

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

ANNUAL REPORT

2000 – 01

Australian Institute of Health and Welfare
Canberra
AIHW cat. no. AUS 23

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The Institute is Australia's national health and welfare statistics and information agency, and is part of the Commonwealth Health and Aged Care portfolio.

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The Hon. Dr Michael Wooldridge MP
Minister for Health and Aged Care
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 2001.

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

In accordance with the requirements of Section 9 of the CAC Act, the report was endorsed on 4 October at a meeting of directors responsible for the preparation and content of the report of operations, in accordance with Finance Minister's Orders.

Yours sincerely

Dr Sandra Hacker
Chairperson of the Board

4 October 2001

**For health and welfare
statistics and information**

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AIHW mission

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

To improve the health and well-being of Australians, we inform community discussion and decision-making through national leadership in developing and providing health and welfare statistics and information.

AIHW values

We follow these values:

OBJECTIVITY

- ▶ Being objective, impartial and open in our methods, analysis and presentation.

INDEPENDENCE

- ▶ Ensuring that our work always accords with our mission.

QUALITY

- ▶ Following high statistical and ethical standards in all our work.

RESPECT

- ▶ Ensuring the confidentiality of information provided to us.
- ▶ Respecting the privacy and sensitivity of individuals and groups.
- ▶ Recognising the efforts and expertise of our partners and data providers.

ACCESSIBILITY

- ▶ Making our work accessible to all Australians in a timely manner.

CLIENT FOCUS

- ▶ Learning the varied needs and views of our clients, to ensure the relevance of our work.

PEOPLE

- ▶ Respecting and promoting the creativity, expertise and well-being of those we work with.

Contents

AIHW mission	v
Highlights from the Institute’s Chair	1
Chapter 1: Organisation of the Australian Institute of Health and Welfare	5
Chapter 2: Reporting framework	15
Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act.....	21
Output Group 2: National leadership in health-related and welfare-related information and statistics	24
Output Group 3: Collection and production of health-related and welfare-related information and statistics to governments, non-governments and community organisations	36
Appendix 1: Financial statement	49
Appendix 2: Legislation	67
Appendix 3: Board members	89
Appendix 4: Activities funded by outside bodies for 2000–01 financial year	91
Appendix 5: Publications and reports 2000–01	97
Appendix 6: Unit Heads	106
Appendix 7: Equal Employment Opportunity	108
Appendix 8: Freedom of information	110
Appendix 9: Audit and Finance Committee members	111
Appendix 10: Participation in committees	112
Appendix 11: Abbreviations	116
Appendix 12: Compliance index	118

Highlights from the Institute's Chair

I am proud to present the annual report of the Australian Institute of Health and Welfare (AIHW) for 2000-01.

My first task in describing highlights over the year is to pay tribute to the leadership provided by my predecessor, Professor Janice Reid AM, whose period of office as Chair for the past 6 years ended on 30 June 2001. Under Jan's guidance, the AIHW has earned a respected place in the health, housing and community services sectors both in Australia and internationally. Jan has been a committed and respected ambassador for the AIHW during that time. I look forward to the opportunity I have to contribute further to this fine organisation.

Dr Sidney Sax retired as Chair of the Ethics Committees on 30 June 2001. Sid's influence on the health and welfare of Australians has been all-embracing. He brought a level of professionalism, commitment and energy to the task of chairing the Ethics Committees. The AIHW named its Board room 'The Sidney Sax Room' at a special ceremony held in November 2000 as an ongoing reminder of Sid's contribution. On behalf of fellow Board members and staff of the AIHW, I pay tribute to Sid for all he has done for the AIHW since it was created. (Sid died on 24 August 2001, and will be sadly missed and fondly remembered.)

I am also delighted to have been a member of the Board when Dr Richard Madden was reappointed as AIHW Director for a further period of 5 years from January 2001. It will be a great pleasure to work with Richard during my period as Chair.

The Corporate Plan with its clear values, objectives and strategies, and now supported by a comprehensive Business Plan, provides a strong planning structure within which the AIHW operates, and guides its day-to-day operations. This report covers the contribution by the AIHW to portfolio outcomes and other achievements during the year which meet its Corporate Plan objectives. Some of the highlights for the year are outlined over the page.

Access to AIHW data

The AIHW is committed to making its work accessible to all Australians in a timely manner. During the year, a number of multidimensional data 'cubes' were added to the AIHW website, allowing users to produce customised tables or graphs to suit their particular requirements. Cubes currently on the site contain statistics on disability services by service type, hospital statistics classified by principal diagnoses (including those in specialised psychiatric care) and cancer incidence. Cardiovascular disease statistics from the National Cardiovascular Disease Database are also accessible on the site.

The AIHW has implemented initiatives pursuant to the Commonwealth Disability Strategy as a provider of information under its reporting of activities regarding electronic presentation of and access to AIHW publications and data through its website.

The website, which is currently averaging 1,000 visitors per day, has become a cornerstone of the AIHW's information dissemination strategy by offering the full text of all publications for downloading free of charge.

Client focus

Relationships with our collaborators, partners and clients are important, with more than half of our budget coming from external sources. The signing in October 2000 of a new 5-year Memorandum of Understanding (MOU) with the Department of Health and Aged Care reflects the strength of our relationship with this important and major partner. A well-attended and successful workshop held in June 2001 provided an opportunity for staff of both agencies to better understand how the MOU partnership works and each other's roles and environments.

A Memorandum of Understanding with the Department of Family and Community Services is nearing completion and is expected to further strengthen our relationship with this important partner and client.

Health classifications

The AIHW is the World Health Organization (WHO) Collaborating Centre for the WHO Family of International Classifications in Australia. The AIHW Director, Dr Richard Madden, is Head of the Centre and, during the past year, has led the WHO Family Development Committee.

The AIHW was instrumental in the finalisation of the revision of the International Classification of Functioning, Disability and Health (ICF) and its passage through the World Health Assembly in May 2001.

To support both international and national classification work, the National Health Information Management Group has established an Expert Group on Health Classifications to ensure a comprehensive set of health classifications is in place in Australia. The AIHW is secretariat for this Group.

Summary health measures

The *World Health Report 2000*, launched in June 2000, was an important first attempt to measure the impact of health systems in a comprehensive and consistent manner. The report included a number of summary measures which were based on imputed, not actual, data for Australia and most countries across the WHO's large and very diverse membership. But the report gave rise to considerable controversy. A number of concerns were raised by health policy makers and statisticians from different countries that aspects of the methodology had produced questionable results. These concerns require serious debate to help WHO to improve its report, and to shape countries' own health information systems.

As a first step, the AIHW and the Department of Health and Aged Care hosted a workshop of experts from Australia and New Zealand to review the indicators and identify problems. The workshop, held in December 2000, covered the methodological and data developments that may be required locally to enable us to provide the required data. Senior WHO and Organisation for Economic Co-operation and Development's (OECD) representatives attended.

The *World Health Report* was discussed at the January 2001 meeting of the Executive Board of the WHO. The Executive Board endorsed a number of proposals made by the Director-General to help member states contribute to the WHO assessment of their health system performance regularly.

The AIHW is now leading Australian efforts in the area of summary measures of health system performance. A new specific-purpose unit has been established within the AIHW to work closely in this area with other units and other interested groups in Australia and with the WHO.

Housing information

The year 2000–01 saw important progress made in the development of performance measures and associated data in housing assistance. The two housing information agreements signed in 1999–00 — the National Housing Data Agreement and the Agreement on National Indigenous Housing Information — provided the basis for cooperative work among all jurisdictions and the AIHW. Performance indicators reflecting the principles and objectives of the public housing program and the community housing program were developed and endorsed by the Housing Ministers' Advisory Council. All jurisdictions reported on these indicators for the first time in 2000. Similar work is being extended to private rental housing and Indigenous housing.

Review of specialist health monitoring units

I chaired the team appointed by the Board to review the AIHW's four specialist health monitoring units:

- National Perinatal Statistics Unit
- Dental Statistics and Research Unit
- National Injury Surveillance Unit
- National Centre for Monitoring Cardiovascular Disease

Fellow team members were:

- Dr Tony Adams (population health academic)
- Dr Helen Cameron (Department of Health and Aged Care [DHAC] Population Health Division nominee)
- Dr David Wilson (State Population Health representative)
- Dr Anny Stuer (AIHW Director's nominee)

The AIHW provided secretariat services to the review.

The Board agreed that an overall strategy for population health monitoring should support AIHW activity, and that the review should identify any significant gaps in overall monitoring.

As the Department of Health and Aged Care is a major funder for each of the units through the Population Health Division and the National Health Priorities activity, the review examined arrangements with the Department in population health monitoring.

The final report of the review was endorsed at the AIHW Board meeting in June 2001. Negotiations on contract renewal with host organisations and other funders to achieve an equitable and robust funding regime across the units will take place in the coming year.

Future directions

I look forward to working with fellow Board members, management and staff of the AIHW and its collaborating units to build on past successes and to identify fresh challenges for the organisation.



Dr Sandra Hacker
Board Chair

CHAPTER

1

Organisation
of the
Australian
Institute of
Health and
Welfare

The Australian Institute of Health and Welfare (AIHW) is established and operates under the provisions of the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). The AIHW is in the Health and Aged Care portfolio and has a close relationship with the Family and Community Services portfolio and the Department of Veterans' Affairs.

Responsible Minister

From 1 July 2000 to 30 June 2001 the Minister responsible was the Hon. Dr Michael Wooldridge, Minister for Health and Aged Care.

The AIHW also communicated with the Hon. Jocelyn Newman and the Hon. Amanda Vanstone, Ministers for Family and Community Services during that period, and the Hon. Bronwyn Bishop, Minister for Aged Care, on its activities in their areas of responsibility.

Objectives and functions

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

In summary, the AIHW:

- identifies and meets the information needs of governments and the community to enable them to make informed decisions to improve the health and welfare of Australians
- provides authoritative and timely information and analysis to the Commonwealth, State and Territory governments and non-government clients through the collection, analysis and dissemination of national health, community services and housing assistance data
- develops, maintains and promotes, in conjunction with stakeholders, information standards for health, community services and housing assistance.

The AIHW may:

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

The AIHW publishes and promotes the results of its work.

Enabling legislation

The AIHW was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992 the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now titled the *Australian Institute of Health and Welfare Act 1987* (Appendix 2, page 67).

Royal Assent was given on 28 June 2001 to amendments to the AIHW Act which covered the process of nomination of members of the AIHW, and to extend the scope of the Health Ethics Committee to cover welfare-related information.

Corporate governance

AIHW BOARD

Section 8(1) of the AIHW Act specifies the composition of the Board of the Australian Institute of Health and Welfare. Board members, other than three ex-officio members and a staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Aged Care for periods not exceeding 3 years. Details of 2000–01 Board members are listed below. The financial statements contain details of remuneration of Board members (Note 12, page 66), and Related Party Disclosures of the Board (Note 13, page 66).

The following is a list of Board members for the period 1 July 2000 to 30 June 2001.

Chair

Professor Janice Reid, AM

Ministerial nominee

Dr Sandra Hacker

Representative of consumers of welfare services

Ms Elizabeth Davies

Secretary, Department of Health and Aged Care

Mr Andrew Podger

Australian Statistician

Represented by Mr Tim Skinner,
Deputy Australian Statistician

Australian Health Ministers' Advisory Council nominee

Dr Penny Gregory

Community Services Ministers' Advisory Council nominee

Mr Ian Procter

Representative of State and Territory Housing Departments

Ms Linda Apelt

AIHW staff nominee

Ms Lyn Elliott

Director, AIHW

Dr Richard Madden

The Secretary of the Department of Family and Community Services, Dr David Rosalky, is invited to attend and participate in Board meetings. His representatives for the year have been Mr David Tune, Ms Patricia Scott and Mr James Jordan. The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe AIHW Board and NHMRC meetings respectively.

Four Board meetings were held during the period. Details of meetings attended and Board members' qualifications and experience are in Appendix 3 (page 89).

The term of office of the Board expired on 30 June 2001. The Governor-General appointed Dr Sandra Hacker as Chair of the new Board, and reappointed Ms Elizabeth Davies as the representative of consumers of welfare services. Ms Lyn Elliott was reappointed as AIHW staff nominee. The period of office of other individual Board members continues beyond 30 June 2001.

BOARD COMMITTEES

Health and Welfare Ethics Committees

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

Amendments to the AIHW Act to expand the scope of the Health Ethics Committee to cover welfare functions received Royal Assent on 28 June 2001. Before that date, the Welfare Ethics Committee, which was established by the AIHW to cover its welfare activities, could not release identifiable welfare information.

Membership and meetings

Membership of the Health and Welfare Ethics Committees at 30 June 2001 is shown below. The Ethics Committees meet the National Health and Medical Research Council (NHMRC) requirements for the composition of Human Research Ethics Committees.

Four meetings of both the Health Ethics Committee and the Welfare Ethics Committee were held during 2000-01. The Committees agreed to the ethical acceptability of 18 projects during the year.

Health Ethics Committee and Welfare Ethics Committee members 2000–01

The Committees share common membership, namely:

Medical graduate with research experience

Dr Sid Sax (Chair)

Graduate in a social science

Dr Siew-Ean Khoo

Nominee of the Registrars of Births, Deaths and Marriages

Mr Andrew Levens

Minister of religion

Rev Dr D'Arcy Wood

Legal practitioner

Mr Robert Todd

Representatives of general community attitudes

Mr Stan Alchin (from 7 August 1999 to 6 December 2000)

Mr David Mulford (from 7 December 2000)

Ms Sophie Hill

Director, AIHW

Dr Richard Madden

Audit and Finance Committee

The Committee reports to the Board on financial and audit issues. Its membership and details of the four meetings held during the year are shown in Appendix 9.

The major areas of consideration the Committee reported to the Board were:

- ▶ review of annual financial statements
- ▶ completion of internal audit program for the financial year
- ▶ audit schedule for 2001–02.

INDEMNITIES FOR OFFICERS

The AIHW provided appropriate indemnity for officers during the financial year.

FUNDING

Two main sources of income fund the AIHW's activities. As part of the Health and Aged Care portfolio, the AIHW was appropriated \$7,831 million in 2000–01 from the Commonwealth (Appendix 1, page 4a). Revenue for externally funded projects from other sources was \$10,323 million. External projects are largely funded through agreements between the AIHW and Commonwealth (the Department of Health and Aged Care, the Department of Family and Community Services and the Department of Veterans' Affairs) and State agencies.

STRUCTURE, MANAGEMENT AND STAFF

Organisational structure

The Director, who is a member of the Board, is responsible for the AIHW's activities. The Director is supported in this role by three Division Heads, each with a major functional responsibility within the organisation's Canberra headquarters. A chart showing the AIHW's organisational structure is at page 14.

Divisions

The AIHW has three divisions — Health, Welfare, and Economics and Business Services — and an Executive Unit.

Collaborating units

Five collaborating units (contracted with the organisations shown below) help the AIHW perform its functions.

Dental Statistics and Research Unit (University of Adelaide)

The Dental Statistics and Research Unit aims to improve oral health of Australians through the collection, analysis and reporting of the oral health and access to dental care of Australians, the practice of dentistry in Australia and the dental labour force.

National Injury Surveillance Unit (Flinders University)

The National Injury Surveillance Unit operates as part of the Research Centre for Injury Studies at the Flinders University of South Australia. The Unit undertakes public health surveillance of injury at the national level to support injury prevention and control.

National Perinatal Statistics Unit (University of New South Wales)

The National Perinatal Statistics Unit aims to contribute to the health and wellbeing of mothers and babies in Australia through the collection, analysis and reporting of national reproductive and perinatal health information. The Unit collaborates with State and Territory perinatal data groups and other professional and consumer groups in developing national reproductive and perinatal health statistics and information systems.

General Practice Statistics and Classification Unit (University of Sydney)

The General Practice Statistics and Classification Unit operates within the University of Sydney's Family Medicine Research Centre. It conducts a continuous national survey of general practice activity and maintains and develops the classifications needed for this purpose.

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

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit carries out the collection and analysis of health and welfare information on Aboriginal and

Torres Strait Islander peoples. With the assistance of the Office of Aboriginal and Torres Strait Islander Health in the Department of Health and Aged Care, the arrangements with the Australian Bureau of Statistics allow a unified focus on the important areas of Aboriginal and Torres Strait Islander health and welfare information.

Collaborative arrangements

The AIHW Board encourages judicious collaboration with suitable organisations to enhance the AIHW's ability to meet its mission. These arrangements are briefly outlined below.

National Centre for Classification in Health

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

Queensland University of Technology

An agreement was signed in May 1999 with the Queensland University of Technology to establish a collaborative relationship to study the impact of socioeconomic status on health.

National Key Centre for Social Applications of Geographic Information Systems

An agreement was signed in August 1999 with the University of Adelaide to establish a collaboration with the National Key Centre for Social Applications of Geographic Information Systems. The purpose of the collaboration is to enable the presentation and dissemination of health and welfare information to be prepared on a Geographical Information System (GIS) platform.

National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases

An agreement was signed in December 2000 with the Royal Alexandra Hospital for Children to establish a collaborative relationship to enable the dissemination of information on vaccine-preventable diseases and immunisation in Australia.

Australian Patient Safety Foundation

An agreement was signed in March 2001 with the Australian Patient Safety Foundation Inc. to establish a collaboration for the analysis and publication of information on patient safety, adverse events and related matters.

Institute staff

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 2000–01 are shown in Appendix 7 (page 108). Executive staff as at 30 June 2001 are listed below. Information on Unit Heads is included in Appendix 6 (page 106).

Director

Richard Madden, BSc (Syd), PhD (Princeton), FIA, FIAA

Health Division Head

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

Welfare Division Head

ChingY Choi, BA (ICU), PhD (ANU)

Economics and Business Services Division Head

Anny Stuer, BA (Hons) (France), PhD (ANU)

Strategies to encourage people with disabilities to apply for employment with the AIHW

Vacancies are advertised in the *Gazette* and on the AIHW website, which gives maximum access to people with disabilities. E-mails on accessibility matters are responded to promptly. The AIHW is committed to workplace diversity and EEO.

E-mailed applications are accepted.

Strategies to eliminate discrimination in assessing applications

Recruitment and selection guidelines spell out that:

- ▶ the aim of recruitment is to select the best person for the job and to minimise the cost and time involved while meeting all legislative requirements
- ▶ the skills and abilities required for the job form the basis of selection
- ▶ all selection decisions are to be free of patronage, favouritism or discrimination
- ▶ as an Equal Opportunity Employer which values and promotes workplace diversity, the AIHW encourages managers and selection advisory committees to embrace attitudes and adopt practices to support members of designated groups applying for, securing and maintaining employment.

Training on these issues is provided.

Strategies to help people with disabilities maintain employment

Consistent with the principles of the Disability Strategy, a number of the strategies to help people with disabilities maintain employment in the AIHW are not limited to that group, but rather cover all staff.

- ▶ The AIHW Certified Agreement contains a clause on equity. One of the intended outcomes of the clause is to enable managers to make special arrangements to meet the different professional, personal and family needs of staff (Clause 10).
- ▶ The AIHW has systems in place to enable flexible working hours, part-time work, and home-based work.
- ▶ Clause 39 of the Certified Agreement provides for supported salary rates and conditions of employment for employees of the Certified Agreement with disabilities who are eligible for consideration under the supported wage scheme.

- ▶ Staff training and development programs are accessible to all staff.
- ▶ All employees are assessed at their workstations by an occupational health and safety professional, and special equipment is provided where recommended by an occupational health and safety consultant.
- ▶ The principle of reasonable adjustment is applied by managers, and the workstations of employees with disabilities are adjusted to meet their needs. Their needs are also taken into account when allocating workspaces and deciding locations.
- ▶ The building entrance is accessible by ramp, the building has a lift and all parts of the building are accessible by wheelchair. There are allocated parking spaces for people with disabilities.

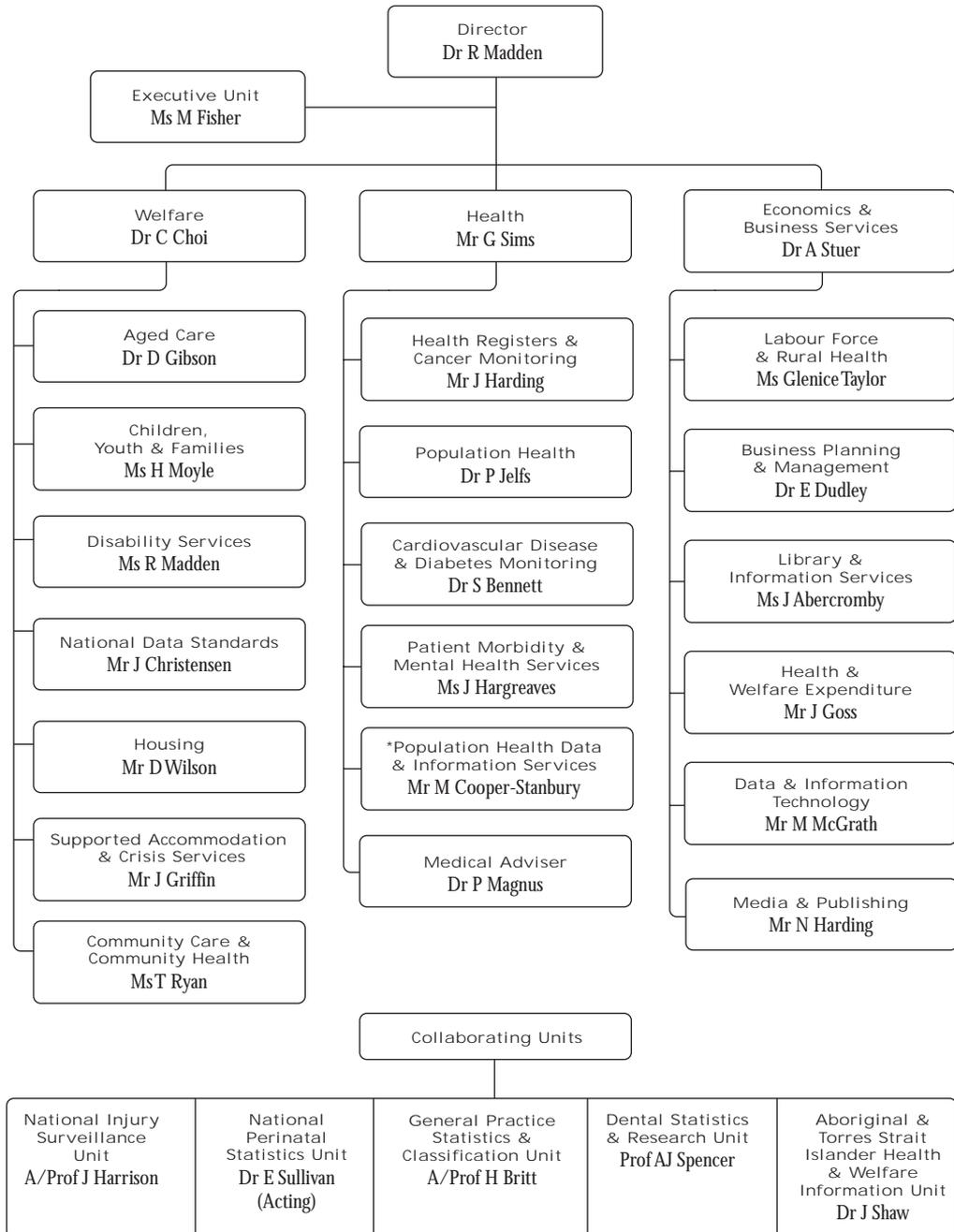
RISK MANAGEMENT STRATEGIES

In response to an Internal Audit Report on a review of risk management in June 2000, the AIHW undertook a high-level risk analysis focusing on outcomes to guide the AIHW in its business planning and delivery. The risk analysis, which is an integral part of the Business Plan, provides the framework for assessing risks in the various business areas, e.g. data risk, financial risk and human resource planning.

The AIHW engaged a consultant to help review and plan its data audit for managing its statistical data. The consultant's final report was submitted in early December 2000 and found that the 'Institute is to be commended on the degree to which data quality is promoted and the seriousness with which data custodians take responsibility of their data collections and provide a secure data environment'.

Against this overall finding, the consultant recommended a plan of data audits to verify the security of the data. In doing so, a risk matrix was developed and the data collections ranked accordingly. The Board agreed at its June 2001 meeting to prioritise the plan of data audits. Two high-profile collections, namely the Cancer Register and the National Death Index, will be audited in 2001-02.

ORGANISATION STRUCTURE



*Outposted to the Population Health Division, Department of Health and Aged Care.

CHAPTER

2

Reporting
framework

The Australian Institute of Health and Welfare (AIHW) is Australia's national agency for health and welfare statistics and information, established by an Act of Parliament to report to the nation on the state of its health and welfare. Thus, every 2 years the AIHW publishes *Australia's Health* and *Australia's Welfare* as comprehensive summaries of these two major areas that encompass health, health services, community services and housing. The *Australian Institute of Health and Welfare Act 1987* defines welfare services as including:

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

The AIHW directly contributes to Portfolio Outcome 9, Health Investment, of the Department of Health and Aged Care Portfolio, i.e. 'Knowledge, information and training for developing better strategies to improve the health of Australians', through achievement of its mission:

To improve the health and wellbeing of Australians, we inform community discussion and decision-making through national leadership in developing and providing health and welfare statistics and information.

The AIHW also provides services to the Department of Family and Community Services under Board- and ministerially-endorsed arrangements.

The *Australian Institute of Health and Welfare Act 1987* makes provision for the AIHW to collect and produce health-related and welfare-related information and statistics about the people of Australia and their health and welfare services. The AIHW provides the information that governments and the community use to discuss policy and make appropriate decisions. The AIHW does not formulate health, housing and community services policy.

The AIHW plays a vital role in the complex interplay of government and non-government networks that have an interest in Australia's health and welfare statistics and information.

The AIHW has a reputation for producing authoritative and comprehensive publications to support Australia's health investment. In addition to *Australia's Health* and *Australia's Welfare*, the AIHW produces some 80 reports and working papers each year. These provide a broad range of easily interpreted information for policy makers, academics, students and the general public about key health and welfare issues in Australia. Most AIHW publications are available free on its website at www.aihw.gov.au.

The AIHW work program

The annual work program is endorsed by the AIHW Board. The work program for 2000–01 puts into operation the goals and describes the outputs that are delivered to meet the objectives of the AIHW Corporate Plan 1999–2002.

The Board agreed to maintain the relativity of appropriation funding committed to projects in the Health and Aged Care and in the Family and Community Services portfolios at 62% and 38% respectively. As a statutory authority within the Health and Aged Care portfolio, the AIHW receives appropriation funding only through that portfolio budget. However, this report covers all work performed by the AIHW, including work for both the Department of Health and Aged Care and the Department of Family and Community Services.

In addition to its appropriation-funded work program, the AIHW provides services on a cost-recovery basis to a variety of government and non-government clients. This includes work on a number of nationally important data sets such as mental health services, cancer screening, physical activity monitoring and child and youth health.

The work program also includes infrastructure work which supports the AIHW's meeting its output targets.

BUSINESS STRATEGIES AND PRINCIPLES

An executive planning meeting in October 1999 decided that the AIHW needed a strategic framework to pursue business opportunities and deliver sustainable human and financial resource outcomes. The 2001–2004 Business Plan was developed as a result. All staff were involved in development of the Plan with the process including an off-site management and leadership workshop in February and workshops for all staff. The heads of the collaborating units were also involved.

To support its business development activities, the AIHW also produced a Capability Document.

The AIHW continues to experience strong growth in its business with income increasing by \$1.3 million or 13.9% over the course of 2000–01.

During the year the AIHW signed a new 5-year Memorandum of Understanding with the Department of Health and Aged Care. That arrangement provides the framework for the delivery of a range of services to a key client, as well as giving the AIHW a level of certainty in its externally-funded work program. A Memorandum of Understanding with the Department of Family and Community Services is nearing completion and is expected to further strengthen the relationship with this important partner and client.

The AIHW meets its commitment to operate under ethical business principles consistent with its mission through sound financial management, with responsible and transparent pricing policies. An active rolling program of audits ensures that policies and procedures are appropriate for the nature of AIHW business.

The AIHW reviewed its pricing policies over the course of the year and a new pricing 'template' was introduced which is simpler and more transparent to clients. The AIHW prices its services to recover its costs on external project work undertaken under Memoranda of Understanding with client departments. It plans to achieve a small surplus over the financial year.

Strong financial performance can in part be attributed to effective management of costs. The AIHW is prepared to contract for provision of corporate services by external suppliers if there is a sound business case. During the year the AIHW entered into a contract with Spherion to manage its personnel and payroll processing function. The new arrangements went online in December and are now working effectively and will be extended to employee self-service late in 2001.

INFORMATION AND COMMUNICATION STRATEGIES

Effective business practices were enhanced during the year when staff were given direct access to the Internet. Because of its concerns regarding Internet security, the AIHW adopted a cautious approach to incorporating use of the Internet into its working environment. Such access was given only after certification by Defence Signals Directorate to provide the high level of security required.

The AIHW's information infrastructure was strengthened during the year through installation of eight additional servers, increasing data disk storage by 100% and replacing, through lease arrangements, 120 PCs with more powerful machines.

The AIHW improved its external communications by significantly redeveloping its website. Access to topic areas of key interest to users is now readily available through a series of portals. The website, which is currently averaging 1,000 visitors per day, has become a cornerstone of the AIHW's information dissemination strategy by offering the full text of publications for downloading free of charge.

Access to AIHW data on the website was further enhanced by adding a number of multidimensional data 'cubes', allowing users to produce customised tables or graphs to suit their particular requirements.

During the year, the AIHW published 82 reports and 46 media releases. Considerable effort is made to ensure that publications meet the information needs of partners, clients and the Australian community.

WORKING ARRANGEMENTS, STAFFING AND STAFF DEVELOPMENT

The AIHW staff are its greatest asset and workplace relations are given high priority. The quality of industrial democracy is reflected in 90% of staff voting in favour of the 2000–02 Certified Agreement.

The new Certified Agreement sets out initiatives which were implemented during the year, including arrangements for home-based work, the provision of a Parenting Room and arrangements for the closure of AIHW premises over Christmas. The Parenting Room is well equipped and provides an option for staff with families to deal with child care emergencies.

The AIHW Consultative Committee has six members, two each representing management, staff and unions. The charter of the Committee is to:

- promote sound workplace relations in the AIHW
- improve mutual understanding between management and employees
- provide a formal mechanism for consultation and discussions between management and employees aimed at facilitating the mutual exchange of information.

The Committee met three times during the year.

In keeping with the need to pursue and sustain business, the 2001 Training and Development Strategic Plan was developed with the aim of enhancing AIHW capacity for productive and high-quality work. The AIHW has committed a substantial allocation of funds to corporate training initiatives consistent with its commitment to develop a skilled and motivated workforce.

The AIHW takes pride in its role under the Disability Strategy as an employer. Initiatives under this Strategy are discussed in Chapter 1.

Reports according to Portfolio Budget Statement

Although the AIHW Review of Operations for 2000–01 reports according to output groups in the Department of Health and Aged Care Portfolio Budget Statement, the significant proportion of the AIHW work program which supports the objectives of the Family and Community Services portfolio is included to present a comprehensive record of the AIHW's contribution to the health and welfare of Australians.

The output groups within Outcome 9 of the Department of Health and Aged Care 2000–01 Portfolio Budget Statement according to which the AIHW reports are listed below. The groups are sufficiently broad to enable reporting on contributions made to the Family and Community Services portfolio.

Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act.

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

Output Group 3: Collection and production of health-related and welfare-related information and statistics to governments, non-governments and community services organisations.

Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act

Specific services include:

- ▶ work leading to the preparation of a welfare report (*Australia's Welfare 2001*, due by the end of 2001), providing statistics and related information concerning the provision of welfare services to the Australian people (under s. 31(1A) of the *Australian Institute of Health and Welfare Act 1987*)
- ▶ preliminary work on the preparation of a health report (*Australia's Health 2002*, due by the end of June 2002) providing statistics and related information concerning the health of the Australian people (under s. 31(1) of the *Australian Institute of Health and Welfare Act 1987*)
- ▶ AIHW Annual Report.

Contribution to Portfolio Outcome 9

Australia's Welfare and *Australia's Health* contribute specifically to Portfolio Outcome 9 in the following ways:

- ▶ They are flagship publications that offer a comprehensive picture across the scope of national health, housing and community services information.
- ▶ They provide an overview of the position of health, housing and community services information in Australia.
- ▶ They can be used to provide evidence for policy development.
- ▶ They provide an extensive guide to summary descriptive information and specifics on the health, housing and community services information available, and information gaps.
- ▶ They provide references to areas where further detail is available.
- ▶ They provide consistent data over time in summary tables.

Background

The AIHW is required by law (s. 31(1)(b) and 31(1A)(b) of the *Australian Institute of Health and Welfare Act 1987*) to submit to the Minister for tabling in Parliament a health report and a welfare report for the previous 2-year period.

The AIHW regards the requirement to produce the reports as a unique opportunity to provide health and welfare statistics and information to Parliament and thus to the Australian community. The reports are important vehicles for informing the Australian public about the state of the nation's health and welfare and the services supporting them, and provide an opportunity for the AIHW to showcase its capability in health and welfare statistics and information.

Parliament is an important audience for *Australia's Health* and *Australia's Welfare*, not only because the AIHW Act requires that the reports are presented to Parliament, but also because they are used to inform Parliament and the processes of government. In launching *Australia's Health 2000*, Minister Wooldridge gave a strong endorsement of the report, describing it as providing the 'usual excellent, comprehensive compendium of today's health statistics and related information', and noting that data are needed to provide the basis for decision making in relation to the provision of health services. References are made to material from *Australia's Health* in parliamentary debates, and the AIHW's other publications are influential in both debate and in argument presented to government (e.g. the Australian Medical Association statement on tobacco use by Aboriginal and Torres Strait Islander populations).

Australia's Welfare is also widely used by Commonwealth, State and Territory officials and the community for policy debate and development.

Australia's Welfare 2001

Australia's Welfare 2001 is due to be released in December 2001. The content of this report was decided on the basis of comments received about *Australia's Welfare 1999* and its launch.

As with previous editions, *Australia's Welfare 2001* contains chapters on expenditure and labour force, housing, children and families, aged care, disability services and services for homeless people. Common themes within these chapters include the need for services, service provision and use, income support and outcomes of services. In addition to these chapters, there are two new thematic chapters: one on the trend towards de-institutionalisation and the drift to community-based care (a significant area of policy) and the other on the measuring and measurement of welfare and performance indicators.

Australia's Health 2002

Following the publication of *Australia's Health 2000* in June 2000, the AIHW, at the request of its Board, performed a comprehensive internal review of the publication and its associated launch. The review covered such fundamental issues as:

- ▶ the target audience and purpose of the report
- ▶ content
- ▶ size
- ▶ nature of the launch
- ▶ timing of the release of the report.

Following the review, a planning workshop was held to consider preliminary content proposals, retaining a similar chapter structure as for *Australia's Health 2000*.

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

The AIHW takes a national leadership role in relation to:

- promoting and supporting the development of national health, housing and community services information, and establishing national data standards and metadata
- promoting and supporting national health, housing and community services information agreements aimed at improving national information, identifying priorities and developing consistent national information
- developing international health and welfare information standards and classifications, with Australian participation
- statistical and related aspects of development, collection, compilation and analysis of health, housing and community services information
- expertise and advice on information-related issues of data privacy, confidentiality and ethics
- participation in national committees as an information specialist
- submissions and advice to major enquiries.

Contribution to Portfolio Outcome 9

The national data dictionaries provide standards that support the collection of reliable information about the health and welfare of Australians. The continued expansion of the content of the data dictionaries makes a significant contribution to the goal of achieving a consistent set of data standards across the health, housing and community services sectors.

A review of the *National Health Data Dictionary*, conducted under the auspices of the National Health Information Management Group, has recommended a new development path for the *National Health Data Dictionary* and the Knowledgebase to meet new demands, e.g. from the national HealthConnect initiative.

During 2000–01, the AIHW contributed significantly to epidemiological research studies in Australia. Following institutional ethics committee and AIHW Ethics

Committee approvals, 24 projects were undertaken involving data linkages with the National Death Index, and 3 projects were undertaken involving data linkages with the National Cancer Statistics Clearing House.

The AIHW has taken over from the Department of Health and Aged Care the responsibility for developing the content and design of the 2001 National Drug Strategy Household Survey. This will continue the established series of data to monitor and evaluate drug consumption and drug-related interventions in Australia.

A protocol and Memorandum of Understanding were finalised and signed for a national health record linkage project on diabetes in Western Australia. The parties involved who provided de-identified data to the University of Western Australia for the project were the Australian Institute of Health and Welfare, the Health Department of Western Australia, the Commonwealth Department of Health and Aged Care and the Health Insurance Commission.

The AIHW, through the General Practice Statistics and Classification Unit has provided government, industry and the public with information about the activities of general practice – the patients they see, the problems they manage and the prescribing and other management techniques used.

The effect of policy on the health of the community over time can also be assessed to some degree from data obtained from the Unit's Bettering the Evaluation And Care of Health (BEACH) survey. BEACH collects information about total medication prescribed, advised or supplied by general practitioners. These areas of therapeutic intervention provide a significant addition to understanding problem management in general practice. Investigation of the relationship between ordering of tests and investigations, and morbidity under management has provided a better understanding of ordering patterns and allowed review of the current guidelines.

The AIHW, through the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (in collaboration with the Australian Bureau of Statistics), makes a significant contribution to the betterment of Indigenous health and welfare.

The Unit continued work on improving the completeness with which Indigenous people are recorded in health administrative data sets and in birth and death registrations. Considerable progress has been made in securing the cooperation of Registrars-General in improving the recording of Indigenous status in these registrations.

The Unit finalised a report (on behalf of the National Community Services Information Management Group) to establish a set of principles and standards for the collection of Indigenous client data in the community services sector. The Community Services Ministers' Advisory Council endorsed the report. Work to implement the report's recommendations is under way.

Promoting and supporting the development of national health, housing and community services information, and establishing national data standards and metadata

DATA DICTIONARIES

National data dictionaries produced by the AIHW provide a set of core definitions and data items for use in Australian data collections in the health, housing and community services sectors. Much of the drive for standardisation arises from Australia's various national agreements, e.g. the Health Care Agreements, the Commonwealth–State Housing Agreement and the Commonwealth/State Disability Agreement. With the growing cost of the provision of health care and welfare services, there is a proportionately greater emphasis being placed on performance measurement. To be effective, this requires national monitoring and reporting of standardised information

Now at Version 10, the *National Health Data Dictionary* continues to be the authoritative source of national standard definitions for the health sector. It contains definitions of data elements for 12 national minimum data sets collections in the health sector. In July 2000, Health Ministers endorsed a recommendation from the Electronic Health Records Task Force that the *National Health Data Dictionary* form the basis of an expanded set of data definitions needed for the development of electronic health records.

The *National Community Services Data Dictionary* is identified in the Community Services Ministers' Advisory Council Strategic Plan as a key part of the information infrastructure for nationally consistent community services information. Version 2 of the *National Community Services Data Dictionary* is more comprehensive and detailed than Version 1, and is a significant step towards nationally consistent community services data in Australia.

The first *National Housing Assistance Data Dictionary* was produced during the year under the auspices of the National Housing Data Agreement Management Group and development of Version 2 is progressing.

NATIONAL DATA INFRASTRUCTURE PROJECTS

In addition to its work on the data dictionaries, during the year the AIHW undertook several data infrastructure projects of relevance and benefit across the spectrum of health and welfare information and statistics.

A draft publication of Version 2 of the National Health Information Model (a high-level model providing an organisational framework for the *National Health Data Dictionary*) has been considered by the National Health Information Management Group. Its release was deferred until late 2001 so that it could incorporate the outcomes of developments taking place within the International Organization for Standardization (ISO) Health Informatics Committee, to which AIHW contributes.

Following extensive consultation with users, a plan for further development of the National Classifications of Community Services has been endorsed by the National Community Services Information Management Group, and it is anticipated that revisions will be completed in late 2001. The classifications are widely used by the jurisdictions and non-government organisations, and provide agreed standards on classifying service types and activities in the community services sector. In particular, the Australian Bureau of Statistics uses them for the national community services industry survey and several non-government organisations use them for administration and reporting to their management.

A number of improvements have been made to the content and functionality of the Knowledgebase (the AIHW's electronic registry for data standards) to more effectively meet the requirements of the National Health Data Committee and the National Community Services Data Committee for authoritative documentation of national data dictionaries and associated data standards.

NATIONAL MINIMUM DATA SETS

A national minimum data set (NMDS) is a core set of data elements endorsed by the relevant information management group for collection and reporting at a national level. In the case of health information, NMDSs are agreed by the National Health Information Management Group for mandatory collection and reporting. During the year the AIHW was involved with the following NMDS projects:

- ▶ Version 2 of the NMDS for disability support services provided under the Commonwealth/State Disability Agreement
- ▶ a national cardiovascular clinical minimum data set for use in general practice and other community health care settings
- ▶ review and revision of components of the NMDS for elective surgery waiting times
- ▶ the proposal of new items to the States and Territories for inclusion in the Perinatal MDS, such as smoking in pregnancy
- ▶ national data standards and NMDSs for the aged care assessment program
- ▶ data standards and data development work for the community aged care packages program
- ▶ the aged and community care data stocktake project (the process involved describing a selection of aged and community care data resources and the data items they contain according to a standard set of descriptors or attributes which were developed for the project)
- ▶ field testing of the first stage of an NMDS for child care and preschool services and revision of the Children's Services NMDS data manual
- ▶ the trial of a national public housing data repository containing data from jurisdictional administrative data systems contributing to progress on an NMDS on housing
- ▶ the development of the first stage of an NMDS for Indigenous community-managed housing

HEALTH CLASSIFICATIONS

The World Health Organization (WHO) and its Collaborating Centres for the Family of International Classifications are committed to the development and implementation of high-quality health classifications to assist international comparability and to provide a strong base for health statistics in member states.

The AIHW is the WHO Collaborating Centre for the WHO Family of International Classifications in Australia. The AIHW Director, Dr Richard Madden, is Head of the Centre and, during the past year, has led the WHO Family Development Committee.

The AIHW was instrumental in the finalisation of the revision of the International Classification of Functioning, Disability and Health (ICF) and its adoption by the World Health Assembly in May 2001.

To support both international and national classification work, the AIHW, under the auspices of the National Health Information Management Group, has established an Expert Group on Health Classifications to act as a point of reference for harmonising existing and ongoing work on classifications. The objectives of the group are:

- to establish a sustainable process for the national maintenance of classifications and terminologies, and mechanisms to facilitate interoperability through the use of a national reference terminology
- to agree upon national classification systems for all sectors identified within the framework (taking the WHO family of health classifications as a starting point)
- to establish a national mechanism for the assessment and accreditation of interface terminologies in use in all health care settings.

The Expert Group contributed to work that was presented at the WHO Family Development Committee meeting in Copenhagen in April.

The AIHW, through the National Injury Surveillance Unit, continued to contribute to the development and testing of the International Classification of External Causes of Injury (ICECI), the first version of which was completed early in 2001. Activities included:

- finalisation and release of the draft report of an evaluation of inter-rater reliability and related characteristics
- membership of the ICECI development group (the WHO Working Group on Injury Surveillance Methods), and input to the finalisation of ICECI Version 1.0
- developing liaison between the ICECI development group and broader WHO health classification processes, with particular reference to those concerning the International Classification of Diseases.

The National Injury Surveillance Unit collaborated closely with the National Centre for Classifications in Health during the development of the External Causes chapter of the 3rd edition of ICD-10-AM.

NATIONAL PERFORMANCE INDICATORS

Well-designed and clearly defined indicators enable the systematic analysis of trends in health, housing and community services outcomes and factors affecting these outcomes. Indicators also enable comparisons across populations, help identify problem areas and are used to establish benchmarks. During the past year, the AIHW contributed to the following work relating to the development of performance indicators:

- ▶ development by the National Health Performance Committee of a National Health Performance Framework and related work by the International Standards Organization on a Health Indicators Conceptual Framework
- ▶ housing performance indicators, endorsed by the Housing Ministers' Advisory Committee
- ▶ development of program performance indicators through the National Screening Information Advisory Group for the national cervical, breast and bowel cancer screening advisory committees
- ▶ technical review and documentation of the existing set of National Health Priority Area injury indicators (the report provides a solution to some reported problems, and proposes ways to solve others)
- ▶ a project to develop guidelines for performance indicators for child protection and out-of-home care services
- ▶ development of performance indicators for family preservation services

The Report on Government Services performance indicators benefit from AIHW work through the participation of AIHW subject-matter staff on relevant working groups.

Promoting and supporting national health, housing and community services information agreements aimed at improving national information, identifying priorities and developing consistent national information

The AIHW supports health jurisdictions which are signatories of the **National Health Information Agreement** (NHIA). The National Health Information Management Group directs the implementation of the NHIA. The NHIA is designed to ensure nationally important health information is collected, compiled and interpreted correctly and efficiently. This requires agreed:

- ▶ definitions, standards and rules for collection information
- ▶ guidelines to coordinate access to and interpretation and publication of information.

The AIHW's Director is Deputy Chair of the Management Group for which the AIHW provides the secretariat.

During the year, National Health Information Management Group (NHIMG), with the support of the AIHW, undertook the following projects which were funded by the Australian Health Ministers' Advisory Council:

- coordination and development of improved strategies and materials for data on Indigenous identification in hospitals
- 1999 summary of the jurisdiction reports against Aboriginal and Torres Strait Islander health performance indicators
- a review of the *National Health Data Dictionary* and support for the National Health Data Committee
- transition to ICD-10-AM in *Australian Hospital Statistics*.

The AIHW, through the Aboriginal and Torres Strait Islander Health and Welfare Information Unit (in collaboration with the Australian Bureau of Statistics), continued the implementation of recommendations of the National Indigenous Health Information Plan, in particular in the area of improving the quality of Indigenous health data in hospital separations records.

The AIHW supports national housing statistical work under the **National Housing Data Agreement** (NHDA) and the **Agreement on National Indigenous Housing Information** (ANIHI).

The NHDA is a subsidiary Agreement under the 1999–2003 Commonwealth–State Housing Agreement (CSHA) outlining a commitment to the development and provision of nationally consistent data. The NHDA includes major work areas comprising development of national minimum data sets, national performance indicators and national data definitions and standards.

The NHDA Management Group (NHDAMG) undertakes the development of the NHDA and reports to the Australian Housing Ministers' Advisory Council (AHMAC). The AIHW provides the secretariat for the NHDAMG and its National Housing Data Development Committee (NHDDC), which the AIHW chairs.

During the year, NHDAMG, with the support of the AIHW, completed the following projects:

- the development and data collection for 1999–00 for the new CSHA national performance reporting framework for public and community housing programs as well as data collections for the four other CSHA areas of Home Purchase Assistance, Private Rental Assistance, Aboriginal Rental Housing Program and the Crisis Accommodation Program
- the trial of a national public housing data repository to construct national administrative unit record data on public housing
- production of the first *National Housing Assistance Data Dictionary*.

National data development work during the year covered:

- expansion of the national housing data repository to contain data on community and private rental housing assistance
- improvements to the quality and comparability of indicator data on public rental housing and the development and collection of Aboriginal Rental Housing Program data for the *Report on Government Services*
- enhanced data collection for community housing
- development of policy-relevant national data standards across the CSHA areas, and development work for Version 2 of the *National Housing Assistance Data Dictionary*.

The Agreement on National Indigenous Housing Information provides a framework for improving the measurement of outcomes for Indigenous housing. The AIHW provides the secretariat for the Agreement's National Indigenous Housing Information Implementation Committee (NIHIC) and National Minimum Data Set Working Group (NMDSWG). Joint membership of the NHDAMG and NIHIC avoid duplication and allow both groups to work together on relevant data development issues.

During the year, NIHIC, with the support of the AIHW, developed its first work program, endorsed and funded by AHMAC, to be undertaken in 2001–02. The five projects in the work program seek to:

- establish an overall Indigenous Housing Information Management Strategy and an Action Plan as indicated in Section 3 of the Agreement on National Indigenous Housing Information
- establish outcome measures through development of an Indigenous performance information framework
- report on issues regarding and improvements to data coverage and quality for targeted as well as mainstream assistance by reporting on community-managed housing and Indigenous access to government-managed assistance
- continue development of national data standards through work on areas of high priority for Indigenous housing assistance for inclusion in the *National Housing Assistance Data Dictionary*.
- bring together current data-related initiatives across jurisdictions to feed into future national data development and data standards for asset management systems.

The AIHW supports the work of community services jurisdictions under the **National Community Services Information Agreement** (NCSIA). The Agreement is managed by the National Community Services Information Management Group (NCSIMG), a subgroup of the Community Services Ministers' Advisory Council. The AIHW's Director is Deputy Chair of the Management Group, for which the AIHW provides the secretariat.

The NCSIA provides for the establishment of the national infrastructure and decision-making processes needed to integrate and coordinate the development of consistent national community services information. These processes are necessary to improve

national community services information and to improve access to quality information by the community, service providers, consumers of services and governments.

During the year, NCSIMG, with the support of the AIHW, completed the following projects which were funded by the Community Services Ministers' Advisory Council:

- ▶ preparation of principles and standards for community services Indigenous client data
- ▶ preliminary work on the development of a minimum data set for juvenile justice
- ▶ scoping study of family support services.

Developing international health and welfare information standards and classifications, with Australian participation

The AIHW is a member of the Standards Australia's IT/14 (Health Informatics) Committee, and also participates in international standards development activity. It has provided editorial support for the revision of ISO/IEC 11179 Specification and Standardization of Data Elements, and, through the ISO Health Informatics Committee, is currently supporting the development of a Health Information Architecture Framework and a Health Indicators Conceptual Framework.

During the year, the AIHW Cardiovascular Disease and Diabetes Monitoring Unit acted as Australian contact for an international comparative study of the treatment of ischaemic heart disease and stroke conducted by the Organisation for Economic Co-operation and Development (OECD) and provided Australian data to the OECD, the WHO and the US National Center for Health Statistics.

The AIHW acts as the Australian clearing house for adoptions data required under the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption.

Information on welfare services expenditure in Australia was supplied to the OECD for inclusion in the OECD's social expenditure database.

Statistical and related aspects of development, collection, compilation and analysis of health, housing and community services information

The AIHW supports the development, collection, compilation and analysis of the range of information within its scope of responsibilities, mainly through its support of client organisations and its participation in data-related committees:

- ▶ In preparing the content of the 2001 National Drug Strategy Household Survey, the AIHW, in conjunction with the National Drug Research Institute, developed a question set for alcohol consumption with a focus on measuring compliance with National Health and Medical Research Council guidelines on alcohol consumption, and on reconciling survey-based reports of alcohol use with data on apparent per capita consumption of alcohol.

- ▶ Mental health data development included demographic data elements for the client-level community collection, and initial work on establishment-level data for psychiatric units in acute care hospitals.
- ▶ The AIHW contributed to data development for hospital admitted and non-admitted patients, with outputs including the introduction or revision of a range of data elements in the National Minimum Data Set for Admitted Patient Care.
- ▶ Contributions were made to data development in relation to adverse events in health care, including the preparation and dissemination of a working paper describing data on adverse events in routinely collected databases in Australia.
- ▶ The AIHW has provided technical support to the National Perinatal Data Development Committee regarding the structures and processes for national perinatal data development. The key outputs from these committees include a standardised death reporting form, standardised data items, increased compliance of the national perinatal minimum data set with the *National Health Data Dictionary*, development of new data items, and the development of health information frameworks. All these outputs have strengthened perinatal and reproductive health information systems and dissemination.
- ▶ The General Practice Statistics and Classification Unit developed, for a project funded by the Commonwealth Department of Health and Aged Care, a data model and code set for general practice.
- ▶ The AIHW redeveloped a national training course for Supported Accommodation Assistance Program (SAAP) agencies on the data collection and use of SMART—the SAAP Management and Reporting Tool—including training resources.
- ▶ Through the Aboriginal and Torres Strait Islander Health and Welfare Information Unit, the AIHW developed a work program to promote improved Aboriginal and Torres Strait Islander identification in hospitals in each State and Territory. To date, efforts have focused on the promotion of best practice guidelines in data capture and recording, training and support materials for data collectors, and data-quality assessments. This includes awareness raising, staff training, and promoting data-quality assessment methodologies. Opportunities to implement the guidelines are actively pursued with State and Territory health departments and hospitals. Over 150 training sessions have been conducted and more than 200,000 units of promotional materials have been distributed over the past 2 years to provide support to hospital administrators.

Expertise and advice on information-related issues of data privacy, confidentiality and ethics

The AIHW operates under a strict confidentiality regime which has its basis in s. 29 of the *Australian Institute of Health and Welfare Act 1987*.

The AIHW is a member of the Australian Health Ministers' Advisory Council Health Privacy Working Group which is developing a draft National Health Privacy Code. The AIHW has taken a keen interest in the work of the Office of the Federal Privacy Commissioner during preparation of the *Privacy Amendment (Private Sector) Act 2000*, and has provided written comments in response to the draft guidelines to support implementation of the new Act.

Under the guidance of its Board, the AIHW has developed policies covering confidentiality of data and guidelines for researchers seeking to access AIHW data for research purposes.

During the year, the AIHW developed a register of data collections and guidelines for data custodians responsible for the administration of these collections.

Under the guidance of its Audit and Finance Committee, the AIHW commissioned a scoping study which led to the development of a program of security checks of the AIHW's data holdings. These checks will be conducted by external parties during the next audit program.

The AIHW developed draft data principles for the new Commonwealth/State Disability Agreement MDS collection, covering privacy and other ethical issues, which are available for public discussion on the AIHW website.

The website complies with the guidelines developed by the Office of the Federal Privacy Commissioner for Federal Government and ACT World Wide Websites.

Participation in national committees as an information specialist

The AIHW is a member of a large number of national committees in the health, housing and community services sectors and supports health and welfare investment by providing statistical expertise in a range of program areas.

The importance of information to support national health, housing and community services policies has been acknowledged through inclusion of a representative of the AIHW as observer on the key ministerial councils and ministerial advisory councils.

The AIHW chairs national data committees on health, housing and community services and provides the secretariat of the information management groups to which those data committees report.

The AIHW contributes significantly to the annual *Report on Government Services* prepared by the Steering Committee for the Review of Commonwealth–State Service Provision. The AIHW and the Steering Committee cooperate on the basis of agreed business arrangements. AIHW staff who are subject-matter experts are members of seven of the Working Groups (Children’s Services, Protection and Support Services, Disability, Aged Care, Housing, Health, and Indigenous Data).

In addition, because of its expertise in health, housing and community services information and statistics, the AIHW is represented on a large number of national committees.

Submissions and advice to major inquiries

Publications of the AIHW in aged care were listed as a source of information for the recently completed *Two-Year Review of Aged Care Reforms* undertaken by Professor Len Gray.

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit prepared a statement on behalf of ABS and AIHW for the Parliamentary Inquiry into Illicit Drug Use — House of Representatives Standing Committee on Family and Community Affairs.

The Unit also participated in a hearing for Commonwealth Agencies in the Health Sector — Commonwealth Grants Commission Inquiry into Indigenous Funding. It also contributed to the coordinated response of the Department of Health and Aged Care to the ‘Health is Life’ Report on the Inquiry into Indigenous Health — House of Representatives Standing Committee on Family and Community Affairs.

During the year, the General Practical Statistics and Classification Unit prepared a submission to and attended the public hearing of the New South Wales Parliamentary Committee on Children and Young People: Inquiry into Use and Prescription of Drugs and Medications in Children and Young People.

Output Group 3:

Collection and production of health-related and welfare-related information and statistics to governments, non-governments and community organisations

Statistics are collected and produced in relation to:

- ▶ national data collections and reports on a wide range of health, housing and community services issues
- ▶ national data collections in specialised areas through outsourcing and collaborative arrangements with universities
- ▶ electronic presentation of and access to AIHW publications and data through the website.

This chapter lists outputs for the year of specific units of the AIHW and its collaborating units to demonstrate the AIHW's contribution towards improving the health and wellbeing of Australians.

Contribution to Portfolio Outcome 9

In addition to the output listed for specific areas of responsibility, the AIHW has contributed significantly to the achievement of Outcome 9 in the following areas.

During the year, the Aged Care Services Unit developed the Consumer Survey Instrument (CSI) for getting client feedback as part of the recently implemented national quality appraisal process for the Home and Community Care (HACC) program. The CSI was adopted for national implementation by HACC officials. The successful completion of the project represents an important step in national quality appraisal and accreditation processes in health and welfare services. The systematic collection of client feedback is not a common component of national quality appraisal mechanisms, although it is generally accepted that client feedback is important. The CSI is designed for use with the national HACC Quality Appraisal Instrument, developed by the AIHW in 1999.

With increased contracting out and outcomes emphasis, quality appraisal and accreditation have become increasingly important in many health and welfare areas. Involvement in this work has been a major focus in aged care statistics over the past year.

The AIHW website, launched in 1997, was comprehensively redeveloped by August 2000. The redeveloped site is dynamic and client-focused, with improved navigation and an emphasis on a subject-based approach to information. Each subject 'portal' on the site gives users access to resources, regardless of format, on work in that area. These may include publications, tabulated statistics, frequently asked questions and discussion groups.

Recently, a number of multidimensional data 'cubes' have been added to the site, allowing users to produce customised tables or graphs to suit their particular requirements. Cubes currently on the site contain statistics on disability services by service type, hospital statistics classified by principal diagnoses (including those in specialised psychiatric care) and cancer incidence. Cardiovascular disease statistics from the National Cardiovascular Disease Database are also accessible on the site.

The Institute has implemented initiatives pursuant to the Commonwealth Disability Strategy as a provider of information under its reporting of activities regarding 'electronic presentation of and access to Institute publications and data through the Institute Internet site'.

The website, which is currently averaging 1,000 visitors per day, has become a cornerstone of the AIHW's information dissemination strategy, by offering all publications for downloading in full text free of charge .

During the year, the AIHW produced 82 AIHW publications (listed in Appendix 5).

National data collections and reports

HEALTH INFORMATION AND STATISTICS

The objective of the AIHW's work program of health information and statistics is to provide:

- ▶ authoritative, high-quality, timely and accessible statistics and information guided by user needs
- ▶ information infrastructure to develop and support a national system for health statistics and contribute to broader health information developments
- ▶ objective health statistical services for clients.

HEALTH REGISTERS AND CANCER MONITORING

The AIHW's work in health registers and cancer monitoring includes:

- setting standards for and maintaining national databases derived from registers of deaths and disease incidence
- monitoring, investigating and reporting on mortality, disease incidence and survival and population-based cancer screening indicators, and facilitating epidemiological studies in cooperation with State and Territory cancer registers and other organisations
- developing and undertaking record linkage of health information databases for statistical and research purposes.

Reports produced

- Ductal Carcinoma In Situ (DCIS)
- Cancer in Australia 1997
- Cervical Screening in Australia 1997–1998
- BreastScreen Australia: Achievement Report 1997 and 1998

CARDIOVASCULAR DISEASE AND RISK FACTOR MONITORING

The AIHW's work in cardiovascular disease and risk factor monitoring sets standards and develops and coordinates data for monitoring cardiovascular disease and diabetes, risk factors, and outcomes of public health interventions and treatment strategies.

Reports produced

- General Practice view of Cardiovascular Disease and Diabetes in Australia 1998–99
- Cardiac Surgery in Australia 1998
- Coronary Angioplasty in Australia 1998
- Heart, Stroke and Vascular Diseases: Australian Facts 2001
- Physical Activity Patterns of Australian Adults
- Monitoring the Incidence of Cardiovascular Disease in Australia
- The WHO MONICA Study, Australia, 1984–1993
- Diabetes as a Cause of Death, Australia, 1997 and 1998

POPULATION HEALTH

The AIHW's population health work includes:

- developing and providing information on the health of the Australian population, including population structure, disease trends and patterns, risk factors and socioeconomic determinants
- monitoring the impact of various diseases and conditions on health status, quality of life and resource use

- ▶ providing data, information and statistical support services to the Population Health Division of the Department of Health and Aged Care
- ▶ managing the development, conduct and dissemination of results from the National Drug Strategy Household Survey series.

Reports produced

- ▶ 1998 National Drug Strategy Household Survey: Detailed Findings
- ▶ 1998 National Drug Strategy Household Survey: State and Territory Results
- ▶ Statistics on Drug Use in Australia 2000

The Public Health Data and Information Services Unit is outposted to the Population Health Division of the Department of Health and Aged Care to provide statistical support to the Division. The Unit prepared for the Division an inventory of population health-related data collections, as well as a synopsis of past and future collections. The inventory was made available as part of the divisional online management information system.

PATIENT MORBIDITY AND MENTAL HEALTH SERVICES

The AIHW's work on patient morbidity and health services includes developing, compiling and disseminating national data on admitted patients in public and private hospitals, on community mental health establishments and on elective surgery waiting times.

Reports produced

- ▶ Australian Hospital Statistics 1998–99
- ▶ Mental Health Services in Australia 1998–99: National Minimum Data Sets — Mental Health Care
- ▶ Australian Hospital Statistics 1999–00

Work began during 2000–01 on the collation and first-stage validation of 1999–00 data for the community mental health establishments data collection.

DENTAL STATISTICS AND RESEARCH

The Dental Statistics and Research Unit:

- ▶ describes and makes available information on oral health status and access to dental services in Australia, paying special attention to school children, young adults, adult recipients of public dental services, and older adults
- ▶ maintains national data sets on dental personnel, produces descriptive statistics on the dental labour force, and develops national projections of the dental service supply
- ▶ provides information on practice activity of dentists, particularly identifying changes in time devoted to work, productivity and the service mix of patients, and investigates variation between dental personnel in the practice of dentistry.

Reports produced

- Oral Health and Access to Dental Care of Young South Australian Adults: Research Report, August 2000
- The Adelaide Dental Study of Nursing Homes: One-year Follow-up: Research Report, October 2000
- Oral Health and Access to Dental Care — Older Adults in Australia: Research Report, November 2000
- Oral Health and Access to Dental Care — 1994-96 and 1999: Research Report, March 2001
- Oral Health and Access to Dental Care — the Gap Between the 'Deprived' and the 'Privileged' in Australia: Research Report, March 2001
- The Child Dental Health Survey, Australia 1997
- The Adelaide Dental Study of Nursing Homes 1998

INJURY INFORMATION AND STATISTICS

The National Injury Surveillance Unit informs community discussion and supports policy-making on the prevention and control of injury in Australia by developing, coordinating, interpreting and disseminating relevant information, research and analysis.

Reports produced

- Accidental Poisoning of Preschool Children from Non-medical Substances, Australia
- ICECI: Case Scenario Testing
- Information Sources for Injury Prevention Among Indigenous Australians: Status and Prospects for Improvement
- Needs and Opportunities for Improved Surveillance of Brain Injury: a Progress Report
- Needs and Opportunities for Improved Surveillance of Burns
- Suicide and Hospitalised Self-Harm in Australia
- The Application of Attributable Fractions to Alcohol and Injury in Australia

PERINATAL INFORMATION AND STATISTICS

The National Perinatal Statistics Unit (NPSU):

- monitors and interprets national data in reproductive and perinatal morbidity and mortality
- provides a reproductive and perinatal epidemiology service
- conducts epidemiological research
- enhances national reproductive and perinatal health data systems

- ▶ secures long-term recurrent funding
- ▶ increases the number and value of external research grants
- ▶ attracts talented research students to promote the research endeavours of the NPSU
- ▶ establishes high-quality reproductive and perinatal health teaching.

Reports produced

- ▶ Australia's Mothers and Babies 1998
- ▶ Assisted Conception, Australia and New Zealand, 1998
- ▶ Congenital Malformations, Australia, 1997

GENERAL PRACTICE STATISTICS AND CLASSIFICATION

The General Practice Statistics and Classification Unit:

- ▶ collects, makes available, analyses and reports information about characteristics of patients of general practitioners in Australia and the medical services and pharmaceutical prescriptions provided to such patients
- ▶ further develops classification systems for primary care
- ▶ develops and tests methods for data collection via direct computer entry by the clinician at the time of the encounter.

Reports produced

- ▶ Pathology Ordering by General Practitioners in Australia 1998
- ▶ General Practice Activity in Australia 1999–2000
- ▶ 'It's Different in the Bush'. A Comparison of General Practice Activity in Metropolitan and Rural Areas of Australia 1998–2000

The Unit developed, for the Diagnostics and Technology Branch of the Department of Health and Aged Care, a code set for imaging orders by general practitioners, a study into diagnostic imaging requests by general practitioners, and a code set and map to ABS old codes for the Australian Health Survey 2000 for the Australian Bureau of Statistics.

WELFARE INFORMATION AND STATISTICS

The objective of the AIHW's work program of welfare information and statistics is to provide:

- authoritative, high-quality, timely and accessible statistics and information guided by user needs
- information infrastructure to develop and support a national system for welfare statistics and contribute to broader welfare information developments
- objective welfare statistical services for clients.

HOUSING ASSISTANCE

The housing assistance program:

- describes the need for, provision and use of housing assistance in Australia, including the determinants and the outcomes
- supports the development of standard terminologies, definitions and classifications for use in measuring housing assistance and contributes to the development of nationally consistent data.

Reports produced

- Aboriginal Rental Housing Program Data Manual 2000–01
- Crisis Accommodation Program Data Manual 2000–01
- Home Purchase Assistance Data Manual 2000–01
- Public Housing Data Manual 2000–01
- Community Housing Data Manual 2000–01
- Community Managed Indigenous Housing Assistance Program Data Manual 1999–2000
- Private Rental Assistance Data Manual 2000–01
- National Housing Assistance Data Dictionary. Version 1
- Housing Needs of Homeless People. An analysis of the 1997–98 SAAP National Data Collection
- National Housing Data Agreement. A subsidiary agreement to the 1999–2003 Commonwealth–State Housing Agreement
- Agreement on National Indigenous Housing Information

In 2000–01 the Unit undertook the collection of performance data for 1999–00 for Indigenous community-managed housing.

Data reports were provided to the Department of Family and Community Services for use in the annual reporting for the Housing Assistance Act for the six CSHA program areas.

SUPPORTED ACCOMMODATION AND CRISIS SERVICES

The AIHW's work on supported accommodation and crisis services is:

- describing the need for and the provision of supported accommodation and crisis services
- developing standard definitions and classifications in the area of supported accommodation and crisis services and reporting on data collected.

Reports produced

- SAAP NDCA Report, 1998–99 (a report for each State and Territory)
- Accompanying Children in SAAP Special Collection, 1998
- SAAP NDCA Annual Report, 1999–2000 (a report for Australia and each State and Territory)
- 1999–2000 SAAP agency reports (1,200 — one for each SAAP agency)
- Mid financial year agency reports (1,200 — one for each SAAP agency)

The work of the Supported Accommodation and Crisis Services Unit is unique in the AIHW because, in its role as the SAAP National Data Collection Agency, the Unit conducts and manages the SAAP National Data Collection (NDC) information. During the year, the Unit undertook the following significant infrastructure projects to support its collecting and reporting role:

- redevelopment of electronic SAAP NDC collection instrument (SMART)
- redevelopment of SAAP unmet demand collection
- introduction of new SAAP NDC client questionnaire (including new questions on children in SAAP)
- contribution to the SAAP NDC information management plan
- redeveloped SAAP Collector's Manual.

AGED CARE

The AIHW's work in the aged care field includes:

- describing the need for, supply of and access to both institutional and domiciliary aged care services in Australia, including their determinants and outcomes
- informing community debate and public policy making in the area of aged care by timely research, analysis and publication.

Reports produced

- Community Aged Care Packages in Australia 1999–00
- Residential Aged Care in Australia 1999–00
- Projections of Older Immigrants. People from Culturally and Linguistically Diverse Backgrounds, 1996–2026, Australia

- Policy Convergence: Restructuring Long Term Care in Australia and the UK
- Community Care Packages in Australia 1998–99
- Obtaining Consumer Views of Service Standards in Home and Community Care: Main Report of Findings
- Obtaining Consumer Views of Service Standards in Home and Community Care. Supplementary Report: Examining the Validity of Consumer Feedback Collected for the HACC National Service Standards Instrument

DISABILITY SERVICES

The AIHW’s contribution in the disability services field includes:

- describing the need for, provision and use of disability services in Australia
- informing community debate and supporting the development of public policy in the area of disability by timely data development, collection, analysis and publication.

Reports produced

- Disability Support Services 2000: National Data on Services Provided Under the Commonwealth/State Disability Agreement
- Data Starter 1: How to Find and Use Disability Data
- Disability Support Services 2000: First National Results on Services Provided Under the CSDA
- Open Employment Services for People with Disabilities 1998–99
- Disability and Ageing
- Disability Support Services Provided Under the Commonwealth/State Disability Agreement: National Data 1999
- Integrating Indicators: Theory and Practice in the Disability Services Field
- Performance Indicators: Theory and Practice in the Disability Services Field

CHILDREN AND FAMILY SERVICES

The AIHW’s work in the children and family services sector includes:

- collecting, analysing and publishing core data on child protection, children on care and protection orders and children in out-of-home care
- collecting, analysing and publishing core data on adoptions
- analysing and publishing data on child care services.

Reports produced

- ▶ Adoptions Australia 1999–00
- ▶ Child Protection Australia 1999–00
- ▶ Family Support Services in Australia, 2000
- ▶ Trends in the Affordability of Child Care Services

CROSS-SECTOR WORK PROGRAM

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

The AIHW objective in its cross-sector work program is to provide:

- ▶ authoritative, high-quality, timely and accessible statistics and information guided by user needs
- ▶ information infrastructure to develop and support a national system for health and welfare statistics and contribute to broader health and welfare information developments
- ▶ objective health and welfare statistical services for clients.

COMMUNITY CARE AND COMMUNITY HEALTH

The AIHW's work in the community care and community health fields improves the comparability, consistency, relevance and availability of national information with a primary focus on services provided in community-based settings.

Reports produced

- ▶ Alcohol and Other Drug Treatment Services: Development of a National Minimum Data Set
- ▶ Aged and Community Care Data Resources: Database and Report on Data Definition Consistency with National Standards
- ▶ Guidelines for the National Minimum Data Set for Alcohol and other Drug Treatment Services

Other output

In addition to the published reports listed, the AIHW made the following contributions to community care and community health during the year:

- ▶ report on the development of a Juvenile Justice National Minimum Data Set
- ▶ Version 2.0 of the Aged Care Assessment Program Minimum Data Set

- ▶ Aged Care Assessment Program Data Dictionary Version 1.0, incorporating national performance indicator specifications
- ▶ report to Department of Health and Aged Care on review of the National Respite for Carers Program Minimum Data Set
- ▶ Community Aged Care Packages Data: Draft CACP Data Dictionary Version 1.0, including national program performance indicator specifications, and field testing of draft survey form
- ▶ Children's Services National Minimum Data Set: Draft Children's Services Data Manual, participation in field visits to service providers
- ▶ report summarising existing data on primary health and community care sector to assist with the Greater Collaboration in Primary Health and Community Care Project
- ▶ report on gaps and inconsistencies in community care data
- ▶ Commonwealth/State Disability Agreement Minimum Data Set: Draft Data Dictionary.

NATIONAL DATA STANDARDS

Work on national data standards contributes to Output Group 3 by providing leadership in national information development through support and promotion of an effective national information management infrastructure and the development and maintenance of standards, models, definitions and structures for health and welfare information.

The National Data Standards Unit provides executive and secretariat support for the operations and activities of the National Health Data Committee and the National Community Services Data Committee.

Reports produced

- ▶ National Health Data Dictionary, Version 10
- ▶ National Community Services Data Dictionary, Version 2
- ▶ Review of the National Health Data Dictionary (report of a strategic review commissioned by the National Health Information Management Group)

HEALTH AND COMMUNITY SERVICES LABOUR FORCE

The AIHW's work on the health and community services labour force includes:

- ▶ supporting health labour force planning by providing planners and policy makers with national and comparative State and Territory data on the major registrable health professions and on the community services industry
- ▶ providing technical support to the Australian Medical Workforce Advisory Committee (AMWAC) and the Australian Health Workforce Advisory Committee (AHWAC) in their analyses and recommendations to the Australian Health Ministers' Advisory Council (AHMAC).

Reports produced

- Optometrist Labour Force 1999
- Nursing Labour Force 1999: Preliminary Report
- Health and Community Services Labour Force 1996
- Statistical input to the following AMWAC reports published in 2000–01:
 - The Gastroenterology Workforce in Australia
 - The Neurosurgery Workforce in Australia
 - The General Practice Workforce in Australia

RURAL HEALTH

The AIHW recently began work in the rural health field in order to contribute to the improvement in health status and services in rural and remote Australia by developing a strategy and process for spatial data. Work to date has been developmental.

HEALTH AND WELFARE EXPENDITURE

The AIHW's work on health and welfare expenditure includes:

- informing policy and planning decisions by providing timely and accurate information about health and welfare expenditure in Australia — by area of expenditure, by State and Territory, by provider of funds, by sociodemographic group, and in comparison with other countries
- producing related performance indicators, in the hospital area in particular.

Reports produced

- The Unemployed and Single Mothers: How They Spend Their Time
- Fairness of Health Financing Contributions, Australia, 1993–94

The AIHW revised its health expenditure database to comply with the OECD's *System of Health Accounts* and provided information on health services expenditure in Australia for inclusion in the OECD's health database.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE INFORMATION

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit:

- collects and analyses health and welfare information and statistics relating to Aboriginal and Torres Strait Islander peoples and improves definitions, classifications and collection standards for these statistics
- develops the capacity of Aboriginal and Torres Strait Islander organisations to collect and use information about their health and about health and welfare services.

Work was completed on the 3rd edition of the biennial publication, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. The report was released in August 2001. An extensive national dissemination plan was prepared and this was implemented immediately after the launch of the publication.

PROVISION OF STATISTICAL SERVICES TO THE DEPARTMENT OF VETERANS' AFFAIRS

The AIHW provides statistical services to the Department of Veteran's Affairs (DVA) in order to identify opportunities for collaboration on projects, and enhance understanding of and interaction with the health and community services information environment

In 2000 the AIHW provided a consultancy service to the DVA's statistical services team through the placement of an AIHW officer to facilitate access to data held by the DVA and support DVA statistical services work. In late 2000 this arrangement was reviewed and it was agreed that program objectives could be achieved without the full-time services of an AIHW officer.

Reports produced

- Morbidity of Vietnam Veterans: Multiple Sclerosis and Motor Neurone Disease in Vietnam Veterans (Supplementary Report no. 3)
- Morbidity of Vietnam Veterans: Adrenal Gland Cancer, Leukaemia and Non-Hodgkin's Lymphoma (Supplementary Report no. 2)
- Morbidity of Vietnam Veterans: Suicide in Vietnam Veterans' Children (Supplementary Report no. 1)

In May 2001, the AIHW advised the Minister for Health and Aged Care and the Minister for Veteran's Affairs of a correction to the joint AIHW–DVA publication *Morbidity of Vietnam Veterans — Adrenal Gland Cancer, Leukaemia and Non-Hodgkin's Lymphoma*. This error in calculation changed the interpretation of the results from an excess of cases of adrenal gland cancer and acute myeloid leukaemia in children of veterans to numbers which are elevated, but not in a way that can be described as statistically significantly different from normal expectations.

The AIHW advised the public of this correction immediately and will release a corrected publication as soon as possible. The error in this publication did not affect the results in other previously released AIHW–DVA publications related to the morbidity of Vietnam veterans.

APPENDIXES

Appendix 1: Financial statements



INDEPENDENT AUDIT REPORT

To the Minister for Health and Aged Care

Scope

I have audited the financial statements of Australian Institute of Health and Welfare for the year ended 30 June 2001. The financial statements comprise:

- Statement by Directors;
- Statement of Financial Performance;
- Statement of Financial Position;
- Statement of Cash Flows;
- Schedule of Commitments;
- Schedule of Contingencies, 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 they contain. I have conducted an independent audit of the financial statements in order to express an opinion on them to you.

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

GPO Box 707 CANBERRA ACT 2601
Centenary House 19 National Circuit
BARTON ACT
Phone (02) 6203 7300 Fax (02) 6203 7777

Audit Opinion

In my opinion,

- (a) the financial statements have been prepared in accordance with Schedule 1 of the Commonwealth Authorities and Companies (Financial Statements 2000-2001) Orders; and
- (b) the financial statements give a true and fair view, in accordance with applicable Accounting Standards, other mandatory professional reporting requirements and Schedule 1 of the Commonwealth Authorities and Companies (Financial Statements 2000-2001) Orders, of the financial position of the Australian Institute of Health and Welfare as at 30 June 2001 and the results of its operations and its cash flows for the year then ended.

Australian National Audit Office



Darren Box
Executive Director

Delegate of the Auditor-General

Canberra

20 September 2001

STATEMENT BY DIRECTORS

In our opinion, the attached financial statements give a true and fair view of the matters as required by Schedule 1 of the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997* for the year ended 30 June 2001.



Dr Sandra Hacker
Chair
18 September 2001



Richard Madden
Director
18 September 2001

**For health and welfare
statistics and information**

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AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF FINANCIAL PERFORMANCE
For the year ended 30 June 2001

	Notes	Actual Full Year 30-Jun-01 \$'000	Actual Full Year 30-Jun-00 \$'000
<u>Revenues from ordinary activities</u>			
Revenues from government	4A	7,970	8,270
Contract income	4B	10,323	9,066
Interest	4C	226	147
Proceeds from disposal of asset	4D	0	0
Other	4E	442	269
Total revenues from ordinary activities		18,961	17,752
<u>Expenses from ordinary activities</u>			
Employees	5A	10,288	10,265
Suppliers	5B	8,468	7,022
Depreciation and amortisation	5C	153	418
Write-down of assets	5D	0	14
Disposal of assets	4D	1	0
Total expenses from ordinary activities		18,910	17,719
Net operating surplus (deficit) from ordinary activities		51	33
Net surplus attributable to the Commonwealth		51	33
Net credit (debit) to asset revaluation reserve		553	0
Total revenue, expenses and valuation adjustments recognised directly in equity		0	0
Total changes in equity other than those resulting from transactions with owners as owners		604	33

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF FINANCIAL POSITION
For the year ended 30 June 2001

	Notes	Actual Full Year 30-Jun-01 \$'000	Actual Full Year 30-Jun-00 \$'000
ASSETS			
Financial assets			
Cash	6A	7,218	6,079
Receivables	6B	552	2,405
Total financial assets		7,770	8,484
Non-financial assets			
Buildings	7A,C	674	0
Infrastructure, plant and equipment	7B,C	513	467
Inventories	7E	266	212
Other	7F	151	147
Total non-financial assets		1,604	826
Total assets		9,374	9,310
LIABILITIES			
Provisions			
Employees	8A	3,191	3,001
Total provisions		3,191	3,001
Payables			
Suppliers	8B	409	841
Contract income in advance	8C	4,715	5,442
Other	8D	429	0
Total payables		5,553	6,283
Total liabilities		8,744	9,284
EQUITY			
Capital	9	1,146	1,146
Reserves	9	687	134
Accumulated deficits	9	(1,203)	(1,254)
Total equity		630	26
Total liabilities and equity		9,374	9,310
Current liabilities		6,051	7,040
Non-current liabilities		2,693	2,244
Current assets		8,187	8,843
Non-current assets		1,187	467

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF CASH FLOWS
For the year ended 30 June 2001

	Notes	Actual Full Year 30-Jun-01 \$'000	Actual Full Year 30-Jun-00 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		7,831	8,111
Contract income		11,465	10,119
Interest		218	147
GST recovered from taxation authority		270	0
Other		433	241
Total cash received		20,217	18,618
Cash used			
Employees		(10,098)	(9,971)
Suppliers		(8,660)	(6,722)
Total cash used		(18,758)	(16,693)
Net cash from operating activities	10	1,459	1,925
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant & equipment		0	0
Total cash received		0	0
Cash used			
Purchase of infrastructure, plant and equipment		(320)	(43)
Total cash used		(320)	(43)
Net cash from investing activities		(320)	(43)
Net increase (decrease) in cash held		1,139	1,882
Add cash at the beginning of the reporting period		6,079	4,197
Cash at the end of reporting period		7,218	6,079

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF COMMITMENTS
as at 30 June 2001

	Notes	Actual Full Year 30-Jun-01 \$'000	Actual Full Year 30-Jun-00 \$'000
BY TYPE			
OTHER COMMITMENTS			
Operating leases*		6,517	192
Other commitments**		12,039	5,713
Total commitments payable		18,556	5,905
COMMITMENT RECEIVABLE			
Net commitments		(6,396)	(3,949)
BY MATURITY			
All net commitments			
One year or less		7,047	998
From one to five years		4,159	958
Over five years		954	0
Net commitments		12,160	1,956
Operating lease commitments			
One year or less		1,162	103
From one to five years		4,305	64
Over five years		1,050	25
Net operating lease commitments		6,517	192

NB: Commitments are GST inclusive where relevant

* Operating leases included are effectively non-cancellable and comprise:

<i>Nature of Lease</i>	<i>General description of leasing arrangements</i>
Lease for office accommodation	* lease payments are subject to annual increases of 3% * the lease term is seven years and may be renewed for another seven years at the Institute's option. * current lease expires in July 2007.
Computer equipment lease	* the lease term is three years * on expiry of lease term, the Institute has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models.

** As at 30 June 2001, other commitments are primarily amounts relating to the Institute's contract work.

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF CONTINGENCIES
as at 30 June 2001

	Notes	Actual Full Year 30-Jun-01 \$'000	Actual Full Year 30-Jun-00 \$'000
CONTINGENT LOSSES			
Other guarantees		0	0
Total contingent losses		0	0

SCHEDULE OF UNQUANTIFIABLE CONTINGENCIES

At 30 June 2001, the Institute has no unquantifiable contingencies

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2001

Note Description

- 1 Summary of Significant Accounting Policies
- 2 Segment Reporting
- 3 Economic Dependency
- 4 Operating Revenues from Independent Sources
- 5 Operating Expenses- Goods and services
- 6 Financial Assets
- 7 Non-Financial Assets
- 8 Provisions and Payables
- 9 Equity
- 10 Cash Flow Reconciliation
- 11 External Financing Arrangements
- 12 Remuneration of Directors
- 13 Related Party Disclosures
- 14 Remuneration of Officers
- 15 Remuneration of Auditors
- 16 Contingencies
- 17 Financial Instruments
- 18 Appropriations

1 Summary of Significant Accounting Policies

1.1 Basis of accounting

The financial statements are required by clause 1(b) of Schedule 1 to the *Commonwealth Authorities and Companies Act 1997* and are a general purpose financial report.

The statements have been prepared in accordance with:

- *Requirements for the Preparation of Financial Statements of Commonwealth Agencies and Authorities* made by the Minister for Finance and Administration in August 1999 (Schedule 1 to the Commonwealth Authorities and Companies (CAC) Orders);
- Australian Accounting Standards and Accounting Interpretations issued by the Australian Accounting Standards Board;
- other authoritative pronouncements of the Australian Accounting Standards Board; and
- the Consensus Views of the Urgent Issues Group.

The statements have been prepared having regard to:

- Statements of Accounting Concepts; and
- the Explanatory Notes to Schedule 2 issued by the Department of Finance and Administration.
- Guidance Notes issued by that Department

The financial statements have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets which, as noted, are at valuation. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position of the Australian Institute of Health and Welfare (the Institute).

Assets and liabilities are recognised in the Institute when and only when it is probable that future economic benefits will flow and the amounts of the assets or liabilities can be reliably measured. Assets and liabilities arising under agreements equally and proportionately underperformed are however not recognised unless required by an Accounting Standard. Liabilities and assets which are unrecognised are reported in the Schedule of Commitments and the Schedule of Contingencies.

Revenue and expenses are recognised in the Institute when and only when the flow or consumption or loss of economic benefits has occurred and can be reliably measured.

1.2 Changes in Accounting Policy

The accounting policies used in the preparation of these financial statements are consistent with those used in 1999-2000.

1.3 Reporting by Outcomes

The Institute is funded by Appropriation for one outcome only.

1.4 Revenue

The revenues describe in this Note are revenues relating to the core operating activities of the Institute

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

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

Revenue from the rendering of a service is recognised by reference to the stage of completion of contracts or other agreements to provide services to Commonwealth bodies. The stage of completion is determined according to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Core Operations

All material revenues described in this note are revenues relating to the core operating activities of the Institute whether in their own right or on behalf of the Commonwealth. Details of revenue amounts are given in Note 4.

From 1 July 1999, the Commonwealth Budget has been prepared under an accruals framework. Under this framework, Parliament appropriates monies to the Institute as revenue appropriations, as loan appropriations and as equity injections.

Revenue Appropriations

Revenues from government are revenues of the core operating activities of the Institute.

Appropriations for outputs are recognised as revenue to the extent they have been received into the Institute's Bank account or are entitled to be received by the Institute at year end.

Resources Received Free of Charge

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2001

1.5 Employee Entitlements

Leave

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

The liability for annual leave reflects the value of total annual leave entitlements of all employees at 30 June 2001 and is recognised at its nominal amount.

The non-current portion of the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2001. In determining the present value of the liability, attrition rates and pay increases through promotion and inflation have been taken into account.

Separation and redundancy

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

Superannuation

Employees contribute to the Commonwealth Superannuation Scheme and the Public Sector Superannuation Scheme. Employer contributions amounting to \$1,129,785 (1999-00: \$1,091,935) for the Institute in relation to these schemes have been expensed in these financial statements.

No liability is shown for superannuation in the Balance Sheet as the employer contributions fully extinguish the accruing liability which is assumed by the Commonwealth.

Employer Superannuation Productivity Benefit contributions totalled \$233,914 (1999-00: \$234,533) for the Institute.

1.6 Leases

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of leased non-current assets and operating leases under which the lessor effectively retains substantially all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is capitalised at the present value of minimum lease payments at the inception of the lease and a liability recognised for the same amount. Leased assets are amortised over the period of the lease. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are expensed on a basis which is representative of the pattern of benefits derived from the leased assets. The net present value of the future net outlays in respect of surplus space under non-cancellable lease agreements is expensed in the period in which the space becomes surplus.

Lease incentives taking the form of 'free' fitout and rent holidays are recognised as liabilities. These liabilities are reduced by allocating lease payments between rental expense and reduction of liability.

1.7 Cash

Cash includes notes and coins held and any deposits held at call with a bank or financial institution.

1.8 Financial instruments

Accounting policies for financial instruments are stated at note 17.

1.9 Acquisition of Assets

The cost of acquisition includes the fair value of assets transferred and the liabilities undertaken.

1.10 Infrastructure, plant and equipment

Asset recognition threshold

Purchases of infrastructure, plant and equipment are recognised initially at cost in the Balance Sheet, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

Revaluations

Schedule 2 requires that infrastructure, plant and equipment be progressively revalued in accordance with the 'deprival' method of valuation by no later than 1 July 1999 and thereafter be revalued progressively on that basis every three years.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2001

The Institute implemented its progressive revaluations in 1999. Its infrastructure, plant and equipment assets were revalued in full at 30 June 1999, by type of asset. Assets in each class acquired after the commencement of the progressive revaluation cycle are not captured by the progressive revaluation then in progress. Plant and equipment assets are due to be revalued during the year ended 30 June 2002.

Infrastructure, plant and equipment is recognised at its depreciated replacement cost.

The Institute signed a new lease during the year. The new lease expires in July 2007. Leasehold improvements were revalued at 30 June 2001. This did not include leasehold improvements acquired during the year. As part of our progressive revaluation program, leasehold improvements will be revalued again during the year ended 30 June 2003.

Any assets which would not be replaced or are surplus to requirements are valued at net realisable value. At 30 June 2001 there were no assets in this situation.

All valuations are independent.

Recoverable amount test

The carrying amount of each item of non-current infrastructure plant and equipment assets is reviewed to determine whether it is in excess of the asset's recoverable amount. If an excess exists as at the reporting date, the asset is written down to its recoverable amount immediately. In assessing recoverable amounts, the relevant cash flows, including the expected cash inflows from future appropriations by the Parliament, have been discounted to their present value.

Depreciation and Amortisation

Depreciable infrastructure plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Institute using, in all cases, the straight-line method of depreciation. Leasehold improvements are amortised on a straight-line basis over the lesser of the estimated useful life of the improvements or the unexpired period of the lease.

Depreciation/amortisation rates (useful lives) and methods are reviewed at each balance date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate. Residual values are re-estimated for a change in prices only when assets are revalued.

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

	2000-2001	1999-2000
Leasehold improvements	Lease Term	Lease Term
Infrastructure plant and equipment	5 to 10 years	5 to 10 years

The appropriate amount of depreciation allocated for each class of asset during the reporting period is disclosed in Note 5C.

1.11 Inventories

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

All inventories are current assets.

1.12 Taxation

The Institute is exempt from all forms of taxation except fringe benefits tax and the goods and services tax.

1.13 Insurance

The Institute has insured for risks through the Government's insurable risk managed fund, called 'Comcover'. Workers compensation is insured through Comcare Australia.

1.14 Comparative figures

Comparative figures have been adjusted to conform with changes in presentation in these financial statements where required.

1.15 Rounding

Amounts have been rounded to the nearest \$1,000 except in relation to the following:

- remuneration of directors;
- remuneration of officers (other than directors); and
- remuneration of auditors.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2001

2 Segment reporting

The Institute operates in a single industry and geographic segment, being provision to government of health and welfare information in Australia. The Institute operates in the research industry.

The Institute is structured to meet one outcome:

Outcome 1: Knowledge, information and training for developing better strategies to improve the health of Australians.

Reporting by Outcome for 2000-01

	Total	
	Budget	Actual
	\$'000	\$'000
Net cost of entity outputs	7,831	7,831
Net cost to budget outcome	7,831	7,831
Outcome specific assets	2,955	4,043
Assets that are not outcome specific	3,895	5,330
NB The Net Cost to Budget Outcome shown includes intra-government costs that are eliminated in calculating the overall Budget Outcome.		

3 Economic dependency

The Institute is controlled by the Government of the Commonwealth of Australia.

The Institute is dependent on appropriations from Parliament of the Commonwealth for its continued existence and ability to carry out its normal activities.

The Institute is also dependent upon a significant volume of business with the Department of Health and Aged Care.

4 Operating revenue from independent sources

	2000/2001 \$'000	1999/2000 \$'000
4A Revenues from Government		
Appropriations	7,831	8,111
Resources received free of charge		
Provision of facilities by the Department of Health and Aged Care and Department of Finance and Administration	139	159
Total	7,970	8,270
4B Sales of goods and services		
Contract income	10,323	9,066
4C Interest		
Deposits	226	147
4D Proceeds from disposal of assets		
Non-financial asset - Infrastructure, plant & equipment	0	0
Revenue (proceeds) from sale	1	0
Expense from sale	-1	0
Total	-1	0
4E Other revenues		
Consultancy	51	68
Publications	91	77
Conferences	0	65
Other	300	59
Total	442	269

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2001

5. Operating Expenses- Goods and Services

5A Employee expenses		
Remuneration for services provided	10,288	10,198
Separation and redundancy	0	67
Total	<u>10,288</u>	<u>10,265</u>

The Institute contributes to the Commonwealth Superannuation (CSS) and the Public Sector (PSS) Superannuation schemes which provide retirement, death and disability benefits to employees. Contributions to the schemes are at rates calculated to cover existing and emerging obligations. Current contribution rates are 19.9% of salary (CSS) and 11.4% of salary (PSS). An additional 3% is contributed for employer productivity benefits. The Institute also meets its superannuation guarantee liabilities for employees that are not members of CSS or PSS.

5B Supplier Expenses		
Supply of goods and services	4,788	3,613
Operating lease rentals	841	981
Contracted services	2,839	2,428
Total	<u>8,468</u>	<u>7,022</u>

Contracted services above are comprised of:

National Perinatal Statistics Unit	543	440
Dental Statistics & Research Unit	552	518
National Centre for Classification in Health	64	63
National Centre for Aboriginal & Torres Strait Islander Statistics	576	576
National Injury Surveillance Unit	669	755
Survey of General Practice Activity	0	0
Principles & Standards in Community	25	0
Other	410	35
Department of Health and Family Services	0	41
	<u>2,839</u>	<u>2,428</u>

5C Depreciation and amortisation		
Depreciation of infrastructure, plant and equipment	133	203
Amortisation of leasehold improvements	20	192
Amortisation of discount on lease of computers	0	23
Total	<u>153</u>	<u>418</u>

The aggregate amounts of depreciation or amortisation allocated during the reporting period, as expense, for each class of depreciable asset are as follows:

Leasehold improvement	20	192
Plant and equipment	83	146
Furniture and Fitting	50	57
Deferred discount on lease of computers	0	23
	<u>153</u>	<u>418</u>

5D Write-down of assets		
Financial assets:		
Receivables for goods and services	0	14
Non-financial assets:		
Inventory - write off	0	0
Total	<u>0</u>	<u>14</u>

6 Financial assets

6A Cash		
Cash at bank and on hand	1,515	6,038
Deposits at Call	5,703	0
Department of Finance Imprest Account	0	41
	<u>7,218</u>	<u>6,079</u>
Balance of cash as at end of period shown in the Statement of Cash Flows	<u>7,218</u>	<u>6,079</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 For the year ended 30 June 2001

6B Receivables		
Goods and services	463	2,384
Less: Provision for doubtful Debts	6	0
	<u>457</u>	<u>2,384</u>
Other Debtors	29	21
GST Receivables	66	0
Total Receivables	<u>552</u>	<u>2,405</u>

Receivables (gross) which are overdue are aged as follows:

Not Overdue	366	1,126
Overdue by:		
- less than 30 days	177	1,257
- 30 to 60 days	0	22
-60 to 90 days	9	0
-more than 90 days	0	0
Total Receivables (gross)	<u>552</u>	<u>2,405</u>

7 Non-financial assets

7A Buildings		
Leasehold improvements - at valuation 30 June 2001	551	786
Accumulated amortisation	0	(786)
	<u>551</u>	<u>0</u>
Leasehold improvements - at cost	143	
Accumulated amortisation	(20)	
	<u>123</u>	<u>0</u>
Total Buildings	<u>674</u>	<u>0</u>

7B Infrastructure Plant and Equipment		
Plant and equipment - at June 1999 valuation	624	647
Accumulated depreciation	(282)	(202)
	<u>342</u>	<u>445</u>
Plant and equipment - at cost	206	24
Accumulated depreciation	(35)	(2)
	<u>171</u>	<u>22</u>
Total Infrastructure Plant and Equipment	<u>513</u>	<u>467</u>

The revaluation of non-financial assets as at 30 June 1999 in accordance with the revaluation policies stated at Note 1 was completed by an independent valuer Australian Valuation Office. Revaluation increment of \$133,631 was transferred to the asset revaluation reserve in 1998-99.

Leashold Improvement revaluation as at 30 June 2001, was carried out by an independent valuer. Revaluation increment of \$550,700 was transferred to the asset revaluation reserve in 2000-01.

**Analysis of infrastructure, plant and equipment
 Movement Summary 2000-01 for all assets irrespective of valuation basis**

Item	Buildings - Leasehold Improvements		Plant and Equipment	Total
	\$'000	\$'000		
Gross value as at 1 July 2000	0	670		670
Additions - Purchase of Assets	143	179		322
Revaluations: write-ups / (write downs)	551	2		553
Assets transferred in / (out)	0	0		0
Write-offs	0	0		0
Disposals	0	(21)		(21)
Gross value as at 30 June 2001	<u>694</u>	<u>830</u>		<u>1,524</u>
Accumulated depreciation / amortisation as at 1 July 2000	0	204		204
Disposals	0	(20)		(20)
Depreciation / amortisation charge for the year	20	133		153
Revaluations: write-ups / (write downs)	0	0		0
Assets transferred in / (out)	0	0		0
Write-offs	0	0		0
Accumulated depreciation / amortisation at 30 June 2001	<u>20</u>	<u>317</u>		<u>337</u>
Net book value as at 30 June 2001	<u>674</u>	<u>513</u>		<u>1,187</u>
Net book value as at 1 July 2000	0	467		467

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2001

Analysis of infrastructure, plant and equipment				
Summary of balances of assets at valuation as at 30 June 2001				
7D	Item	Buildings - Leasehold Improvements \$'000	Plant and Equipment \$'000	Total \$'000
	As at 30 June 2001			
	Gross Value	551	624	1,175
	Accumulated Depreciation	0	(282)	(282)
	Net Book Value	551	342	893
	As at 30 June 2000			
	Gross Value	787	647	1,434
	Accumulated Depreciation	(787)	(202)	(989)
	Net Book Value	0	445	445

	2000/2001	1999/2000
7E All inventories are current assets		
Inventories held for sale	<u>266</u>	<u>212</u>
7F Other non-financial assets		
Other prepayments	<u>151</u>	<u>147</u>
Total	<u>151</u>	<u>147</u>
8 Provisions and Payables		
8A Provisions - Employees		
Salaries and wages	330	279
Annual leave	1,073	1,009
Long service leave	<u>1,788</u>	<u>1,713</u>
Aggregate employee entitlement liability	<u>3,191</u>	<u>3,001</u>
8B Payables - Suppliers		
Trade creditors	<u>409</u>	<u>841</u>
Total	<u>409</u>	<u>841</u>
8C Payables - Contract income in advance		
Contract income	<u>4,715</u>	<u>5,442</u>
Total	<u>4,715</u>	<u>5,442</u>
8D Payables - Other		
Lease Incentive Liability		
Current	72	0
Non-Current	<u>357</u>	<u>0</u>
	<u>429</u>	<u>0</u>

9 Equity

Item	Capital		Accumulated	Accumulated	Asset	Asset	Total equity	Total equity
	2001	2000	Results	Results	Revaluation	Revaluation		
	\$'000	\$'000	2001	2000	2001	2000		
Balance 1 July 2000	1,146	1,146	(1,254)	(1,287)	134	134	26	(7)
Operating result			51	33			51	33
Net revaluation increases/ (decreases)					553	0	553	0
Capital Use Charge			0	0				
Balance 30 June 2001	1,146	1,146	(1,203)	(1,254)	687	134	630	26

10 Cash flow reconciliation

	2000/2001	1999/2000
	\$'000	\$'000
Reconciliation of net cash flows used by operating activities to net cost of services.		
Operating surplus/(deficit)	51	33
Depreciation / amortisation of infrastructure, plant & equipment	153	418
Changes in assets and liabilities		
(Increase)/decrease in receivables	1,853	(1,576)
(Increase)/decrease in other Assets	(4)	(14)
(Increase)/decrease in inventory	(54)	(65)
Increase/(decrease) in other payables/contract income in advance	(727)	2,625
Increase/(decrease) in liability to suppliers	(432)	210
Increase/(decrease) in employee liabilities	190	294
Increase/(decrease) in lease incentive liability	<u>429</u>	<u>0</u>
Net cash provided by operating activities	<u>1,459</u>	<u>1,925</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2001

11 External Financing Arrangements

The Institute has no external financing arrangement in 2000-2001.

12 Remuneration of Directors

Adequate amount of superannuation payments in connection with the retirement of Directors	0	58,768
Other remuneration received or due and receivable by Directors of the Institute	270,104	223,541
Total remuneration received or due and receivable by Directors of the Institute	<u>270,104</u>	<u>282,309</u>

The number of Directors of the Institute included in these figures are shown below in the relevant remuneration bands:

	Number	Number
• \$Nil - \$10,000	2	2
• \$10,001 - \$20,000	1	1
• \$20,001 - \$30,000	1	1
• \$30,001 - \$40,000	1	1
• \$40,001 - \$50,000	1	1
• \$50,001 - \$60,000	1	1
• \$60,001 - \$70,000	1	1
• \$70,001 - \$80,000	1	1
• \$80,001 - \$90,000	1	1
• \$90,001 - \$100,000	1	1
• \$100,001 - \$110,000	1	1
• \$110,001 - \$120,000	1	1
• \$120,001 - \$130,000	1	1
• \$130,001 - \$140,000	1	1
• \$140,001 - \$150,000	1	1
• \$150,001 - \$160,000	1	1
• \$160,001 - \$170,000	1	1
	<u>5</u>	<u>5</u>

Directors of the Australian Institute of Health and Welfare are the members of the Institute. The Officers receive no additional remuneration for these duties.

13 Related party disclosures

Directors of the Institute

The Directors of the Institute during the year were:

Professor J Reid (Chairperson)
Dr R Madden (Director)
Dr Sandra Hacker
Mr Andrew Podger
Ms Libby Davies
Mr Ian Proctor
Ms Linda Apelt
Ms Lyn Elliot (staff-elected member)
Mr Tim Skinner (representing the Australian Statistician)
Mr David Butt (resigned 17.08.00)

The adequate remuneration of Directors is disclosed in Note 12.

14 Remuneration of Executive Officers

	2000/2001	1999/2000
	\$	\$
Income received or due and receivable by executive officers	<u>413,982</u>	<u>541,902</u>

The number of executive officers included in these figures are shown below in the relevant remuneration bands:

	Number	Number
\$100,000 - \$110,000	0	0
\$110,001 - \$120,000	0	0
\$120,001 - \$130,000	0	1
\$130,001 - \$140,000	3	2
	<u>3</u>	<u>3</u>

The executive officer remuneration includes all officers concerned with or taking part in the management of the economic entity during the quarter except the Director and a proportion of the remuneration for executive officers who were acting Directors during the period. Details in relation to those Directors have been incorporated into Note 12 - Remuneration of Directors.

15 Remuneration of Auditors

	2000/2001	1999/2000
	\$	\$
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	<u>15,000</u>	<u>14,000</u>

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

16 Contingencies

As at the 30 June 2001, the Authority has no remote contingencies and no unquantifiable contingencies.

Appendix 2: Legislation

Contents

Part I — Preliminary

- 1 Short title
- 2 Commencement
- 3 Interpretation

Part II — Australian Institute of Health and Welfare

Division 1: Establishment, functions and powers of Institute

- 4 Establishment of Institute
- 5 Functions of the Institute
- 6 Powers of Institute
- 7 Directions by Minister

Division 2: Constitution and Meetings of Institute

- 8 Constitution of Institute
- 9 Acting members
- 10 Remuneration and allowances
- 11 Leave of absence
- 12 Resignation
- 13 Termination of appointment
- 14 Disclosure of interests
- 15 Meetings

Division 3: Committees of Institute

- 16 Committees

Division 4: Director of Institute

- 17 Director of Institute
- 18 Functions of Director

Division 5: Staff

- 19 Staff

Part III — Finance

- 20 Money to be appropriated by Parliament
- 22 Money of Institute
- 23 Contracts
- 24 Extra matters to be included in annual report
- 25 Trust money and trust property
- 26 Exemption from taxation

Part IV — Miscellaneous

- 27 Delegation by Institute
- 28 Delegation by Director
- 29 Confidentiality
- 30 Restricted application of the Epidemiological Studies (Confidentiality) Act 1981
- 31 Periodical reports
- 32 Regulations

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

Part I—Preliminary

1 Short title

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

2 Commencement

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the 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.

Note: For the manner in which the Chairperson may be referred to, see section 18B of the *Acts Interpretation Act 1901*.

DIVISION 1 — ESTABLISHMENT, FUNCTIONS AND POWERS OF INSTITUTE

4 Establishment of Institute

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

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

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

5 Functions of the Institute

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

(1AA) The functions of the Institute are:

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

[Health-related functions]

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

- (a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, health-related information and statistics, whether by itself or in association with other bodies or persons;
- (b) to produce health-related information and statistics, whether by itself or in association with other bodies or persons;
- (c) to co-ordinate the collection and production of health-related information and statistics by other bodies or persons;
- (d) to provide assistance, including financial assistance, for the collection and production of health-related information and statistics by other bodies or persons;
- (e) to develop methods and undertake studies designed to assess the provision, use, cost and effectiveness of health services and health technologies;
- (f) to conduct and promote research into the health of the people of Australia and their health services;
- (g) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to health and health services, and advise the Bureau on the data to be used by it for the purposes of health-related statistics;

- (h) subject to section 29, to enable researchers to have access to health-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute;
- (j) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection;
- (k) to make recommendations to the Minister on the prevention and treatment of diseases and the improvement and promotion of the health and health awareness of the people of Australia; and
- (m) to do anything incidental to any of the foregoing.

[Welfare-related functions]

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

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

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

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

6 Powers of Institute

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

- (a) to enter into contracts or arrangements, including contracts or arrangements with bodies or persons to perform functions on behalf of the Institute;
- (b) to acquire, hold and dispose of real or personal property;
- (c) to occupy, use and control any land or building owned or held under lease by the Commonwealth and made available for the purposes of the Institute;

- (d) to appoint agents and attorneys and act as an agent for other persons;
- (e) to accept gifts, grants, devises and bequests made to the Institute, whether on trust or otherwise, and to act as trustee of money or other property vested in the Institute on trust;
- (f) subject to section 29, to:
 - (i) release data to other bodies or persons; and
 - (ii) publish the results of any of its work; and
- (g) to do anything incidental to any of its powers.

7 Directions by Minister

- (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.
 - (1A) The Minister must consult the Chairperson before giving any direction to the Institute.
 - (1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.
 - (1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:
 - (a) relates to the Institute's welfare-related functions; and
 - (b) does not concern housing matters.
 - (1D) The Minister must consult each State Housing Minister before giving the direction if the direction:
 - (a) relates to the Institute's welfare-related functions; and
 - (b) concerns housing matters.
- (2) The Institute shall comply with any direction given under subsection (1).
- (3) This section does not affect the application of section 28 of the *Commonwealth Authorities and Companies Act 1997* in relation to the Institute.

DIVISION 2 — CONSTITUTION AND MEETINGS OF INSTITUTE

8 Constitution of Institute

- (1) Subject to subsection (2), the Institute shall consist of the following members:
 - (a) the Chairperson;
 - (b) the Director;
 - (c) a member nominated by the Australian Health Ministers' Advisory Council;
 - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
 - (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
 - (d) the Australian Statistician;

- (e) the Secretary to the Department;
 - (f) a person:
 - (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.

9 Acting members

- (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):
 - (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or
 - (b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;
 but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.
- (2) A person may resign appointment under this section by instrument in writing delivered to the Minister.
- (3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.
- (4) The Minister may:
 - (a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and
 - (b) terminate such an appointment at any time.
- (5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of

12 months from the date on which the vacancy occurred expires, whichever first happens.

- (6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.
- (7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:
 - (a) the occasion for the appointment of the person had not arisen;
 - (b) there was a defect or irregularity in or in connection with the appointment;
 - (c) the appointment had ceased to have effect; or
 - (d) the occasion for the person to act had not arisen or had ceased.

10 Remuneration and allowances

- (1) Unless otherwise prescribed, a member shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (2) A member shall be paid such allowances as are prescribed.
- (3) This section has effect subject to the *Remuneration Tribunal Act 1973*.

11 Leave of absence

- (1) 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.

12 Resignation

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

13 Termination of appointment

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
 - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
 - (b) without reasonable excuse, contravenes section 21 of the *Commonwealth Authorities and Companies Act 1997*;
 - (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or

(d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

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

(3) Where:

(a) a member has been appointed under paragraph 8(1)(c), (ca) or (cb) or subsection 8(2) on the nomination of a body or person referred to in that paragraph or subsection, as the case may be, and the body or person notifies the Minister in writing that the nomination is withdrawn; or

(b) a member has been appointed under paragraph 8(1)(g) on the nomination of the Minister and the Minister withdraws his or her nomination of the member; or

(c) a member has been elected under paragraph 8(1)(h) and the member ceases to be a member of the staff of the Institute;

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

14 Disclosure of interests

(3) Section 21 of the *Commonwealth Authorities and Companies Act 1997* 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.

15 Meetings

(1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.

(2) The Institute shall meet at least once every 4 months.

(3) The Chairperson:

(a) may at any time convene a meeting; and

(b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.

(4) The Minister may convene such meetings as the Minister considers necessary.

(5) At a meeting:

(a) if the Chairperson is present, the Chairperson shall preside;

(b) if the Chairperson is absent, the members present shall appoint one of their number to preside;

(c) a majority of the members for the time being constitute a quorum;

(d) all questions shall be decided by a majority of the votes of the members present and voting; and

(e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.

(6) The Institute shall keep minutes of its proceedings.

(7) The Institute shall regulate the procedure of its meetings as it thinks fit.

DIVISION 3— COMMITTEES OF INSTITUTE

16 Committees

- (1) The Institute shall appoint a committee to be known as the 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) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
 - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
 - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

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

DIVISION 4 — DIRECTOR OF INSTITUTE

17 Director of Institute

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

18 Functions of Director

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

DIVISION 5 — STAFF

19 Staff

- (1) The staff required for the purposes of this Act shall be:
 - (a) persons 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.

20 Money to be appropriated by Parliament

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

22 Money of Institute

- (1) The money of the Institute consists of:
 - (a) money paid to the Institute under section 20; and
 - (b) any other money, other than trust money, paid to the Institute.
- (2) The money of the Institute shall be applied only:
 - (a) in payment or discharge of the expenses, charges, obligations and liabilities incurred or undertaken by the Institute in the performance of its functions and the exercise of its powers;
 - (b) in payment of remuneration and allowances payable under this Act; and
 - (c) in making any other payments required or permitted to be made by the Institute.
- (3) Subsection (2) does not prevent investment of surplus money of the Institute under section 18 of the *Commonwealth Authorities and Companies Act 1997*.

23 Contracts

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

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

24 Extra matters to be included in annual report

- (2) A report on the Institute under section 9 of the *Commonwealth Authorities and Companies Act 1997* must, in respect of each direction given under subsection 7(1) that is applicable to the period to which the report relates, include:
 - (a) particulars of the direction; or
 - (b) where the Institute considers that the particulars contain information concerning a person or are of a confidential nature—a statement that a direction was given.

25 Trust money and trust property

- (1) The Institute:
 - (a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust money;
 - (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and

- (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

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

27 Delegation by Institute

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

28 Delegation by Director

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

29 Confidentiality

- (1) Subject to this section, a person (in this subsection called the *informed person*) who has:
 - (a) any information concerning another person (which person is in this section called an *information subject*), being information acquired by the informed person because of:
 - (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or

(b) any document relating to another person (which person is in this section also called an *information subject*), being a document furnished for the purposes of this Act;

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

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

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

- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
 - (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
 - (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the *information provider*) who divulged or communicated the information, or produced the document, directly to the Institute;
 - (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
 - (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
 - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
 - (ii) the publication does not identify the information subject.
- (2A) Paragraph (2)(c) applies only to information that is health-related 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.

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

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

31 Periodical reports

- (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:
 - (a) after 31 December 1987—shall submit to the Minister a health report for the

period commencing on the commencement of this Act and ending on that date; and

- (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.

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

- (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
 - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
 - (ii) ending on 30 June 1993; and
- (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

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

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

(3) A health report shall provide:

- (a) statistics and related information concerning the health of the people of Australia; and
- (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies; during the period to which the report relates.

(3A) A welfare report must provide:

- (a) statistics and related information concerning the provision of welfare services to the Australian people; and
- (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies; during the period to which the report relates.

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

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

32 Regulations

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

Schedule—Bodies that may nominate board members

Subsection 8(1)

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 and Welfare Regulations

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS 1997
NO. 231*1***

- Dated 3 September 1997

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS 1997
NO. 231—REG 1**

Citation

REG

1. These Regulations may be cited as the Australian Institute of Health and Welfare Regulations.

[Note: These Regulations commence on gazettal: *see Acts Interpretation Act 1901*, section 48.]

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS 1997
NO. 231—REG 2**

Contract value limit

REG

2. For paragraph 23 (a) of the *Australian Institute of Health and Welfare Act 1987*, the amount of \$500,000 is prescribed.

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS 1997
NO. 231—NOTE 1**

NOTE

1 Notified in the Commonwealth of Australia Gazette on 10 September 1997.

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: Board members

Board members' qualifications, current positions and details of meetings attended from 1 July 2000 to 30 June 2001

BOARD MEMBER	NUMBER OF MEETINGS
Attended	
Professor Janice Reid AM, BSc, MA, PhD, FASSA Vice-Chancellor and University President, University of Western Sydney	4
Dr Sandra Hacker, MB, BS, DPM, FRANZCP Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit, Alfred Hospital	4
Ms Elizabeth Davies BA, Dip Ed National Director, Uniting Community Services Australia, Uniting Church (from 22 September 1999)	2
Mr Andrew Podger, BSc (Hons) Syd Secretary, Department of Health and Aged Care	4
Mr Tim Skinner, BA, Dip Ed Deputy Australian Statistician, Australian Bureau of Statistics	
Mr David Butt Chief Executive, ACT Department of Health and Community Care (until 17 August 2000)	3
Dr Penny Gregory, PhD Chief Executive, ACT Department of Health and Community Care (from December 2000)	3
Mr Ian Procter, BEc, Dip Ed General Manager, Family and Youth Services, Department of Human Services, SA (from 22 September 1999)	1

BOARD MEMBER	NUMBER OF MEETINGS
Ms Linda Apelt, Dip Teaching, BEd, Grad Dip (Counselling), MEd Studies Director General, Qld Department of Housing (from 22 September 1999)	3
Ms Lyn Elliott, BA (Comm.) Staff representative	4
Dr Richard Madden, BSc Syd, PhD Princeton, FIA, FIAA Director, Australian Institute of Health and Welfare	4

Note: A representative of the Secretary, Department of Family and Community Services, attended and participated in Board meetings. The National Health and Medical Research Council (NHMRC) and the AIHW have reciprocal arrangements to observe Institute Board and NHMRC Council meetings respectively.

Appendix 4: Activities funded by outside bodies for 2000–01 financial year

Australian Institute of Health and Welfare

(The projects below represent the work the AIHW undertook in 2000–01 for other entities. These entities are shown as the funding body.)

Project:	Asthma monitoring
Funding body:	Department of Health and Aged Care
Project:	ATSI Health Performance Indicators Jurisdictional Summary Report
Funding body:	Australian Health Ministers' Advisory Council
Project:	Australia's reproductive health report
Funding body:	Department of Health and Aged Care
Project:	Breast and Cervical Cancer Screening
Funding body:	Department of Health and Aged Care
Project:	Cancer incidence of Korean War veterans
Funding body:	Department of Veterans' Affairs
Project:	Cardiac Surgery and Percutaneous Transluminal Coronary Angioplasty Registers
Funding body:	National Heart Foundation
Project:	Child and youth health monitoring
Funding body:	Department of Health and Aged Care
Project:	Child protection performance indicators
Funding body:	Community Services Ministers' Advisory Council
Project:	China — Enterprise housing and social security reform
Funding body:	Department of Family and Community Services
Project:	Chronic disease and behavioural risk factor surveillance
Funding body:	Department of Health and Aged Care

Project:	Commonwealth/State Disability Agreement Minimum Data Set Redevelopment
Funding body:	Department of Family and Community Services
Project:	Community care data development
Funding body:	Department of Health and Aged Care
Project:	Data validation of the Vietnam Veterans Morbidity Study
Funding body:	Department of Veterans' Affairs
Project:	Development of Children's Service Minimum Data Set Data Manual
Funding body:	Department of Family and Community Services
Project:	Development of national public health information, including secretariat and support for the National Public Health Information Working Group
Funding body:	Department of Health and Aged Care
Project:	Drug Survey Provider
Funding body:	Department of Health and Aged Care
Project:	DSSC — Ageing and disability
Funding body:	Department of Family and Community Services
Project:	Environmental Health Indicators
Funding body:	CSIRO
Project:	Environmental health information development
Funding body:	Department of Health and Aged Care
Project:	Environmental health monitoring
Funding body:	Department of Health and Aged Care
Project:	Ethnic population projections project
Funding body:	Department of Health and Aged Care
Project:	Health performance indicators
Funding body:	New South Wales Department of Health
Project:	Indigenous Housing Lifecycle Model
Funding body:	Department of Family and Community Services
Project:	Integrating Indicators of Supply, Outcome and Demand
Funding body:	Department of Family and Community Services
Project:	Jurisdictional implementation of the National MDS for Alcohol and Other Drug Treatment Services
Funding body:	Various State and Territory departments

Project:	Link road crash data to hospital morbidity data using probabilistic matching
Funding body:	Department of Transport and Regional Services
Project:	MDS and data standards for cancer regulation in Australia
Funding body:	Community Services Ministers' Advisory Council
Project:	MDS for Drug and Alcohol
Funding body:	Department of Health and Aged Care
Project:	Mental Health Care National Minimum Data Set
Funding body:	Department of Health and Aged Care
Project:	National BreastScreen Australia Data Dictionary Program
Funding body:	Department of Health and Aged Care
Project:	National cancer survival analysis
Funding body:	Department of Health and Aged Care
Project:	National Cardiovascular Disease Monitoring Centre
Funding body:	Department of Health and Aged Care
Project:	National Community Services Data Dictionary
Funding body:	Community Services Ministers' Advisory Council
Project:	National Diabetes Register
Funding body:	Department of Family and Community Services
Project:	National health data development
Funding body:	Australian Health Ministers' Advisory Council
Project:	National Health Data Dictionary
Funding body:	Australian Health Ministers' Advisory Council/Department of Health and Aged Care
Project:	National Health Plan for Young Australians
Funding body:	Australian Health Ministers' Advisory Council
Project:	National Health Priority Areas (NHPA) surveillance and reporting
Funding body:	Department of Health and Aged Care
Project:	National health record linkage
Funding body:	Australian Health Ministers' Advisory Council
Project:	National Housing Data Dictionary
Funding body:	Various State and Territory departments

Project:	National Housing Data Repository
Funding body:	Various State Housing Departments
Project:	National housing performance reporting
Funding body:	Various State Housing Departments
Project:	National Monitoring System for Diabetes
Funding body:	Department of Health and Aged Care
Project:	National public health expenditure
Funding body:	Department of Health and Aged Care
Project:	National report on breast cancer size
Funding body:	National Breast Cancer Centre/Department of Health and Aged Care
Project:	NCSIMG Project — development of NMDS for Juvenile Justice and Youth Welfare
Funding body:	Community Services Ministers' Advisory Council
Project:	Performance indicators in palliative care
Funding body:	Department of Health and Aged Care
Project:	Primary care and community services
Funding body:	Department of Health and Aged Care
Project:	Professional support to the Australian Medical Workforce Advisory Committee (AMWAC)
Funding body:	Australian Health Ministers' Advisory Committee
Project:	Physical activity measures
Funding body:	Department of Health and Aged Care
Project:	Public health information
Funding body:	Department of Health and Aged Care
Project:	Public health information — drug support
Funding body:	Department of Health and Aged Care
Project:	Refinement of national performance indicators and targets for Aboriginal and Torres Strait Islander health for the year 2000 and beyond
Funding body:	Department of Health and Aged Care
Project:	Residential aged care publication
Funding body:	Department of Health and Aged Care
Project:	Rural health information
Funding body:	Department of Health and Aged Care

Project:	SAAP National Data Collection Agency (NCDA)
Funding body:	Department of Family and Community Services
Project:	Scoping Study for Family Support Services
Funding body:	Standing Committee of Community Services and Income Security Administrators
Project:	Second Report on Expenditure on Health Care for Aboriginal and Torres Strait Islander People
Funding body:	Department of Health and Aged Care
Project:	Source of funds paper
Funding body:	Department of Health and Aged Care
Project:	Spatial environmental epidemiology project
Funding body:	Department of Health and Aged Care
Project:	State-based child welfare collections
Funding body:	Various State and Territory departments
Project:	Stocktake of aged and community care data collections
Funding body:	Department of Health and Aged Care
Project:	Strategic development of Commonwealth/State Disability Agreement Minimum Data Set
Funding body:	Department of Family and Community Services
Project:	Suicide and data storage for Vietnam Veterans
Funding body:	Department of Veterans' Affairs
Project:	Transition to ICD-10-AM in the National Hospital Morbidity Database
Funding body:	Australian Health Ministers' Advisory Council
Project:	Validation Study of Multiple Sclerosis and Motor Neurone Disease in Vietnam Veterans
Funding body:	Department of Veterans' Affairs
Project:	World Health Report
Funding body:	Department of Health and Aged Care

COLLABORATING UNITS

AIHW Dental Statistics and Research Unit

Project: Dental Statistics and Research Unit (DSRU)

Funding body: Department of Health and Aged Care

General Practice Statistics and Classification Unit

Project: GPSCU BEACH Data Collection

Funding body: Department of Health and Aged Care

Project: NHMRC/GPSCU Maternal Mortality and Morbidity in Australia

Funding body: Department of Health and Aged Care

National Centre for Aboriginal and Torres Strait Islander Health and Welfare Statistics

Project: Aboriginal and Torres Strait Islander Health and Welfare Information Unit

Funding body: Department of Health and Aged Care

National Injury Surveillance Unit

Project: NISU—injury information and statistics

Funding body: Department of Health and Aged Care

Project: Principals and standards for community services for Indigenous population data

Funding body: Department of Family and Community Services

Appendix 5:

Publications and reports 2000–01

Books

AIHW PUBLICATIONS

Annual Report 1999–00. AIHW. AIHW Cat. No. AUS 20. Canberra: AIHW, 2000

Work Program 2000–01. AIHW. AIHW Cat. No. AUS 21. Canberra: AIHW, 2000

AGED CARE

Community Aged Care Packages in Australia 1999–00: A Statistical Overview. AIHW. AIHW Cat. No. AGE 20. Canberra: AIHW, 2001 (Aged Care Statistics Series No. 10).

Community Care Packages in Australia 1998–99: A Statistical Overview. AIHW. AIHW Cat. No. AGE 17. Canberra: AIHW, 2000 (Aged Care Statistics Series No. 8).

Projections of Older Immigrants: People from Culturally and Linguistically Diverse Backgrounds, 1996–2026, Australia. Gibson D, Braun P, Benham C, Mason F. AIHW Cat. No. AGE 18. Canberra: AIHW, 2001 (Aged Care Series No. 6).

Residential Aged Care in Australia 1999–00: A Statistical Overview. AIHW. AIHW Cat. No. AGE 19. Canberra: AIHW, 2001 (Aged Care Statistics Series No. 9).

CANCER

Cancer in Australia 1997. Incidence and Mortality Data for 1997 and Selected Data for 1998 and 1999. AIHW. AIHW Cat. No. CAN 10. Canberra: AIHW, 2000 (Cancer Series No. 15).

CARDIOVASCULAR DISEASE

Diabetes as a Cause of Death, Australia, 1997 and 1998. Mathur S, Gajanayake I, Hodgson G. AIHW Cat. No. CVD 12. Canberra: AIHW, 2000 (Diabetes Series No. 1).

Monitoring the Incidence of Cardiovascular Disease in Australia. Jamrozik K, Dobson A, Hobbs M, McElduff P, Ring I, D'Este K, Crome M. AIHW Cat. No. CVD 16. Canberra: AIHW, 2001 (Cardiovascular Disease Series No. 17).

Physical Activity Patterns of Australian Adults. Armstrong T, Bauman A, Davies J. AIHW Cat. No. CVD 10. Canberra: AIHW, 2000.

WHO MONICA Study, Australia, 1984–1993, The. A Summary of the Newcastle and Perth MONICA Projects. McElduff P, Dobson A, Jamrozik K, Hobbs M. AIHW Cat. No. CVD 11. Canberra: AIHW, 2000 (Cardiovascular Disease Series No. 13).

CHILDREN, YOUTH AND FAMILIES

Adoptions Australia 1999–00. AIHW. AIHW Cat. No. CWS 12. Canberra: AIHW, 2001 (Child Welfare Series No. 26).

Child Protection Australia 1999–00. AIHW. AIHW Cat. No. CWS 13. Canberra: AIHW, 2001 (Child Welfare Series No. 27).

Family Support Services in Australia 2000. A project sponsored by the Community Services Ministers' Advisory Council (CSMAC). AIHW. AIHW Cat. No. CFS 4. Canberra: AIHW, 2001.

DENTAL HEALTH

Adelaide Dental Study of Nursing Homes: One-Year Follow-up, The. Research Report, October 2000. DSRU. AIHW Cat. No. DEN 71. Adelaide: AIHW DSRU, 2000 (DSRU Research Report Series).

Ageing and Dental Health. Chalmers J M, Ettinger R L, Thomson N, Spencer A J. AIHW Cat. No. DEN 45. Adelaide: AIHW DSRU, 2000 (Dental Statistics and Research Series No. 19).

Child Dental Health Survey for Australian Capital Territory, 1998, The. DSRU. AIHW Cat. No. DEN 80. Adelaide: AIHW DSRU, 2001.

Child Dental Health Survey for New South Wales 1997, The. DSRU. AIHW Cat. No. DEN 54. Adelaide: AIHW DSRU, 2000.

Child Dental Health Survey for Northern Territory, 1998, The. DSRU. AIHW Cat. No. DEN 81. Adelaide: AIHW DSRU, 2001.

Child Dental Health Survey for Queensland, 1998, The. DSRU. AIHW Cat. No. DEN 76. Adelaide: AIHW DSRU, 2001.

Child Dental Health Survey for Tasmania, 1998, The. DSRU. AIHW Cat. No. DEN 79. Adelaide: AIHW DSRU, 2000.

Child Dental Health Survey for Victoria, 1998, The. DSRU. AIHW Cat. No. DEN 75. Adelaide: AIHW DSRU, 2000.

Child Dental Health Survey for Western Australia, 1998, The. DSRU. AIHW Cat. No. DEN 78. Adelaide: AIHW DSRU, 2000.

Child Dental Health Survey, Australia 1997. Armfield J, Roberts-Thomson K, Spencer A J. AIHW Cat. No. DEN 66. Adelaide: AIHW DSRU, 2000 (Dental Statistics and Research Series No. 21).

Oral Health and Access to Dental Care — 1994–96 and 1999. Research Report, March 2001. DSRU. AIHW Cat. No. DEN 73. Adelaide: AIHW DSRU, 2001 (DSRU Research Report Series).

Oral Health and Access to Dental Care — Older Adults in Australia. Research Report, November 2000. DSRU. AIHW Cat. No. DEN 72. Adelaide: AIHW DSRU, 2001 (DSRU Research Report Series).

Oral Health and Access to Dental Care — The Gap Between the ‘Deprived’ and the ‘Privileged’ in Australia. Research Report, March 2001. DSRU. AIHW Cat. No. DEN 67. Adelaide: AIHW DSRU, 2001 (DSRU Research Report Series).

Oral Health and Access to Dental Care of Young South Australian Adults. Research report, August 2000. DSRU, AIHW. AIHW Cat. No. DEN 69. Adelaide: AIHW DSRU, 2000 (DSRU Research Report Series).

DISABILITY SERVICES

Disability Support Services 2000: First National Results on Services Provided Under the CSDA. AIHW. AIHW Cat. No. DIS 21. Canberra: AIHW, 2000 (Disability Series).

Disability Support Services 2000: National Data on Services Provided Under the Commonwealth/State Disability Agreement. AIHW. AIHW Cat. No. DIS 23. Canberra: AIHW, 2001 (Disability Series).

Disability Support Services Provided Under the Commonwealth/State Disability Agreement: National Data 1999. AIHW. AIHW Cat. No. DIS 18. Canberra: AIHW, 2000 (Disability Series).

Disability and Ageing: Australian Population Patterns and Implications. AIHW. AIHW Cat. No. DIS 19. Canberra: AIHW, 2000 (Disability Series No. 2).

Integrating Indicators: Theory and Practice in the Disability Services Field. AIHW. AIHW Cat. No. DIS 17. Canberra: AIHW, 2000 (Disability Series).

Open Employment Services for People with Disabilities 1998–99. Anderson P, Psychogios C, Golley L. AIHW Cat. No. DIS 20. Canberra: AIHW, 2000 (Disability Series).

GENERAL PRACTICE

General Practice Activity in Australia 1999–2000. Britt H, Miller GC, Charles J, Knox S, Sayer GP, Valenti L, Henderson J, Kelly Z. AIHW Cat. No. GEP 5. Canberra: AIHW GPSCU, 2000 (General Practice Series No. 5).

It’s Different in the Bush: A Comparison of General Practice Activity in Metropolitan and Rural Areas of Australia 1998–2000. Britt H, Miller GC, Valenti L. AIHW Cat. No. GEP 6. Canberra: AIHW GPSCU, 2001 (General Practice Series No. 6).

HEALTH SERVICES

Alcohol and Other Drug Treatment Services. Development of a National Minimum Data Set. Grant B, Petrie M. AIHW Cat. No. HSE 12. Canberra: AIHW, 2001.

Australian Hospital Statistics 1998–99. AIHW. AIHW Cat. No. HSE 11. Canberra: AIHW, 2000 (Health Services Series No. 15).

Australian Hospital Statistics 1999–00. AIHW. AIHW Cat. No. HSE 14. Canberra: AIHW, 2000 (Health Services Series No. 17).

Guidelines for the National Minimum Data Set for Alcohol and Other Drug Treatment Services. AIHW. AIHW Cat. No. HSE 10. Canberra: AIHW, 2000.

Mental Health Services in Australia 1998–99. National Minimum Data Sets — Mental Health Care. AIHW. AIHW Cat. No. HSE 15. Canberra: AIHW, 2001 (Mental Health Series No. 2).

HEALTH AND WELFARE LABOUR FORCE

Health and Community Services Labour Force 1996. AIHW. AIHW Cat. No. HWL 19. Canberra: AIHW, 2001 (National Health Labour Force Series No. 19).

Nursing Labour Force 1999. Preliminary Report. AIHW. Canberra: AIHW, 2000 (National Health Labour Force Series).

Optometrist Labour Force 1999. AIHW. AIHW Cat. No. HWL 17. Canberra: AIHW, 2000 (National Health Labour Force Series No. 18).

HOUSING

Accompanying Children. Special Collection. AIHW. AIHW Cat. No. HOU 39. Canberra: AIHW, 2000.

Agreement on National Indigenous Housing Information. AIHW. AIHW Cat. No. HOU 49. Canberra: AIHW, 2000.

Housing Needs of Homeless People. An Analysis of the 1997–98 SAAP National Data Collection. Wang H, Wilson D. AIHW Cat. No. HOU 48. Canberra: AIHW, 2000.

National Housing Data Agreement. A subsidiary agreement to the 1999–2003 Commonwealth–State Housing Agreement. AIHW. AIHW Cat. No. HOU 48. Canberra: AIHW, 2000.

SAAP National Data Collection Agency Annual Report 1998–99 Australian Capital Territory. AIHW. AIHW Cat. No. HOU 47. Canberra: AIHW, 2000 (SAAP National Data Collection Agency Annual Report Series 4).

SAAP National Data Collection Annual Report 1998–99 Northern Territory. AIHW. AIHW Cat. No. HOU 45. Canberra: AIHW, 2000 (SAAP National Data Collection Agency Annual Report Series 4).

SAAP National Data Collection Annual Report 1998–99 Queensland. AIHW. AIHW Cat. No. HOU 40. Canberra: AIHW, 2000 (SAAP National Data Collection Agency Annual Report Series 4).

SAAP National Data Collection Annual Report 1998–99 South Australia. AIHW. AIHW Cat. No. HOU 43. Canberra: AIHW, 2000 (SAAP National Data Collection Agency Annual Report Series 4).

SAAP National Data Collection Annual Report 1998–99 Tasmania. AIHW. AIHW Cat. No. HOU 42. Canberra: AIHW, 2000 (SAAP National Data Collection Agency Annual Report Series 4).

SAAP National Data Collection Annual Report 1998–99 Victoria. AIHW. AIHW Cat. No. HOU 41. Canberra: AIHW, 2000 (SAAP National Data Collection Agency Report Series 4).

SAAP National Data Collection Annual Report 1998–99 Western Australia. AIHW. AIHW Cat. No. HOU 46. Canberra: AIHW, 2000 (SAAP National Data Collection Agency Annual Report Series 4).

SAAP National Data Collection Annual Report 1999–2000 Australia. AIHW. AIHW Cat. No. HOU 50. Canberra: AIHW, 2000 (SAAP National Data Collection Agency Annual Report Series 5).

SAAP National Data Collection Annual Report 1999–2000 Australian Capital Territory. AIHW. AIHW Cat. No. HOU 57. Canberra: AIHW, 2001 (SAAP National Data Collection Agency Annual Report Series 5).

SAAP National Data Collection Annual Report 1999–2000 New South Wales. AIHW. AIHW Cat. No. HOU 51. Canberra: AIHW, 2001 (SAAP National Data Collection Agency Annual Report Series 5).

SAAP National Data Collection Annual Report 1999–2000 Northern Territory. AIHW. AIHW Cat. No. HOU 58. Canberra: AIHW, 2001 (SAAP National Data Collection Agency Annual Report Series 5).

SAAP National Data Collection Annual Report 1999–2000 Queensland. AIHW. AIHW Cat. No. HOU 53. Canberra: AIHW, 2001 (SAAP National Data Collection Agency Annual Report Series 5).

SAAP National Data Collection Annual Report 1999–2000 South Australia. AIHW. AIHW Cat. No. HOU 55. Canberra: AIHW, 2001 (SAAP National Data Collection Agency Annual Report Series 5).

SAAP National Data Collection Annual Report 1999–2000 Tasmania. AIHW. AIHW Cat. No. HOU 56. Canberra: AIHW, 2001 (SAAP National Data Collection Agency Annual Report Series 5).

SAAP National Data Collection Annual Report 1999–2000 Victoria. AIHW. AIHW Cat. No. HOU 52. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Annual Report Series 5).

SAAP National Data Collection Annual Report 1999–2000 Western Australia. AIHW. AIHW Cat. No. HOU 54. Canberra: AIHW, 2001 (SAAP National Data Collection Agency (NDCA) Annual Report Series 5).

INJURY

ICECI: Case Scenario Testing. Steenkamp M, Harrison J. AIHW Cat. No. INJ 32. Adelaide: AIHW NISU, 2000.

Suicide and Hospitalised Self-Harm in Australia. Steenkamp M, Harrison J. AIHW Cat. No. INJ 30. Adelaide: AIHW NISU, 2001 (Injury Research and Statistics Series No. 1).

NATIONAL HEALTH AND WELFARE INFORMATION

National Community Services Data Dictionary Version 2 2000. Community Services Ministers' Advisory Council, AIHW. AIHW Cat. No. HWI 27. Canberra: AIHW, 2000.

National Community Services Data Dictionary Version 2 2000 (CD-ROM). Community Services Ministers' Advisory Council, AIHW. AIHW Cat. No. HWI 27. Canberra: AIHW, 2000.

National Health Data Dictionary Version 10. AIHW. AIHW Cat. No. HWI 30. Canberra: AIHW, 2001 (National Health Data Dictionary No. 10).

National Health Data Dictionary Version 10 (CD-ROM). AIHW. Canberra: AIHW, 2001 (National Health Data Dictionary No. 10).

PERINATAL HEALTH

Assisted Conception Australia and New Zealand 1998 and 1999. Hurst T, Lancaster P. AIHW Cat. No. PER 16. Canberra: AIHW NPSU, 2001 (Assisted Conception Series No. 5).

Australia's Mothers and Babies 1998. Nassar N, Sullivan E A, Lancaster P, Day P. AIHW Cat. No. PER 15. Canberra: AIHW NPSU, 2001 (Perinatal Statistics Series No. 10).

Australian and New Zealand Neonatal Network 1998. Donoghue D. AIHW Cat. No. PER 13. Canberra: AIHW NPSU, 2000 (Neonatal Network Series No. 4).

Congenital Malformations, Australia 1997. Hurst T, Shafir E, Lancaster P, Day P. Canberra: AIHW NPSU, 2001 (Birth Defects Series No. 4).

POPULATION HEALTH

National Drug Strategy Household Survey 1998: Detailed Findings. Adhikari P, Summerill A. AIHW Cat. No. PHE 27. Canberra: AIHW, 2000 (Drug Statistics Series No. 6).

National Drug Strategy Household Survey 1998: State and Territory Results. Fitzsimmons G, Cooper-Stanbury M. AIHW Cat. No. PHE 26. Canberra: AIHW, 2000 (Drug Statistics Series No. 5).

Quantification of Drug-caused Mortality and Morbidity in Australia, 1998, The. Ridolfo B, Stevenson C. AIHW Cat. No. PHE 29. Canberra: AIHW, 2001 (Drug Statistics Series No. 7).

Statistics on Drug Use in Australia 2000. Miller M, Draper G. AIHW Cat. No. PHE 30. Canberra: AIHW, 2001 (Drug Statistics Series No. 8).

Periodicals

AIHW ACCESS

Access Issue 5 July 2000. AIHW. AIHW Cat. No. HWI 26. Canberra: AIHW, 2000 (AIHW Access No. 5).

Access Issue 6 December 2000. AIHW. AIHW Cat. No. HWI 28. Canberra: AIHW, 2000 (AIHW Access No. 6).

Access Issue 7 April 2001. AIHW. AIHW Cat. No. HWI 32. Canberra: AIHW, 2001 (AIHW Access No. 7).

AUSTRALIAN INJURY PREVENTION BULLETIN

Suicide in Australia: Trends and Data for 1998. Steenkamp M, Harrison J. AIHW Cat. No. INJ 25. Adelaide: AIHW NISU, 2000 (Australian Injury Prevention Bulletin No. 23).

CANCER MONITORING

Ductal Carcinoma In Situ (DCIS). National Breast Cancer Centre, Australasian Association of Cancer Registries, BreastScreen Australia, Commonwealth Department of Health and Aged Care, AIHW. Canberra: AIHW, 2000. (Cancer Monitoring Issue No. 1).

DATA STARTER

Data Starter: Issue 1 December 2000. A project of the Disability Data Reference Advisory Group. National Caucus of Disability Consumer Organisations (NCDCO), ACROD Limited, AIHW. Canberra: AIHW, 2001.

DISABILITY DATA BRIEFING

Why the ICIDH? The Value of a Common Conceptual Framework for Disability. AIHW. Canberra: AIHW, 2000 (Disability Data Briefing no.18).

Disability and Ageing—Australian Population Patterns and Implications. AIHW. Canberra: AIHW, 2000 (Disability Data Briefing no.19).

INJURY ISSUES MONITOR

Update on Injury Deaths in Australia. AIHW NISU. AIHW Cat. No. INJ 24. Adelaide: AIHW NISU, 2000 (Injury Issues Monitor No. 19).

Welcome to Injury 2000. AIHW NISU. AIHW Cat. No. INJ 31. Adelaide: AIHW NISU, 2000 (Injury Issues Monitor No. 20).

Working Papers

Data Standardisation Project for the Development of a National Unit Record Public Housing Data Set. Wilson D, Wang H, Karmel R. Canberra: AIHW, 2000 (Welfare Working Paper Series No. 30).

Fairness of Health Financing Contributions, Australia, 1993–94. Percival R. Canberra: AIHW, 2001 (EBS Working Paper Series No. 1).

National Housing Assistance Data Dictionary, Version 1. AIHW. Canberra: AIHW, 2001.

Obtaining Consumer Views of Service Standards in Home and Community Care: Main Report of Findings. Jenkins A. Canberra: AIHW, 2000 (Welfare Working Paper Series No. 34).

Obtaining Consumer Views of Service Standards in Home and Community Care. Supplementary Report: Examining the Validity of Consumer Feedback Collected for the HACC National Service Standards Instrument. Jenkins A & Gibson D. Canberra: AIHW, 2000 (Welfare Working Paper Series No. 35).

Reporting of Adverse Events in Routinely Collected Data Sets in Australia. Hargreaves J. Canberra: AIHW, 2001 (Health Working Paper Series No. 3).

Trends in the affordability of child care services. Children Youth and Families Unit. Canberra: AIHW, 2000 (Welfare Working Paper Series No. 29).

Unemployed and Single Mothers: How They Spend Their Time, The. Pinyopusarerk M. Canberra: AIHW, 2000.

Joint Publications

BreastScreen Australia: Achievement Report 1997 and 1998. Commonwealth Department of Health and Aged Care, AIHW. AIHW Cat. No. CAN 8. Canberra: AIHW, 2000 (Cancer Series No. 13).

Cervical Screening in Australia 1997–1998. National Cervical Screening Program, AIHW, Commonwealth Department of Health and Aged Care. AIHW Cat. No. CAN 9. Canberra: AIHW, 2000 (Cancer Series No. 14).

Heart, Stroke and Vascular Diseases Australian Facts 2001. AIHW. AIHW Cat. No. CVD 13. Canberra: AIHW, National Heart Foundation of Australia, National Stroke Foundation of Australia, 2001 (Cardiovascular Disease Series No. 14).

Morbidity of Vietnam Veterans: Adrenal Gland Cancer, Leukaemia and Non-Hodgkin's

Lymphoma (Supplementary Report No. 2) AIHW, Commonwealth Department of Veteran's Affairs. AIHW Cat. No. PHE 28. Canberra: AIHW, 2001.

Morbidity of Vietnam Veterans: Multiple Sclerosis and Motor Neurone Disease in Vietnam Veterans (Supplementary Report 3). AIHW, Commonwealth Department of Veterans' Affairs. AIHW Cat. No. PHE 31. Canberra: AIHW, 2001.

Morbidity of Vietnam Veterans: Suicide in Vietnam Veterans' Children (Supplementary Report No. 1). A Study of the Health of Australia's Vietnam Veteran Community. Commonwealth Department of Veterans' Affairs, AIHW. AIHW Cat. No. PHE 25. Canberra: AIHW, 2000.

Pathology Ordering by General Practitioners in Australia 1998. Britt H, Miller GC, McGeechan K, Sayer GP. AIHW Cat No. GEP 4. Canberra: Commonwealth Department of Health and Aged Care, cited 30-10-2000. Available from Internet: <http://www.health.gov.au:80/haf/docs/pathorder.htm>

Other material available on the Internet

Aboriginal Rental Housing Program Data Manual 2000–01. AIHW. Canberra: AIHW, 2000. Available from Internet http://www.aihw.gov.au/housing/unit_publications/index.html

Community-managed Indigenous Housing Assistance Data Manual 1999–00. AIHW. Canberra: AIHW, 2000. Available from Internet http://www.aihw.gov.au/housing/unit_publications/index.html

Community Housing Data Manual 2000–01. AIHW. Canberra: AIHW, 2000. AIHW. Canberra: AIHW, 2000. Available from Internet http://www.aihw.gov.au/housing/unit_publications/index.html

Crisis Accommodation Program Data Manual 2000–01. AIHW. Canberra: AIHW, 2000. Available from Internet http://www.aihw.gov.au/housing/unit_publications/index.html

Home Purchase Assistance Data Manual 2000–01. AIHW. Canberra: AIHW, 2000. Available from Internet http://www.aihw.gov.au/housing/unit_publications/index.html

Public Housing data Manual 2000–01. AIHW. Canberra: AIHW, 2000. Available from Internet http://www.aihw.gov.au/housing/unit_publications/index.html

Private Rental Assistance Data Manual 2000–01. AIHW. Canberra: AIHW, 2000. Available from Internet http://www.aihw.gov.au/housing/unit_publications/index.html

Appendix 6: Unit Heads

AIHW Unit Heads

EXECUTIVE UNIT

Margaret Fisher, GradDipT&DM, MBus, CSU

HEALTH DIVISION

Cardiovascular Disease & Diabetes Monitoring

Stan Bennett, BTech (Hons) Bradford, PhD ANU, C Stat

Health Registers & Cancer Monitoring

John Harding, BA Macq

Population Health Data & Information Services

Mark Cooper-Stanbury, BSc ANU

Patient Morbidity & Mental Health Services

Jenny Hargreaves, BSc (Hons) ANU

Population Health

Dr Paul L Jelfs, BSc (Hons), PhD UNSW

Medical Adviser

Paul Magnus, MB, BS

WELFARE DIVISION

Aged Care

Diane Gibson, BA (Hons), PhD Qld

National Data Standards

Joe Christensen, BA UWA

Youth & Family Services

Helen Moyle, BA (Hons) East Anglia, MA La Trobe

Disability Services

Rosamond Madden, BSc (Hons), MSc Syd

Housing

David Wilson, BEc (Hons) Flinders

Community Care & Community Health

Trish Ryan, BA (Hons) UNE

Supported Accommodation & Crisis Services

Justin Griffin, BEc JCUNQ

ECONOMICS AND BUSINESS SERVICES**Health & Welfare Expenditure**

John Goss, BEc, BSc ANU, GradDipNutrDiet QIT

Labour Force & Rural Health

Glenice Taylor, BSc Wollongong

Business Planning & Management

Earl Dudley, BSc (Hons), PhD Washington

Data & Information Technology Services

Mike McGrath, BA CCAE

Media & Publishing

Nigel Harding, BA Qld

Library & Information Services

Judith Abercromby, BA (Hons) Tas, DipLib UNSW

HEADS OF COLLABORATING UNITS**National Perinatal Statistics Unit**

Paul Lancaster, MB, BS Syd, MPH UC Berkeley, FRACP, FAFPHM

Liz Sullivan, MB, BS, MPH, FAFPHM

Dental Statistics & Research Unit

A John Spencer, MDSc, PhD Melb, MPH Michigan

Aboriginal & Torres Strait Islander Health & Welfare Information Unit

Janis Shaw, BA (Hons), PhD ANU

National Injury Surveillance Unit

James Harrison, MB, BS Melb, MPH Syd, FAFPHM

General Practice Statistics & Classification Unit

Helena Britt, BA UNSW, PhD Syd

Appendix 7: Equal Employment Opportunity

Tables 1 and 2 below provide a summary of staffing at the Institute at 30 June 2001. While total staff numbers have remained fairly constant over the year, there have been shifts in the various categories of employment with an increase in the proportion employed as ongoing from 60% in 1999–00 to 72% in 2000–01.

TABLE 1: STAFF BY CATEGORY OF EMPLOYMENT AT 30 JUNE 2001

Status	Female	Male	Total 2000–01	(Total 1999–00)
<i>Ongoing</i>				
Full-time	55	45	100	(86)
Part-time	20	1	21	(14)
Leave without pay	8	4	12	(10)
<i>Non-ongoing</i>				
Full-time	27	13	40	(60)
Part-time	9	2	11	(12)
Leave without pay	0	0	0	(1)
Total	119	65	184	(183)

Notes

'Ongoing staff' refers to staff employed on an ongoing basis by the Institute, including ongoing staff on transfer from other APS agencies.

'Non-ongoing staff' refers to staff employed by the Institute on contracts of employment for specified terms. Figures in parentheses are for 1999–00.

TABLE 2: STAFF BY LEVEL AT 30 JUNE 2001

Status	Female	Male	Total 2000–01	(Total 1999–00)
Senior Executive Service Band 1	1	2	3	(3)
Executive Level 2	10	16	26	(24)
Executive Level 1	29	28	57	(57)
APS Level 6	31	11	42	(41)
APS Level 5	16	4	20	(16)
APS Level 4	17	4	21	(22)
APS Level 3	8	0	8	(13)
APS Level 2	7	0	7	(7)
Total	119	65	184	(183)

Notes

'Ongoing staff' refers to staff employed on an ongoing basis by the Institute, including ongoing staff on transfer from other APS agencies.

'Non-ongoing staff' refers to staff employed by the Institute on contracts of employment for specified terms. Figures in parentheses are for 1999–00.

Some 65% of Institute staff are female, 22% are from non-English-speaking backgrounds (either first or second generation) and 1% have disabilities. Our data may underestimate the degree of workplace diversity because in common with many other agencies, provision of this information is voluntary and often under-reported.

Appendix 8: Freedom of information

Freedom of Information requests

There were no requests made under the *Freedom of Information Act 1982* during 2000-01.

Freedom of Information enquiries

All enquiries concerning access to documents under the *Freedom of Information Act 1982* may be directed to the Freedom of Information Contact Officer, Australian Institute of Health and Welfare, GPO Box 570, Canberra, ACT, 2601; telephone (02) 6244 1174.

Appendix 9: Audit and Finance Committee members

Audit and Finance Committees' qualifications, current positions and details of meetings attended from 1 July 2000 to 30 June 2001

COMMITTEE MEMBER	NUMBER OF MEETINGS
Attended	
Mr Ian Procter, BEc, Dip Ed General Manager, Family and Youth Services, Department of Human Services, SA	2
Professor Janice Reid AM, BSc, MA, PhD, FASSA Vice-Chancellor and University President, University of Western Sydney	3
Ms Elizabeth Davies, BA, Dip Ed, National Director, Uniting Community Services Australia, Uniting Church	3

Appendix 10: Participation in committees

Participation in national committees as an information specialist

NATIONAL COMMITTEES CHAIRED BY AIHW

Intergovernmental Committee on Drugs Data Working Group
Australian Birth Defects Society

NATIONAL COMMITTEES OF WHICH AIHW IS A MEMBER AND PROVIDES THE SECRETARIAT

National Health Information Management Group
National Community Services Information Management Group
National Housing Data Agreement Management Group
National Indigenous Housing Information Implementation Committee
National Public Health Information Working Group (NPHIWG)
National Health Data Committee
National Community Services Data Committee
National Housing Data Development Committee
Indigenous Housing Data Committee
NHIMG Expert Group on Health Classifications
Australasian Association of Cancer Registries
National Diabetes Register
National Screening Information Advisory Group
Population Health Taskforce on Performance
Computer Assisted Telephone Interview Technical Reference Group
Disability Data Reference and Advisory Group
National Child Protection and Support Services Data Group

Rural Health Information Advisory Committee

National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data

Commonwealth State Housing Agreement National Housing Data Agreement Management Group

Commonwealth State Housing Agreement National Housing Data Agreement National Housing Data Development Committee

National Indigenous Housing Information Implementation Committee

National Indigenous Housing Information Implementation Committee's National Minimum Data Set Working Group

NATIONAL COMMITTEES OF WHICH AIHW IS A MEMBER

National Public Health Partnership

Working Groups for the following chapters of the *Report on Government Services*:

- ▶ Aged Care
- ▶ Children's Services
- ▶ Protection and Support Services
- ▶ Disability
- ▶ Housing
- ▶ Health
- ▶ Indigenous Data Working Group

Australian Health Ministers' Advisory Council Privacy Working Group

AHMAC Mental Health Working Group Information Strategy Committee (and its NMDS subcommittee)

National Community Services Information Management Group subgroups:

- ▶ Children's Services Data Working Group
- ▶ Aged Care Data Advisory Group

BreastScreen Australia National Advisory Committee

Cervical Screening National Advisory Committee

National Cancer Strategies Group

Bowel Screening Pilot Implementation Committee.

Strategic Inter-Governmental Nutrition Alliance

Strategic Inter-Governmental Forum on Physical Activity and Health

Steering Committee & Reference Group, Australian Health Measurement Survey

Advisory Committee, National Food & Nutrition Monitoring & Surveillance Project
Cardiovascular Data Working Group
National Diabetes Data Group
National Cardiovascular Monitoring System Advisory Committee
National Health Performance Committee
Monitoring and Evaluation Coordination Committee of the Intergovernmental
Committee on Drugs
Australian Council for Safety and Quality in Health Care Data and Information
Working Group
ACCC—National Health Data Committee Working Group on Hospital Patient Data
National Centre for Classification in Health Coding Standards Advisory Committee
National Centre for Classification in Health Community Mental Health Care
ICD-10-AM subset committee.
NHMRC Working Party on Guidelines for Water Fluoridation and Fluoride Intake from
Discretionary Fluoride Supplements
NHMRC Dental Amalgam Risk Assessment Panel
NHMRC Women’s Longitudinal Study, Project Advisory Committee
Strategic Injury Prevention Partnership Group of the National Public Health Partnership
Australian Patient Safety Foundation Council
Australian Casemix Clinical Committee on Injury
National Perinatal Data Development Committee
Maternal Morbidity and Mortality National Advisory Committee
National Technical Advisory Committee on Reproductive Health
Medicines Coding Council of Australia
RACGP National Informatics Committee
RACGP National Archives Committee
RACGP Taskforce on Privacy Legislation
Federal Privacy Commissioner’s Reference group on Health Privacy Guidelines
National Social Housing Survey Working Group
Housing Working Group for the Review of Commonwealth/State Service Provision
Australian Bureau of Statistics Housing Statistics User Advisory Group
Home and Community Care Data Reform Working Group

Steering Committee for the Home and Community Care Dependency Data Items Project

Department of Family and Community Services Steering Committee for the Longitudinal Survey of Australian children

Home and Community Care Minimum Data Set Data Reform Working Group

Aged Care Assessment Program IT Feasibility Study Steering Committee

Greater Collaboration in Primary Health and Community Care Jurisdictional Group

Standards Australia's IT/14 (Health Informatics Committee)

Emergency Medicine Workforce Review

Specialist Radiology Workforce Working Party

Anaesthesia Workforce Review

Pathology Workforce Working Party

Midwifery Workforce Working Party

Critical Care Workforce Working Party

Steering Committee for the Second Report on Expenditures on Health Services for Aboriginal and Torres Strait Islander People

NATIONAL COMMITTEES OF WHICH AIHW IS AN OBSERVER

Health Ministers' Conference

Community Services Ministers' Conference

Housing Ministers' Conference

Disability Services Ministers' Conference

Aged Care Ministers' Conference

Australian Health Ministers' Advisory Council

Community Services Ministers' Advisory Council

Housing Ministers' Advisory Committee

National Disability Administrators

Supported Accommodation Assistance Program Data Sub-committee

ABS National Health Survey Reference Group

National Health and Medical Research Council

Appendix 11: Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AHWAC	Australian Health Workforce Advisory Committee
AIHW	Australian Institute of Health and Welfare
AMWAC	Australian Medical Workforce Advisory Committee
ANIHI	Agreement on National Indigenous Housing Information
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
BEACH	Bettering the Evaluation And Care of Health
CACP	Community Aged Care Packages
CSHA	Commonwealth-State Housing Agreement
CSI	Consumer Survey Instrument
CSMAC	Community Services Ministers' Advisory Council
CSMC	Community Services Ministers' Council
DHAC	Department of Health and Aged Care
DSRU	Dental Statistics and Research Unit
DVA	Department of Veterans' Affairs
FaCS	Department of Family and Community Services
GIS	Geographical Information System
GPSCU	General Practice Statistics and Classification Unit
HACC	Home and Community Care
HMAC	Housing Ministers' Advisory Council
ICD-10-AM	International Classification of Diseases, 10th Revision, Australian Modification

ICF	International Classification of Functioning, Disability and Health
ICECI	International Classification of External Causes of Injury
ISO/IEC	International Organisation for Standardisation/International Electrotechnical Commission
MDS	Minimum Data Set
MoU	Memorandum of Understanding
NCCH	National Centre for Classification in Health
NCSIA	National Community Services Information Agreement
NCSDD	National Community Services Data Dictionary
NCSIMG	National Community Services Information Management Group
NDC	National Data Collection
NDCA	National Data Collection Agency
NHDA	National Housing Data Agreement
NHDAMG	NHDA Management Group
NHDD	National Health Data Dictionary
NHDDC	National Housing Data Development Committee
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NHMRC	National Health and Medical Research Council
NIHIC	National Indigenous Housing Information Implementation Committee
NISU	National Injury Surveillance Unit
NMDSWG	National Minimum Data Set Working Group
NPHIWG	National Public Health Information Working Group
NMDS	National Minimum Data Set
NPSU	National Perinatal Statistics Unit
OECD	Organisation for Economic Co-operation and Development
RACGP	Royal Australian College of General Practitioners
SAAP	Supported Accommodation Assistance Program
SMART	SAAP Management and Reporting Tool
WHO	World Health Organization

Appendix 12: Compliance index

Board members are responsible under s. 9 of the *Commonwealth Authorities and Companies Act 1997* (CAC Act) for the preparation and content of the report of operations in accordance with the Commonwealth Authorities and Companies Order 1998 (otherwise known as the Finance Ministers Orders or FMOs). Schedule 1 of the FMOs specifies the requirements for the report of operations. The report of operations must include:

	Page
Part 1 — Preliminary	
Certification of report of operations by Directors	Letter of transmission
Part 2 — Form and content of the Report of Operations	
<i>Division 2 — General information about operations and activities</i>	
Enabling legislation and responsible Minister	6
• Enabling legislation and objectives and functions	7
• Name of the responsible Minister at the date of the report and the names of any other responsible Minister during the period covered by the report	6
Outline of organisational structure	14
Review operations and future prospects	Chapters 2 and 3
• Operational and financial results of the AIHW during the financial year	Appendix 1
• Risk management strategy	13
• Significant events of which the Minister was notified (s. 15 of the CAC Act)	Nil
Particulars of judicial decisions or reviews by outside bodies which may have a significant impact on the operations of the AIHW	Nil
Report on the effects of Ministerial directions or general policies of the Government by the Minister, and any reason for non-compliance	Nil
<i>Division 3 — Specific information</i>	
Name, qualifications, experience and special responsibilities of each Director	89
Number of meetings of the Board and details of each Director's attendance	89
Number of meetings of each Board committee held during the financial year and each Director's attendance at those meetings	8
Details of the Audit Committee, number of Audit Committee meetings and attendance record	9
Details of indemnities and insurance for officers	9