

NatCen

Social Research that works for society

Update on the Scottish Health Survey

Health Survey Users Group

July 2017



Agenda

1. Overview

2. Questionnaire review

3. Proposed changes

4. Learnings/Future

Overview



Methodology

- Continuous survey
- Sample from PAF
- 4,000 adults, 1,800 children
- Biological samples from 1,000

History

Scottish Office launch the Scottish Health Survey (SHeS) covering 16-64 year-olds

Extended to include those aged 0-1 and 75+ ECG readings to monitor electrical activity of the heart

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

Extended to include those aged 2-15 and 65-74

Sample size increase to 5,100 adults 2,000 children

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

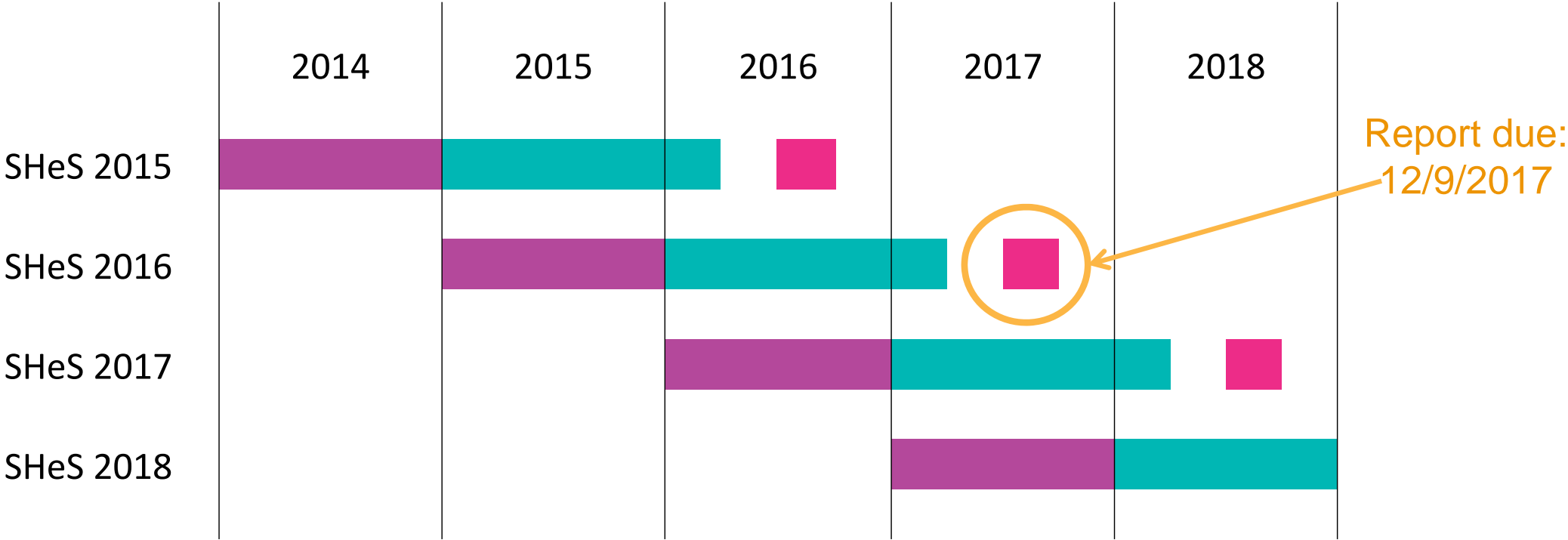
2017

2018

Health Board boosts introduced

Interviewers begin collecting blood pressure, urine and saliva samples on the survey

Where are we at present?



Content and Data



What's new on the questionnaire in 2017?

- Changes to child physical activity questions
- Cardio-pulmonary resuscitation (CPR) training
- Food insecurity

How can I see results?

Core Dissemination



Main Report

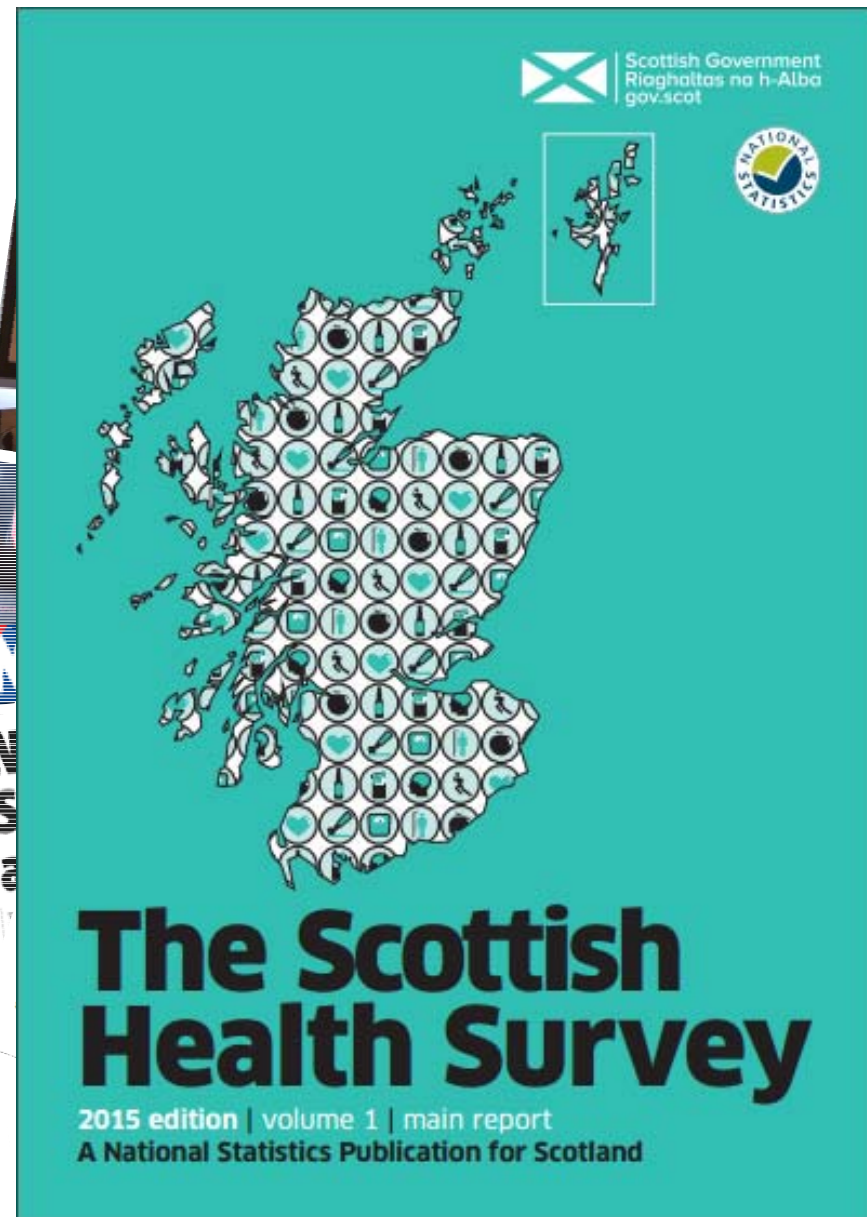


Publicity via TV, Press,
Internet

Additional Dissemination



Summary Report



How has data been used?

Nurse weight



“Prevalence of overweight and obesity among nurses in Scotland” Kyle RG, Neall RA, Atherton IM, *International Journal of Nursing Studies*

Multi-morbidity



“Complications following incident stroke resulting in readmissions” Ponomarev D, Miller C, Govan L, Haig G, Wu O, Langhorne P, *Journal of Stroke*

Mental Health &
Cancer



“Psychological distress, optimism and general health in breast cancer survivors” Leung, J, Atherton I, Kyle RG, Hubbard G, McLaughlin D, *Supportive Care in Cancer*

What linked data is there?

What Linked Data is Available?

We ask consent from all participants (adults and children) for linkage to NHS patient records:

Consent
currently from
around 85% of
participants

In-patient and out-patient
visits to hospital, length of
stay, waiting time etc

Specific medical
conditions, e.g. cancer,
heart disease, diabetes

Registration with
practitioner, date and
cause of death

How to Access?

Contact Information Services Division (part of NHS Services Scotland)

Consultation – Questionnaire Review



Why have a consultation?

Q're length



- Need to reduce length of questionnaire possibly by:
 - Trimming modules
 - Remove blocks of questions not widely used

User Needs



- Need to consider new user requirements, e.g. questions, topics, modes

Structure



- Develop priorities for a more 'modular' structure
- Overall, health board and local authority sample size important

Time Series



- Value of certain time series being maintained?

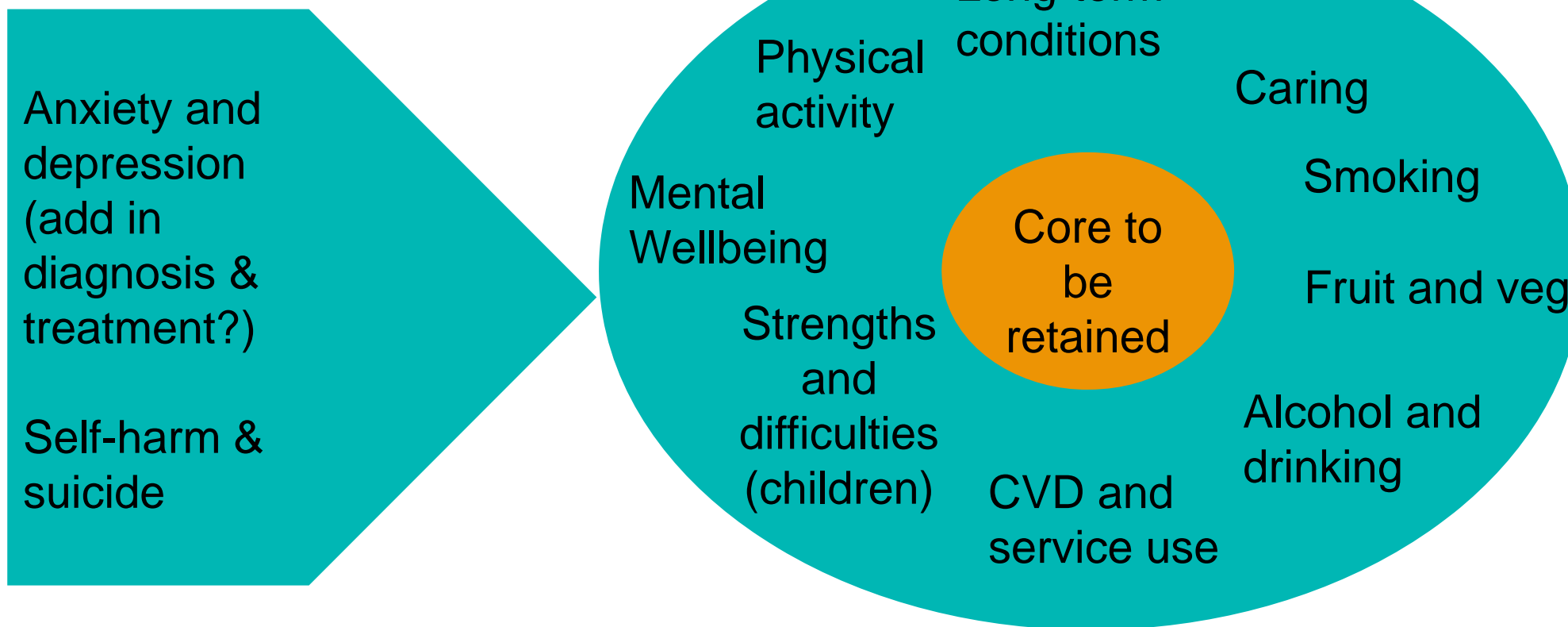
Breadth



- Whether questions need to be included every year
- Importance of linking info to other topics in survey

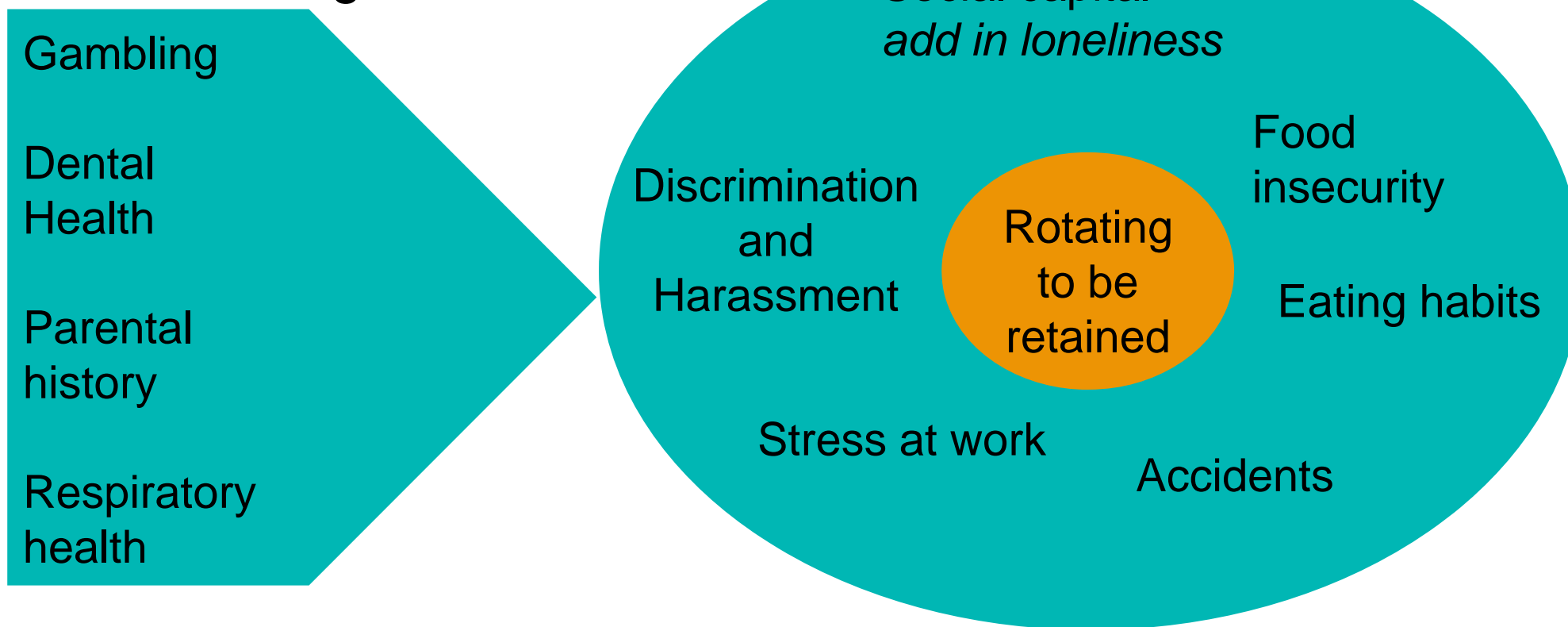
Consultation outcomes suggest potential changes....

Moving to core?



Consultation outcomes suggest potential changes....

Moving to rotating?



Consultation outcomes suggest potential removal of....

Contraception



- Limited support for this topic
- Data not used in government

Cosmetic procedures



- Were used to inform specific legislation in 2015
- Very little support to continue

Consultation outcomes suggest some new topics

Adverse Childhood experiences



- Request by NHS Health Scotland
- Significant policy priority
- Could establish Scottish level of prevalence and link to risk and protective factors

Chronic Pain



- Request by Arthritis UK – significant health issue
- Lack of robust prevalence data

End of Life Care



- Request by Marie Curie – to identify palliative care needs
- Problematic as household sample would not be representative

Organ donation

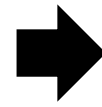


- To seek views on organ donation opt-out
- Attitudinal so probably not relevant for SHeS

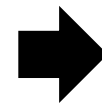
Other potential innovations

- Re-introduce blood samples
- Intake 24

What is it?



Online 24-hour dietary recall system



Developed by Newcastle University

Why?

- More convenient
- Consistent coding
- Reduced cost

How?

- Accessed via Internet in respondent's own time
- Allows meals/snacks to be included and details recorded
- Over 2,400 photos of more than 100 foods (portion estimates)
- Online database of over 2,300 foods
- Recipe maker
- Sandwich builder

What does INTAKE24 look like?

The screenshot displays the Intake24 web application interface, which is used for recording food and drink intake. The interface is divided into several sections:

- Header:** "Intake24" logo and navigation links for "Watch tutorial video" and "Log out".
- Left Sidebar:** A menu titled "Your Food Intake" with categories: Breakfast, Early snack or drink, Lunch, Afternoon snack or drink, Evening meal, and Late snack or drink. A "+ Add Another" link is visible at the bottom.
- Main Content Area:** A table titled "Your Food Intake" with columns for meal type, food item, and time. The table shows entries for Breakfast (Porridge, made with water), Whisky, Lunch (Spirits e.g. whisky, gin, brandy, rum, vodka, bacardi, malibu), and Haggis. There are status indicators (checkmarks and question marks) next to some items. A "+ Add Another Meal" link is at the bottom.
- Right Panel:** A detailed view of a food item (a glass of liquid) with a slider to indicate how full the cup or glass was. The text says: "Please use the slider on the right to indicate how full your cup or glass was." Below the glass is a "300 ml" label and three buttons: "It was less full", "It was more full", and "It was that full".

A yellow callout box in the bottom right corner of the screenshot contains the text: "Demo available at: <https://intake24.co.uk/>".

INTAKE24: field test report



**Field testing of the use of INTAKE24
in a sample of young people and
adults living in Scotland**

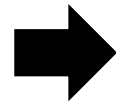
<http://www.foodstandards.gov.scot/sites/default/files/INTAKE24%20FINAL%20REPORT.pdf>

SHeS – Learning and the Future



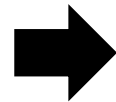
What does the future bring?

Fieldwork



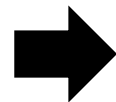
- Remains a key challenge
- Priority to increase interviewer capacity and utility

Study Design



- Introducing multi-mode data collection (combining web, telephone, face to face)
- Further analysis of biological samples (e.g. vitamin D, anabasine for tobacco, cortisol for stress)
- Targeted incentives

Dissemination



- Meeting the needs of HB and LA users:
 - larger samples
 - tools to use data to inform decision-making
- Increasing accessibility to the public and non-academic audiences (infographics)

Thank you

If you want further information or would like to contact us

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