



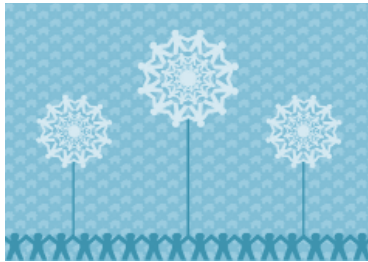
**Australian Government**  
**Australian Institute of  
Health and Welfare**

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE**

# **Annual report**

## **2008–09**





**Cover artwork by Jiah Ridley, Australian National University School of Art**

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

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**Alternative formats**

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

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

*Better information and statistics  
for better health and wellbeing*

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

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 2009.

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

In accordance with the requirements of Section 9 of the CAC Act, the report was endorsed on 24 September 2009 at a meeting of directors responsible for the preparation and content of the report of operations, in accordance with Finance Minister's Orders.

Yours sincerely

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

The Hon. Peter Collins, AM, QC  
Board Chair

24 September 2009



## Mission

Better information and statistics for better health and wellbeing.

## Role

The Australian Institute of Health and Welfare (AIHW) is a statutory authority established by the Australian Government as an independent agency within the portfolio of Health and Ageing, to generate reliable, regular and relevant information and statistics on the health and welfare of Australians. By pulling together a nationally-consistent picture of services across the nine governments in Australia, the AIHW produces information used by policy makers and program managers and informs community discussion. The AIHW works closely with the Australian Bureau of Statistics (ABS), and with all governments across Australia.

## AIHW corporate plan 2007–10

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

### Strategic directions

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

### AIHW values

Our values are:

- **the Australian Public Service values**—being apolitical, accountable, sensitive and fair, with the highest quality ethics and leadership
- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the needs of those who supply or use our information
- **accessibility**—making information as accessible as possible
- **privacy**—safeguarding the personal and collective privacy of both information subjects and data providers
- **expertise**—applying specialised knowledge and high standards to our work
- **innovation**—showing curiosity, creativity and resourcefulness in what we do.



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# Chair's report

It has been a real highlight for me as Chair of the Board to see strong growth in the AIHW budget appropriation in the year just finished. The growth provides clear recognition of the value of the AIHW over the last twenty three years in developing a picture of the nation's health and welfare services, based on nationally-consistent data.

The AIHW's solid track record, authoritative reputation and high quality output meant we were in a great position to respond to COAG's requirements for measuring the nation's progress against outputs, performance indicators and benchmarks in the new Intergovernmental Agreements between the federal government and the states and territories.

Supported by increased budget funding, the Institute's expert staff have been driving solid improvements in the development of nationally-consistent data from all jurisdictions. To do this, the Institute has built on the solid foundations of national information infrastructure that we have developed in partnership with all governments since our inception.

At the same time as our budget funded work has expanded, our level of contract work has continued to increase, demonstrating that we continue to be policy relevant and to produce high quality, relevant work.

It is not only policy makers across Australia who take a keen interest in the AIHW's work. Community interest and attention from the media continues to increase, as the data in this Report demonstrate. We published 152 reports in the course of the year, as well as meeting innumerable requests for data from researchers and government bodies.

I congratulate the Director and the Executive team on their response to the challenges of the past year. I am particularly proud that, alongside the growth and the critical deadlines, the AIHW has remained a great place to work. I look forward to the AIHW building on its strengths in the year to come.

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

Board Chair





# Director's report

The AIHW has had a busy and very exciting year. The new COAG Performance Reporting regime presented us with an opportunity to work with all governments to improve national data across a range of subject matters, and we have seized it with open arms.

A great deal of thought and discussion with our partners has gone into wrestling with the match between policy intent and data availability, developing detailed Indicator specifications, and working with all jurisdictions to drive the development of more consistent and useful data for the future.

The Executive team and staff have been very focused on ensuring that the AIHW has responded effectively and speedily to the government's emphasis on performance measurement through the COAG process. In co-operation with Treasury, we undertook detailed preparation of the data development work that will be required to meet COAG's requirements across health, housing and homelessness, disability, and Indigenous reform. Many staff put in a huge effort to develop our response to the COAG arrangements.

The COAG-related work has led to strengthened relationships with a number of government agencies, and a broader involvement in information-related work. COAG attention has also focused on child protection and the AIHW was contracted to develop a unit record collection in child protection to help improve the evidence base in the future.

Another spin-off from the COAG environment was the commencement of work on the expansion of the metadata registry, METeOR, to enable COAG performance indicators to be linked to their underlying metadata.

Under the auspices of the COAG building blocks for 'Closing the Gap' between Indigenous and non-Indigenous Australians, we started development work in collaboration with the Australian Institute of Family Studies (AIFS) on a national Indigenous Clearinghouse. This initiative, which AIHW and AIFS won through a tender process, aims to collect, assess and disseminate reliable evidence about success factors for overcoming Indigenous disadvantage.





On the financial front, we ended the year with a small surplus, assisted by the provision of some funding late in the year for commencement of the COAG reporting work. Staff numbers grew by about 5% over the year, under a new Collective Agreement that came into force in July 2008. The Collective Agreement places strong emphasis on performance feedback and on learning and development activities, both of which achieved very high compliance. The Agreement also encourages staff to put forward productivity measures throughout the year, and this resulted in changes to streamline committee work.

The Reconciliation Action Plan was launched in June 2009 with a dusting ceremony, didgeridoo entertainment and a bush tucker morning tea. Among the many objectives in the RAP, we are committed to developing and building capacity in Aboriginal and Torres Strait Islander peoples and organisations in data and statistics.

The new budget funding announced in the 2008–09 budget will be a tremendous boost to the AIHW's ability to develop and quality-assure nationally-consistent data. The AIHW's appropriation in 2009–10 will be more than twice what it was in the 2008–09 Budget.

At the end of the reporting period, the AIHW stands at an important stage in its development. We are poised to grow in 2009–10 by about 60 staff, which represents around twenty per cent growth from our end of year staffing figure of 269 staff. The Executive team is committed to ensuring that during this period of growth we nurture and keep our strengths in communication and in being a flexible and productive place to work. If we don't maintain strong working relationships, especially with data providers and subject matter experts, the quality of our data and our analysis suffers. The AIHW is a **great place to work** as our 2008 award attests, and we plan to keep it that way.

## Dr Penny Allbon

Director

# Summary

## Who we are

The main functions of the Australian Institute of Health and Welfare (AIHW) are to collect, analyse and disseminate health-related and welfare-related information and statistics. These functions are specified in s. 5 of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) and require information to be developed, collected and reported in the following subject matter areas:

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

Across these subject matters, the AIHW provides authoritative, timely information and analysis to governments and the community. A total of 66 data collections are managed within the Institute. An important part of this role is the development, maintenance and promotion of information standards to ensure that data are nationally consistent and appropriate for purpose.

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

## How we are governed

The AIHW was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987* to report to the nation on the state of its health. In 1992, the role and functions of the then Australian Institute of Health were expanded to include welfare-related information and statistics, making it the Australian Institute of Health and Welfare. The Act is now titled the *Australian Institute of Health and Welfare Act 1987* (Appendix 2).

The Act establishes the Board as the governing body, with the role and composition of the Board specified in s. 8(1) of the Act. The AIHW Board is accountable to the Parliament of Australia through the Minister for Health and Ageing.

## Responsible minister

As at 30 June 2009



The Hon Nicola Roxon, MP  
Minister for Health and Ageing

## Our accountability framework

The AIHW's outcome, as stated in the 2008–09 Portfolio Budget Statements for the Health and Ageing portfolio, is 'Better health and wellbeing for Australians through better health and welfare statistics and information'.

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

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

## How we are funded

In 2008–09 the AIHW received 29% of its funding as an annual appropriation from the Australian Government.

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

## Summary of financial performance

The AIHW's financial results against the 2008–09 Estimates contained in the 2009–10 Portfolio Budget Statements and the actual results for 2007–08 are summarised in Table 1.

In 2008–09 the AIHW achieved a small surplus of \$139,000 compared to deficits in the previous two years. The AIHW's appropriation funding from the Australian Government was \$9.325 million, an increase of 7.5% over the previous financial year. This increase was

**Table 1: Financial results for 2008–09 and 2007–08**

|                                  | Actual<br>2008–09<br>\$'000 | Estimates<br>2008–09<br>\$'000 | Actual<br>2007–08<br>\$'000 |
|----------------------------------|-----------------------------|--------------------------------|-----------------------------|
| <b>Revenue</b>                   |                             |                                |                             |
| Appropriation revenue            | 9,325                       | 9,325                          | 8,678                       |
| Total revenue from other sources | 23,022                      | 21,070                         | 20,922                      |
| <b>Total revenue</b>             | <b>32,347</b>               | <b>30,395</b>                  | <b>29,600</b>               |
| <b>Expenditure</b>               |                             |                                |                             |
| Employees                        | 21,860                      | 21,344                         | 18,437                      |
| Other expenditure                | 10,348                      | 9,508                          | 11,927                      |
| <b>Total expenditure</b>         | <b>32,208</b>               | <b>30,852</b>                  | <b>30,364</b>               |
| <b>Surplus / (deficit)</b>       | <b>139</b>                  | <b>(457)</b>                   | <b>(764)</b>                |

mainly due to new funding for the AIHW's role in implementing the COAG federal financial framework, received late in the financial year.

External fee revenue increased by 10% over the previous financial year to its highest ever level. Most of this income came from Australian Government departments.

Total expenditure increased in line with the growth in revenue. Employee expenses include a one-off charge of \$159,000 for the increase in long service leave liabilities caused by the fall in the 10 year Government bond rate since 30 June 2008. Other expenditure reduced mainly because the AIHW paid a contractor for a large survey in 2007–08, which did not recur 2008–09.

### Trend analysis

The proportion of AIHW's income from appropriation has decreased from almost 100% in 1987–88 to 29% in 2008–09. In the May 2009 Federal Budget the AIHW received a significant increase in appropriation funding for the next four years, largely for work related to COAG's federal financial framework reforms.

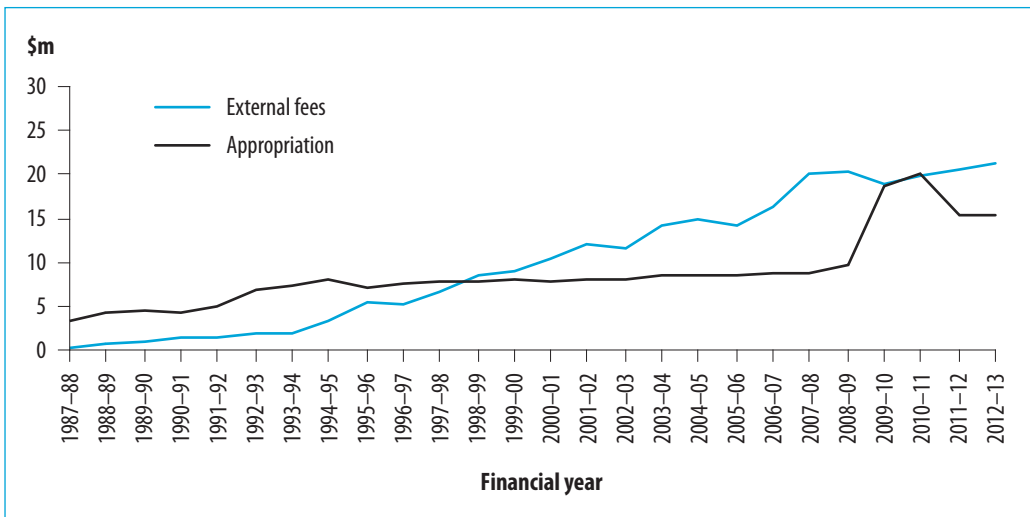
The AIHW's revenue from appropriation and external fees since the creation of the AIHW in 1987 and budgeted income for the next three years is shown in Figure 1.

### Our publications

Information and data are disseminated in a variety of ways, including hard copy publications, website publications and guidelines and specific-purpose material placed on the website. All publications are available free of charge from the website. From July 2009, these will be available in accessible format for the vision-impaired. In 2008–09 the AIHW released 152 publications.

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

Figure 1: Revenue history and projections, 1997–98 to 2012–13.





The next *Australia's welfare* will be published in November 2009. The next *Australia's health* is due to be published in June 2010 and is in the developmental stage.

## Our people

At the end of the reporting period, there were 269 staff employed at the AIHW, equating to a full time equivalent of 237.4. Figure 2 shows that staff numbers increased from 257 to 269 over the year to June 2009, an increase of 12 staff. This was largely as a result of the increase in full-time ongoing employment.

Staff have a high level of university qualifications and there is a strong graduate intake program every year. Staff numbers are increasing and particular attention is paid to good induction for new starters. A regular learning and development program is in place, supported under the Certified Agreement with all staff. The AIHW provides a positive and rewarding work environment for staff.

A Reconciliation Action Plan was endorsed by Reconciliation Australia and launched on 11 June 2009 (see page 61).

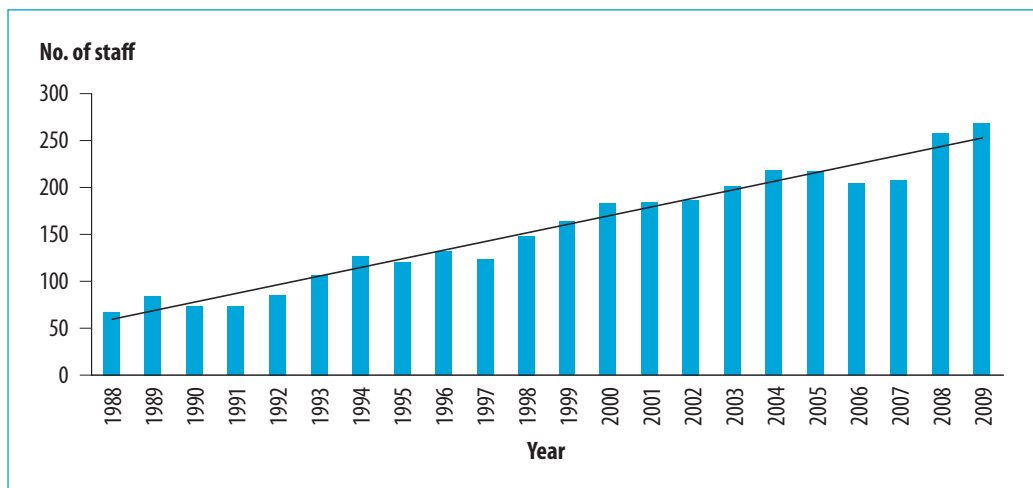
## Key relationships and engagement

To carry out its functions, the AIHW must identify and meet the information needs of governments and the community. Much of the information is sensitive and cannot be used without the permission of the various parties who provide it.

Within this environment, the AIHW has developed a strongly collaborative approach to its work, balancing the need for objectivity against the development of engagement and trust.

As part of the Health and Ageing portfolio, the AIHW works closely with the Australian Government Department of Health and Ageing (DoHA), and substantial work is contracted from the Department. Other Australian Government Departments also look to the AIHW for assistance with specific information needs—these include the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the Department of Veterans' Affairs (DVA) and the Department of Education, Employment and Workplace Relations (DEEWR).

**Figure 2: Total staff numbers 1988–2009**



Close working relationships with state and territory governments are critical to the development of nationally-consistent and comparable information across jurisdictions. This is governed through processes established under the relevant Ministerial Councils in the areas covered by AIHW's statutory functions. The AIHW provides secretariats for national information governance committees where national data standards are agreed, authorised and registered by the AIHW.

The Australian Bureau of Statistics (ABS) is a key partner and there is regular interaction with staff across a range of subjects. The Australian Statistician is a member of the Institute's Board.

Consultation with a broad range of players underpins AIHW's ongoing work. The list of national committees in which AIHW participates as chair or secretariat (Appendix 9) illustrates the depth and breadth of engagement.

The Institute's program of work in Indigenous health and welfare information is carried out in close collaboration with Indigenous advisors. AIHW continued to support the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) and participated in the National Aboriginal and Torres Strait Islander Health Officials Network (NATSIHON), to ensure that work in the Indigenous area is shaped by relevant policy.

## Collaborations and partnerships

The AIHW has funded work plans and data sharing agreements with a number of universities to facilitate collaboration and to draw on their expertise in specialist areas of

data and information. In effect, this creates AIHW units at various universities. Throughout 2008–09 there were five such arrangements, providing AIHW specialist statistical units in injury, asthma monitoring, dental, perinatal and general practice statistics based at five different locations. Such collaborations extend the range of skills available to the AIHW and enhance its capacity to perform its functions across a broader range of subject matter.

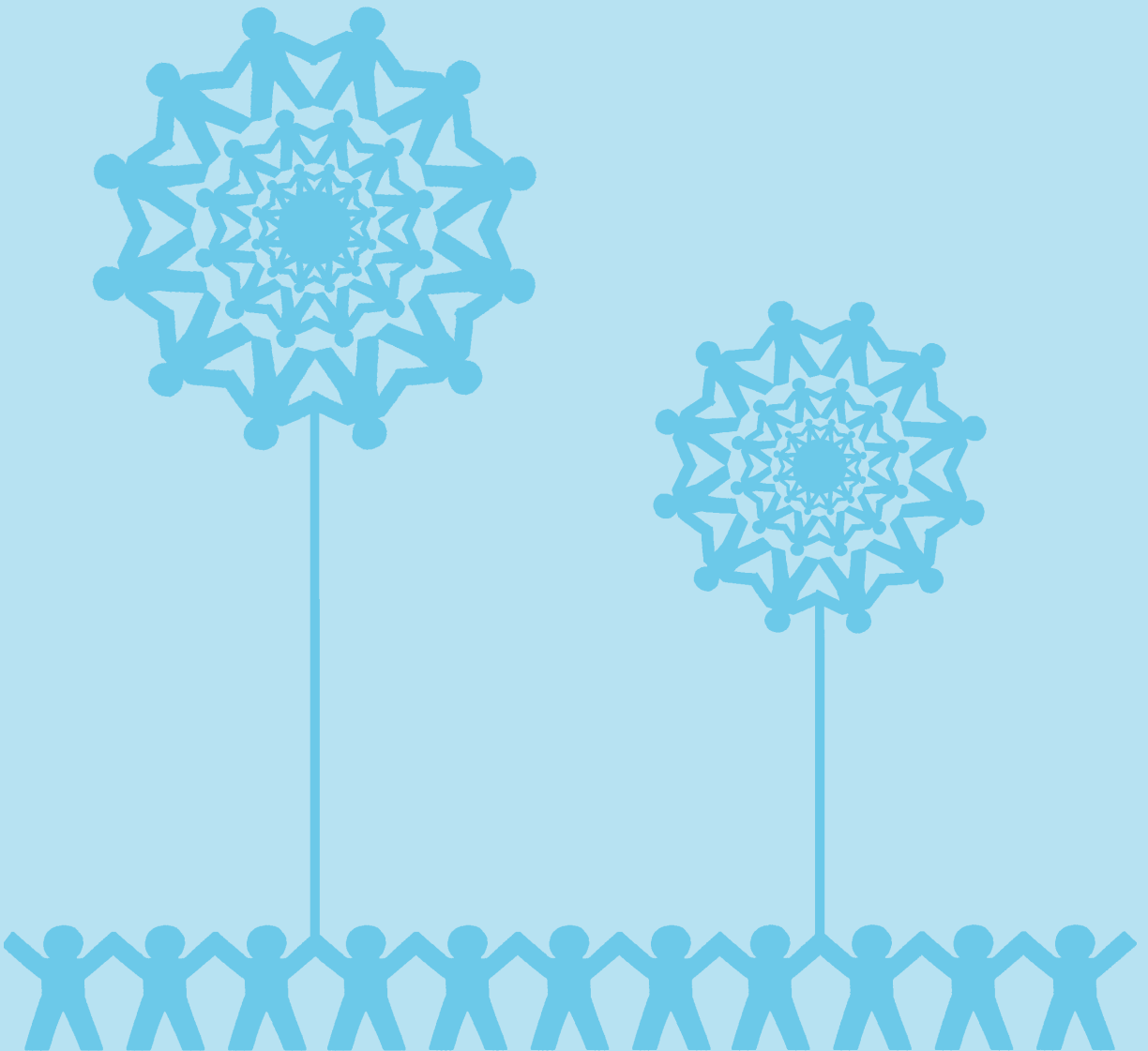
In addition the AIHW also had a number of data sharing agreements with specialist centres across Australia. These agreements do not involve funding or work plan oversight, but allow use of Institute data by specialist units, within the protection of the AIHW Act's privacy provisions, in order to facilitate information development. In 2008–09 a data sharing agreement was in place with the National Centre for Classification in Health at the University of Sydney. This agreement provided a basis for the Centre to undertake its role in the updating and implementation of the ICD-10-AM (Australian version of the International Classification of Diseases).

A data sharing agreement with the National Centre for Classification in Health (Brisbane) supports the use of health classifications in mortality, hospitals and other data sets, and associated international work. Similar data sharing arrangements were in place with the National Centre for Immunisation Research and Surveillance and the National Centre in HIV Epidemiology and Clinical Research.

The AIHW also works closely with other government agencies. These include the Australian Safety and Quality in Healthcare Commission and the Australian Institute of Family Studies.

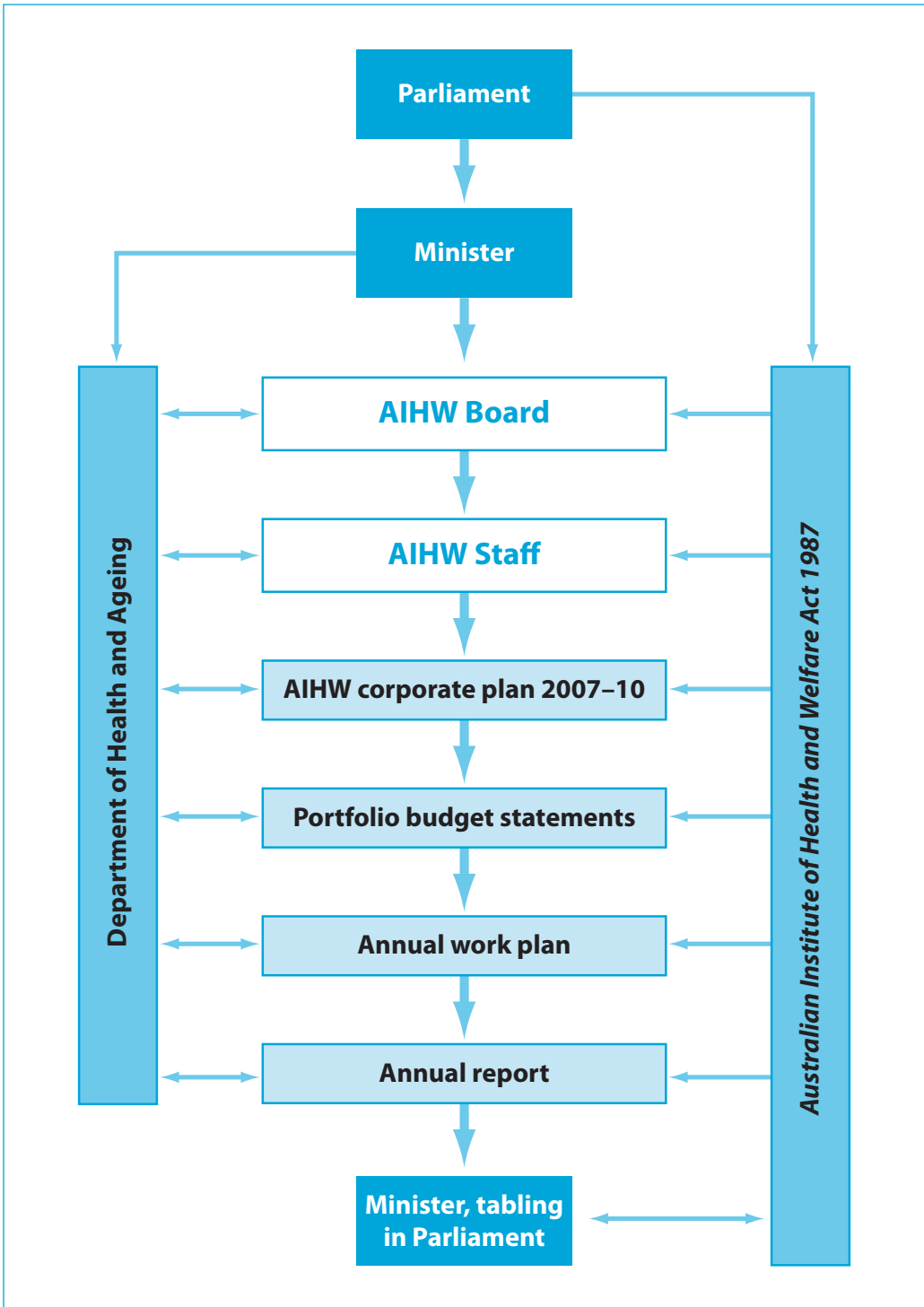
# Chapter 1

## Accountability



## Accountability framework

Figure 3: Accountability framework



## Ministerial accountability

The AIHW is an independent statutory authority within the Health and Ageing portfolio and is responsible to the Minister for Health and Ageing. However the *AIHW Act* requires that the Minister must first consult the AIHW Chairperson and the relevant state and territory Ministers before issuing a Direction to the Institute.

The AIHW ensures that Ministers across all governments have early access to its reports.

The AIHW appeared before the Supplementary Budget Estimates hearing for the Health and Ageing Portfolio and provided submissions to five Senate committee enquiries during 2008–09.

## Charter of Corporate Governance

The AIHW Charter of Corporate Governance adopted by the Board forms the basis for Board operations. The Board reviewed its performance and the Charter in March 2009. The revised charter is provided at **Appendix 4**, page 186.

## AIHW Board

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

The role and composition of the Board is specified in s. 8(1) of the *AIHW Act*. The Board comprises six directors, three ex-officio members and one staff representative. Board members, other than the three ex-officio members and the staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Ageing and hold office for a specified term not

exceeding 3 years. Observer status is provided to a representative from the Department of Families, Housing, Community Services and Indigenous Affairs; and to a representative from the National Health and Medical Research Council.

As set out in the Charter, the Board has three committees: the Ethics Committee, the Audit and Finance Committee and the Remuneration Committee.

### Ethics Committee

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

The committee's main responsibility is to advise the AIHW on the ethical acceptability or otherwise of current or proposed health-related and welfare-related activities of the AIHW or of bodies with which the AIHW is associated (see **Ethics Committee regulations** in **Appendix 3**, page 184).

The AIHW may release identifiable health and welfare data for research purposes with the agreement of the committee, provided that release does not contravene the Commonwealth's *Privacy Act 1988* and the terms and conditions under which the data were supplied to the AIHW.

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

The committee met on four occasions throughout the year and considered a further two proposals out of session. The Committee agreed to the ethical acceptability of 40 projects during the year.

Membership and attendance of the Ethics Committee are shown in Table 2. Details of the

Ethics Committee members' qualifications and positions are in **Appendix 5**, page 195.

**Audit and Finance Committee**

The Audit and Finance Committee is a subcommittee of the AIHW Board and during 2008–09 it consisted of three non-executive members of the Board and one independent member. The committee authorised and oversaw the AIHW's audit program and reported to the Board on financial and data audit matters.

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

**Remuneration Committee**

The Remuneration Committee is a subcommittee of the AIHW Board comprising the Chair of the Board, the Chair of the Audit and Finance Committee and one other member. The committee advised the Board on the performance and remuneration of the Director and provided performance feedback to the Director.

**Meeting attendance**

A list of Board members, meetings and committees attended for the period 1 July 2008 to 30 June 2009 is provided in Table 3. Details of the Board members' qualifications, positions, affiliations and biographies are in **Appendix 5**, page 195.

**Organisational structure**

Throughout the year the Director was supported by an Executive team of 6 Group Heads who, together with the Medical Adviser, formed the Executive Committee (ExCo). ExCo met fortnightly to consider major policy, financial, and other corporate matters.

The Group Head with responsibility for statistical standards and information strategy also undertook the role of Deputy Director. Of the six Group Heads, four managed Groups covering specific subject matter information work while two provided support services across the organisation.

**Table 2: Ethics Committee members and meetings attended**

| Committee member                              | Meetings attended | Eligible meetings |
|---|-------------------|-------------------|
| Dr Ching Choi (Chair)                         | 4                 | 4                 |
| Dr Malcolm Sim                                | 3*                | 4                 |
| Mr John Buckley                               | 4                 | 4                 |
| Ms Kathryn Cole                               | 4                 | 4                 |
| Rev. Dr Wesley Campbell (until November 2008) | 1*                | 2                 |
| Rev. James Barr (appointed 12 December 2008)  | 2                 | 2                 |
| Ms Wendy Antoniak (appointed 28 July 2008)    | 4                 | 4                 |
| Dr Wendy Scheil                               | 3*                | 4                 |
| Ms Val Edyvean                                | 4                 | 4                 |
| Dr Penny Allbon (Director, AIHW)              | 4                 | 4                 |

\* Members were provided with papers and provided comment for all meetings although they were unable to attend.

**Table 3: Board members and meetings attended**

| Board member                                  | Board             |                   | Audit and Finance Committee |                   | Remuneration Committee |                   |
|---|-------------------|-------------------|-----------------------------|-------------------|------------------------|-------------------|
|   | Meetings attended | Eligible meetings | Meetings attended           | Eligible meetings | Meetings attended      | Eligible meetings |
| The Hon. Peter Collins, AM (Board Chair)      | 4                 | 4                 |                             |                   | 2                      | 2                 |
| Adjunct Professor Heather Gardner             | 3                 | 4                 | 3                           | 4                 |                        |                   |
| Mr Ian Spicer, AM                             | 4                 | 4                 | 4                           | 4                 | 2                      | 2                 |
| Dr Greg Stewart                               | 4                 | 4                 |                             |                   |                        |                   |
| Mr Brian Pink                                 | 1*                | 4                 |                             |                   |                        |                   |
| Ms Libby Davies<br>(appointed 7 August 2008)  | 4                 | 4                 | 1                           | 1                 |                        |                   |
| Ms Bette Kill                                 | 1                 | 4                 |                             |                   |                        |                   |
| Mr Peter Allen<br>(until March 2009)          | 2                 | 2                 | 1                           | 1                 | 2                      | 2                 |
| Mr David Kalisch                              | 3                 | 3                 |                             |                   |                        |                   |
| Mr Richard Eccles                             | *                 | 1                 |                             |                   |                        |                   |
| Ms Margaret Crawford<br>(appointed June 2009) | *                 | 1                 |                             |                   |                        |                   |
| Mr Peter Smith<br>(until November 2008)       | 1                 | 1                 |                             |                   |                        |                   |
| Dr Sandra Eades<br>(until December 2008)      | 1                 | 2                 |                             |                   |                        |                   |
| Ms Louise York                                | 3                 | 4                 |                             |                   |                        |                   |
| Mr Owen Donald+                               |                   |                   | 4                           | 4                 |                        |                   |
| Dr Penny Allbon (Director, AIHW)              | 4                 | 4                 |                             |                   |                        |                   |
| <b>Observers</b>                              |                   |                   |                             |                   |                        |                   |
| Ms Robyn McKay <sup>1</sup>                   | 2                 | 2                 |                             |                   |                        |                   |
| Ms Serena Wilson <sup>1</sup>                 | 2                 | 2                 |                             |                   |                        |                   |
| Prof Warwick Anderson <sup>2</sup>            | 1                 | 4                 |                             |                   |                        |                   |

\* denotes that where the member was not present at eligible meetings, a representative attended.

+ appointed as an independent member of the Audit and Finance Committee.

*Notes:*

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

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

The structure was modified in August 2008 by re-grouping subject matter units to better reflect the changes and growth in the work program, and to balance workloads across the organisation. This resulted in the former Welfare Group being replaced by the Social and Indigenous Group. There was also some restructuring in the Housing and Disability Group to better support work on homelessness information.

In anticipation of potential growth relating to the COAG Performance Reporting work, the Director commissioned a review of the organisational structure arrangements in February 2009. Towards the end of the financial year preparations were made for a

new structure to operate from 1 July 2009. The new structure will better accommodate the growth of the Institute in 2009–10 through the rearrangement of work units and the creation of a new Group Head position responsible for Governance and Communications.

The Executive team as at 30 June 2009 is listed below.

A chart showing the AIHW's structure as at 30 June 2009 is on page 25.

Information about the Executive and unit heads are included in **Appendix 7**, page 200. Further information about staffing can be found on page 56.



**Dr Penny Allbon**  
Director



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



**Mr Andrew Kettle**  
Business Group Head



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



**Ms Susan Killion**  
Health Group Head



**Ms Alison Verhoeven**  
Housing and Disability  
Group Head



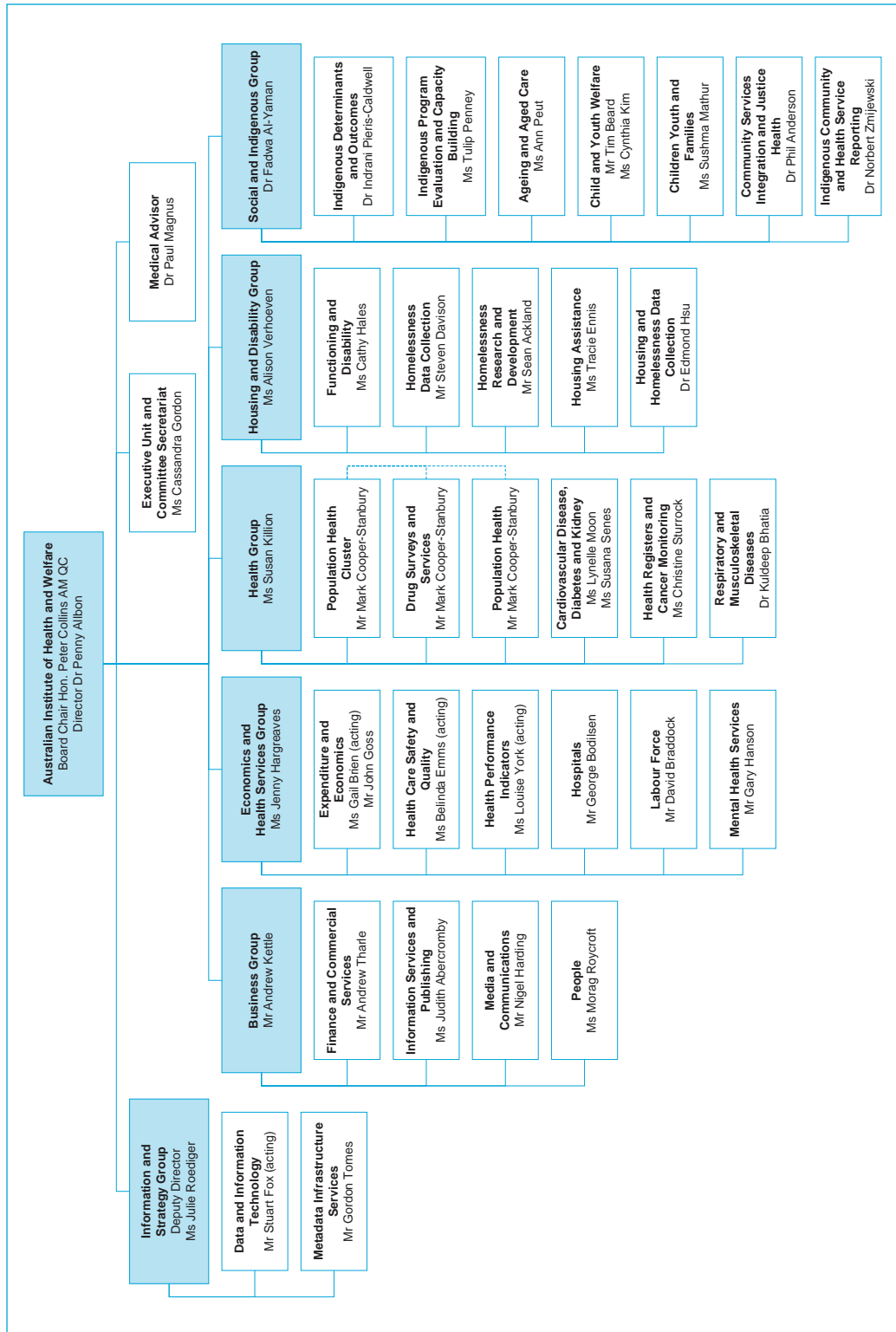
**Dr Fadwa Al-Yaman**  
Social and Indigenous  
Group Head



**Dr Paul Magnus**  
Medical Adviser



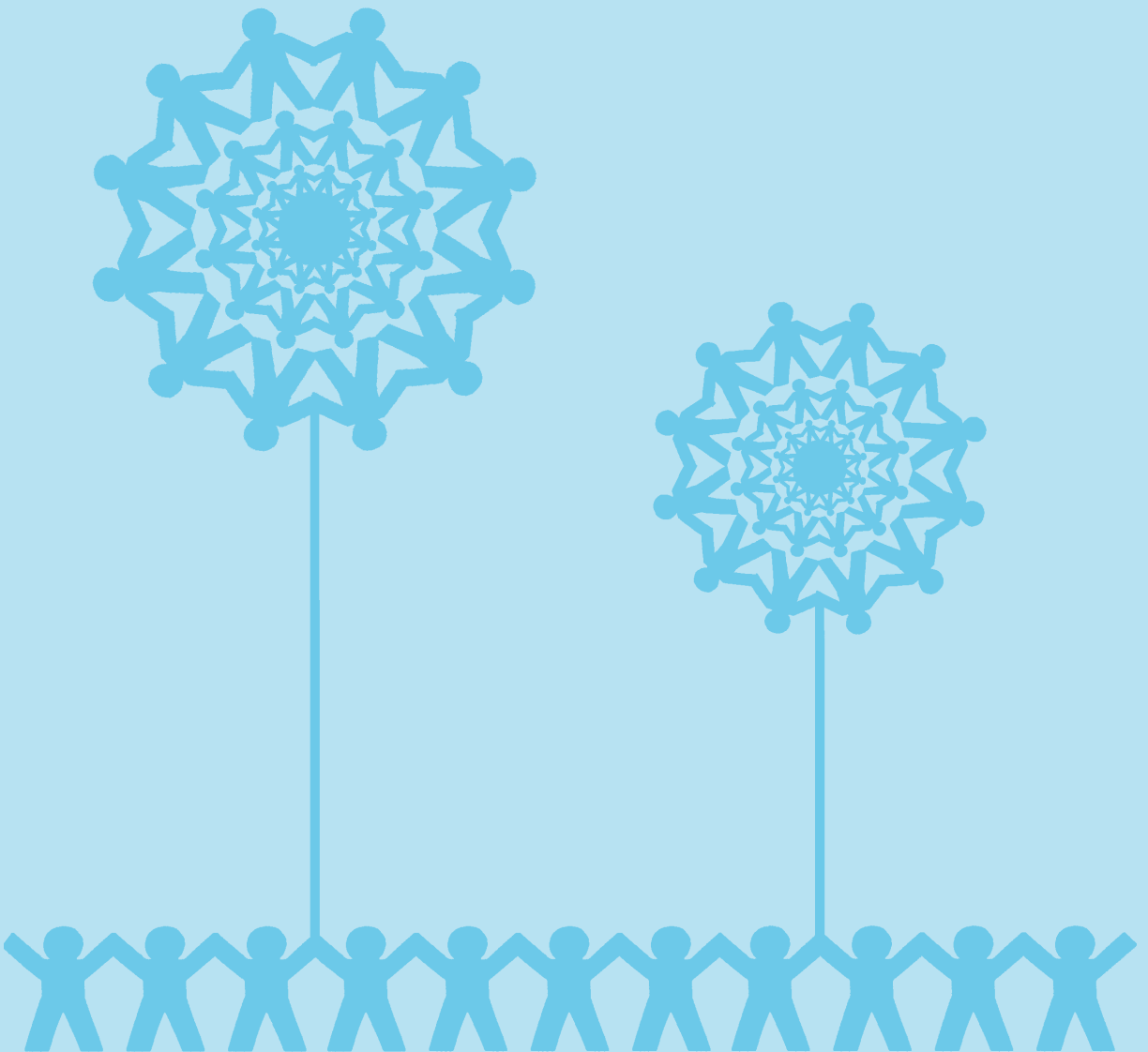
Figure 4: Organisation chart as at 30 June 2009





## Chapter 2

# Performance



The AIHW’s performance is guided by its strategic directions, its work plan and by legislative, government and contractual requirements. The Portfolio Budget Statements provide the major performance accountability framework against which performance is measured.

This chapter provides a summary of the AIHW’s performance against the 2008–09 Portfolio Budget Statements and a summary of the financial results.

## Portfolio Budget Statements—outcome and output structure

The AIHW’s outcome and output structure, as set out in the *Portfolio Budget Statements 2008–09: Health and Ageing Portfolio*, consist of one outcome and one output group (see Figure 5). This was the same as in 2007–08.

Under the AIHW’s performance framework, the outcome and output group are underpinned by five key strategic directions. These directions help the AIHW to plan, monitor and evaluate its performance in producing its output, achieving its outcome and fulfilling its mission. Achievements against the strategic directions are discussed on page 29.

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

For an explanation of AIHW’s accountability framework, see **Our accountability framework** on page 20.

**Figure 5: Portfolio Budget Statements—outcome and output structure for the AIHW, 2008–09**

|  |
|--|
| <b>Outcome</b>   |
| Better health and wellbeing for Australians through better health and welfare statistics and information.  |
| <b>Output</b>  |
| Develop, collect, analyse and report high-quality national health and welfare information and statistics for governments and the community.  |
| <b>Strategic directions</b>  |
| Assist in the Australian Government’s reform agenda by working with all stakeholders to ensure more consistent data is available.  |
| Strengthen the policy relevance of the AIHW evidence-base through stronger stakeholder engagement.   |
| Capitalise on the new information environment to maintain and enhance the quality of Australia’s health and welfare statistics.  |
| Enhance data access, while protecting privacy.   |
| Improve communication of key messages in information and statistics.   |
| <b>Performance indicators</b>  |
| Meeting the legislative requirement for presentation of <i>Australia’s welfare 2009</i> and <i>Australia’s health 2010</i> to the Minister. Measured by timeframes for completion.   |
| Timely presentation of the AIHW annual report in line with legislative requirements and Ministerial satisfaction.  |
| Public debate is enhanced by high-quality information and analysis across the health and welfare sectors. Measured by:   |
| a) the number of website visits for reports  |
| b) references to AIHW reports in the media and the Parliament  |
| c) free access to AIHW publications on the internet.   |
| Quality of the AIHW’s leadership in identifying ways in which Australia’s system for health and welfare statistics can capitalise on the changing information environment. Measured by feedback from jurisdictions and their participation in relevant committees. |
| The accessibility, utility and relevance of national data sets. Measured by the increased availability of national data in electronic form.  |
| Consistency and comparability of information using national data standards in national data collections.   |
| The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors. Measured by the currency of standards available through METeOR, the AIHW’s online register of data standards.                     |

## Major achievements against the key strategic directions in the Portfolio Budget Statements

The Institute maintained a focus on its five key strategic directions in the Portfolio Budget Statements for 2008–09, as listed in Figure 5.

These key directions are mirrored in the 2007–2010 AIHW corporate plan.

The following sections provide a snapshot of prominent examples of AIHW activity in each of the five areas.

### **Assist in the Australian Government's reform agenda by working with all stakeholders to ensure more consistent data is available.**

In December 2008 the Council of Australian Governments (COAG) introduced a new national performance reporting regime to support its reform directions. The regime reflects COAG's commitment to cooperative working arrangements and an increased emphasis on performance reporting. The AIHW's role in bringing together nationally-consistent data from the jurisdictions and its experience with performance reporting ensured it was able to play a key role in relation to development of indicators for the Intergovernmental Agreements relating to health care, housing and homelessness, disability, and Indigenous reform.

Recognition of the AIHW's expertise and ability to play a key role in the reform process came with the announcement of a large boost to the AIHW's appropriation in the May 2009 Budget. The increased funding provides for the AIHW to develop and supply indicator data to the COAG performance reporting arrangements

in the National Agreements covering health care, housing and homelessness, and disability. This was followed in the Additional Estimates process by allocation of further funds to AIHW (previously flagged in the Budget papers) for data development associated with COAG's Closing the Indigenous Data Gap program.

AIHW staff have worked within the COAG arrangements and with the relevant Ministerial Councils in developing and specifying the technical detail of indicators and commencing the data development work necessary to ensure the COAG performance reporting regime is well supported. This has involved supporting and attending numerous working groups and consultative forums to reach agreement on performance indicator specifications and their associated data sources and data supply processes.

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

In addition to assisting in the COAG reform agenda, the AIHW has also contributed to a number of other national reform processes. These include:

- data and analysis supplied to the National Health and Hospitals Reform Commission, as reflected in the Commission's final report released in mid-2009
- work on the statistical underpinnings of the national e-health agenda, including papers and reports for Committees under the Australian Health Ministers' Advisory Council



The Social and Indigenous Group worked directly with organisations that provided data for the Australian Government's 'Healthy for Life' program and consulted with various services gathering the data to ensure it was collected in a practical, useful and culturally appropriate way.

Under the direction of COAG it started development work in collaboration with the Australian Institute of Family Studies on a national Aboriginal and Torres Strait Islander clearinghouse to collect, assess and disseminate reliable evidence about success factors for overcoming Indigenous disadvantage. This evidence will provide building blocks for 'Closing the Gap' between Indigenous and non-Indigenous Australians.

In 2008 the Housing and Disability Group contributed to a homelessness research 'lock-up' convened by Housing Minister Tanya Plibersek to help government to make better use of evidence in formulating policy to address homelessness.

The Health Group worked with CSIRO in contributing a chapter on community health to the CSIRO publication, *Transitions: Pathways towards sustainable urban development in Australia*.

In the course of the year the AIHW provided submissions to three Senate Committee inquiries, one House of Representatives Committee inquiry and one Green Paper Taskforce. These included the Joint Committee of Public Accounts and Audit inquiry into the effects of the ongoing efficiency dividend on smaller public sector agencies, the House of Representatives inquiry into better support for carers and a submission to the Australian Government's Green Paper on homelessness.

## **Capitalise on the new information environment to maintain and enhance the quality of Australia's health and welfare statistics**

The AIHW's central role in developing and supporting national data standards in the new information environment continued to be well reflected in its commitment to METeOR, its national metadata online registry, from which national data dictionaries in health, community services and housing are generated. The *National health data dictionary*, for example, is used by all health jurisdictions to ensure consistency and comparability of all data collected under the National Health Information Agreement. This online reference document was updated in February 2009 and attracts the second-highest number of visits of all documents on the AIHW website.

To support the increased demand for performance indicators under the Intergovernmental Agreements, work commenced on a new module for the online metadata registry. This will store information about the concepts, sources and computation methods that underpin performance indicators.

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

In 2008–09 the AIHW led the development of a data set specification to underpin the collation of health workforce statistics from the new National Registration and





to self-subscribe to future education announcements. The education area pages, developed in consultation with a teacher advisory panel, draw on AIHW-published facts and figures on health and welfare topics of high interest to students and teachers.

The AIHW also ventured into new publishing formats. *The geography of disability and economic disadvantage in Australian capital cities*, for example, used maps that drilled down to statistical local areas to give a clearer picture of how disadvantage and disability intersect in Australian capital cities. *A picture of rheumatoid arthritis in Australia* and *A picture of osteoporosis in Australia* were written and produced in a consumer-friendly format combining key statistics with illustrations and background information on the diseases and their associated conditions.



# Achievements against performance indicators in the Portfolio Budget Statements

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

## INDICATOR ONE

MET

### Meeting the legislative requirement for presentation of *Australia's welfare 2009* and *Australia's health 2010* to the Minister

Measured by timeframes for completion: Timely presentation of the AIHW annual report in line with legislative requirements and Ministerial satisfaction.

#### Summary of achievements

- *Australia's welfare 2009* is on track with key milestones met including:
  - planning phase, October 2008
  - seminar, November 2008
  - first draft completed, March 2009
  - external review by expert referees, April 2009.
- Planning has begun for *Australia's health 2010* for completion in June 2010.
- Presented the *AIHW annual report 2007–08* to the Minister for Health and Ageing on 2 October 2008; tabled by the Minister in Parliament on 20 October 2008.

#### Reference points

Adherence to timetable for planning and preparation of *Australia's welfare 2009* and *Australia's health 2010*.

Presentation of annual report by 31 October 2008. The level of Ministerial and Parliamentary satisfaction.

## INDICATOR TWO

MET

**Public debate is enhanced by high-quality information and analysis across the health and welfare sectors**

Measured by:

- the number of website visits for reports
- references to AIHW reports in the media and the Parliament
- free access to AIHW publications on the internet.

*Summary of achievements*

- The AIHW published 152 reports throughout the year.
- The website continues to be the AIHW's major communication medium. The site received 1,215,368 visits over the year, with an average of 3,315 visitors a day, a 9% increase on 2007–08 (3,035).
- There were 3,445 media references to the AIHW in 2008–09. While coverage in press and radio outlets fell over the year, online media references (1,402) were almost treble those of 2007–08.
- The AIHW was used as a reliable information source by Members of Parliament. It was cited 72 times during 2008–09 in the

Hansards of both Houses of Parliament. By comparison, the AIHW was cited 55 times in 2007–08 and 39 times in 2006–07. In addition, an AIHW information package was sent to all relevant parliamentary committees.

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

*Reference point*

Maintain or increase the number of website visits and references to AIHW publications in the media and in the Parliament.



## INDICATOR FOUR

MET

**The accessibility, utility and relevance of national data sets**

Measured by the increased availability of national data in electronic form.

*Summary of achievements*

- The website continued to be the AIHW's major communication medium for downloading data. The site received over 1,215,368 visits for the year, with an average of 3,315 visitors a day, a 9% increase on 2007–08 (3,035).
- Continually updated existing data cubes on the website, including cancer, alcohol and other drugs treatment services, and medical and nursing labour force data cubes.
- Supplementary data linked to reports made available on the website via Excel spreadsheets, for example, interactive disability data is available online.
- Interactive Excel workbooks containing comprehensive long-term mortality data on selected causes of death by age and sex for each year were maintained and extended, including the General Record of Incidence of Mortality (GRIM) books, Burden of Disease books and Australian Cancer Incidence and Mortality (ACIM) books.
- Developed a web resource as part of the National Data Sets and Standards project which will support increased use of national data standards in information sources of relevance to health care safety and quality.

*Reference point*

Number of downloads of publications and visits to the AIHW website.

INDICATOR FIVE

MET

**Consistency and comparability of information using national data standards in national data collections**

*Summary of achievements*

- Endorsed 156 new and revised data elements, data sets and classifications as national standards. Developed new data collection for Australian Cancer Incidence Data 1982–2005.
- Developed a new National Minimum Data Set (NMDS) on Commonwealth State/Territory Disability Agreement.
- Released a data guide as a reference for those involved in collecting and supplying data for the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection.
- Developed new data collection for Alcohol and Other Drug Treatment Services (AODTS), and released new AODTS guidelines as a reference for those involved in collecting and supplying the data for the AODTS NMDS.
- Trialled the National Prisoner Health Census with relevant data items conforming to national data standards; national indicators for prisoner health to be finalised and endorsed in 2009–10.
- Developed data elements for the Juvenile Justice NMDS and added to METeOR.
- Improved data for the *Child protection, Australia* and *Adoptions, Australia* publications to adhere more closely to the counting rules developed by the AIHW in partnership with the states and territories.

- Improved project specifications for Stage 2 of Educational outcomes for children on guardianship or custody orders project, resulting in more consistent and comparable collection of data.
- Consulted national community services data committees on common disability data elements for use across community services data collections. The recommended suite of data elements complies with national data standards and is designed to maximise the comparability of disability identifiers in administrative data with national survey data on population disability.
- Worked with the national housing and homelessness information group to develop a consolidated national housing and homelessness NMDS.
- Worked with state and territory cancer registries to develop an NMDS.
- Developed and gained agreement by seven of the eight jurisdictions to a National Data Set Specification for national congenital anomaly reporting.
- Developed new data elements to measure smoking in pregnancy, which is a preventable risk factor for maternal and perinatal outcomes.

*Reference point*

Increased use of national data standards in national data collections.

## INDICATOR SIX

MET

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

Measured by the currency of standards available through METeOR, the AIHW's online register of data standards.

*Summary of achievements*

- All data standards made standard and available online within 1 month of endorsement in all sectors.
- Released the *National health data dictionary* (version 14).
- Updated the *National health data dictionary* every 6 months in between biennial publications.
- Publication of the Perinatal NMDS compliance evaluation 2001 to 2005.

*Reference point*

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

Biennial publications outlining new data standards or changes to existing items.



## Summary of financial performance

### Income statement

The AIHW recorded a surplus of \$139,000 in 2008–09 compared with a deficit of \$764,000 in 2007–08 and a budgeted loss of \$457,000 (see Table 4).

**Table 4: Income statement summary**

|                       | Actual<br>2008–09<br>\$'000 | Estimates<br>2008–09<br>\$'000 | Actual<br>2007–08<br>\$'000 |
|-----------------------|-----------------------------|--------------------------------|-----------------------------|
| Revenue               | 32,347                      | 30,395                         | 29,600                      |
| Expenses              | 32,208                      | 30,852                         | 30,364                      |
| Net surplus/(deficit) | 139                         | (457)                          | (764)                       |

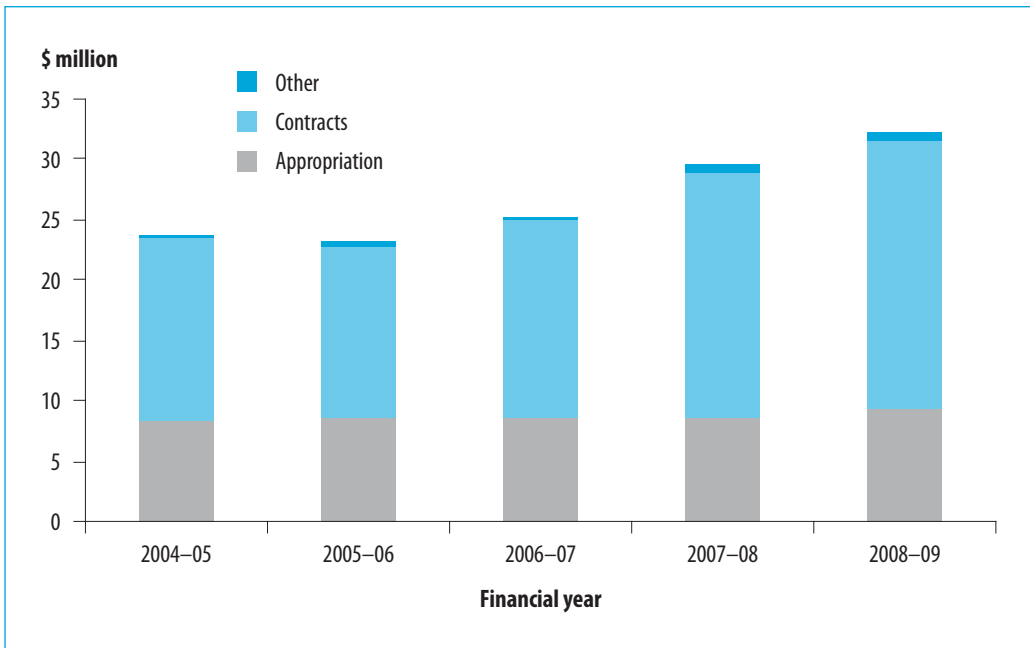
In 2008–09, the AIHW’s appropriation funding from the Australian Government was \$9.325 million, an increase of 7.5% on the previous financial year. Revenue from externally funded projects totalled \$22.2 million, an increase of 10% on the previous year. Interest income was

37% higher in 2008–09 than in the previous year due to higher cash balances (see Figure 6).

Expenses were 6.1% greater than in 2007–08, which was in line with the growth in revenue. Employee expenses include a one-off charge of \$159,000 for the increase in long service leave liabilities caused by the fall in the 10 year Government bond rate since 30 June 2008. Other expenditure reduced mainly because the AIHW paid a supplier for a large survey in 2007–08, which did not recur in 2008–09.

The AIHW had received advice that it could incur a loss of \$457,000 in 2008–09 after originally budgeting for a breakeven result. The expected loss was because of the reduction in the 10 year bond rate since 30 June 2008 and the effect it would have on the valuation of long service leave liabilities. Because of the increase in the 10 year bond in the second half of the financial year this one off charge was only \$159,000.

**Figure 6: Comparison of income sources**





## Balance sheet

Cash and term deposits totalled \$9.1 million, an increase of \$1.3m on the previous year (see Table 5). This was due to an increase in the amount of contract revenue received in advance of services provided. All excess cash has been invested in term deposits in accordance with the AIHW Investment Policy. Liabilities were higher than budgeted and the previous year's liabilities due to the growth in expenditure resulting from the increase levels of work.

**Table 5: Balance sheet summary**

|                      | Actual<br>2008–09<br>\$'000 | Estimates<br>2008–09<br>\$'000 | Actual<br>2007–08<br>\$'000 |
|----------------------|-----------------------------|--------------------------------|-----------------------------|
| Financial assets     | 18,011                      | 12,209                         | 13,319                      |
| Non-financial assets | 2,720                       | 2,818                          | 3,208                       |
| Total assets         | 20,731                      | 15,027                         | 16,527                      |
| Provisions           | 5,590                       | 5,628                          | 4,929                       |
| Payables             | 13,588                      | 8,442                          | 10,184                      |
| Total liabilities    | 19,178                      | 14,070                         | 15,113                      |
| Equity               | 1,553                       | 957                            | 1,414                       |

## Cash flow

Net cash received from operating activities was \$1.5million. This was mainly due to an increase in the level of cash received in advance for services not yet provided. The AIHW spent \$0.2 million on the purchase of property, plant and equipment and leasehold improvements. The net cash increase in the year was \$1.3 million lifting the cash balance from \$7.8 million to \$9.1 million. See **Appendix 1** page 123 for full details of the financial statements.

## Outlook

Externally funded income is not expected to be as high in 2009–10 as 2008–09. Appropriation income from Government will increase significantly in 2009–10 and subsequent years due to new measures contained in the May 2009 Federal Budget. Total revenue is budgeted to increase by 18% in 2009–10 compared to the actual 2008–09 revenue.

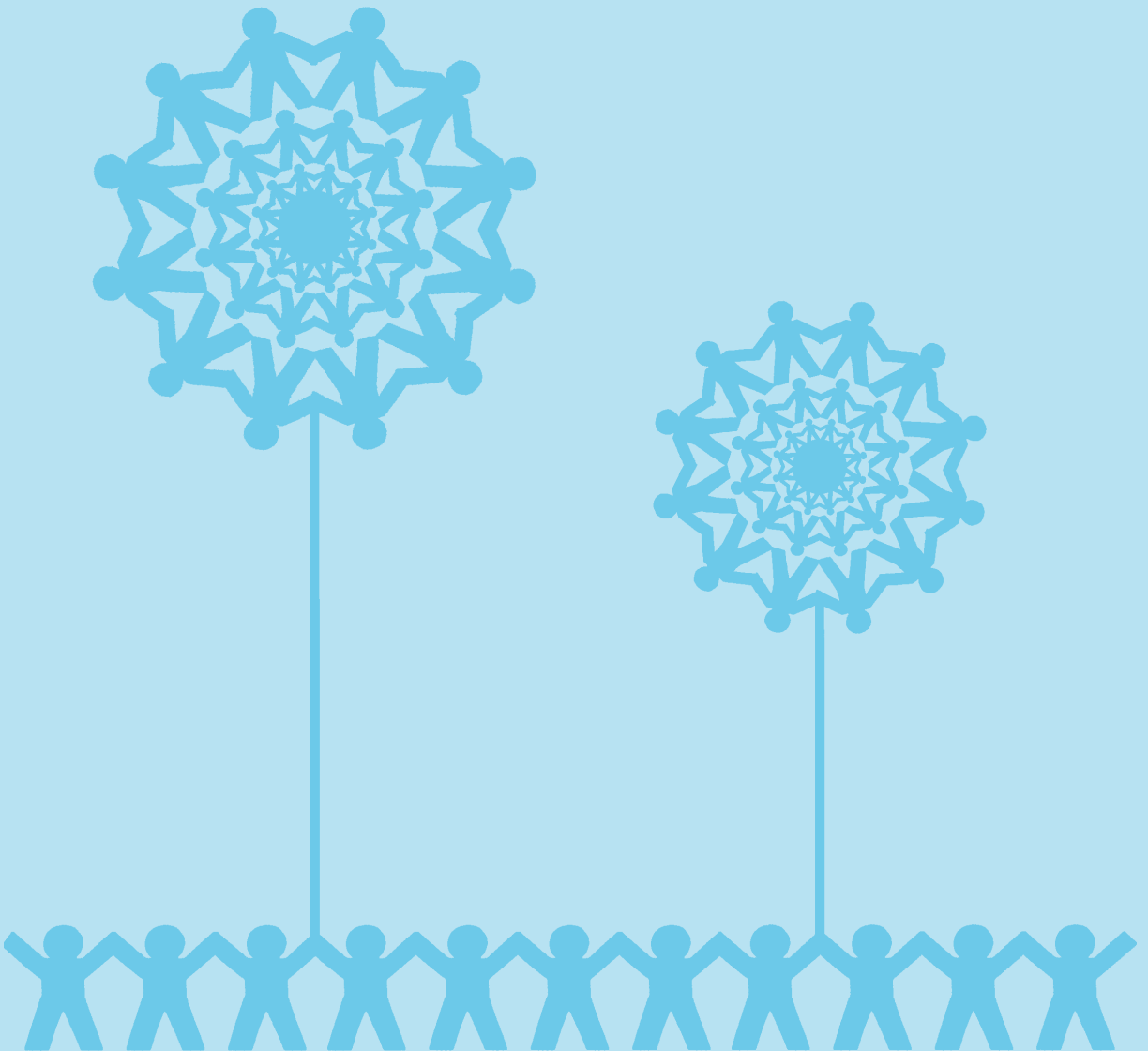
Expenses will increase accordingly. The AIHW is budgeting to break even in 2009–10 and in the following years.

The AIHW's equity balance will increase in 2009–10 due to new capital funding approved in the May 2009 Federal Budget. The value of land and buildings is expected to decrease due to the depreciation of fit out costs over the term of the remaining lease. No other significant changes in the balance sheet items are expected.



## Chapter 3

# Business management





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

## Contract management

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

The scope, timing, deliverables and budget for most externally funded projects are set out in schedules to memorandums of understanding

with Government departments. The AIHW treats these schedules as revenue contracts even though they are not contracts in the strict legal sense. The relevant unit head is responsible for the delivery of these services to a satisfactory standard and within budget. The Finance and Commercial Services Unit monitors expenditure against budget and seeks explanations for any projects that appear to be over budget or behind schedule. In a few cases the AIHW has revenue contracts for work done by the AIHW on behalf of non-government organisations. These are managed in the same way as revenue schedules.

An internal audit on management of revenue contracts was conducted during the year. The audit made five recommendations, all of which were agreed by AIHW management.

### DoHA–AIHW Memorandum of Understanding

The Commonwealth Department of Health and Ageing is the AIHW's key contract funder. All AIHW work for the department is guided by the provisions of the DoHA–AIHW Memorandum of Understanding (MoU). Regular two-way communication is critical to this major business relationship. A DoHA–AIHW MoU Steering Committee, comprising executive, business and communication representatives of the two organisations, meets quarterly to communicate and deal with any issues as they arise. The AIHW's Business Group coordinates the AIHW contribution to the meetings. Four meetings were held in 2008–09.

The Secretary of DoHA or her nominee is a member of the AIHW Board. Members of the AIHW's Business Group assist the department with briefing the Board member from DoHA about the content of AIHW Board papers. The AIHW consults with DoHA about the AIHW

annual workplan before it is presented to the Board for approval. AIHW also provides DoHA with copies of all AIHW print and electronic publications.

### **FaHCSIA–AIHW Memorandum of Understanding**

The AIHW has a Memorandum of Understanding with the Department of Families, Housing, Community Services and Indigenous Affairs. In 2008–09 the department funded ten projects under this Memorandum of Understanding, and FaHCSIA is an important stakeholder in several other AIHW projects. A FaHCSIA-AIHW MoU Steering Committee meets formally twice a year. Members include a Deputy Secretary from FaHCSIA, the Director of the AIHW and other senior staff from both organisations. The Deputy Secretary from FaHCSIA is an invited observer at all AIHW Board meetings and receives copies of all Board papers. The AIHW consults with FaHCSIA about the AIHW annual work plan before it is submitted to the Board for approval. The AIHW also provides FaHCSIA with copies of all AIHW print and electronic publications.

### **Risk management**

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

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

During the year the AIHW updated its business risk assessment. The AIHW contracts out its internal audit function. The current internal auditors are Oakton. During 2008–09 Oakton conducted internal audits on:

- Occupational Health and Safety arrangements
- Revenue Contract Management
- Business Continuity Plan
- Finance One security.

These audit reviews produced several recommendations for improving the management of the relevant risks. Some of these recommendations have been dealt with already and others will be addressed in 2009–10. AIHW management will report to the AIHW's Audit and Finance Committee on progress with implementing the recommendations on a regular basis. A representative from Oakton attends each of the Audit and Finance Committee meetings, which are held four times a year.

During 2008–09 the Australian National Audit Office (ANAO) conducted a performance audit on Security Risk Management at Commonwealth agencies. The AIHW was one of three agencies selected for the audit. The ANAO's audit report was presented to the Parliament on 23 June 2009. The AIHW agreed with each of the four recommendations made by the ANAO. As a result of the audit the AIHW has improved physical security at its main building and will prepare a security risk register.

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

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

The AIHW has insurance policies in place through Comcover and Comcare to cover a wide range of insurable risks, including property damage, general liability and business interruption. The Comcover insurance policy includes coverage for Directors and Officers against various liabilities that may occur in their capacity as officers of the AIHW. The AIHW made no claims against its Directors and Officers' liability insurance policy in 2008–09.

## Freedom of information

The *Freedom of Information Act 1982* requires each Commonwealth Government agency to publish a statement setting out its role, structure and functions, the documents available for public inspection, and how to access documents. This statement is available in Appendix 6. There were no requests made under the *Freedom of Information Act 1982* during 2008–09.

## Commonwealth Ombudsman

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

## Judicial decisions and decisions of administrative tribunals

In 2008–09 there were no legal actions lodged against the AIHW.

## Ministerial directions and notifications

The AIHW received three notifications from the Minister in 2008–09 with regard to Board appointments which included one approval for a member to act in the Chair's role.

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

## Significant events

There were no significant events advised to the Minister by the AIHW during 2008–09 in accordance with the *Commonwealth Authorities and Companies Act 1997*.

## Parliamentary relations

The AIHW is used as a reliable information source by Members of Parliament. AIHW was cited 72 times during 2008–09 in the Hansards of both Houses of Parliament, an increase of 31% from 2007–08 (55).

The AIHW prepared 14 Minutes to the Minister for Health and Ageing, 2 Minutes to the Minister for Families, Housing, Community Services and Indigenous Affairs, 1 Current Issue Brief, 3 Question Time Briefs, 2 Parliamentary Questions on Notice and 1 Ministerial Event Briefing.

The AIHW also provided submissions to 3 Senate Committee inquiries, 1 House Committee inquiry and 1 Green Paper Taskforce invitation. Staff also appeared before the Supplementary Budget Estimates hearing for the Health and Ageing portfolio and before a Senate Committee inquiry.

## Publications

### Building writing capacity

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

Over 200 staff attended 8 intensive in-house seminar sessions focused on the importance of concise, reader-friendly summaries in AIHW publications, using plain English wherever possible, and avoiding statistical language traps. These sessions were backed by regular writing workshops for staff, and individual assistance with writing.

A second edition of the AIHW in-house style guide, *Writing for the AIHW*, was published for

mandatory use by AIHW authors. Individually-named copies were distributed to all staff, along with special desktop penholders and calendars reminding staff about writing well, and how best to plan and produce publications for maximum impact with stakeholders.

### Seeking feedback on publications effectiveness

Several initiatives to evaluate the effectiveness of AIHW publications were undertaken. These included readability tests, short online reader surveys, expert assessments of readability and utility, analyses of media coverage, and one-on-one telephone surveys of key clients. Results obtained from this work will be used to plan improvements in the way AIHW communicates with stakeholders.

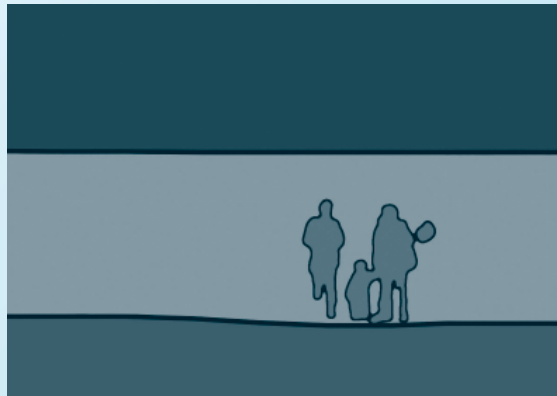
## Supporting the community

SNAPSHOT

### AIHW supports local artists

#### The Australia's welfare 2009 art competition

Students at the Australian National University's School of Art took part in a competition to design a cover for the AIHW flagship publication, *Australia's welfare 2009*. The artworks were judged by a panel comprised of Peter Collins (Board Chair), Alison Verhoeven (Housing and Disability Group Head), Gordon Bull (Head, ANU School of Art) and Judith Abercromby (Information Services and Publishing Unit Head). The winning artwork, Aldrich Ekin's 'At the Lake' (above) will be used for the cover of *Australia's welfare 2009* as well as for a range of promotional materials for the book and the conference.





### Readability tests

The Flesch Reading Ease test was used to determine the readability level of several AIHW publications. Most AIHW reports needed a Year 12 to 2nd year university level of education to understand them. This was a little higher than the aim of AIHW reports being readily understood by an 'interested 17-year-old'. Exceptions included the preface and key points of *Australia's health 2008* (Year 9 education needed to understand). The scores showed a marked improvement in readability between the 2005 and 2007 editions of *Australia's welfare*, and between the 2006 and 2008 editions of *Australia's health*. The scores also showed that readability of the *AIHW Access* magazine required improvement.

### Short online surveys

Key results from 'pop-up' online surveys for selected publications on the AIHW website included:

- 93% of respondents thought the AIHW publication they were reading was 'written clearly'
- 89% rated the publication 'very useful' or 'quite useful'
- 74% rated the level of detail as 'about right'
- 51% said the publication 'easy to find' on the website; 12% said it was 'difficult'
- 44% of respondents were either researchers or students, 15% were health and welfare professionals, 14% were public servants, 10% were 'general public', and 5% were consultants.

### Expert assessments

An expert consultant was engaged to review a selection of AIHW publications. The reviewer described *Australia's health 2008* as 'exemplifying outstanding readability

and accessibility', with authors and editors warranting 'high praise for its impressive consistency, always a difficult achievement when so many writers contribute to a document. *Australia's welfare 2007* also rated highly in readability and accessibility. Five other AIHW reports were reviewed and, again, received high praise for readability and accessibility, although design deficiencies were noted in one report seen as too 'busy' and 'intimidating'.

Staff members from the Commonwealth Parliamentary Library were asked to review *Australia's health 2008* and its utility in providing information, advice and analysis to Senators and Members of Parliament. Their combined assessment was that the report was a 'high quality, reliable, accurate and comprehensive publication' which was 'justifiably a key resource for Library researchers and our clients'. The Library also provided valuable suggestions for future content.

### Telephone surveys of key clients

Six telephone surveys were planned and under way at 30 June 2009. Results will be reported next year.

### Publications and media releases

During the year the AIHW released 152 publications with 68 media releases, in addition to the many other outputs, both internally and externally funded. The number of publications produced this year was clearly higher than the 100 publications for 2007–08 (see figure 7). As foreshadowed in last year's report, however, several publications originally scheduled to be published in 2007–08 were published early in 2008–09, thereby lifting numbers for the latter year.

### Delivering publications in new ways

The AIHW is committed to making its work widely accessible, and all publications are available free in full text on the AIHW website. Hard copies are also available for purchase by mail order, online, or over the counter at the AIHW's premises.

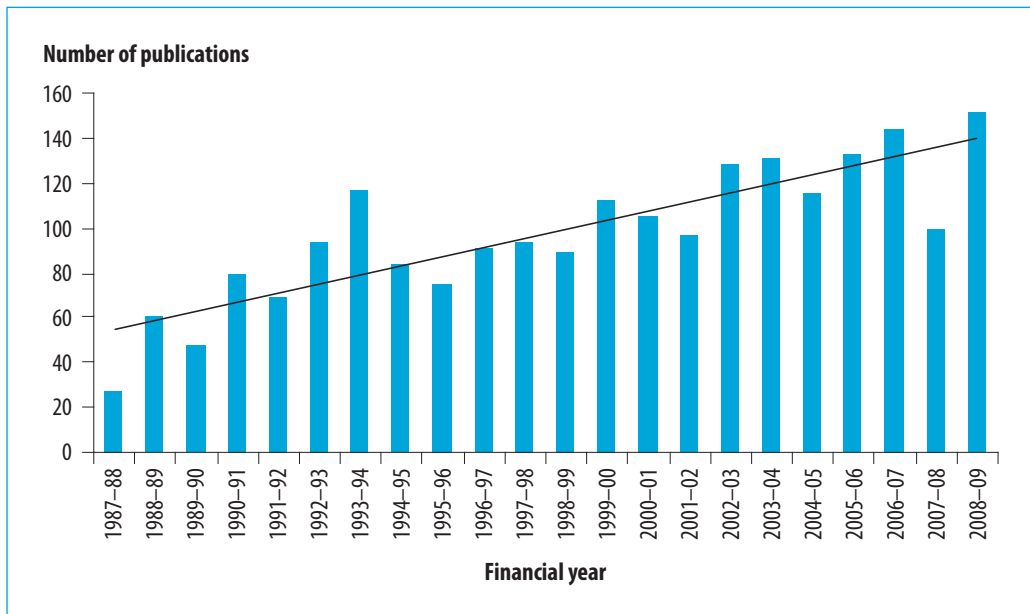
An average of three publications per week are released, and the most cost-effective and efficient way to publish these is in Portable Document Format (PDF). Although convenient to produce, PDFs are inaccessible to those with vision impairments, who use special screen-reader technology to interpret text on websites. An increase in appropriation funding has allowed AIHW to release all publications simultaneously in Rich Text Format (RTF) and PDF. In addition, all AIHW report summaries are published in Hypertext Markup Language (HTML), which is fully accessible to screen readers.

Some of the more complex tables, charts and graphs cannot be made accessible to screen readers, so AIHW offers to describe and interpret these over the phone to any user experiencing difficulty.

To capture the imagination of users, alternative ways of getting messages out better are being investigated, such as data visualization and some innovative interactive website functionality—another step towards improved accessibility for all. Notable examples released during 2008–09 included:

- *The geography of disability and economic disadvantage in Australian capital cities* (released April 2009) took an innovative approach in looking at the relationship between socioeconomic disadvantage and disability in urban communities, using maps that drilled down to statistical local areas (usually suburbs or small groups of suburbs). This gave a clearer picture of how disadvantage and disability intersect in Australian capital cities.

Figure 7: Publication output



- *A picture of rheumatoid arthritis in Australia* (March 2009) and *A picture of osteoporosis in Australia* (August 2008) were written in a less technical style and published in a consumer-friendly format combining key statistics with illustrations and background information on the diseases and associated conditions.

### Publication sales

The AIHW's flagship publications *Australia's health 2008* and *Australia's welfare 2007* were number one and five in the top 10 list of publication sales for 2008–09 (see table 6). Prior to the release of *Australia's health 2008* in June 2008, the AIHW developed a very successful marketing campaign to lift sales, particularly corporate sales of the report. By 30 June 2009 1678 copies of *Australia's health 2008* had sold compared with 1175 sales for *Australia's health 2006*.

**Table 6: Top 10 publication sales**

| Rank | 2008–09  |
|------|--|
| 1.   | <i>Australia's health 2008</i>   |
| 2.   | <i>Making progress: the health, development and wellbeing of Australia's children and young people</i> |
| 3.   | <i>Older Australia at a glance 4th edition</i>   |
| 4.   | <i>Health expenditure Australia 2006–07</i>  |
| 5.   | <i>Australia's welfare 2007</i>  |
| 6.   | <i>Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples</i>   |
| 7.   | <i>Mental health services in Australia 2005–06</i>   |
| 8.   | <i>Child protection Australia 2007–08</i>  |
| 9.   | <i>Disability in Australia: trends in prevalence, education, employment and community living</i>       |
| 10.  | <i>Asthma in Australia 2008</i>  |

## Media and communications

### Website

The AIHW's major communication medium is its website. The site received 1,215,368 visits over the year, with an average of 3,315 visitors a day, a 9% increase on 2007–08 (3,035).

*Australia's health 2008* was the leading publication visited on the website (see Table 7). Interestingly *Australia's health 2006* and *Australia's health 2004* continued in the top 10 despite having been released in June 2006 and June 2004 respectively.

Around 3,300 people self-subscribe via the AIHW website to automatic email notification of new health publication releases, and 2,500 people subscribe to notification of new welfare publication releases (see Table 8). Two innovations for the year were establishing new self-subscription services for education notices (primarily for teachers) and employment vacancy notifications (for job-seekers).

### Media coverage

68 media releases were issued in 2008–09—the highest yearly total to date.

The increasing importance of the Internet as a first choice to find breaking news can be seen in the dramatic increase in online coverage. The AIHW anticipated this shift and, in order to capture the most relevant coverage, switched to a more comprehensive online monitoring service last year. Online coverage almost trebled, from 471 items in 2007–08, to 1,402 in 2008–09.

Press coverage, while still strong, was down from the previous year to 509 articles from 847 in 2007–08. Radio coverage was also down. There is some evidence that the volume of newspaper coverage of all news items is

dwindling with the advent of the internet as a primary news medium for many. In addition, the 2007–08 print coverage total was particularly high because of strong coverage in that year of several reports of high public interest such as *Australia's welfare 2007*, *Australia's health 2008* and reports emanating from the 2007 National Drug Strategy Household Survey.

### Coverage for individual AIHW reports

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

Comparative analyses with other government agencies in the health and welfare sectors, including the National Health and Medical Research Council and the Australian Institute of Family Studies, showed the AIHW achieving over double the media coverage and audience reach of these agencies.

Reports receiving the most media coverage during the year were as follows:

#### Print (10 articles or more)

- *Homeless people in SAAP: SAAP National Data Collection annual report 2006–07 Australia*
- *Mental health in Australia 2005–06*
- *Who receives priority housing and how long do they stay?*
- *General practice activity in Australia 1998–99 to 2007–08: 10 year data tables and General practice activity in Australia 2007–08* (joint release)
- *Non-melanoma skin cancer: General practice consultations, hospitalisation and mortality*
- *Australia's mothers and babies 2006*
- *2007 National Drug Strategy Household Survey: detailed findings*

- *Cancer in Australia: an overview, 2008 and National Bowel Cancer Screening Program monitoring report 2008* (joint release)
- *Demand for SAAP accommodation by homeless people 2007–08*
- *Australian hospital statistics 2007–08*
- *A picture of Australia's children 2009*

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

- *Making progress: the health, development and wellbeing of Australia's children and young people*
- *Health expenditure Australia 2006–07*
- *2007 National Drug Strategy Household Survey: detailed findings*
- *Cancer in Australia: an overview, 2008 and National Bowel Cancer Screening Program monitoring report 2008* (joint release)
- *Child protection Australia 2007–08*
- *Australian hospital statistics 2007–08*
- *A picture of Australia's children 2009*

#### Television

- *Who receives priority housing and how long do they stay?*
- *General practice activity in Australia 1998–99 to 2007–08: 10 year data tables and General practice activity in Australia 2007–08* (joint release)
- *2007 National Drug Strategy Household Survey: detailed findings*
- *Cancer in Australia: an overview, 2008 and National Bowel Cancer Screening Program monitoring report 2008* (joint release)
- *Australian hospital statistics 2007–08*
- *A picture of Australia's children 2009*

**Table 7: Top 10 publications downloaded from the AIHW website**

| Rank | 2008–09   | 2007–08  |
|------|---|--|
| 1.   | Australia's health 2008   | Australia's health 2006                            |
| 2.   | National health data dictionary version 14  | The burden of disease and injury in Australia 2003 |
| 3.   | Australia's health 2006   | Australia's welfare 2007                           |
| 4.   | The burden of disease and injury in Australia 2003  | Australia's health 2004                            |
| 5.   | Diabetes: Australian facts 2008   | Australia's health 2008 (since 24 June 2008)       |
| 6.   | Australia's welfare 2007  | Statistics on drug use in Australia 2006           |
| 7.   | Aboriginal and Torres Strait Islander Health Performance Framework 2008 report: detailed analyses | Statistics on drug use in Australia 2004           |
| 8.   | Older Australia at a glance (4th edition)   | Australian hospital statistics 2005–06             |
| 9.   | Australia's health 2004   | Older Australia at a glance (4th edition)          |
| 10.  | Statistics on drug use in Australia 2006  | Diabetes: Australian facts 2008                    |

**Table 8: Subscriptions to email notification services**

| Email notification service          | No. of subscriptions |
|-------------------------------------|----------------------|
| Health publication release notices  | 3339                 |
| Welfare publication release notices | 2498                 |
| Education notices                   | 276                  |
| Employment notices                  | 467                  |

**Table 9: Media coverage since 2006–07**

|         | Total media coverage | Media releases issued | Press articles | Radio | TV | Online | Australian Associated Press |
|---------|----------------------|-----------------------|----------------|-------|----|--------|-----------------------------|
| 2006–07 | 2,018                | 62                    | 296            | 1,443 | 17 | 208    | 54                          |
| 2007–08 | 3,513                | 56                    | 847            | 2,043 | 52 | 471    | 100                         |
| 2008–09 | 3,445                | 68                    | 509            | 1,412 | 31 | 1402   | 91                          |

Note: Total media coverage excludes media releases issued.

**Table 10: Reports that received media coverage across all mediums in 2008–09**

| Report   | Press articles | Radio | TV | Online | Australian Associated Press |
|--|----------------|-------|----|--------|-----------------------------|
| <i>2007 National Drug Strategy Household Survey: detailed findings</i>   | 10             | 71    | 1  | 11     | 2                           |
| <i>Cancer in Australia: an overview, 2008 and National Bowel Cancer Screening Program monitoring report 2008 (joint release)</i> | 11             | 79    | 1  | 27     | 2                           |
| <i>Australian hospital statistics 2007–08</i>  | 19             | 99    | 2  | 36     | 0                           |
| <i>A picture of Australia's children 2009</i>  | 15             | 80    | 23 | 32     | 0                           |

### Conference participation

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

In 2008–09 Media and Communications Unit staff organised promotional booths and related activities at:

- Population Health Congress 2008: A global world—Practical Action for Health and Well-being

Figure 8: Website visits

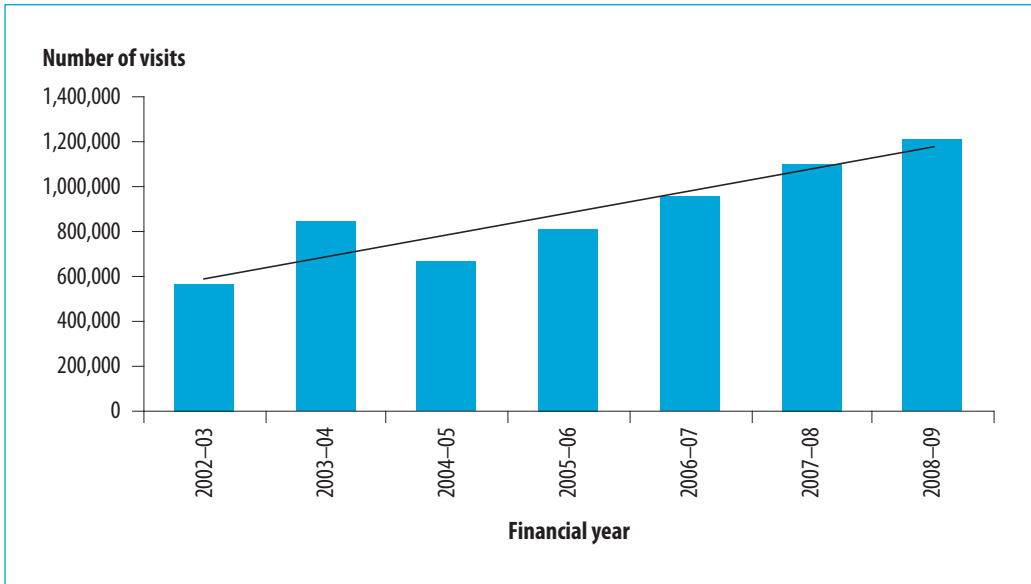
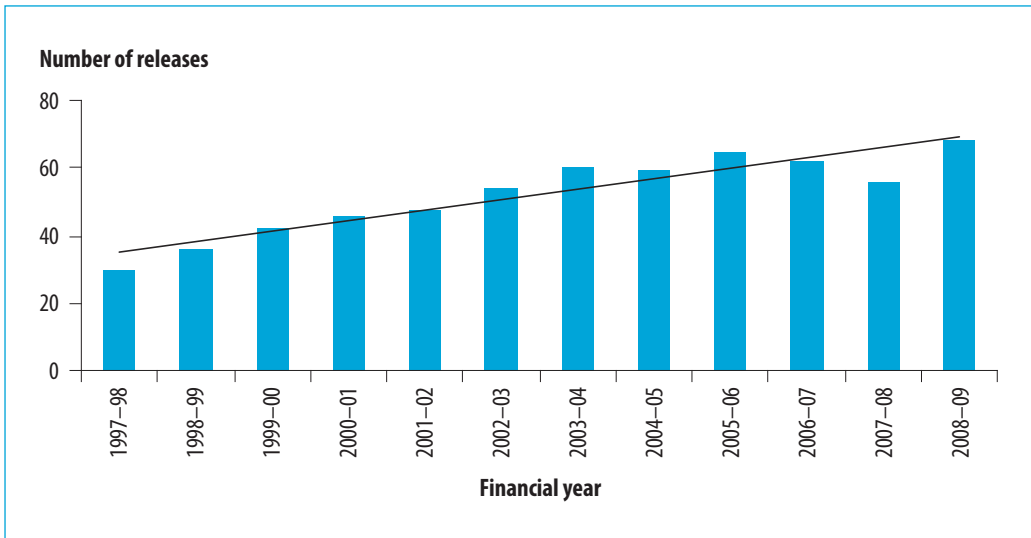


Figure 9: Media releases



- 10th Australian Institute of Family Studies Conference: Families through life
- NatStats conference 08
- 10th National Rural Health conference
- Leura VI International Breast Cancer conference
- Victorian ACHPER conference 2008.

**AIHW conferences**

The AIHW runs its own one-day conferences to coincide with the release of its major biennial flagship reports, *Australia's health*, and *Australia's welfare*. The next two conferences are due in November 2009 (*Australia's welfare*

2009) and June 2010 (*Australia's health 2010*). Detailed planning and development for the *Australia's welfare 2009* conference began in early 2009.

**Education resources**

In keeping with the strategic direction of 'getting the messages out better', AIHW client relations staff developed a new education area on the website, in consultation with teachers from around Australia. The aim of the education pages is to increase awareness of the AIHW's range of health and welfare statistical information among teachers and secondary students. The education area

**Making a difference in health and welfare statistics**

**Working with national peak bodies**

**A picture of osteoporosis in Australia launch at Healthy Bones Week**

*A picture of osteoporosis in Australia* was officially launched by Minister for Ageing, Hon Justine Elliot MP, at the Princess Alexandra Hospital in Brisbane on 4 August 2008.

The report includes information on the causes, treatment and management of the disease. The information included in the report is useful to the broader community, policy makers and anyone with an interest in osteoporosis.

The launch kicked off Healthy Bones Week and several AIHW staff attended. The launch of the report in conjunction with a national health week gave the AIHW an opportunity to strengthen its relationship with a peak health body.



*AIHW and Princess Alexandra Hospital staff pictured with The Hon Justine Elliot MP*



SNAPSHOT

Chapter 3—Business management

## Making a difference in health and welfare statistics

SNAPSHOT

### Connecting with the education sector

#### AIHW developed a new education resource

The AIHW launched an educational resource on the AIHW website accessible from the home page. This new resource was part of extending our 'Getting the messages out better' strategic direction from our 2007–2010 Corporate Plan.

The Media and Communications team have been working with a focus group of teachers and curriculum writers in developing the web pages and resources. The site is designed to assist teachers and secondary students improve their understanding of health and welfare information and statistics.

Our aim is to generate classroom discussion through our worksheets and educate the students and teachers about what the AIHW has to offer.

Worksheets (and answer sheets) are developed from 'curriculum-relevant' AIHW publications using the summary and/or key points as the starting point.



includes discussion sheets and question and answer pages on topics of high relevance to school curricula, which can be used directly in classrooms.

A marketing campaign was undertaken throughout June–July 2009 targeting Health, Personal Development and Physical Education teachers in all states and territories. At the end of June 2009, 276 people had subscribed to receive email notices when any new education resources are released for use in the classroom.

number of staff taking up part-time working arrangements in ongoing employment and an increase in non-ongoing part-time employment. The proportion of male to female staff has decreased by 3% to 31% of total staff over the last 12 months.

As a result of steadily increasing workloads across the Institute a number of new units have been created resulting in an increase in staff numbers particularly at the EL1 and EL2 level and APS 5 level. See Tables 11 and 12 for details.

## People management

### Staffing

Staff numbers since June 2008 have increased from 257 to 269, an increase of 12 staff.

Most of this increase is in fulltime ongoing employment. There has been a decrease in the

### Staff awards

Almost 12% (34) of Institute staff have 10 years or more service. This year 5 staff were recognised for their 10 years service with AIHW and 1 staff member for 20 years service. See Table 13 for details.



### Director's awards for 2008–09

There were 11 Director's awards presented to staff members or teams in recognition of their outstanding performance in 2008–09. See Table 14 for details.

### AIHW graduates

The AIHW offers graduate and postgraduate opportunities for people of all ages interested in health, housing and community services issues.

This year's graduates had the opportunity to participate in an enhanced graduate program. The program offered training modules run by the Australian Public Service Commission, the opportunity to participate in debates and work on projects that cut across the AIHW. It also included personal development and self awareness sessions. As well as a variety of learning and development opportunities specifically tailored for APS graduates,

## Supporting the staff

### AIHW 'A Great Place to Work'

The AIHW is actively promoting itself as a great place to work through two major initiatives:

- **A short video for potential candidates** on the agency's website, entitled *Life at the AIHW—more than just a workplace*.
- **A 'Best Companies to Work for 2008' award** from Great Place to Work Institute Australia.

In the video, several staff share their experiences of working at the AIHW, and speak positively and genuinely about the agency's flexible working environment, and its commitment to learning and development.

The 'Best Companies to Work For' award provides a tangible and promotable recognition of the AIHW's commitment to providing a desirable working environment.

There is no doubt that the video and the award are bringing results. Numbers of applications for all advertised positions have risen substantially, and anecdotal feedback from new staff shows that most were very positively influenced by the video and the award to apply for their positions.

The AIHW is so far the only Australian public sector recipient of a 'Best Companies to Work For' award. Great Place to Work Institute Australia said that their survey of AIHW staff showed that they had positive relationships with co-workers and thought that the agency had a strong focus on work-life balance, open and consultative communication, a friendly professional and social culture, and active involvement in community support programs.

Further information about the AIHW's 'Best Companies to Work For 2008' award can be found at <http://www.greatplacetowork.com.au/best/best-companies/Best-Companies-Australia-2008-Australian-Institute-of-Health-and-Welfare.pdf>



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**Table 11: Staff by category of employment at 30 June 2009**

| Status             | Female     | Male      | Total June 2009 | Total June 2008 |
|--------------------|------------|-----------|-----------------|-----------------|
| <b>Ongoing</b>     |            |           |                 |                 |
| Full-time          | 114        | 66        | 180             | 170             |
| Part-time          | 36         | 9         | 45              | 48              |
| Long term leave    | 11         | 3         | 14              | 10              |
| <b>Non-ongoing</b> |            |           |                 |                 |
| Full-time          | 11         | 3         | 14              | 20              |
| Part-time          | 14         | 2         | 16              | 9               |
| long term leave    | 0          | 0         | 0               | 0               |
| <b>Total</b>       | <b>186</b> | <b>83</b> | <b>269</b>      | <b>257</b>      |
| FT equivalent      |            |           | 237.4           | 232.5           |

**Table 12: Staff by level at 30 June 2009**

| Status       | Female     | Male      | Total June 2009 | Total June 2008 |
|--------------|------------|-----------|-----------------|-----------------|
| SES Band 2   | 1          | 0         | 1               | 1               |
| SES Band 1   | 4          | 2         | 6               | 5               |
| EL 2         | 19         | 17        | 36              | 32              |
| EL 1         | 70         | 21        | 91              | 82              |
| APS 6        | 34         | 17        | 51              | 56              |
| APS 5        | 29         | 12        | 41              | 23              |
| APS 4        | 18         | 9         | 27              | 35              |
| APS 3        | 7          | 3         | 10              | 11              |
| APS 2        | 4          | 2         | 6               | 12              |
| <b>Total</b> | <b>186</b> | <b>83</b> | <b>269</b>      | <b>257</b>      |

Notes:

- Staff on higher duties are included on the level at which they are acting, reflecting the level of work being undertaken by employees and the Institute at the time of reporting.
- 'Ongoing staff' refers to staff employed on an ongoing basis by the AIHW, including staff on transfer from other APS agencies.
- 'Non-ongoing staff' refers to staff employed by the AIHW on contracts for specified terms and specified tasks.

**Table 13: Staff service awards**

| 10 Year Service   | 20 Year Service |
|-------------------|-----------------|
| Clara Jellie      | Janet Markey    |
| Geoff Davis       |                 |
| Neil Angel        |                 |
| Michael Paxton    |                 |
| Mieke Van Doeland |                 |

**Table 14: Director's awards**

| Name                  | Unit   |
|-----------------------|--|
| Mieke Van Doeland     | Indigenous Community and Health Service Reporting Unit |
| Louise O'Rance        | Health Performance Indicators Unit                     |
| Ann Darcey            | Executive Unit and Committee Secretariat               |
| Mary Musolino         | Media and Communications Unit                          |
| Justin Griffin        | Homelessness Data Collection Unit                      |
| Gordon Tomes          | Metadata Information Services Unit                     |
| Michelle Wallis       | Program Evaluation and Capacity Building Unit          |
| Louise York—2nd award | Health Performance Indicators Unit                     |
| Kun Zhao              | Cancer Screening Unit                                  |
| Gail Brien            | Expenditure and Economics Unit                         |
| Kevin Bell            | People Unit  |

AIHW graduates are highly engaged in the special subject matter of their work areas and have access to a range of in-house technical training, such as Statistical Analysis Software, writing skills, communication and presentation skills.

There were 67 applicants for the graduate program with 12 ongoing APS 4 positions offered across the organisation.

### Occupational training program

This year an occupational training placement was trialled with a French student from the University of South Brittany. An agreement was put in place with the university for the student's placement to be the final assessable unit towards her tertiary qualifications in statistics. Part of her assessment involved submitting a report (in English) on the work she was doing at the Institute.

The placement proved to be a great success with the student enjoying her time with the Institute and AIHW staff benefiting from having an international student working in their team.

### Performance feedback and communication

There is a strong emphasis on two way communication at the Institute and formal performance feedback and communication is conducted twice annually. The practice aims to improve formal communication between managers and staff on work priorities, workload, performance, learning and development and other issues. A very high level of participation was achieved across the Institute with over 94% of staff participating in formal discussions.

### Learning and development

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

budget provides for generic Institute-wide learning and development programs.

In 2008–2009 the Institute focused on leadership skills and developing middle managers. Several of the in-house programs were linked to the APSC Integrated Leadership System. Some of the new programs offered included strategic thinking, stakeholder

engagement, essentials for new team leaders and assessing leadership capability. Statistical and IT related training (SAS, Deltagraph, MeTEOR, MS Excel) and grammar and writing workshops were also provided. Other programs offered to staff included giving and receiving feedback, media and presentations, minute taking, project management, OH&S and bullying and harassment awareness.

## Supporting the community

SNAPSHOT

### Digging deep for charity

#### Anti-poverty week collection

During 'Anti-poverty' week in October 2008, AIHW staff made donations to World Vision and Oxfam. The amount raised enabled the AIHW to purchase:

- a calf—providing milk and cheese, manure to fertilise crops, and strength to plough fields
- a well—providing access to clean water and freedom from water-borne disease
- training—to help a teacher improve her skills, creativity and professionalism.

#### AIHW Giving Tree

The traditional AIHW Giving Tree is set up once a year in the Library to collect presents for the less fortunate. These are delivered each year to the Salvation Army to distribute to families in the community. In 2008–09 staff donated a range of gifts including non-perishable food items, toys, books and clothing.

#### ACT Landcare

AIHW staff raised money for ACT Landcare in 2008–09. The amount of money raised allowed the AIHW to purchase 56 plants, tree guards, tree stakes and post-plant weed control. This number of trees will eventually offset around 9 tonnes of carbon emissions.

#### AIHW blood donors

AIHW staff continued the tradition of donating blood in 2008–09. The AIHW arranges regular 'donor mobile' trips (around eight per year) to the Australian Red Cross Blood Service in Woden. Staff who donate blood during working hours are considered to be on duty—so there is no need to use flex credits or other leave for this purpose.



In 2008 a part-time statistical consultant was engaged to assist staff with statistical queries. A statistical panel of consultants was established from which staff could choose to engage a consultant to provide advice or undertake work.

In 2008 a formal induction program was introduced for all new staff. This program is run every two to three months and has been refined over the year. The program incorporates presentations from the Director, Group Heads, several key areas, and information on APS Values and Conduct.

**Reconciliation Action Plan**

On 11 June 2009 the AIHW launched its Reconciliation Action Plan (RAP). To celebrate this important event a bush tucker morning tea was held and included a Welcome to Country by an Indigenous elder, a dusting ceremony, didgeridoo entertainment and formal speeches by the Director, the Chair of the Board and the CEO of Reconciliation Australia.

The objectives for the RAP are to:

- enhance awareness of Aboriginal and Torres Strait Islander cultures at AIHW
- shape policy and community debate by highlighting issues affecting Aboriginal and Torres Strait Islander peoples through statistics and relevant advice.

**Supporting the community**

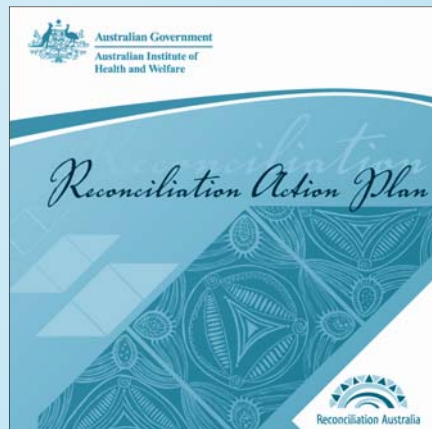
**AIHW supports local artists**

**Purchasing Indigenous art—Reconciliation Action Plan**

Indigenous Canberra artist Lyndy Delian has been working with the AIHW for the past year. The Institute has developed a good relationship with Lyndy, and her work has featured on several of our publications.

Lyndy Delian is a multi-talented artist who works in textiles, paint, printmaking and glass. Lyndy is a founding member of the ACT Indigenous Textile Artists Group, and has also run workshops at various institutions around Canberra, including the National Museum of Australia and Megalo Print Studio.

Lyndy's work has been exhibited widely and has been acquired by national institutions, including the National Gallery of Australia. Lyndy's most recent artwork can be seen on the cover of the AIHW's *Reconciliation Action Plan* (adjacent).



SNAPSHOT

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

The RAP reflects the AIHW view that relationships between Aboriginal and Torres Strait Islander and non-Indigenous people are important. It provides for the development and maintenance of respectful and valuable

partnerships with the Aboriginal and Torres Strait Islander individuals and organisations with whom the AIHW works. In addition to raising awareness of Aboriginal and Torres Strait Islander cultures, the AIHW actively markets itself as a good place to work and explores options to increase the number of Aboriginal and Torres Strait Islander staff at the Institute.

**Supporting the staff**

**Healthy body, healthy mind**

The AIHW management promotes the idea of participating in recreational activities as a method of refreshing the brain, and perhaps gaining perspective on a particularly puzzling problem. The AIHW provides change rooms, showers and lockers for staff to use.

**Soccer**

Weekly soccer games are conducted on Thursdays at lunchtime against other departments and private business teams.

**Pilates**


Weekly 1-hour Pilates sessions continue to be popular with staff wanting to stretch and strengthen their core. They are held in the main building, providing easy access for all staff at a very reasonable cost.

**Handball**

Since its inception three years ago, handball (primary-school style) numbers have flourished, with individuals ranging from APS2s to the Executive team joining in the fun. It is a game that is enjoyable for all, regardless of skill/hand-eye coordination, with the only rule being that you must be willing to laugh at yourself.

**Netball**

The mixed netball team continued to play at Lyneham in 2008–09, with the majority of the team made up of AIHW staff.



## Environmental management

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

These include:

- a Green Group which meets every couple of months to examine and advise on options to further reduce our environmental impact
- environmentally friendly tips and information on the AIHW intranet
- provision of recycling bins in kitchens for co-mingled waste, as well as separate bins for organic waste provided to a worm farm
- water saving devices in showers and toilets
- use of energy efficient lighting
- encouraging all staff to turn off lights and computers when they go home
- participating in Earth Hour
- recycling of toner cartridges, paper and other relevant waste, and
- provision of amenities for staff who ride bicycles to work.

## Occupational health and safety

The OH&S Committee meets four times a year. In 2008–09 the committee's focus was on addressing recommendations which came out of an OH&S audit and formally training

the new committee and health and safety representatives. Several training sessions were held for both managers and staff and have strengthened the OH&S induction process for new staff and contractors.

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

## Accommodation management

As staffing numbers steadily increased during the year, mainly due to an increase in work in the Social and Indigenous Group, it was necessary to lease more office space. In November an additional half a floor was leased in the Trevor Pearcey House office complex adjacent to the main building to accommodate about 15 staff on a short-term basis. With the expectation that staffing numbers will continue to increase in 2009–2010 the AIHW has been exploring options for longer term accommodation in the surrounding area.

The AIHW operated from three locations in Canberra in 2008–2009:

- 26 Thynne Street, Fernhill Park, Bruce Canberra (main building)
- 28 Thynne Street, Fernhill Park, Bruce Canberra (Trevor Pearcey House Block A)
- 28 Thynne Street, Fernhill Park, Bruce Canberra (Trevor Pearcey House Block D)

## Supporting the environment

SNAPSHOT

### Going green ...

The Green Group is a working group of the AIHW Consultative Committee, consisting of a small team of interested AIHW staff members. They meet every couple of months and discuss ideas for environmental initiatives around the workplace, then go about implementing them.

#### National Recycling Week

As part of National Recycling Week, the Green Group collected the following information:

- 9 tonnes of paper is collected from the print room recycling bins each year
- over 20kg of waste is collected in the organic waste bins each week. More than half a tonne of organic waste has been diverted away from landfill in the first 6 months! That’s equivalent to over 370 copies of *Australia’s health*, or 26 bags of cement!
- the collection of other recyclables, such as plastic, aluminium cans and cardboard—around 200 full wheelie bins every year!

#### Kitchen waste collection

Since 12 May 2008, organic kitchen waste (such as food scraps, bread and paper towels) has been collected from AIHW kitchens, fed to composting worms and recycled into organic fertiliser. One year on, the Green Group reported that the AIHW easily passed the target of one tonne of organic waste in the first 12 months. So far 1,140.9 kg of organic food waste has been collected.

#### Organic waste collected from 12 May 2008 to 15 May 2009

| Total weight | Average (weekly) | Average (Daily) |
|--------------|------------------|-----------------|
| 1140.9 kg    | 21.7 kg          | 4.3 kg          |

#### Think before you print initiative

In 2008–09 the Green Group highlighted the need to ‘think before you print’. On average, staff print 46,000 pages each week, buy around 9.75 tonnes of paper each year, and recycle 9.2 tonnes each year—so over 90% of the paper we print is ultimately sent for recycling! Every AIHW computer terminal has a reminder sticker to ‘think before you print’.

#### Staff seminar on worms

Worm expert Cid Riley was invited to explain how worms recycle the food scraps we place in the organic waste bins in the AIHW kitchens. He provided a great demonstration on how to set up and harvest from a worm farm—with some staff even handling the worms!





## Commonwealth Disability Strategy

The AIHW recognises the importance of the Commonwealth Disability Strategy (CDS), and makes every effort to ensure that all its policies and procedures comply with the principles of the strategy. In 2008–09, it undertook a review of the approach to, and options for, improving the accessibility of website publications.

The AIHW fits the categories of employer and service provider respectively under the Commonwealth Disability Strategy Performance Reporting Framework.

The AIHW does not fit the categories of policy advisor, regulator or purchaser under the framework.

### The AIHW as employer

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

### The AIHW as provider

The major focus of the AIHW is to provide information to other government departments and statutory agencies for them to develop policies and programs. Information is also publicly available on the AIHW website and in printed publications. As a result of the review of online publication accessibility in 2008–09, all new website publications meet universal accessibility guidelines and work has commenced on improving accessibility to the back catalogue of website publications. The AIHW invites website visitors having difficulty accessing information to make direct contact for individual assistance.

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



## Chapter 4

# Work group reports



The following reporting information follows the structure of work groups that were in place for the year ending 30 June 2009. The AIHW organisation chart on page 25 shows the structure of the work groups as at 30 June 2009.

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

# Economics and Health Services Group

## Group head

Ms Jenny Hargreaves

## What we do

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

## Overview of units

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

# Expenditure and Economics Unit

## Unit head

Mr John Goss (special projects for part of year)  
 Ms Gail Brien, (Acting for part of the year)

## What we do

The Expenditure and Economics Unit develops, reports and analyses information on expenditure relating to health and welfare services. Expenditure is analysed by disease, and for different age and sex groups, by who funds it and for Aboriginal and Torres Strait Islander peoples.

## Objectives

- Make expenditure data more accessible, more policy relevant and more timely. In particular, to undertake a review of *Welfare expenditure Australia* to determine stakeholder needs and priorities for this report.
- Produce a more complete and consistent set of definitions so as to achieve more policy-relevant and timely expenditure outputs.
- Analyse health sector efficiency and productivity using expenditure and burden of disease data so as to illuminate the impact of health policy.

## Performance against planned outputs in 2008–09

|   |   |
|---|---|
| Contribute to <i>Australia's welfare 2009</i> (aged care expenditure).  | Not achieved<br><i>Decision made due to limited resources</i>   |
| Contribute to <i>Australia's health 2010</i> .  | Work in progress  |
| Publish <i>Health expenditure Australia: 2006–07</i> .  | Achieved  |
| Updated Cognos cubes for welfare expenditure.   | Achieved  |
| Prepare estimates for inclusion in OECD's international health and social annual expenditure databases              | Achieved<br><i>Only partial data provided for social expenditure database, as agreed, while welfare expenditure collection was being reviewed</i> |
| Prepare health system expenditures for diseases and injuries, 2004–05.  | Work in progress  |
| Update Cognos cubes for disease expenditure.  | Work in progress  |
| Publish national <i>Public health expenditure report: 2006–07</i> .   | Achieved  |
| Report on impact of changing disease prevalence in last decade on working -age deaths, and workforce participation. | Work in progress  |
| Publish <i>Health expenditure by disease, projected from 2004–05</i> .  | Achieved  |
| Develop <i>National public health expenditure report: 2007–08</i> .   | Work in progress  |
| Develop <i>Indigenous health expenditure 2006–07</i> .  | Work in progress  |

### **Additional projects**

- Analysis of sources of funding for privately insured patients in private hospitals and public hospitals.

### **Committees**

- Health Expenditure Advisory Committee  
Technical Advisory Group (chair and secretariat)
- Public Health Expenditure Technical  
Advisory Group (secretariat)
- Indigenous Health Expenditure Technical  
Advisory Group (joint chair and secretariat)

### **Data collections managed**

- Health Expenditure Database
- Public Health Expenditure Database
- Welfare Expenditure Database
- Indigenous Health Expenditure Database
- Disease Expenditure Database

# Health Care Safety and Quality Unit

## Unit head

Ms Belinda Emms, (Acting)

## What we do

The Health Care Safety and Quality Unit undertakes a range of ongoing and project work which helps to drive improvements in information on the safety and quality of health care services in Australia.

## Objectives

- Strengthening our policy relevance through continuing to develop medical indemnity information, and working in partnership with the Australian Commission on Safety and Quality in Health Care (the Commission) to develop national information and indicators.
- Contributing to international thinking on health care safety and quality through involvement with the Organisation for Economic Co-operation and Development (OECD) Health Care Quality Indicators (HCQI) project.
- Capitalising on the new information environment through work undertaken with the Commission to produce a web-based inventory of data sets that hold information on the safety and quality of health care in Australia.
- Getting the message out better by working with our various committees and stakeholder groups to ensure that we provide and present information in the most timely and user-friendly way.

## Performance against planned outputs in 2008–09

|  |  |
|--|--|
| Contribute to <i>Australia's health 2010</i> .   | Work in progress                                     |
| Publish <i>Medical indemnity public sector report 2007–08</i> .  | Work in progress<br>Report to be released in 2009–10 |
| Publish <i>Public and private sector medical indemnity claims in Australia: a summary 2006–07</i> .  | Work in progress<br>Report to be released in 2009–10 |
| Publish <i>Measuring and reporting mortality in hospital patients</i>  | Achieved   |
| Publish <i>OECD Patient safety indicators: Australian evaluation</i>   | Achieved<br>Report to be released in 2009–10         |
| Develop a discussion paper with draft indicators and reports of demonstration projects that formed the basis of national consultation from November 2008 to February 2009. | Achieved   |
| Develop final report on recommended indicators and delivered to the Commission in June 2009.   | Achieved<br>Report to be released in 2009–10         |
| Publish <i>Information model and framework for safety and quality data sets and standards</i> as a web resource.   | Achieved<br>Report to be released in 2009–10         |
| Publish <i>National Data Sets and Standards inventory of data sources of national significance to safety and quality in health care</i> as a web resource.                 | Achieved<br>Report to be released in 2009–10         |
| Develop a discussion paper with options for a collaborative, ongoing process for identifying and developing new data sets and standards.                                   | Achieved   |

(continued)



**Participate in the OECD Health Care Quality Indicators Project.**

Work in progress

Develop guidelines for the analysis and interpretation of administrative data to describe the quality of health services.

Not achieved

*Due to limited funding deferred to 2009–10*

**Additional projects**

- Assessment of National Palliative Care Data—project undertaken in collaboration with the Mental Health Services Unit for the Department of Health and Ageing in June 2009.

**Committees**

- Medical Indemnity National Collection Coordinating Committee (secretariat)
- Medical Indemnity National Collection Consultative Committee
- Medical Indemnity Data Working Group
- National Indicators Advisory Group

**Data collections managed**

- Medical Indemnity National Collection



## Health Performance Indicators Unit

### Unit head

Ms Louise York, (Acting)

### What we do

The Health Performance Indicators Unit was formed in March 2009 and develops, compiles and analyses data relevant to the performance monitoring of Australia's health care system.

The Unit's major focuses are on coordinating the delivery of high quality performance indicators under the NHA, in consultation with national data committees, and on developing and collating a subset of these indicators.

The Unit also provides advice and support across the Institute and externally about the structures and processes underpinning successful delivery of these healthcare performance indicators to the COAG.

### Objectives

- Work closely with the National Health Information Standards and Statistics Committee (NHISSC) of the Australian Health Ministers' Advisory Council (AHMAC) to further develop the indicators associated with the new NHA and to assist in meeting COAG performance reporting requirements.
- Perform a coordination role across AIHW and other relevant agencies to facilitate the provision of NHA performance reporting material to central agencies in agreed timeframes
- Enhance the availability and timeliness of health-related information by participating in AIHW work to capitalise on the new information environment as it relates to healthcare performance indicators.

### Committees

- National Health Information Standards and Statistics Committee

## Hospitals Unit

### Unit head

Mr George Bodilsen

### What we do

The Hospitals Unit collates and reports from the Institute's national hospitals databases. The unit produces the annual *Australian hospital statistics* report and accompanying web-based data resources; develops hospitals data; and supports analysis of these data by other users.

### Objectives

- Continue to liaise with stakeholders to ensure the ongoing development and policy relevance of *Australian hospital statistics* and other products provided by the unit.
- Support engagement by the Institute on national work related to hospital and health service reform.
- Build upon improvements in the unit's capacity to provide timely and accurate information through the ongoing development of data extraction and reporting processes.

### Performance against planned outputs in 2008–09

|   |   |
|---|---|
| Contribute to <i>Australia's health 2010</i> .  | Work in progress                                      |
| Publish <i>Australian hospital statistics 2007–08</i> .   | Achieved  |
| Report on <i>Admitted/Non-admitted patient boundary: information issues</i> .   | Work in progress                                      |
| Report on Indigenous identification audit in hospitals.   | Achieved<br><i>To be published 2009–10</i>            |
| Report on evaluation of Elective Surgery Waiting Times National Minimum Data Set.   | Achieved  |
| Provide data for State of Our Public Hospitals, Australian hospital statistics comparison project.                            | Achieved  |
| Prepare a paper on data linkage within the National Hospital Morbidity Database, and between it and the National Death Index. | Work in progress<br><i>To be completed in 2009–10</i> |
| Report on bariatric surgery in Australia  | Work in progress<br><i>To be published 2009–10</i>    |
| Prepare a paper on linkage of diagnosis, external cause and procedure information within admitted patient care records.       | Work in progress<br><i>To be published 2009–10</i>    |

### Additional projects

- Geocoding of health statistics

### Committees

- Coding Standards Advisory Committee
- Australian Hospital Statistics Advisory Committee (chair)

### Data collections managed

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



## Labour Force Unit

### Unit head

Mr David Braddock

### What we do

The Labour Force Unit provides information on health and community services workforces, drawing on both AIHW and external data. A major focus is the collation of national data and production of annual reports for the medical and nursing labour forces.

### Objectives

- Continue to liaise with stakeholders in relation to data and information issues for

the national registration system for health professionals, scheduled for implementation in July 2010.

- Liaise with stakeholders with an aim of ensuring that the work of the unit complements and contributes to the work of the Australian Health Ministers' Advisory Council's Health Workforce Principal Committee and the National Health Workforce Taskforce, including workforce planning projects; work to implement COAG health workforce reforms; and work under the National Health Workforce Strategic Framework.

### Performance against planned outputs in 2008–09

|   |   |
|---|---|
| Contribute to <i>Australia's health 2010</i> .  | Work in progress                            |
| Carry out data analysis and report on comparison of AIHW, Medicare and ABS data on medical practitioners. | Work in progress<br>To be published 2009–10 |
| Publish <i>Medical labour force, Australia, 2006</i> .  | Achieved                                    |
| Publish <i>Nursing and midwifery labour force, Australia, 2007</i> .                                      | Work in progress<br>To be published 2009–10 |
| Update Data cubes of medical and nursing labour force data sets.  | Achieved                                    |
| Publish report on medical labour force 2007.  | Work in progress<br>To be published 2009–10 |

### Additional projects

- Development of the registered health labour force data set specification for the National Registration and Accreditation Scheme

- Principal Committee's Jurisdiction Workforce Planners Working Group

### Committees

- Community and Disability Services Ministers' Advisory Council's Structural Issues in Workforce Subcommittee (expert advisor)
- Technical Specifications Group Subcommittee of the Health Workforce (chair)

### Data collections managed

- Medical Labour Force Survey Data Collection
- Nursing and Midwifery Labour Force Survey Data Collection
- Other Health Practitioner Labour Force Survey Data Collection

## Mental Health Services Unit

### Unit head

Mr Gary Hanson

### What we do

The Mental Health Services Unit’s main functions are to compile, develop and report on the Institute’s national mental health services databases, containing data on a range of mental health services and their activity. The unit also reports on four high-level palliative care performance indicators.

### Objectives

- Continue to work closely with the Mental Health Information Strategy Subcommittee (MHISS) of the Australian Health Ministers’ Advisory Council to enhance the usefulness of the mental health information products supporting the National Mental Health Information Priorities and mental health policy directions.
- Review the content, presentation and relevance of its annual series of reports on mental health services in Australia, in collaboration with the Department of Health and Ageing (DoHA) and the MHISS.

### Performance against planned outputs in 2008–09

|   |   |
|---|---|
| Contribute to <i>Australia’s health 2010</i> .                                | Work in progress                                      |
| Publish a report on the review of suicide statistics in Australia.            | Achieved<br><i>To be published in 2009–10</i>         |
| Publish <i>National palliative care performance indicators report, 2008</i> . | Work in progress<br><i>To be published in 2009–10</i> |
| Publish <i>Mental health services in Australia 2006–07</i> .                  | Work in progress<br><i>To be published in 2009–10</i> |

### Additional projects

- The Mental Health Services Unit has been working with DoHA and states and territories to improve the efficiency of mental health data validation through the development of an online web Mental Health Validator.

- Mental Health Information Strategy National Minimum Dataset Subcommittee (chair and secretariat)

### Data collections managed

- Mental Health Establishment Database
- National Community Mental Health Care Database
- National Residential Mental Health Care Database
- Palliative Care Performance Indicators Data Collection

### Committees

- Mental Health Information Strategy National Minimum Dataset Subcommittee
- National Mental Health Performance Subcommittee

# Health Group

## Group head

Ms Susan Killion

## What we do

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

## Overview of units

- Cardiovascular Disease, Diabetes and Kidney
- Drug Surveys and Services
- Health Registers and Cancer Monitoring
- Respiratory and Musculoskeletal Diseases
- Population Health

# Cardiovascular Disease, Diabetes and Kidney Unit

## Unit heads

Ms Lynelle Moon  
Ms Susana Senes

## What we do

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

## Objectives

- Continue to provide high-quality, novel, policy-relevant analysis of existing CVD,

diabetes and kidney data, including on prevention and health inequalities where possible.

- Establish the new National Centre for Monitoring Chronic Kidney Disease and its expert advisory committee.
- Continue to develop a broader range of dissemination products to better meet the varied needs of our audiences, including short summaries of our publications, better use of our website, and presentations at relevant conferences.
- Build on the solid base of the National Diabetes Register to extend its scope and use.

## Performance against planned outputs in 2008–09

|   |   |
|---|---|
| Contribute to <i>Australia's health 2010</i> .  | Work in progress                                      |
| Undertake analysis of mortality of people on National Diabetes.   | Achieved<br><i>To be published in 2009–10</i>         |
| Publish <i>National Diabetes Register statistical report on Type 1 diabetes 1999–2006</i> .                               | Achieved  |
| Draft <i>National Diabetes Register full statistical report 1999–2007</i> .   | Achieved  |
| Complete and publish second report on co-morbidities between cardiovascular disease, diabetes and chronic kidney disease. | Work in progress<br><i>To be published in 2009–10</i> |
| Complete and publish report on CVD medications and primary health care for people in regional areas.                      | Work in progress                                      |
| Compile and publish CVD expenditure bulletin.   | Achieved  |
| Complete and publish report on diabetes prevalence.   | Work in progress<br><i>To be published in 2009–10</i> |
| Complete and publish report on gestational diabetes.  | Achieved  |
| Draft and publish technical report outlining the chronic kidney disease monitoring system.                                | Achieved  |
| Compile and publish chronic kidney disease summary bulletin.  | Achieved  |
| Compile report on expenditure on chronic kidney disease.  | Achieved<br><i>To be published in 2009–10</i>         |
| Compile and publish lives saved bulletin for National Heart Foundation Australia  | Achieved  |
| Develop a discussion paper on electronic collection of GP data.   | Substantially achieved<br><i>Draft under review</i>   |



### Additional projects

- New contract work commissioned by the National Heart Foundation of Australia on women and cardiovascular disease.

### Data collections managed

- National Diabetes Register

### Committees

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

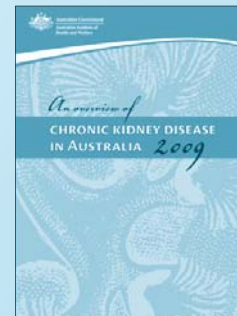
## Making a difference in health and welfare statistics

### *An overview of chronic kidney disease in Australia 2009*

The report, *An overview of chronic kidney disease in Australia 2009*, explains what chronic kidney disease is and describes its extent and patterns in the Australian community. Chronic kidney disease contributed to nearly 10% of all deaths in Australia in 2006 and over 1.1 million hospitalisations in 2006–07. Risk factors for chronic kidney disease are highly prevalent in Australia and the number of Australians at risk is increasing. Indigenous Australians in particular are at high risk.

#### Did you know?

- 1 in 7 people over the age of 25 had some degree of chronic kidney disease in 1999–2000.
- The rate of people with a kidney transplant or receiving dialysis rose by 26% between 2000 and 2007.
- Indigenous Australians were 6 times as likely as other Australians to be receiving dialysis or to have had a kidney transplant.



SNAPSHOT

Chapter 4—Work group reports

# Drug Surveys and Services Unit

## Unit head

Mr Mark Cooper-Stanbury

## What we do

The Drug Surveys and Services Unit provides information on tobacco, alcohol and other drug use and treatment. The unit develops data collections and produces reports based on national surveys, alcohol and other drug treatment services and opioid pharmacotherapy programs.

## Objectives

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

## Performance against planned outputs in 2008–09

|  |  |
|--|--|
| Publish <i>2007 National Drug Strategy Household Survey: detailed findings</i> .   | Achieved                                       |
| Publish <i>Statistics on Drug use in Australia 2010</i> .  | Work in progress<br>To be published in 2009–10 |
| Publish <i>Alcohol and other drug treatment services in Australia 2006–07: report on the National Minimum Data Set</i> .   | Achieved                                       |
| Publish national, state and territory bulletins using AODTS annual data.   | Achieved                                       |
| Create online data cubes for the AODTS–NMDS.   | Achieved                                       |
| Publish AODTS–NMDS guidelines for 2009–10 as a web resource.   | Achieved                                       |
| Publish <i>National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) Collection</i> bulletin.  | Achieved                                       |
| Publish report on the AODTS–NMDS enhancement project—investigating the feasibility of the addition of a statistical linkage key and co-morbidity indicators to the AODTS NMDS. | Achieved                                       |
| Publish NOPSAD data guide as a web resource.   | Achieved                                       |
| Contribute to <i>Australia’s health 2010</i> .   | Work in progress                               |

## Additional projects

- Secondary Alcohol Analyses of the National Drug Strategy Household Survey
- 2010 National Drug Strategy Household Survey

- 2010 National Drug Strategy Household Survey Technical Advisory Group (chair and secretariat)
- Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group (secretariat)
- National Opioid Pharmacotherapy Statistics Annual Data Collection Working Group (secretariat)

## Committees

- 2007 National Drug Strategy Household Survey Technical Advisory Group (chair and secretariat)

## Data collections managed

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

## Making a difference in health and welfare statistics

### Delivering what we know

#### Australasian Professional Society on Alcohol and other Drugs annual conference

Four members of the Drug Surveys and Services Unit attended the annual conference of the Australasian Professional Society on Alcohol and other Drugs, held at Darling Harbour on 24–26 November 2008. The conference was a good opportunity to hear many excellent presentations and talk with some of the researchers who use the data from the AIHW's drug survey and treatment services collections.

Staff presented three posters at the conference, on the following topics:

- reasons for leaving treatment, as recorded in the treatment services data
- how the drug survey is done (sampling, collection modes, questionnaire)
- estimates of smoking from the drug survey.



SNAPSHOT

Chapter 4—Work group reports

## Health Registers and Cancer Monitoring Unit

### Unit head

Ms Christine Sturrock

### What we do

The Health Registers and Cancer Monitoring Unit monitors, investigates and reports on cancer incidence, mortality, survival and prevalence population-based cancer-screening indicators. This includes maintaining the National Cancer Statistics Clearing House with the collaboration of the Australasian Association of Cancer Registries.

### Objectives

- Continue to provide comprehensive and timely national cancer statistics to support the national cancer data strategy and national cancer control research and planning.
- Continue to provide timely national, state and territory performance indicators for the national screening programs for breast, cervical and bowel cancer.
- Analyses to support Department of Health and Ageing’s evaluation of the BreastScreen Australia program.

### Performance against planned outputs in 2008–09

|  |  |
|--|--|
| Publish <i>Cancer in Australia: an overview, 2008</i> .  | Achieved   |
| Publish Australian Cancer Incidence data cubes 1982–2005.  | Achieved   |
| Publish Australian Cancer Incidence and Mortality books, edition 4.  | Achieved   |
| Contribute to <i>Australia’s health</i> and the biennial report on the health and welfare of Aboriginal and Torres Strait Islander people. | Work in progress<br><i>To be published 2009–10</i> |
| Publish <i>Cervical cancer screening in Australia 2006–07</i> .  | Achieved   |
| Publish <i>BreastScreen Australia monitoring report 2005–06</i> .  | Work in progress<br><i>To be published 2009–10</i> |
| Publish <i>National Bowel Cancer Screening Program monitoring report 2008</i> .  | Achieved   |
| Publish <i>Safety monitoring of implementation of the 2005 guidelines for the management of cervical cancer abnormalities</i>              | Achieved<br><i>To be published 2009–10</i>         |
| Complete <i>Participation and performance trends report for the Breastscreen Australia evaluation</i> .                                    | Achieved   |
| Publish <i>Non-melanoma skin cancer: General practice consultations, hospitalisation and mortality</i> .                                   | Achieved   |
| Publish <i>Breast cancer in Australia: an overview 2009</i> .  | Work in progress<br><i>To be published 2009–10</i> |
| Publish <i>Ovarian cancer in Australia: an overview 2009</i> .   | Work in progress<br><i>To be published 2009–10</i> |
| Publish <i>Risk of breast cancer following a diagnosis of ductal carcinoma-in-situ</i> .   | Work in progress<br><i>To be published 2009–10</i> |

### Additional projects

- Analysis of Medicare mammography data as part of the BreastScreen Australia evaluation
- Ongoing development of National Cervical Cancer Prevention Dataset
- Commenced development of National Bowel Cancer Screening Dataset
- Commenced development of Cancer Registries National Minimum Dataset

### Committees

- National Bowel Cancer Screening Program Advisory Group
- Australasian Association of Cancer Registries (AACR): Coding and Reporting Committee, Indigenous Cancer Committee, National Minimum Data Set Working Group and a member of AACR Executive (secretariat)

- National Breast and Ovarian Cancer (NBOC) Data Advisory Group
- National Cervical Screening Monitoring Indicators Working Group
- National Cervical Screening Data Mangers Working Group
- Cancer Australia Data Advisory Group
- Neonatal Hearing Screening Working Group

### Data collections managed

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

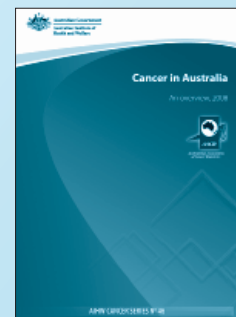
## Making a difference in health and welfare statistics

### *Cancer in Australia: an overview 2008*

The report, *Cancer in Australia: an overview 2008* presents comprehensive national data on cancer incidence and mortality in 2005 and projections for 2006 to 2010. Other topics covered include incidence of lymphohaematopoietic cancers using a WHO-based classification scheme, cancers attributed to smoking and excessive alcohol consumption, incidence in the states and territories, incidence rates and most common cancers over the life span and cancer-related hospitalisations. Summaries are provided for cancer survival, cancer prevalence, the cancer screening programs and the burden of cancer. The report is complemented by substantial online cancer data on the AIHW website.

### Did you know?

- 100,000 new cases of cancer were diagnosed in Australia in 2005.
- The most common cancer in males is prostate cancer, and in females it is breast cancer.
- New cancer cases are projected to increase by over 3,000 cases per year.



SNAPSHOT

Chapter 4—Work group reports



# Respiratory and Musculoskeletal Diseases Unit

## Unit head

Dr Kuldeep Bhatia

## What we do

The Respiratory and Musculoskeletal Diseases Unit monitors and reports regularly on arthritis, osteoporosis, asthma and other obstructive respiratory diseases in Australia. The unit's work has expanded to include primary care information management.

## Objectives

- Continue to be a reliable source of national information on arthritis, osteoporosis and asthma.
- Continue to develop expertise for monitoring various respiratory and musculoskeletal problems.
- Produce high-quality analyses and reports on respiratory and musculoskeletal diseases that will meet the needs of government, policy makers, researchers, non-government groups and the broader community.
- Contribute to the development and effective use of primary health care data, including electronic collection of general practice data.
- Develop methodology and statistics for monitoring the use of prescription medicines in Australia.

## Performance against planned outputs in 2008–09

|   |  |
|---|--|
| Contribute to <i>Australia's health 2010</i> .  | Work in progress                               |
| Complete and publish <i>Chronic respiratory diseases in Australia</i> .   | Work in progress<br>To be published in 2009–10 |
| Provide a national workshop on occupational asthma.   | Achieved                                       |
| Publish <i>Arthritis and osteoporosis in Australia 2008</i> .   | Achieved                                       |
| Publish <i>Juvenile arthritis in Australia</i> .  | Achieved                                       |
| Publish <i>A picture of rheumatoid arthritis in Australia</i> for consumers.                                    | Achieved                                       |
| Draft and publish <i>Carers of people with arthritis and osteoporosis</i> for consumers.                        | Achieved                                       |
| Draft and publish <i>The problem of osteoporotic hip fracture in Australia</i> bulletin.                        | Achieved                                       |
| Complete and submit <i>Trends in minimal trauma hip fracture in Australia</i> .                                 | Work in progress<br>To be published in 2009–10 |
| Complete and submit <i>Disparities in joint replacement rates</i> .   | Achieved                                       |
| Complete and publish <i>Medication use in arthritis and osteoporosis</i> .                                      | Work in progress<br>To be published in 2009–10 |
| Draft report on <i>Expenditure for arthritis and musculoskeletal conditions</i> bulletin.                       | Achieved                                       |
| Draft report on musculoskeletal conditions and mental wellbeing.  | Work in progress                               |
| Develop and maintain web pages for the National Centre for Monitoring Arthritis and Musculoskeletal Conditions. | Achieved                                       |
| Publish <i>Review and evaluation of Australian data collections for primary health care information</i> .       | Achieved                                       |
| Draft report on <i>Chronic respiratory diseases in primary health care settings</i>                             | Achieved<br>To be published in 2009–10         |
| Draft report on asthma in older persons   | Achieved                                       |

**Additional projects**

- Draft report on air pollution and asthma to be published in 2009–10

- Secretariat for the National Centre for Monitoring Arthritis and Musculoskeletal Conditions Steering Committee

**Committees**

- Secretariat for the Australian System for Monitoring Asthma Steering Committee

**Data collections managed**

- Bettering the Evaluation and Care of Health Data

**Making a difference in health and welfare statistics****AIHW leading 'data sharing'****Coordinated first Australian occupational asthma workshop**

In order to facilitate data sharing and bridge the gap between researchers and policy makers, the AIHW led the way by coordinating the first Occupational Asthma workshop.

Occupational asthma is a chronic inflammatory disease of the airways that can be linked to exposure to one or more asthmagens (substances causing asthma) present in the workplace. The category also covers exacerbations of existing asthma following exposures at the workplace.

Occupations with the greatest risk for occupational asthma include: farming, painting, cleaning, baking, animal handling and chemical work. Although not curable, occupational asthma is largely preventable through actions that avoid or reduce exposure to workplace sensitisers and irritants.

More than 35 national and international delegates participated in the workshop. Some policy issues in relation to occupational asthma were also discussed.

**SNAPSHOT****Chapter 4**—Work group reports

# Population Health Unit

## Unit head

Mr Mark Cooper-Stanbury

## What we do

The Population Health Unit develops and provides information on the health of the Australian population and priority subpopulations, and covers health inequalities. The unit has specific projects in the areas of veterans' health, rural health, the monitoring of chronic diseases and associated determinants of health, international health, eye health, food and nutrition, and mortality.

## Objectives

- Assist with the development of Australia's capacity to undertake national surveillance of chronic diseases and associated determinants.

- Support the AIHW's work on health inequalities, and the health of specific populations.
- Support the health-related statistics needs of the Department of Veterans' Affairs.
- Contribute to improved national understanding of significant rural health issues through monitoring, analysis and dissemination of rural health data.
- Establish capacity to monitor compliance and health issues related to the mandatory fortification of food with folic acid and iodine.
- Provide support and expert input to relevant information committees and working groups.

## Performance against planned outputs in 2008–09

|  |  |
|--|--|
| Prepare General Record of Incidence of Mortality books for 2006 year of registration (national and year of death (state and territory) (set of Excel workbooks). | Not achieved<br><i>Data not available</i>          |
| Contribute to <i>Australia's welfare 2009</i> and other AIHW flagship publications.  | Achieved   |
| Contribute to <i>Australia's health 2010</i> .   | Work in progress                                   |
| Coordinate provision of Australian data to OECD and WHO.   | Achieved   |
| Publish report on Electoral roll matching suitability project.   | Work in progress<br><i>To be published 2009–10</i> |
| Publish report on development of headline chronic disease indicators.  | Achieved   |
| Publish <i>Chronic diseases and productive participation</i> .   | Achieved   |
| Publish <i>Multiple risk factors and productive participation</i> .  | Work in progress<br><i>To be published 2009–10</i> |
| Publish set of bulletins on eye health.  | Work in progress<br><i>To be published 2009–10</i> |
| Publish 'stock take' report on folate and iodine fortification.  | Achieved<br><i>Pending external approval</i>       |
| Publish <i>Rural indicators of health</i> .  | Achieved   |

(continued)



Draft specific rural health reports.

Not achieved  
To be published 2009–10

Draft specific reports on chronic diseases and associated determinants.

Achieved  
Pending external approval

### Committees

- Population Health Information Development Group (co-chair: Penny Allbon; secretariat: Population Health Unit)
- ABS Health Reference Group
- ABS Mortality Statistics Advisory Group
- Australasian Mortality Data Interest Group
- Food Standards Australia New Zealand Dietary Modelling Stakeholder Advisory Group
- DrinkWise Australia Research Advisory Group

### Data collections managed

- National Mortality Database
- AIHW Population Database
- Selected Veterans/Defence Nominal/Health Databases
- Australian Bureau of Statistics Confidentialised Unit Record File contact

# Housing and Disability Group

## Group head

Ms Alison Verhoeven

## What we do

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

## Overview of units

- Functioning and Disability
- Homelessness Data Collection
- Homelessness Research and Development
- Housing Assistance
- Housing and Homelessness Coordination

## Functioning and Disability Unit

### Unit head

Ms Cathy Hales

### What we do

The Functioning and Disability Unit monitors trends in the prevalence of disability in Australia and measures the need for and use of disability support services. This work is done in consultation with the Australian Bureau of Statistics, the National Disability Information Management Group and other groups.

### Objectives

- Develop indicators and data to support an outcomes focus, particularly in relation to priorities for services funded by the Commonwealth State/Territory Disability Agreement (CSTDA) as identified by ministers during the renegotiation of the agreement.
- Work with the Disability Policy and Research Working Group on improved measures of unmet demand for specialist disability services.
- Provide leadership on national disability data.
- Target products to better meet the information needs of policy analysts, disability service providers, people with disabilities and their carers, and the broader community.
- Disseminate information about disability and disability services more widely, including presentations at stakeholder-organised conferences and publications in selected, relevant academic journals.

### Performance against planned outputs in 2008–09

|  |   |
|--|---|
| Publish AIHW annual report on the 2006–07 Commonwealth State/Territory Disability Agreement (CSTDA) NMDS collection.                                   | Achieved  |
| Create online data cubes for 2006–07 CSTDA NMDS collection.  | Achieved  |
| Publish two <i>Analysis of Survey of Disability and Carers (SDAC)</i> data with output planned bulletins.  | Achieved  |
| Publish journal articles on disability population data.  | Not achieved<br><i>Limited budget and staff resources</i> |
| Author chapter on disability and disability services for <i>Australia's welfare 2009</i> .   | Achieved  |
| Publish report on the minimum data set for younger people in residential aged care in 2006–07 (carried over from the '07–08 work program) and 2007–08. | Achieved  |

### Additional projects

- Development of a suite of common disability data elements for use across community services data collections.
- Scoping a major redevelopment of the CSTDA National Minimum Data Set.

### Committees

- National Disability Data Network (formerly the CSTDA Data Network) (member and secretariat)
- National Disability Information Management Group (member)

- Disability Policy and Research Working Group (observer)
- Advisory Committee on Functioning and Disability Data (deputy chair and secretariat)
- Carers Economic Model Advisory Committee (member)
- ABS Health Statistics Advisory Committee (member)

**Data collections managed**

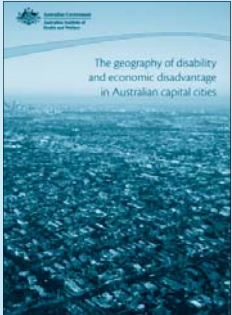

- CSTDA National Minimum Data Set
- COAG Younger People in Residential Aged Care National Minimum Data Set

**SNAPSHOT**

## Making sense of statistics

### *The geography of disability in Australia*

Drawing on data from the 2006 Census on severe disability, the Functioning and Disability Unit developed a report which examined the distribution of severe disability within Australian capital cities. It also considered the relationship between the percentage of people with severe disability in local metropolitan areas and the level of socioeconomic disadvantage of the area.



## Homelessness Data Collection Unit

### Unit head

Mr Stephen Davison

### What we do

The Homelessness Data Collection Unit manages the Interim Supported Accommodation Assistance Program (SAAP) Data Collection, reporting on the effectiveness of the SAAP homelessness program in meeting the COAG Performance Indicators, and supports the development of the new homelessness data collection system. In addition, it manages the Victorian Homelessness Data Collection (VHDC) and undertakes other relevant ad hoc projects.

SAAP collection (to be known as Interim SAAP from 1 July 2009 to 30 June 2011).

- Manage the COAG reporting requirements.
- Support jurisdictions to take on management of data issues with their SAAP agencies.
- Develop more effective methods of receiving, processing and reporting on SAAP data (including an online form, data submission portal, and online help facilities).
- Integrate practice and service improvements across the VHDC and ad hoc projects.
- Contribute to the national debate about homelessness and relevant data.

### Objectives

The Work Plan Objectives have changed in light of the new National Affordable Housing Agreement and significant changes to the

### Performance against planned outputs in 2008–09

|  |   |
|--|---|
| Implementation of new weighting system for SAAP data.  | Work in progress<br><i>Under review</i>       |
| Draft the Homelessness chapter of <i>Australia's welfare 2009</i> .                            | Achieved                                      |
| Deliver presentations (and papers) at two key conferences in 2007–08.                          | Not achieved<br><i>No relevant conference</i> |
| Report on identifying high and complex needs in housing and homelessness data.                 | Achieved                                      |
| Produce 2007–08 agency reports for each agency supplying SAAP services.                        | Achieved                                      |
| Publish <i>Demand for SAAP assistance by homeless people 2006–07</i> bulletin.                 | Achieved                                      |
| Produce half-yearly (July to December) agency reports for each agency providing SAAP services. | Achieved                                      |
| Produce Bulletin on Aboriginal and Torres Strait Islander SAAP clients.                        | Not achieved<br><i>Deferred to 2009–10</i>    |
| Produce Bulletin (SAAP client group TBC).  | Not achieved<br><i>Deferred to 2009–10</i>    |
| Produce Confidentialised Unit Record Files.  | Achieved                                      |

(continued)

|   |          |
|---|----------|
| Provide an ad hoc data request service to SAAP stakeholders.  | Achieved |
| Publish <i>Homeless people in SAAP— National Data Collection annual report 2007–2008</i> .                                    | Achieved |
| Publish <i>Homeless people in SAAP— National Data Collection annual State and Territory supplementary reports 2007–2008</i> . | Achieved |
| Produce reports, tables and unit record files for high and complex needs census of clients of SAAP services.                  | Achieved |

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**Additional projects**

- Problem Gambling Project for FaHCSIA

**Data collections managed**

- Supported Accommodation Assistance Program
- Victorian Homelessness Data Collection

## Homelessness Research and Development Unit

### Unit head

Mr Sean Ackland

### What we do

The Homelessness Research and Development Unit (HRDU) will strengthen services to support the homeless by building a new homelessness data collection system. This system will allow national data collections to be used to meet the reporting requirements under the National Affordable Housing Agreement (NAHA) and the National Partnership Agreements (NPA) from 2011.

### Objectives

- Design and document a new national data collection for homelessness and crisis/transitional housing sectors.
- Liaise with relevant AIHW and inter-jurisdictional governance committees to ensure necessary agreements are in place to support the new national data collection.
- Initiate a work program to build and implement the specified collections, starting in early 2010.
- Provide a source of support and advice to other AIHW housing and homelessness units regarding homelessness data, especially in regard to meeting COAG reporting requirements and managing the transition from existing homelessness collections.

### Performance against planned outputs in 2008–09

|   |          |
|---|----------|
| Contribute to the Housing and Homelessness chapters of <i>Australia's welfare 2009</i> .    | Achieved |
| Contribute to the Housing and Homelessness Policy and Research Working Group agenda papers. | Achieved |
| Contribute to the Housing and Homelessness Information Management Group's agenda papers.    | Achieved |

### Committees

- Housing and Homelessness Policy and Research Working Group
- Housing and Homelessness Information Management Group

### Data collections managed

- New Homelessness and Crisis/Transitional Data Collection including Data Collection, Business Systems and System Architecture

## Housing Assistance Unit

### Unit head

Ms Tracie Ennis

### What we do

The Housing Assistance Unit works with key stakeholders to produce policy-relevant national housing information. It also develops national data standards, identifies data items for national collection, collects and analyses national housing data and produces national reports on social and private housing assistance.

### Objectives

- Strengthen our engagement with policy makers at both state and Commonwealth levels, to ensure our data development and analysis activities are of maximum relevance.
- Maintain and build on our position as the Australian experts in the development of housing assistance performance indicator

frameworks and associated performance reporting activities.

- Promote the national housing assistance data repository, in particular the extensive nature of the data held, the high quality of this data and its application for policy-relevant analysis.
- Build on the collaborative work of the Housing and Homelessness units to develop the careers and job satisfaction of staff through such mechanisms as cross-unit projects and opportunities to work on newly emerging areas.
- Build a highly skilled and flexible team, to ensure we continue to meet our existing commitments, but are also able to take on new opportunities that are likely to arise from work related to the National Affordable Housing Agreement and the continuing success of the AIHW's Housing and Homelessness units.

### Performance against planned outputs in 2008–09

|  |  |
|--|--|
| Contribute to the Housing chapter of <i>Australia's welfare 2009</i> .   | Achieved   |
| Report on housing assistance trends over the lifetime of the 2003 CSHA.  | Work in progress<br>Delayed due to COAG priorities                                       |
| Provide the 2006–07 national performance information for the six 2003 CSHA program areas and Indigenous community housing to FaHCSIA and to the Report on Government Services Housing Working Group. | Achieved   |
| Publish three substantive CSHA reports on 2006–07 public rental housing, state-owned and managed Indigenous housing and community housing data.  | Achieved   |
| Publish three internet-only CSHA reports on 2006–07 Crisis Accommodation Program, home purchase assistance and private rent assistance data.   | Achieved   |
| Draft report against the National Reporting Framework for Indigenous Housing.  | Work in progress<br>Delayed due to limited availability of data. To be published 2009–10 |

(continued)



|  |   |
|--|---|
| Draft report <i>Indigenous housing needs 2007: a multimeasure needs model</i> .  | Work in progress<br><i>Delayed due to limited availability of data. To be published 2009–10</i> |
| Produce fact sheets on results from 2006–07 CSHA community housing data collection.  | Achieved  |
| Publish working paper on the development and collection of data on the access by Indigenous households to mainstream housing assistance for the 2003 CSHA. | Achieved  |
| Deliver presentation (and papers) at two key conferences in 2008–09.   | Not achieved<br><i>No suitable conferences</i>  |

### Additional projects

- Participated in the COAG Housing Working Group’s final drafting of the National Affordable Housing Agreement (NAHA), including performance indicators.
- In collaboration with the former National Committee on Housing Information, the ABS and related units within the AIHW organised a number of workshops to flesh out the PI specifications for the NAHA.

### Committees

- Housing Ministers’ Advisory Committee (observer)
- Housing and Homelessness Policy Research Working Group (observer)
- Housing and Homelessness Information Management Group (member and secretariat)

### Data collections managed

- Public Housing
- State-owned and Managed Indigenous Housing
- Mainstream Community Housing
- State-level Private Rent Assistance
- State-level Home Purchase Assistance
- Indigenous Community Housing
- Crisis Accommodation Program



# Information and Strategy Group

## Group head

Ms Julie Roediger

## What we do

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

## Overview of units

- Data and Information Technology
- National Data Development and Standards



## Making a difference in health and welfare statistics



SNAPSHOT

### E-Health System

Australia, like many other countries, is developing an electronic health system.

Improving clinical practice is a central focus of the e-health strategy. But the 'complementary uses' of e-health information for statistics, policy and research also figure in the strategy.

The AIHW and the National E-Health Transition Authority are collaborating to help ensure that Australia will derive full value from its health information. The opportunities include—

- building richer clinical detail into health statistics
- extending the coverage of data to parts of the health system that are poorly covered at present
- providing across-silo views of services
- developing new or better registers (of people with certain diseases or of those who have received certain treatments or devices)
- providing joined-up and longitudinal views of patients' health and their experience of services and
- generating more insight into the safety, quality and performance of the health system.

During 2008–09, the AIHW and NEHTA described possibilities for the data supply chain once the e-health system is in place. Other exploratory work has examined the statistical implications of e-health records, new 'data clusters' such as event summaries, and clinical terminologies.





# Social and Indigenous Group

## Group head

Dr Fadwa Al-Yaman

## What we do

The Social and Indigenous Group is responsible for producing statistics, analysis and reporting on health and welfare issues relating to children, youth and families, on ageing and aged care and on Aboriginal and Torres Strait Islander peoples. The group is also responsible for producing statistics on juveniles in the Juvenile Justice System and on prisoners' health. The group has a function of developing data linkage and integration to inform whole-of-government issues in the areas of community services and related health services data.

## Overview of units

- Indigenous Determinants and Outcomes
- Indigenous Program Evaluation and Capacity Building
- Indigenous Community and Health Service Reporting
- Ageing and Aged Care
- Child and Youth Welfare and Children, Youth and Families
- Community Services Integration and Justice Health





## Performance against planned outputs in 2008–09

|  |   |
|--|---|
| Prepare input on Indigenous issues for <i>Australia's welfare 2009</i> .   | Achieved  |
| Contribute a section on Indigenous issues in <i>Australia's health 2010</i> .  | Work in progress  |
| Undertake with the ABS a review of the report <i>The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples</i> taking into account stakeholders' views and current COAG processes for reporting on Indigenous Australians. | Achieved  |
| Provide data for the Productivity Commission in relation to the production of the <i>Overcoming disadvantage</i> report.   | Achieved  |
| Healthy for Life services reports and final reports.   | Achieved  |
| Child health check conditions and referrals report and community reports.  | Achieved  |
| Produce a report on the analysis of data quality in five health data collections.  | Achieved  |
| Produce a report on the quality of Indigenous identification in the cancer register.   | Achieved  |
| Update data cubes for the program 'Fixing Housing for Better Health' and provide quarterly reports to FaHCSIA and Health Habitat on users of the data cubes.   | Work in progress<br>Delayed data source                     |
| Produce a draft statistical report on the Aboriginal and Torres Strait Islander Health Performance Framework 2008 report, to be used as the basis for the AHMAC policy report.   | Achieved  |
| Produce final detailed analyses for the Aboriginal and Torres Strait Islander Health Performance Framework 2008 report to be published on the web.   | Achieved  |
| Produce statistical reports on the Aboriginal and Torres Strait Islander Health Performance Framework for all states and territories with the exception of the ACT and Tasmania.   | Achieved  |
| Publish a report on the evaluation of the social and emotional wellbeing and mental health module from the National Aboriginal and Torres Strait Islander health Survey.   | Achieved  |
| Publish a report on extended measures for assessing the social and emotional wellbeing and mental health for Indigenous Australians.   | Work in progress  |
| Publish report on <i>Best practice guidelines for collecting Indigenous status information—dissemination and communication</i> .   | Work in progress<br>Draft produced. To be published 2009–10 |
| Produce a report on estimates of mortality (in collaboration Australian National University).  | Achieved<br>Delayed data source. To be published 2009–10    |
| Produce a report on the 2006 International Group for Indigenous Health measurement meeting held in Canberra, Australia.  | Achieved  |
| Produce a report on geographical analyses of health status.  | Work in progress<br>To be published in 2009–10              |

## Additional projects

- Produced a draft report on substance use among Aboriginal and Torres Strait Islander peoples
- Produced a draft survey instrument to review the Aboriginal and Torres Strait Islander Health Data Principles
- Provided analytical services for an evaluation of the Child Protection Scheme of Income Management and Voluntary Income Management Initiatives in Western Australia
- Provided analytical services for an evaluation of the Income Management Initiative in the Northern Territory



## Making a difference in health and welfare statistics



SNAPSHOT

### Expanding our Aboriginal and Torres Strait Islander work

#### Three new units rather than one

The Aboriginal and Torres Strait Islander Health and Welfare Unit was recently split into three new units—the Indigenous Determinants and Outcomes Unit, the Indigenous Program Evaluation and Capacity Building Unit and the Indigenous Community and Health Service Reporting Unit.

The Indigenous Determinants and Outcomes Unit works on the Northern Territory Emergency Response Child Health Check project, which involves managing, analysing and reporting data from four different collections.

Other work the unit does includes conducting detailed national and state/territory analyses for reporting against the Aboriginal and Torres Strait Islander Health Performance Framework and undertaking a project on the enhancement of Indigenous mortality data.

The Indigenous Program Evaluation Unit is responsible for managing a national clearing house to support the evidence base to inform Closing the Gap on Indigenous disadvantage. The clearing house will host material relevant to best practice and success factors important to Closing the Gap in the areas of health, education and employment. This work is undertaken in collaboration with the Australian Institute of Family Studies.

The Indigenous Community and Health Service Reporting Unit undertakes a number of projects designed to monitor and report on the progress of the health and welfare of Aboriginal and Torres Strait Islander people, with a particular focus on health service use and delivery and primary health care. This includes reporting against the Healthy for Life program, that aims to improve the capacity and performance of primary health care services to deliver maternal and children's health services and chronic disease care for Indigenous people. The unit is also responsible for developing Indigenous community and regional profiles for the COAG remote service delivery agreements and coordinates COAG reporting on Indigenous Australians across the AIHW.



## Ageing and Aged Care Unit

### Unit head

Ms Ann Peut

### What we do

The Ageing and Aged Care Unit aims to inform community debate and public policy making in the areas of ageing, aged care and dementia through a variety of statistical reporting, research, and data development projects.

### Objectives

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

### Performance against planned outputs in 2008–09

|  |  |
|--|--|
| Draft the Ageing and Aged Care chapter of <i>Australia's welfare 2009</i> and prepare conference presentation.             | Work in progress<br>To be published in 2009–10   |
| Draft contributions to chapters 3 and 4 of <i>Australia's health 2010</i> .  | Work in progress<br>To be published in 2009–10   |
| Publish <i>Aged care packages in Australia 2007–08</i> .   | Work in progress<br>To be published in 2009–10   |
| Publish <i>Residential aged care in Australia 2007–08</i> .  | Achieved   |
| Care pathways of older Australians (joint project with Community Services and Integration Linkage Unit).                   | Work in progress<br>Three-year project with data linkage completed and initial analysis undertaken |
| Dementia Transitions in Care—review of evidence and node leadership within Primary Dementia Collaborative Research Centre. | Achieved   |

## Additional projects

- Dementia Transitions in Care node—take-up of residential respite care by people with dementia

Data analysis undertaken and draft report prepared. This project is being conducted jointly with Community Services Integration and Justice Health Unit.

- Hospital dementia services

A 3-year National Health and Medical Research Council-funded project investigating the influence of hospital-based aged care and dementia services on outcomes for people with dementia admitted to hospital. The project is being conducted jointly with University of Canberra, University of New South Wales and the Community Services Integration and Justice Health Unit. Relevant Ethics Committee approvals have been obtained. The survey of dementia services in public hospitals has been developed, tested and finalised. Investigations into approach to be taken to obtain whole-of-hospital-stay data from hospital episode data are underway.

- Carers Data Repository Feasibility Study  
A draft report of a feasibility study into a Carers Data Repository has been completed. Publication will take place in 2009–10.

- Aged Care Research Program

In conjunction with Community Services Integration and Justice Health Unit, this project, funded by the Department of Health and Ageing, will refine and further develop linked aged care data sets incorporating data from the Aged Care Assessment Program, residential aged care, aged care packages in the community, Veterans' Home Care, and Home and Community Care. Methodological work in relation to data

linkage has been undertaken; data approvals have been sought for the extension of the study period; and discussions held with the department about particular analyses.

- Cultural diversity of older Australians (book chapter)

A draft chapter for a book about the cultural and religious diversity of older Australians has been prepared based on a presentation to the Centre for Ageing and Pastoral Studies Conference in August 2008.

## Committees

- Report on Government Services Aged Care Working Group
- Dementia Collaborative Research Centre Steering Committee
- Dementia Collaborative Research Centre Advisory Committee
- Australian Bureau of Statistics Survey of Disability, Ageing and Carers Advisory Committee
- Advisory Committee for Functioning and Disability Data
- The Dynamic Analyses to Optimize Ageing project Steering Committee
- Australian Association of Gerontology National Council
- Australian Association of Gerontology ACT Committee

## Data collections managed

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



### Additional projects

- Making progress: the health, development and wellbeing of Australia's children and young people
- Further data development of the Children's Headline Indicators, for those priority areas that do not have a defined Headline Indicator
- Electronic data dissemination release for the Headline Indicators
- Development of a set of national data standards and protocols for the reporting against performance indicators in the National Partnership Agreement on Early Childhood Education

### Committees

- National Child Information Advisory Group (secretariat)
- National Youth Information Advisory Group (secretariat)
- National Child Protection and Support Services Data Group (secretariat)
- Early childhood data mapping project working group (member)

- Intercountry Adoption Central Authorities committee (member)
- ABS Children and Youth Statistics Advisory Group (member)
- ABS General Social Survey Reference Group (member)
- Report on Government Services working groups—Protection and Support Services and Children's Services (member)
- Victorian Child Adolescent Monitoring System Data Management Committee
- Longitudinal Study Advisory Group (member)

### Data collections managed

- Child Protection and Family Support Services
- Adoptions
- Headline Indicators for Children's Health, Development and Wellbeing
- Educational Outcomes for Children on Guardianship or Custody Orders (pilot data)
- Foster Carer Data Collection (pilot data)

## Making a difference in health and welfare statistics

### *A picture of Australia's children 2009*

The report, *A picture of Australia's children 2009* delivers the latest information on how, as a nation, we are faring according to key indicators of child health, development and wellbeing. Death rates among children have fallen dramatically, and most children are physically active and meet minimum standards for reading and numeracy. But it is not all good news. Rates of severe disability and diabetes are on the rise. Too many children are overweight or obese, or are at risk of homelessness, and Aboriginal and Torres Strait Islander children fare worse on most key indicators.

#### Did you know?

- Children living in remote areas have higher death rates
- Aboriginal and Torres Strait Islander children are 5 times as likely to be born to teenage mothers







### Additional projects

- Dementia transitions in care node; Hospital dementia services; Aged care research program—these projects are being conducted with Ageing and Aged Care Unit. See page 109.
- National Prisoners Health Information Development project

Stage 4 of the National Prisoners Health Information Development project is currently in progress. This stage involved a national trial collection, conducted during the week beginning 29 June 2009. The trial data collection is a census of prison health services and will provide data on the health of people entering prison, visits to prison clinics, repeat medications administered to prisoners and characteristics of prison clinics. A national prisoner health indicator report, based on the results of the census and some data from external sources, will be prepared and is planned for release in early 2010. Stage 5 of the project involves the finalisation and endorsement of the set of national indicators, which will be undertaken in 2009–10.

### Committees

- Juvenile Justice Research and Information Group (formerly the Juvenile Justice Data Working Group) (secretariat)
- Prisoner Health Information Group (secretariat)
- Technical Expert Group (secretariat)

### Data collections managed

- Juvenile Justice National Minimum Data Set

# Reports from collaborating units with agreed work plans

## National Injury Surveillance Unit

The AIHW has an agreement with Flinders University for the operation of the National Injury Surveillance Unit. An additional schedule to the agreement exists between the Australian Government Department of Health and Ageing and the AIHW for the National Injury Surveillance Unit. The unit was developed for the purposes of informing community discussion and supporting policy making on the prevention and control of injury in Australia by developing, coordinating, interpreting and disseminating relevant information, research and analysis.

### Unit head

Associate Professor James Harrison

### What we do

The National Injury Surveillance Unit (NISU) is a collaborating unit of the AIHW in the subject area of injury. The NISU program is the main source of national statistical reporting on injury in Australia.

### Objectives

- Analyse and report upon existing data.
- Assess needs and opportunities for new information sources and mechanisms, and for improvement of existing ones.
- Develop new information sources and other relevant infrastructure.

- Provide advice and other services to assist others who are engaged in injury control and related matters.

### Achievements

- The unit published 12 reports in 2008–09 covering a broad range of topics. The unit also contributed to the maintenance of national data standards relevant to injury.
- Staff are currently working on nine reports covering topics of hospital separations due to injury and poisoning, injury deaths, hospitalised interpersonal violence, cost and burden of injury, injury patterns in older people, trends in childhood injury, spinal cord injury and hospitalisations due to falls by older people, to be published in 2009–10.

### Publications

- *Drowning and other injuries related to aquatic activities at ages 55 years and older in Australia*
- *Eye-related injuries in Australia*
- *Hospital separations due to injury and poisoning, Australia, 2004–05*
- *Hospital separations due to traumatic brain injury, Australia 2004–05*
- *Hospitalisations due to falls by older people, Australia 2005–06*
- *Hospitalised farm injury among children and young people, Australia 2000–01 to 2004–05*
- *Injury as a chronic health issue in Australia*

- *Injury of Aboriginal and Torres Strait Islander peoples due to transport, 2001–02 to 2005–06*
- *Injury severity scaling: a comparison of methods for measurement of injury severity*
- *Serious injury due to land transport accidents, Australia, 2005–06*
- *Serious injury due to transport accidents involving a railway train, Australia, 2001–02 to 2005–06*
- *Serious injury due to transport accidents, Australia, 2005–06*
- *Spinal cord injury, 1999–2005*
- *Spinal cord injury, Australia, 2006–07*

## Committees

- National Injury Prevention Working Group
- National Children's Information Advisory Group
- National Indicators Advisory Group
- Research Centre for Injury Studies representation of Flinders University
- SA and NT DataLink Consortium Steering Committee
- Centre for Automotive Safety Research Advisory Board, Adelaide University
- Research Centre for Injury Studies representation in own right
- WHO-ICD Revision Steering Group

## Data collections managed

- Australian Spinal Cord Injury Register

## National Perinatal Statistics Unit

The AIHW has an agreement with the University of New South Wales for the operation of the National Perinatal Statistics Unit at the university. The unit was established for the purposes of providing national leadership in the development and study of statistics relating to perinatal health; collecting, collating and analysing statistics relating to perinatal health; and initiating and undertaking associated research studies.

### Unit head

Associate Professor Elizabeth Sullivan  
Dr Lisa Hilder (*Acting Director from 1 October 2008 until 23 November 2008*)

### What we do

The National Perinatal Statistics Unit aims to improve the health and wellbeing of Australian mothers and babies through the collection, analysis and reporting of national reproductive and perinatal health information. This external collaborating unit is sited at the University of New South Wales.

### Objectives

- Monitor and interpret data in perinatal morbidity and mortality made available by the AIHW to the unit under this agreement.
- Produce reports on perinatal statistics as stipulated in the work plan from time to time.
- Undertake data development work.
- Apply for long-term recurrent funding with a view to attracting other sources of funding to support other research.
- Increase the number and value of external research grants.

- Publish reports on reproductive and perinatal health which cover pregnancy outcomes, maternal morbidity and mortality, assisted reproduction and congenital anomalies.

### Achievements

- The work program was successfully implemented with the release of five national AIHW publications over the 12-month period. This included four that were published, as listed below. The Perinatal National Minimum Data Set compliance evaluation 2001 to 2005 was published as an e-version only.
- A program of national perinatal data of development continued. This included finalisation of Smoking in pregnancy: data development. Four new data elements were accepted for inclusion in the NHDD by the NHISSC on 1 April 2009. In addition, a major program of work on the development of both the ICD-10-AM classification for congenital anomalies and a national minimum data set were undertaken. Several national technical congenital anomalies ICD-10-AM Classification Workshops were held to review congenital anomaly classifications and the findings used by the NCCH to propose changes for the 7th Edition of ICD-10-AM. A national program of data development in consultation with jurisdictions and the AIHW was completed. A National Data Set Specification for congenital anomalies was submitted to the NHISSC in April 2009.
- An ongoing program of consultation with jurisdictions, professional and clinical groups on perinatal information.

- Work commenced on a project to include Indigenous status of the baby in the NPDC minimum dataset. Revised milestones were agreed with the AIHW ATSI Determinants and Outcomes Unit to take into account the delayed starting date. Initial consultation and a literature review have been completed to date.
- A project investigating the feasibility of national data on prenatal screening is in progress but has been delayed due to local staffing changes and a need to undertake further consultation with jurisdictions. It will be submitted to the NHISSC in July 2009.
- The request for data and preparation of the *Congenital anomalies in Australia 2004–05* publication has not proceeded due to lack of identified funding for the publication.

### Publications

- *Assisted reproduction technology in Australia and New Zealand 2006*
- *Australia's mothers and babies 2006*
- *Neural tube defects in Australia*
- *Perinatal National Minimum Data Set compliance evaluation 2001 to 2005*

### Committees

- National Perinatal Data Development Committee (secretariat)
- National Congenital Anomalies Steering Committee (secretariat)
- AIHW National Perinatal Statistics Unit Management Advisory Committee (secretariat)
- AIHW National Child Information Advisory Group
- ABS Mortality Statistics Advisory Group (MSAG)
- The Australia and New Zealand Stillbirth Alliance

### Data collections managed

- National Perinatal Data Collection
- National Congenital Anomalies Collection
- Historical collections
- National Congenital Malformations and Birth Defects Data Collection (NCM&BD)
- National Maternal Deaths Collection
- Assisted Conception Collection

## Dental Statistics and Research Unit

The AIHW has an agreement with the University of Adelaide for the operation of the AIHW Dental Statistics and Research Unit at the university. The unit was established for the purposes of collecting, collating and analysing statistics relating to dental care and oral health, and on dental services and service providers, and for initiating and undertaking associated research studies.

### Unit head

David Brennan  
(Formerly Professor Gary Slade)

### What we do

The Dental Statistics and Research Unit (DSRU) aims to improve the oral health of Australians through the collection, analysis and reporting of statistics and research on dental health status, dental practices, use of dental services, and the dental labour force.

### Objectives

- Child Dental Health Survey: conduct annual monitoring survey of clinical dental health and dental attendance of approximately 80,000 children treated within state/territory school dental services.
- Dental Labour Force Statistics: collect practice activity data annually from all registered dentists, dental hygienists, dental therapists and dental technicians.
- National Dental Telephone Interview Survey: conduct survey every 2–3 years, on a population sample of approximately 7,000 Australians aged 5+ years, who are interviewed regarding their oral health, patterns of dental care and access to dental services.

- Adult Dental Programs Survey: carry out annual monitoring survey of approximately 7,000 adult patients treated within state/territory public sector dental services.

### Achievements

- All *Data Watch* articles were published as planned, as were research reports on child oral health and oral health by location.
- Two *Dental Statistics and Research Series* reports on relative needs assessment in public dental care and on oral health of older adults in residential care were added to the work plan and published.
- A series of state/territory reports were published from the National Survey of Adult Oral Health.

Progress on the child dental health survey report was delayed by availability of data from some jurisdictions.

In addition, while data are available for reports on adult access to dental care and dental labour force, there have been some delays due to preparation of sample weights and development of imputation procedures to produce representative national estimates.

### Publications

- *The National Survey of Adult Oral Health 2004–06: Australian Capital Territory*
- *The National Survey of Adult Oral Health 2004–06: New South Wales*
- *The National Survey of Adult Oral Health 2004–06: Northern Territory*
- *The National Survey of Adult Oral Health 2004–06: Queensland*

- *The National Survey of Adult Oral Health 2004–06: South Australia*
- *The National Survey of Adult Oral Health 2004–06: Tasmania*
- *The National Survey of Adult Oral Health 2004–06: Victoria*
- *The National Survey of Adult Oral Health 2004–06: Western Australia*
- *Oral health of adults in the public dental sector*
- *Projected demand and supply for dental visits in Australia: analysis of the impact of changes in key inputs*
- *Caring for oral health in Australian residential care*
- *Relative needs index study, South Australia and New South Wales*
- *Oral health of health cardholders attending for dental care in the private and public sectors*

**Committees**

- Oral Health Advisory Committee of the SA Department of Health

**Data collections managed**

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

## Australian General Practice Statistics and Classification Centre

The AIHW has an agreement with The University of Sydney for the period 1 July 2005 to 30 June 2010. The AIHW, in collaboration with the Australian General Practice Statistics and Classification Centre, collects and makes available information about characteristics of patients of general practitioners in Australia, and the medical services and pharmaceutical prescriptions provided to such patients.

### Unit head

Associate Professor Helena Britt

### What we do

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

### Achievements

- Instrumental in negotiating the agreement between the International Health Terminology Standards Development Organisation (IHTSDO) and Wonca (the World Organization of Family Doctors) to work together on the development of an international general practice subset of terms from Systematized Nomenclature of Medicine—Clinical Terms (SNOMED-CT).
- Finalised the first stage mapping for the National E-Health Transition Authority (NeHTA), of the Australian Medical Terminology (AMT) to the Anatomic Therapeutic Chemical (ATC) classification

(WHO), the international standard classification for pharmaceuticals at the generic level.

- Began the first stage of analyses of international data to define changes required in the next version of the International Classification of Primary Care (ICPC-3).
- Developed the approach for longitudinal patient-based data collection (Long-BEACH), and applied for funding to the NHMRC.

### Publications

- *General practice activity in Australia 2007–08*
- *General practice activity in Australia 1998–99 to 2007–08: 10 year data tables*
- *General practice in Australia, health priorities and policies 1998–2008*

### Committees

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

### Data collections managed

- Bettering the Evaluation and Care of Health (BEACH)



## Australian Centre for Asthma Monitoring

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

### Unit head

Professor Guy Marks

### What we do

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

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

### Achievements

- ACAM released the third edition of *Asthma in Australia* in October 2008, which was launched by the Hon. Senator Jan McLucas at the Australian Asthma Conference in Sydney. The report includes a focus chapter on asthma in Indigenous Australians.
- ACAM developed and conducted an online Delphi survey as a part of a review to simplify the current list of 24 recommended national asthma indicators. Input from relevant asthma experts helped to identify the most important asthma indicators for monitoring at a national level.
- Keynote address at Australian Asthma Conference on Monday 20 October: 'Asthma in Australia—where are we now?' presented by Leanne Poulos.
- Attendance and presentation at National Prescribing Service 'Working with PBS data' workshop on 19 November: 'Using PBS data to examine co-administration of drugs for the treatment of asthma' presented by Guy Marks.

### Publications

- *Asthma in Australia 2008*
- *Asthma in Australia 2008* html version (February 2009)

### Committees

- Australian System for Monitoring Asthma Steering Committee



# Appendix 1—Financial statements

**Appendix 1**—Financial statements



## INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

### Scope

I have audited the accompanying financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 2009, which comprise: Statement by Director, Chief Executive, and Chief Financial Officer; Income Statement; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Contingencies; and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies.

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

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

### *Auditor's Responsibility*

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

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

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of Health and Welfare's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors as well as evaluating the overall presentation of the financial statements.

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

***Independence***

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

**Auditor's Opinion**

In my opinion, the financial statements of the Australian Institute of Health and Welfare:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including the Australian Institute of Health and Welfare's financial position as at 30 June 2009 and of its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dash  
Executive Director  
Delegate of the Auditor General

Canberra  
25 September 2009



**STATEMENT BY DIRECTOR, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER**

In our opinion, the attached financial statements for the year ended 30 June 2009 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.

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

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

Hon. Peter Collins, AM, QC  
Chair

24 September 2009

Penny Allbon  
Chief Executive

24 September 2009

Andrew Kettle  
Chief Financial Officer

24 September 2009

**Australian Institute of Health and Welfare**

**INCOME STATEMENT**

*for the year ended 30 June 2009*

|   | <b>Notes</b> | <b>2009</b>              | 2008                 |
|---|--------------|--------------------------|----------------------|
|   |              | <u><b>\$'000</b></u>     | <u><b>\$'000</b></u> |
| <b>INCOME</b>                           |              |                          |                      |
| <b>Revenue</b>                          |              |                          |                      |
| Revenue from Government                 | 3A           | <b>9,325</b>             | 8,678                |
| Sale of goods and rendering of services | 3B           | <b>22,278</b>            | 20,227               |
| Interest                                | 3C           | <b>741</b>               | 539                  |
| Other revenues                          | 3D           | <b>3</b>                 | 156                  |
| <b>Total revenue</b>                    |              | <u><b>32,347</b></u>     | <u>29,600</u>        |
| <br><b>TOTAL INCOME</b>                 |              | <br><u><b>32,347</b></u> | <br><u>29,600</u>    |
| <br><b>EXPENSES</b>                     |              |                          |                      |
| Employee benefits                       | 4A           | <b>21,860</b>            | 18,437               |
| Suppliers                               | 4B           | <b>9,697</b>             | 11,267               |
| Depreciation and amortisation           | 4C           | <b>635</b>               | 569                  |
| Write-down of assets                    | 4D           | <b>-</b>                 | 83                   |
| Sales of assets                         | 4E           | <b>16</b>                | 8                    |
| <b>TOTAL EXPENSES</b>                   |              | <u><b>32,208</b></u>     | <u>30,364</u>        |
| <br><b>Surplus/(Deficit)</b>            |              | <br><u><b>139</b></u>    | <br><u>(764)</u>     |

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

Australian Institute of Health and Welfare

**BALANCE SHEET**

*as at 30 June 2009*

|                                     | Notes | 2009<br><u>\$'000</u> | 2008<br><u>\$'000</u> |
|-------------------------------------|-------|-----------------------|-----------------------|
| <b>ASSETS</b>                       |       |                       |                       |
| <b>Financial assets</b>             |       |                       |                       |
| Cash and cash equivalents           | 5A    | 9,119                 | 7,778                 |
| Receivables                         | 5B    | 8,892                 | 5,541                 |
| <b>Total financial assets</b>       |       | <b>18,011</b>         | <b>13,319</b>         |
| <b>Non-financial assets</b>         |       |                       |                       |
| Buildings                           | 6A,D  | 1,303                 | 1,616                 |
| Infrastructure, plant and equipment | 6B,D  | 451                   | 516                   |
| Library collection                  | 6C,D  | 250                   | 300                   |
| Intangibles                         | 6E    | 116                   | 295                   |
| Inventories                         | 6F    | 66                    | 66                    |
| Other non-financial assets          | 6G    | 534                   | 415                   |
| <b>Total non-financial assets</b>   |       | <b>2,720</b>          | <b>3,208</b>          |
| <b>Total Assets</b>                 |       | <b>20,731</b>         | <b>16,527</b>         |
| <b>LIABILITIES</b>                  |       |                       |                       |
| <b>Payables</b>                     |       |                       |                       |
| Suppliers                           | 7A    | 868                   | 1,071                 |
| Other payables                      | 7B    | 913                   | 511                   |
| Contract income in advance          | 7C    | 11,807                | 8,602                 |
| <b>Total payables</b>               |       | <b>13,588</b>         | <b>10,184</b>         |
| <b>Provisions</b>                   |       |                       |                       |
| Employee provisions                 | 8A    | 5,167                 | 4,506                 |
| Other provisions                    | 8B    | 423                   | 423                   |
| <b>Total provisions</b>             |       | <b>5,590</b>          | <b>4,929</b>          |
| <b>Total liabilities</b>            |       | <b>19,178</b>         | <b>15,113</b>         |
| <b>Net Assets</b>                   |       | <b>1,553</b>          | <b>1,414</b>          |
| <b>EQUITY</b>                       |       |                       |                       |
| Contributed equity                  |       | 1,146                 | 1,146                 |
| Reserves                            |       | 1,600                 | 1,600                 |
| Accumulated deficits                |       | (1,193)               | (1,332)               |
| <b>Total Equity</b>                 |       | <b>1,553</b>          | <b>1,414</b>          |
| <b>Current Assets</b>               |       | <b>18,611</b>         | <b>13,799</b>         |
| <b>Non-current Assets</b>           |       | <b>2,120</b>          | <b>2,728</b>          |
| <b>Current Liabilities</b>          |       | <b>17,860</b>         | <b>14,139</b>         |
| <b>Non-current Liabilities</b>      |       | <b>1,318</b>          | <b>974</b>            |

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



**Australian Institute of Health and Welfare**

**STATEMENT OF CHANGES IN EQUITY**

*as at 30 June 2009*

|  | Retained Earnings |         | Asset Revaluation Reserve |        | Contributed Equity/Capital |        | Total Equity |        |
|--|-------------------|---------|---------------------------|--------|----------------------------|--------|--------------|--------|
|  | 2009              | 2008    | 2009                      | 2008   | 2009                       | 2008   | 2009         | 2008   |
|  | \$'000            | \$'000  | \$'000                    | \$'000 | \$'000                     | \$'000 | \$'000       | \$'000 |
| <b>Opening Balance</b>   |                   |         |                           |        |                            |        |              |        |
| Balance carried forward from previous period                       | (1,332)           | (568)   | 1,600                     | 1,600  | 1,146                      | 1,146  | 1,414        | 2,178  |
| Adjustment for errors  | -                 | -       | -                         | -      | -                          | -      | -            | -      |
| Adjustment for changes   | -                 | -       | -                         | -      | -                          | -      | -            | -      |
| <b>Adjusted opening balance</b>                                    | (1,332)           | (568)   | 1,600                     | 1,600  | 1,146                      | 1,146  | 1,414        | 2,178  |
| <b>Income and Expense</b>  |                   |         |                           |        |                            |        |              |        |
| Income and expense recognised Directly in Equity                   | -                 | -       | -                         | -      | -                          | -      | -            | -      |
| <b>Sub-total income and expenses recognised directly in equity</b> | -                 | -       | -                         | -      | -                          | -      | -            | -      |
| Surplus (Deficit) for the period                                   | 139               | (764)   | -                         | -      | -                          | -      | 139          | (764)  |
| <b>Total income and expenses</b>                                   | 139               | (764)   | -                         | -      | -                          | -      | 139          | (764)  |
| <b>Transactions with Owners</b>                                    |                   |         |                           |        |                            |        |              |        |
| <i>Distributions to owners</i>                                     |                   |         |                           |        |                            |        |              |        |
| Return on Capital: Dividends                                       | -                 | -       | -                         | -      | -                          | -      | -            | -      |
| <i>Contributions by Owners</i>                                     |                   |         |                           |        |                            |        |              |        |
| Appropriation (equity injection)                                   | -                 | -       | -                         | -      | -                          | -      | -            | -      |
| Restructuring  | -                 | -       | -                         | -      | -                          | -      | -            | -      |
| <b>Sub-total Transactions with Owners</b>                          |                   |         |                           |        |                            |        |              |        |
| <b>Closing balance at 30 June</b>                                  | (1,193)           | (1,332) | 1,600                     | 1,600  | 1,146                      | 1,146  | 1,553        | 1,414  |

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

Australian Institute of Health and Welfare

**CASH FLOW STATEMENT**

*for the year ended 30 June 2009*

|  | Notes | 2009<br><u>\$'000</u> | 2008<br><u>\$'000</u> |
|--|-------|-----------------------|-----------------------|
| <b>OPERATING ACTIVITIES</b>                            |       |                       |                       |
| <b>Cash received</b>                                   |       |                       |                       |
| Goods and services                                     |       | 25,536                | 23,284                |
| Receipts from Government                               |       | 8,629                 | 8,678                 |
| Interest   |       | 740                   | 530                   |
| GST received   |       | 1,041                 | 1,030                 |
| Other  |       | 120                   | 156                   |
| <b><i>Total cash received</i></b>                      |       | <b>36,066</b>         | 33,678                |
| <b>Cash used</b>                                       |       |                       |                       |
| Employees  |       | 21,097                | 18,047                |
| Suppliers  |       | 11,127                | 12,062                |
| GST paid   |       | 2,340                 | 2,220                 |
| <b><i>Total cash used</i></b>                          |       | <b>34,564</b>         | 32,329                |
| <b>Net cash from or (used by) operating activities</b> | 9     | <b>1,502</b>          | 1,349                 |
| <b>INVESTING ACTIVITIES</b>                            |       |                       |                       |
| <b>Cash used</b>                                       |       |                       |                       |
| Purchase of property, plant and equipment              |       | 161                   | 704                   |
| <b><i>Total cash used</i></b>                          |       | <b>161</b>            | 704                   |
| <b>Net cash from or (used by) investing activities</b> |       | <b>(161)</b>          | (704)                 |
| <b><i>Net Increase or (Decrease) in Cash Held</i></b>  |       | <b>1,341</b>          | 645                   |
| Cash at the beginning of the reporting period          |       | 7,778                 | 7,133                 |
| <b>Cash at the end of the reporting period</b>         | 5A    | <b>9,119</b>          | 7,778                 |

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

Australian Institute of Health and Welfare

**SCHEDULE OF COMMITMENTS**

*as at 30 June 2009*

|   | <b>2009</b>          | <b>2008</b>          |
|---|----------------------|----------------------|
|   | <b><u>\$'000</u></b> | <b><u>\$'000</u></b> |
| <b>BY TYPE</b>                                |                      |                      |
| <b>Commitments receivable</b>                 |                      |                      |
| Project <sup>1</sup>                          | <b>14,195</b>        | 12,178               |
| GST   | <b>845</b>           | 976                  |
| <b>Total commitments receivable</b>           | <b><u>15,040</u></b> | <u>13,154</u>        |
| <b>Commitments</b>                            |                      |                      |
| Operating leases <sup>2</sup>                 | <b>8,812</b>         | 9,401                |
| Other <sup>1</sup>                            | <b>485</b>           | 1,321                |
| <b>Total commitments</b>                      | <b><u>9,297</u></b>  | <u>10,722</u>        |
| <b>Net commitments receivable by type</b>     | <b><u>5,743</u></b>  | <u>2,432</u>         |
| <b>BY MATURITY</b>                            |                      |                      |
| <b>Commitments receivable</b>                 |                      |                      |
| Contract work commitments                     |                      |                      |
| One year or less                              | <b>9,950</b>         | 8,866                |
| From one to five years                        | <b>5,090</b>         | 4,288                |
| <b>Total commitments receivable</b>           | <b><u>15,040</u></b> | <u>13,154</u>        |
| <b>Operating lease commitments</b>            |                      |                      |
| One year or less                              | <b>2,066</b>         | 1,645                |
| From one to five years                        | <b>6,674</b>         | 6,190                |
| Over five years                               | <b>72</b>            | 1,566                |
| <b>Total operating lease commitments</b>      | <b><u>8,812</u></b>  | <u>9,401</u>         |
| <b>Other commitments</b>                      |                      |                      |
| One year or less                              | <b>333</b>           | 1,238                |
| From one to five years                        | <b>152</b>           | 83                   |
| <b>Total other commitments</b>                | <b><u>485</u></b>    | <u>1,321</u>         |
| <b>Total commitments payable</b>              | <b><u>9,297</u></b>  | <u>10,722</u>        |
| <b>Net commitments receivable by maturity</b> | <b><u>5,743</u></b>  | <u>2,432</u>         |

NB: Commitments are GST inclusive where relevant.

<sup>1</sup> Project and other commitments are primarily amounts relating to the AIHW's contract work.

<sup>2</sup> Operating leases are effectively non-cancellable and comprise:

**Leases for office accommodation**

- Lease payments are subject to annual increases or reviews until the end of the lease.
- Current leases expire in August 2011, July 2014 and August 2014.

**Computer equipment lease**

- The lease term is up to 5 years, on expiry of the lease term, the AIHW has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models.

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

- No contingent rentals exist.

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

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**Australian Institute of Health and Welfare**  
**SCHEDULE OF CONTINGENCIES**

*as at 30 June 2009*

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|                      | <b>2009</b>          | 2008          |
|----------------------|----------------------|---------------|
|                      | <b><u>\$'000</u></b> | <u>\$'000</u> |
| <b>CONTINGENCIES</b> | <b>Nil</b>           | Nil           |

As at 30 June 2009, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2008: Nil).

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

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## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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|         |  |
|---------|--|
| Note 1  | Summary of Significant Accounting Policies |
| Note 2  | Events after the Balance Date              |
| Note 3  | Income                                     |
| Note 4  | Expenses                                   |
| Note 5  | Financial Assets                           |
| Note 6  | Non-Financial Assets                       |
| Note 7  | Payables                                   |
| Note 8  | Provisions                                 |
| Note 9  | Cash flow reconciliation                   |
| Note 10 | Directors Remuneration                     |
| Note 11 | Executive Remuneration                     |
| Note 12 | Remuneration of Auditors                   |
| Note 13 | Financial Instruments                      |
| Note 14 | Compensation and Debt Relief               |
| Note 15 | Reporting of Outcomes                      |

## **Note 1: Summary of Significant Accounting Policies**

### **1.1 Basis of Preparation of the Financial Report**

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

The continued existence of the Australian Institute of Health and Welfare (AIHW) in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for the AIHW's administration and programs.

The financial statements and notes have been prepared in accordance with:

- Finance Minister's Orders (FMOs) for reporting periods ending on or after 1 July 2008; and
- Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.

Unless an alternative treatment is specifically required by an Accounting Standard or the FMOs, assets and liabilities are recognised in the Balance Sheet when and only when it is probable that future economic benefits will flow to the AIHW and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under agreements equally proportionately unperformed are not recognised unless required by an Accounting Standard.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the Income Statement when, and only when, the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

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## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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### 1.2 Objectives of the Australian Institute of Health and Welfare

The AIHW is structured to meet a single outcome:

- Better health and wellbeing for Australians through better health and welfare statistics and information. (This outcome is included in the Department of Health and Ageing's Portfolio Budget Statements).

### 1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, the AIHW has made the following judgements that have the most significant impact on the amounts recorded in the financial statements:

- the fair value of leasehold improvements has been taken to be the depreciated replacement cost as determined by an independent valuer.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

### 1.4 Statement of Compliance

#### Adoption of new Australian Accounting Standard requirements

No Accounting Standard has been adopted earlier than the application date as stated in the Standard.

#### Future Australian Accounting Standard requirements

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

AASB 101 *Presentation of Financial Statements (Sep 2007)*

AASB 2007-8 *Amendments to Australian Accounting Standards arising from AASB 101*

AASB 2007-10 *Further Amendments to Australian Accounting Standards arising from AASB 101*

AASB 2008-9 *Amendments to AASB 1049 for Consistency with AASB 101*

AASB 2009-6 *Amendments to Australian Accounting Standards*

AASB 2009-7 *Amendments to Australian Accounting Standards [AASB 5, 7, 107, 112, 136 & 139 and Interpretation 17]*

It is not expected that any of these amended standards will have a material financial impact but may affect the disclosures presented in the financial statements.

## **1.5 Revenue**

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the seller retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any provision for impairment. Collectability of debts is reviewed at balance date. Provisions are made when collectability of the debt is no longer probable.

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



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## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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### Revenues from Government

Funding received or receivable from the Department of Health and Ageing (appropriated to the Department as a CAC Act body payment item for payment to AIHW) is recognised as Revenue from Government unless they are in the nature of an equity injection.

Government revenues receivable are recognised at their nominal amounts.

## 1.6 Gains

### Other resources received free of charge

Resources received free of charge are recognised as gains when and only when a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements.

### Sale of assets

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

## 1.7 Transactions with the Government as Owner

### Other distributions to owners

The FMOs require that distributions to owners be debited to contributed equity unless in the nature of a dividend.

## **1.8 Employee Benefits**

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

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

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

### Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of the AIHW is estimated to be less than the annual entitlement for sick leave.

The leave liabilities are calculated on the basis of employees' remuneration, including the AIHW's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave is recognised and measured at the present value of the estimated future cashflows to be made in respect of all employees at 30 June 2009. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

### Separation and redundancy

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

### Superannuation

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

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

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

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## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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

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

### 1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased non-current assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

The AIHW has no finance leases.

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

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

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

### 1.10 Borrowing Costs

All borrowing costs are expensed as incurred.

### 1.11 Cash

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

## **1.12 Financial Assets**

The AIHW classifies its financial assets in the following categories:

- held-to-maturity investments; and
- loans and receivables.

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

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

### Held-to-maturity investments

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

### Loans and receivables

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

### Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

- Financial assets held at amortised cost – If there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Income Statement.

### **1.13 Financial Liabilities**

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

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

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

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

#### Supplier and other payables

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

### **1.14 Contingent Liabilities and Contingent Assets**

Contingent liabilities and contingent assets are not recognised in the Balance Sheet but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote.

### **1.15 Acquisition of Assets**

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

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

Asset recognition threshold

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

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

Revaluations

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

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

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

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## Australian Institute of Health and Welfare

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

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

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

#### Depreciation

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

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

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

|                        | <u>2009</u>   | <u>2008</u>   |
|------------------------|---------------|---------------|
| Leasehold improvements | Lease term    | Lease term    |
| Plant and Equipment    | 3 to 10 years | 3 to 10 years |
| Library Collection     | 7 years       | 7 years       |

#### Impairment

All assets were assessed for impairment at 30 June 2009. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

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## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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### 1.17 Intangibles

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

Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than \$50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2007-08: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2009.

### 1.18 Inventories

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

Inventories held for distribution are measured at the lower of cost and current replacement cost.

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

### 1.19 Taxation

The AIHW is exempt from all forms of taxation except Goods and Services Tax (GST) and Fringe Benefits Tax (FBT).

Revenues, expenses and assets are recognised net of GST:

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

### Note 2: Events after the Balance Date

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



## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

### Note 3: Income

| <i>Revenue</i>  | <b>2009</b>          | 2008          |
|---|----------------------|---------------|
|   | <b><u>\$'000</u></b> | <u>\$'000</u> |
| <u>Note 3A: Revenue from Government</u>                     |                      |               |
| CAC Act body payment item                                   | <b>9,325</b>         | 8,678         |
| <b><i>Total revenue from Government</i></b>                 | <b><u>9,325</u></b>  | <u>8,678</u>  |
| <u>Note 3B: Sale of goods and rendering of services</u>     |                      |               |
| Provision of goods – related entities                       | -                    | -             |
| Provision of goods – external entities                      | <b>108</b>           | 67            |
| Rendering of services – related entities                    | <b>16,521</b>        | 14,187        |
| Rendering of services – external entities                   | <b>5,649</b>         | 5,973         |
| <b><i>Total sale of goods and rendering of services</i></b> | <b><u>22,278</u></b> | <u>20,227</u> |
| <u>Note 3C: Interest</u>                                    |                      |               |
| Deposits  | <b>741</b>           | 539           |
| <b><i>Total interest</i></b>                                | <b><u>741</u></b>    | <u>539</u>    |
| <u>Note 3D: Other revenues</u>                              |                      |               |
| Conference income   | -                    | 153           |
| Other   | <b>3</b>             | 3             |
| <b><i>Total other revenues</i></b>                          | <b><u>3</u></b>      | <u>156</u>    |

### Note 4: Expenses

|   |                      |               |
|---|----------------------|---------------|
| <u>Note 4A: Employees benefits</u>              |                      |               |
| Wages and salaries                              | <b>16,362</b>        | 14,122        |
| Superannuation                                  | <b>2,950</b>         | 2,438         |
| Leave and other entitlements                    | <b>2,548</b>         | 1,788         |
| Separation and redundancies                     | -                    | 89            |
| <b><i>Total employee benefits</i></b>           | <b><u>21,860</u></b> | <u>18,437</u> |
| <u>Note 4B: Suppliers</u>                       |                      |               |
| Provision of goods – external entities          | <b>875</b>           | 583           |
| Rendering of services – related entities        | <b>385</b>           | 274           |
| Rendering of services – external entities       | <b>6,708</b>         | 8,877         |
| Operating lease rentals: minimum lease payments | <b>1,561</b>         | 1,412         |
| Workers compensation premiums                   | <b>168</b>           | 121           |
| <b><i>Total supplier expenses</i></b>           | <b><u>9,697</u></b>  | <u>11,267</u> |

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

|   | <b>2009</b>          | 2008                 |
|---|----------------------|----------------------|
|   | <u><b>\$'000</b></u> | <u><b>\$'000</b></u> |
| <u>Note 4C: Depreciation and amortisation</u> |                      |                      |
| Depreciation:                                 |                      |                      |
| Leasehold improvements                        | 251                  | 218                  |
| Plant and equipment                           | 164                  | 110                  |
| Library collection                            | 50                   | 50                   |
| <b>Total depreciation</b>                     | <b>465</b>           | 378                  |
| Amortisation:                                 |                      |                      |
| Intangibles                                   |                      |                      |
| Computer software                             | 170                  | 191                  |
| <b>Total amortisation</b>                     | <b>170</b>           | 191                  |
| <b>Total depreciation and amortisation</b>    | <b>635</b>           | 569                  |

Note 4D: Write-down of assets

|                                   |   |    |
|-----------------------------------|---|----|
| Leasehold improvements            | - | 83 |
| <b>Total write down of assets</b> | - | 83 |

Note 4E: Net losses from sale of assets

|   |           |   |
|---|-----------|---|
| Net book value of infrastructure, plant and equipment | 16        | 8 |
| Less: Proceeds from sale                              | -         | - |
| <b>Net loss from sale of assets</b>                   | <b>16</b> | 8 |

### Note 5: Financial Assets

Note 5A: Cash and cash equivalents

|  |              |       |
|--|--------------|-------|
| Cash on hand or on deposit             | 9,119        | 7,778 |
| <b>Total cash and cash equivalents</b> | <b>9,119</b> | 7,778 |

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

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

|   | <b>2009</b>         | 2008          |
|---|---------------------|---------------|
|   | <u>\$'000</u>       | <u>\$'000</u> |
| <u>Note 5B: Receivables</u>                             |                     |               |
| Goods and services – related entities                   | 7,630               | 4,637         |
| Goods and services – external entities                  | 346                 | 824           |
|   | <u>7,976</u>        | <u>5,461</u>  |
| Department of Health and Ageing<br>for existing outputs | 696                 | -             |
| Total receivable from Department of Health and Ageing   | <u>696</u>          | -             |
| GST receivable from the Australian Taxation Office      | 67                  | -             |
| Other receivables                                       | 153                 | 80            |
| Less: Impairment allowance                              | -                   | -             |
| <b>Total net receivables</b>                            | <u><b>8,892</b></u> | <u>5,541</u>  |
| Receivables are aged as follows:                        |                     |               |
| Not overdue   | 8,578               | 5,369         |
| Overdue by:   |                     |               |
| Less than 30 days                                       | 299                 | 165           |
| 30 – 60 days  | 4                   | -             |
| 61 – 90 days  | 11                  | -             |
| More than 90 days                                       | -                   | 7             |
| <b>Total receivables (gross)</b>                        | <u><b>8,892</b></u> | <u>5,541</u>  |
| Receivables is represented by:                          |                     |               |
| Current   | 8,892               | 5,541         |
| Non-current   | -                   | -             |
| <b>Total receivables (gross)</b>                        | <u><b>8,892</b></u> | <u>5,541</u>  |

### Note 6: Non-Financial Assets

#### Note 6A: Buildings

##### **Leasehold improvements**

|                                      |                     |              |
|--------------------------------------|---------------------|--------------|
| - fair value                         | 1,309               | 1,254        |
| - WIP                                | 39                  | 156          |
| - accumulated depreciation           | (347)               | (157)        |
|                                      | <u>1,001</u>        | <u>1,253</u> |
| <br>                                 |                     |              |
| - deferred makegood                  | 423                 | 423          |
| - accumulated depreciation           | (121)               | (60)         |
|                                      | <u>302</u>          | <u>363</u>   |
| <b>Total Buildings (non-current)</b> | <u><b>1,303</b></u> | <u>1,616</u> |

No indicators of impairment were found for leasehold improvements.

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## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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|   | <b>2009</b>   | 2008          |
|---|---------------|---------------|
| <u>Note 6B: Infrastructure, plant and equipment</u>   | <u>\$'000</u> | <u>\$'000</u> |
| <b><i>Plant and Equipment</i></b>                     |               |               |
| - fair value  | <b>713</b>    | 624           |
| - accumulated depreciation                            | <b>(262)</b>  | (108)         |
| <b><i>Total Plant and Equipment (non-current)</i></b> | <b>451</b>    | 516           |

No revaluations were made in 2008-09 or 2007-08.

No indicators for impairment were found for plant and equipment.

### Note 6C: Library Collection

|  |              |      |
|--|--------------|------|
| <b><i>Library Collection</i></b>                     |              |      |
| - fair value   | <b>350</b>   | 350  |
| - accumulated depreciation                           | <b>(100)</b> | (50) |
| <b><i>Total Library Collection (non-current)</i></b> | <b>250</b>   | 300  |

No indicators of impairment were found for Library Collection.

Note 6D: Analysis of Property, Plant and Equipment

**TABLE A — Reconciliation of the opening and closing balances of property, plant and equipment (2008-09)**

|  | Buildings-Leasehold<br>Improvements<br>\$'000 | Infrastructure Plant<br>and Equipment<br>\$'000 | Other<br>Library Collection<br>\$'000 | Total<br>\$'000 |
|--|---|---|---------------------------------------|-----------------|
| <b>As at 1 July 2008</b>                                     |   |   |                                       |                 |
| Gross book value   | 1,834   |   | 624                                   | 2,808           |
| Accumulated depreciation                                     | (218)   |   | (108)                                 | (376)           |
| <b>Net book value</b>  | <b>1,616</b>                                  |   | <b>516</b>                            | <b>2,432</b>    |
| Additions  |   |   |                                       |                 |
| by purchase  | 55  |   | 106                                   | 161             |
| Transfers  | (117)   |   | -                                     | (117)           |
| Depreciation expense   | (251)   |   | (164)                                 | (465)           |
| Write back of depreciation on disposal                       | -   |   | 10                                    | 10              |
| Disposals  | -   |   | (17)                                  | (17)            |
| Write downs  |   |   |                                       |                 |
| <b>Net book value 30 June 2009</b>                           | <b>1,303</b>                                  |   | <b>451</b>                            | <b>2,004</b>    |
| <b>Net book value as at 30 June 2009<br/>represented by:</b> |   |   |                                       |                 |
| Gross Book Value   | 1,772   |   | 713                                   | 2,835           |
| Accumulated depreciation                                     | (469)   |   | (262)                                 | (831)           |
|  | <b>1,303</b>                                  |   | <b>451</b>                            | <b>2,004</b>    |

# Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

**TABLE A — Reconciliation of the opening and closing balances of property, plant and equipment (2007-08)**

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

**Australian Institute of Health and Welfare**  
Notes to and forming part of the Financial Statements

|  | <b>2009</b>          | 2008          |
|--|----------------------|---------------|
|  | <b><u>\$'000</u></b> | <u>\$'000</u> |
| <b>Note 6E: Intangibles</b>            |                      |               |
| <b>Computer software</b>               |                      |               |
| - purchased – in use                   | 142                  | 142           |
| - accumulated amortisation             | (129)                | (125)         |
|  | <b>13</b>            | 17            |
| - internally developed – in use        | 717                  | 775           |
| - accumulated amortisation             | (614)                | (497)         |
|  | <b>103</b>           | 278           |
| <b>Total Intangibles (non-current)</b> | <b>116</b>           | 295           |

No indications of impairment were found for intangibles.

**TABLE A — Reconciliation of the opening and closing balances of Intangibles (2008-09)**

|  | Computer software – internally developed<br>\$'000 | Computer software – purchased (in use)<br>\$'000 | Total<br>\$'000 |
|--|--|--|-----------------|
| <b>As at 1 July 2008</b>                                 |  |  |                 |
| Gross book value   | 775  | 142  | 917             |
| Accumulated amortisation and impairment                  | (497)  | (125)  | (622)           |
| <b>Net Book Value 1 July 2008</b>                        | <b>278</b>   | <b>17</b>  | <b>295</b>      |
| Additions:   |  |  |                 |
| by purchase or internally developed                      | -  | -  | -               |
| Amortisation   | (166)  | (4)  | (170)           |
| Disposals  | (57)   | -  | (57)            |
| Write back of amortisation on disposal                   | 48   | -  | 48              |
| <b>Net book value 30 June 2009</b>                       | <b>103</b>   | <b>13</b>  | <b>116</b>      |
| <b>Net book value as at 30 June 2009 represented by:</b> |  |  |                 |
| Gross Book Value   | 717  | 142  | 859             |
| Accumulated amortisation                                 | (614)  | (129)  | (743)           |
|  | <b>103</b>   | <b>13</b>  | <b>116</b>      |

**Australian Institute of Health and Welfare**

Notes to and forming part of the Financial Statements

**TABLE A — Reconciliation of the opening and closing balances of Intangibles (2007-08)**

|  | <b>Computer software – internally developed<br/>\$'000</b> | <b>Computer software – purchased (in use)<br/>\$'000</b> | <b>Total<br/>\$'000</b> |
|--|--|--|-------------------------|
| <b>As at 1 July 2007</b>                                 |  |  |                         |
| Gross value  | 775  | 134  | 909                     |
| Accumulated amortisation and impairment                  | (332)  | (99)   | (431)                   |
| <b>Net Book Value 1 July 2007</b>                        | <b>443</b>   | <b>35</b>  | <b>478</b>              |
| <b>Additions:</b>  |  |  |                         |
| by purchase or internally developed                      |  | 8  | 8                       |
| Amortisation   | (165)  | (26)   | (191)                   |
| <b>Net book value 30 June 2008</b>                       | <b>278</b>   | <b>17</b>  | <b>295</b>              |
| <b>Net book value as at 30 June 2008 represented by:</b> |  |  |                         |
| Gross Book Value   | 775  | 142  | 917                     |
| Accumulated amortisation                                 | (497)  | (125)  | (622)                   |
|  | <b>278</b>   | <b>17</b>  | <b>295</b>              |

|  |               |               |
|--|---------------|---------------|
|  | <b>2009</b>   | 2008          |
|  | <b>\$'000</b> | <b>\$'000</b> |

Note 6F: Inventories

Inventories held for sale

|  |           |    |
|--|-----------|----|
|  | <b>66</b> | 66 |
|--|-----------|----|

All inventories are current assets.

Note 6G: Other Non-Financial Assets

Prepayments

|  |            |     |
|--|------------|-----|
|  | <b>534</b> | 415 |
|--|------------|-----|

All other non-financial assets are current assets.

No indicators of impairment were found for other non-financial assets.



## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

|                                | <b>2009</b>          | 2008          |
|--------------------------------|----------------------|---------------|
|                                | <b><u>\$'000</u></b> | <u>\$'000</u> |
| <b>Note 7: Payables</b>        |                      |               |
| <u>Note 7A: Suppliers</u>      |                      |               |
| Trade creditors                | <b>868</b>           | 1,071         |
| <b>Total supplier payables</b> | <b>868</b>           | 1,071         |

All supplier payables are current liabilities.  
Settlement is usually made net 30 days.

|                             |            |     |
|-----------------------------|------------|-----|
| <u>Note 7B: Other</u>       |            |     |
| Salaries and wages          | <b>298</b> | 213 |
| Superannuation              | <b>46</b>  | 29  |
| GST payable to ATO          | <b>569</b> | 269 |
| <b>Total other payables</b> | <b>913</b> | 511 |

All other payables are current liabilities.

|  |               |       |
|--|---------------|-------|
| <u>Note 7C: Contract income in advance</u> |               |       |
| Contract income                            | <b>11,807</b> | 8,602 |

All income in advance payables are current.

### Note 8: Provisions

|                                     |              |       |
|-------------------------------------|--------------|-------|
| <u>Note 8A: Employee Provisions</u> |              |       |
| Leave                               | <b>5,167</b> | 4,506 |
| <b>Total employee provisions</b>    | <b>5,167</b> | 4,506 |

Employee provisions are represented by:

|                               |              |       |
|-------------------------------|--------------|-------|
| Current                       | <b>4,272</b> | 3,956 |
| Non-current                   | <b>895</b>   | 550   |
| <b>Total other provisions</b> | <b>5,167</b> | 4,506 |

The classification of current includes amounts for which there is not an unconditional right to defer settlement by one year. Hence in the case of employee provisions the above classification does not represent the amount expected to be settled within one year of the reporting date. Employee provisions expected to be settled in one year are \$1,901,000 (2008: \$1,671,000), and in excess of one year are \$3,266,000 (2008: \$2,835,000).

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

|                                  | <b>2009</b>          | <b>2008</b>          |
|----------------------------------|----------------------|----------------------|
|                                  | <b><u>\$'000</u></b> | <b><u>\$'000</u></b> |
| <u>Note 8B: Other Provisions</u> |                      |                      |
| Provision for makegood           | 423                  | 423                  |
| <b>Total other provisions</b>    | <b>423</b>           | <b>423</b>           |

Other provisions are represented by:

|                               |            |            |
|-------------------------------|------------|------------|
| Current                       | -          | -          |
| Non - current                 | 423        | 423        |
| <b>Total other provisions</b> | <b>423</b> | <b>423</b> |

|                                     |  | <b>Provision<br/>for<br/>makegood</b> |
|-------------------------------------|--|---------------------------------------|
| <b>Carrying amount 1 July 2008</b>  |  | 423                                   |
| Amount used                         |  | -                                     |
| Revaluation                         |  | -                                     |
| <b>Carrying amount 30 June 2009</b> |  | <b>423</b>                            |

The AIHW currently has 2 agreements for leasing premises which have provisions requiring the AIHW to restore the premises to their original condition at the conclusion of the lease. The AIHW has made a provision to reflect the present value of this obligation.

### Note 9: Cash Flow Reconciliation

#### Reconciliation of cash and cash equivalents per Balance Sheet to Cash Flow Statement

|                     |          |          |
|---------------------|----------|----------|
| Cash Flow Statement | 9,119    | 7,778    |
| Balance Sheet       | 9,119    | 7,778    |
| <b>Difference</b>   | <b>-</b> | <b>-</b> |

#### Reconciliation of net surplus/(deficit) to net cash from operating activities:

|  |              |              |
|--|--------------|--------------|
| Net surplus / (deficit)  | 139          | (764)        |
| Depreciation/amortisation  | 635          | 569          |
| Net loss from sale of assets                                     | -            | 8            |
| Net write down of non financial assets                           | 16           | 83           |
| (Increase) / decrease in receivables                             | (3,351)      | (940)        |
| (Increase) / decrease in other non financial assets- prepayments | (119)        | (38)         |
| (Increase) / decrease in transfer of fixed assets                | 117          | -            |
| Increase / (decrease) in supplier                                | (203)        | 151          |
| Increase / (decrease) in other payables                          | 402          | (128)        |
| Increase / (decrease) in employee provisions                     | 661          | 511          |
| Increase / (decrease) in other income in advance                 | 3,205        | 1,897        |
| <b>Net cash from/(used by) operating activities</b>              | <b>1,502</b> | <b>1,349</b> |

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

### Note 10: Directors Remuneration

The *Commonwealth Authorities and Companies Act 1997* defines members of the Board as directors. The number of directors included in these figures is shown below in the relevant remuneration bands:

|  | 2009      | 2008      |
|--|-----------|-----------|
| Nil to \$14,999                              | 13        | 12        |
| \$15,000 to \$29,999                         | 1         | 1         |
| \$270,000 to \$284,999                       | 1         | 1         |
| <b>Total number of directors of the AIHW</b> | <b>15</b> | <b>14</b> |

Total remuneration received or due and receivable by directors of the AIHW **\$299,590**    \$289,795

Some directors of the AIHW are Government employees and receive no additional remuneration for these duties. There were no related party transactions for the year.

### Note 11: Executive Remuneration

The number of executives who received or were due to receive total remuneration of \$130,000 or more:

|                       | 2009     | 2008     |
|-----------------------|----------|----------|
| \$130,000 - \$144,999 | 1        | -        |
| \$145,000 - \$159,999 | -        | 1        |
| \$160,000 - \$174,999 | -        | 2        |
| \$175,000 - \$189,999 | 3        | 1        |
| \$190,000 - \$204,999 | -        | 1        |
| \$205,000 - \$219,999 | 1        | -        |
| \$220,000 - \$234,999 | 1        | -        |
| <b>Total</b>          | <b>6</b> | <b>5</b> |

The aggregate amount of total remuneration of executives shown above: **\$1,120,168**    \$875,314

No separation or redundancy payments were made to executives during the year. The Director of the AIHW is a member of the Board. Her remuneration is included in Note 10.

### Note 12: Remuneration of Auditors

|   | 2009            | 2008     |
|---|-----------------|----------|
| Remuneration to the Auditor-General for auditing the financial statements for the reporting period. | <b>\$23,700</b> | \$23,700 |

No other services were provided by the Auditor-General during the reporting period.

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## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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|   | 2009<br>\$'000 | 2008<br>\$'000 |
|---|----------------|----------------|
| <b>Note 13: Financial Instruments</b>                         |                |                |
| <u>Note 13A: Categories of financial instruments</u>          |                |                |
| <b>Financial assets</b>                                       |                |                |
| Loans and receivables   |                |                |
| Cash at bank  | 9,119          | 7,778          |
| Receivables for goods and services                            | 8,675          | 5,461          |
| <b>Carrying amount of financial assets</b>                    | <b>17,794</b>  | <b>13,239</b>  |
| <b>Financial liabilities</b>                                  |                |                |
| Other financial liabilities                                   |                |                |
| Trade creditors   | 868            | 1,071          |
| <b>Carrying amount of financial liabilities</b>               | <b>868</b>     | <b>1,071</b>   |
| <u>Note 13B: Net income and expense from financial assets</u> |                |                |
| <b>Loans and receivables</b>                                  |                |                |
| Interest revenue  | 741            | 539            |
| <b>Net gain loans and receivables</b>                         | <b>741</b>     | <b>539</b>     |
| <b>Net gain from financial assets</b>                         | <b>741</b>     | <b>539</b>     |

### Note 13C: Credit risk

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are receivables from other Government organisations or amounts. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2009: \$8,676,000 and 2008: \$5,461,000). The AIHW has assessed the risk of the default on payment and has allocated \$0 in 2009 (2008: \$0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Credit risk of financial instruments not past due or individually determined as impaired:

|                                    | <b>Not Past<br/>Due Nor<br/>Impaired<br/>2009<br/>\$'000</b> | Not Past<br>Due Nor<br>Impaired<br>2008<br>\$'000 | <b>Past Due<br/>or<br/>Impaired<br/>2009<br/>\$'000</b> | Past Due<br>or<br>Impaired<br>2008<br>\$'000 |
|------------------------------------|--|---|---|--|
| Cash at bank                       | 9,119  | 7,778   | -   | -  |
| Receivables for goods and services | 8,361  | 5,289   | 314   | 172  |
| <b>Total</b>                       | <b>17,480</b>  | 13,067  | <b>314</b>  | 172  |

Ageing of financial assets that are past due but not impaired for 2009:

|                                    | <b>0 to 30<br/>days<br/>\$'000</b> | <b>31 to 60<br/>days<br/>\$'000</b> | <b>61 to 90<br/>days<br/>\$'000</b> | <b>90+<br/>days<br/>\$'000</b> | <b>Total<br/>\$'000</b> |
|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|-------------------------|
| Receivables for goods and services | 299                                | 4                                   | 11                                  | -                              | 314                     |
| <b>Total</b>                       | <b>299</b>                         | <b>4</b>                            | <b>11</b>                           | <b>-</b>                       | <b>314</b>              |

Ageing of financial assets that are past due but not impaired for 2008:

|                                    | 0 to 30<br>days<br>\$'000 | 31 to 60<br>days<br>\$'000 | 61 to 90<br>days<br>\$'000 | 90+<br>days<br>\$'000 | Total<br>\$'000 |
|------------------------------------|---------------------------|----------------------------|----------------------------|-----------------------|-----------------|
| Receivables for goods and services | 165                       | -                          | -                          | 7                     | 172             |
| <b>Total</b>                       | <b>165</b>                | <b>-</b>                   | <b>-</b>                   | <b>7</b>              | <b>172</b>      |

### Note 13D: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

### Note 14: Compensation and Debt Relief

No waiver of amounts owing to the Commonwealth were made during the reporting period (2008: Nil).

No Act of Grace or ex-gratia payments were made during the reporting period (2008: Nil).

### Note 15: Reporting of Outcomes

#### Note 15A: Net Cost of Outcome Delivery

|  | Outcome 1      |                | Total          |                |
|--|----------------|----------------|----------------|----------------|
|  | 2009<br>\$'000 | 2008<br>\$'000 | 2009<br>\$'000 | 2008<br>\$'000 |
| <i>Expenses</i>  |                |                |                |                |
| Departmental   | 32,208         | 30,364         | 32,208         | 30,364         |
| <b>Total expenses</b>  | <b>32,208</b>  | <b>30,364</b>  | <b>32,208</b>  | <b>30,364</b>  |
| <i>Costs recovered from provision of goods and services to the non-government sector</i> |                |                |                |                |
| Departmental   | 5,757          | 6,040          | 5,757          | 6,040          |
| <b>Total costs recovered</b>   | <b>5,757</b>   | <b>6,040</b>   | <b>5,757</b>   | <b>6,040</b>   |
| <i>Other external revenues</i>   |                |                |                |                |
| Departmental   |                |                |                |                |
| Sale of services – to related parties  | 16,521         | 14,187         | 16,521         | 14,187         |
| Interest   | 741            | 539            | 741            | 539            |
| Other  | 3              | 156            | 3              | 156            |
| <b>Total other external revenues</b>   | <b>17,265</b>  | <b>14,882</b>  | <b>17,265</b>  | <b>14,882</b>  |
| <b>Net cost/(contribution) of outcome</b>  | <b>9,186</b>   | <b>9,442</b>   | <b>9,186</b>   | <b>9,442</b>   |

The AIHW is structured to meet a single outcome:

- Better health and wellbeing for Australians through better health and welfare statistics and information. (This outcome is included in the Department of Health and Ageing's Portfolio Budget Statements).

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

### Note 15B – Major classes of departmental revenues and expenses by output group

| Output Group                    | Total Outcome 1 |               |
|---------------------------------|-----------------|---------------|
|                                 | 2009            | 2008          |
|                                 | \$'000          | \$'000        |
| <b>Expenses</b>                 |                 |               |
| Employees                       | 21,860          | 18,437        |
| Suppliers                       | 9,697           | 11,267        |
| Depreciation and amortisation   | 635             | 569           |
| Write-down of assets            | -               | 83            |
| Net losses from sale of assets  | 16              | 8             |
| <b>Total expenses</b>           | <b>32,208</b>   | <b>30,364</b> |
| <b>Funded by:</b>               |                 |               |
| Revenues from Government        | 9,325           | 8,678         |
| Sales of goods and services     | 22,278          | 20,227        |
| Interest                        | 741             | 539           |
| Other                           | 3               | 156           |
| <b>Total operating revenues</b> | <b>32,347</b>   | <b>29,600</b> |

There is one output group, which is to develop, collect, analyse and report high quality national health and welfare information and statistics for governments and the community.

## Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

### Note 15C – Major classes of departmental assets and liabilities by outcome group

| Output Group                        | Outcome 1     |               |
|-------------------------------------|---------------|---------------|
|                                     | 2009          | 2008          |
|                                     | \$'000        | \$'000        |
| <b>Departmental assets</b>          |               |               |
| Cash and cash equivalents           | 9,119         | 7,778         |
| Receivables                         | 8,892         | 5,541         |
| Buildings                           | 1,303         | 1,616         |
| Infrastructure, plant and equipment | 451           | 516           |
| Library collection                  | 250           | 300           |
| Intangibles                         | 116           | 295           |
| Inventories                         | 66            | 66            |
| Other non-financial assets          | 534           | 415           |
| <b>Total departmental assets</b>    | <b>20,731</b> | <b>16,527</b> |
|                                     |               |               |
| <b>Departmental liabilities</b>     |               |               |
| Suppliers                           | 868           | 1,071         |
| Other payables                      | 913           | 511           |
| Contract income in advance          | 11,807        | 8,602         |
| Employee provisions                 | 5,167         | 4,506         |
| Other provisions                    | 423           | 423           |
| <b>Total operating revenues</b>     | <b>19,178</b> | <b>15,113</b> |



# Appendix 2 — Legislation

## Australian Institute of Health and Welfare Act 1987

### Act No. 41 of 1987 as amended

This compilation was prepared on 22 September 2006 taking into account amendments up to Act No. 101 of 2006.

Information on the history of amendments can be found on the Commonwealth of Australia Law website <[www.comlaw.gov.au](http://www.comlaw.gov.au)>.

Prepared by the Office of Legislative Drafting and Publishing, Attorney-General’s Department, Canberra.

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# AN ACT TO ESTABLISH AN AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE, AND FOR RELATED PURPOSES

## Part I—Preliminary

### 1 Short title

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

### 2 Commencement

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

### 3 Interpretation

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

**appoint** includes re-appoint.

**Chairperson** means the Chairperson of the Institute.

**Director** means the Director of the Institute.

**Ethics Committee** means the Australian Institute of Health and Welfare Ethics Committee.

**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.



## Part II—Australian Institute of Health and Welfare

### Division 1—Establishment, functions and powers of Institute

#### 4 Establishment of Institute

- (1) There is hereby established a body to be known as the Australian Institute of Health and Welfare.
- (2) The Institute:
  - (a) is a body corporate with perpetual succession;
  - (b) shall have a common seal; and
  - (c) may sue and be sued in its corporate name.

Note: *The Commonwealth Authorities and Companies Act 1997* applies to the Institute. That Act deals with matters relating to Commonwealth authorities, including reporting and accountability, banking and investment, and conduct of officers.

- (3) All courts, judges and persons acting judicially shall take judicial notice of the imprint of the common seal of the Institute affixed to a document and shall presume that it was duly affixed.

#### 5 Functions of the Institute

*[Institute to have health-related and welfare-related functions]*

- (1AA) The functions of the Institute are:
  - (a) the health-related functions conferred by subsection (1); and
  - (b) the welfare-related functions conferred by subsection (1A).

*[Health-related functions]*

- (1) The Institute's health-related functions are:
  - (a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;
  - (b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;
  - (c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;
  - (d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;

- (e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;
- (f) to conduct and promote research into the health of the people of Australia and their health services;
- (g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;
- (h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute;
- (j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;
- (k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and
- (m) to do anything incidental to any of the foregoing.

*[Welfare-related functions]*

(1A) The Institute's welfare-related functions are:

- (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
- (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
- (c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and
- (d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and
- (e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and
- (f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and
- (g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and
- (h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

*[Functions of Australian Bureau of Statistics not limited by this section]*

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

## 6 Powers of Institute

The Institute has power to do all things necessary or convenient to be done for or in connection with the performance of its functions and, in particular, has power:

- (a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;
- (b) to acquire, hold and dispose of real or personal property;
- (c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;
- (d) to appoint agents and attorneys and act as an agent for other persons;
- (e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;
- (f) subject to section 29, to:
  - (i) release data to other bodies or persons; and
  - (ii) publish the results of any of its work; and
- (g) to do anything incidental to any of its powers.

## 7 Directions by Minister

- (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.
- (1A) The Minister must consult the Chairperson before giving any direction to the Institute.
- (1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.
- (1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:
  - (a) relates to the Institute's welfare-related functions; and
  - (b) does not concern housing matters.
- (1D) The Minister must consult each State Housing Minister before giving the direction if the direction:
  - (a) relates to the Institute's welfare-related functions; and
  - (b) concerns housing matters.





recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.

- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
- (a) may be made by one or more bodies; and
  - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
- (a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);
  - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;
  - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
  - (c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General.
- (5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:
- (a) the day on which the poll for the election of the member is held; or
  - (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.
- (7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.
- (8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

## 9 Acting members

- (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):
  - (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or
  - (b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.
- (2) A person may resign appointment under this section by instrument in writing delivered to the Minister.
- (3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.
- (4) The Minister may:
  - (a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and
  - (b) terminate such an appointment at any time.
- (5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of 12 months from the date on which the vacancy occurred expires, whichever first happens.
- (6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.
- (7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:
  - (a) the occasion for the appointment of the person had not arisen;
  - (b) there was a defect or irregularity in or in connection with the appointment;
  - (c) the appointment had ceased to have effect; or
  - (d) the occasion for the person to act had not arisen or had ceased.

## 10 Remuneration and allowances

- (1) Unless otherwise prescribed, a member shall be paid such remuneration as is determined by the Remuneration Tribunal.

- (2) A member shall be paid such allowances as are prescribed.
- (3) This section has effect subject to the *Remuneration Tribunal Act 1973*.

## 11 Leave of absence

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

## 12 Resignation

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

## 13 Termination of appointment

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
  - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
  - (b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;
  - (c) being a full-time member who is paid remuneration under this Part:
    - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
    - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
  - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;
 the Governor-General may terminate the appointment of the member.
- (3) Where:
  - (a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or

- (b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or
- (c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;

the Governor-General shall terminate the appointment of the member.

### 14 Disclosure of interests

- (3) Sections 27F and 27J of the *Commonwealth Authorities and Companies Act 1997* do not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

### 15 Meetings

- (1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.
- (2) The Institute shall meet at least once every 4 months.
- (3) The Chairperson:
  - (a) may at any time convene a meeting; and
  - (b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.
- (4) The Minister may convene such meetings as the Minister considers necessary.
- (5) At a meeting:
  - (a) if the Chairperson is present, the Chairperson shall preside;
  - (b) if the Chairperson is absent, the members present shall appoint one of their number to preside;
  - (c) a majority of the members for the time being constitute a quorum;
  - (d) all questions shall be decided by a majority of the votes of the members present and voting; and
  - (e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.
- (6) The Institute shall keep minutes of its proceedings.
- (7) The Institute shall regulate the procedure of its meetings as it thinks fit.

## Division 3—Committees of Institute

### 16 Committees

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
  - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
  - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

The member must make the disclosure as soon as practicable after he or she knows of the relevant facts.



- (14) The disclosure must be recorded in the minutes of the meeting.
- (15) Subsection (13) does not apply to an interest held by a member described in paragraph 8(1)(c), (ca), (cb) or (h) or subsection 8(2) merely because the member was nominated by a body or person mentioned in that paragraph or subsection.

## Division 4—Director of Institute

### 17 Director of Institute

- (1) There shall be a Director of the Institute.
- (2) The Director shall be appointed by the Minister on the recommendation of the Institute.
- (3) The Director shall be appointed on a full-time or part-time basis for such period, not exceeding 5 years, as is specified in the instrument of appointment.
- (5) The Director holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Minister.
- (6) The appointment of the Director is not invalid because of a defect or irregularity in connection with the appointment or the recommendation by the Institute.
- (7) The Director shall not be present during any deliberation, or take part in any decision, of the Institute with respect to the appointment of the Director.
- (8) Sections 11 and 14 apply to the Director.
- (9) Sections 12 and 13 apply to the Director as if references in those sections to the Governor-General were references to the Minister.

### 18 Functions of Director

- (1) The Director shall manage the affairs of the Institute subject to the directions of, and in accordance with policies determined by, the Institute.
- (2) All acts and things done in the name of, or on behalf of, the Institute by the Director shall be deemed to have been done by the Institute.







## Part IV—Miscellaneous

### 27 Delegation by Institute

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

### 28 Delegation by Director

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

### 29 Confidentiality

- (1) Subject to this section, a person (in this subsection called the ***informed person***) who has:
  - (a) any information concerning another person (which person is in this section called an ***information subject***), being information acquired by the informed person because of:



- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
- (4) In this section:
- (a) **court** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
  - (b) **person** includes a body or association of persons, whether incorporated or not, and also includes:
    - (i) in the case of an information provider—a body politic; or
    - (ii) in the case of an information subject—a deceased person;
  - (c) **produce** includes permit access to;
  - (d) **publication**, in relation to conclusions, statistics or particulars, includes:
    - (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
    - (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
  - (e) a reference to information concerning a person includes:
    - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
    - (ii) a reference to information identifying a person or body providing information concerning a person.

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

- (1) The *Epidemiological Studies (Confidentiality) Act 1981* (in this section called the **Confidentiality Act**) does not apply to anything done in the exercise of a power or performance of a function under this Act.
- (2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:
- (a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and
  - (b) give the Institute access to documents prepared or obtained in the conduct of that study.
- (3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.

- (4) In this section:
  - (a) **epidemiological study** has the same meaning as in the Confidentiality Act; and
  - (b) **prescribed study** has the same meaning as in the Confidentiality Act.

### 31 Periodical reports

- (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:
  - (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
  - (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.
- (1A) The Institute must submit to the Minister:
  - (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
    - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
    - (ii) ending on 30 June 1993; and
  - (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.
- (2) The Institute may at any time submit to the Minister:
  - (a) a health or welfare report for any period; or
  - (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.
- (3) A health report shall provide:
  - (a) statistics and related information concerning the health of the people of Australia; and
  - (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;during the period to which the report relates.
- (3A) A welfare report must provide:
  - (a) statistics and related information concerning the provision of welfare services to the Australian people; and

- (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
- during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

### 32 Regulations

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

## Appendix 3 — Regulations

### Australian Institute of Health and Welfare Regulations 2006<sup>1</sup>

#### **Select Legislative Instrument 2006 No. 352**

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 13 December 2006

P. M. JEFFERY

Governor-General

By His Excellency's Command

TONY ABBOTT

Minister for Health and Ageing

## 1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Regulations 2006.

## 2 Commencement

These Regulations commence on the day after they are registered.

## 3 Repeal

The Australian Institute of Health and Welfare Regulations are repealed.

## 4 Definitions

In these Regulations:

**Act** means the *Australian Institute of Health and Welfare Act 1987*.

## 5 Contract value limit

For paragraph 23 (a) of the Act, the amount of \$1 500 000 is prescribed.

## Note

1. All legislative instruments and compilations are registered on the Federal Register of Legislative Instruments kept under the *Legislative Instruments Act 2003*. See <[www.frli.gov.au](http://www.frli.gov.au)>.

# Australian Institute of Health and Welfare Ethics Committee Regulations 1989

## Statutory Rules 1989 No. 118 as amended made under the *Health Act 1987*

This compilation was prepared on 5 April 2002 taking into account amendments up to SR 2002 No. 62.

Information on the history of amendments can be found on the Commonwealth of Australia Law website <[www.comlaw.gov.au](http://www.comlaw.gov.au)>.

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

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## 1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Ethics Committee Regulations 1989.

## 2 Definition

In these Regulations:

**identifiable data** means data from which an individual can be identified.

## 3 Functions

The functions of the Ethics Committee are:

- (a) to form an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:



- (i) activities that are being, or are proposed to be, engaged in by the Institute in the performance of its functions; and
- (ii) activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and
- (iii) the release, or proposed release, of identifiable data by the Institute for research purposes;
  - having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;
- (b) where appropriate, to revise an opinion so formed or to form another opinion;
- (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
- (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

## 4 Composition

The Ethics Committee is to consist of the following members:

- (a) a chairperson;
- (b) the Director of the Institute or a nominee of the Director;
- (c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;
- (d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;
- (e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;
- (f) a minister of religion or a person who performs a similar role in a community;
- (g) a lawyer;
- (h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

*Examples for paragraph (c)*

A medical practitioner, a clinical psychologist, a social worker or a nurse.

*Example for paragraph (f)*

An Aboriginal elder.



## Roles, powers and responsibilities

### 1. Governing laws

#### *Enabling legislation*

The AIHW was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992, the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now titled the *Australian Institute of Health and Welfare Act 1987*.

Under the AIHW Act, AIHW Board members are collectively also referred to as the AIHW.

The Board may appoint committees as it thinks fit to assist it in performing its functions (section 16).

As a statutory authority, the AIHW is defined in its Act as a body corporate subject to the CAC Act. Directors (members) are subject to legislation that specifies their duties and responsibilities under the CAC Act.

#### *Responsible Minister*

The Minister for Health and Ageing is the Minister responsible for the AIHW and it is therefore an agency within the Health and Ageing portfolio.

### 2. Constitution

Section 8(1) of the AIHW Act specifies the constitution of the Board.

The following members are appointed for a term of 3 years, by the Governor-General on the advice of the Minister:

- a chairperson
- a member nominated by the Australian Health Ministers' Advisory Council

- a member nominated by the Community Services Ministers' Advisory Council
- a representative of the Housing Ministers' Advisory Council
- three members nominated by the Minister for Health and Ageing
- a person nominated by the minister who has knowledge of the needs of consumers of health services
- a person nominated by the minister who has knowledge of the needs of consumers of welfare services
- a person nominated by the minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the minister who has expertise in research into public health issues.

Directors holding office by virtue of the position they hold (therefore not appointed) are:

- the Director (AIHW)
- the Australian Statistician (Australian Bureau of Statistics)
- the Secretary of the Department of Health and Ageing (DoHA).

The Australian Bureau of Statistics and DoHA members may formally designate a representative to attend meetings on their behalf.

A member of staff of the AIHW, elected by its staff, is also a member of the Board. The member is appointed annually through a staff ballot. This position is independent of the official appointment process.

*Note:* The Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs, and the Chief Executive Officer, National Health and Medical Research Council, or their nominees, attend and



***Role of the Chair (in addition to the role of the Board)***

- Chair meetings of the Board and endorse associated processes.
- Extended role in managing formal relationships between the AIHW and the Minister for Health and Ageing; other relevant ministers and key stakeholders.
- Manage significant issues between meetings of the Board.
- Manage the relationship between the Board and the Director of the AIHW.
- Ensure the Board is properly advised on all matters and discharges its direction in relation to these matters.
- Ensure the security of data provided to the AIHW, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the corporate plan and the business plan.
- Maintain a strong financial position of the AIHW.
- Attract and retain the committed, skilled staff needed to carry out the AIHW's functions.

***Role of the Director***

- Provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions.
- Manage the affairs of the AIHW in accordance with the AIHW Act and the CAC Act.
- Identify emerging strategic, operational and financial risks to the AIHW and actively implement strategies to mitigate these risks.
- Establish and maintain appropriate working relationships with the portfolio minister and other ministers whose portfolios include activities within the scope of the AIHW.
- Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies, and associated Commonwealth/state forums.
- Liaise as required with non-government bodies associated with the functions of the AIHW.
- Ensure the AIHW provides, either directly or through collaborations with others, high-quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.

***Role of staff-elected Board member***

- The staff member is a full Board member, with the same responsibilities as other members.

***Role of other members***

- Act in the best interests of the AIHW. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the AIHW. (See also Conflict of interests on page 191)
- Support the Chair and Director of the AIHW in decision making.
- Participate on Board committees established under s. 16(4) of the AIHW Act.
- Provide input to the Board based on their knowledge and background.

***Role of the Secretary***

- Provide advice and support to the Board.

- Is independent of the AIHW Director and staff when dealing with sensitive matters related to the Director's employment.

## 5. Relationships

### *With management*

Management representatives are invited to attend Board meetings to inform discussion, while having no formal responsibilities.

### *With stakeholders*

Stakeholders are important to the prosperity of the AIHW, in particular the states and territories, given that they are the data and potential funding providers to the Institute. The AIHW also has responsibility to a wide range of key stakeholders from the minister to the whole community. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

### *With staff*

The Chair participates in key AIHW activities, notably the launch of *Australia's health* and *Australia's welfare*, and in developing the corporate plan and the business plan.

The AIHW Act places the employment and terms and conditions of staff under the control of the Director. The Board seeks to ensure the development and welfare of staff, and provides advice to the Director when considered appropriate.

## 6. Delegation of powers and actions

The AIHW has established itself as a Board and delegated powers for the day-to-day operations of the AIHW to the Director (s. 27).

## 7. Board processes

### *Meetings*

The AIHW Act stipulates that the Board shall meet at least once every 4 months. To enable the Board to guide the work of the AIHW, to fit in with the launch of its biennial publications, and to approve the financial statements, the annual report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

On occasion, where issues are to be discussed by independent members only, for example, commercially or personally sensitive issues, the Chair may excuse from discussion the Director, the staff member and departmental representatives.

### *Agenda and papers*

The Director, in consultation with the Chair, formulates the agenda. Any Board member may submit items.

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director in consultation with group heads, sourced from the AIHW.

Group heads are responsible for providing papers to the Secretary 2 weeks before the meeting date.

Papers are distributed electronically and in hard copy to members at least 1 week before the meeting date.

The Board will consider late papers with the approval of the Chair.

### *Confidentiality*

All papers for Board meetings are considered to be 'Board in Confidence' unless otherwise decided by the Board. Members and staff

attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers. Papers may only be distributed to persons other than members and observers for the purpose of briefing Board members and observers.

While departmental members and observers may be supported by seeking adequate briefings from their departmental staff officers, to protect their confidentiality the full set of papers is not to be distributed throughout the department. Where members and observers require briefings on certain items, only the paper covering the item in question may be forwarded to relevant staff within their respective agencies. These papers may not be used for any purpose other than that for which they are intended.

The AIHW makes available records of endorsed minutes to its staff.

The staff-elected member may make available notes on the outcome of issues following a Board meeting, in accordance with agreed release practices.

### *Minutes*

The secretariat notes on the meeting are provided to the Chair directly following the meeting.

The Board Secretary and secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Chair before circulation to all members. The minutes primarily reflect the major decisions from the meeting. Where it is appropriate to do so, a brief background or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are endorsed at the subsequent meeting of the Board. Following endorsement, the Chair signs the minutes which are retained for the official record and are subject to audit scrutiny.

### *Conflict of interests*

The CAC Act requires Board members to disclose their interests relevant to AIHW's functions, and not participate in decisions where a conflict is declared. The Chair will ask members at the commencement of Board meetings whether there are any conflicts of interest to be declared. A member who considers that he or she may have an interest in the matter shall:

- i) disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict
- ii) provide details of the interest as requested by other members to determine the nature and extent of the interest
- iii) remove themselves physically from the room, if appropriate, while the discussion takes place, unless the Board determines otherwise.

In some cases, Board members could be representing potential purchasers or competitors of the AIHW with regard to contract work. In such a case, a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision making.

### *Conflict of roles*

The Auditor-General has identified that the presence of government officers on the boards of statutory authorities may give rise

to a conflict of roles, and has issued advice as follows (adapted to AIHW circumstances).

The portfolio Secretary, as a member of the Board, is simultaneously:

- chief policy adviser to the Minister for Health and Ageing and can be expected to oversight the AIHW's compliance with government policy objectives
- a customer of the AIHW as service provider
- a Board member expected to pursue the interests of the AIHW.

If considered necessary for the portfolio Secretary to be excluded from sensitive discussions, such as those concerning forthcoming budget strategy, the Secretary may offer advice and then leave. Relevant papers should not be forwarded on such items.

Concerns by the Secretary as a customer of the AIHW will be pursued through an outside stakeholder-consultation process and brought to the attention of the Board as necessary.

In relation to the Australian Statistician, it has been agreed with the Statistician that his agreement to an AIHW survey at the Board will constitute his agreement under s. 5(1)(a) of the AIHW Act, provided he has had adequate notice of the proposal.

### *Decisions taken*

Decisions of the Board are reached generally on a consensus basis. Decisions are recorded in the minutes.

Sections 5(d) and (e) of the AIHW Act stipulate that 'all questions shall be decided by a majority of the votes of the members present,' and 'the member presiding has a deliberative vote and, if necessary, also has a casting vote.'

### *Quorum*

A quorum is the majority of members at the time of the meeting (s. 15(5)(c)).

Members may provide the Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Chair is absent, the members present shall appoint one of their number to preside.

### *Remuneration and travel*

In accordance with the AIHW Act, Board members who are not Australian Government, state or territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The AIHW makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The AIHW will pay for accommodation and meals where members are required to stay overnight. The AIHW will pay for any appropriate and necessary incidental expenses.

### *Ensuring continuous improvement*

The Board will review its performance each year. Issues reviewed may include its success in pursuing AIHW's objectives, procedural matters, protocol and clarity of roles, and individual performance.

### *Induction*

New members will be provided with a package including instructions and operations of the Board, and various relevant reading materials published by the AIHW.



### *Professional development*

The Chair may seek professional development opportunities relevant to the operations of the Board.

### *Indemnity of members*

The AIHW provides appropriate indemnity for Board members.

### *Complaints and dispute resolution*

Complaints, including complaints about decisions of the Ethics Committee, are to be referred to the Secretary to the Board in the first instance. The Director will advise the Chair on efforts to resolve the complaint by mediation. If the complaint cannot be resolved in this way, the Chair may decide on an appropriate mediator to determine the complaint or dispute. The Chair shall advise the Board of any such actions, and the outcome. Disputes remaining unresolved after such a process will be referred to the Board for resolution.

## **8. Board committees**

### *Ethics Committee*

The AIHW Ethics Committee is established under the AIHW Act and has the power to release identifiable data for research purposes. The AIHW is keen to fulfil its function to assist research and analysis of the data which it collects. It recognises that an unduly restrictive data release policy is contrary to the public interest. In recognising these issues the AIHW is also aware of its legislative responsibility to protect the confidentiality of the information it receives; to respect the privacy and sensitivity of those to whom it relates; to maintain high-level data security procedures; and, where appropriate, to incorporate the requirements of its information providers in those procedures.

The Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. Through the committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Ethics Committee provides a yearly report of its operation to both the AIHW for inclusion in the annual report and also to the National Health and Medical Research Council (NHMRC) for its reporting purposes.

The outcomes of meetings are reported to Board meetings by way of a written summary. At least once a year, the Ethics Committee Chair is invited to a Board meeting to discuss issues related to the work of the committee.

Committee membership is prescribed by legislation and is consistent with the guidelines established by the NHMRC and Medical Research Council for Human Research Ethics Committees.

Members of the committee are appointed by the Board for a period of 3 years.

### *Audit and Finance Committee*

The Audit and Finance Committee is established to:

- ensure the internal auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs
- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the AIHW's financial position and review quarterly financial reports in a form specified by the committee

- ensure the timely tabling of the annual report before the Board
- report to the Board on any matters arising from either the internal audit or the external audit functions about which the Board needs to be informed
- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board
- meet with the external auditor annually
- advise the Board on delegations and performance
- oversight the risk management strategy and advise the Board accordingly.

Membership comprises four non-executive members of the Board, one of whom is appointed as Chair of this committee. Members are appointed for a term fixed by the Board, but for a period of not more than 3 years.

The AIHW's Director and relevant staff attend meetings by invitation.

Although the committee is only required to report to the Board on its activities every 6 months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on the financial and budgetary issues before it considers each quarterly financial report.

### *Remuneration Committee*

The Remuneration Committee advises the Board on the remuneration of the AIHW Director.

The Remuneration Committee provides performance feedback to the Director and considers an annual review of remuneration, that is, an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The committee works within guidelines issued from time to time by the Remuneration Tribunal. The Remuneration Committee Guidelines also set out the process and timeframes for determining remuneration and performance pay.

Membership currently comprises the Board Chair, the Chair of the Audit and Finance Committee and one other Board member.

# Appendix 5—Board and Ethics Committee members 2008–09

## Board members' qualifications, positions, affiliations and biographies as at 30 June 2009

### The Hon Peter Collins AM, QC

RFD, BA, LLB

- Chair
- Non-Executive Director

Mr Collins was appointed Chair of the AIHW in 2004. He served as Chairman of the Cancer Institute (NSW) 2005–2008. Mr Collins is Chair of St John Ambulance NSW and a Director of HostPlus Pty Ltd. He is a Board member of the Workers Compensation Insurance Fund Investment Board, a position appointed by the New South Wales Government. He is also a member of the Policy Committee of the Australian Institute of Superannuation Trustees. Mr Collins is a Commander in the Royal Australian Naval Reserve and has been selected for promotion to Captain.

### Heather Gardner

BA (Hons), MA, FAIEH (Hons)

- Ministerial appointee
- Non-Executive Director

Adjunct Associate Professor Gardner is a political scientist who has lectured and published on health policy for many years, first at the Lincoln Institute of Health Sciences, then at La Trobe University, where she was Foundation Head of the School of Public Health. She is Editor of *Environmental Health*, the journal of the Australian Institute of Environmental Health, now Environmental Health Australia) and a Fellow of the Australian Institute of

Environmental Health. She was the Founding Editor of the *Australian Journal of Primary Health*, now published by CSIRO in conjunction with La Trobe University. Her most recent publication is *Analysing Health Policy in Australia: A Problem-oriented Approach*, with co-author Simon Barraclough, published by Elsevier.

### Ian Spicer AM

LLB, FAIM, FICM, ACIS

- Ministerial appointee
- Non-Executive Director

Over recent years, Mr Spicer has held a series of senior appointments on advisory bodies to the Australian Government in the fields of welfare reform, disability and education and youth transition policy. Prior to that he was Chief Executive of the Australian Chamber of Commerce and Industry, spending almost 40 years representing Australian business at all levels. He was also a member of the Council for Aboriginal Reconciliation from 1992 to 2000 and Chair of VATMI Industries Ltd (a disability service provider) for over 25 years. Mr Spicer is currently Deputy President of the Metropolitan Fire and Emergency Services Board.

### Greg Stewart

MBBS, MPH, FRACMA, FAFPHM

- Ministerial appointee
- Non-Executive Director

Dr Stewart is a public health physician and is currently the Director of Population Health, Planning and Performance for Sydney South West Area Health Service. He was formerly Chief Health Officer for New South Wales (2001–2005).



Ms Crawford is the Director of Housing and Executive Director of Housing and Community Building, Department of Human Services Victoria where she is responsible for providing housing policy advice to government, managing the public housing system, developing Housing Associations, and developing and managing community building activities. Prior to that she was the Chief Operating Officer for the Australian Taxation Office where she oversaw all Tax Office transaction processing, call management and debt collection operations. She has also worked for the Brisbane City Council as the Divisional Manager of Customer and Community Services, and has held senior positions in the NSW and Victorian Public Services.

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### **Louise York**

BEC, BSc, Grad Dip Population Health

- Staff representative

Ms York has worked in various AIHW units across both welfare and health and is currently Acting Head of the Health Performance Indicators Unit.

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### **Penny Allbon**

BA (Hons), PhD

- Director, Australian Institute of Health and Welfare
- Executive Director

Dr Allbon was appointed Director of the AIHW in February 2006. She has over 20 years of experience in government, at both federal and territory levels and within the financial, health and welfare arenas, including the position of Chief Executive of ACT Health. She has also run her own consultancy, working with government in various Pacific Islands.

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## **Ethics Committee members' qualifications and positions as at 30 June 2009**

### *Chair*

#### **Ching Choi**

BA, PhD

### *Members*

#### **Malcolm Sim**

MBBS, MSc, PhD, FAFOEM (RACP), FAFPHM (RACP)

#### **John Buckley**

BA (Hons)

#### **Kathryn Cole**

BA (Hons), LIB

#### **Wendy Scheil**

MBBS, FAFPHM, FRACGP, MAE, DTMEH

#### **Val Edyvean**

BA, MAPSS

#### **Wendy Antoniak**

Community representative

#### **James Barr**

BA (Hons), BTheol (Hons), MAppSci

#### **Penny Allbon**

BA (Hons), PhD

# Appendix 6—Freedom of information

## Freedom of information statement

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

### Organisation and functions of the AIHW

Chapter 1 and Chapter 3 of this report provide details of the organisation and functions of the AIHW.

### Powers

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

### Consultative arrangements

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

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

The AIHW has established a number of topic-specific steering committees, which include bodies and persons from outside the Commonwealth administration, to advise the AIHW on its major reports.

### Categories of documents in possession of the AIHW

*Documents available to the public upon payment of a fee*

The AIHW does not hold any documents of this type.

*Documents available for purchase or available free of charge*

The majority of AIHW reports are available free of charge on its website <[www.aihw.gov.au](http://www.aihw.gov.au)>, or can be purchased through the AIHW website or from its contracted distributor CanPrint.

*AIHW data*

The AIHW makes available through its website unidentifiable aggregated data on a series of 'data cubes'.

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

*AIHW seminar program*

The AIHW makes available documents about topics included on the AIHW seminar program conducted for staff, and for some seminars open to invited guests.

*Government and parliament*

Some ministerial briefings, ministerial correspondence, replies to parliamentary questions and tabling documents are available.

*Meeting proceedings*

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

### ***Business management***

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

### ***Privacy***

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

### **Freedom of information requests**

There were no requests made under the *Freedom of Information Act 1982* during 2008–09.

### **Freedom of information enquiries**

All enquiries concerning access to documents under the *Freedom of Information Act 1982* may be directed to the:

FOI Contact Officer  
Information Governance Unit  
Australian Institute of Health and Welfare  
GPO Box 570  
Canberra, ACT 2601  
  
Phone 02 6244 1107





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# Appendix 8—Publications

## AIHW publications for 2008–09

152 publications have been listed and the average page count is 79 pages.

### Aboriginal and Torres Strait Islander health and welfare

Aboriginal and Torres Strait Islander health labour force statistics and data quality assessment. Cat. no. IHW 27. Canberra: AIHW, 2009.

Aboriginal and Torres Strait Islander Health Performance Framework 2008 report: detailed analyses. Cat. no. IHW 22. Canberra: AIHW, 2009.

Hospital procedures for diseases of the digestive tract in Aboriginal and Torres Strait Islander peoples and other Australians. Al-Yaman F, Moore A, Vu H & Herceg A. Cat. no. IHW 23. Canberra: AIHW, 2008.

International Group for Indigenous Health Measurement 2006, Canberra. Cat. no. IHW 26. Canberra: AIHW, 2009.

Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. Cat. no. IHW 24. Canberra: AIHW, 2009.

Progress of the Northern Territory Emergency Response Child Health Check initiative: preliminary results from the Child Health Check and follow-up data collections. AIHW & Department of Health and Ageing. Cat. no. IHW 25. Canberra: AIHW, 2008.

### Ageing and aged care

A picture of osteoporosis in Australia. Graf J. Cat. no. PHE 99. Canberra: AIHW, 2008.

Aged care packages in the community 2006–07: a statistical overview. Cat. no. AGE 57. Canberra: AIHW, 2008.

Movement from hospital to residential aged care. Karmel R, Anderson P & Lloyd J. Cat. no. CSI 6. Canberra: AIHW, 2008.

Residential aged care in Australia 2007–08: a statistical overview. Cat. no. AGE 58. Canberra: AIHW, 2009.

### Alcohol and other drugs

2007 National Drug Strategy Household Survey: detailed findings. Cat. no. PHE 107. Canberra: AIHW, 2008.

2007 National Drug Strategy Household Survey: state and territory supplement. Cat. no. PHE 102. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in Australia 2006–07: findings from the National Minimum Data Set. Cat. no. AUS 107. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in Australia 2006–07: report on the National Minimum Data Set. Cat. no. HSE 59. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in New South Wales 2006–07: findings from the National Minimum Data Set. Cat. no. HSE 61. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in South Australia 2006–07: findings from the National Minimum Data Set. Cat. no. HSE 63. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in Tasmania 2006–07: findings from the National Minimum Data Set. Cat. no. HSE 64. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in the ACT 2006–07: findings from the National Minimum Data Set. Cat. no. HSE 60. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in the Northern Territory 2006–07: findings from the National Minimum Data Set. Cat. no. HSE 62. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in Victoria 2006–07: findings from the National Minimum Data Set. Cat. no. HSE 66. Canberra: AIHW, 2008.

Alcohol and other drug treatment services in Western Australia 2006–07: findings from the National Minimum Data Set. Cat. no. HSE 65. Canberra: AIHW, 2008.

Alcohol and other drug treatment services NMDS specifications: 2009–10: data dictionary, collection guidelines and validation processes. Blakey-Fahey K. Cat. no. PHE 113. Canberra: AIHW, 2009.

Data items and definitions: 2008 National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection data guide. Cat. no. HSE 68. Canberra: AIHW, 2009.

Enhancing the Alcohol and Other Drug Treatment Services National Minimum Data Set: counting clients and reporting comorbidity. Cat. no. AUS 112. Canberra: AIHW, 2009.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2009 collection data guide. Cat. no. WP 62. Canberra: AIHW, 2009.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection data guide: data items and definitions 2007. Cat. no. WP 60. Canberra: AIHW, 2008.

National Opioid Pharmacotherapy Statistics Annual Data collection: 2007 report. Cat. no. AUS 104. Canberra: AIHW, 2008.

National Opioid Pharmacotherapy Statistics Annual Data collection: 2008 report. Cat. no. AUS 115. Canberra: AIHW, 2009.

## Cancer

Cancer in Australia: an overview, 2008. Cat. no. CAN 42. Canberra: AIHW, 2008.

Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004. Cat. no. CAN 38. Canberra: AIHW, 2008.

Cervical screening in Australia 2006–2007. Cat. no. CAN 43. Canberra: AIHW, 2009.

National Bowel Cancer Screening Program monitoring report 2008. AIHW & Department of Health and Ageing. Cat. no. CAN 40. Canberra: AIHW, 2008.

Non-melanoma skin cancer: general practice consultations, hospitalisation and mortality. AIHW & Cancer Australia. Cat. no. CAN 39. Canberra: AIHW, 2008.

Third study of mortality and cancer incidence in aircraft maintenance personnel: a continuing study of F-111 Deseal/Reseal personnel 2009. Cat. no. CAN 41. Canberra: AIHW, 2009.

### **Cardiovascular disease**

Health care expenditure on cardiovascular diseases 2004–05. Senes S & Woodall J. Cat. no. CVD 43. Canberra: AIHW, 2008.

Impact of falling cardiovascular disease death rates: deaths delayed and years of life extended. Cat. no. AUS 113. Canberra: AIHW, 2009.

### **Children, youth and families**

A picture of Australia's children 2009. Cat. no. PHE 112. Canberra: AIHW, 2009.

Adoptions Australia 2007–08. Cat. no. CWS 34. Canberra: AIHW, 2009.

Child protection Australia 2007–08. Cat. no. CWS 33. Canberra: AIHW, 2009.

Eye health among Australian children. Cat. no. PHE 105. Canberra: AIHW, 2008.

Implementation of the Children's Services National Minimum Data Set: a feasibility study. Cat. no. CFS 7. Canberra: AIHW, 2009.

Juvenile arthritis in Australia. Rahman N & Bhatia K. Cat. no. PHE 101. Canberra: AIHW, 2008.

Juvenile justice in Australia 2006–07. Cat. no. JUV 4. Canberra: AIHW, 2008.

Making progress: the health, development and wellbeing of Australia's children and young people. Cat. no. PHE 104. Canberra: AIHW, 2008.

### **Corporate publications**

Annual report 2007–08. Cat. no. AUS 108. Canberra: AIHW, 2008.

### **Data standards**

National community services data dictionary, version 5. National Community Services Data Committee. Cat. no. HWI 102. Canberra: AIHW, 2008.

National health (version 14) and national community services (version 5) data dictionaries CD-ROM set. Cat. no. HWI 101/102. Canberra: AIHW, 2008.

National health data dictionary version 14. Health Data Standards Committee. Cat. no. HWI 101. Canberra: AIHW, 2008.

Review and evaluation of Australian information about primary health care: a focus on general practice. Cat. no. HWI 103. Canberra: AIHW, 2008.

### **Dental health**

Caring for oral health in Australian residential care. Carter KD, Spencer AJ, Chalmers JM, King L & Wright C. Cat. no. DEN 193. Adelaide: AIHW DSRU, 2009.

Dental hygienist labour force in Australia, 2005. AIHW Dental Statistics and Research Unit. Cat. no. DEN 173. Adelaide: AIHW DSRU, 2008.

Dental labour force in Australia, 2005. AIHW Dental Statistics and Research Unit. Cat. no. DEN 172. Canberra: AIHW, 2008.

Dental practice activity by geographic location. AIHW Dental Statistics and Research Unit. Cat. no. DEN 187. Adelaide: AIHW DSRU, 2008.

Dental prosthetist labour force in Australia, 2005. AIHW Dental Statistics and Research Unit. Cat. no. DEN 184. Adelaide: AIHW DSRU, 2008.

- Dental therapist labour force in Australia, 2005. AIHW Dental Statistics and Research Unit. Cat. no. DEN 174. Adelaide: AIHW DSRU, 2008.
- Dentist labour force projections, 2005–2020. AIHW Dental Statistics and Research Unit. Cat. no. DEN 189. Adelaide: AIHW DSRU, 2008.
- Geographic variation in oral health and use of dental services in the Australian population 2004–06. AIHW Dental Statistics and Research Unit. Cat. no. DEN 188. Adelaide: AIHW DSRU, 2009.
- Oral health and access to dental care by cardholder and insurance groups. AIHW Dental Statistics and Research Unit. Cat. no. DEN 186. Adelaide: AIHW DSRU, 2008.
- Oral health of adult public dental patients. AIHW Dental Statistics and Research Unit. Cat. no. DEN 183. Adelaide: AIHW DSRU, 2008.
- Oral health of adults in the public dental sector. Brennan DS. Cat. no. DEN 192. Adelaide: AIHW DSRU, 2008.
- Oral health of health cardholders attending for dental care in the private and public sectors. AIHW Dental Statistics and Research Unit. Cat. no. DEN 196. Adelaide: AIHW DSRU, 2009.
- Patterns of tooth loss in the Australian population 2004–06. AIHW Dental Statistics and Research Unit. Cat. no. DEN 185. Adelaide: AIHW DSRU, 2008.
- Projected demand and supply for dental visits in Australia: analysis of the impact of changes in key inputs. Teusner DN, Chrisopoulos S & Spencer AJ. Cat. no. DEN 171. Canberra: AIHW, 2008.
- Projected demand for dental care to 2020. AIHW Dental Statistics and Research Unit. Cat. no. DEN 190. Adelaide: AIHW DSRU, 2008.
- Relative needs index study, South Australia and New South Wales. AIHW Dental Statistics and Research Unit. Cat. no. DEN 194. Adelaide: AIHW DSRU, 2009.
- The National Survey of Adult Oral Health 2004–06: Australian Capital Territory. AIHW Dental Statistics and Research Unit. Cat. no. DEN 175. Adelaide: AIHW DSRU, 2008.
- The National Survey of Adult Oral Health 2004–06: New South Wales. AIHW Dental Statistics and Research Unit. Cat. no. DEN 176. Adelaide: AIHW DSRU, 2008.
- The National Survey of Adult Oral Health 2004–06: Northern Territory. AIHW Dental Statistics and Research Unit. Cat. no. DEN 177. Adelaide: AIHW DSRU, 2008.
- The National Survey of Adult Oral Health 2004–06: Queensland. AIHW Dental Statistics and Research Unit. Cat. no. DEN 178. Adelaide: AIHW DSRU, 2008.
- The National Survey of Adult Oral Health 2004–06: South Australia. AIHW Dental Statistics and Research Unit. Cat. no. DEN 179. Adelaide: AIHW DSRU, 2008.
- The National Survey of Adult Oral Health 2004–06: Tasmania. AIHW Dental Statistics and Research Unit. Cat. no. DEN 180. Adelaide: AIHW DSRU, 2008.
- The National Survey of Adult Oral Health 2004–06: Victoria. AIHW Dental Statistics and Research Unit. Cat. no. DEN 181. Adelaide: AIHW DSRU, 2008.
- The National Survey of Adult Oral Health 2004–06: Western Australia. AIHW Dental Statistics and Research Unit. Cat. no. DEN 182. Adelaide: AIHW DSRU, 2008.

## Diabetes

Gestational diabetes mellitus in Australia, 2005–06. Pieris-Caldwell I & Templeton M. Cat. no. CVD 44. Canberra: AIHW, 2008.

Incidence of Type 1 diabetes in Australia 2000–2006: first results. Cat. no. CVD 42. Canberra: AIHW, 2008.

## Functioning and disability

Disability in Australia: intellectual disability. Cat. no. AUS 110. Canberra: AIHW, 2008.

Disability in Australia: trends in prevalence, education, employment and community living. Cat. no. AUS 103. Canberra: AIHW, 2008.

Disability support services 2006–07: national data on services provided under the Commonwealth State/Territory Disability Agreement. Cat. no. DIS 52. Canberra: AIHW, 2008.

The geography of disability and economic disadvantage in Australian capital cities. Cat. no. DIS 54. Canberra: AIHW, 2009.

Younger people with disability in residential aged care programs: final report on the 2007–08 Minimum Data Set. Cat. no. DIS 53. Canberra: AIHW, 2009.

## General practice

General practice activity in Australia 1998–99 to 2007–08: 10 year data tables. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C et al. Cat. no. GEP 23. Canberra: AIHW, 2008.

General practice activity in Australia 2007–08. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C et al. Cat. no. GEP 22. Canberra: AIHW, 2008.

## Health and welfare expenditure

Health expenditure Australia 2006–07. Cat. no. HWE 42. Canberra: AIHW, 2008.

Projection of Australian health care expenditure by disease, 2003 to 2033. Goss J. Cat. no. HWE 43. Canberra: AIHW, 2008.

Public health expenditure in Australia 2006–07. Cat. no. HWE 41. Canberra: AIHW, 2008.

## Health and welfare labour force

Health and community services labour force 2006. Cat. no. HWL 43. Canberra: AIHW, 2009.

Medical labour force 2006. Cat. no. HWL 42. Canberra: AIHW, 2008.

## Health and welfare services and care

Australian hospital statistics 2007–08. Cat. no. HSE 71. Canberra: AIHW, 2009.

## Housing

Community housing 2007–08. Cat. no. HOU 188. Canberra: AIHW, 2009.

Community housing tenants: results from the 2007 National Social Housing Survey. Cat. no. AUS 111. Canberra: AIHW, 2008.

Crisis Accommodation Program 2007–08. Cat. no. HOU 202. Canberra: AIHW, 2009.

Demand for SAAP accommodation by homeless people 2006–07. Cat. no. HOU 186. Canberra: AIHW, 2008.

Demand for SAAP accommodation by homeless people 2006–07: a summary. Murdoch F. Cat. no. AUS 106. Canberra: AIHW, 2008.

Demand for SAAP accommodation by homeless people 2007–08. Cat. no. HOU 211. Canberra: AIHW, 2009.



Demand for SAAP accommodation by homeless people 2007–08: a summary. Cat. no. AUS 114. Canberra: AIHW, 2009.

Home purchase assistance 2007–08. Cat. no. HOU 201. Canberra: AIHW, 2009.

Homeless Aboriginal and Torres Strait Islander clients in SAAP 2006–07. Cat. no. HOU 190. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07 Australia. Cat. no. HOU 185. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07, Australian Capital Territory supplementary tables. Cat. no. HOU 180. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07, New South Wales supplementary tables. Cat. no. HOU 177. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07, Northern Territory supplementary tables. Cat. no. HOU 183. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07, Queensland supplementary tables. Cat. no. HOU 184. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07, South Australia supplementary tables. Cat. no. HOU 181. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07, Tasmania supplementary tables. Cat. no. HOU 179. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07, Victoria supplementary tables. Cat. no. HOU 178. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2006–07, Western Australia supplementary tables. Cat. no. HOU 182. Canberra: AIHW, 2008.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, Australia. Cat. no. HOU 191. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, Australian Capital Territory supplementary tables. Cat. no. HOU 192. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, New South Wales supplementary tables. Cat. no. HOU 195. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, Northern Territory supplementary tables. Cat. no. HOU 193. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, Queensland supplementary tables. Cat. no. HOU 196. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, South Australia supplementary tables. Cat. no. HOU 197. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, Tasmania supplementary tables. Cat. no. HOU 199. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, Victoria supplementary tables. Cat. no. HOU 194. Canberra: AIHW, 2009.

Homeless people in SAAP: SAAP National Data Collection annual report 2007–08, Western Australia supplementary tables. Cat. no. HOU 198. Canberra: AIHW, 2009.

Labour force participation and employment in public rental housing in Australia. Mallen K. Cat. no. AUS 109. Canberra: AIHW, 2008.

Private rent assistance 2007–08. Cat. no. HOU 200. Canberra: AIHW, 2009.

Public rental housing 2007–08. Cat. no. HOU 187. Canberra: AIHW, 2009.

State owned and managed Indigenous housing 2007–08. Cat. no. HOU 189. Canberra: AIHW, 2009.

Who receives priority housing and how long do they stay? Wilson D & Storer J. Cat. no. AUS 105. Canberra: AIHW, 2008.

## **Injury**

Drowning and other injuries related to aquatic activities at ages 55 years and older in Australia. Harrison J, Kreisfield R & Henley G. Cat. no. INJCAT 125. Adelaide: AIHW NISU, 2009.

Eye-related injuries in Australia. Cat. no. INJCAT 123. Canberra: AIHW, 2009.

Hospital separations due to injury and poisoning, Australia, 2004–05. Harrison J & Bradley C. Cat. no. INJCAT 117. Adelaide: AIHW NISU, 2008.

Hospital separations due to traumatic brain injury, Australia 2004–05. Harrison J, Helps Y & Henley G. Cat. no. INJCAT 116. Adelaide: AIHW NISU, 2008.

Hospitalisations due to falls by older people, Australia 2005–06. AIHW National Injury Surveillance Unit. Cat. no. INJCAT 122. Adelaide: AIHW NISU, 2009.

Hospitalised farm injury among children and young people, Australia 2000–01 to 2004–05. Kreisfield R. Cat. no. INJCAT 106. Adelaide: AIHW NISU, 2008.

Injury as a chronic health issue in Australia. Cripps R. Cat. no. INJCAT 118. Adelaide: AIHW NISU, 2008.

Injury of Aboriginal and Torres Strait Islander peoples due to transport, 2001–02 to 2005–06. Harrison J & Berry JG. Cat. no. INJCAT 120. Adelaide: AIHW NISU, 2008.

Injury severity scaling: a comparison of methods for measurement of injury severity. Harrison J & Henley G. Cat. no. INJCAT 126. Adelaide: AIHW NISU, 2009.

Serious injury due to land transport accidents, Australia, 2005–06. Berry JG & Harrison J. Cat. no. INJCAT 113. Canberra: AIHW, 2008.

Serious injury due to transport accidents involving a railway train, Australia, 2001–02 to 2005–06. Berry JG & Harrison J. Cat. no. INJCAT 114. Adelaide: AIHW NISU, 2008.

Serious injury due to transport accidents, Australia, 2005–06. Harrison J & Berry JG. Cat. no. INJCAT 112. Adelaide: AIHW DSRU, 2008.

Spinal cord injury, 1999–2005. Henley G. Cat. no. INJCAT 124. Adelaide: AIHW NISU, 2009.

Spinal cord injury, Australia, 2006–07. Cripps R. Cat. no. INJCAT 119. Adelaide: AIHW NISU, 2009.



Karmel R & Rosman DL 2008. Linkage of health and aged care service events: comparing linkage and event selection methods. *BMC Health Services Research* 8:149.

## Journal articles produced by collaborating units

Abou EA & Harrison JE 2009. Suicide decline: where did the cases go? *Australian and New Zealand Journal of Public Health* 2009 33(1):67–9.

Armfield JM 2009. Oral health of teenage children in South Australia. *Australian Dental Journal (Data Watch)* 54(2):166–9.

Armfield JM, Slade GD et al. 2009. Dental fear and adult oral health in Australia. *Community Dentistry and Oral Epidemiology* 37:220–30.

Armfield JM Slade GD et al. 2009. Are people with dental fear under-represented in oral epidemiological surveys? *Social Psychiatry and Psychiatric Epidemiology* 44:495–500.

Armfield JM, Spencer AJ et al. 2009. Changing inequalities in the distribution of caries associated with improving child oral health in Australia. *Journal of Public Health Dentistry* 69(2):125–34.

Bailie RS, Armfield JM et al. 2009. Association of natural fluoride in community water supplies with dental health of children in remote Indigenous communities—implications for policy. *Australia and New Zealand Journal of Public Health* 33(3):205–11.

Bayram C, Fahridin S & Britt H 2009. Men and mental health. *Australian Family Physician* 38(3):91.

Ben-Tovim DI, Woodman RJ, Hakendorf P & Harrison J 2009. Standardised mortality ratios. Neither constant nor a fallacy. *British Medical Journal* 338:b1748.

Berry JG, Harrison JE & Ryan P 2008. Hospital admissions of Indigenous and non-Indigenous Australians due to interpersonal violence, July 1999–June 2004. *Australia and New Zealand Journal of Public Health* 33(3):215–222.

Bhalla K, Harrison J, Abraham J, Borse NN, Lyons R et al. 2009. Data sources for improving estimates of the global burden of injuries: call for contributors. *Public Library of Science. Medicine* 2009 6(1).

Brennan DS & Armfield JM 2008. Using oral epidemiology to inform dental public health policy. *Public Health Bulletin South Australia* 5:34–7.

Brennan DS & Do LG 2009. Caries experience of private and public dental patients. *Australian Dental Journal (Data Watch)* 54(1):66–69.

Brennan DS & Spencer AJ 2009. Life events and oral-health-related quality of life among young adults. *Quality of Life Research* 18:557–65.

Brennan DS & Spencer AJ 2008. Development and testing of revised practice belief scales among private general dental practitioners. *Australian Dental Journal* 53:217–25.

Britt HC, Harrison CM, Miller GC & Knox SA 2008. Prevalence and patterns of multimorbidity in Australia. *The Medical Journal of Australia* 189(2):72–77.

Charles J & Britt H 2008. BEACH turns ten. *GPReview* 12(5):23.

Charles J & Britt H 2008. Generation Y visits to the GP. *GPReview* 12(4):16.

- Charles J, Fahridin S & Britt H 2008. Somatisation. *Australian Family Physician* 37(11):903.
- Charles J, Fahridin S & Britt H 2008. Referrals to A&E. *Australian Family Physician* 37(7):505.
- Charles J, Fahridin S & Miller G 2008. Upper abdominal pain. *Australian Family Physician* 37(8):601.
- Charles J, Harrison C & Britt H 2009. Older GPs. *GPRReview* 13(2):11.
- Charles J, Harrison C & Britt H 2008. Diabetes policy and general practice activity. *GPRReview* 12(3):18.
- Charles J, Harrison C & Britt H 2009. Insomnia. *Australian Family Physician* 38(5):283.
- Charles J, Harrison C & Britt H 2008. Influenza. *Australian Family Physician* 37(10):793.
- Charles J, Valenti L & Britt H 2009. Children's BMI and GP management of weight problems in childhood. *GPRReview* 13(1):11.
- Chrisopoulos S & Teusner DN 2008. Dentist labour force projections 2005 to 2020: the impact of new regional dental schools. *Australian Dental Journal (Data Watch)* 53(3):292–6.
- Cretikos MA, Valenti L, Britt HC & Baur LA 2008. General practice management of overweight and obesity in children and adolescents in Australia. *Medical Care* 46(11):1163–9.
- Crocombe LA, Mejia GC et al. 2009. Comparison of adult oral health in Australia, the USA, Germany and the UK. *Australian Dental Journal* 54(2):147–53.
- Fahridin S & Britt H 2009. Cancer screening in general practice. *Australian Family Physician* 38(4):187.
- Fahridin S, Britt H & Charles J 2008. Indigenous patients. *Australian Family Physician* 37(12):985.
- Flood L & Harrison JE 2009. Epidemiology of basketball and netball injuries that resulted in hospital admission in Australia, 2000–2004. *The Medical Journal of Australia* 190(2):87–90.
- Fitzsimmons TR, Sanders AE et al. 2009. Biomarkers of periodontal inflammation in the Australian adult population. *Australian Dental Journal* 54(2):115–22.
- Harford JE 2009. Population ageing and dental care. *Community Dentistry and Oral Epidemiology* 37:97–103.
- Harrison C, Charles J & Britt H 2009. Sexual health. *Australian Family Physician* 38(6):379.
- Jamieson LM, Harrison JE & Berry JG 2008. Hospitalised head injury due to assault among Indigenous and non-Indigenous Australians, July 1999–June 2005. *The Medical Journal of Australia* 188:576–579.
- Jamieson LM, Mejia GC et al. 2009. Predictors of untreated dental decay among 15–34-year-old Australians. *Community Dentistry and Oral Epidemiology* 37:27–34.
- Jamieson LM & Sayers SM 2008. Oral health investigations of Indigenous participants in remote settings: a methods paper describing the dental component of Wave II of an Australian Aboriginal Birth Cohort Study. *BMC Oral Health* 8:24.
- Knox SA, Harrison CM, Britt HC & Henderson JV 2008. Estimating prevalence of common chronic morbidities in Australia. *The Medical Journal of Australia* 189(2):66–70.

Luzzi L, Jones K et al. 2009. Association of urgent dental care with subjective oral health indicators and psychosocial impact. *Community Dental Health* 26(2):77–83.

Mahoney G, Slade GD, Kitchener S & Barnett A 2008. Lifetime fluoridation exposure and dental caries experience in a military population. *Community Dentistry and Oral Epidemiology* 36:485–92.

McKenzie K, Enraght-Moony EL, Walker SM, McClure RJ & Harrison JE 2009. Accuracy of external cause-of-injury coding in hospital records. *Injury Prevention* 15(1):60–64.

McKenzie K, Enraght-Moony EL, Waller GS, Walker S, Harrison JE & McClure RJ 2009. Causes of injuries resulting in hospitalisation in Australia: assessing coder agreement on external causes. *Injury Prevention* 15(3):188–196.

O'Halloran J, Harrison C & Britt H 2008. The management of chronic problems. *Australian Family Physician*. 37(9):697.

Pan Y, Britt H & Charles J 2009. Multiple chronic problems. *Australian Family Physician* 38(1–2):9.

Pradhan A, Slade GD et al. 2009. Factors influencing caries experience among adults with physical and intellectual disabilities. *Community Dentistry and Oral Epidemiology* 37:143–54.

Roberts-Thomson KF, Luzzi L & Brennan DS 2008. Social inequality in use of dental services: relief of pain and extraction. *Australia and New Zealand Journal of Public Health* 32(5):444–9.

Roberts-Thomson KF & Slade GD 2008. Factors associated with infrequent dental attendance in the Australian population. *Australian Dental Journal (Data Watch)* 53(4):358–62.

Sanders AE, Slade GD et al. 2009. A cross-national comparison of income gradients in oral health quality of life in four welfare states: application of the Korpi and Palme typology. *Journal of Epidemiology and Community Health* 63:569–74.

Sanders AE, Slade GD et al. 2009. Impact of oral disease on quality of life in the US and Australian populations. *Community Dentistry and Oral Epidemiology* 37:171–81.

Sanders AE, Turrell G & Slade GD 2008. Affluent neighborhoods reduce excess risk of tooth loss among the poor. *Journal of Dental Research* 87(10):969–73.

Slade GD 2008. Information typically collected during dental examinations is associated with probability of undiagnosed diabetes in the US adult population (review). *Journal of Evidence-Based Dental Practice* 8(4):221–2.

Wang Y, Patrick J, Miller G & O'Halloran J 2008. A computational linguistics motivated mapping of ICPC-2 PLUS to SNOMED CT. *BMC Medical Decision Making* 8 Suppl 1:S5.

## Conference papers given by AIHW staff

AIHW 2008. Leading causes of mortality and morbidity for Australian children. Presented at the 4th Biennial Conference, Australian Population Association, Alice Springs, July.

AIHW 2008. Licit and illicit drugs in Australia. Presented at the Australian Population Association conference, Alice Springs, July.

AIHW 2008. Drugs in Australia: findings from the 2007 National Drug Strategy Household Survey. Presented at the Population Health Congress 2008, Brisbane, July.

AIHW 2008. The 2007 National Drug Strategy Household Survey: The relationship between drug use and mental health. Presented at the Population Health Congress 2008, Brisbane, July.

AIHW 2008. Reasons for leaving treatment: findings from the Alcohol and Other Drug Treatment Services National Minimum Data Set. Presented at the Australian Professional Society on Alcohol and other Drugs conference, Sydney, November.

AIHW 2008. A profile of clients with alcohol as the principal drug of concern. Presented at the Australian Professional Society on Alcohol and other Drugs conference, Sydney, November.

AIHW 2009. Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS): A national perspective. Presented at the Queensland Service Provider Forum, Brisbane. June.

AIHW 2009. Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS): A national perspective. Presented at the Drug Action Week, Canberra, June.

AIHW 2008. National Drug Strategy Household Survey 2007: Victorian results in a national context. Presented at the Home Economics Victoria Annual Conference, Victoria, December.

AIHW 2008. Linkage strategies using the National Hospital Morbidity Database. Presented at the Second National Symposium on Data Linkage, Adelaide, October.

AIHW 2008. Emerging modalities of care. Presented at the Casemix 2008 conference, Adelaide, November.

AIHW 2009. Emergency Department statistics. Presented at the Emergency Department Management Conference, Melbourne, June.

AIHW 2009. Presentation of 2 posters at the Thoracic Society of Australia and New Zealand (TSANZ) annual scientific meeting, Darwin, April.

AIHW 2008. Presentation of 2 posters at the Population Health Congress, Brisbane, July.

AIHW 2008. The health of Australians: past present and future trends. Presented at the Population Health Congress, Brisbane, July.

AIHW 2008. Polypharmacy in persons with obstructive lung diseases. Presented at the Population Health Congress, Brisbane, July.

AIHW 2008. Declining incidence of osteoporotic hip fracture in Australia. Presented at the ANZBMS meeting, Melbourne, August.

AIHW 2008. Carers of people with arthritis: impact of role play. Presented at the Parents, Families and Carers: Our Place in the Human Services, Our Agenda for Change, National Conference, Sydney, March.

AIHW 2008. Juvenile arthritis in Australia. Presented at the Indian Rheumatology Conference, Lucknow, India, September.

AI-Yaman F 2008. Data issues and monitoring the CoAG targets to close the gap on Indigenous disadvantage, National Indigenous Health Equality Council, Canberra August.

AI-Yaman F 2008. Indigenous Health and data issues, School of Archaeology and Anthropology. Presented at The Australian National University, Canberra, August.

Al-Yaman F 2008. Perinatal mortality and morbidity and maternal mortality national overview. Presented at the Royal Australian and New Zealand College of Obstetricians and Gynaecologists Australian Indigenous Women's Health Conference, Darwin, August.

Al-Yaman F 2008. Indigenous Mortality Revisited. Presented at the Australasian Mortality Data Interest Group AMDIG Workshop, Brisbane, November 2008.

Al-Yaman F 2009. Equity Issues in Health Service Delivery. Presented at the Health Financing Conference, Canberra March.

Al-Yaman F M 2009. Mapping Health data Systems. Presented at the International Group for Indigenous Health Measurement meeting, Hawaii, USA March 2009.

Al-Yaman F M 2009. Presentation of Canberra Report from 2006 meeting. Presented at the International Group for Indigenous Health Measurement meeting, Hawaii, USA March 2009.

Al-Yaman F 2009. From Coffee shop to a National Prisoner Health Information System. Presented at Justice Health in Australia: beyond the convict Era, Public Health Association, Melbourne, April.

Al-Yaman F & Butler T 2009. From coffee shop to a National Prisoner Health Information System. Presented at the Prisoner Health Conference, Melbourne, April.

Anderson P 2008. Moving from hospital to residential aged care. Presented at the Australian Centre for Community Services Research Symposium, Who really provides caregiving at the end of life? Flinders University, Adelaide, October.

Anderson P 2008. Using record linkage to identify pathways in aged care. Presented at the Second National Symposium on Data Linkage Research, Adelaide, October.

Anderson P 2008. Using record linkage to examine movement from hospital to residential aged care. Presented at the Second National Symposium on Data Linkage Research, Adelaide, October.

Anderson P 2008. Moving from hospital to residential aged care. Presented at the Australian Association of Gerontology 41st National Conference, Fremantle, November.

Bhatia K 2008. Juvenile arthritis in Australia. Presented at the Indian Rheumatology Association Conference, Pune, India, November.

Bhatia K 2008. Epidemiology of arthritis in Australia. Presented at the Indian Rheumatology Association Conference, Pune, India, November.

Broadbent A 2008. Impact of falling cardiovascular death rates: Deaths prevented and years of life extended. Presented at the National Heart Foundation Conference Brisbane, May.

Budd A 2009. Cervical screening. Presented at the Preventing Cervical Cancer Conference 2009, Melbourne, March.

Bullock S 2009. What we know and don't know about rural health in Australia. Presented at the National Rural Health Conference, Cairns, May.

Catanzariti L, Faulks K & Waters A 2008. Incidence of Type 1 diabetes in children: Latest results from Australia's National Diabetes Register. Presented at the Population Health Congress, Brisbane, July.





- Catanzariti L, Faulks K & Waters A 2008. The impact of insulin-treated diabetes on mortality in Australia 1999–2005. Presented at the Population Health Congress, Brisbane, July.
- Cooper-Stanbury M & Nargis S 2008. Presentation to Health Information Management Association of Australia (HIMAA), Sydney, August.
- Cooper-Stanbury M & Nargis S 2009. Correlates of risky alcohol consumption in regional and remote Australia. Presented at the National Rural Health Conference, Cairns, May.
- Faulks K 2008. Type 1 diabetes in Australia: latest results from the National Diabetes Register. Presented at the Australian Diabetes Society and Australian Diabetes Educators Association Annual Scientific Meeting, Adelaide, August.
- Gibson D 2008. Understanding the care pathways of people with dementia. Presented at the Eastern Australia Dementia Training Study Centre, University of Wollongong, July.
- Goodwin M 2008. Non-melanoma skin cancer: General practice consultations, hospitalisation and mortality. Presented at the Clinical Oncological Society of Australia 2008 Scientific Conference, Sydney, November.
- Gourley M 2008. An enhanced mortality database for monitoring Indigenous life expectancy. Presented at the National Symposium on Data Linkage Research, place, October.
- Karmel R 2008. Older Australians: Hospital use and movement to residential care. Presented at the Informa 4th Annual Australia's Ageing Population Summit, Melbourne, July.
- Karmel R 2008. Pathways in aged care. Presented at the Australian Association of Gerontology 41st National Conference, Fremantle, November.
- Moon L 2009. Prevention poster. Presented at the National Heart Foundation Conference, Brisbane, May.
- Penm E 2008. Prevalence of cardiovascular disease and its associated risk factors among Aboriginal and Torres Strait Islander peoples, 2004–05. Presented at the Australian Cardiac Society, Adelaide, August.
- Peut A 2008. Ageing, aged care and social integration. Presented for the ACT Ministerial Advisory Council for Ageing and National Seniors, Canberra, July.
- Peut A 2008. The cultural diversity of older Australians. Presented at the Centre for Ageing and Pastoral Studies Conference, Canberra, August.
- Peut A 2008. AIHW data holdings. Presented at Data Day, Australian Institute for Population Ageing Research, University of New South Wales, Sydney, October.
- Peut A & Bowler E 2008. Something for everyone: the use of aged care services by multicultural clients. Presented at the Seminar for ACT Health. Canberra, December.
- Peut A 2008. Health and aged care services: information from AIHW. Presented at the Community Forum, Northside Community Services, Canberra, December.
- Peut A 2009. The interface between research and policy: what should PhD students know? Presented at the Emerging Researchers in Ageing Master Class, University of Queensland, Brisbane, February.



Plutzer K 2008. Motherhood and health information. Presented at the Population Health Congress Brisbane, July.

Pradhan A, Slade GD & Spencer AJ 2008. Oral hygiene and gingival health of people with disabilities. Presented at the 48th Annual Scientific Meeting of the International Association for Dental Research (Australia and New Zealand Division), Perth, September.

Roberts-Thomson KF, Do LG, Armfield JM & Spencer AJ 2008. Preschool and later caries in deciduous teeth: different risk indicators? Presented at the 86th General Session and Exhibition of the International Association for Dental Research, Toronto, Canada, July.

Stewart JF 2008. Oral health and dental visiting among young Australians living outside capital cities. Presented at the Population Health Congress 2008, Brisbane, July.

Sanders AE & Slade GD 2008. Affluent neighborhoods protect tooth retention among adults with low income. Presented at the 86th General Session and Exhibition of the International Association for Dental Research, Toronto, Canada, July.

Slade GD 2008. Sense of control modifies relationship between stress and temporomandibular disorder. Presented at the 86th General Session and Exhibition of the International Association for Dental Research, Toronto, Canada, July.

Spencer AJ, Brennan DS & Slade GD 2008. Therapeutic yield of orthodontic treatment in acceptability of occlusal condition. Presented at the 86th General Session and Exhibition of the International Association for Dental Research, Toronto, Canada, July.

Spencer AJ 2009. Adult dental needs, unmet needs and the dental workforce in Australia. Presented at the ADA Dental Workforce Prioritisation Meeting, Sydney, February.

Spencer AJ 2009. Dental caries in Australia: epidemiology; burden; and service provision. Presented at the Cariology Symposium, The University of Sydney, Sydney, March.

SuksudaJS, Slade GD & Roberts-Thomson KF 2008. Relationship between social capital and oral health among Thai villagers. Presented at the 48th Annual Scientific Meeting of the International Association for Dental Research (Australia and New Zealand Division), Perth, September.

Sullivan EA 2009. National reporting of perinatal deaths in *Australia's mothers and babies*: what should be reported. AIHW National Perinatal Statistics. Presented at the Unit Perinatal Society of Australia & New Zealand Perinatal Mortality Group & Australia and New Zealand Stillbirth Alliance Workshop, Darwin, April.

Sullivan EA 2008. Breathing new life into maternity care: working together for normal birth. Presented at the Australian College of Midwives in collaboration with Australian College of Rural and Remote Medicine Scientific Meeting, Surfers Paradise, November.

Teusner D, Brennan DS & Spencer AJ 2008. Type of dental insurance and dental visiting of dentate adults. Presented at the 48th Annual Scientific Meeting of the International Association for Dental Research (Australia and New Zealand Division), Perth, September.



## Appendix 10—Abbreviations

|          |  |
|----------|--|
| ABS      | Australian Bureau of Statistics                            |
| AIDS     | Acquired immune deficiency syndrome                        |
| AIHW     | Australian Institute of Health and Welfare                 |
| AIHW Act | <i>Australian Institute of Health and Welfare Act 1987</i> |
| BEACH    | Bettering the Evaluation and Care of Health                |
| CAC Act  | <i>Commonwealth Authorities and Companies Act 1997</i>     |
| COAG     | Council of Australian Governments                          |
| CSTDA    | Commonwealth State/Territory Disability Agreement          |
| DoHA     | Department of Health and Ageing                            |
| HfL      | Healthy for Life   |
| HIV      | Human immunodeficiency virus                               |
| IT       | Information Technology                                     |
| METeOR   | Metadata Online Registry                                   |
| MHISS    | Mental Health Information Strategy Subcommittee            |
| NHMRC    | National Health and Medical Research Council               |
| NMDS     | National Minimum Data Set                                  |
| OATSIH   | Office for Aboriginal and Torres Strait Islander Health    |
| OECD     | Organisation for Economic Co-operation and Development     |
| SAAP     | Supported Accommodation Assistance Program                 |
| WHO      | World Health Organization                                  |



# Compliance index

The index below shows compliance with information requirements contained in the *Commonwealth Authorities and Companies Act 1977* and in particular Part 2 of the *Commonwealth Authorities and Companies (Report of Operations) Orders 2005*.

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