

National Indigenous Reform Agreement: P08-Access to healthcare compared to need, 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	396239
Registration status:	Community Services (retired) , Superseded 04/04/2011

Data quality

Institutional environment:	These surveys are conducted under the <i>Census and Statistics Act 1905</i> . For information on the institutional environment of the Australian Bureau of Statistics (ABS), including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see the ABS Institutional Environment.
Timeliness:	<p>The National Aboriginal and Torres Strait Islander Survey (NATSIHS) is conducted every six years. The 2004-05 survey was conducted between August 2004 and July 2005. First results were released in April 2006.</p> <p>The National Health Survey (NHS) is conducted every three years and enumerated over a 12-month period to account for seasonal variability in its measures. The 2004-05 survey was conducted concurrently with the 2004-05 NATSIHS. First results were released in February 2006.</p>
Accessibility:	See also <i>National Aboriginal and Torres Strait Islander Health Survey, 2004-05</i> (4715.0) and <i>National Health Survey: Summary of Results, 2004-05</i> (4364.0). Specialised data tables and Confidentialised Unit Record Files (CURFs) are also available on request.
Interpretability:	<p>Data for this indicator have been age-standardised to account for differences between the age structures of the Indigenous and non-Indigenous populations. Direct age-standardisation to the 2001 total Australian population was used. Age-standardised results provide a measure of relative difference only between populations.</p> <p>Information on how to interpret and use the data appropriately is available from the <i>National Health Survey and National Aboriginal and Torres Strait Islander Health Survey 2004-05: Data Reference Package</i> (4363.0.55.002), <i>2004-05 NATSIHS Users' Guide</i> (4715.0.55.004) and <i>2004-05 NHS Users' Guide</i> (4363.0.55.001).</p>
Relevance:	<p>While Indigenous status is collected in the NHS, the survey sample and methodology are not designed to provide output that separately identifies Indigenous people. The NHS can, however, be used for providing non-Indigenous comparisons.</p> <p>The NATSIHS and the NHS are national surveys that collect information on health status, risk factors and health-related actions. The 2004-05 NHS did not collect information about unmet need for health services, thus non-Indigenous comparisons are not possible for this item. Access to services in these surveys relates to the two weeks prior to interview except for hospital admissions which relates to the period 12 months prior.</p>

Accuracy:

The NATSIHS is conducted in all states and territories and includes remote and non-remote areas. The 2004-05 sample was 10,000 persons/5200 households, with a response rate of 81 per cent of households. The NHS is conducted in all states and territories excluding very remote areas. This exclusion has a small impact only on national and state estimates, except for the Northern Territory, where such persons comprise over 20 per cent of the population. As a consequence of this exclusion, comparisons between Indigenous and non-Indigenous people in remote areas are not available. The 2004-05 NHS response rate was 91 per cent of households.

Both surveys are weighted to account for non-response.

Since it is derived from sample surveys, this indicator is subject to sampling error which occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated and is based on the statistical methods used to design surveys.

Overall, this indicator has an relative standard error (RSE) of less than 25 per cent for all states and territories except for Indigenous estimates of 'Dental consultancy' for Tasmania (29 per cent)—which should be used with caution—and 'Visited casualty, outpatients or emergency' for ACT (52 per cent)—which is too unreliable for general use. Finer levels of disaggregation (e.g. by the inclusion of other cross classifying variables) may result in higher levels of sampling error.

Coherence:

The 2004-05 NATSIHS and 2004-05 NHS had similar data content, shared common elements in the questionnaire, and were processed side by side. Data for this indicator are consistent with information presented in the *Aboriginal and Torres Strait Islander Health Performance Framework* (indicator 3.12).

Relational attributes**Indicators linked to this
Data Quality statement:**

[National Indigenous Reform Agreement: P08-Access to health care compared to need, 2010](#)

[Community Services \(retired\)](#), Superseded 04/04/2011