

**From:** s22  
**To:** s22  
**Cc:** s22  
**Subject:** FW: Consultation regarding potential census health content [SEC=UNCLASSIFIED]  
**Date:** Friday, 26 October 2018 4:00:35 PM

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Hi s22 ,

We have consulted with the PHN, RDED, IHD, PHSD (Chronic Disease and Tobacco areas) and we would like some additional time to obtain further feedback. In the interim, the below encapsulates our feedback:

There is strong support for both questions, with more areas having a higher priority for more chronic disease data, such as prevalence at PHN level or specific population groups.

There is significant concern about the items included/not included and the wording of the Chronic disease questions. There is also concern that the Census chronic disease question would not be able to provide prevalence estimates (“A short chronic health conditions item collected in the 2021 Census will not collect the same level of detail as the larger health collections such as the National Health Survey (NHS) and National Aboriginal and Torres Strait Islander Health Surveys (NATSIHS) and is, therefore, not intended to provide prevalence estimates. Prevalence estimates of chronic health conditions should be sourced from the NHS or NATSIHS.”)

The importance of having a question that is easily understandable, and therefore accurate data can be collected, from Aboriginal and Torres Strait Islander Australians and other populations for whom English may not be their first language was emphasised.

Specific feedback:

### Chronic Health Conditions

<p><b>The next question is about any conditions that have lasted, or are expected to last, for 6 months or more.</b></p> <p><b>Has the person been told by a doctor or nurse that they have any of these conditions?</b></p> <ul style="list-style-type: none"><li>• Mark all applicable conditions.</li><li>• Include conditions that:<ul style="list-style-type: none"><li>the persons is taking medication for, or</li><li>are in remission, or</li><li>require regular monitoring by a doctor or nurse, or</li><li>may recur from time to time.</li></ul></li><li>• If no health conditions, mark 'No long term health condition(s)'.</li></ul>	<p>Arthritis</p> <p>Osteoporosis</p> <p>Asthma</p> <p>Cancer (including remission)</p> <p>Diabetes (excluding during pregnancy)</p> <p>Heart disease (including angina or past heart attack)</p> <p>Effects of a stroke</p> <p>Chronic kidney disease</p> <p>Mental health condition (including depression or anxiety)</p> <p>Dementia</p> <p>Bronchitis or emphysema</p>
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	Any other current, long term health condition
	No long term health condition(s)

ABS is interested in member feedback on the following aspects of a Census chronic health conditions item:

- Do you agree with the concepts proposed for collection (i.e. current, long-term and diagnosed)? [Yes -agree](#)
  - If you do not agree, what concepts are you interested in collecting/do you require?
- Does the proposed list of conditions for collection meet your requirements? [No –This needs a lot of workshopping to be more useful to inform policy and service delivery and make easier to self-complete](#)
  - Are there any conditions which you think should be excluded? What are they? Why should they be excluded? [Osteoporosis and chronic kidney \(obtain through other sources?\), effects of a stroke \(high variability, source from other sources hospital/MBS data?\), and having remissions as part of cancer as lesser priority and desire to keep categories aligned with service needs \(rather than past\). Need more advice to know if bronchitis and emphysema of higher priority than other diseases \(wouldn't these be decreasing with lower smoking rates and also be amenable to measurement through some PBS drugs\).](#)
  - Are there any other conditions which you think should be included? What are they? Why should they be included? [Yes –around chronic pain/ location \(migraine, back pain, endometriosis/other\)](#)
- Are you happy with the proposed question wording? [No –See above. Order is confusing –not alphabetical or via decreasing prevalence or body area/disease grouping \(i.e. have asthma next to bronchitis\)](#)
  - If you have any suggested changes please provide details. [Separate areas with high policy and program relevance to get good quality prevalence numbers for \(separate mental health conditions\): Anxiety; depression; other mental health; Suggest it would be better to have specific diseases to get better prevalence levels on that are easy to self-report; Getting “other” within a grouping would also be more useful \(than not within any grouping\).](#)
- Do you have any other general comments about this topic? [See below](#)

There was concern that participants could get confused with the medical terms used. For example, some individuals say they “have osteo” but don’t necessarily refer to it as “osteoarthritis” or “Osteoporosis” so having Arthritis and osteoporosis next to each other is problematic and could leave someone with osteoarthritis (but thinking of it as “osteo” as ticking the neighbouring “osteoporosis” box instead (impacting reliability).

### Smoking Status

ABS is interested in member feedback on the following aspects of a Census smoking status item:

- Do you agree with the concepts proposed for collection (i.e. regular smoker, ex-smoker, never smoked regularly)? [Yes](#)

- If you do not agree, what concepts are you interested in collecting/do you require?
- Do you agree that the definition of smoker status should align with that currently used in the National Health Survey? (e.g. including smoking pipes and cigars) [Unsure –see comment](#)
- Are you happy with the proposed question wording?
  - If you have any suggested changes please provide details.
  - Do you have any other general comments about this topic? [Whether NZ or NHS question is preferable depends on in what way the 2021 Census collected smoking data is meant to complement other sources of data, so more information is required on this. More information is to come from the Tobacco area.](#)

Regards,  
s22

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s22

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**From:** s22

**Sent:** Thursday, 11 October 2018 12:26 PM

**To:** s22

**Subject:** Consultation regarding potential census health content [SEC=UNCLASSIFIED]

Dear HSAG members,

Many thanks for your continued interest and assistance in health data from the ABS.

Earlier this year we notified you of the Census 2021 content submission process regarding the potential inclusion of health questions in the next census. This process has now closed, but there was substantial interest shown for both a chronic health conditions and smoking status topic in the 2021 Census. While it is unlikely that it will be possible to include both topics in the 2021 Census, at this stage the intention is that both will be tested. The attached paper contains proposed questions for both of these topics. In order to firm up the detail around the chronic health conditions and smoking status items as we move into the 2021 Census testing phase which begins in November 2018, we would now like to request input and feedback from HSAG members. Please can you respond to the questions in the paper by **COB Friday 26th October 2018**. Please feel free to consult more widely in your organisation if desired.

Any queries, please contact s22

Thanks,  
s22

*(See attached file: Census Health Topics - Consultation Paper for HSAG Latest.docx)*

s22

Director

Health Section

Health and Disability Branch | **Australian Bureau of Statistics**

s22

[www.abs.gov.au/australianhealthsurvey](http://www.abs.gov.au/australianhealthsurvey)

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