

HEALTH SURVEYS: BUILDING AN INFORMATION BASE FOR POPULATION HEALTH IN NSW

GUEST EDITORIAL

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Information about the circumstances of birth, and the causes of death, is recorded for the whole population. Between these two points in the lifecycle, information about health is captured when individuals come into contact with specific health services. In the main, however, these service-based collections were developed to meet administrative needs and collect limited data about health. In the community at large, population surveys offer the only mechanism for obtaining information about health status, health risks, and health-related behaviours.

Health surveys have provided a major part of the information base for population health efforts in Australia since 1977 when the Australian Bureau of Statistics conducted its first National Health Survey. The National Health Surveys have consistently provided high quality information—collected by personal interview—at the national and state level. However, cost has precluded a sample size large enough to yield estimates for local areas.

In the early 1990s, a growing need for data to support local-level population health work, coincident with the emergence of telephone surveys as a robust and cost-effective method, motivated the introduction of several telephone health surveys in areas of New South Wales (NSW)¹⁻⁷. In 1994, the NSW Department of Health conducted the NSW Health Promotion Survey,⁸ the largest telephone health survey conducted in Australia to that time, with a sample designed to provide comparable estimates for each of the state's area health services. An ongoing NSW Health Survey Program commenced in 1996.⁹

This edition of the *NSW Public Health Bulletin* focuses on health surveys, and in particular on the achievements of the NSW Health Survey Program. Banks and Eyeson-Annan document—for the first time—who has used data from the Program, and how. Surprisingly, many of the uses they identified were previously unknown to the team working on the Program.

continued on page 214

CONTENTS

- 213 Guest editorial—Health surveys: Building an information base for population health in NSW
- 214 Uses of NSW Health Survey Program data—A survey of users
- 221 Using NSW Health Survey data to monitor asthma prevalence and management in NSW
- 223 Prevalence and management of diabetes in NSW: Is care adhering to the clinical guidelines?
- 226 Using NSW Health Survey data for local planning and evaluation in NSW
- 227 Using NSW Health Survey data for economic analysis
- 229 Getting population health research to influence health service practice: Use of area health service questions in the NSW Health Survey
- 231 Collecting information from people of non-English speaking background: Translation of survey instruments in the NSW Health Survey Program
- 234 Maximising quality in health surveys: Lessons from the field
- 235 Continuous data collection under the NSW Health Survey Program—What will it mean?
- 237 Health surveys conducted by the Australian Bureau of Statistics
-
- 240 **FactSheet: Rubella**
-
- 241 **Communicable Diseases: August 2001**
- 241 Trends
- 241 Meningococcal diseases
- 241 Measles

Marks, Williamson and Quaine, Rissel, and Haas describe specific uses of data from the Program for monitoring the prevalence and management of asthma and diabetes, local planning and program evaluation, and economic analysis. Quaine et al. examine the use made of data from area health service-specific questions included in the Program, and relationships between the process of survey question development, the extent of analysis, and use of the results.

Three papers focus on survey processes. Baker describes the methods—unique to the Program—used to translate the survey questionnaires into non-English languages. Gorringer and Latham provide a “hands on” perspective on managing telephone survey fieldwork, and maximising its quality. Eyeson-Annan describes mooted changes to the Program, which will evolve to a continuous all-ages data collection from January 2002.

Finally, Atyeo and Rawson provide a national context. They describe the series of health surveys conducted by the Australian Bureau of Statistics, and changes to the composition and frequency of their survey program arising from a recent review.

The articles in this edition of *NSW Public Health Bulletin* emphasise the quality of the work done by the NSW Health Survey Program, and its key role in informing population health activity in NSW. The Program will face several challenges as it evolves, including increasing use of mobile phones (in 2000, 58.5 per cent of Australian households had at least one mobile phone)¹⁰ and answering machines, portability of phone numbers, and possibly reduced public cooperation related to increasing telemarketing activity. Building an even better

information base for population health in NSW will require the development of new health survey methodologies, and strategies to nurture public support.

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USES OF NSW HEALTH SURVEY PROGRAM DATA—A SURVEY OF USERS

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The Epidemiology and Surveillance Branch of the NSW Department of Health established the NSW Health Survey Program (HSP) in 1996 to consider the need for state and local area-level information about the health of the NSW population.¹ The Program, as a key element in population health surveillance, has the following objectives. To:

- provide ongoing information on self-reported health status, health risk factors, health service use, and satisfaction with health services, to inform and support planning, implementation and evaluation of health services and programs in NSW;
- collect information that is not available from other sources;

- respond quickly to emerging data needs;
- ensure that the information collected is high quality, timely, and cost-effective.

The HSP comprises a series of population health surveys that provide area health service-level data on health status, risk factors, use of health services, and satisfaction with health services.¹ The first survey began in September 1997 and focused on the adult population. The survey was repeated in 1998 with minor changes, including the addition of questions on oral health and cervical screening. In 1999, the HSP undertook a survey of the health of older people, and a survey of the health of children is currently in progress.

In early 2001, we conducted a survey of stakeholders and users of the HSP to investigate whether it was meeting its objectives. In particular we examined: