

Health and Wellbeing Surveillance System Content Review Survey

Overview

The WA Health and Wellbeing Surveillance System (HWSS) was established by the Department of Health in 2002 to monitor the health status of the general WA population. The HWSS collects data on both adults (>16 years of age), and children (<16 years of age). Any questions to collect child data are asked of the respective parent/carer in regard to the child.

The HWSS, coordinated by the Health Survey Unit (Epidemiology Branch), provides important and timely information to support informed decision making by the Department of Health, Health Service Providers, other government agencies, academics and the NGO sector.

Why we are consulting

An internal review of the HWSS is currently underway to ensure that the content of the HWSS remains relevant to current and emerging public health issues. The main outcome of this review will be a more focused and streamlined survey. In addition, the removal of non-core modules will potentially provide an opportunity to include new content material going forward.

An important step in this review is to provide stakeholders who work in public health policy, planning, research or advocacy from government and non-government organisations across WA an opportunity to comment on the HWSS survey content. **This is your chance to inform the Epidemiology Branch of data that you would and wouldn't like to be included in the Health and Wellbeing Surveillance System.**

Please keep in mind that although we would like to include all suggested topics, this may not be feasible due to constraints on survey length.

You are encouraged to participate in this review by completing the online consultation. Responses may be provided in an individual capacity, or on behalf of an organisation or directorate. If required, a PDF copy of this consultation is attached below to assist with preparing an organisation/directorate response.

Please feel free to share this consultation link with others in your network who may also wish to participate.

The consultation will take approximately **10 to 20 minutes** to complete, depending on responses. You can leave and return to the consultation at any time. Responses should be submitted by

Friday 30 April 2021. Earlier responses are welcome.

Organisation details

Answering this question will allow us to ensure we have received fair and broad representation of stakeholders from across the WA public health sector.

Please select which organisation you work:

(Required)

Please select only one item

- Department of Health Child and Adolescent Health Service
 North Metro Health Service South Metro Health Service
 East Metro Health Service WACHS Mental Health Commission
 Local Government Authority Other Government Agency Academic Institute
 Non-Government Organisation Other

Department of Health

Please indicate which division of the DoH you work for:

(Required)

Please select only one item

- Office of the Director General Public and Aboriginal Health Division
 Clinical Excellence Strategy and Governance Division
 Purchasing and System Performance

WACHS

Please specify which division of WACHS you work for:

(Required)

Please select only one item

- WACHS - Central office WACHS – Goldfields WACHS – Great Southern
 WACHS – Kimberley WACHS – Midwest WACHS – Pilbara
 WACHS – South West WACHS – Wheatbelt

Type of response

Are you providing an individual or organisation/directorate response?

(Required)

Please select only one item

Individual Organisation/Directorate

Type of response

Which Organisation/Directorate/Division/Branch are you representing in this response? Please be specific in your level of detail.

(Required)

Health and Wellbeing Surveillance System

In the last 12 months, how often have you utilised the Health and Wellbeing Surveillance System (HWSS) information from each of these formats?

| (Required) | Daily | Weekly | About once a month | Every few months | Once or twice a year | A one off | Not at all |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Annual reports <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health tracks: Reporting <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Customised data request <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In the last 12 months, how have you used information from the HWSS (please tick all that apply):

(Required)

Please select all that apply

- Inform policy
 Evaluation
 Planning or priority setting
 Grant application
 Reports
 Journal articles
 Presentations
 Briefing note/ministerial
 Media request
 Health promotion resources
 Have not used information from the HWSS
 Other

HWSS questionnaire content

The HWSS is an ongoing, population-based state-level survey which collects information on both children and adults. The survey contains a variety of content areas for inclusion in the HWSS.

Broadly, the HWSS collects data on general health, co-morbidity, health service utilisation, lifestyle factors, psychosocial and mental health and social characteristics.

The Epidemiology Branch has a responsibility to collect some data for obligatory reporting, but other fields are open to removal, addition and change. Please see list below for all necessary reporting fields:

Co-morbidity:

- Arthritis
- Heart disease
- Stroke
- Osteoporosis
- Skin cancer
- Cancers other than skin cancer
- Cholesterol levels
- Diabetes
- Asthma
- Respiratory conditions other than asthma
- Injury

Lifestyle:

- Physical activity
- Alcohol consumption
- Nutrition
- Breastfeeding
- Sun protection
- Food security
- Non-medicinal drug use

Psychosocial and mental health:

- Anxiety, depression, stress-related problems, other mental health
- Treatment for mental health
- Kessler psychological distress scale
- Suicide

Vaccination:

- Flu vaccination
- Pneumonia vaccination

Questions that are not related to specific reporting purposes are currently under review. Please answer the following questions in regard to how important you believe their data collection to be for the HWSS.

Co-morbidity

Blood pressure

How important do you believe data collection on blood pressure is in the HWSS overall?

(Required)

Please select only one item

Important Neutral Not important

Co-morbidity

Please indicate how important you believe inclusion of the following questions are in relation to blood pressure in the HWSS:

(Required) Important Neutral Not important

When did you last
have your blood
pressure measures?

Write down how
many days, weeks,
months, years ago.

*Please select only one
item*

Has a doctor ever
told you that you had
high blood pressure?

*Please select only one
item*

Do you still have
high blood pressure?

*Please select only one
item*

Do you take any
medication for high
blood pressure?

*Please select only one
item*

Co-morbidity

Please describe any changes that you would like to see to blood pressure data collection in the HWSS.

Are you aware of any alternative sources that report on the same data for WA? If yes, please specify.

Have you or your team utilised data in relation to blood pressure from the HWSS in the past?

(Required)

Please select only one item

Yes No Unsure

Are you or your team likely to use data in relation to blood pressure from the HWSS in the future?

(Required)

Please select only one item

Yes No Unsure

Health service utilisation

The questions in regard to health service utilisation in the HWSS are asked in regard to both adults and children.

How important do you believe data collection on health service utilisation is in the HWSS overall?

(Required)

Please select only one item

Important Neutral Not important

Health service utilisation

Please indicate how important you believe the inclusion of the following questions in the HWSS to be for health service utilisation:

Important

Neutral

Not important

How many times in the past 12 months have you/'child' used primary health services e.g. medical specialist, general practitioner, community health centre, community or district nurses?

Please select only one item

How many times in the past 12 months have you/'child' used hospital-based services e.g. overnight stay, accident and emergency department or outpatients?

Please select only one item

How many times in the past 12 months have you/'child' used allied health services e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator?

Please select only one item

| | Important | Neutral | Not important |
|--|-----------------------|-----------------------|-----------------------|
| <p>How many times in the past 12 months have you/'child' used dental services e.g. dentist, dental hygienist?</p> <p><i>Please select only one item</i></p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>How many times in the past 12 months have you/'child' used mental health service e.g. psychiatrist, psychologist or counsellor?</p> <p><i>Please select only one item</i></p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>How many times in the past 12 months have you/'child' used alternative health services e.g. acupuncturist, naturopath, homeopath or any other alternative health service?</p> <p><i>Please select only one item</i></p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Health service utilisation

Please describe any changes that you would like to see to health service utilisation data collection in the HWSS.

Are you aware of any alternative sources that report on the same data for WA? If yes, please specify.

Have you or your team utilised data in relation to health service utilisation from the HWSS in the past?

(Required)

Please select only one item

Yes No Unsure

Are you or your team likely to use data in relation to health service utilisation from the HWSS in the future?

(Required)

Please select only one item

Yes No Unsure

Vaccination

Please note that data collection for the influenza vaccine and pneumonia vaccine are already included for internal reporting.

Please indicate how important you believe inclusion of the following question on shingles to be in the HWSS:

(Required)

Important

Neutral

Not important

Have you received a shingles (also known as zoster) vaccine since you were 60 years old?

Please select only one item

Please describe any changes that you would like to see to vaccination data collection in the HWSS.

Are you aware of any alternative sources that report on the same data (including for shingles) for WA? If yes, please specify.

Have you or your team utilised data in relation to shingles from the HWSS in the past?

(Required)

Please select only one item

Yes No Unsure

Are you or your team likely to use data in relation to shingles from the HWSS in the future?

(Required)

Please select only one item

Yes No Unsure

Lifestyle - Nutrition

Please indicate how important you believe the following questions on nutrition are in the HWSS: (Please keep in mind that nutrition including fruit and vegetable, salty snacks, take-away food, cold meats, sweet food and drink consumption are required for mandatory reporting)

(Required) Important Neutral Not important

What type of milk do you usually consume? - full fat of any kind including soya, reduced fat of any kind including soya, skim milk (no fat content), other, don't use milk.

Please select only one item

What type of milk does 'child' usually consume? - full fat of any kind including soya, reduced fat of any kind including soya, skim milk (no fat content), other, don't use milk.

Please select only one item

Lifestyle - Nutrition

Please describe any changes that you would like to see to nutrition data collection in the HWSS.

Are you aware of any alternative sources that report on the same data for WA? If yes, please specify.

Have you or your team utilised data in relation to milk consumption for nutrition from the HWSS in the past?

(Required)

Please select only one item

Yes No Unsure

Are you or your team likely to use data in relation to milk consumption for nutrition in the future?

(Required)

Please select only one item

Yes No Unsure

Lifestyle - Sedentary activity

In addition to reporting on physical activity in adults and children, the HWSS collects information on **sedentary activity**.

How important do you believe data collection on sedentary activity is in the HWSS overall?

(Required)

Please select only one item

Important Neutral Not important

Lifestyle - Sedentary activity

Please indicate how important you believe the inclusion of the following questions are in relation to sedentary activity in the HWSS:

(Required)

Important

Neutral

Not important

How do you usually spend most of your day? Mostly sitting, mostly standing, mostly walking, mostly doing heavy labour or physically demanding work, unsure.

Please select only one item

Excluding work time, how many hours per week do you spend watching TV or DVDs, or using the computer, iPad or tablet device (for the internet, to play games etc.)?

Please select only one item

How many hours per week does 'child' spend watching TV or DVDs, or using the computer, iPad or tablet device (for the internet, to play games etc.)?

Please select only one item

On a usual night how many hours sleep do you get?

Please select only one item

(Required)

Important

Neutral

Not important

On a usual night how
many hours sleep
does 'child' get?

*Please select only one
item*

Lifestyle - Sedentary activity

Please describe any changes that you would like to see to sedentary activity data collection in the HWSS.

Are you aware of any alternative sources that report on the same data for WA? If yes, please specify.

Have you or your team utilised data in relation to sedentary activity from the HWSS in the past?

(Required)

Please select only one item

Yes No Unsure

Are you or your team likely to use data in relation to sedentary activity from the HWSS in the future?

(Required)

Please select only one item

Yes No Unsure

Psychosocial and mental health

How important do you believe data collection on psychosocial and mental health is in the HWSS overall?

(Required)

Please select only one item

Important Neutral Not important

Psychosocial and mental health

Please indicate how important you believe inclusion of the following questions on psychosocial and mental health are in the HWSS:

(Required)

Important

Neutral

Not important

During the past 4 weeks, how much of the time did you feel a lack of control over your life in general?

Please select only one item

During the past 4 weeks how much of the time did you feel a lack of control over your personal life?

Please select only one item

During the past 4 weeks how much of the time did you feel a lack of control over your health?

Please select only one item

Currently, the effects of psychosocial events are examined through the question "In the past 12 months how many times have you personally been affected by any of the following?" Please indicate how important you believe inclusion of the following psychosocial events are in the HWSS:

| | Important | Neutral | Not important |
|--|-----------------------|-----------------------|-----------------------|
| Moved house <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Robbed or home burgled <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Death of somebody close to you <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Marriage/relationship breakdown <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Serious injury <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Serious illness <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Loss of drivers license <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Financial hardship <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Any other major events <i>Please select only one item</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please indicate how important you believe the inclusion of the following questions on social capital are in the HWSS:

(Required)

Important

Neutral

Not important

How many groups/associations do you belong to?

Include church groups, social groups, sporting groups, political groups, professional groups etc...



Please select only one item

Psychosocial and mental health

Please note that data collection on anxiety, depression, stress-related issues, other mental health issues, treatment for mental health and the Kessler psychological distress scale are already included in the HWSS for mandatory reporting.

Please describe any changes that you would like to see to psychosocial and mental health data collection in the HWSS.

Are you aware of any alternative sources that report on the same data for WA? If yes, please specify.

Have you or your team utilised data in relation to psychosocial and mental health from the HWSS in the past?

(Required)

Please select only one item

Yes No Unsure

Are you or your team likely to use data in relation to psychosocial and mental health from the HWSS in the future?

(Required)

Please select only one item

Yes No Unsure

School connectedness

How important do you believe data collection on school connectedness of children is in the HWSS overall?

(Required)

Please select only one item

Important Neutral Not important

School connectedness

Please indicate how important you believe inclusion of the following questions on school connectedness of children are in the HWSS:

(Required)

Important

Neutral

Not important

Based on your knowledge of 'child's' school work, including school reports, how is 'child' doing in school overall?

Please select only one item

Does 'child' look forward to going to school each day?

Please select only one item

In the past 12 months has 'child' been bullied?

Please select only one item

In the past 12 months has 'child' bullied other kids?

Please select only one item

School connectedness

Please describe any changes that you would like to see to school connectedness of children data collection in the HWSS.

Are you aware of any alternative sources that report on the same data for WA? If yes, please specify.

Have you or your team utilised data in relation to school connectedness of children from the HWSS in the past?

(Required)

Please select only one item

Yes No Unsure

Are you or your team likely to use data in relation to school connectedness of children from the HWSS in the future?

(Required)

Please select only one item

Yes No Unsure

Family functioning

How important do you believe data collection on family functioning is in the HWSS overall?

(Required)

Please select only one item

Important Neutral Not important

Family functioning

Please indicate how important you believe inclusion of the following questions on family functioning are in the HWSS:

(Required)

Important

Neutral

Not important

We usually don't get on well together – strongly agree, agree, disagree, strongly disagree.

Please select only one item

Planning family activities is usually difficult, this can include either disagreements or disharmony – strongly agree, agree, disagree, strongly disagree.

Please select only one item

We usually avoid discussing our fears and concerns openly with each other – strongly agree, agree, disagree, strongly disagree.

Please select only one item

Making decisions is usually a problem in our family because we misunderstand each other – strongly agree, agree, disagree, strongly disagree.

Please select only one item

Family functioning

Please describe any changes that you would like to see to family functioning data collection in the HWSS.

Are you aware of any alternative sources that report on the same data for WA? If yes, please specify.

Have you or your team utilised data in relation to family functioning from the HWSS in the past?

(Required)

Please select only one item

Yes No Unsure

Are you or your team likely to use data in relation to family functioning from the HWSS in the future?

(Required)

Please select only one item

Yes No Unsure

Overall comments on the HWSS

We are currently considering the addition of questions in regard to the following topics. Please indicate how interested you are in their addition to the HWSS:

(Required) Interested Neutral Not interested

Data on allergies in adults and children, especially in relation to anaphylaxis

Please select only one item

Data on neurodegenerative diseases such as Alzheimer's Disease, Parkinson's Disease, Motor Neuron Disease and Multiple Sclerosis

Please select only one item

Are there any topics that you feel are missing from the HWSS and you would like to be included? For example, additional co-morbidities, diseases, health activities. Please explain.

Are there any topics that you feel are unnecessary/irrelevant for inclusion in the HWSS, or any sections you believe could be made shorter? Please explain.