

# National Healthcare Agreement: PI 03—Prevalence of overweight and obesity, 2022

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# National Healthcare Agreement: PI 03–Prevalence of overweight and obesity, 2022

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Progress measure
<b>Short name:</b>	PI03–Prevalence of overweight and obesity, 2022
<b>METEOR identifier:</b>	740890
<b>Registration status:</b>	<a href="#">Health</a> , Standard 24/09/2021
<b>Description:</b>	Prevalence of overweight and obesity in adults and children.
<b>Indicator set:</b>	<a href="#">National Healthcare Agreement (2022)</a> <a href="#">Health</a> , Standard 24/09/2021
<b>Outcome area:</b>	<a href="#">Prevention</a> <a href="#">Health</a> , Standard 07/07/2010

## Collection and usage attributes

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

For adults, underweight is defined as a BMI less than 18.5, normal is defined as a BMI of 18.5 to less than 25.0, overweight is defined as a BMI of 25.0 to less than 30.0 and obese is defined as a BMI of greater than or equal to 30.0.

For children, underweight is defined as a BMI (appropriate for age and sex) that is likely to be less than 18.5 at age 18, normal is defined as a BMI (appropriate for age and sex) that is likely to be 18.5 to less than 25.0 at age 18, overweight is defined as a BMI (appropriate for age and sex) that is likely to be 25.0 to less than 30.0 at age 18 and obese is defined as a BMI (appropriate for age and sex) that is likely to be greater than or equal to 30.0 at age 18, based on centile curves. See [Appendix 4: Classification of BMI for children in National Health Survey: Users' Guide, 2017–18](#) for BMI values.

Rates are directly age-standardised to the 2001 Australian population.

Excludes pregnant women where identified. For people who did not have their height or weight measured, height and weight were imputed (see comments below for more details).

Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of person.

Presented as a percentage.

95% confidence intervals and relative standard errors are calculated for rates. Rate ratios are derived by dividing the age standardised rate for Aboriginal and Torres Strait Islander people by the age standardised rate for non-Indigenous people.

**Computation:** Crude rate:  $100 \times (\text{Numerator} \div \text{Denominator})$

Calculated separately for adults and children.

**Numerator:** Adults: Number of persons aged 18 and over who are overweight or obese.

Children: Number of persons aged 5–17 who are overweight or obese.

**Numerator data elements:**

**Data Element / Data Set**

Adult—Body Mass Index

**Data Source**

[ABS 2017–18 National Health Survey \(NHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Child—Body Mass Index

**Data Source**

[ABS 2017–18 National Health Survey \(NHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Adult—Body Mass Index

**Data Source**

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Child—Body Mass Index

**Data Source**

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

**Guide for use**

Data source type: Survey

**Denominator:**

Adults: Population aged 18 and over

Children: Population aged 5–17

**Denominator data elements:**

**Data Element / Data Set**

Person—age

**Data Source**

[ABS 2017–18 National Health Survey \(NHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Person—age

**Data Source**

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

**Guide for use**

Data source type: Survey

**Disaggregation:**

For each of adults and children, state and territory, by:

- sex by age (adults only) (not reported)
- Indigenous status
- remoteness (Australian Statistical Geography Standard (ASGS) 2016 Remoteness Structure)
- 2016 Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) quintiles (not reported)
- BMI category (underweight, normal, overweight, obese)
- disability status (not reported)

For adults, nationally, by (all not reported):

- sex by remoteness (ASGS 2016 Remoteness Structure)
- 2016 SEIFA IRSD deciles
- remoteness (ASGS 2016 Remoteness Structure) by 2016 SEIFA IRSD deciles.

Some disaggregation may result in numbers too small for publication.

**Disaggregation data elements:**

**Data Element / Data Set**

Person—age

**Data Source**

[ABS 2017–18 National Health Survey \(NHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Person—area of usual residence

**Data Source**

[ABS 2017–18 National Health Survey \(NHS\)](#)

**Guide for use**

Data source type: Survey  
Used for disaggregation by state/territory, remoteness and SEIFA of residence

**Data Element / Data Set**

Person—disability status

**Data Source**

[ABS 2017–18 National Health Survey \(NHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Person—Indigenous status

**Data Source**

[ABS 2017–18 National Health Survey \(NHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Person—sex

**Data Source**

[ABS 2017–18 National Health Survey \(NHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Person—age

**Data Source**

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

**Guide for use**

Data source type: Survey

**Data Element / Data Set**

Person—area of usual residence

**Data Source**

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

**Guide for use**

Data source type: Survey  
Used for disaggregation by state/territory, remoteness and SEIFA of residence

**Comments:**

Most recent data available for 2022 National Healthcare Agreement performance reporting: 2017–18 (total population, non-Indigenous: NHS); 2018–19 (Indigenous only: NATSIHS).

NO NEW DATA FOR 2022 REPORTING.

Data are based on measured height and weight, though respondents were also asked to self-report their height and weight. BMI derived from measured height and weight is preferable to that derived from self-reported height and weight.

Physical measurements are a voluntary component of the NHS and have a relatively high rate of non-response compared with other variables. Interviewers are advised of the importance of these data to inform policy on both childhood and adult obesity and are encouraged to do their best to gain respondent participation. Where physical measurements cannot be collected, the ABS has developed methods to impute these missing values.

In the 2017–18 NHS, 33.8% of respondents aged 18 years and over did not have their height or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight. For more information see Appendix 2 (Physical measurements) of the [National Health Survey: First Results methodology](#).

In the 2018–19 NATSIHS, 55.8% of respondents aged 18 years and over did not have their height or weight measured. For these people, height and weight were imputed using a range of information including their self-reported height and weight. For more information see Explanatory notes in the [National Aboriginal and Torres Strait Islander Health Survey methodology](#).

Data for the Northern Territory should be interpreted with caution as the NHS excludes 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 around 20% of the population lived in Very Remote areas in the 2017–18 reporting period.

For the 2017–18 NHS and the 2018–19 NATSIHS, age standardised 95% confidence intervals and RSEs are not available. Please refer to associated crude 95 per cent confidence intervals and RSEs.

Further details about overweight and obesity among Indigenous Australians are available from the Aboriginal and Torres Strait Islander Health Performance Framework ([measure 2.22: Overweight and obesity](#)).

## Representational attributes

<b>Representation class:</b>	Percentage
<b>Data type:</b>	Real
<b>Unit of measure:</b>	Person
<b>Format:</b>	N[NN].N

## Indicator conceptual framework

Framework and dimensions:

[Health behaviours](#)

[Bio-medical factors](#)

## Data source attributes

Data sources:

### Data Source

[ABS 2017–18 National Health Survey \(NHS\)](#)

#### Frequency

Every 3 years

#### Data custodian

Australian Bureau of Statistics

### Data Source

[ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey \(NATSIHS\)](#)

#### Data custodian

Australian Bureau of Statistics

## Accountability attributes

Reporting requirements: National Healthcare Agreement

Organisation responsible for providing data: Australian Bureau of Statistics

Benchmark: [PB d-Better health: by 2018, increase by five percentage points the proportion of Australian adults and children at a healthy body weight, over the 2009 baseline, 2022](#)

Further data development / collection required: Specification: Final, the measure meets the intention of the indicator.

## Source and reference attributes

Reference documents: Australian Bureau of Statistics (ABS) (Reference period: 2017–18). *National Health Survey: First Results methodology*. ABS Website. Viewed 19 February 2021, <https://www.abs.gov.au/methodologies/national-health-survey-first-results-methodology/2017-18>

ABS (Reference period: 2018–19). *National Aboriginal and Torres Strait Islander Health Survey methodology*. ABS Website. Viewed 19 February 2021, <https://www.abs.gov.au/methodologies/national-aboriginal-and-torres-strait-islander-health-survey-methodology/2018-19>

ABS (Reference period: 2019). *National Health Survey: Users' Guide, 2017–18*, ABS cat. no. 4363.0. Canberra: ABS. Viewed 7 May 2020, <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4363.0>Main+Features12017-18?OpenDocument>

Australian Institute of Health and Welfare (AIHW) 2020. *Aboriginal and Torres Strait Islander Health Performance Framework*. Canberra: AIHW. Viewed 19 February 2021, <https://indigenoushpf.gov.au/>

## Relational attributes

**Related metadata references:**

Supersedes [National Healthcare Agreement: PI 03–Prevalence of overweight and obesity, 2021](#)

Health, Standard 03/07/2020

See also [Australian Health Performance Framework: PI 1.2.1–Rates of current daily smokers, 2020](#)

Health, Standard 13/10/2021

See also [Australian Health Performance Framework: PI 1.2.3–Levels of risky alcohol consumption, 2020](#)

Health, Standard 13/10/2021

See also [Australian Health Performance Framework: PI 1.3.1–Prevalence of overweight and obesity, 2020](#)

Health, Standard 13/10/2021

See also [Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2020](#)

Health, Superseded 31/03/2023

See also [Australian Health Performance Framework: PI 2.1.6–Potentially avoidable deaths, 2021](#)

Health, Superseded 02/02/2024

See also [National Healthcare Agreement: PB d–Better health: by 2018, increase by five percentage points the proportion of Australian adults and children at a healthy body weight, over the 2009 baseline, 2022](#)

Health, Standard 24/09/2021

See also [National Healthcare Agreement: PI 04–Rates of current daily smokers, 2022](#)

Health, Standard 24/09/2021

See also [National Healthcare Agreement: PI 05–Levels of risky alcohol consumption, 2022](#)

Health, Standard 24/09/2021

See also [National Healthcare Agreement: PI 16–Potentially avoidable deaths, 2022](#)

Health, Standard 24/09/2021

See also [National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2020](#)

Indigenous, Standard 23/08/2019