

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.

REFERENCES

1. Public Health Division. *Healthy People 2005*. Sydney: NSW Department of Health, 2000.
2. Williamson M, Baker D and Jorm L. *The NSW Health Survey Program: Overview and methods, 1996-2000*. Sydney: NSW Department of Health, 2001.
3. Public Health Division. 1997 and 1998 NSW Health Surveys- Electronic report; www.health.nsw.gov.au/public-health/nswhs/index.html.
4. Public Health Division. *NSW Older People's Health Survey 1999*. Sydney: NSW Department of Health, 2000.
5. Public Health Division. *The Health of the People of NSW- Report of the Chief Health Officer 2000*. Sydney: NSW Department of Health, 2000.
6. Public Health Division, Program for Enhanced Population Health Infrastructure (PEPHI), NSW Department of Health; www.health.nsw.gov.au/public-health/pephi/index.htm. ☞

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.

TABLE 1**KEY HEALTH SURVEYS CONDUCTED BY THE AUSTRALIAN BUREAU OF STATISTICS**

ABS Surveys	Years conducted	Future frequency
National Health Survey	1977, 1983, 1989–90, 1995, 2001	3 yearly from 2001
National Health Survey (indigenous)	2001	6 yearly from 2004
Survey of Disability, Ageing, and Carers	1981, 1988, 1993, 1998	6 yearly from 2003
National Nutrition Survey	1995	—
Survey of Mental Health and Wellbeing, of adults	1997	—
General Social Survey	2002	3 yearly from 2002
Indigenous Social Survey	1994,* 2002	6 yearly from 2002
Children's Immunisation and Health Screening Survey	1995	Immunisation data are collected in 2001 NHS
Health Insurance Survey	1979–84 (annual), 1986–92 (biennial), 1998 Also in 1995 NHS	Private Health Insurance data are collected in 2001 NHS

* National Aboriginal and Torres Strait Islander Survey

NATIONAL NUTRITION SURVEY

The 1995 National Nutrition Survey (NNS), a joint project with the Commonwealth Department of Health and Aged Care, was conducted on a sub-sample of the 1995 NHS respondents. It collected information on food and beverage intake, physical measurements, food-related habits and attitudes and usual food consumption patterns over the previous 12 months. The daily intakes of energy, macronutrients (such as carbohydrate, fat, and fibre), and selected micronutrients (such as thiamine and calcium) were derived from reported food intake for the day prior to interview using a 24 hour recall method. The physical measurements taken were height and weight, waist and hip circumferences, and blood pressure. The sample of around 14,000 persons (with almost 2,900 in NSW) provides detailed information at the state level and relatively detailed comparisons between capital cities and the rest of the state. The survey provides insight into how eating patterns vary between different groups within the Australian population and how physical measures, such as the level of obesity, vary by age and sex.

A short module of questions from the 1995 NNS has been included in the 2001 NHS to allow some time series analysis of particular dietary indicators.

SURVEY OF MENTAL HEALTH AND WELLBEING OF ADULTS

The 1997 Survey of Mental Health and Wellbeing (SMHWB) was funded by the Commonwealth Department of Health and Aged Care under the National Mental Health Strategy. It provides information on the prevalence of selected major mental disorders, level of disability, health services used, and help needed as a consequence of a mental health problem, for Australians aged 18 years

or more. A modified version of the Composite International Diagnostic Interview (CIDI) was used to provide diagnostic information on the more prevalent mental disorders such as anxiety disorders, affective disorders, and substance use disorders. Measures of general health were included, and limited information was collected on chronic physical conditions. The SMHWB sample numbered around 10,600 people (with 3,200 in NSW), supporting broad level estimates at the state level. This survey confirmed that approximately one in five Australian adults suffer from a mental disorder in any year; and revealed that, due to their higher rates of substance use disorders, younger people are more likely to suffer from a mental disorder than older people. It also showed that people with a mental disorder are much more likely to seek assistance from their general practitioner than any other health professional or service.

The Kessler module (K10) on psychological distress, used in the SMHWB, has been included in the 2001 NHS, as well as a series of questions on medication use.

SURVEY OF DISABILITY, AGEING, AND CARERS

The Survey of Disability, Ageing, and Carers (SDAC) provides information on three populations of interest to government policy: people aged 60 and over, people with disabilities, and their carers. People with disability are identified through filter questions on impairment and underlying health conditions. This population is then asked about their need for, and receipt of, assistance with a range of common activities. The survey provides details on prevalence of disability and levels of restriction; activity limitations leading to a need for assistance in the 'activities of daily living' (self-care, mobility and communication), plus health care; and participation

restrictions leading to a need for assistance in the 'instrumental activities of daily living' (housework, property maintenance, meal preparation, transport, and personal business affairs). The sample was selected from households and cared accommodation settings. In total, some 43,300 people were surveyed in the 1998 SDAC, supporting estimates at state level, and for some broad items, at the statistical region level.

GENERAL SOCIAL SURVEY

The General Social Survey (GSS) is a new survey due to be first run in 2002, and then triennially. The objectives of the GSS are to collect data from a range of areas of social concern, to allow information to be connected in ways not generally available. The sample will include around 15,000 people nationally, and will support state and territory level estimates. Topics related to health that will be included in the GSS are self-assessed health status (single question) and disability status.

INDIGENOUS SOCIAL SURVEY

The Indigenous Social Survey (ISS) aims to provide information on the indigenous population across a range of areas of social concern. The last survey of this kind on a national scale was the National Aboriginal and Torres Strait Islander Survey conducted in 1994. The ISS is planned to be conducted in 2002 and then on a six yearly basis. It is intended to be comparable to the General Social Survey (GSS), based on a similar collection methodology and having a range of data items in common between the

two surveys. The sample for the GSS will be up to 10,000 people, sufficient to support state estimates. The content of the ISS for sparsely settled (remote) areas will be a subset of data collected for non-sparsely settled (non-remote) areas, taking into account collection difficulties and the appropriateness of concepts.

HEALTH INSURANCE SURVEY

The Health Insurance Survey (HIS) establishes the level of the population with and without private health insurance, provides a broad indication of the type of cover and related information (such as reasons for cover or non-cover, and changes to cover). The series of surveys enable changes in these elements to be monitored over time. A particular strength of this collection relative to data on private health insurance coverage available from industry sources, is its ability to compare population groups.

DATA AVAILABILITY

Results from ABS surveys are available in the form of:

- publications,
- confidentialised unit record files (CD-ROM) of selected surveys,
- consultancy services.

For more information about ABS surveys email health@abs.gov.au; or write to the Health Section, Australian Bureau of Statistics, W31c, PO Box 10, Belconnen, Australian Capital Territory, 2616; or telephone 1800 060 050. ☒

3RD AUSTRALIAN COMPUTER ASSISTED TELEPHONE INTERVIEW (CATI) FORUM : CATI HEALTH SURVEYS IN AUSTRALIA—THE CHALLENGES AHEAD

Date: Tuesday 27 and Wednesday 28 November 2001

Venue: Powerhouse Museum, Sydney

Conference Themes:

- Current progress on CATI health surveillance in Australia
- Measurement and monitoring of inequalities in health
- How health surveillance can influence policy development
- Challenges of maximising survey participation and data quality
- Strategies to meet the challenges ahead.

For conference registrations please contact: Conference Secretariat, 21 Kent St Deakin ACT 2600; by telephone: (02) 6281 6624; by fax: (02) 6285 1336; or by email: conference@conlog.com.au.

For further information please contact: NSW Health Survey Program, NSW Department of Health, 73 Miller Street North Sydney, by telephone: (02) 9424 5707; by fax: (02) 9424 5755; or by email: catimail@doh.health.nsw.gov.au.

This conference is hosted by the National Public Health Partnership Computer Assisted Telephone Interview—Technical Reference Group (CATI-TRG); and is sponsored by the Commonwealth Department of Health and Aged Care and the NSW Department of Health.