The Health Monitor Survey Methodology

INTRODUCTION

The South Australian Health Monitor is a "user-pays" telephone survey system that has been in operation since 1999 and is administered by the Population Research and Outcome Studies unit (PROS), Department of Health. 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 survey is that several organisations share the cost of conducting a survey.

Three regular, SA-wide surveys per year are conducted. Additionally, other studies into particular aspects of health are conducted on an ad-hoc basis. These ad-hoc surveys may be conducted within South Australia, nationally, within a selection of states and territories, or within particular regions of South Australia.

PURPOSE OF THE 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. Health Monitor is a "user-pays" service. Each organisation pays only for survey questions that have direct relevance to their information requirements. Alternatively, surveys that focus on a specific topic may be commissioned by a sole organisation.

Health Monitor supplements the annual Health Omnibus personal interview survey, allowing health planners to collect information at other times of the year and facilitating the collection of information from remote areas which are not included in the sample frame for the Health Omnibus survey.

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. The computer-aided questionnaire function displays the questions to be completed on the interviewer's computer screen one question at a time, and, the next question is not displayed until a valid response to the preceding question has been recorded. 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 and 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.

STUDY DESIGN

Health Monitor has been designed to meet the highest standards of population survey methodology with rigorous adherence to formal statistical techniques.
SAMPLING PROCEDURE

Health Monitor can survey populations nationally, within South Australia, within a selection of Australian states and territories, or, within particular regions of South Australia.

Selection of sample households from the population.
The sample frame for each Health Monitor survey 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, usually between 70% and 80% of the initial 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 regular Health Monitor surveys, conducted three times per year, achieve a minimum of 2000 completed interviews. The sample size for surveys that focus on particular health topics only will vary with the needs of each individual survey.

Selection of individuals within households.
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 six callbacks are made to each household before the selected individual is classified as a non-contact.

INTERVIEW METHODOLOGY

Population Research and Outcome Studies assists clients to formulate questions and co-ordinates the preparation of the survey questionnaire. Each questionnaire includes approximately 60 questions. Ten background demographic questions are included free of charge to users.

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 9am and 9pm seven days per week. Questionnaires are designed so that each interview takes a maximum of fifteen minutes to be completed.

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.

QUALITY CONTROL

The data collection agency is a member of Interviewer Quality Control Australia (ICQA), a national quality assurance initiative of the Market Research Society of Australia. Accredited organisations must strictly adhere to rigorous quality assurance requirements and are subject to regular audit in this regard. Interviewers are trained extensively and ten percent of the interviewers' surveys are randomly selected for validation. The validation process involves re-contacting survey respondents to ensure that they meet the selection criteria within that household, that they were interviewed, and, that their responses to selected questions agree with their original responses. Data entry is fully verified to ensure accuracy of data capture. Recorded data is edited for accuracy and consistency.

ANALYSIS AND REPORTS

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 on diskette to facilitate further analysis.

For surveys that focus on a particular topic, Population Research and Outcome Studies will provide a full written analytical report if required.

INFORMATION

For further information please visit the Population Research and Outcome Studies web site at http://www.dh.sa.gov.au/pehs/pros/html or contact Eleonora Dal Grande on 08 8226 0789 or email eleonora.dalgrande@health.sa.gov.au