

National Health Performance Authority, Healthy Communities, Percentage of adults who are daily smokers, 2011–12

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	Adults who smoke daily
METEOR identifier:	527654
Registration status:	National Health Performance Authority (retired) , Retired 01/07/2016
Description:	Percentage of adults who are daily smokers.
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:	<p>A current daily smoker was defined as a person who smokes one or more cigarettes, roll-your-own cigarettes, cigars or pipes at least once a day. Chewing tobacco and the smoking of non-tobacco products were excluded.</p> <p>This indicator was calculated using data from two components of the ABS Australian Health Survey (AHS) 2011–13, the ABS National Health Survey (NHS) 2011–12 and the ABS National Nutrition and Physical Activity Survey (NNPAS) 2011–12.</p>
Computation:	$100 \times (\text{Numerator} \div \text{Denominator})$
Numerator:	<p>Number of adults who smoke tobacco every day.</p> <ul style="list-style-type: none">The numerator was calculated as the sum of calibrated sample weights for adults who responded that they currently smoke tobacco, and who were enumerated within the particular Medicare local catchment.

Numerator data elements:

Data Element / Data Set

[Person—tobacco smoking status, code N](#)

Data Source

[ABS Australian Health Survey \(AHS\), 2011-13](#)

Guide for use

Data source type: Survey

Denominator:

Total population of adults

- The denominator was calculated as the sum of calibrated sample weights for adults who were enumerated within the 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.

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:

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 Medicare 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**[Address—Australian postcode, Australian postcode code \(Postcode datafile\) {NNNN}](#)**Data Source**[ABS Australian Health Survey \(AHS\), 2011-13](#)

Comments:

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 Error¹ 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 marginal² with respect to Relative Standard Error, the Confidence Interval width was used as the deciding factor. If an estimate was marginal² with respect to Confidence Interval width, then Relative Standard Error is used as the deciding factor.
 - Data were suppressed 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 significantly³ wider Confidence Interval width than the average for that indicator, or
 - Confidence Interval width between 27% and 33%, with significantly³ 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.

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Person
Format:	N[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: National Healthcare Agreement**Organisation responsible for providing data:** Australian Bureau of Statistics**Further data development/ collection required:** Specification: Long-term

Source and reference attributes

Submitting organisation: NHPA
Origin: Healthy Communities
Reference documents: NHR_PAF 2011