

Title: Utility of various data sources for health surveillance in Defence – the DHSP experience**Author(s):**

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Abstract

(to be no longer than 500 words)

Introduction

Secondary use of health data collected primarily for clinical purposes is widely employed as a cost effective and non-invasive means of conducting epidemiological surveillance. It is recognized that such data do not always meet the highest standards of epidemiological rigour but what can also be overlooked is the actual cost of retrieving the data. This paper will compare the completeness, validity and cost of use of Defence health and psychology data compared to purpose specific self report data collection.

Methods

As part of the Deployment Health Surveillance Program (DHSP), 500 Solomon Islands veterans and 500 personnel who were in the Australian Defence Force at the same time but did not deploy to the Solomon Islands (comparison group) were included in a sample to study health effects of deployment to the Solomon Islands. Data were collected from existing Defence health and psychology data sources and from a project specific questionnaire.

Results

The overall response rate for the project-specific health survey was 44%. The proportion of participants for whom Central Medical Records were retrieved was 94%. On average 73% of the sample had an Annual Health Assessment (AHA) and/or a 5-yearly Comprehensive Preventive Health Examination (CPHE) available for analysis.

From those who consented to linkage to psychology records, the proportion retrieved ranged from 27% for Post Operational Psychological Screening (POPS) data to 71% for Return to Australia Psychological Screening (RtAPS).

Conclusions

There are significant advantages and disadvantages in the use of existing data for epidemiological surveillance in a Defence setting. Recommendations regarding optimal use of this data in conjunction with purpose specific sources will be made.

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