

Senate Standing Committee on Community Affairs

ANSWERS TO QUESTIONS ON NOTICE

Treasury Portfolio

Cross-Portfolio Indigenous Affairs

17 February 2012

Question: ABS No. 1

Topic: Biomedical Advice

Senator SCULLION asked:

CHAIR: I know that Senator Scullion has one follow-up question to the statistics and then we will onto dialysis.

Senator SCULLION: Mr Jelfs, in response to a question about the survey and why the children were not being involved in it, you indicated that the ABS have provided you with some advice about the necessary quality of the structure of the survey. Would you be able to provide us with that advice?

Mr Jelfs: You are talking about the biomedical advice?

Senator SCULLION: Yes.

Mr Jelfs: Yes, we can provide you with some advice around the range of issues that we took on board in order to make that decision about the inclusion of children.

Senator SCULLION: As I recall in your answer you said that ABS had provided you some advice about—

Mr Jelfs: We are the ABS.

Senator SCULLION: Sorry, there was another element. I thought some specific advice have been provided to you from another part of the ABS or that you had received some specific advice. Is that not be case?

Mr Jelfs: No.

Senator SCULLION: I would still like some specifics around the rationale of that?

Mr Jelfs: We can furnish you some details about our decision making process around the children and their involvement in biomedical collection.

Senator SCULLION: Thank you very much.

Answer:

Development of an ABS survey is undertaken in a well-established process to ensure a high quality outcome. Following initial project proposal and planning phases, ABS conducts targeted consultation with a range of relevant stakeholders.

For the Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), this consultation commenced in late 2009 with an initial focus on confirming key information requirements, gaining early methodological advice and identifying critical success factors.

Concerns regarding potential sensitivities and associated poor response were first raised by members of the National Indigenous Health Equity Council (NIHEC) during a presentation to the Council on 10 December 2009.

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ABS subsequently tested the feedback provided by NIHEC with the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), the National Aboriginal Community Controlled Health Organisation (NACCHO) and the AATSIHS Indigenous Technical Panel (ITP). Also testing this advice through a review of relevant literature, ABS investigated outcomes for previous health projects.

In doing so, ABS noted the very limited take up of preventative health checks among Aboriginal and Torres Strait Islander children and youths in the year 2009-10.

Based on this advice and research, ABS assessed that the likely response from children for the current survey cycle would likely be very low, resulting in poor quality and unusable results. Through 2010-11 ABS tested a survey methodology incorporating an adult only biomedical collection process.

This testing commenced with general focus group research of the broad survey objectives and design, before progressing to in-depth (cognitive) testing of survey questions and response forms and finally full field tests of the survey collection method. Testing was undertaken across SA, NT, QLD, WA and ACT to ensure that regional variations were considered. Overall, this testing confirmed that the AATSIHS approach was acceptable to survey respondents and would support a good statistical outcome.