National Health Performance Authority, Healthy Communities: Seeing an allied health professional or nurse, 2011–12

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Seeing an allied health professional or nurse, 2011–12
METEOR identifier:	546854
Registration status:	National Health Performance Authority (retired), Retired 01/07/2016
Description:	Percentage of people who saw an allied health professional or nurse in the last 12 months.
Indicator set:	National Health Performance Authority: Healthy Communities: 2011– National Health Performance Authority (retired), Retired 01/07/2016

Collection and usage attributes

Population group age from:	All ages
Computation description:	This indicator was calculated using data from the National Health Survey (NHS) 2011–12.
	Numerator refers to the number of people who saw an allied health professional or nurse in the last 12 months.
	Participants in the ABS Australian Health Survey in 2011-12 were asked whether they had consulted a GP, specialist, dentist, other health professional, been admitted to the hospital, visited an outpatient clinic, or visited emergency/casualty or a day clinic in the preceding 12 months. Only the category "other health professional" was included in this measure.
	Health professionals other than a doctor or a dentist included Aboriginal Health Worker, accredited counsellor, acupuncturist, alcohol and drug worker, audiologist/audiometrist, chemist (for advice only), chiropodist/podiatrist, chiropractor, diabetes educator, dietician/nutritionist, naturopath, herbalist, hypnotherapist, nurse, occupational therapist, optician/optometrist, osteopath, physiotherapist/hydrotherapist, psychologist, social worker/welfare officer, speech therapist/pathologist or other.
	The numerator was calculated as the sum of calibrated sample weights for people who responded that they saw an allied health professional or nurse and who were enumerated within the particular Medicare local catchment.
	The denominator was calculated as the sum of calibrated sample weights for people who were enumerated within the Medicare Local catchment.
	Person level survey weights were calibrated to independent estimates of the population of interest, referred to as 'benchmarks'. Weights calibrated against population benchmarks ensure that the survey estimates conform to independently estimated distributions of the population, rather than to the distribution within the sample itself. These benchmarks account for the distribution of people across state and territory, age group, and sex categories. Note: These benchmarks have not been calibrated for Medicare Local geography.
	Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of person.
	Presented as a percentage.

National Health Performance Authority suppression protocols

- Additional suppression rules were developed and applied by the National Health Performance Authority to ensure robust reporting of these data at small areas.
- These suppression rules are based on limits for Relative Standard Error[1] and Confidence Interval width of 30%, with additional cross-validation for estimates close to these limits, that is plus or minus 3% of the limits. If an estimate was marginal[2] with respect to Relative Standard Error, the Confidence Interval width was used as the deciding factor. If an estimate was marginal[2] with respect to Confidence Interval width, then Relative Standard Error is used as the deciding factor. Data were suppressed based on the following rules:

  Relative Standard Error of 33% or greater, or Confidence Interval (95%) width of 33% or greater, or

  Relative Standard Error between 27% and 33%, with significantly[3] wider Confidence Interval width than the average for that indicator, or

  Confidence Interval width between 27% and 33%, with significantly[3] wider Relative Standard Error than the average for that indicator.

  [1] For a dichotomous proportion, Relative Standard Error can be defined as the ratio of the standard error and the minimum of the estimate and its complement (100%-estimate).

  [2] In this context, marginal is defined as within 10% of the 30% limit, or +/- 3%.

  [3] In this context, statistical significance is defined as at least two standard deviations above average.

Computation:	100 × (Numerator ÷ Denominator)
Numerator:	Number of people who saw an allied health professional or nurse in the last 12 months

Numerator data elements:

> **Data Element / Data Set**
>
> Person—date of birth, MMYYYY

> **Data Element / Data Set**
>
> Person—allied health professional or nurse contact indicator, yes/no code N
>
> **Guide for use**
>
> Data source type: Survey

Denominator:	Total population

Denominator data elements:

> **Data Element / Data Set**
>
> Person—age, total years N[NN]
>
> **Guide for use**
>
> Data source type: Survey

Disaggregation:	Medicare Local catchments and Medicare Local peer groups.

Disaggregation data elements:

Data Element / Data Set

[Administrative health region—Medicare Local identifier, code AANNN](#)

Data Element / Data Set

[Administrative health region—Medicare Local peer group, code N](#)

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Person
Format:	N[NN].N

Indicator conceptual framework

Framework and dimensions: [PAF-Equity of access](#)

Accountability attributes

Reporting requirements:	National Health Performance Agreement - Performance and Accountability Framework
Organisation responsible for providing data:	Australian Bureau of Statistics
Accountability:	National Health Performance Authority

Source and reference attributes

Submitting organisation:	National Health Performance Authority
Origin:	Healthy Communities
Reference documents:	National Health Performance Agreement-Performance and Accountability Framework