New Zealand Health Survey Review
Information Sheet

Review context
The New Zealand Health Survey (the Health Survey) is a nationally important data source about New Zealanders’ health needs. The data from the Health Survey is used by the Ministry of Health (the Ministry), the New Zealand Official Statistics System (OSS) and other national and international stakeholders. The quality of the Health Survey data must be high to inform national, regional and local decision-making. Appendix 1 contains the goal, objectives and content of the Health Survey.

The operating context for the Health Survey is changing. The New Zealand Health Strategy sets out a framework emphasising the need for a people-powered and integrated health system. Due to the changing operating context, the Ministry has commissioned Litmus to undertake an independent review of the New Zealand Health Survey (the Review). The Review is being sponsored by Deb Struthers, Chief Client Officer Ministry of Health. It started in April 2017 and will be completed by August 2017.

Review purpose
The review purpose is to make recommendations on four key areas:
1. How the New Zealand Health Survey could better align with the New Zealand Health Strategy
2. How data quality and data management can be improved
3. How access to the New Zealand Health Survey data and information can be improved in the Ministry and shared with the health sector and Government partners
4. The capability required to support the New Zealand Health Survey going forward.
Appendix 2 contains the detailed information areas for each domain.

Review process
The Review includes the following components:
- A literature search on international best practice in delivering population health surveys
- Workshops with personnel from the Ministry of Health and other government agencies
- Interviews with academics, international counterparts and wider stakeholders
- An online survey of a wider group of stakeholders to capture their feedback.

Expert Advisory Group
An Expert Advisory Group (EAG) is providing guidance to the Chief Client Officer. The EAG will provide advice on the review plan, discuss findings and give feedback on the review recommendations.
Appendices

Appendix 1: Background to the New Zealand Health Survey

Goal
The goal of the New Zealand Health Survey (the Health Survey) is to support the formulation and evaluation of health policy by providing timely, reliable and relevant health information that cannot be collected more efficiently from other sources. The information covers population health, health risk and protective factors, as well as health service utilisation.

Objectives
To achieve this goal, 13 high-level objectives have been identified for the Health Survey. These are to:

1. monitor the physical and mental health of New Zealanders and the prevalence of selected long-term health conditions
2. monitor the prevalence of risk and protective factors associated with these long-term health conditions
3. monitor the use of health services, and patient experience with these services, including access to the services
4. monitor trends in health-related characteristics, including health status, risk and protective factors, and health service utilisation
5. monitor health status and health-related factors that influence social wellbeing outcomes
6. examine differences between population groups, as defined by age, sex, ethnicity and socioeconomic position
7. provide a means for collecting data quickly and efficiently in order to address emerging issues related to the health of the population
8. enable follow-up surveys of at-risk populations or patient groups identified from the New Zealand Health Survey as necessary to address specific information needs
9. measure key health outcomes before and after a policy change or intervention
10. facilitate links to routine administrative data collections to create new health statistics and address wider information needs
11. provide data for researchers and health statistics for the general public
12. allow New Zealand data to be compared with international health statistics
13. evaluate methods and tools to improve the survey’s quality, including implementing objective tests to capture information that is not accessible under the self-report process, such as measuring blood pressure.

Information domains
Detailed information is collected across nine information areas or domains:

- health status
- long-term health conditions
- behaviours and risk factors (including tobacco, alcohol and drug use)
- nutrition
- mental health
- oral health
- health service utilisation
- patient experience
- sociodemographics.

Survey content
The Health Survey comprises a set of core questions combined with a flexible programme of rotating topic modules. The questionnaire is administered (face-to-face and computer assisted) to adults aged 15 years and older, and to children aged 0–14 years, generally through their primary caregiver, who acts as a proxy respondent.

Core content
The current Health Survey maintains comparability with the previous surveys by including a set of core questions in both the adult and child questionnaires.

Table 1: Core content of the New Zealand Health Survey

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
</tr>
<tr>
<td>Long-term conditions</td>
<td>Asthma, eczema, diabetes, rheumatic heart disease, mental health</td>
</tr>
<tr>
<td></td>
<td>conditions, oral health status</td>
</tr>
<tr>
<td>Health status and development</td>
<td>General health</td>
</tr>
<tr>
<td>Health behaviours</td>
<td>Breastfeeding, nutrition, physical activity, screen time, sleep, tooth</td>
</tr>
<tr>
<td></td>
<td>brushing, misbehaviour</td>
</tr>
<tr>
<td>Health service utilisation and patient</td>
<td>Primary health care provider use, general practitioners, nurses, medical</td>
</tr>
<tr>
<td>experience</td>
<td>specialists, dental health care professionals, other health care</td>
</tr>
<tr>
<td></td>
<td>professionals, hospital use, prescriptions</td>
</tr>
<tr>
<td>Sociodemographics</td>
<td>Child: sex, age, ethnicity, language, country of birth</td>
</tr>
<tr>
<td></td>
<td>Primary caregiver/proxy respondent: relationship to child, age, education,</td>
</tr>
<tr>
<td></td>
<td>income and income sources, employment status, and household characteristics</td>
</tr>
<tr>
<td>Anthropometry</td>
<td>Height, weight and waist circumference measurements</td>
</tr>
</tbody>
</table>
### Topic area

#### Adults

<table>
<thead>
<tr>
<th>Long-term conditions (self-reported)</th>
<th>Heart disease, stroke, diabetes, asthma, arthritis, mental health conditions, chronic pain, high blood pressure, high blood cholesterol, oral health status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health status</td>
<td>General health (physical and mental health), psychological distress</td>
</tr>
<tr>
<td>Health behaviours</td>
<td>Physical activity, sleep, tooth brushing, tobacco smoking, vegetable and fruit intake, alcohol use and hazardous drinking, drug use</td>
</tr>
<tr>
<td>Health service utilisation and patient experience</td>
<td>Primary health care provider use, general practitioners, nurses, medical specialists, dental health care professionals, other health care professionals, hospital use, prescriptions</td>
</tr>
<tr>
<td>Sociodemographics</td>
<td>Sex, age, ethnicity, language, country of birth, education, income and income sources, employment status, medical insurance, household characteristics, sexual identity</td>
</tr>
<tr>
<td>Anthropometry</td>
<td>Height, weight and waist circumference measurements; blood pressure</td>
</tr>
</tbody>
</table>

### Module component

All the module topics for the Health Survey until 2017/18 are summarised in Table 2. The module topics change every 12 months.

**Table 2: New Zealand Health Survey module topics, 2011/12–2017/18**

<table>
<thead>
<tr>
<th>Year of New Zealand Health Survey</th>
<th>Child module topic(s)</th>
<th>Adult module topic(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>Health service utilisation Patient experience</td>
<td>Health service utilisation Patient experience Problem gambling Racial discrimination</td>
</tr>
<tr>
<td>2012/13</td>
<td>Child development Food security Exposure to second-hand smoke</td>
<td>Alcohol use Tobacco use Drug use</td>
</tr>
<tr>
<td>2013/14</td>
<td>Long-term conditions Health status Disability status Living standards Housing quality</td>
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</tr>
<tr>
<td>2014/15</td>
<td>Child development Food security Rheumatic fever</td>
<td>Sexual and reproductive health Biomedical tests Rheumatic fever (under 25 years)</td>
</tr>
<tr>
<td>2015/16</td>
<td>Child development Food security Rheumatic fever</td>
<td>Tobacco use Rheumatic fever (under 25 years)</td>
</tr>
<tr>
<td>2016/17</td>
<td>Mental health</td>
<td>Mental health Racial discrimination</td>
</tr>
<tr>
<td>2017/18</td>
<td>Health service utilisation Patient experience</td>
<td>Health service utilisation Patient experience Health literacy</td>
</tr>
</tbody>
</table>
Information that is collected by the Health Survey
Several factors are considered when deciding what information is collected by the Health Survey. These include:

- **Questionnaire limitations:** Questionnaires are not able to readily gather complex and detailed information. Where possible, they are best designed using closed questions with predetermined tick-box responses.

- **Respondent burden and resistance:** The Health Survey is designed to ensure that New Zealanders are willing to participate. To achieve high response rates it must be possible to complete the Health Survey in a reasonable amount of time, approximately one hour. In addition, the Health Survey avoids topics that offend or annoy people and questions that are hard to answer or understand.

- **Integration:** The Health Survey uses standard frameworks and classifications with validated questions where possible, to allow for the integration of Health Survey data with data from other sources.

- **Continuity and relevance:** The Health Survey enables the monitoring of population health over time through the ability to compare data from one Health Survey to the next. However, the survey needs to remain relevant to the information needs of the Ministry of Health and this may require including new topics. Possible new topics are assessed by the criteria listed below.

Criteria for including a new topic
The following criteria are used to assess if a topic should be included in the Health Survey.

- ** Appropriateness:** The Health Survey should be the most appropriate source for the information. The data should not be able to be collected more effectively and efficiently by other means, e.g. an epidemiological study. The information must be required for monitoring over time, as opposed to a one-off research project.

- ** Ability to inform decision making:** The information collected should inform decisions made by agencies that have an impact on the health of the nation, e.g. Government or District Health Boards. The data should be relevant to current priority areas for the Ministry of Health.

- ** Ability to provide quality information:** The data collected by the questions will provide information of an acceptable quality.

Criteria for placement of topic area in the core questionnaire versus module component of the Health Survey
The following criteria are used to assess if a topic should be in the core questionnaire rather than the module component of the Health Survey.

- **Impact:** The topic has high impact on health, health policy, or health care costs.

- **Measurability:** The topic lends itself to robust measurement, including high reliability and validity, and responsiveness to change.

- **Decomposability:** The data will allow analysis by social group or region.

- **International comparability:** The topic can be used for meaningful international benchmarking.
Appendix 2: Detailed information areas across four review domains

Recommendations on how the Health Survey could align with the New Zealand Health Strategy
▪ Refining the Ministry’s understanding of peoples’ needs for Health Survey information
▪ Identifying how the Ministry finds out about what matters to people
▪ Identifying core (ongoing) content for monitoring health trends
▪ Identifying the forward programme of rotating content for five years from 2019/20
▪ Advising on the frequency of rotating content
▪ Identifying current gaps and whether additional data is needed.

Recommendations on how data quality and data management can be improved
▪ Clarifying the contribution of the Health Survey to the Ministry's data collections
▪ Identifying how collection, maintenance and dissemination of Health Survey data can maximise data quality
▪ Identifying opportunities to optimise sample design so that data from key populations is robust.

Recommendations on how access to data can be improved in the Ministry and shared with the health sector and partners.
▪ Identifying how access to Health Survey data can be improved
▪ Understanding the advantages and disadvantages of linking Health Survey data with other data collections (including integrated data infrastructure, other government collections and other health data collections)
▪ Identifying emerging privacy issues associated with collection and use of Health Survey data and how these can be managed.

Recommendations on the capability required to support the Health Survey forward programme
▪ Identifying capabilities required to support recommendations on the Health Survey forward programme, including:
  - delivery of complex content that may be recommended by the review such as nutrition, physical activity and oral health
  - data management
  - data/information access
  - deliver data analytics and insights.
▪ Identifying the governance structures required to manage the Health Survey.