



**Digital**

# Health Survey for England

Exploring alternative modes

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# Content

- Overview of HSE
- Changes due to the pandemic
- Reasons for changes
- Push to web feasibility study
- 2021 fieldwork
- Plans for the future



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# Health Survey for England

Overview

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# Health Survey for England methodology

- Random probability study
- Households are selected from the Postcode Address File and clustered into points across England.
- Cross-sectional
- Nationally representative sample – 8,000 adults and 2,000 children each year
- Tracks trends over time (nearly 30 years of data)
- Health Examination Survey – face-to-face interview with self-reported assessments of health alongside objective measurements and biological samples collected by nurses



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# Pandemic impact

- 2020 fieldwork stopped March 2020 due to Covid-19 pandemic
- 2021 fieldwork started January 2021 (remote telephone interview), opt in for Q1 and rest of year knock to nudge for doorstep recruitment.
- 2022 face to face dress rehearsal in field both for main interview and nurse visits.





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# **Design considerations in March 2020**

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# March 2020

Steering Group – government departments and academics

Options Considered:-

- Pause fieldwork until can re-commence face to face
- Stop fieldwork altogether for 2020
- Telephone interview, with postal follow up for self-completion elements
- Push to web survey

Sample strategy:-

- Carry on with PAF sample drawn for 2020
- Draw new larger PAF sample
- Re-contact old participants

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# Steering Group Outcome

- Lead in time to set up telephone or push to web survey
- Unsure how long restrictions would last
- Impact of mixed mode on time series
- Would 2020 always be viewed as the anomaly year
- Approach to interviewing children
- No nurse visits – large information missing
- Survey content - what could be included in a different mode

## Outcome

- Stop 2020 fieldwork, if restrictions allow resume face to face, but do not move the 2020 survey to an alternative mode
- Trial alternative approach to data collection but as stand-alone piece of work, for future improvements



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# **Push-to-web Feasibility Study**

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# Overview and aims

- Test transferring some HSE content from face-to-face mode to online and postal modes
- Overall response using online and postal modes
- Agreement rate to a future nurse visit
- Consent rate to data linkage and future recontact



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# Method

## Stage 1 - Adult (2 adults per household)

- Sample from Postcode Address File
- Invitation letter, two reminders
- 20-minute, mobile friendly, online questionnaire
- Postal questionnaire sent with second reminder letter
- £5 conditional voucher



# Method – Stage 2 child

- Agreement from parents for re-contact
- Reconciliation to remove duplicate children
- Named sample from adult survey

## Selection criteria

Up to two children 0-12  
Up to two children 13-15

## 0-12

Postal questionnaire for parents of 0-12 year olds.  
5 minutes

## 8-12

Postal questionnaire for children aged 8-12.  
10 minutes

## 13-15

Postal or online questionnaire for children aged 13-15.  
15 minutes



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# Questionnaire design

## Adapting a F2F questionnaire to mobile first/paper

- Most of question wording unchanged
- One question per screen
- Hidden DK/REF responses
- Open text questions included
- Income/NS-SEC questions simplified
- Paper questionnaire content similar to online
- Ensure paper questionnaire order and routing logical



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# Response

## Stage 1 – adult

Aim 6,000 responses

Achieved slightly less than target

Around a fifth took part

Approximately three quarters were online responses

## Stage 2 - child

Consent rate a lot lower than expected

Around 700 children/parents invited to Stage 2

Approx half took part

13-15 year olds – a third completed online



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# Health Survey for England 2021

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# Overall design

- Survey set up for F2F, telephone and video
- Initial plan: Doorstep recruitment with remote interviews
- Opt-in with remote interviews as a backup (in Tier 4)
- Pilot to test video interviewing





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# Remote interviewing

- We cut content from the face-to-face interview for a 30-minute interview
- Information leaflets and showcards provided in advance
- Multi-person households interviewed separately
- Interviewer instructions adapted for a remote interview
- CASI asked by interviewer and refusal option added
- Added showcards and sensitive showcard instructions
- Self-completions posted to participants
- Added documents online

# Recruitment methods

- We have used two different recruitment methods for HSE 2021.
- 1/4 of opt in sample took part.
- Almost half of doorstep recruitment sample took part.

## Opt-in to telephone

January to March.

Participants sent a letter and two reminder letters.

Asked to opt in via an online portal or by phone.

Sample is sorted and clustered into points.

Interviewer phones household.

Conducts a telephone interview.

## Doorstep recruitment

April to present.

Participants sent a letter.

Interviewer makes doorstep visit to address (following Covid-19 guidelines).

Interviewer introduces study.

Conducts a telephone interview.

# Video interviewing pilot

- Aim to test the feasibility of video interviews and take up.
- Around 1/10 opted for video in stage 1 and 2.
- Video interviews had little take up in stage 3.

## Stage 1

Opt-in participants asked if they would like a video interview to ascertain whether video interviews are feasible.

## Stage 2

Test take up of video interviews in the opt in portal.

## Stage 3

Test take up of video interviews on the doorstep.

## Stage 4

Test video interview take up when face to face interviewing resumes.



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# Nurse fieldwork

- Paused until now
- A soft launch is arranged for October 2021 where we will revisit opt-in cases.
- From November 2021 we will continue to re-visit addresses that have agreed to a nurse visit during HSE 2021 fieldwork.



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# Plans for future

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# Overview

- Return to standard HSE interview length and face-to-face mode from January 2022
- Telephone interviewing will be available
- Dress rehearsal currently in field face-to-face
- We will review feasibility study results to decide on any longer-term changes





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