

**AUSTRALIAN INSTITUTE OF
HEALTH AND WELFARE**

**Annual report
1998–99**

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. AUS 15

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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 1999.

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 15 September 1999 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

Professor Janice Reid
Chairperson of the Board

21 September 1999

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Foreword

From the Chairperson

Australian Institute of Health and Welfare



The 1998–99 AIHW annual report is prepared to meet the requirements of the *Commonwealth Authorities and Companies Act 1997*. Among other things, the new Act places increased responsibility on the Boards of statutory authorities such as the Institute.

I was pleased to be reappointed as Chairperson of the AIHW Board for a second three-year term. I am committed to the idea and success of the Institute, to its future, its standing and its pre-eminence. I take great pride in my association with an exceptional group of staff and Board colleagues. It was my pleasure to welcome some new appointees to the Board this year who will work with continuing Board members to provide guidance to the Institute.

1998–99 has been a significant year for the AIHW. The Government's administrative arrangements, which transferred responsibilities for a range of community services from the Health portfolio, raised the question of the most productive and cooperative arrangements for the use of the Institute given the new Ministerial and Departmental arrangements. A series of discussions held with representatives of the Department of Health and Aged Care, the Department of Family and Community Services and the Institute resulted in a mutually satisfactory outcome. I am confident that the Institute in its current form can continue to serve the interests of both portfolios. The Board has endorsed a practical set of business rules to support this decision.

The Board has been particularly pleased to oversight the process of development of the Institute's new Corporate Plan to guide its work program activities from 1999 to 2002. I am impressed with the collaborative way in which the Plan was developed, and grateful to the many organisations of importance to the Institute that made valuable contributions to the final version of the Plan. Key directions identified in the Plan are an increasing focus on adding value to our analysis (the publication of thematic reports is an example of this) and working even more closely with partners to expand our business relationships.

The Institute has achieved the maturity which comes with experience and the confidence of others in the quality and relevance of its publications, and in its advisory capacity. The Institute has the capacity to add value to statistical information, to integrate, analyse, link and focus on themes, trends, impacts, outcomes, needs, risks and comparisons. Its focus is shaped by the needs of Commonwealth, State, and community agencies, by the Institute's mission and by the capacity of its staff to frame policy-relevant questions, and to provide information which is rigorous and challenging. I am delighted that the Institute is building on its core domain of data management and timely provision of key data sets and analyses to that of the integration of existing information to make it meaningful and accessible to a broad readership (such as provided recently by *Australia's Children* and *Health in Rural and Remote Australia*). There is much to be gained by focusing on major

social issues, and the relationships between them and providing to the nation food for thought, debate and understanding.

This publication, as well as meeting formal reporting requirements, provides details of the broad range of work the Institute does in the health and welfare field, making it a valued resource for those of us with an interest in this area.

Professor Janice Reid, AM

AIHW mission

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

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.

AIHW values

We follow these values:

Objectivity

- Being objective, impartial and open in our 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 relevant and 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 wellbeing of those we work with.

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Australian Institute of Health and Welfare

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

Responsible Minister From 1 July 1998 to 30 June 1999 the Minister responsible for the Institute was the Hon. Dr Michael Wooldridge, Minister for Health and Aged Care.

The Institute also communicated with the Minister for Aged Care, the Hon. Bronwyn Bishop, and the Minister for Family and Community Services, the Hon. Jocelyn Newman, on matters for which they were directly responsible.

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

In summary the AIHW:

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

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

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

The Institute publishes the results of its work.

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

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

Corporate governance

AIHW Board

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

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

Chairperson

Professor Janice Reid, AM

Ministerial nominee

Dr Sandra Hacker

Secretary, Department of Health and Aged Care

Mr Andrew Podger

Australian Statistician

Represented by Mr Tim Skinner, Deputy Australian Statistician

Australian Health Ministers' Advisory Council nominee

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

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

Standing Committee of Community Service and Income Security Administrators nominee

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

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

Representative of State and Territory Housing Departments

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

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

Director, AIHW

Dr Richard Madden

AIHW staff nominee

Dr Janis Shaw

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

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

Board committees

Health and Welfare Ethics Committees

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

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

Membership and meetings

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

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

Health Ethics Committee and Welfare Ethics Committee members

The Committees share common membership, namely:

Medical graduate with research experience

Dr Sid Sax (Chairman)

Graduate in a social science

Dr Helen Christensen

Nominee of the Registrars of Births, Deaths and Marriages

Mr John Jameson

Minister of religion

Rev Dr D'Arcy Wood

Legal practitioner

Mr Robert Todd

Representatives of general community attitudes

Mr Ken Moran

Ms Sophie Hill

Director, AIHW

Dr Richard Madden

Audit and Finance Committee

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

House Committee

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

Indemnities for officers

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

Funding

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

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

Structure, management and staff

Organisational structure

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

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

Divisions

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

Collaborating units

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

National Perinatal Statistics Unit (University of NSW)

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

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

Dental Statistics and Research Unit (University of Adelaide)

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

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

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

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

National Injury Surveillance Unit (Flinders University)

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

information, and on developing injury surveillance methods.

General Practice Statistics and Classification Unit (University of Sydney)

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

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

Institute staff

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

AIHW senior staff

Executive

Director

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

Health Division

Division Head

Geoff Sims, BCom (Stats) (Hons) UNSW

Welfare Division

Division Head

Ching Y Choi, BA ICU; PhD ANU

Information Management and Business Services Division

Division Head

—

Risk management strategies

Year 2000

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

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

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

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

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

Virus detection

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

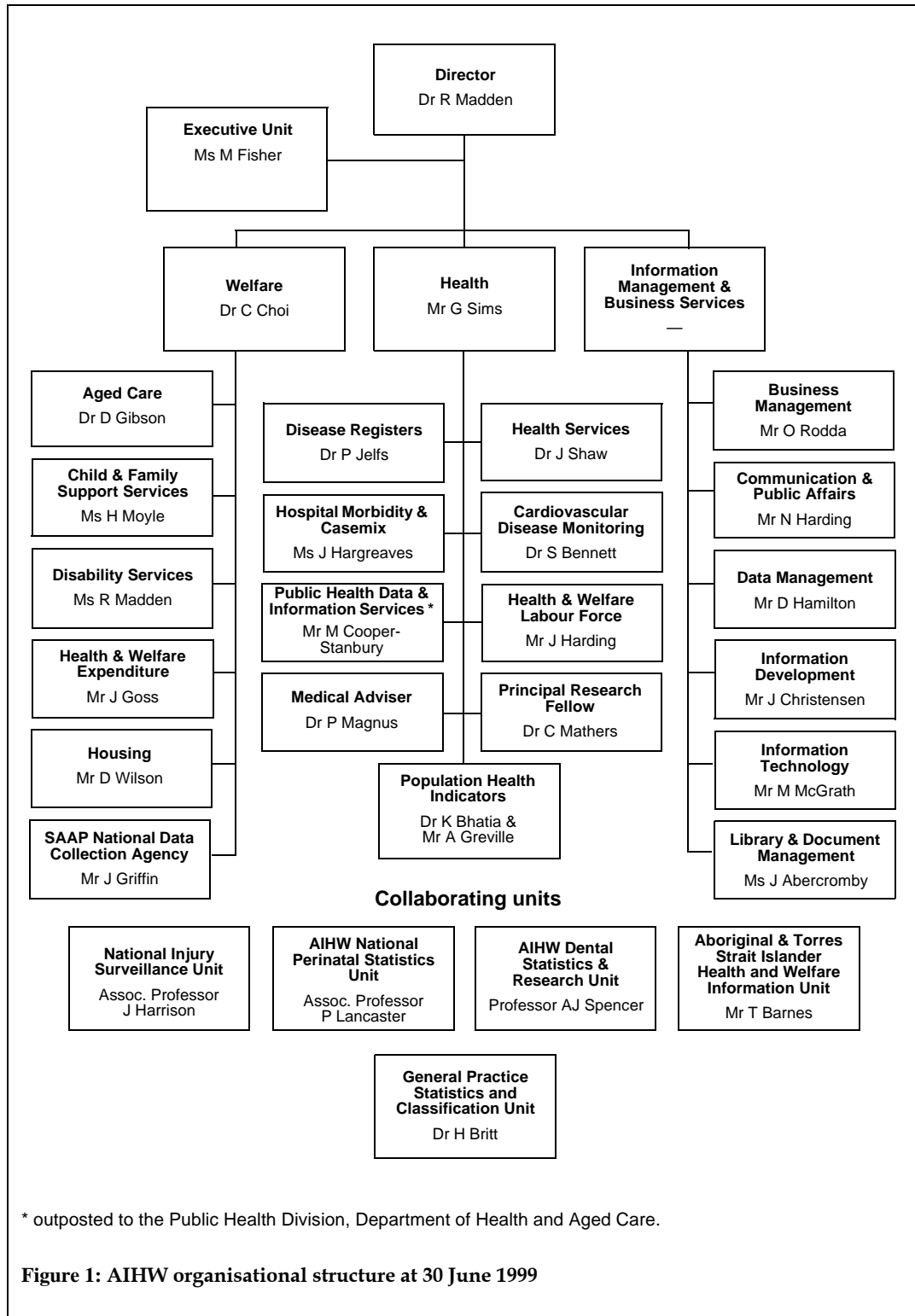


Figure 1: AIHW organisational structure at 30 June 1999



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

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



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

Highlights

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

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

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

National Public Health Information Development Plan

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

Health of Australians living in rural and remote areas

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

International Health—How Australia Compares

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

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

Cardiovascular disease monitoring

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

National Diabetes Register

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

Survey of general practitioners

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

Housing assistance data development

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

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

Indigenous housing data development, collection and analysis

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

Community housing

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

Community care data

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

Child protection

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

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

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

Computer viruses

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

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

Workplace Diversity Program

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

Awards

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

National information and policy coordination

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

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

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

Health-related information

This chapter sets out the AIHW's achievements in health information for the year and is structured to show its contribution in the areas of population health, the National Health Priority Areas, institutional health services, community health and primary care, health resources and health information infrastructure and services.

The Institute publishes a range of national health statistics and is active in improving that information. To draw the information together, it works with Commonwealth, State and Territory agencies, and with the Australian Bureau of Statistics (ABS). The National Health Information Agreement facilitates development and coordination of national health statistics.

Coordination links are maintained through informal and formal arrangements, including attendance at meetings of the Australian Health Ministers' Advisory Council (AHMAC), and membership of the National Health Information Management Group (NHIMG), the National Public Health Partnership (especially its National Public Health Information Working Group), the National Health Priorities Committee and a variety of other national groups.

Management, advisory or steering committees, which include external experts and stakeholders, exist for a number of Institute projects.

A high proportion of the Institute's health statistics activities are conducted under the auspices of external bodies through agreements that both establish and provide funding for specific work programs. The Department of Health and Aged Care (DHAC) is the main funder of such activities, although many involve State and Territory interests as well. A Memorandum of Understanding (MoU) between DHAC and the Institute, signed on 1 July 1997, has established terms and conditions for this work.

Release of the compendium reports *Australia's Children: Their Health and Wellbeing 1998*, *Health in Rural and Remote Australia* and *International Health – How Australia Compares* were highlights in 1998–99, along with the production of a series of reports on health system costs of disease and injury in Australia and *Heart, Stroke and Vascular Disease, Australian Facts, 1999*. A new report, *Bettering the Evaluation and Care of Health: A Study of General Practice Activity Six Month Interim Report*, provided preliminary results of an extensive survey of general practitioners produced by the Institute through the recently established collaboration with the University of Sydney.

Health of populations National Public Health Information Development Plan

The AIHW prepared the National Public Health Information Development Plan at the request of the National Public Health Information Working Group of the National Public Health Partnership. Its preparation involved a process of broad consultation, including holding a workshop in September 1998 to which 120 participants were invited, and consulting with national groups.

The Plan, which was endorsed by AHMAC in April 1999, identifies a number of high priorities relating to both data content and data management, including:

- improving the scope and coverage of public health information;
- improving the use and delivery of public health information; and
- developing public health information capacity.

The Plan will be used to drive future initiatives in the public health field.

Health of Australians living in rural and remote areas

Health in Rural and Remote Australia, the first national report describing the health of rural and remote Australians, was released in late 1998. This first national report described health status, determinants and the workforce for rural and remote areas by Rural, Remote and Metropolitan Area category. A well-attended rural health information workshop was subsequently held in March 1999, followed by the release of a report to participants and the publication of a paper in the *Australian Journal of Rural Health* describing the workshop outcomes. The workshop has provided valuable input into developing a proposal for rural health monitoring.

Burden of disease

During 1998–99, the AIHW undertook a national burden of disease and injury study for Australia with the support of DHAC. There was close collaboration with the Victorian Burden of Disease project being undertaken by the Department of Human Services Victoria and reciprocal representation on steering committees. The Institute has also developed close links with the World Health Organization, the Harvard Burden of Disease Unit and the International Burden of Disease Network.

The National Burden of Disease and Injury Study builds on Australian and international work to generate summary population health information (using the disability-adjusted life year (DALY) metric) and to provide inputs to national and State planning and priority setting for public health, health services and research. The first phase of the project has estimated incidence, severity, outcomes and

burden of disease for around 175 diseases and injuries for the total Australian population and for subgroups defined in terms of area-based measures of socioeconomic disadvantage. It has also made preliminary estimates of the burden attributable to nine major risk factors. An Institute report giving details of methods and results will be published in the second half of 1999.

Disease costing

The Disease Costs and Impact Study has estimated the direct costs of health services in 1993–94 attributable to a comprehensive range of diseases and injury. Three further reports were published in 1998–99 providing detailed estimates of costs for specific cancers, cardiovascular diseases and diabetes, and injuries and musculoskeletal disorders.

Child and youth health monitoring

The Child and Youth Health Monitoring Project is supported by funding from the Population Health Division of DHAC, and AHMAC, following recommendations in the Health Plan for Young Australians endorsed by AHMAC in 1996.

In late 1998, the first of the biennial reports from this project was published—*Australia's Children: Their Health and Wellbeing 1998*. The report provides comprehensive information on children's health status, determinants of health, and the health of subpopulation groups. The first report on youth health is currently in production.

Information frameworks have been developed to identify information requirements in child health and youth health. These frameworks have been developed and refined following workshops convened to discuss the relevant information issues, and from input from the National Child Health Information Advisory Committee and the National Youth Health Information Advisory Committee.

National perinatal mortality and morbidity

Australia's Mothers and Babies 1996, the seventh report in the Perinatal Series, was published using data from the State and Territory perinatal collections and registrations of perinatal deaths. The report provides national information on maternal characteristics such as age, parity (previous births, if any), country of birth and Aboriginality; on the baby's birthweight and outcome; and on place of birth and length of stay in hospital.

This report drew particular attention to the continuing upward trend of the average age of mothers giving birth, the increasing occurrence of multiple births, the shorter hospital stays of mothers after childbirth, and the differences in caesarean rates according to maternal age, parity and patient status. The report also noted the higher

rates of low birthweight among infants born to Indigenous mothers.

The second report on Indigenous mothers and their babies, for the three-year period from 1994 to 1996, was completed. For the first time, this report included data on maternal characteristics and pregnancy outcomes for Aboriginal and Torres Strait Islander Commission regions.

Based on data for 1991–1994 from all States and Territories, national birthweight percentiles for gestational age for singleton and twin births were published.

The National Perinatal Data Development Committee was convened and will continue to review perinatal definitions for the *National Health Data Dictionary* and to develop ways of improving the quality of data recorded in the perinatal collections.

National congenital malformations monitoring system

Based on data from State and Territory perinatal collections, birth defects registers and other sources, the National Perinatal Statistics Unit published a report on congenital malformations among infants born in 1995 and 1996.

Register of pregnancies after assisted conception

The national register of pregnancies after assisted conception contains data from all IVF centres performing in-vitro fertilisation, gamete intrafallopian transfer and related procedures in Australia and New Zealand. *Assisted Conception, Australia and New Zealand, 1997* was completed for joint publication by the National Perinatal Statistics Unit and the Fertility Society of Australia. The register was funded by the Society and Serono Australia.

Perinatal outcome in hospitals with neonatal intensive care units

The Australian and New Zealand Neonatal Network was established to improve the care of high-risk newborn infants and their families through collaborative audit and research. This project is funded by the pharmaceutical company Abbott Australasia Pty Ltd. A report for 1996 and 1997 was being finalised at June 1999.

International Health—How Australia Compares

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

Areas examined include population, fertility and pregnancy, important causes of ill-health, mortality, health services and resources, and health determinants.

Environmental health indicators

The AIHW collaborated in the development of a set of environmental health indicators in the context of human settlements. The indicators cover both the environmental aspects of health and health aspects of the environment. *Environmental Indicators for National State of the Environment Reporting – Human Settlements* was released in 1998 by Environment Australia. These indicators are to be used for state of the environment reporting in Australia.

Aboriginal and Torres Strait Islander health

The AIHW's Aboriginal and Torres Strait Islander Health and Welfare Information Unit (ATSIHWIU) develops and maintains effective networks and linkages with key groups concerned with Aboriginal and Torres Strait Islander health information. Foremost among these are links with heads of Aboriginal Health Units, the National Aboriginal Community-Controlled Health Organisations, and information groups such as the National Health Information Management Group (NHIMG) and the National Community Services Information Management Group (NCSIMG).

Links with health departments in all jurisdictions have been maintained, and new links have been established with welfare and community services, in particular the Department of Family and Community Services (FaCS), the Standing Committee of Community Service and Income Security Administrators (SCCSISA) and the Torres Strait Regional Authority.

The ATSIHWIU has continued to play a broad-ranging advisory role across a number of areas in addition to its more tangible work program, including the provision of advice to users on the interpretation of National Health Survey Indigenous data, and secretariat and technical support in implementing the recommendations of the National Indigenous Health Implementation Plan.

One of the recommendations was acted on by the ATSIHWIU through a project funded by AHMAC to develop and evaluate a methodology for assessing the quality of Indigenous identification in hospitals. A report was submitted to AHMAC earlier in the year, and this is due for general release by the end of August 1999.

Release of Indigenous health results by the ABS from its 1995 National Health Survey provided a focus on the quality of data collected in remote areas. Considerable interest was expressed in further exploration of the data quality issues in remote area data and in data collection techniques that might reduce poor data quality. A

workshop held early in 1999 to explore these issues indicated that further investigations of the quality of remote area Indigenous data, including possible improvements to estimation procedures, need to be undertaken.

In addition, the ATSIHWIU is involved in a project being undertaken by the ABS to improve the quality of Indigenous birth and death statistics from administrative collections.

The ATSIHWIU has also continued its training activities (as opportunities arose) with health workers and students from such places as Dubbo and Batchelor, and the Faculty of Aboriginal and Torres Strait Islander Studies at NT University.

Other initiatives in which the Institute is involved include:

- preparing national reports on the performance of States and Territories against a range of indicators endorsed by Ministers, and technical improvement of those indicators;
- improved Indigenous identification in collections where the Institute plays the national role (notably perinatal statistics and cancer).

Child Dental Health Survey

The Child Dental Health Survey is a national monitoring survey of Australian school children, which produces national and State and Territory reports on dental caries experience. The survey provides a reference point against which dental caries prevention and management programs in Australia may be assessed, and permits analysis of regional and social variation in oral health.

Reports at both the national and the State and Territory level have been published to maintain the time series on dental disease in Australian children. State and Territory reports for 1996 were published in 1999. Publication of national reports was delayed owing to problems in acquiring some data from New South Wales. This delay resulted from incompatibilities between computer software used by the NSW Oral Health Branch and the Dental Statistics and Research Unit. This problem has now been rectified.

Adult oral health

Data on the oral health of adults using public dental clinics are being collected. Data on adult oral health have been combined from the 1995 and 1996 Adult Dental Programs Surveys and analysed. Results from that data have been incorporated in three reports covering access to dental care among special target groups: migrants, rural and remote dwellers, and Indigenous persons. These reports were published in May 1999. A further survey is being undertaken during 1999.

National Health Priority Areas

The AIHW monitors and reports on outcomes in the National Health Priority Areas (NHPAs) of cardiovascular health, cancer control, injury prevention and control, mental health and diabetes mellitus.

Comprehensive indicator sets were developed for each of the areas. A framework was designed which was indicator-focused, concentrated on prevention (including the enhancement of protective factors to reduce risk) and which could be successfully applied to particular health problems and specific diseases. The indicators were mapped to the framework to help assess health interventions and outcomes across the continuum of care, from prevention through management and treatment to maintenance.

Work has commenced on developing a comprehensive NHPA surveillance and monitoring framework, and a data development plan. A list of candidate indicators for monitoring asthma was also developed.

National Cancer Statistics Clearing House

The National Cancer Statistics Clearing House improved the timeliness of published cancer incidence data to within three years of the reference period, publishing 1995 data at the end of 1998. For the first time, national survival data were produced for breast cancer in a collaborative report with the Australasian Association of Cancer Registries and the National Breast Cancer Centre. The National Cancer Statistics Clearing House also played an increased role in working towards national data standards, the development of privacy guidelines for cancer registries and the development of cancer registry work.

Breast and cervical cancer screening

December 1998 saw the release of the first national monitoring report on the BreastScreen and National Cervical Cancer Screening programs. The report was launched by the Minister for Health and Aged Care on 3 December 1998. It sought to measure the effectiveness and coverage of the programs at a national level, focusing on their key outcome objectives: to reduce mortality and minimise morbidity from these cancers, to maximise efficiency of delivery of programs and to increase equity of access to the programs. Further development work in this area has continued in collaboration with the State and Territory program managers, DHAC and an advisory body.

Cardiovascular disease and diabetes monitoring

The first report in a biennial series published by the AIHW and the Heart Foundation of Australia, *Heart, Stroke and Vascular Disease, Australian Facts, 1999*, was released in 1998-99. The report brings together information on a range

of areas including risk factors, disease prevalence and incidence, treatment, management and health care costs, as well as data on high-risk population groups.

The report *Medical Care for Cardiovascular Disease in Australia*, released in December 1998, presents information on the prevalence of cardiovascular conditions in the community, their care in general practice and in hospital drug treatment, the associated health care costs, and the size of the specialised medical labour force involved with cardiovascular disease.

A detailed profile of cardiovascular mortality is presented in the report *Surveillance of Cardiovascular Mortality Australia, 1985–96*, which was released in late 1998.

In a further collaboration with the Heart Foundation of Australia, the Institute has updated the Foundation's national registers of cardiac surgery and percutaneous transluminal coronary angioplasty (PTCA) procedures performed in Australia. The reports *Cardiac Surgery in Australia 1994* and *Coronary Angioplasty in Australia 1995* have recently been published, and further reports are in preparation.

The Institute has supported data development activities in several key areas. A register of Indigenous people with rheumatic fever and rheumatic heart disease in the Top End of the Northern Territory has been established.

National standards for the collection of data on smoking were completed and endorsed by the NHIMG, and have been included in Version 8 of the *National Health Data Dictionary*.

National Diabetes Register

The AIHW was successful in a tender bid for the National Diabetes Register conducted by the Ministerial Advisory Committee on Diabetes. The register commenced on 1 January 1999.

It currently records new cases of insulin-treated diabetes mellitus. By registering these cases, it is expected that a reliable measure of the incidence of Type 1 diabetes (insulin-dependent diabetes mellitus) can be established. The main sources of data for the register are the National Diabetic Services Scheme (administered by Diabetes Australia) and the Australasian Paediatric Endocrine Group's State-based databases.

Over time, the register will enable accurate descriptors of the incidence of Type 1 diabetes, and allow researchers access to a rich database to aid in the prevention and treatment of diabetes.

Injury surveillance

Injury surveillance is the responsibility of the AIHW's National Injury Surveillance Unit (NISU). Since 1 July 1997

this collaborating unit has operated as a program of the Research Centre for Injury Studies at the Flinders University of South Australia.

As the main national source of injury statistics and related information, NISU holds national data sets relating to injury deaths and hospitalisations, including spinal cord injury admissions. These data provide the foundation for the statistical publications of the Unit. During the year, the Unit produced injury surveillance data reports including the *Australian Injury Prevention Bulletin*, specialised reports, and three issues of the *Injury Issues Monitor*.

The operation of the national register of spinal cord injury (SCI) continued, in cooperation with the six specialist spinal units in Australia. The 1997-98 version of the annual statistical report on SCI was released in December 1998. During the year, registration of all cases of SCI from 1986 was completed, following hospital case note reviews in a number of States. Australia is the first country to have developed a truly national population-based register of SCI.

Following a review of information needs by NISU and the design of an information system, the Australian and New Zealand Burns Association agreed, in September 1998, to work with NISU to progress towards national registration of severe burns based on admissions to the specialist burns units.

Other development of injury surveillance methods and data sources continued. The main aspects of this were:

- completion of a project to investigate the practicability of obtaining quantitative national estimates of injury visits to emergency departments;
- assessment of the needs and opportunities for improved surveillance of burns and brain injury;
- significant contribution to a draft revised international classification of external cause of injury, as part of a three-country World Health Organization development team; and
- production (with Flinders University management) of an annotated bibliography of literature relating to the evaluation of injury-prevention strategies. The bibliography was finalised following receipt of comments on a draft version.

Institutional health services

Australian hospital statistics

Australian Hospital Statistics 1997-98 was published within a year of the data reference period, as were the 1996-97 and 1995-96 reports in this series. Initiatives in the latest report included maps depicting hospitalisation rates by geographical area. An expanded range of accompanying tables has been published on the AIHW's Internet site including, in July, some for Australian Refined Diagnosis

Related Groups, version 4.0. The publication now provides timely information on hospital performance, including the estimated cost per casemix-adjusted separation for each State and Territory.

The Australian Hospital Statistics Advisory Committee was established, and met in September 1998 and April 1999. This group, which includes representatives of hospital data providers and a range of other hospital data users, has helped the Institute to ensure its collection and reporting suits the needs of data users. The National Health Information Management Group (NHIMG) has asked the Committee to consider possible rationalisation of hospital admitted patient data sets in Australia.

Public hospital establishments

The AIHW continued to convene the National Health Data Committee's (NHDC's) Organisational Units Working Group during 1998–99. The group has produced a draft framework for identifying organisational unit levels and types, and will progress towards the development of a new 'product type' classification (for example, identifying areas of specialised care as 'products' for which consistent information can be collected on procedures, activities and resources). Recommendations will be forwarded to the NHIMG for endorsement. The outcomes from the work program of this group could have a wide-ranging impact on the reporting of data for monitoring and evaluating delivery of specialised services.

National Hospital Morbidity Database

Improvements to the National Hospital Morbidity Database and dissemination of national hospital morbidity statistics continued, as did close liaison on the compilation and use of the database with the data providers in the States and Territories.

This year, an emphasis was placed on improving the quality of the database's geographical data relating to the patients' area of usual residence and the Australian National Diagnosis Related Group data. Increasing support for users of the database within the AIHW and the collaborating units has also been emphasised.

The Institute has been working collaboratively with DHAC to ensure that the 1997–98 National Hospital Morbidity Database at the Institute and the corresponding database at the Department are as equivalent as possible. This initiative appears to have reduced duplication of the effort required of data providers and ensured that data disseminated by the two agencies will be comparable.

Data development work continued through participation on the NHDC and associated data development working groups.

The Institute also continued its participation in the implementation of ICD-10-AM (International Classification of Diseases, Tenth Revision, Australian Modification) in Australian hospitals. The staggered implementation of the new classification, by four jurisdictions in July 1998 and by the remaining four in July 1999, will mean that the Institute will accept data reported using both ICD-10-AM and ICD-9-CM (ninth revision, Clinical Modification) for 1998-99, and will map data as required to report according to ICD-10-AM.

Waiting times for elective surgery

Nationally consistent data are not available in this controversial area. Elective surgery waiting times data were compiled for 1995-96 and 1996-97 and a draft working paper prepared for publication later in 1999. The paper reports the data and discusses the inconsistent data definitions and collection practices used by the States and Territories for this data collection. Some critical data elements, identified through this process as problematic, were reviewed in consultation with the NHDC. Revised versions were approved by the NHIMG for implementation from 1999.

Disease costing

The Disease Costs and Impact Study completed estimates for the direct costs of health services in 1993-94 attributable to diseases in all chapters of the ICD-9 International Classification of Diseases. Publications were released describing the detail of the methodology employed, and providing summary costs of diseases and injury overall, as well as more detailed costings for cardiovascular disease and diabetes; cancer; injury, poisoning and musculoskeletal disorders; and mental health.

Classification in health

In its role as a WHO Collaborating Centre for the Classification of Diseases, the AIHW hosted a conference in May 1999 on Australian Work on Health and Related Classifications. Several papers were presented by staff of the Institute and collaborating units on the International Classification of Impairments, Disabilities and Handicaps (ICIDH), the International Classification of Primary Care revision 2 (ICPC-2) and ICPC-2-PLUS (an Australian extended terminology classified according to ICPC-2). Papers were also presented on classification and valuation of health states for burden of disease analysis, gaps in classifications in Australia, and external cause classifications. The papers are available from the Institute.

The Institute continued its participation in the Coding Standards Advisory Committee advising the National Centre for Classification in Health on the preparation of the second edition of ICD-10-AM.

Following the publication of the *National Codeset for the Community-based Health Services* in 1998, the Institute has agreed to become the registration authority for a more limited codeset which will be included in the Knowledgebase (formerly known as the National Health Information Knowledgebase).

The Institute supports the Brisbane office of the National Centre for Classification in Health (NCCH), in conjunction with the Australian Bureau of Statistics (ABS). A principal responsibility has been the provision of assistance to the ABS to implement ICD-10 for cause of death coding. Statistical analysis of multiple cause data, and changes in data output as a result of the implementation of the automated coding software, was carried out by NCCH Brisbane in collaboration with ABS officers. This led to the production of the first multiple cause of death publication in Australia, for deaths occurring in 1997.

NCCH Brisbane has undertaken many other educational activities in the past 12 months in both the Western Pacific and South-East Asia regional offices of WHO. Courses were conducted in Fiji, Guam, Myanmar and Sri Lanka, and were attended by personnel from across both regions.

Performance indicator development for acute care services

The AIHW has undertaken the development of these performance indicators in consultation with the National Health Ministers' Benchmarking Working Group. Advice has also been provided by the Australian Hospital Statistics Advisory Committee. Indicators are principally extracted from the National Public Hospitals Establishments Database and the National Hospital Morbidity Database, and future data development will be conducted in conjunction with developments for health sector organisational data. Additional work to be taken forward in this project is the continued development of a hospital peer group classification.

Performance indicators for the acute hospital sector in 1996–97 were included in the annual *COAG Report on Government Services* in February 1999, and will also be included in the forthcoming *Third National Report on Health Sector Performance Indicators*.

Community health and primary care

Mental health information development

Data collected by the AIHW in the fifth annual cycle of the National Survey of Mental Health Services, for the 1996–97 reporting period, were published by DHAC in March 1999 in the annual *National Mental Health Report*. These data include indicators for monitoring the progress of service reforms that had taken place under the first plan of the National Mental Health Strategy. An important aspect of the first plan was to assess the closure of psychiatric

hospitals and the increase of services delivered in the community. The Commonwealth is no longer outsourcing the National Survey of Mental Health Services, and the Institute has been commissioned to continue the development of data standards and the implementation strategy for the collection of the national minimum data set (NMDS) for Mental Health Care (described below).

National Minimum Data Set for Mental Health Care

The AIHW continued the development of an NMDS for community mental health care during 1998. It also undertook validation and initial analyses on the first year of reporting of the NMDS for institutional mental health care (that is, data reported for the 1997–98 reference year). While these are separate collections (of community care data and institutional care data), the two projects combine under the broader title of the NMDS for Mental Health Care.

The collections are planned as annual compilations of data, to be managed by the Institute. They have been developed to facilitate policy and epidemiological analyses of mental health services and client characteristics, and to continue the monitoring of service delivery in mental health admitted care, non-admitted care and community care under the provisions of the Second Plan of the National Mental Health Strategy.

Palliative care information development

The AIHW has been funded by DHAC to develop an NMDS for Palliative Care. This data set will support the information requirements of the National Strategy for Palliative Care in Australia 1998–2003, and the work program will include the development of national performance indicators for palliative care. The development of the performance indicators and collection strategies is under the auspices of the Palliative Care Intergovernmental Forum (comprised of representatives of all health authorities).

A patient-level NMDS collection focused on the recipients of specialised institutional palliative care services (that is, those patients in public acute hospitals and stand-alone hospices) has been endorsed as the first stage of this project. The data set includes demographic and diagnostic information on palliative care patients. Future development of the project will include a feasibility study for the collection of similar patient-level data from community-based services during 1999.

Survey of general practitioners

The General Practice Statistics and Classification Unit (GPSCU), a collaboration between the AIHW and the University of Sydney's Family Medicine Research Centre,

has successfully established the continuous national survey of general practice activity, known as the BEACH program (Bettering the Evaluation And Care of Health). The program is now in its second year. In the first year, 984 randomly selected GPs participated, and this produced a national database of details on 98,400 GP-patient consultations.

An interim report detailing the BEACH methods, and including a brief overview of interim results from the first six-month survey period, was published in April. Detailed, non-identifying, data have been provided to the organisations supporting the BEACH program. The first annual report is being prepared for release in October 1999.

Some specific analyses have been purchased by interested organisations, and the GPSCU has conducted a detailed secondary analysis of GP pathology ordering for the Pathology Branch of DHAC.

The Unit's work on coding and classification systems for primary care has resulted in the acceptance of its primary care thesaurus (ICPC-2 PLUS) in the United Medical Language System (UMLS) of the US National Library of Medicine.

Continuation of the BEACH program beyond March 2000 will depend on continued support from a mix of private and public sector partners.

Health resources

Health labour force

The AIHW published statistics and labour force analyses for medical, nursing and dental labour forces, the latter prepared by the Institute's Dental Statistics and Research Unit. New tri-annual collections during 1998-99 were undertaken for the occupational therapy and physiotherapy professions.

The Institute's Director is a member of the Australian Medical Workforce Advisory Committee (AMWAC) and the Institute is funded by the Australian Health Ministers' Advisory Council to provide technical support to the committee. During the year the Institute and AMWAC jointly published *Medical Workforce Supply and Demand in Australia - A Discussion Paper*. The Institute also prepared data for AMWAC to support working parties examining future workforce requirements for temporary resident overseas-trained doctors, and for the practices of psychiatry, paediatric medicine, cardiology, and orthopaedic surgery.

Health expenditure

The annual update of data on health services expenditure was released in November 1998. It provided detailed expenditure estimates for each year from 1989-90 to 1995-96 and estimates for 1996-97. Health expenditure

data for 1997–98 were released in early July 1999, demonstrating a substantial improvement in timeliness.

Work continued during 1998–99 on the development of comparable information on health services expenditure by State. These data were published as experimental tables in the July 1999 release. Work has also progressed on a system of satellite accounts for health and welfare to supplement the current national account estimates and to ensure consistency with the reporting conventions for health accounts being established throughout the Organisation for Economic Co-operation and Development (OECD) member countries.

Significant progress was made in developing a framework to enable the collection and analysis of data on public health services expenditure. As well as providing a comprehensive picture of expenditure, this project aims to identify any data inadequacies and recommend on ways to collect nationally consistent data.

Health information infrastructure and services

National health record linkage

The AIHW has been active in undertaking record linkage activities related to the National Hospital Morbidity data collection, the National Deaths Index and the National Diabetes Register. Reports based on this work are due later in 1999.

The Institute has also been active in establishing links between organisations maintaining health-related data to support record linkage activities. Some of this activity has been directed at setting up a collaborative project with the University of Western Australia, the Health Department of Western Australia, the Health Insurance Commission and DHAC. The project will focus on medical services used by people with diabetes and is expected to commence in late 1999.

The Institute links researchers' data sets to the National Death Index, following approval of each application by the Health Ethics Committee. In 1998–99 this service was used by 40 researchers.

International

The AIHW is responsible for supplying Australian health data and health-related data to a number of international organisations, including the OECD and WHO.

Australian statistics for indicators in the OECD health database were updated during 1998–99. Health statistics compiled by the OECD on its member countries were also made available for analysis within the Institute, and to outside researchers and policy makers. The Institute attended a two-day international meeting in Paris, on 21–22 April 1999, to discuss further development of the database.

Data were also supplied to WHO to update the Country Health Information Profile for Australia, and to the US National Center for Health Statistics to update its *International Health Data Reference Guide*.

Information services to the Population Health Division, Department of Health and Aged Care

An AIHW outposted unit (Public Health Data and Information Services Unit) was established in the Population Health Division of DHAC in July 1997. The Unit provides a range of statistical and information support services to the Division. Achievements during the year included:

- continuation of a 'help-desk' access point for assistance with public health data and information services, including planning, analysis and reporting of public health and related information activities;
- enhanced coordination of information activities within and outside the Public Health Division, including liaison with subject areas of the Institute;
- conceptual development of an information management framework for the Public Health Division;
- completion of the fieldwork, and publication of provisional results of the 1998 National Drug Strategy Household Survey, being managed by the Institute. Further findings will be published during 1999–2000.

Key aspects of the 1998 National Drug Strategy Household Survey are:

- The survey was conducted with the approval of the Institute's Ethics Committee.
- The Unit managed the contract with Roy Morgan Research to conduct the fieldwork for the survey.
- The Institute is the repository for the identifiable unit record file resulting from the survey, and will be publishing key reports.
- A non-identifiable, public-use data set will be available through the Social Science Data Archives at the Australian National University. This data set will have fields modified to ensure the confidentiality of respondents.

Evaluation

1998–99 was a year in between work on editions of the biennial publication *Australia's Health*. This allowed a greater focus on other AIHW publications.

Major thematic reports published during the year included *International Health – How Australia Compares* (a report funded by the Institute), *Australia's Children: Their Health and Wellbeing 1998* and *Health in Rural and Remote Australia* (both prepared with the assistance of funding from DHAC). A range of work was completed for the baseline

reporting of three National Health Priority Areas: cardiovascular disease, mental health, and injury.

The timeliness of release of regular health statistics outputs has continued to meet publication targets, particularly for *Australian Hospital Statistics 1997–98*. The Institute's efforts to reduce the reporting lead time in publishing cancer statistics to within three years of the reference year was achieved with the publication of *Cancer in Australia 1995* in December 1998.

The National Diabetes Register commenced in January 1999. The register records new cases of insulin-treated diabetes mellitus. Over time, it will enable accurate descriptors of the incidence of insulin-dependent diabetes, and allow researchers access to a rich database to aid in the prevention and treatment of diabetes.

During the year the Institute continued data development in a range of fields to support national strategies, including child and youth health, mental health, and palliative care. There are, however, many other areas where data development needs to be addressed in future work programs.

Reports on Australia's mothers and babies and congenital malformations have fostered considerable publicity for issues concerning perinatal health services and outcomes. This research has provided new opportunities to evaluate health services and outcomes for pregnant women and their infants.

A major focus for the Aboriginal and Torres Strait Islander Health and Welfare Information Unit has been the preparation of the second edition of *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. This was published in August 1999.

The Dental Statistics and Research Unit continued to produce a range of published work on dental statistics. It has identified a need to improve the contribution of child dental health data to the evaluation of the outcomes of school dental services and has identified gaps in up-to-date dental health status data.

New products of collaborations with external agencies included the General Practice Statistics and Classification Unit's first report on general practice activity. A new collaboration with the Heart Foundation of Australia resulted in the release the first report in a biennial series, *Heart, Stroke and Vascular Disease, Australian Facts, 1999*.

**Performance
assessment against
portfolio budget
indicators and targets**

Priority outcomes

- 1 Improved information on health and community services available to the community and for decision making at all levels.
- 2 National approach to the development and production of national health and community services information.

4 National information that provides a valid and reliable basis for decision making on the health of Indigenous peoples.

Indicator	Target	Outcome	Notes
Participation in the implementation of the National Indigenous Health Information Plan (Priority outcome 4)	Meet the Australian Health Ministers' Advisory Council (AHMAC) implementation deadlines	Report presented to and endorsed by AHMAC in April 1999. Implementation of strategies identified in the Plan are ongoing.	
Publication of national data on: <ul style="list-style-type: none"> • cancer incidence in 1995; • hospital establishments and inpatients in 1997–98; and • mental health institutional services in 1997–98 (Priority outcome 1)	December 1998 June 1999 June 1999	Published December 1998 Published June 1999 Project withdrawn by a DHAC decision at the start of the financial year.	
Stakeholder satisfaction with the quality and timeliness of outputs (Priority outcomes 1 and 2)	High levels of satisfaction	High level of satisfaction identified through: <ul style="list-style-type: none"> • Internet feedback; • meetings with key clients; • renewal of contracts; and • increased funded work activity in health-related areas. 	

Welfare-related information

The AIHW has continued to work closely with community services and housing agencies in all jurisdictions, the Australian Bureau of Statistics (ABS) and non-government organisations in welfare data development, collation and dissemination.

This year saw the creation of the Commonwealth Department of Family and Community Services (FaCS) under new administrative arrangements. A good working relationship has been developed with FaCS and a Memorandum of Understanding is being developed to formalise this relationship. The Institute has set in place a practical set of business rules to take account of the new portfolio structure. These include:

- inviting the Secretary of FaCS to participate in Board meetings on the same basis as does the Secretary, Department of Health and Aged Care; and
- agreeing that the proportion of the Institute's appropriation devoted to the program areas of the two portfolios would not be significantly altered from its present level without consultation with both departments.

The Institute is a key agency supporting the implementation of the National Community Services Information Agreement. It has assisted in the drafting of the *National Community Services Information Development Plan*, has primary responsibility for the development of the *National Community Services Data Dictionary*, and is actively engaged in other projects under this Agreement. It has also continued to contribute to the development of performance indicators in the various community services sectors, and participates strongly in related data development activities.

The Institute is an active participant in the compilation of the *Report on Government Services*, which is published annually by the Steering Committee for the Review of Commonwealth/State Service Provision. It has assisted in the drafting of the relevant chapters and has increased the amount and coverage of nationally consistent data provided to the Steering Committee. For the 1999 report the Institute provided the Steering Committee with data on public housing, disability services, supported accommodation, and child protection services.

Internationally, the Institute has continued to contribute to the World Health Organization (WHO) Review of the International Classification of Impairments, Disabilities and Handicaps (ICIDH) and has also continued to provide welfare services data to the Organisation for Economic Co-operation and Development (OECD) for its comparative work on social protection. The Institute has

accepted a request to provide adoptions data for the Hague Convention on Inter-country Adoptions.

Preparation for the publication of *Australia's Welfare 1999: Services and Assistance*, the Institute's biennial community services report, commenced during the year. The report is required to be released by the end of 1999.

National Community Services Information Agreement

The National Community Services Information Agreement between Commonwealth, State and Territory jurisdictions with responsibility for community services, the ABS and the AIHW provides the structures and processes to support the development and coordination of community services information activities. The National Community Services Information Management Group (NCSIMG), comprising representatives from all signatories to the National Community Services Information Agreement, has overall responsibility for management of the Agreement. The Institute supports the Agreement by providing the secretariat function to the Management Group, which is chaired by Ms Gillian McFee, Director, Policy and Strategic Planning, New South Wales Department of Community Services. The Director of the Institute is the Deputy Chair of the group.

The Institute continued to support the National Community Services Data Committee during 1998–99.

A key achievement of the NCSIMG during the year was the finalisation of the National Community Services Information Development Plan, and its endorsement by the Standing Committee of Community Service and Income Security Administrators (SCCSISA). The Plan was prepared at the request of SCCSISA to analyse national information development activities in the community services sector, leading to an identification of priority needs for further development. The Institute assisted in the drafting of the Plan, participated in the consultative process with national non-government organisations during its preparation, and has published the endorsed Plan. The Plan reviews policy considerations, data requirements, data availability and development efforts, and identifies priority areas for information development.

SCCSISA has granted funding to the NCSIMG for three of the highest priority areas identified in the Plan: a project to develop principles and standards to improve Indigenous identification in community services data; a scoping study of family support services; and a minimum data set for juvenile justice and welfare. Institute staff will participate on the steering committees managing each of these three projects.

The Institute also plays active roles in each of the data development groups which report to the NCSIMG on child

protection and children's services, and supports the formation of a third group for aged care.

National Community Services Data Dictionary

Following the publication of Version 1 of the *National Community Services Data Dictionary* in June 1998, the NCSIMG identified the ongoing development of the *Dictionary* as an essential task in the development of community services information infrastructure.

The AIHW has been assisted to produce Version 2 of the *Dictionary*, which is expected to expand on the existing sociodemographic and cross-program data items as well as introducing program-specific data items. Development of Version 2 is now well advanced, and it will be published in 1999–2000.

Housing assistance

Development of national housing assistance information infrastructure

Housing assistance information has no national supporting infrastructure similar to the National Health Information Agreement in health or the National Community Services Information Agreement in community services. During 1998–99 the AIHW worked with Commonwealth and State and Territory Governments to support initiatives to develop the necessary information management infrastructure.

The 1999–2003 Commonwealth–State Housing Agreement (CSHA) includes an agreement to develop and provide nationally consistent data. The Institute was given responsibility to manage the process, and is working with the Commonwealth, States and Territories to establish the components of this data agreement.

In 1998–99 the Institute was given responsibility to develop a national Indigenous housing data management strategy, including a minimum data set and associated data dictionary items. By the end of June 1999, the development of the data agreement had reached the stage of having broad support from most jurisdictions. This initiative will be further progressed during 1999–2000.

Commonwealth–State Housing Agreement data development, collection and analysis

The AIHW contributed to the development, collection and analysis of data for performance measurement across all six programs in the Commonwealth–State Housing Agreement (CSHA): public housing, community housing, the Crisis Accommodation Program, the Aboriginal Rental Housing Program, home purchase assistance and private rental assistance. In addition to the provision of public housing data for the compilation of the 1999 *Report on Government Services*, the Institute also provided housing

assistance data to FaCS for all CSHA program areas for the 1997–98 Housing Assistance Act annual report.

A data standards project was completed during the year. The project examined and reported on data structures of current CSHA public housing unit record data sets. The report recommended changes for the standardisation of data across jurisdictions.

Indigenous housing data development, collection and analysis

The AIHW undertook the first collection of performance data for Indigenous community-managed housing. A data manual and spreadsheet were developed, and a report on community managed Indigenous housing assistance for 1997–98 was presented to the National Indigenous Housing Data Management Group. Work has commenced on the development of a national minimum data set for Indigenous community housing.

Community housing

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

Supported accommodation and crisis services

The AIHW continued to develop, maintain and disseminate information related to the provision of services to people who are homeless and/or in crisis. As well as conducting and managing the Supported Accommodation Assistance Program (SAAP) national data collection and the Youth Homelessness Pilot Project data collection, statistical analyses were undertaken of supported accommodation and crisis services. An analysis was also undertaken of methods of adjusting for non-participation by agencies and non-consent by clients to the SAAP general client collection, with an information paper on this issue released in July 1999.

A scoping study of crisis services across Australia was conducted during the year, and a report published.

Supported Accommodation Assistance Program national data collection

In its role as the national data collection agency, the AIHW continued to manage the SAAP national data collection, which provides information on the provision of supported accommodation and related services to people who are homeless or at risk of becoming homeless.

The 1997–98 annual reports (national and State), collated from four data collections (i.e. the main client collection, the casual client collection, the unmet demand collection

and the administrative data collection), were released in May 1999. Summary reports of each agency's SAAP activities in 1997-98 were distributed to all 1,220 SAAP-funded agencies in early October 1998.

The first comprehensive data collection on accompanying children covered by SAAP was processed and analysed in 1998-99. Individual agency reports will be released in early 1999-2000 and an overview report on children in SAAP will be released later in the year.

The demands on ad hoc statistical services continued to grow. The complexity of the SAAP data requests also increased.

The SAAP management and reporting tool (SMART) is a database application developed by the Institute to assist SAAP agencies in the collection and use of information. The tool was upgraded to incorporate changes to the 1997-98 national data collection. A further upgrade, to be completed in November 1999, will ensure that the software is year 2000 compliant.

The considerable contribution by the Institute was recognised in the report of the national evaluation of SAAP (SAAP III), released in April 1999 by independent evaluators contracted by FaCS. The report stated that: 'Without doubt the development of the national data collection, under SAAP III, through the establishment of the national data collection agency, has been an outstandingly successful innovation'. The report recognised the enormous achievement that had been made in establishing the collection, and highlighted the high regard in which all key stakeholders hold the Institute.

Youth Homelessness Pilot Project data collection

In association with its work in maintaining the SAAP data collection, the AIHW manages a data collection on the Youth Homelessness Pilot Project, a Commonwealth government initiative to evaluate a number of early intervention strategies for young homeless people. The Institute's involvement in the collection continued throughout 1998-99, beyond the presentation of the final report which was delivered to the Prime Ministerial Youth Homeless Taskforce in November 1998. Quarterly statistical reports were distributed to all 26 pilot agencies.

Child protection

The AIHW receives supplementary funds from the States and Territories to collect core data on child abuse and neglect, on children on care and protection orders and on children in out-of-home care, and to analyse and publish these statistics annually.

The Institute plays a key role in the development and refinement of national data collections and performance indicators in child protection—a role it undertakes through its participation in the NCSIMG's National Child

Protection and Support Services Data Group (for which it provides the secretariat function).

A major step in progressing child protection data comparability was achieved with the completion of a project which explored the similarities and differences in child protection systems (and associated data) across the States and Territories. The project recommended strategies to improve comparability of these data. State and Territory officials and the NCSIMG will consider these recommendations for possible implementation.

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

Children's services

A working paper, *Trends in Long Day Care Services for Children in Australia 1991–1995*, using published data from the various children's services program child care censuses, was released in December 1998. A conference paper, 'Children in Long Day Care Services 1995' was presented to the Australian Population Association Conference in October 1998.

In conjunction with FaCS, the AIHW has examined the comparability of the data from the Commonwealth children's services program census, the ABS child care survey and selected State data collections on child care. The project has resulted in a report detailing the quality, consistency and gaps in the existing data collections and recommending a minimum set of data items for children's services to cover child care, pre-schools and related services. This report has been a major resource for members of the NCSIMG Children's Services Data Working Group in its discussions and deliberations.

Disability services

National minimum data set for disability services

This national collection is a joint responsibility of the AIHW in cooperation with all jurisdictions under the auspices of the Disability Services Subcommittee. A report on the 1997 national data was released, and material prepared as feedback to data providers. Further collections were held in August–September 1998 and May 1999, the latter being brought forward to align the collection more closely to financial year reporting.

A major development during the year was the testing of a statistical linkage key in the data collection to enable the

measurement of multiple use of services. The linkage key pilot was judged a success and its use extended in the 1999 collection. Use of the key is subject to strict privacy controls, and has been approved by the Institute's Welfare Ethics Committee.

The Institute and the Disability Services Subcommittee have commenced a joint review of the Commonwealth/State Disability Agreement national minimum data set in the context of changing services structures, information needs and technical capabilities.

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

The national information management system for open employment services for people with a disability was developed and managed by the AIHW following an initiative of the disability sector supported by Commonwealth funds. The system had operated since 1995; it was planned to redevelop it to conform to year 2000 computing requirements and to extend it to cover supported employment services. However, this redevelopment did not proceed as it became clear that the ownership of the system and the responsibility for its redevelopment were uncertain. FaCS decided to decommission the system from 30 June 1999.

The Institute completed a report on 1997-98 data in June 1999, and quarterly data briefings have been issued throughout the year. Data for the final year 1998-99 will be analysed and published in 1999-2000.

The decommissioning of the system will mean a loss of longitudinal data. FaCS will continue to conduct censuses and performance assessment of disability employment services under its responsibility, and data from these sources will be available for the compilation of the Commonwealth/State Disability Agreement national minimum data set.

Disability data development

Work has progressed on developing standard terminologies, definitions and classifications in the disability field. This work has benefited from the Disability Data and Research Advisory Group, which was established by the AIHW. During 1998-99 a new two-year work program for the Group was developed by a newly constituted membership. National and international elements of the work program include the development of nationally consistent data definitions, and the revision of ICIDH.

Regular reports are now provided to NCSIMG and its data committee to ensure that the work contributes to the larger enterprise of community services data development, in particular the development of data items for inclusion in

Version 2 of the *National Community Services Data Dictionary*.

A series of tests of the draft ICIDH-2, released by the World Health Organization (WHO) in 1997, has been finalised with the support of FaCS. These tests have focused on the quality of the draft classification and its applicability in Australia; specific tests in the areas of intellectual disability, conceptual applicability in Indigenous communities and the structure of qualifiers (ratings) for the classification have been conducted. Reports for WHO meetings were prepared in October 1998 and April 1999.

National picture of disability services

This project develops and provides a national statistical picture of the demand for and supply of services in Australia to people with a disability, including both specialised services and relevant mainstream services and assistance. Major effort during the year focused on finalising two reports—one on the definition and prevalence of physical disability and another on the definition and prevalence of acquired brain injury (to be published in mid-1999).

AIHW–Disability Services Subcommittee joint work program

During the year the Disability Services Subcommittee commissioned AIHW to undertake three projects, to be finalised during 1999–2000:

- a study of ageing and disability, and implications for support services;
- a project to better integrate indicators of demand, input, output, outcome and performance; and
- a joint review by the Institute and the Disability Services Subcommittee of the Commonwealth/State Disability Agreement minimum data set and associated collection.

Aged care

Residential aged care statistics

The AIHW produced the third and fourth volumes of the Aged Care Statistics Series, with the publication of 1996–97 data on nursing homes and hostels. The next volume in the series, *Residential Aged Care Facilities in Australia 1998*, has been completed, and will be released early in 1999–2000. In addition, nursing home statistics from the period 1992–93 to 1994–95 (which had not previously been released by the Department of Health and Aged Care) were compiled, and released electronically on the Institute's web site. These publications fill an important gap in the availability of aged care information to the public.

Home and Community Care

In 1997 HACC Officials of the Commonwealth, State and Territory Governments commissioned the AIHW to develop the Home and Community Care (HACC) service standards instrument for use in monitoring the quality of HACC services. The instrument was accepted by HACC Officials for national implementation in 1998, and a report on the project, entitled *Developing Quality Measures for Home and Community Care*, was published in the Aged Care Series.

In 1998 HACC Officials asked the Institute to undertake a related project to further develop, test and refine strategies for collecting client feedback for input into the quality appraisal process. The Institute commenced this project in late 1998. The first phase, a review of relevant literature and professional practice, was completed in April 1999, and published as Welfare Division Working Paper No. 21. The second phase is now under way, with field testing scheduled to commence in July 1999.

The International Year of Older Persons

The AIHW has been involved in a number of activities related to the International Year of Older Persons. This included the production of a second edition of the highly successful *Older Australia at a Glance*, a collection of fact sheets produced in collaboration with the Office of Older Australians in the Department of Health and Aged Care. The second edition is due for release early in 1999-2000. Other activities include the contribution of invited articles to special issues of the *Australasian Journal of Ageing* and *Family Matters*, and the presentation of papers to various national and international conferences run to celebrate the International Year. The Institute has also contributed to the National Strategy for an Older Australia through its presence at various forums and meetings.

Welfare services expenditure

A bulletin containing welfare services expenditure data for 1996-97 was released in October 1998. This bulletin contains estimates of welfare services expenditure from 1991-92 to 1996-97 funded by government and non-government sectors. For the first time, it contains estimates of contributions made by clients through client fees. The compilation of data for 1997-98 was completed, and published in July 1999.

Australian data on government welfare expenditure are routinely provided to the OECD for inclusion in its social expenditure database. The OECD intends to extend the database to include public social benefits such as workers compensation and public sector superannuation, and mandatory private social benefits such as accident insurance and benefits from mandatory private superannuation schemes. Work has started on identifying

data on these additional items that may be available in Australia.

Evaluation

Routine statistics continue to be published in a timely manner, with particular improvements in some areas. For the first time, nationally consistent data on housing assistance have become available. A feature of work on welfare-related data this year has been the considerable effort spent on developing better or new data.

As national data are developed and specified, there is a need to develop standard data collection protocols to ensure that the data are collected and managed appropriately. The AIHW will increase its emphasis in this area in order to provide leadership and assistance. As more quality data become available, there is also a need to strengthen the Institute's capacity to analyse and report on these data.

The welfare-related work program has been influenced both by the resources and the skills of Institute staff and also significantly by the requirements of stakeholders and external funds made available. In 1998–99, the Institute undertook work on several important data development and collection projects, e.g. child protection, child care services, the Supported Accommodation Assistance Program national data collection, the Youth Homelessness Pilot Project data collection, an instrument for client appraisal of the quality of Home and Community Care (HACC) services, and housing assistance. The work was funded by Commonwealth, State and Territory governments.

Negotiations have been completed with the Commonwealth for the Institute to undertake a program of data development work in the community care area during 1999–2000. This work includes the development of appropriate data items for the aged care assessment program and community care packages, and performance indicators in community care.

Performance assessment against portfolio budget indicators and targets

Priority outcomes

- 1 Improved information on health and community services available to the community and for decision making at all levels.
- 2 National approach to the development and production of national health and community services information.
- 3 A nationally cooperative approach to identification of community services information development needs and priorities.

Indicator	Target	Outcome	Notes
Publication of the <i>National Community Services Information Development Plan</i> (Priority outcomes 1, 2 and 3)	December 1998	Approved Plan distributed November 1998; printed version available April 1999	
Publication of national data on disability (Priority outcome 1)	Quarterly	Published quarterly on time	
Publication of national data on aged care (Priority outcome 1)	July 1998	October 1998 December 1998	Published 1996–97 data on nursing homes and hostels, and back data for 1992–93 to 1994–95 on the AIHW web site
Publication of national data on supported accommodation (Priority outcome 1)	September 1998	May 1999	Delayed because of late receipt of data and priority work for the Productivity Commission
Stakeholder satisfaction with the quality and timeliness of outputs (Priority outcomes 1 and 2)	High levels of satisfaction	High level of satisfaction identified through: <ul style="list-style-type: none"> • Internet feedback • meetings with key clients • renewal of contracts • increased funded work activity in welfare-related areas. 	

Information management and business services

The Information Management and Business Services Division supports the AIHW by providing a range of technical and administrative services fundamental to the Institute's program activities. The Division also provides a range of professional services for the management of the Institute's information technology, data and metadata resources.

Information technology

Internet e-mail

A decision was taken last financial year to proceed with desktop Internet e-mail provided it could be made to operate securely. This has now been implemented in close consultation with the Defence Signals Directorate (in order to ensure its security), with a high level of security being achieved.

Internet e-mail at the desktop has significantly enhanced the Institute's communication capability, and has proven to be beneficial and effective as both a data acquisition and a data and information dissemination mechanism. It brings the Institute more into line with its clients.

The Institute has successfully outsourced its computer help desk function, employing contractors to provide this service to staff. This strategy ensures that the skills of those providing the service are as current as possible. Similarly, the change to leasing desktop hardware has improved the Institute's ability to deal with technological change as well as providing the necessary capacity for incremental upgrading and expansion.

Information Technology Strategic Plan

The Institute is currently reviewing its Information Technology Strategic Plan and expects to have a new plan in place in the second half of 1999.

Corporate data management

The Data Management Unit provides a centralised resource of technical expertise for the management of large databases, and represents an important support service for the data collection and analysis areas of the AIHW. The Unit provides specialist support for the acquisition of data as well as its receipt, loading and validation, and ensures optimal availability of data for use in a structured analytical environment.

Unit staff make a major contribution to the analysis, design and development of an improved system to support the Institute's role as the national data collection agency for the Supported Accommodation Assistance Program.

To meet the requirements of the Board's information privacy and data security review and to ensure effective and efficient access to (and application of) information resources by both clients and staff, the Unit has planned and implemented an innovative data management and documentation system which establishes a comprehensive central corporate register of Institute data holdings. The system adds value to existing data resources by encouraging the efficient linkage of information on: data custodians; managers and users of data; the location, structure and form of data holdings; and details of data management and access rights.

Unit staff support the Institute's Internet site and Intranet, including the installation and management of the web server and the development of a range of applications that enable staff to access the Institute's information and technology resources more effectively.

National information development

The National Information Development Unit provides secretariat and technical support for the National Health Data Committee and the National Community Services Data Committee. The Unit, in conjunction with the National Health Data Committee, produced Version 8.0 of the *National Health Data Dictionary* encompassing 245 data definitions. Under the National Health Information Agreement, the *Dictionary* is the authoritative source of health data definitions where national consistency is required. While it continues to be issued as a printed publication, it is also available electronically—on the Knowledgebase, in downloadable form on the AIHW web site, and on compact disk.

Following the publication of Version 1 of the *National Community Services Data Dictionary* in June 1998, the National Community Services Information Management Group identified the ongoing development of the *Dictionary* as an essential task in the development of the National Community Services Information Agreement infrastructure. The Standing Committee of Community Service and Income Security Administrators (SCCSISA) awarded a contract to the AIHW to produce the second edition of the *National Community Services Data Dictionary*.

The Unit provides guidance on the use of the National Health Information Model and the National Community Services Information Model as a reference framework for health and community services data standards. It also maintains the content of the Institute's Knowledgebase, which provides integrated access to the health and community services data dictionaries and data models, as well as a significant register of Australian data collections in the health and welfare fields.

In July 1998, the National Information Development Unit's Head, Mr Joe Christensen, was appointed as editor of ISO/

IEC Standard 11179-3, Basic Attributes of Data Elements. This is a significant honour which recognises the Institute's leadership in data standards, and which will enable it to have a continuing influence in this arena.

Corporate communication

The AIHW's corporate communication activities comprise public affairs, marketing, and publishing. Editorial, desktop publishing and graphic design functions are largely outsourced.

Thirty-six public releases and special events were conducted during 1998–99, slightly more than in the previous year.

Sixty-seven publications were produced during the year, at an average page content of 105 pages. Publication sales through the Institute's major distribution channels—AusInfo's Government Info Shops and mail order service, and the ABS—increased by 25% compared with sales for the previous year. These publications are also available on the Institute's web site.

The Unit prepared an updated style guide for authors, and introduced a new project planning approach to publishing in the Institute to further enhance timeliness and efficiency in this area.

The Institute's redesigned Internet web site was launched during the year to accommodate the increasing sophistication of information services and facilities being made available on the Internet by the Institute, and to make the AIHW web site a more visible 'target' for Internet search engines. Development of the web site is continuing in line with the Institute's corporate communication strategy.

Library and document management

The Library holds a small but specialised collection of journals and monographs that support the work and mission of the AIHW. It maintains active relationships with other libraries and belongs to a national free inter-library-loan network, Gratisnet. In the past financial year, document delivery transactions have grown by 88% over those for the previous year. Desktop access to major bibliographic databases was implemented during the year, complemented by access to a wide range of other databases on demand via the Library. Reciprocal arrangements are in place with several other Canberra libraries, and exchanges of publications occur with a number of similar organisations overseas.

During 1998–99, the Librarian continued to manage the Institute's Intranet, which provides easy access to the organisation's corporate documents and policies.

A new records management system (TRIM) was implemented during the year, permitting enhanced networked access to the Institute's records. This is a first

step towards improved policies and standards for records management in line with government best practice procedures currently under development at the National Archives of Australia.

Human resources management

The AIHW's staffing levels increased quite significantly during the year, particularly in the contract employment category. Contributing to this increase was an exciting initiative to recruit seven highly skilled graduate analysts to enhance the Institute's reputation as a source of quality health and welfare information and statistics. At 30 June 1999, 164 people were employed at the Institute. During the course of the year, 229 people were employed for varying periods of time. Employment arrangements at 30 June were as follows:

- the Director was employed under the *Australian Institute of Health and Welfare Act 1987*;
- 156 staff were employed under the *Public Service Act 1922*; and
- 7 were engaged through an employment agency or consultancy arrangements.

A breakdown of staff characteristics at 30 June 1999 is provided in Tables 1-3 and in Figure 1. 'Permanent staff' refers to staff employed permanently by the Institute, including inoperative staff. 'Temporary staff' refers to staff employed by the Institute either on transfer from another Australian Public Service employer, on either short or fixed term contracts under the *Public Service Act 1922*, or under a contract of service or on secondment from another organisation. For the purposes of Table 2, persons in the latter two categories above have been allocated an equivalent APS classification.

Table 1: Staff at 30 June 1999

Status	Female	Male	Total
Full-time permanent	46 (40)	44 (43)	90 (83)
Full-time temporary	24 (27)	20 (11)	44 (38)
Part-time permanent	15 (10)	1 (1)	16 (11)
Part-time temporary	13 (12)	1 (4)	14 (16)
Total	98 (89)	66 (59)	164 (148)

Note: Figures in brackets are at 30 June 1998.

Table 2: Institute staffing profile at 30 June 1999

Status	Female	Male	Total
Director	0 (0)	1 (1)	1 (1)
Senior Executive Service Band 1	0 (0)	3 (3)	3 (3)
Executive Level 2	7 (7)	16 (15)	23 (22)
Executive Level 1	25 (24)	23 (24)	48 (48)
APS Level 6	25 (22)	6 (4)	31 (26)
APS Level 5	14 (14)	9 (7)	23 (21)
APS Level 4	9 (8)	6 (4)	15 (12)
APS Level 3	5 (7)	2 (1)	7 (8)
APS Level 2	13 (7)	0 (0)	13 (7)
Total	98 (89)	66 (59)	164 (148)

Note: Figures in brackets are for 1997–98.

Table 3: Staff movements during 1998–99

Status	In	Out	Total
1 July 1998	148		148
Appointments	9		9
Promotions/transfers	10	(4)	6
Contracts (incl. temporary transfer)	62	(58)	4
Retirements		0	0
Resignations		(3)	(3)
30 June 1999	229	(65)	164

Note: Figures in brackets are negative numbers.

AIHW Certified Agreement 1998–2000

The AIHW's inaugural enterprise bargaining agreement under the *Workplace Relations Act 1996* was certified by Commissioner Deegan on 21 October 1998. The Agreement was the culmination of a significant period of relatively harmonious and cooperative consultation and negotiation between the Institute, its employees and the Community and Public Sector Union.

The Agreement, covering the period 1 July 1998 to 30 June 2000, delivers two 3% pay increases phased over two years. All Institute employees, other than the SES, are covered by the Agreement. The Agreement has been designed to enhance flexibility in work practices and cooperation in the workplace, with an emphasis on initiatives designed to assist employees with family responsibilities. It also contains strategies which will build on, and effectively utilise, employees' skills and expertise, and delivers continuous improvement initiatives and savings through the streamlining of allowances (particularly travel allowances), and leave arrangements. Implementation of

the Agreement was continuing at the end of the reporting period.

During the reporting period, each of the Institute's SES officers signed Australian Workplace Agreements, which were subsequently approved by the Employment Advocate.

Workplace Diversity Program

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

Throughout the reporting period, the Institute delivered on a number of key strategies. All staff were provided with training in diversity principles by way of an internal half-day seminar. Diversity was also incorporated into other training initiatives conducted during the year, namely 'People Management and Negotiation' (for senior officers) and 'Giving and Receiving Feedback' (participation of all staff). Certified Agreement initiatives aimed at enhancing flexibility for employees with family responsibilities were implemented, and the Institute's recruitment processes were reviewed and improved. More effective Equal Employment Opportunity (EEO) recording mechanisms were developed, and a review of the Institute's EEO profile was undertaken in April.

The Institute is continuing to attract a diverse range of staff from EEO groups. A breakdown of the various equal employment opportunity groups within the Institute, is shown at Appendix 7 (page 116).

Participative management arrangements

The AIHW has a consultative and collaborative management style. The staff Board member provides direct input to, and feedback from, Board meetings. Regular and ad hoc staff consultative meetings are held with senior management on matters of importance. Such meetings are held on an Institute-wide basis, as well as at division and unit levels.

Formal staff consultation throughout 1998-99 focused mainly on the Certified Agreement and its implementation. Staff meetings were held periodically throughout the negotiation phase of the Agreement to update staff on progress and gain feedback on proposed initiatives. During the implementation of the Agreement, employees were advised of changes and developments through seminars and written instructions. Staff have also been consulted on, and have participated in, the

development of policy initiatives arising out of the Agreement's implementation.

The Institute's Joint Consultative Council (JCC) met in February. At the meeting management tabled a proposal to establish a tripartite consultative committee for the Institute. The Institute was still negotiating this proposal with the CPSU at the end of the reporting period.

Learning and development

The AIHW implemented the second phase of a management training program for its senior officers during the reporting year. Phase 2 involved a three-day 'People Management and Negotiation Skills' workshop and a series of internally delivered seminars on Institute processes and practices. Executive Level 1 and 2 officers attended, with evaluations indicating the programs were highly successful.

The Institute also arranged for all its staff to attend a one-day workshop on giving and receiving feedback. This workshop focused on providing attendees with practical skills and knowledge that they could apply in the workplace to facilitate regular ongoing informal feedback, and improve formal performance feedback and assessment sessions.

During the reporting year, the Training Coordination Committee facilitated a training needs analysis conducted at unit level. Unit Heads and their employees completed a questionnaire designed by the Committee to assess any skills gaps on a range of generic indicators. These analyses were then used to develop Unit Plans for training and development and were being used by the Committee at the time of reporting to recommend corporate training priorities.

Occupational health and safety

The AIHW maintained its good health and safety record throughout the reporting year.

The Occupational Health and Safety Committee met on three occasions throughout the reporting period to consider and assess policy initiatives and proposals related to health and safety. Members of the committee also undertook regular health and safety inspections of the building with the Institute's Site Services Officer.

The services of occupational health and safety officers from the Department of Health and Aged Care were sought to assess the workstations of new and existing employees who were experiencing discomfort with their workstation set-up. Regular presentations on ergonomics were also delivered to all staff.

Fire wardens also received periodic training throughout the reporting period. Improved arrangements were

instituted for building evacuation after hours (when regular fire wardens may not be present).

The Institute extended its contract with EASACT Davidson and Trahaire (EASACT) for the delivery of an Employee Assistance Program.

Financial and asset management

Internal audit services

The AIHW engaged the services of Bird Cameron Partners to provide internal audit services. The Internal Audit Plan flows from an Internal Audit Strategic Plan which identified activities of the Institute and prioritised these in accordance with the overall risk to the Institute. The internal audit activity undertaken for the financial year ending 30 June 1999 has been the Review of Costing Methodology in relation to external projects.

Fraud control policy

The AIHW's Fraud Control Plan and Guidelines were implemented during the year.

Financial resource management

The AIHW's audited 1998-99 Financial Statement is at Appendix 1 (page 53). The Institute is funded to undertake its activities from a number of sources. A funding summary for the financial year is shown at Table 4.

Core funding is appropriated through the Federal Budget and minor revenue is received for Institute activities. Other revenue is external funding received to fund activities on projects carried out either jointly or on behalf of Commonwealth or State Governments, or other organisations. Contract revenue totalled \$8.550 million in 1998-99. Charging levels reflect actual Institute costs.

Funding from government appropriation decreased by \$45,000. The 1998-99 budget appropriation for core activities is shown at Table 5.

Table 4: Funding summary, 1998-99

Revenue	1998-99	1997-98
	\$'000	
Core funding		
Appropriation	7,703	7,748
Interest and other	358	400
Resources received free of charge	162	160
<i>Subtotal</i>	8,223	8,308
External funding		
Contract income and research grants	8,550	6,556
Total funds	16,773	14,864

Table 5: Budget supplementation for core activities 1998–99

Core funding	Amounts	
	\$'000	
Appropriation 1997–98		7,748
Less		
Savings whole of government telecommunications	3	
Efficiency dividend	77	
Adjustment for superannuation supplementation	62	
<i>Subtotal</i>		142
Plus		
Superannuation guarantee supplementation	7	
Rebasing adjustments	90	
<i>Subtotal</i>		97
Appropriation 1998–99		7,703

Performance assessment against portfolio budget indicators and targets

Priority outcomes

1. Improved information on health and community services available to the community and for decision making at all levels.
2. National approach to the development and production of national health and community services information.
3. A nationally cooperative approach to identification of community services information development needs and priorities.

Indicator	Target	Outcome	Notes
Publication of the <i>National Health Data Dictionary</i> , Version 8 (Priority outcomes 1 and 2)	March 1999	Version 8 of the <i>National Health Data Dictionary</i> was published in May 1999	
Publication of the <i>National Community Services Data Dictionary</i> , Version 2 (Priority outcomes 1, 2 and 3)	March 1999	Development delayed by funding arrangements. Version 2 due to be published in April 2000.	

Appendix 1

Finance

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INDEPENDENT AUDIT REPORT

To the Minister for Health and Aged Care

Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 1999. The statements comprise:

- Statement by Directors
- Operating Statement
- Statement of Assets and Liabilities
- Statement of Cash Flows
- Schedule of Commitments
- Schedule of Contingencies, and
- Notes to and forming part of the financial statements.

The directors 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 Minister for Health and Aged Care.

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 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 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.

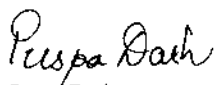
The audit opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion,

- (i) the financial statements have been prepared in accordance with Schedule 2 of the Finance Minister's Orders; and
- (ii) the financial statements give a true and fair view, in accordance with applicable Accounting Standards, other mandatory professional reporting requirements and Schedule 2 of the Finance Minister's Orders, of the financial position of the Australian Institute of Health and Welfare as at 30 June 1999 and the results of its operations and its cash flows for the year then ended.

Australian National Audit Office



Puspá Dash
Senior Director

Delegate of the Auditor-General

Canberra

6 September 1999



Statement by Directors

In our opinion, the attached financial statements give a true and fair view of the matters as required by Schedule 2 of the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.



Professor J Reid
Chair

3 September 1999



Richard Madden
Director

2 September 1999

For health and welfare
statistics and information

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AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
OPERATING STATEMENT
for the year ended 30 June 1999

	Notes	1999 \$'000	1998 \$'000
NET COST OF SERVICES			
Operating expenses			
Employees	4A	9,003	7,863
Suppliers	4B	7,039	7,465
Depreciation and amortisation	4C	409	506
Write-down of assets	4D	19	86
Net losses from sale of assets	4E	0	248
Total operating expenses		16,470	16,168
Revenues from independent sources			
Contract income	5A	8,550	6,556
Interest	5B	69	79
Other	5C	289	321
Total revenues from independent sources		8,908	6,956
Net cost of services		7,562	9,212
REVENUES FROM GOVERNMENT			
Revenues from government			
Parliamentary appropriations received	6A	7,703	7,748
Resources received free of charge	6B	162	160
Total revenues from government		7,865	7,908
Surplus (deficit) of revenues from government over net cost of services	8	303	(1,304)
Accumulated deficits at beginning of reporting period	8	(1,590)	(286)
Accumulated deficits at end of reporting period	8	(1,287)	(1,590)

The accompanying notes form part of these financial statements

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF ASSETS AND LIABILITIES**

as at 30 June 1999

	Notes	1999 \$'000	1998 \$'000
PROVISIONS AND PAYABLES			
Employees	7A	2,706	2,167
Suppliers	7B	630	590
Contract income in advance	7C	2,816	2,438
Total provisions and payables		6,152	5,195
Total liabilities		6,152	5,195
EQUITY			
Capital	8	1,146	1,146
Reserves	8	134	0
Accumulated deficits	8	(1,287)	(1,590)
Total equity		(7)	(444)
Total liabilities and equity		6,145	4,751
FINANCIAL ASSETS			
Cash	9A	4,197	1,996
Receivables	9B	218	1,103
Other	9C	612	287
Total financial assets		5,027	3,386
NON-FINANCIAL ASSETS			
Infrastructure, plant and equipment	10A,B	838	999
Inventories	10C	147	160
Other	10D	133	206
Total non-financial assets		1,118	1,365
Total assets		6,145	4,751
Current liabilities		4,300	3,635
Non-current liabilities		1,852	1,560
Current assets		5,301	3,729
Non-current assets		844	1,022

The accompanying notes form part of these financial statements.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF CASH FLOWS
for the year ended 30 June 1999

	Notes	1999 \$'000	1998 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		7,703	7,748
Contract income		9,590	6,147
Interest		65	72
Other		248	321
Total cash received		17,606	14,288
Cash used			
Employees		(8,465)	(7,871)
Suppliers		(6,843)	(7,180)
Total cash used		(15,308)	(15,051)
Net cash from operating activities	11	2,298	(763)
INVESTING ACTIVITIES			
Cash used			
Purchase of infrastructure, plant and equipment		(97)	(156)
Total cash used		(97)	(156)
Net cash from investing activities		(97)	(156)
Net increase (decrease) in cash held		2,201	(919)
add cash at 1 July		1,996	2,915
Cash at 30 June	9A	4,197	1,996

The accompanying notes form part of these financial statements

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF COMMITMENTS**

as at 30 June 1999

	1999	1998
	\$'000	\$'000
BY TYPE		
COMMITMENTS		
Operating leases	1,026	2,026
Other commitments	9,094	11,356
Total commitments payable	10,120	13,382
Commitments receivable	(7,461)	(7,980)
Net commitments	2,659	5,402
BY MATURITY		
All net commitments		
One year or less	969	1,995
From one to two years	773	1,572
From two to five years	917	1,835
Net commitments	2,659	5,402
Operating lease commitments		
One year or less	(958)	(1,004)
From one to two years	(54)	(982)
From two to five years	(14)	(40)
Operating lease commitments	(1,026)	(2,026)

The accompanying notes form part of these financial statements

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF CONTINGENCIES**

as at 30 June 1999

	1999	1998
	\$'000	\$'000
BY TYPE		
CONTINGENT LOSSES		
Other guarantees	0	75
Total contingent losses	0	75

The Institute had underwritten a portion of the University of Sydney's investment in the General Practice Activity Survey. The guarantee was limited to \$75,000.

There were no remote contingencies.

The accompanying notes form part of these financial statements

Appendix 1

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1999

Note

	Description
1	Summary of Significant Accounting Policies
2	Segment Reporting
3	Economic Dependency
4	Operating Expenses
5	Operating Revenue from Independent Sources
6	Revenues from Government
7	Provisions and Payables
8	Equity
9	Financial Assets
10	Non-Financial Assets
11	Cash Flow Reconciliation
12	Remuneration of Directors
13	Related Party Disclosures
14	Remuneration of Executive Officers
15	Remuneration of Auditors
16	Financial Instruments

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 for the year ended 30 June 1999

1 Summary of Significant Accounting Policies

1.1 Basis of accounting

The financial statements are a general purpose financial report.

They have been prepared in accordance with Schedule 2 to Orders issued by the Finance Minister under the *Commonwealth Authorities and Companies Act 1997*.

The financial statements have been prepared

- in accordance with Australian Accounting Standards, other authoritative pronouncements of the Accounting Standard Boards (Accounting Guidance Releases) and the Consensus Views of the Urgent Issues Group, and
- having regard to Statements of Accounting Concepts.

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 on the financial position.

1.2 Rounding

Amounts are rounded to the nearest \$1,000 except in relation to:

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

1.3 Taxation

The Australian Institute of Health and Welfare (the Institute) is exempt from all forms of taxation except fringe benefits tax.

1.4 Inventories

Inventories held represent Institute publications for sale. Inventories are valued at cost or net realisable value, whichever is the lowest.

During the year the Institute's publication holdings were rationalised to reflect current realistic sales expectations resulting in a write off of inventories totalling \$18,510 (Note 4D). The bulk sales of the Institute's publications have been under an arrangement whereby proceeds from sales are distributed on a 50 - 50 consignment arrangement with AusInfo (formerly Australian Government Publishing Service) and the Australian Bureau of Statistics.

1.5 Infrastructure, plant and equipment

Purchases of infrastructure, plant and equipment are recognised initially at cost in the Statement of Assets and Liabilities, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total). The \$2,000 threshold was selected because it facilitates efficient asset management and recording without materially affecting asset values recognised.

Infrastructure, plant and equipment acquired free or for a nominal amount is recognised initially at fair value.

Schedule 2 requires that property, 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.

The Institute has implemented its progressive revaluations to 1 July 1999 as follows:

- plant and equipment assets have been revalued in full as at 30 June 1999, by type of asset.

Leasehold improvements have not been revalued as the term of the existing lease expires in June 2000.

Assets in each class acquired after the commencement of the progressive revaluation cycle are reported at cost for the duration of the progressive revaluation then in progress.

The application of the deprival method by the Institute results in its assets being valued at their deprival value. Any assets which would not be replaced or are surplus to requirements are valued at net realisable value. At 30 June 1999 there were no assets in this situation.

All valuations are independent.

Appendix 1

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 1999

The carrying amounts of non-current assets of the Institute have been reviewed to determine whether they are in excess of their recoverable amounts. In assessing recoverable amounts, the relevant cash flows have not been discounted to their present value.

Depreciable infrastructure, plant and equipment assets are written off to their estimated residual values over their estimated useful life 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 asset are as follows:

	1999	1998
Leasehold fit-out	Lease term	Lease term
Plant and equipment	5 to 10 years	5 to 10 years

The aggregate amount of depreciation allocated for each class of asset during the reporting period is disclosed in Note 4C.

1.6 Liability for employee entitlements

The liability for employee entitlements encompasses provisions 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 by employees is less than the annual entitlement for sick leave.

The provision for annual leave reflects the value of total annual leave entitlements of all employees at 30 June 1999 and is recognised at its nominal value.

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 1999. In determining the present value of the liability, attrition rates and pay increases through promotion and inflation have been taken into account.

Provision is also made for separation and redundancy payments in circumstances where the Institute has formally identified positions as excess to requirements and publicly communicated this information and a reliable estimate of the amount of the payments can be determined.

1.7 Income in advance and services provided in advance

Contract income has been recorded in the Operating Statement to the extent that an equivalent amount of output has been produced. Any surplus contract income over output produced is recorded as income in advance in the Statement of Assets and Liabilities. Conversely, any output produced in excess of contract income received is recorded as services provided in advance in the Statement of Assets and Liabilities.

1.8 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 assets and operating leases, under which the lessor effectively retains all such risks and benefits.

There are no finance leases.

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

1.9 Cash

For the purpose of the Statement of Cash Flows, cash includes deposits held at call with a bank.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 for the year ended 30 June 1999

1.10 Revenue

Appropriation revenue is recognised at the time the Institute becomes entitled to receive the revenue.

Resources received free of charge are recognised as revenues in the Operating Statement where their fair value can be reliably measured. Use of the resources is recognised as an expense, or, where there is a long term benefit, an asset is recognised.

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 the rendering of a service is recognised by reference to the stage of completion of contracts. The stage of completion is determined according to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

1.11 Financial Instruments

Accounting policies in relation to financial instruments are disclosed in Note 16.

1.12 Comparative figures

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

1.13 Changes in accounting policies

Changes in accounting policy have been identified in these notes under their appropriate headings.

2 Segment reporting

The Institute operates in a single industry and geographic segment, being provision of government programs in Australia.

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 expenses	1999	1998
	\$'000	\$'000
	<hr/>	<hr/>

4A. Employee Expenses

Basic remuneration for services provided	9,003	7,863
Total employee expenses	9,003	7,863
	<hr/>	<hr/>

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.

Appendix 1

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 1999

	1999	1998
	<u>\$'000</u>	<u>\$'000</u>
4B. Supplier's Expenses		
Supply of goods and services	3,524	3,344
Operating lease rentals	1,020	973
Contracted services	<u>2,495</u>	<u>3,148</u>
Total supplier's expenses	<u><u>7,039</u></u>	<u><u>7,465</u></u>
Contracted services above are comprised of:		
National Perinatal Statistics Unit	388	367
Dental Statistics & Research Unit	516	515
National Reference Centre for Classification in Health	62	63
National Centre for Aboriginal & Torres Strait Islander Statistics	576	822
National Injury Surveillance Unit	753	1,081
Survey of General Practice Activity	<u>200</u>	<u>300</u>
	<u><u>2,495</u></u>	<u><u>3,148</u></u>
4C. Depreciation and amortisation		
Depreciation of property, plant and equipment	211	311
Amortisation of leased assets	181	184
Amorisation of discount on lease of computers	17	11
Total expense	<u><u>409</u></u>	<u><u>506</u></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 fit-out	181	184
Plant and equipment	177	262
Furniture and Fitting	34	49
Deferred discount on lease of computers	<u>17</u>	<u>11</u>
	<u><u>409</u></u>	<u><u>506</u></u>
4D. Write-down of assets		
Financial assets:		
Receivables for goods and services	0	13
Non-financial assets:		
Inventory - write off	<u>19</u>	<u>73</u>
Total write-down of assets	<u><u>19</u></u>	<u><u>86</u></u>
4E. Net losses from sale of assets		
Plant and equipment	<u><u>0</u></u>	<u><u>248</u></u>
5 Operating revenue from independent sources		
5A. Contract income		
Contract income	<u><u>8,550</u></u>	<u><u>6,556</u></u>
5B. Interest		
Deposits	<u><u>69</u></u>	<u><u>79</u></u>
5C. Other revenues		
Consultancy	21	47
Recoveries	168	152
Publications	100	82
Conferences	<u>0</u>	<u>40</u>
Total other revenues	<u><u>289</u></u>	<u><u>321</u></u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1999

6	Revenues from Government		
		1999	1998
6A.	Parliamentary appropriations	\$'000	\$'000
	Appropriation Act No. 1, 1998-99	<u>7,703</u>	<u>7,748</u>
6B.	Resources received free of charge		
	Provision of facilities by the Department of Health and Aged Care	<u>162</u>	<u>160</u>
7	Provisions and payables		
7A.	Liabilities to employees		
	Salaries and wages	428	227
	Annual leave	797	695
	Long service leave	<u>1,481</u>	<u>1,245</u>
	Aggregate employee entitlement liability	<u>2,706</u>	<u>2,167</u>
7B.	Suppliers		
	Trade creditors	85	43
	Operating lease rentals	128	84
	Sundry creditors	<u>417</u>	<u>463</u>
		<u>630</u>	<u>590</u>
7C.	Contract income in advance		
	Contract income	<u>2,816</u>	<u>2,438</u>
8	Equity		
		Capital	Revaluation
	Item	\$'000	Reserves
		\$'000	\$'000
		Accumulated	Total
		Results	equity
		\$'000	\$'000
	Balance @ 1 July 1998	1,146	0
			(1,590)
			(444)
	Movement - 98/99	-	134
			303
			437
	Balance @ 30 June 1999	1,146	134
			(1,287)
			(7)
9	Financial assets		
9A.	Cash		
	Cash at bank and on hand	4,156	1,945
	Department of Finance Imprest Account	41	51
		<u>4,197</u>	<u>1,996</u>
	Balance of cash as at 30 June shown in the Statement of Cash Flows	<u>4,197</u>	<u>1,996</u>
9B.	Receivables		
	Contract income	208	1,109
	Interest	10	7
		<u>218</u>	<u>1,116</u>
	Provision for doubtful debts	0	(13)
		<u>218</u>	<u>1,103</u>
	Receivables includes receivables overdue by:		
	- less than 30 days	66	5
	- 30 to 60 days	2	61
	- more than 60 days	0	1
		<u>68</u>	<u>67</u>

Appendix 1

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
 for the year ended 30 June 1999

	1999 \$'000	1998 \$'000
9C. Other financial assets		
Services provided in advance	612	287
10 Non-financial assets		
10A. Infrastructure, plant and equipment		
Plant and equipment - at June 1999 valuation	647	0
Accumulated depreciation	0	0
	<u>647</u>	<u>0</u>
Plant and equipment - at cost	0	1,671
Accumulated depreciation	0	(1,054)
	<u>0</u>	<u>617</u>
Leasehold improvements - at cost	786	810
Accumulated amortisation	(595)	(428)
	<u>191</u>	<u>382</u>
Total Infrastructure, plant and equipment	<u>838</u>	<u>999</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 (1997-98: 0) was transferred to the asset revaluation reserve.

Item	Fitout \$'000	Other plant and equipment \$'000	Total \$'000
Gross value as at 1 July 1998	810	1,671	2,481
Additions	40	57	97
Disposals	0	(171)	(171)
Transfers	(64)	64	0
Gross value as at 30 June 1999	<u>786</u>	<u>1,621</u>	<u>2,407</u>
Accumulated depreciation/ amortisation as at 1 July 1998	428	1,054	1,482
Adjustment for disposals	0	(171)	(171)
Depreciation/amortisation charge for assets held 1 July 1998	166	208	374
Depreciation/amortisation charge for additions	15	3	18
Transfers	(14)	14	0
Accumulated depreciation/ amortisation as at 30 June 1999	<u>595</u>	<u>1,108</u>	<u>1,703</u>
Net book value as at 30 June 1999 before revaluations	<u>191</u>	<u>513</u>	<u>704</u>
Revaluation increments	0	134	134
Net book value as at 30 June 1999 after revaluations	<u>191</u>	<u>647</u>	<u>838</u>
Net book value as at 1 July 1998	<u>382</u>	<u>617</u>	<u>999</u>

10C. Inventories		
Inventories held for sale (net realisable value)	147	160
10D. Other non-financial assets		
Deferred discount on lease of computers	23	40
Prepayments	110	166
	<u>133</u>	<u>206</u>

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1999

11 Cash flow reconciliation

Reconciliation of net cash flows used by operating activities to net cost of services.

	1999 \$'000	1998 \$'000
Net cost of services	(7,562)	(9,212)
Revenues from government	7,703	7,748
Resources received free of charge	162	160
Operating surplus/(deficit)	303	(1,304)
Depreciation and amortisation of infrastructure plant & equipment	409	495
Write down of assets	19	86
Loss on disposal of infrastructure, plant & equipment	0	248
Decrease(increase) in receivables	617	(242)
Increase(decrease) in employee liabilities	539	(8)
Decrease(increase) in inventory	(6)	35
Increase in liability to suppliers	40	74
Increase in other payables	377	96
Decrease in other assets	0	(268)
Other	0	25
Net cash from/(used by) operating activities	2,298	(763)

12 Remuneration of Directors

Aggregate amount of superannuation payments in connection with the retirement of Directors	35,189	40,790
Other remuneration received or due and receivable by Directors of the Institute	230,251	220,858
Total remuneration received or due and receivable by Directors of the Institute	<u>265,440</u>	<u>261,648</u>

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

	Number	
• \$Nil - \$10,000	8	12
• \$10,001 - \$20,000	1	1
• \$70,001 - \$80,000	0	1
• \$80,001 - \$90,000	1	0
• \$160,001 - \$170,000	1	1
	<u>11</u>	<u>15</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)
Mr G Sims (Acting Director 9/10/98 - 26/10/98)
Dr C Choi (Acting Director 4/1/99 - 8/1/99)
Mr A Podger
Ms V Milligan (Resigned 18/3/99)
Mr R Deyell (Resigned 29/4/99)
Dr D Filby (Resigned 28/4/99)
Dr J Shaw
Mr T Skinner
Dr S Hacker

The aggregate remuneration of Directors is disclosed in Note 12.

The aggregate of superannuation payments paid in connection with the retirement of Directors was \$23,918 (1997-98 \$0).

Appendix 1

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 1999

	<u>1999</u>	<u>1998</u>
	<u>\$</u>	<u>\$</u>
14 Remuneration of Executive Officers		
Income received or due and receivable by executive officers	<u>463,229</u>	<u>466,476</u>

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

	Number	
\$100,000 - \$110,000	<u>0</u>	1
\$110,001 - \$120,000	<u>4</u>	2
\$120,001 - \$130,000	<u>0</u>	1
	<u>4</u>	<u>4</u>

The executive officer remuneration includes all officers concerned with or taking part in the management of the economic entity during 1998-99 except the Director and a proportion of the remuneration for executive officers who were acting Directors during the year. Details in relation to those Directors have been incorporated into Note 12 - Remuneration of Directors.

Performance pay has been excluded from the calculation of officer remuneration. The aggregate amount of performance pay received, or due and receivable, by officers was \$10,000. (1997-98 \$nil).

	<u>1999</u>	<u>1998</u>
	<u>\$</u>	<u>\$</u>
15 Remuneration of Auditors		
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	<u>14,000</u>	<u>16,000</u>

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

16 Financial Instruments

16A. Interest rate risk

The Institute's exposure to interest rate risk and the effective weighted average interest rate for classes of financial assets and financial liabilities is set out below:

	Floating interest rate \$000	Floating interest rate		Non-interest bearing \$000	Total \$000
		1 year or less \$000	1 to 5 years \$000		
	\$	\$	\$	\$	\$
Financial assets					
Cash	4,156	0	0	41	4,197
Receivables	0	0	0	218	218
Services provided in advance	0	0	0	612	612
Weighted average interest rate	2.0%	0.0%	0.0%		
	Est				
Financial liabilities					
Accounts payable	0	0	0	630	630
Contract income in advance	0	0	0	2,816	2,816
Weighted average interest rate	0.0%	0.0%	0.0%		

16B. Foreign exchange risk

The Institute has not entered into any foreign currency transactions.

16C. Credit risk exposures

Credit risk represents the loss that would be recognised if counterparties failed to perform as contracted.

The credit risk on financial assets of the Institute is considered to be very low as the majority of the Institute's clients are Commonwealth Government agencies.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
for the year ended 30 June 1999

16D. Net fair values of financial assets and liabilities.

The net fair value of the Institute's financial assets and financial liabilities approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form. The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to and forming part of the accounts.

Appendix 1

Appendix 2

Legislation

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

Australian Institute of Health Ethics Committee regulations

Regulations have been made pursuant to subsections 16(1) and (2) of the *Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee. The Regulations are reproduced on page 100.

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

Part I—Preliminary

1 Short title [see Note 1]

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

2 Commencement [see Note 1]

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the 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*.

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

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

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

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

5 Functions of the Institute

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

- (1AA) The functions of the Institute are:
 - (a) the health-related functions conferred by subsection (1); and
 - (b) the welfare-related functions conferred by subsection (1A).

[Health-related functions]

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

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

[Welfare-related functions]

- (1A) The Institute's welfare-related functions are:
 - (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and
 - (d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and
 - (e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and
 - (f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and
 - (g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and
 - (h) to do anything incidental to the functions conferred by paragraphs (a) to (g).

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

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

6 Powers of Institute

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

power:

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

7 Directions by Minister

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

Division 2—Constitution and Meetings of Institute

8 Constitution of Institute

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

Appendix 2

- (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.

Part III—Finance

20 Money to be appropriated by Parliament

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

22 Money of Institute

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

23 Contracts

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

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

24 Extra matters to be included in annual report

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

25 Trust money and trust property

- (1) The Institute:
 - (a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust

- money;
- (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
- (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

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

Part IV—Miscellaneous

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

NOTE

1. The *Australian Institute of Health and Welfare Act 1987* as shown in this reprint comprises Act No. 41, 1987 amended as indicated in the Tables below.

Table of Acts

Act	Number and year	Date of Assent	Date of commencement	Application, saving or transitional provisions
<i>Australian Institute of Health Act 1987</i>	41, 1987	5 June 1987	1 July 1987 (see <i>Gazette</i> 1987, No. S144)	
<i>Community Services and Health Legislation Amendment Act 1988</i>	79, 1988	24 June 1988	Part III (ss. 7–9): Royal Assent (a)	—
<i>Community Services and Health Legislation Amendment Act 1989</i>	95, 1989	28 June 1989	Part 2 (ss. 3–6): Royal Assent (b)	—
<i>Industrial Relations Legislation Amendment Act 1991</i>	122, 1991	27 June 1991	Ss. 4(1), 10(b) and 15–20: 1 Dec 1988 Ss. 28(b)–(e), 30 and 31: 10 Dec 1991 (see <i>Gazette</i> 1991, No. S332) Remainder: Royal Assent	S. 31(2)
<i>Prime Minister and Cabinet Legislation Amendment Act 1991</i>	199, 1991	18 Dec 1991	18 Dec 1991	—
<i>Australian Institute of Health Amendment Act 1992</i>	16, 1992	6 Apr 1992	4 May 1992	—
<i>Audit (Transitional and Miscellaneous) Amendment Act 1997</i>	152, 1997	24 Oct 1997	Schedule 2 (items 324–337): 1 Jan 1998 (see <i>Gazette</i> 1997, No. GN49) (c)	

- (a) The *Australian Institute of Health and Welfare Act 1987* was amended by Part III (sections 7–9) only of the *Community Services and Health Legislation Amendment Act 1988*, subsection 2(1) of which provides as follows:

“(1) Sections 1, 2, 7, 8, 9, 10, 13, 15 and 17 and paragraph 20(b) commence on the day on which this Act receives the Royal Assent.”

- (b) The *Australian Institute of Health and Welfare Act 1987* was amended by Part 2 (sections 3–6) only of the *Community Services and Health Legislation Amendment Act 1989*, subsection 2(1) of which provides as follows:

“(1) Subject to subsections (2), (3), (4), (5), (6), (7), (8), (9) and (10), this Act commences on the day on which it receives the Royal Assent.”

- (c) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 2 (items 324–337) only of the *Audit (Transitional and Miscellaneous) Amendment Act 1997*, subsection 2(2) of which provides as follows:

“(2) Schedules 1, 2 and 4 commence on the same day as the *Financial Management and Accountability Act 1997*.”

Table of Amendments

ad. = added or inserted am. = amended rep. = repealed rs. = repealed and substituted

Provision affected	How affected
Title	am. No. 16, 1992
S. 1	am. No. 16, 1992
S. 3	am. No. 95, 1989; No. 16, 1992; No. 152, 1997
Note to s. 3	ad. No. 152, 1997
Heading to Part II	am. No. 16, 1992
S. 4	am. No. 16, 1992; No. 152, 1997
S. 5	am. No. 16, 1992
S. 7	am. No. 95, 1989; No. 16, 1992; No. 152, 1997
S. 8	am. No. 16, 1992
S. 10	am. No. 16, 1992
S. 11	rs. No. 122, 1991
S. 13	am. No. 122, 1991; No. 16, 1992; No. 152, 1997
S. 14	am. No. 79, 1988; No. 16, 1992; No. 152, 1997
S. 16	am. No. 16, 1992; No. 152, 1997
S. 17	am. No. 16, 1992
S. 19	am. No. 199, 1991
S. 21	rep. No. 152, 1997
S. 22	am. No. 152, 1997
Heading to s. 24	rs. No. 152, 1997
S. 24	am. No. 79, 1988; No. 152, 1997
S. 25	am. No. 152, 1997
S. 29	am. No. 95, 1989; No. 16, 1992
S. 31	am. No. 16, 1992
Schedule	ad. No. 16, 1992

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.

Australian Institute of Health Ethics Committee Regulations

Citation

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

Interpretation

2. In these Regulations, unless the contrary intention appears:
“Ethics Committee” means the Australian Institute of Health Ethics Committee referred to in subsection 16(1) of the Act;
“the Act” means the *Australian Institute of Health Act 1987*.

Functions

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

Composition

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

Appendix 3

Board members' qualifications, current positions and details of meetings attended from 1 July 1998 to 30 June 1999

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 Richard Madden, BSc Syd, PhD Princeton, FIA, FIAA Director, Australian Institute of Health and Welfare	4
Dr David Filby, BA (Hons), PhD Executive Director, Policy and Budget Division, Department of Human Services, SA	2
Mr David Butt, Cert. Health Economics, Grad Dip Management, FAIM Chief Executive, ACT Department of Health and Community Care (from 23 April 1999)	Nil
Mr Richard Deyell, BA Commerce & Administration Associate Director, Disability Services Office, Department of Human Services, SA	2
Mr Ian Procter, BEc, Dip Ed General Manager, Family and Youth Services, Department of Human Services, SA (from 30 April 1999)	1(b)
Ms Vivienne Milligan, BA (Hons), Public Service Medal Executive Director, Housing and Urban Development Division, Department of Urban Affairs and Planning, NSW	1
Ms Linda Apelt, Dip Teaching, B Ed, Grad Dip (Counselling), M Ed Studies Director General, Qld Department of Housing (from 3 March 1999)	2(b)
Mr Tim Skinner, BA, Dip Ed Deputy Australian Statistician, Australian Bureau of Statistics	2
Mr Andrew Podger, BSc (Hons) Syd Secretary, Department of Health and Aged Care	2(a)
Dr Sandra Hacker, MB, BS, DPM, FRANZCP Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit, Alfred Hospital (from 9 December 1998)	3(b)
Dr Janis Shaw, BA (Hons), PhD Unit Head, Health Services Unit, Australian Institute of Health and Welfare	4

(a) In addition, an alternate for Mr Podger attended on 2 occasions

(b) Attended prior to formal appointment

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 Institute have reciprocal arrangements to observe Institute Board and NHMRC Council meetings respectively.

Appendix 4

Activities funded by outside bodies

Australian Institute of Health and Welfare

Project:	National Community Services Data Dictionary
Funding body:	Standing Committee of Community Service and Income Security Administrators
Amount:	\$100,000
Project:	National Health Record Linkages
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$200,000
Project:	Child Welfare – Data Collection
Funding body:	States and Territories
Amount:	\$171,829
Project:	National Field Test of the Revised International Classification of Impairments, Disabilities and Handicaps in the Area of Intellectual Disabilities
Funding body:	Department of Health and Aged Care
Amount:	\$48,900
Project:	Testing the Draft International Classification of Impairments, Activities and Participation (ICIDH-2) among Indigenous People
Funding body:	Department of Health and Aged Care
Amount:	\$22,550
Project:	Survival from Breast Cancer
Funding body:	Australian Cancer Council
Amount:	\$18,091
Project:	Commonwealth–State Housing Agreement – Performance Indicators
Funding body:	Department of Social Security
Amount:	\$90,000
Project:	National Health Data Dictionary and Information Model
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$416,000
Project:	National Assessment of Quality of Indigenous Identification in Australian Hospitals
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$70,000

Project:	Develop national public health information and indicators under the National Public Health Partnership, and provide assistance and expertise to the Public Health Division, Department of Health and Aged Care
Funding body:	Department of Health and Aged Care
Amount:	\$3,156,770 (1998-99 to 1999-2000)
Project:	National Survey of Mental Health Services
Funding body:	Department of Health and Aged Care
Amount:	\$150,000
Project:	National Information Management System for Open Employment Services for People with Disabilities
Funding body:	Department of Health and Aged Care
Amount:	\$330,400
Project:	National Monitoring System for Cardiovascular Disease
Funding body:	Department of Health and Aged Care
Amount:	\$1,449,000 (1998-99 to 2000-01)
Project:	Child Care Data Development
Funding body:	Department of Health and Aged Care
Amount:	\$27,508
Project:	National Diabetes Register
Funding body:	Department of Health and Aged Care
Amount:	\$745,260 (1998-99 to 2000-01)
Project:	National Drug Strategy Household Survey
Funding body:	States and Territories
Amount:	\$70,378
Project:	Data Validation of the Vietnam Veterans Morbidity Study
Funding body:	Department of Veterans' Affairs
Amount:	\$193,235
Project:	Support for the Australian Medical Workforce Advisory Committee
Funding body:	Australian Health Ministers' Advisory Council
Amount:	\$443,836 (1998-99 to 1999-2000)
Project:	Supported Accommodation Assistance Program—National Data Collection
Funding body:	Department of Health and Aged Care
Amount:	\$2,446,633 (1998-99 to 1999-00)
Project:	Collaborating projects
Funding body:	Heart Foundation of Australia
Amount:	\$77,500

Appendix 4

Project:	Performance Indicators for Palliative Care
Funding body:	Department of Health and Aged Care
Amount:	\$257,000 (1998-99 to 1999-2000)
Project:	Drug Survey
Funding body:	Department of Health and Aged Care
Amount:	\$26,600
Project:	Health Sector Benchmarking and Performance Indicators
Funding body:	Department of Health and Aged Care
Amount:	\$15,245
Project:	National Burden of Disease Study
Funding body:	Department of Health and Aged Care
Amount:	\$138,000
Project:	Older Australia at a Glance
Funding body:	Department of Health and Aged Care
Amount:	\$40,000
Project:	Residential Aged Care
Funding body:	Department of Health and Aged Care
Amount:	\$10,300
Project:	Home and Community Care Service Standards Consumer Appraisal Data Development
Funding body:	Department of Health and Aged Care
Amount:	\$167,000
Project:	Ethnic Population Projections
Funding body:	Department of Health and Aged Care
Amount:	\$100,000 (1998-99 to 1999-2000)
Project:	Community Care Data Development
Funding body:	Department of Health and Aged Care
Amount:	\$375,000 (1999-2000)
Project:	Older Women in Australia
Funding body:	Office of the Status of Women
Amount:	\$7,600
Project:	Ageing and Disability
Funding body:	Department of Family and Community Services
Amount:	\$86,500
Project:	Integrating Indicators of Supply, Outcome and Demand
Funding body:	Department of Family and Community Services
Amount:	\$52,000

Project:	Strategic Development Disability Agreement Minimum Data Set
Funding body:	Department of Family and Community Services
Amount:	\$24,500 (1998-99 to 1999-2000)
Project:	Supported Accommodation Assistance Program (SAAP) – SAAP Management and Reporting Tool
Funding body:	Department of Health and Aged Care
Amount:	\$373,740
Project:	Performance Indicators for Rural Health Australia
Funding body:	Department of Health and Aged Care
Amount:	\$62,358
Project:	Public Housing Data Exchange
Funding body:	Department of Social Security
Amount:	\$28,400
Project:	National Community Housing Mapping
Funding body:	National Community Housing Forum
Amount:	\$48,000
Project:	National Indigenous Housing Data Management Strategy
Funding body:	Department of Health and Aged Care
Amount:	\$135,000 (1998-99 to 1999-2000)
Project:	Medicare Metadata
Funding body:	Department of Family and Community Services
Amount:	\$31,200
Project:	Homeless People
Funding body:	Australian Housing Research Fund
Amount:	\$68,000 (1998-99 to 1999-00)
Project:	Data custodianship for the Quality in Australian Health Care Study Database
Funding body:	Department of Health and Aged Care
Amount:	\$10,100 (1998-99 to 1999-00)
Project:	Rural Health Information Workshop
Funding body:	Department of Health and Aged Care
Amount:	\$50,000 (1998-99 to 1999-2000)
Project:	Health Financing Steering Committee's Source of Funds
Funding body:	Department of Health and Aged Care
Amount:	\$11,900
Project:	Youth Homelessness Pilot Program
Funding body:	Department of Health and Aged Care
Amount:	\$67,047

Appendix 4

Project: National Health Priority Areas
Funding body: Department of Health and Aged Care
Amount: \$561,000 (1998-99 to 2000-01)

Project: Inclusion of Medicare data on the National Health Information Knowledgebase
Funding body: Department of Health and Aged Care
Amount: \$31,200 (1998-99 to 1999-2000)

Collaborating units

AIHW Dental Statistics and Research Unit

Project: Dental Statistics and Research Unit
Funding body: Department of Health and Aged Care
Amount: \$556,000 (1998-99 to 1999-2000)

National Injury Surveillance Unit

Project: Injury Information and Statistics
Funding body: Department of Health and Aged Care
Amount: \$300,000

Aboriginal and Torres Strait Islander Health and Welfare Information

Project: Aboriginal and Torres Strait Islander Health and Welfare Information and Statistics
Funding body: Department of Health and Aged Care
Amount: \$1,880,000 (1998-99 to 2001-02)

General Practice Statistics and Classification Unit

Project: General Practice Statistics and Classification Unit
Funding body: Department of Health and Aged Care
Amount: \$200,000

Appendix 5

AIHW publications and reports 1998–99

AIHW publications

Books

Annual report 1997–98. AIHW. AIHW cat. no. AUS 11. Canberra: AIHW, 1998.
Work program 1998–1999. AIHW. AIHW cat. no. AUS 12. Canberra: AIHW, 1998.

Aged care

Developing quality measures for Home and Community Care. Jenkins A, Butkus E, Gibson D. AIHW cat. no. AGE 8. Canberra: AIHW, 1998 (Aged Care Series).
Hostels in Australia 1996–97: A statistical overview. AIHW. AIHW cat. no. AGE 10. Canberra: AIHW, 1998 (Aged Care Statistics Series).
Nursing homes in Australia 1996–97. DHAC, AIHW. AIHW cat. no. AGE 9. Canberra: AIHW, 1998 (Aged Care Statistics Series).

Cancer

Breast and cervical cancer screening in Australia 1996–1997. AIHW. AIHW cat. no. CAN 3. Canberra: AIHW, 1998 (Cancer Series).
Breast cancer survival in Australian women 1982–1994. AIHW, AACR, NBCC. AIHW cat. no. CAN 4. Canberra: AIHW, 1998 (Cancer Series).
Cancer in Australia 1991–1994 (with projections to 1999). AIHW, AACR. AIHW cat. no. CAN 2. Canberra: AIHW, 1998 (Cancer Series).
Cancer in Australia 1995. AIHW & AACR. AIHW cat. no. CAN 5. Canberra: AIHW, 1999 (Cancer Series).

Cardiovascular disease

Cardiac surgery in Australia 1994. Senes-Ferrari S. AIHW cat. no. CVD 6. Canberra: AIHW, 1999 (Cardiovascular Disease Series).
Coronary angioplasty in Australia 1995. Senes-Ferrari S. AIHW cat. no. CVD 5. Canberra: AIHW, 1999 (Cardiovascular Disease Series).
Heart, stroke and vascular disease, Australian facts, 1999. AIHW, Heart Foundation of Australia. AIHW cat. no. CVD 7. Canberra: AIHW, 1999 (Cardiovascular Disease Series).
Medical care of cardiovascular disease in Australia. Waters AM, Armstrong T, Senes-Ferrari S. AIHW cat. no. CVD 4. Canberra: AIHW, 1998 (Cardiovascular Disease Series).
National Biomedical Risk Factor Survey. Bennett S, Bhatia K, Magnus P. AIHW cat. no. PHE 5. Canberra: AIHW, 1998.
Surveillance of cardiovascular mortality in Australia 1985–1996. Mathur S, Gajanayake I. AIHW cat. no. CVD 3. Canberra: AIHW, 1998 (Cardiovascular Disease Series).

Child and family support services

Adoptions Australia 1997–98. AIHW. AIHW cat. no. CWS 7. Canberra: AIHW, 1999 (Child Welfare Series).
Child protection Australia 1996–97. AIHW. AIHW cat. no. CWS 5. Canberra: AIHW, 1998 (Child Welfare Series).

Juvenile justice and youth welfare: a scoping study. AIHW. AIHW cat. no. CWS 6. Canberra: AIHW, 1998.

Dental health

Adult access to dental care—Indigenous Australians. Brennan DS, Carter KD. AIHW cat. no. DEN 40. Adelaide: AIHW DSRU, 1999 (Dental Statistics and Research Series).

Adult access to dental care—migrants. Carter KD, Brennan DS, Stewart JF. AIHW cat. no. DEN 33. Adelaide: AIHW DSRU, 1999 (Dental Statistics and Research Series).

Adult access to dental care—rural and remote dwellers. Brennan DS, Carter KD, Stewart JF. AIHW cat. no. DEN 41. Adelaide: AIHW DSRU, 1999 (Dental Statistics and Research Series).

Australia's oral health and dental services. AIHW DSRU. AIHW cat. no. DEN 13. Adelaide: AIHW DSRU, 1999 (Dental Statistics and Research Series).

Child Dental Health Survey, Queensland 1996, The. AIHW DSRU. AIHW cat. no. DEN 46. Adelaide: AIHW DSRU, 1998.

Child Dental Health Survey for South Australia, 1996, The. AIHW DSRU. AIHW cat. no. DEN 34. Adelaide: DSRU AIHW, 1999.

Child Dental Health Survey for Tasmania, 1996, The. AIHW DSRU. AIHW cat. no. DEN 39. Adelaide: AIHW DSRU, 1999.

Child Dental Health Survey for Victoria, 1996, The. AIHW DSRU. AIHW cat. no. DEN 36. Adelaide: AIHW DSRU, 1999.

Child Dental Health Survey for Western Australia, 1996, The. AIHW DSRU. AIHW cat. no. DEN 37. Adelaide: AIHW DSRU, 1999.

Dental health services, Western Australia report, 1998. Review and analysis of services options in School Dental Services. DSRU & Social and Preventive Dentistry, The University of Adelaide. Adelaide: AIHW DSRU, 1998.

Evaluation of the impact of the introduction of copayments in public dental services. Interim report no. 1. AIHW DRSU. Adelaide: AIHW DSRU, 1998.

Evaluation of the impact of the introduction of copayments in public dental services: mailed questionnaire. Interim report no. 2. AIHW DSRU. Adelaide: AIHW DSRU, 1998.

Evaluation of the impact of the introduction of copayments in public dental services. Interim report no. 3. AIHW DSRU. Adelaide: AIHW DSRU, 1999.

Oral and maxillofacial surgeons—1996 study of trainees and recent specialists. Szuster FSP, Goss AN, Spencer AJ, Nastri AL. AIHW cat. no. DEN 44. Adelaide: AIHW DSRU, 1998.

Disability services

Disability support services provided under the Commonwealth/State Disability Agreement: national data, 1997. Black K, Maples J. AIHW cat. no. DIS 12. Canberra: AIHW, 1998.

Open employment services for people with disabilities 1995–96 and 1996–97. Anderson P, Golley L. AIHW cat. no. DIS 11. Canberra: AIHW, 1998.

General practice

Bettering the evaluation and care of health: a study of general practice activity. Six month interim report. Britt H, Sayer GP, Miller GC, Charles J, Scahill S, Horn F, Bhasale A. AIHW cat. no. GEP 1. Sydney: AIHW GPSCU, 1999 (General Practice Series).

Health and welfare expenditure

Australia's health services expenditure to 1996–97. AIHW. AIHW cat. no. HWE 10. Canberra: AIHW, 1998 (Health Expenditure Bulletin).

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Appendix 6

AIHW—Unit Heads

Executive Unit

Margaret Fisher, GradDipT&DM, MBus, CSU

Health Division

Cardiovascular Disease Monitoring

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

Disease Registers

Paul L Jelfs, BSc (Hons), PhD UNSW

Health and Community Services Labour Force

John Harding, BA Macq

Public Health Data and Information Services

Mark Cooper-Stanbury, BSc ANU

Patient Morbidity and Services

Jenny Hargreaves, BSc (Hons) ANU

Health Services

Janis Shaw, BA (Hons), PhD ANU

Population Health

Kuldeep Bhatia, BSc, MSc, PhD Panjab; PhD ANU

Anthony Greville, BEc Qld, MHealthPlanning UNSW

Principal Research Fellow

Colin D Mathers, BSc (Hons), PhD Syd

Welfare Division

Aged Care

Diane Gibson, BA (Hons), PhD Qld

Child and Family Support Services

Helen Moyle, BA East Anglia, MA La Trobe

Disability Services

Rosamond Madden, MSc Syd

Health and Welfare Expenditure

John Goss, BEc, BSc ANU; GradDipNutrDiet QIT

Housing Unit

David Wilson, BEc (Hons) Flinders

SAAP National Data Collection Agency

Justin Griffin, BEc JCUNQ

Information and Business Management Division

Business Management

Owen Rodda, BA CCAE, MBA Canberra, ASCPA

Communication and Public Affairs

Nigel Harding, BA Qld

Data Management

David Hamilton BA, MLitt NE

Information Development

Joe Christensen, BA UWA

Information Technology

Mike McGrath, BA CCAE

Library and Document Management Services

Judith Abercromby, BA (Hons) Tas; DipLib UNSW

Heads of collaborating units

National Perinatal Statistics Unit Director

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

Dental Statistics and Research Unit Director

A John Spencer, MDSc, PhD Melb; MPH Michigan

Aboriginal and Torres Strait Islander Health and Welfare Information Unit Director

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

National Injury Surveillance Unit Director

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

General Practice Statistics and Classification Unit Director

Helena Britt, BA UNSW; PhD Syd

Appendix 7

Equal Employment Opportunity

Representation of EEO groups within salary levels, at 30 June 1999.

Salary group	ATSI		NESB 1		NESB 2		PWD		Women		Men		Total	
	97-98	98-99	97-98	98-99	97-98	98-99	97-98	98-99	97-98	98-99	97-98	98-99	97-98	98-99
APS Level 2	0	0	2	2	0	1	0	0	7	13	0	0	7	13
APS Level 3	0	0	0	0	0	1	0	0	8	5	1	2	9	7
APS Level 4	0	0	0	1	1	1	0	1	7	9	4	6	11	15
APS Level 5	0	0	2	2	2	1	0	0	14	14	7	9	21	23
APS Level 6	0	0	7	7	2	1	0	0	22	25	7	6	29	31
Executive Level 1	0	0	8	7	2	3	1	1	24	25	21	23	45	48
Executive Level 2	0	0	3	2	2	2	0	0	7	7	14	16	21	23
SES officers	0	0	1	1	0	0	1	1	0	0	5	4	5	4
Total	0	0	23	22	9	10	2	3	89	98	59	66	148	164

ATSI Aboriginal and Torres Strait Islander.

NESB1 Non-English-speaking background, first generation.

NESB2 Non-English-speaking background, second generation.

PWD People with a disability.

Appendix 8

Freedom of Information requests

There were no requests made under the *Freedom of Information Act 1982* during 1998–99.

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 1158.

Appendix 9

Glossary

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AIHW	Australian Institute of Health and Welfare
ATSIHWIU	Aboriginal and Torres Strait Islander Health and Welfare Information Unit
BEACH [®]	Bettering the Evaluation and Care of Health
CSMC	Community Services Ministers' Conference
DALY	Disability adjusted life years
DHAC	Department of Health and Aged Care
DSRU	Dental Statistics and Research Unit
FaCS	Department of Family and Community Services
GPSCU	General Practice Statistics and Classification Unit
HACC	Home and Community Care
ICD-9-CM	International Classification of Diseases Ninth Revision, Clinical Modification
ICD-10	International Classification of Diseases Tenth Revision
ICD-10-AM	International Classification of Diseases Tenth Revision, Australian Modification
ICIDH	International Classification of Impairments, Disabilities and Handicaps
ICIDH-2	International Classification of Functioning and Disability
ICPC-2	International Classification of Primary Care revision 2
ICPC-2 PLUS	Australian extended terminology classified according to ICPC-2
ISO/IEC	International Organization for Standardization/International Electrotechnical Commission
MoU	Memorandum of understanding
NCCH	National Centre for Classification in Health
NCSDD	<i>National Community Services Data Dictionary</i>
NCSIMG	National Community Services Information Management Group
NHDD	<i>National Health Data Dictionary</i>
NHIMAC	National Health Information Management Advisory Council
NHIMG	National Health Information Management Group
NHMRC	National Health and Medical Research Council
NHPA	National health priority area
NIHIP IWG	National Indigenous Health Information Plan Implementation Working Group
NISU	National Injury Surveillance Unit
NPHP	National Public Health Partnership
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
SAAP	Supported Accommodation Assistance Program
SCCSISA	Standing Committee of Community Service and Income Security Administrators
WHO	World Health Organization

Appendix 10

Compliance index

Board Members are responsible under s. 9 of the *Commonwealth Authorities and Companies Act 1997* 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:

Part 1 – Preliminary	Page
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	1
• Enabling legislation and objectives and functions	1
• 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	1
Outline of organisational structure	8
Review operations and future prospects	Chapters 2, 3, 4 and 5
• Operational and financial results of the AIHW during the financial year	Appendix 1
• Risk management strategy	6
• Significant events of which the Minister was notified (s15 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	101
Number of meetings of the Board and details of each director’s attendance	101
Number of meetings of each Board committee held during the financial year and each director’s attendance at those meetings	4
Details of the Audit Committee, number of Audit Committee meetings and attendance record	4
Details of indemnities and insurance for officers	4

