

The Australian Institute of Health and Welfare is an independent research and statistical agency located in Canberra. Its mission is to inform community discussion and decision making through national leadership in the development and provision of authoritative and timely information and analysis on the health and welfare of Australians.



AUSTRALIAN INSTITUTE of HEALTH and WELFARE ANNUAL REPORT 1995-96

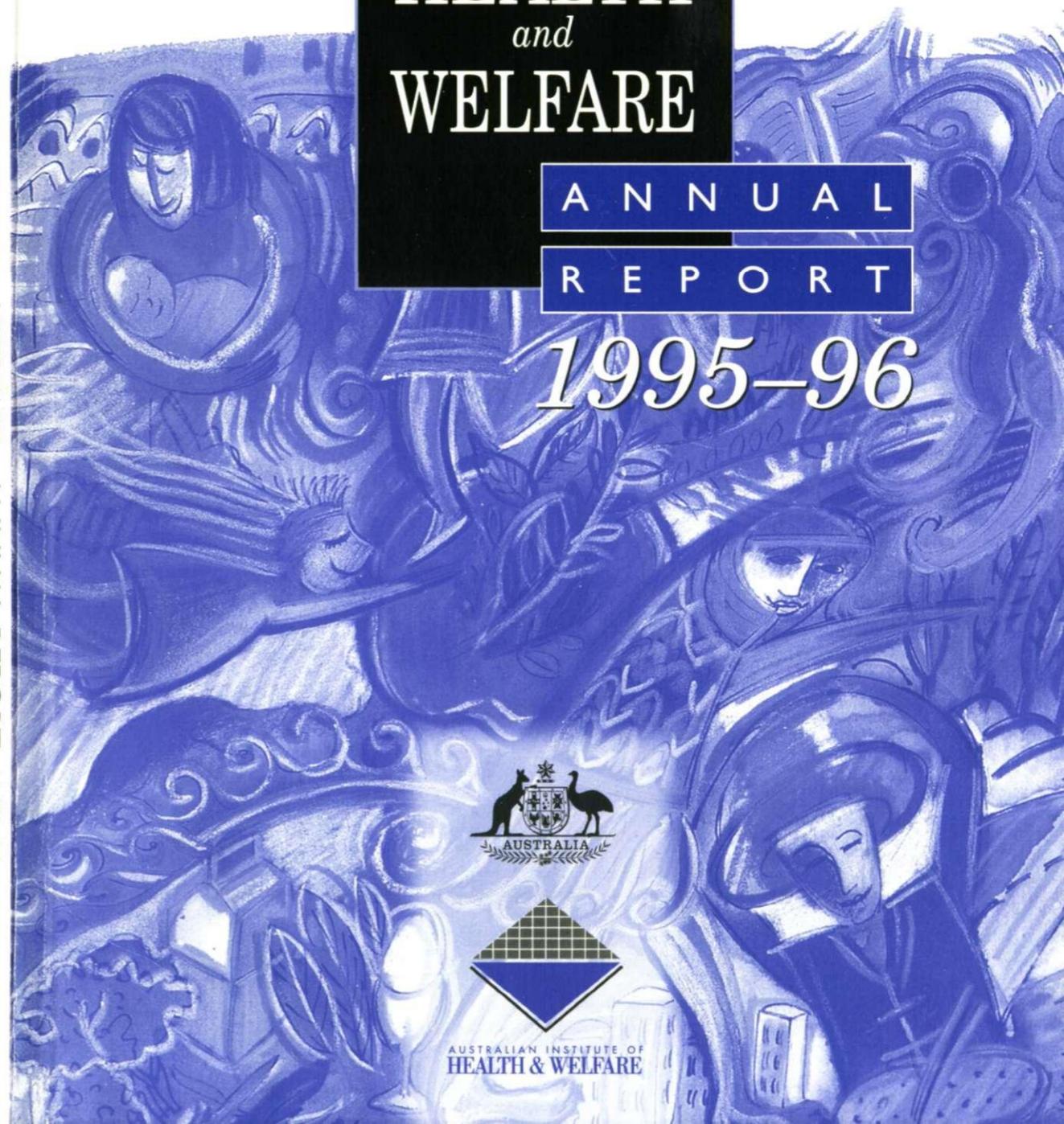
AUSTRALIAN INSTITUTE of HEALTH and WELFARE

ANNUAL
REPORT

1995-96



AUSTRALIAN INSTITUTE OF
HEALTH & WELFARE



**AUSTRALIAN INSTITUTE OF
HEALTH AND WELFARE**

**Annual report
1995-96**

Australian Institute of Health and Welfare
Canberra

AIHW Catalogue no. AUS 1

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The Hon. Dr Michael Wooldridge MP
Minister for Health and Family Services
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 1996. Section 24(1) of the *Australian Institute of Health and Welfare Act 1987* defines the Institute as a public authority subject to the *Audit Act 1901*. This annual report is a requirement under division 3, part XI, of the *Audit Act*.

Yours sincerely



Janice Reid
Chairperson

26 September 1996

AIHW mission

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

We inform community discussion and decision making through national leadership in the development and provision of authoritative and timely information and analysis on the health and welfare of Australians.

AIHW values

We contribute to improving the health and wellbeing of Australians by observing these values in all our work:

Objectivity

- We maintain impartiality and objectivity in the analysis, preparation and presentation of information.
- We make our findings and methods accessible to all.

Quality

- We gather, analyse and disseminate information according to statistical and ethical standards.

Respect

- We ensure the confidentiality of information provided to us.
- We respect the privacy and sensitivity of individuals and groups.

Accessibility

- We provide accessible health and welfare information for all Australians.
- We make information available in a timely manner, in forms and styles relevant to our clients' needs.

Independence

- We ensure that our work is in accordance with our mission and values regardless of the funding source.

Client focus

- To ensure the relevance of our work, we actively seek and are guided by the needs and views of our clients.

People

- We respect each other and promote each other's creativity, expertise and wellbeing.

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Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare (AIHW) is an independent Commonwealth statutory authority which provides information and analysis on the health and welfare of Australians.

Legislation

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

An unofficial consolidation of the Act incorporating all amendments by legislation to 30 June 1995 is in appendix 2.

The Institute's functions are, broadly, to gather health and welfare information directly or in conjunction with other parties, to publish the information collected, and to make data available to other researchers, subject to stringent confidentiality requirements.

Board

The *Australian Institute of Health and Welfare Act 1987*, section 8(1), specifies the composition of the Board of the Australian Institute of Health and Welfare. Board members are appointed by the Governor-General on the recommendation of the Minister for Health and Family Services for periods not exceeding three years. The membership of the AIHW Board currently runs from 1 July 1995 to 30 June 1998. The Board comprises fifteen members, three of whom (the Director AIHW, the Australian Statistician and the Secretary, Department of Health and Family Services) are ex officio members.

Dr Richard Madden replaced Dr Bruce Armstrong as Director of the Institute as from January 1996.

Members of the Board during 1995-96 were as follows. The number of meetings attended during the year is shown in brackets.

Board (continued)

AIHW Board

Chairperson

Professor Janice Reid (4)

Director, AIHW

Dr Bruce Armstrong (2)

Dr Richard Madden (2)

Australian Health Ministers' Advisory Council (AHMAC) nominee

Dr David Filby (4)

Standing Committee of Community Service and Income Security Administrators (SCCSISA) nominee

Mr Desmond L Semple (3)

State Housing Department representative

Ms Vivienne R Milligan (2)

Australian Statistician

Represented by Mr George Sarossy (2)

Represented by Mr Tim Skinner (2)

Secretary, Department of Health and Family Services

Represented by Dr Tony Adams (4)

Person with knowledge of the needs of health consumers

Ms Mary Draper (4)

Person with knowledge of the needs of welfare consumers

Ms Sarah Fogg (3)

Person with knowledge of the needs of housing assistance consumers

Mr Harold Bissett (3)

Person with expertise in research into public health issues

Professor D'Arcy Holman (2)

Ministerial nominee

Dr Anna Howe (3)

Ministerial nominee

Mr Brian Kennedy (3)

Ministerial nominee

Ms Judith Dwyer (3)

AIHW staff nominee

Mr Nigel Mercer (4)

Because of its housing function, the Secretary, Department of Social Security, formerly Housing and Regional Development, was invited to attend Board meetings. Mr Ervin Grecl (1) and Mr Shane Gilbert (2) attended as representatives of the Secretary.

The National Health and Medical Research Council (NHMRC) was invited to observe Institute meetings. Professor Christine Ewan (1) and Ms Dallas Ariotti (1) attended meetings for this purpose.

Health Ethics Committee

Section 16(1) of the Act requires the Institute to appoint an ethics committee. This is currently the only committee established under section 16 of the Act. The Regulations for the Ethics Committee are provided in appendix 2 and a report of its activities for the year is provided on page 12.

Organisational structure

Divisions

The Institute comprises a National Information Policy and Coordination Unit, which is part of the Executive, a National Injury Statistics Unit, and Health, Welfare and Information Management and Business Services Divisions.

Collaborating units

Four external units operate to assist the Institute perform its functions, as prescribed in the Act, and to achieve the Institute's goals. Contracts have been negotiated with:

- AIHW National Perinatal Statistics Unit (University of Sydney);
- AIHW Dental Statistics and Research Unit (University of Adelaide);
- AIHW National Reference Centre for Classification in Health (Queensland University of Technology); and
- AIHW Aboriginal and Torres Strait Islander Health and Welfare Information Unit (National Centre for Aboriginal and Torres Strait Islander Statistics).

Institute funding

The greater part of the Institute's funding is appropriated through the Federal Budget as part of the Health and Family Services portfolio. The 1995-96 appropriation was \$7,126,000 (see appendix 1 for further details). Additional external funds have been obtained for a number of specific projects. Details of externally funded projects are provided in appendix 4.

Institute staff

Institute staff are employed under the *Public Service Act 1922*. As at 30 June 1996, the Institute had 131 staff. This number includes staff of the National Injury Surveillance Unit, and three staff on contract from an employment agency or computer firm. Staff of the other four collaborating units are not employed by the Institute but by the universities contracted to manage each unit. A report on staffing during 1995-96 is given in the Information Management and Business Services entry of this report. Senior staff of the AIHW are listed below.

**Institute staff
(continued)**

AIHW senior staff

Executive

Director

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

Principal Medical Adviser

John Donovan, ED, MBBS, PhD *Syd*, FFPHM *UK*, FAFPHM, FRACMA

Unit Head

National Information Policy and Coordination Unit

Anthony Greville, BEc *Qld*, MHealthPlanning *UNSW*

Welfare Division

Division Head

Ching Y Choi, BA *ICU*, PhD *ANU*

Unit Heads

Aged Care

Diane M Gibson, BA (Hons), PhD *Qld*

Child and Family Support Services

Helen Moyle, BA *East Anglia*, MA *La Trobe*

Disability Services

Rosamond Madden, MSc *Syd*

Health and Welfare Expenditure

John Goss, BEc, BSc *ANU*, GradDipNutrDiet *QIT*

Housing Unit

David Wilson, BEc (Hons) *Flinders*

(from February 1996)

Glenn Foard, BSW *Phillip Institute*, MA *Melb*

(until February 1996)

**Health Services Division (merged into Health Division
January 1996)**

Division Head

Roy Harvey, BSc *Qld*, MEc *Monash*

(1 July 1995 - November 1995)

John Harding, BA *Macq*

(acting, November 1995 - January 1996)

**Health Monitoring Division (merged into Health
Division January 1996)**

Division Head

Colin D Mathers, BSc (Hons), PhD *Syd*

(1 July 1995 - January 1996)

Health Division (effective January 1996)

Division Head

Geoff Sims, BCom (Stats) (Hons) *UNSW*

Unit Heads (as at 30 June 1996)

Colin D Mathers, BSc (Hons), PhD *Syd*

Australian Health Outcomes Clearing House

Janet E Sansoni, BA *ANU*, Dip Ed *Melb*, MSc *Monash*

**Institute staff
(continued)**

Benchmarking

Mark Cooper-Stanbury, BSc ANU

Cancer Clearing House

Paul L Jelfs, BSc (Hons) UNSW

Cardiovascular and Risk Factor Statistics

Stan Bennett, B Tech (Hons) Bradford, FSS, PhD ANU, C Stat

Food and Nutrition Monitoring

Ingrid Coles-Rutishauser, BSc (Nutrition) London
MSc (Epidemiology) Melb

Health and Welfare Labour Force

John Harding, BA Macq

Health Services

Michael Cook, BA, MA UIC, PhD Brown

Population Health Indicators

Kuldeep Bhatia, BSc Panjab MSc Panjab PhD Panjab
PhD ANU

Collaborating units

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

Unit Heads

National Perinatal Statistics Unit Director

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

Dental Statistics and Research Unit Director

A John Spencer, MDSc, PhD Melb, MPH Michigan

National Injury Surveillance Unit Director

James Harrison, MBBS Melb, MPH Syd

*National Reference Centre for Classification in
Health Director*

Susan Walker, BAppSc (MRA), AssDip (MRA) Cumberland
*Aboriginal and Torres Strait Islander Health and Welfare
Information Unit Director*

Tony Barnes, BSc (Mathematical Statistics) Birmingham,
MSc (Computer Science) London

**Information Management and Business
Services Division**

Division Head

Peter White, AM, GradDipAdmin KCAE, MEd Canberra

Unit Heads

Communication and Public Affairs

Nigel Harding, BA Qld

Data Management

Nigel Mercer, BBus DDIAE, BA Murdoch

Information Development

Joe Christensen, BA UWA

**Institute staff
(continued)**

Information Technology

Mike McGrath, BA CCAE

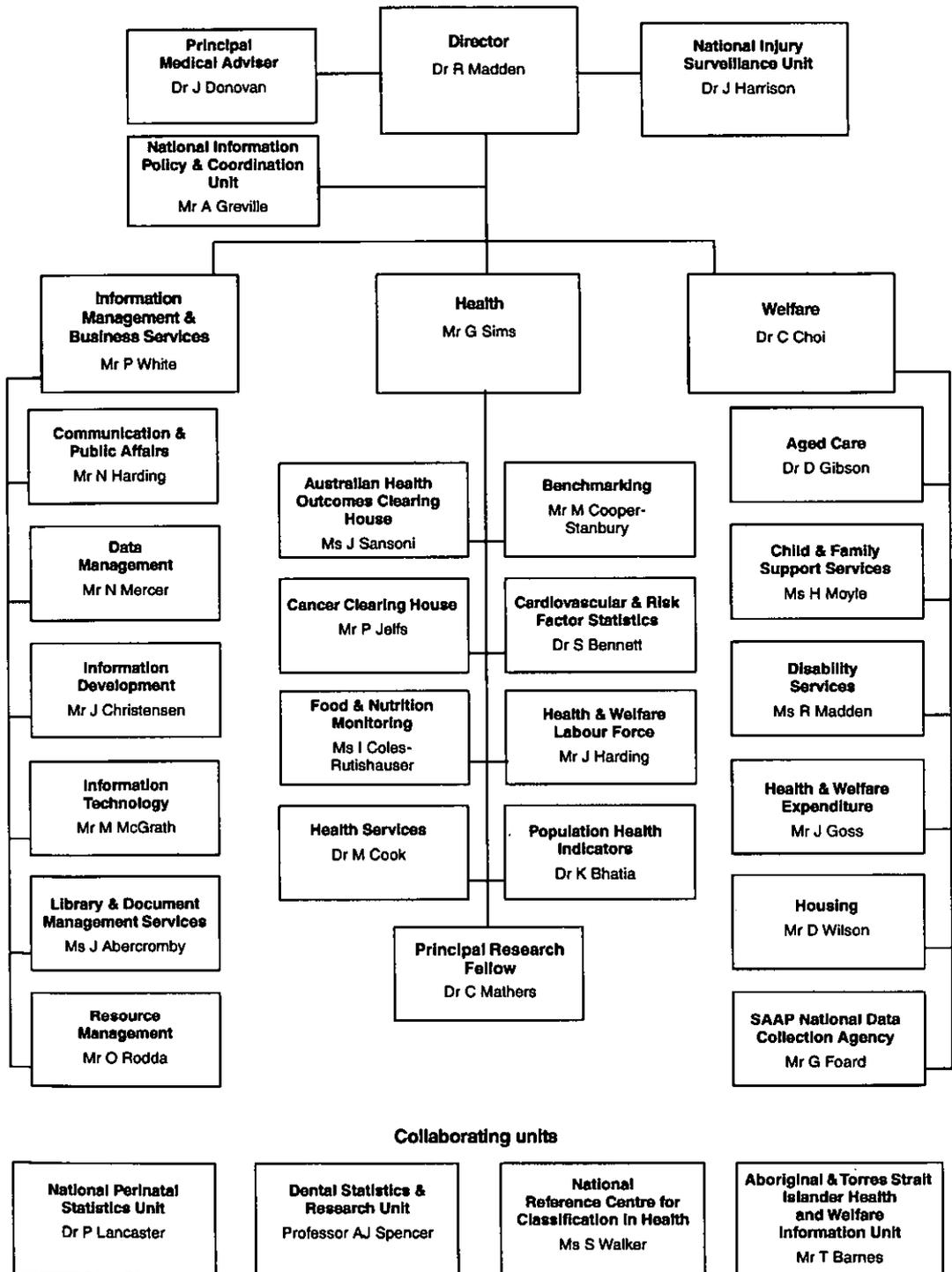
Library and Document Management Services

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

Resource Management

Owen Rodda, BA CCAE, ASCPA

Organisation structure (at 30.6.96)



Achievements and developments during 1995-96

Nationally consistent information

The last months of 1995-96 have been dominated by the implications for the Institute of discussions between governments to change dramatically the role of the Commonwealth in health and welfare service delivery. The decisions of the Council of Australian Governments (COAG) in June 1996 and Health and Community Services Ministers in early July place a strong emphasis on nationally consistent information to underpin Commonwealth-State agreements on new arrangements for service delivery.

The Institute has had, as a central purpose, production of nationally consistent data across its range of activities. Support at heads of government level for this purpose is extremely encouraging. The Institute is well placed to expand on its well established role as an 'honest broker' of health and community services information, and is actively participating in the work program agreed to by Ministers.

New executive staff

Dr Richard Madden replaced Dr Bruce Armstrong as Director in January 1996. Dr Madden was previously Deputy Australian Statistician in the Australian Bureau of Statistics (ABS), and has also occupied senior positions in both health and community services administration. Dr Armstrong took up the position of Director, NSW Cancer Council. Since 1994, his leadership and commitment to quality and productivity had significantly strengthened the scientific standing of the Institute. The Board and staff farewelled him in December with best wishes for the future.

Mr Geoff Sims was appointed to head the new Health Division, which replaced the Health Monitoring and Health Services Divisions. He has brought a wealth of social statistics experience from the ABS.

A new Information Management and Business Services Division took responsibility for database management, the national data dictionaries, information technology and corporate services. The division is headed by Mr Peter White, formerly head of Corporate Services.

1996-1999 Corporate Plan

With the new executive team in place, and three years since the previous Corporate Plan was completed, a new Corporate Plan was developed between March and June.

A senior staff conference in March developed the outline of the plan following a comprehensive analysis of the Institute strengths, weaknesses, opportunities and threats by participants over preceding weeks. The change of

government gave the conference added momentum. The Chair of the Board, Professor Janice Reid, and the Secretary of the Department of Health and Family Services, Mr Andrew Podger, participated actively, which was widely appreciated and ensured issues were fully addressed.

The Board considered a draft plan on 1 May 1996. It is anticipated that the Board will endorse the final plan at the next meeting on 7 August 1996.

The timing of the development of the plan allowed the impact of the COAG and Ministerial decisions mentioned above to be incorporated. This will ensure the relevance of the plan to current priorities and opportunities. The development process focused attention on numerous issues and also acted as a significant staff development opportunity. The plan itself is brief and concise, and should provide a ready reference for the Institute's clients, including governments and existing and new staff. The mission and values from the plan appear at the beginning of this report.

New premises

The Institute is now located in attractive, efficient premises at Fern Hill Park, Bruce, Australian Capital Territory. The shift from Bennett House on the shore of Lake Burley Griffin, adjacent to the former Canberra Hospital, was hard work and more than a little sad for many, but Bennett House was well below acceptable standards and inhibited communication at all levels.

Too many people, both inside and outside the Institute, contributed too much to the successful move (completed over a weekend) to single anyone out, but many thanks to all involved.

The then Minister for Human Services and Health, Dr Carmen Lawrence MP, opened the new premises in August 1995.

The Institute as data collector

The Institute's data collection role has expanded significantly with the acquisition of the National Information Management System (which collects data on open employment services for people with disabilities) and the National Data Collection Agency for the Supported Accommodation Assistance Program.

Both collections gather data direct from service providers about individual clients, rather than use data collected for the Institute by intermediaries. The Institute is now processing original returns, and has data of great sensitivity on individuals. The resulting responsibility is fully recognised, and the Institute's physical and computer security ensure that data is fully protected.

Importantly, the collection infrastructure that has been put in place gives the Institute the capacity to seek more such work as opportunities arise.

Contestability of data collections

The Institute is committed to efficient operations and so is happy to compete for work. However, it operates in a different environment from private sector competitors: the confidentiality of the data collected by the Institute is protected by legislation; the Institute has a widely recognised 'honest broker' role between State and Territory Governments on the one hand and the Commonwealth on the other; and its existing array of data collections allows it to minimise the total load on data providers.

With the trend in government to contracting out and contestability, these 'intangible' assets can be too easily overlooked. The Institute is actively working to ensure that the tendering process for health and community services data collections and analysis can properly weigh up the Institute's capacities. Alternatives to tendering for individual pieces of work, such as period contracts or direct contracting with appropriate benchmarking, are also encouraged.

Timeliness of Institute output

As detailed elsewhere in the report, there have been significant and unacceptable delays in the publication of several key national data sets, notably hospital morbidity and cancer data.

The delays have arisen from several sources. Those within the Institute have been energetically addressed during the past year. Remaining concerns are delays in the provision of data by State agencies and complex processes between the Institute and State authorities to clear edited data and the form of release. Proposals have now been put to States and Territories to overcome these difficulties, and the processes of the National Health Information Agreement are proving extremely helpful.

The Institute endeavours to negotiate realistic timetables with States and Territories, and do all within its power to adhere to them. National data sets will be released according to the timetables even if data from one or more jurisdictions have not been provided.

National Health Information Agreements

The National Health Information Agreement, signed in 1993, continued to be extremely successful in determining national health information priorities and ensuring national definitions and classifications are developed and used in the agencies represented.

This success is largely attributable to the energetic chairmanship of the National Health Information Management Group (NHIMG) by Dr David Filby (of the South Australian Health Commission, who is appointed Chair by the Australian Health Ministers' Advisory Council (AHMAC)), and of the National Health Data Committee by Professor Ian Rouse (of the Western Australian Health Department). The Institute thanks them for their efforts.

In addition, each agency has appointed to the NHIMG a senior officer who represents the agency's interest and ensures that decisions are implemented within the agency. The high calibre of the representatives is essential to the group's success.

In February 1996, the Standing Committee of Community Services and Income Security Administrators (SCCSISA) agreed to work being undertaken to draft a similar information agreement for community services information. A steering committee comprising State and Commonwealth officials, the Institute, ABS and the Australian Council of Social Services has made good progress in drafting an agreement for SCCSISA's consideration in October 1996.

Health Ethics Committee

The functions and the composition of the AIHW Health Ethics Committee are prescribed in the *Australian Institute of Health and Welfare Act 1987* and Regulations to the Act. Its principal responsibilities are to:

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

Membership and meetings

The Regulations accompanying the Act provide for members to be appointed by the Institute for such periods as is specified in their instrument of appointment. The membership, together with the number of meetings attended by each member during the year, is shown below. Three meetings were held during the year.

Ms Janne Graham, the person appointed to represent general community attitudes, resigned during the year. The term of Mr Brian Loftus, the legal practitioner appointed to the committee, expired during the year.

Director (or nominee)

Mr E d'Espaignet [2]

Dr R Madden [1]

Medical graduate with research experience

Dr S Sax, Chairman [3]

Graduate in a social science

Dr Helen Christensen [2]

Nominee of the Registrars of Births, Deaths and Marriages

Mr John Jameson [3]

Minister of religion

Rev Dr D'Arcy Wood [3]

Legal practitioner

Mr Brian Loftus [3]

Representatives of general community attitudes

Ms Janne Graham—resigned 27 January 1996 [0]

Mr Ken Moran [3]

Submissions and clearances

Twelve certificates of approval were issued during the year for submissions. Five of these sought access to information from the National Death Index. One application was not accepted.

Monitoring

Except for activities which are judged to be devoid of any significant ethical issues, projects are monitored routinely, mostly by an annual questionnaire which is followed by further enquiries and interview if the committee considers this necessary. In addition, certificates of ethical clearance place the responsibility on investigators to report any proposed changes in protocol and any adverse effects or ethical problems as soon as they arise. The committee considers routine monitoring to be an important issue and during the year recommended to the Director that projects that failed to complete routine monitoring forms should be considered as not having complied with the requirements for continuing ethical clearance. The Director accepted this advice and suggested that individual researchers also be informed that the ethics opinion has been revised.

No adverse effects of activities were reported during the year but one submission was reassessed due to a significant variation from its original purpose. The committee's concern about the variation was conveyed to the Director.

General

Institutional Ethics Committees Network

The AIHW Health Ethics Committee continued to participate in the ad hoc 'networking' meetings of the Institutional Ethics Committees in the Australian Capital Territory. These meetings represent an opportunity to meet to discuss areas of mutual interest.

Privacy issues

The committee received two submissions that sought to vary the original purpose of projects. The committee felt that insufficient consideration had been given to the original study design which should have attempted to identify all potential uses of data. Variations to project design led to lengthy delays while researchers sought the approval of the data subjects for the new use of information.

Scientific validity

During the year the Director requested the committee to discuss whether it should consider the scientific validity of projects in its deliberations. After discussion, the committee agreed that project proposals should not be submitted for an ethical opinion unless they had been assessed for scientific validity and merit. The Director accepted this advice and gave an assurance that Institute projects would be assessed for scientific validity before being submitted to the Health Ethics Committee for an opinion.

Release of individual's names

A project not approved sought the release of death information from the National Death Index that would

have led to the researcher contacting next of kin. The committee was concerned at the arrangements under which such contact might occur, and sought further advice from the Institute.

Health function

Principal Medical Adviser

Dr John Donovan

Australia's Health 1996

Australia's Health 1996, the Institute's fifth biennial report on the health of Australians and on their health services and the resources devoted to them, was launched by Dr Michael Wooldridge MP, Minister for Health and Family Services, on 20 June 1996. It had an enthusiastic reception, with much media interest.

National Survey of Lead in Children

Australian children are exposed to lead from petrol emissions, although that source is decreasing with the phasing out, and reduction in lead content, of leaded petrol. The next most important source is from deteriorating paint which contains lead.

Following increasing recognition of the harmful effects that lead from these and other sources has on neurological development, in June 1994 the Institute was commissioned by the then Commonwealth Environment Protection Agency (now the Environment Protection Agency) to coordinate a national survey of blood lead levels in a sample of Australian children aged 1-4 years. The survey itself, covering homes of 4,000 children, was carried out in February and March 1995.

A final report was published during the year. While it showed that the great majority of Australian children had blood lead levels lower than anticipated, some children were still being exposed to lead from other sources. The great majority of these children were living in poor circumstances, and only a minority were children exposed to lead in the course of renovation of an old home.

Release of the findings attracted considerable media attention. The survey has also attracted scientific attention, particularly in the United States, because it is one of the few large surveys that has measured lead wiped from floors of homes in a standard manner.

International Classification of Diseases

This year the annual meeting of the Heads of WHO Collaborating Centres for the Classification of Diseases was held in Australia for the first time. It was also the first international meeting held in the Institute's new accommodation at Fern Hill Park, and the venue proved most suitable. The meeting, chaired by Dr John Donovan, Principal Medical Adviser, was opened by Professor Janice Reid, Chair of the AIHW Board. Ms Sue Walker, Director of the AIHW National Reference Centre for Classification in

Health, and representatives of the ABS and of the National Coding Centre also attended.

During the year the National Reference Centre for Classification in Health was reviewed. The review recommended that the centre should be combined with the National Coding Centre which is funded by the Department of Health and Family Services.

This recommendation was accepted by the Board and by other interested parties. Subsequently the ABS, the Department of Health and Family Services, and the Queensland University of Technology, which hosts the National Reference Centre for Classification in Health, decided to contribute funds to the centre, which is to be renamed the National Centre for Classification in Health (Brisbane). Agreements relating to these arrangements were still being prepared at the end of the year.

National Information Policy and Coordination Unit

The major roles of the National Information Policy and Coordination Unit have been the development of national health and welfare information and the provision of support for the Institute Board, Health Ethics Committee and Executive. The information development role has been carried out through the National Health Information Agreement and the development of a national community services information structure.

The main tasks undertaken during 1995–96 were:

- the development and publication of the *National Health Information Development Plan*;
- technical and secretariat support for the National Health Information Management Group, including the reporting on and publication of the 1995–96 National Health Information work program;
- preparation and publication of *National Directory of Data Collections in Health, Welfare and Housing*;
- circulation of *NHWI News*, a quarterly newsletter on national health and welfare information developments and issues; and
- consultations and negotiations on the development of a national community services information agreement.

National Health Information Agreement

The National Health Information Agreement continued as a vital element in the development of national health information. The agreement operates under the auspice of AHMAC; its signatories are the Commonwealth, State and Territory health authorities, the ABS and the Institute. It operates through the NHIMG which comprises representatives of all the signatories. 1995–96 was the third year of operation of the agreement and it saw a significant increase in the level of activity in health information development.

There was also increased acceptance by health agencies of the NHIMG as the primary national health information body: for instance, the management group has been asked to provide advice on data and information issues relating to the National Health Priority Areas (NHPA, formerly National Health Goals and Targets). In addition, the agreement has been adopted as an appropriate consultation and development model for the proposed National Public Health Partnership and as a suitable base from which to develop a national community services information agreement.

National Health Information Development Plan

The National Health Information Forum held in late 1994 provided the basis for the National Health Information Development Plan which identifies and promotes the directions that the development of high priority health information should take over the next 5-10 years. A series of consultations with Commonwealth, State and Territory health authorities, the NHIMG and the Institute's Board were used to finalise the plan which was endorsed by AHMAC in October 1995. The plan was published in late 1995. Implementation of the National Health Information Plan is likely to see new initiatives developed under the National Health Information Agreement that will require support from the National Information Policy and Coordination Unit.

National Community Services Information Agreement

In March 1996, SCCSISA endorsed an Australian Institute of Health and Welfare proposal for the development of a National Community Services Information Agreement and Plan.

The plan will identify the needs and priorities for integrated national community services information for the next 5-10 years and establish a national community services information structure. The first stage is an agreement to set up a national structure to facilitate information development.

A series of meetings with Commonwealth, State and Territory community services agencies and non-government agencies on the proposal for a national agreement have been held both at national and State levels. The proposed agreement will be between the Commonwealth, State and Territory community services agencies, the ABS and the Institute, and will cover the areas of aged care, disability services, children's services, child welfare and short-term accommodation assistance. A draft agreement is being prepared for the SCCSISA meeting in October 1996 for endorsement prior to being signed by the agencies.

Health Division

Head: Mr Geoff Sims

The Institute works with health agencies of the Commonwealth, States and Territories and the ABS under the National Health Information Agreement, and with other bodies outside that agreement, to draw together information for the Institute's monitoring and reporting activities and to advise on, plan and coordinate national health statistics developments.

Coordination links are maintained through informal and formal arrangements, including membership of the NHIMG, various committees of the NHMRC (the Institute is an observer at council meetings), the Australasian Association of Cancer Registries, ABS survey advisory groups and the Health Information Committee of the Commonwealth Department of Health and Family Services. Management advisory or steering committees, including external experts and stakeholders, exist for a number of the projects of the Institute, particularly those which operate under substantial grant funding.

In June 1996, the Institute released *Australia's Health 1996*, the fifth in its biennial series of national health reports. During 1995-96 this report was the focus of a substantial effort across all health areas of the Institute.

Among individual health projects, particular attention was given to strengthening the Institute's capacity to develop and produce statistics on Aboriginal and Torres Strait Islander health (see detailed report under AIHW Aboriginal and Torres Strait Islander Health and Welfare Information Unit on page 42).

Hospital Utilisation and Costs Study

The Hospital Utilisation and Costs Study (HUCS) has been undertaken annually at the request of AHMAC. During 1995-96 a review of HUCS was undertaken to determine its future role in the collection, analysis and dissemination of nationally comparable data on hospital costs and services. The review was commissioned by the NHIMG in response to a perceived lack of quality and timeliness in HUCS, changes in health care delivery and financing arrangements, and the emergence of other national hospital-based data collections.

Views of data providers (State and Territory health agencies) and data users were canvassed on the uses and users of the data, methods to improve timeliness and data quality, overlap with other hospital data collections and preferences for scope, data items, analysis and dissemination. Responses were used to develop recommendations to the NHIMG, which agreed to the institution of mechanisms to increase data quality and accelerate the timetable for data provision, processing and

analysis to ensure timely dissemination. The approval of AHMAC was obtained for the continuation of HUCS in its current form until the 1996-97 reference year.

The NHIMG requested that the Institute undertake further development of other recommendations from the review. Two specific matters on which the Institute is continuing to liaise with State and Territory health agencies relate to mechanisms to take account of changed management arrangements for hospital service delivery and to the establishment of agreements to permit the Institute to release HUCS information without the need for case by case approval by providers. A further matter concerning rationalisation of HUCS with other Commonwealth data collections has been taken up with the Department of Health and Family Services.

The Institute has begun to implement the first stage of the HUCS review recommendations with new procedures in its 1995-96 collection. Collection instruments and documentation were dispatched in June. Also, with NHIMG approval, some new data items have been added to permit early resolution of overlap with Commonwealth collections for hospital casemix analysis and for monitoring waiting times for elective surgery. Other recommendations for change will require NHIMG and AHMAC approval prior to implementation in a new series of HUCS from the 1997-98 reference year.

Waiting times for elective surgery

The Institute conducted a second annual survey of waiting times for elective surgery, partially funded by the then Department of Human Services and Health. Results were published in *Waiting for Elective Surgery in Australian Public Hospitals, 1995*. All States and Territories supplied data for the report but Queensland data, for a later reference period than surveys in other jurisdictions, arrived after the body of the report had been completed, and were included as an appendix.

The 1995 survey reference period was increased from one to six months to improve the reliability of results over the 1994 survey. While improvement in comparability of State and Territory data was achieved in the 1995 survey, some inconsistencies remain, notably in assignment to urgency categories. The need for attention to this matter has been raised with the Department of Health and Family Services. In line with recommendations of the HUCS review, waiting times data items were included in the HUCS collection for 1995-96 on a trial basis. A repeat of the separate survey, along the lines of that conducted in 1995, is not planned.

National Health Ministers' Benchmarking Working Group

The Institute was contracted to provide technical assistance to the National Health Ministers' Benchmarking Working Group and to prepare, on behalf of the working group, the *First National Report on Health Sector Performance Indicators*. The report outlined the development of health sector performance indicators and brought together national data to report against these indicators. A second national report is planned. The majority of data prepared for the report were also used in the *Report on Government Service Provision* prepared by the Industry Commission and published by the Steering Committee for the Review of Commonwealth/State Service Provision in December 1995.

Mental health services

Under a Memorandum of Understanding with the Department of Health and Family Services, and acting on behalf of the AHMAC Working Group on Mental Health Policy, the Institute assumed responsibility for the conduct of the annual National Survey of Mental Health Services and for development of a national minimum data set (NMDS) for mental health services. Results of the 1994-95 survey were supplied to the Department of Health and Family Services in May, for inclusion in the annual National Mental Health Report of the National Mental Health Strategy. The survey and the report are designed to monitor progress in the implementation of reforms agreed by governments under the strategy. Work on the NMDS commenced in June 1996.

National Health Priority Areas

The Institute has taken up the responsibility to monitor and report on health outcomes in National Health Priority Areas—cardiovascular disease, cancer, injury, mental health, and, newly-added, diabetes. A population health database for the original four areas (formerly National Health Goals and Targets) has been established. Definitions and classifications, data sources and reporting format for indicators in these four areas were set out in an Institute working paper *National Health Goals and Targets: Specification of Data Requirements*. Development of a monitoring framework for diabetes was begun.

The Institute also provided advice to the NHIMG to prioritise indicators for national reporting. Following acceptance by AHMAC of the indicators contained in the NHIMG report *Priority Indicators for Reporting Progress Towards the National Health Goals and Targets*, the Institute is now working on the design of a national implementation framework for a report at the end of 1996.

National cancer monitoring

In collaboration with State and Territory cancer registries, the Institute published information to update the Cancer Series to include 1989 and 1990 data. Because more up-to-date data covering all jurisdictions were unavailable, the publication included cancer incidence projections to

1995 for the most common cancers. The Institute, in conjunction with the cancer registries, has planned to achieve a substantial improvement in the timeliness of national cancer monitoring during 1996-97.

Cardiovascular disease and risk factor monitoring

A National Centre for Monitoring Cardiovascular Disease started operating within the Institute in January 1996, with funding support for three years from the Commonwealth Department of Health and Family Services. Funding includes provision for establishment of Regional Collaborating Centres to undertake specific development work which is yet to be determined. The centre's role is to establish and maintain a national monitoring system for cardiovascular disease, its risk factors and management.

The blueprint for the operation of the centre was set out in *Outline of a National Monitoring System for Cardiovascular Disease*, published by the Institute in 1995 following extensive consultation with representatives of government and non-government agencies, and public health researchers and epidemiologists. The centre's work program is being developed in consultation with an advisory committee established in accordance with the funding agreement.

Publications close to completion include:

- a report on the health effects of tobacco use, which describes patterns and trends in tobacco use and tobacco-related disease in Australia, and provides estimates of the direct health care costs of tobacco-related disease to the Australian community; and
- an information paper about identification of non-English-speaking background, ethnicity-related characteristics, and indigenous status in national health and welfare data collections.

Research papers published in peer-reviewed journals examined trends and socioeconomic inequalities in death from coronary heart disease and stroke and their risk factors.

The Institute also assisted the ABS and the former Department of Human Services and Health to conduct the 1995 National Nutrition Survey, and contributed to the deliberations of the NHMRC Working Party on the Prevention of Overweight and Obesity.

Nutrition monitoring

A plan for a National Food and Nutrition Monitoring Program was presented to the NHIMG in December 1995. This group expressed the need to develop a work program for implementation of the plan. An information paper was subsequently published documenting a database for calculation of the nutrient contribution of the food supply (*Apparent Consumption of Nutrients: Sources and Structure of*

the Database). This work will allow regular reviews of the food supply database to be undertaken in future.

Nutrient analyses were undertaken for publication in the ABS annual series *Apparent Consumption of Foodstuffs and Nutrients Australia* (ABS Catalogue No. 4306.0). In addition, the Institute published a revised estimate of the thiamin supply in *FNM News No. 5*, and an estimate of the folate content of the food supply in *FNM News No. 6*.

The Institute developed standard approaches to monitoring food habits relevant to current recommendations (*Monitoring Food Habits and Food Security, Australia 1995-96, FNM News Nos 4 and 5*) and provided advice and assistance to States and Territories to apply these standards in their development and establishment of nutrition monitoring strategies. It has also assisted the Department of Health and Family Services and ABS in processing data and developing publications to come from the 1995 National Nutrition Survey.

Specific funding for nutrition monitoring activities at the Institute was provided by the Department of Health and Family Services under the National Health Advancement Program. The program, and funding for the Institute's monitoring activities, ceased at 30 June 1996.

Public health and health promotion

The Health Advancement Standing Committee of the NHMRC commissioned the Institute to prepare a report examining information needs for population surveillance and monitoring relevant to health promotion activities. The project described the current state of data for monitoring health promotion activities in Australia and proposed future directions for the collection of such data. This work involved consultations with a wide range of experts, and included the convening of two national workshops entitled 'Improving the Public Health: Challenges for Population Monitoring and Surveillance'. The Institute report, *Health Promotion Surveillance and Monitoring: Current State and Future Requirements—A Report to the Commonwealth Department of Human Services and Health*, formed the basis of a chapter in the NHMRC discussion paper *Health Australia: Promoting Health in Australia*.

To assist with evaluation of the Health Advancement Program of the Department of Health and Family Services, the Institute prepared a profile of the nation's health. The report, *Indicators of Public Health: National Trends and International Comparisons with Seven OECD Countries*, brings together recent Australian trends and international comparisons of mortality, morbidity and illness, health determinants, access to and use of health services, and health expenditure in an indicator format.

Population health

A population health indicators database, initiated in 1994-95 for analysing and reporting on health trends in

Australia, was further developed in 1995-96. An outcome of this activity was the publication *Australian Health Trends 1995*. The report brought together information on the health status of Australians, determinants of health, health service use and health resources. A second health trends report is planned.

Two reports on health differentials were published in 1995-96: *Health Differentials among Australian Children* and *Health Differentials among Young Australian Adults*. They complete the Health Monitoring Series which documents Australian health differentials using national population health and mortality data from the late 1980s. The series demonstrates substantial inequalities in health according to level of socioeconomic disadvantage through all stages of the lifecycle, whether measured by indicators of income, education level, employment status or area of residence.

Comparative indicators of the health of males and females were prepared for the First National Conference on Men's Health conducted by the Department of Health and Family Services. Papers on mortality differentials by country of birth and by region in northern Australia were also published. Calculations of health indicators by region of Australia were prepared for the report *Australia: State of the Environment 1996* published by the State of the Environment Council for the Commonwealth Minister for the Environment.

The self-reported health status of the Australian population, obtained using the Medical Outcomes Study 36-Item Short Form Health Survey (commonly known as the SF-36), was collected by the ABS as part of its Population Survey Monitor program in 1994 and 1995. The Institute undertook analysis of this data to produce interim norms for the SF-36 in the Australian population, published in *SF-36: Interim Norms for Australian Data*.

Health, disability and burden of disease

Through continued collaboration with the National Centre for Health Program Evaluation, the Institute worked to develop estimates of the costs of diseases in Australia for 1993-94. Methods for attributing national health expenditure to specific diseases were reviewed and improved. The Institute maintained contact with international organisations making developments in burden of disease measurement, to assess the potential for application of this work in Australia. These contacts included the World Bank, which seeks to combine information on mortality and ill-health in its disability-adjusted life year (DALY), and Réseau Espérance de Vie en Santé (REVES), an expert collaboration on health expectancies.

National Death Index

The National Death Index (NDI) database has undergone extensive development, with continued support from the

State and Territory Registrars of Births, Deaths and Marriages. Using this database, the Institute is now able to provide an up-to-date and efficient record linkage service for epidemiological studies. The first major national study to use the NDI was the Vietnam Veterans Mortality Study, conducted by the Department of Veterans' Affairs, which aimed to identify the vital status of all Vietnam veterans and to give an insight into the health effects of service in Vietnam.

Australian Health Outcomes Clearing House

In 1995-96 the Australian Health Outcomes Clearing House (AHOCH) was funded by the Institute, the New South Wales Department of Health, the Victorian Department of Human Services, Territory Health Services (Northern Territory), the South Australian Health Commission and Queensland Health. Each of these organisations is represented on a steering committee of the AHOCH. The AHOCH work program gave major attention to meeting service agreements with the funding agencies.

The AHOCH continued to gather health outcomes literature, projects, instruments and measures to augment its information holdings. The first edition of an electronic Health Outcomes Linked Database (HOLD), produced in July 1995, was updated and a second edition will be distributed to funding organisations in the latter half of 1996. The new edition integrates an instrument evaluation database with the outcomes measurement literature and project databases. Using these databases and its accumulated knowledge and expertise, the AHOCH has provided a reference and advisory service, dealing with a weekly average of 70 enquirers seeking general information on health outcomes, research relevant to their outcomes projects, selection of health outcomes instruments and related matters.

A major conference, 'Health Outcomes and Quality of Life Measurement' was conducted by the AHOCH in August 1995. It attracted over 140 participants to presentations by speakers including international visitors Dr John Ware (keynote speaker on the SF-36 and SF-12 instruments) and Dr Allyson Ross-Davies.

Three issues of the *Health Outcomes Bulletin* (numbers 5, 6 and 7) were published during 1995-96. From August 1995 the bulletin became available by subscription and has achieved 350 subscribers, including multiple subscriptions provided to funding organisations.

The AHOCH has also advised on health outcomes measurement in research projects on Palliative Treatment of Metastatic Bone Disease by Radiotherapy (NSW), Consumer Information Pilot Group—Drug Treatment of Heart Attack (Vic), Continuum of Care and Health Outcomes Study (ACT), and Case Classification and

Outcomes Project (Commonwealth Rehabilitation Service and Disability Support Programs).

Health labour force

The Institute continued to receive data from health labour force collections conducted in conjunction with annual State and Territory registration procedures for medicine, nursing, dentistry and pharmacy professions. Data were also collected from sources such as the Department of Employment, Education, Training and Youth Affairs, the Bureau of Immigration, Population and Multicultural Research, the Department of Health and Family Services, the ABS and the Australian Medical and Nursing Councils. Data from these sources were used to quantify labour force numbers and their distribution, and to measure supply inputs from education, training and migration.

The Institute published statistics and work force analyses for the medical, physiotherapy, pharmacy and dental labour forces, the latter prepared by the AIHW Dental Statistics Research Unit. A profile of the nursing labour force was also finalised for publication.

Australian Medical Workforce Advisory Committee

The Institute's Director is a member of the Australian Medical Workforce Advisory Committee (AMWAC) and the Institute is funded to provide technical support to the committee. In 1996 the Institute and AMWAC jointly published *Australian Medical Workforce Benchmarks*, a report prepared by the Institute for AMWAC analysing demand and supply parameters of the medical work force, quantifying maldistribution, estimating 1994 benchmarks and projecting benchmark and actual supply from 1995 to 2025. This report was endorsed by AHMAC in February 1996.

The Institute also prepared work force profiles for AMWAC to support working parties on maldistribution, the female medical work force, nonvocationally registered general practitioners, and specialist work force requirements in the fields of orthopaedic surgery, ophthalmology, anaesthetics, urology, general surgery, emergency medicine, rehabilitation and geriatrics.

International collaboration

The Institute is responsible for supplying Australian health and health-related data to a number of international organisations, including the Organisation for Economic Co-operation and Development (OECD) and, through the Department of Health and Family Services, the World Health Organization (WHO) which maintains a large, up-to-date international health database encompassing several hundred indicators. Health statistics compiled by OECD on its member countries are also made available by the Institute to researchers and policy makers in Australia.

Australian statistics for several indicators in the OECD health database were updated during 1995–96. Data were also provided to the WHO to update its Country Health Information Profile (CHIP) for Australia.

During 1995–96 the Institute was represented at the following international meetings:

- WHO Collaborating Centre on Wellbeing in Ageing Symposium on Active Life Expectancy, Sendai, Japan, July 1995 (by invitation);
- Workshop on Using Cost-Effectiveness and Burden of Disease to Define National Control Priorities and Essential Packages of Care, Harvard Center for Population and Development Studies, USA, April 1996;
- OECD Expert Group on Health Statistics, Paris, May 1996; and
- International Consensus Group for Physical Activity Measurement Workshop, American College of Sports Medicine Conference, Cincinnati, Ohio, USA, 29 May to 1 June 1996.

The Australian Health Outcomes Clearing House also established collaborative links with a number of organisations overseas, including the Medical Outcomes Trust in the United States and the United Kingdom Clearing House on Health Outcomes.

Evaluation

Australia's Health 1996, released in June, demonstrates the Institute's ability to comprehensively report on the health of Australians and the provision and use of health services. During 1995–96 the Institute made progress in further developing national health data to strengthen its capacity for authoritative reporting. The reorganisation of the Institute's health activities into a single division has consolidated its links with Commonwealth, State and Territory, and national bodies with which close collaboration is necessary for fulfilment of the Institute's role.

In the area of population health monitoring and reporting, the Institute has strengthened its focus on the National Health Priority Areas—cardiovascular disease, cancer, injury and mental health. Data development in these fields is aimed at release of a benchmark report on indicators for NHPAs late in 1996. Minister Wooldridge's announcement of a proposed National Public Health Partnership, in which the Institute would have a role, presents an opportunity for the Institute to consolidate its position in national population health monitoring.

Of the NHPAs, cardiovascular disease monitoring, in particular, has progressed during 1995–96 through the establishment of a National Centre for Monitoring Cardiovascular Disease with funding from the Department of Health and Family Services. However, cessation of

funding from another source in the Department of Health and Family Services will slow the Institute's monitoring of national nutrition data, despite the expectation that results from the 1995 National Nutrition Survey will be available during 1996-97.

Although national cancer statistics remain less than timely, the Institute published forward projections to 1995, to augment the release of its annual monitoring series to 1990. With cooperation from the State and Territory cancer registries, the Institute now expects to report on cancer data in a more timely manner.

Development of adequate monitoring of mental health presents a significant challenge. The Institute looks forward to the availability of data from the first national survey of mental health, expected to be conducted by the ABS during 1997.

Additional funding for Aboriginal and Torres Strait Islander health statistics has enabled the Institute to enter into an arrangement which consolidates its work with that of the ABS. Early results indicate that a productive liaison is developing and that it will have a positive influence on other organisations with responsibility for supplying data on this health priority. A first biennial report on Aboriginal and Torres Strait Islander health is being prepared.

New national arrangements for the provision of health services being pursued by the Council of Australian Governments provide opportunities for the Institute to play the role of 'honest broker' in collecting and reporting on national health service data. However, its main data collection vehicle, the annual Hospital Utilisation and Costs Study, has been found to be seriously wanting in this context. A review conducted during 1995-96 by the NHIMG has provided the setting for these deficiencies to be remedied quickly. The Institute has moved to implement recommendations of the review, so that HUCS meets new performance targets by the end of 1996-97.

An efficient HUCS collection, newly acquired responsibility for the National Survey of Mental Health Services, and ongoing collections of health labour force information, will enable the Institute to provide timely, authoritative information to support policy development and monitoring on hospital casemix and performance (including waiting times for elective surgery), on progress in implementing the National Mental Health Strategy, and on medical and other health labour forces.

AIHW National Perinatal Statistics Unit

Director: Associate Professor Paul Lancaster

The AIHW National Perinatal Statistics Unit (NPSU) is a collaborating unit of the Australian Institute of Health and Welfare located within the Faculty of Medicine at the University of Sydney. The unit collaborates with State and Territory perinatal 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.

National perinatal mortality and morbidity

Australia's Mothers and Babies 1993, the third report in the Perinatal Series, was published from data from the State and Territory perinatal collections and registrations of perinatal deaths. This report provides national information on maternal characteristics such as age, parity, country of birth and Aboriginality, on the baby's birthweight and outcomes, and on place of birth and length of stay in hospital.

The report drew particular attention to the trend towards shorter lengths of stay in hospital after childbirth; to the increasing number of multiple births, which reached a new peak; and to the rising caesarean rate, particularly among women with private health insurance. While foetal, neonatal and prenatal death rates have continued to decline over the last two decades, this report noted that the risk of perinatal death was substantially greater for twins and children from other multiple births. A separate report on Indigenous mothers and babies is being prepared.

After consultation with the States and Territories, revised definitions for the *National Health Data Dictionary* were submitted for approval by the National Health Data Committee.

The unit's quarterly *Perinatal Newsletter*, published with financial support from the Australian Perinatal Society, continued to inform health professionals and the general community of current perinatal health issues, recent published reports, and research studies.

National congenital malformations monitoring system

New computer programs were developed to publish NPSU's reports on congenital malformations. A report on malformed foetuses and infants among births and induced abortions in 1993 and 1994 is being prepared. The NPSU also provided data to the International Clearinghouse for Birth Defects Monitoring Systems for its annual reports.

Register of pregnancies after assisted conception

The national register of pregnancies after assisted conception contains data from all IVF centres performing in-vitro fertilisation, gamete intrafallopian transfer and related procedures in Australia and New Zealand. *Assisted Conception, Australia and New Zealand, 1992 and 1993* was published jointly by the NPSU and the Fertility Society of Australia. The register was partly funded by the Fertility Society of Australia and Serono Australia.

The report highlighted the increasing number of treatment cycles and births after assisted conception. Almost 1% of births in Australia are now the result of assisted conception. The incidence of multiple births after assisted conception has declined slightly but is still much higher than in the general population. The recent development of new techniques of microinsemination to treat male infertility has led to a considerable increase in the number of treatment cycles in which microinsemination was used. Pregnancy outcomes were similar to those for other IVF pregnancies.

Data for assisted conception pregnancies in Australia and New Zealand were included in the *World Collaborative Report 1993* prepared by the International Working Group for Registers on Assisted Reproduction and published in conjunction with the 15th World Congress on Fertility and Sterility.

Perinatal outcome in hospitals with neonatal intensive care units

The Australia and New Zealand Neonatal Network was established to improve the care of high-risk newborn infants and their families through collaborative audit and research. This project is funded by the pharmaceutical company, Glaxo Wellcome Australia Ltd. The first report from this network, *Australian and New Zealand Neonatal Network 1994*, examines infants admitted to neonatal intensive care units in 1994 and was published by NPSU. The report shows that admissions of high-risk newborn infants of less than 32 weeks gestation or less than 1,500g in weight accounted for 1% of all births in Australia in that year. Antenatal corticosteroids, used to enhance foetal lung maturation, had been given to two-thirds of the infants' mothers, but respiratory distress syndrome was still a significant problem in more than half the babies. Ninety per cent of these infants survived and were discharged home. Future reports in the NPSU Neonatal Network Series will analyse the incidence of major eye and brain complications and the factors associated with these outcomes.

Evaluation

The NPSU maintained its active collaboration with State and Territory perinatal data groups and with all IVF units and neonatal intensive care units in Australia and New Zealand. Revised perinatal definitions were submitted to the NHIMG but further consultation is required on the

perinatal minimum data set. The reports on Australia's mothers and babies, assisted conception and neonatal intensive care gained extensive publicity for many issues including: shorter stays in hospital for mothers after giving birth; the factors contributing to more multiple births and to the occasional use of selective foetal reduction; the factors influencing rising caesarean rates; and pregnancy outcomes after use of microinsemination techniques to treat male infertility. There were significant delays in publishing NPSU's reports and the problems behind these delays are being examined with a view to increasing timeliness of future reports.

AIHW Dental Statistics and Research Unit

Director: Professor A John Spencer

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

The unit documents and analyses the rapidly changing profile of dental health of Australians, assisting efforts to reduce social inequality in dental health, and providing information relevant to maintaining an effective and efficient dental labour force.

The work program of the unit includes four major areas: the dental health of the nation; the dental labour force; a clearing house for other dental statistics, particularly the aspects of access to, and provision of, dental care; and the evaluation of the Commonwealth Dental Health Program.

The following sections detail the range of activities within each of the subprograms of the unit.

Dental health statistics

Child Dental Health Survey

The Child Dental Health Survey is a national monitoring survey of Australian school children which produces both national and State/Territory reports on caries experience.

This survey provides an internationally accepted reference point against which caries prevention and management programs in Australia may be assessed. The survey permits analysis of regional and social variation in dental health, and provides the basis for additional research.

Data on time trends in caries prevalence in Australia has been prepared for publication, and updated analyses of dental disease in Aboriginal children have been submitted to the *Bulletin of the World Health Organization*. National reports have been published to continue the time series on dental disease in Australian children.

Efficacy of fluorides in preventing caries in a child population

This project, largely funded by NHMRC, is a three-year prospective study examining the role of water fluoridation in the prevention of dental caries. It aims to identify the relative contribution of fluoride from different sources to caries prevention and will assist to optimise current strategies for the prevention of dental caries.

Analysis of the baseline cross-sectional data is currently in progress. Two papers have been published on the effectiveness of water fluoridation and the effect of water fluoridation on socioeconomic inequalities; four further reports focusing on intra-oral distribution of dental disease, water fluoridation in Australia, a comparison of

Townsville and Brisbane caries rates, and clinicians' caries risk prediction are in press. Further competitively awarded funds were received from NHMRC to update and complete the collection of follow-up data, and to analyse the three-year caries incidence data.

South Australian Dental Longitudinal Study (SADLS)

Interest in the dental health of the older adult population is increasing as there is greater recognition of the possibility and importance of maintaining a natural dentition for life. The loss of all natural teeth (edentulism) is becoming rare, when once it occurred to the majority of the population. However, retaining a functional and pleasing dentition is a significant challenge. The distribution and determinants of oral disease in a group of Australian adults aged 60+ years are being assessed in this longitudinal study, which is about to collect the five-year follow-up data under an NHMRC project grant.

National evaluation of the Commonwealth Dental Health Program

The work program of the DSRU was expanded in 1993-94 to include the evaluation of the Commonwealth Dental Health Program (CDHP) for the then Department of Human Services and Health. The DSRU has been involved in the maintenance of the National Dental Telephone Interview Survey, a Dental Satisfaction Survey and also the Adult Dental Programs Surveys.

National Dental Telephone Interview Survey

The telephone interview survey is an annual survey. The third survey was conducted early in 1996 across all States and Territories of Australia to collect data on basic features of oral health and dental care within the Australian population. This survey provides information on the broader parameters of dental health and access to services, and forms an important part of evaluation for the CDHP. Data collection for the third survey has been completed. A subsample from this survey has been included in a survey of dental satisfaction involving self-completed mailed questionnaires designed to identify the magnitude and variation in satisfaction with received care. A report based on the 1995 survey will be released in July 1996.

Findings from the 1995 survey of Attitudes to Dental Care have been submitted as scientific papers for publication.

Dental Satisfaction Survey

The third dental satisfaction survey was carried out on a subsample of dentate adult participants from the 1996 National Dental Telephone Interview Survey. This survey, involving self-completed mailed questionnaires, provides information on the magnitude and variation in satisfaction with received care and forms part of the CDHP evaluation. Data collection for 1996 has been completed. A report based on the 1995 survey will be released in July 1996.

Adult Dental Programs Survey

These surveys consist of cross-sectional and prospective components and involve the collection of information regarding patients' oral health and visit details, and services provided to patients receiving publicly funded dental care. These surveys provide details of dental health status and services received within publicly funded dental care. Oral health data collected over the 1995-96 period will be incorporated into analyses and reports which will contribute to the evaluation of the CDHP in the latter half of 1996.

Dental Statistics Clearing House

DSRU has responded to many requests for information. The majority of these requests were from universities, State/Territory dental services, State and Commonwealth government departments, international organisations and the Australian Dental Association.

In November 1995, DSRU convened a two-day workshop, 'Dental Statistics in Australia'. This workshop brought together the leading dental statistics stakeholders. Presentations on all data collection activity undertaken by the DSRU were followed by discussion groups and plenary sessions. These groups examined the data collection, analysis and reporting procedures, and identified gaps to provide DSRU with future directions.

Dental labour force statistics

National Dental Labourforce Collection

This annual collection and analysis of labour force activity data from dentists registered to practice in Australia commenced in 1988, with all States and Territories participating in 1993. These data are collected at the time of annual registration by the State/Territory Dental Boards. The DSRU provides annual reports for each State/Territory and a national report, *Dental Practitioner Statistics, Australia, 1993* has been prepared for publication. Four State/Territory reports for 1994 and two for 1995 have been prepared. However, delays in receipt of data have set back the remaining 1994 reports. Results from this collection provide information on the geographic distribution of dentists and form the basis of the projection of the future supply of dental practitioner numbers and full-time equivalents.

The reporting on overseas migration of dentists was included in the November 1995 workshop 'Dental Statistics in Australia'. However, research into dental practitioner career pathways has been delayed and reduced in priority.

Longitudinal Study of Dentists' Practice Activity

This is a five-yearly longitudinal study. The first wave was collected in 1983-84, the second wave was collected in 1988-89 and the third wave in 1993-94. The results from this study have provided information on dental practice

and the dental labour force. Analysis in the last year focused on trends in service provision and the investigation of ageing, period, and cohort effects in aspects of dental practice.

Findings from this study were presented at the Public Health Association Conference in September 1995.

Evaluation

DSRU has successfully maintained its core data collections in the child dental health and dental labour force areas. Some delays have occurred in the passing of data from States and Territories causing publication dates to slip behind schedule. Additional value has been gained from the Child Dental Health Survey and the National Dental Labourforce Collection through supplementary research. An example of the importance of supplementary research is found in the NHMRC-funded study to evaluate the effectiveness of water fluoridation that has been running in conjunction with the Child Dental Health Survey.

DSRU has also successfully maintained several new data collections associated with the evaluation of the Commonwealth Dental Health Program.

DSRU has purposively sought to increase its output of both working papers and reports as well as scientific publications. Feedback from major stakeholders at the national meeting 'Dental Statistics in Australia' in November 1995 indicated a need to further improve the distribution of publications from the work program.

National Injury Surveillance Unit

Director: Dr James Harrison

The National Injury Surveillance Unit (NISU) of the AIHW is located adjacent to the Flinders University Campus in Adelaide. 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, and places special emphasis on analysis and dissemination of information, and on developing injury surveillance methods. It also provides a national contact point for liaison and information sharing on injury control, produces information resources, and encourages training and research. The core work of the unit is funded under the AIHW appropriation, and the Commonwealth Department of Health and Family Services is the main source of grant funds. NISU has an academic affiliation with the Department of Public Health, Flinders University.

Overview of 1995-96

Analysis and dissemination of information derived from the major existing injury data sources proceeded smoothly during the year. Production of routine and periodical publications, as well as special reports, benefited from continuing improvements in methods, and the high level of staff expertise.

Lack of suitable data is increasingly limiting NISU's efforts to fulfil its role more effectively. The unit is currently able to provide annually updated reports and undertake some further analyses but the quality and content of existing deaths and hospital separations data do not allow for more in-depth analyses. NISU has been aware of this problem for some time and has invested considerable resources in efforts to improve existing data sources and to develop new ones. However, most of the changes necessary are beyond the unit's direct control, either because of cost or because of lack of control over the data source. Under these circumstances, NISU has applied many of its resources to projects designed to:

- assist others to develop data sources (e.g. data standards for injury surveillance);
- encourage data system developments (e.g. national coronial information system); and
- contribute to data developments (e.g. assessment of inconsistencies of external coding of hospital separations).

While progress has been made in each of these areas, none has yet led to the provision of better data. However, the nature of spinal injury data (relatively small numbers and few data collection sites) has enabled the unit to develop a new data system, and good quality data are already flowing.

The Third International Conference on Injury Prevention and Control marked the climax of three years work, a large amount of organisation for which was undertaken by NISU staff. The highly successful conference was held in Melbourne in February 1996 and attracted nearly 1,000 registrants, more than half of whom came from overseas.

Injury information

NISU continued to fulfil its role as the main national source of injury statistics and related information. In this capacity, the unit produced injury surveillance reports, the *Australian Injury Prevention Bulletin*, and other specialised reports (e.g. *Road Injury in Australia*). It also contributed to many other reports and publications, both within the Institute (e.g. *Australia's Health 1996* and reports monitoring health indicators) and outside it (e.g. NHMRC Health Advancement Standing Committee's Injury Prevention Working Party on Unintentional Injury among Young Males). In addition, NISU fielded approximately 500 information requests from government agencies, university researchers, and commercial and non-government organisations. While differences in definitions and collection practices of hospital separations data have prevented the public release of State-specific information from this source, national composite data have been used.

The accessibility of NISU's publications was increased by establishing a site on the World Wide Web.

Injury surveillance development

NISU continued to work to develop injury surveillance methods and data sources throughout 1995-96. An extended set of data items and classifications for injury surveillance was published in *National Data Standards for Injury Surveillance, Version 2* (Level 1 of the standards was published in *National Health Data Dictionary Version 5.0*). A national register of spinal cord injury was begun in cooperation with all six spinal units in Australia. Data on all admissions since July 1995 have been registered and data for some earlier periods are also available.

NISU continued to support and participate in a project to develop improved data on injury deaths and another project to develop appropriate means for injury surveillance in Aboriginal communities. NISU also began a project designed to help develop a collection of emergency department injury data. This project includes an examination of the current status of injury data collection in emergency departments, sampling considerations, and financial and administrative factors which may facilitate or limit the successful establishment of an injury surveillance system based on emergency department data.

Other work

Funds from the Department of Health and Family Services enabled NISU to maintain a modest program of liaison

with injury control officers in Commonwealth and State and Territory health agencies and with other injury control practitioners. The program included continued publication of the periodical *Injury Issues Monitor*, the production of the third edition of the *Australian Directory of Injury Control Personnel* which was published in July 1995, and occasional meetings (usually by teleconference).

The final report on the three-year Road Injury Information Program, which concluded at the end of 1994-95, was prepared early in 1995-96. The report described the achievements of the program and made proposals for future work.

Evaluation

All planned outputs based on analysis of injury data have been produced, except for two products: *Morbidity 1993-94* and the preliminary report on self and general practitioner assessment of the risk of falling among elderly people. Production of these outputs was delayed because necessary data were not provided to NISU. Dissemination of injury information (including aggregate data) through the Internet began as planned.

NISU's contributions to *Australia's Health 1996* and the NHMRC Injury Program Working Party on Unintentional Road Injury among Young Males were completed. The final reports on the Road Injury Information Program, the Third International Conference on Injury Prevention and Control, and *Road Injury in Australia* were also completed as were a paper on injury in the elderly and the *National Data Standards for Injury Surveillance Version 2*.

Two of the three planned editions of *Injury Issues Monitor* were published during the year, and the third is being prepared. Preparation of a plan for the future development of injury surveillance and a report on the status of and plans for using injury surveillance data from emergency departments will be completed early in 1996-97. The spinal injury surveillance development report will be produced after the first full year of case registration is completed on 1 July 1996.

Other achievements during the year (beyond the outputs specified in the Institute work program) include:

- Preparing reports at the request of the Injury Prevention and Control Unit, Department of Health and Family Services, on: international comparisons of injury mortality; Aboriginal and Torres Strait Islander hospital separations due to injury; and injuries related to toys.
- Evaluating the LaTrobe University Division of General Practice injury surveillance project, undertaken jointly with Professor Chris Silagy, Flinders University.

AIHW National Reference Centre for Classification in Health

Director: Ms S Walker

The AIHW National Reference Centre for Classification in Health (NRCCH) is a collaborating unit of the Institute located at the Queensland University of Technology (QUT) in Brisbane. The objectives of NRCCH are to assist the Institute in its WHO role as a collaborating centre for the International Classification of Diseases, conduct research into using WHO and other specialised health classifications, collaborate with the ABS and the National Coding Centre in the implementation of ICD-10 codes and other related classification activities, and collaborate with the Western Pacific region of the WHO on the implementation of the ICD-10 and related classification activities in the region.

It also acts as a clearing house for information collected nationally and internationally about the classification of diseases and procedures, and undertakes research into the quality, validity and reliability of health data collected in Australia.

With a full complement of staff for the first time since its inception, NRCCH experienced a year of consolidation and growth in 1995-96.

Health classification programs

The first formal ICD-10 course in Australia was conducted in March 1996 by NRCCH staff under contract to the South East Asian Regional Office of the WHO. Participants in the course came from Myanmar, Thailand and India, with a coder from the ABS also taking part.

NRCCH contributed to the development of ICD-10 and ICD-9-CM coding standards and guidelines for use in Australian hospitals through participation in various national committees, including:

- National Committee for the Implementation of ICD-10 in Hospitals;
- the Health Information Management Association of Australia (HIMAA) National Coder Workforce Issues Project Steering Committee;
- the HIMAA Coder Competency Advisory Committee;
- the Queensland Coding Authority;
- the National Coding Centre Management Committee;
- the National Coding Centre Coding Standards Advisory Committee; and
- the Gastroenterology Coding and Classification Clinical Group.

During the year, NRCCH was contracted by the National Coding Centre to undertake a detailed forward and

backward mapping between several chapters of the ICD-9-CM and ICD-10.

The centre continued to support the ABS in its use of the ICD-9, including making recommendations for the upgrade of current coding procedures. An instructional video was produced in late 1995 for medical students and junior medical officers showing hospital documentation practices and how they relate to morbidity and mortality data collection and coding. The video was developed in conjunction with the National Coding Centre, with funding from the Australian Casemix Clinical Committee.

NRCCH assisted the Institute with the hosting of the annual meeting of the WHO Heads of Collaborating Centres for the Classification of Diseases, held in Canberra in October 1995.

Research activities

During the year the centre undertook a series of specific research projects using WHO and other recognised health classifications, including ICD-10, ICD-9-CM and the International Classification in Primary Care (ICPC). These projects entailed the collection, classification, data management and analysis of health data for management purposes.

Data quality activities

Analysis of the multiple cause of death coding software purchased by the ABS was implemented in collaboration with the ABS coding staff. This involved formal testing of the software and a comparison of manually coded data with computerised output. The trial resulted in a recommendation to implement computerised coding of causes of death from 1997, and has contributed to international discussions regarding improvement in the software.

Other activities

NRCCH has acted as a reference point for coding queries in relation to the ICD-9, ICD-9-CM and ICD-10 over the past year, particularly for the staff of Queensland Health. Staff of the centre also contributed actively to the work of the Queensland Coding Authority.

During December 1995, the centre had planned to conduct a two-week 'Introduction to Health Information Management' course as part of the School of Public Health Summer School Program. This was to include a preliminary session on the ICD-10. Unfortunately, the course was cancelled due to lack of registrants.

Evaluation

The majority of outputs specified in the Institute's work program for 1995-96 for NRCCH were achieved during the year. A particular strength of the centre over the twelve months was the emerging research culture, leading to the publication of four refereed journal articles and the presentation of six national and international conference

papers. The centre achieved its aim to diversify its activity base during the year while maintaining its focus on issues relevant to the fields of health information management and health classifications.

AIHW Aboriginal and Torres Strait Islander Health and Welfare Information Unit

Director: Mr Tony Barnes

Overview

Under an agreement reached in May 1995 with the then Department of Human Services and Health, the Institute accepted grant funding for 1995-96 and 1996-97 to operate an Aboriginal and Torres Strait Islander Health and Welfare Information and Statistics Project. The funding was conditional on the Institute maintaining a commitment to allocate some of its own appropriation funds to support the project.

In accordance with the terms of this agreement, the Institute has contracted with the ABS to undertake the work of the project. With the available funds, the Institute joined with the existing ABS Aboriginal Statistics Unit to establish the National Centre for Aboriginal and Torres Strait Islander Statistics in Darwin.

No physical boundary divides ABS resources applied to the Institute's project from those applied to the National Centre's other activities, as integration with a broader Indigenous statistics work program was one of the reasons for placing the project with the ABS. A separate work program is identified, to be agreed between the Director of the Institute and the Australian Statistician. A broad-based advisory group is in place.

Several publications have been prepared for publication. These are *Aboriginal and Torres Strait Islander Mortality*, focusing on cause of death in Western Australia, South Australia and the Northern Territory, and descriptive statistical reports entitled *Health and Housing Characteristics and Conditions*, compiled from the ABS's National Aboriginal and Torres Strait Islander Survey 1994 (NATSIS). The first of these projects was already well advanced within the Institute before the work program passed to the ABS. The unit also contributed material to *Australia's Health 1996*. A major task now underway is the preparation of the first biennial report on Aboriginal and Torres Strait Islander health—a requirement of the agreement between the Institute and the ABS for operation of the project. Analytical reports on a number of topics such as smoking and nutritional status are also being prepared.

Indigenous identification

The ABS began its role with the significant achievement of adopting a 'standard' question and procedure for identifying Indigenous people in statistical and administrative collections; this was subsequently endorsed

by the NHIMG. The revised standard will be documented in the Institute's *National Health Data Dictionary Version 6*. The unit is planning a campaign to ensure widespread uptake of the standard, with correct and consistent application in health and welfare agencies across Commonwealth and State and Territory jurisdictions, and to encourage adoption of the standard by non-government agencies. This will be one of the most important work program activities for the foreseeable future. It is planned to commence in earnest later in 1996, with a workshop focusing on ways to improve identification in administrative and statistical collections.

National Health Information Development Plan project

AHMAC agreed to provide additional funding to the ABS for 1995-96 and 1996-97 to develop a strategic information plan for Aboriginal and Torres Strait Islander health. This decision is in line with the importance placed on Aboriginal health information in the National Health Information Development Plan. The work will be undertaken 'in conjunction with Aboriginal and Torres Strait Islander peoples', specifically the heads of Aboriginal health units and members of the project's advisory committee.

Following advice from the project's advisory committee, the work has commenced with a project officer undertaking a review of the extent to which the recommendations of the *National Aboriginal Health Strategy* have been implemented. Through widespread consultation with key agencies and service deliverers throughout Australia, the project will build up a collection of 'best practice' examples of information activities in Indigenous health. The objective is to develop a plan which improves the usability of information at local, regional and national levels.

Evaluation

The project will be evaluated in the second half of 1996. The review will largely focus on the processes employed to establish the unit and on the few papers expected to be available by July 1996. The Institute has been invited to contribute to the evaluation.

Welfare-related function

Welfare Division

Head: Dr Ching Choi

The welfare-related function of the Institute is to develop, analyse and disseminate information on welfare services and housing assistance. Welfare services and assistance are defined in the *Australian Institute of Health and Welfare Act 1987*, and include aged care services, services for people with disabilities, child care services, housing assistance and child welfare services.

During 1995-96, the Institute made significant progress in developing national data in the areas of disability services, supported accommodation and public housing. It continued to maintain and publish State- and Territory-based child welfare data as well as estimates of health and welfare expenditure. Community services data published by the Institute were made available to government agencies and the community, and have been used extensively by the Council of Australian Governments in its Review of Government Service Provision. Research on aged care and child care issues were published in a number of Institute reports. In November 1995, the second of the Institute's biennial reports on Australia's welfare services and assistance was presented to the Minister and was tabled in Parliament.

The Institute also made progress in developing infrastructure for the compilation of national welfare data; in particular, a draft national community services classification and a draft national community services agreement were completed.

The Institute is the Australian collaborating centre for the WHO International Classification of Impairments, Disabilities and Handicaps (ICIDH), and channels Australian views to the WHO on the review of the ICIDH.

National Community Services Information Agreement

A proposal by the Institute to develop a national community services information agreement similar to that which exists for the health sector was endorsed by the Standing Committee of Community Services and Income Security Administrators. The Institute developed a draft agreement which was discussed by all States and Territories, the Commonwealth and the Australian Council of Social Service. This agreement is expected to provide the mechanism by which data development in the field will be coordinated, including methods of prioritising data development projects.

Classification of community services

Work on the development of standard classifications of community service types, target populations and settings has progressed. A set of these classifications was completed and will be used by the ABS for its 1996-97 national survey of the community services industry. The national classifications are also intended to assist the collection and analysis of administrative data. The classifications will be published in early 1996-97.

Analysis of housing need

A model of housing need was developed by the Institute during a study on a needs-based planning approach to the provision of housing assistance commissioned by the ACT Housing Department. Results of the study are given in the report *Housing Needs Assessment in the Australian Capital Territory*.

The model was also used to produce experimental national estimates of housing need that were published in *Australia's Welfare 1995: Services and Assistance*. The model resulted in substantial debate about its findings and it will be developed further to examine the sensitivity of the output it produces.

Housing assistance performance information

During the year the Public Housing Performance Indicator Working Group of the Review of Government Service Provision gave the Institute the responsibility for the development of data dictionaries of the performance indicators for public housing and community housing. The dictionaries provide the basis for information reporting required by the review (which operates under the auspices of the Council of Australian Governments), and for data collection as part of the Commonwealth-State Housing Agreement, scheduled to commence in July 1996.

Commonwealth housing legislation and policy

The Institute contributed the housing chapter to the *Diary of Social Legislation and Policy 1995*. This diary is a joint project of the Australian Institute of Health and Welfare, the Australian Institute of Family Studies and the Social Policy Research Centre.

Supported Accommodation Assistance Program (SAAP): National Data Collection

In August 1995, the Institute successfully tendered to manage the SAAP National Data Collection over a three-year period. This project involves the ongoing collection of data directly from over 1,100 non-government organisations throughout Australia.

As part of its role as the SAAP National Data Collection Agency, the Institute developed suitable data collection instruments and accompanying collection manuals, and provided training to more than 1,000 service providers. A full-scale trial was completed successfully before the planned start of the collection proper on 1 July 1996. Strict confidentiality procedures are adopted in the data

collection to protect the privacy of individuals who provide the data.

The reports to be produced by the project team will give all SAAP stakeholders access to accurate and reliable information for use in service delivery, planning, program monitoring and assessing program outcomes.

This project demonstrates the important national role the Institute can play as an information collector and broker between governments and non-government agencies.

Disability services data

The Institute continued to develop the Commonwealth-State Disability Agreement (CSDA) minimum data set in cooperation with the Commonwealth and the States and Territories. The first full collection of data of all services provided or funded under the CSDA was conducted in late 1995. Data were forwarded to the Institute from each jurisdiction and are being collated into a national report. All jurisdictions participated in the planning of the 1996 collection which will be undertaken in the latter half of 1996.

The system for collecting data from open employment services for people with a disability has consolidated during the year and a series of reports containing national data on these services was published.

Study on the demand for disability services

The Institute was commissioned to carry out a study of demand for disability support services under the CSDA as part of the 1995-96 evaluation of the CSDA prior to its renegotiation which is planned to be completed by mid 1997. The results of this study were used extensively in the report of the evaluation.

The Disability Data Reference and Advisory Group

This group was established in early 1996 to advise the Institute on the enhancement and harmonisation of national disability data—a priority identified by the Institute and a range of relevant national reports in recent years. The group includes representatives from the Commonwealth Government, State and Territory Governments, non-government organisations including consumer and carer representatives, and a number of independent experts. The group will work to improve and harmonise disability data collections in Australia and will provide a focus for wider discussion of the new draft International Classification of Impairments, Disabilities and Handicaps.

Completion of the evaluation of the Contingence Aids Assistance Scheme

The three-year evaluation of the Contingence Aids Assistance Scheme was completed in August 1995 and a report, *A Magnificent Scheme if You Qualify*, was submitted to the then Department of Human Services and Health.

Children and family services

The Institute produced the first in a new series of research reports on children's services, entitled *Child Care Workers*. This report used data on the services funded by the Commonwealth Children's Services Program collected in annual censuses undertaken within this program. Topics covered include the numbers of staff in the various types of child care services, their hours of work and earnings, and their qualifications and training. The report generated considerable interest in upgrading the qualifications of these workers and in improving their working conditions, particularly in the family day care sector.

A major project has been the collation of information and statistics from the Commonwealth Department of Health and Family Services and each of the State and Territory government agencies about the diverse services provided to under school aged children, including long day care, preschool, family day care, and occasional care. The publication of this material will be of major assistance to government reviews of children's services, and to the development of performance indicators in this area.

Child welfare data

Improvements were achieved in the timeliness with which national child welfare data were published in 1995-96. Reports containing 1994-95 data on adoptions, child abuse and neglect, and children under care and protection orders were released during the year.

The Institute contributed significantly to the development of performance indicators for the Review of Government Service Provision in the area of 'support for children and families in crisis'.

It is expected that further improvements in timeliness and in the quality of information presented in this series will be made in 1996-97.

Aged care reports

The first volume of the new Aged Care Series, *Length of Stay in Australian Nursing Homes*, which applied life table techniques to length-of-stay analyses for the first time in Australia, was released in February 1996. The second report in the series, *Aged Care Services in Australia's States and Territories* has been completed and will be published in the second half of 1996. This report provides detailed analyses of national data for each State and Territory.

An analysis of the need for respite care services was undertaken as part of the Respite Review conducted by the Department of Health and Family Services. The analysis is complete and will be a key component of the work prepared for the Respite Review. A report containing the findings of the analysis will be published as part of the Aged Care Series.

A working paper providing a detailed analysis of client profiles in both residential and community aged care was completed.

Aged care data holdings

The Institute expanded its data holdings on aged care during 1995-96 to include data on nursing homes and hostels from 1989 to 1995 and data on Community Care Packages. These data holdings support the analytical work of the Institute.

A second edition of the overview of data collections on aged care services was issued during the year.

Health and welfare services expenditure

The analysis of health expenditure data to 1993-94 was published. The analysis showed that health expenditure as a proportion of gross domestic product (GDP) fell slightly in the period 1992-93 to 1993-94 to 8.6% of GDP.

Welfare Services Expenditure Bulletin No. 2 covering the period 1988-89 to 1994-95 was prepared for publication in the latter half of 1996. This bulletin included information about the contribution of the non-government sector to welfare services, an area where research is continuing to improve the reliability of the underlying data.

The Institute made proposals for changes to health and welfare services expenditure classifications. These have been accepted by the Commonwealth Grants Commission and the ABS. The Government Purpose Classification (GPC) was revised in line with Institute proposals.

Information on welfare services expenditure was supplied to the OECD and published by the OECD in Occasional Paper 17 *Social Expenditure Statistics of OECD Members Countries*. Australian health data are routinely provided to the OECD for inclusion in its health database.

Evaluation

The Institute made significant progress in the development and release of national data on welfare services during the year. In particular, the Institute has taken responsibility for the collection of national data on services provided under the Supported Accommodation Assistance Program. This adds to the national data collections in the disability services and child welfare fields. The timeliness of data release has improved in general.

The Institute contributed to data definitions in all areas of welfare services and assistance by participating in the performance indicators working groups established for the Review of Government Service Provision of the Council of Australian Governments and by working with the ABS and the Commonwealth Grants Commission.

The second welfare biennial report *Australia's Welfare 1995: Services and Assistance* was published in November 1995.

The need for a more formal consultative mechanism for the identification of data and research priorities is being met

by the development of a national community services information agreement. When signed, this agreement will provide the focus for national data standardisation and coordination.

A major priority of the Institute in the coming year will be to ensure that its data development and analytical work assists the initiatives in community services references being undertaken by COAG.

Technical and business functions

Information Management and Business Services Division

Head: Mr Peter White, AM

The Information Management and Business Services Division undertakes a range of technical and administrative functions fundamental to the Institute's program activities. Business services provided by the division include financial planning and human resource management capabilities, as well as a specialised focus for corporate communication and public affairs.

The division also provides a range of professional services for management of the Institute's information technology and data resources. Particular emphasis is given to contemporary information engineering methodologies, with data modelling now the method of choice for the Institute's nationally significant data development activities.

1995-96 in review

Relocation

The past year has been one of considerable change for the Institute. The long anticipated move from dilapidated premises on Acton Peninsula to new premises at Fern Hill Park in Bruce, one of Canberra's inner-northern suburbs, was accomplished over the weekend of 22-23 July 1995.

Careful planning and an effective staff consultation process enabled the physical move to be undertaken with minimal disruption to normal activities. Relocation of the Institute's computer systems, in particular, posed many challenges. Following a progressive shut down as packing commenced, systems were transported to the new premises and re-configured during the complex installation process. The system was installed, tested and fully operational in time for the arrival of staff.

The Institute's Fern Hill Park premises were formally opened by the then Minister for Human Services and Health, in August 1995.

Organisational change

The change of location provided an ideal opportunity to address the Institute's organisational structure, and new divisional arrangements were implemented during the year. A prominent executive recruitment program was implemented to underpin the new arrangements.

The new structure reflects a necessary streamlining of the Institute's program management structure and will produce genuine operational efficiencies for the Institute.

Accommodating the changes at administrative and financial management systems level was accomplished efficiently and effectively, but proved a somewhat more demanding process than was originally anticipated.

Outsourced distribution of publications

The change of location also enabled fundamental changes in the management and distribution of the Institute's publications holdings. Recognising the increasing workload associated with these activities and the need to minimise administrative costs while maximising distribution efficiency, tenders were called for the contractual provision of a range of publications storage and distribution functions. A contract for these services was let to the Australian Government Publishing Service and the new arrangements came into full operation in the first quarter of 1996.

Internet

During the year, work commenced on establishing a World Wide Web (Internet) site with a view to promoting awareness of the Institute and its work, and increasing the availability of selected data and reports. The capability will provide Institute staff with access to the wide range of data and other resources available on the Internet, as well as with a means of contact with researchers working in related fields both within Australia and internationally.

Reflecting the Institute's fundamental commitment to protect the confidentiality of its data holdings, the service will be established on a unique system isolated from the Institute's core internal computer network. The service is expected to be fully operational by late 1996.

Information management

The Institute's information technology environment comprises a contemporary network-based client/server architecture and continues to provide a stable, reliable and adaptable computing service.

Continued growth in Institute data holdings has been reflected in the need to significantly increase the data storage capacity on the network. This growth is expected to continue with the need for further additions in the future.

The Oracle relational database management system remains the Institute's principal data storage tool and has proven increasingly effective. Major changes to the data management environment during the year included the development of the data storage and processing system that underpins the Institute's role as the National Data Collection Agency for the Supported Accommodation Assistance Program. Database development for this complex application was undertaken within the Oracle environment.

Information technology

Information technology procurement

The Institute's 1995-96 information technology procurements complied with Commonwealth information technology purchasing guidelines and its own internal purchasing policy and procedures. During the period, all information technology acquisitions were met from existing Commonwealth panel period contracts and followed the procedures laid down for the use of these contracts.

In accordance with the Commonwealth's outsourcing policies, the Institute continued to use specialist technical consultants for advice where appropriate. Contracts for a number of specialised application development and maintenance activities were awarded during the year.

Information modelling and development

Version One of the National Health Information Model, scheduled for completion in September 1995, was completed in October 1995 and published in January 1996. The model, produced as a joint project between the Institute, the then Commonwealth Department of Human Services and Health, the New South Wales Health Department, and Health and Community Services, Victoria, is a significant asset in the management of national health information and its development shows the industry leadership of the Institute. The model has been endorsed for national usage by the NHIMG.

A prototype database application which draws together a number of National Health Information Agreement initiatives within a high-level framework based on the National Health Information Model has now been developed. The prototype has been demonstrated to a range of audiences and is receiving significant recognition as a major initiative in the understanding and use of national health information and standards. The package will be released by the Institute as a mainstream product in 1996-97.

National Health Data Dictionary

The Institute continued to provide secretariat support for the National Health Data Committee and support for the preparation and publication of the *National Health Data Dictionary*. Version 5 of the *National Health Data Dictionary*, originally scheduled for completion in February 1996, was completed in April 1996 and published in June 1996. The new release incorporates 43 new nationally defined person-level data items and revised definitions for 10 existing items.

National classification of community services

The development of Version One of a National Classification of Community Services Activities scheduled for completion in May 1996, was completed in June 1996, and will be published in early 1996-97. This classification

will be used as the reporting basis for several data items to be collected in the ABS National Community Services Industry Survey. Plans to produce further classifications for community services target populations and service delivery settings are being developed, but commencement of work is subject to confirmation following needs analysis.

Business services

Communication and Public Affairs

The Communication and Public Affairs Unit provides a professional focus for public affairs, marketing and corporate communication activities for the Institute, and supports the Institute's comprehensive publishing activities. The unit has, until now, also coordinated the Institute's statutory affairs activities, including the provision of secretariat support for the Institute Board and Health Ethics Committee, and Parliamentary and portfolio liaison activities. In 1996-97, responsibility for these latter services will pass to the newly-formed National Information Policy and Coordination Unit (see Organisation structure, page 7).

Introduced in 1994, the Institute's corporate approach to communication activities has attracted critical acclaim and has proven particularly successful. Managed media and portfolio networking strategies have produced positive media exposure for the Institute and increased public and stakeholder awareness of the Institute and its functions. During the past year, the unit handled more than 50 public releases and special events, with four events being particularly successful:

- the formal opening of the Institute's Fern Hill Park premises by the then Minister for Human Services and Health, in August 1995;
- the launch of *Australia's Welfare 1995: Services and Assistance* by the then Minister for Human Services and Health in November 1995;
- the media liaison and public relations strategy and services provided by the unit for the Third International Conference on Injury Prevention and Control, held at the World Congress Centre, Melbourne in February 1996; and
- the launch of *Australia's Health 1996* by the new Minister for Health and Family Services in June 1996.

The unit's Publications Section published 70 publications during 1995-96 at an average content of 76 pages. A revamped Institute style guide for authors was introduced, complementing the *Style Manual for Authors, Editors and Printers* produced by the Australian Government Publishing Service. The Institute's style guide incorporates the use of revised standard electronic style templates for

authors for each of the Institute's seven categories of publication.

Library and Document Management Services

The Institute Library provides reference, research and records management services, primarily for use by Institute staff. A fully automated service is provided, including online catalogue services via the portfolio libraries network and access to Gratisnet, a national interlibrary loan network of health libraries. Access to most major databases in the health and welfare fields is available, either online or via in-house CD-ROM.

Reciprocal borrowing arrangements are maintained with the Australian National University, University of Canberra, Australian Sports Information Centre and Calvary Hospital libraries. Exchanges of publications occur with a number of similar organisations overseas.

During 1995-96, library staff participated in the evaluation of a new library management system for the portfolio libraries network. The new system will provide sophisticated multimedia search and retrieval facilities and is anticipated to be available in late 1996.

Human resource management

As mentioned earlier in this report, at 30 June 1996, 131 people were employed at the Institute and, during the course of the year, 189 individuals were employed for varying periods of time. Employment arrangements at 30 June were as follows:

- the Director was employed under the *Australian Institute of Health and Welfare Act 1987*;
- 127 staff were employed under the *Public Service Act 1922*;
- one person was engaged through an employment agency; and
- two people were engaged through computing firms.

A breakdown of staff characteristics as at 30 June 1996 is provided in tables 1 to 3 and figure 1. 'Permanent staff' refers to staff employed permanently by the Institute, including inoperative staff, and 'temporary staff' refers to staff employed by the Institute either on transfer from another Australian Public Service (APS) employer, engaged on either a short- or long-term contract under the Public Service Act, or engaged under a contract of service or on secondment from another organisation.

Table 1: Staff as at 30 June 1996

Status	Female		Male		Total	
	1995-96	1994-95	1995-96	1994-95	1995-96	1994-95
Location: Australian Capital Territory						
Full-time permanent	31	(30)	40	(35)	71	(65)
Full-time temporary	25	(21)	12	(11)	37	(32)
Part-time permanent	4	(4)	0	(1)	4	(5)
Part-time temporary	8	(4)	0	(2)	8	(6)
<i>Subtotal</i>	<i>68</i>	<i>(59)</i>	<i>52</i>	<i>(49)</i>	<i>120</i>	<i>(108)</i>
Location: South Australia						
Full-time permanent	0	(2)	6	(6)	6	(8)
Full-time temporary	0	(2)	3	(2)	3	(4)
Part-time permanent	0	(0)	0	(0)	0	(0)
Part-time temporary	2	(0)	0	(0)	2	(0)
<i>Subtotal</i>	<i>2</i>	<i>(4)</i>	<i>9</i>	<i>(8)</i>	<i>11</i>	<i>(12)</i>
Total	70	(63)	61	(57)	131	(120)

Note: Figures in brackets are for 1994-95.

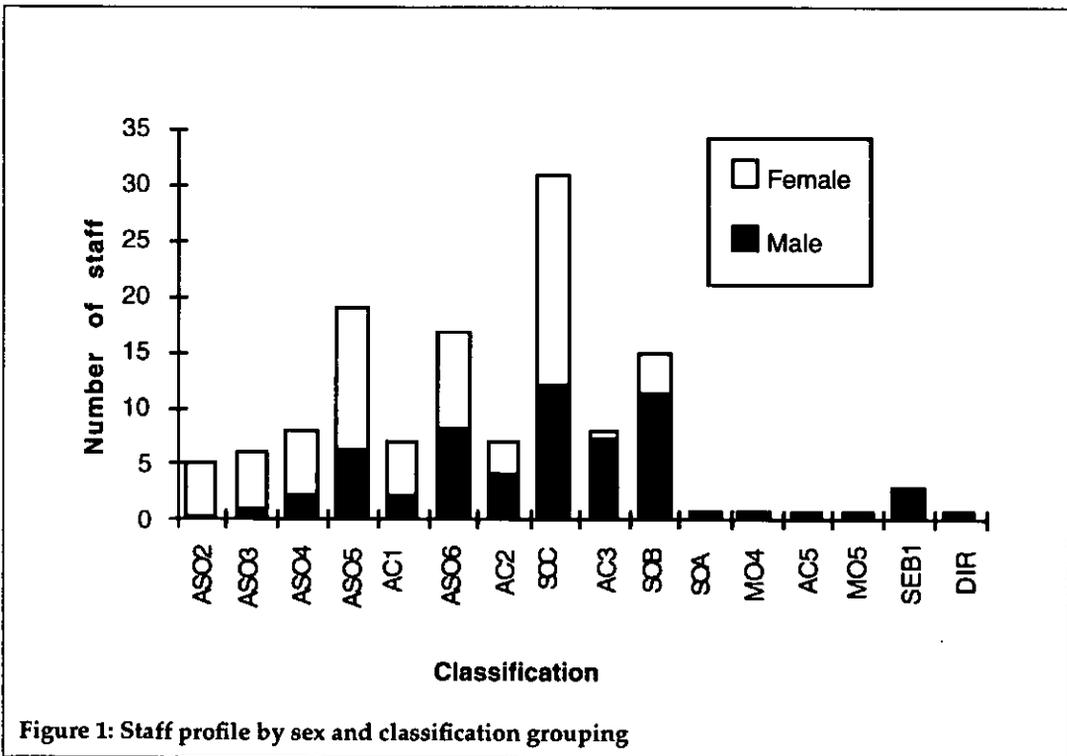


Figure 1: Staff profile by sex and classification grouping

Table 2: Institute staffing profile as at 30 June 1996

Status	Female		Male		Total	
	1995-96	1994-95	1995-96	1994-95	1995-96	1994-95
Director	0	(0)	1	(1)	1	(1)
Senior Executive Service Band 1	0	(0)	3	(1)	3	(1)
Medical Officer Class 5	0	(0)	1	(1)	1	(1)
Medical Officer Class 4	0	(0)	1	(1)	1	(1)
Academic Level 5	0	(0)	1	(4)	1	(4)
Senior Officer Grade A	0	(0)	1	(0)	1	(0)
Senior Officer Grade B	3	(4)	10	(8)	13	(12)
Academic Level 3	1	(3)	7	(6)	8	(9)
Senior Information Technology Officer Grade B	0	(0)	1	(1)	1	(1)
Public Affairs Officer Grade 3	1	(1)	0	(0)	1	(1)
Senior Officer Grade C	18	(15)	10	(11)	28	(26)
Senior Professional Officer Grade C	1	(0)	0	(0)	1	(0)
Senior Information Technology Officer Grade C	0	(0)	2	(2)	2	(2)
Academic Level 2	3	(3)	4	(3)	7	(6)
Information Technology Officer Class 2	0	(0)	3	(2)	3	(2)
Professional Officer Class 2	0	(1)	0	(0)	0	(1)
Administrative Service Officer Class 6	9	(1)	5	(3)	14	(4)
Public Affairs Officer Grade 1	1	(1)	1	(1)	2	(2)
Senior Research Officer Grade 1	0	(0)	2	(3)	2	(3)
Administrative Service Officer Class 5	12	(12)	3	(2)	15	(14)
Academic Level 1	5	(2)	2	(3)	7	(5)
Administrative Service Officer Class 4	6	(5)	2	(4)	8	(9)
Administrative Service Officer Class 3	5	(5)	1	(0)	6	(5)
Graduate Administrative Assistant	0	(1)	0	(0)	0	(1)
Administrative Service Officer Class 2	5	(6)	0	(0)	5	(6)
Administrative Service Officer Class 1	0	(3)	0	(0)	0	(3)
Total	70	(63)	61	(57)	131	(120)

Note: Figures in brackets are for 1994-95.

Table 3: Staff movements during 1995–96

Status	In	Out	Total
1 July 1995	120		120
Adjustments*	2		2
Appointments	2		2
Promotions/transfers	10	(3)	7
Contracts (incl. temporary transfer)	55	(47)	8
Retirements		(3)	(3)
Resignations		(5)	(5)
30 June 1996	189	(58)	131

* 1 July figures adjusted for two inoperative staff not previously included.

Note: Figures in brackets are negative numbers.

Equal employment opportunity (EEO)

The Institute participates in the portfolio's Equal Employment Opportunity Plan. Some features of the year were:

- one officer sponsored for the 1996 Senior Women in Management (SWIM) Program;
- two female officers participated in springboard programs; and
- one female officer participated in the Public Sector Management Course.

A breakdown of the various EEO designated groups within the Institute are shown at appendix 7.

Industrial democracy

The Institute's management style is collaborative and consultative. Staff are represented on the Institute's Board and both participate in, and receive feedback on, higher management matters through that forum. Specialist consultative committees advise management on information technology, accommodation and finance matters. Regular and ad hoc staff consultative meetings are held with senior management on matters of importance. During 1995–96, formal staff consultative and information meetings were held on agency bargaining, accommodation and organisational restructuring.

In March 1996, the Institute wrote to the three unions that have coverage of Institute staff and sought to introduce a more formalised mechanism for its expanding work force. The Institute proposed an Industrial Democracy Plan that included the establishment of a Consultative Council. At 30 June 1996 negotiations were continuing.

Occupational health and safety

An employee assistance program continued throughout the year reflecting the Institute's ongoing interest in staff welfare and occupational health and safety. The program, provided by Durham Smith and Associates, offers confidential and professional assistance to staff faced with problems which may directly or indirectly have an impact on work performance.

Prior to its move to Fern Hill Park, the Institute prepared a draft occupational health and safety plan. The relocation and the establishment of a formal industrial democracy process have slowed its introduction. The Community and Public Sector Union has arranged for a staff member to be elected as the Health and Safety Representative for the Institute. An interim occupational health and safety committee has been formed and held its first meeting in late June 1996.

Financial resource management

A summary of the Institute's funding levels for 1995-96 is presented in table 4. The Institute's formal financial statement for 1995-96 is in appendix 1.

Funding for the Institute's activities comes from several sources. Core funding is provided through parliamentary appropriation, with minor revenues being generated by Institute activities. External funding is received for projects carried out either jointly or on behalf of Federal or State Governments or other organisations. Revenue from contract work and research grants totalled some \$5.8 million and this represented a significant increase on the previous year. This demonstrates the Institute's continuing ability to attract, and successfully carry out, such projects.

Additionally, the increase in funding from contracts, grants and similar sources and from miscellaneous revenue reflects the Institute's adherence to the 'business case' that underpins its approach to establishing competitive quotes, pricing publications and generally managing the cash resources in its care.

Table 4: Funding summary, 1995-96

Receipts (cash)	1995-96	1994-95
	\$,000	
Core funding		
Appropriation	7,126.0	8,099.0
Other revenue	375.7	289.6
Subtotal	7,501.7	8,388.6
External funding		
Grants	5,782.2	2,887.5
Total funds	13,283.9	11,276.1

In 1995–96, core funding from appropriations decreased by a net \$973,000 (14.0%) from the previous year. This reflects the one-off effect of the Institute's relocation, and the various salary adjustments flowing from agency bargaining. The budget supplementation for core activities during 1995–96 is shown in table 5.

Table 5: Budget supplementation for core activities, 1995–96

Core funding	Amounts	
	\$,000	
Appropriation		
Appropriation 1994–95		8,099
Less		
One-off 1994–95 adjustments	1,334	
Efficiency dividend	136	1,470
<i>Subtotal</i>		<i>6,629</i>
Plus		
Salaries and allowances	251	
Institute relocation	105	
Legal expenses	16	
Inflation factor	125	497
Appropriation 1995–96		7,126

During 1994–95 the Institute was supplemented for additional costs associated with its planned move from Bennett House on Acton Peninsula. The Institute moved into its new premises at Fern Hill Park, Bruce on 23 July 1995 and a significant proportion of the associated costs were met this financial year. The Institute has a sublease over these premises extending to June 2000.

Staff salaries and allowances continued to have a major impact on the Institute's budget during the year. The provisions of the agreement between the Commonwealth Government and public sector unions—Improving Productivity, Jobs and Pay in the Australian Public Service—certified on 4 December 1992 continued to have an effect. On 24 March 1995, the Australian Industrial Relations Commission certified the portfolio's agency bargaining agreement which authorised pay increases and enhancements to conditions for all staff below Senior Officer classifications (or their equivalent). Additionally, in September 1995 a further agreement between the Commonwealth Government and public sector unions—Continuous Improvement in the Australian Public Service Enterprise Agreement 1995–96—was certified.

This agreement authorised service-wide pay increases, rationalised existing allowances and conditions of service

and established a basis for continued workplace reform. The agreement was later varied to incorporate annual leave loading into base rates of pay from 1 January 1996.

Superannuation

To date, employer superannuation contributions have been largely unfunded. From 1 July 1996 the Institute will commence fortnightly payments to the Commonwealth Superannuation Fund (ComSuper) for staff contributing to the Commonwealth Superannuation Scheme (CSS) and the Public Sector Scheme (PSS).

Performance pay

During 1992-93 the Institute commenced its performance appraisal processes for Senior Officers. In 1994-95 the third cycle was completed. The September 1995 Enterprise Agreement also introduced new performance pay arrangements. The decision to include a performance pay scheme at agency level was devolved to agencies. The Institute has agreed not to maintain a scheme for its Senior Officer and equivalent classifications.

During 1995-96, two Senior Executive Service (SES) officers were eligible for performance pay resulting from assessments covering the previous 12 months. Privacy considerations preclude disclosure of payment details. New service-wide performance pay arrangements were also introduced for SES officers from 1 July 1995.

Appendix 1

Finance

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AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
INDEPENDENT AUDIT REPORT

To the Minister for Health and Family Services

Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 1996.

The statements comprise:

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

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

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

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

Audit Opinion

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

- (i) the statements are based on proper accounts and records
- (ii) the statements show fairly in accordance with Statements of Accounting Concepts, applicable Accounting Standards and other mandatory professional reporting requirements the financial transactions and results, and cash flows for the year ended 30 June 1996 and the state of affairs of the Institute as at that date
- (iii) the receipt, expenditure and investment of moneys, and the acquisition and disposal of assets, by the Institute during the year have been in accordance with the *Australian Institute of Health and Welfare Act 1987*, and
- (iv) the statements are in accordance with the Guidelines for Financial Statements of Commonwealth Authorities.

Australian National Audit Office



Allan Thompson
Executive Director

For the Auditor-General

Canberra
17 September 1996

Financial statements

for year ended 30 June 1996

Certificate

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

- Operating statement
- Statement of financial position
- Statement of cash flows
- Notes to, and forming part of, the financial statements

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

- (i) show fairly the operating result of the Institute for the year ended 30 June 1996;
- (ii) show fairly the financial position of the Institute at 30 June 1996; and
- (iii) show fairly the cash flows during the 1995-96 financial year.



Professor J Reid
Chair
13 September 1996



Dr R Madden
Director
13 September 1996

Operating statement

for the year ended 30 June 1996

	Notes	1996 \$	1995 \$
NET COST OF SERVICES			
Operating expenses			
Employee expenses	2	7,522,679	6,585,745
Administration expenses	3	4,273,636	3,794,875
Research and development expenses	4	1,704,781	1,012,632
Loss on sale of non-current assets		32,325	64,598
Depreciation		492,654	406,312
Total operating expenses		14,026,075	11,864,162
Operating revenues from independent sources			
Grants		5,326,400	3,288,607
Miscellaneous revenue	5	419,869	398,466
Total operating revenues from independent sources		5,746,269	3,687,073
Net cost of services		8,279,806	8,177,089
REVENUES FROM GOVERNMENT			
Parliamentary appropriations received	6	7,126,000	8,099,000
Liabilities assumed by government	7	862,891	838,640
Resources received free of charge	8	171,618	272,060
Total revenues from government		8,160,509	9,209,700
Surplus or (deficit) of net cost of services over revenues from government		(119,297)	1,032,611
Accumulated surpluses or (deficits) at beginning of reporting period		560,208	(472,403)
Accumulated surpluses or (deficits) at end of reporting period		440,911	560,208

The accompanying notes form part of these Financial Statements

Statement of financial position

as at 30 June 1996

	Notes	1996 \$	1995 \$
CURRENT ASSETS			
Cash	9	3,281,508	2,973,660
Receivables	10	231,888	151,559
Inventories	11	228,048	160,573
Other	12	85,145	101,635
Total current assets		3,826,589	3,387,427
NON-CURRENT ASSETS			
Property, plant and equipment	13	1,928,146	1,361,181
Total non-current assets		1,928,146	1,361,181
Total assets		5,754,735	4,748,608
CURRENT LIABILITIES			
Creditors	14	315,235	170,080
Provisions	15	347,530	291,300
Other	16	2,024,968	1,478,105
Total current liabilities		2,687,733	1,939,485
NON-CURRENT LIABILITIES			
Provisions	15	1,479,824	1,102,648
Total non-current liabilities		1,479,824	1,102,648
Total liabilities		4,167,557	3,042,133
Net assets		1,587,178	1,706,475
EQUITY			
Capital		1,146,267	1,146,267
Accumulated surpluses or (deficits)		440,911	560,208
Total equity		1,587,178	1,706,475

The accompanying notes form part of these Financial Statements

Statement of cash flows
for the year ended 30 June 1996

	Notes	1996 \$	1995 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Inflows:			
Parliamentary appropriation		7,126,000	8,099,000
Grants and miscellaneous revenue		6,008,566	3,231,596
Interest received		188,147	125,944
		<u>13,322,713</u>	<u>11,456,540</u>
Outflows:			
Salaries		(5,820,115)	(5,698,223)
Administration and Research and development expenses		(6,074,230)	(4,586,765)
		<u>(11,894,345)</u>	<u>(10,284,988)</u>
Net cash provided by operating activities	22	<u><u>1,428,368</u></u>	<u><u>1,171,552</u></u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Inflows:			
Proceeds from sale of property, plant and equipment		9,824	36,000
Outflows:			
Payments for purchase of property, plant and equipment		(1,130,344)	(610,575)
Net cash used in investing activities		<u><u>(1,120,520)</u></u>	<u><u>(574,575)</u></u>
Net increase or decrease in cash held		307,848	596,977
Cash at beginning of reporting period		2,973,660	2,376,683
Cash at end of reporting period	9	<u><u>3,281,508</u></u>	<u><u>2,973,660</u></u>

The accompanying notes form part of these Financial Statements

Notes to, and forming part of, the financial statements

For the year ended 30 June 1996

1. Statement of significant accounting policies

The significant accounting policies adopted by the Australian Institute of Health and Welfare are stated to assist in a general understanding of these financial statements.

These policies have been consistently applied except as otherwise indicated.

(a) Statutory requirements

The financial statements are prepared in accordance with section 24(1) of the *Australian Institute of Health and Welfare Act 1987*. The form of the financial statements, including prior year figures, is in accordance with the Guidelines for Financial Statements of Commonwealth Authorities issued by the Minister for Finance for reporting periods ending on and after 30 June 1995.

(b) Basis of accounting

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

(c) Income tax

The Institute is exempt from income tax imposed under any law of the Commonwealth or of a State or Territory by section 26 of the *Australian Institute of Health and Welfare Act 1987*.

(d) Property, plant and equipment

Fixed assets, including leasehold improvements, are depreciated over their estimated useful lives, with depreciation commencing from the date of acquisition. The straight-line method of depreciation is used. Any gain or loss on disposal of fixed assets is included in the operating result of the Institute in the year of disposal. Assets costing \$2,000 or greater are capitalised. Items under \$2,000 are expensed under the relevant expense category in the year of acquisition.

The threshold for capitalising assets has increased to \$2,000 as of the beginning of this financial year. The financial effect of the increase of the threshold has been a write off to the value of \$34,870.

(e) Grant income

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

(f) Research and development costs

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

(g) Segment reporting

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

(h) Superannuation

Institute employees contribute to either the Commonwealth Superannuation Scheme (CSS) or the Public Sector Superannuation Scheme (PSS). The Institute is not currently required to make employer contributions on behalf of CSS/PSS superannuation with the relevant superannuation fund.

The superannuation expense is calculated at 19.1% of salaries. This liability has been assumed by Government.

(i) Employee entitlement

Provisions have been made to annual leave and long service leave and calculated on the basis of pro rata entitlement under appropriate legislation or awards, based on current wages.

Long service leave is accrued by averaging all employees with three and four years or more service with the Australian Public Service and discounting it to present value. The long service leave provision is distributed into current and non-current components based on expected usage in the following year.

Recreation leave is provided for those employees who have an entitlement at balance date. The provision includes a leave loading component and is classified as current and non-current liability based on expected usage in the following year. No provision has been made for sick leave as the average sick leave taken by Institute employees is estimated to be less than sick leave annually accrued.

(j) Cash

For purposes of the Statement of Cash Flows, cash includes deposits at call which are readily convertible to cash on hand and which are used in the cash management function on a day-to-day basis.

(k) Inventories

Inventory is valued at the lower of cost or net realisable value.

(l) Comparative figures

Where necessary, comparative figures have been adjusted to conform with changes in presentation in these financial statements.

Appendix 1

	1996	1995
	\$	\$
2. Employee expenses		
Salaries	5,837,158	5,375,625
Liabilities assumed by government (superannuation)	862,891	838,640
Annual leave expenses	481,816	299,285
Long service leave expenses	340,814	72,195
	<u>7,522,679</u>	<u>6,585,745</u>
3. Administration expenses		
Advertising	60,520	24,135
Assets written off due to threshold increase to \$2,000	34,870	0
Audit fees	19,000	15,000
Bad debts written off	0	55
Bank charges	10,341	2,730
Committee expenses	48,883	38,453
Computer maintenance and consumables	213,618	182,229
Conferences and seminars	568,735	108,479
Consultancy fees	406,429	902,938
Data acquisitions	59,643	46,010
Doubtful debts	9,796	(324)
Electricity	33,941	0
Freight	7,802	9,765
Furniture and fittings	74,266	14,016
Legal fees	4,779	23,419
Library materials	51,855	53,840
Motor vehicle hire and maintenance	38,607	47,112
Office machines—acquisition	3,649	506
Office requisites and miscellaneous	234,401	173,290
Postage	131,256	112,279
Printing and publications	321,197	397,259
Project consumables	99,288	61,629
Provision for obsolescence in inventory	108,254	477
Rent	812,101	541,873
Repairs and maintenance—building	85,441	74,309
Repairs and maintenance—office machines	12,653	13,502
Senior Officer Benefit	8,312	69,830
Telephone	141,472	142,573
Training	78,905	69,069
Travel	365,658	352,671
Workers compensation	56,347	45,692
	<u>4,102,017</u>	<u>3,522,816</u>
Administrative support—provided free of charge	171,618	272,060
	<u>4,273,635</u>	<u>3,794,876</u>

1996	1995
\$	\$

4. Research and development expenditure

National Perinatal Statistics Unit	337,500	624,250
Dental Statistics and Research Unit	628,386	235,000
National Reference Centre for Classification in Health	139,500	138,100
National Centre for Aboriginal and Torres Strait Islander Statistics	576,000	0
Other	23,395	15,282
	<u>1,704,781</u>	<u>1,012,632</u>

5. Miscellaneous revenue

Commissioned research	10,919	97,273
Interest	189,721	136,745
Publications revenue	80,602	108,652
Recoveries—former years	0	3,216
Other recoveries	138,627	52,580
	<u>419,869</u>	<u>398,466</u>

6. Parliamentary appropriations

Appropriation Act 1	6,960,000	6,898,000
Appropriation Act 3	166,000	1,201,000
	<u>7,126,000</u>	<u>8,099,000</u>

7. Liabilities assumed by government

Employer superannuation contributions, other than those paid by the Institute, are met by the Commonwealth. An estimated amount of \$862,891 (1995 \$838,640) representing the superannuation contributions assumed by the Commonwealth has been brought to account in the financial statements both as revenue from government and as superannuation expense.

8. Resources received free of charge

The Department of Health and Family Services and the Department of Finance—Personnel Services provided some administrative support during the year to the Institute free of charge. The figure for 1995–96 has been estimated at \$171,618 (1994–95 \$272,060).

Appendix 1

	1996	1995
	\$	\$
9. Cash		
Cash at bank	3,165,195	2,813,213
Cash on hand	2,500	2,500
Department of Finance imprest account	113,813	157,947
	<u>3,281,508</u>	<u>2,973,660</u>
10. Receivables		
Trade debtors	4,979	1,870
Sundry debtors	218,568	133,126
<i>less</i> Provision for doubtful debts	(10,764)	(968)
Interest receivable	19,105	17,531
	<u>231,888</u>	<u>151,559</u>
Current receivables includes receivables overdue by:		
Less than 30 days	4,787	128,756
30 to 60 days	9,838	22,328
More than 60 days	31,439	475
	<u>46,064</u>	<u>151,559</u>
11. Inventory		
Stock on hand	357,809	182,079
<i>less</i> Provision for obsolescence	(129,761)	(21,506)
	<u>228,048</u>	<u>160,573</u>
12. Current assets—other		
Prepayments	<u>85,145</u>	<u>101,635</u>

Finance

	1996	1995
	\$	\$
13. Property, plant and equipment		
Leasehold improvements—at cost	851,799	195,908
less Accumulated depreciation	(245,181)	(124,051)
	<u>606,618</u>	<u>71,857</u>
Office equipment—at cost	2,393,254	1,991,492
less Accumulated depreciation	(1,362,334)	(1,014,456)
	<u>1,030,920</u>	<u>977,036</u>
Furniture and fittings—at cost	346,366	79,554
less Accumulated depreciation	(55,758)	(32,112)
	<u>290,608</u>	<u>47,442</u>
Work-in-progress—leasehold improvements	0	264,846
	<u>1,928,146</u>	<u>1,361,181</u>
14. Creditors		
Trade creditors	246,827	120,322
Sundry creditors	9,939	8,332
Accrued salaries	58,469	41,426
	<u>315,235</u>	<u>170,080</u>
15. Provisions		
Current		
Annual leave—current	327,598	274,600
Long service leave—current	19,932	16,700
	<u>347,530</u>	<u>291,300</u>
Non-current		
Annual leave—non-current	403,128	333,900
Long service leave—non-current	1,076,696	768,748
	<u>1,479,824</u>	<u>1,102,648</u>
Aggregate employee entitlement liability:	1,885,823	1,435,374
The aggregate employee entitlement liability comprises leave provisions and accrued salaries.		

Appendix 1

	1996	1995
	\$	\$
16. Current liabilities—other		
Represented by income received in advance as follows:		
Australian Health Ministers' Advisory Council and States	190,054	69,773
Department of Health and Family Services	1,243,043	683,666
National Better Health Program	337,001	348,369
Australian Environmental Protection Agency	76,992	349,526
Various sponsors	158,991	23,169
Department of Environment Sport and Territories	3,602	3,602
ACT Housing & Family Services Bureau	15,285	0
	<u>2,024,968</u>	<u>1,478,105</u>

17. Agreements equally proportionately unperformed

Property operating lease:

Not later than one year	875,912	51,315
Later than one year and not later than two years	846,521	793,328
Later than two years and not later than five years	1,951,970	3,118,249
	<u>3,674,403</u>	<u>3,962,892</u>
 Approved purchase orders	 <u>410,615</u>	 <u>659,280</u>

18. Remuneration of members

Remuneration received or due and receivable by members of the Institute	268,217	224,058
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The number of members of the Institute included in these figures are shown below in the relevant remuneration bands. Disclosed by the number of members receiving remuneration in the following bands:

	Number	Number
\$Nil-\$10,000	7	6
\$10,000-\$20,000	1	0
\$70,000-\$80,000	1	1
\$80,000-\$90,000	2	0
\$130,000-\$140,000	0	1

Includes the remuneration payable to the member of staff of the Institute elected by that staff to be its representative on the Institute's Board.

1996	1995
\$	\$

19. Remuneration of Executive Officers

Income received or due and receivable by executives:	459,652	355,422
--	---------	---------

The number of executives included in these figures are shown below in the relevant income bands.

	Number	Number
\$100,000–\$110,000	3	0
\$110,000–\$120,000	0	1
\$120,000–\$130,000	1	0
\$130,000–\$140,000	0	1

In addition, no executive received, or became entitled to receive, a material benefit by way of a contract with an executive or with an organisation in which he or she is a member or has a substantial financial interest.

Performance pay has been excluded from the calculation of executive remuneration. The aggregate amount of performance pay received, or due to be receivable, by Executive Officers was \$17,250 (1994–95 \$40,213).

The executive remuneration includes all Executive Officers concerned with or taking part in the management of the economic entity during 1995–96 except the Director. Details in relation to the Director have been incorporated into the Remuneration of Members note.

20. Related parties

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

Chairperson

Professor Janice Reid—appointed—1 July 1995

Directors

Dr Richard Madden—commenced 8 January 1996

Dr Bruce Armstrong—ceased 5 January 1996

Dr John Donovan—acting Director—3–7 July 1995 & 19 December 1995 to 28 January 1996

Members

Dr T Adams (commenced 11 March 1996), Mr DL Semple, Ms VR Milligan, Mr H Bissett, Mr TJ Skinner, Ms M Draper, Ms J Dwyer, Ms S Fogg, Dr Steven Duckett (ceased 8 March 1996), Mr W McLennan, Mr G Sarossy, Dr C D'Arcy J Holman, Mr BF Kennedy, Dr AL Howe, Dr D Filby, Mr A Podger (commenced 11 March 1996), Mr N Mercer.

- ii) *Transactions of Board Members and Board Member-related entities*

There are no contracts where Board Members have any financial interest.

Appendix 1

21. Auditors remuneration

The amount paid and payable to the Australian National Audit Office (ANAO) for the audit of the AIHW 1996 financial statements is \$17,000 (1995—\$17,000). No other services were provided by ANAO.

	1996	1995
	\$	\$
22. Reconciliation of cash flow from operating activities		
Net cost of services	(8,279,806)	(8,177,089)
Parliamentary appropriation	7,126,000	8,099,000
Liabilities assumed by government	862,891	838,640
Resources received free of charge	171,618	272,060
Operating surplus/(deficit)	<u>(119,297)</u>	<u>1,032,611</u>
Depreciation expense	492,654	406,312
Loss on sale of non-current assets	32,325	64,598
Profit on sale of non-current assets below threshold	(6,294)	0
Assets written off due to threshold increase	34,870	0
(Increase)/Decrease in receivables	(80,329)	(67,333)
Increase/(Decrease) in provisions	433,406	57,021
(Increase)/Decrease in inventories	(67,475)	(38,872)
Increase/(Decrease) in creditors and accruals	145,155	2,519
Increase/(Decrease) in other liabilities	546,863	(262,662)
(Increase)/Decrease in other assets	16,490	(22,642)
Net cash provided by operating activities	<u><u>1,428,368</u></u>	<u><u>1,171,552</u></u>

23. Economic dependency

The Institute is mainly dependent on government appropriation.

Appendix 2

Legislation

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

Australian Institute of Health Ethics Committee regulations

Regulations have been made pursuant to subsections 16(1) and (2) of the *Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee. The Regulations are reproduced on page 95.

Australian Institute of Health and Welfare Act 1987

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Australian Institute of Health and Welfare Act 1987

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

[Assented to 5 June 1987]

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

PART 1—PRELIMINARY

Short title

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

Commencement

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

Interpretation

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

"appoint" includes re-appoint;

"Chairperson" means the Chairperson of the Institute;

"Director" means the Director of the Institute;

"Ethics Committee" means the Health Ethics Committee of the Australian Institute of Health and Welfare;

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

"Institute" means the Australian Institute of Health and Welfare;

"member" means a member of the Institute;

"production" means compilation, analysis and dissemination;

"State Health Minister" means:

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

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

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

"State Housing Minister" means:

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

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

"State Welfare Minister" means:

- (a) the Minister of the Crown for a State; or

- (b) the Minister of the Australian Capital Territory; or
- (c) the Minister of the Northern Territory;

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

“trust money” means money received or held by the Institute on trust;

“trust property” means property received or held by the Institute on trust.

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

“welfare services” includes:

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

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

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

PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Division 1—Establishment, Functions and Powers of Institute

Establishment of Institute

4. (1) There is hereby established a body to be known as the Australian Institute of Health and Welfare.

(2) The Institute:

- (a) is a body corporate with perpetual succession;
- (b) shall have a common seal; and
- (c) may sue and be sued in its corporate name.

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

Functions of Institute

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

(1AA) The functions of the Institute are:

- (a) the health-related functions conferred by subsection (1); and
- (b) the welfare-related functions conferred by subsection (1A).

5. (1) The Institute’s health-related functions are:

- (a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau’s assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;

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

[Welfare-related functions]

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

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

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

Powers of Institute

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

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

Directions by Minister

7. (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.

(1A) The Minister must consult the Chairperson before giving any direction to the Institute.

(1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.

(1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:

- (a) relates to the Institute's welfare-related functions; and
- (b) does not concern housing matters.

(1D) The Minister must consult each State Housing Minister before giving the direction if the direction:

- (a) relates to the Institute's welfare-related functions; and
- (b) concerns housing matters.

(2) The Institute shall comply with any direction given under subsection (1).

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

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

- (a) the Chairperson;
- (b) the Director;
- (c) a member nominated by the Australian Health Ministers' Advisory Council;
- (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
- (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
- (d) the Australian Statistician;
- (e) the Secretary to the Department;
- (f) a person:
 - (i) who has knowledge of the needs of consumers of health services; and

- (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of health services; and
 - (iii) who has been nominated by the Minister;
- (fa) a person:
- (i) who has knowledge of the needs of consumers of welfare services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of welfare services; and
 - (iii) who has been nominated by the Minister;
- (fb) a person:
- (i) who has knowledge of the needs of consumers of housing assistance services; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that represents consumers of housing assistance services; and
 - (iii) who has been nominated by the Minister;
- (fc) a person:
- (i) who has expertise in research into public health issues; and
 - (ii) whose nomination has been recommended by a body that is referred to in the Schedule and that is a peak body promoting research into public health issues; and
 - (iii) who has been nominated by the Minister;
- (g) 3 other members nominated by the Minister;
- (h) a member of the staff of the Institute elected by that staff.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
- (a) may be made by one or more bodies; and
 - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1) (d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
- (a) a vacancy in the office of a member referred to in paragraph (1) (a), (b), (f), (fa), (fb), (fc) or (h);
 - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months.
 - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
 - (c) a vacancy in the office of the member referred to in paragraph (1) (d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1) (b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General.
- (5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:
- (a) the day on which the poll for the election of the member is held; or

(b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.

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

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

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

Acting members

9. (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):

- (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or
- (b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;

but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.

(2) A person may resign appointment under this section by instrument in writing delivered to the Minister.

(3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.

(4) The Minister may:

- (a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and
- (b) terminate such an appointment at any time.

(5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of 12 months from the date on which the vacancy occurred expires, whichever first happens.

(6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.

(7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:

- (a) the occasion for the appointment of the person had not arisen;
- (b) there was a defect or irregularity in or in connection with the appointment;
- (c) the appointment had ceased to have effect; or
- (d) the occasion for the person to act had not arisen or had ceased.

Remuneration and allowances

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

(2) A member shall be paid such allowances as are prescribed.

(3) This section has effect subject to the *Remuneration Tribunal Act 1973*.

Leave of absence

11. (1) Subject to Section 87E of the *Public Service Act 1922*, a full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.

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

Resignation

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

Termination of appointment

13. (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.

- (2) If a member:
- (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
- (b) without reasonable excuse, contravenes section 14;
- (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
- (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

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

- (3) Where:
- (a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or
- (b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or
- (c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;

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

Disclosure of interests

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

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

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

Meetings

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

Division 3—Committees of Institute

Committees

16. (1) The Institute shall appoint a committee to be known as the Health Ethics Committee of the Australian Institute of Health and Welfare.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations shall not be made for the purpose of subsection (2) except in accordance with a recommendation of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) Section 14 applies in relation to a committee as if:
- (a) references in that section to a member were references to a member of the committee; and

- (b) references in that section to the Institute were references to the committee.

Division 4—Director of Institute

Director of Institute

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

Functions of Director

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

Division 5—Staff

Staff

19. (1) The staff required for the purposes of this Act shall be—
- (a) persons appointed or employed under the *Public Service Act 1922*; and
- (b) persons appointed or employed by the Institute.
- (2) The Director has all the powers of a Secretary under the *Public Service Act 1922*, so far as those powers relate to the branch of the Public Service comprising the staff referred to in paragraph (1)(a), as if that branch were a separate Department of the Public Service.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

PART III—FINANCE

Money to be appropriated by Parliament

20. (1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.
- (2) The Minister for Finance may give directions as to the means in which, and the times at which, money referred to in subsection (1) is to be paid to the Institute.

Estimates

21. (1) The Institute shall:

- (a) prepare estimates of the receipts and expenditure of the Institute in such form as the Minister directs for:
 - (i) each financial year; and
 - (ii) any other period specified by the Minister; and
- (b) lodge estimates with the Minister within such time as the Minister directs.

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

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

Money of Institute

22. (1) The money of the Institute consists of:

- (a) money paid to the Institute under section 20; and
- (b) any other money, other than trust money, paid to the Institute.

(2) The money of the Institute shall be applied only:

- (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;
- (b) in payment of remuneration and allowances payable under this Act; and
- (c) in making any other payments required or permitted to be made by the Institute.

Contracts

23. The Institute shall not, except with the written approval of the Minister:

- (a) enter into a contract involving the payment or receipt by the Institute of an amount exceeding \$200,000 or such higher amount as is prescribed; or
- (b) enter into a lease of land for a period of 10 years or more.

Application of Part XI of Audit Act

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

(2) A report prepared under section 63M of the *Audit Act 1901* (as that section applies by virtue of subsection (1)) shall, in respect of each direction given under subsection 7(1) that is applicable to the period to which the report relates, include:

- (a) particulars of the direction; or
- (b) where the Institute considers that the particulars contain information concerning a person or are of a confidential nature—a statement that a direction was given.

Trust money and trust property

25. (1) The Institute:

- (a) shall pay trust money into an account or accounts referred to in subsection 63J(1) of the *Audit Act 1901* (as that subsection applies by virtue of subsection 24(1)) containing no money other than trust money;
- (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
- (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

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

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

Exemption from taxation

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

PART IV—MISCELLANEOUS

Delegation by Institute

27. (1) The Institute may, either generally or as otherwise provided by the instrument of delegation, by writing under its common seal:

- (a) delegate to a member;
- (b) delegate to a member of the staff of the Institute; and
- (c) with the approval of the Minister—delegate to any other person or body;

all or any of the Institute's powers or functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Institute.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Institute.

Delegation by Director

28. (1) The Director may, either generally or as otherwise provided by the instrument of delegation, by instrument in writing:

- (a) delegate to a member;
- (b) delegate to a member of the staff of the Institute; or
- (c) with the approval of the Minister—delegate to any other person or body;

all or any of the Director's powers and functions under this Act, other than this power of delegation.

(2) A power or function so delegated, when exercised or performed by the delegate, shall, for the purposes of this Act, be deemed to have been exercised or performed by the Director.

(3) A delegation does not prevent the exercise of a power or performance of a function by the Director.

Confidentiality

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

- (a) any information concerning another person (which person is in this section called an "information subject"), being information acquired by the informed person because of:

- (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or
- (b) any document relating to another person (which person is in this section also called an "information subject"), being a document furnished for the purposes of this Act; shall not, except for the purposes of this Act, either directly or indirectly:
- (c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);
 - (d) produce that document to any person (including an information subject); or
 - (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

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

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

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

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

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

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

(4) In this section:

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

- (b) "person" includes a body or association of persons, whether incorporated or not, and also includes:
 - (i) in the case of an information provider—a body politic; or
 - (ii) in the case of an information subject—a deceased person;
- (c) "produce" includes permit access to;
- (d) "publication", in relation to conclusions, statistics or particulars, includes:
 - (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
 - (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
- (e) a reference to information concerning a person includes:
 - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
 - (ii) a reference to information identifying a person or body providing information concerning a person.

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

30. (1) *The Epidemiological Studies (Confidentiality) Act 1981* (in this section called the "Confidentiality Act") does not apply to anything done in the exercise of a power or performance of a function under this Act.

(2) Notwithstanding the Confidentiality Act, a person who has assisted, or is assisting in, the conduct of a prescribed study or an epidemiological study may, at the written request of the Institute:

- (a) communicate to the Institute any information acquired by the person because of having assisted, or assisting, in the conduct of that study; and
- (b) give the Institute access to documents prepared or obtained in the conduct of that study.

(3) It is a defence to a prosecution under the Confidentiality Act if it is established that the information was communicated or access to a document was given, as the case may be, in accordance with a written request by the Institute.

(4) In this section:

- (a) "epidemiological study" has the same meaning as in the Confidentiality Act; and
- (b) "prescribed study" has the same meaning as in the Confidentiality Act.

Periodical reports

31. (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:

- (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
- (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.

(1A) The Institute must submit to the Minister:

- (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
 - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
 - (ii) ending on 30 June 1993; and

(b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

(2) The Institute may at any time submit to the Minister:

(a) a health or welfare report for any period; or

(b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.

(3) A health report shall provide:

(a) statistics and related information concerning the health of the people of Australia; and

(b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.

(3A) A welfare report must provide:

(a) statistics and related information concerning the provision of welfare services to the Australian people; and

(b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;

during the period to which the report relates.

(4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.

(5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

Regulations

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

SCHEDULE 1
NEW SCHEDULE TO PRINCIPAL ACT
SCHEDULE

Section 13

Subsection 8(1)

BODIES THAT MAY NOMINATE BOARD MEMBERS

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

Australian Institute of Health Ethics Committee Regulations

Citation

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

Interpretation

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

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

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

Functions

3. The functions of the Ethics Committee are:

- (a) to form an opinion as to the acceptability or otherwise, on ethical grounds, of:
 - (i) activities that are being, or it is proposed will be, engaged in by the Institute in the performance of its functions; and
 - (ii) activities that are being, or it is proposed will be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions;having regard, in addition to any other matters that the Ethics Committee considers to be relevant, to the Declaration of Helsinki adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964, as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975 and to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council;
- (b) where appropriate, to revise an opinion so formed or to form another opinion;
- (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
- (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

Composition

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

- (a) the Director of the Institute or his or her nominee;
 - (b) a person who is a graduate in medicine of a university and has post-graduate medical research experience;
 - (c) a person who is a graduate in a social science of a university, college of advanced education or similar institution and has post-graduate research experience in a social science;
 - (d) a person who is the nominee of the Registrar of Births, Deaths and Marriages in the Australian Capital Territory and of the officer of each State and the Northern Territory who has the responsibility in that State or Territory of registering births, deaths and marriages;
 - (e) a minister of religion;
 - (f) a person who is a barrister, a solicitor, a barrister and solicitor or a legal practitioner, of the High Court or of the Supreme Court of a State or Territory; and
 - (g) a man and a woman, neither of whom is a member or employee of the Institute and each of whom is able to represent general community attitudes;
- one of whom shall be appointed chairperson by the Institute.

Appendix 3

AIHW publications and reports 1995–96

Australian Institute of Health and Welfare publications

Periodicals

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Appendix 4

Activities funded by outside bodies

(Department of Health and Family Services was formerly the Department of Human Services and Health.)

Australian Institute of Health and Welfare

Project:	National Health Information Model (NHIM)
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$90,000
Project:	National Health Data Dictionary (NHDD)—management and national publisher
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$215,000
Project:	National Health Data Dictionary (NHDD)—Institutional Health Care
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$83,000
Project:	National Survey of Mental Health Services (NSMHS)
Funding body:	Department of Health and Family Services
Amount:	\$133,300
Project:	Vietnam Veterans Mortality Study
Funding body:	Department of Veterans' Affairs
Amount:	\$56,595
Project:	Burden of disease (Disease Costs and Impact Study)
Funding body:	National Centre for Health Program Evaluation (NCHPE)
Amount:	\$31,460
Project:	National system for monitoring cardiovascular disease
Funding body:	Department of Health and Family Services
Amount:	\$460,000
Project:	Monitoring and surveillance strategy for food and nutrition
Funding body:	Department of Health and Family Services
Amount:	\$320,000
Project:	Developing research input for the Health Australia review of Health Promotion in Australia
Funding body:	Department of Health and Family Services
Amount:	\$55,380

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Project:	Monitoring National Health Goals and Targets
Funding body:	Department of Health and Family Services
Amount:	\$112,600
Project:	Preparation of tables and figures of the national incidence and mortality data for breast cancer
Funding body:	National Breast Cancer Council (NBCC)
Amount:	\$12,538
Project:	Waiting lists survey—define urgency and appropriateness of care and improve access of patients to hospital
Funding body:	Department of Health and Family Services
Amount:	\$40,000
Project:	Hospital performance indicators—develop, collect, analyse and report nationally on hospital performance indicators ('benchmarking')
Funding body:	Department of Health and Family Services
Amount:	\$49,000 (Jan 95 – Jan 96); \$52,586 (Jan 96 – Jan 97)
Project:	Information support to Australian Medical Workforce Advisory Committee
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$189,000
Project:	Australian Health Outcomes Clearing House (AHOCH)
Funding body:	New South Wales Department of Health; Victorian Department Human Services; Territory Health Services (Northern Territory); South Australian Health Commission; Queensland Health
Amount:	\$140,000 (calendar year)
Project:	AHOCH—conference
Funding body:	Australian Bureau of Statistics (ABS) and Victorian Department of Health and Community Services (VHCS)
Amount:	\$5,000 (ABS); \$5,000 (VHCS)
Project:	Supported Accommodation Assistance Program (SAAP)—National Data Collection Agency
Funding body:	Department of Housing and Regional Development
Amount:	\$1,059,476
Project:	Child welfare (WELSTAT)—data collection from the States and Territories for 1995–96
Funding body:	States and Territories
Amount:	\$162,445
Project:	Commonwealth–State Disability Agreement (CSDA) Demand Study
Funding body:	Department of Health and Family Services
Amount:	\$81,000

Project:	National Information Management System for open employment services (NIMS) extension
Funding body:	Department of Health and Family Services
Amount:	\$275,000
Project:	Provision of data analysis for the Respite Review
Funding body:	Department of Health and Family Services
Amount:	\$53,400
Project:	Contribution to expenses for Australian Disability Data Reference and Advisory Group
Funding body:	Department of Health and Family Services
Amount:	\$54,000
Project:	Production of quality measures instrument for use in Home and Community Care (HACC) quality service appraisals
Funding body:	Department of Health and Family Services
Amount:	\$89,155
Project:	Report on data generated by Community Aged Care Packages Survey undertaken in 1996
Funding body:	Department of Health and Family Services
Amount:	\$35,020
Project:	Blood Lead Survey
Funding body:	Environment Protection Agency
Amount:	\$1,290,300
Project:	Examination of data on herbicides and spina bifida
Funding body:	Expert Committee
Amount:	\$5,000
Project:	State of the National Report on Public Health
Funding body:	Department of Health and Family Services
Amount:	\$16,115
Project:	AHOCH—Coordinated Care Trials Workshop
Funding body:	Department of Health and Family Services
Amount:	\$30,225
Project:	AHOCH—Focus in Health Care Conference
Funding body:	Sponsors—various
Amount:	\$116,000

AIHW National Perinatal Statistics Unit

Project:	Register of pregnancies after assisted conception
Funding body:	Fertility Society of Australia/Serono
Amount:	\$51,000

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Project: Australian and New Zealand Neonatal Network
Funding body: Glaxo Wellcome Australia Ltd
Amount: \$40,000

Project: Perinatal Newsletter
Funding body: Perinatal Society of Australia and New Zealand
Amount: \$10,470

AIHW Dental Statistics and Research Unit

Project: Longitudinal Study of Dentists' Practice Activity—the third wave of a five-yearly longitudinal collection on the practice activity of dentists in Australia

Funding body: Department of Health and Family Services
Amount: \$22,406 (per year)

Project: Evaluation of the Commonwealth Dental Health Program—establish four integrated data collections on oral health, use of services, provision of services and dental satisfaction as part of the evaluation process for the Commonwealth Dental Health Program

Funding body: Department of Health and Family Services
Amount: \$364,886 (\$1,079,339 over four years)

Project: The efficacy of fluorides in preventing caries over three years in children—consolidation of the three-year incidence data, updating fluoride exposure data and examining fluoride associations with the three-year incidence data

Funding body: National Health and Medical Research Council Public Health Research and Development Committee
Amount: \$103,930 (1996); \$42,116 (1997)

Project: The South Australian Dental Longitudinal Study—this stage of the longitudinal oral epidemiological study of persons aged 60+ years old in Adelaide and Mount Gambier will involve the conduct of five-year follow-up examinations in 1996

Funding body: National Health and Medical Research Council Medical Research Committee
Amount: \$70,262 (1996); \$70,262 (1997)

National Injury Statistics Unit

Project: The provision of injury information and statistics
Funding body: Department of Health and Family Services
Amount: \$379,632

Project: Organisation of Third International Conference on Injury Prevention and Control

Funding body: Department of Health and Family Services
Amount: \$168,328

Project: National Coroner Information System
Funding body: Department of Health and Family Services
Amount: \$40,000

Aboriginal and Torres Strait Islander Health and Welfare Information Unit

Project: Aboriginal and Torres Strait Islander Health and Welfare Information and Statistics Project
Funding body: Department of Health and Family Services
Amount: \$400,000

Appendix 5

Freedom of Information requests

There were no requests under the *Freedom of Information Act 1982* during 1995–96.

Appendix 6

Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
CD-ROM	Compact Disc Read-only Memory (computer storage device)
COAG	Council of Australian Governments
HIMAA	Health Information Management Association of Australia
ICD-9	International Classification of Diseases Ninth Revision
ICD-9-CM	International Classification of Diseases Ninth Revision, Clinical Modification
ICD-10	International Classification of Diseases Tenth Revision
NHPA	National Health Priority Areas
NHIMG	National Health Information Management Group
NHMRC	National Health and Medical Research Council
SCCSISA	Standing Committee of Community Services and Income Security Administrators
OECD	Organisation for Economic Co-operation and Development
WHO	World Health Organization

Abbreviations of places

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
Vic	Victoria
WA	Western Australia
UK	United Kingdom
USA	United States of America

Appendix 7

Equal Employment Opportunity

Representation of EEO groups within salary levels as at 30 June 1996.

Salary group	NESB 1		NESB 2		PWD		Women		Men		Total	
	94-95	95-96	94-95	95-96	94-95	95-96	94-95	95-96	94-95	95-96	94-95	95-96
ASO 1 & Equiv. \$14081-\$25938	0	0	0	0	0	0	0	0	0	0	0	0
ASO 2 & Equiv. \$26650-\$29453	0	0	0	0	0	0	5	5	0	0	5	5
ASO 3 & Equiv. \$30252-\$32651	0	1	0	0	0	0	6	5	0	1	6	6
ASO 4 & Equiv. \$33717-\$36609	1	1	0	0	0	0	6	5	7	2	13	7
ASO 5 & Equiv. \$37607-\$39877	3	1	0	0	1	1	11	16	7	8	18	24
ASO 6 & Equiv. \$40618-\$46658	2	1	0	0	1	2	3	8	4	7	7	15
SO C & Equiv. \$49932-\$54088	4	5	0	2	2	2	17	21	15	15	32	36
SO B & Equiv. \$56846-\$64877	4	0	0	0	1	1	8	5	15	16	23	21
SO A & Equiv. \$67154	0	0	0	0	0	0	0	0	0	1	0	1
Medical Officers	0	0	0	0	0	0	0	0	2	2	2	2
SES & Equiv. \$70632 & above	1	1	0	0	1	1	0	0	6	5	6	5
Total	15	10	0	2	6	7	56	65	56	57	112	122

NESB1 Non-English-speaking background, first generation.

NESB2 Non-English-speaking background, second generation.

PWD People with a disability.

Appendix 8

Compliance

Statements of the Institute's compliance in the following areas can be found in the following places:

- Information technology procurement (page 52)
- Occupational health and safety (page 58)
- Industrial democracy (page 57)
- Equal employment opportunity (see 'Representation of equal employment opportunity groups within salary levels' on page 114)
- Performance pay (page 60)
- Resource summary (table 5 on page 59)