



Australian Government
Australian Institute of
Health and Welfare

Australian Institute of Health and Welfare
Annual report 2005–06

AIHW cat. no. AUS 87

© Australian Institute of Health and Welfare 2006

Commonwealth legislation herein is reproduced by permission, but does not purport to be the official or authorised version.

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Business Promotion and Media Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

ISSN 1321-4985
ISBN 1 74024 614 4

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

The AIHW is located at:
26 Thynne Street
Fern Hill Park
Bruce ACT 2617

The Australian Institute of Health and Welfare's website can be found at <www.aihw.gov.au>

Information Officer Margaret Blood
Telephone (02) 6244 1033
Facsimile (02) 6244 1111

Published by the Australian Institute of Health and Welfare

Cover artwork courtesy of Anne Laure Druais

Printed by Pirion, Canberra



Australian Government
Australian Institute of Health and Welfare

The Hon. Tony Abbott MP
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Minister

I am pleased to present the annual report of the Australian Institute of Health and Welfare for the year to 30 June 2006.

Section 4(2)(a) of the *Australian Institute of Health and Welfare Act 1987* defines the Institute as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act).

In accordance with the requirements of Section 9 of the CAC Act, the report was endorsed on 21 September at a meeting of directors responsible for the preparation and content of the report of operations, in accordance with Finance Minister's Orders.

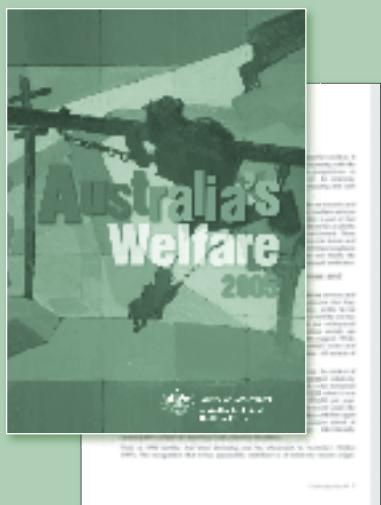
Yours sincerely

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

6 October 2006



Australia's health 2006



Australia's welfare 2005

CONTENTS

The AIHW and this report — a quick guide	vii
Overview of the year	
Chair's report	ix
Director's overview	x
Mission and values	xiii
Chapter 1	Governance and organisation of the Australian Institute of Health and Welfare
	1
A brief history and outline of the role of the AIHW	3
Governance	3
Functions and structure.....	7
Business	10
People	13
Chapter 2	Performance against agency outcomes and outputs
	17
Output Group 1: Specific services to the Minister and Parliament required under the AIHW Act.....	20
Output Group 2: National leadership in health-related and welfare-related information and statistics.....	22
Output Group 3: Collection and production of health-related and welfare-related information and statistics for government, non-government and community organisations	41
Appendix 1	Financial statements
	61
Appendix 2	Legislation
	103
Appendix 3	Regulations
	131
Appendix 4	Collaborating agreements with universities
	137
Appendix 5	Board members
	139
Appendix 6	Board committees — meetings attended
	141
Appendix 7	Freedom of information
	143

Appendix 8	Staffing.....	147
Appendix 9	Unit Heads	149
Appendix 10	Publications.....	153
Appendix 11	Participation in national committees as an information specialist.....	177
Appendix 12	AIHW Charter of Corporate Governance	181
Appendix 13	Abbreviations	193
Index	197

THE AIHW AND THIS REPORT—A QUICK GUIDE

The AIHW

The Australian Institute of Health and Welfare (AIHW) is Australia's national agency for health and welfare statistics and information. The AIHW is established under an Act of Parliament to report to the nation on the state of its health and welfare. Thus, in alternate years the AIHW publishes *Australia's health* and *Australia's welfare*, which have become key national resources of these major areas. The AIHW also publishes many other reports.

The AIHW's unique combination of features keeps it at the forefront of health, community service, and housing statistics and information in Australia:

- Expertise is varied and strong. We have a highly committed staff in Canberra of around 200 people and a network of collaborations across Australia with specialist groups.
- The work aims at meeting the needs of a wide range of stakeholders including policy makers, researchers, service providers, clients and the general community.
- National data are held on three important and related areas — health, community services and housing — and therefore information from these areas can be combined in ways that shed further light on the life of Australians and how it may be improved.
- The Act protects the confidentiality and long-term security of the data held. It is therefore guaranteed that any data provided to the AIHW will be used only as the provider permits. High ethical standards are followed.
- Major interested parties are brought together to develop and promote standardised data definitions and collection methods, new national collections, the linking of separate national collections, and key summary statistics (or indicators).
- The AIHW acts openly and transparently, putting all work in the public arena.

This report

This annual report has been written to inform the community of the AIHW's roles and responsibilities and to summarise achievements over the past year. It also fulfils legislative and parliamentary reporting requirements. The report is a key document for reference, for internal management and as part of the historical record.

This report contains the following sections:

The **Overview** provides some highlights from the past year. It includes reports from the Chair of the Board and the Director, a statement of the AIHW's mission and values, and a presentation of the values of the Australian Public Service.

Chapter 1 outlines the governance, structure and functions, business and people focus of the AIHW.

Chapter 2 summarises the achievements that the AIHW has made against the priorities for the reporting year.

The **Appendices** provide detailed information on aspects of the AIHW's business.

OVERVIEW OF THE YEAR

Chair's report

I am pleased to present the 2005–06 annual report of the Australian Institute of Health and Welfare (AIHW). This is the nineteenth annual report produced by the AIHW and the third that I, as Chair of the AIHW, have had the privilege to present.

The key goal of the AIHW is to provide governments and the community with objective, independent reports on Australia's health and welfare system as a basis for decision making and community debate.

Many factors contribute to the success of the AIHW in continuing to make significant achievements towards this goal. One of these is undoubtedly the skill and dedication of the staff, who are highly qualified in their various fields. I have the highest regard for the staff and the contribution they make to Australia's ability to make evidence-based policy decisions.



Another key element which is perhaps less well recognised is that the AIHW relies very heavily on the cooperation of the Australian, state and territory governments in supplying data in a timely and consistent way. A large proportion of these data are provided by state and territory agencies.

The AIHW's independent status, its rigorous privacy and confidentiality regime, and the involvement of stakeholders in its governance provide a strong framework to support that cooperation.

In recognising the key role of the states and territories, the AIHW has decided to offer them the opportunity to read its publications in advance of their formal release, so that all Ministers may be briefed about the content of reports. I am pleased that these new arrangements will come into practice in 2006–07.

I would like to pay tribute to the former Director, Dr Richard Madden, who, after 10 years leading the AIHW through a significant period of growth and achievement, left to take up an appointment as Professor and Director of the National Centre for Classification in Health. Under Dr Madden's leadership the AIHW has become firmly established as the nation's premier authority on health and welfare statistics and has gained an international reputation. On 13 February 2006, the AIHW welcomed Dr Penny Allbon as the new Director. Dr Allbon's extensive leadership experience in the health and welfare sectors positions her well to lead the AIHW through the next phase of its development.

The Hon. Peter Collins, AM, QC

Board Chair



Director's overview

Throughout 2005–06 the AIHW has pursued a very full work program, culminating in some 130 publications and three national conferences. Behind the scenes the AIHW has also continued its work to ensure national consistency of information through data classification, standards and definitions. The year saw some new ventures for the AIHW, with several areas of health and welfare being reported for the first time.

Publications

Highlights of the year include the publication of the three biennial AIHW 'flagship' reports:

- *Australia's welfare 2005*
- *Australia's health 2006*
- *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2005* (in conjunction with the Australian Bureau of Statistics).

Australia's welfare 2005 was the seventh biennial welfare report produced by the AIHW and on this occasion it included a special chapter on children, youth and families. *Australia's welfare 2005* was launched by Senator Kay Patterson MP, the then Federal Minister for Family and Community Services, on 30 November 2005. A one-day conference held in conjunction with the launch, 'Connected challenges, connecting response,' explored the relevance of the information to existing and future welfare policies, programs and reforms.

On 21 June 2006, the Federal Minister for Health and Ageing, the Hon. Tony Abbott MP, launched *Australia's health 2006*, followed by a one-day conference that explored some of the major trends outlined in the report.

Australia's health and *Australia's welfare* have grown to be significant publications, each comprising around 500 pages of information drawn from the AIHW's work as well as other research.

In collaboration with the Australian Bureau of Statistics, the AIHW produced another significant biennial publication, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2005*. Launched on 26 August 2005, this fifth edition of the biennial report contains a comprehensive overview of the latest information on population, housing circumstances, health risk factors, disability prevalence, and health status as well as the availability, resourcing and use of services.

Among the many other publications, some of the more significant include:

- *Juvenile justice in Australia 2000–01 to 2003–04*, a joint project between the Australasian Juvenile Justice Administrators and the AIHW, which

provides, for the first time, national information on juveniles under community supervision and in detention, based on the Juvenile Justice National Minimum Data Set.

- Detailed findings of the *National Drug Strategy Household Survey*, which was launched by the Hon. Chris Pyne on the Gold Coast on 22 November 2005.
- *Arthritis and musculoskeletal conditions in Australia, 2005*, launched by the then Minister for Ageing, the Hon. Julie Bishop, in late October 2005.
- *Indigenous housing needs 2005: a multi-measure needs model*, which was a first-time report examining homelessness, overcrowding, affordability, dwelling condition and connection to essential services among Aboriginal and Torres Strait Islander peoples.
- *Use of routinely collected national data sets for reporting on induced abortion in Australia*, which was an innovative approach to bring together what is known about the numbers of induced abortions in Australia, using Medicare data and hospital data.
- *Improving the quality of Indigenous identification in hospital separations data*, including a comprehensive assessment of the quality of indigenous status data, and recommendations for its appropriate use and improving its quality.

As in previous years, AIHW publications received wide publicity in the media, bringing important findings to the attention of the general public, as well as to the professional and research community.

The website continued to serve as a major communication channel for the AIHW, with the full text of all publications freely available on the website.

Data development

Behind the publications the AIHW continued to build its solid foundation of data development work, ensuring that definitions, classifications and standards are developed in a consistent and high-quality manner. Use of the AIHW's metadata management tool, METeOR, has extended into new areas, and continues to provide a sound basis for national data development.

In December 2005 the AIHW hosted a national forum on *Improving information on disability and functioning*, involving an array of national and international experts.

Work program

In 2005–06 the work funded by appropriation remained a small proportion of the total work undertaken by the AIHW. Over 60% of the work was funded by external business arrangements for specific projects. In future years the AIHW will be looking to expand its independent work program to ensure that it is able to respond appropriately to emerging needs for data and information.

Organisational change

In response to the growth of the AIHW and the changing environment, the organisational structure underwent some changes in the course of the year. In particular, the creation of the new position of Deputy Director brought a focus to the cross-cutting aspects of statistical and information management, and to the AIHW's role as secretariat to many national information committees.

In addition to the retirement of the former Director, other significant staffing changes during the year included the retirement of Dr Ching Choi, head of the Health Division and formerly the inaugural head of the Welfare Division. Dr Choi acted as Director for a period of 2 months after Dr Madden left and I am particularly grateful to him for delaying his retirement from the public service until after my arrival.

The staff of the AIHW are highly qualified and committed to their work. Their passion for their work is evident in the culture of the AIHW. They have continued to produce high-quality work throughout the year and I would like to place on record my appreciation for their welcoming attitude and cooperative approach.

Dr Penny Allbon

Director

AIHW mission

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

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

AIHW values

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

Australian Public Service values

The Australian Public Service:

- is apolitical, performing its functions in an impartial and professional manner
- is a public service in which employment decisions are based on merit
- provides a workplace that is free from discrimination and recognises and uses the diversity of the Australian community it serves
- has the highest ethical standards
- is openly accountable for its actions within the framework of Ministerial responsibility to the Government, the Parliament and the Australian public
- is responsive to the Government in providing frank, honest, comprehensive, accurate and timely advice and in implementing the Government's policies and programs
- delivers services fairly, effectively, impartially and courteously to the Australian public and is sensitive to the diversity of the Australian public
- has leadership of the highest quality
- establishes workplace relations that value communication, consultation, cooperation and input from employees on matters that affect their workplace
- provides a fair, flexible, safe and rewarding workplace
- focuses on achieving results and managing performance
- promotes equity in employment
- provides a reasonable opportunity to all eligible members of the community to apply for APS employment;
- is a career-based service to enhance the effectiveness and cohesion of Australia's democratic system of government
- provides a fair system of review of decisions taken in respect of employees.



Chapter 1

Governance and organisation of the Australian Institute of Health and Welfare



The Hon. Peter Collins and the Hon. Tony Abbott MP at the launch of Australia's health 2006

A BRIEF HISTORY AND OUTLINE OF THE ROLE OF THE AIHW

The AIHW was established as a statutory authority in 1987 by the *Australian Institute of Health Act 1987*. In 1992 the role and functions of the then Australian Institute of Health were expanded to include welfare-related information and statistics, making it the Australian Institute of Health and Welfare. The Act is now entitled the *Australian Institute of Health and Welfare Act 1987* (AIHW Act) (Appendix 2, page 103).

The Act makes provision for the AIHW to collect and produce information and statistics relating to the health, housing and community services of the people of Australia. The AIHW provides the information that governments use to develop policy and make appropriate decisions.

The AIHW is part of the Health and Ageing portfolio and works closely with the Australian Government Department of Health and Ageing (DoHA). It also has a strong relationship with the Australian Government's departments of Families, Community Services and Indigenous Affairs (FaCSIA) and Veterans' Affairs, the Australian Bureau of Statistics, as well as with state and territory departments covering health, housing and community services and with various non-government agencies.

The AIHW also plays a leading role in data development — definitions, standards, classifications and statistical techniques.

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

GOVERNANCE

The corporate governance arrangements are the processes by which the AIHW is directed and controlled.

The AIHW is an Australian Government statutory authority within the Health and Ageing portfolio, reporting directly to the portfolio Minister, the Hon. Tony Abbott, the Minister for Health and Ageing.

The AIHW is defined as a body corporate subject to the *Commonwealth Authorities and Companies Act 1997* (CAC Act). The AIHW reports to Parliament through the responsible Minister.

The AIHW has delegated management of its affairs to the AIHW Director. The Director is appointed by the Minister on the recommendation of the Board. The Director, who is a member of the Board, is responsible to the Board for the AIHW's activities. The performance of the Director is reviewed annually by the Board Chair.

The AIHW's main governing agents are the Board, the Ethics Committee and the Audit and Finance Committee.

AIHW Board

The role and composition of the Board are specified in s. 8(1) of the AIHW Act. Board members, other than three ex-officio members and a staff representative, are appointed by the Governor-General on the recommendation of the Minister for Health and Ageing for periods not exceeding 3 years.

Details of 2005–06 Board members are listed below. The financial statements contain details of remuneration of Board members (Note 11, page 94), and Related Party Disclosures of the Board (Note 12, page 95).

The following is a list of Board members for the period 1 July 2005 to 30 June 2006.

AIHW Board members 2005–06

Chair

The Hon. Peter Collins

Secretary, Department of Health and Ageing

Ms Jane Halton

Australian Statistician

Mr Dennis Trewin

Australian Health Ministers' Advisory Council nominee

Mr Peter Allen

Community Services Ministers' Advisory Council nominee

Ms Linda Apelt (until 17 February 2006)

Ms Sandra Lambert (from 17 February 2006)

Representative of state and territory housing departments

Dr Owen Donald

Ministerial nominees

Prof. Heather Gardner

Assoc. Prof. Kerry Kirke

Mr Ian Spicer

AIHW staff nominee

Ms Chrysanthe Psychogios

Director, AIHW

Dr Richard Madden (until 6 January 2006)

Dr Penny Allbon (from 13 February 2006)

Other invited members:

A representative of the Secretary of the Department of Families, Community Services and Indigenous Affairs, currently the Deputy Secretary

Mr Stephen Hunter

CEO of the National Health and Medical Research Council

Mr Bill Lawrence (*CEO until 6 June 2006*)

Professor Warwick Anderson (*CEO from 6 June 2006*)

Five Board meetings were held during the period. Details of meetings attended and Board members' qualifications and experience are in Appendix 5, page 139.

The Charter of Corporate Governance adopted by the Board takes into account contemporary issues regarding corporate governance and forms the basis for Board operations in an increasingly complex environment.

The AIHW Charter of Corporate Governance is available in Appendix 12, page 181.

Indemnities and insurance premiums for officers

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

Ethics Committee

The functions and composition of the AIHW Ethics Committee are prescribed in s. 16(1) of the AIHW Act and Regulations accompanying the Act.

The committee's main responsibility is to advise the AIHW on the ethical acceptability or otherwise of current or proposed health- and welfare-related activities of the AIHW or of bodies with which the AIHW is associated. The AIHW may release identifiable health and welfare data for research purposes with the agreement of the committee, provided that release does not contravene the Commonwealth Privacy Act and the terms and conditions under which the data were supplied to the AIHW.

Membership and meetings

Membership of the Ethics Committee at 30 June 2006 is shown below. The Ethics Committee meets the National Health and Medical Research Council requirements for the composition of human research ethics committees.

Four meetings of the Ethics Committee were held during 2005–06 and attendance at meetings is shown in Appendix 6, page 141. The committee agreed to the ethical acceptability of 29 projects during the year.

Ethics Committee members 2005–06

Chair

Mr Robert Todd

Medical graduate with research experience

Dr Wendy Scheil

Graduate in a social science

Dr Siew-Ean Khoo

Nominee of the Registrars of Births, Deaths and Marriages

Ms Val Edyvean

Minister of religion

Rev. D'Arcy Wood (*until 1 December 2005*)

Rev. Dr Wesley Campbell (*from 1 December 2005*)

Legal practitioner

Ms Marina Farnan (*until 30 September 2005*)

Ms Kathryn Cole (*from 30 September 2005*)

Representatives of general community attitudes

Mr John Turner

Ms Janet Kahler

Director, AIHW

Dr Richard Madden (*until 6 January 2006*)

Dr Penny Allbon (*from 13 February 2006*)

Audit and Finance Committee

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

Membership and meetings

Membership of the Audit and Finance Committee is shown below. Attendance at the five meetings held during the year is shown in Appendix 6, page 141.

The major matters on which the committee reported to the Board were review of annual financial statements, internal audit program, and data audit program.

Audit and Finance Committee members 2005–06

Chair

Ms Linda Apelt (*until 17 February 2006*)

Mr Ian Spicer (*from 12 March 2006*)

Continued

Audit and Finance Committee members 2005–06 (continued)

Chair AIHW Board

The Hon. Peter Collins

Member

Mr Ian Spicer (*until 12 March 2006*)

Mr Peter Allen (*from 22 March 2006*)

Remuneration Committee

The Remuneration Committee is a subcommittee of the AIHW Board. The committee advises the Board on the remuneration of the Director and provides performance feedback to the Director.

Membership and meetings

Membership of the Remuneration Committee is shown below. Attendance at meetings is shown in Appendix 6, page 141.

Remuneration Committee members 2005–06

Chair AIHW Board

The Hon. Peter Collins

Member

Mr Ian Spicer

FUNCTIONS AND STRUCTURE

Roles and responsibilities

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

In summary, the AIHW:

- identifies and meets the information needs of governments and the community to enable them to make informed decisions to improve the health and welfare of Australians
- provides authoritative, timely information and analysis to the Australian Government, state and territory governments and to non-government clients by collecting, analysing and disseminating national data on health, community services and housing assistance

- develops, maintains and promotes, in conjunction with stakeholders, information standards for health, community services and housing assistance.

The AIHW may:

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

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

Structure

The AIHW structure is aimed at ensuring the AIHW fulfils its roles and responsibilities in the best manner possible. The structure was modified during the year to reflect growth in various aspects of the work program and to ensure staff had clear, balanced and reasonable workloads.

Since April 2006 the Director has been supported by a Deputy Director and four Group Heads, each with major functional responsibilities. The Deputy Director has responsibility for the Information and Strategy Group, and the Group Heads have responsibility for Health and Functioning, Welfare and Housing, Economics and Health Services, and Business. A chart showing the AIHW's structure as at 30 June 2006 is shown opposite.

Executive staff at 30 June 2006 are listed below. Information about Unit Heads is included in Appendix 9, page 149.

Director

Dr Richard Madden (until 6 January 2006)
Dr Penny Allbon (from 13 February 2006)

Deputy Director and Head of Information and Strategy Group

Mr Ken Tallis (from 27 March 2006)

Health and Functioning Group Head

Dr Ching Y Choi (until 4 April 2006)
Dr Paul Magnus (acting from 4 April 2006)

Welfare and Housing Group Head

Dr Diane Gibson

Business Group Head

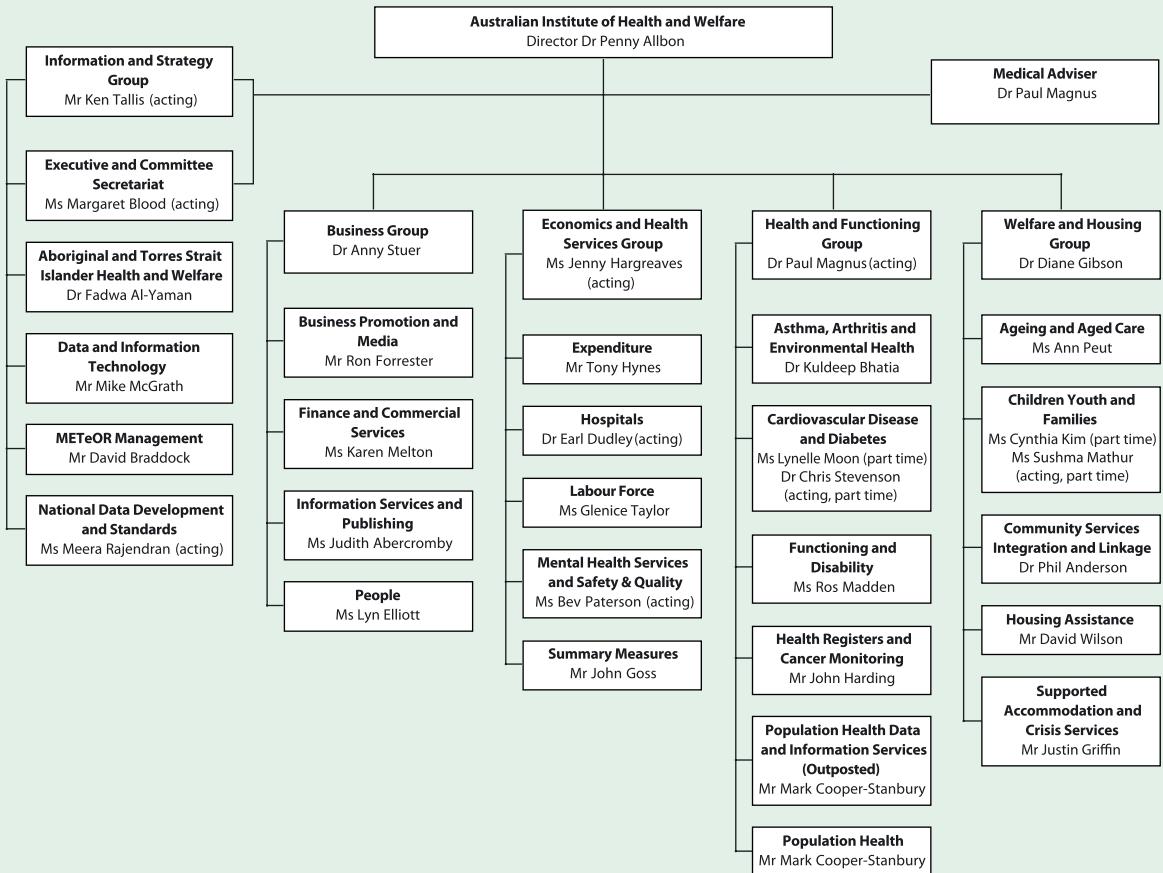
Dr Anny Stuer

Economics and Health Services Group Head

Ms Jenny Hargreaves (acting from 3 April 2006)
Mr Ken Tallis (until 27 March 2006)

AIHW organisational chart

as at 30 June 2006



Collaborating agreements with universities

The AIHW has agreements with a number of universities and organisations based at or affiliated with universities to facilitate collaboration. Such collaborations extend the range of skills available to the AIHW and enhance its capacity to perform its functions across a broader range of subject matter. See Appendix 4 on page 137 for further information on these collaborating agreements.

BUSINESS

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

The AIHW's business and people strategies are driven by the values, objectives, priorities and strategies described in its business plan and its corporate plan, which expires in 2006. Work on developing a new corporate/strategic plan began with senior staff attending a workshop to formulate ideas about directions and strategies.

Also, during the year:

- negotiations to renew the Memorandum of Understanding with DoHA were completed
- a 2-year agreement between the Department of Health and Ageing and the AIHW's Public Health Information Development Unit at the University of Adelaide was signed and the work program is under development
- Acumen Alliance was contracted to conduct a second 3-year internal audit program. This program ensures that AIHW practices and procedures are efficient and effective (see Risk management strategies, page 12).

Financial position

The AIHW received \$8.549 million in appropriation funding from the Australian Government. This was an increase of 1.5% on the previous financial year. Revenue from externally funded projects totalled \$14.262 million, a decrease of 4.5% from the previous financial year. The AIHW recorded a small surplus for the year and continues to hold adequate reserves to fund ongoing operations. Full details are in Appendix 1, page 61.

Information and communication strategies

The AIHW website continues to serve as a major communication channel, averaging between 2,000 and 3,000 visitors with 11,000 requests for pages each day. AIHW staff spend considerable and increasing time responding to requests for information received via the website and other means.

All AIHW publications (released at an average of two or three a week) are freely available in full text on the website when their embargo is lifted. A total of 3,600 people currently subscribe to the automated publications release notification service available on our website.

During the year, a considerable effort was made to enhance the AIHW's profile in the Australian education sector by requesting that relevant sections of university and college websites add links to the site. Much of the metadata underlying the website was upgraded with the aim of boosting the site's ranking with the major internet search engines.

Access to AIHW data was improved in 2005–06 by adding to the website a searchable data catalogue, containing details of a large selection of statistical data. The catalogue can be searched in various ways to obtain details about specific data holdings. It also provides links to statistical data products available on the website, such as data cubes, while maintaining data protection and security. The AIHW also contributes information on its data collections to the ABS-coordinated National Data Network (NDN).

During the year the AIHW published 132 reports averaging 91 pages and with 65 media releases. This constitutes an 18% growth in reports over the preceding year and is by far the most reports ever produced by the AIHW in one year.

AIHW staff gave over 90 conference and seminar presentations and wrote around 95 journal articles and abstracts.

Media coverage and AIHW's community relevance

Most AIHW reports receive coverage in major metropolitan newspapers and radio stations and some television coverage is achieved for those of exceptional interest. Generally, the level of coverage is heavily influenced by the level of current public interest in a particular topic. Accordingly, the prominent media performers over the year were reports on drug use and treatment, cancer and mortality, and those relating to Indigenous Australians, all of which consistently achieved higher than average radio coverage.

Reports on these topics included *Statistics on drug use in Australia 2004*, *Alcohol and other drug treatment services in Australia 2003–04*, *Mortality over the twentieth century in Australia: trends and patterns in major causes of death*, *Cancer incidence projections for Australia 2002–2011*, *BreastScreen Australia monitoring report 2002–2003*, *Expenditures on health for Aboriginal and Torres Strait Islander peoples, 2001–02* and *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2005*.

In addition, the topic of homelessness generated significant interest, with *Demand for SAAP accommodation by homeless people 2003–04* receiving extensive coverage.

Standout performers included *Cancer incidence projections for Australia 2002–2011*, which generated 13 major press articles, 81 radio items, 17 television items

and 8 online stories; *Statistics on drug use in Australia 2004*, which generated 16 major press articles, 23 radio items, 7 television items and 8 online stories; and *Towards national indicators for food and nutrition: an AIHW view*, which generated 9 press articles, 14 radio items, 2 television items, and 2 online items.

Particularly interesting was the very high radio coverage that *Cancer incidence projections for Australia 2002–2011* and *Medical labour force 2003* received, with 81 and 78 different items respectively.

The AIHW is also used as a reliable information source by Members of Parliament. It was cited 27 times during the year in the Hansards of both Houses of Parliament. This was about one-third the number of mentions of the Department of Health and Ageing, for example, and around three times the number for the Health Insurance Commission.

All AIHW publications are available at no charge on the AIHW's website (www.aihw.gov.au). In addition, the site offers free access to a large number of interactive 'data cubes', which allow users to produce customised tables or graphs to suit their needs.

Printed copies of AIHW publications can be purchased by mail order, online via the website and at a discounted price over the counter at the AIHW's premises.

Risk management strategies

Risk management strategies have been adopted to identify areas of significant operational or financial risk and to develop and implement arrangements to manage those risks.

A new **information security strategy** was developed during the year to enhance the AIHW's mechanisms for ensuring it lives up to the high information-security standards it demands of itself and to meet the expectations of legislation, data providers and the community. An important element of the strategy is a framework for information security accountability and responsibility. It established the position of information security manager to coordinate all aspects of information security management.

A **privacy brochure** developed and almost completed during the year will be an important tool for helping staff and others to understand the ethical, privacy and confidentiality provisions better.

The AIHW annual **audit program** covers data, data administration, finance, human resources and other administrative procedures. Administrative procedures covered by the audit program this year were:

- IT Help Desk
- outsourced payroll system
- purchasing and receivables.

The audit reports were considered by management and a number of changes implemented in response to the reports' recommendations.

A data audit was conducted on the Commonwealth–State/Territory Disability Agreement data collections.

This audit did not identify any significant weaknesses.

PEOPLE

The AIHW and its collaborating units are staffed by highly skilled people dedicated to the values and work of the organisation. The AIHW seeks to create a stimulating environment built on commitment to excellence, continuous learning, trust and respect for differences.

The AIHW encourages security of tenure and safety and sound health among its staff with opportunities for personal and professional development and for the staff to advocate on their own behalf.

Staffing

Staff numbers have fallen by a little under 10% in 2005–06 financial year following 2 years of relatively constant levels. At 30 June 2006 the AIHW employed 204 people, corresponding to 180 full-time-equivalent staff.

The annual graduate recruitment round resulted in 12 new graduates beginning work at the AIHW between December 2005 and February 2006.

An equal opportunity employer

AIHW staff are employed under the *Public Service Act 1922*. Details of staffing during 2005–06 are shown in Appendix 8, page 147.

Vacancies are advertised on the AIHW website as well as in the *Australian Public Service Gazette*, and this information is accessible to people with disabilities. Applicants are asked to state whether they have a disability and what assistance they would need at interview. Applications may be made by email or in hard copy and enquiries about accessibility matters are responded to promptly. Many vacancies are also advertised in the print media.

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

The AIHW regularly monitors its facilities to ensure that they are accessible to people with disabilities and makes improvements whenever possible. Front doors have been replaced to make them easier for people with disabilities to use, a ramp is available to enter the building and car-parking spaces are reserved for people with disabilities.

Personal and professional development

The AIHW Learning and Development (L&D) Advisory Committee continued to drive professional activities this year. The development and delivery of a series of pilot performance-building workshops was one of the major L&D activities.

The Good Practice seminar series was held fortnightly, and statistical and writing advisory services continued to be offered fortnightly as well.

AIHW learning and development programs are available to all staff, including those recruited through the graduate intake, from the time they begin work at the AIHW.

A healthy workplace

The fourth AIHW Certified Agreement was certified in late July 2005. It commits the AIHW to undertake a review of workloads and work–life balance, to enhance the organisation’s performance management, and to deliver a month-long program to promote better health among staff.

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

The OH&S Committee met four times during the financial year, and also conducted business out-of-session. It has been developing a new OH&S Agreement and First Aid Policy.

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

- training in occupational health and safety work practices, and in managing occupational health and safety risks
- updating fire fighting and emergency evacuation procedures and providing training for fire wardens, including first aid persons
- engaging professional occupational therapists to assess individual workstations for many staff
- undertaking regular workplace inspections and doing repairs and maintenance as required.

One incident required the giving of notice under s. 68 of the *Occupational Health and Safety Act 1991*.

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

Keeping to ethical standards

Ethical standards at the AIHW are upheld with its values in mind: accessibility, expertise, independence, innovation, privacy, and responsiveness.

These values, and those of the Australian Public Service, shape the *AIHW Corporate Plan 2003–2006*, the business plan which flows from the corporate plan, and the annual Work Program.

To reinforce the AIHW's strong commitment to its values, staff (and those with approved access to AIHW data) are required to sign an Undertaking of Confidentiality in relation to data held under the AIHW Act. An important part of the AIHW's induction program is a discussion, led by the Director, of the values and ethical standards under which the AIHW operates. These practices together with our data audit programs are designed to ensure the confidentiality of the data held. The APS Values and Code of Conduct are regularly promoted to staff in seminars and newsletters.

A convivial workplace

The Director supports the AIHW Social Club. The club's main function is to organise four functions throughout the year and raise funds.

Social Club functions held each year and open to all staff are an Easter party, the AIHW birthday, the Melbourne Cup and an end-of-year party. At the AIHW birthday, staff that have been with the AIHW for 10 years are acknowledged and awarded a certificate of recognition of service.

Staff awarded certificates of recognition in 2005–06 for 10 years service

Justin Dorman
Kathy Southgate
Phil Anderson
Hongyan Wang
Christopher Stevenson

Staff also participate in fundraising activities for charity and organise 6-weekly visits to donate blood.

AIHW actively encourages staff to recycle where possible and to conserve energy in appropriate ways.

There were high levels of participation in events organised for the first AIHW Health Month program held in May 2006. The program included a seminar on *The seven habits of fit and healthy people*, nutrition seminars, and cholesterol and diabetes screening. The *10,000 step program* attracted large numbers and many staff appear to be continuing with the activities begun as part of that program. Staff with a competitive edge participated in a *Platinum fitness test* that reaped both pleasing and challenging results.

Sensitivity in handling grievances

AIHW procedures for dealing with grievances are outlined in our Certified Agreement which is available on the intranet.

- All staff are encouraged to discuss grievances with their manager in the first instance.
- Workplace Harassment Contact Officers have been appointed to help staff.
- All staff have access to professional counselling through an external Employee Assistance Program. Details of this arrangement are available to all staff on the AIHW intranet and from the human resources area.



Chapter 2

Performance against agency outcome and outputs



[l-r] Michael de Looper, Robert van der Hoek, Suraiya Nargis and Ilona Brockway of the AIHW Population Health Unit attending the 'Australia's Health 2006' conference

PORTRFOIO 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 NMDs 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 NMDSs, 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

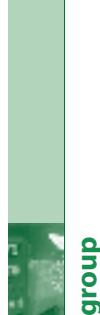
The **National Housing Data Agreement Management Group (NHDAMG)** was established under the National Housing Data Agreement (NHDA) to provide strategic direction and oversee the development of national housing information infrastructure. NHDAMG reports to the Policy and Research Working Group of the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

The **National Indigenous Housing Information Implementation Committee (NIHIIC)** 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 NIHIIC 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, NIHIIC and NHDDC, implementation of the Joint Protocol for Housing Data Groups, and arrangements for the NHDDC to report to both NHDAMG and NIHIIC. Nevertheless, Australian Housing Ministers have resolved that it would be preferable for NHDAMG and NIHIIC to be merged into a single group by 2008. As a first step towards this amalgamation, NHDAMG and NIHIIC held their first joint meeting in November 2005, and in August 2006 presented their first joint work program to HMAC.



2

Output

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 NMDSSs 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 NMDSSs 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

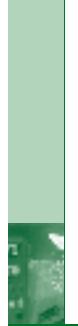
The AIHW is a World Health Organization Collaborating Centre for the Family of International Classifications (WHO-FIC). During 2005–06 the AIHW worked with WHO and its network of collaborating centres to develop, disseminate, implement and update the WHO Family of International Classifications to support 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 NMDSSs, 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 NMDSSs, 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).

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 SAAP, 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.



Appendix 1

Financial statements



INDEPENDENT AUDIT REPORT

To the Minister for Health and Ageing

Scope

The financial statements and directors' responsibility

The financial statements comprise:

- Statement by Directors;
- Income Statement, Balance Sheet and Statement of Cash Flows;
- Statement of Changes in Equity;
- Schedules of Commitments and Contingencies; and
- Notes to and forming part of the Financial Statements

of the Australian Institute of Health and Welfare (the Institute), for the year ended 30 June 2006.

The Directors are responsible for preparing the financial statements that give a true and fair view of the financial position and performance of the Institute, and that comply with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997* and Accounting Standards and other mandatory financial reporting requirements in Australia. The Directors are also responsible for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial statements.

Audit approach

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

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

GPO Box 707 CANBERRA ACT 2601
Centenary House
19 National Circuit BARTON ACT
Phone (02) 6203 7300 Fax (02) 6203 7777

I have performed procedures to assess whether, in all material respects, the financial statements present fairly, in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997* and Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with my understanding of the Institute's financial position, and of its financial performance and cash flows.

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

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

Independence

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

Audit Opinion

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

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*; and
- (b) give a true and fair view of the Institute's financial position as at 30 June 2006 and of its performance and cash flows for the year then ended, in accordance with:
 - (i) the matters required by the Finance Minister's Orders; and
 - (ii) applicable Accounting Standards and other mandatory financial reporting requirements in Australia.

Australian National Audit Office



Carla Jago
Executive Director

Delegate of the Auditor-General
Canberra

11 September 2006



Australian Government
Australian Institute of Health and Welfare

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

STATEMENT BY DIRECTORS

In our opinion, the attached financial statements for the year ended 30 June 2006 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Commonwealth Authorities and Companies Act 1997*.

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

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

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

Penny Allbon
Director

11 September 2006

11 September 2006

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

Australian Institute of Health and Welfare

INCOME STATEMENT
for the year ended 30 June 2006

	Notes	2006 \$'000	2005 \$'000
INCOME			
Revenue			
Revenues from Government	4A	8,549	8,420
Goods and services	4B	14,332	15,005
Interest	4C	280	254
Other revenues	4D	114	6
<i>Total revenue</i>		23,275	23,685
TOTAL INCOME		23,275	23,685
EXPENSES			
Employees	5A	15,072	14,596
Suppliers	5B	7,485	8,533
Depreciation and amortisation	5C	659	471
Write-down and impairment of assets	5D	35	107
Net losses from sale of assets	5E	5	-
<i>TOTAL EXPENSES</i>		23,256	23,707
Net Operating result		19	(22)
Net Surplus/(Deficit) attributable to the Australian Government		19	(22)

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

Australian Institute of Health and Welfare

BALANCE SHEET

as at 30 June 2006

	Notes	2006 \$'000	2005 \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	6A	4,906	4,355
Receivables	6B	4,348	5,522
<i>Total financial assets</i>		9,254	9,877
Non-financial assets			
Buildings	7A,D	1,124	754
Infrastructure, plant and equipment	7B,D	573	670
Library Collection	7C,D	501	506
Intangibles	7E	662	728
Inventories	7F	68	102
Other non-financial assets	7G	210	189
<i>Total non-financial assets</i>		3,138	2,949
TOTAL ASSETS		12,392	12,826
LIABILITIES			
Payables			
Suppliers	8A	466	544
Other payables	8B	325	356
Contract income in advance	8C	4,761	5,499
<i>Total payables</i>		5,552	6,399
Provisions			
Employees	9A	4,234	4,364
Other provisions	9B	436	424
<i>Total provisions</i>		4,670	4,788
TOTAL LIABILITIES		10,222	11,187
NET ASSETS		2,170	1,639
EQUITY			
Contributed Equity		1,146	1,146
Reserves		1,268	756
Retained Surpluses(Accumulated deficits)		(244)	(263)
TOTAL EQUITY		2,170	1,639
Current Assets		9,532	10,168
Non-current Assets		2,860	2,658
Current Liabilities		9,355	10,340
Non-current Liabilities		867	847

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

Australian Institute of Health and Welfare

STATEMENT OF CASH FLOWS
for the year ended 30 June 2006

	Notes	2006 \$'000	2005 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		8,549	8,420
Goods and services ¹		16,211	15,073
Interest		266	260
Net \$ received from AIO	¹	-	-
Other		114	6
Total cash received		25,140	23,759
Cash used			
Employees		15,202	14,195
Suppliers ¹		8,442	9,568
Net \$ paid to AIO ¹		675	156
Total cash used		24,319	23,919
Net cash from or (used by) operating activities	10	821	(160)
INVESTING ACTIVITIES			
Total cash received		-	-
Cash used			
Purchase of property, plant and equipment		270	1,160
Total Cash Used		270	1,160
Net cash from or (used by) investing activities		(270)	(1,160)
Net Increase or (Decrease) in Cash Held		551	(1,320)
Cash at beginning of the reporting period		4,355	5,675
Cash at the End of the Reporting Period	6A	4,906	4,355

¹ 2004-2005 comparatives restated due to reclassification of \$ payable.

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

Financial statements for the year ended 30 June 2006

Australian Institute of Health and Welfare

STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2006

	Accumulated Results		Asset Revaluation Reserve		Contributed Equity/Capital		Total Equity	
	2006	2005	2006	2005	2006	2005	2006	2005
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Opening Balance	(263)	(241)	756	768	1,146	1,146	1,639	1,673
Adjustment for errors	-	-	-	-	-	-	-	-
Adjustment for changes	-	-	-	-	-	-	-	-
Adjusted opening balance	(263)	(241)	756	768	1,146	1,146	1,639	1,673
Income and Expense								
Revaluation adjustment ¹	-	-	512	(12)	-	-	512	(12)
Sub-total income and expenses recognised directly in equity	-	-	512	(12)	-	-	512	(12)
Net operating result	19	(22)	-	-	-	-	19	(22)
Total income and expenses	19	(22)	512	(12)	-	-	531	(34)
Transactions with Owners								
<i>Distributions to owners</i>								
Return on Capital								
Dividends	-	-	-	-	-	-	-	-
<i>Contributions by Owners</i>								
Appropriation (equity injection)	-	-	-	-	-	-	-	-
Restructuring	-	-	-	-	-	-	-	-
Sub-total Transactions with Owners								
Transfers between equity components	-	-	-	-	-	-	-	-
Closing balance at 30 June	(244)	(263)	1,268	756	1,146	1,146	2,170	1,639

¹ 2005-06 adjustment of \$12,000 includes \$96,000 for revaluation of Household Improvements less Megood provision revaluation of \$84,000.

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

Financial statements for the year ended 30 June 2006

Australian Institute of Health and Welfare

SCHEDULE OF COMMITMENTS

as at 30 June 2006

	2006 \$'000	2005 \$'000
BY TYPE		
Commitments		
Operating leases ¹	1,457	2,760
Other ²	2,894	707
Total commitments	4,351	3,467
 Commitments receivable		
Net commitments by type		
	(12,264)	(4,334)
	(7,913)	(867)
 BY MATURITY		
Operating lease commitments		
One year or less	1,355	1,336
From one to five years	102	1,424
Total operating lease commitments	1,457	2,760
 Other commitments		
One year or less	1,605	707
From one to five years	1,289	-
Total other commitments	2,894	707
 Total commitments payable	4,351	3,467
 Commitments receivable		
Contract work commitments ²		
One year or less	(6,677)	(3,485)
From one to five years	(5,195)	(535)
Total contract work commitments	(11,872)	(4,020)
Goods and Services Tax (GST)	(392)	(314)
Total commitments receivable	(12,264)	(4,334)
 Net commitments by maturity	(7,913)	(867)

NB: Commitments are ~~S~~inclusive where relevant.

¹ Operating leases are effectively non-cancellable and comprise:

Leases for office accommodation

- Lease payments are subject to annual increases in accordance with upward movements in the CPor 3%.
 - The lease term is seven years and may be renewed for another seven years (option in place).
 - Current leases expire in July 2007 (new lease under negotiation) and August 2007.

Computer equipment lease

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

Agreements for the provision of motor vehicles to Senior Executive Officers.

- No contingent rentals exist. There are no renewal or purchase options available to the Institute. Current commitments are primarily amounts relating to the Institute's contract work.

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

Financial statements for the year ended 30 June 2006

Australian Institute of Health and Welfare

SCHEDULE OF CONTINGENCIES
as at 30 June 2006

	2006 \$'000	2005 \$'000
CONTINGENCIES	Nil	Nil

¹ The provision for makegood that has been reported as a contingent liability in prior years is now included in Other Provisions in the Balance Sheet. As at 30 June 2006, the Institute has no contingent assets, remote contingencies or unquantifiable contingencies.

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1	Summary of Significant Accounting Policies
Note 2	The impact of the transition to AIFRS from previous AGAP
Note 3	Events after the Balance Sheet Date
Note 4	Income
Note 5	Operating Expenses
Note 6	Financial Assets
Note 7	Non-Financial Assets
Note 8	Payables
Note 9	Revisions
Note 10	Cash Flow Reconciliation
Note 11	Director Remuneration
Note 12	Related Party Disclosures
Note 13	Executive Remuneration
Note 14	Remuneration of Auditors
Note 15	Average Staffing Levels
Note 16	Financial Instruments
Note 17	Appropriations
Note 18	Reporting of Outcomes

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 1: Summary of Significant Accounting Policies

1.1 Basis of Preparation of the Financial Statements

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

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

The statements have been prepared in accordance with:

- Finance Minister's Orders (or FMOs, being the Financial Management and Accountability Orders (Financial Statements for reporting periods ending on or after 1 July 2005));
- Australian Accounting Standards issued by the Australian Accounting Standards Board that apply for the reporting period; and
- Interpretations issued by the AASB and UIC that apply for the reporting period.

This is the first financial report to be prepared under Australian Equivalents to International Financial Reporting Standards (AEIFRS). The impacts of adopting AEIFRS are disclosed in Note 2.

The Income Statement, Balance Sheet and Statement of Changes in Equity have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets and liabilities, which as noted, are at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position.

The financial report is presented in Australian dollars and values are rounded to the nearest thousand dollars unless disclosure of the full amount is specifically required.

Unless alternative treatment is specifically required by an accounting standard, assets and liabilities are recognised in the Balance Sheet when and only when it is probable that future economic benefits will flow and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under agreements equally proportionately unperformed are not recognised unless required by an Accounting Standard. Liabilities and assets that are unrecognised are reported in the Schedule of Commitments and the Schedule of Contingencies (other than unquantifiable or remote contingencies).

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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

1.2 Significant Accounting Judgements and Estimates

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

- The fair value of land and buildings has been taken to be the market value of similar properties as determined by an independent valuer.

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

1.3 Statement of Compliance

The financial report complies with Australian Accounting Standards, which include Australian Equivalents to International Financial Reporting Standards (AEIFRS).

Australian Accounting Standards require the Institute to disclose Australian Accounting Standards that have not been applied, for standards that have been issued but are not yet effective.

The AASB has issued amendments to existing standards, these amendments are denoted by year and then number, for example 2005-1 indicates amendment 1 issued in 2005.

The table below illustrates standards and amendments that will become effective for the Institute in the future. The nature of the impending change within the table, has been out of necessity abbreviated and users should consult the full version available on the AASB's website to identify the full impact of the change. The expected impact on the financial report of adoption of these standards is based on the Institute's initial assessment at this date, but may change. The Institute intends to adopt all standards upon their application date.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Title	Standard affected	Application date*	Nature of Impending change	Impact expected on financial report
2005-1	AASB 139	1 Jan 2006	Amends hedging requirements for foreign currency risk of a highly probable intra-group transaction.	No expected impact.
2005-4	AASB 139, AASB 132, AASB 1, AASB 1023 and AASB 1038	1 Jan 2006	Amends AASB 139, AASB 1023 and AASB 1038 to restrict the option to fair value through profit or loss and makes consequential amendments to AASB 1 and AASB 132.	No expected impact.
2005-5	AASB 1 and AASB 139	1 Jan 2006	Amends AASB 1 to allow an entity to determine whether an arrangement is, or contains, a lease. Amends AASB 139 to scope out a contractual right to receive reimbursement (in accordance with AASB 137) in the form of cash.	No expected impact.
2005-6	AASB 3	1 Jan 2006	Amends the scope to exclude business combinations involving entities or businesses under common control.	No expected impact.
2005-9	AASB 4, AASB 1023, AASB 139 and AASB 132	1 Jan 2006	Amended standards in regards to financial guarantee contracts.	No expected impact.
2005-10	AASB 132, AASB 101, AASB 114, AASB 117, AASB 133, AASB 139, AASB 1, AASB 4, AASB 1023 and AASB 1038	1 Jan 2007	Amended requirements subsequent to the issuing of AASB 7.	No expected impact.
2006-1	AASB 121	31 Dec 2006	Changes in requirements for net investments in foreign subsidiaries depending on denominated currency.	No expected impact.
	AASB7 Financial Instruments: Disclosures	1 Jan 2007	Revise the disclosure requirements for financial instruments from AASB132 requirements.	No expected impact.

* Application date is for annual reporting periods beginning on or after the date shown.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.4 Revenue

Revenue from the sale of goods is recognised when:

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

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

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

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

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

Interest revenue is recognised using the effective interest method as set out in AASB 139.

Revenues from Government

Amounts appropriated for Departmental outputs appropriations for the year (adjusted for any formal additions and reductions) are recognised as revenue, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.5 Transactions with the Government as Owner

Equity injections

Amounts appropriated which are designated as ‘equity injections’ for a year (less any formal reductions) are recognised directly in Contributed Equity in that year.

Restructuring of Administrative Arrangements

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

Other distributions to owners

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

1.6 Employee Benefits

As required by the Finance Minister’s Orders, the Institute has early adopted AASB 119 Employee Benefits as issued in December 2004.

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

Liabilities for ‘short-term employee benefits’ (as defined in AASB 119) and termination benefits due within twelve months are measured at their nominal amounts.

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

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

Leave

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

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

The liability for long service leave is recognised and measured at the present value of the estimated future cashflows to be made in respect of all employees at 30 June 2006. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Separation and Redundancy

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

Superannuation

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

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

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

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

From 1 July 2005, new employees are eligible to join the PSSap scheme.

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

1.7 Leases

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

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

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

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.8 Borrowing Costs

All borrowing costs are expensed as incurred.

1.9 Cash

Cash means notes and coins held and any deposits held at call with a bank or financial institution. **Cash** is recognised at its nominal amount.

1.10 Financial Risk Management

The Institute's activities expose it to normal commercial financial risk. As a result of the nature of the Institute's business and internal and Australian Government policies, dealing with the management of financial risk, the institute's exposure to market, credit, liquidity and cash flow and fair value interest rate risk is considered to be low.

1.11 Investments

Investments are initially measured at their fair value.

After initial recognition, financial assets are to be measured at their fair values except for

- a) loans and receivables which are measured at amortised cost using the effective interest method,
- b) held-to-maturity investments which are measured at amortised cost using the effective interest method, and
- c) investments in equity instruments that do not have a quoted market price in an active market and whose fair value cannot be reliably measured and derivatives that are linked to and must be settled by delivery of such unquoted equity instruments, which shall be measured at cost.

1.12 Derecognition of Financial Assets and Liabilities

As prescribed in the Finance Minister's Orders, the Institute has applied the option available under AASB 1 of adopting AASB 132 and 139 from 1 July 2005 rather than 1 July 2004. Financial assets are derecognised when the contractual rights to the cash flows from the financial assets expire or the asset is transferred to another entity. In the case of a transfer to another entity, it is necessary that the risks and rewards of ownership are also transferred. Financial liabilities are derecognised when the obligation under the contract is discharged or cancelled or expires. For the comparative year, financial assets were derecognised when the contractual right to receive cash no longer existed. Financial liabilities were derecognised when the contractual obligation to pay cash no longer existed.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.13 Impairment of Financial Assets

As prescribed in the Finance Minister's Orders, the institute has applied the option available under AASB 1 of adopting AASB 132 and 139 from 1 July 2005 rather than 1 July 2004.

Financial assets are assessed for impairment at each balance date.

Financial Assets held at Amortised Cost

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

Financial Assets held at Cost

If there is objective evidence that an impairment loss has been incurred on an unquoted equity instrument that is not carried at fair value because it cannot be reliably measured, or a derivative asset that is linked to and must be settled by delivery of such an unquoted equity instrument, the amount of the impairment loss is the difference between the carrying amount of the asset and the present value of the estimated future cash flows discounted at the current market rate for similar assets.

Available for Sale Financial Assets

If there is objective evidence that an impairment loss on an available for sale financial asset has been incurred, the amount of the difference between its cost, less principal repayments and amortisation, and its current fair value, less any impairment loss previously recognised in profit and loss, is transferred from equity to the profit and loss.

Comparative Year

The above policies were not applied for the comparative year. For receivables, amounts were recognised and carried at original invoice amount less a provision for doubtful debts based on an estimate made when collection of the full amount was no longer probable. Bad debts were written off as incurred.

Other financial assets carried at cost which were not held to generate net cash inflows, were assessed for indicators of impairment. Where such indicators were found to exist, the recoverable amount of the assets was estimated and compared to the assets carrying amount and, if less, reduced to the carrying amount. The reduction was shown as an impairment loss.

1.14 Interest Bearing Loans and Borrowings

Government loans are carried at the balance yet to be repaid. Interest is expensed as it accrues.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.15 Trade Creditors

Trade creditors and accruals are recognised at their nominal amounts, being the amounts at which the liabilities will be settled. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

1.16 Contingent Liabilities and Contingent Assets

Contingent Liabilities and Assets are not recognised in the Balance Sheet but are discussed in the relevant schedules and notes. They may arise from uncertainty as to the existence of a liability or asset, or represent an existing liability or asset in respect of which settlement is not probable or the amount cannot be reliably measured. Remote contingencies are part of this disclosure. ~~Where~~ settlement becomes probable, a liability or asset is recognised. A liability or asset is recognised when its existence is confirmed by a future event, settlement becomes probable (virtually certain for assets) or reliable measurement becomes possible.

1.17 Acquisition of Assets

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

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

1.18 Property, Plant and Equipment (PP&E)

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the Balance Sheet, except for purchases costing less than \$100, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total). The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located.

This is particularly relevant to 'makegood' provisions in property leases taken up by the Institute where there exists an obligation to restore the property to its original condition. These costs are included in the value of the Institute's leasehold improvements with a corresponding provision for the 'makegood' taken up.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Revaluations

Basis

Buildings, plant and equipment are carried at fair value, being revalued with sufficient frequency such that the carrying amount of each asset is not materially different, at reporting date, from its fair value. Valuations undertaken in each year are as at 30 June.

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

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

Following initial recognition at cost, valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not materially differ with the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reverses a previous revaluation decrement of the same asset class that was previously recognised through profit and loss. Revaluation decrements for a class of assets are recognised directly through profit and loss except to the extent that they reverse a previous revaluation increment for that class. Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

Depreciation

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

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

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

	<u>2006</u>	<u>2005</u>
Leasehold improvements	Lease term	Lease term
Plant and Equipment	5 to 10 years	5 to 10 years
Library Collection	7 to 10 years	10 years

Heritage and cultural assets are assessed as having an infinite useful life and are not depreciated. The aggregate amount of depreciation allocated for each class of asset during the reporting period is disclosed in Note 5C.

Impairment

All assets were assessed for impairment at 30 June 2006. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

No indicators of impairment were found for assets at fair value.

1.19 Intangibles

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

Software is amortised on a straight-line basis over its anticipated useful life. The useful life of the Institute's software is 3 to 5 years (2005-06: 3 to 5 years).

All software assets were assessed for indications of impairment as at 30 June 2006. No indicators of impairment were found.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

1.20 Inventories

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

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

Costs incurred in bringing each item of inventory to its present location and condition are assigned as follows:

- raw materials and stores – purchase cost on a first-in-first-out basis; and
- finished goods and work in progress – cost of direct materials and labour plus attributable costs that are capable of being allocated on a reasonable basis.

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

1.21 Taxation

The Authority is exempt from all forms of taxation except fringe benefits tax (FBT) and the goods and services tax (GST).

Revenues, expenses and assets are recognised net of GST:

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 2: The impact of the transition to AEIFRS from previous AGAAP

	2005	2004
	<u>\$'000</u>	<u>\$'000</u>
Reconciliation of total equity as presented under previous AGAAP to that under AEIFRS		
Total equity under previous AGAAP	1,669	1,673
Adjustments to retained earnings:		
'Makegood' assets ¹	(30)	-
Adjustments to other reserves:		
Asset Revaluation Reserve	-	-
Total equity translated to AEIFRS	<u>1,639</u>	<u>1,673</u>
 Reconciliation of profit and loss as presented under previous AGAAP to that under AEIFRS		
Prior year profit as previously reported	8	
Adjustments:		
Depreciation/amortisation	(30)	
Prior year profit translated to AEIFRS	<u>(22)</u>	

The cash flow statement presented under previous AGAAP is equivalent to that prepared under AEIFRS.

¹ AEIFRS requires the recording of assets reflecting future estimated restoration costs. Amounts for 'makegood' provisions in existing accommodation leases (operating) have been taken up accordingly.

The Institute has not restated comparatives for financial instruments. The adjustments between AEIFRS and the previous AGAAP have been taken up at 1 July 2005.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 3: Events after the Balance Date

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

Note 4: Income

	2006 \$'000	2005 \$'000
<u>Note 4A: Revenues from Government</u>		
Appropriations for outputs	8,549	8,420
<i>Total revenues from government</i>	8,549	8,420
 <u>Note 4B: Goods and Services</u>		
Goods	70	74
Services	14,262	14,931
<i>Total sales of goods and services</i>	14,332	15,005
 Provision of goods to:		
Related Entities	2	4
External Entities	68	70
<i>Total sales of goods</i>	70	74
 Rendering of services to:		
Related entities	10,266	11,320
External entities	3,996	3,611
<i>Total rendering of services</i>	14,262	14,931
 <u>Note 4C: Interest</u>		
Deposits	280	254
 <u>Note 4D: Other revenues</u>		
Conference income	109	-
Other	5	6
<i>Total other revenues</i>	114	6

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2006 \$'000	2005 \$'000
Note 5: Operating Expenses		
Note 5A: Employees		
Wages and Salaries	11,563	11,126
Superannuation	2,133	2,050
Leave and other entitlements	1,370	1,334
Separation and redundancies	-	72
Other employee expenses	6	14
Total employee expenses	15,072	14,596
Note 5B: Suppliers		
Provision of goods - related entities	-	-
Provision of goods - external entities	534	505
Rendering of services - related entities	433	493
Rendering of services - external entities	5,237	6,279
Operating lease rentals	1,133	1,129
Workers compensation premiums	148	127
Total supplier expenses	7,485	8,533
Note 5C: Depreciation and amortisation		
Depreciation		
Leasehold Improvements	243	197
Infrastructure, plant and equipment	187	146
Library Collection	57	71
Total depreciation	487	414
Amortisation		
Intangibles – computer software	172	57
Total depreciation and amortisation	659	471

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2006 \$'000	2005 \$'000
Note 5D: Write-down and impairment of assets		
Inventory – write down to net realisable value	35	5
Library Collection – revaluation decrement	-	102
Total write down of assets	35	107

Note 5E: Net losses from sale of assets

Net loss from disposal of infrastructure, plant and equipment	5	-
---	---	---

Note 6: Financial Assets

Note 6A: Cash and cash equivalents

Cash at bank and on hand	1,401	2,302
Deposits at call and term deposits	3,505	2,053
Total cash	4,906	4,355

Note 6B: Receivables

Goods and services	4,305	5,486
Less: Allowance for doubtful debts	-	-
Other receivables	43	36
Total receivables (net)	4,348	5,522

Receivables is represented by:

Current	4,348	5,522
Non-current	-	-
Total receivables (gross)	4,348	5,522

Credit terms are net 30 days (2005:30 days).

Receivables (gross) are aged as follows:

Current	4,155	5,092
Overdue by:		
Less than 30 days	193	430
Total receivables (gross)	4,348	5,522

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2006 \$'000	2005 \$'000
Note 7: Non-Financial Assets		
<u>Note 7A: Buildings</u>		
<i>Leasehold improvements</i>		
- fair value	913	503
- accumulated amortisation	-	-
	913	503
- deferred makegood expense	281	281
- accumulated amortisation	(70)	(30)
	211	251
Total Buildings (non-current)	1,124	754

Note 7B: Infrastructure, plant and equipment

	2006 \$'000	2005 \$'000
<i>Plant and Equipment</i>		
- fair value	741	670
- work in progress	17	-
	758	670
- accumulated depreciation	(185)	-
Total Plant and Equipment	573	670

All revaluations are conducted in accordance with the revaluation policy stated at Note 1. In 2005-06, an independent valuer, Australian Valuation Office, conducted the revaluations.

Revaluation increment of \$596,000 for leasehold improvements was credited to the Asset Revaluation Reserve (2005:\$0) and included in the Equity section of the Balance Sheet. A revaluation of property, plant and equipment (PP&E) was not carried out in 2006 (2005 revaluation decrement of \$12,211). The net book value of PP&E assets has been reviewed and found to be based on fair value.

	2006 \$'000	2005 \$'000
<u>Note 7C: Library Collection</u>		
- fair value	558	506
- accumulated depreciation	(57)	-
Total Library Collection (non-current)	501	506

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 7D: Analysis of Property, Plant and Equipment

TABLE A — Reconciliation of the opening and closing balances of property, plant and equipment

	Buildings-Leasehold Improvements \$'000	Other Infrastructure Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
As at 1 July 2005				
Gross book value	784	670	506	1960
Accumulated depreciation/amortisation	(30)	-	-	(30)
Opening Net Book Value	754	670	506	1,930
Additions				
by purchase	17	95	52	164
Net revaluation increment/(decrement)	596	-	-	596
Depreciation expense	(243)	(187)	(57)	(487)
Write back of depreciation on disposal		2		2
Disposals:				
Other disposals	-	(7)	-	(7)
As at 30 June 2006				
Gross Book Value	1,194	758	558	2,510
Accumulated depreciation/amortisation	(70)	(185)	(57)	(312)
Closing Net book value	1,124	573	501	2,198



Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 7D: Analysis of Property, Plant and Equipment (continued)

TABLE B — Property, plant and equipment under construction

Item	Buildings-Leasehold Improvements \$'000	Other Infrastructure Plant and Equipment \$'000	Library Collection \$'000	Total \$'000
Carrying amount as at 30 June 2006	-	17	-	17
Carrying amount as at 30 June 2005	-	-	-	-

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2006 \$'000	2005 \$'000
<u>Note 7E: Intangibles</u>		
<i>Computer software</i>		
- purchased – in use	134	134
- accumulated amortisation	(62)	(25)
	<hr/> 72	<hr/> 109
- purchased – in progress	32	-
- internally developed – in use	725	651
- accumulated amortisation	(167)	(32)
	<hr/> 558	<hr/> 619
<i>Total Intangibles (non-current)</i>	<hr/> 662	<hr/> 728

TABLE A — Reconciliation of the opening and closing balances of Intangibles

	Computer software – internally developed	Computer software – purchased (in use)	Computer software – purchased (in progress)	Total
	\$'000	\$'000	\$'000	\$'000
As at 1 July 2005				
Gross value	651	134	-	785
Accumulated depreciation/amortisation	(32)	(25)	-	(57)
Opening Net Book Value	619	109	-	728
Additions				
Purchase/Internally developed	74	-	32	106
Movements:				
Reclassifications	-	-	-	-
Depreciation/amortisation expense	(135)	(37)	-	(172)
As at 30 June 2006				
Gross Book Value	725	134	32	891
Accumulated depreciation/amortisation	(167)	(62)	-	(229)
Closing Net book value	558	72	32	662

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2006 \$'000	2005 \$'000
Note 7F: Inventories		
Inventories held for sale	68	102
All inventories are current assets		
Note 7G: Other Non-Financial Assets		
Prepayments	210	189
All other non-financial assets are current assets		
Note 8: Payables		
Note 8A: Suppliers		
Trade creditors	466	544
Total supplier payables	466	544
Supplier payables are represented by:		
Current	466	544
Non-current	-	-
Total supplier payables	466	544
Settlement is usually made net 30 days.		
Note 8B: Other		
GST payable to ATO	325	356
Total other payables	325	356
All other payables are current liabilities		
Note 8C: Contract income in advance		
Contract income	4,761	5,499
All income in advance payables are current		
Note 9: Provisions		
Note 9A: Employees		
Salaries and wages	131	172
Superannuation	16	8
Annual leave	1,738	1,732
Long Service Leave	2,349	2,452
Total employee provisions	4,234	4,364
Current	3,732	3,870
Non-current	502	494
Total employee provisions	4,234	4,364

Financial statements for the year ended 30 June 2006

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2006 <u>\$'000</u>	2005 <u>\$'000</u>
<u>Note 9B: Other Provisions</u>		
Lease Incentive liability	71	143
Provision for makegood	365	281
<i>Total other provisions</i>	436	424
 Other provisions are represented by:		
Current	71	71
Non - current	365	353
<i>Total other provisions</i>	436	424

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

	2006 \$'000	2005 \$'000
Note 10: Cash Flow Reconciliation		
Reconciliation of cash per Balance Sheet to Statement of Cash Flows		
Cash at year end per Statement of Cash Flow	4,906	4,355
Balance Sheet items comprising above cash: 'Financial Asset – Cash and Cash equivalents'	4,906	4,355
Reconciliation of net surplus/(deficit) to net cash from operating activities:		
Net surplus (deficit)	19	(22)
Depreciation/amortisation	658	471
Net loss from sale of assets	5	-
Net write down of non financial assets	-	102
(Increase) / decrease in net receivables	1,174	(1,272)
(Increase) / decrease in inventories	34	5
(Increase) / decrease in other non financial assets	(21)	(1)
Increase / (decrease) in supplier and other payables	(109)	11
Increase / (decrease) in employee provisions	(130)	528
Increase / (decrease) in lease incentive liability	(71)	(72)
Increase / (decrease) in other income in advance	(738)	90
<i>Net cash from/(used by) operating activities</i>	821	(160)

Note 11: Director Remuneration

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

	2006	2005
Nil to \$14,999	3	4
\$15,000 to \$29,999	1	-
\$90,000 to \$104,999	1	1
\$105,000 to \$119,999	1	-
\$165,000 to \$174,999	1	-
\$270,000 to \$284,999	-	1
Total number of directors of the Institute that received remuneration	7	6

Total remuneration received or due and receivable by Directors of the Institute \$396,977 \$382,816

- Some Directors of the Institute are appointed from other Government Departments and receive no additional remuneration for these duties.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 12: Related Party Disclosures

Directors of the Institute

The Directors of the Institute during the year were:

The Hon.Peter Collins AM, QC (Chairperson)

Dr Richard Madden (Director - term expired 6/1/06)

Dr Ching Choi (Acting Director – term from 7/1/06 to 10/2/06)

Dr Penny Albon (Director – appointed 13/2/06)

Ms Jane Halton

Mr Dennis Trewin

Ms Linda Apelt (resigned 17/2/06)

Ms Sandra Lambert (commenced 17/2/06)

Dr Kerry Kirke

Mr Ian Spicer

Prof Heather Gardner

Mr Peter Allen

Dr Owen Donald

Ms Chrysanthe Psychogios (Staff-elected member – elected 1/7/05)

The aggregate remuneration of Directors is disclosed in Note 11.

Note 13: Executive Remuneration

The number of executives who received or were due to receive total remuneration of \$130,000 or more:

	2006	2005
\$130,000 - \$144,999	1	-
\$145,000 - \$159,999	-	-
\$160,000 - \$174,999	1	2
\$175,000 - \$189 999	2	2
Total	4	4

The aggregate amount of total remuneration of executives shown above

\$664,459 \$681,723

- Executive remuneration consists of wages and salaries, accrued leave, performance pay, accrued superannuation, the cost of motor vehicles and fringe benefits tax.
- Executive remuneration includes all officers concerned with or taking part in the management of the Institute during 2005-06, except for the Director. Details in relation to the Director have been incorporated in Note 11 – Director Remuneration.
- No redundancy payments were made to executives during the year.

Financial statements for the year ended 30 June 2006

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 14: Remuneration of Auditors

	2006	2005
Remuneration to the Auditor-General for auditing the financial statements for the reporting period.	\$19,000	\$16,600
No other services were provided by the Auditor-General during the reporting period.		

Note 15: Average Staffing Levels

	2006	2005
The average staffing levels for the Institute during the year were:	183	185

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 16: Financial Instruments

Note 16A: Interest Rate Risk

Financial Instrument	Notes	Floating Interest Rate	Fixed Interest Rate Maturing In		Non-Interest Bearing		Total	Weighted Average Effective Interest Rate 2005 %
			2006 \$'000	2005 \$'000	2006 \$'000	2005 \$'000		
Financial Assets								
Cash at bank and on hand	6A	1,401	2,302	-	-	-	1,401	2,302
Deposits at call and term deposits	6A	-	-	3,505	2,053	-	3,505	2,053
Receivables for goods & services-(gross)	6B	-	-	-	-	4,348	5,522	5,522
Total		1,401	2,302	3,505	2,053	4,348	5,522	5,522
TOTAL ASSETS							12,392	12,826
Financial Liabilities								
Supplier payables	8A	-	-	-	-	466	544	544
Total		-	-	-	-	466	544	544
TOTAL LIABILITIES							10,222	11,187
<i>Liabilities not recognised</i>		-	-	-	-	-	-	-

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 16: Financial Instruments (cont.)

Note 16B: Net Fair Values of Financial Assets and Liabilities

		2006		2005	
Notes		Total Carrying Amount	Aggregate Net Fair Value	Total Carrying Amount	Aggregate Net Fair Value
		\$'000	\$'000	\$'000	\$'000
Departmental					
Financial Assets					
Cash and cash equivalents	6A	4,906	4,906	4,355	4,355
Receivables for Goods and Services (net)	6B	4,348	4,348	5,522	5,522
Total Financial Assets		9,254	9,254	9,877	9,877
Financial Liabilities (recognised)					
Supplier payables	8A	466	466	544	544
Total Financial Liabilities (recognised)		466	466	544	544

Note 16C: Credit Risk Exposures

The Institute's maximum exposure to credit risk at reporting date in relation to each class of recognised financial assets is the carrying amount of those assets as indicated in the Balance Sheet.

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

All figures for credit risk referred to do not take into account the value of any collateral or other security.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 17: Appropriations

Particulars	Departmental Outputs		Loans		Equity		Total	
	2006 \$'000	2005 \$'000	2006 \$'000	2005 \$'000	2006 \$'000	2005 \$'000	2006 \$'000	2005 \$'000
Year ended 30 June								
Balance carried forward from previous year	-	-	-	-	-	-	-	-
Appropriation Acts 1 and 3	8,549	8,408	-	-	-	-	8,549	8,408
Appropriation Acts 2 and 4	-	-	-	-	-	-	-	-
Appropriation Act 5	-	12	-	-	-	-	-	12
Available for payment of CRF	8,549	8,420	-	-	-	-	8,549	8,420
Cash Payments made out of CRF	8,549	8,420	-	-	-	-	8,549	8,420
<i>Balance carried forward to next year</i>	-	-	-	-	-	-	-	-
Represented by:								
Appropriations Receivable	-	-	-	-	-	-	-	-

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

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 18: Reporting of Outcomes

Note 18A: Outcome of the Institute

The Institute is structured to meet a single outcome:

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

The Institute has three Output Groups under this Outcome:

- Output Group 1: Specific services to the Minister and Parliament, required under the AIHW Act 1987.
- Output Group 2: National leadership in health-related and welfare-related information and statistics.
- Output Group 3: Collection and production of health-related and welfare-related information and statistics for governments, non-government and community organisations.

Note 18B: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2006 \$'000	2005 \$'000	2006 \$'000	2005 \$'000
<i>Expenses</i>				
Departmental	23,256	23,707	23,256	23,707
Total expenses	23,256	23,707	23,256	23,707
<i>Costs recovered from provision of goods and services to the non-government sector</i>				
Departmental	4,064	3,681	4,064	3,681
Total costs recovered	4,064	3,681	4,064	3,681
<i>Other external revenues</i>				
Departmental				
Sale of services – to related parties	10,268	11,324	10,268	11,324
Interest	280	254	280	254
Other	114	6	114	6
Total Departmental	10,662	11,584	10,662	11,584
Total other external revenues	10,662	11,584	10,662	11,584
Net cost/(contribution) of outcome	8,530	8,442	8,530	8,442

The Institute's outcome and outputs are described in Note 18A.

Australian Institute of Health and Welfare

Notes to and forming part of the Financial Statements

Note 18C - Departmental Revenues and Expenses by Output Group and Outputs

	Output Group 1			Output Group 2			Output Group 3			Total
	2006	2005	2006	2005	\$'000	\$'000	\$'000	\$'000	\$'000	
Operating expenses										
Employees	1,100	653	3,755	3,085			10,217	10,858	15,072	14,596
Suppliers	579	288	1,369	1,534			5,537	6,711	7,485	8,533
Depreciation and amortisation	40	68	235	107			384	296	659	471
Write-down and impairment of assets	3	16	7	25			25	66	35	107
Net losses from sale of assets	-	-	1	-			4	-	5	-
Total operating expenses	1,722	1,025	5,367	4,751			16,167	17,931	23,256	23,707
Funded by:										
Revenues from Government	1,624	1,263	2,223	1,937			4,702	5,220	8,549	8,420
Sales of goods and services	-	-	3,010	2,926			11,322	12,079	14,332	15,005
Interest	53	39	73	58			154	157	280	254
Other	84	1	30	1			-	4	114	6
Total operating revenues	1,761	1,303	5,336	4,922			16,178	17,460	23,275	23,685

- The Institute's outcomes and outputs are described at Note 18A
- The net costs shown include intragovernment costs that would be eliminated in calculating the actual Budget outcome.
- The attribution of costs to outputs is based on the results of a recent labour time survey.



Appendix 2

Legislation

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE ACT 1987

Act No. 41 of 1987 as amended

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

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

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

CONTENTS

Part I—Preliminary	106
1 Short title [see Note 1]	106
2 Commencement [see Note 1]	106
3 Interpretation	106
Part II—Australian Institute of Health and Welfare	108
Division 1—Establishment, functions and powers of Institute	108
4 Establishment of Institute	108
5 Functions of the Institute	108
6 Powers of Institute	110
7 Directions by Minister	111
Division 2—Constitution and meetings of Institute	111
8 Constitution of Institute	111
9 Acting members	113
10 Remuneration and allowances	114
11 Leave of absence	114
12 Resignation	115
13 Termination of appointment	115
14 Disclosure of interests	116
15 Meetings	116
Division 3—Committees of Institute	116
16 Committees	116
Division 4—Director of Institute	118
17 Director of Institute	118
18 Functions of Director	118
Division 5—Staff	118
19 Staff	118

Part III — Finance	119
20 Money to be appropriated by Parliament	119
22 Money of Institute	119
23 Contracts	119
24 Extra matters to be included in annual report	120
25 Trust money and trust property	120
26 Exemption from taxation	120
Part IV — Miscellaneous	121
27 Delegation by Institute	121
28 Delegation by Director	121
29 Confidentiality	121
30 Restricted application of the <i>Epidemiological Studies (Confidentiality) Act 1981</i>	124
31 Periodical reports	124
32 Regulations	125
Notes	126

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

PART I—PRELIMINARY

1 Short title [see Note 1]

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

2 Commencement [see Note 1]

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

3 Interpretation

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

appoint includes re-appoint.

Chairperson means the Chairperson of the Institute.

Director means the Director of the Institute.

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

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

Institute means the Australian Institute of Health and Welfare.

member means a member of the Institute.

production means compilation, analysis and dissemination.

State Health Minister means:

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

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

- (c) the Minister of the Northern Territory;

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

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

State Housing Minister means:

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

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

State Welfare Minister means:

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

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

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

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

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

welfare services includes:

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

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

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

PART II—AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

Division 1—Establishment, functions and powers of Institute

4 Establishment of Institute

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

(2) The Institute:

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

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

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

5 Functions of the Institute

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

(1AA) The functions of the Institute are:

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

[Health-related functions]

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

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

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

[Welfare-related functions]

- (1A) The Institute's welfare-related functions are:
 - (a) to collect, with the agreement of the Australian Bureau of Statistics, and, if necessary, with the Bureau's assistance, welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (b) to produce welfare-related information and statistics (whether by itself or in association with other bodies or persons); and
 - (c) to co-ordinate the collection and production of welfare-related information and statistics by other bodies or persons; and
 - (d) to provide assistance (including financial assistance) for the collection and production of welfare-related information and statistics by other bodies or persons; and

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

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

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

6 Powers of Institute

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

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

7 Directions by Minister

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

Division 2—Constitution and meetings of Institute

8 Constitution of Institute

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

- (f) a person nominated by the Minister who has knowledge of the needs of consumers of health services;
 - (fa) a person nominated by the Minister who has knowledge of the needs of consumers of welfare services;
 - (fb) a person nominated by the Minister who has knowledge of the needs of consumers of housing assistance services;
 - (fc) a person nominated by the Minister who has expertise in research into public health issues;
 - (g) 3 other members nominated by the Minister;
 - (h) a member of the staff of the Institute elected by that staff.
- (1AA) Without limiting the persons who may be nominated by the Minister, the Minister must:
- (a) before nominating the member referred to in paragraph (1)(f), seek recommendations from such bodies (if any) representing consumers of health services as are prescribed for the purpose; and
 - (b) before nominating the member referred to in paragraph 8(1)(fa), seek recommendations from such bodies (if any) representing consumers of welfare services as are prescribed for the purpose; and
 - (c) before nominating the member referred to in paragraph 8(1)(fb), seek recommendations from such bodies (if any) representing consumers of housing assistance services as are prescribed for the purpose; and
 - (d) before nominating the member referred to in paragraph 8(1)(fc), seek recommendations from such peak public health research bodies (if any) as are prescribed for the purpose.
- (1A) A recommendation for the purposes of paragraph (1)(f), (fa), (fb) or (fc):
- (a) may be made by one or more bodies; and
 - (b) may contain one or more names.
- (2) If the person referred to in paragraph (1)(d) or (e) is not available to serve as a member of the Institute, that person shall nominate a person to be a member of the Institute in lieu of himself or herself.
- (3) The performance of the functions, or the exercise of the powers, of the Institute is not affected by reason only of:
- (a) a vacancy in the office of a member referred to in paragraph (1)(a), (b), (f), (fa), (fb), (fc) or (h);
 - (b) the number of members referred to in paragraph (g) falling below 3 for a period of not more than 6 months;

- (ba) a vacancy of not more than 6 months duration in the office of a member referred to in paragraph (1)(c), (ca) or (cb);
 - (c) a vacancy in the office of the member referred to in paragraph (1)(d) or (e) or the member (if any) nominated in lieu of that member under subsection (2).
- (4) The following subsections have effect in relation to a member other than a member referred to in paragraph (1)(b), (d) or (e).
- (5) Subject to this section, a member shall be appointed by the Governor-General.
- (5A) Subject to this Act, a member referred to in paragraph (1)(a), (c), (ca), (cb), (f), (fa), (fb), (fc) or (g) may be appointed on a full-time or a part-time basis and holds office for such period, not exceeding 3 years, as is specified in the instrument of appointment.
- (5B) Subject to this Act, a member elected under paragraph (1)(h) holds office on a part-time basis for a period of one year commencing on:
- (a) the day on which the poll for the election of the member is held; or
 - (b) if that day occurs before the expiration of the term of office of the person whose place the member fills — the day after the expiration of that term.
- (7) A member holds office on such terms and conditions (if any) in respect of matters not provided for by this Act as are determined by the Governor-General.
- (8) The appointment of a member is not invalid because of a defect or irregularity in connection with the member's nomination or appointment.

9 Acting members

- (1) The Minister may appoint a person to act in the office of Chairperson, of Director, or of member (other than the Chairperson or Director):
 - (a) during a vacancy in the office, whether or not an appointment has previously been made to the office; or
 - (b) during any period, or during all periods, when the holder of the office is absent from duty or from Australia or is, for any other reason, unable to perform the functions of the office;

but a person appointed to act during a vacancy shall not continue so to act for more than 12 months.
- (2) A person may resign appointment under this section by instrument in writing delivered to the Minister.
- (3) An appointment may be expressed to have effect only in such circumstances as are specified in the instrument of appointment.

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

10 Remuneration and allowances

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

11 Leave of absence

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

12 Resignation

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

13 Termination of appointment

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

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

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

14 Disclosure of interests

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

15 Meetings

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

Division 3—Committees of Institute

16 Committees

- (1) The Institute shall appoint a committee to be known as the Australian Institute of Health and Welfare Ethics Committee.
- (2) The functions and composition of the Ethics Committee shall be as prescribed.

- (3) Regulations for the purpose of subsection (2) must not be inconsistent with recommendations of the National Health and Medical Research Council.
- (4) The Institute may appoint such other committees as it thinks fit to assist it in performing its functions.
- (5) The functions and composition of a committee appointed under subsection (4) shall be as determined from time to time in writing by the Institute.
- (6) The succeeding subsections of this section apply in relation to a committee appointed under subsection (1) or (4).
- (7) The members of a committee may include members of the Institute.
- (8) A member of a committee holds office for such period as is specified in the instrument of appointment.
- (9) A member of a committee may resign by instrument in writing delivered to the Institute.
- (10) Except where the Minister otherwise directs in writing, a member of a committee shall be paid such remuneration as is determined by the Remuneration Tribunal.
- (11) A member of a committee (other than a member of the Institute) shall be paid such allowances as are prescribed.
- (12) Subsections (9) and (10) have effect subject to the *Remuneration Tribunal Act 1973*.
- (13) A member of a committee must disclose at a meeting of the committee any pecuniary or other interest:
 - (a) that the member has directly or indirectly in a matter being considered, or about to be considered by the committee; and
 - (b) that would conflict with the proper performance of the member's functions in relation to the consideration of the matter.The member must make the disclosure as soon as practicable after he or she knows of the relevant facts.
- (14) The disclosure must be recorded in the minutes of the meeting.
- (15) Subsection (13) does not apply to an interest held by a member described in paragraph 8(1)(c), (ca), (cb) or (h) or subsection 8(2) merely because the member was nominated by a body or person mentioned in that paragraph or subsection.

Division 4—Director of Institute

17 Director of Institute

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

18 Functions of Director

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

Division 5—Staff

19 Staff

- (1) The staff required for the purposes of this Act shall be:
 - (a) persons engaged under the *Public Service Act 1999*; and
 - (b) persons appointed or employed by the Institute.
- (2) For the purposes of the *Public Service Act 1999*:
 - (a) the Director and the APS employees assisting the Director together constitute a Statutory Agency; and

- (b) the Director is the Head of that Statutory Agency.
- (3) The Institute may engage as advisers or consultants persons having suitable qualifications and experience.
- (4) The terms and conditions of appointment or employment of members of the staff referred to in paragraph (1)(b) are such as are determined by the Institute.
- (5) The terms and conditions of engagement of advisers or consultants are such as are determined by the Institute.

PART III—FINANCE

20 Money to be appropriated by Parliament

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

22 Money of Institute

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

23 Contracts

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

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

24 Extra matters to be included in annual report

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

25 Trust money and trust property

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

26 Exemption from taxation

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

PART IV—MISCELLANEOUS

27 Delegation by Institute

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

28 Delegation by Director

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

29 Confidentiality

- (1) Subject to this section, a person (in this subsection called the *informed person*) who has:
 - (a) any information concerning another person (which person is in this section called an *information subject*), being information acquired by the informed person because of:

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

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

- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
- (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
 - (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the *information provider*) who divulged or communicated the information, or produced the document, directly to the Institute;
 - (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or
 - (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
 - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information

- relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
- (ii) the publication does not identify the information subject.
- (2A) Paragraph (2)(c) applies only to information that is health-related or welfare-related information and statistics.
- (2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related or welfare-related information and statistics.
- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
- (4) In this section:
- (a) **court** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
- (b) **person** includes a body or association of persons, whether incorporated or not, and also includes:
- (i) in the case of an information provider — a body politic; or
- (ii) in the case of an information subject — a deceased person;
- (c) **produce** includes permit access to;
- (d) **publication**, in relation to conclusions, statistics or particulars, includes:
- (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
- (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
- (e) a reference to information concerning a person includes:
- (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
- (ii) a reference to information identifying a person or body providing information concerning a person.

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

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

31 Periodical reports

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

- (b) as soon as practicable after (and in any event within 6 months of) 30 June 1995 and every second 30 June thereafter, a welfare report for the 2 year period ending on that 30 June.
- (2) The Institute may at any time submit to the Minister:
 - (a) a health or welfare report for any period; or
 - (b) a report in respect of any matter relating to the exercise of the powers, or the performance of the functions, of the Institute or its committees under this Act.
- (3) A health report shall provide:
 - (a) statistics and related information concerning the health of the people of Australia; and
 - (b) an outline of the development of health-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;during the period to which the report relates.
- (3A) A welfare report must provide:
 - (a) statistics and related information concerning the provision of welfare services to the Australian people; and
 - (b) an outline of the development of welfare-related information and statistics by the Institute, whether by itself or in association with other persons or bodies;during the period to which the report relates.
- (4) The Minister shall cause a copy of a report submitted under subsection (1) or (1A) to be laid before each House of the Parliament within 15 sitting days of that House after the day on which the Minister receives the report.
- (5) The Minister may cause a copy of a report submitted under subsection (2) to be laid before each House of the Parliament.

32 Regulations

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

NOTES TO THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE ACT 1987

Note 1

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

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

Table of Acts

Act	Number and year	Date of Assent	Date of commencement	Application, saving or transitional provisions
<i>Australian Institute of Health Act 1987</i>	41, 1987	5 June 1987	1 July 1987 (see <i>Gazette</i> 1987, No. S144)	
<i>Community Services and Health Legislation Amendment Act 1988</i>	79, 1988	24 June 1988	Part III (ss. 7–9): Royal Assent (a)	—
<i>Community Services and Health Legislation Amendment Act 1989</i>	95, 1989	28 June 1989	Part 2 (ss. 3–6): Royal Assent (b)	—
<i>Industrial Relations Legislation Amendment Act 1991</i>	122, 1991	27 June 1991	Ss. 4(1), 10(b) and 15–20: 1 Dec 1988 Ss. 28(b)–(e), 30 and 31: 10 Dec 1991 (see <i>Gazette</i> 1991, No. S332) Remainder: Royal Assent	S. 31(2)
<i>Prime Minister and Cabinet Legislation Amendment Act 1991</i>	199, 1991	18 Dec 1991	18 Dec 1991	—
<i>Australian Institute of Health Amendment Act 1992</i>	16, 1992	6 Apr 1992	4 May 1992	—
<i>Audit (Transitional and Miscellaneous) Amendment Act 1997</i>	152, 1997	24 Oct 1997	Schedule 2 (items 324–337): 1 Jan 1998 (see <i>Gazette</i> 1997, No. GN49) (c)	—
<i>Public Employment (Consequential and Transitional) Amendment Act 1999</i>	146, 1999	11 Nov 1999	Schedule 1 (items 195–197) 5 Dec 1999 (see <i>Gazette</i> 1999, No. S584) (d)	—
<i>Corporate Law Economic Reform Program Act 1999</i>	156, 1999	24 Nov 1999	Schedule 10 (items 35–37): 13 Mar 2000 (see <i>Gazette</i> 2000, No. S114) (e)	—

Continued

Table of Acts (continued)

Act	Number and year	Date of Assent	Date of commencement	Application, saving or transitional provisions
<i>Health Legislation Amendment Act (No. 2) 2001</i>	59, 2001	28 June 2001	Schedule 3 (items 7–10): 15 Dec 1998 (see s. 2(2)) Schedule 3 (item 12): 1 Jan 1999 Remainder: Royal Assent	Sch. 1 (items 4, 9) [see Table A]
<i>Abolition of Compulsory Age Retirement (Statutory Officeholders) Act 2001</i>	159, 2001	1 Oct 2001	29 Oct 2001	Sch 1 (item 97) [see Table A]

- (a) The *Australian Institute of Health and Welfare Act 1987* was amended by Part III (sections 7–9) only of the *Community Services and Health Legislation Amendment Act 1988*, subsection 2(1) of which provides as follows:
 - (1) Sections 1, 2, 7, 8, 9, 10, 13, 15 and 17 and paragraph 20(b) commence on the day on which this Act receives the Royal Assent.
- (b) The *Australian Institute of Health and Welfare Act 1987* was amended by Part 2 (sections 3–6) only of the *Community Services and Health Legislation Amendment Act 1989*, subsection 2(1) of which provides as follows:
 - (1) Subject to subsections (2), (3), (4), (5), (6), (7), (8), (9) and (10), this Act commences on the day on which it receives the Royal Assent.
- (c) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 2 (items 324–337) only of the *Audit (Transitional and Miscellaneous) Amendment Act 1997*, subsection 2(2) of which provides as follows:
 - (2) Schedules 1, 2 and 4 commence on the same day as the *Financial Management and Accountability Act 1997*.
- (d) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 1 (items 195–197) only of the *Public Employment (Consequential and Transitional) Amendment Act 1999*, subsections 2(1) and (2) of which provide as follows:
 - (1) In this Act, **commencing time** means the time when the *Public Service Act 1999* commences.
 - (2) Subject to this section, this Act commences at the commencing time.
- (e) The *Australian Institute of Health and Welfare Act 1987* was amended by Schedule 10 (items 35–37) only of the *Corporate Law Economic Reform Program Act 1999*, subsection 2(2)(c) of which provides as follows:
 - (2) The following provisions commence on a day or days to be fixed by Proclamation:
 - (c) the items in Schedules 10, 11 and 12.

Table of Amendments

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

Provision affected	How affected
Title.....	am. No. 16, 1992
S. 1.....	am. No. 16, 1992
S. 3.....	am. No. 95, 1989; No. 16, 1992; No. 152, 1997; No. 59, 2001
Note to s. 3	ad. No. 152, 1997
Heading to Part II.....	am. No. 16, 1992
S. 4.....	am. No. 16, 1992; No. 152, 1997
S. 5.....	am. No. 16, 1992
S. 7.....	am. No. 95, 1989; No. 16, 1992; No. 152, 1997
S. 8.....	am. No. 16, 1992; Nos. 59 and 159, 2001
S. 10.....	am. No. 16, 1992
S. 11.....	rs. No. 122, 1991 am. No. 146, 1999
S. 13.....	am. No. 122, 1991; No. 16, 1992; No. 152, 1997; No. 156, 1999
S. 14.....	am. No. 79, 1988; No. 16, 1992; No. 152, 1997; No. 156, 1999
S. 16.....	am. No. 16, 1992; No. 152, 1997; No. 59, 2001
S. 17	am. No. 16, 1992
S. 19.....	am. No. 199, 1991; No. 146, 1999
S. 21.....	rep. No. 152, 1997
S. 22.....	am. No. 152, 1997
S. 23.....	am. No. 231, 1997
Heading to s. 24	rs. No. 152, 1997
S. 24.....	am. No. 79, 1988; No. 152, 1997
S. 25.....	am. No. 152, 1997
S. 29.....	am. No. 95, 1989; No. 16, 1992; No. 59, 2001
S. 31.....	am. No. 16, 1992
Schedule	ad. No. 16, 1992 rep. No. 59, 2001

Table A

Application, saving or transitional provisions

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

Schedule 1

4 Application

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

9 Transitional provision

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

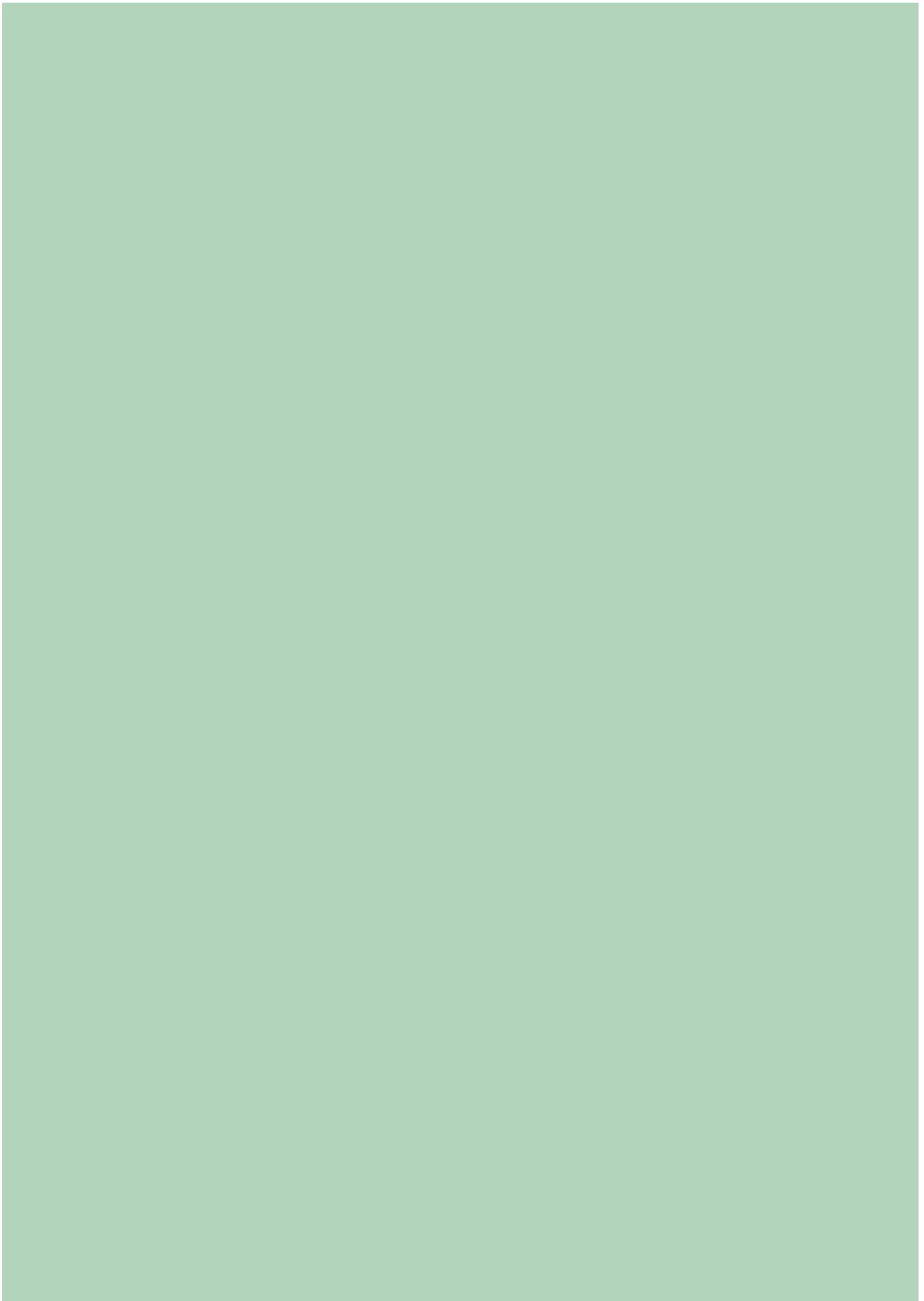
former Ethics Committee means the Health Ethics Committee of the Australian Institute of Health and Welfare, within the meaning of the *Australian Institute of Health and Welfare Act 1987* as in force immediately before the commencement of this item.

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

Schedule 1

97 Application of amendments

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





Appendix 3

Regulations

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
REGULATIONS**

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE
ETHICS COMMITTEE REGULATIONS 1989**

Statutory Rules 1997 No. 231¹

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE REGULATIONS

I, THE GOVERNOR-GENERAL of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following Regulations under the *Australian Institute of Health and Welfare Act 1987*.

Dated 3 September 1997.

WILLIAM DEANE

Governor-General

By His Excellency's Command,

MICHAEL WOOLDRIDGE

Minister for Health and Family Services

Citation

1. These Regulations may be cited as the Australian Institute of Health and Welfare Regulations.

[Note: These Regulations commence on gazettal: see *Acts Interpretation Act 1901*, section. 48.]

Contract value limit

2. For paragraph 23 (a) of the *Australian Institute of Health and Welfare Act 1987*, the amount of \$500,000 is prescribed.

1 Notified in the *Commonwealth of Australia Gazette* on 10 September 1997.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE ETHICS COMMITTEE REGULATIONS 1989

Statutory Rules 1989 No. 118 as amended

**made under the
*Health Act 1987***

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

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

Contents

1	Name of Regulations [see Note 1]	133
2	Definition	133
3	Functions	133
4	Composition	134
	Notes	134

1 Name of Regulations [see Note 1]

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

2 Definition

In these Regulations:

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

3 Functions

The functions of the Ethics Committee are:

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

Research Council and to any other matters that the Ethics Committee considers relevant;

- (b) where appropriate, to revise an opinion so formed or to form another opinion;
- (c) to inform the Institute from time to time of the opinions so formed or as revised and its reasons for forming or revising those opinions; and
- (d) to provide a written annual report of the Ethics Committee's operations to the Institute.

4 Composition

The Ethics Committee is to consist of the following members:

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

Examples for paragraph (c)

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

Example for paragraph (f)

An Aboriginal elder.

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

Note 1

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

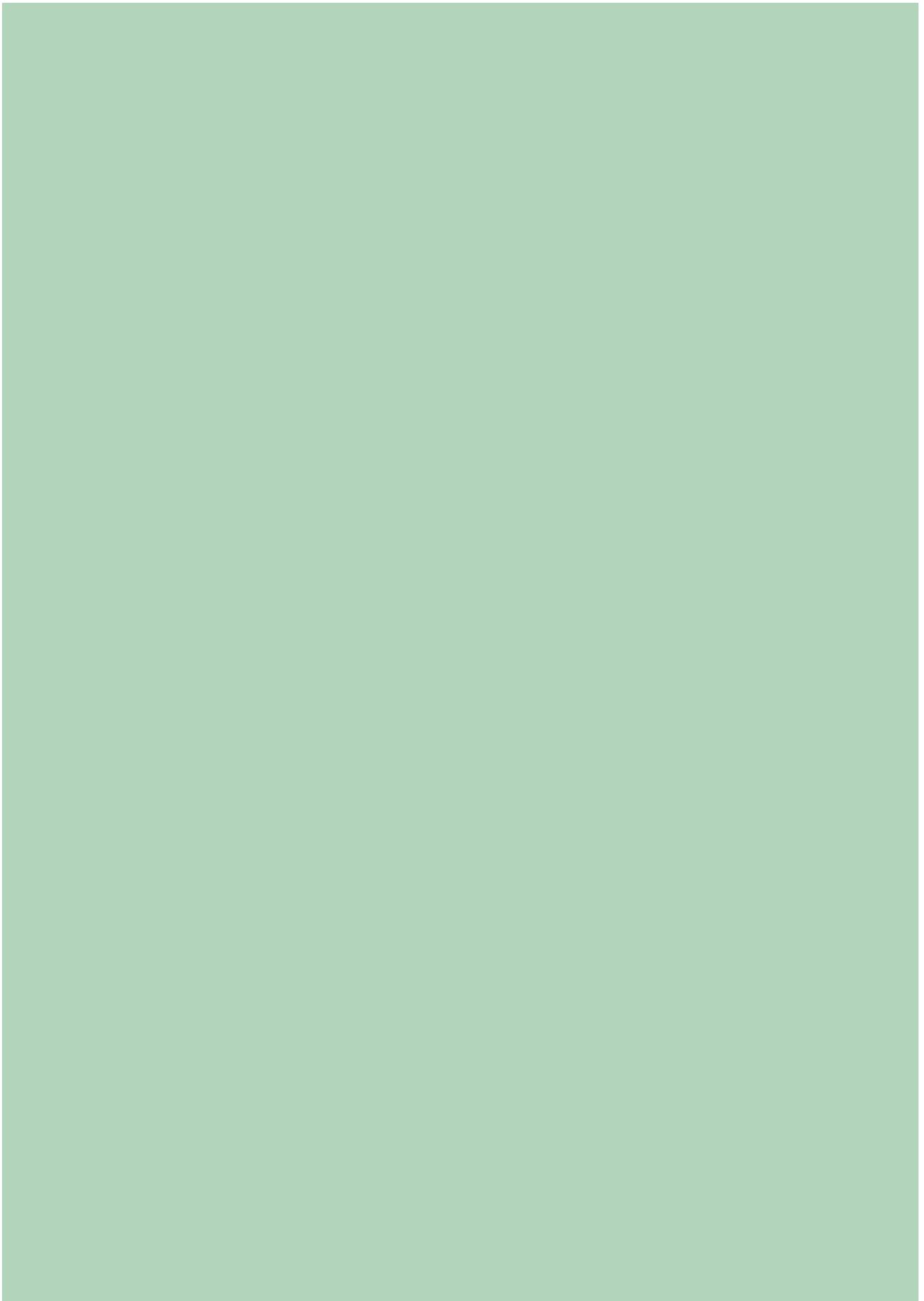
Table of Statutory Rules

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

Table of Amendments

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

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





Appendix 4

Collaborating agreements with universities

At 30 June 2006 there were formal collaborating agreements in place with the following bodies based at or affiliated with universities:

Name	Function	Location
Australian Centre for Asthma Monitoring (ACAM)	ACAM aims at reducing the burden of asthma in Australia by developing, collating, interpreting and disseminating data relevant to asthma prevention, management and health policy.	Woolcock Institute of Medical Research, Sydney
Dental Statistics and Research Unit (DSRU)	DSRU aims at improving the oral health of Australians through the collection, analysis and reporting of dental statistics and through research on dental health status, dental practices and use of dental services, and the dental labour force.	University of Adelaide, Adelaide
Australian General Practice Statistics and Classification Centre (AGPSCC)	AGPSCC provides information about activities in general practice, develops primary care classification systems and conducts the BEACH (Bettering the Evaluation and Care of Health) study.	University of Sydney, Sydney
National Injury Surveillance Unit (NISU)	NISU analyses and reports on existing data, assesses needs and opportunities for new information sources and mechanisms, and develops and improves information sources and other relevant infrastructure.	Flinders University, Adelaide
National Perinatal Statistics Unit (NPSU)	NPSU analyses and reports reproductive and perinatal health, birth anomalies and assisted conception.	University of New South Wales, Sydney
National Centre for Classification in Health (NCCH)	NCCH furthers the AIHW work program by supporting the use of health classifications in mortality, hospitals and other data sets, and associated international work.	University of Sydney, Sydney and Queensland University of Technology, Brisbane
National Centre in HIV/AIDS Epidemiology and Clinical Research (NCHECR)	NCHECR monitors HIV/AIDS and viral hepatitis with assistance from the AIHW.	University of New South Wales, Sydney
Public Health Information Development Unit (PHIDU)	PHIDU assists in the development and presentation of public health data determinants.	University of Adelaide, Adelaide



Appendix 5

Board members

Board members' qualifications, current positions and details of meetings attended from 1 July 2005 to 30 June 2006

Board Member	Number of meetings attended (5 held this year)
The Hon. Peter Collins, AM, QC, BA, LLB Board Chair	5
Professor Heather Gardner, BA (Hons), MA Ministerial appointee	5
Mr Ian Spicer, AM, LLB, FAIM, FICM, AICS Ministerial appointee	5
Associate Professor Kerry Kirke, AM, MD, FAFPHM, (RACP) FRIPH Ministerial appointee	5
Ms Jane Halton, BA (Hons), FAIM Secretary, Department of Health and Ageing	5 *
Mr Dennis Trewin, BSc (Hons), BEc, MSc Australian Statistician, Australian Bureau of Statistics	5 *
Ms Linda Apelt, DipTeaching, BEd, GradDip (Counselling), MEd Studies Director General, Qld Department of Communities Representative of the Community Services Ministers' Advisory Council (ended 17/2/06)	1
Ms Sandra Lambert, BA, DipEd, FAIM CE, ACT Department of Disability, Housing and Community Services Representative of the Community Services Ministers' Advisory Council (started 16/6/06)	1 †
Mr Peter Allen, BA, Dip Journalism Under Secretary, Policy and Strategic Projects, Victorian Dept of Human Services Representative of the Australian Health Ministers' Advisory Council	5
Dr Owen Donald, BA, PhD Director of Housing, Victoria, and Executive Director of Housing and Community Building Representative of the State Housing Departments	2
Ms Chrysanthe Psychogios, BSc, GradDip (AppPsych) Staff representative	4
Dr Richard Madden, BSc, PhD, FIA, FIAA Director, Australian Institute of Health and Welfare (ended 6 January 2006)	3
Dr Penny Allbon, BA (Hons), PhD Director, Australian Institute of Health and Welfare (started 13 February 2006)	2

* Where the member was not present his or her nominee attended.

† Includes one meeting as an observer before confirmation of appointment.

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



Appendix 6

Board committees—meetings attended

1. Ethics Committee

Committee member	Number of meetings attended
Chair	
Mr Robert Todd, AM, LLB (Melb), BCL (Oxon) Barrister and Solicitor Supreme Court of Victoria, of the Middle Temple, Barrister-at-Law	4
Member	
Dr Siew-Ean Khoo, AB, MSc, DSc (Harvard)	4
Mr John Turner, DIP PUB ADMIN, FAICD	4
Ms Marina Farnan, BA/LLB (Hons)	1
Ms Kathryn Cole, BA (Hons), LIB (appointed 30 September 2005 — replaced Marina Farnan)	3
Rev. D'Arcy Wood BDC (Hons)(MCD), MA, PhD, ARSCM	2
Wesley Campbell, BA (Hons), DipTheol, BD (Hons), DTheol (appointed 1 December 2005 — replaced D'Arcy Wood) (absent 1 meeting)	1
Ms Janet Kahler, BA, ALAA	4
Dr Wendy Scheil, MBBS, FAFPHM, FRACGP, MAE, DTMEH	4
Ms Val Edyvean, BA, MAPsS	4
Dr Richard Madden, BSc, PhD, FIA, FIAA	2
Dr Penny Allbon, BA (Hons), PhD (appointed 13 February 2006 — replaced Richard Madden)	2

2. Audit and Finance Committee

Committee member	Number of meetings attended
Chair	
Ms Linda Apelt, Dip Teaching, B Ed, Grad Dip (Counselling), M Ed Studies Mr Ian Spicer, AM, LLB, FAIM, FICM, AICS (replaced Ms Linda Apelt as Chair 12 March 2006)	3 2
Chair AIHW Board	
The Hon. Peter Collins, AM, QC, BA, LLB	5
Member	
Mr Ian Spicer, AM, LLB, FAIM, FICM, AICS	3
Mr Peter Allen, BA, Dip Journalism	1

3. Remuneration Committee

Committee Member	Number of meetings attended
Chair	
The Hon. Peter Collins, AM, QC BA, LLB	1
Member	
Mr Ian Spicer, AM, LLB, FAIM, FICM, AICS	1



Appendix 7

Freedom of information

FREEDOM OF INFORMATION STATEMENT

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

Organisation and functions of the Australian Institute of Health and Welfare

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

Powers

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

Consultative arrangements

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

The AIHW consults with a wide range of constituents through its membership of national committees (see Appendix 11).

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

Categories of documents in possession of the Australian Institute of Health and Welfare

Documents available to the public on payment of a fee

The AIHW does not hold any documents of this type.

Documents available for purchase or available free of charge

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

Australian Institute of Health and Welfare data

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

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

Australian Institute of Health and Welfare seminar program

The AIHW makes available documents about topics included on the AIHW seminar program conducted for staff of the Institute, and for some seminars, open to invited guests.

Government and Parliament

Some ministerial briefings, ministerial correspondence, replies to parliamentary questions and tabling documents are available.

Meeting proceedings

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

Business management

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

Privacy

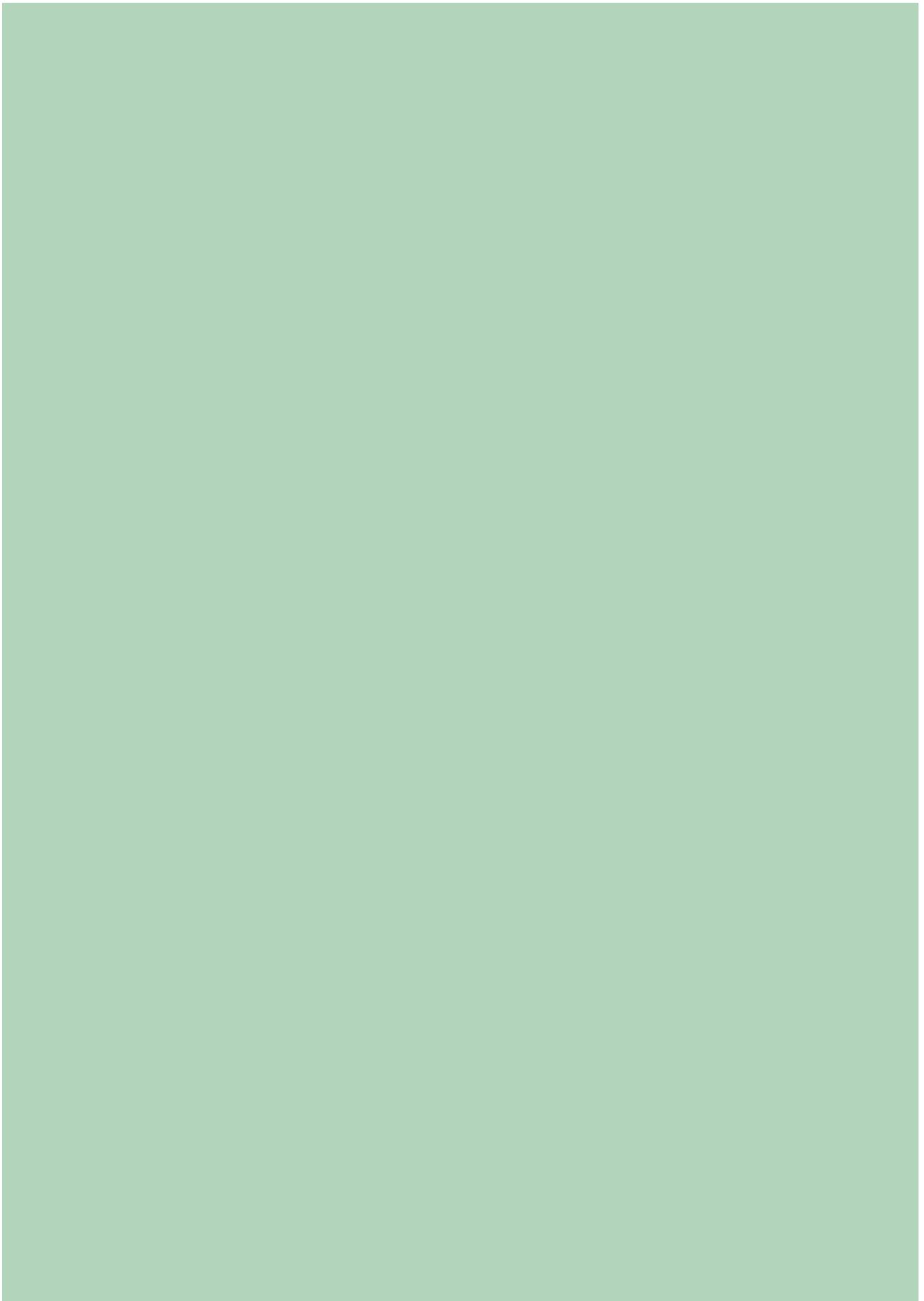
The AIHW supplies information on the extent and nature of its holdings of personal information for inclusion in the *Personal Information Digest* published by the Office of the Federal Privacy Commissioner.

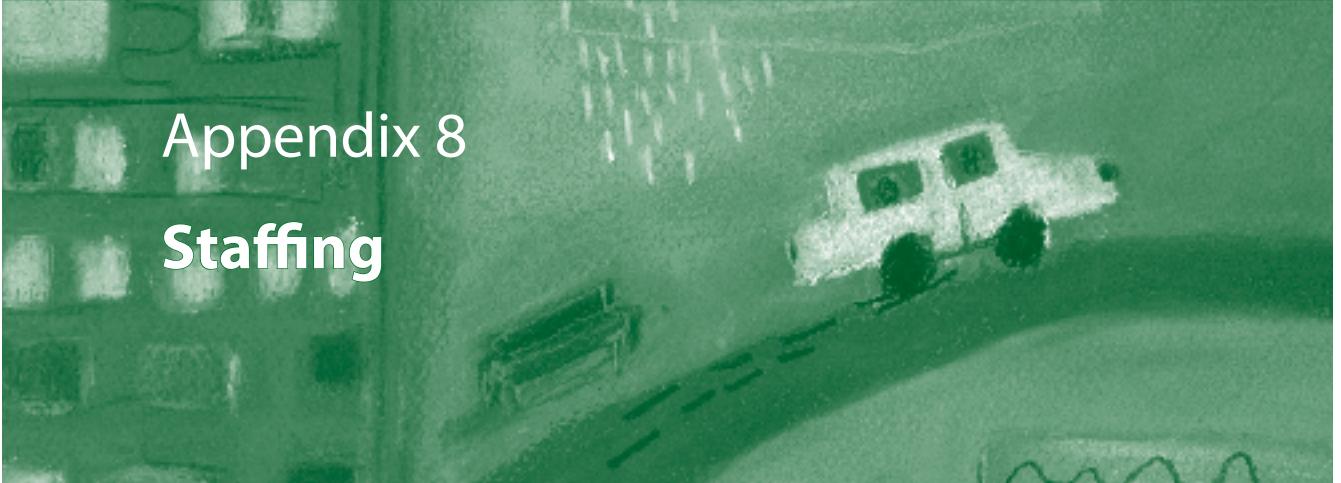
Freedom of information requests

There were no requests made under the *Freedom of Information Act 1982* during 2005–06.

Freedom of information enquiries

All enquiries concerning access to documents under the *Freedom of Information Act 1982* may be directed to the Freedom of Information Contact Officer, Australian Institute of Health and Welfare, GPO Box 570, Canberra, ACT 2601; telephone (02) 6244 1123.





Appendix 8

Staffing

Staff numbers at the AIHW have decreased by a little under 10% in the 2005–06 year, following 2 years of relatively constant staffing levels.

Table 1: Staff by category of employment at 30 June 2006

Status	Female	Male	Total June 2006	Total (30 June 2005)
Ongoing				
Full-time	82	47	129	120
Part-time	24	4	28	31
Leave without pay	6	4	10	11
Non-ongoing				
Full-time	22	10	32	46
Part-time	4	1	5	9
Leave without pay	0	0	0	0
Total	138	66	204	217
Full-time equivalent			180	189

Table 2: Staff by level at 30 June 2006

Status	Female	Male	Total 30 June 2006	Total (30 June 2005)
Senior Executive Service Band 1	2	1	3	4
Executive Level 2	12	12	24	21
Executive Level 1	49	23	72	66
APS Level 6	27	10	37	49
APS Level 5	22	10	32	25
APS Level 4	13	8	21	32
APS Level 3	10	2	12	13
APS Level 2	2	1	3	7
Total	131	63	204	217

Note:

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



Appendix 9

Unit Heads

Unit Heads as at 30 June 2006

INFORMATION AND STRATEGY GROUP

Executive and Committee Secretariat

Margaret Blood (acting), BA (Hons), GradDip Population Health

Aboriginal and Torres Strait Islander Health and Welfare

Fadwa Al-Yaman, BSc, MA (Population Studies), PhD

Data and Information Technology

Mike McGrath, BA

METeOR Management

David Braddock, BSc (Hons)

National Data Development and Standards

Meera Rajendran (acting), BSc (Hons) MLib, GradDip Info Tech

BUSINESS GROUP

Business Promotion and Media

Ron Forrester, BEc

Finance and Commercial Services

Karen Melton, BCom, CPA

Information Services and Publishing

Judith Abercromby, BA (Hons), DipLib

People Unit

Lyn Elliott, BA

ECONOMICS AND HEALTH SERVICES GROUP

Expenditure

Tony Hynes, BAppSc

Hospitals

Earl Dudley (acting), BSc (Hons), PhD

Labour Force

Glenice Taylor, BSc

Mental Health Services and Safety & Quality

Bev Paterson (acting), BA, PostGradDip Health Science, GradCert Doc Management, M Knowledge Management

Summary Measures

John Goss, BEc, BSc, GradDip Nutr Diet

HEALTH AND FUNCTIONING GROUP

Asthma, Arthritis and Environmental Health

Kuldeep Bhatia, PhD, PhD

Cardiovascular Disease and Diabetes

Lynelle Moon (part time), BMath, GradDipStats, DrapDipPopulation Health

Chris Stevenson (acting, part time), BSc (Hons), MSc, PhD

Functioning and Disability

Ros Madden, BSc (Hons), MSc

Health Registers and Cancer Monitoring

John Harding, BA

Population Health Data and Information Services

Mark Cooper-Stanbury, BSc

Population Health

Mark Cooper-Stanbury, BSc

WELFARE AND HOUSING GROUP

Ageing and Aged Care

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

Children Youth and Families

Cynthia Kim (part time), BEc (Hons), M PubPolicy, GradCert Management

Sushma Mathur (acting, part time), BMath

Community Services Integration and Linkage

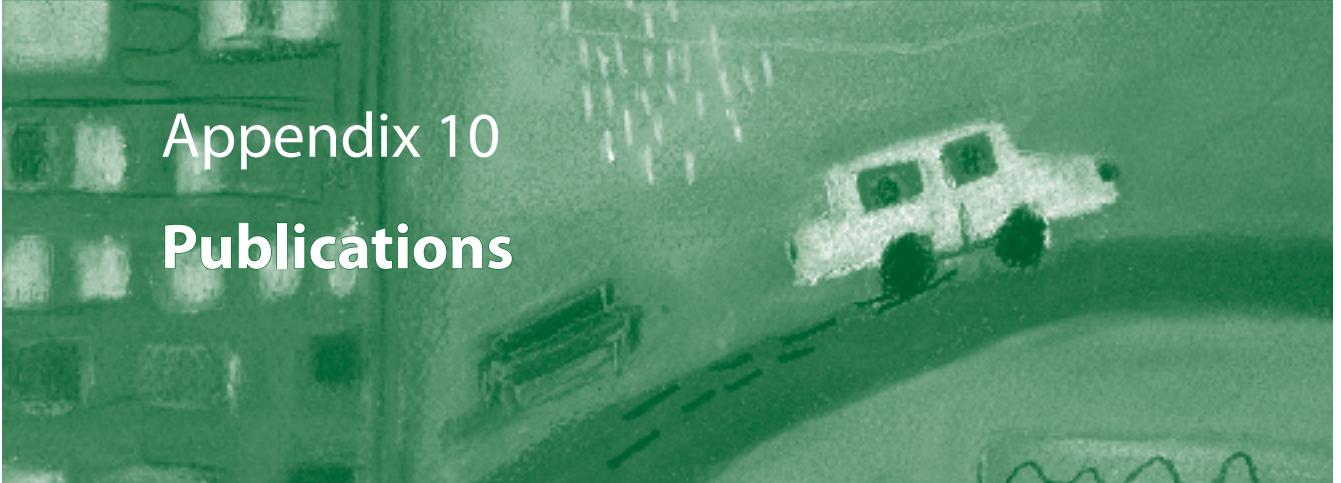
Phil Anderson, BA, BSc (Hons), PhD

Housing Assistance

David Wilson, BEc (Hons)

Supported Accommodation and Crisis Services

Justin Griffin, BEc



Appendix 10

Publications

FLAGSHIPS PUBLICATIONS

Australia's health 2006. Cat. no. AUS 73. Canberra: AIHW, 2006.

Australia's welfare 2005. Cat. no. AUS 65. Canberra: AIHW, 2005.

Health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2005, The. AIHW cat. no. IHW 14. ABS cat. no. 4704.0. Canberra: AIHW, 2005.

OTHER PUBLICATIONS

2005 Community Housing National Social Housing Survey: key results. Cat. no. AUS 77. Canberra: AIHW, 2006.

2005 Public Housing National Social Housing Survey: key results. Cat. no. AUS 78. Canberra: AIHW, 2006.

A guide to statistical methods for injury surveillance. Cat. no. INJ 72. Canberra: AIHW NISU, 2005.

Access to dental services among Australian children and adults. Cat. no. DEN 151. Adelaide: AIHW DSRU, 2006.

Adoptions Australia 2004–05. Cat. no. CWS 25. Canberra: AIHW, 2005.

AIHW Access no. 20: September 2005. Cat. no. HWI 82. Canberra: AIHW, 2005.

AIHW Access no. 21: December 2005. Cat. no. HWI 85. Canberra: AIHW, 2005.

AIHW Access no. 22 May 2006. Cat. no. HWI 86. Canberra: AIHW, 2006.

AIHW Annual report 2004–05. Cat. no. AUS 66. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in Australia 2003–04: report on the NMDS. Cat. no. HSE 100. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in Australia: findings from the NMDS 2003–04. Cat. no. AUS 61. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in New South Wales 2003–04: findings from the National Minimum Data Set (NMDS). Psychogios C. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in South Australia 2003–04: findings from the National Minimum Data Set (NMDS). Psychogios C. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in Tasmania 2003–04: findings from the National Minimum Data Set (NMDS). Psychogios C. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in the Australian Capital Territory 2003–04: findings from the National Minimum Data Set (NMDS). Psychogios C. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in the Northern Territory 2003–04: findings from the National Minimum Data Set (NMDS). Psychogios C. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in Victoria 2003–04: findings from the National Minimum Data Set (NMDS). Psychogios C. Canberra: AIHW, 2005.

Alcohol and other drug treatment services in Western Australia 2003–04: findings from the National Minimum Data Set (NMDS). Psychogios C. Canberra: AIHW, 2005.

Alcohol and other drug treatment services NMDS specifications 2006–07: data dictionary, collection guidelines and validation processes. Canberra: AIHW, 2006.

Alcohol and work: patterns of use, workplace culture and safety. Cat. no. INJ 82. Adelaide: AIHW NISU, 2006.

Arthritis and musculoskeletal conditions in Australia, 2005: with a focus on osteoarthritis, rheumatoid arthritis and osteoporosis. Rahman N, Bhatia K, Penm E. Cat. no. PHE 67. Canberra: AIHW, 2005.

Assisted reproduction technology in Australia and New Zealand 2003. Waters AM, Sullivan EA. Cat. no. PER 31. Canberra: AIHW, 2006.

Asthma in Australia 2005. Australian Centre for Asthma Monitoring. Cat. no. ACM 6. Canberra: AIHW, 2005.

Australia's mothers and babies 2003. AIHW National Perinatal Statistics Unit. Cat. no. PER 29. Canberra: AIHW, 2005.

Australian hospital statistics 2004–05. Cat. no. HSE 41. Canberra: AIHW, 2006.

Australian incontinence data analysis and development. Cat. no. DIS 44. Canberra: AIHW, 2006.

BreastScreen Australia monitoring report 2002–2003. Cat. no. CAN 27. Canberra: AIHW, 2006.

Cancer incidence projections for Australia 2002–2011. Cat. no. CAN 25. Canberra: AIHW, 2005.

Cervical screening in Australia 2002–2003. Cat. no. CAN 26. Canberra: AIHW, 2005.

Child protection Australia 2004–05. Cat. no. CWS 26. Canberra: AIHW, 2006.

- Chronic kidney disease in Australia 2005. Cat. no. PHE 68. Canberra: AIHW, 2005.
- Chronic respiratory diseases in Australia: their prevalence, consequences and prevention. Cat. no. PHE 63. Canberra: AIHW, 2005.
- Commonwealth–State Housing Agreement national data reports 2004–05: Crisis Accommodation Program. Cat. no. HOU 144. Canberra: AIHW, 2006.
- Commonwealth–State Housing Agreement national data reports 2004–05: CSHA community housing. Cat. no. HOU 141. Canberra: AIHW, 2006.
- Commonwealth–State Housing Agreement national data reports 2004–05: home purchase assistance. Cat. no. HOU 146. Canberra: AIHW, 2006.
- Commonwealth–State Housing Agreement national data reports 2004–05: private rent assistance. Cat. no. HOU 145. Canberra: AIHW, 2006.
- Commonwealth–State Housing Agreement national data reports 2004–05: public rental housing. Cat. no. HOU 131. Canberra: AIHW, 2005.
- Commonwealth–State Housing Agreement national data reports 2004–05: state owned and managed Indigenous housing. Cat. no. HOU 130. Canberra: AIHW, 2005.
- Commonwealth–State Housing Agreement user guide for 2003–04 data: public and state owned and managed Indigenous housing. Cat. no. HOU 128. Canberra: AIHW, 2005.
- Commonwealth–State Housing Agreement user guide for 2004–05 data: public and state owned and managed Indigenous housing. Cat. no. HOU 148. Canberra: AIHW, 2006.
- Community Aged Care Packages in Australia 2003–04: a statistical overview. Cat. no. AGE 44. Canberra: AIHW, 2005.
- Community Aged Care Packages in Australia 2004–05: a statistical overview. Cat. no. AGE 47. Canberra: AIHW, 2006.
- CSTDA NMDS tables prepared for the CSTDA annual public report 2003–04. Cat. no. DIS 42. Canberra: AIHW, 2005.
- Data linkage protocols using a statistical linkage key. Karmel R. Cat. no. CSI 1. Canberra: AIHW, 2005.
- Data starter, issue 2 July 2005: collecting disability data, a guide for service providers. Cat. no. DSS 2. Canberra: AIHW, 2005.
- Demand for SAAP accommodation by homeless people 2003–04. Cat. no. HOU 142. Canberra: AIHW, 2006.
- Demand for SAAP assistance by homeless people 2003–04. Cat. no. HOU 143. Canberra: AIHW, 2006.

- Dental hygienist labour force in Australia 2003. Adelaide: AIHW DSRU, 2005.
- Dental prosthodontist labour force in Australia 2003. Cat. no. DEN 150. Adelaide: AIHW DSRU, 2006.
- Dental therapist labour force in Australia 2003. Cat. no. DEN 155. Adelaide: AIHW DSRU, 2006.
- Diabetes in culturally and linguistically diverse Australians. Cat. no. CVD 30. Canberra: AIHW, 2005.
- Diabetes-related deaths in Australia, 2001–2003. Cat. no. AUS 69. Canberra: AIHW, 2005.
- Disability and disability services. Cat. no. DIS 43. Canberra: AIHW, 2006.
- Disability rates among Aboriginal and Torres Strait Islander people: updating the Indigenous factor in disability services performance indicator denominators. Cat. no. WP 50. Canberra: AIHW, 2006.
- Disability support services 2003–04: national data on services provided under the Commonwealth–State/Territory Disability Agreement. Cat. no. DIS 40. Canberra: AIHW, 2005.
- Dog-related injuries. Cat. no. INJ 75. Adelaide: AIHW NISU, 2005.
- Emergency care among adult public dental patients in Australia. Cat. no. DEN 153. Adelaide: AIHW DSRU, 2006.
- Expenditures on health for Aboriginal and Torres Strait Islander peoples, 2001–02. Cat. no. HWE 30. Canberra: AIHW, 2005.
- Female SAAP clients and children escaping domestic and family violence 2003–04. Cat. no. AUS 64. Canberra: AIHW, 2005.
- Functioning and related health outcomes module. Cat. no. DIS 41. Canberra: AIHW, 2005.
- Functioning and related health outcomes module, the development of a data capture tool for health and community services information systems. Cat. no. WP 53. Canberra: AIHW, 2006.
- General practice activity in Australia 2004–05. Cat. no. GEP 18. Canberra: AIHW, 2005.
- Health care expenditure and the burden of disease due to asthma in Australia. Australian Centre for Asthma Monitoring. Cat. no. ACM 5. Canberra: AIHW, 2005.
- Health expenditure Australia 2003–04. Cat. no. HWE 32. Canberra: AIHW, 2005.

Health inequalities in Australia: morbidity, health behaviours, risk factors and health service use. Turrell G, Stanley L, de Looper M, Oldenburg B. Cat. no. PHE 72. Canberra: AIHW, 2006.

Homeless people in SAAP 2004–05, SAAP national data collection annual report 2004–05. Cat. no. HOU 132. Canberra: AIHW, 2006.

Homeless people in SAAP, Australian Capital Territory supplementary tables. Cat. no. HOU 139. Canberra: AIHW, 2006.

Homeless people in SAAP, New South Wales supplementary tables. Cat. no. HOU 133. Canberra: AIHW, 2006.

Homeless people in SAAP, Northern Territory supplementary tables. Cat. no. HOU 140. Canberra: AIHW, 2006.

Homeless people in SAAP, Queensland supplementary tables. Cat. no. HOU 135. Canberra: AIHW, 2006.

Homeless people in SAAP, South Australia supplementary tables. Cat. no. HOU 137. Canberra: AIHW, 2006.

Homeless people in SAAP, Tasmania supplementary tables. Cat. no. HOU 138. Canberra: AIHW, 2006.

Homeless people in SAAP, Victoria supplementary tables. Cat. no. HOU 134. Canberra: AIHW, 2006.

Homeless people in SAAP, Western Australia supplementary tables. Cat. no. HOU 136. Canberra: AIHW, 2006.

Hospital separations due to injury and poisoning, Australia 2001–02. Cat. no. INJCAT 78. Adelaide: AIHW NISU, 2006.

Hospitalised sports injury, Australia 2002–03. Cat. no. INJCAT 79. Adelaide: AIHW NISU, 2006.

How we manage stroke in Australia. Senes S. Cat. no. CVD 31. Canberra: AIHW, 2006.

Improving the quality of Indigenous identification in hospital separations data. Cat. no. HSE 101. Canberra: AIHW, 2005.

Incidence of type 1 diabetes in Australians under 40 years: a snapshot of National Diabetes Register data for 2000–2002. Cat. no. AUS 75. Canberra: AIHW, 2006.

Incidence of Type 1 diabetes in Australians under 40 years: a snapshot of National Diabetes Register data for 2004: first results. Cat. no. AUS 76. Canberra: AIHW, 2006.

Indigenous housing needs 2005 — a multi-measure needs model. Cat. no. HOU 129. Canberra: AIHW, 2005.

- Information relating to the community services workforce: AIHW working paper. Vaughan G. Cat. no. HWL 33. Canberra: AIHW, 2006.
- Juvenile justice in Australia 2000–01 to 2003–04. Cat. no. JUV 1. Canberra: AIHW, 2006.
- Locality matters: the influence of geography on general practice in Australia 1998–2004. Britt H. Cat. no. GEP 17. Canberra: AIHW, 2005.
- Medical indemnity national collection (public sector) data guide: data items and definitions 2003–04. Canberra: AIHW, 2005.
- Medical indemnity national data collection, public sector 2003 to 2004. Cat. no. HSE 39. Canberra: AIHW, 2005.
- Medical indemnity national data collection, public sector 2004–05. Cat. no. HSE 42. Canberra: AIHW, 2006.
- Medical labour force 2003. Cat. no. HWL 32. Canberra: AIHW, 2005.
- Mental health services in Australia 2003–04. Cat. no. HSE 40. Canberra: AIHW, 2005.
- Mortality over the twentieth century in Australia: trends and patterns in major causes of death. Magnus P, Sadkowsky K. Cat. no. PHE 73. Canberra: AIHW, 2006.
- National community services information: a strategic plan 2005–09. Cat. no. AUS 68. Canberra: AIHW, 2005.
- National Drug Strategy Household Survey: detailed findings. Cat. no. PHE 66. Canberra: AIHW, 2005.
- National housing assistance data dictionary, version 3. Cat. no. HOU 147. Canberra: AIHW, 2006.
- National public health expenditure report 2001–02 to 2003–04. Cat. no. HWE 33. Canberra: AIHW, 2006.
- National public health information plan 2005. AIHW, NPHIWG, NHIG, National Public Health partnership. Cat. no. HWI 84. Canberra: AIHW, 2005.
- National summary of the 2003 and 2004 jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators. Cat. no. IHW 16. Canberra: AIHW, 2006.
- National system for monitoring diabetes, The. Cat. no. CVD 32. Canberra: AIHW, 2006.
- Nursing and midwifery labour force 2003. Cat. no. HWL 31. Canberra: AIHW, 2005.
- Nursing and midwifery labour force, South Australia, 2004. Cat. no. AUS 70. Canberra: AIHW, 2006.

- Obesity and workplace absenteeism among older Australians. Cat. no. AUS 67. Canberra: AIHW, 2005.
- Occupational safety research in Australia. Cat. no. INJ 74. Adelaide: AIHW NISU, 2005.
- Oral health and access to dental care: migrants in Australia. Cat. no. DEN 143. Adelaide: AIHW DSRU, 2005.
- Oral health and access to dental care: older adults. Cat. no. DEN 142. Adelaide: AIHW DSRU, 2005.
- Oral health and access to dental care: rural and remote dwellers. Cat. no. DEN 144. Adelaide: AIHW DSRU, 2005.
- Oral health in South Australia 2004: ARCPHOH Population Oral Health Series no. 4. Cat. no. POH 4. Canberra: AIHW, 2005.
- Potential changes to chapters XIX and XX for fifth revision ICD-10-AM: submission to NCCH. Cat. no. INJ 73. Canberra: AIHW, 2005.
- Practice activity patterns of dentists in Australia: trends over time by age of patients. Brennan DS, Spencer AJ. Cat. no. DEN 148. Canberra: AIHW, 2006.
- Recent developments in the collection of Aboriginal and Torres Strait Islander health and welfare statistics 2005. AIHW cat. no. IHW 15. ABS cat. no. 4704.0.55.001. Canberra: AIHW, 2006.
- Report on the evaluation of the national minimum data set for admitted patient mental health care. Cat. no. HSE 38. Canberra: AIHW, 2005.
- Residential aged care in Australia 2003–2004: a statistical overview. Cat. no. AGE 43. Canberra: AIHW, 2005.
- Residential aged care in Australia 2004–05: a statistical overview. Cat. no. AGE 45. Canberra: AIHW, 2006.
- Rural, regional and remote health: information framework and indicators version 1b. Cat. no. PHE 69. Canberra: AIHW, 2005.
- Rural, regional and remote health: mortality trends 1992–2003. Cat. no. PHE 71. Canberra: AIHW, 2006.
- Satisfaction with dental care 2002. Adelaide: AIHW DSRU, 2005.
- Selected chronic diseases among Australia's children. Cat. no. AUS 62. Canberra: AIHW, 2005.
- Selected highlights from a picture of Australia's children. Cat. no. PHE 65. Canberra: AIHW, 2005.
- Social impact of oral conditions among Australian adults. Cat. no. DEN 149. Adelaide: AIHW DSRU, 2006.

- South Australian dental labour force, The. Teusner DN. Cat. no. POH 5. Canberra: AIHW, 2005.
- Spinal cord injury, Australia, 2003–04. Cripps R. Cat. no. INJ 77. Canberra: AIHW, 2006.
- Statistics on drug use in Australia 2004. Cat. no. PHE 62. Canberra: AIHW, 2005.
- Towards national indicators for food and nutrition: an AIHW view: reporting against the dietary guidelines for Australian adults. Cat. no. PHE 70. Canberra: AIHW, 2006.
- Transitions between aged care services. Karmel R. Cat. no. CSI 2. Canberra: AIHW, 2005.
- Trends in productivity of dentists in Australia. Cat. no. DEN 147. Adelaide: AIHW DSRU, 2006.
- Trends in the affordability of child care services 1991–2004. Cat. no. AUS 71. Canberra: AIHW, 2006.
- Urban and rural variations in child oral health. Adelaide: AIHW DSRU, 2006.
- Use of routinely collected national data sets for reporting on induced abortion in Australia. AIHW National Perinatal Statistics Unit. Cat. no. PER 30. Canberra: AIHW, 2005.
- Vision problems in older Australians. Cat. no. AUS 60. Canberra: AIHW, 2005.
- Welfare expenditure Australia 2002–03. Cat. no. HWE 31. Canberra: AIHW, 2005.
- Young Australians: their health and wellbeing: key national indicators. Pieris-Caldwell I. Cat. no. AUS 72. Canberra: AIHW, 2006.

ABSTRACTS

AGPSCC (Australian GP Statistics and Classification Centre) 2005. Risk factors of patients on lipid-lowering medications. Knox S (ed). SAND abstracts from the BEACH program No. 67. <<http://pandora.nla.gov.au/tep/14007>>.

AGPSCC 2005. Patient weight, perception of weight and weight loss in adults. Charles J (ed). SAND abstracts from the BEACH program No 68. <<http://pandora.nla.gov.au/tep/14007>>.

AGPSCC 2005. Patient weight, methods and medications tried for weight loss in adults. Henderson J (ed). SAND abstracts from the BEACH program No. 69. <<http://pandora.nla.gov.au/tep/14007>>.

- AGPSCC 2005. Inhaled corticosteroid use for asthma management. Miller G (ed). SAND abstracts from the BEACH program No. 70. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Patient BMI, morbidity and medication use in adults. Ng A (ed). SAND abstracts from the BEACH program No. 71. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Contraceptive use among female general practice patients aged 16–24 years. Bayram C (ed). SAND abstracts from the BEACH program No. 72. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Warfarin use in patients with qualifying morbidity. Pan Y (ed). SAND abstracts from the BEACH program No. 73. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Smoking and passive smoking in the home. Valenti L (ed). SAND abstracts from the BEACH program No. 74. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Prevalence, management and investigations for chronic heart failure. Pan Y (ed). SAND abstracts from the BEACH program No. 75. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Patients with risk factors for metabolic syndrome. Britt H (ed). SAND abstracts from the BEACH program No. 76. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Heart failure — underlying causes and medication management. Bayram C (ed). SAND abstracts from the BEACH program No. 77. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. NSAID and acid suppressant use in general practice patients. Miller G (ed). SAND abstracts from the BEACH program No. 78. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Hypertension and dyslipidaemia — comorbidity and management in general practice patients. O'Halloran J (ed). SAND abstracts from the BEACH program No. 79. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Employment status and workers compensation claims in general practice patients. Charles J (ed). SAND abstracts from the BEACH program No. 80. <<http://pandora.nla.gov.au/tep/14007>>.
- AGPSCC 2005. Prevalence and indications for gabapentin use by patients attending general practice. Valenti L (ed). SAND abstracts from the BEACH program No. 81. <<http://pandora.nla.gov.au/tep/14007>>.

JOURNAL ARTICLES

- AGPSCC (Australian GP Statistics and Classification Centre) 2006. Over the counter medications advised by GPs. Charles J (ed). GP Review 10(3):10.
- AGPSCC 2006. Injury management in general practice. Charles J (ed). GP Review 10(1):13.
- AGPSCC 2005. Locality matters: the influence of geography on general practice in Australia 1998–2004. GP Review 9(5):8.
- AGPSCC 2005. Alcohol consumption among general practice patients. Charles J (ed). GP Review 9(4).
- AGPSCC 2005. Changing face of the general practice workforce. Charles J (ed). GP Review 9(3).
- ARCPOH (Australian Research Centre for Population Oral Health), Teusner DN 2005. Geographic distribution of the dentist labour force. Aust Dent J 50(2):119–22.
- ARCPOH, Armfield JM 2005. High caries in Australia: a 'tail' of caries distribution. Aust Dent J 50(3):205–6.
- ARCPOH, Ellershaw A 2005. Oral health and access to dental care in Australia — comparisons by cardholder status and geographic region. Aust Dent J 50(4):282–5.
- ARCPOH, Brennan DS, Spencer AJ 2006. Practice profiles of Australian private general dental practitioners. Aust Dent J 51(1):91–3.
- Adamson G, De Mouzon J, Lancaster P, et al. 2006. Special contribution: world collaborative report on in vitro fertilization, 2000. Fertility and Sterility 85(6):1586–1622.
- Ampon R, Williamson M, Correll P, Marks G 2005. Impact of asthma on self-reported health status and quality of life: a population based study of Australians aged 18–64. Thorax 60:735–9.
- Armfield JM 2005. Public water fluoridation and dental health in New South Wales. Aust NZ J Public Health 29(5):477–83.
- Armfield JM, Spencer AJ, Stewart JF 2006. Dental fear in Australia: who's afraid of the dentist? Aust Dent J 51(1):78–85.
- Bhalang K, Sigurdsson A, Slade GD, Maixner W 2005. Associations among four modalities of experimental pain in women. J Pain 6(9):604–11.
- Berry JG, Harrison JE, Cripps RA, Marshall R 2005. Spinal cord injury register for football: already tackled [letter]. Med J Aust 183:550.
- Berry JG, Harrison JE, Yeo JD, Cripps RA, Stephenson S 2006. Cervical spinal cord injury in rugby union and rugby league: are incidence rates declining in New South Wales? Aust NZ J Pub Health 30:268–274.

- Bindman AB, Forrest C, Britt H, Crampton P, Majeed A 2006. Comparing primary care practice in Australia, New Zealand, and the United States. *J Gen Intern Med* 20(s1):134.
- Brennan DS, Spencer AJ 2006. Dentist preferences for patients: dimensions and associations with provider, practice and service characteristics. *Int J Behav Med* 13(1):69–78.
- Brennan DS, Spencer AJ 2006. Longitudinal comparison of factors influencing choice of dental treatment by private general practitioners. *Aust Den J* 51:117–23.
- Britt H 2005. Adolescent mental health: reply [letter]. *Aust Fam Physician* 34(4):215
- Britt HC, Valenti L, Miller GC 2005. Determinants of consultation length in Australian general practice. *Med J Aust* 183(2):68–71.
- Chalmers JM, Carter KD, Spencer AJ 2005. Caries incidence and increments in Adelaide nursing home residents. *Spec Care Dentist* 25(2):96–105.
- Chalmers JM, King PL, Spencer AJ, Wright FAC, Carter KD 2005. The oral health assessment tool — validity and reliability. *Aust Dent J* 50(3):191–9.
- Chalmers JM, Pearson A 2005. Oral hygiene care for adults with dementia: a literature review. *J Adv Nurs* 52(4):410–19.
- Chalmers JM, Pearson A 2005. A systematic review of oral health assessment by nurses and carers for residents with dementia in residential care facilities. *Spec Care Dentist* 25(5):227–33.
- Chalmers JM, Robinson J, Nankivell N 2005. The practical oral care video — evaluation of a dental awareness month initiative. *Spec Care Dentist* 50(2):75–80.
- Chambers GM, Ho MT, Sullivan EA 2006. Assisted reproductive technology treatment costs of a live birth: an age stratified cost-outcome study of treatment in Australia. *Med J Aust* 184(4):155–158.
- Charles J, Britt H, Knox S 2005. Encounters with indigenous patients in Australian general practice. *Aust Fam Physician* 34(10):810.
- Charles J, Britt H, Ng A 2005. Management of inflammatory skin conditions in Australian general practice. *Aust Fam Physician* 34(5):316–317.
- Charles J, Britt H, Valenti L 2006. The independent effect of age of general practitioner on clinical practice. *Med J Aust* 185(2):105.
- Charles J, Knox S, Britt H 2006. Skin excisions in Australian general practice. *Aust Fam Physician* 35(7):474.
- Charles J, Miller G, Ng A 2006. GI malignancies in Australian general practice. *Aust Fam Physician* 35(4):186.

- Charles J, Miller G, Ng A 2005. Management of renal problems in Australian general practice. *Aust Fam Physician* 34(11):904.
- Charles J, Britt H, Ng A 2005. Management of cardiovascular conditions in Australian general practice. *Aust Fam Physician* 34(6):410–411.
- Charles J, Ng A, Britt H 2005. Presentations of shortness of breath in Australian general practice. *Aust Fam Physician* 34(7):520–521.
- Charles J, Britt H, Ng A 2005. Management of growth delay in patients aged less than 6 years. *Aust Fam Physician* 34(9):714–715.
- Charles J, Ng A, Britt H 2005. Presentations of headache in Australian general practice. *Aust Fam Physician* 34(8):618–619.
- Charles J, Miller G, Ng A 2006. Management of psychosis in Australian general practice. *Aust Fam Physician* 35(3):88.
- Charles J, Ng A, Britt H 2005. Management of epilepsy in general practice patients. *Aust Fam Physician* 34(12):1000.
- Charles J, Ng A, Miller G 2006. Management of type 2 diabetes in Australian general practice. *Aust Fam Physician* 35(6):378.
- Chen MY, Pan Y, Britt H, Donovan B 2006. Trends in clinical encounters for pelvic inflammatory disease and epididymitis in a national sample of Australian general practices. *Int J STD AIDS* 17(6):384.
- Degenhardt L, Knox S, Barker B, Britt H, Shakeshaft A 2005. The management of alcohol, tobacco and illicit drug use problems by general practitioners in Australia. *Drug Alcohol Rev* 24(6):499–506.
- Doran CM, Valenti L, Robinson M, Britt H, Mattick RP 2006. Smoking status of Australian general practice patients and their attempts to quit. *Addict Behav* 31(5):758.
- Evans SM, Berry JG, Smith BJ, Esterman AJ 2006. Consumer perceptions of safety in hospitals. *BMC Public Health* 6:41–47.
- Evans SM, Berry JG, Smith BJ, et al. 2006. Attitudes and barriers to incident reporting: a collaborative hospital study. *Qual Saf Health Care* 15: 39–43.
- Freedman E, Britt H, Harrison CM, Mindel A 2006. Sexual health problems managed in Australian general practice: a national, cross sectional survey. *Sex Transm Infect* 82(1):61–66.
- Griffin J 2006. A dynamic data collection almost ten years on. *Parity* 19(2).
- Hargreaves J 2005. Getting the most from routinely collected data. *Health Inf Mgt* 34 (3): 68–70.
- Henderson J, Britt H, Miller G 2006. Extent and utilisation of computerisation in Australian general practice. *Med J Aust* 185(2):84.

- Jamieson LM 2005. Using qualitative methodology to elucidate themes for a traditional tooth gauging tool for use in a remote Ugandan community. *Health Educ Res* 21(4):477–87.
- Jamieson LM, Bailie RS, Beneforti M, Koster CR, Spencer AJ 2006. Dental self-care and dietary characteristics of remote-living Indigenous children. *Rural Remote Health* 6(2):503.
- Jamieson LM, Armfield JM, Roberts-Thomson KF 2006. Oral health inequalities among Indigenous and non-Indigenous children in the Northern Territory of Australia. *Community Dent Oral Epidemiol* 34:267–76.
- Jamieson LM, Armfield JM, Roberts-Thomson KF 2006. The role of location in Indigenous and non-Indigenous child oral health. *J Pub Health Dent* 66:123–30.
- Jamieson LM, Roberts-Thomson KF 2006. Indigenous identification in hospital dental separation data. *Aust NZ J Public Health* 30:185–6.
- Luzzi L, Spencer AJ, Jones K, Teusner DN 2005. Job satisfaction of registered dental practitioners. *Aust Dent J* 50(3):179–85.
- Marks G, Correll P, Williamson M. Asthma in Australia 2005. *Med J Aust* 183:445–6.
- McKenzie K, Harding LF, Walker SM, et al. 2006. The quality of national hospital morbidity data. *Med J Aust*.
- Miller G, Britt H, Knox S, Charles J 2006. Inhaled corticosteroids and management of asthma. *GP Review* 10(2):10.
- Miller GC, Britt HC, Valenti L 2006. Adverse drug events in general practice patients in Australia. *Med J Aust* 184(7):321.
- Miller GC, Britt HC, Valenti L, Knox S 2006. Adverse drug events: counting is not enough, action is needed [letter]. *Med J Aust* 184(12):646.
- Miller G, Valenti L, Charles J 2006. Use of diagnostic imaging in Australian general practice. *Aust Fam Physician* 35(5):280.
- Nuttall NM, Slade GD, Sanders AE, et al. 2006. An empirically derived population-response model of the short form of the Oral Health Impact Profile. *Community Dent Oral Epidemiol* 34(1):18–24.
- O'Halloran J, Ng A, Britt H, Charles J 2006. EPC encounters in Australian general practice. *Aust Fam Physician* 35(1–2):8–10.
- Pan Y, Henderson J, Britt H 2006. Antibiotic prescribing in Australian general practice: how has it changed from 1990–91 to 2002–03? [Epub ahead of print]. *Respir Med*
- Priest SR, Austin M, Sullivan EA 2005. Antenatal psychosocial screening for prevention of antenatal and postnatal anxiety and depression (Protocol). The Cochrane Collaboration 1:1–10.

- Proude EM, Britt H, Valenti L, Conigrave KM 2006. The relationship between self-reported alcohol intake and the morbidities managed by GPs in Australia. *BMC Fam Pract* 7(1):17.
- Rae K, Britt H, Orchard J, Finch C 2005. Classifying sports medicine diagnoses: a comparison of the International Classification of Diseases 10-Australian modification (ICD-10-AM) and the Orchard Sports Injury Classification System (OSICS-8). *Br J Sports Med* 39(12):907–911.
- Reid J. 2006. Iterative homelessness and SAAP. *Parity* 18(7).
- Rowland F, Powierski A. 2006. More than a bed: employment, income and study patterns of SAAP clients 2004–05. *Parity* 19(4).
- Rozier GR, Slade GD, Zeldin LP, Wang H 2005. Parents' satisfaction with preventive dental care for young children provided by non-dental primary care providers. *Pediatr Dent* 27:313–22.
- Sanders A, Spencer AJ 2005. Why do poor adults rate their oral health poorly? *Aust Dent J* 50(3):161–7.
- Sanders A, Spencer AJ 2005. Childhood circumstances, psychosocial factors and the social impact of adult oral health. *Community Dent Oral Epidemiol* 33:370–7.
- Sanders A, Spencer AJ, Stewart JF 2005. Clustering of risk behaviours for oral and general health. *Community Dent Health* 22(3):133–40.
- Sanders A, Spencer AJ, Slade GD 2006. Evaluating the role of dental behaviour in oral health inequalities. *Community Dent Health* 34(1):71–9.
- Scott D, Harrison J, Bain C, et al. (accepted April 2006). The properties of the International Classification of the External Cause of Injury when used as an instrument for injury prevention research. *Injury Prevention*.
- Slade GD, Sanders AE, Bill CJ, Do LG 2006. Risk factors for dental caries in the five-year-old South Australian population. *Aust Dent J* 51(2):130–9.
- Szentpétery AG, John MT, Slade GD, Setz JM. Problems reported by patients before and after prosthodontic treatment. *Int J Prosthodont* 18(2):124–31.
- Thow AM, O'Brien K 2005. Nutrition indicators: how does Australia compare? Proceedings of the Nutrition Society of Australia, Asia Pacific Journal of Clinical Nutrition, 14(suppl):S71.
- Tracy SK 2005. The graffiti method. *Aust J Midw* 18(3):22–8.
- Tracy SK, Hartz D, Nicholl M, McCann Y, Latta D 2005. An integrated service network in maternity — the implementation of a free standing midwifery led unit. *Aust Health Rev* 29(3):332–39.

Tracy SK, Sullivan E, Dahlen H et al. 2006. Does size matter? A population-based study of birth in lower volume maternity hospitals for low risk women. *BJOG* 113:86–96.

Tracy SK, Dahlen H, Tracy MB & Sullivan EA 2006. Author's reply: does size matter? A population based study of birth in lower volume maternity hospitals for low risk women. *BJOG* 113(5):617–18.

Valenti L, Charles J, Britt H 2005. Passive smoke in Australian homes: 1999 to 2004 [letter]. *Aust NZ J Public Health* 29(4):387–8.

MAJOR CONFERENCE PAPERS AND PRESENTATIONS

Al-Yaman F 2005. Disparities in Australian health: issues and challenges in measuring the health of Australia's Indigenous people. Presentation at the first meeting of the International Group for Indigenous Health Measurement, Vancouver, October 2005.

Al-Yaman F 2006. The health and welfare of Indigenous Australians. Presentation at the AIHW Australia's Health 2006 Conference, Canberra, June 2006.

Ampon R, Williamson M, Correll P, Marks G 2006. Multiple cause of death data for asthma and chronic obstructive pulmonary disease (COPD). Poster presented at the 2006 Annual Scientific Meeting of the Thoracic Society of Australia and New Zealand, Canberra, March 2006.

Anderson P 2006. Analysis of ICF compatible items on support needs in a national administrative data set. Presented at Improving information on disability and functioning: a forum for people who need, use or develop information, Sydney, February 2006.

Anderson P 2006. Veterans in residential aged care. Presented at Department of Veterans' Affairs Research Seminar, Melbourne, June 2006.

Armfield JM 2005. Area-based socio-economic status and child oral health in South Australia. Presentation at 45th Annual Meeting of the Australian/New Zealand Division of the International Association for Dental Research, Queenstown, New Zealand, September 2005.

Bayram C, Britt H, Ng A, Pan Y 2005. No charge encounters in general practice in Australia. Presented at the General Practice and Primary Health Care Research Conference, Adelaide, July 2005.

Bayram C, Pan Y, Henderson J, Britt H 2006. Underdosing in antibiotic prescribing for children in Australian general practice. Presented at the National Medicines Symposium, Canberra, June 2006.

Berry J, Harrison J, Yeo J, Cripps R, Stevenson S 2006. Cervical spinal cord injury in rugby union and rugby league: are incidence rates declining in NSW?

Presented at the 8th World Conference on Injury Prevention and Safety. South Africa, 2006.

Bindman AB, Forrest CB, Britt H, Crampton P, Majeed A 2005. Learning from others: comparing primary care practice in Australia, New Zealand, and the United States. Presented at the 2005 Health Care Quality and Outcomes Conference, Stanford University, Stanford, May 2005.

Bindman AB, Forrest CB, Britt H, Crampton P, Majeed A 2005. Comparing primary care practice in Australia, New Zealand, and the United States. Presented at the Society of General Internal Medicine 2005 Annual Research Meeting, New Orleans, May 2005.

Bowler E 2005. Veterans in the Community Aged Care Packages (CACP) program. Presented at the 38th Annual Conference of the Australian Association of Gerontology, Surfers Paradise, 9–11 November 2005.

Braddock D 2005. METeOR: an online metadata registry based on the ISO 11179 standard. Presented at the Data Management in the 21st Century Conference, Canberra, October 2005.

Braun P 2005. High and low care usage in residential aged care 1998–2004. Presented at the 38th Annual Conference of the Australian Association of Gerontology. Surfers Paradise, 9–11 November 2005.

Britt H 2005. Locality matters: the influence of geography on general practice activity in Australia 1998–2004. Presented at the 48th Annual Scientific Convention of the Royal Australian College of General Practitioners, Darwin, September 2005.

Britt H 2005. Research methods in studies of the health/morbidity of the community. Presented at the PHCRED inaugural conference Getting quality research and evaluation into our rural communities. Shepparton, December 2005.

Britt H 2005. The changing face of general practice in Australia. Presented at the 9th International Medical Workforce Conference, pre-conference workshop, Melbourne, 15 November 2005.

Britt H, Bayram C, Miller GC 2005. Development of Statistical Evaluation Areas (SEAs) for more localised annual reporting of BEACH data. Poster presented at the 2005 General Practice and Primary Health Care Research Conference, Adelaide, July 2005.

Britt H, Bindman A, Forrest CB, Crampton P, Majeed A 2005. Cross-national comparison of primary care practice in Australia, New Zealand and the United States: a Commonwealth Fund project. Presented at the Wonca International Classification Committee Meeting 2005 (Research Papers), Japan, May 2005.

Britt H, Bindman A, Forrest CB, Crampton P, Majeed A 2005. Cross-national comparison of primary care practice in Australia, New Zealand and the United

States: a Commonwealth Fund project. Presented at the 2005 GP& PHC Research Conference, Adelaide, July 2005.

Bullock S, Williams K 2006. Environment and participation 2006. Presentation at the Australian forum 'Improving information on disability and functioning: a forum for people who need, use or develop information', Sydney, February 2006.

Catanzariti LM, Moon LJ, Webbie KJ 2005. The national diabetes register: an important resource. Poster presented at the Australian Diabetes Society & Australian Diabetes Educators Association Annual Scientific Meeting, Perth, 7–9 September 2005.

Cooper-Stanbury M 2005. The bigger picture: findings from the 2004 National Drug Strategy Household Survey. Presentation at the 2005 Victorian Regional Alcohol and Drugs Conference, Warrnambool, August 2005.

Cooper-Stanbury M 2006. Risk factors: That's life! Presentation at Australia's Health 2006 Conference, Canberra, June 2006.

Crampton, P, Bindman A, Forrest CB, Britt H, Majeed A 2005. Learning from international experience: comparing primary care in New Zealand, Australia, the UK and the US. Presented at the Ministry of Health, Primary Focus Conference, Wellington, New Zealand 10–12 March, 2005.

De Looper M. Prisoner health: a national minimum dataset. Presentation at Australia's Health 2006 Conference, Canberra, June 2006.

De Looper M. Socioeconomic inequalities and health. Presentation at Australia's Health 2006 Conference, Canberra, June 2006.

Do LG, Spencer AJ 2005. Fluorosis experience among South Australian children in 2002–03. Presentation at 45th Annual Meeting of the Australian/New Zealand Division of the International Association for Dental Research, Queenstown, New Zealand, 25–28 September 2005.

Driscoll T, Harrison J, Bradley C, Newson R 2006. Measuring the contribution of design issues to work-related injury. Presented at the 8th World Conference on Injury Prevention and Safety, South Africa, 2006.

Eldridge P, Goss J 2006. Changes in disease expenditure and burden of disease for children and youth in the last decade. Presented at AIHW/AIFS workshop, Canberra, 14–15 June 2006.

Forrest CB, Britt H, Crampton P, Majeed A, Bindman A 2005. Cross-national comparison of primary care practice in Australia, New Zealand, and the United States. Presented at the Academy Health 2005 Annual Research Meeting, Boston, June 2005.

Fortune N 2006. National data on ABI-related disability in Australia. Presented at the National Brain Injury Conference, Gold Coast, May 2006.

- Goss J 2005. Health system expenditure on disease and injury in Australia. Presented at OECD Meeting of Health Accounts Experts, Paris, 29–30 September 2005.
- Goss J 2006. Drivers of health expenditure growth in Australia: A disease perspective. Presented at Australia's Health 2006 Conference, Canberra, June 2006.
- Goss J 2006. Healthy life expectancy. Presented to the Korean delegation at AIHW, Canberra, 8 February 2006.
- Goss J 2006. Production of National Report on Health Sector Performance Indicators 2003. Presented at National Mental Health Performance Sub-Committee meeting, Canberra, 19 May 2006.
- Gray L, McDonald G, Gibson D 2005. Developing a policy flight simulator at the acute aged care interface. 38th Annual Conference of the Australian Association of Gerontology, Surfers Paradise, 9–11 November 2005.
- Grayson N, Hargreaves J, Sullivan EA 2006. Use of routinely collected national data sets for reporting on induced abortion in Australia. PSANZ 10th Annual Congress, Perth, 3–6 April 2006.
- Griffin J, Cologon J 2006. Managing knowledge in the information age: future uses of SAAP data. Presented at the Fourth National Homelessness Conference, Sydney, March 2006.
- Hales C 2005. Innovative care pilots and evaluation (panel discussion). Community Care Queensland Conference 2005, Surfers Paradise, 6–7 October 2005.
- Hales C, Wen X 2006. Trialling new models of care: experiences in the Innovative Pool and Disability Aged Care Interface pilots. Presented at the Council of Intellectual Disability Agencies National Conference on Ageing, Melbourne, 11–12 May 2006.
- Hargreaves J, Choi C, Wilson M 2005. Towards standardising the boundary between admitted and non-admitted care in Australian hospitals. Presented at the 4th Health Services and Policy Research Conference, Canberra, November 2005.
- Harrison J, Driscoll T, Henley G 2006. Using data from multiple sources to produce a detailed but accessible summary of injury burden at a national level. 8th World Conference on Injury Prevention and Safety, South Africa, 2006.
- Harrison JE, Henley G 2005. Measuring injury severity in administrative data. Presented at the AIS2005 and the National Trauma Dataset — implications for the future conference, Melbourne, 13 December 2005.
- Harrison JE, Kreisfeld R 2005. Injury mortality: operational definition has changed on the basis of data analysis. Understanding mortality data: reaping the

rewards. Annual workshop held as part of the 10th QUT International Health Summer School, Brisbane, 21 November 2005.

Harrison JE, Kreisfeld R 2006. Injury mortality: operational definition has changed on the basis of data analysis. Presented at the 8th World Conference on Injury Prevention and Safety, South Africa 2006.

Henderson J, Britt H, Miller G 2006. Effects of software embedded pharmaceutical advertising on general practitioner prescribing behaviour. Presented at the National Medicines Symposium 2006, Canberra, June 2006.

Henderson J, Miller GC, Britt H 2005. Australian general practice is computerised...isn't it? Presented at the Annual Convention of the Royal Australian College of General Practitioners, Darwin, September 2005.

Henley G, Harrison JE 2005. External causes of injury: understanding mortality data: reaping the rewards. Annual workshop held as part of the 10th QUT International Health Summer School, Brisbane, 21 November 2005.

Henley G, Harrison J, McKenzie K 2006. External causes of injury: nature and implications of growing differences between ICD-10 & ICD-10-AM code lists. Presented at the 8th World Conference on Injury Prevention and Safety, South Africa 2006.

Hogan R 2005. Obesity and workplace absenteeism among older Australians. 38th Annual Conference of the Australian Association of Gerontology, Surfers Paradise, 9–11 November 2005.

Hynes A 2006. Health as a growing sector of the economy. Presented at Australia's health 2006 Conference, Canberra, June 2006.

Jamieson L, Roberts-Thomson KF, Armfield JM 2005. Oral health inequalities among Indigenous and non-Indigenous children. Presentation at 45th Annual Meeting of the Australian/New Zealand Division of the International Association for Dental Research, Queenstown, New Zealand, 25–28 September 2005.

Karmel R 2005. Feasibility of a no-name linkage strategy: a game of chance? Presented at the September Symposium on Data Linkage held by the ACT branch of the Statistical Society of Australia, Canberra, September 2005.

Karmel R 2005. Transitions between aged care services. Presented at the 38th Annual Conference of the Australian Association of Gerontology, 9–11 November 2005.

Knox S, Britt H 2005. Similarities and differences in general practice activity in Remote and Very Remote Australia. Presented at the 48th Annual Scientific Convention of the Royal Australian College of General Practitioners, Darwin, September 2005.

Logie H 2005. Why does a statistical data warehousing agency need a metadata registry? Presented at the Second International Conference on Statistical Data Warehousing and Business Intelligence, Washington, September 2005.

Luzzi L, Spencer AJ 2005. Public dental service utilisation in South Australia. Presentation at 45th Annual Meeting of the Australian/New Zealand Division of the International Association for Dental Research, Queenstown, New Zealand, 25–28 September 2005.

Madden R 2006. Measuring social participation. Keynote speaker at the Inaugural ACROD National Conference on Social Participation, Sydney, May 2006.

Madden R 2006. The vision in Australia: progress, challenges and questions. Keynote presentation at the Australian Forum 'Improving Information on Disability and Functioning: a forum for people who need, use or develop information,' Sydney, February 2006.

Madden R 2005. ICF: why collaborate? Paper and poster presentation at the WHO-Family of International Classifications Network Meeting, Tokyo, October 2005.

Madden R, Beard T, Wen X 2005. Disability data: looking back, looking forward. Social Policy Research Centre Conference, Sydney, July 2005.

Mihailidis S, Spencer S, Brennan DS 2005. Perceived busyness and productivity of Australian private general dentists. Presentation at 45th Annual Meeting of the Australian/New Zealand Division of the International Association for Dental Research, Queenstown, New Zealand, 25–28 September 2005.

Miller GC 2005. A gap analysis of the relationship between SNOMED-CT and Australian health terminologies. Presented at the 48th Annual Scientific Convention of the Royal Australian College of General Practitioners, Darwin, September 2005.

Miller GC, Britt H, Valenti L 2005. Adverse drug events in general practice patients in Australia. Presented at the 2005 General Practice and Primary Health Care Research Conference, Adelaide, July 2005.

Miller J, Wang, H 2005. Rental housing assistance for older Australians. Presented at the 4th Biennial National Housing Conference, Perth, 27–28 October 2005.

Murdoch F 2005. Young homeless people in Victoria 2003–04. Presented at The Rural Youth Forum, Bendigo, September 2005.

Phillips A. Health and wellbeing in remote Australia. Presentation as part of National Rural Health Alliance Inc Public Seminar, Canberra, November 2005.

Phillips A. Rural health. Presentation at Australia's Health 2006 Conference, Canberra, June 2006.

Psychogios C, Bareja M, Ghani Gonzalo F 2005. Who is accessing government funded alcohol and other drug treatment services in Australia? Paper presented at the Australasian Professional Society on Alcohol and other Drugs Conference, Melbourne, November 2005.

Peut A 2005. The contribution of the HACC Minimum Data Set to informing the future of community care. Presented at the 38th Annual Conference of the Australian Association of Gerontology. Surfers Paradise, 9–11 November 2005.

Peut A, Hales C 2006. Innovation in dementia care — from concept to practice. Presented at the Hammond Care Group's 6th Biennial International Dementia Conference, Sydney, 29–30 June 2006.

Peut A, Madden R 2005. Participation, ageing and disability. Presented at the Australia's welfare 2005 Conference, Canberra, 30 November 2005.

Rahman N & Dixon T 2006. Burden of arthritis in Australia. Australia's Health 2006 Conference, Canberra, June 2006.

Raithel K, Wilson D 2005. Housing assistance and tenant outcomes: the 2005 national social housing surveys. Presented at the 4th Biennial National Housing Conference, Perth, 27–28 October 2005.

Reid J 2005. Iterative homelessness and SAAP. Presented at the Parity Launch, Melbourne, September 2005.

Sanders AE, Slade GD, Spencer AJ, Turrell G, Marcenes W 2005. Linear or threshold: what is the socioeconomic-oral health relationship? Presentation at 45th Annual Meeting of the Australian/New Zealand Division of the International Association for Dental Research, Queenstown, New Zealand, 25–28 September 2005.

Slade GD, Spencer AJ, Chalmers JM, Carter KD 2005. Eleven-year change in oral health impacts among elderly South Australians. Presentation at 45th Annual Meeting of the Australian/New Zealand Division of the International Association for Dental Research, Queenstown, New Zealand, 25–28 September 2005.

Spencer AJ, Do LG, Jokovic A 2005. Validation of child perception questionnaire in a general child population. Presentation at 45th Annual Meeting of the Australian/New Zealand Division of the International Association for Dental Research, Queenstown, New Zealand, 25–28 September 2005.

Sullivan EA, Dean J 2005. Assessing the impact of advanced maternal age on ART treatment success and perinatal outcomes. Presented at the Fertility Society of Australia Conference, Christchurch 4–7 September 2005.

Sullivan EA, Nguyen Thi Thanh Thuy, Wang YA, Cliffe S, Maher L 2005. Implementation of second generation HIV surveillance. Presented at the Pan-Pacific Regional HIV/AIDS Conference, Auckland 25–28 October 2005.

- Sullivan EA, Waters A-M, Dean J 2005. Impact of maternal age and number of fresh non-donor treatment cycles on pregnancy rates in Australia, 2002. Presented at the Fertility Society of Australia Conference, Christchurch, 4–7 September 2005.
- Sykes C 2006. Capturing data: a functioning and related health outcomes module. Presentation at the Australian forum 'Improving Information on Disability and Functioning: a forum for people who need, use or develop information', Sydney, February 2006.
- Sykes C 2005. A functioning and related health outcomes module. Poster presentation at the WHO-Family of International Classifications Network Meeting, Tokyo, October 2005.
- Sykes C 2005. Metadata standards for functioning and disability in Australia. Poster presentation at the WHO-Family of International Classifications Network Meeting, Tokyo, October 2005.
- Sykes C 2006. International Classification of Functioning, Disability and Health: what is it and why would you use it? Presentation to the MS Society Annual Conference, Sydney, March 2006.
- Tracy S 2005. Invited speaker: The safety of small units. Presented at the Women's Hospitals Australasia, Christchurch, 9–11 June 2005.
- Tracy SK 2005. Invited speaker: Intervention in maternity. Annual General Meeting of the Australia College of Midwives, Melbourne, 12 November 2005.
- Tracy SK 2005. Keynote address at NSW Aboriginal maternal and infant strategy (AMIHS) conference, Sydney, 15 November 2005.
- Tracy SK 2005. The safety of small maternity units. Presented at the 27th International Confederation of Midwives Congress, Brisbane, 24–28 July 2005.
- Tracy SK 2006. Associating obstetric interventions in labour with cascade of interventions at birth. Presented at the XXth European Congress of Perinatal and Neonatal Medicine, Prague, 24–27 May 2006.
- Tracy SK 2006. Invited speaker: Associating interventions in labour with operative birth outcomes in Australia. International Study Day, 5 June. Hanover Medical School, Midwifery Research Unit at the Department of Obstetrics, Gynaecology and Reproductive Medicine and the Institute of Biostatistics, Hanover, Germany, 2006.
- Tracy SK 2006. Invited speaker: The safety of rural maternity services. AGM of the Association of Australian Rural Nurses, Canberra, 31 March 2006.
- Valenti L, Britt H 2005. After-hours encounters in Australian general practice: January 2003–December 2004. Presented at the 48th Annual Scientific Convention of the Royal Australian College of General Practitioners, Darwin, September 2005.

Valenti L, Britt H, Conigrave K, Proude E 2005. Comparing general practice encounters: heavy vs non-heavy adult drinkers Poster presented at the 2005 General Practice and Primary Health Care Research Conference, Adelaide, July 2005.

Wang H, Wilson D 2005. Housing assistance for families with young children. Presented at the National Housing Conference, Perth, 27–28 October 2005.

Wen X , Tallis K 2006. ICF and international surveys: some reflections. Presentation at the Australian forum 'Improving Information on Disability and Functioning: a forum for people who need, use or develop information,' Sydney, February 2006.

Xuan W, Correll P, Ampon R, Williamson M, Marks G 2006. Time trends in hospitalisations and deaths due to COPD and asthma among persons aged 55 and over, 1997–2003. Poster presented at the 2006 Annual Scientific Meeting of the Thoracic Society of Australia and New Zealand, Canberra, March 2006.



Appendix 11

Participation in national committees as an information specialist

The AIHW is a member, as an information specialist, of the committees below. Additional roles (Chair and/ or secretariat) are indicated in parentheses.

Advisory Committee on Australian and International Disability Data (replaces DDRAG) (secretariat)

Advisory Committee on Maternal Mortality and Morbidity

Australasian Association of Cancer Registries (secretariat)

Australian Screening Advisory Committee and its working groups

Commonwealth–State Housing Agreement National Housing Data Agreement Management Group (member and secretariat)

Commonwealth–State Housing Agreement National Housing Data Agreement National Housing Data Development Committee (chair, secretariat and member)

Commonwealth–State/Territory Disability Agreement National Minimum Data Set Network (secretariat and member)

Computer Assisted Telephone Interview Technical Reference Group

Demographic Statistics Advisory Group (ABS)

Health Data Standards Committee (Chair and secretariat)

Health Statistics Advisory Group (ABS)

Intergovernmental Committee on Drugs, Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group (secretariat)

Juvenile Justice Data Sub–Committee (secretariat and member)

Medical Indemnity Data Working Group (secretariat)

National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (secretariat)

National Arthritis and Musculoskeletal Conditions Advisory Group — data working group (secretariat)

National Birth Anomalies Steering Committee

National Bowel Screening Implementation Advisory Group

National Burden of Disease Advisory Committee

National Child Protection and Support Services Data Group (secretariat)

National Community Services Data Committee (secretariat and member)

National Community Services Information Management Group (Deputy Chair, secretariat and member)

National Diabetes Data Working Group (secretariat)

National Diabetes Strategies Group

National Health Information Group

National Health Performance Committee

National Heart, Stroke and Vascular Health Data Working Group (secretariat)

National Heart, Stroke and Vascular Health Strategies Group

National Indigenous Housing Information Implementation Committee (secretariat and member)

National Mental Health Working Group Information Strategy Committee (Chair of NMDS subcommittee)

National Perinatal Data Development Committee

National Prisoner Health Information Group (co-secretariat with SA)

National Prisoner Health Technical Expert Group

National Public Health Information Working Group (co-Chair and secretariat)

National Opioid Pharmacotherapy Statistics Annual Data Working Group (secretariat)

Population Health Taskforce on Performance

Safety Monitoring Committee for the NHMRC Guidelines for the Management of Asymptomatic Women with Screen Detected Cervical Anomalies

Standards Australia Health Informatics Committee (IT-014)

Statistical Information Management Committee (Deputy Chair and secretariat) (Working Groups of the Australian Screening Advisory Committee)

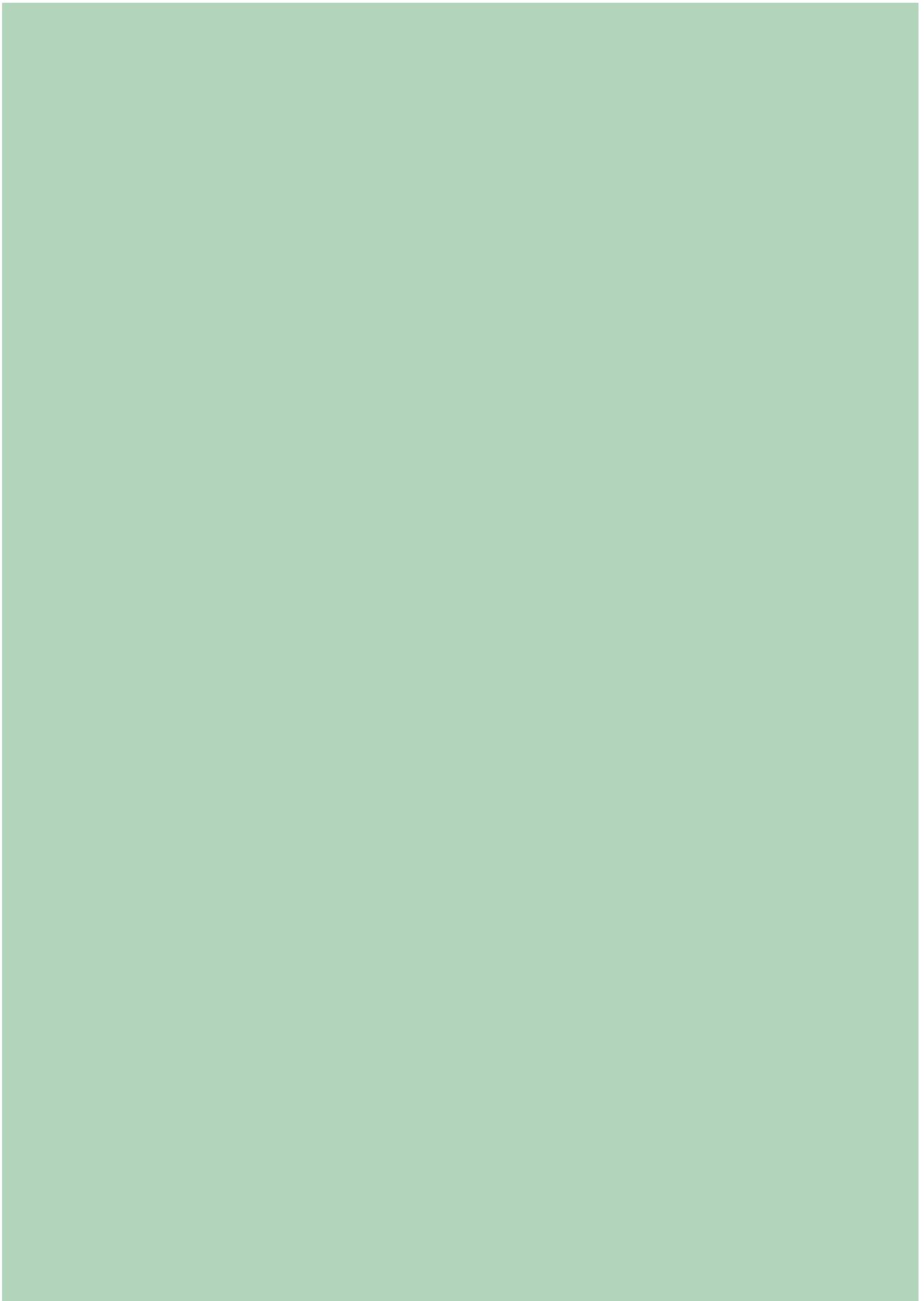
- Monitoring and Evaluation Working Group
- NHMRC Cervical Guidelines Working Group
- Policy Review and New Technologies Working Group

International

OECD Health Data Correspondence (Group)

OECD Health Care Quality Indicators (Project)

World Health Organization Family of International Classifications (WHO-FIC) Heads of Collaborating Centres





Appendix 12

AIHW Charter of Corporate Governance

INTRODUCTION

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

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

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

PURPOSE

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

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

AIHW'S MISSION AND VALUES

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

AIHW mission

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

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

Values

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

ROLES, POWERS AND RESPONSIBILITIES

1. Governing laws

Enabling legislation

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

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

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

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

Responsible Minister

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

2. Constitution

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

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

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

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

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

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

A member of staff of the AIHW is also a member of the Board. The member is appointed annually through a staff ballot. This position is independent of the official appointment process.

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

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

3. Conduct of Board members

Because the AIHW is a statutory authority, the conduct of members of the AIHW Board is prescribed by the CAC Act. Members are bound by the Conduct of Directors, specified in the Act. (See appendix.)

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

4. Roles of Board members

Key responsibilities of the AIHW are to:

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

Role of the Board

- Setting the AIHW's mission and values and its strategic goals and directions, including endorsement of the Institute's Corporate Plan and Business Plan.
- Maintaining the independence of the AIHW.
- Ensure that the AIHW complies with legislative and administrative requirements.
- Meet its statutory requirements including making recommendations to the Minister to appoint a Director of the AIHW.
- Oversee the financial viability of the AIHW.
- Endorse the Annual Report and the audited financial statements (as required by the CAC Act), at a Board meeting.
- Advocate and promote the contribution of information to improve health and welfare outcomes.
- Identify and manage the risks that might affect the AIHW.
- Monitor the performance of the organisation against its Corporate Plan and Business Plan.
- Secure feedback from stakeholders on the use of AIHW products.
- Set remuneration for, and assess performance of, the Director.
- Review its own performance, including whether it has the appropriate skills among members to fulfil its functions.

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

- Chair meetings of the Board and endorse associated processes.
- Play an extended role in managing formal relationship between the AIHW and the Minister.
- Manage significant issues between meetings of the Board.

- ♦ Manage the relationship of the Board with the Director of the AIHW.

Role of Director

- ♦ Provide leadership to the AIHW in policy and statistical issues across the scope of the AIHW's functions.
- ♦ Manage the affairs of the AIHW in accordance with the AIHW Act and the CAC Act.
- ♦ Establish and maintain appropriate working relationships with the portfolio Minister and other Ministers whose portfolios include activities within the scope of the Institute.
- ♦ Establish and maintain appropriate working relationships with the portfolio department, other relevant Commonwealth, state and territory agencies, and associated Commonwealth–State forums.
- ♦ Liaise as required with non-government bodies associated with the functions of the AIHW.
- ♦ Ensure the AIHW provides, either directly or through collaboration with others, high-quality, timely information across the health and welfare sectors, and arrange the necessary financial resources to enable this.
- ♦ Ensure that the Board is properly advised on all matters.
- ♦ Ensure the security of data provided to the AIHW, and protect confidentiality and privacy in accordance with legislative and ethical standards.
- ♦ Develop the Corporate Plan and the Business Plan.
- ♦ Maintain a strong financial position of the AIHW.
- ♦ Attract and retain the committed, skilled staff needed to carry out the AIHW's functions.

Role of staff-elected Board member

- ♦ Is a member of the Board.
- ♦ Is a full member, with the same responsibilities as other members.

Role of other members

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

Role of Secretary

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

5. Relationships

With management

Management representatives are invited to attend Board meetings to provide information, but have no formal responsibilities.

With stakeholders

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

With staff

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

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

6. Delegation of powers and actions

The Board delegates powers for the day-to-day operations of the AIHW to the Director (Section 27).

7. Board processes

Meetings

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

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

Agenda and papers

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

The Secretary of the Board sets a standard format for papers. Papers are developed by the Director in consultation with AIHW Group Heads.

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

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

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

Confidentiality

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

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

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

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

Minutes

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

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

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

Conflicts of interests

The CAC Act requires Board members to disclose their interests relevant to AIHW's functions, and not participate in decisions where a conflict is declared. Members who consider that they may have an interest in the matter shall:

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

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

Conflict of roles

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

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

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

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

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

Decisions taken

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

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

Quorum

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

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

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

Remuneration and travel

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

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

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

Ensuring continuous improvement

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

Induction

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

Professional development

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

Indemnity of members

The AIHW provides appropriate indemnity for Board members.

Complaints and dispute resolution

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

8. Board committees

Ethics Committee

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

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

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

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

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

Audit and Finance Committee

The Audit and Finance Committee is established to:

- ensure the Internal Auditor fulfils the responsibilities required
- approve the strategic, financial and data internal audit plans and annual audit work programs

- consider issues arising from audit reports and monitor and evaluate management's response and action on those reports and recommendations
- review the AIHW's financial position and review quarterly financial reports in a form specified by the Committee
- ensure the timely tabling of the Annual Report before the Board
- report to the Board on any matters arising from either the internal audit or the external audit functions that it is considered necessary that the Board be informed about
- carry out, or cause to be carried out, any investigation of any matter referred to it by the Board
- meet with the external auditor annually
- advise the Board on delegations and performance
- oversee the risk management strategy and advise the Board accordingly.

Membership comprises the Board Chair and three non-executive members of the Board, one of whom is appointed as Chair of this Committee. Members are appointed for a term fixed by the Board, but for a period of not more than 3 years.

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

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

Remuneration Committee

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

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

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



Appendix 13

Abbreviations

ABS	Australian Bureau of Statistics
ACAM	Australian Centre for Asthma Monitoring
ACFADD	Advisory Committee on Functioning and Disability Data
ADPS	Adult Dental Programs Survey
AGPSCC	Australian General Practice Statistics and Classification Centre
AHCAS	Australian Healthcare Agreements
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AIHW Act	<i>Australian Institute of Health and Welfare Act 1987</i>
ANIHI	Agreement on National Indigenous Housing Information
ANZARD	Australia and New Zealand Assisted Reproduction Technology Database
APS	Australian Public Service
ARCPOH	Australian Research Centre for Population Oral Health
ATC/DDD	Anatomical, Therapeutic, Chemical Classification System with Defined Daily Doses
BEACH	Bettering the Evaluation and Care of Health
CAC Act	<i>Commonwealth Authorities and Companies Act 1997</i>
CATI–TRG	Computer-Assisted Telephone Interviewing Health Surveys Technical Reference Group
COAG	Council of Australian Governments
CSHA	Commonwealth–State Housing Agreement
CSMAC	Community Services Ministers' Advisory Council
CSTDA	Commonwealth–State/Territory Disability Agreement
DoHA	Department of Health and Ageing
DSRU	Dental Statistics and Research Unit
DVA	Department of Veterans' Affairs

FaCSIA	Department of Families, Community Services and Indigenous Affairs
GRIM	General Record of Incidence of Mortality
HDSC	Health Data Standards Committee
HMAC	Housing Ministers' Advisory Council
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
ICF	International Classification of Functioning, Disability and Health
ISO	International Organization for Standardization
L&D	Learning and Development
NAGATSIHID	National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
NCCH	National Centre for Classification in Health
NCHECR	National Centre in HIV/AIDS Epidemiology and Clinical Research
NCPASS	National Child Protection and Support Services
NCSDC	National Community Services Data Committee
NCSIA	National Community Services Information Agreement
NCSIMG	National Community Services Information Management Group
NDN	National Data Network
NEHTA	National E-Health Transition Authority
NHDA	National Housing Data Agreement
NHDAMG	National Housing Data Agreement Management Group
NHDDC	National Housing Data Development Committee
NHIA	National Health Information Agreement

NHIG	National Health Information Group
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NIHIIC	National Indigenous Housing Information Implementation Committee
NISU	National Injury Surveillance Unit
NMDS	national minimum data set
NPHIWG	National Public Health Information Working Group
NPSU	National Perinatal Statistics Unit
OECD	Organisation for Economic Co-operation and Development
OH&S	occupational health and safety
SAAP	Supported Accommodation Assistance Program
SIMC	Statistical Information Management Committee
SIW	Structural Issues in the Workplace
WHO–FIC	World Health Organization Collaborating Centre for the Family of International Classifications

Index

A

abbreviations, 194–6
Aboriginal and Torres Strait Islander Health Performance Framework, 38
Aboriginal Australians, *see* Indigenous Australians
abortion, induced, 52
ABS, 24, 34, 38, 41, 44, 56
abstracts, 161–2
access for people with disabilities, 13
accommodation, *see* housing sector
Acumen Alliance, 10
Admitted Patient Care NMDS, 34, 35
adoptions, 56
 intercountry, 37
Adult Dental Programs Survey, 47
advice and expertise, 38–9
Advisory Committee on Australian and International Disability, 27
Advisory Committee on Functioning and Disability Data, 27, 28
affordability of child care services, 56
Aged Care Innovative Pool, 54
ageing and aged care, 48, 54–5, 56, 57
Agreement on National Indigenous Housing Information, 29
agreements, 10, 29
 national data infrastructure activities, 24–30, 40
 with staff, 14, 15
Anatomical, Therapeutic, Chemical Classification System with Defined Daily Doses (ATC/DDD), 31
Annual Report 2004–05, 21
appropriation funding, 10
arthritis, 44–5
articles, 162–8
 Thorax, 45
Assisted reproduction technology in Australia and New Zealand, 52

asthma, 45
 among children and young people, 55
Audit and Finance Committee, 6–7, 142
audits, 39
 internal, 10, 12–13
Australasian Juvenile Justice Administrators, 28, 57
Australia and New Zealand Reproduction Technology Review committee, 52
Australian Bureau of Statistics (ABS), 24, 34, 38, 41, 44, 56
Australian Capital Territory, 47
Australian Centre for Asthma Monitoring, 45
Australian Dental Journal, 47
Australian Family of Health and Related Classifications, 31
Australian Forum on Improving Functioning and Disability Data, 37
Australian General Practice Statistics and Classification Centre, 48
Australian Government Housing Data Set, 59
Australian Health Care Agreements, 40
Australian Health Ministers' Advisory Council, 38
Australian Healthcare Association, 41
Australian healthy eating index, 46
Australian hospital statistics 2003–04, 40, 50
Australian Hospital Statistics Advisory Committee, 41
Australian incontinence data analysis and development, 48, 57
Australian Institute of Health and Welfare Act 1987, 3, 38, 104–29
 requirement to submit health and welfare reports, 20–1
Australian Institute of Health and Welfare Ethics Committee Regulations 1989, 133–5
Australian Institute of Health and Welfare Regulations, 132
Australian Medical Workforce Advisory Committee, 49

- Australian National Audit Office, 39
 Australian National University, The, 54
 Australian Private Health Insurance
 Administration Council, 41
 Australian Private Hospitals Association, 41
 Australian Public Service (APS) values, xiv, 15
Australia's health, x, 20
Australia's mothers and babies, 52
Australia's welfare, x, 20, 57
 awards and recognition, 15
- B**
- babies, 52
 behavioural risk factors, 46
 Bettering the Evaluation and Care of Health
 (BEACH) program, 48
 Blueprint for Nation-wide Surveillance of
 Chronic Diseases and Associated
 Determinants, 46
 Board, 3–5
 bowel cancer screening program, 34, 45
BreastScreen Australian monitoring report
 2002–2003, 45
 Building Ageing Research Colloquium, 54
 building modifications, 13
 business, 10–13
 business plan, 10
- C**
- Canada, 37
 cancer, 11–12, 38, 39, 45–6
 among children and young people, 55
 screening programs, 34
 Vietnam veterans, 53
Cancer incidence projects for Australia 2002–2011, 11–12, 45
 cardiovascular disease, 48
 carers, foster, 36
 Census of Child Care Services, 56
 Centre for Classification in Health, 34
 Centre for Health Research in Criminal
 Justice, 34
 Cerebral Palsy Australia, 58
- Certificates of Recognition, 15
 Certified Agreement, 14, 16
 cervical screening programs, 34, 45
 Chair, report by, ix
 Charter of Corporate Governance, 5, 182–92
 child care services, affordability of, 56
 Child Dental Health Survey, 46
 Child Health and Wellbeing Headline
 Indicators, 38
 Child Oral Health Survey, 47
Child Protection Australia 2004–05, 55–6
 children, 38, 55–6
 adoptions, 37, 56
 dental health, 46–7
 nutritional profiles, 46
 perinatal statistics, 52
 protection and support services, 27, 28,
 55–6; draft NMDS, 35–6
 Children's Services Data Working Group, 27
 Children's Services NMDS, 35–6
 chronic diseases, 46
 among children and young people, 55
 classifications and terminologies, 30–7
 Clinical Casemix Committee of Australia, 41
 collaborating units, 10, 138
 Collection and Production Output Group,
 41–60
 college website links, 11
 Commonwealth–State Housing Agreement,
 29, 40
 data reports published, 58
 follow-up audit, 39
 National Performance Indicator
 Framework, 33
 Commonwealth–State/Territory Disability
 Agreement, 13, 57
 communication strategies, 10–12
 National Community Services Data
 Committee, 28
 see also publications
Community Aged Care Packages in Australia
 2004–2005, 54
 community housing, 30, 58, 59
 community mental health, 34
 community relevance, 11–12
 Community Services Ministers' Advisory
 Council (CSMAC), 36, 38, 49

community services sector, 26–8, 38
 data dictionary, 32, 33
 expenditure, 49–50
 metadata, 33
 national minimum data sets, 35–6
 publications, 54–8; *Australia's welfare*, x, 20, 57
 workforce, 49
computer-assisted telephone interviewing
 surveys, 26, 34
conferences, seminars and workshops, 37, 58
 for staff, 10, 14
 staff presentations at, 11, 168–76
confidentiality, 15, 38–9
Congenital anomalies in Australia, 52
consultative arrangements, 144
corporate governance, 3–7, 140–2, 182–92
corporate plan, 10
Council of Australian Governments (COAG), 30–1, 35, 49
Crisis Accommodation Program, 58
culturally and linguistically diverse Australians,
 diabetes in, 48

D

Dapsone, 53
data audit, 13
data development, 11, 22–60
 interactive 'data cubes', 12
data dictionaries, 32–3
Data linkage protocols using a statistical linkage key, 56
Data starter, 58
death statistics, 53
 children and young people, from chronic diseases, 55
 National Death Index, 38, 46
Demand for SAAP accommodation by homeless people 2004–04, 11, 59
Demand for SAAP assistance by homeless people 2003–04, 59
dementia, 35, 54, 55

Dementia Collaborative Research Centre, 54
dental statistics and health, 46–7
Department of Families, Community Services and Indigenous Affairs (FaCSIA), 36, 56, 58, 59
Department of Health and Ageing, 24, 34, 40, 41, 45
 agreements with, 10
 Community Care Review, 36
 funding provided by, 35
 'Health investment' outcome, 19
Department of Veterans' Affairs, 24, 41, 53, 56
Deputy Director, xii, 8
diabetes, 47–8
 among children and young people, 55
diet and nutrition, 12, 46
Director, ix, 3
 overview by, x–xii
disabilities, access for people with, 13
disability and functioning, 27, 28, 57–8
 aged care, 54
 classifications and terminologies, 31–2;
 international, 37
 Disability Agreement audit, 13
discussion papers, 46, 53
doctors, 48, 49
documents, 144–5
 see also publications
drug use statistics, 12, 35, 39, 52

E

education sector, 11
Elective Surgery Waiting Times NMDS, 35
emergency evacuation procedures, 14
establishment, 3
ethical standards, 15
Ethics Committee, 5–6, 38, 142
executive staff, 8
expenditure on health and welfare, 40, 45, 48, 49–50
expertise and advice, 38–9

F

- families, 56
 - see also* children
- Family of International Classifications, 37
- Female SAAP clients and children escaping domestic and family violence 2003–04*, 60
- Female Vietnam Veteran and Civilian Health Register, 53
- finance, 6–7, 10, 62–102
 - Department of Health and Ageing funding, 35
- financial data, 35, 40, 49–50
 - asthma, 45
 - housing assistance, 30, 59
 - residential aged care sector, 48
- financial statements, 62–102
- fire fighting procedures, 14
- first aid, 14
- fluoridation of water, 47
- food and nutrition, 12, 46
- forums, *see* conferences, seminars and workshops
- foster carers, 36
- freedom of information, 144–5
- full-time equivalent staff, 13
- functioning, *see* disability and functioning
- Functioning and Related Health Outcomes Module, 32, 37
- functions, 3, 5–8

G

- gambling, problem, 36
- general practice statistics and classification, 45
- General Record of Incidence of Mortality (GRIM), 53
- governance, 3–7, 140–2, 182–92
 - national information infrastructure, 24–30
- graduate recruitment, 13
- grievance procedures, 16
- Group Heads, 8

H

- Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption, 37
- Hansard citations, 12
- health and safety, occupational, 14, 16
- The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*, 44
- Health care expenditure and the burden of disease in Australia*, 45
- Health Data Standards Committee (HDSC), 25, 26, 34, 35
- Health Expenditure Advisory Committee, 50
- Health Expenditure Australia*, 40, 49
- Health inequalities in Australia*, 53
- health labour force, *see* labour force
- health sector, 24–6, 38, 40
 - classifications and terminologies, 31–2
 - medical indemnity claims, 58
 - national minimum data sets (NMDSs), 34–5
 - publications, 44–53; *Australia's health*, x, 20
- healthy eating index, 46
- help desks, 12, 33
- history, 3
- home purchase assistance, 58
- Homeless people in SAAP*, 59
- homelessness, 11, 36, 59–60
- hospitals, 34, 35, 40
 - advisory committee, 41
 - children in, 55
- Housing Ministers' Advisory Council, 40
- housing sector, xi, 29–30, 40
 - data dictionary, 32–3
 - national minimum data sets, 36
 - publications, 58–60
- How we manage stroke in Australia*, 48

I

- Illicit Drug Diversion Initiative for Needle and Syringe Programs, 35
- immigrants, diabetes in, 48
- Improving information on disability and functioning forum*, 58
- Improving the quality of Indigenous identification in hospital separations data*, 50
- Incidence of Type 1 diabetes in Australians under 40 years*, 48
- incidents under s.68 of OH&S Act, 14
- incontinence data analysis and development, 48, 57
- indemnities for officers, 5
- Indigenous Australians, 25, 26, 31, 38
- cardiovascular health, 48
 - disability rates, 57
 - health expenditures for, 49
 - in hospital, 35, 50
 - housing, xi, 30, 44, 58–9
 - injury morbidity, 50
 - jurisdictional reports summary, 44
 - prisoners, 34
- Indigenous housing needs 2005*, xi
- Indigenous people health status, 37
- induced abortion, 52
- information and communication strategies, 10–12
- information security strategy, 12
- injury information and statistics, 50
- institutional care services, 48, 54, 56
- insurance premiums for officers, 5
- intercountry adoptions, 37
- internal audit program, 10, 12–13
- International Classification of Function, Disability and Health (ICF), 31–2, 37
- International Organization for Standardization, 37
- international standards and classifications, 31–2, 37
- metadata, 33
- internet, 10–11, 12, 43
- METeOR, 33
 - NHPA website, 51
 - web-based chronic diseases indicators database, 46
- IT Help Desk, 12

J

- Joint Committee on the Australian Crime Commission, 39
- journal articles, 162–8
- Thorax*, 45
- Juvenile Justice Data Subcommittee, 27, 28
- Juvenile justice in Australia 2000–01 to 2003–04*, 56–7

L

- labour force, 12, 34, 48–9
- dental, 47
- launches of publications, 21
- learning and development, 14
- legislation, 3, 13, 104–35
- confidentiality regime, 38
 - occupational health and safety, 14
 - requirement to submit health and welfare reports, 20–1
- linguistically and culturally diverse Australians, diabetes in, 48
- linked data sets, 39
- Longitudinal Study of Dentists' Practice Activity 2003–04, 34

M

- media coverage, 11–12, 56
- media releases, 11
- medical indemnity claims, 58
- Medical Indemnity Data Working Group, 25
- Medical labour force 2003*, 12, 49
- medical practitioners, 48, 49
- Medicare Australia, 24
- meetings, 5–7, 140–2
- Australian Hospital Statistics Advisory Committee, 41
 - OH&S Committee, 14
- members, 3–7, 140–2
- Australian Hospital Statistics Advisory Committee, 41
- Members of Parliament, 12
- Memorandum of Understanding, 10

- mental health services, 51
 national minimum data sets, 34, 40
- metadata, 11, 32, 33
- METeOR, 33
- midwifery labour force, 49
- migrants, diabetes in, 48
- minimum data sets, 34–6, 40, 50, 56–7
- Minister, 3
 services to, 21
- Ministers, satisfaction of, 21
- mission statement, xiii
- Mortality over the twentieth century in Australia*, 53
- musculoskeletal conditions, 44–5
- N**
- National Aboriginal and Torres Strait Islander Safety Promotion Strategy, 50
- National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NPHIWG), 25, 26, 46
- National Bowel Cancer Screen Program, 34, 45
- National Cancer Statistics Clearing House, 38
- National Centre for Classification in Health, 41
- National Centre for Monitoring Arthritis and Musculoskeletal Conditions, 45
- National Centre for Monitoring Cardiovascular Disease, 48
- National Cervical Screening program, 34
- National Child Protection and Support Services, 27, 28, 35–6
- national committees, participation in, 39, 178–9
- National Community Services Data Committee, 27, 28
- National community services data dictionary*, 32
- National Community Services Information Agreement, 26–7
- National Community Services Information Management Group (NCCIMG), 27–8, 36
- National Community Services Information Strategic Plan (2005–2009), 27–8
- National Computer-Assisted Telephone Health Surveys Technical Reference Group, 26
- national data dictionaries, 32–3
- national data infrastructure, 24–30, 33
- National Death Index, 38, 46
- National Dementia Data Analysis and Development Reference Group, 54
- National Dental Labour Force Data Collection, 47
- National Dental Telephone Interview Survey, 47
- National Diabetes Register, 48
- National Drug Strategy Household Survey series, 52
- National Falls Prevention for Older People Plan: 2004 Onwards, 50
- National health data dictionary*, 32, 33
- National Health Information Agreement, 24–5
 data pooling trial, 46
- National Health Information Group (NHIG), 24, 25, 31
- National Health Performance Committee, 38
- national health priority areas, 51
- National Hospital Morbidity Database, 35
- National housing assistance data dictionary*, 32–3
- National Housing Data Agreement, 29
- National Housing Data Agreement Management Group (NHDAMG), 29, 30
- National Housing Data Development Committee (NHDDC), 29, 30
- National Housing Data Repository, 59
- National Indigenous Housing Information Implementation Committee (NIHIC), 29, 30
- national information agreement activities, 24–30
- National Injury Prevention and Safety Promotion Plan, 50
- National Injury Surveillance Unit, 50
- National Leadership Output Group, 22–40
- national minimum data sets, 34–6, 40, 50, 56–7
- National Palliative Care Strategy, 51

National Perinatal Data Development Committee, 52
National Perinatal Statistics Unit, 52
National Plan for Foster Children, Young People and Their Carers, 36
National public health expenditure report 2001–02 to 2003–04, 40
National Public Health Information Working Group, 25, 26
National Reporting Framework for Indigenous Housing, 30
national reporting processes, 40
National Social Housing Surveys, 44, 59
national standards, 30–6
National summary of the 2003 and 2004 jurisdictional reports against the Aboriginal and Torres Strait Islander Health Performance Indicators, 44
National Survey of Adult Oral Health, 47
needle and syringe programs, 48
New South Wales, 47
New Zealand, 37
Northern Territory, 47
nurse practitioners, 34, 49
Nutrient Reference Values for Australia and New Zealand, 46
nutrition, 12, 46

O

Obesity and workplace absenteeism among older Australians, 54
occupational health and safety (OH&S), 14, 16
occupational therapists, 14
Office for an Ageing Australia, 54
older Australians, 48, 54–5, 56
Older Australians at a glance, 54
online story coverage, 12
operating result, 10
oral health, 46–7
organisation and structure, xii, 3–10
Organisation for Economic Cooperation and Development (OECD), 50, 53
osteoarthritis, 45
osteoporosis, 45

outcome and outputs, 19–60
outsourced services, 12

P

palliative care, 51–2
parliamentarians, 12
 satisfaction, 21
parliamentary inquiries, 39
participation in national committees, 39, 178–9
payroll system, 12
people, *see staff*
performance report, 19–60
perinatal statistics, 52
personal and professional development, 14
planning, 10
population health, *see public health*
Population Health Unit, 46
Portfolio Budget Statement, 19
portfolio contributions, 19
portfolio membership, 3
powers, 144
press coverage, 11–12
Prisoner Health Information Group, 53
prisoners, 34, 53
privacy, 12, 38–9
private rent assistance, 58–9
problem gambling, 36
Productivity Commission, 49
professional development, 14
Public Health Information Development Unit, 10
Public Health Outcomes Funding Agreements, 40
public health (population health), 25, 26, 46, 52–3
 expenditure on, 40
 national minimum data sets, 34
Public Hospital Establishments NMDS, 35
public rental housing, 58, 59
publications, x–xi, 11–12, 20–1, 41–60, 154–76
 supporting national reporting processes, 40
purchasing, 12

Q

- quality of data, 30–6
- quality performance measures, 21, 22–3, 42–3
- Queensland, 47
- Queensland University of Technology, 53

R

- Radiation Oncology Reform Implementation Committee, 45
- radio coverage, 11–12
- Recent developments in the collection of Aboriginal and Torres Strait Islander health and welfare statistics 2005*, 44
- recruitment of staff, 13
- regional health, 53
- relevance to community, 11–12
- remote health, 53
- Remuneration Committee, 7, 142
- rent assistance, 58–9
- Report on government services*, 39
- reporting processes and requirements, 20–1, 40
- reports, *see* publications
- residential aged care, 48, 54, 56
- Residential aged care in Australia 2004–05*, 54
- responsible Minister, 3
- Retirement Villages Care Packages, 54
- revenue, 10
- rheumatoid arthritis, 45
- risk factors, behavioural, 46
- risk management strategies, 12–13
- role and functions, 3, 5–8
- rural health, 53

S

- SAAP, 11, 36, 59–60
- safety, 14
 - injury information and statistics, 50
 - satisfaction, 21, 42
 - security of information, 12
- Selected chronic diseases among Australia's children*, 55

seminars, *see* conferences, seminars and workshops

- Senate inquiries, 39
- SMART, 60
- SNOMED-CT terminology, 32
- Social Club, 15
- South Australia, 47, 49
- Specific Services Output Group, 20–1
- staff, 13–16, 148–52
 - communication activities, 11, 161–76
 - executive, 8
 - indemnities and insurance premiums for, 5
 - see also* labour force
- standards, 30–6
- Standards Australian IT-014 (Health Informatics) Committee, 26, 37
- state and territory health authorities, 24, 34, 41, 49–50
- state and territory public dental services, 47
- State of our public hospitals report, June 2005*, 40
- Statistical Information Management Committee (SMIC), 24–5, 50
- statistics, 22–40
- Statistics on drug use in Australia 2004*, 12
- Steering Committee for the Review of Commonwealth–State Service Provision, 39
- stroke management, 48
- structure and organisation, xii, 3–10
- submissions to inquiries, 39
- Supported Accommodation and Assistance Program, 11, 36, 59–60

T

- Tasmania, 47
- television coverage, 11–12
- terminologies and classifications, 30–7
- Third Vietnam Veterans Mortality Study, 53
- Thorax*, 45
- timeliness, 42–3
- Torres Strait Islanders, *see* Indigenous Australians
- Towards a National Prisoner Health Information System, 53
- Towards national indicators for food and nutrition: an AIHW view*, 12, 46

training, 14
in METeOR, 33
Transitions between aged care services, 56
Trends in the affordability of child care services 1991–2004, 56

U

Undertaking of Confidentiality, 15
Unit Heads, 150–2
United Nations Statistical Commission, 37
United States, 37
University of Adelaide, 10, 46
University of New South Wales, 52, 54
university website links, 11
Use of routinely collected national data sets for reporting on induced abortion in Australia, 52

V

values, xiii–xiv, 15
veterans, 48, 53
 aged care, 54, 56
Victoria, 47
Vietnam Veterans Mortality Study, 53

W

Washington Group, 37
water fluoridation, 47
web services, *see* internet
welfare, *see* community services sector
Welfare expenditure Australia 2002–03, 40
welfare of staff, 16
Western Australia, 47
Western Australian Department of Health, 56
work program, xi
workforce, *see* labour force; staff
workplace, 14, 15–16
workshops, *see* conferences, seminars and workshops
World Health Organization (WHO), 37, 50

Y

young people, 55
 juvenile justice, 27, 28, 56–7

