National Healthcare Agreement: PB c-Better health: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate (for 25 years and over) of 7.1 per cent) by 2023, 2014

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National Healthcare Agreement: PB c-Better health: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate (for 25 years and over) of 7.1 per cent) by 2023, 2014

Identifying and definitional attributes

Metadata item type: Indicator Indicator type: Indicator

Short name: PB c-Reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels

(equivalent to a national prevalence rate (for 25 years and over) of 7.1 per cent) by

2023, 2014

METEOR identifier: 517699

Registration status: Health, Superseded 14/01/2015

Description: Proportion of people with Type 2 diabetes.

Indicator set: National Healthcare Agreement (2014)

Health, Superseded 14/01/2015

Outcome area: Prevention

Health, Standard 07/07/2010

Collection and usage attributes

Population group age

from:

25 years

Computation description: Proxy measure:

The National Health Measures Survey component of the 2011–13 Australian Health Survey (cat. no. <u>4364.0.55.005</u>) included a fasting plasma glucose test.

A respondent to the survey is considered to have *known diabetes* if they had ever been told by a doctor or nurse that they have Type 2 diabetes and:

- They were taking diabetes medication (either insulin or tablets); or
- Their blood test result for fasting plasma glucose was greater than or equal to 7.0 mmol/L).

A respondent to the survey is considered to have *newly diagnosed diabetes* if they reported no prior diagnosis of diabetes, but had a fasting plasma glucose value greater than or equal to 7.0 mmol/L.

Excludes persons who did not fast for 8 hours or more prior to their blood test.

Excludes women with gestational diabetes.

Population is limited to persons aged 25 years and over.

Rates are directly age-standardised to the 2001 Australian population.

Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of person (subject to data availability).

Presented as a percentage.

95% confidence intervals and relative standard errors calculated for rates.

Note: The type of diabetes for newly diagnosed cases cannot be determined from a fasting plasma glucose test alone. However, it is assumed that the vast majority of newly diagnosed cases would be Type 2.

Computation: 100 x (numerator/denominator)

Numerator: Number of persons aged 25 years and over with *known diabetes* (Type 2) or *newly*

diagnosed diabetes as determined by a fasting plasma glucose test.

Numerator data elements:

Data Element / Data Set-

Data Element

Persons with known diabetes (Type 2) or newly diagnosed diabetes.

Data Source

ABS Australian Health Survey (AHS), 2011-13

Guide for use

ABS National Health Measures Survey - respondents voluntarily provided blood and urine samples, which were then analysed for specific chronic disease and nutrition biomarkers.

Denominator: Population aged 25 years and over.

Denominator data elements:

Data Element / Data Set-

Person—age, total years N[NN]

Data Source

ABS Australian Health Survey (AHS), 2011-13

Guide for use

Data source type: Survey

Data Element / Data Set

Person—age, total years N[NN]

Data Source

ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012-13

Guide for use

Data source type: Survey

Disaggregation:

2011-12—State and territory, by sex.

2011–12—Nationally, by:

- remoteness (Australian Statistical Geography Standard (ASGS) Remoteness Structure).
- 2011 Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socioeconomic Disadvantage (IRSD) quintiles.

Disaggregation data elements:

Data Element / Data Set-

Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)

Data Source

ABS Australian Health Survey (AHS), 2011-13

Data Element / Data Set-

Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)

Data Source

ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012-13

Comments: Most recent data available for 2014 Council of Australian Governments (COAG)

Reform Council (CRC) report: 2011–12.

Results for the Aboriginal and Torres Strait Islander population will be available in

2014.

The baseline measure of 7.1 per cent is calculated from the Australian Diabetes. Obesity and Lifestyle Study conducted in 1999–2000. Note that this number was age-standardised to the average of the 1999 and 2000 Australian populations, and was based on data from both oral glucose tolerance tests (OGTTs) and fasting plasma glucose tests. As an OGTT was not conducted as part of the National Health Measures Survey, the data supplied for the 2014 CRC report are not comparable to the baseline measure of 7.1 per cent.

Fasting plasma glucose test data will be supplied as a proxy from the AHS for this benchmark, age-standardised to the 2001 Australian population. The equivalent baseline measure from the Australian Diabetes, Obesity and Lifestyle Study, agestandardised to the 2001 Australian population and using fasting plasma glucose test data, has been calculated to be a rate of 5.0%.

Representational attributes

Representation class: Percentage

Data type: Real Unit of measure: Person

Indicator conceptual framework

Framework and dimensions:

Health conditions

Data source attributes

Data sources: Data Source

ABS Australian Health Survey (AHS), 2011-13

Frequency

Every 3 years

Data custodian

Australian Bureau of Statistics

Data Source

ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012-13

Frequency

Every 6 years

Data custodian

Australian Bureau of Statistics

Accountability attributes

Reporting requirements: National Healthcare Agreement

Organisation responsible

for providing data:

Australian Bureau of Statistics

Benchmark:

collection required:

Further data development / Specification: Minor work required, the measure needs minor work to meet the

intention of the indicator.

Source and reference attributes

Reference documents: Dunstan et al. 2002, The Australian Diabetes, Obesity and Lifestyle Study

(AusDiab) - methods and response rates, Diabetes Research and Clinical

Practice 57:119-129.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PB c-Better health: reduce the ageadjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate (for 25 years and over) of 7.1 per cent) by 2023, 2013

Health, Superseded 30/04/2014

Has been superseded by National Healthcare Agreement: PB c-Better health: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate (for 25 years and over) of 7.1 per cent) by 2023, 2015

Health, Superseded 08/07/2016

See also National Healthcare Agreement: PI 10-Prevalence of Type 2 diabetes, 2014

Health, Superseded 14/01/2015

See also National Healthcare Agreement: PI 15-Effective management of diabetes, 2014

Health, Superseded 14/01/2015