

South Australian Population Health Survey (SAPHS)

2024 Summary Report



**Government
of South Australia**

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 principal 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.

This summary report provides a selection of results from adult and child respondents of the 2024 survey. A full report for each cohort with a more detailed breakdown of trends and demographic sub-groups is available on the Preventive Health SA website:

[Reports and publications • Preventive Health SA](#)

Methods

The SAPHS is a cross-sectional population CATI (computer-assisted telephone interview) survey. South Australians of all ages were eligible to participate. In 2024, n=5,582 adults aged 18 years and over, and n=1,391 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 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.

Descriptive statistics (proportions and 95% confidence intervals) are used to describe the data. A confidence interval is a range in which it is estimated that the true population lies. The width of a confidence interval expresses the precision of an estimate; the wider the interval the less precision. Statistical significance is considered when the 95% confidence intervals for prevalence estimates do not overlap.

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 5,582 South Australian adults interviewed, 50.9% were female and the majority resided in metropolitan areas (73.5%). South Australian adults across all socio-economic areas and education levels were represented. The proportion of Aboriginal and Torres Strait Islander respondents (2.9%) reflected the estimated adult resident population rate of 2.2%¹. (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 2024 (n=5582)

		n	%	95% CI
All		5582	100.0	
Gender	Male	2690	48.2	46.9-49.5
	Female	2842	50.9	49.6-52.2
	Gender diverse	40	0.7	0.5-1.0
	Not Stated	11	0.2	0.1-0.3
Location	Metropolitan	4103	73.5	72.3-74.6
	Rural	1479	26.5	25.4-27.7
Age (years)	18-29	1046	18.7	17.7-19.8
	30-49	1591	28.5	27.3-29.7
	50-69	1842	33.0	31.8-34.2
	70 and over	1103	19.8	18.7-20.8
Aboriginal and/or Torres Strait Islander Status	Yes	161	2.9	2.5-3.3
	No	5389	96.5	96.0-97.0
	Not stated	32	0.6	0.4-0.8
SEIFA*	Lowest	1284	23.0	21.9-24.1
	Low	944	16.9	16.0-17.9
	Middle	1338	24.0	22.9-25.1
	High	952	17.1	16.1-18.1
	Highest	1063	19.0	18.0-20.1
Highest Education Level**	No school to secondary	2481	44.4	43.1-45.8
	TAFE, trade, certificate	1007	18.0	17.0-19.1
	Diploma, advanced diploma	729	13.1	12.2-14.0
	Degree or higher	1320	23.7	22.5-24.8
	Not stated	41	0.7	0.5-1.0
Household Income	Up to \$20,000	238	4.3	3.8-4.8
	\$20,001 - \$40,000	603	10.8	10.0-11.6
	\$40,001 - \$60,000	457	8.2	7.5-8.9
	\$60,001 - \$80,000	485	8.7	8.0-9.4
	\$80,001 - \$100,000	384	6.9	6.2-7.6
	\$100,001 - \$150,000	536	9.6	8.9-10.4
	More than \$150,000	825	14.8	13.9-15.7
	Not stated	2053	36.8	35.5-38.1

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.

¹ 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 1,391 South Australian children interviewed, the majority were male (51.7%) and resided in metropolitan areas of South Australia (75.6%). South Australian children across all socioeconomic areas were represented (Table 2).

Additional demographic data (language spoken at home, country of birth and dwelling type) were collected and are presented in the main reports.

Table 2: Weighted sample, SAPHS 2024 (n=1391)

		n	%	95% CI
All		1391	100.0	
Gender	Male	719	51.7	49.1-54.3
	Female	662	47.6	45.0-50.2
	Gender diverse	6	0.5	0.2-0.9
	Not stated	<5	0.3	0.1-0.7
Location	Metropolitan	1052	75.6	73.3-77.8
	Rural	340	24.4	22.2-26.8
Age (years)	0 to 4	310	22.3	20.2-24.5
	5 to 9	332	23.8	21.7-26.2
	10 to 14	493	35.4	33.0-38.0
	15 to 17	257	18.5	16.5-20.6
Aboriginal and/or Torres Strait Islander Status	Yes	75	5.4	4.3-6.7
	No	1312	94.3	93.0-95.4
	Not stated	5	0.3	0.1-0.8
SEIFA*	Lowest	315	22.6	20.5-24.9
	Low	196	14.1	12.3-16.0
	Middle	284	20.4	18.4-22.6
	High	263	18.9	16.9-21.0
	Highest	333	24.0	21.8-26.3
Household Income	Up to \$20,000	21	1.5	1.0-2.3
	\$20,001 - \$40,000	64	4.6	3.6-5.8
	\$40,001 - \$60,000	78	5.6	4.5-6.9
	\$60,001 - \$80,000	121	8.7	7.3-10.3
	\$80,001 - \$100,000	104	7.5	6.2-8.9
	\$100,001 - \$150,000	270	19.4	17.4-21.6
	More than \$150,000	509	36.6	34.1-39.1
	Not stated	224	16.1	14.2-18.1

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 2024 measures are presented below. In 2024, the majority of measures collected remained stable when compared to 2023, except for:

Children

- Children aged 5-15 years old were more likely to report having a mental health condition in the last 12-months (27.2%) compared to 2023 (18.3%)
- Children were less likely to consume the daily recommended serves of vegetables (11.1%) compared to 2023 (15.7%).

Adults

- Adults were more likely to consume soft drink on an average day (15.0%) compared to 2023 (13.0%)
- Adults were more likely to consume sugar-free soft drink on an average day (21.9%) compared to 2023 (18.9%).
- Adults were more likely to report an unhealthy weight (overweight or obese) (66.0%) compared to 2023 (63.1%).
- Adults aged 18-64 years old were more likely to participate in muscle strengthening activities on two or more days per week (32.1%) compared to 2023 (28.0%)
- Adults were more likely to consume the daily recommended serves of fruit (40.9%) compared to 2023 (36.4%).
- Adults were more likely to experience food insecurity in the past 12-months (9.7%) compared to 2023 (7.2%)
- Adults were more likely to report having private health insurance (61.1%) compared to 2023 (58.1%).

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 2024, adults living in metropolitan areas were more likely to report a good overall wellbeing, have private health cover, brush their teeth at least twice per day, and meet sleep recommendations. They were also more likely to report consuming fast food at least weekly, and experience discrimination, compared to those in rural areas.

Adult respondents in rural areas were more likely to report having arthritis, hypertension, be a current smoker², and consume soft drink. 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.

Age

In 2024, older adults were more likely to report having good wellbeing, engage in the recommended levels of physical activity, consume recommended serves of fruit and vegetables, 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.

Older adults were less likely to report a mental health condition, be a current smoker² or consume alcohol that put them at risk of harm from alcohol-related disease or injury.

Young adults were more likely to report poorer mental health outcomes, experience discrimination, have food insecurity and consume fast food and soft drink. Young adults were also more likely to report a better health status and engage in the recommended strength training.

In 2024, older children were more likely to exceed screentime guidelines, be less physically active and have poorer nutrition than younger children. Younger children were more likely to visit the GP, be obese, and have a disability.

Socioeconomic status

In 2024, adult respondents from lower socioeconomic backgrounds were more likely to report suicidal ideation, use the healthcare system, report food insecurity, have diabetes, Chronic Obstructive Pulmonary Disease (COPD), a disability, be an unhealthy weight, consume soft drink and be a smoker². They were also less likely to report a good health status, have private health cover, have money availability (for an emergency), be physically active, engage in strength training, consume recommended serves of vegetables, brush their teeth, and meet recommended sleep guidelines.

Children who lived in lower socioeconomic areas in 2024 were more likely to report poorer mental health, food insecurity, disability, exceeding screentime guidelines, and consume sugar-free soft drink. Children from higher socioeconomic areas were more likely to report a healthy weight, meet sleep guidelines, and have private health cover.

² 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.

2024 Rapid Stats Adults



Overall Health

75.9% reported excellent, very good, or good health.

37.3% reported good wellbeing.



Health Care Utilisation

87.9% reported visiting a GP in the past 12-months.

19.9% reported using a mental health service in the past 12-months.



Mental Health

24.9% reported a mental health condition in the past 12-months.

20.0% reported a high or very high psychological distress.

9.2% reported having suicidal ideation in the past 12-months.



Chronic Disease

10.8% reported having diabetes.

11.1% reported having cardiovascular disease.



Weight Status

66.0% reported an unhealthy weight



Disadvantage and Inequity

8.7% reported they were discriminated against in the last 12-months.

82.6% reported they could get \$2,000 within a week if needed.

9.7% reported food insecurity in the past 12-months.



Nutrition

7.6% reported meeting daily vegetable consumption guidelines.

40.9% reported meeting daily fruit consumption guidelines.

43.0% reported having fast food at least once per week.

15.0% reported having soft drink on an average day.



Protective Factors

65.6% reported 150+ minutes of weekly moderate physical activity (18-64 years).

35.5% reported 30+ minutes of daily moderate physical activity (65+ years).

61.8% reported meeting the recommended sleep guidelines.



Behavioural Risk Factors

27.8% reported consuming alcohol that put them at risk of harm from alcohol related disease or injury.

2024 Rapid Stats Children



Health Care Utilisation

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

19.8% reported using a mental health service in the past 12-months.



Mental Health

27.2% reported having a mental health condition in the past 12-months (5-15 years old).



Food Security

6.9% reported food insecurity in the past 12-months.



Chronic Disease

11.0% reported having asthma (2-17 years old).



Weight Status

37.1% reported being overweight or obese (2-17 years old).



Protective Factors

24.2% reported 60+ minutes daily physical activity (5-17 years old).

14.6% reported muscle strengthening training 3+ days per week (5-17 years old).

45.7% reported 2+ hours of screen time on weekdays (5-17 years old).

73.8% reported 2+ hours of screen time on weekends (5-17 years old).

70.4% reported meeting the recommended sleep guidelines (1-17 years old).



Nutrition

11.1% reported meeting daily vegetable consumption guidelines (2-17 years old).

64.7% reported meeting daily fruit consumption guidelines (2-17 years old).

59.4% reported having fast food at least once per week (1-17 years old).

89.4% reported having snack food at least once per week (1-17 years old).

10.0% reported having soft drink on an average day (1-17 years old).



For more information

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