

National Prisoner Health Data Collection

Identifying and definitional attributes

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Data quality

Quality statement summary:

The National Prisoner Health Data Collection (NPHDC) contains data relating to people entering prison (prison entrants), people about to be released from prison (prison discharges), clinic visits and services, and medications taken by prisoners. Data are collected over a 2-week period, and sent to the AIHW for collation, analysis and reporting.

Although ideally an administrative by-product data collection, the NPHDC is currently a standalone paper-based collection. Participation rates vary among states and territories, with prison entrants having higher participation rates than discharges. This is partly due to the difficulties in identifying exact release dates in advance for prisoners, especially where they are on remand (awaiting trial or sentence).

The relatively small population of discharges captured in the data collection creates issues with reporting data when disaggregated by jurisdiction due to increased potential for attribute disclosure. For some indicators, this meant that some tables are unable to be published; and for other instances small numbers were suppressed.

The NPHDC is the only national source of information on the health of prisoners in Australia, covering a broad range of health issues and social determinants of health. Paper-based data collection forms are completed in the context of routine health assessments and service provision, by prison health services.

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>.

The AIHW has been maintaining the NPHDC since 2009.

Timeliness: Data were collected over a 2-week period in May 2012 (14–27 May), and provided to the AIHW. The NPHDC has been conducted 3 times: 2009, 2010 and 2012. The exact timing of the data collection and how often it will be conducted in the future is not yet confirmed.

Accessibility: The AIHW website provides prisoner health data which can be downloaded free of charge. Reports including The health of Australia's prisoners, and thematic bulletins, are published and are available on the AIHW website where they can be downloaded without charge. Users can request data not available online or in reports via the Child Welfare and Prisoner Health Unit, Australian Institute of Health and Welfare on (02) 6244 1000 or via email to <prisoner.health@aihw.gov.au>. A fee may be charged for substantial requests on a cost-recovery basis. General enquiries about AIHW publications can be made to the Communications, Media and Marketing Unit on (02) 6244 1032 or via email to <info@aihw.gov.au>.

Interpretability: Most of the data in the NPHDC are self-report rather than diagnostic health data. Reports such as The health of Australia's prisoners have a 'method' section in the Introduction chapter, where technical information may be found.

The denominator for indicators sourced from the clinic and medication data is the total number of prisoners in custody at 30 June for the relevant year. Some indicators in the NPHDC relate to 12 months of data (number of pregnant prisoners in custody, number of prisoners taking medication for hepatitis C, number of notifications of sexually transmitted infections). To provide an appropriate denominator for these indicators, jurisdictions provide data on the number of prisoners received into prison and released from prison, during the same 12-month period. This is a more appropriate denominator for these indicators, as it provides a more accurate representation of the number of prisoners over a 12-month period than the ABS 30 June snapshot.

Relevance:

Scope and coverage

A prison entrant is classed as a person aged at least 18, entering full-time prison custody, either on remand (awaiting a trial or sentencing) or on a sentence. Prisoners who have been transferred from one prison to another are not included as entrants.

A prison dischargee is a full-time prisoner aged at least 18, who expects to be released from prison within the 4 weeks following the time of interview.

Prisoners aged at least 18 years, held in full-time custody in correctional facilities in Australia are in scope for the clinic and medication components of the NPHDC.

Police cells, court cells, periodic detention, juvenile correctional facilities and immigration detention centres are out of scope for all components of the NPHDC.

Reference period

The NPHDC was conducted over a 2-week period in May 2012. Entrants, discharge, and clinic data cover the whole 2-week period, and medications data cover 1 day in this 2-week period. Some indicators cover entire the 2011–12 financial year.

Coverage

In 2012, data were collected from all states and territories except Western Australia.

Statistical standards

Australian Standard Classification of Countries (ASCC) and Australian Standard Classification of Languages (ASCL) were used as the code frame for questions on country of birth and main language spoken at home.

Accuracy:

Participation rate

The participation rate for entrants in 2012 was 70%; indicating that 3 out of 10 prison entrants did not provide data on entry to prison, with variation among the states and territories. However, estimates which consider those who were not approached suggest a participation rate for entrants of about 60%. The participation rate for dischargees was 55% in 2012; indicating that just under half of prisoners exiting prison did not contribute to the data collection. Estimates which consider those who were not approached suggest a participation rate for dischargees of about 28%. 2012 was the first year that the discharge component of the data collection had been implemented, so lower participation rates were expected. Entrant non-participants were predominantly male (81%) but females were overrepresented (19%) compared with those who did participate (10%). The proportion of non-Indigenous non-participants was similar to participants (65% and 63%, respectively). Sex and age profiles for dischargee participants and non-participants were very similar; but a slightly higher proportion of non-participants were Indigenous (35% compared with 31%).

Indigenous data

Identification of Indigenous status was generally good in each state and territory, with unknown rates under 10%. The proportion of Indigenous participants in the entrants and discharge data were slightly higher than the reported proportion of the prisoner population on 30 June 2012.

Coherence: The indicators that constitute the NPHDC were developed by the AIHW with the assistance and advice of the National Prisoner Health Information Committee (NPHIC) and are influenced by policy relevance in monitoring key aspects of prisoner health. The data collection has been conducted in 2009, 2010 and 2012.

New data items were added in the 2012 NPHDC to the entrants, clinic and establishments collections. Also, the discharge component of the collection was introduced. Existing data items had minimal or no changes from previous years.

Comparison of data from previous years is difficult because the participating jurisdictions have changed, and therefore comparisons at the national level should be used with caution. Comparisons between years at the jurisdictional level may be more appropriate. Trend data for those states and territories which have participated in all three data collections would also be possible.

Data products

Implementation start date: 08/08/2013

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references: Has been superseded by [Prisoner Health NBEDS, 2015: Quality Statement](#)

- [AIHW Data Quality Statements](#), Standard 07/07/2016