

# National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2018; Quality Statement

## Identifying and definitional attributes

<b>Metadata item type:</b>	Quality Statement
<b>METEOR identifier:</b>	689654
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Indigenous</a>, Superseded 07/02/2019</li></ul>

## Relational attributes

<b>Indicators linked to this Quality statement:</b>	<a href="#">National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2018</a> <a href="#">Indigenous</a> , Superseded 31/07/2018
---	--

## Data quality

<b>Institutional environment:</b>	The Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) and Australian Health Survey (AHS) 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.
-----------------------------------	---

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](#)

<b>Timeliness:</b>	The AATSIHS is conducted approximately every six years over a 12-month period. Results from the 2012-13 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) component of the AATSIHS were released in November 2013.
--------------------	---

The AHS is conducted every three years over a 12-month period. Results for the 2011-12 full sample (Core component) of the AHS were released in June 2013.

<b>Accessibility:</b>	See <i>Australian Aboriginal and Torres Strait Islander Health Survey: First Results Australia, 2012–13</i> (ABS 2013a) for an overview of results from the NATSIHS component of the AATSIHS. See <i>Australian Health Survey: First Results 2011–12</i> (ABS 2012b) for an overview of results from the NHS component of the AHS, and <i>Australian Health Survey: Updated Results, 2011–12</i> (ABS 2013b) for results from the Core component of the AHS. Other information from this survey may also be available on request from the <a href="#">ABS</a> .
-----------------------	---

<b>Interpretability:</b>	<p>Information to aid interpretation of the data is available from the <i>Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide</i> (ABS 2013b) and <i>Australian Health Survey: Users' Guide</i> (ABS 2013c).</p> <p>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.</p>
<b>Relevance:</b>	<p>The AATSIHS and AHS collected measured height and weight from persons aged 2 years and over. For the purposes of this indicator, Body Mass Index (BMI) values are derived from measured height and weight information using the formula: <math>\text{weight (kg)} / \text{height (m)}^2</math>.</p> <p>Despite some limitations, BMI is widely used internationally as a relatively straightforward way of measuring overweight and obesity.</p>
<b>Accuracy:</b>	<p>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 80.2%. Results are weighted to account for non-response.</p> <p>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 effect on estimates for individual states and territories, except for the Northern Territory where such persons make up approximately 23% of the population. The response rate for the 2011–12 Core component was 81.6%. Results are weighted to account for non-response.</p> <p>As data 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% and 50% should be used with caution. Estimates with RSEs greater than 50% are generally considered too unreliable for general use. For the non-Indigenous population, data for Northern Territory for 2007–08 should be used with caution due to large RSEs resulting from the small sample size for the Northern Territory in 2007–08.</p>
<b>Coherence:</b>	<p>The methods used to construct the indicator are consistent and comparable with other collections and with international practice. Most surveys, including Computer Assisted Telephone Interviewing (CATI) health surveys conducted by the states and territories, collect only self-reported height and weight. There is a general tendency across the population for people to overestimate height and underestimate weight, which results in BMI scores based on self-reported height and weight to be lower than BMI scores based on measured height and weight.</p> <p>This includes the 2004–05 NATSIHS and National Health Survey (NHS). Data for 2004–05 are therefore not comparable with 2011–13 data which are based on measured height and weight.</p> <p>This includes the 2004-05 NATSIHS and NHS. Data for 2004-05 are therefore not comparable with 2011-13 data which are based on measured height and weight.</p> <p>The AHS collected a range of other health-related information that can be analysed in conjunction with BMI.</p>

## Source and reference attributes

**Submitting organisation:** Australian Bureau of Statistics

- Reference documents:** ABS (Australian Bureau of Statistics) 2012. Australian Health Survey: First Results, 2011–12. ABS Cat. no. 4364.0.55.001. Canberra: ABS.
- ABS 2013a. Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012–13. ABS Cat. no. 4727.0.55.001. Canberra: ABS.
- ABS 2013b. Australian Health Survey: Updated Results, 2011–12. ABS Cat. no. 4364.0.55.003. Canberra: ABS.
- ABS 2013b. Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide, 2012–13. ABS Cat. no. 4727.0.55.002. Canberra: ABS.
- ABS 2013c. Australian Health Survey: Users' Guide, 2011–13. ABS Cat. no. 4363.0.55.001. Canberra: ABS.

## Relational attributes

### Related metadata references:

Supersedes [National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2014 QS](#)

- [Indigenous](#), Superseded 17/02/2016

Supersedes [National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2015-16; Quality Statement](#)

- [Indigenous](#), Superseded 07/02/2018

Has been superseded by [National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2019; Quality Statement](#)

- [Indigenous](#), Standard 07/02/2019

© Australian Institute of Health and Welfare 2015–2022

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at [www.aihw.gov.au/copyright](http://www.aihw.gov.au/copyright). The full terms and conditions of this licence are available at <http://creativecommons.org/licenses/by3.0/au/>.

Enquiries relating to copyright should be addressed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.