

National Healthcare Agreement: P26-Dental services (National Aboriginal and Torres Strait Islander Health Survey), 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: P26-Dental services (National Aboriginal and Torres Strait Islander Health Survey), 2010 QS

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	408737
Registration status:	Health , 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. 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 NHS and NATSIHS are national surveys that collect information on health status, risk factors and health-related actions.

In the NHS and the NATSIHS, respondents were asked when they last consulted a dentist or dental professional. This indicator was based on those who had reported visiting a dentist or dental professional in the previous 12 months.

Data on dental visits in the NHS and NATSIHS are 'as reported' by respondents and may differ from results that would be obtained from medical records or health registers.

Accuracy:

The NHS is conducted in all states and territories, excluding very remote areas. 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 non-response.

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. The 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 has low levels of sampling error by Indigenous status for national and state/Territory estimates.

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 dental visits. A range of issues should be considered when comparing survey data with administrative data such as medical records or health 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.

Relational attributes

Related metadata references:

See also [National Healthcare Agreement: P26-Dental services \(National Dental Telephone Interview Survey\), 2010 QS](#)
[Health](#), Superseded 04/12/2012

See also [National Healthcare Agreement: P26-Dental services, 2010](#)
[Health](#), Superseded 08/06/2011