



Professor Richard Madden

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Prior to his current appointment, Richard was Director of the Australian Institute of Health and Welfare and Deputy Australian Statistician at the Australian Bureau of Statistics. He has held a number of senior positions including Under Treasurer with both the ACT and Northern Territory Governments, Deputy Secretary of the New South Wales Health Department and Head of the Disability Services Division in the Commonwealth Government.

Richard has a Bachelor of Science from Sydney University and a PhD in statistics from Princeton University and is a member of a range of national information committees within the Health and Community Services sectors.

Augmented Indigenous Identification: issues for debate

Richard Madden, Lee Taylor, Helen Moore

The 17 year Australian life expectancy gap is based on data that excludes NSW and Victoria. Improving identification in those states to an acceptable level has proved elusive. This has raised the issue of augmenting identification in one data set by linkage to another. Health data collections now routinely collect Indigenous identification using the national data standard. But data collections methods can vary, including identification by the person, by a family member or by a third party. Completeness varies across collections.

What are the data issues involved, eg spurious age differentials in augmented identification, breaks in time series. Should reporting using augmented identification be reported separately from identification within the collection? What are the ethical issues involved. What do Indigenous people think or expect?



Augmented Indigenous Identification: Issues for Debate

Richard Madden

Professor of Health Statistics
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ABS Census Enhancement Project

- Very welcome project
 - Future linkage of 5% census sample has great potential
 - Repeat in 2011?
 - Excellent to see 17 November Discussion Paper
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Easy Fix for Indigenous Mortality

- Restate the statistics!
 - Use a complicated method
 - ABS Discussion Paper describes some existing attempts
 - Crucial to act with care and full disclosure
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ABS Indigenous Discussion paper

CDE Deaths Adjustment Factor

Australia	1.12
NSW	1.18

Source: ABS 2008, 3302.0.55.002, Table 4.5



‘Enhanced Aboriginality’ : NSW Health

Taylor, 1 August 2008 (NSW Epi-SIG)

- Linked death records and Admitted Patient Data collection, 2001-2005
 - APDC has substantial under-enumeration
 - 87% of death records linked to APDC
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Enhanced Aboriginality: definition

- If **ANY** of the hospitalisation records or ABS death record for the person was classified as Aboriginal: person is Aboriginal (emphasis added)
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Taylor's results: Linked Records

NSW Aboriginal Deaths 2001-2005:

ABS deaths

2072

Enhanced deaths

2908

Percentage increase: 40.3%



Taylor's results: All Records

NSW Aboriginal Deaths 2001-2005:

ABS deaths

2401

Enhanced deaths

3237

Percentage increase: 34.8%



Applying the NSW Method to the ABS CDE linked data

CDE Linked deaths, NSW

Indigenous

Death record

372

Indigenous

Census or Death record

515

Percentage increase: 38.4%



Applying the NSW Method: adding unlinked deaths

Unlinked deaths, Australia: 473

Assume NSW 150

Indigenous

Death record

522

Indigenous

Census or Death record

665

Percentage increase: 27.4%



Implications

- Linkage of data sets has great potential
 - Which data sets should be linked? There should be multiple exercises and comparisons
 - Which “enhanced identification” criterion to use?
 - Indigenous records have low linkage results
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Time Series and backcasting

- Presentation of a point in time estimate is liable to mis-representation
 - CDE data set is small: interesting, not conclusive
 - Need to produce some time series data so that 'false' improvement cannot be imputed
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Need for Consultation

- Essential for in depth consultation with Indigenous people
 - Role of Ethics Committees in oversight of data linkage research
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The views expressed are my own.



Thank you
