

# Prisoner Health NBEDS, 2022; Data Quality Statement

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# Prisoner Health NBEDS, 2022; Data Quality Statement

## Identifying and definitional attributes

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## Data quality

### Data quality statement summary:

### Description

The Australian Institute of Health and Welfare (AIHW) conducted the 6<sup>th</sup> National Prisoner Health Data Collection (NPHDC) in 2022. The survey was first undertaken in 2009 and is conducted approximately every 3 years.

The NPHDC contains data relating to people aged 18 years and over entering prison (prison entrants), people about to be released from prison (prison dischargees), clinic visits and services, and medications dispensed to people in prison. Data are collected in participating prisons over a 2-week period, with medications data collected on a single day during the data collection period. Data are sent to the AIHW for collation, analysis, and reporting.

The NPHDC is the only national source of information on the health of people in Australian prisons, covering a broad range of health issues, health services and social and other determinants of health. The NPHDC is the main data source for the reporting of National Prisoner Health Indicators. The complete set of indicators are listed in *The health of people in Australia's prisons* (formally called *The health of Australia's prisoners*) report series, available from [www.aihw.gov.au/reports-data/population-groups/prisoners/reports](http://www.aihw.gov.au/reports-data/population-groups/prisoners/reports).

### Summary of key issues

- The majority of the data collection for the entrants and dischargees sections are self-reported data and there is no independent validation of responses.
- The response rate for the 2022 NPHDC entrants survey was 18% and 23% for the dischargees survey. Some non-response bias is expected, but this bias has not been measured.
- Sampling and non-sampling errors have not been calculated but should be considered when interpreting results.
- The 2022 NPHDC surveys used a multi-mode completion methodology – where participating jurisdictions and/or prisons could complete the surveys via online forms, or via paper forms. This was the first time an online form has been used in the NPHDC and has replaced the electronic android tablets used in previous cycles. Changes in mode may have some impact on responses, and users should exercise some degree of caution when comparing data between collections.
- There are methodological differences between NPHDC collections affecting comparability over time. Caution should be used in making comparisons between different years of the collection.

**Institutional environment:** The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the [Australian Institute of Health and Welfare Act 1987](#) (AIHW Act), governed by a [management Board](#) and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Compliance with the confidentiality requirements in the AIHW Act, the Privacy Principles in the [Privacy Act 1988](#) (Cth) and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website [www.aihw.gov.au/about-us](http://www.aihw.gov.au/about-us), which includes details about the AIHW's governance ([www.aihw.gov.au/about-us/our-governance](http://www.aihw.gov.au/about-us/our-governance)) and our role and strategic goals ([www.aihw.gov.au/about-us/our-vision-and-strategic-goals](http://www.aihw.gov.au/about-us/our-vision-and-strategic-goals)).

The AIHW has been maintaining the NPHDC since 2009. The data for the NPHDC are provided to the AIHW by state and territory departments responsible for prison health services. These departments include:

- Justice Health and Forensic Mental Health Network, New South Wales
- Justice Health, Victoria
- Queensland Health, Queensland
- Department of Justice, Western Australia
- South Australian Prison Health Service, South Australia
- Tasmanian Health Service, Tasmania
- Justice Health Services, Australian Capital Territory
- Northern Territory Health, Northern Territory

Jurisdictional-level data releases must be signed off by the relevant state or territory.

**Timeliness:** The NPHDC is conducted approximately every three years over a 2-week data collection period in participating prisons. The NPHDC has been collected 6 times: 2009, 2010, 2012, 2015, 2018 and 2022.

The 2022 data were collected over a series of 2-week data collection periods during 2022. As data collection was staggered over three waves, data entry of paper forms into an online survey tool was performed in parallel with data collection periods.

The first release of 2022 NPHDC data occurs in [The health of people in Australia's prisons 2022](#) report. The report and related material were released on 15 November 2023. Subsequent publications of these data may occur in AIHW reports, online content, and other publications external to the AIHW.

**Accessibility:** Publications containing the 2022 NPHDC data, including *The health of people in Australia's prisons 2022* report and other products, are available on the [AIHW website](#). These reports and products are available free of charge.

Additional information about people in Australia's prisons is available from the [Prisoners overview](#) page on the AIHW website.

Requests for unpublished NPHDC data can be made by contacting the AIHW on (02) 6244 1000 or via email to [info@aihw.gov.au](mailto:info@aihw.gov.au). A cost recovery charge may apply to requests that take longer than half-an-hour to compile. Depending on the nature of the request, requests for access to unpublished data may require approval from the National Prisoner Health Information Committee (NPHIC) and/or the AIHW Ethics Committee.

General inquiries about AIHW publications can be made to the Communications and Engagement Unit on (02) 6244 1032 or via email to [info@aihw.gov.au](mailto:info@aihw.gov.au).

**Interpretability:**

Detailed supporting information to aid in interpretation of the 2022 NPHDC are available at the AIHW website [here](#). Readers are advised to consider supporting information to ensure appropriate interpretation of analysis presented by AIHW. Supporting information includes technical notes, footnotes to data tables and figures, and details on indicator data items, coverage, quality, and the methods used in reporting, such as the calculation of counts and rates, and the denominators used.

Metadata relating to the data included in the 2022 NPHDC is stored in METEOR, Australia's repository for national metadata standards for health, housing and community services statistics and information (see [Prisoner health NBEDS 2022](#) for more information).

**Relevance:****Scope**

A prison entrant is classed as a person aged at least 18 years of age, entering full-time prison custody during the data collection period, either on remand (awaiting trial or sentencing), or on a sentence. Persons who had been transferred from one facility to another were not included as entrants. The definition of an entrant in the 2022 NPHDC was extended to include those who were released from quarantine during the data collection period, as many correctional facilities required a quarantine period for new receptions in response to COVID-19.

A prison dischargee is classed as a person aged at least 18 years of age, who is expected to be released from custody during the data collection period, or due to be released within 4 weeks following the data collection period. Persons who were being transferred from one facility to another were not included as dischargees.

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

Persons who could not understand the purpose of the study, or the concept of informed consent due to an inability to understand the language, or languages spoken by the health professionals or researchers, or due to intellectual disability, mental illness or cognitive impairment were excluded from the entrants, dischargees and clinic components of the NPHDC. Police cells, court cells, periodic detention, youth justice correctional facilities, and immigration detention centres are out of scope for all components of the NPHDC.

**Coverage**

Complete coverage of all prisons and persons in prison has yet to be achieved in the NPHDC. Participation of jurisdictions and individual prisons has varied across the collection years for various reasons, such as funding and resource availability, and private prison contracts. In the 2022 NPHDC, COVID-19 also impacted the collection. A collection with full participation has not yet occurred – additionally, not all eligible people in prison are able to be approached to participate, and of those who are, some do not provide informed consent. For details on participation, see 'Response rate' below.

In 2022, data were collected from all states and territories, except Victoria, which did not provide data for the 2022 collection. In the 2022 NPHDC, 73 prisons participated.

**Reference period**

The NPHDC was conducted over a series of 2-week data collection periods during 2022. Data were collected in each participating jurisdiction during the following periods:

- 5 September to 18 September 2022 – Queensland, South Australia, and Tasmania
- 10 September to 23 September 2022 – Northern Territory
- 14 November to 27 November 2022 – New South Wales and Western Australia
- 5 December to 18 December – Australian Capital Territory

Entrants, dischargee and clinic data are collected over the whole 2-week period. Medications data are collected on one day only during the 2-week collection period. Some indicators cover the 2021 calendar year, or the 2021–2022 financial year.

**Statistical standards**

Australian Standard Classification of Countries (SACC) 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.

The World Health Organization's Anatomical Therapeutic Chemical (ATC) classification system was used to map data for the medications form.

**Accuracy:****Sample design**

The collection is a non-random sample, using convenience sampling with people in prison who can be approached by health professionals, or researchers, for participation where possible.

The NPHDC was designed as a census, capturing data on the population of interest. However, the collection does not provide complete coverage of the population as not all people in prison are included due to the collection not achieving full participation in every jurisdiction. Additionally, not all people in prison (particularly prison entrants and dischargees) could be asked to be involved in the data collection. This might be due to prison staffing constraints, physical or mental limitations of people, or uncertain release dates. Of those who could be approached, some did not provide consent to participate. As a result, the NPHDC sample is not necessarily representative of the total prison population.

### **Sampling and non-sampling error**

Estimates are subject to sampling error due to the sampling design. Jurisdictional data tables with small sample sizes should be interpreted with caution.

Estimates are also subject to non-sampling errors. These can arise from errors in reporting of responses (for example, failure of respondents' memories, incorrect completion of the survey form) or the unwillingness of respondents to reveal their true responses. Non-sampling errors can also arise from coverage, interviewer errors, and processing errors such as during data entry.

A limitation of the NPHDC is that majority of the data collected for the entrants and dischargees components are self-reported data. The main disadvantage of self-reported data is that there is no independent validation of the responses. This may lead, for example, to deliberate under-reporting of illegal activities. Self-reported data may be compared with other self-reported data but may not be directly comparable with reports and studies that use other data collection methods.

### **Mode effects**

In the 2022 NPHDC, jurisdictions and/or participating prisons could choose to complete the survey forms via one of two methods (also known as the 'mode') – paper form or via an online form. Due to internet connectivity or availability, some jurisdictions could only use paper forms. It is possible that the mode used could have an impact on the actual information provided, introducing a bias in the data and affecting comparability of data obtained via the different methods.

For the 2022 NPHDC, 79% of the total forms were completed via paper forms and 21% were completed via online forms. Additionally, the 2022 NPHDC was the first time an online survey tool was used. Previous NPHDC were collected electronically on android tablets and with paper forms. Differences between data collection methodologies should be considered and caution should be used in making comparisons between different years of the collection.

### **Data validation**

In an attempt to enhance the reliability of estimates in the survey and maximise data quality, a small number of contradictory responses were edited through cross-validation and logic checks. This was implemented in instances where 5% or more of participants ignored skip logic, and/or had contradictory responses. For example, if a respondent indicated 'No' to ever being on an opioid substitution therapy program, and provided a 'No' response to subsequent questions (e.g. answering 'No' to currently being on an opioid substitution therapy program), the subsequent response was removed in line with skip logic.

Additionally, a number of 'Other (please specify)' responses listed in clinic and medications forms that were already listed as a response option were reclassified to the response option to improve data quality and reduce the likelihood of overestimating the 'Other (please specify)' category.

### **Statistical Linkage Key (SLK) validity**

The NPHDC surveys include a self-complete Statistical Linkage Key (SLK) which was used for determining denominators requiring unique counts of participants. Some SLKs were partially completed or left incomplete in some returned surveys. In an attempt to enhance the validity of estimates and prevent both double counting of an individual and incorrectly aggregating together multiple individuals, cleaning of SLKs was undertaken through a series of cross-checks. The quality of the SLK will impact on any future linkage of these data.

### **Response rate**

Response rates for prison entrants and dischargees in the 2022 NPHDC were calculated as a proportion of the total number of people received into, and released from, custody during the 2-week data collection period, provided by participating

prisons.

Over the entire data collection period, there were 371 entrants forms completed from a total of 2,082 entrants received into prison custody in participating prisons – a response rate of 18%. Over the same period, there were 431 discharges forms completed, from a total of 1,854 people released from prison custody – a response rate of 23%. One participating Queensland prison did not provide data on the total persons released from custody during the data collection period and were therefore excluded from the response rates.

Response rates varied across jurisdictions (see Table 1). A low response rate does not necessarily mean that the results are biased. If the non-respondents are not systematically different in terms of how they would have answered the questions, there is no bias. Given the relatively low response rates for this survey and the nature of some topics in this survey, some non-response bias is expected. No adjustments have been made to mitigate potential non-response bias.

**Table 1: 2022 NPHDC entrants and discharges response rates by state and territory (per cent)**

Jurisdiction	Entrants survey (%)	Discharges survey (%)
NSW <sup>(a)</sup>	41.3	37.5
VIC <sup>(b)</sup>	n.a.	n.a.
Qld <sup>(c)</sup>	8.6	3.6
SA	10.1	15.1
WA	9.5	30.5
Tas	11.5	15.9
NT	29.4	18.6
ACT	42.2	45.0

(a) New South Wales were the only jurisdiction to reimburse entrants and dischargee survey participants which may have contributed to increased response rates compared to other jurisdictions.

(b) Victoria did not participate in the 2022 NPHDC.

(c) Excludes one prison who did not provide denominator data on total persons released from custody during data collection period.

Note that the method of calculation of participation rates has changed since 2012, so rates between 2012 and subsequent collection years are not comparable.

### Incomplete responses

Survey participants were told they did not have to answer all of the questions and could skip any questions that they did not want to answer. As a result, some participants did not answer all questions, either because they were unable or unwilling to provide a response. The survey responses for these people were retained in the sample, and the missing values were recorded as unknown. No attempt was made to deduce or impute these missing values. As a result, some data tables and indicators include a high level of unknown responses.

Data with total unknowns in the range of 5% to 20% should be used with caution. Data with total unknowns greater than 20% should be considered unreliable for general use. Data where unknowns are greater than 20% are:

- Prison entrants, diagnosed with a current chronic condition – osteoporosis and chronic kidney disease only (Table S11)
- Prison discharges, diagnosed with a health condition for the first time while in prison (Table S20)
- Female prison discharges, had a mammogram while in prison (Table S46)
- Prison discharges, reason for not visiting the prison clinic (Table S116)

### Skip logic instruction errors in the paper forms

The paper forms were reviewed before printing. However, there was an issue with skip logic instructions in the Entrants paper form identified after printing and when the survey was disseminated to jurisdictions. One question in the Entrants form

erroneously instructed the respondent to skip past a subsequent branching question on current detention status, to the next block of questions. Meaning some respondents did not answer what their current detention status was. This affected 36 respondents. This error was present in the paper form only and did not affect participants using the online survey form.

### **First Nations people data**

Identification of Indigenous status was generally good nationally, with unknown rates of less than 2% for entrants and clinic forms. There were no (0%) unknowns for dischargees forms. Unknown rates were highest for medications forms (18%), as health professionals completing these forms were instructed to leave responses blank if they were unable to confirm if a participant was of Aboriginal or Torres Strait Islander origin.

The proportion of First Nations participants in the NPHDC entrants (49%) and dischargees (46%) data were higher than the reported Australian Bureau of Statistics (ABS) proportion (32%) of the prisoner population on 30 June 2022.

### **Coherence:**

The indicators that constitute the NPHDC were developed by the AIHW with the assistance and advice of the NPHIC and the Technical Experts Group (TEG) and are influenced by policy relevance in monitoring key aspects of the health of people in Australia's prisons.

Where possible, existing data standards have been used to increase comparability both within the NPHDC between collection years, and with other data collections such as those held by the ABS.

There have been changes between each NPHDC collection – with indicators being added, deleted, and some changes to definitions and data collection methods. Changes in the structure to questions and response options in the survey forms have also been made between collections in the NPHDC, meaning that certain aspects of the data may not be comparable between collections.

Data in the NPHDC is based on a convenience sample, not a random sample. This makes coherence of data across collection periods difficult to assess with sampling and non-sampling biases present in each collection period. For these reasons, caution should be used in making comparisons between different years of the collection. The 2022 collection has avoided time-series analysis of data with the exception of certain data items from coherent external collections or that have good coherence across NPHDC collections.

### **Questions relating to risky sexual behaviours**

The 2022 NPHDC asks entrants to indicate whether they had any casual sexual partners in the past 3 months, and their frequency of unprotected sex with those casual sexual partners in the past 3 months. These questions were previously reported from the National Prison Entrants' Bloodborne Virus & Risk Behaviour Survey (NPEBBV&RBS).

In 2022, these questions were included in the entrant's survey due to NPEBBV&RBS data unavailability as NPEBBV&RBS transitions to the Australian Hepatitis and risk survey in prison (AusHep). Due to differences in survey question wording, as well as potential differences in risky sexual behaviour patterns due to factors such as COVID-19 lockdowns/restrictions, data in the 2022 collection is not comparable to data in previous collections.

### **Full-time-equivalent staffing data**

Staffing in the NPHDC is restricted to doctors and nurses, for which there is more consistent reporting across jurisdictions. However, operational differences between prisons, as well as different models of care and service delivery between jurisdictions, may impact data reported by different jurisdictions. As a result, data tables in the 2022 collection are unavailable but the relevant indicator is included in the report.

## **Source and reference attributes**

**Submitting organisation:** Australian Institute of Health and Welfare

## **Relational attributes**



**Related metadata  
references:**

Supersedes [Prisoner Health NBEDS, 2015: Quality Statement](#)  
[AIHW Data Quality Statements](#), Superseded 15/11/2023

See also [Prisoner health NBEDS 2022](#)  
[Health](#), Standard 29/05/2024