National Health Performance Authority, Healthy Communities: Percentage of adults who are overweight or obese, 2011–12

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Adults who are overweight or obese
METEOR identifier:	527650
Registration status:	National Health Performance Authority (retired), Retired 01/07/2016
Description:	Percentage of adults who are overweight or obese.
Indicator set:	National Health Performance Authority: Healthy Communities: 2011– National Health Performance Authority (retired), Retired 01/07/2016

Collection and usage attributes

Population group age from:	18 years

Computation description: The numerator was calculated as the sum of calibrated sample weights for adults who were classified as overweight or obese, and who were enumerated within the Medicare local catchment.

The denominator was calculated as the sum of calibrated sample weights for adults who were enumerated within the particular Medicare Local catchment.

Person level survey weights were calibrated to independent estimates of the population of interest, referred to as 'benchmarks'. Weights calibrated against population benchmarks ensure that the survey estimates conform to independently estimated distributions of the population, rather than to the distribution within the sample itself. These benchmarks account for the distribution of people across state and territory, age group, and sex categories. Note: These benchmarks have not been calibrated for Medicare Local geography.

Body Mass Index (BMI) is calculated as weight (in kilograms) divided by the square of height (in metres).

For adults, obesity is defined as a BMI of greater than or equal to 30.00 and overweight is defined as a BMI of 25.00–29.99.

National Health Performance Authority suppression protocols:

- Additional suppression rules were developed and applied by the National Health Performance Authority to ensure robust reporting of these data at small areas.
- These suppression rules are based on limits for Relative Standard Error[1] and Confidence Interval width of 30%, with additional cross-validation for estimates close to these limits, that is plus or minus 3% of the limits. If an estimate was marginal[2] with respect to Relative Standard Error, the Confidence Interval width was used as the deciding factor. If an estimate was marginal[2] with respect to Confidence Interval width, then Relative Standard Error is used as the deciding factor. Data were supressed based on the following rules:
    - Relative Standard Error of 33% or greater, or
    - Confidence Interval (95%) width of 33% or greater, or
    - Relative Standard Error between 27% and 33%, with significantly[3] wider Confidence Interval width than the average for that indicator, or
    - Confidence Interval width between 27% and 33%, with significantly[3] wider Relative Standard Error than the average for that indicator.

1. For a dichotomous proportion, Relative Standard Error can be defined as the ratio of the standard error and the minimum of the estimate and its complement (100%–estimate).
2. In this context, marginal is defined as within 10% of the 30% limit, or +/- 3%.
3. In this context, statistical significance is defined as at least two standard deviations above average.

Computation: 100 x (Numerator ÷ Denominator)

Numerator: Number of adults who were classified as overweight or obese

Numerator data elements:

Data Element / Data Set

Adult—body mass index (self-reported), ratio NN[N].N[N]

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 Health Survey (AHS), 2011-13

Guide for use

Data source type: Survey

Denominator:

Total population of adults

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

Disaggregation:

Overweight or obesity

Medicare Local catchments and Medicare Local peer groups

- Medicare Locals are primary health care organisations established to improve responsiveness, coordinate primary health care delivery and tackle local health care needs and service gaps. A Medicare Local catchment refers to the geographical area of a Medical Local.
- Medicare Local peer groups are the grouping of the 61 Medicare Locals into seven peer groups. This grouping was undertaken by the National Health Performance Authority using statistical cluster analysis of 2006 Census based socioeconomic status for each Medicare Local and, 2006 Census based Remoteness Area categories (ABS cat. no. 2039.0). Additional information on the average distance to the closest large city and major hospital (A1 public hospital peer group classification, 2010–11) contributed to the assignment of Medicare Locals to peer groups. Groupings were tested for face validity with a stakeholder group. The National Health Performance Authority has created 7 peer groups: Metro 1 to 3, Regional 1 and 2 and Rural 1 and 2.

Disaggregation data elements:

Data Element / Data Set

Person (address)—Australian postcode (Postcode datafile), code NNN[N]

Data Source

ABS Australian Health Survey (AHS), 2011-13

Guide for use

Data source type: Survey

Comments:

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Person

Format: NN.N

Indicator conceptual framework

Framework and dimensions: PAF-Responsiveness

Data source attributes

Data sources:

Data Source

ABS Australian Health Survey (AHS), 2011-13

Frequency

Every 3 years

Data custodian

Australian Bureau of Statistics

Accountability attributes

Reporting requirements: Performance and Accountability Framework

Organisation responsible for providing data: Australian Bureau of Statistics (ABS).

Accountability: NHPA

Benchmark:

Further data development / collection required: Specification: Long-term.

Source and reference attributes

Submitting organisation: NHPA

Origin: Healthy Communities

Reference documents: NHR_PAF2011