

# **National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers (Australian Aboriginal and Torres Strait Islander Health Survey), 2014 QS**

**Exported from METEOR (AIHW's Metadata Online Registry)**

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to [info@aihw.gov.au](mailto:info@aihw.gov.au).

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at [meteor@aihw.gov.au](mailto:meteor@aihw.gov.au).

# National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers (Australian Aboriginal and Torres Strait Islander Health Survey), 2014 QS

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Quality Statement
<b>METEOR identifier:</b>	595845
<b>Registration status:</b>	<a href="#">Health!</a> , Standard 12/01/2015

## Data quality

**Institutional environment:** The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) was collected, processed and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework that includes the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence from political influence and impartiality of the ABS and the confidentiality of respondents.

For more 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, please see [ABS Institutional Environment](#).

**Timeliness:** The 2012–13 NATSIHS was conducted from May 2012 to February 2013. First results were released in November 2013. The previous NATSIHS was conducted in 2004–05.

**Accessibility:** Information on how to interpret and use the data appropriately is available from Explanatory Notes in *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012–13* (ABS cat. no. 4727.0.55.001) and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012–13* (ABS cat. no. 4727.0.55.002).

**Interpretability:** The data for the NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Strait Islander Health Survey: First Results, 2012-13* (ABS cat. no. 4727.0.55.001). Other information from the survey is available on request.

**Relevance:** Data are available by state/territory and by Remoteness Area for non-remote areas only (major cities, inner regional and outer regional).

The NATSIHS collected self-reported information on whether a person had seen a general practitioner (GP) in the last 12 months for urgent medical care. This question was asked of all persons in non-remote areas only, excluding the following:

- non-Indigenous persons
- non-Australian diplomats, diplomatic staff and members of their household
- member of non-Australian Defence forces stationed in Australia and their dependents, and
- overseas visitors.

Due to differences in survey design and collection methodology, ABS advises that data from the NATSIHS are not comparable with data from the Patient Experience Survey. Comparisons between Aboriginal and Torres Strait Islander people and the general population are therefore not available for this indicator.

**Accuracy:** The NATSIHS was conducted in all states and territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for the indicator are subject to sampling error. Sampling error occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated as it is calculated based on the scientific methods used to design surveys. Rates should be considered with reference to the relative standard error (RSE) of the estimates. Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

**Coherence:** The numerator and denominator are compiled from a single source and are directly comparable, one being a sub-population of the other.

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

The NATSIHS collected a range of other health-related information that can be analysed in conjunction with this indicator.

## Relational attributes

**Related metadata references:** See also [National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers \(Patient Experience Survey\), 2014 QS Health!](#), Superseded 14/01/2015

See also [National Healthcare Agreement: PI 14-People deferring access to selected healthcare due to financial barriers, 2014 Health!](#), Superseded 14/01/2015