Technical Manual

Patient Experiences in Australia, Expanded CURF

Australia

Jul 2009 to Dec 2009

Technical Manual

Patient Experiences in Australia, Expanded CURF

Australia

Jul 2009 to Dec 2009

Brian Pink
Australian Statistician

ABS Catalogue No. 4840.0.55.002

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INQUIRIES

- For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070.

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ABS	Australian Bureau of Statistics
ABSDL	Australian Bureau of Statistics Site Data Laboratory
ANZSCO	Australian and New Zealand Standard Classification of Occupations
ANZSIC	Australian and New Zealand Standard Industrial Classification
ASCED	Australian Standard Classification of Education
CAI	computer assisted interviewing
CURF	confidentialised unit record file
ERP	estimated resident population
LFS	Labour Force Survey
MESC	main English-speaking countries
MPHS	Multipurpose Household Survey
OECD	Organisation for Economic Co-operation and Development
RADL	Remote Access Data Laboratory
RSE	relative standard error
SACC	Standard Australian Classification of Countries
SE	standard error
SEIFA	Socio-Economic Indexes for Areas

INTRODUCTION ....

OVERVIEW

This Technical Manual provides information about the release of microdata, relating to 'Patient Experience', from the 2009–10 Multipurpose Household Survey (MPHS). Microdata are the most detailed information available from a survey and are generally the answers to individual questions on the questionnaire or the data derived from answers to two or more questions.

The microdata are only released with the approval of the Australian Statistician and the data collected from the MPHS are only are available through an Expanded Confidentialised Unit Record File (CURF). An Expanded CURF provides access to more detailed information than would otherwise be available from a Basic CURF product. A Basic CURF has not been produced from this survey.

This paper provides general information and technical details about the 2009–10 MPHS Expanded CURF and should be used as a reference document when interrogating the file. The CURF can be accessed through the Australian Bureau of Statistics (ABS) Remote Access Data Laboratory (RADL) or via an ABS Data Laboratory (ABSDL).

The ABS RADL is a secure online data query service that approved clients can access via the ABS web site <http://www.abs.gov.au>. Within the RADL, users submit data queries in SAS, SPSS or STATA analytical software languages to interrogate and analyse CURFs which are kept within the ABS environment. The results of the queries are automatically checked for confidentiality prior to being made available to the users.

The ABSDL is available to approved clients in a secure data laboratory in any ABS State or Territory office. This service provides researchers with a more responsive and interactive environment in which to analyse CURFs than that offered by the RADL.

Further information about the RADL and ABSDL services, and other information to assist users in understanding and using CURFs in general, is available from the CURF Microdata Entry Page on the ABS web site <http://www.abs.gov.au/about/microdata> or click on Services then Confidentialised Unit Record Files next to the CURF Microdata heading.

ABOUT THE SURVEY

The MPHS is conducted each financial year throughout Australia from July to June as a supplement to the ABS' monthly Labour Force Survey (LFS) and is designed to provide annual statistics for a number of small, self-contained topics. In 2009–10 the topics were:
- Participation in sport and physical recreation
- Spectator attendance at sporting events
- Attendance at selected cultural venues and events
- Patient experience
- Work related injuries
- Family characteristics
- Crime victimisation

ABOUT THE SURVEY
continued

In addition to these topics, information on basic demographics, labour force characteristics, educational attainment and income are collected.

Summary data for all MPHS topics collected in 2009–10 have, or will be, published in separate publications. Generally, separate Expanded CURFs will be available following the release of the publications.

For the 'Patient Experience' topic, the survey was conducted from July 2009 to December 2009 and collected data about the characteristics of persons aged 15 years and over and their views of their health care experiences in the last 12 months. The topic provides information about access and barriers to a range of health care services including general practitioners, medical specialists and other health professionals, imaging and pathology, after hours care and hospital/emergency departments. Households with children under 15 years of age were also asked about their experiences of health provision for their children.

Estimates from the 2009–10 MPHS relating to the topics included on this CURF, as well as more information on the methodology, survey sample, conceptual framework and definitions were released in the 4839.0.55.001 – *Health Services: Patient Experiences in Australia, 2009* publication. This publication can be accessed free of charge from the ABS web site <http://www.abs.gov.au>.

CHAPTER **2** SURVEY METHODOLOGY ....

SCOPE

The MPHS is conducted as a supplement to the ABS' monthly LFS. The scope of the LFS is restricted to people aged 15 years and over and excludes the following:

- members of the permanent defence forces
- certain diplomatic personnel of overseas governments, customarily excluded from census and estimated resident populations
- overseas residents in Australia
- members of non-Australian defence forces (and their dependants).

In addition, the 2009–10 MPHS also excluded:

- people living in very remote parts of Australia
- people living in non-private dwellings such as hotels, university residences, students at boarding schools, patients in hospitals, residents of homes, (e.g. retirement homes, homes for persons with disabilities, women's shelters), and inmates of prisons.

The 2009–10 MPHS was conducted across urban and rural areas in all states and territories but excluded people living in very remote parts of Australia. The exclusion of these people will only have a minor impact on any aggregate estimates that are produced for states and territories, with the exception of the Northern Territory where people living in very remote areas account for approximately 23% of the total number of people in the population aged 15 years and over.

COVERAGE

The coverage of the 2009–10 MPHS was the same as the scope, except the following small population was not covered for operational reasons:

- persons living in Indigenous communities in non-very remote areas.

In the LFS, other coverage rules are applied which aim to ensure that each person is associated with only one dwelling and hence, has only one chance of selection. For more information about the LFS see *Labour Force, Australia* (cat. no. 6202.0).

DATA COLLECTION METHODOLOGY

Each month one eighth of the dwellings selected in the LFS sample are rotated out of the survey. These dwellings are called 'the outgoing rotation group'. The majority (over 80%) of the dwellings in the outgoing rotation group were then selected for the MPHS each month.

In these dwellings, after the LFS had been fully completed for each person in scope and coverage, a person aged 15 years or over was selected at random (based on a computer algorithm) and asked the various MPHS topic questions in a personal interview. If the randomly selected person was aged 15 to 17 years, permission was sought from a parent or guardian before conducting the interview. If permission was not given, the parent or guardian was asked the questions on behalf of the 15 to 17 year old.

DATA COLLECTION
METHODOLOGY
continued

Data were collected using Computer Assisted Interviewing (CAI), whereby responses were recorded directly into an electronic questionnaire in a notebook computer, usually during a telephone interview. Face-to-face CAI interviews were conducted in a small number of households, where that was the method of collection for the LFS.

The 2009–10 MPHS sample was accumulated over a twelve month period from July 2009 to June 2010.

Sample size

The sample size may vary for different topics in the MPHS. The initial sample for the 2009–10 MPHS was 38,655 private dwellings, from which one person was randomly selected. Of the 32,760 private dwellings that remained in the survey after sample loss (for example, vacant or derelict dwellings, dwellings under construction and dwellings selected in the survey which had no residents in scope for the LFS), 28,554 or 87% of those dwellings fully responded to the MPHS. Approximately 25% of the full MPHS dwelling sample were asked questions on the 'Patient Experience' topics (7,124 dwellings/persons).

It should be noted that steps are taken to confidentialise the unit record data made available on the CURF. This may include deleting some records. Consequently, the number of dwellings in the sample outlined above may not correspond to the number of records included on the CURF. For further details, see 'Chapter 3 – *Using CURF Data*'.

Due to differences in the scope, coverage and sample size of the MPHS and that of the LFS, the estimation procedure may lead to some small variations between labour force estimates from this survey and those from the LFS. For further information about survey design and sample size of the LFS, refer to the ABS publication *Information Paper: Labour Force Survey Sample Design, Nov 2007 (Third edition)* (cat. no. 6269.0).

WEIGHTING,
BENCHMARKING AND
ESTIMATION
Weighting

Weighting is the process of adjusting results from a sample survey to infer results for the total in-scope population. To do this, a 'weight' is allocated to each covered sample unit which, for the MPHS, can be either a person or a household. The weight is a value which indicates how many population units are represented by the sample unit.

The first step in calculating weights for each unit is to assign an initial weight, which is the inverse of the probability of being selected in the survey. For example, if the probability of a person being selected in the survey was 1 in 600, then the person would have an initial weight of 600 (i.e. they represent 600 people).

Benchmarking

The initial weights were then calibrated to align with independent estimates of the population of interest, referred to as 'benchmarks', in designated categories of age by sex by area of usual residence. Weights calibrated against population benchmarks ensure that the survey estimates conform to the independently estimated distribution of the population rather than the distribution within the sample itself. Calibration to population benchmarks helps to compensate for over or under-enumeration of particular categories of persons/households which may occur due to either the random nature of sampling or non-response.

Benchmarking continued

For person estimates, the MPHS was benchmarked to the Estimated Resident Population (ERP), at 30 September 2009, in each state and territory excluding the ERP living in very remote areas of Australia. For household estimates, the MPHS was benchmarked to independently calculated estimates of the total number of households in Australia. The MPHS estimates do not (and are not intended to) match estimates for the total Australian person/household population obtained from other sources (which may include persons living in very remote parts of Australia).

Estimation

Survey estimates of counts of persons are obtained by summing the weights of persons with the characteristic of interest. Estimates of non-person counts (e.g. number of months participated) are obtained by multiplying the characteristic of interest with the weight of the reporting person and then aggregating.

RELIABILITY OF ESTIMATES

All sample surveys are subject to error which can be broadly categorised as either sampling error or non-sampling error.

Sampling error occurs because only a small proportion of the total population is used to produce estimates that represent the whole population. Sampling error can be reliably measured as it is calculated based on the scientific methods used to design surveys. Non-sampling error can occur at any stage throughout the survey process. For example, persons selected for the survey may not respond (non-response); survey questions may not be clearly understood by the respondent; responses may be incorrectly recorded by interviewers; or there may be errors when coding or processing the survey data.

Sampling error

One measure of the likely difference between an estimate derived from a sample of persons and the value that would have been produced if all persons in scope of the survey had been included, is given by the Standard Error (SE) which indicates the extent to which an estimate might have varied by chance because only a sample of persons was included. There are about two chances in three (67%) that the sample estimate will differ by less than one SE from the number that would have been obtained if all persons had been surveyed and about 19 chances in 20 (95%) that the difference will be less than two SEs.

Another measure of the likely difference is the Relative Standard Error (RSE), which is obtained by expressing the SE as a percentage of the estimate.

Generally, only estimates (numbers, percentages, means and medians) with RSEs less than 25% are considered sufficiently reliable for most purposes. In ABS publications, estimates with an RSE of 25% to 50% are preceded by an asterisk (e.g. *15.7) to indicate that the estimate should be used with caution. Estimates with RSEs over 50% are indicated by a double asterisk (e.g.**2.8) and should be considered unreliable for most purposes.

In addition to the main weight (as outlined earlier), each record on the CURF also contains 30 'replicate weights'. The purpose of these replicate weights is to enable the calculation of the sample error on each estimate produced.

Sampling error continued

The basic concept behind the replication approach is to select different sub-samples repeatedly (30 times) from the whole sample. For each of these sub-samples the statistic of interest is calculated. The variance of the full sample statistics is then estimated using the variability among the replicate statistics calculated from these sub-samples. As well as enabling variances of estimates to be calculated relatively simply, replicate weights also enable unit record analyses such as chi-square and logistic regression to be conducted which take into account the sample design.

Further information about RSEs and how they are calculated can be referenced in the 'Technical Note' section in *Health Services: Patient Experiences in Australia, 2009* (cat. no. 4839.0.55.001).

RSEs for estimates in the tables published in each of these publications are available in spreadsheet format, on the ABS web site <http://www.abs.gov.au>, as attachments to each publication.

Non-sampling error

Non-sampling error may occur in any collection, whether it is based on a sample or a full count such as a census. One of the main sources of non-sampling error is non-response by persons selected in the survey. Non-response occurs when persons cannot or will not co-operate, or cannot be contacted. Non-response can affect the reliability of results and can introduce a bias. The magnitude of any bias depends upon the rate of non-response and the extent of the difference between the characteristics of those persons who responded to the survey and those that did not.

Every effort was made to reduce non-response and other non-sampling errors in the MPHS to a minimum by careful design and testing of the questionnaire, training and supervision of interviewers, and undertaking extensive editing and quality control procedures at all stages of data processing.

One advantage of the CAI technology used to conduct interviews is that it potentially reduces non-sampling error by enabling edits to be applied as the data are being collected. The interviewer is alerted immediately if information entered into the computer is either outside the permitted range for a particular question, or contradictory to information previously recorded during the interview. These edits allow the interviewer to query respondents and resolve issues during the interview. CAI sequencing of questions is also automated so that respondents are only asked relevant questions and in the appropriate order, thereby eliminating interviewer sequencing errors.

CHAPTER **3**   USING CURF DATA . . . .

ABOUT THE MICRODATA   The data included in the 2009 Patient Experience Expanded CURF are released under the provisions of the Census and Statistics Act 1905. These provisions allow for the release of data in the form of unit records where the information is not likely to enable the identification of a particular person or organisation. Accordingly, there are no names or addresses of survey respondents on the file(s). In addition, other steps have also been taken to protect the confidentiality of respondents, while at the same time maintaining the integrity of the data and optimising content. These include:
- reducing the level of detail for some data items
- changing some characteristics, particularly records identified as high risk
- excluding some data items that were collected
- perturbing or randomly adjusting income data.

As a result, data on the CURF will not exactly match other previously published estimates. Any changes to the distribution of values are not significant and the statistical validity of aggregate data is not affected.

The 2009 Patient Experience Expanded CURF contains 7,124 confidentialised respondent records from the survey. Subject to the limitations of the sample size and the data classifications used, it is possible to interrogate the CURF, produce tabulations and undertake statistical analyses to individual specifications.

FILE STRUCTURE   The file contains a person and household level file which contains all data items relating to the 'Patient Experience' Topic as well as general socio-demographic data items. The file is available in SAS, SPSS and STATA formats.

The person and household level file contains information about each survey respondent such as their age, sex, country of birth, personal income and highest level of educational attainment. The file also includes some household characteristics such as 'Equivalised weekly household income' and 'Whether household has child aged under 15'. Households with children aged under 15 years were also asked about their experiences of health services for their children. The data items collected at the household level for children are —
- whether thought care for child could have been provided by GP for most recent emergency department visit
- number of children in household who have been to hospital emergency department
- all reasons child went to hospital emergency department instead of GP on most recent occasion
- main reason child went to hospital emergency department instead of GP on most recent occasion
- type of clinic visited for most recent after hours GP services for child in household
- time between making appointment and seeing GP for most recent urgent medical care for child in last 12 months

FILE STRUCTURE
continued

- main reason child could not see GP after hours when needed most recently
- number of children who saw GP for urgent medical care in last 12 months
- whether child saw a GP for urgent medical care in last 12 months
- all reasons child could not see GP after hours when needed most recently.

Person level identifier

Each person has a unique random identifier – ABSHID.

WEIGHTS AND
ESTIMATION

For each record on the person level, two weights have been provided — one for person level estimates (FINWTPP) and a second weight for creating estimates related to children under 15 in the household (FINWTHP). The person level weight provided represents the number of population units that each record represents in the total in-scope population. Care needs to be taken to ensure that the appropriate weight is selected when calculating either person or household estimates, i.e. FINWTPP must be used when estimating the number of people with particular characteristics and FINWTHP must be used when estimating the number of households.

When estimates are derived from the CURF, it is essential that they are calculated by adding the weights and not by just adding the sample count. If the weight was to be ignored, then no account would be taken of a person's chance of selection or of different response rates across population groups, and the resulting estimates could be biased. The application of weights ensures that person estimates conform to an independently estimated distribution of the population by age, sex, state/territory and section of state/territory. Similarly, household estimates conform to an independently estimated distribution of dwellings by state/territory, part of state/territory and household composition.

STANDARD ERRORS

Each record on the person and household level file also contains 30 person and 30 household replicate weights and, by using these weights, it is possible to calculate standard errors for weighted estimates produced from the CURF. This method is known as the 30 group Jack-knife variance estimator.

To obtain the standard error of a weighted estimate y, calculate the same estimate using each of the 30 replicate weights. The variability between these replicate estimates (denoting y(g) for group number g) is used to measure the standard error of the original weighted estimate y using the formula:

$$SE(y) = \sqrt{(29/30) \sum_{g=1}^{30} (y_{(g)} - y)^2}$$

where:

g = the replicate group number

$y_{(g)}$ = the weighted estimate, having applied the weights for replicate group g

y = the weighted estimate from the sample.

STANDARD ERRORS
continued

The 30 group Jack-knife method can be applied not just to estimates of population total, but also where the estimate y is a function of estimates of population total, such as a proportion, difference or ratio. For more information on the 30 group Jack-knife method of SE estimation, see *Research Paper: Weighting and Standard Error Estimation for ABS Household Surveys (Methodology Advisory Committee), July 1999* (cat. no. 1352.0.55.029).

Use of the 30 group Jack-knife method for complex estimates, such as regression parameters from a statistical model, is not straightforward and may not be appropriate. The method as described does not apply to investigations where survey weights are not used, such as in unweighted statistical modelling.

SPECIAL CODES

For some data items certain classification values have been reserved as special codes and must not be added as if they were quantitative values. These special codes generally relate to data items such as income. For example, code 9999999998 for the data item 'Weekly personal income from all sources – parametric', refers to income 'Not known or not stated'.

Furthermore, most data items included on the CURF include a 'Not applicable' category. The classification value of the 'Not applicable' category and other special codes, where relevant, are shown in the CURF data item list (see *Data Item List* section later in this Chapter).

MULTI-RESPONSE FIELDS

A number of questions included in the survey allowed respondents to provide more than one response. On the CURF, each response category for one of these 'multi-response questions' (or data items) is basically treated as a separate data item. These data items have the same general data item identifier (SASName) but are each suffixed with a letter – A for the first response, B for the second response, C for the third response, D for the fourth response and so on.

For example, the multi-response data item 'All reasons child could not see GP after hours when needed most recently' (with a general SASName of CHNGPRA – See data item list), has 10 response categories. Consequently, 10 data items have been produced – CHNGPRAA, CHNGPRAB, CHNGPRAC, CHNGPRAD, CHNGPRAE, CHNGPRAF, CHNGPRAG, CHNGPRAH, CHNGPRAI and CHNGPRAJ.

Generally, the first data item in the series (e.g. CHNGPRAA) can have up to three response codes: A 'Yes' response (usually code 1 or 01); a 'Null' response (usually 0 or 00) indicating that the response was not relevant for the respondent; and a 'Not Applicable' response for the respondents not asked the questions. Other data items in the series (e.g. CHNGPRAB, CHNGPRAC, etc.) have only two response categories: a 'Yes' response and a 'Null' response. The 'Yes' response code is usually sequential beginning with code 1 for position A, code 2 for position B, code 3 for position C etc.

It should be noted that the sum of individual multi-response categories will be greater than the population or number of people applicable to the particular data item as respondents are able to select more than one response. Multi-response data items can be identified in the data item list as SASNames followed by a range of letters in brackets; for example, CHNGPRA (A-J).

GEOGRAPHY

To enable analysis at a regional level, each record on the CURF contains a state/territory identifier (STATEUR).

SEIFA AND GEOGRAPHIC DATA ITEMS

To provide CURF users with greater flexibility in their analyses, the ABS has included one Socio-economic Index For Areas (SEIFA) on the Expanded CURF. For this CURF, the Index of Relative Socio-economic Disadvantage, in deciles, has been included.

HOUSEHOLD SIZE

Some inconsistencies may occur between household size recorded on this CURF (which is determined by the scope rules for the LFS), and family composition. For example, the household size recorded on this file may be one person, while family composition may relate to a couple or group household because the other household member(s) are out of scope for the labour force survey (i.e. they are part of the defence forces or temporarily overseas and therefore excluded from the survey).

DATA ITEM LIST

A complete list of all data items included on the CURF is provided in the Excel spreadsheet *(4840055002_Data_Item_List_PEX09EP.xls)* that accompanies this technical manual. The data items are grouped under the following broad topics:

- Demographics
- Education
- Labour Force
- Income
- Patient Experience

Users intending to purchase CURFs should ensure that the data they require, and the level of detail required, are available on the CURF they are intending to use.

POPULATIONS

The population relevant to each data item is identified in the data item list and should be borne in mind when extracting and analysing data from the CURF. The actual population count for each data item is equal to the total cumulative frequency minus the 'Not applicable' category.

Generally, all populations, including very specific populations, can be 'filtered' by using other relevant data items. For example, if the population of interest is 'Employed persons', any data item with that population (excluding the Not applicable category) can be used. For example, the data items 'Full-time or part-time status in employment' (FTPTEMP) and 'Occupation of current main job (ANZSCO 2006)' (OCC06CF) are applicable to employed persons only. Therefore, either of the following filters could be used when restricting a table to 'Employed persons' only:

FTPTEMP > 0 or OCC06CF > 00

(Note: For these data items the 'Not applicable' categories (i.e. those persons who are not employed) are codes 0 and code 00 respectively – which is therefore excluded from the population filter).

Conversely, code 1 for the data item Labour force status (LFSTATC) is Employed persons. Therefore, once again, if the population of interest is Employed persons, this data item could be used as the filter (i.e. LFSTATC = 1).

DATA AVAILABLE ON
REQUEST

Data obtained in the survey but not contained on the CURF may be available from the
ABS, on request, as statistics in tabulated form.

Subject to confidentiality and sampling variability constraints, special tabulations can be
produced incorporating data items, populations and geographic areas selected to meet
individual requirements. These are available on request, on a fee for service basis, and
can be provided in printed or electronic form. Contact the National Information and
Referral Service on 1300 135 070 or <client.services@abs.gov.au> for further
information.

CHAPTER **4**   FILE CONTENT ....

The 2009–10 MPHS Expanded CURF can be accessed via the RADL or ABSDL and is available in SAS, SPSS and STATA formats. the CURF comprises of the following files.

Data files

PEX09EP.sas7bdta – contains the person and household level confidentialised survey unit record data in SAS for Windows format

PEX09EP.sav – contains the person and household level confidentialised survey unit record data in SPSS for Windows format

PEXO09EP.dta – contains the person and household level confidentialised survey unit record data in STATA format

Information files

4840055002_Data_Item_List_PEX09EP.xls – contains all the data items, including details of categories and code values, that are available on the Expanded CURF

4839.0.55.001.pdf – previously published results from the 2009–10 MPHS 'Patient Experience' topic; *Health Services: Patient Experiences in Australia, 2009* (cat. no. 4839.0.55.001)

Results_PEX09EP_person level.txt – contains weighted and unweighted frequency counts for all person level data items

Results_PEX09EP_household level.txt – contains weighted and unweighted frequency counts for all household level data items

FORMATS.sasb7cat – the SAS format file which provides labels for associated code values in the SAS version of the CURF

1406055002_mar 2006.pdf – provides information about accessing CURFs via the RADL *Technical Manual: ABS Remote Access Data Laboratory (RADL), User Guide, March 2006* (cat. no. 1406.0.55.002)

CONDITIONS OF RELEASE ....

The 2009–10 MPHS Patient Experience CURF is released in accordance with a Ministerial Determination (Clause 7, Statutory Rules 1983, No. 19) in pursuance of section 13 of the *Census and Statistics Act 1905*. As required by the Determination, the information contained in the CURF can only be disclosed in a manner that is not likely to enable the identification of any particular person or organisation to which it relates.

The Australian Statistician's approval is required for the release of the CURF. In addition, and prior to being granted access to the CURF, all organisations and all individuals within organisations who request access to the CURF, will be required to sign an undertaking to abide by the legislative restrictions on their use. Organisations and individuals who seek access to use the 2009–10 MPHS Patient Experience Expanded CURF are required to give an undertaking which includes, amongst other conditions, that in using the data they will:

- use the information only for the statistical purposes specified in the Deed of Undertaking
- not attempt to identify particular persons organisations
- not disclose, either directly or indirectly, the information to any other person or organisation, other than members of their organisation who have been given prior approval by the ABS to have individual access to the information
- not attempt to match the data, with or without using identifiers, to any other list of persons or organisations
- comply with any other directions or requirements specified in the ABS electronic publication *Responsible Access to ABS CURFs Training Manual* (cat. no. 1406.0.55.003)
- not attempt to access the information after the term of their authorisation expires, or after their authorisation is rescinded by the organisation which provided it, or after they cease to be a member of that organisation.

Use of the data for statistical purposes means use of the information contained in the CURF to produce information of a statistical nature, i.e. that arrangement and classification of numerical facts or data, including statistical analyses or statistical aggregates. Examples of statistical purposes are :

- manipulation of the data to produce means, correlations or other descriptive or summary measures
- estimation of population characteristics
- use of data as input to mathematical models or for other types of analysis (e.g. factor analysis)
- providing geographical or pictorial representations of the characteristics of the population or subsets of the population.

CLIENT RESPONSIBILITIES
continued

All CURF users are required to read and abide by the conditions and restrictions in the *Responsible Access to ABS CURFs Training Manual* (cat. no. 1406.0.55.003) which is available on the ABS website (<http: //www.abs.gov.au/about/microdata> then click on CURF User Tool Kit).

Use of the data for unauthorised purposes may render the purchaser liable to serve penalties. Advice about the propriety of any particular intended use of the data should be sought from the Microdata Access Strategies Section of the ABS (email: <microdata.access@abs.gov.au>).

CONDITIONS OF SALE

All ABS products and services are provided subject to ABS Conditions of Sale. Any queries relating to these conditions should be referred to <intermediary.management@abs.gov.au>.

PRICE

CURF access is priced according to ABS Pricing Policy and Commonwealth Cost Recovery Guidelines. For these details refer to <http://www.abs.gov.au> click on ABS About Us then ABS Pricing Policy.

The price for the 2009–10 MPHS Patient Experience Expanded CURF as at February 2011, is $1,430 including GST.

CURF prices are also listed on the ABS website (<http://www.abs.gov.au/about/microdata>) then click on Frequently Asked Questions then How much do CURFs cost).

HOW TO ORDER

All clients wishing to access the 2009–10 MPHS Patient Experience Expanded CURF are required to sign and submit a Deed of Undertaking. This Deed legally binds the client to comply with the ABS terms and conditions of CURF access. Assistance in applying for CURF access and submitting relevant documentation is provided in *Managing ABS Confidentialised Unit Record Files (CURFs): A Step by Step Guide* (cat. no. 1406.0.55.004). To access this guide on the ABS website: <http://www.abs.gov.au/about/microdata> click on Applying for CURF Microdata which is located on the left menu panel.

Before completing the application form, clients should read the *Responsible Access to ABS CURFs Training Manual* (cat. no. 1406.0.55.003) and other related CURF information which are available on the CURF Microdata web pages (<http://www.abs.gov.au/about/microdata>).

AUSTRALIAN
UNIVERSITIES

The ABS/Universities Australia Agreement provides participating universities with access to a range of ABS products and services. This includes access to the 2009–10 MPHS Patient Experience Expanded CURF for research and teaching purposes. For further information, university clients should refer to the ABS website (<http://www.abs.gov.au/about/microdata> then click on ABS/Universities Australia Agreement located on the left menu panel).

FURTHER INFORMATION

The CURF Microdata Entry page on the ABS website (<http://www.abs.gov.au/about/microdata>) contains links to all the information required for understanding and accessing CURFs. However, if other information is required clients should contact the Microdata Access Strategies Section of the ABS (email <microdata.access@abs.gov.au> or telephone: (02) 6252 7704).

After hours	After hours care is care that is received after the standard business hours of the health service; on a public holiday; or a Sunday; or before 8am or after 1pm on a Saturday; or before 8am or after 8pm on any other day.
Australian Standard Classification of Education (ASCED)	The ASCED is a national standard classification which includes all sectors of the Australian education system, that is, schools, vocational education and training, and higher education. The ASCED comprises two classifications : Level of Education and Field of Education, see *Australian Standard Classification of Education (ASCED), 2001* (cat. no. 1272.0).
Contributing family worker	A person who works without pay in an economic enterprise operated by a relative.
Coordination of care	Refers to help with the following, provided by one or more health professionals treating a person for a single condition:
	■ booking or coordinating appointment times
	■ finding relevant specialists or other health professionals
	■ scheduling diagnostic tests
	■ collating medical history information.
Country of birth	Country of birth is classified according to the *Standard Australian Classification of Countries (SACC)* (cat. no. 1269.0).
Couple	Two people in a registered or de facto marriage, who usually live in the same household.
Couple family	A household consisting of a couple and at least one dependent child usually resident in the household. Related non-dependent children may also be present in the household. Households which also have other related or unrelated residents are included. For the purpose of this survey, 'couple family' only refers to households containing one family. Households containing more than one family have been included under 'other households'.
Couple only	A household consisting of a couple with no other related or unrelated persons usually resident. For the purpose of this survey, 'couple only' only refers to households containing one family. Households containing more than one family have been included under 'other households'.
Deciles	Groupings that result from ranking all households or people in the population in ascending order according to some characteristic such as their income and then dividing the population into ten equal groups, each comprising around 10% of the estimated population. See also Income deciles.
Dependent children	These are all people aged under 15 years; and people aged 15–24 years who are full-time students, have a parent in the household and do not have a partner or child of their own in the household.
Employed	All persons aged 15 years and over who reported they had worked in a job, business or farm during the reference week (the full week prior to interview); or that they had a job in the reference week, but were not at work.
Employed full-time	Employed persons who usually worked 35 hours or more a week (in all jobs) and those who, although usually working less than 35 hours a week, worked 35 hours or more during the reference week.
Employed part-time	Employed persons who usually worked less than 35 hours a week (in all jobs) and either did so during the reference week, or were not at work in the reference week.

Equivalised household income	Equivalising adjusts actual income to take into account the different needs of the households of different sizes and compositions. There are economic advantages associated with living with others, because household resources, especially housing, can be shared. The equivalence scale used to obtain equivalised income is that used in studies by the Organisation for Economic Co-operation and Development (OECD) and is referred to as the 'modified OECD scale'. The scale gives a weight of 1.0 to the first adult in the household, a weight of 0.5 for each additional adult (persons aged 15 years and over) and a weight of 0.3 for every child. For each household, the weights of the household members are added together to form a household weight. Total household income is then divided by the household weight to give an income that a lone person household would need for a similar standard of living. Equivalised household income can be viewed as an indicator of the economic resources available to each member of the household.
Family	Two or more people, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who usually live in the same household. A separate family is formed for each married couple, or for each set of parent-child relationships where only one parent is present.
Family composition of household	The family type categories only refer to one-family households.
Field of Education	Field of education is defined as the subject matter of an educational activity. It is categorised according to the *Australian Standard Classification of Education (ASCED), 2001* (cat. no. 1272.0) – Field of Education classification.
Government pension / allowance	Income support payments from government to people under social security and related government programs. Included are pensions an allowances received by the aged, disabled, unemployed and sick people, families and children, veterans and their survivors, and study allowance for students. Payments made by overseas governments as well as the Australian Government are included.
Group household	A household consisting of two or more unrelated people where all persons are aged 15 years and over. There are no reported couple relationships, parent-child relationships or other blood relationships in the household. Group households are classified in the Family composition of household data item.
Harm or harmful side-effect.	The terms 'harm' and 'harmful' were left to the respondent's interpretation. Discretionary interviewer advice was to include: ■ any harm or side-effect the respondent perceived as harmful caused by any kind of medical treatment ■ harmful side-effects cause by prescribed medications (including problems with dosage, timing or incorrect medication) ■ harmful side-effects from diagnostic tests (such as x-rays, blood tests, endoscopy) ■ harmful side-effects from anaesthesia in hospital ■ harm caused by error or incompetence during surgery or other medical procedure ■ harm caused by rough physical treatment by medical staff. and to exclude any side-effect the respondent did not personally consider harmful.
Health professional	A health professional is a person who helps in identifying or preventing or treating illness or disability. Health professionals may include, but are not limited to: ■ general practitioners ■ medical specialists ■ physiotherapists ■ dieticians ■ nurses ■ pharmacists ■ surgeons ■ optometrists

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Health professional *continued*	■ chiropractors ■ cardiologists ■ dermatologists ■ gastroenterologists ■ haematologists ■ neurologists ■ obstetricians ■ oncologists ■ psychiatrists.
Highest educational attainment	Identifies the highest achievement a person has attained in any area of study. It is a ranking of qualifications and other educational attainments regardless of the particular area of study or the type of institution at which the study was undertaken. Highest educational attainment is based on the *Australian Standard Classification of Education (ASCED), 2001* (cat. no. 1272.0).
Hospital admission	A hospital admission is the formal acceptance by a hospital or other in-patient health care facility of a patient who is to be provided with room, board, and continuous nursing service in an area of the hospital or facility where patients generally reside at least overnight.
Hospital emergency department visit	Any time a person went to an emergency department for their own health, whether it was within normal GP practising hours or after hours.
Household	A group of related or unrelated persons who usually live in the same dwelling and make common provision for food and other essentials of living: or a lone person who makes provision for his or her own food and other essentials of living without combining with another person.
Imaging test	Imaging tests or diagnostic imaging include all tests that produce images or pictures of the inside of the body in order to diagnose diseases. Tests involve the use of radiant energy, including x-rays, sound waves, radio waves, and radioactive waves and particles that are recorded by photographic films or other types of detectors.
Income	Gross current usual (weekly equivalent) cash receipts that are of a regular and recurring nature, and accrue to individual household members at annual or more frequent intervals, from employment, own business, the lending of assets and transfers from Government, private organisations and other households.
Income deciles	When ranking and deriving income deciles, the same dollar values can appear in adjoining deciles. For the purposes of the CURF, the decile boundaries have been adjusted so that each decile range is mutually exclusive. The impact of this is minor but it should be noted that the income deciles only approximate 10% of the estimated population. Cases where the income was not stated, not known or refused are recorded as 'Income not known or not stated' and were excluded from the calculation of the deciles. See *Deciles* and *Perturbation*.
Industry	Industry has been classified according to the *Australian and New Zealand Standard Industrial Classification (ANZSIC), 2006* (cat. no. 1292.0).
Issues caused by lack of coordination between health professionals	The definition of an 'issue' was left to the respondent's interpretation. Discretionary interviewer advice was to include: ■ test results or other records not reaching the health professional's office in time for an appointment ■ having to provide the same details about a medical condition to different health professionals ■ being sent for the same tests by different health professionals ■ given contradictory information about a condition by different health professionals ■ not being told by a pharmacist or other health professional that the medication prescribed might be harmful because of other drugs they were taking.

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Labour force status	A classification of the population aged 15 years and over into employed, unemployed or not in the labour force, as defined.
Level of education	Is categorised according to *Australian Standard Classification of Education (ASCED), 2001* (cat. no. 1272.0) – Level of Education classification.
Lone person household	A household consisting of a person living alone.
Main English–speaking countries	The list of main English-speaking countries (MESC) provided here is not an attempt to classify countries on the basis of whether or not English is the predominant or official language of each country. It is a list of the main countries from which Australia receives, or has received, significant numbers of overseas settlers who are likely to speak English. These countries comprise the United Kingdom, the Republic of Ireland, New Zealand, Canada, South Africa and the United States of America. Non-MESC describes people originating from countries where a language other than English is likely to be spoken by migrants. It is important to note that being from a non main English-speaking country does not imply a lack of proficiency in English.
Medical specialist	A medical specialist is a doctor that practices one branch of medicine. Patients are usually referred to a specialist by their general practitioner or by a specialist from another branch of medicine.
Non-dependent children	A child of a couple or lone parent usually resident in the household, aged 15 years or over and who is not a dependent student aged 15–24 years, and who does not have a partner or child of his/her own living in the household.
Non-school qualification	Non-school qualifications are awarded for educational attainment other than those of pre-primary, primary or secondary education. They include qualifications at the Post Graduate Degree level, Master Degree level, Graduate Diploma and Graduate Certificate level, Bachelor degree level, Advanced Diploma and Diploma level, and Certificates I, II, III and IV levels. Non–school qualifications may be attained concurrently with school qualifications.
Not in the labour force	Persons who were not employed or unemployed.
Occupation	Classified according to the *Australian and New Zealand Standard Classification of Occupation (ANZSCO), First Edition, 2006* (cat. no. 1220.0).
One-parent family	A household consisting of a lone parent and at least one dependent child usually resident in the household. Related non-dependent children may also be present in the household. Households which also have other related or unrelated residents are included. For the purpose of this survey, 'one-parent family' only refers to households containing one family. Households containing more than one family have been included under 'other households'.
Other households	Comprises all households not otherwise defined, including multiple family households, and households consisting of unrelated adults. This category is applicable to the household composition data item.
Out-of-pocket expenses	Out-of-pocket expenses refer to expenses of services or procedures less the Medicare rebate. The person did not have to have been aware of the exact amount they would pay, rather an approximate amount of what was not covered by Medicare.
Own account worker	A person who operates his or her own incorporated business or engages independently in a profession or trade and hires no employees.
Participation rate	In the context of labour force statistics, the participation for any group is number of persons in the labour forces (i.e. employed persons plus unemployed persons) expressed as a percentage of the population aged 15 years and over in the same group.
Pathology test	A pathology test is laboratory medicine that includes analysis of specimens such as urine and blood in order to diagnose disease.

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Perturbation	Perturbation is a process whereby some values of particular variables are slightly varied to protect the confidentiality of the record. For the CURF, perturbation has been applied to all income data items.
Pharmaceutical care	For the purposes of this publication, this relates to instances where a person sought health-related advice from a pharmacist (chemist) either on their own or someone else's behalf. Discretionary interviewer advice was to exclude information asked of or received from pharmacy assistants.
Prescription medication	A drug that requires a prescription from a medical practitioner before it can be dispensed. This differs from over-the-counter medication, which can be purchased without a prescription.
Private health insurance	Refers to voluntary coverage through the private health care system (e.g. Medibank Private, MBF, NIB, HCF and Manchester Unity). Private health insurance supplements the Medicare system, which provides a tax-financed public system that is available to all Australians. Depending on the type of cover purchased, private health insurance provides cover against all or part of hospital theatre and accommodation costs in either a public or private hospital, medical costs in hospital and costs associated with a range of services not covered under Medicare, including private dental services, optical, chiropractic, home nursing, ambulance and natural therapies.
Private patient	Patients admitted to public or private hospitals can choose their treating doctor. Medicare pays 75 per cent of the Medicare schedule fee for services and procedures provided by the nominated doctor. For patients who have private health insurance, some or all of the outstanding balance may be covered.
Public patient	Patients admitted to public hospitals as public (Medicare) patients receive treatment by doctors and specialists nominated by the hospital. Public patients are not charged for care and treatment or after-care by the treating doctor, as the schedule fee for services and procedures is fully subsidised by Medicare.
Qualification	A formal certification, issued by a relevant body, in recognition that a person has achieved learning outcomes or competencies relevant to identified individual, professional, industry or community needs. Statements of attainment awarded for partial completion of a course of study at a particular level are excluded.
Quintiles	Groupings that result from ranking all households or people in the population in ascending order according to some characteristic such as their income and then dividing the population into five equal groups, each comprising around 20% of the estimated population. See also Income deciles.
SAS	A data analysis and statistical software system.
Self-assessed health status	A person's impression of their own health against a five point scale from excellent through to poor.
Social marital status	Social marital status is the relationship status of an individual in terms of whether she or he forms a couple relationship with another person living in the same usual residence, and the nature of that relationship. A marriage exists when two people live together as husband and wife, or partners, regardless of whether the marriage is formalised through registration. Individuals are, therefore, regarded as married if they are in a de facto marriage, or if they are living with the person to whom they are registered as married. Note: married de facto also includes persons who report de facto, partner, common law husband /wife / spouse, lover, girlfriend or boyfriend.

The term 'not married', as used in this classification, means neither a registered nor a de facto marriage. This includes persons who live alone, with other family members, and those in shared accommodation. |

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Socio-Economic Indexes for Areas (SEIFA)	SEIFA is a product developed especially for those interested in the assessment of the welfare of Australian communities. The ABS has developed four indexes to allow ranking of regions / areas, providing a method of determining the level of social and economic well-being in each region.

Each of the indexes summarises different aspects of the socio-economic status of the people living in those areas. The index refers to the attributes of the area (the Census Collector's District) in which a person lives, not to the socio-economic situation of a particular individual. The index used on this CURF was compiled following the 2006 Population and Housing Census. For further information about the SEIFAs, see *Information Paper: Census of Population and Housing – Socio-Economic Indexes for Areas, Australia* (cat. no. 2039.0).

The four indexes are:
- Index of Relative Socio-economic advantage and disadvantage : includes attributes of both advantage and disadvantage, such as households with low incomes and people with a tertiary education.
- Index of Relative Socio-economic disadvantage : includes attributes such a low income, low educational attainment, high unemployment and dwellings without motor vehicles
- Index of economic resources : includes attributes such as income, housing expenditure and assets of households
- Index of education and occupation : includes attributes relating to the educational and occupational characteristics of communities, like the proportion of people with a higher qualification or those employed in a skilled occupation.

The Index of Relative Socio-economic Disadvantage is available on this CURF and is presented in deciles only.

SPSS	A data analysis and statistical software system.
STATA	A data analysis and statistical software system.
Unemployed	Persons aged 15 years and over who were not employed during the reference week, and:

- had actively looked for full-time or part-time work at any time in the four weeks up to the end of the reference week and were available for work in the reference week, or
- were waiting to start a new job within four weeks from the end of the reference week and could have started in the reference week if the job had been available then.

Unincorporated business	A business in which the owner(s) and the business are the same legal entity, so that, for example, the owner(s) are personally liable for any business debts that are incurred.
Urgent medical care	In this question, the term 'urgent' was left to the respondent's interpretation. Discretionary interviewer advice was to include health issues that arose suddenly and were serious, e.g. fever, headache, vomiting, unexplained rash; but that seeing a GP to get a medical certificate for work for a less serious illness would not be considered urgent.
Usual residence	A usual residence is a dwelling that is a person's only or main residence. If a person resided in more than one dwelling, the usual residence was the dwelling with which the person had the strongest family and/or economic ties. This would normally be the person's permanent home base or place of permanent address.

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