

Australian Health Survey

Facing new challenges

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What are the questions?

- Are Australians healthy?
- What are Australians eating and drinking? How often do Australian smoke?
- Are they getting enough nutrients in their diet?
- Do we have high cholesterol levels?
- How do our eating habits relate to our height and weight? How do our physical activity patterns play a role?
- Are there differences between population groups?

Current content of existing National Health Surveys (3 & 6 yearly)

- Face to face interviews.....
 - Demographic information - education, labour status
 - Health Status – self assessed
 - Health conditions - Mental health, CVD, Diabetes
 - Physical measures - height, weight, waist, hip
 - Health risk factors – smoking, alcohol, physical activity
 - Health actions – GP services, medications

Information requirements

- The data gaps have been identified by peak bodies in health information
 - nutrition
 - physical activity
 - biomedical risk factors

} in combination with core information about health status and risk factors
- **Australian Bureau of Statistics** is conducting the AHS
 - Consulting with the **Department of Health and Ageing** and the **National Heart Foundation** who have provided additional funding for the survey and have represented a wide range of information requirements

The challenges

- Ensuring consistency with existing health surveys (national and international)
- New instruments for nutrition, physical activity and measures
- Managing the burden on respondents and duty of care
- Sampling a small and widely dispersed Indigenous population while addressing cultural sensitivities
- Working with the existing commercial pathology system
- Ensuring strong community awareness and participation
- Developing data analysis and access strategies to maximise access and analysis of the resulting rich and complex data sets

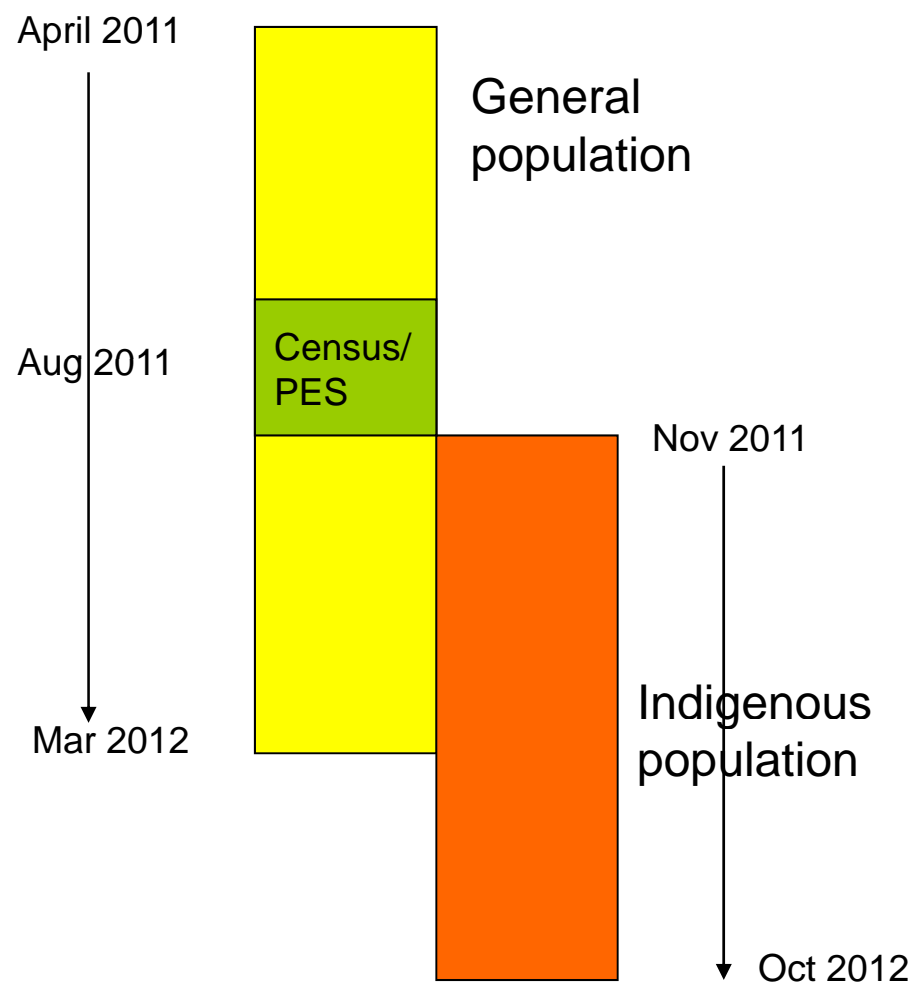
Australian Health Survey

- Key components
 - National Health Survey
 - National Aboriginal and Torres Strait Islander Health Survey
 - National Nutrition and Physical Activity Survey
 - National Health Measures Survey

Scope and timing

- Size - Approx 50,000 participants – children and adults
 - General population survey approx 35K
 - Indigenous population survey approx 15K
- Fieldwork Timing –
 - General population survey – April 2011-March 2012
 - Indigenous population survey – November 2011-October 2012
(Built around the Census in August 2011)
 - Dress Rehearsal November (General) and May 2011 (Indigenous)
- Outputs
 - General population survey results – approx Dec 2012
 - Indigenous population survey results – approx July 2013

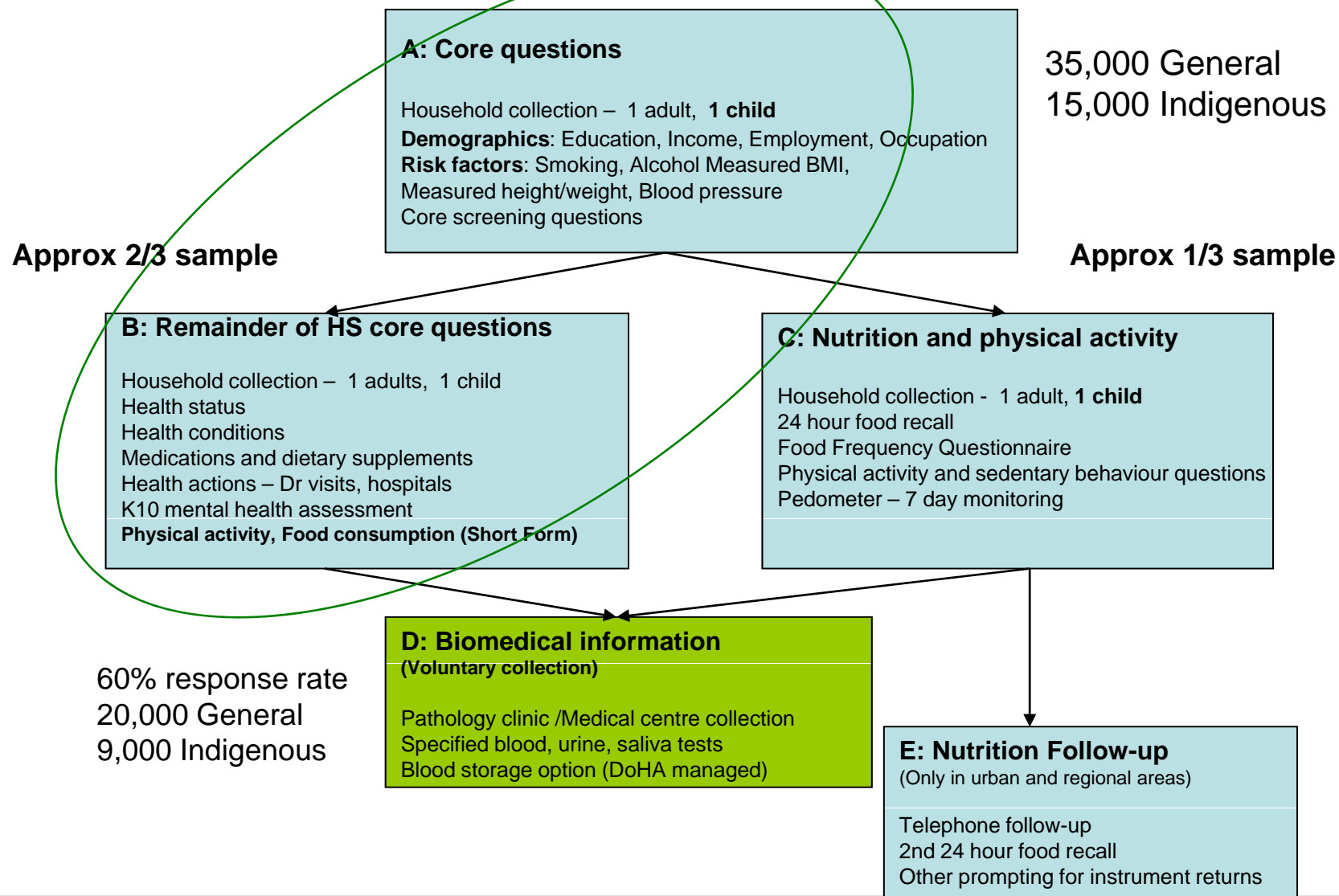
Timing



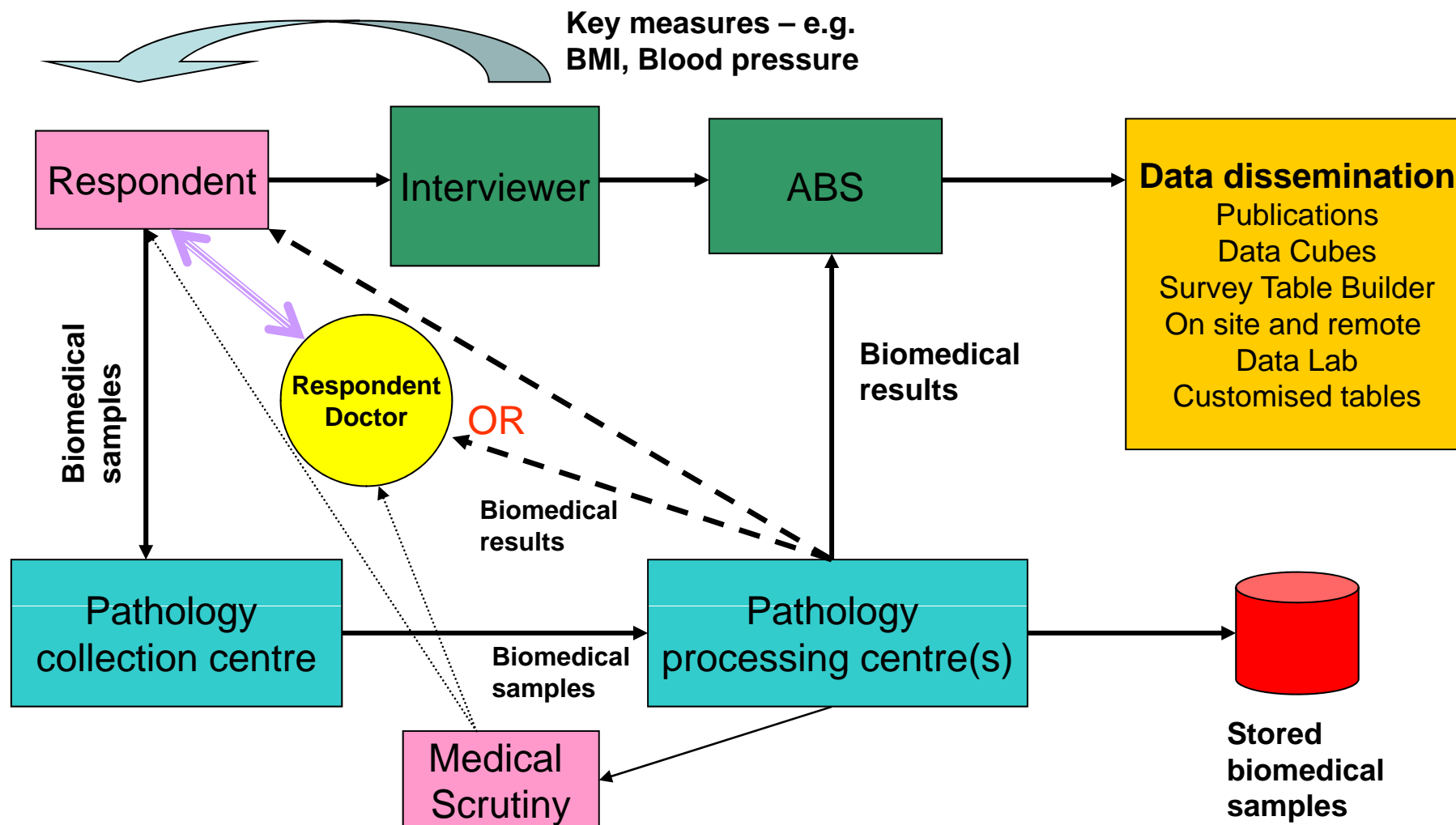
Planning issues

- Interviewer workforce availability (approx 500)
- Seasonal variations for food and physical activity patterns
- Interviewing in the wet season in Northern Australia
- Utilising Indigenous Engagement Managers and Liaison officers post Census
- Increased time for Indigenous community consultation

The operational model – AHS



The proposed approach



Collecting the information



If the respondent consents to participate in the National Health Measures Survey (a voluntary component of the AHS)

- Assistance with booking an appointment (Collection centres addresses, phone contacts)
- Follow up reminders
- Reimbursement for travel and other expenses

Using trained staff, the pathology collection centre will collect

- Small blood sample approx (multi vial – priority order), Urine sample, Saliva swab
- Arrange for in-home blood collection for special cases
- Prepare and transport blood to pathology processing centres
- Pathology processing centre transfer results to ABS via web

Types of biomedical tests

- Total cholesterol
- Fasting triglycerides
- Fasting LDL and HDL cholesterol
- Fasting plasma glucose
- HbA1c
- Serum creatinine*
- Urinary albumin creatinine #
- Erythrocyte folate
- Serum Folate
- Serum B12 (Vitamin B12)
- Urinary sodium (corrected for creatinine)
- Serum 25(OH)D (Vitamin D)
- Urinary iodine (not corrected for creatinine)
- Serum ferritin
- Serum transferrin receptor
- Haemoglobin
- Blood lead levels
- Zinc
- Salivary cotinine
- AGP and/or CRP as an inflammation marker to assist in the interpretation of iron and zinc results

*separate reporting of serum creatinine will enable the eGFR calculation using different formulas

will enable the calculation and reporting of the urinary albumin creatinine ratio

Return of information and confidentiality

- Respondents will receive...
 - results of the biomedical tests (e.g. blood glucose, cholesterol, blood pressure)
 - Key results of BMI, Blood pressure
 - Encouragement to seek out advice from medical practitioners
 - Medical scrutiny of results considered “at risk”
- Individual’s data will be protected by the Census & Statistics Act
 - Very strong legislation preventing any risk of individual data release

Who will use these data?

- Community
 - Awareness of public health issues
 - Information for assisting NGO's
- Governments
 - Policy design and impact assessment, program evaluation, education programs
 - Benchmark for State CATI surveys
 - COAG reporting
 - Healthcare agreement indicators
 - Closing the Gap indicators
- Academics and clinicians
 - Support public health research

Data analysis and access

- Establish a data output strategy
 - Undertake a comprehensive analysis work program
 - within the ABS and
 - with partnership arrangements
- Provide data access
 - a publication suite
 - web data cubes
 - General and specialist CURFS
 - RADL and Data labs
 - Special data requests,
 - New micro-data access method *Survey table builder*

Governance & Consultation

- Governance
 - ABS, DoHA, HF - Steering Committee
 - Survey Reference group
 - Specialist advisory groups
 - ASAC Advisory Group (TBC)
- ABS and DoHA Consultation
 - NAGATSIHID, NACCHO, NIHEC, OATSIH,
 - NPAPH -IWG NHISSC/PHIDG,
 - Privacy Commissioner,
 - State and Territory Health and other Depts, State Statistical Advisory Groups, State Statistical Forum
 - Australian Statistics Advisory Council
 - Biomedical, physical activity and data analysis advisory groups
 - Food Regulatory Standing Committee
 - Australian Sports Commission
 - FSANZ, TGA, 4000 for Health, Health 2020, QIMR
 - USA, NZ, UK, Germany, Canada

Implementation Plans

- Pilot test (May) and Dress Rehearsal (Nov)
- Communications strategy
 - survey website (operational)
 - Media interviews (ongoing)
- Establish pathology EOI and Tenders
- Interviewer training
- Liaison with Aboriginal Medical Services
- Stakeholder engagement

Now is the opportunity to help us shape this important information collection.

We invite your questions, comments, suggestions and assistance.

Data outputs

- What research questions might you wish to pursue from this survey?
- What sorts of data would you need to meet those questions?
- Are there particular types of combinations of output data that you need? E.g. tables, unit records etc

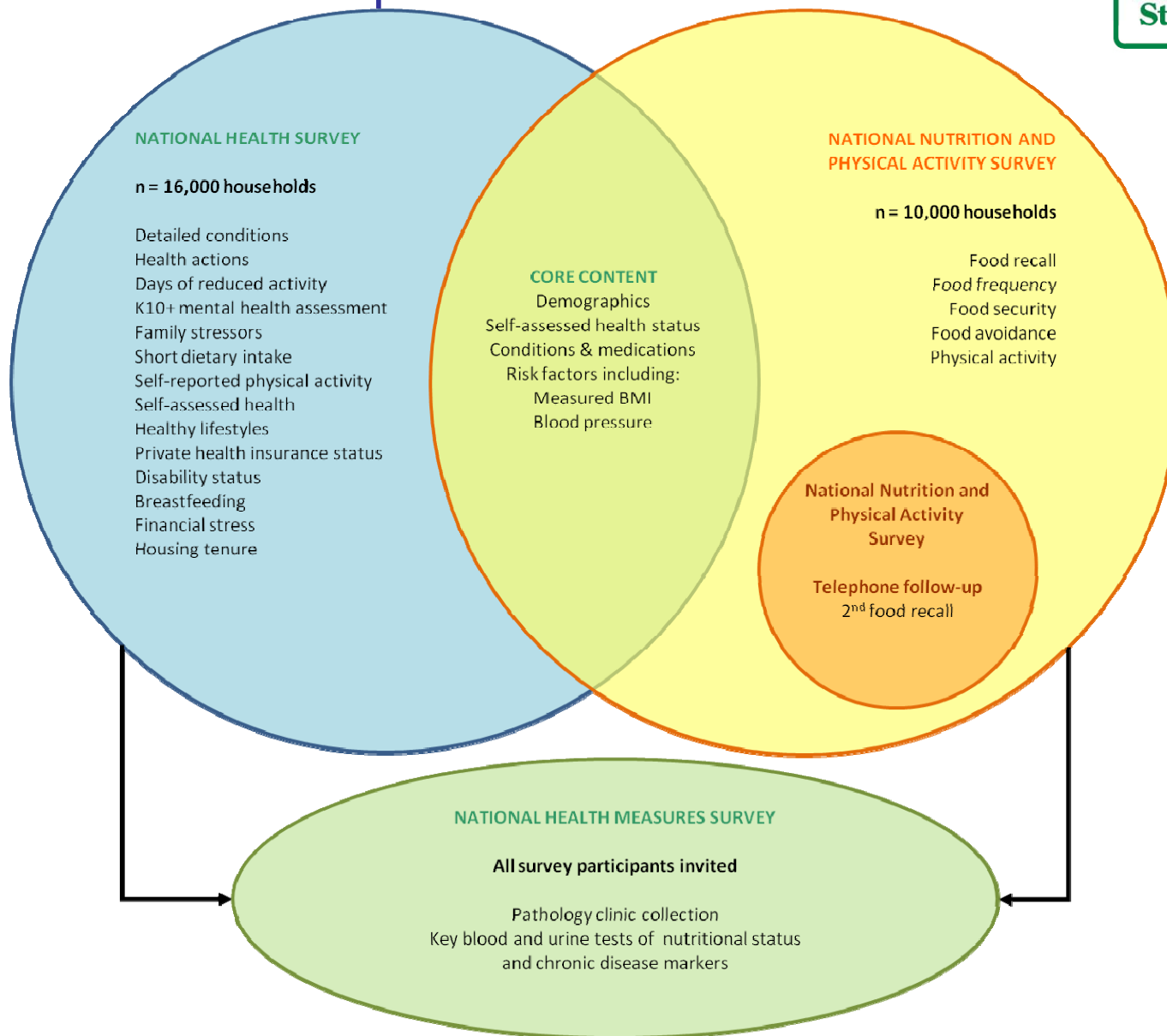
Samples – early estimates – General Population

	NHS	Nutrition	Measures (60% response)
NSW	5,000	3,100	4,860
VIC	4,400	2,800	4,320
QLD	3,600	2,300	3,540
SA	2,400	1,500	2,340
WA	2,400	1,500	2,340
TAS	1,500	900	1,440
NT	1,000	600	960
ACT	800	500	780
Australia	21,100	13,200	20,580

Samples – early estimates – Indigenous Population

	NHS	Nutrition	Measures (60% response)
NSW	1,800	400	1,320
VIC	1,000	200	720
QLD	2,400	600	1,800
SA	1,300	300	960
WA	2,200	500	1,620
TAS	1,000	300	780
NT	1,900	600	1,500
ACT	400	100	300
Australia	12,000	3,000	9,000

The operational model – AHS



Proposed new content

- Blood pressure - at interview using portable equipment
- Anthropometric measures – height*, weight*, waist*, hip*
- Nutrition
 - 2 x 24-hour recall plus Food Frequency Questionnaire (modified US NHANES/NZ instruments)
- Physical activity
 - Based on activity in week – Active Australia, Sedentary behaviour
 - Pedometer monitoring
- Biomedical
 - Voluntary via pathology collection centres and other local arrangements
 - Reimbursement of costs for participants

* First time in the Indigenous population, has been measured previously in general population