

National Healthcare Agreement: PI 04-Rates of current daily smokers, 2015 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	559136
Registration status:	Health , Superseded 31/01/2017

Data quality

Institutional environment:	<p>The 2011–12 Australian Health Survey (AHS) and 2012–13 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 <i>Census and Statistics Act 1905</i> and the <i>Australian Bureau of Statistics Act 1975</i>. These ensure the independence and impartiality from political influence of the ABS, and the confidentiality of respondents.</p> <p>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 on the ABS website, www.abs.gov.au.</p>
Timeliness:	<p>The AHS is conducted every three years over a 12 month period. Results from Core component of the AHS were released in June 2013.</p> <p>The AATSIHS is conducted over a 12 month period, approximately every 6 years. Results from the Care component of the AATSIHS were released in June 2014.</p>
Accessibility:	<p>See <i>Australian Health Survey: First Results</i> (Cat. no. 4364.0.55.001) and <i>Australian Health Survey: Health Service Usage and Health Related Actions</i> (Cat. no. 4364.0.55.002) for an overview of results from the National Health Survey (NHS) component of the AHS. See: <i>Australian Health Survey: Updated Results</i> (Cat. no. 4364.0.55.003) for results from the Core component of AHS. Other information from this survey is also available on request.</p> <p>The data for National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) are available from the ABS website in the publication <i>Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13</i> (Cat. no. 4727.0.55.001). See <i>Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results</i> (Cat no. 4272.0.55.006) for results from the Core component of the AATSIHS. Other information from the AATSIHS is also available from the ABS website, www.abs.gov.au.</p>

Interpretability:

Information to aid interpretation of the data is available on the ABS website from the *Australian Health Survey: User Guide, 2011-13* (Cat. no. 4363.0.55.001) and the *Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012-13* (Cat. no. 4727.0.55.002).

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. Age standardised rates should be used to assess the relative differences between groups, not to infer the rates that actually exist in the population.

Information for the 2015 Report for the Aboriginal and Torres Strait Islander population replaces data supplied for the 2014 Report which was based on the National Aboriginal and Torres Strait Islander Health Survey subset (9300 people) of the full sample (13,000 people). The larger sample size used for the 2015 reporting cycle provides more accurate estimates and allows for analysis at a finer level of disaggregation.

For information on how the results compare between the two samples, see *Comparison of Results in the Australian Health Survey: Updated Results* (Cat. No. 4364.0.55.003).

Relevance:

The 2011–13 AHS and 2012–13 AATSIHS 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 a small impact on estimates, 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 response rate for the Core component of the 2012–13 AATSIHS 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 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.

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

- Data for the Northern Territory in 2011–12 are not comparable to previous years due to the increase in sample size. Data for the NT for 2007–08 should be used with caution due to large RSEs resulting from the small sample size.
- This indicator generally has acceptable levels of sampling error for State/Territory by sex and age, for persons under the age of 65 years. For persons aged 65 years and over, data should be used with caution. Rates for 18–24 year old males in the Australian Capital Territory and for 18–24 year old females in South Australia, the Northern Territory and the Australian Capital Territory should be used with caution.
- RSEs for adult smoking rates by State/Territory for remote areas other than in the Northern Territory, and for outer regional Victoria, are 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, the Australian Capital Territory and the Northern Territory should either be used with caution or are considered too unreliable for general use.

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

- Smoking questions were changed in the 2012–13 AATSIHS to include chewing tobacco in order to account for potential high levels of use among Aboriginal and Torres Strait Islander people. Data for 2012–13 are considered comparable with data for the Aboriginal and Torres Strait Islander population for 2007–08, and with data for the non-Indigenous population for all years.
- This indicator has acceptable levels of sampling error, with RSEs of less than 25 per cent 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 AHS 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, 2014 QS](#)

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

Has been superseded by [National Healthcare Agreement: PI 04-Rates of current daily smokers, 2017 QS](#)

[Health](#), Standard 31/01/2017

Indicators linked to this Data Quality statement: [National Healthcare Agreement: PI 04-Rates of current daily smokers, 2015](#)

[Health](#), Superseded 08/07/2016