

**Australian
Institute
of Health
and Welfare**

**Annual
Report
1991-92**



Australian Institute of Health and Welfare — Annual Report 1991-92



AUSTRALIAN INSTITUTE OF
HEALTH & WELFARE

Australian Institute of Health
and Welfare
Annual Report 1991–92

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The Hon Brian Howe, MP
Minister for Health, Housing and Community Services
Parliament House
CANBERRA ACT 2600

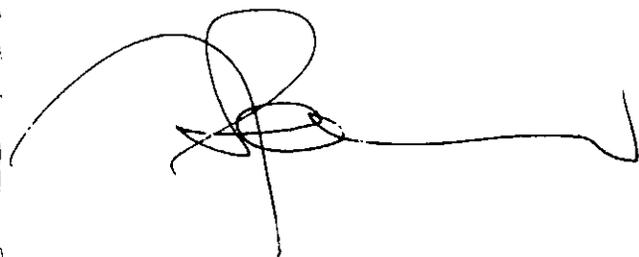
Dear Minister

I am pleased to present the Annual Report of the Australian Institute of Health and Welfare for the year to 30 June 1992, as required under Division 3, Part 11, Section 63M of the Audit Act.

The report covers the year immediately preceding the date on which I assumed the office of Chairperson of the Institute, and I have therefore consulted with the former Chairperson, Emeritus Professor Peter Karmel, AC, CBE, who has cleared the report as being an accurate account of the work of the Institute over the year 1991-92.

I wish to draw your attention to the significant achievements of the Australian Institute of Health and Welfare during the reporting period, and to acknowledge the contributions made by my predecessor, Professor Karmel, and the previous Board.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Fiona J Stanley', written in a cursive style with a long horizontal stroke extending to the right.

Fiona J Stanley
Chairperson

6 November 1992

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Board members

Members of the Board during 1991–92 were as follows. The number of meetings attended during the year is shown in brackets.

Chairman

Professor Peter Karmel, AC, CBE (4)

Appointed 1 July 1988, term extended to 30 June 1992

AIHW Director

Dr Leonard R Smith (4)

Appointed 1 July 1988

Three nominees of the Australian Health Ministers' Advisory Council

Dr Jean P Collie (4)

Appointed 1 July 1988 to 31 December 1991

Dr P Sue Morey (2)

Appointed 1 December 1988 to 30 November 1991

Dr David Filby (4)

Appointed 6 December 1991; term extended to 30 June 1992

Australian Statistician

Mr Ian Castles AO, OBE

Secretary of the Department of Health, Housing and Community Services

Mr Stuart Hamilton (4)

Nominees of the Minister for Health, Housing and Community Services

Professor Bettina Cass (1)

Appointed 27 February 1991

Mrs Gay Davidson (4)

Appointed 1 July 1988; term extended to 30 June 1992

Dr Richard B Scotton (4)

Appointed 1 July 1988 to 31 December 1991

Nominee of the Public Health Association of Australia

Dr Ian T Ring (2)

Appointed 1 July 1988; term extended to 4 May 1992

Nominee of the Consumers' Health Forum

Ms Rosemary V Calder (4)

Appointed 1 July 1988; term extended to 4 May 1992

Alternate members for 1991–92:

Nominee of the Secretary of the Department of Health, Housing and Community Services

Mr Alan J Bansemer

Nominee of the Australian Statistician

Mr Timothy J Skinner (2)

A representative from the office of the Minister attended three meetings and a staff representative, Mr Chris Stevenson, attended four meetings. Professor Ken Donald, representing the National Health and Medical Research Council, and Professor Bob Douglas, representing the National Centre for Epidemiology and Population Health, each attended two meetings as observers.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

The Australian Institute of Health and Welfare (AIHW) is an independent Commonwealth statutory authority. It undertakes statistical and research work in the health and welfare areas and provides support both to the Commonwealth and to the States and Territories, either direct, or through the Australian Health Ministers' Advisory Council (AHMAC), the Standing Committee of Social Welfare Administrators (SCSWA) and State and Territory housing authorities. The Institute's functions are prescribed in its Act.

Legislation

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

An unofficial consolidation of the Act incorporating all amendments by legislation to 30 June 1992 is at Appendix 2.

Institute Board

The legislation established 'the Institute' as a body corporate with composition as prescribed in section 8 of the Act. This legally constituted governing body is referred to as 'the Board' of the Institute, to avoid confusion with 'the Institute' as the organisation. The Board had 12 members prior to the 1992 amendments to the Act, when the number was increased to 15. The amendments took effect on 4 May 1992 but the new members' term of office does not begin until 1 July 1992.

Board members, with the exception of *ex-officio* members, are appointed by the Governor-General on the recommendation of the Minister for periods not exceeding three years. The terms of several members which expired on 31 December were extended to meet the Institute's legal requirements until the new Board took office on 1 July 1992. A list of new members is shown at Appendix 13.

The Board met four times during 1991-92: 17 July, 21 August and 20 November 1991, and 25 March 1992. A list of members, including category of membership, terms of office and the number of meetings attended, is shown opposite.

Ministerial powers

The Institute is responsible to the Minister for Health, Housing and Community Services. Section 7(1) of the Act provides that the Minister may, after consultation with the Institute Chairperson and the Ministers for Health, Welfare or Housing as appropriate, in each State, 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. No such directions were given during 1991-92.

Committees

The Institute has two committees established under section 16 of the Act: the Ethics Committee and the National Committee on Health and Vital Statistics (NCHVS). The Regulations for the Institute's Ethics Committee are provided at Appendix 2 and a report on the activities of the Committee for the year is provided at Appendix 3.

NCHVS was established in 1976 by the Australian Health Ministers' Conference. On 3 July 1989, after a two-year period of reporting jointly to AHMAC and to the Institute, NCHVS was reconstituted as a committee reporting solely to the Institute.

NCHVS did not meet in 1991-92. In November 1991 the Board decided to defer further meetings of the Committee pending restructuring of AIHW advisory committee arrangements following enactment of the amending legislation.

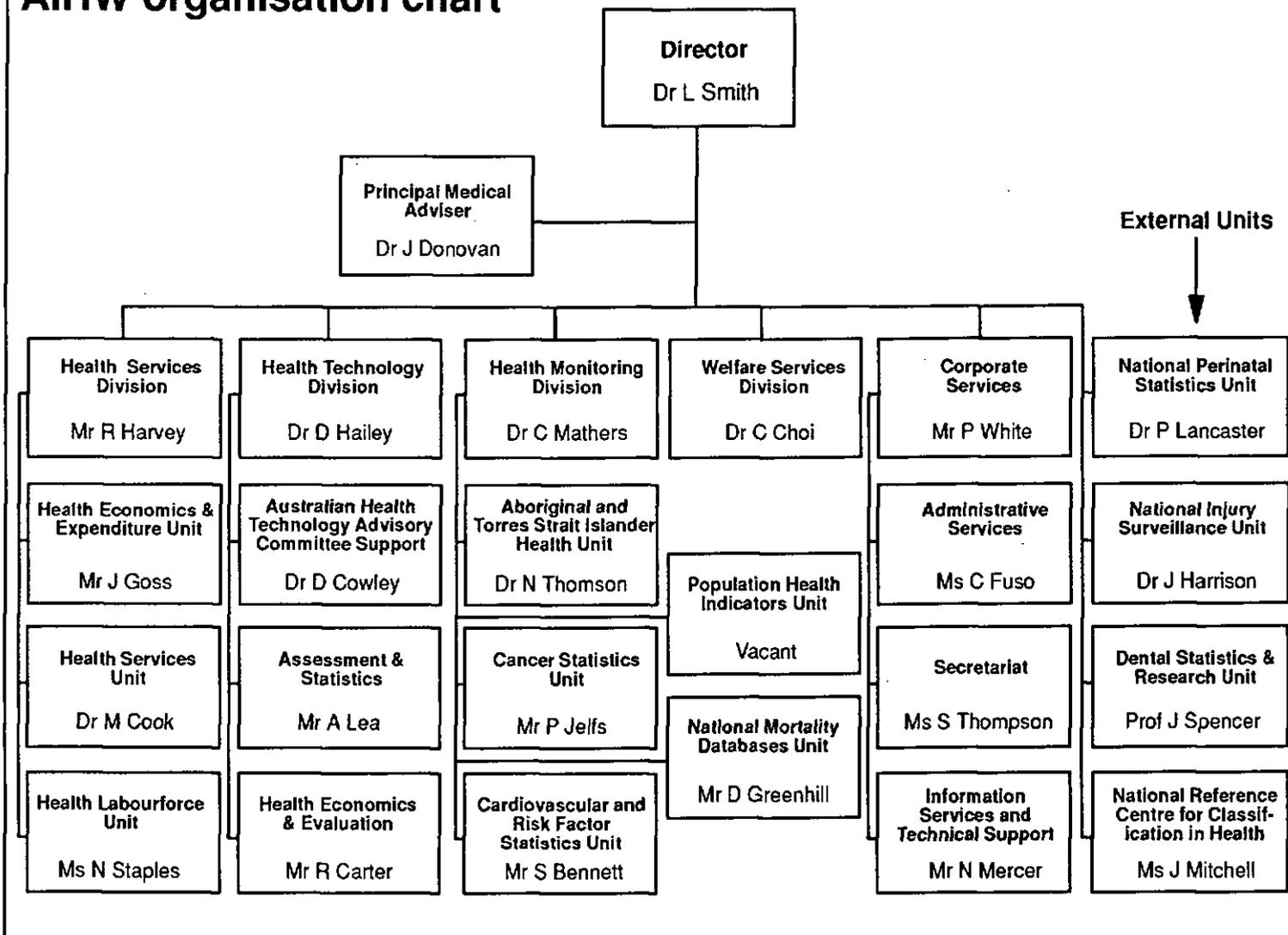
Organisational structure

The Institute has five major divisions: Health Services, Health Technology, Health Monitoring, Welfare, and Corporate Services. The Welfare Division was established after the May 1992 amendments to the AIHW Act which broadened the scope of the Institute's activities.

The Institute has four external units: the National Perinatal Statistics Unit (NPSU) associated with the University of Sydney; the National Injury Surveillance Unit (NISU) associated with Flinders University in Adelaide; the Dental Statistics and Research Unit (DSRU) associated with the University of Adelaide; and the National Reference Centre for Classification in Health (NRCCH) associated with the Queensland University of Technology, Queensland Health and the Australian Bureau of Statistics, in Brisbane.

The Institute has also established formal collaborating arrangements with the Hunter Health Statistics Unit in Newcastle; designated units within St Vincent's Hospital in Melbourne; the Australian Centre for Medical Laser Technology in Adelaide; and the National Centre for Health Program Evaluation in Melbourne.

AIHW organisation chart



The greater part of the Institute's funding is appropriated through the Commonwealth Budget as part of the Health, Housing and Community Services portfolio. The 1991-92 appropriation was \$4,950,000 (see Appendix 1 for further details). Additional external funds have been obtained for a number of specific projects. Details of externally funded projects are provided in Appendix 8.

Institute staff

Institute staff are employed under the Public Service Act. As at 30 June 1992 the Institute had 88 staff. This number includes staff of one of the Institute's external units, the National Injury Surveillance Unit. Staff of the other three external units are not employed by the Institute but by the universities to which the Unit grants are made. A staffing profile table and a list of staff, their qualifications and area of employment are at Appendix 4.

ACHIEVEMENTS AND DEVELOPMENTS DURING 1991-92

The year under review was an historic one for the Institute. As well as increasing the scope of its functions following amendments to its Act and establishing the National Reference Centre for Classification in Health, the Institute continued its work in other nationally significant areas including development of a National Health Information Agreement and a National Minimum Data Set for Institutional Health Care.

Major events during the year included:

- production of *Australia's Health 1992*;
- the Commonwealth Government decision to extend the role of the Institute to include welfare service statistics;
- enactment of the *Australian Institute of Health Amendment Act 1992*;
- appointment of a new Board, effective from 1 July 1992;
- establishment of a new Welfare Division;
- initiation of a Welfare Data Agreement with State and Territory welfare and housing authorities;
- establishment of a National Reference Centre for Classification in Health;
- formalisation of the designation of the Institute as a World Health Organization Collaborating Centre;
- progress towards implementation of the recommendations of the Committee that reviewed the Institute in March 1991;
- establishment of an AHMAC Taskforce, with AIHW as convener, to develop a National Health Information Agreement.

These developments are outlined briefly below. More detailed descriptions are provided on pages 10 to 36.

Australia's Health 1992

A major function of the Institute is the preparation of a biennial health report for presentation to the Minister. Work on *Australia's Health 1992*, the third biennial health report, was completed during the year for presentation to the Minister on 30 June 1992. *Australia's Health 1992* represents a major advance on the two previous biennial reports (both valuable documents in their own right) and reflects the growing importance and greater experience of the Institute.

The 440-page *Australia's Health 1992* describes the health of Australians, and aspects of health care funding, resources and utilisation. It directs special attention to differentials in health status and health risk factors between various sub-groups of the Australian population. The book also includes an extensive overview of health statistics sources, developments and deficiencies. *Australia's Health*

**Commonwealth
Government
decision to
extend the role
of the Institute
into welfare**

1992 is available through the Australian Government Publishing Service (AGPS).

In late 1991, the Commonwealth Government announced an extension of the role of the Institute to include the collation, analysis and publication of national welfare services data and information.

As reported last year, this extension of the Institute's role was recommended by a Working Group set up to advise the Minister for Health, Housing and Community Services. The Working Group was chaired by Professor Bettina Cass, Professor of Social Work and Social Policy at the University of Sydney. The recommendations were endorsed in July 1991 by a Joint Subcommittee of the Australian Health Ministers' Advisory Council and the Standing Committee of Social Welfare Administrators.

The Joint Subcommittee agreed that the Institute assume responsibility for State-based collections on child protection, adoption and substitute care. State Welfare Departments have agreed to provide financial support to the Institute to upgrade, monitor and develop State-based welfare collections.

**Australian
Institute of
Health
Amendment Act
1992**

The 1992 amending legislation changed the *Australian Institute of Health Act 1987* to add new functions encompassing the collection, analysis and publication of information and statistics in the areas of welfare services and housing assistance. The new functions enable the development of a new range of national data collections for use in policy development and research. The Institute's health functions remain unchanged.

The amending legislation also changed the name of the Institute to the *Australian Institute of Health and Welfare*, and provided for an expanded Board membership representative of the Institute's significantly enhanced role.

**Appointment of
a new Board**

The restructuring of the Institute through the amending legislation provides for a range of organisations to recommend for membership of the Board four candidates: three with knowledge of the needs of consumers of health, welfare and housing assistance services, respectively; and one person with expertise in public health research. Other members of the Board include the Chairperson; three people nominated by the Minister; one member nominated by AHMAC; one member nominated by the Standing Committee of Social Welfare Administrators; a representative of the State Housing Departments; the Institute Director; the Australian Statistician; and the Secretary of the Department of Health, Housing and Community Services. The amending legislation also provides for one member of the Board to be an Institute staff member elected by the staff.

As an interim measure, pending passage of the amendments to the Act, the appointments of Emeritus Professor Peter Karmel,

Chairperson, and Ms Rosemary Calder, Dr Jean Collie, Mrs Gay Davidson, Dr Ian Ring, and Dr Richard Scotton were extended from 1 July 1991 to 31 December 1991. Delays in passage of the legislation resulted in a further extension of these appointments except for that of Dr Scotton, who retired on 31 December 1991. The appointments of Professor Karmel, Dr Collie, Mrs Davidson, Ms Calder and Dr Ring were extended to 30 June 1992. As a consequence of the provisions of the *Australian Institute of Health Amendment Act 1992* the appointments of Ms Calder, representing the Consumers' Health Forum, and Dr Ring, representing the Public Health Association of Australia, expired when the new Act came into effect.

Establishment of Welfare Division

Following enactment of the amending legislation, which came into effect on 4 May 1992, a Welfare Division was created. The Division Head and several staff were appointed to the Division soon after the enactment date.

Initiation of a welfare data agreement with State and Territory welfare and housing authorities

The July 1991 report of the Joint Subcommittee of the Australian Health Ministers' Advisory Council and the Standing Committee of Social Welfare Administrators (on the enhancement of the Institute) recommended that a memorandum of understanding be agreed to by the Commonwealth and State and Territory governments. It proposed that the memorandum of understanding set out the rights and responsibilities of all parties regarding the collation, analysis and publication of existing welfare and housing assistance data, including State-based child welfare data.

This recommendation was accepted by the Joint Meeting of Health and Social Welfare Ministers on 6 September 1991.

The memorandum was drafted in the form of an Agreement (because funding is involved) and circulated to all State and Territory welfare and housing departments for consideration in late 1991.

Delay in the passage of the amending legislation interrupted further work on the Agreement until mid-May 1992. The Agreement was then amended to take into account the enactment of the legislation, and was recirculated in mid-June 1992 with every prospect of general acceptance.

Establishment of a National Reference Centre for Classification in Health

On 6 February 1992 the National Reference Centre for Classification in Health was established as an external unit of the Institute in association with the Queensland University of Technology, Queensland Health and the Australian Bureau of Statistics. The Centre will assist the Institute in its role as a WHO Collaborating Centre for the Classification of Diseases.

The AIH *Annual Report 1990-91* noted that the World Health Organization had designated the Institute a WHO Collaborating Centre for the Classification of Diseases. On 16 August 1991, the designation was formalised with the presentation to the Institute of a

plaque by Dr James Robey, Regional Adviser in Health Information, on behalf of Dr S T Han, WHO Regional Director for the Western Pacific.

Implementation of Institute Review recom- mendations

A major review of the Institute was conducted during March 1991 and reported on in the Institute's Annual Report for 1990-91. Progress towards implementing the Review recommendations has been achieved in a number of areas.

The most significant recommendation in view of the Institute's substantially expanded role was that the Institute formalise and strengthen its strategic planning. A planning meeting of senior staff established a framework for this process and a new Head of Corporate Services with extensive experience in this area was appointed.

The Board endorsed a process and timetable which will ensure that the new Board is fully involved in the finalisation of the corporate strategy.

The Review recommended that the Institute produce a newsletter and circulate it widely within the health community. The first newsletter (*AIH News* no. 1) was published in April 1992 and was very favourably received.

The Review also recommended that the Institute publish the availability of its databases. A list of national databases held by the Institute has been prepared and will form the basis for a forthcoming data catalogue. It is shown at Appendix 9. A list of major AIHW datasets will be included as a supplement to *AIHW News* no. 2, to be published in August 1992.

Action on recommendations relating to the integration of the welfare and health functions of the Institute was delayed by the passage of the amending legislation. Recommendations in this area will be considered by the new Board.

National Health Information Agreement Task Force

In March 1992 the Australian Health Ministers' Advisory Council (AHMAC) requested the Institute to convene a Commonwealth/State Task Force to develop a National Health Information Agreement (NHIA), with a preliminary report in October 1992 and a draft Agreement by March 1993.

The NHIA had been the major recommendation of the Forum on Priorities for National Health Statistics, held by the Institute in February 1991 and was strongly endorsed by the Review Committee. The States and Territories have indicated strong in-principle support for the Agreement.

The objective of the Agreement is to establish a cooperative framework with a national perspective, through which national health information can be developed. The Agreement will provide for structures and processes by which the Commonwealth, State and Territory health and statistical authorities will provide commitment and direction to an agreed program to improve, maintain and share national health information.

Work on the Agreement is progressing well and it is expected that the AHMAC timetable will be met. Two meetings of the NHIA Task Force were held in 1991-92.

RESEARCH DIVISIONS

Director's Unit

Director: Dr Len Smith

Most of the liaison between the Institute and external bodies is the responsibility of the Director's Unit. The Director attends, by invitation, meetings of the Australian Health Ministers' Advisory Council (AHMAC) and the National Health and Medical Research Council (NHMRC); Dr John Donovan, Principal Medical Adviser, is the Institute nominee on the Public Health Research and Development Committee (PHRDC), a principal committee of NHMRC.

The Director is also a member of the Advisory Committee of the National Centre for Epidemiology and Population Health (NCEPH), and the Advisory Committee of the Centre for Clinical Epidemiology and Biostatistics at the University of Newcastle.

The Institute maintains regular contact with the Australian Bureau of Statistics (ABS) in relation to individual projects. Coordination meetings are held approximately every two months, alternately at the Institute and at the ABS.

The major activities in the Director's Unit in 1991-92 were the preparation of *Australia's Health 1992*, the finalisation of a report on the carcinogenicity of dapsone among Vietnam veterans, a continuing study of AIDS death statistics, and a review of psychosurgery in New South Wales.

Preparation of Australia's Health 1992

Australia's Health 1992 is a comprehensive report on Australia's health and health services, and developments in health statistics. It brings together and reflects the work of the Institute's health research staff. Based in the Director's Unit, a Project Group of three Institute staff was responsible for preparation of the report. The Project Director and Editor of *Australia's Health 1992* was Dr Neil Thomson. A Board Steering Group oversighted preparation of the report. Members of the Steering Group were the Institute Director Dr Len Smith, Institute Visiting Fellow Dr Sid Sax, and Board members Ms Rosemary Calder, Mrs Gay Davidson and Dr Richard Scotton.

Many new topics are covered, and many issues, particularly data issues, are explored in greater depth in *Australia's Health 1992* than in previous editions of the report. The report is divided into two parts: Part 1 covers health and health services, while Part 2 deals primarily with health statistics, including an extensive overview of Australian sources, developments and deficiencies.

Carcinogenicity of dapsone among Vietnam veterans

This study, commissioned by the Department of Veterans' Affairs, was conducted by AIHW under the guidance of a Scientific Advisory

Committee (SAC) chaired by Professor Geoffrey Berry, Professor of Public Health at the University of Sydney. The investigation was completed during the year, and the report is being finalised in consultation with the SAC, which plans to consult with the Department and veterans' organisations before presenting the final report to the Minister for Veterans' Affairs.

AIDS death statistics

A paper by Dr John Donovan published in early 1990 showed that ABS death statistics to 1988 included more deaths from AIDS than were known to the National Centre for HIV Epidemiology and Clinical Research.

Subsequently, the Institute and the Centre have tried to identify the causes of this difference by reconciling records relating to individuals who were included in only one of the two statistical collections. The study has also been extended to cover deaths up to 1990, and approval to obtain the relevant records from the NSW Registry of Births, Deaths and Marriages has been obtained from the NSW Privacy Committee. Work is continuing.

NSW Review of Psychosurgery

In 1990-91 the Institute, together with the Social Psychiatry Research Unit at the Australian National University, was awarded a contract to review the outcome of all psychosurgical procedures in NSW since 1977.

During 1991-92 the study protocol was finalised, and questionnaires were developed and tested. The project has been divided into two stages, at the request of the NSW Department of Health. The first stage will trace a cohort of patients, determine cause of death for those who have died and current address for those who are living, and report on the findings. After this stage the NSW Department's Steering Committee for the project will decide how many patients should be examined in the second stage.

The tracing process was nearing completion at the end of 1991-92.

Welfare Division

Head: Dr Ching Choi

The Welfare Division's areas of work are defined in the *Australian Institute of Health and Welfare Act 1987*. They include aged care services, childcare services, services for people with disabilities, housing assistance and child welfare services.

The main activities of the Division since May 1992 concentrated on establishing the Division and developing a work program. Contacts were established with a number of priority areas in the Department of Health, Housing and Community Services.

In accordance with the Division's objective of developing national data on welfare services, consultation was initiated with State and Territory welfare and housing departments towards an agreement which will set out the roles and responsibilities of the Institute, the Commonwealth and the States and Territories in relation to the provision of data to the Institute.

Work commenced on compiling an inventory of welfare programs provided by Commonwealth and State government agencies and on identifying the availability of the existing data from these programs. This inventory will help in any future collation of national data and in the assessment of the quality of the existing data.

The Division also made an early start on the collation and publication of data from State-based collections on child welfare including adoption, child protection and substitute care. With agreement and support from State Government agencies, data are being compiled and analysed for publication in 1993.

Health Services Division

Head: Mr Roy Harvey

The Health Services Division is responsible for producing and analysing national data and information on the provision and use of health services in Australia, and the resources needed to support them.

This year the Division's major activities were in three areas:

- development of national health labourforce collections;
- continued development of the National Minimum Data Set for Institutional Health Care; and
- production and analysis of health expenditure information.

During the year the Division broadened the scope of its institutional data collection, and took steps to improve the timeliness and availability of information from that collection. This was achieved by reducing the resources allocated to analysing medical services statistics and responding to requests for information. As medical services statistics are available from the Department of Health, Housing and Community Services and the Health Insurance Commission, users still have reasonable access to this information.

National Health Labourforce Collections

Collections for registerable health professions are being developed and target dates for the project are in accord with the June 1990 AHMAC request to establish a comprehensive labourforce database by the end of 1993. Work on these national health labourforce collections continued to be a major component of the Division's work.

During 1991-92 consultations continued with State and Territory registration boards and health authorities on details of data to be collected for nurses, medical practitioners, pharmacists and podiatrists.

Negotiations commenced with various organisations on establishing the physiotherapy labourforce collection, and with the Dietitians' Association of Australia and the Australian Association of Occupational Therapists about collections for those professions.

The dental labourforce collection is being developed by the AIHW Dental Statistics and Research Unit in cooperation with the Division's Health Labourforce Unit.

The Health Labourforce Unit also assisted State health authorities in developing a medical radiation technology labourforce survey in New South Wales and a radiography labourforce survey in Tasmania.

Other work relating to labourforce collections included:

- providing support to AHMAC's Medical Workforce Data Review Committee. The Resident Medical Officer situation continued to be

monitored and update information presented. Projections of the medical workforce were prepared for the Committee's consideration;

- oversighting a consultancy to complete a medical forecasting model developed by the Victorian Medical Postgraduate Foundation, and convening a demonstration seminar. An evaluation of the model was commenced as a joint project with the NSW Health Department;
- undertaking a consultancy, still in progress, commissioned by the Australian Nursing Council Steering Committee on the development and implementation of a national nurses' administrative database as a step towards effecting mutual recognition of nursing qualifications (mutual recognition is the acceptance by States and Territories of trade or professional qualifications and registration granted in another State or Territory);
- conducting consultations to ensure that progress to mutual recognition, and the associated establishment of national registers, is compatible with the national data collection process; and
- providing advice on labourforce issues, and responding to requests for information on an extensive range of labourforce matters.

**National
Minimum Data
Set for
Institutional
Health Care**

A high priority for the Division continued to be the development and collection of consistent national data on health services, including hospitals and nursing homes. Much of this work was done at the request of AHMAC and built on work begun in 1986. The result has been the National Minimum Data Set (NMDS) Program. The Institute's Health Services Unit chairs and provides secretariat services to the NMDS Review Committee, which is responsible for the Program.

The major components of work in this area during the year were:

- development and review of the NMDS, undertaken in conjunction with the ABS and in consultation with Commonwealth, State and Territory health authorities, and the Australian Private Hospitals Association. A consensus on the scope and direction of the NMDS was achieved through this consultative process. AHMAC funded a position for the survey program, which progressed well in 1991-92.
- continuing work on the production of the National Health Data Dictionary (NHDD) for Institutional Services. The NHDD will be the culmination of the NMDS consultative process.

The NMDS survey builds on and replaces the earlier Hospital Utilisation and Costs Studies (HUCS).

**Hospital
Utilisation and
Costs Study**

This year the report of the second HUCS (1987-88) was published and the third (1989-90) was nearly completed. The next study, planned for early 1992-93, will be the first of the annual NMDS-based surveys.

**Health services
information**

Health Services Bulletin No. 2 was published in May 1992. It provided a preliminary brief statistical overview of the major components of Australian health care service use. More detailed descriptions are contained in the forthcoming *Hospital Utilisation and Costs Study 1989-90* and in *Australia's Health 1992*.

The Health Services Unit and the National Casemix Advisory Unit (NCAU) in the Department of Health, Housing and Community Services collaborated closely this year on defining standards for gathering patient information for the Casemix program.

Work continued on the development of a national hospital morbidity database. A major publication this year, *Variations in Surgery Rates*, utilised these data to report on the remarkable variability found in surgery rates across Australia.

**Health
economics and
expenditure**

The Division has further developed its collection of health expenditure data, which includes information about the amounts spent on health services by governments, private organisations and individuals. This information allows limited comparisons with other countries and is a major component of the Australian health and health expenditure statistics provided to the Organization for Economic Co-operation and Development.

The collection also provides data for more detailed analyses of expenditure, to allow reporting of items such as longer term trends and expenditure patterns. *Health Expenditure Bulletin No. 6*, published in May 1991 contained data on health expenditure in the public and private sectors in 1988-89. During the year, work was completed for *Health Expenditure Bulletin No. 7* which covers the 1990-91 period. It will be published in July 1992.

During the year substantial resources were devoted to responding to requests for information on health economics and health expenditure matters. Requests are received from government health authorities, private sector health organisations, academics and the general public.

**Other significant
activities**

Other significant activities undertaken by the Health Services Division during 1991-92 included:

- a feasibility study of measuring the incidence of adverse events affecting hospitalised patients. The study was commissioned by the Professional Indemnity Review of the Department of Health, Housing and Community Services;

- managing a project to examine the effects of socio-demographic and ethnic factors on the demand for acute hospital services. The study was commissioned by the Department of the Prime Minister and Cabinet;
- providing advice to the Department of Veterans' Affairs on the development of surveys and methodologies to measure service use and health outcomes of its clients;
- collaborating with a group being established at the Queen Elizabeth Hospital in Adelaide to undertake research into the clinical effectiveness of health services relating to asthma and cardiovascular disease;
- analysing trends in the use and costs of hospital services, in collaboration with the Hunter Health Statistics Unit, the AIHW Collaborating Centre at the University of Newcastle;
- medical labourforce modelling work, funded by AHMAC;
- an evaluation, funded by AHMAC, of Department of Health, Housing and Community Services programs involved with the health of women and delivery of health services to women;
- a project on the health impact and financial aspects of the ageing of the Australian population in the 21st century, funded by the Economic Planning Advisory Council; and
- economic analysis work including disease impact costings (a joint project with the AIHW Health Technology Division).

Evaluation

The Division has made significant progress in developing definitions and standards, and in obtaining agreement to, and collecting and publishing, national data collections. Its success in developing the NMDS for Institutional Health Care, and in obtaining agreement from AHMAC to the national survey program, was achieved only by reducing the resources devoted to medical service analysis.

The Division contributed to the understanding of specific health services issues by undertaking its own research and by assisting other organisations' research projects. An indication of the Division's success is shown by the extent to which its services have been sought as consultant to external groups.

Health Technology Division

Head: Dr David Hailey

Health Technology Division undertakes studies on the role, distribution, costs and effectiveness of health care technologies. It collects and analyses data on health technologies, and undertakes assessments of the economic impact of disease and disease prevention programs. Advice on these areas is provided to other health agencies and the community.

Divisional health technology projects and assessments

Two new reports in the Health Care Technology series were published. One dealt with cochlear implants, devices which permit profoundly deaf people to sense sounds and enable them to be taught to recognise speech. The other was on angioplasty in peripheral artery disease. Angioplasty is a catheter-based technique for the treatment of arterial obstructions.

Discussion papers produced during the year covered:

- lasers in angioplasty;
- boron neutron capture therapy (an experimental form of radiotherapy for certain types of cancer);
- laser corneal sculpting (a technique for the correction of myopia);
- assessment of the place of magnetic resonance imaging in Australia; and
- minimal access surgery (various forms of less-invasive or 'keyhole' surgery).

Two issues of the newsletter *Health Tech News* were published during the year. In response to expressions of interest after wide circulation of sample copies, its mailing list was substantially expanded.

Support for AHTAC and the Nationally Funded Centres Program

During 1991-92 the Division continued to support the Australian Health Technology Advisory Committee, a standing committee of the National Health and Medical Research Council (NHMRC) Health Care Committee. As in 1990-91, the work of AHTAC was largely concerned with the Nationally Funded Centres Program.

A major AHTAC review of the Australian liver transplantation program in relation to national funding was published. Assessments were completed of the suitability for Nationally Funded Centre status of:

- pancreas transplantation;
- stereotactic radiosurgery;
- certain types of bone marrow transplantation; and
- craniofacial surgery.

A cost protocol was produced as a framework for proposals for Nationally Funded Centre status and for reviews of Nationally Funded Centres.

AHTAC also finalised service delivery guidelines on renal dialysis and renal transplantation, a project which had been begun by one of its predecessors, the Superspecialty Services Subcommittee (SSS) of AHMAC.

During the year, a questionnaire was sent to all recipients of AHTAC reports and those of its predecessors, the National Health Technology Advisory Panel and the SSS, with the aim of assessing the usefulness of their publications. There was a high response rate to the questionnaire, with the great majority of respondents finding the reports useful or very useful.

New initiatives

The Division prepared a report for the Department of Health, Housing and Community Services on methodology for providing early warning of important new health technologies. Following this work, the Division developed a series of briefs on emerging health technologies, aimed at providing health care policy-makers, planners and administrators with early, concise and relevant information on significant new developments.

At June 1992, 10 briefs had been distributed. Topics covered were laser corneal sculpting, radio frequency catheter ablation, cervical loop diathermy, laparoscopic surgical techniques, endovascular stents, holmium lasers in corneal sculpting, cardiomyoplasty, collagen implant therapy for incontinence, excimer lasers in coronary angioplasty and new technologies for the treatment of an enlarged prostate gland. Two of the briefs (on stents and collagen implants) resulted from exchange of information with Canadian assessment agencies.

The Division published the first issue of *Health Tech Stats*, a bulletin providing information on the distribution, level and trends of use of health technologies in Australia. The first issue summarised Medicare data on the usage of health technology services over the period 1984-85 to 1990-91.

Macro-economic evaluation project

The Division is undertaking a major project for NHMRC and the National Better Health Program to provide an economic overview of the potential impact and worth of a range of possible health promotion and illness prevention programs.

The project includes the development of an approach to link changes in risk factors and disease incidence to changes in health status and to the cost of providing health care. It has drawn on a number of datasets held by the Institute and involved input from the AIHW Health Monitoring and Health Services Divisions.

During the year, the project staff, in collaboration with the National Centre for Health Program Evaluation, undertook a study of the economic impact of diet-related disease, and presented a paper at the National Forum on Food and Nutrition Policy. This work included cost-of-illness and life expectancy estimates for 17 diet-related diseases, and another 41 diseases for the alcohol-related disease group.

A paper was also prepared on the economic impact of smoking-related disease. Macro-economic indices have been estimated for the cost-effectiveness of various initiatives aimed at discouraging smoking and poor diet. Current work is focusing on the economic impact of exercise, obesity, traffic injuries, colorectal cancer, various infectious diseases, osteoporosis, high blood cholesterol and hypertension.

External projects

The Division continued to contribute to the evaluation of biliary lithotripsy at St Vincent's Hospital, Melbourne. The second interim report on this assessment was issued as a joint publication with the hospital, and included data on both lithotripsy and the more recent alternative technique of laparoscopic cholecystectomy.

The Division assisted in coordinating a comparative evaluation of copper bromide and pulsed dye lasers in dermatology, in association with the Australian Centre for Medical Laser Technology and Royal Prince Alfred Hospital, Sydney. A commissioned project on digital radiography systems was completed, and support continued for commissioned projects on the methodology of cost utility analysis of treatments for biliary disease, osteoporosis and efficacy of MRI examinations.

A major paper on maximising the impact of health technology assessment was developed in collaboration with the National Centre for Health Program Evaluation.

The Division responded to a range of requests for advice on evaluation and on health technologies. Agencies advised included the Commonwealth units responsible for implementing the national breast and cervical cancer screening programs, and the Commonwealth Rehabilitation Service.

Evaluation

The Division again had a successful year. Obligations to AHTAC were met and an effective contribution was made to the assessment of health technologies in Australia. The new directions taken are likely to contribute usefully to health care policies and planning. Evidence that the work of the Division is valued by the community has been provided by responses to the AHTAC questionnaire, favourable comments on the emerging health technology briefs and the Divisions' reports, interest generated by *Health Tech Stats*, and requests for publications and presentations.

However, there were problems, the net effect of which was to limit output. Examples included delays by other bodies in responding to reports from the Division, and limitations on resources which tended to restrict the coverage the Division was able to provide on health technology matters and restricted the depth of analysis that was possible.

Health Monitoring Division

Head: Dr Colin Mathers

The Health Monitoring Division focuses on monitoring and evaluating the health of Australians and of population subgroups. It also seeks to improve the range of collections and quality of statistical information available, and provides the contact point for contributions to international health status data.

The Division's most significant progress towards meeting its goals during 1991-92 was achieved through:

- the completion of a major project to document health differentials among Australians and to identify links between socioeconomic status and health, for the National Health Strategy review;
- the publication of a comprehensive report on health expectancies in Australia. Collaboration with international experts in this field has led to considerable progress in understanding the relationship between the various methods of calculating health expectancies and their relationship to disease modelling;
- the completion of a review of the health status and needs of immigrant Australians;
- the establishment of complete national data for the years 1983-85 by the National Cancer Statistics Clearing House (a publication is pending); and
- the agreement with Registrars of Births, Deaths and Marriages on a protocol for the operation of a National Death Index.

A major study of trends in Australian mortality from 1921 to 1988 was published in 1991 and received a favourable response from both health-related and academic institutions. A follow-up project on trends in mortality for major disease groups has been initiated.

The final version of this inventory was published in November 1991 as a guide to major Australian health data collections.

This project, a review of the health status and needs of migrant Australians, was commissioned as part of the National Agenda for a Multicultural Australia. It was finalised in April 1992 and two publications are in press:

- *Immigrants in Australia: a health profile*; and
- *Inventory of Australian health data collections which contain information on ethnicity*.

Dr Christabel Young, Department of Demography, Research School of Social Sciences, Australian National University, wrote several

Trends in Australian mortality 1921-1988

Inventory of Australian health data collections

Ethnic health data report

chapters of *Immigrants in Australia: a health profile* and gave invaluable assistance to the overall project.

National Death Index

Following a recommendation of NHMRC the Institute is establishing a National Death Index to facilitate the conduct of epidemiological studies. As a single computerised index of all Australian deaths, it will obviate the need to seek the assistance of eight State and Territory Registries of Births, Deaths and Marriages to determine whether study subjects have died.

All States and Territories except Queensland have now formally agreed to participate in the NDI. Negotiations are taking place for temporary approval to be given for Queensland to participate, pending the enactment of privacy legislation in that State. The NDI protocol was finalised and a steering committee set up.

Data were received from three States and a prototype database established. Delays were experienced in obtaining further data but these are expected to be resolved shortly.

National mortality database

The Australian mortality data held by AIHW were extended to cover the period from 1964 to 1990. A relational database was created covering the years 1980 to 1990 based on the Australian Bureau of Statistics death unit record format extended to include registration number.

Mortality statistics for the years 1987 to 1989 have been prepared by four-digit ICD code, age and sex, and supplied to the World Health Organization for inclusion in the *World Health Statistics Annual*.

National Cancer Statistics Clearing House (NCSCH)

Complete national data for 1982-1985 have been established and *Cancer in Australia 1983, 1984 and 1985* will soon be published in conjunction with the Australasian Association of Cancer Registries.

The NCSCH provided input to a handbook for general practitioners written by Dr Alison Free of the Cervical Cancer Screening Task Force.

A paper, *The incidence of cutaneous malignant melanoma in Australia in 1989*, was submitted to the Medical Journal of Australia.

Data requests from individuals, private organisations and State and Territory governments are becoming very frequent as the NCSCH becomes better known. Advice on the availability and timeliness of cervical cancer data and other forms of cancer data was provided to the Senate Estimates Committee.

Health expectancies

ABS survey data on the prevalence of disability and handicap among Australians in 1981 and 1988 has been used to calculate life expectancy free of disability, free of handicap, and free of severe handicap. These 'health expectancies' provide measures of population health which combine mortality and morbidity experience in a conceptually simple way, and are expressed in meaningful units (years of life).

A comprehensive report, *Health Expectancies in Australia, 1981 and 1988*, was published in 1991 and received considerable media attention.

Risk factor prevalence study

Data from the 1980, 1983 and 1989 National Heart Foundation Risk Factor Prevalence Surveys were analysed for trends in risk factor levels. This analysis, conducted in conjunction with the Foundation, is being prepared for publication as a journal article.

An analysis of iron status of Australian adults was carried out for the Department of Health, Housing and Community Services using data from the 1983 Nutrition Survey conducted in conjunction with that year's Risk Factor Prevalence Survey.

Health differentials

To assist in examining equity issues in relation to health status and use of health services, analyses of health status differentials were undertaken for the National Health Strategy. To identify links between socioeconomic status and health, analyses were undertaken of the following datasets:

- national mortality data;
- 1989-90 National Health Survey;
- 1988 Survey of Disabled and Aged Persons; and
- 1989 Risk Factor Prevalence Survey.

The completed analyses included estimates of differentials in mortality, disability, handicap, chronic illness, recent illness, reduced activity, self-reported health status, health service use, selected health risk factors, childhood immunisation, rubella immunisation, Pap smear screening rates, mammogram screening rates and prevalence of breast-feeding. Multivariate analyses of differentials included serious chronic illness rates, self-reported health status and service utilisation rates. These analyses were published in *Australia's Health 1992*.

Organization for Economic Co-operation and Development

Australia is one of 24 member countries of the Organization for Economic Co-operation and Development (OECD). The Institute is responsible for providing OECD with Australian health statistics covering a wide range of subjects, including births, life expectancy, morbidity, mortality, nutritional intake, consumption of cigarettes and tobacco, utilisation of health services and facilities, providers of health services, and expenditure.

The Division assisted OECD in preparing its publication *Health OECD: Facts and Trends* in which the health statistics of member countries are tabulated and discussed. OECD is in the process of obtaining uniformity of health definitions for member countries so that statistics reflect true inter-country differences, and the Institute is contributing to this effort.

Aboriginal and Torres Strait Islander health

The core work of the Aboriginal and Torres Strait Islander Health Unit continued to be the collation and analysis of statistics on the health of

Aboriginal and Torres Strait Islander people. In this work, undertaken with the active cooperation of State and Territory authorities, most attention has been directed to the areas identified as priorities by the 1984 Task Force on Aboriginal Health Statistics: births, deaths, hospitalisation and maternal/perinatal outcome.

As part of the Commonwealth Government's implementation of the National Aboriginal Health Strategy, the Institute's role in the development and provision of Aboriginal health statistics has been strengthened.

During the year, the Institute's Aboriginal health databases were developed further, and an overview of mortality and hospitalisation was compiled for *Australia's Health 1992*. The Unit also published a detailed review of Aboriginal health status in Queensland, and completed an analysis of the fertility and mortality of Aborigines living in the Queensland Aboriginal communities between 1972 and 1990.

Completion of a consultancy for the National Drug Abuse Information Centre (part of the National Campaign Against Drug Abuse) resulted in the publication of a report on data sources on drug use and related problems among Aborigines, and a companion bibliography.

Further analysis of the survey of long-term health problems of Aborigines living in the Taree region of New South Wales was undertaken, and a revised report provided to the Biripi Aboriginal Corporation Medical Service. A full report is in the final stages of preparation.

The Unit Head contributed to the planning for, and participated in, an Australian Institute of Aboriginal and Torres Strait Islander Studies workshop entitled 'Confronting the barriers to improvements in Aboriginal health: the role of research', which was held in Canberra on 28-30 April 1992.

Dissemination of information on Aboriginal and Torres Strait Islander health continues through the twice-yearly *Aboriginal Health Information Bulletin*, and the Unit assisted the National Library of Australia in its compilation of material for the computerised Aboriginal health bibliography.

Evaluation

The Division has both service and research functions. The major targets for the year for the service functions were bringing the National Cancer Statistics Clearing House into operation and obtaining agreement to establish the National Death Index. With the provision of cancer registration data to the Institute and the development of software for identifying duplicate registrations, the former target was achieved. Regrettably, one State (Queensland) has not yet agreed to participate in the National Death Index, so that target has not been achieved. Together with devising a basis for funding for the Index, and

collection of deaths data not already supplied, that remains a target for 1992-93.

The research projects of the Division generally progressed on schedule, although some were affected by delays in publication of reports, a matter which will receive attention in 1992-93. A major research achievement of the division, defining the relationship between social factors, particularly unemployment, and health, could potentially have a significant influence on government policy. Pursuing these findings, and their further development, will be a major challenge for 1992-93.

EXTERNAL UNITS AND COLLABORATING CENTRES

National Perinatal Statistics Unit

Head: Dr Paul Lancaster

The National Perinatal Statistics Unit (NPSU) is based at the University of Sydney. The core functions of the Unit include the collection and analysis of mortality and morbidity data (including congenital malformations) relating to the perinatal period, the provision of data on birth defects and congenital malformations to international data collections, and the dissemination of information through a consultation service and provision of routine reports.

During the year the Unit maintained national data systems on congenital malformations, assisted conceptions and home births, and analysed data from these and other sources for reports and other studies, in collaboration with State and Territory health departments and other professional groups. The minimum data set for perinatal collections was reviewed and will be discussed at a forthcoming meeting of the National Perinatal Data Advisory Committee.

The national monitoring system on congenital malformations includes data on more than 38,000 malformed fetuses and infants from more than 2.5 million births in the years 1981 to 1991. Quarterly and annual data were published by the Unit on specific and total malformations.

The Unit provided national data to the International Clearinghouse for Birth Defects Monitoring Systems and participated in international studies of selected malformations. The epidemiology of small intestinal atresia in singleton and multiple births, its association with prenatal diagnostic procedures, and the outcome of twin pregnancies after amniocentesis, were studied with the assistance of a grant from the NSW Department of Health.

All pregnancies after assisted conception in Australia and New Zealand are included in the NPSU's register, which is partly funded by the Fertility Society of Australia, and Organon. The Unit published a report based on treatment cycles in 1989 and pregnancies resulting from conceptions in that year.

The policy of IVF centres to reduce the number of embryos or oocytes transferred to treated women was evaluated by analysing the occurrence of multiple births. Data in the register were analysed to study the association between the drugs used to stimulate ovulation and early pregnancy losses. They were also used to study the factors associated with preterm birth. These studies, and comparisons of birth defects after assisted conception with population data, were

National monitoring system on congenital malformations

Pregnancies after assisted conception

published or presented at several international and Australian conferences.

Considerable progress towards publication of international data on assisted conception was made through further meetings of the International Working Group for Registers on Assisted Reproduction. Funding for this project was obtained from an Italian organisation and the NPSU Director convened and chaired the meetings.

Home births

In collaboration with Homebirth Australia, NPSU collected data for a report on home births occurring in the years 1988 to 1990. This study is being funded by a grant from NHMRC.

Other activities

Other work undertaken by NPSU during the year included:

- publishing the quarterly *Perinatal Newsletter*, with the assistance of a grant from the Australian Perinatal Society. The newsletter provides information on perinatal data and research studies to public health professionals, scientists, nurses, and clinicians;
- hosting the annual meeting of the International Clearinghouse for Birth Defects Monitoring Systems in September 1991;
- organising a successful Birth Defects Conference in conjunction with the Australian Teratology Society;
- organising a workshop on methodology for birth defects monitoring, in conjunction with the World Health Organization; and
- participating in national meetings of the Australian Perinatal Society, Australian Teratology Society and the Fertility Society of Australia.

Sir Norman McAlister Gregg was the Sydney ophthalmologist who first showed that maternal rubella in early pregnancy caused congenital cataracts and other birth defects. Two significant anniversaries, 50 years since the publication of his seminal paper in October 1941, and the centenary of his birth on 7 March 1892, occurred during the past year.

NPSU honoured Gregg's work at an International Birth Defects Conference it hosted in Sydney in September 1991 and in an essay in a booklet published by the Royal Australasian College of Physicians. Wider recognition of his work was promoted through the *University of Sydney News* and media interviews.

Evaluation

During the past decade, the National Perinatal Statistics Unit has developed two national data systems based on unit record data, one on congenital malformations and the other on assisted conception. As well as providing data for regular reports, these data systems are increasingly being used for research studies and evaluation of clinical practice.

In the next few years, the NPSU proposes to publish regular perinatal bulletins based on material collected by State and Territory perinatal data systems. Topics will include cesarean births, low birthweight, multiple births, and maternal risk factors. NPSU also plans to begin publishing an annual summary of results from neonatal intensive care units in Australia.

NPSU will continue its active international collaboration in monitoring birth defects and in providing a worldwide summary of results of treatment of infertile couples by assisted conception.

Dental Statistics and Research Unit

Head: Professor John Spencer

The role of the Dental Statistics and Research Unit (DSRU) is to improve the range and quality of statistics on the dental labourforce, dental practices, dental health status and use of dental services. It has been funded by the Institute since 1988 and is located at the University of Adelaide's Department of Dentistry.

The two major areas of DSRU's work program are the National Dental Labourforce Data Collections, and the Child Dental Health Survey.

National Dental Labourforce Data Collections

The National Dental Labourforce Data Collections were initiated in 1988. Dental labourforce data are collected at annual registration with State and Territory Dental Boards and are being substantially revised to bring the dental labourforce data into line with the National Health Labourforce Data Collections more recently introduced by AIHW.

DSRU collaborated with the Institute's Health Labourforce Unit in negotiations with States and Territories over agreements for National Health Labourforce Data Collections and the specific details for implementing the revised collections.

Over the last year six States and Territories participated in the dental labourforce collections. In a number of these States and Territories the revised collections were implemented, or will be implemented in the next round of collections. Agreement was reached on participation by Western Australia and Queensland in the National Dental Labourforce Data Collection. This will create the full participation necessary for complete national reports.

Two other activities are related to DSRU's dental labourforce work program. The Longitudinal Study of the Labourforce Participation and Productivity of Dentistry in Australia is providing detailed information on the activity of a sample of Australian dentists. This is enabling various trends in practice to be discerned and allowing conversion of dentist numbers to age- and sex-adjusted full-time equivalents. Such adjustments can then be incorporated in projections of dentist labourforce supply.

Recruitment and wastage rates among dentists were studied and a computer model to project dentist labourforce supply is being applied. The projected rate of growth of dentist supply is lower than that of the Australian population. Adjustment to full-time equivalents shows even more rapid reduction in dentist numbers per 100,000 population.

A report to the Australian and New Zealand Association of Oral and Maxillofacial Surgeons on surgeon labourforce and training requirements to take the dental speciality into the 21st century was completed in May 1992.

Child Dental Health Survey

In 1989 the DSRU redesigned the Child Dental Health Survey and it was successfully implemented in all States and Territories. DSRU prepared regional, State and Territory reports for dental health authorities. National reports on child dental health were drafted for 1989 and 1990 using new weighting procedures. The national data show the continued improvement in child dental health. However, more than two-thirds of the dental caries in children is experienced by around 20 percent of the child population.

The actual information available on child dental health is being considerably enhanced by the participation of three States and Territories in supplementary research on fluorides and dental health. In Queensland, South Australia and the Australian Capital Territory two supplementary research projects have been implemented that supersede the Child Dental Health Survey.

The projects change the nature of the research from cross-sectional to longitudinal and the unit of collection from the tooth to tooth surface. They also link dental health information to a range of social and behavioural factors. Baseline data collection was completed on over 21,000 children in Queensland and South Australia and data collection was commenced in the Australian Capital Territory.

Interaction with other bodies

Other DSRU activities during the year related to its clearing-house role or its support of associated research. This routinely involves the production and distribution of a newsletter and interaction with a range of dental and other health bodies.

A major activity this year was undertaken for the National Health Strategy Unit, Department of Health, Housing and Community Services. This involved preparing and presenting information on trends in dental health, on social inequalities in dental health and on access to dental services. Much of the information has been incorporated into the National Health Strategy paper *Improving Dental Health in Australia* (May 1992). The key findings of DSRU's work were a shift in the burden of dental disease from children to adults, and a pattern of less frequent use of dental services and less restoration of diseased teeth among disadvantaged groups of adults.

DSRU staff also contributed to the preparation of a contracted report, *Contemporary Dentistry—1991*, for Queensland Health. The report profiles the epidemiology and demography of dental diseases, together with interventions within dentistry to address identified problems.

Support was also provided to the South Australian Dental Longitudinal Study, and the Longitudinal Follow-up of the National Oral Health Survey 1987-88, South Australian Component. Both activities were supported by NHMRC.

DSRU proposed new initiatives in dental surveys as a result of interest from the Australian Dental Association, the NHMRC Dental Health Committee and the National Health Strategy. The initiatives are directed toward improving data available on dental health and use of services. They were motivated by an assessment of current trends and future problems in dental health, particularly among adults.

Evaluation

Over the year DSRU was successful in improving its core activities and planning for an expanded role in dental statistics. The successful negotiation for all States and Territories to participate in the collection of dental labourforce data will enhance the Unit's contribution to labourforce issues. The conduct of supplementary projects linked to children's dental health monitoring will also act as a model for more generalised higher quality dental health status data.

DSRU's work program includes a range of externally funded activities. Its collective workload stretched available resources and there were some delays in publishing routine output. This was accentuated by the trend to regionalise many health authorities and requests for regional as well as State- and Territory-level reporting. DSRU contributed to the examination of Australia's dental health and reacted quickly with proposed new data collections for obvious shortcomings in existing data on adults.

National Injury Surveillance Unit

Head: Dr James Harrison

The National Injury Surveillance Unit (NISU) has responsibility for public health surveillance of injury at the national level. The Unit is active in all aspects of injury surveillance, placing special emphasis on analysis and dissemination of information, and the development of injury surveillance methods.

In addition to injury surveillance, NISU assists public health injury prevention by providing a national focus for liaison and sharing of information, producing information resources and encouraging training and research.

Highlights

This was NISU's first complete financial year of operation. It was a year of rapid change and development. NISU moved towards full functional incorporation as part of AIHW at the end of the year, in preparation for the change from external project funding (under the National Better Health Program, NBHP) up to the end of 1991-2, to funding within the AIHW appropriation thereafter.

Two major programs, Support and Development of Public Health Injury Surveillance, and the Injury Information Service, had commenced at the beginning of the year. Two new programs, the Road Injury Information Program, and the Injury Prevention Services Program, were established during the year. These four programs are outlined below.

Links with Flinders University were greatly strengthened by the Unit's move to new premises at Science Park adjacent to the University. NISU participated in the formation of a Centre for Health Advancement at the University and staff undertook some teaching and student supervision.

NISU work involves liaison with a number of Commonwealth agencies (including the ABS, Federal Bureau of Consumer Affairs, Federal Office of Road Safety and Worksafe Australia), State and Territory agencies and the injury control community.

Support and Development of Public Health Injury Surveillance

Support for users of the Injury Surveillance Information System (ISIS) continued. This included:

- providing and upgrading software;
- providing technical advice and assistance; and
- producing information bulletins.

ISIS data on over 91,000 injury cases, collected from 59 hospitals, were provided to NISU during the year.

NISU involvement in the development of injury surveillance methods included:

- specification of a revised dataset for basic, routine injury surveillance;
- funding of development projects for a revised hospital-based injury surveillance system; and
- preparatory steps for systems development aspects of a new method.

Other work undertaken by NISU included:

- participating in a project aimed at developing a national coroner information system;
- providing support for spinal injury surveillance;
- participating in a review of information systems concerning poisoning; and
- funding (for WA and Queensland) and participating in (for Tasmania) reviews of injury surveillance systems, and their use.

Injury Information Service

NISU's Injury Information Service published the first three editions of a quarterly journal, the *Australian Injury Prevention Bulletin*, and distributed it widely within the Australian injury control community.

Compilation of information on injury occurrence and prevention continued. Information compiled included published reports, published data, and data in electronic form. Using these sources, 180 reports were prepared in response to inquiries.

A sentinel information system was developed to serve consumer affairs agencies (principally the Federal Bureau of Consumer Affairs). A monograph on injury deaths in Australia was commenced.

Sample injury data (anonymous and modified to prevent identification of individuals) were prepared for use in primary and secondary school curricula. The data will be made available nationally, through the 'NEXUS' electronic information service, operated by the South Australian Education Department.

An Australian *Handbook on Injury Prevention* was prepared. A draft, nearing completion, was circulated for comment at the end of the year.

Road Injury Information Program

Funds were provided to NISU during the year from an allocation under the Federal Government's road safety initiative, announced in December 1989, to improve the information available for the purpose of preventing road injury.

The researcher responsible for this program commenced work in January 1992. The Minister for Health, Housing and Community Services has approved funding of the program until December 1994.

The program includes projects to improve information on alcohol involvement in crashes, to make better use of health sector data for road safety, and to improve the indicators used to monitor road safety performance.

Injury Prevention Services Program

In response to a need for better liaison and coordination of injury prevention activities nationally, NISU received a National Better Health Program grant during the year to:

- support a program to develop a National Injury Prevention Strategy;
- develop information resources for injury prevention; and
- support organisation and planning for the 3rd World Conference on Injury Control (to be held in Australia in 1996).

These projects, collectively titled the Injury Prevention Services Program, will be based on extensive consultation. The Program developed rapidly late in the financial year, when staff were appointed.

Evaluation

Much progress was made in NISU's major program areas, as outlined above. However there was slippage in several projects compared with the 1991-92 work plan. The Injury Prevention Services Program was expected to commence about the middle of the financial year, but due to the timing of the grant and unexpected delays in recruitment the projects were not staffed until June 1992. Because of these delays, the development of an injury surveillance plan, which should proceed in conjunction with the development of a national injury control strategy, was deferred.

Production of the *Handbook on Injury Prevention* proved to take longer than anticipated and the planned publication date has been deferred by about six months. Some aspects of the Support and Development of Public Health Injury Surveillance program are proceeding more slowly than had been anticipated, largely due to pressure of other work.

Reorganisation of staffing, accommodation and computing resources to better match the work program consumed considerable time and effort. The 'start-up' phase for the Unit is concluding and these organisational tasks are expected to reduce in the coming year.

National Reference Centre for Classification in Health

Head: Ms Jennifer Mitchell

The AIHW National Reference Centre for Classification in Health (NRCCH) is located in the Queensland University of Technology's (QUT) School of Public Health in Brisbane. It was established in February 1992 following the World Health Organization designation of AIHW as a WHO Collaborating Centre for Classification of Diseases.

The Centre is a joint undertaking of AIHW, the School of Public Health at QUT, the Australian Bureau of Statistics and Queensland Health. It is staffed by a half-time director and a full-time medical record administrator. Initially, administrative and technical support has been provided by QUT. It is anticipated that the Centre will generate income from consultancies, research projects and training courses to provide for additional administrative and professional staff.

The Centre liaises with WHO and other international and national bodies in relation to classification in health. It collects and disseminates information about health classification nationally and internationally and provides an environment for individuals who wish to undertake research into aspects of classification in health. It also has expertise to assist AIHW, ABS, State and Commonwealth Departments of Health and other health care organisations in areas related to health classification.

The initial focus of the Centre has been planning for the introduction of the tenth revision of the International Classification of Diseases (ICD-10) into Australia and the Western Pacific Region.

The Centre Director, together with the Institute Director, attended a meeting of Heads of WHO Collaborating Centres for Classification of Disease, in Beijing, where international progress towards the implementation of ICD-10 was discussed. Both Centre staff attended a WHO 'train the trainer' course on ICD-10 at Southampton University, England. Because the publication of ICD-10 by WHO has been delayed, training courses for Australia and the Western Pacific Region have been postponed until at least the second half of 1993.

An essential activity of a Reference Centre is the collection and dissemination of information about health classification systems. Literature and resources are being collected from both national and international sources. This activity involves developing a comprehensive database of health classification systems, collecting copies of classifications and nomenclatures (including historical material), and receiving and collecting copies of journals, journal

articles, newsletters and bulletins related to health classification systems and their use.

Standardised, comparable and accurate coded health information is essential to the improved management of health services in Australia. The Centre will play a pivotal role in the development of better health information systems in Australia.

The Centre plans to publicise its activities and invite use of its reference material through a regular newsletter.

The staff of the Centre presented a seminar to the Queensland Branch of ABS on ICD-10 and progress in the United Kingdom toward automating cause of death coding. Further workshops are planned for other cities. Staff are preparing a paper on the potential application of the UK Read Codes in Australian health information systems.

In its four months of operation this year, NRCCH has been acknowledged by national and international organisations as a much needed facility to deal with:

- health classification;
- preparation for the introduction of ICD-10;
- development of automated cause of death and morbidity coding;
- coder training and measurement of competencies; and
- development of improved classification systems and the use of coded data for casemix and quality improvement in health services.

Collaborating Centres

The Institute is developing a network of Collaborating Centres as a means of expanding its capacity to fulfil its statutory functions. Both established and developing groups whose work can contribute to the Institute's objectives may qualify for designation as AIHW Collaborating Centres. AIHW Collaborating Centres may contribute technical expertise, information, services, research and training to assist the Institute.

Designation is made with the agreement of the head of the establishment to which the group is attached or, if it is an independent institution or agency, with its director.

Approval must also be obtained from the Board of AIHW. AIHW Collaborating Centres are designated for an initial period of three years, which may be renewed subject to review at the end of the initial period.

Designation does not necessarily imply financial support being given to a Collaborating Centre by AIHW.

The Institute has entered into formal collaborative arrangements with four institutions for work on particular topics:

Hunter Health Statistics Unit

The Institute collaborates with the Hunter Health Statistics Unit in research in health services. This collaboration aims to increase the use and accessibility of hospital separation data and other hospital summary data. The Institute and the Hunter Health Statistics Unit also collaborate in the development of strategies for national monitoring of cardiovascular disease.

During the year the Health Services Division worked with the Hunter Health Statistics Unit on the analysis of trends in the use and cost of hospital services.

Designated units of St Vincent's Hospital, Melbourne

The Institute continued to collaborate with the hospital on a trial of biliary lithotripsy for treatment of gallstones. A second interim report on the trial was prepared.

Staff at the hospital provided assistance for a project on cardiac imaging technologies and preliminary discussion was held on evaluation of teleradiology.

Australian Centre for Medical Laser Technology, Adelaide

An overview of lasers in medicine was developed over the year in collaboration with the Centre and is close to completion. The Institute and the Centre continued to coordinate a trial on the use of lasers in the treatment of port wine stains.

***National Centre
for Health
Program
Evaluation,
Melbourne***

A major joint paper was prepared on maximising the impact of health technology assessment. A project on the cost of nutrition and related disease was undertaken and the Institute continued to liaise with the Centre on a cost utility study on biliary lithotripsy

CORPORATE SERVICES

Head: Mr Peter White, AM

The Corporate Services Division provides a range of specialist administrative and technical support services to the Institute and its external units. It serves as a focus for corporate and strategic planning, coordinates the Institute's statutory and protocol responsibilities and controls the Institute's substantial commitment to information management and technology.

The Technical Support Section was closely integrated with the Information Services Unit in 1991-92. This reflects a strategic commitment to client service and corporate data management as the focus of information management within the Institute.

Preparation for the incorporation of the Institute's new Welfare Division provided an opportunity for a major strategic review of information technology within the Institute and for an appraisal of its ability to support longer term corporate directions. The Institute is seeking to maximise its ability to electronically liaise and interface with a diverse and widely distributed provider and client base.

As a result of this review, the Institute is to replace its present obsolescent office automation technology with a distributed computing system based primarily on Apple Macintosh workstations and operating in a local area network configuration. In addition to providing a more productive office automation environment, the project includes an essential upgrade to and improvement of the data processing, analysis and storage facilities available to research divisions. Purchase of equipment and migration to the new environment will commence early in the 1992-93 financial year.

Information services

The Information Services Unit is responsible for managing the Institute's data holdings. The Unit establishes and maintains a broad range of policies and procedures for the storage and release of data with due regard to legal and ethical constraints and confidentiality conditions specified by data providers.

During the year the Institute produced a major policy paper entitled 'Policies and Procedures for Security and Confidentiality of Data held by the AIH'. The paper was endorsed by the Board and circulated to State and Territory health authorities for comment. The policies are subject to ongoing review to ensure that they continue to meet the requirements of ethical, privacy and other relevant guidelines. Staff and outside researchers working on Institute projects are now required to sign undertakings of confidentiality.

The Institute has made some progress towards the management of its data holdings within a single corporate framework, although efforts have been somewhat constrained by conflicting priorities of staffing. The major databases currently maintained by the Institute are:

1. AIDS and related deaths
2. National Aboriginal health statistics
3. National Cancer Statistics Clearing House
4. National Death Index
5. Mortality data
6. National Health Labourforce Collection
7. Hospital morbidity data
8. Hospital Utilisation and Costs Study (HUCS) data

Appendix 9 shows a list of national databases held by the Institute.

Technical support

The Technical Support Section operates and manages the Institute's computing and communications systems. It provides technical support to users, develops recommendations for computer equipment acquisitions, develops and implements the information technology plan and manages the PABX system.

The current IT environment comprises two VAX Local Area Clusters. One cluster comprises a VAX 6210, MicroVAX 3900, MicroVAX 3800 and MicroVAX 2. The second cluster consists of five VAXstation 3100s for desktop publishing using Interleaf software. Both clusters use the VAX/VMS operating system. In addition, there is a small number of personal computers, used primarily for PC media to VAX data transfers, CD-ROM access, and scanning tasks. All staff use office automation facilities, including electronic mail, provided by Digital's ALL-IN-1 software.

Publications

The Publications Unit is responsible for editing, producing, printing and distributing Institute publications. It also provides editorial assistance to the Institute's external units as required. The Unit is an Institute contact point for enquiries, particularly those from the media.

Highlights of 1991-92 included:

- increased productivity in terms of the number of publications produced;
- a major improvement in the appearance and common corporate identity of AIHW publications; and
- the establishment of a corporate newsletter (*AIH News*, now *AIHW News*).

A new Institute logo was developed to reflect the Institute's name change, and as part of the effort to improve and standardise the corporate identity of AIHW publications.

The Unit's desktop publishing software is currently under review as part of the Institute's wider review of its IT environment.

The Institute's publications output for 1990-91 is at Appendix 5. A publications catalogue is produced and is shown at Appendix 11.

Library

The AIHW Library provides a reference and research facility primarily for use by Institute staff. A significant number of reference queries are also received from outside the organisation and the Institute has a reciprocal borrowing arrangement with the Australian National University. The Library aims to collect extensively in the area of health statistics, health economics, and health services.

Services offered by the Library include on-line access to a number of databases including MEDLINE, DIALOG, OZLINE and HEALTHNET. Access to ABN (the Australian Bibliographic Network) and the catalogue of the Australian National University is also supported.

In keeping with the Institute's expanded role, the Library is now developing a core collection covering the broad subject area of welfare services. The collection is weighted towards journals and government reports from relevant Australian authorities. A reciprocal capacity for publications exchange has been negotiated with a number of international bodies.

Administrative services

The Administrative Services Unit is responsible for managing the Institute's financial and other resources. It provides the following services:

- advice to management and functional areas on finance, staffing and resource issues;
- production and distribution of financial and staffing reports, and preparation of the annual financial statements;
- maintenance and improvement of accommodation and the integrity of the Institute's physical security; and
- maintenance of responsible and consistent personnel management practices and procedures.

Accommodation

The Institute's tenure at its Acton Peninsula site remains uncertain in view of the closure of Royal Canberra Hospital and ACT Government uncertainty about the longer term future of the site. Negotiation with the ACT Government about the general standard of the Bennett House accommodation and the likely availability of the site on a longer term basis is continuing.

Corporate planning and staff development

During 1991-92, in accordance with the recommendations of the Committee which reviewed the Institute in 1991, the Institute strengthened its corporate planning with a view to integrating equal employment opportunity, human resource development and mainstream strategic planning within a single coordinated

framework. This process provided an invaluable opportunity to implement the APS Senior Officers' Performance Appraisal process as a component of this integrated approach. Developmental work on the new planning framework and its subordinate plans is well advanced and will be fully implemented during 1992-93.

Delayed passage through Parliament of the amendments to the Act placed a significant end of financial year strain on financial and personnel administration of AIHW and also affected the timing of the corporate planning process.

Secretariat

The role of the Secretariat is to provide the Director and the Institute with administrative and executive assistance to ensure that statutory and legislative requirements and broad Institute goals are met, particularly in relation to the activities of the Board and committees of the Institute.

Secretariat services are also provided to major AIHW conferences, meetings, seminars and public consultations.

The Secretariat coordinates Institute liaison with the Minister's Office, the Department of Health, Housing and Community Services, and other departments and agencies.

Secretariat staff also assist in the administration of the provisions of the *Australian Institute of Health and Welfare Act 1987*, the *Australian Institute of Health Amendment Act 1992*, the *Privacy Act 1988* and its associated Guidelines for the Protection of Privacy in the Conduct of Medical Research, and the *Freedom of Information Act 1982*.

Matters such as amendments to legislation, undertakings of confidentiality and policy guidelines, are a Secretariat responsibility.

The major activities of the Secretariat during the year included work associated with:

- drafting of the legislation for the amended AIHW Act;
- the changeover to a new Board;
- the expanded activities of the Institute's Ethics Committee;
- liaison with the Minister and Parliamentary Secretary; and
- coordination of the Institute's Annual Report.

APPENDIX 1

Finance

Audit report on financial statements

Scope

I have audited the financial statements of the Australian Institute of Health and Welfare for the year ended 30 June 1992. The statements comprise:

- statement by the Chairperson and the Director
- operating statement
- statement of financial position
- statement of cash flows, and
- notes to and forming part of the financial statements.

The Institute's members are responsible for the preparation and presentation of the financial statements and the information they contain. I have conducted an independent audit of the financial statements in order to express an opinion on them to the Minister for Health, Housing and Community Services.

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

As disclosed in Note 12 to the financial statements, the Institute has not applied the recoverable amount test for valuation of non-current assets. This is in accordance with an exemption provided under the Guidelines for Financial Statements of Public Authorities and Commercial Activities. I agree with this departure from Australian Accounting Standard, AAS10, 'Accounting for the Revaluation of Non-current Assets'. Application of the recoverable amount test would be misleading because a reduction in the valuation based on the ability of the non-current assets to generate net cash inflows from their continued use and subsequent disposal does not represent a decline in the service value of these assets.

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

Audit opinion

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

- (i) the statements are based on proper accounts and records
- (ii) the statements show fairly the financial transactions for the year ended 30 June 1992 and the state of affairs of the Institute at that date
- (iii) the receipt, expenditure and investment of moneys, and the acquisition and disposal of assets, by the Institute during the year have been in accordance with the *Australian Institute of Health and Welfare Act 1987*, and
- (iv) the statements are in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities, which require compliance with Statements of Accounting Concepts and applicable Accounting Standards.

RW Alfredson
Executive Director
Australian National Audit Office
Canberra
22 October 1992

Financial statements

for the year ended 30 June 1992

Certificate

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

- operating statement
- statement of financial position
- statement of cash flows
- notes to and forming part of the financial statements

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

- (a) show fairly the Institute's operating result for the year ended 30 June, 1992;
- (b) show fairly the Institute's financial position as at 30 June 1992;
- (c) show fairly the Institute's cash flows during the 1991-92 financial year.

Professor F J Stanley
Chairperson
October 1992

Dr L R Smith
Director
October 1992

Operating statement for year ended 30 June 1992

COST OF SERVICES	Notes	1992 \$	1991 \$
Operating expenses			
Salaries		3,351,167	2,994,428
Administration expenses	3	1,858,469	1,803,435
Research and development	4	717,222	774,962
Loss on sale of non-current assets		23,568	0
Assets written off		(4,112)	0
Provision for doubtful debts		0	20,000
Aggregate amount of unfunded charges	11	797,443	705,895
Total operating expenses		<u>6,743,757</u>	<u>6,298,720</u>
Operating revenues from independent sources			
Grants		1,380,425	1,524,586
Miscellaneous revenue	10	90,745	620,974
Total operating revenues from independent sources		<u>1,471,170</u>	<u>2,145,560</u>
Net cost of services		<u>(5,272,587)</u>	<u>(4,153,160)</u>
REVENUE FROM GOVERNMENT			
Parliamentary appropriations received	19	4,950,000	4,217,000
Total revenue from government		<u>4,950,000</u>	<u>4,217,000</u>
Change in net assets resulting from operations		<u>(322,587)</u>	<u>63,840</u>
Change in net assets resulting from operations and extraordinary items		<u>(322,587)</u>	<u>63,840</u>
Accumulated results of operations at beginning of financial year		<u>(337,152)</u>	<u>(400,992)</u>
Total available for appropriation		<u>(659,739)</u>	<u>(337,152)</u>
Accumulated results of operations at end of financial year		<u>(659,739)</u>	<u>(337,152)</u>

The accompanying notes form an integral part of these financial statements

Statement of financial position

as at 30 June 1992

	Notes	1992 \$	1991 \$
CURRENT ASSETS			
Cash	5	2,002,713	1,109,071
Receivables	6	50,523	90,185
Other	7	31,758	182,525
Total current assets		<u>2,084,994</u>	<u>1,381,781</u>
NON-CURRENT ASSETS			
Property, plant and equipment	12	981,627	1,310,888
Total non-current assets		<u>981,627</u>	<u>1,310,888</u>
Total assets		<u>3,066,621</u>	<u>2,692,669</u>
CURRENT LIABILITIES			
Creditors	8	190,471	165,879
Provisions	13	456,179	462,086
Other	9	1,298,293	774,816
Total current liabilities		<u>1,944,943</u>	<u>1,402,781</u>
NON-CURRENT LIABILITIES			
Provisions	14	635,150	480,773
Total non-current liabilities		<u>635,150</u>	<u>480,773</u>
Total liabilities		<u>2,580,093</u>	<u>1,883,554</u>
Net assets		<u>486,528</u>	<u>809,115</u>
EQUITY			
Capital		1,146,267	1,146,267
Accumulated results of operations		(659,739)	(337,152)
Total equity		<u>486,528</u>	<u>809,115</u>

The accompanying notes form an integral part of these financial statements

Statement of cash flows for year ended 30 June 1992

	Notes	1992 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Inflows:		
Grants		1,976,055
Miscellaneous revenue		20,623
Interest received		66,077
		<u>2,062,755</u>
Outflows:		
Salaries		(3,588,293)
Administration expenses		(1,801,316)
Research and development		(607,378)
		<u>(5,996,987)</u>
Net cash provided or used by operating activities	21	<u>(3,934,232)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Inflows:		
Proceeds from sale of property, plant and equipment		6,170
Outflows:		
Payments for purchase of property, plant and equipment		(128,296)
Net cash provided or used in investing activities		<u>(122,126)</u>
CASH FLOWS FROM GOVERNMENT		
Inflows:		
Parliamentary appropriation		4,950,000
Net cash provided or used by Government		<u>4,950,000</u>
Net increase or decrease in cash held		893,642
Cash at beginning of reporting period		1,109,071
Cash at end of reporting period	5	<u><u>2,002,713</u></u>

The accompanying notes form an integral part of these financial statements

Notes to and forming part of the financial statements for the year ended 30 June 1992

1. Statement of significant accounting policies

The significant accounting policies adopted by the Australian Institute of Health & Welfare are stated to assist in a general understanding of these financial statements. These policies have been consistently applied except as otherwise indicated.

(a) Statutory requirements

The financial statements are prepared in accordance with Section 24(1) of the *Australian Institute of Health & Welfare Act 1987*. The form of the financial statements is in accordance with the Guidelines for Financial Statements of Public Authorities and Commercial Activities issued by the Minister for Finance.

(b) Basis of accounting

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

(c) Income tax

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

(d) Property, plant and equipment

Fixed assets, including leasehold improvements, are depreciated over their estimated useful lives, with depreciation commencing from the date of acquisition. The straight-line method of depreciation is used.

Any gain or loss on disposal of fixed assets is included in the result of the Institute in the year of disposal.

Assets valued at \$500 or greater than \$500 are capitalised. Items under \$500 are expensed under the relevant expense category in the year of acquisition.

(e) Grant income

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

(f) Employee benefits

These provisions relate to annual leave and long service leave and have been calculated on the basis of pro-rata entitlements under appropriate awards, based on current wages. Long service leave is provided for all employees with 10 years or more eligible service or after 1 years service where the employee has attained the minimum retiring age. The provisions comprise current and non-current portions, with the current provision being the amount expected to be paid within the next 12 months.

Appendix 1

(g) Segment reporting

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

(h) Resources provided free of charge

The Department of Health, Housing and Community Services (DHHCS) provides administrative support to the Institute for the maintenance of its personnel records. No charge is made to the Institute for this service.

(i) Comparative figures

In February 1992, the Department of Finance issued revised Guidelines for Financial Statements of Public Authorities and Commercial Activities, which have been adopted for 1991–92. Certain terminology and comparative amounts have been reclassified to conform with the revised disclosures required by those Guidelines.

2. Superannuation

Staff at the Institute contribute to the Commonwealth superannuation schemes. Employer contributions are met by the Commonwealth.

3. Administration expenses

	1992	1991
	\$	\$
Advertising	64,077	15,475
Bank charges	(842)	1,109
Committee expenses	31,956	73,161
Computer maintenance and consumables	281,381	252,683
Consultancy fees	135,706	158,089
Freight	2,595	18,796
Furniture and fittings	23,730	12,445
Library materials	68,228	55,838
Motor vehicle hire and maintenance	39,092	35,702
Office requisites and miscellaneous	112,522	126,607
Postage	36,889	46,944
Printing and publications	107,251	72,833
Rent	445,292	348,688
Repairs and maintenance—building	89,239	83,350
Repairs and maintenance—office machines	13,542	13,831
Senior Officer Benefit	14,583	0
Telephone	100,845	111,396
Travel	266,250	353,849
Workers compensation insurance premium	26,133	22,639
	<u>1,858,469</u>	<u>1,803,435</u>

4. Research and development

	1992	1991
	\$	\$
National Perinatal Statistics Unit	323,190	332,146
Dental Statistics and Research Unit	222,126	192,445
National Centre for Classification in Health	68,287	0
Other	103,619	250,371
	<u>717,222</u>	<u>774,962</u>

Appendix 1

5. Cash

	1992	1991
	\$	\$
Cash at bank	1,853,458	990,939
Cash on hand	500	300
Dept of Finance Imprest Account	148,755	117,832
	<u>2,002,713</u>	<u>1,109,071</u>

6. Receivables

	1992	1991
	\$	\$
Debtors	46,904	102,843
Interest receivable	3,619	7,342
	50,523	110,185
Provision for doubtful debts	0	(20,000)
	<u>50,523</u>	<u>90,185</u>

7. Current assets—other

	1992	1991
	\$	\$
Prepayments	31,758	182,525
	<u>31,758</u>	<u>182,525</u>

8. Creditors

	1992	1991
	\$	\$
Creditors	59,048	88,223
Accrued expenses	131,423	77,656
	<u>190,471</u>	<u>165,879</u>

9. Current liabilities—other

Represented by income received in advance as follows:

	1992 \$	1991 \$
Australian Health Ministers' Advisory Council	110,322	58,673
National Health and Medical Research Council	26,746	6,389
National Campaign Against Drug Abuse	0	4,019
DHHCS	210,049	194,899
National Better Health Program	916,675	500,293
National Heart Foundation	0	10,543
Welfare—States	19,533	0
NSW Health Department	13,803	0
Economic Planning Advisory Council	1,165	0
	<u>1,298,293</u>	<u>774,816</u>

10. Miscellaneous revenue

Miscellaneous revenue includes \$13,692 (1990-91—\$208,821) for commissioned research. There were no contributions to grant funded projects in 1992 (1990-91—\$17,118).

11. Provisions and unfunded charges

	1992 \$	1991 \$
Depreciation of exhaustible assets	407,818	394,850
Provision for long service leave	147,998	85,313
Provision for annual leave	241,627	225,732
	<u>797,443</u>	<u>705,895</u>

12. Property, plant and equipment

	1992 \$	1991 \$
Leasehold improvements—at cost	122,850	117,861
Less accumulated depreciation	(112,444)	(113,549)
	<u>10,406</u>	<u>4,312</u>
Office equipment—at cost	2,122,926	2,076,119
Less accumulated depreciation	(1,195,566)	(818,146)
	<u>927,360</u>	<u>1,257,973</u>
Furniture and fittings—at cost	60,576	60,577
Less accumulated depreciation	(16,715)	(11,974)
	<u>43,861</u>	<u>48,603</u>
	<u><u>981,627</u></u>	<u><u>1,310,888</u></u>

An exemption has been provided under the Guidelines for Financial Statements of Public Authorities and Commercial Activities such that 'not-for-profit' entities are not required to apply the recoverable amount test specified in Australian Accounting Standard AAS10 'Accounting for the Revaluation of Non-current Assets'. For those entities, including the Institute, the test must still be applied to assets which are meant to generate net cash inflows. For other assets, their carrying value should reflect their remaining service potential to the entity.

Application of the recoverable amount test would cause the value of the Institute's non-current assets to equate to their disposal value, as the entity does not generate cash inflows from the asset's continued use. Applying the recoverable amount test would cause the financial statements not to show a fair view, as the service potential of the assets equate to their written down historical cost rather than their disposal value.

13. Provisions—current

	1992 \$	1991 \$
Annual leave	419,323	404,086
Long service leave	36,856	58,000
	<u>456,179</u>	<u>462,086</u>

14. Provisions—non-current

	1992 \$	1991 \$
Long service leave	635,150	480,773
	<u>635,150</u>	<u>480,773</u>

15. Members remuneration

A total of \$20,165 (1990-91—\$24,342) was paid to members of the Institute in accordance with determinations of the Remuneration Tribunal. Included in this total are:

	1992 \$	1991 \$
Stipend/sessional fees	17,767	21,868
Travel allowances	1,755	2,474
Other	—	
	<u>20,165</u>	<u>24,342</u>

Disclosed by the number of members receiving stipend/sessional fees in the following bands:

\$0-\$10,000	14	15
\$10,000-\$20,000	1	—

16. Auditors remuneration

No fee has been charged by the Australian National Audit Office (ANAO) for services provided for the year ended 30 June 1992. A estimated audit fee of \$12,492 (1990-91—\$13,000) has been advised by the ANAO.

17. Commitments

The estimated maximum amount of commitments not provided for in the accounts as at 30 June 1992 are:

	1992 \$	1991 \$
Commitments for capital expenditure	1,020,000	—
Lease commitments < 1 year	220,500	167,400
	<u>1,240,500</u>	<u>167,400</u>

Appendix 1

The Institute has a lease rental agreement with the ACT Accommodation Service for use of office space at Bennett House, Royal Canberra Hospital. This lease agreement may be terminated by either party giving to the other 6 months notice in writing. The commitment represents 6 months rental payable on termination of the lease.

18. Contingent liabilities

The Institute is not aware of any material contingent liabilities at 30 June 1992 (Nil in 1990-91).

19. Parliamentary appropriations

	1992 \$	1991 \$
Appropriation Act 1	4,925,000	4,196,000
Appropriation Act 2	25,000	21,000
	<u>4,950,000</u>	<u>4,217,000</u>

20. Executive remuneration

Two executives received remunerations of more than \$100,000 during 1991-92. The aggregate amount of remuneration for these positions was \$227,042 (1990-91—\$117,014).

Disclosed by the number of executives receiving remunerations in the following bands:

\$100,000-\$110,000	1	-
\$110,000-\$120,000	1	1

21. Statement of cash flows

This note provides a reconciliation of net cash provided or used by operating activities to the change in net assets resulting from operations as shown in the operating statement. Comparative figures are not available for the 1990-91 financial year.

	1992 \$
Change in net assets resulting from operations	(322,587)
Depreciation expense	407,818
Amounts credited to provisions	389,625
Amounts charged to provisions	(241,154)
Decrease in receivables	59,662
Decrease in prepayments	150,767
Increase in creditors	24,592
Increase in income received	523,477
Loss of sale of assets	23,568
Inflows from Government	(4,950,000)
Net cash provided or used by operating activities	<u>(3,934,232)</u>

APPENDIX 2

Legislation

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

Australian Institute of Health Ethics Committee regulations

Regulations have been made pursuant to subsections 16(1) and (2) of the *Australian Institute of Health Act 1987*, prescribing the functions and composition of the Australian Institute of Health Ethics Committee. The Regulations are reproduced on page 76.

Australian Institute of Health and Welfare Act 1987

TABLE OF PROVISIONS

PART 1—PRELIMINARY

Section

1. Short title
2. Commencement
3. Interpretation

PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Division 1—Establishment, Functions and Powers of Institute

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

Division 2—Constitution and Meetings of Institute

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

Division 3—Committees of Institute

16. Committees

Division 4—Director of Institute

17. Director of Institute
18. Functions of Director

Division 5—Staff

19. Staff

PART III—FINANCE

20. Money to be appropriated by Parliament
21. Estimates
22. Money of Institute
23. Contracts

Appendix 2

24. Application of Part XI of Audit Act
25. Trust money and trust property
26. Exemption from taxation

PART IV—MISCELLANEOUS

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

Australian Institute of Health and Welfare Act 1987

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

[Assented to 5 June 1987]

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

PART 1—PRELIMINARY

Short title

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

Commencement

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

Interpretation

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

“appoint” includes re-appoint;

“Chairperson” means the Chairperson of the Institute;

“Director” means the Director of the Institute;

“Ethics Committee” means the Health Ethics Committee of the Australian Institute of Health and Welfare;

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

“Institute” means the Australian Institute of Health and Welfare;

“member” means a member of the Institute;

“production” means compilation, analysis and dissemination;

“State Health Minister” means:

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

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

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

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

“State Housing Minister” means:

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

(b) the Minister of the Australian Capital Territory; or

(c) the Minister of the Northern Territory;

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

"State Welfare Minister" means:

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

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

"trust money" means money received or held by the Institute on trust;

"trust property" means property received or held by the Institute on trust.

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

"welfare services" includes:

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

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

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

PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Division 1—Establishment, Functions and Powers of Institute

Establishment of Institute

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

(2) The Institute:

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

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

Functions of Institute

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

(1AA) The functions of the Institute are:

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

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

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

[Welfare-related functions]

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

- (a) to collect, with the agreement of the Australian Bureau of Statistics and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and
 - (d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons;
 - (e) to develop, in consultation with the Australian Bureau of Statistics, specialised statistical standards and classifications relevant to welfare services; and
 - (f) subject to section 29, to enable researchers to have access to welfare-related information and statistics held by the Institute or by bodies or persons with whom contracts or arrangements have been entered into by the Institute; and
 - (g) to publish methodological and substantive reports on work carried out by or in association with the Institute under this subsection; and
 - (h) to do anything incidental to the functions conferred by paragraphs (a) to (g).
- (3) This section is not intended to limit the functions of the Australian Bureau of Statistics.

Powers of Institute

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

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

Directions by Minister

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

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

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

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

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

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

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

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

Division 2—Constitution and Meetings of Institute

Constitution of Institute

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

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

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

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

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

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

Acting members

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

(a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or

(b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office; but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.

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

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

(4) The Minister may:

(a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and

(b) terminate such an appointment at any time.

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

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

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

(a) the occasion for the appointment of the person had not arisen;

(b) there was a defect or irregularity in or in connection with the appointment;

(c) the appointment had ceased to have effect; or

(d) the occasion for the person to act had not arisen or had ceased.

Remuneration and allowances

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

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

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

Leave of absence

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

(2) The Minister may :

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

Resignation

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

Termination of appointment

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

(2) If a member:

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

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

(3) Where:

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

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

Disclosure of Interest

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

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

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

Meetings

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

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

Division 3—Committees of Institute

Committees

16. (1) The Institute shall appoint a committee to be known as the Health Ethics Committee of the Australian Institute of Health and Welfare.

(2) The functions and composition of the Ethics Committee shall be as prescribed.

(3) Regulations shall not be made for the purpose of subsection (2) except in accordance with a recommendation of the National Health and Medical Research Council.

(4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.

(5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.

(6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).

(7) The members of a committee may include members of the Institute.

(8) A member of a committee holds office for such period as is specified in the instrument of appointment.

(9) A member of a committee may resign by instrument in writing delivered to the Institute.

(10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.

(11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.

(12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.

(13) Section 14 applies in relation to a committee as if:

- (a) references in that section to a member were references to a member of the committee; and
- (b) references in that section to the Institute were references to the committee.

Division 4—Director of Institute

Director of Institute

17. (1) There shall be a Director of the Institute.

(2) The Director shall be appointed by the Minister on the recommendation of the Institute.

(3) The Director shall be appointed on a full-time or part-time basis for such period, not exceeding 5 years, as is specified in the instrument of appointment.

(5) The Director holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Minister

(6) The appointment of the Director is not invalid because of a defect or irregularity in connection with the appointment or the recommendation by the Institute.

(7) The Director shall not be present during any deliberation, or take part in any decision, of the Institute with respect to the appointment of the Director.

(8) Sections 11 and 14 apply to the Director.

(9) Sections 12 and 13 apply to the Director as if references in those sections to the Governor-General were references to the Minister.

Functions of Director

18. (1) The Director shall manage the affairs of the Institute subject to the directions of, and in accordance with policies determined by, the Institute.

(2) All acts and things done in the name of, or on behalf of, the Institute by the Director shall be deemed to have been done by the Institute.

Division 5—Staff

Staff

19. (1) The staff required for the purposes of this Act shall be—

(a) persons appointed or employed under the *Public Service Act 1922*; and

(b) persons appointed or employed by the Institute.

(2) The Director has all the powers of a Secretary under the *Public Service Act 1922*, so far as those powers relate to the branch of the Public Service comprising the staff referred to in paragraph (1)(a), as if that branch were a separate Department of the Public Service.

(3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.

(4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.

(5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

PART III—FINANCE

Money to be appropriated by Parliament

20. (1) There is payable to the Institute such money as is appropriated by the Parliament for the purposes of the Institute.

(2) The Minister for Finance may give directions as to the means in which, and the times at which, money referred to in subsection (1) is to be paid to the Institute.

Estimates

21. (1) The Institute shall:

(a) prepare estimates of the receipts and expenditure of the Institute in such form as the Minister directs for:

(i) each financial year; and

(ii) any other period specified by the Minister; and

(b) lodge estimates with the Minister within such time as the Minister directs.

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

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

Money of Institute

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

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

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

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

Contracts

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

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

Application of Part XI of Audit Act

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

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

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

Trust money and trust property

25. (1) The Institute:

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

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

- (a) a reference in those sections to moneys included a reference to trust money;

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

Exemption from taxation

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

PART IV—MISCELLANEOUS

Delegation by Institute

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

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

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

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

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

Delegation by Director

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

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

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

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

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

Confidentiality

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

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

- (b) any document relating to another person (which person is in this section also called an "information subject"), being a document furnished for the purposes of this Act; shall not, except for the purposes of this Act, either directly or indirectly:
- (c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);
- (d) produce that document to any person (including an information subject); or
- (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

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

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

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

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

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

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

(4) In this section:

- (a) "court" includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
- (b) "person" includes a body or association of persons, whether incorporated or not, and also includes:
 - (i) in the case of an information provider—a body politic; or
 - (ii) in the case of an information subject—a deceased person;
- (c) "produce" includes permit access to;
- (d) "publication", in relation to conclusions, statistics or particulars, includes:

- (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
- (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
- (e) a reference to information concerning a person includes:
 - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
 - (ii) a reference to information identifying a person or body providing information concerning a person.

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

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

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

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

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

(4) In this section:

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

Periodical reports

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

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

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

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

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

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

(3) A health report shall provide:

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

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

(3A) A welfare report must provide:

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

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

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

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

Regulations

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

SCHEDULE 1

NEW SCHEDULE TO PRINCIPAL ACT

SCHEDULE

BODIES THAT MAY NOMINATE BOARD MEMBERS

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

Australian Institute of Health Ethics Committee Regulations

Citation

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

Interpretation

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

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

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

Functions

3. The functions of the Ethics Committee are:

(a) to form an opinion as to the acceptability or otherwise, on ethical grounds, of:

(i) activities that are being, or it is proposed will be, engaged in by the Institute in the performance of its functions; and

(ii) activities that are being, or it is proposed will be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions;

having regard, in addition to any other matters that the Ethics Committee considers to be relevant, to the Declaration of Helsinki adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964, as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975 and to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council;

(b) where appropriate, to revise an opinion so formed or to form another opinion;

(c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and

(d) to provide a written annual report of the Ethics Committee's operations to the Institute.

Composition

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

(a) the Director of the Institute or his or her nominee;

(b) a person who is a graduate in medicine of a university and has post-graduate medical research experience;

(c) a person who is a graduate in a social science of a university, college of advanced education or similar institution and has post-graduate research experience in a social science;

(d) a person who is the nominee of the Registrar of Births, Deaths and Marriages in the Australian Capital Territory and of the officer of each State and the Northern Territory who has the responsibility in that State or Territory of registering births, deaths and marriages;

(e) a minister of religion;

(f) a person who is a barrister, a solicitor, a barrister and solicitor or a legal practitioner, of the High Court or of the Supreme Court of a State or Territory; and

(g) a man and a woman, neither of whom is a member or employee of the Institute and each of whom is able to represent general community attitudes;

one of whom shall be appointed chairperson by the Institute.

APPENDIX 3

AIHW Committees

Ethics Committee

The principal responsibilities of the AIHW Ethics Committee are described in the AIHW Ethics Committee Regulations. They are to:

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

The Regulations specify the composition of the Committee and section 16 of the AIHW Act provides for members to be appointed by the Institute for such period as is specified in their instrument of appointment. During 1991-92, the Ethics Committee membership was as shown below. The Committee held five meetings during the year. The number of meetings attended by each member is shown in brackets.

Nominee of the Director

Dr John Donovan (5)

Medical Graduate with Research Experience

Emeritus Professor Malcolm Whyte, Chairman (5)

Graduate in a social science

Dr Dorothy Broom (3)

Nominee of the Registrars for Births, Deaths and Marriages

Mr Roger Thomson (3)

Minister of religion

The Reverend Father Thomas Wright (3) (from 23 July 1991)

Legal practitioner

Mr Colin Thomson (4)

Representatives of general community attitudes

Ms Janne Graham (5)

Mr David Purnell (5)

During the year the Committee received 35 submissions and gave certificates of approval to 34, embracing 43 projects. One submission was withdrawn, none was disapproved and one from the previous year remained unresolved.

No significant ethical issues were raised by 15 of the submissions. Points of contention arose more often in relation to activities being conducted by associated agencies than to activities being conducted by Institute staff. Points of contention were concerned with:

- the requirement for a clear, non-technical, brief yet comprehensive, description of activities;
- the information to be provided to, and consent obtained from, information subjects;
- the propriety and consent of record-keepers or providers in supplying data;
- safeguard for confidentiality;
- approval of local Institutional Ethics Committees; and
- the Privacy Act requirements.

Ethics committees are required to review the ethical situation of projects in progress; however, there has been widespread uncertainty about how this is best achieved. During the year the Committee adopted procedures which it applied to the backlog of projects; for example, monitoring is now up to date and is being carried out routinely, usually by questionnaire annually. These procedures have been forwarded for information to the NHMRC's Australian Health Ethics Committee, which is producing monitoring guidelines for general distribution.

The Committee has revised a number of papers which, together with other relevant material, it makes freely available to assist researchers in deciding whether and what to submit for ethical review. These include:

- (a) guidelines for the preparation of submissions and the assessment of activities;
- (b) activities which are generally not of ethical interest (and which, therefore, need not be submitted);
- (c) requirements of submissions involving external ('up stream') activities; and
- (d) 'Privacy Act requirements of submissions' and 'The Information Privacy Principles in Plain English'.

A pamphlet about the Committee and its work is also available for general distribution and a short article was prepared for the August 1992 issue of *AIHW News*.

During the year the Committee submitted to the Board its comments on the amendments to the Act, particularly those relating to the requirement for revision of the Regulations pertaining to the Committee, which are not yet enacted, and the matter of ethical oversight of the Institute's welfare-related functions.

The revised 'Guidelines for the protection of privacy in the conduct of medical research' which were approved by the Privacy Commissioner took effect from 1 July 1991. It is still unclear how, or if, they apply to the work of the AIHW Ethics Committee. The Commissioner's office has promised to reply to the Committee's queries and a request for clarification.

APPENDIX 4

Institute staff

Director's Unit

Director

Leonard R Smith BA *Syd*, MSc *London*, PhD *UNSW*

Executive Assistant to Director

Janet P Markey

AIHW Visiting Fellow

Sidney Sax CBE, MD DPH (*Wurand*), FRCP *Edin*, FRACMA, FRACP

Principal Medical Adviser

John W Donovan ED, MBBS (Hons), PhD *Syd*, FFPHM *RCP(UK)*, FAFPHM, FRACMA

Australia's Health 1992

Neil J Thomson BSc, BA, MBBS *WA*, MPH *Syd*, FAFPHM

Michael de Looper BSc (Hons) *UNSW*

Paul L Jelfs BSc (Hons) *UNSW* (half time)

John Berzins (to 31.5.92)

National Health Information Agreement

Anthony R Greville BEc *Qld*, MHP *UNSW*

Ken Simons BSc *ANU*

Health Monitoring Division

Head

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

Executive Assistant

Liana de Angelis (to 12.91)

Helen Seiler (1.92 to 3.92)

Stan Bennett B Tech (Hons) *Bradford*, FSS

Edouard T d'Espaignet BA, MA *Macq*, MPH *Syd*, MSc *Hawaii*

David W Greenhill BSc (Hons) *Birmingham*

Paul L Jelfs BSc (Hons) *UNSW* (half time)

Sun-Hee Lee BA, MA *Ewha Seoul*, MA, PhD *Hawaii*

Carolyn Merton BA *ANU*

Patrick Pentony BA *ANU* (to 27.7.91)

Appendix 4

Christopher E Stevenson BSc (Hons) *Melb*, MSc ANU

Marijke van Ommeren Soc Cand *Utrecht*, MA ANU

Peter Wright

Gavin Melville BSc *Macq*, MLitt Appl Maths *UNE*, Grad Dip Stats ANU (to 8.5.92)

Krystian R Sadkowsky BA *Qld*, Grad Dip I, CCAE (to 15.01.92)

Aboriginal and Torres Strait Islander Health Unit

Neil J Thomson BSc, MBBS, BA *WA*, MPH *Syd*, FAFPHM

Bruce English BA (Hons) ANU

Robert Hogg MA *UBC*, PhD ANU (to 11.7.91)

Health Services Division

Head

Roy Harvey BSc *Qld*, MEd *Monash*

Executive Assistant

Lorraine M Taylor

Health Economics and Expenditure Unit

John R Goss BEc, BSc ANU, Grad Dip Nut Diet *QIT*

Simon D Eckermann BEc (Hons) *Adel*

Jean Mulholland PhC MPS, BA(AS) (Hons), PhD ANU (to 6.12.91)

Maneerat Pinyopusarerk BEc, Dip Ed *WA*, MADE, MA(D) ANU

Health Labourforce Unit

Natalie Staples BA *Syd*, Dip Ed *UNE*, MA (Hons) ANU, RN, SCM

Judith A Clark BSc *Exeter*, BA ANU, ACHSA

John G Harding BA *Macq*

Indra Gajanayake BSc (Hons) *U Sri Lanka*, PhD *Vrije, Brussels* (to 21.5.92)

Thomas Kirkland BCom *Queen's*, MHA *Ottawa* (to 4.3.92)

Helen C Milne RN, SRM, Dip Appl Sci *Sturt*, Dip Audiometry *Sydney TAFE* (to 12.6.92)

Joanne Tregenza BSc ANU (to 20.5.92)

Karen A Neinaber BA ANU (to 23.9.91)

Health Services Unit

Michael J Cook BA (Hons), MA *Vic*, PhD *Brown Uni.*

Manoa Y Renwick BA *UNE*, MHA *UNSW*, ACHSE

Stephen Gillett BSc, M Med Stats *N'cle*, Dip Ed *NCAE*

Claire Kelly BA ANU, M Comm *W'gong*

Elizabeth Moss B Appl Sci (MRA) *Syd*

Mary G Nicoll BSc *Adel*, BA *CCA*

Richard Solon BSc *Syd*, Grad Dip Appl Sci, *Charles Sturt*

Health Technology Division

Head

David M Hailey MSc, PhD *Bristol*

Administrative Assistant

Julianne M O'Malley

AHTAC Support

Delma E Cowley MSc, PhD *Qld*

Naarilla A Hirsch BSc (Hons) *Qld*, B App Sc *Canberra*

Patricia Ludowyk BSc, Grad Dip Sc (Neuroscience) *ANU*

Assessment and Statistics

Anthony R Lea MSc *ANU*

Bernard L Crowe BA *Melb*, MPH *Syd*, MACS

Wolodja Dankiw BSc (Hons) *Adel*

Health Economics and Evaluation

Robert C Carter BA (Hons), Grad Dip Pop Health, MAS *ANU*

Kathryn M Antioch BA (Hons) *ANU*, MSc *UBC*

Lynne M Conway BA *Melb*, MBA *Monash*

Anne-Marie Waters B Math *N'cle*, Grad Dip Stat *ANU*

Graduate Administrative Assistants

Sarah J Brown BSc, BA *Melb* (to 22.5.92)

Richard Rutkin BPhysio *Qld*

Pamela A Eveille Cert Sec Stud, *C'bra TAFE*

Margaret Innes (to 3.4.92)

Welfare Division

Head

Ching Y Choi BA *ICU Tokyo*, MA *West Res, Cleveland*, PhD *ANU*

Graham H Angus BEc *UWA*

Glenda Cresswick BEd *CCAE*

Margaret E Heiskanen BComm *Melb*

Rosemary A Karmel BSc (Hon) *ANU*

Zhibin Liu BSc(Hons) *Nankai*, MA *ANU*

Joanne Maples BSc *ANU*, Grad Dip Food Technol, MSc *UNSW*

Perrohean R Sperling BA *Syd*

Katherine J Wilkinson BEc *Macq*

Corporate Services Division

Head

Peter A White AM, Dip Med Tech *SAIT*, Grad Dip Admin *KCAE*, MEd *Canberra*

Administrative Services

Christine E Fuso BA *CCAЕ*, CPA

Security and Resources

Lyndell Shaw Cert Sec Studies *Bedford Bus Coll*

Finance

Paula Bowen

Bernice Nott Cert Bookkeeping, *CCAЕ*

Lena SW Searle

Penny Barber (to 5.7.91)

Rodney Carlin (to 24.1.92)

Personnel

Philip H Garvin BA *Macq*

Technical Support

Christopher Dowd BSc *UNSW*

Jon Bennie

Flannan T Horgan

Anna Lusso

Polly Wallace BA *CCAЕ*

Mark Bass MSc, MEng *Riga*, MIEAust, MRAeS (to 22.2.92)

Jenifer M Chorley BSc *UNSW* (to 16.08.91)

Information Services

Nigel Mercer BBus *DDIAE*, BA *Murdoch*

Publications

Nigel R Harding BA *Qld*

Deborah L Beck BA *CCAЕ*

Lucia Pietrzak

Alannah Smith

Library

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

Alison Kennedy Lib Tech *Canberra TAFE*

Jennifer Cole (to 1.11.91)

Registry

Kylie Allen

Dougal R Macgregor (to 29.11.91)

Reception

Debbie C Van De Donk

Secretariat

Stephanie R Lindsay Thompson BA (Hons) ANU, Dip Soc Stds Syd

Lynette A Elliott BA CCAE

Patricia J English Cert Hort Canberra TAFE, BA ANU

Jo-Ann Dan Cert Bus Stud, Gordon Tech Coll (to 8.5.92)

Hilary A Baird (to 31.12.91)

Susan Hardy (to 31.12.91)

External Unit staff

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

National Perinatal Statistics Unit

Director

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

Hilda Bastian

Margaret L Debenham BSc, MSc, PhD Syd

Nora Kelenshian BA, MA American Cairo

Sharon A Kidd MPH California (Berkeley)

Wei Luo MB Chongqing

Jocelyn Mann

Elvis L Pedisich BSc, MStat UNSW

Esther Shafir MB Lvov

Lucy Sullivan BA (Hons) Qld, MA qualif Syd, PhD Macquarie

Glenn E Tun BSc, MSc Rangoon

Dental Statistics and Research Unit

Director

John Spencer MDSc, PhD Melbourne, MPH Michigan

Kate Battersby (0.6 fte)

David Brennan BA (Hons) Flinders

Michael Davies BA (Hons) Adelaide

Lorna Lucas (0.5 fte)

Dianne Parish (0.8 fte)

Gary Slade BDS Sc Melbourne, Dip DPH Toronto

Judy Stewart BSc Adelaide (0.5 fte)

Appendix 4

Fearnley Szuster BA (Hons) *Flinders*, MIS
(Includes staff supported by external funds)

National Injury Surveillance Unit

Director

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

Pamela J Albany Dip Home Ec *WA Inst Tech*, Assoc Dip Teach *WA Sec Teach Coll*

Jo den Engelse

Renate Kreisfeld Dip Teach, Grad Dip Educ *SACAE*

Peter J O'Connor BA, Dip Ed, Dip Soc Sci *Flinders*, MA *Adelaide*

David E Robley

Daniel Tyson BA (Hons) *Adel*, PhD *ANU*

Dee-Anne O Vahlberg BSc *Flinders*

John Payne (to 8.5.92)

National Reference Centre for Classification in Health (NRCCH)

Director

Jennifer Mitchell BA Dip Ed *Macquarie*, Assoc Dip MRA *Cumberland*, MSc *Griffith*

Jennifer Nicol B Bus (Health Admin) *QIT*

Equal employment opportunity (EEO) table

<i>Representation of EEO groups within salary levels</i>													
Salary group	NESB 1		NESB 2		PWD		Women		Men		Total		
	90-91	91-92	90-91	91-92	90-91	91-92	90-91	91-92	90-91	91-92	90-91	91-92	
ASO 1 & equiv \$12,281-22,622	0	0	0	0	0	0	1	1	0	0	1	1	
ASO 2 & equiv \$23,165-25,687	0	0	1	0	0	0	6	5	1	0	7	5	
ASO 3 & equiv \$26,384-28,475	0	0	1	0	0	0	0	2	2	1	2	3	
ASO 4 & equiv \$29,407-31,929	0	0	0	0	0	0	6	6	0	2	6	8	
ASO 5 & equiv \$32,800-34,778	2	2	0	0	0	0	5	9	5	1	10	10	
ASO 6 & equiv \$35,424-40,693	3	3	2	0	2	2	7	4	5	3	12	7	
SO C & equiv \$41,929-45,546	1	2	0	1	0	0	3	12	9	12	12	24	
SO B & equiv \$46,537-53,403	2	2	0	0	1	1	5	5	8	13	13	18	
Medical officers \$39,094-87,125	0	0	0	0	0	0	2	0	3	3	5	3	
SES & equiv \$59,121 & above	0	1	0	0	0	1	1	0	4	6	5	6	
TOTAL	8	10	4	1	3	4	36	44	37	41	73	85	

APPENDIX 5

Publications, reports and presentations 1991-92

AIHW publications

Aboriginal health information bulletin

No. 16: November 1991

AIH News No. 1

AIHW Board response to the report of the Committee to Review the Australian Institute of Health 1991

AIHW News No. 2

Annual report 1990-91

Australia's health 1992

Health care technology news

No. 4: November 1991

HealthTechNews (Health care technology news)

No. 5: May 1992

HealthTechStats (Health technology statistics bulletin)

No. 1: December 1991

Health services bulletin

No. 1: July 1991

No. 2: May 1992

Report of the Committee to Review the Australian Institute of Health 1991

Cowley DE (1992) *Angioplasty in peripheral artery disease*. Health care technology series No. 7.

Cowley DE (1991) *Laser corneal sculpting*

Cowley DE (1991) *Lasers in angioplasty*

Dankiw W & Hailey DM (1991) *Boron neutron capture therapy*

English B & Thomson N (1992) *A bibliography of drug use and related problems among Aborigines and Torres Strait Islanders*. Aboriginal and Torres Strait Islander health series No. 7.

Hailey DM, Crowe BL & McDonald IG (1991) *Assessing the place of MRI in Australia*

Hirsch NA & Hailey DM (1992) *Minimal access surgery*

Lea AR (1991) *Cochlear implants*. Health care technology series No. 6.

Mathers C (1991) *Health expectancies in Australia 1981 and 1988*.

Renwick M & Sadkowsky K (1992) *Variations in surgery rates*. Health services series No. 2.

Scotton RB & Goss JR (eds) (1992) *Economic evaluation of health services: report from an April 1988 workshop*.

Thomson N & English B (1992) *Drug use and related problems among Australian Aborigines and Torres Strait Islanders: current and potential data sources*. Aboriginal and Torres Strait Islander health series No. 6.

van Ommeren M & Merton C (1992) *Inventory of Australian health collections which contain information on ethnicity.*

van Ommeren M, Merton C & Short G (1991) *Inventory of Australian health data collections.*

Joint publication

Biliary lithotripsy assessment program: second interim report (March 1992) (with St Vincent's Hospital, Melbourne)

AIHW reports and working papers

Junior medical officers in public hospitals (update) Working paper prepared for the Medical Workforce Data Review Committee, 9 November 1991

Emerging health technology briefs

No. 1 *Corneal sculpting*—August

No. 2 *Radiofrequency catheter ablation*—September

No. 3 *Cervical loop diathermy*—October

No. 4 *New laparoscopic surgical procedures*—November

No. 5 *Endovascular coronary stents*—February

No. 6 *Holmium lasers in corneal sculpting*—March

No. 7 *Cardiomyoplasty*—April

No. 8 *Collagen implant therapy for the treatment of stress incontinence*—April

No. 9 *Excimer lasers in coronary angioplasty*—June

No. 10 *Technologies for the treatment of benign prostatic hyperplasia (BPH)*—June

NPSU publications

Congenital malformations monitoring report

No. 41 (August 1991)

No. 42 (October 1991)

No. 43 (December 1991)

No. 44 (March 1992)

Perinatal newsletter

No. 15 (August 1991)

No. 16 (November 1991)

No. 17 (February 1992)

No. 18 (May 1992)

AIHW National Perinatal Statistics Unit and Fertility Society of Australia. *Assisted conception, Australia and New Zealand, 1989.* Sydney, 1991.

DSRU publications

Australian Institute of Health, *Dental Statistics and Research Unit newsletter,*

Volume 3 no. 1: February 1992

DSRU reports and working papers

Oral and maxillofacial surgeons, 1990 workforce study, interim report (1991)

Oral and maxillofacial surgeons, 1990 workforce study (1992)

New initiatives for dental surveys (1991) (in collaboration with State/Territory dental authorities)

The child dental health survey, Queensland 1990 (1991)

The child dental health survey, Western Australia, January–December 1989 (1991)

The child dental health survey, Western Australia, 1990 (1992)

The child dental health survey, Australian Capital Territory, January–December 1990 (1992) (in collaboration with State/Territory dental boards)

Dental practitioners statistics, New South Wales, December 1987 and 1988 (1991)

Dental practitioners statistics, New South Wales, October 1989 (1992)

Dental practitioners statistics, Tasmania, December 1990 (1991)

Dental practitioners statistics, South Australia, December 1990 (1992)

NISU publications

Australian injury prevention bulletin

July 1991

October 1991

March 1992

AHTAC publications

Liver transplantation programs (September 1991)

Statement on sleep disorders (October 1991)

Guidelines for renal dialysis and transplantation (June 1992)

AHTAC briefs

Stereotactic radiosurgery

Craniofacial surgery

Pancreas transplantation

Bone marrow transplant using unmatched donors

Publications involving AIHW staff

- Beard TC, Eickoff R, Mejlo ZA, Jones M, Bennett SA & Dwyer T (1992) Population-based survey of human sodium and potassium excretion. *Clinical and experimental pharmacology and physiology*; 19:327–330.
- Carter R (1992) Commentary on C Burrows and K Brown, some implications for the development of scale values in measuring health status and quality of life. In Selby-Smith C (ed.) *Economics and health 1991*. Monash University 231–233.
- Crowe BL & Hailey DM (1992) Digital radiology systems: further developments in costs and benefit analysis. In Selby-Smith C (ed.) *Economics and health 1991*. Monash University 128–130.
- Crowe BL (1992) Overview of some methodological problems in assessment of PACS. *International journal of biomedical computing*; 30:181–186.
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- Hailey DM & Crowe BL (1991) Health technology assessment: an Australian perspective. *Medical progress through technology*; 17:103-109.
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- Hailey DM & Crowe BL (1991) Cost considerations in the provision of magnetic resonance imaging services. *Australasian radiology*; 35:315-318.
- Hailey DM (1991) Trends in health technologies under international notice. *Healthcover*; 1(3):15-18.
- Hailey DM, Lea AR & Dunt DR (1991) Measuring blood cholesterol. *Australian journal of public health*; 15:310-311 (letter).
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- McCallum J, Mathers C & Freeman E (1992) Sensory loss and successful ageing: Australian evidence. *British journal of visual impairment*; 10:11-14.
- Milne H (February 1992) *GP workforce issues*. Paper on NCEPH discussion paper No. 6.
- Milne H (January 1992) *Aged care report* (pre-publication).
- Renwick M (1991) Cesarean section rates, Australia, 1986: variations at State and small area level. *Australian and New Zealand journal of obstetrics and gynaecology*; 31:9-14.
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- Thomson N & McDonald D (1991) *Australian deaths in custody, 1980-1989: an epidemiological analysis of the relative risks of death for Aborigines and non-Aborigines*. Royal Commission into Aboriginal Deaths in Custody, Criminology Research Unit, Research Paper No. 20.

Publications involving NPSU staff

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- Lancaster PAL The eyes have it: Norman McAlister Gregg and congenital rubella. In RACP (1992) *Rubella—essays in honour of the centenary of the birth of Sir Norman McAlister Gregg 1892-1966*. Royal Australasian College of Physicians.
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- Saunders DM & Lancaster PAL (1992) Frozen embryos—another population explosion? *Med J Aust*; 157:148-149.

Publications involving DSRU staff

- McMichael AJ & Slade GD (1991) An element of dental health? Fluoride and dental disease in contemporary Australia. *Australian journal of public health*; 70: 80-83.
- Brennan DS, Spencer AJ & Szuster FSP (1992) Differences in time devoted to practice by male and female dentists. *British dental journal*; 172: 348-349.
- Spencer AJ, Szuster FSP & Brennan DS (1992) Present and future patterns of practice and workforce needs in oral and maxillofacial surgery. *Australian dental journal*; 37: 222-228.
- Brennan DS, Spencer AJ, Szuster FSP & Dobson BE (1992) Service mix in Australian private practice. International Association for Dental Research, Australian and New Zealand Division, Brisbane, 30 Sept-2 Oct, 1991, Abstract No. 14, *Journal of dental research*; 71: 978.
- Davies MJ & Baghurst KI (1992) Inverse relation between changes in dietary sugars and dietary fats. International Association for Dental Research, Australian and New Zealand Division, Brisbane, 30 Sept-2 Oct 1991, Abstract No. 3, *Journal of dental research*; 71: 977.
- Spencer AJ & Szuster FSP (1992) Practice status changes of dentists in Australia. International Association for Dental Research, Australian and New Zealand Division, Brisbane, 30 Sept-2 Oct 1991, Abstract No. 7, *Journal of dental research*; 71: 977.

Publications involving NISU staff

Harrison JE (1992) Tapping the preventive potential of hospital information systems: the role of a minimum data set for injury surveillance. *Health promotion journal of Australia*; 1:57-59.

Harrison JE (1992) National Injury Surveillance Unit. *Health promotion journal of Australia*; 1:57-59.

Mandryk JA, Harrison JE & Frommer MS (1992) Work-related road fatalities in Australia, 1982-1984. *Revue d'épidémiologie et de santé publique*; 40, Suppl 1; s146-s147 (abstract).

Publications involving NRCCH staff

Mitchell JJ (1992) *The impact of information technology on human resources in health service organisations*. Proceedings of 11th International Health Records Congress, Don Mills, Ontario: Canadian Health Record Association

Presentations involving AIHW staff

Carter RC *Economic aspects of varying screening policies, investigation and treatment*, Australian Society for Colposcopy and Cervical Pathology. Twelfth Scientific Meeting, Adelaide, 26-28 February 1992.

Carter RC *The economics of nutrition*. National Forum—A National Food and Nutrition Strategy, Canberra, 17-18 March 1992.

Carter RC *Macro-economic evaluation model*. Paper presented to National Better Health Program Management Committee, Canberra, 19 May 1992.

Crowe BL *Overview of medical imaging systems*. Paper presented to the Australian Medical Informatics Association (Victoria Branch) Melbourne, 3 April 1992.

Crowe BL *Towards the filmless hospital—a progress report on the introduction of a digital image archiving system at John Hunter Hospital, Newcastle, Australia*. Paper presented to 11th Conference in Computer Applications in Radiology, Baltimore, Maryland, 14-17 June 1992.

Crowe BL, Kemp R, Perrignon A & Ushakoff A *Archiving of medical images at John Hunter Hospital, Newcastle*. Engineering and Physical Sciences in Medicine '91, Sydney, 23 July 1991.

Crowe BL & Hailey DM *Digital radiology systems: further developments in cost and benefit analysis*. Thirteenth Australian Conference of Health Economists, Canberra, 5 September 1991.

Crowe BL *Telemedicine in health care*: Telecom video conference on telemedicine, Canberra, 15 November 1991.

Crowe BL & Hailey DM *Digital radiology systems: further developments in cost and benefit analysis*. Thirteenth Australian Conference of Health Economists, Canberra, 5 September 1991.

- Crowley S, Antioch K, Waters AM, Carter R, Conway L & Mathers C *The economic burden of diet-related disease in Australia*. Paper prepared for the National Food and Nutrition Forum, Canberra, 17–18 March 1992.
- Drummond M, Hailey DM & Selby-Smith C *Maximising the impact of health technology assessment; the Australian case*. Thirteenth Australian Conference of Health Economists, Canberra, 6 September.
- English R & Bennett S *Socioeconomic status and overweight in Australian adults*. Paper delivered at the annual conference of the Public Health Association, 29 September–2 October 1991, Alice Springs.
- Gillett S *ACT hospital costs*, ACT Board of Health, August 1991.
- Goss J *Quality adjusted life years, demographic methodology for health science research*, 24 September.
- Goss J (1991) Commentary on Richardson J & Crowley S 'Taxation to minimise the social and economic cost of alcohol consumption'. In Selby-Smith C (ed.) *Economics and health 1991: Proceedings of the Thirteenth Australian Conference of Health Economists*, Monash University.
- Hailey DM *But does it matter and what does it cost?* Engineering and Physical Sciences in Medicine '91, Sydney, July 1991.
- Hailey DM *High technology: assessment and keeping up to date*. Australian Postgraduate Federation in Medicine Annual Forum, Canberra, November 1991.
- Hailey DM *Australian health technology assessment*. Victorian Hospital Association Annual Conference, Melbourne, November 1991.
- Hailey DM *Australian Health Technology Assessment*. ISTAHC Satellite Symposium on National Health Technology Assessment programs, Vancouver, June 1992.
- Hailey DM & Crowe BL *Diffusion of MRI in Australia—downstream effects of a health technology assessment*. Paper presented to ISTAHC Annual Meeting, Vancouver, June 1992.
- Hailey DM *The influence of technology assessment on health policy and practice*. Plenary paper presented at the ISTAHC Annual Meeting, Vancouver, June 1992.
- Hirsch NA & Hailey DM *Technical and policy influences on the use of minimally invasive therapy*. ISTAHC Annual Meeting, Vancouver, June 1992.
- Harvey R *Outcomes management and managed care—professional accountability and professional autonomy*. DVA Health Expenditure Workshop, 4 November 1991.
- Harvey R Annual Academic Awards, PSA (Qld Branch), Brisbane, 14 April 1992.
- Harvey R *Assuring the quality of what?* Short Course in Quality Assurance in Healthcare, La Trobe University, 30 April 1992.
- Hirsch NA *Minimally invasive surgery—the state of play*. Paper presented to symposium for OR nurses, Institute of Minimally Invasive Surgery, Sydney, June 1992.
- McCallum J & Mathers C *Disability-free life expectation in Australia 1981–88*. The 4th Asia/Oceania Regional Congress of Gerontology, Tokyo, Yokohama, November 1991.

- Mathers CD** *Estimating gains in health expectancy due to elimination of specified diseases*. Fifth Meeting of the International Network on Health Expectancy (REVES-5), Statistics Canada, Ottawa, 19-21 February 1992.
- Mathers CD** *Unemployment and health: what do the Australian population data tell us?* National Conference of the Australian Medical Association, Canberra, 29-30 May 1992.
- Mathers CD** *Trends in ageing and disability in Australia: demographic and epidemiological perspectives*. Research Workshop on Ageing and Well-being, Canberra, 25-26 June 1992.
- Moss E** *The NHDD: a starting point for quality monitoring in health care*. Third Australian and New Zealand Conference on QA, Sydney, 7-8 May 1992.
- Renwick M** *Older persons in acute hospitals*. Paper presented to Royal Australian College of General Practitioners National Conference on the Care of Older Persons, Sydney, July 1991.
- Renwick M** *Minimum datasets—the Australian experience*. Paper presented to NHS Information Management Workshop, London, May 1992.
- Staples N** *Workforce in Rural Areas*. AHA Congress, Sydney, 24 October 1991.
- Thomson N** *Australian Aboriginal health and health care strategies*. Series of lectures in 'Aboriginal biology and health' course, Australian National University, Canberra, October 1991.
- Thomson N** *Aboriginal health: lessons from Canada and the United States*. Paper presented at a HHCS Health Strategies Branch seminar, Canberra, November 1991.
- Thomson N** *The Australian health care system, health statistics and Aboriginal health statistics*. Seminar for Aboriginal Health Workers, Cumberland College of Health Sciences, University of Sydney, Canberra, April 1992.
- Thomson N** *The research implications of current Aboriginal health status*. Background paper prepared for workshop on 'Confronting the barriers to improvements in Aboriginal health: the role of research', Canberra, 28-30 April 1992
- van Ommeren M** *Immigrants in Australia: a health profile*. Bureau of Immigration Conference on Social Impact of Immigration, 24-25 September 1991.

Presentations involving NPSU staff

- Francannet C, Lancaster P, Pradat P, Cocchi G & Stoll C** *Collaborative study of congenital heart defects: methods and problems*. Australian Teratology Society, Sydney, 4 September 1991.
- Kidd S** *Cluster detection by monitoring systems*. International workshop on methodology for birth defects monitoring, Sydney, 7 September 1991.
- Kidd S, Lancaster PAL** *Congenital heart defects in the first year of life*. Public Health Association of Australia 23rd Annual Conference, Alice Springs, 1 October 1991.
- Lancaster PAL** *Preterm birth after assisted conception*. 7th World Congress on In Vitro Fertilization and Assisted Procreations, Paris, 30 June-3 July 1991 (poster and oral presentation).
- Lancaster PAL** *Environmental issues and birth defects*. Winter School, The Women's College, University of Sydney, 20 July 1991.

- Lancaster PAL** *Ethical issues and birth defect data systems*. Birth Defects Conference. Australian Teratology Society and International Clearinghouse for Birth Defects Monitoring Systems. Sydney, 4-5 September 1991.
- Lancaster PAL** *Lessons from an Australian cluster*. International workshop on methodology for birth defects monitoring. Sydney, 7 September 1991.
- Lancaster PAL** *The value of antenatal care in obstetric practice and What should we do about litigation in obstetrics and gynaecology?* Panel discussion, John Hunter Hospital, Newcastle, 28 September 1991.
- Lancaster PAL** *Intestinal atresia in twins*. Prince of Wales Children's Hospital, Sydney, 6 November 1991.
- Lancaster PAL** *Teratogenicity of methylene blue*. Royal Alexandra Hospital for Children, Sydney, 7 November 1991.
- Lancaster PAL** *Preterm birth after assisted conception*. 10th Annual Scientific Meeting of the Fertility Society of Australia, Lorne, 21 November 1991.
- Lancaster PAL** *Seminar on perinatal mortality, trends in obstetric care and results after assisted conception*. RACOG Postgraduate Course, St Margaret's Hospital, Sydney, 25 November 1991.
- Lancaster PAL** *Preterm birth after assisted conception* (poster and oral presentation). 9th Annual Congress of Australian Perinatal Society, Melbourne, 30 November 1991.
- Lancaster PAL** *Assisted conception registries: evaluation of pregnancy outcomes*. International Conference on Congenital Malformations. Rome, 11 December 1991.
- Lancaster PAL** *The value to clinicians and the community of registers on assisted reproduction*. Istituto Superiore di Sanita, Rome, 24 March 1992.
- Lancaster PAL** *Periconceptional risk factors for pregnancy outcome after assisted reproduction*. 2nd International Symposium on Fertility, Martigny, Switzerland, 20 March 1992.
- Lancaster PAL** *Issues in perinatal research*. Panel discussion at the opening of the Centre for the Study of Mothers' and Children's Health, Melbourne, 14 April 1992.
- Lancaster PAL** *Hazards of prenatal diagnosis*. Royal Hobart Hospital, 2 June 1992.
- Lancaster PAL & Kidd S** *Amniocentesis in twin pregnancies*. Perinatal Epidemiology Seminar, University of Sydney, 2 March 1992.
- Lancaster PAL & Pedisich EL** *High risk of intestinal atresia among twins born to older mothers*. Australian Teratology Society, Sydney, 4 September 1991.
- Lancaster PAL & Pedisich EL** *Gastrointestinal atresia in singleton and multiple births in Australia*. Genetic and Reproductive Epidemiology Research Society, Rome, 9 December 1991.
- Lancaster PAL, Pedisich EL, Fisher CC & Robertson RD** *Intra-amniotic methylene blue and intestinal atresia in twins*. 13th European Congress of Perinatal Medicine, Amsterdam, 15 May 1992.
- Lancaster PAL, Shafir E & Pedisich EL** *Birth defects after assisted conception*. 7th World Congress on In Vitro Fertilization and Assisted Procreations, Paris, 30 June to 3 July 1991 (poster).

Lancaster PAL, Shafir E & Pedisich EL *Birth defects after assisted conception* (poster). 10th Annual Scientific Meeting of the Fertility Society of Australia, Lorne, 21 November 1991.

Pedisich EL *Statistical techniques for detection of clusters*. International workshop on methodology for birth defects monitoring. Sydney, 7 September 1991.

Presentations involving DSRU staff

Davies MJ *Accounting for missing cases—a longitudinal data set*. Data Analysis Workshop II, Longitudinal Studies. Centre for Mathematics and its Applications, Canberra, 10–12 July 1991.

Slade GD *Managing impossible and improbable reversals in repeat measurement*. Data Analysis Workshop II, Longitudinal Studies, Centre for Mathematics and its Applications, Canberra, 10–12 July 1991.

Australian Institute of Health Dental Statistics and Research Unit *The dental labourforce and oral health status in Australia, 1992*. The Royal Australasian College of Physicians, Australian Faculty of Public Health Medicine, Annual Scientific Meeting, Adelaide, 6–8 May 1992.

Szuster FSP, Spencer AJ & Brennan DS *Sample supplementation of the longitudinal study of dentist labourforce participation and productivity*. International Conference on Social Science Methodology, Trento, Italy, 22–26 June 1992.

Presentations involving NISU staff

Harrison JE *Work-related road injury*. Convocation, Australian College of Occupational Medicine, Sydney 3 October, 1991.

Harrison JE *The nature and extent of injury in Australia*. Short course in injury research and prevention, Monash University Accident Research Centre, 2–5 December, 1991.

Harrison JE *Revisiting 'Accident proneness'*. Academic Program, Department of Psychiatry, Flinders Medical Centre, 5 May, 1992.

Mandryk JA, Harrison JE & Frommer MS *Work-related road fatalities in Australia, 1982–1984*. Eighth International Symposium on Epidemiology in Occupational Health, Paris, France, 10–12 September, 1991.

Moller J & Tyson D *Issues in consumer product safety in Australia*. Annual Scientific Meeting, RACP Faculty of Public Health Medicine, 6–8 May 1992, Adelaide.

NISU *Injury surveillance and prevention*. Annual Scientific Meeting, RACP Faculty of Public Health Medicine, 6–8 May 1992, Adelaide (poster presentation).

O'Connor PJ *Australian activity in road injury surveillance*. 12th World Congress of the International Association for Accident and Traffic Medicine, 23–25 June 1992, Helsinki, Finland.

Tyson D *An analysis of ACT public hospital utilisation and costs*. ACT Board of Health, Canberra, 14 August 1991.

Tyson D & Harrison JE *Preventing injury: an expanded role for coroners' information*. Coroners' Conference, 29–30 November 1991, Canberra.

Presentations involving NRCCH staff

Mitchell JJ *Automated cause of death coding: developments in the UK.* Australian Bureau of Statistics, Queensland, 20 May 1992.

Mitchell JJ *The Read codes and national and international medical data interchange.* 11th International Health Records Congress, Vancouver, Canada, 24–28 May 1992.

Nicol JA *Overview of ICD-10: major changes.* Australian Bureau of Statistics, Queensland, 20 May 1992.

APPENDIX 6

Seminars

AIHW seminars

- 18 June 1992** **Roy Harvey, Colin Mathers & John Goss**
Where AIHW should go in relation to outcomes and what we have to offer
- 26 February 1992** **Sarah Brown**
An insight into the Japanese health care system with Australian comparisons
- Manoa Renwick**
The implementation of the National Women's Health Program—progress report
- 27 November 1991** **Tony Lea**
Cochlear implants—assessment issues
- Naarilla Hirsch**
Minimal access surgery
- 2 October 1991** **Tony Greville**
National Health Information Agreement
- Steve Gillett**
Variations in public hospital costs and staffing levels in 1987–88
- 4 September 1991** **Steve Gillett**
Implications for AIHW of some current health services' research in the USA
- Del Cowley**
The development of an early warning system for new health care technologies
- 14 August 1991** **Nigel Mercer**
Information Management in AIHW
- 24 July 1991** **Dr John Donovan**
Introduction to the work of the Health Monitoring Division
- Dr Colin Mathers**
Report on participation at Network on Health Expectancy Conference in the Netherlands

AIHW and NCEPH joint seminars

AIHW and NCEPH held joint seminars from July to November 1991. The titles and dates of the seminars are given below.

- | | |
|-------------------|--|
| 11 July 1991 | Steve Kulis, Arizona State University, NCEPH
<i>Social class and the perceived burden of caring for older parents</i> |
| 25 July 1991 | Professor A J Spencer, AIHW (DSRU)
<i>The effectiveness of water fluoridation: methodological issues for improved information</i> |
| 8 August 1991 | Debbie Freund, NCEPH
<i>The United States outcomes and effectiveness movement: origins and examples from a study of joint replacements</i> |
| 22 August 1991 | Roy Harvey, National Health Strategy, AIHW
<i>Quality and effectiveness of care—Australia and the USA</i> |
| 5 September 1991 | Dr John McCallum, NCEPH
<i>Social support and wellbeing in old age: the Dubbo study</i> |
| 19 September 1991 | Dr Colin Mathers, Health Monitoring Division, AIHW
<i>Health inequalities in Australia</i> |
| 17 October 1991 | Professor Mike Lane, Visiting Fellow, NCEPH
<i>The first six months of the HIV epidemic: tales from the centers for disease control</i> |
| 31 October 1991 | Dr Neil Thomson, AIHW
<i>Aboriginal health: lessons from Canada and the United States</i> |
| 14 November 1991 | Steve Gillett and John Goss, AIHW
<i>Public and private hospital costs—a review and future directions</i> |

NPSU perinatal epidemiology seminars

The National Perinatal Statistics Unit held monthly Perinatal Epidemiology seminars at the University of Sydney.

National Injury Surveillance Unit seminars

- | | |
|--------------------------|--|
| 26 September 1991 | <i>Injury surveillance information system users' meeting</i> |
| 27 September 1991 | <i>Using local and regional injury surveillance data for injury prevention [Joint NISU/PHA Injury Prevention Special Interest Group Seminar]</i> |
| 24 June 1992 | <i>NISU Injury Prevention Services Program strategic workshop</i> |

APPENDIX 7

Membership of committees and working parties

Mr Rob Carter

NHMRC Prevention Strategies Panel

NHMRC Working Party on Assessment of Preventative Activities in the Health Care System

Ministerial Panel on Evaluation of the National Better Health Program

National Women's Health Program Evaluation Steering Committee

Dr Ching Choi

Australian Population Association, Treasurer

Journal of the Australian Population Association, Member of the Editorial Board

Dr Michael Cook

IT/14 Health Informatics Committee

Standards Australia

National Minimum Data Set for Institutional Health Care Review Committee

Michael Davies

NHMRC Expert Advisory Panel on Discretionary Fluorides

Dr John Donovan

NHMRC Public Health Research and Development Committee

NHMRC Research Subcommittee of Public Health Research and Development Committee

Ethnic Health Data Project Steering Committee

Dr David Hailey

Australian Health Technology Advisory Committee

Biliary Lithotripsy Evaluation Committee, St Vincent's Hospital, Melbourne

Dr James Harrison

National Road Trauma Advisory Council

Flinders University Centre for Health Advancement Board

WHO Working Group on Injury Surveillance Methodology

NH&MRC Domestic Chemicals Working Party (reported August 1991)

Coroners' Database Project Planning Committee

South Australian Injury Prevention Forum

Child Accident Prevention Foundation of Australia Operations Planning Committee

Standards Australia Committee CS/34—Safety of private swimming pools. [Dr R Pitt, Director of Paediatrics, Motor Hospital, Brisbane, represents Dr James Harrison on this committee].

Appendix 7

Roy Harvey

Professional Indemnity Review Reference Committee

National Minimum Data Set for Institutional Health Care Review Committee

Sharon Kidd

National Perinatal Data Advisory Committee (Secretary)

Dr Paul Lancaster

International Clearinghouse for Birth Defects Monitoring Systems—Vice Chairperson

International Working Group for Registers on Assisted Reproduction (Chairman)

Working party on Categorisation of Drugs in Pregnancy, Australian Drug Evaluation Committee

National Perinatal Data Advisory Committee (Chairman)

Standing Committee on Perinatal Medicine, Australian College of Paediatrics

Ethics Committee, Family Planning Association of New South Wales

Birth Defects Register Advisory Committee, NSW Department of Health

NHMRC Expert Panel on Perinatal Morbidity

Jennifer Mitchell

Medical Record Association of Australia Council

International Federation of Health Records Organizations Executive

Health Informatics Committee, Standards Australia

ICD Diagnostic Coding Standards Committee, Queensland Health

Expert Reference Committee, National Patient Abstracting and Coding Project, Department of Health, Housing and Community Services

Elizabeth Moss

National Minimum Data Set for Institutional Health Care Review Committee

Jennifer Nicol

Queensland Medical Record Association Board

ICD Diagnostic Coding Standards Committee, Queensland Health

Peter O'Connor

National Road Safety Research Strategy Working Group.

Manoa Renwick

AHMAC Subcommittee on Women's Health, Member

Working Party on National Women's Health Goals and Targets, Convenor

National Minimum Data Set for Institutional Health Care Review Committee

Gary Slade

NHMRC Working Group on Effectiveness of Water Fluoridation

NHMRC Expert Advisory Panel on Oral Health Care for Older Adults

Dr Leonard Smith

Advisory Committee, Centre for Clinical Epidemiology and Biostatistics, University of Newcastle

Advisory Committee and Board of Studies, National Centre for Epidemiology and Population Health, Australian National University

Australian Health Ministers' Advisory Council (by invitation)

National Health and Medical Research Council (by invitation)

Ethnic Health Data Project Steering Committee (Chair)

Working Group for Monitoring Cardiovascular Disease in Australia

WHO/INSERM International Research Network for the Interpretation of Observed Values of Health Expectancy

WHO Heads of Collaborating Centres for the Classification of Diseases

Federation for International Cooperation of Health Services and Systems Research Centres (Vice President)

Professor John Spencer

Community Dentistry Oral Epidemiology, Advisory Board

Dental Health Services Committee, Australian Dental Association

NHMRC Working Group on Effectiveness of Water Fluoridation

NHMRC Expert Advisory Panel on Impact of Change in Oral Health Status on Dental Education, Workforce, Practices and Services in Australia

NHMRC Expert Advisory Panel on Oral Health Care for Older Adults

Natalie Staples

AHMAC Labourforce Research Auspice Group

Dr Neil Thomson

Australian Institute of Aboriginal and Torres Strait Islander Studies, Member, Aboriginal Health Workshop Organising Committee, 1991-1992

National Health and Medical Research Council: Member, Working Party on Anaesthetic Mortality; Consultant, Maternal Mortality Panel

National Health and Medical Research Council: Consultant, Maternal Mortality Panel

Public Health Association of Australia: Member, Standing Committee of Public Affairs

Royal Flying Doctor Service of Australia: Australian Councillor

APPENDIX 8

Activities funded by outside bodies

Title : National Aboriginal Health Strategy

Funding body : HHCS

Amount : \$70,000 (1991-92 to 1994-95)

Project : Development of databases of Aboriginal Health statistics

Contact : Dr Neil Thomson

Title : National Asthma and Asthma Related Mortality Collection

Funding body : NHMRC

Amount : \$29,800 (1988-89 to 1992-93)

Project : Establishment of a national asthma and asthma related collection

Contact : Dr John Donovan

Title : Aboriginal Drug Use and Related Problems

Funding body : HHCS

Amount : \$19,900 (1989-90 to 1991-92)

Project : Review statistics on drug use by Aborigines and related drug use problems

Contact : Dr Neil Thomson

Title : National Injury Surveillance Unit

Funding body : NBHP

Amount : \$1,611,700 (1989-90 to 1991-92)

Project : Establishment and operation of a unit to develop and undertake public health surveillance of injury at national level

Contact : Dr James Harrison

Title : Risk Factor Trend Analysis

Funding body : NBHP

Amount : \$20,000 (1990-91 to 1991-92)

Project : Analysis of the Risk Factor Prevalence Study 1980, 1983, 1989

Contact : Mr Stan Bennett

Title : Dietary Data Analysis
Funding body : HHCS
Amount : \$13,500 (1990-91 to 1992-93)
Project : Analysis of adult dietary survey and other national databases
Contact : Mr Stan Bennett

Title : Public Health Travelling Fellowship
Funding body : NHMRC
Amount : \$13,358.51 (1991-92)
Project : Health expectancy indicators for population health monitoring
Contact : Dr Colin Mathers

Title : NSW Review of Psychosurgery
Funding body : NSW Health Department
Amount : \$87,625 (1991-92 to 1992-93)
Project : Review the outcomes of psychosurgery procedures in NSW since 1977
Contact : Dr John Donovan

Title : Handbook for Injury Control in Australia
Funding body : NBHP
Amount : \$54,086 (1991-92 to 1992-93)
Project : Development and production of a *Handbook for injury control in Australia*
Contact : Dr James Harrison

Title : Medibank Private Visiting Fellowship
Funding body : Medibank Private
Amount : \$13,580 (1991-92)
Project : A fellowship awarded to Professor Norman Noah to contribute and advise on the establishment of a communicable diseases network in Australia
Contact : Dr John Donovan

Appendix 8

Title : Injury Prevention
Funding body : HHCS
Amount : \$95,000 (1991-92 to 1992-93)
Project : Develop a national strategic plan for injury control; manage planning for the Third International Conference on Injury Control; provide secretariat support for the Trauma Treatment and Intervention Committee of the National Road Trauma Advisory Council; and provide an information, advisory, and support service for injury control practitioners
Contact : Dr James Harrison

Title : Roads Injury
Funding body : HHCS
Amount : \$695,000 (1991-92 to 1993-94)
Project : To improve the collection of injury data to assist in analysing the nature and extent of injury incurred in road accidents
Contact : Dr James Harrison

Title : Casemix Technical Advisory Committee
Funding body : HHCS
Amount : \$50,000 (1989-90 to 1991-92)
Project : Provide secretarial, consultancy and other support services for the Technical Advisory Committee of the Commonwealth Casemix Development Program. Production of Australian Casemix Bulletin
Contact : Mr Roy Harvey

Title : Non-Acute Inpatient and Non-inpatient Classification Systems
Funding body : HHCS
Amount : \$100,000 (1989-90 to 1991-92)
Project : Develop classification systems for non-acute inpatients and non-inpatients of acute hospitals
Contact : Mr Roy Harvey

Title : Medical Workforce Data Review Committee
Funding body : AHMAC
Amount : \$71,105 (1989-90 to 1992-93)
Project : Provide professional and technical support for the AHMAC Medical Workforce Data Review Committee, functions of which include commissioning, interpreting and analysing Australian medical workforce data
Contact : Mr Tony Greville

Title : National Health Labourforce Data Collections
Funding body : AHMAC
Amount : \$343,400 (1990-91 to 1992-93)
Project : Establishment of the national health labourforce database
Contact : Mr Tony Greville

Title : National Minimum Data Set Program
Funding body : HHCS
Amount : \$202,500 (1990-91 to 1993-94)
Project : Survey program for institutional health services
Contact : Dr Michael Cook

Title : Australian Nursing Council Steering Committee
Funding body : Australian Nursing Council Inc.
Amount : \$30,000 (1991-92)
Project : Development and implementation of a national nurses
administrative database
Contact : Ms Natalie Staples

Title : Evaluation of the National Women's Health Program
Funding body : HHCS
Amount : \$78,615 (1991-92 to 1992-93)
Project : Assess the progress towards achieving the recommendations
of the National Women's Health Policy (March 1988)
Contact : Ms Manoa Renwick

Title : Harvard Professional Indemnity Study
Funding body : HHCS
Amount : \$50,000 (1991-92 to 1992-93)
Project : Undertake a study of the feasibility of replicating the Harvard
Medical Practice Study in Australia
Contact : Mr Roy Harvey

Title : Grouper Validation
Funding body : HHCS
Amount : \$4,569 (1991-92 to 1992-93)
Project : Participate in the development of testing specifications of the
first version of the Australian National Diagnosis Related
Groups software
Contact : Ms Elizabeth Moss

Appendix 8

Title : Ageing and Health Care
Funding body : The Economic Planning Advisory Council
Amount : \$5,000 (1991-92)
Project : The compilation and analyses of material on the health impact and financial aspects of the ageing of the Australian population in the 21st century
Contact : Mr John Goss

Title : Support for AHTAC Related Activities
Funding body : AHMAC
Amount : \$90,000 (1991-92)
Project : Development of guidelines and evaluation of nationally funded centre proposals
Contact : Dr David Hailey

Title : Health Technology Evaluation
Funding body : HHCS
Amount : \$250,000 (1989-90 to 1992-93)
Project : Support for external projects associated with AHTAC
Contact : Dr D Hailey

Title : Early Warning System for New Health Technologies
Funding body : HHCS
Amount : \$20,000 (1990-91 to 1991-92)
Project : Develop a methodology for providing early advice on new and developing health technologies
Contact : Dr Dell Cowley

Title : Periodic Health Checks
Funding body : HHCS
Amount : \$68,644 (1991-92 to 1992-93)
Project : Development and application of a disease impact evaluation model
Contact : Mr Rob Carter

Title : Macro Evaluation Model
Funding body : HHCS
Amount : \$111,979 (1991-92 to 1992-93)
Project : Assess and prioritise a wide range of health promotion and illness prevention programs
Contact : Mr Rob Carter

Title : WELSTAT
Funding body : State Governments
Amount : \$25,571 (1991-92) ongoing
Project : The collection of welfare statistics from all Australian States
Contact : Dr Ching Choi

External units

National Perinatal Statistics Unit

Title : Amniocentesis in twin pregnancies
Funding body : NSW Health Department
Amount : \$45,000
Project : Study of pregnancy outcome in twin pregnancies in New South Wales
Contact : Dr Paul Lancaster

Title : Register of pregnancies after assisted conception
Funding body : Fertility Society of Australia and Organon
Amount : \$20,000
Project : Maintain register of pregnancies in Australia and New Zealand, and publish reports and other studies
Contact : Dr Paul Lancaster

Title : Homebirths in Australia (1988-90)
Funding body : National Health and Medical Research Council
Amount : \$26,033.80
Project : Collect data and publish a report on home births in Australia
Contact : Dr Paul Lancaster

Title : Perinatal Newsletter
Funding body : Australian Perinatal Society
Amount : \$1,500
Project : Publication of quarterly Perinatal Newsletter
Contact : Dr Paul Lancaster

Dental Statistics and Research Unit

- Title : The Efficacy of Fluorides in Preventing Dental Caries in a Child Population
- Funding body : NHMRC
- Amount : \$152,265 (over three years)
- Project : Examine the role of fluorides, including water fluoridation, in the prevention of dental caries
- Contact : Professor A John Spencer
-
- Title : The Effect of Reduced Water Fluoridation on Dental Caries in Children
- Funding body : NHMRC
- Amount : \$81,808
- Project : Monitor the effect of exposure to water fluoridation at reduced concentrations (approximately 0.5 ppm) on dental caries in Australian children
- Contact : Mr Michael Davies
-
- Title : Oral and Maxillofacial Surgeons 1990 Workforce Study
- Funding body : Australian and New Zealand Association of Oral and Maxillofacial Surgeons
- Amount : \$7,700
- Project : Examine the Oral and Maxillofacial Surgeon Labourforce, practice patterns and services provided, and recruitment needs
- Contact : Professor A John Spencer

APPENDIX 9

AIHW data listing

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1. AIDS and related deaths

Description

The listings show registration numbers and statistical details of deaths for AIDS, causes related to AIDS, and, since 1988, deaths from any cause where AIDS or HIV was mentioned anywhere on the death certificate.

Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1990	Y ⁽¹⁾	Y ⁽²⁾	Y ⁽²⁾	Y ⁽²⁾	Y ⁽²⁾	Y	Y	Y
1989	Y ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y
1988	Y	Y	Y	Y	Y	Y	Y	Y
1987 ⁽³⁾	Y	Y	Y	Y	Y	Y	Y	Y
1986 ⁽³⁾	Y	Y	Y	Y	Y	Y	Y	Y
1985 ⁽³⁾	Y	Y	Y	Y	Y	Y	Y	Y
1984 ⁽³⁾	Y	Y	Y	Y	Y	Y	Y	Y
1983 ⁽³⁾	Y	Y	Y	Y	Y	Y	Y	Y

(1) Includes name code of first two letters of surname and first two letters of first forename as used by National Centre for HIV Epidemiology and Clinical Research.

(2) Includes names.

(3) For 1987 and earlier years listings do not include deaths from underlying causes not related to AIDS even though AIDS or HIV might have been mentioned on death certificate.

2. Australian Aborigines and Torres Strait Islanders—births

Note: In this report, the term 'Aborigine' is used to refer to both Australian Aborigines and Torres Strait Islanders.

Description

The data held by the Institute on births to Aboriginal mothers varies according to the year to which it relates. Until relatively recent years, the data was provided by the State and Territory health authorities largely for the purpose of estimating infant mortality rates. As such, data for these years are simply the numbers of births (live births and fetal deaths or stillbirths) occurring to Aboriginal mothers. For more recent years, some of the data include other details of the mother and baby (for example, age of mother and baby's weight). From around the mid-1980s, the State and Territory births registration systems started to provide for the identification of Aborigines, but the Institute's databases are still derived from information provided by the health authorities.

Current AIHW data holdings

	NSW	Vic	Qld ⁽¹⁾	WA	SA	Tas	ACT	NT
1990			Y	Y	Y			Y
1989			Y	Y	Y			Y
1988			Y	Y	Y			Y
1987			Y	Y	Y			Y
1986			Y	Y	Y			Y
1985			Y	Y	Y			Y
1984			Y	Y	Y			Y
1983			Y	Y	Y			Y
1982			Y	Y	Y			Y
1981			Y	Y	Y			Y
1980			Y	Y				Y
1979			Y	Y				Y
1978			Y	Y				Y
1977			Y	Y				Y
1976			Y	Y				Y
1975			Y	Y				Y
1974			Y	Y				Y
1973			Y	Y				Y
1972			Y	Y				Y

(1) Data for Queensland relate to Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population).

2. Australian Aborigines and Torres Strait Islanders—deaths

Note: In this report, the term 'Aborigine' is used to refer to both Australian Aborigines and Torres Strait Islanders.

Description

Provision for the identification of Aboriginal deaths now exists in the deaths registration systems of all States and Territories except Queensland. This enables the extraction from the basic mortality database (see page 120) of information on Aboriginal deaths. However, provision for the identification of Aborigines in these data has only recently been implemented in most jurisdictions—the following table shows the years for which data on Aboriginal deaths are available. For some jurisdictions (indicated with a footnote), the identification of Aborigines is believed to be so incomplete as to preclude meaningful analysis. Information on deaths of Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population) is available for the period 1972–1990.

Current AIHW data holdings

	NSW	Vic	Qld ⁽²⁾	WA	SA	Tas	ACT	NT
1990	Y ⁽¹⁾	Y ⁽¹⁾	Y	Y	Y	Y ⁽¹⁾	Y ⁽¹⁾	Y
1989	Y ⁽¹⁾	Y ⁽¹⁾	Y	Y	Y	Y ⁽¹⁾	Y ⁽¹⁾	Y
1988	Y ⁽¹⁾	Y ⁽¹⁾	Y	Y	Y		Y ⁽¹⁾	Y
1987	Y ⁽¹⁾	Y ⁽¹⁾	Y	Y	Y		Y ⁽¹⁾	
1986	Y ⁽¹⁾	Y ⁽¹⁾	Y	Y	Y		Y ⁽¹⁾	
1985	Y ⁽¹⁾		Y	Y	Y		Y ⁽¹⁾	
1984	Y ⁽¹⁾		Y	Y				
1983	Y ⁽¹⁾		Y	Y				
1982	Y ⁽¹⁾		Y					
1981	Y ⁽¹⁾		Y					
1980	Y ⁽¹⁾		Y					

- (1) For these years the identification of Aborigines is believed to be so incomplete as to preclude meaningful analysis.
- (2) Deaths identified by Queensland Health, but not by the formal deaths registration system. These data relate to Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population).

2. Australian Aborigines and Torres Strait Islanders—fetal and infant deaths

Note: In this report, the term 'Aborigine' is used to refer to both Australian Aborigines and Torres Strait Islanders.

Description

These data have been provided by State and Territory health authorities, and do not necessarily correspond to the Aboriginal deaths identified by the formal registration systems maintained by the State and Territory Registrars of Births, Deaths and Marriages. The data form the basis of estimates produced by the Institute of Aboriginal perinatal and infant mortality rates.

Current AIHW data holdings

	NSW	Vic	Qld ⁽¹⁾	WA	SA	Tas	ACT	NT
1990			Y	Y	Y			Y
1989			Y	Y	Y			Y
1988			Y	Y	Y			Y
1987			Y	Y	Y			Y
1986			Y	Y	Y			Y
1985			Y	Y	Y			Y
1984			Y	Y				Y
1983			Y	Y				Y
1982			Y	Y				Y
1981			Y	Y				Y
1980			Y	Y				Y
1979			Y	Y				Y
1978			Y	Y				Y
1977			Y					Y
1976			Y					Y
1975			Y					Y
1974			Y					Y
1973			Y					Y
1972			Y					Y

(1) Data for Queensland relate to Aborigines living in the Queensland Aboriginal communities (about one-fifth of the State's Aboriginal population).

2. Australian Aborigines and Torres Strait Islanders—hospitalisation

Note: In this report, the term 'Aborigine' is used to refer to both Australian Aborigines and Torres Strait Islanders.

Description

The hospital morbidity systems maintained by each State and Territory now provide for the identification of Aborigines. However, for some jurisdictions, the identification of Aborigines is believed to be so incomplete as to preclude meaningful analysis. The Hospital Morbidity data section (page 123) provides details of the years for which the Institute holds hospital morbidity data, but generally special approval is required from the relevant State or Territory health authority to permit analysis of these data for episodes of Aboriginal hospitalisation.

Current AIHW data holdings

See 'Hospital Morbidity' database (page 123).

3. National Cancer Statistics Clearing House

Description

This database is a collation of State and Territory cancer registration incidence and mortality information. It contains those demographic and oncological data items defined in its protocol. The database provides an opportunity for national cancer statistics to be produced, a central contact point for national information retrieval, and matching with cohort datasets. It will allow for the analysis of data over time and across several differential variables.

Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT ⁽²⁾	NT
1991					Y			
1990					Y			
1989 ⁽¹⁾					Y			
1988					Y			
1987		Y		Y	Y			
1986		Y		Y	Y			Y
1985	Y	Y	Y	Y	Y	Y	Y	Y
1984	Y	Y	Y	Y	Y	Y	Y	Y
1983	Y	Y	Y	Y	Y	Y	Y	Y
1982	Y	Y	Y	Y	Y	Y	Y	Y

(1) National melanoma data for 1989 have been collated and analysed.

(2) ACT data provided with NSW data.

Database progress and current status

Datasets provided by the State and Territory registries have been standardised and uploaded into a relational database. The database has been searched for duplicate registrations using a Record Linkage System (RLS). The cancer registries are presently resolving the identity and ownership of suspected duplicate cases generated by the cross-matching. Duplicate cases will subsequently be merged with the national and State/Territory databases.

Good progress has been made in standardising the rules and methods of data handling and transfer between States, Territories and the national level. This will help to ensure data consistency in the future. Analysis of the current database has enabled the NCSCCH to document and adjust for individual State and Territory coding rules, resulting in the forthcoming publication of *Cancer in Australia 1983-1985*.

Timeliness of data from State and Territory registries is the major problem for the NCSCCH at present. This issue has been noted and efforts have been made to resolve the difficulties. It is hoped that at the August 1992 meeting of the Australasian Association of Cancer Registries agreement will be reached to enable all State and Territory cancer registries to supply data up to 1988. Those registries further advanced will continue to supply data at the completion of their

registration each year. It is expected that once fully operational the NCSCH data base will be at least 1-2 years behind the last year of registration at the State level.

The supply of abbreviated personal identifiers has also hampered the progress of the database. Use of abbreviated identifiers has led to excessive manual data handling which would be minimised by State and Territory registries supplying full names, a practice followed by only four States. Some data items are presently unavailable from States and Territories. While this should be rectified in the near future in some instances, for other items changes would entail legislative amendments.

At present the database is close to full operation and some analyses have been possible. Many external requests for data from both public and private sectors have been fulfilled. The publication of *Cancer in Australia 1983-1985* is anticipated in early November 1992, with further volumes following soon after. The database has already been used to generate a special analysis of melanoma incidence in 1989, with a paper to be published soon.

4. National Death Index

Description

The aim of the National Death Index is to establish a single national index to all Australian deaths in one location. Its purpose is to facilitate the work of epidemiologists in their studies of diseases.

Current AIHW data holdings

	NSW	Vic ⁽²⁾	Qld ⁽³⁾	WA ⁽⁴⁾	SA ⁽⁵⁾	Tas ⁽⁶⁾	ACT ⁽⁷⁾	NT ⁽⁸⁾
1992					Part	Part		
1991					Y	Y		
1990				Y	Y	Y		
1989				Y	Y	Y		
1988				Y	Y	Y		
1987				Y	Y	Y		
1986				Y	Y	Y		
1985				Y	Y	Y		
1984				Y	Y	Y		
1983					Y	Y		
1982					Y	Y		
1981					Y	Y		
1980	Y ⁽¹⁾				Y	Y		
1979						Y		
1978						Y		
1977						Y		
1976						Y		
1975						Y		
1974						Y		
1973						Y		
1972						Y		

- (1) NSW has provided a test tape of 1980 data. This data will be extended up to 1991 when computer problems have been resolved (probably by mid-October 1992).
- (2) Victoria possesses good computerised data from May 1989. Assistance will be required from AIHW in order to obtain data from 1980 to April 1989.
- (3) The Queensland Registrar-General has not agreed to participate in lieu of the proposed establishment of a State Privacy Committee. An approach has been made to the head of the Queensland Department of Justice to resolve this.
- (4) Western Australia has provided data on tape for 1984 to 1990. Computerised data from 1980 to 1983 will be provided only with financial assistance from AIHW.
- (5) South Australia has provided complete data from 1980 to 1990 and has commenced supplying monthly disks from its new system from April 1992.
- (6) Tasmania has supplied data from its own computerised holdings from 1972 to 1992.

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- (7) ACT has agreed to participate, but has not been able to provide reliable computerised data as yet. Some financial assistance from AIHW will be required to backfill to 1980.
- (8) NT is computerising its deaths data. Data from 1980 will be supplied when this task is completed.

Database progress and current status

A prototype relational database has been established using data from South Australia, Western Australia and Tasmania. The programs used for this purpose were developed for a different project and have been found to have a number of deficiencies. Development will commence shortly on more suitable programs.

5. Mortality database

Description

The purpose of the Mortality database is to collect available statistics on all Australian deaths in order to support analyses of deaths by various socioeconomic variables.

Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
1990 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1989 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1988 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1987 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1986 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1985 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1984 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1983 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1982 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1981 ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1980 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1979 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1978 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1977 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1976 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1975 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1974 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1973 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1972 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1971 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1970 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1969 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1968 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1967 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1966 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1965 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y
1964 ⁽²⁾	Y	Y	Y	Y	Y	Y	Y	Y

(1) The data from 1980 onward is based on the ABS death unit records, but also include the death registration number to facilitate access to source documents.

(2) The data from 1964 to 1979 are in ABS death unit record format.

Database progress and current status:

The database has been established using data supplied by ABS with the approval of all registries.

6. National Health Labourforce Collection

Description

In June 1990, the Australian Health Ministers' Conference and the Australian Health Ministers' Advisory Council requested that the then Australian Institute of Health obtain agreement for the establishment of a National Minimum Data Set (NMDS) for registrable health occupations by the end of 1991, with data flow commencing by the end of 1993. Funding was provided to expedite this request. States and Territories agreed to cooperate with AIHW to ensure that the specified time frames are met. This work is known as the National Health Labourforce Collection (NHLC).

The NHLC will consist of an annual labourforce survey, to be administered at annual licence or registration renewal when there are already established administrative procedures for contacting members of the profession. Current administrative data held by registration boards will also be used to access unchanging demographic data that will be merged with the annually collected information. AIHW is also establishing relationships with professional associations for those occupations where registration is not universal across all States and Territories.

Discussions are well under way with the following health professions: medicine, nursing, pharmacy, dietetics, podiatry and dentistry. The dentistry collection is being coordinated by the AIHW Dental Statistics Research Unit in Adelaide.

Initial discussions have commenced with the radiography, occupational therapy and physiotherapy professions. These professions have been given priority following direct approach for involvement from their respective professional organisations.

It is expected that negotiations will commence later this year for the occupations of psychology, speech therapy, chiropractic and optometry.

Current discussions include negotiations on an agreement to cover responsibility for all components of the collection. The major issue raised in these discussions has been the funding of additional resources required where no data have been collected in the past or where resource-intensive alterations to current collections are required.

Further progress in implementing the Collection and the commencement of actual data flows is strictly contingent on the resolution of resourcing issues within individual States and Territories.

Because the status of this project varies across all States and professions, the following tables (which cover the major occupations where State-based negotiations have commenced, i.e. medicine, nursing, pharmacy, podiatry, dentistry) provide a *summary of negotiations* to date rather than a description of current and anticipated data holdings.

The radiography and dietetics professions are being coordinated and will be administered by the Australian Institute of Radiographers and the Dietitians Association of Australia respectively. The radiography survey will be piloted in Tasmania in 1992. It is noted that major progress towards implementation of the NHLC across all professions has been made in Tasmania and NSW (largely due to the initiative of the respective Departments of Health and the support of the State's registration boards).

Current AIHW data holdings and status of negotiations

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Medicine								
1993	(1)	(4)	(4)	(4)	(4)	(1)	(1)	(1)
1992	(3)	(4)	(4)	(5)	(4)	(2)	(1)	(2)
Pharmacy								
1993	(1)	(1)		(1)	(1)	(1)	(1)	(1)
1992	(2)	(2)	(4)	(3)	(2)	(2)	(2)	(2)
Nursing								
1993	(1)	(1)		(1)	(1)	(1)	(1)	(1)
1992	(1)	(4)	(4)	(4)	(4)	(2)	(4)	(4)
Podiatry								
1993	(1)		(1)	(1)	(1)	(1)	n/a	n/a
1992	(1)	(4)	(4)	(2)	(1)	(2)	n/a	n/a
Dentistry								
1993	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
1992	(1)	(4)	(4)	(5)	(2)	(2)	(2)	(2)

(1) Agreement has been reached to use National Health Labourforce Collection (NHLC).

(2) NHLC used.

(3) Some entry point variables included in this collection.

(4) Negotiations in progress.

(5) Board may not be involved in NHLC. State health authorities considering administering survey separate to re-registration.

n/a Not applicable. Profession not registrable.

7. Hospital Morbidity data

Description

Information is collected relating to the demographic details, clinical conditions, insurance status and duration of stay in hospital for patients admitted to acute hospitals. It forms the basis of the hospital morbidity collections. These data are compiled on an annual basis (some times calendar but usually financial) for all inpatients who are discharged, transferred or die in hospital during the year.

Provision of data

AIHW has entered into a number of bilateral agreements with various States and Territories for the release of morbidity data to AIHW. These agreements are essentially on an annual basis and can be terminated at any time by either AIHW or the State/Territory. The data are constrained so that the actual conditions of release and the information provided vary, both over time and between health authorities. In general four principles apply:

- No unit record data is to be released without clearance from the data provider.
- No hospital-specific data is to be released without clearance from the data provider.
- Research projects which will identify specific States or Territories should be discussed with the suppliers and the suppliers given a chance to comment on the results prior to publication.
- Data are for research purposes and not for provision of information to outside authorities. In these cases estimated national data should be provided.

The release of unit record data to AIHW has been negotiated separately to the provision of summary data for the Hospital Utilisation and Costs Study data.

Current AIHW data holdings

	NSW ⁽¹⁾	Vic ⁽²⁾	Qld ⁽³⁾	WA ⁽³⁾	SA ⁽⁴⁾	Tas	ACT	NT	DVA ⁽⁵⁾
1991-92									
- public									
- private									
1990-91									
- public	(6)								
- private	(6)								
1989-90									
- public	(6)	Y			Y				Y
- private	(6)				Y				Y
1988-89									
- public	Y	Y			Y		Y		
- private	Y				Y		Y		
1987-88									
- public	Y ⁽⁷⁾	Y			Y		Y	Y	Y
- private	Y ⁽⁷⁾				Y ⁽⁸⁾		Y		Y

- (1) AIHW also holds data for calendar years 1979 to 1986 excluding 1982 when few data were collected.
- (2) AIHW also holds data back to 1984–85. No private hospitals are included by Victoria in its collections.
- (3) Data from calendar year; all other States and Territories are financial year.
- (4) AIHW holds data back to 1985–86.
- (5) Some data for early 1980s held but not a complete coverage of hospitals.
- (6) Data expected.
- (7) First year of coding under ICD-9-CM. Data of limited quality, especially for private hospital data.
- (8) Partial data only held.

Database progress and current status

Work is currently under way to load the Institute's hospital morbidity data collection into a relational database structure.

8. Hospital Utilisation and Costs Study (HUCS) data

Description

A two-yearly survey of public hospitals. Hospital-specific information is collected on:

- available beds
- separations, bed-days and non-inpatient services
- staffing FTE broken into broad categories
- salary costs broken into staffing categories
- non-salary costs broken into broad categories
- revenue.

In addition summary morbidity data is provided in a tabular form giving:

- age
- diagnosis
- procedure
- external cause.

Each table is further categorised by sex, hospital type and patient charging. In some cases data provided were for the latest available year, at the time of collection.

Current AIHW data holdings

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	DVA
1991-92									
1989-90	Y ⁽¹⁾	Y	Y	Y	Y	Y	Y	Y	Y
1987-88	Y	Y	Y	Y	Y	Y ⁽²⁾	Y	Y	Y
1985-86	Y	Y	Y	Y	Y	Y ⁽²⁾	Y	Y	Y

(1) New South Wales provided limited financial and staffing data. Further, for metropolitan hospitals the financial data were aggregated for regions and collected according to programs (e.g. psychiatric services) rather than hospitals.

(2) No summary morbidity data.

Database progress and current status

The HUCS survey program is to be superseded by the National Minimum Data Set survey program starting in 1991-92. This will be an annual survey of both public and private institutions. AIHW will collect data on public institutions and ABS will collect data on private institutions. AIHW is currently developing the data collection and processing system and meeting with all States and Territory health authorities. ABS has piloted its collection instrument.

APPENDIX 10

Freedom of Information requests

There were no requests under the *Freedom of Information Act 1982* during 1991-92.

APPENDIX 11

Cumulative publications list

Australia's health

Australia's health is AIHW's biennial report on the health of Australians and the state of Australia's health services.

Title	Date published/ frequency
<p><i>Australia's health 1988</i> The first biennial report of the AIHW assembles statistical data on the state of the nation's health and health services. It covers such topics as the changes in occurrence of diseases and expectation of life; the effects of age, sex, social status and occupation on the incidence of sickness and disease; the present scope and cost of health services; health technologies; and the likely changes in health and health services as the Australian population ages.</p>	1988
<p><i>Australia's health 1990</i> The second biennial report of the AIHW. Contains data from statisticians, health authorities, universities and community organisations on life, death and disability, health strategies, inequality, and hospital and medical services. The report also looks at the quality of survival in older age. Trends in health and health services are shown graphically in more than 100 charts, and a comprehensive index and glossary are included.</p>	Dec 1990
<p><i>Australia's health 1992</i> The third biennial report of the Australian Institute of Health and Welfare contains information on almost any aspect of Australia's health and health services. Topics include:</p> <ul style="list-style-type: none">• the health of Australians—mortality, sickness, disease, disability and handicap;• Australia's health care resources and funding—insurance, personnel and facilities;• health services and expenditure;• health utilisation;• health technologies;• pharmaceutical drugs;• recent developments in health statistics; and• health promotion and disease prevention. <p>The text is backed by 80 charts, 200 tables and 24 special information boxes. A comprehensive index, glossary and extensive reference lists are also included.</p>	Jun 1992

Annual report

The Institute's annual report to Parliament.

Title	Date published/ frequency
<i>Annual report 1987-88</i> First annual report of the Australian Institute of Health	1989
<i>Annual report 1988-89</i>	1989
<i>Annual report 1989-90</i>	1990
<i>Annual report 1990-91</i>	1991

AIHW News

The official AIHW newsletter, produced three times a year. Provides regular updates on AIHW activities, publications and products, as well as latest news, staff profiles, opinion columns and facts sheets.

Title	Date published/ frequency
<i>AIH News no. 1</i> Topics include: New external unit for AIH, New role in welfare, Coronary heart disease facts, Health Technology Division.	Apr 1992
<i>AIHW News no. 2</i> Topics include: Towards national welfare data, <i>Australia's health</i> , Improving Australia's health information, National Health Labourforce Collection, National Injury Surveillance Unit. Supplement: AIHW datasets (Canberra only).	Sep 1992

Aboriginal and Torres Strait Islander health

This category contains publications on the health problems of and health services for Aborigines and/or Torres Strait Islanders.

Title	Date published/ frequency
<i>Aboriginal health statistics: proceedings of a workshop, Darwin, April 1986</i> Examines the development of Aboriginal health statistics in Australia	Apr 1986

Title	Date published/ frequency
<p>Aboriginal hospitalisation project: accuracy of identification of Aboriginal admissions <i>F Paden, G Cassidy & N Thomson</i> Report to the Regional Director, North Coast Health Region, NSW Department of Health</p>	1987
<p>Aboriginal health: an annotated bibliography <i>N Thomson & P Merrifield</i> (A joint AIAS and AIHW publication) Provides annotated references to the most significant material published between 1970 and 1985</p>	1988
<p>Identification of Aboriginality on health statistics forms <i>M Honari</i></p>	1988
<p>Identification of Aborigines in hospital admissions in the North Coast Health Region, New South Wales <i>N Thomson, F Paden & G Cassidy</i></p>	1990
<p>Overview of Aboriginal health status <i>N Thomson</i> Report to the Royal Commission into Aboriginal Deaths in Custody</p>	1990
<p>Overview of Aboriginal health status in Western Australia (Aboriginal and Torres Strait Islander health series no. 1) <i>N Thomson & N Briscoe</i></p>	1991
<p>Overview of Aboriginal health status in the Northern Territory (Aboriginal and Torres Strait Islander health series no. 2) <i>N Thomson & N Briscoe</i></p>	1991
<p>Overview of Aboriginal health status in South Australia (Aboriginal and Torres Strait Islander health series no. 3) <i>N Thomson & N Briscoe</i></p>	1991
<p>Overview of Aboriginal health status in Queensland (Aboriginal and Torres Strait Islander health series no. 4) <i>N Thomson & N Briscoe</i></p>	1991
<p>Overview of Aboriginal health status in New South Wales (Aboriginal and Torres Strait Islander health series no. 5) <i>N Thomson & N Briscoe</i></p>	1991
<p>Drug use and related problems among Australian Aborigines and Torres Strait Islanders: current and potential data sources (Aboriginal and Torres Strait Islander health series no. 6) <i>N Thomson & B English</i></p>	1991

Title	Date published/ frequency
<p><i>A bibliography of drug use and related problems among Australian Aborigines and Torres Strait Islanders</i> (Aboriginal and Torres Strait Islander health series no. 7) B English & N Thomson</p>	1991
<p><i>Fertility and mortality of Aborigines living in the Queensland Aboriginal communities, 1972-1990</i> (Aboriginal and Torres Strait Islander health series no. 8) R Hogg & N Thomson</p>	1992
<p><i>Aboriginal health information bulletin</i> This bulletin provides abstracts of recently published research, reports and theses in Aboriginal health. It also includes research reports in the form of brief communications and selected reviews. Numbers 1-7 were published by the Australian Institute of Aboriginal Studies. Numbers 8-14 were jointly published by AIHW and the Australian Institute of Aboriginal and Torres Strait Islander Studies. Subsequent issues have been published by AIHW. Latest issue: no. 16</p>	6-monthly

Cancer

This category provides information, particularly from the National Cancer Statistics Clearing House, on the distribution and possible causes of cancer.

Title	Date published/ frequency
<p><i>The National Cancer Statistics Clearing House—Protocol</i> <i>Australasian Association of Cancer Registries and AIHW</i></p>	1992
<p><i>Cancer in Australia 1982</i> GG Giles, BK Armstrong & LR Smith</p>	1987
<p><i>Preventable cancers</i> Report to the National Better Health Program Management Committee</p>	Sep 1989

Classification in health

This category contains publications on the use of the International Classification of Diseases, and on other classifications used in health care.

Title	Date published/ frequency
<i>The National Nosology Reference Centre</i> National Committee on Health and Vital Statistics Report of the working party on the proposal to establish a national nosology centre.	1986
<i>Tenth revision of the International Classification of Diseases. Australia's response to World Health Organization proposals</i>	1986

Dental health

These publications are produced by the AIHW Dental Statistics and Research Unit (DSRU) based at the University of Adelaide. It is developing information and statistics on the dental labourforce, dental health status and dental health services.

Title	Date published/ frequency
<i>Redesign of the child dental health survey</i>	1988
<i>National statistics, national register of dentists</i> Report to the Presidents of the Dental Boards of Australia Conference.	1988
<i>Australian Longitudinal Study on Ageing, dental component</i> Report on the 1988 pilot study	1988
<i>Child Dental Health Survey</i> A discussion paper	1988
<i>Report in the Australian Dental Association News Bulletin</i>	Nov 1988
<i>Ethnicity/Aboriginality</i> Review of questions (As a part of the redesign of the Child Dental Health Survey and in response to the needs of the Queensland School Dental Service, the DSRU reviewed the questions used to elicit ethnicity/Aboriginality).	1988
<i>Child Dental Health Survey for Australian Capital Territory 1989</i>	1990
<i>Child Dental Health Survey for Victoria 1989</i>	1990
<i>Child Dental Health Survey for New South Wales 1989</i>	1990
<i>Child Dental Health Survey for Northern Territory 1989</i>	1990
<i>Child Dental Health Survey for Queensland 1989</i>	1990
<i>Child Dental Health Survey for South Australia 1989</i>	1990
<i>Child Dental Health Survey for Tasmania 1989</i>	1990

Title	Date published/ frequency
<i>Oral and maxillofacial surgeons</i> 1990 workforce study, statistical background and preliminary labourforce projection.	1990
<i>Prevalence and risk factors for nursing caries in Adelaide pre-school children, 1989</i> AH Wyne, AJ Spencer & FSP Szuster	1990
<i>Dental practitioner statistics for South Australia, December 1987 and 1988</i>	1990
<i>Dental practitioner statistics for Tasmania, December 1987 and 1988</i>	1990
<i>Child fluoride study guide for South Australia</i>	1991
<i>Child fluoride study guide for Queensland</i>	1991
<i>Dental practitioner statistics for Victoria, December 1987 and 1988</i>	1991
<i>Dental practitioner statistics for South Australia, December 1989</i>	1991
<i>Dental practitioner statistics for Tasmania, December 1989</i>	1991
<i>Dental practitioner statistics for Northern Territory, September 1988 and 1989</i>	1991
<i>Dental practitioner statistics for Northern Territory, September 1990</i>	1991
<i>Dental practitioner statistics for Australian Capital Territory, June 1988 and 1989</i>	1991
<i>The development and testing of the oral health impact profile</i> IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, 22-24 August 1990, Abstract No. 2, Journal of Dental Research 70:650 GD Slade & AJ Spencer	1991
<i>Differences in labourforce participation of male and female dentists</i> IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, 22-24 August 1990, Abstract No. 25, Journal of Dental Research 70:653 DS Brennan, AJ Spencer & FSP Szuster	1991
<i>Predictors of dental services utilization in older Australians</i> IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, 22-24 August 1990, Abstract No. 29, Journal of Dental Research 70:653 GD Slade & AJ Spencer	1991
<i>Dental caries prevalence in Australian Aboriginal and non-Aboriginal children</i> IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, 22-24 August 1990, Abstract No. 31, Journal of Dental Research 70:653 MJ Davies, GD Slade & AJ Spencer	1991
<i>Prevalence and risk factors for nursing caries in Adelaide pre-school children</i> IADR (ANZ Division), 29th Annual Meeting, Dunedin, NZ, 22-24 August 1990, Abstract No. 33, Journal of Dental Research 70:654 AH Wyne, AJ Spencer & FSP Szuster	1991
<i>Oral and maxillofacial surgeons, 1990 workforce study, interim report</i>	1991
<i>Oral and maxillofacial surgeons, 1990 workforce study</i>	1992
<i>New initiatives for dental surveys</i> (In collaboration with State/Territory dental authorities)	1991

Title	Date published/ frequency
<i>The child dental health survey, Queensland 1990</i>	1991
<i>The child dental health survey, Western Australia, January–December 1989</i>	1991
<i>The child dental health survey, Western Australia, 1990</i>	1992
<i>The child dental health survey, Australian Capital Territory, January–December, 1990</i> (In collaboration with State/Territory dental boards)	1992
<i>Dental practitioners statistics, New South Wales, December 1987 and 1988</i>	1991
<i>Dental practitioners statistics, New South Wales, October 1989</i>	1992
<i>Dental practitioners statistics, Tasmania, December 1990</i>	1991
<i>Dental practitioners statistics, South Australia, December 1990</i>	1992
<i>DSRU Newsletter</i> Vol. 1 no. 2 Vol. 2 no. 1 Vol. 3 no. 1	1990 1991 1992

Ethnic health

Surveys and other analyses relating to the health of the Australian ethnic population and ethnic groups within the Australian population.

Title	Date published/ frequency
<i>Inventory of Australian health data collections which contain information on ethnicity</i> (Ethnic health series, no. 2)* <i>M van Ommeren & C Merton</i> An expanded subset of the <i>Inventory of Australian health data collections</i> , focusing only on those collections which contain data items on people of non-English-speaking background, with the exception of Aborigines and Torres Strait Islanders. Examples of such data items are country of birth, period of residence in Australia and language spoken at home.	1992

* Ethnic health series, no. 1, *Immigrants in Australia: a health profile*, is in press (expected 15 November 1992).

Health care technology

This category contains reviews, analyses and data relating to health care technology.

Title	Date published/ frequency
<p><i>Technologies in health care: policies and politics</i> J Daly, K Green & E Willis Proceedings of a workshop on medical technology sponsored by (the then) AIH in August 1985.</p>	1985
<p><i>International developments in PACS</i> B Crowe A discussion paper</p>	1990
<p><i>Laparoscopic cholecystectomy</i> N Hirsch A discussion paper</p>	1990
<p><i>Options for stereotactic radiosurgery</i> D Hailey, L Conway & W Dankiw A discussion paper</p>	1990
<p><i>The use of gadolinium contrast material in MRI examinations</i> D Hailey & B Crowe A discussion paper</p>	1990
<p><i>Assessing the place of MRI in Australia</i> D Hailey, B Crowe & I MacDonald A joint discussion paper (AIHW-Cardiac Investigation Unit, St Vincent's Hospital, Melbourne)</p>	1991
<p><i>Biliary lithotripsy assessment program: first interim report</i> A joint AIHW-St Vincent's Hospital, Melbourne report</p>	1991
<p><i>Boron neutron capture therapy</i> W Dankiw & D Hailey A discussion paper</p>	1991
<p><i>Laser corneal sculpting</i> D Cowley A discussion paper</p>	1991
<p><i>Lasers in angioplasty</i> D Cowley A health technology brief</p>	1991
<p><i>Biliary lithotripsy assessment program: second interim report</i> A joint AIHW-St Vincent's Hospital, Melbourne report</p>	1992
<p><i>Minimal access surgery</i> N Hirsch & D Hailey A discussion paper</p>	1992
<p><i>Products for office pathology testing</i> P Ludowyk, A Lea & D Hailey A discussion paper</p>	1992

Title	Date published/ frequency
<p><i>Angioplasty and other percutaneous interventional techniques in the treatment of ischaemic heart disease</i> (Health care technology series no. 1) M Rowe</p>	Sep 1989
<p><i>Tinted lenses in treatment of the reading disabled (2nd edn)</i> (Health care technology series no. 2) A Lea & D Hailey</p>	1990
<p><i>Screening mammography technology</i> (Health care technology series no. 3) D Hailey et al.</p>	1990
<p><i>Medical thermography</i> (Health care technology series no. 4) W Dankiw</p>	1990
<p><i>Implantable cardiac defibrillators</i> (Health care technology series no. 5) D Cowley, L Conway & D Hailey</p>	1991
<p><i>Cochlear implants</i> (Health care technology series no. 6) A Lea</p>	1992
<p><i>Angioplasty in peripheral artery disease</i> (Health care technology series no. 7) D Cowley</p>	1992
<p><i>Health care technology news</i> An occasional newsletter covering work related to technology assessment and usage undertaken at AIHW and other centres in Australia and New Zealand. No. 1: May 1990 No. 2: December 1990 No. 3: May 1991 No. 4: November 1991 No. 5: May 1992</p>	Occasional
<p><i>Health technology statistics bulletin</i> An occasional bulletin providing statistics on the distribution, level and trends in use of health care technologies in Australia. No. 1: December 1991</p>	Occasional

NHTAP

The National Health Technology Advisory Panel (NHTAP), supported by AIHW since early 1987, was established to advise the Commonwealth Government on new and established health technologies. The Panel was superseded in 1990 by the Australian Health Technology Advisory Committee (AHTAC).

Title	Date published/ frequency
<i>Nuclear magnetic resonance imaging</i>	Jun 1983
<i>Nuclear magnetic resonance imaging evaluation program: selection of sites</i>	Apr 1984
<i>Medical cyclotron facilities</i>	Sep 1984
<i>In vivo NMR spectroscopy</i>	Mar 1985
<i>Shock wave lithotripsy</i>	Jun 1985
<i>Lasers in medicine</i>	Oct 1985
<i>Screening mammography services</i>	Mar 1986
<i>Rotational testing of vestibular function</i>	Apr 1986
<i>Digital subtraction angiography</i>	May 1986
<i>Bone mineral assessment and osteoporosis</i>	Oct 1986
<i>Surgical stapling</i>	Nov 1986
<i>Lasers in gynaecology</i>	Feb 1987
<i>Portable fluoroscopic devices: the lixiscope</i>	Mar 1987
<i>MRI assessment program: first interim report</i>	Sep 1987
<i>Dry chemistry pathology trial part 1: pre-trial instrument evaluations</i>	Sep 1987
<i>Usage of endoscopy in Australia</i>	Oct 1987
<i>Oxygen concentrators</i>	Nov 1987
<i>Shock wave lithotripsy: a technology update</i>	Dec 1987
<i>Dry chemistry pathology trial part 2: hospital ward side room study</i>	May 1988
<i>MRI assessment program: second interim report</i>	May 1988
<i>CT scanning in Australia</i>	Jun 1988
<i>Computerised perimetry</i>	Oct 1988
<i>Digital radiography systems</i>	Oct 1988
<i>Artificial hearts</i>	Dec 1988
<i>Gallstone lithotripsy</i>	Dec 1988
<i>Dry chemistry pathology trial part 3: general practice study</i>	Dec 1988
<i>Dry chemistry pathology trial part 3: general practice study synopsis</i>	Dec 1988
<i>MRI assessment program third interim report</i>	Jan 1989
<i>Dry chemistry pathology trial part 4: overview</i>	Feb 1989
<i>Automated afterloading in brachytherapy</i>	Jul 1989

Title	Date published/ frequency
<i>High energy radiotherapy equipment</i>	Sep 1989
<i>Low back testing by dynamometry</i>	Sep 1989
<i>MRI assessment program fourth interim report</i>	Oct 1989
<i>Bone mineral assessment: an update</i>	Oct 1989
<i>Coronary angioplasty</i>	Nov 1989
<i>Magnetic resonance imaging services</i>	May 1990
<i>MRI assessment program final report</i>	Aug 1990
<i>Cerebrovascular embolisation units</i>	Nov 1990
<i>Extracorporeal membrane oxygenation</i>	Nov 1990
<i>Non-laboratory pathology testing</i>	Nov 1990
<i>Positron emission tomography</i>	Nov 1990
<i>NHTAP newsletters</i> 1st issue: March 1985 Last issue: August 1990	6 monthly

AHMAC Superspecialty Services Subcommittee

The reports by the Superspecialty Services Subcommittee of the Australian Health Ministers' Advisory Council (AHMAC) relate to the development of guidelines for State or national planning of specialised health services for rare diseases or those involving costly treatments. The first seven reports in the following list were published by AHMAC. In 1990 the Subcommittee was superseded by the Australian Health Technology Advisory Committee (AHTAC).

Title	Date published/ frequency
<i>Guidelines for burn treatment</i>	1982
<i>Guidelines for cardiac surgery</i>	1983
<i>Guidelines for level three neonatal intensive care</i>	1983
<i>Guidelines for genetic disorders</i>	1985
<i>Guidelines for bone marrow transplantation services</i>	1985
<i>Guidelines for cancer treatment services</i>	1987
<i>Guidelines for major plastic and reconstructive surgery</i>	1988
<i>Guidelines for acute spinal cord injury services</i>	1989
<i>Guidelines for comprehensive epilepsy centres</i>	1990
<i>Guidelines for level three neonatal intensive care</i>	1990
<i>Guidelines for renal dialysis and transplantation services</i>	1992

AHTAC

The Australian Health Technology Advisory Committee (AHTAC), established in 1990, subsumed the functions and responsibilities of the former National Health Technology Advisory Panel (NHTAP) and the AHMAC Superspecialty Services Subcommittee. AHTAC advises the Commonwealth Government on new and established health technologies.

Title	Date published/ frequency
<i>Consensus statement on clinical efficacy of magnetic resonance-imaging</i>	Jan 1991
<i>Renal stone therapy</i>	Jun 1991
<i>Liver transplantation programs</i>	Sep 1991
<i>Guidelines for renal dialysis and transplantation services</i>	Jun 1992

Health economics and health expenditure

These publications provide information on financial and economic aspects of health services in Australia.

Title	Date published/ frequency
<i>Australian health expenditure 1979-80 to 1981-82</i>	1985
<i>Health economics teaching in Australia</i> R Harvey Report of an Australian Institute of Health/Public Health Association Workshop, Sydney, August 1987.	1987
<i>Australian health expenditure 1970-71 to 1984-85</i> Updates earlier publications, with emphasis on expenditure between 1981-82 and 1984-85.	1988
<i>Australian private medical care costs and use 1976 and 1986</i> M Barer, M Nicoll, M Diesendorf & R Harvey	1990
<i>Hospital utilisation and costs under Medicare</i> J Goss Paper presented to the Social Issues Conference of the Institute of Applied Economic and Social Research and Public Sector Management Institute. (Also published in <i>Australian Economic Review</i> , 1st Quarter 1991, pp. 35-40.)	1991

Title	Date published/ frequency
<p><i>Economic evaluation of health services: report from an April 1988 workshop</i> (Health economics series, no. 1) RB Scotton & JR Goss (eds) Contains 10 papers from the workshop, altered and updated in light of comments at the workshop, and subsequent research by authors.</p>	1992
<p>Health expenditure bulletins</p>	
<p>No. 1: <i>Preliminary estimates of health expenditure 1982-83 to 1984-85</i></p>	1986
<p>No. 2: <i>Australian health expenditure 1982-83 to 1984-85</i></p>	1987
<p>No. 3: <i>Australian health expenditure 1982-83 to 1985-86</i></p>	1988
<p>No. 4: <i>Australian health expenditure 1982-83 to 1985-86</i></p>	Jan 1990
<p>No. 5: <i>Australian hospital expenditure and utilisation 1982-83 to 1988-89</i></p>	Sep 1990
<p>No. 6: <i>Australian health expenditure to 1988-89</i></p>	May 1991
<p>No. 7: <i>Australian health expenditure to 1990-91</i></p>	Jul 1992

Health labourforce

Health labourforce publications present data and analyses on the health professions and health labourforce issues, including methodology, policy and occupation-specific topics.

Title	Date published/ frequency
<p>Health workforce information bulletins</p>	
<p>No. 1: <i>Nurse workforce 1981</i></p>	1987
<p>No. 2: <i>Medical workforce 1981</i></p>	1988
<p>No. 3: <i>Dental workforce 1981</i></p>	1988
<p>No. 4: <i>Physiotherapy workforce 1981</i></p>	1988
<p>No. 5: <i>Occupational therapy workforce 1981</i></p>	1988
<p>No. 6: <i>Speech therapy workforce 1981</i></p>	1988
<p>No. 7: <i>Radiography workforce 1981</i></p>	1988
<p>No. 8: <i>Dietitian workforce 1981</i></p>	1988
<p>No. 9: <i>Chiropody workforce 1981</i></p>	1988
<p>No. 10: <i>Pharmacy workforce 1981</i></p>	1988
<p>No. 11: <i>Preparation of health professionals through tertiary education in Australia</i></p>	1989
<p>No. 12: <i>Immigration of health professionals to Australia 1982-83 to 1987-88</i></p>	1989
<p>No. 13: <i>Nurse workforce 1986</i></p>	1988
<p>No. 14: <i>Medical workforce 1986</i></p>	1989
<p>No. 15: <i>Dental workforce 1986</i></p>	1988
<p>No. 16: <i>Physiotherapy workforce 1986</i></p>	1989
<p>No. 17: <i>Occupational therapy workforce 1986</i></p>	1989
<p>No. 18: <i>Speech therapy workforce 1986</i></p>	1989
<p>No. 19: <i>Health professional associations: inventory of data collections</i></p>	1988
<p>No. 20: <i>Health professional registering authorities: inventory of data collections</i></p>	1988
<p>No. 21: <i>Radiography workforce 1986</i></p>	1989
<p>No. 22: <i>Podiatry workforce 1986</i></p>	1989

Title	Date published/ frequency
<i>Health workforce information bulletins (continued)</i>	1989
<i>No. 23: Pharmacy workforce 1986</i>	1989
<i>No. 24: Optometry workforce 1986</i>	1990
<i>No. 25: Preparation of health professionals through tertiary education in Australia 1988</i>	1990
<i>No. 26: Immigration of health professionals to Australia 1983-84 to 1988-89</i>	1991
<i>No. 27: Preparation of health professionals through tertiary education in Australia 1989</i>	1991
<i>No. 28: Immigration of health professionals to Australia 1984-85 to 1989-90</i>	
<i>Inventory of health personnel data collections: medical practitioners (Health labourforce series, no. 1)</i>	1990
<i>Inventory of health personnel data collections: medical practitioners (3½ inch disk) (Disk requires access to an Apple Macintosh computer with the hypercard utility, version 1.2.5 or higher).</i>	1990

Health services

These publications contain statistics on, and analyses of, health service issues, including institutional and medical care.

Title	Date published/ frequency
<i>Trends in health service provision and expenditure in Australia and their relevance to public hospitals.</i> <i>R Harvey</i>	1986
<i>Quality assurance in hospitals</i>	1987
<i>Analysis of hospital inpatient and outpatient costs using data from the Hospital Utilisation and Costs Study 1985-86</i> <i>C Mathers</i> Paper presented to Health Services Workshop, 23 August 1987, Public Health Association Conference, Sydney.	1987
<i>Final report to Australian Health Ministers' Advisory Council</i> Taskforce on National Hospital Statistics	1988
<i>Recommended national minimum data set for institutional health care</i> AHMAC National Hospital Statistics Project	1989
<i>National minimum data set for institutional health care</i> AIHW Report to AHMAC	1989
<i>Working party on inpatient/non-inpatient services</i> AIHW Report to AHMAC	1989

Title	Date published/ frequency
<p><i>Two working papers on diagnosis related groups using New South Wales 1986 morbidity data: (1) Comparison of the 470 and 471 versions; (2) Distribution of length of stay</i> S Gillett & S Nyo</p>	1989
<p>Hospital utilisation and costs study</p>	
<p>Volume 1: <i>Commentary</i></p>	1989
<p>Volume 2: <i>Survey of public hospitals and related data</i></p>	1989
<p>Volume 3: <i>Projecting acute hospital demand in 1996 for NSW, Queensland and Western Australia</i></p>	1989
<p>Volume 4: <i>Studies and reports prepared by and for the Australian Institute of Health</i></p>	1989
<p>Hospital utilisation and costs study 1987-88 (Health services series, no. 1) S Gillett, R Parslow, D Scholes & M Renwick This volume is an update of <i>Hospital utilisation and costs study</i> (above).</p>	1991
<p>QA in Hospitals—a digest</p>	1989
<p>The classification of non-acute inpatient days of stay—a preliminary investigation of needs and methods. D Hindle & J Laffey Report of a study funded by the Commonwealth Department of Community Services and Health.</p>	1990
<p>Ambulatory encounters in hospitals—a preliminary investigation of needs for and methods of classification D Hindle & J Laffey Report of a study funded by the Commonwealth Department of Community Services and Health.</p>	1990
<p>Australian casemix bulletin Published four times a year to encourage exchange of information between people working on casemix in Australia. 1st issue: February 1989 Most recent issue: July 1992</p>	Quarterly
<p>Health services bulletin</p>	
<p>No. 1: <i>Australian health services—statistics for six months to 31 December 1990</i></p>	Jun 1991
<p>No. 2: <i>Australian health services—current statistics to April 1992</i></p>	
<p>No. 3: <i>Australian health services—current statistics to August 1992</i></p>	May 1992
	Sep 1992

Title	Date published/ frequency
<p><i>Variations in surgery rates</i> (Health services series, no. 2) <i>M Renwick & K Sadkowsky</i> Examines, by small area analysis, rates for nine selected surgical procedures. Interstate, metropolitan, non-metropolitan, and statistical division and subdivision comparisons are made. Possible causes of variations are given.</p>	1991
<p><i>Public and private hospital costs—a review and future directions</i> Paper presented at AIHW/NCEPH Joint Seminar. <i>J Goss & S Gillett</i></p>	Nov 1991
<p><i>Caesarean section rates, Australia 1986: variations at State and small area level</i> <i>M Renwick</i> (Aust NZ J Obstet Gynaecol. 1991; 31: 4: 299)</p>	1991
<p><i>Will hospitals be disadvantaged by treating older persons under casemix-based funding?</i> <i>S Gillett</i> Paper presented to the Fourth National Australian Casemix Conference, Queensland, 22–25 August 1992</p>	Aug 1992

Health statistics system

These publications examine trends, issues and current status in the development and provision of health statistics in Australia.

Title	Date published/ frequency
<p><i>Report to the National Committee on Health and Vital Statistics on out-come data in health</i> <i>J Hall, G Masters, K Tarlo & G Andrews</i> Recommendations for developing national health statistics in Australia, based on a research project set up to determine the appropriate methods of measuring health outcomes and to assess the usefulness of existing data collections.</p>	1986
<p><i>National health statistics workshop 1985</i> (A joint ANZSERCH/APHA publication)</p>	1990
<p><i>Inventory of Australian health data collections</i> (A joint AIHW–Australian Bureau of Statistics publication) <i>M van Ommeren, C Merton & G Short</i> Draws together over 500 State/Territory and national data collections in health and related areas for the years 1975–1990. Collections are organised nationally and by State, with appropriate cross-referencing where projects cover more than one State. For each collection, basic information is provided on: address and contact numbers of the owner of, or agency responsible for, the collection; the frequency or timing of surveys; objectives/purposes of the project; target population; scope and coverage; collection methodology; data content; geographic levels of the data; published output, if any; accessibility of the data; and a contact person or office.</p>	1991

Injury

This category contains, in the main, publications produced by the AIHW National Injury Surveillance Unit (NISU) which was established as part of the injury prevention initiatives of the National Better Health Program in 1990. NISU continues and expands on the work of its predecessor, the National Injury Surveillance and Prevention Project (NISPP).

Title	Date published/ frequency
<i>Child injury surveillance system: a feasibility study for Australia.</i> JN Moller & GV Vimpani CAPFA, Melbourne (1985)	1985
<i>Children's sports injuries review</i> L Woodard Knight	1987
<i>1988 annual report</i> Annual report of the National Injury Surveillance and Prevention Project, Queensland Branch.	1989
<i>National bulletin no. 3 August 1988</i> 1st issue: September 1987 2nd issue: August 1988	Aug 1988
<i>A validation study of the collection instrument and coding system used for the National Injury Surveillance and Prevention Project</i> AF Vimpani	1989
<i>Sports injuries review</i> L Woodard Knight	1989
<i>National Injury Surveillance and Prevention Project: Final Report</i> (A joint AIHW/Child Accident Prevention Foundation of Australia Publication.)	1991
<i>Australian injury prevention bulletin</i> 1st issue: July 1991 2nd issue: October 1991 3rd issue: March 1992	1991 1991 1992

Mortality

This publications category provides analyses of Australian death data.

Title	Date published/ frequency
<p><i>Trends in Australian mortality 1921-1988</i> (Mortality series no. 1) <i>E D'Espaignet, M van Ommeren, F Taylor, N Biscoe & P Pentony</i> Based on data provided by the Australian Bureau of Statistics, this publication monitors the trends in male and female mortality for 17 major categories of causes of death for each year between 1921 to 1988. Each chapter contains a series of tables and charts which present age adjusted death rates; crude and age-specific death rates for males and females separately; and the ratio of the male to female age-adjusted death rates.</p>	1991

Perinatal health

This category contains publications produced by the AIHW National Perinatal Statistics Unit (NPSU). The Unit is located in the Department of Public Health at the University of Sydney.

Title	Date published/ frequency
<p><i>Congenital malformations Australia, 1980-1984</i></p>	1985
<p><i>Report on the incidence of major congenital malformations in the Coffs Harbour region of NSW</i> <i>P Lancaster & J Baker</i></p>	1985
<p><i>In vitro fertilisation pregnancies, Australia and New Zealand 1979-1984</i> <i>National Perinatal Statistics Unit and Fertility Society of Australia</i></p>	1985
<p><i>Congenital malformations Australia, 1981-1984</i></p>	1986
<p><i>Congenital malformation and other reproductive outcomes in Coffs Harbour, 1981-1985. Report to the NSW Department of Health</i> <i>M Carey & P Lancaster</i></p>	1987
<p><i>In vitro fertilisation pregnancies, Australia and New Zealand 1979-1985</i> <i>National Perinatal Statistics Unit and Fertility Society of Australia</i></p>	1987
<p><i>IVF and GIFT pregnancies, Australia and New Zealand 1986</i> <i>National Perinatal Statistics Unit and Fertility Society of Australia</i></p>	1987
<p><i>IVF and GIFT pregnancies, Australia and New Zealand 1987</i></p>	1987
<p><i>IVF and GIFT pregnancies, Australia and New Zealand 1988</i> <i>National Perinatal Statistics Unit Fertility Society of Australia</i></p>	1990
<p><i>Homebirths in Australia 1985-87</i> <i>H Bastian & P Lancaster</i></p>	1990

Title	Date published/ frequency
<i>Pregnancy rates and perinatal outcome in Australia and New Zealand</i> D Saunders & P Lancaster	1990
<i>Neuroectodermal tumours in children born after assisted conception</i> L White, N Giri, MR Vowels & P Lancaster	1990
<i>A report from the International Clearinghouse for Birth Defects Monitoring Systems</i> Congenital malformations worldwide	1991
<i>Perinatal newsletter</i> 1st issue: Feb 1988 Most recent issue (no. 18): May 1992	Quarterly
<i>Congenital malformations monitoring report and congenital malformations Australia 1981-1987</i> First issue: 1981 Most recent issue (no. 44): March 1992	Quarterly

Population health

This category contains findings from health surveys and other analyses of health of the Australian population, including studies comparing the health of groups within the Australian population, with particular emphasis on the relation between disadvantage and disease.

Title	Date published/ frequency
<i>Managing madness: psychiatry and society in Australia 1788-1980</i> Examines a wide range of material including psychiatric theories and treatment, institutions and services, legislation and policy, and professional training and relations between the mental health professions.	1987
<i>Health differentials for working age Australians</i> SH Lee, LR Smith, E d'Espaignet & N Thomson Presents data on the differences in health status and risk factors between sociodemographic groups in Australia.	1987
<i>Bibliography of Australian health differentials. Selected articles and monographs since 1980 (2 vols)</i> B Wood, SH Lee & L Smith	1987
<i>Women's health data requirements</i> SH Lee Discusses the need for studies on women's health to take account of such factors as social class, environment, employment and life stresses.	1988
<i>Risk factor prevalence study</i> Survey No. 3 (A joint National Heart Foundation of Australia—AIHW publication) Price includes Survey No. 1 (1980) and No. 2 (1983).	1989

Title	Date published/ frequency
<i>Improved nutrition</i> Report to the National Better Health Program Management Committee	Sep 1989
<i>Health of older persons</i> Report to the National Better Health Program Management Committee	Sep 1989
<i>High blood pressure</i> Report to the National Better Health Program Management Committee	Sep 1989
<i>Australia's health goals and targets</i> Report to the National Better Health Program Management Committee	Mar 1990
<i>Injury prevention</i> Report to the National Better Health Program Management Committee	Sep 1990
<i>Inconsistencies in statistics of deaths from AIDS</i> J Donovan (Also published in <i>Medical Journal of Australia</i> , vol. 154, 1991, pp. 90-92.)	1991
<i>Health expectancies in Australia 1981 and 1988</i> C Mathers This report provides comprehensive estimates of Australian health expectancies at all ages for Australia and for each State and Territory.	1991
<i>Unemployment and health: what do the Australian population data tell us?</i> C Mathers Paper presented at the National Conference of the Australian Medical Association in Canberra, 30 May 1992.	1992
<i>The economic burden of diet related disease in Australia</i> S Crowley, R Carter, C Mathers et al. Joint paper presented by AIHW & NHMRC for the National Food and Nutrition Forum, Canberra, 17-18 March 1992.	1992

Prevention program evaluation

The prevention program evaluation publications cover social and economic evaluations of health promotion and disease prevention programs and their performance

Title	Date published/ frequency
<i>Breast cancer screening in Australia: future directions</i> (Prevention program evaluation series no. 1)	1990
<i>Cervical cancer screening in Australia: options for change</i> (Prevention program evaluation series no. 2)	1991

Welfare services

AIHW was given responsibility for the collation, analysis and publication of national welfare and housing assistance data in 1992.

Title	Date published/ frequency
<i>Report of the working group to advise the Minister for Health, Housing and Community Services on a proposed role for the Australian Institute of Health in the collation of national welfare statistics.</i> <i>B Cass, F Gruen & C Thomas</i>	1991

AIHW miscellaneous

This category contains publications related to the structure and function of AIHW.

Title	Date published/ frequency
<i>Guidelines for assessment of activities</i> <i>Australian Institute of Health and Welfare Ethics Committee</i> All research projects undertaken by, or associated with, AIHW must be approved by the AIHW Ethics Committee.	1989
<i>Report of the Committee to Review the Australian Institute of Health 1991</i>	1991
<i>AIHW Board response to the Report of the Committee to Review the Australian Institute of Health 1991</i>	1991

APPENDIX 12

Abbreviations

ABN	Australian Bibliographic Network
ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Ministers' Conference
AHTAC	Australian Health Technology Advisory Committee
AIATSI	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
ASAC	Australian Statistics Advisory Council
CT	Computerised tomography
DCSH	Department of Community Services and Health
DHHC	Department of Health, Housing and Community Services
DSRU	Dental Statistics and Research Unit
DRG	Diagnosis related group
EEO	Equal employment opportunity
FOI	Freedom of Information
HIC	Health Insurance Commission
IADR	International Association for Dental Research
IVF	In-vitro fertilisation
LWOP	Leave without pay
MRI	Magnetic resonance imaging
NCADA	National Campaign against Drug Abuse
NCEPH	National Centre for Epidemiology and Population Health
NBHP	National Better Health Program
NCHVS	National Committee on Health and Vital Statistics
NCSC	National Cancer Statistics Clearing House
NHMRC	National Health and Medical Research Council
NHTAP	National Health Technology Advisory Panel
NISPP	National Injury Surveillance and Prevention Project
NISU	National Injury Surveillance Unit
NPSU	National Perinatal Statistics Unit
OECD	Organization for Economic Co-operation and Development

Appendix 12

PHA	Public Health Association of Australia, Inc.
QALY	Quality-adjusted life year
RADGAC	Research and Development Grants Advisory Committee
SECU	Screening Evaluation Coordination Unit
WHO	World Health Organization

APPENDIX 13

New Board members

The membership of the AIHW Board from 1 July 1992 will be as shown below and overleaf.

Chairperson

Professor Fiona J Stanley
Appointed 1 July 1992

Director, AIHW

Dr Leonard Smith
Appointed 1 July 1988

Australian Health Ministers' Advisory Council (AHMAC) nominee

Dr David Filby
Appointed 1 July 1992

Standing Committee of Social Welfare Administrators' nominee

Mr Desmond L Semple
Appointed 1 July 1992

State Housing Departments' representative

Ms Vivienne R Milligan
Appointed 1 July 1992

Australian Statistician

Mr Ian Castles, AO, OBE

Secretary, Department of Health, Housing and Community Services

Mr Stuart Hamilton

Person with knowledge of the needs of health consumers

Ms Kate Moore
Appointed 1 July 1992

Person with knowledge of the needs of welfare consumers

Mr John Barber
Appointed 1 July 1992

Person with knowledge of the needs of housing assistance consumers

Dr Judith N Yates
Appointed 1 July 1992

Appendix 13

Person with expertise in research into public health issues

Dr C D'Arcy J Holman

Appointed 1 July 1992

Ministerial nominee

Professor Bettina Cass

Appointed 27 February 1991

Ministerial nominee

Mr Brian F Kennedy

Appointed 1 July 1992

Ministerial nominee

Professor John McNeil

Appointed 1 July 1992

AIHW staff nominee

Mr Christopher E Stevenson

Appointed 1 July 1992

Alternate members:

Nominee of the Secretary of the Department of Health, Housing and Community Services

Mr Alan J Bansemer

Nominee of the Australian Statistician

Mr Timothy J Skinner