

National Healthcare Agreement: PI 59-Age-standardised mortality by major cause of death, 2012 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	500078
Registration status:	Health , Superseded 14/01/2015

Data quality

Institutional environment:	<p>These collections are conducted under the <i>Census and Statistics Act 1905</i>. For 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, see ABS Institutional Environment.</p> <p>www.abs.gov.au/websitedbs/d3310114.nsf/4a256353001af3ed4b2562bb00121564/10ca14cb967e5b83ca2573ae00197b65!OpenDocument</p>
Timeliness:	<p>Causes of death data is published on an annual basis. Death records are provided electronically to the ABS by individual Registrars on a monthly basis for compilation into aggregate statistics on a quarterly and annual basis. One dimension of timeliness in death registrations data is the interval between the occurrence and registration of a death. As a result, a small number of deaths occurring in one year are not registered until the following year or later.</p> <p>Preliminary ERP data are compiled and published quarterly and is generally made available five to six months after the end of each reference quarter. Every year, the 30 June ERP is further disaggregated by sex and single year of age, and is made available five to six months after end of the reference quarter. Commencing with data for September quarter 2006, revised estimates are released annually and made available 21 months after the end of the reference period for the previous financial year, once more accurate births, deaths and net overseas migration data becomes available. In the case of births and deaths, the revised data are compiled on a date of occurrence basis. In the case of net overseas migration, final data are based on actual traveller behaviour. Final estimates are made available every 5 years after a census and revisions are made to the previous intercensal period. ERP data are not changed once it has been finalised. Releasing preliminary, revised and final ERP involves a balance between timeliness and accuracy.</p> <p>For further information on ABS Estimated Resident Population, see the relevant Data Quality Statement.</p>
Accessibility:	<p>Causes of death data are available in a variety of formats on the ABS website under the 3303.0 product family. ERP data are available in a variety of formats on the ABS website under the 3101.0 and 3201.0 product families. Further information on deaths and mortality may be available on request. The ABS observes strict confidentiality protocols as required by the <i>Census and Statistics Act 1905</i>. This may restrict access to data at a very detailed level.</p>
Interpretability:	<p>Data for all deaths in this indicator have been age-standardised, using the direct method, to 95 years +. Data for Indigenous deaths in this indicator have been age-standardised, using the direct method, to 75 years + 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>
Relevance:	<p>The ABS Causes of Death collection includes all deaths that occurred and were registered in Australia, including deaths of persons whose usual residence is overseas. Deaths of Australian residents that occurred outside Australia may be registered by individual Registrars, but are not included in ABS deaths or causes of death statistics.</p> <p>Data in the Causes of Death collection include demographic items, as well as causes of death information, which is coded according to the International Classification of Diseases (ICD). ICD is the international standard classification for epidemiological purposes and is designed to promote international comparability in the collection, processing, classification, and presentation of causes of death statistics. The classification is used to classify diseases and causes of disease or injury as recorded on many types of medical records as well as death records. The ICD has been revised periodically to incorporate changes in the medical field. The 10th revision of ICD (ICD-10) has been used by the ABS to code cause of death since 1997.</p> <p>For further information on the ABS Causes of Death collection, see the relevant Data Quality Statement.</p>

Accuracy:

Information on causes of death is obtained from a complete enumeration of deaths registered during a specified period and are not subject to sampling error. However, deaths data sources are subject to non-sampling error which can arise from inaccuracies in collecting, recording and processing the data.

Although it is considered likely that most deaths of Aboriginal and Torres Strait Islander (Indigenous) Australians are registered, a proportion of these deaths are not registered as Indigenous. Information about the deceased is supplied by a relative or other person acquainted with the deceased, or by an official of the institution where the death occurred and may differ from the self-identified Indigenous origin of the deceased. Forms are often not subject to the same best practice design principles as statistical questionnaires, and respondent and/or interviewer understanding is rarely tested. Over-precise analysis of Indigenous deaths and mortality should be avoided.

All coroner certified deaths registered after 1 January 2007 are subject to a revision process. Causes of death data for 2007 has been subject to two rounds of revision, while the 2008 causes of death data has been subject to the single round of revision, and the 2009 causes of death are preliminary and therefore have not been subject to the revisions process. This is a change from previous years where all ABS processing of causes of death data for a particular reference period was finalised approximately 13 months after the end of the reference period. Where insufficient information was available to code a cause of death (e.g. a coroner certified death was yet to be finalised by the Coroner), less specific ICD codes were assigned as required by the ICD coding rules. The revision process enables the use of additional information relating to coroner certified deaths as it becomes available over time. This results in increased specificity of the assigned ICD-10 codes. See *Technical Note: Causes of Death Revisions in Causes of Death, Australia, 2009* (Cat. no. 3303.0).

All ERP data sources are subject to non-sampling error. Non-sampling error can arise from inaccuracies in collecting, recording and processing the data. In the case of Census and Post Enumeration Survey (PES) data every effort is made to minimise reporting error by the careful design of questionnaires, intensive training and supervision of interviewers, and efficient data processing procedures. The ABS does not have control over any non-sampling error associated with births, deaths and migration data. For more information see the *Demography Working Paper 1998/2 - Quarterly birth and death estimates, 1998* (Cat. no. 3114.0) and *Australian Demographic Statistics* (Cat. no. 3101.0).

Non-Indigenous estimates are available for census years only. In the intervening years, Indigenous population figures are derived from assumptions about past and future levels of fertility, mortality and migration. In the absence of non-Indigenous population figures for these years, it is possible to derive denominators for calculating non-Indigenous rates by subtracting the Indigenous population from the total population. Such figures have a degree of uncertainty and should be used with caution, particularly as the time from the base year of the projection series increases.

Non-Indigenous data from the Causes of Death collection do not include death registrations with a 'not stated' Indigenous status.

In November 2010, the Queensland Registrar of Births, Deaths and Marriages advised the ABS of an outstanding deaths registration initiative undertaken by the Registry. This initiative resulted in the November 2010 registration of 374 previously unregistered deaths which occurred between 1992 and 2006 (including a few for which a date of death was unknown). Of these, around three-quarters (284) were deaths of Aboriginal and Torres Strait Islander Australians.

Mortality indicators presented in the previous National Indigenous Reform Agreement and National Healthcare Agreement reports were compiled using deaths data on a year of registration basis. If this practice is followed for reporting data for the 2010 reference year, mortality indicators for Queensland and any aggregates including Queensland will be overstated and prevent meaningful comparisons over time.

To minimise the impact of these outstanding death registrations on mortality indicators used in various Council of Australian Government (COAG) reports, a decision was made by the ABS and key stakeholders to use 'adjusted' deaths for Queensland for 2010 reference year. The 'adjusted' deaths were calculated by adding together deaths registered in 2010 for usual residents of Queensland which occurred in 2007, 2008, 2009 and 2010.

ABS is currently investigating the volatility of Indigenous deaths in WA in recent years. Until this investigation is finalised, the ABS and NIRAPIMG agreed that mortality indicators which include WA deaths data for 2007, 2008 and 2009 (including aggregates of years and jurisdictions) should be excluded from analysis.

Some rates are unreliable due to small numbers of deaths over the reference period. Resultant rates could be misleading for example where the non-Indigenous mortality rate is higher than the Indigenous mortality rate. All rates in this indicator must be used with caution.

The methods used to construct the indicator are consistent and comparable with other collections and with international practice.

Coherence:**Relational attributes****Related metadata references:**

Supersedes [National Healthcare Agreement: PI 59: Age-standardised mortality by major cause of death, 2011 QS Health](#), Superseded 04/12/2012

Has been superseded by [National Healthcare Agreement: PI 08-Major causes of death, 2013 QS Health](#), Superseded 14/01/2015

Indicators linked to this Data Quality statement:

[National Healthcare Agreement: PI 59-Age-standardised mortality by major cause of death, 2012 Health](#), Superseded 25/06/2013