

AUSTRALIAN INSTITUTE
of Health and Welfare

ANNUAL REPORT 2003-04



Australian Government

**Australian Institute of
Health and Welfare**



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The Institute is Australia's national health and welfare statistics and information agency, and is part of the Australian Government's Health and Ageing portfolio.

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Australian Government
Australian Institute of Health and Welfare

The Hon. Tony Abbott MP
Minister for Health and Ageing
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 2004.

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 30 September 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

A handwritten signature in black ink, appearing to read 'Peter Collins', with a horizontal line extending to the right.

Hon. Peter Collins, AM, QC
Chairperson of the Board

2 October 2004

AIHW Mission

Better health and wellbeing for Australians through better health and welfare statistics and information.

We inform community discussion and decision-making through national leadership and collaboration in developing and providing health and welfare statistics and information.

The Institute's values

We uphold these values:

| | |
|----------------|--|
| ACCESSIBILITY | making our work available to all Australians |
| EXPERTISE | applying specialised knowledge and high standards to our products and services |
| INDEPENDENCE | ensuring our work is objective, impartial and reflects our mission |
| INNOVATION | showing curiosity, creativity and resourcefulness in our work |
| PRIVACY | respecting and safeguarding the privacy of individuals and the confidentiality of those who provide the information we use |
| RESPONSIVENESS | seeking and responding to the needs of all those who supply or use our data and information |



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Highlights from the AIHW Chair

It is a privilege for me that my first task as incoming Chairperson of the AIHW Board is to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 2004, and to highlight some of the Institute's many significant achievements for the year.

A key responsibility for the Institute, and one for which it has a legal obligation, is to submit to the Minister every two years a health report providing statistics and related information concerning the health of the people of Australia, and a similar welfare report about the provision of welfare services to the Australian people. Section 31 of the *Australian Institute of Health and Welfare Act 1987* is prescriptive about the timing of presentation of the two reports. Consequently, during one financial year out of every two, AIHW produces, for submission to the Minister and subsequently to each House of Parliament, the major publications that are *Australia's Health* and *Australia's Welfare*; 2003–04 was such a year.

In December 2003, at a public launch held in Parliament House, Senator Kay Patterson, Minister for Family and Community Services, launched *Australia's Welfare 2003*. Senator Patterson strongly endorsed the publication, noting that 'for the first time, *Australia's Welfare* includes data under 13 indicator topics, which give us an extremely useful context for the chapters which follow, indicators such as housing, health, education, employment, recreation and social support networks'. Senator Patterson publicly acknowledged the sweat and effort involved in the production of such a report.

In June 2004, in conjunction with a very successful conference hosted by the AIHW, the Minister for Health and Ageing, the Hon. Tony Abbott, launched *Australia's Health 2004*. The Minister claimed the Report is the nation's health 'report card', and highlighted key data from its comprehensive contents to demonstrate the strengths and problems of Australia's health system.

AIHW publications are much valued by a broad range of interest groups; politicians, policy makers, service deliverers as well as Australians concerned about their own health and wellbeing. The publications are trusted as objective, factual, up-to-date sources of statistics and information about a range of topics of interest to all of us. The AIHW Values (Accessibility; Expertise; Independence; Innovation; Privacy; Responsiveness) provide for all its work.



During the year, the Board initiated a discussion which identified a set of principles and important matters of process to be incorporated in a *Charter of Corporate Governance*. The Charter, adopted at the June 2004 Board meeting, takes into account contemporary issues regarding corporate governance and will underpin Board operations in an increasingly complex environment.

Last year the AIHW announced in its Annual Report that 2002–03 had been the Institute’s busiest and most productive year in terms of published reports. This benchmark was exceeded in 2003–04. The AIHW employs around 200 staff, augmented by staff of its university-based Collaborating Units. During 2003–04, that small group of people produced 125 publications on a plethora of topics to inform the people of Australia about their health and wellbeing and their health and welfare services. Those publications range from the 500+ page biennial reports that I’ve described earlier, to pithy, focused reports on topics of vital interest to the community—the obesity bulletin series is a case in point. Media coverage of the release of AIHW publications is impressive and the number of people accessing the AIHW website and Hansard references attests to their value in policy making and community discussion.

I wish to pay tribute to the important influence of my predecessor, Dr Sandra Hacker, who served as a member of the AIHW Board from 1998 to 2001; and as its Chairperson from 2001 to 2004. Dr Hacker steered the Institute through a period of continuing growth, not only in terms of publication output, but in terms of expanding scope. An example of the latter was the strengthening and expansion of the Institute’s collaborating arrangements across Australia.

I am honoured to have been appointed as Chairperson of the AIHW and look forward to working with the Board and staff toward its continuing success.

Hon. Peter Collins, AM, QC
Board Chair





Chapter

1

Organisation of the Australian Institute of Health and Welfare



Enabling legislation

The Australian Institute of Health and Welfare (AIHW) was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992 the AIHW's role and functions were expanded to include welfare-related information and statistics. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) (Appendix 2, page 69).

The AIHW is in the Health and Ageing portfolio and has a close relationship with the Department of Family and Community Services and the Department of Veterans' Affairs.

Responsible Minister

Hon. Tony Abbott, the Minister for Health and Ageing, is the Minister responsible for the AIHW.

The AIHW also communicates with the Minister for Family and Community Services, the Minister for Ageing and the Minister for Children and Youth Affairs.

Objectives and functions

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

In summary, the AIHW:

- identifies and meets the information needs of governments and the community to enable them to make informed decisions to improve the health and welfare of Australians
- provides authoritative, timely information and analysis to the Commonwealth, state and territory governments and to the community by collecting, analysing and disseminating national data on health, community services and housing assistance
- develops, maintains and promotes, in conjunction with stakeholders, information standards for health, community services and housing assistance.

The AIHW may:

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

The AIHW promotes and releases the results of its work into the public domain.



Statement of governance

AIHW Board

Section 8(1) of the AIHW Act specifies the composition of the Board of the AIHW. Board members, other than three ex-officio members and a staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Ageing for periods not exceeding 3 years. Details of 2003–04 Board members are listed below. The financial statements contain details of remuneration of Board members (Note 12, page 60), and Related Party Disclosures of the Board (Note 13, page 60).

The following is a list of Board members for the period 1 July 2003 to 30 June 2004.

Chair

Dr Sandra Hacker

Ministerial nominees

Prof. Heather Gardner, Dr Kerry Kirke, Mr Ian Spicer

Representative of consumers of welfare services

Ms Elizabeth Davies

Secretary, Department of Health and Ageing

Ms Jane Halton

Australian Statistician

Mr Dennis Trewin

Australian Health Ministers' Advisory Council nominee

Mr Peter Allen

Community Services Ministers' Advisory Council nominee

Ms Linda Apelt (since June 2004)

Representative of state and territory housing departments

Dr Owen Donald (since June 2004)

AIHW staff nominee

Ms Justine Boland

Director

AIHW Dr Richard Madden

The Secretary of the Department of Family and Community Services is invited to attend and participate in Board meetings. The Chief Executive Officer of the National Health and Medical Research Council attends the Board as an observer.

Four Board meetings were held during the period. Details of meetings attended and Board members' qualifications and experience are in Appendix 3 (page 93).

The performance of the AIHW Director is reviewed annually by the Board Chair.

During the year, the Board initiated a discussion which identified a set of principles and important matters of process to be incorporated in a *Charter of Corporate Governance*. The Charter, adopted at the June 2004 Board meeting, takes into account contemporary issues regarding corporate governance and will underpin Board operations in an increasingly complex environment.

The *AIHW Charter of Corporate Governance* is available at Appendix 11.

Board committees

ETHICS COMMITTEE

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

Membership and meetings

Membership of the Ethics Committee at 30 June 2004 is shown below. The Ethics Committee meets the National Health and Medical Research Council (NHMRC) requirements for the composition of human research ethics committees.

Four meetings of the Ethics Committee were held during 2003–04. The Committee agreed to the ethical acceptability of 28 projects during the year.

Ethics Committee members 2003–04

Chair

Mr Robert Todd

Medical graduate with research experience

Prof. Tony Adams

Graduate in a social science

Dr Siew-Ean Khoo

Nominee of the Registrars of Births, Deaths and Marriages

Ms Val Edyvean

Minister of religion

Rev. Dr D'Arcy Wood

Legal practitioner

Ms Marina Farnan

Representatives of general community attitudes

Mr John Turner (from June 2004)

Ms Janet Kahler

Director, AIHW

Dr Richard Madden



AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee is a subcommittee of the AIHW Board. The Committee authorises and oversees the AIHW's audit program and reports to the Board on financial and audit issues.

Membership and meetings

Membership of the Audit and Finance Committee and details of the four meetings held during the year are shown in Appendix 4.

The major matters on which the Committee reported to the Board were:

- review of annual financial statements
- internal audit program
- data audit program.

Indemnities and insurance premiums for officers

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

Funding

Two main sources of income fund the AIHW's activities. As part of the Health and Ageing portfolio, the AIHW appropriated \$8.556 million in 2003–04 by the Australian Government (Appendix 1, page 43). Revenue for externally funded projects from other sources was \$14.1 million. External projects are largely funded through agreements between the AIHW and the Commonwealth (the Department of Health and Ageing, the Department of Family and Community Services and the Department of Veterans' Affairs), Health, Community Services and Housing Ministers' advisory councils, and state and territory agencies.

Organisational structure

The organisational structure of the AIHW has been established to ensure it best meets its functional responsibilities. The structure does not remain static but is modified to meet the changing requirements of its constituents.

The Director, who is a member of the Board, is responsible for the AIHW's activities. The Director is supported in this role by four Division Heads, each with a major functional responsibility within the organisation (for Health, Welfare, Resources, and Business and Information Management), and an Executive Unit. A chart showing the AIHW's organisational structure is on page 12.

Collaborating units

Five collaborating units (contracted with the organisations shown below) extend the scope of the AIHW's skills base and enhance the ability of the AIHW to perform its functions.

AUSTRALIAN CENTRE FOR ASTHMA MONITORING (WOOLCOCK INSTITUTE OF MEDICAL RESEARCH, SYDNEY)

The Australian Centre for Asthma Monitoring forms part of the Australian asthma monitoring system, which was established as a component of the National Health Priority Area plan for asthma.

DENTAL STATISTICS AND RESEARCH UNIT (UNIVERSITY OF ADELAIDE)

The Dental Statistics and Research Unit aims to improve oral health of Australians by collecting, analysing and reporting information on people's oral health, their access to dental care, the practice of dentistry in Australia and the dental labour force.

GENERAL PRACTICE STATISTICS AND CLASSIFICATION UNIT (UNIVERSITY OF SYDNEY)

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

NATIONAL INJURY SURVEILLANCE UNIT (FLINDERS UNIVERSITY)

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

NATIONAL PERINATAL STATISTICS UNIT (UNIVERSITY OF NEW SOUTH WALES)

The National Perinatal Statistics Unit contributes to the health and wellbeing of mothers and babies in Australia by collecting, analysing and reporting national information on reproductive and perinatal health. The unit collaborates with state and territory perinatal data groups and other professional and consumer groups in developing national reproductive and perinatal health statistics and information systems.

COLLABORATIVE ARRANGEMENTS

The AIHW has agreements with a number of other organisations to facilitate collaboration. These include the National Centre for Classification in Health in relation to classification of cause of death, the National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases, and the National Centre in HIV/AIDS Epidemiology and Clinical Research.



AIHW staff

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 2003–04 are shown on page 101. Executive staff at 30 June 2004 are listed below. Information about heads of functional units is included in Appendix 7 (page 103).

Director

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

Health Division Head

Ching Y Choi, BA (ICU), PhD (ANU)

Welfare Division Head

Diane Gibson, BA (Hons), PhD (Qld), FASSA

Business and Information Management Division Head

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

Resources Division Head

Ken Tallis, BA (Hons) (ANU), BEc (ANU)

Establishment and maintenance of ethical standards

The AIHW upholds these values:

- Accessibility
- Expertise
- Independence
- Innovation
- Privacy
- Responsiveness.

The *AIHW Corporate Plan 2003–2006* was developed in the context of the AIHW's values. In turn, those values shape the Business Plan which flows from the Corporate Plan, and the annual Work Program.

The AIHW's strong commitment to its values is reinforced for staff in a number of ways. Staff are required to sign an Undertaking of Confidentiality in relation to data held under the AIHW Act. A major focus of the AIHW's induction program is a discussion, led by the Director, of the values and ethical standards under which the AIHW operates. These policies and work practices, which are subject to audit scrutiny, are designed to ensure the confidentiality of the data held.

Risk management strategies

Maintaining the security of AIHW data is a key strategy for minimising the Institute's business risk. Staff and researchers seeking access to AIHW data through its Ethics Committee must comply with the confidentiality requirements of s. 29 of the AIHW Act. These requirements are explained in the *AIHW Information Security and Privacy Policy and Procedures*, the *Guidelines for Custody of AIHW Data*, and the *AIHW Ethics Committee Guidelines for the Preparation of Submissions for Ethical Clearance*. Each year the Board endorses an annual audit program covering data, data administration, finance, human resources and other administrative procedures.

The AIHW has in place a program of independent data audits. The audits are designed to determine whether effective strategies are in place to ensure the security and integrity of collections, and that adequate controls surround the administration of databases. Four major data collections were audited in 2003–04. The audits have again shown a high standard of data-management practice and at the same time indicated some areas for improvement. Advice on common findings is being prepared for data managers. This will be used to finetune practices and improve efficiency across data collections.

A Contract Management Audit was started to examine the processes and procedures in place for AIHW revenue and procurement contracts. The auditor's report is expected early in the next financial year. Field work was begun for a financial audit to be completed in October 2004.

An interim Business Continuity Plan incorporating an information technology disaster recovery plan was made available to staff and management. The interim plan will be refined in the coming year to ensure compliance with the forthcoming Australian Government Business Continuity Guidelines.

Recruitment practices

ACCESSIBILITY OF RECRUITMENT INFORMATION

Vacancies are advertised in the Gazette and on the AIHW website; such information is accessible to people with disabilities. Emails on accessibility matters are responded to promptly, and applications submitted by email are accepted. The AIHW is committed to workplace diversity and equal employment and opportunity.

APPLICATION OF THE PRINCIPLE OF 'REASONABLE ADJUSTMENT'

Recruitment and selection guidelines include a statement that the AIHW is an equal opportunity employer which values and promotes workplace diversity. The AIHW encourages managers and selection advisory committees to demonstrate attitudes and practices that support members of designated groups applying for, securing and maintaining employment.

Training and development activities

Staff training and development programs are accessible to all staff.

Accessibility of AIHW work

All AIHW publications are available free of charge on the AIHW website (www.aihw.gov.au). In addition, the site offers free access to more than 45 interactive data 'cubes' which allow users to produce customised tables or graphs to suit their needs.



AIHW publications include a wide range of statistical tables, and it is difficult to render all of these in universally accessible formats. In recognition of this, the AIHW invites website visitors having difficulty accessing information to contact Institute staff directly for individual assistance.

An action plan is being developed to make key publications available in more accessible formats, in addition to PDFs (portable document files).

As with all government agencies, accessibility of print versions of AIHW publications was affected by the closure of the nationwide network of government bookshops (Government Info Shops) during the year.

New mail-order distribution arrangements were established by AIHW, and an internet purchasing facility for print publications was added to the AIHW website. Approximately 40% of all publications orders now come through the website.

A special discount scheme was introduced for over-the-counter purchases of print publications on AIHW premises, in recognition that these purchases do not incur postage and packing costs.

Grievance mechanism

The AIHW has procedures in place for dealing with grievances, and these are outlined in the AIHW Certified Agreement:

- All staff are encouraged to discuss grievances, in the first instances, with their manager.
- Workplace Harassment Contact Officers have been appointed to assist staff.
- Staff have access to professional counselling through an external Employee Assistance Program. Details of this arrangement are available to all staff via the AIHW intranet.

Occupational health and safety strategies

Safe working practices are covered by the AIHW Occupational Health and Safety Agreement, which was signed in 1998. The agreement recognises the AIHW's legal responsibility to ensure that the workplace and staff work practices are healthy and safe. The agreement is accessible to staff via the AIHW intranet, which provides advice on a range of occupational health and safety issues.

The Occupational Health and Safety Committee met twice during the year, and conducted business out-of-session also. Committee members have received training from Comcare on how to improve the effectiveness of occupational health and safety committees.

Measures taken during the year to ensure the health, safety and welfare at work of employees and contractors included:

- training in occupational health and safety work practices, and in managing occupational health and safety risks
- training in firefighting and emergency evacuation procedures for fire wardens, and first aid training for staff with those responsibilities
- individual workstation assessments for many staff, conducted by professional occupational therapists
- regular workplace inspections by health and safety representatives and office services staff, and repairs and maintenance as required.

There was one incident that required the giving of notice under s. 68 of the *Occupational Health and Safety Act 1991*.

The AIHW was not subject to any investigations during the year, and no directions were given under s. 45 or notices given under ss. 29, 46 or 47 of the *Occupational Health and Safety Act 1991*.

Environmental performance and contribution to ecologically sustainable development

The functions of the AIHW are such that none of its activities are relevant to ecologically sustainable development in terms of the principles identified in the *Environment Protection and Biodiversity Conservation Act 1999*.

However, in accordance with its broad commitment to following high ethical standards, the AIHW has in place a number of policies and procedures to reduce the environmental impacts of its day-to-day operations. These relate particularly to conservation of energy and other natural resources.



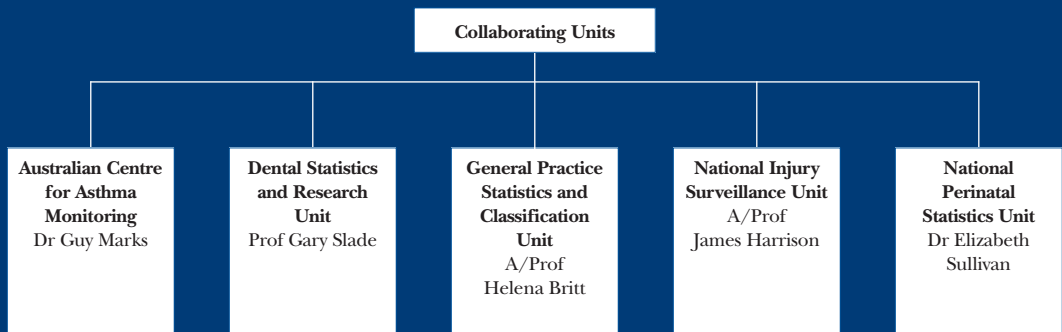
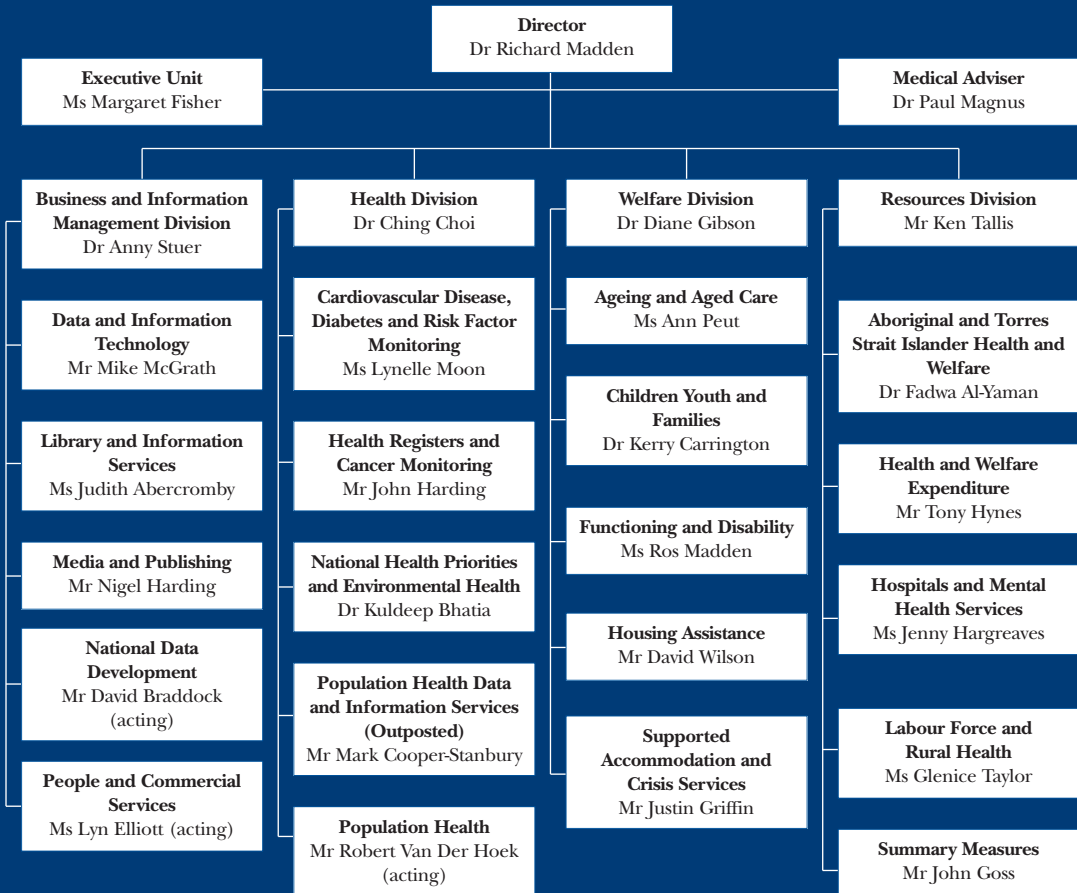
Chapter 2

Reporting Framework



Organisational structure

Australian Institute of Health and Welfare





Background

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

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

Better health and wellbeing for Australians through better health and welfare statistics and information.

We inform community discussion and decision making through national leadership and collaboration in developing and providing health and welfare statistics and information.

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

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

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

The AIHW Work Program

The annual Work Program is endorsed by the AIHW Board. In addition to its internally funded Work Program, the AIHW provides services on a cost-recovery basis to a variety of government and non-government clients. This includes work on a number of nationally important ongoing data sets such as those relating to housing, the Supported Accommodation Assistance Program, mental health services, cancer screening, asthma monitoring, diabetes monitoring, cardiovascular disease monitoring, and dental services.

The Work Program for 2003–04 outlines actions taken to achieve the goals and describes outputs that are delivered to meet the objectives of the AIHW Corporate Plan and the Business Plan 2004–05. Analysis of achievements based on Work Program goals is included on page 34.

The Board agreed to maintain the relativity of appropriation funding committed to projects in the Health and Ageing portfolio and the Family and Community Services portfolio at 62% and 38% respectively. As a statutory authority within the Health and Ageing portfolio, the AIHW reports on its appropriation funding through that portfolio budget process only, whether its outputs relate to health or to community services data and information.

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

Business and people strategies

The AIHW's business and people strategies reflect the values, objectives, priorities and strategies described in the 2003–2006 Corporate Plan and in the 2004–2005 AIHW Business Plan which was developed in the latter half of 2003 and came into effect in January 2004.

This section highlights initiatives associated with AIHW's relationships with its partners and clients, and with the application of high professional and ethical standards to its work.

During the year, the AIHW established collaborative arrangements with the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales. Development of arrangements with the National Centre for Classification and Health at the University of Sydney and the Public Health Information Development Unit (PHIDU) based at the University of Adelaide was well advanced by the end of the reporting period.

The AIHW undertakes work for Commonwealth agencies under Memoranda of Understanding (MOUs). Existing MOUs with the Department of Health and Ageing, the Department of Family and Community Services and the Department of Veterans' Affairs all continued in 2003–04.

Acumen Alliance, the AIHW's internal auditor, began the second year of a 3-year audit program that covers data collections and financial and administrative policies and procedures.

A number of initiatives related to the 2002–05 Certified Agreement were implemented, including updated travel guidelines for staff and updated Studybank (study assistance) guidelines.

A new Learning and Development Strategic Plan was developed to cover the 2004–05 period and to align with the 2004–05 AIHW Business Plan framework.

The AIHW continued to provide staff access to contemporary statistical expertise through a statistical consultancy service, and initiated a writing consultancy for all staff, with a particular emphasis on staff from non-English-speaking backgrounds.

Online, web-based learning was introduced for standard applications such as Microsoft Excel and Microsoft Word.

The AIHW seminar series, with speakers from policy departments and other stakeholder areas, continued to be an integral component of our communication strategy to ensure staff are kept up to date with developments in the AIHW's internal and external business environments. The seminar series was complemented by quarterly Institute Update sessions for all staff.

The annual graduate intake has attracted new employees from a wide variety of relevant disciplinary backgrounds.



Information and communication strategies

During the year, the AIHW published a record 125 reports and 60 media releases. These are all available free of charge on the AIHW website (www.aihw.gov.au). Highlights of the year included the release of the AIHW's biennial flagship reports— *Australia's Welfare 2003* in December 2003 and *Australia's Health 2004* in June 2004.

A two-day national conference, *Australia's Health: Vital Statistics, Vital Signs*, was held in conjunction with the launch of *Australia's Health 2004*. The conference drew on the expertise of AIHW staff and other national and international experts, and received excellent written and verbal feedback from participants.

In addition to its reports, the AIHW website has 33 subject portals and attracts over 2,000 individual visits each day.

The website includes more than 40 multidimensional data 'cubes', which consistently rank among the most-used areas of the website. These cubes allow clients to produce their own customised tables or graphs of statistics related to cancer, disability services, hospital diagnoses and usage, general practice activity, expenditure on health and welfare services, and use of alcohol and other drug treatment services.

The online publications catalogue was extensively redeveloped during the year and now includes streamlined, secure online purchase of AIHW publications, a service which has drawn an enthusiastic response from our clients.

In June 2004, the AIHW commissioned a detailed analysis of how the site was being used by clients. This analysis is being used to redesign our website based on logical and established navigation principles, compliant with Australia's e-government guidelines and standards.

Media coverage and AIHW's relevance in meeting the information needs of governments and the community

Evidence of the usefulness and popularity of AIHW reports during the year was apparent through media coverage statistics, citations in Hansard, and acknowledgment of AIHW expertise on authoritative websites.

On release, most AIHW reports receive coverage in all major metropolitan newspapers and radio stations, with some television coverage for documents of very high interest.

During the year, four bulletins on obesity attracted particularly significant media interest, with *Obesity Trends in Older Australians*, released in February 2004, the top overall media performer for the year. This report generated coverage in 13 major newspapers, and 68 radio and 13 television segments. The biennial *Australia's Health* publication, released in June 2004, and *Health Expenditure Australia 2001–02*, released in September 2003 were also among the reports attracting strong media interest, as were *Young Homeless People in Australia 2002–02*, *Child Protection Australia 2002–03*, and *Australian Hospital Statistics 2002–03*, released in July 2003, and January and June 2004, respectively.

Aside from media coverage generated as a result of newly released reports, the AIHW is approached regularly by the media for both data and expert opinion. AIHW statistics were quoted in more than 120 mainstream media articles during 2003–04, ranging from popular women’s magazines to financial newspapers. This was in addition to citations in published professional journals, and online journals and websites.

The AIHW is also well-utilised as a reliable information source by Members of Parliament. The Institute was cited or mentioned 60 times during the year in the Hansards of both Houses of Parliament. In addition, the Parliamentary Library, the main source of information for federal MPs and Senators, promotes the AIHW as the ‘primary agency for health and welfare information in Australia’, producing ‘authoritative and comprehensive publications across the broad areas of health and welfare’. The Parliamentary Library’s website provides direct links to a number of the Institute’s key publications.

Reports according to Portfolio Budget Statement

The AIHW Review of Operations for 2003–04 reports according to output groups in the Department of Health and Ageing Portfolio Budget Statement. In reporting on these output groups, however, the AIHW includes the significant proportion of its Work Program which supports the objectives of the Family and Community Services portfolio so as to present a comprehensive record of the AIHW’s contribution to the health and welfare of Australians.

The output groups within Outcome 9 of the Department of Health and Ageing 2003–04 Portfolio Budget Statement according to which the AIHW reports are listed below. The groups are sufficiently broad to enable reporting on contributions made to the Family and Community Services portfolio.

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

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

Output Group 3: Collection and production of health-related and welfare-related information and statistics for government, non-government and community organisations.

PERFORMANCE TARGETS NOT ACHIEVED

This report identifies where the AIHW did not meet its Work Program goals against each of the Output Groups.

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

Specific services include:

- presentation by the end of 2003 of *Australia's Welfare 2003*, providing statistics and related information concerning the provision of welfare services to the Australian people (under s.31(1A) of the *Australian Institute of Health and Welfare Act 1987*)
- presentation by the end of June 2004 of *Australia's Health 2004*, providing statistics and related information concerning the health of the Australian people (under s.31(1) of the *Australian Institute of Health and Welfare Act 1987*)
- AIHW Annual Report.

Contribution to Portfolio Outcome 9

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

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

Background

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

The AIHW regards the requirement to produce the reports as an excellent opportunity to provide health and welfare statistics and information to Parliament and thus to the Australian community. The reports are important vehicles for informing the Australian public about the state of the nation's health and its health- and welfare-associated support services. They also enable the AIHW to showcase its capability in health and welfare statistics and information.

Parliament is an important audience for *Australia's Health* and *Australia's Welfare*, not only because the AIHW Act requires that the reports are presented to Parliament but also because the reports are used to inform Parliament and help shape the processes of government.

Performance measures

In 2003–04, there were 60 references in the Hansards of the House of Representatives and the Senate to reports by the AIHW compared with 73 in 2002–03.

The AIHW's Board, which includes representatives of the Department of Health and Ageing, the Department of Family and Community Services, the Australian Bureau of Statistics, the Australian Health Ministers' Advisory Council, the Community Services Ministers' Advisory Council and Housing Administrators, has been closely involved in the preparation of both *Australia's Welfare 2003* and *Australia's Health 2004*.

AUSTRALIA'S WELFARE 2003

Australia's Welfare 2003 was released in November 2003. Progress was monitored by the AIHW's senior management and the Board. Referees cover the spectrum of the AIHW's stakeholders, including its Board members.

AUSTRALIA'S HEALTH 2004

Australia's Health 2004 was launched in June 2004 in conjunction with the widely attended *Australia's Health: Vital Statistics, Vital Signs* conference.

Australia's Health and *Australia's Welfare* are the best selling of the AIHW's publications, with sales totalling \$17,401 and \$9,559 respectively in 2003–04. (They are also available free of charge through the AIHW website.)

AIHW ANNUAL REPORT

The 2002–03 AIHW Annual Report was tabled on Tuesday, 28 October, 2003.

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

The AIHW takes a national leadership role in relation to:

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

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

Quality data are needed to form the basis of community discussion and decision making. Such data are essential to government agencies in the health, community services and housing assistance sectors as well as to community groups for policy development and service planning and monitoring. Consistent data, which allow valid comparison of jurisdictions or service providers, are essential to central agencies such as the Productivity Commission, the Commonwealth Grants Commission and Commonwealth, state and territory Treasuries.

Data development is integral to the process of improving information. A structured approach to data development and collection minimises duplication and has potential benefits, including cost savings, for all agencies, providers and clients.

NATIONAL DATA DICTIONARIES

National data dictionaries produced by the AIHW provide nationally endorsed specifications for the definition and representation of data items for use in Australian data collections in the health, housing assistance and community services. Much of the drive for standardisation arises from Australia's various national agreements, i.e. the Australian Health Care Agreements, the National Health and Community Services Information Agreements and the National Housing Data Agreement.

Electronic access to data dictionaries developed by the AIHW is available through the Knowledgebase (electronic metadata registry for national data standards in health, community services and housing) on the AIHW website (www.aihw.gov.au). The Knowledgebase is an open-access electronic storage site where users can view and comment on health, community services and housing assistance national data standards in Australia. It provides precise definitions of data on particular health or community services, related topics or terms, and any related officially agreed national minimum data sets.

Outputs for 2003–04 in this category are shown in the performance measures on page 24.

NATIONAL DATA INFRASTRUCTURE PROJECTS

The AIHW undertook several data infrastructure projects relating to health and welfare information and statistics. Outputs achieved during the year in this category are referred to at the end of the chapter.

NATIONAL MINIMUM DATA SETS

A national minimum data set (NMDS) is a core set of data elements endorsed for collection and reporting at a national level. For health information, NMDSs are agreed to by the National Health Information Group for mandatory collection and reporting.

In the community services sector, agreement to collect and report NMDSs is reached within Commonwealth, state and territory structures relevant to specific programs or policy areas. As signatories to the National Community Services Information Agreement, the government authorities responsible for community services at state, territory and Commonwealth levels are committed to using national data standards endorsed through the National Community Services Information Management Group. In the housing assistance sector, procedures are similar to those for the community services sector.

NATIONAL PERFORMANCE INDICATORS

Well-designed and clearly defined indicators enable the systematic analysis of trends in outcomes for health, housing assistance and community services, and factors affecting these outcomes. Indicators also enable comparisons to be made across populations, help to identify problem areas, and provide a basis for establishing benchmarks. Details of the AIHW's contribution during the year to this work are included in the list on page 24.

In 2003–04, the AIHW contributed to the development and standardisation of a set of indicators of the quality of health care established by the Commonwealth Fund. These indicators compare health outcomes and performance of Australia, New Zealand, Canada, the United States and the United Kingdom. The AIHW also provided up-to-date statistical information against these indicators.

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

National information agreements provide a framework for national data infrastructure activities in the AIHW's three areas of functional responsibility. The AIHW's participation in and support of national information management groups covering health, community services and housing assistance enable it to play a role in promoting and supporting the development of nationally consistent, readily accessible information in these areas.

The AIHW contributes a significant amount of its resources to the work of these information management groups. It chairs national data committees on health, housing assistance (including Indigenous housing) and community services and provides the secretariat to these committees and to the information management groups to which these report.



HEALTH INFORMATION

During 2003–04, the AIHW participated in the redevelopment of national health information governance arrangements aimed at integrating work on statistical, clinical and management use health information.

The **National Health Information Agreement** (NHIA) is designed to ensure nationally important health information is collected, compiled and interpreted correctly and efficiently. The Statistical Information Management Committee (SIMC) which reports to the National Health Information Group (NHIG), a subcommittee of the Australian Health Ministers' Advisory Council, directs the implementation of the NHIA.

The NHIA was reviewed in 2003–04. The revised Agreement retains the scope and main features of the previous Agreement, with minor changes to reflect the current national health information governance arrangements and contemporary approaches to privacy, data linkage and moves to greater consistency between health, housing and community services data.

The revised Agreement will remain in effect for 5 years (from 2004 to 2009).

The Australian Government Department of Veterans' Affairs is, for the first time, a signatory to the NHIA. The revised Agreement will start on 1 September 2004, allowing time to obtain the signatures of all parties.

The AIHW is a member of the SIMC and provides the secretariat. The SIMC page on the AIHW website (www.aihw.gov.au/committees/simc) provides information about the SIMC and the work produced for it, as well as giving access to SIMC publications.

The **Health Data Standards Committee** (HDSC) is a subcommittee of the NHIG. The Committee's work focuses mainly on the maintenance, revision and development of the *National Health Data Dictionary* (NHDD) and health data standards included in the AIHW Knowledgebase (electronic metadata registry for national data standards in health, community services and housing). Twelve editions of the NHDD have been produced. The NHDD originated from the need for consistent nationally endorsed definitions for reporting of data sets (NMDSs) for national collation and analysis. Increasingly, the HDSC Work Program involves analyses and endorsement of clinical data sets as well as those strictly for statistical purposes. The NHDD has been expanded to include the range of clinical definitions endorsed by HDSC. The AIHW is a member of the Committee, and provides the secretariat and Chair.

The **Classifications and Terminologies Working Group** is a subcommittee of the HDSC. Its main role is to oversee and make recommendations on the development and application of health-related classifications in Australia. The AIHW is a member of the Working Group, and provides the secretariat.

The **National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data** was established by Australian Health Ministers' Advisory Council. It provides broad strategic advice to the NHIG on improving the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health-service delivery. The AIHW is a member of the advisory group, and provides the secretariat.

The **National Public Health Information Working Group** drives a coordinated national effort to ensure nationally consistent information infrastructure to promote and protect the health of all Australians. The AIHW provides the secretariat and the joint Chair to the working group.

COMMUNITY SERVICES INFORMATION

The AIHW supports the work of community services jurisdictions under the **National Community Services Information Agreement (NCSIA)**. The Agreement is managed by the **National Community Services Information Management Group (NCSIMG)**, a subgroup of the Community Services Ministers' Advisory Council (CSMAC).

The NCSIA provides for the establishment of the national infrastructure and decision-making processes needed to integrate and coordinate the development of consistent national information on community services. The Agreement was reviewed and the revised version endorsed by CSMAC during 2003–04.

The National Community Services Data Committee is a subcommittee of NCSIMG with the main responsibility of developing and maintaining the *National Community Services Data Dictionary* and promoting national data consistency in the community services field. The AIHW provides the Chair and secretariat of the Data Committee.

HOUSING ASSISTANCE INFORMATION

The AIHW supports national housing statistical work under the **National Housing Data Agreement (NHDA)** and the **Agreement on National Indigenous Housing Information (ANIHI)**. Both agreements were reviewed during 2003–04 by a Steering Committee which included the AIHW as well as Commonwealth, state and territory Representatives. The Housing Ministers' Advisory Council (HMAC) have endorsed the review report which recommended continuation of the two agreements.

The NHDA is a subsidiary agreement under the 1999–2003 Commonwealth–State Housing Agreement outlining a commitment to the development and provision of nationally consistent data. The NHDA includes major work areas comprising development of national minimum data sets, national performance indicators and national data definitions and standards. The ANIHI provides a framework for improving the measurement of outcomes for Indigenous housing, of the need for such housing and of access to it.

The NHDA Management Group (NHDAMG) reports to the Policy and Research Working Group of HMAC. The National Indigenous Housing Information Implementation Committee (NIHIC) manages the ANIHI, and reports to the Standing Committee on Indigenous Housing, which in turn reports to HMAC. The AIHW provides the secretariat for the NHDAMG, NIHIC and the National Housing Data Development Committee (NHDDC) which the AIHW chairs. Joint membership of the NHDAMG, NIHIC and NHDDC avoids duplication and allows the groups to work together on relevant data development issues.

Developing national and international health and welfare standards and classifications

The AIHW is working on disability data standards, including the implementation in Australia of the International Classification of Functioning, Disability and Health (ICF). Its related work program has been devised by and is carried out in consultation with an advisory group. The ICF classifies functioning and disability associated with health conditions. Its implementation in Australia will improve the quality and consistency of data on human functioning and disability across a wide range of fields including health, ageing and aged care, and community services. The ICF provides a firm foundation for whole-of-government approaches to information in these and related fields.



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

The AIHW contributed much to the development of the new International *Classification of External Causes of Injury* (ICECI) and to achieving its recognition, in October 2003, as a Related Member of the WHO Family of International Classifications.

Input during the year included development of the ICECI index, preparation and presentation of a paper on technical development of the ICECI to the WHO-FIC meeting in October 2003, management of the revision process leading to ICECI version 1.2, and production of an extensively hyperlinked electronic version.

Technical work continued on methods to enable more reliable indicators of population incidence of serious and fatal injury to be derived from administrative data sources. This work included testing a severity measure based on hospital discharge data and commencement of a validation study of methods to allow for multiple episodes in hospital per incident injury case. Findings of this work will be used when designing and reporting on new injury indicators.

A contribution to the fifth revision of the ICD-10-AM (International Statistical Classification of Diseases and related Health Problems, 10th revision, Australian Modification) was preparation and distribution of a discussion paper on possible changes to the injury and external cause chapters, based on a review of several sources, including the draft ICD-10-CM (International Statistical Classification of Diseases and related Health Problems, 10th revision, Clinical Modification). Responses to the discussion paper will form the basis of the preparation of a submission to the ICD-10-AM revision process.

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

The AIHW operates under a strict confidentiality regime that has its basis in s. 29 of the *Australian Institute of Health and Welfare Act 1987*. Legislative requirements are operationalised by formal policies and guidelines endorsed by the AIHW's Board. This legislative framework, which established the AIHW Ethics Committee, has led to a demand for AIHW expertise and advice on information-related issues of data privacy, confidentiality and ethics.

The AIHW Ethics Committee considers researchers' applications (predominantly university-based) for access to its data collections. This year, record linkage was undertaken for statistical and research purposes with the National Death Index and the National Cancer Statistics Clearing House for more than 24 health research studies approved by the Ethics Committee. Researchers report annually to the Committee on the progress of studies, and subsequent publications.

This use of AIHW data for research by academic institutions provides opportunities for broader based discussion on health and welfare in Australia.

The AIHW is a member of the Australian Health Ministers' Advisory Council Health Privacy Working Group which is developing a draft National Health Privacy Code. The code establishes a set of national health privacy principles and guidelines to protect the privacy of health information across Australia. The AIHW's focus in this exercise is on the appropriate use of health information for statistical purposes.

Participation in national committees as an information specialist

The AIHW is a member of a large number of national committees and supports health and welfare investment by providing statistical expertise in a range of areas.

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

The AIHW contributes significantly to the annual *Report on Government Services* prepared by the Steering Committee for the Review of Commonwealth–State Service Provision. The AIHW and the Steering Committee cooperate on the basis of agreed business arrangements. AIHW staff who are subject-matter experts are members of seven of the working groups (Children’s Services, Protection and Support Services, Disability, Aged Care, Housing, Health and Indigenous Data). The AIHW provides data for a number of chapters in the report, and is the major data source for disability, housing, and child protection and support services.

A list of national committees which the AIHW chairs and for which it provides the secretariat is in Appendix 9, page 127.

Performance measures

The following national infrastructure projects demonstrate the Institute’s achievements of its work program objectives for Output Group 2.

- Publication of the *National Health Data Dictionary Version 12 Supplement* on the AIHW Knowledgebase: Australia’s electronic register for health, community services and housing assistance national data standards
- Publication of the *National Community Services Data Dictionary Version 3* in hard copy and on the AIHW Knowledgebase
- Creation of a database application for re-engineering the content of the AIHW Knowledgebase
- Selection of a consultant to undertake the redevelopment of the AIHW Knowledgebase into an enhanced web-based registry based on the new ISO11179 standard for metadata registries
- Substantial development of detailed business rules for the management of metadata to support national data standards in health, community services and housing assistance.

Output Group 3—Collection and production of health-related and welfare-related information and statistics for governments, non-governments and community organisations

National data collections and reports

The AIHW obtains data mainly from administrative information collected by Commonwealth, state and territory jurisdictions in the course of service delivery in the health, community services and housing assistance sectors. The national information agreements, established under direction of the relevant Ministerial Councils and described under Output Group 2 of this report, facilitate the flow of data from these jurisdictions to the AIHW so it can fulfil its function of collecting and producing health-related and welfare-related information and statistics.

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

To ensure the integrity, quality and timeliness of reports based on the national collections, the AIHW has established steering committees to guide production of the reports, such as the Australian Hospital Statistics Advisory Committee. Membership of the committee covers data providers (state and territory health authorities) and other data users and expert advisers (the Department of Health and Ageing, Australian Private Hospitals Association, Australian Healthcare Association, Australian Private Health Insurance Administration Council, Clinical Casemix Committee of Australia, the National Centre for Classification in Health, the Australian Bureau of Statistics, the Department of Veterans' Affairs, and an independent academic expert). The committee usually meets annually on a face-to-face basis to comment on the previous year's publication and to discuss the content, including analytical methodologies and longer term data development for the next report. Subsequent meetings are held, mainly by teleconference, on specific aspects of the report's preparation, and a draft is sent to data providers for comment.

Such a comprehensive process ensures the requirements of key stakeholders are considered in preparing the report, engages data providers in the process to support their timely provision of quality data, and imposes a rigour that ensures that the expectations of all stakeholders are met.

Similar steering or advisory committees exist in relation to perinatal statistics, maternal deaths, cardiovascular disease, diabetes and other specialised areas.

CANCER MONITORING AND HEALTH REGISTERS

Cancer in Australia 2000 (published in November 2003) provided a comprehensive coverage of cancer statistics in Australia, including new analyses of colorectal cancer, median age of diagnosis, women not participating in cancer screening, women who are being over-screened, and trends in hospital admissions of cancer patients.

Analyses of the trends in cancer statistics were presented at the Clinical Oncology Society of Australia annual conference in November and at the *Australia's Health: Vital Statistics, Vital Signs* conference in June 2004.

During 2003–04 the national Cancer Strategies Group (CSG) created a Data Subcommittee on which the Institute was represented. Papers were presented to the Data Subcommittee on the Institute's cancer statistics data holdings and on methodologies for projecting cancer incidence and calculating cancer prevalence. The Data Subcommittee identified incidence projections as a high priority and commissioned the Institute to produce a joint report in 2004–05 on incidence projections. The projections will also be used in national radiotherapy services planning.

The AIHW produced national monitoring reports to agreed timetables for the BreastScreen Australia and cervical cancer programs. The AIHW also produced four quarterly monitoring reports on the national bowel cancer screening pilot and was involved in the development of the evaluation plan for the pilot.

During 2003–04 the National Occupational Health Commission (NOHSC) asked the Institute to take over management of the Australian Mesothelioma Register. Arrangements for this were approved by the AIHW Ethics Committee and the AIHW Board. However, transfer of the Register to the AIHW was put on hold pending new arrangements for NOHSC functions to be transferred to the Department of Employment and Workplace Relations in 2004–05.

Recommendations were made to the Registrars of Births, Deaths and Marriages and the Australian Bureau of Statistics to improve coverage and quality of the National Death Index, but agreement was not finalised by the end of 2003–04.

DIABETES AND CARDIOVASCULAR DISEASE MONITORING

A major achievement this year was the release of a comprehensive report on cardiovascular disease—*Heart, Stroke and Vascular Diseases: Australian Facts 2004*—the third such report compiled by AIHW. The focus of this report was on inequalities, including between Aboriginal and Torres Strait Islanders and other Australians, across socioeconomic groups, and across regions. The report was launched by the Minister for Health and Ageing, and received good media coverage.

Other main achievements during the year included a series of bulletins on overweight and obesity (*A Growing Problem: Trends and Patterns in Overweight and Obesity; Are All Australians Gaining Weight? Differentials in Overweight and Obesity; and Health, Wellbeing and Body Weight: Characteristics of Overweight and Obesity*). In the area of diabetes, a bulletin entitled *Diabetes in Overseas Born Australians* and the latest National Diabetes Register report were released.

ASTHMA

The AIHW has continued to support development of information on asthma, a National Health Priority Area, through its collaboration with the Australian Centre for Asthma Monitoring. This year the Centre launched its report *Asthma in Australia 2003*, which was the most comprehensive set of asthma data ever compiled in Australia. The Centre also published its assessment of asthma indicators in the *Review of Proposed National Health Priority Area Asthma Indicators and Data Sources*, released a discussion paper, *Measuring the Impact of Asthma on Quality of Life in the Australian Population*, and produced a data development plan to guide enhancements to asthma data in Australia. Additionally, it provided expert guidance to the National Asthma Reference Group for a research strategy to investigate under-utilisation of preventative medication among asthmatics.



INJURY INFORMATION AND STATISTICS

The AIHW continued to contribute to national policy development for the prevention of injury, another National Health Priority Area, through the activities of its collaborating centre at Flinders University, the National Injury Surveillance Unit (NISU). The draft National Injury Prevention Plan, developed during the year by the Strategic Injury Prevention Partnership group of the National Public Health Partnership (NPHP) drew extensively on a NISU report, *National Injury Prevention Plan Priorities for 2004 and Beyond: Discussion Paper*. Reports were also produced on analyses of coroners' data on injury deaths, the severity of hospitalised injury, spinal cord injury and other topics related to injury.

POPULATION HEALTH

Building on past experience, the Department of Health and Ageing commissioned the AIHW to manage the 2004 National Drug Strategy Household Survey. In developing the survey (being implemented between June and October 2004), the AIHW has responded to stakeholder consultation by improving survey design and content to elicit more useful information on youth and prevention issues, to upgrade available information on mental health and drug use comorbidity, and generally to enhance the relevance of the survey findings.

The AIHW also managed the 2002 Older Persons Influenza Vaccination Survey and published a comprehensive report. This study was carried out as part of an evaluation of the national Influenza Vaccination Program for Older Australians. Preliminary results were also provided to state and territory program coordinators to help implement the 2003 wave of the program.

The AIHW provided the secretariat and project support for the National Computer-Assisted Telephone Interviewing Health Surveys Technical Reference Group, which oversaw substantial progress in developing infrastructure and capacity for state and territory health surveillance activities. Two batches of health surveillance topics were pre-tested and field-tested, and a subsequent survey module manual was submitted for inclusion in the *National Health Data Dictionary*. Preliminary work was also undertaken to establish a data sharing protocol, whereby state and territory health surveillance data could be pooled, analysed and reported, to complement national survey outputs.

The national mortality database and the AIHW website portal on mortality were enhanced and the General Record of Incidence of Mortality (GRIM) workbooks were maintained on the AIHW website. Also, a data repository for Australian health and demographic data supplied to WHO was created and made available through the AIHW website.

NATIONAL HEALTH PRIORITY AREAS MONITORING

The AIHW undertakes regular surveillance and monitoring of the National Health Priority Areas (NHPA) of cardiovascular health, cancer control, injury prevention and control, mental health, diabetes mellitus, asthma, and arthritis and musculoskeletal conditions. Up-to-date statistical information on sets of NHPA indicators is provided biennially, the latest included in *Australia's Health 2004*.

ARTHRITIS

The Australian Health Ministers declared arthritis and musculoskeletal conditions as a National Health Priority Area in 2002. The AIHW has contributed to the development of information for this priority area by participating in the activities of the Data Working Group of the National Arthritis

and Musculoskeletal Conditions Advisory Group. An indicator development process has been established to monitor the priority areas of rheumatoid arthritis, osteoarthritis and osteoporosis. The indicators cover incidence, prevalence, preventative factors, management and outcomes. The AIHW is also working on a statistical report on arthritis and musculoskeletal conditions in Australia.

RURAL HEALTH

Three rural health reports were released during the year:

- *Rural, Regional and Remote Health—A Study on Mortality*, compares rates and causes of inter-regional mortality, describes mortality trends over time and disentangles the effects of Indigenous and rural health.
- *Rural, Regional and Remote Health—A Study on Mortality: Summary Report*, distils the findings of the above study on mortality.
- *Rural, Regional and Remote Health—A Guide to Remoteness Classifications*, which describes and compares the three geographic classifications Rural, Remote and Metropolitan Areas (RRMA), ARIA (Accessibility/Remoteness Index of Australia) and ASGC (Australian Standard Geographic Classification for Remoteness), and provides a comparative guide to the categorisation of 2001 statistical local areas (SLAs) using the three classifications. This report has proven to be a useful reference for those interested in evaluating health programs in regional and remote areas.

A fourth report, *Rural, Regional and Remote Health—Indicators of Health* is due to be released in November 2004. This publication populates most of the indicators that were developed and described in the earlier report, *Rural Regional and Remote Health—Information Framework and Indicators*, published in June 2003. The report provides comparative statistics on a wide range of health indicators across the geographic areas, making it the most comprehensive information ever available to aid in developing health policy in regional and remote Australia.

With the release of this report—the current rural health project—the AIHW will have completed its 3-year program of delivering a suite of key statistical products on rural health topics.

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE

The joint AIHW and ABS publication *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 2003* was released in August 2003. The report provides comprehensive data on the Indigenous population, including topics such as housing and environmental health, health services, community services, ill health, health risk factors and mortality. The report was launched by Professor Fiona Stanley.

The AIHW worked closely with jurisdictions on the *National Summary of the 2001 and 2002 Jurisdictional Reports against the Aboriginal and Torres Strait Islander Health Performance Indicators*. This was the first report using the refined set of 56 indicators endorsed by the Australian Health Ministers' Advisory Council in 2000, and the fourth time that all jurisdictions have reported using a set of national performance indicators for Aboriginal and Torres Strait Islander health. The indicators were designed to provide an assessment of whether the health of Indigenous people is improving and to highlight problem areas that Australia's health system should tackle as high priorities.

The report includes data on most of the 56 health performance indicators for Aboriginal and Torres Strait Islander peoples grouped in three areas—government inputs, determinants of Health and, outcomes for people.



The AIHW also undertook data development work in the area of Indigenous housing. This included the development of a data manual for the collection of administrative data on Indigenous community housing. This data, along with a range of other data on Indigenous housing, will be reported in *Building a Better Future Outcomes Report 2003–04* to be completed by December 2004.

HOSPITALS AND MENTAL HEALTH SERVICES

Australian Hospital Statistics 2002–03 was released within 12 months of the reference period as the latest in the AIHW's series of reports presenting data on Australia's hospitals. A refined 'Hospitals at a glance' section was included, as were time series analyses on a wide range of topics. *Mental Health Services in Australia 2001–02* brought together a wide range of data on specialised and other mental health services. It included a special chapter focusing on health care for depression. Statistical information on hospitals and mental health services was also disseminated through interactive data cubes on the Internet, and in response to specific data requests from government agencies, non-government organisations, private enterprise and individuals.

GENERAL PRACTICES STATISTICS AND CLASSIFICATION

The AIHW's collaboration with the General Practice Statistics and Classification Unit at the University of Sydney provides the only source of detailed statistical information on the work of general practitioners in Australia. The unit conducts the BEACH (Bettering the Evaluation and Care of Health) program in collaboration with the AIHW and a consortia of private and public sector funders.

The report on *Older Patients Attending General Practice in Australia 2000–02* provided a secondary analysis of data from two years of the BEACH program. It was based on 49,647 encounters (24,003 with patients aged 65–74 years and 25,644 with those of 75 years or more) with 1963 GPs, and reported on the characteristics of older patients who attended GPs in Australia, and information about the problems managed and treatments provided at these encounters.

An historical study of changes in pathology ordering by general practitioners for 1998–99 to 2000–01, conducted for the Department of Health and Ageing, was published as an AIHW book in the General Practice series.

The annual report of current general practice activity (*General Practice Activity in Australia 2002–03*) was also published as an AIHW book in the General Practice series.

SUMMARY MEASURES

The AIHW continued to update its disease costing and burden of disease analyses. It published *Health System Expenditure on Disease and Injury in Australia 2000–01* in May 2004. In addition, work on national performance indicators for the National Health Performance Committee continued.

HOUSING ASSISTANCE

The AIHW's Work Program included publishing a set of annual reports for the six program areas of the Commonwealth–State Housing agreement (CSHA) and to the Department of Family and Community Services for use in annual reporting on the Housing Assistance Act. For these program areas, data are also provided for the Council of Australian Governments (COAG) Review of Government Services.

The National Housing Assistance Data Repository was launched at the National Housing Conference in November 2003. The data repository provides access for government agencies, researchers and community organisations (under strict privacy guidelines) to the major CSHA and related national housing assistance administrative by-product data collections.

The first statistical bulletin on the recipients of Commonwealth rent assistance was produced and released.

A national workshop on developing strategies to improve data on community housing under the 2003–2008 CSHA was held. As a result of the workshop, government agencies and community housing providers have developed a strategy and are working to improve the quality, coverage and consistency of data.

During this period the AIHW made substantial contributions to the review of the two national housing data agreements requested by the Housing Ministers' Advisory Council; this involvement delayed the completion of three reports. One report was published in July 2004 and the remaining two are scheduled for release in 2004–05.

SUPPORTED ACCOMMODATION ASSISTANCE PROGRAM

This year the AIHW published reports on the Supported Accommodation Assistance Program (SAAP), providing information and analysis on the provision of, and need for, supported accommodation and other crisis services. The routine reports included *Homeless People in SAAP: National Data Collection Annual Report 2002–03* (a report for each state and territory and Australia published within 6 months of the reference period) and *Demand for SAAP Assistance by Homeless People 2001–02*. The latter report produced, for the first time, rates of turnaway for people requesting immediate accommodation.

The program's first thematic report, *Young Homeless People in Australia 2001–02*, was published in July 2003. The second thematic report, *Children Accompanying Homeless Clients 2002–03*, was published in June 2004.

AGEING AND AGED CARE

The AIHW published a number of reports providing information about the supply and use of institutional and home-based care services in Australia. The report *Residential Aged Care in Australia 2002–03* provides comprehensive statistical information on a major form of institutional care and its users.

Community care programs were the focus of a number of reports based on a census of care recipients and providers of Community Aged Care Packages, Extended Aged Care at Home packages, and day therapy centres. Projections of the future supply of informal care were also published.

AIHW has continued to engage with the research agenda for an ageing Australia, including through analysis of data relevant to healthy ageing such as obesity trends in older Australians. AIHW has also contributed to the development of infrastructure for the community of researchers into ageing through the development of the Ageing Research Online website.

FUNCTIONING AND DISABILITY

The redeveloped national data collection on disability services under the Commonwealth–State/Territory Disability Agreement has been successfully implemented, in cooperation with National Disability Administrators (NDA). From the collection, indicators have been produced for publication by the NDA in mid 2004. The first AIHW yearly report on the collection will



be published in September 2004, later than planned because of later than anticipated data transmissions by jurisdictions in this first year of the re-developed collection.

AIHW publications on treatment services for alcohol and other drugs improved in timeliness by two months in 2003–04. These data are an important resource for monitoring initiatives under the new National Drugs Strategy, and have been used for a national project, on mapping treatment supply, of the Australian National Council on Drugs.

A new national data collection on medial indemnity claims in the public sector has been agreed and implemented, in cooperation with all health administrations. A national report has been supplied to the Australian Health Ministers Advisory Council.

Disability data development work is gathering momentum, with a new project on functional outcome data modules funded by the Australian Health Ministers Advisory Council. AIHW advice is widely sought on disability data development and the AIHW has made numerous presentations on related topics, both in Australia and in the Asian region. Because of the need to respond to requests and emerging opportunities, a considerable amount of new work, not envisaged in the 2003–04 work plan, has been carried out or begun.

CHILDREN, YOUTH AND FAMILIES

Child Protection Australia 2002–03 provided comprehensive information on child protection services delivered by state and territory community service departments. The report contained data for 2002–03, as well as trend data on child protection notifications, investigations and substantiations; children on care and protection orders; and children in out-of-home care. The release of this report generated much national interest.

Adoptions Australia 2002–03 published statistics on finalised adoptions for each state and territory for 2002–03. The publication also provided trend data in the number of adoptions from 1968–69 to 2002–03. The collection also reports on intercountry placement and adoptions.

Australia's Young People: Their Health and Wellbeing, the second national statistical report of its kind published by AIHW, provides 400 pages of information about the current health and wellbeing status of Australia's young people. The report provides a comprehensive overview of a broad range of indicators which influence the health and wellbeing of young people, including health conditions, mortality, morbidity, disability, sexual and reproductive health, injury, mental health, infectious and chronic diseases, and oral health. The report also provides comprehensive statistical information about a range of risk and protective factors associated with young people's wellbeing, such as family, cultural, social and behavioural factors. Where possible, the data are presented by Indigenous status and for young people living in rural and remote areas.

HEALTH AND WELFARE SERVICES EXPENDITURE

The AIHW published its yearly report on national and state/territory expenditure on health services and welfare services, and its third report on expenditure on public health activities by Australian Government, state and territory health departments.

In addition, the AIHW provided support for the development of consistent methods for estimating expenditure on health services for Aboriginal and Torres Strait Islander peoples.

The AIHW has established a Health Expenditure Advisory Committee (HEAC) to provide advice on data sources, analysis and presentation of estimates of health expenditure and on

the integration of expenditure data collections. HEAC also undertakes work on behalf of the Statistical Information Management Committee, such as advising on the creation of a standardised system for reporting health expenditures under the Australian Health Care Agreements.

HEALTH AND WELFARE LABOUR FORCE

The joint AIHW and Australian Bureau of Statistics (ABS) publication *Health and Community Services Labour Force, 2001* was released. The tables and analytical material for the publication were prepared by the AIHW, with contributions of Census data, other survey data and editorial comment from the ABS. This report provides demographic and labour force statistics on the full range of health and community services occupations and industries in fine geographical detail.

Two AIHW health labour force reports were released during 2003–04: *Nursing Labour Force, 2002* and *Medical Labour Force, 2001*. Both of these were prepared in the new, condensed format, supplemented by a comprehensive set of tables made available on the AIHW website.

In addition, the Labour Force and Rural Health Unit contributed to both *Australia's Welfare 2003* and *Australia's Health 2004* during the year. The material for both of these drew on the joint AIHW/ABS Census report as well as the AIHW labour force surveys.

The presentation of labour force statistics at the *Australia's Health: Vital Statistics, Vital Signs* Conference in 2004 generated wide interest, and has given rise to a number of potential projects. One of these is to evaluate the effects of increasing female participation on projections of medical workforce supply.

PROVISION OF STATISTICAL SERVICES TO THE DEPARTMENT OF VETERANS' AFFAIRS

The AIHW provides expert advice to, and participates in ongoing collaborative work with, the Department of Veterans' Affairs. Two reports were produced during the year: *Cancer Incidence Study 2003: Australian Veterans of the Korean War* and the *Mortality Study 2003: Australian Veterans of the Korean War*. Along with a range of other activities, the AIHW began a register of female Vietnam veterans as a basis for studying their health.

PERINATAL STATISTICS

The year focused on data review with two major reports on the quality of perinatal data prepared in 2003–04. Widespread consultation with states and territories, technical and professional groups and consumers was undertaken to look at the utility of the National Perinatal Statistics Unit's (NPSU) oldest collection on birth defects, and in conducting the first audit of the perinatal national minimum data set. The dataset is the basis of the flagship report, *Australia's Mothers and Babies* and is being revamped in 2004 to include information from other areas relevant to childbirth.

A welcome outcome was the support for developing a new national collection on birth anomalies. The year also saw the preparation of the next report on maternal deaths in Australia and implementation of a new Assisted Reproductive Technology data collection for Australia and New Zealand known as ANZARD. ANZARD will allow reporting of treatment and pregnancy outcomes in the same report, improving the quality of information available for the community.

Overall, the statistics showed that, despite the postponement of childbearing by women to their thirties and older, pregnancy was as safe as it ever has been in Australia.



DENTAL STATISTICS AND RESEARCH

During 2003–04, the Dental Statistics and Research Unit (DSRU), a collaborating unit of the AIHW at the University of Adelaide, initiated the National Survey of Adult Oral Health. The survey, which broadens the scope of DSRU's National Dental Telephone Interview Survey, will monitor changes in oral health in the Australian adult population. Rates of dental decay and gum disease will be compared with levels observed 17 years ago in Australia's only previous national dental examination survey. DSRU personnel are collaborating with state and territory public dental health authorities in the project that is supported in part through a National Health and Medical Research Council project grant.

DSRU personnel contributed to preparation of the National Oral Health plan which has been accepted by the Australian Health Ministers' Advisory Council. DSRU undertook analyses of population oral health, access to dental care, the dental workforce and dental research activity.

Work continued on the Child Oral Health Study, a supplement to DSRU's Child Dental Health Survey, with the addition of Queensland as a data collection site. The study is examining relationships between children's dental decay and exposure to fluorides in numerous forms.

Performance measures

Level of satisfaction of government, non-government and community organisations with the relevance, quality, timeliness and objectivity of information provided.

In 2003–04, there were 60 reported AIHW references in Hansard of the House of Representatives and the Senate.

The AIHW has established processes to enhance the relevance, quality and timeliness of AIHW publications:

- All significant publications are either externally refereed or incorporate comments from stakeholder and data provider groups.
- Advisory groups have been established to advise the AIHW on the content and methodological aspects of its publications.
- The AIHW Board has endorsed a Publications Release Policy to ensure equitable access to pre-release embargoed copies of reports.

Publication of major reports on health and welfare within 12 months of the reference period

As a supplement to the text of this chapter, a comprehensive listing of AIHW publications produced in 2003–04 is shown in Appendix 8, page 107.

Institute's website lists and presents all new AIHW publications

All AIHW publications are available free of charge on the AIHW website (www.aihw.gov.au).

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

Publication of estimated 125 reports averaging 95 pages each

During the reporting period the AIHW produced 125 reports averaging 95 pages each.

Significant output planned but not produced in the reporting period

The list below shows output included in the AIHW's 2003–04 Work Program but not completed for the reasons shown.

- *Cancer in Australia 2001* was unable to be produced because the NSW Cancer Registry was not given approval by the NSW Privacy Commissioner until July 2004 to resume sending data to the AIHW.
- A draft report on *Burden of Cancer in Australia 2001* was produced but the steering committee for the National Burden of Disease Project requested a delay in publication to better mesh with publication plans for the overall project.
- *Trends in Hospitalisation of Cancer Patients in Australia* was not published as a separate report but included as a chapter in *Cancer in Australia 2000*.
- The bulletin on coronary heart disease in Aboriginal and Torres Strait Islander peoples has been moved on to the 2004–05 work program. This was in recognition of the focus section in *Heart, Stroke and Vascular Diseases: Australian Facts 2004* being on Aboriginal and Torres Strait Islander peoples.
- The planned compilation report on overweight and obesity in Australia was not produced, as the work was released in a series of three bulletins.
- Several projects based on analysis of hospital data were affected by a problem with source data. Corrected data were obtained near the end of the period. The projects that retain relevance despite the delay have been rescheduled to the next work program period.
- The *National Report on Health Sector Performance Indicators* was completed and agreed to by the National Health Performance Committee, but has not yet been released, as it requires signoff by all of Australia's nine health ministers.
- On the advice of the data working group, an unpublished working paper on the first stage of the pilot test of the Children's Services National Minimum Data Set was produced instead of published as a report. A full report based on both stages of the pilot test will be published next year, after the second stage pilot test is complete.
- A planned publication mapping the distribution of oral health care providers in Australia has been delayed owing to the maternity leave of a DSRU staff member.
- AIHW completed work analysing the impact of dementia on the health and aged care systems for the *Review of Pricing Arrangements in Residential Aged Care* conducted by Professor Warren Hogan for the Australian Government.
- The work on developing a linked database between residential aged care and hospitals and the associated report have been delayed as a result of other more urgent requirements (such as the work for the Pricing Review) and by complex ethical and technical considerations. The planned bulletin on obesity and workforce participation was delayed as a result of a substantial increase in the resources required to successfully complete the bulletin on vision and ageing.



Appendixes



Appendixes

- 1. Financial statements**
- 2. Legislation**
- 3. Board members**
- 4. Audit and Finance committee members**
- 5. Freedom of information**
- 6. Staffing**
- 7. Unit Heads (as at 30 June 2004)**
- 8. Publications 1 July 2003–30 June 2004**
- 9. Participation in national committees as an information specialist**
- 10. Activities funded by outside bodies for 2003–04 financial year**
- 11. AIHW Charter of Corporate Governance**
- 12. Abbreviations**



Appendix

1

Financial statements





INDEPENDENT AUDIT REPORT

To the Minister for Health and Ageing

Scope

The financial statements comprise:

- Statement by Directors;
- Statements of Financial Performance, Financial Position and Cash Flows;
- Schedules of Commitments and Contingencies; and
- Notes to and forming part of the Financial Statements

of the Australian Institute of Health and Welfare, for the year ended 30 June 2004.

The Directors are responsible for the preparation and true and fair presentation of the financial statements in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial statements.

Audit approach

I have conducted an independent audit of the financial statements in order to express an opinion on them to you. My audit has been conducted in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing and Assurance Standards, in order to provide reasonable assurance as to whether the financial statements are free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive, rather than conclusive, evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

While the effectiveness of management's internal controls over financial reporting was considered when determining the nature and extent of audit procedures, the audit was not designed to provide assurance on internal controls.

I have performed procedures to assess whether, in all material respects, the financial statements present fairly, in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, Accounting Standards and other

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mandatory financial reporting requirements in Australia, a view which is consistent with my understanding of the Australian Institute of Health and Welfare's financial position, and of its performance as represented by the statements of financial performance, and cash flows.

The audit opinion is formed on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial statements; and
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the Directors.

Independence

In conducting the audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate Australian professional ethical pronouncements.

Audit Opinion

In my opinion, the financial statements:

- (i) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997* and applicable Accounting Standards; and
- (ii) give a true and fair view, of the matters required by applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and the Finance Minister's Orders, of the financial position of the Australian Institute of Health and Welfare as at 30 June 2004, and of its performance and cash flows for the year then ended.

Australian National Audit Office



Mashelle Parrett
Executive Director

Delegate of the Auditor-General

Canberra
15 September 2004



Australian Government
Australian Institute of Health and Welfare

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Fern Hill Park
Bruce ACT
GPO Box 570
Canberra ACT 2601
Ph 02 6244 1000
Fax 02 6244 1299

STATEMENT BY DIRECTORS

In our opinion, the attached financial statements for the year ended 30 June 2004 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.

In our opinion, at the date of this statement, there are reasonable grounds to believe that that the Authority will be able to pay its debts as and when they become due and payable.

Hon Peter Collins AM QC
Chair

9 September 2004

Richard Madden
Director

9 September 2004

for health and welfare statistics www.aihw.gov.au

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF FINANCIAL PERFORMANCE
For the period ended 30 June 2004

| | | Notes | |
|--|----|---------------|---------------|
| | | 2004 | 2003 |
| | | \$'000 | \$'000 |
| REVENUE | | | |
| <u>Revenues from ordinary activities</u> | | | |
| Revenues from government | 4A | 8,556 | 8,105 |
| Goods and services | 4B | 14,188 | 11,577 |
| Interest | 4C | 251 | 255 |
| Revenue from sale of assets | 4D | - | 2 |
| Library Collection - asset not previously recognised | 4E | - | 613 |
| Other Revenues | 4F | 130 | 45 |
| Revenues from ordinary activities | | 23,125 | 20,597 |
| EXPENSE | | | |
| <u>Expenses from ordinary activities</u> | | | |
| Employees | 5A | 14,136 | 12,092 |
| Suppliers | 5B | 8,613 | 7,478 |
| Depreciation and amortisation | 5C | 298 | 241 |
| Write-down of assets | 5D | 27 | 12 |
| Value of assets sold | 4D | 2 | 7 |
| Expenses from ordinary activities | | 23,076 | 19,830 |
| Operating surplus from ordinary activities | | 49 | 767 |
| Net surplus | | 49 | 767 |
| Net credit (debit) to asset revaluation reserve | | - | 127 |
| Total changes in equity | | 49 | 894 |

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF FINANCIAL POSITION
As at 30 June 2004

| | Notes | 2004 \$'000 | 2003 \$'000 |
|-------------------------------------|----------|----------------|----------------|
| ASSETS | | | |
| Financial assets | | | |
| Cash | 10,17 | 5,675 | 6,369 |
| Receivables | 6 | 4,250 | 3,340 |
| Total financial assets | | 9,925 | 9,709 |
| Non-financial assets | | | |
| Buildings | 7A,E,F | 454 | 572 |
| Infrastructure, plant and equipment | 7B,E,F | 607 | 439 |
| Library Collection | 7C,E,F | 617 | 613 |
| Intangibles | 7D,E,F,G | 123 | - |
| Inventories | 7H | 107 | 128 |
| Other | 7I | 188 | 383 |
| Total non-financial assets | | 2,096 | 2,135 |
| Total assets | | 12,021 | 11,844 |
| LIABILITIES | | | |
| Provisions | | | |
| Employees | 8A | 3,836 | 3,745 |
| Total provisions | | 3,836 | 3,745 |
| Payables | | | |
| Suppliers | 8B | 889 | 924 |
| Contract income in advance | 8C | 5,409 | 5,265 |
| Other | 8D | 214 | 286 |
| Total payables | | 6,512 | 6,475 |
| Total liabilities | | 10,348 | 10,220 |
| NET ASSETS | | 1,673 | 1,624 |
| EQUITY | | | |
| Contributed equity | 9 | 1,146 | 1,146 |
| Reserves | 9 | 768 | 768 |
| Accumulated deficits | 9 | (241) | (290) |
| Total equity | | 1,673 | 1,624 |
| Current liabilities | | 7,704 | 7,884 |
| Non-current liabilities | | 2,644 | 2,336 |
| Current assets | | 10,220 | 10,220 |
| Non-current assets | | 1,801 | 1,624 |

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
STATEMENT OF CASH FLOWS
For the period ended 30 June 2004

| | | Notes | |
|--|-----|-----------------|-----------------|
| | | 2004 | 2003 |
| | | \$'000 | \$'000 |
| OPERATING ACTIVITIES | | | |
| Cash received | | | |
| Goods and services | | 13,637 | 12,029 |
| Appropriations | | 8,556 | 8,105 |
| Interest | | 252 | 263 |
| GST recovered from ATO | | 450 | 433 |
| Other | | 130 | 45 |
| Total cash received | | 23,025 | 20,875 |
| Cash used | | | |
| Employees | | (14,045) | (11,721) |
| Suppliers | | (9,196) | (7,643) |
| Total cash used | | (23,241) | (19,364) |
| Net cash provided by operating activities | 10A | (216) | 1,511 |
| INVESTING ACTIVITIES | | | |
| Cash received | | | |
| Proceeds from sales of property, plant & equipment | | - | 2 |
| Total cash received | | - | 2 |
| Cash used | | | |
| Purchase of infrastructure, plant and equipment | | (478) | (70) |
| Total cash used | | (478) | (70) |
| Net cash used by investing activities | | (478) | (68) |
| FINANCING ACTIVITIES | | | |
| Cash received | | | |
| Total cash received | | - | - |
| Cash used | | | |
| Capital use charge paid | | - | (11) |
| Total cash used | | - | (11) |
| Net cash used by financing activities | | - | (11) |
| Net increase / (decrease) in cash held | | (694) | 1,432 |
| Add cash at the beginning of the reporting period | | 6,369 | 4,937 |
| Cash at the end of reporting period | 10B | 5,675 | 6,369 |

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF COMMITMENTS
as at 30 June 2004

| | Notes | |
|--|----------------|----------------|
| | 2004 | 2003 |
| | \$'000 | \$'000 |
| BY TYPE | | |
| OTHER COMMITMENTS | | |
| Operating leases* | 3,489 | 4,359 |
| Other commitments** | 1,650 | 2,163 |
| Total commitments payable | 5,139 | 6,522 |
| COMMITMENT RECEIVABLE | | |
| Projects | (3,729) | (3,041) |
| GST | (401) | (386) |
| Total commitments receivable | (4,130) | (3,427) |
| Net commitments | 1,009 | 3,095 |
| BY MATURITY | | |
| Operating lease commitments | | |
| One year or less | 1,174 | 1,223 |
| From one to five years | 2,315 | 3,136 |
| Over five years | - | - |
| Total operating lease commitments | 3,489 | 4,359 |
| Other commitments | | |
| One year or less | 1,451 | 1,660 |
| From one to five years | 199 | 503 |
| Over five years | - | - |
| Total other commitments | 1,650 | 2,163 |
| Commitments receivable | (4,130) | (3,427) |
| Net Commitments | 1,009 | 3,095 |

NB: Commitments are GST inclusive where relevant

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

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

** As at 30 June 2004, other commitments are primarily amounts relating to the Institute's contract work.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
SCHEDULE OF CONTINGENCIES
as at 30 June 2004

| | | Notes | |
|-------------------------------------|----|------------|------------|
| | | 2004 | 2003 |
| | | \$'000 | \$'000 |
| CONTINGENT LIABILITIES | | | |
| Other guarantees | 16 | 200 | 200 |
| Total contingent liabilities | | 200 | 200 |

Details of contingent liabilities are shown in Note 16: Contingent Liabilities and Assets

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

Note Description

- 1 Summary of Significant Accounting Policies
- 2 Adoption of Australian Equivalents to International Financial Reporting Standards from 2005-2006
- 3 Economic Dependency
- 4 Operating Revenues
- 5 Operating Expenses
- 6 Financial Assets
- 7 Non-Financial Assets
- 8 Provisions and Payables
- 9 Equity
- 10 Cash Flow Reconciliation
- 11 External Financing Arrangements
- 12 Director Remuneration
- 13 Related Party Disclosures
- 14 Remuneration of Officers
- 15 Remuneration of Auditors
- 16 Contingent Liabilities and Assets
- 17 Financial Instruments
- 18 Appropriations
- 19 Average Staffing Levels
- 20 Reporting of Outcomes

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

1 Summary of Significant Accounting Policies

1.1 Basis of accounting

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

The statements have been prepared in accordance with:

- Finance Ministers' Orders (being the *Commonwealth Authorities and Companies (Financial Statements for reporting periods ending on or after 30 June 2004) Orders*);
- Australian Accounting Standards and Accounting Interpretations issued by the Australian Accounting Standards Board;
- Consensus Views of the Urgent Issues Group.

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

Assets and liabilities are recognised in the Institute's Statement of Financial Position when and only when it is probable that future economic benefits will flow and the amounts of the assets or liabilities can be reliably measured.

Assets and liabilities arising under agreements equally and proportionately unperformed are however not recognised unless required by an accounting standard. Liabilities and assets which are unrecognised are reported in the Schedule of Commitments and the Schedule of Contingencies (other than unquantifiable or remote contingencies which are reported at Note 16).

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

1.2 Changes in Accounting Policy

The accounting policies used in the preparation of these financial statements are consistent with those used in 2002-2003.

1.3 Revenue

The revenues described in this Note are revenues relating to the core operating activities of the Institute. Revenue from the sale of goods is recognised upon the delivery of goods to customers.

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

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

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

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

Core Operations

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

Revenues from Government - Output Appropriations

The full amount of the appropriation for departmental outputs for the year is recognised as revenue.

1.4 Transactions by the Government as Owner

Equity injections

Amounts appropriated by the Parliament as equity injections are recognised as 'contributed equity' in accordance with the Finance Minister's Orders.

1.5 Employee Benefits

Benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for wages and salaries (including non-monetary benefits), annual leave, sick leave are measured at their nominal amounts. Other employee benefits expected to be settled within 12 months of their reporting date are also to be measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

All other employee benefit liabilities are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

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

The leave liabilities are calculated on the basis of employees' remuneration, including the Institute's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

The non-current portion of the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at 30 June 2004. In determining the present value of the liability, the Institute has taken into account attrition rates and pay increases through promotion and inflation.

Separation and Redundancy

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

Superannuation

Employees of the Institute are members of the Commonwealth Superannuation Scheme, the Public Sector Superannuation Scheme and AGEST.

The liability for their superannuation benefits is recognised in the financial statements of the Government and is settled by the Government in due course.

The Institute makes employer contributions to the Government at rates determined by the actuary to be sufficient to meet the cost to the Government of the superannuation entitlements of the Institute's employees.

No liability is shown for superannuation in the Statement of Financial Position as the employer contributions fully extinguish the accruing liability which is assumed by the Government.

1.6 Leases

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

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

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

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

1.7 Cash

Cash includes notes and coins held and any deposits held at call with a bank or financial institution. Cash is recognised at its nominal amount. Interest is credited to revenue as it accrues.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

1.8 Financial instruments

Accounting policies for financial instruments are stated at Note 17.

1.9 Acquisition of Assets

Assets are recorded at cost on acquisition. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken.

1.10 Infrastructure, plant and equipment

Asset recognition threshold

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

Revaluations

Buildings, infrastructure, plant and equipment and library collection are carried at valuation. Revaluations undertaken up to 30 June 2002 were done on a deprival basis, revaluations since that date are at fair value.

This change in accounting policy is required by Australian Accounting Standard AASB 1041

Revaluation of Non-Current Assets. Valuations undertaken in any year are as at 30 June.

Fair and deprival value for each class of assets are determined as shown below.

| Asset Class | Fair Value Measured at: | Deprival Value Measured at: |
|------------------------------------|--------------------------------|------------------------------------|
| Buildings - Leasehold Improvements | Depreciated replacement cost | Depreciated replacement cost |
| Plant and Equipment | Market selling price | Depreciated replacement cost |
| Library Collection | Market selling price | Depreciated replacement cost |

Under both deprival and fair value, assets which are surplus to requirements are measured at their net realisable value. At 30 June 2004 the Institute held no surplus assets (30 June 2003: \$0).

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

The financial effect of this change in policy relates to those assets recognised at fair value for the first time in the current period where the measurement basis for fair value is different to that previously used for deprival value.

The financial effect of the change is given by the difference between the carrying amount at the end of the previous period and the fair values obtained for these assets in the current period.

The financial effect by class is as follows:

| Asset Class | Buildings - Leasehold Improvements | Plant and Equipment |
|----------------|------------------------------------|---------------------------|
| Adjustment | 2004: \$0 (2003: \$101,184) | 2004: \$0 (2003: \$0) |
| Contra Account | Asset Revaluation Reserve | Asset Revaluation Reserve |

Total financial effect was zero to the asset revaluation reserve (2003: net credit \$101,184)

Conduct

All valuations are conducted by an independent qualified valuer.

Frequency

Leasehold improvements were revalued at 30 June 2004. Infrastructure, plant and equipment were revalued at 30 June 2003. The Library Collection was revalued at 30 June 2003. The Finance Minister's Orders require that all property, plant and equipment assets be measured at up-to-date fair values from 30 June 2005 onwards.

Depreciation and Amortisation

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

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

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

| | 2003-2004 | 2002-2003 |
|-------------------------------------|----------------------|----------------------|
| Leasehold improvements | Lease Term | Lease Term |
| Infrastructure, plant and equipment | 5 to 10 years | 5 to 10 years |
| Library Collection | 10 years | 10 years |

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

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1.11 Impairment of Non-Current Assets

Non-current assets carried at up-to-date fair value at the reporting date are not subject to impairment testing.

Non-current assets carried at cost and held to generate net cash inflows have been tested for their recoverable amounts at the reporting date. The test compared the carrying amounts against the net present value of future cash inflows. No write-down to recoverable amount was required (2003:nil).

1.12 Inventories

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

All inventories are current assets.

1.13 Intangibles

The Institute's intangibles comprise both internally developed software and purchased software for internal use. These assets are carried at cost.

Software is amortised on a straight line basis over its anticipated useful life. The useful lives of the Institute's software is 3 to 5 years.

All software assets were assessed for indications of impairment as at 30 June 2004.

1.14 Comparative figures

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

1.15 Rounding

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

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

2 Adoption of Australian Equivalents to International Financial Reporting Standards from 2005-2006

AASB 1047 *Disclosing the Impacts of Adopting Australian Equivalents to International Financial Reporting Standards* requires entities to disclose, in respect of annual or interim reporting periods ending on or after 30 June 2004:

- (a) an explanation of how the transition to Australian Equivalents to IFRSs is being managed; and
- (b) a narrative explanation of the key differences in accounting policies that are expected to arise from adopting Australian Equivalents to IFRSs.

The following disclosures address these requirements.

Management of Transition to Australian Equivalents to IFRSs

The Institute has developed a plan for the implementation of Australian Equivalents of IFRSs. The plan was approved by the Institute's Finance and Audit Committee on 15 June 2004. Review of progress against the plan has been made a standing agenda item for Finance and Audit Committee meetings.

The Institute has been reviewing AASB Pending Standards as they are placed on the AASB web site. Issues relevant to the Institute have been identified and the impact assessed as minor.

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The Institute's accounting policies have been fully reviewed, taking into account Australian equivalents on IFRSs and relevant *Finance Briefs* issued by the Department of Finance and Administration.

The process of implementing revised accounting policies to take effect from 1 July 2005, with retrospective restatement of comparative information has been reported to the Finance Audit Committee. Endorsement of the revised accounting policies will be sought from the Finance and Audit Committee closer to 1 July 2005.

Preparation of an opening balance sheet required by AASB 1 *First Time Adoption of Australian Equivalents to International Financial Reporting Standards* has commenced and is scheduled for completion by 15 September 2004. The reconciliation of equity as at 1 July 2004 is scheduled to be completed by 30 September 2004.

Processes have been revised to capture the data necessary for reporting under Australian Equivalents to IFRSs.

All financial management staff will receive training on the changes resulting from the introduction of Australian Equivalents to IFRSs over the period October to December 2004.

Expected key Differences in Accounting Policies

Property plant and equipment

It is expected that the Finance Minister's Orders will require property plant and equipment assets carried at valuation in 2003-04 to be measured at up-to-date fair value from 2005-06. As at 30 June 2004 Property Plant and Equipment assets of the Institute are measured at fair value or cost for recently acquired assets. The Finance Minister requires these assets to be measured at up-to-date fair values as at 30 June 2005.

Intangible assets

The Institute currently recognises internally-developed and purchased software assets on a cost basis. The Australian Equivalent on Intangibles does not permit intangibles to be measured at valuation unless there is an active market for the intangible. The intangible assets of the Institute have not been subject to prior revaluation processes. As a result there will be no impact on the measurement of this item on the Institute's Balance Sheet.

Impairment of Non-Current Assets

The Institute's policy on impairment of non-current assets is at note 1.11.

Under the new Australian Equivalent, these assets will be subject to assessment for impairment and, if there are indications of impairment, measurement of any impairment. The impairment test is that the carrying amount of an asset must not exceed the greater of (a) its fair value less cost to sell and (b) its value in use.

Value in use is the net present value of net cash inflows for for-profit assets of the Institute and depreciated replacement cost for other assets which would be replaced if the Institute was deprived of them.

The major impact is that the Institute's intangible assets not yet in use will need to be assessed for asset impairment. If there is evidence of impairment these assets will need to be measured at recoverable value.

Inventory

The Institute recognises inventory held for sale at the lower of cost or net realisable value. The new Australian Equivalent standard will require inventory held for distribution for no consideration or at nominal amount to be carried at the lower of cost or current replacement cost.

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Employee benefits

The provision for long service leave is measured at the present value of estimated future cash flows as at the reporting date.

Under the new Australian Equivalent all employee entitlements due more than 12 months from reporting date must be discounted to their present value in the opening balance sheet.

The impact of this change for the Institute is that non current annual leave entitlements are to be measured at the net present value of estimated cashflows. All annual leave entitlements are currently measured at nominal value. The adjustment required after recalculating the annual leave entitlements is minor.

Financial Instruments

Financial assets and liabilities are to be recognised rather than merely disclosed in the notes to the Financial Statements. There is not expected to be any adjustments required to the measurement of the Institute's Financial assets and liabilities.

3 Economic Dependency

The Institute was established by the *Australian Institute of Health and Welfare Act 1987* and is controlled by the Commonwealth of Australia.

The Institute is dependent on appropriations from the 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 conducted with Commonwealth Agencies.

| | 2004 \$'000 | 2003 \$'000 |
|--|----------------|----------------|
| 4 Operating Revenues | | |
| 4A Revenues from Government | | |
| Appropriations for outputs | <u>8,556</u> | <u>8,105</u> |
| 4B Sales of goods and services | | |
| Goods | 66 | 81 |
| Services | <u>14,122</u> | <u>11,496</u> |
| Total sales of goods and services | <u>14,188</u> | <u>11,577</u> |
| Provision of goods to: | | |
| Related entities | 5 | 70 |
| External entities | <u>61</u> | <u>11</u> |
| Total sales of goods | <u>66</u> | <u>81</u> |
| Rendering of services to: | | |
| Related entities | 10,872 | 11,426 |
| External entities | <u>3,250</u> | <u>70</u> |
| Total rendering of services | <u>14,122</u> | <u>11,496</u> |
| Costs of sales of goods | <u>132</u> | <u>162</u> |
| 4C Interest | | |
| Deposits | <u>251</u> | <u>255</u> |

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| | 2004 \$'000 | 2003 \$'000 |
|--|----------------|----------------|
| 4D Net gain from Sale of Assets | | |
| Non-financial asset - Infrastructure, plant and equipment | | |
| Proceeds from disposal | - | 2 |
| Net book value of assets disposed | - | 7 |
| Write offs | <u>2</u> | <u>-</u> |
| Net loss from disposal of infrastructure, plant and equipment | <u>(2)</u> | <u>(5)</u> |
| 4E Library Collection | | |
| Fair value of the Library Collection not previously recognised | <u>-</u> | <u>613</u> |
| 4F Other revenues | | |
| Conference income | 87 | 21 |
| Other | <u>43</u> | <u>24</u> |
| Total other income | <u>130</u> | <u>45</u> |
| 5 Operating Expenses | | |
| 5A Employee expenses | | |
| Wages and Salaries | 10,671 | 9,320 |
| Superannuation | 1,954 | 1,491 |
| Leave and other entitlements | 1,367 | 1,189 |
| Separation and redundancy | - | - |
| Other employee benefits | <u>12</u> | <u>22</u> |
| Total employee benefit expenses | <u>14,004</u> | <u>12,022</u> |
| Workers compensation premiums | 132 | 70 |
| Total employee expenses | <u>14,136</u> | <u>12,092</u> |
| 5B Supplier Expenses | | |
| Goods from related entities | - | - |
| Goods from external entities | 691 | 511 |
| Services from related parties | 514 | 558 |
| Services from external parties | 6,350 | 5,397 |
| Operating lease rentals | <u>1,058</u> | <u>1,012</u> |
| Total supplier expenses | <u>8,613</u> | <u>7,478</u> |
| 5C Depreciation and amortisation | | |
| Depreciation of infrastructure, plant and equipment | 180 | 113 |
| Amortisation of leasehold improvements | <u>118</u> | <u>128</u> |
| Total depreciation and amortisation | <u>298</u> | <u>241</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 improvements | 118 | 128 |
| Plant and equipment | 79 | 53 |
| Furniture and fittings | 40 | 60 |
| Library Collection | <u>61</u> | <u>-</u> |
| Total depreciation and amortisation | <u>298</u> | <u>241</u> |

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| | 2004 S'000 | 2003 S'000 |
|--|---------------|---------------|
| 5D Write-down of assets | | |
| Non-financial assets: | | |
| Inventory - write down to net realisable value | 27 | 12 |
| Total write-down of assets | <u>27</u> | <u>12</u> |
| | | |
| 6 Receivables | | |
| Goods and services | 4,145 | 3,298 |
| Less: Provision for doubtful debts | - | - |
| | 4,145 | 3,298 |
| Other Receivables | 105 | 42 |
| GST Receivables | - | - |
| Total Receivables | <u>4,250</u> | <u>3,340</u> |
| | | |
| All receivables are current assets | | |
| Receivables (gross) are aged as follows: | | |
| Not Overdue | 3,434 | 3,255 |
| Overdue by: | | |
| - less than 30 days | 736 | - |
| - 30 to 60 days | 20 | 65 |
| - 60 to 90 days | - | - |
| - more than 90 days | 60 | 20 |
| Total Receivables (gross) | <u>4,250</u> | <u>3,340</u> |
| | | |
| 7 Non-financial assets | | |
| 7A Buildings | | |
| Leasehold improvements | | |
| - at 30 June 2004 valuation (fair value) | 1,646 | 1,646 |
| Accumulated amortisation | (1,192) | (1,074) |
| | <u>454</u> | <u>572</u> |
| | | |
| - at cost | 10 | 10 |
| Accumulated amortisation | (10) | (10) |
| | - | - |
| | | |
| Total Buildings (non-current) | <u>454</u> | <u>572</u> |
| | | |
| 7B Infrastructure, Plant and Equipment | | |
| Plant and equipment | | |
| - at 30 June 2003 valuation (fair value) | 433 | 439 |
| Accumulated depreciation | (80) | - |
| | <u>353</u> | <u>439</u> |
| | | |
| - at cost | 289 | - |
| Accumulated depreciation | (35) | - |
| | <u>254</u> | - |
| | | |
| Total Infrastructure, Plant and Equipment (non-current) | <u>607</u> | <u>439</u> |

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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| | | |
|--|-------------------|-------------------|
| 7C Library Collection | | |
| - at 30 June 2003 valuation (fair value) | 613 | 613 |
| Accumulated depreciation | (61) | - |
| | <u>552</u> | <u>613</u> |
| - at cost | 65 | - |
| Accumulated depreciation | - | - |
| | <u>65</u> | <u>-</u> |
| Total Library Collection | <u>617</u> | <u>613</u> |
| 7D Intangibles | | |
| Computer Software: | | |
| Purchased - in progress (non-current) | 57 | - |
| Internally developed - in progress (non-current) | 66 | - |
| Total Intangibles | <u>123</u> | <u>-</u> |

7E Analysis of Property, Infrastructure, Plant and Equipment and Intangibles
Reconciliation of the opening and closing balances of Infrastructure, Plant and Equipment

| Item | Buildings - | Plant and | Library | Intangibles | TOTAL |
|--|--------------|------------|------------|-------------|--------------|
| | Leasehold | | | | Equipment |
| | Improvements | | | | |
| | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| As at 1 July 2003 | | | | | |
| Gross book value | 1,656 | 439 | 613 | - | 2,708 |
| Accumulated depreciation /amortisation | (1,084) | - | - | - | (1,084) |
| Net book value | 572 | 439 | 613 | - | 1,624 |
| Additions | | | | | |
| By purchase | - | 289 | 65 | 123 | 477 |
| Brought to account for the first time | - | - | - | - | - |
| Net revaluation increment | | | | | |
| Depreciation/ amortisation expense | (118) | (119) | (61) | - | (298) |
| Write offs | - | (2) | - | - | (2) |
| As at 30 June 2004 | | | | | |
| Gross book value | 1,656 | 722 | 678 | 123 | 3,179 |
| Accumulated depreciation/ amortisation | (1,202) | (115) | (61) | - | (1,378) |
| Net book value | 454 | 607 | 617 | 123 | 1,801 |

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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7F Assets at Valuation

| Item | Buildings - Leasehold Improvements \$'000 | Plant and Equipment \$'000 | Library Collection \$'000 | TOTAL \$'000 |
|---------------------------|--|----------------------------------|---------------------------------|-----------------|
| As at 30 June 2004 | | | | |
| Gross Value | 1,646 | 433 | 613 | 2,692 |
| Accumulated Depreciation | (1,192) | (80) | (61) | (1,333) |
| Net Book Value | 454 | 353 | 552 | 1,359 |
| As at 30 June 2003 | | | | |
| Gross Value | 1,646 | 439 | 613 | 2,698 |
| Accumulated Depreciation | (1,074) | - | - | (1,074) |
| Net Book Value | 572 | 439 | 613 | 1,624 |

7G Assets under construction

| Item | Buildings - Leasehold Improvements \$'000 | Plant and Equipment \$'000 | Library Collection \$'000 | Intangibles \$'000 | TOTAL \$'000 |
|------------------------------------|--|----------------------------------|---------------------------------|-----------------------|-----------------|
| Gross value at 30 June 2004 | - | - | - | 123 | 123 |
| Gross value at 30 June 2003 | - | - | - | - | - |

7H Inventories

| | | |
|------------------------------------|-----|-----|
| Inventories held for sale | 107 | 128 |
| All inventories are current assets | | |

7I Other non-financial assets

| | | |
|-------------|-----|-----|
| Prepayments | 188 | 383 |
|-------------|-----|-----|

8 Provisions and Payables

8A Provisions - Employees

| | | |
|--|--------------|--------------|
| Salaries and wages | 56 | 326 |
| Annual leave | 1,552 | 1,431 |
| Long service leave | 2,228 | 1,934 |
| Superannuation | - | 54 |
| Aggregate employee entitlement liability and related on costs | 3,836 | 3,745 |

Employee provisions are categorised as follows:

| | | |
|-------------|--------------|--------------|
| Current | 1,335 | 1,624 |
| Non-current | 2,501 | 2,121 |
| | 3,836 | 3,745 |

8B Payables - Suppliers

| | | |
|--------------------------------|------------|------------|
| Trade creditors | 856 | 896 |
| GST payable | 33 | 28 |
| Total supplier payables | 889 | 924 |

All supplier payables are current

8C Payables - Income in advance

| | | |
|--|-------|-------|
| Contract income | 5,409 | 5,265 |
| All income in advance payables are current | | |

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| | 2004 | 2003 |
|-----------------------------|------------|------------|
| | \$'000 | \$'000 |
| 8D Other Payables | | |
| Lease Incentive Liability | | |
| Current | 71 | 71 |
| Non-current | 143 | 215 |
| Total other payables | <u>214</u> | <u>286</u> |

9 Analysis of equity

| Item | Total Contributed Equity | | Accumulated Results | | Asset Revaluation Reserve | | TOTAL EQUITY | |
|---|--------------------------|--------------|---------------------|--------------|---------------------------|------------|--------------|--------------|
| | 2004 | 2003 | 2004 | 2003 | 2004 | 2003 | 2004 | 2003 |
| | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| Opening balance 1 July | 1,146 | 1,146 | (290) | (1,046) | 768 | 641 | 1,624 | 741 |
| Net surplus/deficit | - | - | 49 | 767 | - | - | 49 | 767 |
| Net revaluation increment/(decrement) | - | - | - | - | - | 127 | - | 127 |
| Transactions with owner: | | | | | | | | |
| <i>Distributions to owner:</i> | | | | | | | | |
| Capital Use Charge | - | - | - | (11) | - | - | - | (11) |
| Closing balance as at 30 June 2004 | 1,146 | 1,146 | (241) | (290) | 768 | 768 | 1,673 | 1,624 |

| | 2004 | 2003 |
|------------------------------------|--------|--------|
| | \$'000 | \$'000 |
| 10 Cash flow reconciliation | | |

10A Reconciliation of Operating Surplus to Net Cash from Operating Activities:

Reconciliation of operating surplus to net cash from operating activities:

| | | |
|--|--------------|--------------|
| Operating surplus | 49 | 767 |
| Non-Cash items | | |
| Depreciation and amortisation | 298 | 241 |
| Loss on disposal of assets | 2 | 5 |
| Changes in assets and liabilities | | |
| (Increase)/decrease in receivables | (910) | 1,032 |
| (Increase)/decrease in other Assets | 195 | (672) |
| (Increase)/decrease in inventory | 21 | 12 |
| Increase/(decrease) in other payables | 144 | (710) |
| Increase/(decrease) in liability to suppliers | (35) | 536 |
| Increase/(decrease) in employee liabilities | 91 | 371 |
| Increase/(decrease) in lease incentive liability | (71) | (71) |
| Net cash provided by operating activities | <u>(216)</u> | <u>1,511</u> |
| | | |
| 10B Reconciliation of Cash: | | |
| Cash balance comprises: | | |
| Cash at bank and on hand | 507 | 705 |
| Deposits at Call | 5,168 | 5,664 |
| Total cash | <u>5,675</u> | <u>6,369</u> |

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11 External Financing Arrangements

The Institute had no external financing arrangements in 2003-04.

12 Remuneration of Directors

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

| | 2004 | 2003 |
|-----------------------|----------|----------|
| • \$Nil - \$10,000 | 4 | 4 |
| • \$10,001 - \$20,000 | 1 | 1 |
| • \$20,001 - \$30,000 | 1 | 1 |
| • \$30,001 - \$40,000 | - | 1 |
| • \$40,001 - \$50,000 | 1 | - |
| | <u>7</u> | <u>7</u> |

| | 2004 | 2003 |
|--|----------------|----------------|
| | \$ | \$ |
| Aggregate amount of superannuation payments in connection with the retirement of Directors | 53,315 | 48,797 |
| Other remuneration received or due and receivable by Directors of the Institute | 328,009 | 290,730 |
| Total remuneration received or due and receivable by Directors of the Institute | <u>381,324</u> | <u>337,527</u> |

Some Directors of the Australian Institute of Health and Welfare are appointed from 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:

- Dr Sandra Hacker (Chairperson)
- Dr Richard Madden (Director)
- Ms Elizabeth Davies
- Ms Jane Halton
- Mr Dennis Trewin
- Ms Linda Apelt
- Dr Tom Stubbs
- Dr Kerry Kirke
- Mr Ian Spicer
- Prof Heather Gardner
- Ms Justine Boland (Staff-elected member)

The aggregate remuneration of Directors is disclosed in Note 12.

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| 14 Remuneration of Executive Officers | <u>2004</u> | <u>2003</u> |
|---|------------------|------------------|
| The number of executive officers who received or were due to receive total remuneration of \$100,000 or more: | | |
| • \$150,001 - \$180,000 | - | 1 |
| • \$160,001 - \$170,000 | 3 | 2 |
| • \$170,001 - \$180,000 | 1 | - |
| | <u>4</u> | <u>3</u> |
| The aggregate amount of total remuneration of Officers shown above: | <u>\$671,278</u> | <u>\$481,892</u> |

The executive officer remuneration includes all officers concerned with or taking part in the management of the Institute during 2003-04 except for the Director. Details in relation to the Director have been incorporated in Note 12 - Remuneration of Directors.

| 15 Remuneration of Auditors | <u>2004</u> | <u>2003</u> |
|---|---------------|---------------|
| Remuneration to the Auditor-General for auditing the financial statements for the reporting period. | \$15,300 | \$15,000 |
| No other services were provided by the Auditor-General during the reporting period. | | |
| | <u>2004</u> | <u>2003</u> |
| | <u>\$'000</u> | <u>\$'000</u> |

16 Contingent Liabilities and Assets

Quantifiable Contingencies

Contingent liabilities

| | | |
|-------------------------------|------------|------------|
| Other guarantees ¹ | <u>200</u> | <u>200</u> |
|-------------------------------|------------|------------|

¹ Under the lease of premises the Institute is required to remove fitout and make good on termination of the lease. The estimated make good is \$200,000.

As at 30 June 2004, the Institute has no contingent assets, remote contingencies or unquantifiable contingencies.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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17 Financial Instruments

17A Terms, conditions and accounting policies

| Financial Instruments | Notes | Accounting Policies and Methods (including recognition criteria and measurement basis) | Nature of underlying instrument (including significant terms and conditions affecting the amount, timing and certainty of cash flows) |
|------------------------------------|-------|--|--|
| Financial Assets | | Financial assets are recognised when control over future economic benefits is established and the amount of the benefit can be reliably measured. | |
| Cash at bank and on hand | 10B | Cash is recognised at nominal amounts. Interest is credited to revenue as it accrues. | Interest is earned on the daily balance, the average rate for 2003-04 was 4.15% (2002-03: 2.74%). |
| Deposits at call | 10B | Deposits are recognised at their nominal amounts. Interest is credited to revenue as it accrues. | Temporarily surplus funds, mainly from contracts, are placed on deposit at call with the Institute's banker. Interest is earned on the daily balance, the average rate for 2003-04 was 4.75% (2002-03: 4.25%). |
| Receivables for goods and services | 6 | These receivables are recognised at the nominal amounts due less any provision for bad and doubtful debts. Provisions are made when collection of the debt is judged to be less rather than more likely. | Credit terms are net 30 days (2002-03: 30 days). |
| Financial Liabilities | | Financial liabilities are recognised when a present obligation to another party is entered into and the amount of the liability can be reliably measured. | |
| Trade creditors | 8B | Creditors and accruals are recognised at their nominal amounts, being the amounts at which the liabilities will be settled. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced). | Settlement is usually made net 30 days (2002-03: 30 days) |

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
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17B Interest rate risk

| Financial Instrument | Notes | Floating interest rate | | Non-Interest bearing | | Total | | Weighted Average Effective Interest Rate | |
|--|-------|------------------------|--------------|----------------------|--------------|---------------|---------------|--|-------|
| | | 03-04 | 02-03 | 03-04 | 02-03 | 03-04 | 02-03 | 03-04 | 02-03 |
| Financial assets (Recognised) | | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | % | % |
| Cash at bank and on hand | 10B | 507 | 705 | | | 507 | 705 | 4.15 | 2.74 |
| Deposits at call | 10B | 5,168 | 5,664 | | | 5,168 | 5,664 | 4.75 | 4.25 |
| Receivables for goods and Services | 6 | | | 4,250 | 3,340 | 4,250 | 3,340 | n/a | n/a |
| Total Financial Assets (Recognised) | | 5,675 | 6,369 | 4,250 | 3,340 | 9,925 | 9,709 | | |
| Total assets | | | | | | 12,021 | 11,844 | | |

| Financial Instrument | Notes | Floating interest rate | | Non-Interest bearing | | Total | | Weighted Average Effective Interest Rate | |
|---|-------|------------------------|--------|----------------------|------------|---------------|---------------|--|-------|
| | | 03-04 | 02-03 | 03-04 | 02-03 | 03-04 | 02-03 | 03-04 | 02-03 |
| Financial Liabilities (Recognised) | | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | % | % |
| Trade Creditors | 8B | | | 889 | 924 | 889 | 924 | n/a | n/a |
| Total Financial Liabilities (Recognised) | | | | 889 | 924 | 889 | 924 | | |
| Total liabilities | | | | | | 10,346 | 10,220 | | |

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

17C 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 Statement of Financial Position and in the notes to and forming part of the accounts.

17D 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.

18 Appropriations

| Particulars | Departmental Outputs | | Loans | | Equity | | Total | |
|--|----------------------|--------|--------|--------|--------|--------|--------|--------|
| | 2004 | 2003 | 2004 | 2003 | 2004 | 2003 | 2004 | 2003 |
| | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| Year ended 30 June 2004 | | | | | | | | |
| Balance carried forward from previous year | - | - | - | - | - | - | - | - |
| Appropriation Acts 1 and 3 | 8,556 | 8,105 | - | - | - | - | 8,556 | 8,105 |
| Appropriation Acts 2 and 4 | - | - | - | - | - | - | - | - |
| Available for payment of CRF | 8,556 | 8,105 | - | - | - | - | 8,556 | 8,105 |
| Payments made out of CRF | 8,556 | 8,105 | - | - | - | - | 8,556 | 8,105 |
| Balance carried forward to next year | | | | | | | | |
| Represented by: | | | | | | | | |
| Appropriations Receivable | - | - | - | - | - | - | - | - |

This table reports on appropriations made by the Parliament of the Consolidated Revenue Fund (CRF) in respect of the Institute. When received by the Institute, the payments made are legally the money of the Institute and do not represent any balance remaining in the CRF.

19 Average Staffing levels 2004 2003

The average staffing levels for the Institute during the year were: 179 169

20 Reporting of Outcomes

20A Outcome of the Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare is structured to meet one outcome:

Outcome 9: Health Investment: Knowledge, information and training for developing better strategies to improve the health of Australians. (This outcome is part of the Health and Ageing Portfolio outcomes).

The Australian Institute of Health and Welfare has three Output Groups under Outcome 9:

Output Group 1: Specific services to the Minister and Parliament, required under the AIHW Act 1987.

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

Output Group 3: Collection and production of health-related and welfare-related information and statistics.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 20B: Net Cost of Outcome Delivery

| | Outcome 9 | |
|--|---------------|---------------|
| | 2004 | 2003 |
| | \$'000 | \$'000 |
| Departmental Expenses | 23,076 | 19,830 |
| Total expenses | 23,076 | 19,830 |
| <i>Costs recovered from provision of goods and services to the non-government sector</i> | | |
| Departmental | 3,311 | 81 |
| Total costs recovered | 3,311 | 81 |
| <i>Other external revenues</i> | | |
| Departmental | | |
| Sales of goods and services - to related entities | 10,877 | 11,496 |
| Interest | 251 | 255 |
| Other | 130 | 660 |
| Total Departmental | 11,258 | 12,411 |
| Total other external revenues | 11,258 | 12,411 |
| Net cost/(contribution) of outcome | 8,507 | 7,338 |

The Institute's outcomes and outputs are described at Note 20A.

The net costs shown include intra-government costs that would be eliminated in calculating the actual Budget outcome.

The Australian Institute of Health and Welfare uses an Activity Based Costing System to attribute indirect costs. The financial management information system captures direct and indirect costs.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 20C: Departmental Revenues and Expenses by Output Group and Outputs

| Outcome 9 | Output Group 1 | | Output Group 2 | | Output Group 3 | | Total | |
|---------------------------------|----------------|--------------|----------------|--------------|----------------|---------------|---------------|---------------|
| | 2004 | 2003 | 2004 | 2003 | 2004 | 2003 | 2004 | 2003 |
| | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| Operating expenses | | | | | | | | |
| Employees | 830 | 1,189 | 2,996 | 3,560 | 10,310 | 7,343 | 14,136 | 12,092 |
| Suppliers | 611 | 223 | 1,511 | 1,353 | 6,491 | 5,902 | 8,613 | 7,478 |
| Depreciation and amortisation | 59 | 55 | 68 | 64 | 171 | 122 | 298 | 241 |
| Write-down of assets | 5 | - | 6 | - | 16 | 12 | 27 | 12 |
| Value of assets sold | - | - | 1 | - | 1 | - | 2 | - |
| Total operating expenses | 1,505 | 1,467 | 4,582 | 4,977 | 16,989 | 13,386 | 23,076 | 19,830 |
| Funded by: | | | | | | | | |
| Revenues from Government | 1,568 | 1,399 | 1,681 | 1,874 | 5,307 | 4,832 | 8,556 | 8,105 |
| Sales of goods and services | - | - | 2,979 | 3,019 | 11,209 | 8,558 | 14,188 | 11,577 |
| Interest | 50 | 58 | 57 | 68 | 144 | 129 | 251 | 255 |
| Revenue from sale of assets | - | - | - | - | - | - | - | 2 |
| Other | 26 | 55 | 30 | 166 | 74 | 437 | 130 | 658 |
| Total operating revenues | 1,644 | 1,512 | 4,747 | 5,127 | 16,734 | 13,958 | 23,125 | 20,597 |

The Institute's outcomes and outputs are described at Note 20A.

The net costs shown include intra-government costs that would be eliminated in calculating the actual Budget outcome.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2004

20D: Administered Revenues and Expenses by Outcome

No administered revenues and expenses were incurred.

The Institute's outcomes and outputs are described at Note 20A.





Appendix

2

Legislation

Australian Institute of Health and Welfare Act 1987

ACT NO. 41 OF 1987 AS AMENDED

This compilation was prepared on 5 November 2001
taking into account amendments up to Act No. 159 of 2001

The text of any of those amendments not in force
on that date is appended in the Notes section

Prepared by the Office of Legislative Drafting,
Attorney-General's Department, Canberra



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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 Australian Institute of Health and Welfare Ethics Committee.

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 nominated by the Minister who has knowledge of the needs of consumers of health services;
 - (fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
 - (fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
 - (fc) a person nominated by the Minister who has expertise in research into public health issues;
 - (g) 3 other members nominated by the Minister;
 - (h) a member of the staff of the Institute elected by that staff.
- (1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:
- (a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and
 - (b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and
 - (c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and
 - (d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.

- (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.
- (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) 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 27F or 27J 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) Sections 27F and 27J of the *Commonwealth Authorities and Companies Act 1997* do not apply to an interest of a member referred to in paragraph 8(1)(c), (ca), (cb) or (h) or a member nominated under subsection 8(2), being an interest that the member has by reason only of having been nominated by a body or person referred to in that paragraph or subsection.

15 MEETINGS

- (1) Subject to this section, meetings of the Institute shall be held at such times and places as the Institute determines.
- (2) The Institute shall meet at least once every 4 months.
- (3) The Chairperson:
 - (a) may at any time convene a meeting; and
 - (b) shall convene a meeting on receipt of a written request signed by not fewer than 3 members.



- (4) The Minister may convene such meetings as the Minister considers necessary.
- (5) At a meeting:
 - (a) if the Chairperson is present, the Chairperson shall preside;
 - (b) if the Chairperson is absent, the members present shall appoint one of their number to preside;
 - (c) a majority of the members for the time being constitute a quorum;
 - (d) all questions shall be decided by a majority of the votes of the members present and voting; and
 - (e) the member presiding has a deliberative vote and, if necessary, also has a casting vote.
- (6) The Institute shall keep minutes of its proceedings.
- (7) The Institute shall regulate the procedure of its meetings as it thinks fit.

Division 3—Committees of Institute

16 COMMITTEES

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations 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 engaged under the *Public Service Act 1999*; and
 - (b) persons appointed or employed by the Institute.



- (2) For the purposes of the *Public Service Act 1999*:
 - (a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and
 - (b) the Director is the Head of that Statutory Agency.
- (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 Debts 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 or welfare-related information and statistics.
- (2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-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

Notes to the *Australian Institute of Health and Welfare Act 1987*

Note 1

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

All relevant information pertaining to application, saving or transitional provisions prior to 28 June 2001 is not included in this compilation. For subsequent information *see* Table A.

Table of Acts

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



| Act | Number and year | Date of Assent | Date of commencement | Application, saving or transitional provisions |
|---|-----------------|----------------|--|--|
| Public Employment (Consequential and Transitional) Amendment Act 1999 | 146, 1999 | 11 Nov 1999 | Schedule 1 (items 195-197) 5 Dec 1999 (<i>see Gazette 1999, No. S584</i>) (d) | — |
| Corporate Law Economic Reform Program Act 1999 | 156, 1999 | 24 Nov 1999 | Schedule 10 (items 35-37): 13 Mar 2000 (<i>see Gazette 2000, No. S114</i>) (e) | — |
| Health Legislation Amendment Act (No. 2) 2001 | 59, 2001 | 28 June 2001 | Schedule 3 (items 7-10): 15 Dec 1998 (<i>see s. 2(2)</i>) Schedule 3 (item 12): 1 Jan 1999 Remainder: Royal Assent | Sch. 1 (items 4, 9) [see Table A] |
| Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001 | 159, 2001 | 1 Oct 2001 | 29 Oct 2001 | Sch 1 (item 97) [see Table A] |

- (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*.
- (d) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 1 (items 195-197) only of the *Public Employment (Consequential and Transitional) Amendment Act 1999*, subsections 2(1) and (2) of which provide as follows:
- (1) In this Act, **commencing time** means the time when the *Public Service Act 1999* commences.
- (2) Subject to this section, this Act commences at the commencing time.
- (e) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 10 (items 35-37) only of the *Corporate Law Economic Reform Program Act 1999*, subsection 2(2)(c) of which provides as follows:
- (2) The following provisions commence on a day or days to be fixed by Proclamation:
- (c) the items in Schedules 10, 11 and 12.

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; No. 59, 2001 |
| 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; Nos. 59 and 159, 2001 |
| S. 10 | am. No. 16, 1992 |
| S. 11 | rs. No. 122, 1991 |
| | am. No. 146, 1999 |
| S. 13 | am. No. 122, 1991; No. 16, 1992; No. 152, 1997; No. 156, 1999 |
| S. 14 | am. No. 79, 1988; No. 16, 1992; No. 152, 1997; No. 156, 1999 |
| S. 16 | am. No. 16, 1992; No. 152, 1997; No. 59, 2001 |
| S. 17 | am. No. 16, 1992 |
| S. 19 | am. No. 199, 1991; No. 146, 1999 |
| S. 21 | rep. No. 152, 1997 |
| S. 22 | am. No. 152, 1997 |
| S. 23 | Am. No. 231, 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; No. 59, 2001 |
| S. 31 | am. No. 16, 1992 |
| Schedule | ad. No. 16, 1992 |
| | rep. No. 59, 2001 |



Table A

APPLICATION, SAVING OR TRANSITIONAL PROVISIONS

Health Legislation Amendment Act (No. 2) 2001 (No. 59, 2001)

SCHEDULE 1

4 Application

The amendments made by this Part apply to appointments made after the commencement of this Part.

9 Transitional provision

- (1) Immediately after the commencement of this item, the Institute is taken to have appointed each member of the former Ethics Committee as a member of the Australian Institute of Health and Welfare Ethics Committee.
- (2) The appointment of each such member is taken to end at the time when the member's term of appointment as a member of the former Ethics Committee would have ended under the instrument appointing the person as a member of that Committee.
- (3) In this item:

former Ethics Committee means the Health Ethics Committee of the Australian Institute of Health and Welfare, within the meaning of the *Australian Institute of Health and Welfare Act 1987* as in force immediately before the commencement of this item.

Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001 (No. 159, 2001)

SCHEDULE 1

97 Application of amendments

The amendments made by this Schedule do not apply to an appointment if the term of the appointment began before the commencement of this item.

Australian Institute of Health and Welfare Ethics Committee Regulations 1989

Statutory Rules 1989 No. 118 as amended

made under the

HEALTH ACT 1987

This compilation was prepared on 5 April 2002 taking into account amendments up to SR 2002 No. 62

Prepared by the Office of Legislative Drafting, Attorney-General's Department, Canberra

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| 2 Definition | 90 |
| 3 Functions | 90 |
| 4 Composition | 91 |
| Notes | 92 |

1 NAME OF REGULATIONS [SEE NOTE 1]

These Regulations are the *Australian Institute of Health and Welfare Ethics Committee Regulations 1989*.

2 DEFINITION

In these Regulations:

identifiable data means data from which an individual can be identified.

3 FUNCTIONS

The functions of the Ethics Committee are:

- (a) to form an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:
 - (i) activities that are being, or are proposed to be, engaged in by the Institute in the performance of its functions; and
 - (ii) activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and
 - (iii) the release, or proposed release, of identifiable data by the Institute for research purposes;



having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;

- (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.

4 COMPOSITION

The Ethics Committee is to consist of the following members:

- (a) a chairperson;
- (b) the Director of the Institute or a nominee of the Director;
- (c) a person with knowledge of, and current experience in, the professional care, counselling or treatment of people;
- (d) a person with knowledge of, and current experience in, the areas of research that are regularly considered by the Ethics Committee;
- (e) a nominee of the person in each State and Territory who is responsible for registering births, deaths and marriages in that State or Territory;
- (f) a minister of religion or a person who performs a similar role in a community;
- (g) a lawyer;
- (h) at least 1 person of each gender who is able to represent general community attitudes, is not affiliated with the Institute and is not currently involved in medical, scientific or legal work.

Examples for paragraph (c)

A medical practitioner, a clinical psychologist, a social worker or a nurse.

Example for paragraph (f)

An Aboriginal elder.



Notes to the Australian Institute of Health and Welfare Ethics Committee Regulations 1989

NOTE 1

The *Australian Institute of Health and Welfare Ethics Committee Regulations 1989* (in force under the *Health Act 1987*) as shown in this compilation comprise Statutory Rules 1989 No. 118 amended as indicated in the Tables below.

Table of Statutory Rules

| Year and number | Date of notification in Gazette | Date of commencement | Application, saving or transitional provisions |
|-----------------|---------------------------------|----------------------|--|
| 1989 No. 118 | 21 June 1989 | 21 June 1989 | — |
| 2002 No. 62 | 5 Apr 2002 | 5 Apr 2002 | — |

Table of Amendments

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

| Provision affected | How affected |
|--------------------|-----------------|
| Rr. 1, 2 | rs. 2002 No. 62 |
| R. 3 | am. 2002 No. 62 |
| R. 4 | rs. 2002 No. 62 |



Appendix

3

Board members



Board members' qualifications, current positions and details of meetings attended from 1 July 2003 to 30 June 2004

| Board Member | Number of meetings attended |
|---|-----------------------------|
| Dr Sandra Hacker, MB, BS, DPM, FRANZCP Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit, Alfred Hospital | 4 |
| Professor Heather Gardner, BA, (HONS) MA Ministerial appointee | 4 |
| A/prof Kerry Kirke, AM, MD, FAFPHM (RACP) FRIPH Ministerial appointee | 3 |
| Mr Ian Spicer, AM, LLB, FAIM, FICM, AICS Ministerial appointee | 4 |
| Ms Elizabeth Davies BA, Dip. Ed. Executive Director, Family Services Australia, Representing consumers of welfare services | 3 |
| Dr Robert Wooding, representing Ms Jane Halton Faculty of Arts, BA (Hons) FAIM Secretary, Department of Health and Ageing (from 18 Jan. 02) | 4 |
| Mr Dennis Trewin, BSc (Hons) Melb., BEc, MSc Australian Statistician, Australian Bureau of Statistics | 3 |
| Dr Tom Stubbs, BSc WA (Hons), PhD Dip. Ed., Licentiate of Music Executive Director, Metropolitan Health Div., SA Department of Human Services Representative of the Community Services Ministers' Advisory Council (until 2004) | 2 |
| Mr Peter Allen, BA, Dip. Journalism Under Secretary, Policy & Strategic Projects, Vic. Dept of Human Services, Representative of the Australian Health Ministers' Advisory Council | 4 |
| Ms Linda Apelt, Dip Teaching, B Ed., Grad. Dip. (Counselling), M Ed. Studies Director General, Qld Department of Housing Representative of the State Housing Departments. Representative of the Community Services Ministers' Advisory Council (from June 2004). | 3 |
| Dr Owen Donald, BA, PhD Director of Housing, Victoria and Executive Director of Housing and Community Building, Dept of Human Services Representative of the State Housing Departments (from June 2004) | 1 |
| Ms Justine Boland, BA Staff representative | 4 |
| Dr Richard Madden, BSc, PhD, FIA, FIAA Director, Australian Institute of Health and Welfare | 4 |

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



Appendix

4

Audit and Finance Committee members



Audit and Finance Committee members' qualifications, current positions and details of meetings attended from 1 July 2003 to 30 June 2004

| Committee Member | Number of meetings attended |
|---|-----------------------------|
| Ms Linda Apelt, Dip Teaching, B Ed, Grad. Dip. (counselling), M Ed Studies Director General, Qld Department of Housing (Chair) | 3 |
| Dr Sandra Hacker, MB BS, DPM, FRANZCP (Chair, AIHW Board) Psychiatrist (private practice), Liaison Psychiatrist, Heart-Lung Transplant Unit Alfred Hospital | 4 |
| Ms Elizabeth Davies, BA, Dip. Ed. Executive Director, Family Services Australia | 4 |



Appendix

5

Freedom of information



Freedom of Information statement

As required by section 8 of the *Freedom of Information Act 1982*, the following information is published regarding the organisation and functions of the AIHW, and how members of the public can gain access to documents maintained in the possession of the AIHW.

ORGANISATION AND FUNCTIONS OF THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Chapter 1 of this report provides details of the organisation and functions of the AIHW.

POWERS

The AIHW is a body corporate subject to the *Commonwealth Authorities and Companies Act 1997*. Powers exercised by the Chairperson of the Board and the Institute's Director are in accordance with delegations determined under that Act.

CONSULTATIVE ARRANGEMENTS

The composition of the AIHW Board, prescribed in section 8 of the *Australian Institute of Health and Welfare Act 1987* (see Appendix 2), enables participation on the Board by a broad range of bodies or persons outside the Commonwealth administration.

The AIHW consults with a wide range of constituents through its membership of national committees (see Appendix 9).

The AIHW has established a number of topic-specific Steering Committees which include bodies and persons from outside the Commonwealth administration, to advise the Institute regarding its major reports.

CATEGORIES OF DOCUMENTS IN POSSESSION OF THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Documents available to the public upon payment of a fee

The AIHW does not hold any documents of this type.

Documents available for purchase or available free of charge

The majority of AIHW reports are available free of charge on its website <http://www.aihw.gov.au>, or can be purchased through the AIHW website or from its contracted distributor CanPrint.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE DATA

The AIHW makes available through its website unidentifiable aggregated data on a series of data 'cubes'. (See Chapter 2.)

Data collected under the *Australian Institute of Health and Welfare Act 1987* are protected by the confidentiality provisions (section 29) of that Act.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE SEMINAR PROGRAM

Documents informing of topics included on the AIHW seminar program conducted for staff of the Institute, and for some seminars, open to invited guests.

GOVERNMENT AND PARLIAMENT

Some ministerial briefings, ministerial correspondence, replies to Parliamentary questions and tabling documents.



MEETING PROCEEDINGS

Agenda papers and records of proceedings of internal and external meetings and workshops.

BUSINESS MANAGEMENT

Documents related to development of the Institute's work program, business and personnel management, and general papers and correspondence related to management of the Institute's work program.

PRIVACY

The AIHW supplies information on the extent and nature of its holdings of personal information for inclusion in the *Personal Information Digest* published by the Office of the Federal Privacy Commissioner.

FREEDOM OF INFORMATION REQUESTS

There were no requests made under the *Freedom of Information Act 1982* during 2003–04.

FREEDOM OF INFORMATION ENQUIRIES

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







Appendix

6

Staffing



Staff numbers at the Institute have increased by 8.4% over the 2003–04 year, following an increase of 7% the previous year. Full Time Equivalents increased by 20.4%, following the previous year's increase of 5%.

Table 1: Staff by category of employment at 30 June 2004

| Status | Female | Male | Total 30 June 2004 | Total 30 June 2003 |
|-----------------------------|------------|-----------|-----------------------|-----------------------|
| Ongoing | | | | |
| Full-time | 77 | 40 | 117 | 106 |
| Part-time | 27 | 2 | 29 | 34 |
| Leave without pay | 7 | 2 | 9 | 10 |
| Non-ongoing | | | | |
| Full-time | 35 | 18 | 53 | 42 |
| Part-time | 8 | 1 | 9 | 9 |
| Leave without pay | 1 | 0 | 1 | 0 |
| Total | 155 | 63 | 218 | 201 |
| Full Time Equivalent | | | 202.92 | 168.4 |

Table 2: Staff by Level at 30 June 2004

| Status | Female | Male | Total 30 June 2004 | Total 30 June 2003 |
|------------------------------------|------------|-----------|-----------------------|-----------------------|
| Senior Executive Service Band 1 | 2 | 2 | 4 | 4 |
| Executive Level 2 | 10 | 9 | 19 | 22 |
| Executive Level 1 | 38 | 24 | 62 | 60 |
| APS Level 6 | 45 | 12 | 57 | 53 |
| APS Level 5 | 14 | 8 | 22 | 21 |
| APS Level 4 | 31 | 6 | 37 | 25 |
| APS Level 3 | 10 | 1 | 11 | 8 |
| APS Level 2 | 5 | 1 | 6 | 8 |
| Total | 155 | 63 | 218 | 201 |

NB: This information is based on substantive positions.

Notes

- Ongoing staff' refers to staff employed on an ongoing basis by the Institute, including ongoing staff on transfer from other APS agencies.
- Non-ongoing staff' refers to staff employed by the Institute on contracts of employment for specified terms and specified tasks.
- Full time equivalent' expresses the size of the workforce adjusted for those staff who work part-time hours, and for those who are inoperative on maternity leave, transfer or leave without pay.



Appendix

7

AIHW - Unit heads

(as at 30 June 2004)



EXECUTIVE UNIT

Margaret Fisher, GradDipTandDM, MBus, CSU

Health Division

CARDIOVASCULAR DISEASE, DIABETES AND RISK FACTOR MONITORING

Lynelle Moon, BMath Wollongong, GradDipStats, GradDipPopHealth ANU

HEALTH REGISTERS AND CANCER MONITORING

John Harding, BA Macquarie

POPULATION HEALTH DATA AND INFORMATION SERVICES

Mark Cooper-Stanbury, BSc ANU

POPULATION HEALTH

Robert Van Der Hoek, BSc ANU

NATIONAL HEALTH PRIORITIES AND ENVIRONMENTAL HEALTH

Kuldeep Bhatia, PhD ANU, PhD Panjab

MEDICAL ADVISOR

Paul Magnus MB, BS UWA

Welfare Division

AGEING AND AGED CARE

Anne Peut, BA(Hons), MA(Sociology) UTAS, GradDip Applied Science, Library and Information Management

CHILDREN, YOUTH AND FAMILY SERVICES

Kerry Carrington, BA(Hons) Griffith Uni, PhD Maquarie

FUNCTIONING AND DISABILITY

Ros Madden, BSc (Hons), MSc Sydney

HOUSING ASSISTANCE

David Wilson, BEc (Hons) Flinders

SUPPORTED ACCOMMODATION AND CRISIS SERVICES

Justin Griffin, BEc James Cook

Economics and Business Services

PEOPLE AND COMMERCIAL SERVICES

Lyn Elliot, BA CCAE

DATA AND INFORMATION TECHNOLOGY

Mike McGrath, BA CCAE



MEDIA AND PUBLISHING

Nigel Harding, BA Qld

NATIONAL DATA DEVELOPMENT

Trish Ryan, BA (Hons) UNE

METADATA MANAGEMENT UNIT

David Braddock, BSc (Hons) UQ

LIBRARY AND INFORMATION SERVICES

Judith Abercromby, BA (Hons) Tas; DipLib UNSW

Resources Division

ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH AND WELFARE

Fadwa Al-Yaman, BSc Kuwait, PhD ANU, MA Population Studies ANU

HEALTH AND WELFARE EXPENDITURE

Tony Hynes, BApp Sc Canberra

HOSPITALS AND MENTAL HEALTH SERVICES

Jenny Hargreaves, BSc (Hons) ANU, Grad Dip Population Health ANU

LABOUR FORCE AND RURAL HEALTH

Glenice Taylor, BSc Wollongong

SUMMARY MEASURES

John Goss, BEc, BSc ANU, Grad Dip Nutr Diet QIT

Heads of Collaborating Units

AUSTRALIAN CENTRE FOR ASTHMA MONITORING

Guy B. Marks, B Med Sc MBBS UNSW PhD Sydney MRCP FRACP FAFPHM

DENTAL STATISTICS AND RESEARCH UNIT

Gary Slade, BDS Sc Melb, Dip DPH Toronto, PhD Adelaide

GENERAL PRACTICE STATISTICS AND CLASSIFICATION UNIT

Helena Britt, BA UNSW, PhD Sydney

NATIONAL INJURY SURVEILLANCE UNIT

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

NATIONAL PERINATAL STATISTICS UNIT

Elizabeth Sullivan, MB BS, MPH, M Med (Sexual Health) Sydney; FAFPHM





Appendix

8

Publications

1 July 2003–30 June 2004



Books

AIHW publications

Annual Report 2002–03. AIHW. AIHW Cat. No. AUS 37. Canberra: AIHW, 2003.

Australia's Health 2004. AIHW. AIHW Cat. No. AUS 44. Canberra: AIHW, 2004.

Australia's Welfare 2003. AIHW. AIHW Cat. No. AUS 41. Canberra: AIHW, 2003.

Publications Catalogue 2003. AIHW. AIHW Cat. No. AUS 31. Canberra: AIHW, 2003.

Ageing and aged care

Community Aged Care Packages Census 2002. AIHW. AIHW Cat. No. AGE 35. Canberra: AIHW, 2004 (Aged Care Statistics Series No. 17).

Day Therapy Centre Census 2002. AIHW. AIHW Cat. No. AGE 34. Canberra: AIHW, 2004 (Aged Care Statistics Series No. 16).

Extended Aged Care at Home Census 2002. AIHW. AIHW Cat. No. AGE 33. Canberra: AIHW, 2004 (Aged Care Statistics Series No. 15).

Future Supply of Informal Care 2003 to 2013: Alternative Scenarios. Jenkins A, Rowland F, Angus P, Hales C. AIHW Cat. No. AGE 32. Canberra: AIHW, 2003 (Aged Care Series).

Interface Between Hospital and Residential Aged Care: Feasibility Study on Linking Hospital Morbidity and Residential Aged Care Data. AIHW. AIHW Cat. No. AGE 31. Canberra: AIHW, 2003 (Aged Care Series).

Residential Aged Care in Australia 2002–03: A Statistical Overview. AIHW. AIHW Cat. No. AGE 38. Canberra: AIHW, 2004 (Aged Care Statistics Series No. 18).

The Comparability of Dependency Information Across Three Aged and Community Care Programs. Van Doeland M, Benham C. AIHW Cat. No. AGE 36. Canberra: AIHW, 2004.

The Impact of Dementia on the Health and Aged Care Systems. AIHW. AIHW Cat. No. AGE 37. Canberra: AIHW, 2004.

Alcohol and other drugs

A Guide to Australian Alcohol Data. AIHW. AIHW Cat. No. PHE 52. Canberra: AIHW, 2004.

Alcohol and Other Drug Treatment Services in Australia 2001–02: Report on the National Minimum Data Set. AIHW. AIHW Cat. No. HSE 28. Canberra: AIHW, 2003 (Drug Treatment Series No. 2).

Cancer

BreastScreen Australia Monitoring Report 1998–1999 and 1999–2000. AIHW. AIHW Cat. No. CAN 21. Canberra: AIHW, 2003 (Cancer Series No. 26).

BreastScreen Australia Monitoring Report 2000–2001. AIHW. AIHW Cat. No. CAN 20. Canberra: AIHW, 2003 (Cancer Series No. 25).



Cancer Incidence Study 2003: Australian Veterans of the Korean War. AIHW. AIHW Cat. No. PHE 48. Canberra: AIHW, 2003.

Cervical Screening in Australia 2000–2001 and 1999–2000. AIHW. AIHW Cat. No. CAN 19. Canberra: AIHW, 2003 (Cancer Series No. 24).

Cardiovascular disease

Heart, Stroke and Vascular Diseases: Australian Facts 2004. AIHW. AIHW Cat. No. CVD 27. Canberra: AIHW, 2004 (Cardiovascular Disease Series No. 22).

Impact of ICD Coding Standard Changes for Diabetes Hospital Morbidity Data. Phillips G. AIHW Cat. No. CVD 26. Canberra: AIHW, 2003 (Diabetes Series).

Secondary Prevention and Rehabilitation after Coronary Events or Stroke. AIHW. AIHW Cat. No. CVD 25. Canberra: AIHW, 2003 (Cardiovascular Disease Series).

Children, youth and families

Adoptions Australia 2002–03. AIHW. AIHW Cat. No. CWS 21. Canberra: AIHW, 2003 (Child Welfare Series No. 33).

Australia's Young People: Their Health and Wellbeing 2003. AIHW. AIHW Cat. No. PHE 50. Canberra: AIHW, 2003.

Child Protection Australia 2002–03. AIHW. AIHW Cat. No. CWS 22. Canberra: AIHW, 2004 (Child Welfare Series No. 34).

Data standards

Admitted Patient Care National Minimum Data Set. AIHW. AIHW Cat. No. HWI 48. Canberra: AIHW, 2003 (National Health Data Dictionary).

Admitted Patient Mental Health Care National Minimum Data Set. AIHW. AIHW Cat. No. HWI 49. Canberra: AIHW, 2003 (National Health Data Dictionary).

Alcohol and Other Drug Treatment Services National Minimum Data Set. AIHW. AIHW Cat. No. HWI 51. Canberra: AIHW, 2003 (National Health Data Dictionary).

Community Mental Health Care National Minimum Data Set. AIHW. AIHW Cat. No. HWI 52. Canberra: AIHW, 2003 (National Health Data Dictionary).

Community Mental Health Establishments National Minimum Data Set. AIHW. AIHW Cat. No. HWI 53. Canberra: AIHW, 2003 (National Health Data Dictionary).

Data Set Specification, Cardiovascular Disease (Clinical), National Health Data Dictionary Version 12. National Health Data Committee. AIHW Cat. No. HWI 46. Canberra: AIHW, 2003 (National Health Data Dictionary).

Data Set Specification, Diabetes (Clinical), National Health Data Dictionary. Version 12. National Health Data Committee. AIHW Cat. No. HWI 47. Canberra: AIHW, 2003 (National Health Data Dictionary).

Elective Surgery Waiting Times National Minimum Data Set. AIHW. AIHW Cat. No. HWI 54. Canberra: AIHW, 2003 (National Health Data Dictionary).

Emergency Department Waiting Times National Minimum Data Set. AIHW. AIHW Cat. No. HWI 55. Canberra: AIHW, 2003 (National Health Data Dictionary).

Health Labour Force National Minimum Data Set. AIHW. AIHW Cat. No. HWI 56. Canberra: AIHW, 2003 (National Health Data Dictionary).

Injury Surveillance National Minimum Data Set. AIHW. AIHW Cat. No. HWI 57. Canberra: AIHW, 2003 (National Health Data Dictionary).

National Community Services Data Dictionary Version 3. AIHW. AIHW Cat. No. HWI 65. Canberra: AIHW, 2004.

National Health Data Dictionary Version 12 (CD-ROM). National Health Data Committee. AIHW Cat. No. HWI 63. Canberra: AIHW, 2004 (National Health Data Dictionary).

National Health Data Dictionary Version 12 (SET). National Health Data Committee. AIHW Cat. No. HWI 63 SET. Canberra: AIHW, 2004 (National Health Data Dictionary).

Non-admitted Patient Emergency Department Care National Minimum Data Set. AIHW. AIHW Cat. No. HWI 58. Canberra: AIHW, 2003 (National Health Data Dictionary).

Perinatal National Minimum Data Set. AIHW. AIHW Cat. No. HWI 59. Canberra: AIHW, 2003 (National Health Data Dictionary).

Public Hospital Establishments National Minimum Data Set. AIHW. AIHW Cat. No. HWI 60. Canberra: AIHW, 2003 (National Health Data Dictionary).

Dental health

Child Dental Health Survey for Victoria, 1999. AIHW Dental Statistics and Research Unit. AIHW Cat. No. DEN 87. Adelaide: AIHW DSRU, 2003.

Child Dental Health Survey for Western Australia, 1999. AIHW Dental Statistics and Research Unit. AIHW Cat. No. DEN 87. Adelaide: AIHW DSRU, 2003.

Dental Labour Force, Australia 2000. Teusner DN, Spencer AJ. AIHW Cat. No. DEN 116. Canberra: AIHW, 2003 (Dental Statistics and Research Series No. 28).

Oral Health Trends Among Adult Public Dental Patients. Brennan DS, Spencer AJ. AIHW Cat. No. DEN 127. Adelaide: AIHW DSRU, 2004 (Dental Statistics and Research Series No. 30).

Functioning and disability

Disability Prevalence and Trends. AIHW. AIHW Cat. No. DIS 34. Canberra: AIHW, 2003 (Disability Series).

Disability: The Use of Aids and the Role of the Environment. Bricknell S. AIHW Cat. No. DIS 32. Canberra: AIHW, 2003 (Disability Series).

ICF Australian User Guide Version 1.0. AIHW. AIHW Cat. No. DIS 33. Canberra: AIHW, 2003 (Disability Series).



General practice

Changes in Pathology Ordering by GPs in Australia 1998 to 2001. Britt H, Knox S, Miller GC. AIHW Cat. No. GEP 13. Canberra: AIHW, 2003 (General Practice Series No. 13).

General Practice Activity in Australia 2002–03. Britt H, Miller GC, Knox S, Charles J, Valenti L, Henderson J, Pan Y, Bayram C, Harrison C. AIHW Cat. No. GEP 14. Canberra: AIHW, 2003 (General Practice Series No. 14).

Older Patients Attending General Practice in Australia 2000–02. O'Halloran J, Britt H, Valenti L, Harrison C, Pan Y, Knox S. AIHW Cat. No. GEP 12. Canberra: AIHW, 2003 (General Practice Series No. 12).

Health and welfare expenditure

Health Expenditure Australia 2001–02. AIHW. AIHW Cat. No. HWE 24. Canberra: AIHW, 2003 (Health and Welfare Expenditure Series No. 17).

Health System Expenditure on Disease and Injury in Australia 2000–01. AIHW. AIHW Cat. No. HWE 26. Canberra: AIHW, 2004 (Health and Welfare Expenditure Series No. 19).

National Public Health Expenditure Report 2000–01. AIHW. AIHW Cat. No. HWE 25. Canberra: AIHW, 2004 (Health and Welfare Expenditure Series No. 18).

Health and welfare labour force

Health and Community Services Labour Force 2001. AIHW. AIHW Cat. No. HWL 27. Canberra: AIHW, 2003 (National Health Labour Force Series No. 27).

Medical Labour Force 2001. AIHW. AIHW Cat. No. HWL 28. Canberra: AIHW, 2003 (National Health Labour Force Series No. 28).

Nursing Labour Force 2002. AIHW. AIHW Cat. No. HWL 29. Canberra: AIHW, 2003 (National Health Labour Force Series No. 29).

Health and welfare services and care

Admitted Patient Palliative Care in Australia 1999–00. AIHW. AIHW Cat. No. HSE 27. Canberra: AIHW, 2003.

Australian Hospital Statistics 2002–03. AIHW. AIHW Cat. No. HSE 32. Canberra: AIHW, 2004 (Health Services Series No. 22).

Report on the Evaluation of the National Minimum Data Set for Admitted Patient Care. AIHW, National Health Information Management Group. AIHW Cat. No. HSE 29. Canberra: AIHW, 2003 (Health Services Series No. 21).

Housing

Children Accompanying Homeless Clients 2002–03. AIHW. AIHW Cat. No. HOU 106. Canberra: AIHW, 2004 (SAAP National Data Collection Agency (NDCA) Report Series 8).

Commonwealth–State Housing Agreement National Data Reports 2002–03: CSHA Community Housing. AIHW. AIHW Cat. No. HOU 101. Canberra: AIHW, 2003.

Commonwealth–State Housing Agreement National Data Reports 2002–03: Crisis Accommodation Program. AIHW. AIHW Cat. No. HOU 103. Canberra: AIHW, 2004.

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Commonwealth–State Housing Agreement National Data Report 2002–03: Private Rent Assistance. AIHW. AIHW Cat. No. HOU 105. Canberra: AIHW, 2004.

Commonwealth–State Housing Agreement National Data Reports 2002–03: Public Rental Housing. AIHW. AIHW Cat. No. HOU 100. Canberra: AIHW, 2003.

Commonwealth–State Housing Agreement National Data Reports 2002–03: State and Territory Owned and Managed Indigenous Housing. AIHW. AIHW Cat. No. HOU 102. Canberra: AIHW, 2003.

Demand for SAAP Assistance by Homeless People 2001–02: A Report from the SAAP National Data Collection. AIHW. AIHW Cat. No. HOU 90. Canberra: AIHW, 2003 (SAAP National Data Collection Agency (NDCA) Report Series No. 7).

Homeless People in SAAP: SAAP National Data Collection Annual Report 2002–03 Australia. AIHW. AIHW Cat. No. HOU 91. Canberra: AIHW, 2003 (SAAP National Data Collection Agency (NDCA) Report Series 8).

Homeless People in SAAP: SAAP National Data Collection Annual Report 2002–03 Australian Capital Territory Supplementary Tables. AIHW. AIHW Cat. No. HOU 98. Canberra: AIHW, 2003 (SAAP National Data Collection Agency (NDCA) Report Series 8).

Homeless People in SAAP: SAAP National Data Collection Annual Report 2002–03 New South Wales Supplementary Tables. AIHW. AIHW Cat. No. HOU 92. Canberra: AIHW, 2003 (SAAP National Data Collection Agency (NDCA) Report Series 8).

Homeless People in SAAP: SAAP National Data Collection Annual Report 2002–03 Northern Territory Supplementary Tables. AIHW. AIHW Cat. No. HOU 99. Canberra: AIHW, 2003 (SAAP National Data Collection Agency (NDCA) Report Series 8).

Homeless People in SAAP: SAAP National Data Collection Annual Report 2002–03 Queensland Supplementary Tables. AIHW. AIHW Cat. No. HOU 94. Canberra: AIHW, 2003 (SAAP National Data Collection Agency (NDCA) Report Series 8).

Homeless People in SAAP: SAAP National Data Collection Annual Report 2002–03 South Australia Supplementary Tables. AIHW. AIHW Cat. No. HOU 96. Canberra: AIHW, 2003 (SAAP National Data Collection Agency (NDCA) Report Series 8).

Homeless People in SAAP: SAAP National Data Collection Annual Report 2002–03 Victoria Supplementary Tables. AIHW. AIHW Cat. No. HOU 93. Canberra: AIHW, 2003 (SAAP National Data Collection Agency (NDCA) Report Series 8).

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National Housing Assistance Data Dictionary Version 2. AIHW. AIHW Cat. No. HOU 89. Canberra: AIHW, 2003 (Housing Assistance National Data Development Series).

Young Homeless People 2001–02: New South Wales supplementary report. AIHW. AIHW Cat. No. HOU 88. Canberra: AIHW, 2003.

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Injury

Diagnosis-based Injury Severity Scaling. Stephenson S, Langley J, Henley G, Harrison J. AIHW Cat. No. INJCAT 59. Canberra: AIHW, 2004 (Injury Research and Statistics Series No. 20).

Injury Risk Factors, Attitudes and Awareness: A Submission to the CATI-TRG. Harrison J, Bradley C. AIHW Cat. No. INJCAT 61. Canberra: AIHW, 2004 (Injury Technical Paper Series No. 3).

National Injury Prevention Plan Priorities for 2004 and Beyond. Pointer S, Harrison J, Bradley C. AIHW Cat. No. INJCAT-55. Canberra: AIHW, 2003 (Injury Research and Statistics Series No. 18).

Spinal Cord Injury, Australia 2001–02. Cripps R. AIHW Cat. No. INJCAT-58. Canberra: AIHW, 2003 (Injury Research and Statistics Series No. 19).

The National Coroners Information System as an Information Tool for Injury Surveillance. Driscoll T, Henley G, Harrison J. AIHW Cat. No. INJCAT 60. Canberra: AIHW, 2004 (Injury Research and Statistics Series No. 21).

National health and welfare information

Admitted Patient Palliative Care National Minimum Data Set. AIHW. AIHW Cat. No. HWI 50. Canberra: AIHW, 2003 (National Health Data Dictionary).

Mental Health Services in Australia 2001–02. AIHW. AIHW Cat. No. HSE 31. Canberra: AIHW, 2004 (Mental Health Series No. 5).

Population health

2003 Influenza Vaccine Survey: Summary Results. AIHW. AIHW Cat. No. PHE 51. Canberra: AIHW, 2004.

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Review of Proposed National Health Priority Area Asthma Indicators and Data Sources. Australian Centre for Asthma Monitoring. AIHW Cat. No. ACM 2. Canberra: AIHW, 2004.

Rural, Regional and Remote Health: A Guide to Remoteness Classifications. AIHW. AIHW Cat. No. PHE 53. Canberra: AIHW, 2004 (Rural Health).

Rural, Regional and Remote Health: A Study on Mortality. AIHW. AIHW Cat. No. PHE 45. Canberra: AIHW, 2003 (Rural Health Series No. 2).

Rural, Regional and Remote Health: A Study on Mortality, Summary of Findings. AIHW. AIHW Cat. No. PHE 49. Canberra: AIHW, 2003 (Rural Health Series No. 3).

Periodicals

AIHW Access

AIHW Access Issue 16 May 2004. AIHW. AIHW Cat. No. HWI 68. Canberra: AIHW, 2004.

AIHW Access Issue 15 December 2003. AIHW. AIHW Cat. No. HWI 64. Canberra: AIHW, 2003.

AIHW Access Issue 14 September 2003. AIHW. AIHW Cat. No. HWI 61. Canberra: AIHW, 2003.

Cardiovascular disease

National Diabetes Register: Statistical Profile, December 2001. AIHW. AIHW Cat. No. CVD 24. Canberra: AIHW, 2003 (Diabetes Series No. 4).

Physical Activity, Diet and Body Weight: Results from the 2001 National Health Survey. AIHW. Canberra: AIHW, 2004 (Risk Factors Data Briefing No. 1).

Disability data briefing

Communication Restrictions—the Experience of People with a Disability in the Community. AIHW. Canberra: AIHW, 2003 (Disability Data Briefing No. 23).

Drug treatment data briefing

Alcohol and Other Drug Treatment Services in New South Wales. Findings from the National Minimum Data Set (NMDS) 2001–02. AIHW. Canberra: AIHW, 2003.

Alcohol and Other Drug Treatment Services in South Australia. Findings from the National Minimum Data Set (NMDS) 2001–02. AIHW. Canberra: AIHW, 2003.

Alcohol and Other Drug Treatment Services in Tasmania. Findings from the National Minimum Data Set (NMDS) 2001–02. AIHW. Canberra: AIHW, 2003.

Alcohol and Other Drug Treatment Services in Victoria. Findings from the National Minimum Data Set (NMDS) 2001–02. AIHW. Canberra: AIHW, 2003.

Alcohol and Other Drug Treatment Services in Western Australia. Findings from the National Minimum Data Set (NMDS) 2001–02. AIHW. Canberra: AIHW, 2003.

Alcohol and Other Drug Treatment Services in the Australian Capital Territory. Findings from the National Minimum Data Set (NMDS) 2001–02. AIHW. Canberra: AIHW, 2003.

Alcohol and Other Drug Treatment Services in the Northern Territory. Findings from the National Minimum Data Set (NMDS) 2001–02. AIHW. Canberra: AIHW, 2003.

Injury

Trends in Spinal Cord Injury, Australia 1986–1997. O'Connor P. AIHW Cat. No. INJCAT 52. Canberra: AIHW, 2003 (Injury Technical Paper Series No. 2).

Population health

Indicators of Health Risk Factors: The AIHW View. AIHW. AIHW Cat. No. PHE 47. Canberra: AIHW, 2003 (Health Care Technology Series).



Bulletins

Ageing and aged care

Obesity Trends in Older Australians. Bennett S, Magnus P, Gibson D. AIHW Cat. No. AUS 42. Canberra: AIHW, 2004 (AIHW Bulletin No. 12).

Alcohol and other drugs

Alcohol and Other Drug Treatment Services in Australia: Findings from the National Minimum Data Set 2001–02. AIHW. AIHW Cat. No. AUS 40. Canberra: AIHW, 2003 (AIHW Bulletin No. 10).

Cardiovascular disease

A Growing Problem: Trends and Patterns in Overweight and Obesity among Adults in Australia, 1980 to 2001. Dixon T, Waters AM. AIHW Cat. No. AUS 36. Canberra: AIHW, 2003 (AIHW Bulletin No. 8).

Are All Australians Gaining Weight? Differentials in Overweight and Obesity Among Adults, 1989–90 to 2001. O'Brien K, Webbie K. AIHW Cat. No. AUS 39. Canberra: AIHW, 2003 (AIHW Bulletin No. 11).

Coronary Revascularisation in Australia, 2000. Davies J. AIHW Cat. No. AUS 35. Canberra: AIHW, 2003 (AIHW Bulletin No. 7).

Health, Wellbeing and Body Weight. O'Brien K, Webbie K. AIHW Cat. No. AUS 43. Canberra: AIHW, 2004 (AIHW Bulletin No. 13).

Picture of Diabetes in Overseas-born Australians. Holdenson Z, Catanzariti L, Phillips G, Waters AM. AIHW Cat. No. AUS 38. Canberra: AIHW, 2003 (AIHW Bulletin No. 9).

Housing

Commonwealth Rent Assistance, June 2002: A Profile of Recipients. AIHW. AIHW Cat. No. AUS 45. Canberra: AIHW, 2004 (AIHW Bulletin No. 14).

Working Papers

Aged Care Innovative Pool Dementia and Disability Pilot Services Evaluation. AIHW. AIHW Cat. No. WP 41. Canberra: AIHW, 2003 (Welfare Working Paper Series No. 41).

Alcohol and Other Drug Treatment Services NMDS Specifications 2004–05. AIHW. AIHW Cat. No. HSE 30. Canberra: AIHW, 2004 (Welfare Working Paper Series No. 43).

Apparent Consumption of Nutrients, Australia 1997–98. AIHW. Canberra: AIHW, 2004.

Community Mental Health Care 2000–01. AIHW. Canberra: AIHW, 2004 (Resources Division Working Paper Series No. 2).

Indicators of Australia's Welfare. AIHW. Canberra: AIHW, 2004 (Welfare Working Paper Series No. 42).

Oral Health of Migrant Public Dental Patients. AIHW Dental Statistics and Research Unit. AIHW Cat. No. DEN 130. Adelaide: AIHW DSRU, 2004 (DSRU Research Report Series No. 15).

Trends in Access to Dental Care of South Australian Young Adults. AIHW Dental Statistics and Research Unit. AIHW Cat. No. DEN 129. Adelaide: AIHW DSRU, 2004 (DSRU Research Report Series No. 16).

What Do the Data Tell Us — National Disability Administrators forum on support for children and young people with a disability and their families. A background paper for the AIHW, presenting some findings from the forthcoming AIHW publication on children with disabilities.

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Harrex WK, Horsley KW, Jelfs P, van der Hoek R, Wilson EJ. Mortality of Korean War Veterans: The Veteran Cohort Study. A report of the 2002 retrospective cohort study of Australian veterans of the Korean War. Canberra: Department of Veterans' Affairs, 2003.

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Health at a Glance: OECD Indicators 2003. Organisation for Economic Cooperation and Development. Canberra: AIHW, 2003 (Health Care Technology Series).

Projections of the Australian Dental Labour Force. Teusner DN, Spencer AJ. AIHW Cat. No. POH 1. Canberra: AIHW, 2004 (Population Oral Health Series No. 1).

Staff other

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- AIHW GP Statistics and Classification Unit. Coronary heart disease, risk factors and lipid lowering medication. 2003. Charles J, (ed). Sydney: University of Sydney, Sand abstracts from the BEACH program No. 46 <<http://pandora.nla.gov.au/tep/14007>>.
- AIHW GP Statistics and Classification Unit. Management of depression and anxiety. 2003. Harrison C, (ed). Sydney: University of Sydney, Sand abstracts from the BEACH program No. 47 <<http://pandora.nla.gov.au/tep/14007>>.
- AIHW GP Statistics and Classification Unit. Asthma prevalence and management. 2003. Bayram C, (ed). Sydney: University of Sydney, Sand abstracts from the BEACH program No. 48 <<http://pandora.nla.gov.au/tep/14007>>.
- AIHW GP Statistics and Classification Unit. Health status and management of patients on non-steroidal anti-inflammatory drugs. 2003. Knox S, (ed). Sydney: University of Sydney, Sand abstracts from the BEACH program No. 49 <<http://pandora.nla.gov.au/tep/14007>>.
- AIHW GP Statistics and Classification Unit. Risk factors of patients on lipid lowering medications. 2003. Britt H, (ed). Sydney: University of Sydney, Sand abstracts from the BEACH program No. 50 <<http://pandora.nla.gov.au/tep/14007>>.
- AIHW GP Statistics and Classification Unit. Use of proton pump inhibitors for gastrointestinal problems. 2003. Miller G, (ed). Sydney: University of Sydney, Sand abstracts from the BEACH program No. 51 <<http://pandora.nla.gov.au/tep/14007>>.
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- Pan Y, Henderson J, Britt H. Changes in antibiotic prescribing rates in the last decade. Presented at the General Practice and Primary Health Care Research Conference, Brisbane, June 2004.
- Pieres-Caldwell I, Bryant M, Kennedy E, Carrington K. Indicators of children's health, development and wellbeing. Picture of Australia's Children Workshop, Sydney, March 2004.
- Sadkowsky K, van der Hoek R, Bishop K, Jelfs P. Paper delivered at the International Health Summer School: Understanding Mortality — Reaping the Rewards conference at Queensland University of Technology Brisbane, Kelvin Grove campus, 17–19 November 2003.
- Slade G. Dental labour force and oral health: brushing up on where we're at. Australia's Health: Vital Statistics, Vital Signs Conference, Canberra, June 2004.
- Stevenson C. Collecting and using data to shape cervical screening programs. Invited paper, 18th World Conference on Health Promotion and Health Education, Melbourne, April 2004.
- Stevenson C. The burden of cancer in Australia in the year 2001. 30th Annual Scientific Meeting, Clinical Oncological Society of Australia, Perth, November 2003.
- Stevenson C. The use of registry data in monitoring cancer screening programs in Australia. Poster presentation. 18th World Conference on Health Promotion and Health Education, Melbourne, April 2004.
- Sullivan EA. Maternal mortality in Australia, 1973–1996. Oral presentation. 8th Annual Conference of the Perinatal Society of Australia and New Zealand, Sydney, March 2004.
- Sullivan EA, Birch MR. National review of birth defect monitoring in Australia, an interim report. Oral presentation. Annual Scientific Meeting of the Australian Birth Defects Society, Brisbane, February 2004.
- Sullivan EA, Grayson N, Birch MR. Survey of state and territory birth defects registers and collections in Australia. Poster presentation. 8th Annual Conference of the Perinatal Society of Australia and New Zealand, Sydney, March 2004.



Sullivan EA, Tiban K, Wang A. HIV, hepatitis B and other sexually transmitted infections and associated risk behaviours in Pacific-island seafarers, Kiribati. Poster presentation. XV International AIDS Conference, Bangkok, July 2004.

Tallis K. Mental disorders: what about the stats? Australia's Health: Vital Statistics, Vital Signs Conference, Canberra, June 2004.

Taylor G. Labour force: who is looking after your health? Australia's Health: Vital Statistics, Vital Signs Conference, Canberra, June 2004.

Tracy S. Maternal and infant health: from little acorns... Australia's Health: Vital Statistics, Vital Signs Conference, Canberra, June 2004.

Valenti L, Britt H. Changing rates of medication in Australian general practice: Prescribed, GP supplied or advised per 100 problems managed: 1998/2000/2002. Presented at the General Practice and Primary Health Research Conference, Brisbane June 2004.

Wang AY, Sullivan EA, Black D, Dean J, Chapman M. Preterm and low birth weight ART babies Australia. Poster presentation. Fertility Society of Australia Conference, Perth, November 2003.

Wen X 2003. Trends in the prevalence of disability and chronic conditions among the older population: implications for survey design and measurement of disability. Paper presented at the Second meeting of the Washington City Group on Disability Statistics, Ottawa, 9–10 January 2003.

Wen X 2003. ICF Australian user guide and implementation of the ICF in Australia. Paper presented at the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) Workshop on Improving Disability Data for Policy Use, Bangkok, 23–26 September 2003.

Weaving G. Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). Poster presentation at the Australasian Professional Society on Alcohol and Other Drugs (APSAD) Conference, November 2003.

Weaving G. Alcohol and other drug treatment services in Australia 2000–01: first report on the national minimum data set. Poster presentation at the Social Policy Research Centre (SPRC) Conference, July 2003.







Appendix

9

Participation in national committees as
an information specialist



NATIONAL COMMITTEES CHAIRED BY AIHW

Australian Birth Defects Society
Information Strategy Committee NMDS Sub-committee
Intergovernmental Committee on Drugs Data Working Group
Health Data Standards Committee
National Community Services Data Committee

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

Advisory Committee on Australian and International Disability Data
Advisory Committee on Maternal Mortality and Morbidity
AHMAC Mental Health Working Group Information Strategy Committee – NMDS Sub-committee
Australasian Association of Cancer Registries
National Housing Data Agreement Management Group
Commonwealth–State Disability Agreement NMDS Network
Computer Assisted Telephone Interview Technical Reference Group
Health Data Standards Committee
Health Expenditure Advisory Committee
Information Strategy Committee NMDS Sub-committee
Juvenile Justice Data Working Group
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
National Burden of Disease Advisory Committee
National Cardiovascular Monitoring System Advisory Committee
National Child Protection and Support Services Data Group
National Community Services Data Committee
National Community Services Information Management Group
National Diabetes Register Management Committee
National Housing Data Agreement Management Group
National Housing Data Development Committee
National Indigenous Housing Information Implementation Committee
National Indigenous Housing Information Implementation Committee’s NMDS Working Group
National Perinatal Data Development Committee
National Public Health Information Working Group
Population Health Taskforce on Performance
Rural Health Information Advisory Committee
Statistical Information Management Committee



Appendix

10

Activities funded by outside bodies for
2003–04 financial year



Australian Institute of Health and Welfare

The projects below represent the contracted work the AIHW undertook in 2003–04 for other entities. These entities are shown as the funding body.

| | |
|-----------------|---|
| Project: | Aboriginal and Torres Strait Islander Health & Welfare |
| Funding body: | Department of Health and Ageing |
| Project: | Aboriginal Social and Emotional Well-Being |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | Aboriginal and Torres Strait Islander Health Performance Indicators Report |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | ACT Cancer Incidence and Mortality Data |
| Funding body: | ACT Department of Health, Housing and Community Care |
| Project: | Admitted Patient Care NMDS |
| Funding body: | Department of Health and Ageing |
| Project: | Advanced Statistical Analysis of Transition Care Data |
| Funding body: | Department of Health and Ageing |
| Project: | Ageing Research Capacity Building Project |
| Funding body: | Department of Health and Ageing |
| Project: | Alcohol and Other Drug Treatment Services National Minimum Data Set |
| Funding body: | Department of Health and Ageing |
| Project: | Alcohol Data Compendium |
| Funding body: | Department of Health and Ageing |
| Project: | Arthritis and Musculoskeletal Conditions |
| Funding body: | Department of Health and Ageing |
| Project: | Asthma Monitoring |
| Funding body: | Department of Health and Ageing |
| Project: | Australian Community-Based Health Services Codeset project |
| Funding body: | Department of Health and Ageing |
| Project: | Australian Health Data Repository for Data Supplied to WHO |
| Funding body: | Department of Health and Ageing |
| Project: | BARC Project |
| Funding body: | Department of Health and Ageing |
| Project: | Breast and Cervical Cancer Screening |
| Funding body: | Department of Health and Ageing |
| Project: | Cancer Incidence of Korean Veterans |
| Funding body: | Department of Veterans' Affairs |
| Project: | Casemix Hospital Related Data Development |
| Funding body: | Department of Health and Ageing |
| Project: | Child and Youth Health Monitoring |
| Funding body: | Department of Health and Ageing |



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|-----------------|--|
| Project: | Child Welfare |
| Funding body: | State and Territory Departments with responsibility for Child Welfare |
| Project: | Cost Sharing for the Pilot Testing of the National Minimum Data Set of Children's Services Information |
| Funding body: | Community Services Ministers' Advisory Council |
| Project: | Chronic Disease and Behavioural Risk Factor Surveillance |
| Funding body: | Department of Health and Ageing |
| Project: | Commonwealth State and Territory Disability Agreement Minimum Data Set Redevelopment |
| Funding body: | Department of Family and Community Services for National Disability Administrators |
| Project: | Community Care Data Development Stage 5 |
| Funding body: | Department of Health and Ageing |
| Project: | Community Care Data Development Stage 4 |
| Funding body: | Department of Health and Ageing |
| Project: | Creation of a Data Dictionary for the Office of Hearing Services |
| Funding body: | Department of Health and Ageing |
| Project: | Current Longitudinal Studies relevant to ageing in Australia |
| Funding body: | Department of Health and Ageing |
| Project: | Commonwealth State and Territory Disability Agreement National Minimum Data Set |
| Funding body: | Department of Family and Community Services for National Disability Administrators |
| Project: | Data Analyst SAAP |
| Funding body: | Department of Family and Community Services |
| Project: | Data Development Work for Indigenous Health Expenditure |
| Funding body: | Department of Health and Ageing |
| Project: | Data Repository—S1 CSHA |
| Funding body: | Various State and Territory Housing Departments |
| Project: | Data Standards—S3 CSHA |
| Funding body: | Various state and Territory Housing Departments |
| Project: | Developing Indicators for Occupational Disease |
| Funding body: | Department of Health and Ageing |
| Project: | Development of NMDS for Juvenile Justice and Youth Welfare- NCSIMG Project |
| Funding body: | Community Services Ministers' Advisory Council |
| Project: | Development of National Public Health Information, including secretariat and support for the National Public Health Information Working Group |
| Funding body: | Department of Health and Ageing |
| Project: | Development of a Functional Specification for the Redevelopment of the AIHW Knowledgebase |
| Funding body: | Department of Health and Ageing |
| Project: | National Heart Foundation Australian Facts 2004 Report |
| Funding body: | National Heart Foundation |

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|-----------------|--|
| Project: | Distributional Analysis Project AHURI |
| Funding body: | Australian Housing and Urban Research Committee |
| Project: | Drug Survey PHI |
| Funding body: | Department of Health and Ageing |
| Project: | Educational outcomes for children on care and protection orders |
| Funding body: | Community Services Ministers' Advisory Council |
| Project: | Effect of Personal Alarm System Usage by Veterans |
| Funding body: | Department of Veterans' Affairs |
| Project: | End of Life Study |
| Funding body: | University of Queensland |
| Project: | Environmental Health Information Development |
| Funding body: | Department of Health and Ageing |
| Project: | Epidemiology of Culturally Diverse Communities |
| Funding body: | Diabetes Australia |
| Project: | Evaluation of the National Minimum Data Set for Admitted Patient Care |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | Female Vietnam Veterans Health Register |
| Funding body: | Department of Veterans' Affairs |
| Project: | Functional Outcome of Data Modules |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | Health and Welfare of Aboriginal and Torres Strait Islander Peoples – 2003 Report |
| Funding body: | Department of Health and Ageing |
| Project: | Health System Expenditures on Cancer in Australia 2000–01 |
| Funding body: | Department of Health and Ageing |
| Project: | HealthConnect Exploratory Project to Develop a National Family of Health Classifications |
| Funding body: | Department of Health and Ageing |
| Project: | Hospital Morbidity and Adverse Events Project |
| Funding body: | Department of Health and Ageing |
| Project: | National Housing Data Agreement - Indigenous Housing |
| Funding body: | State and Territory Departments with responsibility for Housing, Housing Ministers' Advisory Council |
| Project: | Indigenous identification in Hospital separations data |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | Influenza Vaccine Survey |
| Funding body: | Department of Health and Ageing |
| Project: | Integrated information management |
| Funding body: | Community Services Ministers' Advisory Council |
| Project: | Joint Information Models |
| Funding body: | Australian Health Ministers' Advisory Council |



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|-----------------|---|
| Project: | Maternal Mortality and Morbidity in Australia—NHMRC/NPSU |
| Funding body: | The National Health and Medical Research Council |
| Project: | Medical Indemnity Data Collection |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | Medicconnect Baseline Data |
| Funding body: | Department of Health and Ageing |
| Project: | Mental Health Care National Minimum Data Set |
| Funding body: | Department of Health and Ageing and State and Territory Departments |
| Project: | MINC software application development |
| Funding body: | Various state and territory departments |
| Project: | National Cardiovascular Disease Monitoring Centre |
| Funding body: | Department of Health and Ageing |
| Project: | National Community Services Data Dictionary |
| Funding body: | Community Services Ministers' Advisory Council |
| Project: | National Diabetes Register |
| Funding body: | Department of Health and Ageing |
| Project: | National Evaluation of Aged Care Innovative Care Pool Dementia |
| Funding body: | Department of Health and Ageing |
| Project: | National Health Data Development |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | National Health Priority Areas (NHPA) Surveillance and Reporting |
| Funding body: | Department of Health and Ageing |
| Project: | National Housing Data Dictionary |
| Funding body: | States and Territory Departments with responsibility for Housing, Housing Ministers' Advisory Council |
| Project: | National Housing Data Repository |
| Funding body: | States and Territory Departments with responsibility for Housing, Housing Ministers' Advisory Council |
| Project: | National Housing Performance Reporting |
| Funding body: | States and Territory Departments with responsibility for Housing, Housing Ministers' Advisory Council |
| Project: | National Health Data Dictionary |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | National Monitoring System for Diabetes |
| Funding body: | Department of Health and Ageing |
| Project: | National Public Health Expenditure |
| Funding body: | Department of Health and Ageing |
| Project: | National Social Housing Survey |
| Funding body: | States and territory Departments with responsibility for Housing, Housing Ministers' Advisory Council |

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| Project: | NHFA Overweight/Obesity and CVD Project |
| Funding body: | National Heart Foundation |
| Project: | NSW Burden of Disease and Injury 2001 |
| Funding body: | Health Administration Corporation |
| Project: | Occupation Coding in Mortality Records |
| Funding body: | Department of Health and Ageing |
| Project: | Outposting of AIHW Statistician to DVA |
| Funding body: | Department of Veterans' Affairs |
| Project: | Overcoming Indigenous Disadvantage |
| Funding body: | Productivity Commission |
| Project: | Palliative Care Data Development |
| Funding body: | Department of Health and Ageing |
| Project: | Performance Reporting—S2 CSHA |
| Funding body: | Various State and Territory Housing Departments |
| Project: | Production of Publication Health & Community Services Labour Force 2001 |
| Funding body: | Australian Health Workforce Advisory Committee |
| Project: | Projecting the Supply of Informal Care |
| Funding body: | Department of Health and Ageing |
| Project: | Provision of and Need for Specified Human Services in the ACT: Analysis of Available Data |
| Funding body: | ACT Government - Chief Ministers Department |
| Project: | Provision of data for inclusion in the NHPC 2003 National Report |
| Funding body: | National Health Performance Committee |
| Project: | Public Health Information |
| Funding body: | Department of Health and Ageing |
| Project: | Regular Program of NMDS Audit/Evaluation |
| Funding body: | Community Services Ministers' Advisory Council |
| Project: | Report on Expenditure on Health Care for Aboriginal and Torres Strait Islander people – Third Report |
| Funding body: | Department of Health and Ageing |
| Project: | Residential Aged Care Entry Period and Resident Movement Data |
| Funding body: | Department of Health and Ageing |
| Project: | Residential Aged Care Publications |
| Funding body: | Department of Health and Ageing |
| Project: | Review of innovative care rehabilitation service pilot |
| Funding body: | Department of Health and Ageing |
| Project: | Rural Health Project |
| Funding body: | Department of Health and Ageing |
| Project: | SAAP National Data Collection Agency (NDCA) |
| Funding body: | Department of Family and Community Services |



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| Project: | Scoping Study of the Evaluation of Aged Care Innovative Pool and Retirement Village Care Pilot Services |
| Funding body: | Department of Health and Ageing |
| Project: | Secretarial support for the Australian Journal on Ageing |
| Funding body: | Department of Family and Community Services |
| Project: | Secretariat Support for the Terminology and Classifications Work Group |
| Funding body: | Department of Health and Ageing |
| Project: | State of our Public Hospitals Report: 1998 – 2003 |
| Funding body: | Department of Health and Ageing |
| Project: | States and territories Physical Activity Report |
| Funding body: | ACT Department of Health, Housing and Community Care |
| Project: | Statistical Analysis related to Healthy Ageing |
| Funding body: | Department of Health and Ageing |
| Project: | Support for Australian Medical Workforce Advisory Committee |
| Funding body: | Australian Health Ministers' Advisory Council |
| Project: | Support to the Australian Health Workforce Advisory Committee |
| Funding body: | Australian Health Workforce Advisory Committee |
| Project: | The Impact of Dementia on the Health and Aged Care Systems |
| Funding body: | Department of Health and Ageing |
| Project: | Trends in the Australian Premature Mortality Burden 1996 - 2001 |
| Funding body: | Department of Health and Ageing |
| Project: | Victorian Nursing Labour Force 2002 |
| Funding body: | Department of Human Services Victoria |
| Project: | Vietnam Veterans Mortality Study - Third |
| Funding body: | Department of Veterans' Affairs |
| Project: | War Veteran's Health Cost Study |
| Funding body: | Department of Veterans' Affairs |
| Project: | Window on Women Data Supply |
| Funding body: | Department of Prime Minister and Cabinet |

Collaborating Units

AIHW DENTAL STATISTICS AND RESEARCH UNIT

Project: Dental Statistics and Research Unit

Funding body: Department of Health and Ageing

AUSTRALIAN CENTRE FOR ASTHMA MONITORING

Project: Australian Centre for Asthma Monitoring

Funding body: Department of Health and Ageing

GENERAL PRACTICE STATISTICS AND CLASSIFICATION UNIT

Project: GPSU BEACH Data Collection

Funding body: Department of Health and Ageing

NATIONAL INJURY SURVEILLANCE UNIT

Project: NISU—Injury Information & Statistics

Funding body: Department of Health and Ageing



AIHW Charter of Corporate Governance



Introduction

The Australian Institute of Health and Welfare (AIHW) exists to describe the Australian health and welfare systems. Reflecting the scope of those systems, the operating environment of the Australian Institute of Health and Welfare Board, created by legislation (the *Australian Institute of Health and Welfare Act 1987 (AIHW Act)*) as the Institute itself, is complex.

The AIHW is an Australian Government statutory authority within the Health and Ageing portfolio, reporting direct to the portfolio Minister. The Institute is defined as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997 (CAC Act)*. The Institute, as provided for by the AIHW Act, has delegated management of the Institute's affairs to the AIHW Director.

The *AIHW Charter of Corporate Governance* has been prepared to provide guidance for members and potential members of the AIHW Board to ensure the Institute operates effectively as an independent agency of government. It defines the roles and responsibilities of individual members, and provides guiding principles to support members through the range of operational and legal issues they encounter in their direction of the Institute.

Purpose

This Charter outlines the framework for the corporate governance of the AIHW.

The AIHW is a statutory authority of the Australian Government and must take into account relevant governing laws. A clear set of instructions and processes outlining the Board's responsibilities is designed to enable the Board to work effectively within its legislative requirements and in response to the requirements of the organisation. This paper outlines the corporate governance responsibilities of the Board and the structures established to support it.



AIHW's Mission and Values

The AIHW is guided in all its undertakings by its Mission and Values.

AIHW Mission

Better health and wellbeing for Australians through better health and welfare statistics and information.

We inform community discussion and decision-making through national leadership and collaboration in developing and providing health and welfare statistics and information.

Values

| | |
|----------------|---|
| Accessibility | making our work available to all Australians |
| Expertise | applying specialised knowledge and high standards to our products and services |
| Independence | ensuring our work is objective, impartial and reflects our mission |
| Innovation | showing curiosity, creativity and resourcefulness in our work |
| Privacy | respecting and safeguarding the privacy of individuals and the confidentiality of those who provide the information we use. |
| Responsiveness | seeking and responding to the needs of all those who supply or use our data and information. |

Roles, powers and responsibilities

1. Governing Laws

ENABLING LEGISLATION

The Australian Institute of Health and Welfare was established as a statutory authority in 1987 by the then *Australian Institute of Health Act 1987*. In 1992 the AIHW's role and functions were expanded to include welfare related information and statistics. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987*.

Under the *AIHW Act*, AIHW Board members are collectively also referred to as the Institute.

The Board may appoint committees as it thinks fit to assist it in performing its functions (section 16).

As a statutory authority, the AIHW is defined in its Act as a body corporate subject to the *CAC Act*. Directors (members) are subject to legislation that specifies their duties and responsibilities under the *CAC Act*.

RESPONSIBLE MINISTER

The Minister for Health and Ageing is the Minister responsible for the AIHW and the Institute is therefore an agency within the Health and Ageing portfolio.

2. Constitution

Section 8(1) of the *AIHW Act* specifies the constitution of the Board.

The following members are appointed for a term of 3 years, by the Governor General on the advice of the Minister:

- A Chairperson
- A member nominated by the Australian Health Minister's Advisory Council;
- A member nominated by the Community Services Minister's Advisory Council;
- A representative of the Housing Ministers' Advisory Council;
- Three members nominated by the Minister
- A person nominated by the Minister who has knowledge of the needs of consumers of health services;
- A person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
- A person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
- A person nominated by the Minister who has expertise in research into public health issues;

Directors holding office by virtue of the position they hold (therefore not appointed) are:

- The Director
- The Australian Statistician
- The Secretary of the Department of Health and Ageing (DoHA)

The Australian Bureau of Statistics (ABS) and DoHA members may formally designate a representative to attend meetings on their behalf.

A member of staff of the Institute, elected by its staff, is also a member of the Board. The member is appointed annually through a staff ballot. This position is independent of the official appointment process.

Note: The Secretary of the Department of Family and Community Services and the Chief Executive Officer, National Health and Medical Research Council or their nominees, attend and participate as observers with the agreement of the Board. Board members who are Commonwealth or State/Territory officers (other than the Director and staff member) are referred to in this document as Departmental representatives.

3. Conduct of Board members

As a Statutory Authority, the conduct of members of the AIHW Board is prescribed by the *CAC Act*. Members are bound by the *Conduct of Directors*, specified in the *Act*. (See appendix.)

Directors are expected to ensure that they understand their responsibilities under both the *CAC* and *AIHW Acts*, and to uphold the Institute's values.



4. Roles of Board members

Key responsibilities of the AIHW are to:

- Provide biennial reports to the Minister and to Parliament on *Australia's Health* and *Australia's Welfare*.
- Establish data standards for health and welfare statistics.
- Develop knowledge, intelligence and statistics to better inform policy makers and the community.

ROLE OF BOARD

The Board has broad responsibilities in:

- Setting the Institute's mission and values and its strategic goals and directions, including endorsement of the Institute's Corporate Plan and Business Plan.
- Maintaining the independence of the Institute.
- Ensuring that the Institute complies with legislative and administrative requirements.
- Meeting its statutory requirements including making recommendations to the Minister to appoint a Director of the AIHW.
- Oversighting the financial viability of the Institute.
- Endorsement of the Annual Report and the audited financial statements (as required by the *CAC Act*), at a Board meeting.
- Advocacy and promotion of the contribution of information to improve health and welfare outcomes.
- Identifying and managing the risks that might impact on the Institute.
- Monitoring the performance of the organisation against its Corporate Plan and Business Plan.
- Securing feedback from stakeholders on the use of Institute products..
- Setting remuneration for, and assessing performance of, the Director.
- Review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

ROLE OF CHAIRPERSON (IN ADDITION TO THE ROLE OF THE BOARD)

- Chair meetings of the Board and endorse associated processes.
- Extended role in managing formal relationship between the Institute and the Minister.
- Manage significant issues between meetings of the Board.
- Manage relationship between the Board and the Director of the AIHW.

ROLE OF DIRECTOR

- Provide leadership to the Institute in policy and statistical issues across the scope of the Institute's functions.
- Manage the affairs of the Institute in accordance with the *AIHW Act* and the *CAC Act*.
- Establish and maintain appropriate working relationships with the portfolio Minister and other Ministers whose portfolios include activities within the scope of the Institute.
- Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, State and Territory agencies, and associated Commonwealth/State forums.

- Liaise as required with non-government bodies associated with the functions of the Institute.
- Ensure the Institute provides, either directly or through collaborations with others, high quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.
- Ensure that the Board is properly advised on all matters.
- Ensure the security of data provided to the Institute, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the Corporate Plan and the Business Plan.
- Maintain a strong financial position of the Institute.
- Attract and retain the committed, skilled staff needed to carry out the Institute's functions.

ROLE OF STAFF ELECTED BOARD MEMBER

- A staff appointed representative is a member of the Board.
- The **staff member** is a full member, with the same responsibilities as other members.

ROLE OF OTHER MEMBERS

- Act in the best interests of the Institute. If nominated by a stakeholder group, a member may act as a channel for that stakeholder's interests, but must act in the interests of the Institute. (See also "Conflicts of interests".)
- Support the Chair and Director of the Institute in decision making
- Participate on Board Committees established under Section 16(4) of the *AIHW Act*
- Provide input to the Board based on their knowledge and background

ROLE OF SECRETARY

- The Secretary provides advice and support to the Board.
- Is independent of the Director of the Institute and staff when dealing with sensitive matters related to the Director's employment

5. Relationships

WITH MANAGEMENT

Management representatives are invited to attend Board meetings to inform discussion, while having no formal responsibilities.

WITH STAKEHOLDERS

Stakeholders are important to the prosperity of the Institute. The Institute has responsibility to a wide range of stakeholders from the Minister, to the whole community. Board members have an important role in establishing and nurturing sound relationships with the Institute's stakeholders.

WITH STAFF

The Chair participates in key AIHW activities, notably the launch of *Australia's Health* and *Australia's Welfare*, and in developing the Corporate Plan and the Business Plan.



The *AIHW Act* places the employment and terms and conditions of staff under the control of the Director. The Board seeks to ensure the development and welfare of staff, and provides advice to the Director when considered appropriate.

6. Delegation of powers and actions

The Institute has established itself as a Board and delegated powers for the day to day operations of the Institute to the Director (Section 27).

7. Board processes

MEETINGS

The *AIHW Act* stipulates that the Board shall meet at least once every four months. To enable the Board to guide the work of the Institute, to fit in with the launch of our biennial publications, and to approve the financial statements, the Annual Report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

On occasion, where issues are to be discussed by independent members only, for example commercially or personally sensitive issues, the Chair may excuse from discussion the Director, the Staff Member, and Departmental representatives.

AGENDA AND PAPERS

The Director, in consultation with the Chair formulates the agenda. Any Board members may submit items.

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director of the Institute in consultation with Division Heads, sourced from the Institute.

Division Heads are responsible for providing papers to the Secretary 2 weeks prior to the meeting date.

Papers are distributed electronically and in hard copy to members at least one week prior to the meeting date.

The Board will consider late papers with the approval of the Chair.

CONFIDENTIALITY

All papers for Board meetings are considered to be 'Board in Confidence' unless otherwise decided by the Board. Members and staff attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers.

While Departmental members may be supported by seeking adequate briefings from their departmental staff officers, to protect their confidentiality the full set of papers is not to be distributed throughout the Department. Where members require briefings on certain items, only the paper covering the item in question may be forward to relevant staff within their respective agencies. These papers may not be used for any purpose other than that for which they are intended.

The Institute will make available records of endorsed minutes to its staff.

The staff elected member may make available notes on the outcome of issues following a Board meeting, in accordance with agreed release practices.

MINUTES

The secretariat notes on the meeting are provided to the Chair directly following the meeting.

The Board Secretary and Secretariat staff are responsible for taking the minutes and producing a draft document for clearance by the Chair before circulation to all members. The minutes should primarily reflect the major decisions from the meeting. Where it is appropriate to do so, a brief background or notes from the discussion may be recorded to provide a more accurate picture of the proceedings.

The minutes of each meeting are endorsed at the subsequent meeting of the Board. Following endorsement, the Chair signs the minutes to be retained for the official record and are subject to audit scrutiny.

CONFLICTS OF INTERESTS

The *CAC Act* requires Directors to disclose their interests relevant to AIHW's functions, and not participate in decisions where a conflict is declared. A member who considers that he or she may have an interest in the matter shall:

- i) disclose the existence and the nature of the interest as soon as the member becomes aware of the conflict.
- ii) provide details of the interest as requested by other members to determine the nature and extent of the interest; and
- iii) remove themselves physically from the room, if appropriate, while the discussion takes place unless the Board determines otherwise.

In some cases Board members could be representing potential purchasers or competitors of the Institute with regard to contract work. In such a case a member should declare his or her interest with regard to particular agenda items. The member may be present for discussion of the item with the agreement of the Board, but not for the decision making.

CONFLICT OF ROLES

The Auditor-General has identified that the presence of government officers on the boards of statutory authorities may give rise to a conflict of roles, and has issued advice as follows (adapted to AIHW circumstances):

- The portfolio Secretary, as a member of the Board, is simultaneously:
 - Chief policy adviser to the Minister for Health and Ageing and can be expected to oversight the Institute's compliance with government policy objectives;
 - A customer of the Institute as service provider
 - A Board member expected to pursue the interests of the Institute.

If considered necessary for the portfolio Secretary to be excluded from sensitive discussions, such as those concerning forthcoming budget strategy, the Secretary may offer advice and then leave. Relevant papers should not be forwarded on such items.

Concerns by the Secretary as a customer of the AIHW will be pursued through an outside stakeholder-consultation process and brought to the attention of the Board as necessary.



In relation to the Australian Statistician, it has been agreed with the Statistician that his agreement to an AIHW survey at the Board will constitute his agreement under section 5(1)(a) of the *AIHW Act*, provided he has had adequate notice of the proposal.

DECISIONS TAKEN

Decisions of the Board are reached generally on a consensus basis. Decisions are recorded in the minutes.

Sections (5)(d) and (e) of the *AIHW Act* stipulate that ‘all questions shall be decided by a majority of the votes of the members present’, and ‘the member presiding has a deliberative vote and, if necessary, also has a casting vote’.

QUORUM

A quorum is the majority of members at the time of the meeting (section 15(5)(c)).

Members may provide the Chair with their endorsement or otherwise of a recommendation if they are absent for discussion of a particular item.

If the Chair is absent, the members present shall appoint one of their number to preside.

REMUNERATION AND TRAVEL

In accordance with the *AIHW Act* members who are not Australian Government, State or Territory employees, will be paid remuneration as determined by the Remuneration Tribunal.

The Institute makes all travel and accommodation arrangements where necessary. Flights are booked according to the best fare available.

The Institute will pay for accommodation and meals where members are required to stay overnight. The Institute will pay for any appropriate and necessary incidental expenses.

ENSURING CONTINUOUS IMPROVEMENT

The Board will review its performance each year. Issues reviewed may include its success in pursuing AIHW’s objectives; procedural matters, protocol and clarity of roles and individual performance.

INDUCTION

New members will be provided with a package including instructions and operations of the Board, and various relevant reading materials published by the Institute.

PROFESSIONAL DEVELOPMENT

The Chair may seek professional development opportunities relevant to the operations of the Board.

INDEMNITY OF MEMBERS

The AIHW provides appropriate indemnity for Board members.

COMPLAINTS AND DISPUTE RESOLUTION

Complaints, including complaints about decisions of the Ethics Committee, are to be referred to the Secretary to the Board in the first instance. The Director will advise the Chair on effort to resolve the complaint by mediation. If the complaint cannot be resolved in this way, the Chair may decide on an appropriate mediator to determine the complaint or dispute. The Chair shall advise the Board of any such actions, and the outcome. Disputes remaining unresolved after such a process will be referred to the Board for resolution.

8. Board committees

ETHICS COMMITTEE

The AIHW Ethics Committee is established under the *AIHW Act* and has the power to release identifiable data for research purposes. The AIHW is keen to fulfil its function to assist research and analysis of the data which it collects. It recognises that an unduly restrictive data release policy is contrary to the public interest. In recognising these issues the Institute is also aware of its legislative responsibility to protect the confidentiality of the information it receives, to respect the privacy and sensitivity of those to whom it relates, to maintain high level data security procedures and, where appropriate, to incorporate the requirements of its information providers in those procedures.

The Committee considers the ethical acceptability of proposed applications and advises the Institute as to whether projects satisfy the criteria developed by the Committee. Through the Committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Committee provides a yearly report of its operation to both the Institute for inclusion in the Annual Report and also to the NHMRC for its reporting purposes.

The outcomes of meetings are reported to Board meetings by way of a written summary. At least once a year the Ethics Committee Chair is invited to a Board meeting to discuss issues related to the work of the Committee.

Committee membership is prescribed by legislation and is consistent with the guidelines established by the National Health and Medical Research Council for Human Research Ethics Committees.

Members of the Committee are appointed by the Board for a period of 3 years.

AUDIT AND FINANCE COMMITTEE

The Audit and Finance Committee is established to:

- Ensure the Internal Auditor fulfils the responsibilities required.
- Approve the strategic, financial and data internal audit plans and annual audit work programs
- Consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations.
- Review the Institute's financial position and review quarterly financial reports in a form specified by the Committee.
- Ensure the timely tabling of the Annual Report before the Board.
- Report to the Board on any matters arising from either the Internal Audit or the External Audit functions that it is considered necessary that the Board be informed about.
- Carry out, or cause to be carried out, any investigation of any matter referred to it by the Board.
- Meet with the external auditor annually.
- Advise the Board on delegations and performance.
- Oversight the risk management strategy and advises the Board accordingly.

Membership comprises the Institute Chair and three non-executive members of the Board, one of whom is appointed as Chair of this Committee. Members are appointed for a term fixed by the Board, but for a period not more than three years.



The Institute's Director and relevant staff attend meetings by invitation.

Although the Committee is only required to report to the Board on its activities every six months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on the financial and budgetary issues before it considers each quarterly financial report.

REMUNERATION COMMITTEE

The Remuneration Committee advises the Board on the remuneration of the Director.

The Remuneration Committee provides performance feedback to the AIHW Director and considers an annual review of remuneration; i.e., an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The Committee works within guidelines issued from time to time by the Remuneration Tribunal.

Membership currently comprises the Chairperson, the Chair of the Audit and Finance Committee and one other Board member.





Abbreviations



| | |
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| ABS | Australian Bureau of Statistics |
| ACAM | Australian Centre for Asthma Monitoring |
| AHMAC | Australian Health Ministers' Advisory Council |
| AHMC | Australian Health Ministers' Conference |
| AHWAC | Australian Health Workforce Advisory Committee |
| AHWOC | Australian Health Workforce Officials Committee |
| AIHW | Australian Institute of Health and Welfare |
| AMWAC | Australian Medical Workforce Advisory Committee |
| ANIHI | Agreement on National Indigenous Housing Information |
| ATSIHWIU | Aboriginal and Torres Strait Islander Health and Welfare Information Unit |
| BEACH [®] | Bettering the Evaluation And Care of Health |
| CACP | Community Aged Care Packages |
| CSHA | Commonwealth-State Housing Agreement |
| CSI | Consumer Survey Instrument |
| CSMC | Community Services Ministers' Conference |
| CSMAC | Community Services Ministers' Advisory Council |
| DoHA | Department of Health and Ageing |
| DSRU | Dental Statistics and Research Unit |
| DVA | Department of Veteran's Affairs |
| EACH | Extended Aged Care at Home |
| FaCS | Department of Family and Community Services |
| GIS | Geographical Information System |
| GPSCU | General Practice Statistics and Classification Unit |
| HACC | Home and Community Care |
| HDSC | Health Data Standards Committee |
| HMAC | Housing Ministers' Advisory Council |
| HMC | Housing Ministers' Conference |
| ICD-10-AM | International Classification of Diseases, 10th Revision, Australian Modification |
| ICD-10-CM | International Classification of Diseases, 10th Revision, Clinical Modification |



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| ICF | International Classification of Functioning, Disability and Health |
| ICECI | International Classification of External Causes of Injury |
| ISO | International Standards Organisation |
| MDS | Minimum Data Set |
| MoU | Memorandum of Understanding |
| NAGATSIHID | National Advisory Group for Aboriginal and Torres Strait Islander Health Information and Data |
| NCCH | National Centre for Classification in Health |
| NCSIA | National Community Services Information Agreement |
| NCSDD | National Community Services Data Dictionary |
| NCSIMG | National Community Services Information Management Group |
| NDC | National Data Collection |
| NDCA | National Data Collection Agency |
| NHDA | National Housing Data Agreement |
| NHDAMG | NHDA Management Group |
| NHDC | National Health Data Committee |
| NHDD | National Health Data Dictionary |
| NHDDC | National Housing Data Development Committee |
| NHIA | National Health Information Agreement |
| NHIMG | National Health Information Management Group |
| NHMRC | National Health and Medical Research Council |
| NHPAC | National Health Priority Action Council |
| NHPC | National Health Performance Committee |
| NHPPAG | National Health Priority Performance Advisory Group |
| NIHIC | National Indigenous Housing Information Implementation Committee |
| NISU | National Injury Surveillance Unit |
| NMDSWG | National Minimum Data Set Working Group |
| NPHIWG | National Public Health Information Working Group |
| NPHP | National Public Health Partnership |

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| NMDS | National Minimum Data Set |
| NPSU | National Perinatal Statistics Unit |
| OECD | Organization for Economic Co-operation and Development |
| PHGWG | Public Health Genetics Working Group |
| RACGP | Royal Australian College of General Practitioners |
| SAAP | Supported Accommodation Assistance Program |
| SMART | SAAP Management and Reporting Tool |
| WHO | World Health Organization |



ANNUAL REPORT 2003-04

The Institute is Australia's national health and welfare statistics and information agency, and is part of the Australian Government's Health and Ageing portfolio

Mission statement:

**Better health and wellbeing for
Australians through better health and
welfare statistics and information.**

