Council (by invitation)

WHO Heads of Collaborating Centres for the Classification of Diseases

#### **Dr David Achanfu-Yeboah**

ABS National Aboriginal Survey, Technical Reference Group on Health

ABS National Aboriginal Survey, Technical Reference Group on Income, Expenditure and Wealth

Inter-departmental Working Group to assess the Commonwealth's contribution to the National Aboriginal Health Strategy

#### **Mr Stan Bennett**

NHMRC Expert Panel on National Food and Nutrition Monitoring and Surveillance

National Heart Foundation Risk Factor Prevalence Study Management Committee

Data Access Sub-committee, National Heart Foundation Risk Factor Prevalence Study Management Committee

#### **Mr Rob Carter**

Technical Advisory Group to the National GP Evaluation Program

NHMRC Working Party on Assessment of Preventative Activities in the Health Care System

National Women's Health Program Evaluation Steering Committee

Reference Group on Monitoring and Evaluation for the National Program for the Early Detection of Breast Cancer

Data Monitoring group for the National Program of Cervical Cancer Screening

Advisory Group Cancer Action Rural Towns (CART) Project

NHMRC Working Party on Passive Smoking

#### **Dr Ching Choi**

Australian Population Association Journal, Editorial Board

#### **Dr Michael Cook**

Australian Population Association Conference Organising Committee

**Mr Michael Davies (AIHW—DSRU)**

NHMRC Expert Advisory Panel on Discretionary Fluorides

**Dr John Donovan**

NHMRC Public Health Research and Development Committee

NHMRC Working Party on Anaesthetic deaths

NHMRC Working Party on Boxing

**Mr Bruce English**

Inter-departmental Working Group to assess the Commonwealth's contribution to the National Aboriginal Health Strategy

**Mr Glenn Foard**

Supported Accommodation Assistance Program Data Review Steering Committee

**Dr Diane Gibson**

Australian Research Council, reviewer.

**Mr John Goss**

Committee for Economic Development of Australia (CEDA)

Working Party on Options in Health Reform

**Mr Tony Greville**

Standards Australia—Health Informatics Committee

National Minimum Data Set Review Committee (Chair/convenor)

National Health Information Agreement (Chair)

**Dr David Hailey**

Australian Health Technology Advisory Committee

Biliary lithotripsy evaluation committee, St Vincent's Hospital, Melbourne

Board of the International Society of Technology Assessment in Health Care

**Dr James Harrison (AIHW—NISU)**

NHMRC Working Party on Suicide, member

National Road Trauma Advisory Council, member (NISU provides secretariat services for a NRTAC committee and coordinates liaison between the Council and the health sector.)

**Mr Roy Harvey**

Technical Reference Committee of the Professional Indemnity Review established by the Minister for Health, Housing and Community Services

AHMAC Taskforce on the National Health Information Agreement, Chair, March–October 1992

*Appendix 7*

Quality of Health Care Committee, established by the Health Care Committee,  
NHMRC

Professional Indemnity Review Reference Committee

Anti-Cancer Working Party

Drug Utilisation Sub-committee (observer)

**Mr Paul Jelfs**

Australasian Association of Cancer Registries

**Ms Sharon Kidd (AIHW—NPSU)**

National Perinatal Data Advisory Committee, Secretary

**Dr Paul Lancaster (AIHW—NPSU)**

International Working Group for Registers on Assisted Reproduction, Chair

Working Party on Categorisation of Drugs in Pregnancy, Australian Drug Evaluation  
Committee

National Perinatal Data Advisory Committee, Chair

National Health and Medical Research Council Expert Panel on Perinatal Morbidity

Standing Committee on Perinatal Medicine, Australian College of Paediatrics

International Clearinghouse for Birth Defects Monitoring Systems, Chair

General Assembly, Federation of Asia-Oceania Perinatal Societies, Bangkok, Australian  
delegate

Ethics Committee, Family Planning Association of NSW

**Mr Ian Lester**

Steering Committee for the Nutrition & HIV Project, a joint initiative of the Department  
of Health, Housing and Community Services and Monash University

**Ms Ros Madden**

ACT Health Ethics Committee

Australian Intercountry Adoption Network, Coordinator

**Dr Colin Mathers**

1993 Disability and Ageing Survey, ABS Survey Advisory Committee

1994-95 National Health Survey, ABS Survey Advisory Committee

National Injury Surveillance Unit, Management Committee

NCEPH Cohort Study Advisory Group

**Ms Jennifer Mitchell (AIHW—NRCCH)**

International Federation of Health Records Organizations Executive

Queensland Coding Authority

AN-DRG Technical Reference Group, Department of Health, Housing, Local  
Government and Community Services

Standards Australia IT/14 Health Informatics

**Ms Elizabeth Moss**

National Minimum Data Set (NMDS) Review Committee for Institutional Health Care

**Ms Jennifer Nicol (AIHW—NRCCH)**

Queensland Medical Record Association Board

Queensland Coding Authority

**Ms Manoa Renwick**

AHMAC Subcommittee on Women and Health

Working party on Evaluation of National Women's Health Policy

National Minimum Data Set (NMDS) Review Committee for Institutional Health Care

**Mr Gary Slade (AIHW—DSRU)**

NHMRC Expert Advisory Panel on Oral Health Care for Older Adults

**Professor A John Spencer (AIHW—DSRU)**

Community Dentistry Oral Epidemiology, Advisory Board

Dental Health Services Committee, Australian Dental Association

NHMRC Dental Health Committee

NHMRC Expert Advisory Panel on Impact of Change in Oral Health Status on Dental Education, Workforce, Practices and Services in Australia

NHMRC Expert Advisory Panel on Oral Health Care for Older Adults

**Ms Natalie Staples**

AHMAC Labourforce Research Auspice Group

**Mr Chris Stevenson**

1994–95 National Health Survey, ABS Survey Advisory Committee

# APPENDIX 8

## Activities funded by outside bodies

### Health Monitoring Division

Title : National Aboriginal Health Strategy  
Funding body : HHLGCS  
Amount : \$280,000 (1991-92 to 1994-95)  
Project : Development of databases of Aboriginal Health Statistics.  
Contact : Dr David Achanfuo-Yeboah

Title : Dietary Data Analysis  
Funding body : HHLGCS  
Amount : \$27,000 (1990-91 to 1992-93)  
Project : Analysis of adult dietary survey and other national databases.  
Contact : Mr Stan Bennett

Title : NSW Review of Psychosurgery  
Funding body : NSW Health Department  
Amount : \$87,625 (1991-92 to 1993-94)  
Project : Review the outcomes of psychosurgery procedures in NSW since 1977.  
Contact : Dr John Donovan

Title : Handbook for Injury Control in Australia  
Funding body : NBHP  
Amount : \$54,086 (1991-92 to 1993-94)  
Project : Development and production of a 'Handbook for Injury Control in Australia'.  
Contact : Dr James Harrison

Title : Injury Prevention  
Funding body : HHLGCS  
Amount : \$236,100 (1992-93 to 1993-94)  
Project : Develop a national strategic plan for injury control; manage planning for the Third International Conference on Injury Control; provide secretariat support for the Trauma Treatment and Intervention Committee of the National Road Trauma Advisory Council; and provide an information, advisory, and support service for injury control practitioners.  
Contact : Dr James Harrison



Title : Roads Injury  
Funding body : HHLGCS  
Amount : \$695,000 (1991-92 to 1993-94)  
Project : To improve the collection of injury data to assist in analysing the nature and extent of injury incurred in road accidents.  
Contact : Dr James Harrison

Title : Australia's Food and Nutrition  
Funding body : HHLGCS  
Amount : \$177,416 (1992-93 to 1993-94)  
Project : To report on status and trends in the food and nutrition system, in accordance with the objectives of the National Food and Nutrition Policy.  
Contact : Mr Stan Bennett

Title : Nutrition Monitoring  
Funding body : HHLGCS  
Amount : \$350,000 (1992-93 to 1993-94)  
Project : Develop and implement a national food and nutrition monitoring and surveillance strategy including a program of regular national dietary surveillance. Develop and validate key indicators of change within the food and nutrition system, and instruments for monitoring key indicators.  
Contact : Mr Stan Bennett

Title : Cervical Cancer Monitoring  
Funding body : HHLGCS  
Amount : \$20,000 (1992-93 to 1993-94)  
Project : Develop cervical cancer registries and provide incidence data.  
Contact : Dr Colin Mathers

### **Health Services Division**

Title : Medical Workforce Data Review Committee  
Funding body : AHMAC  
Amount : \$71,105 (1989-90 to 1993-94)  
Project : Provide professional and technical support for the AHMAC Medical Workforce Data Review Committee, functions of which include commissioning, interpreting and analysing Australian medical workforce data.  
Contact : Mr Tony Greville

Title : National Health Labourforce Data Collections  
Funding body : AHMAC  
Amount : \$343,400 (1990-91 to 1993-94)  
Project : Establishment of the National Health Labourforce Database.  
Contact : Mr Tony Greville

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- Title : National Minimum Data Set Program  
Funding body : HHLGCS  
Amount : \$202,500 (1990-91 to 1993-94)  
Project : Survey program for institutional health services.  
Contact : Dr Michael Cook
- Title : National Nurses Administrative Database  
Funding body : Australian Nursing Council Inc.  
Amount : \$84,000 (1991-92 to 1993-94)  
Project : Establishment of a National Nurses Administrative Database for the Australian Nursing Council Inc.  
Contact : Ms Helen Milne
- Title : Evaluation of the National Women's Health Program  
Funding body : HHLGCS  
Amount : \$78,615 (1991-92 to 1993-94)  
Project : Assess the progress towards achieving the recommendations of the National Women's Health Policy (March 1988).  
Contact : Dr Michael Cook
- Title : Harvard Professional Indemnity Study  
Funding body : HHLGCS  
Amount : \$50,000 (1991-92 to 1993-94)  
Project : Undertake a study of the feasibility of replicating the Harvard Medical Practice Study in Australia.  
Contact : Mr Roy Harvey
- Title : Grouper Validation  
Funding body : HHLGCS  
Amount : \$4,569 (1991-92 to 1992-93)  
Project : Participate in the development of testing specifications of the first version of the Australian National Diagnosis Related Groups software.  
Contact : Ms Elizabeth Moss
- Title : Ageing and Health Care  
Funding body : The Economic Planning Advisory Council  
Amount : \$5,000 (1991-92 to 1993-94)  
Project : The compilation and analyses of material on the health impact and financial aspects of the ageing of the Australian population in the 21st century.  
Contact : Mr John Goss

Title : Waiting Lists  
Funding body : HHLGCS  
Amount : \$341,000 (1992-93)  
Project : To develop a set of nationally agreed definitions for use in describing patients waiting for elective surgery in acute hospitals and to publish information based upon these definitions.  
Contact : Mr Steve Gillett

### **Health Technology Division**

Title : Technologies for Cervical Cancer  
Funding body : HHLGCS  
Amount : \$54,877 (1992-93)  
Project : Evaluation of new technologies associated with screening, verification and treatment.  
Contact : Dr David Hailey

Title : Support for AHMAC-related activities  
Funding body : AHMAC  
Amount : \$90,000 (1991-92 to 1993-94)  
Project : Development of guidelines and evaluation of nationally funded centre proposals.  
Contact : Dr David Hailey

Title : Periodic Health Checks  
Funding body : HHLGCS  
Amount : \$68,644 (1991-92 to 1992-93)  
Project : Development and application of a disease impact evaluation model.  
Contact : Dr David Hailey

Title : Macro Economic Evaluation Model  
Funding body : HHLGCS  
Amount : \$111,979 (1991-92 to 1993-94)  
Project : Assess and prioritise a range of health promotion and illness prevention programs.  
Contact : Dr David Hailey

### **Welfare Division**

Title : Continance Aids Assistance  
Funding body : HHLGCS  
Amount : \$35,000 (1992-93 to 1994-95)  
Project : Develop an evaluation strategy for the continence aids assistance scheme.  
Contact : Dr Ching Choi

## Appendix 8

Title : WELSTAT  
Funding body : State Governments  
Amount : \$25,571 (1991-92 and ongoing)  
Project : The collection of welfare statistics from all Australian States.  
Contact : Dr Ching Choi

### External Units

#### National Perinatal Statistics Unit

Title : Register of Pregnancies after Assisted Conception  
Funding body : Fertility Society of Australia and Organon  
Amount : \$20,000  
Project : Maintain register of pregnancies in Australia and New Zealand, and publish reports and other studies.  
Contact : Dr Paul Lancaster

Title : Perinatal Newsletter  
Funding body : Australian Perinatal Society  
Amount : \$3,450  
Project : Publication of quarterly Perinatal Newsletter.  
Contact : Dr Paul Lancaster

#### Dental Statistics and Research Unit

Title : The Efficacy of Fluorides in Preventing Dental Caries in a Child Population  
Funding body : NHMRC  
Amount : \$152,265 (over three years)  
Project : Examine the role of fluorides, including water fluoridation, in the prevention of dental caries.  
Contact : Professor A John Spencer

Title : The Effect of Reduced Water Fluoridation on Dental Caries in Children  
Funding body : NHMRC  
Amount : \$81,808 (over three years)  
Project : Monitor the effect of exposure to water fluoridation at reduced concentrations on dental caries in Australian children.  
Contact : Professor A John Spencer

**Title** : A Research Database on Dental Care in Australia  
**Funding body** : HHLGCS  
**Amount** : \$291,652  
**Project** : Establish a research database on access to dental care which can be used to analyse access and affordability issues, particularly with respect to older people and low income earners.  
**Contact** : Professor A John Spencer

# APPENDIX 9

## AIHW data catalogue

### Contents

1. Australian Aborigines and Torres Strait Islanders
  - Births
  - Birthweights
  - Deaths
  - Foetal and infant deaths
  - Hospitalisation
2. Hospital morbidity
3. Hospital Utilisation and Costs Study (HUCS)
4. Mortality
5. National Cancer Statistics Clearing House (NCSCH)
6. National Death Index
7. National Health Labourforce Collection

## **1. Australian Aborigines and Torres Strait Islanders**

*Note:* In this report, the term 'Aborigine' is used to refer to both Australian Aborigines and Torres Strait Islanders.

The Institute holds a variety of information on Aboriginal births, morbidity and mortality. The data are aggregate in nature and do not include personal information such as names, although age and sex information is available for the aggregate data. The perinatal information is generally published by the State and Territory health authorities and, in this context, has no constraints. The mortality and morbidity information, as well as the limited information the Institute holds on selected Aboriginal communities in Queensland, have constraints on their use and cannot be released, except in aggregate form.

Contact for further details: Dr David Achanfuo-Yeboah, Aboriginal and Torres Strait Islander Health Unit.

## — Births

### Database status

The data held by AIHW on births to Aboriginal mothers vary according to year. Until relatively recently, the data were provided by State and Territory health authorities largely for estimating infant mortality rates. As such, these data are simply the numbers of births (live births plus foetal deaths or stillbirths) to Aboriginal mothers. Some of the newer data include other details of the mother and baby (e.g. age of mother, baby's weight). From the mid-1980s, the State and Territory births registration systems started to provide for the identification of Aborigines, but the Institute's databases are still derived from information provided by the health authorities.

### Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1991				Y	Y			Y
1990			Y <sup>(1)</sup>	Y	Y			Y
1989			Y <sup>(1)</sup>	Y	Y			Y
1988			Y <sup>(1)</sup>	Y	Y			Y
1987			Y <sup>(1)</sup>	Y	Y			Y
1986			Y <sup>(1)</sup>	Y	Y			Y
1985			Y <sup>(1)</sup>	Y	Y			Y
1984			Y <sup>(1)</sup>	Y	Y			Y
1983			Y <sup>(1)</sup>	Y	Y			Y
1982			Y <sup>(1)</sup>	Y	Y			Y
1981			Y <sup>(1)</sup>	Y	Y			Y
1980			Y <sup>(1)</sup>	Y				Y
1979			Y <sup>(1)</sup>	Y				Y
1978			Y <sup>(1)</sup>	Y				Y
1977			Y <sup>(1)</sup>	Y				Y
1976			Y <sup>(1)</sup>	Y				Y
1975			Y <sup>(1)</sup>	Y				Y
1974			Y <sup>(1)</sup>	Y				Y
1973			Y <sup>(1)</sup>	Y				Y
1972			Y <sup>(1)</sup>	Y				Y

(1) Data relate to Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population).



## — Birthweights

### Database status

In addition to the birth data provided in the previous section, comprehensive information on birthweights is available in current holdings for South Australia, Western Australia and the Northern Territory from 1988 to 1991, and for the Queensland communities from 1972 to 1990.

### Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1991				Y	Y			Y
1990			Y <sup>(1)</sup>	Y	Y			Y
1989			Y <sup>(1)</sup>	Y	Y			Y
1988			Y <sup>(1)</sup>	Y	Y			Y
1987			Y <sup>(1)</sup>					
1986			Y <sup>(1)</sup>					
1985			Y <sup>(1)</sup>					
1984			Y <sup>(1)</sup>					
1983			Y <sup>(1)</sup>					
1982			Y <sup>(1)</sup>					
1981			Y <sup>(1)</sup>					
1980			Y <sup>(1)</sup>					
1979			Y <sup>(1)</sup>					
1978			Y <sup>(1)</sup>					
1977			Y <sup>(1)</sup>					
1976			Y <sup>(1)</sup>					
1975			Y <sup>(1)</sup>					
1974			Y <sup>(1)</sup>					
1973			Y <sup>(1)</sup>					
1972			Y <sup>(1)</sup>					

(1) Data relate to Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population).

## — Deaths

### Database status

Provision for the identification of Aboriginal deaths now exists in the deaths registration systems of all States and Territories except Queensland. This enables the extraction from the basic Mortality database (see section in this Appendix) of information on Aboriginal deaths. However, provision for the identification of Aborigines in these data has only recently been implemented in most jurisdictions—the following table shows the years for which data on Aboriginal deaths are available. For some jurisdictions (indicated with a footnote), the identification of Aborigines is believed to be so incomplete as to preclude meaningful analysis. Information on deaths of Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population) is available for the period 1972–1990.

### Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1991	Y <sup>(1)</sup>	Y		Y	Y	Y <sup>(1)</sup>	Y <sup>(1)</sup>	Y
1990	Y <sup>(1)</sup>	Y <sup>(1)</sup>	Y <sup>(2)</sup>	Y	Y	Y <sup>(1)</sup>	Y <sup>(1)</sup>	Y
1989	Y <sup>(1)</sup>	Y <sup>(1)</sup>	Y <sup>(2)</sup>	Y	Y	Y <sup>(1)</sup>	Y <sup>(1)</sup>	Y
1988	Y <sup>(1)</sup>	Y <sup>(1)</sup>	Y <sup>(2)</sup>	Y	Y		Y <sup>(1)</sup>	Y
1987	Y <sup>(1)</sup>	Y <sup>(1)</sup>	Y <sup>(2)</sup>	Y	Y		Y <sup>(1)</sup>	
1986	Y <sup>(1)</sup>	Y <sup>(1)</sup>	Y <sup>(2)</sup>	Y	Y		Y <sup>(1)</sup>	
1985	Y <sup>(1)</sup>		Y <sup>(2)</sup>	Y	Y		Y <sup>(1)</sup>	
1984	Y <sup>(1)</sup>		Y <sup>(2)</sup>	Y				
1983	Y <sup>(1)</sup>		Y <sup>(2)</sup>	Y				
1982	Y <sup>(1)</sup>		Y <sup>(2)</sup>					
1981	Y <sup>(1)</sup>		Y <sup>(2)</sup>					
1980	Y <sup>(1)</sup>		Y <sup>(2)</sup>					

- (1) For these years the identification of Aborigines is believed to be so incomplete as to preclude meaningful analysis.
- (2) Deaths identified by Queensland Health, but not by the formal deaths registration system. Data relate to Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population).

## — Foetal and infant deaths

### Database status

These data have been provided by State and Territory health authorities and do not necessarily correspond to the Aboriginal deaths identified by the formal registration systems maintained by the State and Territory Registrars of Births, Deaths and Marriages. The data form the basis of AIHW estimates of Aboriginal perinatal and infant mortality rates.

### Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1991				Y	Y			Y
1990			Y(1)	Y	Y			Y
1989			Y(1)	Y	Y			Y
1988			Y(1)	Y	Y			Y
1987			Y(1)	Y	Y			Y
1986			Y(1)	Y	Y			Y
1985			Y(1)	Y	Y			Y
1984			Y(1)	Y				Y
1983			Y(1)	Y				Y
1982			Y(1)	Y				Y
1981			Y(1)	Y				Y
1980			Y(1)	Y				Y
1979			Y(1)	Y				Y
1978			Y(1)	Y				Y
1977			Y(1)					Y
1976			Y(1)					Y
1975			Y(1)					Y
1974			Y(1)					Y
1973			Y(1)					Y
1972			Y(1)					Y

(1) Data relate to Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population).

## — Hospitalisation

### Database status

The hospital morbidity systems maintained by each State and Territory now provide for the identification of Aborigines. However, for some jurisdictions, the identification of Aborigines is believed to be so incomplete as to preclude meaningful analysis. The Hospital Morbidity database entry in this Appendix provides details of the years for which the Institute holds hospital morbidity data, but generally special approval is required from the relevant State or Territory health authority to permit analysis of these data for episodes of Aboriginal hospitalisation.

### Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1991-92	Y	Y		Y	Y	Y		
1990-91	Y	Y		Y	Y	Y	Y	Y
1989-90	Y	Y			Y			
1988-89	Y	Y			Y		Y	
1987-88	Y	Y			Y		Y	Y

The data on hospital morbidity are not consistent for all States and Territories. The Institute holds limited data for Western Australia for (1990-92), Tasmania (1990-92), NT (1987-88 and 1990-91) and ACT (1987-89 and 1990-91). In all areas, completeness of coverage and accuracy of information cannot be guaranteed.

See also the Hospital Morbidity database section.

## 2. Hospital morbidity

Information is collected relating to the demographic details, clinical conditions, insurance status and duration of stay in hospital for patients admitted to acute hospitals. It forms the basis of the hospital morbidity collections. These data are compiled on an annual basis (sometimes calendar but usually financial) for all inpatients who are discharged, transferred or die in hospital during the year. Data are stored and reported in sex by age, diagnosis, procedure and external cause structures.

AIHW has entered into a number of bilateral agreements with various States and Territories for the provision of morbidity data. These agreements are essentially on an annual basis and can be terminated at any time by either AIHW or the State/Territory concerned. The data are constrained, and the actual conditions of release and the information provided vary, both over time and between health authorities. In general four principles apply:

- No unit record data is to be released without clearance from the data provider.
- No hospital-specific data is to be released without clearance from the data provider.
- Research projects that will identify specific States or Territories should be discussed with the suppliers and the suppliers given a chance to comment on the results prior to publication.
- Data are for research purposes and not for provision of information to outside authorities. In these cases estimated national data should be provided.

The release of unit record data to AIHW has been negotiated separately to the provision of summary data for the Hospital Utilisation and Costs Study.

Contact for further details: Bill Sardana, Health Services Division.

### Current AIHW data holdings

	NSW <sup>(1)</sup>	Vic <sup>(2)</sup>	Qld <sup>(3)</sup>	WA	SA <sup>(4)</sup>	Tas <sup>(6)</sup>	ACT	NT	DVA <sup>(5)</sup>
<b>1991-92</b>									
—public	Y				Y	Y			
—private	Y	Y			Y	Y		Y	Y
<b>1990-91</b>									
—public	Y								
—private	Y	Y					Y		
<b>1989-90</b>									
—public	Y		Y		Y				Y
—private	Y	Y	Y		Y		Y		Y
<b>1988-89</b>									
—public	Y				Y		Y		
—private	Y	Y			Y		Y		
<b>1987-88</b>									
—public	Y <sup>(7)</sup>				Y		Y	Y <sup>(3)</sup>	Y
—private	Y <sup>(7)</sup>	Y			Y <sup>(8)</sup>		Y		Y

(Notes are listed over page.)

*Appendix 9*

- (1) AIHW also holds data for calendar years 1979 to 1986 (excluding 1982, when few data were collected).
- (2) AIHW also holds data back to 1984–85. No private hospitals are included by Victoria in their collections.
- (3) Data from calendar year.
- (4) AIHW holds data back to 1985–86.
- (5) Some data for early 1980s held, but not a complete coverage of hospitals.
- (6) Partial coverage of private hospitals.
- (7) First year of coding under ICD-9-CM. Data of limited quality, especially for private hospitals.
- (8) Partial data only.

### 3. Hospital Utilisation and Costs Study (HUCS)

A two-yearly survey of public hospitals. Hospital-specific information is collected on:

- available beds
- separations, bed-days and non-inpatient services
- staffing FTEs (full-time equivalents) broken into broad categories
- salary costs broken into staffing categories
- non-salary costs broken into broad categories
- revenue.

Summary data is generally available, although it is subject to some constraints. Data that identify individual hospitals cannot be provided.

Contact for further details: Richard Solon, Health Services Division.

#### Database status

The HUCS survey program is to be superseded by the National Minimum Data Set survey program starting in 1991-92. This will be an annual survey of both public and private institutions. AIHW will collect data on public institutions and the Australian Bureau of Statistics (ABS) will collect data on private institutions. AIHW is currently developing the data collection and processing system and meeting with all State and Territory health authorities. ABS has piloted its collection instrument.

#### Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	DVA
1991-92									
1989-90	Y <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1987-88	Y	Y	Y	Y	Y	Y <sup>(2)</sup>	Y	Y	Y
1985-86	Y	Y	Y	Y	Y	Y <sup>(2)</sup>	Y	Y	Y

(1) New South Wales provided limited financial and staffing data. Further, for metropolitan hospitals the financial data were aggregated for regions and collected according to programs (e.g. psychiatric services) rather than hospitals.

(2) No summary morbidity data.

## 4. Mortality

In 1987 AIHW negotiated with the Registrars of Births Deaths and Marriages in each State and Territory to obtain mortality data through the Australian Bureau of Statistics (ABS). The data contain information such as de-identified person demographics, cause and date of death, and linkability back to the original death certificate in each State and Territory Registrar's Office for all deaths registered in Australia (approximately 110,000 deaths annually). The data are supplied annually by calendar year and are received six to seven months after 31 December. Current data holdings are from 1964 to 1991. AIHW expects to receive 1992 deaths data in September 1993.

Access to the data is restricted to researchers having Ethics Committee approval. Summary data only can be released.

Contact for further details: Peter Wright, Health Monitoring Division.

### Database status

The purpose of the Mortality database is to collect available statistics on all Australian deaths in order to support analyses of deaths by various socioeconomic variables.

### Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1991 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1990 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1989 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1988 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1987 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1986 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1985 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1984 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1983 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1982 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1981 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1980 <sup>(1)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1979 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1978 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1977 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1976 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1975 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1974 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1973 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y

*Continued opposite*



## Current AIHW data holdings (continued)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1972 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1971 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1970 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1969 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1968 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1967 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1966 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1965 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y
1964 <sup>(2)</sup>	Y	Y	Y	Y	Y	Y	Y	Y

(1) The data from 1980 onward are based on ABS death unit records, but also include the death registration number to facilitate access to source documents.

(2) The data from 1964 to 1979 are in ABS death unit record format.

The deaths data for 1992 is expected to be available by early September 1993.

## 5. National Cancer Statistics Clearing House (NCSCCH)

The NCSCCH database contains national incidence and mortality information on persons diagnosed with cancer, and the number of tumours diagnosed. The data originate from State and Territory cancer registries. The database contains the following demographic variables: dates of birth; diagnosis and death; country of birth; sex; place of usual residence; and a personal identifier. The clinical information describing each primary cancer relates to site, histology, and thickness (the latter for melanoma only). Summary data are generally available, although they are subject to some privacy constraints. Personally identified data may be accessed after ethical and scientific review, and are subject to the NCSCCH protocol.

**Contact for further details:** Paul Jelfs, Health Monitoring Division.

### Database status

The NCSCCH database is a collation of State and Territory cancer registration incidence and mortality information. It contains those demographic and oncological data items defined in its protocol. The database provides an opportunity for national cancer statistics to be produced, and a central contact point for national information retrieval and matching with cohort datasets. It will allow for the analysis of data over time and across several differential variables.

Datasets provided by the State and Territory registries have been standardised and uploaded into a relational database. The database has been searched for duplicate registrations using a Record Linkage System (RLS). The cancer registries are presently resolving the identity and ownership of suspected duplicate cases generated by the cross-matching. Duplicate cases will subsequently be merged with the national and State/Territory databases.

Good progress has been made in standardising the rules and methods of data handling and transfer between States, Territories and the national level. This will help to ensure data consistency in the future. Analysis of the current database has enabled NCSCCH to document and adjust for individual State and Territory coding rules, resulting in the publication of *Cancer in Australia 1983-1985*.

Timeliness of data from State and Territory registries is the major problem for NCSCCH at present. This issue has been noted and efforts have been made to resolve the difficulties. As at the August 1992 meeting of the Australasian Association of Cancer Registries, agreement was reached so that all State and Territory cancer registries would supply data up to 1988. Queensland is the only registry at present which has not yet been able to provide data up to 1988—a result of computing and staffing difficulties which are now being overcome. The Queensland registry is expected to catch up to other States and Territories by the end of 1993. Those registries further advanced will continue to supply data on completion of their registrations each year. It is expected that the NCSCCH database will be around one to two years behind the close of each calendar year.

Progress on the national database has also been hampered by use of abbreviated personal identifiers by some State and Territory registries. This has led to excessive manual data handling which could be minimised by State and Territory registries supplying full names. In the latest round of data supply, two registries previously supplying abbreviated personal identifiers have, with agreement from their data privacy/ethics committees, provided complete identifier information.

The ACT does not have any legislation requiring cancer registration, and estimates for the ACT are only available through voluntary supply of data to the NSW registry, which is believed to under-report cancer incidence in the ACT. This voluntary system slows supply of data to the NSW registry and subsequently to AIHW. The ACT government is currently examining options for a cancer registration system.

Many external requests for data from both public and private sectors have been fulfilled, using the NCSCH database and resources supplied by the State and Territory cancer registries. Further volumes of *Cancer in Australia* are planned, and the database has been used to generate a special analysis of melanoma incidence in 1989, due for publication in 1993-94.

#### Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1992					Y			
1991					Y			
1990	Y			(2)	Y	(2)	Y	(2)
1989 <sup>(1)</sup>	Y	Y	(2)	Y	Y	(2)	Y	(2)
1988	Y	Y	(2)	Y	Y	Y	Y	Y
1987	Y	Y	(2)	Y	Y	Y	Y	Y
1986	Y	Y	Y	Y	Y	Y	Y	Y
1985	Y	Y	Y	Y	Y	Y	Y	Y
1984	Y	Y	Y	Y	Y	Y	Y	Y
1983	Y	Y	Y	Y	Y	Y	Y	Y
1982	Y	Y	Y	Y	Y	Y	Y	Y

(1) National melanoma data for 1989 have been collated and analysed.

(2) Data is expected at the AIHW soon.

## 6. National Death Index

The National Death Index (NDI) records details of all deaths registered in Australia with a date of death on or after 1 January 1980. Data are obtained from the Registrars of Births, Deaths and Marriages in each State and Territory. The core dataset includes State/Territory, year of registration, registration number, full name of deceased, previous married names (females), name at birth (if changed), sex, date of birth or age at death, date of death and cause of death (ICD code). Extra data collected may also include place of birth, usual residence, period of residence, textual description of cause of death, details of any marriages and the names and ages of any offspring. The information is primarily used for linkage to files provided by medical researchers, subject to Ethics Committee approval. Any data made available to researchers is subject to approval of the relevant Registrar(s).

**Contact for further details:** John Bass, Health Monitoring Division.

### Database status

The aim of the NDI project is the creation of a single national index to all Australian deaths in one location. Its purpose is to facilitate the work of epidemiologists in their studies of diseases.

Historical data are now being received from the various registries, and arrangements for the supply of new information are being established. By the end of 1993 virtually all of the historical data should be available. Basic linkages are possible with existing programs, and development of more sophisticated programs is under way.

### Current AIHW data holdings (as of 24 August 1993)

	NSW	Vic	Qld <sup>(3)</sup>	WA	SA	Tas <sup>(5)</sup>	ACT <sup>(6)</sup>	NT <sup>(7)</sup>
1993 (to July)		Y		Y	Y			
1992	(1)	Y		Y	Y	Y		
1991	Y	Y		Y	Y	Y		
1990	Y	Y		Y	Y	Y		
1989	Y	(2)		Y	Y	Y		
1988	Y	(2)		Y	Y	Y		
1987	Y	(2)		Y	Y	Y		
1986	Y	(2)		Y	Y	Y		
1985	Y	(2)		Y	Y	Y		
1984	Y	(2)		Y	Y	Y		
1983	Y	(2)		(4)	Y	Y		
1982	Y	(2)		(4)	Y	Y		
1981	Y	(2)		(4)	Y	Y		
1980	Y	(2)		(4)	Y	Y		

*Continued opposite*

- (1) NSW is currently verifying 1992 data; when this is finished it will be supplied together with all available 1993 data and new data will thereafter be supplied on a monthly basis.
- (2) Part of the Victorian data for 1989 are already held in the NDI. Data for 1980 – early 1989 are currently being computerised. Data for the first three years have been punched and are waiting to be loaded onto the main database; the remaining data are being scanned from microfiche. This process is close to completion and unverified data should be available by October.
- (3) The first year of Queensland data are expected shortly. Negotiations for the supply of continuing data are in progress.
- (4) The registrar has agreed to supply full WA death records rather than the minimum NDI dataset.
- (5) Negotiations for the supply of continuing data from Tasmania have commenced.
- (6) The ACT has been computerising its records from microfiche; data from 1980 – late June 1993 are now available. A formal agreement between AIHW and the ACT registry has been drawn up and the finer details are being discussed. As soon as the agreement is signed the data will be made available. Updates of new information will be supplied on a three-monthly basis.
- (7) NT is beginning to enter death data into a new computer system, starting with 1990 and working backwards to 1980. Negotiations to speed this process and to input data up to the present are under way.

## 7. National Health Labourforce Collection

The database records details (including sex, age, country of birth, year of birth, initial qualification year, State registered, citizenship and resident status, work status, looking for work, classification of main job, type of business, location, field of work, type of clinical work, number of hours per job, specialities and languages used) of registered health professionals who renewed their registrations and returned a Labourforce Survey during the year in question. Summary data from these datasets may be made available, subject to constraints. Data for any one year cannot be made available until after publication of a national report for that year.

Contact for further details: Helen Milne, Health Services Division.

### Database status

In June 1990 the Australian Health Ministers requested that the Institute establish a national collection of data, based on a minimum labourforce dataset, for registrable health professions by the end of 1991.

Known as the National Health Labourforce Collection (NHLC), data acquisition involves the distribution of an annual survey at the time of renewal of licence to practise, and usually coincides with established procedures for contacting members of the profession.

Collections are well advanced in the majority of States/Territories for the professions of medicine, nursing, pharmacy, podiatry and dentistry. The dentistry collection is being coordinated by the AIHW Dental Statistics and Research Unit in Adelaide. Discussions have been held with the physiotherapy, dietetics, occupational therapy and radiography professions following direct approaches for involvement from their respective professional organisations.

At their October 1992 meeting, the Australian Health Ministers asked the Institute to focus activities particularly on the professions of medicine and nursing. Collections already in place for other professions will be completed, but may not be maintained in the future.

**Current AIHW data holdings**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
<b>Medicine</b>								
—1993								
—1992						Y		Y
<b>Nursing</b>								
—1993								
—1992								
<b>Pharmacy</b>								
—1993								
—1992	Y	Y		Y	Y	Y	Y	Y
<b>Podiatry</b>								
—1993							na	na
—1992	Y	Y		Y	Y	Y	na	na
<b>Dentistry</b>								
—1993								
—1992				Y	Y	Y	Y	Y

Y = NHLC data maintained at AIHW

na = Not applicable. Profession not registrable.

## **APPENDIX 10**

### **Freedom of Information requests**

There were no requests under the *Freedom of Information Act 1982* during 1992-93.



# APPENDIX 11

## Abbreviations

ABN	Australian Bibliographic Network
ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHTAC	Australian Health Technology Advisory Committee
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
ASAC	Australian Statistics Advisory Council
HHLGCS	Department of Health, Housing, Local Government and Community Services
DSRU	Dental Statistics and Research Unit
DRG	Diagnosis related group
EEO	Equal employment opportunity
EPAC	Economic Planning Advisory Council
FOI	Freedom of Information
GIFT	Gamete Intra-Fallopian Transfer
HIC	Health Insurance Commission
IADR	International Association for Dental Research
IVF	In-vitro fertilisation
LWOP	Leave without pay
NCEPH	National Centre for Epidemiology and Population Health
NBHP	National Better Health Program
NCHVS	National Committee on Health and Vital Statistics
NCSCH	National Cancer Statistics Clearing House
NHDD	National Health Data Dictionary
NHMRC	National Health and Medical Research Council
NHTAP	National Health Technology Advisory Panel
NMDS	National Minimum Dataset
NISPP	National Injury Surveillance and Prevention Project
NISU	National Injury Surveillance Unit
NPSU	National Perinatal Statistics Unit
OECD	Organization for Economic Co-operation and Development
PHA	Public Health Association of Australia, Inc.
QALY	Quality-adjusted life year
WHO	World Health Organization