Australian Government

Australian Institute of Health and Welfare

Australian Institute of Health and Welfare

Annual report 2006–07

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

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Australian Government

Australian Institute of Health and Welfare

The Hon. Tony Abbott MP
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

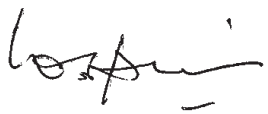
Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 2007.

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 27 September at a meeting of directors responsible for the preparation and content of the report of operations, in accordance with Finance Minister's Orders.

Yours sincerely



Ian Spicer, AM
Chair of the Board (Acting)

27 September 2007

Contents

The AIHW and this report — a quick guide ..... **vii**

Overview of the year ..... **ix**

Chair's report ix

Director's report ix

Mission and values xvi

Chapter 1 **Corporate overview** **1**

Who we are 2

How we are governed 5

How we are organised 9

Our reporting framework 12

Chapter 2 **Performance for 2006–07** **17**

Summary of achievements against outcomes 18

Strategic directions for 2006–07 20

Output Group 1:
Specific services to the minister and parliament required under the AIHW Act 25

Output Group 2:
National leadership in health-related and welfare-related information and statistics 27

Output Group 3:
Collection and production of health-related and welfare-related information and statistics for government, non-government and community organisations 36

Chapter 3 **Business management** **81**

Discussion of the financial statements 82

Communicating to stakeholders 82

Risk management 89

People 90

Appendix 1 Financial statements 101

Appendix 2 Legislation 140

Appendix 3 Regulations 170

Appendix 4 AIHW Charter of Corporate Governance 172

Appendix 5 Board members 2006–07 183

Appendix 6 Freedom of information 188

Appendix 7 Compliance with the *Commonwealth Authorities and Companies Act 1997* annual report requirements 190

Appendix 8 Collaborations and partnerships for the purpose of data sharing 193

Appendix 9 Unit Heads 196

Appendix 10 Publications 200

Appendix 11 Participation in national committees as chair and/or secretariat 221

Appendix 12 Abbreviations 223

Index **226**

The AIHW and this report — a quick guide

The AIHW

The Australian Institute of Health and Welfare (AIHW) was established under an Act of parliament to produce health and welfare information and statistics. Thus, in alternate years the AIHW publishes *Australia's health* and *Australia's welfare,* which have become key national resources of these major areas. The AIHW also publishes many other reports.

The AIHW's unique combination of features keeps it at the forefront of health, community service, and housing statistics and information in Australia:

- Expertise is varied and strong. We have a highly committed staff in Canberra of around 200 people and a network of collaborations across Australia with specialist groups.
- We aim to meet the needs of a wide range of stakeholders including policy makers, researchers, service providers, clients and the general community.
- National data are held on three important and related areas — health, community services and housing — and therefore information from these areas can be combined in ways that shed further light on the life of Australians and how it may be improved.
- The Act protects the confidentiality and long-term security of the data held. It is therefore guaranteed that any data provided to the AIHW will be used only as the provider permits. High ethical standards are followed.
- Major interested parties are brought together to develop and promote standardised data definitions and collection methods, new national collections, the linking of separate national collections, and key summary statistics (or indicators).
- The AIHW operates openly and transparently, putting its work in the public arena.

This report

This annual report has been written to inform the community of the AIHW's roles and responsibilities and to summarise achievements over the past year. It also fulfils legislative and parliamentary reporting requirements. The report is a key document for reference, for internal management and as part of the historical record.

This report contains the following sections:

The **Overview** provides some highlights from the past year. It includes reports from the Chair of the Board and the Director, a statement of the AIHW's mission and values, and a presentation of the values of the Australian Public Service.

Chapter 1 provides a corporate overview of AIHW and outlines its governance, structure and functions.

Chapter 2 summarises the achievements that the AIHW has made against priorities for the reporting year.

Chapter 3 provides information on the business management of the AIHW.

The **appendixes** provide detailed information on aspects of the AIHW's business.

Overview of the year

Chair's report

This year marks the twentieth anniversary of the creation of the Australian Institute of Health and Welfare (AIHW). In that time, the AIHW has grown enormously in the breadth and volume of its work. A single statistic encapsulates this growth: in 1997, the AIHW managed 53 gigabytes of data — this year, it managed 3,200 gigabytes (or 3.2 terabytes) of data.

A major focus for the AIHW Board during 2006–07 was establishing the AIHW's five key strategic directions in the new corporate plan, which we approved in March. We also reviewed the AIHW's work planning and resource base to ensure good alignment and balance between the competing demands. We need to strike a balance between maintaining the regular reporting that supports management and research, investing in improving the information infrastructure, and providing responsive support on topical issues that arise.

Looking back over the year, the Board was satisfied with the balance struck in 2006–07. The AIHW was more visible than ever in supporting evidence-based debate: media interest remained high and the Director and several staff appeared before parliament to advise on the statistical evidence base in areas of policy interest. The AIHW produced more publications in 2006–07 than ever, with 140 released, in either hard copy or Internet-only format. The work of the AIHW in improving the information infrastructure was evident in new data sets, improved quality and use of existing data sets, innovations in data linkage, and a doubling of the number of hits on its metadata site.

A particular initiative sponsored by the Board during the year was the extension of the AIHW's arrangements for embargoed access to its publications before release. With the successful implementation of this policy, all Australian governments, including state and territory jurisdictions, now have access to our relevant publications before their release, to ensure they are fully briefed on the implications and able to contribute to media discussion.

I would like to acknowledge the contribution made to the AIHW by members of the Board. We farewelled several directors during the year: Dr Kerry Kirke, a ministerial nominee, and Ms Chrysanthe Psychogios, the staff representative, completed their terms of appointment and Mr Dennis Trewin departed following his retirement from the position of Australian Statistician. In their place, the Board welcomed Dr Greg Stewart as a new ministerial nominee, Professor Sandra Eades as a ministerial nominee in the role of public health expert, Mr Brian Pink, the new Australian Statistician, and Mr Daniel McCarthy as the new staff representative.

I am enormously proud of the work of the AIHW and the contribution it makes to community discussion and debate. I believe the AIHW can be confident that its work is respected and used by policy makers, researchers and the broader Australian community. Through better health and welfare statistics and information, the AIHW is creating better health and wellbeing for all Australians.

Hon. Peter Collins, AM, QC
BOARD CHAIR

Director's overview

During the past year, my first full year as Director of the AIHW, we have collected, collated, improved, promoted, analysed, synthesised, disseminated and published a broad array of data, statistics and information.

But we have done a great deal more than that. We have worked hard to ensure our information is driven by and responsive to policy, program delivery and community debate in Australia. We have worked to develop new information sources to answer old questions (and some new ones) and we have sought to increase the availability and accessibility of the information we manage.

The work plan for 2006–07 reflected the growing demand for information in a number of key areas of policy and community interest. Better information to underpin the health-care safety and quality agenda in Australia was one of these areas. The signing of an Agreement with the Australian Commission on Safety and Quality in Health Care marked the start of what will be a very positive partnership in the expanding of the evidence base in keeping with the theme: 'we measure to improve'.

The need for a better understanding of the differentials between Indigenous and non-Indigenous outcomes in Australia continued to drive an expansion of the AIHW's work in Aboriginal and Torres Strait Islander health, housing and community services work, which is carried out with advice from the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data. The AIHW carried out all the detailed analyses for the Aboriginal and Torres Strait Islander Health Performance Framework and has also worked hard to drive the improvement of Indigenous identification in data sets.

In response to the national concern over the impact of chronic, and often preventable, diseases, the AIHW has assembled a range of indicators of chronic disease and is working with the Population Health Information Development Group to improve the surveillance of chronic disease. In the area of community mental health, the AIHW has worked with the Australian Government Department of Families, Community Services and Indigenous Affairs to develop a tool for assessing the needs of people eligible for assistance under the new Personal Helpers and Mentors program. We have worked throughout the year with the Disability Policy & Research Working Group to improve the reporting from disability services and to develop a national data set and performance reporting for the Young People in Residential Aged Care Program. We are pleased to have taken the first steps with the Australian Government Department of Health and Ageing towards the development of more comprehensive data about primary health care — an area which is poorly understood in comparison to hospital services and yet which can play a key role in preventing the need for hospitalisation.

Two novel pieces of research have received considerable attention. The analysis of the health status and treatment of Indigenous people with coronary heart

disease demonstrated some stark differentials in treatment and outcomes. Another publication analysed whether cardiovascular medicines are used appropriately.

Partnerships and collaborations at all levels have strongly characterised the work of the AIHW over the year. Apart from the partnership agreement with the Australian Commission on Safety and Quality in Health Care, we also signed a new agreement with the Australian Institute of Family Studies to work together in improving information on child protection and other family-related services in Australia. The AIHW also explored ways of strengthening its collaboration with the National Health and Medical Research Council and Cancer Australia. These partnerships will facilitate collaboration on research and statistical analysis as advocated by the annual report against the National Research Priority Areas for the Australian Government. AIHW's research contributed to the national effort in at least two of the priorities: 'promoting and maintaining good health' and 'strengthening Australia's social and economic fabric'.

Enhancing our focus on the policy relevance of our work is one of the key themes of the AIHW's new 2007–2010 Corporate Plan. The plan takes forward five strategic directions, forged from a combination of Board direction, external stakeholder views and wide consultation among all AIHW staff.

To a considerable extent, the work of the AIHW over the past year has been influenced by the specific nature of the contract work it has undertaken. In its early years of operation, all the AIHW's work was funded by appropriation. In 2006–07, appropriation funding made up less than 36% of the AIHW's revenue, with the remainder coming from contractual arrangements, mostly from government agencies.

This change in the basis of funding has to some extent ensured that the data and information are policy relevant and used. On the other hand, it has exposed the AIHW to vulnerabilities. The basic information infrastructure, which has expanded enormously over the years, has been hard-pressed to keep pace with the enormous changes in the information and informatics environments. Moreover, funding new or improved data collections that originate in state and territory service delivery has become a difficult process of negotiation across nine jurisdictions. The AIHW's small financial loss in 2006–07 reflects the difficulty of keeping pace in the current environment. We are budgeting for a larger loss in 2007–08, partly because our accommodation cost will increase considerably due to a market review of our rent as required by our lease agreement.

The AIHW is a creature of federalism and it is essential to our work that we occupy an independent space between all governments, bringing together state and territory level data in an objective manner, accessible equally to all. The Board's decision to extend embargoed access to our publications to all jurisdictions was implemented through the year and has worked successfully. We have received good feedback from jurisdictions and ministers about this early advice.

The breadth of subject matter and expertise across the AIHW has remained strong throughout the year. We have maintained regular reporting on subjects as diverse as social housing, juvenile justice, expenditure patterns and asthma, with a total of 140 reports published, either in hard copy or on the Internet. Throughout the year, we maintained 14 national minimum data sets, with another 9 under development. 'Hits' on our online metadata registry, METeOR, totalled 7 million over the year — more than double the previous year. This indicates the central importance and usefulness of METeOR and underlies our plans for its expansion. The National Diabetes Register, the National Death Index and the National Cancer Statistics Clearing House continued to experience high levels of use for research purposes, with the number of requests for linkage to the latter two doubling since last year.

All those interested in cancer monitoring have welcomed the development of the new online interactive Australian Cancer Incidence and Mortality books. These books allow users to interrogate the data easily and effectively. Increasing the access to data by developing more interactive electronic tools is a response to two of our new strategic directions in the 2007–10 Corporate Plan — enhancing data access and capitalising on the new information environment.

The redevelopment of the information management and data collection tool SMART to underpin the collection of data from non-government agencies that provide services to homeless people has been a major undertaking over the past year. The SMART 6 project has drawn together a range of skills from across the AIHW and has been trialled in the Victorian Homelessness Pilot during the year.

Using data linkage techniques to tell a more comprehensive or whole-of-life story than individual data sets is also a strong theme underlying these strategic directions. We made considerable new ground in this area throughout the year. Our data linkage protocol for linkage among data sets held at the AIHW was promulgated after wide consultation. Several new projects raised our capability in linkage by enhancing linkage methodology to enable innovative analyses — particularly in the areas such as the movement of people from hospital to residential aged care. We look forward to an expansion of this work as resources permit.

One of the challenges for the AIHW in the future will be the way in which we respond to the developing new world of 'e-health' — electronic recording and exchange of health services data. In the past year, we have laid the foundations to take a leadership role in meeting these challenges. Work carried out within the AIHW in partnership with the national Statistical Information Management Committee has begun to explore the need for common standards and clear national processes that will allow the potential of electronic records to be harnessed, without placing our current information base under threat. This work will become increasingly important in the coming year.

In this area, as in many others, we have benefited by developing closer relationships with international organisations like ourselves. The Board of the Canadian Institute for Health Information invited me to address it in Ottawa (in the depths of winter). This provided a great opportunity to meet the President and staff and begin more collaborative work. Similarly, we have strengthened our ties with the New Zealand Health Information Service, who we hosted for 2 days of useful discussions in April. The AIHW's role as the Australian Collaborating Centre for the World Health Organization Family of International Classifications has also provided a vehicle for Australia to both gain from and contribute to international development of some of the classifications that underpin our work.

'Getting the message out better' is another of the strategic directions endorsed in the new corporate plan. It has led to a great deal of internal development of guidelines and training, to ensure that the information we produce is promulgated to the community in the most effective way. New formats for conveying our information have begun to appear — shorter, more focused summaries of the key messages. A good example was the production of a short 'Report Profile' on Breastscreen monitoring in Australia, which was launched by the Minister for Health and Ageing, the Hon. Tony Abbott.

Our publications have also had a new look produced by our talented graphic artist, Peter Nolan, and our magazine, *Access*, had a major makeover last year. Media interest in our publications remains high, with good radio and print coverage of our reports. Some of the reports that generated particular media interest included *Statistics on drug use in Australia 2006*, *The burden of disease and injury in Australia*, *Cancer in Australia: an overview* and *Smoking and pregnancy*.

With their usual methodological rigour and high level of commitment, AIHW staff undertook a significant review of workloads and the balance between work and the rest of life. The initiative for this review arose during the Certified Agreement discussions and reflects the growing workloads with which many staff cope. A large team undertook the review and held wide and well-attended consultations across all units. The 47 recommendations were constructive and useful and implementation is well underway. My particular thanks go to Ken Tallis and Stuart Fox for their leadership throughout this review.

The year has also seen a strong focus on planning and improving the transparency of funding arrangements to clarify the separate contributions of appropriation funding and contract funding. Our new Business Manager, Andrew Kettle, has done an outstanding job in assisting managers and staff to account for their time and funds more clearly.

The contribution made by our collaborating units situated at various universities around Australia has again been substantial. Internally, we have worked to clarify the arrangements and streamline processes to better meet our accountabilities.

The Executive team at the AIHW displayed a good balance of corporate knowledge and fresh ideas during the year. While we were all sad to see the official departure of our interim Deputy Director, Ken Tallis (who has nevertheless still been working on projects for us), we have welcomed the arrival late in the year of Julie Roediger as our new Deputy. As well as Andrew Kettle, we also welcomed Susan Killion as Head of the Health and Functioning Group. Jenny Hargreaves earned a well-deserved promotion to Head of the Economics and Health Services Group, while Diane Gibson and Paul Magnus have continued to play key roles on the Executive.

It is rare to find an organisation with a culture as warm, responsive and committed as the AIHW. In many ways, the culture is tangible — visitors experience it as they walk through the door. Staff are focused on producing work of the highest quality. There can be no better basis for an organisation to produce outstanding results. I extend my personal thanks to all our staff for the hard work and extra miles they have walked throughout the year.

Dr Penny Allbon
DIRECTOR

AIHW mission

Better information and statistics for better health and wellbeing

AIHW values

Our values are:

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

Australian Public Service values

The Australian Public Service (APS):

- is apolitical, performing its functions in an impartial and professional manner
- is a public service in which employment decisions are based on merit
- provides a workplace that is free from discrimination and recognises and uses the diversity of the Australian community it serves
- has the highest ethical standards
- is openly accountable for its actions within the framework of ministerial responsibility to the government, the parliament and the Australian public
- is responsive to the government in providing frank, honest, comprehensive, accurate and timely advice and in implementing the government's policies and programs
- delivers services fairly, effectively, impartially and courteously to the Australian public and is sensitive to the diversity of the Australian public
- has leadership of the highest quality
- establishes workplace relations that value communication, consultation, cooperation and input from employees on matters that affect their workplace
- provides a fair, flexible, safe and rewarding workplace
- focuses on achieving results and managing performance
- promotes equity in employment
- provides a reasonable opportunity to all eligible members of the community to apply for APS employment
- is a career-based service to enhance the effectiveness and cohesion of Australia's democratic system of government
- provides a fair system of review of decisions taken in respect of employees.

Chapter 1
Corporate overview

Who we are

The Australian Institute of Health and Welfare (AIHW) was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987* to report to the nation on the state of its health. In 1992, the role and functions of the then Australian Institute of Health were expanded to include welfare-related information and statistics, making it the Australian Institute of Health and Welfare. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) (Appendix 2, page 140).

In alternate years the AIHW is required by its Act to publish *Australia's health* and *Australia's welfare,* which have become key national resources of these major areas. The AIHW also publishes many other reports.

The AIHW's unique combination of features keeps it at the forefront of health, community service, and housing statistics and information in Australia:

- Expertise is varied and strong. We have a highly committed staff in Canberra of around 200 people and a network of collaborations across Australia with specialist groups.
- We aim to meet the needs of a wide range of stakeholders including policy makers, researchers, service providers, clients and the general community.
- National data are held on three important and related areas — health, community services and housing — and therefore information from these areas can be combined in ways that shed further light on the life of Australians and how it may be improved.
- The Act protects the confidentiality and long-term security of the data held. It is therefore guaranteed that any data provided to the AIHW will be used only as the provider permits. High ethical standards are followed.
- Major interested parties are brought together to develop and promote standardised data definitions and collection methods, new national collections, the linking of separate national collections, and key summary statistics (or indicators).
- The AIHW operates openly and transparently, putting its work in the public arena.

Key relationships

The AIHW is part of the Health and Ageing portfolio and works closely with the Australian Government Department of Health and Ageing (DoHA). It also has a strong relationship with the Australian Government's departments of Families, Community Services and Indigenous Affairs (FaCSIA) and Veterans' Affairs (DVA), the Australian Bureau of Statistics (ABS), as well as with state and territory departments covering health, housing and community services and with various non-government agencies.

Data

The AIHW obtains data mainly from administrative information collected by Australian Government and state and territory jurisdictions in the course of service delivery in the health, community services and housing assistance sectors. The national information agreements, established under direction of the relevant Ministerial Councils and mentioned in Output Group 2 on page 27 of this report, facilitate the flow of data from these jurisdictions to the AIHW so it can fulfil its function of collecting and producing health-related and welfare-related information and statistics.

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

National Committees

To ensure the integrity, quality and timeliness of reports based on the national collections, the AIHW has established steering committees to guide production of the reports, such as the Australian Hospital Statistics Advisory Committee. Such a comprehensive process ensures the requirements of key stakeholders are considered in preparing the reports, engages data providers in the process to support their timely provision of quality data, and imposes a rigour that ensures that the expectations of all stakeholders are met.

How we are funded

The AIHW receives just over one-third of its funding as an annual appropriation from the Australian Government. The majority of the AIHW's funding now comes from Australian and State Government departments and agencies for work on specific projects. The deliverables and funding for each of these projects is subject to negotiation with the funder. The AIHW also occasionally receives funding from non-Government organisations for special projects.

AIHW STAFF, FEBRUARY 2007

How we are governed

The corporate governance arrangements are the processes by which the AIHW is directed and controlled.

The AIHW is an Australian Government statutory authority within the Health and Ageing portfolio, reporting directly to the portfolio minister, the Hon. Tony Abbott, the Minister for Health and Ageing.

The AIHW is defined as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act). The AIHW reports to parliament through the responsible minister.

The AIHW has delegated management of its affairs to the AIHW Director. The Director is appointed by the minister on the recommendation of the AIHW Board. The Director, who is a member of the Board, is responsible to the Board for the AIHW's activities. The performance of the Director is reviewed annually by the Board, with advice from the Remuneration Committee.

The AIHW's main governing agent is the Board, underpinned by its three committees — the Ethics Committee, the Audit and Finance Committee and the Remuneration Committee.

AIHW Board

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

Details of 2006–07 Board members are listed below. The financial statements contain details of the remuneration of Board members (Note 10, page 134).

The following is a list of Board members for the period 1 July 2006 to 30 June 2007.

CHAIR

The Hon. Peter Collins, AM, QC, BA, LLB

SECRETARY, DEPARTMENT OF HEALTH AND AGEING

Ms Jane Halton, represented by Mr David Kalisch, BEc (Hons)

AUSTRALIAN STATISTICIAN

Mr Dennis Trewin, BSc (Hons), BEc, MSc *(until December 2006)*
Mr Brian Pink, BComm *(from March 2007)*

AUSTRALIAN HEALTH MINISTERS' ADVISORY COUNCIL NOMINEE

Mr Peter Allen, BA, Dip Journalism

COMMUNITY AND DISABILITY SERVICES MINISTERS' ADVISORY COUNCIL NOMINEE

Ms Sandra Lambert, BA, Dip Teaching

REPRESENTATIVE OF THE STATE AND TERRITORY HOUSING DEPARTMENTS

Dr Owen Donald, BA, PhD

MINISTERIAL APPOINTEES

Adjunct Professor Heather Gardner, BA (Hons), MA, FAIEH (Hon)
Mr Ian Spicer, AM, LLB, FAIM, FCIM, ACIS
Dr Greg Stewart, MBBS, MPH (Syd), FRACMA, FAFPHM

EXPERT IN PUBLIC HEALTH RESEARCH

Prof Sandra Eades, BMed, PhD *(from 1 September 2006)*

STAFF REPRESENTATIVE

Ms Chrysanthe Psychogios, BA *(until April 2007)*
Mr Daniel McCarthy, BA *(from May 2007)*

DIRECTOR, AIHW

Dr Penny Allbon, BA (Hons), PhD

Other invited members:

A REPRESENTATIVE OF THE SECRETARY OF FACSIA, CURRENTLY THE DEPUTY SECRETARY

Mr Stephen Hunter, BA (Hons) *(until September 2006)*
Ms Robyn McKay, BA (Hons), BEc (Hons) *(from December 2006)*

CHIEF EXECUTIVE OFFICER OF THE NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL

Professor Warwick Anderson, BSc (Hons) UNE, PhD (Adel), AM

Four Board meetings were held during the period. Details of meetings attended and short biographies of the Board members are in Appendix 5 (page 183).

The AIHW Charter of Corporate Governance adopted by the Board takes into account contemporary issues regarding corporate governance and forms the basis for Board operations in an increasingly complex environment. This Charter is provided as Appendix 4 (page 172).

Ethics Committee

The functions and composition of the AIHW Ethics Committee are prescribed in s.16(1) of the AIHW Act and Regulations accompanying the 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. 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.

Membership and meetings

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

Four meetings of the Ethics Committee were held during 2006–07 and attendance at meetings is shown in Appendix 5, page 186. The committee agreed to the ethical acceptability of 44 projects during the year.

Ethics Committee members 2006–07

CHAIR
Mr Robert Todd, AM, LLB (Melb), BCL

MEDICAL GRADUATE WITH RESEARCH EXPERIENCE
Dr Wendy Scheil, MBBS, FAFPHM, FRACGP, MAE, DTMEH

GRADUATE IN SOCIAL SCIENCE
Dr Siew-Ean Khoo, AB, MSc, DSc *(until 30 November 2006)*
Dr Ching Choi, BA, PhD *(from 4 December 2006)*

NOMINEE OF THE REGISTRARS OF BIRTHS, DEATHS AND MARRIAGES
Ms Val Edyvean, BA, MAPsS

MINISTER OF RELIGION
Rev. Dr Wesley Campbell, BA (Hons), DipTheol, BD (Hons), DTheol

LEGAL PRACTITIONER
Ms Kathryn Cole, BA (Hons), LIB

REPRESENTATIVES OF GENERAL COMMUNITY ATTITUDES
Mr John Turner , DIP PUB Admin, FAICD *(until 30 March 2007)*
Mr John Buckley, BA (Hons) *(from 31 March 2007)*
Ms Janet Kahler, BA, ALAA

DIRECTOR, AIHW
Dr Penny Allbon, BA (Hons), PhD

Audit and Finance Committee

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

Membership and meetings

Membership of the Audit and Finance Committee is shown below. Attendance at the five meetings held during the year is shown in Appendix 5, page 187.

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

Audit and Finance Committee members 2006–07

CHAIR
Mr Ian Spicer, AM, LLB, FAIM, FCIM, ACIS

CHAIR AIHW BOARD
The Hon. Peter Collins, AM, QC, BA, LLB *(until December 2006)*

MEMBERS
Mr Peter Allen, BA, Dip Journalism
Ms Heather Gardner, BA (Hons), MA, FAIEH (Hon) *(from December 2006)*
Dr Owen Donald, BA, PhD *(from December 2006)*

Remuneration Committee

The Remuneration Committee advises the Board on the remuneration of the Director and provides performance feedback to the Director.

Membership and meetings

Membership of the Remuneration Committee is shown below. Attendance at meetings is shown in Appendix 5, page 187.

Remuneration Committee members 2006–07

CHAIR AIHW BOARD
The Hon. Peter Collins, AM, QC, BA, LLB

MEMBERS
Mr Ian Spicer, AM, LLB, FAIM, FCIM, ACIS
Mr Peter Allen, BA, Dip Journalism *(from December 2006)*

How we are organised

Roles and responsibilities

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

In summary, the AIHW:

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

The AIHW may:

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

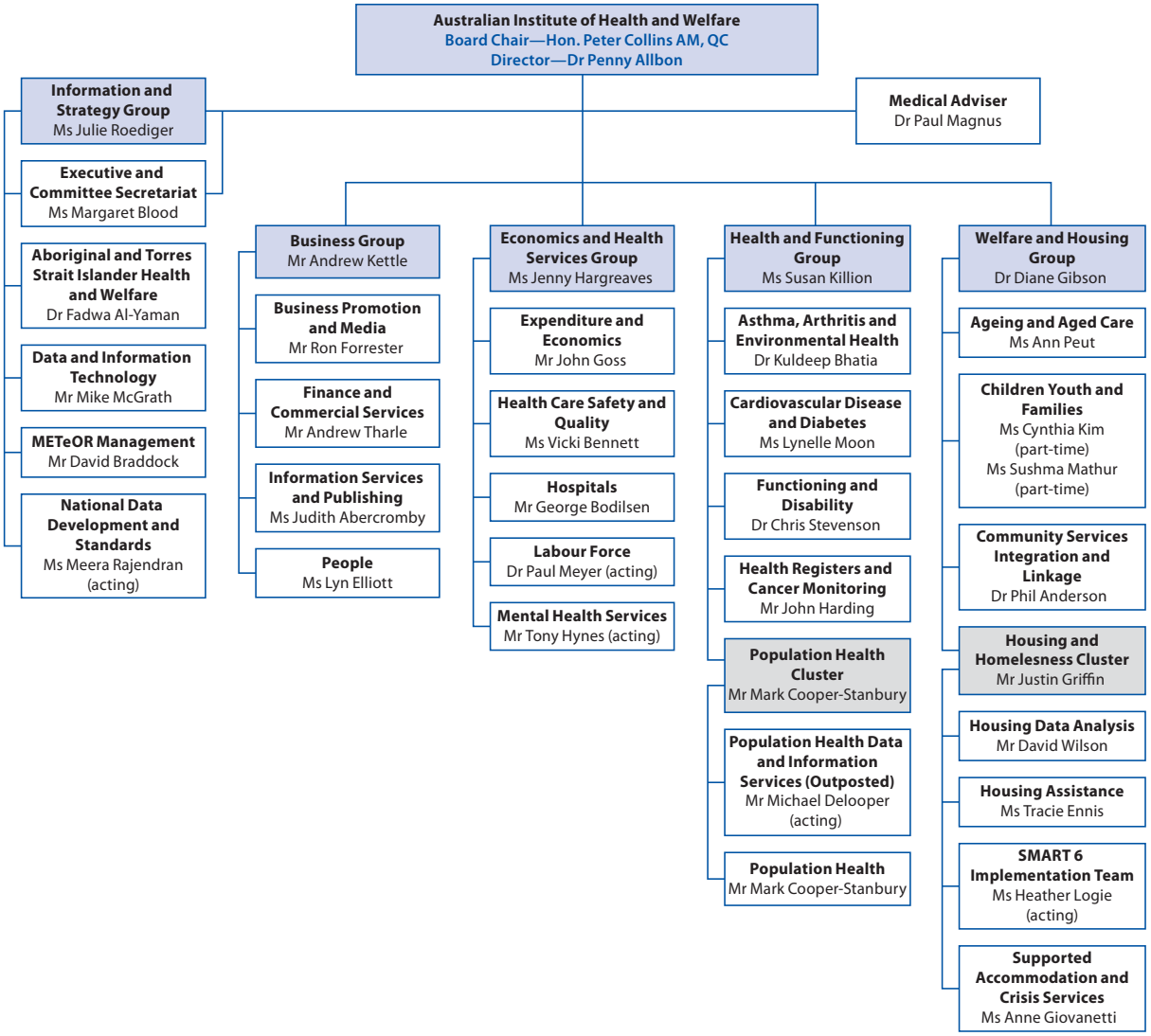
The AIHW promotes and releases the results of its work into the public domain.

Structure

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

The Director is supported by a Deputy Director and four Group Heads, each with major functional responsibilities. The Deputy Director has responsibility for the Information and Strategy Group, and the Group Heads have responsibility for Health and Functioning, Welfare and Housing, Economics and Health Services, and Business. A chart showing the AIHW's structure as at 30 June 2007 is on page 10.

ORGANISATIONAL CHART AS AT 30 JUNE 2007



The AIHW executive, July 2007. Front (l-r) **ANDREW KETTLE, PENNY ALLBON, DIANE GIBSON.** Back (l-r) **SUSAN KILLION, JENNY HARGREAVES, JULIE ROEDIGER, PAUL MAGNUS**.

Executive staff at 30 June 2007 are listed below. Information about Unit Heads is included in Appendix 9, page 196. Further information about staffing can be found on page 90.

DIRECTOR

Dr Penny Allbon, BA (Hons), PhD

DEPUTY DIRECTOR AND INFORMATION AND STRATEGY GROUP HEAD

Mr Ken Tallis, BA (Hons), BEc *(until 9 March 2007)*
Ms Julie Roediger BSc, BA, MA (SS) (f*rom 26 March 2007)*

HEALTH AND FUNCTIONING GROUP HEAD

Dr Paul Magnus, MB, BS *(until 16 July 2006*)
Ms Susan Killion, BSc (Nursing), MN *(from 17 July 2006)*

WELFARE AND HOUSING GROUP HEAD

Dr Diane Gibson, BA (Hons), PhD

ECONOMICS AND HEALTH SERVICES GROUP HEAD

Ms Jenny Hargreaves, BSc (Hons), GradDip Pop Health

BUSINESS GROUP HEAD

Dr Anny Stuer *(until 5 July 2006)*
Mr Andrew Kettle, MA (Hons), CA (*from 24 July 2006)*

MEDICAL ADVISER

Dr Paul Magnus, MB, BS

Collaborations and partnerships

The AIHW has data sharing agreements with a number of other organisations to facilitate collaboration. In effect, this creates AIHW units at various universities. Such collaborations extend the range of skills available to the AIHW and enhance its capacity to perform its functions across a broader range of subject matter. See Appendix 8 — Collaborations and partnerships, page 193, for more information.

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

Our reporting framework

Portfolio Budget Statement outcome and outputs

The AIHW has its own specific outcome in the 2006–07 Portfolio Budget Statement for the Health and Ageing portfolio:

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

In previous years, the AIHW drew appropriations from consolidated revenue under the Australian Government Department of Health and Ageing's Outcome 9 — Health investment.

To achieve its outcome, the AIHW has developed three output groups, which form the basis of this report. The groups are sufficiently broad to enable reporting on contributions made to the Australian Government's Families, Community Services and Indigenous Affairs and Veterans' Affairs portfolios, as well as to the Health and Ageing portfolio.

- **OUTPUT GROUP 1:** Specific services to the minister and parliament required under the AIHW Act.
- **OUTPUT GROUP 2:** National leadership in health-related and welfare-related information and statistics.
- **OUTPUT GROUP 3:** Collection and production of health-related and welfare-related information and statistics for government, non-government and community organisations.

Performance targets

This report outlines the AIHW's performance against each of the performance measures in each of the three output groups in the Portfolio Budget Statement. It also identifies areas where these goals were not met.

AIHW corporate plan

The *AIHW corporate plan: Strategic directions 2007–2010* was launched and distributed to all AIHW staff in April 2007.

The corporate plan is the culmination of a 1-year consultative process, led by AIHW's Executive Committee and Unit Heads, in developing a new strategic direction for AIHW over the next 3 years.

All AIHW staff were given the opportunity to engage in this process, providing input and feedback to the suggested areas of endeavour. Interested parties such as departmental policy makers were also part of this consultation process. The Board provided strategic direction to this process, and endorsed the final directions.

The broad directions the plan outlines comprise strengthening AIHW's policy relevancy; capitalising on the new information scene; enhancing data access and guarding privacy; getting AIHW's messages out better; and being versatile as well as expert.

The document will be used to guide AIHW staff in their more detailed planning over the next 3 years, and as such will be a valuable strategic 'map' for AIHW stakeholders in general.

Case **study**

New strategic directions

The *AIHW corporate plan: Strategic directions 2007–2010* document really can claim to be new: new in the process behind it, in the breadth of its ownership, in its style and in its emphasis. Some key features:

- in working up the plan, everyone at the AIHW had a good chance to make it *theirs* (see below)
- the resulting document is a clear change from the booklet form of previous years — it is now an attractive, concertina-style brochure that is as handy and concise as possible
- the AIHW mission stays the same, but said in fewer words
- our values are listed succinctly
- there are five main directions for 2007–2010, each with a background to explain it and a series of strategies to advance it.

In summary, *Strategic directions* says who we are at the AIHW, what we do and what we care about. Then it goes on to the special directions we plan to take over the next few years.

The five 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

This does not mean these will be our *only* directions — much of our work will be important business as usual. But we will make a particular effort in these few areas.

Policy relevance

We want our work to 'inform discussions and decisions on policy and services'. Can we keep doing that better? We plan to stay strongly engaged with policy agendas around Australia, to take more 'holistic' views of government programs and people's lives and to tailor our reports better to policy issues.

New information environment

Consider changes such as the impending electronic health record, the continuous client record for community services and a growing awareness that many data

sources are being underused. We intend to capitalise on them, not just to react. We are aiming to stay closely in touch with key developments, to build our technical and analytical capacity to take advantage of them and to play a leading role in helping others do the same.

Access and privacy

These two values of society are vital in their own right and for each other. The AIHW will be taking a strong stance in promoting our unique combination of privacy measures and the greater access this gives to health and welfare data sets brought under our protection. We will also play a leading national role in explaining that privacy and access are mutually beneficial.

The messages

Through our reports, if we want our messages to be policy relevant we also want them to be as widely read and *used* as possible. So we will make extra efforts to find out what our readers want, especially those who make policy and run programs. We will also consider the variety, style, detail and mode of delivery of our products, including how to distil our statistics into digestible key messages.

Our people

The AIHW has long valued its people and aims to reflect that through a fulfilling and nurturing work environment. To follow our other strategic directions, our strong statistical know-how remains vital but only part of the story. We will take steps, in our training and recruitment, to ensure we are a versatile and adaptable team with the wide range of skills to meet the challenges ahead.

How did we get here and what's next?

Every step was taken to make the plan come from the whole institute, not just from a few senior managers. Over many months, numerous open sessions were held to raise issues and discuss strategies. Drafts were run by the whole institute and every line in the initial drafts attracted five lines of good suggestions! The AIHW's Board set us on a clear path and then saw two stages of draft and provided many astute comments that fed into the final version.

As to what's next, the big task is to flesh out the detailed plans and make it happen. Each strategic direction has a member of the AIHW's Executive team as a champion and a progress report will be given to the Board in June next year.

Chapter 2

Performance for 2006–07

Summary of achievements against outcomes

For a full explanation of AIHW's reporting framework including the portfolio budget statement and outputs please refer to the section 'Our reporting framework' on page 12 of this annual report.

The AIHW met the nine performance indicators identified in its Budget Statement through the following achievements:

Performance indicators	Achievement
Meeting the legislative requirement for presentation of *Australia's welfare 2007* to the minister by the end of 2007, and for *Australia's health 2008* to the minister by the end of June 2008.	Both flagship publications on schedule.
Presentation of AIHW annual report to the minister by 30 September 2006.	*AIHW Annual Report 2005–06* presented on 26 September 2006.
Enhanced consistency and comparability of information through the use of national standards in national data collections.	Data elements in Functioning and Disability Data Set Specification endorsed as national standards in health sector. Data standards developed for information on clients using community-based palliative care services trialled by AIHW. Additional data standards were included in the Perinatal National Minimum Data Set. Agreement on revised process and set of definitions for financial data collected for Indigenous public housing collections. Additional organisation-related and dwelling-related data items for community housing collected.
Increased use of data standards in data development.	Over 150 Commonwealth, state and territory staff trained in METeOR, the AIHW's online register of national data standards. *A guide to data development* published. Increase in use of METeOR by data development working groups (up 10%) and number of METeOR data elements (up 30%).

Performance indicators	Achievement
The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors.	*National community services data dictionary, version 4* launched. Additional organisation-related and dwelling-related data items for community housing included in the *National housing data dictionary*. Additional data standards added to the *National health data dictionary* and made available in METeOR. Information on the updates included in an easy-to-use guide available on METeOR.
Enhanced capacity for nationally consistent statistical reporting through facilitating national processes for development of national data sets and collections which map to the Australian Family of core Health Classifications (ICD, ICF) of World Health Organization Family of International Classifications.	Continued promotion of use of national data sets and collections which map to Australian Family of Health and Related Classifications including ICD-10-AM and ICF. Nineteen data elements in METeOR use classification schemes from the Australian Family of Health and Related Classifications.
Enhanced capacity to produce high-quality information and analysis across the health and welfare sectors.	Entered into memoranda of understanding with the Australian Institute of Family Studies and the Australian Commission for Safety and Quality in Health Care to collaborate more closely. Produced 140 publications with 40 being new initiatives.
AIHW's publications are policy relevant, high quality, timely and objective and meet the needs of a diverse audience.	Developed a new corporate plan for 2007–10 with greater emphasis on strengthening the AIHW's policy relevance. Publication Planning and Production Advisory Committee established. Development of Report Profiles.
Broad awareness of the AIHW's publications and information products.	Increase in number of web visits, Hansard mentions, and media coverage. (Refer to Chapter 3 — Communicating to stakeholders, page 82.)

Strategic directions for 2006–07

The 2006–07 Portfolio Budget Statement also identified the following four strategic directions for the year, each of which is discussed below:

1. Enhance the quality of its key data collections

The AIHW is a major driving force in Australia for information and statistics on health, community services and housing assistance. In this capacity it manages and continually enhances key national data collections that support local, national and international analysis of these health and welfare issues.

In 2006–07 extensive work was undertaken to improve these collections and extend their application to policy issues. Areas of significant improvement included safety and quality, allied health workforce, bowel cancer screening, disability services data, child protection, palliative care and medical indemnity.

Safety and quality

In collaboration with the Australian Commission on Safety and Quality in Health Care, the AIHW analysed reports of sentinel events that occurred in public hospitals to produce the first national sentinel events report which was released in July 2007. This is the first component of a planned work program to enhance safety and quality data collection and reporting.

Health workforce

The AIHW's regular collection and analysis of health workforce data were supplemented in 2006–07 with finalisation of additional work on the allied health workforce. This resulted in new publications on psychology, podiatry, occupational therapy and physiotherapy. The AIHW also reported on the medical and nursing and midwifery labour forces and provided special tabulations to the Health Workforce Secretariat to assist its work on projecting the medical labour force.

Bowel cancer screening monitoring

Data from the Australian Bowel Cancer Screening Program, launched in August 2006, has been analysed to produce regular reports that support government's management of this program as well as keeping Australians informed of the results.

Disability services data

With the third Commonwealth–State/Territory Disability Agreement (CSTDA) due to expire on 30 June 2007, the AIHW conducted extensive analysis and modelling to ensure that future agreements can be based on sound evidence about program

outcomes. This included the release of estimates of current and future demand for specialist disability services and an enhanced performance framework.

Child protection

The quality and utility of child protection data enhanced through the completion of an analysis of educational outcomes of children on guardianship and/or custody orders. Further development was undertaken on new effectiveness indicators for child protection. In 2006–07 planning was conducted on ways to improve the understanding of these issues through future production of Children's Health Development and Wellbeing Headline Indicators.

Palliative care

The AIHW trialled data standards developed for consistent collection of information about clients receiving community based palliative care services in a study involving all states/territories. The information is designed to support reporting against four national performance indicators based on the goals and objectives that make up the National Palliative Care Strategy.

Medical indemnity

The first medical indemnity report was published during the year and received considerable media attention. The report reflects the AIHW's enhancement of consistency and comparability of medical indemnity information. It describes incidents that gave rise to claims, the people affected by those incidents, and the size, outcome and key aspects of the processing of medical indemnity claims. This report builds on the AIHW's series of reports on public sector medical indemnity claims.

2. Pursuing innovation in metadata, informatics and standards

In addition to supporting a range of data collections in-house, the AIHW also provides advice and expertise to other government and non-government agencies to improve the quality and utility of health and welfare data. In 2006–07 the AIHW drew on its expertise in data development to produce *A guide to data development*. The *guide* is both a plain English guide to best practice in developing data and a quick reference for the existing agreements and governance arrangements for national data standards.

METeOR

METeOR is the AIHW's principal tool for collaborative development of standards and universal sharing of metadata. This year six hundred new data elements were endorsed for entry into METeOR bringing the total number of elements to 2,700, an increase of 30%. There are now 106 workgroups operating within METeOR, up 10% from 2005–06. There were seven million hits on the METeOR site in 2006–07,

almost double that of the previous year demonstrating METeOR's success as a tool for promoting use of data standards.

In best practice data management standards, definitions and relevant metadata would be seamlessly available to data collectors and users. In 2006–07 AIHW successfully trialled a major step towards this goal with the electronic transmission of national data standards from METeOR to external data collection systems. This exciting development means that for the first time national health and welfare data standards are being seamlessly incorporated into primary collection and user systems. Collectors and users of data can have the latest approved standards automatically uploaded with meanings, code sets and other information that supports the accurate collection and interpretation of data available through their primary software tools particularly for larger organisations.

The electronic health record and health statistics

The AIHW has worked to position the health community to better manage changes to health statistics that are expected to arise from the electronic health record and the broader e-health agenda. This has involved fostering debate between standards bodies, agencies involved in e-health, clinicians and statistical users through seminars, presentations, papers, conferences and meetings on:

- the relationship between the standards being developed for clinical information (including SNOMED, which has been adopted as the reference clinical terminology for Australia) and the classifications and other standards that underpin health statistics
- the effects of the e-health agenda on the information systems and work force on which health statistics rely, and the potential for extending the coverage, enriching the content or enhancing the ability of statistics to inter-relate.

3. Identifying and responding to emerging information needs

The AIHW's central role is to support government and public debate and decision making about health and welfare issues with timely and accessible information and statistics. Areas that were the subject of particular attention in 2006–07 included chronic disease management, Indigenous health, housing and prisoner health.

Chronic disease management

The ageing of the Australian population has brought a significant increase in the number of people with chronic diseases and comorbidities. The AIHW continues to improve its monitoring and surveillance of chronic diseases, at a population level. Analysis of these issues in 2006–07 resulted in publication of a major statistical report *Chronic diseases and associated risk factors in Australia 2006*, as well as a set of 'headline' chronic disease indicators and a comprehensive report on the burden of disease.

Dementia in Australia: national data analysis and development was released in January 2007, providing an important addition to the national evidence base in relation, not only to the condition of dementia, but also related patterns of service use.

Indigenous health

Sound evidence about Indigenous health status and access to services is essential to redressing the disadvantage that is evident for Indigenous Australians. This year, the AIHW increased the number of people working on these issues and undertook a wide range of large and small projects. The work ranges across detailed understanding of the complex health problems, analysis of service delivery and improvements to the underpinning data. Three major bodies of work undertaken in 2006–07 illustrate this diversity.

The AIHW undertook the statistical analysis underpinning The Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report. The report consists of around 70 indicators covering health status, determinants of health and health system performance. It is the first comprehensive report to provide an evidence-based benchmark against which change can be monitored over time. The report, together with some 1,200 pages of additional data, is available on the AIHW's web-site.

The AIHW is also providing evaluation and analytical support to the Australian government's *Healthy for Life* program. This program aims to improve the capacity and performance of Indigenous primary health care services to deliver high quality maternal and children's health services and chronic disease care.

Finally, the AIHW undertook work that will improve the quality of Indigenous data on mortality, hospitalisations, perinatal services and outcomes, birth registration, access to and use of Medicare, general practice services and access to community housing.

Housing

The financial issues surrounding social housing within Australia were considered by governments and peak bodies in 2006–07. The AIHW provided an evidence base for these discussions with the publication of a range of reports on housing and homelessness, and by modelling a range of rent setting options for social housing tenants for the Housing Ministers' Advisory Committee. This will improve the evidence base available for the negotiation of the next Commonwealth–State Housing Agreement.

Prisoner health

Although there were approximately 50,000 people in Australia's prisons last year, there were no national standards or agreements in place to collect information about their health. Substantial progress was made in 2006–07 towards developing a national prisoner health data collection. The AIHW has produced draft indicators for

prisoner health and a draft data model, as well as working with the Juvenile Justice Data Working Group on the development of data on offences and key performance indicators for juvenile justice.

4. Expanding and enhancing our data linkage and data integration capacity to better inform whole-of-government policy agendas

The importance of understanding health and welfare issues from a whole-of-life, whole-of-government and life transition perspective is being recognised as an increasingly important aspect of improving government services to individuals. Data linkage and data integration are powerful tools for supporting these complex analyses. During 2006–07 the AIHW developed several enhancements in data linkage methodologies that are enabling innovative analyses.

The AIHW received its first NHMRC grant funding in 2006–07, for the project *Care pathways for older Australians with dementia, cardiovascular disease and arthritis*, a joint project with La Trobe University and the University of Queensland. The project which will explore the care transitions and care pathways for older Australians diagnosed with these three conditions which, together, contribute substantially to the national burden of disease.

During 2006–07 a comparison of data linkage strategies, carried out in collaboration with the Data Linkage Unit in WA Health, was also completed; this was an important final stage in a series of methodological and statistical projects demonstrating the utility of the AIHW event-based linkage strategy for linking hospital and residential aged care data.

Other data linkage work in 2006–07 included:

- a report on the relationships between respite, permanent residential and community care for older people
- a comparison of health services by veterans in residential aged care with those living in the community, and
- a scoping project to investigate the processes, methodology, ethical issues and analytical possibilities of linking data relating to clients of child protection, juvenile justice and SAAP.

The AIHW also supports data linkage by external researchers within strict privacy and ethics management regimes. In 2006–07 there was an increase of more than 50% in the number of epidemiology research projects assisted through linkage to the National Death Index and National Cancer Statistics Clearing House.

Output Group 1:

Specific services to the minister and parliament required under the AIHW Act

This output group is intended to capture the specific services that must be provided under the legislation. The AIHW is required by law (ss. 31(1)(b) and 31(1A)(b) of the *Australian Institute of Health and Welfare Act 1987)* to submit to the minister for tabling in parliament a health report and a welfare report for the preceding 2-year period.

The AIHW regards the requirement to produce the reports as an excellent opportunity to provide health and welfare statistics and information to parliament and thus to the broader Australian community.

The reports are important vehicles for informing the Australian public about the state of the nation's health, and health and welfare services. They also enable the AIHW to showcase its capability in providing health and welfare statistics and information.

Parliament is an important audience for *Australia's health* and *Australia's welfare,* not only because the AIHW Act requires that the reports be presented to parliament, but also because the reports contribute to informing parliament and to shaping the processes of government.

Australia's health and *Australia's welfare* contribute specifically to AIHW's outcome *Better health and wellbeing for Australians through better health and welfare statistics and information* in the following ways:

- they are flagship publications that provide a comprehensive national picture of health, housing assistance and community services
- they are a source of evidence to support the development and evaluation of policy
- they provide an extensive guide to the available summary statistics and detailed data on health, housing assistance and community services, and they identify gaps in information
- they provide references to sources of more detailed information
- they provide an overview of the state of Australian information and information governance regarding health, housing assistance and community services.

The AIHW met the performance indicators identified in Output Group 1 through the following achievements:

Output Group 1 highlights table

Performance indicator	Achievement
Meeting the legislative requirement for presentation of *Australia's welfare 2007* to the minister by the end of 2007, and for *Australia's health 2008* to the minister by the end of June 2008.	The AIHW on track to meet its legislative requirements for both *Australia's welfare 2007* and *Australia's health 2008*. As at 30 June 2007, a second draft of all chapters (with the exception of the Introduction) of *Australia's welfare 2007* completed, and sent to external referees for comment. Preparatory work for the launch of *Australia's welfare 2007*, and an associated 1-day conference well underway. As at 30 June 2007, detailed content outlines for *Australia's health 2008* prepared, and drafting commenced.
Presentation of the AIHW annual report to the minister by 30 September 2006.	The *AIHW annual report 2005–06* presented to the Minister for Health and Ageing on 26 September 2006 and tabled in parliament on 19 October 2006.

Output Group 2:

National leadership in health-related and welfare-related information and statistics

The AIHW takes a national leadership role in relation to:

- promoting and supporting national health, community services and housing assistance information agreements aimed at improving national information, identifying priorities and developing consistent national information
- promoting and supporting the development of national health classifications and terminologies, community services and housing assistance information, and establishing national data standards and metadata
- participating in the development of international health and welfare information standards and classifications
- contributing to statistical and related aspects of development, collection, compilation and analysis of health, community services and housing assistance information
- providing expertise and advice on information-related issues of data privacy, confidentiality and ethics
- participating in national committees as an information specialist
- contributing submissions and advice to major inquiries
- supporting national reporting processes under Commonwealth–state/territory agreements.

The AIHW met the performance indicators identified in Output Group 2 through the following achievements:

Output Group 2 highlights table

Performance indicator	Achievement
Enhanced consistency and comparability of information through the use of national standards in national data collections.	Data elements in Functioning and Disability Data Set Specification endorsed as national standards in health sector. Data standards developed for information on clients of community-based palliative care services trialled by AIHW. Additional data standards included in the Perinatal National Minimum Data Set. Agreement on revised process and set of definitions for financial data collected for Indigenous public housing collections. Additional organisation-related and dwelling-related data items for community housing collected.
Increased use of data standards in data development.	Over 150 Commonwealth, state and territory staff trained in METeOR, the AIHW online register of national data standards. *A guide to data development* published. Increase in use of METeOR by data development working groups (up 10%) and number of METeOR data elements (up 30%).
The availability and accessibility of up-to-date national data standards for the health, community services and housing sectors.	*National community services data dictionary, version 4* launched. Additional organisation-related and dwelling-related data items for community housing included in the *National housing data dictionary*. Additional data standards added to the *National health data dictionary* and made available in METeOR. Information on the updates included in an easy-to-use guide available on METeOR.

Performance indicator	Achievement
Enhanced capacity for nationally consistent statistical reporting through facilitating national processes for development of national data sets and collections which map to the Australian Family of core health classifications (ICD, ICF) of World Health Organization Family of International Classifications.	Continued promotion of use of national data sets and collections which map to Australian Family of Health and Related Classifications including ICD-10-AM and ICF. Nineteen data elements in METeOR now use classification schemes from the Australian Family of Health and Related Classifications.

Work carried out in 2006–07 in relation to each of the leadership roles is detailed below under each performance indicator for Output Group 2.

PERFORMANCE INDICATOR

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

About this indicator

- Nationally consistent and comparable information is vital to support policy development and analysis, planning and monitoring, and efficient service delivery in the health, community services and housing sectors.
- National information agreements, for each of the sectors to which AIHW is a party, enable frameworks and processes around nationally consistent information collections underpinned by national data standards to be established.
- The AIHW provides the secretariat and technical assistance to the key national information committees responsible for agreeing on national data standards in the three sectors and to a number of their key subcommittees. During 2006–07, the AIHW devoted significant resources to the support of these groups and the associated data standards work. A list of the national committees for which AIHW provides the secretariat is at Appendix 11 on page 221.

How we measure performance

- The extent to which standards are used in reporting against nationally agreed data sets.

Reference point

- National data standards are used in national data collections.

Activities and outcomes during 2006–07

During 2006–07, the following developments increased the range of nationally consistent information using national data standards:

- The data elements in the Functioning and Disability Data Set Specification, which is designed to ensure national consistency in relation to defining and measuring

human functioning and disability consistent with the International Classification of Functioning, Disability and Health (ICF), were endorsed as national standards in the health sector. They were previously endorsed only as standards in the community services sector. Endorsement by both sectors will promote national consistency across the health and community services sectors in this area.

- Data standards developed for consistent collection of information about clients receiving community-based palliative care services were trialled by AIHW in a study involving all states and territories. Feedback from the trial is being used to refine data standards to enhance consistency and comparability of information.
- Additional data standards were included in the Perinatal National Minimum Data Set.
- In the housing sector, the National Committee on Housing Information, working in conjunction with the Housing Ministers' Advisory Council's Financial Technical Working Group, agreed to a revised process and set of definitions for financial data collected for the mainstream and targeted Indigenous public housing collections. As a result, the financial data in these collections will be aligned with the Commonwealth–State Housing Agreement (CSHA) Financial Reporting Framework and the International Financial Reporting Standards.
- The National Committee on Housing Information agreed to some additional organisation-related and dwelling-related data items for community housing to be drawn from states' administrative data collections, rather than the current approach of obtaining the data via a community housing provider survey. Administrative data are more reliable and consistent with national definitions than data obtained via survey.

PERFORMANCE INDICATOR

Increased use of data standards in data development

About this indicator

- Data standards describe the expected meaning and acceptable representation of data for use within a defined context. Consistency of meaning ensures that all those who collect and use the data clearly understand the meaning, regardless of how the data are collected or stored. Much of the work involved in establishing a data collection is in the development of data standards to ensure comparability and consistency of the data collected and produced from the collection.
- The AIHW plays a key role in supporting the use of national data standards by its technical advice and assistance to national information committees and data development groups and by disseminating nationally agreed data standards for the health, community services and housing sectors via its online metadata registry, METeOR.

- The AIHW has developed METeOR as a tool to assist data developers to use existing national data standards and to follow the principles of good data development, when developing data standards for new or existing information collections, or modifying existing data standards.

How we measure performance

- Number of data development groups and users who use METeOR to develop new data standards.
- Number of data elements included in METeOR.

Reference point

- We aimed to increase the number of data development groups using METeOR by 10% over previous year.
- We aimed to increase the number of data elements by 10% over previous year.

Activities and outcomes during 2006–07

During 2006–07, the AIHW undertook the following activities to increase the use of data standards in data development:

- The AIHW trained over 150 staff in Commonwealth and state and territory agencies in the use of METeOR, including those METeOR functions which assist data developers to develop high-quality, nationally consistent data standards.
- For the first time, the AIHW distilled its vast body of expertise in data development into the publication *A guide to data development*. This publication highlights the use of national and international data standards in data development as an important principle of national data development.
- The AIHW provided advice to data development groups on alignment of their proposed data standards with existing national standards and criteria for quality metadata.

Outcomes

- The AIHW registered a 10% increase in the data standard development workgroups operating within METeOR, bringing the total number of such groups to 106.
- The AIHW added over 600 data elements to METeOR, an increase of 30%, making a total of 2,700 data elements.

PERFORMANCE INDICATOR

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

About this indicator

- To ensure that there is broad use of national data standards, it is important that agreed national data standards are kept up to date, widely publicised, made widely available and easily accessible.

How we measure performance

- The frequency with which the national health, community services and housing assistance data dictionaries are reviewed and refreshed on the web if necessary.

Reference point

- We aim to provide quarterly reviews of the dictionaries and refreshes of versions on the web if necessary.

Activities and outcomes during 2006–07

During 2006–07, the following developments increased the availability and accessibility of up-to-date national data standards:

- In November 2006, the AIHW launched version 4 of the *National community services data dictionary*, which contains the complete, up-to-date set of all national data standards in the community services sector. The launch, held at the Australian Council of Social Services conference in Sydney, provided a valuable opportunity to promote broader awareness of data standards throughout the community services sector.
- The AIHW included the national minimum data sets for juvenile justice and the Commonwealth–State/Territory Disability Agreement (CSTDA) in METeOR, making the standards in these data sets electronically available and accessible to a broad audience.
- The AIHW made enhancements to METeOR to enable users of the *National health data dictionary* and the *National community services data dictionary* to electronically download the current versions of those dictionaries, including items endorsed as national data standards since the hard-copy versions of the dictionaries were published.
- In addition, the AIHW made a half-yearly summary of updates including all new and revised data standards and data available online via METeOR.
- The AIHW successfully trialled the electronic transmission of national data standards to external systems which collect data.

- In the housing sector, the National Committee on Housing Information agreed that updates to the *National housing assistance data dictionary, version 3* would be made available through METeOR as they were endorsed. The AIHW will incorporate a flag at key points on the housing portal and dictionary pages of the AIHW website, notifying users that there are updates to version 3 of the dictionary.
- The AIHW recorded almost 7 million 'hits' or visits to the METeOR website, which is double the number recorded in 2005–06, indicating an increased use of METeOR to access data standards.

PERFORMANCE INDICATOR

Enhanced capacity for nationally consistent statistical reporting through facilitating national processes for development of national data sets and collections which map to the Australian Family of core health classifications (ICD, ICF) of World Health Organization Family of International Classifications

How we measure this

- Level of satisfaction of stakeholders with our facilitation.
- Use of Australian Family of Health and related Classifications in national data standards where appropriate.

Reference point

- We aim to maintain or improve on the previous year's performance.

Activities or outcomes in 2006–07

During 2006–07, the AIHW continued to promote the use of national data sets and collections which map to the Australian Family of Health and Related Classifications and in particular the ICD-10-AM and ICF. Data standards which were submitted to national information committees for their endorsement were assessed for their use of relevant classifications.

There are currently 19 data elements in METeOR which use classifications schemes from the Australian Family of Health and Related Classifications.

Keeping at the forefront of information developments

The AIHW closely monitors developments in the broader information environment to identify implications for national health and welfare information. The AIHW also engages with relevant groups and organisations to influence the broader environment where appropriate. Through its membership of Standards Australia and its work as an Australian Collaborating Centre for the World Health Organization Family of International Classifications, the AIHW keeps abreast of developments in relation to information standards and international classifications in the field of health. Specific pieces of work were begun for national health information committees

on the implications of e-health for health statistics and national statistical linkage frameworks for health. The AIHW also made a submission to the Australian Law Reform Commission Review of the *Privacy Act 1988* (Cwlth) discussing the implications of privacy legislation for health information.

Case **study**

METeOR: two and a half years on

The contribution that data standards make to the production of high-quality statistics can go unrecognised. However, without the use of consistent data standards, the resulting statistics are potentially meaningless, perhaps even misleading. The AIHW manages critical data standards for many of Australia's key health, community services and housing assistance data collections. For many years, the AIHW had used a data standard registry known as the Knowledgebase to store and manage these data standards. This registry was based on the first edition of the International Standards Organisation (ISO) metadata standard (ISO/IEC 11179).

With the arrival of a new, more sophisticated edition of the ISO/IEC 11179 standard, the AIHW decided it was time to replace the ageing Knowledgebase. The AIHW selected an XML-based content management system and customised it to serve as an innovative, online data standard registry. The new registry, known as METeOR for Metadata Online Registry, introduced a whole suite of new features not previously available in the Knowledgebase, including online data standard creation and automated dictionary extraction facilities. Extensive restructuring of our existing data standards was also undertaken to comply with the new edition ISO/IEC 11179 standard.

METeOR and the restructured data standards were released in early 2005. It was one of the few registries available at that time to be based on the new ISO/IEC 11179 standard. It was unique in its capacity to allow registration of data standards to more than one sector of government activity, thereby encouraging the reuse of data standards across service boundaries and silos. The official launch generated a great deal of interest, resulting in numerous invitations to demonstrate the system both locally and overseas (including a demonstration to the committee responsible for ISO/IEC 11179). The system went on to become a finalist for the 2006 Excellence in e-Government Award, an award for excellence and innovation in the delivery of e-government services.

In the two and a half years since its release, the fanfare has been followed by strong growth in system use to access data standards. The pattern of growth was quite pronounced during 2006–07, with almost 7 million hits received, double that achieved during the previous year. METeOR also enabled high levels of new data standard creation. Over 600 data elements were added during 2006–07, making a

total of 2,700 data elements in the system, an increase of 30%. The number of data standard development workgroups operating within METeOR increased by 10% to 106.

While tremendous benefits were gained in terms of effective data standard management and reusability, the move to the second edition of the ISO/IEC 11179 standard has introduced many new features and tools. To assist data standard users and authors make best use of these, a series of hands-on training workshops was delivered to over 400 staff across 30 government departments and non-government organisations. Over 150 staff were trained in 2006–07 as the training program expanded to include visits to states and territories.

Not everything has proceeded according to plan. The higher-than-expected level of user activity has meant our plans for upgrading the capacity of the system will be brought forward. The closure of our information technology partners has meant our exciting plans to make the system a commercial product have been put on hold.

Since the launch, the AIHW has consulted with users about their experience of the system and what enhancements they would like to see. The aim of these efforts has been to identify priorities for system refinements and to ensure the system evolves to meet changing user expectations. Enhancements to date have included the introduction of useful new tools such as glossary items; more download options for users, including simple formats; refining the search interface; and adding new fields to data set specifications.

Perhaps the most exciting enhancement to date has been the implementation of an electronic data standard transmission tool. This tool allows external systems to extract data standards from METeOR and has the potential to revolutionise the way the AIHW and its data providers and data users work together. Traditionally, data standards have been disseminated using human-readable documents, such as data dictionaries. These data standards are then manually transferred into data systems to support data collection, extraction and validation processes.

External systems can now extract data standards electronically from METeOR. This offers tremendous potential to boost data standard compliance and consistency and to reduce inefficiencies and duplicated effort in data handling processes through automated data collection and validation. The AIHW has been trialling this new tool with a number of volunteer system developers, both internally and with some state and territory departments. The results have been particularly promising. The AIHW plans to provide support for other system developers during 2007–08 so that they can also use this tool.

Output Group 3:

Collection and production of health-related and welfare-related information and statistics for government, non-government and community organisations

Under this output group, the AIHW reports the bulk of its national data collections and reports. Although some of these are appropriation-funded, many are funded by stakeholders for specific requests.

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

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

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

Such a comprehensive process ensures the requirements of key stakeholders are considered in preparing the report, engages data providers in the process to support

their timely provision of quality data, and imposes a rigour that ensures that the expectations of all stakeholders are met.

Similar steering or advisory committees exist in relation to health expenditure, perinatal statistics, maternal deaths, cardiovascular disease, diabetes and other specialised areas, juvenile justice, disability, and children and youth health and wellbeing.

The AIHW met the performance indicators identified in Output Group 3 through the following achievements:

Output Group 3 highlights table

Performance indicator	Achievement
Enhanced capacity to produce high-quality information and analysis across the health and welfare sectors.	Entered into memoranda of understanding with the Australian Institute of Family Studies and the Australian Commission for Safety and Quality in Health Care to collaborate more closely. Produced 140 publications with an average page count of 107 pages. Forty reports were new initiatives.
AIHW's publications are policy relevant, high quality, timely and objective and meet the needs of a diverse audience.	Two reports officially launched by federal ministers. Developed a new corporate plan for 2007–10 with greater emphasis on strengthening the AIHW's policy relevance. Publication Planning and Production Advisory Committee established. Developed 'report profiles' — Fact sheets to summarise key findings of a report in a user-friendly format.
Broad awareness of the AIHW's publications and information products.	AIHW reports generated 296 newspaper articles, 1,425 radio mentions, 17 television news items, 208 online articles, and 54 Australian Associated Press (AAP) news pieces. New media release embargo policy. Thirty-nine Hansard mentions. Over 3,000 individual web visitors a day. (Refer to Chapter 3 — Communicating to stakeholders, page 82)

The structure of the reporting of Output Group 3 below follows the structure of the workgroups within AIHW and also includes reports from the collaborating units which have jointly agreed work programs with the AIHW.

Information and Strategy Group

Aboriginal and Torres Strait Islander Health and Welfare Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

*Aboriginal and Torres Strait Islander health performance framework 2006 report: detailed analyses**

*Family violence among Aboriginal and Torres Strait Islander peoples**

*International Group for Indigenous Health Measurement, Vancouver 2005**

*Quality of Aboriginal and Torres Strait Islander identification in community services data collections: update on eight community services data collections**

*National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data 2006–2008 strategic plan**

DATA DEVELOPMENT WORK UNDERTAKEN

The AIHW has continued developing a national prisoner health data collection. This has included the development, with input from the Prisoner Health Information Group and its Technical Advisory Group, of early draft indicators for prisoner health and a draft data model.

Data development work on the Housing National Reporting Framework administrative data collection included examining the feasibility of a unit record data collection and some work on the development of measures for dwelling condition.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

For the first time, the AIHW has been commissioned to do all the detailed analyses for the Aboriginal and Torres Strait Islander Health Performance Framework (ATSIHPF). This will be an ongoing contract with the Australian Government Department of Health and Ageing (DoHA) Office for Aboriginal and Torres Strait Islander Health.

As a result of this work we have been contracted by the Northern Territory to analyse their data as per the Aboriginal and Torres Strait Islander Health Performance Framework.

ACHIEVEMENTS

The ATSIHPF 2006 report consists of two documents — a policy analyses document published by the Australian Health Ministers' Advisory Council and a detailed analyses report published by the AIHW. The ATSIHPF 2006 report was the first comprehensive report to provide a benchmark against which change could be monitored over time. It consists of around 70 indicators covering health status, determinants of health and health system performance.

This report is policy relevant, high quality, timely and objective and meets the needs of a diverse audience. It has led to more work being commissioned: contract work from one jurisdiction to do the jurisdiction-based analyses of the ATSIHPF report; and a new contract with the Acute Care Division of the Department of Health and Ageing to expand on some of the analyses already undertaken in the 2006 report.

A revision of the 1997 Aboriginal and Torres Strait Islander Health Information Plan *This time let's make it happen* was carried out in order to set priorities for the next 3 years. The revised plan is entitled *National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data strategic plan 2006–2008*.

The Plan is used by National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID) members to assign priorities and budget bids and monitor progress over the next 3 years. The work of the Aboriginal and Torres Strait Islander Health and Welfare Unit at the AIHW also uses the plan to develop its work program.

The *Family violence among Aboriginal and Torres Strait Islander peoples* report assesses the availability of information about violence among Aboriginal and Torres Strait Islander peoples. It discusses gaps in existing information and strategies to improve the information on family violence, by enhancing consistency and comparability of information through the development and use of national standards, in both surveys and administrative data collections.

The report is also a first in that it presents information on the extent of violence in the Indigenous population, drawing from a range of data sources. As a result of this report and the attention it received, we have increased cooperation with the Australian Bureau of Statistics in relation to improving the crime and justice administrative data collections (police and courts data).

We also anticipate likely changes to the National Aboriginal and Torres Strait Islander Social Survey and a move by the NAGATSIHID to form a working group specifically to ensure that the recommendations of the report are progressed.

The *Quality of Aboriginal and Torres Strait Islander identification in community data collections* report examines the quality of identification of Aboriginal and Torres Strait Islander clients in eight community services data collections. It highlights the improvement or otherwise in the rates of records with a missing/not stated Indigenous status over time, and details data quality improvement activities undertaken, both at the national and state and territory levels. The process of preparing and publishing this report drew increased attention from the relevant data custodians and data working groups to the issue of Indigenous identification in the eight data collections.

fast **FACT**

Aboriginal and Torres Strait Islander health and welfare

Usual source of care: Ninety-one per cent of Aboriginal and Torres Strait Islander peoples reported that they usually went to the same general practitioner or Aboriginal health service.

Access to prescription medication has improved through Medicare s. 100 arrangements for remote Aboriginal and Torres Strait Islander primary health-care services.

METeOR Management Unit

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Trialling new electronic data standard facility in METeOR to transmit XML code to external systems.

ACHIEVEMENTS

Refer to the case study on METeOR on page 34.

fast **FACT**

METeOR

METeOR received 7 million hits during 2006–07, double that achieved during the previous year.

National Data Development and Standards Unit

DATA COLLECTIONS MANAGED

Palliative Care Performance Indicator Data Collection

DATA DEVELOPMENT WORK UNDERTAKEN

Community-based Palliative Care Client Data Collection

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

A study to document the evidence of the problems of multiple data collection and reporting faced by service providers who have multiple reporting responsibilities at the national level was undertaken as a first step towards addressing the reporting burden faced by service providers, helping to improve the quality of data collected.

ACHIEVEMENTS

The 2006 national collection of performance indicator data from Australia's palliative care sector was undertaken, after enhancements were made to the collection following a trial undertaken the previous year. The information collected was designed to support reporting against four national performance indicators developed and agreed by states and territories in 2004. These indicators are based on the goals and objectives that make up the National Palliative Care Strategy, which provides the basis for palliative care policy and service development. The performance indicators aim to provide information on the extent to which the strategy has been implemented.

Economics and Health Services Group

Expenditure and Economics Unit

AIHW PUBLICATIONS RELEASED

Welfare expenditure Australia 2003–04

Health expenditure Australia 2004–05

National public health expenditure report 2004–05

The burden of disease and injury in Australia 2003

DATA COLLECTIONS MANAGED

Health Expenditure Database

Public Health Expenditure Database

Welfare Expenditure Database

Aboriginal and Torres Strait Islander Health Expenditure Database

Disease Expenditure Database

Burden of Disease Database

DATA DEVELOPMENT WORK UNDERTAKEN

Development of Government health expenditure national minimum data set for implementation in 2008–09. Comprises a number of items that are being developed on METeOR to underpin the collection of health expenditure data.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Contract with United Nations to prepare a paper on health expenditure projections in Australia.

ACHIEVEMENTS

We are currently developing a national minimum data set for government health expenditure using the METeOR system which will provide national definitions for collecting a wide range of health expenditure data.

We have fulfilled a wide range of requests for expenditure data or information relating to expenditure data from the community, public and private sectors.

We were invited to present at conferences and workshops of the United States National Academies of Science, the Australian Health Insurance Association and the Australian Financial Review Health Congress.

Fast **FACT**

Expenditure and Economics

About 30% of the overall burden of disease, and 70% of the cardiovascular burden of disease, is due to 14 largely preventable risk factors.

Health Care Safety and Quality Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

*A national picture of medical indemnity claims in Australia 2004–05** (first report to combine public and private indemnity data)

DATA COLLECTIONS MANAGED

Medical Indemnity National Collection — Public data

Medical Indemnity National Collection — Combined public and private data

Sentinel Events Database

DATA DEVELOPMENT WORK UNDERTAKEN

Some refinement of data items in the medical indemnity data collections.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The AIHW entered into an agreement with the Australian Commission on Safety and Quality in Health Care to scope a number of projects in their draft information strategy, with a view to developing a number of project plans to undertake work over the next 2 years.

ACHIEVEMENTS

The Health Care Safety and Quality Unit was established as a work area in its own right in March 2007 in recognition of the large and growing workload in this area.

During the year, the work of the unit has been in three main areas:

Medical indemnity — as secretariat for the Medical Indemnity Data Working Group and the Medical Indemnity National Collection Coordinating Committee and responsible for the data collections. Data are collected from all public jurisdictions on a 6-monthly basis, processed and returned to the jurisdictions. Private indemnity data are received and processed annually. The work of the unit in this regard has enhanced the consistency and comparability of information through the use of national data standards in these national data collections.

The first national medical indemnity report was published during the year (May 2007) and received a considerable amount of media attention.

The Unit has been developing a relationship with the Australian Commission on Safety and Quality in Health Care with a view to jointly undertake a range of work relating to the commission's draft information strategy. The first piece of work done as part of this collaborative arrangement, the *Sentinel events in Australian public hospitals 2004–05* report, was finalised during 2006–07, to be published in July 2007.

fast **FACT**

Health-care safety and quality

Nationally, 1.7% of all medical indemnity claims finalised in the period 1 July 2004 to 30 June 2005 were for an amount of $500,000 or more. For the same period, 53.4% of claims were for less than $10,000.

Hospitals Unit

AIHW PUBLICATIONS RELEASED

Report on the evaluation of the National Minimum Data Set for Public Hospital Establishments

National Minimum Data Set for Admitted Patient Care: compliance evaluation for 2001–02 to 2003–04

Australian hospital statistics 2005–06

DATA COLLECTIONS MANAGED

National Hospital Morbidity Database

National Public Hospital Establishments Database

National Elective Surgery Waiting Times Data Collection

National Non-admitted Patient Emergency Department Care Database

National Outpatient Care Database

DATA DEVELOPMENT WORK UNDERTAKEN

Completion of Admitted Patient Care National Minimum Data Set work program under the memorandum of understanding with DoHA.

Public Hospital Establishments National Minimum Data Set evaluation.

Elective surgery waiting times evaluation.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

In 2006–07, the Hospitals Unit commenced a project funded by the Australian Health Ministers' Advisory Council (AHMAC) to develop and pilot a method for assessing the accuracy with which hospitals record the Indigenous identification of admitted patients, and to report on the results of that pilot.

The Unit also undertook and completed an AHMAC funded project to review performance indicators published in *Australian hospital statistics 2005–06*.

ACHIEVEMENTS

Australian hospital statistics 2005–06 was released within 11 months of the reference period (the same timeframe achieved in 2004–05 and one month earlier than previous years). The publication reported information from the National Outpatient Care Database for the first time. The publication also included a revised chapter on hospital performance indicators.

Statistical information on hospitals was also disseminated through online interactive data cubes, and in response to specific requests for information from government agencies, non-government organisations, private enterprises and individuals.

fast FACT

Hospitals

There were 7.3 million separations from Australian hospitals in 2005–06 accounting for 24.3 million patient days, compared to 7.0 million separations and 23.8 million patient days in 2004–05.

Labour Force Unit

AIHW PUBLICATIONS RELEASED

Occupational therapy labour force 2002–2003

Psychology labour force 2003

Podiatry labour force 2003

Physiotherapy labour force 2002

Medical labour force 2004

Nursing and midwifery labour force 2004

DATA COLLECTIONS MANAGED

Medical Labour Force Data Collection

Nursing and Midwifery Labour Force Data Collection

Several collections for allied health labour force (psychology, podiatry, pharmacy, physiotherapy, occupational therapy)

ACHIEVEMENTS

With special funding from DoHA, four reports on the allied health labour force were published, one each on psychology, podiatry, occupational therapy and physiotherapy. The unit also produced the 2004 reports on the medical and nursing and midwifery labour forces. Additional tables for all of these reports are available on the AIHW website. The unit continued to provide special tabulations to the Health Workforce Secretariat to assist its work on projecting the medical labour force.

fast FACT

Labour force

The supply of doctors (measured as full-time equivalent doctors per 100,000 population) increased 7.8% between 2000 to 2004, and the supply of nurses increased 9.5% between 1999 to 2004.

Mental Health Services Unit

AIHW PUBLICATIONS RELEASED

Mental health services in Australia 2004–05

DATA COLLECTIONS MANAGED

Mental Health Establishment Database

National Community Mental Health-care Database

National Residential Mental Health-care Database

DATA DEVELOPMENT WORK UNDERTAKEN

Development and refinement of the Mental Health Intervention Classification.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Development and implementation of an assessment instrument (focusing on mental health-related functioning) for potential clients for the Personal Helpers and Mentors Programme on behalf of the FaCSIA commenced in 2006–07.

ACHIEVEMENTS

Mental health services in Australia 2004–05 was published in April 2007. This year, the report has been structured to increase the accessibility of the information presented, as well as its relevance to decision making and policy. It also includes newly available data sources; in particular, data are incorporated for the first time from the National Residential Mental Health Care Database, as well as information on the psychologist workforce and mental health-related services provided by emergency departments.

Fast **FACT**

Mental health services

In 2004–05, there were 20 public psychiatric hospitals, 122 public acute hospitals with a psychiatric ward or unit, 26 private psychiatric hospitals and 234 government-operated community and residential mental health facilities reported nationally. The number of actual available beds increased between 2000–01 and 2004–05 for public psychiatric hospitals, public acute hospitals and private psychiatric hospitals, but decreased for government-operated residential mental health facilities.

Health and Functioning Group

Population Health Data and Information Services Unit — out-posted to the Australian Government Department of Health and Ageing

AIHW PUBLICATIONS RELEASED

Statistics on drug use in Australia 2006

2006 Adult vaccination survey: summary results

DATA COLLECTIONS MANAGED

National Drug Strategy Household Survey

Adult Vaccination Survey

DATA DEVELOPMENT WORK UNDERTAKEN

National Drug Strategy Household Survey data.

Adult Vaccination Survey data.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The unit was subcontracted by the Social Research Centre to undertake project management and analysis and reporting of the 2006 Adult Vaccination Survey. This was done previously under a memorandum of understanding schedule with the Australian Government Department of Health and Ageing.

ACHIEVEMENTS

The unit was successful in being engaged to manage the 2007 National Drug Strategy Household Survey, now the fourth wave under AIHW management. This survey represents a major primary data collection for the AIHW.

The unit continues to provide on-site statistical and information support to the Population Health Division of DoHA, with particular expertise in drug use statistics.

fast **FACT**

Population health data and information services:

The proportion of the Australian population aged 14 years and over who were daily smokers fell from 24% in 1991 to 17% in 2004.

Population Health Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

*A guide to Australian eye health data**

Chronic diseases and associated risk factors in Australia 2006

Toward a national prisoner health information system

Profile of nutritional status of children and adolescents

Australian diet quality index project

Cancer Incidence in Australian Vietnam Veterans Study 2005

The Third Australian Vietnam Veterans Mortality Study 2005

Australian National Service Vietnam Veterans: mortality and cancer incidence 2005

DATA COLLECTIONS MANAGED

AIHW National Mortality Database, including General Record of Incidence of Mortality (GRIM) books

- AIHW Population Database
- Female Vietnam Veteran and Civilian Health Register
- Custodian of AIHW copies of
  - ABS National Health Surveys
  - ABS National Nutrition Surveys
  - Risk Factor Prevalence Surveys
  - Active Australia Surveys

DATA DEVELOPMENT WORK UNDERTAKEN

Consideration of a comprehensive set and a 'headline' set of national chronic disease indicators as part of the Population Health Information Development Unit.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

New memorandum of understanding (MoU) schedule (with DoHA) regarding monitoring and surveillance of chronic diseases.

New MoU schedule (with Australia Government Department of Veterans Affairs) to prepare an inventory of veterans health data sources.

ACHIEVEMENTS

A new focus for this reporting period was the monitoring and surveillance of chronic diseases and associated risk factors, at a population level. This work was dovetailed to a large extent with the directions of the *Blueprint for nation-wide surveillance of chronic diseases and associated determinants*, which was endorsed by health ministers in late 2005. The unit produced a major statistical report in this area, as well as initiating development and consultation regarding a set of 'headline' chronic disease indicators, also termed key measures of progress.

With the establishment of the Public Health Information Development Group in October 2006 (an Australian Health Ministers' Advisory Council subcommittee), the unit has sought to both provide project support to this group as well as align the unit's work plan with the group's strategic directions.

Also in this general field, the unit produced two information papers with a focus on nutrition-related information.

One-off projects for the unit included the advocacy paper on prisoner health information, and *guide to Australian eye health data* (to inform the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss).

Fast FACT

Population health

Chronic diseases are common: in 2004–05, more than three-quarters of Australians had at least one long-term condition.

Asthma, Arthritis and Environmental Health Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

*Statistical snapshots of people with asthma in Australia, 2001**

*Asthma and chronic obstructive pulmonary disease among older people in Australia: deaths and hospitalisations**

*National indicators for monitoring osteoarthritis, rheumatoid arthritis and osteoporosis**

DATA COLLECTIONS MANAGED

The Unit does not manage any primary data collections. The focus of the Unit's activities was on statistical analysis and dissemination of National Health Priority Area (NHPA)-related information. However, subsets of Pharmaceutical Benefits Scheme (PBS) and the Bettering the Evaluation and Care of Health (BEACH) Survey of General Practitioners data were maintained for use by the AIHW staff.

DATA DEVELOPMENT WORK UNDERTAKEN

Data development work focused on asthma, arthritis and osteoporosis.

National indicators were developed and validated to support NHPA monitoring of arthritis and osteoporosis.

The Unit also contributed to the evaluation and development of relevant data sources:

- review of asthma indicators and data development plan.
- PBS database (for respiratory diseases).
- input to the National Health Survey (NHS) questionnaire for asthma, arthritis and osteoporosis related issues.

- evaluation of data sources for monitoring arthritis and osteoporosis.
- finalisation of indicators for monitoring arthritis and osteoporosis.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

A new initiative by the Unit was to establish a team for monitoring primary health care services in Australia. The gaps and deficiencies in primary health care information were identified through a workshop with stakeholders and a project proposal developed for evaluating the available collections.

Another major new initiative was to develop baseline information on juvenile arthritis in Australia. The Australian Government has declared juvenile arthritis as the latest focus area under the NHPA initiative of arthritis and musculoskeletal conditions. Contrary to popular belief, arthritis is not uncommon in Australian children and is a cause of much pain and distress. A variety of developmental disorders may follow causing concern among parents and other family members. A draft report was prepared for consultation with various stakeholders.

The impact of arthritis and osteoporosis in terms of physical impairments and disability was also studied. The study, based primarily on the ABS Survey of Disability, Ageing and Carers, also explored the issues of health and wellbeing.

Another new initiative by the Unit was to develop easy-to-understand booklets on arthritis and osteoporosis for use by the general public. This useful series will cover a variety of diseases and conditions over time.

Other new initiatives were:

- Establishment of a database of PBS subsidised prescription pharmaceuticals dispensed to people with respiratory diseases.
- Rolling out of a new work program (2006–2010) under the Arthritis and Osteoporosis Program of Australian Government.
- A chapter on urban environmental health in a CSIRO publication.
- Draft report on juvenile arthritis in Australia.
- Draft report on impairments and disability associated with arthritis and osteoporosis.

ACHIEVEMENTS

The unit monitored a variety of diseases and conditions, including asthma, juvenile arthritis, osteoarthritis, rheumatoid arthritis, osteoporosis and septicaemia, at a national level. Disease monitoring is a slow moving field. The regularity of the work notwithstanding, putting together various pieces of information is time consuming. The apparent achievements rarely are commensurate with the effort.

The funding and work program of the National Centre for Monitoring Arthritis and Musculoskeletal Conditions was secured for the period 2006–2010. This paved the way for rolling out several projects, under the Arthritis and Osteoporosis Program of the Australian Government. Work was also initiated on a report on arthritis and musculoskeletal conditions in Australia. Other major projects undertaken were impairments and disability due to arthritis and osteoporosis in Australia, and juvenile arthritis in Australia.

In view of the emerging environmental health issues, the Unit established a work program in respiratory diseases. A particular focus of this work was on the role of air pollution in these diseases.

fast **FACT**

Asthma, arthritis and environmental health

Arthritis is the most common cause of physical impairments and disability in Australian adults.

The incidence of asthma in children is no longer trending upwards.

Septicaemia as a cause of death is becoming more common.

Cardiovascular Disease and Diabetes Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

*Socioeconomic inequalities in cardiovascular disease in Australia**

*Use of medicines by Australians with diabetes**

*Diabetes hospitalisations in Australia, 2003–04**

*Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment**

*Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment (summary booklet)**

*National Diabetes Register: impact of changed consent arrangements on ascertainment from the National Diabetes Services Scheme**

*Medicines for cardiovascular health: are they used appropriately?**

*Medicines for cardiovascular health: are they used appropriately?** (report profile)

DATA COLLECTIONS MANAGED

National Diabetes Register

ACHIEVEMENTS

The Unit continues to build on a solid base in providing national information on cardiovascular disease and diabetes in Australia. A significant number of novel analytical publications were produced (listed above) in various formats aimed to reach a wider audience, such as bulletins, reports, and new formats including a report profile and a summary booklet. Research findings were also presented at three major health conferences.

Demand for these publications has been very strong. All received good media coverage. Downloads of the reports from the AIHW website have been significant. For example, there were over 4,000 viewings of the *Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment* report between its release and the end of March, and nearly 10,000 viewings of the *Socioeconomic inequalities in cardiovascular disease in Australia* bulletin up to the end of March.

Fast **FACT**

Cardiovascular disease and diabetes

People in rural and remote areas have higher death rates from cardiovascular disease (compared with those in major cities) but medicines are dispensed at half the rate in rural areas, and about one-thirtieth the rate in remote areas.

Functioning and Disability Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

Current and future demand for specialist disability services

CSTDA NMDS tables prepared for the CSTDA annual public report 2004–05

*Therapy and equipment needs of people with cerebral palsy and like disabilities in Australia**

Life expectancy and disability in Australia 1988 to 2003

Disability support services 2004–05: national data on services provided under the Commonwealth–State/Territory Disability Agreement

Disability updates: children with disabilities

Drug use among Aboriginal and Torres Strait Islander peoples: an assessment of data sources

Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set

Alcohol and other drug treatment services in Australia 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in New South Wales 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in Victoria 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in Western Australia 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in South Australia 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in Tasmania 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in the Australian Capital Territory 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services in the Northern Territory 2004–05: findings from the National Minimum Data Set

Alcohol and other drug treatment services NMDS specifications 2007–08: data dictionary, collection guidelines and validation processes

DATA COLLECTIONS MANAGED

Commonwealth–State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS)

Alcohol and Other Drug Treatment Services National Minimum Data Set

National opioid pharmacotherapy statistics annual data collection.

DATA DEVELOPMENT WORK UNDERTAKEN

Framework and data definitions for outcome focussed indicators to monitor the fourth Commonwealth State/Territory Disability Agreement.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

A project to assess the effectiveness of the Coalition of Australian Government (COAG) Illicit Drug Diversion Initiative in rural and remote areas of Australia.

A project to identify opportunities for improvement or refinement of the CSTDA Performance Reporting Framework.

A project to develop a national data set and collection process for performance reporting and evaluation elements of the Young People in Residential Aged Care Program.

A project to enhance the Alcohol and Other Drug Treatment Services National Minimum Data Set to enable counting of clients and identification of comorbidity.

ACHIEVEMENTS

The major emphases of the Unit's work in the functioning and disability services area were the release of estimates of current and future demand for specialist disability services and the development of an enhanced performance framework and outcomes-focused indicators for the CSTDA. Both of these projects provide key support for the greater outcomes focus of the fourth CSTDA which is currently being developed.

The major emphasis of the Unit's work in the alcohol and drugs area was the project to evaluate the effectiveness of the COAG Illicit Drug Diversion Initiative in rural and remote areas of Australia. The results of this project will form a key part of the overall evaluation of the initiative.

The Unit continued its work as the major Australian centre for analysis of population data on disability and disability prevalence with the release of bulletins on life expectancy and disability and children with disabilities.

The Unit released the results of a major project, completed in collaboration with Cerebral Palsy Australia, on the needs for therapy and equipment in people with cerebral palsy and like disabilities. This report provides a unique information resource for governments, non-government and community organisations.

Fast **FACT**

Functioning and disability

The number of people aged under 65 with a profound or severe limitation in basic daily activities is projected to increase to over 750,000 people by 2010.

Health Registers and Cancer Monitoring Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

Cancer in Australia: an overview, 2006

Cervical cancer screening in Australia 2003–2004

Cervical cancer screening in Australia 2004–2005

BreastScreen Australia monitoring report 2003–2004

*Breast cancer in Australia: an overview, 2006**

*Ovarian cancer in Australia: an overview, 2006**

DATA COLLECTIONS MANAGED

National Cancer Statistics Clearing House

National Breast Cancer Screening Data Collection

Cervical Cancer Screening Data Collection

Bowel Cancer Screening Data Collection

National Death Index

DATA DEVELOPMENT WORK UNDERTAKEN

National Cervical Cancer Screening Program data dictionary.

Australian Cancer Incidence and Mortality books.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

A new contract with the National Breast Cancer Centre to produce *Breast cancer in Australia: an overview, 2006*, *Ovarian cancer in Australia: an overview, 2006* and *Breast cancer survival by size and nodal status*.

A new contract with the Cancer Institute NSW to produce the Australian and New South Wales Cancer Incidence and Mortality books.

Negotiating for a new contract with Cancer Australia to produce *Cancer survival and prevalence in Australia*.

A new contract with DoHA for safety monitoring of the guidelines for management of asymptomatic women with screen-detected abnormalities in the National Cervical Cancer Screening Program.

ACHIEVEMENTS

The AIHW has greatly increased access to cancer data online through creation of the Australian Cancer Incidence and Mortality books for 39 cancers.

There has been a more than 50% increase in the number of epidemiology research projects assisted through linkage to the National Death Index and National Cancer Statistics Clearing House.

Implementation of the National Bowel Cancer Screening Program by DoHA in 2006 has been supported by provision to the department of 6-monthly and 9-monthly monitoring reports.

Demand for AIHW analyses of cancer data increased, with additional contracted work by DoHA, the National Breast Cancer Centre, Cancer Australia and the Cancer Institute NSW.

Fast **FACT**

Cancer

In 2001–2003, there was significantly higher incidence of melanoma (associated with sun exposure) and lung, head and neck, and lip cancers (associated with smoking) in rural and remote areas than in metropolitan areas.

Men in rural and remote areas also had significantly higher rates of cancers of unknown primary site compared to metropolitan areas.

Collaborating units

National Injury Surveillance Unit (Flinders University)

AIHW PUBLICATIONS RELEASED

Hospitalisation due to falls in older people, Australia 2003–04

Injury of Aboriginal and Torres Strait Islander people due to transport, 1999–00 to 2003–04

Fall-related hospitalisations among older people: sociocultural and regional aspects

Electrical injury and death

Hospital separations due to injury and poisoning, Australia 2003–04

Injury deaths, Australia 2003–04

Hospitalised injury of Australia's Aboriginal and Torres Strait Islander people 2000–02

Hip fracture injuries

Burns and scalds

Child injury due to falls from playground equipment, Australia 2002–2004

Childhood poisoning in Australia

Spinal cord injury, Australia 2004–05

Planning and testing CATI-based injury prevention population surveys

Hospitalised basketball and netball injuries

New external cause categories in fifth edition of ICD-10-AM

Alcohol and work: patterns of use, workplace culture and safety

Injury Issues Monitor 37

Injury Issues Monitor 38

DATA COLLECTIONS MANAGED

Australian Spinal Cord Injury Register

DATA DEVELOPMENT WORK UNDERTAKEN

Redevelopment of the software system housing the Australian Spinal Cord Injury Register commenced. The redevelopment will enable updating of register data elements to correspond to current versions in national data standards.

A review of cause codes assigned to routine mortality data for injury deaths began. This is guiding a project to improve the reliability of the injury mortality surveillance reports.

A submission was made to the revision process for the external causes chapter of ICD-10-AM, and advice was provided on related matters.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Commencement of a 3-year program under which the National Injury and Surveillance Unit (NISU) has agreed to produce reports on transport-related injury for the Australian Transport Safety Bureau (ATSB).

ACHIEVEMENTS

NISU's reports published in 2006–07 provide a comprehensive survey of the main aspects of serious injury in Australia. NISU's general statistical reports on all injury deaths and all injuries admitted to hospitals are the only regular series with national scope providing thorough coverage of these topics.

NISU's reports in 2006–07 on falls injury included an in-depth analysis of hospitalised injuries due to falls by older Australians. Collaborative work on this topic, funded by DoHA separately from the NISU program, is developing a tool to assist policy officers to make evidence-based decisions on the allocation of falls prevention funding.

NISU published two major reports in 2006–07 on injury in the Aboriginal and Torres Strait Islander population of Australia. The first report, on hospitalised injury, complements a previous report on injury mortality. Previous publications — from NISU

and other agencies — have shown that rates of serious and fatal injury are high for Indigenous Australians. The report confirmed this finding, and showed the exceptionally high rates of hospitalised injury due to assault, especially for Indigenous residents of remote and very remote parts of Australia.

The second report on this theme was a detailed report on serious transport-related injury, which was prepared for the ATSB. This is the first of a program of reports which NISU is contracted to provide for that agency, and the first of an annual series on Indigenous transport injury. In addition to providing a uniquely detailed description of the extent and circumstances of transport injury, this report provides baseline information for targeted transport safety programs. Other collaborative work on this topic, funded by the ATSB separately from the NISU program, is enabling more detailed investigation of factors influencing safe travel for Indigenous people, initially in South Australia. NISU personnel were invited by the ATSB to contribute to the Third Indigenous Road Safety Forum, in Broome in October 2006.

Fast **FACT**

Injury

About 2% of Australians aged 65 years and older, rising to 10% of those aged 90 and older, are admitted to hospital each year due to fall-related injuries, most often hip fractures. These cases accounted for 4.3% of all hospital discharges for this age-group in 2003–04, but for 10.9% of their hospital bed-days, reflecting the long hospital stays often required for fall injuries.

National Perinatal Statistics Unit (University of NSW)

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

Australia's mothers and babies 2004
Assisted reproduction technology in Australia and New Zealand 2004
Maternal deaths in Australia 2000–2002
*Smoking and pregnancy**

DATA COLLECTIONS MANAGED

National Perinatal Data Collection

Australian Birth Anomalies System

Congenital Malformation Data System

Australia and New Zealand Assisted Reproduction Database (ANZARD)

Assisted Conception Data Collection

National Maternal Deaths Data Collection

DATA DEVELOPMENT WORK UNDERTAKEN

Preparation of submissions to the Statistical Information Management Committee and the Health Data Standards Committee for new data elements in the Perinatal National Minimum Data Set and *National health data dictionary*, and changes to data elements.

Development of a National Minimum Data Set for the congenital anomalies system. Development of national standard maps for classification of conditions. Development of user guides for data sets held by the National Perinatal Statistics Unit.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Development of an options paper on the future directions of maternal morbidity and mortality.

Development of an options paper on the potential and possibility to collect national data on newborn screening and prenatal diagnosis.

With support of, and funded by, NHMRC, the first national survey on embryo disposition was conducted between October 2006 and March 2007. The result of this survey will be disseminated in the next financial year. The main outcome from this survey is to re-develop ANZARD with additional data on embryo usage and become a population-based assisted reproductive technology (ART) data collection. The new collection will be able to report annually and nationally on embryo disposition by using routinely collected ART data.

ACHIEVEMENTS

The report on smoking and pregnancy was the first national report on the perinatal status of mothers who smoked while pregnant. This report covered five states and territories (that collect comparable data) and successfully raised awareness of the association between smoking in pregnancy and poorer perinatal outcomes.

The findings reinforce the value of having routinely collected national perinatal data for monitoring of perinatal outcomes and their role in evaluating primary interventions such as smoking cessation programs. The publication of the report has been in conjunction with a targeted program of data development of nationally agreed items on smoking in pregnancy.

In addition, the fourteenth report on Australia's mothers and babies presented data based on the preliminary maternal indicators proposed by the national Maternity Indicators Project for measuring perinatal outcomes. This inclusion in the national report was to allow national dissemination and to support the future development of these important safety and quality measures. The report also included a new chapter on first-time mothers and their babies. It reported that the average age of first-time mothers was 28.0 years, an increase from 26.5 years in 1995.

A national survey on embryo disposition has been completed and briefing documents on the feasibility of enhancing ANZARD to be able to better monitor embryo disposition prepared.

The National Perinatal Statistics Unit (NPSU) has re-developed and re-launched its website in April 2007, according to the University of New South Wales Branding Guidelines. The new website has a new structure aiming at helping website visitors or viewers to find relevant information more easily. It has been well received, although there is no comparable statistics available at the moment because the old site did not provide statistics on access. It is planned to more closely monitor the access of and activities on the website so that the website can be served as an important portal for NPSU in providing statistical information on perinatal health to communities and professionals.

Work on the *Congenital anomalies in Australia 1998–2001* report commenced during this period. This has been a complex process as it has entailed collaborative work on mapping, and work towards development of a minimum data set and clinical definitions. Work on the new Australian Congenital Anomalies System is ongoing with a user guide on how to use congenital anomalies data being developed and compilation of the 2002 and 2003 data and preparation of the report underway for release in the next financial year.

Fast **FACT**

Perinatal health

Smoking and pregnancy — smoking is associated with poorer perinatal outcomes and is a risk factor for pregnancy complications. In 2003, 17.3% of women who gave birth smoked while pregnant in New South Wales, Western Australia, South Australia, the Australian Capital Territory and the Northern Territory. The proportion of live born low birthweight babies of mothers who smoked was 10.6%, twice that of babies of mothers who did not smoke (5.1%).

Dental Statistics and Research Unit (University of Adelaide)

AIHW PUBLICATIONS RELEASED

Service patterns by reason for visit: research report no. 30

Oral health status of middle-aged adults: research report no. 31

Socioeconomic differences in children's dental health: The Child Dental Health Survey, Australia 2001

Australia's dental generations: the National Survey of Adult Oral Health 2004–06

DATA COLLECTIONS MANAGED

National Survey of Adult Oral Health

National Dental Telephone Interview Survey

Child Dental Health Survey

Adult Dental Programs Survey

Longitudinal Study of Dentist Practice Activity

National Dental Labour Force Data Collection

Dental Satisfaction Survey

Oral Health of Special Groups Data Collection

Study of Dental Services and Treatment Factors

DATA DEVELOPMENT WORK UNDERTAKEN

Redesign of the Child Dental Health Survey.

ACHIEVEMENTS

The Dental Statistics and Research Unit (DSRU) conducted the National Survey of Adult Oral Health (NSAOH), Australia's second dental examination survey of a nationally representative sample of adults. NSAOH supplements the DSRU's National Dental Telephone Interview Survey. The NSAOH was conducted in collaboration with state and territory health departments. Results were published in the report *Australia's dental generations: the National Survey of Adult Oral Health 2004–06,* which was launched by the Federal Health Minister, The Hon. Tony Abbott in March 2007. A third data collection component via a mailed questionnaire continued into 2007. The National Dental Telephone Interview Survey 2005–06 data set has also been cleaned and analysed so as to build the time series of such surveys from 1994, 1995, 1996, 1999, 2002 and 2005–06. This series of interview surveys is valuable in analysing change in self-reported oral health and access to dental care.

The DSRU is collaborating with state and territory health departments in the redesign of the Child Dental Health Survey (CDHS). Issues of sample size and representativeness of the

data, precision of the measurement of caries experience and linked sociodemographic data are all being addressed. Several demonstrations of new methodologies are underway in New South Wales (NSW Child Dental Health Survey 2007) and in Western Australia. Some change is being aided by adoption of common electronic records among school dental services.

A specific research project, the Child Oral Health Study, has been linked to the CDHS in four states. This study aims to examine the association of exposure to fluoride and caries experience. Data have been collected by dental examination and parental questionnaire on approximately 18,000 children in South Australia, Victoria, Tasmania and Queensland. These data have been prepared, cleaned and analysis has commenced. A substudy has focused on fluoride exposure, dental fluorosis and caries.

Data on the oral health of adults attending the public dental services for dental care are collected through the Adult Dental Programs Survey. These data are collected every 5 years and efforts to gain data from all states and territories have been underway throughout 2006.

Issues surrounding the size and distribution of the dental labour force are prominent in the dental profession and Australian universities. The DSRU has updated baseline estimates of supply through the National Dental Labour Force Data Collection. Further, a report on possible projections for both supply and demand for dental visits has been prepared. These were presented to a meeting of the Committee of Heads and Deans of Dental Schools and to the Monitoring Group for the National Oral Health Plan 2004–2013 which reports to the Australian Population Health Development Principal Committee of the AHMAC.

The DSRU is also collating from the above data sources information to monitor a set of key performance indicators (KPIs) for the National Oral Health Plan. A DSRU-proposed set of KPIs was accepted by the monitoring group and the Australian Population Health Development Principal Committee of the AHMAC during 2006. The DSRU will track changes in the indicators against its surveillance data sets.

Fast FACT

Dental health

Young adults, members of the fluoride generation, had about half the level of decay that their parents' generation had developed as young adults.

Australian General Practice Statistics and Classification Centre (University of Sydney)

AIHW PUBLICATIONS RELEASED

General practice activity in Australia 2005–06

DATA COLLECTIONS MANAGED

The BEACH (Bettering the Evaluation and Care of Health) program, a continuous national study of general practice activity

DATA DEVELOPMENT WORK UNDERTAKEN

Transfer of the 91 general practice electronic health record (EHR) minimum data set elements into METeOR to allow further development to achieve compatibility with *National health data dictionary* and National E-Health Transition Authority (NEHTA) data elements.

Complete mapping of International Classification of Primary Care ICPC-2 PLUS (also known as the BEACH coding system) to ICD-10-AM and release of the beta version for field use.

Commencement of a contract with NEHTA for mapping of the Australian Medicines Terminology to the World Health Organization anatomic, therapeutic chemical (ATC) drug classification.

Commencement of a program to map ICPC-2 PLUS to SNOMED; a standardised health-care terminology Clinical Terms (CT) and thence to ICPC-2 and ICD-10-AM, with development of a SNOMED CT primary care subset.

Involvement in the continuing revision of ICPC-2 and planning for the development of ICPC-3 through the Wonca International Classification Committee.

Involvement in the international development of a SNOMED Primary Care subset and map to ICPC-2 through the SNOMED International Primary Care Working Group.

Continuing revision of ICPC-2 PLUS to ensure accuracy of data entry into the BEACH database and accurate data analysis.

ACHIEVEMENTS

The AIHW's collaboration with the Australian General Practice Statistics and Classification Centre at the University of Sydney provides the only source of detailed statistical information on the work of general practitioners in Australia. The centre conducts the BEACH program in collaboration with the AIHW and a consortia of private and public sector funders.

Data from the BEACH program were used in multiple AIHW publications including *Australia's health 2006*. The eighth annual report of current general practice activity (*General practice activity in Australia 2005–06*) was published as an AIHW report in the general practice series. This publication included an investigation of changes in clinical practice since 1998–99, particularly in light of the use of practice nurses to undertake the general practitioners clinical services under new Medical Benefits Schedule claimable item numbers.

fast **FACT**

General practice activity

In Australia, we spend an average 83.4 minutes per year per head of population with a general practitioner (compared with 29.7 minutes in the United States of America and 55.5 minutes in New Zealand).

Public Health Information Development Unit (University of Adelaide)

AIHW PUBLICATIONS RELEASED
*NO AIHW CATALOGUE NUMBER

*Australian and New Zealand atlas of avoidable mortality**

*Atlas of avoidable hospitalisations: ambulatory care-sensitive conditions**

ACHIEVEMENTS

Two important reports released this year are the *Australian and New Zealand atlas of avoidable mortality* and the *Atlas of avoidable hospitalisations: ambulatory care-sensitive conditions*. The reports provide information about the classifications supporting the concepts, as well as details of variations in these measures, geographically and by socioeconomic status. The data from these atlases are also available from the Public Health Information Development Unit (PHIDU) website in Microsoft Excel spreadsheets and as maps, through the interactive mapping software.

In May, population health profiles of each Division of General Practice were released: they supplement the profiles released in March 2006 and are available from the PHIDU website as hard-

copy reports, with the data available in MS Excel spreadsheets and as maps. The profiles have generated considerable interest from the divisions and other users, as they provide information for whole divisions and subareas within each division, as well as comparisons with capital city, rest of state/territory and state/territory totals. The demographic make-up, socioeconomic status, health and wellbeing of the populations of the divisions are described through tables, graphs and maps: perhaps of most interest have been the estimates of the prevalence of chronic disease and associated risk factors.

At the same time, the first online Aboriginal and Torres Strait Islander Social Health Atlas was released. The atlas provides data at three geographic levels — Office for Aboriginal and Torres Strait Islander Health (OATSIH) planning region, Indigenous area and statistical local area — with comparisons provided for states, territories and Australia. The data sets largely comprise data from the 2001 ABS Census, together with the total fertility rate and premature death rates. The inclusion of data for some variables from the 1996 Census commences a time series, with data from the 2006 Census to be added in the coming year. Other data to be included are hospital admissions (total and selected causes) and selected perinatal risk factors.

fast **FACT**

Public health information development

The largest small area database of indicators of population health in Australia is now available online on the PHIDU website, <www.publichealth.gov.au>. The interactive mapping software is easy to use, and provides links to metadata, data sets and reports.

Australian Centre for Asthma Monitoring (Woolcock Institute of Medical Research)

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

*Asthma and chronic obstructive pulmonary disease among older people in Australia: deaths and hospitalisations**

*Asthma in Australia: findings from the 2004–05 National Health Survey**

*Patterns of asthma medication use in Australia**

*Survey questions for monitoring national asthma indicators**

DATA DEVELOPMENT WORK UNDERTAKEN

Publication of a web-based report with recommended survey questions to ensure consistency in the data collected to monitor core national asthma indicators.

Delivery of a draft implementation plan to investigate underutilisation of inhaled corticosteroids in Australia.

Provided input to the ABS on an asthma question module for the 2007–08 National Health Survey.

Input into the design of a quantitative study on the needs of people with asthma in New South Wales for the Asthma Foundation of New South Wales.

Demonstration of how the Pharmaceutical Benefits Scheme (PBS) database, with the inclusion of patient Medicare number, can be used for the investigation of medication use for other conditions.

ACHIEVEMENTS

The AIHW has continued to support development of information on asthma through its collaboration with the Australian Centre for Asthma Monitoring (ACAM).

ACAM has published four substantive reports and presented important findings at scientific meetings in Melbourne, Canberra and Auckland during the reporting period.

This year ACAM published information on obstructive lung disease in Australians aged 55 years and over in the report *Asthma and chronic obstructive pulmonary disease among older people in Australia: deaths and hospitalisations*.

The ACAM also published a recommended module of questions for monitoring asthma indicators in health surveys. These recommendations resulted from a thorough review and development process that involved a systematic review of relevant literature, consultation with experts in asthma, and cognitive and reliability testing of questions. It is envisaged that the recommended survey questions in the online report *Survey questions for monitoring national asthma indicators* will help ensure consistency and enable comparability in the data collected to monitor core national asthma indicators.

After many months of difficult and challenging analyses, the ACAM published *Patterns of asthma medication use in Australia*, which reported on the first study to use national data from the Pharmaceutical Benefits Scheme (PBS) to investigate the patterns of asthma medication use in Australia since the

inclusion of demographic information in the PBS database in 2002. The ACAM identified that most people who use inhaled corticosteroids use them intermittently, even though guidelines recommend that these drugs be used regularly by those who need them. The report also raised the possibility that the price charged to general asthma patients represents a barrier to the use of inhaled corticosteroids. The methods used by the ACAM in this study are likely to be useful to researchers investigating medication use for other conditions and diseases.

The final report published by the ACAM this year presented results from the 2004–05 National Health Survey, conducted by the ABS, the only nationwide source of self-reported information on asthma, its management, quality of life and health-related behaviours. *Asthma in Australia: findings from the 2004–05 National Health Survey* showed a reduction in the burden of asthma in Australia between 2001 and 2004–05, with a reduction in prevalence coupled with better self-reported health and less asthma-related days off work. However, the report brought to light a number of areas in which socioeconomic disparities are widening, including the gap in asthma prevalence between people residing in the most advantaged and most disadvantaged localities.

The online, html version of ACAM's signature report *Asthma in Australia* continued to receive hits from all over the world with over 4,200 unique visitors each viewing three chapters on average during the reporting period.

fast FACT

Asthma

The burden of asthma in Australia has reduced and there have been some improvements in the management of the disease, although socioeconomic disparities in relation to asthma are widening.

Welfare and Housing Group

Housing and Homelessness Cluster

In mid-2006, the Housing and Homelessness Cluster was formed as part of the Welfare and Housing Group. The cluster brings together the Housing Assistance Unit, The Supported Accommodation and Crisis Services Unit and a newly formed Housing Data Analysis Unit. The cluster was developed to enhance the AIHW's role in producing statistics, analysis and information on housing and homelessness and in particular, is intended to develop statistics and information relating to the links between the two sectors.

Housing assistance

AIHW PUBLICATIONS RELEASED

Public rental housing 2005–06: Commonwealth State Housing Agreement national data report

State owned and managed Indigenous housing 2005–06: Commonwealth State Housing Agreement national data report

Community housing 2005–06: Commonwealth State Housing Agreement national data report

Crisis Accommodation Program 2005–06: Commonwealth State Housing Agreement national data report

Home purchase assistance 2005–06: Commonwealth State Housing Agreement national data report

Private rent assistance 2005–06: Commonwealth State Housing Agreement national data report

Community housing data collection 2004–05: results for the trial collection of unit record level dwelling and organisation administrative data

Community housing data collection 2005–06: results for the trial collection of unit record level dwelling and organisation administrative data

Public and state owned and managed Indigenous housing 2005–06: Commonwealth State Housing Agreement national data user guide

DATA COLLECTIONS MANAGED

National CSHA (Commonwealth–State Housing Agreement) Public Rental Housing Data Collection

National CSHA State Owned and Managed Indigenous Housing Data Collection

National CSHA Community Housing Data Collection

National CSHA Crisis Accommodation Program Data Collection

National CSHA Private Rent Assistance Data Collection

National CSHA Home Purchase Assistance Data Collection

National Social Housing Survey of Public Rental Housing Tenants

National Social Housing Survey of Community Housing Tenants

DATA DEVELOPMENT WORK UNDERTAKEN

Continued to implement the strategy for improving the quality, coverage and consistency of community housing data under the 2003 CSHA, including:

- implementation of recommendations in the 2004–05 trial of unit record level dwelling and organisation administrative data
- working with individual jurisdictions to identify actions that could be taken to improve the quality and coverage of their community housing data.

Reviewed, developed, analysed and implemented modifications initially requested by the National Housing Data Agreement Management Group (and subsequently endorsed by the National Committee for Housing Information) to summary items and performance indicators for national reporting of CSHA public rental housing and state owned and managed Indigenous housing data collections.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The 2006–07 financial year was characterised by significant change for both the external and internal management and funding arrangements for the Housing Assistance Unit. In August 2006, the Housing Ministers' Advisory Council (HMAC) dissolved the National Housing Data Agreement Management Group, the National Indigenous Housing Information and Implementation Committee and their various subcommittees and formed the National Committee for Housing Information (NCHI) with an associated single workplan and budget.

ACHIEVEMENTS

All tasks on the 2006–07 work program were met on time and completed to a high standard. This included the completion of the Crisis Accommodation Program, private rent assistance and home purchase assistance collections, which were only agreed by HMAC in April 2007.

Changes were made to the structure of the six CSHA reports, in particular the incorporation of a new summary section at the

start and the streamlining of the data tables. The NCHI noted that these changes were a big improvement to previous years, making the data more accessible.

There was a greater media interest in the reports of the three larger collections, including radio interviews relating to all three reports.

A new statistical analysis system-based approach for the checking and analysis of household-level data for community housing was developed. This will result in data of greater reliability for those jurisdictions that employ this approach in the 2006–07 collection. It will also mean that the processing and editing of the three major collections are becoming similar where data items and concepts align.

The Unit continued to develop jurisdiction-specific methodologies for identifying 'income units' within households for the public rental housing and state owned and managed Indigenous housing data collections. It is possible that seven jurisdictions will be able to report against income units for 2006–07.

The Unit continued to work with jurisdictions to align a number of specific data items in the mainstream and targeted Indigenous public rental housing collections; for example, income source (now maps fully with the ABS standard) and mapping of priority allocation codes to the greatest need standard.

A waiver of the NCHI signoff of CSHA data for the preliminary version of the Report on Government Services was negotiated between the NCHI and the Housing Working Group secretariat. This has freed up time to ensure data and associated footnotes for the final report are of the highest quality.

The formation of the Housing and Homelessness Cluster has provided opportunities for unit members to work in new and emerging areas. For example: the development and testing of a new tool to identify/manage high and complex needs clients presenting to homelessness services; mapping FaCSIA data sets with a view to undertaking analysis of clients with high and complex needs; and the analysis of mainstream and targeted Indigenous public housing data as part of the work requested by housing ministers to inform ongoing negotiations of the new CSHA.

The AIHW has received agreement from the Policy Research Working Group (under HMAC) to attend its meetings for items that are relevant to the NCHI and/or the work program of the AIHW. This will assist us in ensuring that our work reflects current and emerging policy issues.

fast **FACT**

Housing assistance

Families with children account for only 28% of all households in public rental housing; dwellings are most likely to be occupied by a single adult (49%).

Housing Data Analysis Unit

DATA COLLECTIONS MANAGED

Australian Government Housing Data Set

DATA DEVELOPMENT WORK UNDERTAKEN

Development of measures of rent setting and subsidies for social housing tenants.

Development of concepts and measures of high and complex needs tenants and persons.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Undertook the modelling of rent setting options for social housing tenants for the HMAC consideration of options for the renegotiation of the CSHA.

ACHIEVEMENTS

The success of the rent setting modelling work was raised by the AIHW Board as a significant achievement and a substantial contribution to the renegotiation work on a future CSHA.

fast **FACT**

Housing data analysis

If rebated public housing was not part of the 2008 CSHA there would be 197,000 more low-income households paying more than 25% of their income in housing costs in Australia — this represents 2.7% of all Australian households.

Supported Accommodation and Crisis Services Unit

AIHW PUBLICATIONS RELEASED

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Australia

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 New South Wales supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Victoria supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Queensland supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Western Australia supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 South Australia supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Tasmania supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Australian Capital Territory supplementary tables

Homeless people in SAAP: SAAP National Data Collection annual report 2005–06 Northern Territory supplementary tables

Homeless SAAP clients with mental health and substance use problems 2004–05: a report from the SAAP National Data Collection

Demand for SAAP assistance by homeless people 2004–05: a report from the SAAP National Data Collection

Demand for SAAP accommodation by homeless people 2004–05: a report from the SAAP National Data Collection

Homeless children in SAAP 2004–05

Homeless children in SAAP 2004–05: summary findings

DATA COLLECTIONS MANAGED

Supported Accommodation Assistance Program (SAAP) Client Collection

SAAP Administrative Data Collection

SAAP Demand for Accommodation Collection

DATA DEVELOPMENT WORK UNDERTAKEN

The Unit has worked with SAAP administrators to redevelop the SAAP Administrative Data Collection to improve the consistency of information collected about SAAP agencies.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

In December 2006, the Supported Accommodation and Crisis Services (SACS) Unit was contracted by the Victorian Office of Housing to pilot, implement and provide ongoing management of the Victorian Homelessness Data Collection.

This initiative seeks to integrate reporting across the three major programs of the Victorian Homelessness Strategy.

The SMART 6 Implementation Team was established in association with the SACS Unit in March 2007 to manage the development and pilot testing of SMART 6, a new data capture software tool developed as part of the SAAP national information system. The team is a cross-institute group using skills from across the various units.

In May 2007, the SACS Unit entered into an agreement with the New South Wales Department of Community Services Non Government Organisation Training Program (NGOTP). Under this agreement, NGOTP staff will be trained and supported by the SACS Unit to deliver training in the SAAP Management and Reporting Tool (SMART) throughout New South Wales.

ACHIEVEMENTS

Substantial redevelopment of the SAAP electronic data collection instrument, SMART, continued during 2006–07. Work has continued throughout the year to link SMART to METeOR. This will promote the use of national data standards when SAAP agencies collect data for their own purposes that are additional to the SAAP Core Data Set.

The SACS Unit has completed work to enable the piloting and evaluation of the three modules of the Victorian Homelessness Data Collection. This project incorporates work by the SMART 6 Implementation Team to develop and pilot test SMART Version 6.

In 2006–07, the Unit contributed to the development and pilot testing of an innovative Indigenous-specific data collection training package. The package includes a training DVD produced by FaCSIA with the assistance of SACS Unit staff. The package was developed to address non-participation by Indigenous services (including those in remote areas) and to improve data quality.

The Unit published the first set of annual statistics (a national report and eight state and territory reports for the reporting year 2005–06) using the revised SAAP Client Collection (the Core Data Set). The collection now has a reduced set of questions with refined data definitions, and a new statistical linkage key aligned with other community services collections.

Reports were also produced for each of the 1,300 contributing agencies about their clients for 2005–06 (in November 2006) and for the 6 months to 31 December 2006 (in May 2007). These agency reports were redeveloped to incorporate the new Core Data Set, and were produced in a new user-friendly format. In addition, several new derivations of the data were included in the reports (for example, number of active support days).

The SACS Unit published two innovative reports on particular client groups of interest to current policy work: *Homeless children in SAAP 2004–05* and an accompanying summary findings bulletin were published in August 2006; and *Homeless SAAP clients with mental health and substance use problems 2004–05* was published in March 2007.

fast **FACT**

Supported accommodation

In 2005–06, 1 in every 57 Australian children aged between 0 and 4 years accompanied a parent or guardian to a Supported Accommodation Assistance Program agency.

Ageing and Aged Care Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

Residential aged care in Australia 2005–2006: a statistical overview

Aged care packages in Australia 2005–2006: a statistical overview

*Dementia in Australia: national data analysis and development**

*National evaluation of the Aged Care Innovative Pool Disability Aged Care Interface Pilot: final report**

*National evaluation of the Retirement Villages Care Pilot: final report**

*National evaluation of the Aged Care Innovative Pool Dementia Pilot: final report**

*Veterans on Community Aged Care Packages: a comparative study**

DATA COLLECTIONS MANAGED

The Ageing and Aged Care Unit does not collate any data collections, but maintains, documents and analyses national data on residential aged care, community aged care packages, extended aged care at home, extended aged care at home dementia and home and community care.

DATA DEVELOPMENT WORK UNDERTAKEN

Assessment of dementia data available through key survey and administrative data sources.

Development of recommended data elements for data collection about dementia.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The Ageing and Aged Care Unit, together with Dr Diane Gibson, is a participating member of the primary Dementia Collaborative Research Centre led by Professor Henry Brodaty. The AIHW leads the Transitions in Care node whose members include researchers from the University of New South Wales and the University of Queensland. The node is conducting a systematic review of existing published evidence in this area.

The Unit collaborated with the Office for an Ageing Australia within DoHA, the Australian Research Council (ARC)/NHMRC Research Network in Ageing Well, the Office of the Australian Safety and Compensation Council, FaCSIA, and the Department of Veterans' Affairs to organise and present the Building Ageing Research Capacity (BARC) Colloquium at the National Museum of Australia in July 2006.

Work commenced on the Care Pathways of Older Australians project. This 3 year project has funding support from the NHMRC. It is being undertaken in conjunction with the AIHW's Community Services Integration and Linkage Unit together with leading researchers from La Trobe University and the University of Queensland. The project will provide insights into patterns of aged care service use by older people with dementia, cardiovascular disease and arthritis.

ACHIEVEMENTS

The Unit completed three major evaluation reports which contributed to policy debate and/or formulation in relation to community-based services for people with dementia; access to aged care packages by people living in retirement villages; and the aged care service needs of people with disabilities which manifested before age 65. Data collection tools and instruments developed for the evaluation projects have been made available to a number of researchers, thus contributing to improved data consistency and the use of data standards in this area.

The comprehensive report about the prevalence and experience of dementia assessed existing Australian data and provided direction to improving the consistency and quality of national data. The report has met a need for more information

in this area — over 60 copies of the report have been sold and there have been more than 53,000 requests to download an electronic version of the report in 4.5 months.

The BARC Colloquium in July was attended by 120 of Australia's leading researchers, policymakers, advocates and practitioners to address the need for improvement in the translation of ageing research evidence into policy and practice. The strong attendance at the event reflects the success of the BARC process in engaging a wide range of relevant policy areas with the ageing research and policy agenda.

The Unit again produced two timely annual reports about residential aged care and aged care packages in the community. These publications are a major source of publicly available information about aged care in Australia and are highly valued and used by service providers and researchers.

Unit staff actively increased awareness of its publications and data through presentations at conferences and seminars attended by researchers, students, service providers, health and welfare practitioners and advocacy and community groups.

Fast **FACT**

Ageing and aged care

In 2003, an estimated 690,000 older Australians living at home received assistance with daily living from relatives and friends.

The number of people with dementia is expected to increase to almost 465,000 by 2031.

Children, Youth and Families Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

*Child protection and out-of-home care performance indicators**

Adoptions, Australia 2005–06

Child protection, Australia 2005–06

Final report on the development of the Children's Services National Minimum Data Set

Young Australians: their health and wellbeing 2007

Young Australians: their health and wellbeing 2007: selected highlights

*Educational outcomes of children on guardianship and custody orders: a pilot study**

DATA COLLECTIONS MANAGED

National Adoptions Data Collection

National Child Protection Data Collection

DATA DEVELOPMENT WORK UNDERTAKEN

Linked data between children on guardianship and custody orders and their educational outcomes.

Assisted the Protection and Support Services Working Group Review of Government Service Provision in the development of new effectiveness indicators for child protection.

Developed a business plan case for the Children's Health, Development and Wellbeing Headline Indicators.

Analysis of South Australian child protection unit record data.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

Developed a business plan for the program supporting the Headline Indicators for Children's Health, Development and Wellbeing for work to commence in 2007–08.

Agreed to undertake an evaluation of a selection of projects funded by the Telstra Foundation on childhood obesity.

A joint project with the Australian Institute of Family Studies to review the comparability of a selection of child protection data items across jurisdictions.

ACHIEVEMENTS

2006–07 was a busy year for the Children, Youth and Families Unit. Our standing publications, *Child protection, Australia 2005–06* and *Adoptions, Australia 2005–06*, received considerable media interest upon their releases. The year also saw the release of our third report on *Young Australians: their health and wellbeing*, which is a widely used source of information on Australia's young people. In recognition of our expertise, the AIHW was invited by the Telstra Foundation to evaluate the community programs they funded to combat the problem of childhood obesity. The development of the business plan for the Headline Indicators was a result of clear consensus amongst the states and territories that the AIHW should have a leadership role with regard to this developmental and reporting program.

Fast **FACT**

Children, youth and families

Indigenous children on guardianship/custody orders had lower reading and numeracy scores than other children on orders. The 'Indigenous disadvantage' is notionally equivalent to about 8 to 12 months of schooling.

Community Services Integration and Linkage Unit

AIHW PUBLICATIONS RELEASED
* NEW INITIATIVE

*The ins and outs of residential respite care**

Juvenile justice in Australia 2004–05

DATA COLLECTIONS MANAGED

Juvenile Justice National Minimum Data Set (NMDS)

DATA DEVELOPMENT WORK UNDERTAKEN

The Unit has worked with data providers for the Juvenile Justice NMDS to resolve a range of data issues involved with the matching of data between years to ensure the integrity of the longitudinal data collection. It has continued working with the Juvenile Justice Data Working Group on the development of data on offences and been involved in the development of key performance indicators for juvenile justice.

INITIATIVES AND NEW BUSINESS ARRANGEMENTS

The first NHMRC grant received by the AIHW was awarded for the project Care Pathways for Older Australians with Dementia, Cardiovascular Disease and Arthritis submitted together with the Ageing and Aged Care Unit, and researchers from La Trobe University and the University of Queensland. Work has commenced on this project which will explore the care transitions and care pathways for older Australians diagnosed with one of three chronic diseases which contribute substantially to the burden of disease in Australia.

The Unit has received part-funding from the AHMAC cost-shared budget to develop a prototype publication on the movement of people from hospital to residential aged care. The project uses the AIHW event-based linkage strategy to establish and analyse a database linking hospital and residential aged care.

The Unit commenced work on a project funded by the Community and Disability Services Ministers' Advisory Council (CDSMAC) to undertake a scoping project to investigate the processes, methodology, ethical issues and analytical possibilities of linking data relating to clients of child protection, juvenile justice and SAAP.

ACHIEVEMENTS

During 2006–07, the Unit developed several enhancements in data linkage methodology that are enabling innovative analyses to provide information relevant to policy makers, by supporting whole-of-government and life transition views, especially of older Australians. Results from a comparison of data linkage strategies, carried out in collaboration with the Data Linkage Unit in WA Health, have demonstrated the utility of the AIHW event-based linkage strategy for linking hospital and residential aged care data. Work has commenced on a project to develop a prototype publication on the movement of people from hospital to residential aged care using this methodology. This methodological framework is also being further developed in the NHMRC-funded project on care pathways in older Australians and will form the basis for a range of reports analysing relationships across service sectors.

Other data linkage work in the aged care sector resulted in a report on the relationships between respite, permanent residential and community care for older people, and the completion of a comparison of health services by veterans in residential aged care with those living in the community. These two projects also demonstrated the value of this work for new and valuable analyses of service use patterns to inform policy.

After wide consultation, the Unit was responsible for developing the AIHW Data Linkage Protocol, which was finalised and approved by the Board in July 2006. This protocol has been extensively publicised both internally and externally, and this has increased the confidence of data providers and other stakeholders that privacy is being safeguarded throughout the data linkage process.

The Unit has worked with jurisdictions in continuing to improve the data quality of the Juvenile Justice NMDS. The second report on the 2004–05 data has expanded considerably on the material in the first report. In particular, a new summary measure of average daily numbers of young people in detention and community supervision has been developed, which has proved useful in providing simple explanations of the data. The awareness and use of the Juvenile Justice NMDS has grown considerably as shown by an increase in enquiries, visits to the webpage and number of citations.

Fast **FACT**

Community services integration and linkage

Among users of residential respite care, the use of community services (home and community care or community aged care packages) appears to delay entry into permanent residential aged care: 46% of people who use respite but no community services in one quarter are admitted to permanent care by the end of the next quarter, compared with 35% of people who also access community care services.

Fast **FACT**

Juvenile justice

In 2004–05, the rate of juvenile justice supervision for young people aged 10 to 17 years was 22 times greater for Aboriginal and Torres Strait Islanders than other Australians.

Chapter 3
Business management

Discussion of the financial statements

In 2006–07, the AIHW's appropriation funding from the Australian Government was $8.625 million, an increase of 0.9% on the previous financial year. Revenue from externally funded projects totalled $16.300 million, an increase of 13.7% from the previous year.

The AIHW recorded a deficit of $324,000 for the financial year. $185,000 of this deficit was due to a one-off asset write-down following an independent asset valuation at 30 June 2007. The valuation actually increased total asset values by $147,000, but because some asset classes decreased in value while others increased, the decreases of $185,000 had to be expensed, while the increases of $332,000 were credited to the asset revaluation reserve as required by Australian accounting standards.

Before the revaluation write-down, the AIHW recorded a deficit of $139,000 for the year. This small deficit was due to the cost of appropriation funded work increasing faster than appropriation revenue. The size of the AIHW databases and the complexity of data analysis has increased substantially in recent years resulting in increased costs despite significant efficiency gains.

Cash and term deposits totalled $7.1million, an increase of $2.2m from the previous year. This was due to an increase in the amount of contract revenue received in advance of services provided and very low capital expenditure during the year.

The AIHW has received ministerial approval to budget for a deficit of $730,000 in 2007–08.

Communicating to stakeholders

Getting the messages out better

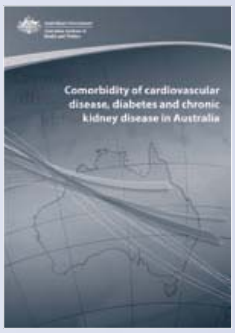
In line with this strategic direction from the new corporate plan, a new internal Publication Planning and Production Advisory Committee was formed to advise on best practice in developing, writing and producing publications and other products, including website content. A key driver for this committee is the need to deliver our messages clearly in a style appropriate to our various stakeholders, clients and members of the broader community.

Case study

Case study — new look for AIHW reports

After many years of faithful service, AIHW's standard cover design has been updated. Composed of arcs, gradients and the familiar diamonds, the design is fresh but familiar.

Developed in-house by our graphic artist, the new cover includes elements that can be used across all AIHW print publications. The arc at the top of the cover is one of these special elements, and is used on all book covers, bulletins, *Access* magazine and other corporate material. The use of these elements across a full range of AIHW material promotes a distinctive brand.



Number of publications and reports produced

During the year, AIHW released a record 140 publications, averaging 107 pages and with 62 media releases. This constitutes 6% growth in reports over the preceding year and is the largest number of reports ever produced by the AIHW in one year. Published output included substantive reports, bulletins, working papers and 'report profiles' which summarise key findings in a user-friendly format to appeal to a wide audience (see overleaf).

All AIHW publications (released at an average of two or three a week) are freely available in full text on the website when their embargo is lifted. Currently, 3,700 people subscribe to the automated publications release notification service available on the site.

Printed copies of AIHW publications can be purchased by mail order, online via the website <www.aihw.gov.au> and at a discounted price over the counter at the AIHW's premises.

Report profiles

As the result of an opportunity to have a ministerial launch of the (Internet only) *BreastScreen Australia monitoring report 2003–2004*, the Business Promotion and Media Unit developed a four-page full colour Report Profile in conjunction with the Health and Functioning Group. The result was a professionally produced marketing tool (brochure) which was very well received by readers, media and other stakeholders.

The AIHW is now looking into the potential to produce more report profiles for specific publications. Additionally, *Access* magazine will feature report profiles in future publications.

Access magazine redesign

Access magazine is a corporate communications and promotional tool for AIHW and its work. With AIHW looking to develop new business avenues such as potential funders, future partners and collaborators, and to increase the readership of AIHW reports, it seemed timely to review the quality of its content and presentation with a view to increasing circulation from its current 2,800 readership base.

As a consequence, a completely new look and feel magazine has been designed and produced. The new *Access* magazine is now published twice a year and a freelance journalist has been engaged to write feature articles for the magazine to ensure a consistent style and quality across the major written content. The first new edition was well received by readers and already circulation numbers are increasing.

Website development and usage

The AIHW's website continues to serve as a major communication channel, with an average of over 3,000 individual visitors per day. All AIHW publications are available at no charge on the AIHW's website. In addition, the site offers free access to a large number of interactive 'data cubes', which allow users to produce tailored tables or graphs to suit their needs.

Case study

Access magazine

The design

Access has been given a major overhaul with the first 'new look' issue released in May 2007. We have refocused the look and feel of *Access* away from the previous newsletter format to a more magazine-style publication, whilst at the same time bringing it into line with the new design format developed for all of our other publications. There are more photographs and graphical elements to emphasise the human face of what we do.

How often will it be published?

We have reduced the number of issues from three to two a year. *Access* will now be published around April/May and September/October each year. These times will allow us to continue using *Access* to promote our two major flagship publications and associated conferences as well as other releases and important initiatives.

The content

The new *Access* is slightly longer than previous issues with a mixture of different types of articles.

Each issue now includes feature articles on a particular issue/subject — the first one being Australia's future generation. It also includes a range of report profiles, journal articles or conference papers, news in brief and a FastFACTS page providing readers with pertinent statistics on a specific topic.

Two main articles per issue take a close look at a broad theme/topic or issue. It is hoped to try to connect our work as much as possible with case study material and real life experiences.

Distribution

Access goes out to a mailing list of 2,800 contacts and this list is being constantly built on by the Business Promotion and Media Unit.

New distribution includes DoHA and FaCSIA senior executive service (SES), press gallery, 100 copies to each collaborating unit, 10 copies to Unit Heads for networking purposes. In the same way as a corporate brochure, *Access* gives stakeholders and potential new clients a clearer picture of AIHW and its work.

Media coverage

AIHW reports receive coverage in major metropolitan newspapers and on radio stations across the country. Some television coverage is achieved for publications of exceptional interest and globally online coverage is increasing.

Period	Media releases issued	Press articles	Radio	TV	Online	Australian Associated Press
July – September 2006	19	80	394	1	44	30
October – December 2006	8	57	206	3	59	6
January – March 2007	16	36	112	1	6	4
April – June 2007	19	123	731	12	99	14
Total for 2006–07	62	296	1,443	17	208	54

The level of coverage is influenced by a number of factors including the level of current public interest in a particular topic.

The reports with the most media coverage over the year were as follows:

REPORTS (9) THAT WERE MENTIONED 50 OR MORE TIMES ON THE RADIO:

- *Statistics on drug use in Australia 2006* (185)
- *The burden of disease and injury in Australia* (107)
- *Cancer in Australia: an overview, 2006* (80)
- *Smoking and pregnancy* (69)
- *Socioeconomic inequalities in cardiovascular disease in Australia* (62)
- *Asthma in Australia: findings from the 2004–05 National Health Survey* (61)
- *Mental health services in Australia* (60)
- *Breast cancer in Australia: an overview 2006* (59)
- *Child protection Australia 2005–06* (50).

REPORTS (18) THAT RECEIVED GOOD PRINT MEDIA COVERAGE (MORE THAN FIVE ARTICLES):

- *Statistics on drug use in Australia 2006* (29)
- *Australian hospital statistics* (12)
- *Mental health services in Australia* (12)
- *The burden of disease and injury in Australia* (12)
- *Child protection Australia 2005–06* (11)

- *Australia's mothers and babies 2004* (11)
- *Dementia in Australia: a national data analysis and development* (9)
- *Alcohol and other drug treatment services in Australia 2004–05* (9)
- *Cervical screening in Australia 2003–04* (9)
- *General practice activity in Australia* (8)
- *Chronic diseases and associated risk factors in Australia 2006* (8)
- *Assisted reproductive technology in Australia and New Zealand 2004* (8)
- *A national picture of medical indemnity claims in Australia 2004–05* (7)
- *Socioeconomic inequalities in cardiovascular disease in Australia* (7)
- *Smoking and pregnancy* (7)
- *Health expenditure for arthritis and musculoskeletal conditions in Australia 2000–01* (6)
- *Disability update: children with disabilities* (6)
- *Homeless children in SAAP 2004–05* (6).

Television coverage is not as common as print and radio coverage. In 2006–07, eight reports on issues of topical interest (drug use, cancer, homelessness, asthma, and hospital and medical labour force statistics) were featured in television reports. They were:

- *Statistics on drug use in Australia 2006*
- *BreastScreen Australia monitoring report 2003–04*
- *Cancer in Australia: an overview, 2006*
- *Homeless children in SAAP 2004–05*
- *Patterns of asthma medication use in Australia*
- *Statistical snapshots of people with asthma in Australia 2001*
- *Australian hospital statistics*
- *Medical labour force 2004* and *Nursing and midwifery labour force 2004* (two reports that were released simultaneously).

The AIHW is also used as a reliable information source by members of parliament. It was cited 39 times during the year in the Hansards of both houses of parliament.

Two AIHW reports were officially launched by federal ministers this year: Minister for Health and Ageing, the Hon. Tony Abbott, launched the *BreastScreen Australia monitoring report 2003–2004*, and the Minister for Community Services, the Hon. Nigel Scullion, launched *Young Australians: their health and wellbeing 2007*.

Media training

Three in-house media training sessions for AIHW staff have been held over the past 12 months. These were conducted by the Head of the Business Promotion and Media Unit (BPMU) and an outsourced media consultant and journalist. The sessions are held over one day and include on-camera training. The sessions have been well attended and receive excellent feedback from participants. Additionally, the Head of the BPMU conducts individual tuition for staff who have impending report releases.

New embargo policy and its implications in delivering our message

At the June 2006 Board meeting, members made several decisions with respect to the publications release and embargo arrangements. The objective of those decisions was to increase the information flow to relevant state and territory departments and ministers in a controlled way, ensuring that the AIHW plays a role in a wider policy debate.

The decision has meant that state and territory departments that provide statistical information to the AIHW or who have a genuine interest in a particular report are given access to embargoed reports 3 days before general release. This has been widely applauded by our stakeholder groups and anecdotal evidence of wider media coverage at a local level is evident.

Writing skills courses and workshops for staff

Workshops are held regularly to assist staff in honing their general writing skills. During the year, a specialist Writing for the Web course was run for the first time, in recognition of the special challenges faced by staff preparing content for the website.

Seminar sessions held in house

The Business Group is responsible for holding regular in-house seminars for staff from either internal or external sources. These seminars are well attended and provide staff with important information about a wide range of topics which last financial year included, amongst others: Australia's unplanned triumph of public health; the Public Health Information Development Unit — University of Adelaide; the publishing process; The Census Data Enhancement Project; National Arthritis Day; the workload review; and Spanish influenza — Australia's greatest triumph and disaster.

Publishing and media staff presented two in-house seminars on the AIHW publishing and release processes, which have recently undergone significant changes.

Conferences attended as an exhibitor

Each year, the AIHW attends a small number of conferences as an exhibitor. These are seen as important marketing opportunities for the AIHW to promote our publications, website and other services to a wider audience. In 2006–07, the following conferences were attended by BPMU staff:

- Australian Council on Social Services National Annual Conference.
- Australasian Professional Society on Alcohol and Other Drugs conference.
- National Health and Medical Research Council conference.
- Australian Association of Gerontology National Conference.
- 2006 Biennial Health Conference (exploring and debating acute care provision).

Risk management

The AIHW has a fraud control plan that was prepared in 2004–05. The plan 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. A fraud risk assessment and an updated fraud control plan will be prepared with assistance from the internal auditors in 2007–08.

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

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

The AIHW contracts out its internal audit function. The current service provider is Acumen Alliance. During 2006–07, Acumen Alliance carried out the following internal audits:

- purchasing and accounts receivable
- financial control framework
- information and communications technology security
- physical security
- information technology change and release management.

These audits produced several recommendations for improving management of the relevant risks. Some of these recommendations have been dealt with already and others will be addressed in 2007–08. The AIHW requires all staff to sign confidentiality agreements. The auditors suggested ways of improving the filing of these agreements. These improvements were made very quickly thus demonstrating the very high priority that the AIHW puts on confidentiality.

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

During the year, the AIHW offered several training sessions in Australian Public Service values. All staff were invited to these.

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.

People

Staffing

Staff numbers remained steady for most of the year, with a noticeable increase in recruitment over the last 2 months of the year returning the overall numbers to 208, similar to 2006. Tables showing category of employment and staff by level at 30 June 2007 are shown below.

Staff by category of employment at 30 June 2007

Status	Female	Male	Total June 2007	Total June 2006
Ongoing				
Full-time	72	51	123	129
Part-time	37	5	42	28
Leave without pay	11	1	12	10
Non-ongoing				
Full-time	16	9	25	32
Part-time	4	0	4	5
Leave without pay	2	0	2	0
Total	**142**	**66**	**208**	**204**
Full-time equivalent			180	180

Staff by level at 30 June 2007

Status	Female	Male	Total June 2007	Total June 2006
Senior Executive Service Band 2	1	0	1	0
Senior Executive Service Band 1	3	2	5	3
Executive Level 2	13	14	27	24
Executive Level 1	50	22	72	72
APS Level 6	28	13	41	37
APS Level 5	22	6	28	32
APS Level 4	16	6	22	21
APS Level 3	6	3	9	12
APS Level 2	3	0	3	3
Total	**142**	**66**	**208**	**204**

Note:
1. This information is based on substantive positions.
2. 'Ongoing staff' refers to staff employed on an ongoing basis by the AIHW, including staff on transfer from other APS agencies.
3. 'Non-ongoing staff' refers to staff employed by the AIHW on contracts for specified terms and specified tasks.
4. 'Full-time equivalent' expresses the size of workforce adjusted for those who work part-time hours, and for those who are inoperative on transfer or leave without pay.
5. The number of substantive SES positions appears to have increased by three. The number of SES employees shown in last year's table was less than the number of positions because three positions were filled on an acting basis at the end of June 2006.

This year's graduate recruitment exercise attracted more applications than in 2005–06, and we recruited 10 staff through the process. Like most employers, we have had some difficulty attracting suitably qualified staff at the higher levels and are constantly seeking innovative ways of attracting staff. On a positive note, we were able to attract a number of well-qualified and experienced former AIHW and other APS staff out of retirement to take up short-term contracts.

While we are challenged to find ways of retaining staff in the current environment, more than a quarter of our staff have worked here for 8 or more years, and over 10% for 12 or more years.

Five staff were awarded their 10-year certificates at our birthday party in June 2007:

FIONA DOUGLASS
JENNY HARGREAVES
SUSHMA MATHUR
TANYA WORDSWORTH
ROBERT VAN DER HOEK

One staff member, **JOHN GOSS**, was recognised for 20 years service this year, and several others have served for between 15 and 20 years.

Director's awards for outstanding performance were initiated this year, with six staff receiving awards. They were:

FADWA AL-YAMAN
FELICITY MURDOCH
PETER NOLAN
ANN PEUT
ANDREW POWIERSKI
ADRIANA VAN DEN HEUVEL

Accommodation

The AIHW leases office space in two adjacent buildings in Bruce, ACT. While both lease agreements expired in mid-2007, the AIHW had the option to extend each lease for seven years. After consulting with staff and obtaining independent expert advice about the office market in the ACT, the AIHW decided to exercise its option to extend both leases. A market rental has been agreed for the smaller of the two buildings. The AIHW is currently talking to the owners of the Main Building about possible improvements in the services to the building. A market rental will then be agreed. As office rents in the ACT have risen sharply since the original leases were signed, the AIHW's rental costs will increase significantly in 2007–08. The AIHW is planning to make some changes to the office fitout to improve security and maximise the use of space in the Main Building in 2007–08.

Maintaining ethical standards

Ethical standards at the AIHW are upheld with its values in mind: objectivity, responsiveness, accessibility, privacy, expertise and innovation.

To reinforce the AIHW's strong commitment to its values, staff (and those with approved access to AIHW data) are required to sign an undertaking of confidentiality in relation to data held under the AIHW Act. An important part of the AIHW's induction program is a discussion, led by the Director, of the values and ethical standards under which the AIHW operates. These practices, together with our data audit programs, are designed to ensure the confidentiality of the data held. The APS values and code of conduct are regularly promoted to staff in seminars and newsletters.

A convivial workplace

The AIHW's active social, cultural and sporting environment help to both attract and retain staff. During the year, the Social Club organised several events including weighted walking and running races on Melbourne Cup Day, and conducted several fund-raising activities.

Our soccer team promotes good community spirit in the Fern Hill Park precinct, including lunchtime games with staff from neighbouring employers.

Harmony Counts, the AIHW choir, performed well this year and was a placegetter in the National Eisteddfod.

Pilates classes, held twice a week at lunch times, help keep bodies and minds supple.

Case **study**

Donating blood

The AIHW is a registered member of Club Red, a national corporate blood donation program designed for private, public and not-for-profit sector organisations that is run by the Australian Red Cross.

The AIHW currently has a registered list of nearly 40 staff who all, to differing degrees, actively donate blood. Some staff members donate regularly every 12 weeks, and some choose to donate only once or twice a year depending on their availability and health status at the time of a scheduled trip. Others donate blood in their own time.

The AIHW organises two bus trips (seating seven people) to the Canberra Donor Centre every 12 weeks. In total, there are 12 bus trips organised for staff every year.

We receive a quarterly update from the Australian Red Cross on how each registered organisation is performing in terms of ranking by sector of total donation numbers and the ratio of donations to staff. The AIHW is placed twelfth in terms of highest ratio of the 41 registered public sector organisations, representing 11.5% of staff (blood bank ratio).

AIHW Board Chair **HON. PETER COLLINS AM, QC** and AIHW Director **DR PENNY ALLBON** celebrate at the Institute's 20th birthday lunch

Case **study**

Social life at AIHW

Harmony Counts

The AIHW's choir, Harmony Counts, has a small but dedicated membership, with around 15–20 members participating in various activities during 2006–07. The choir sang at the AIHW Christmas party and AIHW birthday celebrations, and also competed in the National Choir Eisteddfod, winning third prize in the open choir category. Upcoming events for the choir include Floriade and further public Christmas appearances.

Hand tennis

The old schoolyard favourite game, variously known as hand-tennis, handball or downball has made a comeback at AIHW. The AIHW's undercover car park makes a perfect venue for this nostalgic lunchtime activity, which attracts a diverse group of people from across theAIHW. Whenever a game is held, laughter, fun and good-natured competition is sure to be found.

Soccer

For several years, AIHW staff members have been participating in weekly soccer games with other agencies in the Fern Hill Park precinct. The games are played very socially and present an opportunity for staff to get to know each other outside the work environment. Participation rates vary from an all-time high of around 13-a-side teams during the World Cup down to around 4-a-side when the weather gets warmer. The highlight of the soccer calendar was when AIHW defeated a Telstra team in what will hopefully become an annual game.

AFL

A number of staff also participate in a weekly modified version of Australian Rules Football in which physical contact is limited but is still played competitively and, at times, passionately. This regular outing presents a great opportunity to discuss the finer details of the weekend AFL matches and is an opportunity for staff to hone their verbal jousting skills.

Sensitivity in handling grievances

AIHW procedures for dealing with grievances are outlined in our Certified Agreement which is available on the intranet.

- All staff are encouraged to discuss grievances with their manager in the first instance.
- Workplace Harrassment Contact Officers have been appointed to help staff.
- All staff members have access to professional counselling through an external Employee Assistance Program. Details of this arrangement are available to all staff on the AIHW intranet and from the human resources area.

Personal and professional development

The Learning and Development Advisory Committee (LDAC) oversights learning and development programs. As in previous years, opportunities were offered in specialist statistical skills, Statistical Analysis System (SAS), and data linkage; as well as more general leadership and management skills, facilitation and negotiation, time-management and writing skills. In response to the strategic directions outlined in our 2007–2010 Corporate Plan, the LDAC has set up a working group to advise on statistical and analytical methods. This group will commence work in July 2007.

The AIHW's work requires everyone to have a sound understanding of ethics, especially in relation to the use of data, and a seminar on ethics was well attended. To assist staff to understand the relevance of APS values to their own work, all were encouraged to attend one of the half-day workshops that were held several times during the year.

The year saw progress with a number of initiatives agreed to in the 2005–08 Certified Agreement negotiations, the most high profile being the Workloads and Work/Life Balance Review. The Review process included wide consultation with all staff and its report included 47 recommendations. After consultation with the Executive and the Consultative Committee, the Director provided staff with her response to the review recommendations in late June. Work has already commenced on implementing the recommendations.

Also in response to commitments made in the 2005–08 Certified Agreement negotiations, and following further consultation with staff through the Consultative Committee, we have strengthened our performance management system. The new procedures require formal feedback sessions twice a year at set times across the organisation and will come into effect in August 2007.

Case **study**

Workloads and work/life balance review

In response to concerns expressed by staff during negotiations for the 2005–08 Certified Agreement, the AIHW made a commitment to undertake a review of work/life balance during the life of the agreement.

Under the auspices of the AIHW's Consultative Committee, a working party was formed to undertake the review. The working party's key task was to make recommendations about means of ensuring that workloads and work/life balance at the AIHW are not excessive, that working arrangements are flexible, and that all staff have access to comparable arrangements for managing workload and work/life balance.

To ensure the broadest possible perspective, working party members were drawn from all levels and to avoid the possibility of the review process itself adversely affecting the work/life balance, a 'shadow' was nominated for each working party member to share the load.

The working party commenced work in August 2006 and delivered its report to the Director at the end of March 2007.

In recognition of the fact that work/life balance is influenced by more than hours worked, the working party, after initial consultation with staff, decided that discussion of the issues would be structured around four main clusters of issues:

- 'supply-side' issues — how staff worked, why some areas had excessive flex, and different working patterns (i.e. part-time and shared roles) that units use to address their supply issues
- 'demand-side' issues — the effect of contract and tender preparation and timelines on staff work/life balance and other project work; and the pressures of working on externally-funded projects
- system and infrastructure issues — the issues associated with providing business support to units; topics included information technology systems, publication templates and finance reporting
- culture and behaviour issues — different team, supervisor and individual behaviour and good/bad practices and ways to share experience. It also noted the effect of a 'culture of excellence' on workloads.

Several staff seminars and some targeted budget and financial management workshops were held to obtain staff views and working party members spoke individually with staff. The final report included 47 recommendations. The key areas covered by the recommendations were:

- better management of individuals' working hours — including that the flextime system be reviewed to ensure supervisors understand their staff members' workloads and that any underlying issues are dealt with in a timely manner

- flexible working patterns — including acknowledgment that when staff move from full-time to part-time work, they do not have to continue to undertake all the duties of their full-time position, and that the impact of part-time and job-sharing positions on the overall work of a unit be assessed regularly
- tenders, grant applications and project proposals — ways of managing the concentrated workload required to prepare such documents were suggested
- publishing — ensuring all staff understand publication pressure points and the impact of their timelines on others
- share experience — several recommendations suggested ways of sharing knowledge, materials and experiences.

The Director responded to the report at the end of June 2007 and has tasked the Deputy Director with ensuring that the recommendations are implemented. Progress with implementation will be reviewed in 12 months' time. This commitment can only help improve the work/life balance for AIHW staff.

Occupational health and safety

Safe working practices are covered by the AIHW Occupational Health and Safety (OH&S) Agreement that recognises our legal responsibility to ensure that the workplace and staff work practices are healthy and safe. The agreement is accessible to staff on the intranet, which also provides advice on a range of OH&S issues.

The OH&S Committee met four times during the year. Committee activities this year included finalising a new first aid policy, monitoring incidents, and keeping abreast of changes to OH&S legislation. The committee commenced work towards developing a pandemic/influenza readiness plan and also arranged for all staff to be advised about the need to exercise good judgement when deciding whether they should come to work when feeling unwell.

Professional occupational therapists were engaged to assess individual workstations for many staff, regular workplace inspections were conducted, and repairs and maintenance were undertaken as required.

There were no incidents requiring notice to be given under s. 68 of the *Occupational Health and Safety Act 1991*.

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

Environmental performance and contribution to ecologically sustainable development

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

- recycling toner cartridges
- providing recycling bins in kitchens
- encouraging staff to regularly recycle paper at their workstations
- providing amenities for staff who ride bicycles to work.

Late in the year, a Green Group was set up to examine other options to further reduce our environmental impact.

Commonwealth Disability Strategy

The AIHW makes every effort to ensure that all its policies and procedures comply with the principles of the *Commonwealth Disability Strategy*. For example:

- Our website advises people applying for positions at the AIHW to let us know if they have any form of disability that requires special assistance. Managers and selection advisory committees are required to demonstrate attitudes and practices that support members of designated groups applying for, securing, and maintaining employment.
- Fire warden training pays particular attention to the needs of people whose mobility is impaired.
- Handrails and a ramp have been installed to improve access to our premises.
- A number of car parking spaces have been dedicated for both staff and visitors with a disability.

Appendixes

1 Financial statements 101

2 Legislation 140

3 Regulations 170

4 AIHW Charter of Corporate Governance 172

5 Board members 2006–07 183

6 Freedom of information 188

7 Compliance with the Commonwealth Authorities Compliance Act 1997 annual report requirements 190

8 Collaborations and partnerships for the purpose of data sharing 193

9 Unit Heads 196

10 Publications 200

11 Participation in national committees as chair and/or secretariat 221

12 Abbreviations 223

Appendix 1 — Financial statements

Australian National
Audit Office

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 (the Institute) for the year ended 30 June 2007, which comprise: a statement by the Directors; income statement; balance sheet; statement of changes in equity; cash flow statement; schedules of commitments and contingencies; a summary of significant accounting policies; and other explanatory notes.

The Responsibility of the Directors for the Financial Statements

The Directors of the Institute are responsible for the preparation and fair presentation of the financial statements in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997* and the Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of 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

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statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Institute'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 Institute's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Institute, 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 ethical 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,* and the Australian Accounting Standards (including the Australian Accounting Interpretations); 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 2007 and of its financial performance and its cash flows for the year then ended.

Australian National Audit Office

Carla Jago
Executive Director

Delegate of the Auditor-General
Canberra

18 September 2007

Australian Government
Australian Institute of Health and Welfare

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Bruce ACT
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STATEMENT BY DIRECTORS

In our opinion, the attached financial statements for the year ended 30 June 2007 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.

Ian Spicer, AM
Acting Chair

17 September 2007

Penny Allbon
Director

17 September 2007

Australian Institute of Health and Welfare

INCOME STATEMENT

for the period ended 30 June 2007

	Notes	2007 $'000	2006 $'000
INCOME			
Revenue			
Revenues from Government	3A	**8,625**	8,549
Sale of goods and rendering of services	3B	**16,300**	14,332
Interest	3C	**353**	280
Other revenues	3D	**8**	114
Total revenue		**25,286**	23,275
TOTAL INCOME		**25,286**	23,275
EXPENSES			
Employee benefits	4A	**15,426**	15,072
Suppliers	4B	**9,400**	7,485
Depreciation and amortisation	4C	**588**	659
Write-down of assets	4D	**187**	35
Net losses from sale of assets	4E	**9**	5
TOTAL EXPENSES		**25,610**	23,256
Surplus/(Deficit)		**(324)**	19

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

Australian Institute of Health and Welfare

BALANCE SHEET

as at 30 June 2007

	Notes	2007 $'000	2006 $'000
ASSETS			
Financial assets			
Cash and cash equivalents	5A	**7,133**	4,906
Receivables	5B	**4,601**	4,348
Total financial assets		**11,734**	9,254
Non-financial assets			
Buildings	6A,D	**1,492**	1,124
Infrastructure, plant and equipment	6B,D	**363**	573
Library collection	6C,D	**350**	501
Intangibles	6E	**478**	662
Inventories	6F	**66**	68
Other non-financial assets	6G	**377**	210
Total non-financial assets		**3,126**	3,138
Total Assets		**14,860**	12,392
LIABILITIES			
Payables			
Suppliers	7A	**920**	466
Other payables	7B	**397**	325
Contract income in advance	7C	**6,705**	4,761
Total payables		**8,022**	5,552
Provisions			
Employee provisions	8A	**4,237**	4,234
Other provisions	8B	**423**	436
Total provisions		**4,660**	4,670
Total liabilities		**12,682**	10,222
Net Assets		**2,178**	2,170
EQUITY			
Contributed equity		**1,146**	1,146
Reserves		**1,600**	1,268
Retained surpluses/(accumulated deficits)		**(568)**	(244)
Total Equity		**2,178**	2,170
Current Assets		**12,178**	9,532
Non-current Assets		**2,682**	2,860
Current Liabilities		**11,788**	9,355
Non-current Liabilities		**894**	867

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 2007

	Retained Earnings		Asset Revaluation Reserve		Contributed Equity/Capital		Total Equity	
	2007	2006	**2007**	2006	**2007**	2006	**2007**	2006
	$'000	$'000	**$'000**	$'000	**$'000**	$'000	**$'000**	$'000
Opening Balance								
Balance carried forward from previous period	**(244)**	(263)	**1,268**	756	**1,146**	1,146	**2,170**	1,639
Adjustment for errors	**-**	-	**-**	-	**-**	-	**-**	-
Adjustment for changes	**-**	-	**-**	-	**-**	-	**-**	-
Adjusted opening balance	**(244)**	(263)	**1,268**	756	**1,146**	1,146	**2,170**	1,639
Income and Expense								
Income and expense recognised Directly in Equity	**-**	-	**332**	512	**-**	-	**332**	512
Sub-total income and expenses recognised directly in equity	**-**	-	**332**	512	**-**	-	**332**	512
Surplus (Deficit) for the period	**(324)**	19	**-**	-	**-**	-	**(324)**	19
Total income and expenses	**(324)**	19	**332**	512	**-**	-	**8**	531
Transactions with Owners								
Distributions to owners								
Return on Capital: Dividends	**-**	-	**-**	-	**-**	-	**-**	-
Contributions by Owners								
Appropriation (equity injection)	**-**	-	**-**	-	**-**	-	**-**	-
Restructuring	**-**	-	**-**	-	**-**	-	**-**	-
Sub-total Transactions with Owners								
Closing balance at 30 June	**(568)**	(244)	**1,600**	1,268	**1,146**	1,146	**2,178**	2,170

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 2007

	Notes	2007	2006
		$'000	$'000
OPERATING ACTIVITIES			
Cash received			
Goods and services		**19,692**	16,211
Appropriations		**8,625**	8,549
Interest		**365**	266
Other		**8**	114
Total cash received		**28,690**	25,140
Cash used			
Employees		**15,563**	15,202
Suppliers		**9,860**	8,442
Net GST paid		**826**	675
Total cash used		**26,249**	24,319
Net cash from or (used by) operating activities	9	**2,441**	821
INVESTING ACTIVITIES			
Cash received			
Sale of property, plant and equipment		**1**	-
Total cash received		**1**	-
Cash used			
Purchase of property, plant and equipment		**215**	270
Total cash used		**215**	270
Net cash from or (used by) investing activities		**(214)**	(270)
Net Increase or (Decrease) in Cash Held		**2,227**	551
Cash at the beginning of the reporting period		**4,906**	4,355
Cash at the end of the reporting period	5A	**7,133**	4,906

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 2007

	2007 $'000	2006 $'000
BY TYPE		
Commitments		
Operating leases [1]	**10,146**	1,457
Other [2]	**2,776**	2,894
Total commitments	**12,922**	4,351
Commitments receivable	**(17,363)**	(12,264)
Net commitments by type	**(4,441)**	(7,913)
BY MATURITY		
Operating lease commitments		
One year or less	**1,519**	1,355
From one to five years	**5,752**	102
Over five years	**2,875**	-
Total operating lease commitments	**10,146**	1,457
Other commitments		
One year or less	**2,384**	1,605
From one to five years	**392**	1,289
Total other commitments	**2,776**	2,894
Total commitments payable	**12,922**	4,351
Commitments receivable		
Contract work commitments [2]		
One year or less	**(9,960)**	(6,677)
From one to five years	**(6,231)**	(5,195)
Total contract work commitments	**(16,191)**	(11,872)
Goods and Services Tax (GST)	**(1,172)**	(392)
Total commitments receivable	**(17,363)**	(12,264)
Net commitments by maturity	**(4,441)**	(7,913)

NB: Commitments are GST inclusive where relevant.

[1] Operating leases are effectively non-cancellable and comprise:

Leases for office accommodation

- Lease payments are subject to annual increases or reviews until the end of the lease.
- The lease term is seven years.
- Current leases expire in July and August 2014.

Computer equipment lease

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

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

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

[2] Other commitments are primarily amounts relating to the Institute's contract work.

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

Australian Institute of Health and Welfare

SCHEDULE OF CONTINGENCIES

as at 30 June 2007

	2007	2006
	$'000	$'000
CONTINGENCIES	**Nil**	Nil

As at 30 June 2007, the Institute has no contingent assets, remote contingencies or unquantifiable contingencies (2006: Nil).

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1	Summary of Significant Accounting Policies
Note 2	Events after the Balance Date
Note 3	Income
Note 4	Expenses
Note 5	Financial Assets
Note 6	Non-Financial Assets
Note 7	Payables
Note 8	Provisions
Note 9	Cash flow reconciliation
Note 10	Directors Remuneration
Note 11	Executive Remuneration
Note 12	Remuneration of Auditors
Note 13	Average Staffing Levels
Note 14	Financial Instruments
Note 15	Appropriations
Note 16	Compensation and Debt Relief
Note 17	Reporting of Outcomes

Note 1: Summary of Significant Accounting Policies

1.1 Basis of Preparation of the Financial Statements

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 Institute in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for the Institute's administration and programs.

The Financial Statements have been prepared in accordance with:

- Finance Minister's Orders (FMOs) for reporting periods ending on or after 1 July 2006; and
- Australian Accounting Standards issued by the Australian Accounting Standards Board that apply for the reporting period.

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

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

Unless an alternative treatment is specifically required by an Accounting Standard or the FMOs, assets and liabilities are recognised in the Balance Sheet when and only when it is probable that future economic benefits will flow to the Institute 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. Liabilities and assets that are unrealised are reported in the Schedule of Commitments and the Schedule of Contingencies (other than unquantifiable).

Unless alternative treatment is specifically required by an accounting standard, revenues and expenses are recognised in the Income Statement when and only when the flow or future economic benefits or consumption or loss of future economic benefits resulting in a reduction in assets or an increase in liabilities has occurred and can be reliably measured.

1.2 Significant Accounting Judgements and Estimates

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

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

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

1.3 Statement of Compliance

Australian Accounting Standards require a statement of compliance with International Financial Reporting Standards (IFRSs) to be made where the financial report complies with these standards. Some Australian equivalents to IFRSs and other Australian Accounting Standards contain requirements specific to not-for-profit entities that are inconsistent with IFRS requirements. The Institute is a not for profit entity and has applied these requirements, so while this financial report complies with Australian Accounting Standards including Australian Equivalents to International Financial Reporting Standards (AEIFRSs) it cannot make this statement.

Adoption of new Australian Accounting Standard requirements

No accounting standard has been adopted earlier than the effective date in the current period.

The Institute is required to disclose Australian Accounting Standards and Interpretations which have been issued but are not yet effective that have not been early adopted by the Institute. The following adopted requirements have resulted in a change to the Institute's accounting policies or have affected the amounts reported in the current or prior periods or are estimated to have a financial affect in future reporting periods.

Other effective requirement changes

The following amendments, revised standards or interpretations have become effective but have had no financial impact or do not apply to the operations of the Institute.

Amendments:

- 2004-3 Amendments to Australian Accounting Standards [AASBs 1, 101, 124]
- 2005-6 Amendments to Australian Accounting Standards [AASB 3]

- 2006-1 Amendments to Australian Accounting Standards [AASB 121]
- 2006-3 Amendments to Australian Accounting Standards [AASB 1045]
- 2005-4 Amendments to Australian Accounting Standards (AASB 139, AASB132, AASB 1, AASB 1023 and AASB 1038)
- 2005-5 Amendments to Australian Accounting Standards (AASB 1 and AASB139)
- 2005-9 Amendments to Australian Accounting Standards (AASB 4, AASB 1023, AASB 139 and AASB 132)

Interpretations:

- UIG 4 Determining whether an Arrangement contains a Lease
- UIG 5 Rights to Interests arising from Decommissioning, Restoration and Environmental Rehabilitation Funds
- UIG 7 Applying the Restatement Approach under AASB 129 Financial Reporting in Hyperinflationary Economies
- UIG 8 Scope of AASB 2
- UIG 9 Reassessment of Embedded Derivatives

UIG 4 and UIG 9 might have impacts in future periods, subject to existing contracts being renegotiated.

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.

Financial instrument disclosure

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

Other

The following standards and interpretations have been issued but are not applicable to the operations of the Institute.
• AASB 1049 Financial Reporting of General Government Sectors by Governments
• UIG 10 Interim Financial Reporting and Impairment

1.4 Revenue

Revenue from the sale of goods is recognised when:

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

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

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

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

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

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

Revenues from Government

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

1.5 Gains

Other Resources Received Free of Charge

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

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government Authority or Authority as a consequence of a restructuring of administrative arrangements (Refer to Note 1.6).

Sale of Assets

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

1.6 Transactions with the Government as Owner

Equity injections

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

Restructuring of Administrative Arrangements

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

Other distributions to owners

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

1.7 Employee Benefits

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

Liabilities for 'short-term employee benefits' (as defined in AASB 119) and termination benefits due within twelve months 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 Institute is estimated to be less than the annual entitlement for sick leave.

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

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 2007. 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 also made for separation and redundancy benefits in cases where positions have been formally identified as excess to requirements, the existence of an excess has been publicly communicated, and a reliable estimate of the amount payable can be determined.

Superannuation

Staff of the Institute 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 Commonwealth. 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.

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

From 1 July 2005, new employees are eligible to join the PSSap scheme.

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

1.8 Leases

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

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

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

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

1.9 Borrowing Costs

All borrowing costs are expensed as incurred.

1.10 Cash

Cash means notes and coins held and any deposits held at call with a bank or financial institution. Cash is recognised at its nominal amount.

1.11 Financial Risk Management

The Institute's activities expose it to normal commercial financial risk. As a result of the nature of the Institute's business and internal and Australian Government policies dealing with the management of financial risk, the Institute's exposure to market, credit, liquidity and cash flow and fair value interest rate risk is considered to be low.

1.12 Investments

Investments are initially measured at their fair value.

After initial recognition, financial assets are to be measured at their fair values except for

a) loans and receivables which are measured at amortised cost using the effective interest method,

b) held-to-maturity investments which are measured at amortised cost using the effective interest method, and

c) investments in equity instruments that do not have a quoted market price in an active market and whose fair value cannot be reliably measured and derivatives that are linked to and must be settled by delivery of such unquoted equity instruments, which shall be measured at cost.

1.13 Derecognition of Financial Assets and Liabilities

Financial assets are derecognised when the contractual rights to the cash flows from the financial assets expire or the asset is transferred to another entity. In the case of a transfer to another entity, it is necessary that the risks and rewards of ownership are also transferred.

Financial liabilities are derecognised when the obligation under the contract is discharged or cancelled or expires.

1.14 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.

Financial Assets held at Cost

If there is objective evidence that an impairment loss has been incurred on an unquoted equity instrument that is not carried at fair value because it cannot be reliably measured, or a derivative asset that is linked to and must be settled by delivery of such an unquoted equity instrument, the amount of the impairment loss is the difference between the carrying amount of the asset and the present value of the estimated future cash flows discounted at the current market rate for similar assets.

Available for Sale Financial Assets

If there is objective evidence that an impairment loss on an available for sale financial asset has been incurred, the amount of the difference between its cost, less principal repayments and amortisation, and its current fair value, less any impairment loss previously recognised in expenses, is transferred from equity to the Income Statement.

1.15 Suppliers and Other Payables

Suppliers 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).

1.16 Contingent Liabilities and Contingent Assets

Contingent Liabilities and 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 an existing liability or asset in respect of which settlement is not probable or the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable, and contingent liabilities are disclosed when settlement is greater than remote.

1.17 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.

1.18 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 $2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

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 Institute where there exists an obligation to restore the property to its original condition. These costs are included in the value of the Institute's leasehold improvements with a corresponding provision for the 'makegood' taken up.

Revaluations

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

Asset class	**Fair value measured at:**
Buildings-Leasehold Improvements	Depreciated replacement cost
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 with the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

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

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

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Institute 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:

	2007	2006
Leasehold improvements	Lease term	Lease term
Plant and Equipment	5 to 10 years	5 to 10 years
Library Collection	7 to 10 years	7 to 10 years

Impairment

All assets were assessed for impairment at 30 June 2007. 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 Institute were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

1.19 Intangibles

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

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the Institute's software is 3 to 5 years (2005-06: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2007.

1.20 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.

1.21 Taxation

The Institute is exempt from all forms of taxation except goods and services tax (GST).

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.

Note 3: Income

Revenue	**2007**	2006
	$'000	$'000
Note 3A: Revenues from Government		
Appropriations		
Departmental outputs	**8,625**	8,549
Total revenue from Government	**8,625**	8,549
Note 3B: Sale of goods and rendering of services		
Provision of goods – related entities	**4**	2
Provision of goods – external entities	**93**	68
Total sale of goods	**97**	70
Rendering of services – related entities	**11,620**	10,266
Rendering of services – external entities	**4,583**	3,996
Total rendering of services	**16,203**	14,262
Total sale of goods and rendering of services	**16,300**	14,332
Note 3C: Interest		
Deposits	**353**	280
Total interest	**353**	280
Note 3D: Other revenues		
Conference income	**2**	109
Other	**6**	5
Total other revenues	**8**	114

	2007 $'000	2006 $'000
Note 4: Expenses		
Note 4A: Employees benefits		
Wages and salaries	**11,920**	11,563
Superannuation	**2,127**	2,133
Leave and other entitlements	**1,366**	1,370
Other employee expenses	**13**	6
Total employee benefits	**15,426**	15,072
Note 4B: Suppliers		
Provision of goods – external entities	**486**	534
Rendering of services – related entities	**396**	433
Rendering of services – external entities	**7,219**	5,237
Operating lease rentals: minimum lease payments	**1,161**	1,133
Workers compensation premiums	**138**	148
Total supplier expenses	**9,400**	7,485
Note 4C: Depreciation and amortisation		
Depreciation:		
Leasehold improvements	**150**	243
Infrastructure, plant and equipment	**186**	187
Library collection	**50**	57
Total depreciation	**386**	487
Amortisation:		
Intangibles		
Computer software	**202**	172
Total amortisation	**202**	172
Total depreciation and amortisation	**588**	659

Depreciation expenses are $144,000 lower (2005-06: $8,000 lower) than they would have been as a result of the extension of useful lives of leasehold improvements and plant and equipment assets and the re-assessment of residual values for assets that were revalued at 30 June 2006 and 30 June 2005.

	2007 $'000	2006 $'000
Note 4D: Write-down of assets		
Inventory – write down to net realisable value	**2**	35
Library collection – revaluation decrement	**151**	-
Infrastructure, plant and equipment – revaluation decrement	**34**	-
Total write down of assets	**187**	35
Note 4E: Net losses from sale of assets		
Net book value of infrastructure, plant and equipment	**10**	7
Less: Proceeds from sale	**1**	2
Net loss from disposal of infrastructure, plant and equipment	**9**	5

Note 5: Financial Assets

Note 5A: Cash and cash equivalents		
Cash on hand or on deposit	**7,133**	4,906
Total cash and cash equivalents	**7,133**	4,906

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

Note 5B: Receivables		
Goods and services	**4,479**	4,305
Other receivables	**122**	43
Total receivables (gross)	**4,601**	4,348
Receivables are aged as follows:		
Not overdue	**4,223**	4,155
Overdue by:		
Less than 30 days	**371**	193
30 – 60 days	**6**	-
60 – 90 days	**1**	-
Total receivables (gross)	**4,601**	4,348
Receivables is represented by:		
Current	**4,601**	4,348
Non-current	**-**	-
Total receivables (gross)	**4,601**	4,348

	2007 $'000	2006 $'000
Note 6: Non-Financial Assets		
Note 6A: Buildings		
Leasehold improvements		
- fair value	**1,069**	913
- accumulated depreciation	**-**	-
	1,069	913
- deferred makegood expense	**423**	281
- accumulated depreciation	**-**	(70)
	423	211
Total Buildings (non-current)	**1,492**	1,124

No indicators of impairment were found for leasehold improvements.

Note 6B: Infrastructure, plant and equipment		
Plant and Equipment		
- fair value	**363**	741
- work in progress	**-**	17
	363	758
- accumulated depreciation	**-**	(185)
Total Plant and Equipment (non-current)	**363**	573

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

A revaluation increment of $437,000 for leasehold improvements (2006:$596,000), a decrement of $139,000 for plant and equipment (2006: Nil) and a decrement of $151,000 for the Library collection (2006: Nil) were processed at 30 June 2007. These were accounted for in the Asset Revaluation Reserve and the Income Statement.

Note 6C: Library Collection		
- fair value	**350**	558
- accumulated depreciation	**-**	(57)
Total Library Collection (non-current)	**350**	501

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 6D: Analysis of Property, Plant and Equipment

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

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

TABLE A — Reconciliation of the opening and closing balances of property, plant and equipment (2005-06)

	Buildings-Leasehold Improvements $'000	Other Infrastructure Plant and Equipment $'000	Library Collection $'000	Total $'000
As at 1 July 2005				
Gross book value	784	670	506	1960
Accumulated depreciation/amortisation	(30)	-	-	(30)
Net book Value	**754**	**670**	**506**	**1,930**
Additions				
by purchase	17	95	52	164
Net revaluation increment/(decrement)	596	-	-	596
Depreciation expense	(243)	(187)	(57)	(487)
Write back of depreciation on disposal	-	2	-	2
Disposals	-	(7)	-	(7)
Net book value as of 30 June 2006	**1,124**	**573**	**501**	**2,198**
Net Book Value as of 30 June 2006 represented by:				
Gross book value	1,194	758	558	2,510
Accumulated depreciation/amortisation	(70)	(185)	(57)	(312)
	1,124	**573**	**501**	**2,198**

	2007 $'000	2006 $'000
Note 6E: Intangibles		
Computer software		
- purchased – in use	**134**	134
- accumulated amortisation	**(99)**	(62)
	35	72
- Work in progress	**-**	32
- internally developed – in use	**775**	725
- accumulated amortisation	**(332)**	(167)
	443	558
Total Intangibles (non-current)	**478**	662

No indications of impairment were found for intangibles.

TABLE A — Reconciliation of the opening and closing balances of Intangibles (2006-07)

	Computer software – internally developed $'000	Computer software – purchased (in use) $'000	Computer software – purchased (in progress) $'000	Total $'000
As at 1 July 2006				
Gross value	725	134	32	891
Accumulated depreciation/amortisation and impairment	(167)	(62)	0	(229)
Net Book Value 1 July 2006	**558**	**72**	**32**	**662**
Additions:				
by purchase or internally developed	50	0	0	50
Transfers	0	0	(32)	(32)
Amortisation	(165)	(37)		(202)
Net book value 30 June 2007	443	35	0	478
Net book value as of 30 June 2007:				
As at 30 June 2007				
Gross Book Value	775	134	0	909
Accumulated depreciation/amortisation	(332)	(99)	0	(431)
	443	**35**	**0**	**478**

TABLE A — Reconciliation of the opening and closing balances of Intangibles (2005-06)

	Computer software – internally developed $'000	Computer software – purchased (in use) $'000	Computer software – purchased (in progress) $'000	Total $'000
As at 1 July 2005				
Gross value	651	134	-	785
Accumulated depreciation/amortisation	(32)	(25)	-	(57)
Net book value 1 July 2005	**619**	**109**	**-**	**728**
Additions				
by purchase or internally developed	74	-	32	106
Depreciation/amortisation expense	(135)	(37)	-	(172)
Net book value 1 July 2006	**558**	**72**	**32**	**662**
Net book value as of 30 June 2006:				
As at 30 June 2006				
Gross Book Value	725	134	32	891
Accumulated depreciation/amortisation	(167)	(62)	-	(229)
Closing Net book value	**558**	**72**	**32**	**662**

	2007	2006
	$'000	$'000
Note 6F: Inventories		
Inventories held for sale	**66**	68

All inventories are current assets.

Note 6G: Other Non-Financial Assets		
Prepayments	**377**	210

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

	2007 $'000	2006 $'000
Note 7: Payables		
Note 7A: Suppliers		
Trade creditors	**920**	466
Total supplier payables	**920**	466
Supplier payables are represented by:		
Current	**920**	466
Non-current	**-**	-
Total supplier payables	**920**	466
Settlement is usually made net 30 days.		
Note 7B: Other		
GST payable to ATO	**397**	325
Total other payables	**397**	325
All other payables are current liabilities.		
Note 7C: Contract income in advance		
Contract income	**6,705**	4,761
All income in advance payables are current.		
Note 8: Provisions		
Note 8A: Employee Provisions		
Salaries and wages	**138**	131
Leave	**4,082**	4,087
Superannuation	**17**	16
Total employee provisions	**4,237**	4,234
Employee provisions are represented by:		
Current	**3,766**	3,732
Non-current	**471**	502
Total other provisions	**4,237**	4,234

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 $1,863,000 (2006: $1,510,000), and in excess of one year are $2,374,000 (2006: $2,724,000).

	2007 $'000	2006 $'000
Note 8B: Other Provisions		
Lease incentive liability	-	71
Provision for makegood	423	365
Total other provisions	423	436
Other provisions are represented by:		
Current	-	71
Non - current	423	365
Total other provisions	423	436

	Provision for makegood	Provision for lease incentive liability
Carrying amount 1 July 2006	365	71
Amount used	-	(71)
Revaluation	58	-
Carrying amount 30 June 2007	423	-

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

Note 9: Cash Flow Reconciliation

Reconciliation of cash and cash equivalents per Balance Sheet to Cash Flow Statement		
Cash Flow Statement	**7,133**	4,906
Balance Sheet	**7,133**	4,906
Difference	**-**	-
Reconciliation of net surplus/(deficit) to net cash from operating activities:		
Net surplus (deficit)	**(324)**	19
Depreciation/amortisation	**588**	658
Net loss from sale of assets	**10**	5
Net write down of non financial assets	**185**	-
(Increase) / decrease in net receivables	**(253)**	1,174
(Increase) / decrease in inventories	**2**	34
(Increase) / decrease in other non financial assets	**(167)**	(21)
Increase / (decrease) in supplier and other payables	**526**	(109)
Increase / (decrease) in employee provisions	**3**	(130)
Increase / (decrease) in lease incentive liability	**(71)**	(71)
Increase / (decrease) in other income in advance	**1,944**	(738)
Net cash from/(used by) operating activities	**2,441**	821

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:

	2007	2006
Nil to $14,999	**11**	10
$15,000 to $29,999	**1**	1
$60,000 to $74,999	**1**	-
$90,000 to $104,999	**-**	1
$105,000 to $119,999	**-**	1
$160,000 to $174,999	**-**	1
$260,000 to $274,999	**1**	-
Total number of directors of the Institute	**14**	14
Total remuneration received or due and receivable by directors of the Institute	**$360,007**	$396,977

- Some directors of the Institute are appointed from other Government Departments and receive no additional remuneration for these duties.

Note 11: Executive Remuneration

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

	2007	2006
$130,000 - $144,999	**-**	1
$145,000 - $159,999	**3**	-
$160,000 - $174,999	**1**	1
$175,000 - $189,999	**1**	2
Total	**5**	4
The aggregate amount of total remuneration of executives shown above:	**$810,888**	$664,459

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

Note 12: Remuneration of Auditors

	2007	2006
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	**$19,000**	$19,000

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

Note 13: Average Staffing Levels

	2007	2006
The average full-time equivalent staffing levels for the Institute during the year were:	**176**	183

Note 14: Financial Instruments

Note 14A: Interest Rate Risk

Financial Instrument	**Notes**	**Floating Interest Rate**		**Fixed Interest Rate Maturing In**		**Non-Interest Bearing**		**Total**		**Weighted Average Effective Interest Rate**	
				1 year or less							
		2007 $'000	2006 $'000	**2007 $'000**	2006 $'000	**2007 $'000**	2006 $'000	**2007 $'000**	2006 $'000	**2007 %**	2006 %
Financial Assets											
Cash at bank and on hand	5A	**1,351**	1,401	**-**	-			**1,351**	1,401	**5.23**	4.71
Deposits at call and term	5A	**-**	-	**5,782**	3,505	**-**	-	**5,782**	3,505	**6.24**	5.74
Receivables for goods & services-(gross)	5B	**-**	-	**-**	-	**4,601**	4,348	**4,601**	4,348	**n/a**	n/a
Total		**1,351**	1,401	**5,782**	3,505	**4,601**	4,348	**11,734**	9,254		
TOTAL ASSETS								**14,860**	12,392		
Financial Liabilities											
Supplier payables	7A	**-**	-	**-**	-	**920**	466	**920**	466	**n/a**	n/a
Total		**-**	-	**-**	-	**920**	466	**920**	466		
TOTAL LIABILITIES								**12,682**	10,222		
Liabilities not recognised		**-**	-	**-**	-	**-**	-	**-**	-		

Note 14: Financial Instruments (cont.)

Note 14B: Net Fair Values of Financial Assets and Liabilities

	Notes	2007 Total Carrying Amount	2007 Aggregate Net Fair Value	2006 Total Carrying Amount	2006 Aggregate Net Fair Value
		$'000	**$'000**	$'000	$'000
Departmental					
Financial Assets					
Cash at bank	5A	**1,351**	**1,351**	1,401	1,401
Deposits at call and term	5A	**5,782**	**5,782**	3,505	3,505
Receivables for Goods and Services (net)	5B	**4,601**	**4,601**	4,348	4,348
Total Financial Assets		**11,734**	**11,734**	9,254	9,254
Financial Liabilities (recognised)					
Supplier payables	7A	**920**	**920**	466	466
Total Financial Liabilities (recognised)		**920**	**920**	466	466

Note 14C: Credit Risk Exposures

The Institute's maximum exposure to credit risk at reporting date in relation to each class of recognised financial assets is the carrying amount of those assets as indicated in the Balance Sheet.

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

All figures for credit risk referred to do not take into account the value of any collateral or other security.

Note 15: Appropriations

Table A: Acquittal of Authority to Draw Cash from the Consolidated Revenue Fund for Ordinary Annual Services Appropriations and borrowings

Particulars	Departmental Outputs		Loans		Equity		Total	
	2007	2006	**2007**	2006	**2007**	2006	**2007**	2006
	$'000	$'000	**$'000**	$'000	**$'000**	$'000	**$'000**	$'000
Year ended 30 June								
Balance carried forward from previous period	**-**	-	-	-	**-**	-	**-**	-
Appropriation Acts 1 and 3	**8,625**	8,549	-	-	**-**	-	**8,625**	8,549
Appropriation Acts 2 and 4	**-**	-	-	-	**-**	-	**-**	-
Appropriation Act 5	**-**	-	-	-	**-**	-	**-**	-
Total appropriation available for payments	**8,625**	8,549	-	-	**-**	-	**8,625**	8,549
Cash Payments made during the year (GST inclusive)	**8,625**	8,549	-	-	**-**	-	**8,625**	8,549
Balance carried forward to next year	**-**	-	-	-	**-**	-	**-**	-
Represented by:								
Appropriations Receivable	**-**	-	-	-	**-**	-	**-**	-

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

Note 16: Compensation and Debt Relief

No waiver of amounts owing to the Commonwealth were made during the reporting period (2006: Nil).

Note 17: Reporting of Outcomes

Note 17A: Outcome of the Institute

The Institute 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).

The Institute has three Output Groups under this Outcome:

- Output Group 1: Specific services to the Minister and Parliament, required under the AIHW Act.
- Output Group 2: National leadership in health-related and welfare-related information and statistics.
- Output Group 3: Collection and production of health-related and welfare-related information and statistics for governments, non-government and community organisations.

Note 17B: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2007 $'000	2006 $'000	**2007 $'000**	2006 $'000
Expenses				
Departmental	**25,610**	23,256	**25,610**	23,256
Total expenses	**25,610**	23,256	**25,610**	23,256
Costs recovered from provision of goods and services to the non-government sector				
Departmental	**4,676**	4,064	**4,676**	4,064
Total costs recovered	**4,676**	4,064	**4,676**	4,064
Other external revenues				
Departmental				
Sale of services – to related parties	**11,624**	10,268	**11,624**	10,268
Interest	**353**	280	**353**	280
Other	**8**	114	**8**	114
Total Departmental	**11,985**	10,662	**11,985**	10,662
Total other external revenues	**11,985**	10,662	**11,985**	10,662
Net cost/(contribution) of outcome	**8,949**	8,530	**8,949**	8,530

The Institute's outcome and outputs are described in Note 17A.

Note 17C - Departmental Revenues and Expenses by Output Group and Outputs

	Output Group 1		Output Group 2		Output Group 3		Total	
Outcome 1	**2007**	2006	**2007**	2006	**2007**	2006	**2007**	2006
	$'000	$'000	**$'000**	$'000	**$'000**	$'000	**$'000**	$'000
Expenses								
Employees	**1,042**	1,100	**2,976**	3,755	**11,408**	10,217	**15,426**	15,072
Suppliers	**635**	579	**1,813**	1,369	**6,952**	5,537	**9,400**	7,485
Depreciation and amortisation	**31**	40	**218**	235	**339**	384	**588**	659
Write-down of assets	**13**	3	**36**	7	**138**	25	**187**	35
Net losses from sale of assets	**1**	-	**2**	1	**6**	4	**9**	5
Total expenses	**1,722**	1,722	**5,045**	5,367	**18,843**	16,167	**25,610**	23,256
Funded by:								
Revenues from Government	**1,639**	1,624	**2,242**	2,223	**4,744**	4,702	**8,625**	8,549
Sales of goods and services	**-**	-	**2,541**	3,010	**13,759**	11,322	**16,300**	14,332
Interest	**67**	53	**92**	73	**194**	154	**353**	280
Other	**1**	84	**2**	30	**5**	-	**8**	114
Total operating revenues	**1,707**	1,761	**4,877**	5,336	**18,702**	16,178	**25,286**	23,275

- The Institute's outcomes and outputs are described at Note 17A.
- The net costs shown include intra-government costs that would be eliminated in calculating the actual Budget outcome.
- The attribution of costs to outputs is based on the results of a recent labour time survey.

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

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

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

Contents

Part I—Preliminary 142

1 Short title [see Note 1] 142
2 Commencement [see Note 1] 142
3 Interpretation 142

Part II—Australian Institute of Health and Welfare 144

Division 1—Establishment, functions and powers of Institute 144

4 Establishment of Institute 144
5 Functions of the Institute 144
6 Powers of Institute 146
7 Directions by Minister 147

Division 2—Constitution and meetings of Institute 147

8 Constitution of Institute 147
9 Acting members 150
10 Remuneration and allowances 151
11 Leave of absence 151
12 Resignation 151
13 Termination of appointment 151
14 Disclosure of interests 152
15 Meetings 152

Division 3—Committees of Institute **153**
16 Committees 153
Division 4—Director of Institute **154**
17 Director of Institute 154
18 Functions of Director 155
Division 5—Staff **155**
19 Staff 155

Part III—Finance **156**
20 Money to be appropriated by Parliament 156
22 Money of Institute 156
23 Contracts 156
24 Extra matters to be included in annual report 156
25 Trust money and trust property 157
26 Exemption from taxation 157

Part IV—Miscellaneous **157**
27 Delegation by Institute 157
28 Delegation by Director 158
29 Confidentiality 158
30 Restricted application of the *Epidemiological Studies (Confidentiality) Act 1981* 160
31 Periodical reports 161
32 Regulations 162

Notes **163**

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

Part I—Preliminary

1 Short title [*see* Note 1]

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

2 Commencement [*see* Note 1]

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

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

health-related information and statistics means information and statistics collected and produced from data relevant to health or health services.

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

(a) the Minister of the Crown for a State;

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

who is responsible, or principally responsible, for the administration of

matters relating to health in the State, the Australian Capital Territory or the Northern Territory, as the case may be.

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

State Housing Minister means:

(a) the Minister of the Crown for a State; or

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

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

State Welfare Minister means:

(a) the Minister of the Crown for a State; or

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

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

trust money means money received or held by the Institute on trust.

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

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

welfare services includes:

(a) aged care services; and

(b) child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force); and

(c) services for people with disabilities; and

(d) housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term); and

(e) child welfare services (including, in particular, child protection and substitute care services); and

(f) other community services.

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

Note: For the manner in which the Chairperson may be referred to, see section 18B of the *Acts Interpretation Act 1901*.

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

(1) There is hereby established a body to be known as the Australian Institute of Health and Welfare.

(2) The Institute:

(a) is a body corporate with perpetual succession;

(b) shall have a common seal; and

(c) may sue and be sued in its corporate name.

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

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

5 Functions of the Institute

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

(1AA) The functions of the Institute are:

(a) the health-related functions conferred by subsection (1); and

(b) the welfare-related functions conferred by subsection (1A).

[Health-related functions]

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

(a) to collect, with the agreement of the Australian Bureau of

Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;

(b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;

(c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;

(d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;

(e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;

(f) to conduct and promote research into the health of the people of Australia and their health services;

(g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;

(h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute;

(j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;

(k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and

(m) to do anything incidental to any of the foregoing.

[Welfare-related functions]

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

(a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and

(b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and

(c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and

(d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and

(e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and

(f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and

(g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and

(h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

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

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

6 Powers of Institute

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

(a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;

(b) to acquire, hold and dispose of real or personal property;

(c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;

(d) to appoint agents and attorneys and act as an agent for other persons;

(e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;

(f) subject to section 29, to:

(i) release data to other bodies or persons; and

(ii) publish the results of any of its work; and

(g) to do anything incidental to any of its powers.

7 Directions by Minister

(1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.

(1A) The Minister must consult the Chairperson before giving any direction to the Institute.

(1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.

(1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:

(a) relates to the Institute's welfare-related functions; and

(b) does not concern housing matters.

(1D) The Minister must consult each State Housing Minister before giving the direction if the direction:

(a) relates to the Institute's welfare-related functions; and

(b) concerns housing matters.

(2) The Institute shall comply with any direction given under subsection (1).

(3) This section does not affect the application of section 28 of the *Commonwealth Authorities and Companies Act 1997* in relation to the Institute.

Division 2—Constitution and meetings of Institute

8 Constitution of Institute

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

(a) the Chairperson;

(b) the Director;

(c) a member nominated by the Australian Health Ministers' Advisory Council;

(ca) a member nominated by the Standing Committee of Social Welfare Administrators;

(cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;

(d) the Australian Statistician;

(e) the Secretary to the Department;

(f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;

(fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;

(fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;

(fc) a person nominated by the Minister who has expertise in research into public health issues;

(g) 3 other members nominated by the Minister;

(h) a member of the staff of the Institute elected by that staff.

(1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:

(a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and

(b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and

(c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and

(d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.

(1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):

(a) may be made by one or more bodies; and

(b) may contain one or more names.

(2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be

a member of the Institute in lieu of himself or herself.

(3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:

(a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);

(b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;

(ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);

(c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).

(4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).

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

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

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

(a) the day on which the poll for the election of the member is held; or

(b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.

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

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

9 Acting members

(1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):

(a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or

(b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;

but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.

(2) A person may resign appointment under this section by instrument in writing delivered to the Minister.

(3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.

(4) The Minister may:

(a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and

(b) terminate such an appointment at any time.

(5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of 12 months from the date on which the vacancy occurred expires, whichever first happens.

(6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.

(7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:

(a) the occasion for the appointment of the person had not arisen;

(b) there was a defect or irregularity in or in connection with the appointment;

(c) the appointment had ceased to have effect; or

(d) the occasion for the person to act had not arisen or had ceased.

10 Remuneration and allowances

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

(2) A member shall be paid such allowances as are prescribed.

(3) This section has effect subject to the *Remuneration Tribunal Act 1973*.

11 Leave of absence

(1) A full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.

(2) The Minister may:

(a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and

(b) grant a part-time member leave of absence on such terms and conditions as to remuneration or otherwise as the Minister determines.

12 Resignation

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

13 Termination of appointment

(1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.

(2) If a member:

(a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;

(b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;

(c) being a full-time member who is paid remuneration under this Part:

(i) engages in paid employment outside his or her duties without the consent of the Minister; or

(ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or

(d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

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

(3) Where:

(a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or

(b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or

(c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;

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

14 Disclosure of interests

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

15 Meetings

(1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.

(2) The Institute shall meet at least once every 4 months.

(3) The Chairperson:

(a) may at any time convene a meeting; and

(b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.

(4) The Minister may convene such meetings as the Minister considers necessary.

(5) At a meeting:

(a) if the Chairperson is present, the Chairperson shall preside;

(b) if the Chairperson is absent, the members present shall appoint

one of their number to preside;

(c) a majority of the members for the time being constitute a quorum;

(d) all questions shall be decided by a majority of the votes of the members present and voting; and

(e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.

(6) The Institute shall keep minutes of its proceedings.

(7) The Institute shall regulate the procedure of its meetings as it thinks fit.

Division 3—Committees of Institute

16 Committees

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

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

(3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.

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

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

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

(7) The members of a committee may include members of the Institute.

(8) A member of a committee holds office for such period as is specified in the instrument of appointment.

(9) A member of a committee may resign by instrument in writing delivered to the Institute.

(10) Except where the Minister otherwise directs in writing, a member of

a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.

(11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.

(12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.

(13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:

(a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and

(b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

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

(14) The disclosure must be recorded in the minutes of the meeting.

(15) Subsection (13) does not apply to an interest held by a member described in paragraph 8(1)(c), (ca), (cb) or (h) or subsection 8(2) merely because the member was nominated by a body or person mentioned in that paragraph or subsection.

Division 4—Director of Institute

17 Director of Institute

(1) There shall be a Director of the Institute.

(2) The Director shall be appointed by the Minister on the recommendation of the Institute.

(3) The Director shall be appointed on a full-time or part-time basis for such period, not exceeding 5 years, as is specified in the instrument of appointment.

(5) The Director holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Minister.

(6) The appointment of the Director is not invalid because of a defect or irregularity in connection with the appointment or the recommendation by the Institute.

(7) The Director shall not be present during any deliberation, or take part in any decision, of the Institute with respect to the appointment of the Director.

(8) Sections 11 and 14 apply to the Director.

(9) Sections 12 and 13 apply to the Director as if references in those sections to the Governor-General were references to the Minister.

18 Functions of Director

(1) The Director shall manage the affairs of the Institute subject to the directions of, and in accordance with policies determined by, the Institute.

(2) All acts and things done in the name of, or on behalf of, the Institute by the Director shall be deemed to have been done by the Institute.

Division 5—Staff

19 Staff

(1) The staff required for the purposes of this Act shall be:

(a) persons engaged under the *Public Service Act 1999*; and

(b) persons appointed or employed by the Institute.

(2) For the purposes of the *Public Service Act 1999*:

(a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and

(b) the Director is the Head of that Statutory Agency.

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

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

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

Part III—Finance

20 Money to be appropriated by Parliament

(1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.

(2) The Minister for Finance may give directions as to the means in which, and the times at which, money referred to in subsection (1) is to be paid to the Institute.

22 Money of Institute

(1) The money of the Institute consists of:

(a) money paid to the Institute under section 20; and

(b) any other money, other than trust money, paid to the Institute.

(2) The money of the Institute shall be applied only:

(a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;

(b) in payment of remuneration and allowances payable under this Act; and

(c) in making any other payments required or permitted to be made by the Institute.

(3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

23 Contracts

The Institute shall not, except with the written approval of the Minister:

(a) enter into a contract involving the payment or receipt by the Institute of an amount exceeding $200,000 or such higher amount as is prescribed; or

(b) enter into a lease of land for a period of 10 years or more.

24 Extra matters to be included in annual report

(2) A report on the Institute under section 9 of the *Commonwealth Authorities and Companies Act 1997* must, in respect of each direction given under subsection 7(1) that is applicable to the period to which the report relates, include:

(a) particulars of the direction; or

(b) where the Institute considers that the particulars contain information concerning a person or are of a confidential nature—a statement that a direction was given.

25 Trust money and trust property

(1) The Institute:

(a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust money;

(b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and

(c) may only invest trust money:

(i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or

(ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

The income, property and transactions of the Institute are not subject to taxation under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 Delegation by Institute

(1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:

(a) delegate to a member;

(b) delegate to a member of the staff of the Institute; and

(c) with the approval of the Minister—delegate to any other person or body;

all or any of the Institute's powers or functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been

exercised or performed by the Institute.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

28 Delegation by Director

(1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:

(a) delegate to a member;

(b) delegate to a member of the staff of the Institute; or

(c) with the approval of the Minister—delegate to any other person or body;

all or any of the Director's powers and functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

29 Confidentiality

(1) Subject to this section, a person (in this subsection called the ***informed person***) who has:

(a) any information concerning another person (which person is in this section called an ***information subject***), being information acquired by the informed person because of:

(i) holding an office, engagement or appointment, or being employed, under this Act;

(ii) performing a duty or function, or exercising a power, under or in connection with this Act; or

(iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or

(b) any document relating to another person (which person is in this section also called an ***information subject***), being a document furnished for the purposes of this Act;

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

(c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);

(d) produce that document to any person (including an information subject); or

(e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

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

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

(a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;

(b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the ***information provider***) who divulged or communicated the information, or produced the document, directly to the Institute;

(c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or

(d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:

(i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and

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

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

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

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

and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.

(4) In this section:

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

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

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

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

(c) ***produce*** includes permit access to;

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

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

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

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

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

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

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

(1) The *Epidemiological Studies (Confidentiality) Act 1981* (in this section called the ***Confidentiality Act***) does not apply to anything done in the exercise of a power or performance of a function under this Act.

(2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:

(a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and

(b) give the Institute access to documents prepared or obtained in the conduct of that study.

(3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a

document was given, as the case may be, in accordance with a written request by the Institute.

(4) In this section:

(a) ***epidemiological study*** has the same meaning as in the Confidentiality Act; and

(b) ***prescribed study*** has the same meaning as in the Confidentiality Act.

31 Periodical reports

(1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:

(a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and

(b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.

(1A) The Institute must submit to the Minister:

(a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:

(i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and

(ii) ending on 30 June 1993; and

(b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

(2) The Institute may at any time submit to the Minister:

(a) a health or welfare report for any period; or

(b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.

(3) A health report shall provide:

(a) statistics and related information concerning the health of the people of Australia; and

(b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with

other persons or bodies;

during the period to which the report relates.

(3A) A welfare report must provide:

(a) statistics and related information concerning the provision of welfare services to the Australian people; and

(b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.

(4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.

(5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

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

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

Note 1

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

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

Table of Acts

Act	Number and year	Date of Assent	Date of commencement	Application, saving or transitional provisions
Australian Institute of Health Act 1987	41, 1987	5 June 1987	1 July 1987 (*see Gazette* 1987, No. S144)	
Community Services and Health Legislation Amendment Act 1988	79, 1988	24 June 1988	Part III (ss. 7–9): Royal Assent *(a)*	—
Community Services and Health Legislation Amendment Act 1989	95, 1989	28 June 1989	Part 2 (ss. 3–6): Royal Assent *(b)*	—
Industrial Relations Legislation Amendment Act 1991	122, 1991	27 June 1991	Ss. 4(1), 10(b) and 15-20: 1 Dec 1988 Ss. 28(b)–(e), 30 and 31: 10 Dec 1991 (*see Gazette* 1991, No. S332) Remainder: Royal Assent	S. 31(2)
Prime Minister and Cabinet Legislation Amendment Act 1991	199, 1991	18 Dec 1991	18 Dec 1991	—
Australian Institute of Health Amendment Act 1992	16, 1992	6 Apr 1992	4 May 1992	—
Audit (Transitional and Miscellaneous) Amendment Act 1997	152, 1997	24 Oct 1997	Schedule 2 (items 324–337): 1 Jan 1998 (*see Gazette* 1997, No. GN49) *(c)*	—
Public Employment (Consequential and Transitional) Amendment Act 1999	146, 1999	11 Nov 1999	Schedule 1 (items 195–197) 5 Dec 1999 (*see Gazette* 1999, No. S584) *(d)*	—
Corporate Law Economic Reform Program Act 1999	156, 1999	24 Nov 1999	Schedule 10 (items 35–37): 13 Mar 2000 (*see Gazette* 2000, No. S114) *(e)*	—

(continued)

Act	Number and year	Date of Assent	Date of commencement	Application, saving or transitional provisions
Health Legislation Amendment Act (No. 2) 2001	59, 2001	28 June 2001	Schedule 3 (items 7–10): 15 Dec 1998 (*see* s. 2(2)) Schedule 3 (item 12): 1 Jan 1999 Remainder: Royal Assent	Sch. 1 (items 4, 9) [*see* Table A]
Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001	159, 2001	1 Oct 2001	29 Oct 2001	Sch 1 (item 97) [*see* Table A]
National Health and Medical Research Council Amendment Act 2006	50, 2006	9 June 2006	Schedule 1: 1 July 2006 Remainder: Royal Assent	—
Tax Laws Amendment (Repeal of Inoperative Provisions) Act 2006	101, 2006	14 Sept 2006	Schedule 5 (item 22) and Schedule 6 (items 5–11): Royal Assent	Sch. 6 (items 5–11) [*see* Table A]

(a) The *Australian Institute of Health and Welfare Act 1987* was amended by Part III (sections 7–9) only of the *Community Services and Health Legislation Amendment Act 1988*, subsection 2(1) of which provides as follows:

> (1) Sections 1, 2, 7, 8, 9, 10, 13, 15 and 17 and paragraph 20(b) commence on the day on which this Act receives the Royal Assent.

(b) The *Australian Institute of Health and Welfare Act 1987* was amended by Part 2 (sections 3–6) only of the *Community Services and Health Legislation Amendment Act 1989*, subsection 2(1) of which provides as follows:

> (1) Subject to subsections (2), (3), (4), (5), (6), (7), (8), (9) and (10), this Act commences on the day on which it receives the Royal Assent.

(c) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 2 (items 324–337) only of the *Audit (Transitional and Miscellaneous) Amendment Act 1997*, subsection 2(2) of which provides as follows:

> (2) Schedules 1, 2 and 4 commence on the same day as the *Financial Management and Accountability Act 1997*.

(d) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 1 (items 195–197) only of the *Public Employment (Consequential and Transitional) Amendment Act 1999*, subsections 2(1) and (2) of which provide as follows:

> (1) In this Act, ***commencing time*** means the time when the *Public Service Act 1999* commences.
>
> (2) Subject to this section, this Act commences at the commencing time.

(e) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 10 (items 35-37) only of the *Corporate Law Economic Reform Program Act 1999*, subsection 2(2)(c) of which provides as follows:

> (2) The following provisions commence on a day or days to be fixed by Proclamation:
>
> (c) the items in Schedules 10, 11 and 12.

Table of Amendments

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

Provision affected	How affected
Title	am. No. 16, 1992
Part I	
S. 1	am. No. 16, 1992
S. 3	am. No. 95, 1989; No. 16, 1992; No. 152, 1997; No. 59, 2001
Note to s. 3	ad. No. 152, 1997
Part II	
Heading to Part II	am. No. 16, 1992
Division 1	
S. 4	am. No. 16, 1992; No. 152, 1997
S. 5	am. No. 16, 1992
S. 7	am. No. 95, 1989; No. 16, 1992; No. 152, 1997
Division 2	
S. 8	am. No. 16, 1992; Nos. 59 and 159, 2001
S. 10	am. No. 16, 1992
S. 11	rs. No. 122, 1991
	am. No. 146, 1999
S. 13	am. No. 122, 1991; No. 16, 1992; No. 152, 1997; No. 156, 1999
S. 14	am. No. 79, 1988; No. 16, 1992; No. 152, 1997; No. 156, 1999
Division 3	
S. 16	am. No. 16, 1992; No. 152, 1997; No. 59, 2001; No. 50, 2006
Division 4	
S. 17	am. No. 16, 1992
Division 5	
S. 19	am. No. 199, 1991; No. 146, 1999
Part III	
S. 21	rep. No. 152, 1997
S. 22	am. No. 152, 1997
Heading to s. 24	rs. No. 152, 1997
S. 24	am. No. 79, 1988; No. 152, 1997
S. 25	am. No. 152, 1997
S. 26	am. No. 101, 2006
Part IV	
S. 29	am. No. 95, 1989; No. 16, 1992; No. 59, 2001
S. 31	am. No. 16, 1992
Schedule	ad. No. 16, 1992
	rep. No. 59, 2001

Table A

Application, saving or transitional provisions

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

Schedule 1

4 Application

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

9 Transitional provision

(1) Immediately after the commencement of this item, the Institute is taken to have appointed each member of the former Ethics Committee as a member of the Australian Institute of Health and Welfare Ethics Committee.

(2) The appointment of each such member is taken to end at the time when the member's term of appointment as a member of the former Ethics Committee would have ended under the instrument appointing the person as a member of that Committee.

(3) In this item:

former Ethics Committee means the Health Ethics Committee of the Australian Institute of Health and Welfare, within the meaning of the *Australian Institute of Health and Welfare Act 1987* as in force immediately before the commencement of this item.

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

Schedule 1

97 Application of amendments

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

Schedule 6

5 Application of Schedule 5 amendments

The repeals and amendments made by Schedule 5 apply to acts done or omitted to be done, or states of affairs existing, after the commencement of the amendments.

6 Object

The object of this Part is to ensure that, despite the repeals and amendments made by this Act, the full legal and administrative consequences of:

(a) any act done or omitted to be done; or

(b) any state of affairs existing; or

(c) any period ending;

before such a repeal or amendment applies, can continue to arise and be carried out, directly or indirectly through an indefinite number of steps, even if some or all of those steps are taken after the repeal or amendment applies.

7 Making and amending assessments, and doing other things, in relation to past matters

Even though an Act is repealed or amended by this Act, the repeal or amendment is disregarded for the purpose of doing any of the following under any Act or legislative instrument (within the meaning of the *Legislative Instruments Act 2003*):

(a) making or amending an assessment (including under a provision that is itself repealed or amended);

(b) exercising any right or power, performing any obligation or duty or doing any other thing (including under a provision that is itself repealed or amended);

in relation to any act done or omitted to be done, any state of affairs existing, or any period ending, before the repeal or amendment applies.

Example 1: On 31 July 1999, Greg Ltd lodged its annual return under former section 160ARE of the *Income Tax Assessment Act 1936*. The return stated that the company had a credit on its franking account and that no franking deficit tax was payable for the 1998-99 franking year. Under former section 160ARH of that Act, the Commissioner was taken to have made an assessment consistent with the return.

Following an audit undertaken after the repeal of Part IIIAA of that Act, the Commissioner concludes that Greg Ltd fraudulently

overfranked dividends it paid during the 1998-99 franking year, and had a franking account deficit for that franking year. As a result, the Commissioner considers that franking deficit tax and a penalty by way of additional tax are payable.

The Commissioner can amend the assessment under former section 160ARN of that Act, because item 7 of this Schedule disregards the repeal of that section for the purposes of making an assessment in relation to the 1998-99 franking year. Item 7 will also disregard the repeal of Division 11 of former Part IIIAA to the extent necessary for the Commissioner to assess Greg Ltd's liability to a penalty by way of additional tax.

Despite the repeal of sections 160ARU and 160ARV, item 9 will ensure that the general interest charge will accrue on the unpaid franking deficit tax and penalty until they are paid.

Item 7 will also preserve Greg Ltd's right, under former section 160ART of that Act, to object against the Commissioner's amended assessment (including the penalty), since the objection is the exercise of a right in relation to a franking year that ended before the repeal of Part IIIAA.

Example 2: During the 1997-98 income year, Duffy Property Ltd withheld amounts from its employees' wages as required by former Divisions 1AAA and 2 of Part VI of the *Income Tax Assessment Act 1936*. The company failed to notify the Commissioner of those amounts, and failed to remit them to the Commissioner.

Following an audit undertaken after the repeal of those Divisions, the Commissioner discovers that the withheld amounts have not been remitted. The company's records are incomplete and the Commissioner is unable to completely ascertain the extent of its liability for the withheld amounts. Under section 222AGA of that Act, the Commissioner makes an estimate of the liability.

Item 7 will disregard the repeal of section 220AAZA of that Act (which empowered the Commissioner to recover the amount of the estimate). Even though the estimate is made after the repeal, it relates to amounts withheld before the repeal.

8 Saving of provisions about effect of assessments

If a provision or part of a provision that is repealed or amended by this Act deals with the effect of an assessment, the repeal or amendment is disregarded in relation to assessments made, before or after the repeal or amendment applies, in relation to any act done or omitted to be done, any state of affairs existing, or any period ending, before the repeal or amendment applies.

9 Saving of provisions about general interest charge, failure to notify penalty or late reconciliation statement penalty

If:

(a) a provision or part of a provision that is repealed or amended by this Act provides for the payment of:

(i) general interest charge, failure to notify penalty or late reconciliation statement penalty (all within the meaning of the *Income Tax Assessment Act 1936*); or

(ii) interest under the *Taxation (Interest on Overpayments and Early Payments) Act 1983*; and

(b) in a particular case, the period in respect of which the charge, penalty or interest is payable (whether under the provision or under the *Taxation Administration Act 1953*) has not begun, or has begun but not ended, when the provision is repealed or amended;

then, despite the repeal or amendment, the provision or part continues to apply in the particular case until the end of the period.

10 Repeals disregarded for the purposes of dependent provisions

If the operation of a provision (the ***subject provision***) of any Act or legislative instrument (within the meaning of the *Legislative Instruments Act 2003*) made under any Act depends to any extent on an Act, or a provision of an Act, that is repealed by this Act, the repeal is disregarded so far as it affects the operation of the subject provision.

11 Schedule does not limit operation of section 8 of the *Acts Interpretation Act 1901*

This Schedule does not limit the operation of section 8 of the *Acts Interpretation Act 1901*.

Appendix 3 — Regulations

Australian Institute of Health and Welfare Regulations 2006[1]

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.

Appendix 4 — AIHW Charter of Corporate Governance

Introduction

The Australian Institute of Health and Welfare (AIHW) exists to describe the Australian health and welfare systems. Reflecting the scope of those systems, the operating environment of the AIHW Board, created by legislation (the *Australian Institute of Health and Welfare Act 1987*—AIHW Act) is complex.

The AIHW is an Australian Government statutory authority within the Health and Ageing portfolio, reporting directly to the portfolio minister. The AIHW is defined as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act). As provided for by the AIHW Act, management of AIHW affairs is delegated to the Director.

The AIHW Charter of Corporate Governance provides guidance for members and potential members of the AIHW Board to ensure the AIHW operates effectively as an independent agency of government. It defines the roles and responsibilities of individual members, and provides guiding principles to support members through the range of operational and legal issues they encounter in their direction of the AIHW.

Purpose

This charter outlines the framework for the corporate governance of the AIHW.

As a statutory authority of the Australian Government, the AIHW must take into account relevant governing laws. A clear set of instructions and processes outlining the Board's responsibilities is designed to enable the Board to work effectively within its legislative requirements and in response to the requirements of the organisation. This paper outlines the corporate governance responsibilities of the Board and the structures established to support it.

AIHW's mission and values

The AIHW is guided in all its undertakings by its mission and values.

AIHW mission

Better information and statistics for better health and wellbeing.

Values

Our values are:

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

Roles, powers and responsibilities

1. Governing laws

Enabling legislation

The AIHW was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992, the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act).

Under the AIHW Act, AIHW Board members are collectively also referred to as the Institute.

The Board may appoint committees as it thinks fit to assist it in performing its functions (section 16).

As a statutory authority, the AIHW is defined in its Act as a body corporate subject to the CAC Act. Directors (members) are subject to legislation that specifies their duties and responsibilities under the CAC Act.

Responsible Minister

The Minister for Health and Ageing is the minister responsible for the AIHW and it is therefore an agency within the Health and Ageing portfolio.

2. Constitution

Section 8(1) of the AIHW Act specifies the constitution of the Board.

The following members are appointed for a term of 3 years, by the Governor-General on the advice of the Minister:

- a chairperson
- a member nominated by the Australian Health Ministers' Advisory Council
- a member nominated by the Community Services Ministers' Advisory Council
- a representative of the Housing Ministers' Advisory Council;
- three members nominated by the Minister for Health and Ageing
- a person nominated by the minister who has knowledge of the needs of consumers of health services
- a person nominated by the minister who has knowledge of the needs of consumers of welfare services
- a person nominated by the minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the minister who has expertise in research into public health issues.

Directors holding office by virtue of the position they hold (therefore not appointed) are:

- the Director
- the Australian Statistician
- the Secretary of the Department of Health and Ageing (DoHA).

The Australian Bureau of Statistics (ABS) and DoHA members may formally designate a representative to attend meetings on their behalf.

A member of staff of the AIHW, elected by its staff, is also a member of the Board. The member is appointed annually through a staff ballot. This position is independent of the official appointment process.

Note: The Secretary of the Department of Family and Community Services and the Chief Executive Officer, National Health and Medical Research Council or their nominees, attend and participate as observers with the agreement of the Board.

Board members who are Commonwealth or state/territory officers (other than the Director and staff member) are referred to in this document as departmental representatives.

3. Conduct of Board members

As a statutory authority, the conduct of members of the AIHW Board is prescribed by the CAC Act. Members are bound by the Conduct of Directors, specified in the AIHW Act.

Board members are expected to ensure that they understand their responsibilities under both the CAC and AIHW Acts, and to uphold the AIHW's values.

4. Roles of Board members

Key responsibilities of the AIHW are to:

- provide biennial reports to the minister and to parliament on *Australia's health and Australia's welfare*
- establish data standards for health and welfare statistics
- develop knowledge, intelligence and statistics to better inform policy makers and the community.

Role of the Board

The Board has broad responsibilities to:

- set the AIHW's mission and values and its strategic goals and directions, including endorsement of its Corporate Plan and Business Plan
- maintain the independence of the AIHW
- ensure that the AIHW complies with legislative and administrative requirements
- meet its statutory requirements including making recommendations to the Minister to appoint a Director of the AIHW
- oversee the financial viability of the AIHW
- endorse the Annual Report and the audited financial statements (as required by the CAC Act), at a Board meeting
- advocate and promote the contribution of information to improve health and welfare outcomes
- identify and manage the risks that might impact on the AIHW
- monitor the performance of the organisation against its Corporate Plan and Business Plan
- secure feedback from stakeholders on the use of AIHW products
- set remuneration for, and assess performance of, the Director
- review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

Role of the Chair (in addition to the role of the Board)

- Chair meetings of the Board and endorse associated processes.
- Extended role in managing formal relationship between the AIHW and the Minister for Health and Ageing.
- Manage significant issues between meetings of the Board.
- Manage the relationship between the Board and the Director of the AIHW.

Role of the Director

- Provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions.
- Manage the affairs of the AIHW in accordance with the AIHW Act and the CAC Act.
- Establish and maintain appropriate working relationships with the portfolio minister and other ministers whose portfolios include activities within the scope of the AIHW.
- Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies, and associated Commonwealth/state forums.
- Liaise as required with non-government bodies associated with the functions of the AIHW.
- Ensure the AIHW provides, either directly or through collaborations with others, high-quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.
- Ensure the Board is properly advised on all matters.
- Ensure the security of data provided to the AIHW, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the Corporate Plan and the Business Plan.
- Maintain a strong financial position of the AIHW.
- Attract and retain the committed, skilled staff needed to carry out the AIHW's functions.

Role of staff-elected board member

- The staff member is a full Board member, with the same responsibilities as other members.

Role of other members

- Act in the best interests of the AIHW. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the AIHW. (See also below; 'Conflicts of interests'.)
- Support the Chair and Director of the AIHW in decision making.
- Participate on Board committees established under s. 16(4) of the AIHW Act.
- Provide input to the Board based on their knowledge and background.

Role of the Secretary

- Provides advice and support to the Board.
- Is independent of the AIHW Director and staff when dealing with sensitive matters related to the Director's employment.

5. Relationships

With management

Management representatives are invited to attend Board meetings to inform discussion, while having no formal responsibilities.

With stakeholders

Stakeholders are important to the prosperity of the AIHW. The AIHW has responsibility to a wide range of stakeholders from the minister to the whole community. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

With staff

The Chair participates in key AIHW activities, notably the launch of *Australia's Health* and *Australia's Welfare*, and in developing the Corporate Plan and the Business Plan.

The AIHW Act places the employment and terms and conditions of staff under the control of the Director. The Board seeks to ensure the development and welfare of staff, and provides advice to the Director when considered appropriate.

6. Delegation of powers and actions

The AIHW has established itself as a Board and delegated powers for the day-to-day operations of the AIHW to the Director (s. 27).

7. Board processes

Meetings

The AIHW Act stipulates that the Board shall meet at least once every 4 months. To enable the Board to guide the work of the AIHW, to fit in with the launch of its biennial publications, and to approve the financial statements, the annual report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

On occasion, where issues are to be discussed by independent members only, for example, commercially or personally sensitive issues, the Chair may excuse from discussion the director, the staff member, and departmental representatives.

Agenda and papers

The Director, in consultation with the Chair, formulates the agenda. Any Board member may submit items.

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director in consultation with Group Heads, sourced from the Institute.

Group Heads are responsible for providing papers to the Secretary 2 weeks before the meeting date.

Papers are distributed electronically and in hard copy to members at least 1 week before the meeting date.

The Board will consider late papers with the approval of the Chair.

Confidentiality

All papers for Board meetings are considered to be 'Board in confidence' unless otherwise decided by the Board. Members and staff attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers.

While departmental members may be supported by seeking adequate briefings from their departmental staff officers, to protect their confidentiality the full set of papers is not to be distributed throughout the department. Where members require briefings on certain items, only the paper covering the item in question may be forwarded to relevant staff within their respective agencies. These papers may not be used for any purpose other than that for which they are intended.

The AIHW makes available records of endorsed minutes to its staff.

The staff-elected member may make available notes on the outcome of issues following a Board meeting, in accordance with agreed release practices.

Minutes

The secretariat notes on the meeting are provided to the Chair directly following the meeting.

The Board Secretary and secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Chair before circulation to all members. The minutes primarily reflect the major decisions from the meeting. Where it is appropriate to do so, a brief background or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are endorsed at the subsequent meeting of the Board. Following endorsement, the Chair signs the minutes which are retained for the official record and are subject to audit scrutiny.

Conflict of interests

The CAC Act requires Board members to disclose their interests relevant to AIHW's functions, and not participate in decisions where a conflict is declared. A member who considers that he or she may have an interest in the matter shall:

(i) disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict

(ii) provide details of the interest as requested by other members to determine the nature and extent of the interest

(iii) remove themselves physically from the room, if appropriate, while the discussion takes place unless the Board determines otherwise.

In some cases, Board members could be representing potential purchasers or competitors of the AIHW with regard to contract work. In such a case, a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision making.

Conflict of roles

The Auditor-General has identified that the presence of government officers on the boards of statutory authorities may give rise to a conflict of roles, and has issued advice as follows (adapted to AIHW circumstances):

The portfolio Secretary, as a member of the Board, is simultaneously:

- chief policy adviser to the Minister for Health and Ageing and can be expected to 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, or state or territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The AIHW makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The AIHW will pay for accommodation and meals where members are required to stay overnight. The AIHW will pay for any appropriate and necessary incidental expenses.

Ensuring continuous improvement

The Board will review its performance each year. Issues reviewed may include its success in pursuing AIHW's objectives, procedural matters, protocol and clarity of roles, and individual performance.

Induction

New members will be provided with a package including instructions and operations of the Board, and various relevant reading materials published by the AIHW.

Professional development

The Chair may seek professional development opportunities relevant to the operations of the Board.

Indemnity of members

The AIHW provides appropriate indemnity for 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 effort to resolve the complaint by mediation. If the complaint cannot be resolved in this way, the Chair may decide on an appropriate mediator to determine the complaint or dispute. The Chair shall advise the Board of any such actions, and the outcome. Disputes remaining unresolved after such a process will be referred to the Board for resolution.

8. Board committees

Ethics Committee

The AIHW Ethics Committee is established under the AIHW Act and has the power to release identifiable data for research purposes. The AIHW is keen to fulfil its function to assist research and analysis of the data which it collects. It recognises that an unduly restrictive data release policy is contrary to the public interest. In recognising these issues the AIHW is also aware of its legislative responsibility to protect the confidentiality of the information it receives, to respect the privacy and sensitivity of those to whom it relates, to maintain high-level data security procedures and, where appropriate, to incorporate the requirements of its information providers in those procedures.

The Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. Through the committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Ethics Committee provides a yearly report of its operation to both the Institute for inclusion in the annual report and also to the National Health and Medical Research Council for its reporting purposes.

The outcomes of meetings are reported to Board meetings by way of a written summary. At least once a year, the Ethics Committee Chair is invited to a Board meeting to discuss issues related to the work of the Committee.

Committee membership is prescribed by legislation and is consistent with the guidelines established by the National Health and Medical Research Council for Human Research Ethics Committees.

Members of the committee are appointed by the Board for a period of 3 years.

Audit and Finance Committee

The Audit and Finance Committee is established to:

- ensure the internal auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs
- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the AIHW's financial position and review quarterly financial reports in a form specified by the committee
- ensure the timely tabling of the annual report before the Board
- report to the Board on any matters arising from either the internal audit or the external audit functions about which the Board needs to be informed

- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board
- meet with the external auditor annually
- advise the Board on delegations and performance
- oversight the risk management strategy and advise the Board accordingly.

Membership comprises four non-executive members of the Board, one of whom is appointed as Chair of this committee. Members are appointed for a term fixed by the Board, but for a period not more than 3 years.

The Institute's Director and relevant staff attend meetings by invitation.

Although the Committee is only required to report to the Board on its activities every six 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, i.e. an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The committee works within guidelines issued from time to time by the Remuneration Tribunal.

Membership currently comprises the Board Chair, the Chair of the Audit and Finance Committee and one other Board member.

Appendix 5 — Board members 2006–07

AIHW Board

Board member	Number of meetings attended	Eligible meetings
The Hon. Peter Collins, AM, QC, BA, LLB Board Chair	4	4
Adjunct Professor Heather Gardner, BA (Hons), MA, FAIEH (Hon) Ministerial appointee	3	4
Mr Ian Spicer, AM, LLB, FAIM, FCIM, ACIS Ministerial appointee	3	4
Associate Professor Kerry Kirke, AM, MD, FAFPHM, (RACP) FRIPH Ministerial appointee (until August 2006)	0	0
Dr Greg Stewart, MBBS, MPH, FRACMA, FAFPHM Ministerial appointee	3	4
Mr David Kalisch, BEc (Hons) Deputy Secretary, Department of Health and Ageing representing Ms Jane Halton Secretary, Department of Health and Ageing	4	4
Mr Dennis Trewin, BSc (Hons), BEc, MSc Australian Statistician, Australian Bureau of Statistics *(until December 2006)*	1 *	2
Mr Brian Pink, BComm Australian Statistician, Australian Bureau of Statistics *(from March 2007)*	2	2
Ms Sandra Lambert, BA, Dip Teaching CEO, ACT Department of Disability, Housing and Community Services Representative of the Community Services Ministers' Advisory Council	3	4
Mr Peter Allen, BA, Dip Journalism Under Secretary, Policy and Strategic Projects, Victorian Dept of Human Services Representative of the Australian Health Ministers' Advisory Council	4	4

(continued)

AIHW Board (continued)

Board member	Number of meetings attended	Eligible meetings
Dr Owen Donald, BA, PhD Director of Housing, Victoria, and Executive Director of Housing and Community Building Representative of the state housing departments	4	4
Dr Sandra Eades, BMed, PhD Expert in public health research *(from 1 September 2006)*	1	4
Ms Chrysanthe Psychogios, BA Staff representative *(until April 2007)*	2	3
Mr Daniel McCarthy, BA Staff representative *(from May 2007)*	1	1
Dr Penny Allbon, BA (Hons), PhD Director, Australian Institute of Health and Welfare	4	4

* The member was not present but his representative attended.
Note: A representative of the Secretary, Department of Family, Community Services and Indigenous Affairs attended and participated in Board meetings. The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe AIHW Board and NHMRC Council meetings, respectively.

Short biographies — current position and affiliations of Board members as at 30 June 2007

PETER COLLINS

The Hon. Peter Collins was appointed Chair of the Australian Institute of Health and Welfare in 2004. He is also Chair of the Cancer Institute (New South Wales) and St John Ambulance NSW. Peter Collins is a Director of HostPlus Pty Ltd and a board member of the Workers Compensation Insurance Fund Investment Board and Macquarie Generation, both positions appointed by the New South Wales Government. He is a Commander in the Naval Reserve Support and Director of the Naval Reserve Support (NSW).

HEATHER GARDNER

Adjunct Professor Gardner is a political scientist who has taught health policy and politics to health science students for many years, first at the Lincoln Institute of Health Sciences, then at La Trobe University, where she was Foundation Head of the School of Public Health. She is Associate Editor of the Environmental Health Journal.

IAN SPICER

Mr Spicer is Chair of the National Youth Careers and Transitions Advisory Group and the Reconciliation Place Steering Committee. He is a member of the Australian

Government's Welfare to Work Consultative Forum and was formerly Chair of the National Disability Advisory Council. Mr Spicer is also currently the Deputy President of the Metropolitan Fire and Emergency Services Board (Victoria) and has almost 40 years experience representing Australian business.

GREG STEWART

Dr Stewart is a public health physician and is currently the Director of Population Health, Planning and Performance at Sydney South West Area Health Service.

DAVID KALISCH

Mr Kalisch is a Deputy Secretary in the Department of Health and Ageing with responsibility for Portfolio Strategies Division, Acute Care Division, the Mental Health and Workforce Division and the South Australian and Western Australian State Offices of the Department.

BRIAN PINK

Mr Pink was appointed the Australian Statistician in March 2007. He is Vice Chairman of the Organisation for Economic Co-operation and Development (OECD) Committee on Statistics, President of the International Association for Official Statistics for the 2005–2007 period and Australia's Head of Delegation to the United Nations Statistical Commission.

SANDRA LAMBERT

Ms Lambert is the Chief Executive Officer of the Australian Capital Territory Department of Disability, Housing and Community Services. Her responsibilities include public housing, disability services, community services, child protection, youth justice, child care licencing and multicultural affairs.

PETER ALLEN

Mr Allen is the Under Secretary, Portfolio Services and Strategic Projects in the Department of Human Services and the Victorian Government's Chief Drug Strategy Officer. He is a Director of the Australia and New Zealand School of Government, Vice President of the Victorian Division of the Institute of Public Administration Australia and a Board member of the Victorian Institute of Forensic Medicine.

OWEN DONALD

Dr Donald is the Director of Housing, Victoria, and Executive Director Housing and Community Building, Department of Human Services. He is a member of the Australian Institute of Company Directors and the Australasian Housing Institute.

SANDRA EADES

Professor Eades is a medical epidemiologist with a special interest in paediatric and perinatal epidemiology, and is the first Aboriginal medical doctor to be awarded a PhD. She is a Senior Research Fellow in Aboriginal Health at the Sax Institute in Sydney and is a Conjoint Professor in the Faculty of Health Sciences at Newcastle University.

DANIEL MCCARTHY

Mr McCarthy has worked in the AIHW People Unit in various capacities for the past three and a half years.

PENNY ALLBON

Dr Allbon was appointed as Director of the AIHW in February 2006.

Ethics Committee

Committee member	Number of meetings attended	Eligible meetings
Chair		
Mr Robert Todd, AM, LLB (Melb), BCL (Oxon) Barrister and Solicitor Supreme Court of Victoria, of the Middle Temple, Barrister-at-Law	4	4
Members		
Dr Siew-Ean Khoo, AB, MSc, DSc (Harvard) *(until 30 November 2006)*	2	2
Dr Ching Choi, BA, PhD *(from 4 December 2006 — replaced Dr Siew-Ean Khoo)*	2	2
Mr John Turner, DIP PUB ADMIN, FAICD *(until 30 March 2007)*	3	3
Mr John Buckley, BA (Hons) *(from 31 March 2007 — replaced Mr John Turner)*	1	1
Ms Kathryn Cole, BA (Hons), LIB	4	4
Rev. Dr Wesley Campbell, BA (Hons), DipTheol, BD (Hons), DTheol	4	4
Ms Janet Kahler, BA, ALAA	4	4
Dr Wendy Scheil, MBBS, FAFPHM, FRACGP, MAE, DTMEH	4	4
Ms Val Edyvean, BA, MAPsS	4	4
Dr Penny Allbon, BA (Hons), PhD	4	4

Audit and Finance Committee

Committee member	Number of meetings attended	Eligible meetings
Chair		
Mr Ian Spicer, AM, LLB, FAIM, FCIM, ACTS *(until December 2006)*	4	4
Chair AIHW Board		
The Hon. Peter Collins, AM, QC, BA, LLB	2	2
Member		
Mr Peter Allen, BA, Dip Journalism	3	4
Ms Heather Gardner, BA (Hons), MA, FAIEH (Hon) *(from December 2006)*	2	2
Dr Owen Donald, BA, PhD *(from December 2006)*	2	2

Note: The Board Charter of Corporate Governance was amended following the December 2006 Board meeting to reflect the decision of members that the Audit and Finance Committee membership will consist of four non-executive members and will no longer include the AIHW Board Chair. Heather Gardner and Owen Donald were appointed members at the December 2006 Board meeting and Peter Collins attended meetings up to the December 2006 Board meeting.

Remuneration Committee

Committee member	Number of meetings attended	Eligible meetings
Chair		
The Hon. Peter Collins, AM, QC BA, LLB	3	3
Member		
Mr Ian Spicer, AM, LLB, FAIM, FCIM, ACIS	3	3
Mr Peter Allen, BA, Dip Journalism	2	2

Note: Peter Allen was appointed as the third Remuneration Committee member at the December 2006 Board meeting.

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 11).

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>, or can be purchased through the AIHW website or from its contracted distributor CanPrint.

AIHW data

The AIHW makes available through its website unidentifiable aggregated data on a series of 'data cubes' (see Chapter 3, Communicating with stakeholders).

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

AIHW seminar program

The AIHW makes available documents about topics included on the AIHW seminar program conducted for staff, and for some seminars open to invited guests.

Government and parliament

Some ministerial briefings, ministerial correspondence, replies to parliamentary questions and tabling documents are available.

Meeting proceedings

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

Business management

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

Privacy

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

Freedom of information requests

There were no requests made under the *Freedom of Information Act 1982* during 2006–07.

Freedom of information enquiries

All enquiries concerning access to documents under the *Freedom of Information Act 1982* may be directed to the Freedom of Information Contact Officer, Australian Institute of Health and Welfare, GPO Box 570, Canberra, ACT 2601; telephone (02) 6244 1123.

Appendix 7 — Compliance with the *Commonwealth Authorities and Companies Act 1997* annual report requirements

The reference to clauses in italics and brackets after each heading relates to the relevant clauses in Schedule 1, Report of Operations Schedule, to the Commonwealth Authorities and Companies (Report of Operations) Orders 2005, which specifies the requirements that Commonwealth authority directors are to follow in preparing the report of operations.

Enabling legislation *(Clause 8)*

The AIHW was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987*. In 1992, the role and functions of the then Australian Institute of Health were expanded to include welfare-related information and statistics, making it the Australian Institute of Health and Welfare. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) (Appendix 2, page 140).

The AIHW's mandate and objectives are set out in the AIHW's corporate governance arrangements (Appendix 4, page 172), which are issued by AIHW's minister, the Hon. Tony Abbott, the Minister for Health and Ageing.

Responsible minister *(Clause 8)*

Responsibility for the AIHW is exercised by the Minister for Health and Ageing, the Hon. Tony Abbott.

Organisational structure *(Clause 9)*

The AIHW's organisational structure is described on pages 5–11 of this report.

Review of operations and future prospects *(Clauses 10 and 13)*

Chapter 2 of this annual report outlines the AIHW's performance in 2006–07 against its reporting framework; the Portfolio Budget Statements and strategic directions for 2006–07. These imperatives support the achievement of the AIHW's vision and mandate from government.

In brief, the AIHW delivered quality information services (AIHW outputs) across a wide spectrum of areas to assist its clients achieve significant outcomes in the public interest.

The AIHW's financial statements commence at page 101.

Significant events *(Clause 10)*

No significant events in the context of s. 15 of the *Commonwealth Authorities and Companies Act 1997* (the CAC Act) occurred during 2006–07. This section deals with the need to notify the responsible minister of events such as proposals to form a company, partnership, trust, joint venture etc., to dispose of shares, to acquire or dispose of or commence or cease business activities, or to make other significant change.

Judicial decisions and reviews by outside bodies *(Clause 11)*

During 2006–07, there were no judicial decisions or decisions of administrative tribunals that have had, or may have, a significant impact on the AIHW's operations. Nor have there been any reports on the operations of the AIHW by the Auditor-General (other than the report on the financial statements) or by a parliamentary committee.

Ministerial directions *(Clause 12)*

There were no notifications of general policies of the Australian Government by the Minister for Health and Ageing under s. 28 of the CAC Act.

Directors *(Clause 14)*

AIHW has a board of directors and details of the Board and its activities are provided in Appendix 5, page 183 of this report.

Statement of governance *(Clause 15)*

The AIHW's corporate governance arrangements are outlined in Appendix 4, page 172.

Indemnities and insurance premiums for officers *(Clause 16)*

The AIHW provides an indemnity to the Director under the terms and conditions of her appointment, indemnifying her against liability to third parties incurred in good faith in connection with her duties, and reasonable legal costs in defending civil proceedings in which judgment is given in her favour or in defending criminal proceedings in which she is acquitted.

The AIHW also provides an indemnity to each non-executive member of the AIHW Board under the terms and conditions of his or her appointment, indemnifying him or her against liability to third parties incurred in good faith in connection with his or her duties, and for reasonable legal costs in defending civil proceedings in respect of such liability or in defending criminal proceedings in which he or she is acquitted.

Professional indemnity insurance and other appropriate insurances, including a Directors and Officers Liability and Company Reimbursement policy (D&O policy), have been acquired on terms and conditions that are consistent with provisions in the CAC Act.

Except as stated above, during 2006–07, the AIHW did not provide an indemnity to any current or former officer of the AIHW.

Other statutory requirements *(Clause 17)*

Ecologically sustainable development and environmental performance

Under s. 516A of the *Environment Protection and Biodiversity Conservation Act 1999*, the AIHW is required to report on ecologically sustainable development and environmental matters. The relevant details are provided on page 98 of this report.

Occupational health and safety

Under s. 74 of the *Occupational Health and Safety (Commonwealth Employment) Act 1991*, the AIHW is required to report on certain occupational health and safety matters. The relevant details are provided on page 97 of this report.

Freedom of information

As required by s. 8 of the *Freedom of Information Act 1982*, Appendix 6, page 188 is published regarding the organisation and functions of the AIHW, and how members of the public can gain access to documents in the possession of the AIHW.

Advertising and market research

Under s. 311A of the *Commonwealth Electoral Act 1918*, the AIHW is required to include particulars about their advertising and market research activities. During 2006–07, the AIHW did not enter into any advertising or market research contracts greater than $10,000.

Commonwealth Disability Strategy *(Clause 18)*

Information regarding AIHW's Commonwealth Disability Strategy can be found on pages 98 of this report.

Appendix 8 — Collaborations and partnerships for the purpose of data sharing

Australian Centre for Asthma Monitoring (ACAM)

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

Australian General Practice Statistics and Classification Centre (AGPSCC)

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

Dental Statistics and Research Unit (DSRU)

The AIHW has an agreement with the University of Adelaide for the operation of the AIHW DSRU at the university for the period 1 July 2002 to 30 June 2008. The unit was established for the purposes of collecting, collating and analysing statistics relating to dental care and oral health, and on dental services and service providers, and for initiating and undertaking associated research studies.

National Injury Surveillance Unit (NISU)

The AIHW has an agreement with Flinders University for the operation of the NISU for the period 1 July 2002 to 30 June 2008. An additional schedule to the agreement exists between the Australian Government Department of Health and Ageing (DoHA) and the AIHW for the NISU for the period 1 July 2005 to 30 June 2008. The unit was developed for the purposes of informing community discussion and supporting policy making on the prevention and control of injury in Australia by developing, coordinating, interpreting and disseminating relevant information, research and analysis.

National Perinatal Statistics Unit (NPSU)

The AIHW has an agreement with the University of New South Wales for the operation of the NPSU at the university for the period 1 July 2002 to 30 June 2008. The unit was established for the purposes of providing national leadership in the development and study of statistics relating to perinatal health; collecting, collating and analysing statistics relating to perinatal health; and initiating and undertaking associated research studies.

Public Health Information Development Unit (PHIDU)

The AIHW has an agreement with Adelaide Research & Innovation Pty Ltd (a wholly owned company of the University of Adelaide) for the operation of the AIHW PHIDU from 1 October 2004 to 30 June 2010. The unit was established for the purposes of collecting, collating and analysing statistics relating to public health and for initiating and undertaking associated research studies.

National Centre for Classification in Health (NCCH)

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

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

National Centre in HIV/AIDS Epidemiology and Clinical Research

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

National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases

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

Other partnerships and Collaborations

The AIHW also has collaboration and partnership agreements in place with other agencies where the aim is to work together, other than exchange data. These partnerships include the Australian Commission for Safety and Quality in Health Care and the Australian Institute of Family Studies.

Appendix 9 — Unit Heads (as at 30 June 2007)

Information and Strategy Group

EXECUTIVE AND COMMITTEE SECRETARIAT

Margaret Blood, BA Asian Studies (Hons), GradDip Population Health

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE

Fadwa Al-Yaman, BSc Zoology, MA Population Studies, PhD Immunology

DATA AND INFORMATION TECHNOLOGY

Michael McGrath, BA Computing Studies

METEOR MANAGEMENT

David Braddock, BSc (Hons)

NATIONAL DATA DEVELOPMENT AND STANDARDS

Meera Rajendran (acting), BSc(Hons), MLib, GradDip Information Technology

Business Group

BUSINESS PROMOTION AND MEDIA

Ron Forrester, BEc

FINANCE AND COMMERCIAL SERVICES

Andrew Tharle, BComm, CPA

INFORMATION SERVICES AND PUBLISHING

Judith Abercromby, BA (Hons), DipLib

PEOPLE

Lyn Elliott, BA

Economics and Health Services Group

EXPENDITURE AND ECONOMICS

John Goss, BSc, BEc, GradDip Nutrition and Dietetics

HEALTH CARE SAFETY AND QUALITY

Vicki Bennett, BAppSc, MHlthSc

HOSPITALS

George Bodilsen, BA, GradDip Population Health

LABOUR FORCE

Paul Meyer (acting), PhD

MENTAL HEALTH SERVICES

Gary Hanson, BPsych, MA MAPS

Health and Functioning Group

POPULATION HEALTH CLUSTER

Mark Cooper-Stanbury, BSc

POPULATION HEALTH DATA AND INFORMATION SERVICES

Michael de Looper (acting), BSc (Hons), MSc

POPULATION HEALTH

Mark Cooper-Stanbury, BSc

ASTHMA, ARTHRITIS AND ENVIRONMENTAL HEALTH

Kuldeep Bhatia, PhD

CARDIOVASCULAR DISEASE AND DIABETES

Lynelle Moon, BMath, GradDipStats, GradDip Population Health

FUNCTIONING AND DISABILITY

Dr Chris Stevenson, BSc (Hons), MSc, PhD

HEALTH REGISTERS AND CANCER MONITORING

John Harding, BA Statistics

Welfare and Housing Group

AGEING AND AGED CARE

Ann Peut, BA (Hons), MA Sociology, GradDip Applied Science, Library and Information Management

HOUSING AND HOMELESSNESS CLUSTER

Justin Griffin, BEc

HOUSING ASSISTANCE

Tracie Ennis, BAppSc Human Biology, GradCert Public Policy

HOUSING DATA ANALYSIS

David Wilson, BEc (Hons)

SMART 6

Heather Logie (acting), BA/BSc Psychology, MPubPol

SUPPORTED ACCOMMODATION AND CRISIS SERVICES

Anne Giovanetti, BA

CHILDREN YOUTH AND FAMILIES

Cynthia Kim (part- time job share), BEc (Hons), MPubPol, GradCert Management
Sushma Mathur (part-time job share), BMath Statistics

COMMUNITY SERVICES INTEGRATION AND LINKAGE

Phil Anderson, BA, BSc (Hons), PhD

Collaborating Units with agreed work programs

AUSTRALIAN CENTRE FOR ASTHMA MONITORING

Guy Marks, MBBS, PhD, FRACP, FAFPHM

AUSTRALIAN GENERAL PRACTICE STATISTICS AND CLASSIFICATION CENTRE

Helena Britt, BA, PhD, Assoc Prof

DENTAL STATISTICS AND RESEARCH UNIT

Gary Slade, BDSc, DDPH, PhD, Prof

NATIONAL INJURY SURVEILLANCE UNIT

James Harrison, MBBS, MPH, FAFPHM, Assoc Prof

NATIONAL PERINATAL STATISTICS UNIT

Elizabeth Sullivan, MBBS, MPH, MMed, FAFPHM

PUBLIC HEALTH INFORMATION DEVELOPMENT UNIT

John Glover, BEc, BA

Appendix 10 — Publications

AIHW publications for 2006–07

There were 140 publications with an average page count of 107 pages.

Aboriginal and Torres Strait Islander health and welfare

Aboriginal and Torres Strait Islander health performance framework 2006 report: detailed analyses. AIHW. Cat. no. IHW 20. Canberra: AIHW, 2007.

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Appendix 11 — Participation in national committees as chair and/or secretariat

Listed below are the inter-jurisdictional committees in which AIHW carries out the roles of chair and/or secretariat.

Australasian Association of Cancer Registries (secretariat)

Commonwealth–State/Territory Disability Agreement National Minimum Data Set Network (secretariat)

Health Data Standards Committee (chair and secretariat)

Improving Identification of Indigenous people in Health Data Collections — Steering Committee (chair and secretariat)

Intergovernmental Committee on Drugs: Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group (secretariat)

Juvenile Justice Data Working Group (secretariat)

Medical Indemnity Data Working Group (secretariat)

Medical Indemnity National Collection Coordinating Committee (secretariat)

Mental Health Information Strategy Sub-committee

National Advisory Committee on Maternal Mortality (secretariat)

National Advisory Group on Aboriginal Health Information and Data (secretariat)

National Child Protection and Support Services data group (secretariat)

National Committee for Housing Information (secretariat)

National Community Services Data Committee (chair and secretariat)

National Community Services Information Management Group (deputy chair and secretariat)

National Congenital Anomalies Steering Committee (secretariat)

National Diabetes Data Working Group (secretariat)

National Heart, Stroke and Vascular Health Data Working Group (secretariat)

National Housing Data Agreement Management Group (secretariat *until October 06*)

National Housing Data Development Committee (chair and secretariat *until October 06*)

National Opioid Pharmacotherapy Statistics Annual Data Working Group (secretariat)

National Perinatal Data Development Committee (secretariat)

National Social Housing Surveys Steering Committee (chair and secretariat)

Palliative Care Data Working Group (secretariat)

Population Health Information Development Group (co-chair and secretariat)

Prisoner Health Information Group (secretariat)

Prisoner Health Technical Expert Group (secretariat)

Public Health Expenditure Technical Advisory Group (secretariat)

Statistical Information Management Committee (deputy chair and secretariat)

Steering Committee of the National Centre for Monitoring Arthritis and Musculoskeletal Conditions (secretariat)

Steering Committee for the National Social Housing Survey for State Owned and Managed Indigenous Housing (chair and secretariat)

Appendix 12 — Abbreviations

ABS	Australian Bureau of Statistics
ACAM	Australian Centre for Asthma Monitoring
ACT	Australian Capital Territory
AGPSCC	Australian General Practice Statistics and Classification Centre
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AIHW Act	*Australian Institute of Health and Welfare Act 1987*
ANZARD	Australia and New Zealand Assisted Reproduction Database
APS	Australian Public Service
ARC	Australian Research Council
ART	Assisted Reproductive Technology
ATC	Anatomic, therapeutic Chemical
ATSB	Australian Transport Safety Bureau
ATSIHPF	Aboriginal and Torres Strait Islander Health Performance Framework
BARC	Building Ageing Research Capacity
BEACH	Bettering the Evaluation and Care of Health program
BPMU	Business Promotion and Media Unit
CAC Act	*Commonwealth Authorities and Companies Act 1997*
CATI	Computer Assisted Telephone Interview
CDHS	Child Dental Health Survey
CDSMAC	Community and Disability Services Ministers' Advisory Council
COAG	Council of Australian Governments
CSHA	Commonwealth–State Housing Agreement
CSIRO	Commonwealth and Scientific and Industrial Research Organisation

CSTDA	Commonwealth–State/Territory Disability Agreement
CT	Clinical Term
DoHA	Department of Health and Ageing
DSRU	Dental Statistics and Research Unit
EHR	Electronic Health Record
FaCSIA	Department of Families, Community Services and Indigenous Affairs
GRIM	General Record of Incidence of Mortality
HMAC	Housing Ministers' Advisory Council
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICF	International Classification of Functioning, Disability and Health
ISO	International Organization for Standardization
LDAC	Learning and Development Advisory Committee
KPI	Key Performance Indicator
METeOR	Metadata Online Registry
MoU	Memorandum of Understanding
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NCHH	National Centre for Classification in Health
NCHI	National Committee for Housing Information
NEHTA	National E-Health Transition Authority
NGOTP	Non Government Organisation Training Program

NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NHS	National Health Survey
NISU	National Injury Surveillance Unit
NMDS	National Minimum Data Set
NPSU	National Perinatal Statistics Unit
NSAOH	National Survey of Adult Oral Health
NSW	New South Wales
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OH&S	Occupational Health and Safety
PBS	Pharmaceutical Benefits Scheme
PHIDU	Public Health Information Development Unit
SAAP	Supported Accommodation Assistance Program
SACS	Supported Accommodation and Crisis Services
SAS	Statistical Analysis System
SES	Senior Executive Service
SMART 6	SAAP Management and Reporting Tool Version 6
SNOMED	Systematized Nomenclature of Medicine
WA	Western Australia
WHO–FIC	World Health Organization Collaborating Centre for the Family of International Classifications
XML	Extensible Markup Language

Index

A

AAP news pieces, 86

abbreviations, 223–5

Aboriginal and Torres Strait Islander Health and Welfare Unit, 38–40

Aboriginal and Torres Strait Islander Health Information Plan, 39

Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report, 23, 38–9

Aboriginal and Torres Strait Islander people with coronary heart disease report, xi–xii, 52

Aboriginal and Torres Strait Islander Social Health Atlas, 65

Aboriginal Australians, *see* Indigenous Australians

ABS, *see* Australian Bureau of Statistics

ACAM, 65–7, 193, 198

access for people with disabilities, 98

Access magazine, 84, 85

accommodation, 92

- *see also* housing

ACT Health, 22

Acumen Alliance, 89

admitted patients, *see* hospitals

Adoptions, Australia 2005–06, 77

adult dental health, 61, 62, 63

Adult Vaccination Survey, 47

aged care, 74–6, 78, 79

Ageing and Aged Care Unit, 74–6

AGPSCC, 63–4, 193, 198

agreements, xii, 29, 193–5

- with Australian Commission on Safety and Quality in Health Care, xi, 43
- data sharing, 11, 193–5
- with staff, 96, 97; confidentiality undertakings, 90, 92
- *see also* business arrangements; Commonwealth–State Housing Agreement; Commonwealth–State/Territories Disability Agreement

AHMAC, *see* Australian Health Ministers' Advisory Council

alcohol and other drug treatment services, 54, 87

allied health labour force, 45

Annual report 2005–06, 26

ANZARD, 59

appropriation funding, xii, xiv, 12, 82

ARC/NHMRC Research Network in Ageing Well, 75

arthritis, 49–51, 87

- care pathways project, 75, 78, 79

Arthritis and Osteoporosis Program of Australian Government, 51

articles, 50, 209–12

- AIHW report coverage, 86–7

asset write-down, 82

assisted reproductive technology (ART), 59, 87

asthma, 49, 51, 66–7, 86, 87

Asthma, Arthritis and Environmental Health Unit, 49–51

Asthma Foundation of New South Wales, 66

Asthma in Australia: findings from the 2004–05 National Health Survey, 67, 86

Atlas of avoidable hospitalisations, 64

ATSB, 57, 58

Audit and Finance Committee, 8, 182, 187

audits, 89–90

Australasian Professional Society on Alcohol and Other Drugs conference, 89

Australia and New Zealand Assisted Reproduction Database (ANZARD), 59

Australian and New Zealand atlas of avoidable mortality, 64

Australian Association of Gerontology National Conference, 89
Australian Associated Press news pieces, 86
Australian Bowel Cancer Screening Program, 20, 56
Australian Bureau of Statistics (ABS), 39
  Census data, 65
  committee membership, 36
  National Health Survey, 49, 66, 67
Australian Cancer Incidence and Mortality books, 55
Australian Capital Territory Health, 22
Australian Centre for Asthma Monitoring, 66–7, 193, 198
Australian Commission on Safety and Quality in Health Care, xi, 43
Australian Council on Social Services, 32, 89
Australian Family of Health and Related Classifications, 33
Australian Financial Review Health Congress, 42
Australian General Practice Statistics and Classification Centre, 63–4, 193, 198
Australian Health Insurance Association, 42
Australian Health Ministers' Advisory Council (AHMAC), 44, 78
  Australian Population Health Development Principal Committee, 62
  Public Health Information Development Group, 48
Australian Healthcare Association, 36
Australian Hospital Statistical Advisory Committee, 36
Australian hospital statistics 2005–06, 44
Australian Hospital Statistics Advisory Committee, 36
Australian Institute of Family Studies, xii, 77
Australian Institute of Health and Welfare Act 1987, 2, 140–69
  report on services required under, 25–6
  staff confidentiality undertakings, 90, 92
Australian Institute of Health and Welfare Regulations, 170–1
Australian Law Reform Commission, 34
Australian Medicines Terminology, 63
Australian National Audit Office, 90
Australian Population Health Development Principal Committee, 62
Australian Private Health Insurance Administration Council, 36
Australian Private Hospitals Association, 36
Australian Public Service (APS) values, xvii, 92
Australian Research Council/NHMRC Research Network in Ageing Well, 75
Australian Spinal Cord Injury Register, 57
Australian Transport Safety Bureau (ATSB), 57, 58
Australia's dental generations report, 61
Australia's health, 25–6, 64
Australia's welfare, 25–6
awards and recognition, 34
  staff, 91–2

B

babies, 58–60, 86
BEACH program, 63–4
Biennial Health Conference, 89
birth registration, 23
blindness and eye health, 49
blood donations, 93
Blueprint for nation-wide surveillance of chronic diseases and associated determinants, 48
Board, ix, 5–8, 79, 183–7
  embargoed access to publications decision, 88
bowel cancer, 20, 56
breast cancer, 55
  Breastscreen Australia monitoring, 84, 86, 87
Building Ageing Research Capacity (BARC) Colloquium, 75, 76
burden of disease, 22, 24, 41, 42, 86
business arrangements, xii
  Aboriginal and Torres Strait Islander Health and Welfare Unit, 38, 39
  Asthma, Arthritis and Environmental Health Unit, 51
  Australian General Practice Statistics and Classification Centre, 63
  Children, Youth and Families Unit, 77

Community Services Integration and Linkage Unit, 78
Expenditure and Economics Unit, 42
Health Care Safety and Quality Unit, 43
Health Registers and Cancer Monitoring Unit, 55
Hospitals Unit, 44
Housing Assistance Unit, 69
Mental Health Services Unit, 46
National Injury Surveillance Unit, 57, 58
Population Health Data and Information Services Unit, 47
Population Health Unit, 48
Support Accommodation and Crisis Services Unit, 72–3
Business Group, 11, 88, 196
business management, 82–98
business plan, Headline Indicators for Children's Health, Development and Wellbeing, 77
Business Promotion and Media Unit, 87–8

C

Canadian Institute for Health Information, xiv
cancer, 20, 55–6, 86, 87
Cancer Australia, xii, 55
Cancer Institute NSW, 55
cardiovascular disease, xii, 51–2, 86, 87
Cardiovascular Disease and Diabetes Unit, 51–2
Care Pathways for Older Australians with Dementia, Cardiovascular Disease and Arthritis project, 75, 78, 79
cash and term deposits, 82
CDSMAC, 78
Census 1996 and 2006 data, 65
Cerebral Palsy Australia, 54
Certified Agreement, 95
Workloads and Work/Life Balance Review, xiv, 95, 96–7
cervical cancer screening, 55, 87
Chair's report, ix–x
Charter of Corporate Governance, 6, 172–82
Child Dental Health Survey, 61–2
Child Oral Health Study, 62
Child protection, Australia 2005–06, 77
children, xii, 76–7, 78, 86
arthritis, 50, 51
dental health, 61–2
with disabilities, 54, 87
homeless in SAAP report, 74, 87
perinatal statistics, 58–60, 65
see also young Australians
Children, Youth and Families Unit, 76–8
chronic diseases, 22–3, 48–9, 65
care pathways project, 75, 78, 79
Chronic diseases and associated risk factors in Australia 2006, 22, 87
chronic obstructive pulmonary disease, 66
classification, 33
external causes, 57
primary care, 63
staff, 91
Clinical Casemix Committee of Australia, 36
Coalition of Australian Government (COAG) Illicit Drug Diversion Initiative, 54
collaborations and collaborating units, 11, 56–67, 193–5, 198–9
conference papers given by, 216–20
journal articles produced, 210–12
see also business arrangements
Collection and Production Output Group, 36–80
Comcare, 90
Comcover, 90
Committee of Heads and Deans of Dental Schools, 62
Commonwealth Authorities and Companies Act 1997 annual report requirements, 190–2
Commonwealth Disability Strategy, 98
Commonwealth–State Housing Agreement (CSHA), 69–70, 71
Financial Reporting Framework, 30
Commonwealth–State/Territory Disability Agreement (CSTDA), 20–1, 54
national minimum data set, 32

communicating to stakeholders, 82–9
see also publications
Community and Disability Services Ministers' Advisory Council, 78
community housing, 23, 30, 70
Community Services Integration and Linkage Unit, 78–80
community services sector, 68–80
Australia's welfare, 25–6
Indigenous data collections, 40
mental health, 46
national data standards, 30, 32
palliative care, 30, 41
conferences, seminars and workshops, 42, 50
associated with launches, 26, 32
attended as exhibitor, 89
attended by collaborating units, 58, 66; papers given, 216–20
Building Ageing Research Capacity (BARC) Colloquium, 75, 76
for staff, 88
staff presentations at, 212–16
confidentiality agreements/undertakings, 90, 92
congenital anomalies system, 60
consultative arrangements, 188
with staff, 95
contract work, *see* business arrangements
coronary heart disease, xi–xii, 52
corporate governance, 5–8, 172–87
corporate plan, 12–15
responses to, xii, xiii, xiv
corticosteroids, 66, 67
crime and justice data collections, 39
see also prisoners
Crisis Accommodation Program, 69
CSHA, *see* Commonwealth–State Housing Agreement
CSTDA, *see* Commonwealth–State/Territory Disability Agreement
custody orders, children on, 77

D

data collection, 36–80
data development work, 21–2, 27–80
BEACH program, 63–4
data dictionaries, 32, 33, 59
data linkage and integration, 34, 77, 78–80
Data Linkage Protocol, 79
data sharing agreements, 11, 193–5
data standards, 21–2, 27–35
Indigenous, in community services collections, 40
deaths, *see* mortality
deficit recorded, 82
dementia, 23, 74–6
care pathways project, 75, 78, 79
Dementia Collaborative Research Centre, 75
Dementia in Australia, 23, 86
Dental Statistics and Research Unit, 61–3, 193, 199
Department of Families, Community Services and Indigenous Affairs (FaCSIA), 70, 73, 75
Board membership, 6
Personal Helpers and Mentors Programme, 46
Department of Health and Ageing (DoHA), xi, 65
Board membership, 5
committee membership, 36
contracts with, 38, 39, 55
funding provided by, 45, 57
memorandums of understanding with, 44, 47, 48
National Bowel Cancer Screening Program, 56
Population Health Division, 47
previous years' Outcome, 12
Department of Veterans' Affairs, 36, 48, 75
Deputy Director, 11
diabetes, 51–2
diet and nutrition, 49
Director, 6, 92
awards for outstanding performance, 92
overview by, xi–xv
disability, *see* functioning and disability
Disability Policy & Research Working Group, xi

doctors, 45, 87
general practitioner activity, 23, 63–4, 87
documents, 188–9
see also publications
domestic violence, 39–40
drugs, 47, 63, 86, 87
illicit, 54
see also Pharmaceutical Benefits Scheme
DSRU, 61–3, 193, 199

E

ecologically sustainable development contribution, 98
Economics and Health Services Group, 11, 41–6, 197
educational outcomes, 77
elective surgery waiting times, 44
electronic health record and health statistics (e-health), xiii, 22, 34
BEACH program, 63–4
embargo policy, 88
embryo disposition survey, 59
emergency departments, mental-health related services provided by, 46
emerging information needs, 22–4
Employee Assistance Program, 95
employees, *see* staff
environmental health, 50, 51
environmental performance, 98
establishment, 2
ethical standards, 92
Ethics Committee, 7, 9, 181–2, 186
Executive team, xv, 11
Expenditure and Health Services Group, 41–2
expenditure on health, 41–2, 87
external causes (injury), 56–8
eye health data project, 49

F

falls injury, 57
Family violence among Aboriginal and Torres Strait Islander peoples report, 39–40
female staff, 90–1
fertility rates, 65
finance, xii, 3, 82, 89, 90, 101–39
Board committees overseeing, 8, 182, 187
office leases, 92
see also business arrangements
financial data, 30
expenditure on health, 41–2, 87
financial statements, 82, 90, 101–39
Financial Technical Working Group, 30
fire warden training, 98
Flinders University, 56
flu readiness program, 97
fluoride and caries experience, 62
food and nutrition, 49
forums, *see* conferences, seminars and workshops
freedom of information, 188–9
fraud control, 89
full-time staff, 90
functioning and disability, xi, 52–4, 87
aged care service needs, 75
Commonwealth Disability Strategy, 98
Commonwealth–State/Territories Disability Agreement (CSTDA), 20–1, 54; national minimum data set, 32
impact of arthritis and osteoporosis, 50
national data standards, 29–30
Functioning and Disability Data Set Specification, 29–30
Functioning and Disability Unit, 52–4
functions, 2, 9

G

gender of staff, 90–1
general practice activity, 23, 63–4, 87
governance, 5–8, 172–87
government health expenditure, 42
graduate recruitment, 91
graphic artist, xiv, 83
Green Group, 98
grievance handling, 95
Group Heads, 11
guardianship orders, children on, 77
guide to Australian eye health data project, 49
A Guide to data development, 21, 31

H

Hansard mentions, 87
Harassment Contact Officers, 95
Harmony Counts, 94
Headline Indicators for Children's Health, Development and Wellbeing, 77
Health and Functioning Group, 11, 47–56, 197–8
health and safety, occupational, 97
Health Care Safety and Quality Unit, 42–3
Health Data Standards Committee, 59
health labour force, *see* labour force
Health Registers and Cancer Monitoring Unit, 55–6
health sector, 38–67
  Australia's health, 25–6, 64
  national data standards, 29–30, 32
Health Workforce Secretariat, 45
Healthy for Life program, 23
history, 2
home purchase assistance, 69
homelessness (SAAP), 71–4, 78, 87
  Crisis Accommodation Program, 69
hospitals, 44–5, 86, 87
  advisory committee, 36
  avoidable hospitalisations report, 64
  Indigenous admissions, 65
  injuries admissions, 57, 58
  mental health care and services, 46
  movement to residential aged care from, 78, 79
  obstructive lung disease admissions, 66
  sentinel events report, 43
Hospitals Unit, 44
housing, 68–74
  national data standards, 30, 33
  National Reporting Framework, 38
Housing and Homelessness Cluster, 68–74
Housing Assistance Unit, 68–71
Housing Data Analysis Unit, 68, 71
Housing Ministers' Advisory Council (HMAC), 30, 69, 70, 71
Housing Working Group, 70

I

ICPC-2 PLUS, 63–4
Illicit Drug Diversion Initiative, 54
incidents under s.68 of OH&S Act, 97
'income units', 70
Indigenous Australians, 23, 38–40
  coronary heart disease, xi–xii, 52
  hospital patients, 44
  housing, 30, 69, 70; data collection training package, 73
  injury, 57–8
  Social Health Atlas, 65
Indigenous Road Safety Forum, 58
influenza readiness program, 97
information and communication technology, 89
  see also electronic health record and health statistics; internet
Information and Strategy Group, 11, 38–41, 196
inhaled corticosteroids, 66, 67
injury, 56–8
insurance policies, 6, 90
interactive electronic tools, xiii
internal audit, 89–90

International Classification of Function, Disability and Health (ICF), 30
International Classification of Primary Care ICPC-2 PLUS, 63–4
International Financial Reporting Standards, 30
international relations, xiv, 42
classifications and standards, 33, 34
internet, 84, 86
Asthma in Australia report hits, 67
interactive electronic tools, xiii, 44
National Perinatal Statistics Unit website, 60
Public Health Information Development Unit website, 64–5
subscribers to automated publications release notification service, 83
see also METeOR

J

juvenile arthritis, 50, 51
juvenile justice, 32, 78, 79, 80
Juvenile Justice Data Working Group, 78

K

Knowledgebase, 34

L

La Trobe University, 24
labour force, 45, 46, 87
dental, 62
see also staff
Labour Force Unit, 45
launches, 26, 37, 87
Australia's dental generations report, 61
Breastscreen monitoring 'Report Profile', 84, 87
National communities services data dictionary, 32
Learning and Development Advisory Committee, 95
leases, 92
leave without pay, staff on, 90
legislation, 2, 140–71
Commonwealth Authorities and Companies Act 1997 annual report requirements, 190–2
environmental performance reporting, 98
occupational health and safety reporting, 97
report on services required under, 25–6
staff confidentiality undertakings, 90, 92
life expectancy, 54
linkage of data, 34, 77, 78–80

M

male staff, 90–1
management, 82–98
maternal health, 23, 59–60, 86
Maternity Indicators Project, 60
media coverage, 37, 70, 86–7
media releases, 86
media training, 88
medical indemnity, 21, 42, 43, 87
medical labour force, *see* doctors
Medicare, 23
meetings, 7–8, 183–7
Australian Hospital Statistics Advisory Committee, 36
OH&S Committee, 97
members, 5–8, 183–7
Australian Hospital Statistics Advisory Committee, 36
memorandums of understanding, 37, 44, 47, 48
men staff, 90–1
mental health, 46, 74, 86
Mental Health Services Unit, 46
metadata, 32–3
METeOR (metadata registry), 21–2, 30–1, 32–3, 34–5
national minimum data sets included/being developed, 32, 42, 63
METeOR Management Unit, 40
midwifery labour force, 45, 87
minimum data sets, *see* national minimum data sets
Minister, 5, 82

launches by, 61, 84
services to, 25–6
Minister for Community Services, 87
mission statement, xvi
Monitoring Group for the National Oral Health Plan 2004–2013, 62
mortality
avoidable, 64
from cancer, 55
Indigenous, 23, 65
from injury, 57–8
maternal, 59
obstructive lung disease, 66
musculoskeletal conditions, *see* arthritis

N

National Aboriginal and Torres Strait Islander Social Survey, 40
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data strategic plan 2006–2008, 39
National Advisory Group on Aboriginal and Torres Strait Islander Health Information (NAGATSIHID), 39, 40
National Bowel Cancer Screen Program, 20, 56
National Breast Cancer Centre, 55
National Cancer Statistics Clearing House, 55
National Centre for Classification in Health, 36, 194
National Centre for HIV/AIDS Epidemiology and Clinical Research, 194
National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, 195
National Centre for Monitoring Arthritis and Musculoskeletal Conditions, 51
National Cervical Cancer Screening Program, 55
National Committee for Housing Information (NCHI), 30, 33, 69, 70
national committees, 29, 33–4, 221–2
National community services data dictionary, 32
National Data Development and Standards Unit, 41
national data standards, 29–35
National Death Index, 55
National Dental Labour Force Data Collection, 62
National Dental Telephone Interview Survey, 61
National Drug Strategy Household Survey, 47
National E-Health Transition Authority (NEFTA), 63
National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss, 49
National Health and Medical Research Council (NHMRC), xii, 6, 75
conference, 89
funding by, 24, 59, 75
National health data dictionary, 32, 59
National Health Priority Area, 49, 50
National Health Survey, 49, 66, 67
National housing assistance data dictionary, 33
National Housing Data Agreement Management Group, 69
National Indigenous Housing Information Implementation Committee, 69
national information agreements, 29
National Injury Surveillance Unit, 56–8, 193, 199
National Leadership Output Group, 27–35
national minimum data sets, xiii
alcohol and other drug treatment services, 54
Commonwealth–State/Territory Disability Agreement (CSTDA), 32
congenital anomalies system, 60
government health expenditure, 42
hospitals, 44
juvenile justice, 32
perinatal, 59
young people in residential care, xi, 54
National Oral Health Plan, 62
National Palliative Care Strategy, 41
National Perinatal Statistics Unit, 58–60, 194, 199
National Population Health Information Group, xi
National Research Priority Areas, xii
National Residential Mental Health Care Database, 46
national standards, 22, 27–35

National Survey of Adult Oral Health (NSAOH), 61, 63
NCCH, 36, 194
NEFTA, 63
New South Wales, 55, 62, 66
New South Wales Department of Community Services, 73
New Zealand Health Information Service, xiv
newborn screening, 59
newspaper articles on AIHW reports, 37
NISU, 56–8, 193, 199
Non Government Organisation Training Program (NGOTP), 73
non-ongoing staff, 90, 91
Northern Territory, 38
NPSU, 58–60, 194, 199
nurses, 45, 63, 87
nutrition, 49

O

obesity, childhood, 77
obstructive lung disease, 66
occupational health and safety (OH&S), 97
occupational therapy labour force, 45
office accommodation, 92
Office for Aboriginal and Torres Strait Islander Health, 38
Office for an Ageing Australia, 75
Office of the Australian Safety and Compensation Commission, 75
older Australians, 74–6, 78
  care pathways project, 75, 78, 79
  falls injuries, 57
  obstructive lung disease, 66
ongoing staff, 90
operating result, 82
oral health, 61–3
organisation and structure, 2–15, 68, 73, 82
osteoarthritis, 51
osteoporosis, 49–51
outcome and outputs, 12, 18–80
outsourced services, 89
Ovarian cancer in Australia, 55

P

palliative care, 30, 41
pandemic/influenza readiness plan, 97
Parliament, 25
  Hansard citations, 87
  tabling of *AIHW annual report 2005–06,* 26
partnerships, *see* collaborations and collaborating units
Patterns of asthma medication use in Australia, 67
PBS, *see* Pharmaceutical Benefits Scheme
people, *see* staff
performance indicators, 26, 28–9, 37
  in *Australian hospital statistics 2005-06,* 44
  child protection, 77
  National Oral Health Plan, 62
performance management, 95
performance report, 18–80
perinatal statistics, 58–60, 65
personal and professional development, 95
Personal Helpers and Mentors Programme, 46
Pharmaceutical Benefits Scheme (PBS), 49, 50, 66
  asthma medications, 67, 87
PHIDU, 64–5, 194, 199
physiotherapy labour force, 45
podiatry labour force, 45
Policy Research Working Group, 71
population health, 47–9, 54, 64–5
Population Health Data and Information Services Unit, 47
Population Health Unit, 47–9
Portfolio Budget Statement, 12
portfolio membership, 5
powers, 188
pregnancy and smoking, 59, 60, 86, 87
prenatal diagnosis, 59
press coverage, 86–7

press releases, 86
primary health care, xi, 23, 50, 63–4
Prisoner Health Information Group, 38
prisoners, 38, 49
  juvenile justice, 32, 78, 79
privacy, 34
private rent assistance, 69
professional development, 95
Protection and Support Services Working Group, 77
protocols, 79
psychology labour force, 45, 46
public health, 47–9, 54, 64–5
Public Health Information Development Group, 48
Public Health Information Development Unit, 64–5, 194, 199
public hospitals, 44
  sentinel events report, 43
public housing, 30, 69, 70, 71
Publication Planning and Production Advisory Committee, 82
publications, xiv, 36–80, 83–9, 200–20
  Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report, 23, 38–9
  about national data standards, 33
  A Guide to data development, 21, 31
  medical indemnity report, 21, 43
  required under AIHW Act, 25–6
purchasing, 89

Q

Quality of Aboriginal and Torres Strait Islander identification in community data collections, 40
quality of data, *see* data standards
quality of health care, 42–3
Queensland, 62
Queensland University of Technology, 194

R

radio reports on AIHW reports, 86
recruitment of staff, xiv, xv, 91
  induction program, 92
recycling, 98
remote areas, 54, 73
Remuneration Committee, 8, 182, 187
report profiles, 37
  on Breastscreen monitoring, 84
reporting, AIHW, 12–15
  statutory requirements, 25–6
reporting, statistical, 33
  housing, 38
reports, *see* publications
residential aged care, 76, 78, 79
  young people in, xi, 54
residential mental health care, 46
respiratory diseases, 49, 51
responsible Minister, 5
retention of staff, 91
retirement villages, people living in, 75
revaluation write-down, 82
revenue, *see* finance
rheumatoid arthritis, 51
risk management, 89–90
role and functions, 2, 9
Royal Alexandra Hospital for Children, 195
rural areas, 54

S

SAAP, 71–4, 78, 87
SACS Unit, 71–4
safety, 97
  health care, 42–3
school dental services, 62
security, 89, 92
seminars, *see* conferences, seminars and workshops
Sentinel events in Australian public hospitals 2004–05 report, 43

separations of staff, xv
septicaemia, 51
sex of staff, 90–1
SMART, 73
smoking and pregnancy report, 59, 60, 86, 87
SNOMED, 22, 63
Social Club, 92–4
Social Research Centre, 47
Socioeconomic inequalities in cardiovascular disease in Australia bulletin, 52
South Australia, 62, 77
Specific Services Output Group, 25–6
spinal cord injury register, 57
sport, 94
staff, xiv–xv, 90–8
  conference papers given by, 212–16
  executive, xv, 11
  training and development, 87–8, 90, 95, 98
stakeholder communications, 82–9
standards, *see* data standards
Standards Australia, 33
state and territory health authorities, 36, 61–2
Statistical Information Management Committee, xiii, 59
statistics, 27–80
steering committees, 36
strategic directions, 12–15
  2006–07, 20–4
structure and organisation, 2–15
submissions to inquiries, 34, 59
subscribers to automated publications release notification service, 83
substance abuse, 74
Support Accommodation Assistance Program (SAAP), 71–4, 78, 87
Supported Accommodation and Crisis Services Unit, 68, 71–4
Survey questions for monitoring asthma indicators, 67

T

Tasmania, 62
television news items on AIHW reports, 86, 87
Telstra Foundation, 77
This time let's make it happen, 39
timeframe for *Australian hospital statistics 2005–06,* 44
Torres Strait Islanders, *see* Indigenous Australians
training, 73
  AIHW staff, 87–8, 90, 95, 98
  in METeOR, 31
Transitions in Care node, 75
transport-related injury, 57, 58

U

undertakings of confidentiality, 90, 92
Unit Heads, 196–9
United Nations, 42
United States National Academies of Science, 42
university dental schools, 62
University of Adelaide, 64, 193
University of New South Wales, 75, 194
University of Queensland, 24, 74
University of Sydney, 193

V

vaccination survey, 47
valuation of assets, 82
values, xvi–xvii, 92
veterans, 48, 79
Victoria, 62
Victorian Homelessness Data Collection, 72, 73
violence, 39–40, 58
vision and eye health, 49

W

WA Health, 79
waiting times for elective surgery, 44

web services, *see* internet
welfare, *see* community services sector
Welfare and Housing Group, 11, 68–80, 198
welfare of staff, 95
Western Australia, 58, 61, 79
whole-of-government policy agendas, 24
women staff, 90–1
Wonca International Classification Centre, 63
Woolcock Institute of Medical Research, 193
work/life balance review, xiv, 95, 96–7
workforce, *see* labour force; staff
workloads review, xiv, 95, 96–7
workplace, 92–8
workshops, *see* conferences, seminars and workshops
workstation assessments, 97
World Health Organization (WHO), 33, 63
writing skills, 88

Y

young Australians, 77
    arthritis, 50, 51
    juvenile justice, 32, 78, 79, 80
Young Australians: their health and wellbeing, 87
Young People in Residential Aged Care Program, xi, 54