National Healthcare Agreement: P31-Proportion of people with asthma with a written asthma plan, 2010 QS

Exported from METEOR

(AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website’s material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at https://creativecommons.org/licenses/by/4.0/.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

# National Healthcare Agreement: P31-Proportion of people with asthma with a written asthma plan, 2010 QS

|  |
| --- |
| Identifying and definitional attributes |
| Metadata item type: | Data Quality Statement |
| METEOR identifier: | 407921 |
| Registration status: | [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Retired 12/03/2015 |

|  |
| --- |
| Data quality |
| Institutional environment: | The National Health Survey (NHS) and National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) are collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents. For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment. |
| Timeliness: | The NHS is conducted every three years over a 12 month period. Results from the 2007-08 NHS were released in May 2009.The NATSIHS is conducted every six years. Results from the 2004-05 survey were released in April 2006. |
| Accessibility: | See *National Health Survey, Summary of Results* (cat. no. 4364.0) for an overview of results from the NHS, and *National Health Survey: State tables* (cat. no. 4362.0) for State and Territory specific tables. See the *National Aboriginal and Torres Strait Islander Health Survey* (cat. no. 4715) for an overview of results from the NATSIHS. Other information from these surveys is also available on request. |
| Interpretability: | Information to aid interpretation of the data is available from the *National Health Survey User Guide*, and the *National Aboriginal and Torres Strait Islander Health Survey User Guide* on the ABS website.Many health-related issues are closely associated with age, therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population. |
| Relevance: | The NHS 2007-08 asked all respondents whether they had ever been told by a doctor or nurse that they have asthma, whether symptoms were present or they had taken treatment in the 12 months prior to interview, and whether they still had asthma. Those who answered yes to these questions were asked whether they had 'a written asthma action plan, that is, written instructions of what to do if your asthma is worse or out of control'. A very small number of respondents who were sequenced around these questions may have reported current long-term asthma in response to later general questions about medical conditions. These persons are included in and contribute to estimates of the prevalence of asthma, but information about written action plans was not collected from them.In the 2004-05 NATSIHS, non-remote respondents who answered yes to the questions about having asthma were asked about written asthma action plans.In both the 2004-05 NHS and NATSIHS, respondents were asked simply if they had 'a written asthma action plan'. If they queried the interviewer about what to include, they were told to include management plans developed in consultation with a doctor, cards associated with peak flow meters and medication cards distributed through chemists. In 2007, if respondents queried the interviewer, they were asked to include plans that were worked out in consultation with a doctor, but not cards associated with peak flow meters or medications cards handed out by chemists.Ideally this indicator would relate to the proportion of people with moderate to severe asthma, as people with only very mild asthma are unlikely to require planned care. Consequently, there is no clear direction of improvement in this indicator: a lower proportion of people with asthma with an asthma care plan may simply mean that those people with asthma have less severe asthma (which would actually be a positive outcome). |
| Accuracy: | The NHS is conducted in all states and territories, excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population. The 2007-08 NHS response rate was 91%. NHS data are weighted to account for nonresponse. The NATSIHS is conducted in all states and territories and includes remote and non-remote areas. The 2004–05 sample was 10,000 persons/5,200 households, with a response rate of 81% of households.As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error 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 as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25% and 50% should be used with caution. Estimates with RSEs greater than 50% are generally considered too unreliable for general use.This indicator has acceptable levels of sampling error at the state and territory level by Indigenous status. Remoteness and SEIFA breakdowns by state and territory are generally acceptable at the national level but most dissagregated data should be used with caution. RSEs greater than 50% exist for data on the higher quintiles of disadvantage for WA and NT and data is not considered reliable enough for general use. |
| Coherence: | Questions used in the 2007-08 NHS to collect data for this indicator are consistent with the questions recommended for use by the Australian Centre for Asthma Monitoring (ACAM). Changes to the NHS since 2004-05 to better align questions and concepts with the ACAM recommendations mean that data for this indicator is not comparable over time.The NHS and NATSIHS collect a range of other health-related information (for example, information on smoking) that can be analysed in conjunction with data on asthma and asthma plans. |
| Source and reference attributes |
| Submitting organisation: | Australian Bureau of Statistics |
| Relational attributes  |
| Indicators linked to this Data Quality statement: | [National Healthcare Agreement: P31-Proportion of people with asthma with a written asthma plan, 2010](https://meteor.aihw.gov.au/content/394978)       [Health](https://meteor.aihw.gov.au/RegistrationAuthority/12), Superseded 08/06/2011 |