

# South Australian Population Health Survey

## 2023 Summary Report



**Government  
of South Australia**

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Preventive Health SA

## Background

The South Australian Population Health Survey (SAPHS) is a state-wide population health survey managed by Preventive Health SA, which aims to monitor the health status of all South Australians. The SAPHS has been collecting information about the health of South Australians since July 2018.

Population health surveys play an important role in the development of health services by providing information to policy makers, providers and researchers about the health of the community, the performance of the health care system, and its impact on people of varying social, economic, and illness levels.

This survey remains the principle source of information on population health and is used extensively by Preventive Health SA, SA Health and other non-Government organisations. Collectively the information from SAPHS is used to:

- provide high quality, representative data on the health of the South Australian population
- identify sub-groups of the community who experience less than satisfactory health outcomes
- identify emerging health issues
- measure trends over time for key health indicators
- monitor and evaluate population health policy, programs and initiatives
- share findings with relevant professionals, researchers and policy makers within SA Health, Local Health Networks and the wider community
- address State and Commonwealth indicators and targets
- be an ongoing source of data for key reports including the Chief Public Health Officer's Report and the South Australian Wellbeing Index.

## Methods

The SAPHS is a cross-sectional population CATI (computer-assisted telephone interview) survey. South Australians of all ages were eligible to participate. In 2023, n=5,571 adults aged 18 years and over, and n=1,428 children 0 to 17 years participated in the survey. For respondents aged 15 years or younger, a parent/guardian proxy completed the interview on their behalf.

Interviewing in a language other than English could be requested, and respondents were able to request a male or female interviewer if preferred.

The data presented in this report are weighted. Weighting is a technique for adjusting unit record survey data to enable population estimates to be made by statistically increasing or decreasing the numbers of cases with particular characteristics so that the proportion of cases in the sample are adjusted to the population proportion.

A technique known as 'raking' was used to weight respondents incorporating various population characteristics (gender, age, area of residence, country of birth, dwelling status, marital status, education level, employment status, household size) designed to more closely reflect the South Australian population using benchmarks derived from the June 2021 ABS Census data. The weighting of data can result in rounding discrepancies or totals not adding.

The survey has been approved by The Department for Health and Wellbeing Human Research Ethics Committee (HREC/18/SAH/11). Field work was outsourced to a market research organisation.

## Demographic profile of survey respondents

Of the 5571 South Australian adults interviewed, 51.0% were female and the majority resided in metropolitan areas (74.1%). South Australian adults across all socio-economic areas and education levels were represented. The proportion of Aboriginal and Torres Strait Islander respondents (2.2%) was lower than the estimated resident population rate of 2.9%<sup>1</sup>. (Table 1).

Additional demographic data (work status, marital status, children in household, language spoken at home, country of birth and dwelling) were collected and are presented in the main report.

**Table 1: Weighted sample, SAPHS 2023 (n=5571)**

		n	%	95% CI
All		5571	100.0	
Gender	Male	2678	48.1	46.8-49.4
	Female	2839	51.0	49.6-52.3
	Gender diverse	45	0.8	0.6-1.1
	Not Stated	9	0.2	0.1-0.3
Location	Metropolitan	4131	74.1	73.0-75.3
	Rural	1440	25.9	24.7-27.0
Age (years)	18-29	1039	18.6	17.6-19.7
	30-49	1583	28.4	27.2-29.6
	50-69	1847	33.2	31.9-34.4
	70 and over	1102	19.8	18.8-20.8
Aboriginal and/or Torres Strait Islander Status	Yes	122	2.2	1.8-2.6
	No	5413	97.2	96.7-97.6
	Not stated	37	0.7	0.5-0.9
SEIFA*	Lowest	972	17.5	16.5-18.5
	Low	1176	21.1	20.1-22.2
	Middle	1536	27.6	26.4-28.8
	High	889	16.0	15.0-16.9
	Highest	996	17.9	16.9-18.9
Highest Education Level**	No school to secondary	2547	45.7	44.4-47.0
	TAFE, trade, certificate	1015	18.2	17.2-19.2
	Diploma, advanced diploma	631	11.3	10.5-12.2
	Degree or higher	1317	23.6	22.5-24.8
	Not stated	61	1.1	0.8-1.4
Household Income	Up to \$20,000	234	4.2	3.7-4.8
	\$20,001 - \$40,000	568	10.2	9.4-11.0
	\$40,001 - \$60,000	502	9.0	8.3-9.8
	\$60,001 - \$80,000	393	7.1	6.4-7.7
	\$80,001 - \$100,000	368	6.6	6.0-7.3
	\$100,001 - \$150,000	665	11.9	11.1-12.8
	More than \$150,000	594	10.7	9.9-11.5
	Not stated	2248	40.3	39.1-41.6

CI: Confidence Interval. \*SEIFA: Socio-Economic Index For Areas. \*\* Education status 'Other' (n=1) not shown.

**Note: the weighting of the data can result in rounding discrepancies or totals not adding.**

<sup>1</sup> Australian Bureau of Statistics. Estimates of Aboriginal and Torres Strait Islander Australians, June 2021. 2023; Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>

Of the 1,428 South Australian children interviewed, the majority were male (51.8%) and resided in metropolitan areas of South Australia (73.4%). South Australian children across all socioeconomic areas were represented, however there were less respondents from lower income households (Table 2). Additional demographic data (language spoken at home, country of birth and dwelling type) were collected and are presented in main report.

**Table 2: Weighted sample, SAPHS 2023 (n=1428)**

		n	%	95% CI
All		1428	100.0	
Gender	Male	739	51.8	49.2-54.3
	Female	678	47.5	44.9-50.1
	Gender diverse	9	0.6	0.3-1.1
	Not stated	<5	0.1	0.0-0.4
Location	Metropolitan	1048	73.4	71.1-75.6
	Rural	380	26.6	24.4-28.9
Age (years)	0 to 4	359	25.1	22.9-27.4
	5 to 9	380	26.6	24.4-28.9
	10 to 14	435	30.5	28.1-32.9
	15 to 17	254	17.8	15.9-19.8
Aboriginal and/or Torres Strait Islander Status	Yes	50	3.5	2.6-4.6
	No	1368	95.8	94.7-96.7
	Not stated	11	0.7	0.4-1.3
SEIFA*	Lowest	258	18.1	16.2-20.2
	Low	298	20.9	18.8-23.1
	Middle	291	20.4	18.4-22.6
	High	257	18.0	16.1-20.1
	Highest	322	22.6	20.5-24.8
Household Income	Up to \$20,000	29	2.0	1.4-2.9
	\$20,001 - \$40,000	68	4.8	3.7-6.0
	\$40,001 - \$60,000	79	5.5	4.4-6.8
	\$60,001 - \$80,000	130	9.1	7.7-10.7
	\$80,001 - \$100,000	139	9.7	8.3-11.4
	\$100,001 - \$150,000	255	17.9	15.9-19.9
	More than \$150,000	390	27.3	25.0-29.7
	Not stated	337	23.6	21.5-25.9

CI: Confidence Interval. \*SEIFA: Socio-Economic Index For Areas.

**Note: the weighting of the data can result in rounding discrepancies or totals not adding.**

## Results

A selection of data are presented in this summary report. Refer to the full adults and children reports for outcomes of all measures collected in the survey, presented over time, and by selected demographics. In 2023, the majority of measures collected remained stable, except for:

- Adults reporting a mental health condition within the last 12-months was lower in 2023 (22.7%) than all previous years (ranging from 24.9%-30.2%).
- Adults consuming the daily recommended serves of fruit was lower in 2023 (36.4%) than all previous years (ranging from 40.9%-45.8%).
- Adults consuming sugar-free soft drink was lower in 2023 (18.9%) compared with 2020-2022 (ranging from 20.7-22.6%).
- While there was no change in physical activity participation, children engaging in muscle strengthening activities at least three times per week was lower in 2023 (13.4%) compared to 2021 (18.8%) and 2022 (18.0%).
- Adults reporting private health insurance was higher in 2023 (58.1%) than in 2022 (55.2%).

South Australians generally reported good health and wellbeing however this was not the same for all respondents. Respondents with different geographic and sociodemographic backgrounds reported different health outcomes.

### Location

In 2023, adults living in metropolitan areas were more likely to report a good or better health status, more likely to have private health cover, more likely to have confidence in the public health system, and were more likely to meet sleep recommendations. They were also more likely to report consuming fast food at least weekly than those in rural areas.

Adult respondents in rural areas were more likely to report having cardiovascular disease, arthritis, disability and hypertension. They were also more likely to reporting being an unhealthy weight and consume alcohol that put them at risk of harm from alcohol-related disease or injury. Older adults from rural areas were more likely to report engaging in recommended levels of physical activity.

### Age

In 2023, older adults were more likely to report having good wellbeing, have private health cover and use the healthcare system. They were also more likely to report having hypertension and high cholesterol, money availability (for an emergency), chronic diseases, disability, and be an unhealthy weight and a smoker (except for those aged 70 years and over)<sup>2</sup>.

Young adults were more likely to report poorer mental health outcomes, have food insecurity, consume fast food and soft drink, and consume alcohol at levels that put them at risk of alcohol-related disease or injury. Young adults were also more likely to report a better health status, be physically active, and meet recommended sleep guidelines.

In 2023, older children were more likely to report having a mental health condition, exceed screentime guidelines, be less physically active and have poorer nutrition than younger children.

### Socioeconomic status

In 2023, adult respondents from lower socioeconomic backgrounds were more likely to report having a mental health condition, psychological distress, food insecurity, diabetes, disability, hypertension, unhealthy weight, consuming soft drink and being a smoker<sup>2</sup>. They were also less likely to report a good health status, have money availability (for an emergency), be physically active, engage in strength training, and meet recommended sleep guidelines.

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<sup>2</sup> The South Australian Population Health Survey (SAPHS) is considered a supplementary data source to official statewide smoking statistics collected in the Population Health Survey Module System (PHSMS). More information can be found in the main report.

## 2023 Rapid Stats - Adults

### Overall Health



**76.1%** reported excellent, very good, or good health.  
**37.7%** reported good wellbeing.

### Health Care Utilisation



**88.2%** reported visiting a GP in the past 12-months.  
**19.1%** reported using a mental health service in the past 12-months.

### Mental Health



**22.7%** reported a mental health condition in the past 12-months.  
**18.5%** reported a high or very high psychological distress.  
**8.0%** reported having suicidal ideation in the past 12-months.

### Chronic Disease



**12.5%** reported having asthma.  
**11.9%** reported having diabetes.  
**11.7%** reported having cardiovascular disease.

### Weight Status



**63.1%** reported being overweight or obese.

### Disadvantage and Inequity



**84.1%** reported they could get \$2,000 within a week if needed.  
**7.2%** reported food insecurity in the past 12-months.

### Nutrition



**7.3%** reported meeting daily vegetable consumption guidelines.  
**36.4%** reported meeting daily fruit consumption guidelines.  
**43.0%** reported having fast food at least once per week.  
**13.0%** reported having soft drink on an average day.



### Protective Factors

**65.4%** of respondents aged 18-64 years reported 150+ minutes of moderate physical activity per week.  
**37.0%** of respondents aged 65+ years reported 30+ minutes of moderate physical activity daily.  
**62.3%** of respondents reported meeting the recommended sleep guidelines.



### Behavioural Risk Factors

**29.3%** reported consuming alcohol that put them at risk of harm from alcohol related disease or injury.



## 2023 Rapid Stats - Children



### Health Care Utilisation

**82.3%** reported visiting a GP in the past 12-months.

**16.6%** of respondents reported using a mental health service in the past 12-months.

### Mental Health

**18.3%** of respondents reported having a mental health condition in the past 12-months.



### Food Security

**5.4%** reported food insecurity in the past 12-months.

### Chronic Disease

**10.9%** reported having asthma.



### Weight Status

**33.1%** reported being overweight or obese.



### Protective Factors

**20.0%** reported 60+ minutes daily physical activity.

**13.4%** reported muscle strengthening training 3+ days per week.

**42.0%** reported 2+ hours of screen time on weekdays.

**70.0%** reported 2+ hours of screen time on weekends.

**71.0%** reported meeting the recommended sleep guidelines



### Nutrition



**15.7%** reported meeting daily vegetable consumption guidelines.

**68.3%** reported meeting daily fruit consumption guidelines.

**57.3%** reported having fast food at least once per week.

**87.2%** reported having snack food at least once per week.

**12.3%** reported having soft drink on an average day.



For more information

Epidemiology and Research Division

[PreventiveHealthSA.epiandresearch@sa.gov.au](mailto:PreventiveHealthSA.epiandresearch@sa.gov.au)

Website: [www.preventivehealth.sa.gov.au](http://www.preventivehealth.sa.gov.au)