

# National Dental Telephone Interview Survey 2010

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# National Dental Telephone Interview Survey 2010

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>METEOR identifier:</b>	519645
<b>Registration status:</b>	<a href="#">AIHW Data Quality Statements</a> , Standard 30/05/2013

## Data quality

**Data quality statement summary:** The National Dental Telephone Interview Survey (NDTIS) is a random sample survey that collects information on the dental health and use of dental services of Australians in all states and territories. The survey includes Australians aged 2 years and over.

- The NDTIS is a source of nationally representative population data on dental health and use of dental services in Australia.
- NDTIS is a sample based survey using telephone interview methodology.
- Children aged 2–4 years were excluded from service usage rates for some services.
- Persons with no natural teeth were excluded from service usage rates.
- As with all survey data, these data are subject to sampling error and non-response bias.
- NDTIS consists of several modules covering specific aspects of oral health status, social and demographic information, and dental visiting behaviours. In 2010 modules were added to capture data for young children (2–4 years) and the use of Teen Dental Plan vouchers.

**Institutional environment:** The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website [www.aihw.gov.au](http://www.aihw.gov.au).

The NDTIS is conducted on behalf of AIHW by the Dental Statistics and Research Unit (DSRU) located at the University of Adelaide, a collaborating unit of the AIHW. In this capacity the DSRU is subject to the provisions of the AIHW Act and the Privacy Act.

**Timeliness:** NDTIS 2010 was conducted between July 2010 and February 2011. The reference period was July 2009 to February 2011. Data from this collection were first published in December 2011 as an online publication (AIHW 2011. Oral health and dental care in Australia: key facts and figures 2011. Cat. no. DEN 214. Canberra: AIHW, available at <http://www.aihw.gov.au/publication-detail/?id=10737420710>).

**Accessibility:** The DSRU produces a number of statistical reports based on the NDTIS, available free of charge from its website: <http://www.arcpoh.adelaide.edu.au/publications/report/statistics/> Or from AIHW: <http://www.aihw.gov.au/dental-and-oral-health/> Customised tables are available on request (on a fee for service basis). Queries should be directed to [dsru@adelaide.edu.au](mailto:dsru@adelaide.edu.au).

**Interpretability:**

NDTIS consists of several modules: dentate status, perceived need, access to services, rural access, treatment in the last 12 months, cardholder/waiting time, visiting behaviour, social impact, financial impact, dental insurance, chronic disease, societal impact, sociodemographics, edentulous. In 2010 the following modules were included: young child (2–4 years), Use of Teen Dental Plan vouchers.

**Relevance:**

The NDTIS is a random sample survey that collects information on the dental health and use of dental services of Australians in all states and territories. The scope of the survey includes both public and private dental services, and emergency as well as general visits (i.e. check ups and consultations for problems not classified as emergencies).

The survey data are limited to people aged 2 years and over, whose telephone number was listed in the electronic White Pages. Information about oral health services provided to edentulous persons (i.e. people with no remaining natural teeth) is not included. As NDTIS does not specifically identify dental services provided through hospitals, or services provided for orthodontic reasons, it was not possible to exclude these services from usage rates.

The target sample size for the 2010 NDTIS was 6,600 adults aged 18 years or older, 400 children aged 2–4 years and 3,000 children aged 5–17 years. The number of survey participants after data editing was completed is provided in Table 1.

<b>Age group</b>	<b>Sample size</b>
2–4 year olds	418
5–17 year olds	3,054
18–24 year olds	649
25–44 year olds	2,104
45–64 year olds	2,908
65+ year olds	1,104
<b>Total</b>	<b>10,237</b>

**Accuracy:**

Data were collected from a random sample of Australians selected using a two-stage stratified sample design.

Testing of the NDTIS questionnaire program was conducted over May and June 2010. There were three phases to the testing, which involved informal in-house testing, cognitive interviews and a pilot test. Indigenous status is recorded, however small numbers of respondents identify as Indigenous and only national estimates are made on Indigenous status.

An overall participation rate of 47.8% was achieved in the 2010 survey. A total of 20,343 unique telephone numbers were called resulting in 7,869 households with one or more completed interviews. Participation rates ranged from 41.9% in Sydney through to 59.8% in non-metropolitan South Australia.

<b>Stratum</b>	<b>Total sampled</b>	<b>Out of scope</b>	<b>Out of scope no child in household</b>	<b>Non- contact</b>	<b>Refusal</b>	<b>Participating households</b>	<b>Per cent participation</b>
Sydney	2,780	191	395	335	939	920	41.9%
Balance of New South Wales	1,717	97	180	165	562	713	49.5%
Melbourne	2,907	182	456	302	1,003	964	42.5%
Balance of Victoria	1,317	62	234	123	404	494	48.4%
Brisbane	1,218	80	32	137	423	546	49.4%
Balance of Queensland	1,309	87	11	156	476	579	47.8%
Adelaide	1,450	99	275	147	367	562	52.2%
Balance of South Australia	574	26	16	51	163	318	59.8%
Perth	1,982	139	440	178	589	636	45.3%
Balance of Western Australia	633	37	0	79	205	312	52.3%
Hobart	814	38	145	80	207	344	54.5%
Tasmania	807	45	86	78	249	349	51.6%
Australian Capital Territory	1,304	72	220	125	340	547	54.1%
Darwin	852	102	56	106	272	316	45.5%
Northern Territory	679	64	23	112	211	269	45.4%
<b>Total</b>	<b>20,343</b>	<b>1,321</b>	<b>2,569</b>	<b>2,174</b>	<b>6,410</b>	<b>7,869</b>	<b>47.8%</b>

As with all survey data, these data are subject to sampling error and non-response bias. Data are weighted and the magnitude of sampling error is indicated by 95% confidence intervals included with all published estimates.

Interviews were rendered invalid if they were missing the demographic data which were necessary for them to be weighted by the probability of selection. These requirements were the sex, age and dwelling type of the respondent, and the number of persons in the same household who may have been selected instead of the respondent. Due to incomplete data, 31 records (0.3%) were excluded from the final dataset.

For those records which were able to be weighted there were very few missing data items. Consequently, all weighted records generated useable data for analysis.

Detailed description of survey methodology can be found in Appendix A of the Insurance and use of dental services (NDTIS 2010) publication at  
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421951>

**Coherence:**

The NDTIS has been conducted regularly since 1994. While some changes have been made to the questionnaire and methodology over time, the data items used to derive most estimates have been consistent over time. In 2010 the sample of children aged 5–17 years was increased and children aged 2–4 added for the first time. Specific questions asked in each NDTIS are listed in appendices to the technical reports for each survey. These technical reports are available at <http://www.arcpoh.adelaide.edu.au/publications/report/statistics/>

**Data products**

**Implementation start date:** 29/04/2013