National Healthcare Agreement: PI 04-Rates of current daily smokers, 2014 QS

Identifying and definitional attributes

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- Health, Superseded 14/01/2015

Relational attributes

Indicators linked to this Quality statement: National Healthcare Agreement: PI 04-Rates of current daily smokers, 2014
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Data quality

Institutional environment: The Australian Health Survey (AHS) and Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) were 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 AHS is conducted every three years over a 12 month period. Results from the 2011–12 Core component of the AHS were released in June 2013.

The AATSIHS is conducted approximately every six years over a 12 month period. Results from the 2012–13 National Aboriginal and Torres Strait Islander (NATSIHS) component of the AATSIHS were released in November 2013. The previous NATSIHS was conducted in 2004–05.

Accessibility: See *Australian Health Survey: First Results, 2011–12* (ABS cat. no. 4364.0.55.001) and *Australian Health Survey: Health Service Usage and Health Related Actions, 2011–12* (ABS cat. No. 4364.0.55.002) for an overview of results from the National Health Survey (NHS) component of the AHS. See: *Australian Health Survey: Updated Results, 2011–12* (cat. No. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.

The data for NATSIHS are available from the ABS website in the publication *Australian Aboriginal and Torres Islander Health Survey: First Results, Australia, 2012–13* (ABS cat. no. 4727.0.55.001). Other information from the survey is available on request.

Interpretability:

Information to aid interpretation of the data is available from the *Australian Health Survey: Users' Guide, 2011–13* on the ABS website (ABS cat. no. 4363.0.55.001).

Data for the general and non-Indigenous populations replaces data supplied for the 2013 reporting cycle which was based on the NHS subset (20,500 people) of the full sample (32,000 people). The larger sample size (the full sample or core) supplied for the 2014 reporting cycle provides more accurate estimates and allows for analysis at a finer level of disaggregation. For more information on the structure of the AHS, see Structure of the Australian Health Survey.

For information on how the results compare between the two samples, see Comparison of Results in *Australian Health Survey: Updated Results, 2011–12* (ABS cat. no. 4364.0.55.003).

Information on how to interpret and use the NATSIHS data appropriately is available from Explanatory Notes in *Australian Aboriginal and Torres Strait Islander Health Survey: First results, 2012–13* (ABS cat. no. 4727.0.55.001) and also from the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012–13* (ABS cat. no. 4727.0.55.002).

Many health-related issues are closely associated with age, so 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. Age standardised rates should be used to assess the relative difference between groups, not to infer the rates that actually exist in the population.

Relevance:

The 2011–13 AHS and the 2012–13 NATSIHS 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.

Accuracy:

The AHS was 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 residing in very remote areas has only a minor impact on estimates for individual states and territories, except for the Northern Territory, where such persons make up approximately 23 per cent of the population. The response rate for the 2011–12 Core component was 82 per cent. Results are weighted to account for non-response.

The AATSIHS was conducted in all states and territories, including very remote areas. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were excluded from the survey. The final response rate for the 2012–13 NATSIHS component was 80 per cent. Results are weighted to account for non-response.

As they are drawn from a sample survey, data for the indicator are 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 scientific methods used to design surveys. Rates should be considered with reference to the 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.

The following comments apply to data for the general and non-Indigenous populations only.

- Data for Northern Territory for 2007–08 should be used with caution due to large RSEs resulting from the small sample size for Northern Territory in 2007–08.
- This indicator generally has acceptable levels of sampling error for state/territory by sex and age breakdown, for persons under the age of 65 years. For persons aged 65 years and over, rates for Northern Territory and Australian Capital Territory should be used with caution.
- RSEs for adult smoking rates by state/territory and remote areas are mostly greater than 25 per cent and should either be used with caution or are considered too unreliable for general use.
- Adult smoking rates generally have acceptable levels of sampling error for state/territory and SEIFA quintiles, though some rates for Victoria, Queensland, South Australia, Tasmania, Australian Capital Territory and Northern Territory should either be used with caution or are considered too unreliable for general use.

The following comments apply to data from the NATSIHS for the Aboriginal and Torres Strait Islander population only:

- Smoking questions were changed in the 2012–13 NATSIHS to add questions about specific tobacco products (chewing tobacco, cigars, pipes, other), in order to account for potential high levels of chewing tobacco use among Aboriginal and Torres Strait Islander people, which would elevate nicotine levels observed in biomedical data. This change in the questionnaire is minor and the data are considered to be comparable to the 2011–12 AHS data.
- Overall, this indicator has an RSE of less than 25 per cent for all states and territories. 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. The AHS and NATSIHS collected 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 recent NDSHS in 2010 show slightly lower estimates for current daily smoking than in the 2011–13 AHS. 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:

Supersedes National Healthcare Agreement: PI 04-Rates of current daily smokers, 2013 QS

- Health, Superseded 14/01/2015

Has been superseded by National Healthcare Agreement: PI 04-Rates of current daily smokers, 2015 QS

- Health, Superseded 31/01/2017