

# National Healthcare Agreement: P06-Proportion of adults who are daily smokers, 2010 QS

## Identifying and definitional attributes

<b>Metadata item type:</b>	Quality Statement
<b>METEOR identifier:</b>	407734
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 12/03/2015</li></ul>

## Relational attributes

<b>Indicators linked to this Quality statement:</b>	<a href="#">National Healthcare Agreement: P06-Proportion of adults who are daily smokers, 2010 Health</a> , Superseded 08/06/2011
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## Data quality

**Institutional environment:** The National Health Survey (NHS) and the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) are collected, processed, and published by the Australian Bureau of Statistics (ABS). The ABS operates within a framework of the *Census and Statistics Act 1905* and the *Australian Bureau of Statistics Act 1975*. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.

For more information on the institutional environment of the ABS, including the legislative obligations of the ABS, financing and governance arrangements, and mechanisms for scrutiny of ABS operations, please see ABS Institutional Environment.

**Timeliness:** The NHS is conducted every three years over a 12 month period. Results from the 2007-08 NHS were released in May 2009. The NATSISS is conducted every six years. The 2008 survey was conducted from August 2008 to April 2009, with results released in October 2009.

**Accessibility:** See *National Health Survey, Summary of Results* (cat. no. 4364.0) for an overview of results from the NHS, and *National Health Survey: State tables for State and Territory specific tables*. See *National Aboriginal and Torres Strait Islander Social Survey, 2008* (cat. no. 4714.0) for an overview of results from the NATSISS. Other information from the surveys is available on request.

**Interpretability:** Information to aid interpretation of the data is available from the *National Health Survey User Guide*, and the *National Aboriginal and Torres Strait Islander Social Survey, Explanatory Notes* on the ABS website.

Many health-related issues are closely associated with age; therefore data for this indicator have been age-standardised to the 2001 total Australian population to account for differences in the age structures of the states and territories and the Indigenous and non-Indigenous population. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

**Relevance:** The NHS 2007-08 and NATSISS 2008 collected self-reported information on smoker status from persons aged 18 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.

**Accuracy:** The NHS is conducted in all states and territories excluding very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also not included in the survey. The exclusion of persons usually resident in very remote areas has a small impact on estimates, except for the Northern Territory, where such persons make up a relatively large proportion of the population. The 2007-08 NHS response rate was 91 per cent. NHS data are weighted to account for non-response.

The NATSISS is conducted in all states and territories and includes remote and non-remote areas. The 2008 sample was 13,300 persons/6,900 households, with a response rate of 82 per cent of households.

There was a relatively large level of undercoverage in the 2008 NATSISS compared with other ABS surveys, therefore 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 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, as well as across data items, caution should be exercised when interpreting the survey results. For more information, see the 2008 NATSISS Quality Declaration.

As it is drawn from a sample survey, the indicator is subject to sampling error. Sampling error 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 as it is calculated based on the statistical methods used to design surveys. Rates should be considered with reference to their Relative Standard Error (RSE). Estimates with RSEs between 25 per cent and 50 per cent should be used with caution. Estimates with RSEs greater than 50 per cent are generally considered too unreliable for general use.

This indicator has acceptable levels of sampling error for all states and territories by index of disadvantage except for Tas, ACT and NT, which have some RSEs between 25 per cent and 50 per cent and some RSEs greater than 50 per cent. RSEs for adult smoking rates for remote areas are mostly greater than 25 per cent and should be used with caution. Sampling error for rates of smokers by Indigenous status is generally acceptable for all states and territories.

**Coherence:** The methods used to construct the indicator are consistent and comparable with other collections and with international practice. The NHS and NATSISS also collect a range of other health-related information that can be analysed in conjunction with smoker status.

Other non-ABS collections, such as the National Drug Strategy Household Survey (NDSHS), report estimates of smoker status. Results from the most recent NDSHS in 2007 show slightly lower estimates for current daily smoking than in the NHS 2007-08. These differences may be due to the greater potential for non-response bias in the NDSHS and the differences in collection methodology.

## Source and reference attributes

**Submitting organisation:** Australian Bureau of Statistics

## Relational attributes

**Related metadata references:** Has been superseded by [National Healthcare Agreement: PI 04-Rates of current daily smokers, 2013 QS](#)

- [Health](#), Superseded 14/01/2015