





## My experience with administrative data

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## **Overview**

- Sourcing data
- Data application process
- ☐ Data linkage & transfer
- Data cleaning
- ☐ Benefits of using linked data
- Final reflections

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## **Example**

# The importance of secondary school education in the patterning of health outcomes in Scotland

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## **Background**

- ☐ Broad aim: Investigate how various health outcomes in Scotland are patterned according to educational status.
- ☐ Particular focus on educational attainment at school-leaving.
- ☐ Several ways in which education may influence health:
  - Better education can lead to better job opportunities and income.
  - Better education can improve knowledge of how to live a healthy life and have a better understanding of how certain behaviours can affect health.

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## **Sourcing Data**

#### ☐ Health outcome data:

· Hospitalisation and mortality records (ISD).

#### ■ Education data (??):

- Scottish Longitudinal Study (SLS)
- · Obtain education data directly from Scottish Government

#### ☐ Obtaining data from Scottish Government:

- As with SLS, we would also only be able to access education data as far back as 2007 (due to data quality issues)
- Could we gain access to pupil names to improve linkage to health data (SQA)?

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## Data Application Process (~2012/13)

#### 1. Define specific research questions

- Cohort and hence health outcomes restricted by availability of education data back to 2007 only.
- Focus on
  - Mental health outcomes e.g. suicide/attempted suicide and psychiatric hospital admission as well as
  - Alcohol and drug-related deaths and hospitalisations
  - Accidents and assaults

#### 2. Data applications

- ☐ Three different data applications had to be made to the three different agencies providing data:
  - Privacy Advisory Committee (PAC) application to ISD to use health data and request linkage of previously unlinked datasets.
  - Data access application to Education Analytical Services (EAS) at the Scottish Government to access education data.
  - Application to Scottish Qualifications Authority (SQA) to access names of pupils for education and health data linkage.

## **Data Requested**

#### ☐ Health data (ISD)

- General acute inpatient & day case discharges (SMR01)
- Psychiatric admissions (SMR04)
- Maternity inpatient & day case discharges for cohort member & any offspring of female cohort members (SMRO2)
- Deaths

#### ☐ Education data (Scot Gov)

- School attainment data for all school leavers
- Pupil Census data
- Attendance, absence and exclusion data
- · Destination information
- School-level deprivation information (SIMD)

#### ☐ Other (SOA)

• Identifiers (including Scottish Candidate number, forename & surname, gender and DOB)

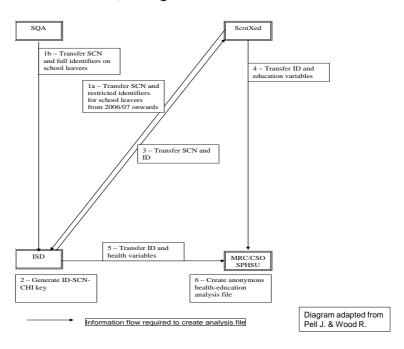
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## **Variable Selection**

☐ Applications to both ISD and Scot Gov required detailed
lists of all variables that required for the research.

- Any variables requested at a later date may (or may not) have to go through another formal application process and be signed-off separately.
- Sourcing education variables
  - ScotGov (ScotXed) website data specification documents for each survey
  - Administrative Data Liaison Service (ADLS) website
- Sourcing health variables
  - SMR crib sheets

#### **Data Extraction, Linkage & Transfer Process**



## Problems with the data (Received June 2013)

#### Major problems

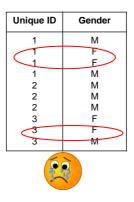
□ Health and education data did not appear to be referring to the same person when cross-checking on variables like gender and year of birth.

	unique_id	YearOfBirth	yobsmr02
1	1	1995	1993
2	2	1991	1995
3	3	1992	1989
4	4	1990	1994
5	5	1989	1993
6	6	1991	1993
7	7	1991	1992
8	8	1991	1993
9	9	1990	1993
10	10	1989	1994

☐ ISD had sent an old version of the anonymised ID to ScotXed for them to attach to the education data.

■ Education data was very messy - inconsistencies within data - having to check for consistency within individuals for all variables (very time-consuming!!).

Unique ID	Gender
1	М
1	M
1	M
1	M
2	М
2 2 2	M
2	М
3	F
3	F
3	F



- □ Data extraction problems delete all education data (January 2014)!!
- New (cleaner!!) dataset received end February 2014.

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#### Minor Problems (some examples)

- □ Death records for individuals who had further records (health and/or education) after date of death.
  - Most of these death records had been linked to individuals who were multiple birth babies and the death record was actually for their twin: delete death record.
- Mismatch between education and health records based on gender/YOB cross-checks: full exclusion
- ☐ Attainment data where the date of award was after supposed date of school-leaving.
  - Keep the attainment record if the date of award within 1 year of schoolleaving.
  - Assumed this would capture courses that had been taken at school, but had been awarded at a later date due to late submission, but would exclude any courses taken at college.

## **Benefits**

- Large datasets
  - · Rare outcomes
- Range of confounders
- Natural experiments
  - Causal relationships

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## **Opportunities for Publications**

- Inequalities in Perinatal outcomes
  - Fairley L, Leyland AH. Social class inequalities in perinatal outcomes: Scotland 1980-2000. Journal of Epidemiology & Community Health 2006;60:31-36
  - Fairley L, Dundas R, Leyland AH. The influence of both individual and area based socioeconomic status on temporal trends in Caesarean sections in Scotland 1980-2000. BMC Public Health 2011;11:330
- Evaluation of the Health in Pregnancy Grant policy
  - · NIHR Report due soon
  - 5 conference presentations
- ☐ Evaluation of the Healthy Start Voucher Scheme
  - · Linking survey data to routine data
- Educational effects on health of young adults
  - Stewart CH, Leyland AH. The role of educational attainment in explaining the relationship between perinatal conditions and suicidal behaviour in young adults in Scotland: a prospective cohort study
  - Cohort profile paper
  - 4 conference presentations

## Final Reflections: What I've Learned

Linking previously unlinked data is a long process, but it can provide access to large, rich datasets.
Document all the data cleaning decisions that have to be made and any cases that have to be excluded.

later if data seem more 'messy' than expected.

☐ Get in touch with data custodians sooner rather than

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#### Final Reflections: What could have been done better?

- ☐ Data custodians could have been better at suggesting further information that I would probably need e.g. continuous inpatient stay variable chance conversation with colleague.
  - Having data agencies and 'experts' that know the data and what is available may help to overcome this.

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## Thank you

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