National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2020; 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), National Health Survey (NHS) and Survey of Income and Housing (SIH) 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 NATSIHS is conducted approximately every six years. The 2018-19 NATSIHS was conducted between July 2018 and April 2019. Previous NATSIHS was collected in 2012-13 and 2004-05. Results from the 2018-19 NATSIHS were released in December 2019.

The NHS is conducted approximately every three years. The 2017-18 NHS was conducted between July 2017 and June 2018. Previous surveys were conducted in 1989-90, 1995, 2001, 2004-05, 2007-08, 2011-12 and 2014-15. Results from the 2017-18 NHS were released in December 2018.

The SIH is conducted approximately every two years. The 2017-18 SIH was conducted between July 2017 and June 2018. Results from the 2017-18 SIH were released in July 2019.

Accessibility: See *National Aboriginal and Torres Strait Islander Health Survey, 2018-19* (ABS 2019) and National Health Survey: First Results, 2017-18 (ABS 2018a) for an overview of results.

Data from these surveys are also accessible in the DataLab and TableBuilder environment. For further details, refer to the Microdata Entry Page on the ABS website.

Other information from these surveys are available on request from the ABS.

Interpretability: Information to aid interpretation of the data is available from the:

- *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*(ABS 2019)
- Household Income and Wealth, Australia, 2017-18 (ABS 2018c)
- Survey of Income and Housing, User Guide, Australia, 2017-18 (ABS 2018d)
- *National Health Survey: First Results, 2017-18*(ABS 2018a)
- *National Health Survey: Users' Guide, 2017-18* (ABS 2018b)

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 2018-19 NATSIHS, 2017-18 NHS and 2017-18 SIH 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 NATSIHS 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 2018-19 NATSIHS was 73.4%. Results are weighted to account for non-response.

The NHS 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 20% of the population. The response rate for the 2017-18 NHS was 76.0%. Results are weighted to account for non-response.

For the 2017-18 NHS cycle, the smoking questionnaire module was used in both the NHS and the 2017-18 Survey of Income and Housing (SIH) to produce a larger sample size for more accurate smoker status estimates. The pooled dataset is known as the National Health Survey and Survey of Income and Housing (NHIH) and contains data items common to both NHS and SIH such as age, sex, country of birth and those from the smoking module.

The 2017-18 SIH collected information by personal interview from usual residents aged 15 years and over of private dwellings in urban and rural areas of Australia (excluding 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 2017-18 SIH was 75.7%. 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.

Estimates should be considered with reference to their corresponding relative standard error (RSE) of estimate Estimates with an RSE of estimate between 25% and 50% should be used with caution. Estimates with an RSE of estimate over 50% are considered too unreliable for general use.

Proportions should be considered with reference to their corresponding 95% margin of error (MOE) of proportion (or 95% confidence interval). The proportion combined with the MOE of proportion 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 proportion greater than 10 percentage points indicate that the range in which the true population value is expected is relatively wide and are subject to high sample variability. Particular consideration should be given to the MOE of proportion when using them. Depending on how the proportion is to be used, an MOE of proportion greater than 10 percentage points may be considered too large to inform decisions. In addition, proportions with a corresponding standard 95% confidence interval that includes 0% or 100% are usually considered unreliable for most purposes.

Coherence: The methods used to construct the indicator are consistent and comparable with other collections and with international practice. The NATSIHS 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 2016 show slightly different estimates for current daily smoking than the 2017–18 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) 2018a. National Health Survey: First Results, 2017-18. ABS Cat. no. 4364.0.55.001. Canberra: ABS.

ABS 2018b. National Health Survey: Users' Guide, 2017-18. ABS cat. no. 4363.0. Canberra: ABS.

ABS 2018c. Household Income and Wealth, Australia, 2017-18. ABS cat. no. 6523.0. Canberra: ABS.

ABS 2018d. Survey of Income and Housing, User Guide, Australia, 2017-18. ABS cat. no. 6553.0. Canberra: ABS.

ABS 2019. National Aboriginal and Torres Strait Islander Health Survey 2018-19. ABS Cat. no. 4715.0. Canberra: ABS.

Relational attributes

Related metadata references: Supersedes National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2019; Quality Statement
Indigenous, Standard 07/02/2019

Indicators linked to this Data Quality statement: National Indigenous Reform Agreement: PI 03-Rates of current daily smokers, 2020
Indigenous, Standard 17/11/2019