

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2010-2011, 23 February 2011

Question: E11-078

OUTCOME 0: Whole of Portfolio

Topic: SECONDARY USE DATA

Written Question on Notice

Senator Sue Boyce asked:

In evidence before the Community Affairs Committee Estimates Mr Kalisch, in discussing, described much of the data that the Australian Institute of Health and Welfare has to work with in the areas of disability, homelessness, drug and alcohol as, and I quote: 'I think it really goes to the very nature that the data that we get is essentially secondary use data, in that the purpose of the collection is not often to provide data for policy purposes.'

This must be a major impediment to the formulation of sound public policy. What plans are in hand to fix this and how and when can we expect it to happen?

Answer:

The two major types of data used to support public health and welfare policy are administrative collections and survey-based collections. Each has advantages and disadvantages in terms of their suitability for use in policy development.

Much of the health- and welfare-related information collated by the AIHW originates as administrative data provided by Australians for the purposes of accessing specific services. The service provider may be a government agency or a business funded by a government agency to provide the service, often with an agreement or contractual arrangement to provide a range of specified information to the government agency. The information is secondary use, administrative by-product data collected to assist the original service provider in providing services, without imposing undue collection burden on either the provider or the recipient. It is also subject to the consent and privacy arrangements that apply to the original service providers and to follow-on providers of data to the AIHW.

Although not collected specifically for the purpose of policy research, a number of administrative data sets collated by the AIHW can yield useful information in a range of areas, including specific diseases, risk factors, living conditions and access to and use of services. These data sets may relate to, for example, birth and death registration, disease registers, consultations with general practitioners and health and community services, including hospital use.

The AIHW works closely with national information committees to improve the quality of administrative data sets to support policy research, for example, in ensuring nationally consistent metadata and improving Indigenous identification.

The COAG initiatives have resulted in further improvements in data quality and the AIHW has been a key participant in this process. COAG has agreed a number of data quality improvements that Australian Government agencies, including the Australian Bureau of Statistics (ABS) and the AIHW, will now introduce, along with state and territory government agencies. For example, in the context of the National Indigenous Reform Agreement, funds are committed to improving data on the Indigenous status of babies from perinatal collections that are derived from hospital use administrative data. The COAG initiatives have also added to the infrastructure needed to develop indicators for performance reporting to Australians. The AIHW will continue to support these arrangements as a priority.

The AIHW also works with the ABS to improve the usefulness of data collections held by the AIHW. The ABS's survey data often becomes the denominator in the calculation of rates of service use and it is important that the relevant collections held by the AIHW and the ABS complement each other and fill data gaps, wherever possible. To this end, for example, the 2009 ABS Survey of Disability, Ageing and Carers featured improved questions relating to unmet need and used an increased sample size to provide better analysis of groups of special interest.

The AIHW has also worked to improve the capacity of existing administrative data collections to assist responses to policy-related questions through the use of data linkage techniques. For example, data relating to people who have been assessed for use of aged care services has recently been linked to data on the use of services under the five main aged care programs. This allows a better picture to be drawn of common care pathways and allows quantification of time from assessment to permanent residential aged care entry and to death.