

ABOUT THIS REPORT

This report provides an overview of the NSW Health Survey Program (Section 1), and describes the methods used for the 1997 and 1998 NSW Health Surveys, including development of the content and questionnaires, sampling, data collection and analysis (Section 2).

1. OVERVIEW

1.1 Background

In 1996, the Epidemiology and Surveillance Branch of the NSW Department of Health established the NSW Health Survey Program to help address the need for state and local area-level information about the health of the NSW population.

In order to strengthen local commitment to prevention and population health, the NSW Department of Health instituted a number of changes in the funding and responsibilities of the 17 NSW Area Health Services during the 1990s. The Area Health Services were to assume full responsibility for the health of geographically-defined populations, rather than just providing services in their locality. Area Health Service funding was moving towards a population-based model, rather than an activity-based model, and this funding was being tied to performance agreements with the NSW Department of Health. These agreements set out obligations for health improvement and defined performance indicators,^{1,2} which required regular monitoring and reporting. These changes established the need for more comprehensive local and state information.

At that time, existing data sources had proven inadequate to meet these new demands. Although national data was available on health status and health risk factors, from the 1991 Australian Bureau of Statistics National Health Survey (NHS), these data were produced only every five years and were not specific enough to provide information at the level of the 17 NSW Area Health Services. The NSW sample for the 1995 NHS was only 8,268. Increasing the NSW sample size for the NHS to give Area Health Service-specific data would have been prohibitively expensive; and, at that time, the NHS questionnaire development process was slow and unresponsive to state and local needs.

During the early 1990s, some NSW Area Health Services responded to the need for local data by conducting regional telephone health surveys.^{3,4,5,6,7,8,9} Although valuable for local planning, these surveys did not produce data that could be compared across areas. In 1994, NSW Department of Health conducted its first statewide health survey using computer-assisted telephone interviewing (CATI), the NSW Health Promotion Survey, which focused on health risk factors and behaviours as well as community attitudes. Reports from the survey recommended that it should be repeated every three years,¹⁰ but no formal structure or process was established to ensure that this happened.

1.2 Beginnings of the Health Survey Program

In 1996, the NSW Department of Health set aside resources for the Epidemiology and Surveillance Branch to identify stakeholders, potential partners, and funding sources for a survey, and to develop a proposal for the development and conduct of a health survey.

Following consultation with individuals and groups within the Department and across the Area Health Services, the idea of a regular NSW Health Survey gained support. In June 1996, the Chief Executive Officers of all the Area Health Services agreed to contribute their financial support so that data could be collected from 1,000 people in each Area Health Service. Following this funding commitment, the NSW Health Survey Program, the NSW Health Survey Program Steering Committee, and later the NSW Health Survey Program Unit, were established.

The Steering Committee consisted of representatives from the NSW Department of Health, the Area Health Services, academic institutions and the Australian Consumers Association. The Committee aimed to oversee the NSW Health Survey Program, ensure that surveys were responsive to both state and area health service information needs and priorities, and to advise on ways to disseminate survey information to service providers and consumers.

An expert Health Survey Technical Group was also established in 1996 to develop the survey methods and the questionnaire for the first survey. This group convened a number of expert topic groups and an expert methods group and sought additional technical advice from a range of other experts. The expert topic groups articulated information gaps for their particular health topic, and identified or developed questions appropriate for use in a telephone survey to provide data to fill those gaps. The expert methods group specified the survey mode, sampling methods and fieldwork procedures.

Appendix 1 contains a detailed list of all those who contributed to the NSW Health Survey Program.

1.3 Aims of the Health Survey Program

The NSW Health Survey Program is a key element of the Strategy for Population Health Surveillance in NSW.¹¹ The NSW Health Survey Program aims to:

- provide ongoing information on self-reported health status, health risk factors, health service use, and satisfaction with health services, in order 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;
- provide a flexible in-house survey facility that can be used for other purposes (for example, rapid surveys to address acute public health issues or disasters, or to provide population information for outbreak investigations);
- foster an increased organisational commitment to outcomes-focused and evidence-based approaches to the monitoring and delivery of health services and programs.

1.4 Surveys conducted under the Health Survey Program

The first survey under the NSW Health Survey Program—the 1997 NSW Health Survey—was conducted between August 1997 and February 1998. This survey was followed by the 1998 NSW Health Survey, which was conducted between August 1998 and February 1999. Both of these surveys collected information about the adult population aged 16 years and over.

Following extensive consultation with policy makers and public health practitioners throughout the State, the need for information about health status and risk factors of older people and children became apparent. In early 1999, staff working on the NSW Health Survey Program began planning for two new surveys; one which sought information from people 65 years and older about their health and aged care needs; and another which would collect information about the health of children 0–12 years.

The NSW Older People's Health Survey was conducted in the second half of 1999. A report outlining the methods and results from this survey is available.¹² In the same year, two pilot surveys were conducted to collect information from parents and carers about the health of their children. Interviewing for the first NSW Child Health Survey is expected to be completed in August 2001.

The Health Survey Program has also conducted a number of surveys for other Branches within the NSW Department of Health and external partners between 1998 and 2000. These studies provided information for the investigation of infectious and non-infectious disease outbreaks,^{13,14} the monitoring of health during periods of heightened public concern about environmental problems,¹⁵ the evaluation of health promotion activities, and the investigation of the effects of legislative changes.

1.5 Future directions for the Health Survey Program

The NSW Health Survey Program has been continuously evolving since its inception. With increasing experience in the management of this large and complex project, areas for improvement have become obvious, and procedural changes have been initiated. This process of regular review will continue.

The NSW Health Survey Program Unit is working with other states, the Australian Bureau of Statistics, and the Commonwealth Department of Health and Aged Care, as part of the National CATI Technical Working Group. This Working Group was established as a subcommittee of the National Public Health Information Management Working Group, to ensure that state and national surveys use best practice methods, avoid duplication where possible, and can be amalgamated to provide a national picture of health and health behaviours.¹⁶ Current efforts are focussing on the development of three question modules on Asthma, Diabetes and Demographics that can be used nationally in CATI surveys.

From late 2001, it is proposed to commence continuous data collection under the NSW Health Survey Program, to provide more flexibility and enable more timely data collection and reporting. Interviews will be conducted throughout the year (instead of during discrete periods), and will collect information relating to the whole state population from birth upwards. The NSW Health Survey Program will continue to use a core set of questions and modules previously developed. These modules will be reviewed regularly and additional modules will be developed and successively added while others will be removed.

Developments in telecommunications will require that the NSW Health Survey Program devises new ways to contact people and encourage their participation in health surveys. A growing number of young people, and others, use mobile phones instead of landline phones; phone numbers are becoming portable across geographical regions; and there is growing discontent among phone users about approaches from market research and telemarketing firms.

As it evolves to meet these challenges, the NSW Health Survey Program will provide a mechanism for the NSW Department of Health to meet some of its major information needs of the next decade. It will be used to improve the population's health by providing evidence of program effectiveness, information for policy development and service planning, and facilitating population health research.

2. METHODS

The following section describes the methods used for the 1997 and 1998 NSW Health Surveys. Although this report focuses on these surveys, many of the development issues and survey procedures apply also to the 1999 NSW Older Peoples' Survey and the NSW Child Health Survey. More detailed information about the development and methods of these surveys is available elsewhere.^{12,17}

Figure 1 outlines the key steps in survey development for the 1997 NSW Health Survey. The first step was the selection of mode of survey administration (see Section 2.1). Once this was decided, the NSW Health Survey Program Technical Group and its expert groups, and the NSW Health Survey Program Unit, embarked on five other key steps:

- development of the content and format of the English questionnaire (Section 2.2);
- the non English-speaking (NES) project, to ensure people who could not answer in English could participate in the surveys (Section 2.3);
- establishment of a fieldwork facility (Section 2.4);
- development of fieldwork procedures (Section 2.5);
- development of sampling methods (Section 2.6).

Although they are presented separately in this report, many of the activities involved in these steps were inter-related and their progress was reliant on the others.