

Victorian Population Health Survey 2007

Selected findings



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Department of Human Services

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Foreword

The Victorian Population Health Survey is an important component of the population health surveillance capacity of the Department of Human Services. The department initiated this surveillance program in 1998 after a rigorous process of technical evaluation and review. The first survey of adult Victorians was conducted in 2001.

The Victorian Population Health Survey is based on a core set of question modules that are critical to informing decisions about public health priorities. The survey findings fill a significant void in the accessible data that are required to ensure public health programs are relevant and responsive to current and emerging health issues.

This report contains the key findings from the Victorian Population Health Survey 2007 and is the seventh report in an ongoing annual series. Information is presented on health and lifestyle including asthma, diabetes, alcohol and tobacco consumption, fruit and vegetable consumption, physical activity, adult obesity, psychological distress, chronic diseases, social inequalities in health and social networks.

The value of the Victorian Population Health Survey data is increasing over time as it becomes possible to comment on trends for selected survey estimates. A snapshot of the adult population with chronic disease is presented in a new section of the report this year. The information has been derived from the series of Victorian Population Health Surveys and is limited to the life-time prevalence of chronic disease with a focus on selected National Health Priority Areas.

As the population ages the number of people with a chronic disease is expected to increase which presents important implications for the future health and wellbeing of the population. The findings provide important insights into the determinants of chronic disease and opportunities for improved targeting of public health interventions.

The findings of this report have a direct bearing on State Government policies such as *Growing Victoria Together* and *A Fairer Victoria* which are both aimed at tackling social inequalities in health. A further new section presents an overview of the distribution of health among key social groups in Victoria. The review of data from the Victorian Population Health Survey demonstrates that amidst overall strong performance there is a pattern of social inequalities in health which may limit the life chances of some Victorians.

The survey series is an ongoing source of high quality information on the health of Victorians. The latest data from the 2007 survey continue to underpin our public health efforts especially in controlling chronic diseases.

DR JOHN CARNIE
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1 Summary

About the survey

The Victorian Population Health Survey is an important component of the population health surveillance capacity of the Department of Human Services. The annual survey series is an ongoing source of high quality information on the health of Victorians. Information in the report is presented on health and lifestyle, including physical activity, smoking, alcohol consumption, intake of fruit and vegetables, selected health screening, adult obesity, asthma and diabetes prevalence, psychological distress and social networks.

The aim of this report is to provide high quality, timely indicators of population health that are intended to have direct application to evidence-based policy development and strategic planning across the department and the wider community. The Victorian Population Health Survey is based on a core set of question modules that are critical to informing decisions about public health priorities. It fills a significant void in the accessible data that are required to ensure public health programs are relevant and responsive to current and emerging health issues.

Methods

Computer-assisted telephone interviewing was undertaken between July and October 2007. A representative statewide sample of adults aged 18 years or over was randomly selected from households in each of the eight departmental health regions.

Approximately 7500 interviews were completed during the fieldwork period. The department determined the content of the survey after reviewing the determinants of chronic disease states that are most likely to have an impact on Victorians. Priority has been given to areas in which a public health response is likely to be effective in improving health and, importantly, reducing inequalities in health for all Victorians.

More details on the methods is presented in Appendix A.

About this report

This report presents information on selected data items from the survey undertaken in 2007. In the section on health and lifestyle, the report contains information on the prevalence of major risk-taking behaviours across the Victorian population – for example, the prevalence of smoking, fruit and vegetable intake, alcohol consumption and levels of physical activity. Data on self-reported height and weight are collected as core items. These data are vital for targeting public health interventions and evaluating outcomes.

The report includes a section on selected chronic diseases, as well as separate sections on asthma and diabetes, which are the subject of public health programs in Victoria and nationwide. These data complement the department's Victorian Burden of Disease Study and Victorian Ambulatory Care Sensitive Conditions Study, and they describe aspects of clinical management and prevention that are amenable to public health interventions.

The Victorian Population Health Survey 2007 collected a wide range of information relating to the health of the adult Victorian population and the determinants of that health. Table 1.1 presents the key results from the survey: the health and lifestyle of Victorians in 2007 at a glance.

The main lifestyle related variables include fruit and vegetable intake, alcohol consumption, smoking and physical activity.

Health status variables described include self-rated health, body mass index, national health priority area chronic diseases and levels of psychological distress. Screening information collected includes blood pressure, cholesterol, bowel cancer and blood sugar levels.

Social network and participation information includes attendance at community events, group membership, volunteering, help from friends/family/neighbours, attitudes towards multiculturalism and feeling valued by society.

Fruit intake

The proportion of adults in 2007 meeting the recommended daily intake levels of fruit (two serves) was 45.7 per cent, down from a high of 56.4 per cent in 2001, at the commencement of the Victorian Population Health Survey data collection.

Vegetable intake

Less than one in ten adults in 2007 (7.7 per cent) were meeting the recommended daily intake for vegetables (five serves), down from a high of 12.2 per cent in 2002.

Alcohol intake

The proportion of males and females drinking alcohol weekly at levels for short term risk did not vary significantly over the period 2002–2007. In 2007, approximately 14 per cent of males and 7 per cent of females reported drinking alcohol weekly at levels for short term risk.

Smoking

In 2007, approximately one in five adults aged 18 years or over (19.9 per cent) were current smokers, down from a high of 24.5 per cent in 2001.

Physical activity

The proportion of persons undertaking adequate physical activity (measured in both sufficient time and sessions) was 62.7 per cent in 2007, an increase from 57.0 per cent in 2002.

Self-reported health

The proportion of persons reporting their health as either excellent, very good or good has remained relatively constant over the period 2001–2007, at between 81 and 84 per cent.

Overweight and obesity

Measures of height and weight were collected for the first time in 2002 in order to calculate body mass index. The proportion of persons categorised as overweight or obese according to the body mass index has increased overtime from 45.5 per cent in 2002 to 48.7 per cent in 2007.

Asthma

The prevalence of current asthma amongst adults in 2007 was 10.5 per cent, which is similar to the rate in recent years.

Diabetes

Diabetes prevalence amongst adults has remained steady at between 4 and 6 per cent over the period 2002–2007.

Psychological distress

The proportion of persons having high levels on the Kessler 10 measure of psychological distress has decreased over time from 4.0 per cent in 2001 to 2.4 per cent in 2007.

Screening

Blood pressure checks have remained constant over the period 2001–2007, with 78.7 per cent of persons undertaking the test in 2007.

The proportion of persons having cholesterol checks has risen from 45.8 per cent in 2001 to 53.0 per cent in 2007, and for blood sugar tests the proportion rose from 44.8 per cent in 2001 to 49.2 per cent in 2007.

Social networks and participation

Information presented in the report is based on measures of the extent and diversity of social networks in the Victorian population and the extent to which they are associated with health. The determinants of social health include social support, community participation and attitudes. Policy makers now have Victorian data that link preventable risk-taking behaviours, their ‘upstream’ determinants (such as levels of social networks) and health status.

In 2007, more than one in three persons aged 18 years and over (35.5 per cent) reported that they helped out a local group as a volunteer.

Most persons could get help from friends, family or neighbours when needed.

More than three out of four persons (76.3 per cent) felt multiculturalism made life in their area better, 82.9 per cent felt valued by society and 73.5 per cent felt they had an opportunity to have a say on issues that were important to them.

Chronic disease

Just over half (52.8%) of all adults surveyed in Victoria, between 2005 and 2007, reported having been diagnosed by a doctor with at least one of the following: heart disease, stroke, cancer, osteoporosis, arthritis, depression, asthma or diabetes.

After adjusting for age, the prevalence of chronic disease was higher in non-Metropolitan areas of the state, compared to Metropolitan areas and the prevalence of chronic diseases was higher for disadvantaged groups in the population.

Social inequalities in health

Socioeconomic conditions and lifestyle factors have been found to be related to self-rated health status, which is an established predictor of morbidity and mortality. Among individuals with no chronic disease approximately nine per cent rated their health as fair or poor, compared with 15.7 per cent of those with one chronic disease and 35.3 per cent of those with two or more chronic diseases. Similarly, among those who rated their health status as excellent or very good, more than half (54.9 per cent) had no chronic disease, 45.2 per cent had one chronic disease and 28.1 per cent had two or more chronic diseases.

Self-rated mental health has been the focus of attention less often but is important in its own right. A significantly higher proportion of individuals living in households with incomes greater than \$60,000 per year (70.2 per cent) had Kessler 10 scores in the range (< 16) associated with low levels of psychological distress, compared with those living in households with incomes of less than \$20,000 per annum (54.2 per cent). Conversely, the proportion of individuals with scores in the ranges indicative of high or very high levels of psychological distress was significantly greater among those with low household incomes (\$20,000 or less per year) compared with those with higher household incomes (\$60,000 or more per annum).

Summary of results

Table 1.1: At a glance: The health and lifestyle of adult^(a) Victorians, 2001–2007 selected findings

Lifestyle related variable	2001 %	2002 %	2003 %	2004 %	2005 %	2006 %	2007 %	Measure
Fruit intake	56.4	54.8	50.9	51.6	51.0	47.0	45.7	Proportion meeting recommended daily intake levels
Vegetable intake	..	12.2	11.4	7.0	9.5	9.9	7.7	“
Alcohol intake – Males	..	14.3	14.6	16.4	13.3	14.7	13.8	Proportion drinking weekly at levels for short term risk from alcohol consumption
Alcohol intake – Females	..	6.0	6.2	7.2	6.4	6.1	6.6	“
Smoking	24.5	24.2	22.5	22.3	20.4	20.5	19.9	Prevalence of current smokers
Smoking in the home	..	81.0	83.9	83.8	88.4	88.4	89.4	Proportion of smoke free homes
Physical activity	..	57.0	59.5	56.8	63.8	64.1	62.7	Adequate physical activity – sufficient time and sessions
Health Status								
Self-rated health	82.1	81.4	83.9	82.6	81.8	84.0	83.8	Proportion reporting excellent/very good/good health
Obesity/overweight	..	45.5	45.8	46.8	47.9	47.8	48.7	Proportion of persons obese/overweight according to Body Mass Index
Asthma	12.3	12.6	11.7	10.5	11.3	10.7*	10.5	Current asthma prevalence
Diabetes	5.7	4.5	4.2	4.7	4.8	4.9	5.1	Diabetes prevalence
Psychological distress	4.0	2.7	2.6	3.3	3.1	2.9	2.4	Proportion having high scores (>=30)
Screening								
Blood pressure check	78.8	79.3	76.6	78.5	78.9	78.2	78.7	Proportion of persons aged 18 years and over having a test in the past 2 years
Cholesterol check	45.8	47.9	48.3	49.7	50.7	51.0	53.0	“
Blood sugar test	44.8	45.3	46.5	47.0	47.3	47.8	49.2	“
Test to detect bowel cancer	14.2	15.2	“
Social networks and participation								
Attended a local community event in the past six months	..	71.1	52.7	49.7	54.2	53.3	51.5	Proportion of persons aged 18 years and over
Member of a sports group	..	28.9	28.3	29.3	27.4	27.1	26.1	“
Member of a church group	..	18.7	17.5	18.6	18.0	16.5	16.4	“
Member of a school group	..	15.1	14.8	15.6	15.5	12.9	11.6	“
Member of community or action group	..	25.0	21.7	20.9	19.7	20.1	18.6	“
Member of a professional group or academic society	..	21.2	21.7	21.2	22.9	22.0	22.0	“
Help out a local group as a volunteer	32.0	34.0	34.4	31.0	35.1	33.9	35.5	Proportion of aggregated responses ‘Yes definitely’ and ‘Sometimes’
Can get help from friends when needed	94.6	94.0	94.3	93.5	93.1	94.6	94.2	“
Can get help from family when needed	92.6	92.8	94.0	93.0	93.3	92.5	92.3	“
Can get help from neighbours when needed	78.0	71.8	71.3	67.9	71.3	71.5	70.5	“
Feel multiculturalism makes life in area better	85.7	87.0	86.2	85.9	79.9	75.0	76.3	“
Feel valued by society	78.7	83.8	85.6	79.4	82.7	81.3	82.9	“
Feel they have an opportunity to have a say on issues that are important to them	70.3	73.4	75.2	72.6	72.7	72.8	73.5	“
Ability to raise \$2000 within two days in an emergency	..	78.6	80.0	82.0	83.7	86.4	87.1	“

(a) Aged 18 years and over unless otherwise specified.

.. Not available.

* Revised prevalence estimate.