A population telephone interview survey of households focusing on the health and wellbeing of the community.

In addition to the normal state-wide survey undertaken up to three times a year, the user-pays Health Monitor can survey populations nationally, within South Australia, within a selection of Australian states and territories, or, within particular regions of South Australia.

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Introduction

The core business of Population Research and Outcome Studies (PROS) is the monitoring and surveillance of population health and related issues. Information obtained from population health surveys is used to inform policy, programs and health services that will promote the health and well being of the South Australian population.

Through the Health Monitor survey, PROS provides government and non-government organisations with a fast and effective means of obtaining data on the health of South Australians at a reasonable cost. PROS has over 18 years experience in conducting household surveys, and can assist users in survey design and methodology, questionnaire development, data analyses and reporting.

The Health Monitor Survey is a user pays telephone survey system that has been in operation since 1999 and is administered by PROS. Health Monitor is an "omnibus-type" service available to government and non-government organisations to obtain data on a range of health issues within South Australia (SA). The idea of an "omnibus-type" survey is that several organisations share the cost of conducting a survey. The goal of the Health Monitor Survey is to collect, analyse and interpret data, which can be used to plan, implement and monitor health programs and other initiatives. Each organisation pays only for survey questions that have direct relevance to their information requirements. Surveys that focus on a specific topic may also be commissioned by a sole organisation.

Three regular, state-wide surveys are conducted each year (see Page 8 for dates). Additionally, other studies into particular aspects of health are undertaken on an ad-hoc basis. These ad-hoc surveys may be state-wide, or within a particular region of state.

Health Monitor supplements the annual Health Omnibus Survey (HOS) personal interview survey, allowing health planners to collect information at various times of the year rather than the single time of year used for HOS. The collection of information from remote areas which are not included in the sample frame for the HOS is also facilitated.

At the completion of the survey, users are provided with a report with their questions cross-tabulated with demographic variables, and a copy of the unit record data for the users to undertake further analysis.

This prospectus outlines the methodology, cost and provisional timetable for 2010 to interested organisations to participate in the Health Monitor Survey.
Advantages of the Health Monitor Survey

The particular advantages offered by the Health Monitor Survey are:

• A high quality survey with a strict survey methodology addressing sample selection, interview methodology, analyses and reporting;
• CATI (Computer Assisted Telephone Interviewing) system;
• Advanced statistical analysis to meet client needs;
• Data weighted to correspond to the age, sex and geographic profile of South Australia, or states and territories, or regions of South Australia;
• Large representative interview sample (yielding approximately 2000 interviews);
• Up to 13 demographic questions provided free; and
• Low cost.

Potential Applications of the Health Monitor Survey

The Health Monitor Survey has the potential to generate information that is useful across a wide variety of applications. Some key uses of the survey are:

• Information which explains population perspectives, attitudes, values and behaviours associated with issues under investigation;
• Information on knowledge, attitudes and behaviours;
• Information on perceptions towards and acceptability of services and programs or organisations;
• Information allowing the segmentation of problems and related issues;
• Information which identifies target groups for interventions and campaigns;
• Information of the acceptability and uptake of new initiatives and programs;
• Provision of prevalence or incidence data;
• Monitoring changes in health problems and disease trends;
• Data to test hypotheses;
• Information on the aetiology of specific health problems; and
• Evaluation of interventions and programs.
Methodology

Computer-Assisted Telephone Interviewing (CATI) System

Health Monitor uses a Computer-Assisted Telephone Interviewing (CATI) system. The CATI system utilises computers to assist interviewers and supervisors in performing the basic data-collection tasks. A number of characteristics of the CATI system contribute to the quality of the survey data. Firstly, CATI systems undertake many routine administrative functions, such as scheduling and documenting times of call attempts, allowing the interviewer to focus on the interview itself. Secondly, a combination of CATI features reduce data omissions that can occur as a result of interviewer question completion or question sequencing errors. Additionally, CATI systems have the ability to conduct complicated questionnaire sequences based on previous question answers, a combination of answers, or mathematical computations performed on answers. Thus the burden on interviewers to follow varying question sequences dependent upon participants’ responses is removed.

Data entry errors are minimised by incorporating consistency data checks into the CATI questionnaire programming. For example, data entry of postcodes can be limited to only valid postcodes for the survey region. Lastly, using the computer to record questionnaire responses directly into a database at the time of interview reduces transcription error means that data are readily available for analysis and reporting of the results.

CATI handles many different types of questions, including single response, multiple response, numeric and open-ended questions. It also has the facility to randomly rotate categories that are read out to reduce bias where there is a concern that the order of the categories will influence the respondent’s answer.

Sampling

The sample frame consists of all households listed in the Electronic White Pages (EWP) for the specified geographical area. Households to be included in the survey are randomly selected from the EWP. The response rate for Health Monitor surveys is high, approximately 65% of the eligible number of households sampled.

All Health Monitor surveys attain a sufficiently large sample to facilitate a high level of confidence that the results and trends noted from the survey are applicable to the population as a whole. The majority of Health Monitor surveys have sampled around 4500 households per survey, yielding approximately 2000 completed interviews. The sample size for surveys that focus on particular health topics only will vary with the needs of each individual survey.

Prior to data collection commencing, an approach letter is sent to each household selected in the sample (see Attachment A). Within households, the person who was last to have a birthday (aged 18 years or over) is usually selected to participate in the survey. Selected persons are non-replaceable, hence if the selected person is not available, interviews are not conducted with alternative household members. At least 10 callbacks are made to each household before the selected individual is classified as a non-contact.

Prior to the main survey, a pilot study (usually of 50 randomly selected households) is conducted to test question formats and question sequence, and to assess survey procedures.
**Questionnaire**

PROS staff can assist clients to formulate questions and co-ordinate the preparation of the survey questionnaire. Each questionnaire includes up to approximately 60 questions. Thirteen background demographic questions are included free of charge to users (see Appendix B).

Prior to contacting selected households by telephone, a letter is sent to each selected household informing occupants of the purpose of the survey.

Telephone interview calls are made between 9.30 am and 8.30 pm on weekdays, in each locality weekdays, and between 10.00 am and 4.00 pm on Saturdays, and 11.00 am to 5.00 pm on Sundays. Interviewers are rostered on shifts across all times of the day and evening, with coverage over seven days of the week (generally between 9.30 am and 8.30 pm).

Questionnaires are designed so that each interview takes an average of 15 minutes or less to be completed.

**Ethics**

The Health Monitor Survey questions will need to be submitted to and approved by the University of Adelaide, Human Research Ethics Committee (HREC), prior to acceptance for inclusion in the Health Monitor Survey. To assist with the HREC process, can users

- obtain ethics approval from their Ethics Committee prior to submitting to the University of Adelaide HREC (optional), and
- complete a covering ethics form as shown in Appendix C.

**Quality control**

The data collection agency is a member of the Association of Market and Social Research Organisations (www.amsro.com.au) and as such complies with that organisation’s policies in regards to issues including Privacy, Workplace Relations and Quality Assurance. The agency has established its processes and procedures in accordance with AS ISO 20252 (the International Standard for Market, Opinion and Social Research) and has been accredited as complying with the Standard by SAI Global Limited.

In addition, the data collection agency is a member of the Association of Market and Social Research Organisations (AMSRO) and is required to subscribe and adhere to the Market and Social Research Privacy Code which governs the collection, retention, use, disclosure and transfer of information about the subjects of and participants in market and social research. Further details about the Market and Social Research Privacy Code are available at www.amsro.com.au.
Data Analysis

Users of Health Monitor receive a tabulated report of the data generated by their questions and the demographic variables included in the survey. During analysis, the survey data is weighted to the sex, age and geographical area profile of the population of interest and the probability of selection within a household so that the survey findings are applicable to that population as a whole. The most recent Australian Bureau of Statistics Estimated Residential Population data is used for the weighting process.

In addition to the tabulated report, users also receive demographic data and data resulting from their questions to facilitate further analysis.

For surveys that focus on a particular topic, PROS will provide a full written analytical report if required.

Timing

A provisional timetable has been designed to allow an appropriate amount of time for, ethics application, review of questions and pilot testing.

<table>
<thead>
<tr>
<th>Event</th>
<th>Feb/Mar 2011 Survey</th>
<th>Jun/July 2011 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadline for questions to be submitted</td>
<td>Thurs 18th Jan</td>
<td>Wed 13th Apr</td>
</tr>
<tr>
<td>Ethics application due</td>
<td>Thurs 25th Jan</td>
<td>Wed 20th Apr</td>
</tr>
<tr>
<td>Pilot testing</td>
<td>Mon 21st Feb</td>
<td>Mon 16th May</td>
</tr>
<tr>
<td>Letters posted to sample</td>
<td>Fri 25th Feb</td>
<td>Fri 20th May</td>
</tr>
<tr>
<td>Finalisation of survey instrument</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Further discussion with users re questions if required</td>
<td>Fri 25th Feb</td>
<td>Fri 20th May</td>
</tr>
<tr>
<td>Data collection commences</td>
<td>Wed 2nd Mar</td>
<td>Wed 25th May</td>
</tr>
<tr>
<td>Data collection completed</td>
<td>Wed 23rd Mar</td>
<td>Wed 15th Jun</td>
</tr>
<tr>
<td>Data analysis and reports completed</td>
<td>Wed 6th Apr</td>
<td>Wed 29th Jun</td>
</tr>
</tbody>
</table>

Note: This timetable can change due to circumstances beyond the control of the unit or to accommodate the needs of users. Dates are provisional only at this time.
**Organisation which have used the HM Survey**

Since PROS first offered the service in 1999 the following organisations have included questions:

Cancer Council of South Australia  
Australian Centre for Rural and Remote Health  
Commonwealth Department of Health and Aged Care  
 Communicable Diseases Control Branch  
Department of Public Health, The University of Adelaide  
Environmental Health Branch, Department of Health  
Flinders University - Department of Public Health  
Health Promotion SA  
National Environmental Protection Council  
Parenting SA  
South Australian Cervix Screening Program  
The Queen Elizabeth Hospital  
Women’s and Children’s Hospital

**Costs**

The cost structure for regular state-wide survey of adults, 18 years and over (n=2000), full or part sample, is $1980 (*excl GST*) per question.

These costs include demographic data with which users questions will be cross tabulated. More advanced analyses can be negotiated with PROS staff.

**Managed Ad-Hoc Surveys**

Quotes can be provided on request. The cost is dependant on the time and sample size.

**Further details**

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Appendix A: Introductory letter

HM 2011/03

Dear Householder

Health Monitor Survey

Your household is invited to take part in a survey being conducted by the University of Adelaide on behalf of organisations interested in public health issues. This survey addresses your opinions about specific health services in South Australia. The feedback you provide will help us to improve the health of South Australians and inform planning of services in our community.

One of our interviewers will be contacting your household in the next few weeks to interview the adult in the household aged 18 years and over in the household who had the last birthday. The interview will be conducted over the telephone and will take around 10 minutes. Your phone number has been selected randomly from all telephone listings in the state. All information collected will be confidential.

We rely on people’s voluntary co-operation to produce accurate information to help everyone to understand what is happening in our community. While your input in the survey is very important to us, participation is voluntary and you can choose to not answer any question or section, and you are free to withdraw from the survey at any time.

If you have any concerns or questions about the survey, or do not wish to participate please contact the free-call survey hotline on (free-call) 1800 420 445.

Thank you for your co-operation.

Yours faithfully

Associate Professor Anne Taylor
Manager
Population Research & Outcome Studies (PROS)
Appendix B: Survey introduction/ Demographics

INTRODUCTION

Good ....... My name is ........ I’m calling on behalf of The University of Adelaide. We are conducting a survey on a range of health issues. We recently sent you a letter about the survey on behalf of The University. Did you receive the letter? (Single response)
1. Yes
2. No
3. Don’t know

Interviewer note: If respondent did not receive letter, offer to read the following:

“The survey will be conducted by The University of Adelaide, on behalf of a number of organisations interested in public health issues. This particular survey will address a number of topics relevant to the health of the South Australian community. The feedback that you provide will help us to improve the health of South Australians and inform planning of services in our community.”

Could I please speak with the person in the household, aged 18 or over, who was the last to have a birthday? Your phone number has been selected randomly from all telephone listings in the State.

I can assure you that all information given will remain confidential. The answers from all people interviewed will be gathered together and presented in a report. No individual answers will be passed on.

The questionnaire will take approximately 15 minutes to complete, but may take longer depending on the number of questions that are relevant to you.

Whilst your input to the survey is very important to us, participation is voluntary and you can choose not to answer any particular question or any section and you are free to withdraw from the survey at any time.

Please be aware that this phone call may be listened to by my Supervisor for quality control and training purposes.

A. DEMOGRAPHICS

As some of the next questions relate to certain groups of people only, could you please tell me ...

A.1 ... how old you are?
(Single response)
1. Enter age
2. Not stated [999]

Sequence Guide: If A.1 < 999, go to A.3.

A.2 Which age group are you in? Would it be...
(Read options, single response)
1. 18 to 24 years
2. 25 to 34 years
3. 35 to 44 years
4. 45 to 54 years
5. 55 to 64 years
6. 65 to 74 years
7. 75 years or over
8. Refused (End interview)

A.3 Voice (ask if unsure)
(Single response)
1. Male
2. Female

A.4 Including yourself, how many people aged 18 and over live in this household?
(Single response - enter number of people 18 years and over)
1. Enter number
2. Not stated [999]

A.5 How many children under 18 years live in your household?
(Single Response - enter number of people under 18 years. Enter 0 if None)
1. Enter number
2. Not stated [999]

A.6 What is your postcode?
(Single response - enter 5999 if postcode is not known)
1. Enter number [go to next section]
2. Not stated [5999]

A.7 What is your suburb, town or community?
(Single response - enter town/suburb)
1. Enter town/suburb
Z. DEMOGRAPHICS

Now to finish with some general questions.

Z.1 Which of the following best describes your current marital status?
(Read options. Single response. Interviewer note: ‘De facto’ equals ‘Living with partner’)
1. Married
2. Living with a partner
3. Widowed
4. Divorced
5. Separated
6. Never married
7. Not stated/inadequately described

Z.2 What is your work status?
(Read options if necessary. Single response. Interviewer note: Self-employed is either full or part time)
1. Full time employed
2. Part time/casual employment
3. Unemployed
4. Home duties
5. Retired
6. Student
7. Unable to work because of disability / Workcover / invalid
8. Other (specify)
Sequence guide: If Z.2 = 1 or 2, go to Z.4

Z.3 Do you receive any of the following pension benefits?
(Read options. Multiple response)
1. Disability Support Pension
2. Unemployment Benefits
3. Sickness Benefits
4. Aged /widow’s pension
5. Service or defence/ War widow’s/ Repatriation Pension
6. Supporting parents benefit
7. AUSTUDY/student allowance
8. Other (specify)
9. None
10. Refused

Z.4 In which country were you born?
(Single response)
1. Australia
2. Austria
3. Bosnia-Herzegovina
4. Canada
5. China
6. Croatia
7. France
8. Germany
9. Greece
10. Holland/Netherlands
11. Hong Kong
12. Iran
13. Italy
14. Japan
15. Malaysia
16. New Zealand
17. Philippines
18. Poland
19. Slovenia
20. Spain
21. U.K. and Ireland
22. USA
23. Vietnam
24. Former Yugoslav Republic of Macedonia
25. Former Yugoslav Republics of Serbia & Montenegro
26. Other country (specify)
27. Refused
Sequence guide: If Z.4 = 1, go to Z.6

Z.5 What year did you arrive in Australia?
(Single response)
1. Enter year
2. Don’t know
Sequence guide: go to Z.7

Z.6 Are you of Aboriginal or Torres Strait Islander origin?
(Single response)
1. Yes
2. No
3. Refused
Z.7 What is the main language you speak at home?
(Single response)
1. English
2. Cambodian
3. Cantonese
4. Chinese
5. Croatian
6. Dutch
7. Filipino
8. German
9. Greek
10. Italian
11. Polish
12. Serbian
13. Spanish
14. Vietnamese
15. Other (specify)

Z.8 Which best describes the highest educational qualification you have obtained?
(Read options. Single response)
1. Still at school
2. Left school at 15 years or less
3. Left school after age 15
4. Left school after age 15 but still studying
5. Trade / Apprenticeship
6. Certificate / Diploma
7. Bachelor degree or higher
8. Refused

Z.9 The next question is about housing. Is this dwelling ....
(Read options. Single response)
1. Owned or being purchased by the occupants
2. Rented from the Housing Trust
3. Rented privately
4. Retirement village
5. Other (specify)
6. Refused

Z.10 I would now like to ask you about your household's income. We are interested in how income relates to lifestyle and access to health services. Before tax is taken out, which of the following ranges best describes your household's income, from all sources, over the last 12 months?
(Read options. Single response)
1. Up to $12,000
2. $12,001 - $20,000
3. $20,001 - $40,000
4. $40,001 - $60,000
5. $60,001 - $80,000
6. $80,001 - $100,000
7. More than $100,000
8. Refused
9. Don't know / not sure

That concludes the survey. On behalf of The University of Adelaide, thank you very much for taking part in this survey.

Please record what language this interview was conducted in.
(Single response)
1. English
2. Italian
3. Greek
4. Vietnamese
5. Other (specify)

Date of interview
Day of week interview undertaken
Time of day interview undertaken
Appendix C: Health Monitor

The Health Monitor (HM) questionnaire will be submitted for overall ethics approval at the next meeting of the ethics committee.

As part of the submission, each HM client is required to complete the following cover sheet of information, which will accompany each set of questions.

**Name(s):** Please include the people who are responsible for the questions.

**Organisation:** Please supply the name of the organisation (including department or branch if appropriate).

**Ethics approval:** Please indicate here if your question(s):

(a) has (have) been approved by an Ethics Committee – if so, please supply the name of the committee and the date of the approval; OR

(b) requires approval by ethics committee.

**Aim of the questions:** Please indicate the reason(s) why the questions are being asked (eg ongoing monitoring, to test a hypothesis, etc), and what benefit(s) data from the questions will provide.

**Previous use/ validation:** Please indicate if the question(s) have been validated and/or used previously in local, State, national or international work.

Please provide information and references (where relevant) when and by whom the questions were validated/used previously.