

National Indigenous Reform Agreement: P04-Rates of current daily smokers, 2010 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	396224
Registration status:	Community Services (retired) , Superseded 04/04/2011

Data quality

Institutional environment:	These surveys are conducted under the <i>Census and Statistics Act 1905</i> . For information on the institutional environment of the Australian Bureau of Statistics (ABS), including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, see the ABS Institutional Environment.
Timeliness:	<p>The National Aboriginal and Torres Strait Islander Social Survey (NATSISS) is conducted every six years. The 2008 survey was conducted from August 2008 to April 2009. Results were released in October 2009.</p> <p>The National Health Survey (NHS) is conducted every three years and enumerated over a 12-month period to account for seasonal variability in its measures. The 2007–08 survey was conducted between August 2007 and June 2008. Results were released in May 2009.</p>
Accessibility:	See also <i>National Aboriginal and Torres Strait Islander Social Survey, 2008</i> (4714.0) and <i>National Health Survey: Summary of Results, 2007-08</i> (4364.0). Specialised data tables and Confidentialised Unit Record Files (CURFs) are also available on request.
Interpretability:	<p>Data for this indicator have been age-standardised to account for differences between the age structures of the Indigenous and non-Indigenous populations. Direct age-standardisation to the 2001 total Australian population was used. Age-standardised results provide a measure of relative difference only between populations.</p> <p>Information on how to interpret and use the data appropriately is available from Explanatory Notes in <i>National Aboriginal and Torres Strait Islander Social Survey, 2008</i> (4714.0) and <i>2007-08 NHS Users' Guide</i> (4363.0.55.001). The <i>2008 NATSISS Users' Guide</i> (4720.0) is due for release in 2010.</p>
Relevance:	<p>While Indigenous status is collected in the NHS, the survey sample and methodology are not designed to provide output that separately identifies Indigenous people. The NHS can, however, be used for providing non-Indigenous comparisons.</p> <p>The 2008 NATSISS and 2007-08 NHS collected self-reported information on smoker status from persons aged 15 years and over. This refers to the smoking of tobacco, including manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and pipes, but excluding chewing tobacco and smoking of non-tobacco products. The current daily smoker category includes respondents who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day. The NATSISS and NHS also collect a range of other health-related information that can be analysed in conjunction with smoker status.</p>

Accuracy: The NATSISS is conducted in all states and territories and includes remote and non-remote areas. The 2008 sample was 13 300 persons/6900 households, with a response rate of 82 per cent of households.

In the 2008 NATSISS there was a relatively large level of undercoverage when compared to other ABS surveys. As a consequence, the analysis undertaken to ensure that results from the survey were consistent with other data sources was more extensive than usual. Potential bias due to undercoverage was addressed by the application of a number of adjustments to the initial weights and an adjustment to geographical areas based on the density of the Indigenous population. As undercoverage can result in variances across population characteristics, interpreting the survey results. For more information see the 2008 NATSISS Quality Declaration.

The NHS is conducted in all states and territories excluding very remote areas. This exclusion has a small impact only on national and state estimates, except for the Northern Territory, where such persons comprise over 20 per cent of the population. As a consequence of this exclusion, comparisons between Indigenous and non-Indigenous people in remote areas are not available. The 2007-08 NHS response rate was 91 per cent of households.

Both surveys are weighted to account for non-response. Since it is derived from sample surveys, this indicator is subject to sampling error which occurs because only a small proportion of the population is used to produce estimates that represent the whole population. Sampling error can be reliably estimated and is based on the statistical methods used to design surveys.

Overall, this indicator has a relative standard error (RSE) of less than 25 per cent for all states and territories, except for non-Indigenous estimates for the Northern Territory (28 per cent) which should be used with caution. Finer levels of disaggregation (e.g. by the inclusion of other cross classifying variables may result in higher levels of sampling error.

Coherence: The methods used to construct the indicator are consistent and comparable with other collections and with international practice. Data for this indicator are consistent with information presented in the *Aboriginal and Torres Strait Islander Health Performance Framework* (indicator 2.18)

Relational attributes

Related metadata references: Has been superseded by [National Indigenous Reform Agreement: P103-Rates of current daily smokers, 2014 QS](#)
[Indigenous](#), Superseded 17/02/2016

Indicators linked to this Data Quality statement: [National Indigenous Reform Agreement: P04-Rates of current daily smokers, 2010 Community Services \(retired\)](#), Superseded 04/04/2011