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Appendix 1 Legislation

The main Commonwealth legislation relating to the AIHW is reproduced below with the exception of the Notes and Schedules.

- **Australian Institute of Health and Welfare Act 1987** An Act to establish the AIHW and for related purposes
- **Australian Institute of Health and Welfare Regulations 2006** These Regulations prescribe the value of contracts into which the AIHW can enter without seeking ministerial approval (see page 134).
- **Australian Institute of Health and Welfare Ethics Committee Regulations 1989** These Regulations prescribe the operations of the AIHW Ethics Committee (see page 135).

The full text of the Act (including the Notes and Schedules) may be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

Australian Institute of Health and Welfare Act 1987

Act No. 41 of 1987 as amended

This compilation was prepared on 22 September 2006 taking into account amendments up to Act No. 101 of 2006.

Information on the history of amendments can be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

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

Part I—Preliminary

1 Short title

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

2 Commencement

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

Ethics Committee means the Australian Institute of Health and Welfare Ethics Committee.

health-related information and statistics means information and statistics collected and produced from data relevant to health or health services.

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

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

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

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

State Housing Minister means:

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

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

State Welfare Minister means:

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

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

trust money means money received or held by the Institute on trust.

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

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

welfare services includes:

- (a) aged care services; and
 - (b) child care services (including services designed to encourage or support participation by parents in educational courses, training and the labour force); and
 - (c) services for people with disabilities; and
 - (d) housing assistance (including programs designed to provide access to secure housing in the long term and programs to provide access to crisis accommodation in the short term); and
 - (e) child welfare services (including, in particular, child protection and substitute care services); and
 - (f) other community services.
- (2) A reference in this Act to the Chairperson, the Director or a member, in relation to a time when a person is acting in the office of Chairperson, Director, or a member, includes a reference to that person.

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

Part II—Australian Institute of Health and Welfare

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

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

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

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

5 Functions of the Institute

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

(1AA) The functions of the Institute are:

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

[Health-related functions]

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

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

[Welfare-related functions]

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

- (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
- (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and

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

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

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

6 Powers of Institute

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

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

7 Directions by Minister

- (1) The Minister may, by notice in writing delivered to the Chairperson, give a direction to the Institute with respect to the performance of its functions or the exercise of its powers.
- (1A) The Minister must consult the Chairperson before giving any direction to the Institute.
- (1B) The Minister must consult each State Health Minister before giving the direction if the direction relates to the Institute's health-related functions.
- (1C) The Minister must consult each State Welfare Minister before giving the direction if the direction:
 - (a) relates to the Institute's welfare-related functions; and
 - (b) does not concern housing matters.

- (1D) The Minister must consult each State Housing Minister before giving the direction if the direction:
 - (a) relates to the Institute's welfare-related functions; and
 - (b) concerns housing matters.
- (2) The Institute shall comply with any direction given under subsection (1).
- (3) This section does not affect the application of section 28 of the *Commonwealth Authorities and Companies Act 1997* in relation to the Institute.

Division 2—Constitution and meetings of Institute

8 Constitution of Institute

- (1) Subject to subsection (2), the Institute shall consist of the following members:
 - (a) the Chairperson;
 - (b) the Director;
 - (c) a member nominated by the Australian Health Ministers' Advisory Council;
 - (ca) a member nominated by the Standing Committee of Social Welfare Administrators;
 - (cb) a representative of the State Housing Departments nominated in the manner determined by the Minister;
 - (d) the Australian Statistician;
 - (e) the Secretary to the Department;
 - (f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;
 - (fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
 - (fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
 - (fc) a person nominated by the Minister who has expertise in research into public health issues;
 - (g) 3 other members nominated by the Minister;
 - (h) a member of the staff of the Institute elected by that staff.
- (1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:
 - (a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and
 - (b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and
 - (c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and

- (d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
 - (a) may be made by one or more bodies; and
 - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
 - (a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);
 - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;
 - (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
 - (c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General.
- (5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:
 - (a) the day on which the poll for the election of the member is held; or
 - (b) if that day occurs before the expiration of the term of office of the person whose place the member fills—the day after the expiration of that term.
- (7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.
- (8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

9 Acting members

- (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):
 - (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or

(b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;

but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.

- (2) A person may resign appointment under this section by instrument in writing delivered to the Minister.
- (3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.
- (4) The Minister may:
 - (a) determine the terms and conditions of appointment, including remuneration and allowances, if any, of a person acting under subsection (1); and
 - (b) terminate such an appointment at any time.
- (5) Where a person is acting in an office and the office becomes vacant while that person is so acting, then, subject to subsection (3), the person may continue so to act until the Minister otherwise directs, the vacancy is filled or a period of 12 months from the date on which the vacancy occurred expires, whichever first happens.
- (6) While a person is acting in an office, the person has and may exercise all the powers, and shall perform all the functions and duties, of the holder of the office.
- (7) Anything done by or in relation to a person purporting to act under this section is not invalid by reason only that:
 - (a) the occasion for the appointment of the person had not arisen;
 - (b) there was a defect or irregularity in or in connection with the appointment;
 - (c) the appointment had ceased to have effect; or
 - (d) the occasion for the person to act had not arisen or had ceased.

10 Remuneration and allowances

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

11 Leave of absence

- (1) A full-time member has such recreation leave entitlements as are determined by the Remuneration Tribunal.
- (2) The Minister may:
 - (a) grant a full-time member leave of absence, other than recreation leave, on such terms and conditions as to remuneration or otherwise as the Minister determines; and

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

12 Resignation

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

13 Termination of appointment

- (1) The Governor-General may terminate the appointment of a member because of misbehaviour or physical or mental incapacity.
- (2) If a member:
 - (a) becomes bankrupt, applies to take the benefit of any law for the relief of bankrupt or insolvent debtors, compounds with creditors or assigns remuneration for their benefit;
 - (b) without reasonable excuse, contravenes section 27F or 27J of the *Commonwealth Authorities and Companies Act 1997*;
 - (c) being a full-time member who is paid remuneration under this Part:
 - (i) engages in paid employment outside his or her duties without the consent of the Minister; or
 - (ii) is absent from duty, without leave of absence for 14 consecutive days or for 28 days in any period of 12 months; or
 - (d) being a part-time member, is absent, without leave by the Minister, from 3 consecutive meetings of the Institute;

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

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

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

14 Disclosure of interests

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

15 Meetings

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

Division 3—Committees of Institute

16 Committees

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.
- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the CEO of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.

- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
 - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
 - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.

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

Division 4—Director of Institute

17 Director of Institute

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

18 Functions of Director

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

Division 5—Staff

19 Staff

- (1) The staff required for the purposes of this Act shall be:
 - (a) persons engaged under the *Public Service Act 1999*; and
 - (b) persons appointed or employed by the Institute.
- (2) For the purposes of the *Public Service Act 1999*:
 - (a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and
 - (b) the Director is the Head of that Statutory Agency.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

Part III—Finance

20 Money to be appropriated by Parliament

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

22 Money of Institute

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

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

23 Contracts

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

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

24 Extra matters to be included in annual report

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

25 Trust money and trust property

- (1) The Institute:
 - (a) shall pay trust money into an account or accounts referred to in subsection 18(2) of the *Commonwealth Authorities and Companies Act 1997* containing no money other than trust money;
 - (b) shall apply or deal with trust money and trust property only in accordance with the powers and duties of the Institute as trustee; and
 - (c) may only invest trust money:
 - (i) in any manner in which the Institute is authorised to invest the money by the terms of the trust; or
 - (ii) in any manner in which trust money may be lawfully invested.

26 Exemption from taxation

The income, property and transactions of the Institute are not subject to taxation under any law of the Commonwealth or of a State or Territory.

Part IV—Miscellaneous

27 Delegation by Institute

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

28 Delegation by Director

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

29 Confidentiality

- (1) Subject to this section, a person (in this subsection called the **informed person**) who has:
 - (a) any information concerning another person (which person is in this section called an **information subject**), being information acquired by the informed person because of:
 - (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute;
 or
 - (b) any document relating to another person (which person is in this section also called an **information subject**), being a document furnished for the purposes of this Act; shall not, except for the purposes of this Act, either directly or indirectly:
 - (c) make a record of any of that information or divulge or communicate any of that information

to any person (including an information subject);

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

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

- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
 - (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
 - (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the **information provider**) who divulged or communicated the information, or produced the document, directly to the Institute;
 - (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
 - (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
 - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
 - (ii) the publication does not identify the information subject.
- (2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.
- (2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.
- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
- (4) In this section:
 - (a) **court** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
 - (b) **person** includes a body or association of persons, whether incorporated or not, and also includes:
 - (i) in the case of an information provider—a body politic; or
 - (ii) in the case of an information subject—a deceased person;
 - (c) **produce** includes permit access to;
 - (d) **publication**, in relation to conclusions, statistics or particulars, includes:

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

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

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

31 Periodical reports

- (1) The Institute shall prepare and, as soon as practicable, and in any event within 6 months:
 - (a) after 31 December 1987—shall submit to the Minister a health report for the period commencing on the commencement of this Act and ending on that date; and
 - (b) after 31 December 1989 and every second 31 December thereafter—shall submit to the Minister a health report for the 2 year period ending on that 31 December.
- (1A) The Institute must submit to the Minister:
 - (a) as soon as practicable after (and in any event within 6 months of) 30 June 1993, a welfare report prepared by the Institute for the period:
 - (i) beginning on the day on which the *Australian Institute of Health Amendment Act 1992* commences; and
 - (ii) ending on 30 June 1993; and
 - (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.

- (2) The Institute may at any time submit to the Minister:
 - (a) a health or welfare report for any period; or
 - (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.
- (3) A health report shall provide:
 - (a) statistics and related information concerning the health of the people of Australia; and
 - (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
 during the period to which the report relates.
- (3A) A welfare report must provide:
 - (a) statistics and related information concerning the provision of welfare services to the Australian people; and
 - (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;
 during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

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

Australian Institute of Health and Welfare Regulations 2006¹

Select Legislative Instrument 2006 No. 352

I, PHILIP MICHAEL JEFFERY, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 13 December 2006

P. M. JEFFERY
Governor-General

By His Excellency's Command

TONY ABBOTT
Minister for Health and Ageing

1 Name of Regulations

These Regulations are the Australian Institute of Health and Welfare Regulations 2006.

2 Commencement

These Regulations commence on the day after they are registered.

3 Repeal

The Australian Institute of Health and Welfare Regulations are repealed.

4 Definitions

In these Regulations:

Act means the *Australian Institute of Health and Welfare Act 1987*.

5 Contract value limit

For paragraph 23 (a) of the Act, the amount of \$1 500 000 is prescribed.

Australian Institute of Health and Welfare Ethics Committee Regulations 1989

Statutory Rules 1989 No. 118 as amended made under the *Health Act 1987*

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

Information on the history of amendments can be found on the Commonwealth of Australia Law website <www.comlaw.gov.au>.

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

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1 Name of Regulations

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

2 Definition

In these Regulations:

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

3 Functions

The functions of the Ethics Committee are:

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

- (iii) the release, or proposed release, of identifiable data by the Institute for research purposes; having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant;
- (b) where appropriate, to revise an opinion so formed or to form another opinion;
- (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
- (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

4 Composition

The Ethics Committee is to consist of the following members:

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

Examples for paragraph (c)

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

Example for paragraph (f)

An Aboriginal elder.

Appendix 2 Charter of Corporate Governance

This charter was revised and approved by the AIHW Board at its March 2010 meeting.

Introduction

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

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

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

Purpose

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

As a statutory authority of the Australian Government, the AIHW must take into account relevant governing laws. A clear set of instructions and processes outlining the Board's

responsibilities is designed to enable the Board to work effectively within its legislative requirements and in response to the requirements of the organisation. This paper outlines the corporate governance responsibilities of the Board and the structures established to support it.

AIHW's mission and values

The AIHW is guided in all its undertakings by its mission and values.

Mission

Better information and statistics for better health and wellbeing.

Values

Our values are:

- **the APS values**—being apolitical, accountable, sensitive and fair with the highest quality ethics and leadership
- **objectivity**—ensuring our work is objective, impartial and reflects our mission
- **responsiveness**—meeting the needs of those who supply or use our information
- **accessibility**—making information as accessible as possible
- **privacy**—safeguarding the personal and collective privacy of both information subjects and data providers
- **expertise**—applying specialised knowledge and high standards to our work
- **innovation**—showing curiosity, creativity and resourcefulness in what we do.

Roles, powers and responsibilities

1. Governing laws

Enabling legislation

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

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

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

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

Responsible Minister

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

2. Constitution

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

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

- a chairperson
- a member nominated by the Australian Health Ministers' Advisory Council
- a member nominated by the Community Services Ministers' Advisory Council

- a representative of the Housing Ministers' Advisory Council
- three members nominated by the Minister for Health and Ageing
- a person nominated by the Minister who has knowledge of the needs of consumers of health services
- a person nominated by the Minister who has knowledge of the needs of consumers of welfare services
- a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services
- a person nominated by the Minister who has expertise in research into public health issues.

Directors holding office by virtue of the position they hold—and therefore not appointed—are:

- the Director (AIHW)
- the Australian Statistician (Australian Bureau of Statistics)
- the Secretary of the Department of Health and Ageing (DoHA).

The ABS and DoHA members may formally designate a representative to attend meetings on their behalf.

A member of staff of the AIHW, elected by its staff, is also a member of the Board. The member is appointed annually through a staff ballot.

This position is independent of the official appointment process.

Board members who are Commonwealth or state/territory officers (other than the Director and staff member) are referred to in this document as departmental representatives.

Note: The Secretary of the Department of Families, Housing, Community Services and Indigenous Affairs, and the Chief Executive Officer, National Health and Medical Research Council, or their nominees, attend and participate as observers with the agreement of the Board.

Role of observers

Observers are expected to attend Board meetings. While observers do not have voting rights or cannot participate in Board subcommittees, they can actively participate in discussion at Board meetings and assume the other responsibilities of Board members.

Observers, who represent government departments or agencies, may be permitted to circulate Board papers solely for the purposes of preparing briefing papers for the observer, after seeking approval from the Board.

3. Conduct of Board members

As a statutory authority, the conduct of members of the AIHW Board is prescribed by the CAC Act. Members are bound by the Conduct of Directors, specified in the AIHW Act.

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

4. Roles of Board members

Key responsibilities of the AIHW are to:

- provide biennial reports to the Minister and to parliament on Australia's health and Australia's welfare
- establish data standards for health and welfare statistics
- develop knowledge, intelligence and statistics to better inform policy makers and the community.

Role of the Board

The Board sets the overall policy and strategic direction for the AIHW and has broad responsibilities to:

- set the AIHW's mission and values and its strategic goals and directions, including endorsement of its corporate plan and business plan

- maintain the independence of the AIHW
- ensure that the AIHW complies with legislative and administrative requirements
- meet its statutory requirements including making recommendations to the Minister to appoint a Director of the AIHW
- oversee the financial viability of the AIHW, including the two components of its funding arrangements, that is, contractual work and the federal Budget appropriation
- endorse the Annual Report and the audited financial statements (as required by the CAC Act), at a Board meeting
- advocate and promote the contribution of information to improve health and welfare outcomes
- identify and manage the risks that might impact on the AIHW
- monitor the performance of the organisation against its corporate plan and business plan
- secure feedback from stakeholders on the use of AIHW products
- set remuneration for, and assess performance of, the Director
- review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

Role of the Chair (in addition to the role of the Board)

- Chair meetings of the Board and endorse associated processes.
- Extended role in managing formal relationships between the AIHW and the Minister for Health and Ageing; other relevant ministers and key stakeholders.
- Manage significant issues between meetings of the Board.
- Manage the relationship between the Board and the Director of the AIHW.

Role of the Director

- Provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions.
- Manage the affairs of the AIHW in accordance with the AIHW Act and the CAC Act.
- Identify emerging strategic, operational and financial risks to the AIHW and actively implement strategies to mitigate these risks.
- Establish and maintain appropriate working relationships with the portfolio minister and other ministers whose portfolios include activities within the scope of the AIHW.
- Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies, and associated Commonwealth/state forums.
- Liaise as required with non-government bodies associated with the functions of the AIHW.
- Ensure the AIHW provides, either directly or through collaborations with others, high-quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.
- Ensure the Board is properly advised on all matters and discharges its direction in relation to these matters.
- Ensure the security of data provided to the AIHW, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- Develop the corporate plan and the business plan.
- Maintain a strong financial position of the AIHW.
- Attract and retain the committed, skilled staff needed to carry out the AIHW's functions.
- Provide an induction briefing to new Board members on the AIHW's functions, its operating and legislative frameworks and members' roles and responsibilities.

Role of staff-elected Board member

- The staff member is a full Board member, with the same responsibilities as other members.

Role of other members

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

Role of the Secretary

- Provide advice and support to the Board.
- Is independent of the AIHW Director and staff when dealing with sensitive matters related to the Director's employment.

5. Relationships***With management***

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

With stakeholders

Stakeholders are important to the prosperity of the AIHW, in particular the states and territories, given that they are the data and potential funding providers to the Institute. The AIHW also has responsibility to a wide range of key stakeholders from the minister to the whole community. Board members have an important role in establishing and nurturing sound relationships with the AIHW's stakeholders.

With staff

The Chair participates in key AIHW activities, notably the launch of *Australia's health* and *Australia's welfare*, and in developing the corporate plan and the business plan.

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

6. Delegation of powers and actions

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

7. Board processes***Meetings***

The AIHW Act stipulates that the Board shall meet at least once every 4 months. To enable the Board to guide the work of the AIHW, to fit in with the launch of its biennial publications, and to approve the financial statements, the annual report, and meet other deadlines, meetings are usually scheduled for March/April, June, September and December of each year.

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

Agenda and papers

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

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director

in consultation with group heads, sourced from the AIHW.

Group heads are responsible for providing papers to the Secretary 2 weeks before the meeting date.

Papers are distributed electronically and in hard copy to members at least 1 week before the meeting date.

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

Confidentiality

All papers for Board meetings are considered to be 'Board in Confidence' unless otherwise decided by the Board. Members and staff attending meetings, or having access to papers, are responsible for maintaining the confidentiality of discussions and papers. Papers may only be distributed to persons other than members and observers for the purpose of briefing Board members and observers.

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

The AIHW makes available records of endorsed minutes to its staff.

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

Minutes

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

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

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

Conflict of interests

The CAC Act requires Board members to disclose their interests relevant to the AIHW's functions, and not participate in decisions where a conflict is declared. The Chair will ask members at the commencement of Board meetings whether there are any conflicts of interest to be declared. A member who considers that he or she may have an interest in the matter shall:

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

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

Conflict of roles

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

The portfolio Secretary, as a member of the Board, is simultaneously:

- chief policy adviser to the Minister for Health and Ageing and can be expected to oversight the AIHW's compliance with government policy objectives;
- a customer of the AIHW as service provider; and
- a Board member expected to pursue the interests of the AIHW.

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

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

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

Decisions taken

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

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

Quorum

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

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

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

Remuneration and travel

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

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

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

Ensuring continuous improvement

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

Induction

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

Professional development

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

Indemnity of members

The AIHW provides appropriate indemnity for Board members.

Complaints and dispute resolution

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

8. Board committees

Ethics Committee

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

The Ethics Committee considers the ethical acceptability of proposed applications and advises the AIHW as to whether projects satisfy the criteria developed by the committee. Through the committee Secretary, it monitors existing projects annually, and maintains a register of applications for projects. The Ethics Committee provides a yearly report of its operation to both the AIHW for inclusion in the annual report and

also to the National Health and Medical Research Council (NHMRC) for its reporting purposes.

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

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

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

Audit and Finance Committee

The Audit and Finance Committee is established to:

- ensure the internal auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs
- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the AIHW's financial position and review quarterly financial reports in a form specified by the committee
- ensure the timely tabling of the annual report before the Board
- report to the Board on any matters arising from either the internal audit or the external audit functions about which the Board needs to be informed
- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board
- meet with the external auditor annually
- advise the Board on delegations and performance

- oversight the risk management strategy and advise the Board accordingly.

Membership comprises 3 or 4 persons appointed by the Board. At least three members of the committee shall be non-executive members of the Board, one of whom is appointed as Chair of this committee. One member of the committee may not be a member of the Board. A quorum is a minimum of two members. The AIHW Director shall not be a member of the committee but may be invited to attend the meeting along with other relevant AIHW staff. The internal auditors shall be invited to attend each meeting and provide advice to the committee on financial and audit matters.

Although the committee is only required to report to the Board on its activities every 6 months, the accepted practice is that a meeting is held prior to each Board meeting. This ensures that the Board is fully briefed on the financial and budgetary issues before it considers each quarterly financial report.

Remuneration Committee

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

The Remuneration Committee provides performance feedback to the Director and considers an annual review of remuneration, that is, an appropriate percentage increase in total remuneration and an appropriate level of performance pay. The committee works within guidelines issued from time to time by the Remuneration Tribunal. The Remuneration Committee Guidelines also set out the process and timeframes for determining remuneration and performance pay.

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

Appendix 3 Members of the AIHW Board and the AIHW Ethics Committee

Members of the AIHW Board as at 30 June 2010

Peter Collins, AM, QC RFD, BA, LLB

Chair

Terms: 31 August 2004 – 30 August 2007; 31 August 2007 – 30 August 2010

Mr Collins was appointed Chair of the AIHW in 2004. He served as Chairman of the Cancer Institute (NSW) from 2005 to 2008 and is Chair of St John Ambulance NSW, a director of HostPlus Pty Ltd, and a board member of the Workers Compensation Insurance Fund Investment Board, a position appointed by the New South Wales Government. He is also Managing Director of Barton Deakin Pty Ltd. Mr Collins is a Captain in the Royal Australian Naval Reserve.



Penny Allbon BA (Hons), PhD

Director, AIHW

Term: AIHW Director since February 2006

Dr Allbon was appointed Director of the AIHW in 2006. She has over 20 years of experience in government, at both federal and territory levels and within the financial, health and welfare arenas, including the position of Chief Executive of ACT Health. Dr Allbon has also run her own consultancy, working with the governments of various Pacific Island nations. She has a particular interest in translating the needs of policy makers into relevant data analysis and ensuring that data are user-friendly and timely.



David Filby BA (Hons), PhD

Nominee of the Australian Health Ministers' Advisory Council

Term: 12 August 2009 – 11 August 2012

Dr Filby is an executive consultant to the Australian Health Ministers' Advisory Council and the Department of Health in South Australia. He has worked for over 30 years in the health industry, a number of those as Executive Director of the Department of Health SA and as the Deputy Director-General in Queensland Health. He is the Chair of Helping Hand Aged Care and a member of the executive committee of the Alumni Association, Flinders University of South Australia.



Bette Kill BSc (Hons), MPublic Health*Nominee of the Community and Disability Services Ministers' Advisory Council***Term:** 15 May 2008 – 14 May 2011

Ms Kill is an Associate Director-General in the Queensland Department of Communities. She has expertise in public sector leadership and management, strategic policy, program development and service delivery. She is also Chairperson of the National Community Services Information Management Group.

**Margaret Crawford** BA (Econ), GradDipRecnMgt, MBA*Representative of state and territory housing departments***Term:** 4 June 2009 – 3 June 2012

Ms Crawford is the Director of Housing and Executive Director of Housing and Community Building, Department of Human Services Victoria, where she is responsible for providing housing policy advice to government, managing the public housing system, developing housing associations, and developing and managing community building activities. Before that she was the Chief Operating Officer for the Australian Taxation Office, where she oversaw all transaction processing, call management and debt collection operations. She has also worked for the Brisbane City Council as Divisional Manager of Customer and Community Services, and has held senior positions in the New South Wales and Victorian public services.

**Brian Pink** BCom*Australian Statistician, ABS***Term:** Ex-officio appointment

Mr Pink is Chair of the OECD Committee on Statistics, Vice-Chair of the United Nations Statistical Commission, Vice-Chair of the Statistics Committee of the United Nations Economic and Social Commission for Asia and the Pacific, Technical Adviser to the OECD Global Project Advisory Board on Measuring the Progress of Societies, and a member of the Executive Bureau of the Conference of European Statisticians. He is also an Australian Electoral Commissioner and a member of the Sectorial Advisory Council for Information and Communication Technology at CSIRO.

**Graeme Head***Representing Ms Jane Halton, Secretary, DoHA***Term:** Ex-officio appointment

Mr Head is Deputy Secretary in DoHA with responsibility for the Portfolio Strategies Division, Acute Care Division, Health Workforce Division and the South Australian and Western Australian state offices of the department.



Libby Davies BA, Dip Ed*Ministerial nominee representing consumers of welfare services***Terms:** 22 September 1999 – 30 June 2004; 7 August 2008 – 6 August 2011

Over recent years Ms Davies has worked as a senior policy adviser with the Rural Doctors Association of Australia and as a consultant in the areas of social policy, strategic planning and mentoring to the community sector. She is currently working with Frontier Services, a national provider of aged and community services across rural and remote Australia. Ms Davies has held a number of chief executive positions, such as CEO for Family Services Australia, National Director of UnitingCare Australia and Executive Director of the Head Injury Council of Australia (now Brain Injury Australia). She is currently Chair of the board of UnitingCare NSW.ACT and has also held a number of board and representative positions (including at executive and ministerial level) in health, ageing, and family and community services including ACOSS. Before moving into national social policy and advocacy work in community and welfare services, Ms Davies worked in projects of national significance relating to education and national curriculum development, and was a teacher of social sciences.

**Lyn Roberts, AM** BA (Hons), PhD, Dip ASc (Chem)*Ministerial nominee with expertise in research into public health issues***Term:** 12 November 2009 – 11 November 2012

Dr Roberts is the Chief Executive Officer (National) of the National Heart Foundation of Australia and has held this position since 2001. She is Vice-President of the World Heart Federation and is a member of a number of committees including the National Preventative Health Taskforce and the Australian Chronic Disease Prevention Alliance.

**David Stanton** BEc (Hons), MSc (Social Administration)*Ministerial nominee***Term:** 12 November 2009 – 11 November 2012

Mr Stanton is a Visiting Fellow, Crawford School of Economics and Government, The Australian National University. He is also a consultant social security planner and policy analyst with Stanton Strategic Solutions. He was Deputy Chair of the Commonwealth Ministerial Task Force and Reference Group on Child Support and has been a consultant to the Australian National Audit Office. He has previously worked in the Commonwealth Government, including as Director of the Australian Institute of Family Studies and in various positions in the then Department of Social Security and the ABS.



Terry Dwyer, AO FAFPHM, MD, MPH, MBBS*Ministerial nominee***Term:** 12 November 2009 – 11 November 2012

Professor Dwyer is Director of the Murdoch Children's Research Institute. Before that he was Director of the Menzies Research Institute in Tasmania. Professionally he was a member of the National Health and Medical Research Council's Research Advisory Committee and the National Chair of the Gulf War Veterans Study Scientific Advisory Committee. His international roles have included the Chair of the WHO's Western Pacific Region Advisory Committee on Health Research and a member of the WHO's Global Advisory Committee on Health Research. Professor Dwyer is currently also involved in the I4C (International Childhood Cancer Cohort Consortium) and is on the International Scientific Advisory Board of UK Biobank.

**Greg Stewart** MBBS, MPH, FRACMA, FAFPHM*Ministerial nominee***Terms:** 1 September 2006 – 31 August 2009; 12 November 2009 – 11 November 2012

Dr Stewart is a public health physician and was appointed to the position of Director of Population Health, Planning and Performance, Sydney South West Area Health Service, in February 2005. He is a Foundation Fellow of the Australasian Faculty of Public Health Medicine and is currently Honorary Secretary–Treasurer of the faculty. He is also a member of the NSW Medical Board and Sydney Water. His previous experience includes appointments as Deputy Director-General, Population Health, and NSW Chief Health Officer; Chief Executive Officer, Wentworth Area Health Service; Director of Health Services, Central Sydney Area Health Service; Director of Sydney South West Area Health Service Public Health Unit and Medical Officer of Health for the Sydney South West Area Health Service.

**Louise York** BEc, BSc, Grad Dip Population Health*Staff-elected representative***Terms:** 15 May 2008 – 14 May 2009; 12 August 2009 – 11 August 2010

Ms York has worked in various units in the AIHW, in both welfare and health, and is currently head of the Health Performance Indicators Unit.



Members of the AIHW Ethics Committee as at 30 June 2010

Ching Choi BA, PhD

Chair

Terms: 1 July 2007 – 30 June 2010; 1 July 2010 – 30 June 2013

Dr Choi was appointed Chair of the AIHW Ethics Committee in 2007. He is a Senior Visiting Fellow, Social Policy Research Centre, University of New South Wales, and an Adjunct Associate Professor, Australian Demographic and Social Research Institute, College of Arts and Social Sciences, Australian National University. Dr Choi is a member of the Scientific Reference Group, COAG Indigenous Clearinghouse, and a consultant to the AIHW on various demographic issues. He has worked for the AIHW, the ABS and the Australian Department of Environment, Housing and Community Development. Dr Choi has published a number of papers and reports on various demographic, health and welfare topics.



Malcolm Sim BMedSc, MBBS, MSc (Lond), GDipOccHyg, PhD, FAFOM (RACP), FAFPHM (RACP), FFOM (RCP)

Member representing a person with knowledge of and current experience in the areas of research

Terms: 29 June 2007 – 28 June 2010; 29 June 2010 – 30 June 2013

Professor Sim is an occupational and public health physician and is Director of the Centre for Occupational and Environmental Health in the School of Public Health and Preventive Medicine at Monash University. He is a chief investigator for several national and international studies investigating the role of workplace and environmental hazards in chronic diseases, such as cancer and respiratory disease. Professor Sim has published about 120 research papers in refereed journals and is deputy editor of the international journal *Occupational and Environmental Medicine*, and an associate editor for the *Asia-Pacific Journal of Public Health*. He is active in the International Commission on Occupational Health and is a member of the Ministerial Reference Council for Climate Change Adaptation in Victoria. He was a member of the scientific panel established to investigate the breast cancer cluster at the ABC offices in Toowong and the Human Research Ethics Committee of the Cancer Council Victoria.



David Garratt

Member representing general community attitudes

Term: 26 March 2010 – 25 March 2013

Mr Garratt is a retired principal. His last appointment was as principal of Daramalan College from which he retired in 2008. He has extensive experience in education and has served on committees administering government programs. Mr Garratt was on the founding boards of two schools, St Francis Xavier and Orana School for Rudolf Steiner Education, and was chair of the latter. He was a community representative on the Dickson Neighbourhood Planning Group. Mr Garratt is a board member of the Northside Community Service and the Dialogue Australasia Network, and is currently Chair of the Board of the National Folk Festival.



Camilla Webster BA (Hons), LLB, LLM

Member who is a lawyer

Term: 25 March 2010 – 24 March 2013

Ms Webster is a lawyer. She has worked for various Commonwealth government agencies as specialist adviser on legislation and consultant drafter of legislative instruments. Ms Webster is currently engaged by the Australian Government Solicitor and the Department of Infrastructure on a range of legislative projects.



Wendy Scheil MBBS, FAFPHM, FRACGP, MAE, Dip.OBS, DTM&H, FPC

Member representing a person with knowledge of, and current experience in, the professional care, counselling or treatment of people

Terms: 30 August 2005 – 29 August 2008; 30 August 2008 – 29 August 2011

Dr Scheil is a medical epidemiologist with the South Australian Department of Health. She has worked as a doctor in public hospitals and in the private sector in several states and territories in Australia and in the United Kingdom. Dr Scheil is a Councillor of the Australasian Faculty of Public Health Medicine, a Fellow of the Royal Australian College of General Practitioners and a member of a number of organisations and committees: the Australasian Epidemiological Association, Medical Association for Prevention of War (International Physicians for the Prevention of Nuclear War), Doctors for the Environment and the South Australian Human Ethics Research Committee. Dr Scheil has published a number of papers.



Val Edyvean BA, MAPsS, JP*Member representing the Registrars of Births, Deaths and Marriages***Term:** Ex-officio appointment

Ms Edyvean is a registered psychologist, a professional member of the Australian Society of Archivists and a marriage celebrant. She has worked as a psychologist in clinical and educational fields before moving into project and policy work in early childhood services and then into management in the corporate regulation area. She has since worked in archives and records management, becoming the State Archivist in South Australia and establishing the Public Record Office in that state. She has also worked as a policy analyst working on deregulation, on legislative review in the local government field and for the State Library of South Australia. Ms Edyvean was the research officer – executive officer of a parliamentary standing committee before her appointment as Registrar of Births, Deaths and Marriages in 1997.

**Wendy Antoniak***Member representing general community attitudes***Term:** 28 July 2008 – 27 July 2011

Ms Antoniak has had broad administrative experience in both the public and private sectors and is now mostly retired. She was employed by the Australian National University (ANU) for over 10 years in a range of administrative positions in various areas of the university. Most recently Ms Antoniak was an executive assistant at Saab Systems Pty Ltd and was a membership secretary of Dragons Abreast ACT. Ms Antoniak worked part time in the National Centre for Indigenous Studies, ANU, for 6 months in 2009 and now works part time in the Legal Workshop at the ANU.

**James Barr** BA (Hons), BTheol (Hons), MAppSci*Member who is a minister of religion***Term:** 12 December 2008 – 11 December 2011

Reverend Barr has a background in leadership development and pastoral and community work. His work has ranged from community organising in third-world slums to consulting with companies and government agencies in the field of corporate ethics and leadership development. An ordained Baptist minister, he has been minister of the Collins Street Baptist Church (where he was founding Director of the Urban Mission Unit, now Urban Seed), Director of the Zadok Institute for Christianity and Society, Pastoral Associate with Melbourne Citymission and Senior Minister of the Canberra Baptist Church. He is a former member of the Human Research Ethics Committee of RMIT University and is currently co-minister of the Melbourne Welsh Church.



Penny Allbon BA (Hons), PhD

Director, AIHW

Term: AIHW Director since February 2006

Information about Dr Allbon is provided in her entry under 'Members of the AIHW Board' on page 145.



Appendix 4 Executive and unit heads

The AIHW's Executive and unit heads at 30 June 2010 are listed below. The heads of the collaborating units are also listed.

Director

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Group Head

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Information and Communications

Technology Operations Unit

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Information Technology Services Unit

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Economics and Health Services Group

Group Head

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Group Head

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Health Group

Group Head

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Cardiovascular, Diabetes and Kidney Unit

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Musculoskeletal Diseases Unit

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Population Health Unit

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Respiratory Conditions and Primary Care Unit

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Group Head

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Labour Force Unit

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Metadata Information Services—

Information Environment Unit

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Metadata Information Services—METeOR and Metadata Unit

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Social and Indigenous Group

Group Head

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Children, Youth and Families Unit**Sushma Mathur** BMath

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Indigenous Determinants and Outcomes Unit**Indrani Pieris-Caldwell** BA, Grad Dip

Demography, PhD (Demography)

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Collaborating units***Australian Centre for Asthma Monitoring*****Guy Marks** MBBS, PhD, FRACP, FAFPHM

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Australian General Practice Statistics and Classification Centre**Helena Britt** BA, PhD

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Dental Statistics and Research Unit**David Brennan**

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National Injury Surveillance Unit**James Harrison** MBBS, MPH, FAFPHM

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National Perinatal Statistics Unit**Elizabeth Sullivan** MBBS, MPH, MMed, FAFPHM

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Appendix 5 Participation in national committees

Listed below are national committees in which the AIHW participates.

Committee	Chair	Role of the AIHW	Committee's parent body
Community and Disability Services Ministers' Advisory Council	Ms Gill Callister (Victorian Department of Human Services)	Observer	Community and Disability Services Ministers' Conference
Disability Policy and Research Working Group	Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)	Member	Community and Disability Services Ministers' Advisory Council
Homelessness Delivery Network	FaHCSIA	Member	Homelessness Delivery Review Board
Homelessness Delivery Review Board	FaHCSIA	Member	Prime Minister's Council on Homelessness
Housing and Homelessness Information Management Group	Ms Penny Gillespie (Queensland Department of Communities)	Secretariat and member	Housing and Homelessness Policy Research Working Group
Housing Ministers' Advisory Committee	Mr Mike Allen (NSW Department of Housing)	Observer	Housing Minister's Conference
National E-Health Transition Authority Board	Mr David Gonski AC	Observer	
National Indigenous Reform Agreement Performance Information Management Group	Mr Matthew James (FaHCSIA)	Secretariat and member	COAG Working Group on Indigenous Reform
National Health Information Standards and Statistics Committee	Dr David Filby (consultant to the Australian Health Ministers' Advisory Council)	Secretariat and member	National e-Health Information Principal Committee
National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data	Mr Kim Snowball (WA Department of Health)	Secretariat and member	Australian Health Ministers' Advisory Council
National Community Services Information Management Group	Ms Bette Kill (Queensland Department of Communities)	Secretariat and member	Community and Disability Services Ministers' Advisory Council
National Disability Information Management Group	Mr Jim Moore (Ageing, Disability and Home Care, Department of Human Services NSW)	Secretariat and member	Disability Policy and Research Working Group
National e-Health Information Principal Committee	Ms Fran Thorn (Victorian Department of Human Services)	Member	Australian Health Ministers' Advisory Council
Performance and Data Working Group (for child protection)	Mr Paul Wyles (ACT Department of Disability, Housing and Community Services) and Ms Bette Kill (Queensland Department of Communities)	Member	National Framework Implementation Working Group
Population Health Information Development Group	Co-chaired by Mr Jim Hyde (Victorian Department of Human Services)	Co-chair and secretariat	Australian Population Health Development Principal Committee
Steering Committee for the Review of Government Service Provision	Mr Gary Banks (Productivity Commission)	Observer	COAG

Further national committees that the AIHW contributes to are detailed in **Chapter 5 Work group reports**.

Appendix 6 Arrangements with Australian universities and specialist centres

Listed below are Australian universities and specialist centres with which the AIHW had collaborative arrangements in place during 2009–10.

Arrangements with funding for specialist tasks

- Australian Centre for Asthma Monitoring at the Woolcock Institute of Medical Research Limited
- Australian General Practice Statistics and Classification Centre at The University of Sydney (until 30 June 2010)
- Dental Statistics Research Unit at The University of Adelaide
- National Injury Surveillance Unit at the Flinders University of South Australia
- National Perinatal Statistics Unit at the University of New South Wales

Further information about these AIHW collaborating units can be found in 'Collaborating units' on page 106.

Data-sharing arrangements

- National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases at The Children's Hospital at Westmead: A research associate arrangement
- National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales: A research associate arrangement
- Public Health Information Development Unit of Adelaide Research and Innovation Pty Ltd: For the development of public health data, data systems and indicators (until 30 June 2010)

Other arrangements

- Cooperative Research Centre for Spatial Information: The AIHW is a participant in this unincorporated joint venture of organisations from the corporate, government and university sectors that may agree to perform research and development jointly.

Appendix 7 Publications and papers

AIHW publications

The staff of the AIHW and collaborating units produced 119 publications in 2009–10. The average length was 93 pages.

All publications are available free of charge on the AIHW's website, mostly in PDF and RTF. The AIHW invites any user experiencing difficulty accessing publications to contact it.

Many publications are available in printed form; there is a charge for most of these. For details, see <<http://www.aihw.gov.au/publications>>.

Aboriginal and Torres Strait Islander health and welfare

Indigenous community housing 2008–09. Cat. no. HOU 229. Canberra: AIHW, 2010.

Indigenous housing indicators 2007–08. Cat. no. HOU 212. Canberra: AIHW, 2009.

Progress of the Northern Territory Emergency Response Child Health Check Initiative: update on results from the Child Health Check and follow-up data collections. Cat. no. IHW 28. Canberra: AIHW, 2009.

Ageing and aged care

Aged care packages in the community 2007–08: a statistical overview. Cat. no. AGE 60. Canberra: AIHW, 2009.

Carers National Data Repository scoping study: final report. Cat. no. AGE 59. Canberra: AIHW, 2009.

Dementia and the take-up of residential respite care. Cat. no. AUS 124. Canberra: AIHW, 2010.

Dementia and the take-up of residential respite care: an analysis using the PIAC cohort. Cat. no. CSI 9. Canberra: AIHW, 2010.

Pathways through aged care services: a first look. Cat. no. AUS 116. Canberra: AIHW, 2009.

Alcohol and other drugs

Alcohol and other drug treatment services in Australia 2007–08: findings from the National Minimum Data Set. Cat. no. AUS 118. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in Australia 2007–08: report on the National Minimum Data Set. Cat. no. HSE 73. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in New South Wales 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 77. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in South Australia 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 80. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in Tasmania 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 81. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in the Australian Capital Territory 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 76. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in the Northern Territory 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 79. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in Victoria 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 82. Canberra: AIHW, 2009.

Alcohol and other drug treatment services in Western Australia 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 83. Canberra: AIHW, 2009.

Alcohol and Other Drug Treatment Services National Minimum Data Set 2010–11: specifications and collection manual. Cat. no. PHE 125. Canberra: AIHW, 2010.

National Opioid Pharmacotherapy Statistics Annual Data collection: 2009 report. Cat. no. AUS 125. Canberra: AIHW, 2010.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2010 collection: data guide. Cat. no. WP 64. Canberra: AIHW, 2010.

Cancer

Breast cancer in Australia: an overview, 2009. Cat. no. CAN 46. Canberra: AIHW, 2009.

BreastScreen Australia monitoring report 2005–2006. Cat. no. CAN 44. Canberra: AIHW, 2009.

Cervical screening in Australia 2007–2008. Cat. no. CAN 50. Canberra: AIHW, 2010.

Gynaecological cancer projections 2010–2015. Cat. no. CAN 49. Canberra: AIHW, 2010.

National Bowel Cancer Screening Program: annual monitoring report 2009. Cat. no. CAN 45. Canberra: AIHW, 2009.

Ovarian cancer in Australia: an overview, 2010. Cat. no. CAN 48. Canberra: AIHW, 2010.

Risk of invasive breast cancer in women diagnosed with ductal carcinoma in situ in Australia between 1995 and 2005. Cat. no. CAN 47. Canberra: AIHW, 2010.

Cardiovascular disease

Cardiovascular disease mortality: trends at different ages. Cat. no. CVD 47. Canberra: AIHW, 2010.

Cardiovascular medicines and primary health care: a regional analysis. Cat. no. CVD 48. Canberra: AIHW, 2010.

Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors. Cat. no. PHE 118. Canberra: AIHW, 2009.

Women and heart disease: cardiovascular profile of women in Australia. Cat. no. CVD 49. Canberra: AIHW, 2010.

Women and heart disease: summary. Cat. no. CVD 50. Canberra: AIHW, 2010.

Children, youth and families

Adoptions Australia 2008–09. Cat. no. CWS 36. Canberra: AIHW, 2010.

Child protection Australia 2008–09. Cat. no. CWS 35. Canberra: AIHW, 2010.

Health and wellbeing of young Australians: indicator framework and key national indicators. Cat. no. AUS 123. Canberra: AIHW, 2010.

Health and wellbeing of young Australians: technical paper on operational definitions and data issues for key national indicators. Cat. no. WP 63. Canberra: AIHW, 2010.

Juvenile justice in Australia 2007–08. Cat. no. JUV 5. Canberra: AIHW, 2009.

Corporate publications

AIHW access no. 26. Cat. no. HWI 104. Canberra: AIHW, 2009.

AIHW access no. 27. Cat. no. HWI 105. Canberra: AIHW, 2010.

Annual report 2008–09. Cat. no. AUS 119. Canberra: AIHW, 2009.

Data standards

Creating nationally-consistent health information: engaging with the national health information committees. Cat. no. CSI 8. Canberra: AIHW, 2010.

From corrections to the community: a set of indicators of the health of Australia's prisoners. Cat. no. AUS 120. Canberra: AIHW, 2009.

Indigenous identification in hospital separations data: quality report. Cat. no. HSE 85. Canberra: AIHW, 2010.

National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW, 2010.

Refining national asthma indicators: Delphi survey and correlation analysis. Australian Centre for Asthma Monitoring. Cat. no. ACM 15. Canberra: AIHW, 2009.

Towards national indicators of safety and quality in health care. Cat. no. HSE 75. Canberra: AIHW, 2009.

Dental health

Dental health of Australia's teenagers and pre-teen children: the Child Dental Health Survey, Australia 2003–04. Brennan D S & Armfield JM. Cat. no. DEN 199. Adelaide: AIHW DSRU, 2010.

Oral health behaviours in the Australian population 2004–06. AIHW Dental Statistics and Research Unit. Cat. no. DEN 197. Adelaide: AIHW DSRU, 2009.

Oral health impacts among children by dental visiting and treatment needs. AIHW Dental Statistics and Research Unit. Cat. no. DEN 200. Adelaide: AIHW DSRU, 2009.

Trends in access to dental care among Australian children. Spencer A J & Ellershaw A. Cat. no. DEN 198. Canberra: AIHW, 2009.

Diabetes

Diabetes prevalence in Australia: an assessment of national data sources. Cat. no. CVD 46. Canberra: AIHW, 2009.

Insulin-treated diabetes in Australia 2000–2007. Cat. no. CVD 45. Canberra: AIHW, 2009.

Functioning and disability

Disability in Australia: multiple disabilities and need for assistance. Cat. no. DIS 55. Canberra: AIHW, 2009.

Disability support services 2007–08: national data on services provided under the Commonwealth State/Territory Disability Agreement. Cat. no. DIS 56. Canberra: AIHW, 2009.

Younger People with Disability in Residential Aged Care Program: report on the 2008–09 Minimum Data Set. Cat. no. DIS 57. Canberra: AIHW, 2010.

General practice

General practice activity in Australia 1999–00 to 2008–09: 10 year data tables. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Valenti L et al. Cat. no. GEP 26. Canberra: AIHW, 2009.

General practice activity in Australia 2008–09. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Pan Y et al. Cat. no. GEP 25. Canberra: AIHW, 2009.

General practice in Australia, health priorities and policies 1998 to 2008. Britt H, Miller GC, Charles J, Valenti L, Henderson J, Pan Y et al. Cat. no. GEP 24. Canberra: AIHW, 2009.

Health and welfare expenditure

Estimating the impact of selected National Health and Hospitals Reform Commission (NHHRC) reforms on health care expenditure, 2003 to 2033. Cat. no. HWE 45. Canberra: AIHW, 2009.

Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07. Cat. no. HWE 48. Canberra: AIHW, 2009.

Funding sources for admitted patients in Australian hospitals, 2005–06. Cat. no. HWE 44. Canberra: AIHW, 2009.

Health care expenditure on chronic kidney disease in Australia 2004–05. Cat. no. PHE 117. Canberra: AIHW, 2009.

Health expenditure Australia 2007–08. Cat. no. HWE 46. Canberra: AIHW, 2009.

Health expenditure for arthritis and musculoskeletal conditions, 2004–05. Cat. no. PHE 115. Canberra: AIHW, 2009.

Health system expenditure on disease and injury in Australia, 2004–05. Cat. no. HSE 87. Canberra: AIHW, 2010.

Public health expenditure in Australia, 2007–08. Cat. no. HWE 47. Canberra: AIHW, 2009.

Health and welfare information

A guide to Australian eye health data. 2nd edition. Cat. no. PHE 119. Canberra: AIHW, 2009.

Incorporating HACC use into aged care pathways: a technical report for the PIAC project. Cat. no. CSI 7. Canberra: AIHW, 2009.

Monitoring the impact of air pollution on asthma in Australia: a methods paper. Cat. no. ACM 18. Canberra: AIHW, 2010.

Health and welfare labour force

Eye health labour force in Australia. Long R. Cat. no. PHE 116. Canberra: AIHW, 2009.

Medical labour force 2007. Cat. no. HWL 45. Canberra: AIHW, 2009.

Nursing and midwifery labour force 2007. Cat. no. HWL 44. Canberra: AIHW, 2009.

Health and welfare services and care

Australian hospital statistics 2008–09. Cat. no. HSE 84. Canberra: AIHW, 2010.

Australia's health 2010. Cat. no. AUS 122. Canberra: AIHW, 2010.

Australia's health 2010—in brief. Cat. no. AUS 126. Canberra: AIHW, 2010.

Australia's hospitals 2008–09 at a glance. Cat. no. HSE 89. Canberra: AIHW, 2010.

Australia's welfare 2009. Cat. no. AUS 117. Canberra: AIHW, 2009.

Medication use for arthritis and osteoporosis. Cat. no. PHE 121. Canberra: AIHW, 2010.

Mental health services in Australia 2006–07. Cat. no. HSE 74. Canberra: AIHW, 2009.

Primary carers of people with arthritis and osteoporosis. Cat. no. PHE 124. Canberra: AIHW, 2010.

Housing and homelessness

Community housing 2008–09. Cat. no. HOU 217. Canberra: AIHW, 2010.

Counting the homeless 2006: Australian Capital Territory. Chamberlain C & MacKenzie D. Cat. no. HOU 207. Canberra: AIHW, 2009.

Counting the homeless 2006: New South Wales. Chamberlain C & MacKenzie D. Cat. no. HOU 204. Canberra: AIHW, 2009.

Counting the homeless 2006: Northern Territory. Chamberlain C & MacKenzie D. Cat. no. HOU 210. Canberra: AIHW, 2009.

Counting the homeless 2006: Queensland. Chamberlain C & MacKenzie D. Cat. no. HOU 205. Canberra: AIHW, 2009.

Counting the homeless 2006: South Australia. Chamberlain C & MacKenzie D. Cat. no. HOU 206. Canberra: AIHW, 2009.

Counting the homeless 2006: Tasmania.
Chamberlain C & MacKenzie D. Cat. no. HOU 208.
Canberra: AIHW, 2009.

Counting the homeless 2006: Victoria.
Chamberlain C & MacKenzie D. Cat. no. HOU 203.
Canberra: AIHW, 2009.

Counting the homeless 2006: Western Australia.
Chamberlain C & MacKenzie D. Cat. no. HOU 209.
Canberra: AIHW, 2009.

Crisis Accommodation Program 2008–09. Cat. no. HOU 228. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Australia. Cat. no. HOU 219. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Australian Capital Territory supplementary tables. Cat. no. HOU 220. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 New South Wales supplementary tables. Cat. no. HOU 223. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Northern Territory supplementary tables. Cat. no. HOU 221. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Queensland supplementary tables. Cat. no. HOU 224. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 South Australia supplementary tables. Cat. no. HOU 225. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual

report 2008–09 Tasmania supplementary tables. Cat. no. HOU 227. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Victoria supplementary tables. Cat. no. HOU 222. Canberra: AIHW, 2010.

Government-funded specialist homelessness services: SAAP National Data Collection annual report 2008–09 Western Australia supplementary tables. Cat. no. HOU 226. Canberra: AIHW, 2010.

Indigenous housing needs 2009: a multi-measure needs model. Cat. no. HOU 214. Canberra: AIHW, 2009.

Problem gambling among those seeking homelessness services. Cat. no. HOU 215. Canberra: AIHW, 2009.

Public rental housing 2008–09. Cat. no. HOU 218. Canberra: AIHW, 2010.

State owned and managed Indigenous housing 2008–09. Cat. no. HOU 216. Canberra: AIHW, 2010.

Injury

A review of suicide statistics in Australia. Harrison JE, Pointer S & Abou Elnour A. Cat. no. INJCAT 121. Adelaide: AIHW NISU, 2009.

Injury deaths, Australia 2004–05. Henley G & Harrison JE. Cat. no. INJCAT 127. Adelaide: AIHW NISU, 2009.

Serious injury due to land transport accidents, Australia 2006–07. Henley G & Harrison JE. Cat. no. INJCAT 129. Adelaide: AIHW NISU, 2009.

Serious injury due to transport accidents involving a railway train, Australia 2002–03 to 2006–07. Henley G & Harrison JE. Cat. no. INJCAT 130. Adelaide: AIHW NISU, 2009.

Spinal cord injury, Australia 2007–08. Norton L. Cat. no. INJCAT 128. Adelaide: AIHW NISU, 2010.

Perinatal health

Assisted reproductive technology in Australia and New Zealand 2007. Wang YA, Chambers GM, Dieng M & Sullivan EA. Cat. no. PER 47. Canberra: AIHW, 2009.

Australia's mothers and babies 2007. Laws P & Sullivan EA. Cat. no. PER 48. Sydney: AIHW NPSU, 2009.

Population health

A snapshot of men's health in regional and remote Australia. Cat. no. PHE 120. Canberra: AIHW, 2010.

Asthma among older people in Australia. Gall M. Cat. no. ACM 19. Canberra: AIHW, 2010.

Asthma in Australian children: findings from Growing Up in Australia, the Longitudinal Study of Australian Children. Australian Centre for Asthma Monitoring. Cat. no. ACM 17. Canberra: AIHW, 2009.

Asthma, chronic obstructive pulmonary disease and other respiratory diseases in Australia. Cat. no. ACM 20. Canberra: AIHW, 2010.

Burden of disease due to asthma in Australia 2003. Cat. no. ACM 16. Canberra: AIHW, 2009.

Risk factors and participation in work. Cat. no. PHE 122. Canberra: AIHW, 2010.

The health of Australia's prisoners 2009. Cat. no. PHE 123. Canberra: AIHW, 2010.

The problem of osteoporotic hip fracture in Australia. Cat. no. AUS 121. Canberra: AIHW, 2010.

Safety and quality of health care

Public and private sector medical indemnity claims in Australia 2006–07: a summary. Cat. no. HSE 86. Canberra: AIHW, 2010.

Journal articles

Journal articles by AIHW staff

The staff of the AIHW produced five journal article articles in 2009–10.

Catanzariti L, Faulks K, Moon L, Waters A-M, Flack J & Craig ME 2009. Australia's national trends in the incidence of Type 1 diabetes in 0–14-year-olds, 2000–2006. *Diabetic Medicine* 26(6):596–601.

Chen L, Tonkin AM, Moon L, Mitchell P, Dobson A, Giles G et al. 2009. Recalibration and validation of the SCORE risk chart in the Australian population: the AusSCORE chart. *European Journal of Cardiovascular Prevention & Rehabilitation* 16(5):562–70.

Karmel R, Anderson P, Gibson D, Peut A, Duckett S & Wells Y 2010. Empirical aspects of record linkage across multiple data sets using statistical linkage keys: the experience of the PIAC cohort study. *BMC Health Services Research* 10:41.

Karmel R, Gibson D, Lloyd J & Anderson P 2009. Transitions from hospital to residential aged care in Australia. *Australasian Journal on Ageing* 28:198–205.

Peut I A & Seebus I 2010. The cultural diversity of older Australians. In: Mackinlay E (ed.). *Ageing and spirituality across faiths and cultures*. London: Jessica Kingsley Publishers, 40–56.

Journal articles by staff of the AIHW's collaborating units

The staff of the AIHW's collaborating units produced 50 journal articles in 2009–10.

Abou Elnour A & Harrison JE 2009. Suicide decline in Australia: where did the cases go? *Australian and New Zealand Journal of Public Health*. 33(1):67–9.

Amarasena N, Spencer AJ, Ou Y & Brennan DS 2010. Dentine hypersensitivity—Australian dentists' perspective. *Australian Dental Journal* 55(2):181–7.

Ampon RD, Reddel HK, Correll PK, Poulos LM & Marks GB 2009. Cost is a major barrier to the use of inhaled corticosteroids for obstructive airways disease. *Medical Journal of Australia* 191(6):319–23.

Australian Research Centre for Population Oral Health 2009. Oral Health and visiting patterns of Indigenous Australian adults aged 35–54 years. Data watch. *Australian Dental Journal* 54(3):271–3.

Australian Research Centre for Population Oral Health 2009. Periodontal diseases in the Australian adult population. Data watch. *Australian Dental Journal* 54(4):390–3.

Australian Research Centre for Population Oral Health 2010. Dental specialists in Australia. Data watch. *Australian Dental Journal* 55(1):96–100.

Australian Research Centre for Population Oral Health 2010. Dental visiting and use of dental services among the Australian older population. Data watch. *Australian Dental Journal* 55(2):223–7.

Ben-Tovim DI, Woodman RJ, Hakendorf PH & Harrison JE 2009. Standardised mortality ratios. Neither constant nor a fallacy. Letter. *British Medical Journal* 338.

Berry JG, Harrison JE & Ryan P 2009. Hospital admissions of Indigenous and non-Indigenous Australians due to interpersonal violence, July 1999 to June 2004. *Australian and New Zealand Journal of Public Health* 33(3):215–22.

Berry JG, Jamieson LM & Harrison JE 2010 Head and traumatic brain injuries among Australian children, July 2000– June 2006. *Injury Prevention* 16(3):198–202.

Bhalla K, Harrison JE, Abraham J, Borse NN, Lyons R, Boufous S et al. 2009. Data sources for improving estimates of the global burden of injuries: call for contributors. *PLoS Medicine*. 6(1):0022–0024.

Bradley CE, Harrison JE & Abou Elnour A 2010. Appearances may deceive: what's going on with

Australian suicide statistics? Editorial. *Medical Journal of Australia* 192(8):428–9.

Brennan DS & Spencer AJ 2009. Stability of practice beliefs and preferences for patients among private general dentists: a comparison of 1997 and 2007. *Australian Dental Journal* 54(3):198–203.

Brennan DS, Singh KA, Liu P & Spencer AJ 2010. Fruit and vegetable consumption among older adults by tooth loss and socio-economic status. *Australian Dental Journal* 55(2):143–9.

Bryan-Hancock C & Casey S 2010. Psychological maturity of at-risk juveniles, young adults and adults: implications for the justice system. *Psychiatry, Psychology and Law* 17(1):57–69.

Burgess T, Crocombe LA, Kelly J & Seet P 2009. The effect of cultural background on the academic adjustment of first year dental students. *Ergo* 1(2):5–14.

Charles J, Britt H & Fahridin S 2009. Glaucoma. *Australian Family Physician* 38(10):763.

Charles J, Britt H & Fahridin S 2010. COPD. *Australian Family Physician* 39(3):93.

Charles J, Britt H & Fahridin S 2010. Croup. *Australian Family Physician* 39(5):269.

Charles J, Britt H & Fahridin S 2010. NESB patients. *Australian Family Physician* 39(4):187.

Charles J, Fahridin S & Britt H 2009. Bites and stings. *Australian Family Physician* 38(11):861.

Charles J, Fahridin S & Britt H 2009. Carpal tunnel syndrome. *Australian Family Physician* 38(9):665.

Fahridin S & Miller G 2009. Management of HIV/AIDS. *Australian Family Physician* 38(8):573.

Fahridin S & Miller G 2009. Presentations of rash. *Australian Family Physician* 38(7):475.

Fahridin S & Miller G 2010. Musculoskeletal injuries. *Australian Family Physician* 39(1–2):11.

- Flood L & Harrison JE 2009. Epidemiology of basketball and netball injuries that resulted in hospital admission in Australia, 2000–2004. *Medical Journal of Australia* 190(2):87–90.
- Finch CF, Day L, Donaldson A, Segal L & Harrison JE 2009. Determining policy-relevant formats for the presentation of falls research evidence. *Health Policy* 93(2–3):207–13.
- Henderson J, Miller G, Britt H & Pan Y 2010. Effect of computerisation on Australian general practice: does it improve the quality of care? *Quality in Primary Care* 18(1):33–47.
- Henderson JV, Harrison CM & Britt HC 2010. Computerised prescribing: assessing the impact on prescription repeats and on generic substitution of some commonly used antibiotics. Letter. *Medical Journal of Australia* 192(9):543–4.
- Homer C, Clements V, McDonnell N, Peek M & Sullivan EA 2009. Maternal mortality: what can we learn from stories of postpartum haemorrhage? *Women and Birth* 22(3):97–104.
- Jamieson LM, Gunthorpe W, Cairney SJ, Sayers SM, Roberts-Thomson KF & Slade GD 2010. Substance use and periodontal disease among Australian Aboriginal young adults. *Addiction* 105:719–26.
- Jamieson LM, Roberts-Thomson KF & Sayers SM 2010. Risk indicators for severe impaired oral health among indigenous Australian young adults. *BMC Oral Health* 10:1.
- Jenkins CR, Chang AB, Poulos LM & Marks GB 2009. Asthma in Indigenous Australians: so much yet to do for Indigenous lung health. Editorial. *Medical Journal of Australia* 190(10):530–1.
- Laws PJ, Tracy SK & Sullivan EA 2010. Perinatal outcomes of women intending to give birth in birth centers in Australia. *Birth* 37(1):28–36.
- Luzzi L, Spencer AJ, Jones K & Roberts-Thomson KF 2009. Predicting relative need for urgent dental care. *Community Dental Health* 26(3):162–9.
- Marks GB, Poulos LM, Jenkins CR & Gibson PG 2009. Asthma in older adults: a holistic, person-centred and problem-oriented approach. Editorial. *Medical Journal of Australia* 191(4):197–9.
- McKenzie K, Campbell MA, Scott DA, Discoll TR, Harrison JE & McClure RJ 2010. Identifying work related injuries: comparison of methods for interrogating text fields. *BMC Medical Informatics and Decision Making* 10:19.
- McKenzie K, Enraght-Moony EL, Waller GS, Walker SM, Harrison JE & McClure RJ 2009. Causes of injuries resulting in hospitalisation in Australia: assessing coder agreement on external causes. *Injury Prevention* 15(3):188–96.
- McKenzie K, Enraght-Moony EL, Walker SM, McClure RJ & Harrison JE 2009. Accuracy of external cause-of-injury coding in hospital records. *Injury Prevention* 15(1):60–4.
- McKenzie K, Harrison JE & McClure RJ 2010. Identification of alcohol involvement in injury-related hospitalisations using routine data compared to medical record review. *Australian and New Zealand Journal of Public Health* 34(2):146–52.
- McKenzie K, Mitchell R, Scott DA, Harrison JE & McClure RJ 2009. The reliability of information on work-related injuries available from hospitalisation data in Australia. *Australian and New Zealand Journal of Public Health*. 33(4):332–8.
- Miller G & Charles J 2009. GORD. *Australian Family Physician* 38(12):955.
- Pirotta M, Stein AN, Conway EL, Harrison C, Britt H & Garland S 2010. Genital warts incidence and healthcare resource utilisation in Australia. *Sexually Transmitted Infections* 86(3):181–6.
- Robson SJ, Laws P & Sullivan EA 2009. Adverse outcomes of labour in public and private hospitals in Australia: a population-based descriptive study. *Medical Journal of Australia* 190(9):474–7.

Rosendal M, Letriliart L, van Boven K, Grimsno A, Britt H, Soler JK et al. 2010. Comment on the article "Sixteen years of ICPC use in Norwegian primary care" by Botsis et al. *BMC Medical Informatics and Decision Making* 10:11.

Schneider JM, Gopinath B, McMahon CM, Britt HC, Harrison CM, Usherwood T et al. 2010. Role of general practitioners in managing age-related hearing loss. *Medical Journal of Australia* 192(1): 20–3.

Sullivan EA, Moran K & Chapman MG 2009. Term breech singletons and caesarean section: a population study, Australia 1991–2005. *Australia and New Zealand Journal of Obstetrics and Gynaecology* 49(5):456–60.

Webster R, Bayram C, Turnbull F & Patel A 2009. Management of cardiovascular risk factors in Australian general practice of those at highest risk. *Australasian Epidemiologist* 16(1):6–11.

Webster RJ, Heeley EL, Peiris DP, Bayram C, Cass A & Patel AA 2009. Gaps in cardiovascular disease risk management in Australian general practice. *Medical Journal of Australia* 191(6):324–9.

Williams CM, Maher CG, Hancock MJ, McAuley JH, McLachlan AJ, Britt H et al. 2010. Low back pain and best practice care: a survey of general practice physicians. *Archives of Internal Medicine* 170(3):271–7.

Conference papers and presentations

Papers and presentations by AIHW staff

The staff of the AIHW gave 79 papers and presentations at conferences and workshops in 2009–10.

Alders R 2009. Aboriginal and Torres Strait Islander young people under juvenile justice supervision—state and territory differences. Presentation at the Australian and New Zealand Society of Criminology conference, Perth, 22–25 November.

Allbon P 2009. Health indicators. Presentation at the Health Information Systems Development AusAID forum, Brisbane, 2 November.

Allbon P 2009. Measuring child well-being. Keynote address at the 2nd international conference of the International Society for Child Indicators, Sydney, 4–5 November.

Allbon P 2009. Measuring (injury) for wellbeing. Keynote address at the New Zealand Injury Information Forum, Wellington, New Zealand, 4 December.

Allbon P 2009. Will e-health bring data wealth? Paper presented at the Australian Healthcare and Hospitals Association Congress, Hobart, 8–9 October.

Allbon P 2010. Australia's health 2010—an overview. Opening address at the Australia's Health 2010 conference, Canberra, 23 June.

Allbon P 2010. Delivering homelessness data. Presentation to the Homelessness Delivery Review Board, Canberra, 11 March.

Allbon P 2010. Health and welfare indicators and measurement. Presentation at the Productivity Commission Workshop on Economic & Social Inclusion Indicators, Productivity Commission, Canberra, 25 March.

Allbon P 2010. Indicators and measurement. Presentation at the AIHW Indicators Development Workshop, Canberra, 10 February.

Allbon P 2010. Measuring outcomes: a set of performance indicators across the health and aged care system. Paper presented at the Measuring Patient Outcomes conference, Sydney, 17–18 February.

Allbon P 2010. Using national health accounts as an evidence base for policy development. Presentation at the Pacific Island Countries Regional Workshop on National Health Accounts, Nadi, Fiji, 25 May.

Al-Yaman F 2009. Measuring performance to assess whether the gap is closing. Aboriginal and Torres Strait Islander Health Care 2009 conference, Sydney, 25–26 November.

Al-Yaman F 2009. Recent developments in Indigenous health monitoring in Australia. XXVI International Population Conference of the International Union for the Scientific Study of Population, Marrakech, Morocco, 27 September – 2 October.

Al-Yaman F 2009. The Northern Territory Intervention. Indigenous Health Delivery Forum 2009, Brisbane, 28–30 October.

Al-Yaman F 2010. Assessment of trends—issues and challenges. International Group for Indigenous Health Measurement, Seattle, USA, 26 May.

Al-Yaman F 2010. Closing the Gap Clearinghouse evaluation forum, Canberra, 25 March.

Al-Yaman F 2010. Closing the Gap Clearinghouse presentations to all Australian Government agencies in Canberra, and to agencies in the Northern Territory, Queensland, the Australian Capital Territory and New South Wales, February to May.

Al-Yaman F 2010. Measures of life expectancy. International Group for Indigenous Health Measurement, Seattle, USA, 26 May.

Al-Yaman F & Jackson Pulver L 2010. Indigenous health reforms. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Anderson P 2009. Pathways in care: the evidence. ACAP as a gateway to HACC? Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Anderson P 2010. Pathways in aged care: what do people do? Paper presented at the 10th Global Conference on Ageing of the International Federation on Ageing, Melbourne, 3–6 May.

Beard T 2009. Australia's children and youth: who are they and what are their needs? Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Bennetts R 2009. Output-based health-specific PPPs pilot project Australian study. Paper presented at the Purchasing Price Parity Technical Workshop of the OECD, Paris, 6 October.

Bishop K 2009. Burden of injury mortality in Matlab, Bangladesh. Paper presented at the 6th Understanding Mortality Data—Reaping the Rewards workshop of the Australasian Mortality Data Interest Group, Wellington, New Zealand, 2–3 December.

Bishop K 2010. Obesity—weighing up the facts. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Bowler E 2009. What can the Aged Care Funding Instrument tell us about dementia? Paper presented at the Dementia Collaborative Research Centre seminar, Sydney, 23 April.

Bowler E & Brien G 2010. Dementia. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Bowles D 2010. The AIHW Healthy for Life Summary National Report: an important tool for services in their continuous quality improvement processes. Paper presented at the Healthy for Life and New Directions Mothers and Babies Services conference, Brisbane, 28–30 April.

Braddock D 2010. Health workforce trends during the 2000s. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Branson K 2010. Closing the Gap Clearinghouse. Poster presented at the Indigenous Employment and Economic Development conference, Brisbane, 19–21 April.

Brien G 2009. Australia's welfare 2009 'Aged Care' chapter. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Brien G 2010. Characteristics of the CALD population. Presented at the Diversity in Health conference, Melbourne, 7–9 June.

Brien G 2009. Hospital Dementia Services Project. Poster presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Brien G 2009. Hospital Dementia Services Project. Poster presented at the National Dementia Research forum 2009, Sydney, 24–25 September.

Chau T 2009. Relationship between location and characteristics of private renters and social housing tenants. Paper presented at the 6th National Housing conference, Melbourne, 25–27 November.

Cooper-Stanbury M 2010. Key indicators of progress for chronic disease and associated determinants. Presentation at the AIHW Indicators Development Workshop, Canberra, 10 February.

Craig P 2009. Mandatory food fortification: influencing health and well-being across populations. Paper presented at the 2009 Home Economics Institute of Australia conference, Darwin, 9–11 July.

Dixon T & Bhatia K 2009. Deaths involving hip fracture in Australia: shifts in the assignment of the underlying cause of death. Paper presented at the 6th Understanding Mortality Data—Reaping the Rewards workshop of the Australasian Mortality Data Interest Group, Wellington, New Zealand, 2–3 December.

Docrat N & Harrold T 2009. How do we capture what we know? Capturing comorbidity in the Alcohol and Other Drug Treatment Services National Minimum Data Set. Paper presented at the Creating Synergy VI conference, Wollongong, 1–3 July.

Dugbaza T 2010. The role of data linkage in assessing the level of Indigenous under-identification. Presentation at the Data and Information Management Workshop of the Aboriginal Health Council of South Australia, Adelaide, 17 June.

Faulks K, Waters A-M & Wilson H 2009. Questions we can't answer—why the NDSS form is important. Paper presented at the annual scientific meeting of the Australian Diabetes Society & Australian Diabetes Educators Association, Adelaide, 26–28 August.

Faulks K, Waters A-M & Wilson H 2009. Type 1 diabetes in children—latest results from the

National Diabetes Register. Paper presented at the annual scientific meeting of the Australian Diabetes Society & Australian Diabetes Educators Association, Adelaide, 26–28 August.

Gall M 2010. Respiratory disease trends in Australia. Presentation at the National Asthma Management Program Evaluation workshop, Sydney, 22 April.

Gibson D & Peut A 2009. Pathways in care: the evidence. Introduction to the PIAC project. Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Green F 2009. Health care expenditure on chronic kidney disease in Australia 2004–05. Paper presented at the annual scientific meeting of the Australian and New Zealand Society of Nephrology, Hobart, 7–9 September.

Hayward R & Jefferson A 2010. Aboriginal and Torres Strait Islander people in alcohol and other drug treatment. Poster presented at the inaugural conference of the National Indigenous Drug and Alcohol Committee, Adelaide, 16–18 June.

Jefferson A 2010. Alcohol and other drugs. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Jefferson A, Docrat N & Harrold T 2009. Sex, age and treatment: what's really happening? Accurate comparison of drug treatment services data. Paper presented at the Australasian Professional Society on Alcohol and other Drugs conference, Darwin, 1–4 November.

Jellie C 2009. Carers and informal care: an overview. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Karmel R 2009. Pathways in care: the evidence. Permanent residential care in care pathways. Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Karmel R 2010. The Hospital Dementia Services Project: what happens in hospital to people with

dementia. Paper presented at the 10th Global Conference on Ageing of the International Federation on Ageing, Melbourne, 3–6 May.

Lukong PF 2009. Using Medicare data to estimate Indigenous health expenditure. Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Macdonald M 2009. Experiences and challenges in developing and reporting on key national indicators. Paper presented at the 2nd international conference of the International Society for Child Indicators, Sydney, 4–5 November.

Mallen K 2009. Housing and housing assistance. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Mathur S 2009. Reporting on children and youth in Australia—the challenges. Paper presented at the 2nd international conference of the International Society for Child Indicators, Sydney, 4–5 November.

Moon L 2010. Cardiovascular disease: recent trends and current key issues. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Moon L, Ryan C & Green F 2010. The latest statistics on chronic kidney disease. Paper presented at the 38th annual conference of the Renal Society of Australasia, Cairns, 3–5 June.

Murdoch F 2009. Homelessness in Australia—what the data tells us. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

O'Rance L 2009. Disability trends—a closer look. Presentation at the Australia's Welfare 2009 conference, Queanbeyan, 17 November.

Peut A 2009. Pathways in care: the evidence. Wrapping up care. Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Pieris-Caldwell I 2010. Substance use among Aboriginal and Torres Strait Islander people:

an overview. Paper presented at the inaugural conference of the National Indigenous Drug and Alcohol Committee, Adelaide, 16–18 June.

Powerski A 2009. Pathways in care: the evidence. Who can and who does use residential respite care? Paper presented at the 42nd national conference of the Australian Association of Gerontology, Canberra, 25–27 November.

Ryan C 2009. An overview of chronic kidney disease in Australia. Paper presented at the 18th annual scientific meeting of the Australasian Epidemiological Association, Dunedin, New Zealand, 30 August – 1 September.

Ryan C 2009. An overview of the latest statistics on chronic kidney disease in Australia. Paper presented at the annual scientific meeting of the Australian and New Zealand Society of Nephrology, Hobart, 7–9 September.

Ryan C 2009. Chronic kidney disease hospitalisations in Australia. Paper presented at the annual scientific meeting of the Australian and New Zealand Society of Nephrology, Hobart, 7–9 September.

Ryan C 2009. Chronic kidney disease mortality in Australia. Paper presented at the annual scientific meeting of the Australian and New Zealand Society of Nephrology, Hobart, 7–9 September.

Senes S 2010. Diabetes. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Sturrock C 2010. National cancer data: now and in the future! Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Taylor M 2010. National minimum data sets in health and community services. Presentation at the Metadata 2010 conference, Canberra, 26–27 May.

Templeton M & Pieris-Caldwell I 2009. GMD incidence: what is the current picture in Australia? Paper presented at the annual scientific meeting of the Australian Diabetes Society and Australian Diabetes Educators Association, Adelaide, 26–28 August.

Thompson L & Bullock S 2010. A health report of Australian men. Paper presented at the 4th annual Andrology Australia forum, Sydney, 4–6 June 2010.

Tresidder J 2010. Tobacco. Presentation at the Australia's Health 2010 conference, Canberra, 23 June.

Tresidder J, Jefferson A & Claydon C 2010. Illicit drug use data—options for the future. Paper presented at the inaugural conference of the National Indigenous Drug and Alcohol Committee, Adelaide, 16–18 June.

Valentine K 2009. Child protection data in Australia. Asian Pacific Conference on Child Abuse and Neglect, Perth, 15–18 November.

Verhoeven A 2010. Emerging compliance considerations. Paper presented at the 4th Annual Public Sector Information Management Strategy conference, Canberra, 16–17 March.

Webster A 2010. Respiratory disease trends in Australia. Presentation at the Asthma Management Program Evaluation conference, Adelaide, 22 April.

Woodall J, Broadbent A & Senes S 2009. Describing the supply of cardiovascular medicines in Australia. Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Woodall J, Broadbent A & Senes S 2010. Describing the supply of cardiovascular medicines in Australia. Paper presented at the National Medicines Symposium, Melbourne, 26–28 May.

Wordsworth T 2010. Indicator registry for health and welfare. Presentation at the AIHW Indicators Development Workshop, Canberra, 10 February.

Papers and presentations by staff of the AIHW's collaborating units

The staff of AIHW collaborating units gave 45 papers and presentations at conferences and workshops in 2009–10.

Ampon RD 2010. The association between antibiotic use in infancy and the use of inhaled corticosteroids later in childhood. Poster presented at the National Medicines Symposium, Melbourne, 26–28 May.

Balasubramanian M 2009. Brain drain, brain circulation, brain exportation: a case of Indian dentists migrating to Australia. Paper presented at the mid-term conference of the Research Committee on Sociology of Health of the International Sociological Association, Jaipur, India, 21–23 September.

Bayram C, Valenti L, Britt H & Miller G 2009. GP pathology ordering in Australia 2000–02 to 2006–08. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Bradley C 2009. Identifying injuries in Australia due to mobility scooters; incidence, severity and common characteristics. Paper presented at the 9th National Conference on Injury Prevention and Safety Promotion, Melbourne, 26–28 July.

Bradley C 2009. Identifying injuries in Australia due to mobility scooters. Incidence, severity and common characteristics. Presentation at the National Mobility Scooter Reference Group roundtable of the Australian Competition and Consumer Commission, Canberra, 17 September.

Bradley C 2009. Trends in fall-related hospitalisations for Australians aged 65 years and older. What's going on? Paper presented at the National Falls Prevention Summit, Brisbane, 19–20 October.

Brennan DS 2009. Social deprivation, stress and dental service provision. Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Brennan DS 2009. The 'missing' action area: rural dwellers: monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

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Britt H, Miller G, Henderson J, Harrison C, O'Halloran J & Fahridin S 2009. General practice in Australia, health priorities and policy 1998–2008. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

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Crocombe L 2009. Soft drinks and sports drinks. Oral Health Promotion Clearinghouse Workshop, Adelaide, 30 November–1 December.

Ellershaw AE 2009. Low income and disadvantage: monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

Fahridin S & Britt H 2009. General practice encounters with Indigenous patients. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Fahridin S 2009. Cancer and injury. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Harford J 2009. Can reason for dental insurance predict service use? Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Harford J 2009. Older people: monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

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Harrison J 2009. Global burden of injury: developments in theory and methods in the

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Harrison J 2009. Quality of external cause coding in Australian hospitals: implications for injury surveillance. Paper presented at the 9th National Conference on Injury Prevention and Safety Promotion, Melbourne, 26–28 July.

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Harrison C, Britt H & Miller G 2009. Family practice workforce shortages in Australia: now and in 2020. Paper presented at the 37th annual meeting of the North American Primary Care Research Group, Montreal, Canada, 14–18 November.

Harrison C & Charles J 2009. The effect of policy on mental health management in Australian general practice, 1998–2008. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Henderson J & Pan Y 2009. Cardiovascular problems in general practice—policy and practice, 1998–2008. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Henderson J & Pan Y 2009. Respiratory problems in general practice—policy and practice, 1998–2008. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

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Marks GB 2009. Asthma in Australia: an update on the burden and management of asthma. Paper presented at the Pharmacy Australia Congress, Sydney, 15–18 October.

Marks GB 2010. Data Methods Workshop: Measuring the impact of medicines policy and practice on drug utilisation, costs and health. Use of PBS data for monitoring asthma. Paper presented at the National Medicines Symposium, Melbourne, 26–28 May.

Miller G, Britt H & Pan Y 2009. Severity of illness and resource utilization in family practice. Paper presented at the 37th annual meeting of the North American Primary Care Research Group, Montreal, Canada, 14–18 November.

Miller G, Britt H & Pan Y 2009. Type 2 diabetes, practise and policy. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Miller G, Britt H & Valenti L 2009. The management of type 2 diabetes in Australian general practice, 1998–2008. Paper presented at the Westmead Association Hospital Week, Sydney, August.

Norton L 2009. The effectiveness of a 40-day physical activity intervention on insufficiently active adults. Paper presented at the Australian Conference of Science and Medicine in Sport, Brisbane, 14–17 October.

O'Halloran J & Pan Y 2009. Changes in the management of musculoskeletal problems in general practice, 1998–99 to 2007–08. Paper presented at the 2009 General Practice & Primary Health Care Research conference, Melbourne, 15–17 July.

Roberts-Thomson KF 2009. Children and adolescents—monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

Roberts-Thomson KF 2009. Fluoride use in the 21st century: Australian recommendations. Paper presented at the North Queensland Oral Health convention, Cairns, 20–22 August.

Roberts-Thomson KF 2009. Oral health promotion messages. Oral Health Promotion Clearinghouse Workshop, Adelaide, 30 November – 1 December.

Sullivan EA 2009. Pregnancy and perinatal outcomes after ART treatment in Australia and New Zealand 2004–2006. Paper presented at the national conference of the Fertility Society of Australia, Perth, 25–26 October.

Teusner DN 2009. Workforce development—monitoring data. Presentation at the workshop on Monitoring of Australia's National Oral Health Plan, Adelaide, 17–18 September.

Teusner DN 2009. Dental insurance status, level of cover and use of services. Paper presented at the 6th Health Services and Policy Research conference, Brisbane, 25–27 November.

Waters A-M, Poulos LM, Ampon RD, Ziniviev A, Xuan W, Reddel HK et al. 2009. Prognostic significance of parental reports of “asthma” and “wheeze” in kindergarten children. Paper presented at the 2nd Growing Up in Australia: The Longitudinal Study of Australian Children research conference, Melbourne, 3–4 December.

Zinoviev A 2009. Outcomes associated with asthma or wheezing illness in the fifth year of life. Poster presented at the 18th annual scientific meeting of the Australasian Epidemiological Association, Dunedin, New Zealand, 30 August – 1 September.

Appendix 8 Freedom of information statement

It is a requirement of s. 8 of the *Freedom of Information Act 1982* that the AIHW publish in its annual report information about:

- the organisation and functions of the AIHW
- its decision-making powers that affect the public
- its arrangements for public participation in the formulation of policy
- the categories of documents that are in the possession of the AIHW
- how these documents can be accessed by the public, including facilities to obtain physical access, access procedures and initial contact for inquiries.

Organisation and functions of the AIHW

Chapter 1 Governance and management of the AIHW's *Annual report 2009–10* provides details of the organisational structure, functions and decision-making arrangements of the AIHW.

The main function of the AIHW is to collect, analyse and disseminate information and statistics related to health and welfare. The decision-making powers of the AIHW therefore have minimal effect on members of the public.

Arrangements for public participation in policy formulation

The composition of the AIHW Board is prescribed in s. 8 of the AIHW Act (**Appendix 1**, page 116). Provision is made for membership of the AIHW

Board by a range of people and representatives of bodies outside the Australian Government sphere.

The AIHW consults with a wide range of stakeholders through its membership of national committees (**Appendix 5**, page 156).

The AIHW has established a number of topic-specific steering committees, which include bodies and persons from outside the Commonwealth administration, to advise the AIHW on its major reports.

The membership of the AIHW Ethics Committee, as prescribed by AIHW Ethics Committee Regulations 1989, includes a range of community representatives.

The statutory role of the AIHW does not include the responsibility for formulating Commonwealth health or welfare policy.

Views and comments from members of the public and bodies outside the Commonwealth on the AIHW's policies and guidelines or on its administration can be directed, in writing, to:

The Director
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Categories of documents maintained

Documents available to the public upon payment of a fee

The AIHW does not hold any documents of this type.

Documents available for purchase by the public

Under the AIHW Act, the AIHW has a responsibility to publicly report information about the health and welfare status of Australians and the services they receive.

Printed copies of the AIHW's publications can be purchased through the AIHW's website or from its contracted distributor CanPrint on 1300 889 873.

Other documents made available to the public on request free of charge

AIHW publications and media releases are available as electronic file downloads free of charge on the AIHW website at <<http://www.aihw.gov.au>>.

Facilities provided to enable the public to physically access documents

Facilities will be provided by the AIHW to enable members of the public to obtain physical access to the AIHW's documents, on an 'as needed' basis.

Freedom of information enquiries

A request for access to documents under the *Freedom of Information Act 1982* must be made in writing and accompanied by a \$30 application fee and an address in Australia to which notices can be sent. In certain circumstances the fee is not required and can be remitted. To enable a prompt response and to help the AIHW meet its obligations under the *Freedom of Information Act 1982*, applicants should provide as much detail as possible about the documents they are seeking. A telephone number or an email address should also be included in case AIHW officers need any clarification. Applicants may be liable to pay charges at rates prescribed by the Freedom of Information (Fees and Charges) Regulations.

Enquiries about submitting a formal request under the *Freedom of Information Act 1982* should be directed to the:

FOI Contact Officer
Information Governance Unit
Phone: 02 6244 1107

Formal requests should be sent to the:

FOI Contact Officer
Information Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

In accordance with the *Electronic Transactions Act 1999*, freedom of information requests may be mailed to parliamentary@aihw.gov.au.

In most cases, no action will be taken until an application fee is received. A request for remission of the application fee can be made in the formal request.

Freedom of information requests received

Under the *Freedom of Information Act 1982* there were two requests and one internal review request made during 2009–10. These were completed during the year.

Data held by the AIHW

In relation to data held by the AIHW:

- Cost recovery is the underlying policy for all prices charged by the AIHW. The AIHW will charge clients for responding to requests for ad hoc information or data on a cost recovery basis.
- The AIHW makes available, through its website, unidentifiable aggregated data in a series of 'data cubes' (see 'Enhancing data access while protecting privacy' on page 26).

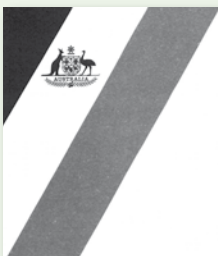
- Data that are collected under the AIHW Act is protected by the confidentiality provisions (s. 29) of that Act, and the *Privacy Act 1988*.
- Information Privacy Principle 5 in the *Privacy Act 1988* requires the AIHW to maintain and provide a written record to the Australian Privacy Commissioner of the extent and nature of the classes of personal information it holds. The Act also requires the Privacy Commissioner to compile and publish these returns in the personal information digests on the Office of the Privacy Commission website <www.privacy.gov.au>.

Freedom of information enquiries

Enquiries regarding access to documents under the *Freedom of Information Act 1982* should be directed to the:

FOI Contact Officer
Information Governance Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra, ACT 2601
Phone 02 6244 1107.

Appendix 9 Financial statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Scope

I have audited the accompanying financial statements of Australian Institute of Health and Welfare for the year ended 30 June 2010, which comprise: the Statement by Director, Chief Executive and Chief Financial Officer; Statement of Comprehensive Income; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Contingencies; Schedule of Asset Additions; and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies.

The Directors' Responsibility for the Financial Statements

The directors is responsible for the preparation and fair presentation of the financial statements in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards (which include the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Australian Institute of Health and Welfare's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing

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an opinion on the effectiveness of Australian Institute of Health and Welfare's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting the audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Auditor's Opinion

In my opinion, the financial statements of Australian Institute of Health and Welfare:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including Australian Institute of Health and Welfare's financial position as at 30 June 2010 and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dash
Executive Director
Delegate of the Auditor General

Canberra
23 September 2010



Australian Government

Australian Institute of
Health and Welfare

Better information and statistics
for better health and wellbeing

STATEMENT BY DIRECTOR, CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2010 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.

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

This statement is made in accordance with a resolution of the directors.

Hon. Peter Collins, AM, QC
Chair

23 September 2010

Penny Allbon
Chief Executive

23 September 2010

Andrew Kettle
Chief Financial Officer

23 September 2010

26 Thynne Street, Fern Hill Park, Bruce ACT • GPO Box 570, Canberra ACT 2601
phone 02 6244 1000 • facsimile 02 6244 1299 • web www.aihw.gov.au

Australian Institute of Health and Welfare
STATEMENT OF COMPREHENSIVE INCOME
for the period ended 30 June 2010

	Notes	2010 \$'000	2009 \$'000
EXPENSES			
Employee benefits	3A	28,375	21,860
Supplier expenses	3B	14,745	9,697
Depreciation and amortisation	3C	757	635
Write-down of assets	3D	345	–
Finance costs	3E	45	–
Losses from sales of assets	3F	1	16
Total expenses		44,268	32,208
LESS:			
OWN-SOURCE INCOME			
Own-source revenue			
Sale of goods and rendering of services	4A	24,944	22,278
Interest	4B	754	741
Total own-source revenue		25,698	23,019
Gains			
Other revenues	4C	39	3
Total gains		39	3
Total own-source income		25,737	23,022
Net cost of services		18,531	9,186
Revenue from government	4D	20,708	9,325
Surplus attributable to the Australian Government		2,177	139
OTHER COMPREHENSIVE INCOME			
Change in asset revaluation reserve		688	–
Total other comprehensive income		688	–
Total comprehensive income		2,865	139
Total comprehensive income attributable to the Australian Government		2,865	139

The above statement should be read in conjunction with the accompanying notes.

Australian Institute of Health and Welfare

BALANCE SHEET

as at 30 June 2010

	Notes	2010 \$'000	2009 \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	5A	18,792	9,119
Trade and other receivables	5B	9,364	8,892
Total financial assets		28,156	18,011
Non-financial assets			
Buildings	6A,D	1,974	1,303
Property, plant and equipment	6B,D	766	451
Library collection	6C,D	200	250
Intangibles	6E	59	116
Inventories	6F	104	66
Other non-financial assets	6G	642	534
Total non-financial assets		3,745	2,720
Total assets		31,901	20,731
LIABILITIES			
Payables			
Suppliers	7A	1,950	868
Other payables	7B	1,187	913
Contract income in advance	7C	14,884	11,807
Total payables		18,021	13,588
Provisions			
Employee provisions	8A	7,258	5,167
Other provisions	8B	637	423
Total provisions		7,895	5,590
Total liabilities		25,916	19,178
Net assets		5,985	1,553
EQUITY			
Contributed equity		2,756	1,146
Reserves		2,288	1,600
Accumulated surplus/(deficit)		941	(1,193)
Total equity		5,985	1,553

The above statement should be read in conjunction with the accompanying notes.

Australian Institute of Health and Welfare

STATEMENT OF CHANGES IN EQUITY

For the period ended 30 June 2010

	Retained Earnings		Asset Revaluation Reserve		Contributed Equity/Capital		Total Equity	
	2010	2009	2010	2009	2010	2009	2010	2009
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Opening balance								
Balance carried forward from previous period	(1,193)	(1,332)	1,600	1,600	1,146	1,146	1,553	1,414
Adjustment for errors	(43)	—	—	—	—	—	(43)	—
Adjusted opening balance	(1,236)	(1,332)	1,600	1,600	1,146	1,146	1,510	1,414
Comprehensive income								
Other comprehensive income	—	—	688	—	—	—	688	—
Surplus (Deficit) for the period	2,177	139	—	—	—	—	2,177	139
Total comprehensive income, of which:	2,177	139	688	—	—	—	2,865	139
- attributable to the Australian Government	2,177	139	688	—	—	—	2,865	139
- transactions with owners								
- contributions by owners								
Equity injection	—	—	—	—	1,610	—	1,610	—
Sub-total transactions with owners	—	—	—	—	1,610	—	1,610	—
Closing balance at 30 June	941	(1,193)	2,288	1,600	2,756	1,146	5,985	1,553
Closing balance attributable to the Australian Government	941	(1,193)	2,288	1,600	2,756	1,146	5,985	1,553

The above statement should be read in conjunction with the accompanying notes.

Australian Institute of Health and Welfare

CASH FLOW STATEMENT for the period ended 30 June 2010

	Notes	2010 \$'000	2009 \$'000
OPERATING ACTIVITIES			
Cash received			
Goods and services		29,519	25,536
Receipts from Government		21,404	8,629
Interest		675	740
Net GST received		1,375	1,041
Other		206	120
Total cash received		53,179	36,066
Cash used			
Employees		26,012	21,097
Suppliers		15,150	11,127
GST paid		2,747	2,340
Total cash used		43,909	34,564
Net cash from (or used by) operating activities	9	9,270	1,502
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment		1,207	161
Total cash used		1,207	161
Net cash from (or used by) investing activities		(1,207)	(161)
FINANCING ACTIVITIES			
Cash received			
Contributed equity		1,610	—
Total cash received		1,610	—
Net cash from (or used by) financing activities		1,610	—
Net increase (or decrease) in cash held		9,673	1,341
Cash and cash equivalents at the beginning of the reporting period		9,119	7,778
Cash and cash equivalents at the end of the reporting period	5A	18,792	9,119

The above statement should be read in conjunction with the accompanying notes.

Australian Institute of Health and Welfare

SCHEDULE OF COMMITMENTS

as at 30 June 2010

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
BY TYPE		
Commitments receivable		
Project ¹	13,089	14,195
GST recoverable on commitments	1,050	845
Total commitments receivable	<u>14,139</u>	<u>15,040</u>
Commitments payable		
Other commitments		
Operating leases ²	9,489	8,812
Other ¹	2,056	485
Total other commitments	<u>11,545</u>	<u>9,297</u>
Net commitments by type	<u>2,594</u>	<u>5,743</u>
BY MATURITY		
Commitments receivable		
Contract work commitments		
One year or less	11,326	9,950
From one to five years	2,813	5,090
Total commitments receivable	<u>14,139</u>	<u>15,040</u>
Commitments payable		
Operating lease commitments		
One year or less	2,397	2,066
From one to five years	7,092	6,674
Over five years	–	72
Total operating lease commitments	<u>9,489</u>	<u>8,812</u>
Other commitments		
One year or less	1,816	333
From one to five years	240	152
Total other commitments	<u>2,056</u>	<u>485</u>
Total commitments payable	<u>11,545</u>	<u>9,297</u>
Net commitments by maturity	<u>2,594</u>	<u>5,743</u>

NB: Commitments are GST inclusive where relevant.

1 Project and other commitments are primarily amounts relating to the AIHW's contract work.

2 Operating leases are effectively non-cancellable and comprise:

Leases for office accommodation

- Lease payments are subject to annual increases or reviews until the end of the lease
- Current leases expire in September 2011, July 2014 and August 2014

Computer equipment lease

- The lease term is up to 5 years, on expiry of the lease term, the AIHW has the option to extend the lease period, return the computers, or trade in the computers for more up-to-date models

Agreements for the provision of motor vehicles to Senior Executive Officers

- No contingent rentals exist.

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

Australian Institute of Health and Welfare

SCHEDULE OF CONTINGENCIES

as at 30 June 2010

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
CONTINGENCIES	Nil	Nil

As at 30 June 2010, the AIHW has no contingent assets, remote contingencies or unquantifiable contingencies (2009: nil).

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

Australian Institute of Health and Welfare

SCHEDULE OF ASSET ADDITIONS

For the period ended 30 June 2010

The following non-financial non-current assets were added in 2009–10:

	Buildings- Leasehold Improvements	Property Plant and Equipment	Makegood	Intangibles	Total
	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>
By purchase—					
Government					
funding	188	952	—	67	1,207
By new lease	—	—	202	—	202
Total additions	188	952	202	67	1,409

No other funding types were used for asset additions during 2009–10.

The following non-financial non-current assets were added in 2008–09:

	Buildings- Leasehold Improvements	Property, Plant and Equipment	Makegood	Intangibles	Total
	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>	<u>\$'000</u>
By purchase—					
Government					
funding	55	106	—	—	161
Total additions	55	106	—	—	161

No other funding types were used for asset additions during 2008–09.

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1	Summary of Significant Accounting Policies
Note 2	Events after the Balance Date
Note 3	Expenses
Note 4	Revenues
Note 5	Financial Assets
Note 6	Non-Financial Assets
Note 7	Payables
Note 8	Provisions
Note 9	Cash flow reconciliation
Note 10	Directors Remuneration
Note 11	Executive Remuneration
Note 12	Remuneration of Auditors
Note 13	Financial Instruments
Note 14	Compensation and Debt Relief
Note 15	Reporting of Outcomes

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1: Summary of Significant Accounting Policies

1.1 Basis of Preparation of the Financial Report

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

The continued existence of the Australian Institute of Health and Welfare (AIHW) in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for the AIHW's administration and programs.

The financial statements and notes have been prepared in accordance with:

- Finance Minister's Orders (FMO) for reporting periods ending on or after 1 July 2009; and
- Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FMO, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the AIHW or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under agreements equally proportionately unperformed are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the schedule of contingencies.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the Statement of Comprehensive Income when, and only when, the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.2 Objectives of the Australian Institute of Health and Welfare

The AIHW is structured to meet a single outcome:

- Better health and wellbeing for Australians through better health and welfare statistics and information. (This outcome is included in the Department of Health and Ageing's Portfolio Budget Statements).

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, the AIHW has made the following judgements that have the most significant impact on the amounts recorded in the financial statements:

- the fair value of leasehold improvements has been taken to be the depreciated replacement cost as determined by an independent valuer.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

1.4 New Australian Accounting Standards

Adoption of new Australian Accounting Standard requirements

No Accounting Standard has been adopted earlier than the application date as stated in the Standard.

Future Australian Accounting Standard requirements

The following new standards, amendments to standards or interpretations have been issued by the Australian Accounting Standards Board but are effective for future reporting periods. It is estimated that the impact of adopting these pronouncements when effective will have no material financial impact on future reporting periods.

AASB 101 Presentation of Financial Statements (Sep 2007)

AASB 2007-6 Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, 101, 107, 111, 116 & 138 and Interpretations 1 & 12]

AASB 2007-8 Amendments to Australian Accounting Standards arising from AASB 101

AASB 2007-10 Further Amendments to Australian Accounting Standards arising from AASB 101

AASB 2008-2 Amendments to Australian Accounting Standards – Puttable Financial Instruments and Obligations arising on Liquidation [AASB 7, AASB 101, AASB 132 & AASB 139 and Interpretation 2]

AASB 2008-5 Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 5, 7, 101, 102, 107, 108, 110, 116, 118, 119, 120, 123, 127, 128, 129, 131, 132, 134, 136, 138, 139, 140, 141, 1023 & 1038]

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

AASB 2008-9 Amendments to AASB 1049 for Consistency with AASB 101

AASB 2009-2 Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments [AASB 4, AASB 7, AASB 1023 & AASB 1038]

AASB 2009-6 Amendments to Australian Accounting Standards

It is not expected that any of these amended standards will have a material financial impact but may affect the disclosures presented in the financial statements.

1.5 Revenue

Revenue from the sale of goods is recognised when:

- the risks and rewards of ownership have been transferred to the buyer;
- the seller retains no managerial involvement nor effective control over the goods;
- the revenue and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- the amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- the probable economic benefits with the transaction will flow to the AIHW.

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any allowance for impairment. Collectability of debts is reviewed at balance date. Allowances are made when collectability of the debt is no longer probable.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Revenues from Government

Funding received or receivable from the Department of Health and Ageing (appropriated to the Department as a CAC Act body payment item for payment to AIHW) is recognised as Revenue from Government unless they are in the nature of an equity injection or a loan.

1.6 Gains

Resources received free of charge

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

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements.

Sale of assets

Gains from disposal of assets are recognised when control of the asset has passed to the buyer.

1.7 Transactions with the Government as Owner

Equity injections

Amounts that are designated as equity injections for a year are recognised directly in contributed equity in that year.

Restructuring of Administrative Arrangements

Net assets received from or relinquished to another Australian Government agency or authority under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

Other distributions to owners

The FMO require that distributions to owners be debited to contributed equity unless in the nature of a dividend.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.8 Employee Benefits

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

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of balance date are measured at their nominal amounts.

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

Other long-term employee benefits are measured as the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

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

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

The liability for long service leave is recognised and measured at the present value of the estimated future cashflows to be made in respect of all employees at 30 June 2010. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and redundancy

Provision is made for separation and redundancy benefit payments. AIHW recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

Staff of the AIHW are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported by the Department of Finance and Deregulation as an administered item.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

The AIHW makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the cost to the Government of the superannuation entitlements of the AIHW's employees. The AIHW accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

1.9 Leases

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

Where an asset is acquired by means of a finance lease, the asset is capitalised at either the fair value of the lease property or, if lower, the present value of minimum lease payments at the inception of the contract and a liability recognised at the same time and for the same amount.

The discount rate used is the interest rate implicit in the lease. Leased assets are amortised over the period of the lease. Lease payments are allocated between the principal component and the interest expense.

The AIHW has no finance leases.

Operating lease payments are expensed on a straight line basis which is representative of the pattern of benefits derived from the leased assets.

1.10 Borrowing Costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes notes and coins held and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.12 Financial Assets

The AIHW classifies its financial assets in the following categories:

- held-to-maturity investments; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon 'trade date'.

Held-to-maturity investments

Non-derivative financial assets with fixed or determinable payments and fixed maturity dates that the group has the positive intent and ability to hold to maturity are classified as held-to-maturity investments. Held-to-maturity investments are recorded at amortised cost using the effective interest method less impairment, with revenue recognised on an effective yield basis.

Loans and receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of financial assets

Financial assets are assessed for impairment at each balance date.

- Financial assets held at amortised cost – If there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Statement of Comprehensive Income.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.13 Financial Liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

Supplier and other payables

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.14 Contingent Liabilities and Contingent Assets

Contingent liabilities and contingent assets are not recognised in the Balance Sheet but are reported in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset, or represent a liability or asset in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain, and contingent liabilities are disclosed when settlement is greater than remote.

1.15 Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor authority's accounts immediately prior to the restructuring.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.16 Property, Plant and Equipment (PP&E)

Asset recognition threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, except for purchases costing less than \$3,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to ‘makegood’ provisions in property leases taken up by the AIHW where there exists an obligation to restore the property to its original condition. These costs are included in the value of the AIHW’s leasehold improvements with a corresponding provision for the ‘makegood’ recognised.

Revaluations

Fair values for each class of asset are determined as shown below:

Asset class	Fair value measured at:
Buildings-Leasehold Improvements	Depreciated replacement cost
Property, Plant and equipment	Market selling price
Library Collection	Market selling price

Following initial recognition at cost, property, plant and equipment are carried at fair value less accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ from the assets’ fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through surplus and deficit. Revaluation decrements for a class of assets are recognised directly through surplus and deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the AIHW using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

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

	<u>2010</u>	<u>2009</u>
Leasehold improvements	Lease term	Lease term
Property, plant and Equipment	3 to 10 years	3 to 10 years
Library Collection	7 years	7 years

Impairment

All assets were assessed for impairment at 30 June 2010. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs to sell and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the AIHW were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.17 Intangibles

The AIHW's intangibles comprise internally developed and purchased software for internal use. These assets are carried at cost less accumulated amortisation.

Intangibles are recognised initially at cost in the balance sheet, except for purchases costing less than \$50,000, which are expensed in the year of acquisition.

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the AIHW's software is 3 to 5 years (2008–09: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2010.

1.18 Inventories

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

Inventories held for distribution are measured at the lower of cost and current replacement cost.

Inventories acquired at no cost or nominal consideration are measured at current replacement cost at the date of acquisition.

1.19 Taxation

The AIHW is exempt from all forms of taxation except Goods and Services Tax (GST) and Fringe Benefits Tax (FBT).

Revenues, expenses and assets are recognised net of GST:

- except where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- except for receivables and payables.

Note 2: Events after the Balance Date

There were no events that occurred after the balance date that would affect the balances in the financial statements.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 3: Expenses

	2010 \$'000	2009 \$'000
<u>Note 3A: Employees benefits</u>		
Wages and salaries	22,044	16,362
Superannuation:		
Defined contribution plans	1,214	1,053
Defined benefit plans	2,366	1,897
Leave and other entitlements	2,751	2,548
Total employee benefits	28,375	21,860
<u>Note 3B: Suppliers</u>		
Goods and services		
Consultants	3,380	963
Contracted services	3,036	2,574
Information technology	1,125	1,087
Printing and stationery	355	303
Training	442	248
Travel	799	594
Telecommunications	183	86
Other	3,035	2,113
Total goods and services	12,355	7,968
Provision of goods - related entities	1	–
Provision of goods - external entities	1,232	875
Rendering of services - related entities	857	385
Rendering of services - external entities	10,265	6,708
Total goods and services	12,355	7,968
Other supplier expenses		
Operating lease rentals: minimum lease payments	2,129	1,561
Workers compensation premiums	261	168
Total other supplier expenses	2,390	1,729
Total supplier expenses	14,745	9,697
<u>Note 3C: Depreciation and amortisation</u>		
Depreciation:		
Leasehold improvements	293	251
Property, plant and equipment	290	164
Library collection	50	50
Total depreciation	633	465
Amortisation:		
Intangibles		
Computer software	124	170
Total amortisation	124	170
Total depreciation and amortisation	757	635

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
<u>Note 3D: Write-down and impairment of assets</u>		
Revaluation decrement - Property, plant and equipment	345	–
<i>Total write down and impairment of assets</i>	<u>345</u>	<u>–</u>
<u>Note 3E: Finance Costs</u>		
Unwinding of discount.	45	–
<i>Total finance costs</i>	<u>45</u>	<u>–</u>
<u>Note 3F: Net losses from sale of assets</u>		
Net book value of Property, plant and equipment	1	16
Less: Proceeds from sale	–	–
<i>Net loss from sale of assets</i>	<u>1</u>	<u>16</u>
<i>Revenue</i>		
<u>Note 4A: Sale of goods and rendering of services</u>		
Provision of goods - external entities	77	108
Rendering of services - related entities	19,869	16,521
Rendering of services - external entities	4,832	5,649
Conference income - external entities	149	–
Conference income - related entities	17	–
<i>Total sale of goods and rendering of services</i>	<u>24,944</u>	<u>22,278</u>
<u>Note 4B: Interest</u>		
Deposits	754	741
<i>Total interest</i>	<u>754</u>	<u>741</u>
<u>Note 4C: Other revenues</u>		
Other	39	3
<i>Total other revenues</i>	<u>39</u>	<u>3</u>
<u>Note 4D: Revenue from Government</u>		
CAC Act body payment item	20,708	9,325
<i>Total revenue from Government</i>	<u>20,708</u>	<u>9,325</u>

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2010 <u>\$'000</u>	2009 <u>\$'000</u>
Note 5: Financial Assets		
<u>Note 5A: Cash and cash equivalents</u>		
Cash on hand or on deposit	18,792	9,119
<i>Total cash and cash equivalents</i>	18,792	9,119
Surplus cash is invested in term deposits and is represented as cash and cash equivalents.		
<u>Note 5B: Receivables</u>		
Goods and services - related entities	7,959	7,630
Goods and services - external entities	1,121	346
	9,080	7,976
Receivable from Department of Health and Ageing for existing outputs	–	696
Total receivable from Department of Health and Ageing	–	696
GST receivable from the Australian Taxation Office	163	67
Other receivables	121	153
Less: Impairment allowance	–	–
<i>Total net receivables</i>	9,364	8,892
Receivables are aged as follows:		
Not overdue	9,070	8,578
Overdue by:		
Less than 30 days	229	299
30–60 days	22	4
61–90 days	3	11
More than 90 days	40	–
<i>Total receivables (gross)</i>	9,364	8,892
Receivables is expected to be recovered in:		
No more than 12 months	9,364	8,892
More than 12 months	–	–
<i>Total receivables (gross)</i>	9,364	8,892

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 6: Non-Financial Assets

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
<u>Note 6A: Buildings</u>		
<i>Leasehold improvements</i>		
Fair value	1,337	1,309
WIP	–	39
Accumulated depreciation	–	(347)
	1,337	1,001
Deferred makegood	637	423
Accumulated depreciation	–	(121)
	637	302
<i>Total buildings</i>	1,974	1,303

No indicators of impairment were found for leasehold improvements.

A revaluation increment of \$398,133 (2009: nil) for leasehold improvements and \$214,000 (2009: nil) for makegood assets and another \$76,000 (2009: nil) for changes in provision for makegood were credited to the Asset Revaluation Reserve as at 30 June 2010 and are included in the equity section of the balance sheet.

Note 6B: Property, plant and equipment

Property, plant and equipment

Fair value	766	713
Accumulated depreciation	–	(262)
<i>Total property, plant and equipment</i>	766	451

A revaluation decrement of \$344,446 (2009: nil) was transferred to the Statement of Comprehensive Income as at 30 June 2010.

No indicators for impairment were found for property, plant and equipment.

Note 6C: Library collection

Library collection

Fair value	350	350
Accumulated depreciation	(150)	(100)
<i>Total library collection</i>	200	250

No indicators of impairment were found for Library Collection.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 6D: Analysis of Property, Plant and Equipment

TABLE A—Reconciliation of the opening and closing balances of property, plant and equipment (2009–10)

	Buildings-Leasehold Improvements \$'000	Property, Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
As at 1 July 2009				
Gross book value	1,772	713	350	2,835
Accumulated depreciation	(469)	(262)	(100)	(831)
Net book value	1,303	451	250	2,004
Additions				
by purchase	188	952	—	1,140
Addition by new lease	202	—	—	202
Transfers	(39)	—	—	(39)
Revaluations recognised in other comprehensive income	613	—	—	613
Revaluations recognised in operating results		(345)		(345)
Depreciation expense	(293)	(290)	(50)	(633)
Write back of depreciation on disposal	—	4	—	4
Disposals	—	(6)	—	(6)
Net book value 30 June 2010	1,974	766	200	2,940
Net book value as at 30 June 2010 represented by:				
Gross Book Value	1,974	766	350	3,090
Accumulated depreciation	—	—	(150)	(150)
	1,974	766	200	2,940

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

TABLE B—Reconciliation of the opening and closing balances of property, plant and equipment (2008–09)

	Buildings–Leasehold Improvements \$'000	Property, Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
As at 1 July 2008				
Gross book value	1,834	624	350	2,808
Accumulated depreciation	(218)	(108)	(50)	(376)
Net book value	1,616	516	300	2,432
Additions				
by purchase	55	106	–	161
Transfers	(117)	–	–	(117)
Depreciation expense	(251)	(164)	(50)	(465)
Write back of depreciation on disposal	–	10	–	10
Disposals	–	(17)	–	(17)
Net book value 30 June 2009	1,303	451	250	2,004
Net book value as at 30 June 2009 represented by:				
Gross Book Value	1,772	713	350	2,835
Accumulated depreciation	(469)	(262)	(100)	(831)
	1,303	451	250	2,004

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
Note 6E: Intangibles		
<i>Computer software</i>		
- purchased - in use	209	142
- accumulated amortisation	(150)	(129)
	59	13
- internally developed	717	717
- accumulated amortisation	(717)	(614)
	—	103
<i>Total Intangibles</i>	59	116

No indications of impairment were found for intangibles.

TABLE A—Reconciliation of the opening and closing balances of Intangibles (2009–10)

	Computer software— internally developed \$'000	Computer software— purchased (in use) \$'000	Total \$'000
As at 1 July 2009			
Gross book value	717	142	859
Accumulated amortisation and impairment	(614)	(129)	(743)
Net Book Value 1 July 2009	103	13	116
Additions:			
by purchase or internally developed	—	67	67
Amortisation	(103)	(21)	(124)
Disposals	—	—	—
Write back of amortisation on disposal	—	—	—
Net book value 30 June 2010	—	59	59
Net book value as at 30 June 2010 represented by:			
Gross Book Value	717	209	926
Accumulated amortisation	(717)	(150)	(867)
	—	59	59

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

TABLE B—Reconciliation of the opening and closing balances of Intangibles (2008–09)

	Computer software— internally developed \$'000	Computer software— purchased (in use) \$'000	Total \$'000
As at 1 July 2008			
Gross value	775	142	917
Accumulated amortisation and impairment	(497)	(125)	(622)
Net Book Value 1 July 2008	278	17	295
Additions:			
by purchase or internally developed	—	—	—
Amortisation	(166)	(4)	(170)
Disposals	(57)	—	(57)
Write back of amortisation on disposal	48	—	48
Net book value 30 June 2009	103	13	116
Net book value as at 30 June 2009 represented by:			
Gross Book Value	717	142	859
Accumulated amortisation	(614)	(129)	(743)
	103	13	116

	2010	2009
	\$'000	\$'000
<u>Note 6F: Inventories</u>		
Inventories held for sale	104	66
Total inventories	104	66

All inventory is expected to be sold or distributed in the next 12 months.

<u>Note 6G: Other non-financial assets</u>		
Prepayments	642	534
Total other non-financial assets	642	534

All other non-financial assets are expected to be recovered in no more than 12 months.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>
Note 7: Payables		
<u>Note 7A: Suppliers</u>		
Trade creditors	1,929	868
Operating lease rentals	21	–
<i>Total supplier payables</i>	<u>1,950</u>	<u>868</u>
All supplier payables expected to be settled in no more than 12 months.		
<u>Note 7B: Other</u>		
Salaries and wages	536	298
Superannuation	81	46
GST payable to ATO	570	569
<i>Total other payables</i>	<u>1,187</u>	<u>913</u>
All other payables are expected to be settled in no more than 12 months.		
<u>Note 7C: Contract income in advance</u>		
Contract income	14,884	11,807
<i>Total contract income in advance</i>	<u>14,884</u>	<u>11,807</u>
All income in advance payables are expected to be settled in 12 months.		
Note 8: Provisions		
<u>Note 8A: Employee Provisions</u>		
Leave	7,258	5,167
<i>Total employee provisions</i>	<u>7,258</u>	<u>5,167</u>
Employee provisions expected to be settled in:		
No more than 12 months	3,053	1,901
More than 12 months	4,205	3,266
<i>Total employee provisions</i>	<u>7,258</u>	<u>5,167</u>
<u>Note 8B: Other Provisions</u>		
Provision for makegood	637	423
<i>Total other provisions</i>	<u>637</u>	<u>423</u>
Other provisions expected to be settled:		
No more than 12 months	159	–
More than 12 months	478	423
<i>Total other provisions</i>	<u>637</u>	<u>423</u>

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	Provision for makegood \$'000
Carrying amount 1 July 2009	466
Additional provisions made	202
Amount used	—
Unwinding of discount	45
Adjustment on revaluation	(76)
Carrying amount 30 June 2010	<u>637</u>

The AIHW currently has 4 agreements for leasing premises which have provisions requiring the AIHW to restore the premises to their original condition at the conclusion of the lease. The AIHW has made a provision to reflect the present value of this obligation.

Note 9: Cash Flow Reconciliation

Reconciliation of cash and cash equivalents per Balance Sheet to Cash Flow Statement

Cash and cash equivalents as per:

Cash Flow Statement	18,792	9,119
Balance Sheet	18,792	9,119
Difference	<u>—</u>	<u>—</u>

Reconciliation of net cost of services to net cash from operating activities:

Net cost of services	(18,531)	(9,186)
Add revenue from government	20,708	9,325

Adjustment for non cash items

Depreciation/amortisation	757	635
Net loss from sale of assets	1	—
Net write down of non financial assets	345	16
Finance Costs	45	—

Changes in assets / liabilities

(Increase) / decrease in receivables	(472)	(3,351)
(Increase)/decrease in inventories	(38)	—
(Increase) / decrease in other non financial assets - prepayments	(108)	(119)
(Increase) / decrease in transfer of fixed assets	39	117
Increase / (decrease) in supplier	1,027	(203)
Increase / (decrease) in other payables	329	402
Increase / (decrease) in employee provisions	2,091	661
Increase/(decrease) in other income in advance	3,077	3,205
Net cash from operating activities	<u>9,270</u>	<u>1,502</u>

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 10: Directors Remuneration

The *Commonwealth Authorities and Companies Act 1997* defines members of the Board as directors. The number of directors included in these figures is shown below in the relevant remuneration bands:

	2010	2009
Less than \$145,000	16	14
\$270,000 to \$284,999	1	1
Total number of directors of the AIHW	17	15

Total remuneration received or due and receivable by directors of the AIHW

\$302,496 \$299,590

Some directors of the AIHW are Government employees and receive no additional remuneration for these duties. There were no related party transactions for the year.

Note 11: Executive Remuneration

Note 11A: Actual Remuneration Paid to Senior Executives

Executive Remuneration

The number of executives who received:	2010	2009
\$160,000–\$174,999	1	–
\$175,000–\$189,999	2	3
\$190,000–\$204,999	3	–
\$205,000–\$219,999	1	1
\$220,000–\$234,999	–	1
Total	7	5

No separation or redundancy payments were made to executives during the year. The Director of the AIHW is a member of the Board. Her remuneration is included in Note 10.

Total expense recognised in relation to Senior Executive employment

	2010	2009
Short-term employee benefits:		
Salary (including annual leave taken)	994,566	692,351
Changes in annual leave provisions	24,141	29,047
Motor vehicle allowance	139,251	97,579
Total short-term employee benefits	1,157,958	818,977
Superannuation (post-employment benefits)	141,917	110,834
Other long term benefits	55,207	56,557
Total	1,355,082	986,368

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Notes to and forming part of the Financial Statements

Note 11B: Salary packages for Senior Executives

Average annualised remuneration packages for substantive Senior Executives (SES)

	As at 30 June 2010			As at 30 June 2009		
	No. SES	Base salary (including annual leave)	Total remuneration package	No. SES	Base salary (including annual leave)	Total remuneration package
Total remuneration*:						
less than \$144,999	—	—	—	—	—	—
\$145,000–\$159,999	—	—	—	—	—	—
\$160,000–\$174,999	—	—	—	3	137,748	172,145
\$175,000–\$189,999	3	143,000	185,688	3	132,000	178,468
\$190,000–\$204,999	4	145,750	195,672	—	—	—
\$205,000–\$219,999	—	—	—	1	164,000	209,764
Total	7	—	—	7	—	—

* Excluding acting arrangements and part year service

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Note 12: Remuneration of Auditors

	2010	2009
Remuneration for auditing the financial statements for the reporting period.	\$24,500	\$23,700

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

	2010	2009
	<u>\$'000</u>	<u>\$'000</u>

Note 13: Financial Instruments

Note 13A: Categories of financial instruments

Financial assets

Loans and receivables

Cash at bank	18,792	9,119
Receivables for goods and services	9,080	8,675

Carrying amount of financial assets	27,872	17,794
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Financial liabilities

Other financial liabilities

Trade creditors	1,929	868
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Carrying amount of financial liabilities	1,929	868
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Note 13B: Net income and expense from financial assets

Loans and receivables

Interest revenue	754	741
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Net gain loans and receivables	754	741
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Net gain from financial assets	754	741
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Note 13C: Credit risk

The AIHW is exposed to minimal credit risk as the majority of loans and receivables are receivables from other Government organisations or amounts. The maximum exposure to credit risk is the risk that arises from potential default of a debtor. This amount is equal to the total amount of trade receivables (2010: \$9,080,000 and 2009: \$8,676,000). The AIHW has assessed the risk of the default on payment and has allocated \$0 in 2010 (2009: \$0) to an allowance for impairment account.

The AIHW has no significant exposure to any concentrations of credit risk.

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Credit risk of financial instruments not past due or individually determined as impaired:

	Not Past Due Nor Impaired 2010 \$'000	Not Past Due Nor Impaired 2009 \$'000	Past Due or Impaired 2010 \$'000	Past Due or Impaired 2009 \$'000
Cash at bank	18,792	9,119	–	–
Receivables for goods and services	8,786	8,361	294	314
Total	27,578	17,480	294	314

Ageing of financial assets that are past due but not impaired for 2010:

	0 to 30 days \$'000	31 to 60 days \$'000	61 to 90 days \$'000	90+ days \$'000	Total \$'000
Receivables for goods and services	229	22	3	40	294
Total	229	22	3	40	294

Ageing of financial assets that are past due but not impaired for 2009:

	0 to 30 days \$'000	31 to 60 days \$'000	61 to 90 days \$'000	90+ days \$'000	Total \$'000
Receivables for goods and services	299	4	11	–	314
Total	299	4	11	–	314

Note 13D: Liquidity risk

The AIHW is funded by appropriation and the sale of goods and services. It uses these funds to meet its financial obligations.

Note 13E: Market risk

The AIHW holds basic financial instruments that do not expose the AIHW to certain market risks. The AIHW is not exposed to 'currency risk' or 'other price risk'.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 14: Compensation and Debt Relief

No waiver of amounts owing to the Commonwealth were made during the reporting period (2009: nil).

No Act of Grace or ex-gratia payments were made during the reporting period (2009: nil).

Note 15: Reporting of Outcomes

Note 15A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2010 \$'000	2009 \$'000	2010 \$'000	2009 \$'000
<i>Expenses</i>				
Departmental	44,268	32,208	44,268	32,208
Total expenses	44,268	32,208	44,268	32,208
<i>Costs recovered from provision of goods and services to the non-government sector</i>				
Departmental	5,058	5,757	5,058	5,757
Total costs recovered	5,058	5,757	5,058	5,757
<i>Other external revenues</i>				
Departmental				
Sale of services—to related parties	19,886	16,521	19,886	16,521
Interest	754	741	754	741
Other	39	3	39	3
Total other external revenues	20,679	17,265	20,679	17,265
Net cost/(contribution) of outcome	18,531	9,186	18,531	9,186

Outcome 1 is described in Note 1.2.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 15B: Major classes of departmental revenues and expenses by outcome

	Outcome 1		Total	
	2010	2009	2010	2009
	\$'000	\$'000	\$'000	\$'000
Expenses				
Employees	28,375	21,860	28,375	21,860
Suppliers	14,745	9,697	14,745	9,697
Depreciation and amortisation	757	635	757	635
Write-down of assets	345	–	345	–
Finance costs	45	–	45	–
Net losses from sale of assets	1	16	1	16
Total expenses	44,268	32,208	44,268	32,208
Funded by:				
Revenues from Government	20,708	9,325	20,708	9,325
Sales of goods and services	24,944	22,278	24,944	22,278
Interest	754	741	754	741
Other	39	3	39	3
Total operating revenues	46,445	32,347	46,445	32,347

Outcome 1 is described in Note 1.2.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 15C: Major classes of departmental assets and liabilities by outcome group

	Outcome 1		Total	
	2010	2009	2010	2009
	\$'000	\$'000	\$'000	\$'000
Departmental assets				
Cash and cash equivalents	18,792	9,119	18,792	9,119
Receivables	9,364	8,892	9,364	8,892
Buildings	1,974	1,303	1,974	1,303
Property, plant and equipment	766	451	766	451
Library collection	200	250	200	250
Intangibles	59	116	59	116
Inventories	104	66	104	66
Other non-financial assets	642	534	642	534
Total departmental assets	31,901	20,731	31,901	20,731
Departmental liabilities				
Suppliers	1,950	868	1,950	868
Other payables	1,187	913	1,187	913
Contract income in advance	14,884	11,807	14,884	11,807
Employee provisions	7,258	5,167	7,258	5,167
Other provisions	637	423	637	423
Total operating revenues	25,916	19,178	25,916	19,178

Outcome 1 is described in Note 1.2.

