

# National Healthcare Agreement: P26-Dental services (National Dental Telephone Interview Survey), 2010 QS

## Identifying and definitional attributes

<b>Metadata item type:</b>	Quality Statement
<b>METEOR identifier:</b>	392719
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 04/12/2012</li></ul>

## Relational attributes

<b>Indicators linked to this Quality statement:</b>	<a href="#">National Healthcare Agreement: P26-Dental services, 2010 Health</a> , Superseded 08/06/2011
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## Data quality

<b>Quality statement summary:</b>	<ul style="list-style-type: none"><li>• The National Dental Telephone Interview Survey (NDTIS) is the most comprehensive source of population data on dental health and use of dental services in Australia.</li><li>• Children aged 0-4 years were not surveyed and hence were excluded from service usage rates.</li><li>• Edentulous persons were excluded from service usage rates.</li><li>• As with all survey data, the indicator is subject to sampling error and non-response bias. To indicate the magnitude of sampling error, relative standard errors (RSEs) have been provided for rate estimates.</li></ul>
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<b>Institutional environment:</b>	<p>This indicator was calculated by the Dental Statistics Research Unit (DSRU), a collaborating unit of the Australian Institute of Health and Welfare (AIHW). The DRSU is located in the Australian Research Centre for Population Oral Health (ARCPOH) at the University of Adelaide. ARCPOH is Australia's pre-eminent population oral health research body, undertaking dental research and providing a broad range of dental and oral health statistics for Australia.</p>
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The AIHW is Australia's national agency for health and welfare statistics and information. The role of the AIHW is to provide information on Australia's health and welfare, through statistics and data development that inform discussion and decisions on policy and services.

The AIHW works closely with all state, territory and Australian Government health authorities in collecting, analysing and disseminating data. However, the AIHW is an independent statutory authority within the Health and Ageing portfolio, which is accountable to the Parliament of Australia through the Minister. For further information see the AIHW website.

<b>Timeliness:</b>	The reference period for data collection is March to September 2008.
<b>Accessibility:</b>	<p>The DRSU produces a number of statistical reports based on the NDTIS, available free of charge from its website: <a href="http://www.arcpoh.adelaide.edu.au/publications/report/statistics/">http://www.arcpoh.adelaide.edu.au/publications/report/statistics/</a></p> <p>Customised tables are available on request (on a fee for service basis).</p>
<b>Interpretability:</b>	Supporting information on the NDTIS 2008 will be publicly available on the ARCPOH website.

**Relevance:** The NDTIS is a random sample survey that collects information on the dental health and use of dental services of Australians in all states and territories. The scope of the survey includes both public and private dental services, and emergency as well as general visits (that is, check ups and consultations for problems not classified as emergencies).

The indicator is limited to dentate people (that is, people with at least one remaining natural tooth) aged five years or over, whose telephone number was listed in the electronic White Pages. Participation in the survey is voluntary. In 2008, the response rate was 59%.

The indicator does not provide information about oral health services provided to edentulous persons. As NDTIS does not specifically identify dental services provided through hospitals or services provided for orthodontic reasons it was not possible to exclude these services from usage rates.

**Accuracy:** The indicator provides a non-duplicative count of the number of people who received a dental service over a 12 month period. Information about the reason for visit and the type of provider relates to the most recent service received. As some people may have received more than one dental service over the period, the total rates for each separate type of service may be an underestimate.

Rates were age-standardised to the Australian population to enable comparison between jurisdictions and population groups. Estimated numbers of people receiving dental services were calculated by multiplying service usage rates by the Estimated Resident Population aged 5 years or over. However, variability in the percentage of dentate persons between jurisdictions or population groups, particularly at older ages, will affect comparability.

As with all survey data, the indicator is subject to sampling error and non-response bias. To indicate the magnitude of sampling error, relative standard errors (RSEs) have been provided for rate estimates. It is not possible to quantify the effect of non-response bias but survey data has been weighted to the age/sex distribution of the Australian population to limit the effect of this bias.

Cells have been suppressed to protect confidentiality (where the presentation could identify patient or a single service provider), where rates are highly volatile (that is, the denominator is very small), or data quality is known to be of insufficient quality (for example, where Indigenous identification rates are low).

**Coherence:** The NDTIS has been conducted regularly since 1994. The data items used to derive classifications are consistent over time.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

## Relational attributes

**Related metadata references:** See also [National Healthcare Agreement: P26-Dental services \(National Aboriginal and Torres Strait Islander Health Survey\), 2010 QS](#)

- [Health](#), Retired 12/03/2015

Has been superseded by [National Healthcare Agreement: PI 26-Dental services, 2012 QS](#)

- [Health](#), Retired 14/01/2015