# National Healthcare Agreement: P11-Cervical cancer screening rates (National Aboriginal and Torres Strait Islander Health Survey), 2010 QS

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## Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	408733
Registration status:	Health, Retired 12/03/2015

## **Data quality**

Institutional environment:	This survey is 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 ABS Institutional Environment.
Timeliness:	The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) is conducted every six years. The 2004–05 survey was conducted between August 2004 and July 2005. Results were released in April 2006.
Accessibility:	See also National Aboriginal and Torres Strait Islander Health Survey, 2004–05 (4715.0). Specialised data tables and Confidentialised Unit Record Files (CURFs) are also available on request.
Interpretability:	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.
	Information on how to interpret and use the data appropriately is available from the National Health Survey and National Aboriginal and Torres Strait Islander Health Survey 2004–05: Data Reference Package (4363.0.55.002) and 2004–05 NATSIHS User's Guide (4715.0.55.004).
Relevance:	The NATSIHS is a national survey that collects information on health status, risk factors and health-related actions.
	In the NATSIHS, women were asked whether or not they had ever had a pap smear test and frequency if they had regular tests. This indicator was based on women who had regular tests at least every two years.
	Data on cervical screening in the NATSIHS is 'as reported' by respondents and may differ from results that would be obtained from medical records or health registers. Cervical screening data are collected in each state and territory and co- ordinated nationally, however these registers are unable to identify Indigenous women. Therefore a surveybased approach is the best alternative for obtaining data for Indigenous women.

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/5,200 households, with a response rate of about 81% of households.
	This survey is weighted to account for non-response.
	Since it is derived from a sample survey, 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.
	This indicator generally has acceptable levels of sampling error for total Australia and state/territory estimates. However , finer levels of disaggregation (e.g. by age group) may result in high levels of sampling error.
Coherence:	A range of issues should be considered when comparing survey data with administrative data such as cervical screening registers. These include possible differences in reference period, potential for bias due to people with certain characteristics being more or less likely to appear in the collections and differences in the way Indigenous status is collected and recorded.
Source and reference attributes	

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Submitting organisation: Australian Bureau of Statistics

#### **Relational attributes**

Related metadata references:	See also <u>National Healthcare Agreement: P11-Cervical screening rates (National</u> <u>Cervical Screening Program), 2010 QS</u> <u>Health</u> , Superseded 08/06/2011
	See also National Healthcare Agreement: P11-Cervical screening rates, 2010

Health, Superseded 08/06/2011