



## Chapter 2

# Performance against agency outcome and outputs



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## PORTFOLIO BUDGET STATEMENT OUTCOME AND OUTPUTS

The AIHW has its own specific outcome in the 2005–06 Portfolio Budget Statement for the Health and Ageing portfolio:

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

In previous years, the AIHW drew appropriations from consolidated revenue under the Australian Government Department of Health and Ageing’s Outcome 9 ‘Health investment’.

To achieve its outcome, the AIHW has developed three output groups, which form the basis of this report. The groups are sufficiently broad to enable reporting on contributions made to the Australian Government’s Families, Community Services and Indigenous Affairs and Veterans’ Affairs portfolios, as well as to the Health and Ageing portfolio.

- **Output Group 1:** Specific services to the Minister and Parliament required under the AIHW Act.
- **Output Group 2:** National leadership in health-related and welfare-related information and statistics.
- **Output Group 3:** Collection and production of health-related and welfare-related information and statistics for government, non-government and community organisations.

### Performance targets

This report outlines the AIHW’s performance against each of the performance measures in each of the three output groups in the Portfolio Budget Statements. It also identifies areas where these goals were not met.

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

This Output Group is intended to capture the specific services that must be provided under the legislation. The AIHW is required by law (s. 31(1)(b) and 31(1A)(b) of the *Australian Institute of Health and Welfare Act 1987*) to submit to the Minister for tabling in Parliament a health report and a welfare report every two years.

The AIHW regards the requirement to produce the reports as an excellent opportunity to provide health and welfare statistics and information to Parliament and thus to the broader Australian community.

The reports are important vehicles for informing the Australian public about the state of the nation's health and health and welfare services. They also enable the AIHW to showcase its capability in health and welfare statistics and information.

Parliament is an important audience for *Australia's health* and *Australia's welfare*, not only because the AIHW Act requires that the reports be presented to Parliament, but also because the reports contribute to informing Parliament and to shaping the processes of government.

*Australia's health* and *Australia's welfare* contribute specifically to its outcome in the following ways:

- ♦ They are flagship publications that provide a comprehensive national picture of health, housing assistance and community services.
- ♦ They are a source of evidence to support the development and evaluation of policy.
- ♦ They provide an extensive guide to the available summary statistics and detailed data on health, housing assistance and community services, and they identify gaps in information.
- ♦ They provide references to sources of more detailed information.
- ♦ They provide an overview of the state of Australian information and information governance regarding health, housing assistance and community services.

## Performance Measures

**Quality: Level of satisfaction of the Ministers and Parliament with the relevance, quality and timeliness of information provided.**

The use which Ministers and the Parliament make of AIHW publications is a guide to their level of satisfaction with the AIHW's work.

- In 2005–06, there were 27 citations of AIHW work in the Hansards of both Houses of Parliament.
- A total of four publications were officially launched by Ministers and Parliamentary Secretaries during the reporting period.
- In response to its submission, the AIHW was asked to provide evidence to the Parliamentary Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs.
- In response to its submission, the AIHW was invited to provide evidence to the Senate Inquiry into Gynaecological Cancer in Australia.
- Further evidence of the level of satisfaction is provided in Chapter 1 under the subsection 'Media coverage and AIHW's community relevance'.

**Quality: Presentation by the end of 2005 of Australia's welfare 2005.**

*Australia's welfare 2005* was released on 30 November 2005, in conjunction with a very successful conference.

**Quality: Presentation by the end of June 2006 of Australia's health 2006.**

*Australia's health 2006* was launched on 21 June 2006, in conjunction with another very successful conference.

**Quality: Presentation of the AIHW Annual report by 30 September 2005.**

The *AIHW Annual report 2004–05* was presented to the Minister for Health and Ageing on 4 October 2005, thus meeting the legislative requirement to provide the report to the relevant Minister by 15 October 2005.

## OUTPUT GROUP 2: NATIONAL LEADERSHIP IN HEALTH-RELATED AND WELFARE-RELATED INFORMATION STATISTICS

The AIHW takes a national leadership role in relation to:

- ♦ promoting and supporting national health, community services and housing assistance information agreements aimed at improving national information, identifying priorities and developing consistent national information
- ♦ promoting and supporting the development of national health classifications and terminologies, community services and housing assistance information, and establishing national data standards and metadata
- ♦ participation in the development of international health and welfare information standards and classifications
- ♦ statistical and related aspects of development, collection, compilation and analysis of health, community services and housing assistance information
- ♦ expertise and advice on information-related issues of data privacy, confidentiality and ethics
- ♦ participation in national committees as an information specialist
- ♦ submissions and advice to major inquiries
- ♦ support for national reporting processes under Commonwealth–State/Territory Agreements.

Work carried out in 2005–06 in relation to each of these roles is detailed below.

### Performance measures

**Quality: Use of national data standards in health, community services and housing assistance data collections.**

- Developmental work was undertaken for a number of National Minimum Data Sets (NMDSs) and other data collections which include national data standards, including the Data Standard Specification for demographic data for computer assisted telephone interviews and the Children's Services NMDS.

**Quality: Publication of version 3 of the National housing assistance data dictionary.**

- Version 3 of the *National housing assistance data dictionary* was published in April 2006.

**Quality: Publication of updated versions of the National health data dictionary and the National community services data dictionary.**

- Version 13 of the *National health data dictionary* was published in 2005–06.
- An updated version of the *National community services data dictionary* was prepared in 2005–06 and published in July 2006.

**Quality: Use of up to date versions of the National health data dictionary, the National community services data dictionary and the National housing assistance data dictionary.**

- The rollout of enhancements to METeOR, the online metadata registry, and training of 250 staff across government and non-government agencies, have resulted in an increase in visits to the online registry of national data standards, based on the latest versions of the national data dictionaries.
- Work undertaken to link the Supported Accommodation Assistance Program (SAAP) electronic data collection instrument, SMART, to METeOR will promote the use of national data standards in the data dictionaries.

**Quality: Use of the Australian Family of Core Health Classifications (ICD, ICF) of the World Health Organization Family of International Classifications.**

- The AIHW continues to use the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM), within the NMDSs for Admitted Patient Care and Community Mental Health Care. ICD-10-AM was also used in the NMDS for Residential Mental Health Care, collated for the first time in 2005–06. A wide range of statistical reports used the ICD-10-AM classification as a basis for summarising diagnosis information, and the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, was used to describe causes of death.
- The AIHW hosted an Australian Forum on Improving Functioning and Disability Data, providing an important vehicle for promoting the use of the International Classification of Functioning, Disability and Health (ICF) and improving the quality, relevance and consistency of disability information.
- Data items based on the ICF were included in a range of national information collections and collection tools, including the Commonwealth–State/Territory Disability Agreement (CSTDA) collection, the Functioning and Disability Data Set Specification (finalised during 2005–06), the Children’s Services NMDS and the Functioning and Health Related Outcomes Module.

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

National information agreements provide a framework for national data infrastructure activities in the AIHW's three areas of functional responsibility: health, community services and housing. National information management groups and data committees have been established under each of the information agreements to support the cooperative development of consistent national information. The information management groups also provide advice on the information-related aspects of work being furthered by the various ministerial advisory councils established under the Council of Australian Governments framework.

The AIHW contributes a significant amount of its resources to the work of the national information management groups and data committees, both as an information specialist, and as a secretariat for many of the committees. AIHW participation supports the development of nationally consistent, readily accessible information for health, community services and housing. Some background on the information agreements and associated committees is provided as context for the reporting of the AIHW's activities and performance in this area.

### *Health information governance*

The National Health Information Agreement (NHIA) is designed to ensure that nationally consistent information on health care delivery, population health monitoring and health system management, planning and research is correctly and efficiently collected, compiled and interpreted. The AIHW is a party to the current National Health Information Agreement (2004–2009), along with all state and territory health authorities, the Australian Government departments of Health and Ageing and Veterans' Affairs, the Australian Bureau of Statistics and Medicare Australia. The NHIA provides for a number of standing committees with responsibilities for various aspects of the development and implementation of national health information as set out below.

The **National Health Information Group (NHIG)** advises the Australian Health Ministers' Advisory Council on national priorities in information management and information technology for the health sector, oversees national activities in this area and endorses national data standards and the NMDSs agreed for national collection and reporting. There are several standing committees which report to the NHIG on various aspects of health information:

The **Statistical Information Management Committee (SIMC)** directs the implementation of the National Health Information Agreement, advises NHIG on



national health statistics and is responsible for coordinating the development and implementation of NMDSs for health information. SIMC is leading the national effort on developing approaches to statistical data linkage to support health research while protecting privacy.

The **Medical Indemnity Data Working Group**, which reports to SIMC, develops and manages the Medical Indemnity National Collection (public sector) which contains data on public sector medical indemnity claims and their outcomes.

The **Health Data Standards Committee (HDSC)** coordinates the development of national data standards used for administrative reporting and research in health and recommends data standards for endorsement by the NHIG. The HDSC's work focuses mainly on the maintenance, revision and development of the *National health data dictionary* and the health data standards included in the AIHW's online repository of national data standards, METeOR. The HDSC consults with other bodies with responsibilities that affect national health data standards, including the National E-Health Transition Authority.

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

The **National Public Health Information Working Group** advises the NHIG on the information required to support public health and drives a coordinated national effort to ensure nationally consistent information infrastructure to promote and protect the health of all Australians.

### AIHW activities in 2005–06

The AIHW is a member of the **NHIG**. During 2005–06, the AIHW agreed to take the lead, on behalf of the NHIG, in identifying the implications of developments in electronic health information for statistical information.

The AIHW supplies the deputy chair and the secretariat for the **SIMC** and provides a significant number of papers for consideration by the committee. During 2005–06, the AIHW undertook a number of projects commissioned by the SIMC including a review of the quality and availability of Indigenous identification in the hospitals collection, an evaluation of the elective surgery waiting times NMDS, initial work towards the development of an NMDS for public sector health financial information, and the development of a data module for statistical reporting on the level of functioning of individuals.

The AIHW is a member of and provides the secretariat for the **Medical Indemnity Data Working Group**. The AIHW plays a key role in the management and reporting of the national collection on medical indemnity (public sector).

The AIHW provides the chair and secretariat for the **Health Data Standards Committee (HDSC)**, attends as a member, and provides significant technical advice and assistance. During 2005–06 the AIHW undertook a specific project on behalf of the HDSC to investigate the feasibility of a data standards network.

To ensure that the data standards recommended by the HDSC are coordinated and harmonised with the health information standards endorsed by other bodies, the AIHW participates in the work of the Standards Australia IT-014 (Health Informatics) Committee and its working groups. The AIHW, on behalf of the HDSC, also liaised with the National E-Health Transition Authority on the alignment of the national data standards for electronic health and those used for statistical reporting and research.

The AIHW is a member of the **National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID)**, supplies the secretariat for the group and provides a large number of papers for consideration. During 2005–06 the AIHW supported NAGATSIHID's work on development of a strategic plan aimed at improving the quality and availability of national information on the health of Aboriginal and Torres Strait Islander peoples. The AIHW also undertook several projects on behalf of NAGATSIHID, including an analysis of data quality in five information collections, an analysis of information needs and availability in relation to family violence in Indigenous families, and a paper on trends in Aboriginal and Torres Strait Islander health (including key health disparities).

The AIHW co-chaired the **National Public Health Information Working Group (NPHIWG)** and provided the secretariat and project support for this group, as well as for its subcommittee, the National Computer-Assisted Telephone Interviewing Health Surveys Technical Reference Group (CATI-TRG). During 2005–06, these two groups oversaw substantial progress in developing infrastructure and capacity for national and state and territory public health information activities, including development work on a public health classification and enhanced reporting of public health expenditure. With significant support from the AIHW, NPHIWG finalised and published a new National Public Health Information Plan, which sets out priority projects in population health information development over the short to medium term. The AIHW is supporting the transition of NPHIWG's business to a similar committee to be established under the new governance arrangements developed for a number of Australian Health Ministers' Advisory Council committees.

### *Community services information governance*

The AIHW supports much of the work undertaken under the umbrella of the National Community Services Information Agreement (NCSIA). The AIHW is party to the current NCSIA (2004–2009) which provides for the establishment of national infrastructure and decision-making processes to integrate and coordinate the development of consistent national information on community services. Other parties to the Agreement are the Australian Government and

state and territory jurisdictions with a responsibility for community services programs, cross-jurisdictional officials groups with responsibility for community services, and the Australian Bureau of Statistics. Schedules to the Agreement have been signed on behalf of key program groups within the sector.

The NCSIA provides for an information management group and a data committee to facilitate the cooperative development of information under the Agreement. Other groups are also established by the information management group from time to time for specific purposes.

### National Community Services Information committees

The **National Community Services Information Management Group (NCSIMG)** is responsible for managing the NCSIA and associated work program. The NCSIMG also advises the Community Services Ministers' Advisory Council on national community service information priorities, work programs, funding implications and other information policy issues, and endorses national data standards for inclusion in the *National community services data dictionary*.

The **National Community Services Data Committee** is a subcommittee of the NCSIMG. Its main responsibility is to oversee the development and maintenance of the *National community services data dictionary*.

The **National Child Protection and Support Services** committee is another subcommittee of the NCSIMG and is responsible for the national collation and reporting of information in the area of child protection.

The **Children's Services Data Working Group** was established by the NCSIMG to tackle the need for a consistent national data collection for children's services.

The **Advisory Committee on Australian and International Disability**, which was subsequently reconstituted as the **Advisory Committee on Functioning and Disability Data** in May 2006, advises the NCSIMG on disability data and data standards in the community services sectors, as well as promoting and improving the use of the International Classification of Functioning, Disability and Health (ICF) in Australia.

The **Juvenile Justice Data Subcommittee**, a subcommittee of the Australasian Juvenile Justice Administrators, advises the NCSIMG on data and information issues in relation to juvenile justice.

### AIHW activities in 2005–06

The AIHW provides the deputy chair and secretariat for the NCSIMG and prepares a significant number of papers for consideration by the group. During 2005–06, the AIHW supported the development of the National Community Services Information Strategic Plan (2005–2009), under the auspices of the

NCSIMG. The plan identifies the key areas for information development, as agreed on by signatories to the NCSIA, and was developed in an ongoing process involving consultation and review of draft versions of the plan. The 2005–09 strategic plan builds on the achievements of the 1999–2004 strategic plan, which included foundational components of national data infrastructure, protocols and practices to underlie data development and data sets for juvenile justice and children's services.

The AIHW is a member of the **National Community Services Data Committee (NCSDC)**, provides the secretariat for the committee, prepares many of the committee papers and undertakes data standards and data development work at the direction of the committee. During 2005–06, the AIHW, on behalf of the NCSDC, implemented a communication strategy. The strategy aims to maximise the use and usability of data standards by promoting the benefits of nationally consistent and comparable data and increasing the uptake of national data standards across the sector, thereby increasing the comparability of data and reducing the burden on data collectors. The NCSDC also undertook a project to investigate the problem of multiple entry and reporting by services providers who provide data for more than one national data collection, with a view to reducing the burden of reporting.

The AIHW is a member of the **National Child Protection and Support Services (NCPASS)**, provides the secretariat and prepares a significant number of the papers for consideration by the committee. During 2005–06, the AIHW, under the auspices of NCPASS, collated a national child protection database. Substantial work also took place on a number of NCPASS projects, including unit records implementation, the educational outcomes of children on guardianship orders project, the Performance Indicator report, and indicator development for the *Report on government services*.

The AIHW provided the deputy chair and secretariat for the **Advisory Committee on Functioning and Disability Data (ACFADD)** and prepares a significant number of the papers for consideration by the committee. In 2005–06 ACFADD work program included advice on future priority areas for the analysis of disability data, the creation and revision of disability data elements for inclusion in the national data dictionaries, key publications relating to disability measurement, and the application of the ICF. During 2005–06, the AIHW undertook a review of this committee, involving substantial external consultation. The process, aimed at maximising the relevance and contributions made by ACFADD, was facilitated by the Chair of the NCSDC.

The AIHW is a member of and provides the secretariat for the **Juvenile Justice Data Subcommittee** and prepares a significant number of the papers for consideration by the committee. During 2005–06 the AIHW, under the auspices of Australasian Juvenile Justice Administrators and the Juvenile Justice Data Subcommittee implemented the new Juvenile Justice NMDS and released the first national data report. Significant work continued in data development of this new data set and preparation for the second report.

### *Housing assistance governance*

The AIHW supports national housing statistical work undertaken under the auspices of the National Housing Data Agreement (NHDA) and the Agreement on National Indigenous Housing Information (ANIHI).

The NHDA is a subsidiary agreement under the 2003 Commonwealth–State Housing Agreement (CSHA). The NHDA outlines a national commitment to the development and provision of nationally consistent housing data and identifies the major work areas to be undertaken including development of NMDs, national performance indicators, and national data definitions and standards.

The ANIHI is an initiative of the Housing Ministers’ Reform Agenda for Indigenous Housing (1997). The ANIHI provides a framework for improving the measurement of the need for, access to and outcomes for Indigenous housing.

Both the NHDA and the ANIHI provide for the establishment of a number of committees to undertake various aspects of national cooperative efforts. These are set out below.

#### **National committees on housing and Indigenous housing information**

The **National Housing Data Agreement Management Group (NHDAMG)** was established under the National Housing Data Agreement (NHDA) to provide strategic direction and oversee the development of national housing information infrastructure. NHDAMG reports to the Policy and Research Working Group of the Housing Ministers’ Advisory Council (HMAC).

The **National Housing Data Development Committee (NHDDC)** was established under the NHDA to manage the development and maintenance of the national housing data sets required under the Commonwealth–State Housing Agreement and to oversee the production of the *National housing data dictionary*. The NHDDC reports to both the NHDAMG and the NIHIC (see below).

The **National Indigenous Housing Information Implementation Committee (NIHIC)** was established under the ANIHI to provide strategic direction for Indigenous housing information and contribute to the development of improved reporting on Indigenous housing. The NIHIC reports to the Standing Committee on Indigenous Housing, which in turn reports to HMAC.

#### ***Coordination of housing committees***

Several mechanisms have been introduced to avoid duplication, share expertise and enhance consistency across both Indigenous and mainstream housing information. These include joint membership of the NHDAMG, NIHIC and NHDDC, implementation of the Joint Protocol for Housing Data Groups, and arrangements for the NHDDC to report to both NHDAMG and NIHIC. Nevertheless, Australian Housing Ministers have resolved that it would be preferable for NHDAMG and NIHIC to be merged into a single group by 2008. As a first step towards this amalgamation, NHDAMG and NIHIC held their first joint meeting in November 2005, and in August 2006 presented their first joint work program to HMAC.

### AIHW activities in 2005–06

The AIHW is a member of the **NHDAMG** and provides the secretariat. This includes supporting the development of the NHDAMG work program and implementing the work program under the direction of NHDAMG, with the assistance of the jurisdictions. During 2005–06, notable achievements against the NHDAMG work program included the continued development of work towards an NMDS for housing data and a data repository containing consistent data across all jurisdictions, and timely release of national performance indicator data.

The AIHW chairs the **NHDDC** and provides the secretariat, which includes providing technical advice and support for the development and implementation of the NHDDC work program. A major achievement during 2005–06 was the release of version 3 of the *National housing assistance data dictionary*, with new data items relating to Indigenous housing, financial reporting and community housing, and improved alignment of items with the National Health and Community Services data dictionaries.

The AIHW is a member of and provides the secretariat for **NIHIIC**, which includes support for the development and implementation of the NIHIIC work program. Notable achievements in 2005–06 included the release of the final report of the first National Social Housing Survey of State Owned and Managed Indigenous Housing tenants was released on 1 June 2006, the development of a data manual for the National Reporting Framework for Indigenous Housing, and the development of an action plan for improving Indigenous identifiers in mainstream data collections.

### **Promoting and supporting the development of national health classifications and terminologies, community services and housing assistance information, and establishing national data standards and metadata**

Consistent, high-quality data are required by government agencies in the health, community services and housing assistance sectors for evidence-based policy development as well as for service planning and monitoring. Nationally consistent data also enable central agencies, such as Australian Government and state and territory Treasuries, the Productivity Commission and the Commonwealth Grants Commission, to undertake valid comparisons of jurisdictions and/or service providers.

There is also an increasing demand for data sets to enable cross-program and cross-sector analyses and an assessment of the interaction of policies and programs. Such analysis is particularly valuable for informing whole-of-government policies such as those being developed under the umbrella of the Council of Australian Governments. The capacity to analyse data sets across programs and sectors is particularly important for policies and programs related

to Aboriginal and Torres Strait Islander peoples, given the current policy focus on integrated service delivery.

Nationally endorsed classifications and terminologies, and national data standards, all contribute to the development of consistent and comparable national data for analysis:

- Classifications facilitate the storage, retrieval, analysis, and interpretation of data and their comparison within populations over time and between populations at the same point in time as well as the compilation of nationally consistent data. Classifications are designed mainly to support meaningful statistical analysis.
- Terminologies are structured collections of terms used in a particular discipline. They provide the capacity to record more refined information on matters such as diagnoses which are familiar to practitioners in the clinical disciplines. This allows information systems to capture richer, more informative data, which is useful for clinical communication. The information generated in this way is also potentially valuable for statistical analysis provided that the clinical terminologies and statistical classifications are relatable.
- Data development is integral to the process of improving the quality and consistency of information. A structured approach to data development — including the development of national data standards — and data collection minimises duplication and has potential benefits, including cost savings, for all agencies, providers and clients. The data standards agreed on for national information collection and reporting are included in the national data dictionaries.

### *Health classifications and terminologies*

The Australian Family of Health and Related Classifications (the 'Family') comprises those classifications that have been approved by the NHIG for national use according to an agreed set of principles. Classifications in the Family are registered in the AIHW's online registry of national data standards, METeOR. On behalf of the relevant NHIG standing committees, the AIHW maintains the documentation on the Family, including the principles and procedures for inclusion of classifications in the Family and for modifying inclusions.

The Anatomical, Therapeutic, Chemical Classification System with Defined Daily Doses (ATC/DDD) was confirmed by NHIG as an endorsed national health data standard for reporting on therapeutic drug use and was included in the Australian Family of Health and Related Classifications.

The AIHW continued its work on disability data standards, based on the **International Classification of Functioning, Disability and Health (ICF)**. The disability data development work program is developed and carried out in consultation with an expert advisory group. A data set specification based on the ICF has been developed. As at July 2006, the data set specification is also being

considered for inclusion in the *National health data dictionary* and the *National community services data dictionary*.

A data capture tool, the Functioning and Related Health Outcomes Module, based on the ICF was under development during 2005–06. A prototype electronic platform for the Functioning and Related Health Outcomes Module is being developed for inclusion in electronic health records.

During 2005–06, the AIHW, through national information committees, contributed to the assessment of term sets in such fields as emergency department activity. Work also began on formulating strategies for statistical development in a future data environment where terminologies will assume a growing significance. This work, which will continue for several years, is particularly important in the light of the decision to use the SNOMED-CT terminology as one of the keystones of Australia's electronic health record.

### *National data dictionaries*

The AIHW produces national data dictionaries which contain nationally endorsed specifications for the definition and representation of core data items for use in data collections in the health, housing assistance and community services sectors. The *National health data dictionary* also specifies key national data collections, including the NMDSs described below. Much of the drive for data standardisation arises from the various national information agreements described previously. In the health sector, the Australian Health Care Agreements have provided additional impetus for the development of new or revised data items and NMDSs to support comparable reporting on the performance of health services across Australia.

Across the three sectors, there is an increasing focus on integrating data items which are used across several data collections and across sectors to minimise the burden of data collection and to enhance the capacity for cross-program and cross-sector analysis.

Key developments during 2005–06 include:

- Version 13 of the *National health data dictionary* was published. For the first time this version presented data elements in the metadata format outlined in the second edition (2003) of the International Organization for Standardization (ISO) metadata standard, ISO/IEC 11179. An additional 105 new data elements and 69 modified data elements were included in this version.
- The development of version 4 of the *National community services data dictionary* was substantially completed, with an expected publication date of October 2006.
- Version 3 of the *National housing assistance data dictionary* was published in April 2006. Version 3 incorporates new items for Indigenous housing, financial reporting and community housing. Also for the first time, the specification



- of performance indicators under the 2003 Commonwealth–State Housing Agreement National Performance Indicator Framework was included.
- ♦ Work continued on integrating appropriate elements of the three national data dictionaries. Merged data standards in the health and community services dictionaries increased from 25 to 50. Between the community services and housing dictionaries, the number has increased from 1 to 12. There are also now 11 data standards integrated across all three national dictionaries, where previously there were none.

### National data infrastructure

During 2005–06, the AIHW enhanced the data infrastructure available to support the development and implementation of national data standards for health, community services and housing information and statistics.

### METeOR — the online registry of national data standards

The AIHW undertook the national roll-out of the latest addition to its data standard infrastructure, the metadata registry METeOR. METeOR provides electronic access to the content of the national data dictionaries for health, housing and community services, and also facilitates the development of new data definitions based on national data standards.

Practical training in METeOR was provided to over 250 staff across 30 government departments and non-government organisations. A national user support help desk and 90 online workspaces for national committees were established. During 2005–06, the number of items stored within METeOR trebled, and the coverage of the system was expanded. Key national community services data sets that have hitherto fallen outside the AIHW’s data standard infrastructure were incorporated into METeOR.

User interviews and surveys were used to obtain feedback to guide a program of enhancements to METeOR. To date, enhancements have included the introduction of simple formats for lay audiences and new sophisticated search and management tools for expert users. A major advance has been the introduction of the capacity to transmit machine-readable data standards via the web. This feature has enabled electronic metadata messaging to automated data collection, validation and cataloguing tools.

### Development of metadata standards

During 2005–06, the AIHW contributed to the development and refinement of national and international standards for metadata, including through input to the International Organization for Standardization (ISO) Technical Committee 32, which is responsible for ISO 11179, the standard on which METeOR — the online repository for national data standards — is based.

### *National minimum data sets and other data development work*

A national minimum data set (NMDS) is a core set of data elements endorsed for collection and reporting at a national level. In addition, other data sets may be specified as 'best practice' for the collection of nationally comparable information. The development and modification of data sets, including NMDSs, is an important aspect of data development.

#### Health sector

NMDSs for health information are endorsed by the NHIG for mandatory collection and reporting. A range of work was undertaken during 2005–06 to develop and/or implement new or revised NMDSs in the health sector.

To support the development of national information on population health during 2005–06, the AIHW:

- ♦ made significant progress, in collaboration with the state and territory cervical screening programs and the Australian Government Department of Health and Ageing, towards the development of an NMDS and associated data dictionary to allow the compilation of national monitoring data for the **National Cervical Screening** program
- ♦ developed a draft set of indicators, and associated data definitions, for monitoring the proposed **National Bowel Cancer Screening Program**, in collaboration with the Australian Government Department of Health and Ageing and the state and territory health departments
- ♦ supported the Australian Bureau of Statistics and the Health Data Standards Committee to define and publish a data set specification regarding demographic data collected through **computer-assisted telephone interviewing** surveys
- ♦ undertook developmental work, in collaboration with the Centre for Health Research in Criminal Justice, to establish an NMDS for information on the **health of prisoners**, in particular Indigenous prisoners.

During 2005–06 the AIHW undertook the following work to develop or modify NMDSs for hospital and mental health services and health system financing and labour force:

- ♦ Refinements were made to the **Mental Health Establishments NMDS**, the **Community Mental Health Care NMDS** and the **Perinatal NMDS**, and work to refine components of the **Admitted Patient Care NMDS** was undertaken in consultation with stakeholders.
- ♦ Work has also been undertaken in collaboration with the Centre for Classification in Health towards the development of a classification of intervention for use in a **mental health NMDS**.
- ♦ An NMDS for **nurse practitioners** was developed.

- Work began on developing an NMDS for **public authority health financing**.
- An evaluation of the **Public Hospital Establishments NMDS** was undertaken, and comprehensive recommendations for improving and updating this NMDS were prepared.
- An evaluation of the **Elective Surgery Waiting Times NMDS** began with the gathering of stakeholder views via a questionnaire.
- An evaluation of reporting compliance with the **Admitted Patient Care NMDS** for the period 2001–02 to 2003–04 was completed and prepared for publication.

The apparent variations in practices relating to the **admitted/non-admitted boundary** in Australian hospitals, and their impact on data standards for hospital statistics, were the subject of a substantial investigative project undertaken for the HDSC. The project aims at standardising the relevant data elements and/or preparing comprehensive documentation of the effects of the variations in practice on Australia's statistics on hospital activity.

In addition, a project to assess the **quality of the Indigenous status information** in the National Hospital Morbidity Database was undertaken in consultation with states and territories. It resulted in a report detailing the data quality issues, and recommending best practice methods for analysis of the data, and for improving data quality.

During 2005–06 the AIHW developed data standards and a reporting instrument on behalf of the Council of Australian Governments **Illicit Drug Diversion Initiative for Needle and Syringe Programs**. The standards and instrument are designed to facilitate consistent and comparable data collection and reporting of needle and syringe programs by jurisdictions.

A proposal for a suite of data elements that could be used to improve the consistency and comprehensiveness of data collection and reporting about **dementia** was developed with funding from the Australian Government Department of Health and Ageing.

### Community Services Sector

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

Several new community services NMDSs underwent critical developmental stages during 2005–06:

- The AIHW, in conjunction with the National Child Protection and Support Services data group, began pilot testing the draft NMDS for the **National**

**Child Protection Data Collection.** This developmental work involves shifting the collection to a unit record base, which will facilitate improved national reporting on what is happening to children in the child protection system.

- ✦ The **Children's Services NMDS** was endorsed by the NCSIMG, and the Community Services Ministers' Advisory Council (CSMAC) agreed to explore the costs and benefits of different options for implementation. That work will be funded by CSMAC and undertaken under the auspices of NCSIMG and the Children's Services Sub-Committee in 2006–07.
- ✦ A feasibility study on developing national data on **foster carers** was completed. The project involved consultation and the review of currently available jurisdiction-based data, and examined the potential for developing a national collection on foster carers. The study was undertaken at the request of FaCSIA, as part of the National Plan for Foster Children, Young People and Their Carers.
- ✦ The AIHW undertook a feasibility study for the development of an NMDS on **problem gambling** for the Gambling Working Party of CSMAC. Discussion is occurring among the relevant Australian Government and state and territory government agencies about the possible implementation of the NMDS.
- ✦ Eight key community care data collections were reviewed with the aim of improving alignment in the future. An outcome was the development of **recommended data specifications for community care**, which provide a valuable entry point for the development of a single data specification for community care. This project was commissioned by the Australian Government Department of Health and Ageing as part of the implementation of its Community Care Review.

#### Housing assistance sector

In the housing assistance sector, procedures are similar to those for the community services sector, with the National Housing Data Agreement Management Group and the National Indigenous Housing Information Implementation Committee as the patron bodies.

Major developments in 2005–06 included the implementation of the redeveloped **Supported Accommodation and Assistance Program (SAAP)** national data collection on 1 July 2005. The collection now has a reduced set of questions with refined data definitions, and a new statistical linkage key aligned with other community services collections. Considerable work has been done during the year to link the SAAP electronic data collection instrument, SMART, to METeOR. This will promote the use of national data standards when SAAP agencies collect data for their own purposes that are additional to the SAAP 'core' data set.

## Participation in the development of international health and welfare information standards and classifications

The AIHW is a World Health Organization Collaborating Centre for the Family of International Classifications (WHO-FIC). During 2005–06 the AIHW worked with WHO and its network of collaborating centres to develop, disseminate, implement and update the WHO Family of International Classifications to support national and international health information systems, statistics and evidence. The AIHW also hosted an Australian Forum on Improving Functioning and Disability Data in February 2006. The forum attracted a wide range of national and international speakers and participants and provided an important vehicle for promoting the International Classification of Functioning, Disability and Health and improving the quality, relevance and consistency of disability information. The Functioning Related Health Outcomes Module project, cited elsewhere, is identified in the WHO-FIC strategy and work plan as a demonstration project.

The AIHW is member of the Washington Group, an international collaboration established under the United Nations Statistical Commission to improve statistics on disability. During recent years, the Washington Group has focused on developing data collection modules on disability that can be incorporated in censuses and surveys, with a view to measuring disability in the socioeconomic context provided by those data collections and enhancing the international comparability of disability information.

As a member of the Standards Australia IT-014 Health Informatics Committee, the AIHW participated in the development of international standards by the International Organization for Standardization.

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

The AIHW undertook a range of activities aimed at improving information standards for the health and welfare of Indigenous people. It was instrumental in organising and planning a meeting between representatives of Australia, the United States, New Zealand and Canada on the measurement of Indigenous health status with the aim of improving the measurement of health disparities and trends in health for Indigenous people. The AIHW participated in the first meeting held in Vancouver, Canada, in October 2005 and will host the second meeting in Australia. The aim for the group is to foster collaboration between governments, institutions, researchers and Indigenous peoples to improve understanding of the factors that determine health status and improve health outcomes for Indigenous people.

## Statistical and related aspects of development, collection, compilation and analysis of health, community services and housing assistance information

As part of its national leadership role in relation to health and welfare statistics, the AIHW provides advice to a range of other agencies or groups involved with the collection, compilation and analysis of health, community services and housing information. This report highlights some specific contributions.

During 2005–06 the AIHW contributed to the **Child Health and Wellbeing Headline Indicators** project, serving on the steering committee and actively participating in the development of the project. The project has built on indicator work on child health and wellbeing undertaken by the AIHW in past years. It is part of the child health and wellbeing reform initiative being undertaken under the joint auspices of Community Services Ministers' Advisory Council and Australian Health Ministers' Advisory Council.

The AIHW provided advice in relation to the **ABS surveys** in the areas of health and welfare, including the National Health Survey, the second National Survey of Mental Health and Wellbeing, the National Aboriginal and Torres Strait Islander Health Survey, the National Aboriginal and Torres Strait Islander Social Survey and the Census of Population and Housing, and in relation to the **Longitudinal Study on Indigenous Children** and the **Longitudinal Study on Australian Children**.

The AIHW also provided advice to the **National Health Performance Committee** on the statistical aspects of its work including the development of performance indicators for primary care and community health. Advice was also provided on the indicators for the **Aboriginal and Torres Strait Islander Health Performance Framework** and to the steering committee for the report on Government Service Provision in relation to the report on **Overcoming Indigenous Disadvantage**.

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

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

The Ethics Committee considers researchers' applications (predominantly university-based) for access to its data collections. In 2005–06, record linkage was undertaken for statistical and research purposes with the National Death Index and the National Cancer Statistics Clearing House for studies approved by the Ethics Committee. Researchers report annually to the committee on the progress of studies, and subsequent publications.

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

In response to the increasing demand for linked data sets that can provide information across program boundaries and sectors, the AIHW has implemented a protocol for linking the data sets it holds in a way that protects privacy and satisfies ethical requirements. The protocol is being made available to relevant national information groups.

The AIHW also developed a brochure explaining the various components of its privacy regime.

### Participation in national committees as an information specialist

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

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

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

A list of national committees in which the AIHW participates as an information specialist is in Appendix 11, page 177.

### Submissions and advice to major inquiries

During 2005–06, the AIHW contributed its information expertise to major inquiries by:

- providing a submission and evidence at the Parliamentary Joint Committee on the Australian Crime Commission Inquiry into Amphetamines and Other Synthetic Drugs
- making a submission and providing evidence to the Senate Inquiry into Gynaecological Cancer in Australia
- providing input to the Australian National Audit Office follow-up audit of the Commonwealth–State Housing Agreement.

### Supporting national reporting processes under Commonwealth–state/territory agreements

The AIHW provides a range of assistance to support national reporting under several Commonwealth–state/territory agreements.

In the health sector, the AIHW worked collaboratively with the Australian Government Department of Health and Ageing (DoHA) in relation to state and territory data for the hospitals and mental health services NMDs, provided to DoHA under the Australian Health Care Agreements (AHCAs), and to the AIHW under the NHIA. Common requests for data were developed for each of the NMDs, as were mechanisms for ensuring data quality. In addition, the AIHW analysed and documented the differences between the statistics presented in the AIHW publication *Australian hospital statistics 2003–04* and the DoHA publication *State of our public hospitals report, June 2005*.

The AIHW collated data on expenditure on public health activities provided by the Australian Government and states and territories and via arrangements under the Public Health Outcomes Funding Agreements, and published them as the *National public health expenditure report 2001–02 to 2003–04*. The AIHW also collected data for *Health expenditure Australia* from states and territories in such a way that differences compared with expenditure reported under the Australian Health Care Agreements could be identified.

In the community services sector, the AIHW’s work in support of reporting under the Commonwealth–State/Territory Disability Agreement is discussed in Output Group 3, page 41.

In the housing sector, the AIHW manages the annual performance reporting for the Commonwealth–State Housing Agreement, with the reporting jointly funded by the AIHW and the Housing Ministers’ Advisory Council.



## OUTPUT GROUP 3 — COLLECTION AND PRODUCTION OF HEALTH-RELATED AND WELFARE-RELATED INFORMATION AND STATISTICS FOR GOVERNMENT, NON-GOVERNMENT AND COMMUNITY ORGANISATIONS

Under this Output Group, the AIHW reports the bulk of its national data collections and reports. Although some of these are appropriation-funded, many are specifically funded by stakeholders who require the information requested.

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

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

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

Such a comprehensive process ensures the requirements of key stakeholders are considered in preparing the report, engages data providers in the process to

support their timely provision of quality data, and imposes a rigour that ensures that the expectations of all stakeholders are met.

Similar steering or advisory committees exist in relation to health expenditure, perinatal statistics, maternal deaths, cardiovascular disease, diabetes and other specialised areas, juvenile justice, disability, and children and youth health and wellbeing.

### Performance measures

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

In 2005–06, there were 27 reported AIHW references in Hansards of the House of Representatives and the Senate.

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

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

**Quality: Publication of major reports on health and welfare services within 12 months of the reference period.**

A number of major data collections are reported regularly (usually annually) as soon as practicable after the reference period. Some publications aim to be produced within six months of the reference period. While the aim is to make the reporting as timely as possible, a goal of 12 months is not always possible.

In 2005–06, some 21 statistical reports with an annual reporting cycle were published within 12 months of the reference period, many of these within six months of the reference period. These included:

- six reports on the Commonwealth–State Housing Agreement
- nine reports on the Supported Accommodation Assistance Program data
- Australian hospital statistics
- Residential Aged Care and Community Aged Care packages
- medical indemnity
- two reports on Indigenous housing indicators.

Some reports did not meet the 12 month timeframe, usually because the availability of the data makes this timeframe impossible. The reports listed below were not published within the 12 months:

- The cancer screening publications (cervical cancer and breast cancer) require a two-year time lag to measure interval cancers. The data for cancer incidence reporting does not become available until two years after the reference period.
- The first collection of data on juvenile justice, covering a four-year period (2000–01 to 2003–04) did not aim to meet this goal.
- *Mental health services in Australia 2003–04* was not planned for release within the 12 months. It was released 17 months after the reference period, but this was two months earlier than the previous year.
- Two reports (Commonwealth–State / Territory Disability Agreement data and alcohol and drug treatment services data) were published after 13 months.
- *Health expenditure Australia 2003–04* was published 15 months after the reference period.
- The report on the incidence of Type 1 diabetes for under 40 year olds is on a 'catch-up' process following a major hold-up in the supply of the data sets, and reports for 2000–02 and 2004 were released in May 2006.

**Quality: The AIHW's website lists and presents up-to-date information and publications.**

All AIHW publications are available free of charge in electronic format on the AIHW website ([www.aihw.gov.au](http://www.aihw.gov.au)).

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

**Quantity: Production of an estimated 120 reports (averaging 80 pages each).**

During the year AIHW published 132 reports averaging 91 pages and 65 media releases.

## Health

### *Aboriginal and Torres Strait Islander health and welfare*

- ♦ *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2005* published.
- ♦ *Recent developments in the collection of Aboriginal and Torres Strait Islander health and welfare statistics 2005* published.
- ♦ *National summary of the 2003 and 2004 jurisdictional reports against the Aboriginal and Torres Strait Islander Health Performance Indicators* published.
- ♦ *Indigenous housing needs 2005 — a multi-measure needs model* published.

Jointly with the Australian Bureau of Statistics, the AIHW produced the 2005 biennial report *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2005*. The report provides comprehensive data on the Indigenous population, including topics such as education, economic circumstances, housing circumstances, mothers and children, health status, health risk factors, mortality and health, and community services. The 2005 edition of the report was launched in August 2005 and contained new analyses of trends in mortality data and a new chapter on disability.

Jointly with the Australian Bureau of Statistics, the AIHW produced the report *Recent developments in the collection of Aboriginal and Torres Strait Islander health and welfare statistics 2005* and this was published in June 2006.

The AIHW worked closely with jurisdictions on the *National summary of the 2003 and 2004 jurisdictional reports against the Aboriginal and Torres Strait Islander Health Performance Indicators*. This is the last report to be published by the AIHW using the refined set of 56 indicators endorsed by the Australian Health Ministers' Advisory Council in 2000. The report was published in March 2006.

The 2005 multi-measure report estimated the extent of housing need using five measures — homelessness, overcrowding, affordability need, dwellings requiring major repair or replacement, and connection to essential services. It also estimated the extent of disparity between Indigenous and other Australians for these measures.

A report on the National Social Housing Survey of State Owned and Managed Tenants was published on the AIHW website in June 2006. This survey provided information on clients' satisfaction with the amenities and locations of their dwellings and with the services provided by the housing departments across Australia.

### *Arthritis*

- ♦ The National Centre for Monitoring Arthritis and Musculoskeletal Conditions established.
- ♦ *Arthritis and musculoskeletal conditions in Australia, 2005* published.

The AIHW established the National Centre for Monitoring Arthritis and Musculoskeletal Conditions to undertake ongoing surveillance and monitoring of the seventh National Health Priority Area (NHPA). The Centre, established with help from the Department of Health and Ageing, was launched by the Hon. Julie Bishop, Minister for Ageing, at the Old Parliament House on 31 October 2005. Minister Bishop also launched the first report of the Centre, *Arthritis and musculoskeletal conditions in Australia, 2005*.

The Centre undertook a series of stakeholder consultations in this financial year to develop national indicators for monitoring the NHPA focus conditions of osteoarthritis, rheumatoid arthritis and osteoporosis.

### **Asthma**

- *Asthma in Australia 2005* published.
- *Health care expenditure and the burden of disease due to asthma in Australia* published.

The AIHW has continued to support the development and updating of information on asthma, a National Health Priority Area, through its collaboration with the Australian Centre for Asthma Monitoring as well as the work undertaken in-house. The biennial report *Asthma in Australia 2005* was released, providing up-to-date information on underlying trends in asthma prevalence and its management. Another report, *Health care expenditure and the burden of disease due to asthma in Australia*, updates the information to 2000–01. The impact of asthma on self-reported health status and quality of life was described in an article published in the international journal *Thorax*. Preliminary work was also undertaken on the proposal to develop a national asthma survey.

### **Cancer monitoring and health registers**

- *Cancer incidence projections for Australia 2002–2011* published.
- *BreastScreen Australia monitoring report 2002–2003* published.
- *Cervical screening in Australia 2002–2003* published.

*Cancer incidence projections for Australia 2002–2011*, commissioned by the Department of Health and Ageing, provides a comprehensive set of historical trends in cancer incidence from 1982 to 2001 and projections from 2002 to 2011. A supplementary report, not for publication, on state and territory projections was provided to the department to assist in planning by the Radiation Oncology Reform Implementation Committee.

The AIHW produced national monitoring reports to agreed timetables for the BreastScreen Australia and cervical cancer programs. These were *BreastScreen Australia monitoring report 2002–2003* and *Cervical screening in Australia 2002–2003*. The AIHW also produced statistical reports on the national bowel cancer screening pilot and undertook data development to support the planned start of national bowel cancer screening in 2006–07.

During 2005–06 increasing use was made of the National Death Index by managers of national health registers and by other researchers in order to undertake mortality and survival analyses, and to minimise the risk of writing to deceased persons in research studies.

#### *Chronic diseases and behavioural risk factors*

- ♦ *Towards national indicators for food and nutrition: an AIHW view* published.
- ♦ A web-based chronic disease indicators database developed.
- ♦ Profiles of childrens' nutrition analysed.
- ♦ An Australian healthy eating index developed.

The AIHW participated in the NPHIWG drafting group that prepared the Blueprint for Nation-wide Surveillance of Chronic Diseases and Associated Determinants — endorsed by health ministers — which sets out the foundations for a systematic approach to public health surveillance in Australia.

Following on from an assessment of the technical feasibility of pooling state and territory health surveillance data, the AIHW undertook the groundwork to conduct a data pooling trial under the auspices of the National Health Information Agreement.

The AIHW developed a web-based chronic disease indicators database, which catalogues the range of indicators in use for monitoring chronic diseases and associated determinants. The database will facilitate a consensus process to select a short list of indicators for reporting in 2006–07.

The Population Health Unit substantially completed profiles of children's nutrition analysed with respect to the new Nutrient Reference Values for Australian and New Zealand. Development work was also undertaken on an Australian healthy eating index, which aims at summarising food and nutrition data collected in surveys. The Unit also published *Towards national indicators for food and nutrition: an AIHW view*, which proposes and reports on a set of dietary indicators consistent with current Australian guidelines.

#### *Dental statistics and research*

- ♦ Data collection for National Survey of Adult Oral Health begun.
- ♦ Enrolments for Child Oral Health Study completed.
- ♦ Thirteen DSRU Research Reports published.

This part of the work program is conducted by the Dental Statistics Research Unit (DSRU), a Collaborating Unit of AIHW located at the University of Adelaide. The DSRU has been participating in a revamp of the Child Dental Health Survey. A discussion paper on fundamental ways of improving the quality of data has been prepared and is under consideration by state and territory dental directors.

Enrolments for the Child Oral Health Study, built on the Child Dental Health Survey, ceased mid-2005 in all participating states (South Australia, Victoria, Tasmania and Queensland). The addition of Queensland as a fourth state has ensured adequate overall sample size and added variability to the sites involved in terms of regional percentage coverage by water fluoridation, thus allowing comment on the halo or diffusion effect associated with water fluoridation.

Data collection continued for the National Survey of Adult Oral Health. This is Australia's second dental examination survey of a nationally representative sample of adults, and supplements DSRU's National Dental Telephone Interview Survey. The survey is directed by DSRU researchers and is conducted in collaboration with state and territory health departments. As at the end of June 2006, Australian Capital Territory, South Australia, Western Australia, Victoria and the Northern Territory had completed data collection. New South Wales interviews began in early May 2005 and were completed in November 2005; Tasmanian interviews began in January 2006; and Queensland interviews began in March 2006. Dental examinations in New South Wales, Tasmania and Queensland will continue into the next financial year.

In April 2006 directors of state and territory public dental services were approached for expressions of interest in participating in an oral health data collection for the Adult Dental Programs Survey (ADPS) in 2006. The ADPS is designed to measure the oral health status of adults attending for public-funded dental care within state and territory dental services in Australia. It is proposed that a sample of approximately 5,000 adult dental patients will be surveyed in 2006.

The National Dental Labour Force Data Collection is continuing, leading to a 2003 report and a new series of demand and supply projections.

Data from the Longitudinal Study of Dentists' Practice Activity 2003–04 wave of data collection have been analysed and an AIHW DSR Series Report was released in May 2006 with extensive media coverage. A large number of DSRU Research Reports have been published. DSRU has also negotiated the establishment of a Data Watch section in the *Australian Dental Journal*, issued quarterly.

#### **Diabetes monitoring and cardiovascular disease**

- ✦ *Incidence of type 1 diabetes in Australians under 40 years: a snapshot of National Diabetes Register data for 2000–2002* published.
- ✦ *Incidence of Type 1 diabetes in Australians under 40 years: a snapshot of National Diabetes Register data for 2004: first results* published.
- ✦ *How we manage stroke in Australia* published.
- ✦ *Diabetes in culturally and linguistically diverse Australians* published.
- ✦ *Diabetes-related deaths in Australia, 2001–2003* published.

This year saw the release of up-to-date information on people with insulin-treated diabetes from the National Diabetes Register in the bulletins *Incidence of type 1 diabetes in Australians under 40 years: a snapshot of National Diabetes Register data for 2000–2002* and *Incidence of Type 1 diabetes in Australians under 40 years: a snapshot of National Diabetes Register data for 2004: first results*.

Other major achievements in diabetes monitoring included the release of reports on *Diabetes in culturally and linguistically diverse Australians*, *Diabetes-related deaths in Australia, 2001–2003* and the national system for monitoring diabetes in Australia.

The National Centre for Monitoring Cardiovascular Disease released the report *How we manage stroke in Australia*, which presents a comprehensive picture of the impact of stroke on patients, their carers, the health system and aged care services in Australia. The Centre also carried out an extensive scoping project on monitoring and analysis of data on the cardiovascular health of Aboriginal and Torres Strait Islander peoples, which will lead to a body of work starting with a major report to be released in the next financial year.

#### **Disease expenditure**

- ♦ *Australian incontinence data analysis and development* published.

The AIHW continued to update its analyses on disease costing with emphasis on expenditure in the residential aged care sector in contribution to the AIHW publication *Australian incontinence data analysis and development*. It projected the use of residential aged care services by veterans to 2015, estimating the impact of changes in the prevalence of specific diseases on the costs of providing these services to the veteran population.

#### **General practice statistics and classification**

- ♦ Data for *Australia's health 2006* contributed.
- ♦ *General practice activity in Australia 2004–05* published.

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

Data from the BEACH program were used in multiple AIHW publications including *Australia's health 2006*. The seventh annual report of current general practice activity (*General practice activity in Australia 2004–05*) was published as an AIHW report in the General Practice Series. This publication includes an investigation of changes in clinical practice since 1998–99, particularly in the management of morbidity included in the National Health Priority Areas.



### Health and welfare labour force

- *Medical labour force 2003* published.
- *Nursing and midwifery labour force 2003* published.
- *Nursing and midwifery labour force, South Australia, 2004* published.

*Medical labour force 2003* and *Nursing and midwifery labour force 2003* were both released, and were supplemented by comprehensive sets of tables available on the AIHW website. The reports present demographic and labour force characteristics of workers in each of those professions, their geographic location and overall supply. The timeliness of these publications continues to improve, as processes become more streamlined.

In addition to these, the AIHW released the bulletin *Nursing and midwifery labour force, South Australia, 2004*, which provides similar statistics on the nursing and midwifery workforce tailored specifically to the South Australian context.

The AIHW made significant contributions to the Australian Medical Workforce Advisory Committee projects: *Career decision making by postgraduate doctors* and *The general practice workforce in Australia* and to the Productivity Commission's research report to COAG, *Australia's health workforce*.

The AIHW has contributed to the development work currently being undertaken by the CSMAC subcommittee, Structural Issues in the Workplace (SIW), to profile the community services workforce in Australia.

### Health and welfare expenditure

- *Expenditures on health for Aboriginal and Torres Strait Islander people, 2001–02* published.
- *Welfare expenditure Australia 2002–03* published.
- *Health expenditure Australia 2003–04* published.
- *National public health expenditure report 2001–02 to 2003–04* published.

The AIHW published its yearly reports on national, state and territory expenditure on health services and welfare services, its third report on health expenditures on Aboriginal and Torres Strait Islander peoples, and its fourth report on expenditure on public health activities by the Australian and state and territory governments.

In addition, the AIHW provided support for the development of consistent methods for estimating expenditure on health services for Aboriginal and Torres Strait Islander peoples. To improve data quality and timeliness of the annual *Health expenditure Australia* report, it developed more detailed instructions and reporting arrangements for the health expenditure data provided by the state and territory governments. It also administered a community health services survey to state and territory health authorities to identify clearer definitions

of community health services for this report. It further refined data recording arrangements to support improved timeliness and accuracy of the more detailed health expenditure data reported to the WHO and OECD.

These activities represent the first stage in the development of the public funding of health expenditure NMDS which will be undertaken with advice from the Health Expenditure Advisory Committee and the Statistical Information Management Committee.

### Hospitals

- ♦ *Australian hospital statistics 2004–05* published.
- ♦ *Improving the quality of Indigenous identification in hospital separations data* published.

*Australian hospital statistics 2004–05* was published on 31 May 2006. Improvements were made in the presentation of data on care provided in emergency departments in public hospitals. The presentation of data on Indigenous status was also revised to incorporate the recommendations in the report *Improving the quality of Indigenous identification in hospital separations data* which was released in December 2005.

Statistical information on hospital services was also disseminated through interactive data cubes on the website and in response to specific data requests from government agencies, non-government organisations, private enterprise and individuals.

### Injury information and statistics

- ♦ Six reports published.

The AIHW provided statistical information and contributed to policy development concerning injury and injury prevention through the National Injury Surveillance Unit (NISU), an AIHW Collaborating Unit. Injury is a National Health Priority Area.

The NISU contributed statistical and other information to help monitor three policies: the National Injury Prevention and Safety Promotion Plan, the National Aboriginal and Torres Strait Islander Safety Promotion Strategy and the National Falls Prevention for Older People Plan: 2004 Onwards.

Reports were produced on injury morbidity of all Australians and Aboriginal and Torres Strait Islander peoples, spinal cord injury, sports injuries, alcohol and work injuries, injury classification and other topics.

Contributions to communication and liaison included publication of the *Injury Issues Monitor* periodical and participation in national and international organisations concerned with injury prevention and related matters.

### **Mental health services**

- *Mental health services in Australia 2003–04* published.

*Mental health services in Australia 2003–04* was published in December 2005, 2 months earlier than the previous report in the series. It brings together a wide range of data on specialised and other mental health services.

Statistical information on mental health services was also disseminated through interactive data cubes on the website and in response to specific data requests from government agencies, non-government organisations, private enterprise and individuals.

### **National health priority areas monitoring**

- National Centre for Monitoring Arthritis and Musculoskeletal Conditions established.

The AIHW continued to monitor all seven National Health Priority Areas of cardiovascular health, cancer control, injury prevention and control, mental health, diabetes mellitus, asthma, and arthritis and musculoskeletal conditions. In addition, the AIHW undertook preliminary work to monitor dementia, a national health priority identified by the Australian Government.

A new National Centre for Monitoring Arthritis and Musculoskeletal Conditions was established by the AIHW with support from the Department of Health and Ageing. The Centre was launched by the Hon. Julie Bishop, Minister for Ageing, at the Old Parliament House. The AIHW also established a new Unit in Mental Health Services and Safety and Quality to increase the focus of its NHPA monitoring activities in the field of mental health.

The NHPA indicators for monitoring arthritis and musculoskeletal conditions were finalised following consultations with various stakeholders, including state and territory representatives. The NHPA website was also updated.

### **Palliative care**

- First trial national collection of performance indicator data from Australia's palliative care sector undertaken.

During 2005–06, the first trial national collection of performance indicator data from Australia's palliative care sector was undertaken. The information collected was designed to support the calculation of four national performance indicators, developed and agreed on by representatives of the states and territories in 2003. These four performance indicators are based on the goals and objectives that make up the National Palliative Care Strategy, which provides the basis for palliative care policy and service development. The performance indicators aim at providing some information on the extent to which the strategy has been implemented. Included within the scope of the data collection, were agencies that would be regarded as 'specialist palliative care services' as defined in the Palliative

Care Australia service planning framework, and those 'primary palliative care providers' who provide a significant amount of palliative care (as evidenced by the fact that they employ at least one palliative care practitioner). The results of the study were published in August 2006.

#### *Perinatal statistics*

- ♦ *Australia's mothers and babies 2003* published.
- ♦ *Assisted reproduction technology in Australia and New Zealand 2003* published.
- ♦ *Use of routinely collected national data sets for reporting on induced abortion in Australia* published.

This part of the work program was conducted by the National Perinatal Statistics Unit, a Collaborating Unit of the AIHW located at the University of New South Wales. *Australia's mothers and babies 2003* is the thirteenth report presenting information on women who give birth in Australia and their babies. *Assisted reproduction technology in Australia and New Zealand 2003* was also released and is the ninth report in the series. It is the second report using data from the Australia and New Zealand Assisted Reproduction Technology Database. ANZARD data were also provided to the Assisted Reproductive Technology Review committee.

A report on the *Use of routinely collected national data sets for reporting on induced abortion in Australia* was released. This report examines the utility of the available routinely collected national data sources for enumerating induced abortion in Australia. It outlines a methodology for estimating the number of induced abortions in Australia using data from Medicare and the National Hospital Morbidity Database.

Work began on a report on *Congenital anomalies in Australia*.

Data development for the Perinatal National Minimum Data Set continued in consultation with the National Perinatal Data Development Committee.

#### *Population health*

- ♦ *National Drug Strategy Household Survey: detailed findings* published.
- ♦ *Mortality over the twentieth century in Australia* published.
- ♦ *Health inequalities in Australia: morbidity, health behaviours, risk factors and health service use* published.

The AIHW continued to manage the National Drug Strategy Household Survey series during 2005–06. The *Detailed findings* report of the 2004 survey was launched by the Hon. Christopher Pyne in November 2005, and a state and territory supplement was also released around this time.

On behalf of the national Prisoner Health Information Group the AIHW prepared and submitted to AHMAC the discussion paper 'Towards a National Prisoner Health Information System.

The AIHW continued to maintain the national mortality database, mortality pages on the website, and the General Record of Incidence of Mortality (GRIM) workbooks. The report *Mortality over the twentieth century in Australia* was published, documenting the substantial changes in Australia's mortality profile over the past 100 years.

The AIHW assisted the Queensland University of Technology in publishing the report *Health inequalities in Australia: morbidity, health behaviours, risk factors and health service use*.

The AIHW continued to be a major supplier of health and welfare data to the WHO and the OECD, and was an invited co-author of the OECD's *Health at a glance* publication, and Michael de Looper from AIHW was invited to chair the annual meeting of OECD Health Data National Correspondents.

### Rural health

- *Rural, regional and remote health: information framework and indicators version 1b* published.
- *Rural, regional and remote health: mortality trends 1992–2003* published.

In the area of rural health, two reports were released during the year — *Rural, regional and remote health: information framework and indicators version 1b*, which updates the previous rural health information framework, and *Rural, regional and remote health: mortality trends*, which reports on trends in mortality in major cities and regional and remote areas for a variety of causes, between the years 1992 and 2003.

### Veterans' affairs

The AIHW provides expert advice to and participates in ongoing collaborative work with the Department of Veterans' Affairs. Project work was also undertaken on the AIHW component for the 'Third Vietnam Veterans' Mortality Study, which includes a report on mortality, a report on cancer incidence and a report on Vietnam veteran servicemen. The AIHW contributed analysis on the health effects of Dapsone exposure among army personnel serving in Vietnam. Work also began on a study of the health outcomes of aircraft maintenance personnel.

Along with a range of other activities, AIHW continued collecting registrations for the Female Vietnam Veteran and Civilian Health Register.

## Community services

### Ageing and aged care

- *Residential aged care in Australia 2004–05: a statistical overview* published.
- *Community Aged Care Packages in Australia 2004–05: a statistical overview* published.
- *Obesity and workplace absenteeism among older Australians* published.

The AIHW released two reports providing information about the supply and use of institutional and home-based care services in Australia. The report *Residential aged care in Australia 2004–05* provides comprehensive statistical information on a major form of institutional care and its users, and *Community Aged Care Packages in Australia 2004–05* presents similar information in respect of an important community care program. The report analysing the use of community aged care packages by veterans was finalised and published in July 2006.

The AIHW completed its analysis of the relationship between obesity and workplace absenteeism, particularly for older workers. Publication of the bulletin *Obesity and workplace absenteeism among older Australians* occurred in November 2005.

Work has continued on the evaluation of pilot projects funded under the Aged Care Innovative Pool during 2005–06 with final reports prepared for projects in the disability and dementia-specific streams. A final report on the Retirement Villages Care Packages was also prepared. All three evaluation reports will be published early in 2006–07.

The AIHW has continued to be involved with the research agenda for an ageing Australia and to develop and strengthen collaborative relationships with researchers and policy advisers concerned with ageing. In particular, the AIHW has:

- continued to develop and administer infrastructure such as the Ageing Research Online website
- worked with the Office for an Ageing Australia, other Australian Government departments and the Ageing Well Research Network to organise and convene the Building Ageing Research Colloquium, which brought together key researchers, policy advisers and service providers to discuss the ways translation of research into policy and practice could be improved
- participated in a consortium led by the University of New South Wales to develop a successful proposal to establish a Dementia Collaborative Research Centre
- provided partnership support to a successful Ageing Well, Ageing Productively research grant application by a consortium led by The Australian National University

- continued to work with service providers and community groups through presentations at meetings, seminars and conferences, and through joint working arrangements.

During 2005–06, the AIHW continued work on a project to analyse the prevalence, incidence and burden of dementia, characteristics of people with dementia and their carers, and service use by the client groups, guided by the National Dementia Data Analysis and Development Reference Group. The report also recommends improvements to dementia data. The report will be published early in 2007–08.

Work has started on the fourth edition of *Older Australia at a glance*. This publication includes statistical information about older Australians, such as their demographic profile, living arrangements, financial circumstances, health, housing, and use of health and aged care services. Publication is expected to take place in the first half of 2007.

### **Children, youth and families**

- *Selected chronic diseases among Australia's children* published.
- *Young Australians: their health and wellbeing: key national indicators* published.
- *Child protection Australia 2004–05* published.
- *Adoptions Australia 2004–05* published.
- *Trends in the affordability of child care services 1991–2004* published.

Substantial progress was made on the report *Young Australians: their health and wellbeing*, the third national statistical report of its kind. This report provides a comprehensive overview of a broad range of indicators which influence the health and wellbeing of young people. It is due for release in May 2007.

Two bulletins were published as part of the ongoing reporting on children and youth health and wellbeing. The first, *Selected chronic diseases among Australia's children*, presents information on the incidence, prevalence and trends of three of the major chronic diseases among children — asthma, diabetes and cancer. This report also presents a summary of hospitalisations and deaths for a wider range of childhood chronic diseases including cerebral palsy, epilepsy and cystic fibrosis. The second bulletin, *Young Australians: their health and wellbeing: key national indicators*, provides a preview of the reporting framework and the key indicators that are the basis of the report on young people mentioned above. The development of the indicators presented in this bulletin was guided by an advisory group of experts on the health and wellbeing of young people.

*Child protection Australia 2004–05* provided comprehensive information on child protection services delivered by state and territory community service departments. The report contains data for 2004–05, as well as trend data on child protection notifications, investigations and substantiations; children on

care and protection orders; and children in out-of-home care. The release of this report generated much national interest.

*Adoptions Australia 2004–05* published statistics on finalised local, intercountry and ‘known’ child adoptions for each state and territory for 2004–05. The report includes information on adopted children, adoptive families and birth mother. The publication also provides trend data in the number of adoptions from 1968–69 to 2004–05.

*Trends in the affordability of child care services 1991–2004*, a bulletin examining the affordability of three different kinds of child care services for five different family types, used a methodology developed by the AIHW. It drew on data from the Census of Child Care Services conducted by the Australian Government Department of Families, Community Services and Indigenous Affairs, ABS estimates of income and information on the various types of government assistance available to these family types. The release of this bulletin generated much media interest.

#### **Community services integration and linkage**

- *Data linkage protocols using a statistical linkage key* published.
- *Transitions between aged care services* published.
- *Juvenile justice in Australia 2000–01 to 2003–04* published.

The AIHW completed a study on the flow of clients between community care and residential aged care, and released two reports on the methodology and results of this work: *Data linkage protocols using a statistical linkage key* and *Transitions between aged care services*. A bulletin focusing on movements in and out of respite care was published in July 2006.

The AIHW has completed an analysis comparing veterans and non-veterans in residential aged care based on the statistical data linkage of Department of Veterans’ Affairs (DVA) and residential aged care data sets. The patterns of use of DVA-funded medical and allied health services by DVA clients have also been examined using the linked data. Two reports will be published early in 2006–07.

Work has continued on the comparison of different strategies for linking hospital morbidity data and residential aged care data between the AIHW event-based strategy and the name-based linkage strategy used by the Data Linkage Unit in the Department of Health, Western Australia. This analysis will be completed in 2006–07, but results to date indicate the feasibility of using the AIHW strategy for the examination of movement from hospital to residential aged care at a national level, and preparatory work on this has started.

The AIHW published *Juvenile justice in Australia 2000–01 to 2003–04* in February 2006, the first report based on the Juvenile Justice NMDS. Data for 2004–05 have been extracted. The AIHW has worked to resolve a range of data



issues involved with the matching of data between years which will enable an ongoing longitudinal data collection. The AIHW has continued to work with the Australasian Juvenile Justice Administrators on the further development of this NMDS.

The AIHW continues to collaborate with external researchers in examining the interfaces between aged care and health care. With partners from two major universities, the AIHW currently participates in a systems modelling of the relationships between acute care, subacute care, residential aged care and community care. This work tackles the question of how the current service mix and models of service provision for aged care can be developed to meet expected changes in demand over the next 10 years.

### *Functioning and disability*

- *Disability and disability services* published.
- *Australian incontinence data analysis and development* published.
- AIHW organised a national forum on *Improving information on disability and functioning*.
- Two reports from the National Medical Indemnity Claims national data collection published.
- A guide for service providers — *Data starter, issue 2 July 2005: collecting disability data, a guide for service providers* — outlining ways of improving data collection practices published.

A report on *Disability and disability services*, extracted from *Australia's welfare 2005*, was published.

The AIHW produced a comprehensive report on the prevalence and experience of incontinence and related expenditure in March 2006. It is hoped that the publication of *Australian incontinence data analysis and development* will contribute to increased understanding of incontinence in Australia and greater consistency in related data collection.

A working paper on disability rates among Aboriginal and Torres Strait Islander peoples was published updating an Indigenous factor used in disability services performance indicators of the National Disability Administrators, the AIHW, and in the Report on government services.

The first full year of data from the redeveloped national data collection on disability services under the Commonwealth–State/Territory Disability Agreement was published and indicator tables based on these 2003–04 data were prepared for the Report on government services. Data from the 2004–05 collection have been collated and indicators prepared for the National Disability Administrators for inclusion in the CSTDA Annual public report.

The AIHW organised a national forum on *Improving information on disability and functioning*. An array of national and international experts and some 120 participants met in Sydney to attend the forum. A guide for service providers — *Data starter, issue 2 July 2005: collecting disability data, a guide for service providers* — outlining ways of improving data collection practices, was also published.

The national data collection on medical indemnity claims in the public sector is now in its fourth year of data transmission and reporting, with continued improvements in data quality and completeness. Data for the first two full years (2003–04 and 2004–05) were published in July 2005 and June 2006, respectively. Compilation of a single national report covering both public and private sectors is the next important step in monitoring medical indemnity claims.

The AIHW has been working with Cerebral Palsy Australia to assemble meaningful and objective information on the need for therapy and equipment among people with cerebral palsy and like disabilities. The project is near completion and results will be published in 2006–07.

## Housing

### Housing assistance

- Six national data reports relating to six national housing programs published.
- Management and publication of reports relating to the National Housing Surveys.
- The first National Financial Reporting Framework data collection conducted and data provided to the Department of Families, Community Services and Indigenous Affairs (FaCSIA).

The AIHW's Work Program included the production of six national data reports — *Commonwealth–State Housing Agreement national data reports 2004–05: Crisis Accommodation Program*, *Commonwealth–State Housing Agreement national data reports 2004–05: CSHA community housing*, *Commonwealth–State Housing Agreement national data reports 2004–05: home purchase assistance*, *Commonwealth–State Housing Agreement national data reports 2004–05: private rent assistance*, *Commonwealth–State Housing Agreement national data reports 2004–05: public rental housing*, and *Commonwealth–State Housing Agreement national data reports 2004–05: state owned and managed Indigenous housing*.

These data reports and annual data on housing assistance were provided to the FaCSIA for use in annual reporting on the Housing Assistance Act for the six program areas of the Commonwealth–State Housing Agreement (CSHA). For three program areas, data are also provided for the Council of Australian Governments Review of Government Services.

Improvements have been made in the quality and consistency of national public rental housing data including state and territory owned and managed Indigenous

housing. These include improvements in the quality of data accompanied by an increased understanding by jurisdictions of their data leading to increased usefulness.

Progress was also made on improving the quality of mainstream community housing unit record level dwelling and organisational administrative data, with most jurisdictions participating in a trial collection of unit record level data for 2004–05.

The first National Financial Reporting Framework data collection was conducted and data were provided to FaCSIA.

The AIHW also managed two consultancies to undertake and report on the National Social Housing Survey for public rental housing and community housing. As a result of the process four national reports and two bulletins were produced, the latter being AIHW publications (*2005 Community Housing National Social Housing Survey: key results* and *2005 Public Housing National Social Housing Survey: key results*)

The 2003–04 report on Indigenous access to mainstream CSHA programs was completed in 2005–06 subject to NHDAMG and data custodian clearance. This report also includes jurisdiction action plans for improving Indigenous identifiers in mainstream data collections.

Access to the Australian Government Housing Data Set was negotiated in 2005–06 with the data delivered to the National Housing Data Repository on 30 June 2006.

### **Supported accommodation assistance program**

- *Homeless people in SAA, SAAP national data collection annual report 2004–05* published.
- *Demand for SAAP assistance by homeless people 2003–04* published.
- *Demand for SAAP accommodation by homeless people 2003–04* published.
- *Female SAAP clients and children escaping domestic and family violence 2003–04* published.

This year the AIHW published reports on the Supported Accommodation Assistance Program (SAAP), providing information and analysis on the provision of, and need for, supported accommodation and other crisis services. The regular reports included *Homeless people in SAAP, SAAP national data collection annual report 2004–05* (comprising nine reports, one for each state and territory and one for Australia) and *Demand for SAAP assistance by homeless people 2003–04*. This report included turnaway rates for adults and accompanying children requesting immediate accommodation from the program. This report was supplemented for the first time by an AIHW Bulletin, *Demand for SAAP accommodation by homeless people 2003–04*. A report was also produced for each of the almost 1300 contributing agencies about their SAAP

service provision for 2004–05 (September 2005), and for the 6 months to 31 December 2005 (June 2006).

The program's fourth thematic report, *Female SAAP clients and children escaping domestic and family violence 2003–04*, was published in September 2005. The redeveloped SAAP national data collection was successfully implemented on 1 July 2005.

Substantial redevelopment of the SAAP electronic data collection instrument, SMART, occurred during 2006 for implementation on 1 July 2007. SMART Version 6.0 will include improved flexibility for agencies to collect National Data Collection Agency data as well as to manage their own information needs.