The need for improved Australian data on social determinants of health inequities

To THE EDITOR: We endorse the call of Flavel and colleagues[1] for improved data on, and greater attention to inequities in, social determinants of health. People with disability experience poorer health than the general population. Much of this disparity is attributable to entrenched disadvantage in social determinants of health such as employment, housing, and violence.[2] Ongoing impacts from the coronavirus disease 2019 (COVID-19) pandemic may increase disparities in social determinants and health outcomes for people with disability. Yet people with disability remain largely invisible in key data sources.[3,4]

Disability identifiers are included in several national surveys conducted by the Australian Bureau of Statistics (eg, the Survey of Disability, Ageing and Carers[5] and General Social Survey[6]) and some of the longitudinal datasets mentioned by Flavel and colleagues. However, survey data have limitations: they are based on a population sample, capture data at specific time points, and rely on self-report information (eg, on income, service use). National surveys typically exclude individuals living in settings such as boarding houses and welfare institutions, where people with disability are over-represented.

Administrative datasets complement survey data. They capture more detailed and often continuous data on individuals, their contact with services and related outcomes. Regrettably, disability status is rarely collected in administrative datasets in Australia.

Work is underway on the National Disability Data Asset,[7] comprising linked data from multiple state, territory and national administrative sources. This asset will require a robust and consistent basis for identifying individuals with disability, beyond the subset of people identified by their contact with disability-specific programs or payments.

Australia urgently needs a nationally agreed, consistent disability identifier to leverage the opportunity provided by the National Disability Data Asset to identify and monitor disparities in health and social determinants experienced by Australians with disability. Development of such a disability identifier is essential to build a strong evidence base to deliver better outcomes and reduce health inequities. Crucially, people with disability and their representative organisations must be involved as key drivers and decision makers at every stage of development and implementation of the to-be-developed national disability identifier.

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1 Flavel J, McKee M, Freeman T, et al. The need for improved Australian data on social determinants of health inequities. *Med J Aust* 2022; 216: 388-391. https://www.mja.com.au/journal/2022/216/8/need-improved-australian-data-social-determinants-health-inequities

2 Froehlich-Grobe K, Douglas M, Ochoa C, Betts A. Social determinants of health and disability. In: Lollar D, Horner-Johnson W, Froehlich-Grobe K, editors. Public health perspectives on disability: science, social justice, ethics, and beyond, 2nd ed. New York: Springer, 2021: 53-89.

3 Fortune N, Madden RH, Clifton S. Health and access to health services for people with disability in Australia: data and data gaps. *Int J Environ Res Public Health* 2021; 18: 11705.

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7 Australian Government, Department of Social Services. The National Disability Data Asset. https://www.dss.gov.au/disability-and-carers-research-and-data/the-national-disability-data-asset (viewed May 2022). ■Letter