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1	Department of Health	29/10/2021 0:00	SQ21-001078	Patrick Dodson	Comparison between	<p>Senator DODSON: Can I just get some clarification. I think you may have covered this, but earlier I think you said that the states have access to the SA level 2 and SA level 1 data. Is that correct?</p> <p>Dr de Toca: Yes, Senator, but I will clarify. States have access to AIR data, full stop. The states have prescribed bodies under the AIR Act and can access Australian Immunisation Register data directly. In order to support the acceleration efforts in First Nations vaccination, we have been sharing on a weekly basis SA level 2 data with the partners that are involved in each of the jurisdictional acceleration meetings. In WA's case, AHCWA, WA Health and WA Country Health Service all have access to that SA2 data. In addition, at the request for more granular data, we're also sharing SA level 1 data specifically with the Northern Territory and WA governments.</p> <p>Senator DODSON: Is there any prohibition on them publishing that data?</p> <p>Dr de Toca: Yes. As I mentioned earlier to Senator McCarthy, there are some considerations that need to be taken when we are talking about low-geography datasets and the reliance on and the accuracy of those datasets. SA1 level data is very granular. We're talking about units of population of about 200 to 400 people, so the impact of potential inaccuracies in addresses and also the possibility of re-identification of people are a real concern. So the general approach is not to publish those small-level data. We publish LGA data, First Nations LGA data, so local government area, on the Department of Health website every week for the 30 LGAs of concern as part of the acceleration effort, and we publish SA4 level data. For the general population we also publish SA3, but SA2 and SA1 AIR data are not currently published for the COVID-19 vaccine program.</p> <p>Senator DODSON: How is the Department of Social Services able to publish such data and you guys aren't?</p> <p>Ms Rishniw: Senator McCarthy asked us exactly the same question earlier. We'll have to take on notice the differences between Social Services data and Health data, but, generally, under things like ABS rules and privacy rules, we actually look at the impact, and there is a general suppression order where the level of data and granularity that is published or able to be reidentified needs to be taken into account so that we don't risk the privacy of individuals. But we'll have to take that on notice in terms of the specific comparison between Social Services data and this level of Health data.</p>	Hansard	44-45	10/12/2021
2	Department of Health	29/10/2021 0:00	SQ21-001077	Malarndirri McCarthy	SA2 data reporting	<p>Senator MCCARTHY: Do ACCHOs have access to SA2 data?</p> <p>Dr de Toca: Yes. ACCHOs also have access to the AIR directly through a clique database. That was established in partnership with NACCHO throughout August, and from September ACCHOs have had direct access to that, because it's crucial for them, to inform their local planning.</p> <p>Senator MCCARTHY: So why is SA2 data published in terms of social security payments but not by Health?</p> <p>Dr de Toca: I would have to take on notice that specific difference. The issue with the Australian Immunisation Register and very small geography level is that it's not necessarily a database designed for that level of reporting. The Australian Immunisation Register pulls addresses from Medicare, and often, particularly in outer regional, rural and remote areas, there is some degree of inaccuracy with Medicare addresses. You'll be familiar with the fact that many people in Maningrida or Galwinku might have an address 'Via Winnellie', because of the post office there, and in the AIR they sometimes would be counted as Darwin, as opposed to Maningrida or Galwinku. That's something which we're trying to address. People in Warburton might have an address that is 'via Alice Springs' and they're counted in Alice Springs. While at an aggregate level-jurisdictional SA4 and, in some cases, LGA level-we are comfortable with the level of accuracy that it gives us, there are concerns that in smaller geographies, and particularly for subpopulations, such as First Nations people, the inaccuracies would render the data of limited use for public release.</p> <p>Senator MCCARTHY: If federal Health can't reveal or publish the SA2 data, can the states and territories publish it?</p> <p>Dr de Toca: The states and territories would be bound to their obligations under the Australian Immunisation Register Act. They're prescribed bodies for accessing the AIR data, so they would have to follow general guidance, but they can make choices as to what data they release. I would have to refer specific questions on those obligations to my colleagues in the immunisation branch. Sorry, I am not completely over all the detail on that.</p> <p>Senator MCCARTHY: Thank you, Dr de Toca. I'll put the rest of those on notice.</p>	Hansard	42	10/12/2021
3	Department of Health	29/10/2021 0:00	SQ21-001080	Malarndirri McCarthy	Legislative framework	<p>Senator MCCARTHY: Is there anything in legislation that prevents you from publishing the information?</p> <p>Dr de Toca: I will have to take on notice the specific legislative framework. There is guidance issued by ABS and other bodies in terms of the suppression rules that need to be applied in order to prevent re-identification and privacy issues. The LGA data that is published for the general population on the Department of Health website every week has a number of rates, particularly in remote communities, suppressed for that reason and because of the potential accuracy issues with addresses on the Medicare database if you go to a very small geography. So it's not that we're not publishing SA2 data for First Nations people; it's that we're not publishing SA2 data for any population. But I will take on notice the legislative framework.</p>	Hansard	41-42	10/12/2021
4	Department of Health	29/10/2021 0:00	SQ21-001079	Malarndirri McCarthy	LGA data	<p>Senator DODSON: What the DSS figures seem to do is put approximations in, when it's, say, lower than five, rather than three, so they do have a different way of enumerating the number, and I'm not sure whether that's entirely satisfactory.</p> <p>Dr de Toca: That's actually something we are considering in publishing broader LGA data than the current 30 that we are, and one of the options would be to publish a range instead of an actual number, so that is something that is being actively considered.</p> <p>Ms Rishniw: And, Senator, with census data it's usually is under 10. But we will take that on notice and get back to you.</p>	Hansard	45	10/12/2021