

Health Survey Northern Ireland 2021/22

Things users need to know

NISRA suspended all face-to-face household interviews in the middle of March 2020 due to the Coronavirus (COVID-19) pandemic. In the reporting period June 2020 – March 2021 and April 2021 to March 2022 all interviews carried out on the Health Survey Northern Ireland were conducted by telephone.

There are a number of factors which users should take into consideration when interpreting the 2021-22 results and care should be taken when comparing these to previously published findings from the survey.

1. While survey methodology changed, the impact of the Coronavirus (COVID-19) pandemic and the resultant introduction of new public health regulations, guidance and advice may have also fundamentally changed peoples' behaviour and attitudes. It is difficult to separate out change caused by the methodological adjustments and actual behavioural change at this point in time.
2. The change in data collection mode from face-to-face to telephone may have altered how people responded to the survey;
3. The change in data collection mode also necessitated some streamlining of the questionnaire and changes to how some questions were asked or presented as well as the response categories associated with them. This may also have implications for how people responded to the survey;
4. The achieved 2021-22 response rate on the survey in telephone mode was 47% and this is a slightly lower response compared with the normal achieved response rate of 55% in face-to-face mode. This has reduced the number of cases at the household and individual levels. The precision of the survey estimates in the 2021-22 year is also reduced compared to previous findings (to note, the achieved response rate in 2020-21 was 18%);
5. The demographic profile of the achieved sample has changed in comparison with previous years:
 - There is more of an under-representation of people aged 16-44 compared with previous years.

The 2021/22 results are based on information that has been weighted by sex and age and whilst the weighting should reduce bias in the results they cannot eliminate all forms of bias which may be present in the data (to note, the 2020/21 health survey weight was based on sex, age and Multiple Deprivation Measure (MDM) as the sample had fewer households from the most deprived areas and more households from the least deprived areas in comparison with previous years. The weights for previous years were based on sex and age).

Any changes within the 2021-22 data compared with previous years have to be considered in the context of all of the above.

Care should be taken in reaching any conclusions based on 2020-21 and 2021-22 data and comparisons to previous years. It would be advisable to look at changes in behaviour or attitudes contained in these results over the next couple of years, particularly when data collection on the survey returns to face-to-face mode and society returns to normal, to see if they are part of a permanent changing trend.