National Healthcare Agreement: PI 04-Rates of current daily smokers, 2017 QS

Exported from METEOR (AIHW's Metadata Online Registry)

National Healthcare Agreement: PI 04-Rates of current daily smokers, 2017 QS

Identifying and definitional attributes

Metadata item type: Data Quality Statement

METEOR identifier: 658457

Registration status: Health, Standard 31/01/2017

Data quality

Institutional environment: The 2014–15 National Health Survey (NHS) and 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) 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, see ABS institutional environment.

Timeliness: The NHS is conducted approximately every 3 years. The 2014–15 NHS was conducted between July 2014 and June 2015. The previous NHS was collected as part of the Australian Health Survey (AHS) in 2011–13. Results from the 2014–15 NHS were released in December 2015.

The NATSISS is conducted approximately every 6 years. The 2014–15 NATSISS was conducted between September 2014 and June 2015. The previous NATSISS (2008) was conducted between August 2008 and April 2009. Results from the 2014–15 NATSISS were released in April 2016.

Accessibility: See *National Health Survey: first results, 2014–15* (ABS 2015) and *National Aboriginal and Torres Strait Islander Social Survey: 2014–15* (ABS 2016) for an overview of results. Other information from these surveys may also be available on request.

Interpretability: Information to aid interpretation of the data from the *National Health Survey: first results, 2014–15* (ABS 2015) and the *National Aboriginal and Torres Strait Islander Social Survey: user guide, 2014-15* (ABS 2016) are available on the ABS website.

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

Relevance: The 2014–15 NHS and 2014–15 NATSISS 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, electronic cigarettes (and similar) 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 2014–15 NHS was conducted in all states and territories, excluding *Very remote* areas and discrete Aboriginal and Torres Strait Islander communities. These exclusions are unlikely to affect national estimates, and will only have a minor effect on aggregate estimates produced for individual states and territories, excepting the Northern Territory where the population living in private dwellings in *Very remote* areas accounts for around 28% of persons. Non-private dwellings such as hotels, motels, hospitals, nursing homes and short-stay caravan parks were also excluded from the survey. The response rate for the 2014–15 NHS was 82%. Results are weighted to account for non-response.

The 2014–15 NATSISS 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 2014–15 NATSISS was 80%. 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. Indications of the level of sampling error are given by the relative standard error (RSE) and 95% margin of error (MOE). Estimates with an RSE of 25–50% should be used with caution. Estimates with an RSE over 50% are generally considered too unreliable for general use. Margins of error are provided for proportions to assist in assessing the reliability of these data. The proportion combined with the MOE defines a range which is expected to include the true population value with a given level of confidence. This is known as the confidence interval. Proportions with an MOE of greater than 10 percentage points indicate that the range in which the true population value is expected is relatively wide.

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

Adult smoking rates by state/territory and remoteness (Table NHA 4.1):

- RSEs for *Inner regional* and *Remote* Western Australia are greater than 25% and data should be used with caution.
- RSEs for *Remote* areas of all states and territories, except Western Australia and the Northern Territory are greater than 50% and data are considered too unreliable for general use.

Adult smoking rates by state/territory and Socio-Economic Indexes for Areas (SEIFA) quintiles (Table NHA 4.2):

- RSEs for quintile 1 in the Australian Capital Territory, quintile 4 in Tasmania, and quintile 5 in Queensland, South Australia and Tasmania, are greater than 25% and data should be used with caution.

The following comments apply to data for the Aboriginal and Torres Strait Islander population **(Table NHA 4.3)**:

- This indicator has acceptable relative standard error (RSE) levels of less than 25% 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 2014–15 NHS and 2014–15 NATSISS 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 2013 show slightly different estimates for current daily smoking than the 2014–15 NHS. 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
Reference documents:	ABS (Australian Bureau of Statistics) 2015. National Health Survey: first results, *2014–15.* ABS cat. no. 4363.0.55.001. Canberra: ABS. ABS 2016. National Aboriginal and Torres Strait Islander Social Survey: 2014–15. ABS cat. no. 4714.0. Canberra: ABS.

Relational attributes

Related metadata references:	Supersedes National Healthcare Agreement: PI 04-Rates of current daily smokers, 2015 QS Health, Superseded 31/01/2017
Indicators linked to this Data Quality statement:	National Healthcare Agreement: PI 04–Rates of current daily smokers, 2017 Health, Superseded 30/01/2018