

National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2019; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Institutional environment: The National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) 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 *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 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) is conducted approximately every six years. The 2014-15 NATSISS was conducted between September 2014 and June 2015. Previous NATSISS was collected in 2008. Results from the 2014-15 NATSISS were released in April 2016.

The National Health Survey (NHS) is conducted approximately every three years. The 2014-15 NHS was conducted between July 2014 and June 2015. Previous NHS was collected as part of the AHS in 2011-13. Results from the 2014-15 NHS were released in December 2015.

Accessibility: See *National Aboriginal and Torres Strait Islander Social Survey 2014-15* (ABS 2016b) and *National Health Survey: First Results, 2014-15* (ABS 2015) for an overview of results. Other information from this survey may also be available on request from the [ABS](#).

Interpretability: Information to aid interpretation of the data is available from the *National Aboriginal and Torres Strait Islander Social Survey: User Guide 2014-15* (ABS 2016a) and the *National Health Survey: First Results, 2014-15 (ABS 2015)* 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 NATSIHS and AHS 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 Australian Aboriginal and Torres Strait Islander Health Survey (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 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.

For the non-Indigenous population, RSEs for adult smoking rates for remote areas are mostly greater than 25% and should either be used with caution or are considered too unreliable for general use.

Coherence: The methods used to construct the indicator are consistent and comparable with other collections and with international practice. The NATSISS and NHS 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 lower estimates for current daily smoking than in 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.

Data products

Implementation start date: 25/01/2017

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 2016a. National Aboriginal and Torres Strait Islander Social Survey: User Guide, 2014-15. ABS Cat. no. 4720.0. Canberra: ABS.

ABS 2016b. National Aboriginal and Torres Strait Islander Social Survey 2014-15. ABS Cat. no. 4714.0. Canberra: ABS.

Relational attributes

Related metadata references: Supersedes [National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2018; Quality Statement Indigenous](#), Superseded 07/02/2019

Has been superseded by [National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2020; Quality Statement Indigenous](#), Standard 06/02/2020

**Indicators linked to this
Data Quality statement:**

[National Indigenous Reform Agreement: PI 03-Rates of current daily smokers,
2019](#)

[Indigenous](#), Superseded 17/11/2019