

Victorian Population Health Survey 1999
A Demonstration Survey

Selected Key Findings

Health Outcomes Section

Health Outcomes Section Series

Volume One

Surveillance of Sexually Transmitted Diseases in Victoria 1997

Published by the Disease Control Section, Health Intelligence and Disease Control, Public Health and Development Division, Victorian Government Department of Human Services.

This publication can be found on the Internet at: <http://www.dhs.vic.gov.au/phd/9806045/index.htm>

Volume Two

The Health of Young Victorians

Published in October 1998 by the Prevention and Child Health Section, Health Intelligence and Disease Control, Public Health and Development Division, Victorian Government Department of Human Services.

This publication can be found on the Internet at: <http://www.dhs.vic.gov.au/phd/9709090/index.htm>

Volume Three

The Victorian Burden of Disease Study: Mortality

Published by the Epidemiology Section, Health Intelligence and Disease Control, Public Health and Development Division, Victorian Government Department of Human Services. This publication can be found on the Internet at:

<http://www.dhs.vic.gov.au/phd/9903009/index.htm>

Volume Four

The Victorian Burden of Disease Study: Morbidity

Published by the Epidemiology Section, Health Intelligence and Disease Control, Public Health and Development Division, Victorian Government Department of Human Services.

This publication can be found on the Internet at: <http://www.dhs.vic.gov.au/phd/9909065/index.htm>

Acknowledgements

Published by the Health Outcomes Section, Development and Resources, Public Health Division, Victorian Government Department of Human Services.

This publication can be found on the Internet at: <http://www.dhs.vic.gov.au/phd/9909074/index.htm>

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Introduction

The information gathered from the 1999 Victorian Population Health Survey demonstrates the scope for data collection on a large sample of the Victorian population. The advantage of obtaining large samples is the opportunity to describe health problems and compare the health status and activities of different populations or regional groups. Information on the health status of the Victorian population can be used to guide policy decisions and determine priorities in planning, purchasing and funding. The range of information domains in this survey stems from the number of stakeholders and their requirements for data that are not adequately obtained from other sources.

Methodology

The population health survey was carried out between August and October 1999 using Computer Assisted Telephone Interviewing (CATI). A representative, state-wide sample of adults was selected using a system that randomly generates telephone numbers. All households in Victoria with a telephone connection were eligible for selection in the sample. There were 10,094 completed interviews. Participants in the survey were sent an introductory letter to outline the survey objectives and request their assistance. A free-call 1800 number was provided for participants to call with queries or concerns.

Sample

The sample was selected from the Melbourne metropolitan area, rural centres and other rural areas in Victoria. People aged 18 years and older were selected for interview within each household.

Weighting

Responses were weighted according to their probability of selection and to known population and household benchmarks. Both person weights and household weights were calculated. Person weights were used for most of the collected data that related to the individual whereas household weights were used for responses that related to the household.

Questionnaire

The Victorian Population Health Survey provides baseline population health data on a variety of health needs and concerns. The domains of questions included in the 1999 survey include:

- Uptake of health promotion messages
- Health status
- Use of protective equipment in sport
- Child health
- Occupational illness and injury
- Diet and nutrition
- Tobacco and alcohol
- Utilisation of health services

Demographic characteristics are important health indicators and may explain differences in health status, the use of health services and health risk behaviours. The demographic variables selected included: nationality, language other than English spoken at home, marital status, highest level of education completed, home ownership, income and locality.

Characteristics of a CATI Health Survey

- Direct data entry from telephone interviews into a computer file.
- Provides prompts for interviewers.
- Reduces interview and data collection time by automatically skipping irrelevant questions.
- Precise ordering and timing of call backs.
- Timely, anonymous and flexible collections of data.
- Direct interviewer supervision.

Selected Key Findings

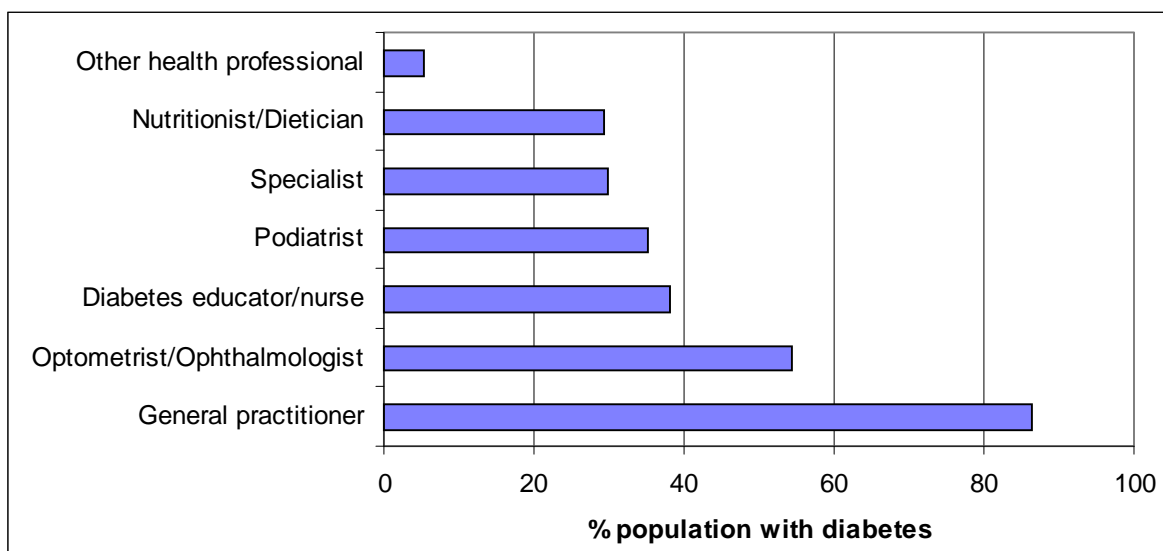
Diabetes - Utilisation of Health Services

People with diabetes are encouraged to see a podiatrist regularly as the long-term effects of diabetes include: neuropathy - resulting in numb or insensitive feet; and atherosclerosis - resulting in slower healing. Figure 1 shows the types of health professionals people with diabetes consulted in the last year based on survey results. Current best practice in the care for people with diabetes includes the use of podiatry services.

The results indicate that:

- Attendance at podiatrists is significantly greater in those who only speak English at home (39.1 per cent) when compared with those people who speak a language other than English at home (17.9 per cent).
- 8.3 per cent of people with diabetes had not seen any health professional about their diabetes in the last year.
- 35.2 per cent of people with diabetes had seen a podiatrist in the last year.

Figure 1 Health professionals consulted by people with diabetes in the last year



Current information systems make it difficult to monitor contact with various health professionals by people with diabetes. These findings give an indication of contact with a range of health professionals over the last twelve months.

Application

- Provides indicator of uptake of managed care programs by people with diabetes.

Diabetes - Perceptions of Health

Three out of ten respondents could not identify any factors that might make it more likely for people to develop diabetes. Just under one third of the population of people without diabetes could nominate one risk factor for diabetes while people with diabetes could suggest only two risk factors. Approximately one third of all respondents could not suggest any of the associated complications that could develop if diabetes was not well controlled.

Applications

- Identify patterns of use of preventive strategies.
- Aid evaluation of the use of guidelines in the management of diabetes.
- Identify groups that significantly under-utilise health services for their diabetic management and plan future promotional activities.
- Target a community education program about self-management of diabetes and associated risk factors.
- Further investigate health service utilisation patterns of people with diabetes as continuity of care leads to better medication and appointment compliance, enhanced health professional recognition of the patient's health needs, reduced likelihood of hospitalisation, lower use of emergency departments and less resource intensive medical care.

Use of Personal Protective Equipment in Sport

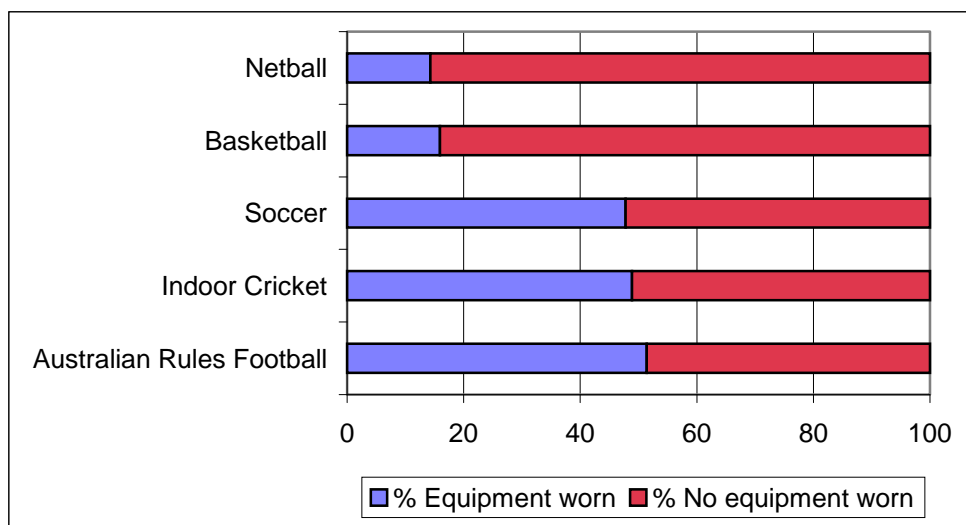
Information on the use of personal protective equipment in sport is important given the high levels of sporting participation in Victoria, and the potential to reduce sporting injuries. Figure 2 compares the proportion of people who use protective equipment in five organised sports. The survey findings show that the overwhelming response for people not using protective equipment is that they do not think that they need to use it.

This information is presented for the first time at the population level in Victoria. The Monash University Accident Research Centre now has baseline state-wide data derived from this survey against which to measure personal protective equipment use in sport.

Applications

- Provides a baseline for evaluation of policies which are part of the Department's Injury Prevention Strategy.
- Sets the direction for future health promotion messages to ensure they are appropriately targeted for particular sports-specific campaigns.

Figure 2 Proportion of People Wearing Personal Protective Equipment in Sport



These survey findings provide data on the use of personal protective equipment in sport that are not currently available.

Uptake of Influenza Vaccines

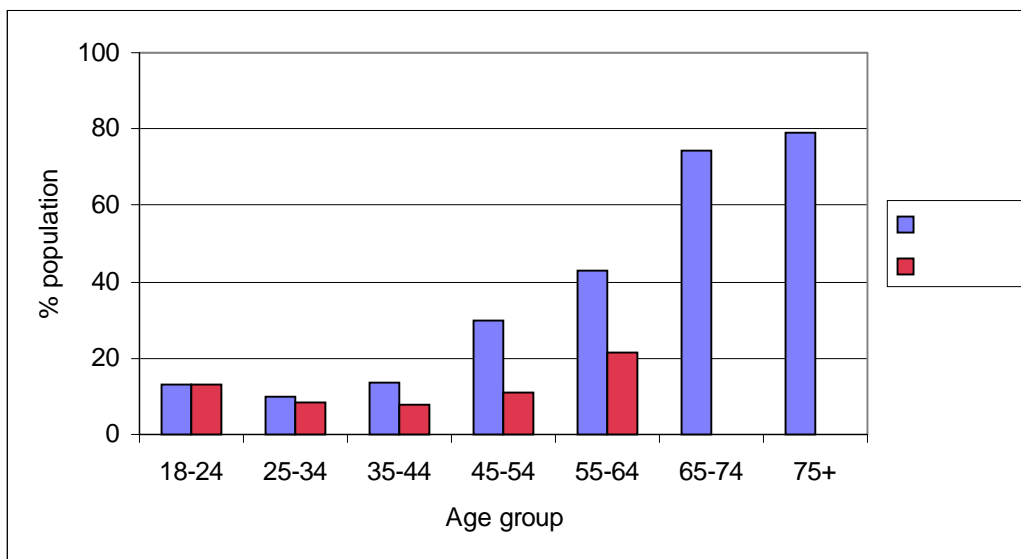
Immunisation against influenza is an effective public health intervention for individuals at high risk to help reduce the impact of this illness on the community and on health care facilities. This survey provides information on uptake of influenza vaccines derived from a large sample of the population that allows health administrators and planners to make meaningful comparisons between metropolitan and rural areas.

The uptake of influenza vaccines for the 1999 winter season was measured for three sub-groups of the population:

- The elderly (individuals aged 65 years and older).
- Other adults at high risk-adults under 65 years who have heart disease, a lung problem, kidney or liver disease, diabetes, are taking medication which affects their immune system, or work in a profession with frequent contact with ill individuals.
- The remainder of the adult population.

Figure 3 shows that for people in the high risk group aged 45 years and older, the proportion vaccinated against influenza increases with age.

Figure 3 Proportion Immunised in High Risk Group



The data are consistent with those from other ad hoc surveys that have measured the uptake of influenza vaccines in Victorians.

Influenza is an important preventable cause of morbidity leading to hospital admissions and mortality in the elderly population. In the survey, a higher proportion of the elderly population (>65 years of age) reported vaccination against influenza in metropolitan (78.2 per cent) compared to rural areas (69.3 per cent).

Applications

- Provides additional useful information for monitoring immunisation trends in Victoria.
- Enables monitoring of immunisation uptake in rural Victoria. (This information was previously unavailable).

Asthma

Asthma is one of Australia's most serious chronic health problems and is included as one of six National Health Priority Areas. Whilst other studies have been able to collect data about the prevalence of asthma, less is known about the proportion of people with asthma who are using current management strategies to reduce the severity of attacks and the number of hospital admissions. The survey found that only 23.7 per cent of people with self-reported asthma had a written asthma action plan. 18-34 year olds were less likely to have a written asthma action plan (20 per cent) than persons aged 65 years and older (30 per cent).

Applications

- Assists in the development of public health policies.
- Informs the evaluation of current disease management strategies.
- Complements indicators of health service utilisation obtained through analysis of ambulatory care sensitive hospitalisations.

Adherence to prescribed therapy has been identified as a major factor in successful asthma management. The presence of a written asthma management plan for maintenance and acute asthma management is one of the key management strategies of the National Asthma Action Plan. An extension of these findings is to seek further information on issues relating to adherence to management plans by people with asthma.

Nutrition

The National Health and Medical Research Council defines variety in the diet as a mixture of foods across the range of food types, that is, cereal foods, fruit, vegetables and animal foods (meat, fish and dairy). The Public Health Division is planning to introduce a campaign to improve and encourage healthy eating by promoting variety in the diet.

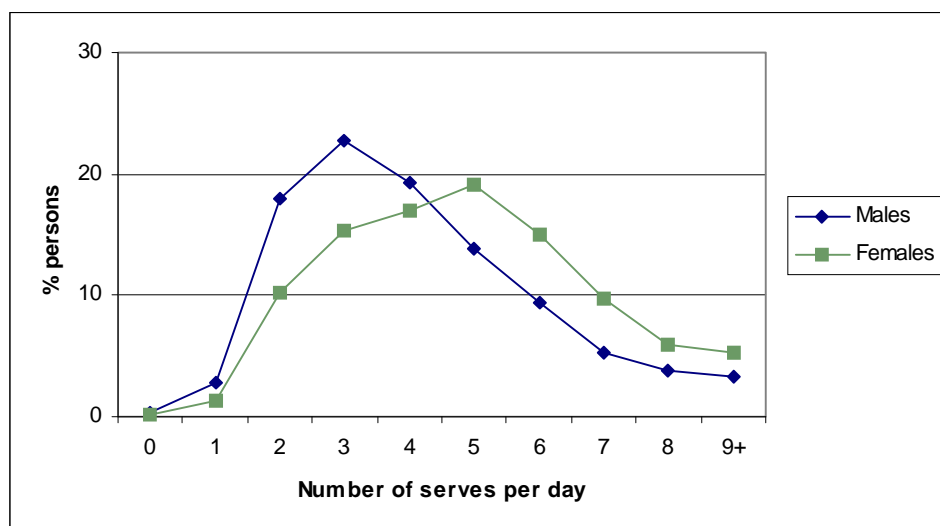
Table I provides baseline information for this campaign by assessing what dietary variety means for Victorians. The categories were not mutually exclusive and respondents could indicate more than one interpretation of what they considered was meant by variety.

Table I 'Top Five Interpretations of 'Variety in Eating'

| Interpretation | Proportion of Adult Population |
|--|--------------------------------|
| Food across food groups | 72.8% |
| Different types of food within food groups | 12.1% |
| Different meal each night | 9.1% |
| Different ethnic cuisine | 5.7% |
| Well balanced meals | 3.2% |

The recommended number of daily serves of fruit and vegetables is seven, consisting of two serves of fruit and five serves of vegetables'. Evidence suggests that vegetables have greater potential for health benefit compared to fruit. The survey indicates that on average Victorian adults have 2.6 serves of vegetables each day and the average number of serves of fruit is 1.9. Combining fruit and vegetable intake together, the average number of serves for Victorian adults is 4.5. Figure 4 shows the distribution of fruit and vegetable serves consumed for male and female adults.

Figure 4 Number of Fruit and Vegetable Serves Consumed Each Day



Applications

This type of information:

- Indicates further need for community education and awareness of the daily intake of fruits and vegetables that can assist in the prevention of some cancers and chronic disease including cardiovascular disease.
- Provides a baseline for evaluation of a food and nutrition campaign to be conducted by the Department of Human Services.

Health Services

General Practitioners are often the first point of contact with the health care system. The survey indicates that people aged 35 to 54 have the lowest contact rate with doctors and people 65 years and older have the highest contact rate.

The following findings are evidence of unequal access to primary care services:

- People who live in metropolitan areas are more likely to visit a doctor at least once a year compared with people who live in rural areas.
- People living in rural areas other than rural centres are more likely to mention waiting times as an issue than people living in metropolitan areas.
- People with private health insurance are more likely to visit a doctor at least once a year compared with people without private health insurance.

Applications

- Identifies access barriers to primary health care services.
- Identifies inequalities of access to health care services in rural areas.
- Informs work which is underway by the Aged, Community and Mental Health Division in partnership with local governments, providers and communities, to strengthen the service system and improve access for consumers and their carers.

The survey findings gave an overall picture of the current usage and accessibility of selected primary care services in Victoria. The top five problems people encountered when trying to access health and community support services are given in Table 2.

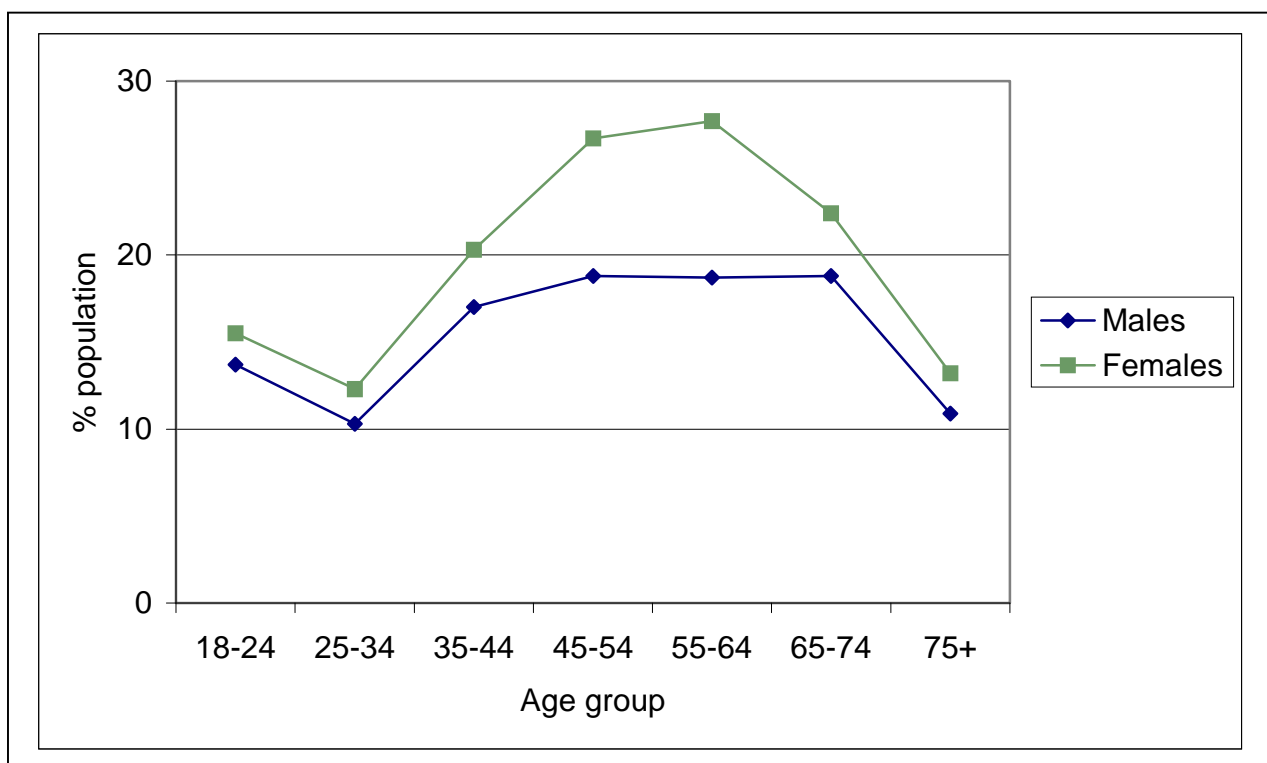
Table 2 Top Five Difficulties Encountered when Accessing Health and Community Support Services

| Difficulty encountered | % Population using the service |
|---|---------------------------------------|
| Waiting times | 6.1% |
| Hours too limited | 1.1% |
| Service too far away | 1.1% |
| Poor attitude of staff (unhelpful, disbelieving, disrespectful, unresponsive) | 0.9% |
| Poor quality of service | 0.8% |

Carers

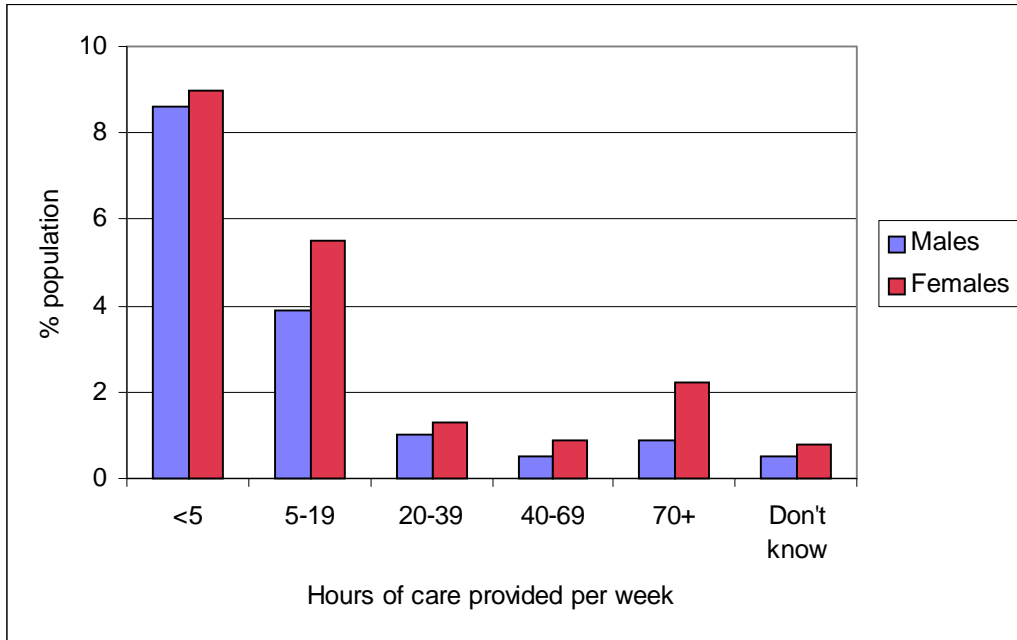
A total of 17.7 per cent of the Victorian adult population provide special care to people who are physically or mentally ill, disabled or elderly. This caring burden tends to fall on the female and elderly population as shown in Figure 5, and this is consistent with the Australian trends identified in the *ABS Disability, Ageing and Carers 1998 Survey*(2).

Figure 5 Proportion of People Providing Special Care



Approximately half of the carers provide less than five hours of care each week as shown in Figure 6.

Figure 6 Extent of Care Provided in an Average Week



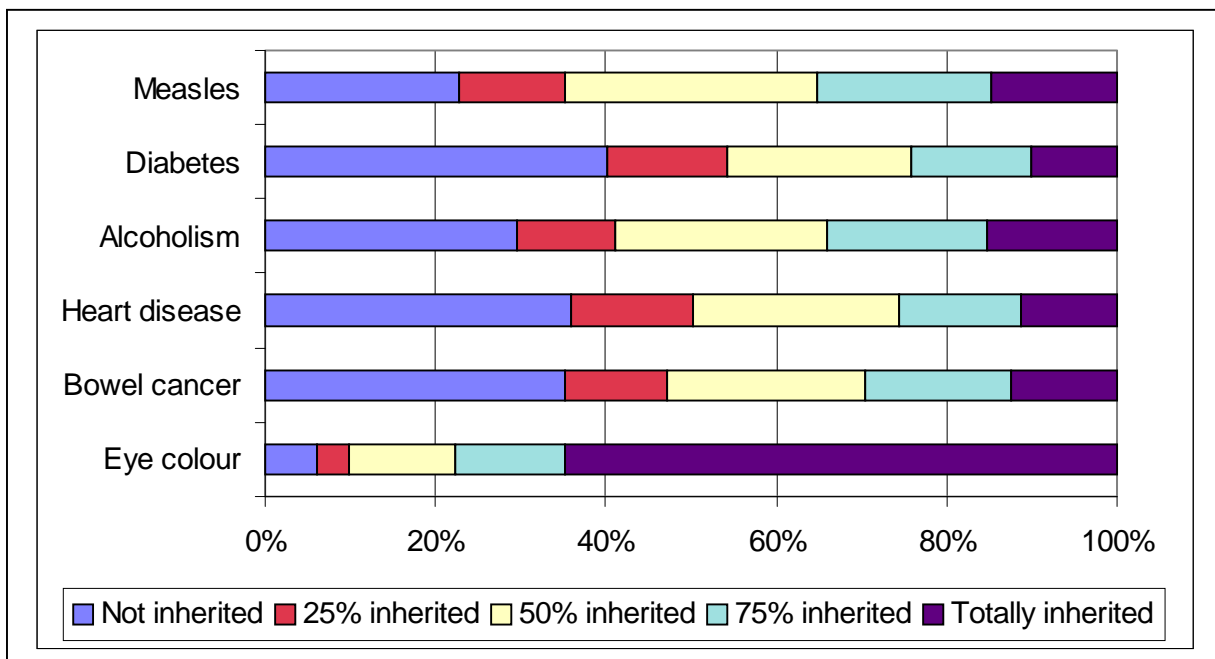
Applications

- Provides an indication of the prevalence of the level of caring within households for people who would otherwise require services from the funded sector.
- Provides data to policy makers responsible for resource allocation to services for people with particular diseases or disabilities, for example Dementia.

Understanding of Disease Inheritance

The extent of public knowledge about the inheritance of particular diseases is important in controlling the disease. If a disease is thought to be connected to lifestyle behaviours then there is a greater chance that people will modify their behaviours to minimise their risk of developing the particular disease. Respondents were asked to what extent they thought the particular health conditions and characteristics were inherited and shows the range of opinions offered by the respondents.

Figure7 Understanding of Disease Inheritance



The responses given to this question suggest that the respondents were unclear about the meaning of the word 'inherited'. Caution should be taken in the use of this term in public health education campaigns. It is recommended that a revised question be included in future surveys to confirm these findings.

Application

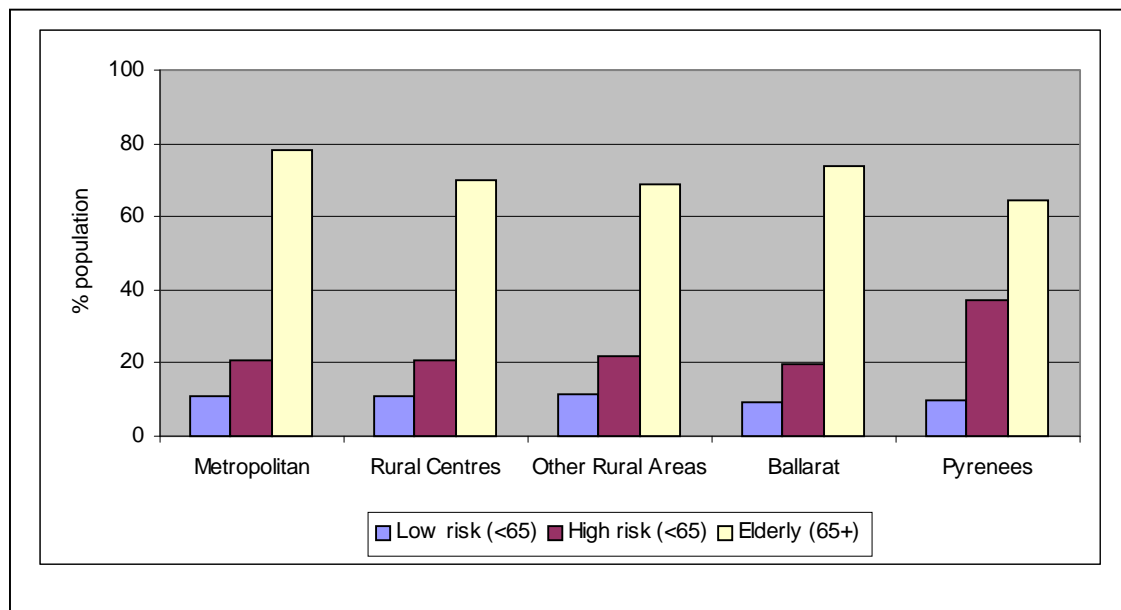
- Informs public education campaigns on genetically determined diseases.

Sub-Regional Sample

Sub-regional samples in Ballarat and the Shire of Pyrenees were selected to demonstrate the capacity to provide detailed local area data that were relevant to the information needs of local planners. Sample size was calculated to allow for statistically significant information to be identified within findings at a local government area level. The practical significance of the data can be seen in both similarities and differences between findings across population subgroups.

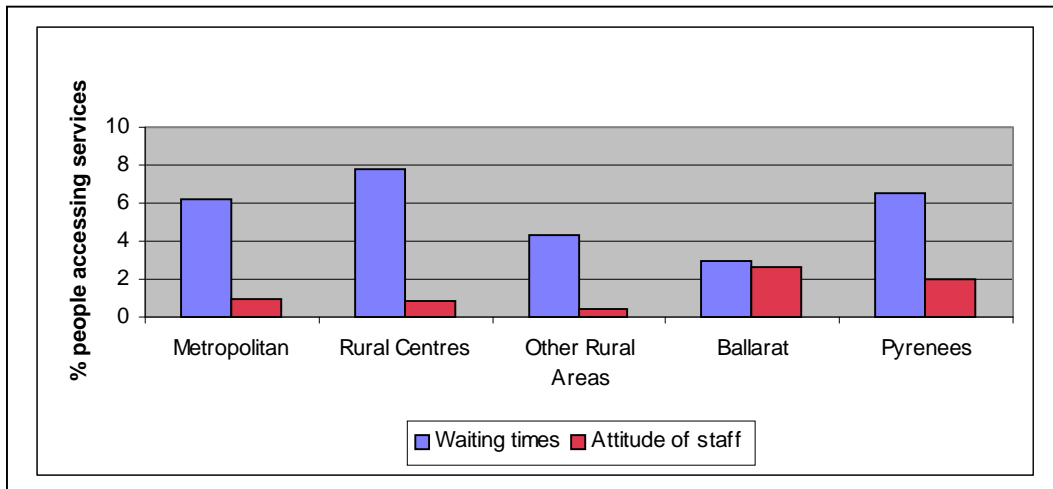
Figure 8 shows the proportion of adults vaccinated against influenza in the low risk and high-risk groups by area. Respondents from the Pyrenees area aged less than 65 years at high risk of contracting influenza were more likely ($p < 0.05$) to have had an influenza immunisation than those in metropolitan Victoria or those in rural towns. This difference becomes insignificant if the age distribution of the population in the Pyrenees district is accounted for. There were no significant differences across sub populations in influenza immunisation uptake rates for low risk groups (<65 years) however for the elderly (>65 years) uptake was significantly higher in metropolitan areas compared with rural centres, and other rural areas with the exception of Ballarat.

Figure 8 Uptake of Influenza Vaccinations



The survey findings indicate that people who live in Ballarat see waiting times as less of an issue and the attitude of staff as more of an issue in accessing services compared to people who live in other rural centres in Victoria ($p < 0.05$) as indicated in Figure 9. People who live in the Pyrenees area see the attitude of staff as more of an issue than people who live in other rural areas.

Figure 9 Difficulties in Accessing Health and Community Support Services



Application

- The survey has the capacity to provide information for health service planners and policy makers at a sub-regional level.

Conclusion

The Victorian Population Health Survey is able to provide relevant, high quality and reliable population based information to stakeholders and users within the Department of Human Services. The findings outlined in this report demonstrate that this survey can be used to collect and provide new data or value-add to available information on issues of strategic priority to the Department of Human Services' policy makers and planners at a local, regional and state level. The survey has demonstrated a capacity to conduct policy relevant (cross-sectional) surveys in response to various 'hot topic needs' for the Department as well as ongoing collections of core data to allow monitoring of trends overtime.

Further Information

Further information about the Victorian Population Health Survey is available from Loretta Vaughan, Manager, Victorian Population Health Surveys (email address: Loretta.Vaughan@dhs.vic.gov.au)