

# Australian Institute of Health and Welfare

**Enabling legislation** The Australian Institute of Health and Welfare (AIHW) is established and operates under the provisions of the *Australian Institute of Health and Welfare Act 1987*. The Institute is in the Health and Aged Care portfolio.

**Responsible Minister** From 1 July 1998 to 30 June 1999 the Minister responsible for the Institute was the Hon. Dr Michael Wooldridge, Minister for Health and Aged Care. The Institute also communicated with the Minister for Aged Care, the Hon. Bronwyn Bishop, and the Minister for Family and Community Services, the Hon. Jocelyn Newman, on matters for which they were directly responsible.

**Objectives and functions** The AIHW's primary functions relate to the collection and production of health-related and welfare-related information and statistics, and are specified in section 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 and timely information and analysis to the Commonwealth, State and Territory governments and non-government clients through the collection, analysis and dissemination of national health and community services data; and
- develops, maintains and promotes, in conjunction with stakeholders, information standards for health and community services to enable comparison of national, State and Territory data.

The Institute has power to do what is necessary or convenient for the best performance of its functions. In particular it may:

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

The Institute publishes the results of its work.

**Legislation** The Institute was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In

1992 the Institute's role and functions were expanded to include welfare-related information and statistics. The Act is now the *Australian Institute of Health and Welfare Act 1987* (Appendix 2, page 73).

## Corporate governance

### AIHW Board

Section 8(1) of the AIHW Act specifies the composition of the Board of the Australian Institute of Health and Welfare. Board members, other than the three ex-officio members and the staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Aged Care for periods not exceeding three years. Details of 1998–99 Board members are listed below. The Financial Statements contain details of remuneration of Board members (Note 12, page 69), and Related Party Disclosures of the Board (Note 13, page 69).

The following is a list of Board members for the period 1 July 1998 to 30 June 1999.

#### *Chairperson*

Professor Janice Reid, AM

#### *Ministerial nominee*

Dr Sandra Hacker

#### *Secretary, Department of Health and Aged Care*

Mr Andrew Podger

#### *Australian Statistician*

Represented by Mr Tim Skinner, Deputy Australian Statistician

#### *Australian Health Ministers' Advisory Council nominee*

Dr David Filby (1 July 1998 to 22 April 1999)

Mr David Butt (nominated by AHMAC from 23 April 1999)

#### *Standing Committee of Community Service and Income Security Administrators nominee*

Mr Richard Deyell (from 1 July 1998 to 29 April 1999)

Mr Ian Procter (nominated by SCCSISA from 30 April 1999)

#### *Representative of State and Territory Housing Departments*

Ms Vivienne Milligan (from 9 December 1998 to 2 March 1999)

Ms Linda Apelt (nominated by State and Territory Housing Departments from 3 March 1999)

#### *Director, AIHW*

Dr Richard Madden

#### *AIHW staff nominee*

Dr Janis Shaw

The Secretary of the Department of Family and Community Services, Dr David Rosalky, is invited to attend and participate in Board meetings. His representative until June 1999 was Mr David Tune. The National Health and Medical Research Council (NHMRC) and the Institute have reciprocal arrangements to observe Institute Board and NHMRC Council meetings respectively.

Four Board meetings were held during the period, and details of meetings attended and Board members' qualifications and experiences are at Appendix 3 (page 101).

## **Board committees**

### **Health and Welfare Ethics Committees**

The functions and the composition of the Institute's Health Ethics Committee are prescribed in section 16(1) of the *Australian Institute of Health and Welfare Act 1987*, and Regulations accompanying the Act. The Committee's principal responsibilities are to form an opinion as to the acceptability or otherwise, on ethical grounds, of current or proposed health-related activities of the Institute or bodies with which the Institute is associated, and to inform the Institute of the Committee's opinion. The Institute can release identifiable health data for research purposes with the agreement of the Committee, provided that release does not contravene the terms and conditions under which the data were supplied to the Institute.

The Institute has established a Welfare Ethics Committee to cover the Institute's welfare activities. Under its Act, the Institute cannot release identifiable welfare information. The membership of this Committee is identical to that of the Health Ethics Committee.

### **Membership and meetings**

Membership of the Health and Welfare Ethics Committees at 30 June 1999 is shown below.

Four meetings of both the Health Ethics Committee and the Welfare Ethics Committee were held during 1998-99. The Committees agreed to the ethical acceptability of 28 projects during the year, and referred four projects back to the Institute for clarification or resolution prior to approval. During the year the Committee rejected one project.

### **Health Ethics Committee and Welfare Ethics Committee members**

The Committees share common membership, namely:

*Medical graduate with research experience*

Dr Sid Sax (Chairman)

*Graduate in a social science*

Dr Helen Christensen

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

Mr John Jameson

*Minister of religion*

Rev Dr D'Arcy Wood

*Legal practitioner*

Mr Robert Todd

*Representatives of general community attitudes*

Mr Ken Moran

Ms Sophie Hill

*Director, AIHW*

Dr Richard Madden

### **Audit and Finance Committee**

Because of the progressive filling of Board positions during the year, it was not possible to constitute an Audit and Finance Committee. Some functions of the Committee were covered by increased scrutiny by the Board (at each of its meetings) of the Institute's accounts, and by detailed discussions of the audit report by the Board's Chair, the Institute's Director and finance staff. During June 1999, the Board appointed Mr Ian Procter as Chair of the Audit and Finance Committee.

### **House Committee**

The House Committee is constituted to provide advice as required to the Board and the Institute on management issues. There was no meeting of the House Committee during the year.

## **Indemnities for officers**

In line with government policy, the AIHW entered into negotiations with Comcover for insurance coverage during the 1998–99 financial year. The AIHW provided indemnity for officers during the financial year.

## **Funding**

There are two main sources of income which fund the Institute's activities. As part of the Health and Aged Care portfolio, the Institute was appropriated \$7,703,000 in 1998–99 from the Commonwealth (Appendix 1, page 53). Revenue for externally funded projects from other sources was \$8,550,000. Further details on contract revenue due in 1998–99 and forward years is set out in Appendix 4 (page 102).

For Commonwealth government program budgeting purposes, for the period 1998–99 the Institute was a subprogram of Program 7 (Leadership and Management) of the Health and Aged Care portfolio.

## **Structure, management and staff**

### **Organisational structure**

The Institute Director, who is a member of the Board, is responsible for the AIHW's activities. The Director is supported in this role by three Division Heads, each with a major functional responsibility within the Institute's

Canberra headquarters. A chart showing the Institute's organisational structure is at page 8.

### **Divisions**

The AIHW has three major divisions: Health, Welfare, and Information Management and Business Services. The Director is supported by an Executive Unit.

### **Collaborating units**

Five collaborating units (contracted with the organisations shown below) assist the AIHW in performing its functions:

#### **National Perinatal Statistics Unit (University of NSW)**

The Unit is located on the Prince of Wales Hospital Campus where it has important links with Sydney Children's Hospital and the Royal Hospital for Women. The Unit collaborates with State and Territory perinatal data groups and various professional groups in developing national perinatal data systems.

The objectives of the Unit are to monitor and interpret national perinatal mortality and morbidity, to provide a limited perinatal epidemiology service, and to conduct epidemiological research.

#### **Dental Statistics and Research Unit (University of Adelaide)**

The Unit was established in 1988. It aims to improve the oral health of Australians through the collection, analysis and reporting of oral health and access to dental care of Australians, and of the practice of dentistry in Australia.

It supports national and State planning of the dental labour force through the collection and analysis of national labour force data on dental occupations.

#### **Aboriginal and Torres Strait Islander Health and Welfare Information Unit (National Centre for Aboriginal and Torres Strait Islander Statistics, Australian Bureau of Statistics, Darwin)**

The Unit carries out the collection and analysis of Indigenous health and welfare information. The unit undertakes, and assists others to undertake, work in all areas of statistics and information concerned with the health and welfare of Aboriginal and Torres Strait Islander peoples.

#### **National Injury Surveillance Unit (Flinders University)**

The Unit operates as part of the Research Centre for Injury Studies at the Flinders University of South Australia. The Unit undertakes public health surveillance of injury at the national level to support injury prevention and control. It engages in all aspects of surveillance, placing special emphasis on the analysis and dissemination of

information, and on developing injury surveillance methods.

### **General Practice Statistics and Classification Unit (University of Sydney)**

The Unit was established early in 1998 by the Institute and the University of Sydney, and operates within the University's Family Medicine Research Centre. It coordinates a continuous national survey of general practice activity and maintains and develops the classifications needed for this purpose.

The Institute also has a collaborative relationship with the National Centre for Classification in Health (NCCH) and contributes to the funding of the NCCH's work on mortality classification in conjunction with the Australian Bureau of Statistics.

### **Institute staff**

AIHW staff are employed under the *Public Service Act 1922*. Details of the Institute's staffing during 1998–99 are shown on page 47. Details of the Institute's Executive, their qualifications, and areas of responsibility as at 30 June 1999, are listed below. Similar information for the Institute's Unit Heads is included at Appendix 6 (page 114).

### **AIHW senior staff**

#### **Executive**

##### *Director*

Richard Madden, BSc Syd; PhD Princeton; FIA, FIAA

#### **Health Division**

##### *Division Head*

Geoff Sims, BCom (Stats) (Hons) UNSW

#### **Welfare Division**

##### *Division Head*

Ching Y Choi, BA ICU; PhD ANU

#### **Information Management and Business Services Division**

##### *Division Head*

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## **Risk management strategies**

### **Year 2000**

The AIHW's preparation for the change of millennium is now well advanced. Almost all business-critical systems, both information technology and other computer-based or controlled systems such as building access, air-conditioning and alarm systems, are year 2000 compliant. The one remaining information technology

system still to be completed is expected to be compliant in September 1999.

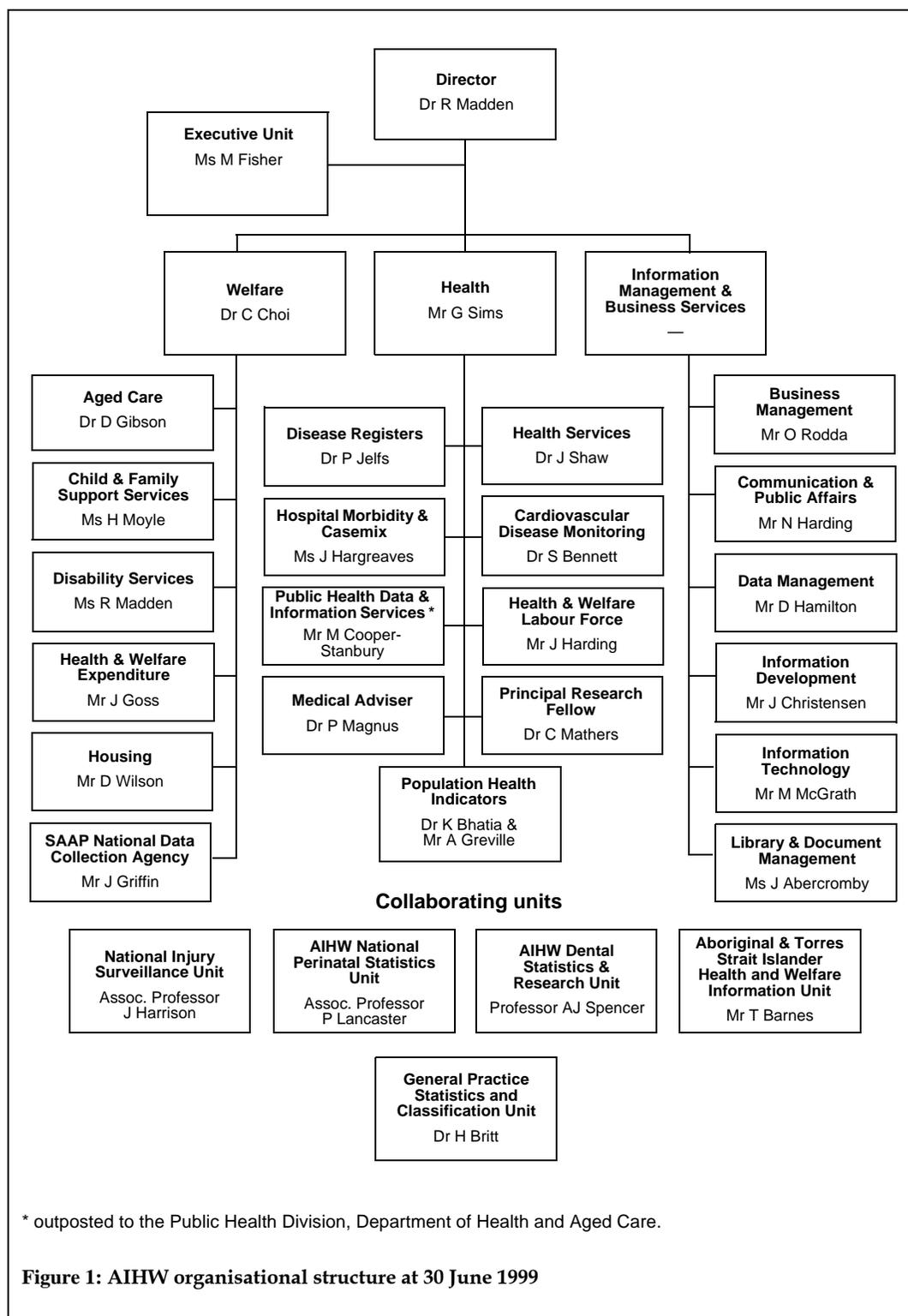
The Institute has undertaken a complete audit of its data holdings, which has established a very high level of compliance. All holdings except an early part of one collection store the year of dates as four digits or can be unambiguously interpreted correctly.

The Institute has sought and obtained detailed legal advice on its potential legal liabilities and the steps it should take, including the use of disclaimers and statements under the *Year 2000 Information Disclosure Act 1999*, to mitigate these.

A detailed and comprehensive Year 2000 Contingency Plan has been developed, together with an action plan, which will enable the Institute to be well prepared for (and during) the critical period.

### **Virus detection**

All incoming electronic files are scanned for viruses and this practice will be maintained. The AIHW's virus scanning software is kept up to date, and new virus signatures are added as soon as they are available. This strategy provided the Institute with effective protection during 1998-99.



\* outposted to the Public Health Division, Department of Health and Aged Care.

Figure 1: AIHW organisational structure at 30 June 1999



The release of *Health in Rural and Remote Australia* was a highlight of the year. The publication was jointly launched by the Minister for Health and Family Services, Dr Michael Wooldridge, and then Minister for Transport and Regional Services, John Anderson.

Pictured are (L to R): John Anderson, Ian Titulaer (author), Dr Kuldeep Bhatia (author), Dr Michael Wooldridge, Dr Kathleen Strong (author), Dr Richard Madden (AIHW Director) and Phil Trickett (author).



Head of the AIHW Health Division, Geoff Sims, and the Heart Foundation of Australia's Director of Health, Medical and Scientific Affairs, Professor Andrew Tonkin, at the launch of *Heart, Stroke and Vascular Diseases: Australian Facts 1999*.

## Highlights

The Australian Institute of Health and Welfare has had a successful year from both a research and an administrative viewpoint. As part of its financial planning for the new accrual framework being introduced in 1999–2000, the AIHW has made a concerted effort to improve its balance sheet. During the period, the assets of the AIHW have been revalued in the deprival method and this has contributed to an increase in equity and reduced accumulated deficit.

This year has also seen the Institute broaden its range of publications and improve the overall timeliness of their production. This chapter lists some of the highlights in the Institute's year and provides an insight into the exciting developments in which the Institute is participating, and in many cases leading.

With the establishment of the Health and Aged Care and the Family and Community Services (FaCS) portfolios after the October 1998 election, the Institute acted quickly to ensure it could provide a high level of service to both portfolios. The Board invited the Secretary of the Department of Family and Community Services to attend and participate fully in Board meetings, and agreed that the proportion of the Institute's resources devoted to each portfolio in program areas would not be significantly changed without consultation with both portfolios.

### **National Public Health Information Development Plan**

The Institute has developed a National Public Health Information Development Plan for the National Public Health Information Working Group (NPHIWG) of the National Public Health Partnership. After much consultation with key stakeholders, the holding of a workshop in Hobart in September 1998, and many drafts, the Plan was endorsed by the Australian Health Ministers' Advisory Council in April 1999. A work program to implement the Plan was developed by the NPHIWG in June 1999.

### **Health of Australians living in rural and remote areas**

Rural health information is an often overlooked area, yet rural health is a priority of the current government. In late 1998, the Institute released *Health in Rural and Remote Australia*, the first national report describing the health of rural and remote Australians. The report described health status, determinants, the workforce and services for rural and remote areas by Rural, Remote and Metropolitan Area category, with an emphasis on the importance of Indigenous health and rural health.

### **International Health—How Australia Compares**

Australian health policy cannot operate in a vacuum. Australia needs to be able to compare its health status with that of other countries throughout the world. Utilising data from the World Health Organization and the Organisation

for Economic Co-operation and Development, as well as from other national and international organisations, the report *International Health—How Australia Compares* examines Australia's international standing for a range of different health and health-related indicators. Released in February 1999, it provides the most recent and trend data for 70 different indicators, comparing Australia with 19 other developed countries.

### **Cardiovascular disease monitoring**

The National Centre for Monitoring Cardiovascular Disease within the AIHW has entered into an agreement with the Heart Foundation of Australia to undertake two projects, with the structure for any future collaboration specified in the agreement. The report, *Heart, Stroke and Vascular Diseases, Australian Facts, 1999* was jointly published by the Institute and the Heart Foundation in May 1999 as part of Heart Week. The report provides an overview of the latest information on cardiovascular disease and its major components. The Institute is also updating and maintaining national registers of cardiac surgery and percutaneous transluminal coronary angioplasty (PTCA) procedures performed in Australia, on behalf of the Heart Foundation. The reports *Cardiac Surgery in Australia 1994* and *Coronary Angioplasty in Australia 1995* have recently been also jointly published.

### **National Diabetes Register**

After much planning and negotiation, the National Diabetes Register commenced operation on 1 January 1999. The register currently records new cases of insulin-treated diabetes mellitus. By registering these cases, it is expected that a reliable measure of the incidence of Type 1 diabetes (insulin-dependent diabetes mellitus) can be established, and data provided to assist further research on diabetes.

### **Survey of general practitioners**

The Institute's General Practice Statistics and Classification Unit has successfully established the continuous national survey of general practice activity, known as the BEACH program (Bettering the Evaluation And Care of Health). This program is unique for Australia, and is now in its second year. In April 1999, the Institute published an interim report detailing the BEACH methods and including a brief overview of interim results from the first six-month survey period.

### **Housing assistance data development**

The Institute has not been able to assist in the development of national housing assistance data in the same way as it has done with health and community services data. However, throughout 1998-99, there was substantial progress towards a National Housing Data Agreement to be part of the new Commonwealth-State Housing Agreement (signed in July 1999). The data agreement will form the basis for the coordinated development of

consistent national data on housing assistance covering public housing, community housing, private rental assistance, Indigenous housing, home purchase assistance and crisis accommodation.

### **Indigenous housing data development, collection and analysis**

The Institute undertook the first collection of performance data for Indigenous community-managed housing. A data manual and spreadsheet were developed and a report on community-managed Indigenous housing assistance for 1997–98 was presented to the National Indigenous Housing Data Management Group, which was established in August 1998. The purpose of this group is to develop the National Indigenous Housing Data Management Strategy that incorporates a data agreement, a national minimum data set and associated data items, and a focus on information development for the sector.

### **Community housing**

During 1998–99 the Institute completed the first national data collection on community housing as part of the Community Housing Mapping Project for the National Community Housing Forum. This involved the design of the collection instrument, and processing and output systems, collection of data, and reporting.

### **Community care data**

A significant agreement was reached in 1998–99 with the Department of Health and Aged Care to progress community care data development. Highlights will include development work for community aged care packages, and the redevelopment of the data received from Aged Care Assessment Teams.

### **Child protection**

The Institute was invited (and agreed) to be the Australian clearing house for adoptions data required under the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption, to which Australia is now a signatory. The report *Adoptions Australia 1997–98* was released in February 1999. Reflecting changes to adoption regulations and practices, new data items and counting rules were developed in consultation with States and Territories during the year.

### **National information management system for open employment services for people with a disability**

The Institute was disappointed to see the decommissioning of the national information management system for disability open employment services this year. The system was developed and managed by the Institute following an initiative of the disability sector supported by Commonwealth funds. The system had operated since 1995, but it became clear that the ownership of the system and the responsibility for its redevelopment were uncertain. The Department of Family and Community Services decided to decommission the system from 30 June 1999.

## **Computer viruses**

The Institute relies heavily on electronic data transfers in all forms for the acquisition of data. It has for many years made extensive use of magnetic media such as various kinds of magnetic tapes and cartridges as well as floppy disks for this purpose. The availability of Internet e-mail adds a further efficient electronic data transfer method.

While there are considerable benefits for the Institute as well as data suppliers in these approaches, it does leave the Institute exposed to computer viruses. Like most organisations during 1998-99 the Institute experienced many virus attacks, including the notorious Melissa virus and the subsequent waves of attack from its derivatives. The Institute's policy of constant vigilance, the use of authoritative intelligence reports on viruses and their behaviour, sound security practices, and a three-tiered approach to the use of constantly maintained virus detection software has enabled these attacks to be very successfully withheld. During 1998-99 no time was lost due to virus attacks.

## **Workplace Diversity Program**

During 1998-99, the Institute implemented its inaugural Workplace Diversity Program, 'Enhancing Workplace Diversity – The AIHW's Workplace Diversity Program 1998-2000'. The program contains strategies that aim to enhance the Institute's existing diversity and to promote a flexible working environment which allows staff to balance responsibilities both within and outside of the workplace.

## **Awards**

The Institute was proud to receive from the Australian Branch of the Data Management Association (DAMA International) its 1998 trophy. This award recognised excellence in data management for the National Health Information Knowledgebase. The Institute is continually striving for excellence in both information and data management.

## **National information and policy coordination**

Coordination of the development of national health and community services information for the AIHW is managed by the Executive Unit. The Unit supports the AIHW Board, the Executive, and the AIHW Health and Welfare Ethics Committees. It also provides the secretariat function for the National Health Information Agreement and the National Community Services Information Agreement, and supports the special working group of the National Health Information Management Group in implementing the Aboriginal and Torres Strait Islander Health Information Plan. In moving towards a coordinated approach, the consistency of and compatibility between health information and welfare information is a high priority.

The Head of the Executive Unit is Secretary to the Institute's Executive Committee. The Unit also supports the Director's activities in various health and welfare forums, including his role as Head of the World Health Organization (WHO) Collaborating Centre for the Western Pacific for the Classification of Diseases and for the Classification of Impairments, Disabilities and Handicaps.

The Unit is responsible for ensuring that the Board's decisions regarding confidentiality of information held by the Institute are followed, and is the point of contact for privacy matters both across the Institute and in its collaborating units. The Unit worked closely with the Institute's Health and Welfare Ethics Committees to develop revised Guidelines for the Preparation of Submissions for Ethical Clearance for researchers wishing to access Institute data for research purposes under the Australian Institute of Health Ethics Committee Regulations.