National Healthcare Agreement: PB c–Better health: reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate (for 25 years and over) of 7.1 per cent) by 2023, 2022

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# Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	PB c–Reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate (for 25 years and over) of 7.1 per cent) by 2023, 2022
METEOR identifier:	740904
Registration status:	Health!, Standard 24/09/2021
Description:	Proportion of people with Type 2 diabetes.
Indicator set:	National Healthcare Agreement (2022) Health!, Standard 24/09/2021
Outcome area:	Prevention <u>Health!</u> , Standard 07/07/2010

## **Collection and usage attributes**

Population group age	25 years
from:	

#### Computation description: Proxy measure:

Computation description:	Proxy measure:
	The <u>National Health Measures Survey (NHMS) component of the 2011–13</u> <u>Australian Health Survey</u> included a fasting plasma glucose test. Participation in the NHMS component was voluntary.
	A respondent to the survey is considered to have <i>known diabetes</i> if they had ever been told by a doctor or nurse that they have Type 2 diabetes and:
	<ul> <li>they were taking diabetes medication (either insulin or tablets); or</li> <li>their blood test result for fasting plasma glucose was greater than or equal to 7.0 mmol/L).</li> </ul>
	A respondent to the survey is considered to have <i>newly diagnosed diabetes</i> if they reported no prior diagnosis of diabetes, but had a fasting plasma glucose value greater than or equal to 7.0 mmol/L.
	Excludes persons who did not fast for 8 hours or more prior to their blood test.
	Excludes women with gestational diabetes.
	Rates are directly age-standardised to the 2001 Australian population.
	Analysis by remoteness and Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) is based on usual residence of person (subject to data availability).
	Presented as a percentage.
	95% confidence intervals and relative standard errors are calculated for rates.
	Note: The type of diabetes for newly diagnosed cases cannot be determined from a fasting plasma glucose test alone. However, it is assumed that the vast majority of newly diagnosed cases would be Type 2.
Computation:	Crude rate: 100 x (numerator/denominator)
Numerator:	Number of persons aged 25 and over with <i>known diabetes</i> (Type 2) or <i>newly diagnosed diabetes</i> as determined by a fasting plasma glucose test.

#### - Data Element / Data Set-

Person with known diabetes (Type 2) or newly diagnosed diabetes as determined by a fasting plasma glucose test

#### Data Source

ABS Australian Health Survey (AHS), 2011–13 (2011–12 National Health Measures Survey component)

#### Guide for use

Data source type: Survey

#### -Data Element / Data Set-

Person-age

Data Source

ABS Australian Health Survey (AHS), 2011–13 (2011–12 National Health Measures Survey component)

Guide for use

Data source type: Survey

#### -Data Element / Data Set-

Person with known diabetes (Type 2) or newly diagnosed diabetes as determined by a fasting plasma glucose test

Data Source

ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012–13 (National Aboriginal and Torres Strait Islander Health Measures Survey component)

#### Guide for use

Data source type: Survey

#### -Data Element / Data Set-

Person—age

#### Data Source

ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012–13 (National Aboriginal and Torres Strait Islander Health Measures Survey component)

#### Guide for use

Data source type: Survey

**Denominator:** 

Population aged 25 and over.

Denominator data elements:	Data Element / Data Set
	Person—age
	Data Source
	ABS Australian Health Survey (AHS), 2011–13 (2011–12 National Health Measures Survey component)
	Guide for use
	Data source type: Survey
	Data Element / Data Set
	Person—age
	Data Source
	ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012–13 (National Aboriginal and Torres Strait Islander Health Measures Survey component)
	Guide for use
	Data source type: Survey
Disaggregation:	State and territory, by:
	<ul><li>sex</li><li>Indigenous status (non-Indigenous only).</li></ul>
	Nationally, by:
	<ul> <li>remoteness (Australian Statistical Geography Standard (ASGS 2011) Remoteness Structure)</li> <li>2011 SEIFA IRSD quintiles.</li> </ul>

State and territory by Indigenous status (Indigenous only).

Some disaggregations may result in numbers too small for publication.

# Disaggregation data elements:

#### -Data Element / Data Set-

#### Person-sex, code N

#### Data Source

ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012–13 (National Aboriginal and Torres Strait Islander Health Measures Survey component)

#### Guide for use

Data source type: Survey

#### - Data Element / Data Set-

Person-Indigenous status, code N

#### Data Source

ABS Australian Health Survey (AHS), 2011–13 (2011–12 National Health Measures Survey component)

Guide for use

Data source type: Survey

#### -Data Element / Data Set-

Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)

#### Data Source

ABS Australian Health Survey (AHS), 2011–13 (2011–12 National Health Measures Survey component)

#### Guide for use

Data source type: Survey

Used for disaggregation by state/territory, remoteness and SEIFA

#### -Data Element / Data Set-

Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)

#### Data Source

ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012–13 (National Aboriginal and Torres Strait Islander Health Measures Survey component)

#### Guide for use

Data source type: Survey

Used for disaggregation by state/territory

Comments:

Most recent data available for 2022 National Healthcare Agreement performance reporting: 2011–12 (total population, non-Indigenous: AHS); 2012–13 (Indigenous only: AATSIHS).

NO NEW DATA FOR 2022 REPORTING.

The baseline measure of 7.1% is calculated from the *Australian Diabetes, Obesity* <u>and Lifestyle Study</u>conducted in 1999–2000. Note that this number was agestandardised to the average of the 1999 and 2000 Australian populations, and was based on data from both oral glucose tolerance tests (OGTTs) and fasting plasma glucose tests. As an OGTT was not conducted as part of the National Health Measures Survey, the data supplied for the 2014 COAG Reform Council report are not comparable to the baseline measure of 7.1%.

Fasting plasma glucose test data will be supplied as a proxy from the AHS for this benchmark, age-standardised to the 2001 Australian population. The equivalent baseline measure from the Australian Diabetes, Obesity and Lifestyle Study, age-standardised to the 2001 Australian population and using fasting plasma glucose test data, has been calculated to be a rate of 5.0%.

Further details on the prevalence of Type 2 diabetes among Indigenous Australians are available from the Aboriginal and Torres Strait Islander Health Performance Framework (<u>measure 1.09: Diabetes</u> and <u>measure 3.05: Chronic</u> <u>disease management</u>).

## **Representational attributes**

Percentage
Real
Person
N[NN].N

## Indicator conceptual framework

Framework and	Health conditions
dimensions:	

## **Data source attributes**

Data sources:	Data Source
	ABS Australian Health Survey (AHS), 2011–13 (2011–12 National Health Measures Survey component)
	Data custodian
	Australian Bureau of Statistics
	Data Source
	ABS Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS), 2012–13 (National Aboriginal and Torres Strait Islander Health Measures Survey component)
	Data custodian
	Australian Bureau of Statistics

## Accountability attributes

Reporting requirements:	National Healthcare Agreement
Organisation responsible for providing data:	Australian Bureau of Statistics

Benchmark:	National Healthcare Agreement Performance Benchmark:
	Reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate (for 25 years and over) of 7.1%) by 2023.
	Refer National Healthcare Agreement 2012.
Further data development / collection required:	Specification: Final, the measure meets the intention of the indicator.
Source and reference	e attributes
Reference documents:	Australian Bureau of Statistics (ABS) (Reference period: 2011–12). <i>Australian Health Survey: Biomedical Results for Chronic Diseases</i> . ABS Website. Viewed 19 February 2021, https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-biomedical-results-chronic-diseases/latest-release Australian Institute of Health and Welfare (AIHW) 2020. <i>Aboriginal and Torres Strait Islander Health Performance Framework</i> . Canberra: AIHW. Viewed 19 February 2021, https://indigenoushpf.gov.au/ Baker Heart & Diabetes Institute n.d. About AusDiab. Melbourne: Baker Heart & Diabetes Institute. Viewed 11 May 2020, https://www.baker.edu.au/ausdiab/ Council of Australian Governments 2012. National Healthcare Agreement (effective 25 July 2012). Viewed 5 May 2020, http://www.federalfinancialrelations.gov.au/content/npa/health/
Relational attributes	
Related metadata references:	Supersedes National Healthcare Agreement: PB c–Better health: reduce the age- adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a

national prevalence rate (for 25 years and over) of 7.1 per cent) by 2023, 2021 Health!, Standard 03/07/2020

See also <u>National Healthcare Agreement: PI 10–Prevalence of Type 2 diabetes</u>, 2022

Health!, Standard 24/09/2021

See also <u>National Healthcare Agreement: PI 15–Effective management of</u> <u>diabetes, 2022</u> <u>Health!</u>, Standard 24/09/2021