SURVEILLANCE OF HEALTH BEHAVIOURS IN AUSTRALIA

The National CATI Health Survey Technical Reference Group (CATI TRG) is an advisory committee under the National Public Health Partnership (NPHP) in Australia. Under the Australian federal system of government, the NPHP provides a structure for the Australian, State and Territory governments to work together to develop a joint intergovernmental agenda for public health in Australia. Its members include representatives from State and Territory health departments, the Australian Government Department of Health and Ageing, the Australian Bureau of the Statistics (ABS), the Australian Institute of Health and Welfare (AIHW) and the Public Health Information Development Unit at the University of Adelaide.

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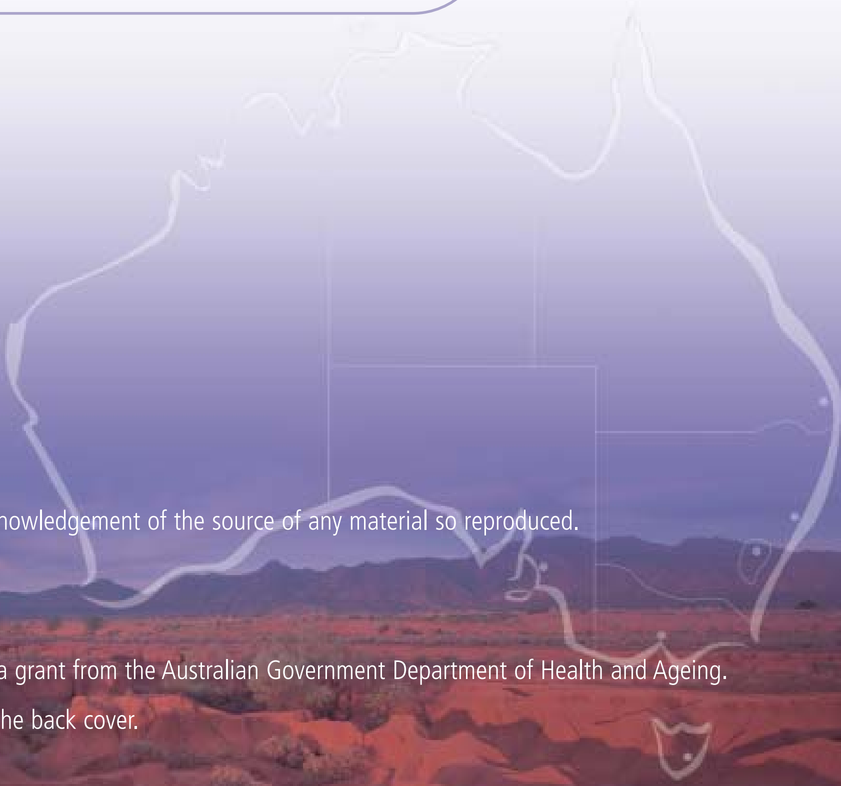

October 2003

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Also published on www.nphp.gov.au/catitrg

Designed and printed by Openbook Print.

Content prepared by the CATI TRG and funded under a grant from the Australian Government Department of Health and Ageing.

A listing of relevant contact details is provided inside the back cover.

Through the 1990s, several State and Territory governments as well as the Australian Government conducted Computer-Assisted Telephone Interviewing (CATI) surveys of population health, to examine health behaviours and health outcomes specific to their jurisdiction. As a result of this work, between 1993 and 2001 five States (New South Wales, Victoria, Queensland, Western Australia and South Australia) introduced regular State-based survey programs to conduct surveillance of the health behaviours of their populations. These five States represent almost 95% of the Australian population. All of these States have varying models of surveillance systems in place. In addition, the Northern Territory is considering introducing a CATI population health surveillance system and the Australian Capital Territory links into the New South Wales Health Survey Program whenever funding is available. Tasmania has conducted both a State population health survey (1998) and a CATI survey with a focus on community capacity (2001).

With funding from the Australian Government Department of Health and Ageing, the National CATI Health Survey Technical Reference Group (CATI TRG) prepared this publication to provide an overview of the surveillance of health behaviours in Australia. Since its inception in 1999, the CATI TRG has developed and promoted national standards, valid methods and capacity for CATI health surveys and health surveillance. For the 'harmonisation' of CATI population health surveys in Australia, the CATI TRG has identified the need to develop question modules for behavioural risk factor and chronic disease topics. The modules need to be based on well-developed conceptual frameworks that underpin the data requirements for population health surveillance.

QUESTION MODULE DEVELOPMENT

Background papers

The CATI TRG prepared background papers on selected chronic diseases and behavioural risk factors, including asthma, diabetes, alcohol consumption, tobacco consumption, cardiovascular disease, nutritional food behaviours, physical activity, mental health, injury, musculoskeletal disorders and cancer as well as demographics. The purpose of the papers was to identify the concepts and data requirements for ongoing surveillance of selected risk factors and preventable chronic conditions, and to help develop nationally agreed CATI question modules.

Cognitive testing

To refine the selection of suitable question wording, the CATI TRG selected a set of questions based on the data requirements then referred the selected questions for cognitive testing. It used this testing to identify problems for respondents and interviewers, particularly problems with question content. The ABS undertook the testing, which consisted of two phases: (1) analysis of the questions based on an expert review and (2) a series of cognitive interviews. The results of the cognitive testing helped inform which questions should be taken to the next stage—that is, field testing.

Field testing

Field testing of the first three groups of question modules (demographic, asthma and diabetes) was completed in November 2002. The Western Australian Department of Health and the South Australian Department of Human Services conducted this work.

The field testing aimed to assess, under CATI conditions, the usefulness of questions proposed for inclusion in the nationally agreed question modules. The questions were assessed by the reliability of generated estimates, the acceptability of question wording to survey participants, parsimony and the cost-effectiveness of questions (in terms of the length of interviewing time required per question).

The questions selected for the field test were determined by the cognitive testing results, consultation with key informants and agreement by the CATI TRG. This round of testing resulted in recommendations on preferred questions, question wording, questions that should not be used and the future development of questions.

National Health Data Dictionary

Following the completion of the above stages, the CATI TRG will publish question module manuals for each topic. The manuals will be a key reference for those interested in CATI health surveys in Australia. The CATI TRG proposes that the information and recommended module for each topic be included in the National Health Data Dictionary Knowledge Base.

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH AND AGEING

The Australian Government Department of Health and Ageing seeks to provide better health for all Australians through a world-class health system. The role of the Australian Government includes: facilitating the development of national strategies and priorities; facilitating national planning, implementation, monitoring and reporting; fostering the use of evidence to inform policy and programs; and facilitating the development of national capacity and national consistency.

What it is doing

The department is leading the development of an integrated, nation-wide Chronic Disease and Risk Factor Surveillance Strategy and Action Plan. There is also agreement among jurisdictions to develop a National Chronic Disease Strategy for Australia.

Developing …

The department is fostering the development of national standards for health surveillance data collections to meet public health information requirements and to promote the exchange of public health information among jurisdictions. Data requirements for health surveillance and published CATI health survey modules for a number of health risk factors and preventable chronic diseases are being produced through a collaborative work program funded by the department.

The Australian Government-funded Skills Enhancement for Health Surveillance project will provide online, continuing education to enhance the capacity of public health practitioners to understand and use surveillance data.

Collecting …

The department works closely with the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW) and with State and Territory governments in collecting administrative and survey data on health behaviours. The department supplements the funding available for the ABS National Health Survey to support triennial data collection and has funded specific surveys of health behaviours. The department supported the CATI 'buddy' surveys between State and Territory governments, whereby jurisdictions with CATI expertise worked with less experienced jurisdictions to conduct a CATI health survey.

Analysing and disseminating …

The department is funding an AIHW work program to analyse and disseminate information on preventable chronic diseases. The first major report *Chronic diseases and associated risk factors in Australia, 2001* (AIHW cat. no. PHE-33), provides an overview of the burden of disease associated with preventable chronic diseases and risk factors in Australia.

How is it used

The department:

- is leading improvement of the health system, using knowledge and information to deliver better, more effective services and create a coherent national system;
- provides expert policy advice to the Australian Government;
- works with consumers, providers, peak bodies, industry groups, State and Territory governments and others through consultation and collaboration; and
- manages the Australian Government's health and ageing programs to ensure the provision of quality, cost-effective health services.

For more information, visit the department's website: www.health.gov.au.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE

The AIHW is an Australian Government statutory authority in the health and ageing portfolio. Its role is to provide statistical information and analysis that governments and the community can use to promote discussion and make decisions regarding health, housing and community services.

What it is doing

The AIHW is active in developing, collecting, analysing and disseminating health behaviours information.

Developing …

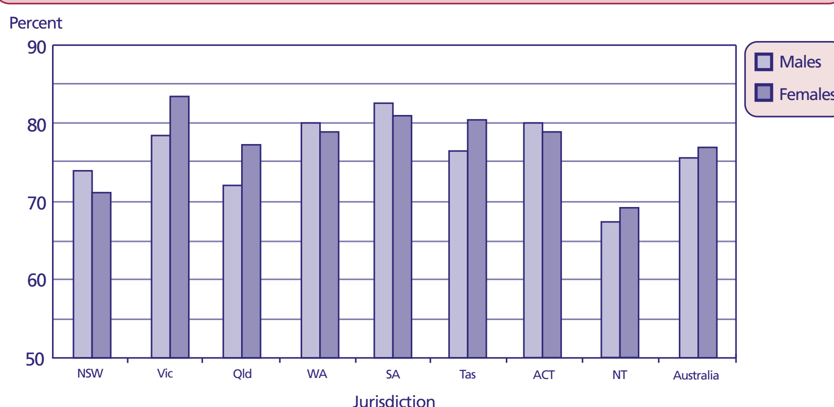
A core function of the AIHW is supporting the development of national standard data items and concepts in the health and welfare field. The AIHW publishes these data items and concepts in the National Health Data Dictionary for use across the health sector in Australia. Data dictionary topics related to the surveillance of health behaviours include alcohol consumption, tobacco consumption, behaviour-related risk factor interventions, injecting drug use, injury, anthropometry and demographics. As a member of the [National] Statistical Information Committee, other information committees, and reference or steering groups for major population surveys, the AIHW is well positioned to influence the capacity of health behaviour monitoring and surveillance.

Collecting …

The AIHW has a direct role in collecting administrative byproduct and survey-based data on health behaviours. Relevant collections include the:

- National Hospital Morbidity Database, which contains detailed information on every hospital episode in Australia (including ICD-10-AM codes for associated conditions, behaviours and risks)
- National Older Persons Influenza Vaccination Survey, which is a CATI survey that collects information on vaccination attitudes, intentions, and behaviours among the elderly and other at-risk groups. Figure 1 shows vaccination coverage in 2002, for example.
- National Drug Strategy Household Survey, which collects information on the consumption of alcohol, tobacco and illicit drugs, as well as related behaviours (for example, alcohol moderation behaviour).

Figure 1: Influenza vaccination coverage, persons aged 65 years and over, Australia, 2002



Analysing and disseminating …

The AIHW produces over 100 reports and other publications each year, all of which are available online at the AIHW website (www.aihw.gov.au). The health-related publications cover a range of subjects—including chronic diseases and behavioural risk factors—and draw on AIHW and other collections. Behaviour topics analysed include: use of tobacco, alcohol and illicit drugs; physical activity; nutrition; overweight and obesity; cancer screening; vaccination; and injury.

How its work is used

Governments, the media, researchers and the general public use AIHW reports. Applications include the:

- monitoring of progress under the National Drug Strategic Framework and related action plans;
- provision of input to national and international reporting cycles, including the National Health Performance Committee report, various WHO and OECD databases, and the International Narcotics Control Board database; and
- provision of information to underpin community debate, policy development and program management.

For more information on the AIHW, or to view any of the AIHW reports, visit the website: www.aihw.gov.au.

AUSTRALIAN BUREAU OF STATISTICS - NATIONAL HEALTH SURVEY

The ABS is Australia's official statistical agency. It conducts a population census every five years and provides statistics on a wide range of economic and social matters, covering government, business and the community.

The National Health Survey is a major ABS survey. It has been conducted five times since 1977, and is currently conducted every three years. Other ABS surveys collecting health-related information include the Survey of Disability, Ageing and Carers, the General Social Survey and Indigenous Social Survey.

The National Health Survey obtains national benchmark information on a wide range of health issues and enables monitoring of health trends over time. The ABS develops each survey questionnaire in consultation with key government, professional, community and industry bodies: the aim is to address their highest priority information needs.

The survey collects data on indicators covering:

- the health status of the Australian population, including general self-assessed health status, asthma, diabetes, cancer, cardiovascular disease, injuries and mental wellbeing;
- the use of health services and health-related actions, including hospital admissions, day clinic/outpatient/casualty visits, consultations with health professionals, days off work and days of reduced activity; and
- health-related behaviours and risk factors, including body mass index, smoking, alcohol consumption, exercise, diet, sun protection, immunisation and breastfeeding.

It also obtains data on a range of demographic and other characteristics.

The ABS conducts the National Health Survey in private Australian dwellings. The sample provides reliable estimates for Australia; for more common health characteristics, it also provide reliable estimates for individual States and the Australian Capital Territory. Trained ABS interviewers visit selected dwellings and obtain information via face-to-face interviews. Special arrangements are made for respondents with English language difficulties.

Recognising the particular health concerns of the Indigenous population, the ABS conducts a separate survey of Aboriginal and Torres Strait Islander people. This survey information provides indicators of the health of Indigenous people, and enables comparisons between the health characteristics of Indigenous and non-Indigenous Australians.

The ABS publishes summary results from the National Health Survey. It also makes additional unpublished tables available on its website: www.abs.gov.au. Special tables designed to meet individual requirements are available on request.

Micro data from the 2001 National Health Survey (in the form of confidentialised unit record files—CURFs) are available on CD-ROM and through the new Remote Access Data Laboratory (RADL). Using the RADL, clients can run secure online queries on approved CURFs from their desktop. The 2001 National Health Survey was the first collection to have data available through the RADL.

For more information on the ABS, or to view any of the ABS publications, visit the website: www.abs.gov.au.

NEW SOUTH WALES

The NSW Health Survey Program is NSW Health's main mechanism for monitoring population health objectives and key performance indicators. The program's objectives are to:

- provide ongoing information on self-reported health status, health risk factors (including SNAP: smoking, nutrition, alcohol misuse, physical inactivity), health service use, and satisfaction with health services;
- inform and support the planning, implementation, and evaluation of health services and programs;
- collect information that is not available from other sources;
- respond quickly to emerging data needs; and
- ensure information collected is high quality, timely and cost effective.

Established in 1996, the Health Survey Program was changed in 2002 to a continuous model. The model was designed to meet the changing needs of the State's health by providing a more flexible and timely survey data collection system to cover all age groups. Since its inception, the program's major achievements have included:

- the 1997 Adult Survey;
- the 1998 Adult Survey (a repeat of the 1997 survey with minor changes);
- the 1999 NSW Older People's Health Survey;
- support in 2000 for the Sydney 2000 Olympic Games and Paralympic Games;
- the 2001 Child Health Survey; and
- commencement of the Continuous Health Survey Program in 2002.

The uses of NSW Health survey data include: program development; planning; policy and strategy development, change and evaluation; State and national reporting requirements; and monographs, reports, research presentations and publications. NSW Health has produced reports on the methods used to develop and conduct the surveys, and on the data collected. These reports are available in hard copy and in electronic format on the website: www.health.nsw.gov.au.

Examples of recent findings

Figure 2: Current smoking status - smoke daily or smoke occasionally, persons aged 16 years and over, NSW, 1997-2002

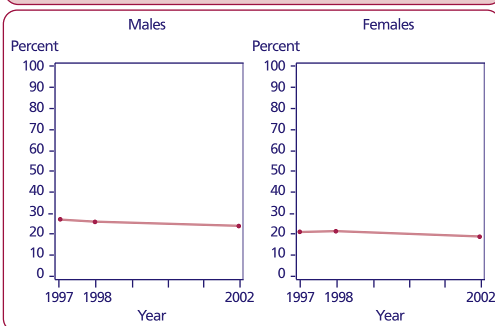


Figure 3: Recommended daily vegetable intake, persons aged 16 years and over, NSW, 1997-2002

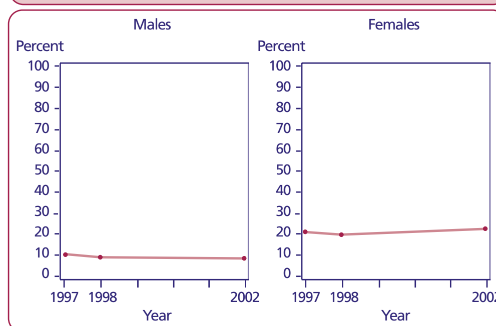


Figure 4: Any alcohol risk drinking behaviour, persons aged 16 years and over, NSW, 1997-2002

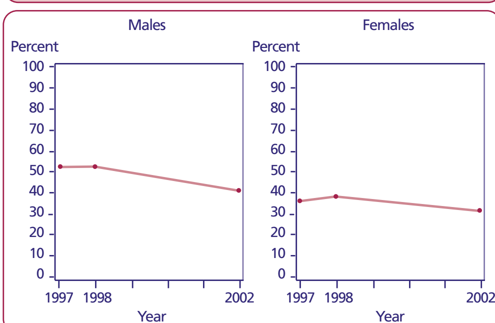
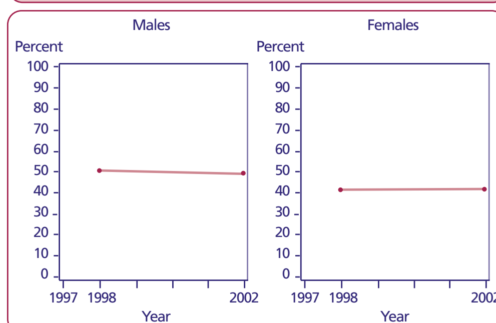


Figure 5: Adequate physical activity, persons aged 16 years and over, NSW, 1997-2002



VICTORIA

The Department of Human Services (Victoria) established the Victorian Population Health Survey in 1998 to provide State and regional information about the health of the Victorian population and the determinants of that health. The survey collects relevant, timely and valid health data that is applied to policy development and strategic planning. Interviews are conducted in the major non-English languages in Victoria to ensure people of culturally and linguistically diverse backgrounds are represented.

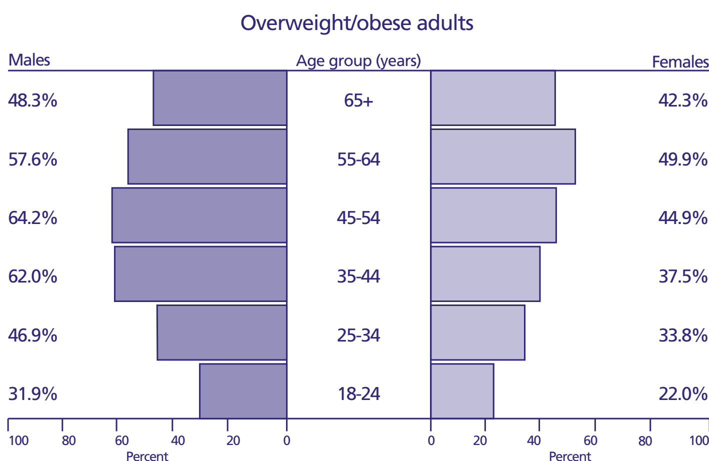
The 2001 and 2002 surveys also delivered new information on the extent and diversity of social networks in the Victorian population. For the first time, data are available in Victoria that provides a practical link for policy makers between preventable risk-taking behaviours, their 'upstream' determinants (such as levels of social capital and social function in communities) and health status.

The Victorian Population Health Survey fills a significant void in accessible data that are required to ensure public health programs are relevant and responsive to current and emerging health issues.

Example of 2002 survey findings

- After adjusting for age and sex, those persons more likely to be categorised as overweight/obese were those who rated their health as good, fair or poor (as opposed to excellent or very good), those living in rural areas, non-professionals, non-smokers, those with high blood pressure, those who reported doing less than 30 minutes per week of vigorous physical activity and those with a high level of psychological distress (as measured by the Kessler 10 psychological distress scale).
- Overall, 8.5% of persons aged 18 years or over did not undertake any physical activity during the week before the survey.
- Overall, 79.3% of persons aged 18 years or over reported having had their blood pressure checked in the previous two years.
- Almost 3% of persons aged 18 years or over were categorised as having high levels of psychological distress (as measured by the Kessler 10 psychological distress scale).
- Overall, 45.4% of persons aged 18 years or over were categorised as either overweight or obese. Figure 6 below presents the findings on those categorised as either overweight or obese, by age group and sex.

Figure 6: Overweight/obese adults aged 18 years and over, age by sex, Victoria, 2002

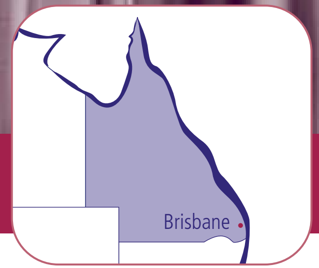


Note: Body Mass Index (BMI) = weight (kgs) / height (m^2)
BMI categories: overweight - 30>BMI≥25m obese - BMI≥30.

Source: DHS, Victorian Population Health Survey 2002.

Further information is provided on the website: www.dhs.gov.au/phd/healthsurveillance.

QUEENSLAND



Health behaviour surveillance in Queensland draws on a largely CATI-based Statewide survey program and State-level results from national surveillance initiatives, principally those undertaken by the ABS and the AIHW. Queensland established an in-house CATI facility in 1993, making it the first health jurisdiction in Australia to do so. It conducted surveys from 1993 to 1999 in response to emerging needs. From 2000, it operated the Omnibus Survey Program within a more defined annual program, formally adopting the first six-year plan in 2002.

The program has a flexible design but an overall monitoring focus usually targeted at behavioural risk factors, chronic disease prevalence and management, program evaluation and health service use. The six-year plan provides the framework for developing the survey program each year, revisiting broad focus areas (such as child health, older persons' health, chronic diseases and social capital) on a five-year cycle.

The objectives of the Omnibus Survey Program are to (1) assist Queensland Health to meet its medium-term needs for population-based data not available via national surveys or Queensland Health's routine data collections, in line with Queensland Health's strategic plan and business needs, and (2) provide a timely and cost-effective data collection mechanism that delivers high response rates and high data quality.

Since its inception, the program's achievements have included the:

- 1993 Regional Health Surveys (10,000 respondents Statewide), focusing on health behaviours and risk factors;
- 1994 SF-36 Survey (10,000 respondents Statewide), establishing population norms;
- 1998 Statewide Health Survey, focusing on health behaviours and risk factors;
- three 2000 Chronic Diseases Surveys, focusing on knowledge, prevalence and self-management of asthma and diabetes;
- 2002 Social Capital and Health Risk Factors Survey; and
- 2003 Infant Nutrition and General Child Health Surveys.

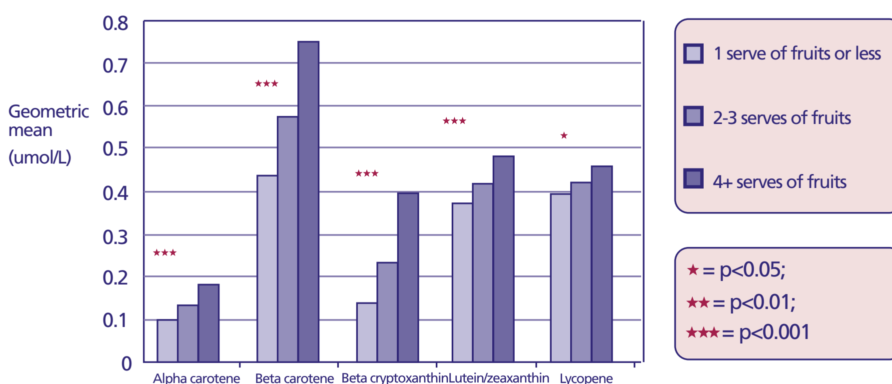
Queensland Health has been actively involved in projects to improve survey methods, including:

- conducting a test-retest reliability study of health behaviour questionnaire modules;
- conducting mail/telephone survey comparisons;
- working with Indigenous primary health services to develop methods of measuring health behaviours of Indigenous people living in urban settings (and is committed to the development of methods appropriate for gathering this information from the wider Indigenous population); and
- evaluating CATI questions using physiological bio-markers collected through a population-based survey.

Example of recent findings

Analysis from the CATI evaluation demonstrated a statistically significant dose response relationship between an increase in self-reported serves of fruit eaten and increased serum carotenoid levels (figure 7). This research enabled an evaluation of the validity of short dietary questions (frequently used in CATI), which offer a cost-effective method of monitoring key indicators of dietary behaviour.

Figure 7: Serum Carotenoid levels by reported number of serves of fruits



Adjusted for age, gender, educational status, total cholesterol, triglycerides, physical activiting, smoking, body mass index, alcohol consumption, total energy and fat intake, and vitamin use.

Source: 2000 Australian Diabetes, Obesity and Lifestyle Study (AusDiab)

Further information is provided on the website: www.health.qld.gov.au.

WESTERN AUSTRALIA

In February 2002, the Department of Health, Western Australia (WA) launched the WA Health and Wellbeing Surveillance System. This system continuously collects data through CATI on the health status of WA residents. Prior to this, although WA had conducted health surveys since 1995, these were infrequent and did not always collect the same information, making comparisons over time difficult.

Within Australia, WA is a very large State with a very small relative population (9%). Although 80% of the population resides in the Perth Metropolitan area, rural dwellers show evidence of a health profile that is different and in some cases worse than the city dwellers. With area health services needing to allocate resources in the most efficient and effective manner, the need for current, good quality survey information became crucial.

The WA Health and Wellbeing Surveillance System is part of the Epidemiology Branch of the Department of Health, WA. It is based on a theoretical framework of key determinants of health status and was developed in collaboration with the Curtin University Centre for Developmental Health at the TVW Telethon Institute of Child Health Research. As the main vehicle for survey data, the surveillance system was designed to:

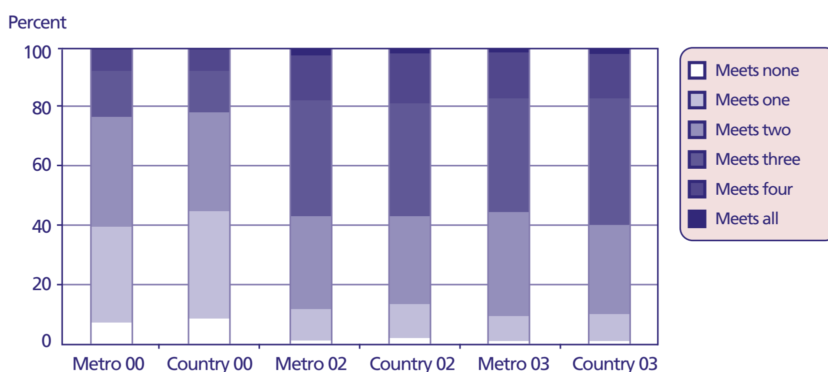
- provide reliable, up-to-date estimates of the prevalence of health and wellbeing for all parts of the State for use in evidence-based policy, planning and priority setting;
- provide regular and timely reports on changing trends in the population's health profile, including trends in relation to chronic disease, risk factors and protective factors;
- facilitate the examination of links between risk factors, protective factors and health outcomes;
- provide a vehicle for carrying out surveys on emerging issues in health;
- report against State and national performance indicators;
- contribute to major epidemiological and health research areas;
- assist in the evaluation of health programs, interventions and services;
- contribute to the mapping of the geographic distribution of health problems and risk factors and build up a database to allow for micro-level data analysis; and
- provide a source of reliable, time series data to other areas of the health system.

Although it is too early for the Surveillance System to identify time related trends in health, already since its inauguration in 2002 it has been the source of key information used in a wide range of applications, such as the reporting of State Key Performance Indicators, evaluation of health promotion campaigns and the updating of three risk factor reports with data as current as June 2003.

Even though the surveillance system is in its infancy, the number of requests for information demonstrates that when data are available and can be accessed quickly and easily, the WA experience is that it will be used.

Figure 8 presents a comparison over a three-year period of health enhancing behaviour in the metropolitan and rural regions of the State. Even with the brief time period, there have been positive changes in the proportion of people meeting State and national guidelines in alcohol consumption, fruit and vegetable intake, smoking, physical activity and weight control. This information is used in the Department of Health Annual report.

Figure 8: Proportion who meet the recommended guidelines for health enhancing behaviours by time and area, Western Australia, 2000-2003



Sources: 2000 Collaborative Health and Wellbeing Survey; WA Health and Wellbeing Surveillance System March 2002 - June 2003

Further information is provided on the website: www.health.wa.gov.au/publications/pop_surveys.cfm.

SOUTH AUSTRALIA

The Population Research and Outcome Studies Unit of the State's Department of Human Services conducts population health surveys using a range of vehicles. The unit's core business areas are:

- the monitoring and surveillance of population health and wellbeing, including chronic diseases, associated risk and protective factors, health outcomes and social determinants of health in South Australia;
- the epidemiology of chronic diseases /conditions and their determinants; and
- the assessment of health outcomes.

It uses each of the following surveillance vehicles to collect relevant data.

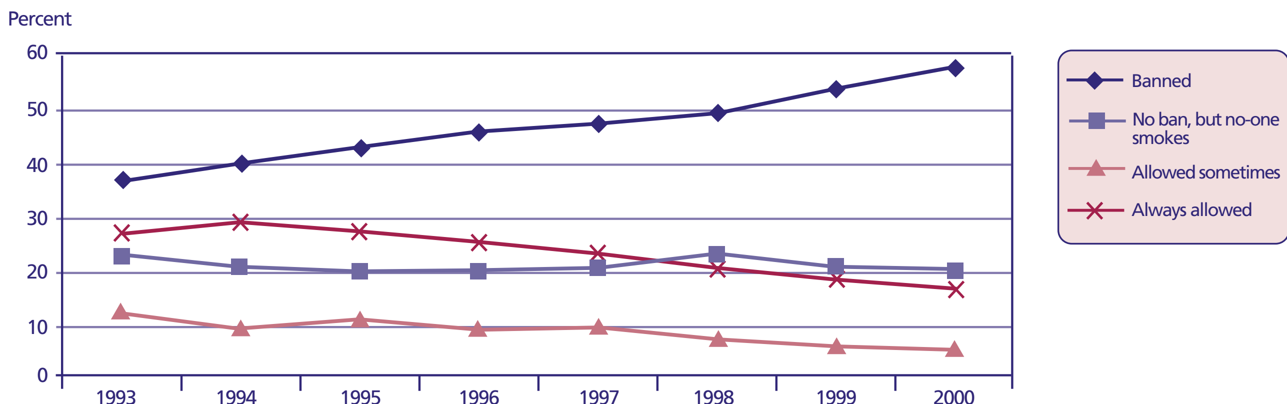
- The Health Omnibus Survey is conducted face to face. It has been running annually since 1990.
- The Social Environmental Risk Context Information System (SERCIS) is conducted using CATI. Gathering data on specific health and wellbeing topics, it has been run several times a year since 1995.
- The Health Monitor is conducted using CATI. This user-pays system has been running since 1998.
- The South Australian Monitoring and Surveillance System (SAMSS) is conducted using CATI. This monthly collection of key indicators has been running since July 2002.

The unit analyses and disseminates the data collected via these surveillance systems. The information is used to:

- track chronic condition, risk factor and health outcome trends over time and place, and across population subgroups;
- quantify, and increase recognition of, the burden of chronic conditions across the population, to help the appropriate resource allocation for public health programs;
- establish broad program priority areas and goals;
- inform policy;
- evaluate intervention programs;
- establish research priorities; and
- contribute to the department's strategic directions.

Figure 9 shows the increase in the reporting of smoking being banned in the home since 1993.

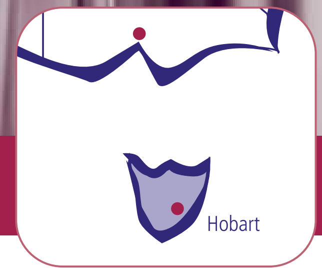
Figure 9: Smoking in homes, South Australia, 1993 - 2000



Sources: Health Omnibus Survey, 1993 - 2000; The Cancer Council (South Australia).

For further information on the Population Research and Outcome Studies Unit, and a list of all the publications can be found on the website: www.dhs.sa.gov.au/pehs/PROS.html.

TASMANIA



The Tasmanian Department of Health and Human Services conducted the first comprehensive Statewide population health surveillance in 1998—the Health Communities Survey 1998—covering health and wellbeing, health risk behaviours, family functioning, social capital and service use.

The department undertook its most recent surveillance activity—the Health and Community Capacity Survey 2001—in collaboration with the Victorian Department of Human Services, the Australian Government Department of Health and Ageing, and the ABS. This survey focused on community capacity, so as to inform the development of strategic priorities for community action initiatives in partnership with local governments.

Both surveys have helped the State Government identify strategic priority areas. They have also contributed to the development of (1) initiatives to prevent chronic disease through early intervention and (2) community-building partnership agreements with local governments. Results from Tasmania's surveillance activities in 1998 were used to provide baseline data for priority benchmarks in Tasmania Together, which is a policy strategy based on extensive community consultation.

The State's limited resources and the absence of a CATI infrastructure make it difficult for the department to develop a health behaviour surveillance system similar to that operating in other jurisdictions. The department thus uses national surveillance data from National Health Surveys as a substitute surveillance tool for health behaviours, analysing the results at the State level and disseminating them throughout the department.

Examples of recent findings

The results of the Health and Community Capacity Survey 2001 show that rural communities' level of community capacity is significantly higher than that of urban communities. Residents in rural communities report higher levels of participation, network structures, trust, reciprocity, community pride and collaboration than reported by residents in urban areas.

The results also confirm that community capacity has the potential to contribute to positive social outcomes by increasing entrepreneurial activity and improving the ability of communities to resolve their local problems.

Good health and economic wellbeing, high levels of personal efficacy, older age and the absence of high residential mobility are all positively related to community capacity. These influences are demonstrated by more active community participation and more positive community perceptions.

Figure 10: Proportion of Adults who Feel Able to Influence the Things that Affect their Community by Self-Assessed Health Status, Tasmania, 2001

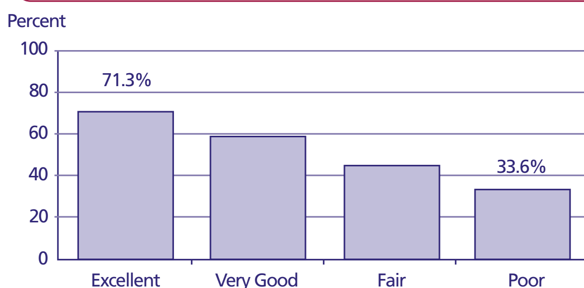
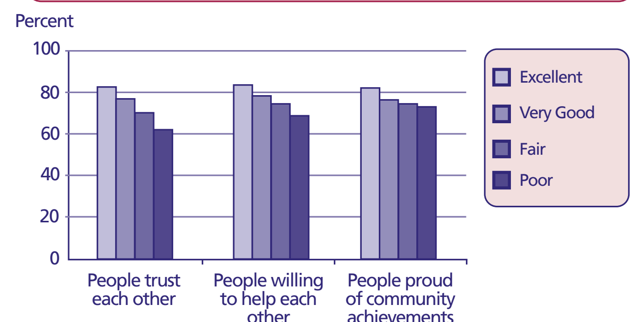


Figure 11: Proportion of Adults who Strongly Agree/Agree with Selected Community Attributes by Self-Assessed Health Status, Tasmania, 2001



Further information is provided on the website: www.dhhs.tas.gov.au/services/healthy_living/pages/survey.html.

NORTHERN TERRITORY

The Northern Territory population is different from the population in other Australian States. In 2001, the Territory's total population was 198,000 (1% of the total Australian population). Around 29% are Indigenous, with the majority of this group living in remote or very remote settings. Other distinctive features of the population are that (1) it is relatively young with a median age of 30 years (compared with the Australian median of 36 years) and (2) it has a high resident mobility, with 19% of the population changing in 1999-2000.

Despite the relative youth, there are high demands on the Territory's health services, particularly driven by the poor health of the Aboriginal and Torres Strait Islander population. A more recent driver has been the rapid increase in the small proportion of older residents, who are the high health care users in any population.

In this distinctive population, health behaviour surveillance is challenging. The Territory's health policy makers cannot assume that population behaviours are similar to those reported in national surveys. Further, the logistics of a sophisticated surveillance and monitoring program are complicated by a population that is culturally diverse, widely distributed and highly mobile.

Nevertheless, there is the opportunity for a high level of cooperation among health care providers and local technical experts. Another asset is the Department of Health and Community Services' central data warehouse of health care events, which contains perinatal information, hospital admission data and some primary health care services data. Given the appropriate approvals (including assurance of privacy), this warehouse offers the capacity to use unique personal identifiers to make direct data links across health datasets. The Department can also link data to other Government datasets, including those for education, public housing and community development.

Current population health reporting includes core elements—such as population distributions, mortality, cancer rates, hospital morbidity and perinatal data—as well as centralised data on Indigenous child growth, pap smear results and breast cancer screening.

In 2000, the Territory participated in the tri-State CATI survey (with South Australian and Western Australia), which provided comprehensive information on the health and wellbeing of the Territory's adults. A further CATI survey is planned for late 2003, to assess child health and wellbeing. As well as parental perceptions of child health, this survey may include teacher assessment of school performance and behaviour. There is potential to link these survey data to other health and education datasets, providing valuable information on the association between health and education outcomes and their determinants.

The feasibility of an ongoing CATI survey program for the NT is currently being assessed. The particular benefit of CATI surveying in the Territory is the ready access to remote and rural populations. On the other hand, a major shortcoming of CATI surveys is that they provide very limited information on the Aboriginal and Torres Strait Islander population, who have poor access to domestic telephones. In the 2000 tri-jurisdiction CATI survey, less than 6% of Territory survey respondents reported being Indigenous.

Health monitoring of the Aboriginal and Torres Strait Islander population needs a different strategy. Current information relies on prevalence studies that do not account for the cultural and geographic diversity across the Aboriginal and Torres Strait Islander population. The Government is negotiating with a range of agencies, including the Cooperative Research Centre for Aboriginal Health, the Telethon Institute of Child Health Research and the ABS, to develop a collaborative, ongoing health monitoring program. Requiring the full engagement of the Indigenous communities, this work must account for cultural sensitivities and the importance of local employment and community development.

Further information is provided on the website: www.nt.gov.au/health/publications.shtml.

The Population Health Research Centre undertakes and reports most of the health behaviour surveillance by the Australian Capital Territory (ACT) Government. A unit of the Population Health Division of ACT Health, the centre publishes timely and accurate information on the health-related behaviour and health status of the ACT population.

ACT Health commissioned the following surveys to obtain a better understanding of health behaviours in subgroups of the ACT population.

- In 2001, ACT Health commissioned NSW Health to include ACT residents in a CATI survey of the health of children. The survey provided baseline data on the health and wellbeing of children aged 0–12 years, to inform health policy and planning. It included questions on health behaviours such as smoking during pregnancy, smoking in the home, infant sleeping position, nutrition, sun protection and physical activity. The results of this survey will be available in the 2000-02 ACT Chief Health Officer's Report.
- In 1999, ACT Health commissioned NSW Health to include ACT residents in its Older Persons Health Survey. The CATI survey included questions on health behaviours such as nutrition and physical activity.
- The ACT also participates in the three-yearly Australian Secondary School Alcohol and Drug Survey, in which it recently incorporated questions on nutrition and physical activity.
- The Population Health Research Centre maintains a comprehensive data collection relating to maternal and perinatal health. The data collection includes information on smoking, alcohol consumption and other substance use during pregnancy, and type of feeding (breast or formula) following birth.

The ACT Government uses information collected on health behaviours for both routine health monitoring and the development of health strategies for specific populations. An example of the latter is the ACT Children's Strategy, which is an interagency initiative to promote the health and general wellbeing of children in the ACT. Results from the Children's Health Survey have been used to identify priority areas for attention and to guide the development of the strategy.

The physical activity results from the Older Persons Health Survey are being used to identify priority target groups, barriers and activity preferences for physical activity health promotion activities, and to inform an Actively Ageing Strategy for the ACT. The Government has also used health behaviour information to inform a strategy to increase the consumption of fruit and vegetables in the ACT.

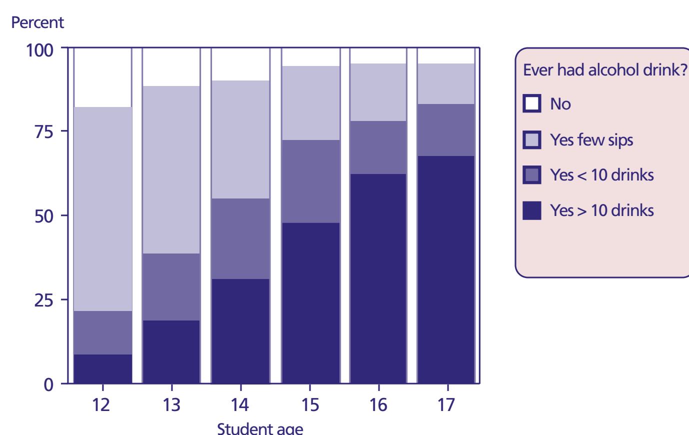
ACT Health is implementing the Health Action Plan. The Population Health Research Centre will collect information relevant to the plan's evaluation. That is, the evaluation will be based on a monitoring of baseline and ongoing rates of health behaviours and other performance indicators in the population. Current focus areas are mental health, the health of Aboriginal and Torres Strait Islander people, women's health and the promotion of healthy lifestyles.

The Population Health Research Centre is building capacity for the surveillance and monitoring of health behaviours. The Government is increasingly recognising the value of population health information for the monitoring and evaluation of policy implementation and health promotion strategy. This recognition is leading to additional cross-program and interagency initiatives and cooperation to better understand health issues in the ACT and to effectively target policy.

The release of ACT results from the Australian Secondary Schools Alcohol and Drug Survey 2002 provides an example of a recent interagency collaboration in which stakeholders from health, education, and community sectors contributed to the process of interpreting and communicating results to the general community. Figure 12 presents the proportion of students who reported having ever tried alcohol by age. Alcohol use increased with age, with over two thirds of 17 year olds having consumed more than 10 alcohol drinks in their lifetime compared with only 11.5% of 12 year olds.

Population Health Research Centre publications can be accessed online at the website: www.health.act.gov.au.

Figure 12: Alcohol use by secondary students, ACT, 2002.



Source: Tobacco and Alcohol Use by ACT Secondary Students, 1996-2002. Population Health Research Centre, ACT Health: Health Series No 33

CONTACTS

National CATI Technical Reference Group (CATI TRG)	www.nphp.gov.au/catitrg
Australian Government	www.health.gov.au
Australian Institute of Health and Welfare	www.aihw.gov.au.
Australian Bureau of Statistics	www.abs.gov.au
New South Wales	www.health.nsw.gov.au
Victoria	www.dhs.vic.gov.au/phd/healthsurveillance
Queensland	www.health.qld.gov.au
Western Australia	www.health.wa.gov.au/publications/pop_surveys.cfm
South Australia	www.dhs.sa.gov.au/pehs/PROS.html
Tasmania	www.dhhs.tas.gov.au/services/healthy_living/pages/survey.html
Northern Territory	www.nt.gov.au/health/publications.shtml
Australian Capital Territory	www.health.act.gov.au/PHRC
Public Health Information Development Unit (The University of Adelaide)	www.publichealth.gov.au