National Healthcare Agreement: P60-Access to services by type of service compared to need, 2010 QS

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Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 407970

Registration status: Health, Retired 12/03/2015

Data quality

Institutional environment: The National Health Survey (NHS) and the 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 2004-05 NHS were released in February 2006.

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:

There is no direct measure available relating to access to services, so data for this indicator relates to use of services as reported by the respondent. The NHS and NATSIHS 2004-05 collected information about a selected range of health related actions persons had taken for their health in a given reference period. The actions of relevance to this indicator are:

- Admitted to hospital as an inpatient
- Visits to casualty, emergency, outpatient unit
- Visits to day clinics
- Doctor consultations (GP or specialists)
- Dental consultations
- Consultations with other health professional(s)
- The consultation with other health professional topic refers to visits to one or more of a list of nominated health professionals as follows:
- Aboriginal health worker
- Accredited counsellor
- Acupuncturist
- Alcohol and drug worker
- Audiologist/audiometrist
- Chiropractor
- Chemist (for advice only)
- Chiropodist/podiatrist
- Dietician/nutritionist
- Herbalist
- Hypnotherapist
- Naturopath
- Nurse
- Optician/optometrist
- Osteopath
- Occupational therapist
- Physiotherapist/hydrotherapist
- Psychologist
- Social worker/welfare officer
- Speech therapist/pathologist

Except for admissions to hospital, which uses a 12 month reference period, the reference period for these actions is the 2 weeks prior to interview. These reference periods were chosen as an acceptable compromise between enabling respondents to accurately recall and report actions taken in the period and ensuring sufficient observations were recorded in the survey to support reliable results. Self-assessed health status is used as a proxy for need, as the NHS has no direct measure of need. Persons are asked 'In general, would you say your health is excellent, very good, good, fair, or poor?' Self-assessed health status is a subjective data item. Perceptions may be influenced by any number of factors, which may be unrelated to actual health or which may reflect transient rather than usual feelings or circumstances.

While analysis has shown a correlation between self-assessed health status and health status indicated by more objective measures (such as recent and/or long term illness), the assumption that self-assessed health status is a valid proxy measure of need for services is currently untested. Persons may consider their health to be generally good, but still have a need for health services in the previous two weeks. Similarly, others might have no need for services but report that their health is poor.

Information for persons aged 15-17 may have had their information reported on their behalf, usually by a parent (though possibly with the child’s assistance). In 2004-05, 34.9% of 15-17 year olds responded on their own behalf, the remainder by a proxy. Data for these persons is therefore not conceptually 'self-assessed' health as it is for the other age groups, and responses may have been different if they had responded for themselves.

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.

Rates of people who have accessed health services by state/territory and type of service or Indigenous status have acceptable levels of sampling error for all states and territories except for NT, for which data should be used with caution. Some data for NT in these tables has RSEs greater than 50%. Data disaggregated by health status, remoteness and type of service used for all persons by state/territory also has acceptable levels of sampling error for all states and territories except for NT, and for remote data for all states, which should be used with caution. Data on casualty/outpatient/day clinic visits for remote respondents is considered too unreliable for general use.

Data disaggregated by health status, index of disadvantage and type of service used for all persons by state/territory has acceptable levels of sampling error for all states, but not for ACT and NT. Much of the data on casualty/outpatient/day clinic and dental visits for States should be used with caution. Most data for ACT and NT in this table is considered too unreliable for general use.

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. The NHS and NATSIHS collect a range of other health-related information that can be analysed in conjunction with data on use of services and selfassessed health status.

Questions used in the 2007-08 NHS on health-related actions, however, are not comparable with those asked in the 2004-05 NHS, as both the questions and the collection periods differ.

Source and reference attributes

Submitting organisation: Australian Bureau of Statistics

Relational attributes

Indicators linked to this Data Quality statement:

National Healthcare Agreement: P60-Access to services by type of service compared to need, 2010
Health, Superseded 08/06/2011