

National Indigenous Reform Agreement: PI 05- Prevalence of overweight and obesity, 2014 QS

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	Data quality statement — Indicator 5 Prevalence of overweight and obesity
METEOR identifier:	567163
Registration status:	Indigenous , Superseded 17/02/2016

Data quality

Institutional environment: These surveys 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, please see ABS Institutional Environment (ABS website).

Timeliness: The AATSIHS is conducted approximately every six years over a 12-month period. Results from the 2012-13 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.

Accessibility: See Australian Aboriginal and Torres Strait Islander Health Survey: First Results (cat. no. 4727.0.55.001) for an overview of results from the NATSIHS component of the AATSIHS. See Australian Health Survey: First Results (cat. no. 4364.0.55.001) for an overview of results from the NHS component of the AHS, and Australian Health Survey: Updated Results (cat. no. 4364.0.55.003) for results from the Core component of the AHS. Other information from this survey may also be available on request.

Interpretability: Information to aid interpretation of the data is available from the Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide and Australian Health Survey: Users' Guide 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 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: $\text{weight (kg)} / \text{height (m)}^2$.

Despite some limitations, BMI is widely used internationally as a relatively straightforward way of measuring overweight and obesity.

Accuracy:

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.

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.

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% 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 NT in 2007-08.

Coherence:

The methods used to construct the indicator are consistent and comparable with other collections and with international practice. Most surveys, including 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.

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.

The AHS collected a range of other health-related information that can be analysed in conjunction with BMI.

Source and reference attributes

Submitting organisation: Australian Bureau of Statistics

Reference documents: Numerator and denominator —

Indigenous:

For the 2014 reporting cycle, the numerator and denominator for the Aboriginal and Torres Strait Islander population use data from the ABS National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) component of the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) from approximately 9,300 people, which is weighted to benchmarks for the Aboriginal and Torres Strait Islander estimated resident population at 30 June 2011.

For the 2015 reporting cycle, the numerator and denominator will use data from the full sample (or Core) component of the AATSIHS of approximately 13,000 people.

For more information on the structure of the AATSIHS, see [Structure of the Australian Aboriginal and Torres Strait Islander Health Survey](#). For information on scope and coverage, see the [Australian Aboriginal and Torres Strait Islander Health Survey: Users' Guide](#) (cat. no. 4727.0.55.002).

For earlier reporting cycles, data are from the National Aboriginal and Torres Strait Islander Health Survey, 2004-05.

non-Indigenous:

The numerator and denominator for the non-Indigenous population use data from the full sample (or Core) component of the general population component of the ABS Australian Health Survey (AHS) from approximately 32,000 people, which is weighted to benchmarks for the total AHS in-scope estimated resident population at 31 October 2011.

For earlier reporting cycles, data are from the ABS 2004-05 National Health Survey (NHS).

For more information on the structure of the AHS, see [Structure of the Australian Health Survey](#). For information on scope and coverage, see the [Australian Health Survey: Users' Guide](#) (cat. no. 4363.0.55.001).

Relational attributes

Related metadata references:

Supersedes [National Indigenous Reform Agreement: PI 05-Prevalence of overweight and obesity, 2013 QS](#)

[Indigenous](#), Superseded 25/06/2014

Has been superseded by [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, 2018; Quality Statement](#)

[Indigenous](#), Superseded 07/02/2019

Indicators linked to this Data Quality statement:

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

[Indigenous](#), Superseded 24/11/2014