











ESSENTIAL STATISTICAL ASSETS FOR AUSTRALIA

ESA – 343 DISEASE PREVALENCE AND INCIDENCE

Summary of Quality Assessment Results							
Overall ESA Assessment	Institutional Environment	Relevance	Timeliness	Accuracy	Coherence	Interpretability	Accessibility
 Green	 Green	 Green	 Amber	 Amber	 Green	 Green	 Green

List of Contributing Datasets and Custodians	
<ul style="list-style-type: none"> • Australia and New Zealand Dialysis and Transplant Register (ANZDATA) • Australian Cancer Database (AIHW) • Australian Health Survey (ABS) • National Health Measures Survey (ABS) • Australian Aboriginal & Torres Strait Islander Health Survey (ABS) • Australian Aboriginal & Torres Strait Islander National Health Measures Survey (ABS) 	<ul style="list-style-type: none"> • Clinical Cancer Databases (State/Territory Cancer Registries and Health Depts.)* • National Mortality Database (AIHW) • National (Insulin-Treated) Diabetes Register (AIHW) • National Hospital Morbidity Database (AIHW) • Survey of Mental Health and Wellbeing (ABS)

* Data gap, (not all state/territory datasets were available for the quality assessment process, only NSW is included)

ESA Elements					
Pillar	Dimension	Description	Critical Frequency	Critical Spatial	Critical Disaggregation
Society	Health	Includes statistics focusing on disease prevalence and incidence; severity; impact and outcomes; as well as treatment and services used to support people with these diseases.	Annually	National, State/Territory, Remoteness, Medicare Local	Age, Sex, Indigenous Status, Socioeconomic Status, Disease

Overall ESA Assessment

The quality of ESA – 343 Disease Prevalence and Incidence was assessed as a green traffic light for the purpose of ESA. The overall quality of this statistic met an acceptable standard for the quality indicators selected and the appropriate quality practices and processes were in place. This quality assessment is based on quality information about the contributing datasets. However, the Vic, Qld, SA, WA, Tas, NT and ACT Clinical Cancer Databases (State/Territory Cancer Registries and Health Depts.), were unable to be assessed as these were all considered data gaps for the purpose of the quality assessment process. The missing information may have impacted on the overall outcome of the quality assessment for the statistic. Data custodians can be contacted for further information about the quality of the datasets which contributed to the statistic.

For more detailed quality information about each dimension, see over page





ESA – 343 DISEASE PREVALENCE AND INCIDENCE

Institutional Environment

The statistic scored a green traffic light for institutional environment. There were sufficient quality and risk management processes in place, protections for confidentiality and archiving processes. Staff were trained in data collation and the statistical purpose of the administrative records.

Relevance

The statistic scored a green traffic light for relevance. All key information identified in the description of the statistic was available. The critical spatial levels identified for the statistic were mostly produced. In some cases the administrative boundary, Medicare Local, which was identified as a critical spatial level for the statistic, was not available. It should be noted that Medicare Local boundaries were replaced by Primary Health Network boundaries in October 2014, however as this was after the point of assessment Medicare Local boundaries have still been included in the statistic assessment. Critical disaggregations identified for the statistic were present in most cases. In some cases Indigenous status was not available or not collected using the standard wording.

Timeliness

The statistic scored an amber traffic light for timeliness. Users were mostly able to access the release of new data when expected. Some release of data did not meet the critical frequency for the statistic as a whole due to the breadth of the statistic and different rates of change for individual components. The duration between collection and release of data was not timely in most cases.

Accuracy

The statistic scored an amber traffic light for accuracy. There were sufficient measures in place to adjust for missing values or non-response. Sampling error was represented for survey data, for individual figures. The accuracy varied for information collected within administrative datasets in some cases. Some of the target population was not sufficiently represented for the statistic, such as Aboriginal and Torres Strait Islander communities, very remote and some rural areas. Known under or overcounts or under or overrepresentation were not managed in some cases.

Coherence

The statistic scored a green traffic light for coherence. External sources were available for data confrontation. Information compiled from multiple administrative sources was mostly coherent. Some information for the statistic was not able to be compared over time; while there were minimal changes to the way in which data was collected, there was only one collection for some datasets and population and characteristic definitions were not always consistent.

Interpretability

The statistic scored a green traffic light for interpretability. Data quality statements, information to help users to understand the data and descriptions of conceptual limitations of the data were available. Users were able to access additional support if needed.

Accessibility

The statistic scored a green traffic light for accessibility. Most of the key information, including visualisations such as graphs or maps, was publicly available. Users could access most data in a machine readable format and all data in Excel and other formats such as html and pdf. The key information was accessible for free with customised data and microdata available at a cost.

Areas for Improvement

- The duration between collection and release of data was not timely in most cases.
- Some of the target population was not sufficiently represented for the statistic, such as Aboriginal and Torres Strait Islander communities, very remote and some rural areas.
- Known under or overcounts or under or overrepresentation were not managed in some cases.
- There was a data gap for Clinical Cancer Databases for all states and territories, except NSW.