



Australian Health Survey



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www.abs.gov.au/australianhealthsurvey

About the Australian Health Survey

The Australian Health Survey (AHS), commencing across the country in March 2011, will be the most comprehensive study of the health of Australians ever undertaken, involving around 50,000 people. This survey addresses key health information gaps in nutrition and physical activity and will deliver objective biomedical data. There is significant interest in the results of this survey in the health policy, services and research sectors.

The Australian Bureau of Statistics (ABS) is conducting the AHS, in close consultation with the Department of Health and Ageing. The survey will be funded through the combination of ABS health survey program funding and additional funds from the Department of Health and Ageing and the National Heart Foundation of Australia.

The ABS has selected Sonic Healthcare, through a national tender process, as the national pathology provider to assist in this important information collection.

Survey operation

The first wave of the AHS will be conducted over 12 months across the entire population excluding remote Aboriginal and Torres Strait Islander communities. A subsequent wave of the survey aimed specifically at Aboriginal and Torres Strait Islander peoples (including remote communities) is being planned to commence in February 2012.

The household survey will commence with an ABS interviewer conducting a personal interview of one adult and one child (if any) in each selected household. During the interview, the respondent(s) will be invited to also take part in the voluntary biomedical component of the AHS.

The AHS will ask about the person, their health status, health service use and health risk factors including diet and physical activity. For the first time, the ABS will collect objective health measures of obesity, blood pressure, measures of nutritional status and chronic disease markers from biomedical samples.

Anthropometric and blood pressure measurements

During the household interview, respondents will be asked for permission to measure their height, weight, waist and blood pressure in a standardised way which will provide a more accurate picture of Australia's risk factor levels. The ABS interviewer will give the respondents a measurement card listing these readings.



The food and nutrition component

As part of the initial household interview, selected respondents will also complete short questions about their dietary habits and food security (having enough to eat) and a 24 hour food recall to collect information on the amount and types of foods, beverages and dietary supplements consumed. The multi-pass nature of the food recall being used in the survey is aimed at ensuring that detailed information about food consumption is captured.

Within a couple of weeks of the initial household interview, participants will complete a second 24 hour food recall over the phone. The information from the two food recalls will be examined to understand the types and amounts of foods Australians eat and the extent to which they are meeting dietary guidelines.

The physical activity component

In the survey, respondents will also be asked about their levels of physical activity in the week prior to the interview. The questionnaire will collect information about walking, exercise of moderate or vigorous intensity, sport, sedentary behaviour and sleep patterns.

The data 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.

Pedometers are also being provided to respondents and they are being asked to record their daily pedometer readings over an 8-day period. Information sourced from these records will provide an objective measure of some types of physical activity.

The biomedical component

The AHS will collect biomedical information from respondents who volunteer. The respondent will provide the ABS with written consent before being referred for pathology tests. A parent or guardian will be asked to provide consent for children under the age of 16. Children aged 5 years and over are being asked to provide a urine sample only, while those aged 12 years and over will be asked to provide both a blood and urine sample and requested to fast for 8 -12 hours if possible.

Those who agree to take part will take their referral form to a local Sonic Healthcare collection centre to provide their biomedical samples in the usual fashion. Where there is no participating pathology collection centre within 50km of a participant's home, other arrangements for specimen collection may need to be arranged (such as temporary clinics or nurse visits) dependant on costs and participant demand.

There will be no cost to participants for the testing, and they are entitled to claim a flat \$50 reimbursement toward their costs in attending a collection centre, such as for travel or child care.

Samples will be collected according to standard operating procedures and forwarded to a central Sonic Healthcare laboratory for analysis. The tests that will be conducted on the samples are as follows:



Tests to be conducted for the Australian Health Survey

Biomarker	Rationale
Total cholesterol	<i>To estimate prevalence of cardiovascular disease risk factors</i>
Fasting triglycerides	
Fasting LDL and HDL cholesterol	
Apolipoprotein B	
Fasting plasma glucose	<i>To estimate prevalence of diabetes and impaired fasting glucose</i>
Glycated Haemoglobin (HbA1c)	<i>To monitor diabetes control</i>
Estimated Glomerular Filtration Rate(eGFR)	<i>To estimate prevalence and severity of kidney damage</i>
Urinary albumin creatinine ratio (ACR)	<i>To estimate prevalence of albuminuria, an early indicator of kidney damage</i>
Erythrocyte folate	<i>To monitor the effectiveness of folate food fortification programs and estimate prevalence of folate deficiency</i>
Serum folate	
Serum B12	<i>To estimate prevalence of vitamin B12 deficiency</i>
Urinary sodium concentration	<i>To measure sodium and potassium levels in the population</i>
Urinary potassium concentration	
Serum 25(OH)D	<i>To estimate prevalence of vitamin D deficiency</i>
Urinary iodine	<i>To monitor the effectiveness of iodine food fortification programs and estimate prevalence of iodine deficiency</i>
Serum ferritin	<i>To estimate prevalence and severity of iron deficiency</i>
Serum transferrin receptor	
Haemoglobin	
Inflammation marker (CRP)	<i>To assist with iron interpretations</i>
Liver function tests (GGT, ALT)	<i>To assist in assessing burden of liver disease</i>
Serum cotinine	<i>To estimate prevalence of active and passive smoking</i>



Samples collected for the Survey will not be tested for illegal drugs, pregnancy, sexually transmitted infections, diseases like cancer or genetic testing.

Participants will receive their biomedical test results directly from Sonic Healthcare within 2–3 weeks of providing samples. A participant may also nominate a medical practitioner to receive a copy of their results. If any critical or lab-urgent results are found during analysis, the pathologist will contact the nominated medical practitioner, if available, or directly contact the participant to advise them on the recommended course of action. The pathologist will also send a registered letter containing the test results to the participant and make further contact in order to fulfil their duty of care to the participant.

How you can be involved

The ABS is looking to doctors and nurses to encourage participation in the AHS and particularly in the biomedical component of the survey as there are significant benefits to the community and participants.

For individuals – participants will receive their own results and the results of their children, if any, providing valuable feedback on their health status. This will contribute to raising a participant's awareness of their health and encouraging preventative health care.

For the community – analysis of blood and urine samples will provide objective information about the health of the nation, vastly improving the quality of the self-reported information from previous population surveys.

The collection will highlight how these data vary for different population groups of interest, allowing health inequalities to be addressed and measure changes in health status over time.

Objective national prevalence estimates of biomedical risk factors and some chronic diseases and conditions including high cholesterol and high blood sugar levels, will allow better informed policy decisions to allocate health services for Australians into the future.

Further information

Further information is available on the website www.abs.gov.au/australianhealthsurvey or via the AHS telephone **Helpline 1800 904 314**.