

2011–13 Australian Health Survey

FACT SHEET

The Australian Bureau of Statistics (ABS), in close consultation with the Department of Health and Ageing (DoHA), is to conduct the 2011–13 Australian Health Survey. The survey, scheduled to commence in the field in April 2011, will be the most comprehensive study of the health of Australians ever undertaken.

This fact sheet provides information for key stakeholders. Some details of the survey are still being decided with input from expert advisors and the final format will depend on the outcomes of ABS consultation, development and testing processes (including two major field tests).

Further information will be available on the web site www.abs.gov.au/australianhealthsurvey as the survey progresses. Queries can also be directed to DOHA at aushealthsurvey@health.gov.au.

What information will the Australian Health Survey collect?

The Australian Health Survey will include four components:

- National Health Survey – the existing household survey
- National Aboriginal and Torres Strait Islander Health Survey – the existing Indigenous household survey
- National Nutrition and Physical Activity Survey – a new household survey
- National Health Measures Survey – a new pathology collection.

The survey will be funded through the combination of ABS health survey program funding and additional funds from DoHA and the National Health Foundation of Australia.

How will the survey work?

In total, the survey will include about 50,000 adults and children from all across Australia. Households will be selected using standard ABS area-based sampling processes to represent the Australian population (though some very remote areas will be out of scope for some components of the collection). A detailed sampling strategy is currently being developed by the ABS.

Interviewers from the ABS will visit people in their homes beginning around April 2011 to conduct personal interview components of the survey under the *Census and Statistics Act 1905 (Cth)*. As the proposed survey structure indicates (Attachment 1), participants will be asked a set of core questions on demographics, risk factors, health status and medications, followed by questions from either the National Health Survey or the National Nutrition and Physical Activity Survey.

After completion of the household interview, participants will be invited to consider taking part in the National Health Measures Survey—the biomedical component of the survey. This component of the survey will be conducted on an explicitly voluntary basis. These survey participants will attend a local pathology collection centre to provide samples of blood and urine. The age at which children will be offered participation in the National Health Measures Survey is yet to be finalised and a decision will be based on expert advice and survey testing outcomes.

When does the survey happen?

To capture seasonal differences in variables such as physical activity participation and dietary intake, the survey will be enumerated over a 10-month period. Fieldwork for the general

population components are scheduled to commence in April 2011, with initial results expected to be released in late 2012.

In recognition of the need for extensive consultations with Indigenous stakeholder groups and the development of data collection instruments that are appropriate for Indigenous populations, the enumeration of the Indigenous Survey will be separated from the general survey and will commence in late 2011, with initial results expected to be released in mid 2013.

What tools are being used to collect data on nutrition?

Food consumption patterns

At the initial household interview, it is proposed that participants will complete short questions on dietary habits and food security (having enough to eat), and a 24-hour food recall to collect information on the amount of foods, beverages and dietary supplements consumed.

Within a month of the initial household interview, participants will complete a second 24-hour food recall over the telephone. The information from the two food recalls will be examined to understand the types and amounts of foods that Australians eat and the extent to which they meet dietary guidelines.

Food Composition Database

As part of the Australian Health Survey, a survey-specific food composition database will be developed based on the National Food Composition Database held by Food Standards Australia New Zealand to provide information on the levels of nutrients in the foods that survey participants report eating. The database will enable reporting of participant's intake of the following nutrients and comparison with relevant nutrient reference values:

- Energy (total energy)
- Moisture
- Protein
- Fat (total fat, saturated fat, cis monounsaturated fat, polyunsaturated fat (separately identifying linolenic acid; alpha-linolenic acid; long chain omega 3 fatty acids) and total trans fatty acids (mono- and poly-unsaturated forms))
- Cholesterol
- Carbohydrate (total carbohydrate, total sugars, total starch)
- Dietary fibre
- Vitamins (vitamin A (preformed retinol, pro-vitamin A and total vitamin A expressed as retinol equivalents separately), thiamine, riboflavin, niacin (preformed and total niacin equivalents separately), folate (folic acid, natural folate and total folate expressed as dietary folate equivalents separately), vitamin B12, vitamin B6, vitamin C and vitamin E);
- Minerals (calcium, phosphorus, magnesium, iron, zinc, potassium, sodium, iodine, selenium)
- Alcohol
- Caffeine

What tools are being used to collect data on physical activity?

Physical Activity Questionnaire

At the initial household interview, the participants will be asked questions about their levels of physical activity in the week prior to the interview. The questionnaire will collect information on the participant's activities such as walking, moderate or vigorous intensity exercise, sports, active transport, sedentary behaviour and sleep patterns.

The information in the questionnaire will allow an understanding of how active Australians are, what types of activities they do and the proportion of Australians achieving recommended levels of physical activity.

The ABS, in consultation with DoHA, has developed the Physical Activity Questionnaire with input from technical experts. A range of testing and validation processes are planned to confirm the appropriateness of the new measure.

Objective measures of physical activity

Objective measures of physical activity, for example wearing of pedometers, are also being evaluated for possible inclusion in the survey.

Why are biomedical samples being collected?

The inclusion of biomedical components in the survey will have significant benefits over the collection of self-reported data alone. Biomedical data enable prevalence rates of chronic diseases to be estimated.

How will the biomedical samples be collected?

Respondents will be invited to visit a local accredited pathology collection centre to give a blood sample and a urine sample using trained pathology nurses and standard protocols. A saliva sample is also under consideration.

There is no cost to participants for the testing, and participants will receive a small reimbursement towards costs associated with participation (e.g. travel, child care).

Samples will be forwarded to centralised pathology processing centres and results will be forwarded directly to the ABS. Participants and/or their nominated doctor will receive a copy of their results unless participants opt not to be informed.

What tests are being done on the biomedical samples?

Blood and urine samples will be tested for a number of markers of chronic disease such as high or low levels of blood sugar, cholesterol and kidney function, and markers of nutrition status such as iron and folate (Attachment 2).

Samples will not be tested for illegal drugs, pregnancy, sexually transmitted infections or DNA-based information. The tests will not indicate if participants have a disease like cancer.

Who will be able to access the data?

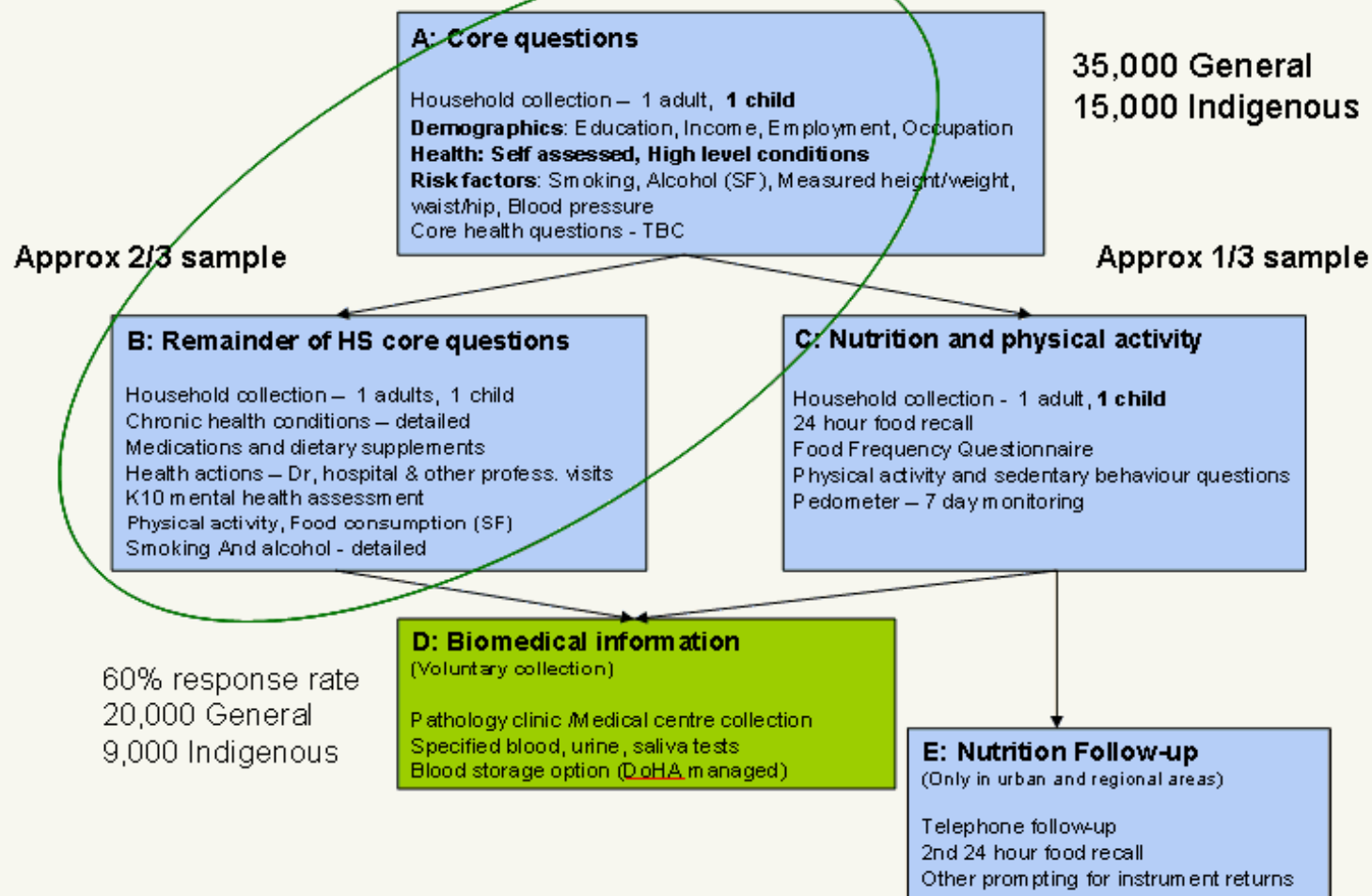
Australian Bureau of Statistics standard practice is to release major findings in publications that are freely available on their website. Universities and government departments/agencies will be able to request access to microdata products under standard ABS processes (Attachment 3).

In addition, an Australian Health Survey Output Strategy will be developed in consultation with DoHA, the Heart Foundation and data users to identify:

- policy and research questions and themes;
- options for partnership arrangements, where appropriate;
- data release mechanisms such as summary publications, web data cubes, Confidentialised Unit Record Files (Basic and Expanded), and the ABS' Remote Access Data Laboratory.



The operational model – AHS



Attachment 2: Draft list of biomarkers to be analysed in the National Health Measures Survey

Biomarker	Rationale
Essential Tests	
Total cholesterol	To estimate prevalence of cardiovascular disease risk factors
Fasting triglycerides	
Fasting LDL and HDL cholesterol (measured directly or calculated using the Friedewald calculation)	
Fasting plasma glucose	To estimate prevalence of diabetes and impaired fasting glucose
HbA1c	To monitor diabetes control
Serum creatinine*	To estimate prevalence and severity of kidney damage
Urinary albumin and creatinine [#]	To estimate the prevalence of albuminuria, an early indicator of kidney damage
Erythrocyte and serum folate	To monitor the effectiveness of folate food fortification programs and estimate prevalence of folate deficiency
Serum B12	To estimate prevalence of vitamin B12 deficiency
Urinary sodium (corrected for creatinine)	To monitor sodium intake
Urinary potassium	To monitor potassium intake and sodium/potassium ratio
Serum 25(OH)D	To estimate prevalence of vitamin D deficiency
Urinary iodine (not corrected for creatinine)	To monitor the effectiveness of iodine food fortification programs and estimate prevalence of iodine deficiency
Serum ferritin	To estimate prevalence and severity of iron deficiency
Serum transferrin receptor	
Haemoglobin	
AGP and/or CRP as an inflammation marker	To assist in the interpretation of iron and zinc results
Liver function tests	To assist in assessing liver disease

Notes:

* 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

Attachment 3: Data access options

	Access Option	Access Type	What is being accessed	Confidentiality process	Who can access	Cost of access
1.	Standard outputs: <ul style="list-style-type: none"> • publications • spreadsheets • data cubes 	ABS website	Standard tables, text and explanatory material. Analytical articles addressing issues of social concern (including as part of ABS compendium publications such as <i>Australian Social Trends</i>)	Confidentialised tables	All	Free
2.	Customised consultancies	Telephone or web request	Customised tables or datacubes from full survey unit record file	Confidentialised tables	All	Cost recovery (DoHA has \$20k a year in agreement)
3.	Basic CURF	CD-ROM	Confidentialised unit records	Confidentialised unit records. Note: Census and Statistics Act 1905 determines that the Statistician can only release individual records where “the information is not likely to enable the identification of the particular person or organisation to which it relates”.	Any Australian organisation can apply, online on the website. Individuals within the organisation also apply online and sign deed of undertaking. Online process for consultant access. International requests considered.	University students and staff have CURF access free through the Universities Australia Agreement (who pay on behalf of their member universities). DoHA staff have Health Survey CURF access free as part of the MOU with the ABS Access is charged per organisation rather than per individual user. Basic CURF \$1,430 A bundled price of \$2,140 applies when access to both the Basic and Expanded CURF are purchased at the same time.
	Access Option	Access Type	What is being accessed	Confidentiality process	Who can access	Cost of access

4.	Expanded CURF	Remote Access Data Laboratory (RADL) via ABS website using SAS, Stata or SPSS	More detailed confidentialised unit records than available on CD-ROM format.	A level of confidentialised unit records. Output confidentialised by system prior to user receiving output.	Any Australian organisation can apply, online on the website. Individuals within the organisation also apply online and sign deed of undertaking Online process for consultants too. International requests considered.	Expanded CURFs are only available in RADL Access is charged per organisation rather than per individual user. Expanded CURF \$1,430 A bundled price of \$2,140 applies when access to both the Basic and Expanded CURF are purchased at the same time. Ditto re above costs for Universities Agreement & DoHA MOU No charge beyond CURF price
5.	ABS Data Laboratory	On-site at an ABS office	Basic, Expanded and specialised CURFs Most detailed confidentialised unit records	A level of confidentialised unit records. Output confidentialised by ABS staff member prior to user retaining output.	Any Australian can apply, individuals within the organisation sign deed of undertaking, process for consultants too. International requests considered.	CURF costs: No additional costs to access Basic and Expanded CURFs (if already have access from above rows). Specialist CURFs (user defined variables) – CURF assessment and production costs are fully cost recovered. Initial session - \$2,590, subsequent sessions - \$560. Access costs (Basic, Expanded, Specialist) Universities 3 free sessions. Each university user has 3 sessions included in the Universities agreement. Any additional sessions will be charged at cost recovery rate outlined below (a).

	Access Option	Access Type	What is being accessed	Confidentiality process	Who can access	Cost of access
6.	Remote Execution Environment for Microdata (REEM) - <i>under development</i>	ABS website using SuperWeb interface to produce user defined tabular output	De-identified unit record file	Name, address removed from unit records No access to view the underlying unit record data. Output confidentialised by system prior to user receiving output.	Not yet determined but likely to be consistent with other modes of access. Any Australian can apply, individuals within the organisation sign deed of undertaking, process for consultants also available. International requests considered.	Not yet determined, some level of cost recovery expected
7.	Work to assist the Australian Statistician	On-site at an ABS office Seconded to ABS, 16A of the Australian Bureau of Statistics Act	Unit record file	Users can have full access to the full survey unit record file and any outputs released externally (ie for wider consumption) are confidentialised.	An Australian Government agency or governmental authority or an international organisation of an intergovernmental character; individual is signed in under the Census & Statistics Act.	Not applicable – access is provided to allow applicant to assist the Statistician in completion of a pre-specified statistical work program.

(a) The ABSDL service is provided on a fully cost-recovered basis, with a base price of \$2,590 (including GST). Of this, \$2,030 covers the one-off set up cost, and \$560 provides one standard ABSDL session of 3.5 hours. The base price includes preparation of the desktop PC, maintenance of the client's access to a CURF, as well as vetting of all output produced during the ABSDL session. Additional sessions are priced at \$560 per 3.5 hours or part thereof. _