



CHAPTER 2

Reporting framework

Background

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 assistance.

The AIHW directly contributes to Portfolio Outcome 9, Health Investment, of the Department of Health and Ageing 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 arrangements endorsed by the Board and Minister.

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 an active 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 work program

The annual work program is endorsed by the AIHW Board. In addition to its internally 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 ongoing data sets such as housing, the Supported Accommodation Assistance Program, mental health services, cancer screening, physical activity monitoring, and child and youth health.

The work program for 2001–02 puts into operation the goals and describes the outputs that are delivered to meet the objectives of the AIHW Corporate Plan 1999–2002 and the Business Plan 2001–2004.

The AIHW earns more than half its income through contracted services provided on a cost-recovery basis to a variety of government and non-government clients. The Board agreed to maintain the relativity of appropriation funding committed to projects in the Health and Ageing and in the Family and Community Services portfolios at 62% and 38% respectively. As a statutory authority within the Health and Ageing portfolio,

the AIHW reports on its appropriation funding through that portfolio budget process only, whether its outputs relate to health or community services data and information.

In terms of how the AIHW manages its work program, work funded under appropriation and through external contracts is considered as contributing to the same broad outcomes. Accordingly, this report on performance makes no distinction between work that is funded through appropriation and that which is funded from external sources.

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

Business and people strategies

The AIHW continues to experience strong growth in its business. Contract income for 2001–02 was \$12.1 million, an increase of 15.4%. This followed an increase of \$1.3 million or 13.9% for the previous year.

Contract work with Commonwealth agencies is generally undertaken under Memoranda of Understanding (MOU). The MOU with the Department of Health and Ageing continues to operate to the satisfaction of the AIHW and the department. An MOU with the Department of Family and Community Services was finalised during the year and a new MOU with the Department of Veterans' Affairs is close to completion. Much of this work supports Commonwealth–State agreements.

The effective management of AIHW business underlies its sound financial performance. The AIHW is committed to operating under ethical business principles consistent with its mission. It has transparent pricing arrangements designed to recover the costs of external project work undertaken with client departments. It also tenders for project work with other organisations if the work is consistent with its core mission and values.

During the year, the Board endorsed the recommendations of a review it had commissioned of the National Perinatal Statistics Unit, the Dental Statistics and Research Unit, the National Injury Surveillance Unit and the Cardiovascular Disease Monitoring Unit (located within the AIHW). The recommendations covered measures to strengthen the focus of each Unit on performance and to improve resourcing and coordination arrangements.

A number of initiatives during 2001–02 have strengthened the AIHW performance in ensuring the confidentiality and security of data. This is critical to the business success of the AIHW. New photo identification passes and more rigorous sign-in arrangements for visitors were introduced.

In addition, the rolling program of internal audits undertaken under the broad direction of the Audit and Finance Committee of the AIHW Board has been augmented by a program of audits dealing specifically with the management of AIHW data. Further details of the audit program are included in the section 'Risk management strategies' in Chapter 1, page 8.

The business of the AIHW depends to a large extent on the quality and the commitment of its people. A new Certified Agreement to cover the period 2002–05 was negotiated. It provides for guaranteed pay rises of 4.5% and 4% in the first 2 years and a pay rise for the third year which depends on the performance of the business through the application of a formula.

The new Certified Agreement reinforces the approach of the AIHW to have family-friendly working conditions. The benefits available under the *Maternity Leave (Commonwealth Employees) Act 1973* have been extended to adopting parents. Paid paternity leave of 1 week also has been introduced.

The introduction of a formula linking growth in business to the amount of the third year salary increase is evidence of the confidence that management and staff have in the future of the business. There is a shared commitment to more effective working arrangements through improving performance communication arrangements and a focus on strengthening work responsibilities at the different classification levels (particularly the Executive Level 1 classification).

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 twice during the year.

The contract with Spherion to manage personnel and payroll processing is operating successfully. Through this contract, the AIHW has improved access to information relating to staff to enable it to engage in workforce planning. A workforce planning report was produced in February 2002 and will be updated twice a year. Pursuant to an objective in the 2001–04 Business Plan, the AIHW has been successful in increasing the proportion of its staff who are ongoing from 60% at 30 June 2000 to 72% at 30 June 2001 and 76% at 30 June 2002.

The implementation of the Training and Development Strategic Plan continued during the year. Project management training, which was customised to respond to AIHW business needs, was provided to project staff. A new statistical training consultancy arrangement was also introduced. Workshops are conducted to cover broad areas of statistical techniques and methodology relevant to AIHW project work. In addition, staff can receive statistical advice from the consultants on a one-on-one basis.

Information and communication strategies

The AIHW web site (www.aihw.gov.au) continues to attract a steady stream of visitors — currently averaging about 1,700 per day, which is an increase of about 700 over the same period last year. There are now 26 subject portals on the web site.

The web site also includes 12 multidimensional data ‘cubes’, which allow users to produce customised tables or graphs on statistics related to cancer, disability services, hospital diagnoses and general practice activity.

Staff were given secure direct access to the Internet last financial year. Following on from this development, the AIHW Collaborating Units were given access to the AIHW network by means of secure virtual private network (VPN) connections. Once again Defence Signals Directorate standards have been followed to ensure that these connections are secure. The ability to connect to the AIHW network provides Collaborating Units, where appropriate, with improved access to data and other information resources available in the AIHW.

During the year the AIHW published 71 reports and issued 48 media releases.

In response to both internal and external demands for short publications on topics of high interest, a new 'AIHW Bulletin' series of publications was introduced. The bulletins aim to get 'data to market' quickly and professionally in a highly readable, attractive and short format.

Reports according to Portfolio Budget Statement

Although the AIHW Review of Operations for 2001–02 reports according to output groups in the Department of Health and Ageing 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 Ageing 2001–02 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 organisations.

OUTPUT GROUP 1: SPECIFIC SERVICES TO THE MINISTER AND PARLIAMENT REQUIRED UNDER THE AIHW ACT

Specific services include:

- ▶ presentation 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*)
- ▶ presentation 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 draw together the vast amount of information produced by the AIHW and other organisations about health, housing and community services in Australia.
- ▶ They can be used to provide an evidence base for policy development.
- ▶ They provide summary descriptive information and specifics on the health, housing and community services information available, and identify 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*, but they are 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 was tabled on 13 December 2001 and was launched on the same date by Senator Amanda Vanstone, Minister for Family and Community Services.

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, the report contains two new thematic chapters: one on the trend towards de-institutionalisation and the shift to community-based care (a significant area of policy) and the other on measurement frameworks for welfare services.

Australia's Health 2002

Australia's Health 2002 was tabled on 27 June 2002. Senator the Hon. Kay Patterson, Minister for Health and Ageing, launched the publication on the same day, referring to it as 'our 2-yearly health report card'.

Australia's Health 2002 provides information on a range of important health issues. The introductory chapter contains a slightly modified conceptual framework for health that serves to organise the report. Other chapters cover health of Australians, determinants of health, population health, health resources and services, and health monitoring and data development.

Performance measures

LEVEL OF SATISFACTION OF THE MINISTER AND PARLIAMENT WITH THE RELEVANCE, QUALITY AND TIMELINESS OF SERVICES PROVIDED

Senator Vanstone, in launching *Australia's Welfare 2001*, stated that there were many myths surrounding family and community services, but that *Australia's Welfare 2001* was a useful resource for helping to debunk myths. Senator Vanstone expressed confidence that documents such as *Australia's Welfare 2001* would help give the welfare debate in Australia the complexity it deserves.

Senator the Hon. Patterson, in launching *Australia's Health 2002*, commented: 'The statistics are vital for everything from supporting policy debates, planning future health interventions, evaluating our investment in health care—even allocating funding to the States and Territories. They form a significant and eagerly awaited resource for everyone with a professional interest in health and ageing issues in Australia.'

SUBMISSION OF THE 2000–01 AIHW ANNUAL REPORT BY 30 SEPTEMBER 2001

The 2000–01 AIHW Annual Report was submitted within the specified time frame.

AUSTRALIA'S WELFARE 2001 AND AUSTRALIA'S HEALTH 2002 PREPARED

Australia's Welfare 2001 and *Australia's Health 2002* were tabled within the specified time frames.

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
- ▶ 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
- ▶ participation in the development of international health and welfare information standards and classifications
- ▶ 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
- ▶ submission and advice to major inquiries.

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

NATIONAL 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 Australian Health Care Agreement, the Commonwealth–State Housing Agreement and the Commonwealth–State/Territory 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 11, 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 as well as a range of nationally endorsed data standards for use in other types of health-related data collections.

The *National Community Services Data Dictionary* (Version 2) provides a more comprehensive and detailed source of national data standards in community services than was previously available. The dictionary is increasingly recognised as a key document by those developing new community services data sets.

The first *National Housing Assistance Data Dictionary* (Version 1) was released in September 2001 under the auspice of the National Housing Data Agreement. This data dictionary has served as the authoritative source of data definitions and standards in the Commonwealth–State Housing Agreement data collections and in the National Housing Data Repository managed by the AIHW.

NATIONAL DATA INFRASTRUCTURE PROJECTS

The AIHW undertook several additional data infrastructure projects of relevance and benefit across the spectrum of health and welfare information and statistics.

A publication describing the purpose, scope, development process and application of Version 2 of the National Health Information Model was prepared under the auspices of the National Health Information Management Group.

Version 2.0 of the National Classifications of Community Services has been completed and endorsed by the National Community Services Information Management Group for submission to the Community Services Ministers' Advisory Council (CSMAC) for approval. The service activity and service delivery setting classifications in the previous version of the classifications were widely used by the Australian Bureau of Statistics in the national community services industry survey, and by government and non-government organisations for administration and reporting purposes. However, feedback from users indicated that the target group classification in version 1.0 was not as useful. Consequently, the second version of the classifications focuses on service activities and service delivery settings with the recommendation that the definitions included in the national data dictionaries be used in identifying target groups.

Improvements have continued to be made to the content and functionality of the Knowledgebase (the AIHW's electronic registry for data standards). The AIHW, with support from the HealthConnect initiative, has begun to redevelop the Knowledgebase to more effectively meet future requirements. In particular, the Knowledgebase will incorporate an expanded role for the *National Health Data Dictionary* as the source of data definitions for electronic health records.

NATIONAL MINIMUM DATA SETS AND OTHER DATA DEVELOPMENT PROJECTS

A national minimum data set (NMDS) is a core set of data elements endorsed 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. In the community services sector, agreement to collect and report NMDSs is reached within Commonwealth–State structures relevant to specific programs or policy areas. As signatories to the National Community Services Information Agreement, the government authorities responsible for community services at State/Territory and Commonwealth levels are committed to using national data standards endorsed through the National Community

Services Information Management Group. The National Housing Data Agreement Management Group and the National Indigenous Housing Information Implementation Committee endorse national housing data standards in reporting mainstream and Indigenous housing assistance.

A list of NMDS projects for the year is in Appendix 10, page 131.

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 is now working with a new advisory group on International Classification of Functioning, Disability and Health (ICF) implementation in Australia, including the preparation of a user guide which will promote national quality and consistency in disability-related data collection in a wide range of applications.

The AIHW has provided advice and technical support to the Department of Health and Ageing in its preparations to conduct an Australian adaptation of a WHO health survey in Australia.

AIHW work on international classifications is supported by the Expert Group on Health Classifications which acts as a point of reference for harmonising existing and ongoing work on classifications. The Expert Group has received funding under the *HealthConnect* initiative to:

- identify and report on the scope of the family of classifications needed to support necessary national health and health-related data collections in Australia, and the details of the proposed mechanism to choose classifications for inclusion in that family
- provide an account of the issues and relationships between classifications, including any quality issues, gaps or overlaps
- identify and document additional classifications necessary for Australia (and essential further developments of existing classifications) and any work under way or planned to fill these gaps
- recommend and communicate development and approval arrangements necessary for classifications to be used in national health and health-related collections in Australia, including future editions of the International Classification of Diseases, Version 10, Australian Modification (ICD-10-AM).

Participation in developing and maintaining classifications for injury surveillance focused on the External Causes chapter of ICD-10-AM and the new International Classification of External Causes of Injury (ICECI).

The AIHW participated in providing advice to the National Centre for Classification in Health on the ongoing maintenance 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:

- ▶ National Health Performance Framework indicators
- ▶ public health system performance indicators through representation on the Public Health Performance Project reference group
- ▶ ISO Health Indicators Framework
- ▶ performance indicator information in *Australian Hospital Statistics* using the National Health Performance Framework.
- ▶ child protection and out-of-home care services
- ▶ juvenile justice system
- ▶ Aged Care Assessment Program
- ▶ Community Aged Care Package program
- ▶ Day Therapy Centre program
- ▶ palliative care
- ▶ Commonwealth–State Housing Agreement performance indicators for public housing, community housing, Aboriginal Rental Housing Program, Home Purchase Assistance
- ▶ development of Commonwealth–State Housing Agreement performance indicators and national reporting requirements for Indigenous housing.

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 **National Health Information Agreement** (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 National Health Information Management Group (NHIMG), a subgroup of the Australian Health Ministers' Advisory Council, directs the implementation of the NHIA. The AIHW's Director is Deputy Chair of the Management Group for which the AIHW provides the secretariat.

During the year, NHIMG, with the support of the AIHW, undertook the following projects which were funded by the Australian Health Ministers' Advisory Council:

- Indigenous identification in hospital separations data—monitoring completeness and coverage
- 2000 summary of the jurisdiction reports against Aboriginal and Torres Strait Islander health performance indicators
- support for the National Health Data Committee and preparation of Version 11 of the *National Health Data Dictionary*
- evaluation of the NMDS for Admitted Patient Care
- data development for the elective surgery waiting times national minimum data set.

During the year the AIHW has supported NHIMG by publishing *Minimum Guidelines for Health Registers for Statistical and Research Purposes* and has developed the NHIMG page on the AIHW web site to enable increased access to NHIMG documents (see www.aihw.gov.au/committees/nhimg).

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 unit provides the Secretariat for the **National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data**, which has been established by Australian Health Ministers' Advisory Committee to provide broad strategic advice to the NHIMG on the improvement of the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery, and to draw together the range of existing activities already under way into a coordinated and strategic process.

The AIHW supports the **National Public Health Information Working Group** (NPHIWG) by providing the Secretariat and the joint Chair. The National Public Health Information Development Plan was published by NPHIWG in 1999 to identify the action needed to improve public health information. Of the plan's recommendations, more than half have been completed or implemented as NPHIWG work projects, managed and coordinated by the Working Group's Secretariat. The development of the second National Public Health Information Development Plan is under way to describe future strategies, priorities and direction for Australia's public health information and NPHIWG.

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 Housing Ministers' Advisory Council (HMAC). The AIHW provides the secretariat for the NHDAMG and its National Housing Data Development Committee which the AIHW chairs.

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

- the development and data collection for 2000–01 for the CSHA national performance reporting framework for public and community housing programs and the Aboriginal Rental Housing Program as well as data collections for the three other CSHA areas of Home Purchase Assistance, Private Rental Assistance and the Crisis Accommodation Program
- the use of a national public housing data repository to construct national administrative unit record data on public housing.

National data development work during the year covered:

- expansion of the national housing data repository to contain data on the Aboriginal Rental Housing Program
- 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 (NIHIIC) and National Minimum Data Set Working Group (NMDSWG). Joint membership of the NHDAMG and NIHIIC avoid duplication and allow both groups to work together on relevant data development issues.

During the year, NIHIIC, with the support of the AIHW, developed and submitted an Indigenous Housing Information Management Strategy and an Action Plan to the newly formed HMAC Standing Committee on Indigenous Housing. NIHIIC now reports to the Standing Committee and provides information and data support to the Standing Committee in its implementation of Housing Ministers' recent statement on new directions for Indigenous housing entitled *Building a Better Future: Indigenous Housing to 2010*.

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 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:

- production of Version 2.0 of the *National Classifications of Community Services*
- report to NCSIMG on *Statistical Data Linkage in Community Services Data Collections*
- development of a Work Program for the implementation of the National Indigenous Community Services Information Plan.

NCSIMG publications are available on the Management Group's web page at:
<http://www.aihw.gov.au/committees/welfare/ncsimg/index.html>.

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

The AIHW contributed to the development and implementation of the Organisation for Economic Co-operation and Development's (OECD) International Classification for Health Accounts (ICHA). It also contributed to the OECD's health services expenditure database by providing estimates of health expenditure based on the ICHA classifications.

The AIHW also provided OECD with estimates of social security payments and expenditure on welfare services in Australia to update its international social expenditure database.

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.

An evaluation was undertaken of the World Health Organization's Health System Performance Assessment framework as input into the review of this work by the Scientific Peer Review Group. A second workshop on WHO work and International Health Information was held. Particular attention was paid to the measurement of fair financing of health systems as well as an assessment of the way health status is measured. The WHO Performance Assessment framework is now being revised and Australian data are being collected that will fit in with this framework.

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:

- Following on from content developments for the 2001 National Drug Strategy Household Survey, the AIHW, in conjunction with the National Drug Research Institute and Turning Point Drug and Alcohol Centre, developed an analysis framework for reporting alcohol consumption compliance with the new National Health and Medical Research Council guidelines on alcohol consumption. The analysis approach also

enables stronger reconciliation of survey-based reports of alcohol use with data on apparent per capita consumption of alcohol.

- ▶ The Institute organised a workshop to discuss issues and priorities in chronic disease surveillance and monitoring. The workshop, hosted jointly with the Commonwealth Department of Health and Ageing, also covered common risk factors.
- ▶ The AIHW contributed to the development of national data on palliative care, including provision of advice to the Department of Health and Ageing and consultants engaged to identify a set of potential performance indicators.
- ▶ The AIHW coordinated the Commonwealth–State development of public health activity categories for use in the capture and estimation of expenditure on public health in Australia. Those categories were used in compiling consistent estimates of expenditure on public health by all jurisdictions during 1998–99 and 1999–00.
- ▶ In conjunction with all major stakeholders in the nursing profession, the AIHW reviewed the nursing labour force minimum data set, redesigned the nursing questionnaire, and re-examined the way the survey is run to resolve delays and inconsistencies in data processing.
- ▶ The General Practice Statistics and Classification Unit developed, for a project funded by the Commonwealth Department of Health and Ageing, a data model and code set for general practice.
- ▶ The AIHW redeveloped and implemented 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.
- ▶ The AIHW, with the support of the National Disability Administrators, undertook the redevelopment of Version 2 of the Disability Services NMDS, involving not only the redevelopment of data items, but also a substantial improvement in data quality through moving from a ‘snapshot’ point-in-time collection to a full annual collection.
- ▶ The first annual collection using the Alcohol and Other Drug Service NMDS was completed.
- ▶ The juvenile justice data set was developed.
- ▶ Version 2 of the Aged Care Assessment Program MDS was developed.
- ▶ The AIHW, with the support of the Standing Committee for Indigenous Housing and National Indigenous Housing Information Implementation Committee, conducted workshops to develop an Indigenous housing NMDS and measure of Indigenous housing need.
- ▶ Data dictionaries for the Community Aged Care Package program and the Day Therapy Centre program were produced.

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.

Under the guidance of its Audit and Finance Committee, the AIHW's 2001–02 audit program included an audit of the National Death Index, as well as an audit of Database Administration Procedures. An audit of the National Cancer Statistics Clearing House planned to start in mid-June 2002 did not begin during the reporting period, and has been rescheduled for August 2002.

The major purpose of these audits was to assess compliance with security and confidentiality requirements and undertakings, and to assess procedures that affect data quality.

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

The AIHW also developed draft data access protocols for the Commonwealth–State Housing Agreement national data repository, covering privacy and other ethical issues.

The AIHW web site complies with the guidelines developed by the Office of the Federal Privacy Commissioner for Federal Government.

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, Child Protection and Support Services, Disability, Aged Care, Housing, Health, and Indigenous Data). The AIHW provides extensive assistance through the provision of data for a number of chapters, and is the major data source for disability, housing, and child protection and support services.

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.

A list of national committees to which the AIHW belongs is in Appendix 9, page 125.

Submissions and advice to major inquiries

The AIHW prepared a submission to the Senate Employment, Workplace Relations and Education Reference Committee: Inquiry into the Education of Students with Disabilities.

The AIHW made a submission in response to the report of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, *We Can Do It! The Needs of Urban Dwelling Aboriginal and Torres Strait Islander Peoples*.

Aboriginal and Torres Strait Islander Health and Welfare Information Unit also provided a draft for AIHW response to the discussion draft of the National Aboriginal and Torres Strait Islander Health Council's *National Aboriginal and Torres Strait Islander Health Strategy*.

Performance measures

USE OF NATIONAL DATA STANDARDS IN HEALTH, COMMUNITY SERVICES AND HOUSING ASSISTANCE DATA COLLECTIONS

National data standards are widely used in health, community services and housing assistance data collections. The national information management groups for each of these areas endorse the national standards, and have committed their jurisdictions to the use of the national standards.

PUBLICATION OF VERSION 11 OF THE NATIONAL HEALTH DATA DICTIONARY

Version 11 of the *National Health Data Dictionary* was endorsed for publication in the reporting period. The publication process was delayed because of the precedence taken by publication of *Australia's Health 2002* and *Australian Hospital Statistics*. It will be available in printed format and on the AIHW web site early in 2002–03.

COMPLETION OF VERSION 2 OF THE NATIONAL HOUSING ASSISTANCE DATA DICTIONARY

The *National Housing Assistance Data Dictionary* Version 2 will be released in 2002–03 (later than the planned dates). This work was delayed as a result of staff losses due to funding uncertainties.

PREPARATION OF VERSION 3 OF THE NATIONAL COMMUNITY SERVICES DATA DICTIONARY

Work was undertaken during the reporting period on the preparation of Version 3 of the *National Community Services Data Dictionary*.

OUTPUT GROUP 3: COLLECTION AND PRODUCTION OF HEALTH-RELATED AND WELFARE-RELATED INFORMATION AND STATISTICS TO GOVERNMENTS, NON-GOVERNMENT 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 web site.

The report of achievements 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.

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

Objectives

- ▶ To set standards for and maintain national databases derived from registers of disease incidence for cancer and insulin-treated diabetes.
- ▶ To monitor, investigate and report on cancer incidence, mortality and survival, and population-based cancer screening indicators.
- ▶ To develop and undertake record linkage with health information databases for statistical and research purposes.

Development and maintenance of standards was achieved through secretariat services to the Executive of the Australasian Association of Cancer Registries and the National Diabetes Register Management Committee. Statistical services were provided to the National Advisory Committees to the BreastScreen Australia, cervical cancer and pilot bowel cancer screening programs. National cancer registry data definitions were published for the first time in the *National Health Data Dictionary*.

National reporting requirements were met through AIHW statistical reports on cancer incidence, mortality and survival and the National Diabetes Register, and provision of statistical reports to the national breast and cervical cancer screening programs.

Record linkage was undertaken for statistical and research purposes with the National Death Index and National Cancer Statistics Clearing House for more than 20 health research studies approved by the AIHW Ethics Committee. In-principle agreement was obtained from the State and Territory Registrars of Births, Deaths and Marriages to create a National Birth Index.

CARDIOVASCULAR DISEASE AND DIABETES MONITORING

Objective

- ▶ To set standards and develop and coordinate data to monitor cardiovascular disease and diabetes, risk factors, and outcomes of public health interventions and treatment strategies.

The online National Cardiovascular Diseases Database has been maintained to provide a user-friendly interface for people wishing to access the latest data on cardiovascular disease, its risk factors and treatment.

The AIHW acted as the 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.

Several reports were prepared for the Department of Health and Ageing—a history of the development of questions and related data elements for measuring physical activity in Australian adults; an information paper on physical activity and the National Health Priority Areas; and a short report on the relationship between physical activity and socioeconomic factors. Material was also prepared for the department's *Active Australia* web site.

Data for reporting against the National Health Priority Area diabetes indicators were updated. This involved investigation of new data sources for diabetes monitoring, an examination of implications of change in coding from ICD-9 to ICD-10, and analyses of data issues associated with the indicators.

A diabetes portal was prepared for the AIHW web site. It provides information about relevant AIHW publications and organising committees, and links to Australian and international diabetes sites.

POPULATION HEALTH

Objectives

- To develop and provide information on the health of the Australian population, including population structure, disease trends and patterns, risk factors and socioeconomic determinants.
- To monitor the impact of various diseases and conditions on health status, quality of life and resource use.

These objectives were met through a series of outputs including the publication of reports; meeting information requests from other government departments, academic institutions, the media, the health industry and the general public; providing expert advice; participating in committee work; and providing Secretariat and the joint Chair to the National Public Health Information Working Group (NPHIWG).

Information on health and health services in Australia was supplied to the OECD for inclusion in the OECD's health database.

HEALTH MONITORING

Objective

- To monitor and report on the health of Australians by tracking and analysing trends in various diseases, risk factors and health outcomes.

A wide range of information on the health of Australians and emerging trends was put in the public domain. Also, issues and priorities in chronic disease surveillance and monitoring in Australia were more clearly identified.

Through its health monitoring work, AIHW was able to:

- outline trends in the health of Australians over the last 12 to 15 years
- update indicators to report progress in the National Health Priority Areas
- identify issues and priorities in chronic disease surveillance and monitoring
- recommend a framework for environmental health monitoring.

POPULATION HEALTH DATA AND INFORMATION SERVICES (OUTPOSTED TO DEPARTMENT OF HEALTH AND AGEING)

Objectives

- To provide data, information and statistical support services to the Population Health Division of the Department of Health and Ageing.
- To manage the development, conduct, analysis and dissemination of results from the National Drug Strategy Household Survey series.
- To provide secretariat services and project support to the National Computer-Assisted Telephone Interview Health Survey Technical Reference Group.

Data, information and statistical support services were provided to the Population Health Division of the Department of Health and Ageing through, for example, the production of a regular bulletin about health data for staff of the division.

The National Computer-Assisted Telephone Interview Health Survey Technical Reference Group was assisted with the provision of secretariat services for meetings.

The National Drug Strategy Household Survey was managed, and data were collated, analysed and disseminated.

During the year the unit undertook an analysis of the impact of declining tobacco consumption and use of illicit tobacco on tobacco excise revenue, commissioned by the Australian National Audit Office.

HOSPITALS AND MENTAL HEALTH SERVICES

Objectives

- ▶ To develop data relating to hospitals and mental health services.
- ▶ To collate hospitals and mental health services national data sets.
- ▶ To analyse and disseminate national data on public hospitals, admitted patients in public and private hospitals, community mental health establishments and their clients, and public hospital elective surgery waiting times.

Data development work undertaken included the development of a data element for hospital accreditation that has been included in the *National Health Data Dictionary*, revision of data elements for elective surgery waiting times, and work on options for mainstreaming data collected for public mental health services.

The National Hospital Morbidity Database, the National Public Hospital Establishments Database, the National Elective Surgery Waiting Times Data Collection, and the National Community Mental Health Establishments Database were collated in collaboration with the State and Territory data providers. Work was started on the collation of the National Community Mental Health Care Database for its first year.

Data were disseminated through four major statistical reports. Hospital data were also disseminated through the internet interactive data cubes, and to 161 ad hoc data requesters including government agencies, non-government organisations, private enterprises and individuals.

DENTAL STATISTICS AND RESEARCH

Objectives

- ▶ To describe and make 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.
- ▶ To maintain national data sets on dental personnel, produce descriptive statistics on the dental labour force, and develop national projections of the dental service supply.

- ▶ To provide information on practice activity of dentists, particularly identifying changes in time devoted to work, productivity and the service mix of patients, and investigate variation between dental personnel in the practice of dentistry.

The Dental Statistics and Research Unit has continued to produce a high-quality and valuable range of published work and has provided helpful expert advice to external requests.

The Unit's labour force data collections have been widened to include all providers of dental services—dentists, dental therapists, hygienists and prosthetists. New emphasis is being given to value-added labour force research, such as the Longitudinal Study of Dentists Practice Activity and the Study of Dental Services and projection of supply and demand as completed for Victoria and being undertaken for New South Wales and Australia.

The momentum developed by the Unit for policy relevant research during the preparation of the AHMAC report *Oral Health of Australians: National Planning for Oral Health Improvement* needs to be maintained. The recent establishment of a National Advisory Committee on Oral Health to oversee the development of a National Oral Health Plan and the NHMRC identification and funding of research into oral health as a strategic research development priority place a new national emphasis on oral health.

INJURY INFORMATION AND STATISTICS

Objectives

- ▶ To report on injury mortality, injury hospitalisation and spinal cord injury.
- ▶ To operate and maintain the Australian Spinal Cord Injury Register.
- ▶ To participate in developing and maintaining classifications for injury surveillance.
- ▶ To undertake and continue injury surveillance data and system investigation and development.
- ▶ To undertake projects for the Injury Prevention and Control Section of the Department of Health and Ageing.

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.

Statistical reports were produced on the a range of injury-related topics, including all four of the Priorities for 2001–2003 specified in the National Injury Prevention Plan: falls in older people, falls in children, drowning and near drowning, and poisoning among children. Material on injury was produced for inclusion in *Australia's Health 2002*.

Technical reviews which contribute to the development and maintenance of classifications for injury surveillance and to relevant data system investigation and development were produced.

NATIONAL PERINATAL STATISTICS

Objectives

- ▶ To develop and provide information on the reproductive and perinatal health of the Australian population.
- ▶ To maintain national data sets on maternal and perinatal health, congenital malformations, assisted reproductive technology, and maternal and perinatal mortality.
- ▶ To monitor pregnancy outcomes of mothers and babies.
- ▶ To support the development and refinement of standard terminologies, definitions and classifications for use in perinatal and reproductive health and contribute to the development of nationally consistent data.
- ▶ To develop and coordinate data to monitor maternal and perinatal morbidity and mortality, congenital malformations and assisted reproductive technology.

These objectives were met through a series of outputs including the publication of specific perinatal and reproductive health statistical reports on Australia's mothers and babies, maternal deaths and assisted conception as well as other AIHW reports; meeting information requests from other government departments, academic institutions, the media, the health industry and the general public; providing expert advice; participating in committee work; and providing secretariat services to the Advisory Committee on Maternal Mortality and Morbidity and the Reproductive Health Advisory Committee.

Development and maintenance of data standards was achieved through secretariat services to the National Perinatal Data Development Committee and through the development of new assisted-conception data and a reporting structure in collaboration with the Fertility Society of Australia.

The Unit developed a report on maternal morbidity in Australia, 1994–96, for the National Health and Medical Research Council using hospital inpatients data, and contributed perinatal and reproductive health data to major AIHW reports and Indigenous data to the National Centre for Aboriginal and Torres Strait Islander Statistics.

GENERAL PRACTICE STATISTICS AND CLASSIFICATION

Objectives

- ▶ To collect, make available, analyse and report information about characteristics of patients of general practitioners in Australia and the medical services and pharmaceutical prescriptions provided to such patients.
- ▶ To further develop classification systems for primary care.
- ▶ To develop and test methods for data collection via direct computer entry by the clinician at the time of the encounter.

The first objective of collection analysis and reporting of information from general practice was met through the continued conduct of the BEACH program (Bettering the Evaluation and Care of Health) and the subsequent publication of a number of reports, abstracts and articles.

The second objective, of further development of classification systems for primary care was met by:

- completion of a more precise GP pathology ordering code in the Australian extended vocabulary of terms (ICC-2 PLUS) according to the International Classification of Primary Care (ICPC-2)
- development of a natural language file of the PLUS terms to relate to the International Classification of Primary care
- addition of new terms in response to GP-recorded data in BEACH and to requests for GPs using the system in electronic health records.

The third objective was partially met during 2001. Agreement was reached between the Western Sydney Division of General Practice and the Royal Australian College of General Practitioners to fund the development and testing of an electronic data entry system that would allow GPs to directly enter their own data when participating in the BEACH program. Development and beta testing is expected to be completed early in 2002. A controlled trial will then be conducted in the Western Sydney Divisional area with GPs who have participated in BEACH in previous years, using the paper-based data collection method.

The Unit has also contributed to other AIHW publications either through provision of data, by preparing sections of reports, by advising members of AIHW in undertaking their own analysis of BEACH data, or through reviewing draft work for other AIHW reports.

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

Objectives

- To describe the need for, provision and use of housing assistance in Australia, including the determinants and the outcomes.
- To support the development of standard terminologies, definitions and classifications for use in measuring housing assistance and contribute to the development of nationally consistent data.

The objectives were met through the provision of data reports and annual data on housing assistance to the Department of Family and Community Services for use in the annual reporting for the Housing Assistance Act for the six Commonwealth–State Housing Agreement (CSHA) program areas. A national database on the provision of housing assistance was compiled and maintained, and a modelling task involving rent subsidies, which was requested as a matter of urgency by the Housing Ministers' Advisory Council to provide a basis for future national housing policy development, was begun and substantial progress made.

The Unit's reports and other activities were endorsed by the CSHA National Housing Data Agreement Management Group and the National Indigenous Housing Information Implementation Committee (NIHIC) which operates under the Agreement on National Indigenous Housing Information (ANIHI). Data, statistical information and advice to staff of policy departments, researchers, service providers and the community were also provided.

SUPPORTED ACCOMMODATION AND CRISIS SERVICES

Objectives

- To describe the need for and the provision of supported accommodation and crisis services.
- To develop standard definitions in the area of supported accommodation and crisis services and reporting on data collected.

The objectives were met through publishing reports on the Supported Accommodation Assistance Program (SAAP) which provide information and analysis on the provision and need for supported accommodation and other crisis services, including statistics on newly developed data items for children in SAAP. A national database on the provision of supported accommodation and crisis services was compiled and maintained.

AGEING AND AGED CARE

Objectives

- To describe the need for, supply of and access to both institutional and home-based aged care services in Australia, including their determinants and outcomes.
- To inform community debate and public policy making in the area of ageing and aged care by timely research, analysis and publication.

The objectives were met by the production of the two regular annual publications detailing the supply and use of residential aged care and community aged care packages. Developmental and exploratory work also took place to create national databases using statistical linkage techniques to shape emerging policy issues concerning the interfaces between residential and community care, and hospital and aged care services. Statistical information and advice were provided in a range of formats to staff of policy departments, researchers, service providers and the community, and analyses were disseminated through publications and conference presentations.

DISABILITY SERVICES

Objectives

- To describe the need for, provision and use of disability services in Australia.
- To inform community debate, and support the development of public policy in the area of disability by timely data development, collection, analysis and publication.

The objectives were met by publication of annual data on the provision of disability services and dissemination of analyses through publications and conference presentations. A major study of the effectiveness of unmet needs funding and remaining unmet need in the disability services field, commissioned by National Disability Administrators, was completed and made available to Ministers in June 2002. Statistical information and advice were provided in a range of formats to staff of policy departments, researchers, service providers and the community.

A redeveloped national data collection for the disability services field is ready for commencement in October 2002.

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.

NATIONAL DATA DEVELOPMENT

Objective

- To improve the comparability, policy-relevance and availability of national information on health- and welfare-related statistics.

Work continued on the ongoing development of the Alcohol and Other Drug Treatment Services National Minimum Data Set and the national collection of the first year of data for that NMDS. Data dictionaries and national performance indicators were developed for a range of programs, including ageing and community care (in conjunction with staff from the Department of Health and Ageing) and juvenile justice (in collaboration with the Australasian Juvenile Justice Administrators); also, national minimum data sets and data dictionaries for disability services and childcare preschool services were developed with other AIHW units.

By creating metadata for existing information resources (Office of Hearing Services and the residential aged care databases), management of information in policy departments was improved. In conjunction with the Department of Health and Ageing, State and Territory governments and other stakeholders, work was done to improve national information on palliative care, and to develop a draft set of performance indicator specifications. Several national minimum data sets under development at the AIHW were pilot tested.

CHILDREN, YOUTH AND FAMILIES

Objectives

- ▶ To collate, analyse and publish data on child protection, children on care and protection orders, and children in out-of-home care.
- ▶ To collate and publish data on child care and preschool services.
- ▶ To analyse and publish data on child and youth health and wellbeing.

Objectives were met through completing the annual statistical reports on child protection and adoptions, producing of a report on national indicators of child health and wellbeing and presenting conference papers, including a paper on child care affordability to the Social Policy Research Centre Conference in July 2001.

Statistical information and advice were provided to staff of policy departments, researchers, service providers and the community on child care, child protection, adoptions and child health.

HEALTH AND WELFARE SERVICES EXPENDITURE

Objective

- ▶ To develop consistency and relevance in the estimation and reporting of expenditure on both health and welfare services. This includes developing estimates of expenditure at both the macro (national and State/Territory) level and at the micro level, where emphasis is on particular types of programs/services or target populations.

Regular expenditure bulletins for health and welfare were produced and progress was made towards the development of preliminary estimates of government expenditure on health services in Australia.

HEALTH AND WELFARE LABOUR FORCE

Objectives

- ▶ To support improved health and community service labour force planning by providing trend, national and comparative State data and, where possible, regional data, for the major registrable health professions and workers in the community services industry.
- ▶ To provide technical support to the Australian Medical Workforce Advisory Committee (AMWAC) and the Australian Health Workforce Advisory Committee (AHWAC) in analyses and recommendations to the Australian Health Ministers' Advisory Council (AHMAC) on national health workforce planning.

- ▶ To provide data and/or statistical support for other government agencies as required. Regular reports covering the health and welfare workforce were produced, together with statistical data for the Australian Medical Workforce Advisory Council for a number of workforce projects and for a nursing demand model for Department of Education, Science and Training.

RURAL HEALTH

The AIHW focused on the development of a framework and relevant indicators and a series of reports to describe the health status of rural populations. These reports, prepared under the guidance of the Rural Health Information Advisory Committee (RHIAC), aim to provide a good basis for analyses and advice on issues relating to regional health data.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE INFORMATION

Objectives

- ▶ To collect, analyse and disseminate health and welfare information and statistics relating to Aboriginal and Torres Strait Islander peoples.
- ▶ In collaboration and consultation with a broad range of government and non-government agencies, to improve the quality and coverage of Indigenous identification in administrative data sources.
- ▶ To contribute to improvements in definitions, classifications and collection standards for statistics across census, survey and administrative data sources.
- ▶ To develop the capacity of Aboriginal and Torres Strait Islander organisations to collect and use information about their health and about health and welfare services.

The Aboriginal and Torres Strait Islander Health and Welfare Information Unit supports national data development and reporting requirements through the secretariat for the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data, which provides broad strategic advice to the National Health Information Management Group on the improvement of the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery, and draws together the range of existing activities already under way into a coordinated and strategic process.

The major achievement in reporting and dissemination was the release of *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2001*, a biennial report which brings together a comprehensive body of information about Indigenous health and welfare, predominantly at the national level, and covers topics on housing and infrastructure, community services and housing assistance, the availability and use of health services the health of mothers and babies, health status, rates and causes of mortality, and a special chapter examining the impact of diabetes on the Indigenous population. The Unit produced a plain English summary pamphlet as a companion to

the biennial report, continued work on the development of a statistical training package for use at the community level, and provided a routine query resolution, advice and support service on Indigenous health and welfare statistics.

Work continued 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 State and Territory central health authorities and Registrars-General in improving the recording of Indigenous status in these registrations. The Unit works closely with the relevant survey management groups within ABS to consult stakeholders, develop content and provide advice on output for the major Indigenous household surveys, which cover a range of health and welfare topics.

PROVISION OF STATISTICAL SERVICES TO THE DEPARTMENT OF VETERANS' AFFAIRS

Objectives

- ▶ To provide statistical services to the Department of Veterans' 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.
- ▶ To provide a consultancy service to DVA's statistical services team to facilitate access to data held by the DVA and support DVA statistical services work.

These objectives were met through providing expert advice and ongoing collaborative work with the DVA.

Performance measures

LEVEL OF SATISFACTION OF GOVERNMENT, NON-GOVERNMENT AND COMMUNITY ORGANISATIONS WITH THE RELEVANCE, QUALITY, TIMELINESS AND OBJECTIVITY OF INFORMATION PROVIDED

Our major client, the Department of Health and Ageing, has provided encouraging feedback on AIHW's performance in undertaking projects funded by the department.

Positive comments included 'the report produced was of a very high quality' and 'the AIHW was very proactive in consultation and alerting DoHA to deficiencies in proposed models'. The department also mentioned that improvements were needed in the negotiation phase of some projects, and timeliness was an area of concern for some projects.

The Secretariat of the Steering Committee for the Review of Commonwealth-State Service Provision acknowledged the considerable effort of the AIHW in improving reporting on housing assistance. It particularly recognised the advances made in reporting on housing provision to Indigenous Australians.

ACROD has introduced in its publication *Disparity* a regular series of facts and figures in the disability sector provided by the AIHW.

PUBLICATION OF MAJOR REGULAR STATISTICAL PUBLICATIONS ON HEALTH AND WELFARE SERVICES

The following regular statistical publications were produced as scheduled during the financial year. In addition, 54 other publications were produced.

Adoptions Australia 2000–01	Disability Support Services 2001: National Data on Services Provided Under the Commonwealth/State Disability Agreement
Assisted Conception Australia and New Zealand 1999 and 2000	General Practice Activity in Australia 2000–01
Australian Hospital Statistics 2000–01	Nursing Labour Force 1999
Australia's Mothers and Babies 1999	Occupational Therapy Labour Force 1998
Cancer in Australia 1998: Incidence and Mortality Data for 1998	Physiotherapy Labour Force 1998
Cancer Survival in Australia Part 1: National Summary Statistics	Residential Aged Care in Australia 2000–01: A Statistical Overview
Cancer Survival in Australia Part 2: Statistical Tables	SAAP NDCA Annual Report 2000–01 (national report and 8 State and Territory reports)
Child Protection Australia 2000–01	
Community Aged Care Packages 2000–01: A Statistical Overview	

SIGNIFICANT OUTPUT PLANNED BUT NOT PRODUCED IN THE REPORTING PERIOD

The following were provided to the Department of Health and Ageing for publication but were not publicly released in 2001–02. These are planned for publication in 2002–03.

- Cervical Screening in Australia 1998–1999
- BreastScreen Australia: Achievement Report 1998 and 1999

Cancer in Australia 1999 was not produced by June 2002 because of delays in receipt of data from State and Territory cancer registries arising from a change in disease coding. The data analysis for *Cancer Incidence in Veterans of the Korean War* had not commenced by June 2002 because the roll of Korean veterans had not been received from the Department of Veterans' Affairs.

Cancer Survival in Australia Part 3 and *Cancer Mortality in Migrants to Australia 1979–1998* were both prepared and were being externally reviewed in June 2002 before publication.

The information paper on methods and hospital peer grouping used in cost per casemix-adjusted separation analyses was not completed, but some of the information on the methods was included in *Australian Hospital Statistics 2000–01*.

The report to help hospital morbidity data users with analyses that use data partly compiled in ICD-9-CM and partly compiled in ICD-10-AM was not completed, but parts of it were released as a conference paper.

The report *National Performance Indicator Data for Housing Assistance to Indigenous Australians* will be released in 2002–03 (later than the planned date). This work was delayed as a result of staff losses. The planned report *Housing Assistance in Australia* has been replaced by a series of data briefings on specific topics.

Reports entitled *Income Status of SAAP Clients*, *Demand for SAAP Assistance 2000–01* and *Young Clients in SAAP* will be released early in the new financial year (later than the planned dates). The report on the complex needs of SAAP clients has been postponed indefinitely due to resource constraints and the competing information priorities of SAAP stakeholders.

A significant and urgently required report on unmet need for disability services was not on the AIHW work plan. Its preparation, commissioned by National Disability Administrators to inform the renegotiation of the Commonwealth–State/Territory Disability Agreement, meant that some other planned work of the Disability Services Unit had to be rescheduled for completion in the 2002–03 financial year. This included the reports on disability prevalence and trends and the use of equipment by people with a disability, as well as the *Data Starter* providing advice on data development and collection for non-government agencies.

The report on trends in long day care services in 1991–99 was not completed in 2000–01 because of a shifting in priorities in the childcare and preschool area to data development work. The working paper on trends in intercountry adoptions was not started because of shifting priorities between the areas of adoptions and child protection.

The National Perinatal Statistics Unit did not produce the planned congenital malformations report because a national review of the congenital malformations database was undertaken during the year. This report will be finalised in 2002–03.

AIHW'S WEB SITE LISTS AND PRESENTS ALL NEW INSTITUTE PUBLICATIONS

All AIHW publications are available free of charge from the AIHW web site: www.aihw.gov.au.

A comprehensive list of AIHW publications for the reporting period is in Appendix 8, on page 115.

PUBLICATION OF 75 REPORTS AVERAGING 95 PAGES EACH

During the reporting period, the AIHW produced 71 reports averaging 95 pages each.