

To further build and maintain this motivation, management staff of the HSP give interviewers regular feedback on their performance including response rates, queries received about the survey, and reports on previous data collected, and the usefulness of that data.

A survey of interviewers employed by the HSP recently carried out within the HSP highlighted that it is not only the task that motivates interviewers to perform, but also the environment of which they are a part. The factors mentioned by interviewers as contributing to interview quality include:

- '... a happy relaxed environment';
- '... all supervisors are helpful in attending promptly to any queries ... team spirit is great';
- 'knowing the importance of our part or contribution to the quality of the data'.

CONCLUSIONS

The NSW Health Survey Program has adopted a holistic approach to quality control, involving both procedural quality control measures and methods to build interviewer motivation and performance. Further examination of specific aspects of the HSP's operation, such as reasons for staff turnover, will enable HSP staff to further refine its human resource management.

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CONTINUOUS DATA COLLECTION UNDER THE NSW HEALTH SURVEY PROGRAM—WHAT WILL IT MEAN?

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From January 2002, continuous data collection under the NSW Health Survey Program (HSP) will commence. The new continuous Health Survey data collection will focus on providing information to support the public health priority areas outlined in Healthy People 2005—New directions for public health in NSW:¹ social determinants of health, individual or behavioural determinants of health, major health problems, population groups with special needs, settings, partnerships, and infrastructure. This article describes the proposed changes to the HSP and how they will affect users and collaborators.

CHANGES TO THE HEALTH SURVEY PROGRAM

Six major changes from the existing HSP are proposed:

- there will be a five-year development, collection and reporting plan;
- the sample will include the whole population (from birth upwards), with parents or carers of children under 16 being interviewed;
- interviews will be conducted throughout the whole year, instead of for the discrete period for each survey;
- at least 2,000 interviews will be completed each month (except for a month over Christmas and New Year period), giving a total of 22,000 interviews each year divided equally among the NSW area health services;
- interviews will be conducted in all area health services all year round;

- there will be improved reporting, using automated and interactive reporting facilities.

Survey development

The continuous Health Survey data collection will continue to use the methodologies developed since 1996 by the Epidemiology and Surveillance Branch of the NSW Department of Health.²

The existing questionnaires from the 1997 and 1998 NSW Health Surveys,³ 1999 Older People's Health Survey,⁴ and 2001 Child Health Survey, will be combined and rationalised to develop core sets of questions. These will include questions on demographics and key indicators for all ages, including the access to and satisfaction with health services; plus core questions specific to each age group (infants, toddlers, primary school children, youth, adults, and older persons). Table 1 presents the topic areas that will be covered.

As well as these core questions, the questionnaire will include modules of questions that explore particular issues, which will be delivered to only a proportion of the population and/or for discrete periods of time. Where possible, these questions will be drawn from those used in previous surveys of the HSP for the relevant topic. The new questionnaire will also include area health service-specific questions and questions to address emergent issues.

As far as possible, the continuous survey tool will be kept to a maximum of 20 minutes interview time, with time allocated for each type of question as follows:

TABLE 1**TOPIC AREA IN THE CONTINUOUS HEALTH SURVEY PROGRAM****Social determinants of health**

- demographics
- social capital
- family functioning and parent support

Environmental determinants of health

- environmental tobacco smoke
- shade availability
- injury prevention
- environmental risks

Individual or behavioural determinants of health

- physical activity and inactivity
- body mass index
- nutrition and food handling
- current smoking
- alcohol consumption
- sun protection behaviours
- immunisation
- health status

Major health problems

- asthma prevalence and management
- diabetes prevalence and management
- cardiovascular disease prevalence and management
- cancer screening
- oral health
- mental health

Settings

- access to, use of and satisfaction with health services
- area health service-specific questions
- childcare and school attendance

Infrastructure

- evaluation of campaigns and policies

- 10 minutes for core all-person and age-specific questions (equally allocated across the public health domain areas);
- six minutes for topic modules;
- two minutes for area health service-specific questions;
- two minutes for emergent issues.

The proposed set of core (all person and age group) questions will shortly be available for comment on the Epidemiology and Surveillance Branch Web site at www.health.nsw.gov.au/public-health/survey/hsurvey.html.

Field-testing of the core questions will be undertaken in the later part of 2001, with continuous data collection beginning in January. It is planned that the

core questions will remain consistent over time, with review occurring every five years.

Individuals or groups wishing to propose topics or questions for inclusion in the new HSP, will need to prepare a rationale for the collection, inclusion of participants (for example, age, sex, and geographic area) and a collection and reporting plan (Table 2). This documentation will need to be received by the HSP Unit three months before the proposed inclusion of the questions into the survey (September 2001 for a January 2002 beginning, then three monthly thereafter), in order for the necessary processes for approval and testing to be completed.

Improved reporting

The collection of at least 2,000 participant responses each month will allow for:

- quarterly NSW key indicator reports (6,000 respondents);
- detailed NSW data set and report each year (22,000 respondents);
- summary area health service data sets (1,400 per area) and reports each year;
- age- and topic-specific data sets and reports every two to five years.

In order to meet the planned reporting schedule, much of the reporting will be automated. This will involve developing a suite of computer programs that will enable continuous presentation (or 'surfacing') of survey data in a form that can be analysed, and the establishing of a set of continuously updated 'core' indicator pages. These will be made available on the Health Net and Health Web as well as in periodic reports in hard copy.

More detailed reports will continue to require substantial involvement by all the staff of the Epidemiology and Surveillance Branch of the NSW Department of Health, as well as topic-specific experts, in order to produce reports of similar quality and detail to the electronic reports for the 1997 and 1998 Health Surveys,³ the report of the Older People's Health Survey 1999,⁴ and the Report of the Chief Health Officer on the Health of the People of NSW.⁵

The Health Outcomes Information Statistical Toolkit (HOIST) will still be used for accessing unit record data from the HSP. Planned improvements to HOIST through easier-to-use interfaces and the development of a training package will facilitate use of the data. It is also planned to develop a user-driven reporting and modeling facility as part of the Program for Enhancing Population Health Infrastructure (PEPHI),⁶ to allow quick, ad hoc, analyses.

CONCLUSION

The new continuous data collection will represent the maturation of the existing HSP to meet the changing needs of NSW Health, by providing a more flexible and timely survey data collection system. It will enable the NSW Department of Health to report on indicators, evaluate

TABLE 2**INFORMATION FOR MODULAR QUESTIONS TO BE CONSIDERED INTO THE PROGRAM.**

Contact Details	Name _____ Institution _____ Contact details _____
Topic Area	Topic: Description: (include known or estimated prevalence; sensitivity of the topic; information required, possible number of questions)
Frequency of data collection and target population	(include information on frequency of collection, areas to be included (for example, all state or specific area health services); target groups by age and sex)
Rationale	(include information needs, links with national, state and local priorities; alternative sources of information, justification of frequency and population)
Analysis and reporting requirements	(include types of analysis required; trend analysis point frequency; cross-tabulation requirements such as by sex, age, area health service and the required reporting and data frequency)
Uses of the data	(include both planned and current uses of similar information)
Note: Attach questions if available with source of questions	

programs, provide evidence for policy development and undertake research to improve the health of the NSW population.

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1. Public Health Division. *Healthy People 2005*. Sydney: NSW Department of Health, 2000.
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HEALTH SURVEYS CONDUCTED BY THE AUSTRALIAN BUREAU OF STATISTICS

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Through its population survey program, the Australian Bureau of Statistics (ABS) collects and disseminates a broad range of public health information to assist decision making, debate and discussion on all aspects of health, illness and related behaviours. While some surveys are conducted regularly, others have been conducted on an ad hoc basis or with funding from users. Table 1 shows the key health surveys conducted by the ABS to date, and indicates the frequency with which they will be conducted in the future. Each of the surveys is described in more detail in this article.

NATIONAL HEALTH SURVEYS

The National Health Surveys (NHS) provide national benchmark information on a range of health-related issues and enable the monitoring of trends in health over time. All NHS's have collected information on health status,

health related actions (such as use of health services and medications) and health risk factors (such as smoking and exercise).

The 2001 National Health Survey is the first in a series of triennial surveys, made possible through a funding partnership agreement between the ABS and the Commonwealth Department of Health and Aged Care. Results from the survey are expected to be released from September 2002.

In 2001, the NHS sample will number around 31,000 respondents from across Australia (including 7,200 from NSW). This sample will support analysis of more common health characteristics at the state and territory level. There will be a supplementary indigenous survey of approximately 2,800 indigenous adults and children from across Australia, including remote areas. In 2004-05, the NHS will include a larger indigenous supplementary survey that, again, will support analysis at the state and territory level.