



Inquiry into annual and financial reports 2024–2025

Answer to question taken on notice

Asked by: Ms Leanne Castley MLA

Addressed to: Minister for Health

In relation to: Health and General health survey details and Health targets

Hearing: 11 November 2025

Uncorrected Proof Transcript p 37-38

Transcript provided: 14 November 2025

Answer Due: 21 November 2025

MS CASTLEY: Okay. I know you want to have a chat about a few things, but I have got specific questions about the general health survey. Is it weighted to represent the population? Where do our participants come from, and what is the sample size?

Ms Stoddart: Chloe Stoddart, Executive Group Manager from Partnerships, Policies and Programs Division in the Community Services Directorate. Thanks, Ms Castley, for that question. We will have to take it on notice. I do not have the details here to be able to provide that.

RACHEL STEPHEN-SMITH MLA: The answer to the Member's question is as follows:

Since 2019, the ACT General Health Survey (ACTGHS) has operated on a three-year cycle: the wellbeing questionnaire is conducted every third year, and the risk factors questionnaire is conducted in the two intervening years. The sample size for the wellbeing questionnaire is 2,000 adults. For the risk factors questionnaire, the sample includes 1,000 children (aged five to 17 years) and 1,200 adults.

The ACTGHS randomly selects respondents to participate in the survey via Computer Assisted Telephone Interview (CATI). From 2024-25, the sample frame has used unlisted mobile numbers from the Integrated Public Number Database (IPND)¹, given the decline of landline usage among households.

¹ The IPND contains almost every assigned telephone number in Australia, together with the postcode associated with each number.

The ACTGHS has two discrete in-scope populations:

- Adults: Non-institutionalised ACT residents, aged 16 years or over who provide information about their own health.
- Children: Interviews conducted via proxy of ACT parents or carers aged 16 years or over who know the most about the child's health. These individuals provide information about the selected child aged between five and 15 years old, after the child had been selected at an initial screening, or from an adult interview where children were present in the household.

Persons who are unable to complete the survey due to a physical or health condition, being under the influence of drugs or alcohol, or where the mobile phone was not mainly for personal use were excluded from the survey.

In 2025, respondents had the option to complete the survey in languages other than English for the first time.

To ensure that survey estimates are representative of the ACT population, design weights are adjusted so that they match external benchmarks for key demographic parameters likely to be correlated with survey outcomes or with the likelihood of responses.

Weighting is the process of adjusting results from a survey sample to infer results for the total in scope population whether that be persons or households. To do this, a weight is allocated to each sample unit (i.e. a person). The weight is a value which indicates how many population units are represented by the sample unit. The first step in calculating weights for each unit is to assign an initial weight, which is the inverse of the probability of being selected in the survey.

The initial weights are then calibrated to align with independent estimates of the ACT resident population, referred to as benchmarks. Weights calibrated against population benchmarks ensure that the survey estimates conform to the independently estimated distribution of the population rather than to the distribution within the sample itself.

Population benchmarks have been used over the lifetime of the survey. They include age group, gender, highest qualification, country of birth, number of adults/children in the household and Statistical Area Level 3 and are based on the latest ACT Estimated Resident Population.

Approved for circulation to the Standing Committee on Social Policy



Signature:

Date:

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By the Minister for Health, Rachel Stephen-Smith MLA