NSW HEALTH

New South Wales Population Health Survey

2006 Report on adult health



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Foreword

I am pleased to present the 2006 Report on Adult Health from the New South Wales Population Health Survey, which provides information on health behaviours, health status, access to health services, and social capital, for adults aged 16 years and over.

In 2006, data for the New South Wales Population Health Survey were collected from February to December.

After describing the survey methods, this report presents information on health behaviours including: alcohol, cancer screening (breast and cervical), environmental health (water quality and home heating), food handling, immunisation (influenza, pneumococcal, and meningococcal), injury prevention (fire safety in the home and swimming ability), nutrition, physical activity, and smoking. This is followed by a chapter on health status including: asthma, diabetes or high blood glucose, incontinence, mental health (psychological distress), injury (falls), oral health, overweight and obesity, and self-rated health. Next there is a chapter on health services including: health service use and access, emergency department presentations, hospital admissions, community health centres, and public dental services. Finally, there is a chapter on social capital.

In the PDF version of the report, indicators are presented for males and females by age, socioeconomic disadvantage and geographic location. Further information is presented in the HTML version. In the PDF version, indicators are compared to previous years wherever possible in the concluding tables. In the HTML version these trends are reported as separate graphs within each indicator. Both the PDF and HTML versions can be obtained from the New South Wales Population Health Survey website at www.health.nsw.gov.au/public-health/survey/hsurvey.html.

This is a descriptive report and there is a wealth of other information in the survey dataset that may be of specific interest. For these reasons we encourage as many people as possible to analyse the data further. For further analysis within a health area, data can be accessed through the Health Outcomes Information Statistical Toolkit (HOIST). For further analysis among health areas or at a statewide level, a data request needs to be lodged with the NSW Department of Health.

Comments on the New South Wales Population Health Survey are welcome.

I thank all the individuals and organisations who contributed their time and expertise to assist in the development and conduct of the Survey in 2006.

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Introduction

In 2006, the NSW Department of Health, in conjunction with the 8 area health services, completed the fifth year of the New South Wales Population Health Survey, an ongoing survey of the health of people of New South Wales using computer assisted telephone interviewing (CATI). The main aims of the survey are: to provide detailed information on the health of the people of New South Wales; and to support the planning, implementation, and evaluation of health services and programs in New South Wales.

Prior to the introduction of the continuous survey in 2002, the Centre for Epidemiology and Research conducted adult health surveys in 1997 and 1998, an older people's health survey in 1999, and a child health survey in 2001. The reporting plan for the continuous survey includes an annual report on adult health for the whole state and annual reports on adult health for selected indicators by area health service.

This 2006 Report on Adult Health from the New South Wales Population Health Survey reports the health of residents aged 16 years and over.

The content of the survey was developed by the NSW Health Survey Program in consultation with key stakeholders, area health services, other government departments, and a range of experts. The survey included: questions used in previous surveys, new questions developed specifically for 2006, and questions developed specifically for some of the area health services. All new questions not previously used were submitted to the NSW Department of Health Ethics Committee for approval prior to use. New questions were also field-tested prior to inclusion in the survey. The instrument was translated into 5 languages: Arabic, Chinese, Greek, Italian and Vietnamese.

Interviews were carried out continuously between February and December. The target population for the adult report was all New South Wales residents aged 16 years and over living in households with private telephones. Households were sampled using list-assisted random digit dialling. When a household was contacted, one person was randomly selected for interview. Information for the adult report was collected on 7,962 adults.

Health behaviours

Health behaviours contribute to premature mortality and morbidity. Adult health behaviours measured in 2006 include alcohol consumption, cancer screening (breast and cervical), environmental health (water quality and home heating), food handling, immunisation (influenza, pneumococcal, and meningococcal), injury prevention (fire prevention in the home and swimming ability), nutrition (consumption of fruit, vegetables, breads and cereals, milk, fried potatoes, potato crisps and salty snacks, processed meat products, soft drinks, fast foods, and food insecurity), physical activity (adequate physical activity and neighbourhood facilities), and smoking (including passive smoking in homes, cars, licensed premises, and outdoor dining areas).

Just under one-third (32.8 per cent) of adults undertook any alcohol risk-drinking behaviour. Males, young adults, rural residents, and adults in the most disadvantaged quintile, undertook higher levels of any alcohol risk-drinking behaviour.

Just over three-quarters (76.2 per cent) of females aged 50-69 years had a screening mammogram within the last 2 years. There was no variation between urban areas and rural areas, among health areas, or by socioeconomic status. Over 7 in 10 females (72.8 per cent) aged 20-69 years had a Pap test in the past 2 years. The proportion increased with age group, and between rural areas compared with urban areas. There was no variation by level of socioeconomic disadvantage.

Just over 8 in 10 adults (81.7 per cent) used a public water supply as their usual source of drinking water. The proportion was higher in adults aged 75 years and over, and lower in rural areas compared with urban areas. The use of a public water supply as a usual source of drinking water decreased with socioeconomic disadvantage.

Just over two-thirds (66.5 per cent) of adults washed their hands with soap after preparing raw meat. The proportion was higher in females than than males, but decreased in females by age group. A lower proportion of adults in rural areas than urban areas washed their hands after preparing raw meat. There was no variation by level of socioeconomic disadvantage.

Seventy-five per cent (75.0 per cent) of adults aged 65 years and over had been immunised against influenza in the last 12 months. Just over 6 in 10 adults (60.9 per cent) aged 65 years and over had been immunised against pneumococcal pneumonia in the last 5 years. Just over 7 in 10 adults (72.0 per cent) aged 16-19 years had been immunised against meningococcal disease in the last year.

Just under 9 in 10 adults (86.9 per cent) had a smoke alarm or detector in their home. More rural residents than urban residents had a smoke alarm. There was no variation by level of socioeconomic disadvantage. Just over one in 5 adults (22.8 per cent) swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks. Of these, 55.3 per cent were very good or good swimmers.

Just over one-half (53.4 per cent) of adults consumed the recommended number of serves of fruit each day (2 serves or more), just under one in 10 adults (9.4 per cent) consumed the recommended number of serves of vegetables each day (5 serves or more), 47.3 per cent consumed low fat or reduced fat or skim milk, 30.1 did not consume fried potato products (hot chips, french fries, wedges, or fried potatoes), 46.7 per cent did not eat potato crisps or salty snacks), 20.8 per cent did not consume processed meat products (sausages, frankfurts, devon, salami, meat pies, bacon, or ham), 46.3 per cent did not consume soft drinks or cordials or sports drinks, and 37.1 per cent did not consume fast foods. Just over one in 20 adults (5.6 per cent) ran out of food and could not afford to buy more on at least one occasion in the previous 12 months.

Just over one-half of adults (54.9 per cent) undertook adequate levels of physical activity (a total of 150 minutes per week on 5 separate occasions). More males than females undertook adequate levels of physical activity. Overall, 4.3 per cent of adults had no access to neighbourhood facilities. Among those adults with access to neighbourhood facilities, 47.7 per cent used them weekly or more. There was no variation between males and females, or by level of socioeconomic disadvantage. A higher proportion of adults in rural areas than urban areas used neighbourhood facilities weekly.

Overall, 17.7 per cent of adults were current smokers (that is, daily or occasional smokers). A higher proportion of males than females were current smokers. There was no variation between urban areas and rural areas. Current smoking increased with socioeconomic disadvantage. Overall, 87.7 per cent of adults lived in smoke-free homes; however, the proportion of smoke-free homes decreased as socioeconomic disadvantage increased. Overall, 87.7 per cent of adults had smoke-free cars; however, the proportion of smoke-free cars decreased as socioeconomic disadvantage increased. Overall, 35.0 per cent of adults would be more likely, and 6.6 per cent of adults would be less likely, to frequent hotels or licensed premises if there was a total ban on smoking. Overall, 38.2 per cent of adults would be more likely, and 6.3 per cent of adults would be less likely, to frequent outdoor dining areas if there was a total ban on smoking.

Health status

In 2006, the New South Wales Population Health Survey collected information from adults on a range of health indicators including: asthma, diabetes or high blood glucose, incontinence, injury (falls), mental health (psychological distress), oral health, overweight and obesity, and self-rated health.

Just over 1 in 10 adults (10.9 per cent) had current asthma. More females than males had current asthma.

Overall, 7.4 per cent of adults had diabetes or high blood glucose. The prevalence increased with age.

Just over one in 5 adults (20.7 per cent) aged 40 years and over experienced urinary incontinence in the last 4 weeks. The proportion was higher in females than males, and increased with age. There was no variation between urban areas and rural areas, but the proportion increased by level of socioeconomic disadvantage.

Overall, 24.3 per cent of adults aged 65 years and over had a fall in the last 12 months. The proportion was higher in females than males, and lower in rural areas than urban areas. There was no variation by level of socioeconomic disadvantage. Among those who had a fall, 28.7 per cent required medical treatment and 32.1 per cent required hospitalisation. Overall, 25.7 per cent of adults aged 65 years and over took action to prevent falls and 26.6 per cent feared falling.

Overall, 10.7 per cent of adults had high or very high levels of psychological distress. The proportion was higher in females than males, and increased by level of socioeconomic disadvantage. The proportion did not vary between urban areas and rural areas.

Overall, 58.1 per cent of adults visited a dental professional less than 12 months ago. The proportion was higher in females than males, and lower in rural areas than urban areas. The proportion decreased by level of socioeconomic disadvantage. Overall, 4.8 per cent of adults had all their natural teeth missing. The proportion was higher in females than males, and higher in rural areas than urban areas. The proportion increased by level of socioeconomic disadvantage. Overall, 4.8 per cent of adults had all their natural teeth missing. The proportion was higher in females than males, and higher in rural areas than urban areas. The proportion increased by level of socioeconomic disadvantage. Overall, 86.1 per cent of adults agreed with having their water supply fluoridated.

Using height and weight to classify Body Mass Index (BMI), just over one-half of adults (50.4 per cent) were either overweight or obese. More males than females were overweight or obese. Overall, 17.7 per cent adults were obese. More males than females were obese.

Overall, 80.3 per cent of adults rated their health as excellent, very good, or good. An index of chronic disease risk factors was calculated using the following indicators: any alcohol risk drinking, recommended daily fruit or vegetable intake, inadequate physical activity, current smoking, and obesity. Using the index, 20.1 per cent of adults had 3 or more chronic disease risk factors. The proportion was lower in females than males, and higher proportion in rural areas than urban areas. The proportion increased by level of socioeconomic disadvantage.

Health services

In 2006, the New South Wales Population Health Survey collected information on health services used, private health insurance, cost of health services and medication, difficulties getting health care, emergency department presentations, hospital admissions, community health centres, and public dental services.

Health service use

Overall, 71.0 per cent of adults did not attend any health service, 14.1 per cent were admitted to hospital for at least one night, 14.0 per cent presented to an emergency department, 7.3 per cent attended a community health centre, and 4.3 per cent attended a public dental service or hospital.

Overall, 54.6 per cent of adults were covered by private health insurance, 35.8 per cent of adults used a concession card to purchase medication, 7.9 per cent of adults avoided seeing a doctor due to the cost of medication, and 10.1 per cent of adults limited the use of prescription medication because of cost.

Overall, excluding those who did not need health care, 13.2 per cent of adults had difficulties getting health care. The main difficulties were: waiting time for an appointment with a general practitioner, difficulty in accessing specialists, cost of health services, waiting time for dental services, shortage of general practitioners in the area, transport issues, quality of treatment, shortage of health services, and waiting time in emergency departments. The proportion was lower in males than females, and higher in rural areas than urban areas. The proportion increased by level of socioeconomic disadvantage.

Overall, 14.1 per cent of adults presented to an emergency department in the last 12 months. Of these, 81.1 per cent rated the care received as excellent, very good, or good.

Overall, 14.1 per cent of adults had been admitted to hospital in the last 12 months. Of these, over 90.2 per cent rated the care received as excellent, very good, or good.

Overall, 7.3 per cent of adults attended a community health centre in the last 12 months. Of these, over 91.4 per cent rated the care received as excellent, very good, or good.

Overall, 4.2 per cent of adults attended a public dental service in the last 12 months. Of these, 84.2 per cent rated the care received as excellent, very good, or good.

Social capital

The term social capital refers to the relationships and conventions that shape social networks, foster trust, and facilitate cooperation for mutual benefit. In 2006, the New South Wales Population Health Survey included questions on social reciprocity and neighbourhood connection, feelings of trust and safety, and participation in the local community.

Overall, 35.9 per cent of adults helped out at a local group or organisation in the last 3 months, 60.3 per cent attended a local community event in the last 6 months, and 43.8 per cent were active members of a local organisation or social club.

Overall, 73.5 per cent agreed that most people could be trusted, 70.2 per cent felt safe walking down their street after dark, with more males than females feeling safe, and 75.3 per cent felt their area had a reputation for being safe.

.d. . week, 80.8, .0 per cent said .o per cent said Overall, 66.7 per cent of adults visited neighbours in the last week, 80.8 per cent ran into friends and acquaintances when shopping in their local area, and 73.0 per cent said they would feel sad if they had to leave their neighbourhood.

Snapshot

Торіс	Indicator	Males (95% CI)	Females (95% CI)	Person (95% CI)
Health behaviours	Risk alcohol drinking	37.3 (35.0-39.6)	28.4 (26.7-30.2)	32.8 (31.4-34.2)
	Screening mammogram within the last 2 years		76.2 (73.4-79.0)	76.2 (73.4-79.0)
	Pap test within the last 2 years		72.8 (70.6-74.9)	72.8 (70.6-74.9)
	Recommended fruit consumption	47.0 (44.7-49.3)	59.6 (57.7-61.5)	53.4 (51.9-54.9)
	Recommended vegetable consumption	6.4 (5.3-7.5)	12.4 (11.3-13.6)	9.4 (8.7-10.2)
	Adequate physical activity	60.4 (58.1-62.7)	49.6 (47.6-51.5)	54.9 (53.4-56.4)
	Current smoking	19.2 (17.3-21.1)	16.2 (14.8-17.7)	17.7 (16.5-18.9)
Health status	Ever diagnosed with asthma	18.4 (16.6-20.2)	20.1 (18.6-21.6)	19.3 (18.1-20.4)
	Diabetes or high blood glucose	8.5 (7.4-9.7)	6.4 (5.6-7.2)	7.4 (6.7-8.1)
	High and very high psychological distress	9.4 (8.1-10.7)	11.9 (10.7-13.2)	10.7 (9.8-11.6)
	Visited a dental professional in the last 12 months	56.4 (54.1-58.7)	59.8 (57.9-61.6)	58.1 (56.6-59.6)
	Overweight and obesity	57.4 (55.0-59.7)	43.3 (41.4-45.2)	50.4 (48.9-52.0)
	Excellent, very good, or good self-rated health status	82.5 (80.9-84.2)	78.1 (76.6-79.7)	80.3 (79.2-81.4)
Health services	Difficulties getting health care when needing it	11.9 (10.5-13.3)	14.6 (13.3-15.9)	13.2 (12.3-14.2)
	Emergency department presentation in the previous 12 months	14.1 (12.5-15.7)	14.0 (12.8-15.3)	14.1 (13.0-15.1)
	Hospital admission in the previous 12 months	12.7 (11.3-14.1)	15.4 (14.1-16.8)	14.1 (13.1-15.1)
	Community health centre attendance in the previous 12 months	5.7 (4.7-6.8)	8.8 (7.7-9.9)	7.3 (6.5-8.1)
	Public dental service attendance in the previous 12 months	3.9 (2.9-4.8)	4.6 (3.8-5.4)	4.2 (3.6-4.8)
Social capital	Attended a community event at least once in the last 6 months	57.0 (54.7-59.4)	63.6 (61.8-65.4)	60.3 (58.9-61.8)
	Most people can be trusted	74.4 (72.3-76.4)	72.7 (71.0-74.5)	73.5 (72.2-74.9)
	Visit neighbours	66.6 (64.4-68.9)	66.9 (65.1-68.6)	66.7 (65.3-68.2)

Introduction

In 2006, the NSW Department of Health, in conjunction with the 8 area health services, completed the fifth year of the New South Wales Population Health Survey, an ongoing survey of the health of people of New South Wales using computer assisted telephone interviewing (CATI). The main aims of the survey are to provide detailed information on the health of the people of New South Wales, and to support the planning, implementation, and evaluation of health services and programs in New South Wales.

Prior to the introduction of the continuous survey in 2002, the Centre for Epidemiology and Research conducted adult health surveys in 1997 and 1998, an older people's health survey in 1999, and a child health survey in 2001. The reporting plan for the continuous survey includes an annual report on adult health for the whole state and annual reports on adult health for selected indicators by area health service.

This section describes the methods used for the 2006 Report on Adult Health from the New South Wales Population Health Survey, which reports the health of residents aged 16 years and over.

New South Wales Population Health Survey

Survey instrument

The survey instrument for the New South Wales Population Health Survey was developed by the Health Survey Program in consultation with key stakeholders, area health services, other government departments, and a range of experts.

The survey instrument included: questions used in previous surveys, new questions developed specifically for 2006, and questions developed specifically for some of the area health services. All questions not previously used were submitted to the Ethics Committee of the NSW Department of Health for approval prior to use. New questions were also field tested prior to inclusion in the survey. The survey instrument was translated into 5 languages: Arabic, Chinese, Greek, Italian and Vietnamese.

Survey sample

In 2006, the target population for the New South Wales Population Health Survey was all residents living in households with private telephones. The target sample comprised approximately 1,500 people in each of the 8 area health services (total sample of 12,000).

The sampling frame was developed as follows. Records from the Australia on Disk electronic white pages (phone book) were geo-coded using MapInfo mapping software.[1,2] The geo-coded telephone numbers were assigned to statistical local areas and area health services. The proportion of numbers for each telephone prefix by area health service was calculated. All prefixes were expanded with suffixes ranging from 0000 to 9999. The resulting list was then matched back to the electronic phone book. All numbers that matched numbers in the electronic phone book were flagged and the number was assigned to the relevant geo-coded area health service. Unlisted numbers were assigned to the area health service containing the greatest proportion of numbers with that prefix. Numbers were then filtered to eliminate contiguous unused blocks of greater than 10 numbers. The remaining numbers were then checked against the business numbers in the electronic phone book to eliminate business numbers. Finally, numbers were randomly sorted.

Households were contacted using random digit dialling. One person from the household was randomly selected for inclusion in the survey.

Interviews

In 2006, interviews were carried out continuously between February and December. Selected households that had addresses in the electronic phone book were sent a letter describing the aims and methods of the survey 2 weeks prior to initial attempts at telephone contact. An 1800 freecall contact number was provided for potential respondents to verify the authenticity of the survey and to ask any questions regarding the survey. Trained interviewers at the Health Survey Program CATI facility carried out interviews. Up to 7 calls were made to establish initial contact with a household, and 5 calls were made in order to contact a selected respondent.

Call outcomes and response rates

In total, 10,345 interviews were conducted, with at least 1,200 interviews in each area health service and 7,962 with adults aged 16 years or over. The overall response rate was 59.3 per cent (completed interviews divided by completed interviews and refusals).

Data analysis

For analysis, the survey sample was weighted to adjust for differences in the probabilities of selection among subjects. These differences were due to the varying number of people living in each household, the number of residential telephone connections for the household, and the varying sampling fraction in each health area.

Post-stratification weights were used to reduce the effect of differing non-response rates among males and females and different age groups on the survey estimates. These weights were adjusted for differences between the age and sex structure of the survey sample and the Australian Bureau of Statistics 2005 mid-year population estimates (excluding residents of institutions) for each area health service. Further information on the weighting process is provided elsewhere.[3]

Call and interview data were manipulated and analysed using SAS version 8.02.[4] The SURVEYMEANS procedure in SAS was used to analyse the data and calculate point estimates and 95 per cent confidence intervals for the estimates. The SURVEYMEANS procedure calculates standard errors adjusted for the design effect factor or DEFF (the variance for a non-random sample divided by the variance for a simple random sample). It uses the Taylor expansion method to estimate sampling errors of estimators based on the stratified random sample.[4]

The 95 per cent confidence interval provides a range of values that should contain the actual value 95 per cent of the time. In general, a wider confidence interval reflects less certainty in the estimate for that indicator. The width of the confidence interval relates to the differing sample size for each indicator. Wide confidence bands mean that although there may be a large difference between the estimates, because of the small sample size in some indicators the difference is not significantly different.[4] For a pairwised comparison of subgroup estimates, the p-value for a two-tailed test was calculated using the normal distribution probability function PROBNORM in SAS, assuming approximate normal distribution for the estimated difference.

The K10 measure of psychological distress

In 2005, the K10 scale was included in the New South Wales Population Health Survey as a measure of psychological distress.^[5,6] The K10 is a 10-item questionnaire intended to yield a global measure of psychological distress. It includes questions about the level of anxiety and depressive symptoms in the most recent 4-week period. For each question, there is a 5-level response scale based on the amount of time (from none of the time through to all the time) during a 4-week period that the person experienced the particular problem.

When scoring responses to the questionnaire, between one and 5 points were assigned to each symptom with a value of one indicating that the person experiences the problem none of the time and 5 indicating all of the time. It follows that the total K10 score for each person ranges from 10 points (that is, all responses are none of the time) through to 50 (all responses are all of the time.[7]

The K10 scores calculated for the New South Wales Population Health Survey are a combination of actual and imputed scores. Where a respondent answered all 10 questions, the K10 score was simply the sum of the individual scores for each question. Where the respondent answered 9 questions, the score for the missing question was imputed as the mean score of the 9 answered questions.

Indices of geographic remoteness and socioeconomic disadvantage: ARIA and SEIFA

The Accessibility-Remoteness Index of Australia Plus (ARIA+) is the standard Australian Bureau of Statistics (ABS) endorsed measure of remoteness.[8] It is derived using the road distances from populated localities to the nearest service centres across Australia. For each locality, the accessibility to services is expressed as a continuous measure from 0 (high accessibility) to 15 (high remoteness) and grouped into 5 categories: major cities, inner regional, outer regional, remote, and very remote.

The Socio-Economic Indexes for Areas (SEIFA) describe the socioeconomic aspects of geographical areas in Australia, using a number of underlying variables such as family and household characteristics, personal educational qualifications, and occupation.^[9] The SEIFA index used to provide breakdowns of the New South Wales Population Health Survey data in 2006 is the Index of Relative Socio-Economic Disadvantage. This index is calculated on attributes such as low income and educational attainment, high unemployment, and people working in unskilled occupations. The SEIFA index values are grouped into 5 quintiles, with quintile one being the least disadvantaged and quintile 5 being the most disadvantaged.

Both the ARIA+ and SEIFA indexes were assigned to the results of the New South Wales Population Health Survey in 2006 based on respondents' postcode of residence. Rates for each SEIFA quintile were calculated for several health indicators included in this report to enable socioeconomic comparisons.

Definition of urban and rural

In this report, the term urban means the respondent lived in one of the 4 area health services designated as metropolitan: Northern Sydney & Central Coast, South Eastern Sydney and Illawarra, Sydney South West, and Sydney West. The term rural means the respondent lived in one of the 4 area health services designated as rural: Greater Southern, Greater Western, Hunter & New England, and North Coast.

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Outcomes of telephone calls, NSW, 2006

Outcome	Number of telephone numbers
Unable to contact	10804
Not connected	26174
Business/institution telephone	5381
Fax number	4206
Household not in NSW or holiday house	414
Respondent away for duration of survey	1513
Respondents confused or deaf	760
Non-translated language	842
Refusal	7100
Complete	10345
Total	67539

Note: Operational data for the survey were downloaded using SAWTOOTH WinCati version 4.1. The data included the following information for each attempted 'telephone' number, including connected and non-connected numbers: the number dialled; the number of attempts of dialling to that number; the starting and ending time for each dialling attempt to the number; whether or not the number, is listed in the EWP; and whether the number dialled has led to a completed interview, or no answer, or a refusal, or a non-connected number, or any kind of out of scope number (including non-connected numbers, fax machines, unusual tones, business-institution numbers, and households not eligible).

Completed interviews and response rates by area health service, NSW, 2006

Health Area	Adult respondents	Child respondents	Total respondents	Response rate (%)
Sydney South West	1024	352	1376	52.3
South Eastern Sydney & Illawarra	945	257	1202	54.5
Sydney West	949	339	1288	55.7
Northern Sydney & Central Coast	1008	289	1297	57.6
Hunter & New England	1042	299	1341	63.6
North Coast	1024	261	1285	63.3
Greater Southern	999	295	1294	64.6
Greater Western	971	291	1262	66.4
NSW	7962	2383	10345	59.3

Note: Operational data for the survey were downloaded using SAWTOOTH WinCati version 4.1. Response rates were calculated as the number of completed interviews and number of refusals.

Completed interviews by language, NSW, 2006

Language	Number of respondents
English	10093
Arabic	61
Chinese	61
Greek	49
Italian	41
Vietnamese	40
All	10345

Note: Operational data for the survey were downloaded using SAWTOOTH WinCati version 4.1.

Representativeness of sample

In 2006, adult males were under-represented in the New South Wales Population Health Survey, making up 43.4 per cent of the survey sample, compared with 49.9 per cent of the overall adult population of New South Wales. Conversely, females were over-represented, making up 56.6 per cent of the survey sample, compared with 50.1 per cent of the overall residential population of New South Wales. Males aged 59 years or younger and females aged 44 years and under were under-represented in the sample, while males aged 60 years or over and females aged 45 years and over were over-represented in the sample. Comparisons of the distribution of the survey sample and that of the overall residential population are shown in the table 'Survey sample size and New South Wales population by age group and sex'. After weighting, the age- and sex-distribution of the survey sample reflected that of the overall residential population.

Aboriginal people comprised 1.7 per cent of the survey sample, which is slightly less than their representation in the overall residential population (1.8 per cent), and people born in Australia comprised 73.5 per cent of the survey sample, which is higher than their representation in the overall residential population of New South Wales (70.5 per cent), according to the 2001 Census.[1]

References

1. Australian Bureau of Statistics. Selected social and housing characteristics for statistical local areas, NSW and Jervis Bay Territory. 2001 Census of Population and Housing, Catalogue no. 2015.1. Canberra: ABS, 2002.

Survey sample size and NSW population by age group and sex, NSW, 2006

Age group Survey sample (unweighted) NSW population June 2006 Males Fermales Persons Males Fermales Persons n % n n % n n % % n n % % n % % %							<u> </u>	5					
Males FemJes Person Males FemJes Person n % n n % n % n % n <td< td=""><td>Age group</td><td colspan="6">Survey sample (unweighted)</td><td colspan="5">NSW population June 2006</td></td<>	Age group	Survey sample (unweighted)						NSW population June 2006					
n % n		Males Females Persons		Males		Females		Persons					
0-4 425 4.1 339 3.3 764 7.4 216895 3.2 206069 3 422964 4 5-9 365 3.5 328 3.2 693 6.7 228181 3.4 216689 3.2 444870 4 10-14 383 3.7 390 3.8 773 7.5 236912 3.5 224609 3.3 461521 4 15-19 242 2.3 224 2.2 466 4.5 237302 3.5 226545 3.3 461821 4 20-24 132 1.3 200 1.9 332 3.2 231455 3.4 222684 3.3 45540 4 30-34 180 1.7 255 2.5 435 4.2 251222 3.7 254252 3.7 50550 3 30-34 180 1.7 255 2.5 435 4.2 251222 3.7 254252 3.7 <td></td> <td>n</td> <td>%</td> <td>n</td> <td>%</td> <td>n</td> <td>%</td> <td>n</td> <td>%</td> <td>n</td> <td>%</td> <td>n</td> <td>%</td>		n	%	n	%	n	%	n	%	n	%	n	%
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10-14 383 3,7 390 3.8 773 7.5 236912 3.5 224609 3.3 461521 1 15-19 242 2.3 224 2.2 466 4.5 237302 3.5 226545 3.3 463847 0 20-24 132 1.3 200 1.9 332 3.2 231455 3.4 222684 3.3 454139 0 20-24 132 1.3 200 1.9 332 3.2 231455 3.4 222684 3.3 454139 0 20-24 132 1.3 200 1.9 332 3.2 231455 3.4 222684 3.3 454139 0 20-24 130 1.7 255 2.5 435 4.2 251222 3.7 254297 3.7 505500 3 30-34 180 1.7 255 2.5 435 4.2 251222 3.7 254292 3.7 50550 3 50554 3.5 575 5.6 252713 3.8	5-9	365	3.5	328	3.2	693	6.7	228181	3.4	216689	3.2	444870	6.5
15-19 242 2.3 224 2.2 466 4.5 237302 3.5 226545 3.3 463847 4 20-24 132 1.3 200 1.9 332 3.2 231455 3.4 222684 3.3 455409 4 25-29 131 1.3 216 2.1 347 3.4 222778 3.3 222762 3.3 445540 4 30-34 180 1.7 255 2.5 435 4.2 251222 3.7 254297 3.7 505520 5 35-39 195 1.9 281 2.7 476 4.6 254684 3.7 254252 3.7 508936 5 40-44 233 2.3 347 3.4 580 5.6 258213 3.8 253743 3.7 511956 7 45-49 296 2.9 415 4 711 6.9 248365 3.7 247224 3.6 495589 5 50-54 335 3.2 430 4.2	10-14	383	3.7	390	3.8	773	7.5	236912	3.5	224609	3.3	461521	6.8
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35-39 195 1.9 281 2.7 476 4.6 254684 3.7 254252 3.7 508936 3.4 40-44 233 2.3 347 3.4 580 5.6 258213 3.8 253743 3.7 511956 3.5 45-49 296 2.9 415 4 711 6.9 248365 3.7 247224 3.6 495589 3.5 50-54 335 3.2 430 4.2 765 7.4 223582 3.3 222908 3.3 446490 4 50-54 303 2.9 484 4.7 787 7.6 211218 3.1 208483 3.1 419702 4 60-64 343 3.3 486 4.7 829 8 164799 2.4 161904 2.4 326703 4 65-69 280 2.7 411 4 691 6.7 130335 1.9 133225 2 263559 3 70-74 254 2.5 373 3.6	30-34	180	1.7	255	2.5	435	4.2	251222	3.7	254297	3.7	505520	7.4
40-44 233 2.3 347 3.4 580 5.6 258213 3.8 253743 3.7 511956 45-49 296 2.9 415 4 711 6.9 248365 3.7 247224 3.6 495589 3 50-54 335 3.2 430 4.2 765 7.4 223582 3.3 222908 3.3 446490 4 50-54 303 2.9 484 4.7 787 7.6 211218 3.1 208483 3.1 419702 4 60-64 343 3.3 486 4.7 829 8 164799 2.4 161904 2.4 326703 4 65-69 280 2.7 411 4 691 6.7 130335 1.9 133225 2 263559 3 70-74 254 2.5 373 3.6 627 6.1 101709 1.5 111254 1.6 212963 3 75-79 216 2.1 359 3.5 575 <td< td=""><td>35-39</td><td>195</td><td>1.9</td><td>281</td><td>2.7</td><td>476</td><td>4.6</td><td>254684</td><td>3.7</td><td>254252</td><td>3.7</td><td>508936</td><td>7.5</td></td<>	35-39	195	1.9	281	2.7	476	4.6	254684	3.7	254252	3.7	508936	7.5
45-49 296 2.9 415 4 711 6.9 248365 3.7 247224 3.6 495589 5 50-54 335 3.2 430 4.2 765 7.4 223582 3.3 222908 3.3 446490 6 50-54 333 2.9 484 4.7 787 7.6 211218 3.1 208483 3.1 419702 6 50-64 343 3.3 486 4.7 829 8 164799 2.4 161904 2.4 326703 6 65-69 280 2.7 411 4 691 6.7 130335 1.9 133225 2 263559 3 70-74 254 2.5 373 3.6 627 6.1 101709 1.5 111254 1.6 212963 3 75-79 216 2.1 359 3.5 575 5.6 84477 1.2 101013 1.5 185490 3 80+ yrs 174 1.7 321 3.1	40-44	233	2.3	347	3.4	580	5.6	258213	3.8	253743	3.7	511956	7.5
50-54 335 3.2 430 4.2 765 7.4 223582 3.3 222908 3.3 446490 446490 446490 455-59 55-59 303 2.9 484 4.7 787 7.6 211218 3.1 208483 3.1 419702 4 60-64 343 3.3 486 4.7 829 8 164799 2.4 161904 2.4 326703 4 65-69 280 2.7 411 4 691 6.7 130335 1.9 133225 2 263559 3 70-74 254 2.5 373 3.6 627 6.1 101709 1.5 111254 1.6 212963 3 75-79 216 2.1 359 3.5 575 5.6 84477 1.2 101013 1.5 185490 3 80+ yrs 174 1.7 321 3.1 495 4.8 85954 1.3 137633 2 223588 3 All Ages 4487 434 </td <td>45-49</td> <td>296</td> <td>2.9</td> <td>415</td> <td>4</td> <td>711</td> <td>6.9</td> <td>248365</td> <td>3.7</td> <td>247224</td> <td>3.6</td> <td>495589</td> <td>7.3</td>	45-49	296	2.9	415	4	711	6.9	248365	3.7	247224	3.6	495589	7.3
55-59 303 2.9 484 4.7 787 7.6 211218 3.1 208483 3.1 419702 6 60-64 343 3.3 486 4.7 829 8 164799 2.4 161904 2.4 326703 4 65-69 280 2.7 411 4 691 6.7 130335 1.9 133225 2 263559 3 70-74 254 2.5 373 3.6 627 6.1 101709 1.5 111254 1.6 212963 3 75-79 216 2.1 359 3.5 575 5.6 84477 1.2 101013 1.5 185490 3 80+ yrs 174 1.7 321 3.1 495 4.8 85954 1.3 137633 2 223588 3 All Ages 4487 434 5859 56.6 10346 100 3388082 49.9 3405295	50-54	335	3.2	430	4.2	765	7.4	223582	3.3	222908	3.3	446490	6.6
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75-79 216 2.1 359 3.5 575 5.6 84477 1.2 101013 1.5 185490 2 80+ yrs 174 1.7 321 3.1 495 4.8 85954 1.3 137633 2 223588 3 All Ages 4487 43.4 5859 56.6 10346 100 3388082 49.9 3405295 50.1 6793377 1	70-74	254	2.5	373	3.6	627	6.1	101709	1.5	111254	1.6	212963	3.1
80+ yrs 174 1.7 321 3.1 495 4.8 85954 1.3 137633 2 223588 3 All Ages 4487 43.4 5859 56.6 10346 100 3388082 49.9 3405295 50.1 6793377 1	75-79	216	2.1	359	3.5	575	5.6	84477	1.2	101013	1.5	185490	2.7
All Ages 4487 43.4 5859 56.6 10346 100 3388082 49.9 3405295 50.1 6793377 1	80+ yrs	174	1.7	321	3.1	495	4.8	85954	1.3	137633	2	223588	3.3
	All Ages	4487	43.4	5859	56.6	10346	100	3388082	49.9	3405295	50.1	6793377	100

Note:

Table compares the survey sample with the Australian Bureau of Statistics 2005 mid-year population estimates (excluding residents of institutions)

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.





Note: Graph compares the survey sample with the Australian Bureau of Statistics 2005 mid-year population estimates (excluding residents of institutions)

Age distribution of unweighted survey sample versus NSW population: Males, NSW, 2006



Note: Graph compares the survey sample with the Australian Bureau of Statistics 2005 mid-year population estimates (excluding residents of institutions)

Socioeconomic Index (SEIFA) quintile, persons aged 16 years and over, NSW, 2006





Accessibility-Remoteness Index of Australia Plus (ARIA+), persons aged 16 years and over, NSW, 2006

Note: Estimates are based on 7,841 respondents in NSW. For this indicator 121 (1.52%) were not stated (Don't know or Refused) in NSW. The Accessibility-Remoteness Index of Australia Plus (ARIA+) is the standard Australian Bureau of Statistics endorsed measure of remoteness. It is derived using the road distances from populated localities to the nearest service centres across Australia. ARIA+ is grouped into 5 categories: major cities, inner regional, outer regional, remote, and very remote, using postcodes from survey respondents.

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Please chet

Survey conducted in languages other than English, persons aged 16 years and over, NSW, 2006



Aboriginal or Torres Strait Islander origin, persons aged 16 years and over, NSW, 2006



Country of birth, persons aged 16 years and over, NSW, 2006



respont which count pulation Health Survey Check Chech Estimates are based on 7,950 respondents in NSW. For this indicator 12 (0.15%) were not stated (Don't know or Refused) in NSW. The question used was: In which country were you born?

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Languages other than English spoken at home, persons who speak a language other than English aged 16 years and over, NSW, 2006



Current employment status, persons aged 16 years and over, NSW, 2006



Note: Estimates are based on 7,951 respondents in NSW. For this indicator 11 (0.14%) were not stated (Don't know or Refused) in NSW. The question used was: In the last week, which of the following best describes your employment status? Worked for payment or profit, worked for payment/profit but absent on paid leave, holidays, on strike/stood down, unpaid work in a family business, other unpaid work, did not work, or did not have a job?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Please chet

Main job held last week, persons employed aged 16 years and over, NSW, 2006



Currently receive a pension or benefit, persons aged 65 and over, NSW, 2006



Highest level of school completed, persons aged 16 years and over, NSW, 2006



Note: Estimates are based on 7,896 respondents in NSW. For this indicator 66 (0.83%) were not stated (Don't know or Refused) in NSW. The question used was: What is the highest level of primary or secondary school you have completed?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Pleasech

Household structure, persons aged 16 years and over, NSW, 2006



The question used was: Besides yourself, who else lives in your household? Respondents could mention more than one response. Percentages will total more than 100 per cent.

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

P102.50

Formal marital status, persons aged 16 years and over, NSW, 2006



Estimates are based on 7,936 respondents in NSW. For this indicator 26 (0.33%) were not stated (Don't know or Refused) in NSW. The question used was: What is your current formal marital status?

please New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health. Source:



Household income, persons aged 16 years and over, NSW, 2006

Number of children aged 0-5 years in the household, persons aged 16 years and over, NSW, 2006



New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health. Source:



Number of children under 16 years of age in the household, persons aged 16 years and over, NSW, 2006

please check New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health. Source:



Number of people aged 65 years and over in the household, persons aged 16 years and over, NSW, 2006

Health behaviours

Health behaviours directly influence preventable morbidity and mortality throughout adulthood. This chapter reports on alcohol, cancer screening (breast and cervical, and hysterectomy rate), environmental health (water quality and home heating), food handling, immunisation (influenza, pneumococcal, and meningococcal), injury prevention (fire safety measures in the home and swimming ability), nutrition, physical activity (adequate physical activity and neighbourhood facilities, and smoking (including current and daily smoking, smoke-fee homes and cars, and smoking in licenced premises and outdoor dining areas).

Alcohol

Introduction

Excessive alcohol consumption is associated with a variety of adverse health consequences including cirrhosis of the liver, mental illness, several types of cancer, pancreatitis, and fetal growth retardation. Adverse social effects include aggressive behaviour, family disruption, and reduced productivity. In general, higher levels of consumption are associated with higher levels of harm; however, high rates of harm have been found among low to moderate drinkers on the occasions they drink to intoxication.[1] In Australia, alcohol is second only to tobacco as a cause of preventable morbidity and mortality.[2,3] The NSW Health Drug and Alcohol Plan 2006-2010 outlines the NSW Government's commitment to reduce the problems caused by alcohol use.[4]

In 2006, the New South Wales Population Health Survey asked respondents: How often do you usually drink alcohol? On a day when you drink alcohol, how many standard drinks do you usually have? In the last 4 weeks how often have you had more than 4 [if male] or 2 [if female] drinks in a day? In the last 4 weeks how often have you had 7-10 [if male] or 5-6 [if female] drinks in a day? In the last 4 weeks, how often have you had 11 or more [if male] or 7 or more [if female] drinks in a day?

Any risk drinking behaviour was defined as per Guideline 1 of the Australian Alcohol Guidelines,[5] as one or more of the following: consuming alcohol every day, consuming on average more than 4 if male or 2 if female standard drinks per day, or consuming more than 6 if male or 4 if female standard drinks on any occasion in the last 4 weeks.

High risk alcohol drinking was categorised into low risk (having consumed up to 6 standard drinks on any one day if male, or up to 4 drinks if female); risky (having consumed 7-10 standard drinks on any one day if male, and 5-6 if female); and high risk (having consumed 11 or more standard drinks in any one day if male, and 7 or more if female), as per Guideline 1 of the Australian Alcohol Guidelines.[5]

Results

Any risk drinking behaviour

In 2006, just under one third of adults (32.8 per cent) reported any risk drinking behaviour. The proportion of males (37.3 per cent) reporting any risk drinking behaviour was significantly higher than females (28.4 per cent).

Among males, there was no significant variation among age groups, compared with the overall adult male population. Among females, risk drinking decreased significantly with age. A significantly higher proportion of those aged 16-24 years (39.6 per cent) and 25-34 years (36.0 per cent), and a significantly lower proportion of those aged 55-64 per cent (21.3 per cent) and 65-74 years (20.3 per cent) and over 75 years (16.8 per cent), undertook any risk drinking behaviour, compared with the overall adult female population.

Risk drinking increased with socioeconomic disadvantage. A higher proportion of adults (37.0 per cent) in the most disadvantaged quintile, and a lower proportion of adults (27.4 per cent) in the least disadvantaged quintile, undertook any risk drinking behaviours, compared with the overall adult
population.

There was significant geographic variation in any risk drinking behaviour, with a significantly higher proportion of rural adults (37.2 per cent) undertaking any risk drinking behaviour than urban adults (30.9 per cent). A higher proportion of adults in the North Coast (37.3 per cent), Greater Southern (41.3 per cent), and Greater Western (37.6 per cent) Health Areas undertook any risk drinking behaviour, compared with the overall adult population. A lower proportion of adults in the Sydney South West (28.4 per cent) and Sydney West (25.2 per cent) Health Areas undertook any risk drinking behaviour, compared with the overall adult population.

Encouragingly, there has been a significant decrease in the proportion of adults reporting any risk drinking behaviour between 1997 (42.3 per cent) and 2006 (32.8 per cent). This decrease was significant in both males (50.6 per cent to 37.3 per cent) and females (34.3 per cent to 28.4 per cent).

High risk alcohol drinking: Binge drinking

Overall, in 2006, 30.6 per cent of adults do not drink alcohol, 51.9 per cent were classified as low risk, 8.1 per cent were classified as risky, and 9.5 per cent were classified as high risk, as per Guideline 1 of the Australian Alcohol Guidelines. The proportion of males reporting high risk alcohol drinking (12.5 per cent) was significantly higher than the proportion of females (6.5 per cent).

Among males, high risk drinking decreased significantly with age. A significantly higher proportion of those aged 16-34 years (16-24 = 24.7 per cent and 25-34 = 18.7 per cent), and a significantly lower proportion of those aged 45 years and over (45-54 = 8.2 per cent, 55-64 = 5.7 per cent, 65-74 = 3.1 per cent, and 75+=2.5 per cent), undertook high risk alcohol drinking, compared with the overall adult male population. Among females, a significantly lower proportion aged 16-34 years (16-24 = 14.1 per cent and 25-34 = 10.5 per cent), and a significantly lower proportion aged 45 years and over (45-54 = 4.4 per cent, 55-64 = 2.3 per cent, 65-74 = 0.8 per cent, and 75+=0.0 per cent), undertook high risk alcohol drinking, compared with the overall adult female population.

There was no variation in high risk drinking behaviour by level of socioeconomic disadvantage.

A significantly higher proportion of rural adults (11.0 per cent) than urban adults (8.9 per cent) undertook high risk drinking behaviour. A higher proportion of adults in the Greater Southern Health Area (13.8 per cent) undertook high risk drinking behaviour, compared with the overall adult population.

Encouragingly, there has been a significant decrease in the proportion of adults reporting high risk drinking behaviour between 2002 (14.7 per cent) and 2006 (9.5 per cent). This decrease was significant in both males (16.8 per cent to 12.5 per cent) and females (12.1 per cent to 6.5 per cent).

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Alcohol drinking by risk, persons aged 16 years and over, NSW, 2006

Risk alcohol drinking by age, persons aged 16 years and over, NSW, 2006





Risk alcohol drinking by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Risk alcohol drinking by health area, persons aged 16 years and over, NSW, 2006



every day, consuming on average more than [4 if male/2 if female] standard drinks, consuming more than [6 if male/4 if female] on any 1 occasion or day. The questions used to define the indicator were: How often do you usually drink alcohol? On a day when you drink alcohol, how many standard drinks do you usually have? In the last 4 weeks have you had more than [7-10 if male/5-6 if female] drinks in a day? and In the last 4 weeks how often have you had [11+ if male/7+ if female] drinks in a day? The questions used to define the 1997 and 1998 indicator were: How often do you have an alcoholic drink of any kind? On a day when you have alcoholic drinks, how many standard drinks do you usually have? and On the last occasion you had more than [4 if male/2 if female] drinks in a day, how many drinks did you actually have?

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Source:

High risk alcohol drinking by age, persons aged 16 years and over, NSW, 2006





High risk alcohol drinking by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

High risk alcohol drinking by health area, persons aged 16 years and over, NSW, 2006



Introduction

In New South Wales in 2004, breast cancer accounted for 27.4 per cent of all cancers in females, and was the most common cause of cancer death in females. The median age at diagnosis of breast cancer in females was 59 years.[1] BreastScreen NSW offers women aged 50-69 years a free screening mammogram every 2 years.[2] A screening mammogram differs from a diagnostic mammogram in that screening is conducted on females who have no history of breast cancer and no breast problems or symptoms at the time the mammogram is taken. The NSW Cancer Plan 2007-2010 outlines the NSW Government's commitment to further reducing the effects of breast cancer.[3]

In New South Wales in 2004, cervical cancer accounted for 1.7 per cent of all cancers in females, and 1.4 per cent of cancer deaths in females. The median age at diagnosis of cervical cancer was 48 years.[1] The NSW Cervical Screening Program encourages all females aged 18-69 years to have a Pap test every 2 years, because cervical cancer is largely preventable if detected early and treated appropriately. Cervical screening prevents around 90 per cent of cervical cancers.[4] The NSW Cancer Plan 2007-2010 outlines the NSW Government's commitment to further reducing the effects of cervical cancer.[3]

In 2006, the New South Wales Population Health Survey asked females aged 50-69 years: Have you ever had a mammogram? When did you last have a mammogram? Can you tell me all the reasons why you had your last mammogram? Do you have mammograms regularly? What is the usual time period between your mammograms? Females aged 20-69 years were asked: Have you ever had a Pap test? When did you last have a Pap test? Do you have a Pap test regularly? What is the usual time period between your Pap tests? Have you ever had a hysterectomy?

Results

Breast cancer screening

To establish the proportion of females who have screening mammograms, females who had a breast problem, or had breast cancer in the past, were excluded from the data.

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In 2006, 76.2 per cent of females aged 50-69 years had a screening mammogram within the last 2 years. A significantly higher proportion of females aged 55-59 years (82.5 per cent) and 65-69 years (84.2 per cent), and a significantly lower proportion of females aged 50-54 years (63.5 per cent), had a screening mammogram within the last 2 years.

There was no significant variation in the proportion of females aged 50-69 years having a screening mammogram in the last 2 years between urban areas and rural areas, or among health areas, or by socioeconomic status.

There was no significant difference in the proportion of females aged 50-69 years having a screening mammogram in the last 2 years between 1997 and 2006.

Cervical cancer screening

To establish the proportion of females who have Pap tests, females who ever had a hysterectomy were excluded from the data.

In 2006, 72.8 per cent of females aged 20-69 years had a Pap test in the past 2 years. A significantly lower proportion of females aged 20-24 years (51.9 per cent) had a Pap test in the past 2 years. A significantly higher proportion of females aged 35-39 years (79.7 per cent), 40-44 years (78.5 per cent), 45-49 years (78.8 per cent), and 50-54 years (79.5 per cent), had a Pap test within the last 2 years, compared with the overall adult female population aged 20-69 years.

A significantly higher proportion of females in rural areas (77.8 per cent) than urban areas (70.8 per cent) had a Pap test within the last 2 years. A significantly higher proportion of females in the Hunter & New England Health Area (80.9 per cent), and a significantly lower proportion of females in the Sydney West Health Area (65.0 per cent), had a Pap test in the last 2 years.

There was no significant variation in the proportion of females aged 20-69 years having a Pap test in the last 2 years by socioeconomic status.

There was a significant decrease in the proportion of females who reported having a Pap test in the last 2 years between 1998 (77.3 per cent) and 2006 (72.8 per cent).

Hysterectomy rate

In 2006, 12.6 per cent of females aged 20-69 ever had a hysterectomy. Hysterectomy increased with age.

A significantly higher proportion of females in rural areas (17.0 per cent) than urban areas (10.7 per cent) ever had a hysterectomy. A significantly higher proportion of females in the Hunter & New England (18.1 per cent) and Greater Southern (17.2 per cent) Health Areas, and a significantly lower proportion of females in the Northern Sydney and Central Coast Health Area (8.8 per cent), ever had a hysterectomy.

There was no significant variation in the proportion of females aged 20-69 years ever having a hysterectomy by socioeconomic status.

There was a significant decrease in the proportion of females who ever had a hysterectomy between 1997 (13.3 per cent) and 2006 (12.6 per cent).

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Screening mammogram within the last 2 years by age, females aged 50 to 69 years, NSW, 2006

Screening mammogram within the last 2 years by socioeconomic disadvantage, females aged 50 to 69 years, NSW, 2006





Screening mammogram within the last 2 years by health area, females aged 50 to 69 years, NSW, 2006



Pap test within the last 2 years by age, females aged 20 to 69 years, NSW, 2006



Pap test within the last 2 years by socioeconomic disadvantage, females aged 20 to 69 years, NSW, 2006

Pap test within the last 2 years by health area, females aged 20 to 69 years, NSW, 2006



Hysterectomy by age, females aged 20 to 69 years, NSW, 2006







Hysterectomy by health area, females aged 20 to 69 years, NSW, 2006



Introduction

Human health and the environment are linked. In rural areas, issues as diverse as land use, agricultural practice, water quality, fuel use, and biodiversity influence human health. Similarly, in the urban and built environment, air and water quality, fuel use, transport choice, urban form, and environmental health infrastructure influence human health.[1] Increasingly, the effect on human health of global phenomena, such as population growth and climate change, are recognised at a local level.[2]

Safe and good quality drinking water is essential to sustain life; also, drinking water should be aesthetically pleasing. Guidance on what constitutes safe and good quality drinking water is provided by the 2004 Australian Drinking Water Guidelines. These guidelines are intended for use by the Australian community, including all agencies with responsibilities associated with the supply of drinking water: catchment and water resource managers, drinking water suppliers, water regulators, and health authorities.[3]

Between 1975 and 1996, household energy consumption increased by 46 per cent and is projected to increase a further 14 per cent by 2010. The amount and type of energy used in the home has considerable implications for the environment, as some forms of energy, particularly fossil fuels, deplete natural resources, generate greenhouse gas emissions, and cause pollution. Growing awareness of these problems has led to moves toward less harmful energy sources, such as natural gas and solar energy and energy conservation, to reduce the environmental effects of household energy consumption.[4] Also, burning fuel in the home releases products of combustion, which includes water vapour, carbon monoxide, and other gases. In homes where fuels are burnt, adequate ventilation is required to prevent risk to respiratory health.

In 2006, the New South Wales Population Health Survey asked respondents: What is your normal source of drinking water? Do you treat your water before drinking? Those who obtained their drinking water from a public water supply were asked an additional question: How do you treat your water? and What is the usual way you heat the living areas of your home?

Results

Drinking water

Overall, in 2006, 81.7 per cent of adults used a public water supply as their usual source of drinking water. The next most prevalent sources of drinking water were bottled water (8.0 per cent) and rain water (7.6 per cent). Of those whose usual source of drinking water was a public water supply, 63.4 per cent did not treat their drinking water, while 35.2 per cent reported they either filtered (25.1 per cent) or boiled (9.4 per cent) or filtered and boiled (0.7 per cent) their water before drinking.

Lealth

A significantly higher proportion of adults aged 75 years and over (86.8 per cent) used a public water supply as their usual source of drinking water. A significantly lower proportion of adults in rural areas (67.9 per cent) than urban areas (87.6 per cent) used a public water supply as their usual source of drinking water. A higher proportion of adults in the Sydney South West (86.1 per cent), South Eastern Sydney & Illawarra (89.0 per cent), Northern Sydney & Central Coast (89.6 per cent), and Sydney West (85.9 per cent) Health Areas used a public water supply as their usual source of drinking water. A lower proportion of adults in the Hunter & New England (74.7 per cent), North Coast (71.6 per cent), Greater Southern (64.0 per cent), and Greater Western (49.1 per cent) Health Areas used a public water supply as their usual source of drinking water.

The use of a public water supply as a usual source of drinking water decreases with socioeconomic disadvantage. A higher proportion of adults in the least disadvantaged quintile (92.5 per cent), and a lower proportion of adults in the 2 most disadvantaged quintiles (74.2 per cent and 77.4 per cent), used a public water supply as their usual source of drinking water, compared with the overall adult population.

There has been no significant change in the proportion of adults obtaining their drinking water from a public water supply between 2002 and 2006.

Home heating: Exposure to unflued heating

Overall, in 2006, 29.6 per cent of adults heated their living areas with reverse cycle air conditioning, 25.1 per cent with electric space or oil column heaters, 17.2 per cent with a gas heater without a flue, 6.6 per cent with a gas heater with a flue, 9.8 per cent with a slow burning combustion heater, 2.0 per cent with an open fireplace, and 0.2 per cent with a kerosene heater.

Overall, in 2006, 19.4 per cent of adults aged 16 years and over were exposed to unflued heating in the home. A significantly higher proportion of adults aged 45-54 years (24.2 per cent), and a significantly lower proportion of adults aged 65-74 years (16.1 per cent) and 75 years and over (13.8 per cent) were exposed to unflued heating in the home. There was no significant variation in the proportion of adults in urban areas or rural areas exposed to unflued heating in the home; however, a higher proportion of adults in the Northern Sydney & Central Coast (23.0 per cent) and Greater Western (23.1 per cent) Health Areas, and a lower proportion of adults in the North Coast Health Area (13.6 per cent), were exposed to unflued heating in the home, compared with the overall adult population.

Exposure to unflued heating in the home did not vary by level of socioeconomic disadvantage.

There has been significant decrease in the proportion of adults exposed to unflued heating in the home between 2002 (22.7 per cent) and 2006 (19.4 per cent).

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Usual source of drinking water, persons aged 16 years and over, NSW, 2006



Type of water treatment, persons who treat their public water aged 16 years and over, NSW, 2006





Use public water as usual source of water by age, persons aged 16 years and over, NSW, 2006



Use public water as usual source of water by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Use public water as usual source of water by health area, persons aged 16 years and over, NSW, 2006





Exposure to unflued heating by age, persons aged 16 years and over, NSW, 2006





Exposure to unflued heating by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Exposure to unflued heating by health area, persons aged 16 years and over, NSW, 2006



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Introduction

The three most frequently encountered hazards associated with outbreaks of foodborne illness are contamination, inadequate handling, and inappropriate temperature.[1] Those involved in food preparation are advised to always wash their hands with soap before handling food; wash hands, knives and chopping boards carefully after using them; keep uncooked meats and poultry separate from cooked food in the refrigerator; wash vegetables thoroughly before use; and prepare, cook and store perishable foods at appropriate temperatures.[2,3,4,5]

In 2006 the New South Wales Population Health Survey asked respondents: Thinking about the last time you prepared raw meat or chicken when cooking, after preparing it did you: Wipe your hands or rinse them without using soap, or wash your hands with soap, or continue cooking without cleaning your hands?

Results

In 2006, 66.5 per cent of adults washed their hands with soap after preparing raw meat. A significantly higher proportion of females (70.8 per cent) than males (61.4 per cent) washed their hands with soap after preparing raw meat. The proportion of adults washing their hands with soap after preparing raw meat decreased with age in females.

A significantly lower proportion of adults in rural areas (63.6 per cent) than urban areas (67.8 per cent) washed their hands with soap after preparing raw meat. A lower proportion of adults in the North Coast (59.3 per cent) and Greater Southern (60.3 per cent) Health Areas washed their hands with soap after preparing raw meat, compared with the overall adult population.

There was no variation by level of socioeconomic disadvantage.

Encouragingly, there has been a significant increase in the proportion of adults who washed their hands with soap after preparing raw meat between 2003 (60.7 per cent) and 2006 (66.5 per cent). This increase was significant in both males (56.2 per cent to 61.4 per cent) and females (64.3 per cent to 70.8 per cent).

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Hand washing with soap when preparing raw meat by age, persons aged 16 years and over, NSW, 2006

Hand washing with soap when preparing raw meat by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Hand washing with soap when preparing raw meat by health area, persons aged 16 years and over, NSW, 2006



Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Introduction

In New South Wales, despite substantial progress, increases are needed in immunisation coverage to reduce the incidence of vaccine preventable diseases.[1]

Influenza (flu), caused by the influenza virus, is characterised by abrupt onset of fever, myalgia, headache, sore throat, and acute cough. Infuenza can cause extreme malaise lasting several days. Although usually not life threatening, influenza can be complicated by secondary bacterial pneumonia in individuals whose medical condition makes them vulnerable. Under the National Immunisation Program, influenza vaccine is provided free to all people aged 65 years and over and is recommended annually.[1] Under the National Indigenous Pneumococcal and Influenza Immunisation Program, the vaccine is provided free to Aboriginal people aged 50 years and over and to those aged 15-49 years who have chronic conditions or illness, who are heavy drinkers, or who smoke tobacco.[1]

Streptococcus pneumoniae (pneumococcus), a bacterial inhabitant of the upper-respiratory tract, is a major cause of pneumonia, meningitis, and middle ear infection, particularly in the elderly, Aboriginal and Torres Strait Islander people, and young children. The National Health and Medical Research Council recommends immunisation against pneumococcal disease for: all people aged 65 years and over; Aboriginal and Torres Strait Islander people aged 50 years and over; people over 5 years of age who are immunocompromised, suffer from chronic conditions or illness, or smoke tobacco; and people with asplenia, either functional or anatomical.[1]

The National Meningococcal C Vaccination Program commenced in January 2003, aimed at children and adolescents aged 1-18 years. Under this program, meningococcal C vaccine is available free of charge to people aged 1-19 years over the following 4 years.[1]

In 2006 the New South Wales Population Health Survey asked respondents aged 50 years and over: Were you vaccinated or immunised against flu in the past 12 months? When were you last vaccinated or immunised against pneumonia? To evaluate the success of the National Meningococcal C Vaccination Program, respondents aged 16-19 years were asked: Since January 2005 have you been vaccinated against meningococcal C disease? When were you vaccinated? and, Where did you receive the vaccine?

Results

Influenza vaccination

In adults aged 50 years and over, the proportion vaccinated against influenza in the last 12 months was 48.0 per cent, with a higher proportion of females (51.5 per cent) than males (44.2 per cent) being vaccinated. There was no significant variation between urban areas and rural areas, or among health areas, or by level of socioeconomic disadvantage. Overall, in this age group, vaccination has increased significantly between 1997 (34.6 per cent) and 2006 (48.0 per cent). This increase was significant in both males (32.1 per cent to 44.2 per cent) and females (36.8 per cent to 51.5 per cent).

In adults aged 65 years and over, the proportion vaccinated against influenza in the last 12 months was 75.0 per cent. In this age group, there was no significant difference in the proportion of females and males being vaccinated. There was no significant difference between rural areas and urban areas, or by level of socioeconomic disadvantage; however, a lower proportion of adults aged 65 years and over in the Greater Western Health Area (67.3 per cent) were vaccinated against influenza in the last 12 months, compared with the overall adult population in this age group. Overall, in this age group, vaccination has increased significantly between 1997 (57.1 per cent) and 2006 (75.0 per cent). This increase was significant in both males (55.7 per cent to 73.8 per cent) and females (58.1 per cent to 75.9 per cent).

Pneumococcal vaccination

In adults aged 50 years and over, just under one third (32.1 per cent) had a pneumococcal vaccination in the last 5 years. In this age group, 14.4 per cent were vaccinated within the last 12 months, 17.8 per cent 12 months to 5 years ago, 2.5 per cent more than 5 years ago, and 65.4 per cent had never been vaccinated. A significantly higher proportion of females (33.9 per cent) than males (30.2 per cent) had been vaccinated in the last 5 years. The proportion of adults being vaccinated increased significantly with age (from 6.2 per cent among those aged 50-54 years to 71.3 per cent among those aged 80 years and over). A significantly higher proportion of adults in rural areas (34.4 per cent) than urban areas (30.9 per cent) had a pneumococcal vaccination in the last 5 years. A higher proportion of adults in the Hunter & New England Health Area (38.6 per cent) had a pneumococcal vaccination in the last 5 years. A lower proportion of adults in the least disadvantaged quintile (28.0 per cent) had a pneumococcal vaccination in the last 5 years. A lower proportion of adults in the least disadvantaged quintile (28.0 per cent) had a pneumococcal vaccination in the last 5 years. A lower proportion of adults in the least disadvantaged quintile (28.0 per cent) had a pneumococcal vaccination in the last 5 years. A lower proportion of adults in the least disadvantaged quintile (28.0 per cent) had a pneumococcal vaccination in the last 5 years. Overall, in this age group, there has been a significant increase in the proportion of adults being vaccinated in the last 5 years, from 19.2 per cent in 2002 to 32.1 per cent in 2006.

In adults aged 65 years and over, the proportion vaccinated for pneumococcal pneumonia in the last 5 years was 60.9 per cent. In this age group, there was no significant variation between males and females. A significantly lower proportion of adults aged 65-69 years (46.0 per cent), and a significantly higher proportion of adults aged 75 years and over (68.8 per cent and 71.3 per cent), had been vaccinated in the last 5 years. In this age group, there was no significant difference between rural areas and urban areas, or by level of socioeconomic disadvantage, however, a higher proportion of adults in the Hunter & New England Health Area (69.2 per cent), and a lower proportion of adults in the Greater Western Health Area (53.8 per cent) had been vaccinated in the last 5 years. Overall, in this age group, there has been a significant increase in the proportion of adults being vaccinated in the last 5 years, from 38.6 per cent in 2002 to 60.9 per cent in 2006.

Meningococcal vaccination

In 2006, among adults aged 16-19 years, 72.0 per cent were vaccinated against meningococcal C in the last year. The proportion did not vary significantly between urban areas and rural areas; however, a lower proportion of adults in the Greater Western Health Area (46.9 per cent) were vaccinated against meningococcal C in the last year, compared with the overall adult population in this age group. A higher proportion of adults in the second least advantaged quintile (85.6 per cent) were vaccinated against meningococcal C in the last year.

Of those who had been vaccinated against meningococcal C in the last year, 82.7 per cent were vaccinated by a school clinic, 14.7 per cent by a general practitioner, and 1.8 per cent by a community health centre.

Overall, in this age group, there has been a significant increase in the proportion of adults being vaccinated against meningococcal C in the last year, from 62.5 per cent in 2005 to 72.0 per cent in 2006.

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Vaccinated against influenza in the last 12 months by socioeconomic disadvantage, persons aged 50 years and over, NSW, 2006



Vaccinated against influenza in the last 12 months by health area, persons aged 50 years and over, NSW, 2006





Vaccinated against influenza in the last 12 months by age, persons aged 65 years and over, NSW, 2006

- Note: Estimates are based on 2,382 respondents in NSW. For this indicator 6 (0.25%) were not stated (Don't know or Refused) in NSW. The indicator includes those aged 65 years and over who were vaccinated or immunised against influenza in the last 12 months. The question used to define the indicator was: Were you vaccinated or immunised against flu in the last 12 months?
- Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Vaccinated against influenza in the last 12 months by socioeconomic disadvantage, persons aged 65 years and over, NSW, 2006



Vaccinated against influenza in the last 12 months by health area, persons aged 65 years and over, NSW, 2006



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Last pneumococcal disease vaccination, persons aged 50 years and over, NSW, 2006





Vaccinated against pneumococcal disease in the last 5 years by age, persons aged 50 years and over, NSW, 2006

Vaccinated against pneumococcal disease in the last 5 years by socioeconomic disadvantage, persons aged 50 years and over, NSW, 2006



Vaccinated against pneumococcal disease in the last 5 years by health area, persons aged 50 years and over, NSW, 2006



Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



Vaccinated against pneumococcal disease in the last 5 years by age, persons aged 65 years and over, NSW, 2006

- Note: Estimates are based on 2,315 respondents in NSW. For this indicator 73 (3.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those aged 65 years and over who have been immunised against pneumococcal disease in the last 5 years. The question used to define the indicator was: When were you last vaccinated or immunised against pneumonia?
- Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Vaccinated against pneumococcal disease in the last 5 years by socioeconomic disadvantage, persons aged 65 years and over, NSW, 2006



Vaccinated against pneumococcal disease in the last 5 years by health area, persons aged 65 years and over, NSW, 2006



The indicator includes those aged 65 years and over who have been immunised against pneumococcal disease in the last 5 years. The question used to define the indicator was: When were you last vaccinated or immunised against pneumocoia?

Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



Vaccinated against meningococcal C disease in the last year by age, persons aged 16 to 19 years, NSW, 2006

Vaccinated against meningococcal C disease in the last year by socioeconomic disadvantage, persons aged 16 to 19 years, NSW, 2006



Vaccinated against meningococcal C disease in the last year by health area, persons aged 16 to 19 years, NSW, 2006



Place where vaccinated against meningococcal C disease, persons who were vaccinated against meningococcal C disease aged 16 to 19 years, NSW, 2006



Note: Estimates are based on 196 respondents in NSW. For this indicator 1 (0.51%) were not stated (Don't know or Refused) in NSW. The questions used were: Since January 2005 have you been vaccinated against meningococcal C disease? and Where did you receive the vaccine?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Introduction

In New South Wales, on average, 20 deaths and 100 hospitalisations are attributed to house fires each year.[1,2] Most mortality and morbidity happens at night, while people are sleeping, and is due to smoke inhalation rather than burns. Functional and correctly situated smoke alarms detect low levels of smoke and sound an alarm before the smoke becomes too dense for people to escape. They dramatically reduce fatalities, injuries, and damage to property.[3] However, studies have shown a significant proportion of smoke alarms are not functional.[3,4,5]

The NSW Building Legislation Amendment (Smoke Alarms) Act 2005 commenced on 1 May 2006.[6] This legislation requires that: one or more smoke alarms are installed in residential buildings where people sleep, smoke alarms are maintained in functional order, and people do not remove these alarms or interfere with their operation.[6]

In Australia, among all age groups, drowning is the fourth largest cause of unintentional death.[7,8] The Department of Health and Aged Care has identified drowning and near drowning as one of the 4 priority areas within the National Injury Prevention Plan.[9] While there has been considerable success in reducing the death toll from drowning, most deaths are preventable. While data on death from drowning are available via the National Coroners Information System and the National Mortality Database,[10,11] information on events of near drowning is not readily available.

In 2006, the New South Wales Population Health Survey asked respondents: Do you have smoke alarms installed in your home? Are they hard wired or battery operated? When did you last test the battery operated smoke alarms? When did you last change the battery in your smoke alarms? When did you last test the hard wired smoke alarms? How many battery operated smoke alarms do you have? How many hard wired smoke alarms do you have? Have you had a fire in your home in the last 12 months? Does your household have a written home escape plan? When did your household last practice your home escape plan? In the last 4 weeks did you do any of the following: swimming, fishing, rock fishing, snorkelling, or scuba diving? Those who answered yes to the last question were asked: How would you rate your swimming ability?

Results

Fire safety measures in the home

Overall, in 2006, 86.9 per cent of New South Wales adults had a smoke alarm or detector, whether battery operated or hard wired or both, installed in their home. A significantly lower proportion of adults aged 16-25 years (82.1 per cent), and a significantly higher proportion of adults aged 35-44 years (89.5 per cent), had smoke alarms installed in their home, compared with the overall adult population. A significantly higher proportion of adults in rural areas (90.0 per cent) than urban areas (85.5 per cent) had a smoke alarm installed in their home. A higher proportion of adults in the Hunter & New England (92.2 per cent) and Northern Sydney & Central Coast (89.7 per cent) Health Areas, and a lower proportion of adults in the Sydney South West Health Area (82.5 per cent) had a smoke alarm installed in their home did not vary by socioeconomic status. The proportion of adults with smoke alarms, whether battery operated or hard wired, installed in their home increased significantly from 1997 (58.2 per cent) to 2006 (86.9 per cent).

Of those adults with a battery operated alarm, 48.0 per cent tested the alarm within the last month, 34.2 per cent tested the alarm 1-5 months ago, 9.1 per cent tested the alarm 6-12 months ago, 3.1 per cent tested the alarm more than a year ago, and 5.3 per cent had never tested the alarm. Of those adults with a hard wired alarm, 35.8 per cent tested the alarm within the last month, 34.6 per cent tested the alarm 1-5 months ago, 11.5 per cent tested the alarm 6-12 months ago, 5.2 per cent tested the alarm more than a year ago, and 12.9 per cent had never tested the alarm.

Overall, in 2006, 0.7 per cent of New South Wales adults had a fire in the home that activated the alarm or detector. A significantly lower proportion of adults aged 25-34 years (0.3 per cent) had a fire in the home that activated the alarm, compared with the overall adult population. There was no significant difference in the proportion of adults in rural areas and urban areas who had a fire that activated the alarm or detector; however, a lower proportion of adults in the Sydney West Health Area (0.2 per cent) had a fire that activated the alarm or detector, compared with the overall adult population. The proportion of adults with a fire that activated the alarm or detector did not vary by socioeconomic status. The proportion of adults who had a fire that activated the alarm or detector detector detector detector detector (0.7 per cent).

Overall, in 2006, 7.0 per cent of adults had a home escape plan and had practised it, 15.1 per cent had a home escape plan but had never practised it, and 77.9 per cent did not have a home escape plan.

Swimming, fishing, rock fishing, snorkelling or scuba diving in the last 4 weeks

In 2006, just over one in 5 adults (22.8 per cent) swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks. A significantly lower proportion of females (18.5 per cent) than males (27.2 per cent) swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks. A significantly higher proportion of adults aged 1624 years (28.6 per cent) and 25-34 years (27.0 per cent) and 3544 years (29.9 per cent), and a significantly lower proportion of adults aged 55-64 years (16.3 per cent) and 65-74 years (14.0 per cent) and 75 years and over (7.0 per cent), swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks, compared with the overall adult population.

There was no significant difference in the proportion of adults in rural areas and urban areas who swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks. A higher proportion of adults in the North Coast (28.2 per cent) and South Eastern Sydney & Illawarra (27.0 per cent) and Northern Sydney & Central Coast (29.2 per cent) Health Areas, and a lower proportion of residents in the Sydney West (13.7 per cent) and Greater Western (12.7 per cent) Health Areas, swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks, compared with the overall adult population.

A higher proportion of adults in the least disadvantaged quintile (26.9 per cent), and a lower proportion of adults in the most disadvantaged quintile (19.0 per cent), swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks, compared with the overall adult population.

In 2006, New South Wales adults who swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks were asked to rate their swimming ability. Of those, 27.0 per cent rated themselves as a very good swimmer, 28.3 per cent as a good swimmer, 36.4 per cent as an average swimmer, 7.7 per cent as a poor swimmer, and 0.6 per cent said they could not swim.

Ratings of very good and good were combined to give an overall positive rating of swimming ability. In 2006, 55.3 per cent of adults who swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks were very good or good swimmers. A significantly lower proportion of females (47.1 per cent) than males (61.0 per cent) were very good or good swimmers. Swimming ability decreased with age. A significantly higher proportion of adults aged 16-24 years (71.9 per cent) and 25-34 years (66.6 per cent) were very good or good swimmers. A significantly lower proportion of adults aged 45-54 years (43.0 per cent), 55-64 per cent (37.0 per cent), 65-74 years (28.0 per cent), and 75 years and over (32.1 per cent), were very good or good swimmers.

The proportion of adults who swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks who were very good or good swimmers did not vary significantly between urban areas and rural areas, or by level of socioeconomic disadvantage; however, a lower proportion of residents in Sydney South West Health Area (45.9 per cent) were very good or good swimmers, compared with the overall adult population who swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks.

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Smoke alarm or detector in the home, persons aged 16 years and over, NSW, 2006





Homes with a smoke alarm or detector by age, persons aged 16 years and over, NSW, 2006



Homes with a smoke alarm or detector by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Homes with a smoke alarm or detector by health area, persons aged 16 years and over, NSW, 2006

Last tested battery operated smoke alarm, persons who have a battery operated smoke alarm in their home aged 16 years and over, NSW, 2006



Last tested hard wired operated smoke alarm, persons who have a hard wired smoke alarm in their home aged 16 years and over, NSW, 2006





Fire in home which activated smoke alarm by age, persons aged 16 years and over, NSW, 2006

Fire in home which activated smoke alarm by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006







Home escape plan and recent practice of plan, persons aged 16 years and over, NSW, 2006



Swimming, fishing, rock fishing, snorkelling or scuba diving in last 4 weeks by age, persons aged 16 years and over, NSW, 2006



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Swimming, fishing, rock fishing, snorkelling or scuba diving in last 4 weeks by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Swimming, fishing, rock fishing, snorkelling or scuba diving in last 4 weeks by health area, persons aged 16 years and over, NSW, 2006



Swimming ability, persons who went swimming, fishing, rock fishing, snorkelling or scuba diving in the last 4 weeks ages 16 years and over, NSW, 2006



Very good or good swimming ability by age, persons who went swimming, fishing, rock fishing, snorkelling or scuba diving in the last 4 weeks ages 16 years and over, NSW, 2006



Very good or good swimming ability by socioeconomic disadvantage, persons who went swimming, fishing, rock fishing, snorkelling or scuba diving in the last 4 weeks ages 16 years and over, NSW, 2006


Very good or good swimming ability by health area, persons who went swimming, fishing, rock fishing, snorkelling or scuba diving in the last 4 weeks ages 16 years and over, NSW, 2006



Introduction

Nutrition is important at all stages of life. Dietary factors are linked to health and disease, either as protective influences or as risk factors. Some of the diseases and conditions to which diet contributes substantially, either to protection or risk, include: coronary heart disease, some cancers, type-2 diabetes, overweight and obesity, osteoporosis, dental caries, gall bladder disease, and diverticular disease.[1-6]

The Australian Guide to Healthy Eating and National 'Go for 2 and 5' Fruits and Vegetables Campaign stress the importance of eating plenty of plant foods (bread, cereal, rice, pasta, noodles, legumes, 5 serves of vegetables, and 2 serves of fruit); moderate amounts of animal foods (milk, yogurt, cheese, meat, fish, poultry, and eggs); and small amounts of fat, salt and sugars. It is also essential to drink plenty of water.[2,3]

An adequate intake of fruit and vegetables, and breads and cereals, has a protective influence on health.[1-6] However, most population groups eat less than the recommended amounts of these foods.[1] A diet high in fat consumption is associated with health risk, which is why it is important to monitor fat consumption in dairy foods, fried potatoes, potato crisps and salty snacks, and processed meats.

Despite the good quality of the food supply, there are some groups who lack food security: that is, who do not have sufficient access at all times to sufficient food for an active and healthy life. Food insecurity is associated with socioeconomic disadvantage and is a likely contributor to ill health.

In 2006, the New South Wales Population Health Survey included a dietary questionnaire on usual consumption of fruit and vegetables, breads and cereals (including pasta, rice and noodles), type of milk consumed (including low fat, reduced fat, and skim milk), selected foods high in fats (fried potatoes, potato crisps and salty snacks, and processed meats), red meat (excluding pork or ham), soft drinks, fast foods, knowledge of recommended servings of fruit and vegetables, and food insecurity.[7] Several of these questions were validated using the 1995 National Nutrition Survey and the Tasmanian Dietary Key Indicators Study. The validated questions were found to be reliable for relative ranking of intake between respondents but not for measuring a respondent's number of serves; however, they are still useful for ongoing comparitive monitoring.[8]

Respondents were asked: How many serves of fruit do you usually eat each day? How many serves of fruit do you think you should eat each day to be healthy? How many serves of vegetables do you usually eat each day? How many serves of vegetables do you think you should eat each day to be healthy? How often do you usually eat bread? How often do you eat breakfast cereal? How often do you eat pasta, rice, noodles, or other cooked cereals? What type of milk do you usually have? How often do you eat hot chips, french fries, wedges, or fried potatoes? How often do you eat potato crisps or other salty snacks such as twisties or corn chips? How often do you eat processed meat products such as sausages, frankfurts, devon, salami, meat pies, bacon, or ham? How many cups of soft drink, cordials or sports drink do you usually drink in a day? How often do you have meals or snacks such as burgers, pizza, chicken or chips from take-away places? In the last 12 months, were there any times that you ran out of food and couldn't afford to buy more?

Results

Consumption of fruit

Overall, in 2006, 7.7 per cent of adults consumed no fruit, 11.8 per cent consumed less than one serve a day, 27.1 per cent consumed one serve a day, 30.4 per cent consumed 2 serves a day, 15.2 per cent consumed 3 serves a day, and 7.8 per cent consumed more than 3 serves a day.

Therefore, 53.4 per cent of adults consumed the recommended number of serves of fruit each day (2 serves or more). A significantly higher proportion of females (59.6 per cent) than males (47.0 per cent) consumed the recommended number of serves of fruit a day. Among males, a significantly higher proportion of those aged 75 years and over (53.6 cent) and a significantly lower proportion of those aged 25-34 years (38.6 per cent) consumed the recommended number of serves of fruit each day, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (52.8 per cent) and 25-34 years (53.5 per cent), and a significantly higher proportion of those aged 55-64 years (65.3 per cent) and 65-74 years (70.3 per cent) and 75 years and over (67.3 per cent), consumed the recommended number of serves of fruit a day, compared with the overall adult female population.

Overall, the proportion of adults consuming the recommended number of serves of fruit each day did not vary significantly between rural areas and urban areas; however, a higher proportion of adults in the Northern Sydney & Central Coast Health Area (57.6 per cent), and a lower proportion of adults in the Sydney West (49.1 per cent) and Greater Western (48.9 per cent) Health Areas, consumed the recommended number of serves of fruit each day, compared with the overall adult population.

The proportion of adults consuming the recommended number of serves of fruit each day did not vary according to level of socioeconomic disadvantage.

Consumption of the recommended number of serves of fruit each day has increased significantly, from 46.1 per cent in 1997 to 53.4 per cent in 2006.

Overall, in 2006, 85.0 per cent of adults knew the recommended daily number of serves of fruit. Females (90.3 per cent) were significantly more likely than males (79.1 per cent) to know the recommended daily number of serves of fruit. A significantly lower number of adults aged 75 years and over (78.8 per cent) knew the recommended daily number of serves of fruit, compared with the overall adult population. There was no significant variation between urban areas and rural areas, or among health areas, or by level of socioeconomic disadvantage.

Overall, in 2006, 52.4 per cent of adults knew and consumed the recommended number of serves of fruit each day, 32.5 per cent knew but did not consume the recommended number of serves, 2.2 per cent did not know but consumed the recommended number of serves, and 12.9 per cent neither knew nor consumed the recommended number of serves.

Consumption of vegetables

Overall, in 2006, 1.1 per cent of adults consumed no vegetables, 5.1 per cent consumed less than one serve a day, 24.6 per cent consumed one serve a day, 28.4 per cent consumed 2 serves a day, 19.5 per cent consumed 3 serves a day, 11.9 per cent consumed 4 serves a day, 5.8 per cent consumed 5 serves a day, and 3.7 per cent consumed more than 5 serves a day.

Approximately 9.4 per cent of adults consumed the recommended number of serves of vegetables a day (5 serves or more). A significantly higher proportion of females (12.4 per cent) than males (6.4 per cent) consumed the recommended number of serves of vegetables a day. Among females, consumption of the recommended number of serves of vegetables increased with age. A significantly lower proportion of those aged 16-24 years (4.8 per cent) and 25-34 years (7.3 per cent), and a significantly higher proportion of those aged 55-64 years (20.8 per cent), 65-74 years (17.4 per cent) and 75 years and over (16.3 per cent) consumed the recommended number of serves of vegetables a day, compared with the overall adult female population. Among males, a significantly lower proportion of those aged 55-64 years (10.0 per cent), consumed the recommended number of serves of vegetables a day, compared with the overall adult male population.

A significantly higher proportion of adults in rural areas (12.0 per cent) than urban areas (8.3 per cent) consumed the recommended number of serves of vegetables a day. A higher proportion of adults in the Hunter & New England (12.5 per cent) and North Coast (12.2 per cent) and Greater Western (12.1 per cent) Health Areas, and a lower proportion of adults in the Sydney West Health Area (6.3 per cent), consumed the recommended number of serves of vegetables a day, compared with the overall adult population.

A higher proportion of adults in the second most disadvantaged quintile (11.7 per cent) consumed the recommended number of serves of vegetables a day, compared with the overall adult population.

While the overall proportion of adults consuming the recommended serves of vegetables a day has not significantly changed between 1997 and 2006, vegetable consumption has decreased significantly in males (from 8.0 per cent to 6.4 per cent) and increased significantly in females (from 9.7 per cent to 12.4 per cent).

To monitor trends in vegetable consumption below the recommended levels, the New South Population Health Survey reports adults who consume 3 or more serves of vegetables a day. A significantly higher proportion of females (50.8 per cent) than males (30.9 per cent) consumed 3 or more serves of vegetables a day. A significantly higher proportion of females, consumption of 3 or more serves of vegetables a day increased with age. A significantly lower proportion of those aged 16-24 years (31.8 per cent), and a significantly higher proportion of those aged 55-64 years (61.0 per cent), 65-74 years (60.3 per cent), and 75 years and over (61.8 per cent) consumed 3 or more serves of vegetables a day, compared with the overall adult female population. Among males, consumption of 3 or more serves of vegetables a day increased with age. A significantly lower proportion of those aged 16-24 years (19.9 per cent) and 25-34 years (23.1 per cent), and a significantly higher proportion of those aged 65-74 years (44.9 per cent) and 75 years and over (43.9 per cent), consumed 3 or more serves of vegetables a day, compared with the overall adult male population.

A significantly higher proportion of adults in rural areas (45.3 per cent) than urban areas (39.0 per cent) consumed 3 or more serves of vegetables a day. A higher proportion of adults in the Hunter & New England (45.3 per cent) and North Coast (45.3 per cent) and Greater Southern (45.6 per cent) Health Areas, and a lower proportion of adults in the Sydney West (35.5 per cent) and Sydney South West (36.2 per cent) Health Areas, consumed 3 or more serves of vegetables a day, compared with the overall adult population.

A higher proportion of adults in the second most disadvantaged quintile (45.2 per cent), and a lower proportion of adults in the most disdvantaged quintile (37.1 per cent), consumed 3 or more serves of vegetables a day, compared with the overall adult population.

There has been a significant increase in the proportion of adults consuming 3 or more serves of vegetables a day, between 1997 (34.0 per cent) and 2006 (40.9 per cent). The increase has not been significant in males but has been significant in females (from 39.4 per cent to 50.8 per cent).

Overall, in 2006, 27.4 per cent of adults knew the recommended daily number of serves of vegetables. Females (37.2 per cent) were significantly more likely than males (16.5 per cent) to know the recommended daily number of serves of vegetables. There was no significant variation among age groups, or between urban areas and rural areas, or by level of socioeconomic disadvantage; however, a lower proportion of adults in the Sydney South West Health Area (23.5 per cent) knew the recommended daily number of serves of vegetables, compared with the overall adult population.

Overall, in 2006, 7.1 per cent of adults knew and consumed the recommended number of serves of vegetables each day, 17.9 per cent knew but did not consume the recommended number of serves, 2.5 per cent did not know but consumed the recommended number of serves, and 72.6 per cent neither knew nor consumed the recommended number of serves.

Consumption of low fat or reduced fat or skim milk

Overall, in 2006, 47.3 per cent of adults usually consumed low fat or reduced fat or skim milk. A significantly higher proportion of females (53.9 per cent) than males (40.7 per cent) consumed low fat or reduced fat or skim milk. Among males, consumption of low fat or reduced fat or skim milk increased with age. A significantly lower proportion of those aged 16-24 years (24.5 per cent), and a significantly higher proportion of those aged 55-64 years (50.0 per cent) and 65-74 years (54.9 per cent) and 75 years and over (47.4 per cent), consumed low fat or reduced fat or skim milk, compared with the overall adult male population. Among females, consumption of low fat or reduced fat or skim milk increased with age. A significantly lower proportion of those aged 16-24 years (40.8 per cent) and a significantly higher proportion of those aged 55-64 years (64.1 per cent) and 65-74 years (62.6 per cent), consumed low fat or reduced fat or skim milk increased with age. A significantly lower proportion of those aged 16-24 years (40.8 per cent) and a significantly higher proportion of those aged 55-64 years (64.1 per cent) and 65-74 years (62.6 per cent), consumed low fat or reduced fat or skim milk, compared with the overall adult female

population.

A significantly lower proportion of adults in rural areas (44.9 per cent) than urban areas (48.4 per cent) consumed low fat or reduced fat or skim milk. A higher proportion of adults in the Northern Sydney & Central Coast Health Area (55.3 per cent), and a lower proportion of adults in the Greater Western Health Area (42.2 per cent), consumed low fat or reduced fat or skim milk. A higher proportion of adults in the least disdavantaged quintile (56.5 per cent), and a lower proportion of adults in the most disdavantaged quintile (39.9 per cent), consumed low fat or reduced fat or skim milk, compared with the overall adult population.

The proportion of adults usually consuming low fat or reduced fat or skim milk has increased significantly between 1997 (45.5 per cent) and 2006 (47.3 per cent). This increase has not been significant in females but has been significant in males (from 37.2 per cent to 40.7 per cent).

Consumption of breads and cereals

Overall, in 2006, 0.5 per cent of adults did not consume breads and cereals (including pasta, rice and noodles), 4.7 per cent consumed breads and cereals less than once a day, 28.8 per cent consumed breads and cereals once a day, 39.3 per cent twice a day, 19.6 per cent 3 times a day, 4.9 per cent 4 times a day, 1.3 per cent 5 times a day, and 0.8 per cent more than 5 times a day.

Consumption of fried potatoes

Overall, in 2006, 30.1 per cent of adults did not consume fried potatoes (hot chips, french fries, wedges, or fried potatoes), 29.2 per cent consumed fried potatoes less than once a week, 24.9 per cent once a week, 8.9 per cent twice a week, 3.8 per cent 3 times a week, 1.3 per cent 4 times a week, 0.4 per cent 5 times a week, and 1.4 per cent more than 5 times a week.

Consumption of potato crisps or other salty snacks

Overall, in 2006, 46.7 per cent of adults did not consume potato crisps or other salty snacks, 21.3 per cent consumed potato crisps or other salty snacks less than once a week, 15.1 per cent once a week, 7.0 per cent twice a week, 3.9 per cent 3 times a week, 1.7 per cent 4 times a week, 0.7 per cent 5 times a week, and 3.6 per cent more than 5 times a week.

Consumption of processed meat products

Overall, in 2006, 20.8 per cent of adults did not consume processed meat products (sausages, frankfurts, devon, salami, meat pies, bacon, or ham), 15.7 per cent consumed processed meat products less than once a week, 24.3 per cent consumed them once a week, 17.8 per cent twice a week, 9.0 per cent 3 times a week, 3.7 per cent 4 times a week, 2.2 per cent 5 times a week, and 6.6 per cent more than 5 times a week.

Consumption of soft drinks or cordials or sports drinks

Overall, in 2006, 46.3 per cent of adults did not consume soft drinks or cordials or sports drinks, 7.2 per cent consumed one cup a week, 6.6 per cent consumed 2 cups a week, 8.3 per cent consumed 3-5 cups a week, 14.2 per cent consumed 6-10 cups a week, and 17.3 per cent consumed 11 or more cups a week.

Consumption of fast foods

Overall, in 2006, 37.1 per cent of adults did not consume fast foods, 33.2 per cent consumed fast foods less than once a week, 19.9 per cent consumed fast foods weekly, 9.6 per cent consumed fast foods more than once a week but less than daily, and 0.2 per cent consumed fast foods daily or more.

Food insecurity

Overall, in 2006, 5.6 per cent of adults experienced some food insecurity in the past 12 months. There was no significant difference between males and females experiencing food insecurity. The proportion of adults who experienced food insecurity was significantly lower among those aged 55-64 years (3.8 per cent) and 65-74 years (1.7 per cent) and 75 years and over (1.3 per cent), and significantly higher among those aged 25-34 years (8.4 per cent), compared with the overall adult population.

There was no significant variation between urban areas and rural areas; however, a lower proportion of adults in the Northern Sydney & Central Coast Health Area (2.6 per cent) experienced food insecurity, compared with the overall adult population.

Food insecurity increased with socioeconomic disadvantage. A higher proportion of adults experienced food insecurity in the most disadvantaged quintile (7.7 per cent) and a lower proportion of adults experienced food insecurity in the least disadvantaged quintile, compared with the overall adult population.

There was no significant change in the proportion of adults experiencing food insecurity between 2002 and 2006.

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Number of serves of fruit per day, persons aged 16 years and over, NSW, 2006





Recommended fruit consumption by age, persons aged 16 years and over, NSW, 2006



Recommended fruit consumption by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Recommended fruit consumption by health area, persons aged 16 years and over, NSW, 2006



Knowledge of recommended fruit serves by age, persons aged 16 years and over, NSW, 2006



Knowledge of recommended fruit serves by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Knowledge of recommended fruit serves by health area, persons aged 16 years and over, NSW, 2006



Consistency between knowledge and practice of consuming the recommended daily fruit intake, persons aged 16 years and over, NSW, 2006



Note: Estimates are based on 6,576 respondents in NSW. For this indicator 75 (1.13%) were not stated (Don't know or Refused) in NSW. The questions used were: How many serves of fruit do you usually eat each day? A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces. and How many serves of fruit do you think you should eat each day to be healthy?

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Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Number of serves of vegetables per day, persons aged 16 years and over, NSW, 2006



Recommended vegetable consumption by age, persons aged 16 years and over, NSW, 2006





Recommended vegetable consumption by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Recommended vegetable consumption by health area, persons aged 16 years and over, NSW, 2006





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Three serves or more of vegetables a day by age, persons aged 16 years and over, NSW, 2006



Three serves or more of vegetables a day by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Three serves or more of vegetables a day by health area, persons aged 16 years and over, NSW, 2006





Knowledge of recommended vegetable serves by age, persons aged 16 years and over, NSW, 2006

Knowledge of recommended vegetable serves by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Knowledge of recommended vegetable serves by health area, persons aged 16 years and over, NSW, 2006



Consistency of knowledge and practice in the consumption of the recommended daily vegetable intake, persons aged 16 years and over, NSW, 2006



Note: Estimates are based on 6,554 respondents in NSW. For this indicator 113 (1.69%) were not stated (Don't know or Refused) in NSW. The questions used were: How many serves of vegetables usually eat each day? and How many serves of vegetables do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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Type of milk usually consumed, persons aged 16 years and over, NSW, 2006



Usual use of lower fat milks by age, persons aged 16 years and over, NSW, 2006





Usual use of lower fat milks by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Usual use of lower fat milks by health area, persons aged 16 years and over, NSW, 2006





Frequency of eating hot	t fried potato	products p	er week,
persons aged 16 y	years and ov	er, NSW, 20	06

Response	Males (95% Cl)	Females (95% Cl)	Persons (95% CI)	
None	25.5 (23.5-27.5)	34.5 (32.8-36.2)	30.1 (28.7-31.4)	
Less than once a week	28.0 (26.0-30.1)	30.4 (28.6-32.1)	29.2 (27.9-30.6)	
Once a week	26.2 (24.1-28.2)	23.7 (22.0-25.3)	24.9 (23.6-26.2)	
Twice a week	11.4 (9.9-13.0)	6.5 (5.5-7.5)	8.9 (8.0-9.8)	
3 times a week	5.1 (4.0-6.3)	2.6 (1.9-3.3)	3.8 (3.2-4.5)	
4 times a week	1.5 (0.8-2.2)	1.0 (0.6-1.4)	1.3 (0.9-1.7)	
5 times a week	0.5 (0.2-0.9)	0.3 (0.1-0.5)	0.4 (0.2-0.6)	
More than 5 times a week	1.7 (1.0-2.4)	1.2 (0.6-1.7)	1.4 (1.0-1.9)	

Estimates are based on 7,888 respondents in NSW. For this indicator 24 (0.30%) were not stated (Don't know or Refused) in NSW. The question used was: How often do you eat hot chips, french fries, wedges or fried potatoes? Note: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health. Source:

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Frequency of eating potato crisps or salty snacks per week, persons aged 16 years and over, NSW, 2006

Note:

Estimates are based on 7,890 respondents in NSW. For this indicator 23 (0.29%) were not stated (Don't know or Refused) in NSW. The question used was: How often do you eat potato crisps or other salty snacks?

4.2 (3.2-5.2)

1.9 (1.3-2.6)

1.0 (0.5-1.5)

4.5 (3.4-5.5)

3 times a week

4 times a week

5 times a week

More than 5 times a week

3.5 (2.7-4.3)

1.5 (0.9-2.0)

0.4 (0.2-0.7)

2.7 (2.0-3.4)

3.9 (3.2-4.5)

1.7 (1.3-2.1)

0.7 (0.4-1.0)

3.6 (2.9-4.2)

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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Frequency of eating breakfast cereal, breads, pasta, rice and noodles per day, persons aged 16 years and over, NSW, 2006





Frequency of eating processed meat products per week, persons aged 16 years and over, NSW, 2006

 Note:
 Estimates are based on 7,932 respondents in NSW. For this indicator 30 (0.38%) were not stated (Don't know or Refused) in NSW. The question used was: How often do you eat processed meat products such as sausages, frankfurts, devon, salami, meat pies, bacon or ham?

 Source:
 New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



Cups of soft drinks or cordials or sports drinks per week, persons aged 16 years and over, NSW, 2006

Frequency of eating takeaway food per week, persons aged 16 years and over, NSW, 2006



- Note: Estimates are based on 7,666 respondents in NSW. For this indicator 38 (0.49%) were not stated (Don't know or Refused) in NSW. The question used was: How often did you have meals or snacks such as burgers,pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take away places?
- Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.






Food insecurity in the last 12 months by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Food insecurity in the last 12 months by health area, persons aged 16 years and over, NSW, 2006



Introduction

Physical activity is an important factor in maintaining good health. People who participate in moderate-to-vigorous levels of physical activity have lower rates of preventable mortality than those who are physically inactive; also, physical activity decreases risk of cardiovascular disease, some cancers, some mental illness, type-2 diabetes, overweight and obesity, and preventable injury.[1]

The National Physical Activity Guidelines for Adults state the minimum amount of physical activity recommended to maintain good health is at least 30 minutes of moderate activity on most, and preferably all, days of the week.^[2]

This can be undertaken in shorter bursts of exercise, such as 3 lots of 10 minutes. Exercise of moderate intensity includes brisk walking, dancing, swimming, or cycling. The Guidelines also encourage people to think of movement as an opportunity rather than an inconvenience, and to be active every day in as many ways as possible.

In the New South Wales Population Health Survey, adequate physical activity is calculated from questions asked in the Active Australia Survey,[3] and is defined as undertaking physical activity for a total of 150 minutes per week over 5 separate occasions. The total minutes are calculated by adding minutes in the last week spent walking continuously for at least 10 minutes, minutes doing moderate physical activity, plus minutes doing vigorous physical activity multiplied by 2.

Active transport, such as walking, cycling or using public transport to get to or from a destination, especially work, is an achievable way for most people to incorporate the recommended 30 minutes of physical activity into their lives. Monitoring the active transport habits of the population provides important information about physical activity.

In order to encourage physical activity and active transport, it is important to have quality infrastructure and adequate neighbourhood facilities, such as sporting fields, public swimming pools, parks or reserves, footpaths, bike paths, and other facilities.

In 2006, the New South Wales Population Health Survey asked respondents: In the last week, how many times have you walked continuously for at least 10 minutes for recreation or exercise or to get to or from places? What do you estimate was the total time you spent walking in this way in the last week? In the last week, how many times did you do any vigorous physical activity that made you breathe harder or puff and pant? What do you estimate was the total time you spent doing this vigorous physical activity in the last week? In the last week, how many times did you do any other more moderate physical activity you haven't already mentioned? What do you estimate was the total time you spent doing these moderate activities in the last week? and, How do you usually get to work? Does your neighbourhood have any of the following facilities: sporting fields, public swimming pools, parks or reserves, footpaths, bikepaths, and other facilities. How often do you use these facilities each day, week, or month?

Results

Adequate physical activity

Overall, in 2006, 54.9 per cent of adults undertook adequate levels of physical activity. A significantly higher proportion of males (60.4 per cent) than females (49.6 per cent) undertook adequate physical activity. Among males, physical activity decreased with age. A significantly higher proportion aged 16-24 years (72.3 per cent) and 25-34 years (67.9 per cent), and a significantly lower proportion aged 65-74 years (51.9 per cent) and 75 years and over (40.9 per cent), undertook adequate physical activity, compared with the overall male population. Among females, physical activity decreased with age. A significantly higher proportion aged 16-24 years (51.9 per cent) and 25-34 years (61.4 per cent) and 25-34 years (55.7 per cent), and a significantly lower proportion aged 16-24 years (61.4 per cent) and 25-34 years (55.7 per cent), and a significantly lower proportion aged 65-74 years (42.5 per cent) and 75 years and over (29.5 per cent), undertook adequate physical activity, compared with the overall adult female population.

There was no significant difference in the proportion of adults undertaking adequate levels of physical activity between urban and rural areas; however, a higher proportion of adults in the Northern Sydney & Central Coast Health Area (60.3 per cent), and a lower proportion of adults in the Sydney West Health Area (48.7 per cent), undertook adequate physical activity, compared with the overall adult population. Adequate physical activity decreases with socioeconomic disadvantage. A lower proportion of adults in the least disadvantaged quintile (62.4 per cent), undertook adequate levels of physical activity, compared with the overall adult population.

There has been a significant increase in the proportion of adults undertaking adequate physical activity, from 1998 (47.9 per cent) to 2006 (54.9 per cent). This increase was significant in both males (52.5 per cent to 60.4 per cent) and females (43.4 per cent to 49.6 per cent).

Active transport

Overall, in 2006, the majority of adults did not use active transport to travel to work, as 77.1 per cent commuted by car, motorbike, truck, or taxi, and only 11.3 per cent caught a train, 6.1 per cent caught a bus, 7.7 per cent walked all or part of the way, 1.2 per cent rode a bicycle, and 0.4 per cent caught a ferry.

Neighbourhood facilities

Overall, in 2006, 4.3 per cent of adults had no access to neighbourhood facilities, 79.1 per cent had access to sporting fields, 88.8 per cent had access to parks or reserves, 63.4 per cent had access to public swimming pools, 82.3 per cent had access to footpaths, and 54.1 per cent had access to bikepaths.

Among those adults with access to parks or reserves, 7.9 per cent used them daily or more, 15.3 per cent used them more than once a week but less than daily, 16.0 per cent used them weekly, 15.7 per cent used them less than weekly, and 45.0 per cent never used them. Among those adults with access to sporting fields, 3.6 per cent used them daily or more, 7.9 per cent used them more than once a week but less than daily, 10.9 per cent used them weekly, 7.0 per cent used them less than weekly, and 70.5 per cent never used them. Among those adults with access to swimming pools, 1.1 per cent used them daily or more, 8.3 per cent used them more than once a week but less than daily, 9.1 per cent used them weekly, 8.1 per cent used them less than weekly, and 73.4 per cent never used them. Among those adults with access to footpaths, 52.2 per cent used them daily or more, 22.9 per cent used them less than weekly, 3.9 per cent used them less than weekly, 3.9 per cent used them less than weekly, 3.1 per cent used them daily or more, 5.2 per cent used them weekly, 3.9 per cent used them less than daily, 5.9 per cent used them daily or more, 5.2 per cent used them more than once a week but less to bikepaths, 3.1 per cent used them daily or more, 5.2 per cent used them more than once a week but less than daily, 5.9 per cent used them daily or more, 5.2 per cent used them more than once a week but less than daily or more, 5.2 per cent used them more than once a week but less than daily or more, 5.1 per cent used them more than once a week but less than daily or more, 5.2 per cent used them more than once a week but less than daily or more, 5.2 per cent used them more than once a week but less than daily, 5.9 per cent used them weekly, 7.7 per cent used them more than once a week but less than daily, 5.9 per cent used them weekly, 7.7 per cent used them less than weekly, and 78.1 per cent never used them.

Among those adults with access to neighbourhood facilities, 47.7 per cent used them weekly or more. There was no significant variation between males and females. A significantly higher proportion of adults aged 25-34 years (57 per cent) and 35-44 years (58.8 per cent), and a significantly lower proportion of adults aged 55-64 years (36.6 per cent) and 65-74 years (35.1 per cent) and 75 years and over (23.3 per cent), used neighbourhood facilities weekly or more.

A significantly lower proportion of adults in rural areas (35.7 per cent) than urban areas (51.3 per cent) used neighbourhood facilities weekly or more, compared with the overall adult population. A higher proportion of adults in the South Eastern Sydney & Illawarra Health Area (58.5 per cent), and a lower proportion of adults in the Hunter & New England (38.2 per cent) and North Coast (30.1 per cent) and Greater Western (29.0 per cent) Health Areas, used neighbourhood facilities weekly or more, compared with the overall adult female population.

There was no variation in the proportion of adults using neighbourhood facilities weekly or more by level of socioeconomic disadvantage.

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Adequate physical activity by age, persons aged 16 years and over, NSW, 2006



Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Adequate physical activity by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Adequate physical activity by health area, persons aged 16 years and over, NSW, 2006



South Eastern Sydney & Illawarra	62.1 (55.9-68.3)	54.9 (49.8-60.0)	58.5 (54.5-62.6
Sydney West	58.7 (52.5-64.9)	38.7 (33.9-43.5)	48.7 (44.7-52.8
Northern Sydney & Central Coast	65.6 (59.9-71.3)	55.4 (50.4-60.4)	60.3 (56.6-64.1
Hunter & New England	57.8 (51.7-63.8)	51.3 (46.6-56.1)	54.5 (50.7-58.3
North Coast	65.6 (59.9-71.2)	49.8 (44.9-54.7)	57.5 (53.7-61.4
Greater Southern	64.2 (58.5-69.9)	44.6 (39.5-49.7)	54.4 (50.4-58.4
Greater Western	56.3 (50.0-62.6)	45.4 (40.4-50.4)	50.9 (46.8-54.9
Urban	60.2 (57.2-63.2)	49.9 (47.4-52.4)	55.0 (53.1-57.0
Rural	60.8 (57.6-64.0)	48.7 (46.1-51.3)	54.7 (52.6-56.7
NSW	60.4 (58.1-62.7)	49.6 (47.6-51.5)	54.9 (53.4-56.4

Note:

Source:

Estimates are based on 7,575 respondents in NSW. For this indicator 387 (4.86%) were not stated (Don't know or Refused) in NSW. The indicator includes those who did adequate physical activity. Adequate physical activity is a total of 150 minutes per week on 5 separate occasions. The total minutes were calculated by adding minutes in the last week spent walking continuously for at least 10 minutes, minutes doing moderate physical activity, plus 2 x minutes doing vigorous physical activity. The questions used to define the indicator were: In the last week, how many times have you walked continuously for at least 10 minutes for recreation or exercise or to get to or from places?, What do you estimate was the total time you spent walking in this way in the last week?, In the last week, how many times did you do any vigorous physical activity that made you breathe harder or puff and pant?, What do you estimate was the total time you spent doing this vigorous physical activity in the last week?, In the last week, how many times did you do any vigorous physical activity that made you breathe harder or puff and pant?, What do you estimate was the total time you spent doing this vigorous physical activity in the last week?, In the last week, how many times did you do any vigorous physical activity that sou bave not already mentioned?

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Usual transport to work, employed persons aged 16 years and over, NSW, 2006



	Response	Males (95% Cl)	Females (95% Cl)	Persons (95% CI)
	Train	11.3 (9.1-13.5)	11.2 (9.2-13.1)	11.3 (9.8-12.8)
	Bus	5.9 (4.3-7.4)	6.4 (4.9-7.8)	6.1 (5.0-7.2)
	Ferry	0.5 (0.1-0.9)	0.3 (0.0-0.5)	0.4 (0.2-0.7)
	Tram (including light rail)	0.0 (0.0-0.1)	0.1 (0.0-0.2)	0.0 (0.0-0.1)
	Taxi	0.1 (0.0-0.2)	0.2 (0.0-0.4)	0.1 (0.0-0.2)
	Car - as driver	71.5 (68.8-74.2)	70.5 (67.9-73.1)	71.1 (69.2-73.0)
	Car- as passenger	3.4 (2.4-4.4)	5.2 (3.8-6.6)	4.2 (3.3-5.0)
	Truck	0.9 (0.4-1.4)	0.0 (0.0-0.0)	0.5 (0.2-0.8)
	Motorbike or motor scooter	2.0 (1.2-2.7)	0.3 (0.1-0.6)	1.2 (0.8-1.7)
X	Bicycle	1.8 (1.0-2.7)	0.4 (0.1-0.7)	1.2 (0.7-1.7)
$\langle \rangle$	Walk only	4.6 (3.5-5.6)	5.3 (4.1-6.5)	4.9 (4.1-5.7)
1	Work at home	5.8 (4.6-6.9)	7.7 (6.3-9.1)	6.6 (5.7-7.5)
	Walk part of the way	2.9 (1.8-3.9)	2.7 (1.8-3.6)	2.8 (2.1-3.5)
. ~ (Other	0.7 (0.3-1.1)	0.3 (0.1-0.6)	0.6 (0.3-0.8)

Note:

Source:

Estimates are based on 3,899 respondents in NSW. For this indicator 1 (0.03%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last week, which of the following best describes your employment status? and How do you usually get to work? Respondents could mention more than one response. Percentages will total more than 100 per cent.

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Neighbourhood facilities, persons aged 16 years and over, NSW, 2006



Frequence of use of parks or reserves, persons aged 16 years and over, NSW, 2006



Response	Males (95% CI)	Females (95% CI)	Persons (95% CI)
Daily or more	10.0 (6.6-13.3)	5.7 (3.8-7.5)	7.9 (5.9-9.9)
More than once per week but less daily	14.4 (10.8-18.0)	16.3 (12.9-19.8)	15.3 (12.8-17.8)
Weekly	15.1 (11.1-19.1)	17.0 (13.2-20.7)	16.0 (13.3-18.8)
Less than weekly	15.7 (12.1-19.4)	15.7 (12.5-19.0)	15.7 (13.3-18.2)
None	44.8 (39.7-49.8)	45.3 (41.0-49.7)	45.0 (41.7-48.4)
	V		

Note: Estimates are based on 1,467 respondents in NSW. For this indicator 14 (0.95%) were not stated (Don't know or Refused) in NSW. The questions used were: Does your neighbourhood have any of the following facilities: Sporting field, Park or reserve, Public swimming pool, Footpaths, Bikepaths? and How often do you use the park or reserve?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Frequence of use of sporting fields, persons aged 16 years and over, NSW, 2006



Response	Males (95% CI)	Females (95% CI)	Persons (95% CI)
Daily or more	64.3 (58.8-69.7)	77.4 (73.2-81.7)	70.5 (67.0-74.1)
More than once per week but less daily	7.5 (4.5-10.6)	6.4 (3.6-9.2)	7.0 (4.9-9.1)
Weekly	13.1 (9.0-17.2)	8.4 (5.4-11.4)	10.9 (8.3-13.5)
Less than weekly	9.4 (6.3-12.5)	6.3 (4.2-8.4)	7.9 (6.0-9.8)
None	5.7 (2.5-8.9)	1.4 (0.5-2.3)	3.6 (1.9-5.4)
	V		

Note: Estimates are based on 1,312 respondents in NSW. For this indicator 7 (0.53%) were not stated (Don't know or Refused) in NSW. The questions used were: Does your neighbourhood have any of the following facilities: Sporting field, Park or reserve, Public swimming pool, Footpaths, Bikepaths? and How often do you use the sporting fields?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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Frequence of use of swimming pools, persons aged 16 years and over, NSW, 2006



Note: Estimates are based on 1,077 respondents in NSW. For this indicator 13 (1.19%) were not stated (Don't know or Refused) in NSW. The questions used were: Does your neighbourhood have any of the following facilities: Sporting field, Park or reserve, Public swimming pool, Footpaths, Bikepaths? and How often do you use the swimming pool?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Frequence of use of footpaths, persons aged 16 years and over, NSW, 2006



Note: Estimates are based on 1,346 respondents in NSW. For this indicator 12 (0.88%) were not stated (Don't know or Refused) in NSW. The questions used were: Does your neighbourhood have any of the following facilities: Sporting field, Park or reserve, Public swimming pool, Footpaths, Bikepaths? and How often do you use the footpaths?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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Frequence of use of bikepaths, persons aged 16 years and over, NSW, 2006



Note: Estimates are based on 882 respondents in NSW. For this indicator 5 (0.56%) were not stated (Don't know or Refused) in NSW. The questions used were: Does your neighbourhood have any of the following facilities: Sporting field, Park or reserve, Public swimming pool, Footpaths, Bikepaths? and How often do you use the bikepaths?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



Weekly use of any neighbourhood facilities by age, persons aged 16 years and over, NSW, 2006

The indicator includes those who use any neighbourhood facilities on a weekly basis. The questions used to define the indicator were: Does your neighbourhood have any of the following facilities: Sporting field, Park or reserve, Public swimming pool, Footpaths, Bikepaths?, How often do you use the sporting field?, How often do you use the park or reserve?, How often do you use the public swimming pool?, How often do you use the footpaths? and How often do you use the bikepaths?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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Weekly use of any neighbourhood facilities by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Weekly use of any neighbourhood facilities by health area, persons aged 16 years and over, NSW, 2006



Introduction

Tobacco smoking is the leading cause of preventable mortality and morbidity in New South Wales. While the relationship between smoking, lung cancer, and cardiovascular disease has long been evidenced, a substantial number of other diseases are now known to be associated with smoking, including: cancers of the stomach, bladder, cervix, uterus, oesophagus, mouth, larynx, pancreas, and kidney; leukemia; chronic obstructive pulmonary disease and pneumonia; respiratory effects in utero and infancy (including sudden infant death syndrome), childhood, adolescence and adulthood; fetal death and stillbirths; problems with fertility; low birthweight; complications in pregnancy; cataract; hip fractures; low bone density; peptic ulcers in persons who are *Heliobacter pylori* positive; and periodontitis.

Smoking diminishes the overall health of smokers and contributes to widespread organ damage. As smokers need to be aware that smoking carries far greater risks than the most widely known diseases, health care providers should use this new evidence to counsel their patients against smoking. Smokers who quit can lower their risk of a wide range of diseases and improve their health generally. Those who have never smoked can avoid the burden of disease and the years of lost life smoking causes.[1]

Exposure to environmental tobacco smoke (passive smoking) is a significant cause of preventable mortality and morbidity in New South Wales. Passive smoking causes lung, nasal and sinus cancer; stroke and ischemic heart disease in adults; lower respiratory infections (croup, bronchitis, bronchiolitis and pneumonia), onset of asthma and worsening of asthma, respiratory symptoms, reduced lung function, middle-ear disease, and eye and nasal irritation in children; reduced birthweight; and sudden infant death syndrome in infants. There is also a causal association between passive smoking and cervical cancer; decreased pulmonary function and exacerbation of cystic fibrosis in adults; and cardiovascular health and the development of neurodevelopmental and behavioural problems in children. The risk of breast cancer appears to increase with passive smoking during puberty but not with overall lifetime exposure. Most of the evidence of harm caused by passive smoking is based on studies in the home environment; however, passive smoking is harmful wherever it takes place.[2]

In New South Wales there are several pieces of legislation relating to the control of environmental tobacco smoke: the Smoke-free Environment Amendment Act 2004; the Smoke-free Environment Amendment Regulation 2005; and the Smoke-free Environment Amendment (Enclosed Places) Regulation 2006, which provide for 3 incremental phases in the lead up to a total smoking ban in enclosed public areas of licensed premises by July 2007. Also, the Smoke-free Environment Act 2000 and the Smoke-free Environment Regulation 2000 both ban smoking in most other enclosed public places. Further information about legislation relating to environmental tobacco smoke is available from the NSW Department of Health's Tobacco and Health website.[3]

In 2006 the New South Wales Population Health Survey asked respondents: Which of the following best describes your smoking status: I smoke daily, I smoke occasionally, I don't smoke now but I used to, I've tried it a few times but never smoked regularly, I've never smoked? The last time you went to your general practitioner, was your smoking discussed and were you advised to quit smoking? Which of the following best describes your home situation: My home is smoke-free, People occasionally smoke in the house, People frequently smoke in the house? Are people allowed to smoke in your car? If there was a total ban on smoking in hotels and licensed bars would you go there: More often, Less often, and It would make no difference? If there was a total ban on smoking in outdoor dining areas would you go there: More often, Less often, It would make no difference?

Results

Current smoking

Overall, in 2006, 13.9 per cent smoked daily, 3.8 per cent smoked occasionally, 25.3 per cent did not but used to smoke, 10.3 per cent tried smoking a few times but never regularly smoked, and 46.7 per cent never smoked. Therefore, 17.7 per cent of adults were current (daily or occasional) smokers. A significantly higher proportion of males (19.2 per cent) than females (16.2 per cent) were current smokers. Among males, a significantly higher proportion of adults aged 25-34 years (29.4 per cent), and a significantly lower proportion of adults aged 65-74 years (9.4 per cent) and 75 years and over (3.1 per cent), were current smokers, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 25-34 years (22.3 per cent), and a significantly lower proportion of adults aged 25-34 years (22.3 per cent), and a significantly lower proportion of adults aged 25-34 years (26.4 per cent), were current smokers, compared with the overall adult male population.

There was no significant variation between the proportion of adults in rural areas and urban areas who were current smokers; however, a higher proportion of adults in the Greater Western Health Area (22.7 per cent), and a lower proportion of adults in the Northern Sydney & Central Coast Health Area (14.2 per cent), were current smokers.

The proportion of adults who were current smokers increased with socioeconomic disadvantage. A higher proportion of adults in the most disadvantaged quintile (24.3 per cent), and a lower proportion of adults in the 2 least disadvantaged quintiles (12.9 per cent and 14.9 per cent), were current smokers, compared with the overall adult population.

There was a significant decrease in the prevalence of current smoking between 1997 (24.0 per cent) and 2005 (17.7 per cent). The significant decrease was in both males (27.1 per cent to 19.2 per cent) and females (21.1 per cent to 16.2 per cent).

Daily smoking

Overall, in 2006, 13.9 per cent of adults smoked daily. There was no significant variation between males and females who smoked daily. A significantly higher proportion of adults aged 25-34 years (18.0 per cent) and 35-44 years (18.4 per cent), and a significantly lower proportion of adults aged 55-64 years (11.5 per cent) and 65-74 years (7.0 per cent) and 75 years and over (3.1 per cent), smoked daily, compared with the overall adult population.

A significantly higher proportion of adults in rural areas (15.8 per cent) than urban areas (13.1 per cent) smoked daily. A higher proportion of adults in the Greater Western Health Area (19.5 per cent), and a lower proportion of adults in the Northern Sydney & Central Coast Health Area (10.3 per cent), smoked daily.

The proportion of adults who smoked daily increased with socioeconomic disadvantage. A higher proportion of adults in the most disadvantaged quintile (18.3 per cent), and a lower proportion of adults in the 2 least disadvantaged quintiles (8.8 per cent and 11.4 per cent), smoked daily, compared with the overall adult population.

There was a significant decrease in the prevalence of daily smoking between 2002 (16.4 per cent) and 2006 (13.9 per cent). This decrease was significant in males (18.5 per cent to 15.0 per cent).

Advice to quit smoking

Overall, in 2006, 48.4 per cent of adults who smoked were advised to quit smoking the last time they visited their general practitioner. There was no significant variation between males and females who were advised to quit smoking. A significantly lower proportion of adults aged 16-24 years (30.4 per cent), and a significantly higher proportion of adults aged 45-54 years (61.6 per cent) and 65-74 years (63.2 per cent), were advised to quit smoking, compared with the overall adult population.

There was no significant variation between adults in rural areas and urban areas, or by level of socioeconomic disadvantage; however, a higher proportion of adults in the South Eastern Sydney & Illawarra Health Area (59.5 per cent) were advised to quit smoking, compared with the overall adult population. There was no significant variation in the proportion of adults who were advised to quit smoking between 2005 and 2006.

Smoking in the home

Overall, in 2006, 87.7 per cent of adults lived in smoke-free homes. The proportion of adults living in a smoke-free home was significantly lower among those aged 16-24 years (82.5 per cent), and significantly higher among those aged 65-74 years (92.2 per cent) and 75 years and over (93.1 per cent), compared with the overall adult population.

There was no significant variation in the proportion of adults in rural areas and urban areas living in smoke-free homes; however, a higher proportion of adults in the Northern Sydney & Central Coast Health Area (92.4 per cent), and a lower proportion of adults in the Sydney South West (84.7 per cent) and Greater Western (82.4 per cent) Health Areas, lived in smoke-free homes, compared with the overall adult population.

The proportion of adults living in smoke-free homes increased as socioeconomic disadvantage decreased. Compared to the overall population, the least disadvantaged quintile (93.8 per cent) had a higher proportion of adults living in smoke-free homes, and the most disadvantaged quintile (81.7 per cent) had a lower proportion of adults living in smoke-free homes.

There has been a significant increase in the proportion of adults living in smoke-free homes between 1997 (69.7 per cent) and 2006 (87.7 per cent). This increase was significant in both males (69.4 per cent to 87.1 per cent) and females (70.0 per cent to 88.2 per cent).

Smoking in cars

Overall, in 2006, 87.7 per cent of adults had smoke-free cars. A significantly higher proportion of adults aged 65-74 years (92.6 per cent) and 75 years and over (92.1 per cent) had smoke-free cars.

There was no significant variation in the proportion of adults in rural areas and urban areas with smoke-free cars; however, a higher proportion of adults in the Northern Sydney & Central Coast Health Area (90.3 per cent), and a lower proportion of adults in the Greater Western Health Area (84.3 per cent), had smoke-free cars, compared with the overall adult population.

The proportion of smoke-free cars decreased as socioeconomic disadvantage increased. Compared to the overall adult population, the most disadvantaged quintile (84.4 per cent) had a lower proportion of adults with smoke-free cars.

There has been a significant increase in the proportion of smoke-free cars, from 81.2 per cent in 2003 to 87.7 per cent in 2006. This increase was significant in both males (77.9 per cent to 85.3 per cent) and females (84.6 per cent to 90.0 per cent).

Smoking in hotels and licensed premises

Overall, in 2006, 35.0 per cent of adults would be more likely to frequent hotels and licensed premises if there was a total ban on smoking. A significantly higher proportion of females (36.7 per cent) than males (33.3 per cent) would be more likely to frequent hotels and licensed premises if there was a total ban on smoking. Among males, a significantly lower proportion of adults aged 75 years and over (22.3 per cent) would be more likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult male population. Among females, a significantly lower proportion of adults aged 75 years and over (21.3 per cent) would be more likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult male population. Among females, a significantly lower proportion of adults aged 75 years and over (21.3 per cent) would be more likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult male population.

A significantly lower proportion of adults in rural areas (31.6 per cent) than urban areas (36.5 per cent) would be more likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult population. A higher proportion of adults in the Northern Sydney & Central Coast Health Area (39.7 per cent), and a lower proportion of adults in the Greater Western Health Area (28.8 per cent) 39.7 per cent), would be more likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult population.

A higher proportion of adults in the 2 least disadvantaged quintiles (40.8 per cent and 39.4 per cent), and a lower proportion of adults in the third most disadvantaged quintile (31.6 per cent) and most disadvantaged quintile (28.4 per cent), would be more likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult population.

The proportion of adults who would be more likely to frequent hotels and licensed premises if there was a total ban on smoking has increased significantly from 24.2 per cent in 2003 to 35.5 per cent in 2006. The significant increase was observed in both males (23.1 per cent to 33.3 per cent) and females (25.5 per cent to 36.7 per cent).

Overall, in 2006, 6.6 per cent of adults would be less likely to frequent hotels and licensed premises if there was a total ban on smoking. A significantly lower proportion of females (5.6 per cent) than males (7.5 per cent) would be less likely to frequent hotels and licensed premises if there was a total ban on smoking. Among males, a significantly lower proportion of adults aged 55-64 years (4.5 per cent) and 65-74 years (4.0 per cent) and 75 years and over (2.7 per cent), and a significantly higher proportion of adults aged 25-34 years (13.1 per cent), would be less likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult male population. Among females, a significantly lower proportion of adults aged 65-74 years (2.5 per cent) and 75 years and over (2.3 per cent) would be less likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult male population. Among females, a significantly lower proportion of adults aged 65-74 years (2.5 per cent) and 75 years and over (2.3 per cent) would be less likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult male population. Among females, compared with the overall adult female population.

There was no significant variation between rural areas and urban areas or among health areas.

A lower proportion of adults in the least disadvantaged quintile (4.6 per cent), and a higher proportion of adults in the most disadvantaged quintile (9.4 per cent), would be less likely to frequent hotels and licensed premises if there was a total ban on smoking, compared with the overall adult population.

The proportion of adults who would be less likely to frequent hotels and licensed premises if there was a total ban on smoking has decreased significantly from 9.8 per cent in 2003 to 6.6 per cent in 2006. This decrease was significant in both males (10.5 per cent to 7.5 per cent) and females (8.9 per cent to 5.6 per cent).

Smoking in outdoor dining areas

Overall, in 2006, 38.2 per cent of adults would be more likely to frequent outdoor dining areas if there was a total ban on smoking. A significantly higher proportion of females (40.4 per cent) than males (36.0 per cent) would be more likely to frequent outdoor dining areas if there was a total ban on smoking. Among males, there was no significant variation by age group. Among females, a significantly lower proportion of adults aged 75 years and over (29.7 per cent) would be more likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult female population.

A significantly lower proportion of adults in rural areas (35.9 per cent) than urban areas (39.2 per cent) would be more likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult population. A lower proportion of adults in the Greater Western Health Area (32.1 per cent) would be more likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult population.

A higher proportion of adults in the least disadvantaged quintile (44.2 per cent), and a lower proportion of adults in the most disadvantaged quintile (31.7 per cent), would be more likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult population.

Overall, in 2006, 6.3 per cent of adults would be less likely to frequent outdoor dining areas if there was a total ban on smoking. There was no variation between males and females. A significantly lower proportion of adults aged 65-74 years (3.0 per cent) and 75 years and over (2.1 per cent) would be less likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult population.

A significantly lower proportion of adults in rural areas (5.2 per cent) than urban areas (6.9 per cent) would be less likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult population. A higher proportion of adults in the Sydney South West Health Area (9.0 per cent) would be less likely to frequent outdoor dining areas if there was a total ban on smoking,

compared with the overall adult population.

A higher proportion of adults in the most disadvantaged quintile (9.0 per cent) would be less likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult population.

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Smoking status, persons aged 16 years and over, NSW, 2006

Note: Estimates are based on 7,957 respondents in NSW. For this indicator 5 (0.06%) were not stated (Don't know or Refused) in NSW. The question used was: Which of the following best describes your smoking status? Smoke daily, Smoke occasionally, Do not smoke now but used to, Have tried it a few times but never smoked regularly, and Never smoked?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.







Current smoking by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Current smoking by health area, persons aged 16 years and over, NSW, 2006



Daily smoking by age, persons aged 16 years and over, NSW, 2006





Daily smoking by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Daily smoking by health area, persons aged 16 years and over, NSW, 2006



Doctor advised to quit smoking by age, persons who are current smokers aged 16 years and over, NSW, 2006





Doctor advised to quit smoking by socioeconomic disadvantage, persons who are current smokers aged 16 years and over, NSW, 2006

Doctor advised to quit smoking by health area, persons who are current smokers aged 16 years and over, NSW, 2006



Area	Males (95% Cl)	Females (95% Cl)	Persons (95% CI)
Sydney South West	51.1 (36.8-65.3)	46.0 (33.4-58.7)	48.4 (38.9-57.9)
South Eastern Sydney & Illawarra	52.6 (36.8-68.4)	66.3 (54.7-77.9)	59.5 (49.5-69.5)
Sydney West	42.4 (27.7-57.1)	41.0 (28.9-53.2)	41.8 (32.0-51.7)
Northern Sydney & Central Coast	48.1 (32.0-64.1)	46.0 (30.7-61.4)	47.3 (35.7-58.8)
Hunter & New England	35.5 (22.4-48.6)	63.6 (51.8-75.3)	48.1 (38.4-57.8)
North Coast	40.7 (26.8-54.6)	49.4 (37.6-61.3)	44.8 (35.4-54.2)
Greater Southern	47.1 (31.9-62.3)	47.6 (35.4-59.9)	47.4 (37.5-57.2)
Greater Western	42.0 (29.1-54.8)	51.1 (39.8-62.5)	46.0 (37.1-54.8)
Urban	48.3 (40.8-55.9)	50.3 (43.7-56.9)	49.2 (44.2-54.3)
Rural	40.4 (33.4-47.5)	54.3 (48.1-60.5)	46.8 (41.8-51.7)
NSW	45.7 (40.1-51.3)	51.6 (46.7-56.5)	48.4 (44.7-52.2)

Note:

Estimates are based on 1.301 respondents in NSW. For this indicator 13 (0.99%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoke and were advised to quit smoking the last time they visited their general practitioner. The questions used to define the indicator were: What is you current smoking status? and The last time you went to your general practitioner, did the doctor discuss your smoking and advise you to quit smoking?

Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Exposure to tobacco smoke in household, persons aged 16 years and over, NSW, 2006



Smoke-free households by age, persons aged 16 years and over, NSW, 2006





Smoke-free households by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006
Smoke-free households by health area, persons aged 16 years and over, NSW, 2006



Smoke-free cars by age, persons aged 16 years and over, NSW, 2006





Smoke-free cars by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Smoke-free cars by health area, persons aged 16 years and over, NSW, 2006





Impact of total smoking ban on attendance in bars and hotels, persons aged 16 years and over, NSW, 2006

More likely to attend hotels and licensed bars if smoking banned in hotels and licensed bars by age, persons aged 16 years and over, NSW, 2006



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More likely to attend hotels and licensed bars if smoking banned in hotels and licensed bars by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



More likely to attend hotels and licensed bars if smoking banned in hotels and licensed bars by health area, persons aged 16 years and over, NSW, 2006





Less likely to attend hotels and licensed bars if smoking banned by age, persons aged 16 years and over, NSW, 2006

Less likely to attend hotels and licensed bars if smoking banned by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Less likely to attend hotels and licensed bars if smoking banned by health area, persons aged 16 years and over, NSW, 2006



Impact of smoking ban in outdoor dining areas, persons aged 16 years and over, NSW, 2006



More likely to frequent outdoor dining areas if smoking banned from these areas by age, persons aged 16 years and over, NSW, 2006



More likely to frequent outdoor dining areas if smoking banned from these areas by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



More likely to frequent outdoor dining areas if smoking banned from these areas by health area, persons aged 16 years and over, NSW, 2006



Less likely to frequent outdoor dining areas if smoking banned from these areas by age, persons aged 16 years and over, NSW, 2006



Less likely to frequent outdoor dining areas if smoking banned from these areas by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



Less likely to frequent outdoor dining areas if smoking banned from these areas by health area, persons aged 16 years and over, NSW, 2006



Health status

Monitoring the health status of a population helps to detect emerging patterns of illness and disease and provides information to inform policy and planning of health services. This section reports on asthma, diabetes or high blood glucose, incontinence, injury (falls), mental health (psychological distress), oral health, overweight and obesity, and self-rated health.

Asthma

Introduction

Asthma is a chronic inflammatory disorder of the airways in which, in response to a wide range of triggers, the airways narrow too much and too easily, resulting in episodes of wheeze, chest tightness, and shortness of breath. The prevalence of asthma is relatively high in Australia by international standards.[1-3]

The effects of asthma can include: disturbed sleep, tiredness, and reduced participation in the workforce and organised sport and other activities. Asthma ranks among the top 10 problems managed by general practitioners and is a major cause for hospital admission in children.[1-3]

Asthma is not curable but can be managed effectively. Current recommended management strategies include: increased use of preventer medications, reduced use of reliever medications, use of a structured or written asthma management plan, avoidance of known triggers, and regular review by a general practitioner. Research has shown most patients with an asthma management plan found it useful for managing their asthma.[4-6]

In 2006, the New South Wales Population Health Survey asked respondents: Have you ever been told by a doctor or hospital you have asthma? Have you had symptoms of or treatment for asthma in the last 12 months? What are the names or brands of all the [preventer or reliever] medications you took for asthma in the last 12 months? Do you have a written asthma management plan from your doctor on how to treat your asthma? During the last 4 weeks did your asthma interfere with your ability to manage your day-to-day activities?; Did it interfere with these activities: A little bit, Moderately, Quite a bit, Extremely?

Results

Ever had asthma

Overall, in 2006, 19.3 per cent of adults had ever being told by a doctor or hospital they had asthma. There was no significant variation between males and females. A significantly higher proportion of adults aged 16-24 years (23.7 per cent) and 25-34 years (25.5 per cent), and a significantly lower proportion of adults aged 65-74 years (15.4 per cent) and 75 years and over (13.0 per cent), ever had asthma. A significantly higher proportion of adults in rural areas (21.8 per cent) than urban areas (18.2 per cent) ever had asthma. A higher proportion of adults in the Greater Western Health Area (24.6 per cent) ever had asthma. There was no variation by level of socioeconomic disadvantage. The proportion of adults who ever had asthma has increased significantly between 1997 (16.8 per cent) and 2006 (19.3 per cent). This increase was significant in males (15.2 per cent to 18.4 per cent) but not in females (18.4 per cent to 20.1 per cent).

Currently have asthma

Overall, in 2006, 10.9 per cent of adults currently have doctor-diagnosed asthma. A significantly higher proportion of females (11.8 per cent) than males (9.9 per cent) currently have doctor-diagnosed asthma. There was no significant variation among age groups, or among health areas, or by level of socioeconomic disadvantage. A significantly higher proportion of adults in rural areas (12.7 per cent) than urban areas (10.1 per cent) currently have asthma. There has been no significant variation in the proportion of adults who have current asthma between 1997 and 2006.

Use of medication

Overall, in 2006, 42.4 per cent of adults with current asthma used short-acting bronchodilators, 22.4 per cent used combined inhaled steroids and long-acting bronchodilators, 9.2 per cent used inhaled corticosteroids, 0.3 per cent used cromone, 0.0 per cent used leukotriene receptor antagonists, and 2.3 per cent used oral steroids.

Overall, in 2006, among those adults with current asthma, 84.3 per cent used reliever medication (short-acting bronchodilators, long-acting bronchodilators, and combined inhaled steroids and long-acting bronchodilators). A significantly higher proportion of females (89.1 per cent) than males (78.4 per cent) use reliever medication. There was no significant variation by age group, or by level of socioeconomic disadvantage; however, a higher proportion of adults with current asthma in the Sydney West Health Area (94.6), and a lower proportion of adults with current asthma in the South Eastern Sydney & Illawarra Health Area (70.0 per cent), used reliever medication, compared with the overall adult population with current asthma.

Overall, in 2006, among those adults with current asthma, 51.2 per cent used preventer medication (inhaled corticosteroids, cromone, leukotriene receptor antagonists, oral steriods, long-acting bronchodilators, and combined inhaled steroids and long-acting bronchodilators). There was no significant variation between males and females, or by age group, or between rural areas and urban areas, or among health areas, or by level of socioeconomic disadvantage.

Written asthma management plan

Overall, in 2006, among those with current asthma, 37.6 per cent had a written asthma management plan. There was no significant variation between males and females, by age group, between rural areas and urban areas, among health areas, or by level of socioeconomic disadvantage. The proportion of adults with current asthma who have a written asthma management plan has not varied significantly between 1997 and 2006.

Interference with daily activities

Overall, in 2006, among adults who had current asthma, 82.4 per cent had no interference with daily activities, 5.4 per cent had a little interference, 6.4 per cent had moderate interference, 3.6 per cent had quite a lot of inteference, and 2.2 per cent had extreme interference.

Therefore, 12.2 per cent had moderate to extreme interference with their ability to undertake daily activities because of their asthma. There was no significant variation between males and females, among age groups, between rural areas and urban areas, or by level of socioeconomic disadvantage; however, a lower proportion of adults with current asthma in the Greater Western Health Area (6.2 per cent) had moderate to extreme interference with their ability to undertake daily activities because of their asthma, compared with the overall adult population with current asthma. The proportion of adults with current asthma who have moderate to extreme interference with their ability to undertake daily activities because of their asthma who have moderate to extreme interference with their ability to undertake daily activities because of their asthma has decreased significantly between 1997 (22.6 per cent) and 2006 (12.2 per cent). This decrease was significant in females (26.8 per cent to 12.8 per cent).

Current smoking

Overall, in 2006, among adults with current asthma, 19.0 per cent were current smokers. There was no significant variation between males and females. A significantly lower proportion of adults with current asthma aged 55-64 years (10.0 per cent) and 65-74 years (7.7 per cent) and 75 years and over (5.4 per cent) were current smokers. There was no significant variation between rural areas and urban areas, or among health areas, or by level of socioeconomic disadvantage.

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Ever diagnosed with asthma by age, persons aged 16 years and over, NSW, 2006





Ever diagnosed with asthma by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Ever diagnosed with asthma by health area, persons aged 16 years and over, NSW, 2006





Current asthma by age, persons aged 16 years and over, NSW, 2006



Current asthma by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

Current asthma by health area, persons aged 16 years and over, NSW, 2006



Asthma medications used in the last 12 months, persons who currently have asthma aged 16 years and over, NSW, 2006



Response	Males (95% Cl)	Females (95% CI)	Persons (95% CI)
Short-acting bronchodilator	38.0 (32.7-43.3)	46.3 (42.1-50.5)	42.4 (39.0-45.7)
Combined inhaled steroid and long-acting bronchodilator	20.3 (15.8-24.8)	24.2 (20.8-27.7)	22.4 (19.6-25.2)
Inhaled corticosteroid	7.9 (4.9-10.8)	10.4 (7.9-13.0)	9.2 (7.2-11.1)
Cromone	0.3 (0.0-0.7)	0.3 (0.0-0.7)	0.3 (0.0-0.6)
Leukotriene receptor antagonist	0.0 (0.0-0.1)	0.0 (0.0-0.0)	0.0 (0.0-0.1)
Oral steroids	1.5 (0.3-2.7)	3.0 (1.5-4.5)	2.3 (1.3-3.3)
Other	4.6 (2.6-6.6)	6.4 (4.3-8.4)	5.5 (4.1-7.0)

Note:	Estimates are based on 1,522 respondents in NSW. For this indicator 7 (0.46%) were not stated (Don't know or Refused) in NSW. The questions used to define the indicator were: Have you ever been told by a doctor or hospital you have asthma?, Have you had symptoms of asthma or treatment for asthma in the last 12 months?, What are the names or brands of all the medications you took for asthma in the last 12 months? Respondents could mention more than one response. Percentages will total more than 100 per cent.
Source.	New South Wales Population realth Sulvey 2000 (110151). Centre for Epidemiology and Research, NSW Department of realth.
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### Asthma reliever used in the last 12 months by age, persons who currently have asthma aged 16 years and over, NSW, 2006





### Asthma reliever used in the last 12 months by socioeconomic disadvantage, persons who currently have asthma aged 16 years and over, NSW, 2006

### Asthma reliever used in the last 12 months by health area, persons who currently have asthma aged 16 years and over, NSW, 2006



### Asthma preventer used in the last 12 months by age, persons who currently have asthma aged 16 years and over, NSW, 2006



## Asthma preventer used in the last 12 months by socioeconomic disadvantage,





### Asthma preventer used in the last 12 months by health area, persons who currently have asthma aged 16 years and over, NSW, 2006



### Written asthma management plan by age, persons who currently have asthma aged 16 years and over, NSW, 2006





### Written asthma management plan by socioeconomic disadvantage, persons who currently have asthma aged 16 years and over, NSW, 2006
# Written asthma management plan by health area, persons who currently have asthma aged 16 years and over, NSW, 2006



Area	Males (95% Cl)	Females (95% Cl)	Persons (95% CI)
Sydney South West	22.4 (3.7-41.0)	40.0 (25.2-54.8)	33.1 (21.6-44.6)
South Eastern Sydney & Illawarra	45.0 (25.4-64.7)	44.8 (29.7-60.0)	44.9 (32.2-57.6)
Sydney West	32.2 (5.3-59.0)	45.8 (31.3-60.3)	40.7 (27.3-54.1)
Northern Sydney & Central Coast	35.5 (16.6-54.4)	40.1 (25.7-54.6)	38.0 (26.3-49.7)
Hunter & New England	30.0 (14.5-45.6)	38.8 (25.8-51.8)	34.6 (24.3-44.9)
North Coast	28.3 (8.9-47.7)	40.2 (26.2-54.2)	34.7 (23.0-46.4)
Greater Southern	35.9 (16.8-55.0)	31.2 (18.5-43.8)	33.1 (22.2-44.0)
Greater Western	35.3 (16.6-53.9)	37.5 (25.3-49.7)	36.5 (26.0-47.1)
Urban	35.2 (25.1-45.4)	42.5 (35.2-49.9)	39.3 (33.2-45.3)
Rural	31.6 (22.3-40.8)	37.1 (30.3-43.9)	34.6 (28.9-40.3)
NSW	33.9 (26.6-41.3)	40.6 (35.3-46.0)	37.6 (33.2-42.0)

Note:

Estimates are based on 886 respondents in NSW. For this indicator 9 (1.01%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have current asthma and who have a written asthma management plan. The questions used to define the indicator were: Have you ever been told by a doctor or hospital you have asthma? Do you currently have asthma? and Do you have a written asthma management plan from your doctor on how to treat your asthma?

Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



#### Level of interference with daily activities in the last 4 weeks, persons who currently have asthma aged 16 years and over, NSW, 2006

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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#### Moderate to extreme interference with daily activities by age, persons who currently have asthma aged 16 years and over, NSW, 2006

# Moderate to extreme interference with daily activities by socioeconomic disadvantage,



persons who currently have asthma aged 16 years and over, NSW, 2006

Moderate to extreme interference with daily activities by health area, persons who currently have asthma aged 16 years and over, NSW, 2006





### Current smoking by age, persons who currently have asthma aged 16 years and over, NSW, 2006



#### Current smoking by socioeconomic disadvantage, persons who currently have asthma aged 16 years and over, NSW, 2006

# Current smoking by health area, persons who currently have asthma aged 16 years and over, NSW, 2006



## Introduction

Diabetes is a chronic disease characterised by high blood glucose levels, resulting from the body either not producing insulin or not using insulin properly. Insulin is a hormone needed for glucose to enter the cells and be converted to energy.[1] Diabetes affects a person's health in 2 ways: by direct metabolic complications, which can be immediately life threatening if not treated promptly; by long term complications involving the eyes, kidneys, nerves, and major blood vessels including those in the heart.

There are 3 main forms of diabetes: type 1, or insulin dependent diabetes mellitus, which occurs when the pancreas no longer produces insulin; type 2, or non insulin dependent diabetes mellitus, which occurs when the pancreas is not producing enough insulin and the insulin it produces is not working effectively; and gestational diabetes, which occurs in pregnancy and should disappear after the birth.[1] The management of type 2, which is the most common form of diabetes, depends on careful control of glucose levels, blood lipid levels (especially cholesterol levels), blood pressure, and regular screening for complications.[2-5]

Type 2 diabetes accounts for up to 90 per cent of all cases of diabetes. In 2004, diabetes was the principal cause of 2.2 per cent of deaths and a related cause of 5.2 per cent of deaths in New South Wales. Between 1989-90 and 2004-05, diabetes related hospitalisations increased by 96 per cent in New South Wales.[6]

In 2006, the New South Wales Population Health Survey asked respondents: Have you ever been told by a doctor or hospital you have diabetes? Have you ever been told by a doctor or hospital you have high blood glucose? How old were you when first told you had diabetes or high blood glucose? What are you doing now to manage your diabetes or high blood glucose? If female, respondents were also asked: Were you pregnant when first told you had diabetes or high blood glucose? and, Have you ever had diabetes or high blood glucose apart from when you were pregnant?

## Results

In 2006, 7.4 per cent of adults had diabetes or high blood glucose. A significantly lower proportion of females (6.4 per cent) than males (8.5 per cent) had diabetes or high blood glucose. The prevalence of diabetes or high blood glucose increased with age. Among males, a significantly lower proportion of adults aged 16-24 years (1.4 per cent) and 25-34 years (2.6 per cent), and a significantly higher proportion of adults aged 55-64 years (15.9 per cent) and 65-74 years (20.1 per cent) and 75 years and over (17.7 per cent), had diabetes or high blood glucose, compared with the overall adult male population. Among females, a significantly lower proportion of adults aged 16-24 years (1.7 per cent) and 35-44 years (3.0 per cent), and a significantly higher proportion of adults aged 55-64 years (11.4 per cent) and 65-74 years (13.8 per cent) and 75 years and over (13.5 per cent), had diabetes or high blood glucose, compared with the overall adult female population.

There was no significant variation between rural areas and urban areas, or among health areas. A lower proportion of adults in the least disadvantaged quintile (5.3 per cent), and a higher proportion of adults in the most disadvantaged quintile (9.6 per cent, had diabetes or high blood glucose, compared with the overall adult population.

Overall, the prevalence of diabetes or high blood glucose increased significantly between 1997 (4.7 per cent) and 2006 (7.4 per cent). The increase was significant in both males (5.2 per cent to 8.5 per cent) and females (4.2 per cent to 6.4 per cent).

Among those with diabetes or high blood glucose, the following management strategies were reported: 60.6 per cent followed a special diet, 43.2 per cent took medication or tablets, 30.7 per cent exercised most days, 11.2 per cent had insulin injections, 8.1 per cent lost weight, and 8.2 per cent did not do anything.

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# Diabetes or high blood glucose by age, persons aged 16 years and over, NSW, 2006

e: Estimates are based on 7,935 respondents in NSW. For this indicator 27 (0.34%) were not stated (Don't know or Refused) in NSW. The indicator includes those who either had diabetes or high blood glucose but did not have gestational diabetes. The questions used to define the indicator were. Have you ever been told by a doctor or hospital you have diabetes?, Have you ever been told by a doctor or hospital you have high blood glucose?, and, if female, Were you pregnant when you were first told you had diabetes or high blood glucose, and Have you ever had diabetes or high blood glucose apart from when you were pregnant?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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## Diabetes or high blood glucose by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

# Diabetes or high blood glucose by health area, persons aged 16 years and over, NSW, 2006



#### Action taken to manage diabetes or high blood glucose, persons who have diabetes or high blood glucose aged 16 years and over, NSW, 2006



## Introduction

Urinary incontinence imposes a considerable social, emotional, psychological, and financial burden on affected individuals, carers and health services. The condition is not normal and is always a symptom of an underlying problem that can usually be cured or significantly improved if treated. Nearly one in 10 people in Australia is affected by urinary incontinence. It has no boundary of ethnicity, sex, age or social class. In older age groups, incontinence tends to be both more common and more severe, occurring in up to 40 per cent of people over 75 years of age. Women are more at risk of incontinence than men.[1]

In 2006, the New South Wales Population Health Survey asked respondents: In the last 4 weeks, how often have you had a urine leak when you were physically active, exerted yourself, or coughed or sneezed during the day or night: Most of the time, Some of the time, None of the time?

## Results

Overall, in 2006, 20.7 per cent of people in NSW aged 40 years and over experienced urinary incontinence some or most of the time during the last 4 weeks. A significantly higher proportion of females (29.2 per cent) than males (11.9 per cent) experienced incontinence in the last 4 weeks. Among males, a significantly lower proportion of adults aged 40-44 years (7.5 per cent) and 45-49 years (5.8 per cent) and 50-54 years (7.3 per cent), and a significantly higher proportion of adults aged 70-74 years (20.3 per cent) and 75-79 years (24.8 per cent) and 80 years and over (24.7 per cent), experienced urinary incontinence some or most of the time during the last 4 weeks, compared with the overall adult male population aged 40 years and over. Among females, a significantly lower proportion of adults aged 70-74 years (37.7 per cent) and 80 years and over (35.9 per cent), experienced urinary incontinence some or most of the time during the last 4 weeks aged 70-74 years (37.7 per cent) and 80 years and over (35.9 per cent), experienced urinary incontinence some or most of the time during the last 4 weeks aged 70-74 years (37.7 per cent) and 80 years and over (35.9 per cent), experienced urinary incontinence some or most of the time during the last 4 weeks aged 70-74 years (37.7 per cent) and 80 years and over (35.9 per cent), experienced urinary incontinence some or most of the time during the last 4 weeks, compared with the overall adult female population aged 40 years and over (35.9 per cent), experienced urinary incontinence some or most of the time during the last 4 weeks, compared with the overall adult female population aged 40 years and over.

There was no significant variation between urban areas and rural areas, or among health areas. Urinary incontinence increased with socioeconomic disadvantage. A higher proportion of adults 40 years and over in the most disadvantaged quintile (25.2 per cent) experienced urinary incontinence in the last 4 weeks, compared with the overall adult population aged 40 years and over. There are has been no significant variation in the proportion of adults aged 40 years and over suffering urinary incontinence between 2003 and 2006.

## References

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# Incontinence status in the last 4 weeks, persons aged 40 years and over, NSW, 2006



# Incontinence in the last 4 weeks by age, persons aged 40 years and over, NSW, 2006





## Incontinence in the last 4 weeks by socioeconomic disadvantage, persons aged 40 years and over, NSW, 2006

# Incontinence in the last 4 weeks by health area, persons aged 40 years and over, NSW, 2006



## Introduction

Injury is a major cause of preventable mortality and morbidity, first recognised as a national health priority in 1986. When compared with other health interventions, the lead-time between an intervention for injury prevention and a result from that intervention is shorter. Injury, therefore, is an important demonstration area for population health, and ongoing monitoring of injury among the population is needed to support intervention strategies.[1]

Since 1989, falls have been the leading cause of injury-related hospitalisation among males and females. Most falls occur among people aged 65 years and over, and the most common types of falls are those that occur on the same level.[2] In New South Wales, no other single cause of injury, including road trauma, costs the health system more than fall-related injury.[3] In Australia, it has been projected that, because of the ageing of the population, the total health cost of fall-related injury will increase threefold by 2051.[4]

In 2006, the New South Wales Population Health Survey asked respondents aged 65 years and over: In the last 12 months have you had a fall? Respondents who answered yes were then asked the following questions: How many times did you fall in the last 12 months? In the last 12 months have you had a fall that required medical treatment for injuries? Were you admitted to hospital as a result of any of your falls in the last 12 months? Have you made any changes to your home or lifestyle to ance outor prevent you from falling? Are you afraid of falling?

## Results

## Falls in the last 12 months

Overall, in 2006, 24.3 per cent of adults aged 65 years and over had a fall in the last 12 months. A significantly higher proportion of females (29.4 per cent) than males (18.1 per cent) had a fall in the last 12 months. Among males, a significantly lower proportion of adults aged 65-69 years (10.9 per cent), and a significantly higher proportion of adults aged 80 years and over (28.7 per cent), had a fall in the last 12 months, compared with the overall male population aged 65 years and over. Among females, a significantly lower proportion of adults aged 65-69 years (23.4 per cent) had a fall in the last 12 months, compared with the overall female population aged 65 years and over.

A significantly lower proportion of adults aged 65 years and over in rural areas (21.3 per cent) than urban areas (26.0 per cent) had a fall in the last 12 months. A higher proportion of adults in the South Eastern Sydney & Illawarra Health Area (30.9 per cent), and a lower proportion of adults in the North Coast Health Area (18.3 per cent), had a fall in the last 12 months, compared with the overall adult population aged 65 years and over. There was no variation by level of socioeconomic disadvantage. There has been no significant variation in the proportion of adults aged 65 years and over who had a fall in the last 12 months between 2003 and 2006.

Among those adults aged 65 years and over who had a fall in the last 12 months, 28.7 per cent required medical treatment. A significantly higher proportion of females (31.8 per cent) than males (22.7 per cent) required medical treatment for a fall. There was no significant variation among age groups, between rural areas and urban areas, or by level of socioeconomic disadvantage; however, a lower proportion of adults aged 65 years and over in the North Coast Health Area (15.2 per cent) required medical treatment for a fall. There was no significant variation in the proportion of adults requiring medical treatment for a fall in the last 12 months, between 2003 and 2006.

Among those adults aged 65 years and over who had a fall in the last 12 months, 32.1 per cent required hospitalisation. There was no significant variation between males and females, or among age groups. A significantly higher proportion of adults aged 65 years and over in rural areas (45.5 per cent) than urban areas (26.2 per cent) required hospitalisation for a fall. A higher proportion of adults in the Hunter & New England Health Area (60.8 per cent), and a lower proportion of adults in the Northern Sydney & Central Coast Health Area (13.5 per cent), required hospitalisation for a fall. A lower

proportion of adults in the most disadvantaged quintile (12.9 per cent) required hospitalisation for a fall. There was no significant variation in the proportion of adults requiring hospitalisation for a fall in the last 12 months, between 2003 and 2006.

## Action taken to prevent falls

Overall, in 2006, 25.7 per cent of adults aged 65 years and over took action to prevent falls. A significantly higher proportion of females (31.7 per cent) than males (18.4 per cent) took action to prevent falls. Among males, a significantly lower proportion of adults aged 65-69 years (8.9 per cent) and 70-74 years (12.0 per cent), and a significantly higher proportion of adults aged 80 years and over (42.3 per cent), took action to prevent falls, compared with the overall male population aged 65 years and over. Among females, a significantly lower proportion of adults aged 65-69 years (18.7 per cent), and a significantly lower proportion of adults aged 65-69 years (18.7 per cent), and a significantly higher proportion of adults aged 65-69 years (18.7 per cent), and a significantly higher proportion of adults aged 65-69 years (18.7 per cent), and a significantly higher proportion of adults aged 65 years and over (46.3 per cent), took action to prevent falls, compared with the overall female population aged 65 years and over.

There was no significant variation between rural areas and urban areas; however, a higher proportion of adults aged 65 years and over in the South Eastern Sydney & Illawarra Health Area (32.1 per cent), and a lower proportion of adults in the Sydney West Health Area (17.5 per cent) took action to prevent falls, compared with the overall adult population aged 65 years and over.

A higher proportion of adults aged 65 years and over in the second most disadvantaged quintile (32.5 per cent) took action to prevent falls, compared with the overall adult population aged 65 years and over.

The most common actions taken to prevent falls include: installing hand rails (70.2 per cent), removing mats or rugs (14.0 per cent), other house structure modifications (12.4 per cent), getting a walking stick or frame (11.5 per cent), replacing steps with ramps (11.4 per cent), removing clutter from the house (8.8 per cent), purchasing or modifying or repairing unsafe furniture (7.2 per cent), and getting eyes checked or changing medications (6.2 per cent).

## Fear of falling

Overall, in 2006, 26.6 per cent of adults aged 65 years feared falling. A significantly higher proportion of females (33.8 per cent) than males (17.9 per cent) feared falling. There was no significant variation by age group.

A higher proportion of adults aged 65 years and over in the second most disadvantaged quintile (32.5 per cent) took action to prevent falls, compared with the overall adult population aged 65 years and over. A significantly lower proportion of adults in rural areas (23.8 per cent) than urban areas (28.2 per cent) feared falling. A lower proportion of adults in the North Coast Health Area (20.8 per cent) feared falling.

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# Falls in the last 12 months by age, persons aged 65 years and over, NSW, 2006

Note: Estimates are based on 2,381 respondents in NSW. For this indicator 7 (0.29%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had a fall in the last 12 months. The question used to define the indicator was: In the last 12 months have you had a fall?

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



# Falls in the last 12 months by socioeconomic disadvantage, persons aged 65 years and over, NSW, 2006

# Falls in the last 12 months by health area, persons aged 65 years and over, NSW, 2006



# Number of falls in the last 12 months, persons aged 65 years and over, NSW, 2006



#### Falls requiring medical treatment by age, persons who had a fall in the last 12 months aged 65 years and over, NSW, 2006



# Falls requiring medical treatment by socioeconomic disadvantage, persons who had a fall in the last 12 months aged 65 years and over, NSW, 2006



#### Falls requiring medical treatment by health area, persons who had a fall in the last 12 months aged 65 years and over, NSW, 2006



#### Falls requiring hospitalisation by age, persons who had a fall in the last 12 months aged 65 years and over, NSW, 2006



# Falls requiring hospitalisation by socioeconomic disadvantage, persons who had a fall in the last 12 months aged 65 years and over, NSW, 2006



#### Falls requiring hospitalisation by health area, persons who had a fall in the last 12 months aged 65 years and over, NSW, 2006





# Any action taken to prevent falls by age, persons aged 65 years and over, NSW, 2006

- Note: Estimates are based on 2,384 respondents in NSW. For this indicator 4 (0.17%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have made any changes to his/her home or lifestyle to prevent from falling. The question used to define the indicator was: Have you made any changes to your home or lifestyle to prevent you from falling?
- Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



## Any action taken to prevent falls by socioeconomic disadvantage, persons aged 65 years and over, NSW, 2006

# Any action taken to prevent falls by health area, persons aged 65 years and over, NSW, 2006



#### Type of action taken to prevent falls, persons who have made changes to their home or lifestyle aged 65 years and over, NSW, 2006





## Fear of falling by age, persons aged 65 years and over, NSW, 2006

Estimates are based on 2,371 respondents in NSW. For this indicator 17 (0.71%) were not stated (Don't know or Refused) in NSW. The indicator includes those respondents who are afraid of falling. The question used to define the indicator was: Are you afraid of falling? Please check

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.


# Fear of falling by socioeconomic disadvantage, persons aged 65 years and over, NSW, 2006

# Fear of falling by health area, persons aged 65 years and over, NSW, 2006



### Introduction

Psychological distress has a major effect on the ability of people to work, study, and manage their day-to-day activities. Around one in 10 Australians report having a long-term anxiety-related problem or mood (affective) problem. Of these, 32 per cent report being daily smokers and 15 per cent report consuming alcohol at levels of high risk.[1]

The Kessler 10 (K10) measure of self-reported psychological distress is included in the New South Wales Population Health Survey to monitor the mental health of people aged 16 and over.[2] The K10 measure is a 10-item questionnaire that measures non-specific psychological distress based on questions about the level of nervousness, agitation, psychological fatigue and depression in the most recent 4-week period. Responses to the questionnaire are classified into 4 categories: low psychological distress, when the K10 score is 10-15; moderate psychological distress, when the K10 score is 16-21; high psychological distress, when the K10 score is 22-29; and very high psychological distress, when the K10 score is 30 or higher. The Kessler 10 Plus (K10+) measure contains additional questions to assess functioning and related factors. At both the population level and individual level the K10 measure is a barometer for psychological distress without identifying its cause.

It is important for people with mental illness to participate effectively in the community. Under the State Plan, as part of the NSW Government's commitment to increasing rates of community participation among people with mental illness, the New South Wales Population Health Survey monitors community participation among people with psychological distress by comparing their K-10 score with their level of community participation.[3]

In 2006, the New South Wales Population Health Survey asked adult respondents the following K10 questions: In the past 4 weeks, about how often did you feel nervous? In the past 4 weeks, about how often did you feel nervous? In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down? In the past 4 weeks, about how often did you feel hopeless? In the last 4 weeks, about how often did you feel restless or fidgety? In the past 4 weeks, about how often did you feel weeks, about how often were you so restless that you could not sit still? In the past 4 weeks, about how often did you feel that everything was an effort? In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up? In the past 4 weeks, about how often did you feel worthless?.

Respondents who scored 16 points and above were asked the K10+ questions: In the last 4 weeks, how many days were you totally unable to work, study, or manage your day-to-day activities because of these feelings? Aside from those days, in the last 4 weeks, how many days were you able to work, study, or manage you day-to-day activities, but had to cut down on what you did because of these feelings? In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings? In the last 4 weeks, how often have physical health problems been the main cause of these feelings?

### Results

### High or very high psychological distress

Overall, in 2006, 68.0 per cent of adults had low levels of psychological distress, 21.3 per cent had moderate levels, 7.7 per cent had high levels, and 3.0 per cent had very high levels.

Overall, in 2006, adults were unable to work or study or manage their day-to-day activities on 0.56 days in the last 4 weeks (0.63 days for males and 0.49 days for females). Adults had to cut down on what they did on 0.80 days in the last 4 weeks (0.69 days for males and 0.90 days for females). Adults saw a doctor or other health professional about their psychological distress 0.16 times in the last 4 weeks (0.17 times for males and 0.16 times for females).

Overall, in 2006, 10.7 per cent of adults had high or very high levels of psychological distress. A significantly higher proportion of females (11.9 per cent) than males (9.4 per cent) had high or very high levels of psychological distress. Among females, a significantly lower proportion aged 65-74 years (6.9 per cent) and 75 years and over (5.8 per cent) had high or very high levels of psychological distress, compared with the overall adult female population. Among males, a significantly lower proportion aged 65-74 years (3.7 per cent) and 75 years and over (4.2 per cent) had high or very high levels of psychological distress, compared with the overall adult male population.

The proportion of adults with high or very high levels of psychological distress did not vary significantly between urban and rural areas; however, a higher proportion of adults in the Sydney South West Health Area (13.4 per cent), and a lower proportion of adults in the Northern Sydney & Central Coast Health Area (6.5 per cent), had high or very high levels of psychological distress, compared with the overall adult population. Psychological distress increased with socioeconomic disadvantage. A higher proportion of adults in the most disadvantaged quintile (14.0 per cent), and a lower proportion of adults in the least disadvantaged quintile (6.1 per cent), had high or very high levels of psychological distress, compared with the overall adult population. There has been no significant variation in the proportion of adults with high or very high psychological distress between 1997 and 2006.

Adults with high or very high psychological distress said their distress was due to physical problems: all of the time (15.5 per cent), most of the time (11.3 per cent), some of the time (20.2 per cent), a little of the time (17.0 per cent), and none of the time (36.0 per cent).

#### **Community particpation**

Overall, in 2006, 56.9 per cent of adults with high or very high levels of psychological distress attended a community event at least once in the last 6 months. There was no significant variation between females and males. A significantly higher proportion of adults aged 25-34 years (69.8 per cent), and a significantly lower proportion aged 65-74 years (40.2 per cent) and 75 years and over (37.5 per cent), attended a community event at least once in the last 6 months, compared with the overall adult population. There was no significant variation between rural areas and urban areas; however, a higher proportion of adults in the Greater Southern Health Area (75.1 per cent) attended a community event at least once in the last 6 months. There was no variation between the overall adult population. There was no significant variation between rural areas and urban areas; however, a higher proportion of adults in the Greater Southern Health Area (75.1 per cent) attended a community event at least once in the last 6 months, compared with the overall adult population. There was no variation between the overall adult population. There was no variation between the overall adult population. There was no variation between the overall adult population. There was no variation by level of socioeconomic disadvantage.

Overall, in 2006, 33.2 per cent of adults with high or very high levels of psychological distress helped out at a local group or organisation at least once in the last 3 months. There was no significant variation between females and males. A significantly lower proportion of adults aged 75 years and over (19.0 per cent) helped out at a local group or organisation at least once in the last 3 months, compared with the overall adult population. A significantly higher proportion of adults in rural areas (39.9 per cent) than urban areas (30.3 per cent) helped out at a local group or organisation at least once in the last 3 months. A higher proportion of adults in the North Coast (48.3 per cent) and Greater Southern (46.2 per cent) Health Areas helped out at a local group or organisation at least once in the last 3 months, compared with the overall adult population. There was no variation by level of socioeconomic disadvantage.

Overall, in 2006, 37.0 per cent of adults with high or very high levels of psychological distress were active members of a local organisation or church or club. There was no significant variation between females and males, among age groups, between urban areas and rural areas, among health areas, or by level of socioeconomic disadvantage.

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#### Psychological distress by Kessler 10 categories, persons aged 16 years and over, NSW, 2006









## High and very high psychological distress by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



High and very high psychological distress by health are	a,
persons aged 16 years and over, NSW, 2006	

Area	Males (95% CI)	Females (95% Cl)	Persons (95% CI)
Sydney South West	11.3 (7.7-14.8)	15.4 (11.9-18.9)	13.4 (10.9-15.9)
South Eastern Sydney & Illawarra	10.6 (7.0-14.3)	10.7 (7.7-13.6)	10.6 (8.3-13.0)
Sydney West	9.6 (5.9-13.3)	14.9 (11.3-18.6)	12.3 (9.6-14.9)
Northern Sydney & Central Coast	5.2 (2.7-7.6)	7.8 (5.3-10.3)	6.5 (4.7-8.2)
Hunter & New England	10.3 (6.8-13.7)	10.4 (7.5-13.2)	10.3 (8.1-12.6)
North Coast	9.3 (6.0-12.6)	9.9 (6.8-12.9)	9.6 (7.3-11.9)
Greater Southern	10.5 (6.8-14.2)	13.1 (9.6-16.6)	11.8 (9.3-14.4)
Greater Western	7.5 (4.0-10.9)	12.3 (8.9-15.6)	9.9 (7.4-12.3)
Urban	9.3 (7.6-11.0)	12.3 (10.6-13.9)	10.8 (9.6-12.0)
Rural	9.7 (7.8-11.5)	11.1 (9.5-12.8)	10.4 (9.2-11.7)
NSW	9.4 (8.1-10.7)	11.9 (10.7-13.2)	10.7 (9.8-11.6)

Note:

Estimates are based on 7,869 respondents in NSW. For this indicator 93 (1.17%) were not stated (Don't know or Refused) in NSW. The indicator includes those with a Kessler 10 (K10) score of 22 or above. The K10 is a 10-item questionnaire that measures the level of psychological distress in the most recent 4-week period.

Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

#### Times that physical problems have been the cause of psychological distress in last 4 weeks,





Estimates are based on 685 respondents in NSW. For this indicator 11 (1.58%) were not stated (Don't know or Refused) in NSW. Note: The question used was: In the last 4 weeks, how often have physical health problems been the main cause of these feelings? The Kessler10 tool was also used to define persons with a score of 22 or above. The k10 is a 10-item questionnaire that measures the level of psychological distress in the most recent 4-week period.

### Effect of psychological stress on daily activities, persons aged 16 years and over, NSW, 2006 10250

Response	Males (95% CI)	Females (95% CI)	Persons (95% CI)
Days unable to manage daily activities	0.63 (0.49-0.78)	0.49 (0.40-0.58)	0.56 (0.48-0.65)
Days cut down on daily activities	0.69 (0.57-0.80)	0.90 (0.78-1.02)	0.80 (0.71-0.88)
Times saw a health professional	0.17 (0.11-0.22)	0.16 (0.13-0.18)	0.16 (0.13-0.19)

Note: The questions were only asked of people who scored 16 and above in the Kessler10 tool, people who scored less than 16 were allocated a value of zero. The k10 is a 10-item questionnaire that measures the level of psychological distress in the most recent 4-week period. The questions used were: In the last 4 weeks, how many days were you totally unable to work, study or manage your day-to-day activities because of these feelings?, Aside from any days that you were totally unable to work, study or manage your day-to-day activities, in the last 4 weeks, how many days were you able to work, study or manage your day-to-day activities, but had to cut down on what you did because of these feelings?, In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings?

# Attended a community event at least once in the last 6 months by age, persons with high or very high psychological distress aged 16 years and over, NSW, 2006



# Attended a community event at least once in the last 6 months by socioeconomic disadvantage,

persons with high or very high psychological distress aged 16 years and over, NSW, 2006



## Attended a community event at least once in the last 6 months by health area,

### persons with high or very high psychological distress aged 16 years and over, NSW, 2006



The indicator includes those who have attended at least one community event in the last 6 months. The question used was: In the last 6 months, how often have you attended a local community event such as a church or school fete, school concert, or a street fair?

Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Helped out any local group or organisation at least once in the last 3 months by age,



persons with high or very high psychological distress aged 16 years and over, NSW, 2006

Helped out any local group or organisation at least once in the last 3 months by socioeconomic disadvantage,



persons with high or very high psychological distress aged 16 years and over, NSW, 2006

## Helped out any local group or organisation at least once in the last 3 months by health area,



persons with high or very high psychological distress aged 16 years and over, NSW, 2006

other organisation?

Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

#### Active member of a local organisation, church or club by age, persons with high or very high psychological distress aged 16 years and over, NSW, 2006



# Active member of a local organisation, church or club by socioeconomic disadvantage,

### persons with high or very high psychological distress aged 16 years and over, NSW, 2006



# Active member of a local organisation, church or club by health area, persons with high or very high psychological distress aged 16 years and over, NSW, 2006



### Introduction

Australians enjoy a high standard of oral health. However, there are inequalities, with higher rates of dental caries among people with higher levels of socioeconomic disadvantage, people living in rural and remote areas, indigenous people, people born overseas, and people from older generations. There is also differential access to dental services according to country of birth, indigenous status, language spoken at home, health insurance status, socioeconomic status, and educational status.[1]

According to the 2004-06 National Survey of Adult Oral Health, there have been improvements in oral health, particularly among the 'fluoride generation' born since 1970; however, there is a population divide in the pattern of dental care, between those who have regular visits to a dental professional and those who visit a dental professional infrequently or only when they have an oral health problem. The latter group is worse off on almost all measures of oral health.[2]

Regular visits to a dental professional, at least once every 2 years, have a significant and positive effect on dental health. Those who visit a dental care professional regularly have significantly less severity and prevalence, and suffer fewer social and psychological effects, of dental health problems.[3,4]

Fluoridation of drinking water reduces dental caries. It is carried out under the provisions of the Fluoridation of Public Water Supplies Regulation 2002 and the Fluoridation of Public Water Supplies Act 1957. Under the Act, water supply authorities are responsible for fluoridating water, for daily testing of fluoride concentration, and for submitting results of testing to the NSW Department of Health.[5,6]

In 2006, the New South Wales Population Health Survey asked respondents: Are any of your natural teeth missing? Do you have dentures or false teeth? When did you last visit a dental professional about your teeth, dentures or gums? Respondents who had not seen a dental professional in the last 12 months were asked: What are the main reasons for you not visiting the dentist in the last 12 months? Respondents were also asked: Has fluoride been added to your water supply? Do you agree with adding fluoride to your public water supply to try and prevent tooth decay? or, Would you be in favour of adding fluoride to your water supply to try and prevent tooth decay? In children, In adults, In both children and adults? Where have you received information on water fluoridation? and, Who should decide on the fluoridation of water supplies?

### Results

#### Visits to dental professionals

Overall, in 2006, 58.1 per cent of adults visited a dental professional less than 12 months ago, 17.1 per cent one to less than 2 years ago, 12.6 per cent 2 to less than 5 years ago, 5.8 per cent 5 to less than 10 years ago, 5.5 per cent 10 years ago or more, and 0.9 per cent had never visited a dental professional.

A significantly higher proportion of females (59.8 per cent) than males (56.4 per cent) visited a dental professional less than 12 months ago. Among males, a significantly higher proportion of adults aged 45-54 years (64.5 per cent), and a significantly lower proportion of adults aged 25-34 years (48.3 per cent), visited a dental professional in the last 12 months, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 45-54 years (67.5 per cent), and a significantly lower proportion of adults aged 25-34 years (67.5 per cent), and a significantly lower proportion of adults aged 25-34 years (51.5 per cent) and 75 years and over (52.1 per cent), visited a dental professional in the last 12 months, compared with the overall adult female population.

A significantly lower proportion of adults in rural areas (53.0 per cent) than urban areas (60.3 per cent) visited a dental professional in the last 12 months. A higher proportion of adults in the Northern Sydney & Central Coast Health Area (67.0 per cent), and a lower proportion of adults in the Greater Southern (50.6 per cent) and Greater Western (46.7 per cent) Health Areas, visited a dental

professional in the last 12 months.

Visits to a dental professional decreased with socioeconomic disadvantage. A higher proportion of adults in the least disadvantaged quintile (68.3 per cent), and a lower proportion of adults in the 2 most disadvantaged quintiles (53.8 per cent and 48.6 per cent), visited a dental professional less than 12 months ago. The proportion of adults who visited a dental professional in the last 12 months increased significantly between 2002 (55.8 per cent) and 2006 (58.1 per cent).

The principle reasons for not visiting a dental professional in the last 12 months include: do not need to (48.0 per cent), too expensive (26.0 per cent), hard to find time (15.6 per cent), and worried or afraid of going (13.4 per cent).

#### Retention of natural teeth

Overall, in 2006, 4.8 per cent of adults had all their natural teeth missing. A significantly higher proportion of females (5.9 per cent) than males (3.7 per cent) had all their natural teeth missing, and in both sexes the proportion increased significantly with age. The proportion of adults with all their natural teeth missing was significantly higher in rural areas (7.1 per cent) than urban areas (3.8 per cent). A higher proportion of adults in the North Coast (6.8 per cent), Greater Southern (7.0 per cent), Greater Western (7.0 per cent), and Hunter & New England (7.3 per cent) Health Areas had all their natural teeth missing, compared with the overall adult population. A lower proportion of adults in the Northern Sydney & Central Coast (3.1 per cent) and Sydney South West (3.5 per cent) Health Areas had all their natural teeth missing, compared with the overall adult population. The proportion of adults with all their natural teeth missing increased with socioeconomic disadvantage. A lower proportion of adults in the most disadvantaged quintile (6.1 per cent), had all their natural teeth missing, compared with the overall adult population.

The proportion of adults with all their natural teeth missing decreased significantly from 1998 (8.2 per cent) to 2006 (4.8 per cent).

#### Attitude towards fluoridation of public water supplies

Overall, 79.5 per cent of adults said their public water supply had been fluoridated, and 86.1 per cent of adults agreed with having their water supply fluoridated. There was no significant variation between males and females. A significantly higher proportion of adults 65-74 years (88.7 per cent) and 75 years and over (88.7 per cent) agreed with having their water supply fluoridated. A significantly lower proportion of adults in rural areas (80.1 per cent) than urban areas (88.8 per cent) agreed with having their water supply fluoridated. A higher proportion of residents in the South Eastern Sydney & Illawarra (90.9 per cent) and Northern Sydney & Central Coast (89.0 per cent) Health Areas, agreed with having their water supply fluoridated. A lower proportion of adults in North Coast (72.6 per cent) and Greater Southern (80.5 per cent) and Greater Western (77.7 per cent) Health Areas agreed with having their water supply fluoridated, compared with the overall adult population. A higher proportion of adults in the second most disadvantaged quintile (90.0 per cent) and a lower proportion of adults in the second most with the overall adult population.

There was no significant variation in the proportion of adults who agreed with having their water supply fluoridated between 2005 and 2006.

Information about water fluoridation came from a wide variety of sources: newspapers (23.1 per cent), television (16.8 per cent), health authorities (13.5 per cent), magazines (5.8 per cent), radio (5.5 per cent), dentists (5.3 per cent), advertisements for dental products (1.4 per cent), and dental auxiliaries (8.3 per cent).

Adults felt that decisions on the fluoridation of water supplies should be made by: health authorities (31.3 per cent), the community (36.2 per cent), the state government (23.4 per cent), dental associations (16.8 per cent), and water boards (12.1 per cent).

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## Time since last dental visit, persons aged 16 years and over, NSW, 2006





#### Visited a dental professional in the last 12 months by age, persons aged 16 years and over, NSW, 2006

# Visited a dental professional in the last 12 months by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



## Visited a dental professional in the last 12 months by health area, persons aged 16 years and over, NSW, 2006



#### Reason for not visiting a dental professional in the last 12 months, persons who did not visit a dental professional in the last 12 months aged 16 years and over, NSW, 2006



# All natural teeth missing by age, persons aged 16 years and over, NSW, 2006





# All natural teeth missing by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

### All natural teeth missing by health area, persons aged 16 years and over, NSW, 2006



# Fluoride added to public water supply, persons aged 16 years and over, NSW, 2006



## Agree with adding fluoride to water supply by age, persons aged 16 years and over, NSW, 2006



## Agree with adding fluoride to water supply by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



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## Agree with adding fluoride to water supply by health area, persons aged 16 years and over, NSW, 2006



#### Places received information on water fluoridation, persons aged 16 years and over, NSW, 2006



New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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#### Responsible body for decisions on fluoridation of water supply, persons aged 16 years and over, NSW, 2006

### Introduction

Throughout Australia, the prevalence of overweight and obesity is increasing. Being overweight or obese increases the risk of a wide range of health problems, including cardiovascular disease, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea, and impaired psychosocial functioning.[1] Overweight and obesity develop when the energy intake from food and drink exceeds energy expenditure from physical activity and other metabolic processes.

The prevalence of overweight and obesity is calculated using the Body Mass Index (BMI). BMI is calculated by dividing a person's weight (in kilograms) by their height (in metres squared). The resulting BMI is then classified into 4 categories: underweight when the BMI is less than 18.5, acceptable or ideal weight when the BMI is greater than or equal to 18.5 and less than 25, overweight when the BMI is greater than or equal to 25 and less than 30, and obese when the BMI is greater than or equal to 30.[2,3] Although studies have shown self-reported BMI results in an under-estimation of measured BMI, it is still useful for ongoing surveillance of population health.

In 2006, the New South Wales Population Health Survey asked respondents: How tall are you without shoes? and, How much do you weigh without clothes or shoes? These answers were used to estimate body mass index (BMI).

### Results

In 2006, according to estimates of BMI based on self-reported height and weight, 2.6 per cent of adults were underweight, 46.9 per cent were healthy weight, 32.7 per cent were overweight, and 17.7 per cent were obese.

#### **Overweight or obese**

In 2006, 50.4 per cent of adults were overweight or obese. A significantly higher proportion of males (57.4 per cent) than females (43.3 per cent) were overweight or obese. Among males, a significantly lower proportion of those aged 16-24 years (31.3 per cent) and 75 years and over (48.2 per cent), and a significantly higher proportion aged 45-54 years (66.2 per cent) and 55-64 years (69.5 per cent) and 65-74 years (66.2 per cent), were overweight or obese, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (24.4 per cent), and a significantly higher proportion of those aged 55-64 years (57.2 per cent) and 65-74 years (56.4 per cent), were overweight or obese, compared with the overall adult female population.

A significantly higher proportion of adults in rural areas (52.5 per cent) than urban areas (49.5 per cent) were overweight or obese, compared with the overall adult population. A higher proportion of adults in the Sydney West (55.7 per cent) and Greater Western (56.0 per cent) Health Areas were overweight or obese, compared with the overall adult population. A significantly lower proportion of residents in the Northern Sydney & Central Coast Health Area (44.1 per cent) were overweight or obese, compared with the overall adult population.

A lower proportion of adults in the least disadvantaged quintile (41.1 per cent), and a higher proportion of adults in the third most disadvantaged quintile (55.5 per cent) and most disadvantaged quintile (54.3 per cent), were overweight or obese, compared with the overall adult population.

The proportion of adults who were overweight or obese has risen significantly from 1997 (41.8 per cent) to 2006 (50.4 per cent). This significant increase has occurred in both males (49.3 per cent to 57.4 per cent) and females (34.2 per cent to 43.3 per cent).
#### **Obesity**

In 2006, according to estimates of BMI based on self-reported height and weight, 17.7 per cent of adults were obese. There was no significant difference in the proportion of males and females who were obese. A significantly lower proportion of adults aged 16-24 years (9.0 per cent) and 75 years and over (11.0 per cent), and a significantly higher proportion of adults aged 45-54 years (22.8 per cent) and 55-64 years (24.5 per cent), were obese.

There was no significant variation in the proportion of adults who where obese between rural areas and urban areas; however, a lower proportion of adults in the Northern Svdney & Central Coast Health Area (12.5 per cent) were obese, compared with the overall adult population.

Obesity increased with socioeconomic disadvantage. A lower proportion of adults in the least disadvantaged quintile (11.7 per cent), and a higher proportion of adults in the most disadvantaged quintile (22.7 per cent) were obese, compared with the overall adult population.

Overall, the proportion of adults who were obese has increased significantly between 1997 (11.2 per cent) and 2006 (17.7 per cent). This significant increase has occurred in both males (11.0 per cent to 18.9 per cent) and females (11.3 per cent to 17.4 per cent).

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#### Body Mass Index categories, persons aged 16 years and over, NSW, 2006

# Overweight and obesity by age, persons aged 16 years and over, NSW, 2006



# Overweight and obesity by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



### Overweight and obesity by health area, persons aged 16 years and over, NSW, 2006





#### Obesity by age, persons aged 16 years and over, NSW, 2006



# Obesity by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

### Obesity by health area, persons aged 16 years and over, NSW, 2006



### Introduction

Self-rated health is among the most frequently assessed health perceptions in epidemiological research. A large number of empirical studies have demonstrated how a person's appraisal of his or her general health is a powerful predictor of future morbidity and mortality, even after controlling for a variety of physical and psychosocial and socioeconomic factors.[1] Self-rated health is believed to principally reflect physical health problems (acute and chronic conditions and physical functioning) and, to a lesser extent, health behaviours and mental health problems.[2,3] Longitudinal studies show self-rated health is a strong and independent predictor of subsequent illness and premature death.[3.4]

In 2006, the New South Wales Population Health Survey asked respondents aged 16 years and over-Overall, how would you rate your health during the last 4 weeks: Was it Excellent, Very good, Good, date estima Fair, Poor or Very poor?

### Results

#### Self-rated health status

Overall, in 2006, 22.1 per cent of adults rated their health in the last 4 weeks excellent, 30.0 per cent very good, 28.1 per cent good, 13.7 per cent fair, 4.8 per cent poor, and 1.1 per cent very poor. When ratings of excellent and very good and good were combined to give an overall positive rating, 80.3 per cent of adults rated their health positively. A significantly lower proportion of females (78.1 per cent) than males (82.5 per cent) rated their health positively. Among males, a significantly higher proportion of adults aged 16-24 years (87.4 per cent) and 25-34 years (88.9 per cent), and a significantly lower proportion of adults aged 65-74 years (77.4 per cent) and 75 years and over (64.9 per cent), rated their health positively, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 35-44 years (82.4 per cent), and a significantly lower proportion of adults aged 65-74 years (74.1 per cent) and 75 years and over (64.5 per cent), rated their health positively, compared with the overall adult female population.

The proportion of adults rating their health positively did not differ significantly between urban areas and rural areas; however, a lower proportion of adults in the Sydney South West Health Area (77.0 per cent) rated their health positively, compared with the overall adult population.

A positive rating for self-rated health decreased with socioeconomic disadvantage. A higher proportion of adults in the least disadvantaged quintile (86.2 per cent), and a lower proportion of adults in the most disadvantaged quintile (74.9 per cent), rated their health positively, compared with the overall adult population.

The proportion of adults who rated their health positively decreased significantly from 1997 (85.0 per cent) to 2006 (80.3 per cent). The significant decrease was observed in both males (85.0 per cent to 82.5 per cent) and females (85.1 per cent to 78.1 per cent).

### Chronic disease risk factors

An index of chronic disease risk factors was calculated using the following indicators: any alcohol risk drinking, recommended daily fruit or vegetable intake, inadequate physical activity, current smoking, and obesity. Using the index 17.0 per cent of adults had no risk factors, 33.9 per cent had one risk factor, 29.1 per cent had 2 risk factors, 15.5 per cent had 3 risk factors, 3.8 per cent had 4 risk factors, and 0.8 per cent had 5 risk factors.

Overall, in 2006, 20.1 per cent of adults had 3 or more chronic disease risk factors. A significantly lower proportion of females (16.8 per cent) than males (23.3 per cent) had 3 or more chronic disease risk factors. Among males, a significantly lower proportion of adults aged 65-74 years (18.5 per cent) and 75 years and over (12.5 per cent) had 3 or more chronic disease risk factors, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 25-34 years (21.8 per cent), and a significantly lower proportion of adults aged 65-74 years (10.1 per cent) and 75 years and over (9.7 per cent), had 3 or more chronic disease risk factors, compared with the overall adult female population.

A significantly higher proportion of adults in rural areas (22.1 per cent) than urban areas (19.2 per cent) had 3 or more chronic disease risk factors. A higher proportion of adults in the Greater Southern (25.0 per cent) and Greater Western (25.1 per cent) Health Areas had 3 or more chronic disease risk factors, compared with the overall adult population.

The proportion of adults with 3 or more chronic disease risk factors increased with socioeconomic disadvantage. A lower proportion of adults in the least disadvantaged quintile (15.8 per cent), and a higher proportion of adults in the most disadvantaged quintile (23.8 per cent), had 3 or more chronic disease risk factors, compared with the overall adult population.

The proportion of adults who had 3 or more chronic disease risk factors has decreased significantly between 2002 (34.9 per cent) to 2006 (20.1 per cent). The significant decrease was observed in both males (39.6 per cent to 23.3 per cent) and females (30.2 per cent to 16.8 per cent).

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# Self-rated health status, persons aged 16 years and over, NSW, 2006



# Excellent, very good, or good self-rated health status by age, persons aged 16 years and over, NSW, 2006

# Excellent, very good, or good self-rated health status by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



### Excellent, very good, or good self-rated health status by health area, persons aged 16 years and over, NSW, 2006



# Chronic disease risk factors, persons aged 16 years and over, NSW, 2006





# Three or more chronic disease risk factors by age, persons aged 16 years and over, NSW, 2006

Note: Estimates are based on 7,132 respondents in NSW. For this indicator 720 (9.17%) were not stated (Don't know or Refused) in NSW. The risk factors used in the index were any alcohol risk drinking behaviour, not meeting the recommended daily fruit and vegetable intake, current smoking, not undertaking adequate physical activity, and being obese. Any alcohol risk drinking behaviour is defined as Guideline 1 of the NHMRC Australian Alcohol Guidelines, as 1 or more of the following: consuming alcohol every day, consuming on average more than [4 if male/2 if female] standard drinks, consuming more than [6 if male/4 if female] on any 1 occasion or day. Not meeting the recommended daily fruit and vegetable intake is defined as not eating 2 serves of fruit a day or 5 serves of vegetables a day. Current smoking is defined as smoking daily or occasionally. Not undertaking adequate physical activity is defined not undertaking a total of 150 minutes of exercise per week on 5 separate occasions. Being obese is defined as having a BMI of 30 and over.

Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



## Three or more chronic disease risk factors by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

### Three or more chronic disease risk factors by health area, persons aged 16 years and over, NSW, 2006



Estimates are based on 7,132 respondents in NSW. For this indicator 720 (9.17%) were not stated (Don't know or Refused) in NSW. The risk factors used in the index were any alcohol risk drinking behaviour, not meeting the recommended daily fruit and vegetable intake, current smoking, not undertaking adequate physical activity, and being obese. Any alcohol risk drinking behaviour is defined as Guideline 1 of the NHMRC Australian Alcohol Guidelines, as 1 or more of the following: consuming alcohol every day, consuming on average more than [4 if male/2 if female] standard drinks, consuming more than [6 if male/4 if female] on any 1 occasion or day. Not meeting the recommended daily fruit and vegetable intake is defined as not eating 2 serves of fruit a day or 5 serves of vegetables a day. Current smoking is defined as smoking daily or occasionally. Not undertaking adequate physical activity is defined not undertaking a total of 150 minutes of exercise per week on 5 separate occasions. Being obese is defined as having a BMI of 30 and over.

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Source:

### **Health services**

In 2006, the New South Wales Population Health Survey included questions to monitor access to, and satisfaction with, health services. Questions focused on health service use and access, private health insurance, cost of medication and health care, difficulties getting health care, presentation at an emergency department, admission to hospital, and attendance at a community health centre and a public dental service.

### Health service use and access

In 2006, the New South Wales Population Health Survey included questions to monitor access to, and satisfaction with, health services. To monitor the use of health services, respondents were asked: In the last 12 months, have you stayed at least one night in hospital, presented at an emergency department, or attended a community health centre or public dental service? To monitor private health insurance, respondents were asked: Apart from Medicare, are you covered by private health insurance? To monitor the cost of medication, respondents were asked: Do you purchase your prescription medicines using a health care card, seniors card, veterans card, or similar? In the last 12 months have you had a medical problem but avoided seeing a doctor because of the cost of medicine that may be prescribed? Have you ever not collected, stopped using, or cut down the dose of, a medicine prescribed by your doctor because of the cost? To monitor difficulties people experience in getting health care (that is, any health service provided by general practitioners and specialists, public and private hospitals and dental clinics, pharmacists, allied health services such as physiotherapy, and community health services), respondents were asked: Do you have any difficulties getting health care en as when you need it? Those who responded Yes were then asked: Please describe the difficulties you have.

### Results

#### Health service use

In 2006, 71.0 per cent of adults did not attend any health service, 14.1 per cent were admitted to hospital for at least one night, 14.0 per cent presented to an emergency department, 7.3 per cent attended a community health centre, and 4.3 per cent attended a public dental service or hospital.

### Private health insurance

In 2006, 54.6 per cent of adults were covered by private health insurance. There was no significant variation between males and females. A significantly lower proportion of adults aged 16-24 years (45.3 per cent) and 25-34 years (47.1 per cent) and 75 years and over (45.1 per cent), and a significantly higher proportion of adults aged 45-54 years (62.9 per cent) and 55-64 years (63.0 per cent), were covered by private health insurance, compared with the overall adult population.

A significantly higher proportion of adults in urban areas (58.2 per cent) than rural areas (46.2 per cent) were covered by private health insurance. A higher proportion of adults in the South Eastern Sydney & Illawarra (59.0 per cent) and Northern Sydney & Central Coast (68.7 per cent) Health Areas, and a lower proportion of adults in the North Coast (39.5 per cent) and Greater Southern (44.8 per cent) and Greater Western (44.3 per cent) Health Areas, were covered by private health insurance, compared with the overall adult population.

Coverage decreased significantly with socioeconomic disadvantage, from 73.5 per cent and 63.1 per cent in the 2 least disadvantaged quintiles to 43.3 per cent and 39.6 per cent in the 2 most disadvantaged quintiles.

Overall, there has been a significant increase in the proportion of adults covered by private health insurance between 1997 (42.0 per cent) and 2006 (54.6 per cent). This increase was significant in both males (42.7 per cent to 53.2 per cent) and females (41.4 per cent to 55.9 per cent).

#### Cost of medication and health care

In 2006, 35.8 per cent of adults used a concession card to purchase medication. A significantly higher proportion of females (38.0 per cent) than males (33.6 per cent) used a concession card to purchase medication. Among males, a significantly higher proportion of adults aged 65-74 years (80.3 per cent) and 75 years and over (90.4 per cent), and a significantly lower proportion of adults aged 25-34 years (16.5 per cent) and 35-44 years (19.5 per cent) and 45-54 years (20.4 per cent), used a concession card to purchase medication, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 65-74 years (85.8 per cent) and 75 years and over (88.6 per cent), and a significantly lower proportion of adults aged 25-34 years (24.9 per cent) and 35-44 years (21.2 per cent) and 45-54 years (21.5 per cent), used a concession card to purchase medication, compared with the overall adult female population. A significantly higher proportion of adults in rural areas (42.7 per cent) than urban areas (32.8 per cent) used a concession card to purchase medication. A higher proportion of adults in the Hunter & New England (41.3 per cent) and North Coast (50.0 per cent) and Greater Western (41.3 per cent) Health Areas, and a lower proportion of adults in the Sydney West (30.8 per cent) and Northern Sydney & Central Coast (31.0 per cent) Health Areas, used a concession card to purchase medication. Use of a concession card to purchase medications increased with socioeconomic disadvantage, from 23.3 per cent in the least disadvantaged quintile to 49.0 per cent in the most disadvantaged quintile.

In 2006, 7.9 per cent of adults avoided seeing a doctor due to the cost of medication. There was no significant variation between males and females. A significantly higher proportion of adults aged 35-44 years (10.8 per cent), and a significantly lower proportion of adults aged 55-64 years (5.6 per cent) and 65-74 years (2.6 per cent) and 75 years and over (1.6 per cent), avoided seeing a doctor due to the cost of medication. There was no significant variation between rural areas and urban areas; however, a higher proportion of adults in the North Coast Health Area (10.8 per cent) avoided seeing a doctor due to the cost of medication. A lower proportion of adults in the least disadvantaged quintile (4.8 per cent) avoided seeing a doctor due to the cost of medication. A lower proportion of adults in the least disadvantaged quintile (4.8 per cent) avoided seeing a doctor due to the cost of medication.

In 2006, 10.1 per cent of adults limited the use of prescription medication because of cost. There was no significant variation between males and females. A significantly higher proportion of adults aged 25-34 years (14.6 per cent) and 35-44 years (12.9 per cent), and a significantly lower proportion of adults aged 65-74 years (3.4 per cent) and 75 years and over (1.9 per cent), limited the use of prescription medication because of cost. There was no significant variation between rural areas and urban areas; however, a lower proportion of adults in the Greater Southern Health Area (7.9 per cent) limited the use of prescription medication because of cost. A lower proportion of adults in the least disadvantaged quintile (7.1 per cent) limited the use of prescription medication because of cost, compared with the overall adult population.

### Difficulties getting health care

In 2006, excluding those who did not need health care, 13.2 per cent of adults had difficulties getting health care. The main difficulties were: waiting time for an appointment with a general practitioner (36.3 per cent), difficulty in accessing specialists (14.3 per cent), cost of health services (10.7 per cent), waiting time for dental services (10.1 per cent), shortage of general practitioners in area (9.3 per cent), transport issues (8.8 per cent), quality of treatment (7.9 per cent), shortage of health services (7.8 per cent), and waiting time in emergency departments (7.4 per cent).

A significantly lower proportion of males (11.9 per cent) than females (14.6 per cent) had difficulties in getting health care. Among males, a significantly lower proportion of adults aged 16-24 years (4.4 per cent) and 75 years and over (8.0 per cent), and a significantly higher proportion of adults aged 45-54 years (16.7 per cent), had difficulties getting health care, compared with the overall adult male population. Among females, a significantly lower proportion of adults aged 16-24 years (7.7 per cent) and 75 years and over (6.6 per cent), and a significantly higher proportion of adults aged 35-44 years (18.8 per cent) and 45-54 years (18.5 per cent), had difficulties getting health care, compared with the overall adult the overall adult female population.

A significantly higher proportion of adults in rural areas (21.9 per cent) than urban areas (9.5 per cent) had difficulties getting health care. A lower proportion of adults in the Sydney South West (9.9 per cent), South Eastern Sydney & Illawarra (9.3 per cent), Sydney West (9.1 per cent), and Northern Sydney & Central Coast (9.7 per cent) Health Areas, had difficulties getting health care. A higher proportion of residents in the Greater Western (22.3 per cent), Greater Southern (25.3 per cent), North Coast (20.1 per cent), and Hunter & New England (20.8 per cent) Health Areas, had difficulties getting health care.

Difficulties getting health care increased with socioeconomic disadvantage. A lower proportion of , е. ст. . adults in the least disadvantaged guintile (5.9 per cent), and a higher proportion of adults in the second most disadvantaged quintile (19.9 per cent), had difficulties in getting health care, compared

There has been a significant increase in the proportion of adults having difficulties getting health care, from 9.9 per cent in 1997 to 13.2 per cent in 2006. This increase was significant in both males (8.8 per

### Health services attended in last 12 months, persons aged 16 years and over, NSW, 2006



Note: Estimates are based on 7,936 respondents in NSW. For this indicator 21 (0.26%) were not stated (Don't know or Refused) in NSW. The question used was: In the last 12 months, have you stayed for at least one night in hospital, or attended any of the following services: a hospital emergency department, community health centre, public dental service or dental hospital? Respondents could mention more than one response. Percentages will total more than 100 per cent.

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Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

# Private health insurance by age, persons aged 16 years and over, NSW, 2006





#### Private health insurance by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

### Private health insurance by health area, persons aged 16 years and over, NSW, 2006



#### Purchase medication using a concession card by age, persons aged 16 years and over, NSW, 2006



# Purchase medication using a concession card by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



### Purchase medication using a concession card by health area, persons aged 16 years and over, NSW, 2006





#### Avoided seeing doctor due to cost of medicine by age, persons aged 16 years and over, NSW, 2006

# Avoided seeing doctor due to cost of medicine by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006





### Avoided seeing doctor due to cost of medicine by health area, persons aged 16 years and over, NSW, 2006

Note:

Estimates are based on 7,945 respondents in NSW. For this indicator 17 (0.21%) were not stated (Don't know or Refused) in NSW. The questions used to define the indicator was: In the last 12 months have you had a medical problem but avoided seeing a doctor because of the cost of medicine that may be prescribed?

Source:

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.



# Limited use of prescription drugs because of cost by age, persons aged 16 years and over, NSW, 2006

# Limited use of prescription drugs because of cost by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006





### Limited use of prescription drugs because of cost by health area, persons aged 16 years and over, NSW, 2006



#### Difficulties getting health care when needing it by age, persons aged 16 years and over, NSW, 2006

# Difficulties getting health care when needing it by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006


## Difficulties getting health care when needing it by health area, persons aged 16 years and over, NSW, 2006



### Types of difficulties getting health care when needing it, persons who had difficulties getting health care aged 16 years and over, **NSW, 2006**



The questions used were: Do you have any difficulties getting health to fire when you need it? and Please describe the difficulties you have? Respondents could mention more than one response. Percentages will total more than 100 per cent.

New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Source:

## Introduction

In 2006, among adults aged 16 years and over, there were approximately 1,374,000 presentations to emergency departments in New South Wales hospitals.[1] To monitor the quality of care received at emergency departments, in 2006 the New South Wales Population Health Survey asked respondents: In the last 12 months, have you attended a hospital emergency department (or casualty) for your own medical care? Overall, what do you think of the care you received at this emergency department? If care was rated as Fair or Poor, respondents were also asked: Could you briefly describe why you rated the care you received as Fair or Poor? nates.

## Results

### Presentations to emergency departments

In 2006, the New South Wales Population Health Survey estimated that approximately 14.1 per cent of adults presented to an emergency department on one or more occasions in the previous 12 months. There was no significant variation between males and females. A significantly higher proportion of adults aged 75 years and over (18.3 per cent) presented to an emergency department, compared with the overall adult population.

A significantly higher proportion of adults in rural areas (17.8 per cent) than urban areas (12.4 per cent) presented to an emergency department. A higher proportion of adults in the North Coast (20.6 per cent) and Greater Western (20.0 per cent) Health Areas, and a lower proportion of adults in the Sydney West Health Area (11.2 per cent), presented to an emergency department, compared with the overall adult population.

There was no variation in the proportion of adults presenting to an emergency department by level of socioeconomic disadvantage.

Overall, emergency department presentations did not vary significantly between 1997 and 2006, although there was significant increase in females (12.0 per cent to 14.0 per cent).

### Rating of emergency department care

Those who presented to an emergency department were asked to rate the care they received: 32.2 per cent rated their care as excellent, 26.0 per cent as very good, 23.0 per cent as good, 9.4 per cent as fair, and 9.5 per cent as poor. Responses of excellent, very good and good were combined into a positive rating of care.

Overall, 81.1 per cent of adults gave a positive rating to the care they received. There was no significant variation between males and females. A significantly higher proportion of adults aged 65-74 years (92.9 per cent) and 75 years and over (91.3 per cent) rated their care positively, compared with the overall adult population.

Overall, a significantly higher proportion of adults in rural areas (86.4 per cent) than urban areas (77.8 per cent) rated their care positively. A higher proportion of adults in the Greater Southern Health Area (87.9 per cent) rated their care positively, compared with the overall adult population.

There was no variation in the proportion of adults who rated their care positively by level of socioeconomic disadvantage.

The proportion of adults who rated their care positively did not vary significantly between 1997 and 2006.

The main reason for rating care as fair or poor was waiting time (65.0 per cent) followed by: poor or inadequate service (30.2 per cent), poor attitude of clinical staff (14.5 per cent), poor technical skill of clinical staff (13.2 per cent), communication problems (12.9 per cent), not enough staff (12.8 per cent), inadequate medication or management (8.8 per cent), misdiagnosis or contradictory diagnosis (4.0 per cent), sent home without treatment or follow-up (2.7 per cent), and poor accommodation quality (2.6 per cent).

### References

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# Emergency department presentation in the previous 12 months by age, persons aged 16 years and over, NSW, 2006

# Emergency department presentation in the previous 12 months by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



### Emergency department presentation in the previous 12 months by health area, persons aged 16 years and over, NSW, 2006



### Emergency department care ratings, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Emergency department care rated as excellent, very good or good by age, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Emergency department care rated as excellent, very good or good by socioeconomic disadvantage,

## persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Emergency department care rated as excellent, very good or good by health area,

# persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



#### Reason for rating most recent emergency visit as fair or poor, persons who attended in the previous 12 months and rated the care as fair or poor aged 16 years and over, NSW, 2006



## Introduction

In the 2004-05 financial year there were approximately 1,998,000 admissions to New South Wales hospitals among adults aged 16 years and over.[1] To monitor the quality of care received in public hospitals, in 2006 the New South Wales Population Health Survey asked respondents: In the last 12 months, have you stayed for at least one night in hospital? Overall, what do you think of the care you received at this hospital? If care was rated as Fair or Poor, respondents were also asked: Could you briefly describe why you rated the care you received as Fair or Poor?

## Results

### Admissions to hospitals

In 2006, the New South Wales Population Health Survey estimated that about 14.1 per cent of adults were admitted to hospital on one or more occasions in the previous 12 months. A significantly higher proportion of females (15.4 per cent) than males (12.7 per cent) were admitted to hospital. Among males, a significantly lower proportion of adults aged 16-24 years (5.5 per cent), and a significantly higher proportion of adults aged 65-74 years (19.7 per cent) and 75 years and over (32.6 per cent), were admitted to hospital, compared with the overall adult male population. Among females, a significantly lower proportion of adults aged 16-24 years (8.3 per cent) and 45-54 years (11.7 per cent), and a significantly higher proportion of adults aged 16-24 years (8.3 per cent) and 45-54 years (11.7 per cent), and a significantly higher proportion of adults aged 25-34 years (22.1 per cent) and 75 years and over (22.4 per cent), were admitted to hospital, compared with the overall adult female population.

There was no significant variation in hospital admissions between adults in rural areas and urban areas, or by level of socioeconomic disadvantage. A higher proportion of adults in the Greater Western Health Area (18.5 per cent) were admitted to hospital, compared with the overall adult population. Rates of hospital admissions have not varied significantly between 1997 and 2006.

### Rating of hospital care

Those who were admitted to hospital were asked to rate the care they received. Overall, 43.5 per cent rated their care as excellent, 28.8 per cent as very good, 17.9 per cent as good, 5.9 per cent as fair, and 3.9 per cent as poor. Responses of excellent, very good, and good were combined into a positive rating of care.

Overall, 90.2 per cent of adults rated their care positively. There was no significant variation between males and females. A significantly lower proportion of adults aged 16-24 years (73.9 per cent) rated their care positively, compared with the overall adult population. There was no significant variation in ratings of positive care between adults in rural areas and urban areas, or among health areas, or by level of socioeconomic disadvantage. Overall, the proportion of adults who rated their hospital care positively has not varied significantly between 1997 and 2006.

The main reasons for rating care as fair or poor were: excessive waiting time for care (23.9 per cent), poor attitude of clinical staff (15.7 per cent), poor quality accommodation (15.0 per cent), not enough staff (11.3 per cent), poor technical skill of clinical staff (11.1 per cent), communication problems (8.1 per cent), hospital could not offer required care (8.7 per cent), inadequate medication or management (4.6 per cent), and poor or inadequate food (1.1 per cent).

## References

1. Inpatient Statistics Collection 2005-06 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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### Hospital admission in the previous 12 months by age, persons aged 16 years and over, NSW, 2006

# Hospital admission in the previous 12 months by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



# Hospital admission in the previous 12 months by health area, persons aged 16 years and over, NSW, 2006



### Hospital care ratings, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



#### Hospital care rated as excellent, very good or good by age, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Hospital care rated as excellent, very good or good by socioeconomic disadvantage,

## persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Hospital care rated as excellent, very good or good by health area, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



### Reason for rating most recent overnight hospital stay as fair or poor, persons who attended in the previous 12 months and rated the care as fair or poor aged 16 years and over, NSW, 2006



## Introduction

Community health centres have a particularly important role to play in providing information and support to people of all ages within the community. Services provided by community health centres include primary care, community health nursing, sexual health services, counselling, selected allied health services, outreach clinics, child and family health services, day and respite care, health promotion, health education, community support, and group programs.

In 2006, the New South Wales Population Health Survey asked respondents: In the last 12 months, have you been to a government-run community health centre? Overall, what do you think of the care you received at this community health centre? If care was rated as Fair or Poor, respondents were also asked: Could you briefly describe why you rated the care you received as Fair or Poor?

### **Results**

### Attendance at a community health centre

In 2006, the New South Wales Population Health Survey estimated that 7.3 per cent of adults attended a community health centre on one or more occasions in the previous 12 months.

A significantly higher proportion of females (8.8 per cent) than males (5.7 per cent) attended a community health centre. Among females, a significantly higher proportion of adults aged 25-34 years (15.5 per cent), and a significantly lower proportion of adults aged 45-54 years (6.0 per cent) and 55-64 years (6.1 per cent) and 75 years and over (6.3 per cent), attended a community health centre, compared with the overall adult female population. There was no significant variation between adults in urban areas and rural areas; however, a lower proportion of adults in the Sydney West Health Area (4.0 per cent), and a higher proportion of adults in the Greater Western Health Area (12.8 per cent), attended a community health centre. A lower proportion of adults in the least disadvantaged quintile (5.1 per cent) attended a community health centre, compared with the overall adult population. Between 2002 and 2006, there has been no significant change in the proportion of adults who attended a community health centre.

### Rating of community health centre care

Those who attended a community health centre were asked to rate the care they received. Overall, 26.7 per cent rated their care as excellent, 35.8 per cent as very good, 28.9 per cent as good, 7.4 per cent as fair, and 1.2 per cent as poor. Responses of excellent, very good, and good were combined into a positive rating of care.

Overall, 91.4 per cent of adults rated their care positively. There was no significant variation between males and females. A significantly higher proportion of adults aged 65-74 years (97.1 per cent) and 75 years and over (99.2 per cent) rated their care positively, compared with the overall adult population. There was no significant variation in ratings of positive care between adults in rural areas and urban areas; however, a higher proportion of adults in the North Coast (96.8 per cent) and Greater Southern (98.5 per cent) Health Areas rated their care positively. A higher proportion of adults in the least disadvantaged quintile (96.9 per cent) rated their care positively. Overall, the proportion of adults who rated their community health centre care positively has not varied significantly between 2002 and 2006.

The main reasons for rating care as fair or poor were: waiting time (29.3 per cent), poor technical skill of staff (23.5 per cent), insufficient services or staff shortages (20.0 per cent), lack of confidentiality (12.2 per cent), poor attitude of staff (11.0 per cent), contradictory diagnosis between clinicians (8.2 per cent), poor communication (4.8 per cent), and treatment not effective (4.0 per cent).

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## Community health centre attendance in the previous 12 months by age, persons aged 16 years and over, NSW, 2006

# Community health centre attendance in the previous 12 months by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



### Community health centre attendance in the previous 12 months by health area, persons aged 16 years and over, NSW, 2006



### Community health centre care ratings, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Community health centre care rated as excellent, very good, or good by age, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Community health centre care rated as excellent, very good, or good by socioeconomic disadvantage,

## persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Community health centre care rated as excellent, very good, or good by health area,

## persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Reason for rating most recent community health centre visit as fair or poor, persons who attended in the previous 12 months and rated the care as fair or poor aged 16 years and over, NSW, 2006



## Introduction

New South Wales residents with a health care or pensioner concession card are eligible for public dental care. In order to monitor the use of public dental services, in 2006 the New South Wales Population Health asked respondents: In the last 12 months, have you been to a government-run public dental service or dental hospital? Overall, what do you think of the care you received at this public dental service? If care was rated as Fair or Poor, respondents were also asked: Could you briefly describe why you rated the care you received as Fair or Poor?

## Results

### Attendance at a public dental service

In 2006, the New South Wales Population Health Survey estimated that 4.2 per cent of adults attended a public dental service in the previous 12 months.

There was no significant variation between females and males. A significantly higher proportion of adults aged 16-24 years (6.7 per cent), and a significantly lower proportion of adults aged 35-44 years (2.9 per cent), attended a public dental service in the previous 12 months. There was no significant variation between adults in urban areas and rural areas, or among health areas.

A lower proportion of adults in the 2 least disadvantaged quintiles (1.9 per cent and 3.0 per cent), and a higher proportion of adults in the most disadvantaged quintile (6.8 per cent), attended a public dental service.

There has been no significant variation in the proportion of adults attending a public dental service between 1998 and 2006.

### Rating of public dental service care

Those who attended a public dental service were asked to rate the care they received. Overall, 25.7 per cent rated their care as excellent, 29.2 per cent as very good, 29.3 per cent as good, 10.0 per cent as fair, and 5.8 per cent as poor. Responses of excellent, very good, and good were combined into a positive rating of care.

Overall, 84.2 per cent of adults rated their care positively. There was no significant variation between males and females, or among age groups.

There was no significant variation between adults in rural areas and urban areas; however, a higher proportion of adults in the Northern Sydney & Central Coast Health Area (94.3 per cent) rated their care positively.

There was no significant variation in ratings of positive care by level of socioeconomic disadvantage.

Overall, the proportion of adults who rated their public dental service care positively has not varied significantly between 2002 and 2006.

The main reasons for rating care as fair or poor were: insufficient services (43.5 per cent), poor technical skill of clinical staff (24.9 per cent), waiting time for an appointment (21.0 per cent), and poor attitude of clinical staff (14.8 per cent).



# Public dental service attendance in the previous 12 months by age, persons aged 16 years and over, NSW, 2006

### Public dental service attendance in the previous 12 months by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006







### Public dental service care rating, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Public dental service care rated as excellent, very good, or good by age, persons who attended in the previous 12 months aged 16 years and over, NSW, 2006


# Public dental service care rated as excellent, very good, or good by socioeconomic disadvantage,

## persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



# Public dental service care rated as excellent, very good, or good by health area,

## persons who attended in the previous 12 months aged 16 years and over, NSW, 2006



#### Reason for rating most recent public dental service visit as fair or poor, persons who attended in the previous 12 months and rated the care as fair or poor aged 16 years and over, NSW, 2006



## Introduction

Social capital is the raw material of civil society created from the interactions between people. It is not located within the person but the space between people. It is not the property of the organisation, market, or state, but all these can engage in its production. It originates with people forming social connections and networks based on trust, mutual reciprocity, and norms of action. It is referred to as capital because that term invests it with the same status as other forms of capital: financial, physical, and human. The term capital is also appropriate because it can be measured and quantified in a way that distributes its benefits and avoids its losses.[1,2]

In 2006, the New South Wales Population Health Survey asked respondents: In the last 6 months, how often have you attended a local community event such as a church or school fete, school concert, or street fair? In the last 3 months, how often have you helped out any local group or organisation such as a school, scouts and brownies, a sporting club, or hospital as a volunteer? Are you an active member of a local organisation, church or club such as a sport, craft or social club? Do you agree or disagree with the statement: Most people can be trusted? Do you agree or disagree with the statement: I feel safe walking down my street after dark? Do you agree or disagree with the statement: My area has a reputation for being a safe place? How often have you visited someone in your neighbourhood in the past week? When you go shopping in your local area how often are you likely to run into friends and acquaintances? and, Would you be sad if you had to leave this neighbourhood? Responses were grouped into positive and negative responses for each question. IN YO'

## Results

### Participation in the local community

Overall, in 2006, 60.3 per cent of adults attended a community event in the last 6 months. A significantly higher proportion of females (63.6 per cent) than males (57.0 per cent) attended a community event. Among males, a significantly higher proportion of adults aged 35-44 years (67.5 per cent) and 45-54 years (62.7 per cent), and a significantly lower proportion of adults aged 75 years and over (41.1 per cent), attended a community event, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 35-44 years (74.1 per cent), and a significantly lower proportion of adults aged 16-24 years (57.0 per cent) and 75 years and over (51.6 per cent), attended a community event, compared with the overall adult female population. A significantly higher proportion of adults in rural (65.4 per cent) than urban areas (58.2 per cent), attended a community event. A higher proportion of adults in the North Coast (66.8 per cent) and Greater Southern (67.4 per cent) and Greater Western (66.2 per cent) Health Areas attended a community event. There was no variation by socioeconomic disadvantage. The overall proportion has increased significantly between 2002 (57.1 per cent) and 2006 (60.3 per cent).

Overall, in 2006, 35.9 per cent of adults helped out at a local group or organisation in the last 3 months. A significantly higher proportion of females (37.7 per cent) than males (34.1 per cent) helped out at a local group or organisation. Among males, a significantly higher proportion of adults aged 45-54 years (41.2 per cent), and a significantly lower proportion of adults aged 75 years and over (25.6 per cent), helped out at a local group or organisation, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 35-44 years (45.4 per cent), and a significantly lower proportion of adults aged 75 years and over (31.0 per cent), helped out at a local group or organisation, compared with the overall adult female population. A significantly higher proportion of adults in rural (44.4 per cent) than urban areas (32.3 per cent), helped out at a local group or organisation. A higher proportion of adults in the Hunter & New England (41.3 per cent), North Coast (43.7 per cent), Greater Southern (50.1 per cent) and Greater Western (45.0 per cent) Health Areas helped out at a local group or organisation. A lower proportion of adults in the Sydney South West (29.6 per cent) and South Eastern Sydney & Illawarra (30.2 per cent) Health Areas helped out at a local group or organisation. A higher proportion of adults in the second most disadvantaged quintile (39.9 per cent) helped out at a local group or organisation. The overall proportion has increased significantly between 2002 (33.4 per cent) and 2006 (35.9 per cent).

Overall, in 2006, 43.8 per cent of adults were an active member of a local organisation or church or club. A significantly lower proportion of females (31.9 per cent) than males (45.7 per cent) were an active member of a local organisation or church or club. Among males, a significantly higher proportion of adults aged 65-74 years (52.5 per cent), and a significantly lower proportion of adults aged 25-34 years (36.1 per cent), were an active member of a local organisation or church or club, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 65-74 years (56.7 per cent) and 75 years and over (54.5 per cent), and a significantly lower proportion of adults aged 25-34 years (36.7 per cent) and 75 years and over (54.5 per cent), and a significantly lower proportion of adults aged 25-34 years (32.5 per cent), were an active member of a local organisation or church or club, compared with the overall adult female population. A significantly higher proportion of adults in rural (48.7 per cent) than urban areas (41.7 per cent) were an active member of a local organisation or church or club. A higher proportion of adults in the Hunter & New England (48.3 per cent) and Greater Southern (50.5 per cent) and Greater Western (50.0 per cent) Health Areas, were an active member of a local organisation or church or club. There was no variation by socioeconomic disadvantage. The overall proportion has not increased significantly between 2002 and 2006.

### Trust and safety

Overall, in 2006, 73.5 per cent of adults strongly agreed or agreed that most people can be trusted. There was no significant variation in the proportion of males and females. A significantly higher proportion of adults aged 75 years and over (79.1 per cent), and a significantly lower proportion of adults aged 25-34 years (67.5 per cent), strongly agreed or agreed that most people can be trusted, compared with the overall adult population. A significantly higher proportion of adults in rural areas (76.1 per cent) than urban areas (72.4 per cent) strongly agreed or agreed that most people can be trusted. A higher proportion of adults in the Northern Sydney & Central Coast (81.4 per cent) and North Coast (77.4 per cent) and Greater Southern (77.9 per cent) Health Areas, and a lower proportion of adults in the Sydney South West (65.4 per cent) and Northern Sydney & Central Coast (81.4 per cent) Health Areas, strongly agreed or agreed that most people can be trusted. Trust decreased with disadvantage. A higher proportion of adults in the 2 least disadvantaged quintiles (84.5 per cent), strongly agreed or agreed that most people can be trusted. Trust in the Northern Sydney is agreed or agreed that most people can be trusted. The overall proportion has increased significantly between 2002 (65.7 per cent) and 2006 (73.5 per cent).

Overall, in 2006, 70.2 per cent of adults felt safe walking down their street after dark. A significantly higher proportion of males (82.4 per cent) than females (58.0 per cent) felt safe walking down their street after dark. Among males, a significantly higher proportion of adults aged 35-44 years (89.8 per cent), and a significantly lower proportion of adults aged 65-74 years (75.3 per cent) and 75 years and over (62.0 per cent), felt safe walking down their street after dark, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 35-44 years (63.0 per cent) and 45-54 years (67.2 per cent), and a significantly lower proportion of adults aged 65-74 years (46.6 per cent) and 75 years and over (29.8 per cent), felt safe walking down their street after dark, compared with the overall adult female population. There was no significant variation between adults in rural areas and urban areas. A higher proportion of adults in the South Eastern Sydney & Illawarra (73.8 per cent) and Northern Sydney & Central Coast (78.6 per cent) and Greater Southern (73.9 per cent) Health Areas, and a lower proportion of adults in the Sydney South West Health Area (61.4 per cent), felt safe walking down their street after dark. Feelings of safety decreased with disadvantage. A higher proportion of adults in the 2 least disadvantaged quintiles (81.5 per cent and 75.1 per cent), and a lower proportion of adults in the most disadvantaged quintile (54.3 per cent), felt safe walking down their street after dark. The overall proportion has increased significantly between 2002 (67.4 per cent) and 2006 (70.2 per cent).

Overall, in 2006, 75.3 per cent of adults said their area had a reputation for being safe. There was no significant variation in the proportion of males and females. A significantly higher proportion of adults aged 55-64 years (79.3 per cent) and 65-74 years (79.4 per cent) and 75 years and over (81.7 per cent) said their area had a reputation for being safe, compared with the overall adult population. A significantly lower proportion of adults aged 16-24 years (68.9 per cent) and 25-34 years (70.4 per cent) said their area had a reputation for being safe. A significantly higher proportion of adults in rural areas (80.8 per cent) than urban areas (73.0 per cent) said their area had a reputation for being safe. A significantly higher proportion of adults in the Northern Sydney & Central Coast (86.9 per cent), North Coast (83.1 per cent), Greater Southern (87.7 per cent), and Greater Western (80.2 per cent) Health Areas said their area had a reputation for being safe. A lower proportion of adults in the Sydney South West

(60.4 per cent) and Sydney West (68.4 per cent) Health Areas said their area had a reputation for being safe. A reputation for safety decreased with disadvantage. A higher proportion of adults in the 2 least disadvantaged quintiles (90.4 per cent and 81.0 per cent), and a lower proportion of adults in the most disadvantaged quintile (54.3 per cent), said their area had a reputation for being safe. The overall proportion has increased significantly between 2002 (73.3 per cent) and 2006 (75.3 per cent).

### Reciprocity and neighbourhood connection

Overall, in 2006, 66.7 per cent of adults visited neighbours. There was no significant variation between males and females or among age groups. A significantly higher proportion of adults in rural areas (72.5 per cent) than urban areas (64.3 per cent) visited neighbours. A higher proportion of adults in the Hunter & New England (73.6 per cent), North Coast (71.1 per cent), Greater Southern (70.8 per cent) and Greater Western (74.1 per cent) Health Areas visited neighbours. A lower proportion of adults in the Sydney South West Health Area (61.6 per cent) visited neighbours. A higher proportion of adults in the second most disadvantaged quintile (70.7 per cent) visited neighbours. Overall the proportion has not increased significantly between 2002 and 2006, however there was a significant increase in females (63.6 per cent).

Overall, in 2006, 80.8 per cent of adults ran into friends and acquaintances when shopping in their local area. A significantly higher proportion of females (83.2 per cent) than males (78.2 per cent) ran into friends and acquaintances when shopping in their local area. Among females, a significantly higher proportion of adults aged 35-44 years (87.2 per cent) ran into friends and acquaintances when shopping in their local area, compared with the overall adult female population. A significantly higher proportion of adults in rural areas (89.2 per cent) than urban areas (77.1 per cent) ran into friends and acquaintances when shopping in their local area. A higher proportion of adults in the Hunter & New England (87.8 per cent), North Coast (89.1 per cent), Greater Southern (89.7 per cent) and Greater Western (92.9 per cent) Health Areas ran into friends and acquaintances when shopping in their local area. A lower proportion of adults in the Sydney South West (75.0 per cent) and Sydney West (74.7 per cent) Health Areas ran into friends and acquaintances when shopping in their local area. A higher proportion of adults in the second most disadvantaged quintile (85.3 per cent), and a lower proportion of adults in the second most disadvantaged quintile (85.3 per cent), and a lower proportion of adults in the second most disadvantaged quintile (85.4 per cent), and a lower proportion of adults in the second least disadvantaged quintile (77.6 per cent), ran into friends and acquaintances when shopping in their local area. The overall proportion has decreased significantly between 2002 (82.4 per cent) and 2006 (80.8 per cent).

Overall, in 2006, 73.0 per cent of adults would feel sad if they had to leave their neighbourhood. A significantly higher proportion of females (76.3 per cent) than males (69.5 per cent) would feel sad if they had to leave their neighbourhood. Among males, a significantly higher proportion of adults aged 65-74 years (76.5 per cent) and 75 years and over (85.0 per cent), and a significantly lower proportion of adults aged 25-34 years (58.6 per cent), would feel sad if they had to leave their neighbourhood, compared with the overall adult male population. Among females, a significantly higher proportion of adults aged 65-74 years (83.9 per cent) and 75 years and over (87.8 per cent), and a significantly lower proportion of adults aged 25-34 years (69.9 per cent), would feel sad if they had to leave their neighbourhood, compared with the overall adult female population. There was no significant variation between adults in rural areas and urban areas. A higher proportion of adults in the Greater Southern Health Area (77.1 per cent), and a lower proportion of adults in the Sydney West Health Area (68.5 per cent), would feel sad if they had to leave their neighbourhood. Feelings of sadness about leaving a neighbourhood decreased with disadvantage. A higher proportion of adults in the least disadvantaged quintile (77.5 per cent), and a lower proportion of adults in the most disadvantaged quintile (67.3 per cent), would feel sad if they had to leave their neighbourhood. The overall proportion has not increased significantly between 2002 and 2006.

### References

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# Attended a community event at least once in the last 6 months by age, persons aged 16 years and over, NSW, 2006

# Attended a community event at least once in the last 6 months by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



#### Attended a community event at least once in the last 6 months by health area, persons aged 16 years and over, NSW, 2006



#### Helped out any local group or organisation at least once in the last 3 months by age, persons aged 16 years and over, NSW, 2006



#### Helped out any local group or organisation at least once in the last 3 months by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



#### Helped out any local group or organisation at least once in the last 3 months by health area, persons aged 16 years and over, NSW, 2006





# Active member of a local organisation, church or club by age, persons aged 16 years and over, NSW, 2006

# Active member of a local organisation, church or club by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



## Active member of a local organisation, church or club by health area, persons aged 16 years and over, NSW, 2006



# Most people can be trusted by age, persons aged 16 years and over, NSW, 2006





### Most people can be trusted by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006

## Most people can be trusted by health area, persons aged 16 years and over, NSW, 2006





## Feel safe walking down their street after dark by age, persons aged 16 years and over, NSW, 2006

Source: New South Wales Population Health Survey 2006 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

P102.50

# Feel safe walking down their street after dark by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



## Feel safe walking down their street after dark by health area, persons aged 16 years and over, NSW, 2006



#### Area has a reputation for being a safe place by age, persons aged 16 years and over, NSW, 2006



# Area has a reputation for being a safe place by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



## Area has a reputation for being a safe place by health area, persons aged 16 years and over, NSW, 2006



# Visit neighbours by age, persons aged 16 years and over, NSW, 2006



## Visit neighbours by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



## Visit neighbours by health area, persons aged 16 years and over, NSW, 2006







# Run into friends and acquaintances when shopping in local area by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



# Run into friends and acquaintances when shopping in local area by health area, persons aged 16 years and over, NSW, 2006



## Sad to leave neighbourhood by age, persons aged 16 years and over, NSW, 2006



# Sad to leave neighbourhood by socioeconomic disadvantage, persons aged 16 years and over, NSW, 2006



## Sad to leave neighbourhood by health area, persons aged 16 years and over, NSW, 2006



## Conclusion

The New South Wales Population Health Survey began as a continuous survey in 2002, following adult health surveys in 1997 and 1998. Most indicators are collected and reported annually but some are collected and reported biennially and triennially. In 2006, data were collected on demographics, health behaviours, health status, use of and satisfaction with health services, and social capital. Some of these indicators are highlighted below.

### Health behaviours

Health behaviours influence health and wellbeing. There have been significant changes in some indicators of health behaviour, while other indicators have not changed significantly.

There have been significant increases in hand washing when preparing raw meat, vaccination against influenza, vaccination against pneumococcal pneumonia, vaccination against meningococcal disease, homes with a smoke alarm or detector, recommended daily fruit consumption, use of low fat or reduced fat or skim milk, adequate physical activity, smoke-free homes, smoke-free cars, and the proportion of adults who would be more likely to attend pubs or clubs if smoking was banned.

There have been significant decreases in any alcohol risk drinking, high risk alcohol drinking, Pap tests within the last 2 years, exposure to unflued heating in living areas, fires in the home that activitated smoke alarms, current smoking, daily smoking, and in the proportion of adults who would be less likely to attend pubs or clubs if smoking was banned.

The proportion of screening mammograms in the last 2 years, hysterectomy, use of the public water supply for drinking water, recommended vegetable consumption, food insecurity in the last 12 months, and doctor's advice to quit smoking, have not changed significantly.

In 2006, 8 new indicators were collected for health behaviours: swimming, fishing, rock fishing, snorkelling or scuba diving in the last 4 weeks; swimming ability among those who swam, fished, rock fished, snorkelled or scuba dived in the last 4 weeks; knowledge of recommended fruit serves; knowledge of recommended vegetable serves; daily consumption of 3 or more serves of vegetables; weekly or more use of neighbourhood facilities; more likely to attend outdoor dining areas if smoking was banned; and less likely to attend outdoor dining areas if smoking was banned.

### Health status

Monitoring the health status of a population helps detect emerging patterns of illness and disease and provides information to inform health policy and planning of health services. There have been significant changes in some indicators of health status, while other indicators have not changed significantly.

There have been increases in the proportion of adults ever diagnosed with asthma, who have diabetes or high blood glucose, who have visited a dental professional in the last 12 months, who are overweight or obese, and who are obese.

There have been decreases in the proportion of adults who have experienced moderate to extreme interference with daily activities due to asthma, who have all their natural teeth missing, and who have rated their health as excellent or very good or good.

The proportion of adults with current asthma, with a written asthma management plan, who experienced urinary incontinence in the last 4 weeks, who had a fall in the last 12 months, who had a fall requiring medical treatment, who had a fall requiring hospitalisation, and who agree with adding fluoride to the public water supply, have not changed significantly.

In 2006, 9 new indicators were collected for health status: asthma reliever medication used in the last 12 months, asthma preventer medication used in the last 12 months, current smoking among those with current asthma, any action taken to prevent falls, fear of falling, those with high or very high psychological distress who attended a community event in the last 6 months, those with high or very

high psychological distress who helped out at a local group or organisation in the last 3 months, those with high or very high psychological distress who were active members of a local organisation or church or club, and those with 3 or more chronic disease risk factors.

### **Health services**

Information about the use of and satisfaction with health services assists in formulating health policy and health service planning. There have been significant changes in some health service indicators, while other indicators have not changed significantly.

Between 1997 and 2005, in both males and females, there have been increases in: the proportion of adults with private health insurance; and the proportion of adults with difficulties getting health care when needing it.

There has been no significant change in: emergency department presentations in the last 12 months or the overall rating of emergency department care as excellent, very good or good. There has been no significant change in hospital admissions in the last 12 months or in the overall rating of hospital care as excellent, very good or good. There has been no significant change in the proportion of visits to community health centres or public dental services.

## **Social capital**

Social capital is created from the everyday interactions between people. It is called capital because it can be measured and quantified in a way that can distribute its benefits and avoid its losses. There have been significant changes in some indicators of social capital, while other indicators have not changed significantly.

Between 2002 and 2005, in both males and females, there have been increases in the proportion of adults who: attended a community event at least once in the last 6 months, said most people can be trusted, who felt safe walking down their street after dark, said their local area has a reputation for being a safe place.

Between 2002 and 2005, in both males and females, there have been decreases in the proportion of adults who: visited neighbours, and felt able to ask for neighbourhood help to care for a child.

There has been no significant change in the proportion of adults who: helped out at any local group or organisation at least once in the last 3 months; were active members of a local organisation or church or club; ran into friends and acquaintances when shopping in their local area; or would feel sad if they had to leave their neighbourhood.

### The future

The collection and reporting plan for the New South Wales Population Health Survey to 2012 can be found at www.health.nsw.gov.au/public-health/survey/hsurvey.html. The continued monitoring of indicators via the Survey will provide information to assist health professionals, health service planners and those involved in development of health policy.

## **Conclusion : Health behaviours**

Indicator	Year	Males (95% Cl)	Females (95% CI)	Person (95% CI)
Risk alcohol drinking	1997	50.6 (49.1-52.0)	34.3 (33.1-35.6)	42.3 (41.3-43.3)
	1998	50.4 (48.8-52.0)	36.3 (35.0-37.6)	43.2 (42.2-44.2)
	2002	39.3 (37.3-41.2)	30.2 (28.6-31.8)	34.7 (33.4-35.9)
	2003	41.5 (39.5-43.4)	30.2 (28.8-31.7)	35.6 (34.4-36.8)
	2004	40.5 (38.1-42.8)	30.3 (28.5-32.1)	35.3 (33.8-36.8)
	2005	37.2 (35.3-39.2)	27.3 (25.8-28.7)	32.1 (30.9-33.3)
	2006	37.3 (35.0-39.6)	28.4 (26.7-30.2)	32.8 (31.4-34.2)
High risk alcohol drinking	2002	16.8 (15.1-18.5)	12.1 (10.7-13.6)	14.7 (13.5-15.8)
	2003	17.8 (16.1-19.5)	10.8 (9.6-12.0)	14.5 (13.5-15.6)
	2004	15.6 (13.7-17.5)	10.9 (9.3-12.4)	13.5 (12.2-14.7)
	2005	13.2 (11.7-14.7)	7.1 (6.2-8.0)	10.1 (9.2-10.9)
	2006	12.5 (10.9-14.1)	6.5 (5.5-7.6)	9.5 (8.6-10.5)
Screening mammogram within the last 2 years	1997	XO X	73.3 (70.9-75.7)	73.3 (70.9-75.7)
	1998		76.4 (74.1-78.7)	76.4 (74.1-78.7)
	2002	D`xO	75.2 (72.6-77.8)	75.2 (72.6-77.8)
	2004	0	74.4 (71.4-77.4)	74.4 (71.4-77.4)
0	2006	1	76.2 (73.4-79.0)	76.2 (73.4-79.0)
Pap test within the last 2 years	1998	D.	77.3 (75.9-78.7)	77.3 (75.9-78.7)
	2002		74.7 (72.9-76.4)	74.7 (72.9-76.4)
Solution S	2004		72.8 (70.6-75.0)	72.8 (70.6-75.0)
	2006		72.8 (70.6-74.9)	72.8 (70.6-74.9)
Hysterectomy	1997		13.3 (12.4-14.2)	13.3 (12.4-14.2)
	1998		13.1 (12.2-14.0)	13.1 (12.2-14.0)
C. St	2002		12.2 (11.2-13.2)	12.2 (11.2-13.2)
$\gamma_{1*}$ , $\gamma_{1}$ .	2004		11.9 (10.7-13.1)	11.9 (10.7-13.1)
Use public water as usual source of water	2006		12.6 (11.4-13.7)	12.6 (11.4-13.7)
	2002			80.9 (79.3-82.5)
	2003			81.2 (80.3-82.1)
	2005			78.8 (77.8-79.8)
	2006			81.7 (80.6-82.8)
Exposure to unflued heating	2002	20.7 (17.4-23.9)	24.2 (21.6-26.8)	22.7 (20.7-24.7)
	2006	19.4 (17.5-21.3)	19.3 (17.8-20.8)	19.4 (18.1-20.6)
Hand washing with soap when preparing raw meat	2003	56.2 (54.0-58.3)	64.3 (62.8-65.8)	60.7 (59.4-62.0)
	2006	61.4 (58.9-63.9)	70.8 (69.0-72.5)	66.5 (65.1-68.0)
Vaccinated against influenza in the last 12 months	1997	32.1 (30.0-34.3)	36.8 (34.9-38.8)	34.6 (33.2-36.0)
	1998	36.8 (34.5-39.0)	43.6 (41.6-45.6)	40.3 (38.9-41.8)
	2002	43.4 (41.0-45.9)	49.8 (47.6-51.9)	46.7 (45.1-48.3)
	2003	46.2 (43.6-48.7)	53.0 (50.9-55.2)	49.8 (48.2-51.5)
	2004	46.0 (43.0-49.0)	51.8 (49.4-54.2)	49.0 (47.1-50.9)
	2005	46.6 (44.2-49.1)	50.6 (48.6-52.5)	48.7 (47.1-50.2)
	2006	44.2 (41.5-46.9)	51.5 (49.2-53.7)	48.0 (46.2-49.7)
Indicator	Year	Males (95% Cl)	Females (95% CI)	Person (95% CI)
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Vaccinated against influenza in the last 12 months	1997	55.7 (52.3-59.2)	58.1 (55.3-61.0)	57.1 (54.9-59.3)
	1998	61.9 (58.4-65.3)	64.5 (61.9-67.2)	63.3 (61.2-65.5)
	2002	74.6 (71.6-77.6)	75.8 (73.3-78.2)	75.2 (73.3-77.1)
	2003	76.3 (73.2-79.3)	75.9 (73.5-78.3)	76.0 (74.1-77.9)
	2004	76.1 (72.6-79.5)	75.5 (72.7-78.4)	75.8 (73.6-78.0)
	2005	75.3 (72.6-78.1)	74.5 (72.2-76.8)	74.9 (73.1-76.7)
	2006	73.8 (70.5-77.1)	75.9 (73.3-78.4)	75.0 (72.9-77.0)
Vaccinated against pneumococcal disease in the last 5 years	2002	17.4 (15.6-19.2)	20.9 (19.3-22.6)	19.2 (18.0-20.5)
	2003	21.4 (19.4-23.5)	26.0 (24.2-27.8)	23.9 (22.5-25.2)
	2004	20.2 (18.0-22.5)	27.3 (25.2-29.4)	23.9 (22.4-25.5)
	2005	24.5 (22.5-26.4)	30.7 (29.0-32.5)	27.7 (26.4-29.0)
	2006	30.2 (27.7-32.6)	33.9 (31.8-36.0)	32.1 (30.5-33.7)
Vaccinated against pneumococcal disease in the last 5 years	2002	36.0 (32.6-39.4)	40.9 (38.0-43.7)	38.6 (36.4-40.8)
	2003	45.5 (42.0-49.1)	48.6 (45.8-51.5)	47.1 (44.9-49.4)
	2004	43.4 (39.2-47.5)	50.3 (46.9-53.6)	47.2 (44.6-49.8)
	2005	51.0 (47.8-54.3)	56.5 (53.9-59.1)	54.1 (52.0-56.1)
	2006	60.0 (56.3-63.8)	61.6 (58.6-64.6)	60.9 (58.5-63.2)
Vaccinated against meningococcal C disease in the last year	2005	55.7 (47.4-64.0)	68.7 (61.4-76.1)	62.5 (56.9-68.2)
0	2006	76.4 (69.0-83.8)	67.3 (58.1-76.4)	72.0 (66.1-77.9)
Homes with a smoke alarm or detector	1997	9		58.2 (57.3-59.2)
	1998			64.0 (63.0-65.0)
	2002			73.0 (71.9-74.1)
	2003			72.8 (71.7-73.9)
47 5	2004			71.5 (70.1-72.9)
	2005			76.9 (75.8-78.0)
<u> </u>	2006			86.9 (85.8-87.9)
Aware of the fire brigades 65 and over smoke alarm installation program	2006	42.7 (38.3-47.1)	46.3 (42.7-49.9)	44.6 (41.8-47.5)
Had smoke alarm installed through the fire brigades 65 and over smoke alarm installation program	2006	4.2 (2.4-6.0)	5.2 (3.7-6.8)	4.8 (3.6-5.9)
Fire in home which activated smoke alarm	1998	2.6 (1.9-3.3)	2.2 (1.7-2.7)	2.4 (2.0-2.8)
	2002	3.4 (2.6-4.2)	3.4 (2.7-4.1)	3.4 (2.9-4.0)
	2006	0.9 (0.6-1.3)	0.5 (0.3-0.8)	0.7 (0.5-1.0)
Fire extinguished without calling the fire brigade	1998	74.5 (61.9-87.1)	75.5 (66.1-84.9)	75.0 (66.9-83.1)
G	2002	79.9 (70.1-89.7)	71.6 (61.4-81.8)	75.7 (68.5-82.9)
	2006	70.0 (50.9-89.2)	53.7 (28.9-78.6)	64.0 (48.7-79.3)
Swimming, fishing, rock lishing, snorkelling or scuba diving in last 4 weeks	2005	29.6 (27.7-31.5)	23.7 (22.2-25.1)	26.6 (25.4-27.8)
000	2006	27.2 (25.0-29.3)	18.5 (16.9-20.0)	22.8 (21.4-24.1)
	2006	27.2 (25.0-29.3)	18.5 (16.9-20.0)	22.8 (21.4-24.1)
Very good or good swimming ability	2006	61.0 (56.4-65.6)	47.1 (42.4-51.9)	55.3 (51.9-58.7)
Recommended truit consumption	1997	39.7 (38.3-41.1)	52.4 (51.1-53.7)	46.1 (45.2-47.1)
	1998	39.5 (38.0-41.0)	50.9 (49.5-52.2)	45.3 (44.3-46.3)
	2002	41.4 (39.4-43.3)	51.2 (49.5-52.9)	46.3 (45.0-47.6)
	2003	40.1 (38.2-42.0)	54.5 (53.0-56.1)	47.4 (46.2-48.6)
	2004	40.0 (38.3-43.0)	53.4 (51.5-55.4)	47.1 (45.6-48.6)
	2005	44.6 (42.6-46.5)	57.5 (55.9-59.1)	51.2 (49.9-52.4)
	2006	47.0 (44.7-49.3)	59.6 (57.7-61.5)	53.4 (51.9-54.9)
Knowledge of recommended fruit serves	2006	79.1 (77.0-81.2)	90.3 (89.1-91.5)	85.0 (83.8-86.2)

Indicator	Year	Males (95% CI)	Females (95% CI)	Person (95% CI)
Recommended vegetable consumption	1997	8.0 (7.3-8.8)	9.7 (8.9-10.5)	8.9 (8.3-9.4)
	1998	7.1 (6.4-7.9)	8.6 (7.8-9.3)	7.9 (7.3-8.4)
	2002	5.8 (4.9-6.6)	9.1 (8.3-10.0)	7.5 (6.9-8.1)
	2003	8.1 (7.1-9.1)	11.4 (10.4-12.4)	9.8 (9.1-10.5)
	2004	6.0 (5.0-7.0)	10.3 (9.1-11.4)	8.2 (7.4-8.9)
	2005	4.7 (3.9-5.4)	10.1 (9.2-10.9)	7.4 (6.8-8.0)
	2006	6.4 (5.3-7.5)	12.4 (11.3-13.6)	9.4 (8.7-10.2)
Three serves or more of vegetables a day	1997	28.4 (27.1-29.7)	39.4 (38.1-40.6)	34.0 (33.0-34.9)
	1998	29.3 (27.9-30.7)	38.2 (36.9-39.5)	33.8 (32.9-34.7)
	2002	31.5 (29.7-33.3)	43.8 (42.1-45.4)	37.7 (36.5-38.9)
	2003	36.4 (34.5-38.2)	47.4 (45.8-48.9)	42.0 (40.8-43.2)
	2004	27.0 (25.0-29.1)	42.8 (40.9-44.7)	35.0 (33.6-36.5)
	2005	26.0 (24.3-27.7)	45.8 (44.2-47.4)	36.1 (34.9-37.3)
	2006	30.9 (28.8-33.0)	50.8 (48.9-52.7)	40.9 (39.4-42.3)
Knowledge of recommended vegetable serves	2006	16.5 (14.6-18.5)	37.2 (35.2-39.1)	27.4 (26.0-28.8)
Usual use of lower fat milks	1997	37.2 (35.8-38.6)	53.6 (52.3-55.0)	45.5 (44.6-46.5)
	1998	38.6 (37.0-40.1)	52.3 (50.9-53.6)	45.5 (44.5-46.5)
	2002	35.6 (33.7-37.4)	50.6 (48.9-52.3)	43.2 (41.9-44.4)
0	2003	37.2 (35.4-39.1)	50.9 (49.3-52.4)	44.2 (42.9-45.4)
	2004	38.8 (36.4-41.1)	53.2 (51.3-55.1)	46.1 (44.6-47.6)
	2005	37.4 (35.5-39.2)	50.4 (48.8-52.0)	44.0 (42.7-45.2)
	2006	40.7 (38.5-43.0)	53.9 (52.0-55.8)	47.3 (45.9-48.8)
Food insecurity in the last 12 months	2002	5.3 (4.4-6.1)	6.1 (5.3-6.9)	5.7 (5.1-6.3)
	2003	5.3 (4.4-6.1)	6.8 (6.0-7.5)	6.1 (5.5-6.6)
	2004	5.3 (4.3-6.3)	6.2 (5.2-7.2)	5.7 (5.0-6.4)
0.5	2005	4.0 (3.2-4.8)	6.5 (5.7-7.4)	5.3 (4.7-5.9)
14, 74,	2006	5.2 (4.1-6.3)	6.0 (5.1-6.9)	5.6 (4.9-6.3)
Adequate physical activity	1998	52.5 (51.0-54.0)	43.4 (42.1-44.7)	47.9 (46.9-48.9)
	2002	51.0 (49.1-53.0)	43.4 (41.8-45.1)	47.2 (45.9-48.5)
	2003	49.5 (47.6-51.5)	40.4 (38.9-42.0)	44.7 (43.5-46.0)
	2004	57.0 (54.7-59.3)	47.9 (46.0-49.8)	52.4 (50.9-53.9)
NO	2005	56.6 (54.6-58.5)	47.3 (45.7-49.0)	51.9 (50.6-53.1)
	2006	60.4 (58.1-62.7)	49.6 (47.6-51.5)	54.9 (53.4-56.4)
	2006	49.4 (44.5-54.3)	45.6 (41.6-50.0)	47.7 (44.4-50.9)
Curent Shoking	1008	26.2 (24.8-27.5)	21.1 (20.0-22.1)	24.0 (23.2-24.9)
	2002	23.9 (22.2-25.6)	19.2 (17.9-20.5)	21.5 (20.5-22.6)
	2002	24.7 (23.0-26.4)	19.7 (18.5-21.0)	21.3 (20.3-22.0)
	2003	22 5 (20 5-24 5)	19.3 (17.8-20.8)	20.9 (19.6-22.1)
	2004	22.6 (20.9-24.3)	17.6 (16.3-18.8)	20.1 (19.0-21.1)
	2006	19.2 (17.3-21.1)	16.2 (14.8-17.7)	17.7 (16.5-18.9)
Daily smoking	2002	18.5 (17.0-20.0)	14.3 (13.1-15.5)	16.4 (15.4-17.3)
	2003	19.7 (18.1-21.3)	15.7 (14.6-16.9)	17.8 (16.8-18.7)
	2004	17.3 (15.6-19.1)	15.4 (14.0-16.8)	16.3 (15.2-17.5)
	2005	17.5 (16.0-19.0)	14.1 (13.0-15.3)	15.8 (14.8-16.7)
	2006	15.0 (13.3-16.7)	12.9 (11.6-14.2)	13.9 (12.8-15.0)
	2000	10.0 (10.0-10.7)	12.3 (11.0-14.2)	13.3 (12.0-13.0)

Indicator	Year	Males (95% Cl)	Females (95% CI)	Person (95% Cl)
Doctor advised to quit smoking	2005	42.0 (37.4-46.6)	46.9 (42.6-51.3)	44.2 (41.0-47.4)
	2006	45.7 (40.1-51.3)	51.6 (46.7-56.5)	48.4 (44.7-52.2)
Smoke-free households	1997			69.7 (68.8-70.6)
	1998			73.1 (72.3-74.0)
	2002			80.8 (79.8-81.8)
	2003			82.6 (81.7-83.5)
	2004			84.2 (83.2-85.3)
	2005			86.1 (85.2-87.0)
	2006			87.7 (86.7-88.6)
Smoke-free cars	2003			81.2 (80.2-82.2)
	2004			84.3 (83.1-85.5)
	2005			84.8 (83.9-85.8)
	2006			87.7 (86.6-88.7)
More likely to attend hotels and licensed bars if smoking banned in hotels and licensed bars	2003	23.1 (21.5-24.8)	25.5 (24.1-26.9)	24.2 (23.2-25.3)
	2005	32.5 (30.6-34.4)	38.0 (36.4-39.6)	35.3 (34.0-36.5)
	2006	33.3 (31.1-35.5)	36.7 (34.9-38.6)	35.0 (33.6-36.5)
Less likely to attend hotels and licensed bars if smoking banned	2003	10.5 (9.4-11.7)	8.9 (8.0-9.9)	9.8 (9.0-10.5)
	2005	8.3 (7.1-9.4)	6.7 (5.8-7.6)	7.5 (6.7-8.2)
0	2006	7.5 (6.2-8.8)	5.6 (4.7-6.5)	6.6 (5.8-7.4)
More likely to frequent outdoor dining areas if smoking banned from these areas	2006	36.0 (33.7-38.3)	40.4 (38.5-42.2)	38.2 (36.7-39.7)
Less likely to frequent outdoor dining areas if smoking banned from these areas	2006	7.1 (5.8-8.3)	5.7 (4.7-6.6)	6.3 (5.6-7.1)

## **Conclusion : Health status**

Indicator	Year	Males (95% Cl)	Females (95% Cl)	Person (95% Cl)
Ever diagnosed with asthma	1997	15.2 (14.1-16.2)	18.4 (17.3-19.4)	16.8 (16.1-17.5)
	1998	15.5 (14.3-16.6)	18.1 (17.1-19.1)	16.8 (16.1-17.6)
	2002	18.6 (17.1-20.1)	21.1 (19.7-22.4)	19.8 (18.8-20.9)
	2003	19.3 (17.7-20.8)	22.6 (21.3-23.9)	21.0 (19.9-22.0)
	2005	17.9 (16.4-19.4)	20.4 (19.1-21.7)	19.2 (18.2-20.2)
	2006	18.4 (16.6-20.2)	20.1 (18.6-21.6)	19.3 (18.1-20.4)
Current asthma	1997	8.8 (7.9-9.6)	12.1 (11.2-13.0)	10.5 (9.8-11.1)
	1998	8.9 (8.0-9.8)	11.0 (10.2-11.7)	9.9 (9.4-10.5)
	2002	9.2 (8.1-10.4)	12.1 (11.1-13.2)	10.7 (9.9-11.5)
	2003	9.1 (8.0-10.3)	12.6 (11.6-13.7)	10.9 (10.1-11.7)
	2004	8.9 (7.4-10.4)	11.9 (10.7-13.1)	10.4 (9.5-11.4)
	2005	8.8 (7.7-9.9)	12.0 (11.0-13.0)	10.4 (9.7-11.2)
	2006	9.9 (8.5-11.3)	11.8 (10.6-13.0)	10.9 (9.9-11.8)
Asthma reliever used in the last 12 months	2006	78.4 (71.4-85.4)	89.1 (86.0-92.2)	84.3 (80.7-87.9)
Asthma preventer used in the last 12 months	2006	47.6 (39.5-55.6)	54.1 (48.4-59.7)	51.2 (46.4-55.9)
Written asthma management plan	1997	34.2 (29.4-38.9)	36.6 (32.7-40.4)	35.6 (32.6-38.6)
	1998	33.4 (28.4-38.4)	35.6 (32.1-39.1)	34.6 (31.7-37.6)
	2003	34.7 (27.3-42.0)	45.0 (39.8-50.2)	41.2 (36.9-45.4)
(S * 5)	2005	49.7 (43.1-56.4)	43.2 (38.8-47.7)	45.9 (42.1-49.7)
	2006	33.9 (26.6-41.2)	40.6 (35.3-45.9)	37.6 (33.2-42.0)
Moderate to extreme interference with daily activities	1997	16.7 (13.3-20.1)	26.8 (23.3-30.4)	22.6 (20.1-25.2)
	1998	20.5 (16.4-24.6)	23.4 (20.5-26.4)	22.2 (19.7-24.6)
Q- CO	2003	15.1 (10.6-19.7)	17.8 (13.9-21.8)	16.9 (13.9-19.9)
	2005	6.0 (3.9-8.1)	12.9 (10.0-15.8)	10.0 (8.1-12.0)
L. St	2006	11.6 (7.2-16.0)	12.8 (9.2-16.3)	12.2 (9.4-15.0)
Current smoking	2006	20.1 (15.5-24.7)	17.9 (14.5-21.3)	19.0 (16.1-21.8)
Diabetes or high blood glucose	1997	5.2 (4.6-5.7)	4.2 (3.7-4.8)	4.7 (4.3-5.1)
SO	1998	4.9 (4.2-5.5)	4.0 (3.5-4.5)	4.4 (4.0-4.8)
	2002	6.5 (5.7-7.3)	5.5 (4.9-6.2)	6.0 (5.5-6.5)
<i><b>P</b></i> ^{<i>1</i>0²}	2003	7.0 (6.1-7.8)	5.6 (4.9-6.2)	6.3 (5.8-6.8)
	2004	8.0 (6.9-9.1)	5.3 (4.6-6.0)	6.6 (6.0-7.3)
	2005	8.4 (7.4-9.3)	6.9 (6.1-7.6)	7.6 (7.0-8.2)
	2006	8.5 (7.4-9.7)	6.4 (5.6-7.2)	7.4 (6.7-8.1)
Incontinence in the last 4 weeks	2003	11.3 (9.9-12.7)	32.1 (30.4-33.9)	22.0 (20.9-23.2)
	2006	11.9 (10.2-13.5)	29.2 (27.3-31.1)	20.7 (19.4-22.0)
Falls in the last 12 months	2003	19.0 (16.2-21.7)	27.6 (25.0-30.1)	23.9 (22.0-25.8)
	2006	18.1 (15.2-21.0)	29.4 (26.6-32.3)	24.3 (22.2-26.3)

Indicator	Year	Males (95% Cl)	Females (95% Cl)	Person (95% Cl)
Falls requiring medical treatment	2003	28.7 (21.9-35.4)	33.8 (28.5-39.1)	31.8 (27.7-36.0)
	2006	22.7 (15.8-29.7)	31.8 (26.1-37.4)	28.7 (24.2-33.2)
Falls requiring hospitalisation	2003	31.1 (19.2-42.9)	26.3 (17.9-34.8)	28.7 (21.9-35.6)
	2006	28.8 (13.9-43.8)	33.3 (23.2-43.5)	32.1 (23.7-40.6)
Any action taken to prevent falls	2006	18.4 (15.5-21.4)	31.7 (28.8-34.6)	25.7 (23.6-27.7)
Fear of falling	2006	17.9 (15.0-20.8)	33.8 (30.9-36.8)	26.6 (24.5-28.7)
High and very high psychological distress	1997	9.2 (8.4-10.0)	13.0 (12.1-13.9)	11.1 (10.5-11.8)
	1998	9.0 (8.1-9.9)	12.1 (11.2-12.9)	10.6 (10.0-11.2)
	2002	10.5 (9.3-11.6)	14.2 (13.0-15.4)	12.4 (11.5-13.2)
	2003	9.3 (8.2-10.4)	12.8 (11.8-13.9)	11.1 (10.3-11.8)
	2004	11.7 (10.2-13.3)	14.7 (13.3-16.1)	13.2 (12.2-14.3)
	2005	9.7 (8.4-10.9)	14.1 (12.9-15.3)	11.9 (11.1-12.8)
	2006	9.4 (8.1-10.7)	11.9 (10.7-13.2)	10.7 (9.8-11.6)
Moderate, high and very high psychological distress	2006	29.9 (27.7-32.1)	34.0 (32.2-35.9)	32.0 (30.5-33.4)
Attended a community event at least once in the last 6 months	2006	57.8 (50.8-64.9)	56.2 (50.7-61.7)	56.9 (52.6-61.3)
Helped out any local group or organisation at least once in the last 3 months	2006	31.2 (24.3-38.0)	34.7 (29.4-40.1)	33.2 (28.9-37.4)
Active member of a local organisation, church or club	2006	41.1 (33.7-48.4)	33.9 (28.7-39.0)	37.0 (32.7-41.4)
Visited a dental professional in the last 12 months	2002	53.8 (51.8-55.8)	57.7 (56.0-59.4)	55.8 (54.5-57.1)
	2003	56.2 (54.2-58.1)	60.5 (59.0-62.1)	58.3 (57.1-59.5)
Still S	2004	58.1 (55.8-60.4)	63.1 (61.2-64.9)	60.6 (59.1-62.1)
	2005	60.2 (58.2-62.1)	63.9 (62.4-65.5)	62.1 (60.9-63.3)
Ch. Ch.	2006	56.4 (54.1-58.7)	59.8 (57.9-61.6)	58.1 (56.6-59.6)
Did not visit a dental professional in the last 12 months	2006	56.4 (54.1-58.7)	59.8 (57.9-61.6)	58.1 (56.6-59.6)
All natural teeth missing	1998	5.7 (5.1-6.4)	10.6 (9.9-11.3)	8.2 (7.7-8.7)
St. 200	2002	4.9 (4.3-5.6)	7.8 (7.1-8.6)	6.4 (5.9-6.9)
NK. K.	2003	4.3 (3.7-4.9)	7.7 (7.1-8.3)	6.1 (5.7-6.6)
N° CF	2004	4.7 (4.0-5.5)	7.7 (6.9-8.6)	6.3 (5.7-6.8)
and the	2005	4.2 (3.6-4.8)	6.8 (6.2-7.4)	5.6 (5.1-6.0)
	2006	3.7 (3.1-4.3)	5.9 (5.2-6.5)	4.8 (4.3-5.2)
Agree with adding fluoride to water supply	2005	87.4 (84.3-90.4)	88.2 (85.9-90.5)	87.8 (85.9-89.7)
0	2006	86.2 (84.6-87.8)	86.1 (84.7-87.5)	86.1 (85.1-87.2)
Overweight and obesity	1997	49.3 (47.8-50.7)	34.2 (32.9-35.4)	41.8 (40.8-42.7)
*	1998	49.8 (48.3-51.4)	34.1 (32.9-35.4)	42.0 (41.0-43.1)
	2002	53.4 (51.4-55.4)	38.2 (36.6-39.8)	45.9 (44.6-47.2)
	2003	55.7 (53.7-57.7)	41.0 (39.4-42.6)	48.4 (47.1-49.6)
	2004	56.2 (53.8-58.6)	40.5 (38.6-42.4)	48.4 (46.9-50.0)
	2005	57.5 (55.5-59.5)	42.3 (40.7-43.9)	49.9 (48.6-51.1)
	2006	57.4 (55.0-59.7)	43.3 (41.4-45.2)	50.4 (48.9-52.0)

	(95% CI)	(95% CI)	(95% CI)
1997	11.0 (10.1-11.8)	11.3 (10.6-12.1)	11.2 (10.6-11.7)
1998	12.5 (11.5-13.4)	11.5 (10.7-12.3)	12.0 (11.4-12.6)
2002	14.6 (13.3-16.0)	14.4 (13.3-15.5)	14.5 (13.6-15.4)
2003	15.5 (14.1-16.8)	16.5 (15.3-17.6)	16.0 (15.1-16.9)
2004	15.9 (14.3-17.6)	14.8 (13.5-16.1)	15.4 (14.3-16.4)
2005	17.3 (15.8-18.8)	16.2 (15.1-17.3)	16.7 (15.8-17.6)
2006	18.0 (16.2-19.8)	17.4 (15.9-18.8)	17.7 (16.6-18.9)
1997	85.0 (84.0-85.9)	85.1 (84.2-86.0)	85.0 (84.4-85.7)
1998	85.0 (84.0-86.0)	83.1 (82.2-84.0)	84.0 (83.3-84.7)
2002	82.0 (80.5-83.5)	79.9 (78.6-81.2)	81.0 (80.0-81.9)
2003	81.8 (80.4-83.2)	79.7 (78.5-80.9)	80.7 (79.8-81.6)
2004	79.4 (77.6-81.3)	79.5 (78.0-81.0)	79.5 (78.3-80.7)
2005	83.3 (81.9-84.7)	78.7 (77.4-80.0)	80.9 (80.0-81.9)
2006	82.5 (80.9-84.2)	78.1 (76.6-79.7)	80.3 (79.2-81.4)
2002	39.6 (37.2-42.0)	30.2 (28.2-32.1)	34.9 (33.4-36.4)
2003	43.3 (40.9-45.7)	32.4 (30.6-34.3)	37.7 (36.2-39.2)
2004	37.9 (35.0-40.8)	29.4 (27.2-31.6)	33.5 (31.8-35.3)
2005	35.5 (33.2-37.9)	26.5 (24.8-28.2)	30.9 (29.4-32.3)
2006	23.3 (21.2-25.3)	16.8 (15.3-18.3)	20.1 (18.8-21.4)
	1997         1998         2002         2003         2004         2005         2004         2005         2006         2004         2005         2004         2005         2006	199711.0 (10.1-11.8)199812.5 (11.5-13.4)200214.6 (13.3-16.0)200315.5 (14.1-16.8)200415.9 (14.3-17.6)200517.3 (15.8-18.8)200618.0 (16.2-19.8)199785.0 (84.0-85.9)199885.0 (84.0-85.9)200282.0 (80.5-83.5)200381.8 (80.4-83.2)200479.4 (77.6-81.3)200583.3 (81.9-84.7)200682.5 (80.9-84.2)200239.6 (37.2-42.0)200343.3 (40.9-45.7)200437.9 (35.0-40.8)200535.5 (33.2-37.9)200623.3 (21.2-25.3)	199711.0 (10.1-11.8)11.3 (10.6-12.1)199812.5 (11.5-13.4)11.5 (10.7-12.3)200214.6 (13.3-16.0)14.4 (13.3-15.5)200315.5 (14.1-16.8)16.5 (15.3-17.6)200415.9 (14.3-17.6)14.8 (13.5-16.1)200517.3 (15.8-18.8)16.2 (15.1-17.3)200618.0 (16.2-19.8)17.4 (15.9-18.8)199785.0 (84.0-85.9)85.1 (84.2-86.0)199885.0 (84.0-85.9)85.1 (84.2-86.0)200282.0 (80.5-83.5)79.9 (78.6-81.2)200381.8 (80.4-83.2)79.7 (78.5-80.9)200479.4 (77.6-81.3)79.5 (78.0-81.0)200583.3 (81.9-84.7)78.7 (77.4-80.0)200682.5 (80.9-84.2)78.1 (76.6-79.7)200239.6 (37.2-42.0)30.2 (28.2-32.1)200343.3 (40.9-45.7)32.4 (30.6-34.3)200437.9 (35.0-40.8)29.4 (27.2-31.6)200535.5 (33.2-37.9)26.5 (24.8-28.2)200623.3 (21.2-25.3)16.8 (15.3-18.3)

## **Conclusion : Health services**

Indicator	Year	Males (95% Cl)	Females (95% CI)	Person (95% CI)
Private health insurance	1997	42.7 (41.2-44.1)	41.4 (40.1-42.7)	42.0 (41.1-43.0)
	1998	40.5 (39.0-42.0)	41.3 (40.0-42.6)	40.9 (39.9-41.9)
	2002	52.1 (50.2-54.1)	54.1 (52.4-55.7)	53.1 (51.8-54.4)
	2003	53.4 (51.5-55.4)	54.4 (52.8-56.0)	53.7 (52.5-55.0)
	2004	54.4 (52.1-56.8)	54.1 (52.2-56.0)	54.3 (52.7-55.8)
	2005	54.3 (52.3-56.3)	54.9 (53.3-56.5)	54.6 (53.3-55.9)
	2006	53.2 (50.9-55.6)	55.9 (54.0-57.8)	54.6 (53.1-56.1)
Purchase medication using a concession card	2006	33.6 (31.5-35.6)	38.0 (36.2-39.7)	35.8 (34.4-37.1)
Avoided seeing doctor due to cost of medicine	2006	7.1 (5.9-8.4)	8.6 (7.5-9.8)	7.9 (7.0-8.7)
Limited use of prescription drugs because of cost	2006	9.4 (7.9-10.9)	10.8 (9.6-12.0)	10.1 (9.2-11.1)
Difficulties getting health care when needing it	1997	8.8 (8.0-9.6)	11.0 (10.3-11.8)	9.9 (9.4-10.5)
	1998	8.5 (7.8-9.3)	11.8 (11.0-12.5)	10.2 (9.6-10.7)
	2002	10.8 (9.6-11.9)	14.3 (13.2-15.4)	12.6 (11.8-13.4)
	2003	11.4 (10.3-12.6)	15.1 (14.0-16.2)	13.3 (12.5-14.0)
	2004	12.7 (11.2-14.1)	15.0 (13.7-16.3)	13.9 (12.9-14.8)
J. Contraction of the second s	2005	11.1 (10.0-12.3)	15.0 (13.9-16.1)	13.1 (12.3-13.9)
	2006	11.9 (10.5-13.3)	14.6 (13.3-15.9)	13.2 (12.3-14.2)
Emergency department presentation in the previous 12 months	1997	15.8 (14.8-16.8)	12.0 (11.2-12.9)	13.9 (13.2-14.6)
	1998	13.9 (12.9-14.9)	12.0 (11.2-12.8)	13.0 (12.3-13.6)
	2002	14.7 (13.4-16.0)	13.8 (12.7-14.9)	14.3 (13.4-15.1)
	2003	14.0 (12.7-15.3)	13.1 (12.1-14.1)	13.6 (12.7-14.4)
R- 100	2004	15.4 (13.8-17.0)	13.6 (12.3-14.9)	14.5 (13.5-15.5)
	2005	14.0 (12.7-15.3)	13.3 (12.2-14.4)	13.6 (12.8-14.5)
N° CF	2006	14.1 (12.5-15.7)	14.0 (12.8-15.3)	14.1 (13.0-15.1)
Emergency department care rated as excellent, very good or good	1997	80.4 (77.5-83.3)	79.6 (76.6-82.7)	80.1 (78.0-82.2)
	1998	82.5 (79.5-85.5)	78.6 (75.7-81.5)	80.7 (78.6-82.8)
S		79.8 (75.8-83.7)	72.6 (68.7-76.6)	76.3 (73.5-79.1)
e.c.	2003	80.3 (76.1-84.4)	77.9 (74.3-81.6)	79.1 (76.3-81.8)
$\langle \rangle$		77.3 (72.3-82.2)	81.7 (77.9-85.6)	79.4 (76.2-82.6)
	2005	85.7 (82.0-89.3)	75.6 (71.5-79.8)	80.7 (77.9-83.5)
	2006	84.0 (79.6-88.3)	78.4 (73.9-82.8)	81.1 (78.0-84.3)
Emergency department care rated as fair or poor	2006	16.0 (11.7-20.4)	21.6 (17.2-26.1)	18.9 (15.7-22.0)

Indicator	Year	Males (95% CI)	Females (95% CI)	Person (95% CI)
Hospital admission in the previous 12 months	1997	11.3 (10.4-12.1)	14.6 (13.7-15.5)	13.0 (12.3-13.6)
	1998	11.4 (10.5-12.4)	15.3 (14.4-16.2)	13.4 (12.7-14.0)
	2002	11.0 (9.9-12.2)	16.0 (14.8-17.3)	13.6 (12.7-14.4)
	2003	12.3 (11.1-13.5)	14.9 (13.8-16.0)	13.6 (12.8-14.4)
	2004	12.4 (10.9-13.8)	15.0 (13.6-16.4)	13.7 (12.7-14.7)
	2005	11.5 (10.4-12.7)	15.7 (14.6-16.9)	13.7 (12.9-14.5)
	2006	12.7 (11.3-14.1)	15.4 (14.1-16.8)	14.1 (13.1-15.1)
Hospital care rated as excellent, very good or good	1997	90.2 (87.8-92.7)	89.9 (87.9-91.9)	90.0 (88.5-91.6)
	1998	92.6 (90.4-94.7)	89.9 (88.0-91.8)	91.0 (89.6-92.5)
	2002	93.4 (90.6-96.2)	88.9 (85.9-91.9)	90.7 (88.6-92.9)
	2003	93.0 (90.3-95.8)	89.9 (87.5-92.2)	91.3 (89.5-93.0)
	2004	91.6 (88.3-94.9)	90.5 (87.4-93.7)	91.0 (88.7-93.3)
	2005	93.6 (91.1-96.1)	90.5 (88.0-93.0)	91.8 (90.0-93.6)
	2006	91.0 (87.5-94.6)	89.5 (86.5-92.5)	90.2 (87.9-92.5)
Hospital care rated as fair or poor	2006	9.0 (5.4-12.5)	10.5 (7.5-13.5)	9.8 (7.5-12.1)
Community health centre attendance in the previous 12 months	2002	4.8 (4.0-5.6)	8.9 (8.0-9.9)	6.9 (6.3-7.5)
×	2003	3.6 (3.0-4.3)	6.5 (5.8-7.2)	5.1 (4.6-5.6)
	2004	6.1 (5.0-7.2)	8.1 (7.1-9.1)	7.1 (6.4-7.8)
Still	2005	6.2 (5.3-7.2)	8.8 (7.9-9.7)	7.5 (6.9-8.2)
	2006	5.7 (4.7-6.8)	8.8 (7.7-9.9)	7.3 (6.5-8.1)
Community health centre care rated as excellent, very good, or good	2002	91.7 (87.1-96.4)	93.6 (90.8-96.3)	92.9 (90.5-95.3)
$\gamma_{k}$ , $\gamma_{l}$ ,	2003	94.2 (90.0-98.3)	93.3 (90.4-96.1)	93.6 (91.3-95.9)
2 An all	2004	86.7 (80.5-92.9)	94.9 (91.8-98.0)	91.5 (88.3-94.7)
Nr. Ho	2006	92.4 (88.1-96.7)	90.8 (86.5-95.1)	91.4 (88.3-94.6)
Community health centre care rated as fair or poor	2006	7.6 (3.3-11.9)	9.2 (4.9-13.5)	8.6 (5.4-11.7)
Public dental service attendance in the previous 12 months	1998	0.0 (0.0-0.0)	14.9 (0.0-34.4)	11.3 (0.0-25.7)
Č.	2002	3.9 (3.1-4.7)	5.3 (4.5-6.1)	4.6 (4.1-5.2)
^O	2003	3.8 (3.2-4.5)	4.7 (4.1-5.4)	4.3 (3.8-4.7)
23	2004	5.2 (4.2-6.1)	5.6 (4.8-6.5)	5.4 (4.8-6.1)
010	2005	4.9 (4.1-5.8)	5.4 (4.7-6.1)	5.2 (4.6-5.7)
×	2006	3.9 (2.9-4.8)	4.6 (3.8-5.4)	4.2 (3.6-4.8)
Public dental service care rated as excellent, very good, or good	2002	82.2 (75.0-89.5)	81.1 (75.5-86.6)	81.6 (77.1-86.0)
	2003	85.8 (80.4-91.2)	84.8 (79.8-89.8)	85.4 (81.8-89.0)
	2004	80.8 (72.0-89.6)	87.7 (82.7-92.8)	84.4 (79.4-89.5)
	2006	86.4 (77.5-95.2)	82.4 (76.0-88.9)	84.2 (78.9-89.5)
Public dental service care rated as fair or poor	2006	13.6 (4.8-22.5)	17.6 (11.2-23.9)	15.8 (10.4-21.1)

# **Conclusion : Social capital**

Indicator	Year	Males (95% CI)	Females (95% CI)	Person (95% CI)
Attended a community event at least once in the last 6 months	2002	53.2 (51.3-55.2)	60.9 (59.3-62.5)	57.1 (55.8-58.4)
	2003	54.4 (52.5-56.4)	62.0 (60.5-63.6)	58.0 (56.8-59.2)
	2005	56.4 (54.4-58.4)	63.7 (62.2-65.3)	60.1 (58.9-61.4)
	2006	57.0 (54.7-59.4)	63.6 (61.8-65.4)	60.3 (58.9-61.8)
Helped out any local group or organisation at least once in the last 3 months	2002	30.7 (28.9-32.4)	36.0 (34.4-37.6)	33.4 (32.2-34.5)
	2003	31.4 (29.6-33.2)	33.1 (31.6-34.6)	32.1 (30.9-33.2)
	2005	32.2 (30.3-34.0)	38.6 (37.0-40.2)	35.4 (34.2-36.6)
	2006	34.1 (31.9-36.3)	37.7 (35.9-39.5)	35.9 (34.5-37.3)
	2006	31.2 (24.3-38.0)	34.7 (29.4-40.1)	33.2 (28.9-37.4)
Active member of a local organisation, church or club	2002	45.6 (43.6-47.5)	42.1 (40.4-43.7)	43.8 (42.5-45.1)
	2003	45.6 (43.7-47.6)	42.0 (40.4-43.5)	43.7 (42.4-44.9)
	2005	44.0 (42.0-46.0)	41.3 (39.8-42.9)	42.6 (41.4-43.9)
	2006	45.7 (43.4-48.1)	41.9 (40.0-43.7)	43.8 (42.3-45.3)
	2006	41.1 (33.7-48.4)	33.9 (28.7-39.0)	37.0 (32.7-41.4)
Most people can be trusted	2002	68.9 (67.1-70.7)	62.6 (60.9-64.3)	65.7 (64.5-67.0)
×C	2003	71.6 (69.9-73.4)	68.1 (66.6-69.6)	69.7 (68.6-70.9)
J.	2005	74.2 (72.4-76.0)	72.5 (71.0-74.0)	73.3 (72.2-74.5)
	2006	74.4 (72.3-76.4)	72.7 (71.0-74.5)	73.5 (72.2-74.9)
Feel safe walking down their street after dark	2002	78.4 (76.8-80.0)	56.5 (54.9-58.2)	67.4 (66.3-68.6)
	2003	80.2 (78.7-81.7)	56.4 (54.8-58.0)	68.0 (66.9-69.1)
G. St	2005	82.9 (81.4-84.3)	59.9 (58.4-61.5)	71.3 (70.2-72.4)
	2006	82.4 (80.8-84.1)	58.0 (56.2-59.9)	70.2 (68.9-71.6)
Area has a reputation for being a safe place	2002	75.2 (73.5-76.9)	71.4 (69.9-73.0)	73.3 (72.2-74.4)
	2003	76.4 (74.8-78.1)	73.3 (71.9-74.7)	74.9 (73.8-75.9)
L' X	2005	78.6 (77.0-80.3)	77.5 (76.1-78.9)	78.1 (77.0-79.1)
CC CC	2006	75.8 (73.7-77.8)	74.9 (73.2-76.6)	75.3 (74.0-76.7)
Visit neighbours	2002	69.1 (67.3-70.9)	63.6 (62.0-65.2)	66.3 (65.1-67.5)
^O	2003	67.0 (65.1-68.8)	64.0 (62.4-65.5)	65.4 (64.2-66.6)
23	2005	66.4 (64.5-68.3)	60.6 (59.0-62.2)	63.4 (62.2-64.7)
010	2006	66.6 (64.4-68.9)	66.9 (65.1-68.6)	66.7 (65.3-68.2)
Run into friends and acquaintances when shopping in local area	2002	80.7 (79.2-82.3)	84.0 (82.8-85.2)	82.4 (81.4-83.4)
	2003	80.5 (78.9-82.0)	82.9 (81.7-84.1)	81.6 (80.6-82.6)
	2005	79.4 (77.7-81.1)	83.0 (81.8-84.2)	81.2 (80.2-82.3)
	2006	78.2 (76.3-80.2)	83.2 (81.8-84.6)	80.8 (79.5-82.0)
Sad to leave neighbourhood	2002	71.1 (69.3-72.9)	75.5 (74.0-76.9)	73.3 (72.1-74.5)
	2003	69.4 (67.6-71.2)	77.0 (75.6-78.3)	73.3 (72.2-74.4)
	2005	67.3 (65.4-69.3)	75.8 (74.4-77.2)	71.7 (70.5-72.9)
	2006	69.5 (67.3-71.7)	76.3 (74.7-78.0)	73.0 (71.6-74.3)

#### **Question modules**

The survey questions used in the New South Wales Population Health Survey in 2006 are available as individual question modules, including: alcohol, asthma, cancer screening (breast and cervical), community health centres, demographics, diabetes or high blood glucose, emergency departments, environmental health (drinking water and home heating), food handling, health services use and access (including private health insurance, cost of medication and health care, and difficulties getting health care), hospital admissions, immunisation (influenza, pneumococcal, and meningococcal C), incontinence, injury (falls), injury prevention (smoke alarms, and swimming ability), mental health (psychological distress), nutrition, oral health, overweight and obesity, physical activity (including neighbourhood facilities), public dental services, self-rated health status, smoking, and social capital. estimates.

#### Alcohol

Q1. How often do you usually drink alcohol? [PROMPT IF NECESSARY]

1. _____ number of days

2. Less than once per week

3. I don't drink alcohol → END OF MODULE

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

Q2. Alcoholic drinks are measured in terms of a standard drink. A standard drink is equal to one middy of full-strength beer, one schooner of light beer, one small glass of wine, or one pub-sized nip of spirits. On a day when you drink alcohol, how many standard drinks do you usually have? [PROMPT IF NECESSARY1

number of drinks 1.

X Don't know

R Refused

Q3. In the past 4 weeks have you had more than [4 if male/2 if female] drinks in a day? [PROMPT IF NECESSARY]

1. Yes

2. No  $\rightarrow$  END OF MODULE X Don't know  $\rightarrow$  END OF MODUL R Refused → END OF MODULE

Q4. In the past 4 weeks how often have you had [11 or more if male/7 or more if female] drinks in a day?

1. ____ number of times

2. Not at all

X Don't know

R Refused

Q5. In the past 4 weeks how often have you had [7-10 if male/5-6 if female] drinks in a day?

1. _____ number of times

2. Not at all X Don't know

**R** Refused

#### Asthma

Q1. Have you ever been told by a doctor or hospital you have asthma?

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1. Yes \rightarrow Q3
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2. No  $\rightarrow$  END OF MODULE

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

Q2. Have you had symptoms of or treatment for asthma in the last 12 months?

1. Yes

2. No  $\rightarrow$  END OF MODULE

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

Q3. Do you have a written asthma management plan from your doctor on how to treat your asthma? 1. Yes

2. No

X Don't know

R Refused

Q4. During the past 4 weeks did your asthma interfere with your ability to manage your day-to-day activities?

1. Yes

2. No  $\rightarrow$  Q6

X Don't know  $\rightarrow$  Q6 R Refused  $\rightarrow$  Q6

Q5. Did it interfere with these activities? [READ OUT])

1. A little bit

2. Moderately

3. Quite a bit

4. Extremely

X Don't know

R Refused

.ay-to-da testestimates the datestestimates the datestestimates Q6. What are the names or brands of all the [preventer or reliever] medications you took for asthma in the last 12 months? [READ OUT]

_[SPECIFY] 1. ___ X Don't know R Refused

#### Cancer screening (breast and cervical)

Q1. A mammogram is an x-ray taken of the breasts by a machine that presses against the breast while the picture is taken. It is a means of detecting breast cancer in the early stages. Have you ever had a mammogram?

1. Yes

2. No  $\rightarrow$  Q6

X Don't know  $\rightarrow$  Q6

R Refused  $\rightarrow$  Q6

Q2. When did you last have a mammogram?

1. Less than one year ago

2. 1 year to less than 2 years ago

3. 2 years to less than 3 years ago

4. 3 years to less than 4 years ago

5. 4 years to less than 5 years ago

6. 5 or more years ago

X Don't know

**R** Refused

Q3. Can you tell me all the reasons why you had your last mammogram? [MULTIPLE RESPONSE]

- 1. Breast problem (lump, discharge, pain)
- 2. Family history
- 3. Had breast cancer in the past
- 4. Regular check up
- 5. Due for screening mammogram
- 6. Doctor recommended it
- 7. An invitation from the BreastScreen or Breast Screening and Assessment Unit

8. Publicity about breast cancer and screening 9. Urged by a friend or relative to go 10. Other [SPECIFY] X Don't know R Refused Q4. Do you have mammograms regularly? 1. Yes 2. No  $\rightarrow$  Q6 X Don't know  $\rightarrow$  Q6 R Refused  $\rightarrow$  Q6 Q5. What is the usual time period between your mammograms? number of years 1. *e*,S[.] 2. Only had one Index for all we have a second of the second X Don't know R Refused Q6. A Pap test is a routine test carried out by a doctor. It is recommended for all women for early detection of cancer of the cervix. Have you ever had a Pap test? 1. Yes 2. No  $\rightarrow$  Q10 X Don't know  $\rightarrow$  Q10 R Refused  $\rightarrow$  Q10 Q7. When did you last have a Pap test? 1. Less than one year ago 2. 1 year to less than 2 years ago 3. 2 years to less than 3 years ago 4. 3 years to less than 4 years ago 5. 4 years to less than 5 years ago 6. 5 or more years ago X Don't know **R** Refused Q8. Do you have a Pap test regularly? 1. Yes 2. No  $\rightarrow$  Q10 X Don't know  $\rightarrow$  Q10 R Refused  $\rightarrow$  Q10 Q9. What is the usual time period between your Pap tests? 1. Only had one Pap test 2. Less than one year ago _ number of years 3. X Don't know R Refused Q10. Have you ever had a hysterectomy? 1. Yes 2. No X Don't know **R** Refused

#### **Community health centres**

Q1. In the last 12 months, have you attended a government-run community health centre? 1. Yes 2. No  $\rightarrow$  END OF MODULE X Dont know  $\rightarrow$  END OF MODULE R Refused  $\rightarrow$  END OF MODULE Q2. Overall, what do you think of the care you received at this community health centre?

- 1. Excellent  $\rightarrow$  END OF MODULE
- 2. Very good  $\rightarrow$  END OF MODULE
- 3. Good  $\rightarrow$  END OF MODULE
- 4. Fair
- 5. Poor
- X Don't know  $\rightarrow$  END OF MODULE R Refused → END OF MODULE

Q3. Could you briefly describe why you rated the care you received as fair or poor?

- 1. [SPECIFY]
- X Don't know
- R Refused

#### **Demographics**

Q1. [RECORD LANGUAGE SURVEY RECORDED IN]

- 1. English
- 2. Arabic
- 3. Chinese
- 4. Greek
- 5. Italian
- 6. Vietnamese

of date: estimates. Q2. A letter was sent to your household recently about this study. Do you remember receiving this letter? letter?

1. Yes

2. No

X Don't know

R Refused

Q3. How many people, including yourself, live in your household?

- 1. number of people
- X Don't know
- R Refused

Q4. How many of these people are children under 16 years of age?

1. ____ number of people

X Don't know

**R** Refused

Q5. How many children under 6 years of age live in this household?

1. ____ number of people

X Don't know

**R** Refused

Q6. How many people aged 65 years old or over live in this household?

- 1. number of people
- X Don't know

R Refused

Q7. Could you please tell me how old you are today?

1. ____ age in years

- X Don't know
- **R** Refused

Q8. Are you male or female? [ONLY ASK IF UNSURE] 1. Male

2. Female

Q9. Besides yourself, who else lives in your household? [MULTIPLE RESPONSE]

- 1. No one else: lives alone
- 2. Mother
- 3. Father
- 4. Respondent's partner
- 5. Stepmother
- 6. Stepfather
- 7. Grandparents
- 8. Sons or daughters
- 9. Brothers or sisters
- 10. Stepbrothers or stepsisters
- 11. Other relatives
- 12. Non-family members
- 13. Other [SPECIFY]
- X Don't know
- **R** Refused

Q10. What is your current formal marital status?

- 1. Married
- 2. Widowed
- 3. Separated but not divorced
- 4. Divorced
- 5. Never married
- X Don't know
- R Refused

Q11. In which country were you born?

- 1. Australia
- 2. Other country [SPECIFY]
- X Don't know
- **R** Refused

esontor latest estimates. Q12. Do you usually speak a language other than English at home?

- 1. Yes  $\rightarrow$  Q13
- 2. No
- X Don't know
- R Refused

Q13. What language do you usually speak at home?

- 1. Language [SPECIFY]
- X Don't know
- R Refused

Q14. What is the highest level of primary or secondary schooling you have completed? [PROMPT IF NECESSARY]

- 1. Never attended school
- 2. Currently still at school
- 3. Year 8 or below
- 4. Year 9 or equivalent
- 5. Year 10 or equivalent
- 6. Year 11 or equivalent
- 7. Year 12 or equivalent (Matriculation or Leaving)
- X Don't know
- R Refused

Q15. What is the level of the highest qualification you have completed?

- 1. Completed School Certificate or Intermediate or Year 10 or 4th Form
- 2. Completed Higher School Certificate or Leaving or Year 12 or 6th Form
- 3. TAFE certificate or diploma
- 4. University, College of Advanced Education, or some other tertiary institute degree or higher
- 5. Other [SPECIFY]_

6. Completed primary school 7. Completed Years 7 to 9 X Don't know R Refused Q16. In the last week, which of the following best describes your employment status?[READ OUT] 1. Worked for payment or profit  $\rightarrow$  Q18 2. Worked for payment or profit, but absent on paid leave, holidays, on strike or stood down  $\rightarrow$  Q18 3. Unpaid work in a family business  $\rightarrow$  Q18 4. Other unpaid work Juit of dates estimates. 5. Did not have a job X Don't know  $\rightarrow$  Q21 R Refused  $\rightarrow$  Q21 Q17. Were you actively looking for work in the last week? 1. Yes: looked for full-time work  $\rightarrow$  Q21 2. Yes: looked for part-time work  $\rightarrow$  Q21 3. No: did not look for work  $\rightarrow$  Q21 X Don't know  $\rightarrow$  Q21 R Refused  $\rightarrow$  Q21 Q18. In the main job held in the last week, were you: 1. A wage or salary earner 2. Conducting own business with employees 3. Conducting own business without employees 4. A helper not receiving wages X Don't know R Refused Q19. In the last week, how many hours did you work in all jobs 1. No. of hours [SPECIFY] X Don't know R Refused Q20. Do you currently receive a government pension, allowance or benefit? [ONLY ASKED OF 65 AND OVER] 1. Yes 2. No X Don't know R Refused Q21. Apart from Medicare, are you currently covered by private health insurance? 1. Yes 2. No X Don't know R Refused Q22. I would now like to ask you about your household's income. What is your annual household income before tax? Would it be: 1. Less than \$20,000 2. \$20,000 to \$40,000 3. \$40,000 to \$60,000 4. \$60,000 to \$80,000 5. More than \$80,000 X Don't know

R Refused

Q23. How long have you lived in your local area?

1. ____ years

X Don't know

R Refused

Q24. What is the name of your local council or shire? 1. X Don't know

R Refused

Q25. What is the name of the town or suburb where you live?

1.

X Don't know R Refused

Q26. Could you tell me your postcode? 1. X Don't know R Refused

Q27. Do you have more than one telephone number in your household? 1. Yes

2. No  $\rightarrow$  END OF MODULE

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

stimates Q28. How many residential telephone numbers do you have? Do not include mobile phone numbers, dedicated fax numbers or modems.

1. _ number of phone numbers X Don't know

R Refused

#### **Diabetes**

Q1. Have you ever been told by a doctor or hospital you have diabetes?

- 1. Yes [IF FEMALE  $\rightarrow$  Q3; IF MALE  $\rightarrow$  Q5]
- 2. No
- 3. Only during pregnancy  $\rightarrow$  END OF MODULE
- X Don't know

R Refused

Q2. Have you ever been told by a doctor or hospital you have high blood glucose? 1. Yes [IF FEMALE  $\rightarrow$  Q3; IF MALE  $\rightarrow$  Q6]

2. No  $\rightarrow$  END OF MODULE

3. Borderline  $\rightarrow$  [IF FEMALE  $\rightarrow$  Q3; IF MALE  $\rightarrow$  Q6]

4. Only during pregnancy  $\rightarrow$  END OF MODULE

X Don't know  $\rightarrow$  END OF MODULE

R Refused → END OF MODULE

Q3. Were you pregnant when you were told you had diabetes or high blood glucose?

1. Yes 2. No  $\rightarrow$  Q5 X Don't know  $\rightarrow$  Q5 R Refused  $\rightarrow$  Q5

Q4. Have you ever had diabetes or high blood glucose apart from when you were pregnant? 1. Yes

2. No  $\rightarrow$  END OF MODULE

X Don't know

**R** Refused

Q5. How old were you when you were first told you had diabetes or high blood glucose? [If ongoing diabetes since pregnancy, then age of diagnosis during pregnancy]

__ years 1. X Don't know R Refused

Q6. What are you doing now to manage your diabetes or high blood glucose? [MULTIPLE RESPONSE]

- 1. Having insulin injections
- 2. On tablets for diabetes or high blood glucose
- 3. Following a special diet
- 4. Losing weight
- 5. Exercising most days
- 6. Other [SPECIFY]

7. Not doing anything

X Don't know

R Refused

#### Emergency department presentations

Q1. In the last 12 months, have you attended a hospital emergency department (or casualty) for your own medical care? stima

1. Yes

2. No  $\rightarrow$  END OF MODULE

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

5 OUT OF P Q2. Overall, what do you think of the care you received at this emergency department?

1. Excellent  $\rightarrow$  END OF MODULE

- 2. Very good  $\rightarrow$  END OF MODULE
- 3. Good  $\rightarrow$  END OF MODULE

4. Fair

5. Poor

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

Q3. Could you briefly describe why you rated the care you received as fair or poor?

1. [SPECIFY]

X Don't know

**R** Refused

#### **Environmental health**

Q1. What is your normal source of drinking water?

- 1. Public water supply
- 2. Bottled water
- 3. Rainwater
- 4. Private bore, spring, or well
- 5. Other private supply [for example, creek or farm dam]
- 6. Combination of different water sources

7. Other [SPECIFY]

X Don't know

R Refused

Q2. Do you treat your water before drinking? [IF YES, HOW?]

1. No

- 2. Sometimes
- 3. Yes: boiling
- 4. Yes: filtering
- 5. Yes: boil and filter
- 6. Yes: other [SPECIFY]
- X Don't know
- R Refused

Q3. What is the usual way you heat the living areas of your home [READ OUT]?

1. A gas heater with flue (a pipe or vent to the outside)

2. A gas heater without a flue

- 3. An electric space heater (this includes oil column heaters)
- 4. Reverse cycle air conditioning
- 5. Slow burning combustion heater
- 6. An open fireplace
- 7. A kerosene heater
- 8. Other [SPECIFY]
- X Don't know
- R Refused

## Food handling

r prepar, Q1. Thinking about the last time you prepared raw meat or chicken when cooking, after preparing it did you [READ OUT]

- 1. Wipe your hands or rinse them WITHOUT using soap
- 2. Wash your hands with soap
- 3. Continue cooking without cleaning your hands
- 4. Don't handle raw meat or don't cook
- X Don't know
- R Refused

#### Health service use and access

Q1. In the last 12 months have you attended any of the following services? [MULTIPLE RESPONSE]

- 1. Stayed at least one night in hospital
- 2. A hospital emergency department
- 3. A government run community health centre
- 4. A government run public dental service or dental hospita
- 5. Did not attend any of these services
- X Don't know
- **R** Refused

Q2. Do you have any difficulties getting health care when you need it?

- 1. Yes
- 2. No  $\rightarrow$  Q4
- 3. Don't need health care  $\rightarrow$  C
- X Don't know  $\rightarrow$  Q4
- R Refused  $\rightarrow$  Q4
- Q3. Please describe the difficulties you have.
- 1. Comments

Q4. Do you have any comments on the health services in your local area? 1. Comments

Q5. Apart from Medicare, are you covered by private health insurance? 1. Yes 2. No

- X Don't know
- R Refused

Q6. In the last 12 months have you had a medical problem but avoided seeing a doctor because of the cost of medicine that may be prescribed?

- 1. Yes
- 2. No
- X Don't know
- R Refused

Q7. Have you ever not collected, stopped using, or cut down the dose of, a medicine prescribed by your doctor because of the cost?

1. Yes

2. No

X Don't know

R Refused

Q8. Do you purchase your prescription medicines using a health care card, seniors card, veterans card, or similar?

1. 405

1. Yes

2. No

X Don't know

R Refused

#### **Hospital admissions**

Q1. In the last 12 months, have you stayed for at least one night in hospital?

1. Yes

2. No  $\rightarrow$  END OF MODULE

X Dont know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

Q2. Overall, what do you think of the care you received at this hospital? [READ OUT]

1. Excellent  $\rightarrow$  END OF MODULE

2. Very good  $\rightarrow$  END OF MODULE

3. Good  $\rightarrow$  END OF MODULE

4. Fair

5. Poor

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

Q3. Could you briefly describe why you rated the care you received as fair or poor?

1. [SPECIFY]

X Don't know

R Refused

#### Immunisation

Q1. Were you vaccinated against flu in the past 12 months? [ASK IF OVER 50 YEARS]

1. Yes

2. No

X Don't know

R Refused

Q2. When were you last vaccinated against pneumonia? [ASK IF OVER 50 YEARS]

1. Within the last 12 months

2. 12 months to 5 years ago

3. More than 5 years ago

4. Never vaccinated  $\rightarrow$  END OF MODULE

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

Q3. Since January 2005 have you been vaccinated against meningococcal C disease? [ASK IF 16-19 YEARS]

1. Yes

2. No  $\rightarrow$  END OF MODULE X Don't know  $\rightarrow$  END OF MODULE R Refused  $\rightarrow$  END OF MODULE estimates.

Q4. Where did you receive the vaccination? [ASK IF 16-19 YEARS]

- 1. General practitioner
- 2. Local council
- 3. Community health centre
- 4. School clinic
- 5. Other [SPECIFY] _
- X Don't know
- **R** Refused

#### Incontinence

ve, exerte Q1. In the last 4 weeks, how often have you had a urine leak when you were physically active, exerted yourself, or coughed or sneezed during the day or night? [READ OUT]

- 1. Most of the time
- 2. Some of the time
- 3. None of the time
- X Don't know
- R Refused

# Injury

Q1. In the last 12 months have you had a fall?

- 1. Yes
- 2. No  $\rightarrow$  Q5
- X Don't know  $\rightarrow$  Q5
- R Refused  $\rightarrow$  Q5

Q2. How many times did you fall in the last 12 months?

- 1. [SPECIFY]
- X Don't know
- R Refused

Q3. In the last 12 months have you had a fall that required medical treatment for injuries? 1. Yes

- 2. No  $\rightarrow$  Q5
- X Don't know  $\rightarrow$  Q5
- R Refused  $\rightarrow$  Q5

Q4. Were you admitted to hospital as a result of any of your falls in the last 12 months?

1. Yes 2. No  $\rightarrow$  Q5 X Don't know  $\rightarrow$  Q5 R Refused  $\rightarrow$  Q5

Q5. Have you made any changes to your home or lifestyle to prevent you from falling?

- 1. Yes 2. No X Don't know
- R Refused

Q6. What did you do? [MULTIPLE RESPONSE]

- 1. Got more exercise
- 2. Had eyes checked
- 3. Changed my footwear
- 4. Changed my medications
- 5. Installed handrails
- 6. Replaced steps with ramps
- 7. Removed clutter from my house
- 8. Removed mats or rugs
- 9. Removed loose cords or appliance leads

10. Got a personal alarm 11. Improved the lighting 12. Repaired unsafe or unsteady furniture [SPECIFY] 13. Other X Don't know **R** Refused

Q7. Are you afraid of falling? 1. Yes 2. No X Don't know R Refused

## **Injury prevention**

Q1. Do you have smoke alarms installed in your home?

1. Yes

2. No  $\rightarrow$  Q8

X Don't know  $\rightarrow$  Q8

R Refused  $\rightarrow$  Q8

Q2. Are they hard wired or battery operated?

1. Hard wired

2. Battery operated

- 3. Hard wired and battery operated
- X Don't know

R Refused

out of latest estimates Q3. When did you last test the battery operated smoke alarms? [READ OUT]

1. Within the last month

2. More than a month but less than 6 months ago

3. Six months to a year ago

4. More than a year ago

- 5. Never tested
- 6. No battery currently in alarm
- X Don't know
- R Refused

Q4. When did you last change the battery in your smoke alarms?

1. Within the last 3 months

2. More than 3 months but less than a year ago

- 3. More than a year ago
- 4. Never changed the battery
- X Don't know

R Refused

Q5. When did you last test the hard wired smoke alarms?

- 1. Within the last month
- 2. More than a month but less than 6 months ago
- 3. Six months to a year ago
- 4. More than a year ago
- 5. Never tested
- X Don't know
- R Refused

Q6. How many battery operated smoke alarms do you have?

- 1. _____ [SPECIFY]
- X Don't know
- R Refused

Q7. How many hard wired smoke alarms do you have? 1. _____ [SPECIFY] X Don't know R Refused

Q8. Have you had a fire in your home in the last 12 months? 1. Yes

2. No  $\rightarrow$  Q13

X Don't know  $\rightarrow$  Q13

R Refused  $\rightarrow$  Q13

Q9. Does your household have a written home escape plan?

1. Yes

2. Have a plan but it's not written down

3. No  $\rightarrow$  Q10

X Don't know  $\rightarrow$  Q10

R Refused  $\rightarrow$  Q10

Q10. When did your household last practice your home escape plan?

1. Within the last month

2. More than a month but less than 6 months ago

3. Six months to a year ago

4. More than a year ago

5. Never practiced the plan

X Don't know

R Refused

it dates estimates Q11. Have you been in or on the water, at a swimming pool, beach, lake, river, creek, stream or dam in the last 4 weeks? This includes fishing.

1. Yes

2. No  $\rightarrow$  END OF MODULE

X Don't know  $\rightarrow$  END OF MODULE

R Refused  $\rightarrow$  END OF MODULE

Q12. Did this include swimming, fishing, rock fishing, snorkelling or scuba diving?

1. Yes, swimming

2. Yes, fishing

3. Yes. rock fishing

4. Yes, snorkelling

5. Yes, scuba diving

6. Yes, other

7. No

X Don't know

> R Refused

Q13. How would you rate your swimming ability?

1. Very strong swimmer

2. Good swimmer

3. Average swimmer

4. Poor swimmer

5. Can't swim

X Don't know

R Refused

#### Mental health

Q1. In the past 4 weeks, about how often did you feel tired out for no good reason? [READ OUT]

1. All of the time

2. Most of the time

3. Some of the time

4. A little of the time

5. None of the time

- X Don't know
- R Refused

Q2. In the past 4 weeks, about how often did you feel nervous? [READ OUT]

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time  $\rightarrow$  Q4
- X Don't know  $\rightarrow$  Q4
- R Refused  $\rightarrow$  Q4

a down ates estimates Rest estimates Q3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down? [READ OUT]

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- X Don't know
- R Refused

Q4. In the past 4 weeks, about how often did you feel hopeless? [READ OUT 

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- X Don't know
- **R** Refused

Q5. In the past 4 weeks, about how often did you feel restless or fidgety? [READ OUT]

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time  $\rightarrow Q$
- X Don't know  $\rightarrow$  Q7
- R Refused  $\rightarrow$  Q7

Q6. In the past 4 weeks, about how often did you feel so restless you could not sit still? [READ OUT] 1. All of the time

- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- X Don't know
- R Refused

Q7. In the past 4 weeks, about how often did you feel depressed? [READ OUT]

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- X Don't know
- **R** Refused

Q8. In the past 4 weeks, about how often did you feel that everything was an effort? [READ OUT]

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- X Don't know
- R Refused

Q9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up? [READ OUT1

- 1. All of the time
- 2. Most of the time
- 3. Some of the time

Q10. In the past 4 weeks, about how often did you feel worthless? [READ OUT] 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time X Don't know R Refused Q11. In the last 4 weeks, how many devi-day-to-day activities be day-to-day activities because of these feelings?

_ number of days 1.

X Don't know

**R** Refused

Q12. Aside from [that day-those days], in the last 4 weeks, how many days were you able to work, study or manage your day-to-day activities, but had to cut down on what you did because of these feelings?

1. number of day

- X Don't know
- **R** Refused

Q13. In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings?

number of consultations 1.

- X Don't know
- **R** Refused

Q14. In the last 4 weeks, how often have physical health problems been the main cause of these feelings? [READ OUT]

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time
- X Don't know
- **R** Refused

## **Nutrition**

Q1. How many serves of fruit do you usually eat each day? [one serve = one medium piece or 2 small pieces of fruit or one cup of diced pieces]

1. _____ serves per day

2. _____ serves per week

3. Don't eat fruit

X Don't know

R Refused

Q2. How many serves of fruit do you think you should eat each day to be healthy?

1. serves per day

X Don't know

**R** Refused

Q3. How many serves of vegetables do you usually eat each day? [one serve = 1/2 cup cooked or one cup of salad vegetables]

1. _____ serves per day

- 2. _____ serves per week
- 3. Don't eat vegetables

X Don't know

**R** Refused

Q4. How many serves of vegetables do you think you should eat each day to be healthy?

- 1. serves per day
- X Don't know
- R Refused

Q5. How often do you usually eat bread? [Include bread rolls, flat breads, crumpets, bagels, English or bread-type muffins.]

- 1. _____ times per day
- 2. _____ times per week
- 3. _____ times per month
- 4. Rarely or never
- X Don't know

R Refused

Q6. How often do you usually eat breakfast cereal? [Ready made, home made or cooked]

- 1. _____ times per day
- 2. _____ times per week
- 3. _____ times per month
- 4. Rarely or never
- X Don't know
- **R** Refused

Q7. How often doyou eat pasta, rice, noodles or other cooked cereals (not including cooked breakfast cereals)?

- times per day 1.
- times per week 2.
- ____ times per month 3.
- 4. Rarely or never
- X Don't know
- R Refused
- Q8. What type of milk do you usually have?
- 1. Regular milk (whole or full cream)
- 2. Low- or reduced-fat milk
- 3. Skim milk
- 4. Evaporated or sweetened milk
- 5. Other [SPECIFY] _____
- 6. Don't have milk
- X Don't know
- R Refused

Q9. How often do you eat processed meat products such as sausages, frankfurts, devon, salami, meat pies, bacon or ham?

- 1. _____ times per day
- 2. _____ times per week
- 3. _____ times per month
- 4. Rarely or never
- X Don't know
- R Refused

Q10. How often do you eat hot chips, french fries, wedges, or fried potatoes?

- 1. _____ times per day
- 2. _____ times per week
- 3. _____ times per month
- 4. Rarely or never
- X Don't know
- R Refused

Q11. How often do you eat potato crisps or other salty snacks (such as twisties or corn chips)? A date esti

- 1. _____ times per day
- 2. _____ times per week
- 3. times per month
- 4. Rarely or never
- X Don't know
- R Refused

Q12. How many cups of soft drink, cordials or sports drink do you usually drink in a day?

- 1. _____ cups per day
- 2. _____ cups per week
- 3. Doesn't drink soft drink
- X Don't know
- R Refused

Q13. How often do you have meals or snacks such as burgers, pizza, chicken or chips from take-away places?

- 1. ______ times per week

   2. ______ times per month
- 3. Rarely or never
- X Don't know
- R Refused

Q14. In the last 12 months, were there any times that you ran out of food and couldn't afford to buy more?

- 1. Yes
- 2. No
- X Don't know
- **R** Refused

# **Oral health**

- Q1. Are any of your natural teeth missing?
- 1. Yes: have some natural teeth missing
- 2. Yes: have all natural teeth missing
- 3. No: have no natural teeth missing  $\rightarrow$  Q3
- X Don't know  $\rightarrow$  Q3
- R Refused  $\rightarrow$  Q3

Q2. Do you have dentures or false teeth?

- 1. Yes
- 2. No
- X Don't know
- R Refused

,es.

Q3. When did you last visit a dental professional about your teeth, dentures or gums? [A dental professional includes dentist, dental specialist, dental hygienist, dental technician, dental mechanic, denturist or dental therapist.] [READ OUT]

- 1. Less than 12 months ago
- 2. One year to less than 2 years ago  $\rightarrow$  Q4
- 3. Two to less than 5 years ago  $\rightarrow$  Q4
- 4. Five to less than 10 years ago  $\rightarrow$  Q4
- 5. Ten years ago or more  $\rightarrow$  Q4
- 6. Never  $\rightarrow$  Q4
- X Don't know  $\rightarrow$  Q4
- R Refused  $\rightarrow$  Q4

- [MULTIPLI Materialesteringtons Q4. What are the main reasons for you not visiting the dentist in the last 12 months? [MULTIPLE **RESPONSE**]

- 1. Respondent has dentures
- 2. Worried or afraid of going; don't like going
- 3. Don't need to
- 4. Hard to find time
- 5. Can't find a dentist I like
- 6. Too expensive
- 7. Too far to go
- 8. Long waiting lists
- 9. Dentist has moved or retired
- 10. Other [SPECIFY]
- X Don't know
- **R** Refused

Q5. Has fluoride been added to your public water supply? 1. Yes

- 2. No
- X Don't know
- R Refused

Q6. Do you agree with adding fluoride to your public water supply to prevent tooth decay?

- 1. Yes
- 2. No
- X Don't know
- R Refused

Q7. Would you be in favour of adding fluoride to your public water supply to prevent tooth decay? [READ OUT]

- 1. In children
- 2. In adults
- 3. Both adults and children
- 4. Neither
- X Don't know
- R Refused

Q8. Where have you received information about water fluoridation? [READ OUT]

- 1. Newspapers
- 2. Magazines
- 3. Television
- 4. Radio
- 5. Advertisements for dental products
- 6. Health authorities
- 7. Dentists
- 8. Dental auxiliaries
- 9. Have not received information about water fluoridation
- 10. Other [SPECIFY]
- X Don't know
- R Refused

Q9. Who should decide on the fluoridation of water supplies? [READ OUT]

- 1. State government
- 2. Health authorities
- 3. Dental associations
- 4. Water boards
- 5. Community
- 6. Other [SPECIFY]
- X Don't know
- R Refused

#### **Overweight and obesity**

Q1. How tall	are you without shoes?
1	centimetres
X Don't know	1
R Refused	

[OR]

1	feet	inches
X Don't l	know	
<b>D D</b> (		

R Refused

Q2. How much do you weigh without clothes or shoes?

ġ.

1. kilograms X Don't know R Refused

[OR]

1. _____ stones ____ lbs

X Don't know

R Refused

### **Physical activity**

tsimates who have Q1. In the last week, how many times have you walked continuously for at least 10 minutes for recreation or exercise or to get to or from places?

1. number of times [If =  $0 \rightarrow Q3$ ] X Don't know  $\rightarrow$  Q3 R Refused  $\rightarrow$  Q3

Q2. What do you estimate was the total time you spent walking in this way in the last week? [In hours and minutes]

1. _____ hours _ minutes X Don't know

R Refused

Q3. The next question excludes household chores or gardening. In the last week, how many times did you do any vigorous physical activity which made you breathe harder or puff and pant?

1. _____ number of times [If =  $0 \rightarrow Q5$ ] X Don't know  $\rightarrow$  Q5 R Refused  $\rightarrow$  Q5

Q4. What do you estimate was the total time you spent doing this vigorous physical activity in the last week? [In hours and minutes]

hours _____ minutes 1.

X Don't know

R Refused

Q5. This next question does not include household chores or gardening. In the last week, how many times did you do any other more moderate physical activity that you haven't already mentioned? 1. _ number of times [If =  $0 \rightarrow Q7$ ]

X Don't know  $\rightarrow$  Q7 R Refused  $\rightarrow$  Q7

Q6. What do you estimate was the total time that you spent doing these activities in the last week? [In hours and minutes]

hours minutes 1.

X Don't know

R Refused

Q7. How do you usually get to work?

- 1. Train
- 2. Bicycle
- 3. Walk only
- 4. Walk part of the way
- 5. Bus
- 6. Ferry
- 7. Train
- 8. Tram (including light rail)
- 9. Taxi
- 10. Car (as driver)
- 11. Car (as passenger)
- 12. Truck
- 13. Motor bike or motor scooter
- 14. Other
- X Don't know
- R Refused

ates to the latest estimates wing faciliting Q8. Does your neighbourhood have any of the following facilities:

- 1. Sporting fields
- 2. Public swimming pools
- 3. Parks or reserves
- 4. Footpaths
- 5. Bike paths
- 6. Other
- X Don't know
- R Refused

Q9. How often do you use these facilities [ask for each facility]?

- 1. _____ times per day
- 2. _____ times per week
- 3. __ _____ times per month
- 4. Rarely or never

X Don't know

R Refused

## Public dental services

Q1. In the last 12 months have you attended a public (government-run) dental service or dental hospital?

- 1. Yes
- 2. No
- X Dont know
- R Refused

Q2. Overall, what do you think of the care you received at this public dental service or dental hospital?

1. Excellent  $\rightarrow$  END OF MODULE

- 2. Very good  $\rightarrow$  END OF MODULE
- 3. Good  $\rightarrow$  END OF MODULE

4. Fair 5. Poor X Don't know  $\rightarrow$  END OF MODULE R Refused  $\rightarrow$  END OF MODULE

Q3. Could you briefly describe why you rated the care you received as fair or poor?

1. [SPECIFY]

X Don't know

**R** Refused

#### Self-rated health status

Q1. Overall, how would you rate your health during the past 4 weeks? [READ OUT]

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 6. Very poor
- X Don't know
- R Refused

#### Smoking

of dates estimates. Q1. Which of the following best describes your smoking status? This includes cigarettes, cigars and pipes. [READ OUT]

- 1. I smoke daily
- 2. I smoke occasionally
- 3. I don't smoke now, but I used to  $\rightarrow$  Q3
- 4. I've tried it a few times but never smoked regular
- 5. I've never smoked  $\rightarrow$  Q3

X Don't know  $\rightarrow$  Q3

R Refused  $\rightarrow$  Q3

Q2. The last time you went to your general practitioner, did the doctor discuss your smoking and advise you to quit smoking?

- 1. Yes
- 2. No

X Don't know

R Refused

Q3. Which of the following best describes your home situation? [READ OUT]

- 1. My home is smoke-free (includes smoking is allowed outside only)
- 2. People occasionally smoke in the house
- 3. People frequently smoke in the house
- X Don't know
- R Refused

Q4. Are people allowed to smoke in your car?

- 1. Yes
- 2. No
- 3. Don't have a car
- X Don't know
- R Refused

Q5. If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there: [READ OUT]

- 1. More often?
- 2. Less often?
- 3. It would make no difference

X Don't know R Refused

Q6. If there was a total ban on smoking in outdoor dining areas, would you be likely to go there: [READ OUT]

- 1. More often?
- 2. Less often?
- 3. It would make no difference
- X Don't know
- R Refused

#### Social capital

Q1. In the past 3 months, how often have you helped out any local group or organisation such as a school, scouts and brownies, a sporting club, or hospital as a volunteer, or other organisation? [READ OUT]

1. About once a week

- 2. Once every 2 to 3 weeks
- 3. Once a month
- 4. Not at all
- X Don't know
- R Refused

st date estime ates ou fo Q2. In the past 6 months, how often have you attended a local community event such as a church or school fete, school concert, or a street fair? [READ OUT]

- 1. Three times or more
- 2. Twice
- 3. Once
- 4 Never
- X Don't know
- R Refused

Q3. Are you an active member of a local organisation, church or club, such as a sport, craft, or social club? [READ OUT]

1. Yes: very active

- 2. Yes: somewhat active
- 3. Yes: a little active
- 4. No: not an active member
- X Don't know
- R Refused

Q4. How often have you visited someone in your neighbourhood in the past week? [READ OUT]

- 1. Frequently
- 2. A few times
- 3. At least once
- 4. Never (in the last week)
- X Don't know
- R Refused

Q5. When you go shopping in your local area how often are you likely to run into friends and acquaintances? [READ OUT]

- 1. Nearly always
- 2. Most of the time
- 3. Some of the time
- 4. Rarely or never
- X Don't know
- R Refused

Q6. Would you be sad if you had to leave this neighbourhood?

- 1. Yes
- 2. No

X Don't know **R** Refused

Q7. Most people can be trusted. Do you agree or disagree?

1. Strongly agree

- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- X Don't know
- **R** Refused

Q8. Can you please tell me if you agree or disagree with these statements. I feel safe walking down 2 Joint Know R Refused Q9. My area has a reputation for being a safe place. Do you agree or disagree? 1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree X Don't know R Refused my street after dark. Do you agree or disagree?

- 1. Strongly agree