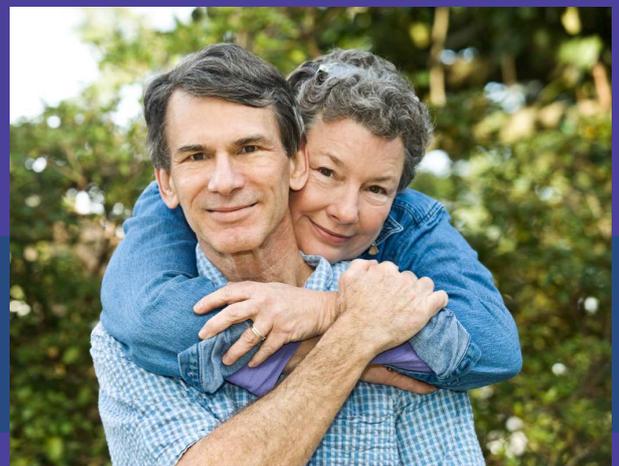


New South Wales Population Health Survey

2008 Report on adult health



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Foreword

I am pleased to present the 2008 Report on Adult Health from the New South Wales Population Health Survey, which provides information on health behaviours, health status, health service use and access, and social capital, for adults aged 16 years and over.

In 2008, 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 and cannabis, cancer screening (breast and cervical), environmental health (usual source of drinking water), immunisation (influenza and pneumococcal), injury prevention (fire safety in the home), nutrition, physical activity, and tobacco smoking (including passive smoking). This is followed by a chapter on health status including: health-related quality of life (including self-rated health, difficulty with work or activities and experience of bodily pain), asthma, cardiovascular disease precursors, diabetes or high blood glucose, mental health (psychological distress), oral health, and population weight status. Next there is a chapter on health services including: health service use and access, private health insurance, difficulties getting health care, emergency departments, hospitals, general practices, public dental service, and community health centres. Finally, there is a chapter on social capital.

These indicators are presented in graphical form (in the PDF and HTML versions) and in graphical and tabular form (in the HTML version). For each indicator, where data are available, the report includes a bar chart of the indicator by age group, a bar chart of the indicator by socioeconomic status, a hi-lo chart of the indicator by area health service, and a line chart of trend by sex. In the HTML version, the table below the chart presents further information. Both the PDF and HTML versions can be obtained from the New South Wales Population Health Survey website at www.health.nsw.gov.au/publichealth/surveys/index.asp.

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 an area health service, data can be accessed through the Health Outcomes Information Statistical Toolkit (HOIST). For further analysis among area health services, 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 2008.



Kerry Chant

Chief Health Officer and Deputy Director-General, Population Health
August 2009

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Executive summary

Introduction

In 2008, the NSW Department of Health, in conjunction with the 8 area health services, completed the seventh year of the New South Wales Population Health Survey, a continuous 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 information on the health of the people of New South Wales; 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 2008 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 within the Department. The survey included: questions used in previous surveys, new questions developed specifically for 2008, and questions developed specifically for some of the area health services. All new questions not previously used were submitted to NSW Health's Population and Health Services Research 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 report was collected on 10,296 adults.

Health behaviours

In 2008, the New South Wales Population Health Survey collected information on a range of health behaviours including: alcohol and cannabis, cancer screening (breast and cervical), environmental health (usual source of drinking water), immunisation (influenza and pneumococcal), injury prevention (fire safety in the home), nutrition, physical activity, and tobacco smoking (including passive smoking).

Just over one-third of adults (33.8 per cent) engaged in any risk drinking behaviour. Generally, any risk drinking behaviour decreased with age. A higher proportion of males, and adults in rural health areas, engaged in any risk drinking behaviour. A lower proportion of adults in the fifth or most disadvantaged quintile engaged in any risk drinking behaviour.

One in 10 adults (10.0 per cent) engaged in high risk drinking behaviour. Generally, high risk drinking behaviour decreased with age. A higher proportion of males, and a lower proportion of adults in the fifth or most disadvantaged quintile, engaged in high risk drinking behaviour. There was no difference between rural and urban health areas.

Just under three-quarters of adults aged 65 years and over (71.6 per cent) had been vaccinated against influenza in the last 12 months. Generally, vaccination against influenza increased with age. There was no difference between males and females, among quintiles of socioeconomic disadvantage, or between rural and urban health areas.

Just under 6 in 10 adults aged 65 years and over (58.8 per cent) had been vaccinated against pneumococcal disease in the last 5 years. Generally, vaccination against pneumococcal disease increased with age. A lower proportion of males, and a higher proportion of adults in rural health areas and the fourth or second most disadvantaged quintile, had been vaccinated against pneumococcal disease in the last 5 years.

Just over 9 in 10 adults (93.6 per cent) had a smoke alarm in the home. There was no difference between males and females, or among quintiles of socioeconomic disadvantage. A higher proportion of adults in rural health areas had a smoke alarm in the home.

Just over one-half (56.6 per cent) of adults consumed the recommended minimum of 2 serves of fruit a day. A lower proportion of males consumed the recommended minimum of 2 serves of fruit a day. There was no difference among quintiles of socioeconomic disadvantage, or between rural and urban health areas.

Just over 1 in 10 adults (10.2 per cent) consumed the recommended minimum of 5 serves of vegetables a day. A lower proportion of males and adults in the fifth or most disadvantaged quintile, and a higher proportion of adults in rural health areas, consumed the recommended minimum of 5 serves of vegetables a day.

Just under one-half (47.9 per cent) of adults usually consumed lower fat or skim milk. Generally, the proportion increased with age and decreased with socioeconomic disadvantage. A lower proportion of males, and adults in rural health areas, usually consumed lower fat or skim milk.

Just over one-half (55.1 per cent) of adults undertook adequate levels of physical activity, defined as 150 minutes a week over 5 separate occasions. Generally, the proportion decreased with age and socioeconomic disadvantage. A higher proportion of males undertook adequate levels of physical activity. There was no difference between rural and urban health areas.

Just under 1 in 5 adults (18.4 per cent) were current tobacco smokers. Generally, the proportion decreased with age and increased with socioeconomic disadvantage. A higher proportion of males were current smokers. There was no difference between rural and urban health areas.

Just under 9 in 10 adults (89.5 per cent) live in smoke-free homes. Generally, the proportion increased with age and decreased with socioeconomic disadvantage. There was no difference between rural and urban health areas.

Health status

In 2008, the New South Wales Population Health Survey collected information from adults on a range of health status indicators including: health-related quality of life (including self-rated health, difficulty with work or activities, and experience of bodily pain), asthma, cardiovascular disease precursors, diabetes or high blood glucose, mental health (psychological distress), oral health, and population weight status.

Overall, just over 8 in 10 adults (80.2 per cent) rated their health as excellent, very good, or good. A higher proportion of males, and adults in the first or least disadvantaged quintile, rated their health as excellent, very good, or good. There was no difference between urban and rural health areas.

Just over 1 in 10 adults (10.5 per cent) had current asthma. Generally, the proportion decreased with age. More females had current asthma. There was no difference among quintiles of disadvantage or between rural and urban health areas.

Overall, 7.3 per cent of adults had diabetes or high blood glucose. Generally, the proportion increased with age. There was no difference between males and females. A lower proportion of adults in the first or least disadvantaged quintile, and a higher proportion of adults in the first or least disadvantaged quintile and rural health areas, had diabetes or high blood glucose.

Overall, 10.6 per cent of adults had high or very high levels of psychological distress. Generally, the proportion decreased with age, was lower in males and the first or least disadvantaged quintile. There was no difference between urban and rural health areas.

Overall, 58.8 per cent of adults visited a dental professional less than 12 months ago. There was no difference between males and females. The proportion decreased with socioeconomic disadvantage, and was lower in rural health areas.

Overall, 5.1 per cent of adults had all their natural teeth missing. The proportion lower in males and urban health areas, and increased with socioeconomic disadvantage.

Overall, 87.4 per cent of adults agreed with having their water supply fluoridated. There was no difference between males and females. The proportion decreased with socioeconomic disadvantage, and was lower in rural health areas.

Using self-reported height and weight to classify Body Mass Index (BMI), just over one-half of adults (52.9 per cent) were either overweight or obese. More males than females were overweight or obese. Overall, 18.6 per cent adults were obese. There was no difference between males and females.

Health service use and access

In 2008, the New South Wales Population Health Survey collected information on: private health insurance, difficulties getting health care, emergency departments, hospitals, general practices, public dental services, and community health centres.

Overall, 56.9 per cent of adults were covered by private health insurance.

Overall, excluding those who did not need health care, 17.8 per cent of adults had difficulties getting health care. The proportion increased with socioeconomic disadvantage, was lower in males, and higher in rural health areas. The main difficulties were: waiting time for an appointment with a general practitioner, shortage of general practitioners in area, quality of treatment, difficulty in accessing specialists, cost of health services, shortage of health services, transport issues, waiting time for dental services, and waiting time in emergency departments.

Overall, 17.3 per cent of adults presented to an emergency department in the last 12 months. Of these, 77.8 per cent rated the care received as excellent, very good, or good.

Overall, 14.2 per cent of adults were admitted to hospital in the last 12 months. Of these, 88.4 per cent rated the care received as excellent, very good, or good.

Overall, 86.2 per cent of adults visited a general practice in the last 12 months. Of these, 93.7 per cent rated the care received at their last visit as excellent, very good, or good. Overall, 29.2 per cent of adults visited a general practitioner in the last 2 weeks.

Overall, 5.5 per cent of adults attended a public dental service in the last 12 months. Of these, 86.8 per cent rated the care received as excellent, very good, or good.

Overall, 8.0 per cent of adults attended a community health centre in the last 12 months. Of these, 91.8 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 2008, the New South Wales Population Health Survey included questions on feelings of trust and safety, participation in the local community, and building harmonious communities.

Overall, 71.5 per cent agreed that most people can be trusted, 72.6 per cent felt safe walking down their street after dark, with more males than females feeling safe, and 75.9 per cent felt their area had a reputation for being safe.

Overall, 62.1 per cent of adults visited neighbours in the last week, 82.7 per cent ran into friends and acquaintances when shopping in their local area, and 74.8 per cent said they would feel sad if they had to leave their neighbourhood.

Overall, 55.2 per cent of adults took part in a group sport or physical activity in the last 12 months, and 55.7 per cent of adults took part in a group cultural or artistic activity in the last 12 months.

Methods

Introduction

In 2008, the NSW Department of Health, in conjunction with the 8 area health services, completed the seventh year of the New South Wales Population Health Survey, a continuous 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 information on the health of the people of New South Wales; 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 2008 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 2008, and questions developed specifically for some area health services. All questions not previously used were submitted to the NSW Health Population and Health Services Research Ethics Committee 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 2008, 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 (a 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 2008, interviews were carried out continuously between February and December. Selected households with 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, 12,485 interviews were conducted, with at least 1,485 interviews in each area health service and 10,296 with adults aged 16 years or over. The overall response rate was 63.4 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 2006 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 software.[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. A wider confidence interval reflects less certainty in the estimate. If confidence intervals do not overlap then the observed estimates are significantly different. If confidence intervals overlap slightly the observed estimates may be significantly different but further testing needs to be done to establish that significance.[4]

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.[5] 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. Because of small numbers in the remote and very remote categories, these categories have been combined in the analysis.

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.[6] The SEIFA index used to provide breakdowns of the New South Wales Population Health Survey data in 2008 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 1 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 2008 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 1 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 1 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, Completed interviews and response rates by area health service

Outcome	Number of telephone numbers
Unable to contact	16258
Not connected	30784
Business/institution telephone	6182
Fax number	4763
Household not in NSW or holiday house	487
Respondent away for duration of survey	1072
Respondents confused or deaf	1008
Non-translated language	1812
Refusal	7208
Complete	12485
Total	82059

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 Electronic White Pages; 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).

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Completed interviews and response rates by area health service, NSW, 2008

Health Area	Adult respondents	Child respondents	Total respondents	Response rate (%)
Sydney South West	1349	345	1694	58.2
South Eastern Sydney & Illawarra	1317	250	1567	58.9
Sydney West	1257	323	1580	61.1
Northern Sydney & Central Coast	1294	251	1545	61.9
Hunter & New England	1288	264	1552	67.1
North Coast	1322	246	1568	65.6
Greater Southern	1238	256	1494	68.1
Greater Western	1231	254	1485	69.2
NSW	10296	2189	12485	63.4

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

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Completed interviews by language, NSW, 2008

Language	Number of respondents
English	12199
Arabic	70
Chinese	89
Greek	67
Italian	27
Vietnamese	33
All	12485

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

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Representativeness of sample

In 2008, adult males were under-represented in the New South Wales Population Health Survey, making up 42.2 per cent of the survey sample, compared with 49.6 per cent of the overall residential population of New South Wales. Conversely, females were over-represented, making up 57.8 per cent of the survey sample, compared with 50.4 per cent of the overall residential population of New South Wales. Males aged 54 years or younger and females aged 49 years and under were under-represented in the sample, while males aged 55 years or over and females aged 50 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 of New South Wales.

Aboriginal people comprised 2.2 per cent of the survey sample, which is slightly higher than their representation in the overall residential population of New South Wales (2.1 per cent), and people born in Australia comprised 72.7 per cent of the survey sample, which is slightly higher than their representation in the overall residential population of New South Wales (69.0 per cent), according to the 2006 Census.[1]

References

1. Australian Bureau of Statistics. *QuickStats: New South Wales*. 2006 Census of Population and Housing. Canberra: ABS, updated 10 February 2008. Available online at www.censusdata.abs.gov.au (accessed 14 May 2009).

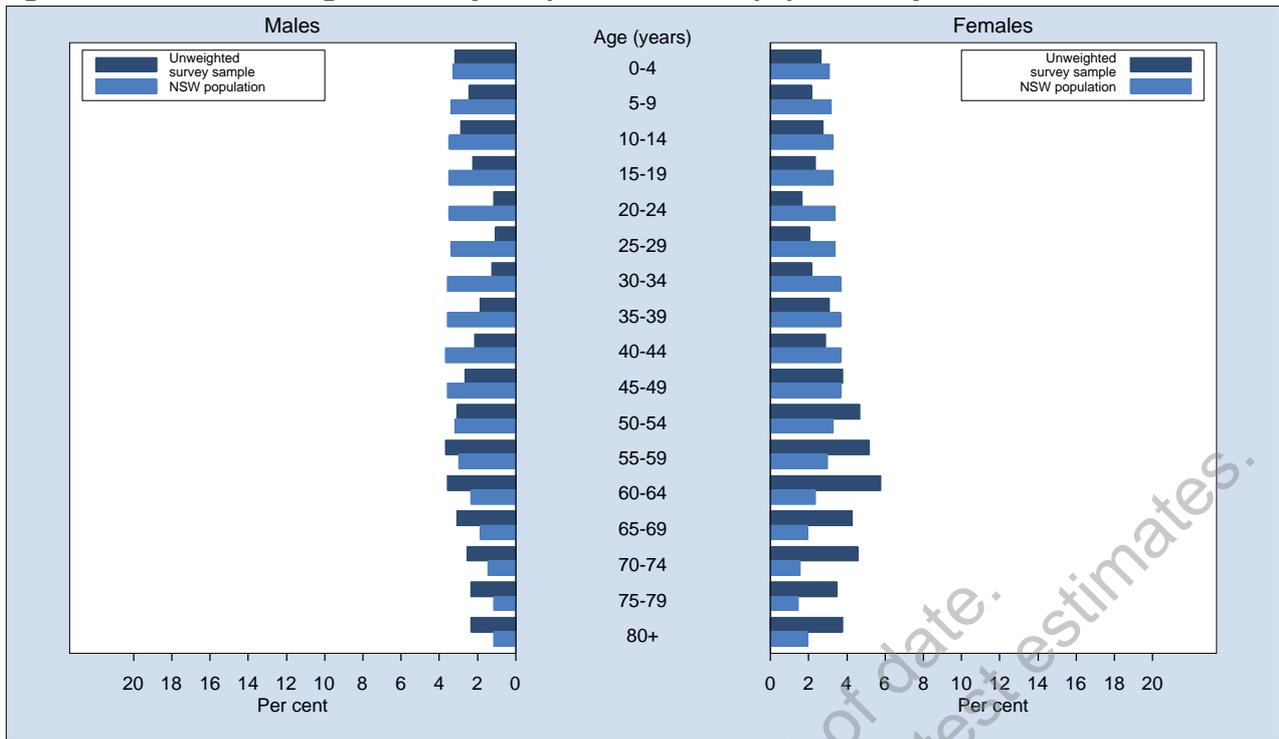
Survey sample size and NSW population by age group and sex, NSW, 2008

Age Group	Survey sample (unweighted)						NSW population June 2008					
	Males		Females		Persons		Males		Females		Persons	
	n	%	n	%	n	%	n	%	n	%	n	%
0-4	396	3.2	332	2.7	728	5.8	222795	3.3	210809	3.1	433604	6.4
5-9	306	2.5	269	2.2	575	4.6	225920	3.4	215449	3.2	441370	6.5
10-14	359	2.9	352	2.8	711	5.7	233400	3.5	222039	3.3	455439	6.8
15-19	292	2.3	299	2.4	591	4.7	233676	3.5	222520	3.3	456197	6.8
20-24	154	1.2	208	1.7	362	2.9	236897	3.5	231089	3.4	467987	6.9
25-29	134	1.1	264	2.1	398	3.2	231975	3.4	232178	3.4	464153	6.9
30-34	165	1.3	278	2.2	443	3.5	245295	3.6	250066	3.7	495360	7.4
35-39	239	1.9	382	3.1	621	5	243467	3.6	248606	3.7	492073	7.3
40-44	279	2.2	361	2.9	640	5.1	249251	3.7	251937	3.7	501188	7.4
45-49	341	2.7	478	3.8	819	6.6	241436	3.6	246531	3.7	487967	7.2
50-54	388	3.1	587	4.7	975	7.8	219319	3.3	222130	3.3	441450	6.6
55-59	460	3.7	652	5.2	1112	8.9	205546	3	205003	3	410549	6.1
60-64	454	3.6	730	5.8	1184	9.5	162015	2.4	161979	2.4	323993	4.8
65-69	390	3.1	542	4.3	932	7.5	126495	1.9	131233	1.9	257728	3.8
70-74	319	2.6	573	4.6	892	7.1	100396	1.5	109713	1.6	210109	3.1
75-79	294	2.4	437	3.5	731	5.9	82962	1.2	99417	1.5	182379	2.7
80+	294	2.4	477	3.8	771	6.2	83734	1.2	134108	2	217843	3.2
All	5264	42.2	7221	57.8	12485	100	3344581	49.6	3394808	50.4	6739389	100

Note: Table compares the survey sample with the Australian Bureau of Statistics 2006 mid-year population estimates (excluding residents of institutions)

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

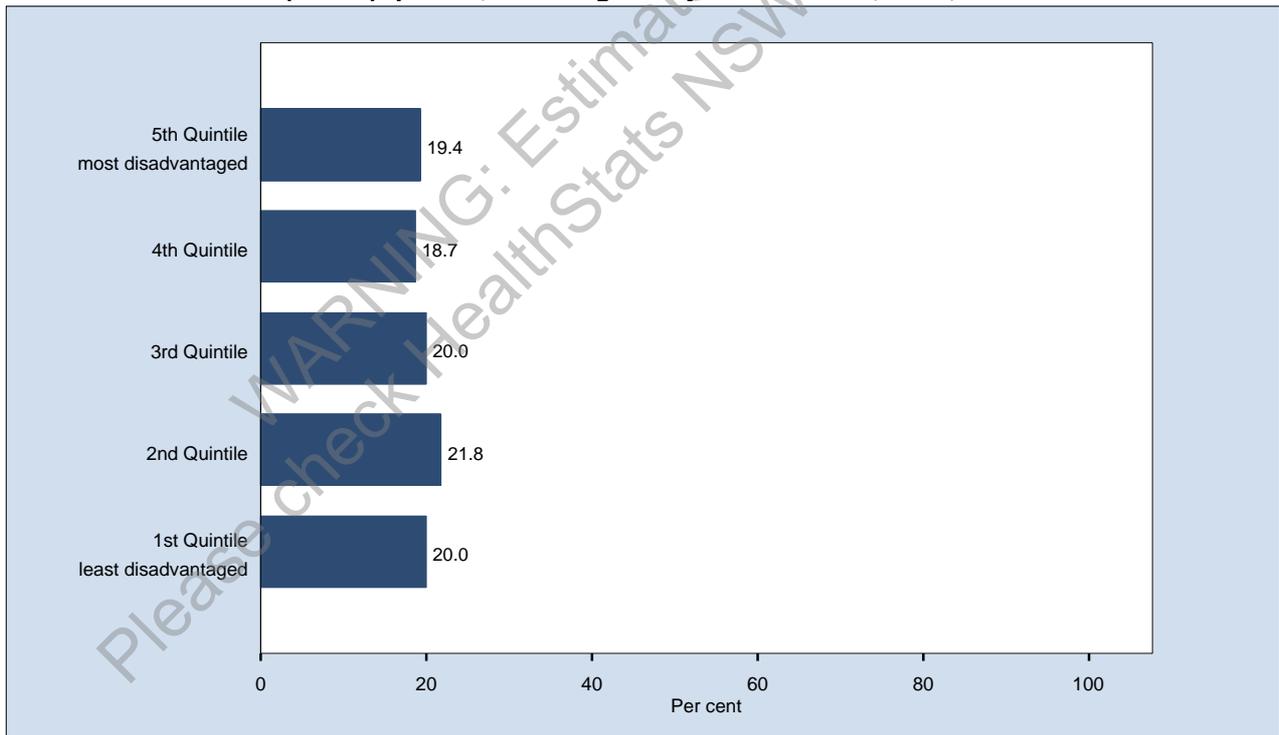
Age distribution of unweighted survey sample versus NSW population by sex, NSW, 2008



Note:

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

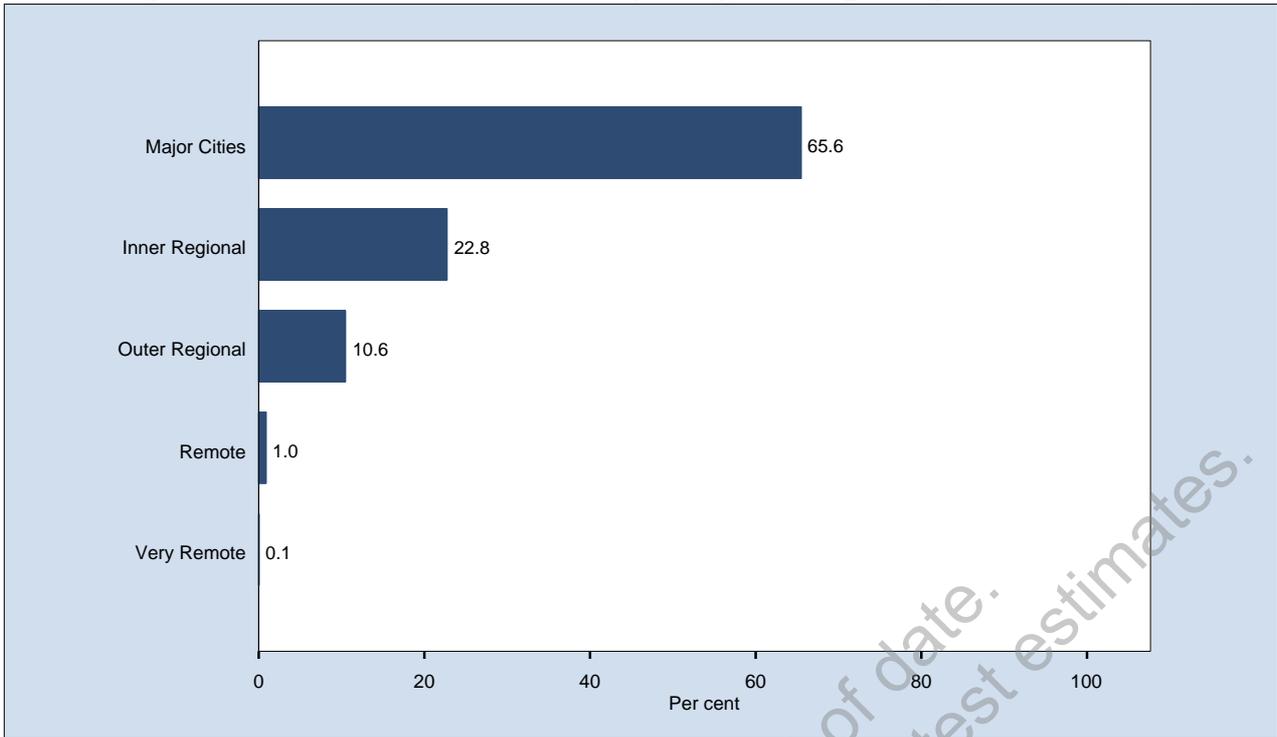
Socioeconomic Index (SEIFA) quintile, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,196 respondents in NSW. For this indicator 100 (0.97%) were not stated (Don't know or Refused) in NSW. 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. The SEIFA index used to provide breakdowns of the New South Wales Population Health Survey data in 2007 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 1 being the least disadvantaged and quintile 5 being the most disadvantaged.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

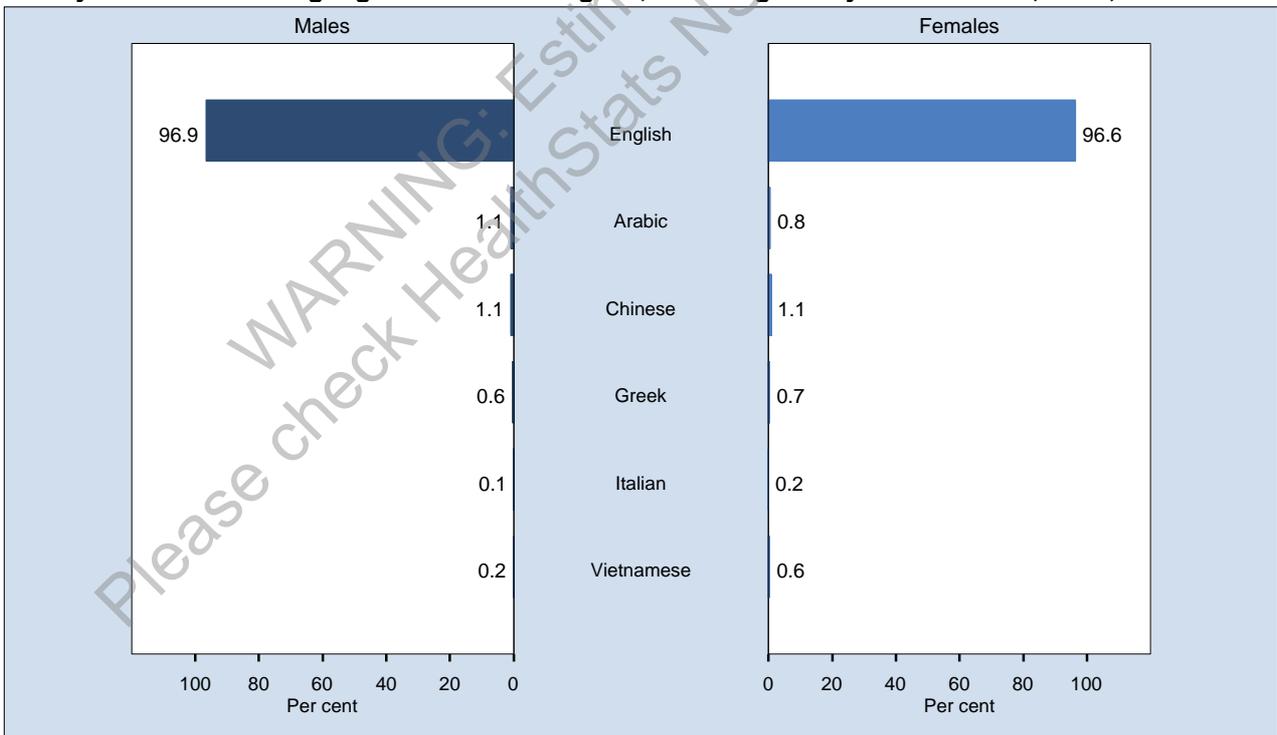
Accessibility-Remoteness Index of Australia Plus (ARIA+), adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,208 respondents in NSW. For this indicator 88 (0.85%) 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. Because of small numbers in the remote and very remote categories, these categories have been combined in the analysis.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

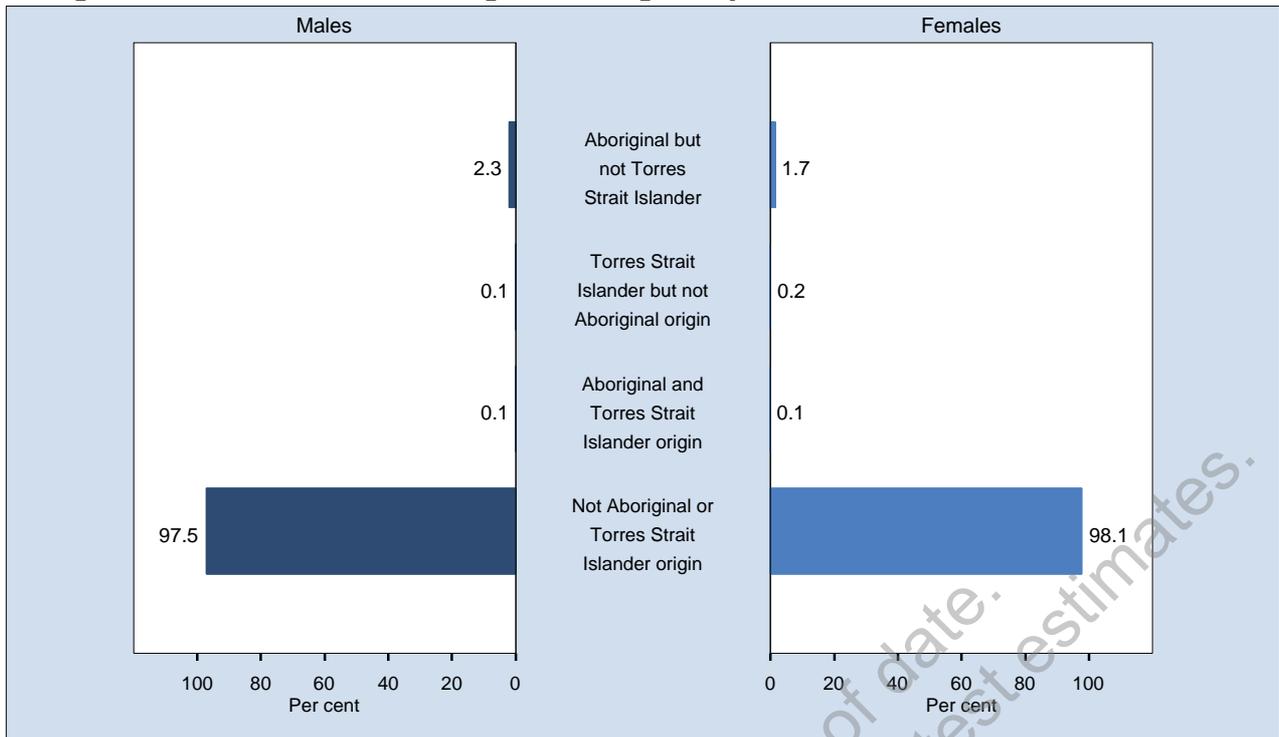
Survey conducted in languages other than English, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,296 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know or Refused) in NSW. Recorded language of interview.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

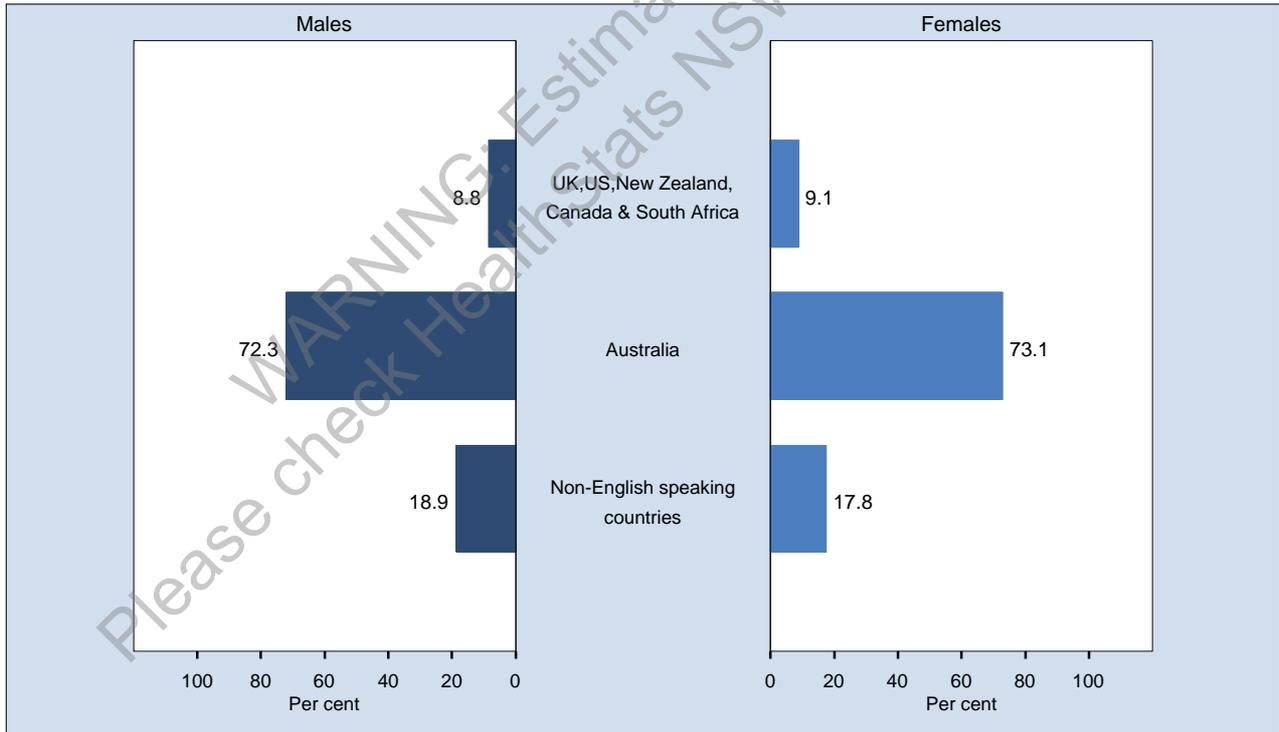
Aboriginal or Torres Strait Islander origin, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,248 respondents in NSW. For this indicator 48 (0.47%) were not stated (Don't know or Refused) in NSW. The question used was: Are you of Aboriginal and/or Torres Strait Islander origin?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

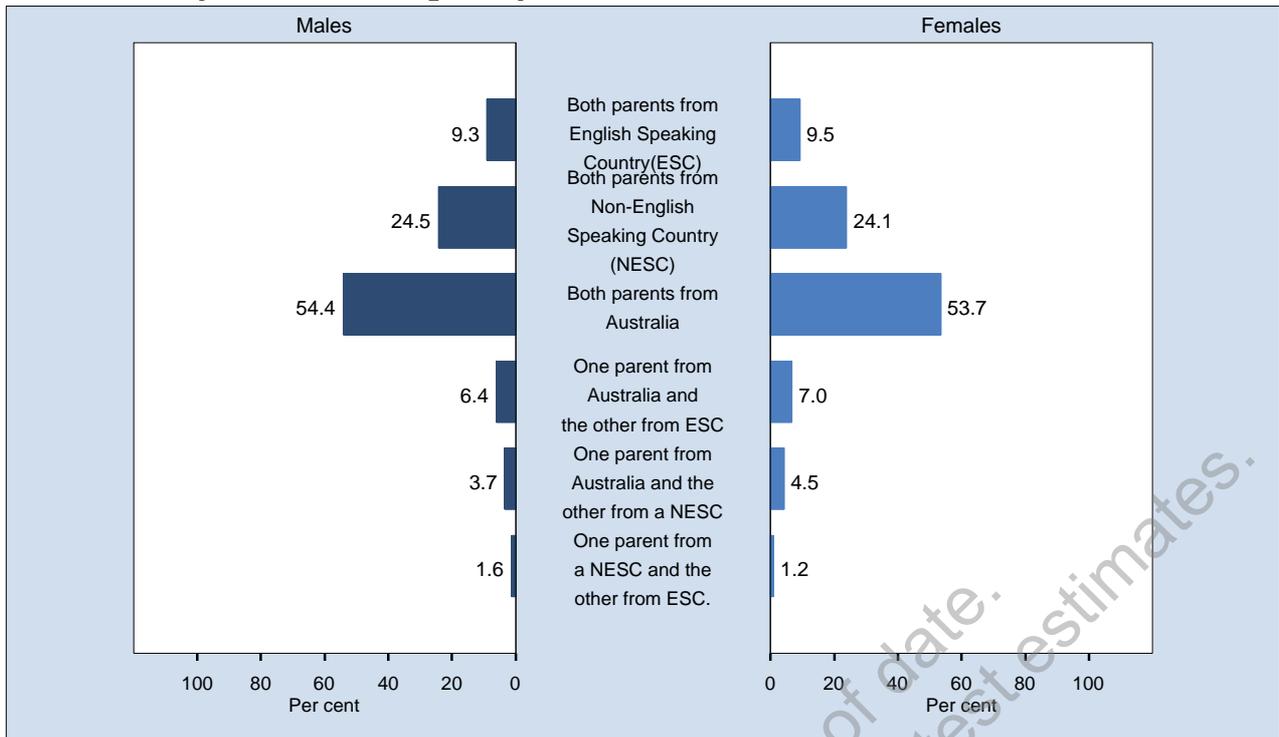
Country of birth, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,289 respondents in NSW. For this indicator 7 (0.07%) were not stated (Don't know or Refused) in NSW. The question used was: In which country were you born?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

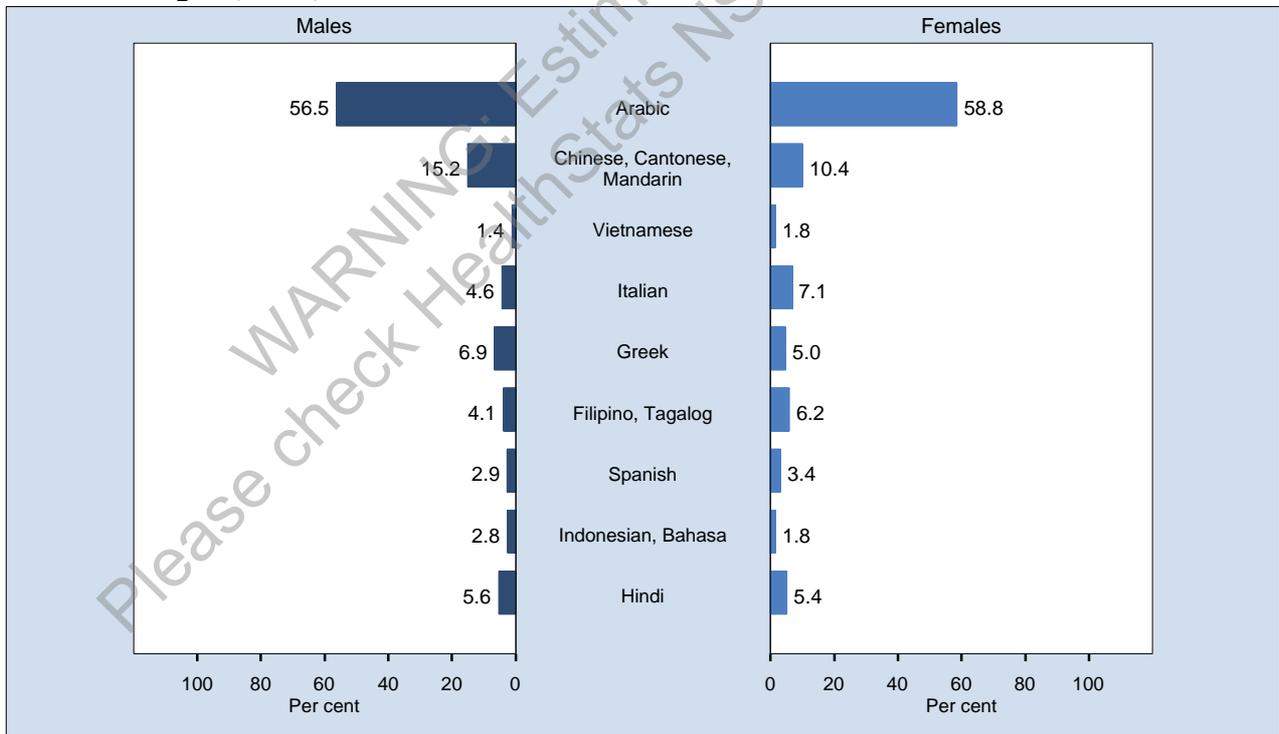
Parents' country of birth, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,212 respondents in NSW. For this indicator 84 (0.82%) were not stated (Don't know or Refused) in NSW. The questions used were: In which country were you born? In which country was your mother born? and In which country was your father born?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

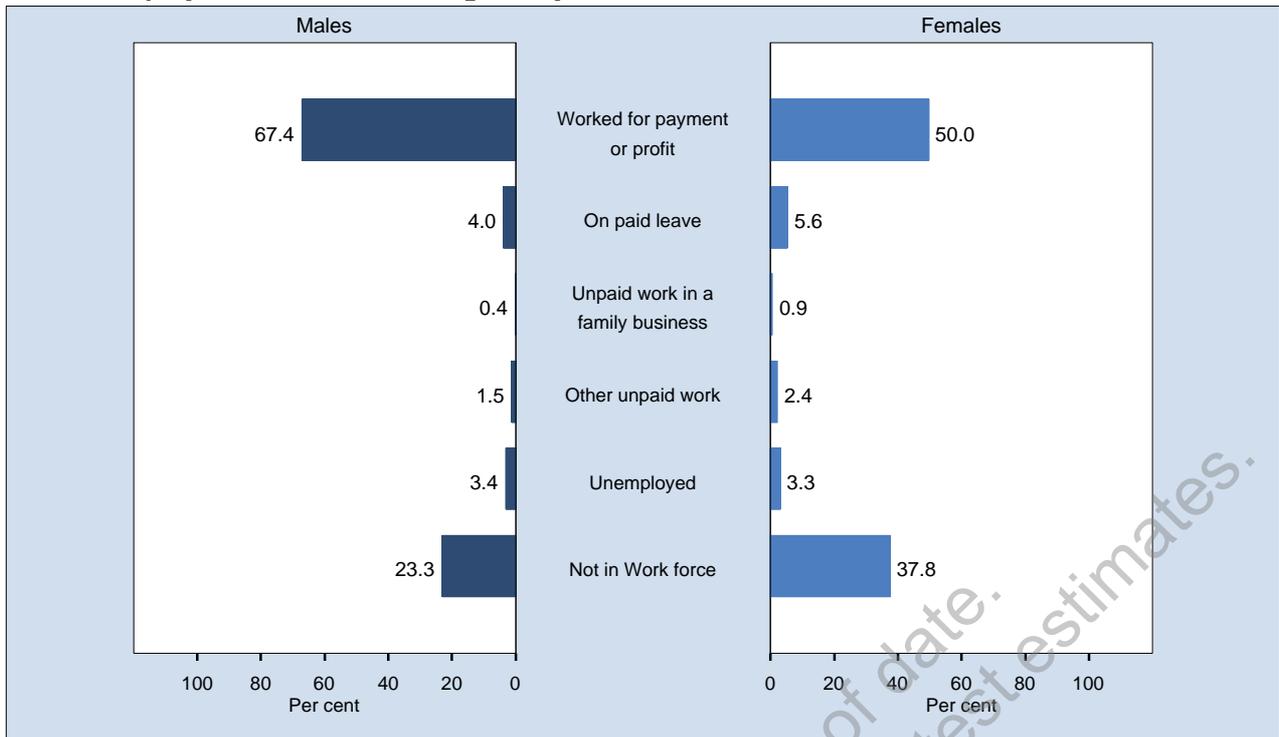
Languages other than English spoken at home, adults aged 16 years and over who speak a language other than English, NSW, 2008



Note: Estimates are based on 972 respondents in NSW. For this indicator 1 (0.10%) were not stated (Don't know or Refused) in NSW. The question used was: Do you usually speak a language other than English at home?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

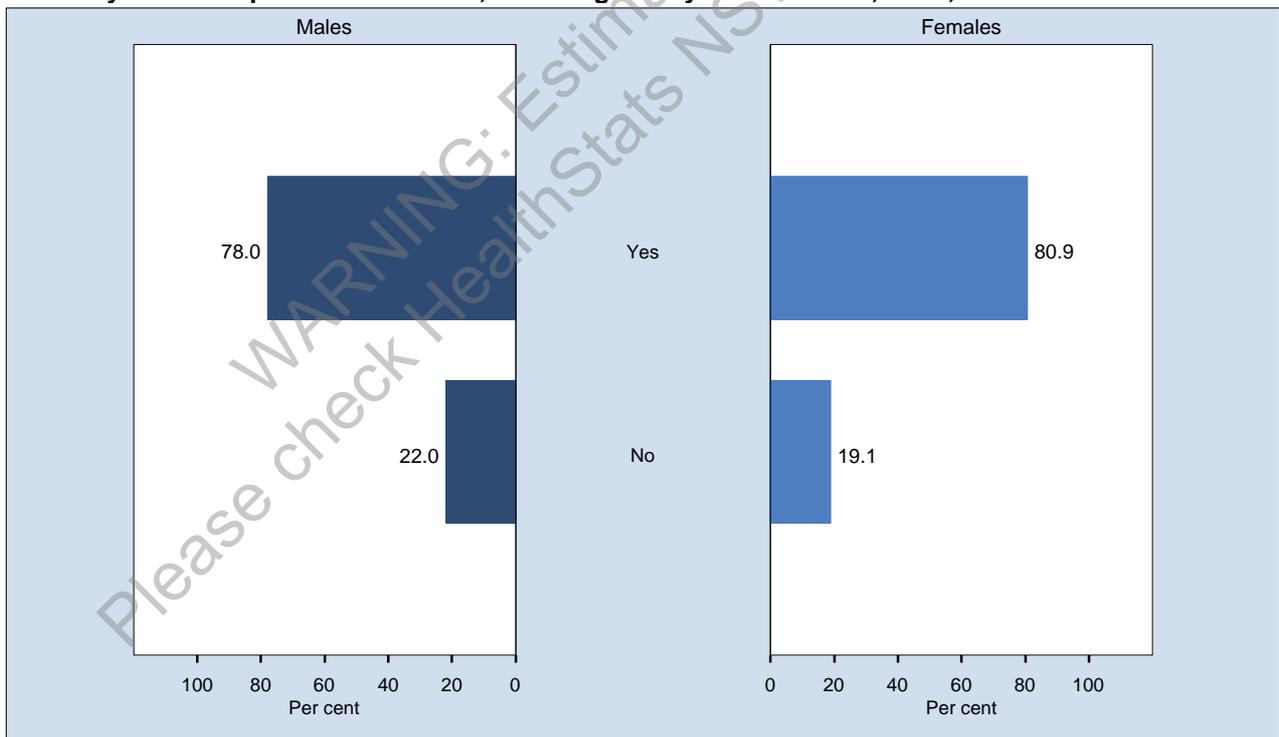
Current employment status, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,240 respondents in NSW. For this indicator 46 (0.45%) 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? 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 or did not have a job? and Were you actively looking for work in the last week?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

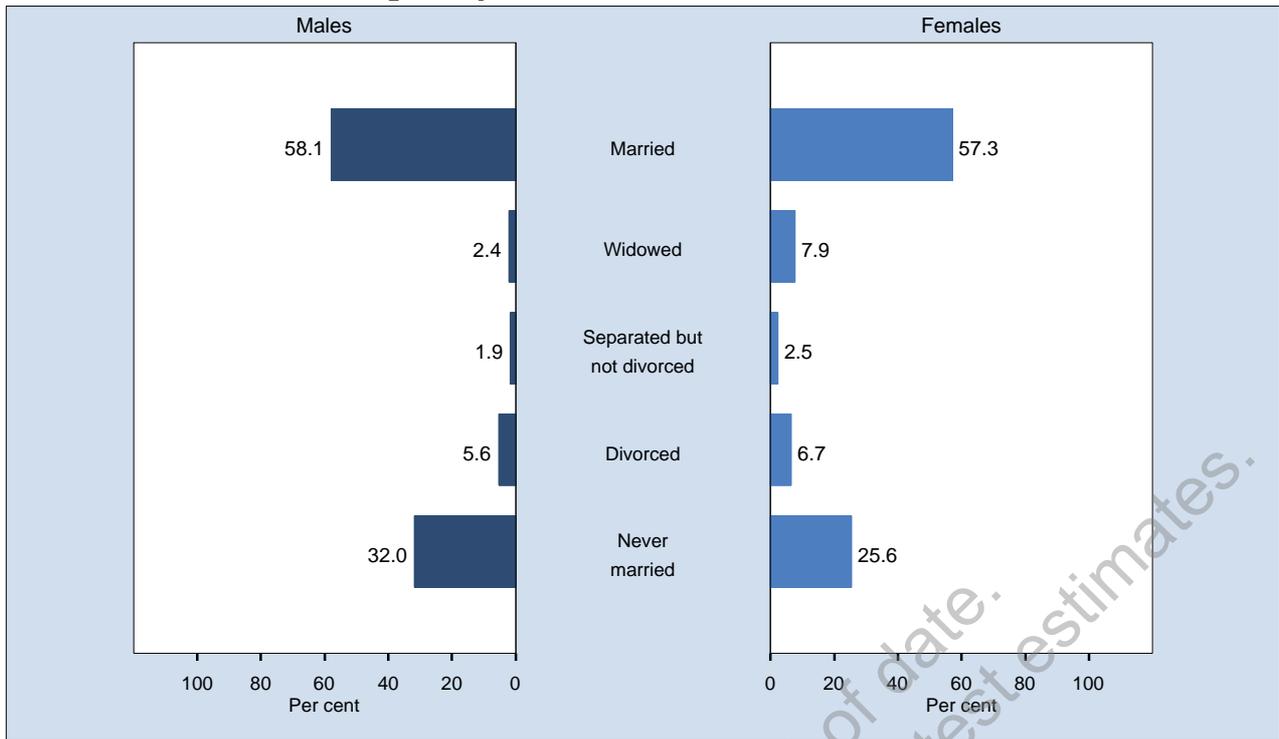
Currently receive a pension or benefit, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 3,311 respondents in NSW. For this indicator 15 (0.45%) were not stated (Don't know or Refused) in NSW. The question used was: Do you currently receive a pension, allowance or benefit?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

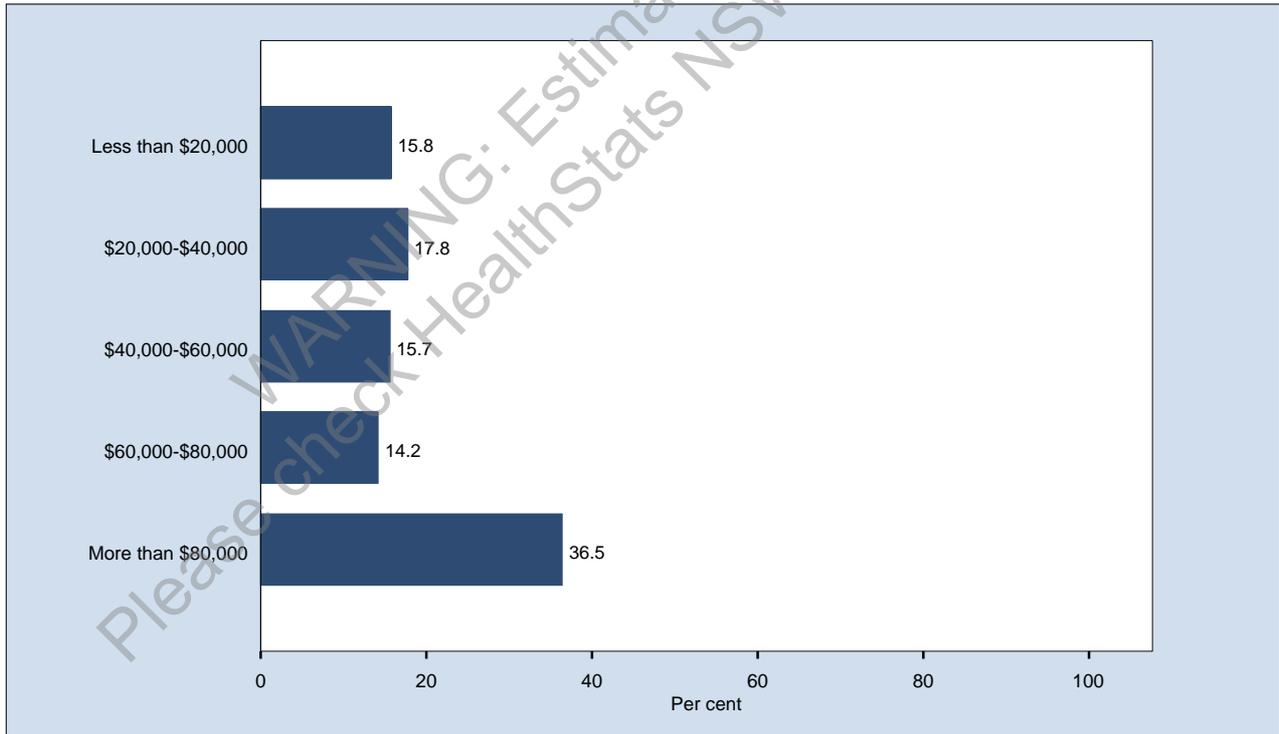
Formal marital status, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,250 respondents in NSW. For this indicator 46 (0.45%) were not stated (Don't know or Refused) in NSW. The question used was: What is your current formal marital status?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

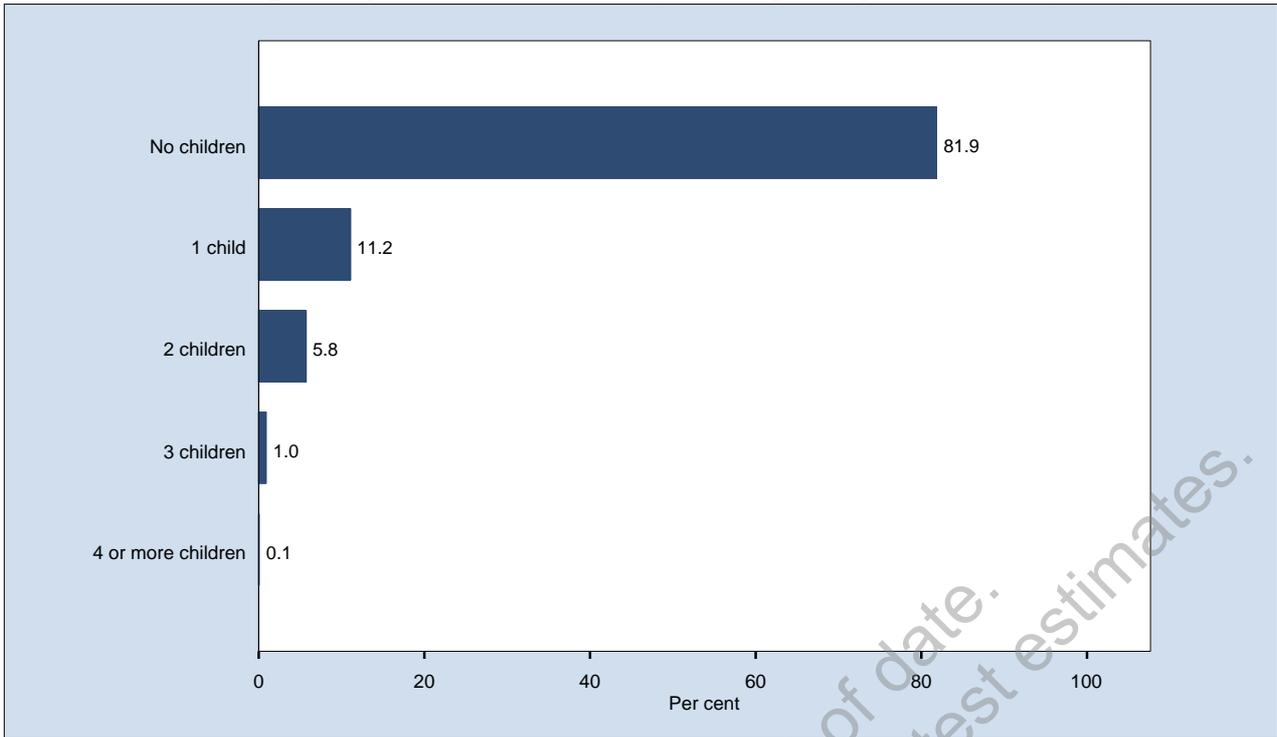
Household income, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,530 respondents in NSW. For this indicator 1,766 (17.15%) were not stated (Don't know or Refused) in NSW. The question used was: Before tax is taken out, which of the following ranges best describes your household's approximate income from all sources over the last 12 months?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

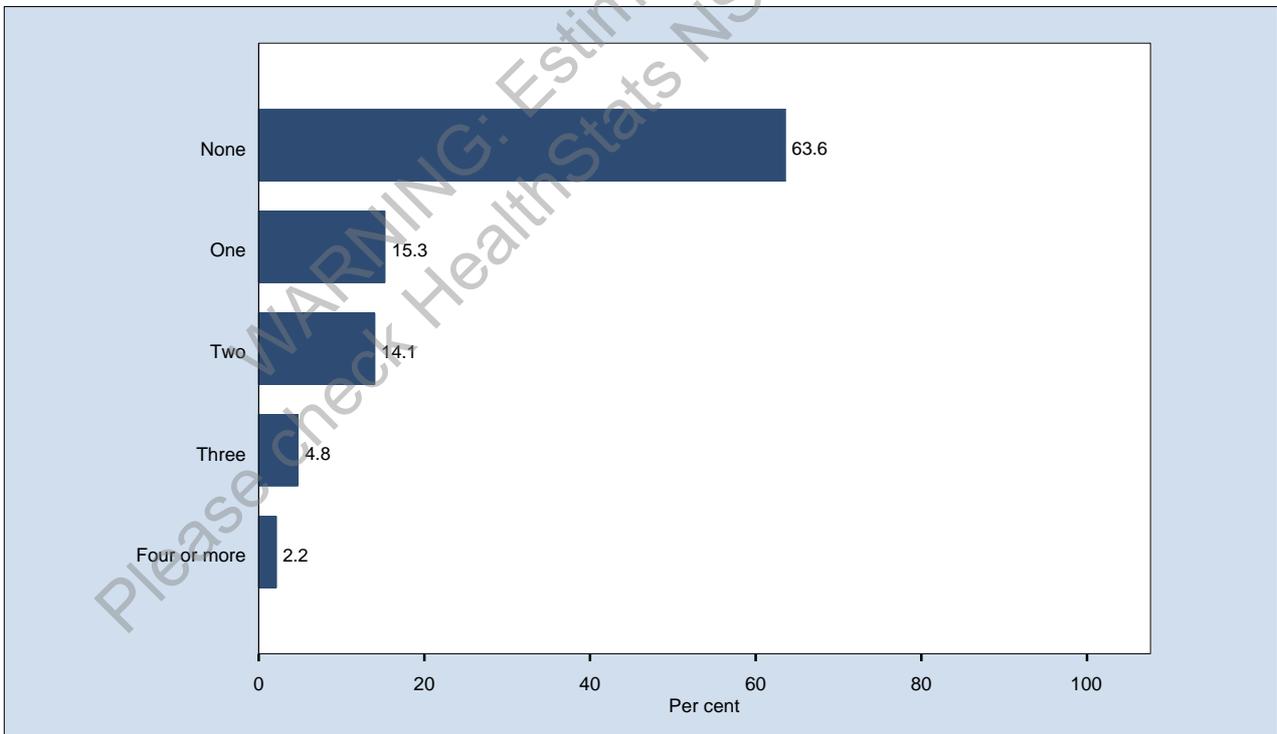
Number of children aged 0-5 years in the household, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,296 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know or Refused) in NSW. The question used was: Can you please tell me how many children under 6 years of age live in this household?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

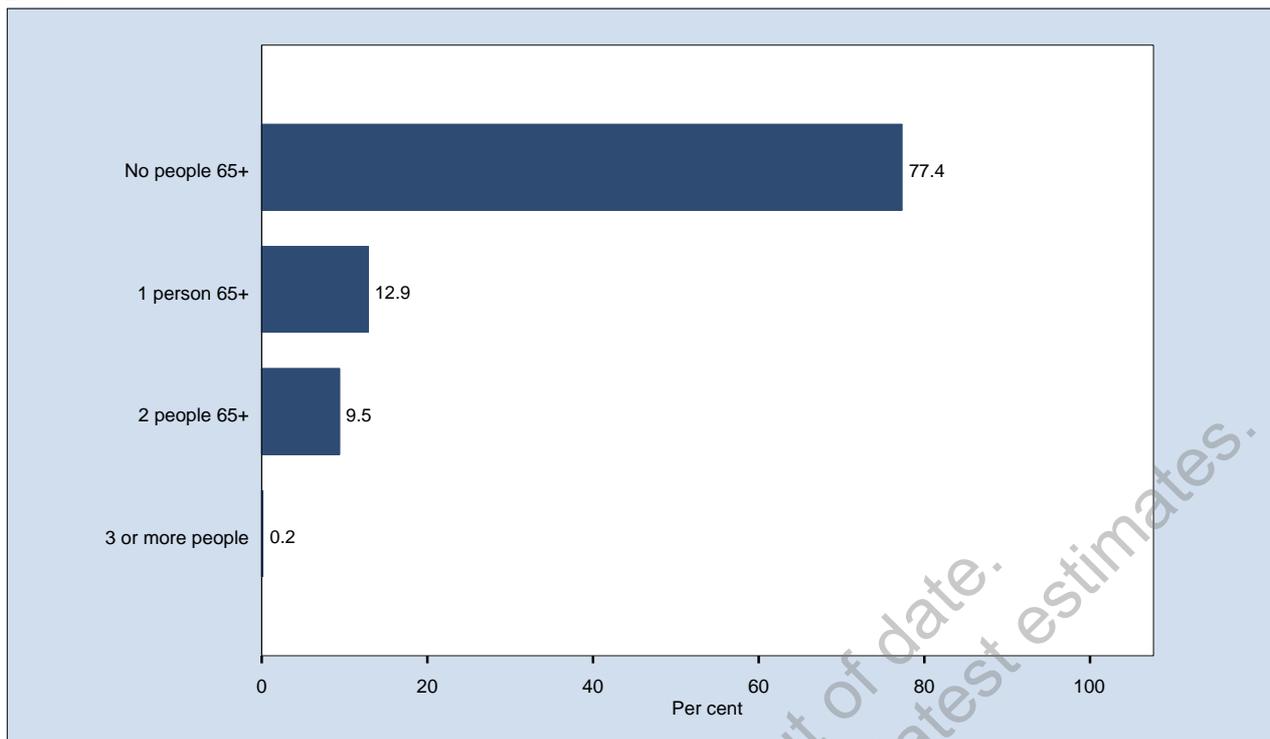
Number of children under 16 years of age in the household, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,296 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know or Refused) in NSW. The question used was: And how many of these people in the household are children under 16 years of age?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Number of people aged 65 years and over in the household, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,296 respondents in NSW. For this indicator 0 (0.00%) were not stated (Don't know or Refused) in NSW. The question used was: Can you please tell me how many people aged 65 years old or over live in this household?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Health behaviours

Health behaviours directly influence preventable morbidity and mortality throughout adulthood. This section reports on alcohol and cannabis, cancer screening (breast and cervical), environmental health (usual source of drinking water), immunisation (influenza and pneumococcal), injury prevention (fire safety in the home), nutrition, physical activity, and smoking (including passive smoking).

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Alcohol and cannabis

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. The NSW Department of Health is the lead agency for delivery of the State Plan Priority S3, which includes targets to improve health through reduced illicit drug use and risk drinking. As part of this, the NSW Health Drug and Alcohol Plan 2006-2010 operationalises the NSW Government's commitment to reducing the problems caused by alcohol use. As the Australian Alcohol Guidelines, published in 2001 by the National Health and Medical Research Council and Department of Health and Ageing, were revoked and replaced with new guidelines in February 2009, the 2001 guidelines have been used for reporting 2008 survey data.[1-5]

Any risk drinking behaviour was defined as per Guideline 1 of the 2001 Australian Alcohol Guidelines as 1 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 defined as having consumed 11 or more standard drinks in any 1 day if male, and 7 or more if female, as per Guideline 1 of the 2001 Australian Alcohol Guidelines.[4]

Priority S3 of the State Plan outlines the NSW Government's commitment to improving health through reduced illicit drug use as well as risk drinking.[6] In response to this commitment, the New South Wales Population Health Survey now monitors cannabis consumption among adults aged 16-34 years.

Results

Any risk drinking behaviour

In 2008, just over one-third of adults (33.8 per cent) engaged in any risk drinking behaviour. A significantly higher proportion of males (38.9 per cent) than females (29.0 per cent) engaged in any risk drinking behaviour.

Among males, a significantly higher proportion of those aged 16-24 years (48.8 per cent) and 25-34 years (47.2 per cent), and a significantly lower proportion of those aged 45-54 years (33.4 per cent), 65-74 years (28.8 per cent), and 75 years and over (33.2 per cent), engaged in any risk drinking behaviour, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 16-24 years (47.1 per cent), and a significantly lower proportion of those aged 55-64 years (18.9 per cent), 65-74 years (20.0 per cent), and 75 years and over (16.8 per cent), engaged in any risk drinking behaviour, compared with the overall adult female population.

There was no significant difference in any risk drinking behaviour among the first 4 quintiles of disadvantage; however, a significantly lower proportion of adults in the fifth or most disadvantaged quintile (29.1 per cent) engaged in any risk drinking behaviour.

A significantly higher proportion of adults in rural health areas (38.2 per cent) than urban health areas (32.0 per cent) engaged in any risk drinking behaviour. A significantly higher proportion of adults in the Northern Sydney & Central Coast (38.2 per cent), Hunter & New England (38.0 per cent), and Greater Southern (40.2 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West Area Health Service (25.4 per cent), engaged in any risk drinking behaviour, compared with the overall adult population.

Since 1997, there has been a significant decrease in the proportion of adults who engaged in any risk drinking behaviour (42.3 per cent to 33.8 per cent). The decrease has been significant in males and females, and in urban and rural health areas.

However, since 2007, there has been no significant change in the proportion of adults who engaged in any risk drinking behaviour.

High risk alcohol drinking: Binge drinking

In 2008, 1 in 10 adults (10.0 per cent) engaged in high drinking behaviour. A significantly higher proportion of males (13.4 per cent) than females (6.7 per cent) engaged in high risk drinking behaviour.

Among males, a significantly higher proportion of those aged 16-24 years (26.6 per cent) and 25-34 years (19.4 per cent), and a significantly lower proportion of those aged 45-54 years (9.9 per cent), 55-64 years (5.6 per cent), 65-74 years (2.5 per cent), and 75 years and over (0.8 per cent), engaged in high risk drinking behaviour, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 16-24 years (17.0 per cent), and a significantly lower proportion of those aged 55-64 years (2.1 per cent), 65-74 years (0.7 per cent), and 75 years and over (0.4 per cent), engaged in high risk drinking behaviour, compared with the overall adult female population.

There was no significant difference in high risk drinking behaviour among the first 4 quintiles of disadvantage; however, a significantly lower proportion of adults in the fifth or most disadvantaged quintile (6.6 per cent) engaged in high risk drinking behaviour, compared with the overall adult female population.

There was no significant difference in high risk drinking behaviour between urban and rural health areas. A significantly lower proportion of adults in the Sydney South West Area Health Service (7.1 per cent) engaged in high risk drinking behaviour, compared with the overall adult population.

Since 2002, there has been a significant decrease in the proportion of adults who engaged in high risk drinking behaviour (14.7 per cent to 10.0 per cent). The decrease has been significant in males and females, and in urban and rural health areas.

However, since 2007, there has been no significant change in the proportion of adults who engaged in high risk drinking behaviour.

Cannabis consumption

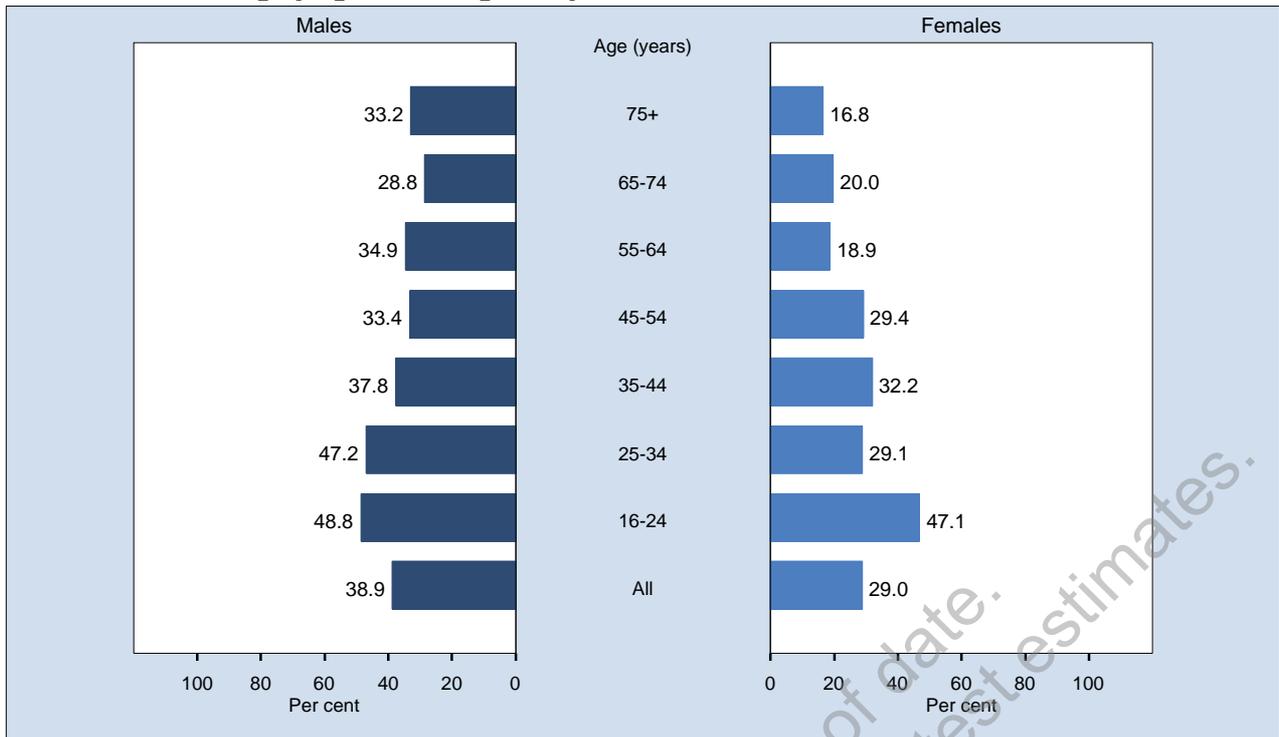
In 2008, just under 1 in 20 adults aged 16-34 years (4.5 per cent) currently smoked cannabis. A significantly higher proportion of males (6.4 per cent) than females (2.6 per cent) currently smoked cannabis. There was no significant difference among quintiles of disadvantage, or between urban and rural health areas. A significantly higher proportion of adults aged 16-34 years in the North Coast Area Health Service (12.4 per cent), and a significantly lower proportion of adults aged 16-34 years in the Northern Sydney & Central Coast (1.3 per cent) and Greater Western (1.9 per cent) Area Health Services, currently smoked cannabis, compared with the overall adult population aged 16-34 years.

Since 2007, there has been no significant change in the proportion of adults aged 16-34 years who currently smoked cannabis.

References

1. Ministerial Council on Drug Strategy. *National Alcohol Strategy 2006-2009*. Canberra: Australian Government Department of Health and Aged Care, 2006. Available online at www.alcohol.gov.au (accessed 20 March 2009).
2. Population Health Division. *The Health of the People of New South Wales: Electronic Report of the Chief Health Officer*. Sydney: NSW Department of Health 2006. Available online at www.health.nsw.gov.au/public-health/chorep (accessed 20 March 2009).
3. Mental Health and Drug and Alcohol Office. *NSW Health Drug and Alcohol Plan 2006-2010* Sydney: NSW Department of Health 2007. Available online at www.health.nsw.gov.au/pubs/2007/drug_alcohol_plan.html (accessed 20 March 2009).
4. Australian Government Department of Health and Aged Care. *2001 Australian Alcohol Guidelines*. Canberra: Australian Government Department of Health and Aged Care, 2006. Available online at www.nhmrc.gov.au/publications/synopses/_files/ds9.pdf (accessed 20 March 2009).
5. Australian Government Department of Health and Aged Care. *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: Australian Government Department of Health and Aged Care, 2009. Available online at www.nhmrc.gov.au/publications/synopses/ds10syn.htm (accessed 20 March 2009).
6. Premier's Department. *State Plan: A new direction for New South Wales*. Sydney: NSW Government, 2006. Available online at www.nsw.gov.au/stateplan (accessed 20 March 2009).

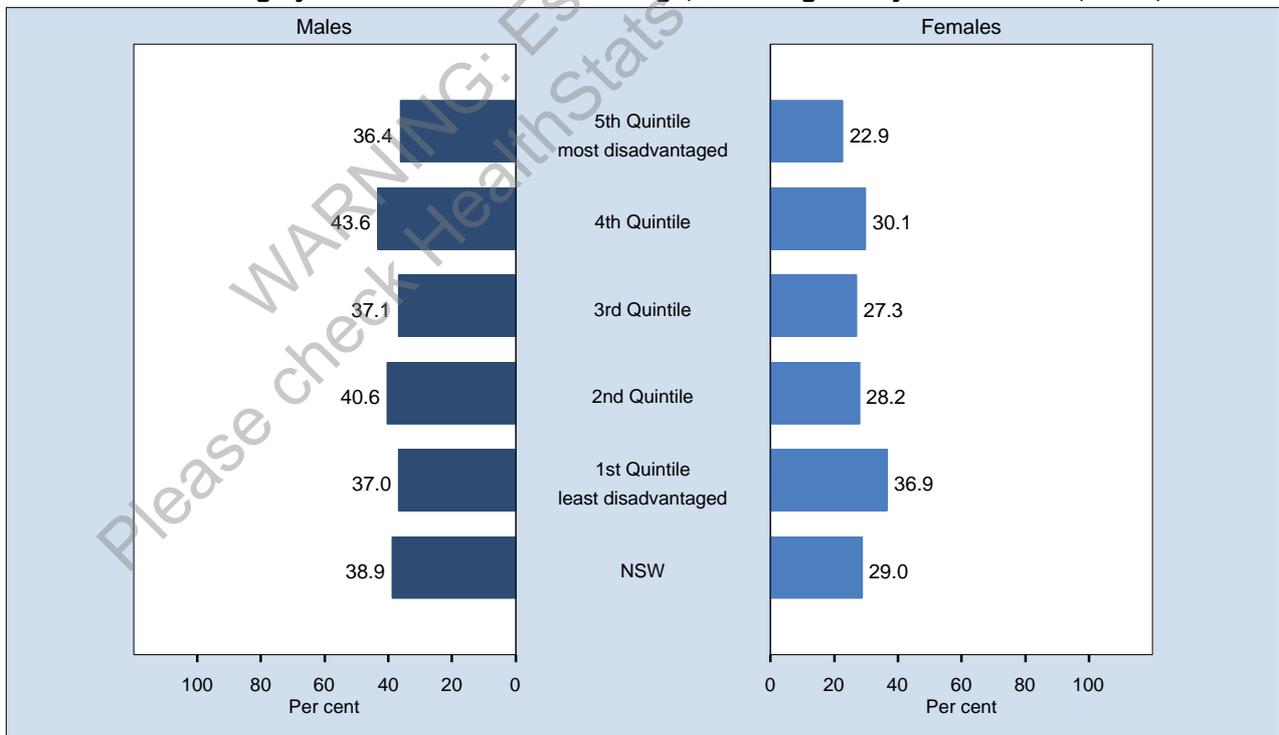
Risk alcohol drinking by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,424 respondents in NSW. For this indicator 116 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who exceed Guideline 1 of the 2001 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. 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? 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? 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

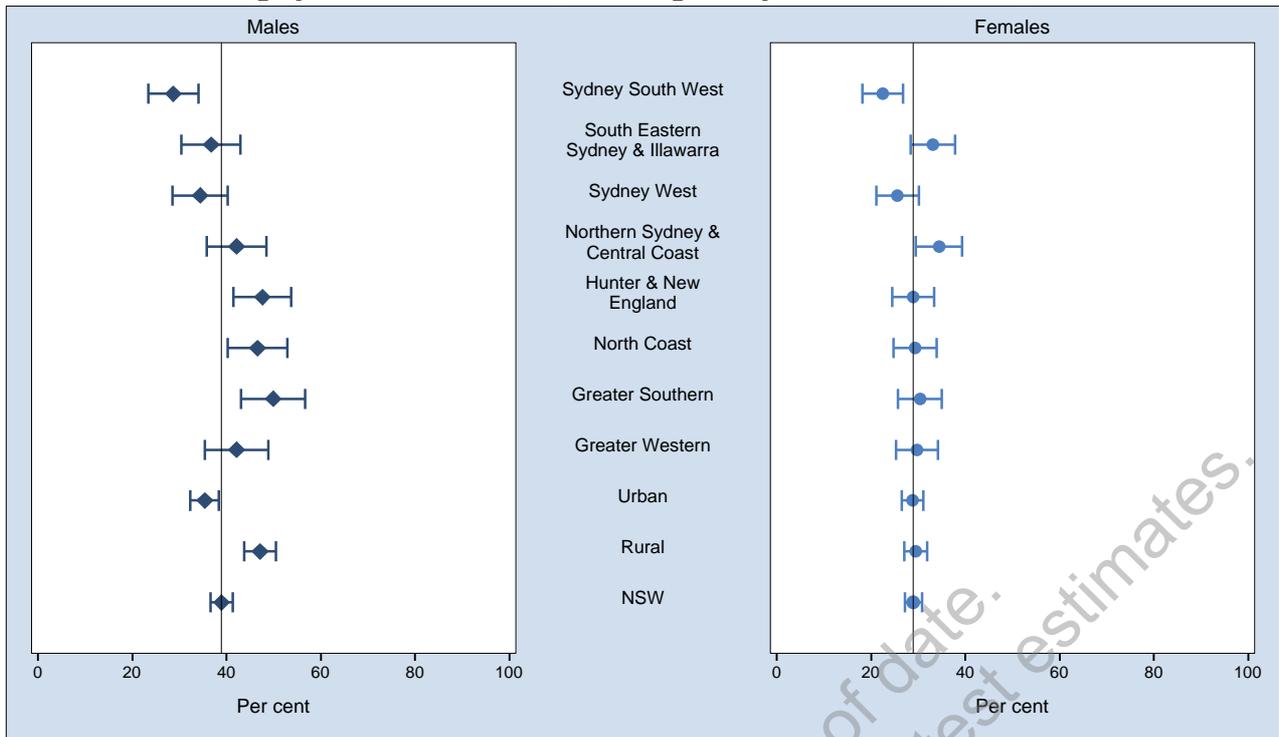
Risk alcohol drinking by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,424 respondents in NSW. For this indicator 116 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who exceed Guideline 1 of the 2001 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. 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? 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? 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

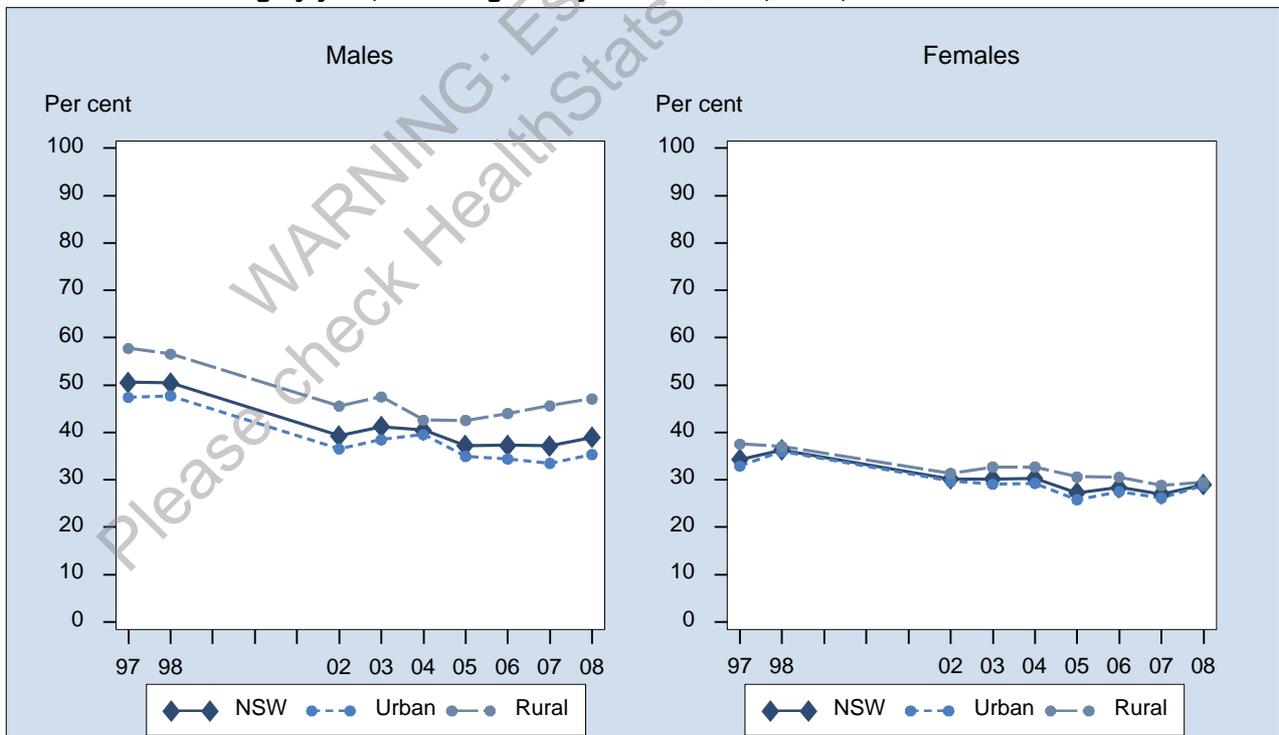
Risk alcohol drinking by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,424 respondents in NSW. For this indicator 116 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who exceed Guideline 1 of the 2001 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. 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? 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? 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

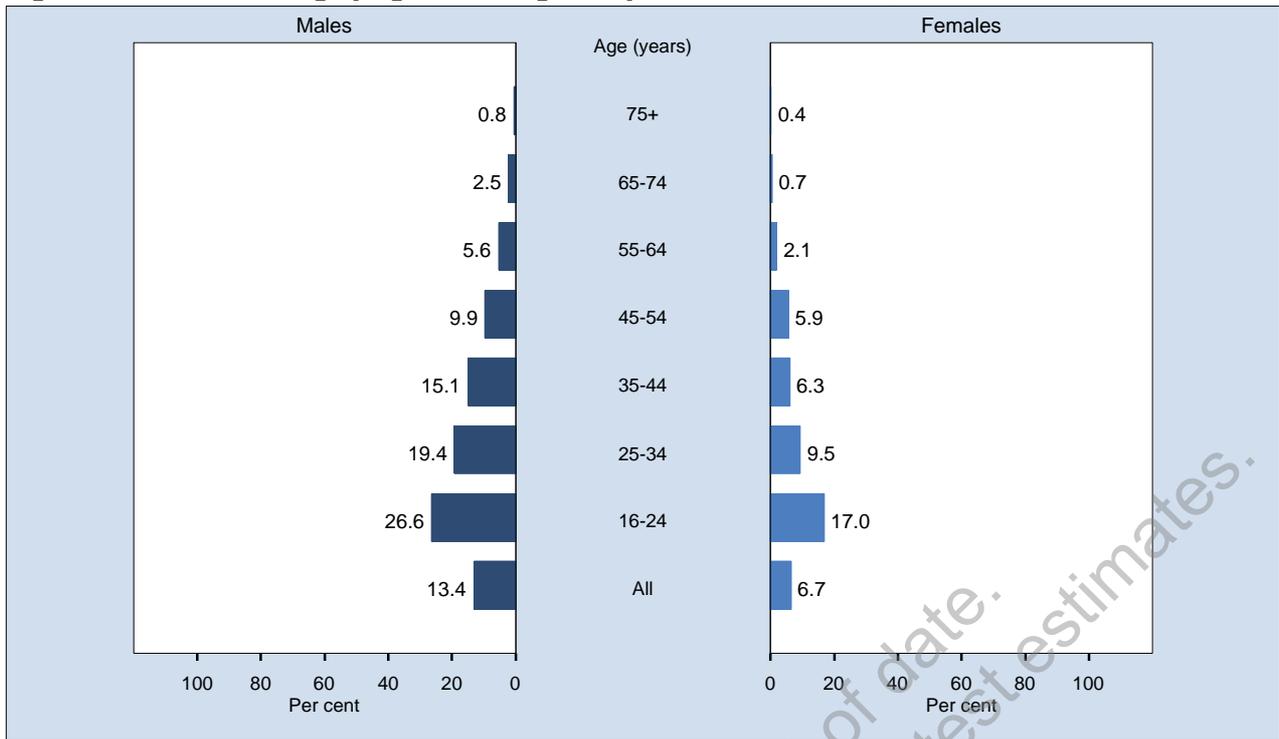
Risk alcohol drinking by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,141), 1998 (16,627), 2002 (12,474), 2003 (12,886), 2004 (9,308), 2005 (11,364), 2006 (7,883), 2007 (7,359), 2008 (8,424). The indicator includes those who exceed Guideline 1 of the 2001 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. 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? 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? 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

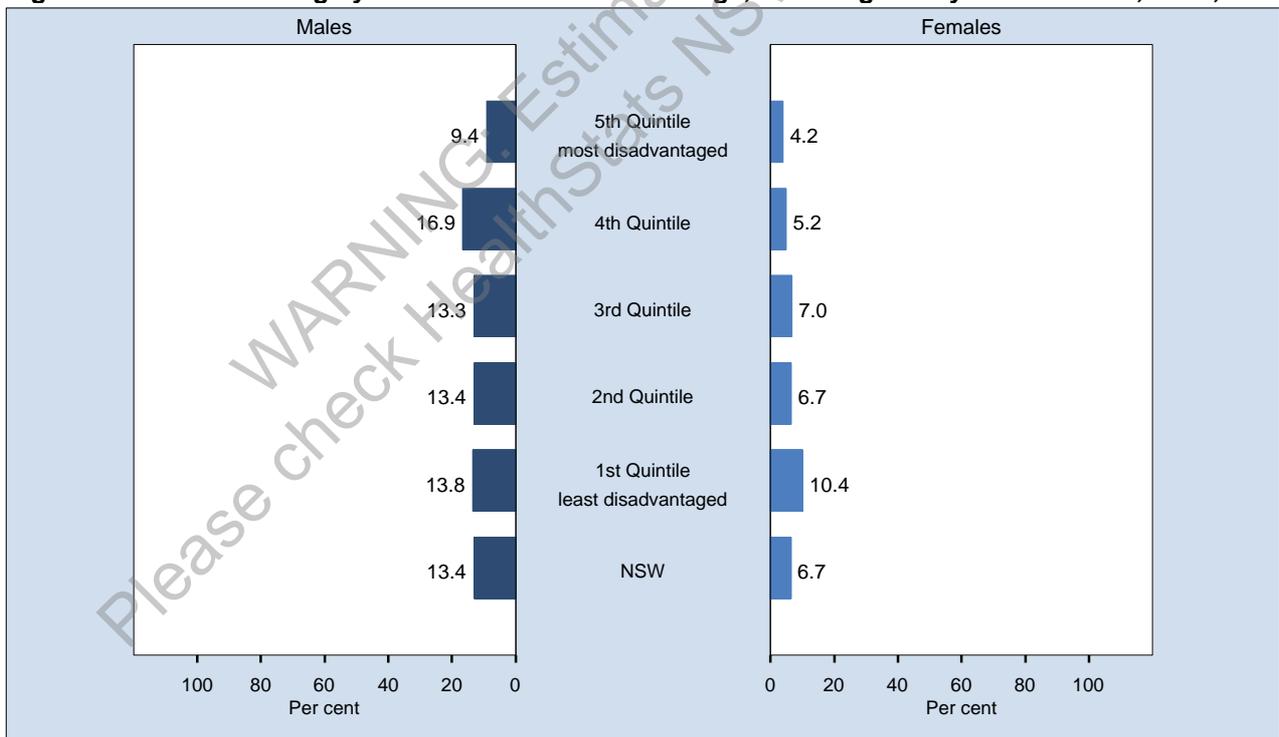
High risk alcohol drinking by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,424 respondents in NSW. For this indicator 116 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consume alcohol and have had [11 or more if male/7 or more if female] drinks in a day. The questions used to define the indicator were: How often do you usually drink alcohol? In the last 4 weeks how often have you had [11 or more if male/7 or more if female] drinks in a day? Based on the 2001 NHMRC Australian Alcohol Guidelines.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

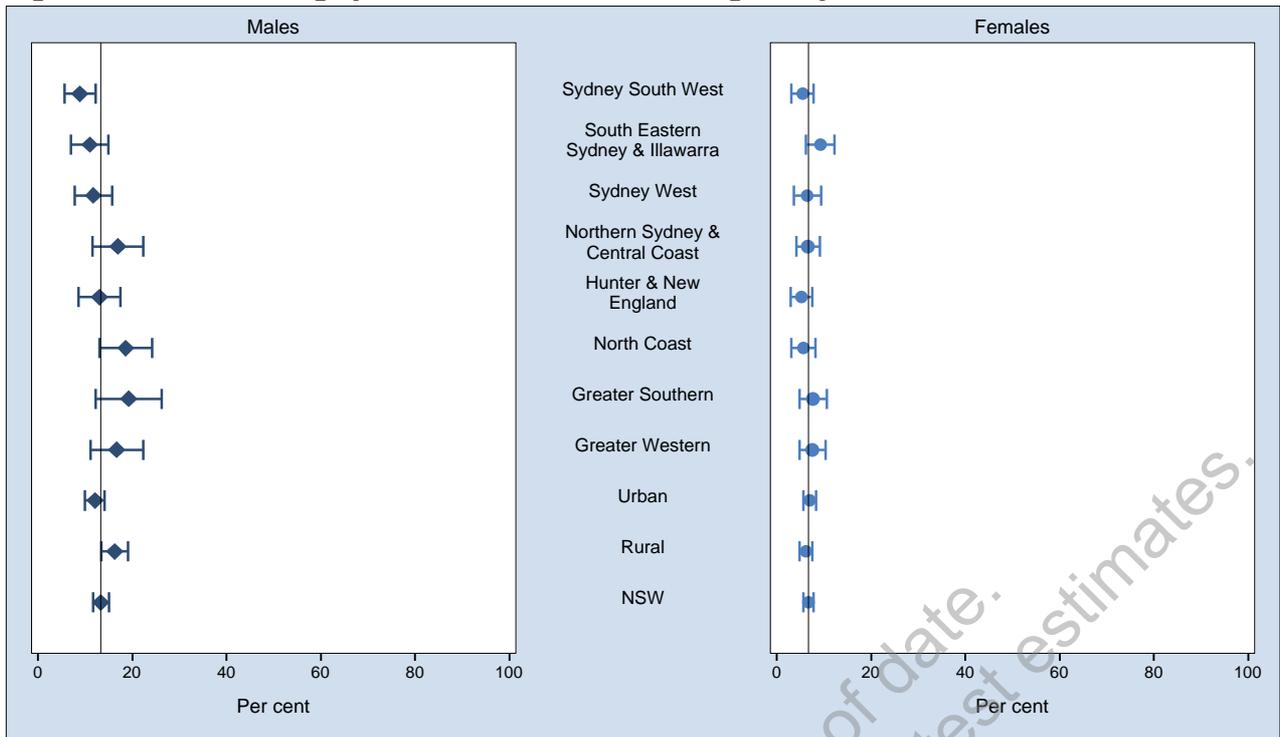
High risk alcohol drinking by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,424 respondents in NSW. For this indicator 116 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consume alcohol and have had [11 or more if male/7 or more if female] drinks in a day. The questions used to define the indicator were: How often do you usually drink alcohol? In the last 4 weeks how often have you had [11 or more if male/7 or more if female] drinks in a day? Based on the 2001 NHMRC Australian Alcohol Guidelines.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

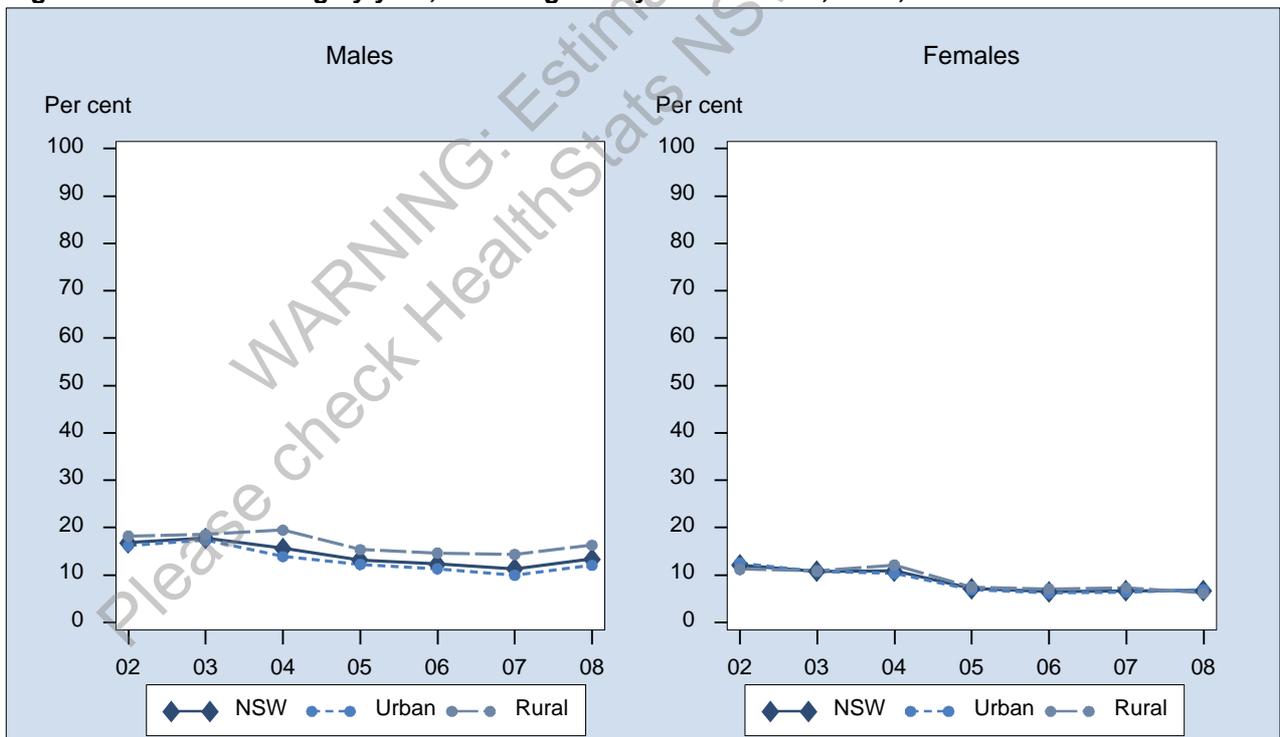
High risk alcohol drinking by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,424 respondents in NSW. For this indicator 116 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consume alcohol and have had [11 or more if male/7 or more if female] drinks in a day. The questions used to define the indicator were: How often do you usually drink alcohol? In the last 4 weeks how often have you had [11 or more if male/7 or more if female] drinks in a day? Based on the 2001 NHMRC Australian Alcohol Guidelines.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

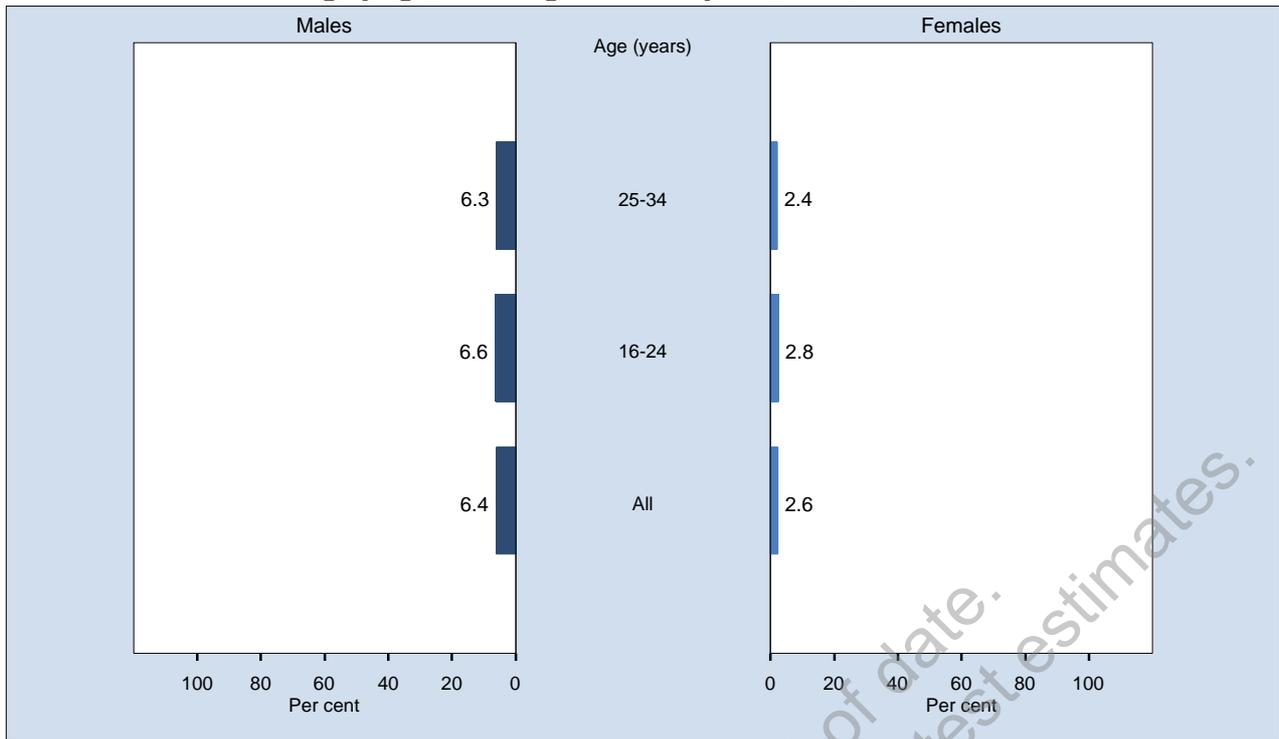
High risk alcohol drinking by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (9,094), 2003 (9,427), 2004 (6,574), 2005 (11,457), 2006 (7,883), 2007 (7,359), 2008 (8,424). The indicator includes those who consume alcohol and have had [11 or more if male/7 or more if female] drinks in a day. The questions used to define the indicator were: How often do you usually drink alcohol? In the last 4 weeks how often have you had [11 or more if male/7 or more if female] drinks in a day? Based on the 2001 NHMRC Australian Alcohol Guidelines.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

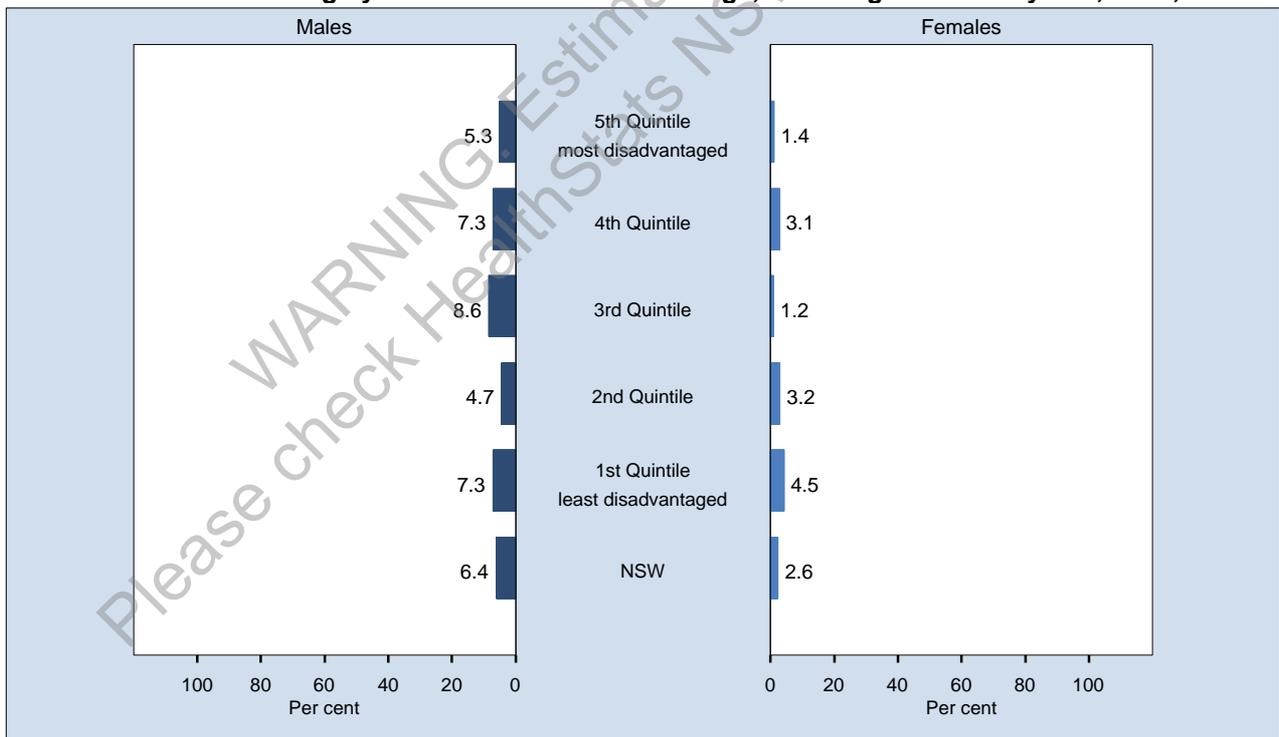
Current cannabis smoking by age, adults aged 16 to 34 years, NSW, 2008



Note: Estimates are based on 1,386 respondents in NSW. For this indicator 7 (0.50%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked cannabis daily or occasionally. The question used to define the indicator was: Which of the following best describes your marijuana or hashish smoking status: smoke daily, smoke occasionally, do not smoke now, but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

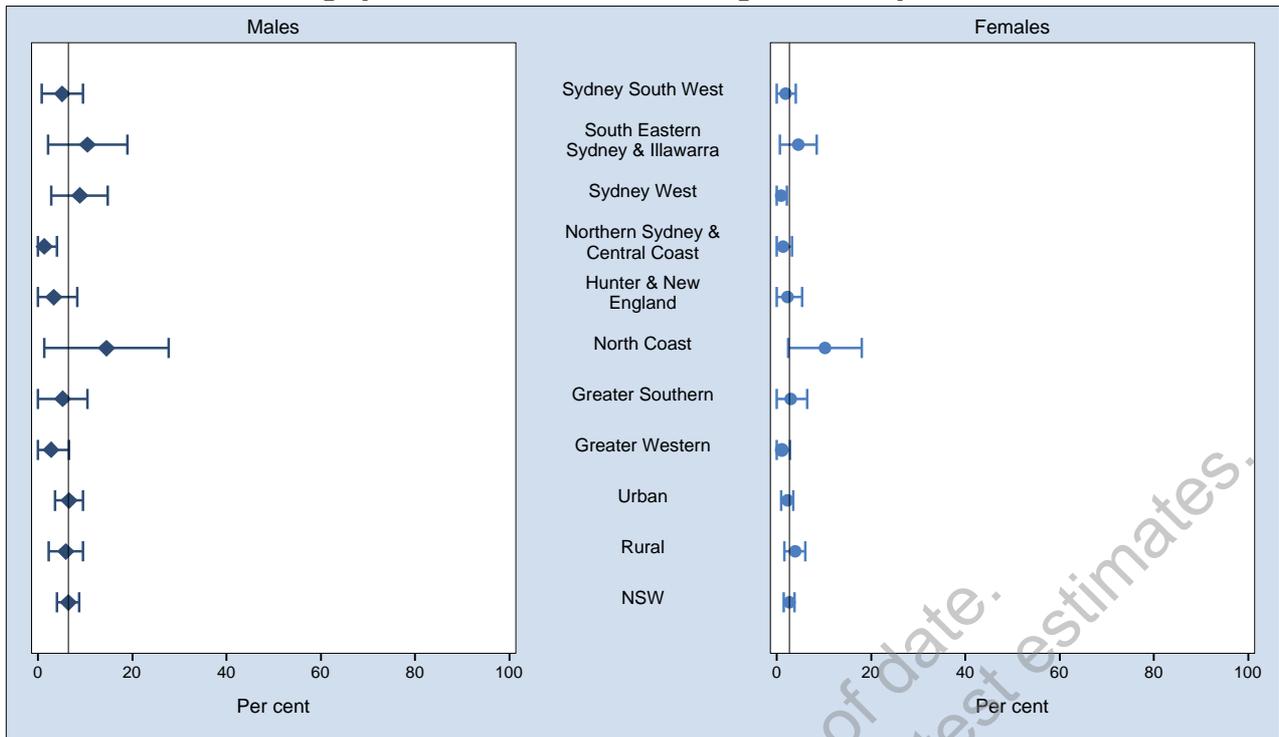
Current cannabis smoking by socioeconomic disadvantage, adults aged 16 to 34 years, NSW, 2008



Note: Estimates are based on 1,386 respondents in NSW. For this indicator 7 (0.50%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked cannabis daily or occasionally. The question used to define the indicator was: Which of the following best describes your marijuana or hashish smoking status: smoke daily, smoke occasionally, do not smoke now, but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

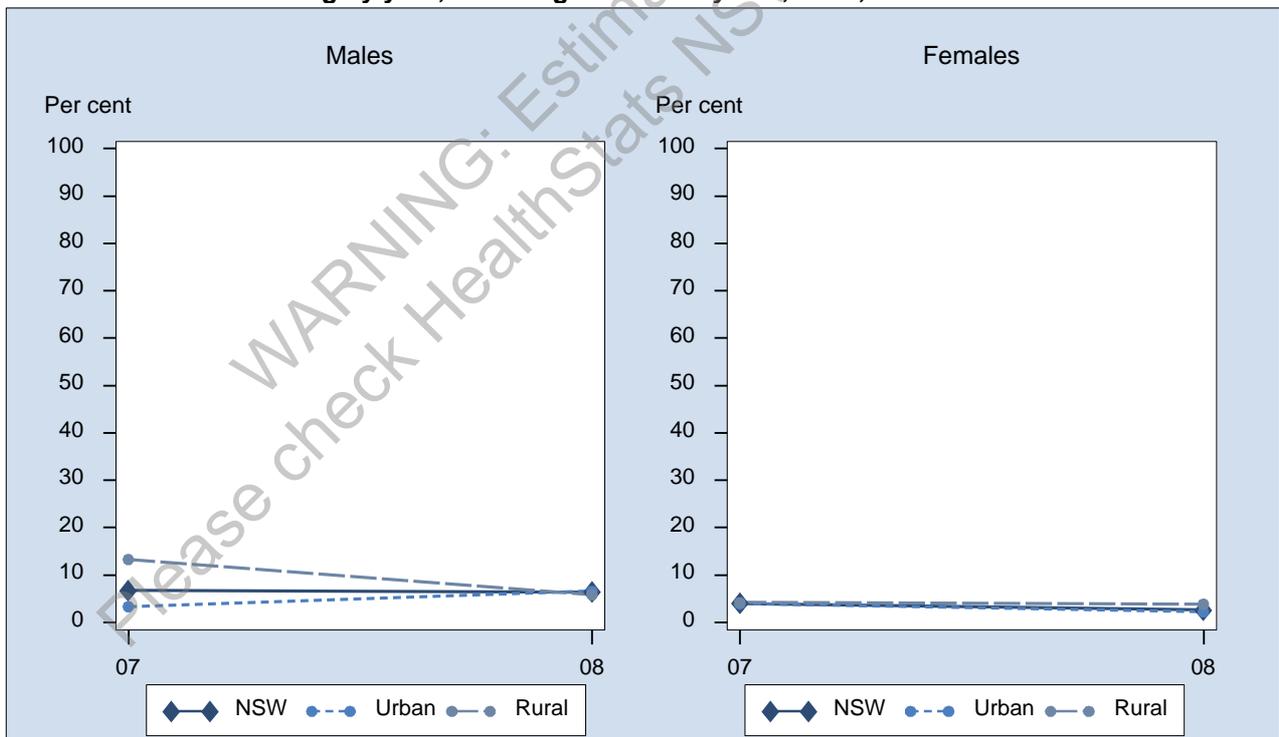
Current cannabis smoking by area health service, adults aged 16 to 34 years, NSW, 2008



Note: Estimates are based on 1,386 respondents in NSW. For this indicator 7 (0.50%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked cannabis daily or occasionally. The question used to define the indicator was: Which of the following best describes your marijuana or hashish smoking status: smoke daily, smoke occasionally, do not smoke now, but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Current cannabis smoking by year, adults aged 16 to 34 years, NSW, 2007-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2007 (530), 2008 (1,386). The indicator includes those who smoked cannabis daily or occasionally. The question used to define the indicator was: Which of the following best describes your marijuana or hashish smoking status: smoke daily, smoke occasionally, do not smoke now, but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Cancer screening: breast and cervical

Introduction

Breast cancer is the second most common cancer in the world and the most common cancer in females. The prevalence of breast cancer is higher in more developed countries, compared with less developed countries.[1] BreastScreen NSW provides free 2-yearly screening mammograms and especially targets females aged 50-69 years of age; however, all females over 40 years of age are eligible to attend BreastScreen NSW.[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.

Cervical cancer is the seventh most common cancer in the world and the second most common cancer in females after breast cancer. The prevalence of cervical cancer is lower in more developed countries, compared with less developed countries, largely due to population screening programs.[1] As cervical cancer is largely preventable if detected early and treated appropriately, females aged 20-69 who have ever had sex are recommended to have a Pap test every 2 years.[1,3]

The NSW Population Health Survey collects self-reported data on breast and cervical cancer screening to complement the data collected through screening registries. The most complete sources of data for breast and cervical cancer screening are the BreastScreen Register and Pap Test Register managed by the Cancer Institute NSW.[2,3]

The NSW Cancer Plan 2007-2010 outlines the NSW Government's commitment to further reducing the effects of breast and cervical cancer through screening.[4]

Results

Breast cancer screening

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

In 2008, 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 (81.3 per cent), 60-64 years (81.4 per cent), and 65-69 years (81.9 per cent), and a significantly lower proportion of females aged 50-54 years (63.8 per cent), had a screening mammogram within the last 2 years, compared with the overall female population aged 50-69 years.

There was no significant difference among quintiles of disadvantage, or between urban and rural health areas. A significantly higher proportion of females in the Northern Sydney & Central Coast Area Health Service (83.6 per cent) had a screening mammogram within the last 2 years, compared with the overall female population aged 50-69 years.

Since 1997, there has been no significant change in the proportion of females aged 50-69 years who had a screening mammogram within the last 2 years.

Since 2006, there has been no significant change in the proportion of females aged 50-69 years who had a screening mammogram within the last 2 years.

Cervical cancer screening

To establish the proportion of females who had a Pap test, females who ever had a hysterectomy were excluded from the analysis.

In 2008, 73.9 per cent of females aged 20-69 years had a Pap test within the last 2 years. A significantly higher proportion of females aged 30-34 years (81.7 per cent) and 35-39 years (81.8 per cent), and a significantly lower proportion of females aged 20-24 years (52.6 per cent) had a Pap test within the last 2 years, compared with the overall female population aged 20-69 years.

There was no significant difference among quintiles of disadvantage. A significantly higher proportion of females in rural health areas (77.5 per cent) than urban health areas (72.4 per cent) had a Pap test within the last 2 years. A significantly higher proportion of females in the Northern Sydney & Central Coast (79.6 per cent) and Greater Southern (79.3 per cent) Area Health Services, had a Pap test within the last 2 years, compared with the overall proportion of females aged 20-69 years.

Since 1998, there has been a significant decrease in the proportion of females who had a Pap test within the last 2 years (77.3 per cent to 73.9 per cent). The decrease has been significant in urban and rural health areas.

However, since 2006, there has been no significant change in the proportion of females who had a Pap test within the last 2 years.

Hysterectomy

In 2008, 11.9 per cent of females aged 20-69 ever had a hysterectomy. The proportion increased with age.

A significantly lower proportion of females in the first or least disadvantaged quintile (8.1 per cent) and second disadvantaged quintile (9.2 per cent) ever had a hysterectomy, compared with the overall female population aged 20-69 years.

A significantly higher proportion of females in rural health areas (16.0 per cent) than urban health areas (10.2 per cent) ever had a hysterectomy. A significantly higher proportion of females in the Hunter & New England (16.1 per cent), North Coast (18.7 per cent), and Greater Western (15.7 per cent) Area Health Services, and a significantly lower proportion of females in the Northern Sydney & Central Coast Area Health Service (9.1 per cent), ever had a hysterectomy, compared with the overall female population aged 20-69 years.

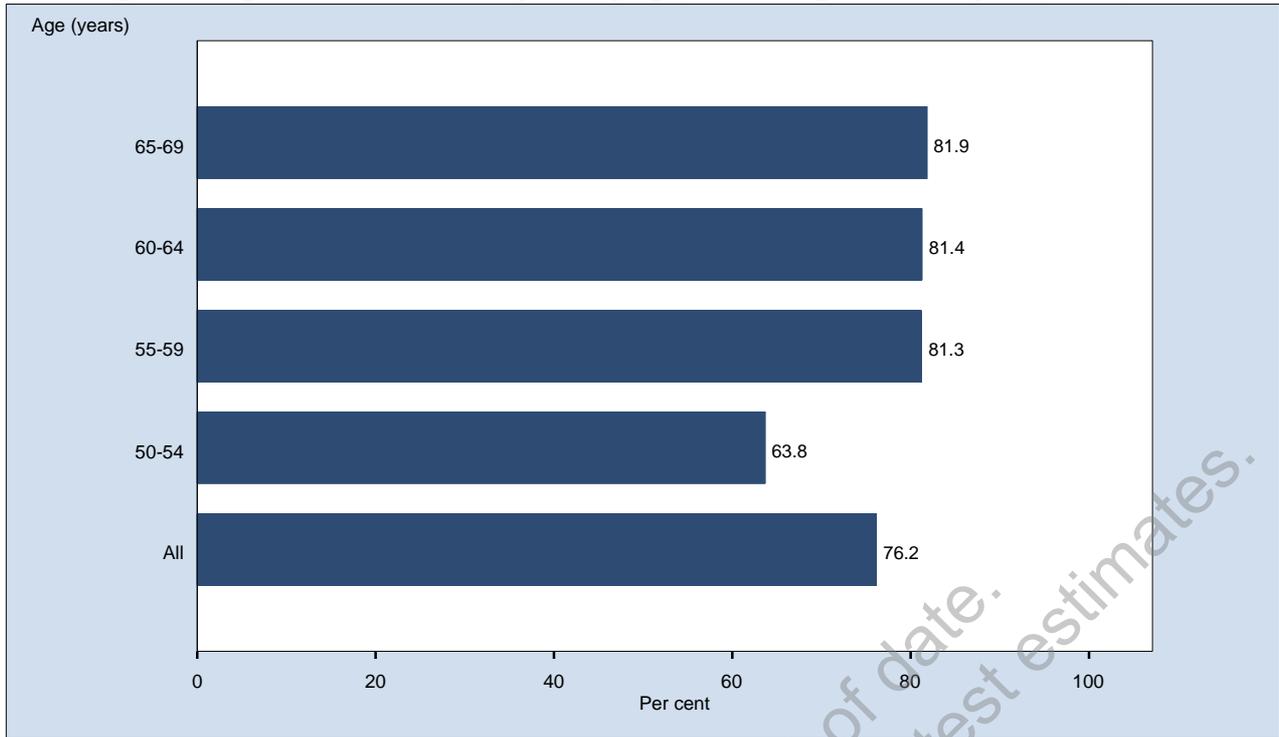
Since 1997, there has been a significant decrease in the proportion of females who ever had a hysterectomy (13.3 per cent to 11.9 per cent).

However, since 2006, there has been no significant change in the proportion of females who ever had a hysterectomy.

References

1. Tracey E, Alam N, Chen W, Bishop J. *Cancer in New South Wales: Incidence and Mortality 2006*. Sydney: Cancer Institute NSW, November 2008. Available online at www.cancerinstitute.org.au (accessed 14 July 2009).
2. The BreastScreen NSW website at www.bsns.org.au (accessed 20 March 2009).
3. The NSW Cervical Screening Program website at www.csp.nsw.gov.au (accessed 20 March 2009).
4. The Cancer Institute NSW. *NSW Cancer Plan 2007-2010*. Sydney: The Cancer Institute NSW, 2006. Available online at www.cancerinstitute.com.au/cancer_inst/publications/pdfs/NSWCancerPlan2007-2010.pdf (accessed 20 March 2009).

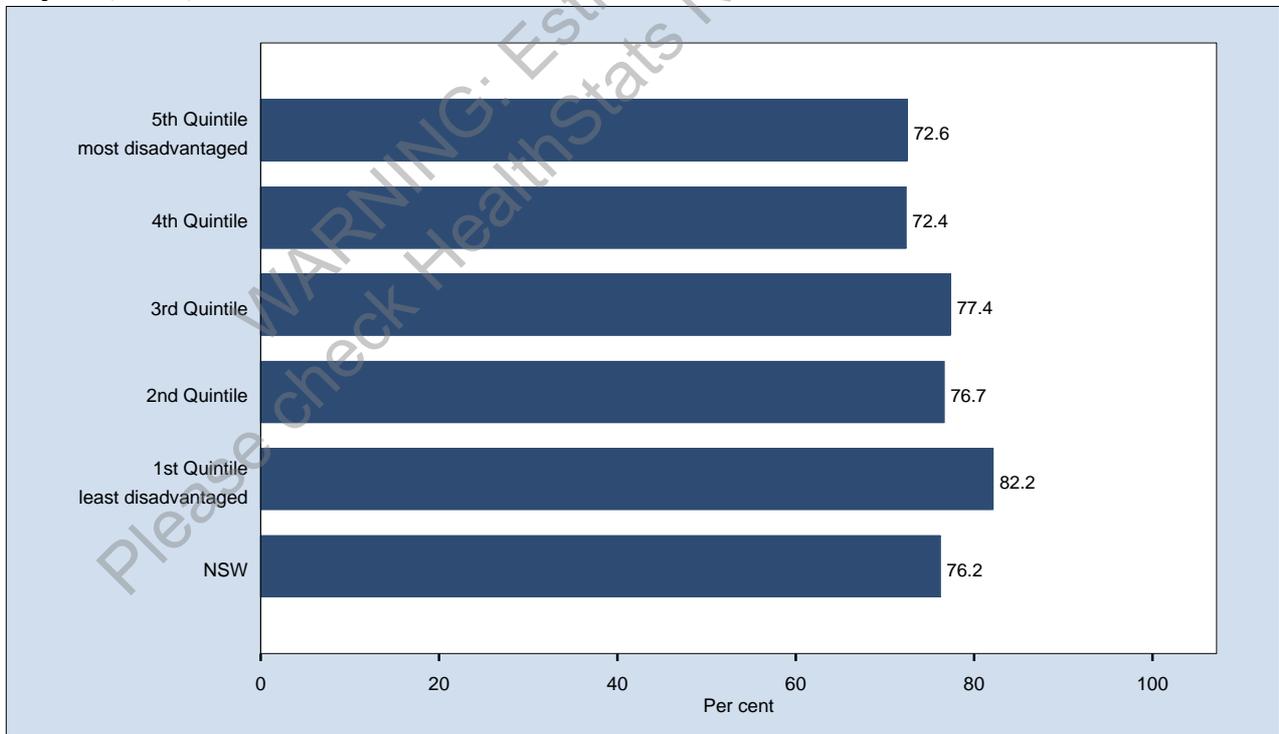
Screening mammogram within the last 2 years by age, females aged 50 to 69 years, NSW, 2008



Note: Estimates are based on 1,755 respondents in NSW. For this indicator 10 (0.57%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had a screening mammogram in the last 2 years. This excludes women who had a mammogram for a breast problem or had breast cancer in the past. The questions used to define the indicator were: 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

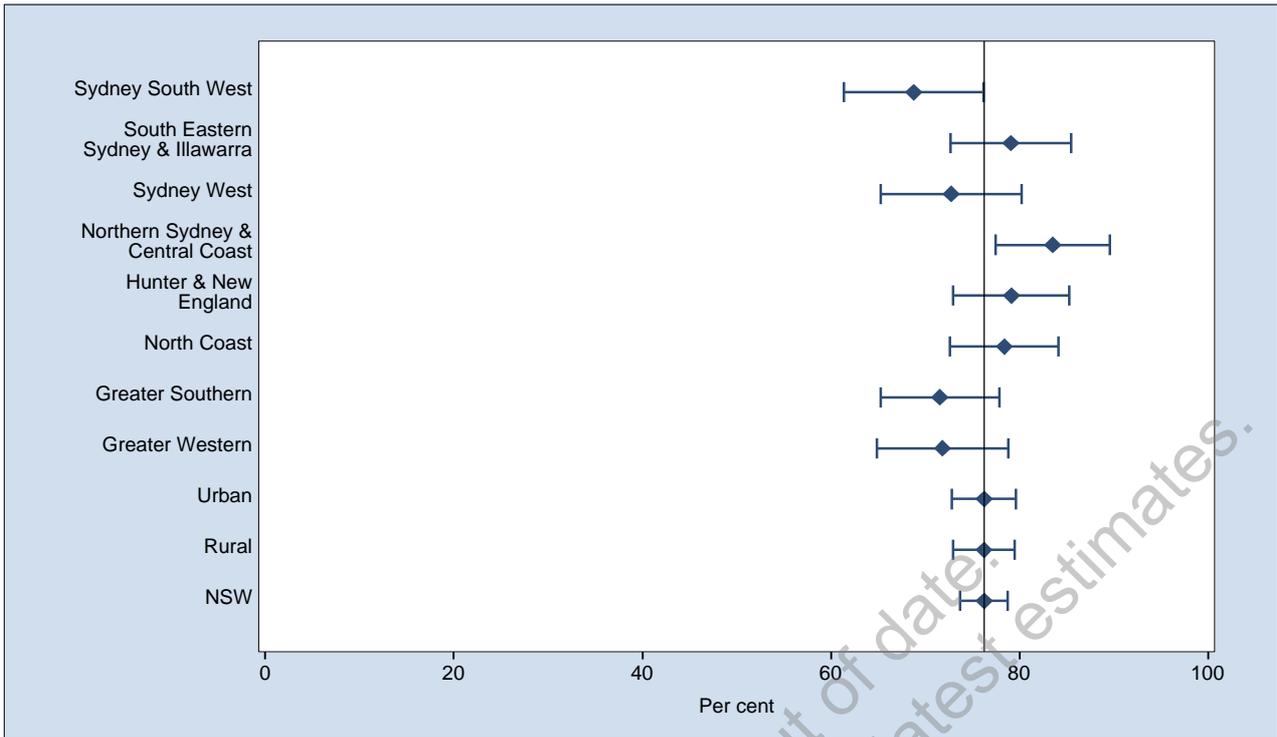
Screening mammogram within the last 2 years by socioeconomic disadvantage, females aged 50 to 69 years, NSW, 2008



Note: Estimates are based on 1,755 respondents in NSW. For this indicator 10 (0.57%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had a screening mammogram in the last 2 years. This excludes women who had a mammogram for a breast problem or had breast cancer in the past. The questions used to define the indicator were: 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

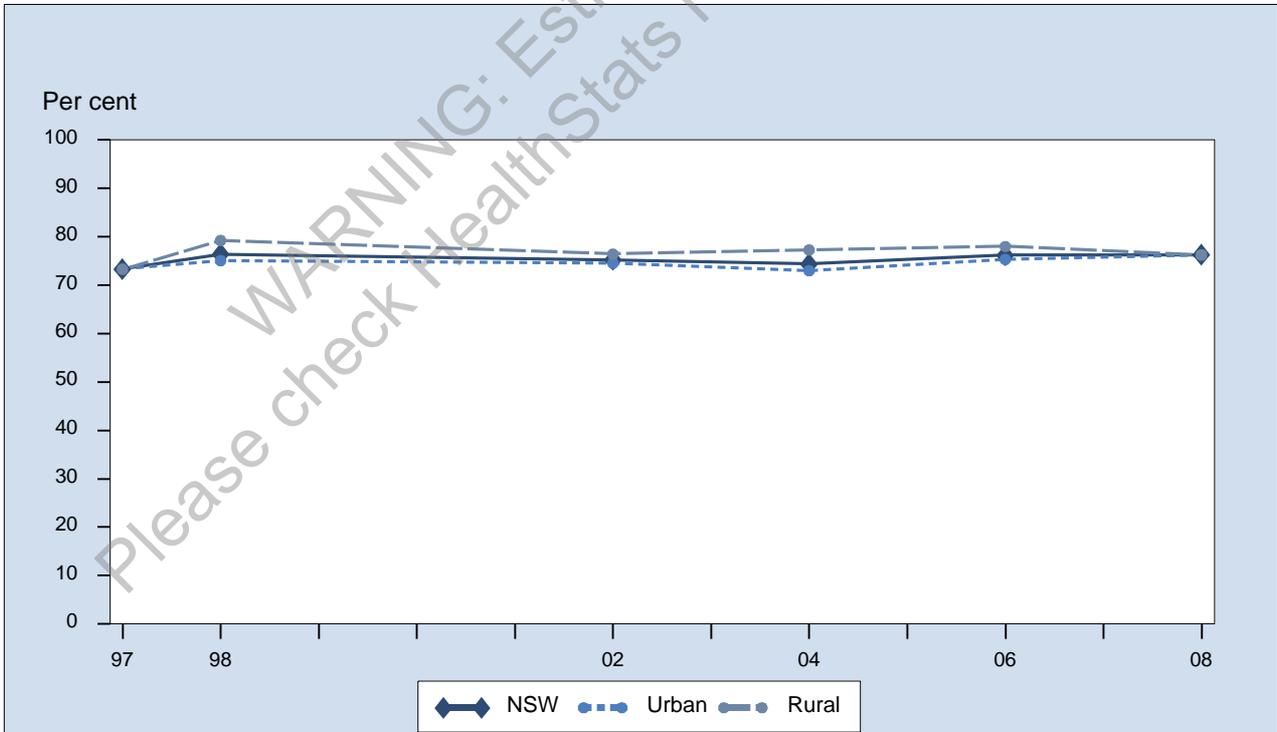
Screening mammogram within the last 2 years by area health service, females aged 50 to 69 years, NSW, 2008



Note: Estimates are based on 1,755 respondents in NSW. For this indicator 10 (0.57%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had a screening mammogram in the last 2 years. This excludes women who had a mammogram for a breast problem or had breast cancer in the past. The questions used to define the indicator were: 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

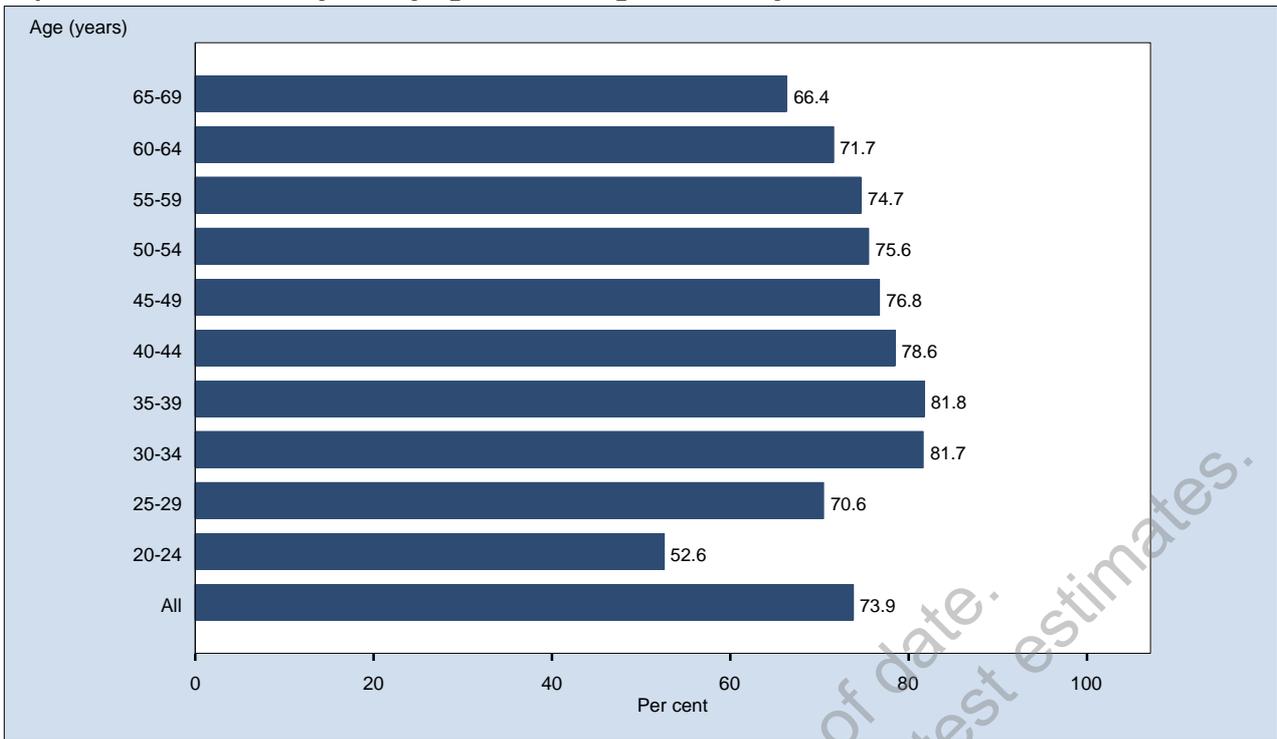
Screening mammogram within the last 2 years by year, females aged 50 to 69 years, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (2,221), 1998 (2,297), 2002 (2,201), 2004 (1,678), 2006 (1,515), 2008 (1,755). The indicator includes those who had a screening mammogram in the last 2 years. This excludes women who had a mammogram for a breast problem or had breast cancer in the past. The questions used to define the indicator were: 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

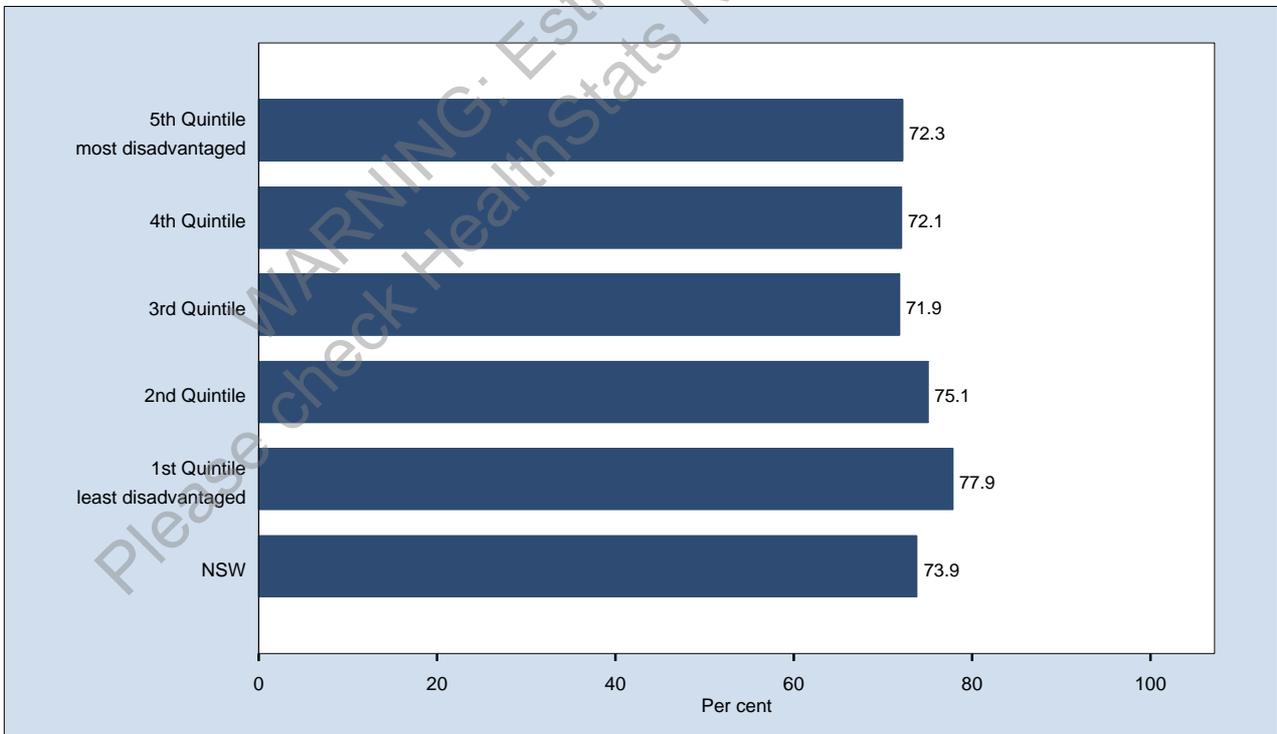
Pap test within the last 2 years by age, females aged 20 to 69 years, NSW, 2008



Note: Estimates are based on 3,096 respondents in NSW. For this indicator 24 (0.77%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have had a Pap test in the last 2 years and have not had a hysterectomy. The questions used to define the indicator were: 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? When did you last have a Pap test? Have you ever had a hysterectomy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

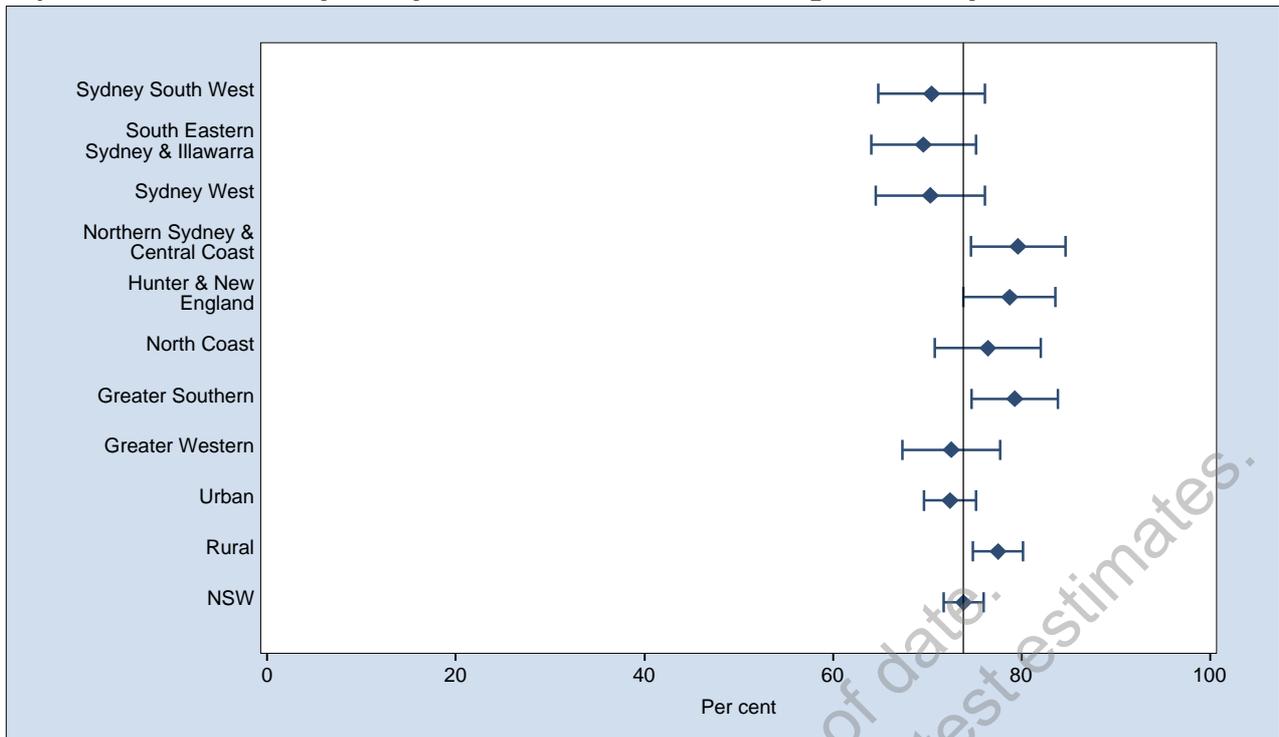
Pap test within the last 2 years by socioeconomic disadvantage, females aged 20 to 69 years, NSW, 2008



Note: Estimates are based on 3,096 respondents in NSW. For this indicator 24 (0.77%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have had a Pap test in the last 2 years and have not had a hysterectomy. The questions used to define the indicator were: 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? When did you last have a Pap test? Have you ever had a hysterectomy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

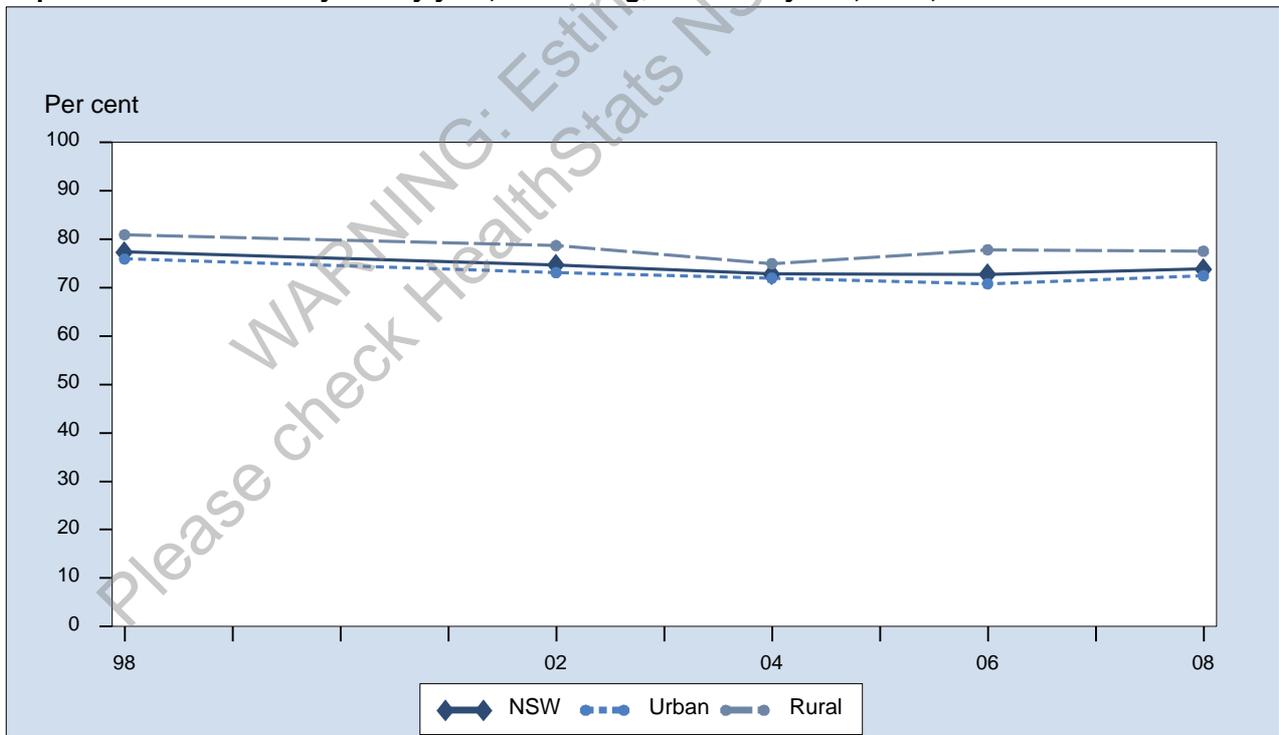
Pap test within the last 2 years by area health service, females aged 20 to 69 years, NSW, 2008



Note: Estimates are based on 3,096 respondents in NSW. For this indicator 24 (0.77%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have had a Pap test in the last 2 years and have not had a hysterectomy. The questions used to define the indicator were: 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? When did you last have a Pap test? Have you ever had a hysterectomy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

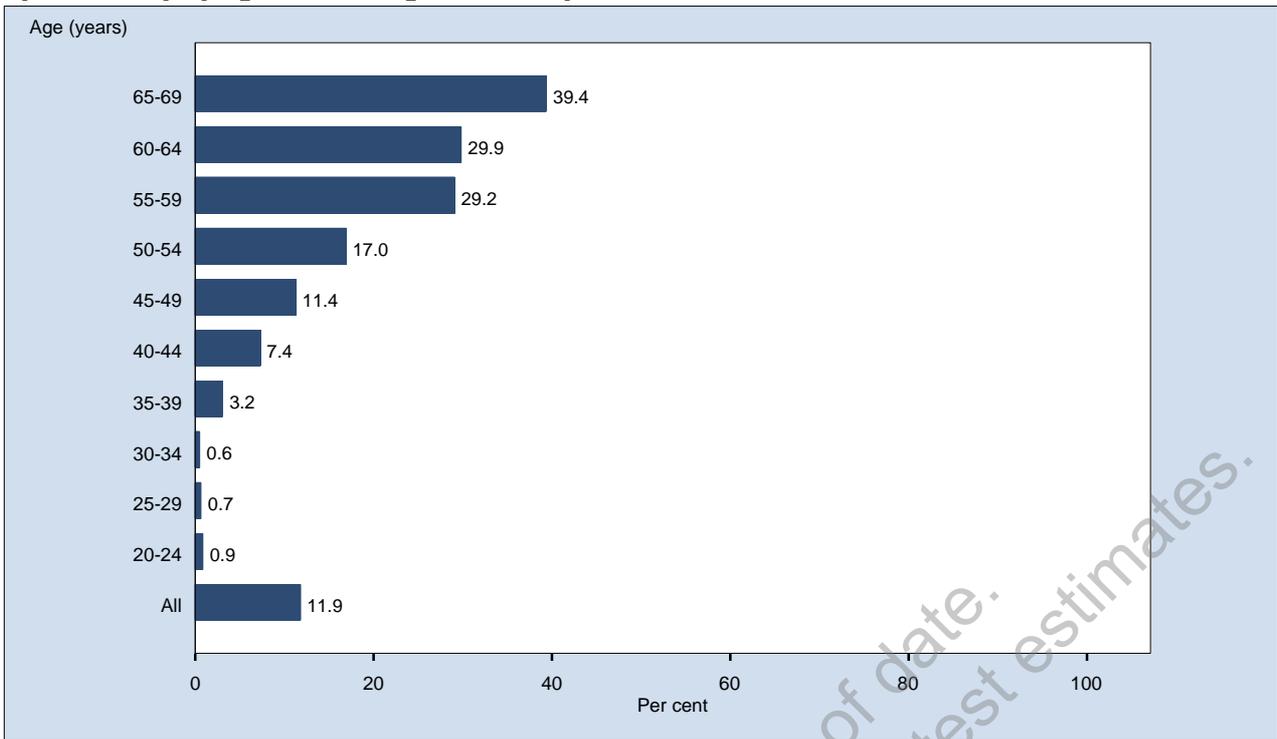
Pap test within the last 2 years by year, females aged 20 to 69 years, NSW, 1998-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1998 (6,881), 2002 (4,499), 2004 (3,415), 2006 (2,815), 2008 (3,096). The indicator includes those who have had a Pap test in the last 2 years and have not had a hysterectomy. The questions used to define the indicator were: 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? When did you last have a Pap test? Have you ever had a hysterectomy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

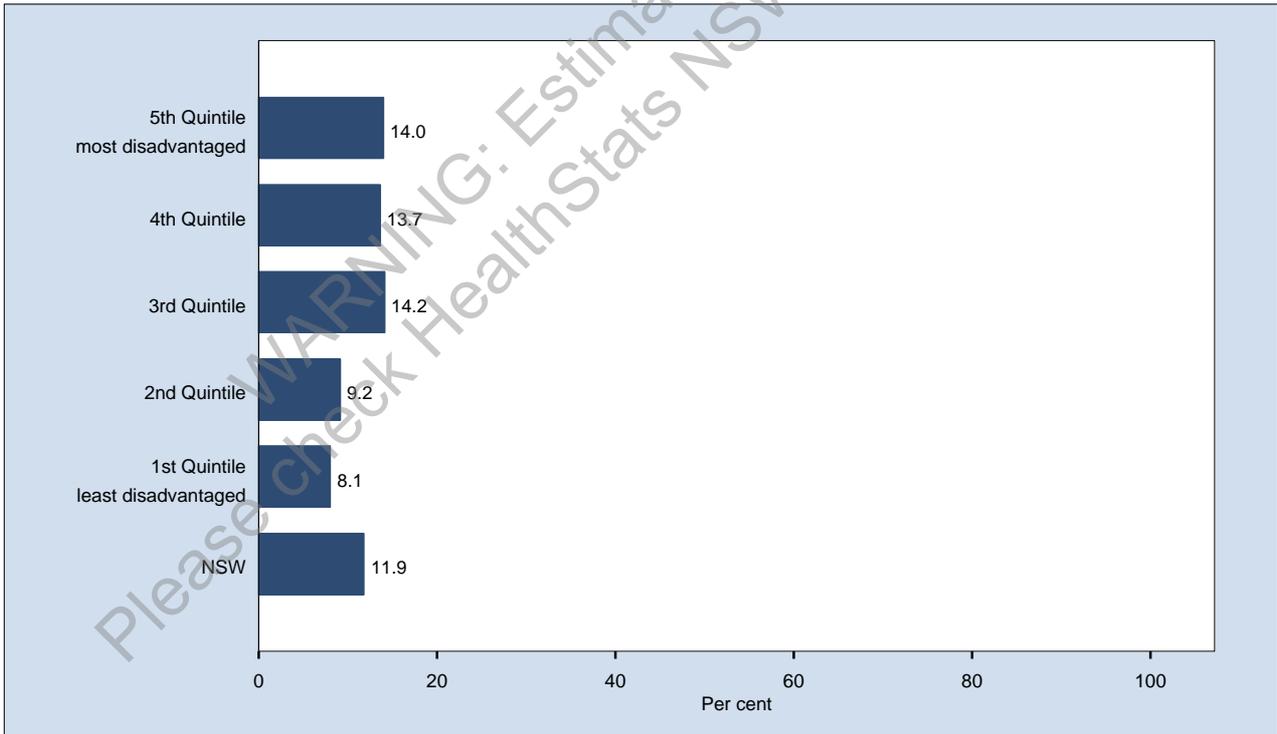
Hysterectomy by age, females aged 20 to 69 years, NSW, 2008



Note: Estimates are based on 3,758 respondents in NSW. For this indicator 9 (0.24%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever had a hysterectomy. The question used to define the indicator was: Have you ever had a hysterectomy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

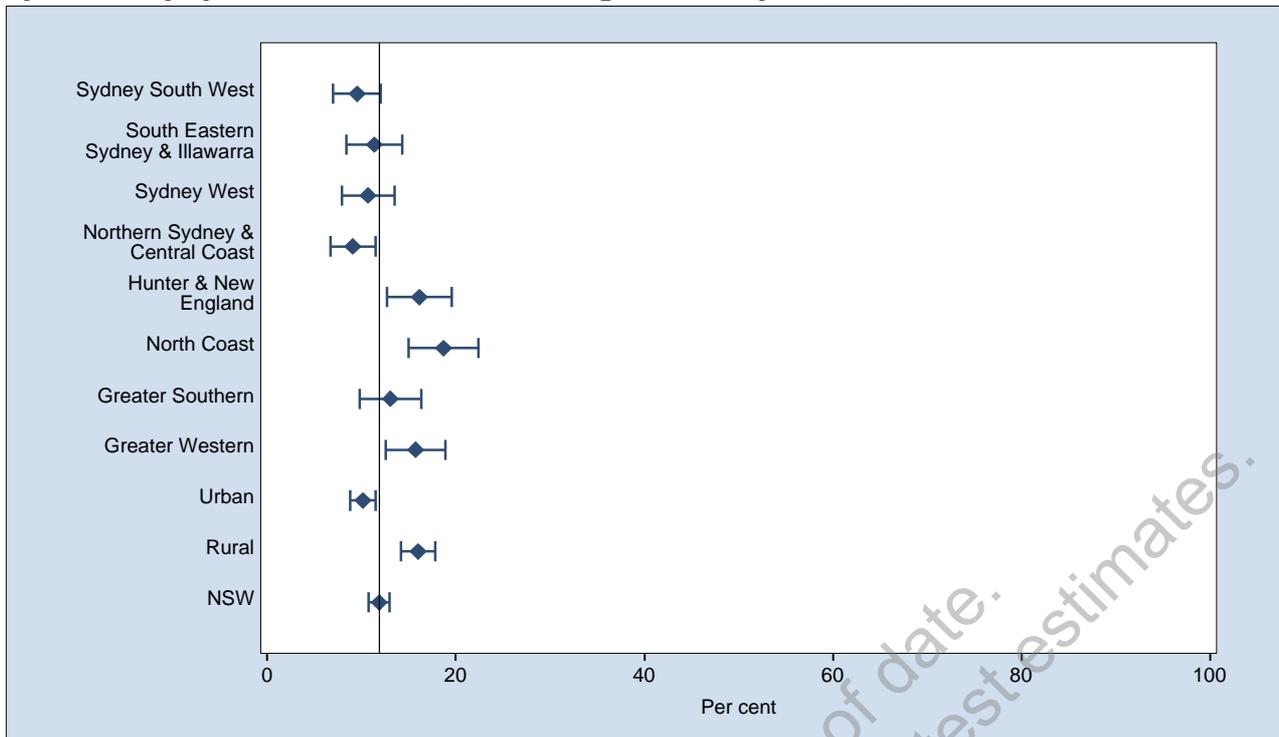
Hysterectomy by socioeconomic disadvantage, females aged 20 to 69 years, NSW, 2008



Note: Estimates are based on 3,758 respondents in NSW. For this indicator 9 (0.24%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever had a hysterectomy. The question used to define the indicator was: Have you ever had a hysterectomy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

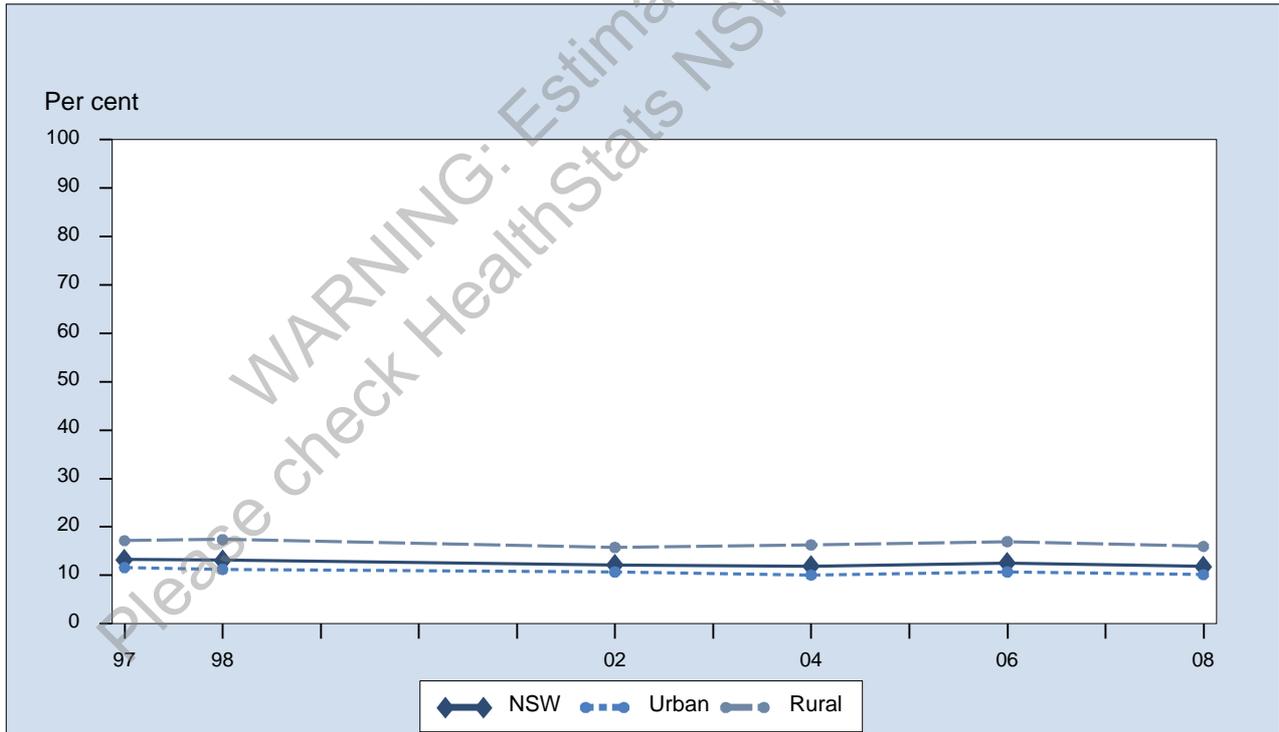
Hysterectomy by area health service, females aged 20 to 69 years, NSW, 2008



Note: Estimates are based on 3,758 respondents in NSW. For this indicator 9 (0.24%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever had a hysterectomy. The question used to define the indicator was: Have you ever had a hysterectomy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Hysterectomy by year, females aged 20 to 69 years, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (8,240), 1998 (8,273), 2002 (5,575), 2004 (4,209), 2006 (3,503), 2008 (3,758). The indicator includes those who have ever had a hysterectomy. The question used to define the indicator was: Have you ever had a hysterectomy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Environmental health

Introduction

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.[1]

Results

Source of drinking water

In 2008, 82.7 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 rain water (7.5 per cent) and bottled water (6.9 per cent).

A significantly higher proportion of adults aged 75 years and over (89.0 per cent) used a public water supply as their usual source of drinking water, compared with the overall adult population. A significantly higher proportion of adults in the first or least disadvantaged quintile (91.2 per cent) and second disadvantaged quintile (85.9 per cent), and a significantly lower proportion of adults in the fourth disadvantaged quintile (75.6 per cent) and fifth or most disadvantaged quintile (78.1 per cent), used a public water supply as their usual source of drinking water, compared with the overall adult population.

A significantly higher proportion of adults in urban health areas (88.7 per cent) than rural health areas (69.1 per cent) used a public water supply as their usual source of drinking water. A significantly higher proportion of adults in the Sydney South West (88.5 per cent), South Eastern Sydney & Illawarra (91.5 per cent), and Northern Sydney & Central Coast (90.3 per cent) Area Health Services, and a significantly lower proportion of adults in the Hunter & New England (74.9 per cent), North Coast (69.3 per cent), Greater Southern (68.8 per cent), and Greater Western (53.1 per cent) Area Health Services, used a public water supply as their usual source of drinking water, compared with the overall adult population.

Since 2002, there has been no significant change in the proportion of adults who obtained their drinking water from a public water supply; however, there has been a significant increase in urban health areas.

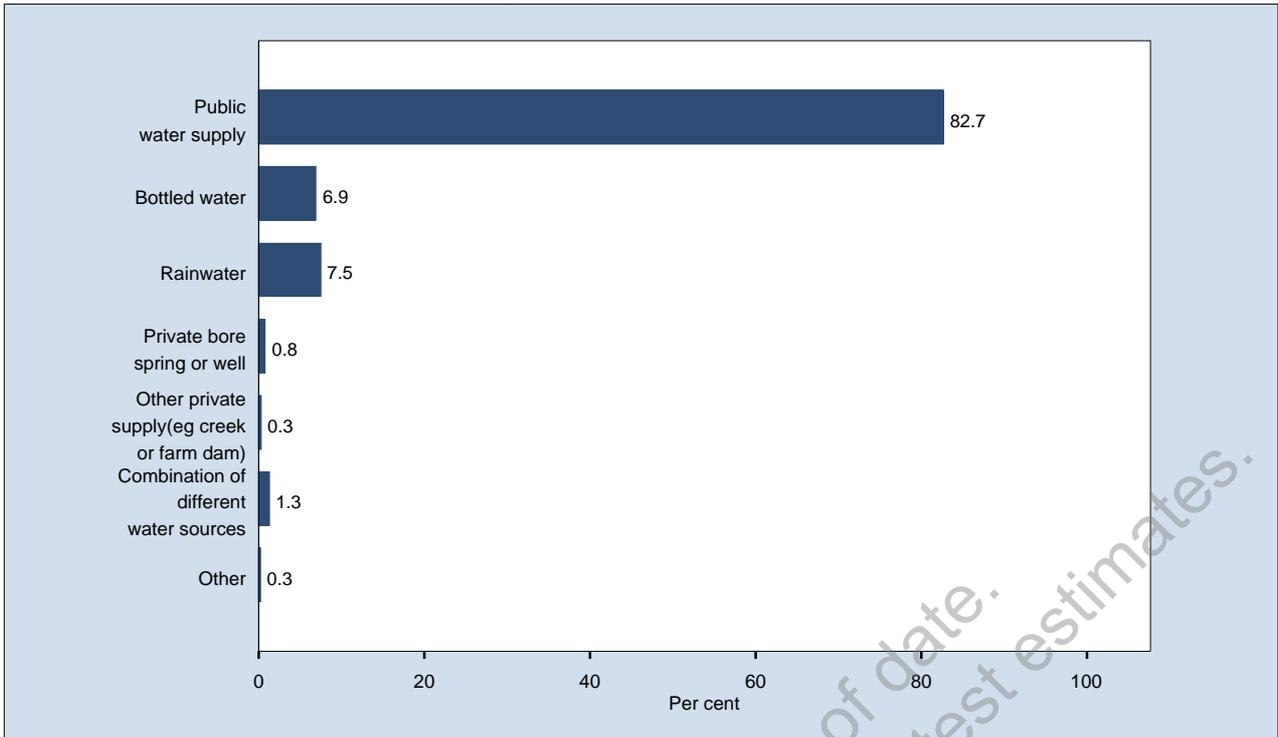
Since 2007, there has been no significant change in the proportion of adults who obtained their drinking water from a public water supply.

Of those whose usual source of drinking water was a public water supply, 62.0 per cent did not treat their drinking water, 2.5 per cent treated their drinking water sometimes, 8.2 per cent boiled their drinking water, 26.5 per cent filtered their drinking water, and 0.7 per cent boiled and filtered their drinking water.

References

1. National Health and Medical Research Council. *Australian Drinking Water Guidelines*. Canberra: National Health and Medical Research Council, 2004. Available online at www.nhmrc.gov.au/publications/synopses/eh19syn.htm (accessed 30 March 2009).

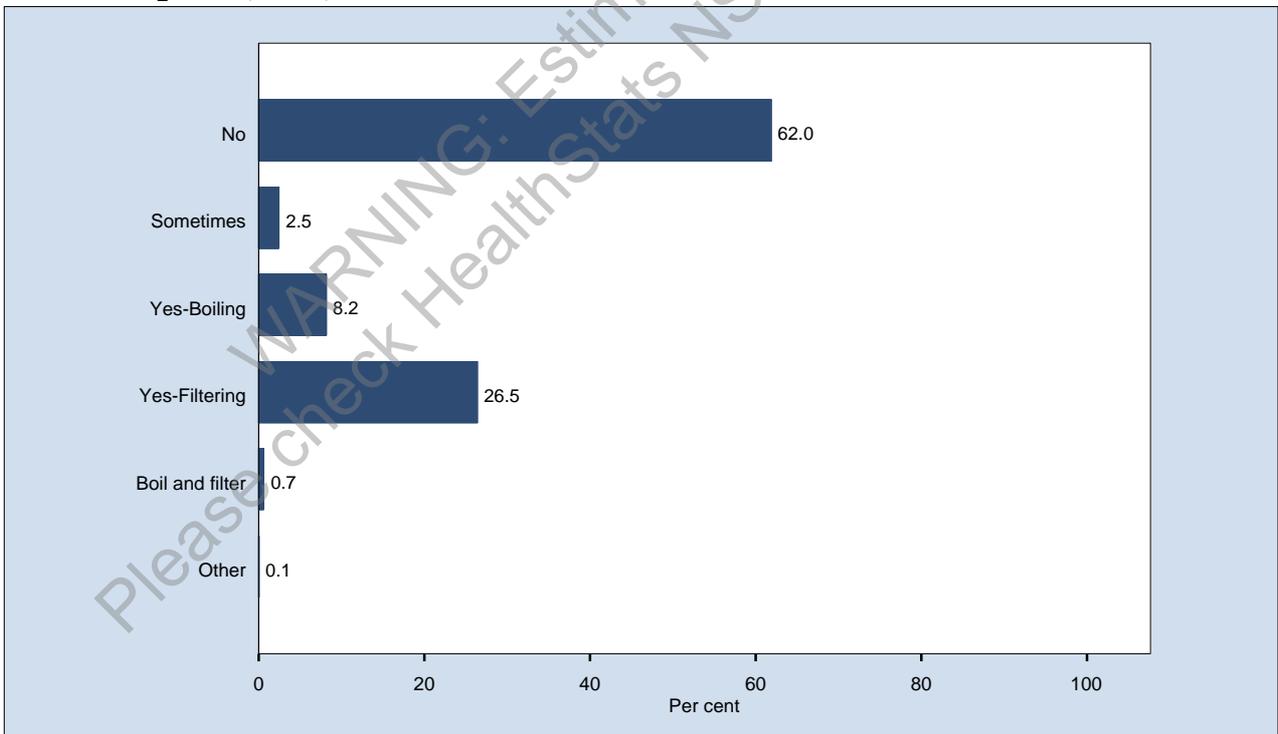
Usual source of drinking water, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,575 respondents in NSW. For this indicator 50 (0.58%) were not stated (Don't know or Refused) in NSW. The question used was: What is your normal source of drinking water?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

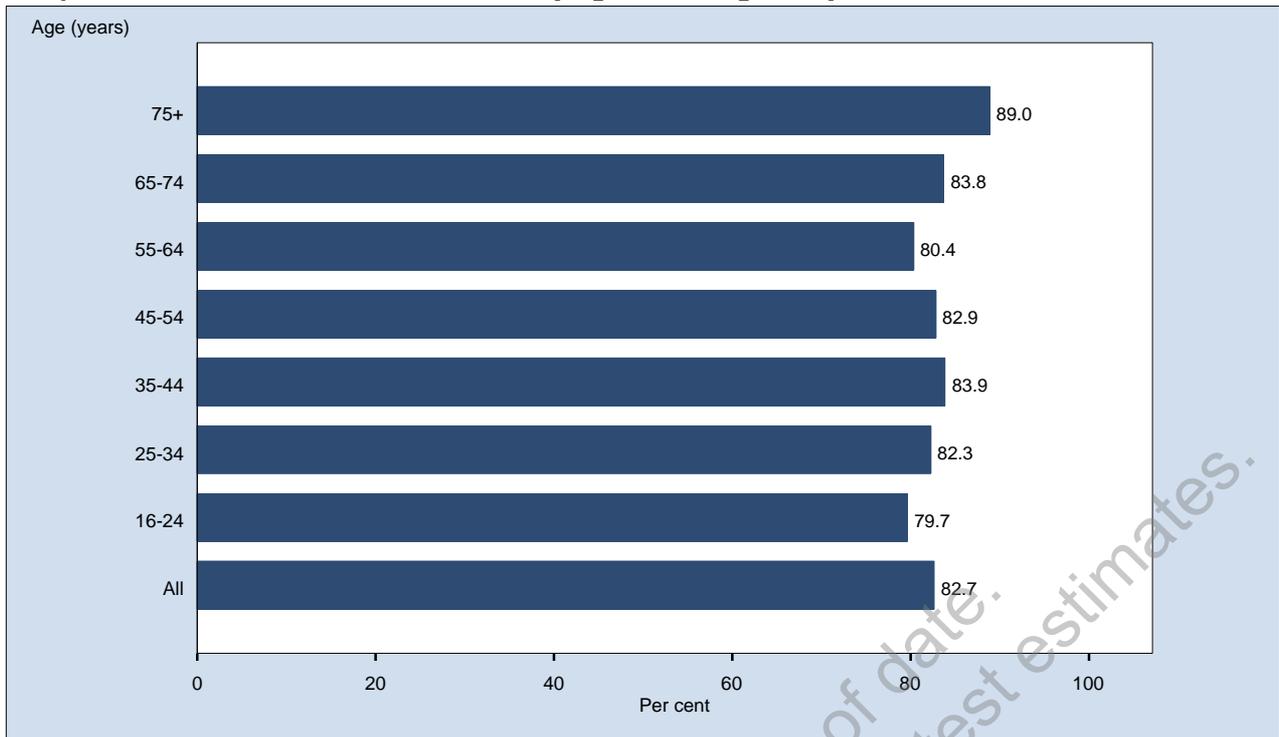
Type of water treatment, adults aged 16 years and over who usually use a public water supply for their drinking water, NSW, 2008



Note: Estimates are based on 8,016 respondents in NSW. For this indicator 10 (0.12%) were not stated (Don't know or Refused) in NSW. The questions used were: What is your normal source of drinking water? Do you treat your water before drinking? If Yes How do you treat your water?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

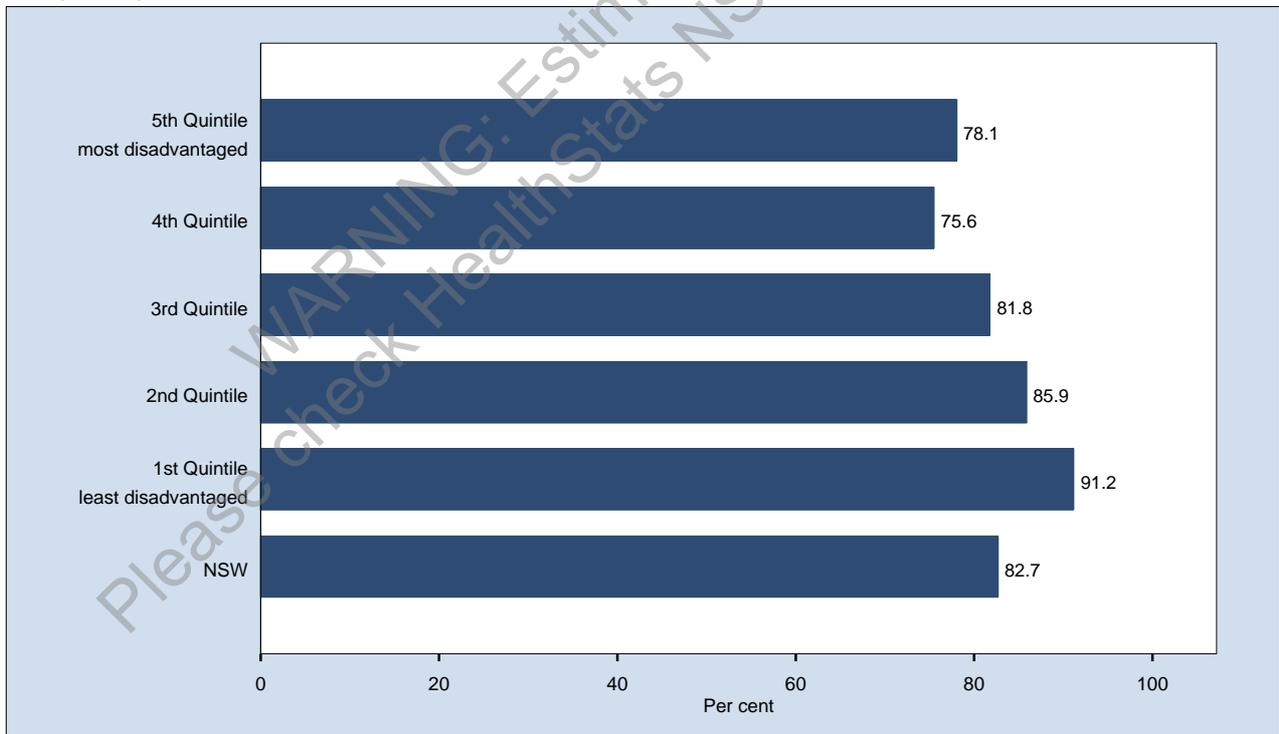
Use public water as usual source of water by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,575 respondents in NSW. For this indicator 50 (0.58%) were not stated (Don't know or Refused) in NSW. The indicator includes those who use public water as their usual source of drinking water. The question used to define the indicator was: What is your normal source of drinking water?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

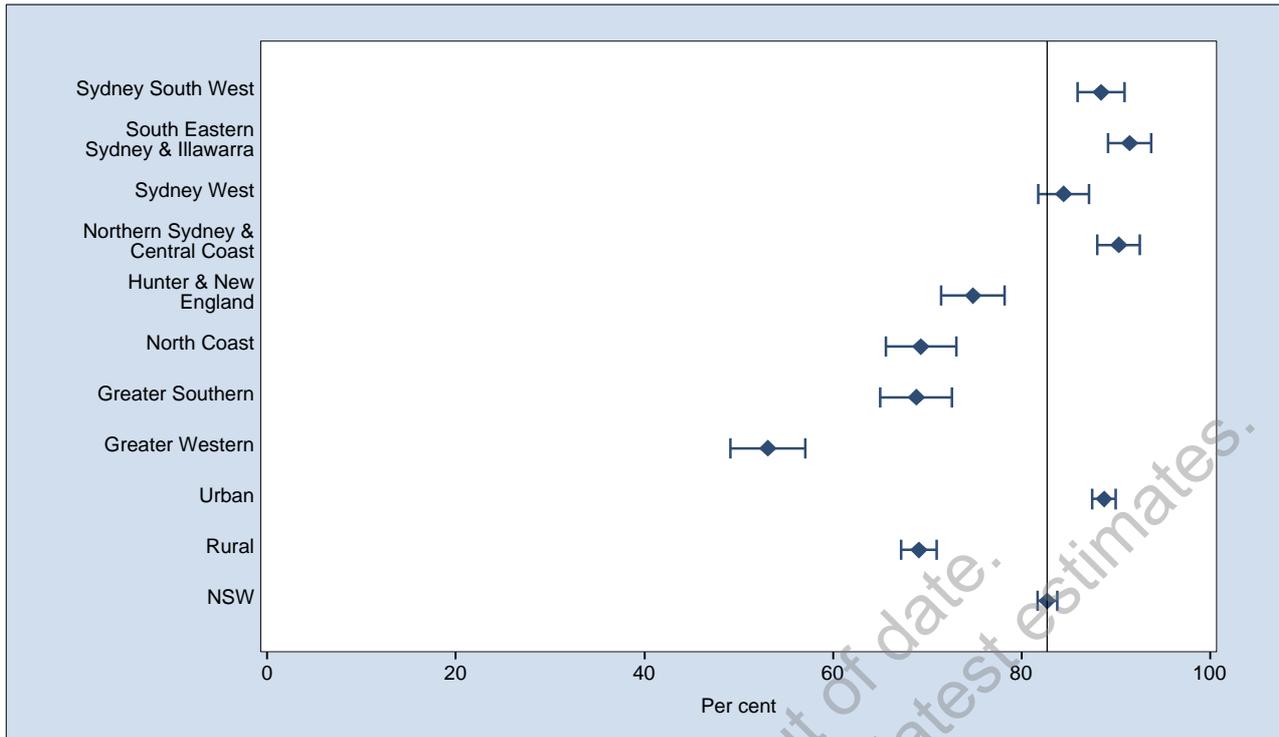
Use public water as usual source of water by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,575 respondents in NSW. For this indicator 50 (0.58%) were not stated (Don't know or Refused) in NSW. The indicator includes those who use public water as their usual source of drinking water. The question used to define the indicator was: What is your normal source of drinking water?

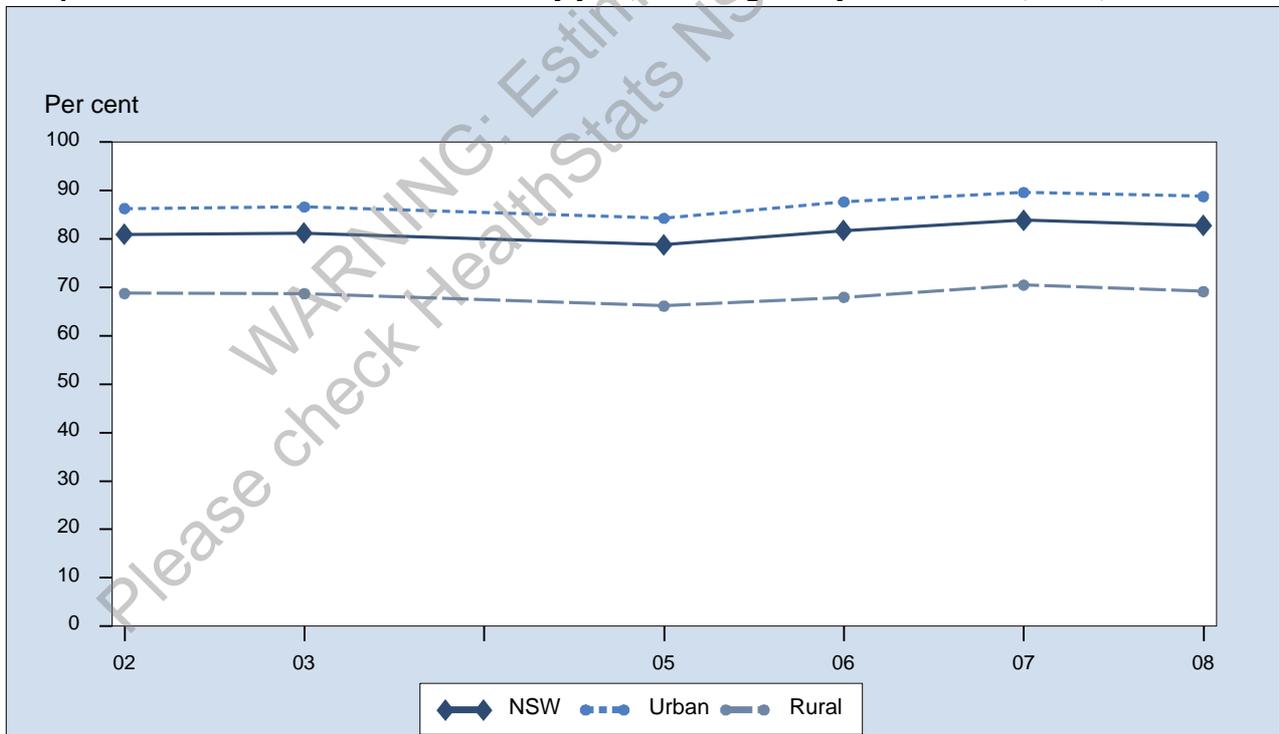
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Use public water as usual source of water by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,575 respondents in NSW. For this indicator 50 (0.58%) were not stated (Don't know or Refused) in NSW. The indicator includes those who use public water as their usual source of drinking water. The question used to define the indicator was: What is your normal source of drinking water?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Use public water as usual source of water by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (3,759), 2003 (13,005), 2005 (11,462), 2006 (7,939), 2007 (7,486), 2008 (8,575). The indicator includes those who use public water as their usual source of drinking water. The question used to define the indicator was: What is your normal source of drinking water?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Immunisation

Introduction

Influenza (flu) is characterised by abrupt onset of fever, myalgia, headache, sore throat, acute cough, and can cause extreme malaise lasting several days. Because immunisation against the influenza virus has been shown to significantly reduce morbidity and preventable mortality, it is strongly recommended for people aged 65 years and over, Aboriginal and Torres Strait Islander people aged 15 years and over, people aged 6 months or over with conditions predisposing to severe influenza, as well as for people: who may transmit influenza to those at high risk, who provide essential services, who work in particular industries, who travel, and who are involved in the poultry industry during periods of avian influenza activity.[1]

Invasive pneumococcal disease is an isolation of *Streptococcus pneumoniae* from a normally sterile site, most commonly the blood. It is a major cause of pneumonia, meningitis, and bacteraemia without focus. The 23-valent pneumococcal polysaccharide vaccine is recommended for all people aged 65 years and over, tobacco smokers, all people aged 10 years and over who have underlying chronic illnesses that place them at increased risk, and Aboriginal and Torres Strait Islander people aged 50 years and over and those 15-49 years who have underlying chronic illnesses that place them at increased risk.[1]

Results

Influenza vaccination: 50 years and over

In 2008, just under one-half of adults aged 50 years and over (46.7 per cent) were immunised against influenza in the last 12 months. A significantly lower proportion of males (43.0 per cent) than females (50.1 per cent) were immunised against influenza.

Among males, a significantly lower proportion of those aged 50-54 years (16.2 per cent) and 55-59 years (25.1 per cent), and a significantly higher proportion of those aged 65-69 years (58.8 per cent), 70-74 years (69.3 per cent), 75-79 years (81.5 per cent), and 80 years and over (75.5 per cent) were immunised against influenza, compared with the overall male population aged 50 years and over. Among females, a significantly lower proportion of those aged 50-54 years (26.2 per cent), 55-59 years (31.3 per cent), and 60-64 years (39.0 per cent), and a significantly higher proportion of those aged 65-69 years (58.8 per cent), 70-74 years (77.7 per cent), 75-79 years (77.2 per cent), and 80 years and over (79.6 per cent) were immunised against influenza, compared with the overall female population aged 50 years and over.

A significantly higher proportion of adults in the third disadvantaged quintile (50.9 per cent) were immunised against influenza, compared with the overall adult population aged 50 years and over.

A significantly higher proportion of adults in rural health areas (48.8 per cent) than urban health areas (45.5 per cent) were immunised against influenza. A significantly higher proportion of adults in the Hunter & New England Area Health Service (55.0 per cent), and a significantly lower proportion of adults in the Sydney West Area Health Service (41.1 per cent), were immunised against influenza, compared with the overall adult population aged 50 years and over.

Since 1997, there has been a significant increase in the proportion of adults aged 50 years and over who were immunised against influenza in the last 12 months (34.6 per cent to 46.7 per cent). The increase has been significant in males and females, and in urban and rural health areas.

However, since 2007, there has been no significant change in the proportion of adults aged 50 years and over who were immunised against influenza in the last 12 months.

Influenza vaccination: 65 years and over

In 2008, just over 7 in 10 adults aged 65 years and over (71.6 per cent) were immunised against influenza. There was no significant difference between males and females.

Among males, a significantly lower proportion of those aged 65-69 years (58.8 per cent), and a significantly higher proportion of those aged 75-79 years (81.5 per cent), were immunised against influenza, compared with the overall male population aged 65 years and over. Among females, a significantly lower proportion of those aged 65-69 years (58.8 per cent), and a significantly higher proportion of those aged 80 years and over (79.6 per cent), were immunised against influenza, compared with the overall female population

aged 65 years and over.

There was no significant difference among quintiles of disadvantage, or between urban and rural health areas. A significantly higher proportion of adults in the Hunter & New England Area Health Service (77.4 per cent) were immunised against influenza, compared with the overall adult population aged 65 years and over.

Since 1997, there has been a significant increase in the proportion of adults aged 65 years and over who were immunised against influenza (57.1 per cent to 71.6 per cent). The increase has been significant in males and females, and in urban and rural health areas.

However, since 2007, there has been no significant change in the proportion of adults aged 65 years and over who were immunised against influenza.

Pneumococcal vaccination: 50 years and over

In 2008, just under one-third of adults aged 50 years and over (31.4 per cent) were immunised against pneumococcal disease in the last 5 years. A significantly lower proportion of males (28.6 per cent) than females (33.9 per cent) were immunised against pneumococcal disease.

Among males, a significantly lower proportion of those aged 50-54 years (6.4 per cent), 55-59 years (13.1 per cent), and 60-64 years (14.2 per cent), and a significantly higher proportion of those aged 65-69 years (35.8 per cent), 70-74 years (57.4 per cent), 75-79 years (70.4 per cent), and 80 years and over (66.4 per cent) were immunised against pneumococcal disease, compared with the overall male population aged 50 years and over. Among females, a significantly lower proportion of those aged 50-54 years (8.0 per cent), 55-59 years (12.4 per cent), and 60-64 years (14.3 per cent), and a significantly higher proportion of those aged 65-69 years (46.6 per cent), 70-74 years (66.5 per cent), 75-79 years (68.0 per cent), and 80 years and over (67.6 per cent) were immunised against pneumococcal disease, compared with the overall female population aged 50 years and over.

A significantly higher proportion of adults in the fourth disadvantaged quintile (35.7 per cent) were immunised against pneumococcal disease, compared with the overall adult population aged 50 years and over.

A significantly higher proportion of adults in rural health areas (35.1 per cent) than urban health areas (29.4 per cent) were immunised against pneumococcal disease. A significantly higher proportion of adults in the Hunter & New England (37.5 per cent) and North Coast (36.5 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney West Area Health Service (23.7 per cent), were immunised against pneumococcal disease, compared with the overall adult population aged 50 years.

Since 2002, there has been a significant increase in the proportion of adults aged 50 years and over who were immunised against pneumococcal disease in the last 5 years (19.2 per cent to 31.4 per cent). The increase has been significant in males and females, and in urban and rural health areas.

However, since 2007, there has been no significant change in the proportion of adults aged 50 years and over who were immunised against pneumococcal disease in the last 5 years.

Pneumococcal vaccination: 65 years and over

In 2008, just under 6 in 10 adults aged 65 years and over (58.8 per cent) were immunised against pneumococcal disease in the last 5 years. A significantly lower proportion of males (55.1 per cent) than females (61.8 per cent) were immunised against pneumococcal disease.

Among males, a significantly lower proportion of those aged 65-69 years (35.8 per cent), and a significantly higher proportion of those aged 75-79 years (70.4 per cent) and 80 years and over (66.4 per cent) were immunised against pneumococcal disease, compared with the overall male population aged 65 years and over. Among females, a significantly lower proportion of those aged 65-69 years (46.6 per cent) were immunised against pneumococcal disease, compared with the overall female population aged 65 years and over.

A significantly higher proportion of adults in the fourth disadvantaged quintile (64.6 per cent) were immunised against pneumococcal disease, compared with the overall adult population aged 65 years and over.

A significantly higher proportion of adults in rural health areas (63.4 per cent) than urban health areas (56.0 per cent) were immunised against pneumococcal disease. A significantly higher proportion of adults in the Hunter & New England (66.8 per cent) and North Coast (64.7 per cent) Area Health Services were

immunised against pneumococcal disease, compared with the overall adult population aged 65 years and over.

Since 2002, there has been a significant increase in the proportion of adults aged 65 years and over who were immunised against pneumococcal disease in the last 5 years (38.6 per cent to 58.8 per cent). The increase has been significant in males and females, and in urban and rural health areas.

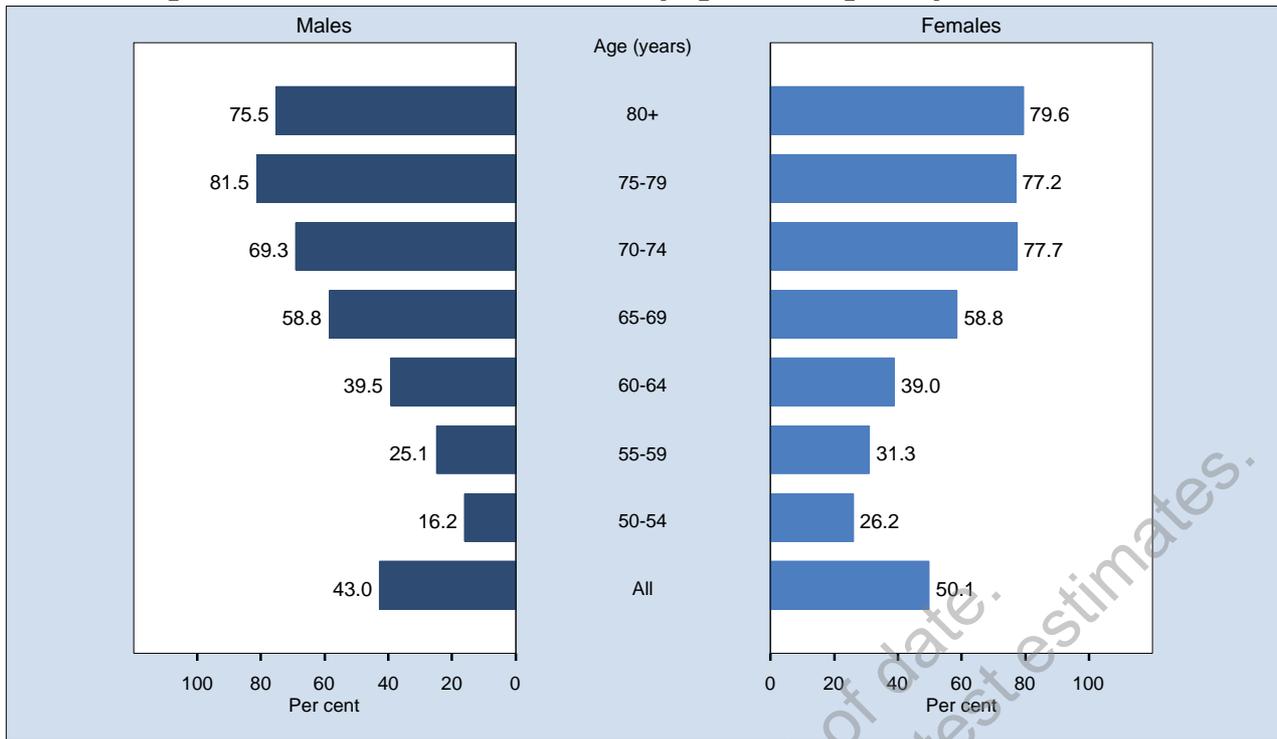
However, since 2007, there has been no significant change in the proportion of adults aged 65 years and over who were immunised against pneumococcal disease in the last 5 years.

References

1. National Health and Medical Research Council. *The Australian Immunisation Handbook, 9th Edition*, Canberra: National Health and Medical Research Council, 2009. Available online at www.immunise.health.gov.au (accessed 30 March 2009).

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

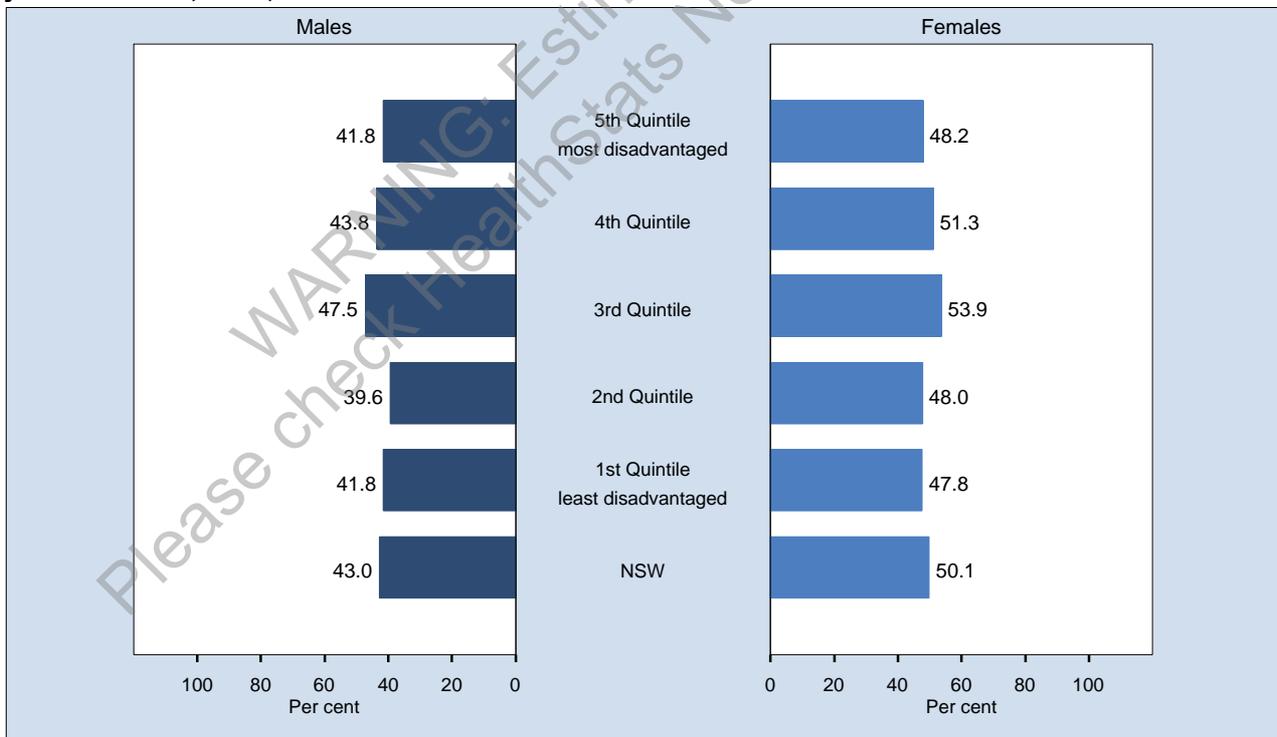
Vaccinated against influenza in the last 12 months by age, adults aged 50 years and over, NSW, 2008



Note: Estimates are based on 5,455 respondents in NSW. For this indicator 18 (0.33%) were not stated (Don't know or Refused) in NSW. The indicator includes those aged 50 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

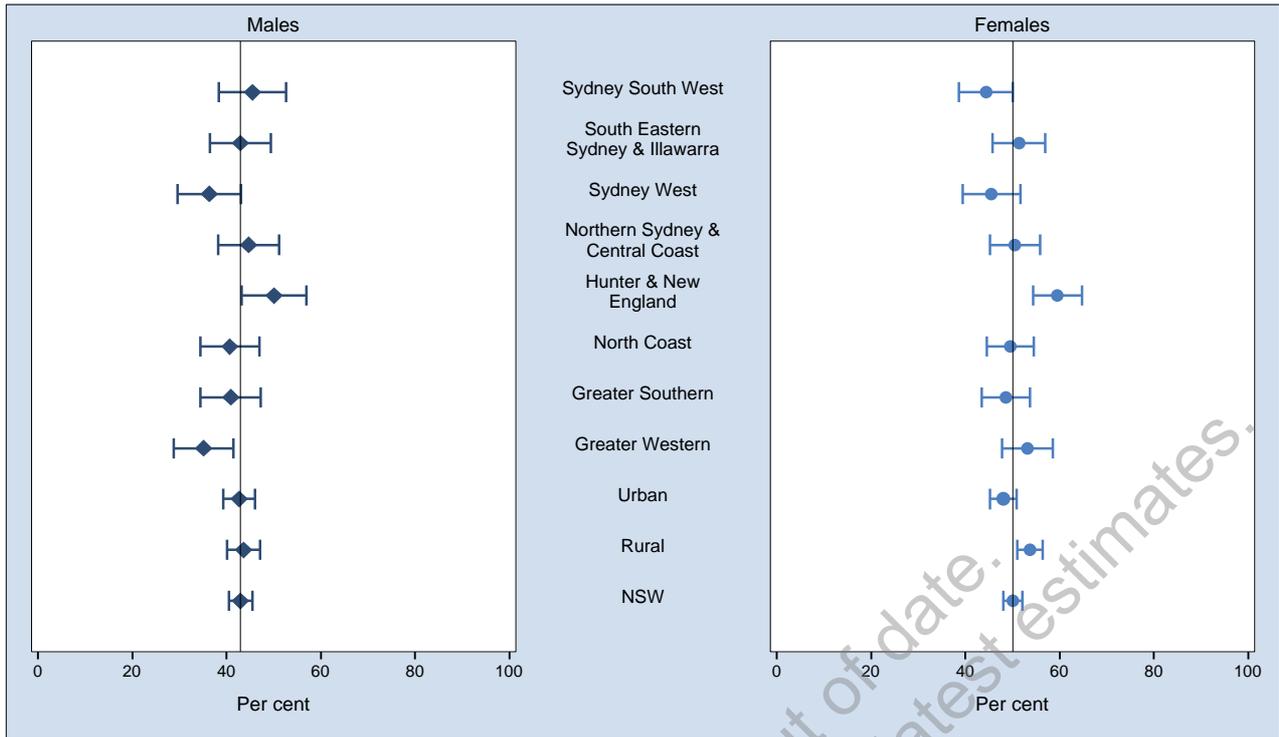
Vaccinated against influenza in the last 12 months by socioeconomic disadvantage, adults aged 50 years and over, NSW, 2008



Note: Estimates are based on 5,455 respondents in NSW. For this indicator 18 (0.33%) were not stated (Don't know or Refused) in NSW. The indicator includes those aged 50 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

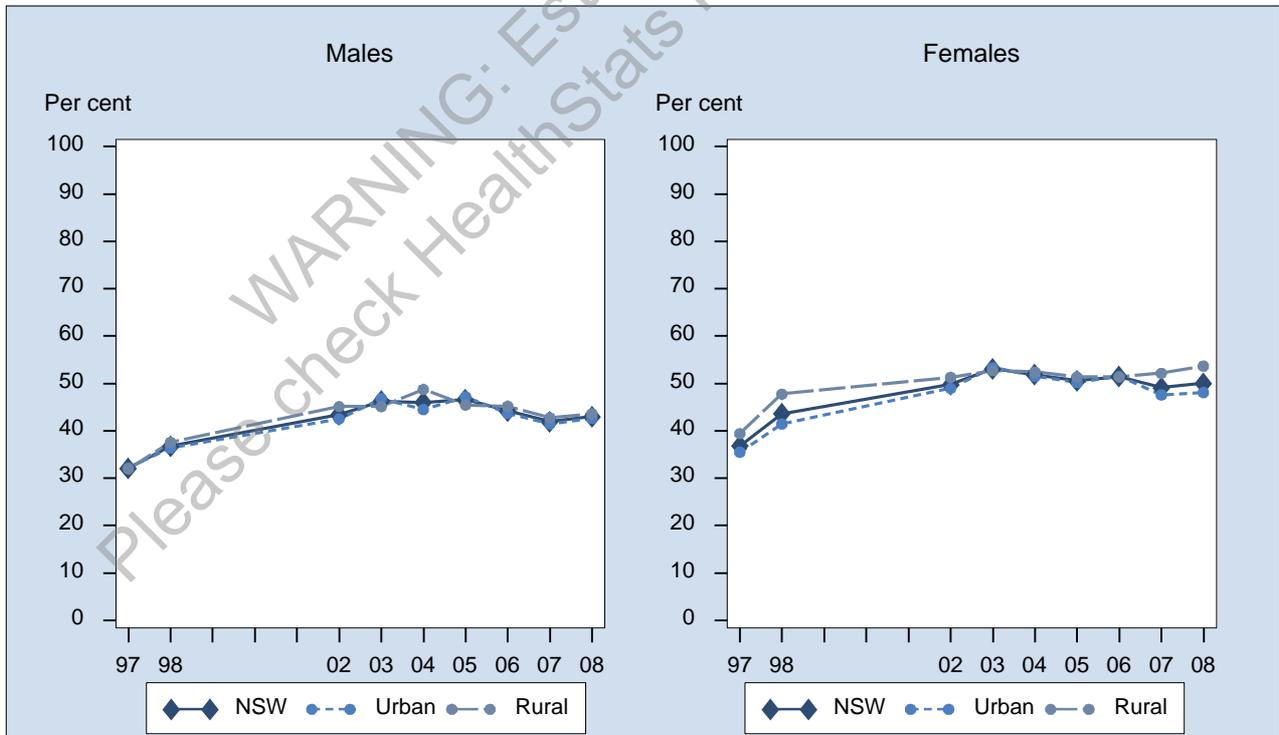
Vaccinated against influenza in the last 12 months by area health service, adults aged 50 years and over, NSW, 2008



Note: Estimates are based on 5,455 respondents in NSW. For this indicator 18 (0.33%) were not stated (Don't know or Refused) in NSW. The indicator includes those aged 50 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

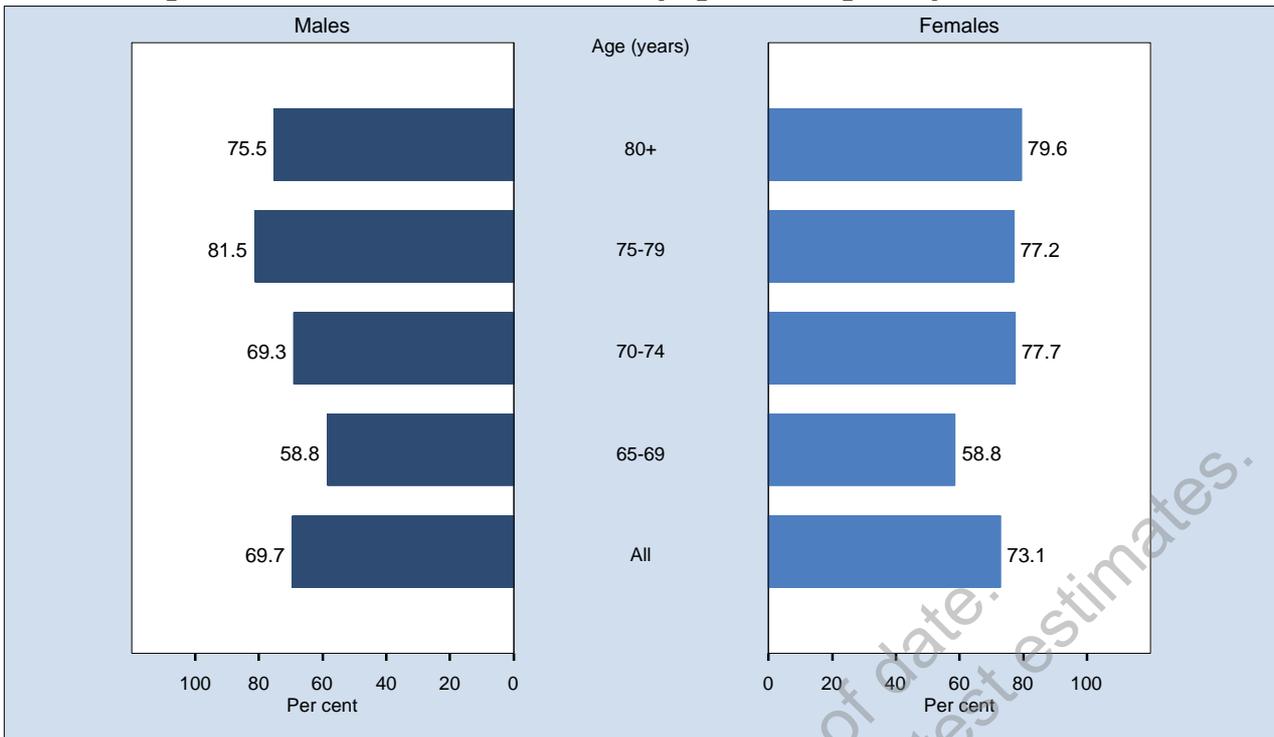
Vaccinated against influenza in the last 12 months by year, adults aged 50 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (6,938), 1998 (7,242), 2002 (7,014), 2003 (7,135), 2004 (5,320), 2005 (6,777), 2006 (4,760), 2007 (4,684), 2008 (5,455). The indicator includes those aged 50 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

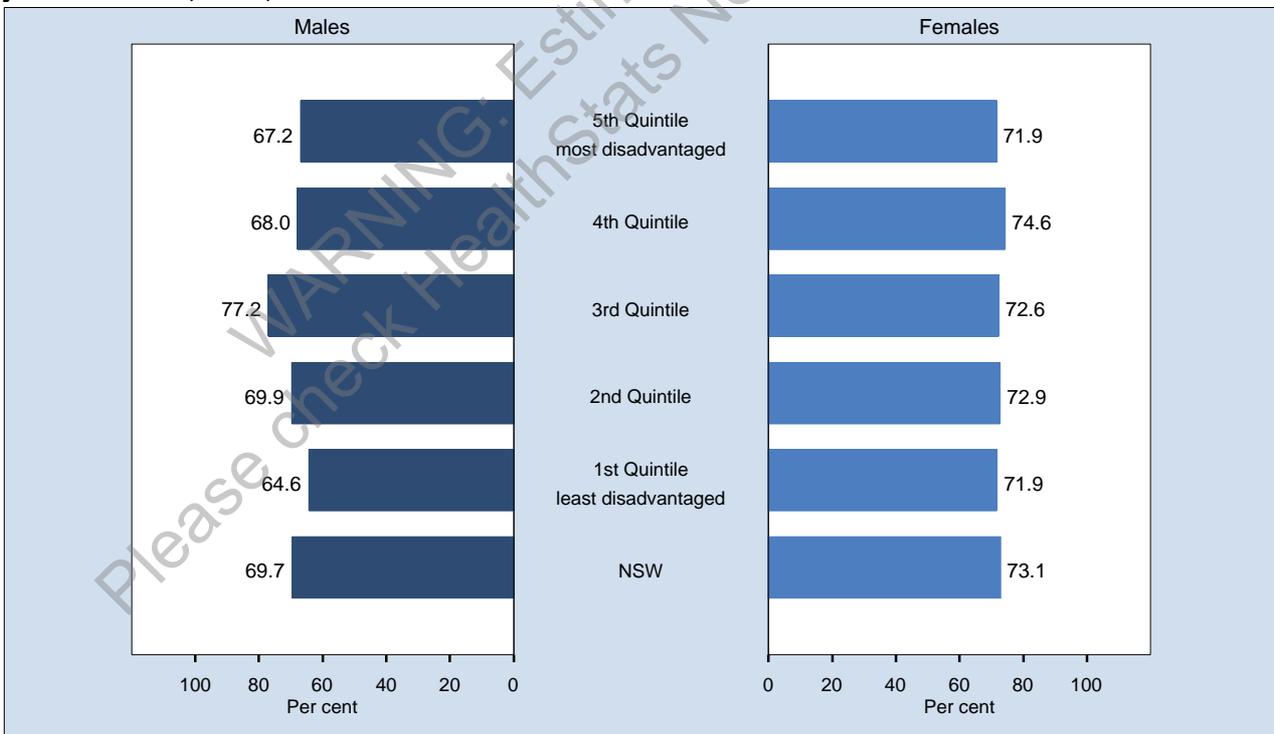
Vaccinated against influenza in the last 12 months by age, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,730 respondents in NSW. For this indicator 12 (0.44%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

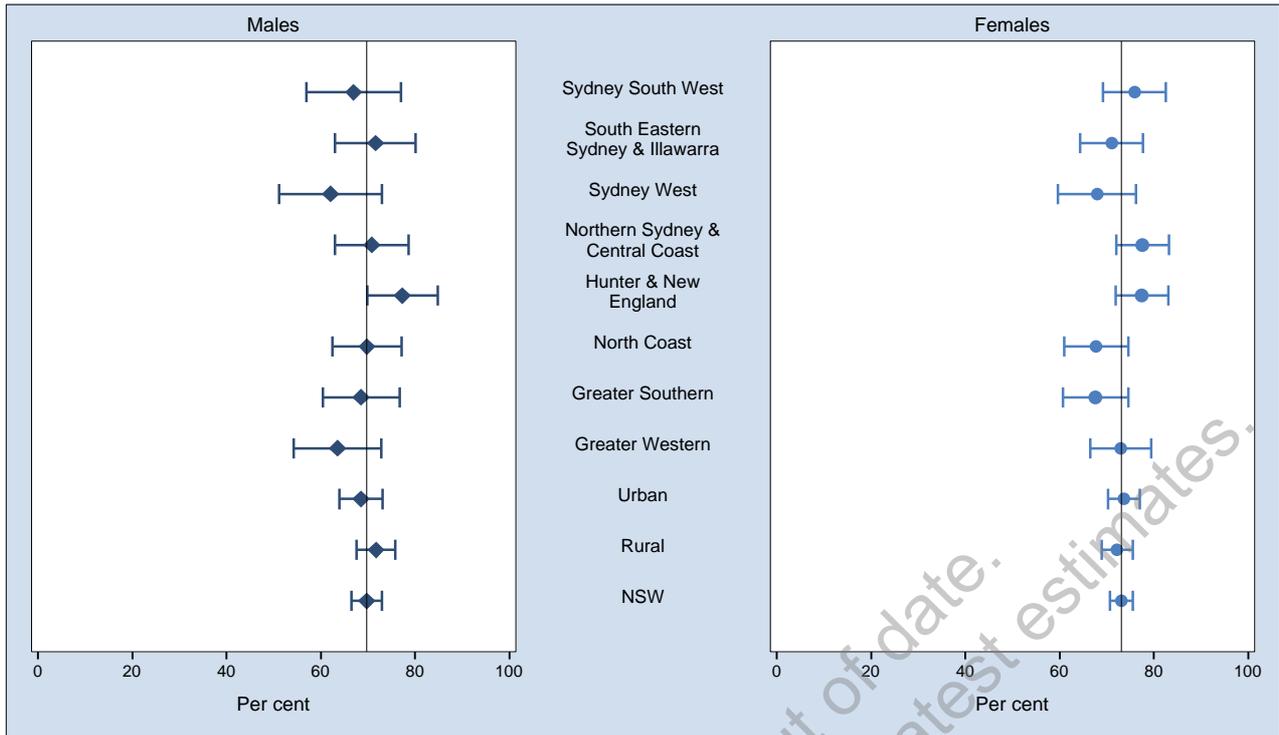
Vaccinated against influenza in the last 12 months by socioeconomic disadvantage, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,730 respondents in NSW. For this indicator 12 (0.44%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

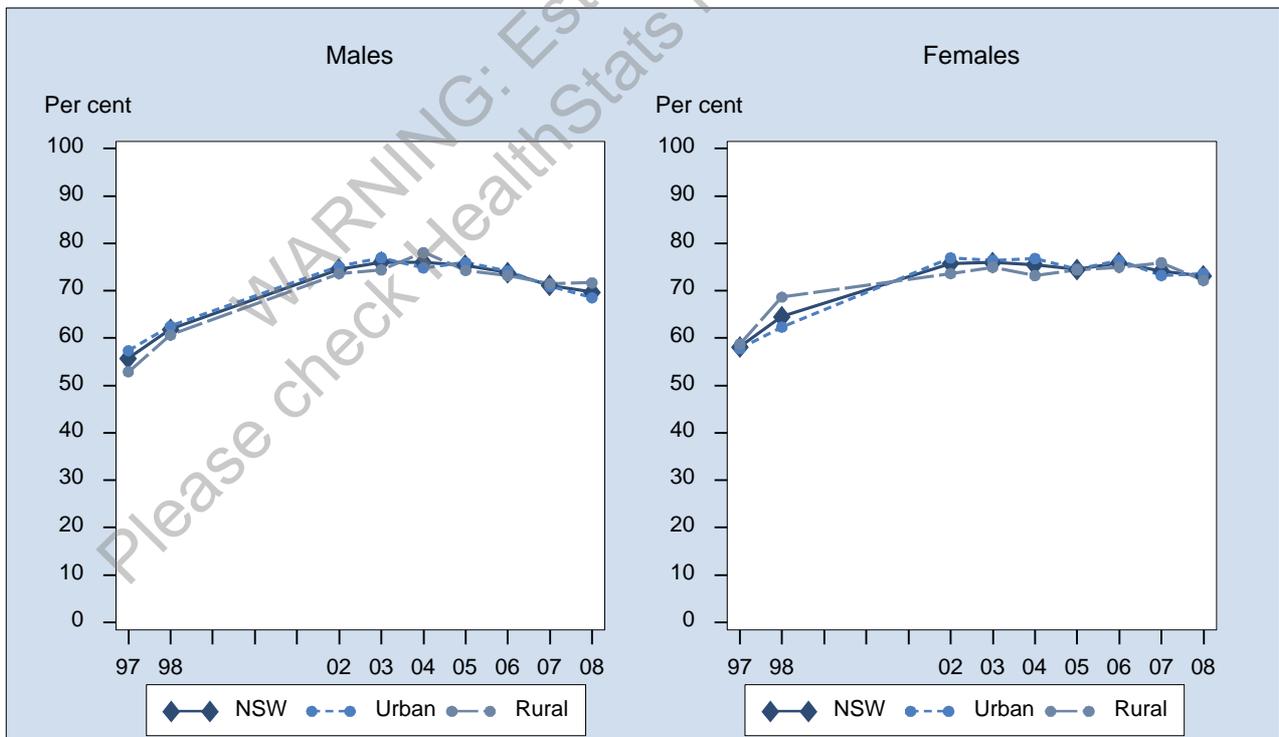
Vaccinated against influenza in the last 12 months by area health service, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,730 respondents in NSW. For this indicator 12 (0.44%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

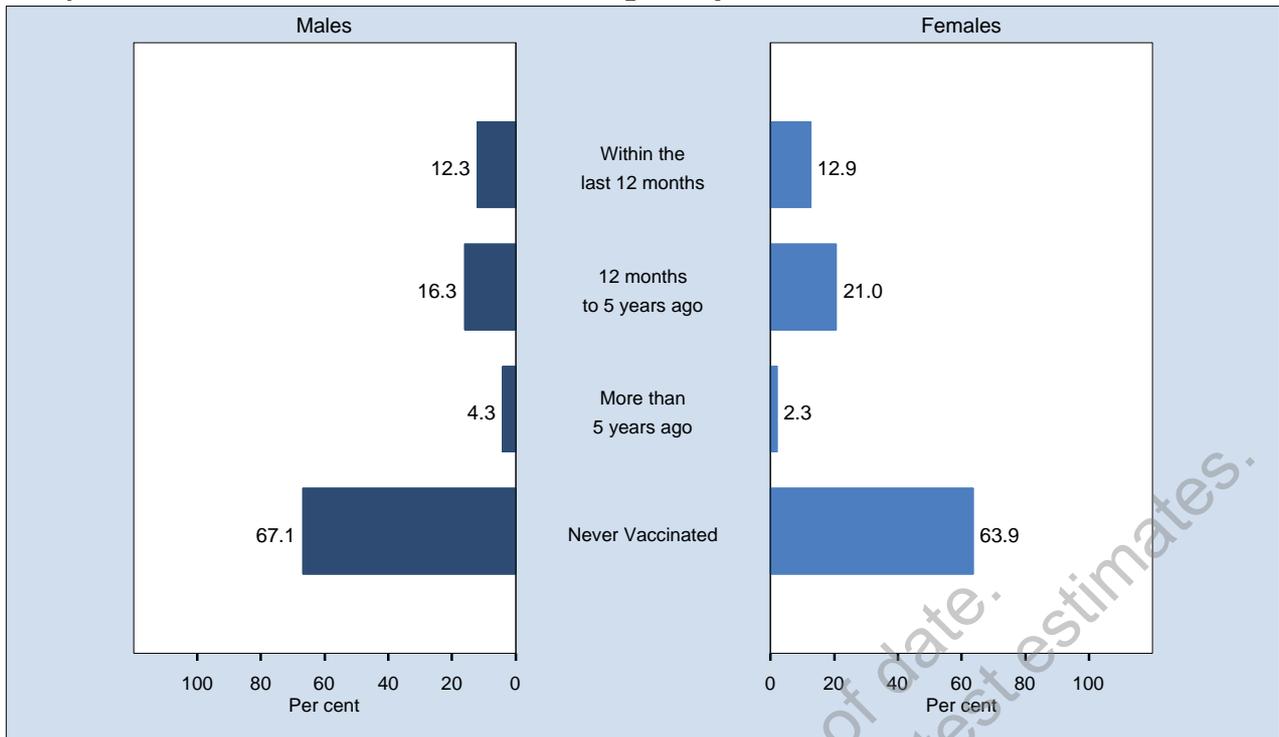
Vaccinated against influenza in the last 12 months by year, adults aged 65 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (3,278), 1998 (3,394), 2002 (3,416), 2003 (3,573), 2004 (2,585), 2005 (3,380), 2006 (2,382), 2007 (2,340), 2008 (2,730). 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

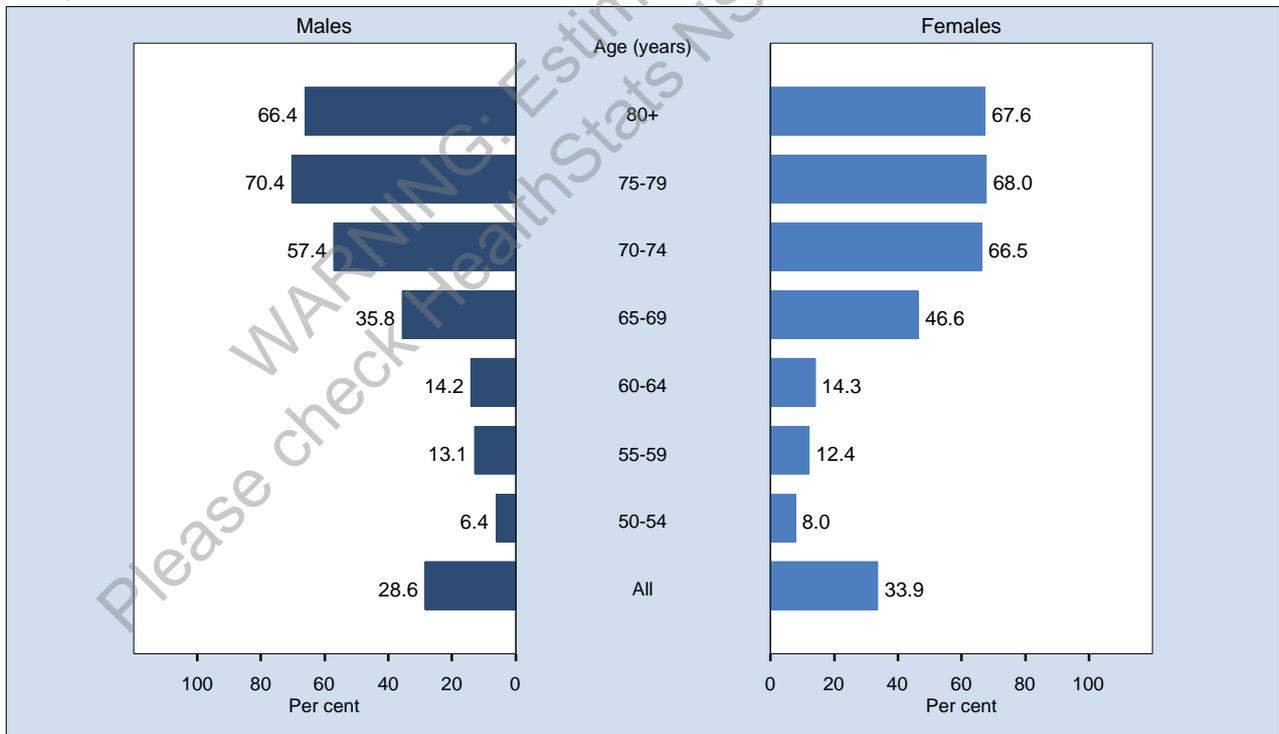
Last pneumococcal disease vaccination, adults aged 50 years and over, NSW, 2008



Note: Estimates are based on 5,115 respondents in NSW. For this indicator 358 (6.54%) were not stated (Don't know or Refused) in NSW. The question used was: When were you last vaccinated or immunised against pneumonia?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

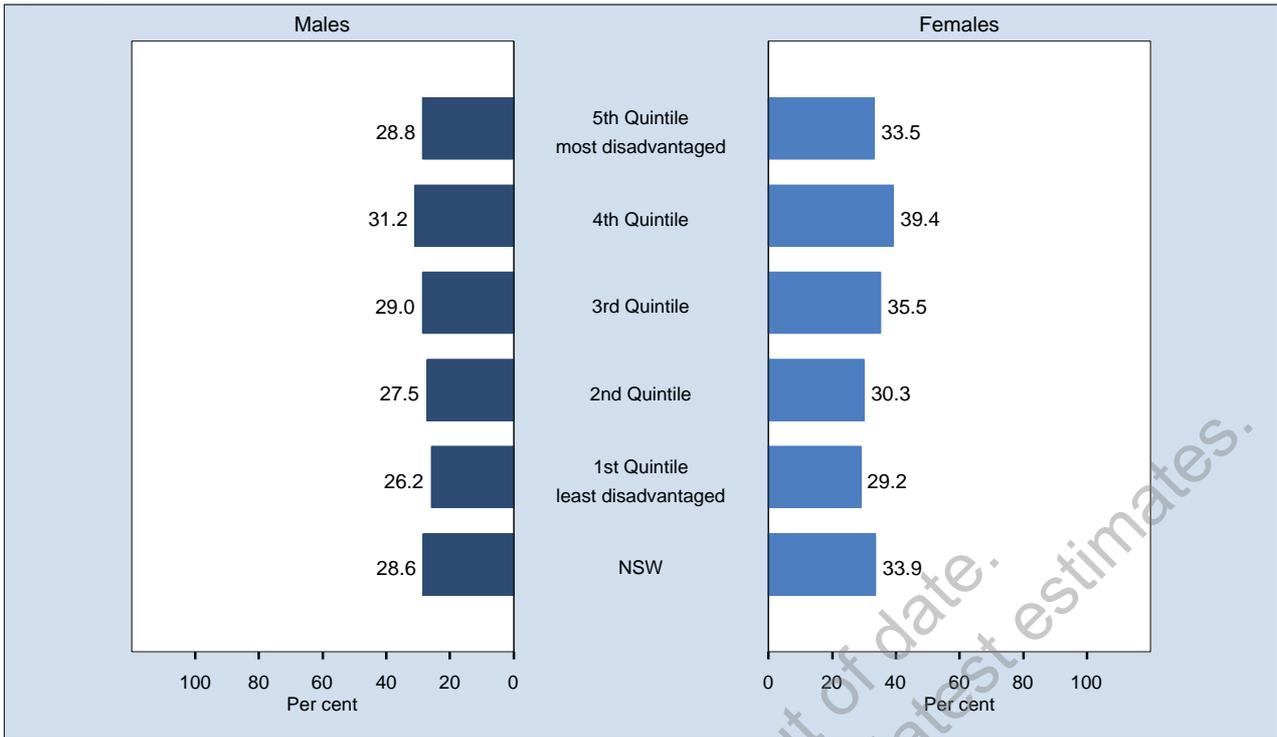
Vaccinated against pneumococcal disease in the last 5 years by age, adults aged 50 years and over, NSW, 2008



Note: Estimates are based on 5,115 respondents in NSW. For this indicator 358 (6.54%) were not stated (Don't know or Refused) in NSW. The indicator includes those aged 50 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

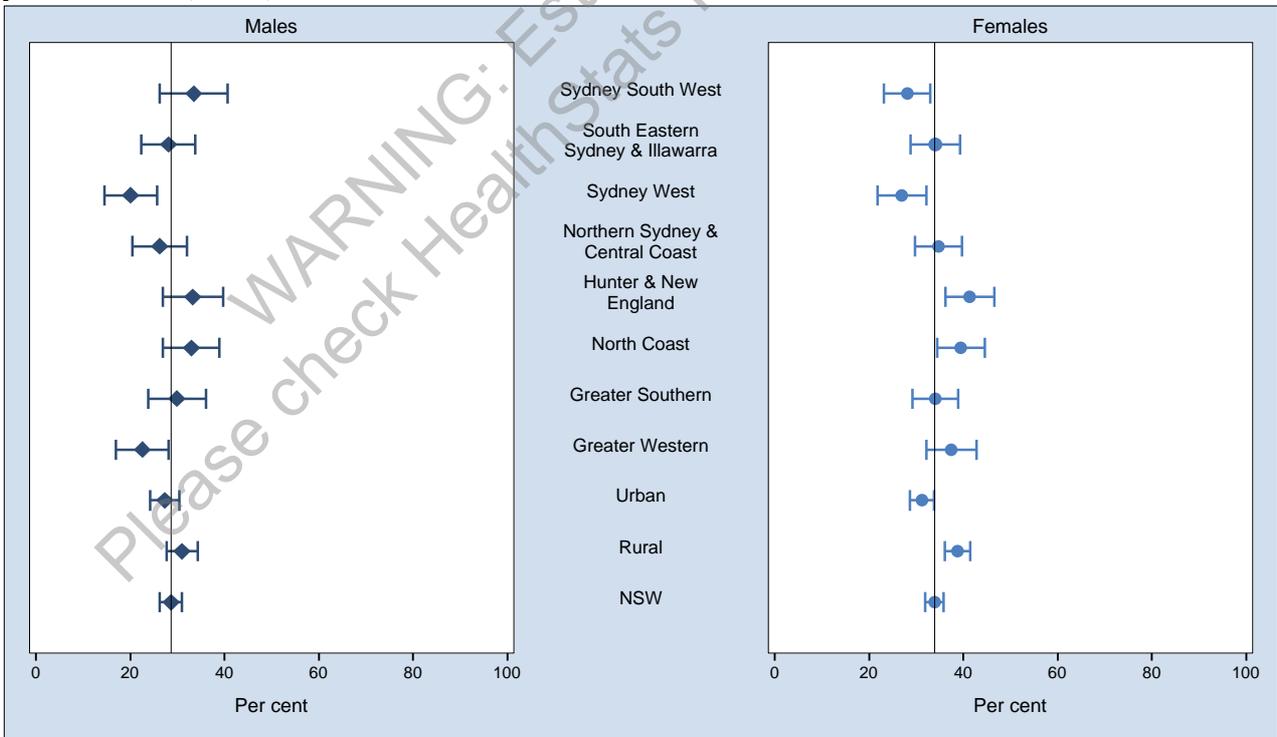
Vaccinated against pneumococcal disease in the last 5 years by socioeconomic disadvantage, adults aged 50 years and over, NSW, 2008



Note: Estimates are based on 5,115 respondents in NSW. For this indicator 358 (6.54%) were not stated (Don't know or Refused) in NSW. The indicator includes those aged 50 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

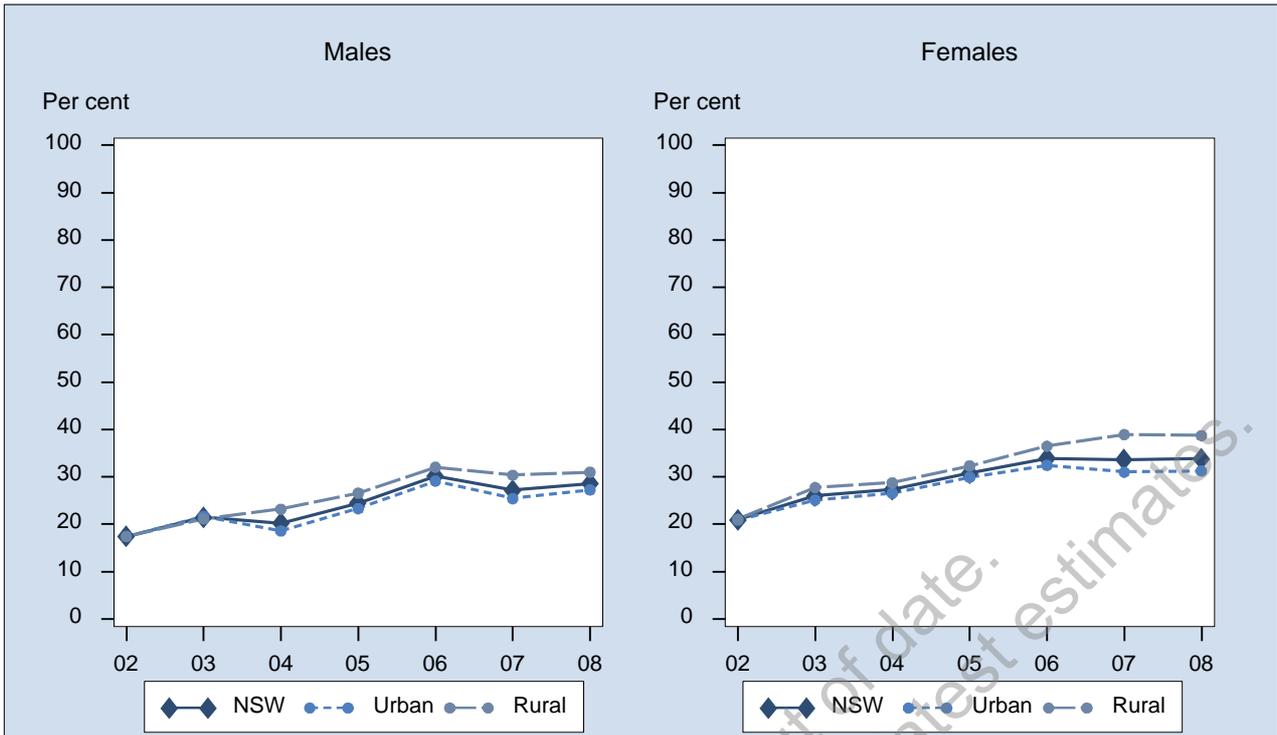
Vaccinated against pneumococcal disease in the last 5 years by area health service, adults aged 50 years and over, NSW, 2008



Note: Estimates are based on 5,115 respondents in NSW. For this indicator 358 (6.54%) were not stated (Don't know or Refused) in NSW. The indicator includes those aged 50 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

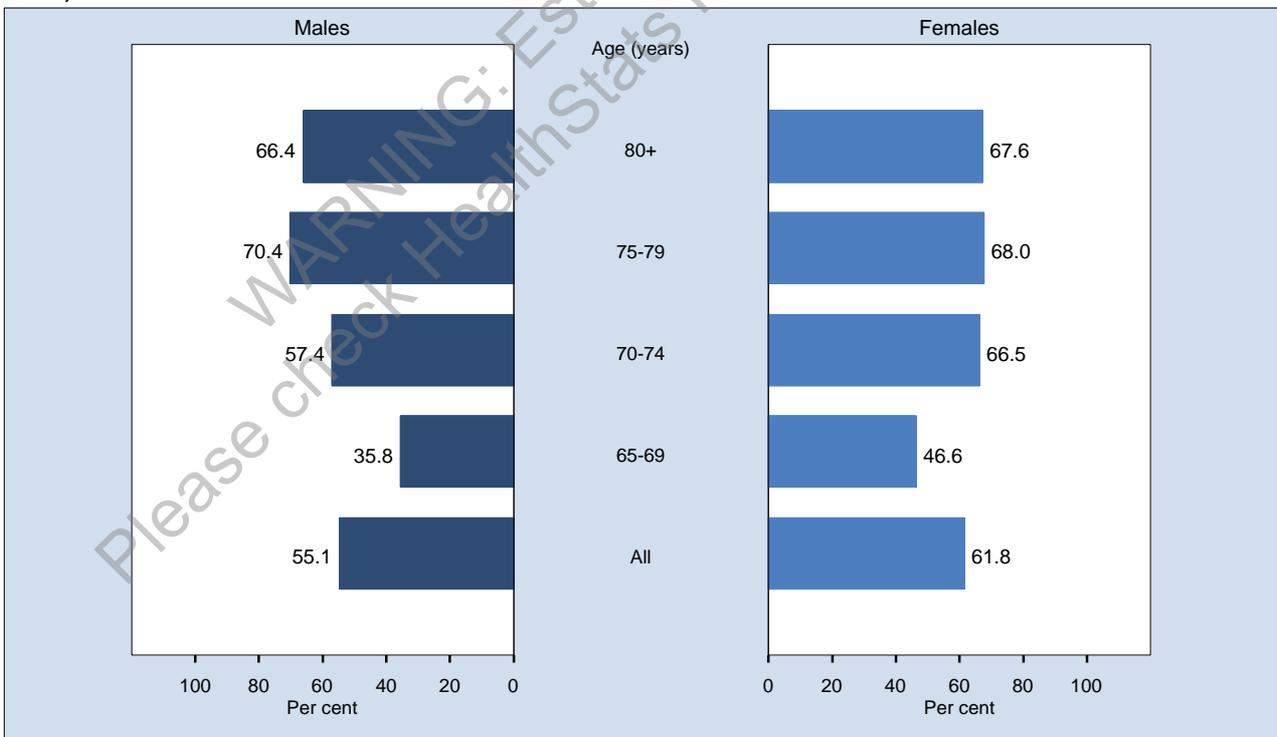
Vaccinated against pneumococcal disease in the last 5 years by year, adults aged 50 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (6,852), 2003 (6,999), 2004 (5,166), 2005 (6,625), 2006 (4,602), 2007 (4,452), 2008 (5,115). The indicator includes those aged 50 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

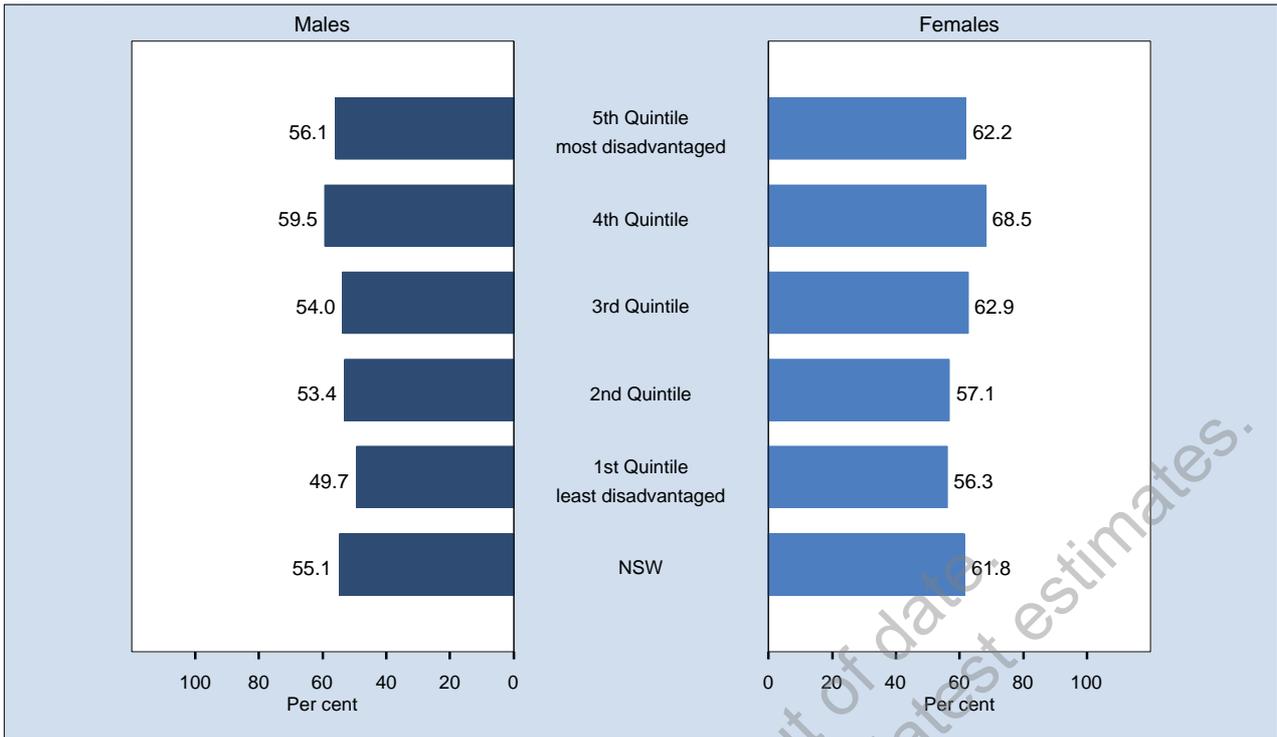
Vaccinated against pneumococcal disease in the last 5 years by age, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,588 respondents in NSW. For this indicator 154 (5.62%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

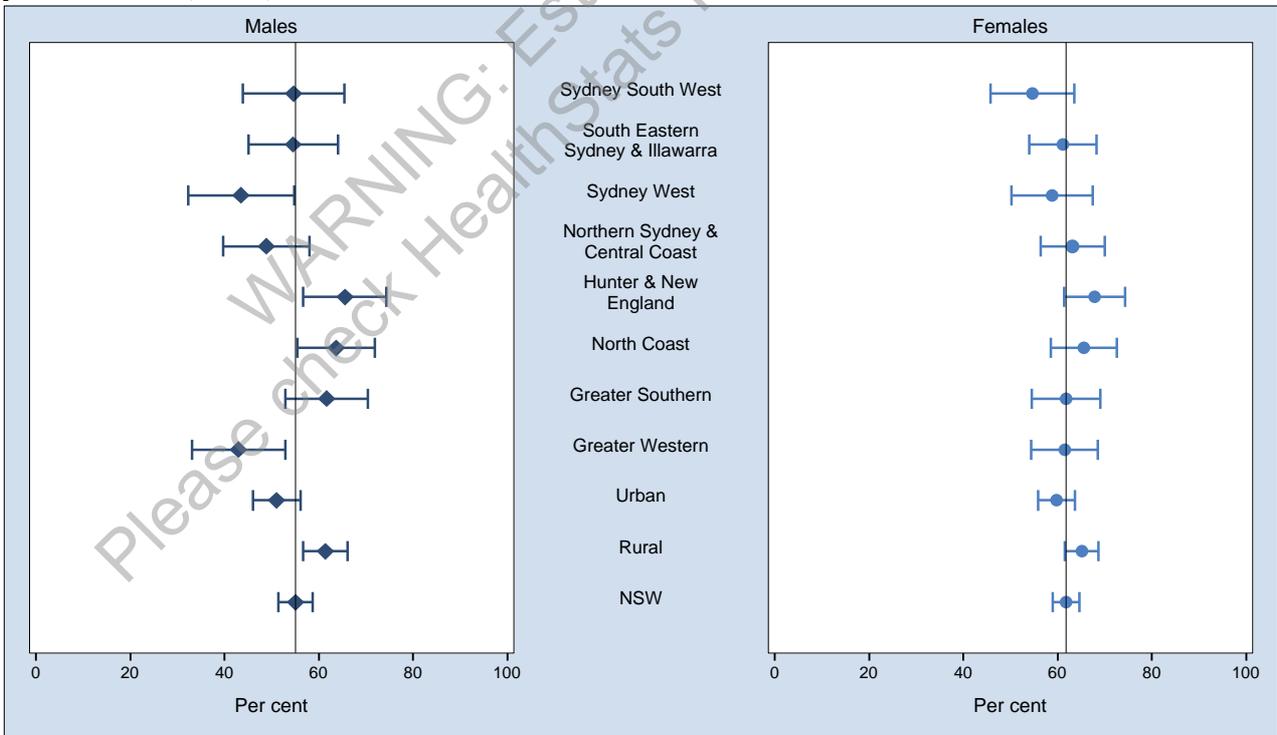
Vaccinated against pneumococcal disease in the last 5 years by socioeconomic disadvantage, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,588 respondents in NSW. For this indicator 154 (5.62%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

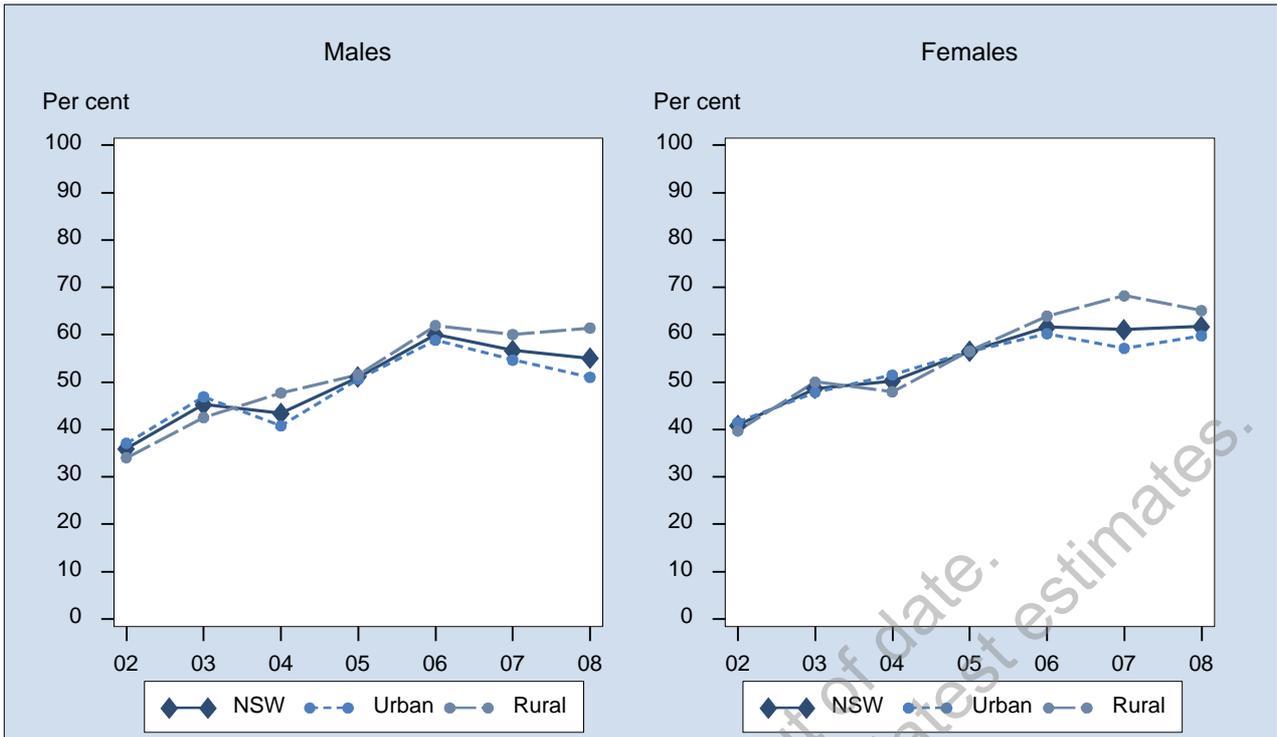
Vaccinated against pneumococcal disease in the last 5 years by area health service, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,588 respondents in NSW. For this indicator 154 (5.62%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Vaccinated against pneumococcal disease in the last 5 years by year, adults aged 65 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (3,324), 2003 (3,497), 2004 (2,504), 2005 (3,303), 2006 (2,315), 2007 (2,234), 2008 (2,588). 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.

Injury prevention

Introduction

In New South Wales, a high proportion of the mortality and morbidity caused by house fires happens at night while people are sleeping. 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; however, studies have shown a significant proportion of smoke alarms are not functional.[1-3]

The *NSW Building Legislation Amendment (Smoke Alarms) Act 2005* commenced on 1 May 2006. This legislation requires that 1 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.[4]

The risk of fire fatality to people 65 years and over is nearly 3 times greater than the general community.[5] NSW Fire Brigades offers the SABRE (Smoke Alarm Battery Replacement for the Elderly) Program, designed for the elderly who reside in their own homes, and have limited domestic support, by installing the client's smoke alarm or batteries at no installation cost. The program also enables local firefighters to provide safety advice while visiting the client's home.[5]

In less than 30 seconds a small flame can get completely out of control and turn into a major fire. Because accidental home fires can catch people unaware, every home should have a fire escape plan, and everyone in the home should discuss and agree on what actions should be taken if a fire occurs. The NSW Fire Brigades provides information on how to draw up and practice home escape plans.[6]

Results

Home smoke alarms

In 2008, 93.6 per cent of New South Wales adults lived in homes with a smoke alarm or detector, whether battery operated or hard wired or both. There was no significant difference among quintiles of disadvantage.

A significantly higher proportion of adults in rural health areas (95.6 per cent) than urban health areas (92.8 per cent) lived in homes with a smoke alarm or detector. A significantly higher proportion of adults in the Hunter & New England (96.0 per cent) and Greater Southern (96.3 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West Area Health Service (89.8 per cent), lived in homes with a smoke alarm or detector, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults living in homes with a smoke alarm or detector (58.2 per cent to 93.6 per cent). The increase has been significant in urban and rural health areas.

Since 2007, there has been no significant change in the proportion of adults living in homes with a smoke alarm or detector; however, there has been a significant increase in rural health areas.

Of those adults living in homes with a battery operated alarm, 39.8 per cent tested the alarm within the last month, 37.7 per cent tested the alarm 1-5 months ago, 12.7 per cent tested the alarm 6-12 months ago, 3.8 per cent tested the alarm more than a year ago, and 5.7 per cent had never tested the alarm. Of those adults living in homes with a hard wired alarm, 33.1 per cent tested the alarm within the last month, 33.8 per cent tested the alarm 1-5 months ago, 15.3 per cent tested the alarm 6-12 months ago, 6.4 per cent tested the alarm more than a year ago, and 11.4 per cent had never tested the alarm.

Awareness of NSW Fire Brigades SABRE Program

In 2008, 45.1 per cent of adults aged 65 years and over were aware of the NSW Fire Brigades SABRE Program. There was no significant difference between males and females.

A significantly higher proportion of adults aged 65 years and over in the fourth disadvantaged quintile (52.8 per cent) were aware of the NSW Fire Brigades SABRE Program, compared with the overall adult population aged 65 years and over.

A significantly higher proportion of adults aged 65 years and over in rural health areas (49.8 per cent) than urban health areas (42.4 per cent) were aware of the NSW Fire Brigades SABRE Program. A significantly higher proportion of adults aged 65 years and over in the Hunter & New England Area Health Service (56.9 per cent) were aware of the NSW Fire Brigades SABRE Program, compared with the overall adult population aged 65 years and over.

Since 2003, there has been a significant increase in the proportion of adults aged 65 years and over who were aware of the NSW Fire Brigades SABRE Program (25.2 per cent to 45.1 per cent). The increase has been significant in males and females, and in urban and rural health areas.

However, since 2006, there has been no significant change in the proportion of adults aged 65 years and over who were aware of the NSW Fire Brigades SABRE Program.

Home emergency escape plans

In 2008, 76.0 per cent of adults lived in homes with no emergency escape plan, 1.0 per cent lived in homes with an emergency escape plan practised in the last month, 1.9 per cent lived in homes with a plan practised 1-5 months ago, 1.6 per cent lived in homes with a plan practised 6 months to 1 year ago, 2.4 per cent lived in homes with a plan practised more than 1 year ago, and 17.1 per cent lived in homes that had never practised the emergency escape plan.

In 2008, 4.5 per cent of adults lived in homes with an emergency escape plan practised in the last 12 months. A significantly higher proportion of adults in the fourth disadvantaged quintile (7.6 per cent), and a significantly lower proportion of adults in the second disadvantaged quintile (2.9 per cent), lived in homes with an emergency escape plan practised in the last 12 months, compared with the overall adult population.

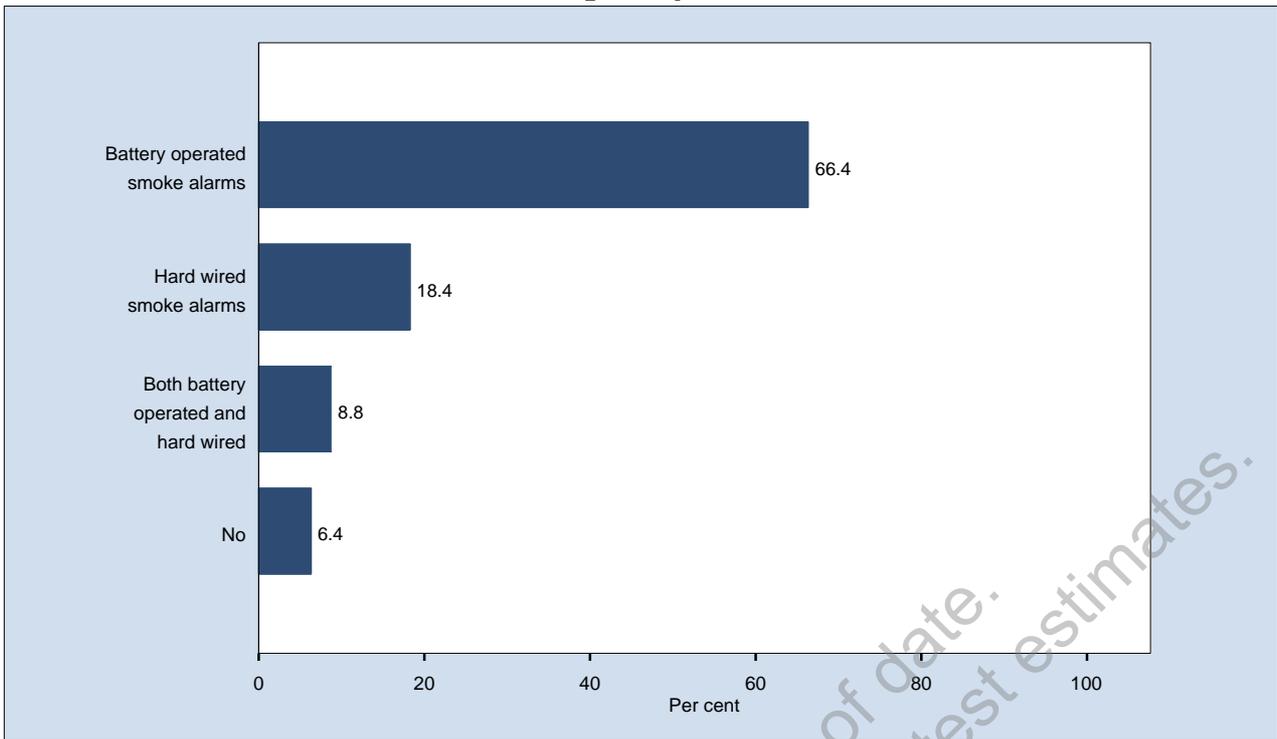
A significantly higher proportion of adults in rural health areas (6.6 per cent) than urban health areas (3.6 per cent) lived in homes with an emergency escape plan practised in the last 12 months. A significantly higher proportion of adults in the North Coast (8.0 per cent) and Greater Western (8.1 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West Area Health Service (2.9 per cent), lived in homes with an emergency escape plan practised in the last 12 months, compared with the overall population.

Since 2006, there has been no significant change in the proportion of adults living in homes with an emergency escape plan practised in the last 12 months.

References

1. NSW Fire Brigades. Smoke Alarm web page at www.nswfb.nsw.gov.au (accessed 30 March 2009).
2. Haddix A, Mallonee S, Waxweiler R, Douglas M. Cost effectiveness analysis of a smoke alarm giveaway program in Oklahoma City, Oklahoma. *Injury Prevention* 2001; 7: 276-281. Available online at www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=11770651 (accessed 30 March 2009).
3. Douglas M, Mallonee S, Istre G. Estimating the proportion of homes with functioning smoke alarms: A comparison of telephone survey and household survey results. *Am J Public Health* 1999; 89(7): 1112-1114. Available online at www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=10394329 (accessed 30 March 2009).
4. NSW Fire Brigades. What Does The Legislation Mean? web page at www.nswfb.nsw.gov.au (accessed 30 March 2009).
5. NSW Fire Brigades. SABRE: Smoke Alarm Battery Replacement for the Elderly web page at www.fire.nsw.gov.au (accessed 15 April 2009).
6. NSW Fire Brigades. Escape Plan web page at www.fire.nsw.gov.au (accessed 15 April 2009).

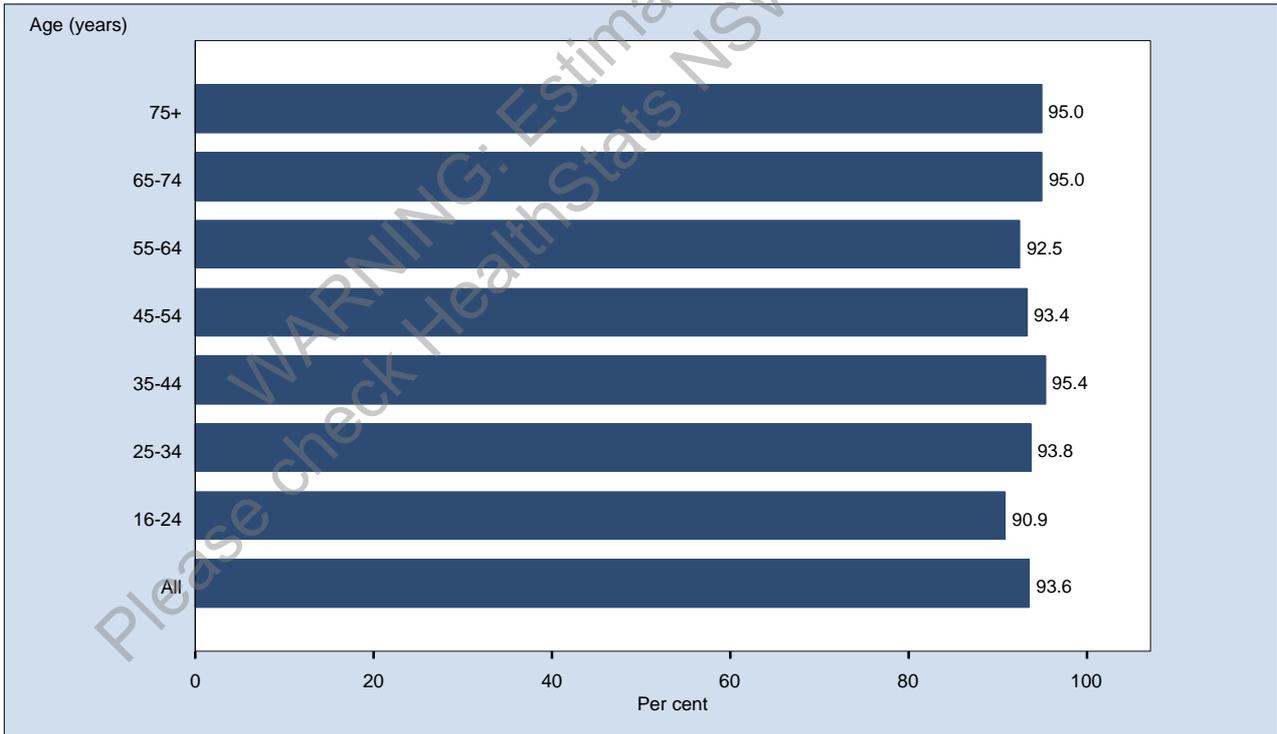
Smoke alarm or detector in the home, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,417 respondents in NSW. For this indicator 173 (2.01%) were not stated (Don't know or Refused) in NSW. The questions used were: Do you have smoke alarms installed in your home? If yes ask battery operated, hard wired or both?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

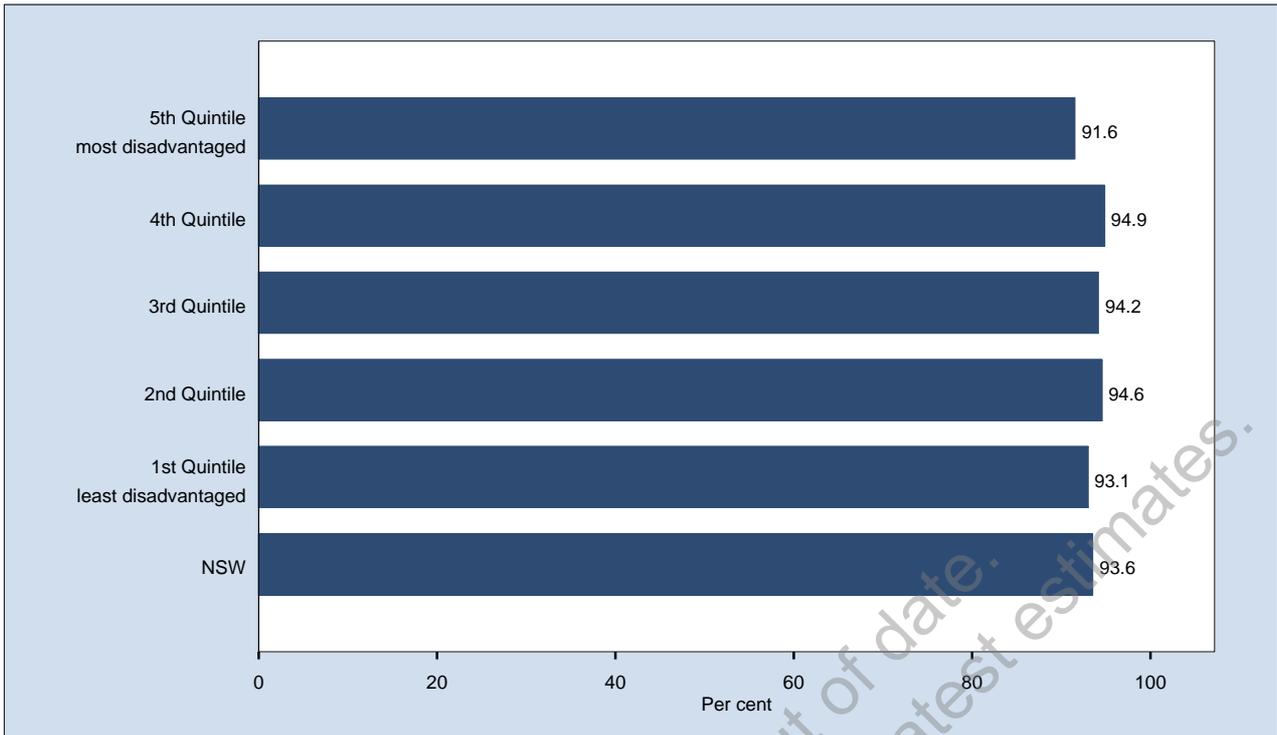
Live in homes with a smoke alarm or detector by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,417 respondents in NSW. For this indicator 173 (2.01%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have a smoke alarm or detector in their home. The question used to define the indicator was: Do you have smoke alarms installed in your home?

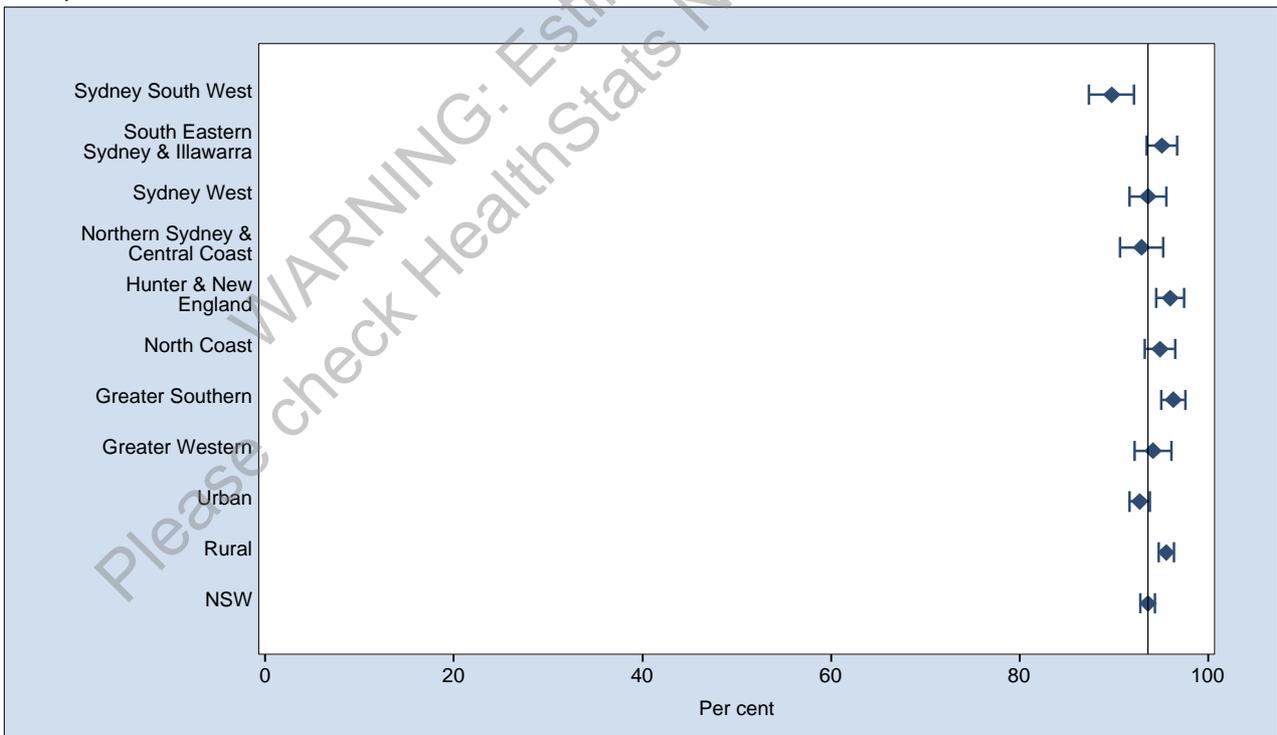
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Live in homes with a smoke alarm or detector by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



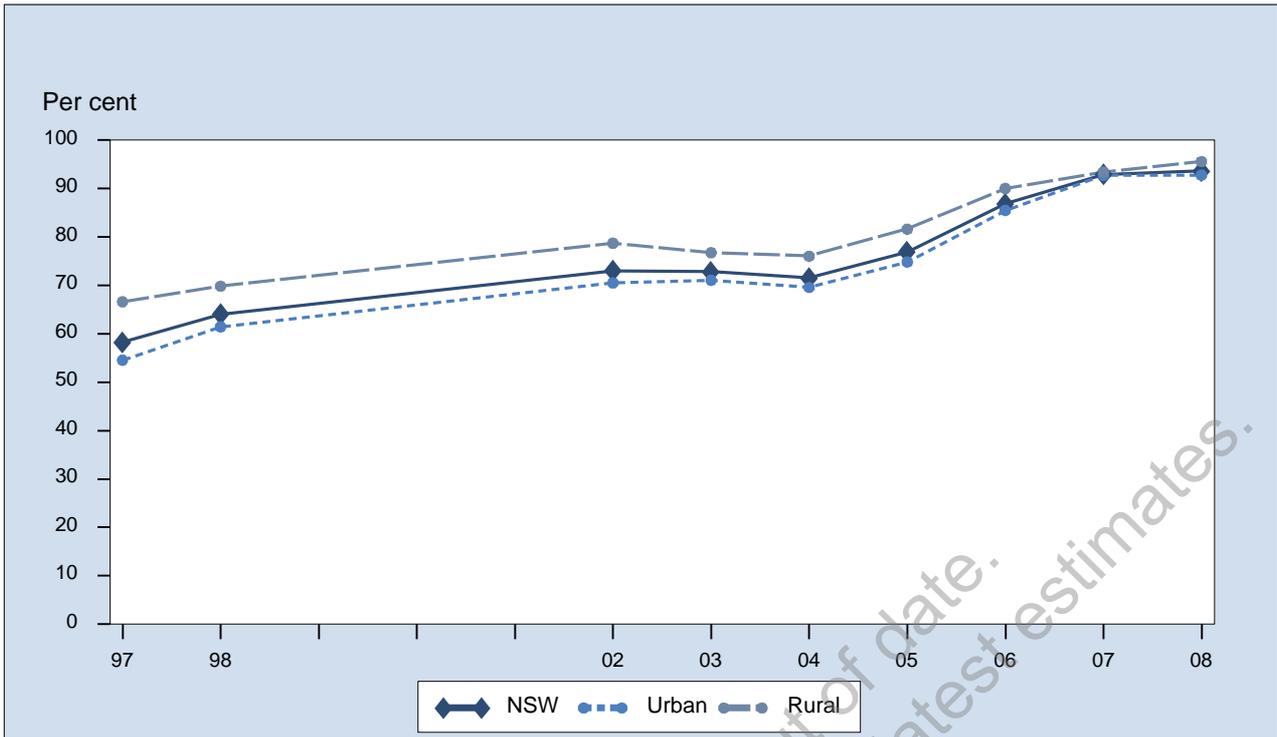
Note: Estimates are based on 8,417 respondents in NSW. For this indicator 173 (2.01%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have a smoke alarm or detector in their home. The question used to define the indicator was: Do you have smoke alarms installed in your home?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Live in homes with a smoke alarm or detector by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,417 respondents in NSW. For this indicator 173 (2.01%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have a smoke alarm or detector in their home. The question used to define the indicator was: Do you have smoke alarms installed in your home?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

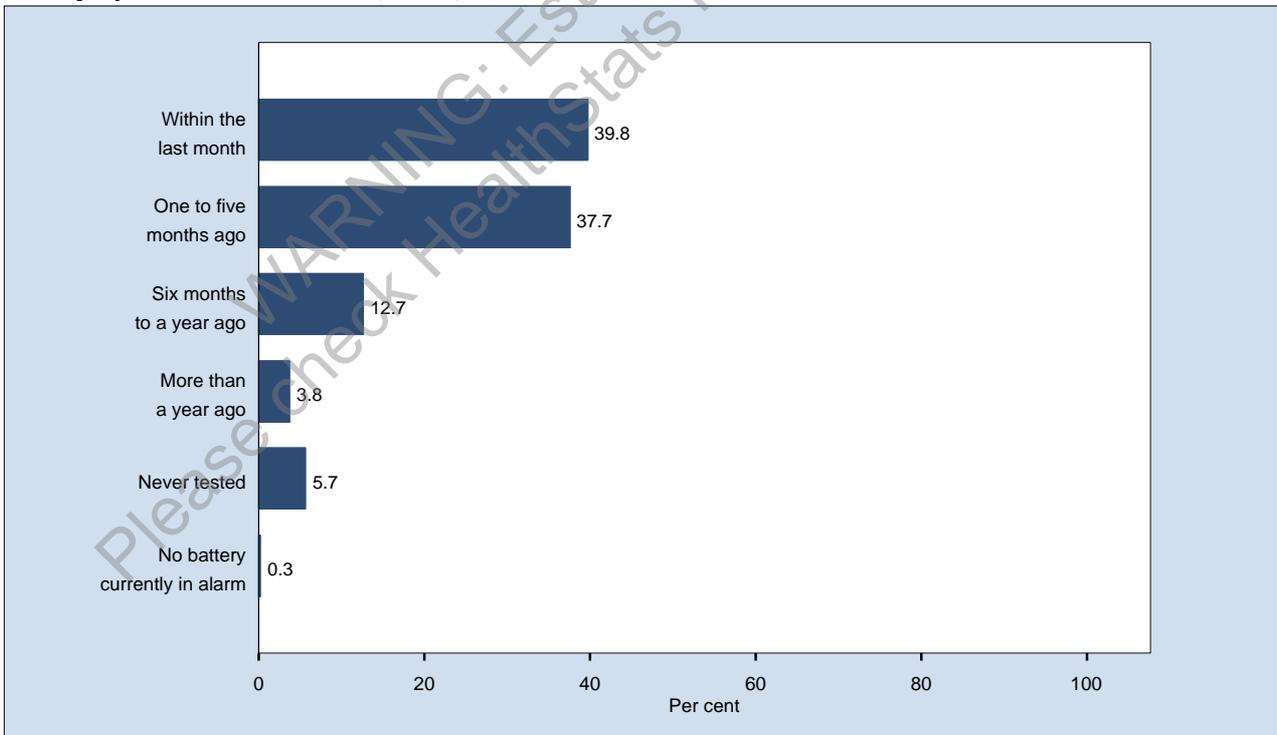
Live in homes with a smoke alarm or detector by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,467), 1998 (17,416), 2002 (12,564), 2003 (13,008), 2004 (8,892), 2005 (10,687), 2006 (7,795), 2007 (7,301), 2008 (8,417). The indicator includes those who have a smoke alarm or detector in their home. The question used to define the indicator was: Do you have smoke alarms installed in your home?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

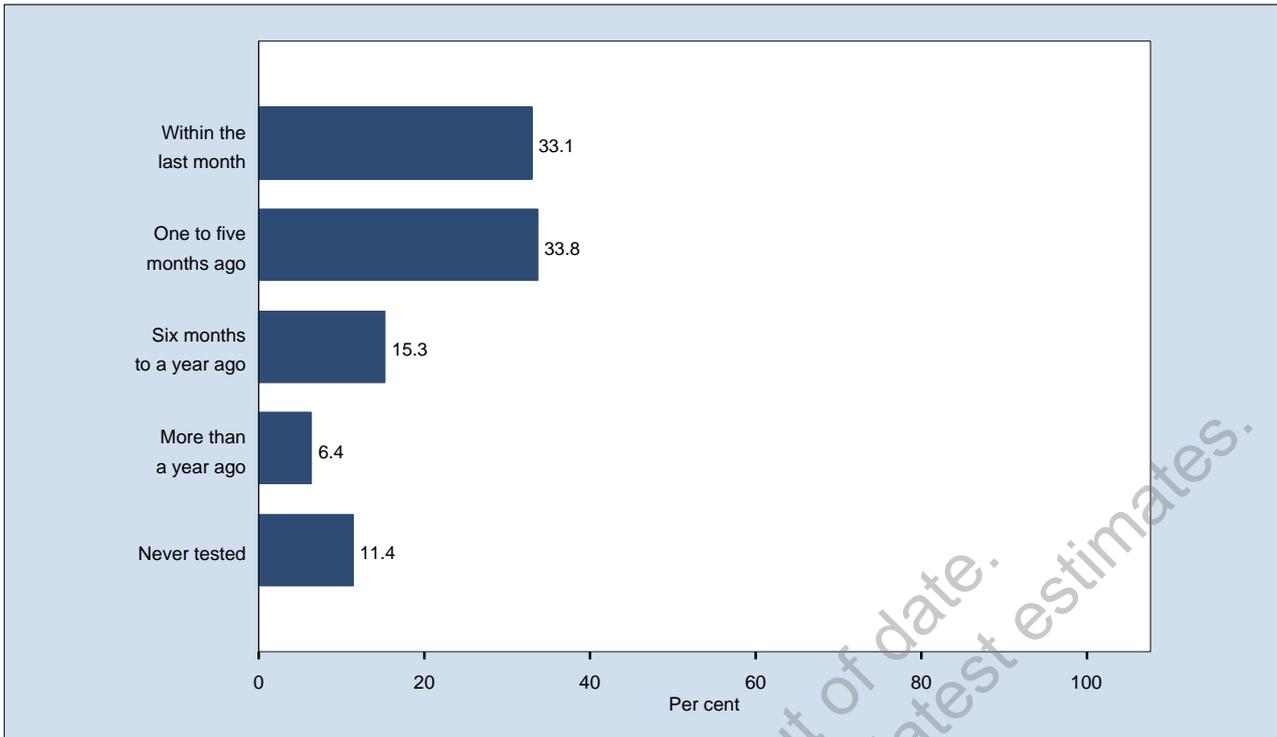
Last tested battery operated smoke alarm, adults aged 16 years and over living in households with a battery operated smoke alarm, NSW, 2008



Note: Estimates are based on 5,885 respondents in NSW. For this indicator 657 (10.04%) were not stated (Don't know or Refused) in NSW. The questions used were: Do you have smoke alarms installed in your home? If yes ask battery operated, hard wired or both? When did you last test the battery operated smoke alarm(s)?

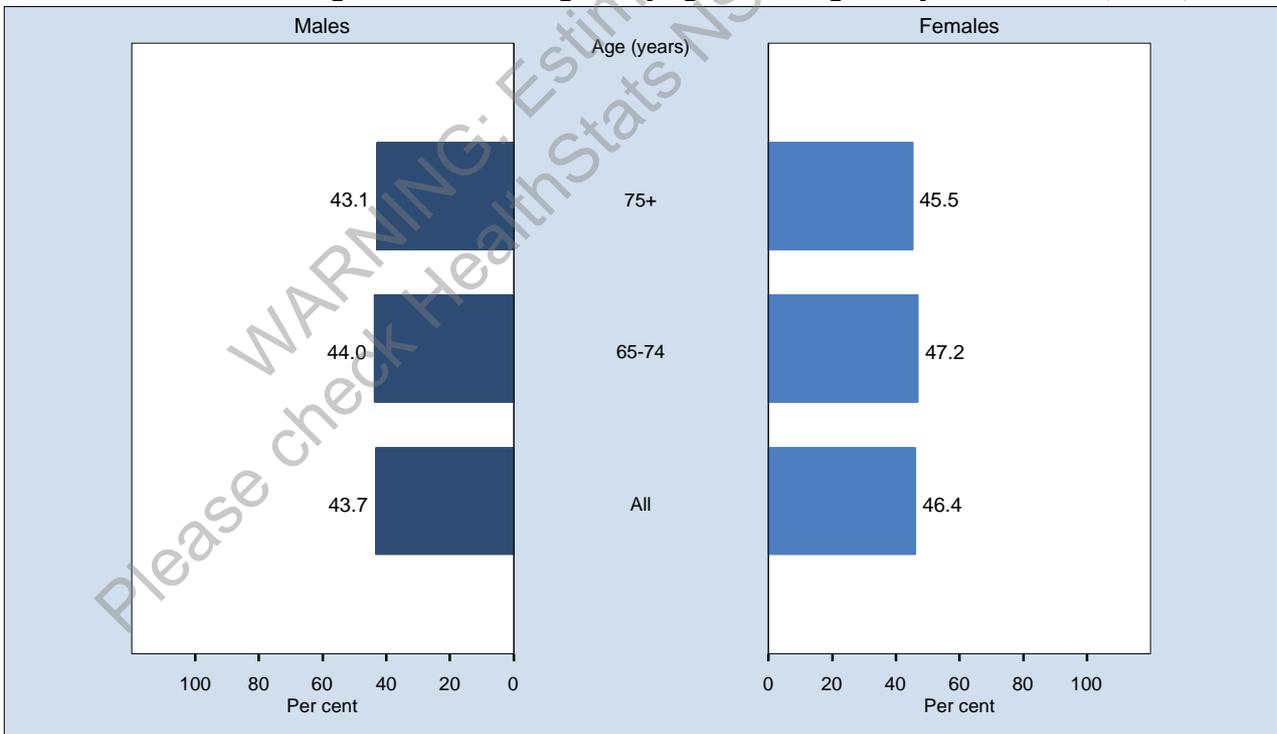
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Last tested hard wired operated smoke alarm, adults aged 16 years and over living in households with a hard wired smoke alarm, NSW, 2008



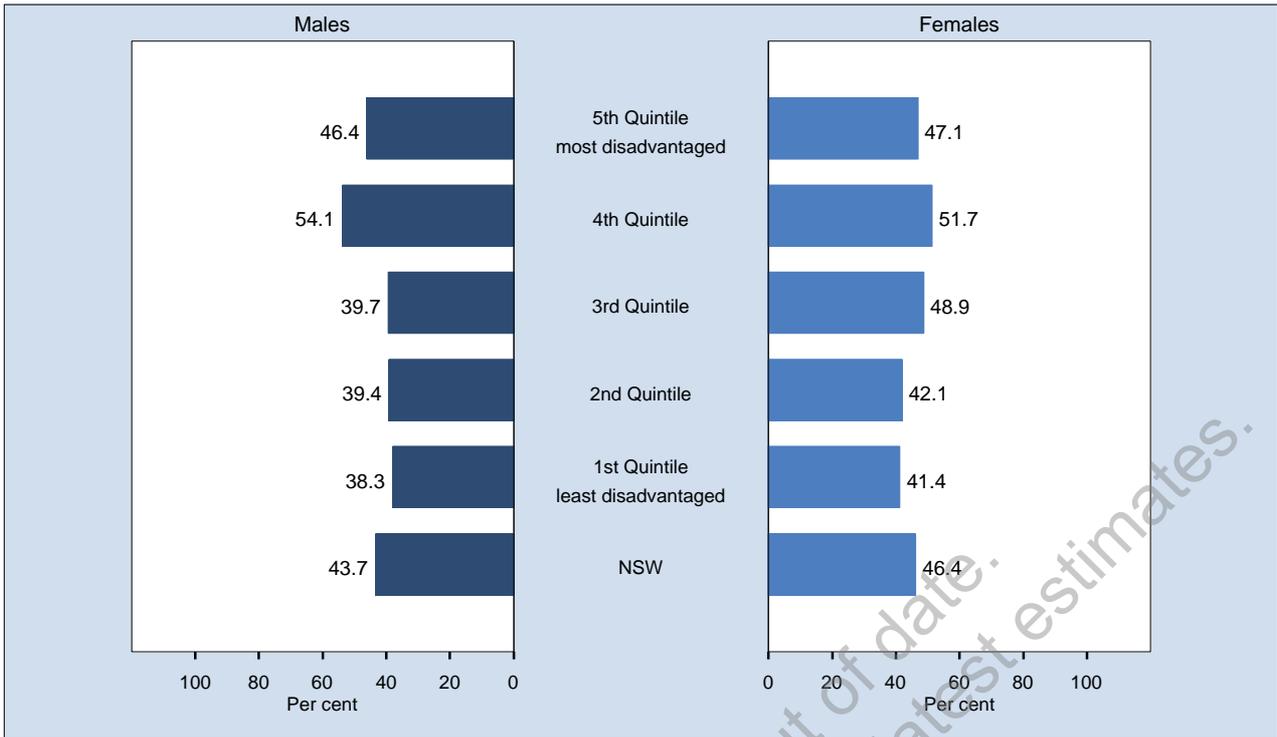
Note: Estimates are based on 2,001 respondents in NSW. For this indicator 359 (15.21%) were not stated (Don't know or Refused) in NSW. The questions used were: Do you have smoke alarms installed in your home?, If yes ask battery operated, hard wired or both? When did you last test the hard wired smoke alarm(s)?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Aware of the NSW Fire Brigades SABRE Program by age, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,623 respondents in NSW. For this indicator 53 (1.98%) were not stated (Don't know or Refused) in NSW. The indicator includes those respondents who are aware of the NSW Fire Brigades smoke alarm installation program. The question used to define the indicator was: Are you aware of the NSW Fire Brigades program to change or install battery operated fire alarms in homes for the elderly or disabled?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

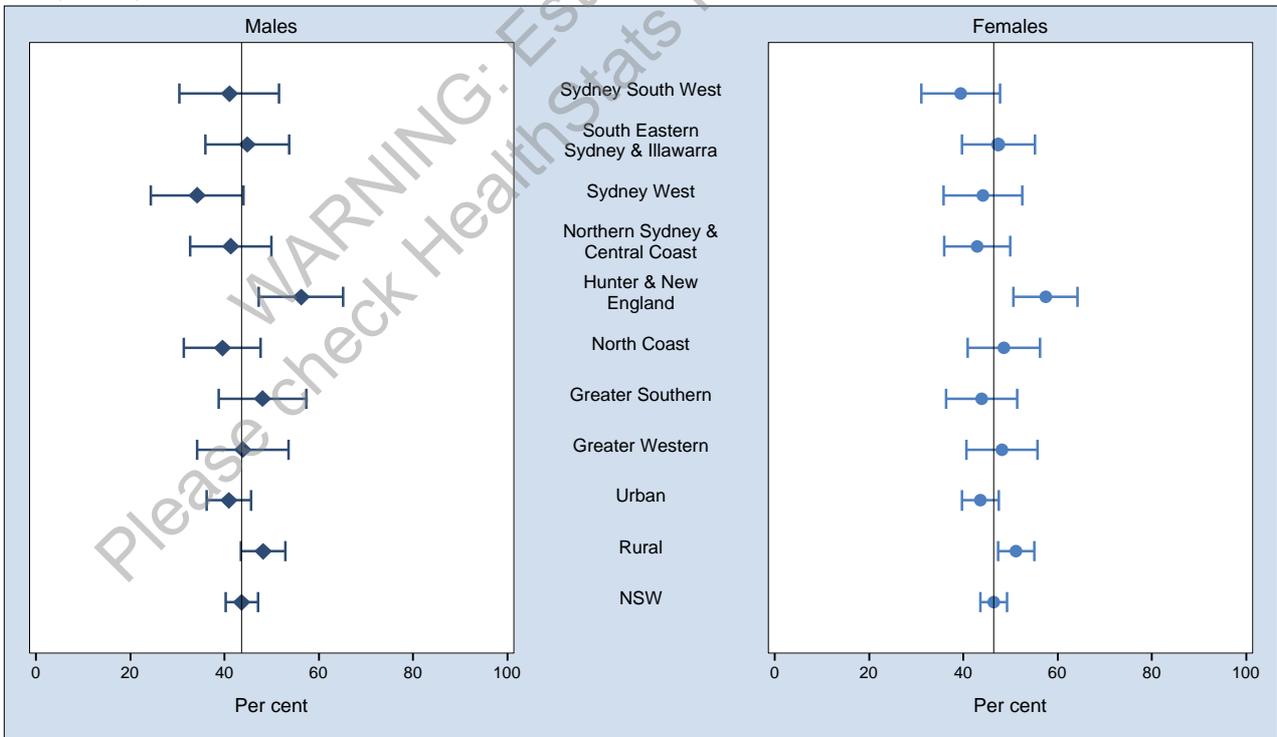
Aware of the NSW Fire Brigades SABRE Program by socioeconomic disadvantage, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,623 respondents in NSW. For this indicator 53 (1.98%) were not stated (Don't know or Refused) in NSW. The indicator includes those respondents who are aware of the NSW Fire Brigades smoke alarm installation program. The question used to define the indicator was: Are you aware of the NSW Fire Brigades program to change or install battery operated fire alarms in homes for the elderly or disabled?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

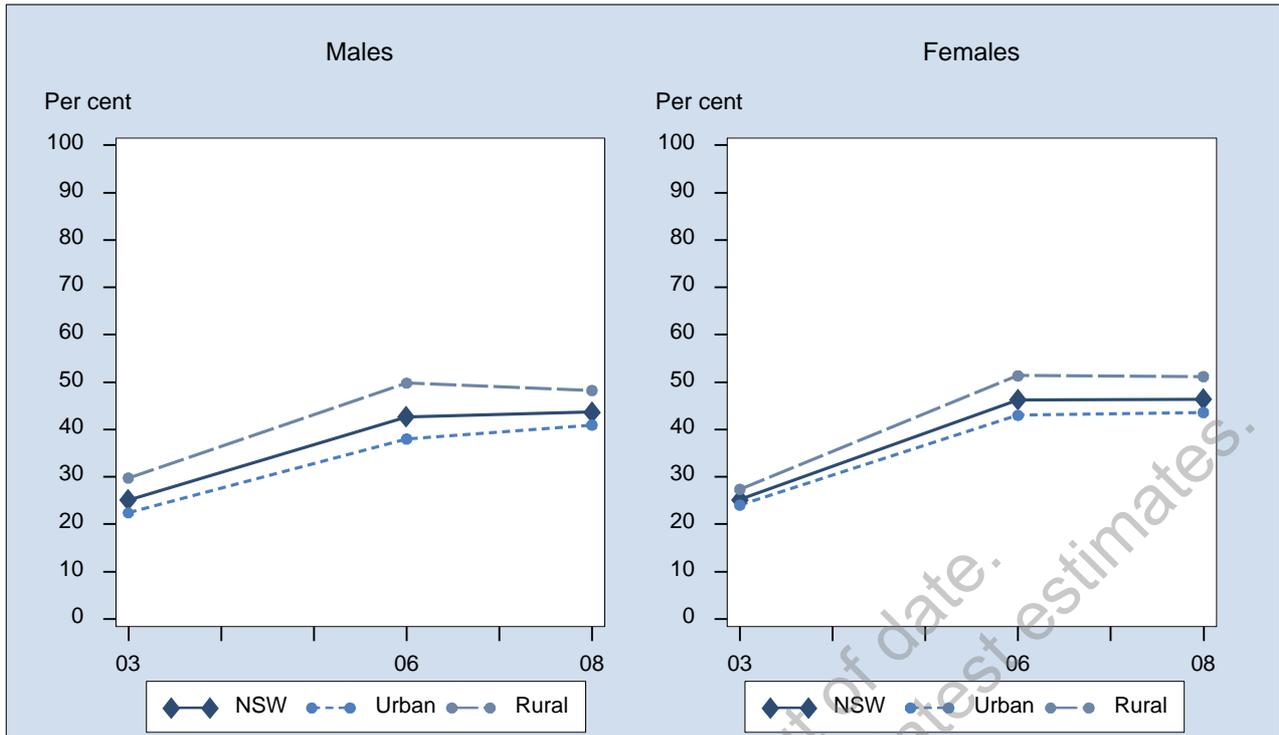
Aware of the NSW Fire Brigades SABRE Program by area health service, adults aged 65 years and over, NSW, 2008



Note: Estimates are based on 2,623 respondents in NSW. For this indicator 53 (1.98%) were not stated (Don't know or Refused) in NSW. The indicator includes those respondents who are aware of the NSW Fire Brigades smoke alarm installation program. The question used to define the indicator was: Are you aware of the NSW Fire Brigades program to change or install battery operated fire alarms in homes for the elderly or disabled?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

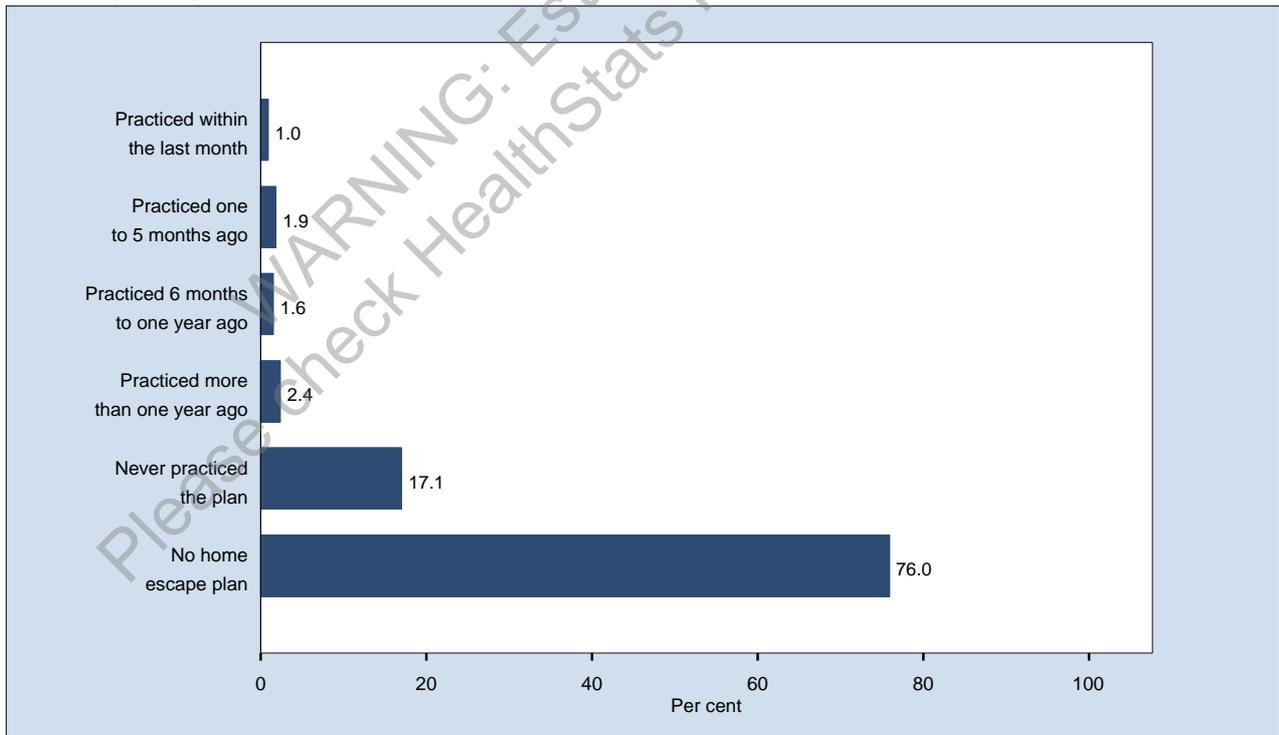
Aware of the NSW Fire Brigades SABRE Program by year, adults aged 65 years and over, NSW, 2003-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2003 (3,548), 2006 (1,654), 2008 (2,623). The indicator includes those respondents who are aware of the NSW Fire Brigades smoke alarm installation program. The question used to define the indicator was: Are you aware of the NSW Fire Brigades program to change or install battery operated fire alarms in homes for the elderly or disabled?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

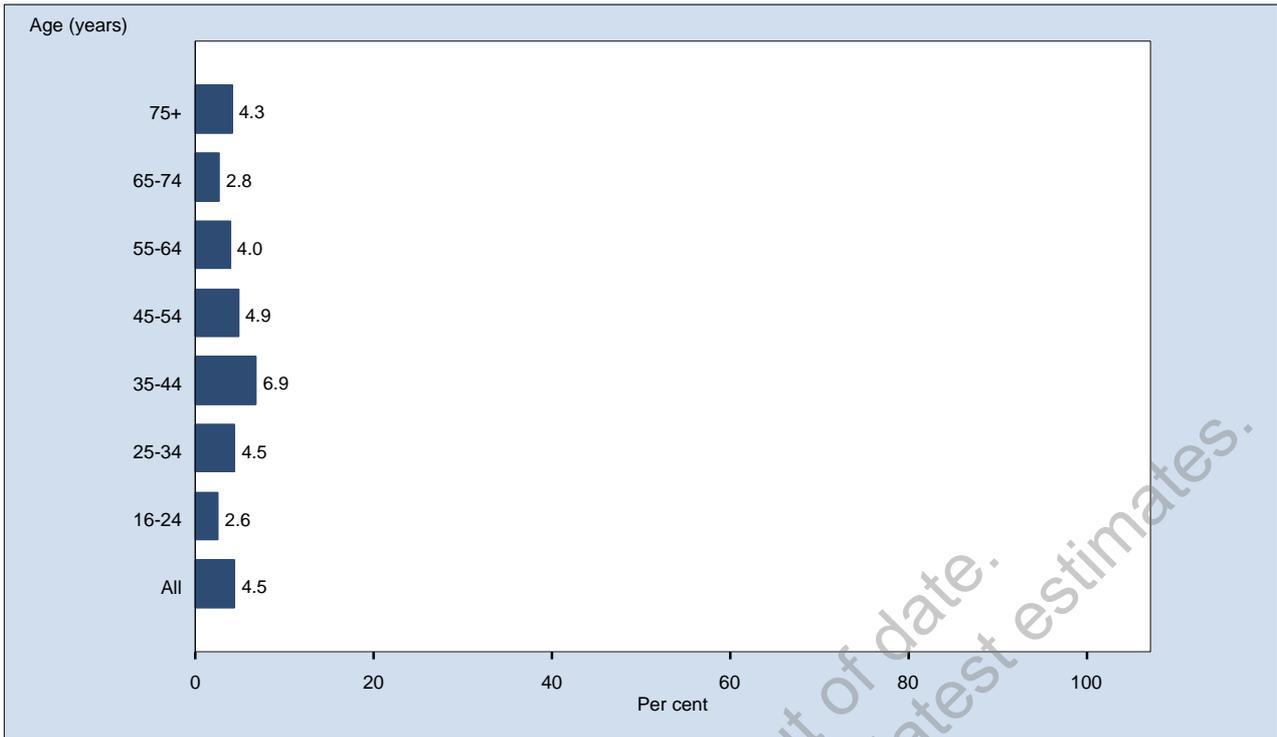
Live in home with an emergency escape plan and most recent practice of plan, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,372 respondents in NSW. For this indicator 218 (2.54%) were not stated (Don't know or Refused) in NSW. The questions used were: Does your household have a written home escape plan? When did your household last practice your home escape plan?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

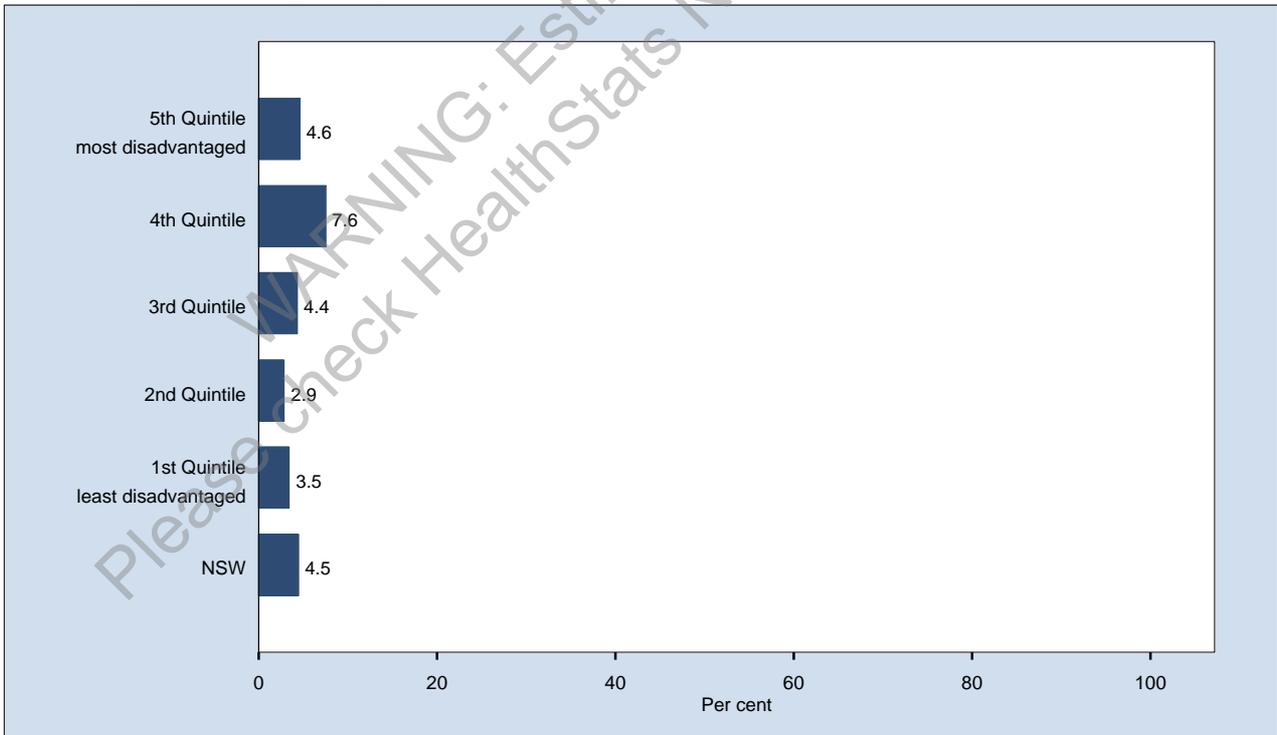
Live in homes with an emergency escape plan practiced in the last 12 months by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,372 respondents in NSW. For this indicator 218 (2.54%) were not stated (Don't know or Refused) in NSW. The questions used to define the indicator were: Does your household have a written home escape plan? When did your household last practice your home escape plan?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

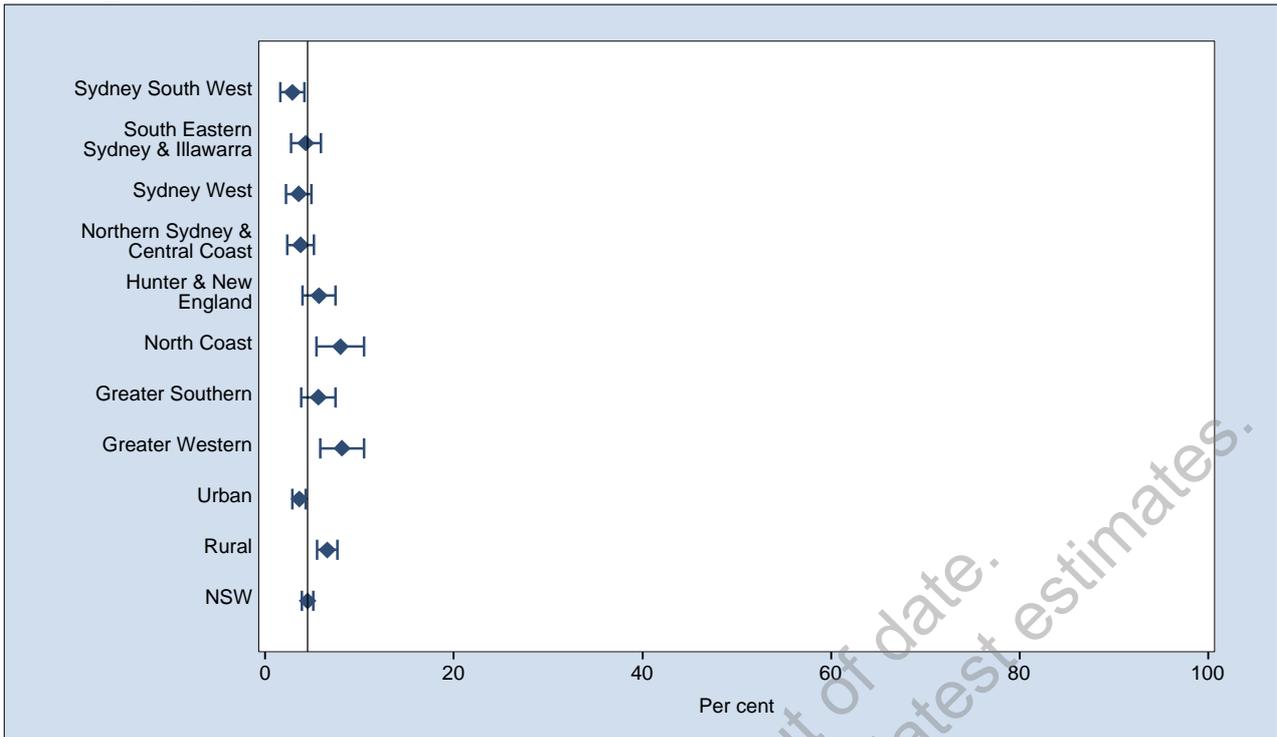
Live in homes with an emergency escape plan practiced in the last 12 months by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,372 respondents in NSW. For this indicator 218 (2.54%) were not stated (Don't know or Refused) in NSW. The questions used to define the indicator were: Does your household have a written home escape plan? When did your household last practice your home escape plan?

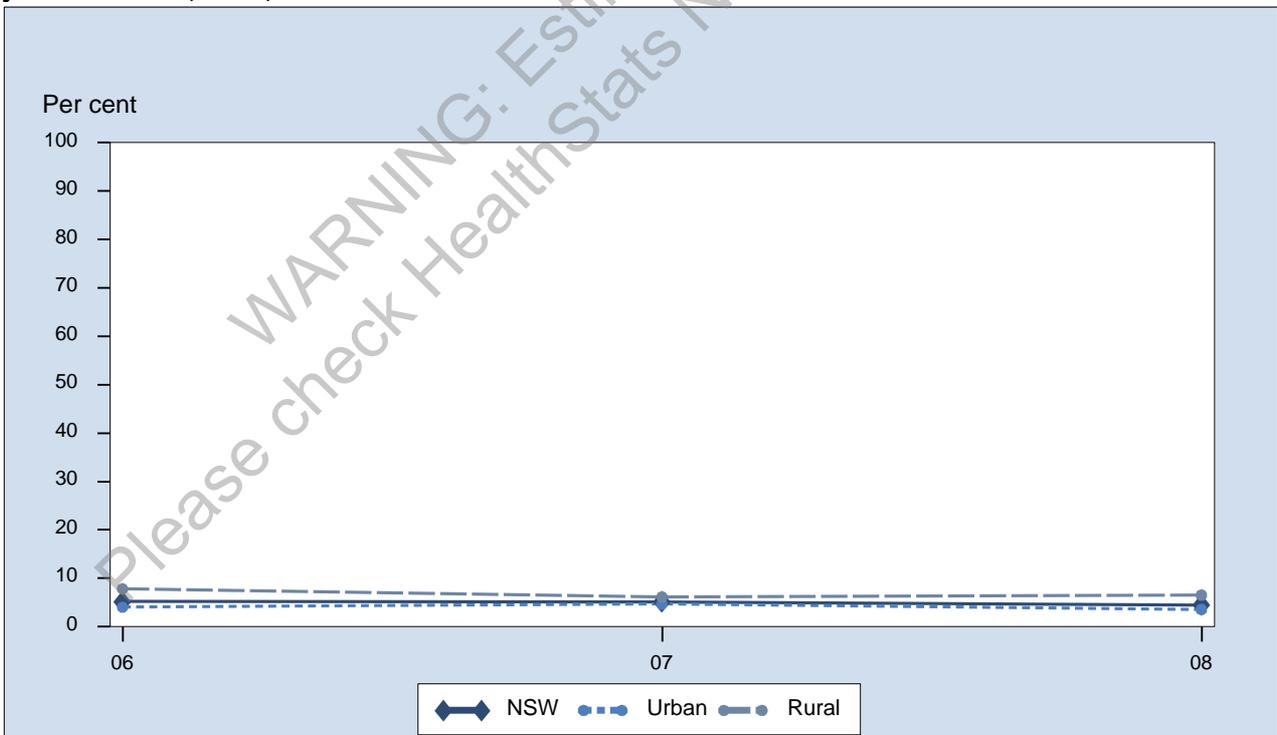
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Live in homes with an emergency escape plan practiced in the last 12 months by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,372 respondents in NSW. For this indicator 218 (2.54%) were not stated (Don't know or Refused) in NSW. The questions used to define the indicator were: Does your household have a written home escape plan? When did your household last practice your home escape plan?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Live in homes with an emergency escape plan practiced in the last 12 months by year, adults aged 16 years and over, NSW, 2006-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2006 (7,847), 2007 (7,255), 2008 (8,372). The questions used to define the indicator were: Does your household have a written home escape plan? When did your household last practice your home escape plan?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Nutrition

Introduction

Nutrition is important at all stages of life, and 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 for protection or risk, include: coronary heart disease, stroke, some cancers, type-2 diabetes, overweight and obesity, osteoporosis, dental caries, gall bladder disease, and diverticular disease.[1-4]

The Dietary Guidelines for Australian Adults stresses the importance of eating plenty of vegetables, legumes, and fruits; eating plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain; including lean meat, fish, poultry, and/or protein alternatives in the diet; including reduced fat varieties of milks, yoghurts, cheeses, and/or dairy alternatives in the diet; drinking plenty of water; limiting saturated fat and moderate total fat intake; choosing foods low in salt; limiting alcohol intake; and consuming only moderate amounts of sugars and foods containing added sugars. The 'Go for 2 & 5' fruit and vegetable campaign website provides information on why adults should eat at least 2 serves of fruit and 5 serves of vegetables each day, to maintain good health, and to help maintain a healthy weight.[5-8]

The New South Wales Population Health Survey includes 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.[9] 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 comparative monitoring.[10]

Adequate fruit and vegetable consumption is defined in the Australian Guide to Healthy Eating and the Dietary Guidelines for Australian Adults. The 'Go for 2 & 5' fruit and vegetable campaign provides a simplified message used as the basis for comparison in this survey.

The Dietary Guidelines for Australian Adults recommends serves of cereals (including breads, rice, pasta, and noodles) based on age, sex, and individual circumstances. For ease of respondent recall, the National Food and Nutrition Monitoring and Surveillance Project recommends breaking the cereals category into sub-categories: that is, collecting the frequency of consuming breads, cooked cereals, and breakfast cereals.[9] Thus the National Food and Nutrition Monitoring and Surveillance Project recommends comparing those who consume bread daily or more; rice, pasta, noodles, or other cooked cereals daily or more; and breakfast cereals 2 or more times a week, with those who do not.

The Dietary Guidelines for Australian Adults state that people should limit the consumption of saturated fats, and choose foods that are low in salt, without making any specific recommendations. However the National Food and Nutrition Monitoring and Surveillance Project recommends monitoring the percentage of the population that rarely or never eats fried potatoes, rarely or never eats salty snacks, and consumes processed meat products less than 3 times a week.[9]

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.[7]

Results

Fruit consumption

In 2008, 6.3 per cent of adults consumed no fruit each day, 10.4 per cent consumed less than 1 serve a day, 26.7 per cent consumed 1 serve a day, 32.9 per cent consumed 2 serves a day, 16.0 per cent consumed 3 serves a day, and 7.7 per cent consumed more than 3 serves a day.

Therefore, 56.6 per cent of adults consumed the recommended 2 or more serves of fruit each day. A significantly lower proportion of males (52.0 per cent) than females (60.9 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 (59.9 per cent) consumed the recommended number of serves of fruit each day, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 55-64 years (67.5 per cent), 65-74 years (72.8 per cent), and 75 years and over (72.8 per cent), and a significantly lower proportion of those aged 16-24 years (53.5 per cent), 35-44 years (52.2 per cent), consumed the recommended number of serves of fruit a day, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage or between rural and urban health areas. A significantly higher proportion of adults in the South Eastern Sydney & Illawarra Area Health Service (61.4 per cent), and a significantly lower proportion of adults in the Greater Western Area Health Service (51.1 per cent), consumed the recommended number of serves of fruit each day, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who consumed the recommended 2 or more serves of fruit each day (46.1 per cent to 56.6 per cent). The increase has been significant in males and females, and in urban and rural health areas.

Since 2007, there has been a significant increase in the proportion of adults who consumed the recommended 2 or more serves of fruit each day (54.4 per cent to 56.6 per cent). The increase has been significant in males.

Knowledge of recommended fruit consumption

In 2008, 87.7 per cent of adults knew the recommended number of serves of fruit each day. A significantly lower proportion of males (82.8 per cent) than females (92.1 per cent) knew the recommended number of serves of fruit each day. Among males, a significantly lower proportion of those aged 75 years and over (76.3 per cent) knew 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 75 years and over (85.1 per cent), knew the recommended number of serves of fruit each day, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage, or between rural and urban health areas, or among health areas.

Since 2006, there has been a significant increase in the proportion of adults who knew the recommended number of serves of fruit each day (84.9 per cent to 87.7 per cent). The increase has been significant in males and females, and in urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who knew the recommended number of serves of fruit each day.

In 2008, 55.7 per cent of adults knew and consumed the recommended number of serves of fruit each day, 31.9 per cent knew but did not consume the recommended number of serves, 1.5 per cent did not know but consumed the recommended number of serves, and 10.8 per cent neither knew nor consumed the recommended number of serves.

Vegetable consumption

In 2008, 1.0 per cent of adults consumed no vegetables each day, 5.5 per cent consumed less than 1 serve a day, 24.4 per cent consumed 1 serve a day, 26.5 per cent consumed 2 serves a day, 19.9 per cent consumed 3 serves a day, 12.5 per cent consumed 4 serves a day, 6.9 per cent consumed 5 serves a day, and 3.3 per cent consumed more than 5 serves a day.

Therefore, 10.2 per cent of adults consumed the recommended 5 or more serves of vegetables each day. A significantly lower proportion of males (7.2 per cent) than females (13.0 per cent) consumed the recommended number of serves of vegetables a day. Among males, a significantly higher proportion of those aged 65-74 years (10.7 per cent) consumed the recommended number of serves of vegetables each day, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 55-64 years (18.3 per cent) and 65-74 years (18.9 per cent), and a significantly lower proportion of those aged 16-24 years (6.6 per cent), consumed the recommended number of serves of vegetables a day, compared with the overall adult female population.

A significantly lower proportion of adults in the fifth or most disadvantaged quintile (7.9 per cent) consumed the recommended number of serves of vegetables a day, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (12.3 per cent) than urban health areas (9.3 per cent) consumed the recommended number of serves of vegetables a day. A significantly higher proportion of adults in the North Coast Health Service (14.1 per cent), and a significantly lower proportion of adults in the Sydney West Area Health Service (7.6 per cent), consumed the recommended number of serves of vegetables each day, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who consumed the recommended 5 or more serves of vegetables each day (8.9 per cent to 10.2 per cent). The increase has been significant in females, and in rural health areas.

However, since 2007, there has been no significant change in the proportion of adults who consumed the recommended 5 or more serves of vegetables each day.

Knowledge of recommended vegetable consumption

In 2008, 35.4 per cent of adults knew the recommended number of serves of vegetables each day. A significantly lower proportion of males (24.4 per cent) than females (45.3 per cent) knew the recommended number of serves of vegetables each day. Among males, a significantly lower proportion of those aged 45-54 years (19.4 per cent) knew the recommended number of serves of vegetables each day, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 75 years and over (40.2 per cent) knew the recommended number of serves of vegetables each day, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage.

A significantly higher proportion of adults in rural health areas (37.7 per cent) than urban health areas (34.5 per cent) knew the recommended number of serves of vegetables each day. There was no significant difference among health areas.

Since 2006, there has been a significant increase in the proportion of adults who knew the recommended number of serves of vegetables each day (27.3 per cent to 35.4 per cent). The increase has been significant in males and females, and in urban and rural health areas.

However, since 2007, there has been no significant change in the proportion of adults who knew the recommended number of serves of vegetables each day.

In 2008, 9.3 per cent of adults knew and consumed the recommended number of serves of vegetables each day, 26.3 per cent knew but did not consume the recommended number of serves, 1.6 per cent did not know but consumed the recommended number of serves, and 62.8 per cent neither knew nor consumed the recommended number of serves.

Consumes 3 or more serves of vegetable a day

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. In 2008, 42.6 per cent of adults consumed 3 or more serves of vegetables a day. A significantly lower proportion of males (34.1 per cent) than females (50.6 per cent) consumed 3 or more serves of vegetables a day. Among males, a significantly higher proportion of those aged 55-64 years (41.1 per cent), 65-74 years (44.6 per cent), and 75 years and over (48.6 per cent), and a significantly lower proportion of those aged 25-34 years (27.1 per cent) consumed 3 or more serves of vegetables a day, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 55-64 years (61.4 per cent), 65-74 years (62.3 per cent), and 75 years and over (57.5 per cent), and a significantly lower proportion of those aged 16-24 years (32.8 per cent), consumed 3 or more serves of vegetables a day, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (46.7 per cent), and a significantly lower proportion of adults in the fifth or most disadvantaged quintile (35.8 per cent), consumed 3 or more serves of vegetables a day, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (46.9 per cent) than urban health areas (40.8 per cent) consumed 3 or more serves of vegetables a day. A significantly higher proportion of adults in the Hunter & New England (47.9 per cent) and Greater Southern (48.8 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West (35.1 per cent) and Sydney West (35.8 per cent) Area Health Services, consumed 3 or more serves of vegetables a day, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who consumed 3 or more serves of vegetables a day (34.0 per cent to 42.6 per cent). The increase has been significant in males and females, and in urban and rural health areas.

Since 2007, there has been a significant increase in the proportion of adults who consumed 3 or more serves of vegetables a day (40.3 per cent to 42.6 per cent). The increase has been significant in urban health areas.

Bread consumption

In 2008, 3.8 per cent of adults rarely or never consumed bread, 19.4 per cent consumed less than 1 serve a day, 50.8 per cent consumed 1 serve a day, 20.9 per cent consumed 2 serves a day, 3.8 per cent consumed 3 serves a day, 0.7 per cent consumed 4 serves a day, 0.3 per cent consumed 5 serves a day, and 0.2 per cent consumed more than 5 serves a day.

Therefore, 76.7 per cent of adults consumed bread once a day or more. A significantly higher proportion of males (80.6 per cent) than females (73.1 per cent) consumed bread once a day or more. Among males, a significantly higher proportion of those aged 16-24 years (86.9 per cent), 65-74 years (87.0 per cent), and 75 years and over (89.4 per cent), and a significantly lower proportion of those aged 35-44 years (74.7 per cent), consumed bread once a day or more, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 65-74 years (79.1 per cent) and 75 years and over (85.0 per cent), and a significantly lower proportion of those aged 25-34 years (67.8 per cent), consumed bread once a day or more, compared with the overall adult female population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (73.4 per cent) consumed bread once a day or more, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (79.5 per cent) than urban health areas (75.5 per cent) consumed bread once a day or more. A significantly higher proportion of adults in the Hunter & New England (80.3 per cent), Greater Southern (84.1 per cent), and Greater Western (80.1 per cent) Area Health Services consumed bread once a day or more, compared with the overall adult population.

Since 2004, there has been a significant decrease in the proportion of adults who consumed bread once a day or more (82.1 per cent to 76.7 per cent). The decrease has been significant in males and females, and in urban and rural health areas.

However, since 2007, there has been no significant change in the proportion of adults who consumed bread once a day or more.

Pasta, rice, noodles, or other cooked cereal consumption

In 2008, 6.2 per cent of adults rarely or never consumed pasta, rice, noodles, or other cooked cereals; 22.4 per cent consumed pasta, rice, noodles, or other cooked cereals less than 2 times a week; 42.5 per cent consumed pasta, rice, noodles, or other cooked cereals 2-3 times a week; 14.6 per cent consumed pasta, rice, noodles, or other cooked cereals 4-6 times a week; 11.4 per cent consumed pasta, rice, noodles, or other cooked cereals daily; and 2.8 per cent consumed pasta, rice, noodles, or other cooked cereals more than daily.

Therefore, 14.3 per cent of adults consumed pasta, rice, noodles, or other cooked cereals once a day or more. There was no significant difference between males and females. A significantly higher proportion of adults aged 16-24 years (20.1 per cent) and 25-34 years (21.7 per cent), and a significantly lower proportion of adults aged 55-64 years (7.5 per cent), 65-74 years (5.3 per cent), and 75 years and over (3.8 per cent) consumed pasta, rice, noodles, or other cooked cereals once a day or more, compared with the overall adult population.

A significantly lower proportion of adults in the fourth disadvantaged quintile (9.3 per cent) consumed pasta, rice, noodles, or other cooked cereals once a day or more, compared with the overall adult population.

A significantly lower proportion of adults in rural health areas (6.2 per cent) than urban health areas (17.8 per cent) consumed pasta, rice, noodles, or other cooked cereals once a day or more. A significantly lower proportion of adults in the Hunter & New England (5.9 per cent), North Coast (6.7 per cent), Greater Southern (6.5 per cent), and Greater Western (6.0 per cent) Area Health Services, and a significantly higher proportion of adults in the Sydney West Area Health Service (17.8 per cent) consumed pasta, rice, noodles, or other cooked cereals once a day or more, compared with the overall adult population.

Since 2004, there has been no significant change in the proportion of adults who consumed pasta, rice, noodles, or other cooked cereals once a day or more.

However, since 2007, there has been a significant decrease in the proportion of adults who consumed pasta, rice, noodles, or other cooked cereals once a day or more (16.1 per cent to 14.3 per cent). The decrease has been significant in males, and in rural health areas.

Breakfast cereal consumption

In 2008, 25.2 per cent of adults rarely or never consumed breakfast cereal, 7.4 per cent consumed breakfast cereal less than 2 times a week, 13.8 per cent consumed breakfast cereal 2-3 times a week, 7.6 per cent consumed breakfast cereal 4-6 times a week, 45.2 per cent consumed breakfast cereal daily, and 0.7 per cent consumed breakfast cereal more than daily.

Therefore, 67.4 per cent of adults consumed breakfast cereal 2 times a week or more. There was no significant difference between males and females. A significantly lower proportion of adults aged 16-24 years (56.8 per cent), and a significantly higher proportion of adults aged 65-74 years (77.6 per cent) and 75 years and over (82.9 per cent) consumed breakfast cereal 2 times a week or more, compared with the overall adult population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (71.3 per cent) consumed breakfast cereal 2 times a week or more, compared with the overall adult population.

There was no significant difference between urban and rural health areas. A significantly lower proportion of adults in the Sydney South West Area Health Service (63.0 per cent) consumed breakfast cereal 2 times a week or more, compared with the overall adult population.

Since 2004, there has been no significant change in the proportion of adults who consumed breakfast cereal 2 times a week or more.

Since 2007, there has been no significant change in the proportion of adults who consumed breakfast cereal 2 times a week or more.

Red meat consumption

In 2008, 6.9 per cent of adults rarely or never consumed red meat (beef, lamb, liver, and kidney but not pork or ham), 3.6 per cent consumed red meat less than once a week, 10.9 per cent consumed red meat once a week, 21.5 per cent consumed red meat twice a week, 24.6 per cent consumed red meat 3 times a week, 16.5 per cent consumed red meat 4 times a week, 6.6 per cent consumed red meat 5 times a week, and 9.5 per cent consumed red meat more than 5 times a week.

Therefore, 42.8 per cent of adults consumed red meat less than 3 times a week. A significantly lower proportion of males (40.8 per cent) than females (44.8 per cent) consumed red meat less than 3 times a week. Among males, there was no significant difference among age groups, compared with the overall adult male population. Among females, there was no significant difference among age groups, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage.

A significantly lower proportion of adults in rural health areas (37.2 per cent) than urban health areas (45.4 per cent) consumed red meat less than 3 times a week. A significantly lower proportion of adults in the Hunter & New England (37.2 per cent), Greater Sydney (33.4 per cent), and Greater Western (30.9 per cent) Area Health Services consumed red meat less than 3 times a week, compared with the overall adult population.

Since 2007, there has been no significant change in the proportion of adults who consumed red meat less than 3 times a week.

Low fat, reduced fat, or skim milk consumption

In 2008, 4.3 per cent of adults did not consume milk, 47.5 consumed whole milk, 31.8 per cent consumed low or reduced fat milk, and 16.0 per cent consumed skim milk.

Therefore, 47.9 per cent of adults usually consumed low or reduced fat or skim milk. A significantly lower proportion of males (40.9 per cent) than females (54.4 per cent) usually consumed low or reduced fat or skim milk. Among males, a significantly lower proportion of those aged 16-24 years (26.7 per cent), and a significantly higher proportion of those aged 45-54 years (47.4 per cent), 55-64 years (54.0 per cent), and 65-74 years (50.5 per cent) usually consumed low or reduced fat or skim milk, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (42.9 per cent), and a significantly higher proportion of those aged 45-54 years (60.6 per cent), 55-64 years (63.0 per cent), and 65-74 years (64.1 per cent), usually consumed low or reduced fat or skim milk, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (58.2 per cent), and a significantly lower proportion of adults in third disadvantaged quintile (43.6 per cent) and the fifth or most disadvantaged quintile (38.9 per cent), usually consumed low or reduced fat or skim milk, compared with the overall adult population.

A significantly lower proportion of adults in rural health areas (44.5 per cent) than urban health areas (49.3 per cent) usually consumed low or reduced fat or skim milk. A significantly higher proportion of adults in the Northern Sydney & Central Coast Health Area Health Service (57.6 per cent), and a significantly lower proportion of adults in the Sydney South West (42.1 per cent), North Coast (41.6 per cent), and Greater Southern (43.3 per cent) Area Health Services, usually consumed low or reduced fat or skim milk, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who usually consumed low or reduced fat or skim milk (45.5 per cent to 47.9 per cent). The increase has been significant in males, and in urban health areas.

Since 2007, there has been a significant increase in the proportion of adults who usually consumed low or reduced fat or skim milk (45.7 per cent to 47.9 per cent). The increase has been significant in urban health areas.

Fried potato consumption

In 2008, 29.1 per cent of adults rarely or never consumed fried potatoes (hot chips, french fries, wedges, or fried potatoes), 27.6 per cent consumed fried potatoes less than once a week, 23.7 per cent consumed fried potatoes once a week, 11.6 per cent consumed fried potatoes twice a week, 4.1 per cent consumed fried potatoes 3 times a week, 1.7 per cent consumed fried potatoes 4 times a week, 0.7 per cent consumed fried potatoes 5 times a week, and 1.5 per cent consumed fried potatoes more than 5 times a week.

A significantly lower proportion of males (23.4 per cent) than females (34.5 per cent) rarely or never consumed fried potatoes. Among males, a significantly lower proportion of those aged 16-24 years (10.7 per cent) and 35-44 years (15.0 per cent), and a significantly higher proportion of those aged 55-64 years (33.2 per cent), 65-74 years (38.8 per cent), and 75 years and over (41.1 per cent), rarely or never consumed fried potatoes, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (18.9 per cent) and 25-34 years (22.9 per cent), and a significantly higher proportion of those aged 55-64 years (44.6 per cent), 65-74 years (51.3 per cent), and 75 years and over (58.0 per cent), rarely or never consumed fried potatoes, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (33.5 per cent) rarely or never consumed fried potatoes, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly lower proportion of adults in the Hunter & New England Area Health Service (25.6 per cent) rarely or never consumed fried potatoes, compared with the overall adult population.

Since 2005, there has been no significant change in the proportion of adults who rarely or never consumed fried potatoes.

Since 2007, there has been no significant change in the proportion of adults who rarely or never consumed fried potatoes; however, there has been a significant increase in males and urban health areas.

Salty snack consumption

In 2008, 45.1 per cent of adults rarely or never consumed potato crisps or other salty snacks, 20.6 per cent consumed potato crisps or other salty snacks less than once a week, 16.5 per cent consumed potato crisps or other salty snacks once a week, 8.2 per cent consumed potato crisps or other salty snacks twice a week, 4.2 per cent consumed potato crisps or other salty snacks 3 times a week, 1.3 per cent consumed potato crisps or other salty snacks 4 times a week, 0.6 per cent consumed potato crisps or other salty snacks 5 times a week, and 3.5 per cent consumed potato crisps or other salty snacks more than 5 times a week.

A significantly lower proportion of males (40.4 per cent) than females (49.7 per cent) rarely or never consumed potato crisps or other salty snacks. Among males, a significantly lower proportion of those aged 16-24 years (20.3 per cent), 25-34 years (31.5 per cent), and 35-44 years (29.1 per cent), and a significantly higher proportion of those aged 55-64 years (58.3 per cent), 65-74 years (68.6 per cent), and 75 years and over (73.5 per cent), rarely or never consumed potato crisps or other salty snacks, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (30.9 per cent), 25-34 years (37.4 per cent), and 35-44 years (38.8 per cent), and a significantly higher proportion of those aged 55-64 years (65.9 per cent), 65-74 years (75.1 per cent), and 75 years and over (80.3 per cent), rarely or never consumed potato crisps or other salty snacks, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage, or between urban and rural health areas, or among health areas.

Since 2005, there has been no significant change in the proportion of adults who rarely or never consumed potato crisps or other salty snacks.

Since 2007, there has been no significant change in the proportion of adults who rarely or never consumed potato crisps or other salty snacks.

Processed meat consumption

In 2008, 22.5 per cent of adults rarely or never consumed processed meat products (sausages, frankfurts, devon, salami, meat pies, bacon, or ham), 15.3 per cent consumed processed meat products less than once a week, 24.9 per cent consumed processed meat products once a week, 16.3 per cent consumed processed meat products twice a week, 9.5 per cent consumed processed meat products 3 times a week, 3.9 per cent consumed processed meat products 4 times a week, 1.9 per cent consumed processed meat products 5 times a week, and 5.8 per cent consumed processed meat products more than 5 times a week.

Therefore, 79.0 per cent of adults consumed processed meat products less than 3 times a week. A significantly lower proportion of males (72.8 per cent) than females (84.8 per cent) consumed processed meat products less than 3 times a week. Among males, a significantly lower proportion of those aged 16-24 years (58.3 per cent), and a significantly higher proportion of those aged 55-64 years (80.4 per cent), 65-74 years (82.9 per cent), and 75 years and over (85.5 per cent), consumed processed meat products less than 3 times a week, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (75.1 per cent), and a significantly higher proportion of those aged 45-54 years (88.3 per cent), 55-64 years (91.7 per cent), and 65-74 years (89.5 per cent), and 75 years and over (88.6 per cent), consumed processed meat products less than 3 times a week, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (83.7 per cent), and a significantly lower proportion of adults in the fifth or most disadvantaged quintile (75.1 per cent), consumed processed meat products less than 3 times a week, compared with the overall adult population.

A significantly lower proportion of adults in rural health areas (75.9 per cent) than urban health areas (80.3 per cent) consumed processed meat products less than 3 times a week. A significantly lower proportion of adults in the Hunter & New England (74.5 per cent) and Greater Western (73.7 per cent) Area Health Services consumed processed meat products less than 3 times a week, compared with the overall adult population.

Since 1997, there has been no significant change in the proportion of adults who consumed processed meat products less than 3 times a week; however, there has been a significant decrease in females.

Since 2007, there has been no significant change in the proportion of adults who consumed processed meat products less than 3 times a week.

Soft drink, cordial, or sports drink consumption

In 2008, 49.4 per cent of adults never consumed soft drinks or cordials or sports drinks, 6.5 per cent consumed 1 cup a week, 6.6 per cent consumed 2 cups a week, 7.8 per cent consumed 3-5 cups a week, 13.9 per cent consumed 6-10 cups a week, and 15.8 per cent consumed 11 or more cups a week.

Therefore, 62.5 per cent of adults consumed 2 cups or less of soft drinks or cordials or sports drinks a week. A significantly lower proportion of males (55.3 per cent) than females (69.5 per cent) consumed 2 cups or less of soft drinks or cordials or sports drinks a week. Among males, a significantly lower proportion of those aged 16-24 years (31.0 per cent) and 25-34 years (41.6 per cent), and a significantly higher proportion of those aged 45-54 years (63.9 per cent), 55-64 years (69.2 per cent), 65-74 years (75.9 per cent), and 75 years and over (80.1 per cent), consumed 2 cups or less of soft drinks or cordials or sports drinks a week, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (53.8 per cent) and 25-34 years (60.3 per cent), and a significantly higher proportion of those aged 55-64 years (78.2 per cent), 65-74 years (84.6 per cent), and 75 years and over (83.1 per cent), consumed 2 cups or less of soft drinks or cordials or sports drinks a week, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (70.5 per cent), and a significantly lower proportion of adults in the third disadvantaged quintile (58.0 per cent), consumed 2 cups or less of soft drinks or cordials or sports drinks a week, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the Northern Sydney & Central Coast (69.5 per cent) and North Coast (67.3 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney West (55.6 per cent) and Greater Western (53.0 per cent) Area Health Services, consumed 2 cups or less of soft drinks or cordials or sports drinks a week, compared with the overall adult population.

Since 2006, there has been a significant increase in the proportion of adults who consumed 2 cups or less of soft drinks or cordials or sports drinks a week (60.1 per cent to 62.5 per cent). The increase has been significant in females, and in urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who consumed 2 cups or less of soft drinks or cordials or sports drinks a week.

Takeway food consumption

In 2008, 37.3 per cent of adults rarely or never consumed takeway foods (such as burgers, pizza, chicken or chips from take-away places), 31.5 per cent consumed takeway foods less than once a week, 20.4 per cent consumed takeway foods once a week, and 10.8 per cent consumed takeway foods twice a week or more.

A significantly lower proportion of males (30.9 per cent) than females (43.4 per cent) rarely or never consumed takeway foods. Among males, a significantly lower proportion of those aged 16-24 years (10.1 per cent), 25-34 years (13.4 per cent), and 35-44 years (21.2 per cent), and a significantly higher proportion of those aged 55-64 years (49.1 per cent), 65-74 years (64.7 per cent), and 75 years and over (76.2 per cent), rarely or never consumed takeway foods, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (18.7 per cent), 25-34 years (25.5 per cent), and 35-44 years (31.6 per cent), and a significantly higher proportion of those aged 45-54 years (48.2 per cent), 55-64 years (62.2 per cent), 65-74 years (74.1 per cent), and 75 years and over (82.1 per cent), rarely or never consumed takeway foods, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (44.0 per cent), and a significantly lower proportion of adults in the third disadvantaged quintile (33.8 per cent) and fifth or most disadvantaged quintile (33.3 per cent), rarely or never consumed takeway foods, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (39.4 per cent) than urban health areas (36.4 per cent) rarely or never consumed takeaway foods. A significantly higher proportion of adults in the Northern Sydney & Central Coast (42.0 per cent) and North Coast (45.5 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney West Area Health Service (28.2 per cent), rarely or never consumed takeaway foods, compared with the overall adult population.

Since 2006, there has been no significant change in the proportion of adults who rarely or never consumed takeaway foods.

Since 2007, there has been no significant change in the proportion of adults who rarely or never consumed takeaway foods.

Food insecurity

In 2008, 5.1 per cent of adults experienced some food insecurity in the last 12 months. There was no significant difference between males and females. A significantly higher proportion of adults aged 35-44 years (6.9 per cent), and a significantly lower proportion of adults aged 65-74 years (2.2 per cent) and 75 years and over (1.1 per cent) experienced some food insecurity in the last 12 months, compared with the overall adult population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (2.1 per cent), and a significantly higher proportion of adults in the fifth or most disadvantaged quintile (7.7 per cent), experienced food insecurity, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (6.3 per cent) than urban health areas (4.6 per cent) experienced food insecurity. A significantly lower proportion of adults in the Northern Sydney & Central Coast Area Health Service (3.2 per cent), and a significantly higher proportion of adults in the North Coast Area Health Service (7.5 per cent), experienced food insecurity, compared with the overall adult population.

Since 2002, there has been no significant change in the proportion of adults who experienced some food insecurity in the last 12 months.

Since 2007, there has been no significant change in the proportion of adults who experienced some food insecurity in the last 12 months; however, there has been a significant increase in males.

References

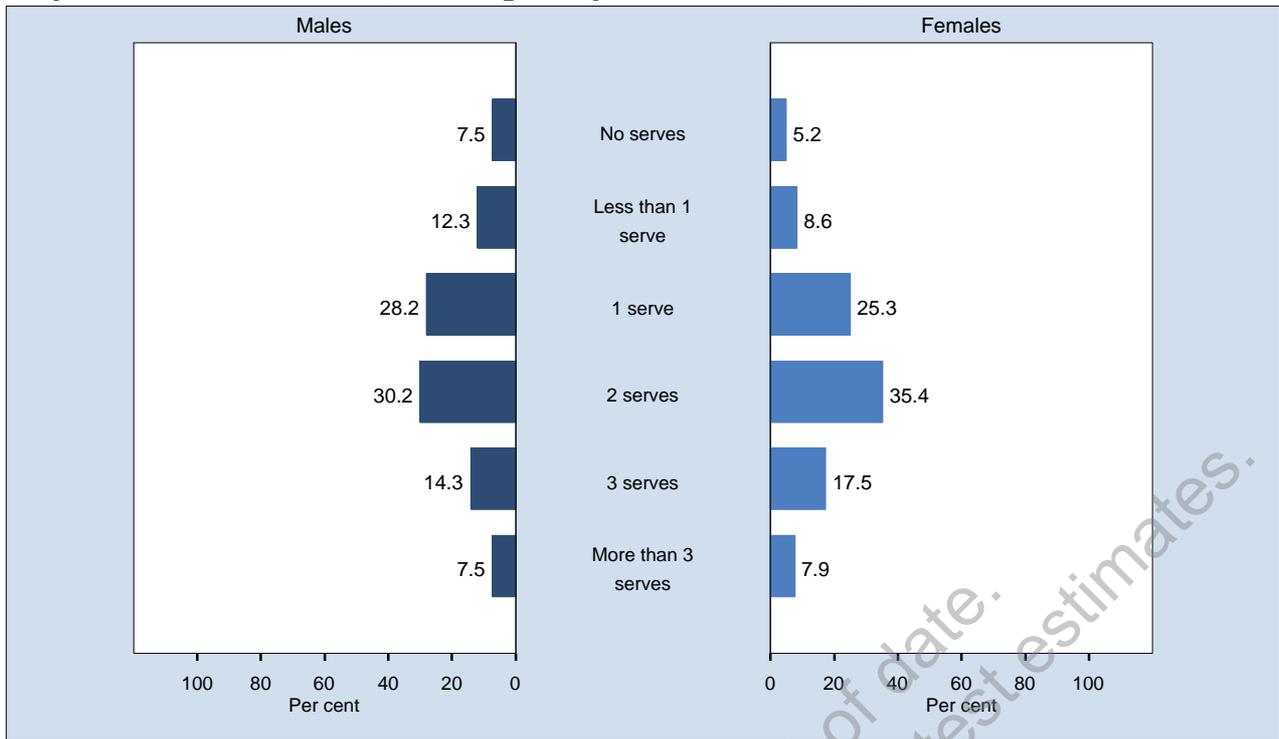
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WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

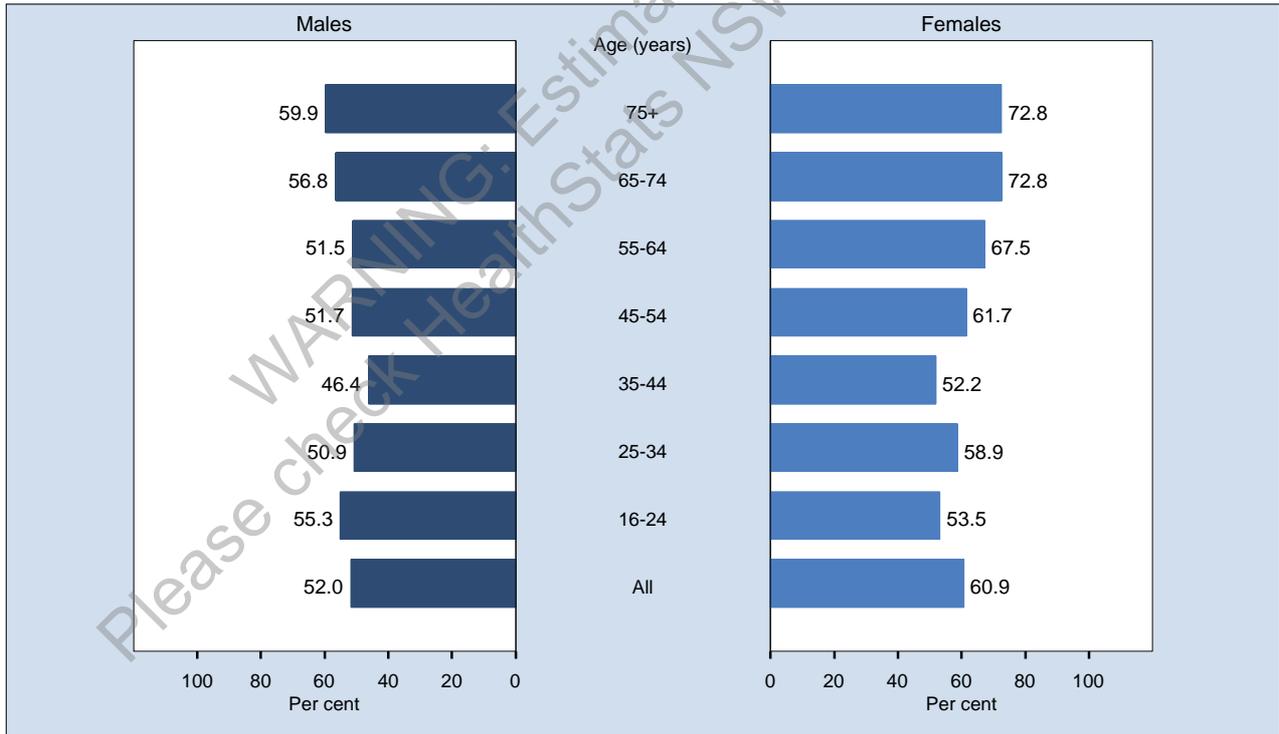
Daily number of serves of fruit, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,472 respondents in NSW. For this indicator 92 (1.07%) were not stated (Don't know or Refused) in NSW. The question used was: How many serves of fruit do you usually eat each day? One serve is equivalent to 1 medium piece or 2 small pieces of fruit.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

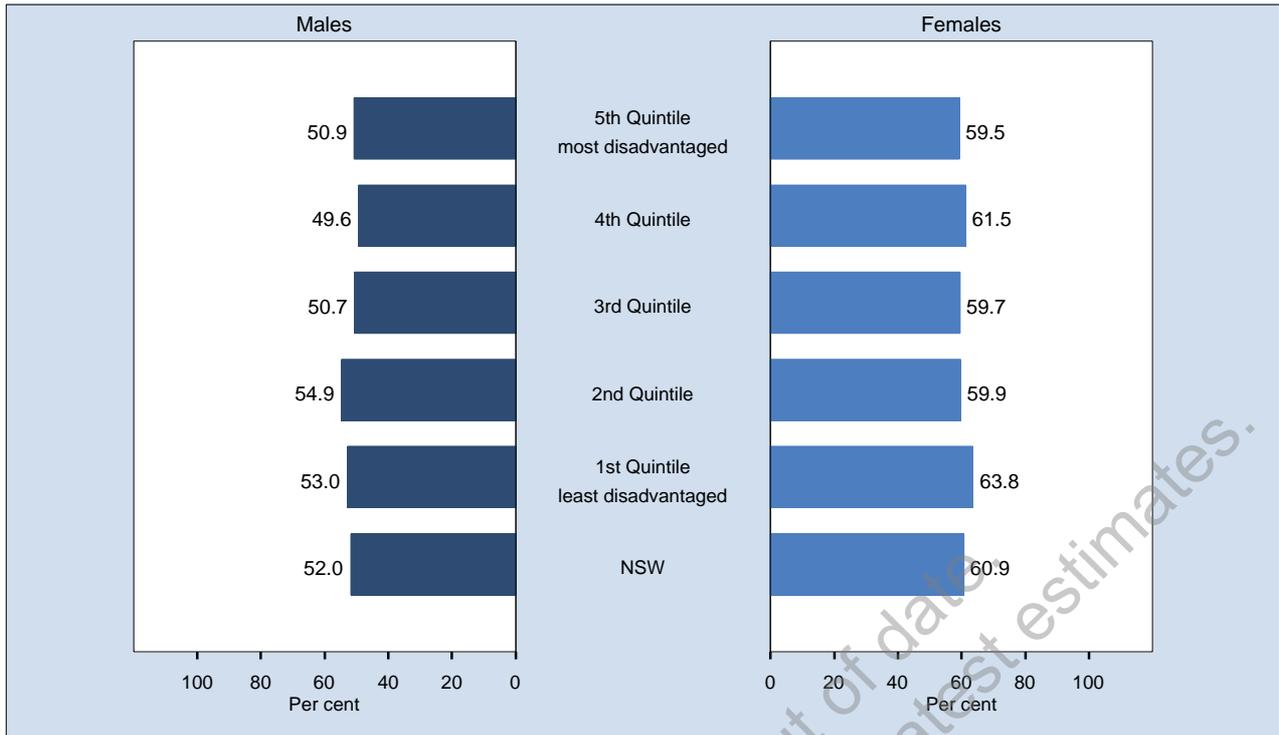
Recommended fruit consumption by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,472 respondents in NSW. For this indicator 92 (1.07%) were not stated (Don't know or Refused) in NSW. The indicator includes those who met the recommended fruit consumption of at least 2 serves a day for people aged 16 years and over. One serve is equivalent to 1 medium piece or 2 small pieces of fruit. The question used to define the indicator was: How many serves of fruit do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

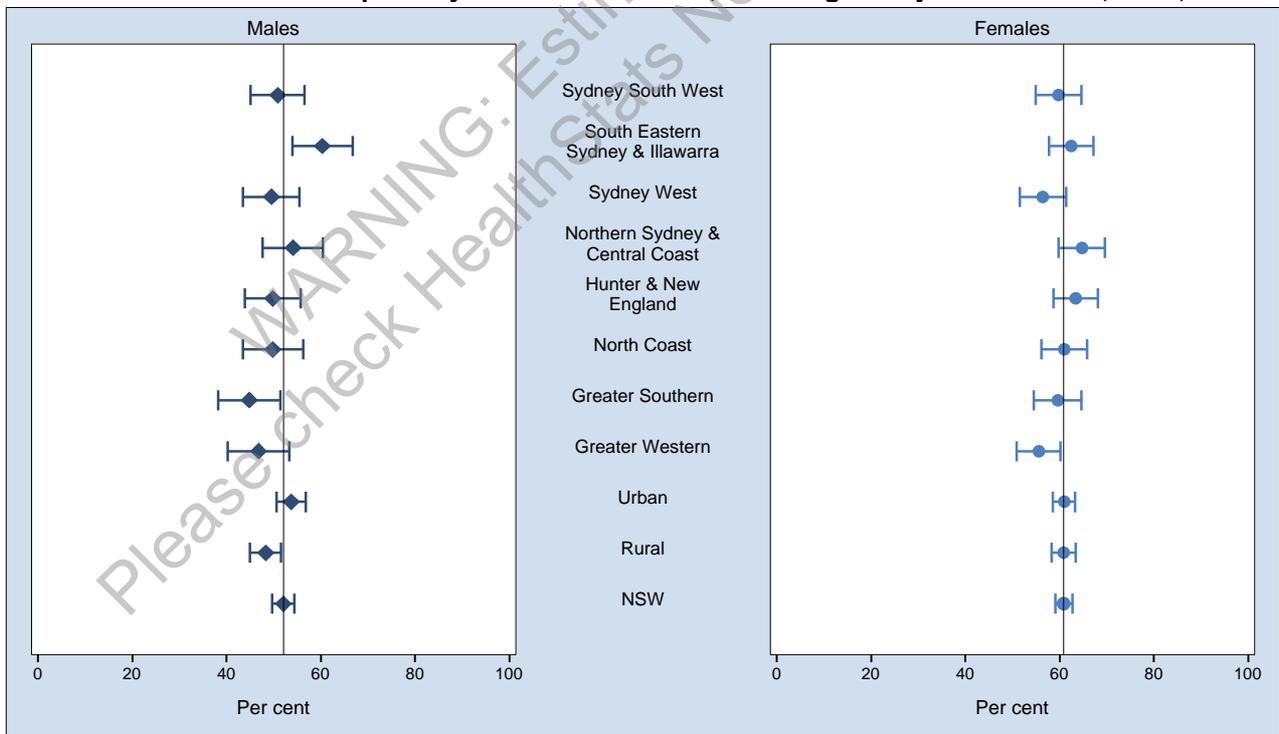
Recommended fruit consumption by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,472 respondents in NSW. For this indicator 92 (1.07%) were not stated (Don't know or Refused) in NSW. The indicator includes those who met the recommended fruit consumption of at least 2 serves a day for people aged 16 years and over. One serve is equivalent to 1 medium piece or 2 small pieces of fruit. The question used to define the indicator was: How many serves of fruit do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

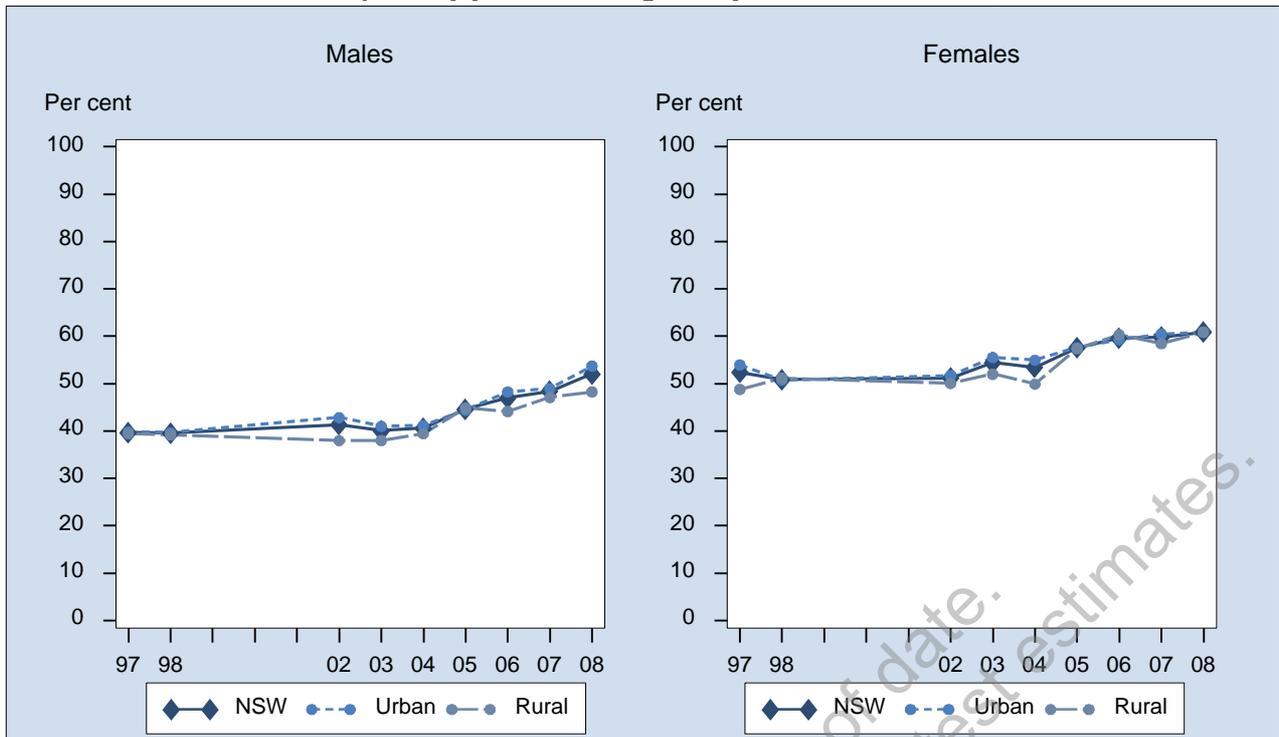
Recommended fruit consumption by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,472 respondents in NSW. For this indicator 92 (1.07%) were not stated (Don't know or Refused) in NSW. The indicator includes those who met the recommended fruit consumption of at least 2 serves a day for people aged 16 years and over. One serve is equivalent to 1 medium piece or 2 small pieces of fruit. The question used to define the indicator was: How many serves of fruit do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

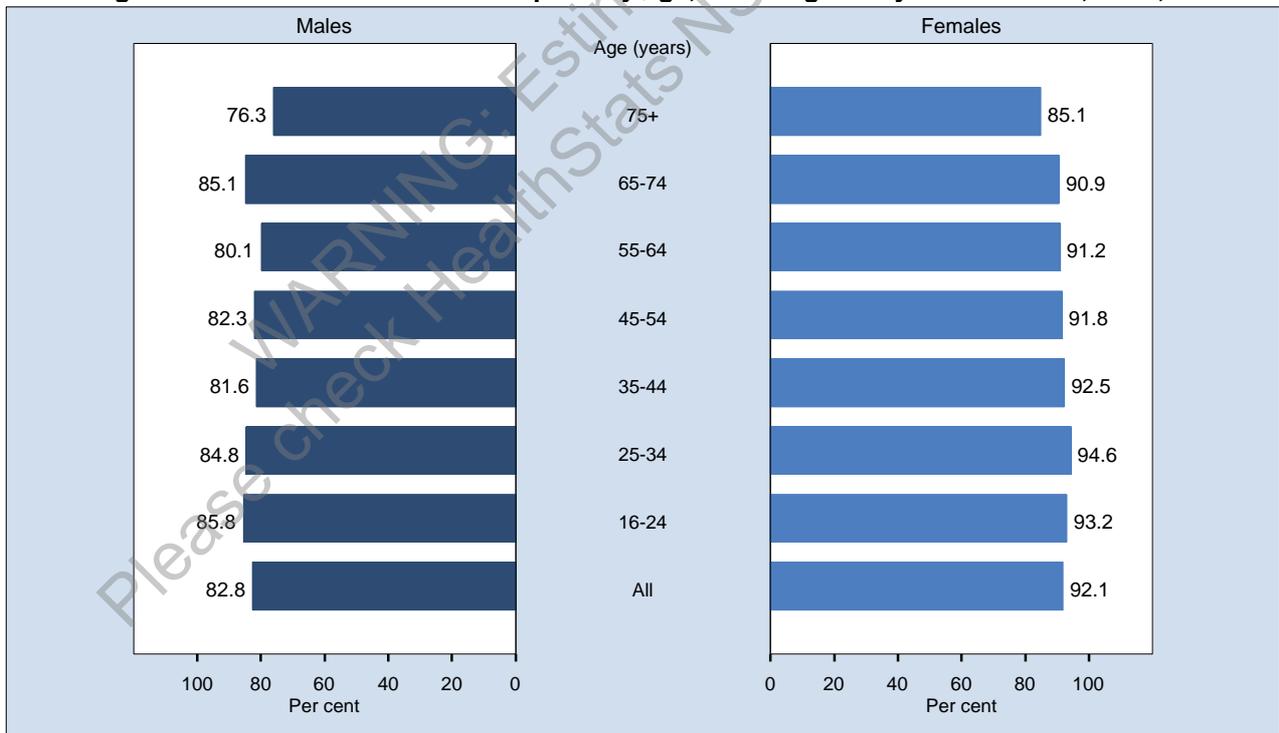
Recommended fruit consumption by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,481), 1998 (17,393), 2002 (12,533), 2003 (12,945), 2004 (9,370), 2005 (11,426), 2006 (7,887), 2007 (7,332), 2008 (8,472). The indicator includes those who met the recommended fruit consumption of at least 2 serves a day for people aged 16 years and over. One serve is equivalent to 1 medium piece or 2 small pieces of fruit. The question used to define the indicator was: How many serves of fruit do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

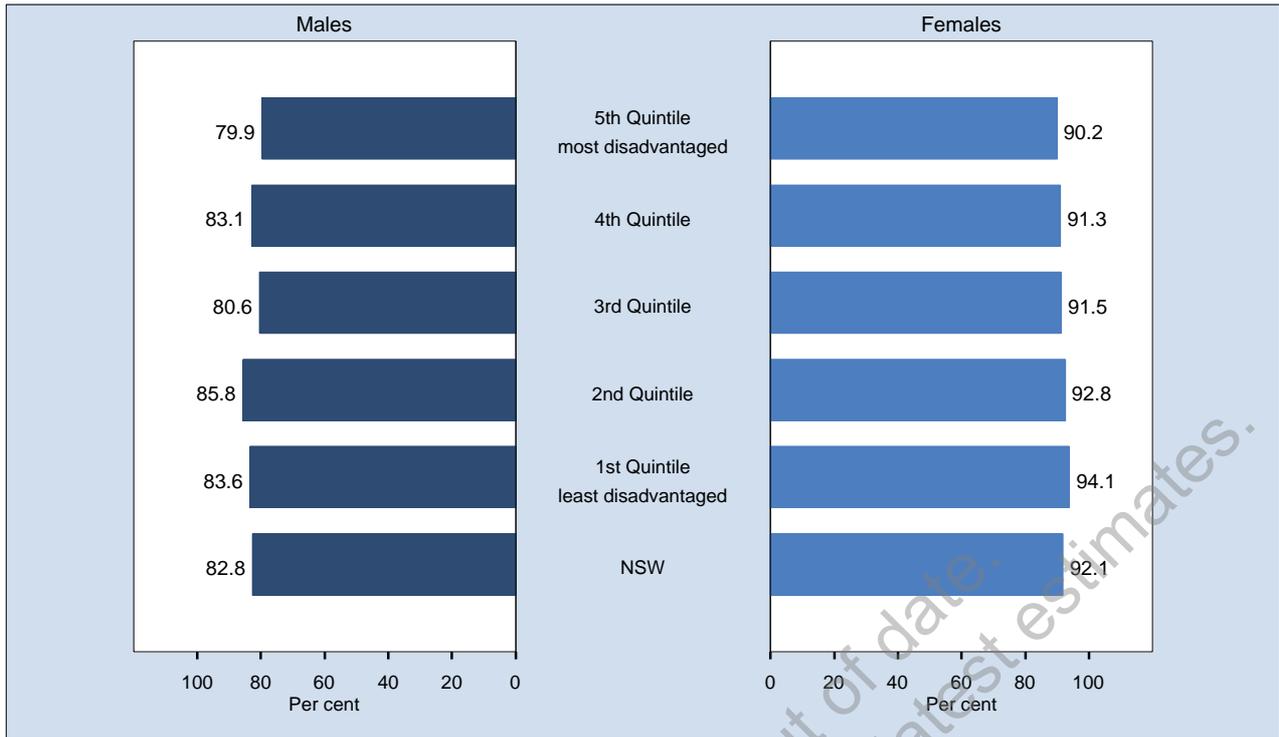
Knowledge of recommended fruit consumption by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,236 respondents in NSW. For this indicator 1,328 (15.51%) were not stated (Don't know or Refused) in NSW. The indicator includes those who know the recommended daily consumption of fruit, that being 2 or more serves. The question used to define the indicator was: How many serves of fruit do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

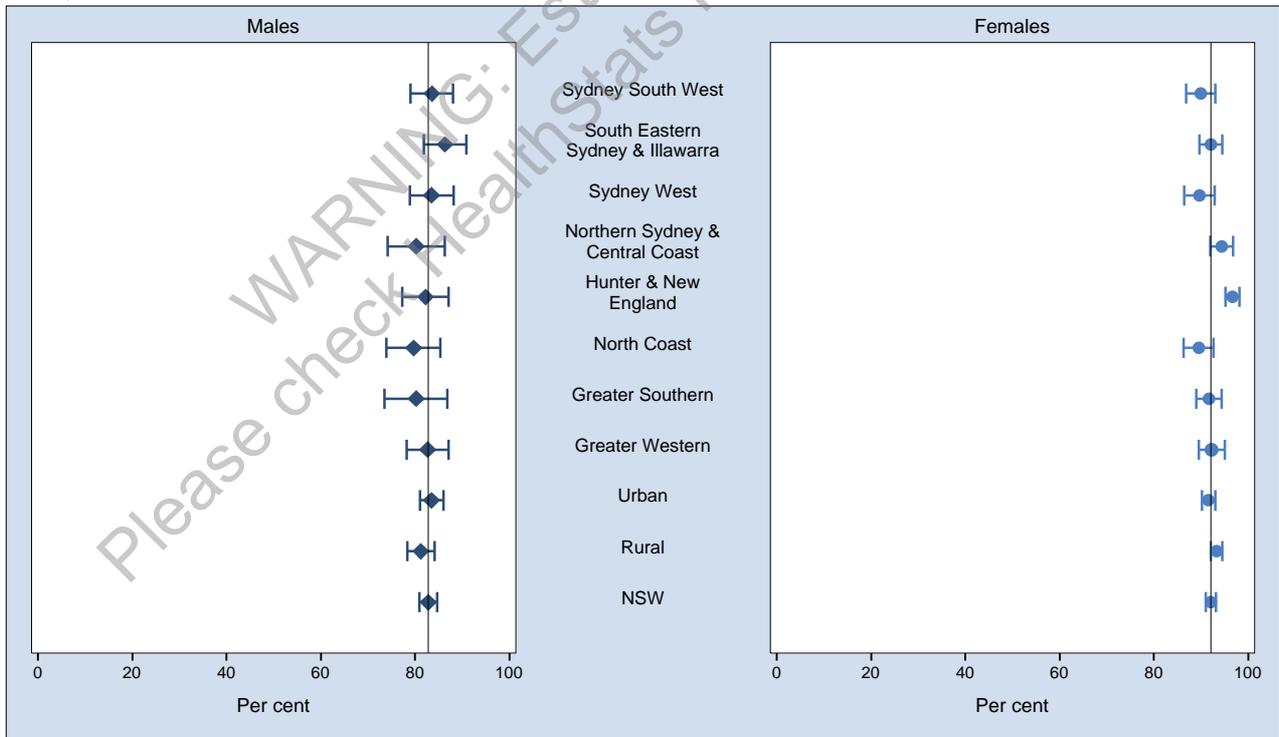
Knowledge of recommended fruit consumption by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,236 respondents in NSW. For this indicator 1,328 (15.51%) were not stated (Don't know or Refused) in NSW. The indicator includes those who know the recommended daily consumption of fruit, that being 2 or more serves. The question used to define the indicator was: How many serves of fruit do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

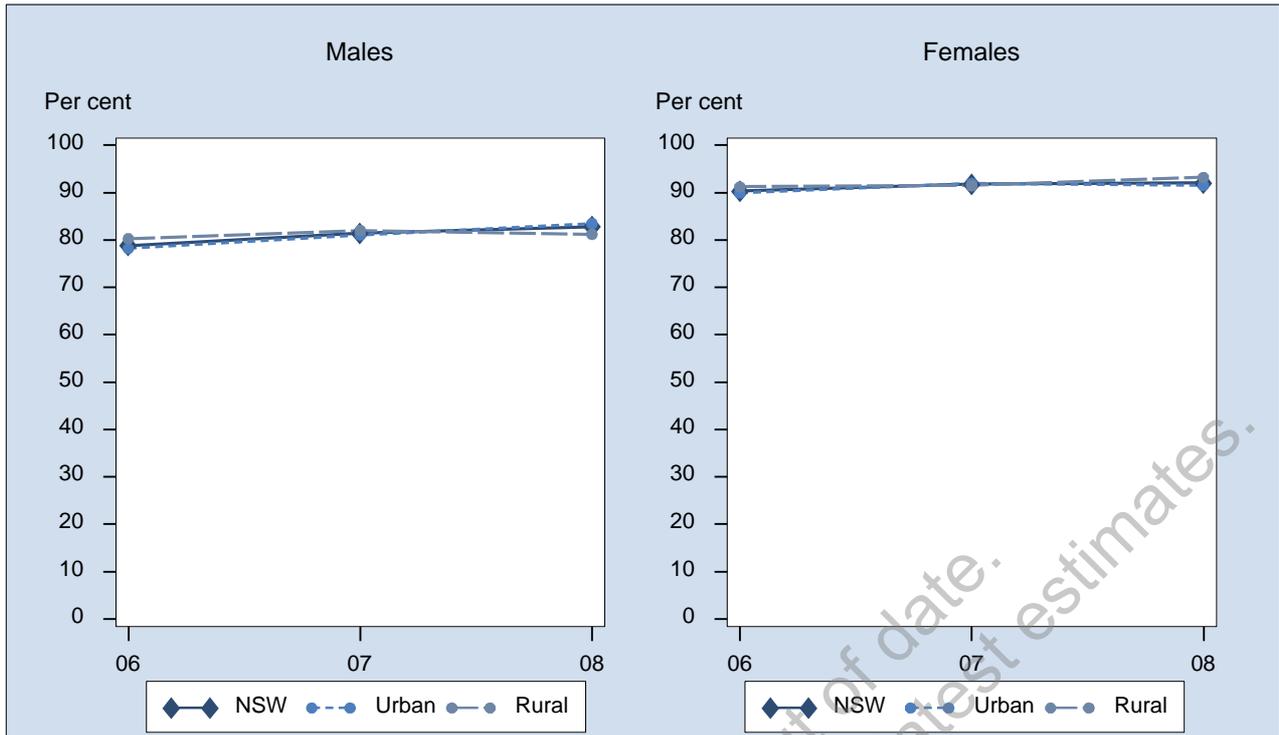
Knowledge of recommended fruit consumption by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,236 respondents in NSW. For this indicator 1,328 (15.51%) were not stated (Don't know or Refused) in NSW. The indicator includes those who know the recommended daily consumption of fruit, that being 2 or more serves. The question used to define the indicator was: How many serves of fruit do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

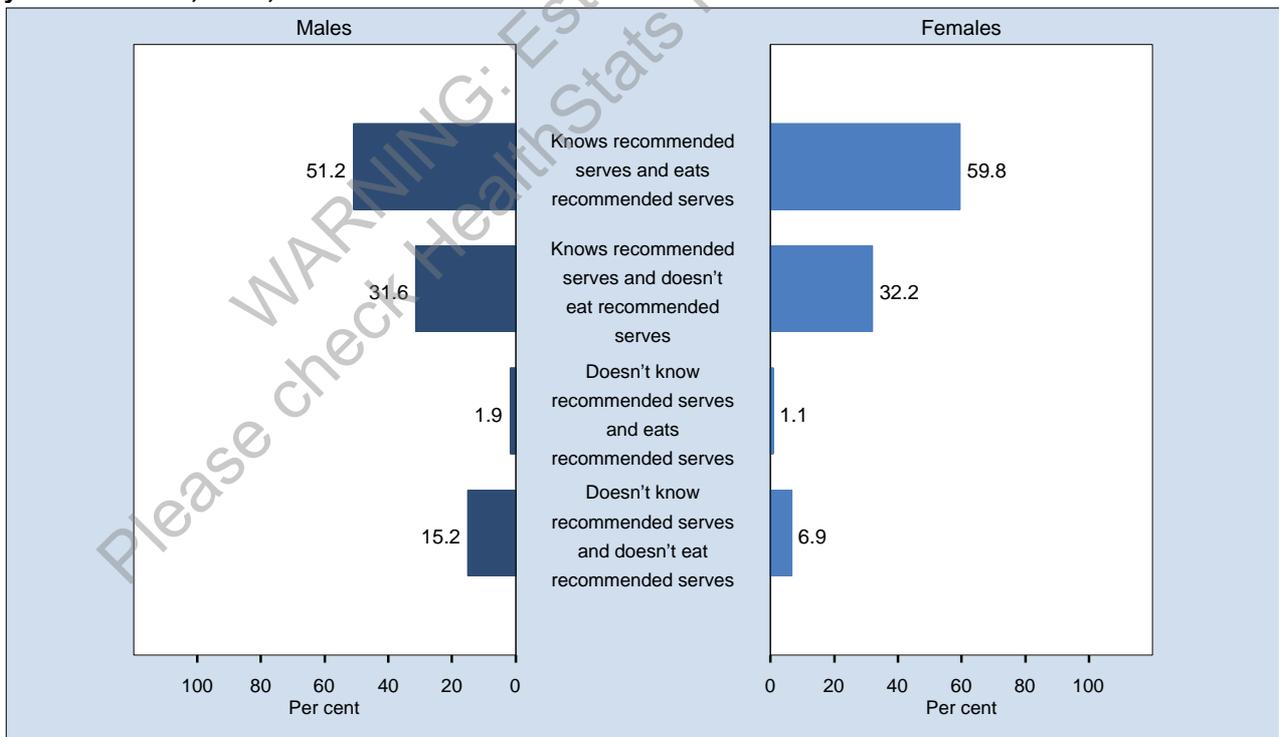
Knowledge of recommended fruit consumption by year, adults aged 16 years and over, NSW, 2006-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2006 (6,611), 2007 (6,301), 2008 (7,236). The indicator includes those who know the recommended daily consumption of fruit, that being 2 or more serves. The question used to define the indicator was: How many serves of fruit do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

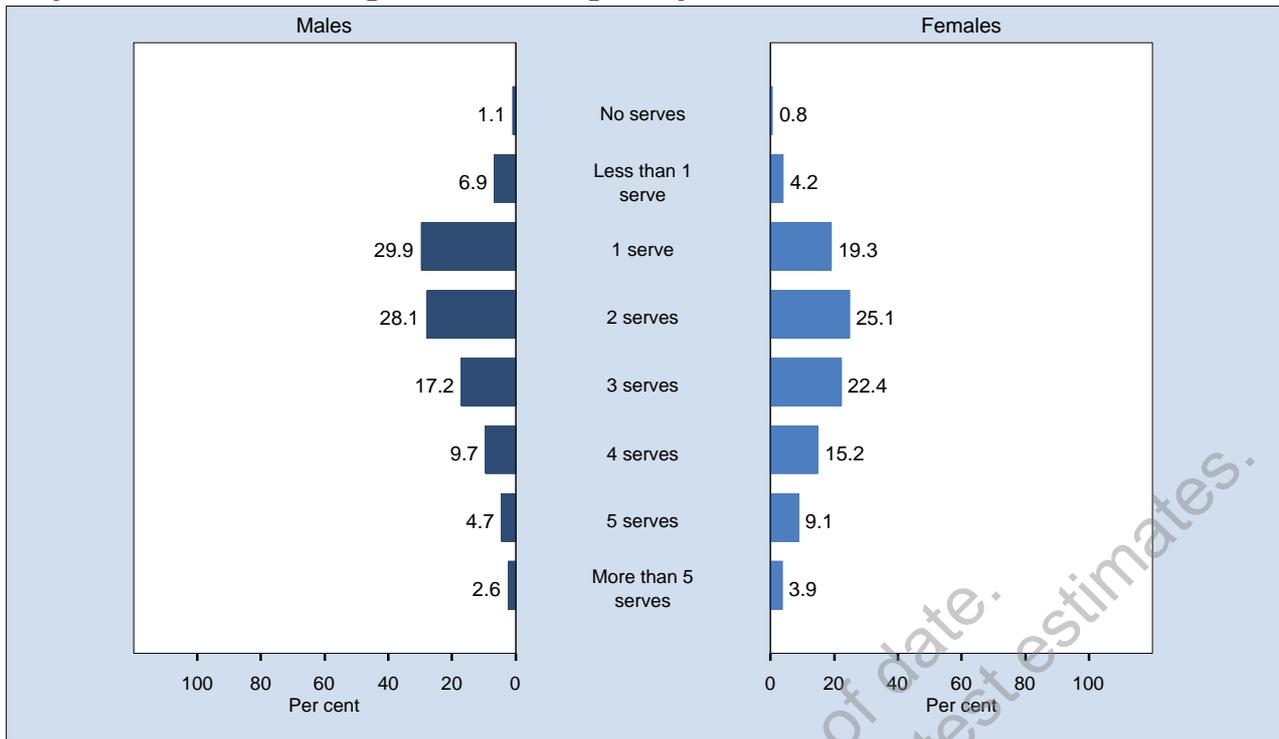
Consistency between knowledge and practice of recommended fruit consumption, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,191 respondents in NSW. For this indicator 1,373 (16.03%) 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. How many serves of fruit do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

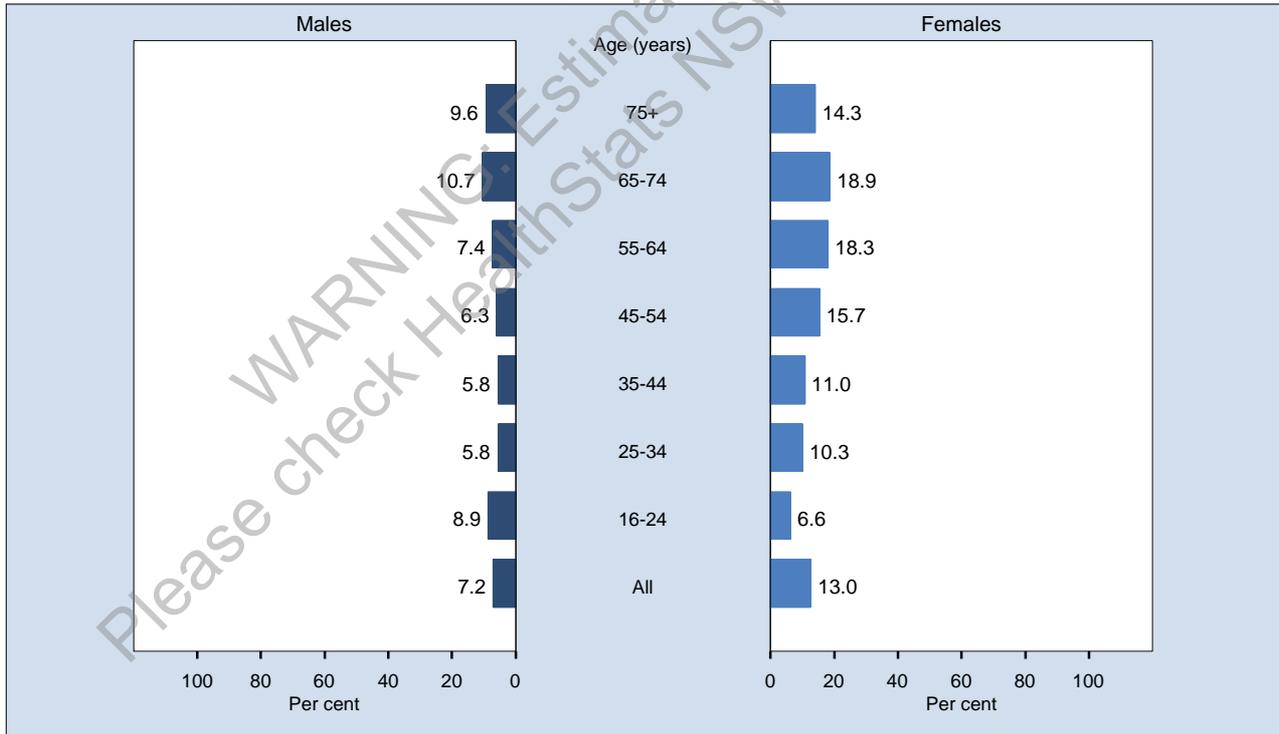
Daily number of serves of vegetables, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,419 respondents in NSW. For this indicator 145 (1.69%) were not stated (Don't know or Refused) in NSW. The question used was: How many serves of vegetables do you usually eat each day? One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

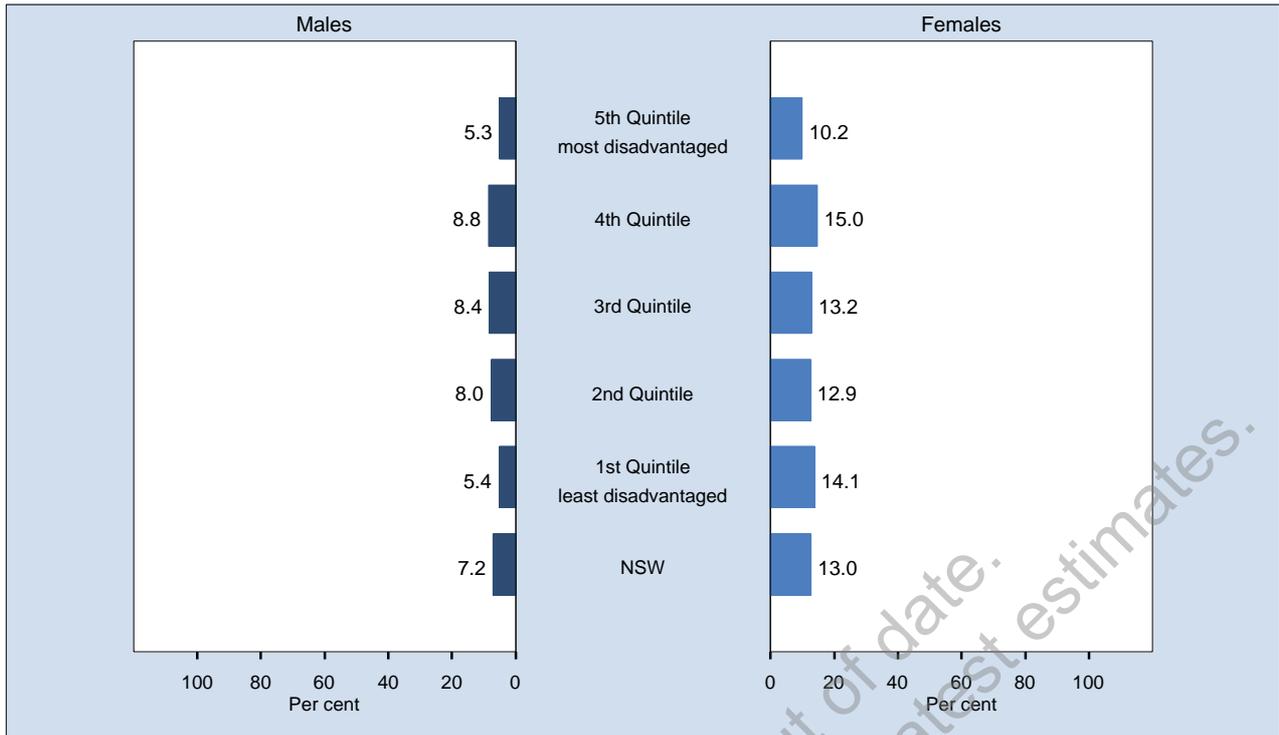
Recommended vegetable consumption by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,419 respondents in NSW. For this indicator 145 (1.69%) were not stated (Don't know or Refused) in NSW. The indicator includes those who met the recommended consumption of vegetables. The recommended vegetable intake is at least 5 serves per day for persons aged 16 years and over. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

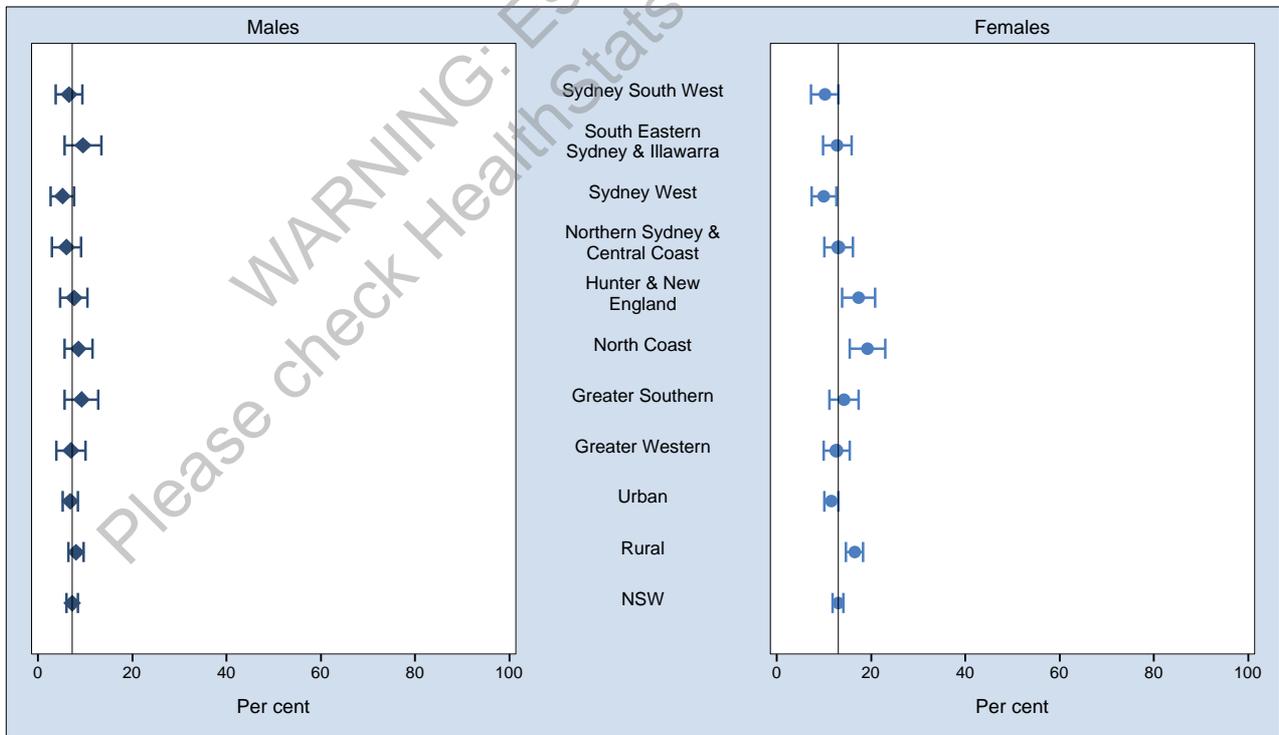
Recommended vegetable consumption by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,419 respondents in NSW. For this indicator 145 (1.69%) were not stated (Don't know or Refused) in NSW. The indicator includes those who met the recommended consumption of vegetables. The recommended vegetable intake is at least 5 serves per day for persons aged 16 years and over. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

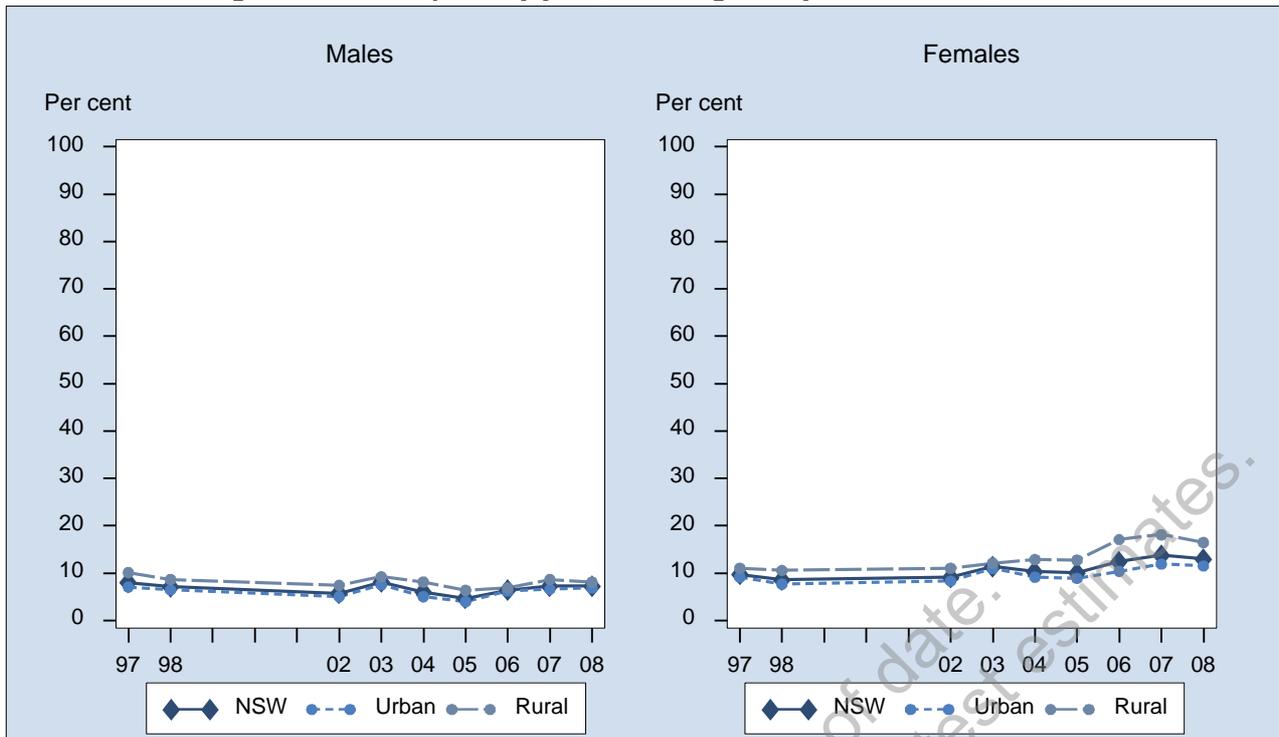
Recommended vegetable consumption by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,419 respondents in NSW. For this indicator 145 (1.69%) were not stated (Don't know or Refused) in NSW. The indicator includes those who met the recommended consumption of vegetables. The recommended vegetable intake is at least 5 serves per day for persons aged 16 years and over. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

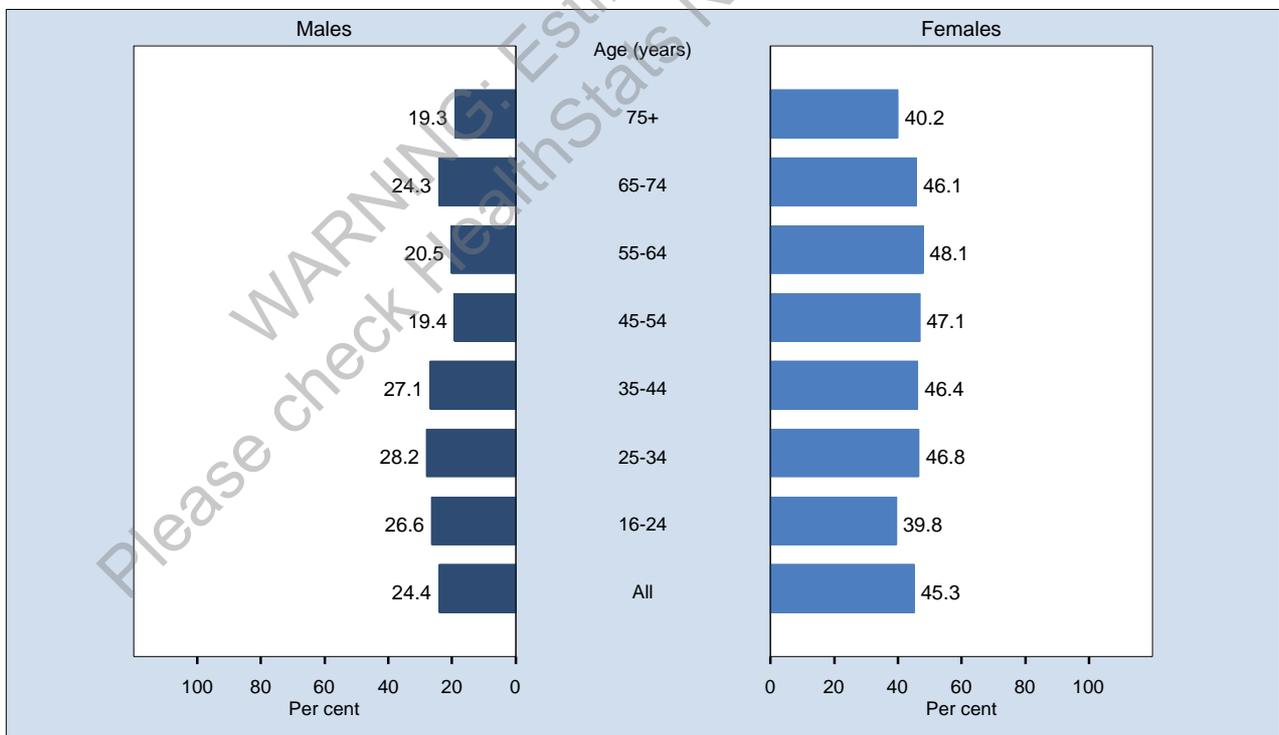
Recommended vegetable consumption by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,455), 1998 (17,365), 2002 (12,485), 2003 (12,881), 2004 (9,327), 2005 (11,416), 2006 (7,849), 2007 (7,300), 2008 (8,419). The indicator includes those who met the recommended consumption of vegetables. The recommended vegetable intake is at least 5 serves per day for persons aged 16 years and over. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

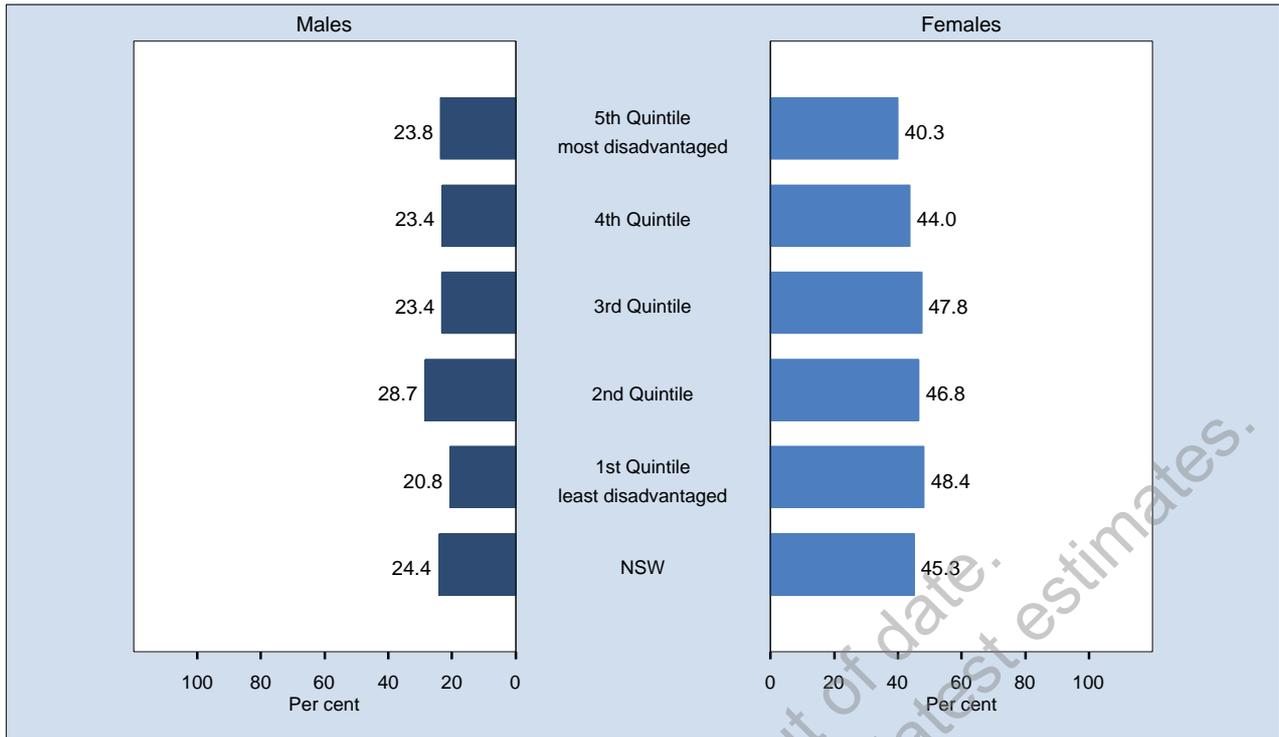
Knowledge of recommended vegetable consumption by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,093 respondents in NSW. For this indicator 1,471 (17.18%) were not stated (Don't know or Refused) in NSW. The indicator includes those who know the recommended daily consumption of vegetable, defined as 5 or more serves. The question used to define the indicator was: How many serves of vegetables do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

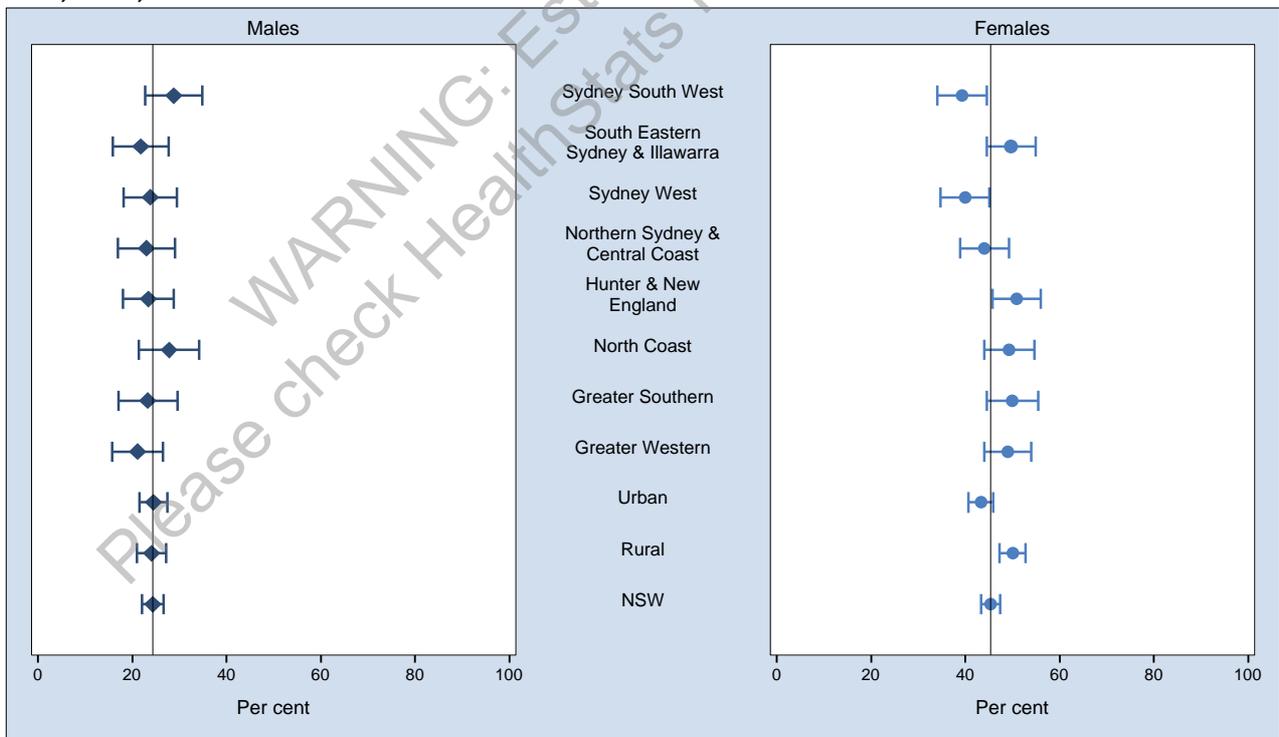
Knowledge of recommended vegetable consumption by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,093 respondents in NSW. For this indicator 1,471 (17.18%) were not stated (Don't know or Refused) in NSW. The indicator includes those who know the recommended daily consumption of vegetable, defined as 5 or more serves. The question used to define the indicator was: How many serves of vegetables do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

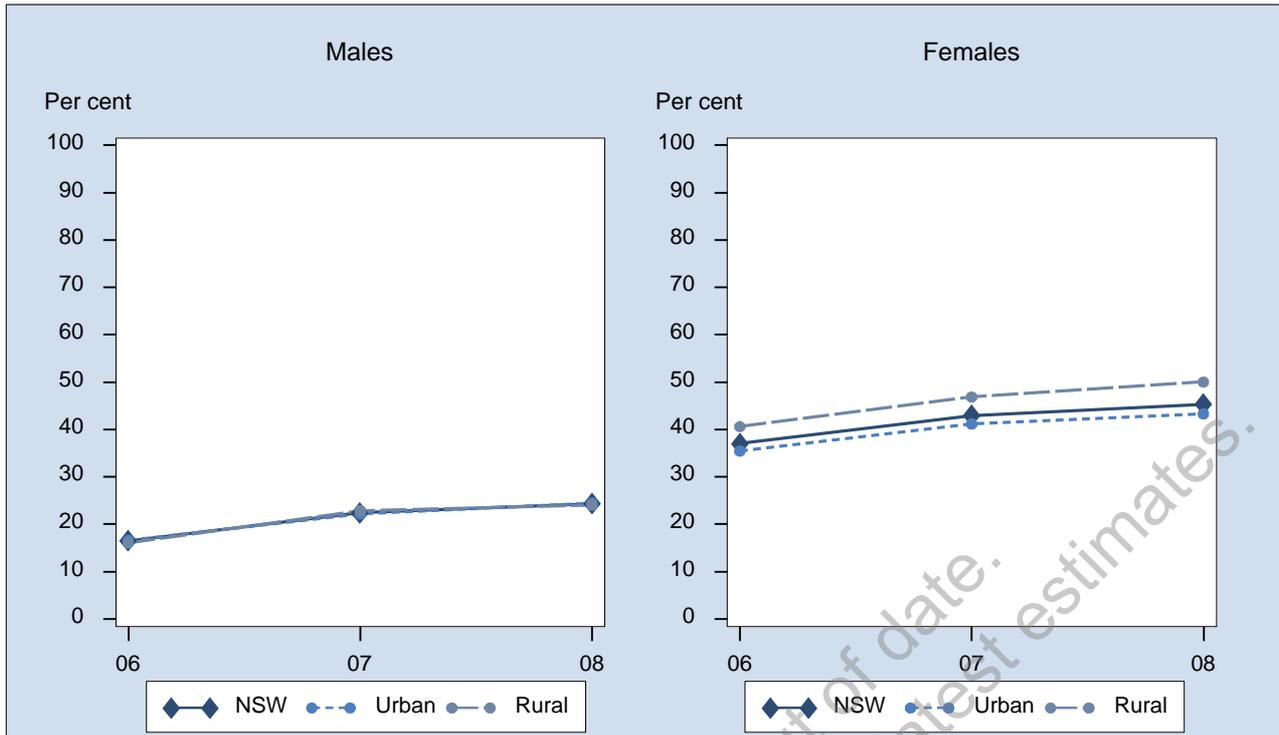
Knowledge of recommended vegetable consumption by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,093 respondents in NSW. For this indicator 1,471 (17.18%) were not stated (Don't know or Refused) in NSW. The indicator includes those who know the recommended daily consumption of vegetable, defined as 5 or more serves. The question used to define the indicator was: How many serves of vegetables do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

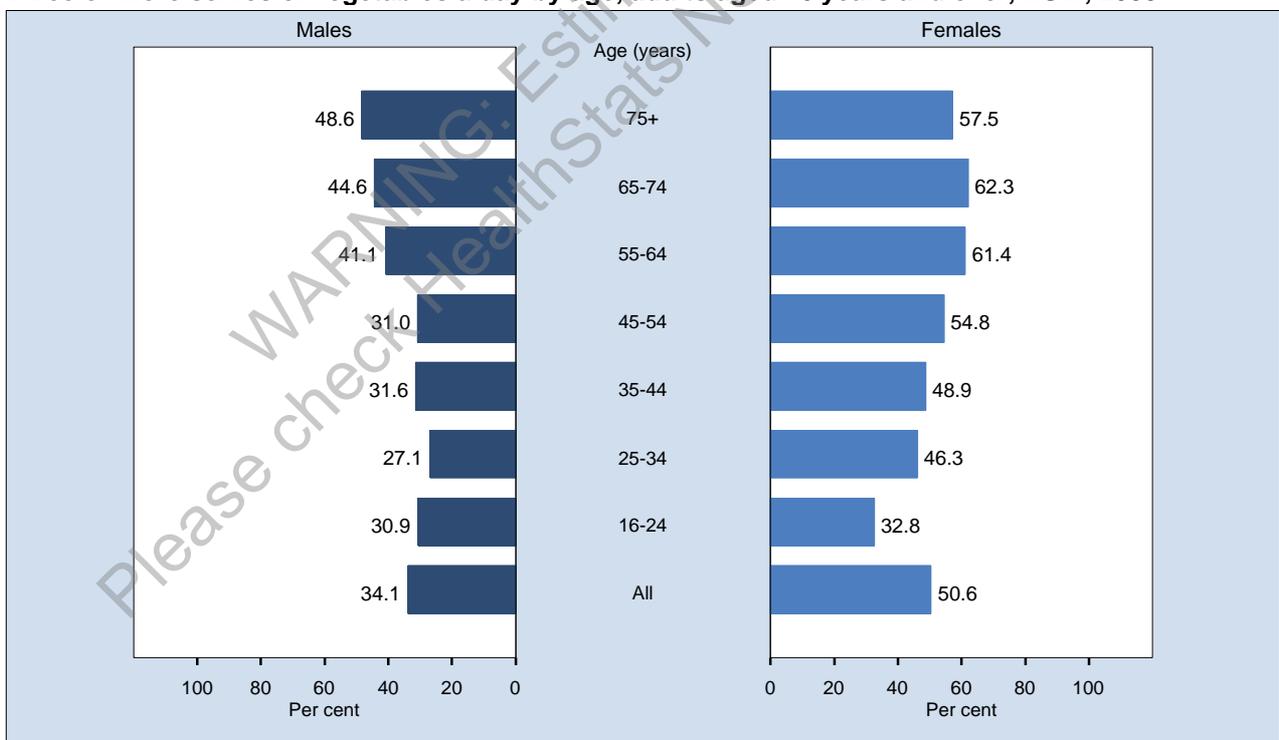
Knowledge of recommended vegetable consumption by year, adults aged 16 years and over, NSW, 2006-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2006 (6,480), 2007 (6,247), 2008 (7,093). The indicator includes those who know the recommended daily consumption of vegetable, defined as 5 or more serves. The question used to define the indicator was: How many serves of vegetables do you think you should eat each day to be healthy?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

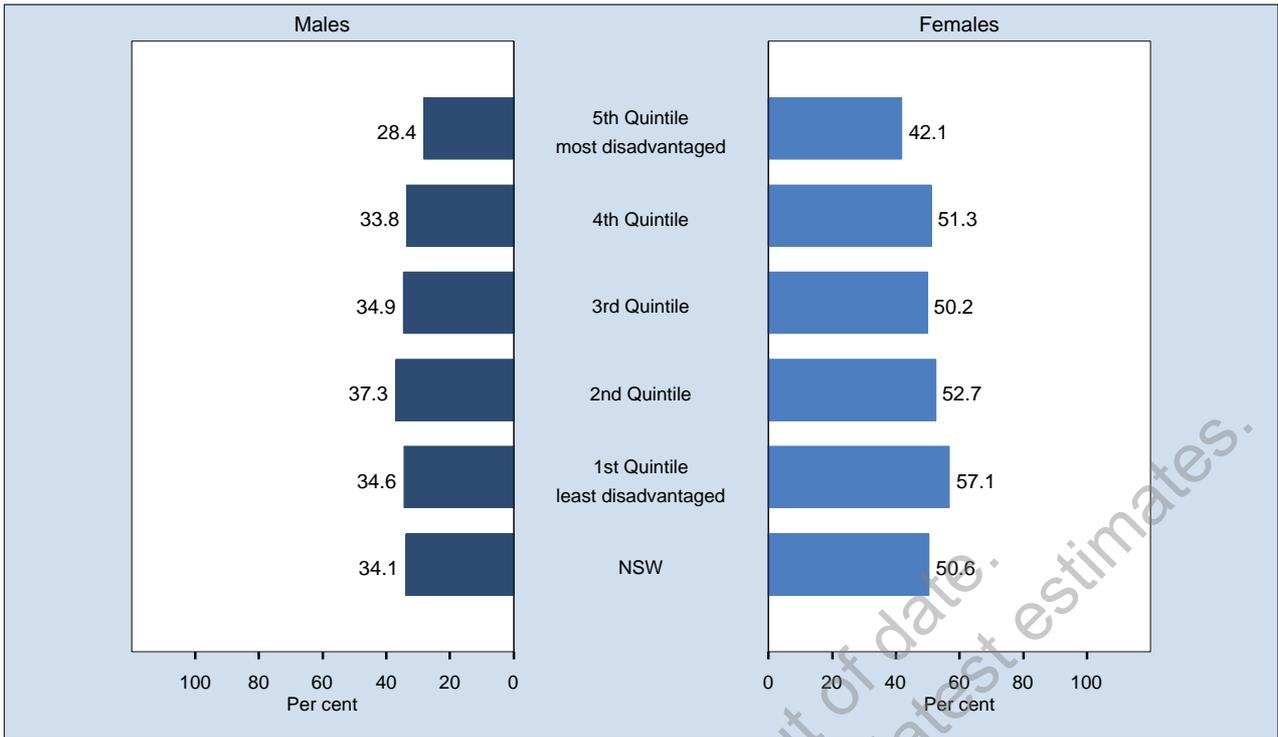
Three or more serves of vegetables a day by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,419 respondents in NSW. For this indicator 145 (1.69%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed 3 serve or more of vegetables a day. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

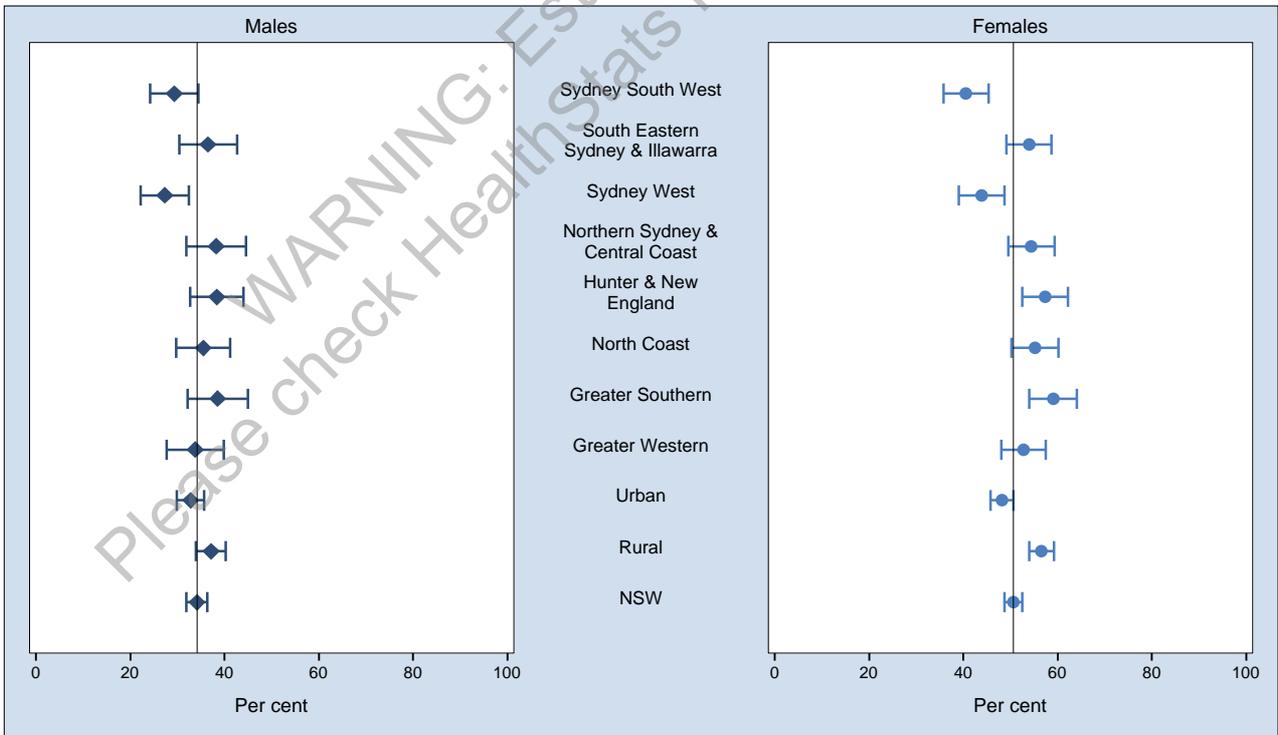
Three or more serves of vegetables a day by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,419 respondents in NSW. For this indicator 145 (1.69%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed 3 serve or more of vegetables a day. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

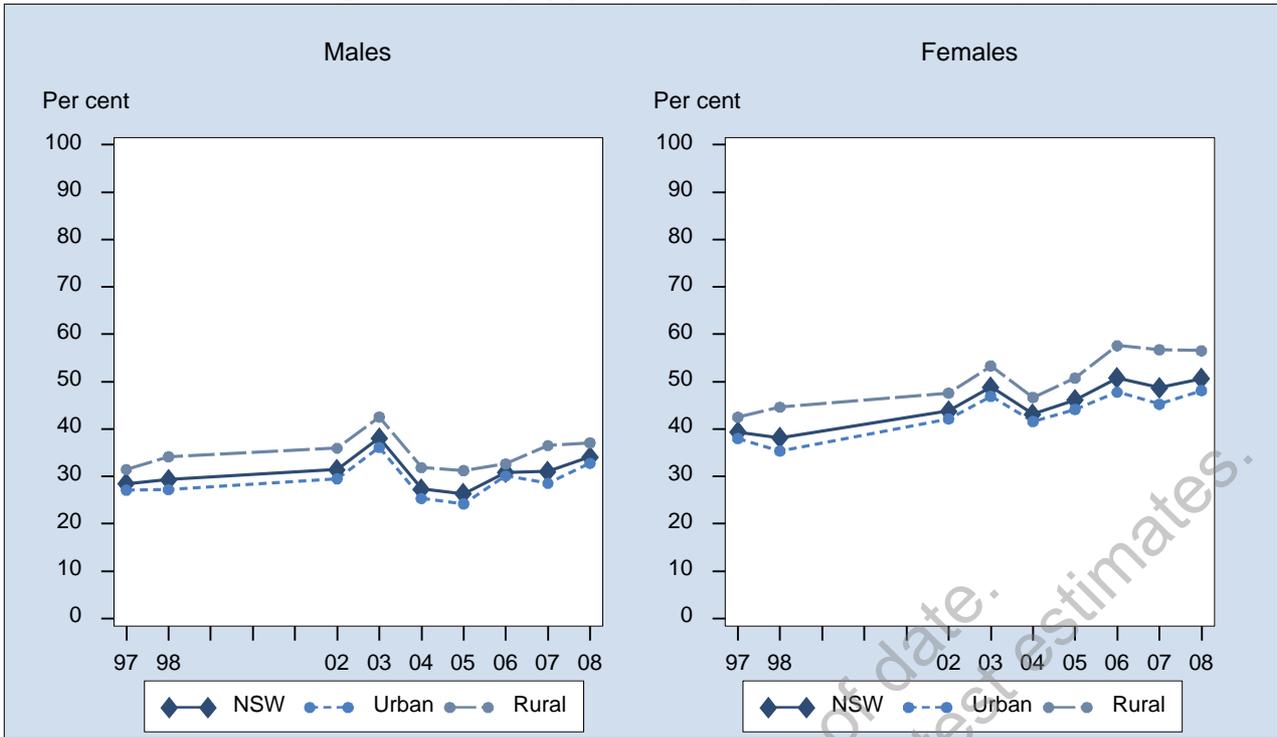
Three or more serves of vegetables a day by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,419 respondents in NSW. For this indicator 145 (1.69%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed 3 serve or more of vegetables a day. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

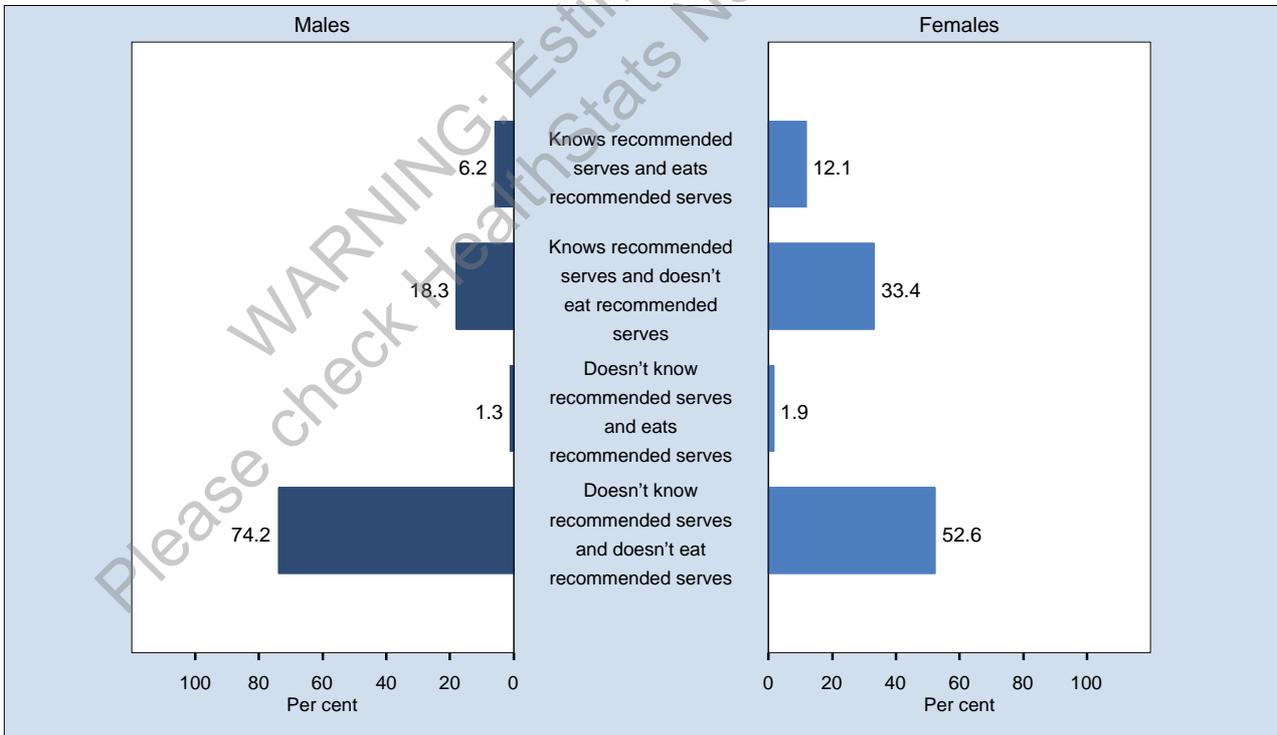
Three or more serves of vegetables a day by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,455), 1998 (17,365), 2002 (12,485), 2003 (12,770), 2004 (9,254), 2005 (11,314), 2006 (7,849), 2007 (7,300), 2008 (8,419). The indicator includes those who consumed 3 serve or more of vegetables a day. One serve is equivalent to 1/2 cup of cooked vegetables or 1 cup of salad vegetables. The question used to define the indicator was: How many serves of vegetables do you usually eat each day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

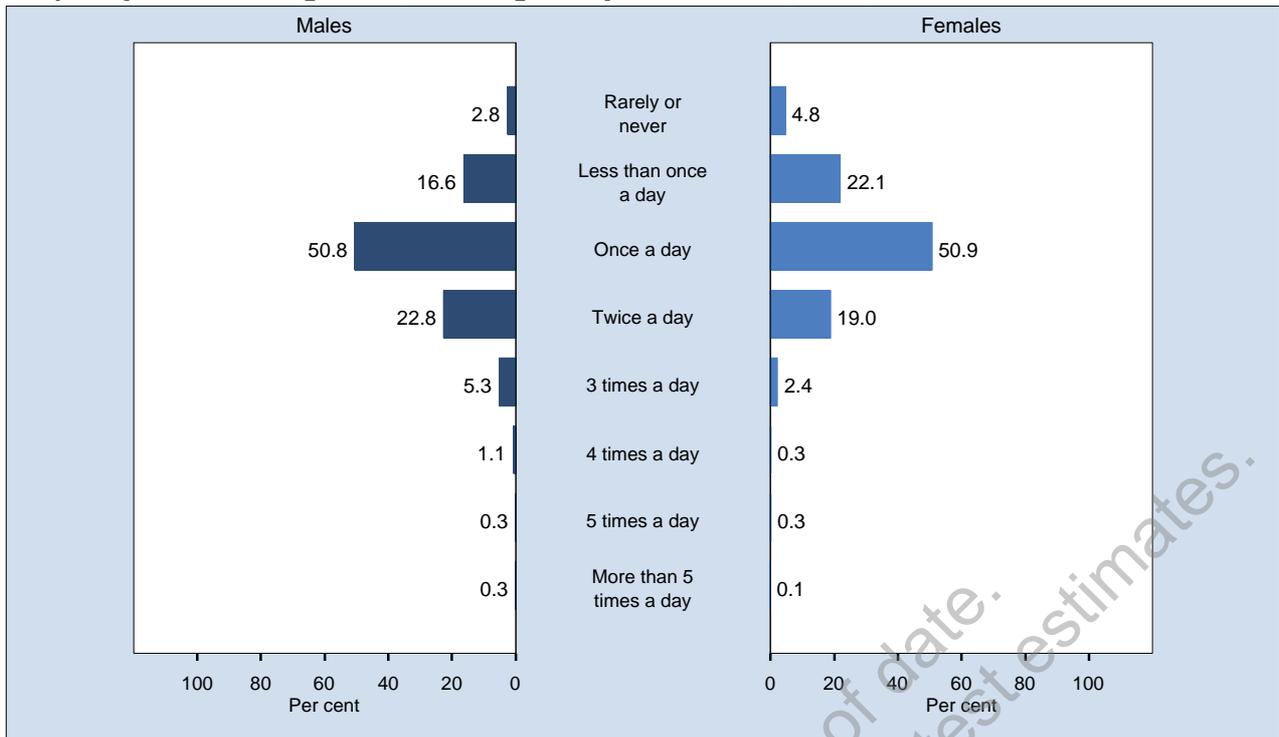
Consistency of knowledge and practice of recommended vegetable consumption, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,044 respondents in NSW. For this indicator 1,520 (17.75%) were not stated (Don't know or Refused) in NSW. The questions used were: 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

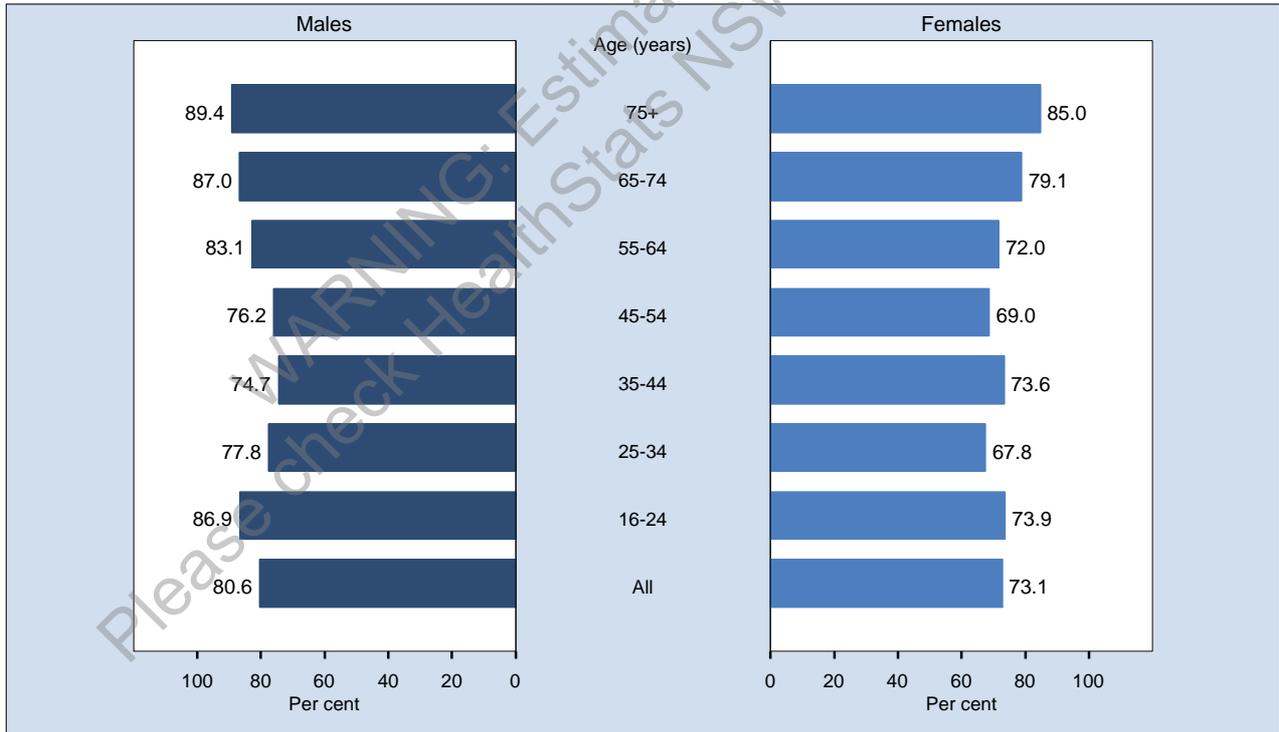
Frequency of consuming bread, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,538 respondents in NSW. For this indicator 26 (0.30%) were not stated (Don't know or Refused) in NSW. The question used was: How often do you usually eat bread?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

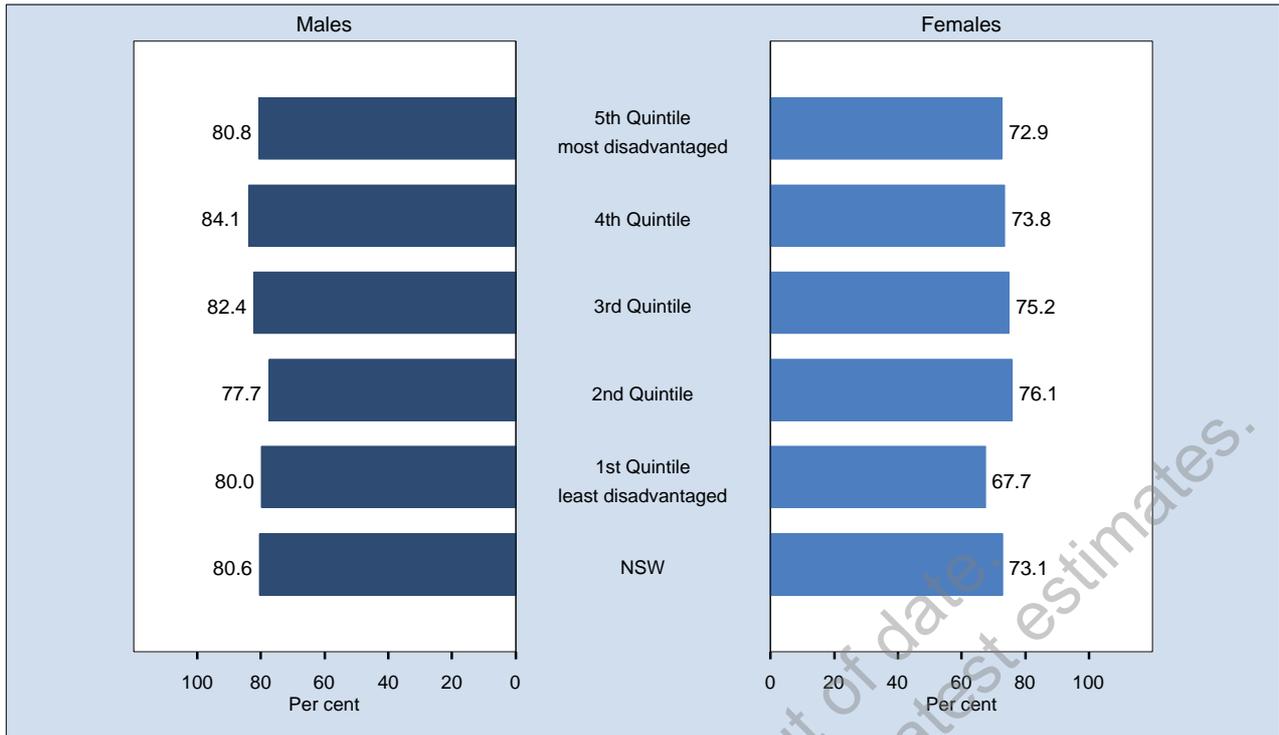
Consumes bread once a day or more by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,538 respondents in NSW. For this indicator 26 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed bread once per day or more. The question used to define the indicator was: How often do you usually eat bread?

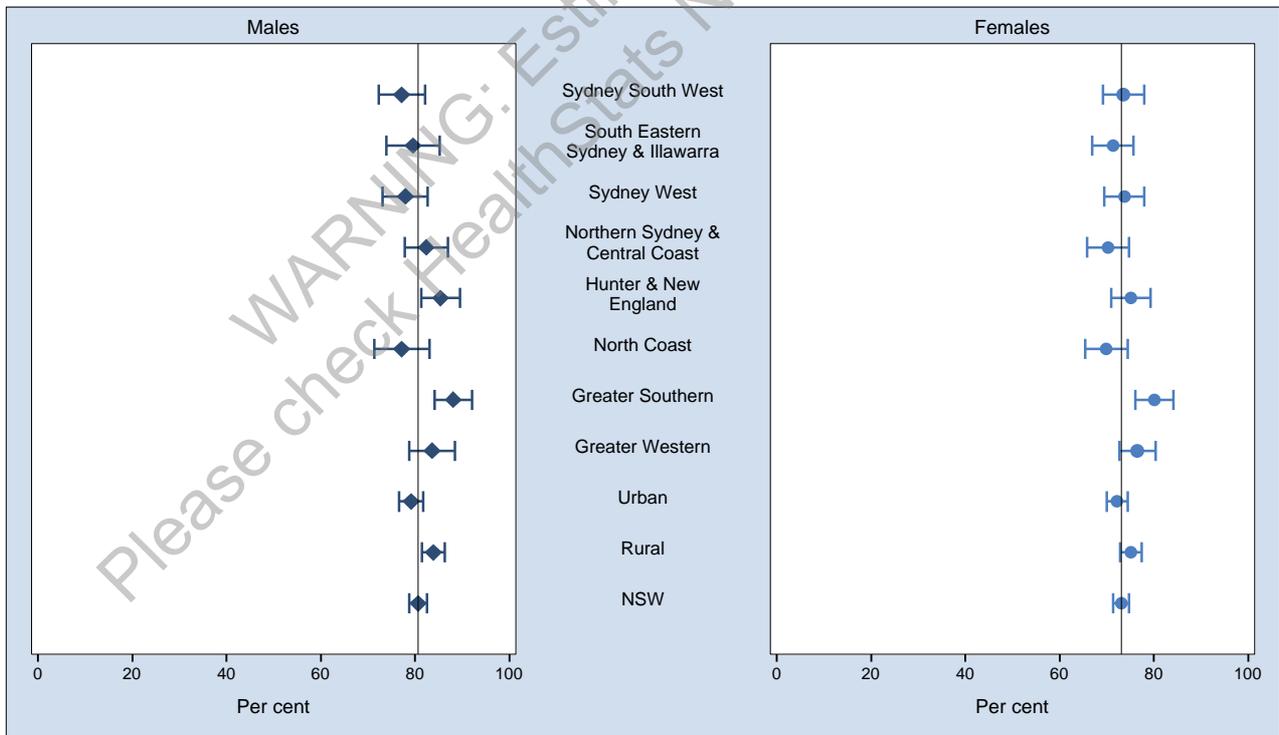
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Consumes bread once a day or more by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



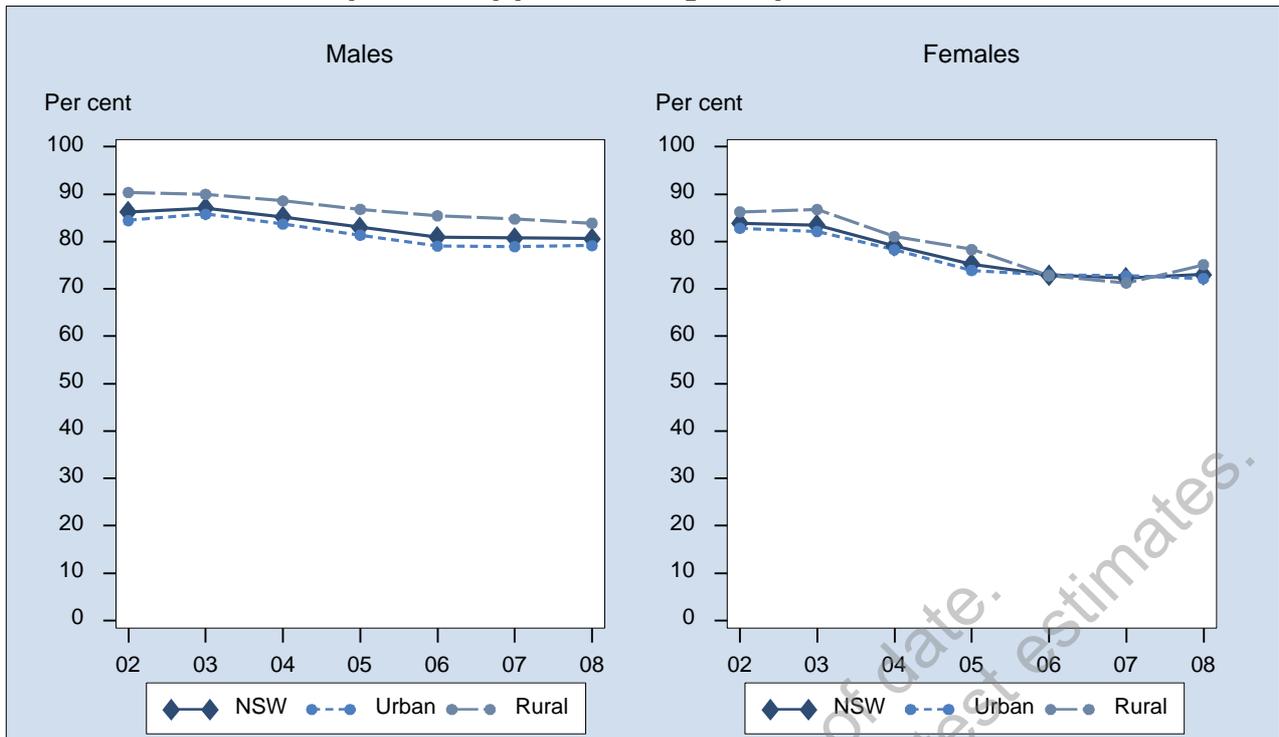
Note: Estimates are based on 8,538 respondents in NSW. For this indicator 26 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed bread once per day or more. The question used to define the indicator was: How often do you usually eat bread?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Consumes bread once a day or more by area health service, adults aged 16 years and over, NSW, 2008



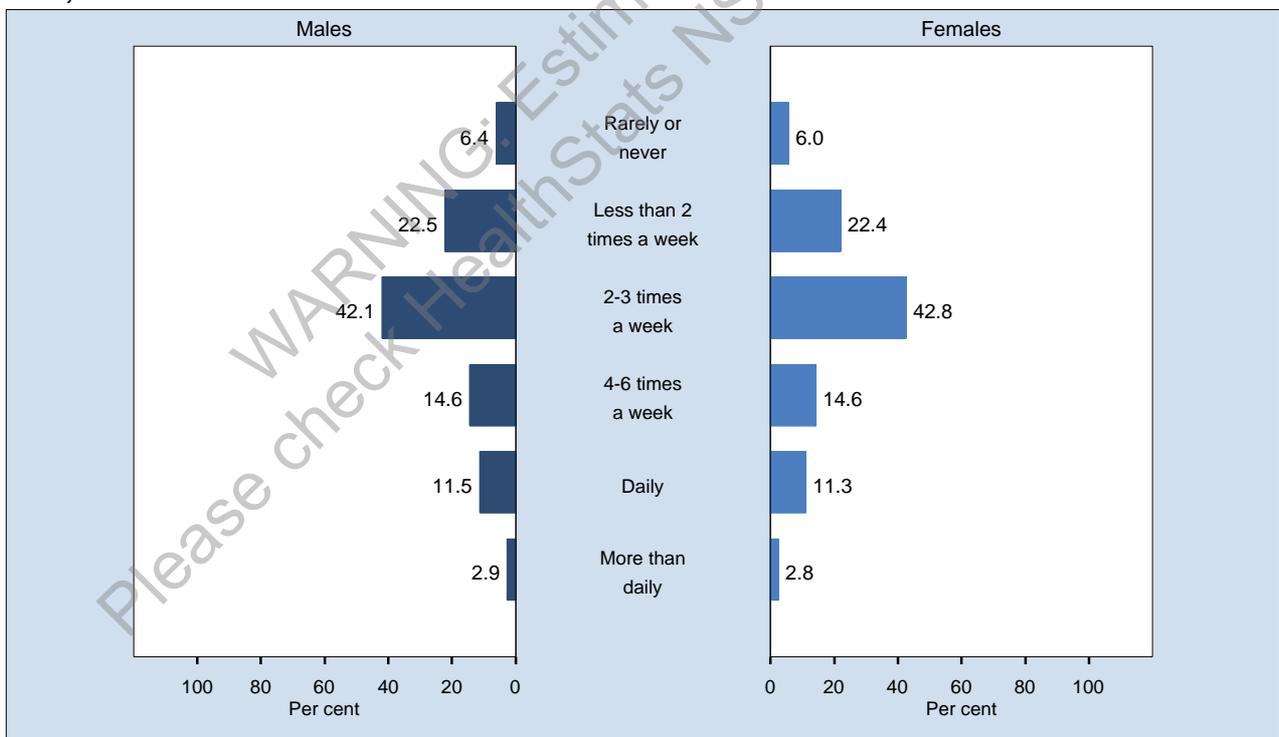
Note: Estimates are based on 8,538 respondents in NSW. For this indicator 26 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed bread once per day or more. The question used to define the indicator was: How often do you usually eat bread?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Consumes bread once a day or more by year, adults aged 16 years and over, NSW, 2002-2008



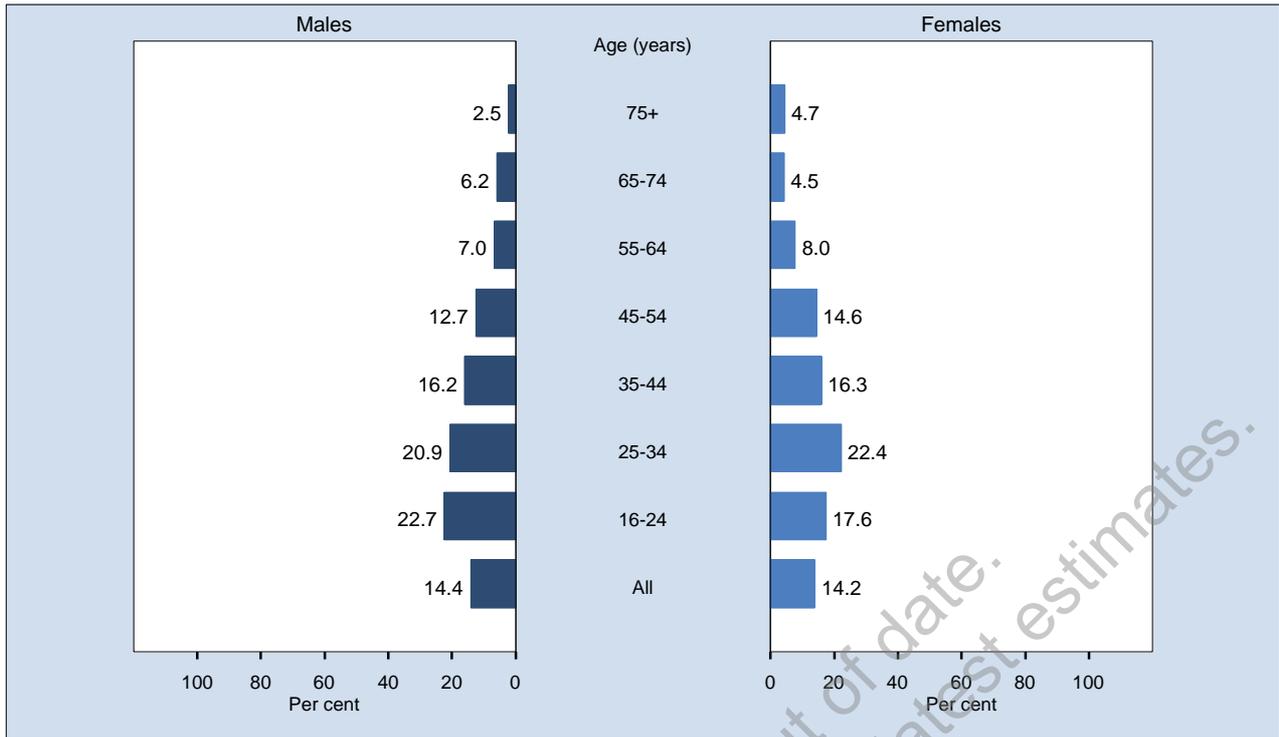
Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,595), 2003 (12,979), 2004 (9,406), 2005 (11,476), 2006 (7,942), 2007 (7,391), 2008 (8,538). The indicator includes those who consumed bread once per day or more. The question used to define the indicator was: How often do you usually eat bread?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Frequency of consuming pasta, rice, noodles, or other cooked cereal, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,512 respondents in NSW. For this indicator 52 (0.61%) were not stated (Don't know or Refused) in NSW. The question used was: How often do you eat pasta, rice, noodles or other cooked cereals?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

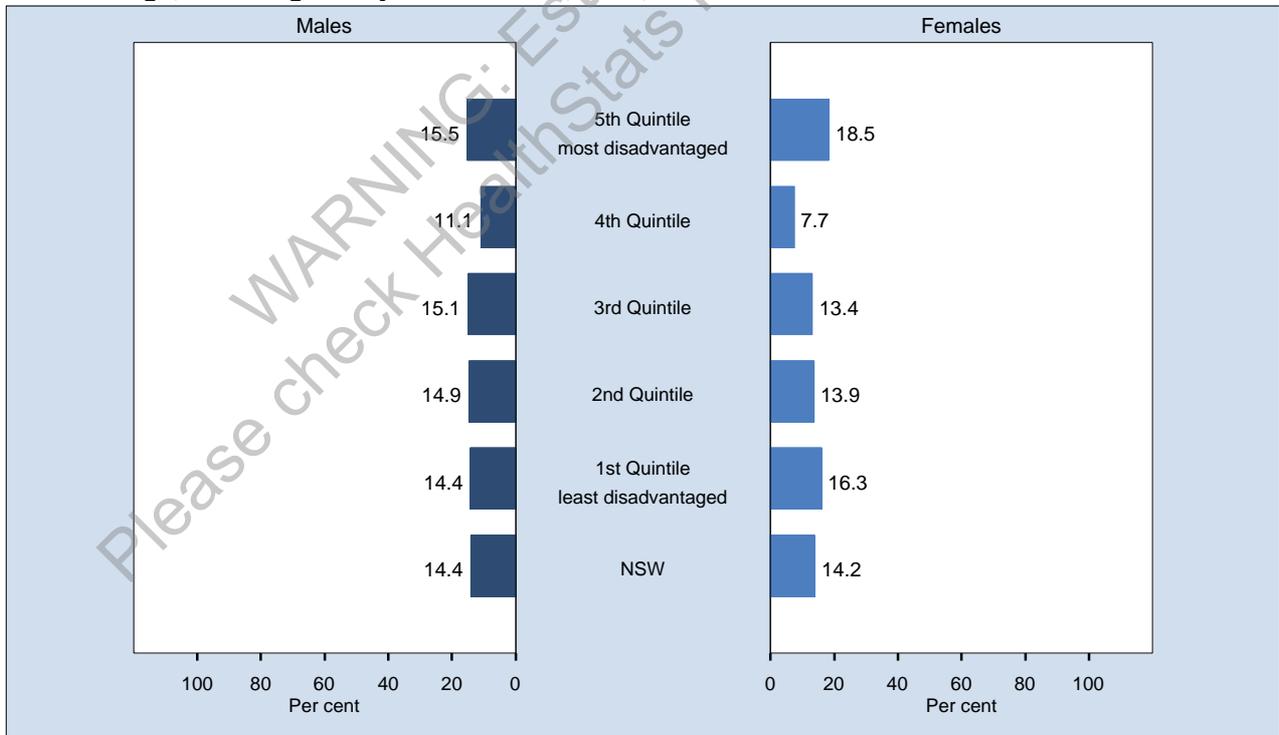
Consumes pasta, rice, noodles, or other cooked cereals once a day or more by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,512 respondents in NSW. For this indicator 52 (0.61%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed pasta, rice, noodles, or other cooked cereals once per day or more. The question used to define the indicator was: How often do you eat pasta, rice, noodles or other cooked cereals?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

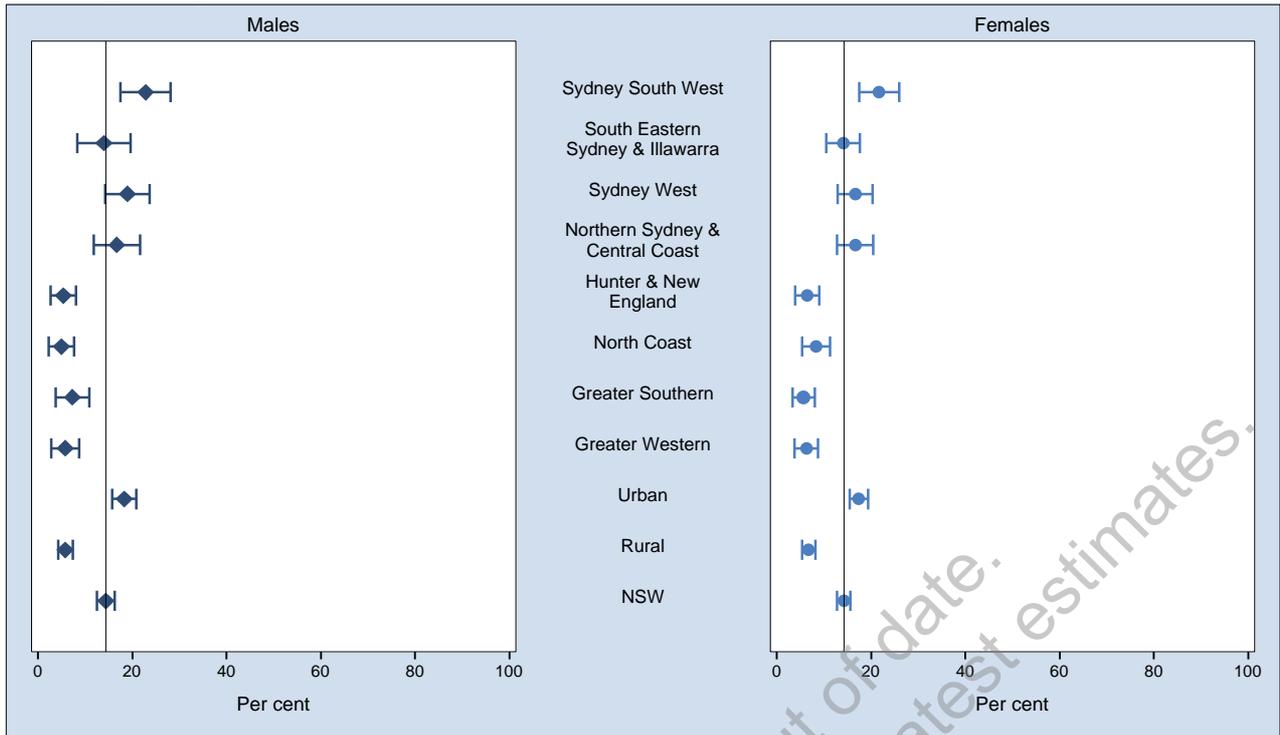
Consumes pasta, rice, noodles, or other cooked cereals once a day or more by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,512 respondents in NSW. For this indicator 52 (0.61%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed pasta, rice, noodles, or other cooked cereals once per day or more. The question used to define the indicator was: How often do you eat pasta, rice, noodles or other cooked cereals?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

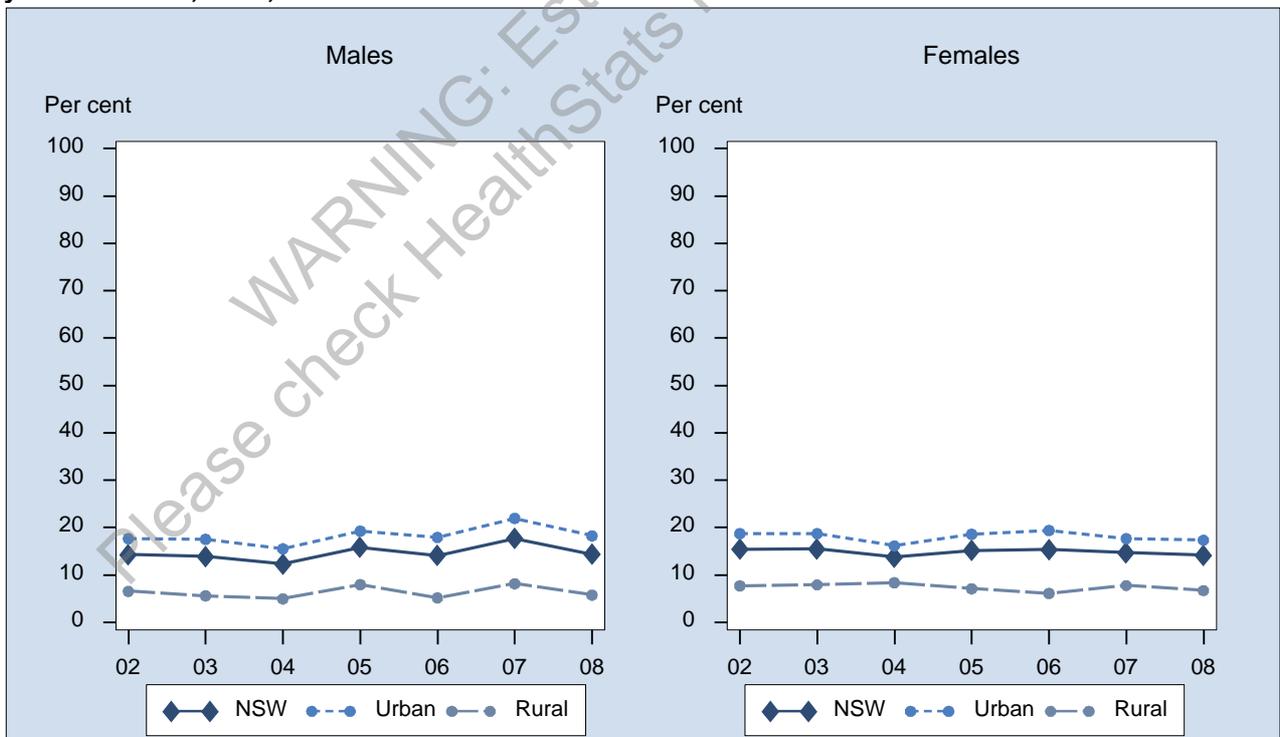
Consumes pasta, rice, noodles, or other cooked cereals once a day or more by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,512 respondents in NSW. For this indicator 52 (0.61%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed pasta, rice, noodles, or other cooked cereals once per day or more. The question used to define the indicator was: How often do you eat pasta, rice, noodles or other cooked cereals?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

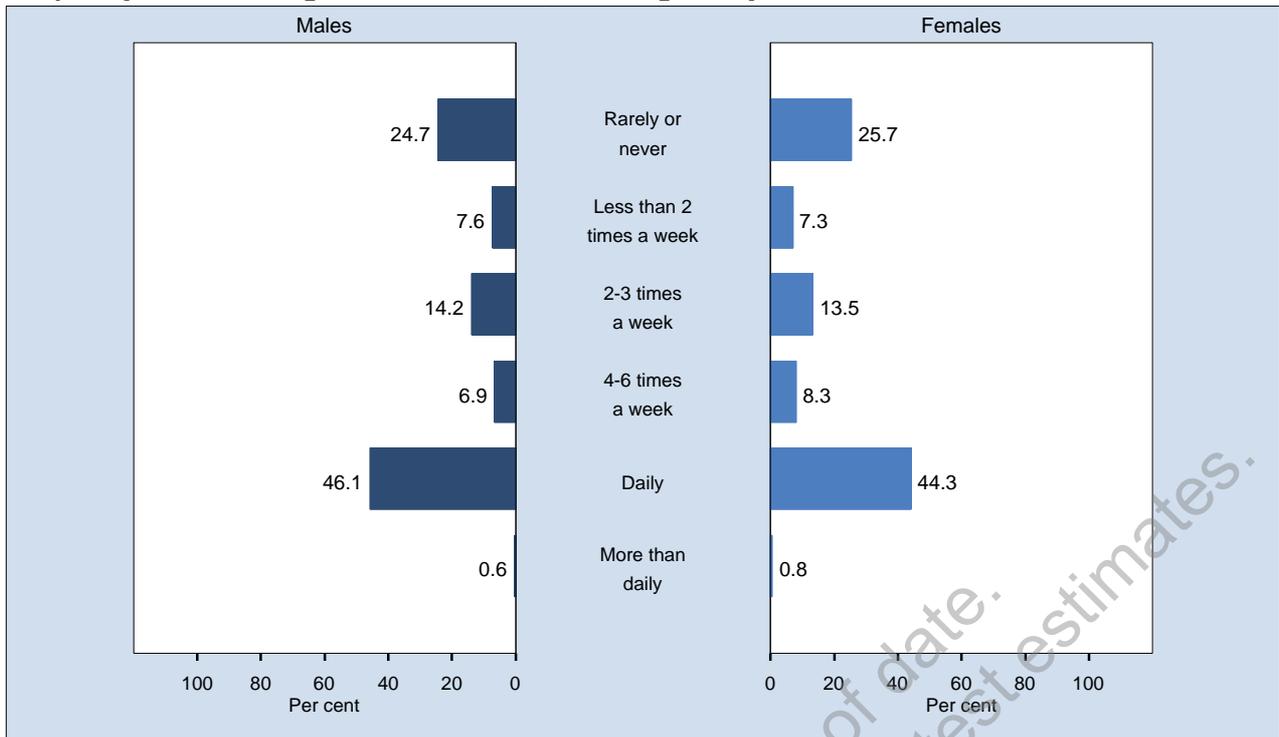
Consumes pasta, rice, noodles, or other cooked cereals once a day or more by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,568), 2003 (12,964), 2004 (9,385), 2005 (11,462), 2006 (7,928), 2007 (7,359), 2008 (8,512). The indicator includes those who consumed pasta, rice, noodles, or other cooked cereals once per day or more. The question used to define the indicator was: How often do you eat pasta, rice, noodles or other cooked cereals?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

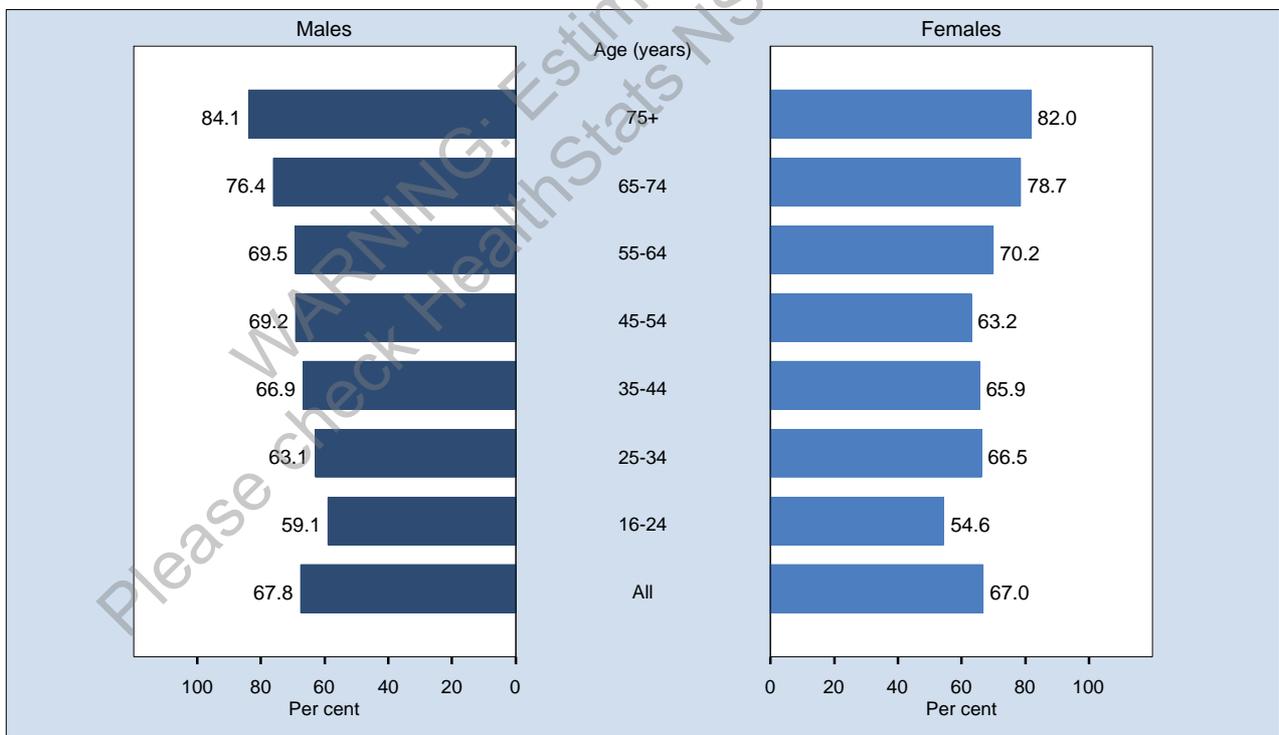
Frequency of consuming breakfast cereals, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,513 respondents in NSW. For this indicator 51 (0.60%) were not stated (Don't know or Refused) in NSW. The question used was: How often do you eat breakfast cereal?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

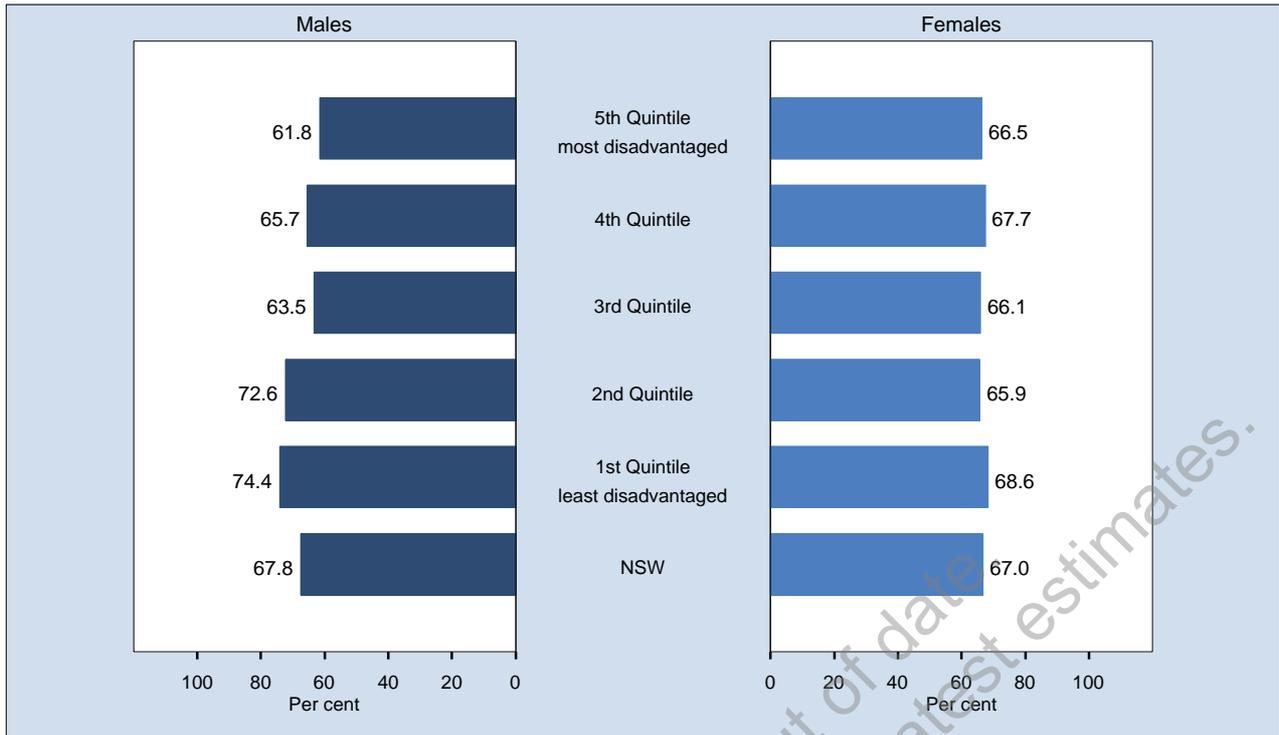
Consumes breakfast cereals 2 times a week or more by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,513 respondents in NSW. For this indicator 51 (0.60%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed breakfast cereals 2 times per week or more. The question used to define the indicator was: How often do you eat breakfast cereal?

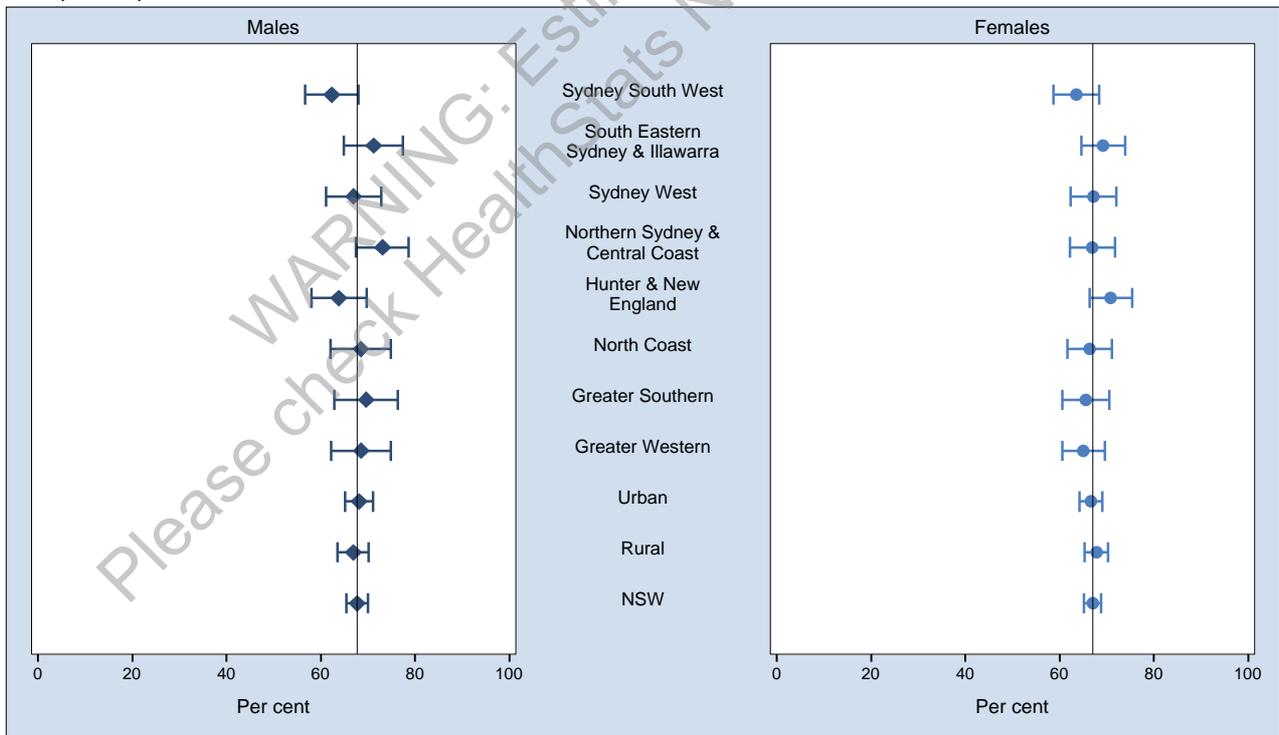
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Consumes breakfast cereals 2 times a week or more by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



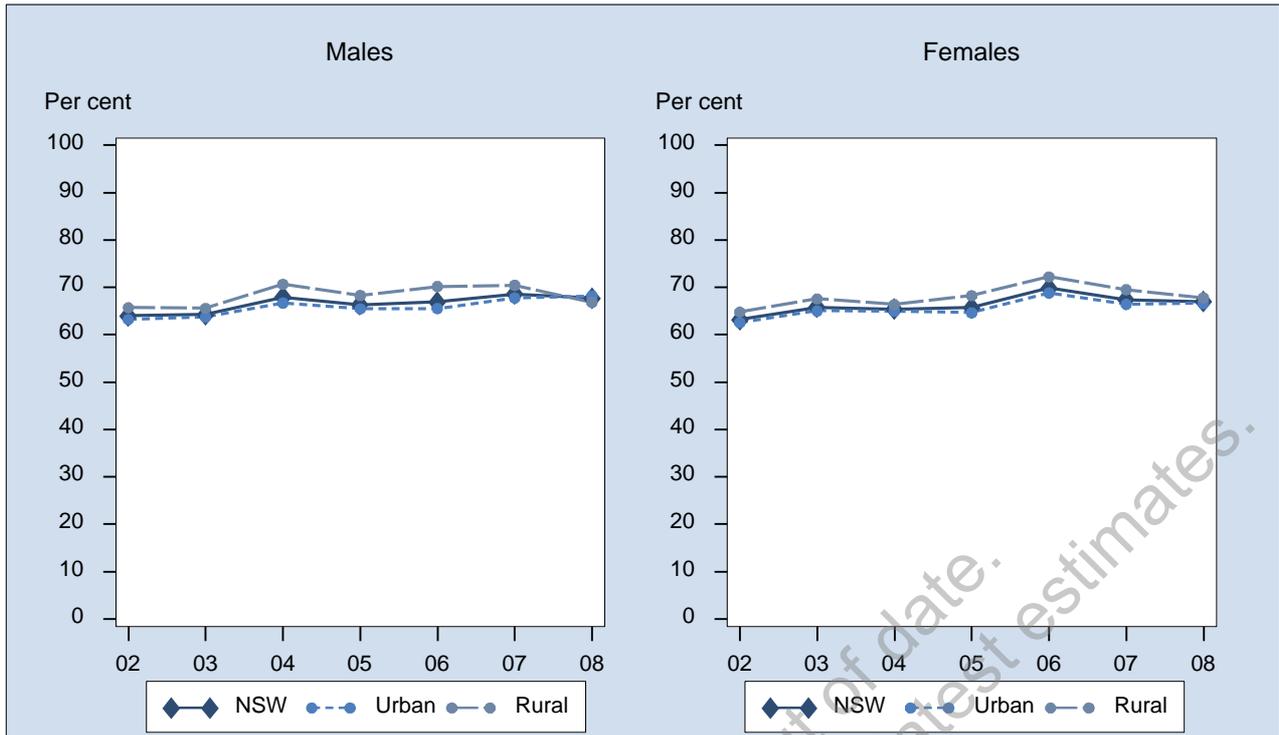
Note: Estimates are based on 8,513 respondents in NSW. For this indicator 51 (0.60%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed breakfast cereals 2 times per week or more. The question used to define the indicator was: How often do you eat breakfast cereal?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Consumes breakfast cereals 2 times a week or more by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,513 respondents in NSW. For this indicator 51 (0.60%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed breakfast cereals 2 times per week or more. The question used to define the indicator was: How often do you eat breakfast cereal?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

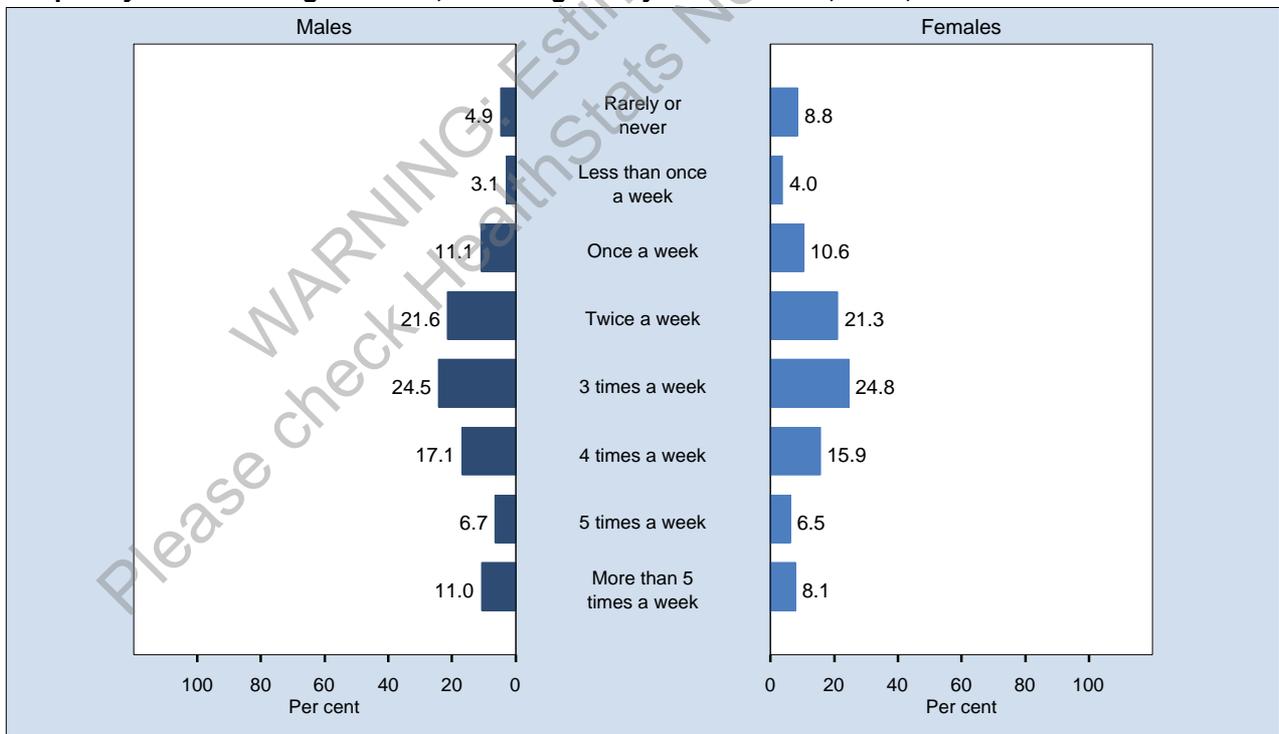
Consumes breakfast cereals 2 times a week or more by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,587), 2003 (12,982), 2004 (9,401), 2005 (11,455), 2006 (7,940), 2007 (7,375), 2008 (8,513). The indicator includes those who consumed breakfast cereals 2 times per week or more. The question used to define the indicator was: How often do you eat breakfast cereal?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

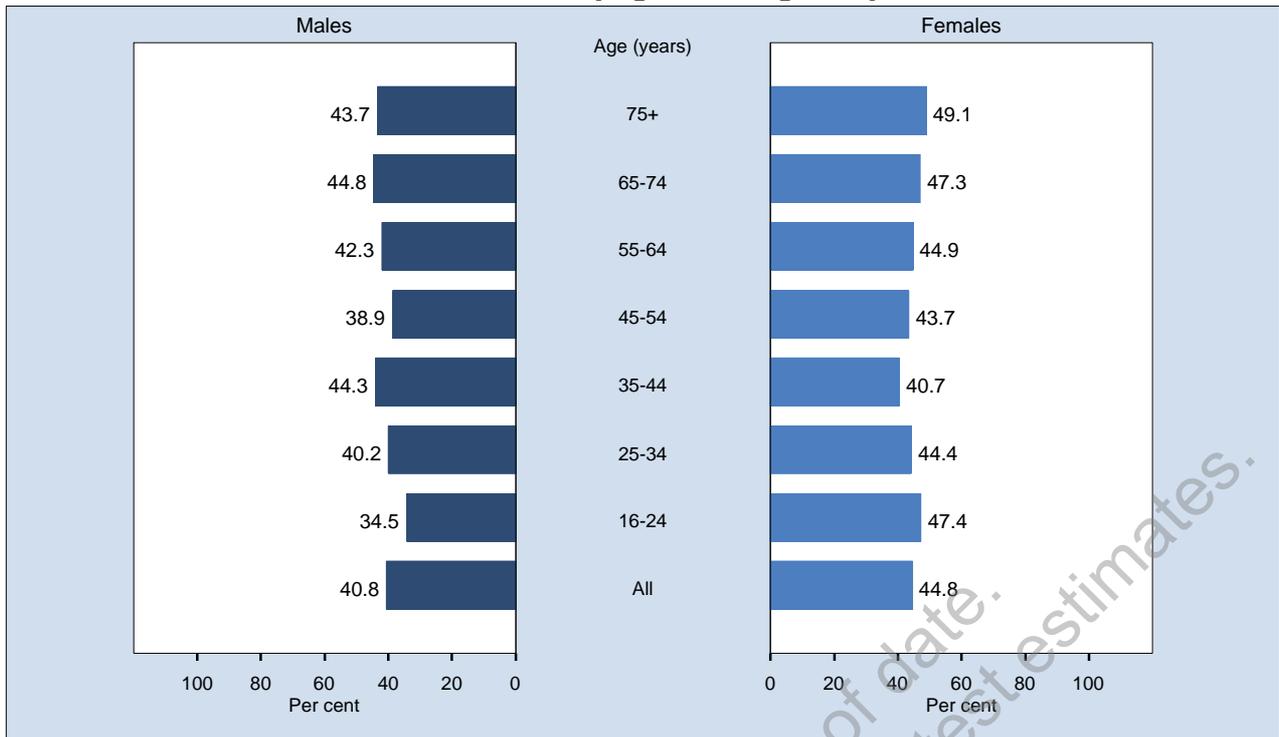
Frequency of consuming red meat, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,325 respondents in NSW. For this indicator 42 (0.50%) were not stated (Don't know or Refused) in NSW. The question used was: How often do you eat red meat such as beef, lamb, liver, and kidney but not pork or ham?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

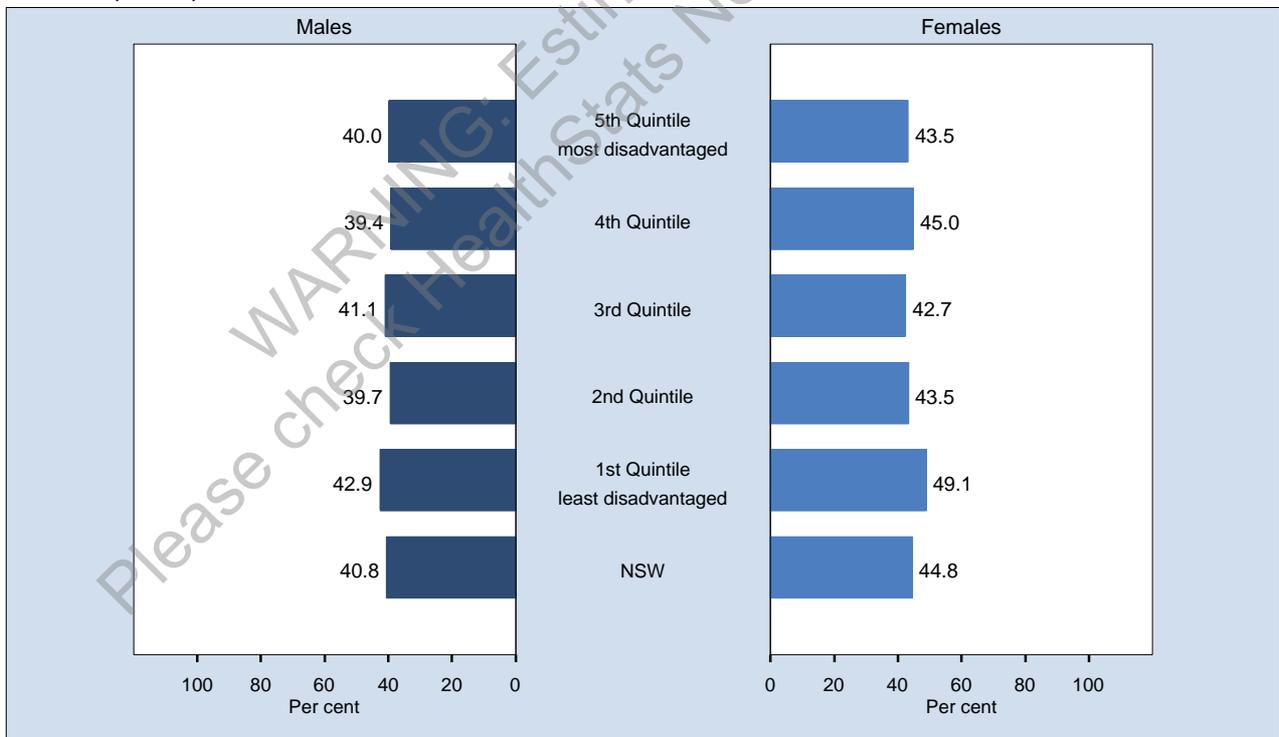
Consumes red meat less than 3 times a week by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,325 respondents in NSW. For this indicator 42 (0.50%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed red meat less than 3 times a week. The question used to define the indicator was: How often do you eat red meat such as beef, lamb, liver, and kidney but not pork or ham?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

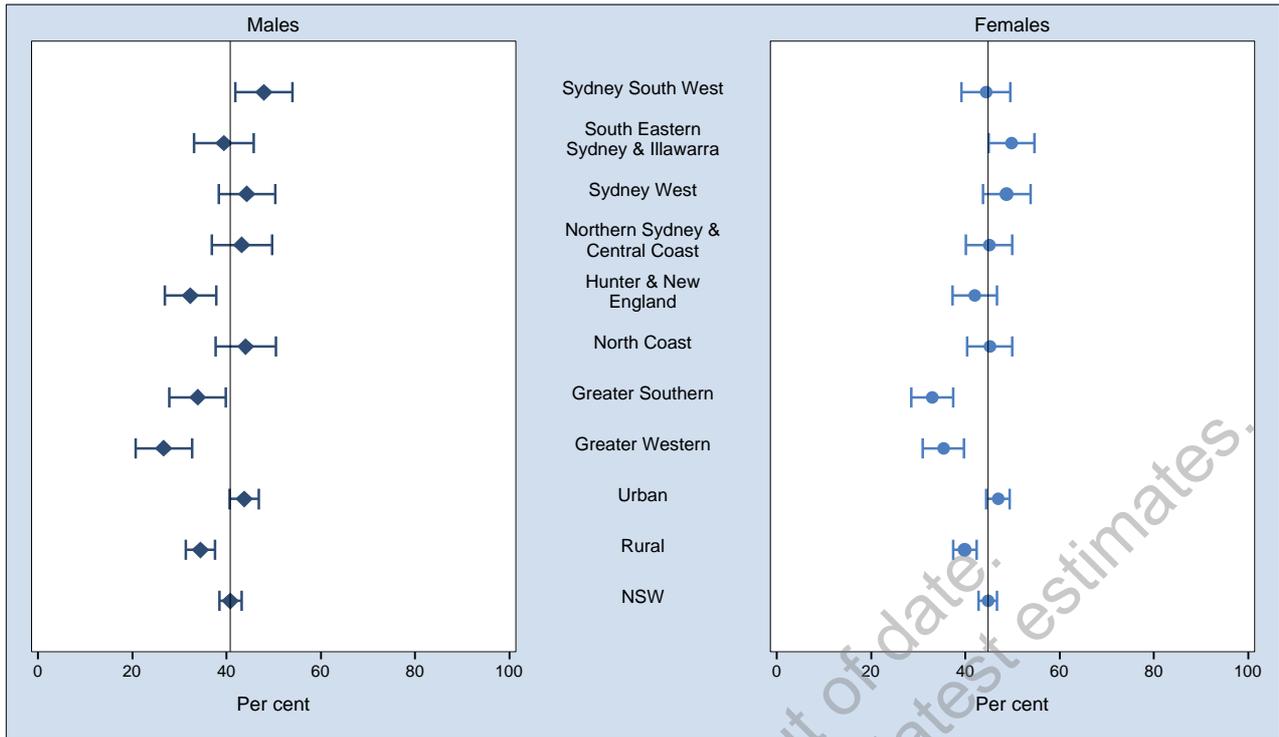
Consumes red meat less than 3 times a week by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,325 respondents in NSW. For this indicator 42 (0.50%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed red meat less than 3 times a week. The question used to define the indicator was: How often do you eat red meat such as beef, lamb, liver, and kidney but not pork or ham?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

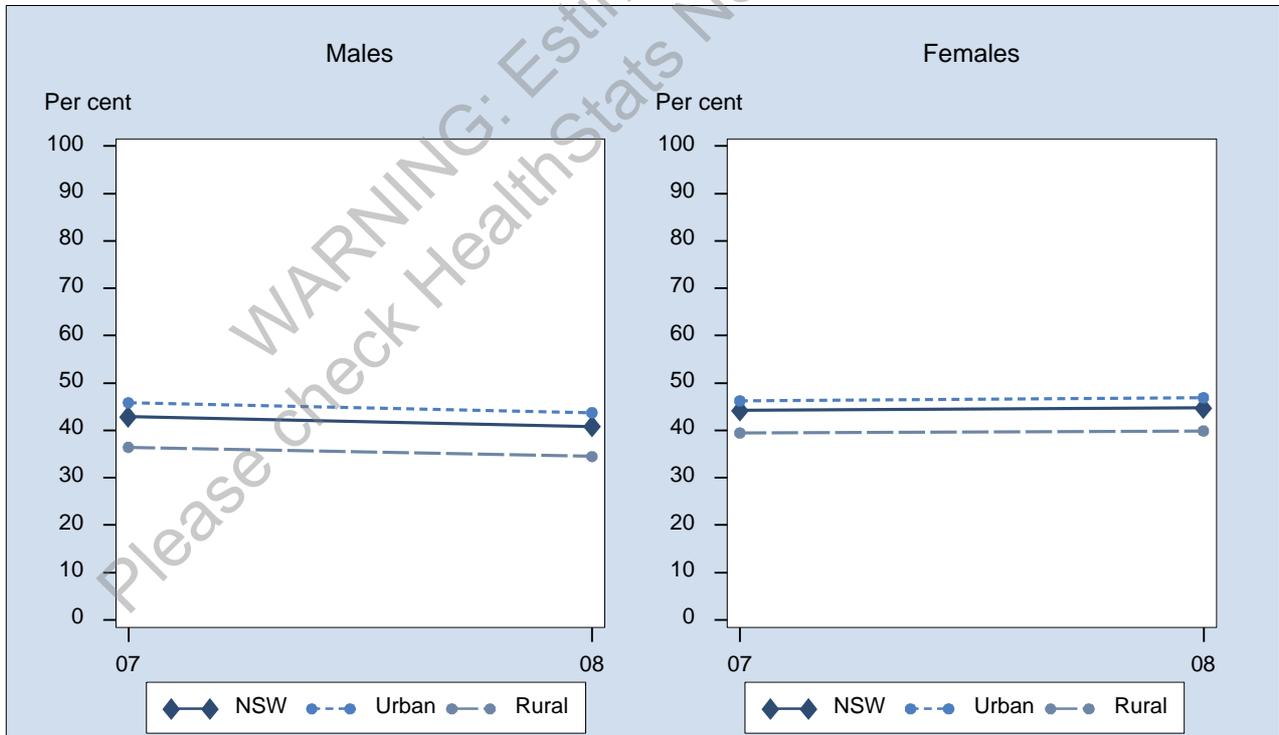
Consumes red meat less than 3 times a week by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,325 respondents in NSW. For this indicator 42 (0.50%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed red meat less than 3 times a week. The question used to define the indicator was: How often do you eat red meat such as beef, lamb, liver, and kidney but not pork or ham?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

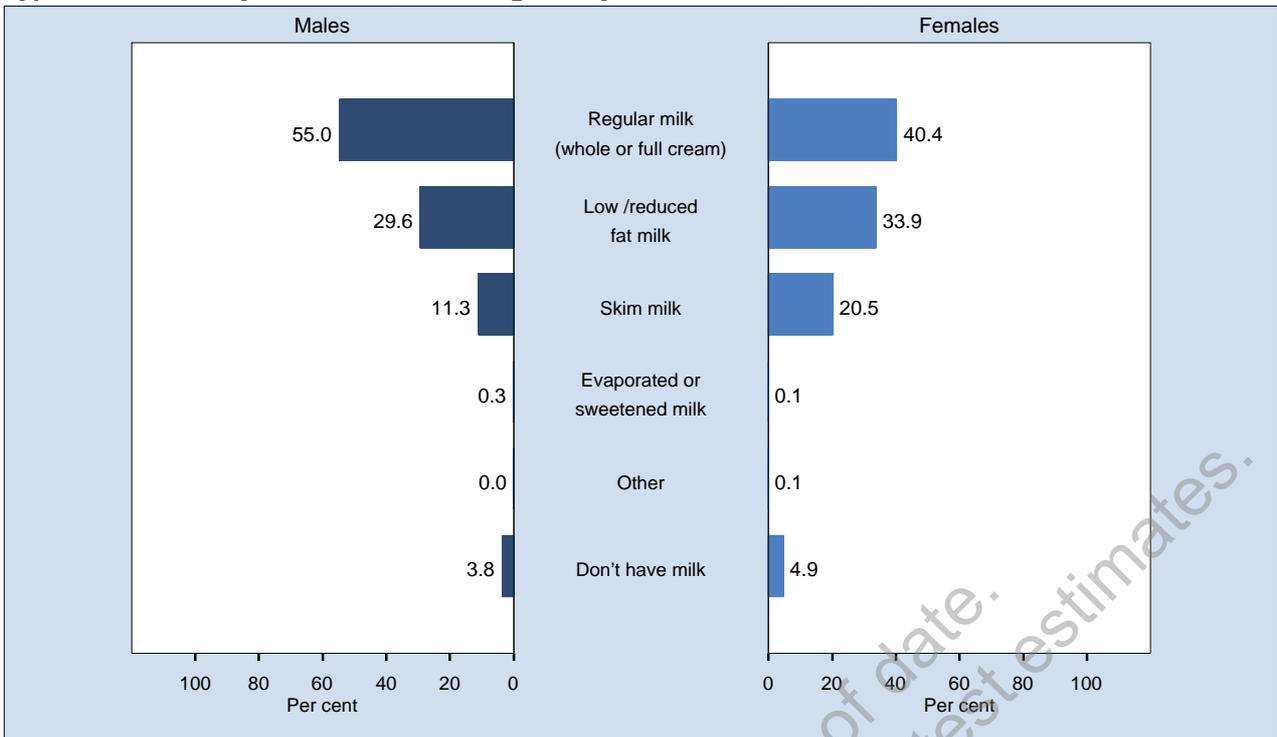
Consumes red meat less than 3 times a week by year, adults aged 16 years and over, NSW, 2007-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2007 (7,331), 2008 (8,325). The indicator includes those who consumed red meat less than 3 times a week. The question used to define the indicator was: How often do you eat red meat such as beef, lamb, liver, and kidney but not pork or ham?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

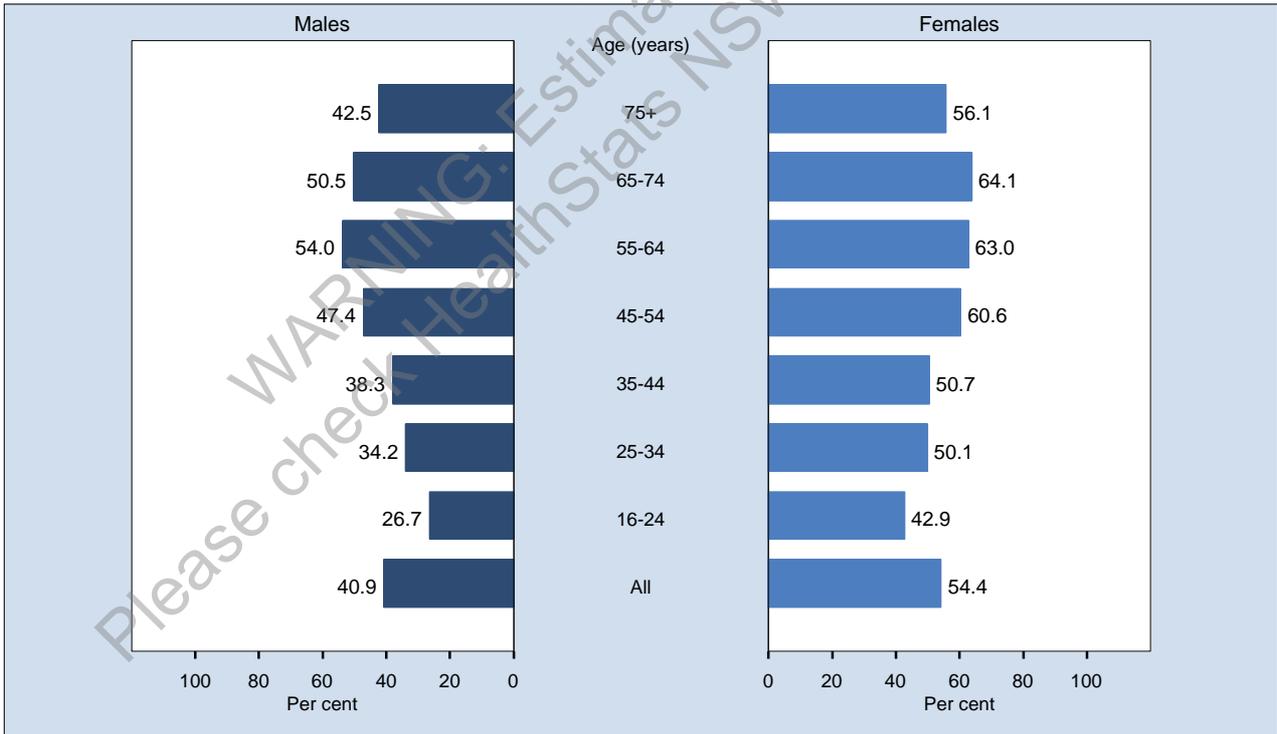
Type of milk usually consumed, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 29 (0.34%) were not stated (Don't know or Refused) in NSW. The question used was: What type of milk do you usually have?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

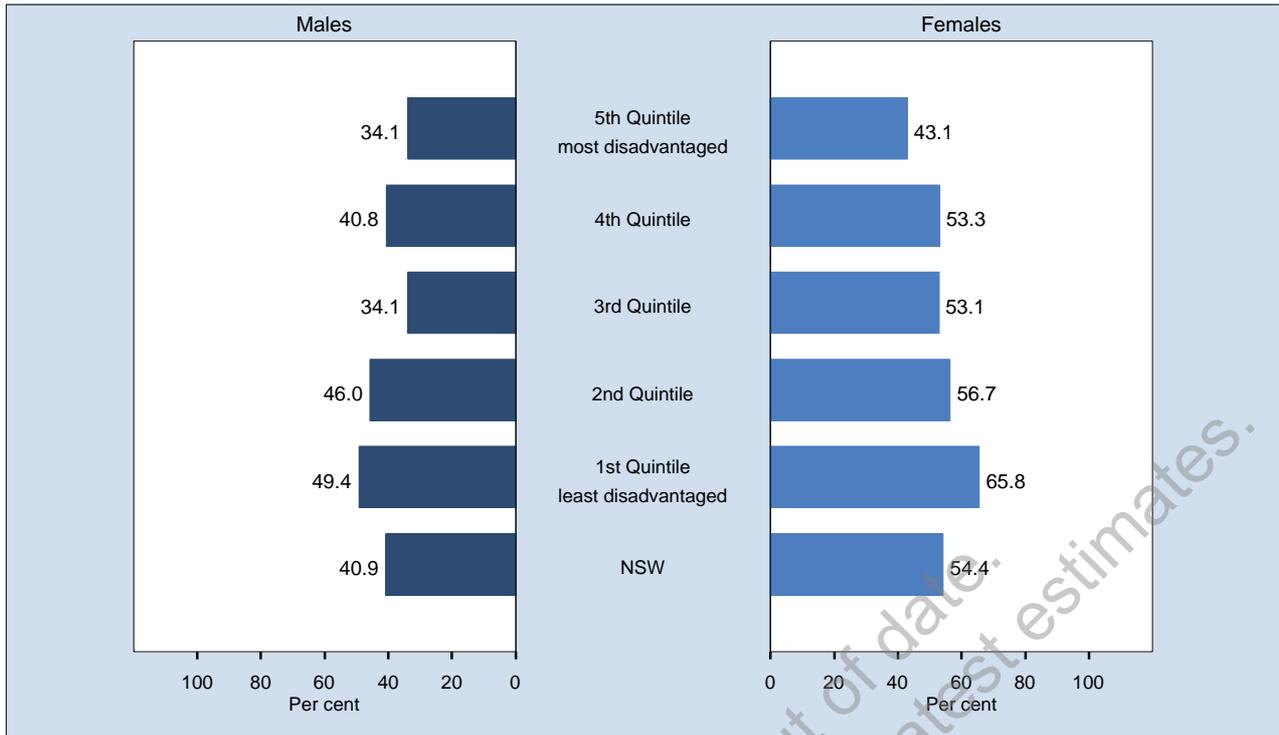
Usually consumes lower fat or skim milk by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 29 (0.34%) were not stated (Don't know or Refused) in NSW. The indicator includes those who usually consume low fat, reduced fat, or skim milk. The question used to define the indicator was: What type of milk do you usually have?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

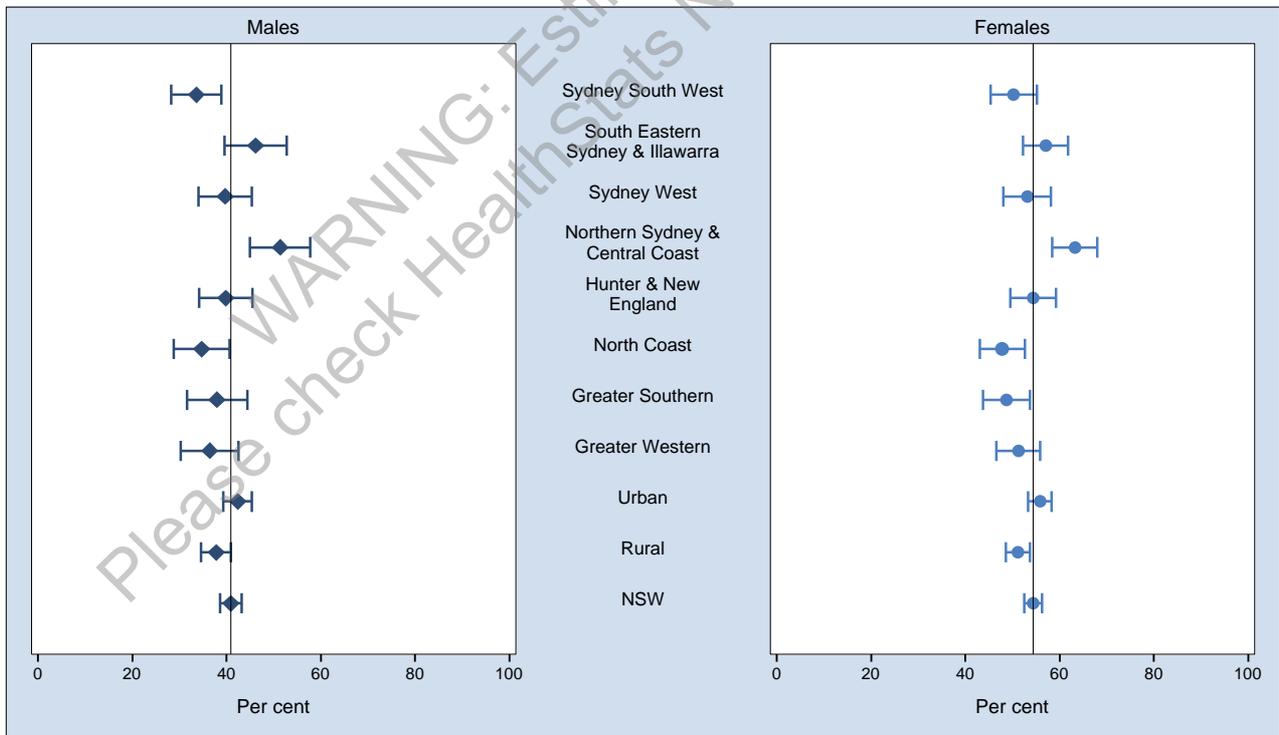
Usually consumes lower fat or skim milk by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 29 (0.34%) were not stated (Don't know or Refused) in NSW. The indicator includes those who usually consume low fat, reduced fat, or skim milk. The question used to define the indicator was: 'What type of milk do you usually have?'

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

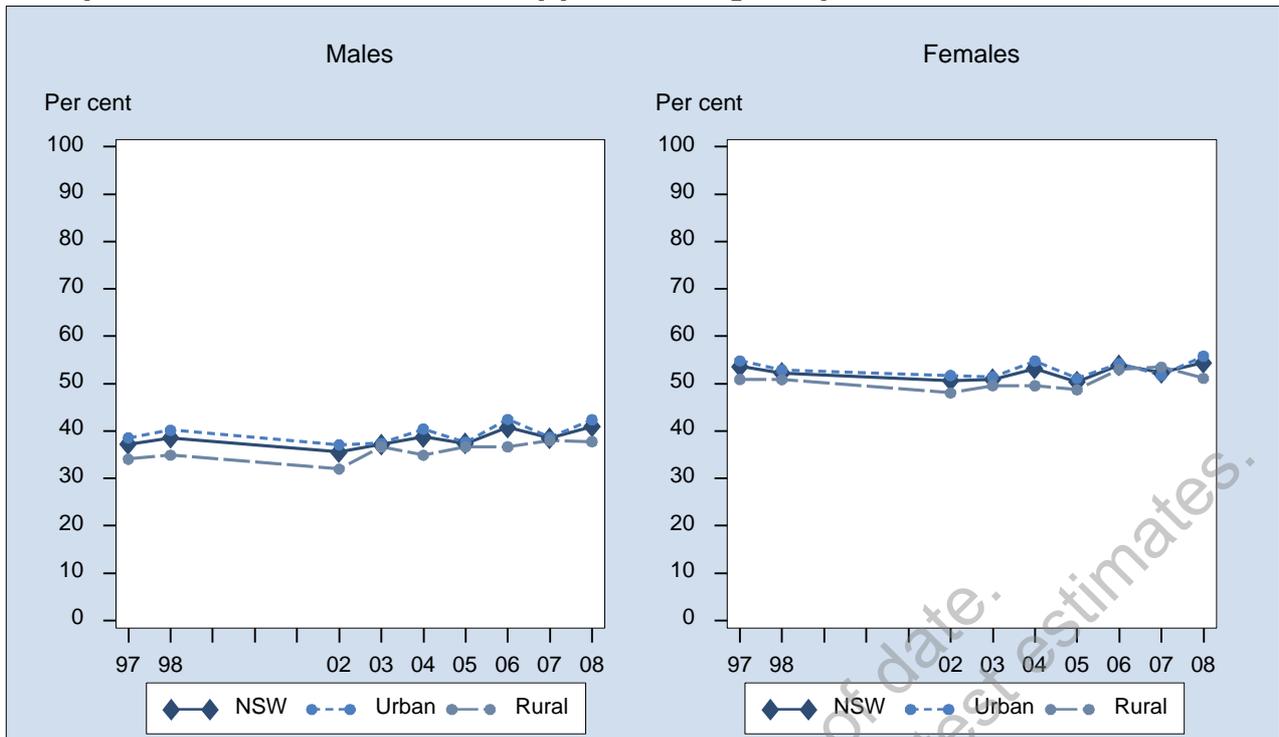
Usually consumes lower fat or skim milk by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 29 (0.34%) were not stated (Don't know or Refused) in NSW. The indicator includes those who usually consume low fat, reduced fat, or skim milk. The question used to define the indicator was: 'What type of milk do you usually have?'

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

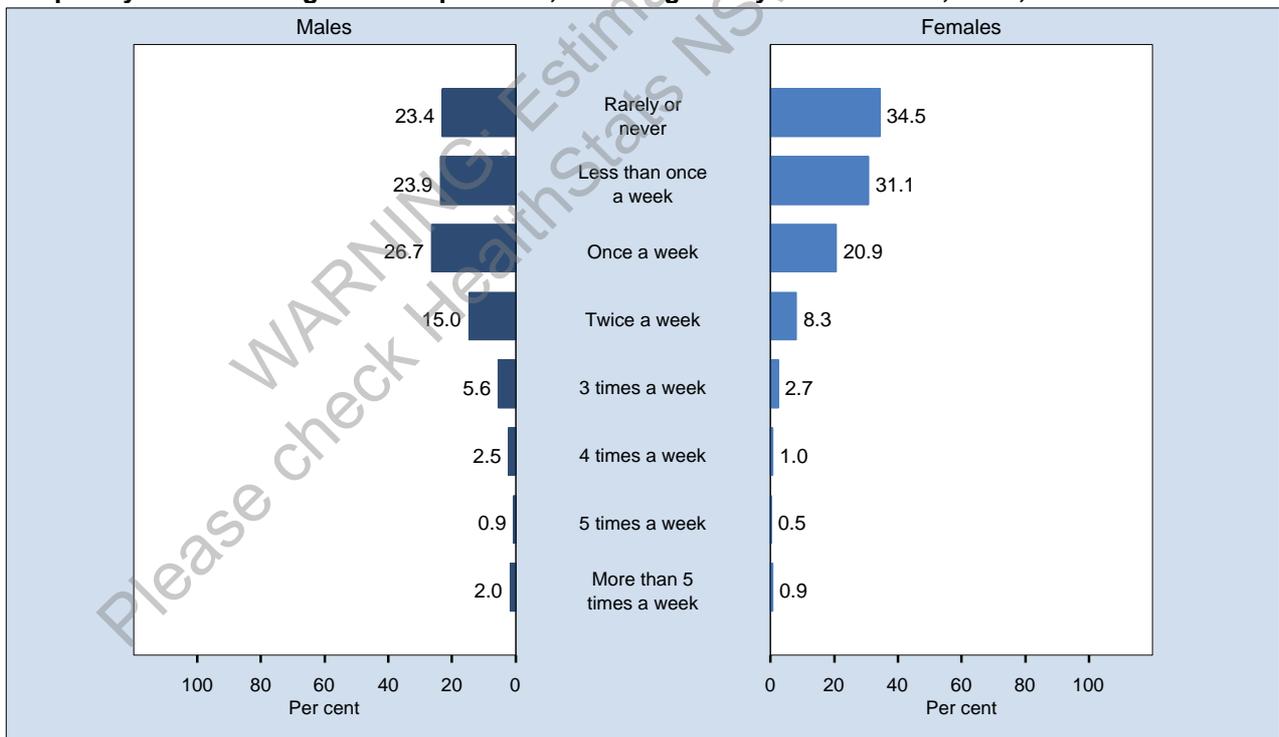
Usually consumes lower fat or skim milk by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (16,624), 1998 (16,615), 2002 (12,598), 2003 (12,990), 2004 (9,402), 2005 (11,486), 2006 (7,940), 2007 (7,387), 2008 (8,534). The indicator includes those who usually consume low fat, reduced fat, or skim milk. The question used to define the indicator was: What type of milk do you usually have?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

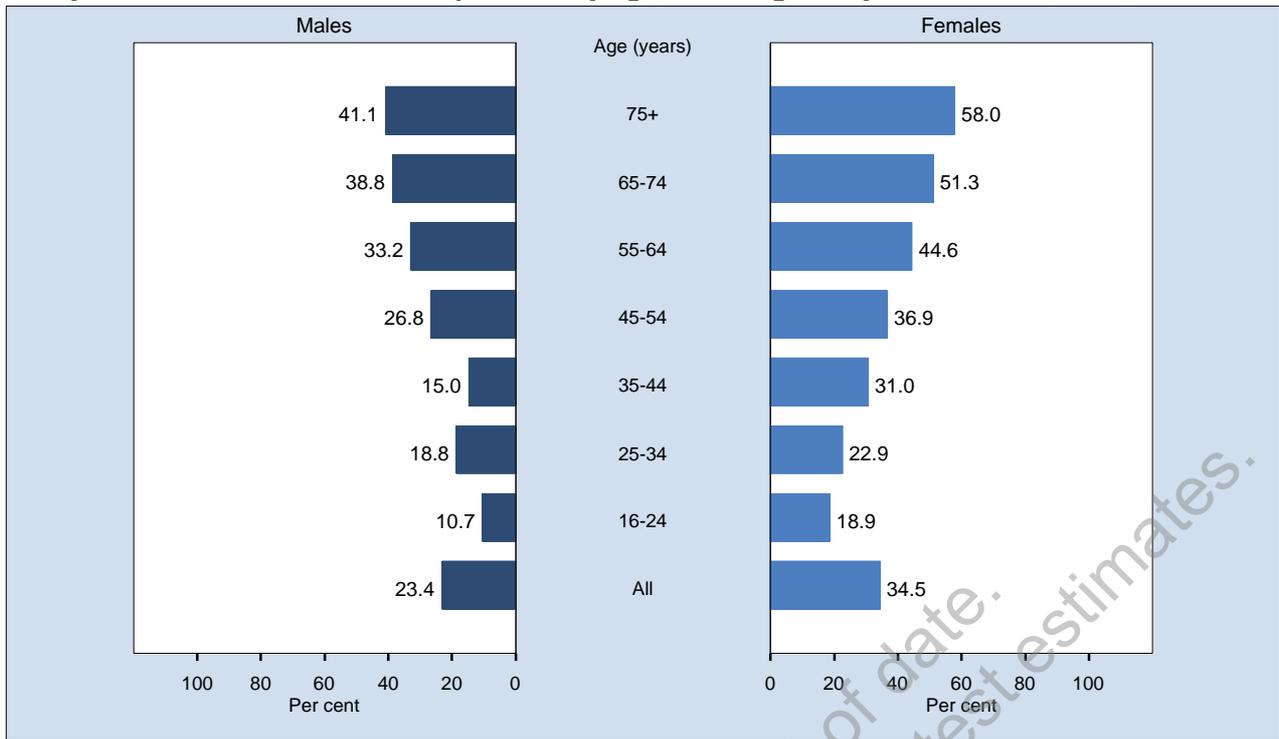
Frequency of consuming hot fried potatoes, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,341 respondents in NSW. For this indicator 26 (0.31%) 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?

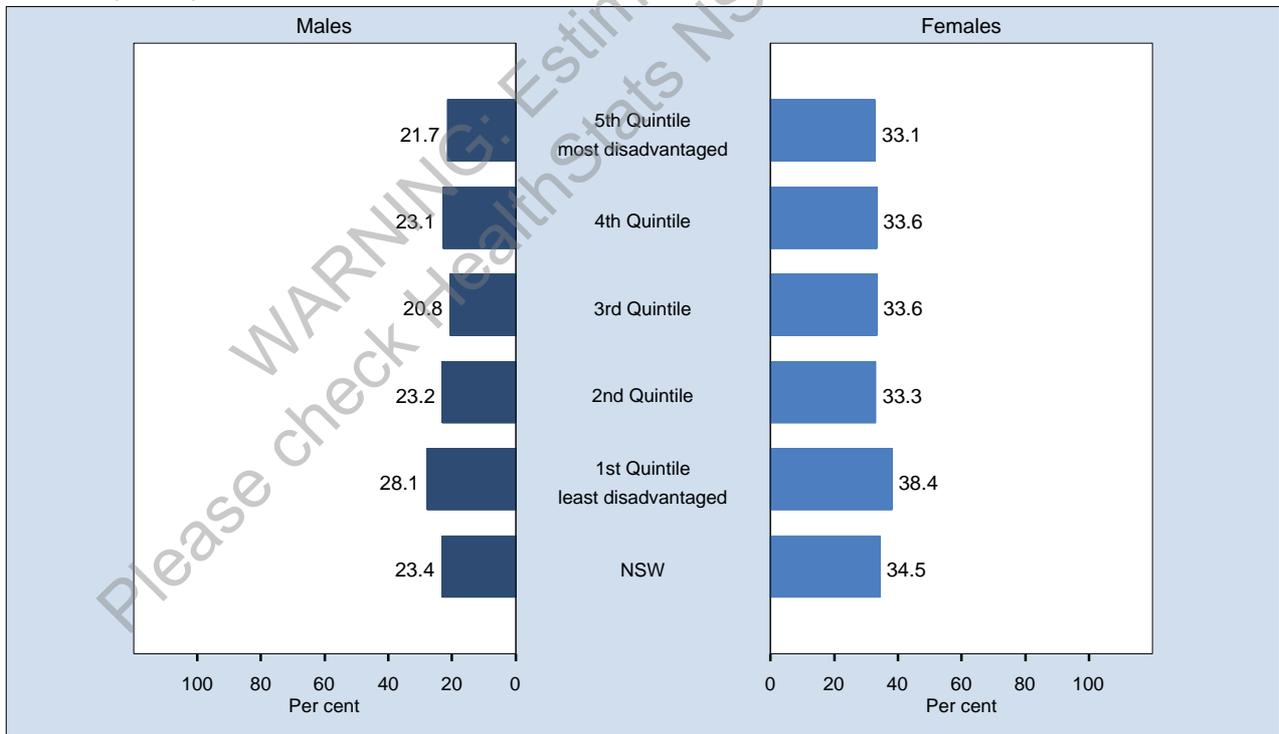
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Rarely or never consumes hot fried potatoes by age, adults aged 16 years and over, NSW, 2008



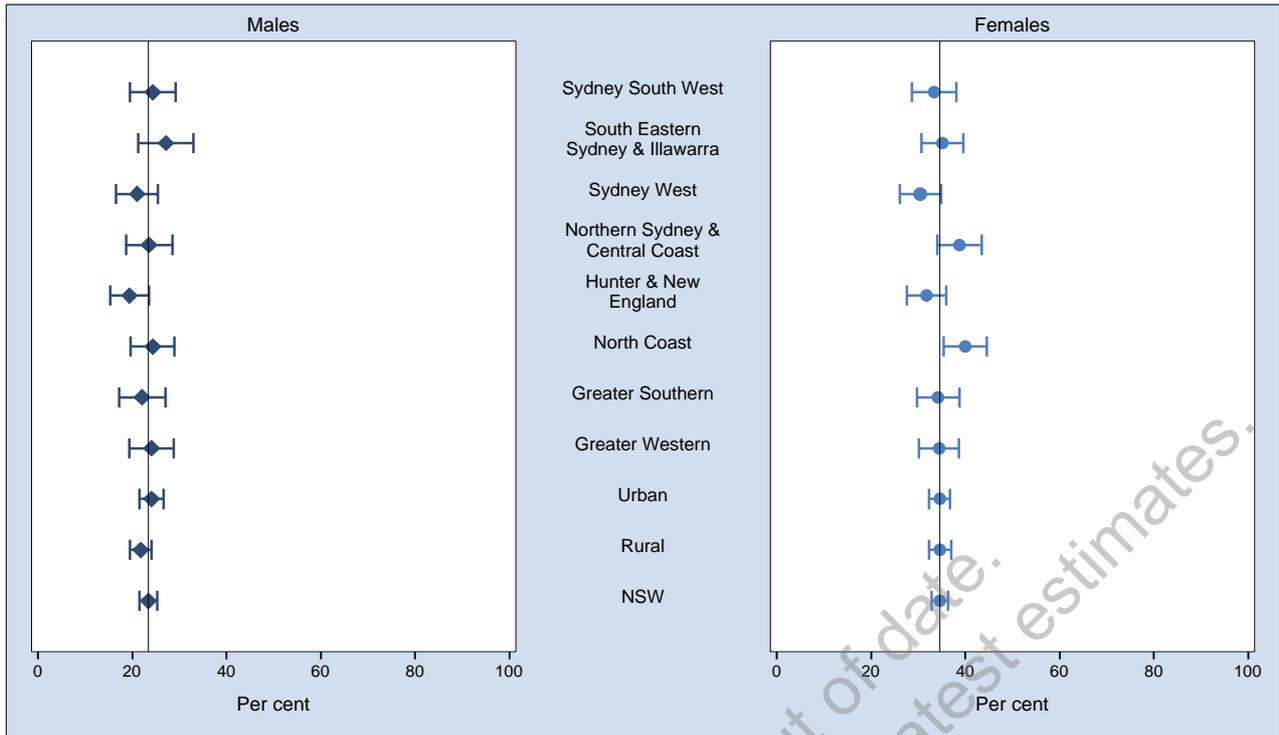
Note: Estimates are based on 8,341 respondents in NSW. For this indicator 26 (0.31%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed hot fried potato products rarely or never. The question used to define the indicator was: How often do you eat hot chips, french fries, wedges or fried potatoes?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Rarely or never consumes hot fried potatoes by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



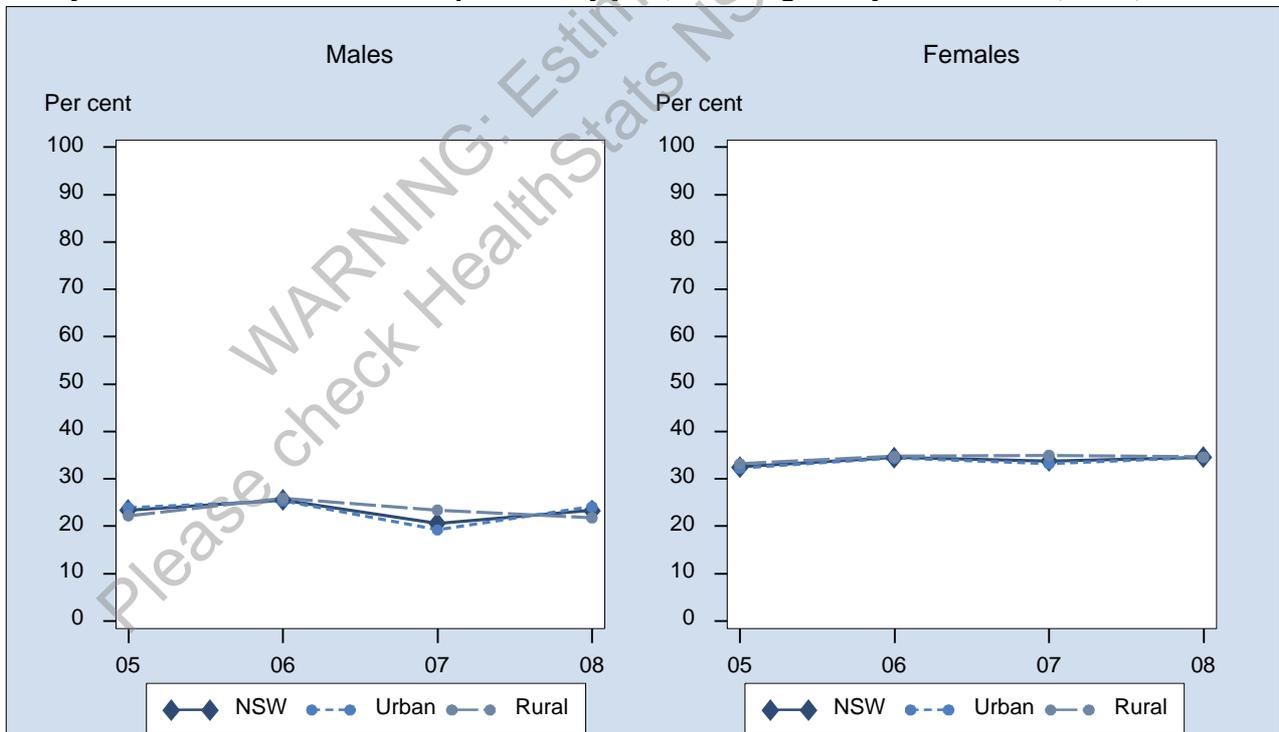
Note: Estimates are based on 8,341 respondents in NSW. For this indicator 26 (0.31%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed hot fried potato products rarely or never. The question used to define the indicator was: How often do you eat hot chips, french fries, wedges or fried potatoes?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Rarely or never consumes hot fried potatoes by area health service, adults aged 16 years and over, NSW, 2008



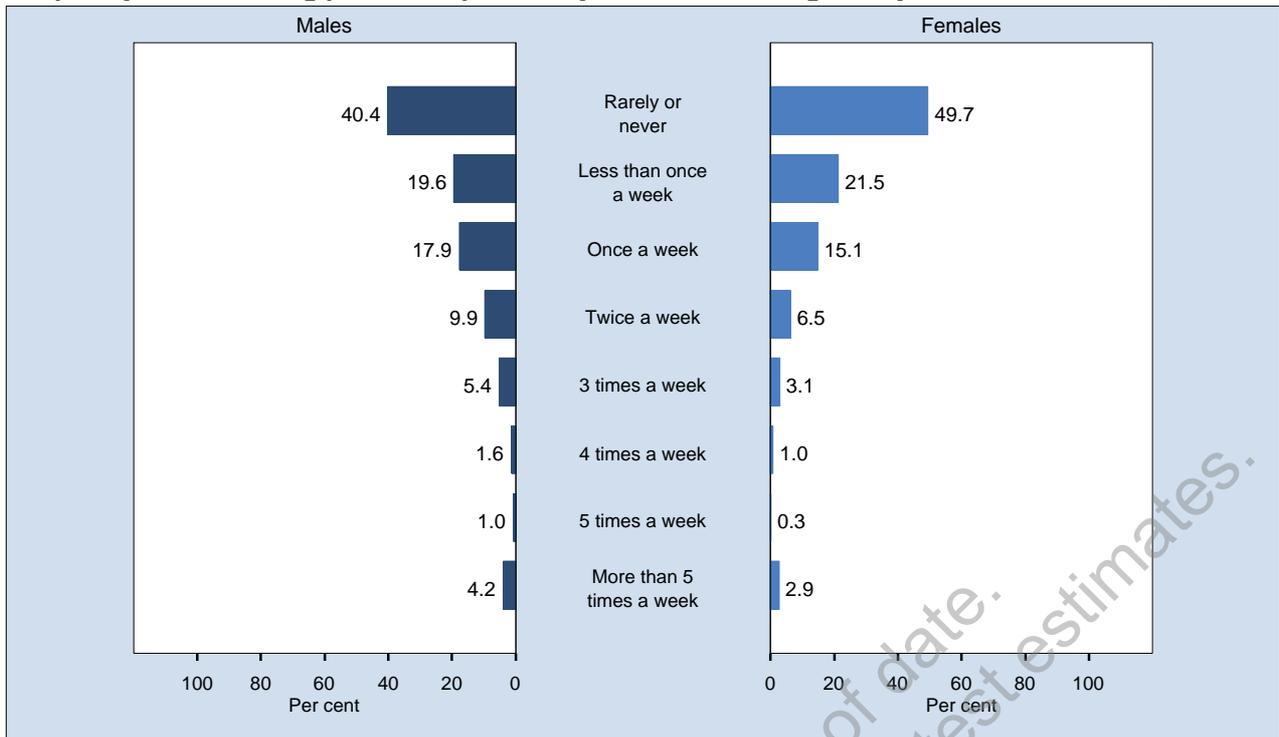
Note: Estimates are based on 8,341 respondents in NSW. For this indicator 26 (0.31%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed hot fried potato products rarely or never. The question used to define the indicator was: How often do you eat hot chips, french fries, wedges or fried potatoes?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Rarely or never consumes hot fried potatoes by year, adults aged 16 years and over, NSW, 2005-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2005 (5,385), 2006 (7,889), 2007 (7,138), 2008 (8,341). The indicator includes those who consumed hot fried potato products rarely or never. The question used to define the indicator was: How often do you eat hot chips, french fries, wedges or fried potatoes?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

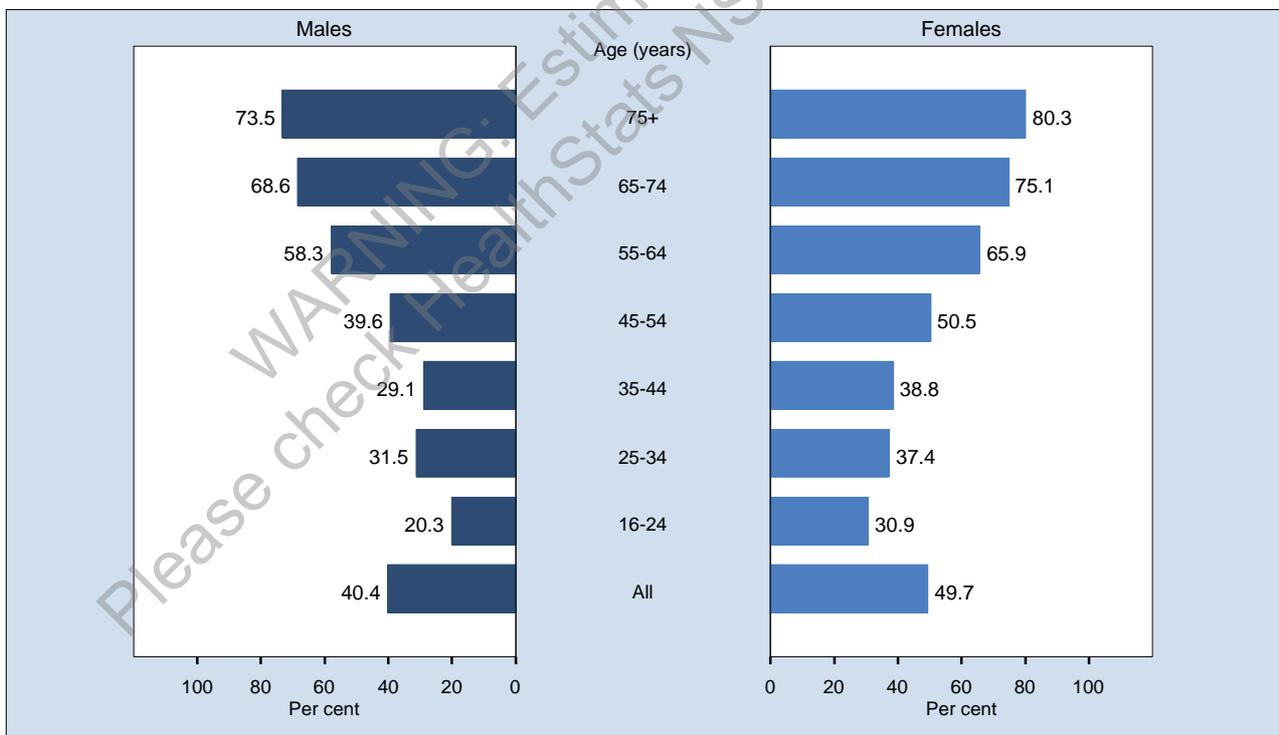
Frequency of consuming potato crisps or salty snacks, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,336 respondents in NSW. For this indicator 31 (0.37%) 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

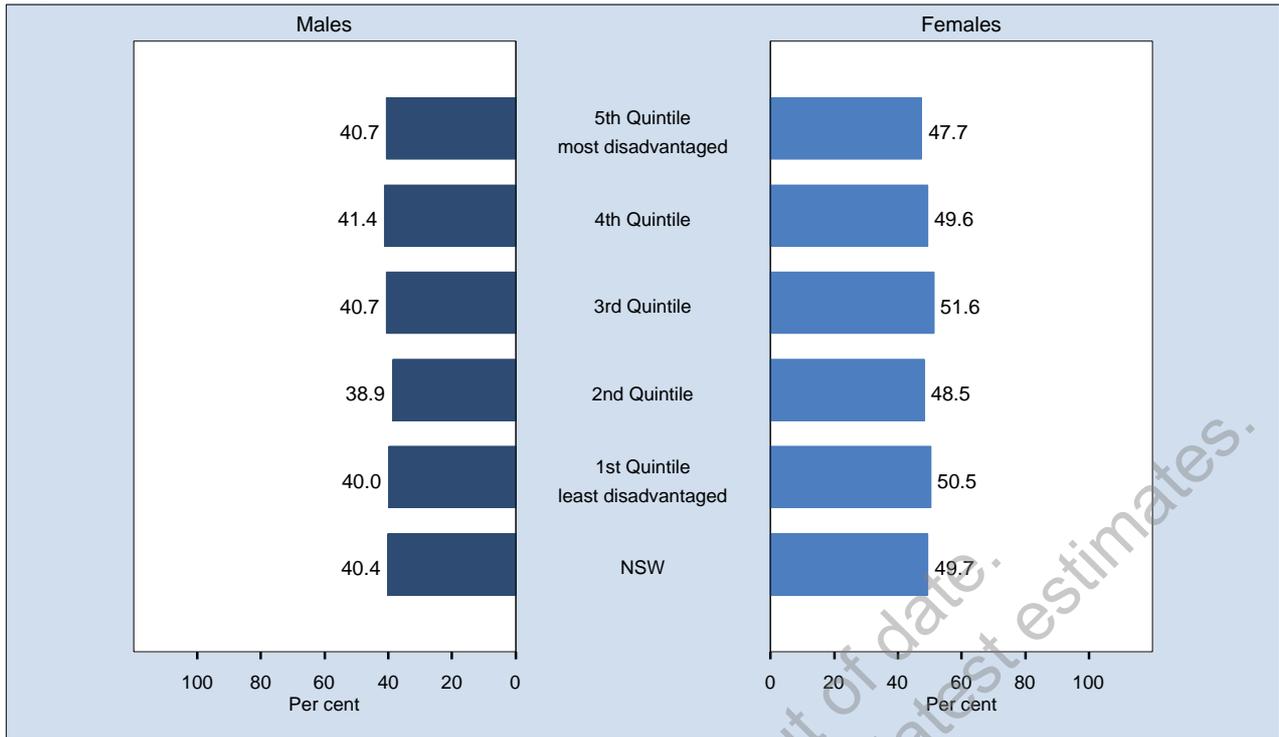
Rarely or never consumes potato crisps or salty snacks by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,336 respondents in NSW. For this indicator 31 (0.37%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed potato crisps or salty snacks rarely or never. The question used to define the indicator was: How often do you eat potato crisps or other salty snacks?

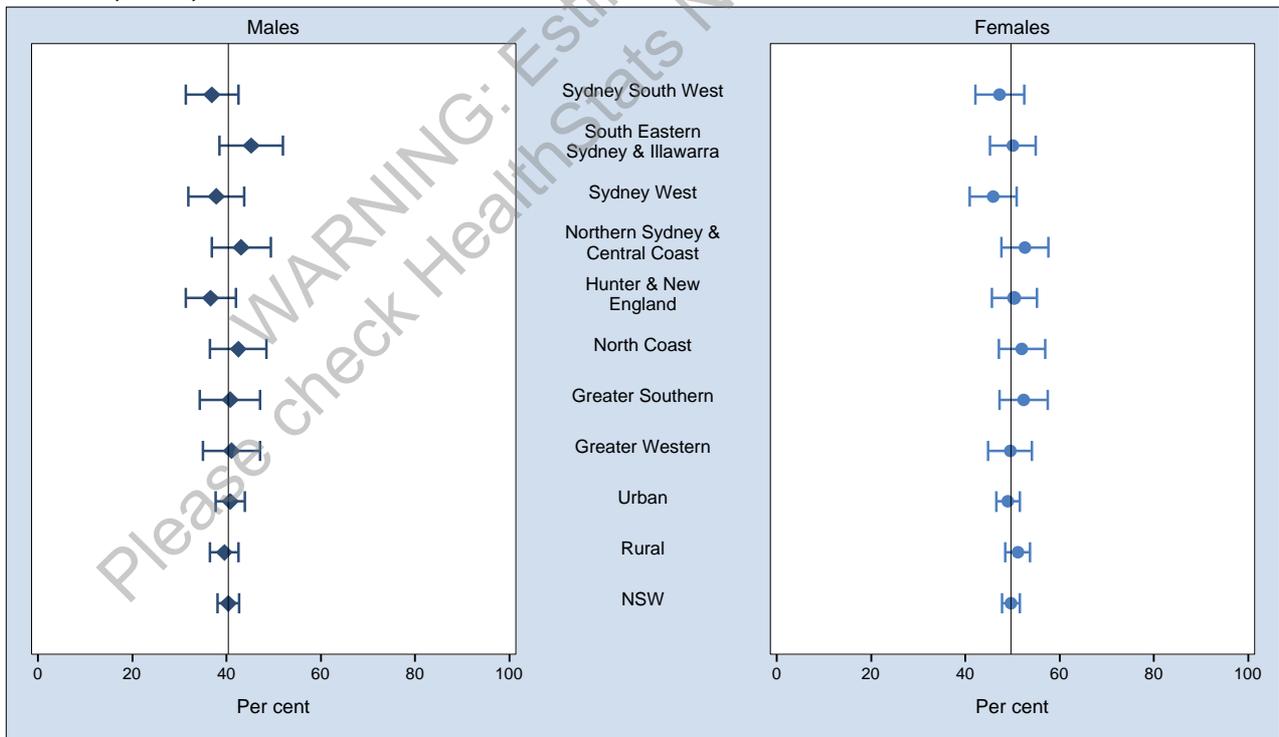
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Rarely or never consumes potato crisps or salty snacks by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



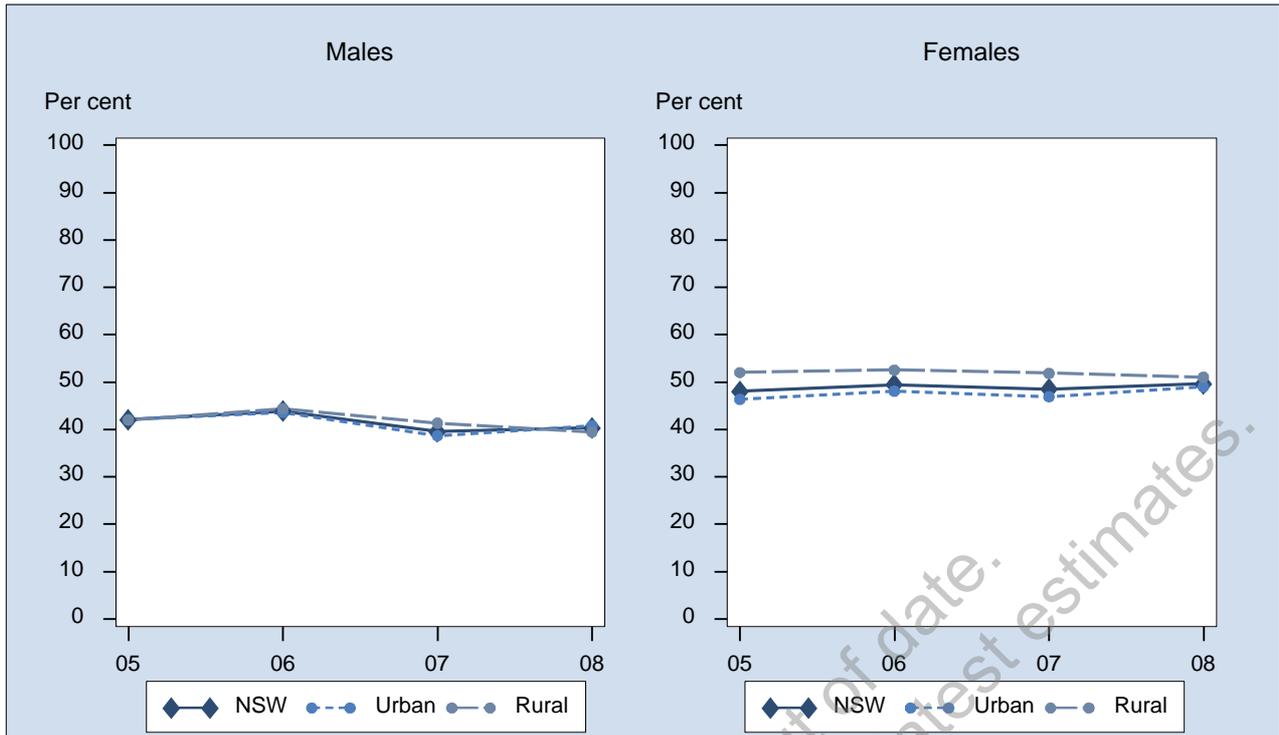
Note: Estimates are based on 8,336 respondents in NSW. For this indicator 31 (0.37%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed potato crisps or salty snacks rarely or never. The question used to define the indicator was: How often do you eat potato crisps or other salty snacks?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Rarely or never consumes potato crisps or salty snacks by area health service, adults aged 16 years and over, NSW, 2008



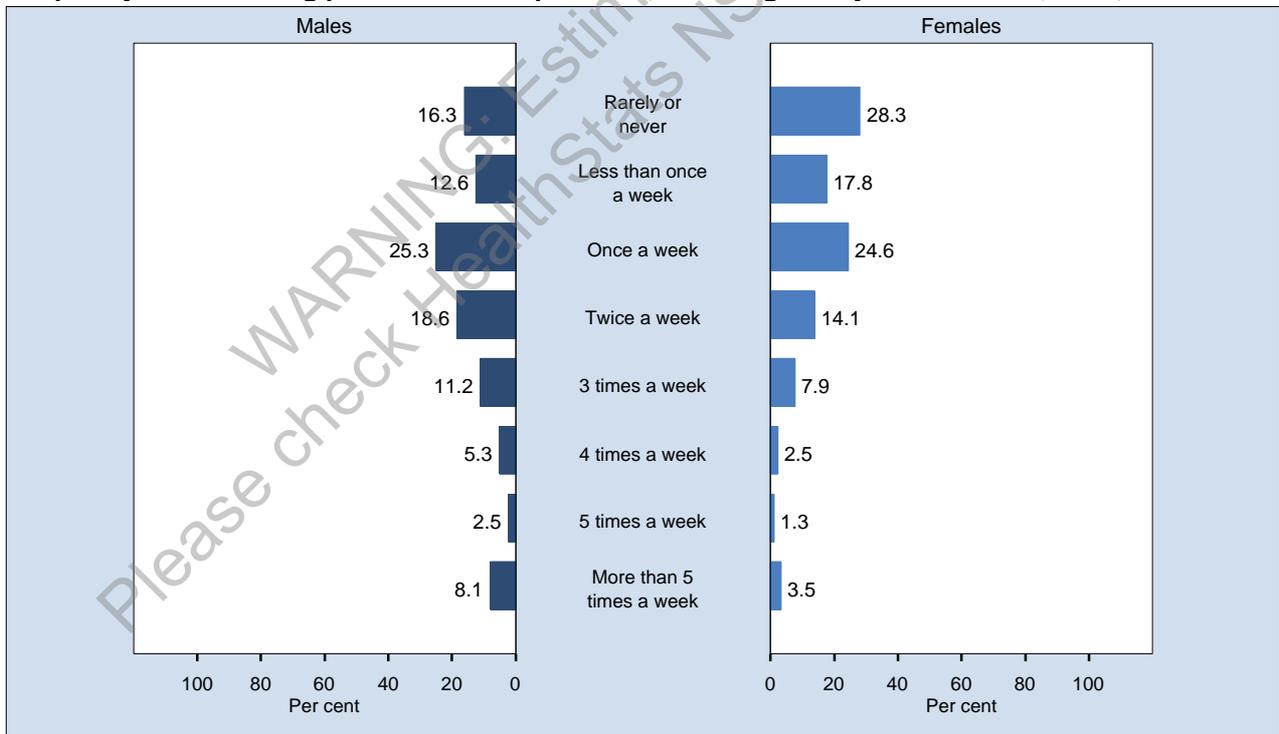
Note: Estimates are based on 8,336 respondents in NSW. For this indicator 31 (0.37%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed potato crisps or salty snacks rarely or never. The question used to define the indicator was: How often do you eat potato crisps or other salty snacks?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Rarely or never consumes potato crisps or salty snacks by year, adults aged 16 years and over, NSW, 2005-2008



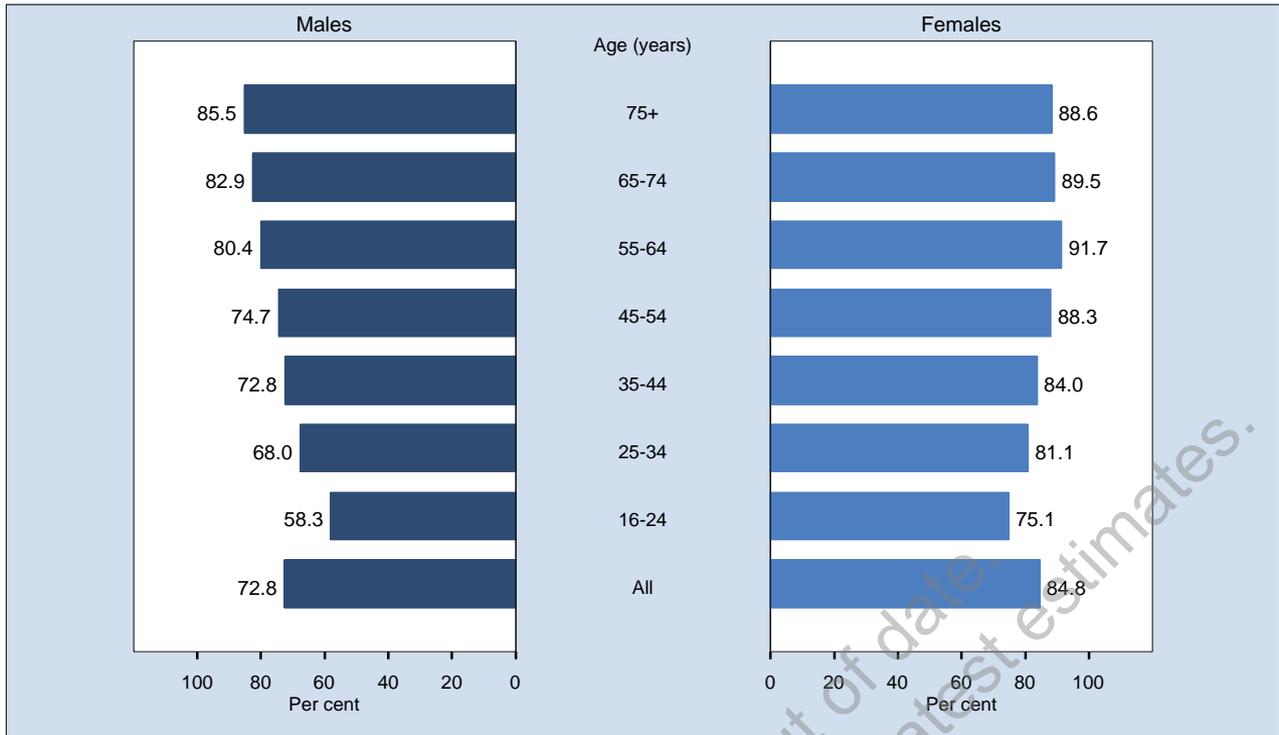
Note: Estimates are based on the following numbers of respondents for NSW: 2005 (5,365), 2006 (7,890), 2007 (7,140), 2008 (8,336). The indicator includes those who consumed potato crisps or salty snacks rarely or never. The question used to define the indicator was: How often do you eat potato crisps or other salty snacks?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Frequency of consuming processed meat products, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,509 respondents in NSW. For this indicator 55 (0.64%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

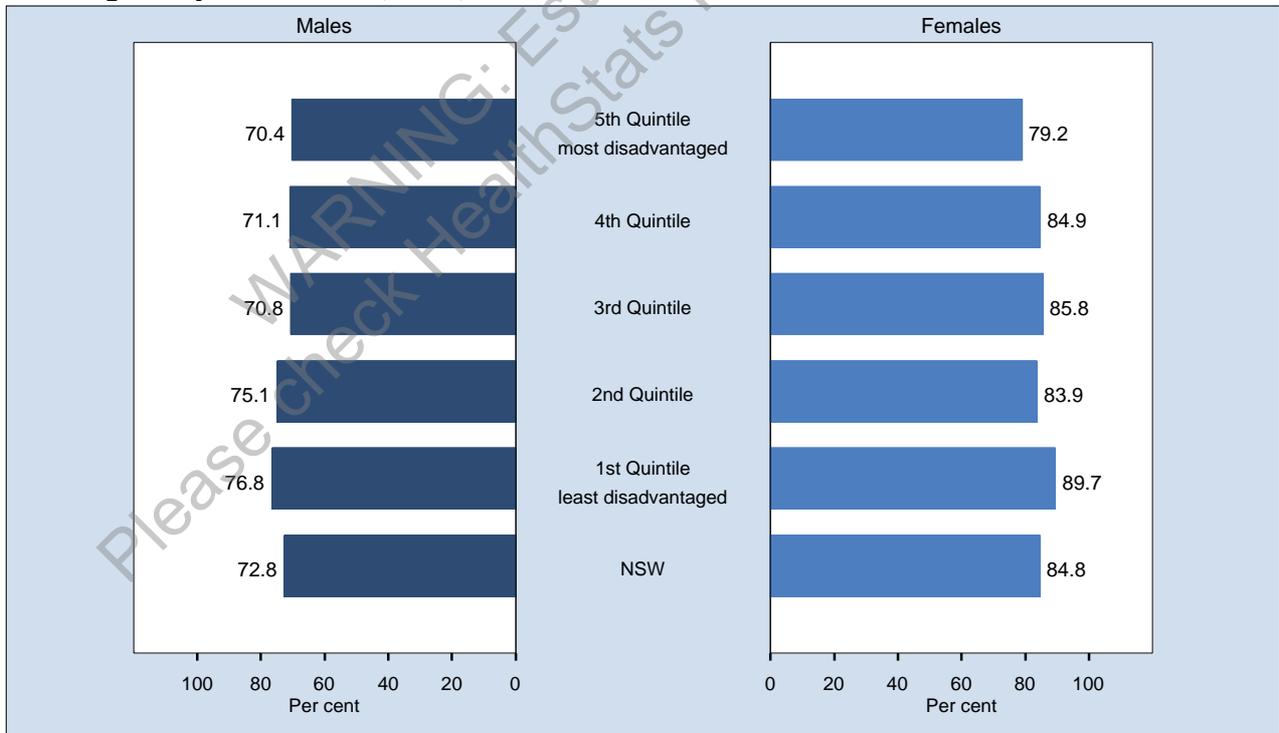
Consumes processed meat products less than 3 times a week by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,509 respondents in NSW. For this indicator 55 (0.64%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed processed meat products less than 3 times a week. The question used to define the indicator 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

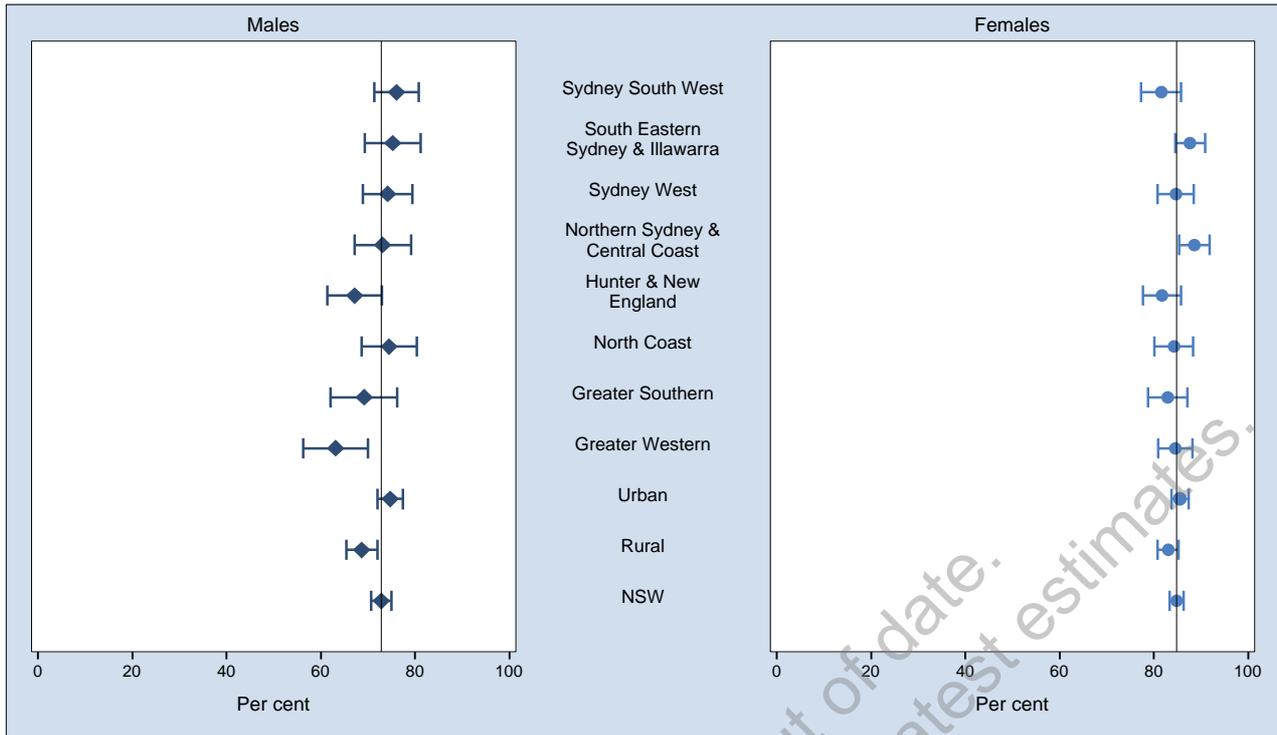
Consumes processed meat products less than 3 times a week by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,509 respondents in NSW. For this indicator 55 (0.64%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed processed meat products less than 3 times a week. The question used to define the indicator 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

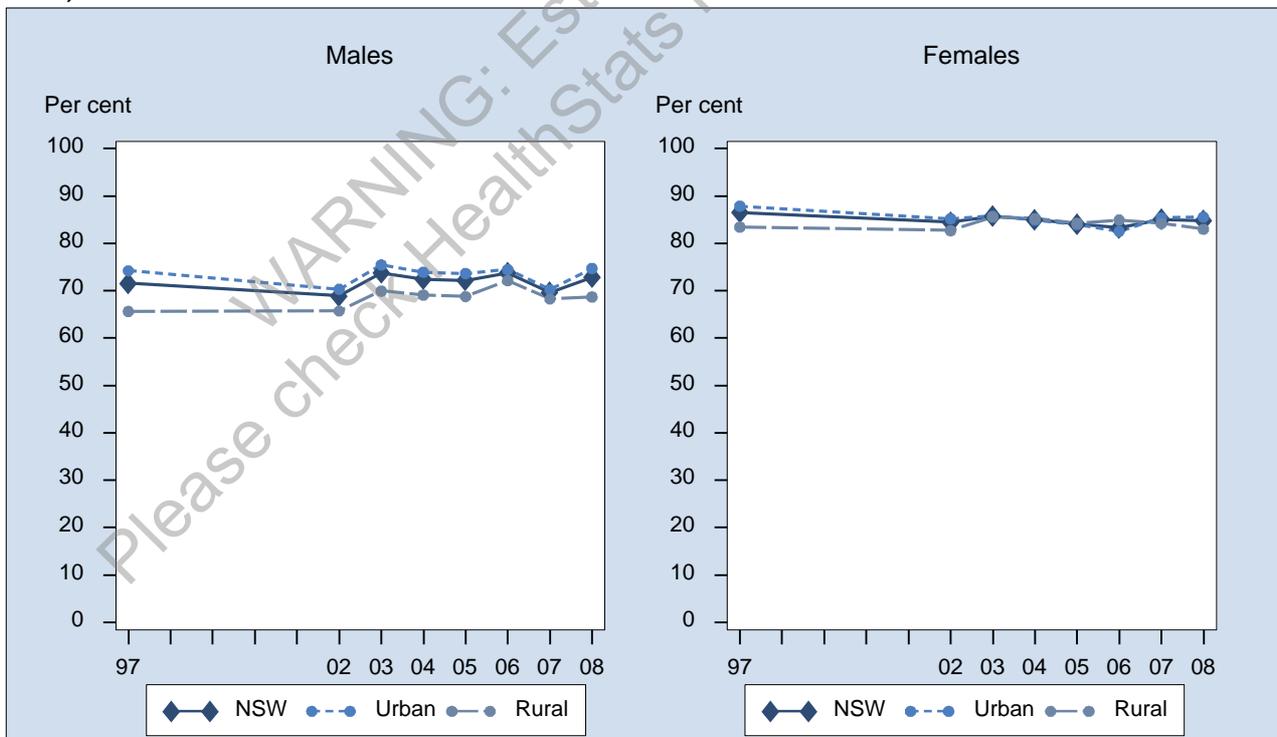
Consumes processed meat products less than 3 times a week by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,509 respondents in NSW. For this indicator 55 (0.64%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed processed meat products less than 3 times a week. The question used to define the indicator 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

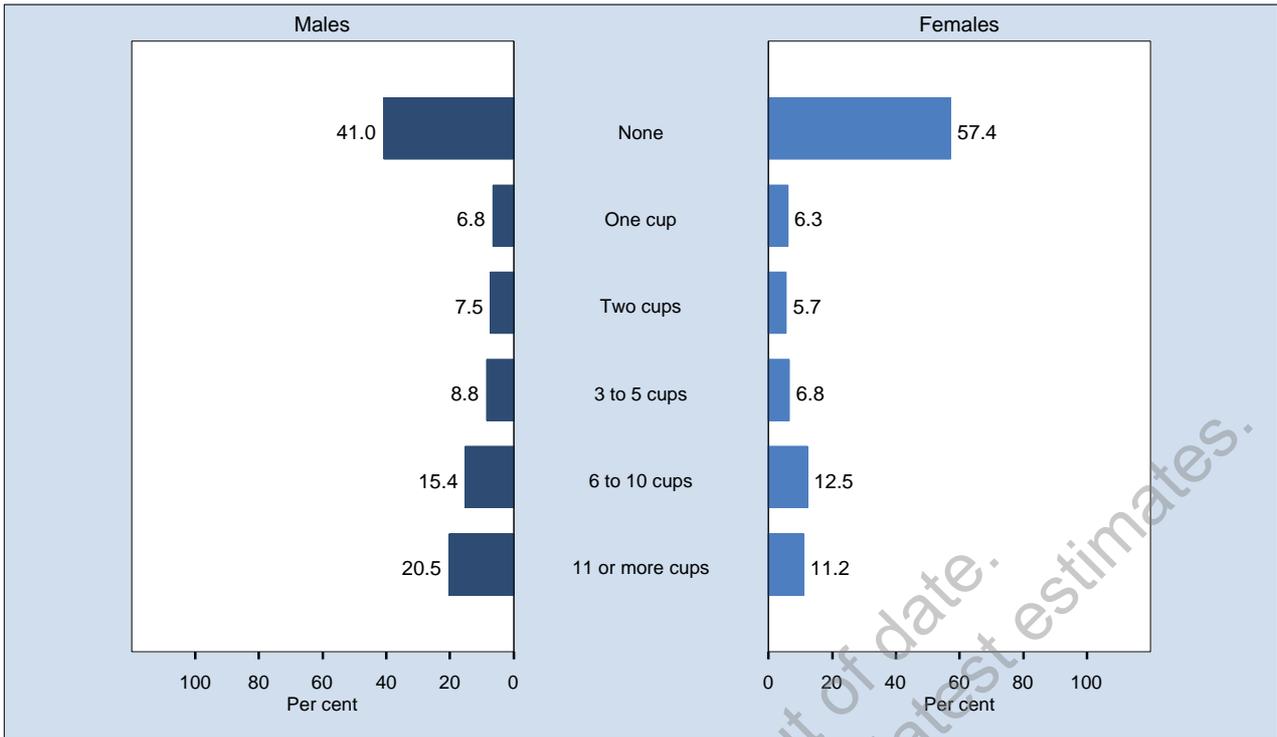
Consumes processed meat products less than 3 times a week by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,487), 2002 (12,579), 2003 (12,985), 2004 (9,405), 2005 (11,473), 2006 (7,932), 2007 (7,353), 2008 (8,509). The indicator includes those who consumed processed meat products less than 3 times a week. The question used to define the indicator 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

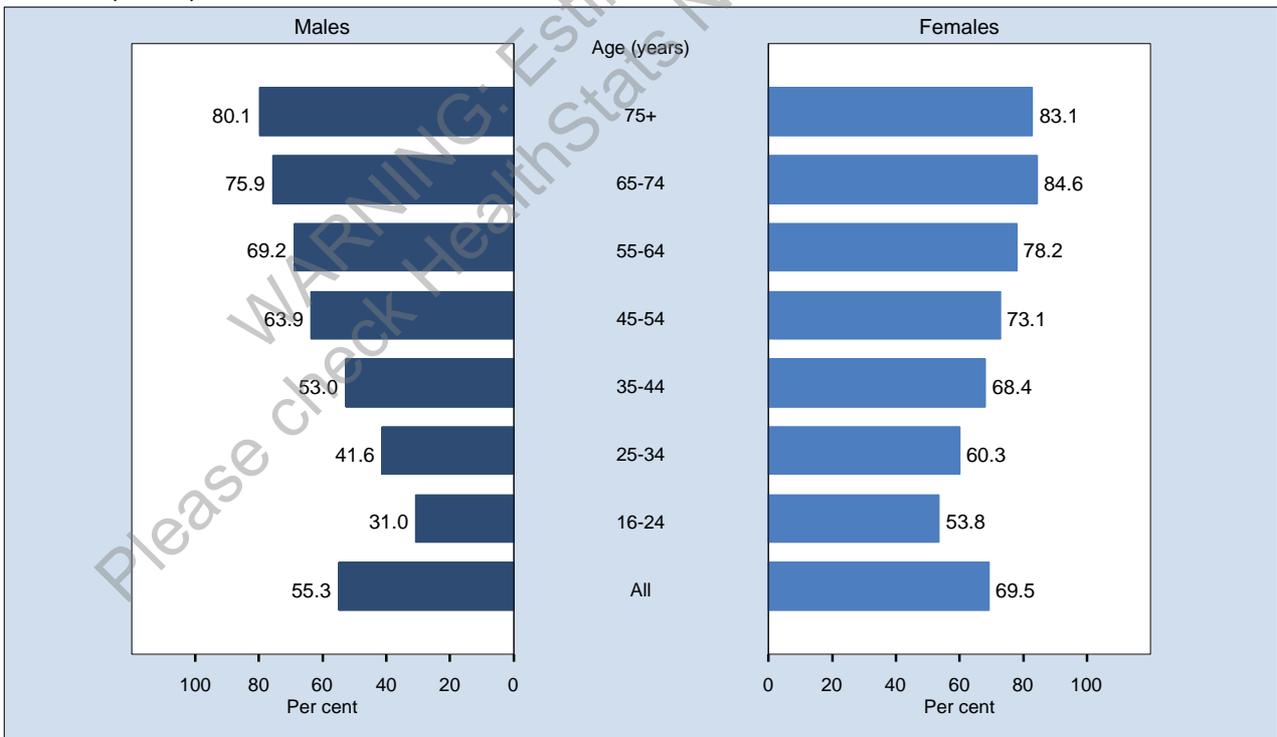
Cups of soft drinks or cordials or sports drinks consumed a week, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,326 respondents in NSW. For this indicator 41 (0.49%) were not stated (Don't know or Refused) in NSW. The question used was: How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you usually drink in a day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

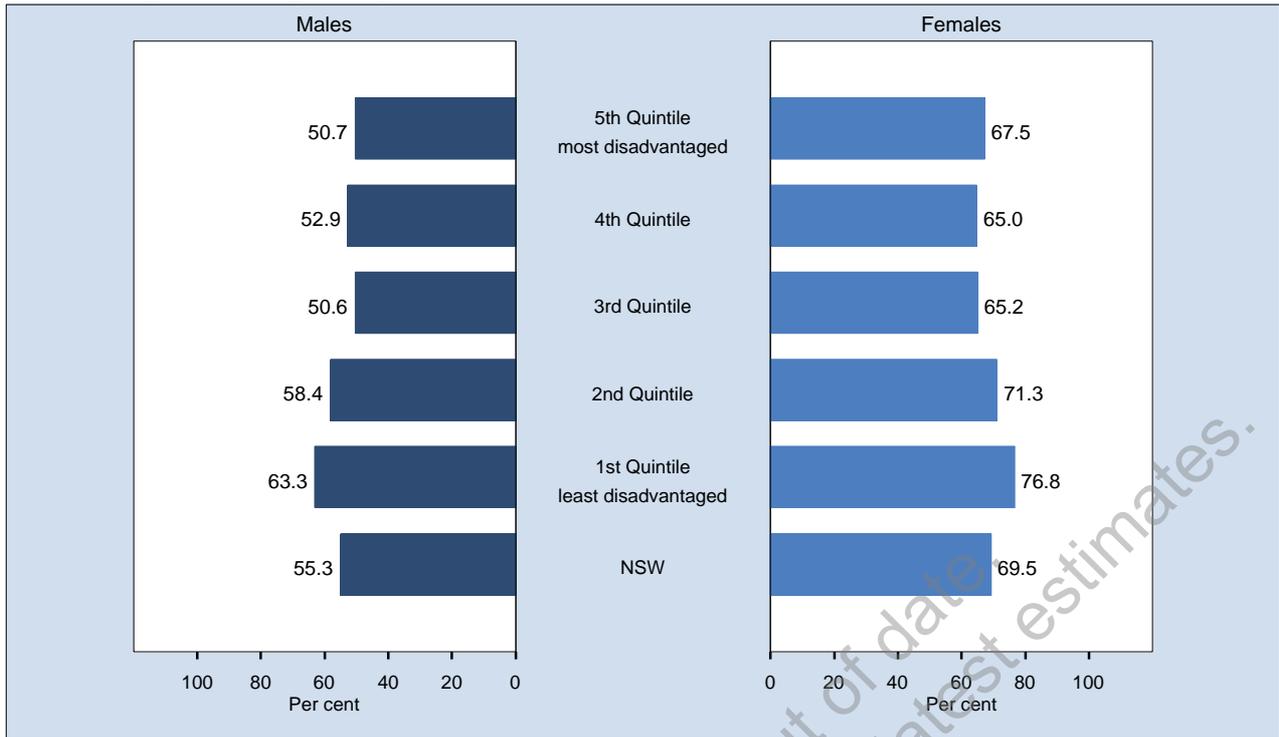
Consumes 2 cups or less of soft drinks, cordials or sports drinks a week by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,326 respondents in NSW. For this indicator 41 (0.49%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed 2 cups or less of soft drinks, cordials or sports drinks a week. The question used to define the indicator was: How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you usually drink in a day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

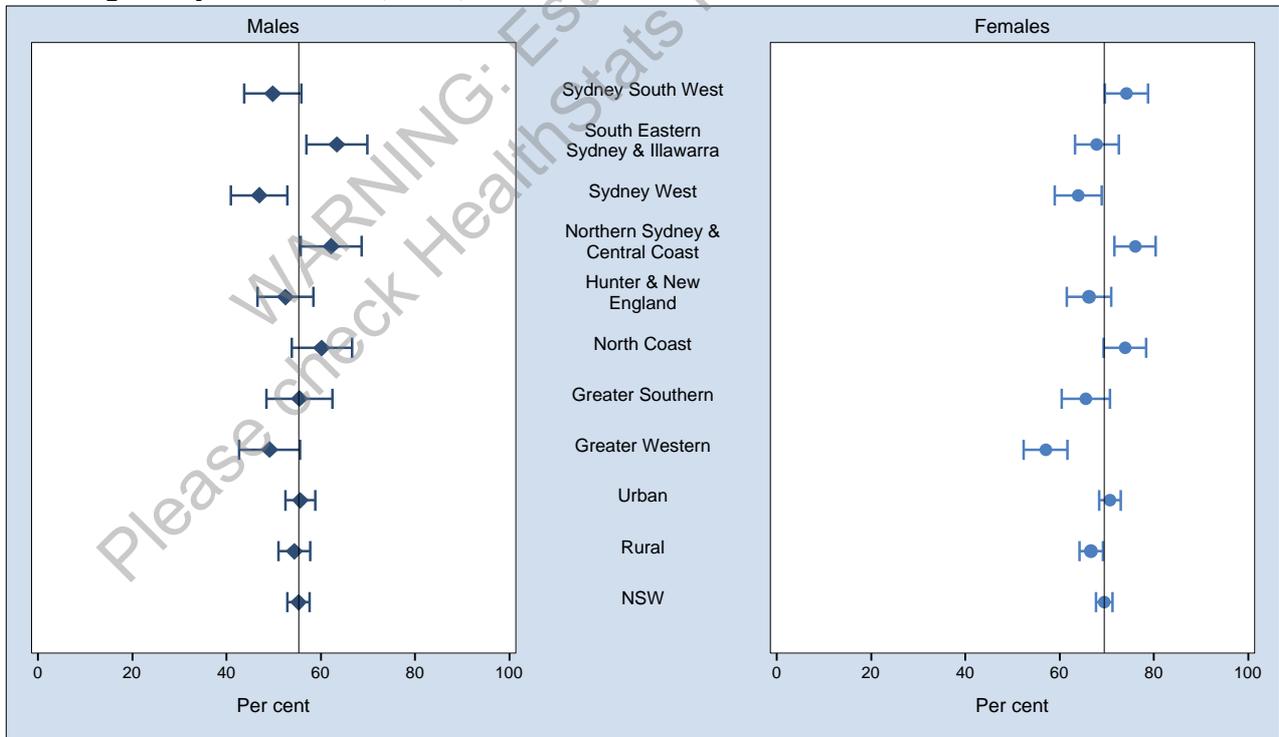
Consumes 2 cups or less of soft drinks, cordials or sports drinks a week by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,326 respondents in NSW. For this indicator 41 (0.49%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed 2 cups or less of soft drinks, cordials or sports drinks a week. The question used to define the indicator was: How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you usually drink in a day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

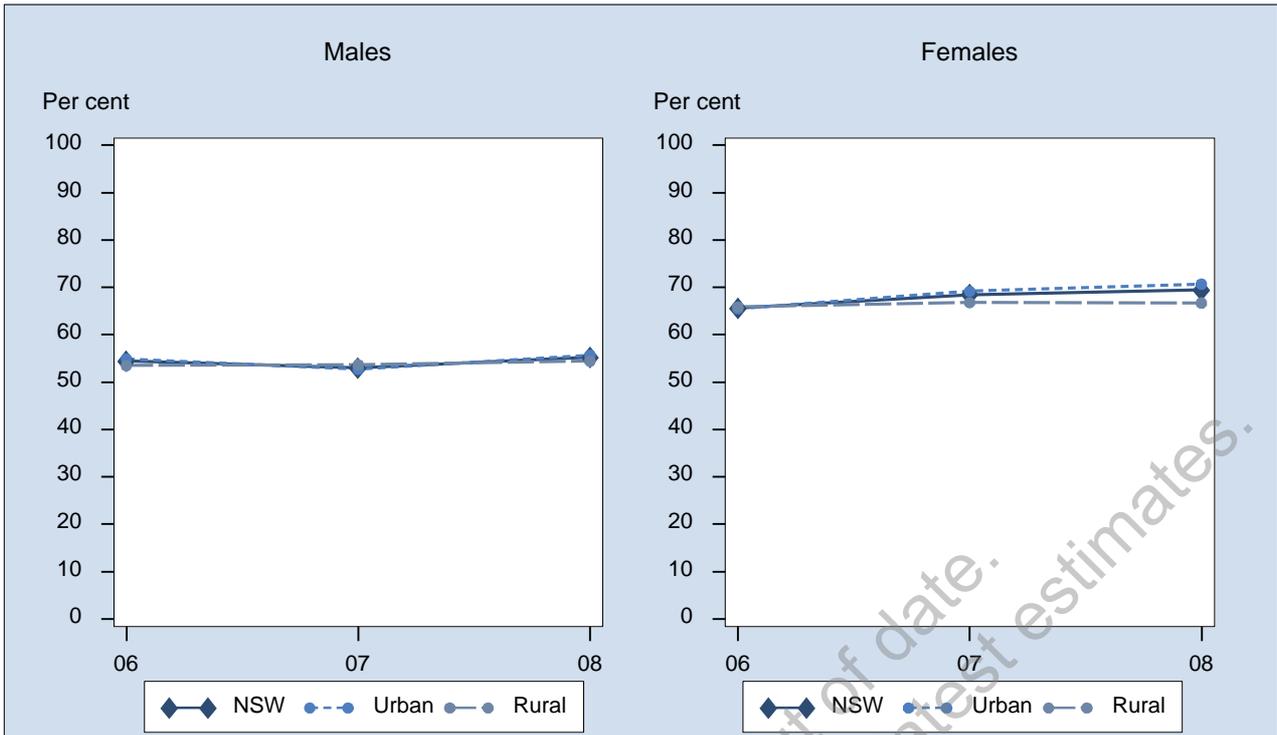
Consumes 2 cups or less of soft drinks, cordials or sports drinks a week by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,326 respondents in NSW. For this indicator 41 (0.49%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed 2 cups or less of soft drinks, cordials or sports drinks a week. The question used to define the indicator was: How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you usually drink in a day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

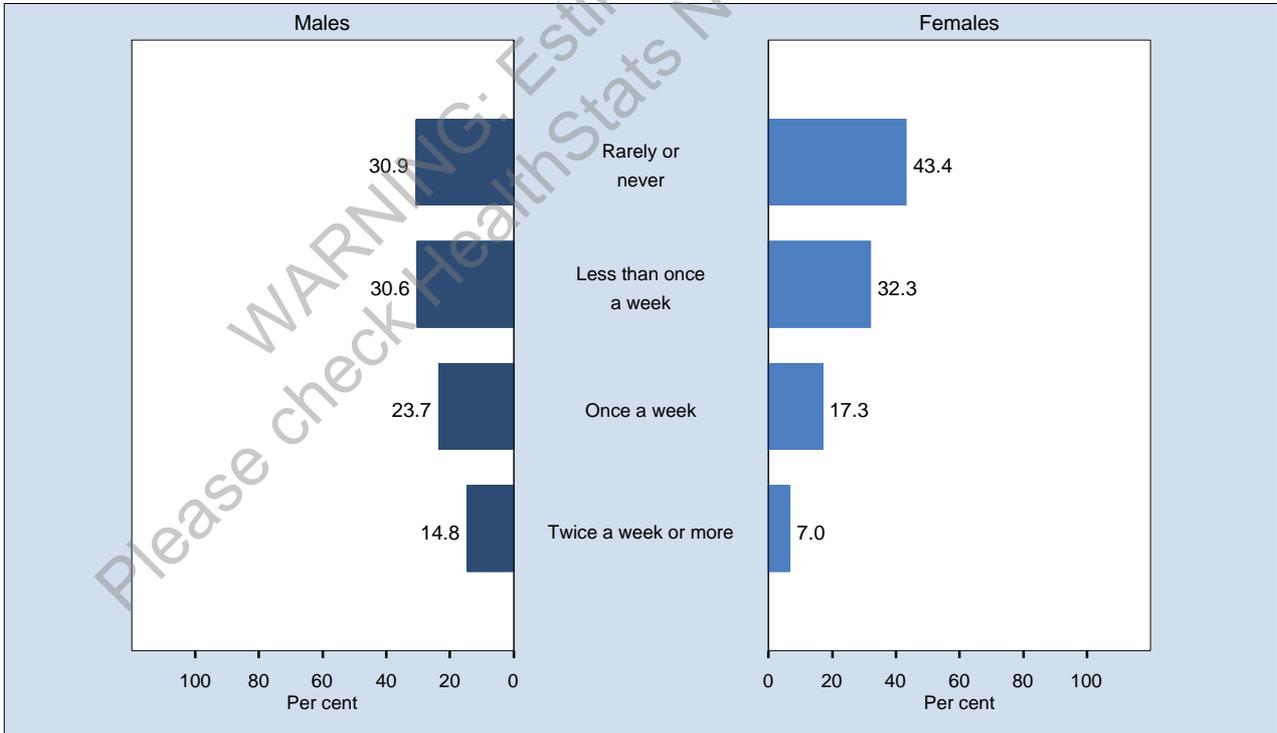
Consumes 2 cups or less of soft drinks, cordials or sports drinks a week by year, adults aged 16 years and over, NSW, 2006-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2006 (7,864), 2007 (7,336), 2008 (8,326). The indicator includes those who consumed 2 cups or less of soft drinks, cordials or sports drinks a week. The question used to define the indicator was: How many cups of soft drink, cordials or sports drink, such as lemonade or Gatorade, do you usually drink in a day?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

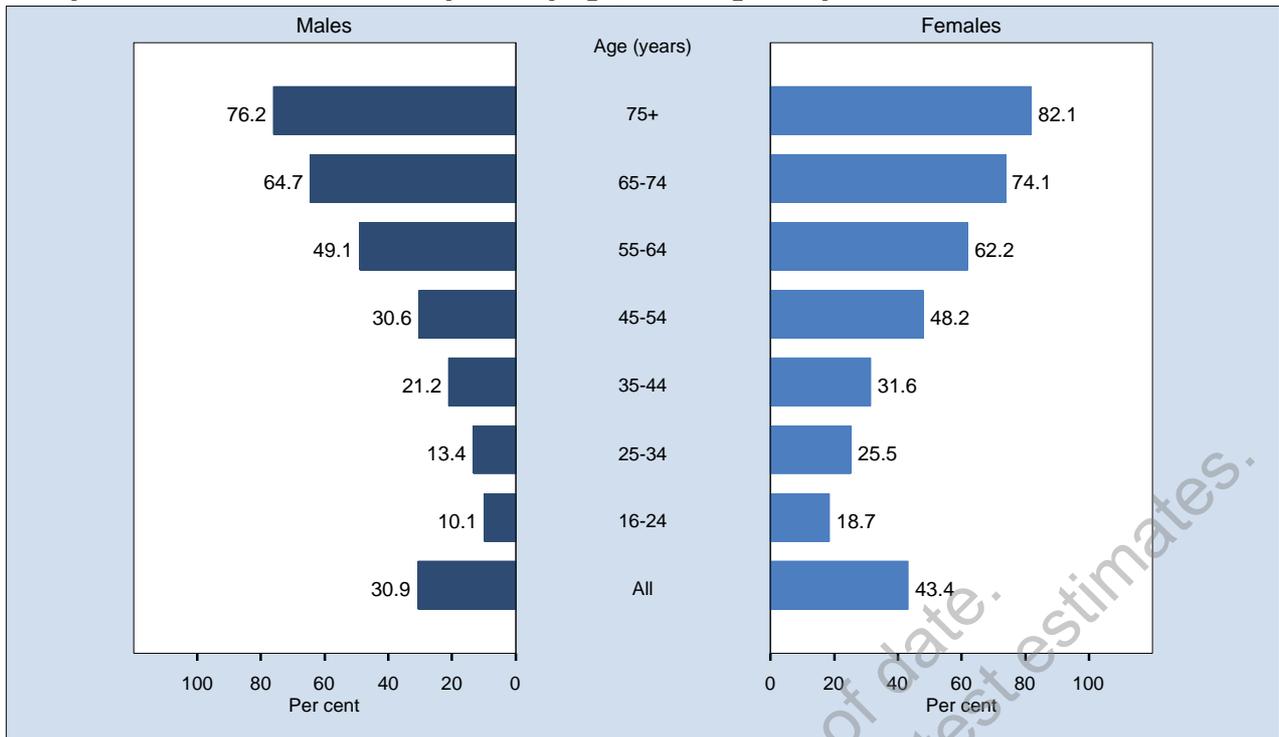
Frequency of consuming takeaway food, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,349 respondents in NSW. For this indicator 18 (0.22%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Rarely or never consumes takeaway food by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,349 respondents in NSW. For this indicator 18 (0.22%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed takeaway food rarely or never. The question used to define the indicator 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

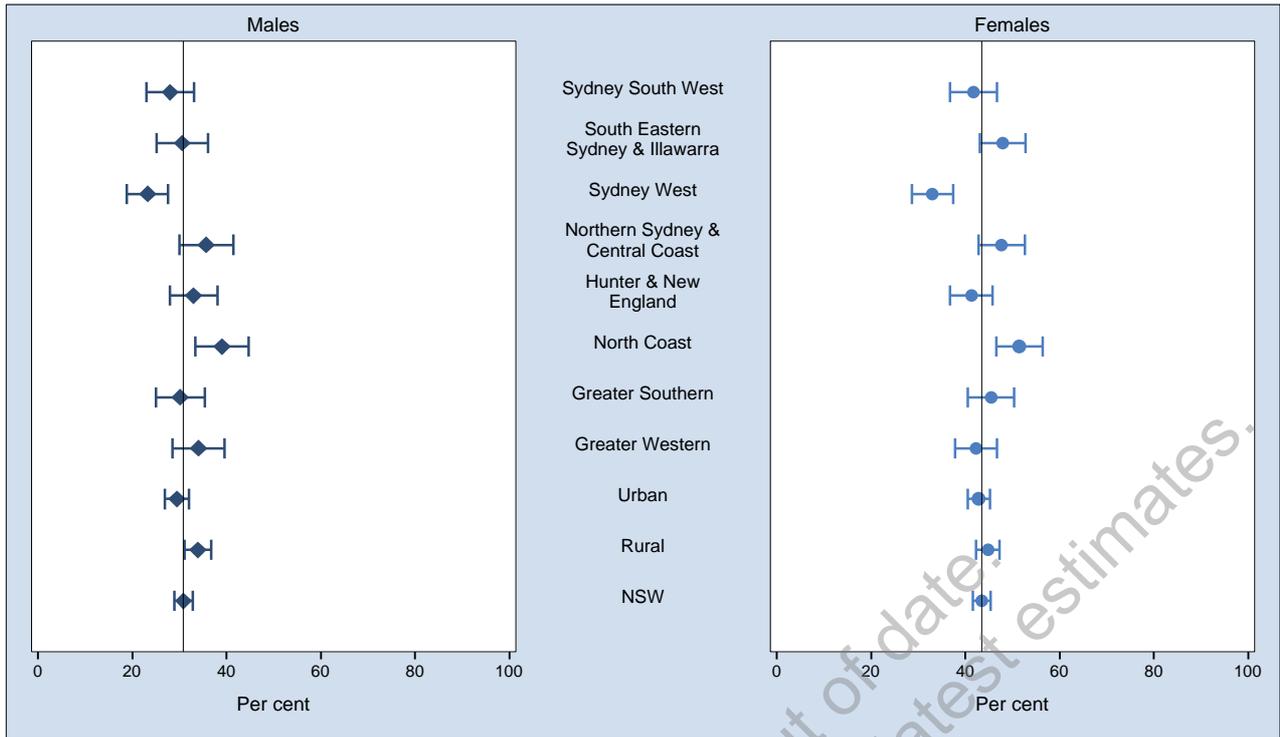
Rarely or never consumes takeaway food by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,349 respondents in NSW. For this indicator 18 (0.22%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed takeaway food rarely or never. The question used to define the indicator 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

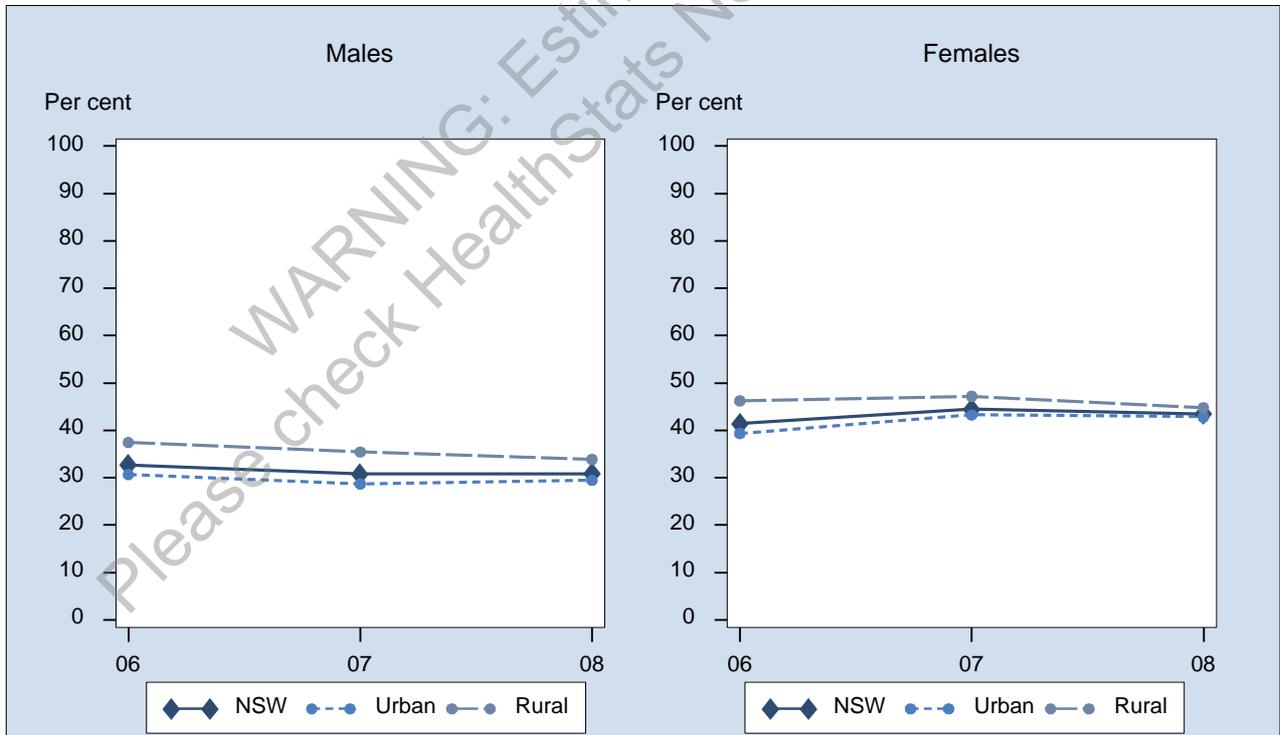
Rarely or never consumes takeaway food by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,349 respondents in NSW. For this indicator 18 (0.22%) were not stated (Don't know or Refused) in NSW. The indicator includes those who consumed takeaway food rarely or never. The question used to define the indicator 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

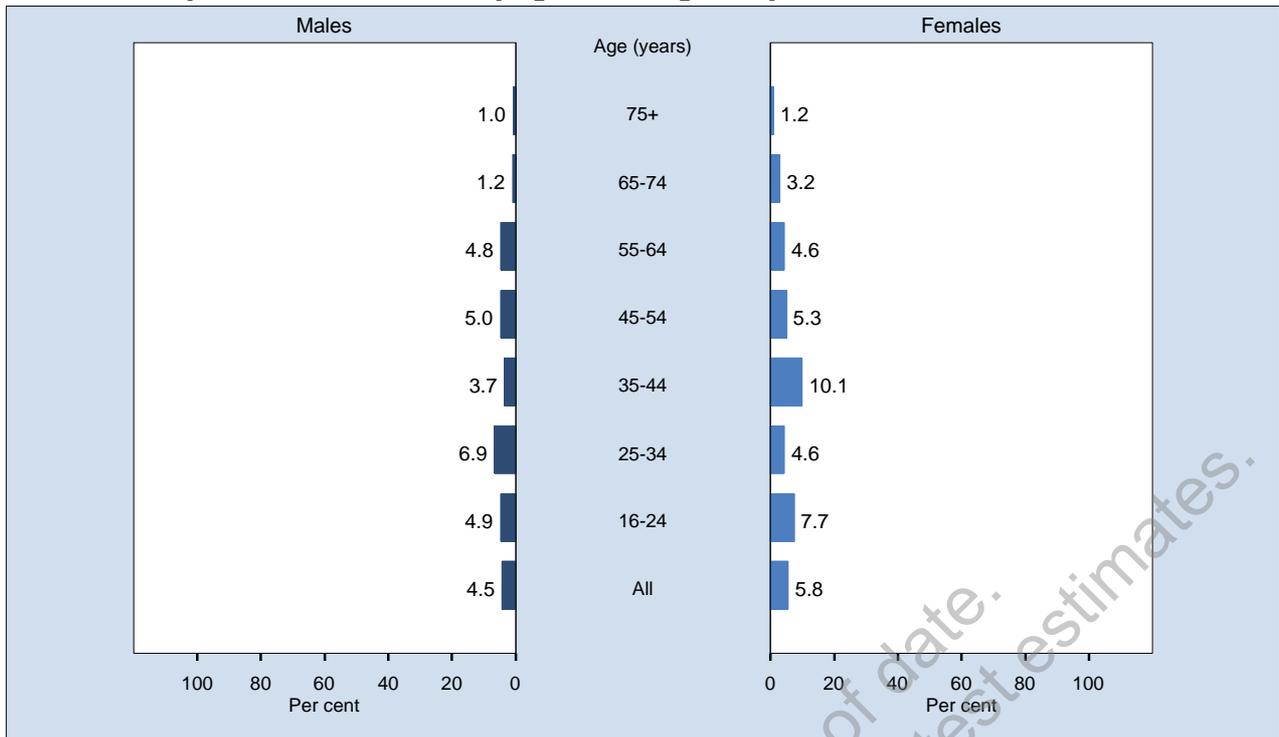
Rarely or never consumes takeaway food by year, adults aged 16 years and over, NSW, 2006-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2006 (7,666), 2007 (7,236), 2008 (8,349). The indicator includes those who consumed takeaway food rarely or never. The question used to define the indicator 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

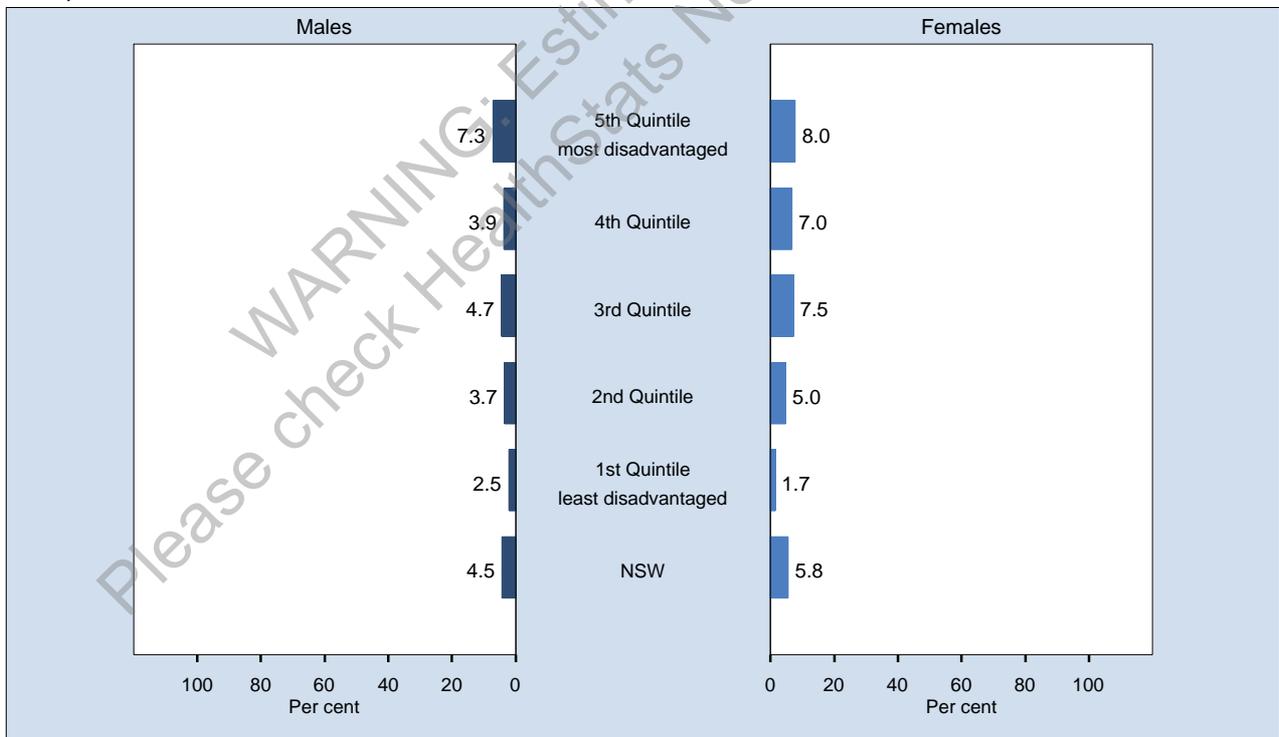
Food insecurity in the last 12 months by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,535 respondents in NSW. For this indicator 15 (0.18%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had suffered some food insecurity in the last 12 months. The question used to define the indicator was: In the last 12 months, were there any times you ran out of food and could not afford to buy more?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

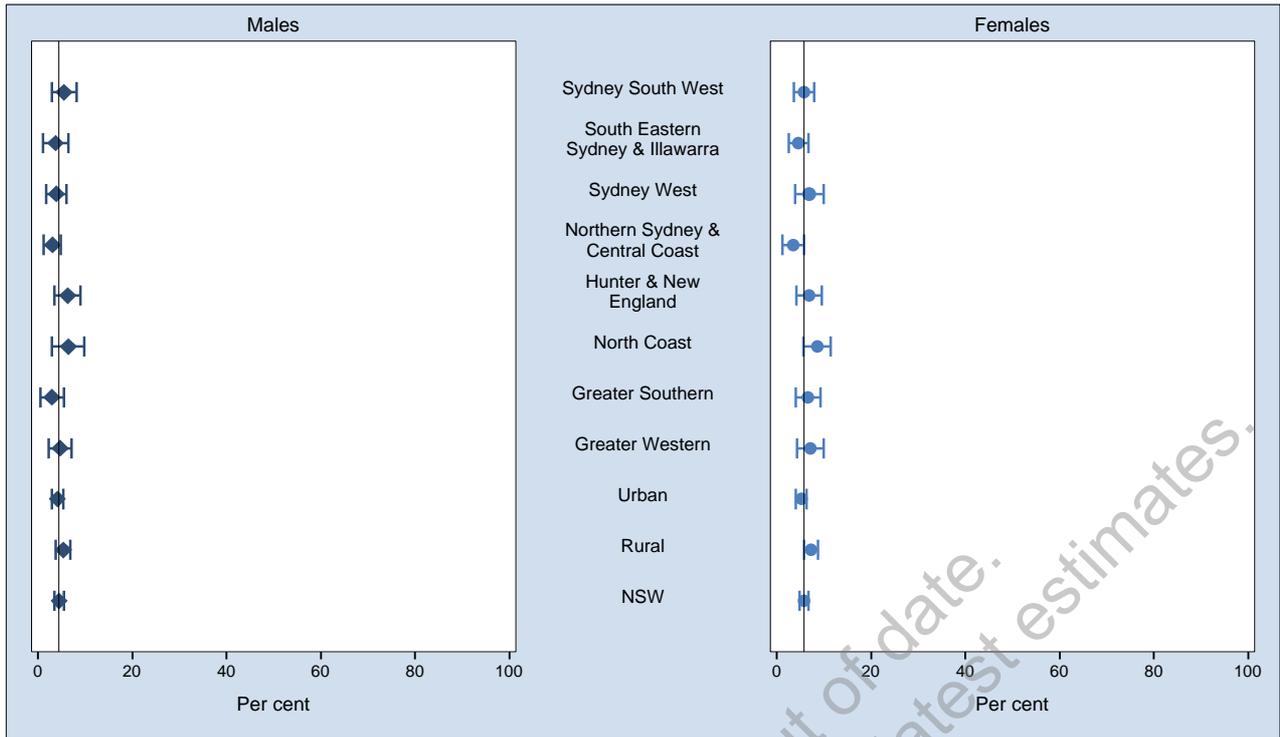
Food insecurity in the last 12 months by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,535 respondents in NSW. For this indicator 15 (0.18%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had suffered some food insecurity in the last 12 months. The question used to define the indicator was: In the last 12 months, were there any times you ran out of food and could not afford to buy more?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

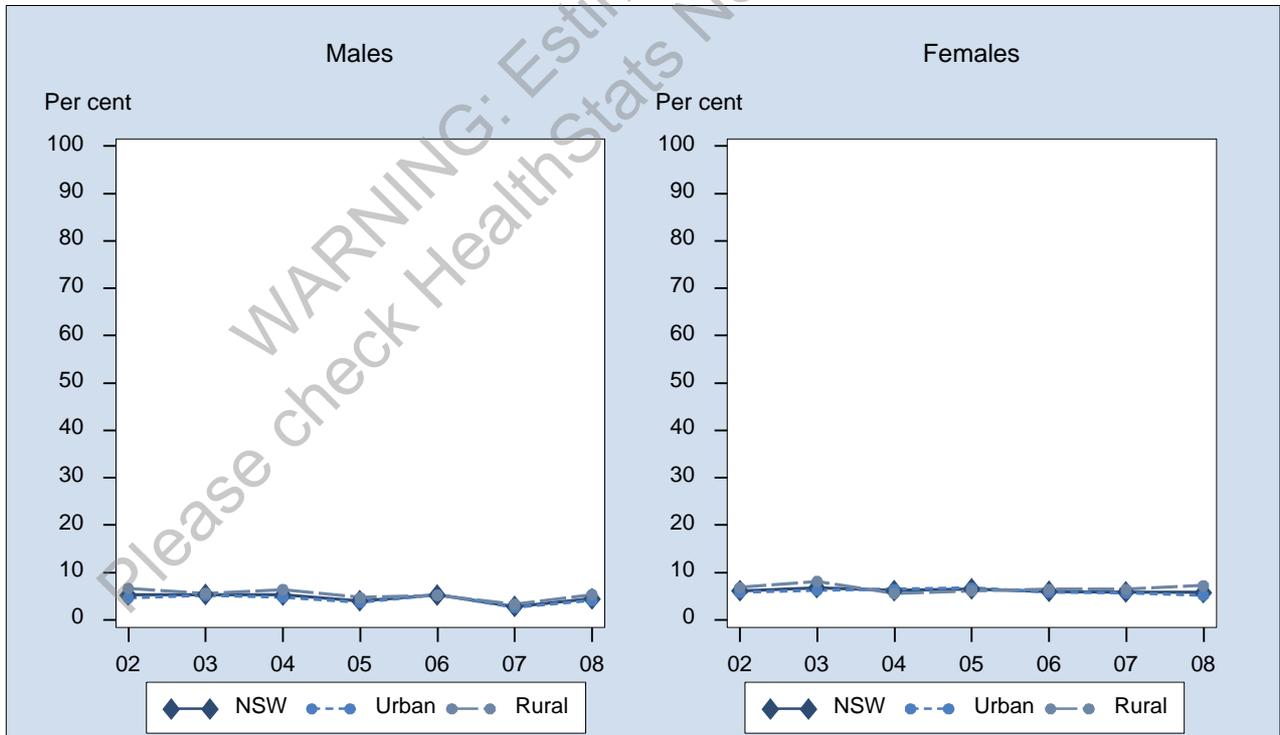
Food insecurity in the last 12 months by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,535 respondents in NSW. For this indicator 15 (0.18%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had suffered some food insecurity in the last 12 months. The question used to define the indicator was: In the last 12 months, were there any times you ran out of food and could not afford to buy more?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Food insecurity in the last 12 months by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,609), 2003 (13,001), 2004 (9,416), 2005 (11,489), 2006 (7,956), 2007 (7,368), 2008 (8,535). The indicator includes those who had suffered some food insecurity in the last 12 months. The question used to define the indicator was: In the last 12 months, were there any times you ran out of food and could not afford to buy more?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Physical activity

Introduction

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

To maintain good health, the National Physical Activity Guidelines for Adults, and Choose Health: Be Active, recommend the minimum amount of physical activity for adults and older Australians is at least 30 minutes of moderate activity on most, and preferably all, days of the week.[2,3]

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. Adults and older people are encouraged 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,[4] 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.

Results

Adequate physical activity

In 2008, 55.1 per cent of adults undertook adequate levels of physical activity. A significantly higher proportion of males (61.3 per cent) than females (48.9 per cent) undertook adequate levels of physical activity. Among males, a significantly higher proportion of those aged 16-24 years (76.1 per cent), and a significantly lower proportion of those aged 65-74 years (52.4 per cent) and 75 years and over (43.5 per cent), undertook adequate levels of physical activity, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 16-24 years (67.5 per cent), and a significantly lower proportion of those aged 65-74 years (39.9 per cent) and 75 years and over (26.4 per cent), undertook adequate levels of physical activity, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (62.4 per cent), and a significantly lower proportion of adults in the fifth or most disadvantaged quintile (50.5 per cent), undertook adequate levels of physical activity, compared with the overall adult population.

There was no significant difference between urban and rural health areas. A significantly lower proportion of adults in the Greater Western Area Health Service (50.2 per cent), undertook adequate levels of physical activity, compared with the overall adult population.

Since 1998, there has been a significant increase in the proportion of adults who undertook adequate levels of physical activity (47.9 per cent to 55.1 per cent). The increase has been significant in males and females, and in urban and rural health areas.

However, since 2007, there has been no significant change in the proportion of adults who undertook adequate levels of physical activity.

Usual transport to work

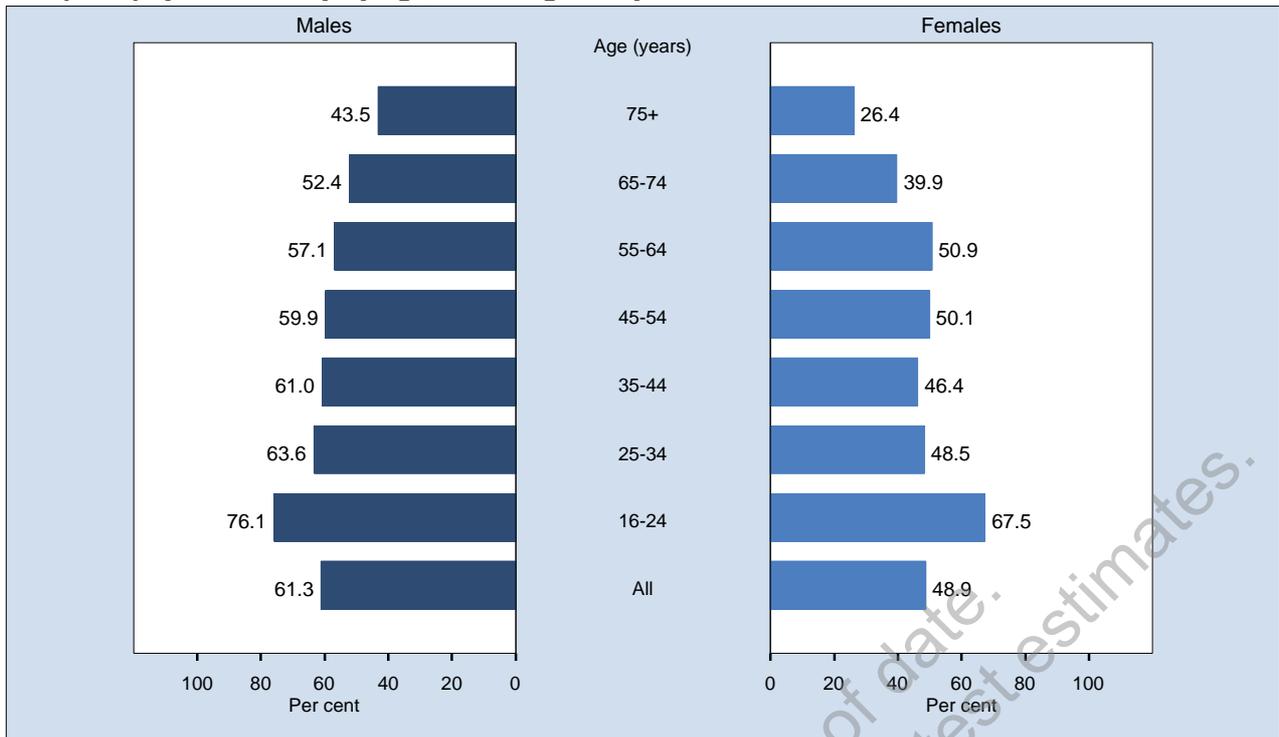
In 2008, among adults who were employed, the usual form of transport to work was: car as driver (69.3 per cent), train as passenger (11.0 per cent), bus as passenger (7.0 per cent), walked all the way (6.5 per cent), worked at home (5.5 per cent), car as passenger (4.7 per cent), walked part of the way (2.7 per cent), bicycle as rider (1.4 per cent), motorbike or motor scooter as rider (1.0 per cent), truck as driver (1.0 per cent), ferry as passenger (0.4 per cent), and taxi as passenger (0.1). Respondents could mention more than 1 response.

References

1. Bull F, Bauman A, Bellew B, and Brown W. *Getting Australia Active II: An update of evidence on physical activity for health*. Melbourne: National Public Health Partnership, 2004. Available online at www.nphp.gov.au/publications/a_z.htm (accessed 14 July 2009).
2. Australian Government Department of Health and Aged Care. *National Physical Activity Guidelines for Australians*. Canberra: Australian Government Department of Health and Aged Care, 2005. Available online at www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-active-index.htm (accessed 31 March 2009).
3. Commonwealth of Australia and the Repatriation Commission in collaboration with Australian Sports Federation Limited. *Choose Health: Be Active. A physical activity guide for older Australians*. Canberra: Commonwealth of Australia and the Repatriation Commission, 2008. Available online at www.health.gov.au/internet/main/publishing.nsf/Content/phd-physical-choose-health (accessed 31 March 2009).
4. Australian Institute of Health and Welfare. *The Active Australia Survey: A guide and manual for implementation, analysis and reporting*. Canberra: AIHW, 2003. Available online at www.aihw.gov.au/publications/index.cfm/title/8559 (accessed 31 March 2009).

WARNING: Estimates only
Please check HealthStats NSW for latest estimates

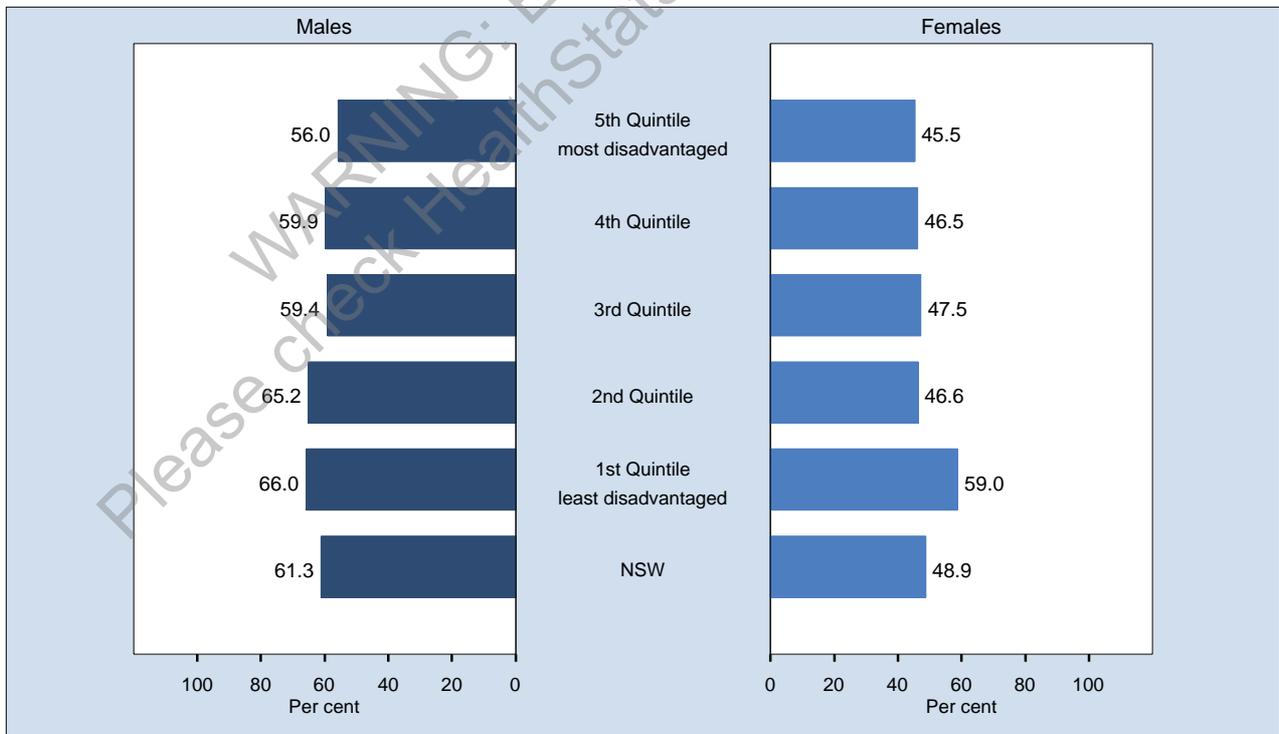
Adequate physical activity by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,006 respondents in NSW. For this indicator 245 (2.97%) 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 other more moderate physical activity that you have not already mentioned?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

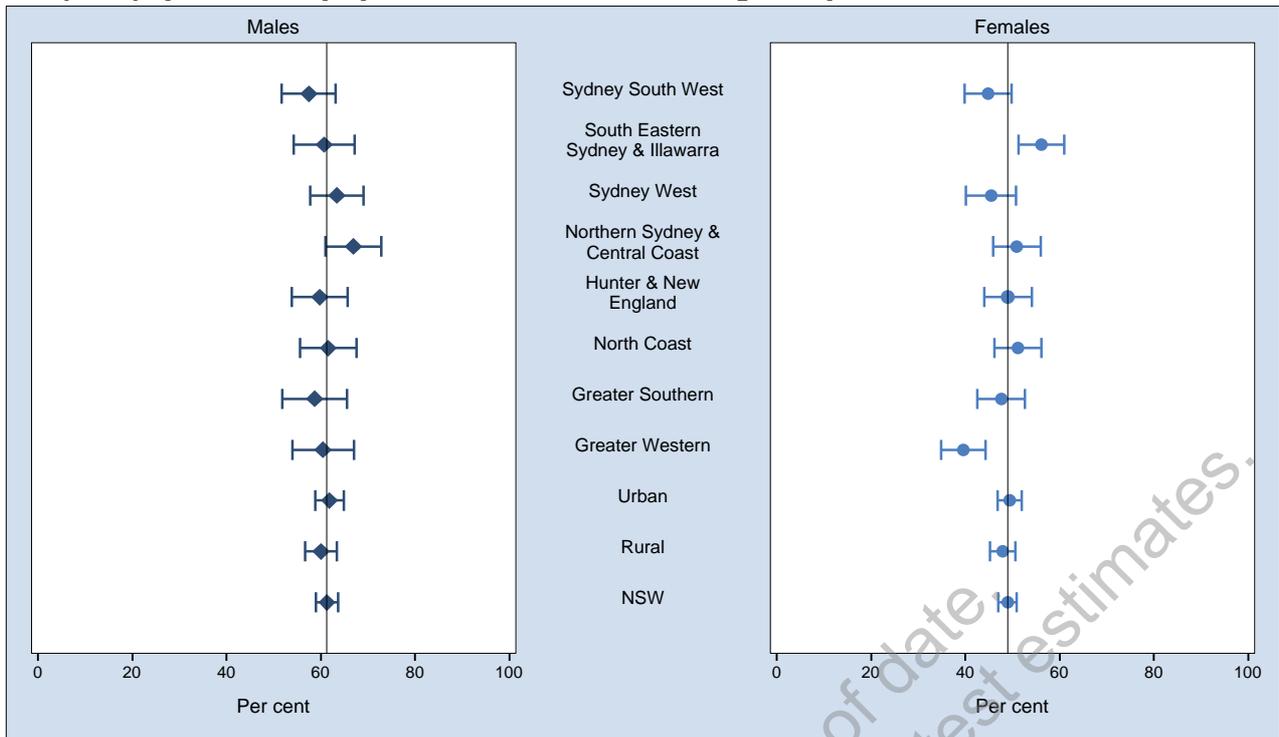
Adequate physical activity by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,006 respondents in NSW. For this indicator 245 (2.97%) 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 other more moderate physical activity that you have not already mentioned?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

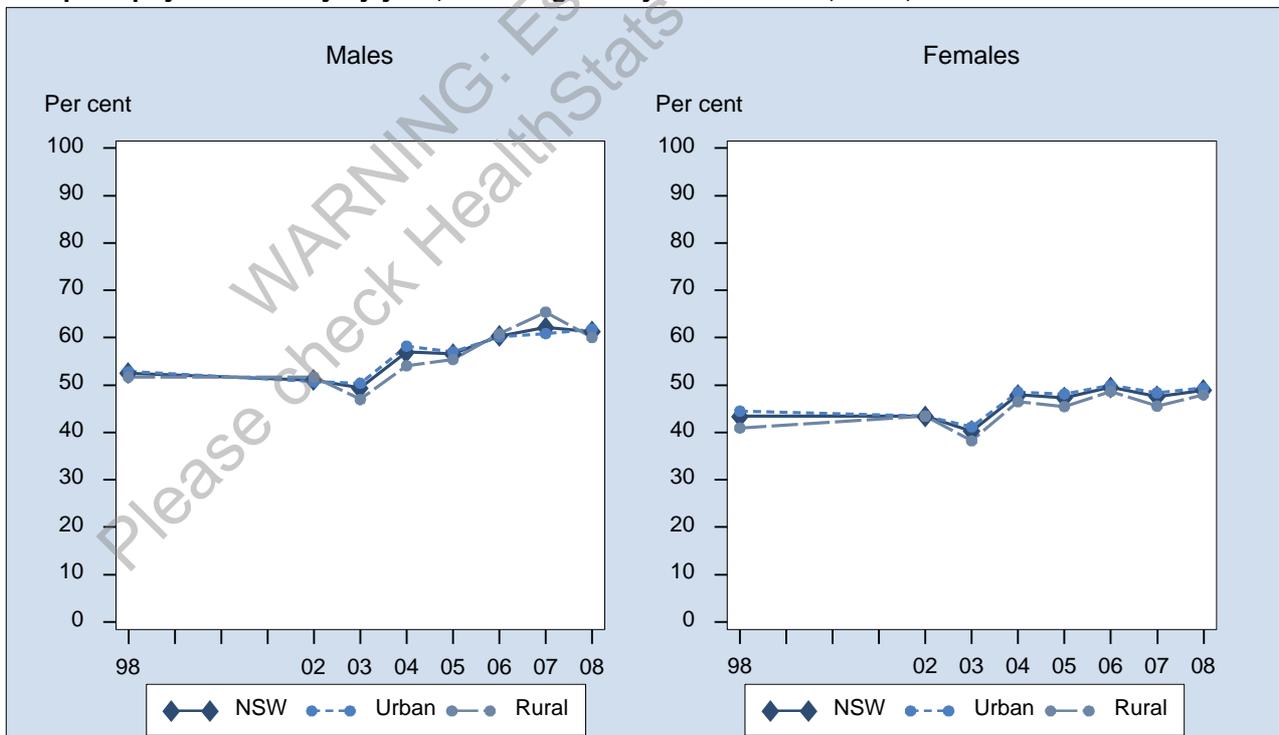
Adequate physical activity by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,006 respondents in NSW. For this indicator 245 (2.97%) 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 other more moderate physical activity that you have not already mentioned?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

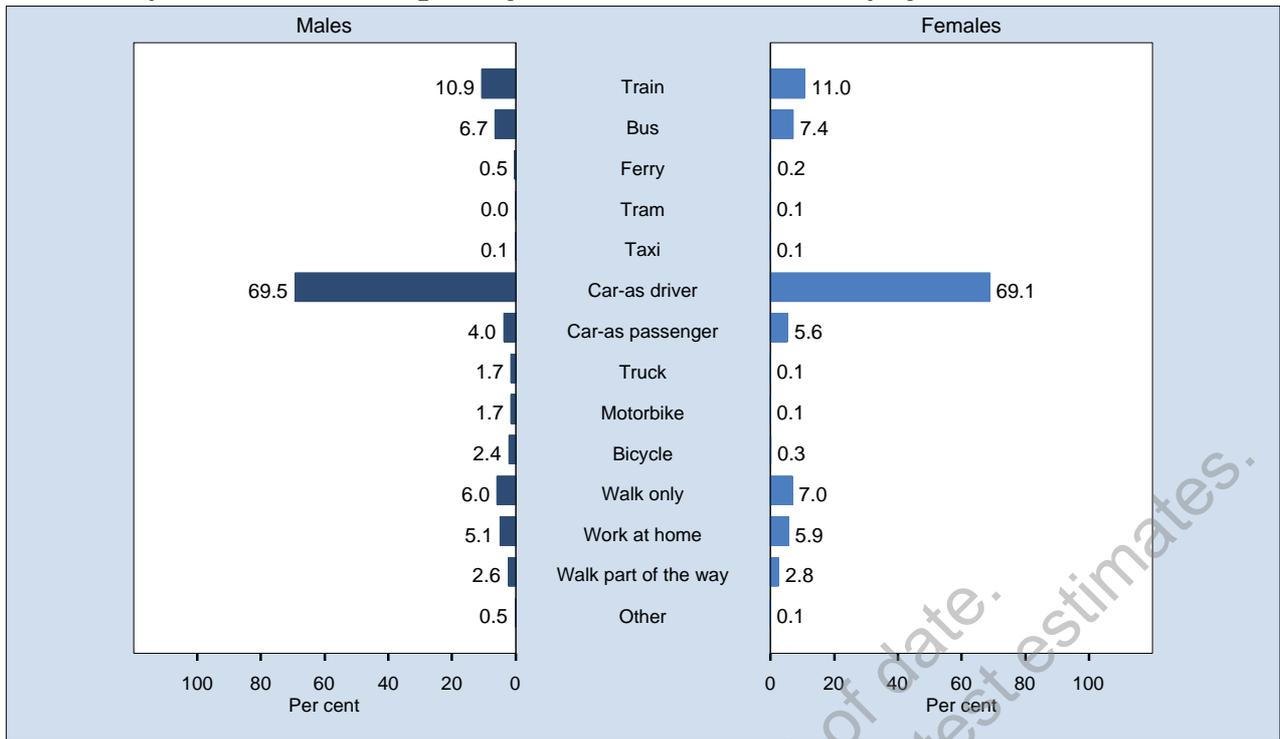
Adequate physical activity by year, adults aged 16 years and over, NSW, 1998-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1998 (17,462), 2002 (12,621), 2003 (13,005), 2004 (9,423), 2005 (11,402), 2006 (7,575), 2007 (5,116), 2008 (8,006). 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 other more moderate physical activity that you have not already mentioned?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Usual transport to work, adults aged 16 years and over who were employed, NSW, 2008



Note: Estimates are based on 5,074 respondents in NSW. For this indicator 53 (1.03%) 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? How do you usually get to work? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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Smoking

Introduction

Tobacco smoking is the leading cause of preventable mortality and morbidity in New South Wales. While the relationship between tobacco smoking, lung cancer, and cardiovascular disease has long been evidenced, a number of other diseases are now known to be associated with smoking. According to the US Surgeon General's Report (2004), tobacco smoking is associated with: cancer, including cancer of the lung, mouth, throat, larynx, esophagus, pancreas, kidney, bladder, stomach, and acute myeloid leukemia; cardiovascular disease, including atherosclerosis, strokes, abdominal aortic aneurysm, hardening and narrowing of the arteries, damage to the cells lining the blood vessels and heart, and blood clots; respiratory disease, including emphysema, chronic obstructive pulmonary disease, and upper and lower respiratory tract infections; reproductive problems, including difficulty becoming pregnant, a higher risk of never becoming pregnant, risk of complications during pregnancy, risk of premature birth, low birthweight infants, stillbirth, and infant mortality including increased risk of sudden infant death syndrome; other health effects, including increased risk of eye diseases, loss of bone mass, and peptic ulcers. Smokers are generally less healthy than nonsmokers. Smoking affects the immune system. Illnesses in smokers last longer and smokers are more likely to be absent from work. Smokers also use more medical services, both outpatient and inpatient services.[1]

As tobacco smokers need to be aware that smoking carries far greater risks than the most widely known diseases, health care providers should use this evidence to counsel their patients against tobacco smoking. Tobacco smokers who quit can lower their risk of a wide range of diseases and improve their health generally.[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 and 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 increased risk of 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]

The NSW Department of Health's Tobacco website provides information on: NSW Health's policy development on tobacco control; provision of tobacco cessation services; enforcement of legislation relating to the control of tobacco advertising, sale of tobacco, and environmental tobacco smoke; the NSW Tobacco Action Plan 2005-2009; and the National Tobacco Strategy 2004-2009.[3]

The object of the *Public Health (Tobacco) Act 2008* is to reduce the incidence of tobacco consumption, particularly by young people, in recognition that the consumption of tobacco products adversely affects the health of the people of New South Wales and places a substantial burden on the State's health and financial resources. This Act aims to achieve that object by: regulating the packaging, advertising and display of tobacco products and non-tobacco smoking products; prohibiting the supply of those products to children; and reducing the exposure of children to environmental tobacco smoke.[4]

Results

Tobacco smoking

In 2008, 13.9 per cent of adults smoked daily, 4.6 per cent smoked occasionally, 23.9 per cent did not smoke now but used to smoke, 10.6 per cent tried smoking a few times but never smoked regularly, and 47.1 per cent never smoked.

In 2008, 18.4 per cent of adults were current (daily or occasional) smokers. A significantly higher proportion of males (19.7 per cent) than females (17.2 per cent) were current smokers. Among males, a significantly higher proportion of those aged 25-34 years (29.8 per cent) and 35-44 years (24.9 per cent), and a significantly lower proportion of those aged 55-64 years (15.6 per cent), 65-74 years (8.1 per cent) and 75

years and over (4.5 per cent) were current smokers, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 25-34 years (23.1 per cent), and a significantly lower proportion of those aged 55-64 years (13.0 per cent), 65-74 years (7.8 per cent), and 75 years and over (3.7 per cent), were current smokers, compared with the overall adult female population.

A significantly higher proportion of adults in the fifth or most disadvantaged quintile (24.2 per cent), and a significantly lower proportion of adults in the first or least disadvantaged quintile (13.2 per cent), were current smokers, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the Greater Western Area Health Service (23.2 per cent) were current smokers, compared with the overall adult population.

Since 1997, there has been a significant decrease in the proportion of adults who were current smokers (24.0 per cent to 18.4 per cent). The decrease has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who were current smokers.

In 2008, 13.9 per cent of adults were daily smokers. There was no significant difference between males and females. A significantly higher proportion of adults aged 25-34 years (18.6 per cent) and 35-44 years (18.2 per cent), and a significantly lower proportion of adults aged 55-64 years (11.4 per cent), 65-74 years (6.4 per cent) and 75 years and over (3.5 per cent) were daily smokers, compared with the overall adult population.

A significantly higher proportion of adults in the fifth or most disadvantaged quintile (19.4 per cent), and a significantly lower proportion of adults in the first or least disadvantaged quintile (7.4 per cent), were daily smokers, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (16.3 per cent) than urban health areas (12.8 per cent) were daily smokers. A significantly higher proportion of adults in the Greater Western Area Health Service (19.0 per cent), and a significantly lower proportion of adults in the Northern Sydney & Central Coast Area Health Service (10.3 per cent), were daily smokers, compared with the overall adult population.

Since 1997, there has been a significant decrease in the proportion of adults who were daily smokers (19.1 per cent to 13.9 per cent). The decrease has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who were daily smokers.

Quitting tobacco smoking

In 2008, 61.8 per cent of adults who were current smokers intend to quit smoking in the next 6 months. There was no significant difference between males and females. A significantly lower proportion of adults aged 75 years and over (42.0 per cent) intended to quit smoking in the next 6 months, compared with the overall adult population who were current smokers.

There was no significant difference among quintiles of disadvantage, or between rural and urban health areas, or among health areas.

Since 2002, there has been a significant increase in the proportion of adults who were current smokers who intend to quit smoking in the next 6 months (50.7 per cent to 61.8 per cent). The increase has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who were current smokers who intend to quit smoking in the next 6 months.

In 2008, 40.0 per cent of adults who smoked were advised to quit smoking the last time they visited their general practitioner. There was no significant difference between males and females. A significantly higher proportion of adults aged 55-64 years (54.0 per cent) and 65-74 years (65.5 per cent) were advised to quit smoking the last time they visited their general practitioner, compared with the overall adult population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (27.5 per cent) were advised to quit smoking the last time they visited their general practitioner, compared with the overall adult population.

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

Since 2005, there has been no significant change in the proportion of adults who smoked who were advised to quit smoking the last time they visited their general practitioner; however, there has been a significant decrease in females.

Since 2007, there has been a significant decrease in the proportion of adults who smoked who were advised to quit smoking the last time they visited their general practitioner (50.3 per cent to 40.0 per cent). The decrease has been significant in males and females, and in urban health areas.

Smoke-free homes

In 2008, 89.5 per cent of adults lived in homes that were smoke-free, 5.7 per cent lived in homes where people occasionally smoked, and 4.9 per cent lived in homes where people frequently smoked.

A significantly lower proportion of adults aged 16-24 years (85.5 per cent) and 45-54 years (86.8 per cent), and a significantly higher proportion of adults aged 65-74 years (92.3 per cent) and 75 years and over (94.9 per cent), lived in homes that were smoke-free, compared with the overall adult population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (94.3 per cent), and a significantly lower proportion of adults in the fifth or most disadvantaged quintile (83.8 per cent), lived in homes that were smoke-free, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the Northern Sydney & Central Coast Area Health Service (92.2 per cent) lived in homes that were smoke-free, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who lived in homes that were smoke-free (69.7 per cent to 89.5 per cent). The increase has been significant in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who lived in homes that were smoke-free.

Smoke-free cars

In 2008, 88.2 per cent of adults said smoking was not allowed in their car. A significantly lower proportion of adults aged 16-24 years (82.1 per cent), and a significantly higher proportion of adults aged 55-64 years (90.9 per cent), 65-74 years (92.1 per cent), and 75 years and over (93.8 per cent), said smoking was not allowed in their car, compared with the overall adult population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (92.2 per cent), and a significantly lower proportion of adults in the fifth or most disadvantaged quintile (84.8 per cent), said smoking was not allowed in their car, compared with the overall adult population.

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

Since 2003, there has been a significant increase in the proportion of adults who said smoking was not allowed in their car (81.2 per cent to 88.2 per cent). The increase has been significant in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who said smoking was not allowed in their car.

Smoking bans in hotels and licensed premises

In 2008, 39.5 per cent of adults would be more likely, and 4.3 per cent would be less likely, to frequent hotels and licensed premises as a result of the total ban on smoking indoors. For 56.2 per cent of adults, the total ban on smoking indoors in hotels and licensed premises would make no difference.

In 2008, 39.5 per cent of adults would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors. A significantly lower proportion of males (36.7 per cent) than females (42.2 per cent) would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors. Among males, a significantly higher proportion of those aged 55-64 years (42.1 per cent), and a significantly lower proportion of those aged 75 years and over (28.3 per cent), would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 75 years and over (24.9 per cent) would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors, compared with the overall adult female population.

A significantly higher proportion of adults in the first or most disadvantaged quintile (44.6 per cent), and a significantly lower proportion of adults in the fourth disadvantaged quintile (35.7 per cent) and fifth or most disadvantaged quintile (34.9 per cent), would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors, compared with the overall adult population.

A significantly lower proportion of adults in rural health areas (36.5 per cent) than urban health areas (40.8 per cent) would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors. A significantly lower proportion of adults in the Greater Western Area Health Service (30.1 per cent) would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors, compared with the overall adult population.

Since 2003, there has been a significant increase in the proportion of adults who would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors (24.2 per cent to 39.5 per cent). The increase has been significant in males and females, and in rural and urban health areas.

Since 2007, there has been a significant increase in the proportion of adults who would be more likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors (36.9 per cent to 39.5 per cent). The increase has been significant in females.

In 2008, 4.3 per cent of adults would be less likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors. A significantly higher proportion of males (5.0 per cent) than females (3.5 per cent) would be less likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors. Among males, a significantly lower proportion of those aged 55-64 years (2.6 per cent), 65-74 years (1.9 per cent), and 75 years and over (2.6 per cent), would be less likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors, compared with the overall adult male population.

There was no significant difference among quintiles of disadvantage, between rural and urban health areas, or among health areas.

Since 2003, there has been a significant decrease in the proportion of adults who would be less likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors (9.8 per cent to 4.3 per cent). The decrease has been significant in males and females, and in rural and urban health areas.

Since 2007, there has been a significant decrease in the proportion of adults who would be less likely to frequent hotels and licensed premises as a result of the total ban on smoking indoors (5.8 per cent to 4.3 per cent). The decrease has been significant in females, and in urban health areas.

Smoking bans in outdoor dining areas

In 2008, 40.6 per cent of adults would be more likely, and 5.4 per cent would be less likely, to frequent outdoor dining areas if there was a total ban on smoking. For 54.0 per cent of adults, a total ban on smoking in outdoor dining areas would make no difference.

In 2008, 40.6 per cent of adults would be more likely to frequent outdoor dining areas if there was a total ban on smoking. A significantly lower proportion of males (38.0 per cent) than females (43.2 per cent) would be more likely to frequent outdoor dining areas if there was a total ban on smoking. Among males, a significantly higher proportion of those aged 55-64 years (43.0 per cent) would be more likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 75 years and over (30.6 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 higher proportion of adults in the first or least disadvantaged quintile (45.1 per cent), and a significantly lower proportion of adults in the fourth disadvantaged quintile (36.4 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 significantly lower proportion of adults in rural health areas (37.5 per cent) than urban health areas (42.0 per cent) would be more likely to frequent outdoor dining areas if there was a total ban on smoking. A significantly higher proportion of adults in the Northern Sydney & Central Coast Area Health Service (45.1 per cent), and a significantly lower proportion of adults in the Greater Southern (36.3 per cent) and Greater Western (33.5 per cent) Area Health Services, would be more likely to frequent outdoor dining areas if there was a total ban on smoking, compared with the overall adult population.

Since 2006, there has been a significant increase in the proportion of adults who would be more likely to frequent outdoor dining areas if there was a total ban on smoking (38.2 per cent to 40.6 per cent). The increase has been significant in females, and in urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who would be more likely to frequent outdoor dining areas if there was a total ban on smoking.

In 2008, 5.4 per cent would be less likely to frequent outdoor dining areas if there was a total ban on smoking. There was no significant difference between males and females. A significantly lower proportion of adults aged 65-74 years (3.3 per cent) and 75 years and over (3.6 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 higher proportion of adults in the fifth or most disadvantaged quintile (7.5 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.

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

Since 2006, there has been no significant change in the proportion of adults who would be less likely to frequent outdoor dining areas if there was a total ban on smoking.

Since 2007, there has been no significant change in the proportion of adults who would be less likely to frequent outdoor dining areas if there was a total ban on smoking.

Regulating the display of cigarettes in shops

In 2008, 80.2 per cent of adults supported a regulation to ensure cigarettes are stored out of sight in shops. A significantly lower proportion of males (77.5 per cent) than females (82.7 per cent) supported a regulation to ensure cigarettes are stored out of sight in shops. Among males, a significantly lower proportion of those aged 16-24 years (69.6 per cent), and a significantly higher proportion of those aged 35-44 years (82.2 per cent) and 45-54 years (82.8 per cent), supported a regulation to ensure cigarettes are stored out of sight in shops, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (76.9 per cent), and a significantly higher proportion of those aged 35-44 years (87.4 per cent), supported a regulation to ensure cigarettes are stored out of sight in shops, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (83.2 per cent) supported a regulation to ensure cigarettes are stored out of sight in shops, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the Northern Sydney and Central Coast Area Health Service (84.0 per cent) supported a regulation to ensure cigarettes are stored out of sight in shops, compared with the overall adult population.

References

1. United States Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta: United States Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2004. Available online at www.surgeongeneral.gov/library/smokingconsequences (accessed 10 July 2009).
2. Commonwealth Department of Health and Ageing and the National Drug Strategy. *Environmental Tobacco Smoke in Australia*. Canberra: Commonwealth Department of Health and Ageing, 2002.

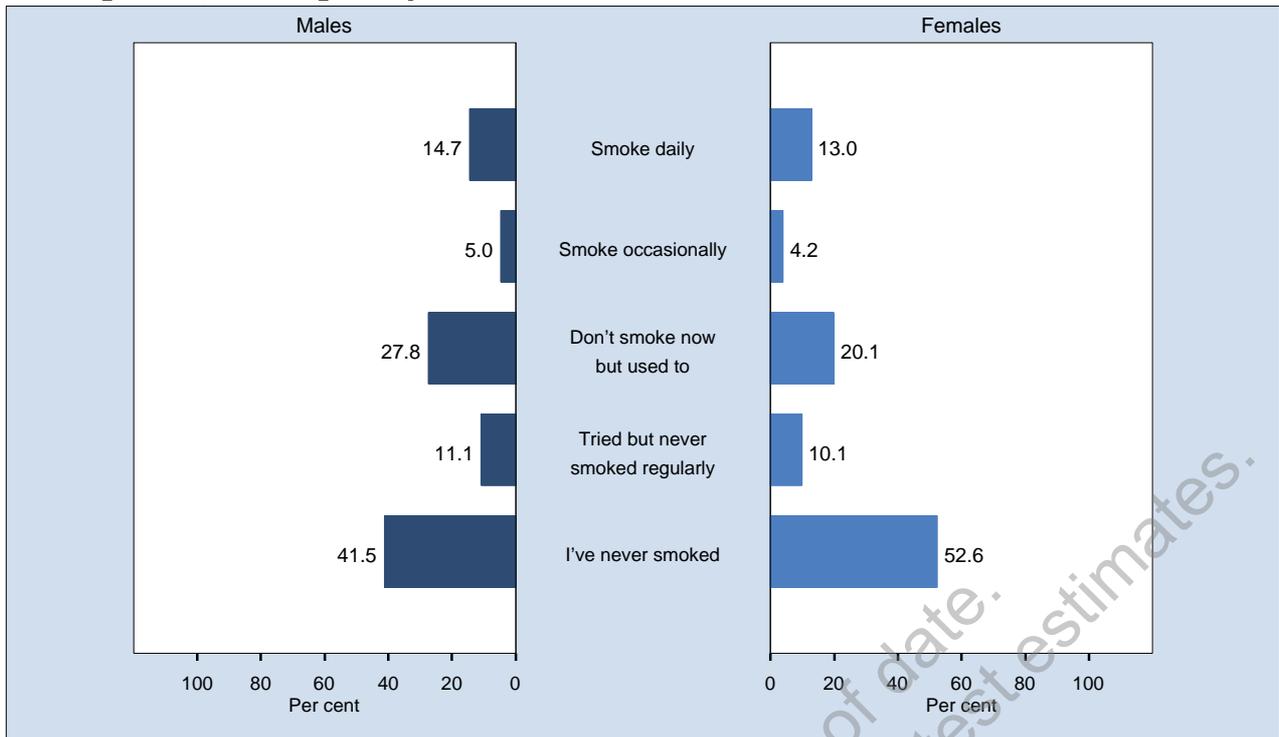
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4. New South Wales Legislation. *Public Health (Tobacco) Act 2008*. Sydney: NSW Government, November 2008. Available online at www.health.nsw.gov.au/publichealth/healthpromotion/tobacco/legislation.asp (accessed 10 July 2009).

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

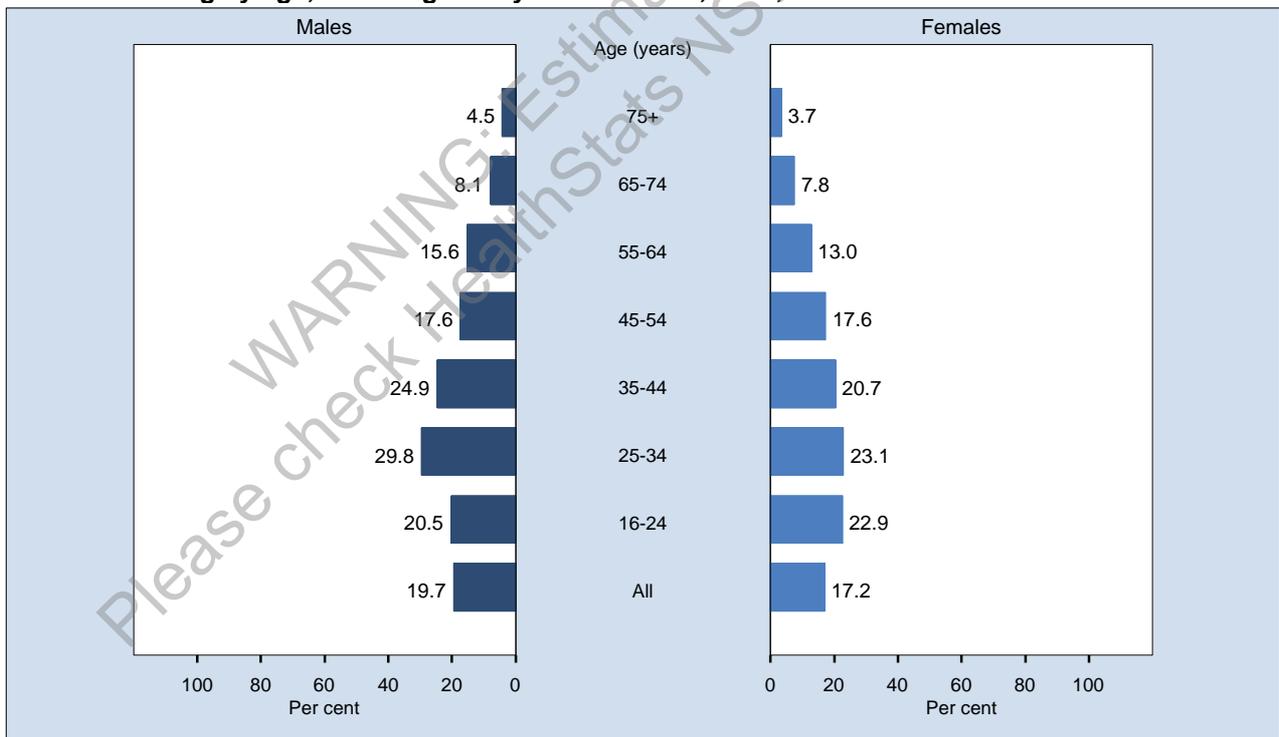
Smoking status, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,755 respondents in NSW. For this indicator 10 (0.11%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

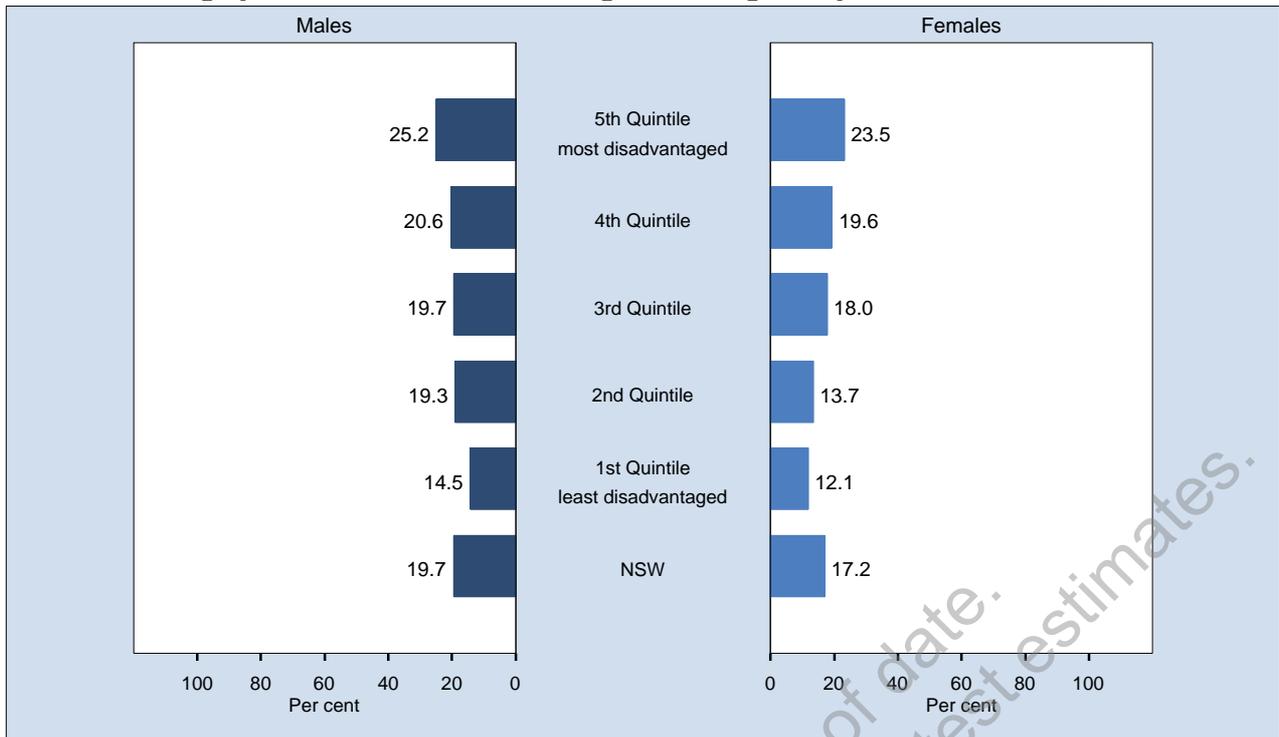
Current smoking by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,755 respondents in NSW. For this indicator 10 (0.11%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked daily or occasionally. The question used to define the indicator was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

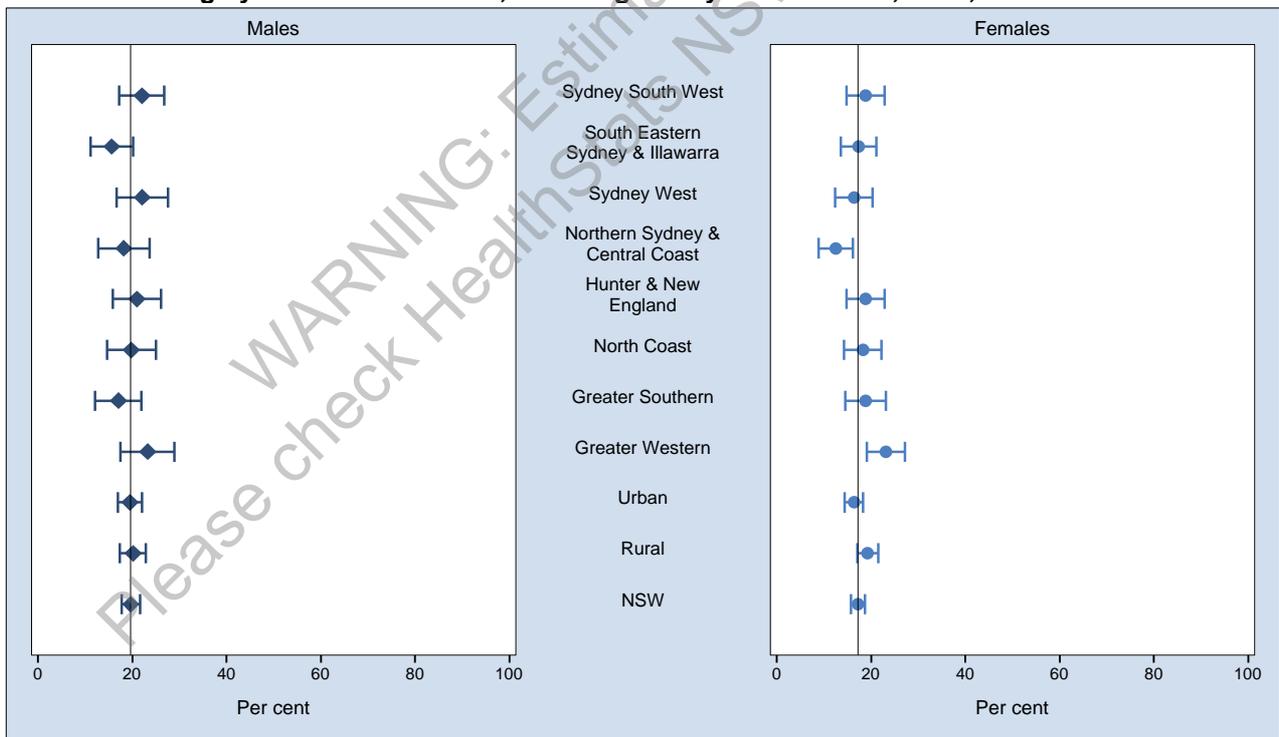
Current smoking by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,755 respondents in NSW. For this indicator 10 (0.11%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked daily or occasionally. The question used to define the indicator was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

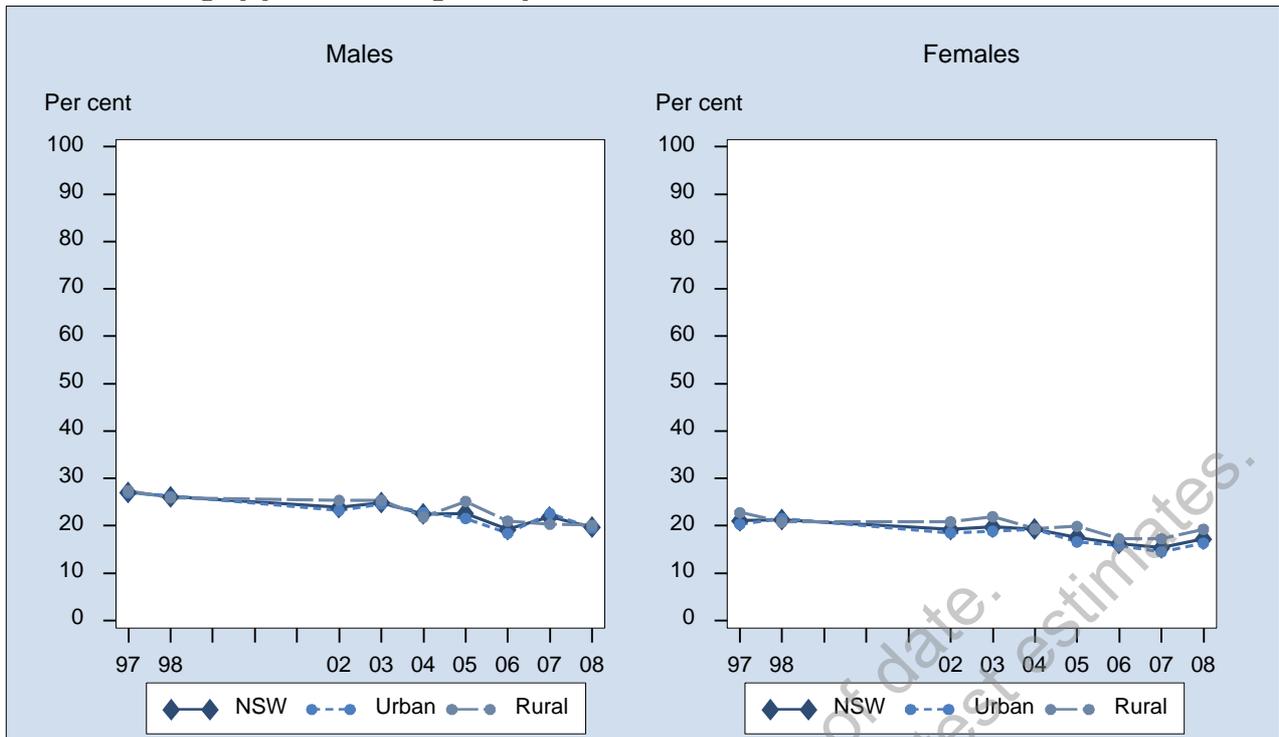
Current smoking by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,755 respondents in NSW. For this indicator 10 (0.11%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked daily or occasionally. The question used to define the indicator was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

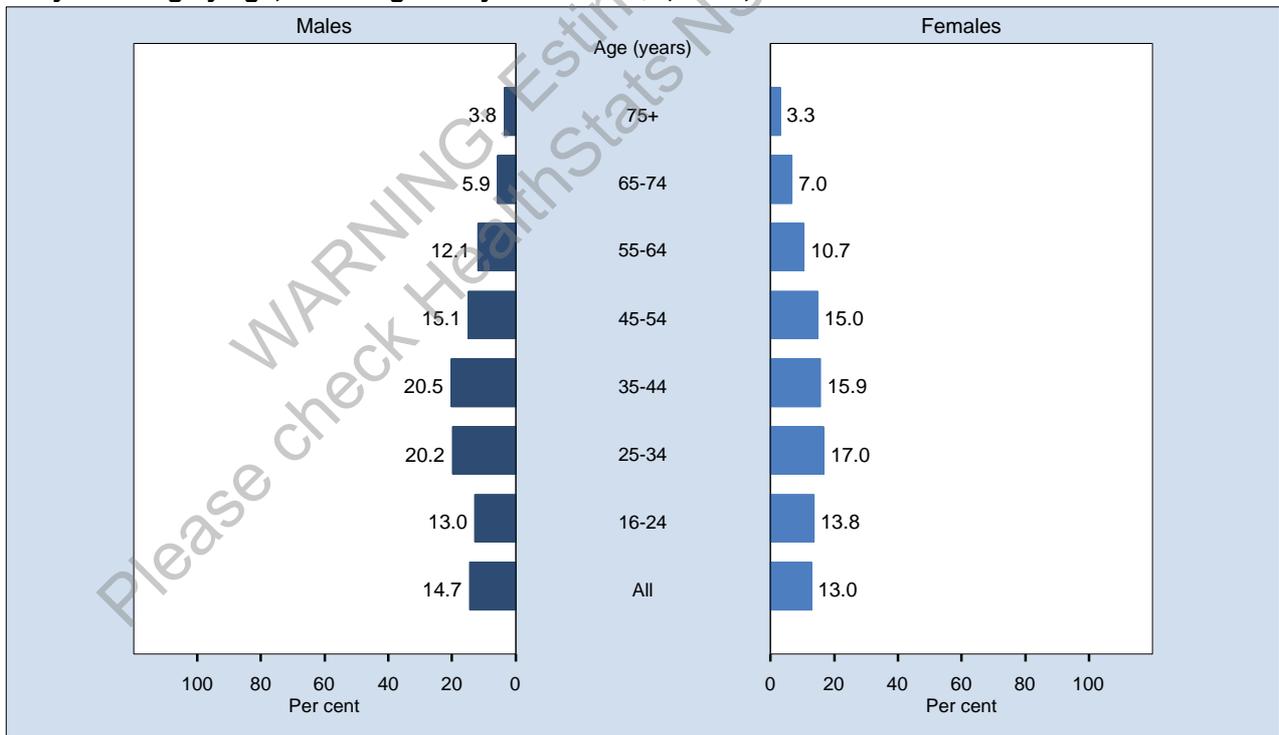
Current smoking by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,496), 1998 (17,457), 2002 (12,616), 2003 (13,002), 2004 (9,418), 2005 (11,490), 2006 (7,957), 2007 (7,510), 2008 (8,755). The indicator includes those who smoked daily or occasionally. The question used to define the indicator was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

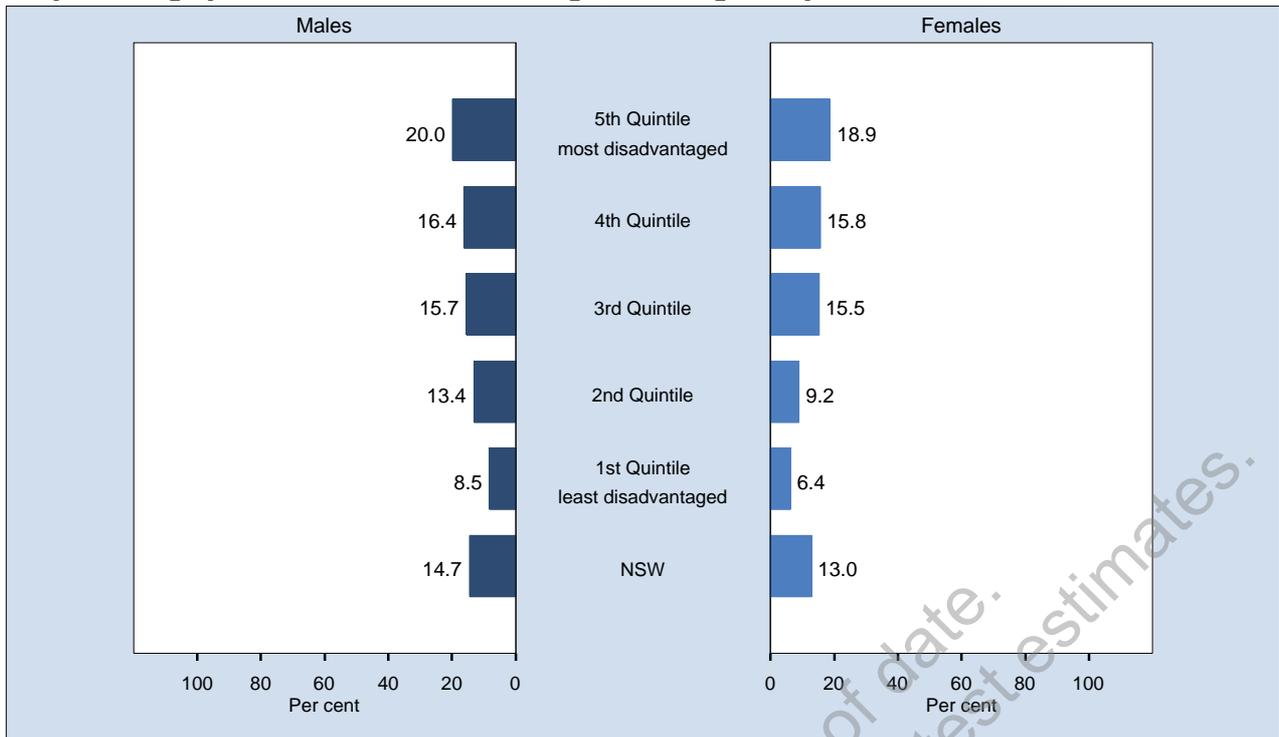
Daily smoking by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,755 respondents in NSW. For this indicator 10 (0.11%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked daily. The question used to define the indicator was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

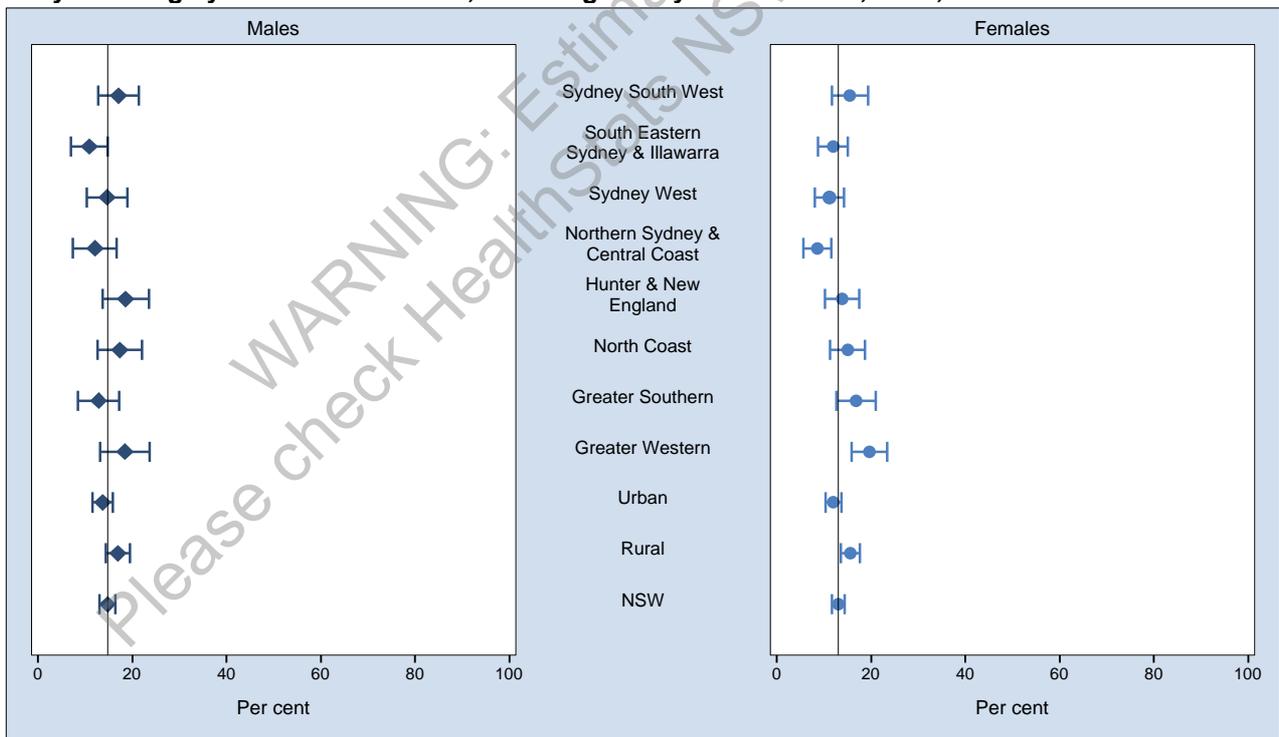
Daily smoking by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,755 respondents in NSW. For this indicator 10 (0.11%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked daily. The question used to define the indicator was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

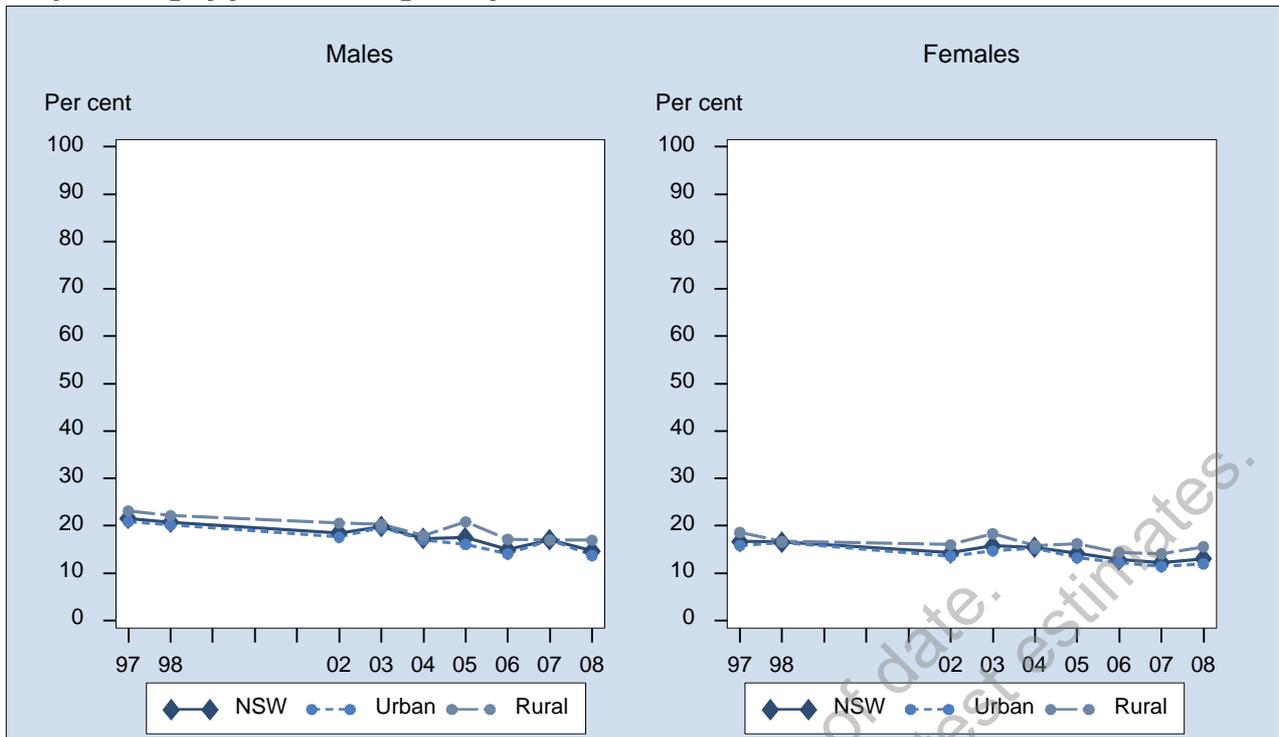
Daily smoking by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,755 respondents in NSW. For this indicator 10 (0.11%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoked daily. The question used to define the indicator was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

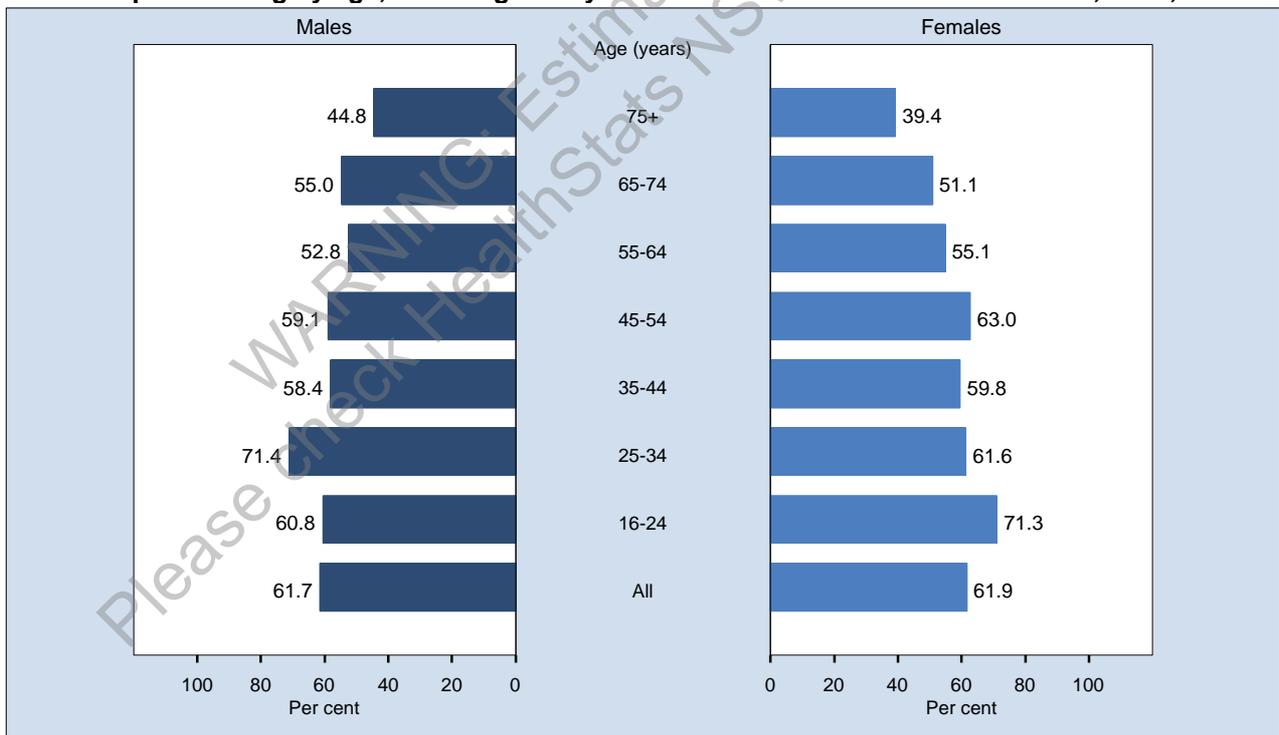
Daily smoking by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,496), 1998 (17,457), 2002 (12,616), 2003 (13,002), 2004 (9,418), 2005 (11,490), 2006 (7,957), 2007 (7,510), 2008 (8,755). The indicator includes those who smoked daily. The question used to define the indicator was: Which of the following best describes your smoking status: smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

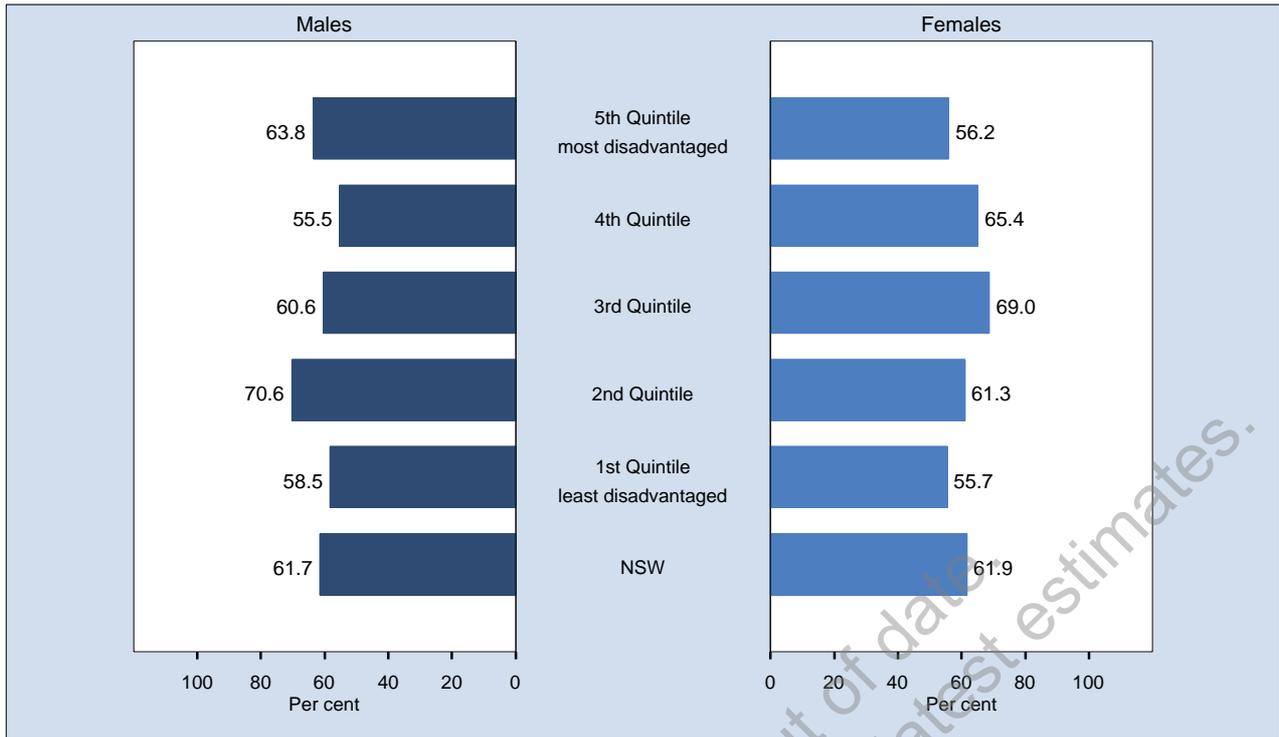
Intend to quit smoking by age, adults aged 16 years and over who are current smokers, NSW, 2008



Note: Estimates are based on 1,334 respondents in NSW. For this indicator 84 (5.92%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoke daily or occasionally and who are in the process of or intend to quit smoking in the next 6 months. The questions used to define the indicator were: Which of the following best describes your smoking status: smoke daily, smoke occasionally, don't smoke now but used to, I have tried it a few times but never smoked regularly, and I have never smoked? Which of the following best describes how you feel about your smoking: I am not planning on quitting within the next 6 months, I am planning on quitting within the next 6 months, I am planning on quitting within the next month, I have not smoked in the last 24 hours but was smoking 6 months ago, I have not been smoking in the last 6 months?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

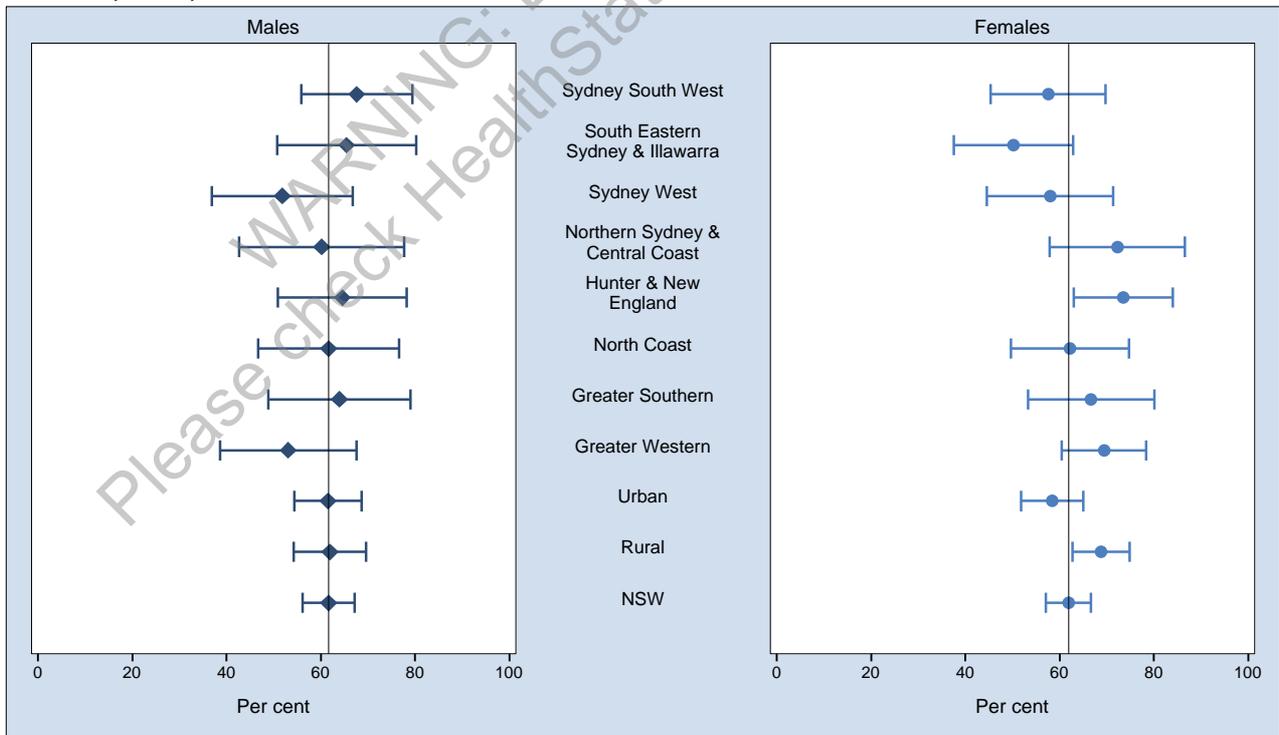
Intend to quit smoking by socioeconomic disadvantage, adults aged 16 years and over who are current smokers, NSW, 2008



Note: Estimates are based on 1,334 respondents in NSW. For this indicator 84 (5.92%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoke daily or occasionally and who are in the process of or intend to quit smoking in the next 6 months. The questions used to define the indicator were: Which of the following best describes your smoking status: smoke daily, smoke occasionally, don't smoke now but used to, I have tried it a few times but never smoked regularly, and I have never smoked? Which of the following best describes how you feel about your smoking: I am not planning on quitting within the next 6 months, I am planning on quitting within the next 6 months, I am planning on quitting within the next month, I have not smoked in the last 24 hours but was smoking 6 months ago, I have not been smoking in the last 6 months?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

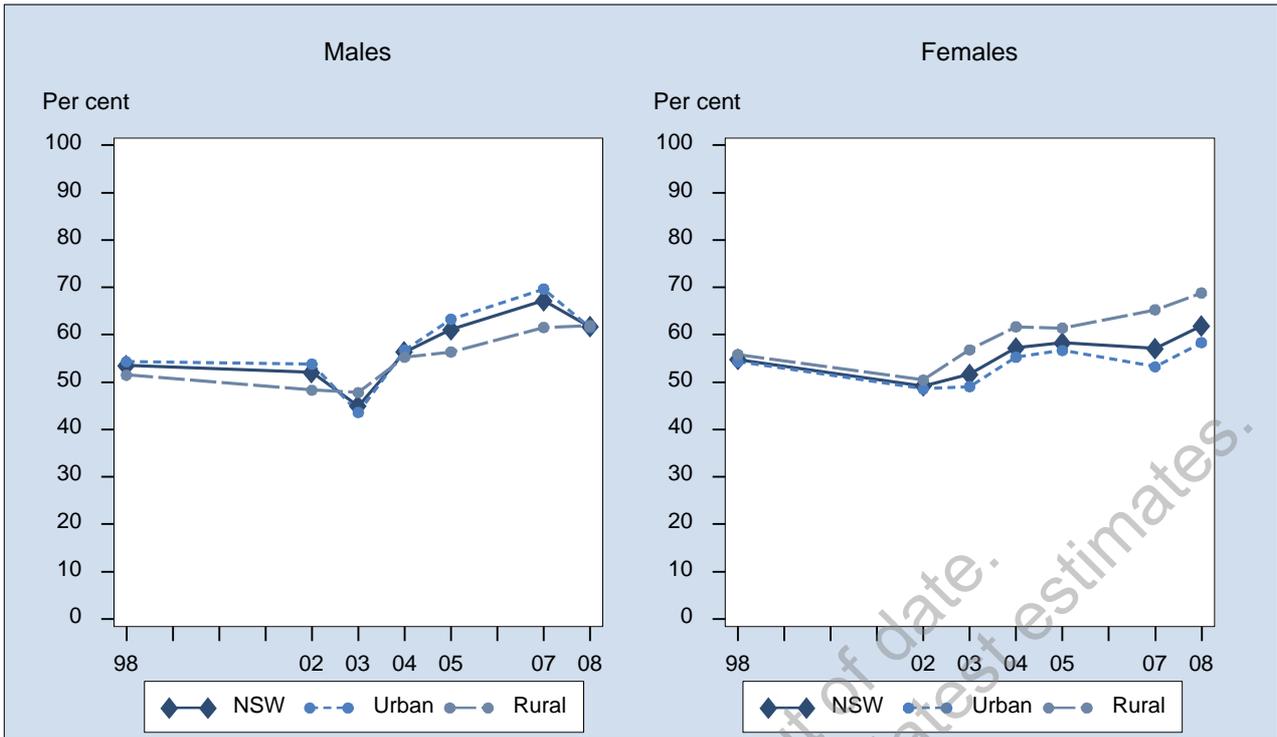
Intend to quit smoking by area health service, adults aged 16 years and over who are current smokers, NSW, 2008



Note: Estimates are based on 1,334 respondents in NSW. For this indicator 84 (5.92%) were not stated (Don't know or Refused) in NSW. The indicator includes those who smoke daily or occasionally and who are in the process of or intend to quit smoking in the next 6 months. The questions used to define the indicator were: Which of the following best describes your smoking status: smoke daily, smoke occasionally, don't smoke now but used to, I have tried it a few times but never smoked regularly, and I have never smoked? Which of the following best describes how you feel about your smoking: I am not planning on quitting within the next 6 months, I am planning on quitting within the next 6 months, I am planning on quitting within the next month, I have not smoked in the last 24 hours but was smoking 6 months ago, I have not been smoking in the last 6 months?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

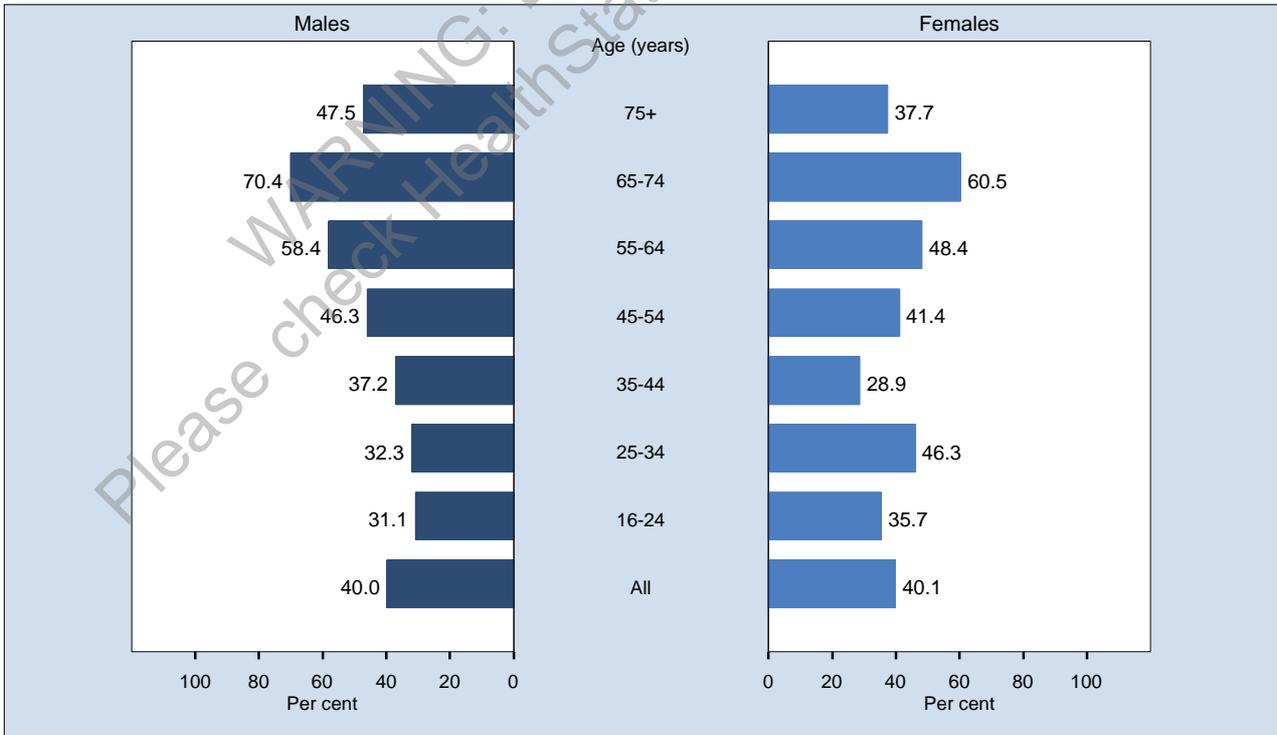
Intend to quit smoking by year, adults aged 16 years and over who are current smokers, NSW, 1998-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1998 (4,133), 2002 (2,485), 2003 (2,587), 2004 (1,860), 2005 (1,994), 2007 (521), 2008 (1,334). The indicator includes those who smoke daily or occasionally and who are in the process of or intend to quit smoking in the next 6 months. The questions used to define the indicator were: Which of the following best describes your smoking status: smoke daily, smoke occasionally, don't smoke now but used to, I have tried it a few times but never smoked regularly, and I have never smoked? Which of the following best describes how you feel about your smoking: I am not planning on quitting within the next 6 months, I am planning on quitting within the next 6 months, I am planning on quitting within the next month, I have not smoked in the last 24 hours but was smoking 6 months ago, I have not been smoking in the last 6 months?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

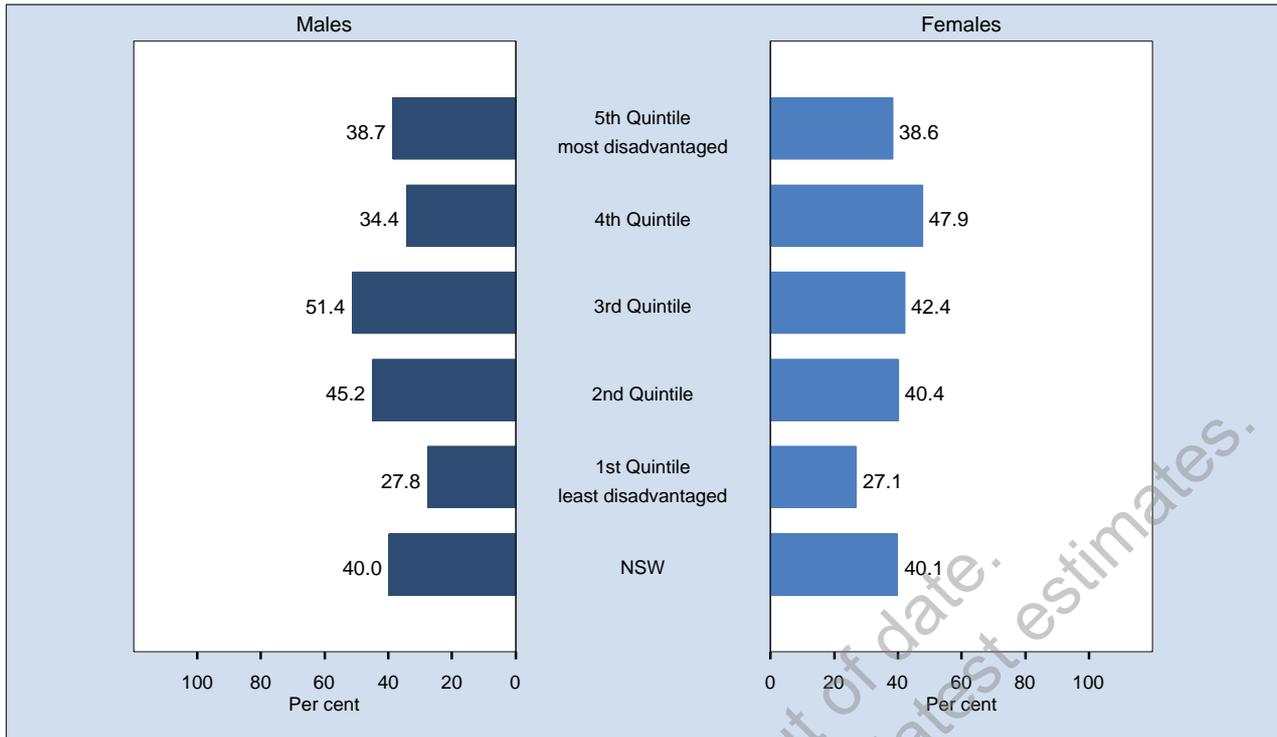
Doctor advised to quit smoking by age, adults aged 16 years and over who are current smokers, NSW, 2008



Note: Estimates are based on 1,392 respondents in NSW. For this indicator 16 (1.14%) 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 your current smoking status? 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

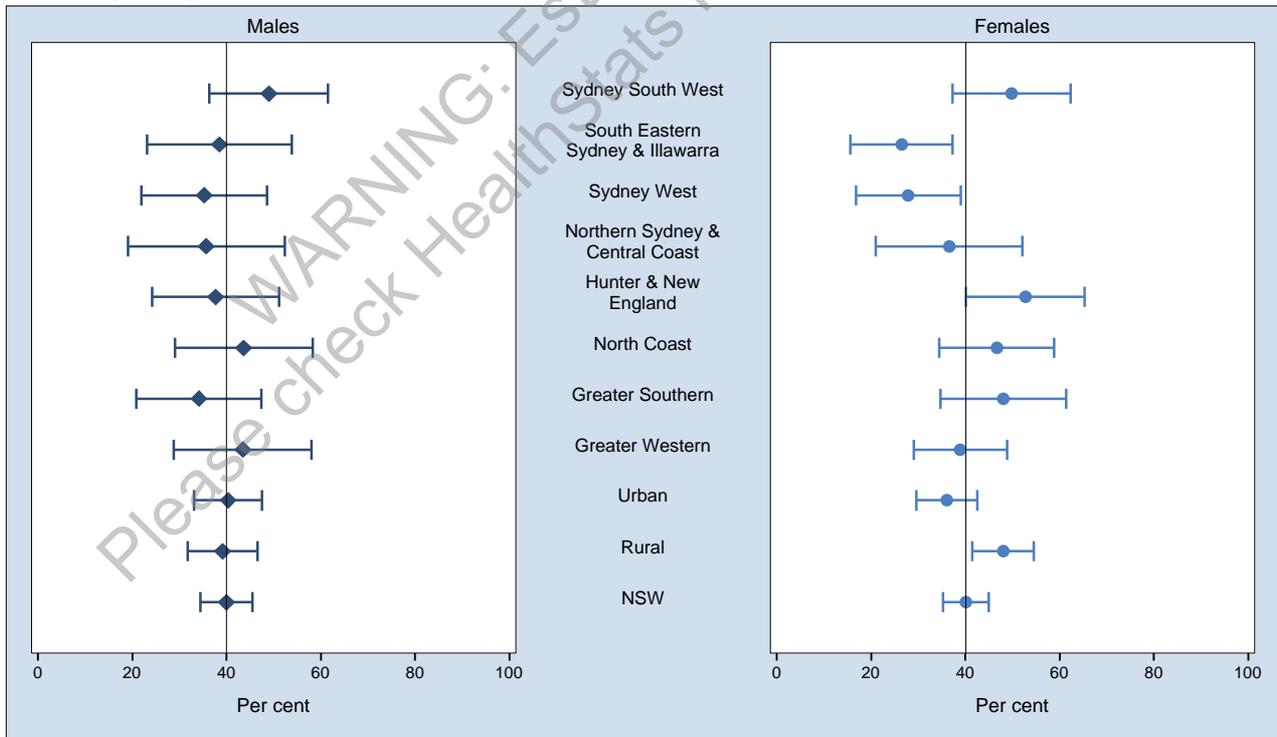
Doctor advised to quit smoking by socioeconomic disadvantage, adults aged 16 years and over who are current smokers, NSW, 2008



Note: Estimates are based on 1,392 respondents in NSW. For this indicator 16 (1.14%) 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 your current smoking status? 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

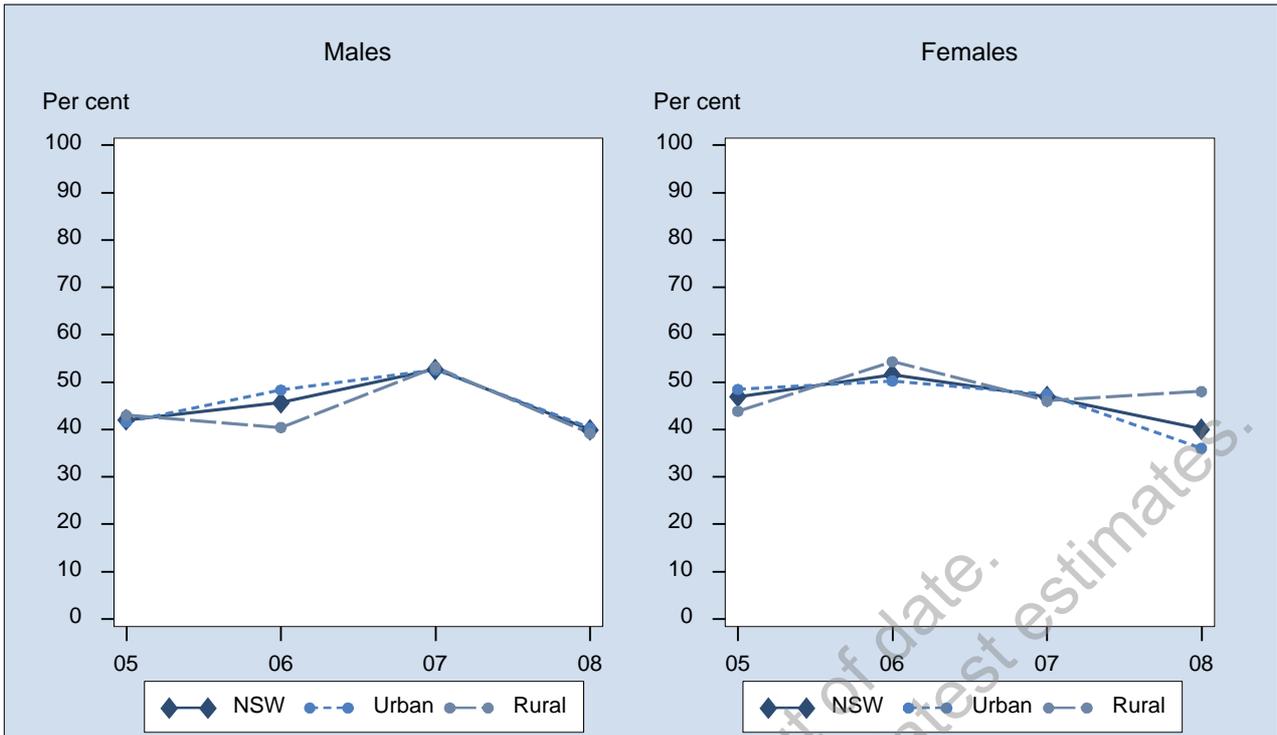
Doctor advised to quit smoking by area health service, adults aged 16 years and over who are current smokers, NSW, 2008



Note: Estimates are based on 1,392 respondents in NSW. For this indicator 16 (1.14%) 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 your current smoking status? 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

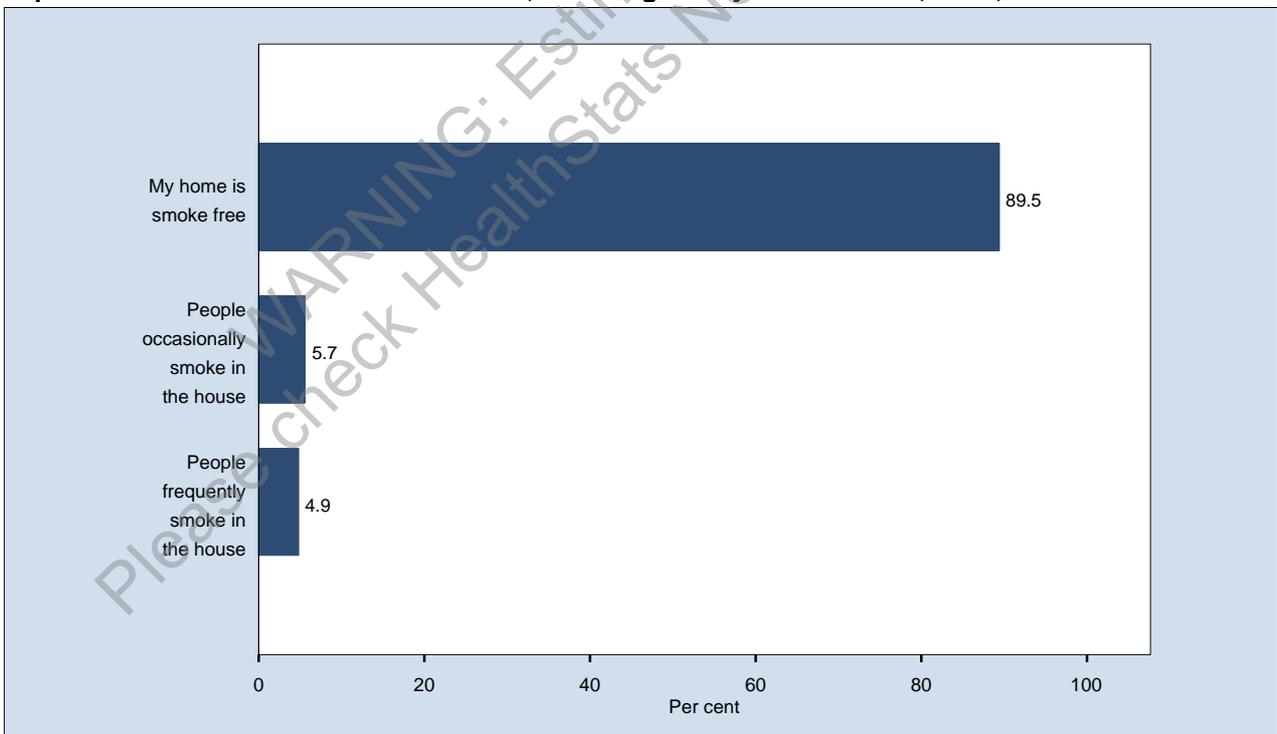
Doctor advised to quit smoking by year, adults aged 16 years and over who are current smokers, NSW, 2005-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2005 (1,736), 2006 (1,301), 2007 (1,252), 2008 (1,392). 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 your current smoking status? 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

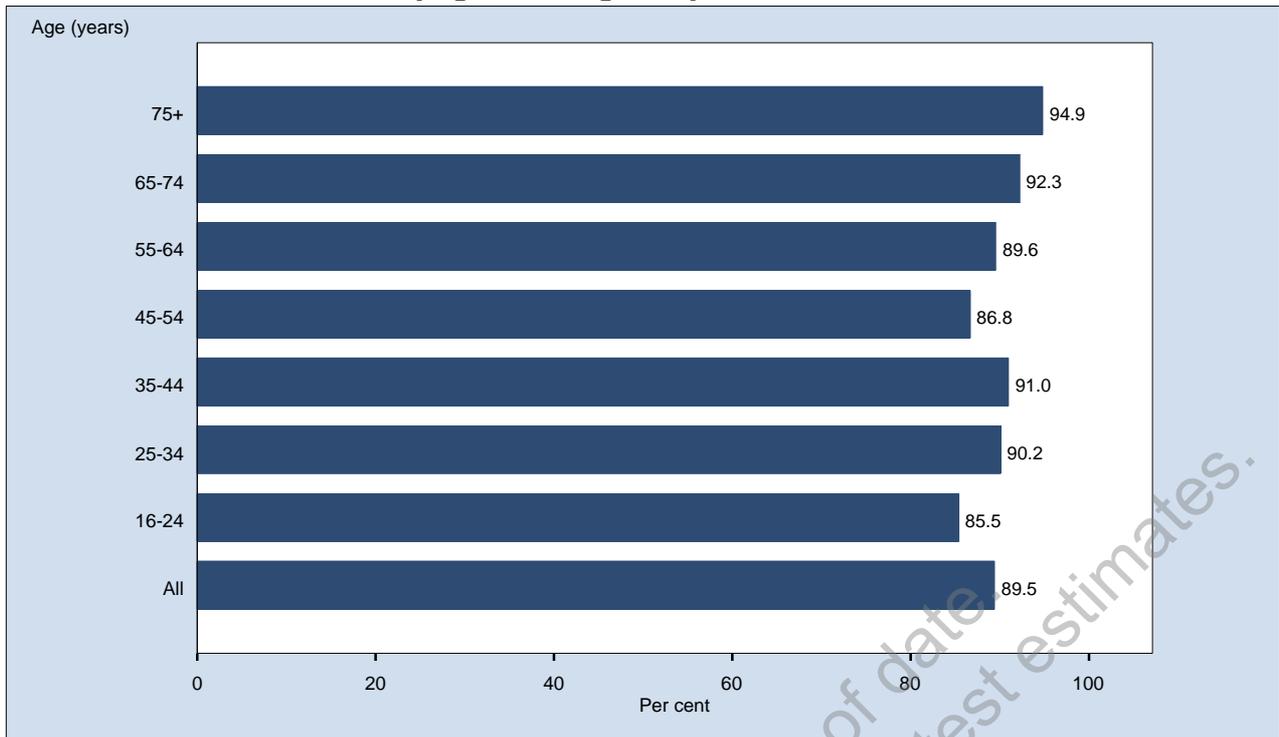
Exposure to tobacco smoke in household, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,752 respondents in NSW. For this indicator 13 (0.15%) were not stated (Don't know or Refused) in NSW. The question used was: Which of the following best describes your home situation: my home is smoke-free, people occasionally smoke in the house, and people frequently smoke in the house?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

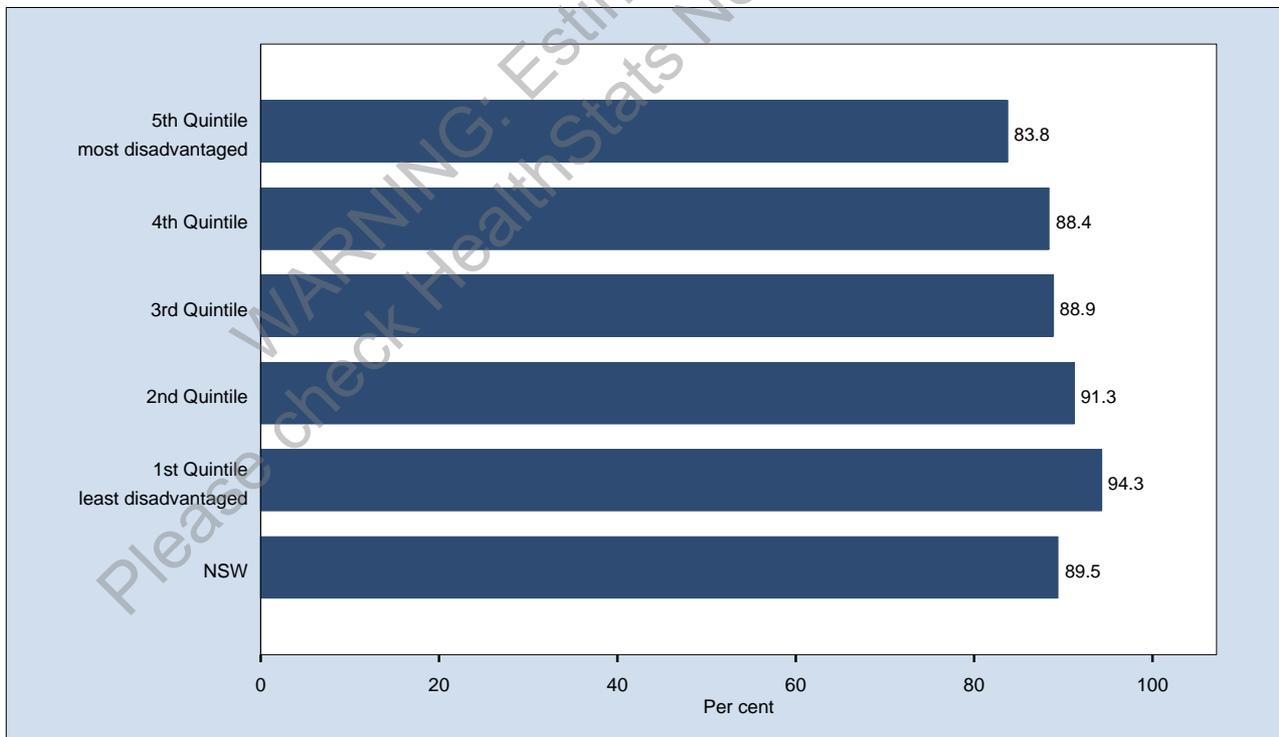
Live in smoke-free households by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,752 respondents in NSW. For this indicator 13 (0.15%) were not stated (Don't know or Refused) in NSW. The indicator includes those who indicated their home was smoke-free. The question used to define the indicator was: Which of the following best describes your home situation: my home is smoke-free, people occasionally smoke in the house, or people frequently smoke in the house?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

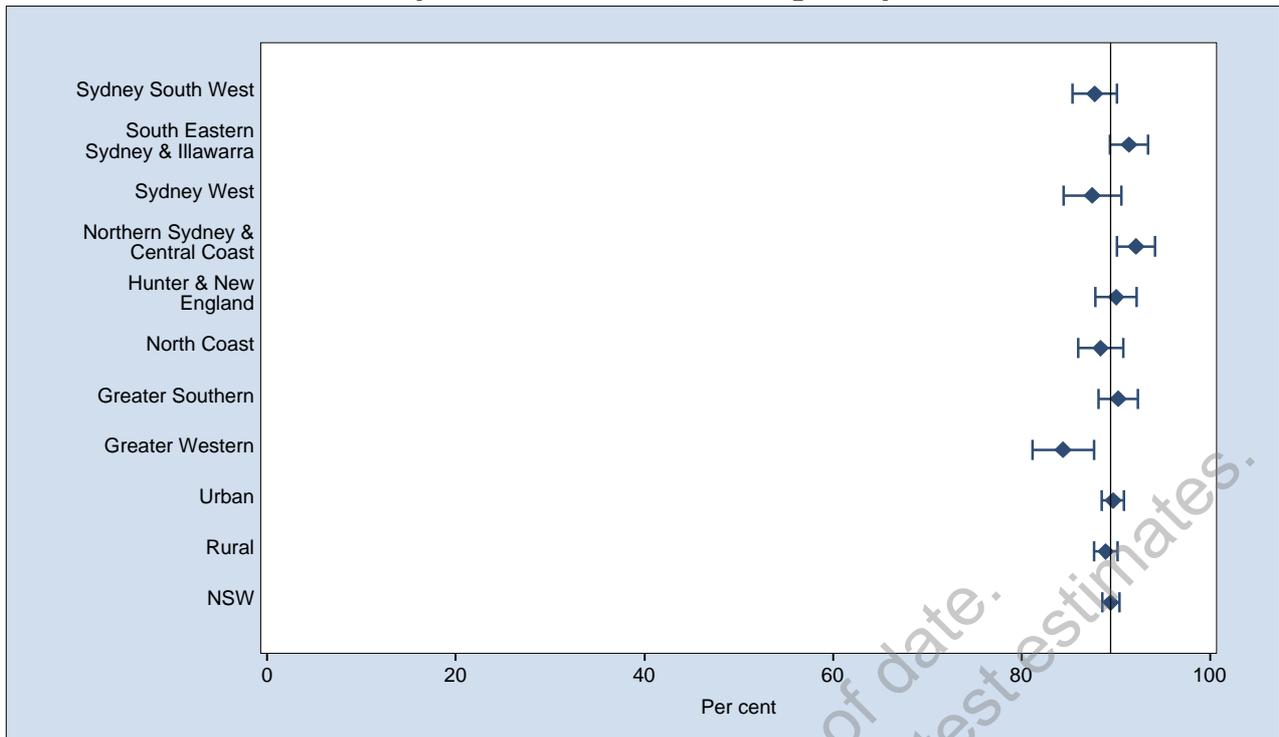
Live in smoke-free households by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,752 respondents in NSW. For this indicator 13 (0.15%) were not stated (Don't know or Refused) in NSW. The indicator includes those who indicated their home was smoke-free. The question used to define the indicator was: Which of the following best describes your home situation: my home is smoke-free, people occasionally smoke in the house, or people frequently smoke in the house?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

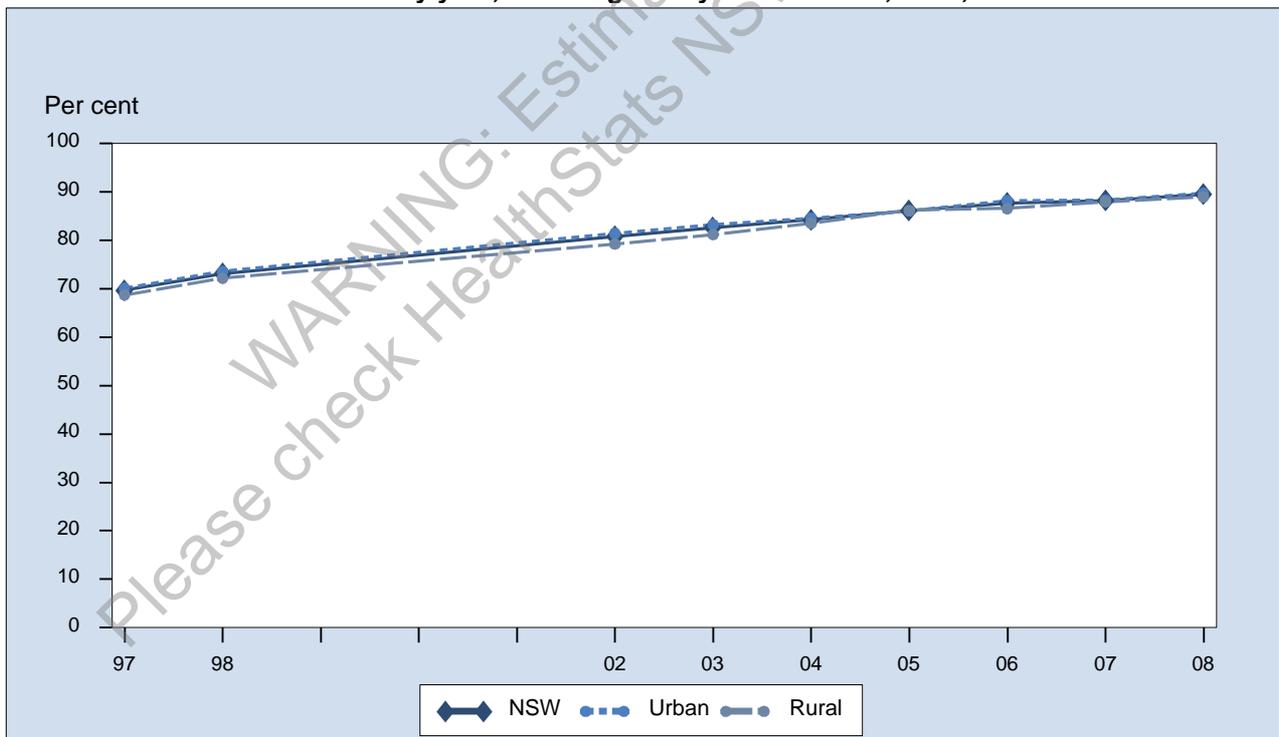
Live in smoke-free households by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,752 respondents in NSW. For this indicator 13 (0.15%) were not stated (Don't know or Refused) in NSW. The indicator includes those who indicated their home was smoke-free. The question used to define the indicator was: Which of the following best describes your home situation: my home is smoke-free, people occasionally smoke in the house, or people frequently smoke in the house?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

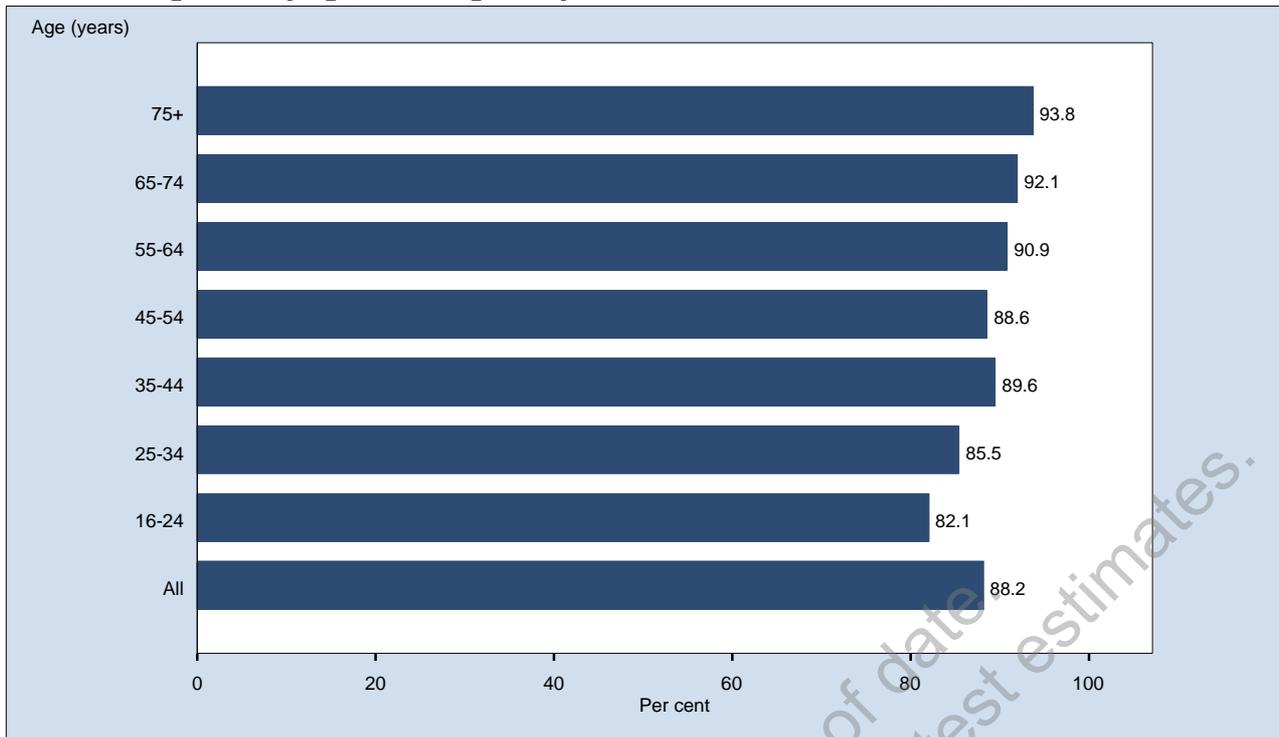
Live in smoke-free households by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,495), 1998 (17,451), 2002 (12,607), 2003 (12,989), 2004 (9,415), 2005 (11,282), 2006 (7,946), 2007 (7,471), 2008 (8,752). The indicator includes those who indicated their home was smoke-free. The question used to define the indicator was: Which of the following best describes your home situation: my home is smoke-free, people occasionally smoke in the house, or people frequently smoke in the house?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

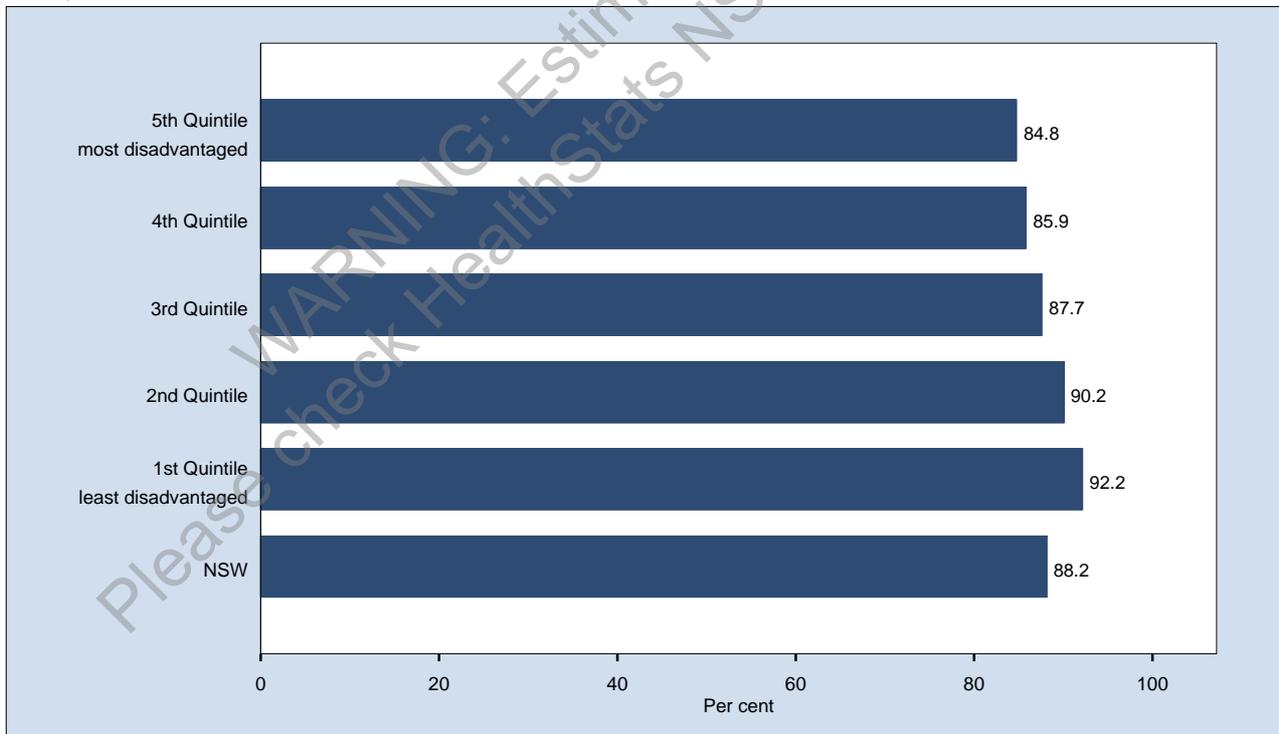
Bans smoking in car by age, adults aged 16 years and over who own a car, NSW, 2008



Note: Estimates are based on 8,020 respondents in NSW. For this indicator 41 (0.51%) were not stated (Don't know or Refused) in NSW. The indicator includes those who indicated their car was smoke-free. The question used to define the indicator was: Are people allowed to smoke in your car?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

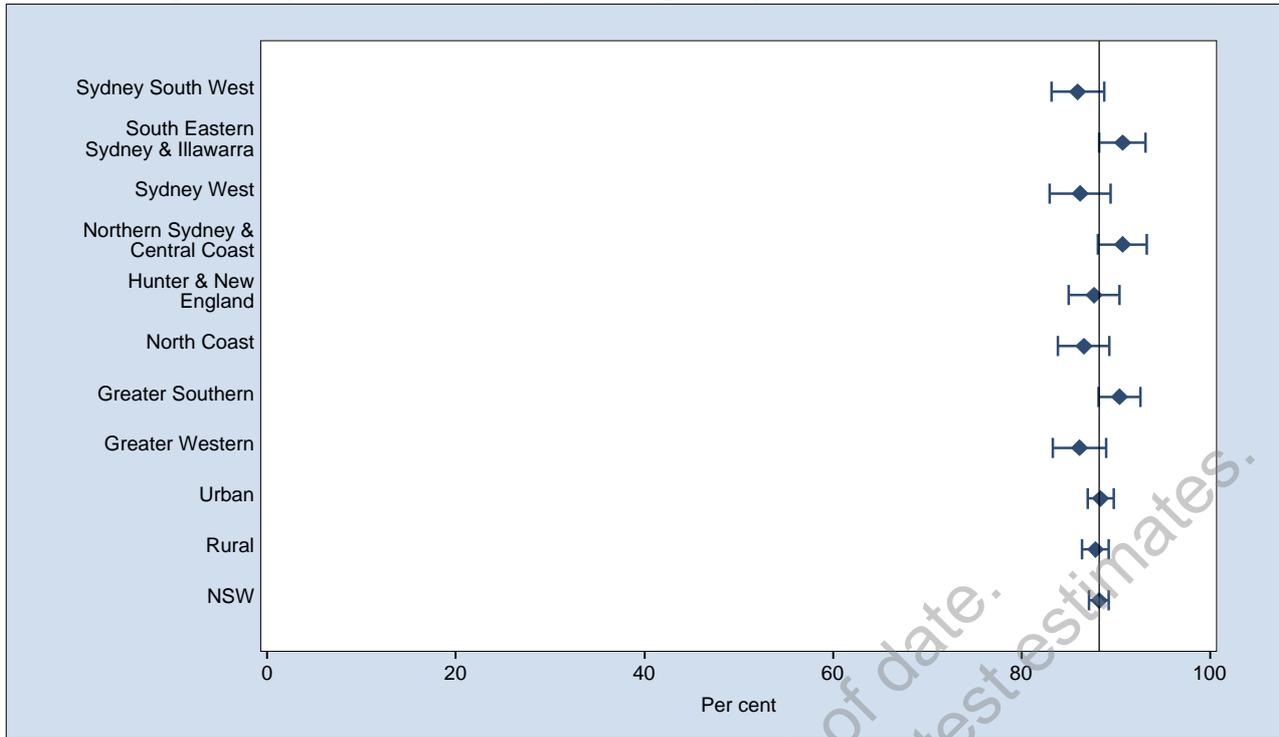
Bans smoking in car by socioeconomic disadvantage, adults aged 16 years and over who own a car, NSW, 2008



Note: Estimates are based on 8,020 respondents in NSW. For this indicator 41 (0.51%) were not stated (Don't know or Refused) in NSW. The indicator includes those who indicated their car was smoke-free. The question used to define the indicator was: Are people allowed to smoke in your car?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

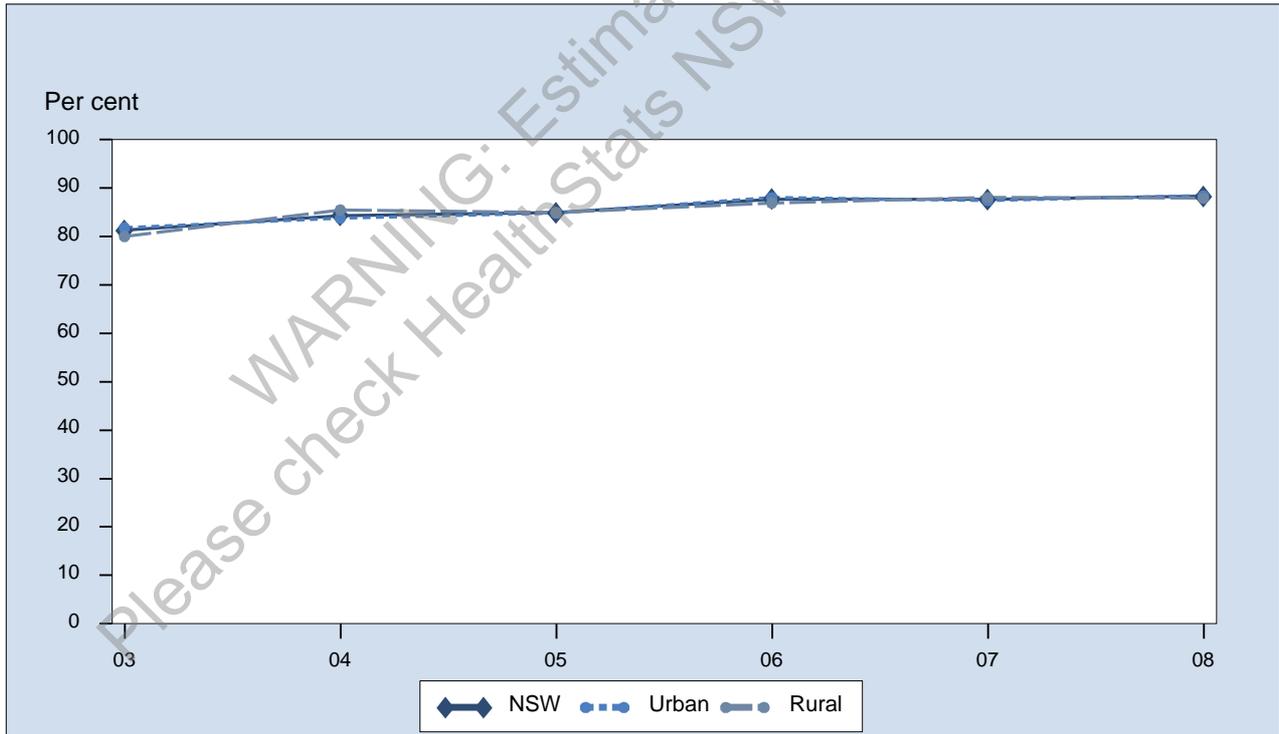
Bans smoking in car by area health service, adults aged 16 years and over who own a car, NSW, 2008



Note: Estimates are based on 8,020 respondents in NSW. For this indicator 41 (0.51%) were not stated (Don't know or Refused) in NSW. The indicator includes those who indicated their car was smoke-free. The question used to define the indicator was: Are people allowed to smoke in your car?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

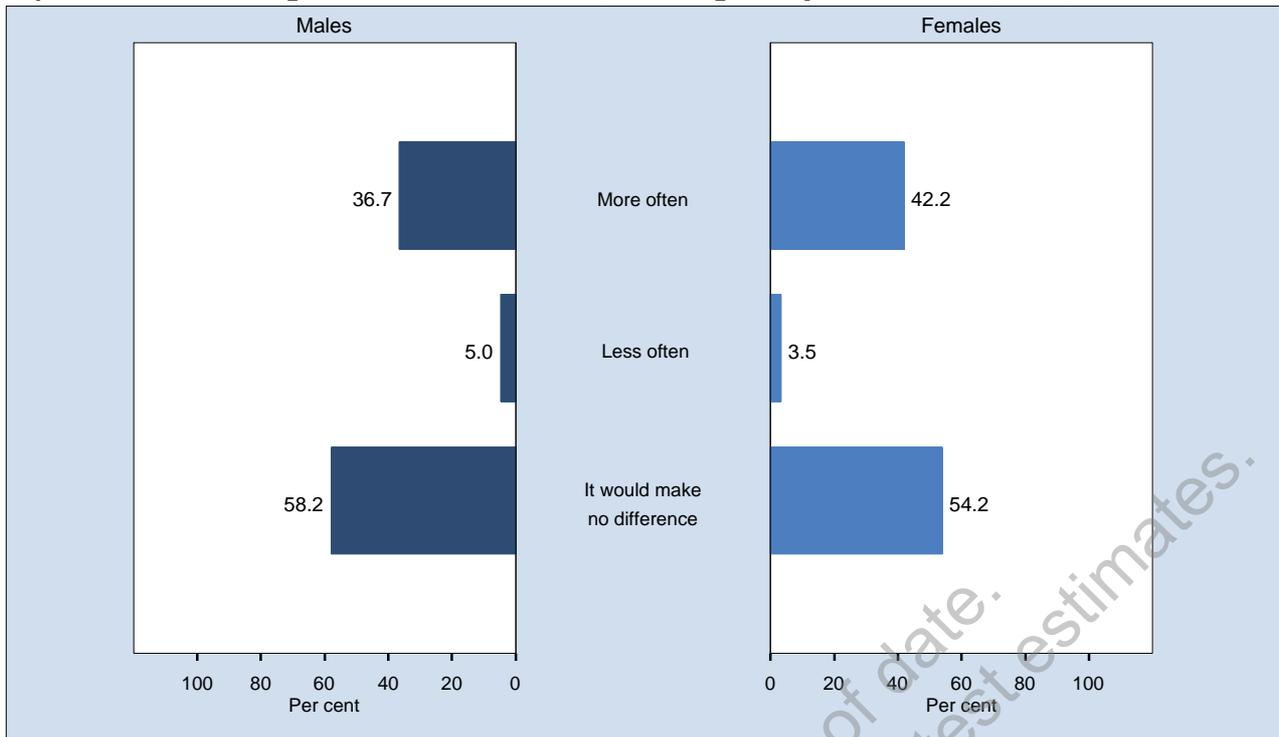
Bans smoking in car by year, adults aged 16 years and over who own a car, NSW, 2003-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2003 (11,652), 2004 (8,585), 2005 (10,349), 2006 (7,251), 2007 (6,882), 2008 (8,020). The indicator includes those who indicated their car was smoke-free. The question used to define the indicator was: Are people allowed to smoke in your car?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

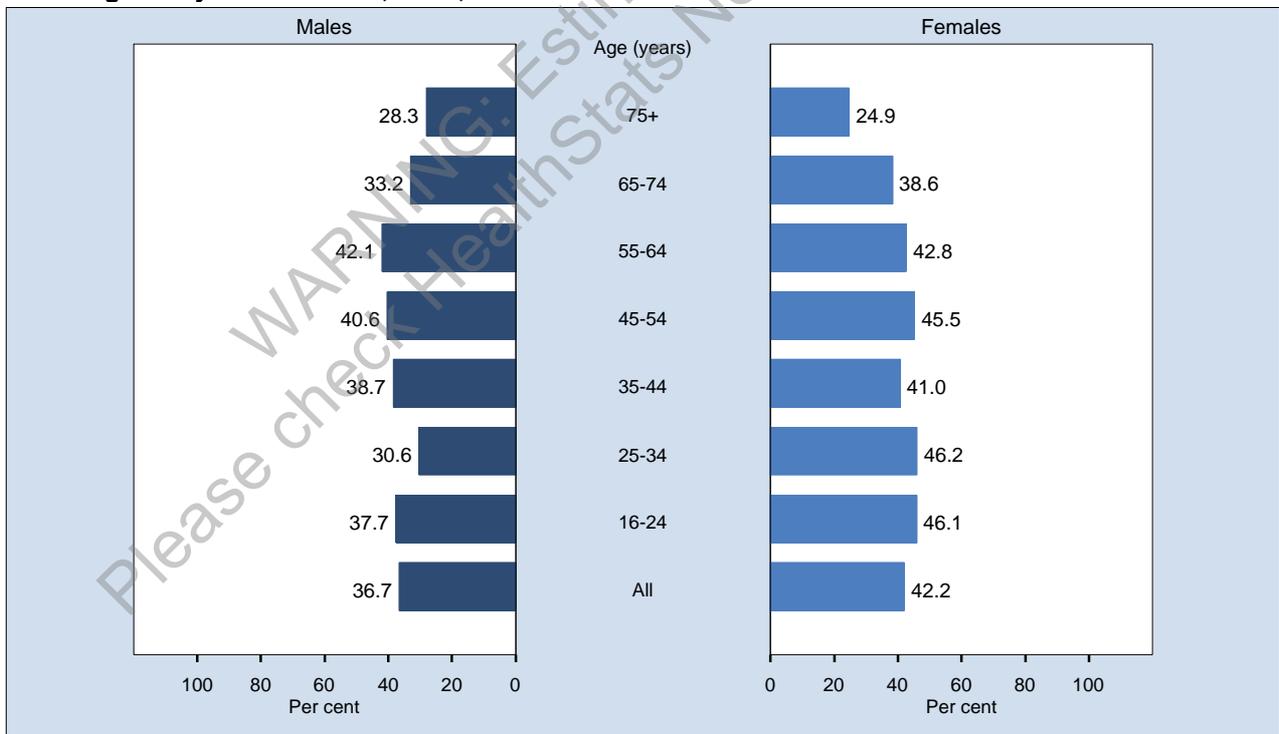
Impact of total smoking ban on bars and hotels, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,615 respondents in NSW. For this indicator 150 (1.71%) were not stated (Don't know or Refused) in NSW. The question used was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, it would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

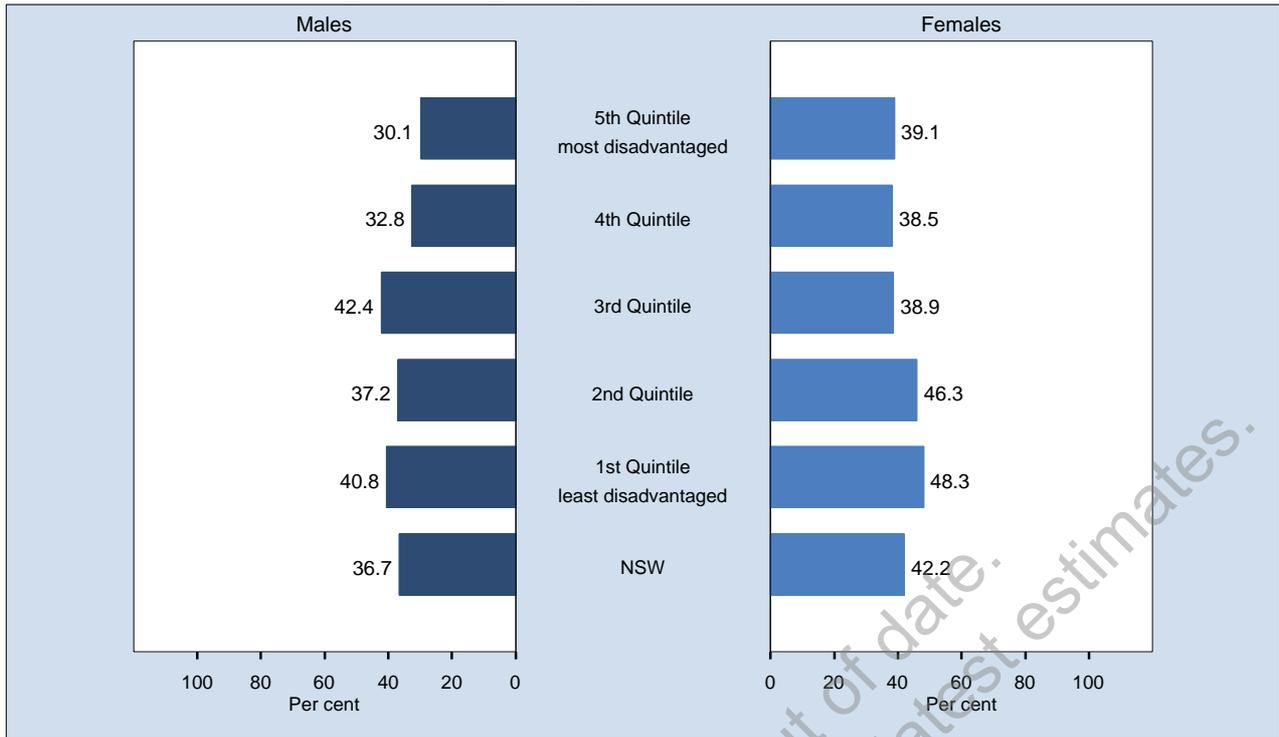
More likely to attend hotels and licensed bars as a result of the total ban on smoking indoors by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,615 respondents in NSW. For this indicator 150 (1.71%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be more likely to frequent licensed bars and hotels if there was a total ban on smoking. The question used to define the indicator was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, it would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

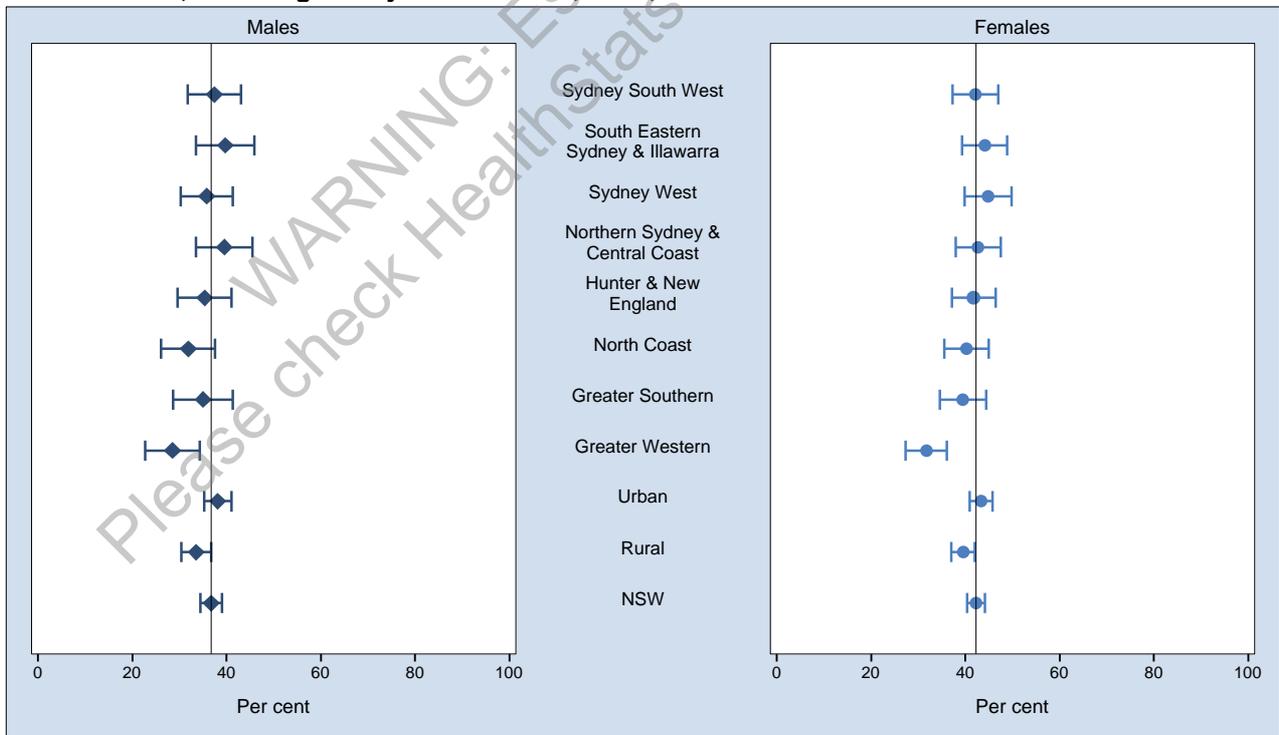
More likely to attend hotels and licensed bars as a result of the total ban on smoking indoors by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,615 respondents in NSW. For this indicator 150 (1.71%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be more likely to frequent licensed bars and hotels if there was a total ban on smoking. The question used to define the indicator was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, It would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

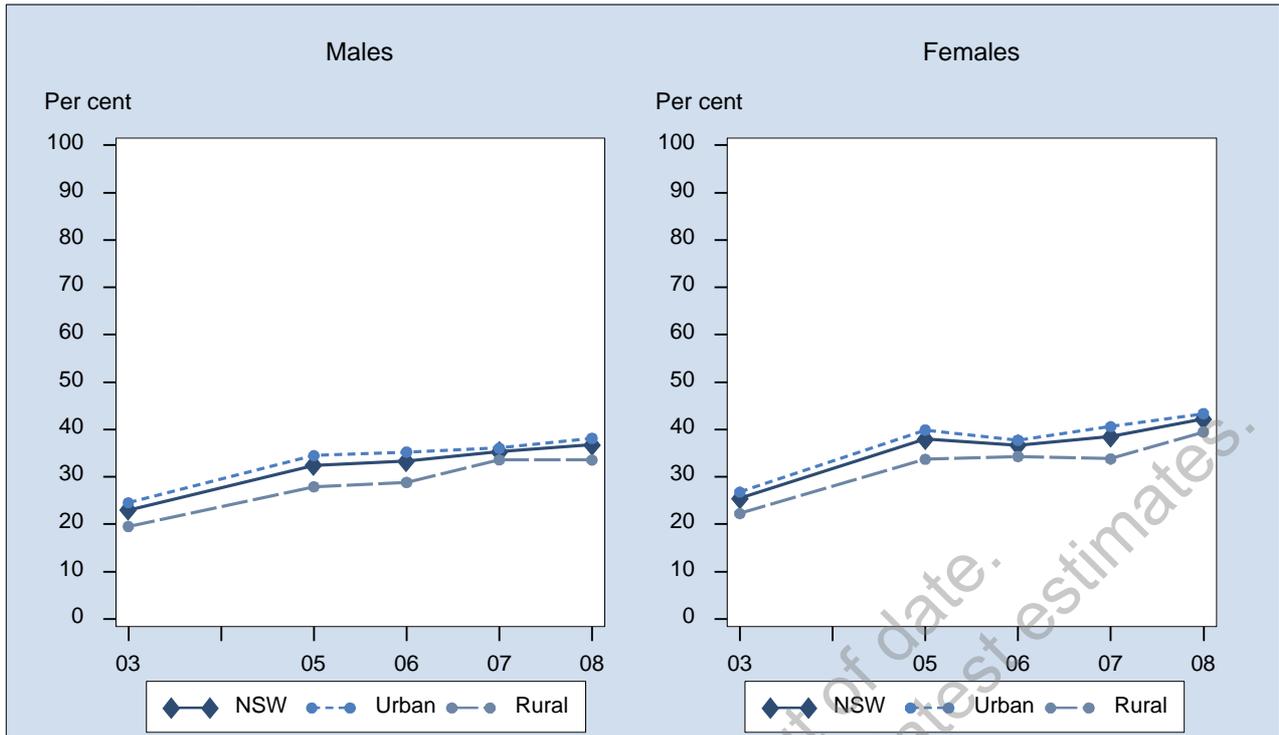
More likely to attend hotels and licensed bars as a result of the total ban on smoking indoors by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,615 respondents in NSW. For this indicator 150 (1.71%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be more likely to frequent licensed bars and hotels if there was a total ban on smoking. The question used to define the indicator was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, It would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

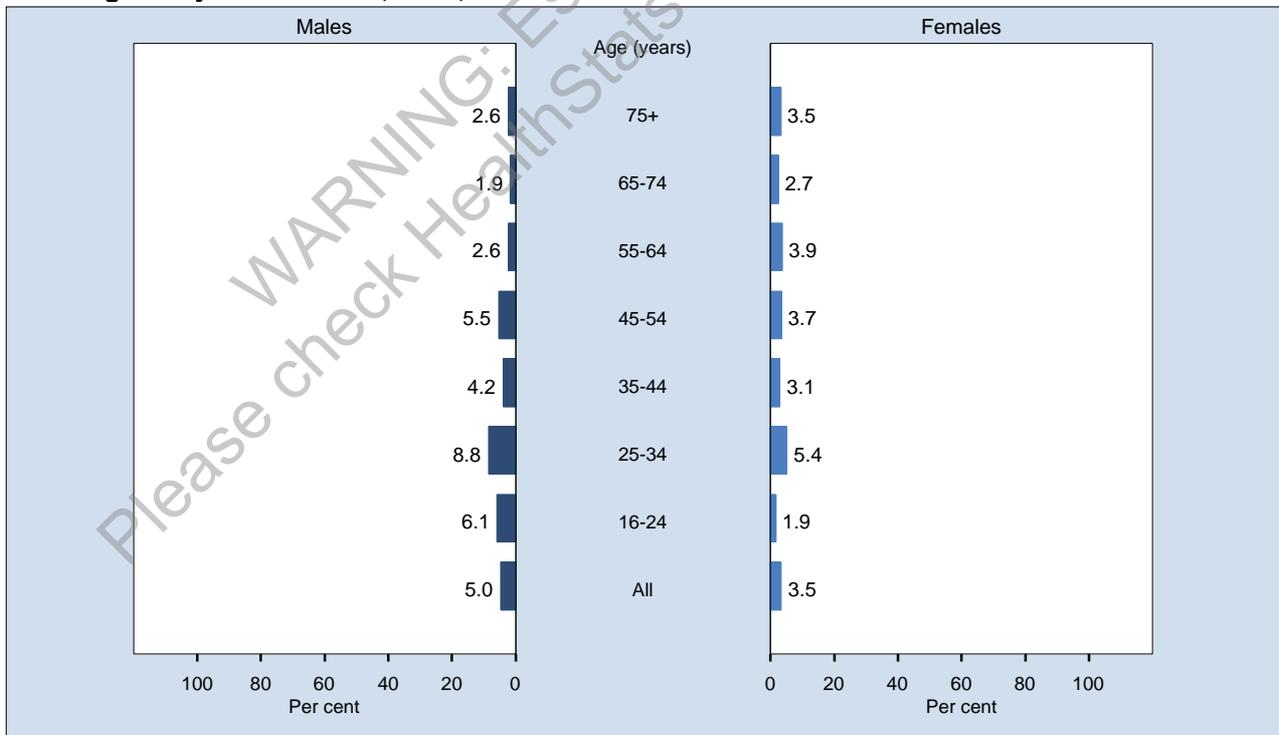
More likely to attend hotels and licensed bars as a result of the total ban on smoking indoors by year, adults aged 16 years and over, NSW, 2003-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2003 (12,884), 2005 (11,190), 2006 (7,847), 2007 (4,290), 2008 (8,615). The indicator includes those who would be more likely to frequent licensed bars and hotels if there was a total ban on smoking. The question used to define the indicator was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, It would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

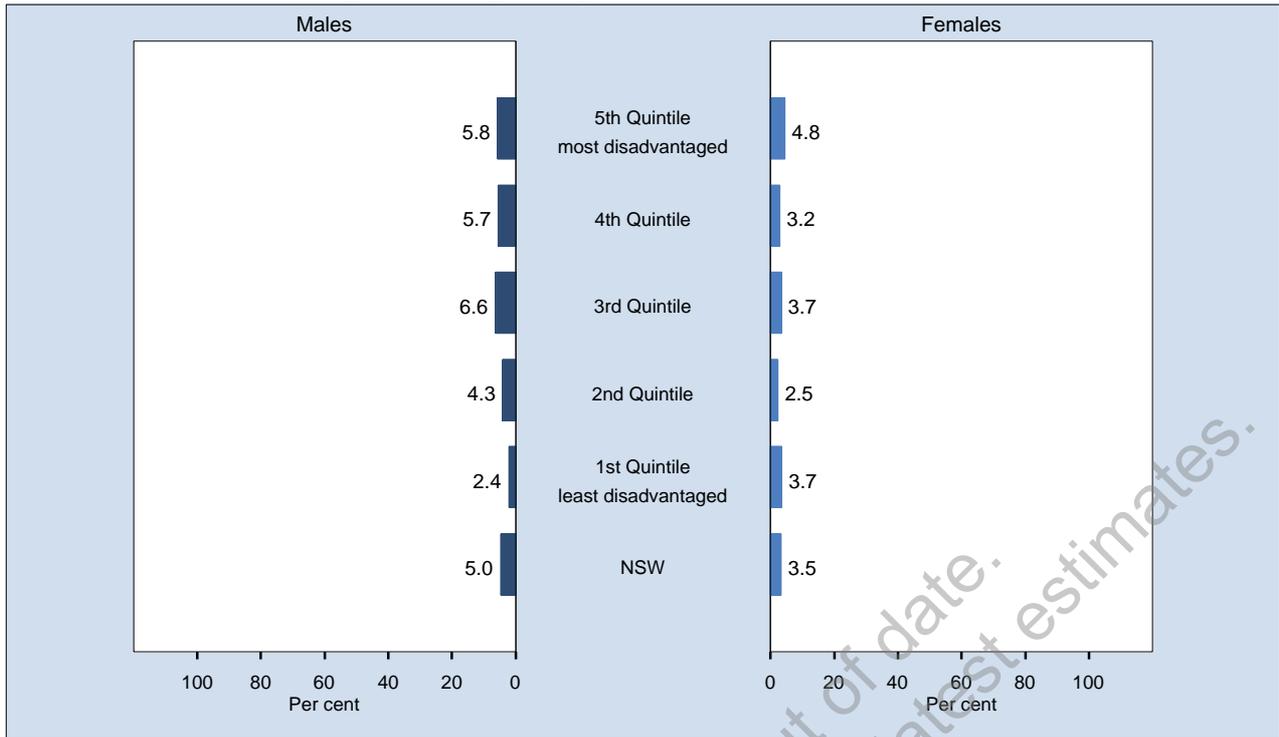
Less likely to attend hotels and licensed bars as a result of the total ban on smoking indoors by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,615 respondents in NSW. For this indicator 150 (1.71%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be more likely to frequent licensed bars and hotels if there was a total ban on smoking. The question used to define the indicator was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, It would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

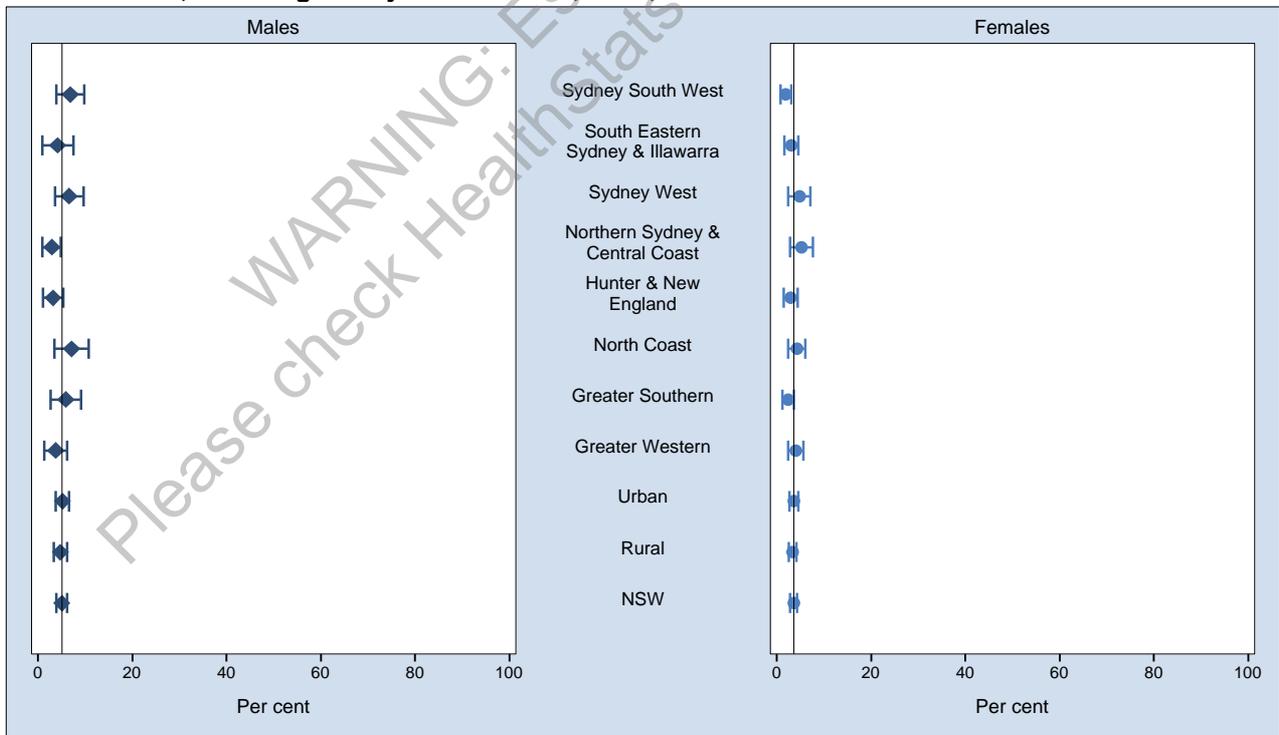
Less likely to attend hotels and licensed bars as a result of the total ban on smoking indoors by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,615 respondents in NSW. For this indicator 150 (1.71%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be more likely to frequent licensed bars and hotels if there was a total ban on smoking. The question used to define the indicator was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, It would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

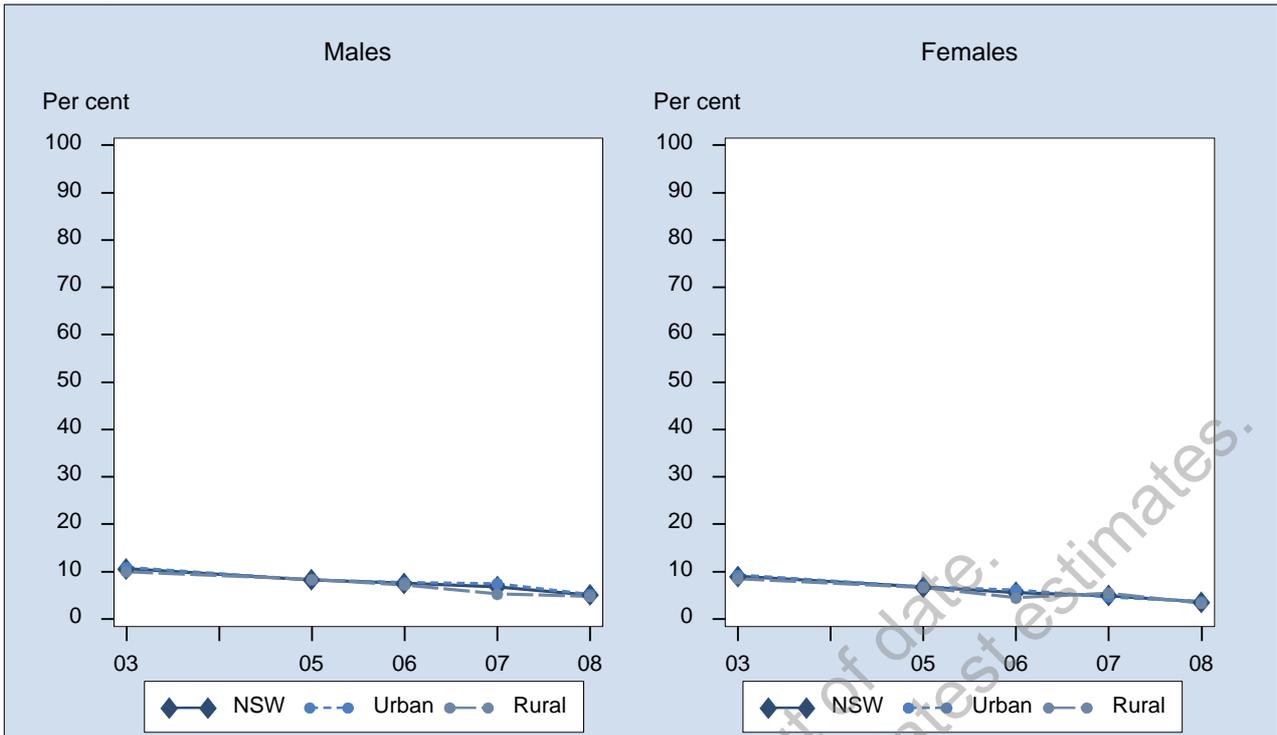
Less likely to attend hotels and licensed bars as a result of the total ban on smoking indoors by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,615 respondents in NSW. For this indicator 150 (1.71%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be more likely to frequent licensed bars and hotels if there was a total ban on smoking. The question used to define the indicator was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, It would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

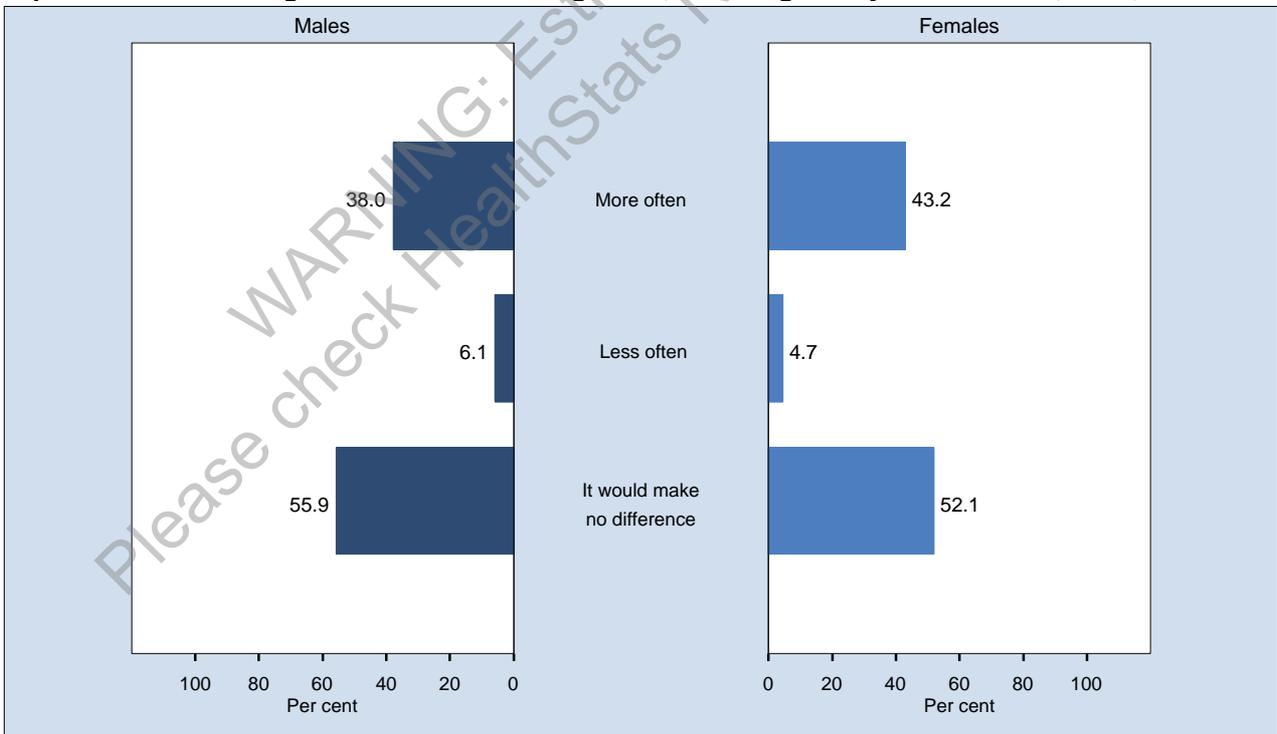
Less likely to attend hotels and licensed bars as a result of the total ban on smoking indoors by year, adults aged 16 years and over, NSW, 2003-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2003 (12,884), 2005 (11,190), 2006 (7,847), 2007 (4,290), 2008 (8,615). The indicator includes those who would be more likely to frequent licensed bars and hotels if there was a total ban on smoking. The question used to define the indicator was: In 2003, 2005, 2006, 2007: If there was a total ban on smoking in hotels and licensed bars, would you be likely to go there more often, less often, It would make no difference? From 2008: As a result of the total ban on smoking indoors in hotels and licensed bars, would you be likely to go there: More often, Less often, It would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

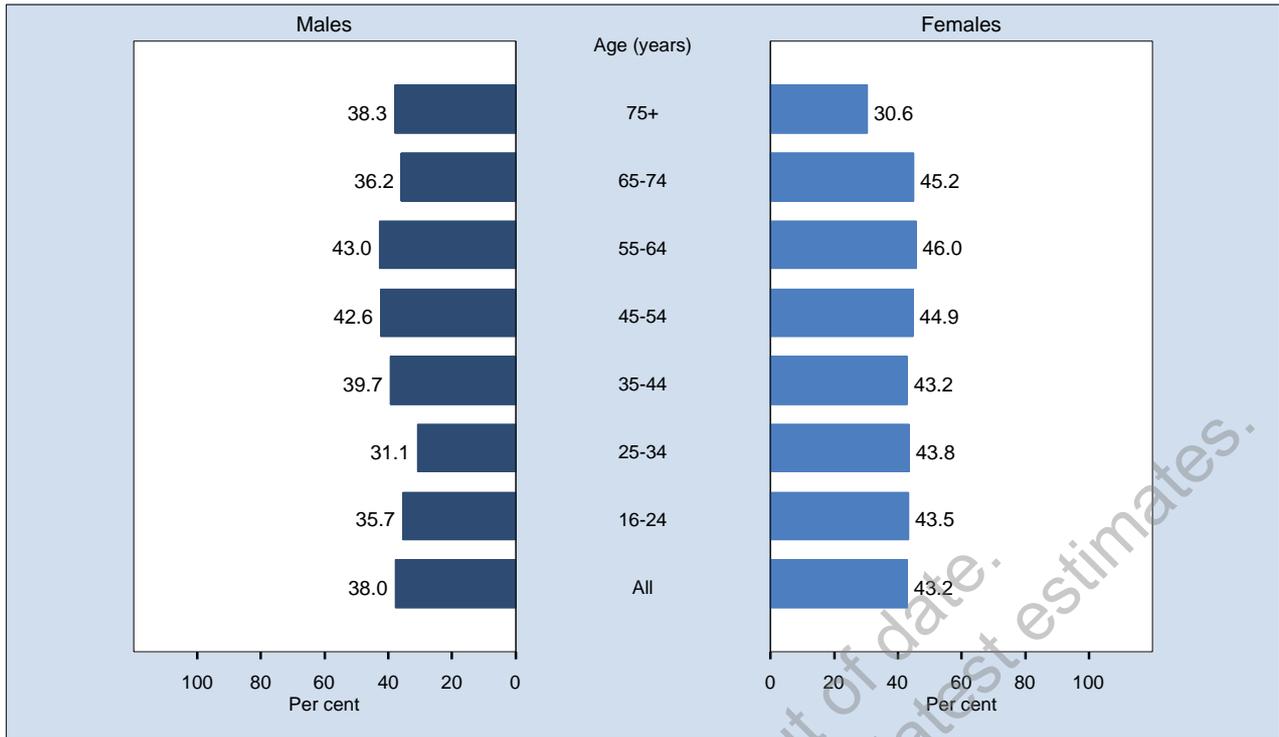
Impact of total smoking ban on outdoor dining areas, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,619 respondents in NSW. For this indicator 146 (1.67%) were not stated (Don't know or Refused) in NSW. The questions used were: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

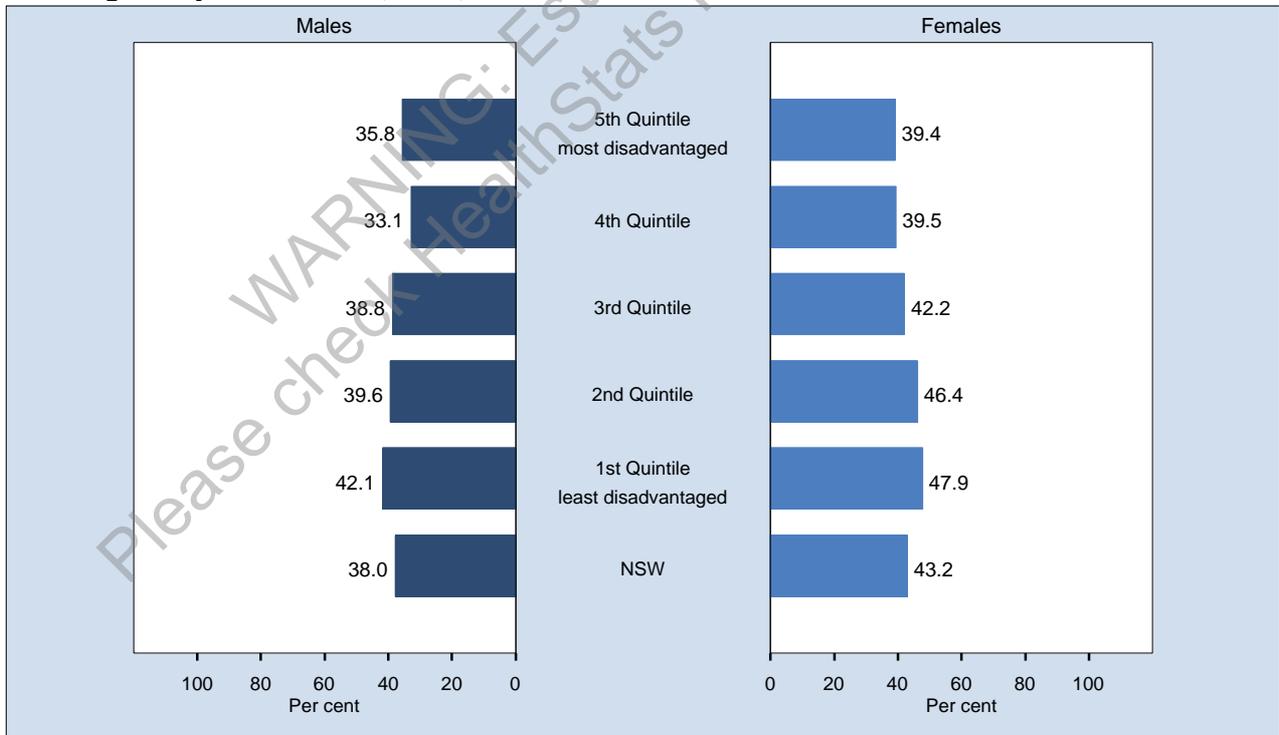
More likely to frequent outdoor dining areas if smoking banned by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,619 respondents in NSW. For this indicator 146 (1.67%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who would be more likely to frequent outdoor dining area if there was a total ban on smoking. The question used to define the indicator was: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

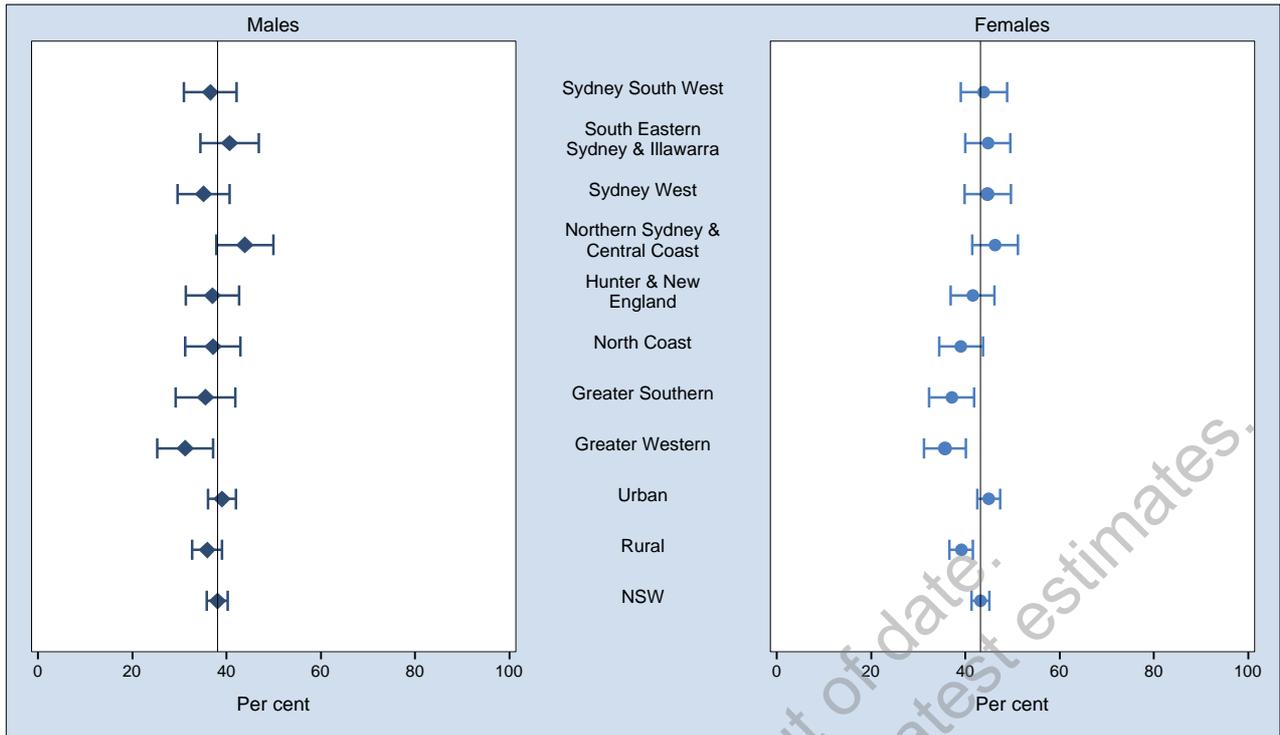
More likely to frequent outdoor dining areas if smoking banned by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,619 respondents in NSW. For this indicator 146 (1.67%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who would be more likely to frequent outdoor dining area if there was a total ban on smoking. The question used to define the indicator was: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

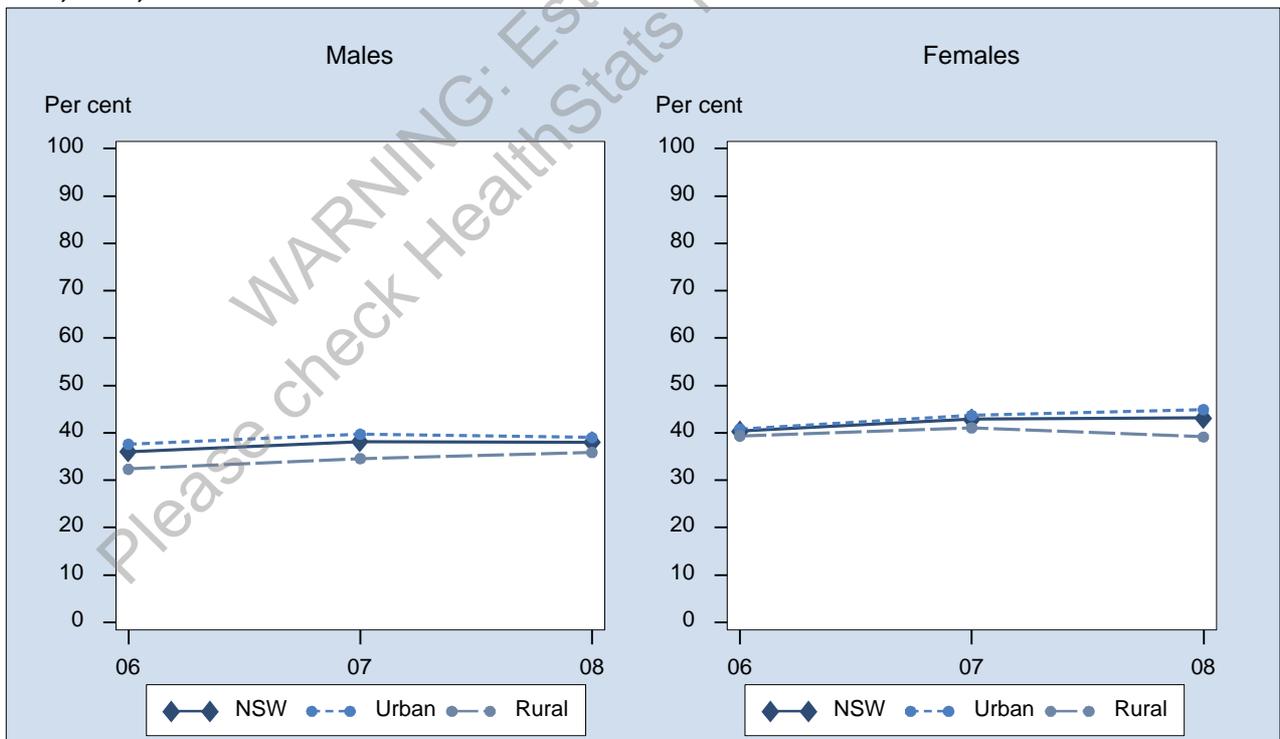
More likely to frequent outdoor dining areas if smoking banned by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,619 respondents in NSW. For this indicator 146 (1.67%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who would be more likely to frequent outdoor dining area if there was a total ban on smoking. The question used to define the indicator was: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

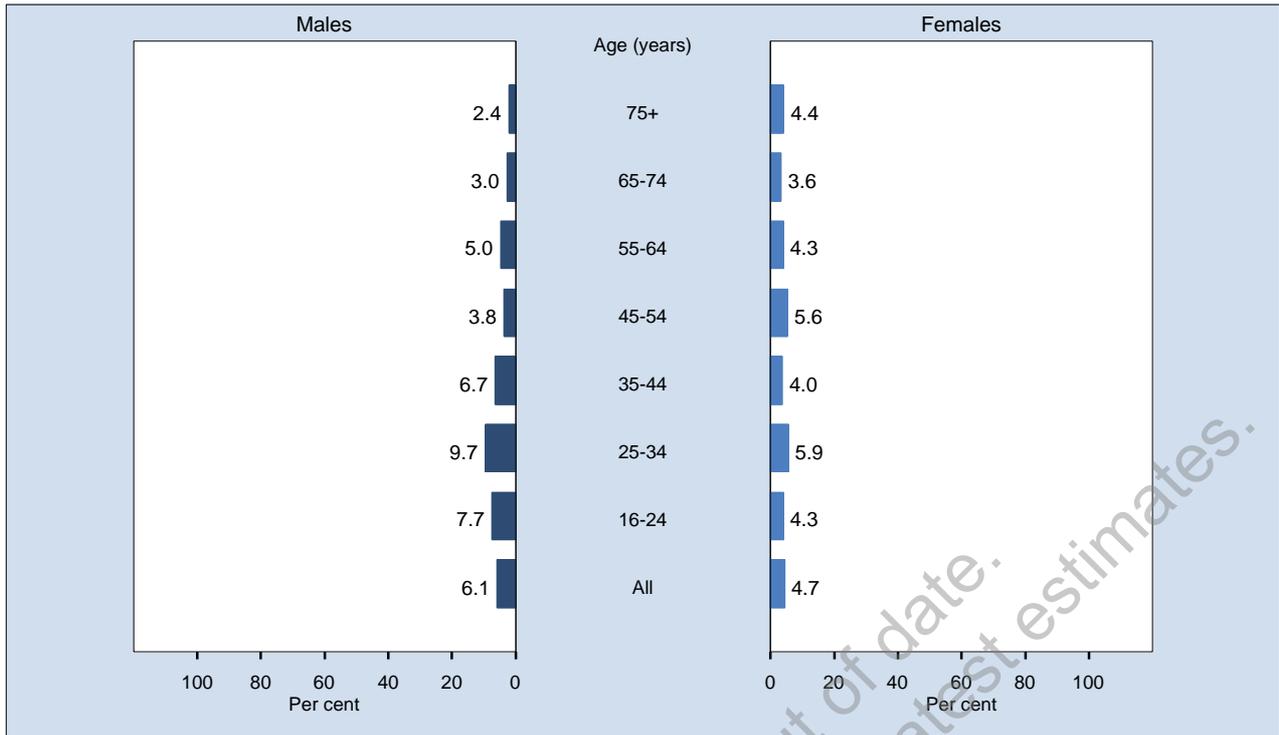
More likely to frequent outdoor dining areas if smoking banned by year, adults aged 16 years and over, NSW, 2006-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2006 (7,855), 2007 (4,299), 2008 (8,619). The indicator includes those people who would be more likely to frequent outdoor dining area if there was a total ban on smoking. The question used to define the indicator was: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

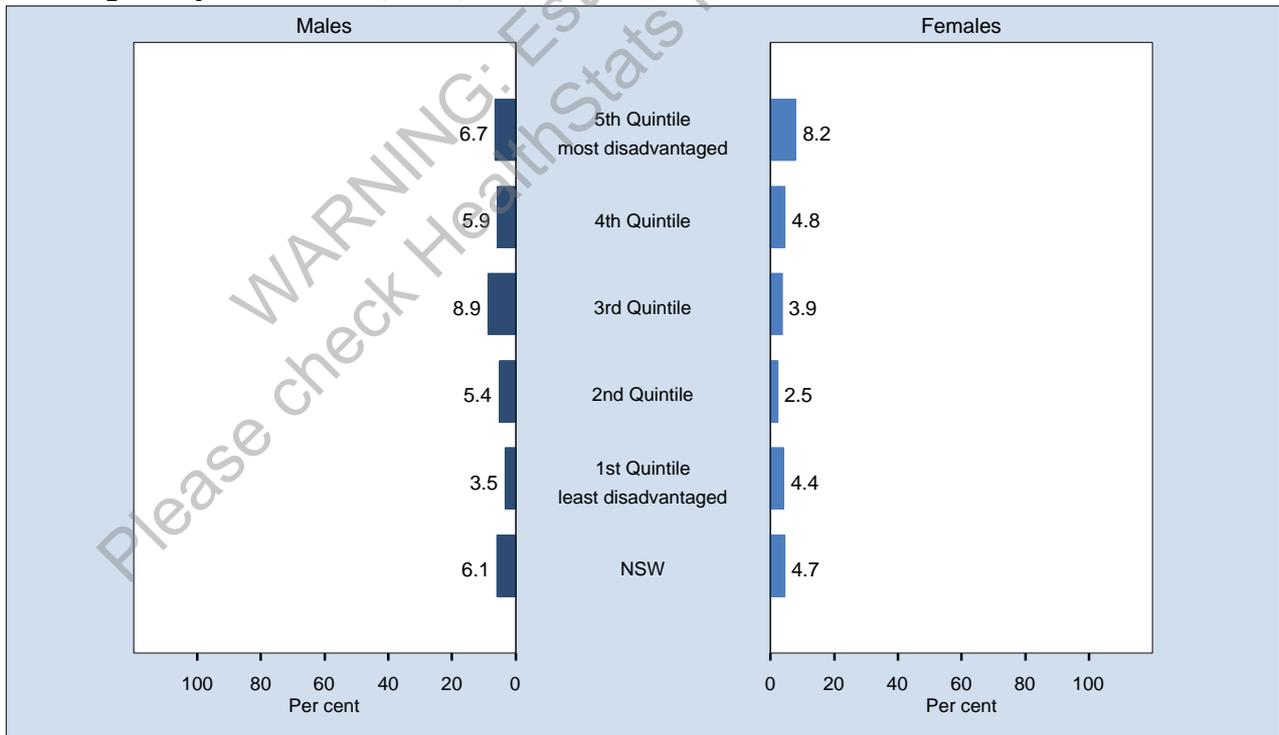
Less likely to frequent outdoor dining areas if smoking banned by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,619 respondents in NSW. For this indicator 146 (1.67%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who would be less likely to frequent outdoor dining area if there was a total ban on smoking. The question used was: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

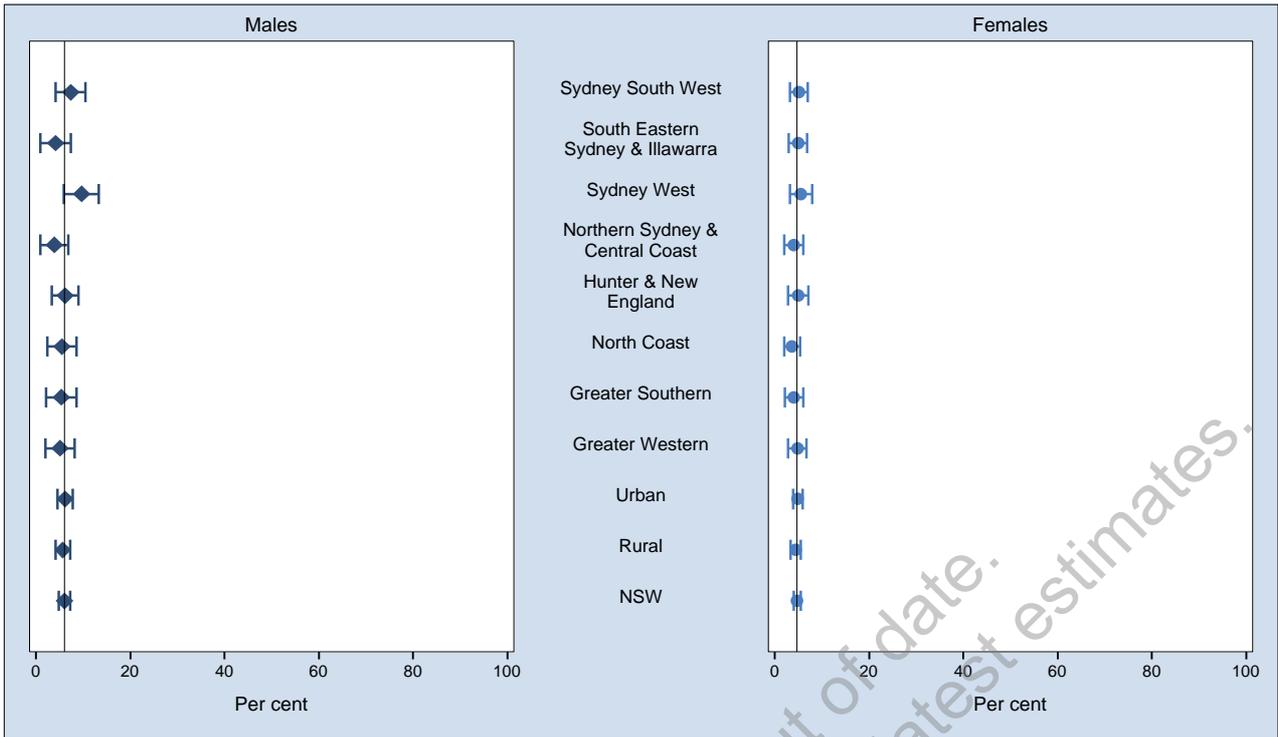
Less likely to frequent outdoor dining areas if smoking banned by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,619 respondents in NSW. For this indicator 146 (1.67%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who would be less likely to frequent outdoor dining area if there was a total ban on smoking. The question used was: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

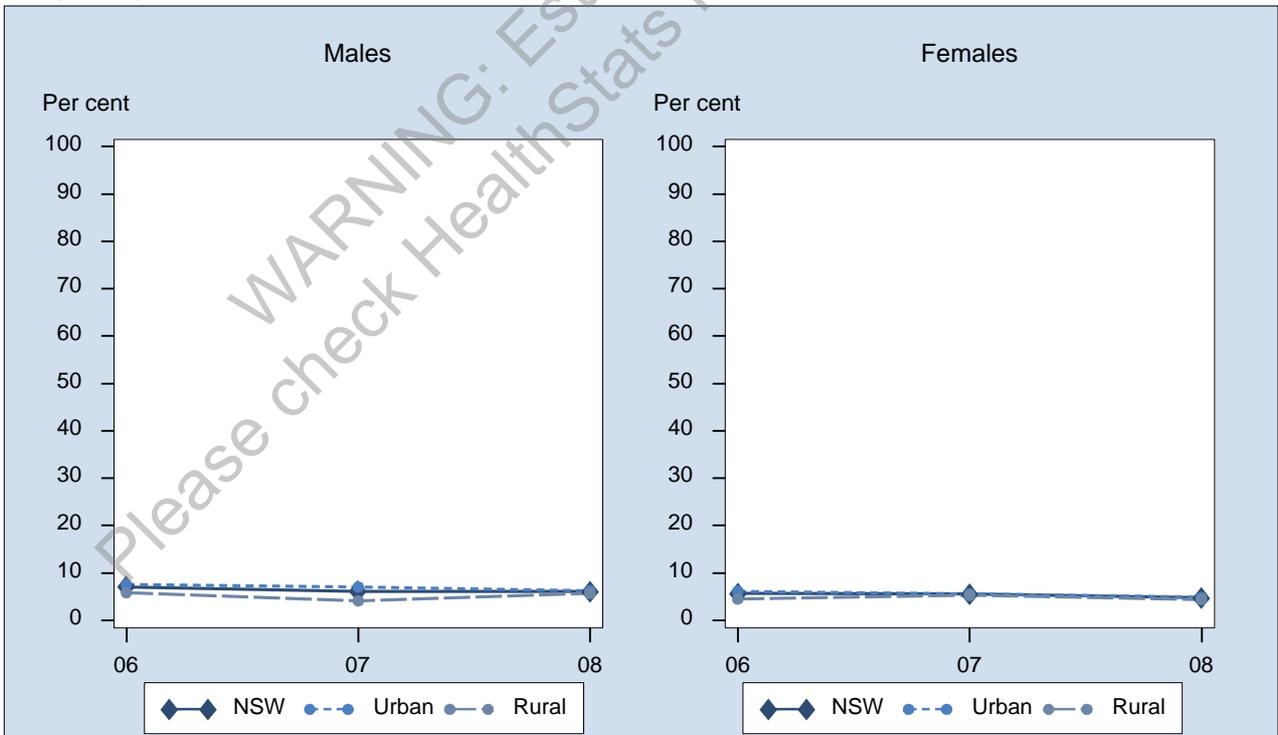
Less likely to frequent outdoor dining areas if smoking banned by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,619 respondents in NSW. For this indicator 146 (1.67%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who would be less likely to frequent outdoor dining area if there was a total ban on smoking. The question used was: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

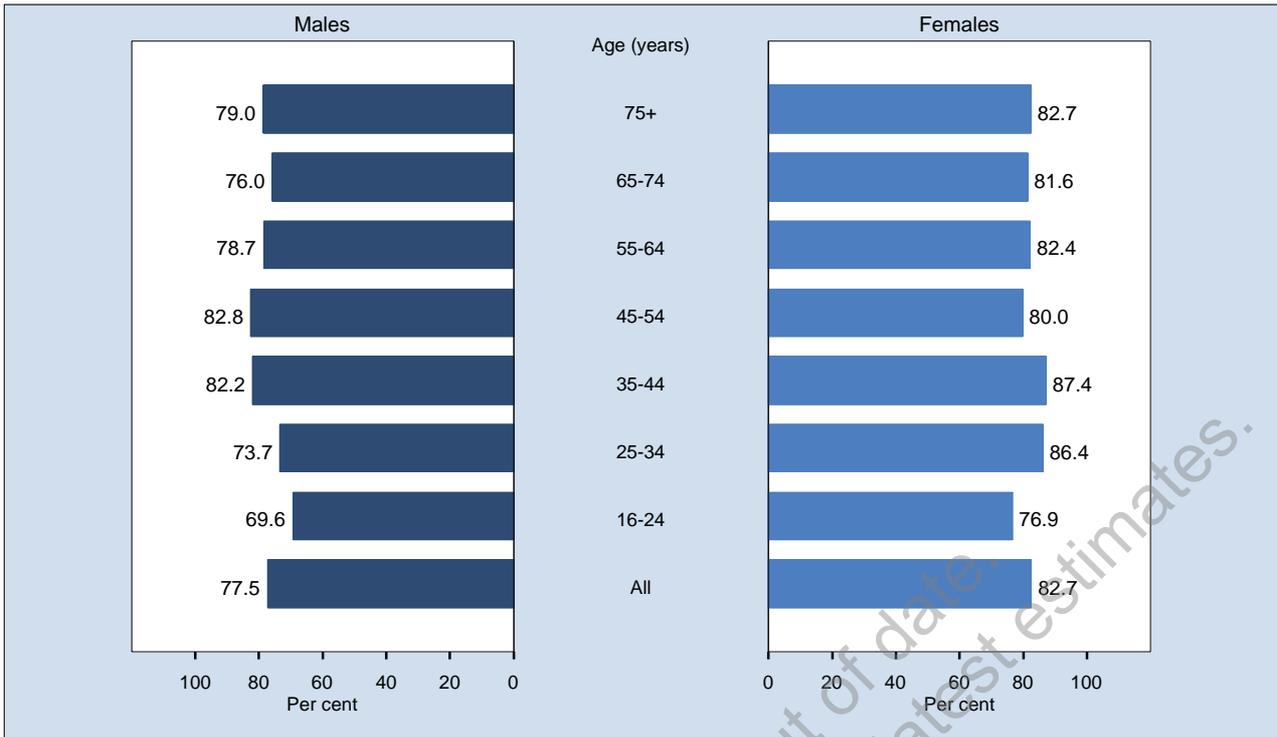
Less likely to frequent outdoor dining areas if smoking banned by year, adults aged 16 years and over, NSW, 2006-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2006 (7,855), 2007 (4,299), 2008 (8,619). The indicator includes those people who would be less likely to frequent outdoor dining area if there was a total ban on smoking. The question used was: If there was a total smoking ban in outdoor dining areas, would you be likely to go there more often, less often, it would make no difference?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

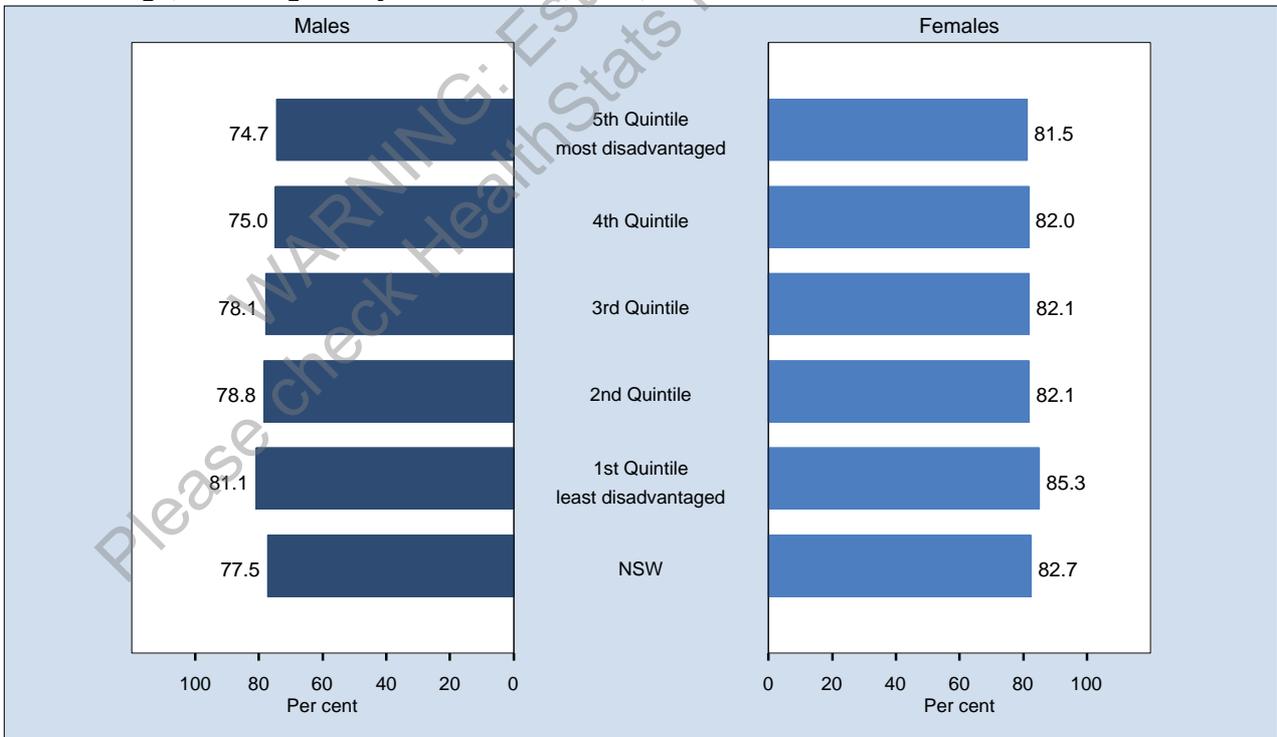
Support regulation to not allow cigarettes to be displayed at the point of sale by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,996 respondents in NSW. For this indicator 769 (8.77%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who support a regulation to not allow cigarettes to be displayed at the point of sale. The question used to define the indicator was: Do you support a regulation to ensure that, in shops, cigarettes are stored out of sight?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

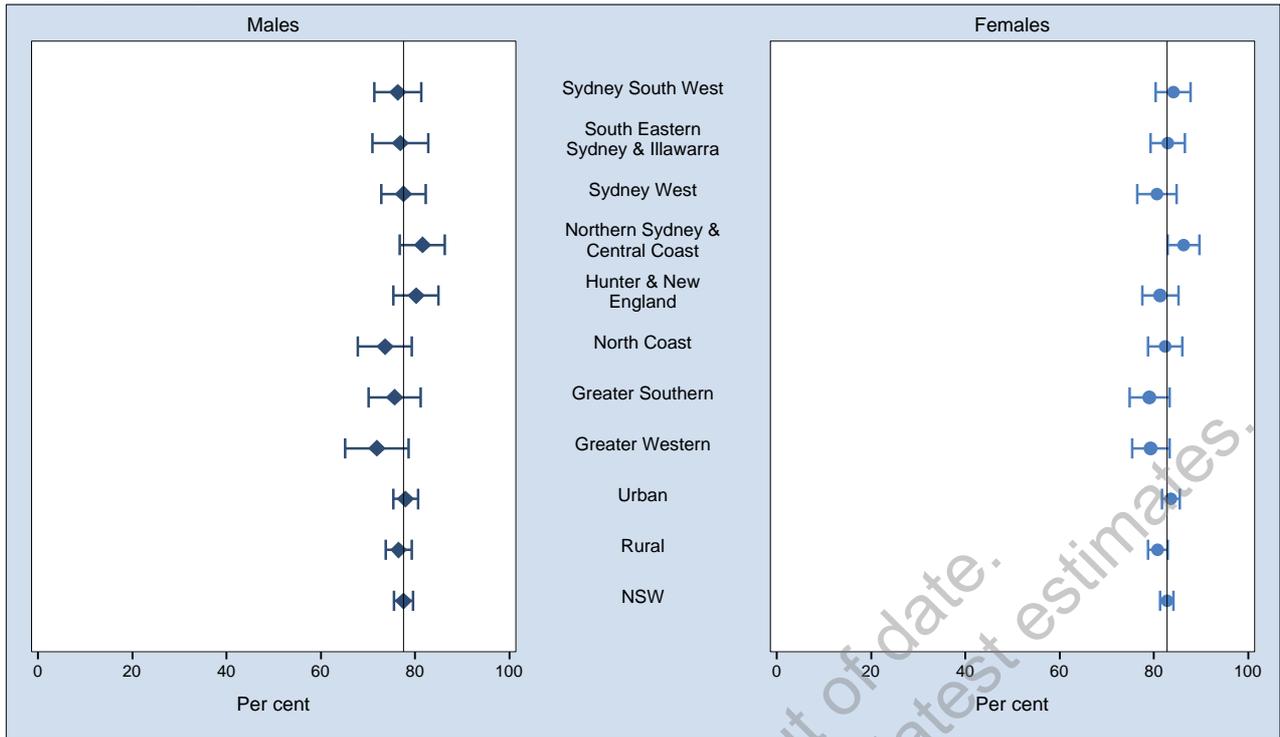
Support regulation to not allow cigarettes to be displayed at the point of sale by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,996 respondents in NSW. For this indicator 769 (8.77%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who support a regulation to not allow cigarettes to be displayed at the point of sale. The question used to define the indicator was: Do you support a regulation to ensure that, in shops, cigarettes are stored out of sight?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Support regulation to not allow cigarettes to be displayed at the point of sale by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,996 respondents in NSW. For this indicator 769 (8.77%) were not stated (Don't know or Refused) in NSW. The indicator includes those people who support a regulation to not allow cigarettes to be displayed at the point of sale. The question used to define the indicator was: Do you support a regulation to ensure that, in shops, cigarettes are stored out of sight?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

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 health-related quality of life (including self-rated health, difficulty with daily activities, and bodily pain), asthma, cardiovascular disease precursors, diabetes or high blood glucose, mental health (psychological distress), oral health, and population weight status.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Health-related quality of life

Introduction

In medicine and public health, the concept of health-related quality of life refers to a person's or group's perceived physical and mental health over time. Physicians often use health-related quality of life to measure the effects of chronic illness in their patients, to better understand how an illness interferes with a person's day-to-day life. Similarly, public health professionals use health-related quality of life to measure the effects of numerous disorders, short-term and long-term disabilities, and diseases in different populations. Tracking health-related quality of life in different populations can identify subgroups with poor physical or mental health and can help guide policies or interventions to improve their health.[1]

Self-rated health is among the most frequently assessed health perceptions in epidemiological research. A large number of cross-sectional and longitudinal 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 factors such as age, sex, socioeconomic status, health behaviours, and health status.[2-9]

The New South Wales Population Health Survey uses questions on daily activities and bodily pain from the Dartmouth Primary Care Cooperative Information Project (COOP), a self-scoring system for screening, assessing, monitoring, and maintaining patient function. While the system was developed primarily for use in clinical settings, it has been validated as a measure of functional status in population health surveys.[10]

Results

Self-rated health

In 2008, 20.1 per cent of adults rated their health in the last 4 weeks as excellent, 29.7 per cent as very good, 30.4 per cent as good, 13.0 per cent as fair, 5.7 per cent as poor, and 1.1 per cent as very poor.

When ratings of excellent and very good and good were combined to give an overall positive rating, 80.2 per cent of adults rated their health positively. A significantly higher proportion of males (82.4 per cent) than females (78.1 per cent) rated their health positively. Among males, a significantly higher proportion of those aged 35-44 years (86.5 per cent), and a significantly lower proportion of those aged 55-64 years (76.2 per cent) and 65-74 years (77.3 per cent), and 75 years and over (71.5 per cent), rated their health positively, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 25-34 years (82.5 per cent), and a significantly lower proportion of those aged 65-74 years (71.4 per cent) and 75 years and over (68.1 per cent), rated their health positively, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (85.2 per cent) rated their health positively, compared with the overall adult population.

There was no significant difference between urban health areas and rural health areas. A significantly lower proportion of adults in the Sydney South West Area Health Service (76.3 per cent), rated their health positively, compared with the overall adult population.

Since 1997, there has been a significant decrease in the proportion of adults who rated their health positively (85.0 per cent to 80.2 per cent). The decrease has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who rated their health positively.

Difficulty with daily activities

In 2008, 63.6 per cent of adults had no difficulty with daily activities in the last 4 weeks, 18.2 per cent had little difficulty, 11.5 per cent had some difficulty, 4.4 per cent had much difficulty, and 2.2 per cent could not do their daily activities.

When ratings of some difficulty, much difficulty, and could not do their daily activities, were combined to give an overall rating of difficulty, 18.2 per cent of adults experienced difficulty with daily activities. A significantly lower proportion of males (16.1 per cent) than females (20.2 per cent) experienced difficulty with daily activities. Among males, a significantly higher proportion of those aged 55-64 years (23.7 per cent), 65-74 years (22.2 per cent), and 75 years and over (27.9 per cent), and a significantly lower proportion of those aged 16-24 years (6.5 per cent) and 25-34 years (11.0 per cent), experienced difficulty with daily activities, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 55-64 years (24.9 per cent), 65-74 years (26.3 per cent), and 75 years and over (31.3 per cent), and a significantly lower proportion of those aged 16-24 years (13.3 per cent) and 25-34 years (14.6 per cent), experienced difficulty with daily activities, compared with the overall adult female population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (12.9 per cent), and a significantly higher proportion of adults in the fourth disadvantaged quintile (22.1 per cent) and fifth or most disadvantaged quintile (21.3 per cent), experienced difficulty with daily activities, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (20.7 per cent) than urban health areas (17.1 per cent) experienced difficulty with daily activities. A significantly higher proportion of adults in the North Coast Area Health Service (23.2 per cent) experienced difficulty with daily activities, compared with the overall adult population.

Since 2003, there has been no significant change in the proportion of adults who experienced difficulty with daily activities.

Since 2007, there has been no significant change in the proportion of adults who experienced difficulty with daily activities.

Bodily pain

In 2008, 38.5 per cent experienced no bodily pain in the last 4 weeks, 17.3 per cent experienced very mild bodily pain, 23.3 per cent experienced mild bodily pain, 15.5 per cent experienced moderate bodily pain, and 5.4 per cent experienced severe bodily pain.

When ratings of moderate or severe were combined to give an overall rating of bodily pain, 20.9 per cent of adults experienced moderate or severe bodily pain in the last 4 weeks. A significantly lower proportion of males (18.9 per cent) than females (22.9 per cent) experienced moderate or severe bodily pain in the last 4 weeks. Among males, a significantly higher proportion of those aged 55-64 years (28.3 per cent), 65-74 years (26.3 per cent), and 75 years and over (29.0 per cent), and a significantly lower proportion of those aged 16-24 years (8.4 per cent), experienced moderate or severe bodily pain in the last 4 weeks, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 55-64 years (29.8 per cent), 65-74 years (36.2 per cent), and 75 years and over (38.5 per cent), and a significantly lower proportion of those aged 16-24 years (13.4 per cent) and 25-34 years (12.7 per cent), experienced moderate or severe bodily pain in the last 4 weeks, compared with the overall adult female population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (14.5 per cent), and a significantly higher proportion of adults in the fourth disadvantaged quintile (24.4 per cent) and fifth or most disadvantaged quintile (26.7 per cent), experienced moderate or severe bodily pain in the last 4 weeks, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (23.4 per cent) than urban health areas (19.9 per cent) experienced moderate or severe bodily pain in the last 4 weeks. A significantly lower proportion of adults in the Northern Sydney & Central Coast Area Health Service (17.2 per cent), and a significantly higher proportion of adults in the North Coast Area Health Service (24.2 per cent), experienced moderate or severe bodily pain in the last 4 weeks, compared with the overall adult population.

Since 2003, there has been no significant change in the proportion of adults who experienced moderate or severe bodily pain in the last 4 weeks.

Since 2005, there has been no significant change in the proportion of adults who experienced moderate or severe bodily pain in the last 4 weeks; however, there has been a significant increase in males.

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WARNING: This manuscript contains preliminary estimates.
Please check HealthStatus.org for the latest estimates.

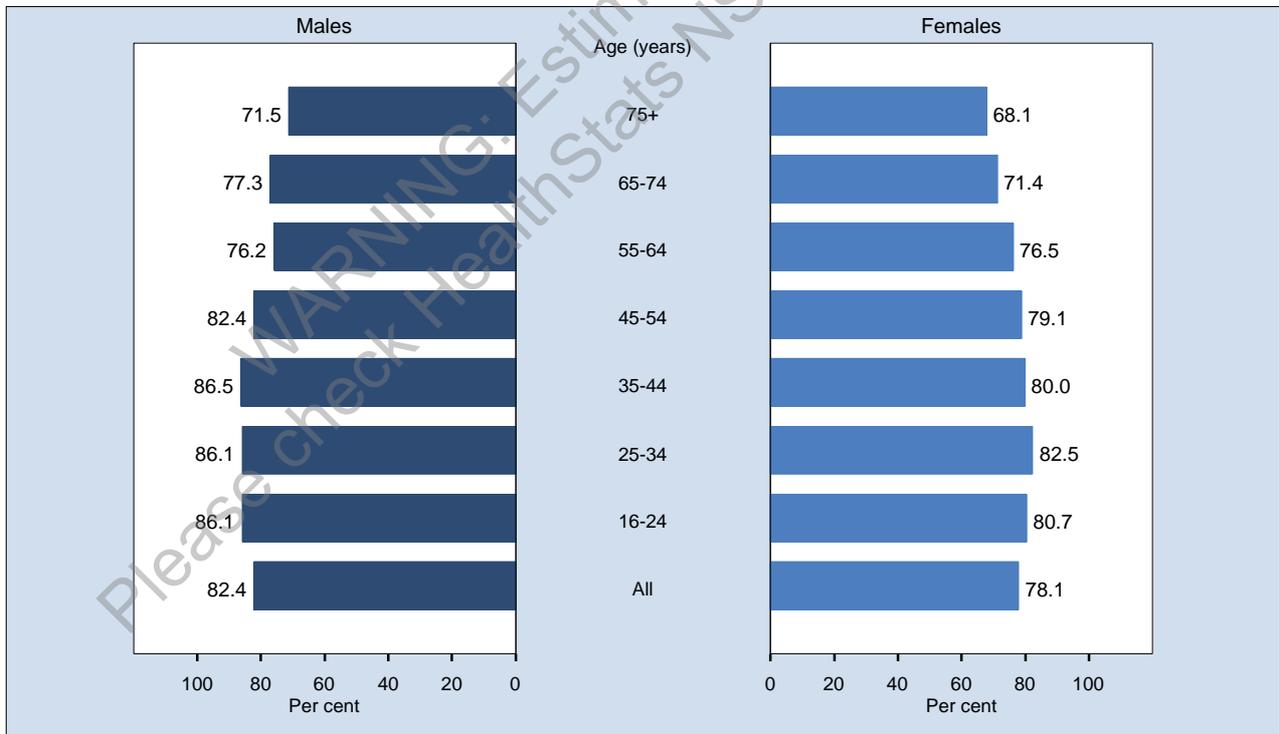
Self-rated health, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,264 respondents in NSW. For this indicator 32 (0.31%) were not stated (Don't know or Refused) in NSW. The question used was: Overall, how would you rate your health during the last 4 weeks: Was it excellent, very good, good, fair, poor, or very poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

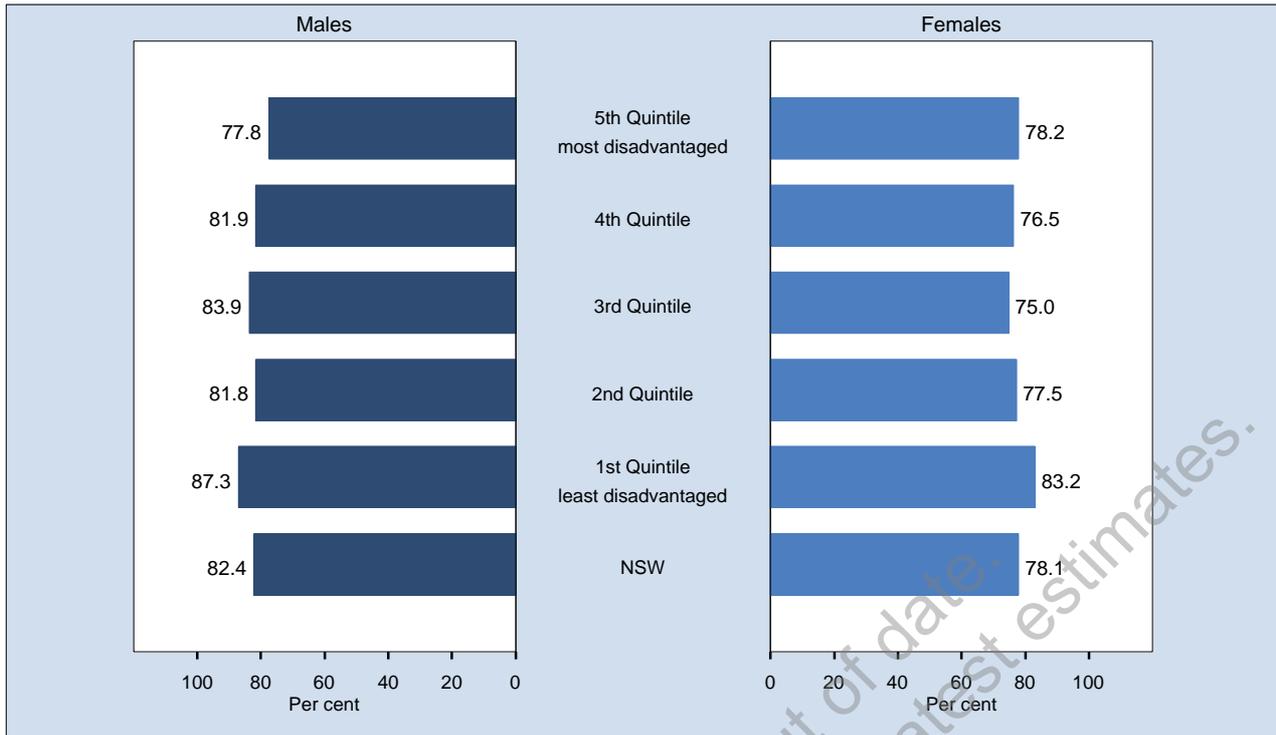
Excellent, very good, or good self-rated health status by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,264 respondents in NSW. For this indicator 32 (0.31%) were not stated (Don't know or Refused) in NSW. The indicator includes those responding excellent, very good, or good to a global self-rated health status question. The question used to define the indicator was: Overall, how would you rate your health during the last 4 weeks: Was it excellent, very good, good, fair, poor, or very poor? The question used to define the indicator in 1997 and 1998 was: In general would you say your health is excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

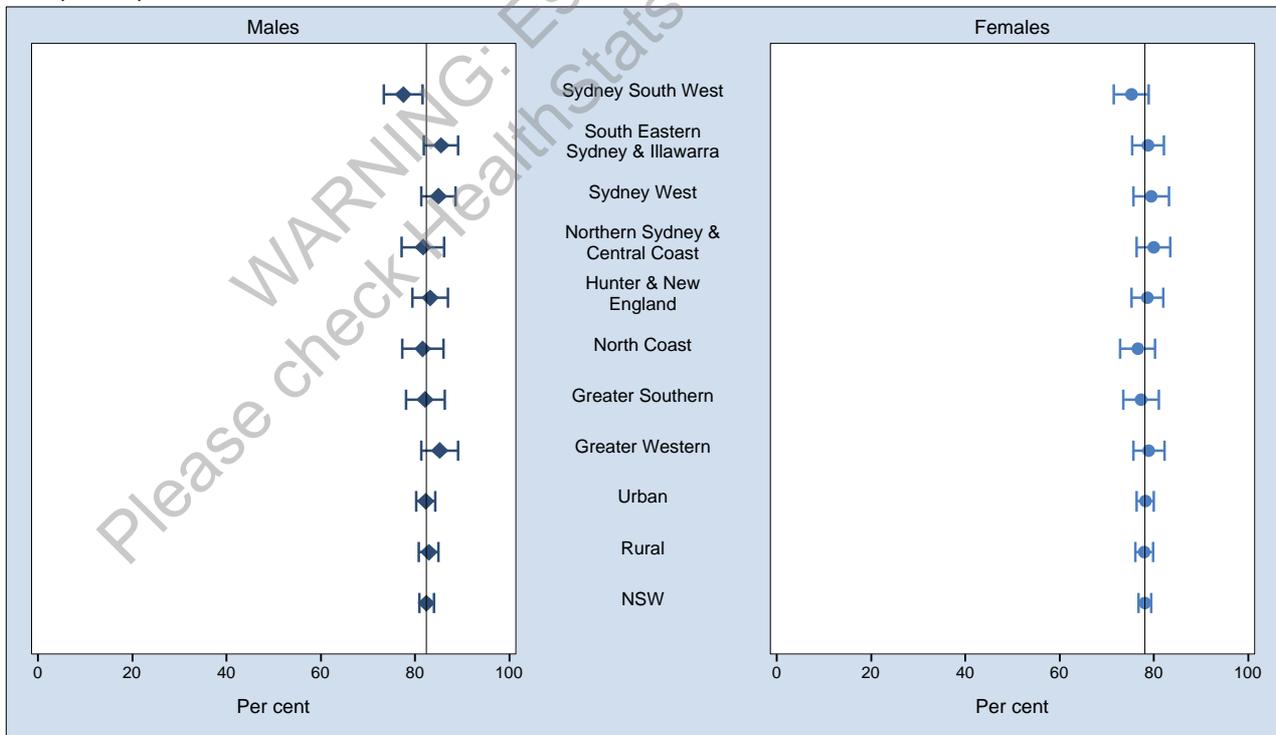
Excellent, very good, or good self-rated health status by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,264 respondents in NSW. For this indicator 32 (0.31%) were not stated (Don't know or Refused) in NSW. The indicator includes those responding excellent, very good, or good to a global self-rated health status question. The question used to define the indicator was: Overall, how would you rate your health during the last 4 weeks: Was it excellent, very good, good, fair, poor, or very poor? The question used to define the indicator in 1997 and 1998 was: In general would you say your health is excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

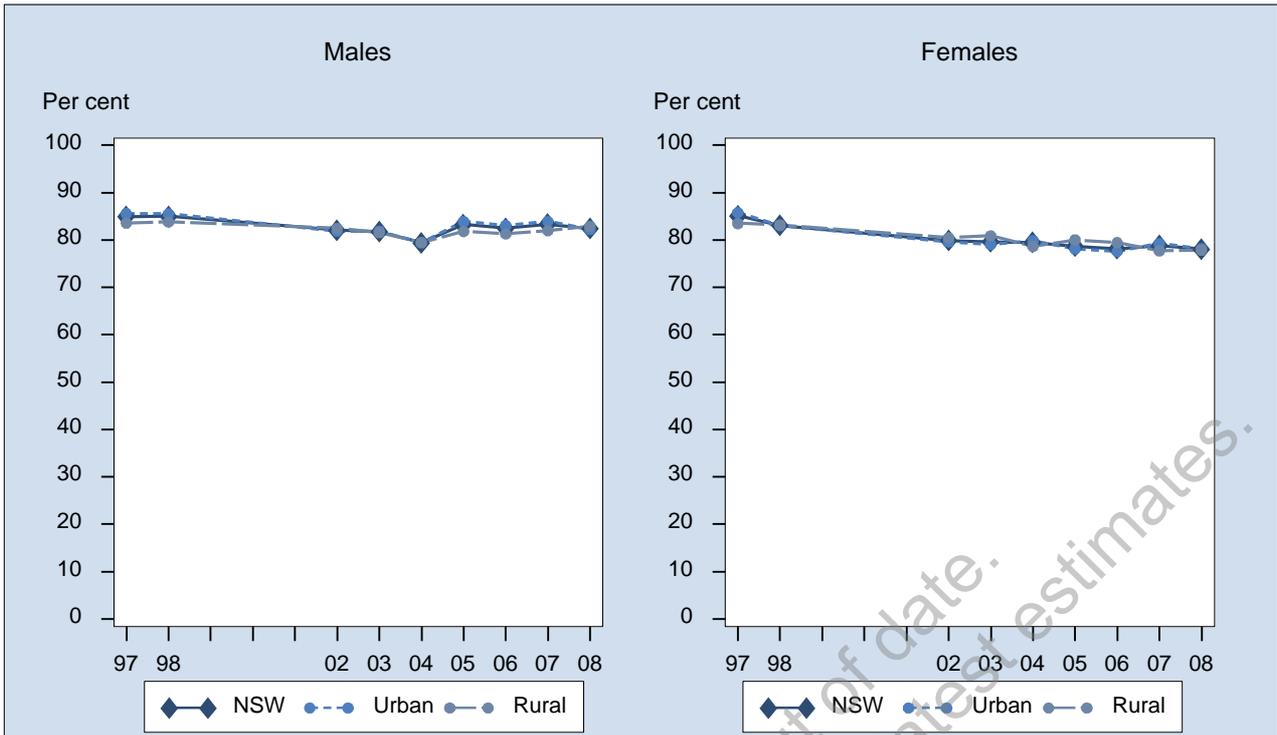
Excellent, very good, or good self-rated health status by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,264 respondents in NSW. For this indicator 32 (0.31%) were not stated (Don't know or Refused) in NSW. The indicator includes those responding excellent, very good, or good to a global self-rated health status question. The question used to define the indicator was: Overall, how would you rate your health during the last 4 weeks: Was it excellent, very good, good, fair, poor, or very poor? The question used to define the indicator in 1997 and 1998 was: In general would you say your health is excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

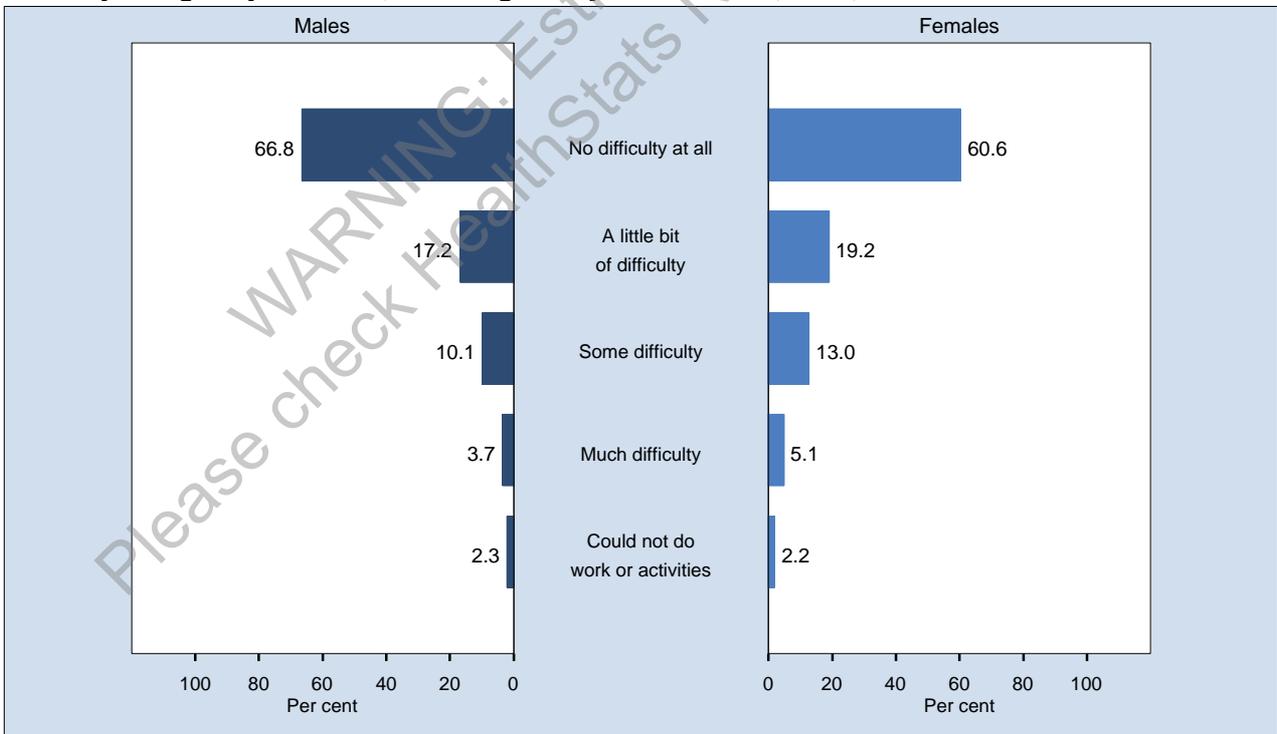
Excellent, very good, or good self-rated health status by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,494), 1998 (17,440), 2002 (12,610), 2003 (12,992), 2004 (9,407), 2005 (11,474), 2006 (7,942), 2007 (11,511), 2008 (10,264). The indicator includes those responding excellent, very good, or good to a global self-rated health status question. The question used to define the indicator was: Overall, how would you rate your health during the last 4 weeks: Was it excellent, very good, good, fair, poor, or very poor? The question used to define the indicator in 1997 and 1998 was: In general would you say your health is excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

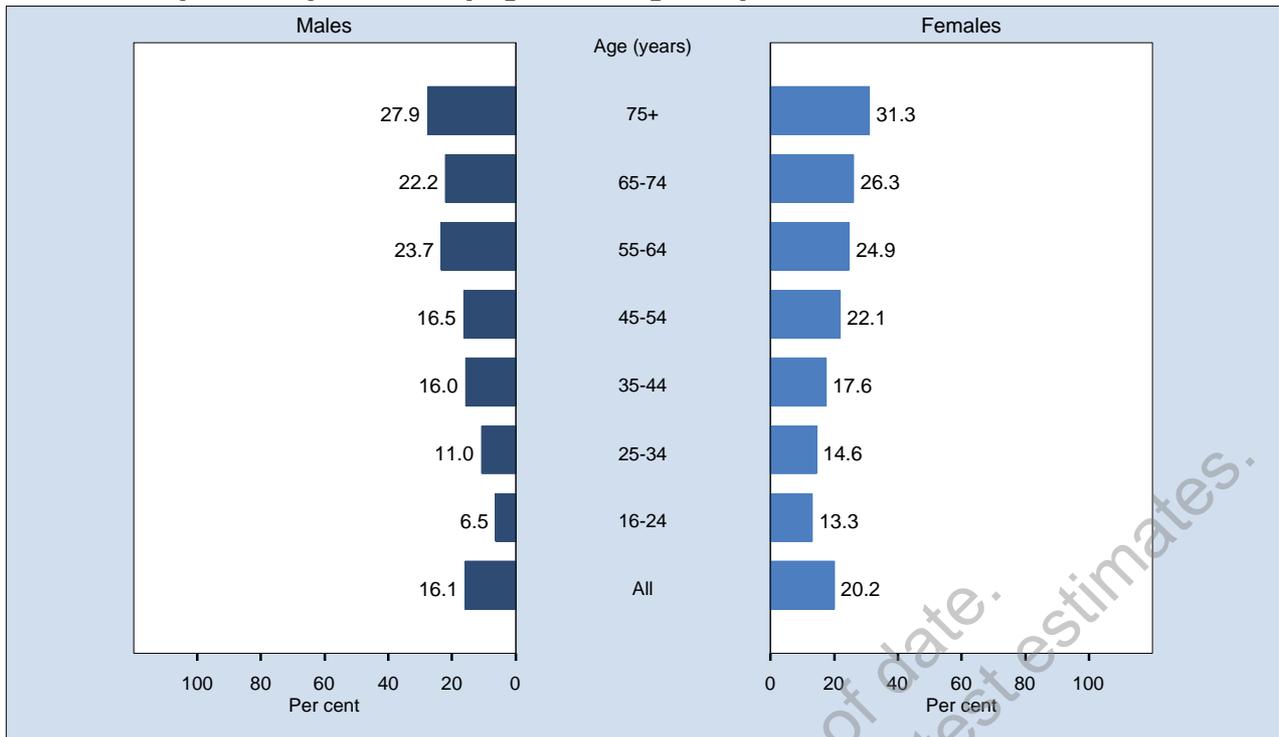
Difficulty doing daily activities, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,250 respondents in NSW. For this indicator 46 (0.45%) were not stated (Don't know or Refused) in NSW. The questions used were: During the last 4 weeks how much difficulty did you have doing your daily work or activities: No difficulty at all, a little bit of difficulty, some difficulty, much difficulty, could not do work or activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

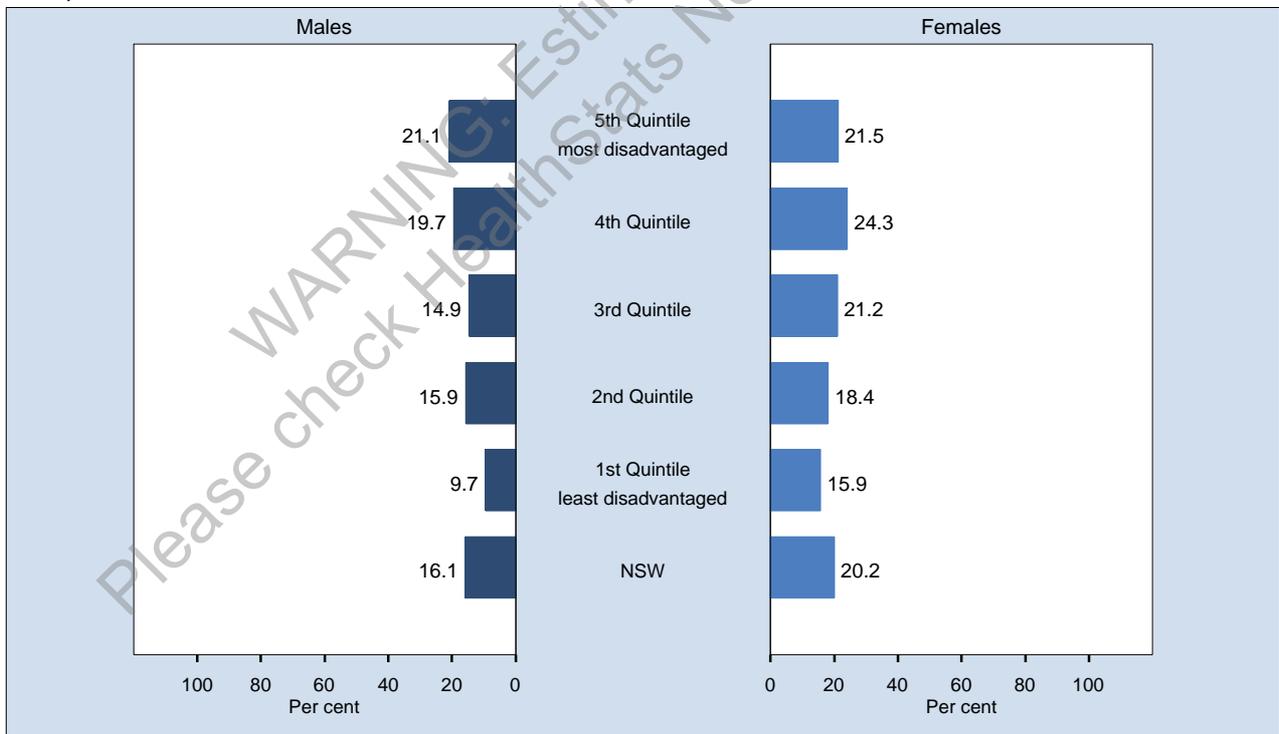
Some difficulty with daily activities by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,250 respondents in NSW. For this indicator 46 (0.45%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had some difficulty with activities, much difficulty with activities, or could not do activities. The question used was: During the last 4 weeks how much difficulty did you have doing your daily activities: No difficulty at all, a little bit of difficulty, some difficulty, much difficulty, could not do activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

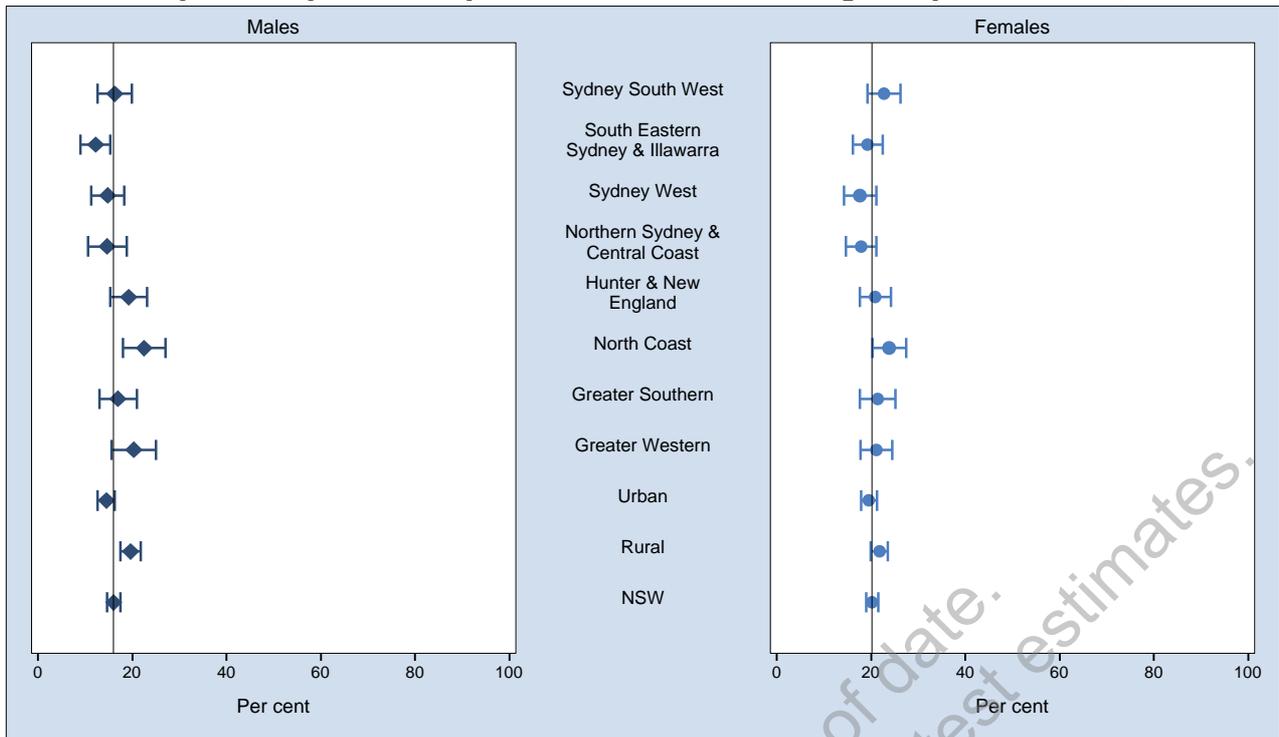
Some difficulty with daily activities by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,250 respondents in NSW. For this indicator 46 (0.45%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had some difficulty with activities, much difficulty with activities, or could not do activities. The question used was: During the last 4 weeks how much difficulty did you have doing your daily activities: No difficulty at all, a little bit of difficulty, some difficulty, much difficulty, could not do activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

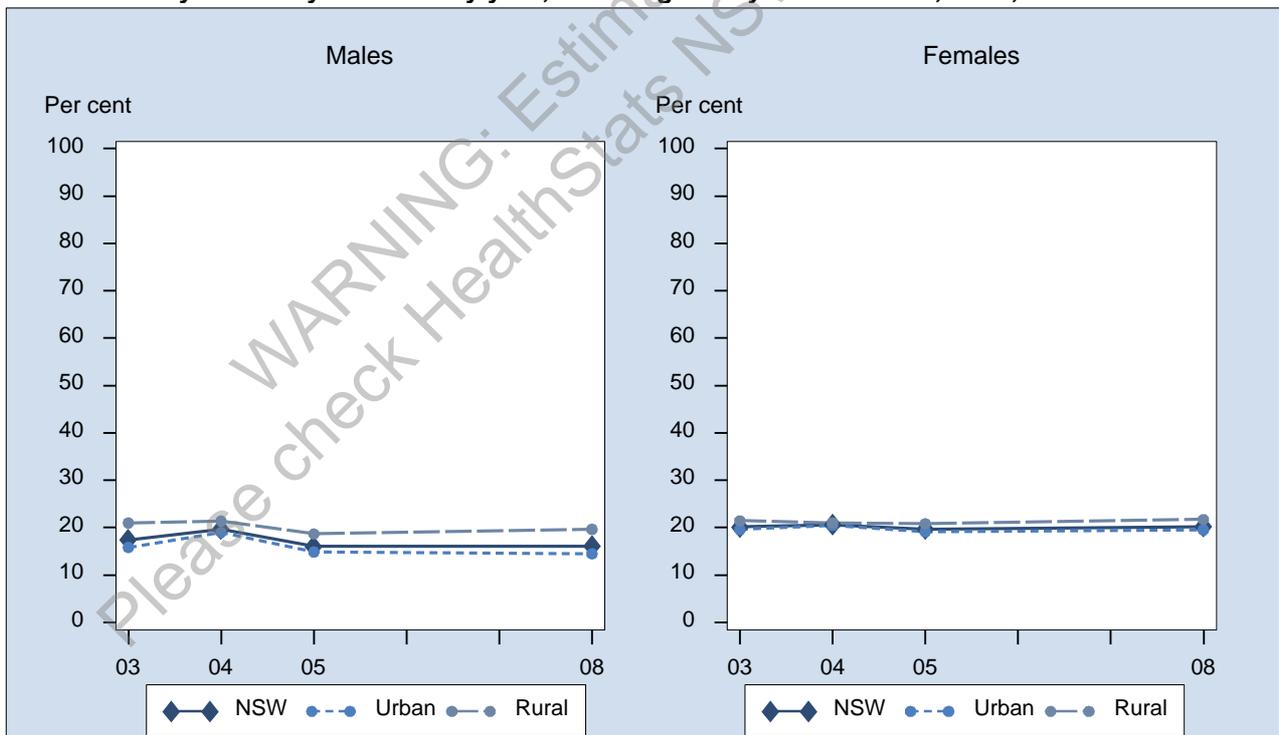
Some difficulty with daily activities by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,250 respondents in NSW. For this indicator 46 (0.45%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had some difficulty with activities, much difficulty with activities, or could not do activities. The question used was: During the last 4 weeks how much difficulty did you have doing your daily activities: No difficulty at all, a little bit of difficulty, some difficulty, much difficulty, could not do activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

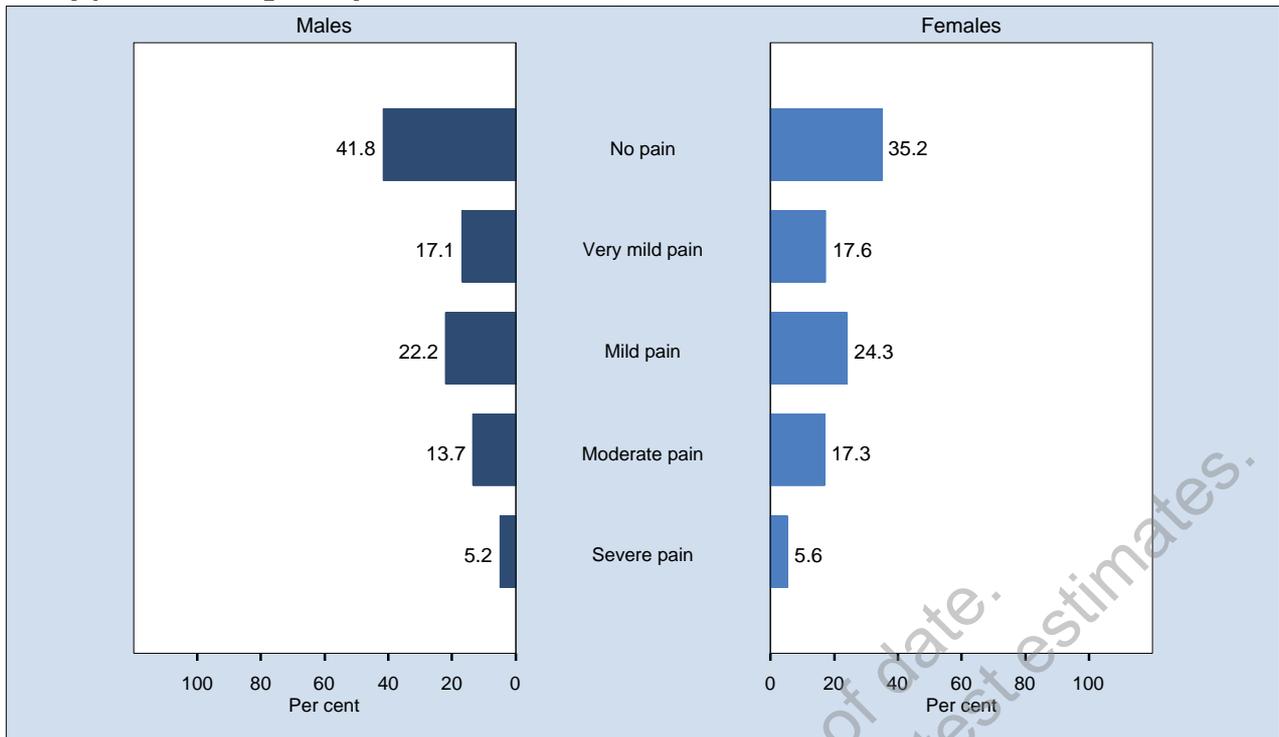
Some difficulty with daily activities by year, adults aged 16 years and over, NSW, 2003-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2003 (12,981), 2004 (9,396), 2005 (11,470), 2008 (10,250). The indicator includes those who had some difficulty with activities, much difficulty with activities, or could not do activities. The question used was: During the last 4 weeks how much difficulty did you have doing your daily activities: No difficulty at all, a little bit of difficulty, some difficulty, much difficulty, could not do activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

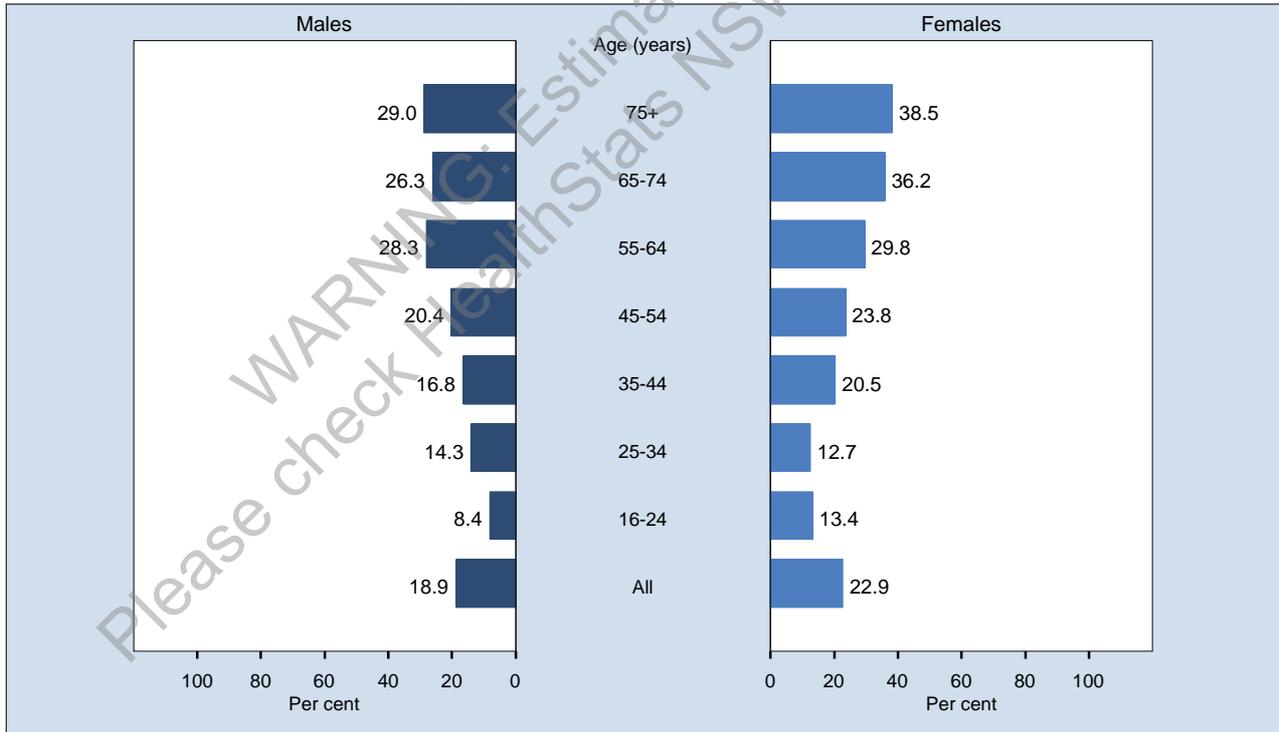
Bodily pain, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,237 respondents in NSW. For this indicator 56 (0.54%) were not stated (Don't know or Refused) in NSW. The question used was: During the last 4 weeks how much bodily pain have you generally had: No pain, very mild pain, mild pain, moderate pain, severe pain?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

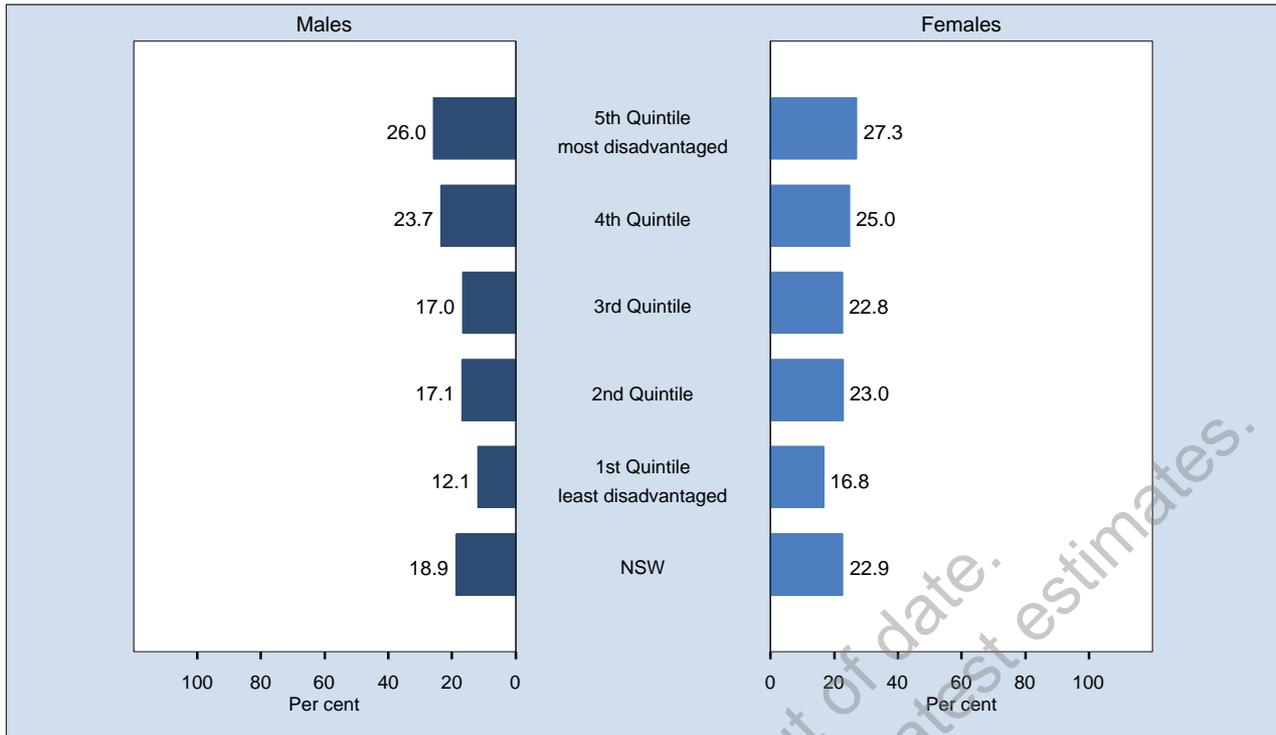
Moderate or severe bodily pain by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,237 respondents in NSW. For this indicator 56 (0.54%) were not stated (Don't know or Refused) in NSW. The indicator includes those who experienced moderate or severe pain in the last 4 weeks. The question used was: During the last 4 weeks how much bodily pain have you had: No pain, very mild pain, mild pain, moderate pain, or severe pain?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

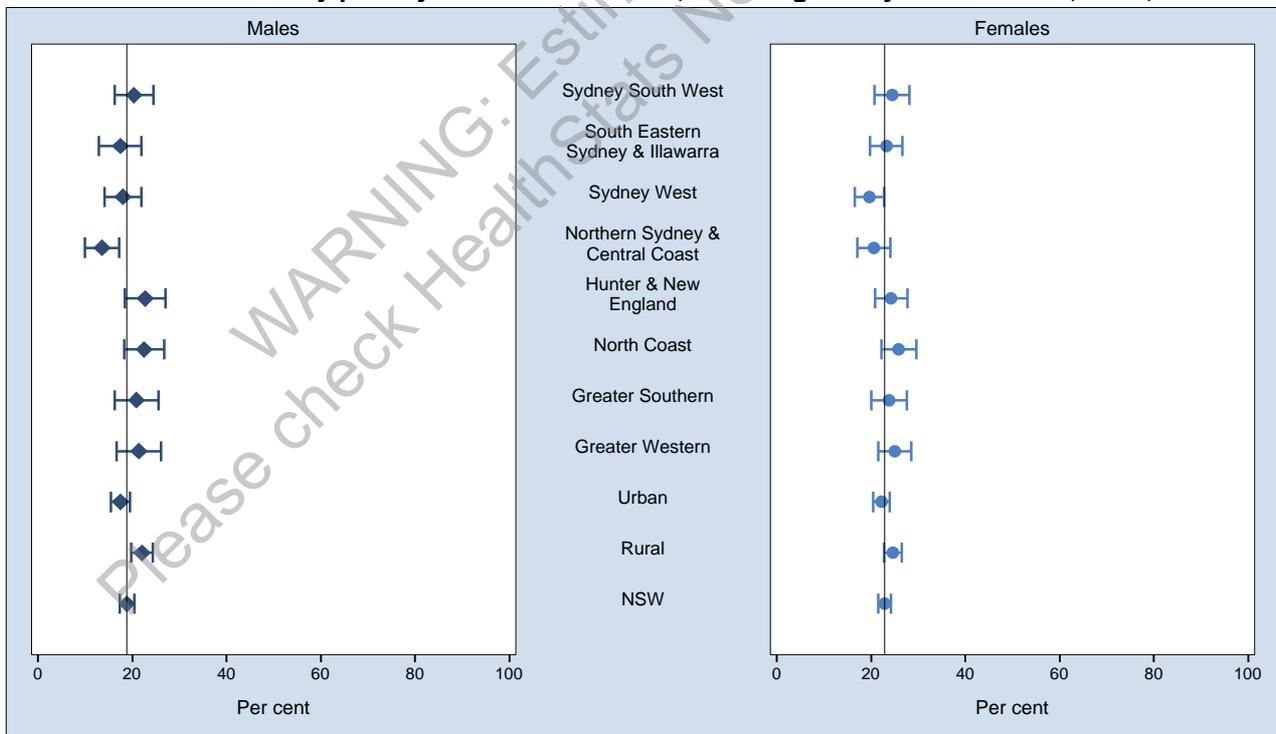
Moderate or severe bodily pain by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,237 respondents in NSW. For this indicator 56 (0.54%) were not stated (Don't know or Refused) in NSW. The indicator includes those who experienced moderate or severe pain in the last 4 weeks. The question used was: During the last 4 weeks how much bodily pain have you had: No pain, very mild pain, mild pain, moderate pain, or severe pain?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

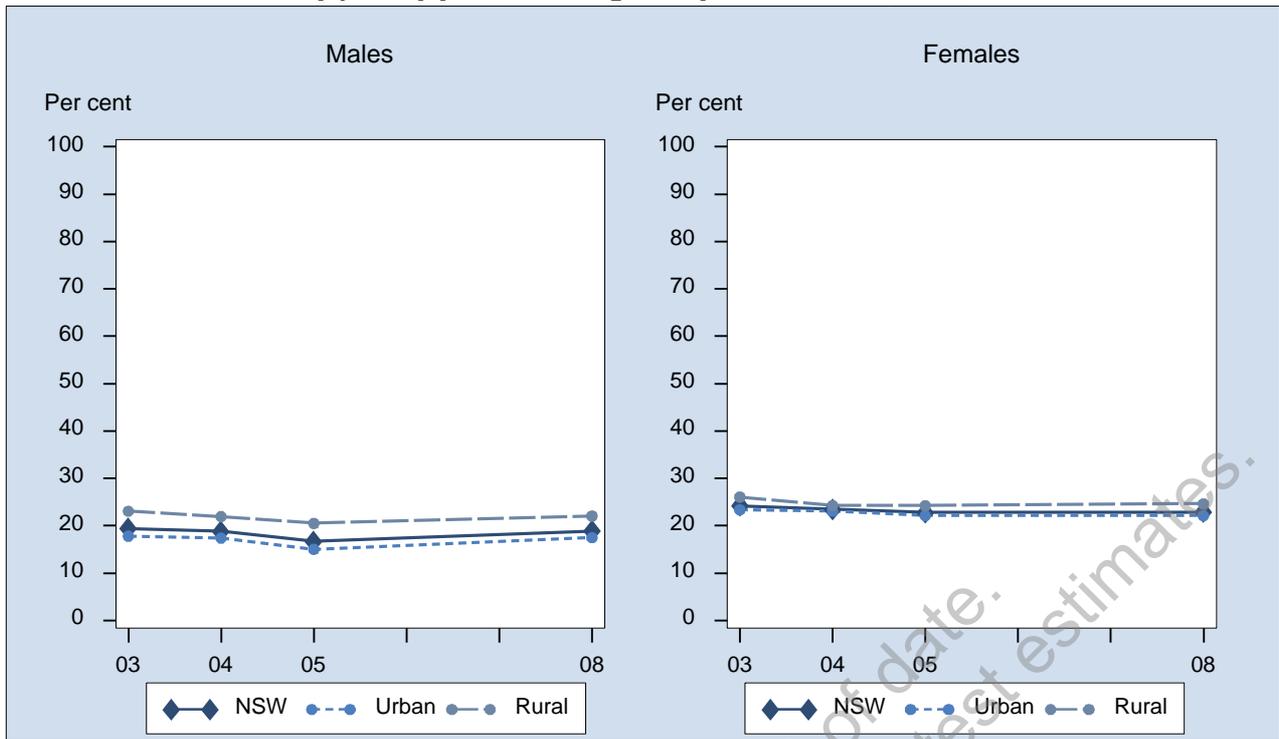
Moderate or severe bodily pain by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,237 respondents in NSW. For this indicator 56 (0.54%) were not stated (Don't know or Refused) in NSW. The indicator includes those who experienced moderate or severe pain in the last 4 weeks. The question used was: During the last 4 weeks how much bodily pain have you had: No pain, very mild pain, mild pain, moderate pain, or severe pain?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Moderate or severe bodily pain by year, adults aged 16 years and over, NSW, 2003-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2003 (12,968), 2004 (9,388), 2005 (11,465), 2008 (10,237). The indicator includes those who experienced moderate or severe pain in the last 4 weeks. The question used was: During the last 4 weeks how much bodily pain have you had: No pain, very mild pain, mild pain, moderate pain, or severe pain?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.

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 effects of asthma can include disturbed sleep, tiredness, and reduced participation in the workforce or organised sport or other activities. Asthma remains a significant health problem in Australia, with prevalence rates high by international standards. Among adults, there has been an overall decrease in the rate of asthma-related general practice consultations between 1998 and 2008, and an overall decrease in asthma-related hospitalisations between 1993-94 and 2006-07.[1-2]

Asthma is not curable but can be managed effectively. Current recommended management strategies include appropriate use of medications, use of a structured or written asthma management plan (also known as a written asthma action plan), avoidance of known triggers, and regular review by a general practitioner.[3] The use of a written asthma management plan has been found to decrease urgent visits to doctors, hospitalisations and deaths due to asthma.[4,5] Research has also shown most patients with a written asthma management plan found it useful for managing their asthma.[6]

Results

Ever had asthma

In 2008, 19.9 per cent of adults had ever been told by a doctor or hospital they had asthma. A significantly lower proportion of males (17.9 per cent) than females (21.9 per cent) ever had asthma. Among males, a significantly higher proportion of those aged 16-24 years (29.7 per cent), and a significantly lower proportion of those aged 45-54 years (13.2 per cent), 65-74 years (12.6 per cent), and 75 years and over (10.6 per cent), ever had asthma, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 16-24 years (27.9 per cent), and a significantly lower proportion of those aged 75 years and over (17.6 per cent), ever had asthma, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage, or between rural and urban health areas. A significantly higher proportion of adults in the Greater Western Area Health Service (26.1 per cent) ever had asthma, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who ever had asthma (16.8 per cent to 19.9 per cent). The increase has been significant in males and females, and in urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who ever had asthma.

Current asthma

In 2008, 10.5 per cent of adults have current asthma; that is, doctor diagnosed asthma with recent symptoms or treatment. A significantly lower proportion of males (8.4 per cent) than females (12.6 per cent) have current asthma. Among males, a significantly lower proportion of those aged 65-74 years (5.1 per cent) have current asthma, compared with the overall adult male population. Among females, there was no significant difference among age groups, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage, or between rural and urban health areas. A significantly higher proportion of adults in the Greater Western Area Health Service (13.7 per cent) have current asthma, compared with the overall adult population.

Since 1997, there has been no significant change in the proportion of adults who have current asthma.

Since 2007, there has been no significant change in the proportion of adults who have current asthma.

Written asthma management plan

In 2008, 45.0 per cent of adults with current asthma had a written asthma management plan. There was no significant difference between males and females, by age group, among quintiles of disadvantage, between rural and urban health areas, or among health areas.

Since 1997, there has been a significant increase in the proportion of adults with current asthma who had a written asthma management plan (35.6 per cent to 45.0 per cent). The increase has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults with current asthma who had a written asthma management plan.

Smoking and asthma

In 2008, among adults with current asthma, 19.1 per cent were current smokers. A significantly higher proportion of males (22.2 per cent) than females (16.5 per cent) with current asthma were current smokers. Among males, a significantly lower proportion of those aged 45-54 years (14.7 per cent), 65-74 years (4.3 per cent), and 75 years and over (4.4 per cent) with current asthma were current smokers, compared with the overall adult male population with current asthma. Among females, a significantly lower proportion of those aged 55-64 years (11.0 per cent), 65-74 years (7.4 per cent), and 75 years and over (3.4 per cent) with current asthma were current smokers, compared with the overall adult female population with current asthma.

A significantly lower proportion of adults with current asthma in the first or least disadvantaged quintile (12.8 per cent), and a significantly higher proportion of adults with current asthma in the fifth or most disadvantaged quintile (26.6 per cent), were current smokers, compared with the overall adult population with current asthma.

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

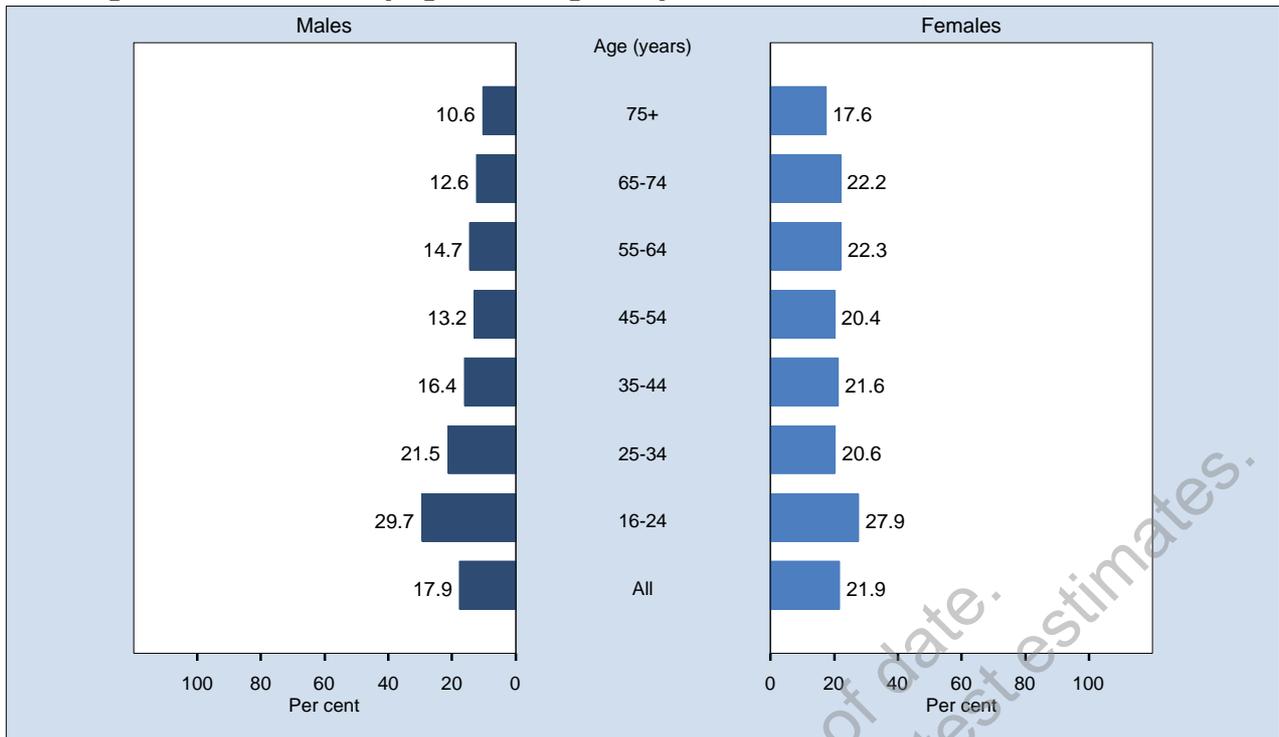
Since 1997, there has been a significant decrease in the proportion of adults with current asthma who were current smokers (24.5 per cent to 19.1 per cent). The decrease has been significant in females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults with current asthma who were current smokers.

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2. Australian Centre for Asthma Monitoring. *Asthma in Australia 2008*. Canberra: Australian Institute of Health and Welfare, 2008. Available online at www.asthamonitoring.org (accessed 1 April 2009).
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4. Gibson PG, Coughlan J, Wilson AJ et al. Self-management education and regular practitioner review for adults with asthma. *Cochrane Database of Systematic Reviews*. Oxford: John Wiley & Sons, 2006. Available online at www.cochrane.org/reviews/en/ab001117.html (accessed 1 April 2009).
5. Abramson M, Bailey MJ, Couper F, Driver JS, Drummer OH, Forbes A et al. 2001. Are asthma medications and management related to deaths from asthma? *Am J Respir Crit Care Med* 2001; 163(1): 12-18. Available online at <http://ajrccm.atsjournals.org/cgi/content/full/163/1/12> (accessed 15 July 2009).
6. Douglass J, Aroni R, Goeman D, Stewart K, Sawyer S, Thien F, Abramson M. A qualitative study of action plans for asthma. *BMJ* 2002; 324: 1003. Available online at www.ncbi.nlm.nih.gov/pubmed/11976240 (accessed 1 April 2009).

Ever diagnosed with asthma by age, adults aged 16 years and over, NSW, 2008



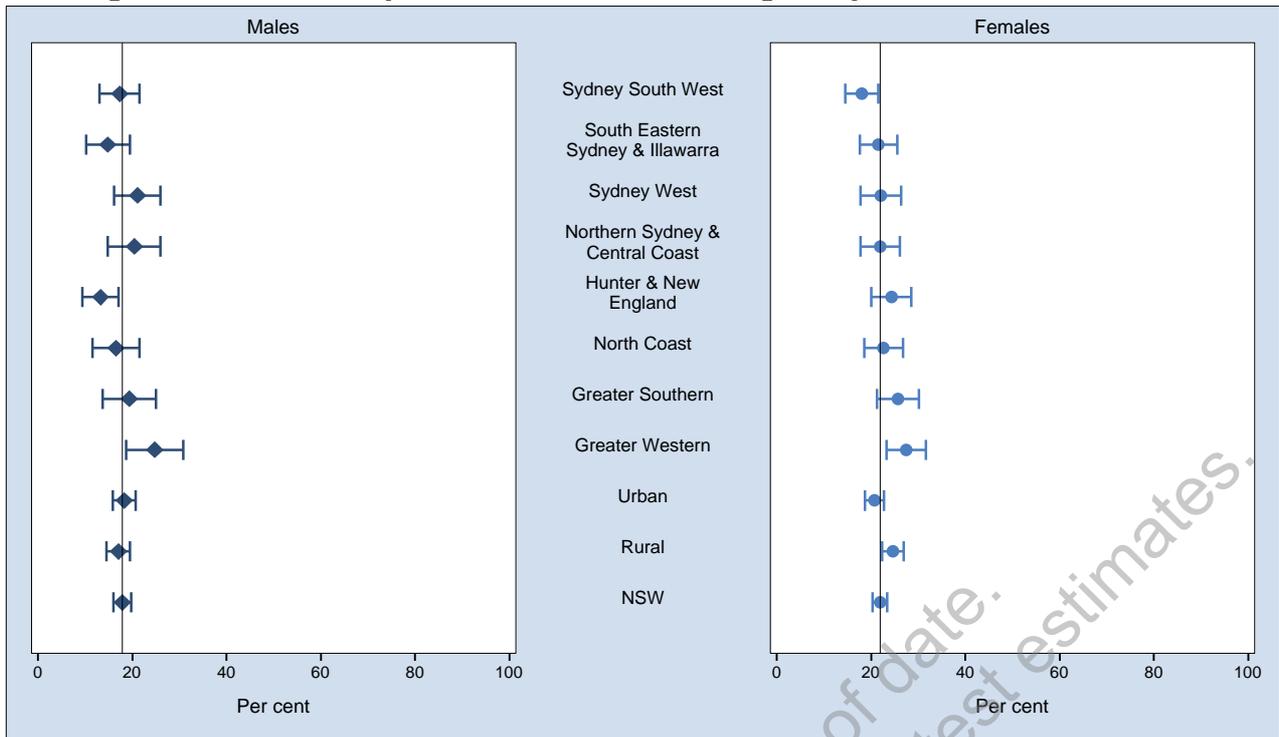
Note: Estimates are based on 8,519 respondents in NSW. For this indicator 17 (0.20%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever been told by a doctor or hospital they have asthma. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have asthma?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Ever diagnosed with asthma by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



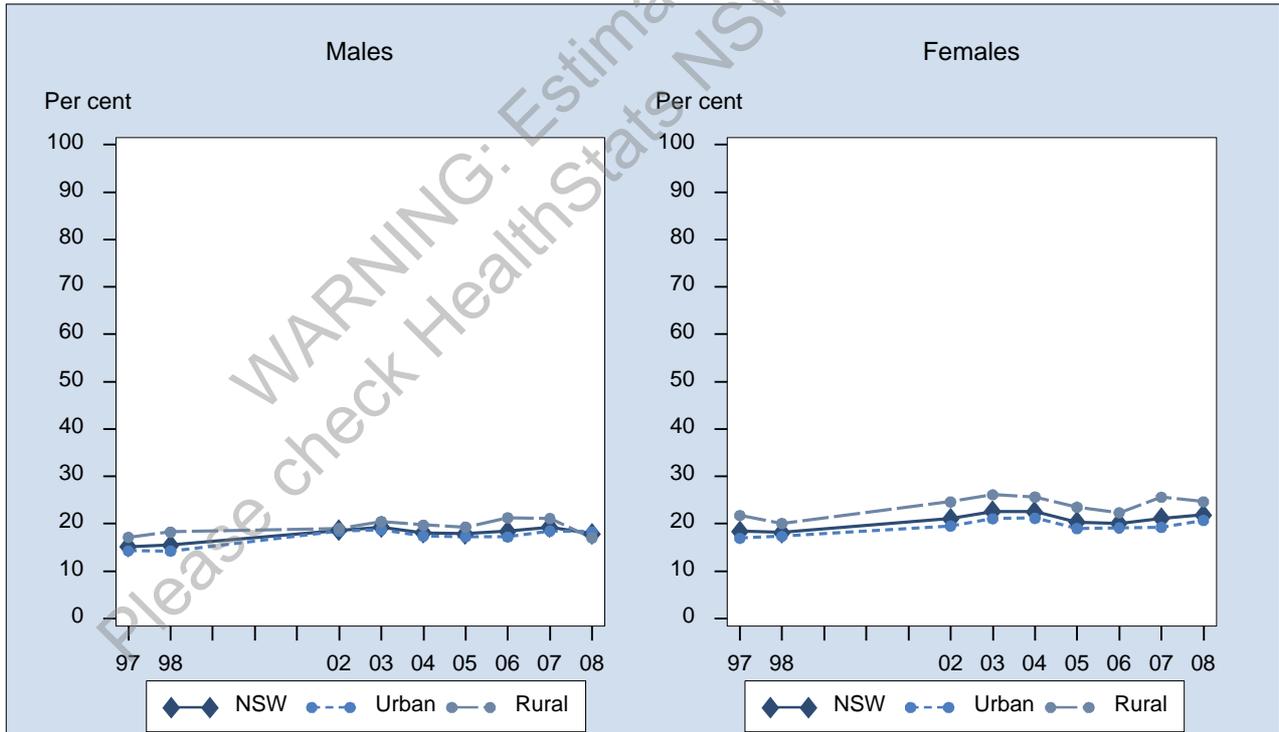
Note: Estimates are based on 8,519 respondents in NSW. For this indicator 17 (0.20%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever been told by a doctor or hospital they have asthma. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have asthma?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Ever diagnosed with asthma by area health service, adults aged 16 years and over, NSW, 2008



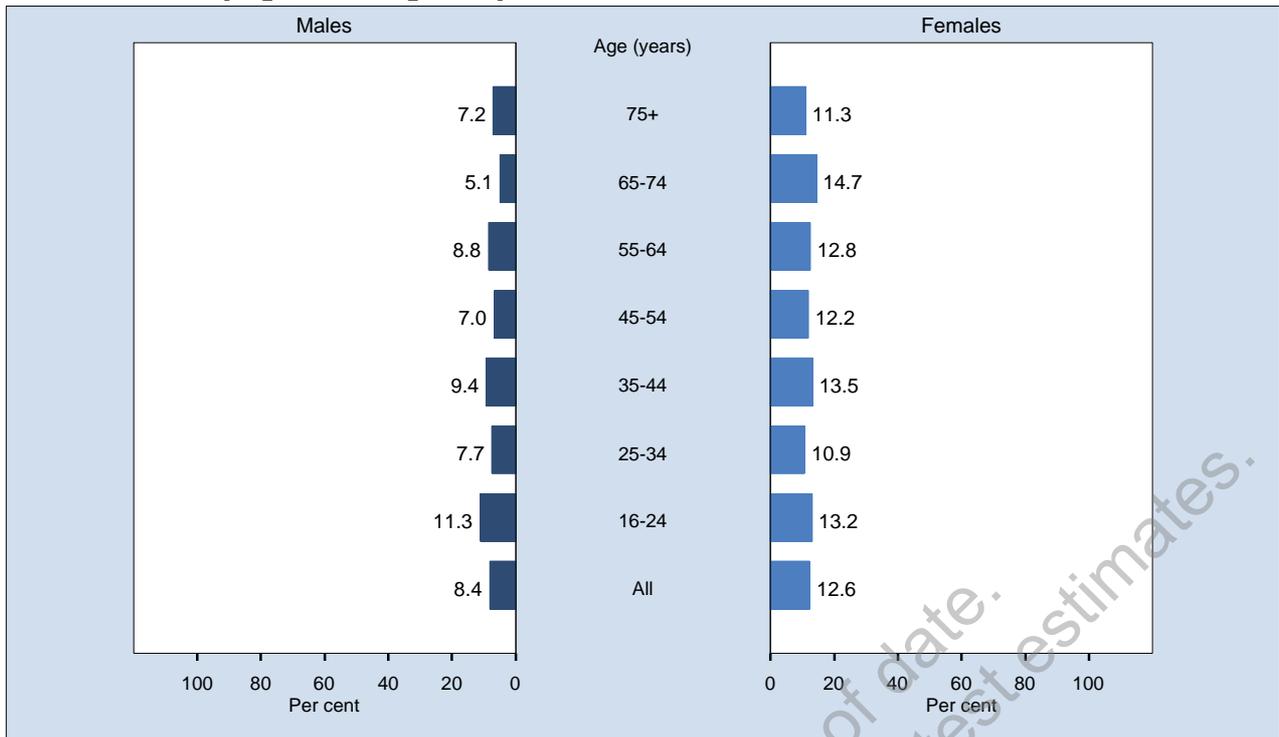
Note: Estimates are based on 8,519 respondents in NSW. For this indicator 17 (0.20%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever been told by a doctor or hospital they have asthma. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have asthma?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Ever diagnosed with asthma by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,461), 1998 (17,447), 2002 (12,608), 2003 (13,001), 2004 (9,417), 2005 (11,480), 2006 (7,948), 2007 (7,396), 2008 (8,519). The indicator includes those who have ever been told by a doctor or hospital they have asthma. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have asthma?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

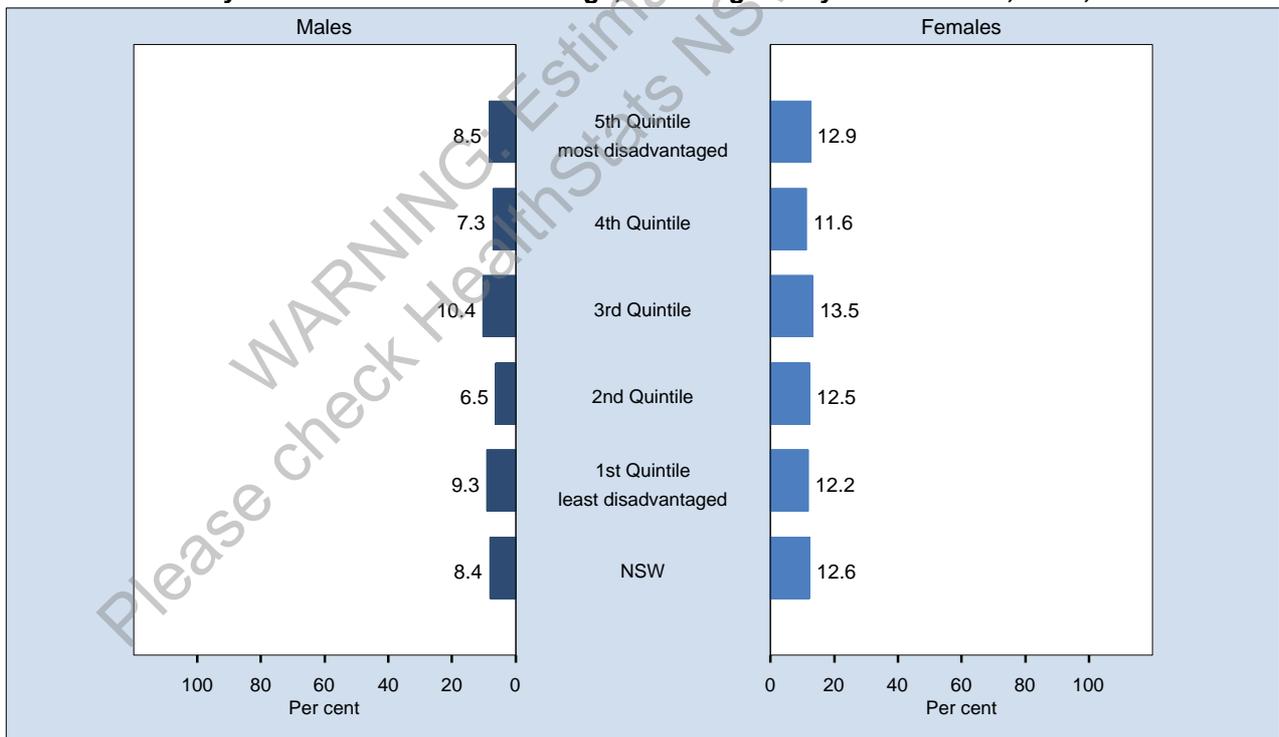
Current asthma by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,513 respondents in NSW. For this indicator 23 (0.27%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had symptoms of asthma or treatment for asthma in the last 12 months. 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

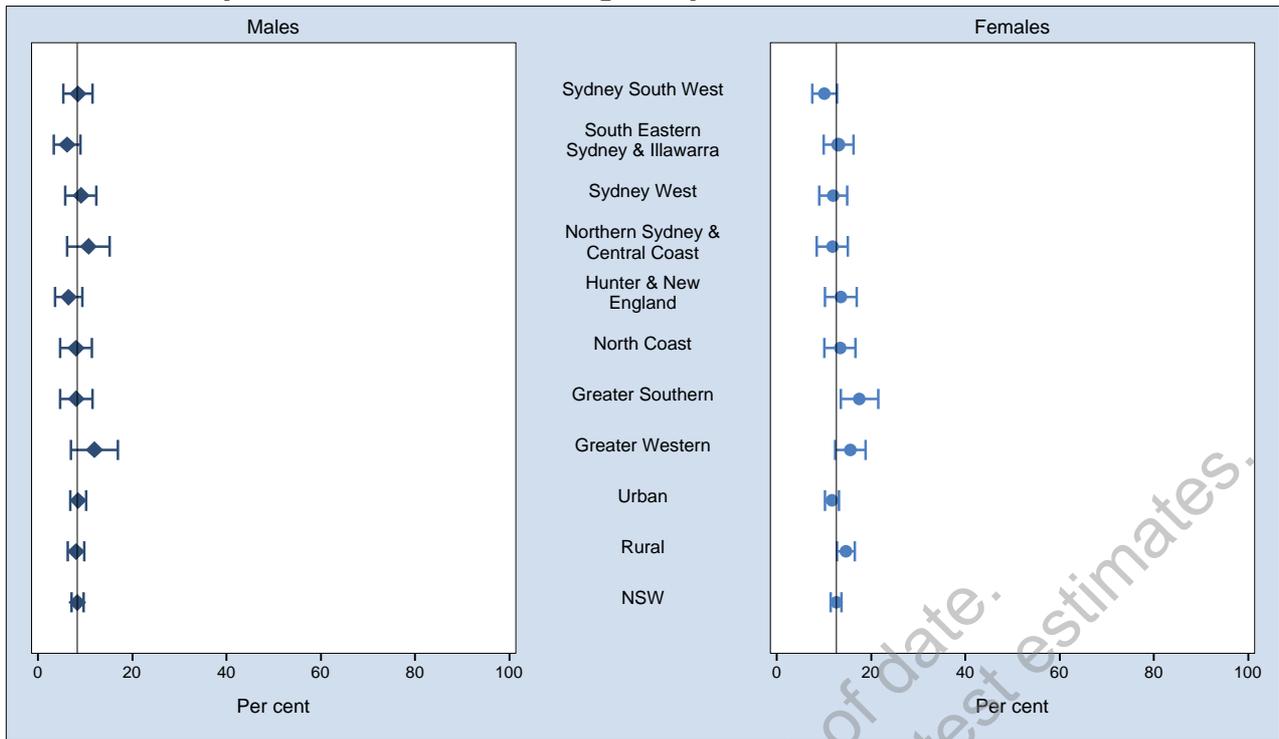
Current asthma by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,513 respondents in NSW. For this indicator 23 (0.27%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had symptoms of asthma or treatment for asthma in the last 12 months. 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

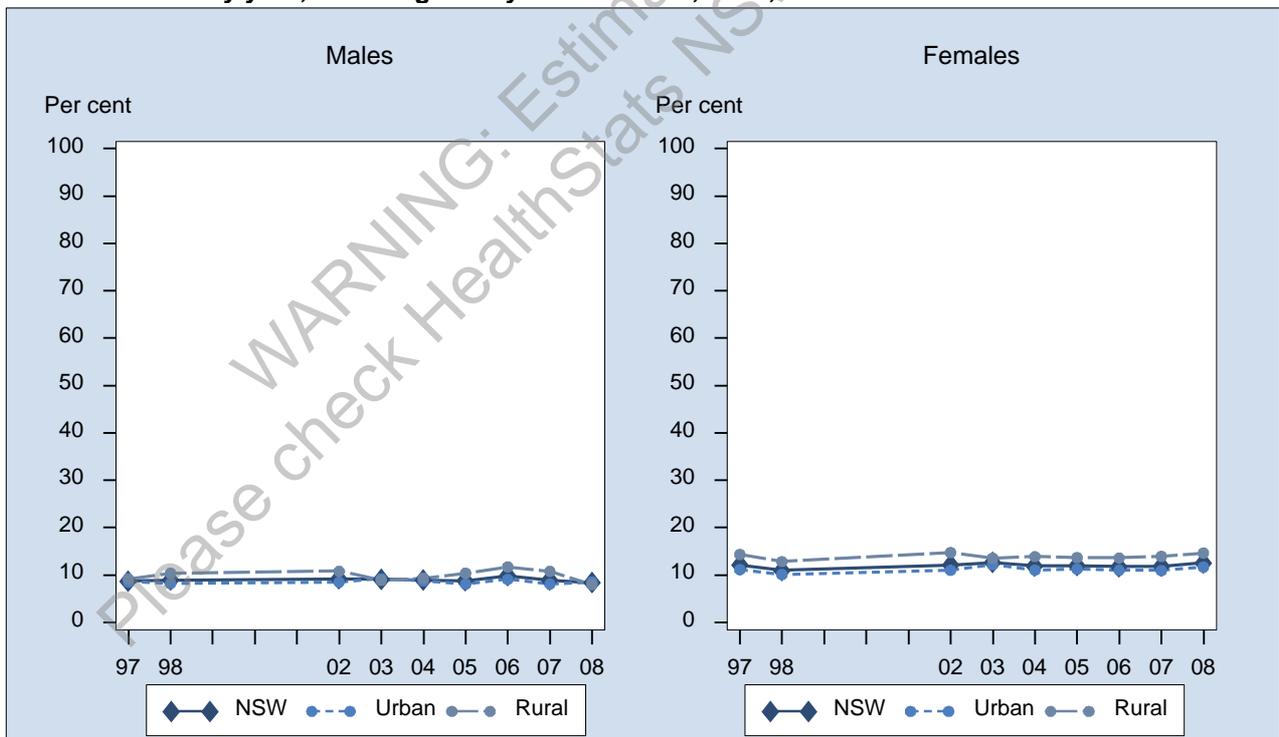
Current asthma by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,513 respondents in NSW. For this indicator 23 (0.27%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had symptoms of asthma or treatment for asthma in the last 12 months. 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

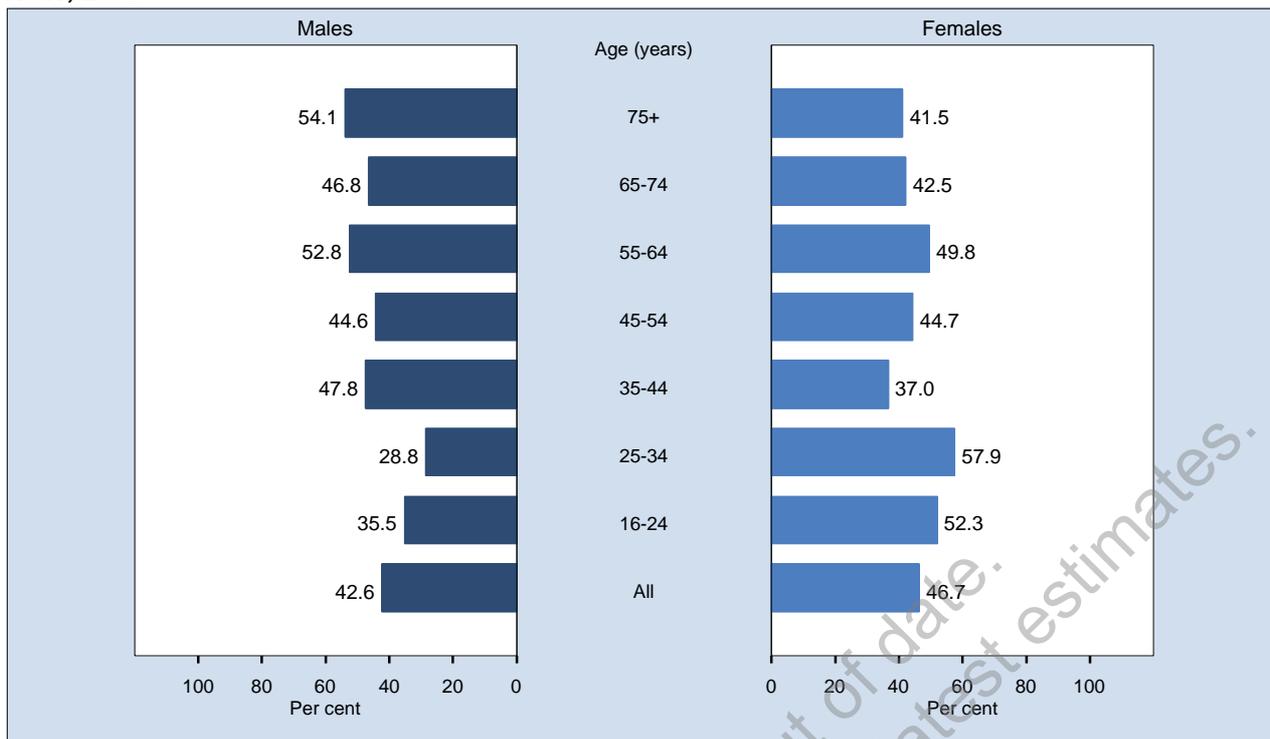
Current asthma by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,458), 1998 (17,446), 2002 (12,604), 2003 (13,000), 2004 (9,413), 2005 (11,474), 2006 (7,941), 2007 (7,391), 2008 (8,513). The indicator includes those who had symptoms of asthma or treatment for asthma in the last 12 months. 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

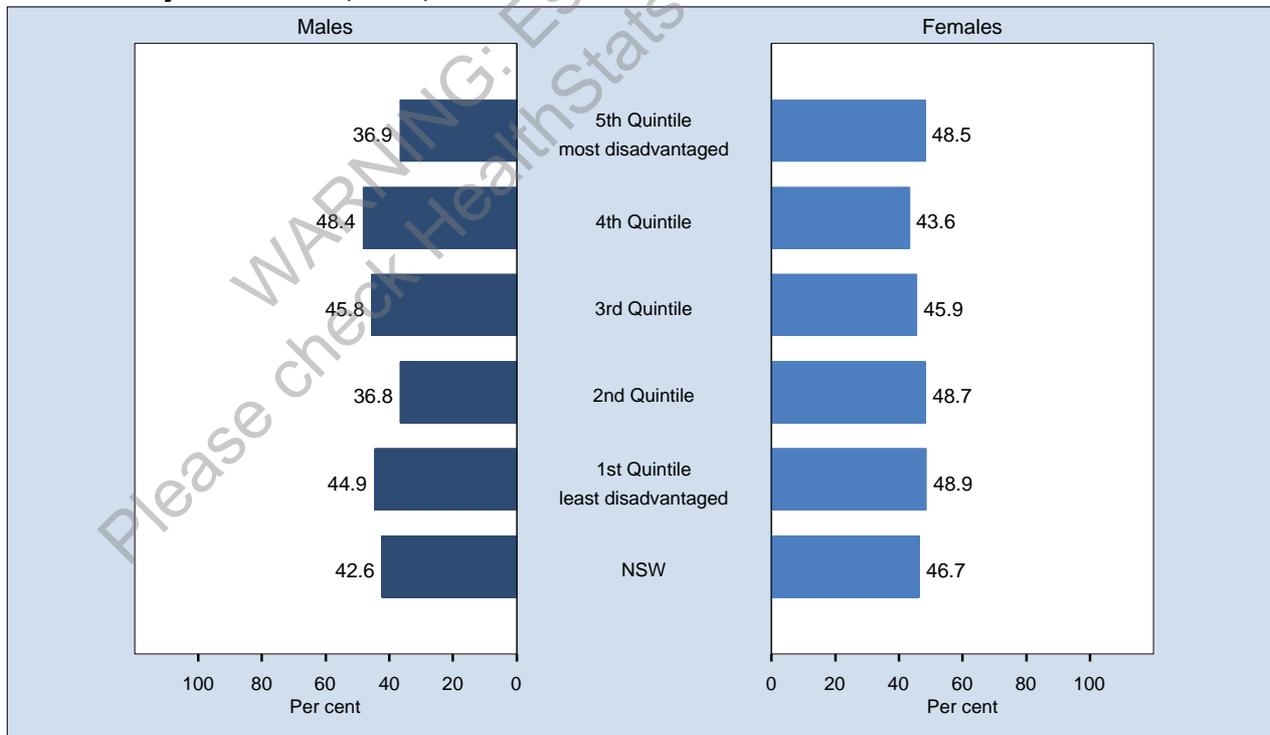
Written asthma management plan by age, adults aged 16 years and over who currently have asthma, NSW, 2008



Note: Estimates are based on 968 respondents in NSW. For this indicator 6 (0.62%) 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? Have you had symptoms of asthma or treatment for asthma in the last 12 months? Do you have a written asthma management plan from your doctor on how to treat your asthma?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

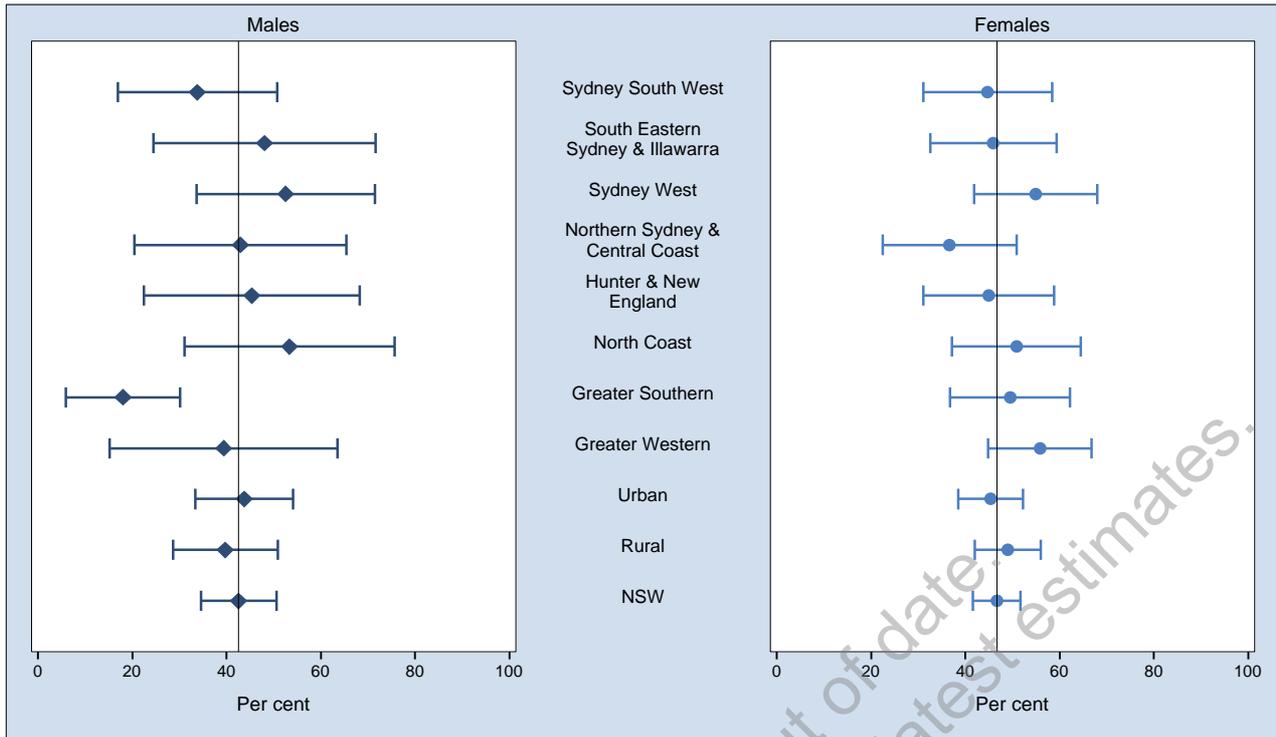
Written asthma management plan by socioeconomic disadvantage, adults aged 16 years and over who currently have asthma, NSW, 2008



Note: Estimates are based on 968 respondents in NSW. For this indicator 6 (0.62%) 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? Have you had symptoms of asthma or treatment for asthma in the last 12 months? Do you have a written asthma management plan from your doctor on how to treat your asthma?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

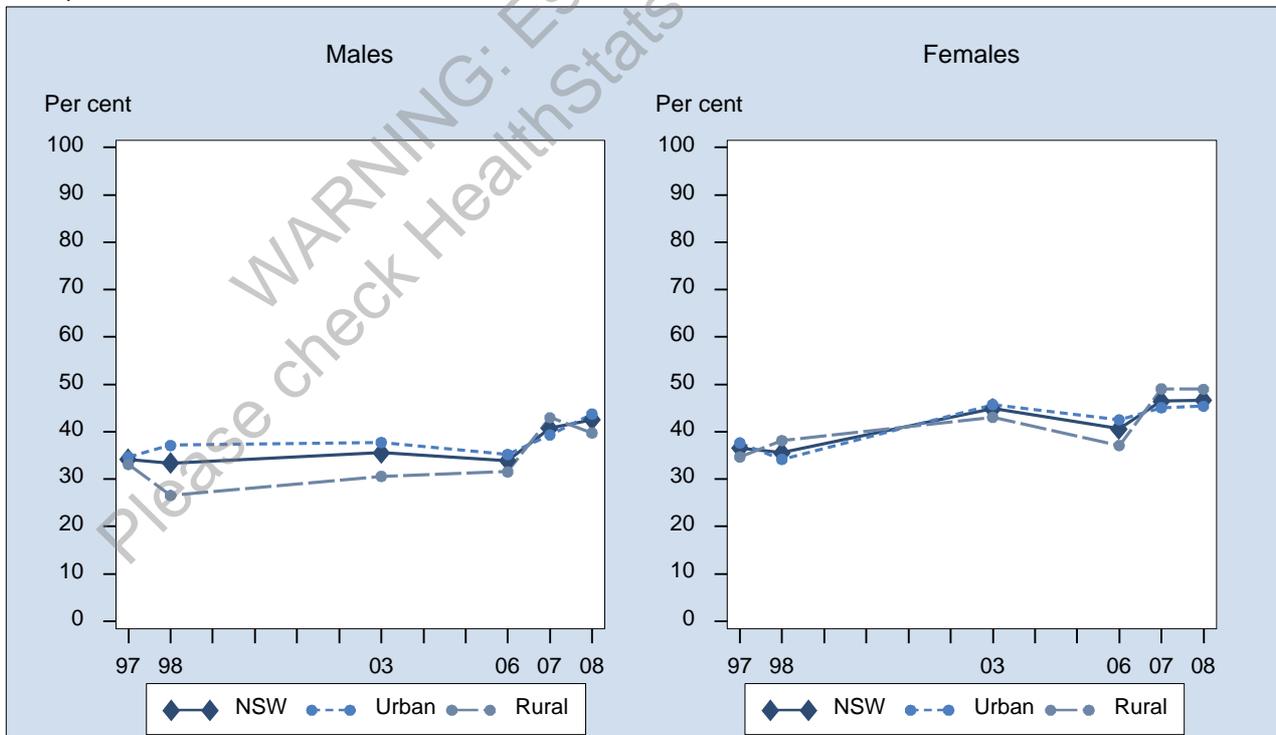
Written asthma management plan by area health service, adults aged 16 years and over who currently have asthma, NSW, 2008



Note: Estimates are based on 968 respondents in NSW. For this indicator 6 (0.62%) 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? Have you had symptoms of asthma or treatment for asthma in the last 12 months? Do you have a written asthma management plan from your doctor on how to treat your asthma?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

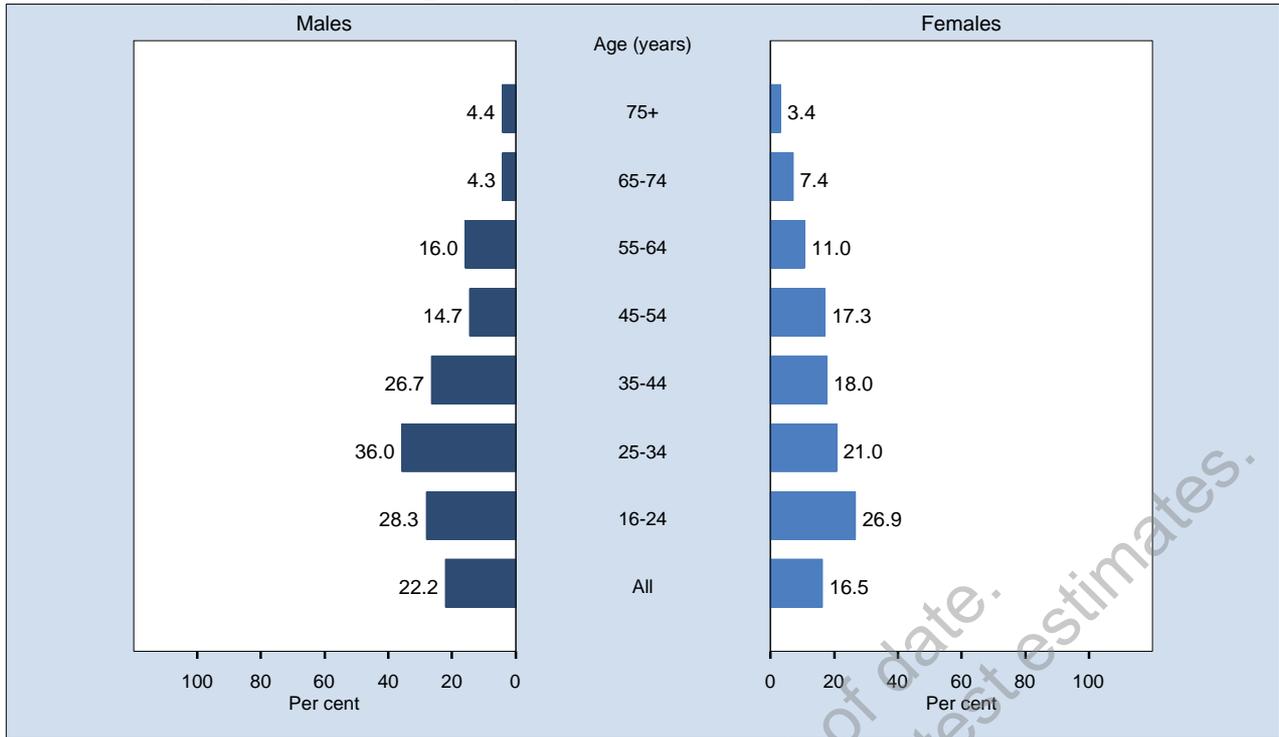
Written asthma management plan by year, adults aged 16 years and over who currently have asthma, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (1,835), 1998 (1,888), 2003 (1,071), 2006 (886), 2007 (806), 2008 (968). 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? Have you had symptoms of asthma or treatment for asthma in the last 12 months? Do you have a written asthma management plan from your doctor on how to treat your asthma?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

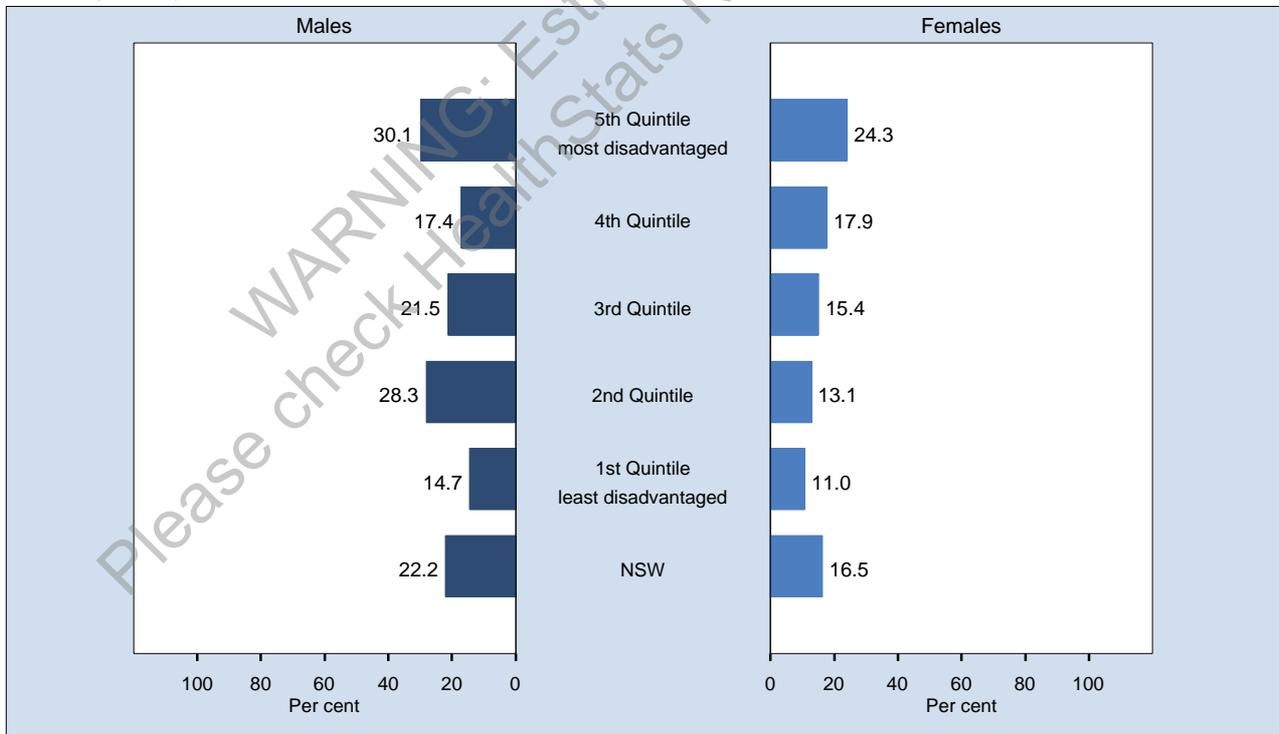
Current smoking by age, adults aged 16 years and over who currently have asthma, NSW, 2008



Note: Estimates are based on 2,392 respondents in NSW. For this indicator 33 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had symptoms of asthma or treatment for asthma in the last 12 months and are current smokers. 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? Which of the following best describes your smoking status: Smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

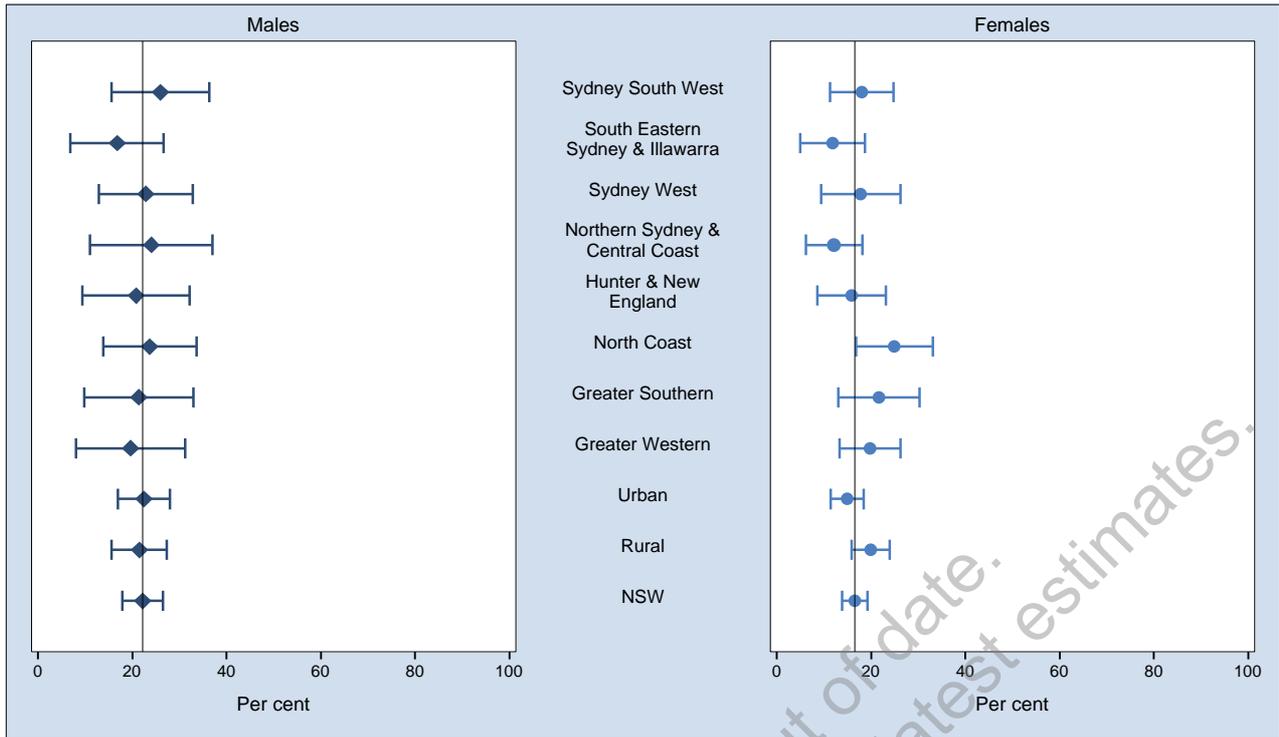
Current smoking by socioeconomic disadvantage, adults aged 16 years and over who currently have asthma, NSW, 2008



Note: Estimates are based on 2,392 respondents in NSW. For this indicator 33 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had symptoms of asthma or treatment for asthma in the last 12 months and are current smokers. 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? Which of the following best describes your smoking status: Smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

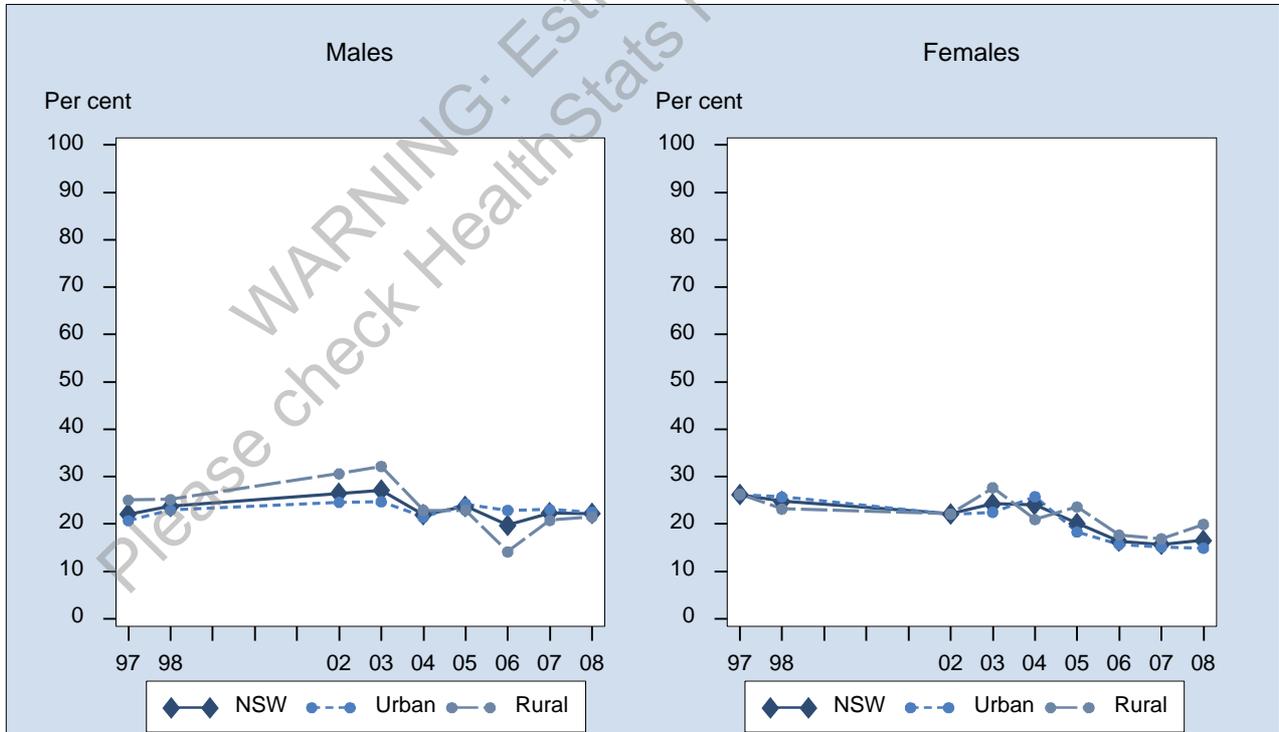
Current smoking by area health service, adults aged 16 years and over who currently have asthma, NSW, 2008



Note: Estimates are based on 2,392 respondents in NSW. For this indicator 33 (1.36%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had symptoms of asthma or treatment for asthma in the last 12 months and are current smokers. 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? Which of the following best describes your smoking status: Smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Current smoking by year, adults aged 16 years and over who currently have asthma, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (1,860), 1998 (1,896), 2002 (2,534), 2003 (2,807), 2004 (1,994), 2005 (2,212), 2006 (901), 2007 (2,975), 2008 (2,392). The indicator includes those who had symptoms of asthma or treatment for asthma in the last 12 months and are current smokers. 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? Which of the following best describes your smoking status: Smoke daily, smoke occasionally, do not smoke now but I used to, I have tried it a few times but never smoked regularly, or I have never smoked?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Cardiovascular disease precursors

Introduction

Cardiovascular diseases are diseases of the heart and blood vessels including ischaemic (coronary) heart disease, stroke, heart failure, and peripheral vascular disease. Of these, ischaemic heart disease and stroke are the major causes of mortality and morbidity in New South Wales. High blood pressure (hypertension) is a precursor for coronary heart disease, stroke, congestive heart failure, and renal insufficiency. The risk of coronary heart disease increases as the level of blood pressure increases. Similarly, high blood cholesterol is also a precursor for coronary heart disease and for some types of stroke. If levels of cholesterol in the blood are too high an artery clogging process known as atherosclerosis can cause heart attacks, angina, or stroke.

Results

Blood pressure measurement

In 2008, 52.2 per cent of adults had their blood pressure measured by a medical practitioner or nurse 0-3 months ago, 14.9 per cent 4-6 months ago, 13.4 per cent 7-12 months ago, 8.5 per cent 13 months to 2 years ago, 8.2 per cent more than 2 years ago, and 2.9 per cent have never had their blood pressure measured by a medical practitioner or nurse.

Overall, 89.0 per cent of adults had their blood pressure measured by a medical practitioner or nurse in the last 2 years. A significantly lower proportion of males (85.4 per cent) than females (92.4 per cent) had their blood pressure measured by a medical practitioner or nurse in the last 2 years. Among males, a significantly lower proportion of those aged 16-24 years (66.7 per cent) and 25-34 years (74.2 per cent), and a significantly higher proportion of those aged 45-54 years (92.1 per cent), 55-64 years (94.9 per cent), 65-74 years (97.9 per cent), and 75 years and over (99.3 per cent), had their blood pressure measured by a medical practitioner or nurse in the last 2 years, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (79.4 per cent) and 35-44 years (88.8 per cent), and a significantly higher proportion of those aged 55-64 years (97.7 per cent), 65-74 years (98.5 per cent), and 75 years and over (99.8 per cent), had their blood pressure measured by a medical practitioner or nurse in the last 2 years, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage.

A significantly higher proportion of adults in rural health areas (90.9 per cent) than urban health areas (88.1 per cent) had their blood pressure measured by a medical practitioner or nurse in the last 2 years. There was no significant difference among health areas.

Since 1997, there has been a significant increase in the proportion of adults who had their blood pressure measured by a medical practitioner or nurse in the last 2 years (87.0 per cent to 89.0 per cent). The increase has been significant in males, and in rural health areas.

Since 2005, there has been no significant change in the proportion of adults who had their blood pressure measured by a medical practitioner or nurse in the last 2 years; however, there has been a significant increase in rural health areas.

High blood pressure

In 2008, 23.5 per cent of adults had ever been told by a doctor or hospital they had high blood pressure, 3.5 per cent had ever been told by a doctor or hospital they had high blood pressure but only during pregnancy, 3.3 per cent had ever been told by a doctor or hospital they had high blood pressure but only temporarily, and 69.8 per cent have never been told they had high blood pressure.

Overall, 30.2 per cent of adults ever had doctor-diagnosed high blood pressure. A significantly lower proportion of males (28.5 per cent) than females (31.8 per cent) ever had doctor-diagnosed high blood pressure. Among males, a significantly lower proportion of those aged 16-24 years (8.3 per cent) and 25-34 years (15.0 per cent), and a significantly higher proportion of those aged 55-64 years (44.3 per cent), 65-74 years (50.0 per cent), and 75 years and over (51.6 per cent), ever had doctor-diagnosed high blood pressure, compared with the overall adult male population. Among females, a significantly lower proportion

of those aged 16-24 years (13.0 per cent), 25-34 years (17.7 per cent), and 35-44 years (22.2 per cent), and a significantly higher proportion of those aged 55-64 years (45.6 per cent), 65-74 years (60.8 per cent), and 75 years and over (62.0 per cent), ever had doctor-diagnosed high blood pressure, compared with the overall adult female population.

A significantly higher proportion of adults in the fourth disadvantaged quintile (33.4 per cent) ever had doctor-diagnosed high blood pressure, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (32.8 per cent) than urban health areas (29.0 per cent) ever had doctor-diagnosed high blood pressure. A significantly lower proportion of adults in the Sydney South West Area Health Service (24.3 per cent) ever had doctor-diagnosed high blood pressure, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who ever had doctor-diagnosed high blood pressure (16.2 per cent to 30.2 per cent). The increase has been significant in males and females, and in rural and urban health areas.

Since 2005, there has been a significant increase in the proportion of adults who ever had doctor-diagnosed high blood pressure (27.2 per cent to 30.2 per cent). The increase has been significant in males and females, and in rural and urban health areas.

Of those who ever had high blood pressure apart from during pregnancy or temporarily, 73.6 per cent were taking medication to lower blood pressure, 23.2 per cent were exercising most days, 20.2 per cent were following a diet, and 6.2 per cent were trying to lose weight.

Cholesterol measurement

In 2008, 37.8 per cent of adults had their cholesterol measured 0-6 months ago, 15.9 per cent had their cholesterol measured 7-12 months ago, 9.3 per cent had their cholesterol measured 13 months to 2 years ago, 11.5 per cent had their cholesterol measured more than 2 years ago, and 25.5 per cent have never had their cholesterol measured.

Overall, 63.0 per cent of adults aged 16 years and over had their cholesterol measured within the last 2 years. There was no significant difference between males and females. A significantly lower proportion of adults aged 16-24 years (20.6 per cent), 25-34 years (44.4 per cent), and 35-44 years (58.2 per cent), and a significantly higher proportion of adults aged 45-54 years (76.8 per cent), 55-64 years (85.7 per cent), 65-74 years (92.1 per cent), and 75 years and over (90.6 per cent), had their cholesterol measured within the last 2 years, compared with the overall adult population.

There was no significant difference among quintiles of disadvantage, between rural and urban health areas, or among health areas.

Since 1997, there has been a significant increase in the proportion of adults who had their cholesterol measured within the last 2 years (46.7 per cent to 63.0 per cent). The increase has been significant in males and females, and in rural and urban health areas.

Since 2005, there has been a significant increase in the proportion of adults who had their cholesterol measured within the last 2 years (58.6 per cent to 63.0 per cent). The increase has been significant in males and females, and in rural and urban health areas.

High cholesterol

Just over one-quarter (26.7 per cent) of adults had ever been told by a doctor or hospital they had high cholesterol. There was no significant difference between males and females. A significantly lower proportion of adults aged 16-24 years (9.0 per cent), 25-34 years (8.0 per cent), and 35-44 years (18.4 per cent), and a significantly higher proportion of adults aged 55-64 years (38.0 per cent), 65-74 years (44.3 per cent), and 75 years and over (38.3 per cent), had ever been told by a doctor or hospital they had high cholesterol, compared with the overall adult population.

There was no significant difference among quintiles of disadvantage, between rural and urban health areas, or among health areas.

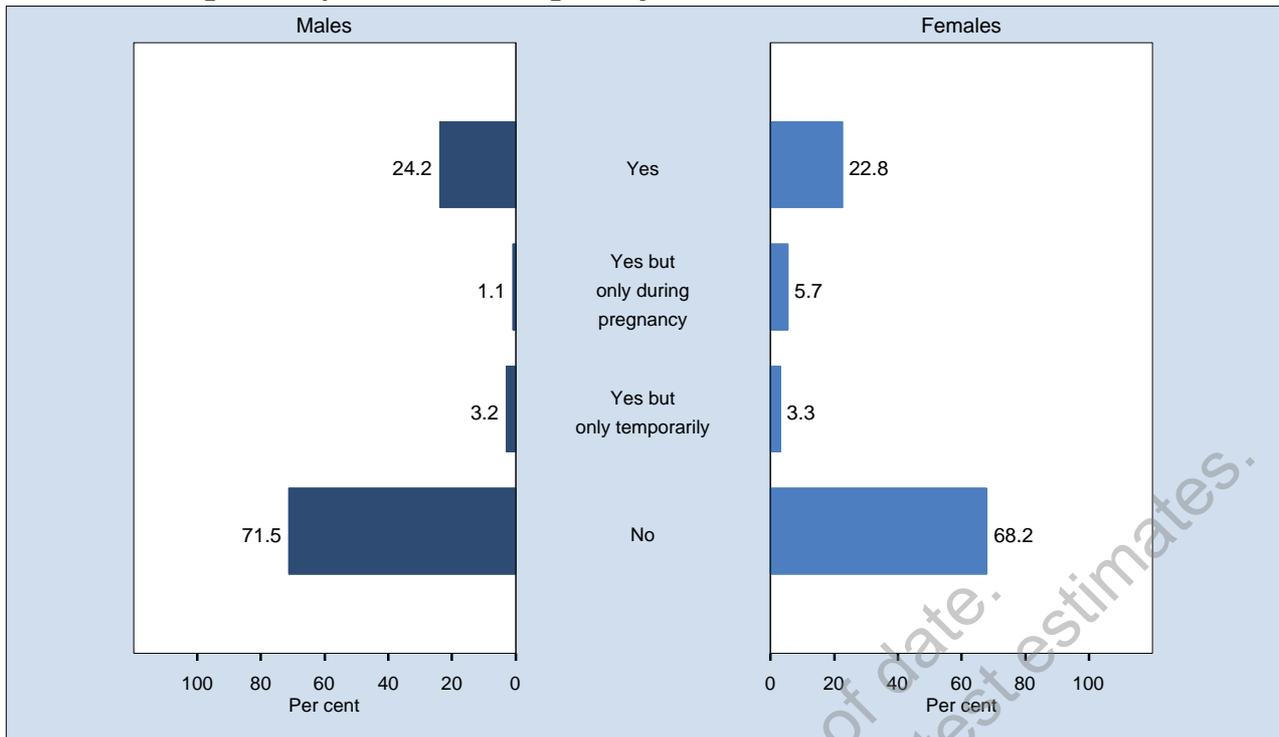
Since 1997, there has been a significant increase in the proportion of adults who had ever been told by a doctor or hospital they had high cholesterol (24.2 per cent to 26.7 per cent). The increase has been significant in females, and in rural health areas.

Since 2005, there has been a significant increase in the proportion of adults who had ever been told by a doctor or hospital they had high cholesterol (24.6 per cent to 26.7 per cent). The increase has been significant in females, and in rural health areas.

Of those who had ever been told by a doctor or hospital they had high cholesterol, 54.7 per cent were following a diet, 45.7 per cent were taking medication to lower cholesterol, 22.8 per cent were exercising most days, and 6.6 per cent were trying to lose weight.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

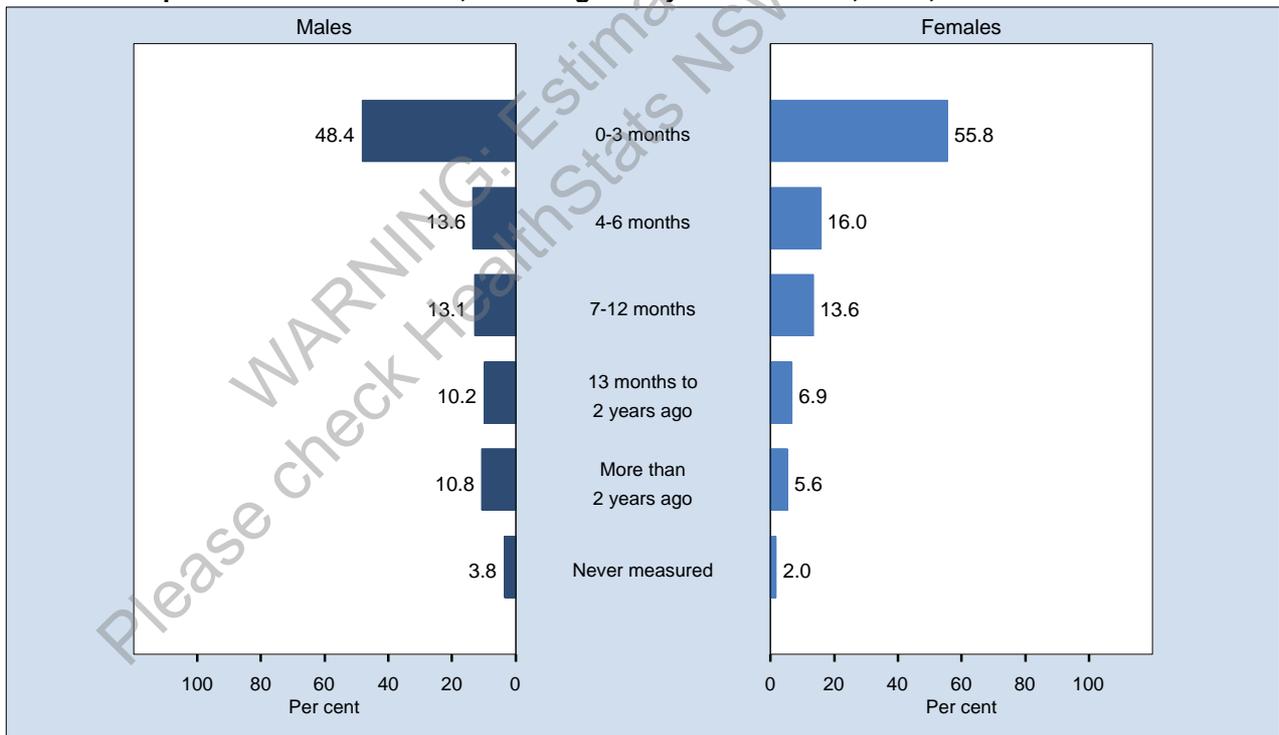
Ever told had high blood pressure, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,241 respondents in NSW. For this indicator 25 (0.30%) were not stated (Don't know or Refused) in NSW. The question used was: Have you ever been told by a doctor or hospital you have high blood pressure, sometimes called hypertension?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

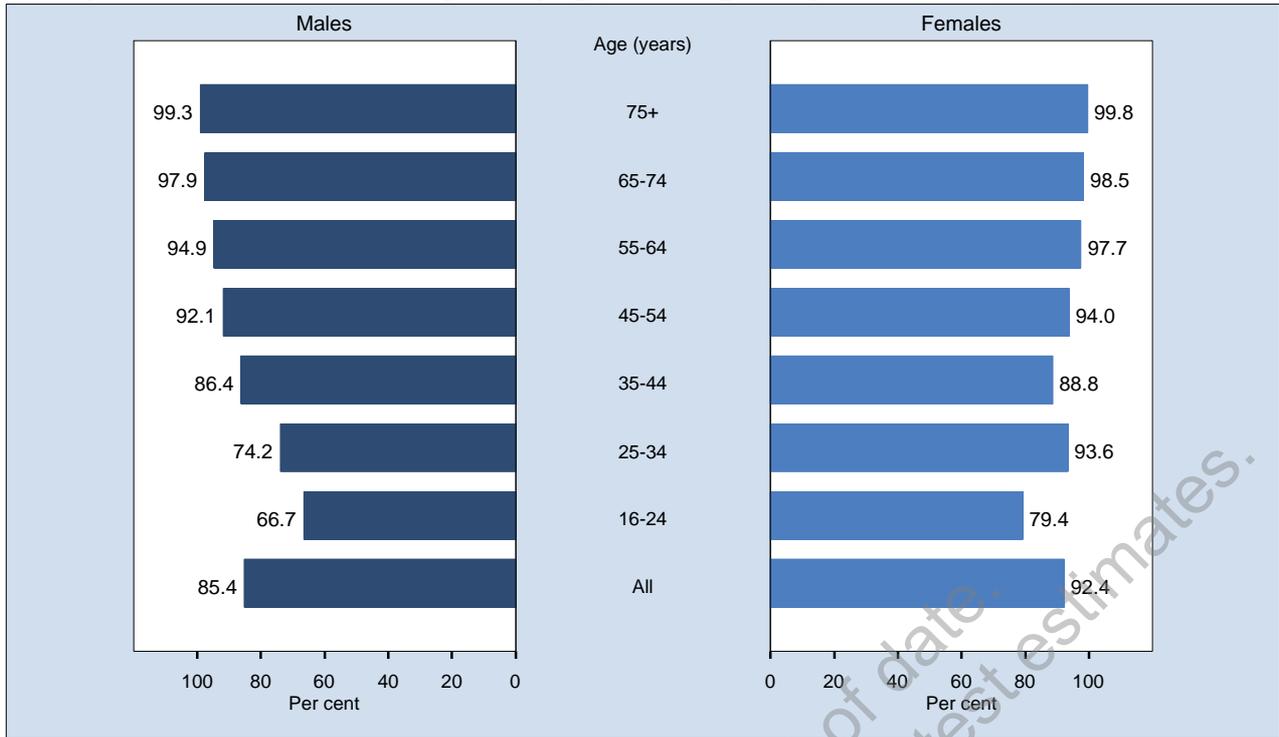
When blood pressure last measured, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,181 respondents in NSW. For this indicator 192 (2.29%) were not stated (Don't know or Refused) in NSW. The question used was: When did you last have your blood pressure measured by a medical practitioner or nurse?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

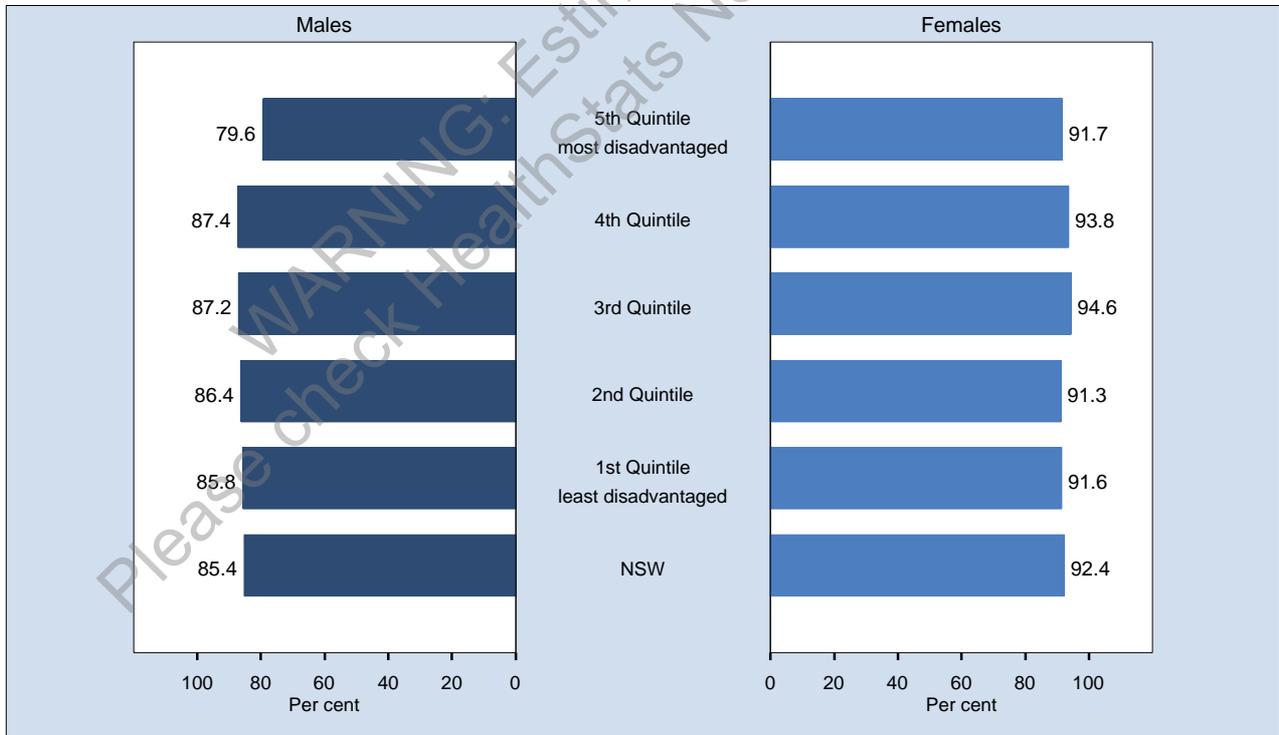
Blood pressure measured in last 2 years by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,181 respondents in NSW. For this indicator 192 (2.29%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had their blood pressure measured within the last 2 years. The question used to define the indicator was: When did you last have your blood pressure measured by a medical practitioner or nurse?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

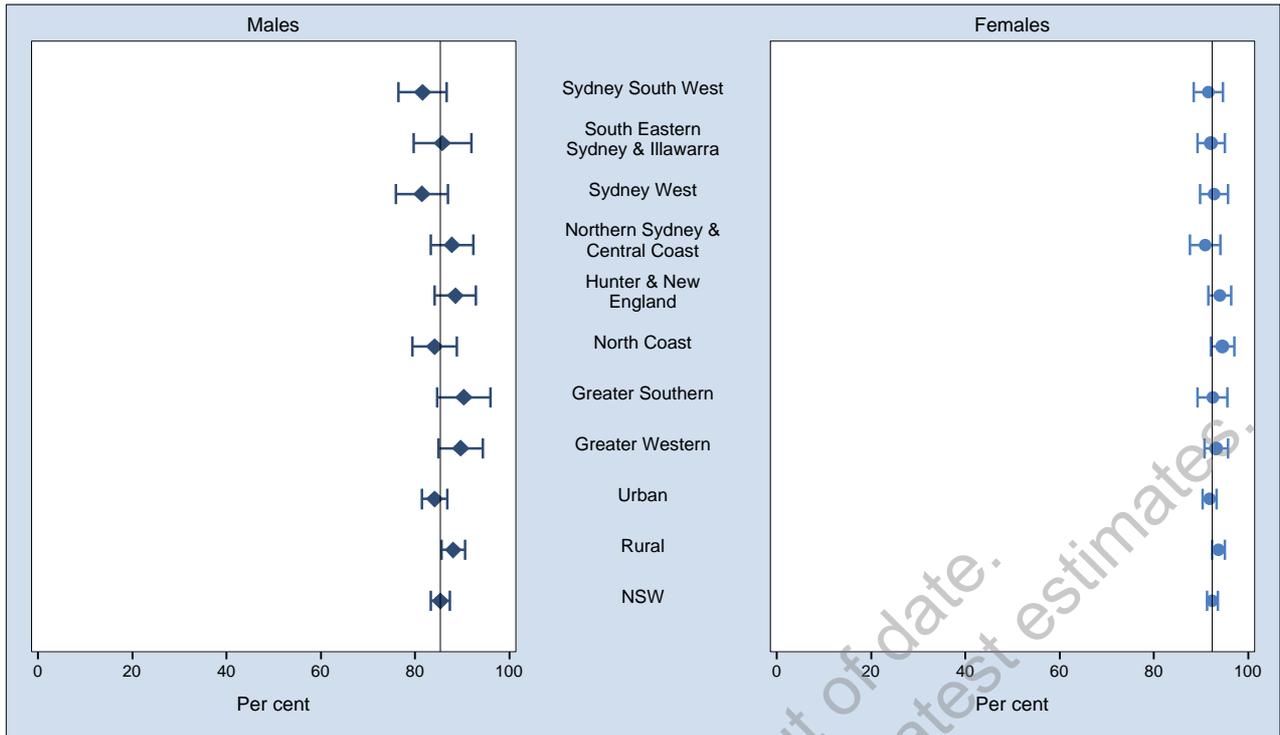
Blood pressure measured in last 2 years by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,181 respondents in NSW. For this indicator 192 (2.29%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had their blood pressure measured within the last 2 years. The question used to define the indicator was: When did you last have your blood pressure measured by a medical practitioner or nurse?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

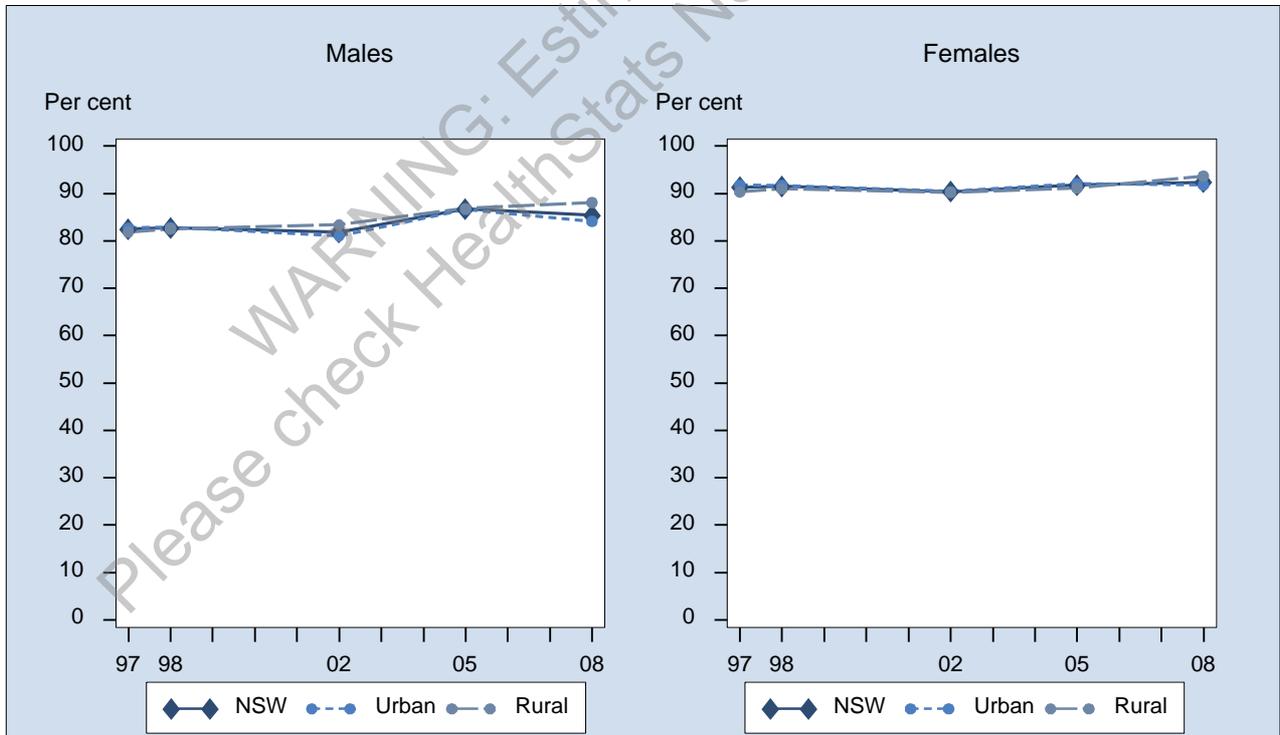
Blood pressure measured in last 2 years by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,181 respondents in NSW. For this indicator 192 (2.29%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had their blood pressure measured within the last 2 years. The question used to define the indicator was: When did you last have your blood pressure measured by a medical practitioner or nurse?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

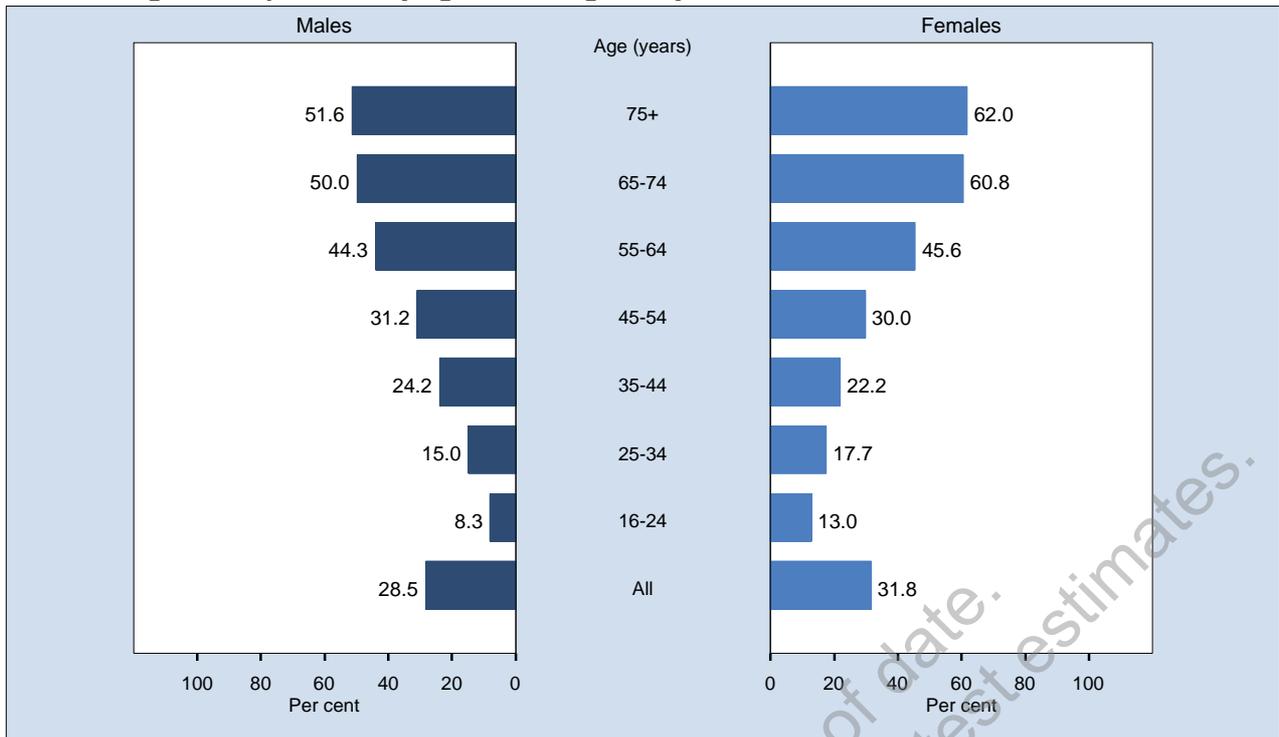
Blood pressure measured in last 2 years by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,299), 1998 (17,154), 2002 (12,315), 2005 (11,059), 2008 (8,181). The indicator includes those who had their blood pressure measured within the last 2 years. The question used to define the indicator was: When did you last have your blood pressure measured by a medical practitioner or nurse?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Ever had high blood pressure by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,241 respondents in NSW. For this indicator 25 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have been told by a doctor or hospital they have high blood pressure or hypertension, except during pregnancy. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have high blood pressure, sometimes called hypertension?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

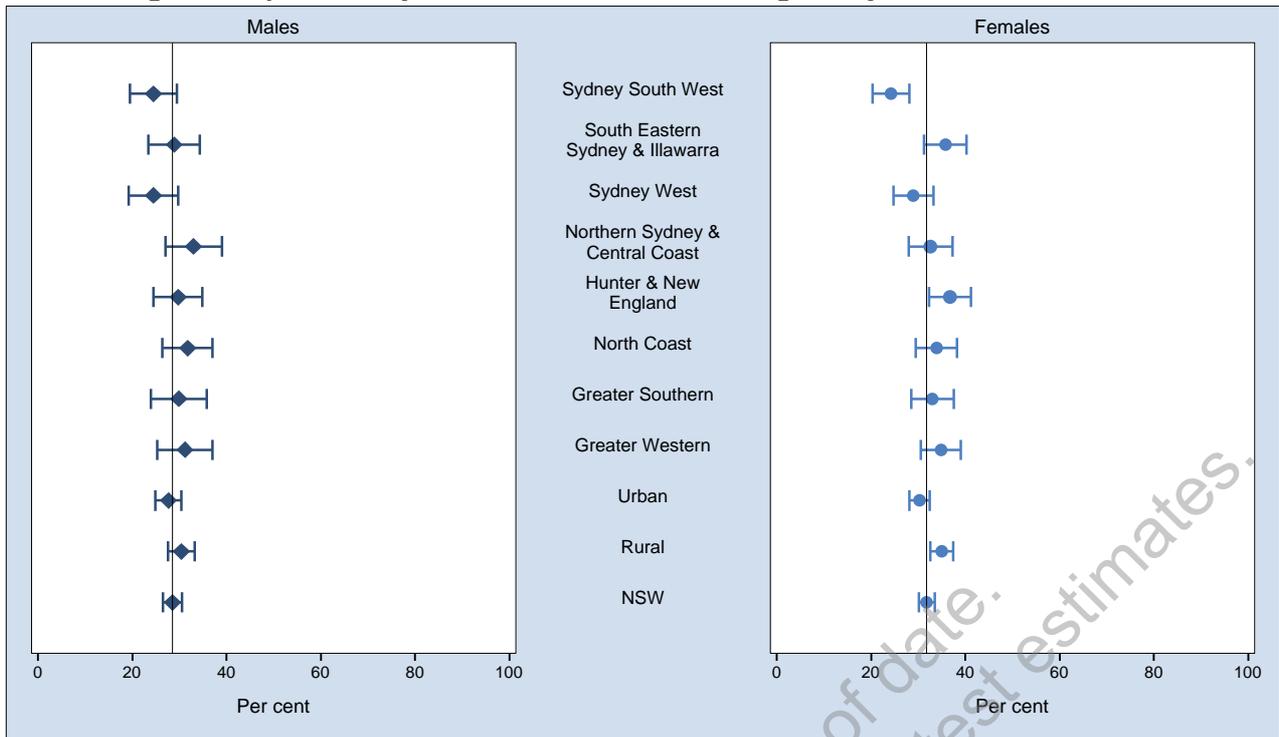
Ever had high blood pressure by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,241 respondents in NSW. For this indicator 25 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have been told by a doctor or hospital they have high blood pressure or hypertension, except during pregnancy. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have high blood pressure, sometimes called hypertension?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

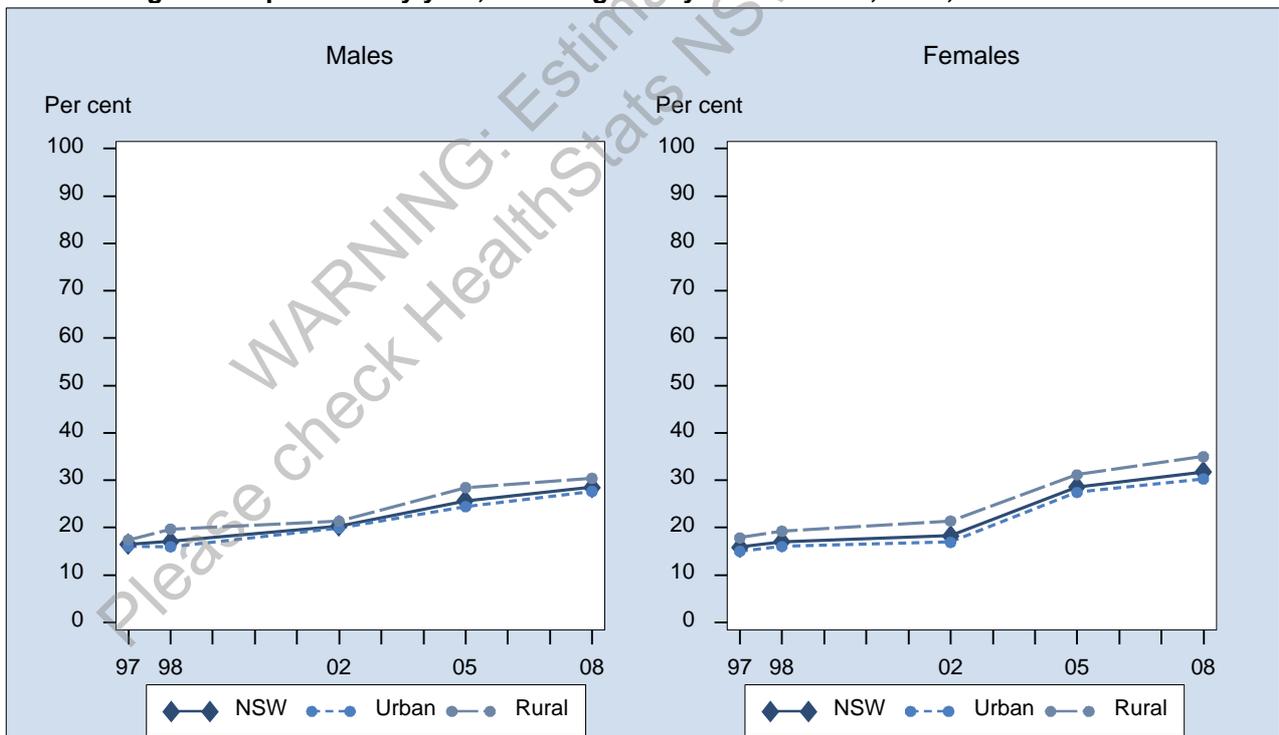
Ever had high blood pressure by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,241 respondents in NSW. For this indicator 25 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have been told by a doctor or hospital they have high blood pressure or hypertension, except during pregnancy. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have high blood pressure, sometimes called hypertension?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

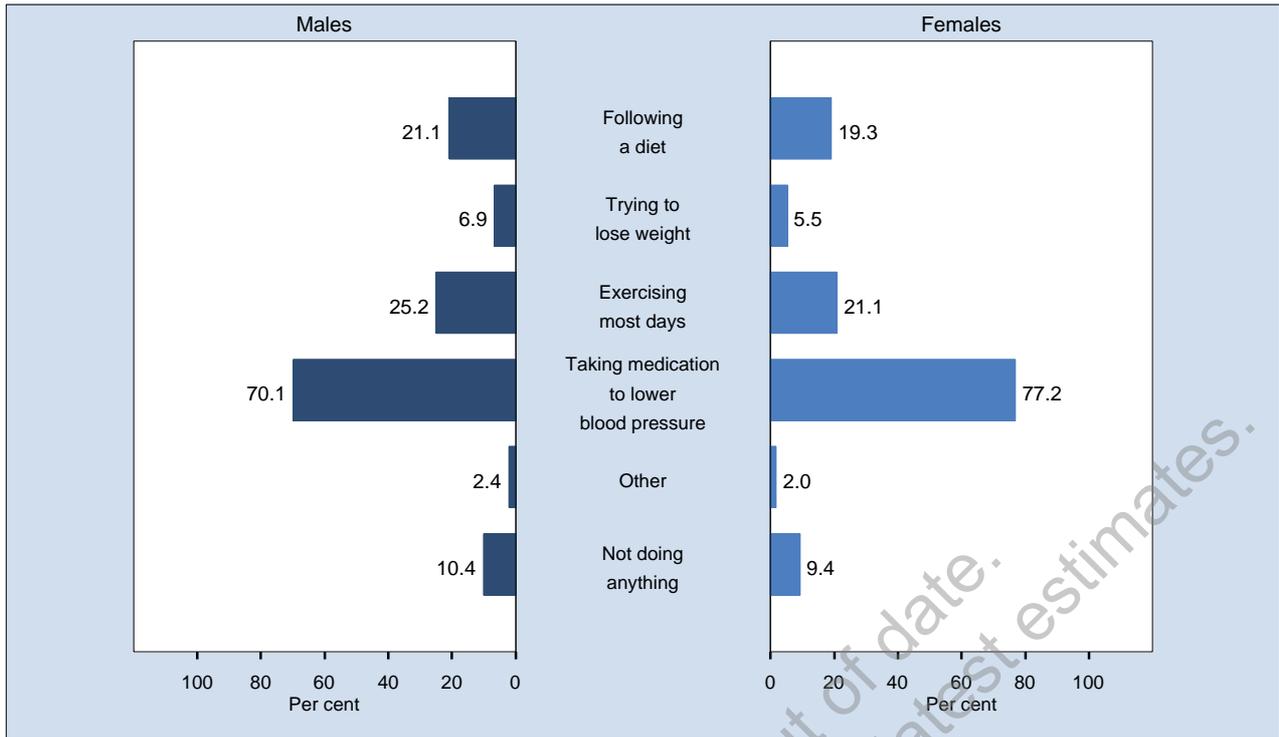
Ever had high blood pressure by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,098), 1998 (16,776), 2002 (12,380), 2005 (11,107), 2008 (8,241). The indicator includes those who have been told by a doctor or hospital they have high blood pressure or hypertension, except during pregnancy. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have high blood pressure, sometimes called hypertension?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

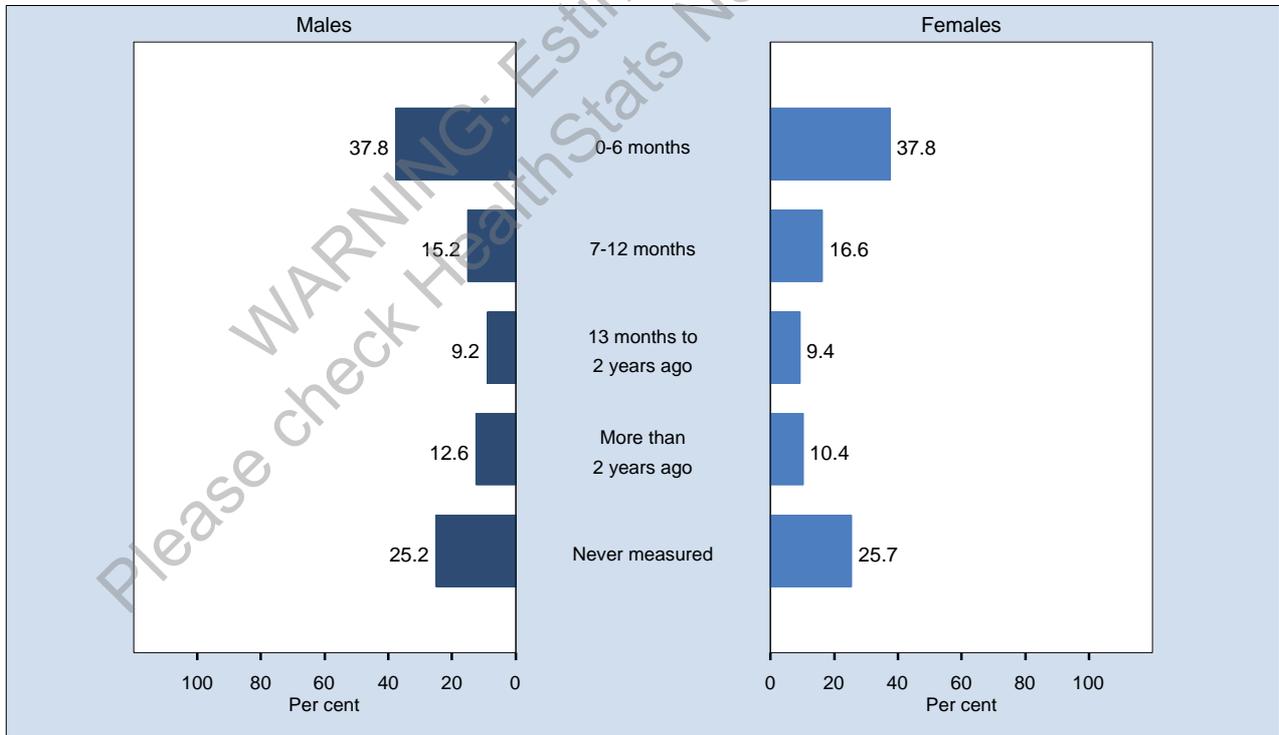
Actions taken to manage high blood pressure, adults aged 16 years and over with high blood pressure, NSW, 2008



Note: Estimates are based on 2,708 respondents in NSW. For this indicator 42 (1.53%) were not stated (Don't know or Refused) in NSW. The questions used were: Have you ever been told by a doctor or hospital you have high blood pressure sometimes called hypertension? What are you doing now to manage your high blood pressure or hypertension? Respondents could mention more than 1 response. Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

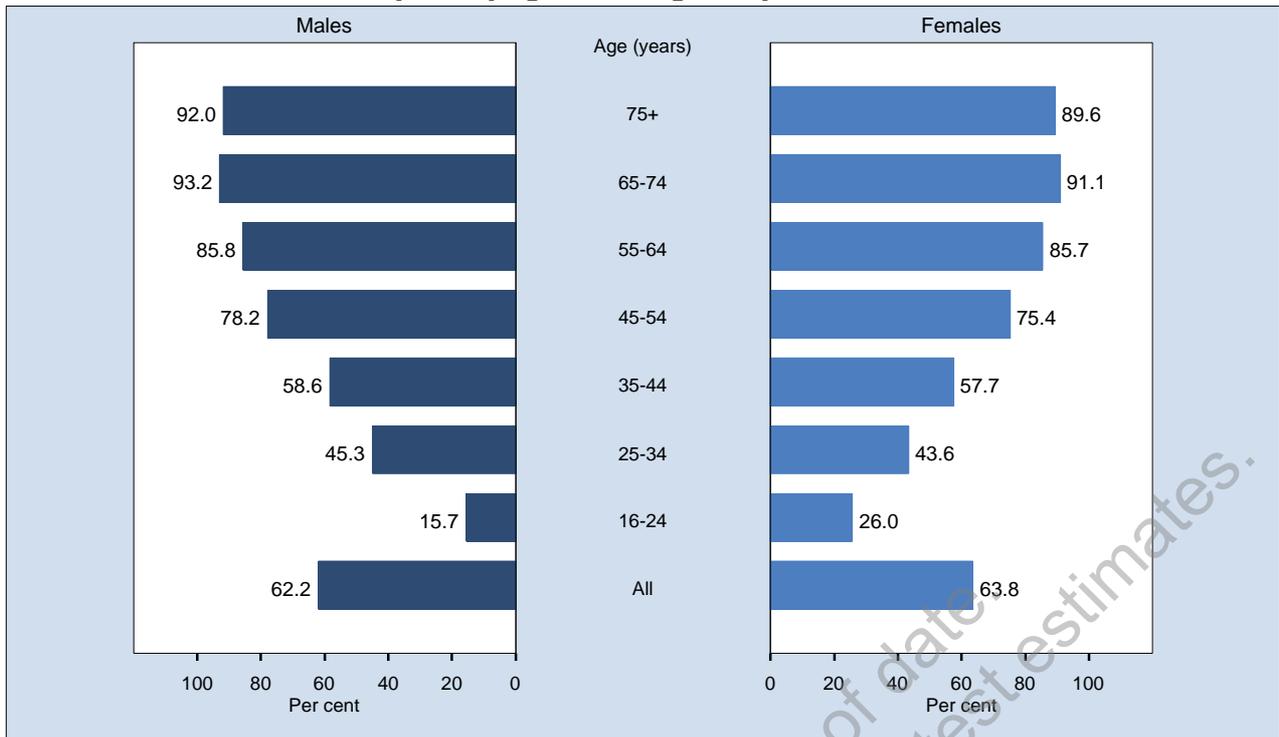
When cholesterol last measured, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,883 respondents in NSW. For this indicator 490 (5.85%) were not stated (Don't know or Refused) in NSW. The question used was: When did you last have your cholesterol measured?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

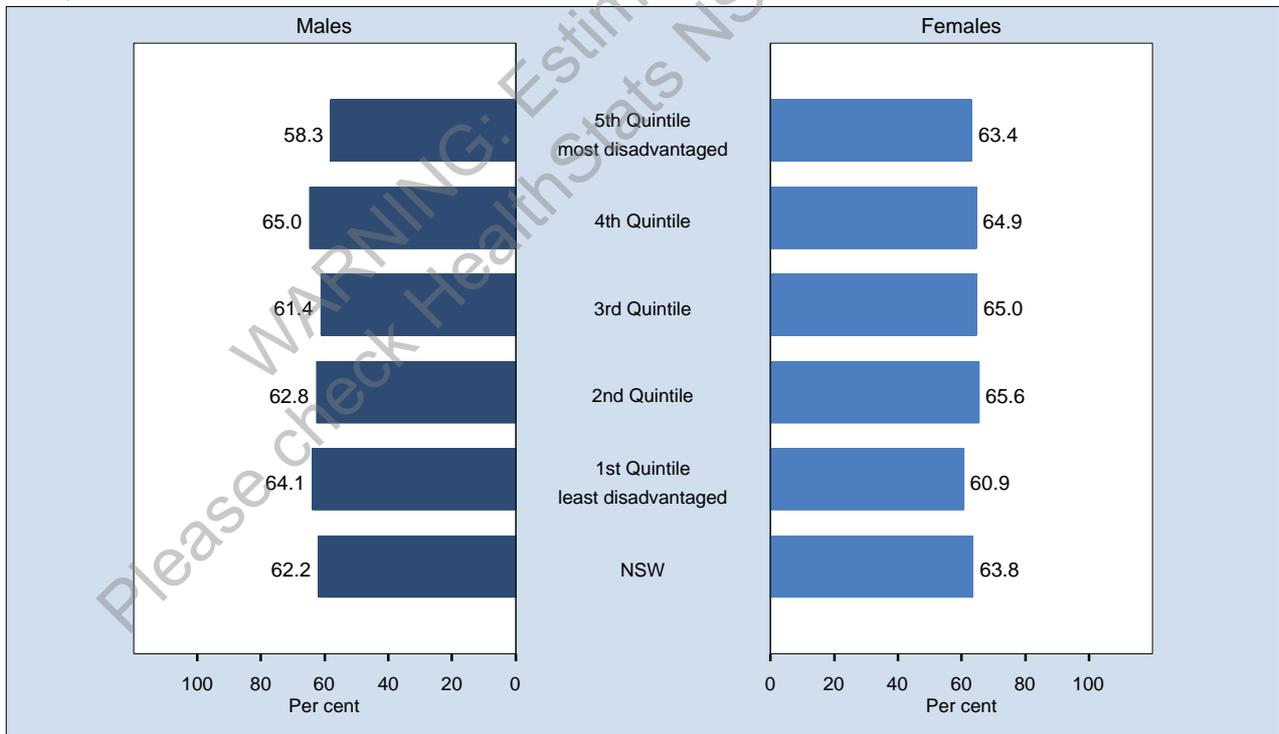
Cholesterol measured in last 2 years by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,883 respondents in NSW. For this indicator 490 (5.85%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had their cholesterol measured within the last 2 years. The question used to define the indicator was: When did you last have your cholesterol measured?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

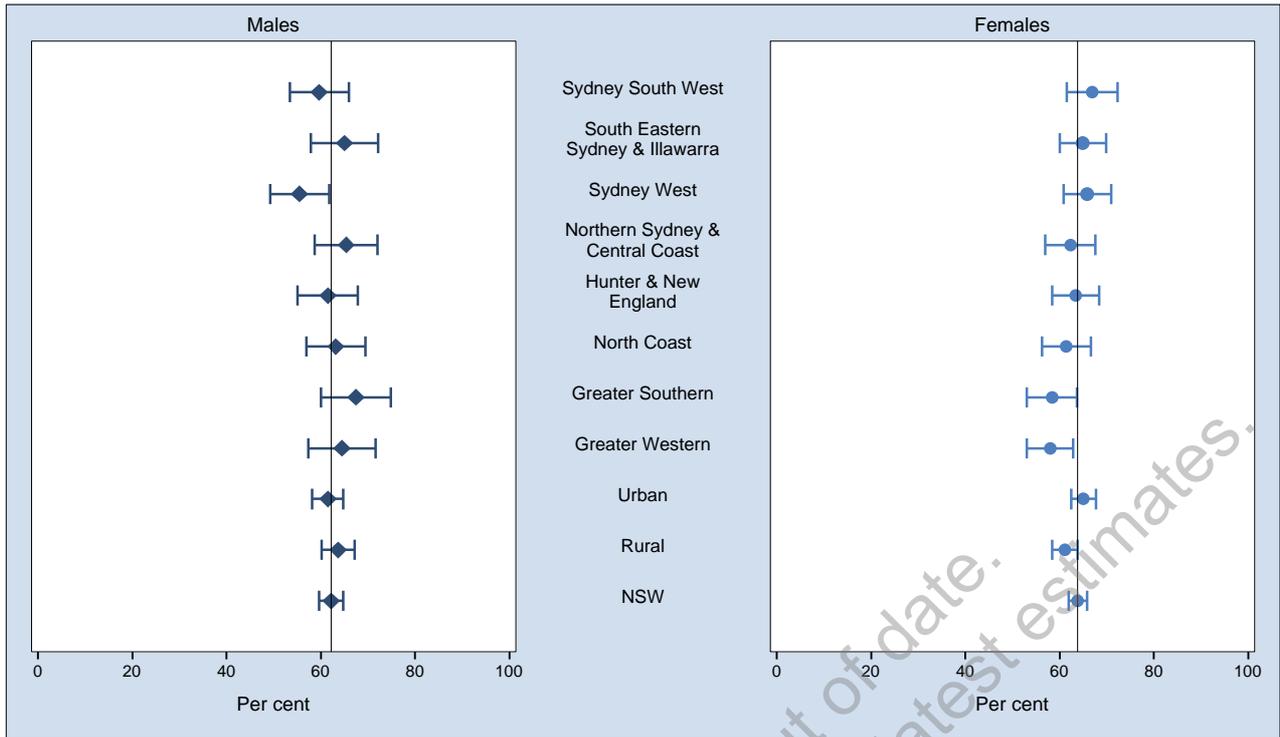
Cholesterol measured in last 2 years by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,883 respondents in NSW. For this indicator 490 (5.85%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had their cholesterol measured within the last 2 years. The question used to define the indicator was: When did you last have your cholesterol measured?

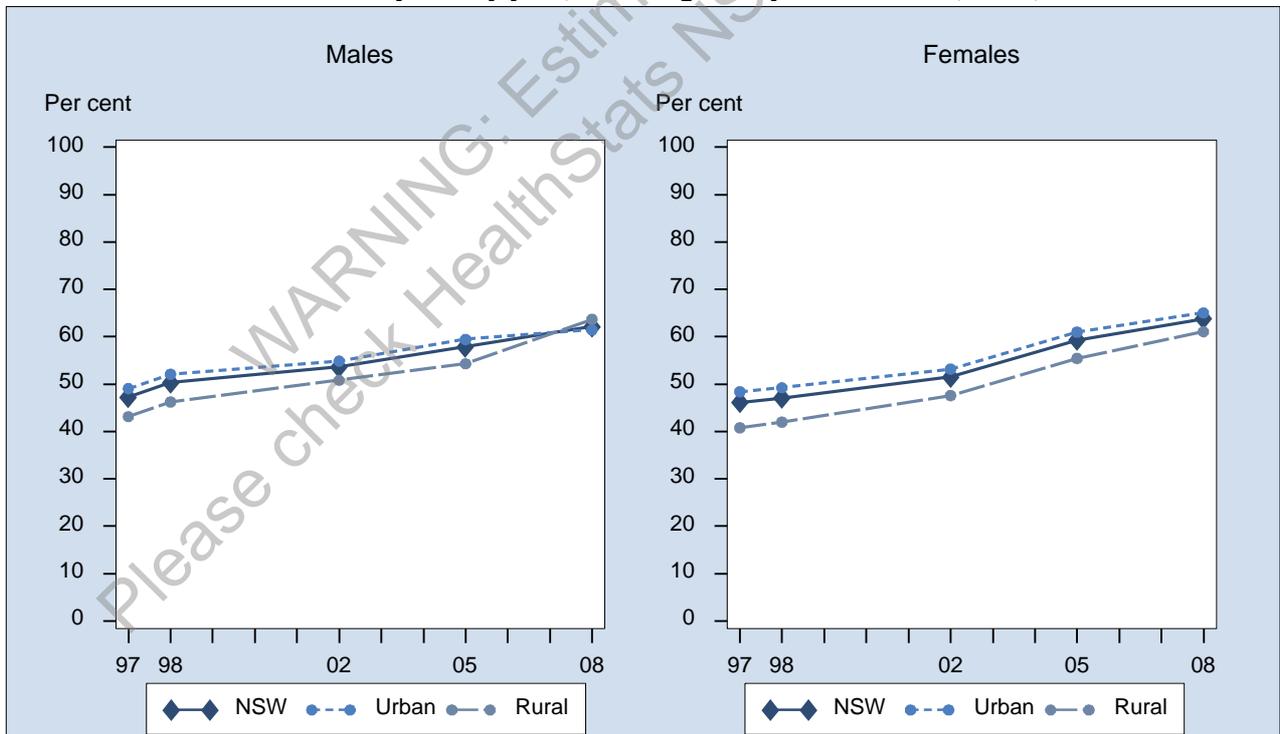
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Cholesterol measured in last 2 years by area health service, adults aged 16 years and over, NSW, 2008



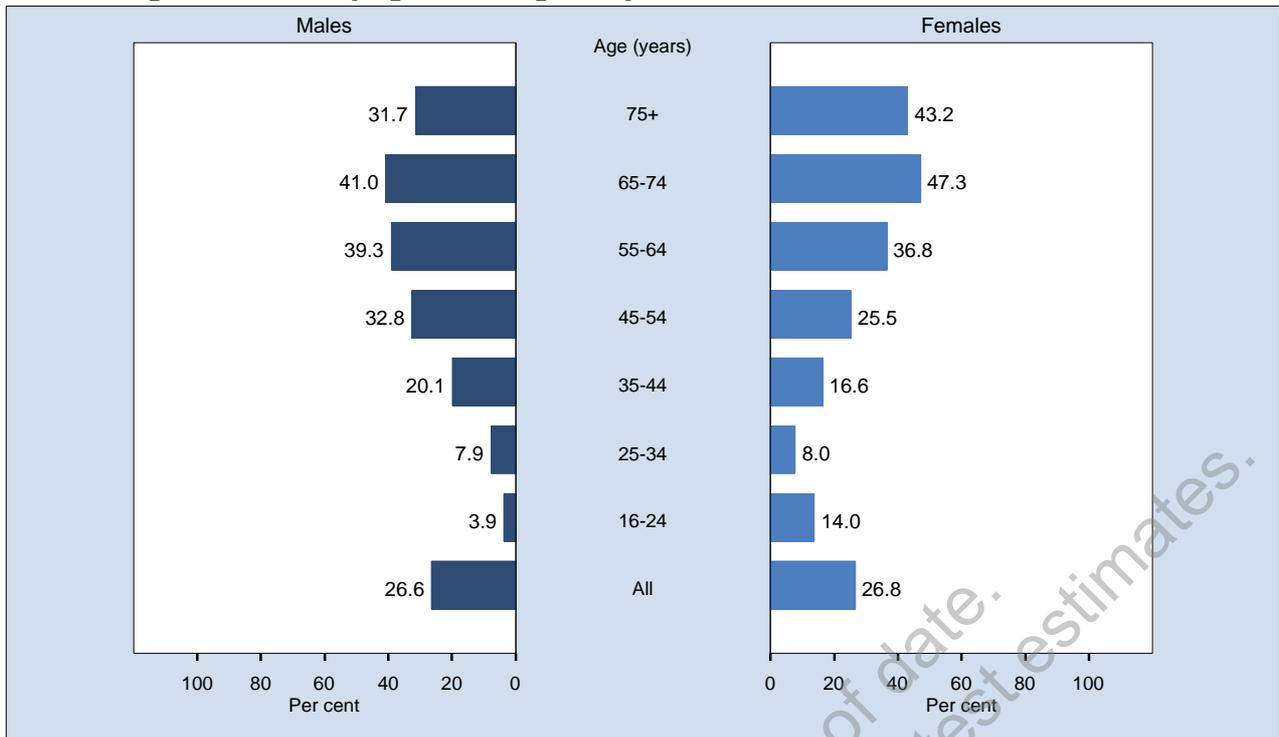
Note: Estimates are based on 7,883 respondents in NSW. For this indicator 490 (5.85%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had their cholesterol measured within the last 2 years. The question used to define the indicator was: When did you last have your cholesterol measured?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Cholesterol measured in last 2 years by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,179), 1998 (16,886), 2002 (12,056), 2005 (10,785), 2008 (7,883). The indicator includes those who had their cholesterol measured within the last 2 years. The question used to define the indicator was: When did you last have your cholesterol measured?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

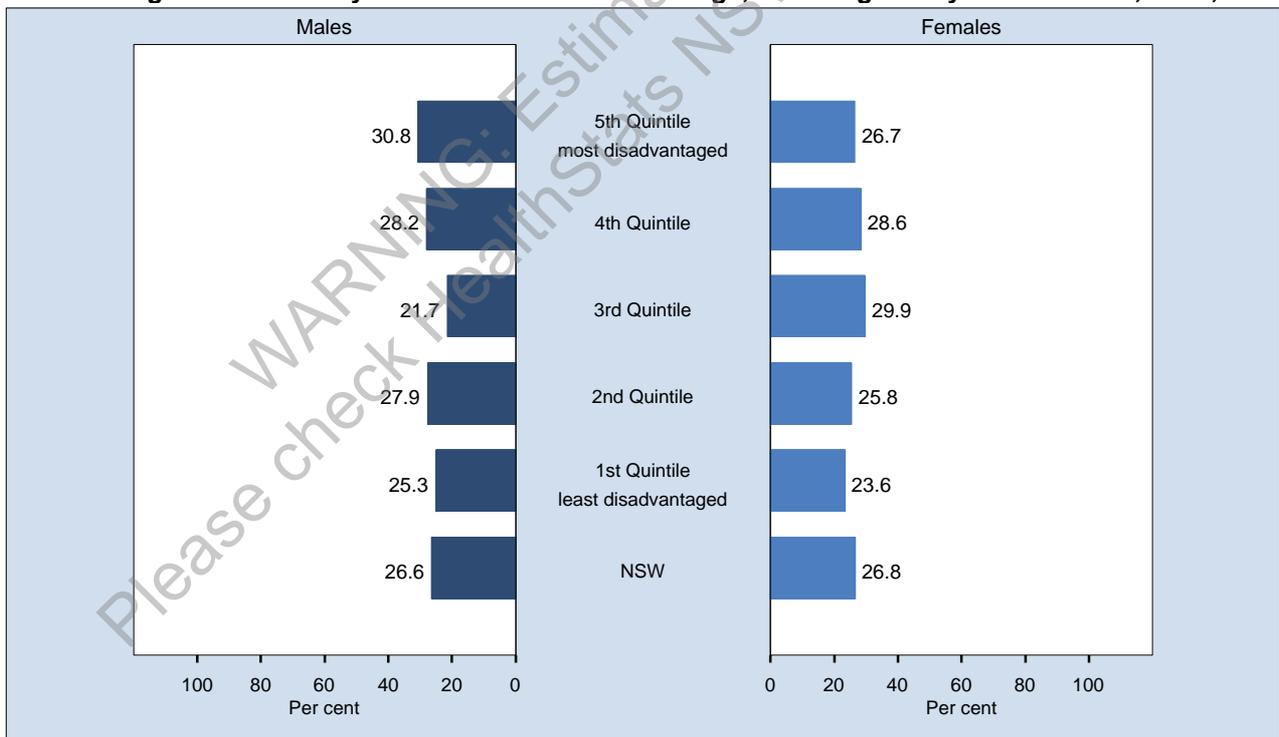
Ever had high cholesterol by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,059 respondents in NSW. For this indicator 63 (0.88%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever been told by a doctor or hospital they have high cholesterol. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have high cholesterol?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

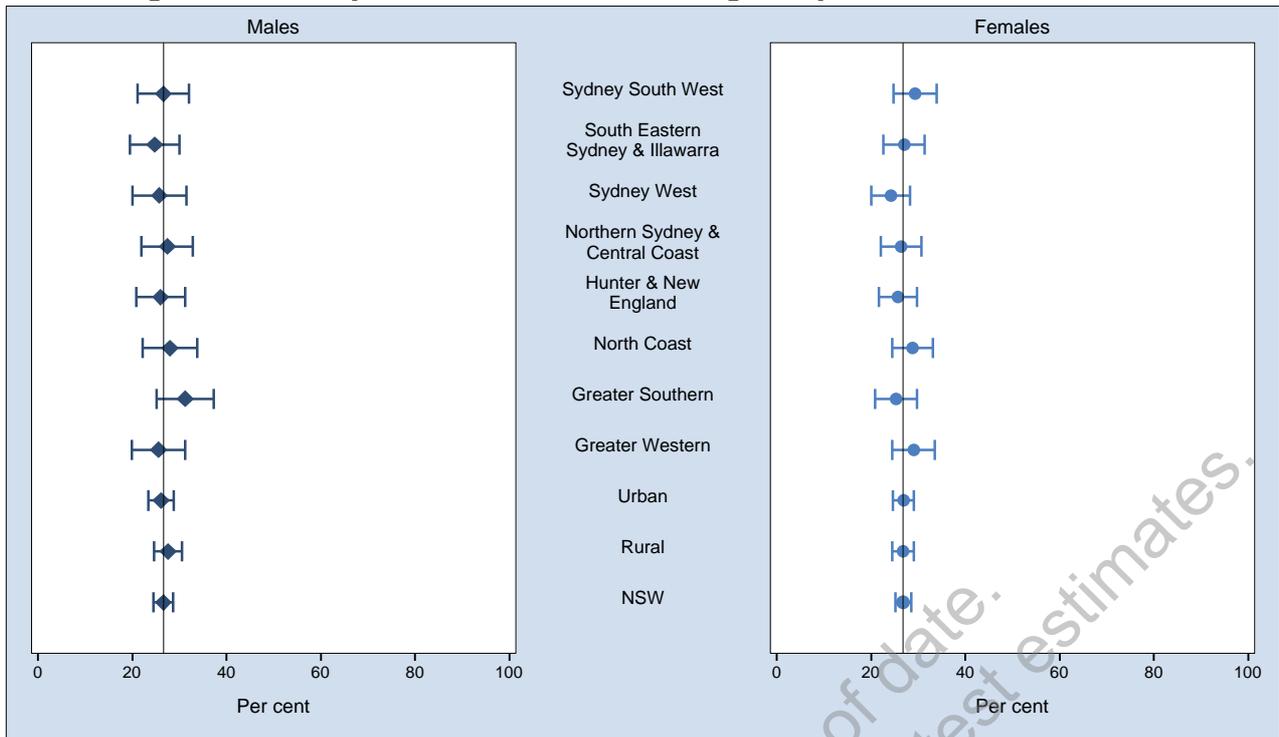
Ever had high cholesterol by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,059 respondents in NSW. For this indicator 63 (0.88%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever been told by a doctor or hospital they have high cholesterol. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have high cholesterol?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

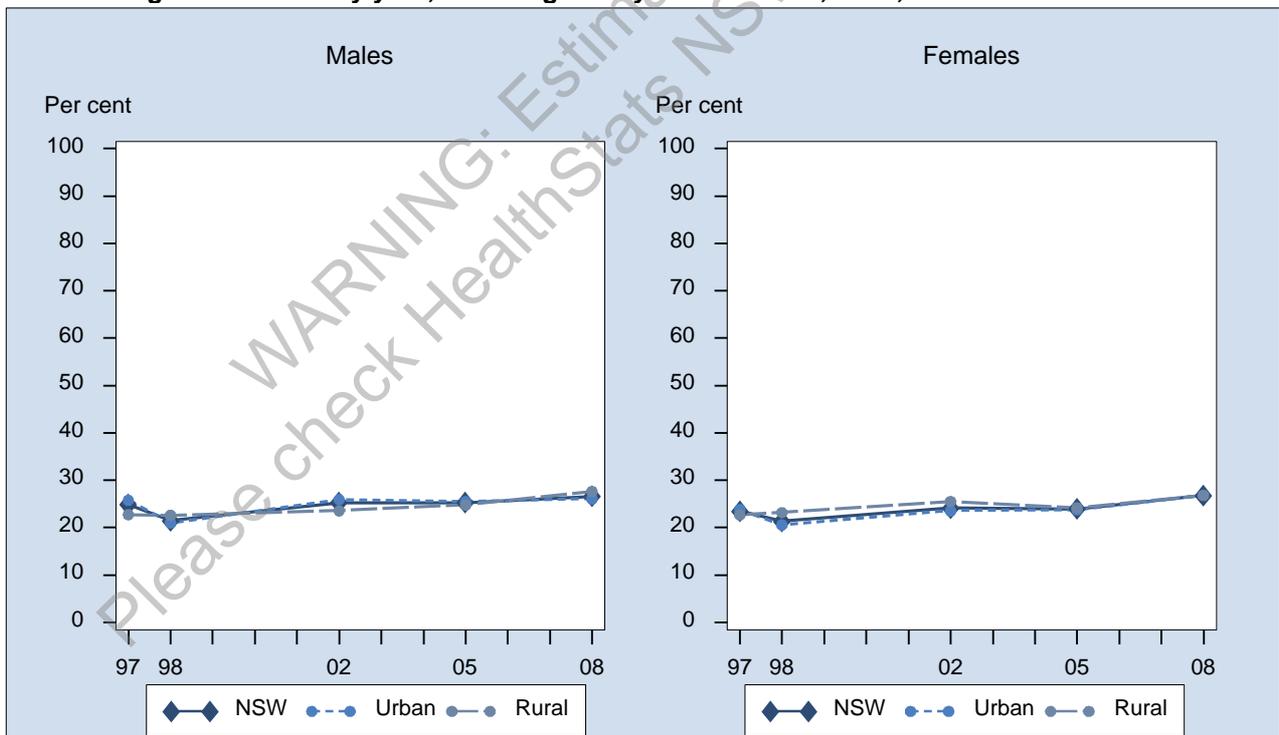
Ever had high cholesterol by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,059 respondents in NSW. For this indicator 63 (0.88%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have ever been told by a doctor or hospital they have high cholesterol. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have high cholesterol?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

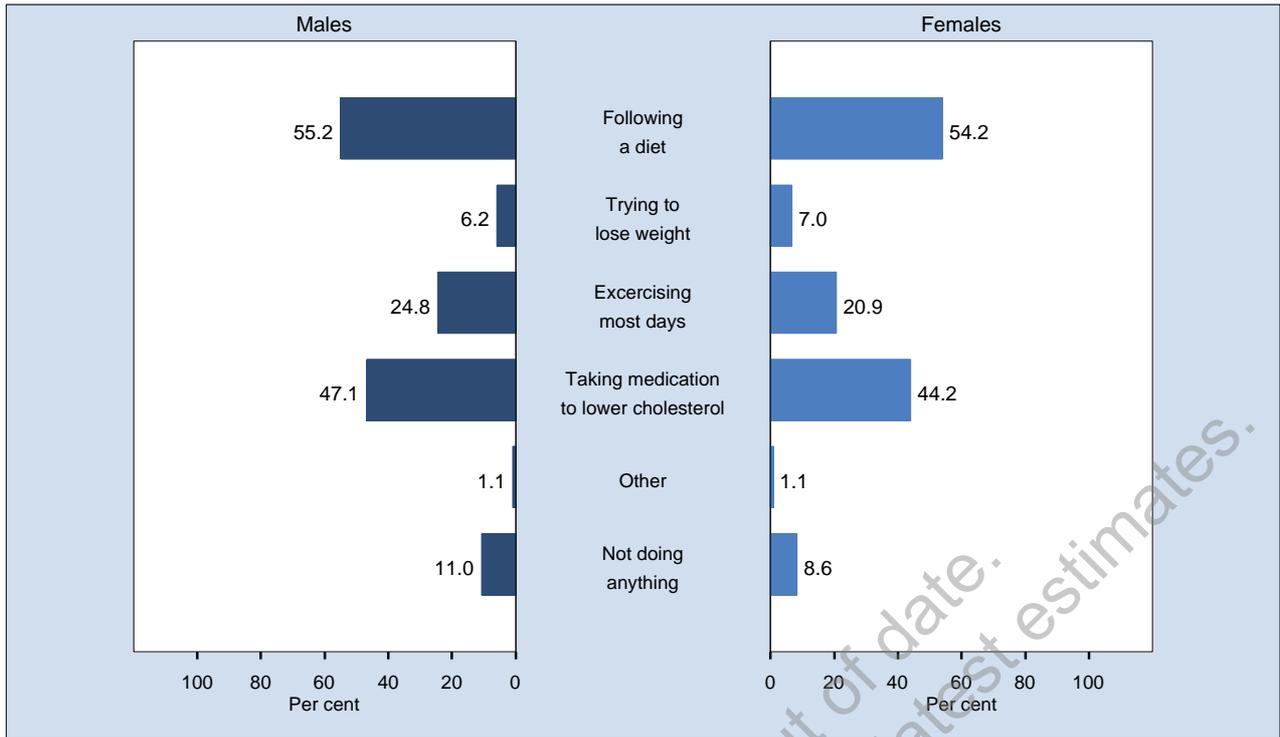
Ever had high cholesterol by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (11,332), 1998 (11,597), 2002 (9,032), 2005 (9,065), 2008 (7,059). The indicator includes those who have ever been told by a doctor or hospital they have high cholesterol. The question used to define the indicator was: Have you ever been told by a doctor or hospital you have high cholesterol?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Actions taken to manage high cholesterol, adults aged 16 years and over with high cholesterol, NSW, 2008



Note: Estimates are based on 2,793 respondents in NSW. For this indicator 79 (2.75%) were not stated (Don't know or Refused) in NSW. The questions used were: Have you ever been told by a doctor or hospital you have high cholesterol? What are you doing now to manage your high cholesterol? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates out of date. Please check HealthStats NSW for latest estimates.

Diabetes or high blood glucose

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. 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.[1]

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. 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.[1]

Type 2 diabetes accounts for up to 90 per cent of all cases of diabetes, and 71 per cent of hospitalisations for diabetes. In 2006, diabetes was the principal cause of 2.0 per cent of deaths and a related cause of almost 5.0 per cent of deaths in New South Wales. Between 1989-90 and 2006-07, hospitalisations for which diabetes was recorded as a principal diagnosis increased by more than 160 per cent in New South Wales.[2]

Results

In 2008, 7.3 per cent of adults had diabetes or high blood glucose. There was no significant difference between males and females. A significantly lower proportion of adults aged 16-24 years (2.1 per cent), 25-34 years (1.8 per cent), and 35-44 years (3.5 per cent), and a significantly higher proportion of adults aged 55-64 years (14.1 per cent), 65-74 years (17.8 per cent), and 75 years and over (16.8 per cent), had diabetes or high blood glucose, compared with the overall adult population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (4.8 per cent), and a significantly higher proportion of adults in the fourth disadvantaged quintile (8.9 per cent), had diabetes or high blood glucose, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (8.8 per cent) than urban health areas (6.6 per cent) had diabetes or high blood glucose. A significantly higher proportion of adults in the Hunter & New England Area Health Service (9.7 per cent) had diabetes or high blood glucose, compared with the overall adult population.

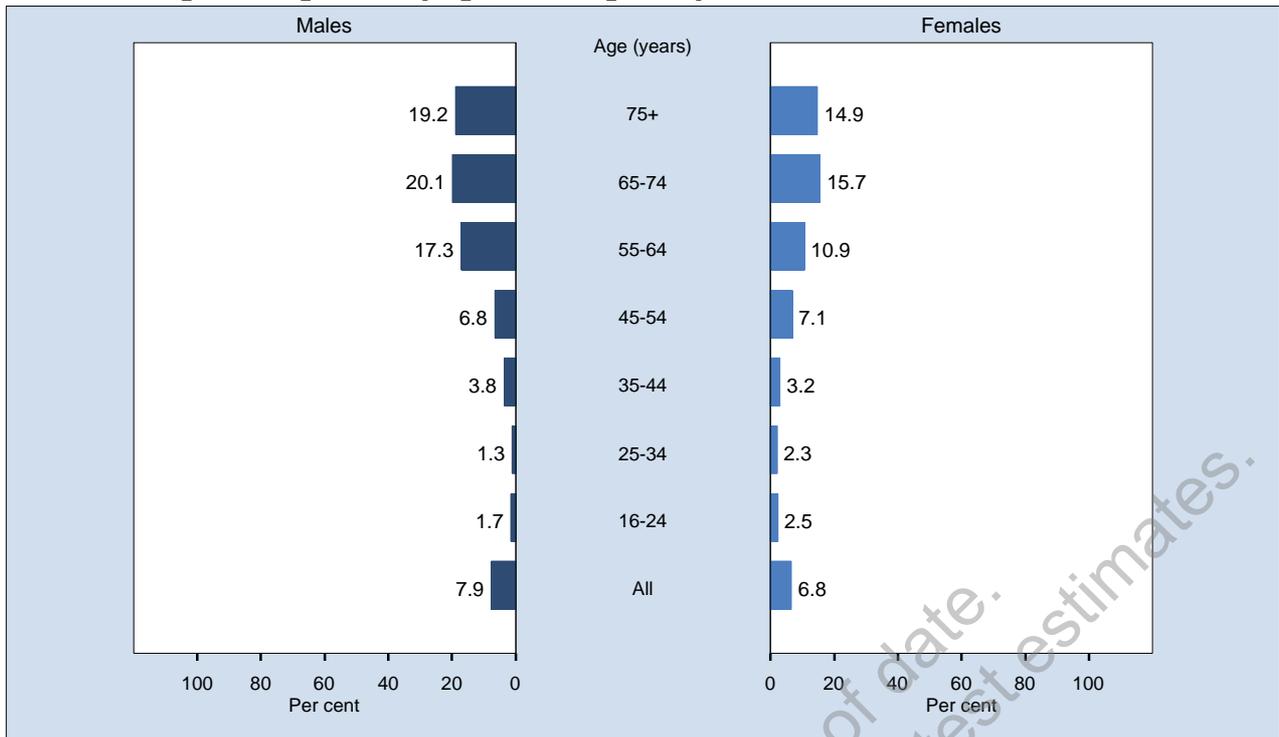
Since 1997, there has been a significant increase in the proportion of adults who had diabetes or high blood glucose (4.7 per cent to 7.3 per cent). The increase has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who had diabetes or high blood glucose.

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2. Population Health Division. *The Health of the People of New South Wales: Report of the Chief Health Officer 2008, Summary Report*. Sydney: NSW Department of Health, 2008. Available online at www.health.nsw.gov.au (accessed 1 April 2009).

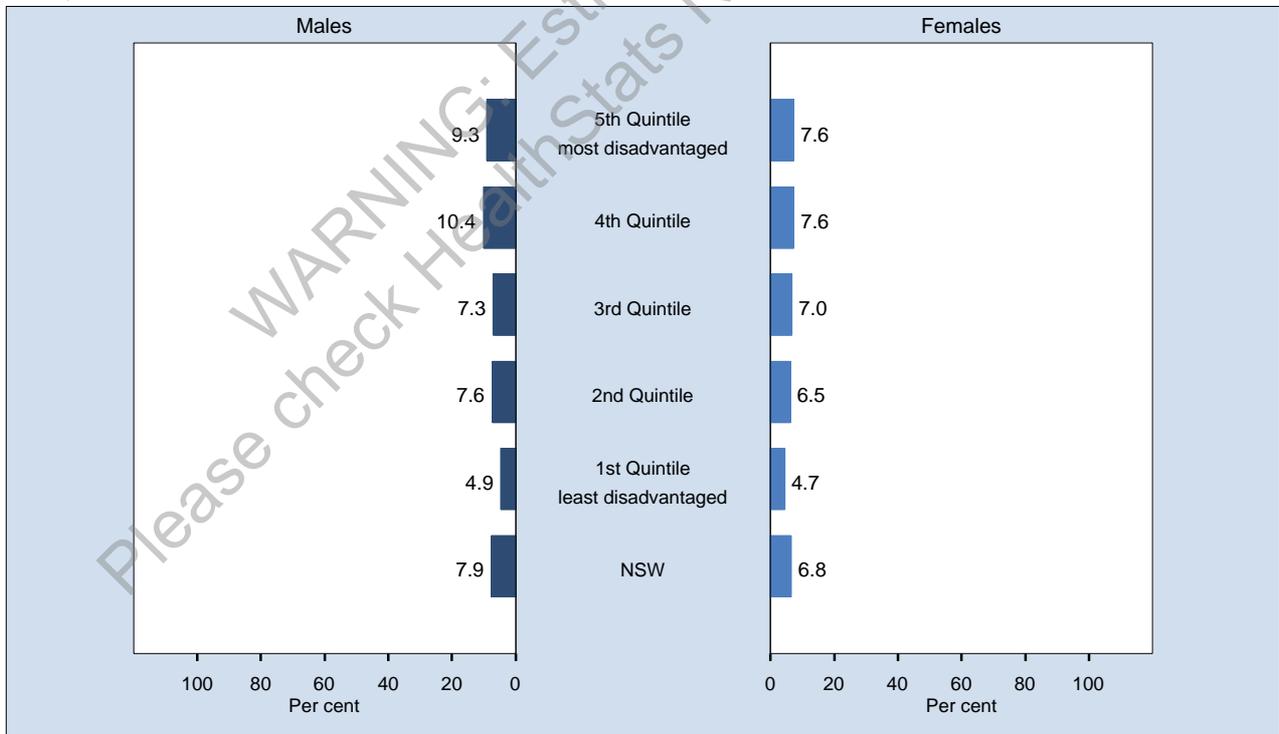
Diabetes or high blood glucose by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,616 respondents in NSW. For this indicator 48 (0.55%) 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? If female, Were you pregnant when you were first told you had diabetes or high blood glucose? Have you ever had diabetes or high blood glucose apart from when you were pregnant?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

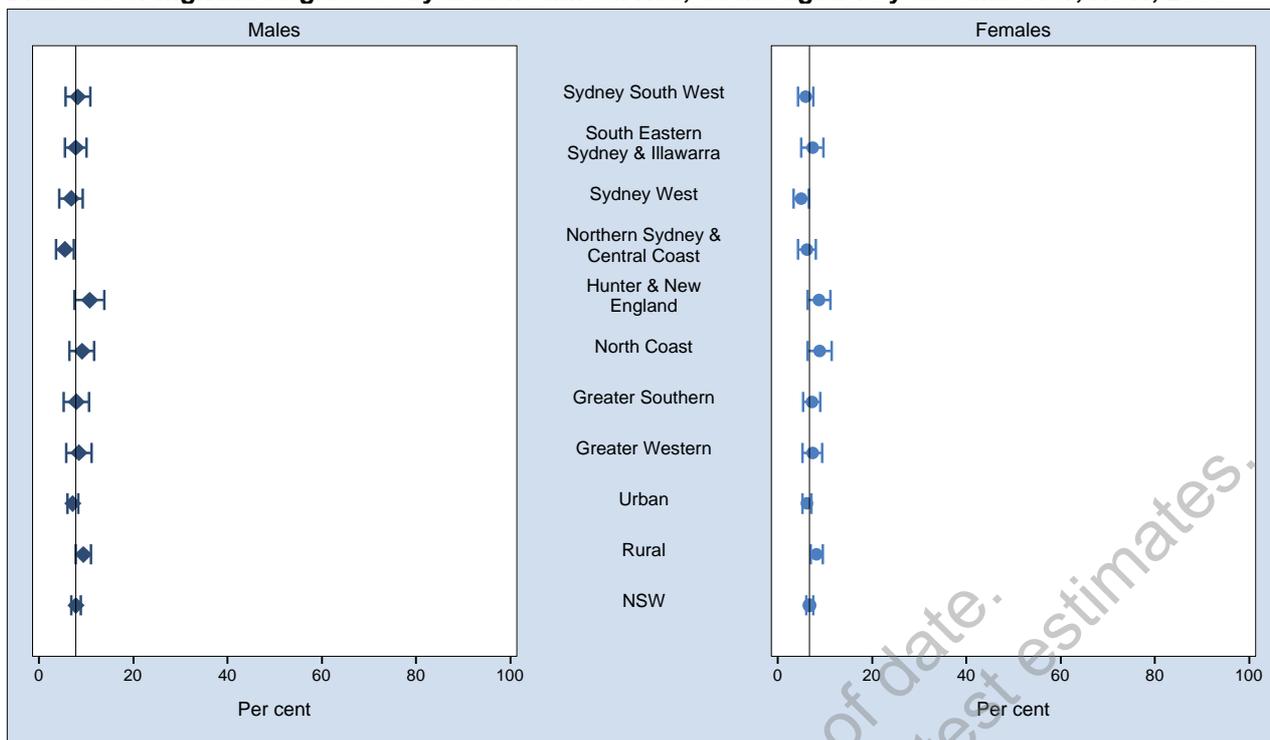
Diabetes or high blood glucose by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,616 respondents in NSW. For this indicator 48 (0.55%) 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? If female, Were you pregnant when you were first told you had diabetes or high blood glucose? Have you ever had diabetes or high blood glucose apart from when you were pregnant?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

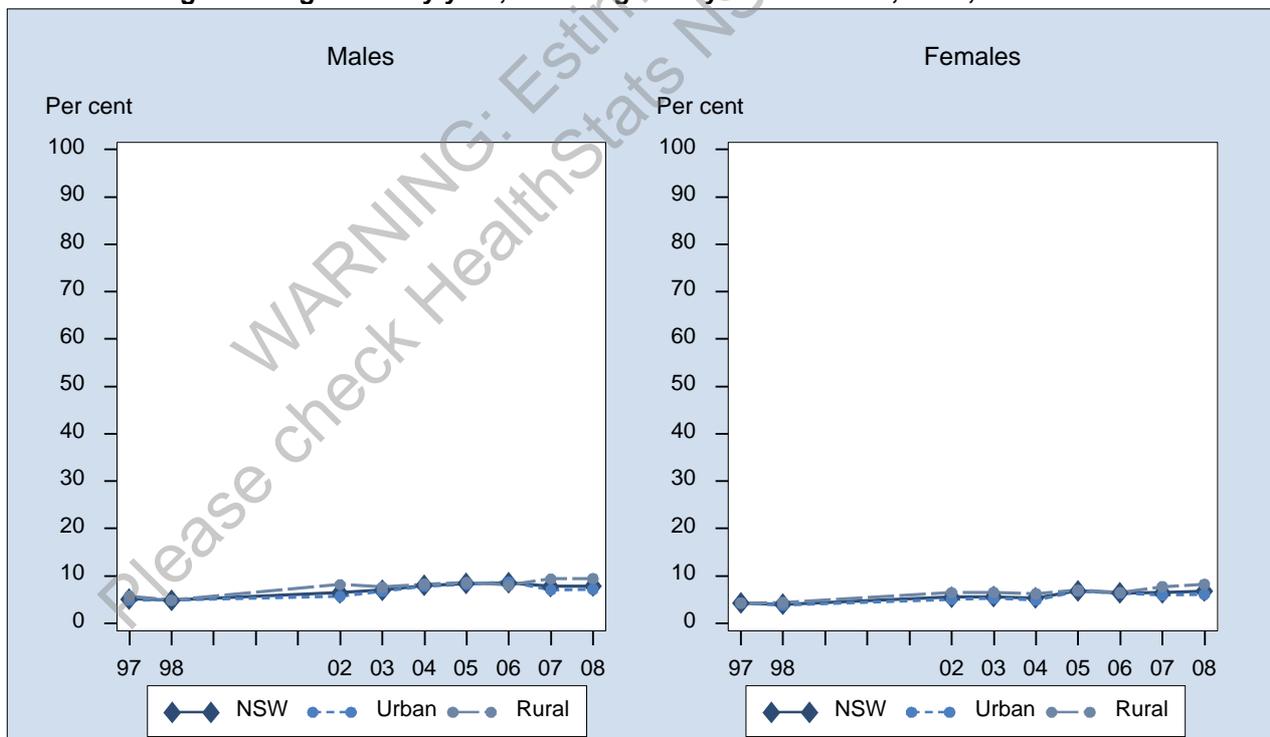
Diabetes or high blood glucose by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,616 respondents in NSW. For this indicator 48 (0.55%) 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? If female, Were you pregnant when you were first told you had diabetes or high blood glucose? Have you ever had diabetes or high blood glucose apart from when you were pregnant?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Diabetes or high blood glucose by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,446), 1998 (17,326), 2002 (12,570), 2003 (12,960), 2004 (9,402), 2005 (11,457), 2006 (7,935), 2007 (7,316), 2008 (8,616). 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? If female, Were you pregnant when you were first told you had diabetes or high blood glucose? Have you ever had diabetes or high blood glucose apart from when you were pregnant?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Mental health

Introduction

Psychological distress has a major effect on the ability of people to work, study, and manage their day-to-day activities. The Kessler 10 Plus (K10+) measure of non-specific psychological distress is included in the New South Wales Population Health Survey to monitor this in people aged 16 years and over.[1] K10+ contains a 10-item questionnaire that measures symptoms such as anxiety, depression, agitation, and psychological fatigue in the most recent 4-week period, plus additional questions to establish the effect of the distress. At both the population level and individual level the K10+ measure is brief and accurate screening scales for mental health.[2-8]

For each of the 10 items in the questionnaire, there is a 5-level response scale based on the amount of time (from none of the time to all the time) the person experienced the particular symptom. When scoring responses, between 1 and 5 points were assigned to each symptom, with a value of 1 indicating the person experienced the symptom none of the time and 5 indicating all of the time. The total score for each person ranges from 10 points (all responses are none of the time) to 50 points (all responses are all of the time). Responses are classified into 4 categories: low psychological distress when the score is 10-15, moderate psychological distress when the score is 16-21, high psychological distress when the score is 22-29, and very high psychological distress when the score is 30 or higher.

The 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 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.

Respondents who scored 16 points and above in the 10 item questionnaire were asked the additional questions to assess functioning and related factors.

Results

In 2008, 69.8 per cent of adults had low levels of psychological distress in the last 4 weeks, 19.6 per cent had moderate levels, 7.1 per cent had high levels, and 3.5 per cent had very high levels.

When ratings of high and very high were combined, 10.6 per cent of adults had high or very high levels of psychological distress in the last 4 weeks. A significantly lower proportion of males (8.5 per cent) than females (12.6 per cent) had high or very high levels of psychological distress in the last 4 weeks. Among males, a significantly lower proportion of those aged 75 years and over (3.9 per cent) had high or very high levels of psychological distress in the last 4 weeks, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 75 years and over (8.3 per cent), and a significantly higher proportion of those aged 16-24 years (18.0 per cent), had high or very high levels of psychological distress in the last 4 weeks, compared with the overall adult female population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (5.8 per cent) had high or very high levels of psychological distress in the last 4 weeks, compared with the overall adult population.

There was no significant difference between urban and rural health areas. A significantly lower proportion of adults in the Northern Sydney & Central Coast Area Health Service (7.9 per cent) had high or very high levels of psychological distress in the last 4 weeks, compared with the overall adult population.

Since 1997, there has been no significant change in the proportion of adults who had high or very high levels of psychological distress in the last 4 weeks.

However, since 2007, there has been a significant decrease in the proportion of adults who had high or very high levels of psychological distress in the last 4 weeks (12.1 per cent to 10.6 per cent). The decrease has been significant in males.

Adults with high or very high psychological distress said their distress was mainly due to physical problems: all of the time (13.7 per cent), most of the time (10.8 per cent), some of the time (20.0 per cent), a little of the time (17.6 per cent), and none of the time (37.9 per cent) in the last 4 weeks.

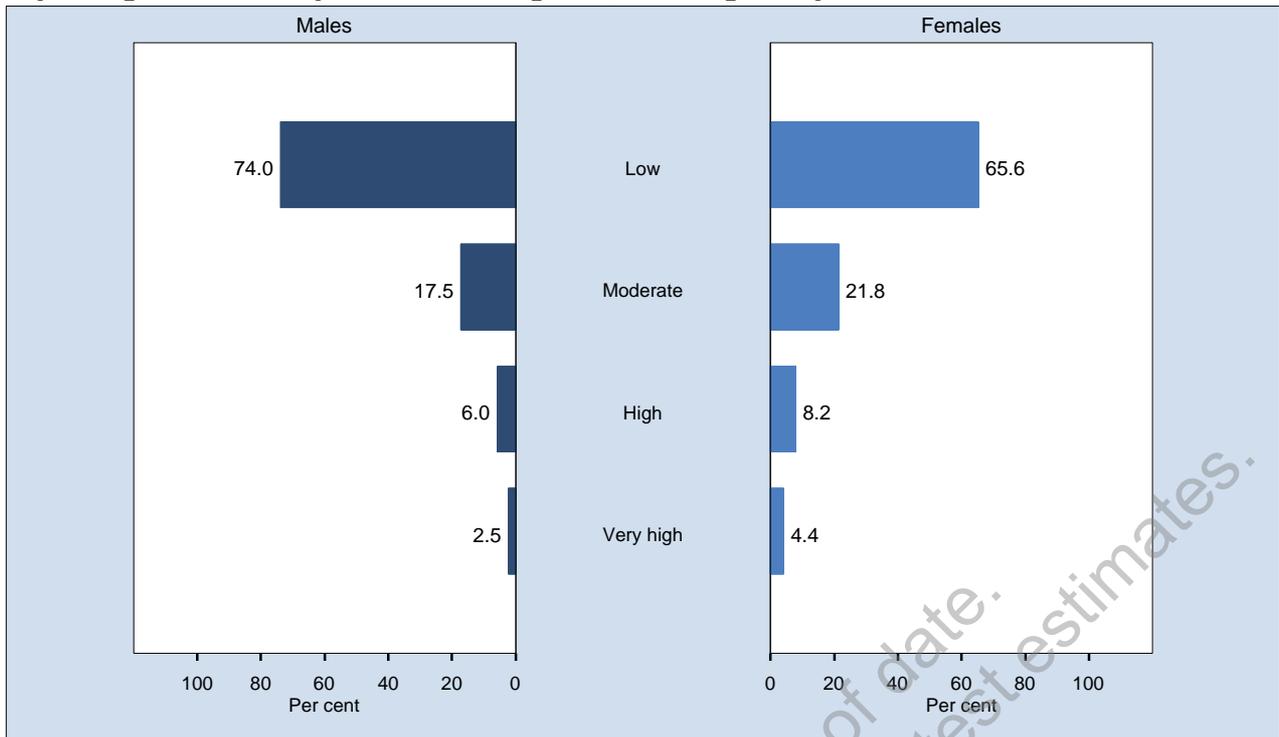
In the last 4 weeks, adults were unable to work or study or manage their day-to-day activities on 0.60 days (0.62 days for males and 0.58 days for females); had to cut down on what they did on 0.71 days (0.49 days for males and 0.92 days for females) in the last 4 weeks; and saw a doctor or other health professional about their psychological distress 0.11 times (0.10 times for males and 0.13 times for females) in the last 4 weeks.

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WARNING: Estimates Only
Please check HealthStats NSW for latest estimates

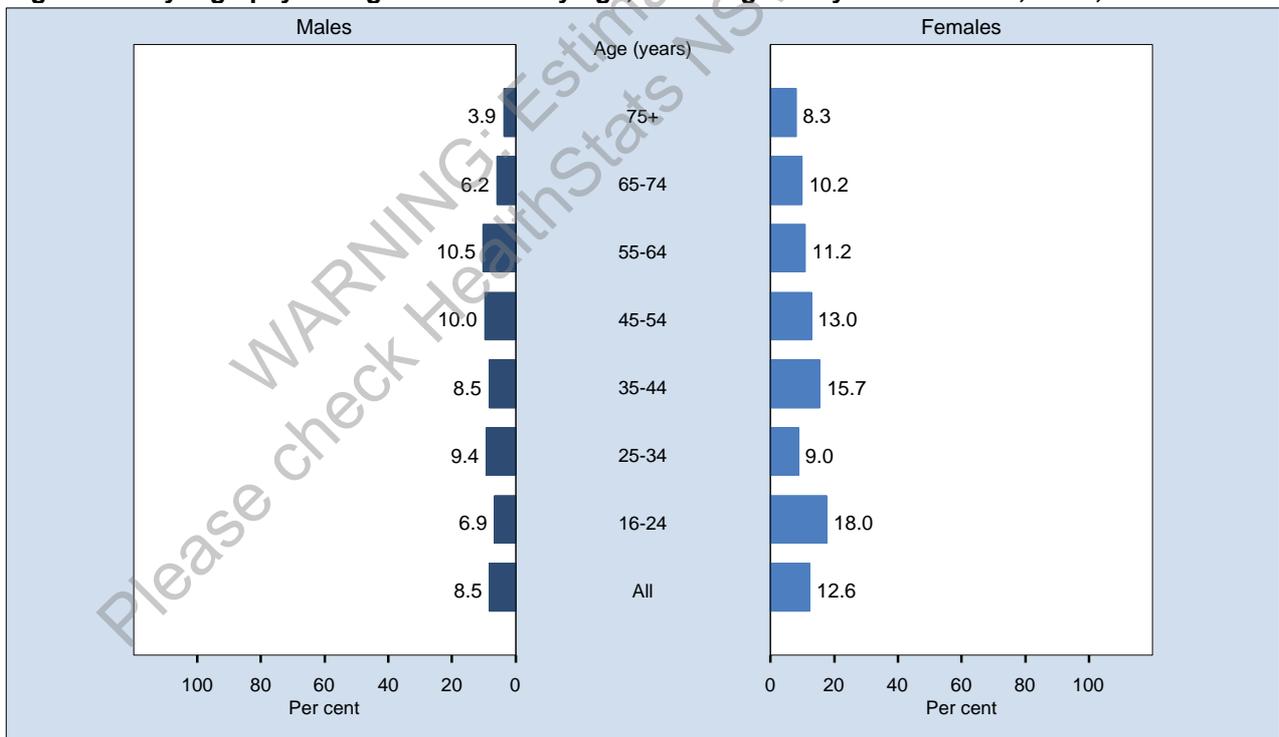
Psychological distress by Kessler 10 categories, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,360 respondents in NSW. For this indicator 49 (0.58%) were not stated (Don't know or Refused) in NSW. The K10 is a 10-item questionnaire that measures the level of psychological distress in the most recent 4-week period. The categories shown for the K10 scores are low (K10 between 10 and 15.9), moderate (K10 between 16 and 21.9), high (K10 between 22 and 29.9), and very high (K10 of 30 and over).

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

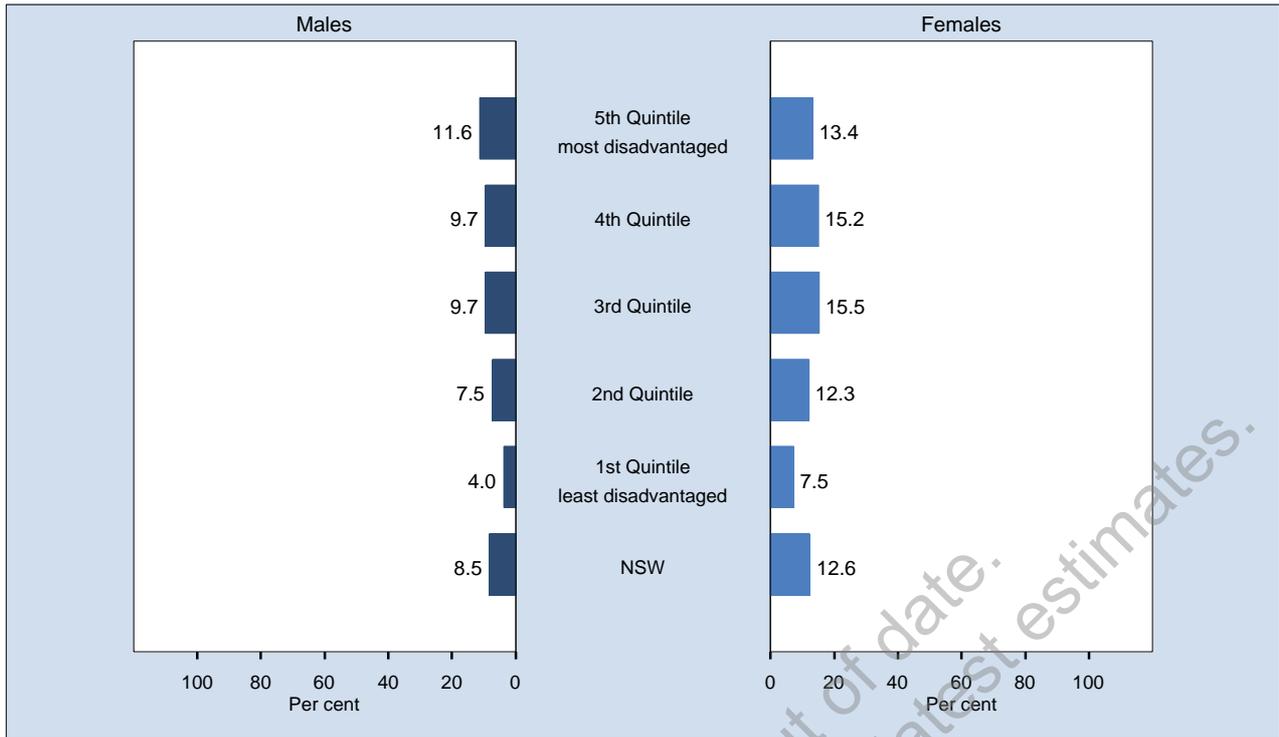
High and very high psychological distress by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,360 respondents in NSW. For this indicator 49 (0.58%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

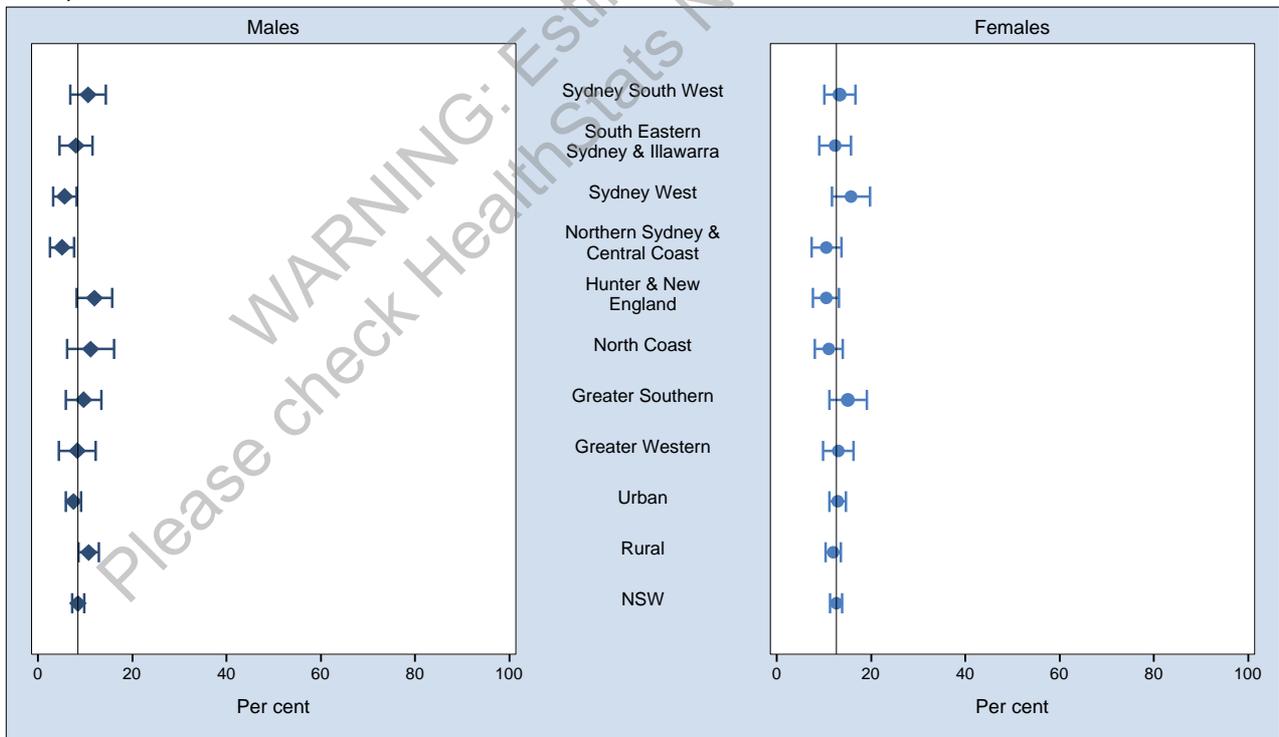
High and very high psychological distress by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,360 respondents in NSW. For this indicator 49 (0.58%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

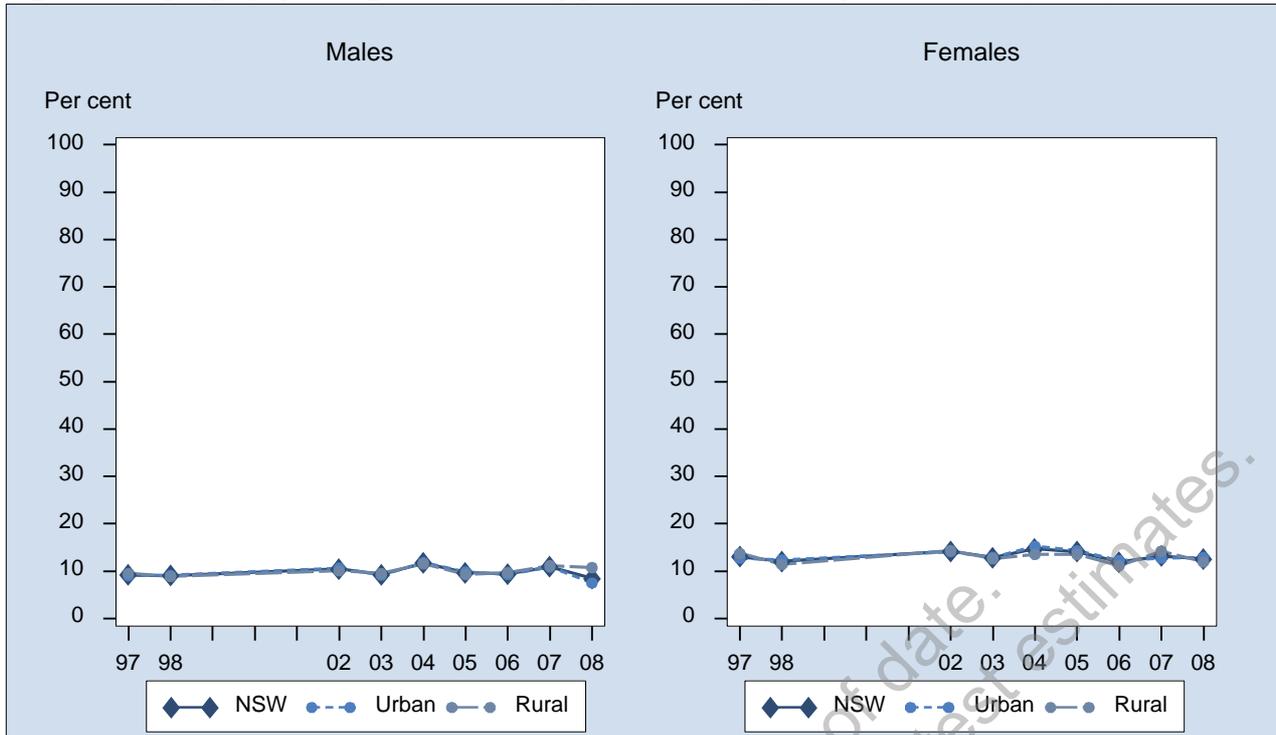
High and very high psychological distress by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,360 respondents in NSW. For this indicator 49 (0.58%) 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

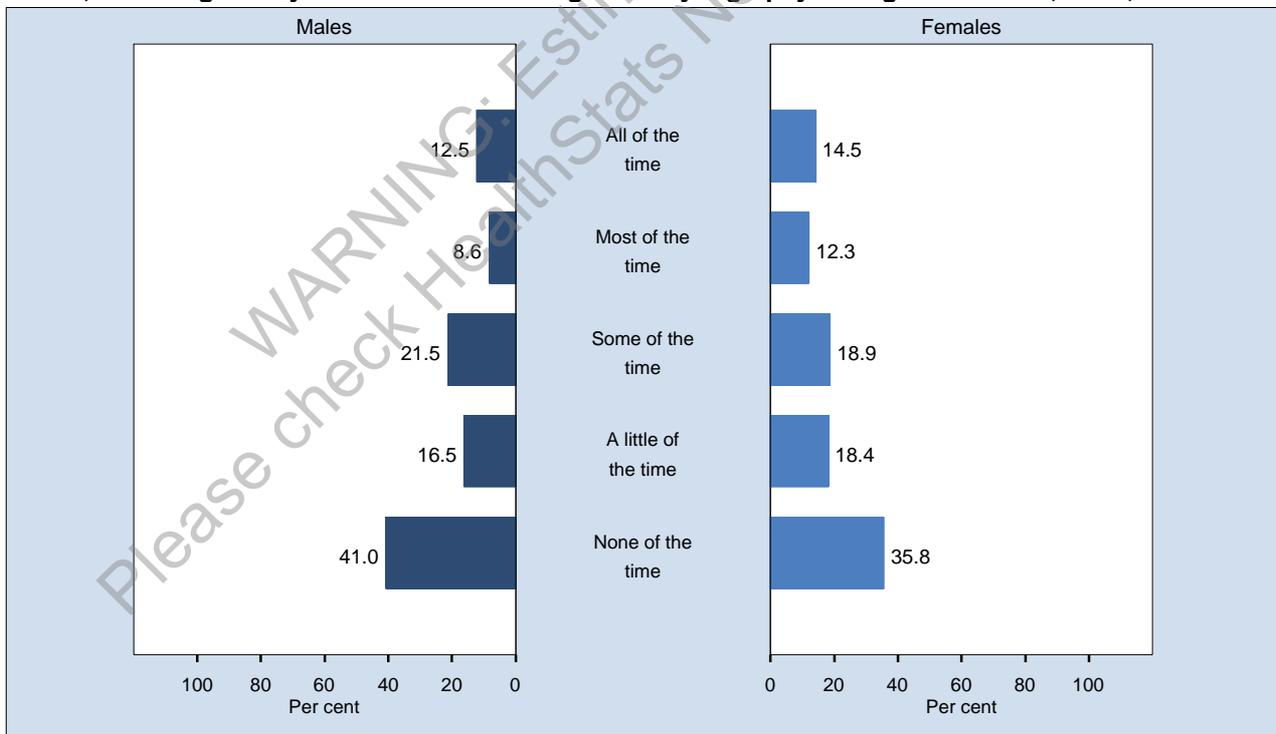
High and very high psychological distress by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,326), 1998 (17,343), 2002 (12,527), 2003 (12,852), 2004 (9,305), 2005 (11,388), 2006 (7,869), 2007 (7,366), 2008 (8,360). 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 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Times that physical health problems have been the main cause of psychological distress in last 4 weeks, adults aged 16 years and over with high or very high psychological distress, NSW, 2008



Note: Estimates are based on 699 respondents in NSW. For this indicator 7 (0.99%) were not stated (Don't know or Refused) in NSW. The question used was: In the last 4 weeks, how often have physical health problems been the main cause of these feelings? The Kessler 10 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.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Effect of psychological stress on daily activities, adults aged 16 years and over, NSW, 2008

Response	Males % (95% CI)	Females % (95% CI)	Persons % (95% CI)
In the last 4 weeks, days totally unable to manage daily activities	0.62 (0.46-0.78)	0.58 (0.49-0.68)	0.60 (0.51-0.70)
In the last 4 weeks, days cut down on daily activities	0.49 (0.38-0.60)	0.92 (0.79-1.05)	0.71 (0.62-0.79)
In the last 4 weeks, times saw a health professional	0.10 (0.07-0.13)	0.13 (0.11-0.16)	0.11 (0.10-0.13)

Note: Estimates are based on 8360 respondents in NSW. For this indicator 49 (0.01%) were not stated (Don't know or Refused) in NSW. The questions were only asked of people who scored 16 and above in the Kessler 10 tool, people who scored less than 16 were allocated a value of 0. 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?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Oral health

Introduction

Australians enjoy a high standard of oral health. However, there are inequalities, with higher rates of dental caries and edentulism 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.[1-3]

There have been improvements in oral health, particularly among the 'fluoride generation' born since 1970.[1-3] In spite of this, there is a population divide 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.[1-3] Also, a higher percentage of patients who use public dental services have inadequate dentition or decayed teeth, compared with the Australian population.[4] Regular visits to a dental professional have a significant and positive effect on oral health.[5,6]

Fluoridation of drinking water reduces dental caries. It is carried out under the provisions of the Fluoridation of Public Water Supplies Regulation 2007 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.[7,8]

Results

Visits to dental professionals

In 2008, 58.8 per cent of adults visited a dental professional less than 12 months ago, 16.8 per cent 1 to less than 2 years ago, 12.9 per cent 2 to less than 5 years ago, 5.9 per cent 5 to less than 10 years ago, 4.9 per cent 10 years ago or more, and 0.8 per cent had never visited a dental professional.

There was no significant difference between males and females who visited a dental professional less than 12 months ago. A significantly higher proportion of adults aged 45-54 years (67.6 per cent) and 55-64 years (64.4 per cent), and a significantly lower proportion of adults aged 25-34 years (52.8 per cent) and 75 years and over (54.6 per cent), visited a dental professional less than 12 months ago, compared with the overall adult population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (71.3 per cent), and a significantly lower proportion of adults in the fourth disadvantaged quintile (53.4 per cent) and fifth or most disadvantaged quintiles (52.6 per cent), visited a dental professional less than 12 months ago, compared with the overall adult population.

A significantly lower proportion of adults in rural health areas (51.5 per cent) than urban health areas (61.9 per cent) visited a dental professional less than 12 months ago. A significantly higher proportion of adults in the South Eastern Sydney & Illawarra (63.5 per cent) and Northern Sydney & Central Coast (66.3 per cent) Area Health Services, and a significantly lower proportion of adults in the Hunter & New England (50.1 per cent), Greater Southern (50.4 per cent), and Greater Western (51.3 per cent) Area Health Services, visited a dental professional less than 12 months ago, compared with the overall adult population.

Since 2002, there has been a significant increase in the proportion of adults who visited a dental professional less than 12 months ago (55.8 per cent to 58.8 per cent). The increase has been significant in males, and in urban health areas.

Since 2007, there has been a significant increase in the proportion of adults who visited a dental professional less than 12 months ago (56.0 per cent to 58.8 per cent). The increase has been significant in males, and in urban health areas.

The principle reasons for not visiting a dental professional in the last 12 months include: do not need to (52.3 per cent), too expensive (23.5 per cent), hard to find time (15.7 per cent), worried or afraid of going (10.6 per cent), and has dentures (7.4 per cent).

Edentulism

In 2008, 5.1 per cent of adults had all their natural teeth missing (edentulism). A significantly lower proportion of males (4.0 per cent) than females (6.2 per cent) had all their natural teeth missing. Among males, a significantly higher proportion of those aged 65-74 years (13.0 per cent) and 75 years and over (20.9 per cent), and a significantly lower proportion of those aged 16-24 years (0.0 per cent), 25-34 years (0.4 per cent), and 35-44 years (0.8 per cent), had all their natural teeth missing, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 65-74 years (19.1 per cent) and 75 years and over (32.1 per cent), and a significantly lower proportion of those aged 16-24 years (0.1 per cent), 25-34 years (0.9 per cent), 35-44 years (0.9 per cent), and 45-54 years (1.4 per cent), had all their natural teeth missing, compared with the overall adult female population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (2.5 per cent), and a significantly higher proportion of adults in the fourth disadvantaged quintile (7.3 per cent), had all their natural teeth missing, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (7.2 per cent) than urban health areas (4.2 per cent) had all their natural teeth missing. A significantly higher proportion of adults in the Hunter & New England (7.3 per cent), North Coast (7.1 per cent), Greater Southern (7.0 per cent), and Greater Western (7.6 per cent) Area Health Services, and a significantly lower proportion of adults in the South Eastern Sydney & Illawarra (4.0 per cent), Sydney West (3.9 per cent), and Northern Sydney & Central Coast (3.9 per cent) Area Health Services, had all their natural teeth missing, compared with the overall adult population.

Since 1998, there has been a significant decrease in the proportion of adults who had all their natural teeth missing (8.2 per cent to 5.1 per cent). The decrease has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who had all their natural teeth missing.

Fluoridation of public water supply

In 2008, 87.4 per cent of adults agreed with having their public water supply fluoridated. There was no significant difference between males and females. A significantly higher proportion of adults aged 35-44 years (91.3 per cent) agreed with having their public water supply fluoridated, compared with the overall adult population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (92.0 per cent) and second disadvantaged quintile (89.8 per cent), and a significantly lower proportion of adults in the fourth disadvantaged quintile (82.1 per cent) and fifth or most disadvantaged quintile (83.9 per cent), agreed with having their public water supply fluoridated, compared with the overall adult population.

A significantly lower proportion of adults in rural health areas (81.8 per cent) than urban health areas (89.9 per cent) agreed with having their public water supply fluoridated. A significantly higher proportion of adults in the Northern Sydney & Central Coast Area Health Service (92.1 per cent), and a significantly lower proportion of adults in the North Coast (73.1 per cent) and Greater Southern (84.0 per cent) Area Health Services, agreed with having their public water supply fluoridated, compared with the overall adult population.

Since 2005, there has been no significant change in the proportion of adults who agreed with having their public water supply fluoridated.

Since 2007, there has been no significant change in the proportion of adults who agreed with having their public water supply fluoridated.

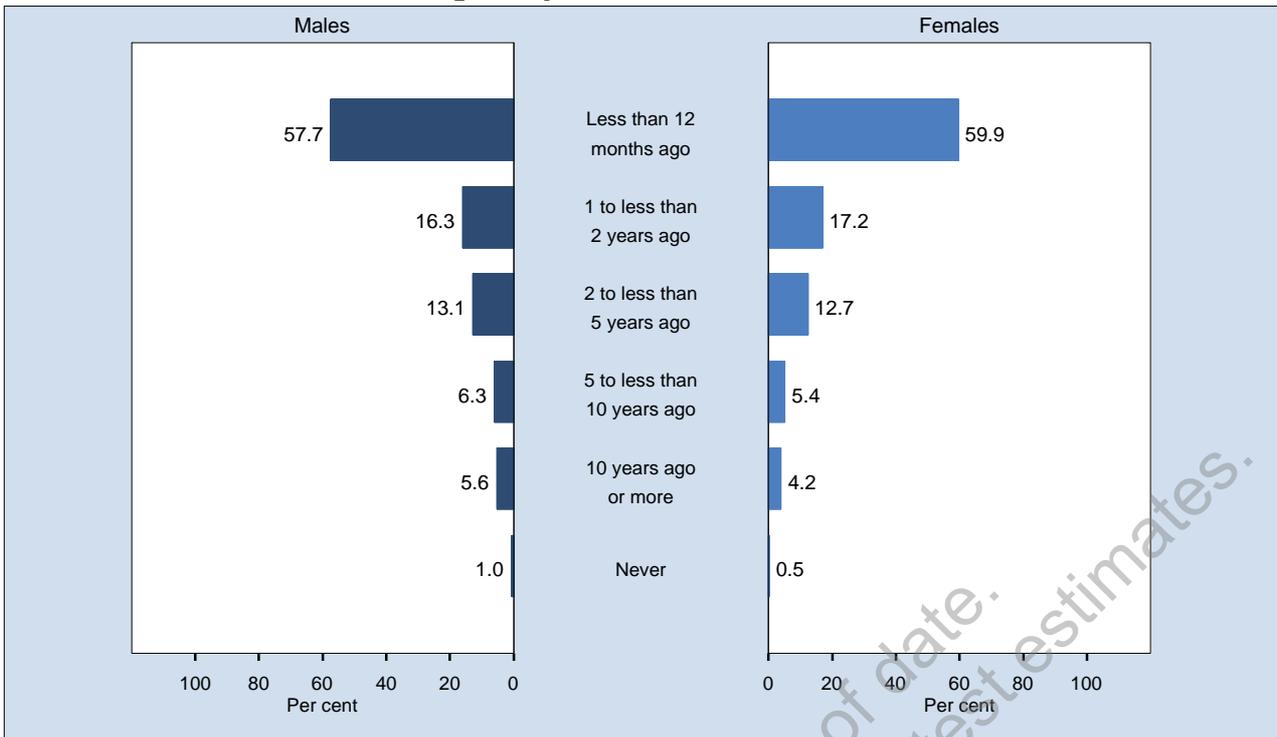
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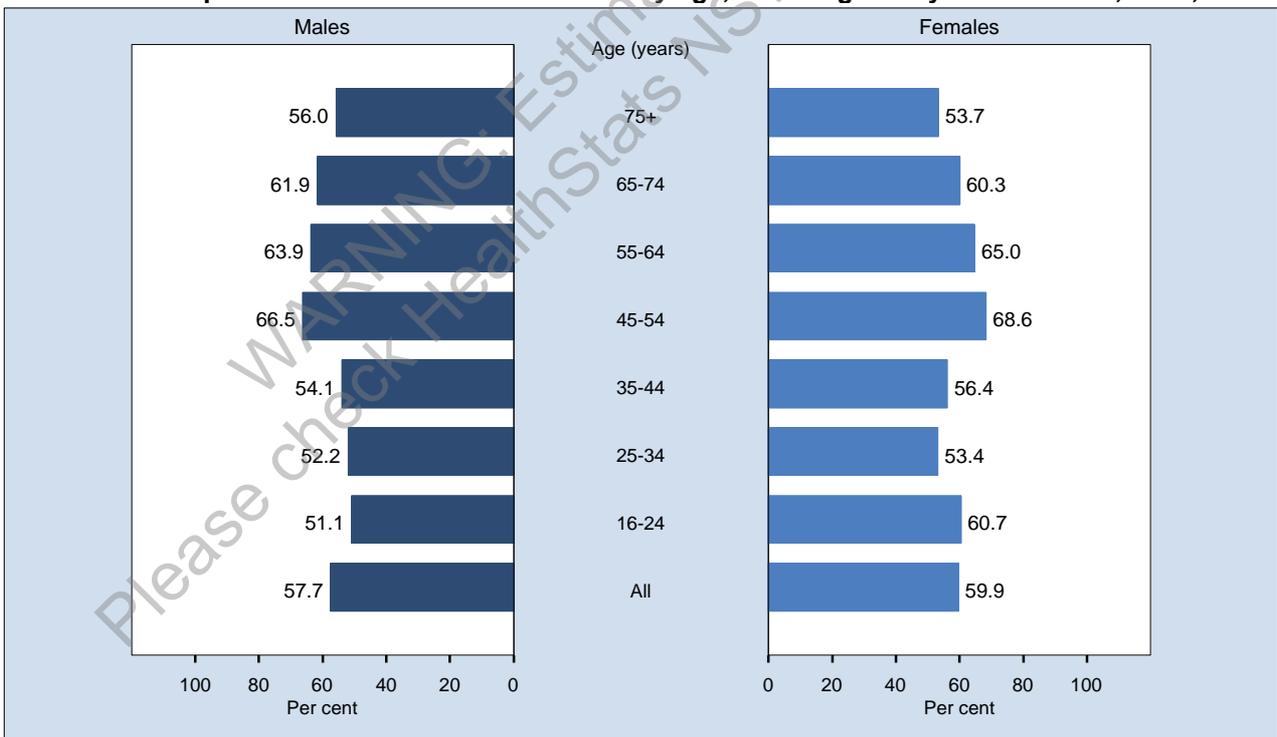
Time since last dental visit, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,543 respondents in NSW. For this indicator 87 (1.01%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last 12 months, how often have you had a toothache or other problem with your mouth or dentures? What was the most recent problem you had? What treatment did you receive? If no problem or treatment then: When did you last visit a dental professional about your teeth, dentures, or gums?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

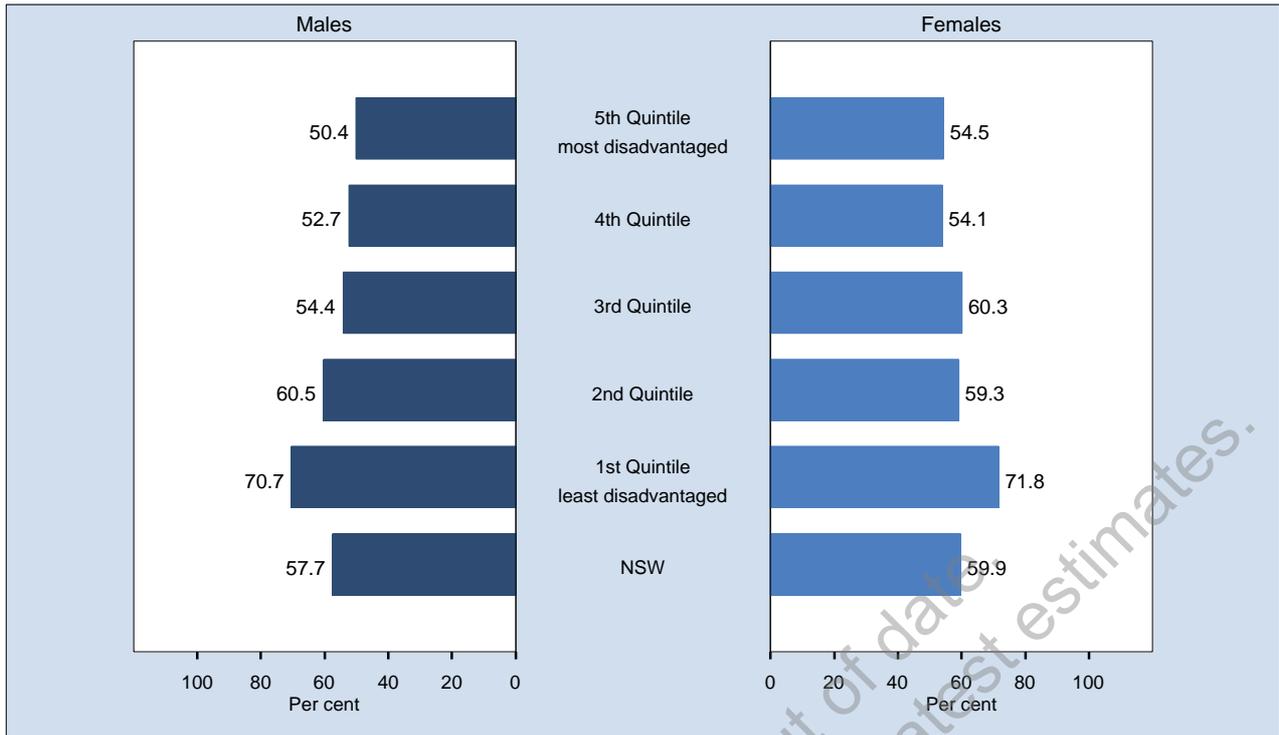
Visited a dental professional in the last 12 months by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,543 respondents in NSW. For this indicator 87 (1.01%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have attended a dental professional in the last 12 months. The question used to define the indicator was: When did you last visit a dental professional about your teeth, dentures, or gums?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

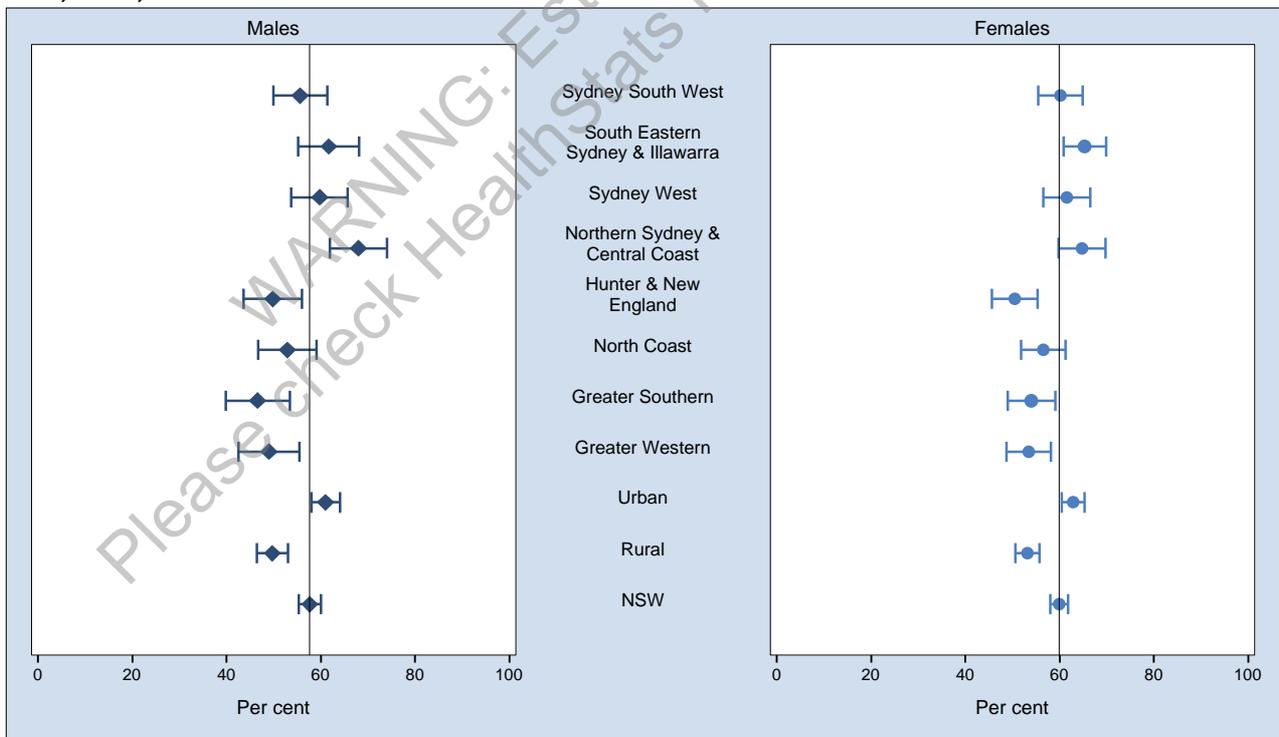
Visited a dental professional in the last 12 months by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,543 respondents in NSW. For this indicator 87 (1.01%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have attended a dental professional in the last 12 months. The question used to define the indicator was: When did you last visit a dental professional about your teeth, dentures, or gums?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

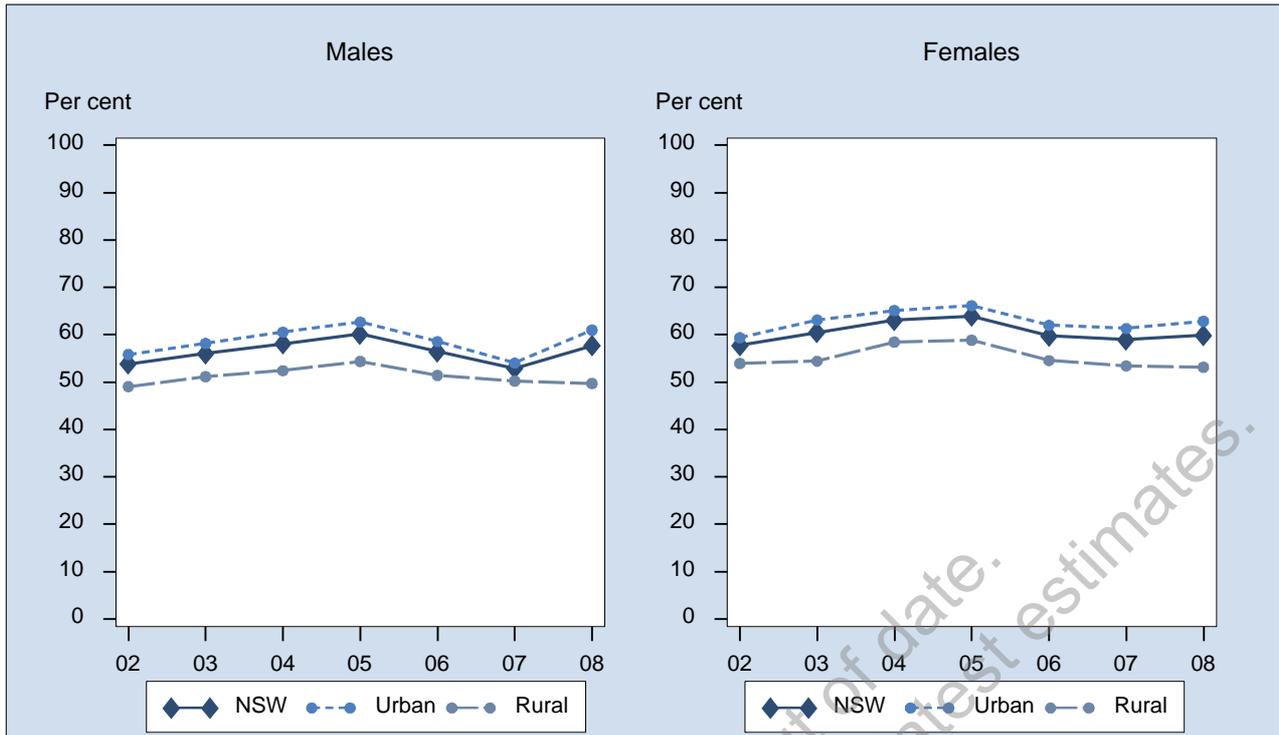
Visited a dental professional in the last 12 months by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,543 respondents in NSW. For this indicator 87 (1.01%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have attended a dental professional in the last 12 months. The question used to define the indicator was: When did you last visit a dental professional about your teeth, dentures, or gums?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

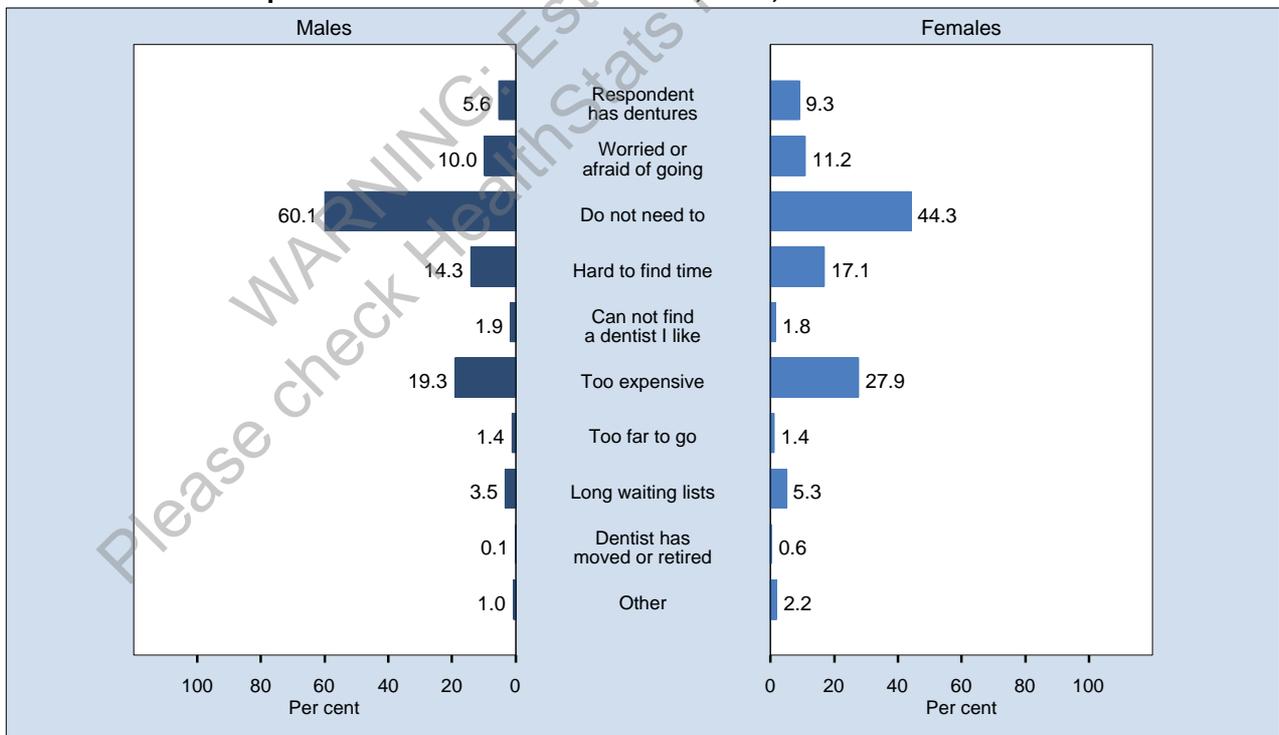
Visited a dental professional in the last 12 months by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,166), 2003 (12,865), 2004 (9,320), 2005 (11,351), 2006 (7,902), 2007 (7,443), 2008 (8,543). The indicator includes those who have attended a dental professional in the last 12 months. The question used to define the indicator was: When did you last visit a dental professional about your teeth, dentures, or gums?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

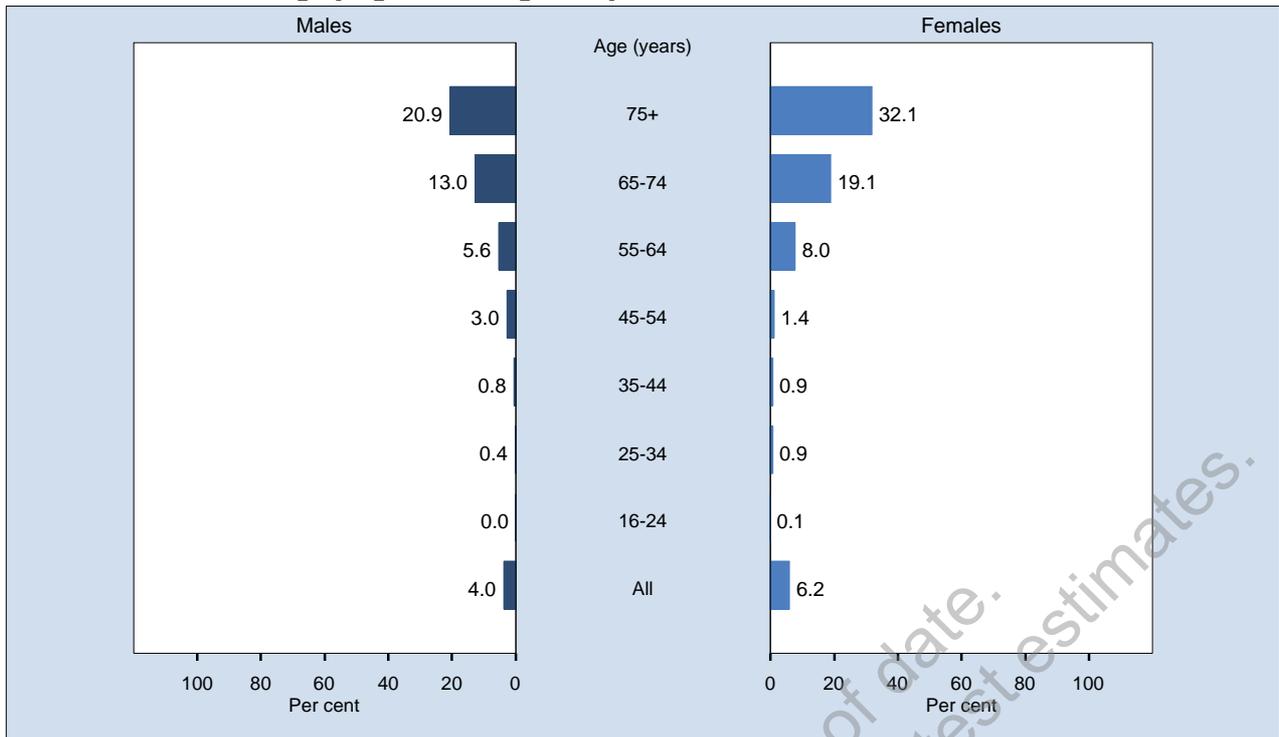
Reason for not visiting a dental professional in the last 12 months, adults aged 16 years and over who did not visit a dental professional in the last 12 months, NSW, 2008



Note: Estimates are based on 3,526 respondents in NSW. For this indicator 128 (3.50%) were not stated (Don't know or Refused) in NSW. The questions used were: When did you last visit a dental professional about your teeth, dentures, or gums? What are the main reasons for you not visiting the dentist in the last 12 months? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

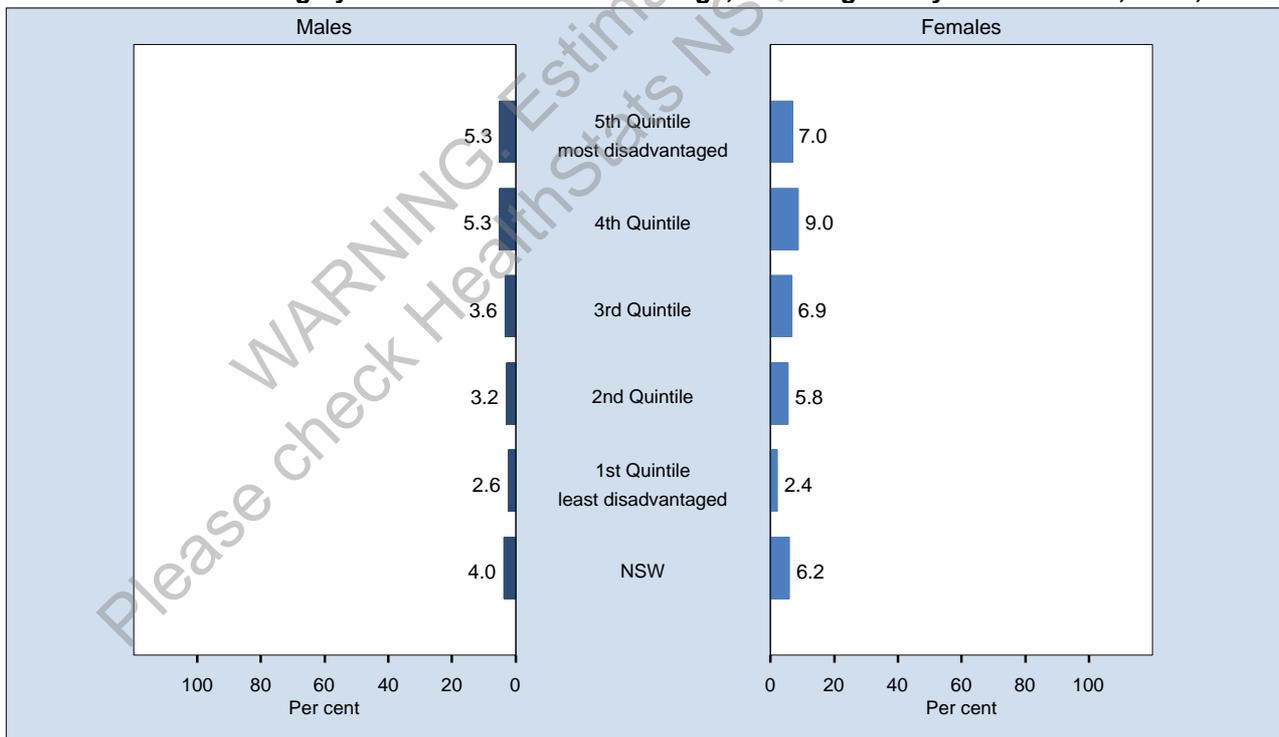
All natural teeth missing by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,618 respondents in NSW. For this indicator 12 (0.14%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had all their natural teeth missing. Natural teeth does not include dentures but includes wisdom teeth. The question used to define the indicator was: Are any of your natural teeth missing?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

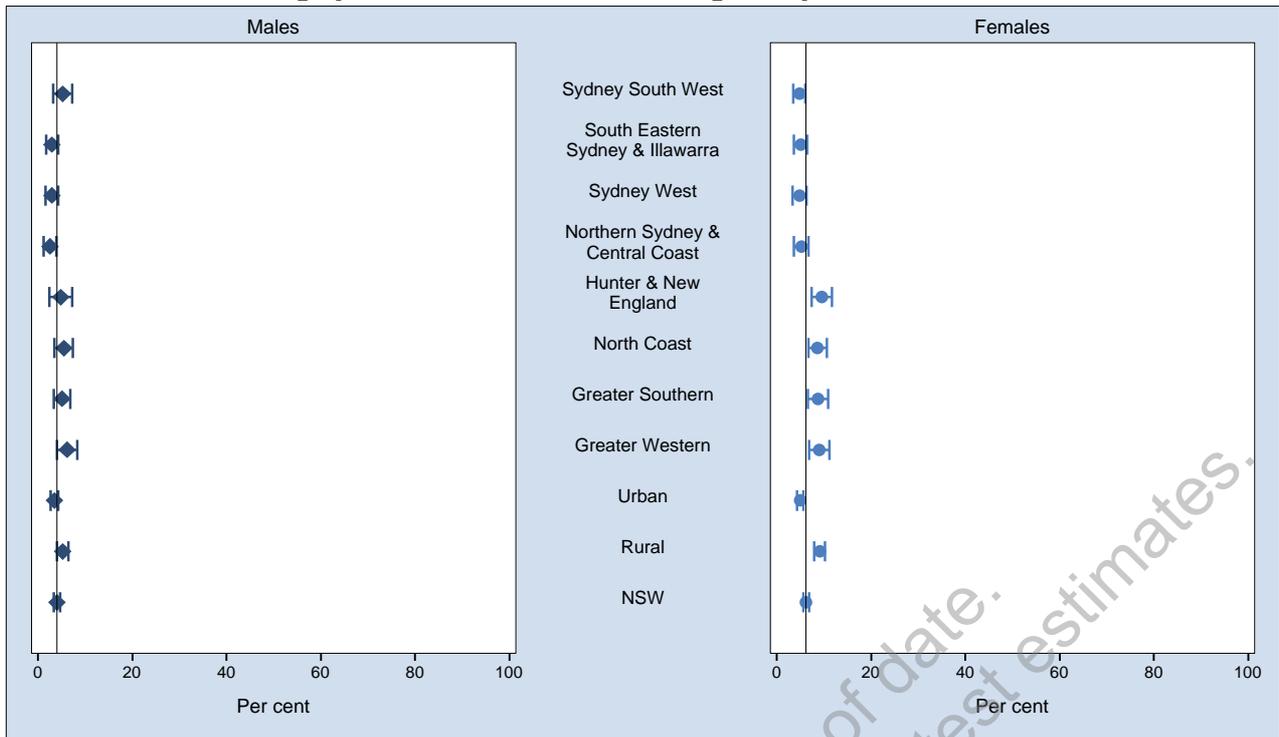
All natural teeth missing by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,618 respondents in NSW. For this indicator 12 (0.14%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had all their natural teeth missing. Natural teeth does not include dentures but includes wisdom teeth. The question used to define the indicator was: Are any of your natural teeth missing?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

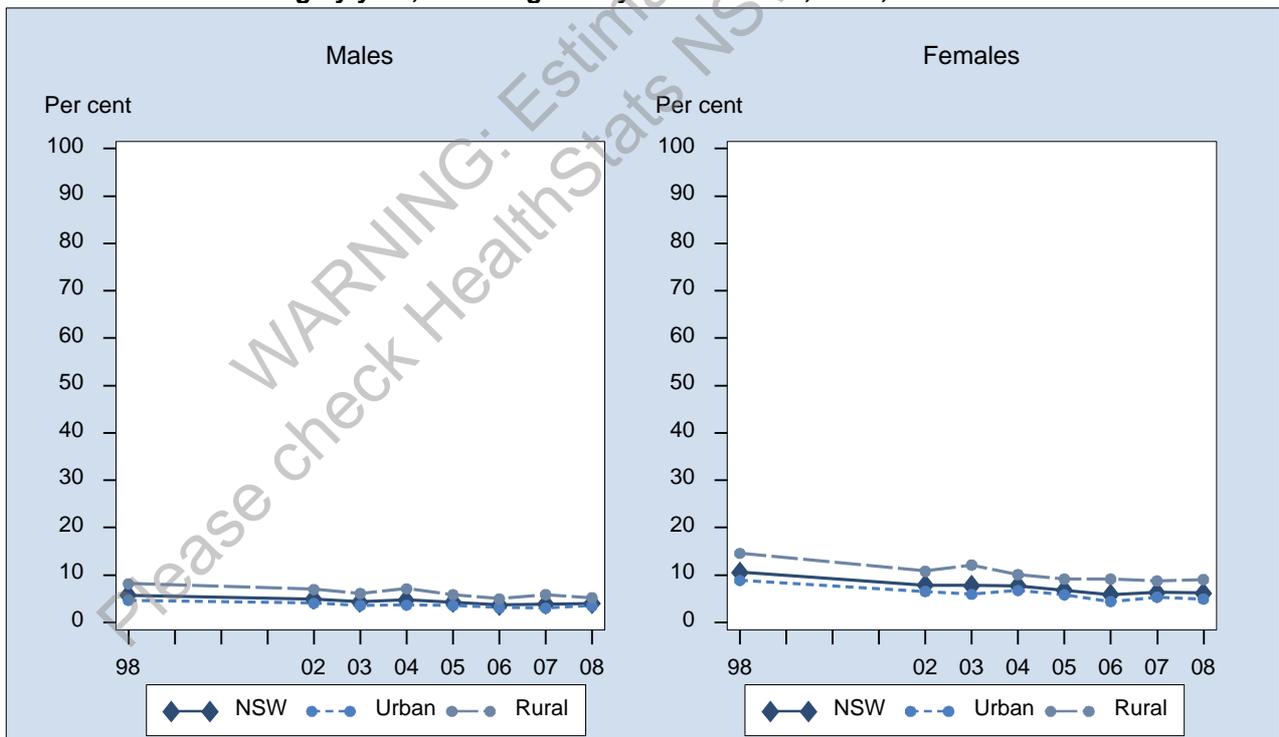
All natural teeth missing by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,618 respondents in NSW. For this indicator 12 (0.14%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had all their natural teeth missing. Natural teeth does not include dentures but includes wisdom teeth. The question used to define the indicator was: Are any of your natural teeth missing?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

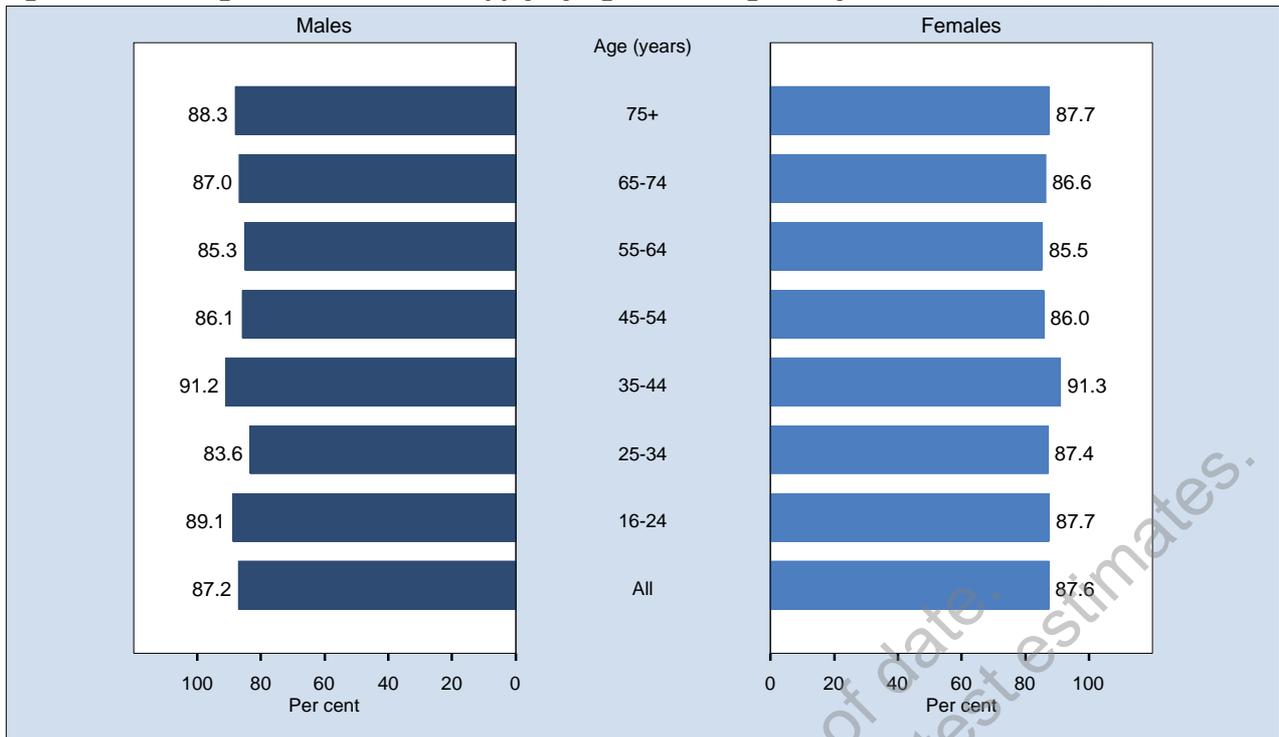
All natural teeth missing by year, adults aged 16 years and over, NSW, 1998-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1998 (17,434), 2002 (12,617), 2003 (13,003), 2004 (9,418), 2005 (11,489), 2006 (7,959), 2007 (7,483), 2008 (8,618). The indicator includes those who had all their natural teeth missing. Natural teeth does not include dentures but includes wisdom teeth. The question used to define the indicator was: Are any of your natural teeth missing?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

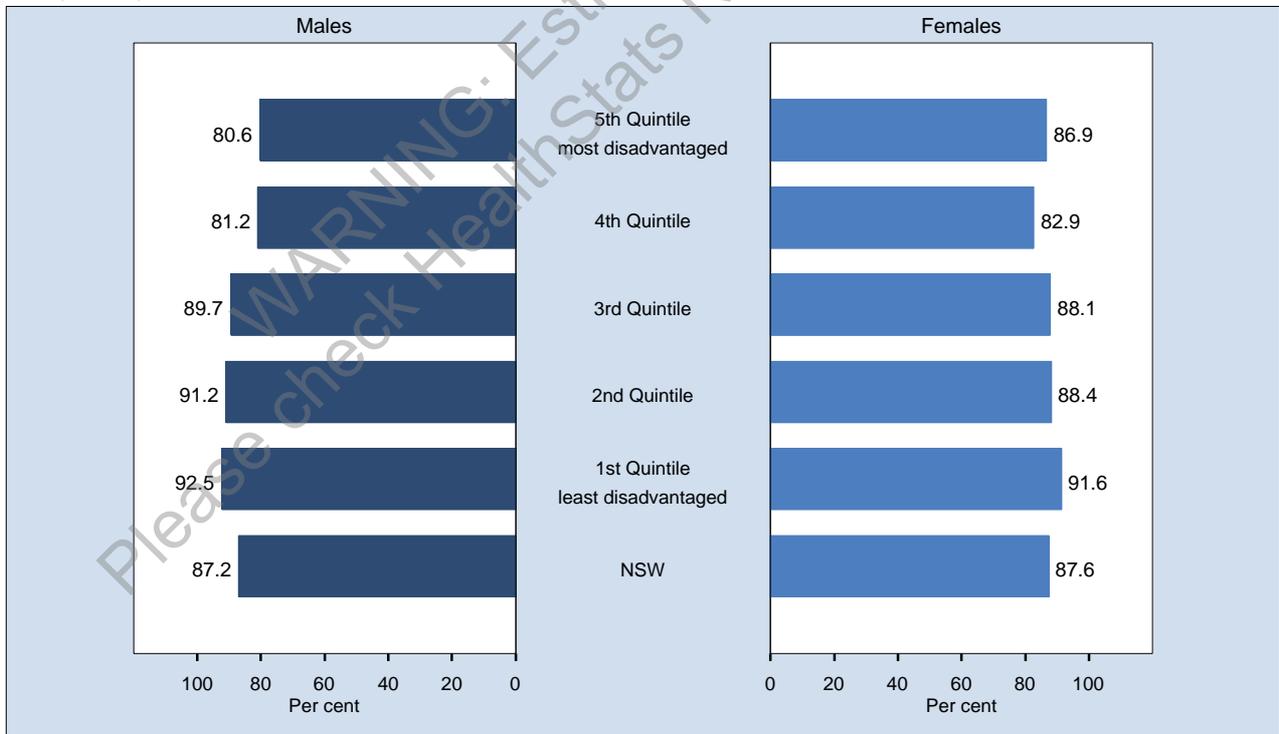
Agree with adding fluoride to water supply by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,574 respondents in NSW. For this indicator 1,056 (12.24%) were not stated (Don't know or Refused) in NSW. The indicator includes those who either agree with or would agree to having fluoride added to their water supply. The questions used to define the indicator were: Has fluoride been added to your public water supply? If yes then asked: Do you agree with adding fluoride to your public water supply to prevent tooth decay? If no or don't know or refused then asked: Would you be in favour of adding fluoride to your water supply to prevent tooth decay?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

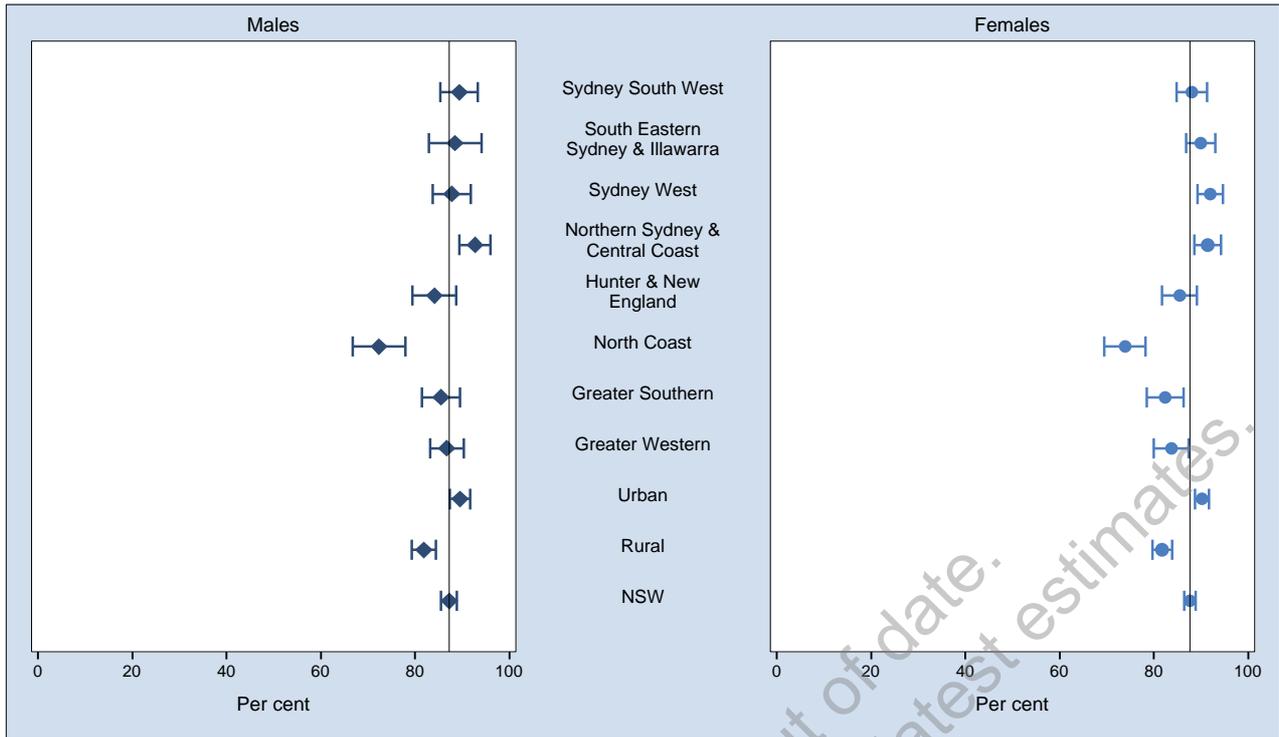
Agree with adding fluoride to water supply by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,574 respondents in NSW. For this indicator 1,056 (12.24%) were not stated (Don't know or Refused) in NSW. The indicator includes those who either agree with or would agree to having fluoride added to their water supply. The questions used to define the indicator were: Has fluoride been added to your public water supply? If yes then asked: Do you agree with adding fluoride to your public water supply to prevent tooth decay? If no or don't know or refused then asked: Would you be in favour of adding fluoride to your water supply to prevent tooth decay?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

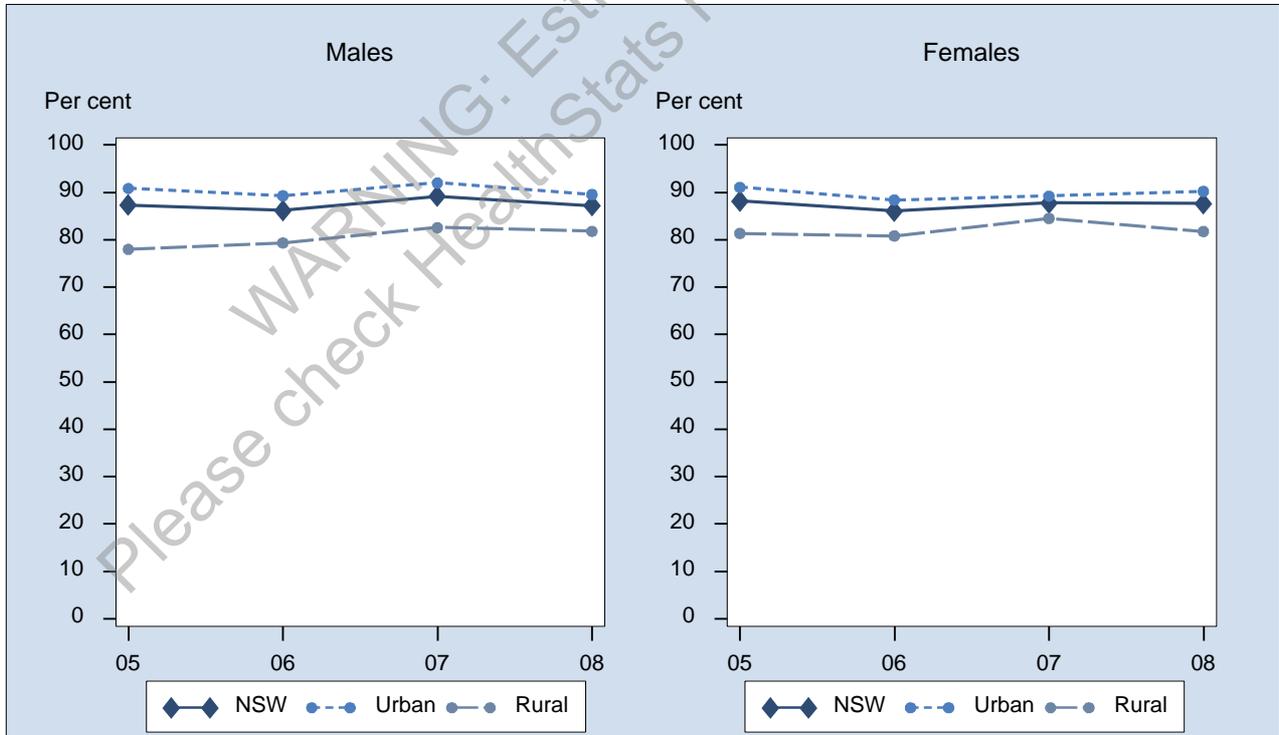
Agree with adding fluoride to water supply by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 7,574 respondents in NSW. For this indicator 1,056 (12.24%) were not stated (Don't know or Refused) in NSW. The indicator includes those who either agree with or would agree to having fluoride added to their water supply. The questions used to define the indicator were: Has fluoride been added to your public water supply? If yes then asked: Do you agree with adding fluoride to your public water supply to prevent tooth decay? If no or don't know or refused then asked: Would you be in favour of adding fluoride to your water supply to prevent tooth decay?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Agree with adding fluoride to water supply by year, adults aged 16 years and over, NSW, 2005-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2005 (1,773), 2006 (6,842), 2007 (6,526), 2008 (7,574). The indicator includes those who either agree with or would agree to having fluoride added to their water supply. The questions used to define the indicator were: Has fluoride been added to your public water supply? If yes then asked: Do you agree with adding fluoride to your public water supply to prevent tooth decay? If no or don't know or refused then asked: Would you be in favour of adding fluoride to your water supply to prevent tooth decay?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Population weight status

Introduction

In its broadest sense, a healthy weight can be defined as a weight associated with a high level of physical, social and emotional health, linked with a low risk of future chronic illness and premature death.[1] There is no ideal weight that suits everyone. Each person is different and healthy weight is determined by different factors.[2] However, preventing weight gain in people with healthy weight, and avoiding further weight gain among those already overweight, are important public health priorities.[3]

The two most useful measures for characterising excessive fat are Body Mass Index (BMI) and waist circumference. BMI is calculated from a person's weight and height and gives a reasonable estimate of total adiposity.[1] 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.

The primary cause of weight gain and obesity is a discrepancy in the long-term energy balance, with energy intake persistently exceeding energy expenditure over time. A number of key dietary and physical activity behaviours have been linked to a greater risk of obesity. These include the excessive consumption of high fat, energy dense foods and sweetened fluids, too-frequent consumption of fast foods, inadequate levels of physical activity, and too much time spent in sedentary behaviours. In addition the social, political and economic environment in which people live now inhibits appropriate dietary and physical activity patterns and encourages an energy imbalance.[1] 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]

The New South Wales Population Health Survey calculates BMI from self-reported height and weight. A systematic review to test the agreement between BMI calculated from subjective (self-reported) and objective (measured) height and weight shows under-reporting for weight and over-reporting for height, which varies for men and women and the characteristics of the population being examined. While caution should be used when interpreting BMI calculated from self-reported height and weight, it is still useful for ongoing surveillance of population health.[4,5,6]

Results

In 2008, according to estimates of BMI based on self-reported height and weight, 2.6 per cent of adults were underweight, 44.5 per cent were healthy weight, 34.3 per cent were overweight, and 18.6 per cent were obese. When obesity was classified, 12.6 per cent of adults had a BMI between 30.0 and 34.4 (Obesity Class I), 4.1 per cent of adults had a BMI between 35.0 and 39.9 (Obesity Class II), and 1.9 per cent of adults had a BMI of 40.0 or over (Obesity Class III).

Overweight: BMI between 25.0 and 29.9

In 2008, 34.3 per cent of adults were overweight: that is, had a BMI between 25.0 to 29.9. A significantly higher proportion of males (42.0 per cent) than females (26.5 per cent) were overweight. Among males, a significantly lower proportion of those aged 16-24 years (29.5 per cent), and a significantly higher proportion of those aged 65-74 years (51.2 per cent), were overweight, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (19.0 per cent), and a significantly higher proportion of those aged 65-74 years (30.4 per cent) and 75 years and over (31.9 per cent), were overweight, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage.

A significantly higher proportion of adults in rural health areas (36.6 per cent) than urban health areas (33.3 per cent) were overweight. A significantly higher proportion of adults in the Greater Southern Area Health Service (39.0 per cent) were overweight, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who were overweight (30.6 per cent to 34.3 per cent). The increase has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who were overweight.

Obese: BMI of 30.0 or over

In 2008, 18.6 per cent of adults were obese: that is, had a BMI of 30.0 or over. There was no significant difference between males and females. A significantly lower proportion of adults aged 16-24 years (8.7 per cent) and 75 years and over (13.1 per cent), and a significantly higher proportion of adults aged 45-54 years (22.5 per cent), 55-64 years (28.0 per cent), and 65-74 years (23.6 per cent), were obese, compared with the overall adult population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (11.4 per cent), and a significantly higher proportion of adults in the fourth disadvantaged quintile (22.7 per cent) and fifth or most disadvantaged quintile (21.9 per cent), were obese, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (22.7 per cent) than urban health areas (16.8 per cent) were obese. A significantly higher proportion of adults in the Hunter & New England (22.8 per cent) and Greater Western (28.4 per cent) Area Health Services, and a significantly lower proportion of adults in the Northern Sydney & Central Coast Area Health Service (15.3 per cent), were obese, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who were obese (11.2 per cent to 18.6 per cent). The increase has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who were obese.

Overweight or obese: BMI of 25.0 or over

In 2008, 52.9 per cent of adults were overweight or obese: that is, had a BMI of 25.0 or over. A significantly higher proportion of males (60.0 per cent) than females (45.7 per cent) were overweight or obese. Among males, a significantly lower proportion of those aged 16-24 years (38.4 per cent), and a significantly higher proportion aged 45-54 years (67.1 per cent), 55-64 years (70.3 per cent), and 65-74 years (69.0 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 (27.4 per cent) and 25-34 years (37.4 per cent), and a significantly higher proportion of those aged 45-54 years (52.1 per cent), 55-64 years (57.8 per cent), and 65-74 years (59.3 per cent), were overweight or obese, compared with the overall adult female population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (43.6 per cent), and a significantly higher proportion of adults in the fourth disadvantaged quintile (58.2 per cent), were overweight or obese, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (59.3 per cent) than urban health areas (50.1 per cent) were overweight or obese. A significantly higher proportion of adults in the Hunter & New England (57.7 per cent), Greater Southern (60.2 per cent), and Greater Western (66.0 per cent) Area Health Services, and a significantly lower proportion of adults in the South Eastern Sydney & Illawarra Area Health Service (47.9 per cent) were overweight or obese, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who were overweight or obese (41.8 per cent to 52.9 per cent). The increase has been significant in males and females, and in rural and urban health areas.

However, since 2007, there has been no significant change in the proportion of adults who were overweight or obese.

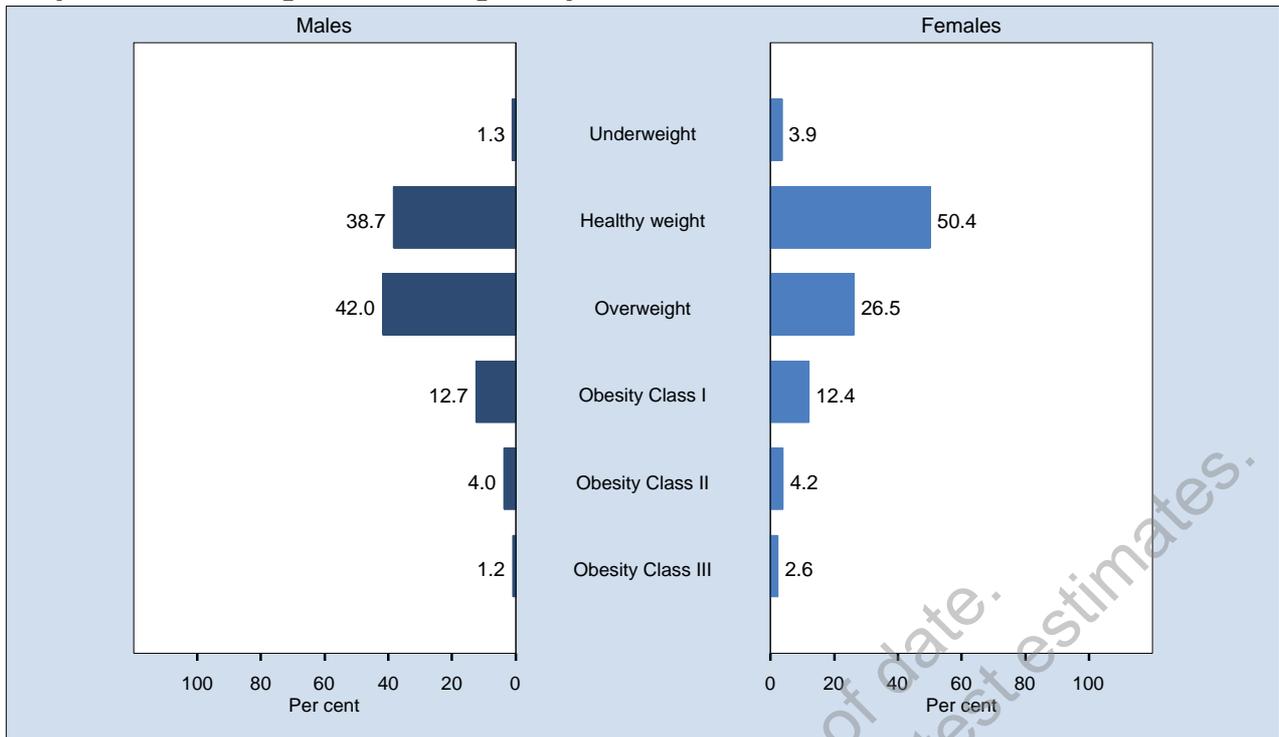
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WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

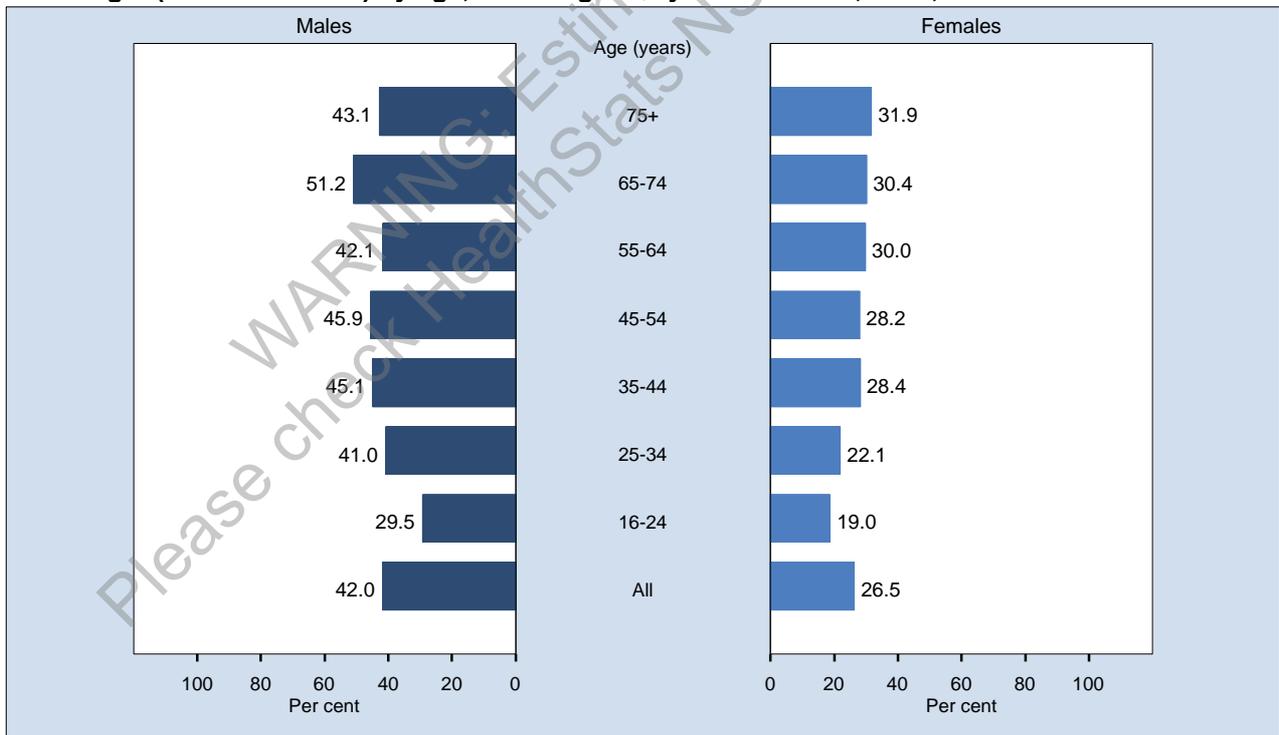
Body Mass Index categories, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The questions used were: How tall are you without shoes? How much do you weigh without clothes or shoes? Body Mass Index (BMI) is calculated as follows: BMI = weight(kg)/height²(m). The categories shown for BMI scores are underweight (BMI under 18.5), healthy weight (BMI from 18.5 to 24.9), overweight (BMI from 25 to 29.9), obesity class I (BMI from 30 to 34.9), obesity class II (BMI from 35.0 to 39.9), and obesity class III (BMI of 40 and over).

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

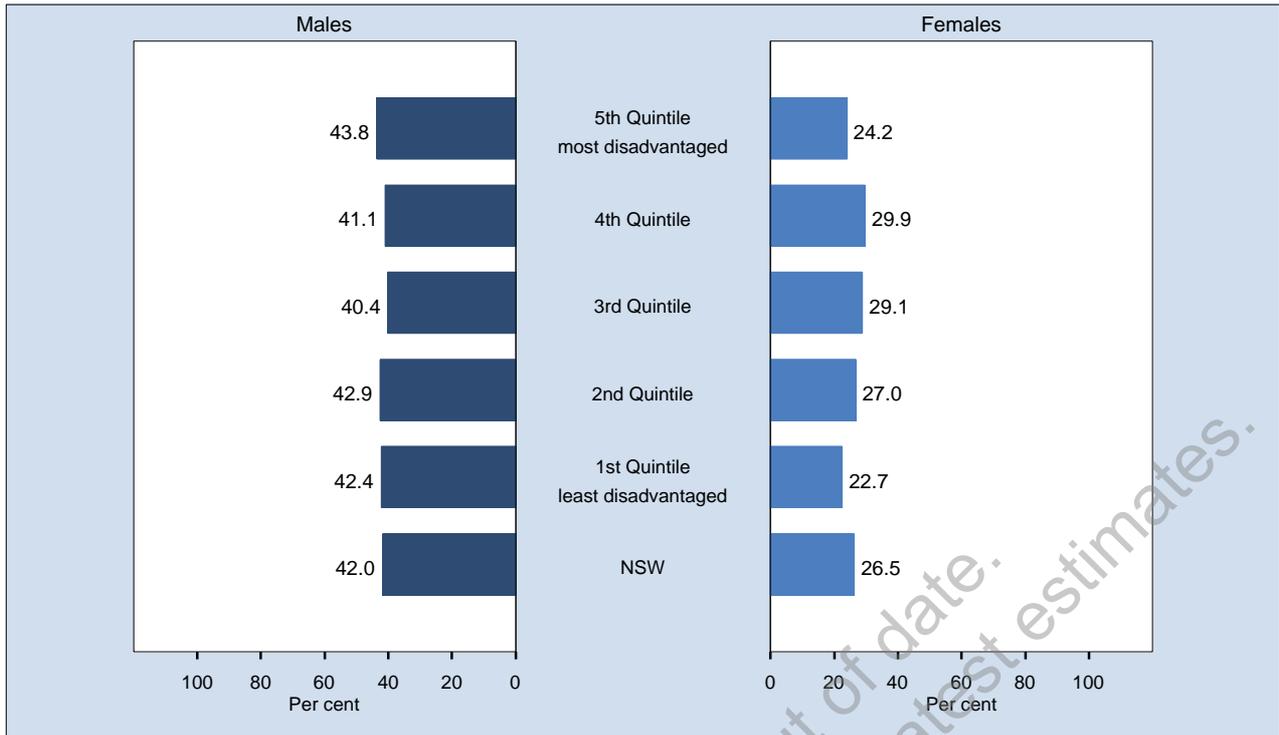
Overweight (BMI 25.0 to 29.9) by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are overweight: that is, with a Body Mass Index (BMI) from 25 to 29.9. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows BMI = weight(kg)/height²(m).

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

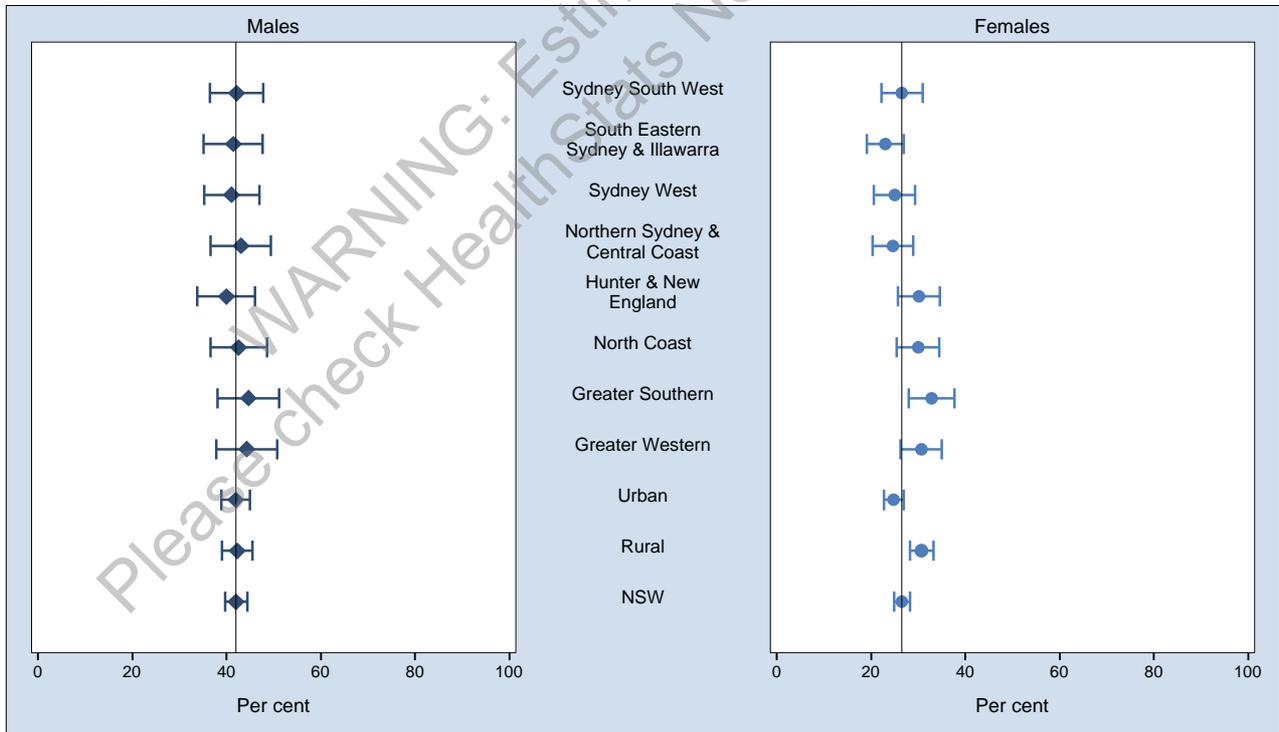
Overweight (BMI 25.0 to 29.9) by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are overweight: that is, with a Body Mass Index (BMI) from 25 to 29.9. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows $BMI = \text{weight(kg)/height}^2(\text{m})$.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

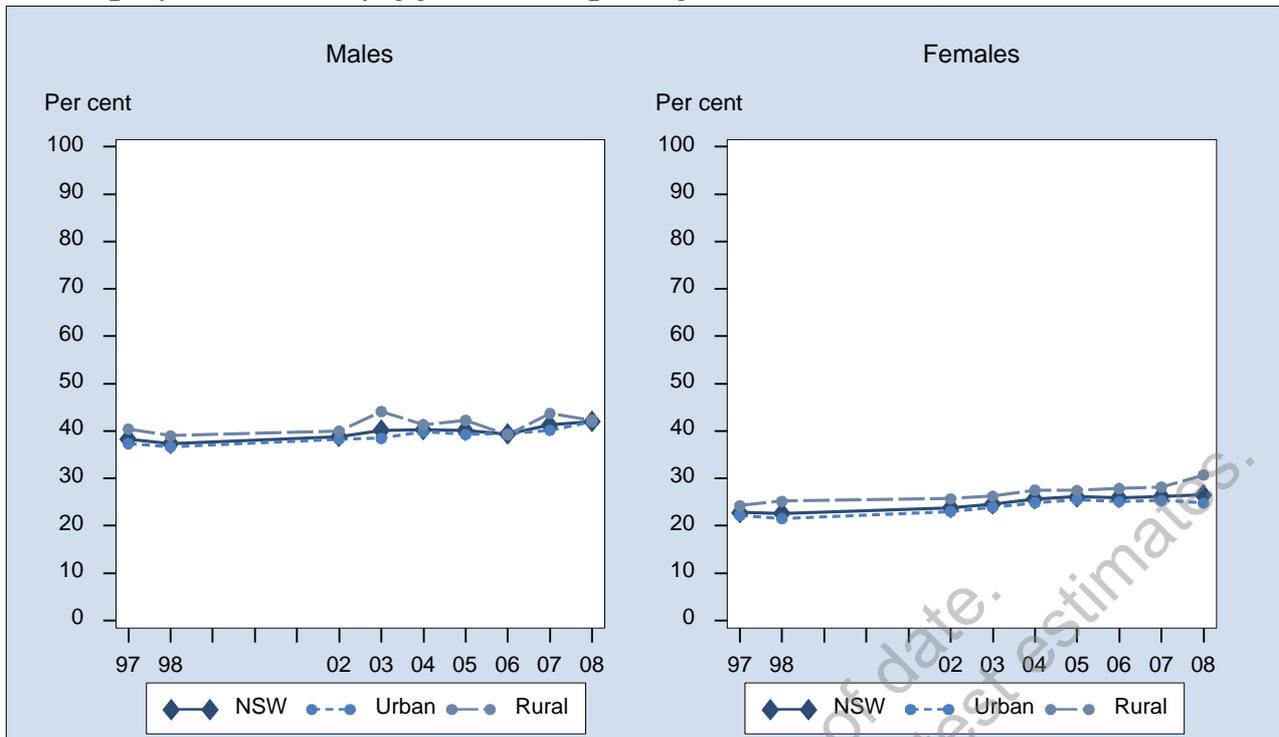
Overweight (BMI 25.0 to 29.9) by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are overweight: that is, with a Body Mass Index (BMI) from 25 to 29.9. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows $BMI = \text{weight(kg)/height}^2(\text{m})$.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

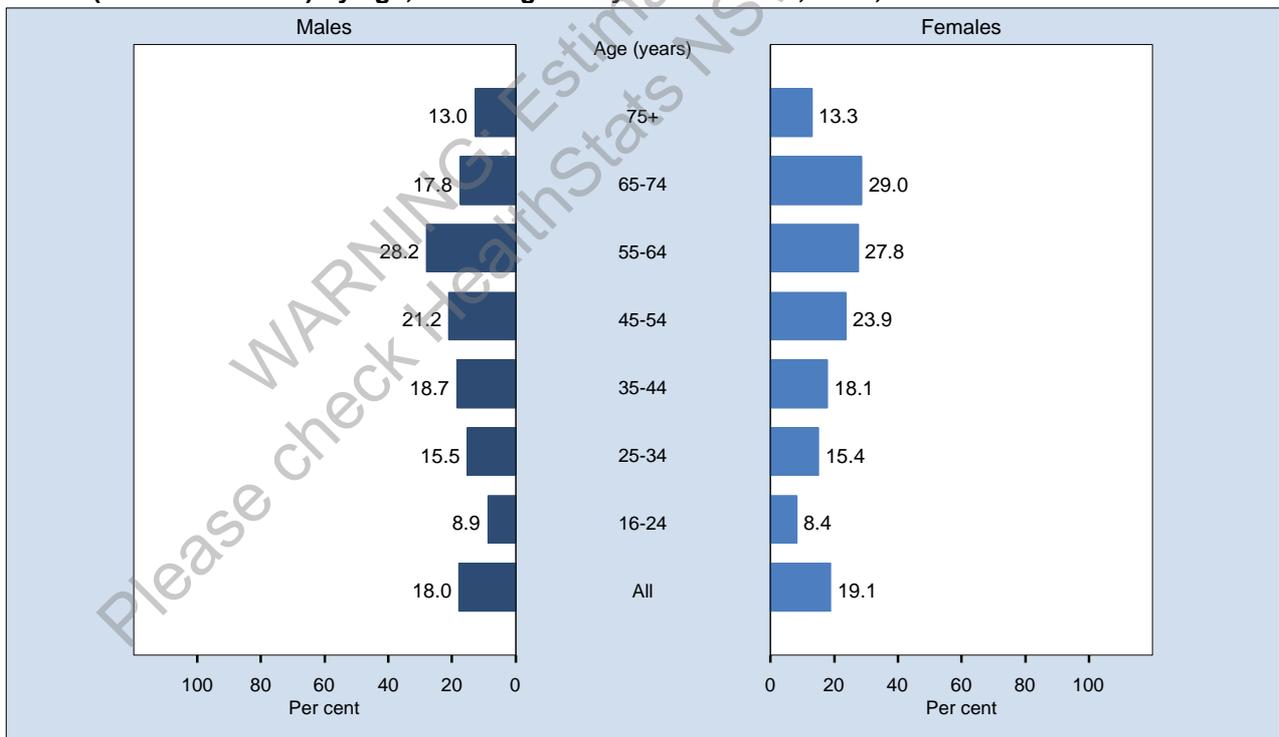
Overweight (BMI 25.0 to 29.9) by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (16,790), 1998 (16,445), 2002 (11,997), 2003 (12,448), 2004 (9,063), 2005 (11,078), 2006 (7,668), 2007 (7,264), 2008 (8,225). The indicator includes those who are overweight: that is, with a Body Mass Index (BMI) from 25 to 29.9. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows $BMI = \text{weight(kg)}/\text{height}^2(\text{m})$.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

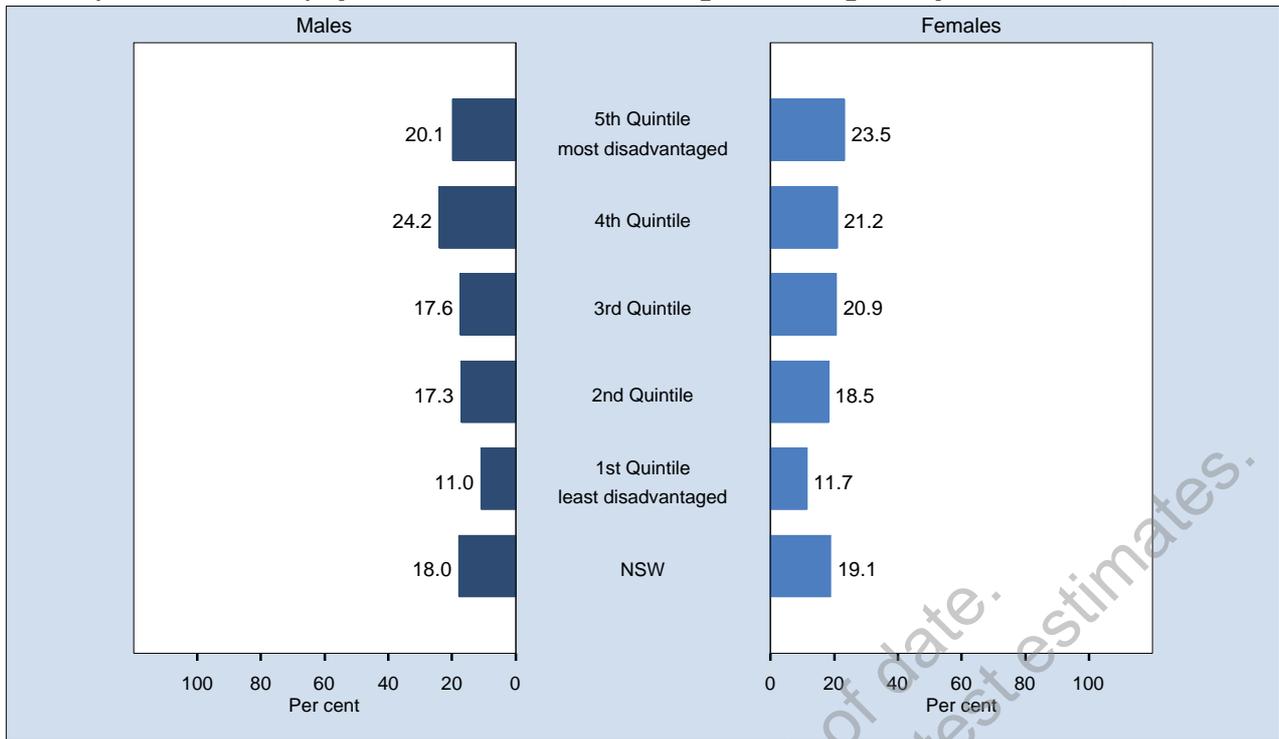
Obese (BMI 30.0 or over) by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are obese: that is, with a Body Mass Index (BMI) of 30 or higher. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows $BMI = \text{weight(kg)}/\text{height}^2(\text{m})$.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

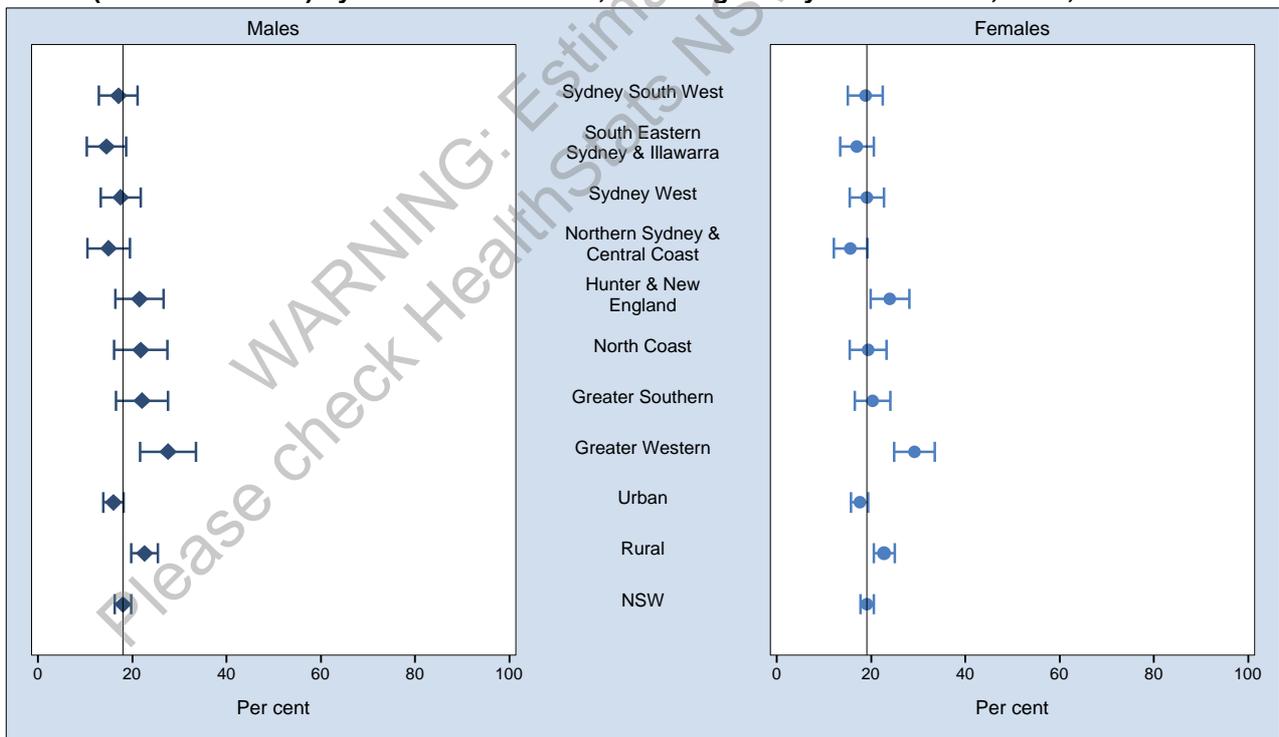
Obese (BMI 30.0 or over) by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are obese: that is, with a Body Mass Index (BMI) of 30 or higher. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows $BMI = \text{weight(kg)} / \text{height}^2(\text{m})$.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

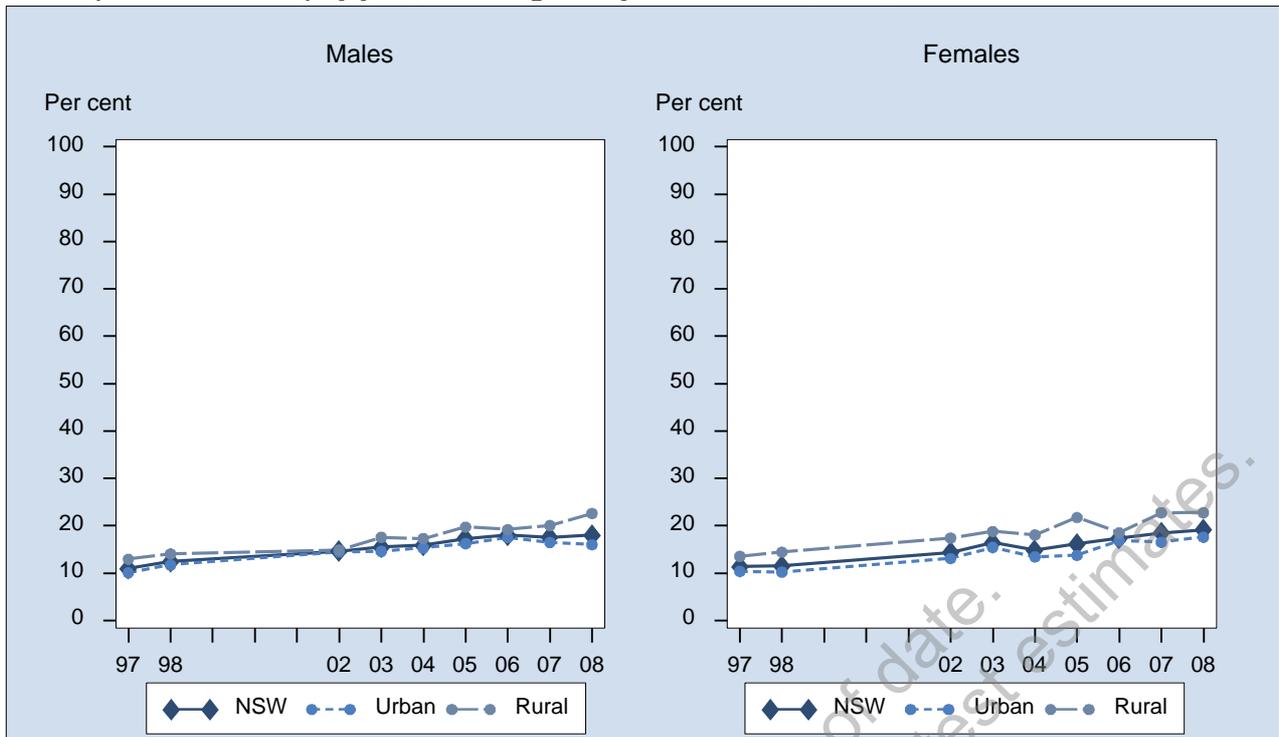
Obese (BMI 30.0 or over) by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are obese: that is, with a Body Mass Index (BMI) of 30 or higher. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows $BMI = \text{weight(kg)} / \text{height}^2(\text{m})$.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

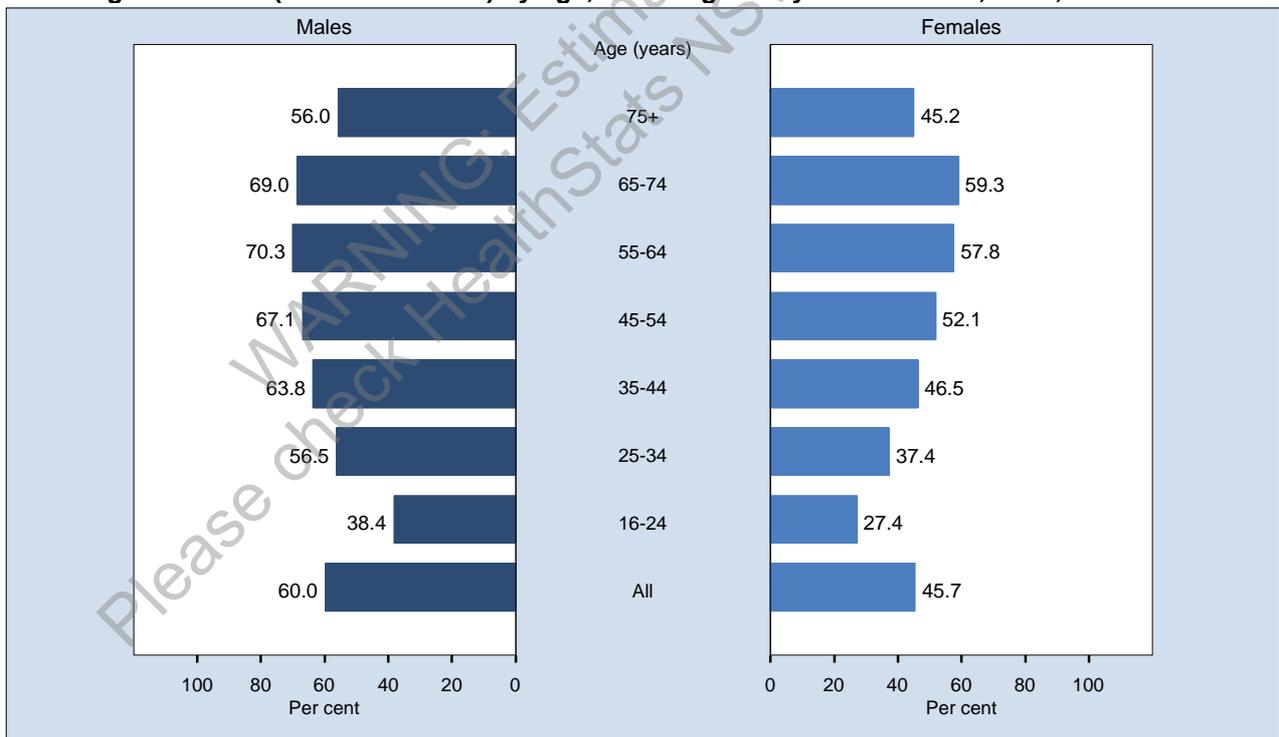
Obese (BMI 30.0 or over) by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (16,790), 1998 (16,445), 2002 (11,997), 2003 (12,448), 2004 (9,063), 2005 (11,078), 2006 (7,668), 2007 (7,264), 2008 (8,225). The indicator includes those who are obese: that is, with a Body Mass Index (BMI) of 30 or higher. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows $BMI = \text{weight}(\text{kg})/\text{height}^2(\text{m})$.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

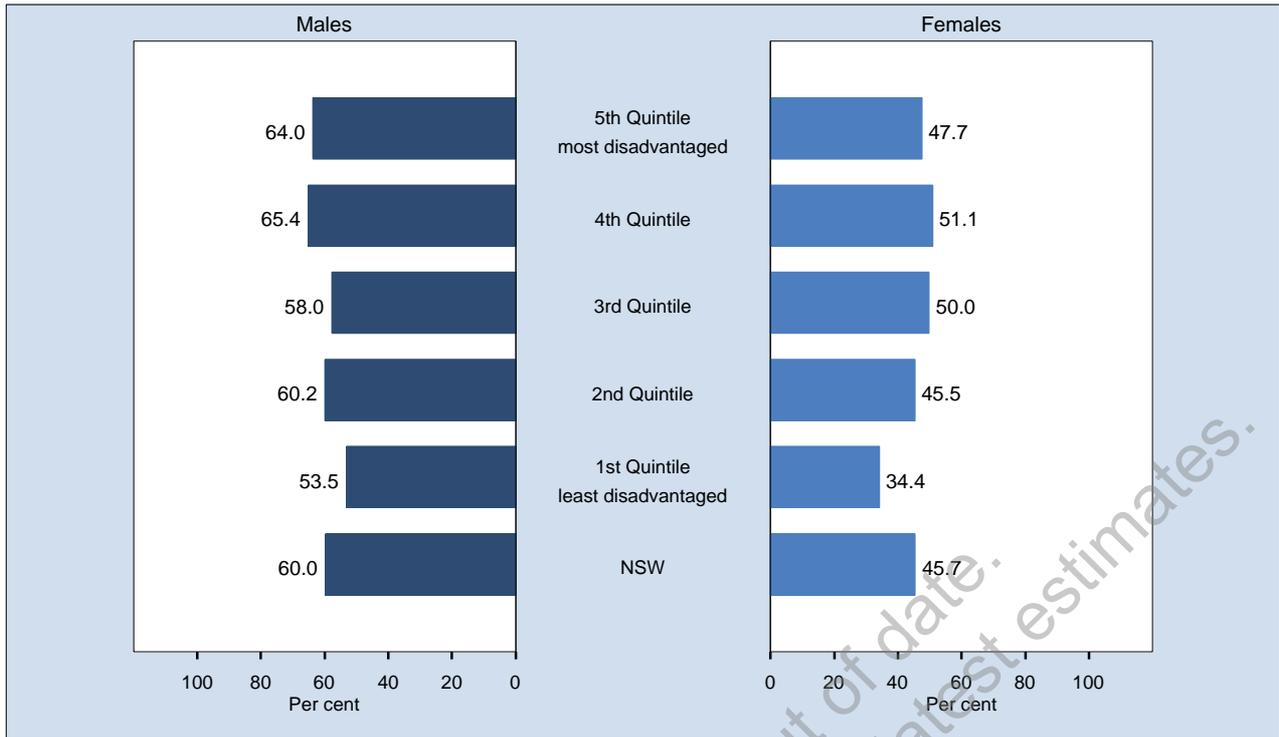
Overweight or obese (BMI 25.0 or over) by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are overweight or obese: that is with a Body Mass Index (BMI) of 25 or higher. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows: $BMI = \text{weight}(\text{kg})/\text{height}^2(\text{m})$. Categories for this indicator include overweight (BMI from 25 to 29.9) and obese (BMI of 30 and over).

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

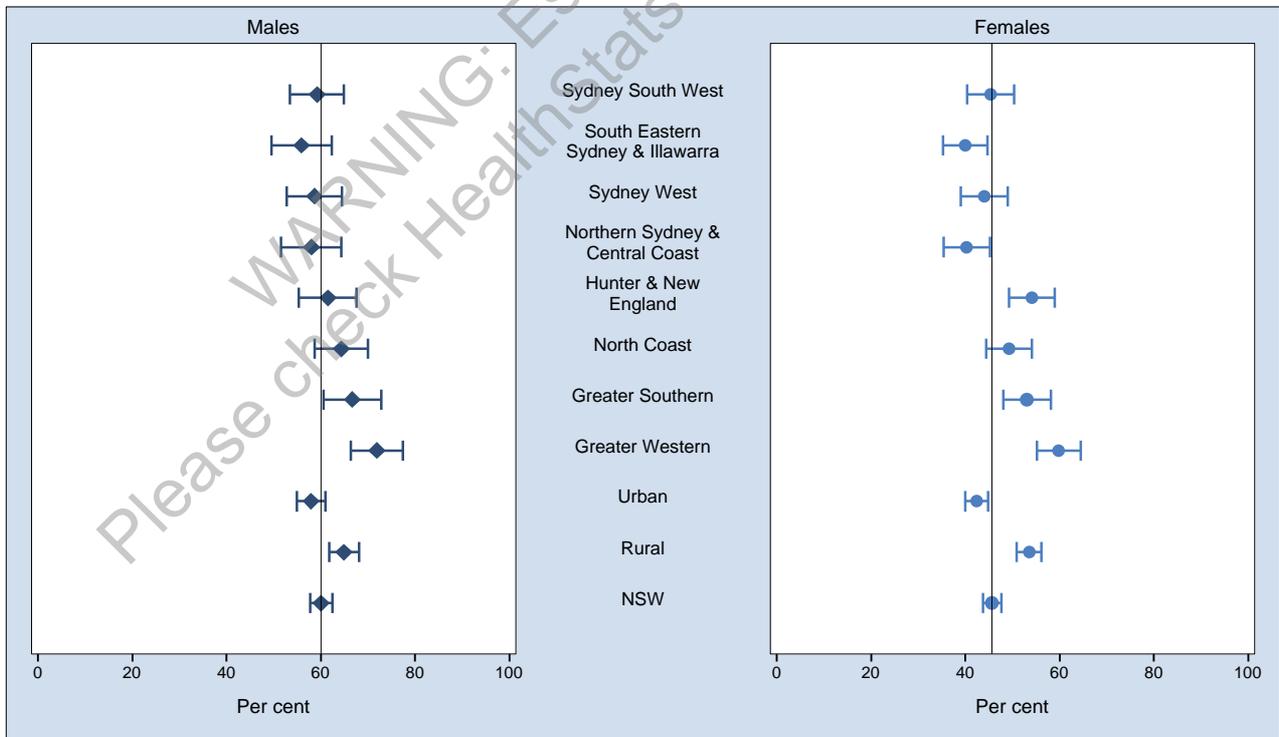
Overweight or obese (BMI 25.0 or over) by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are overweight or obese: that is with a Body Mass Index (BMI) of 25 or higher. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows: $BMI = \text{weight (kg)} / \text{height}^2(\text{m})$. Categories for this indicator include overweight (BMI from 25 to 29.9) and obese (BMI of 30 and over).

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

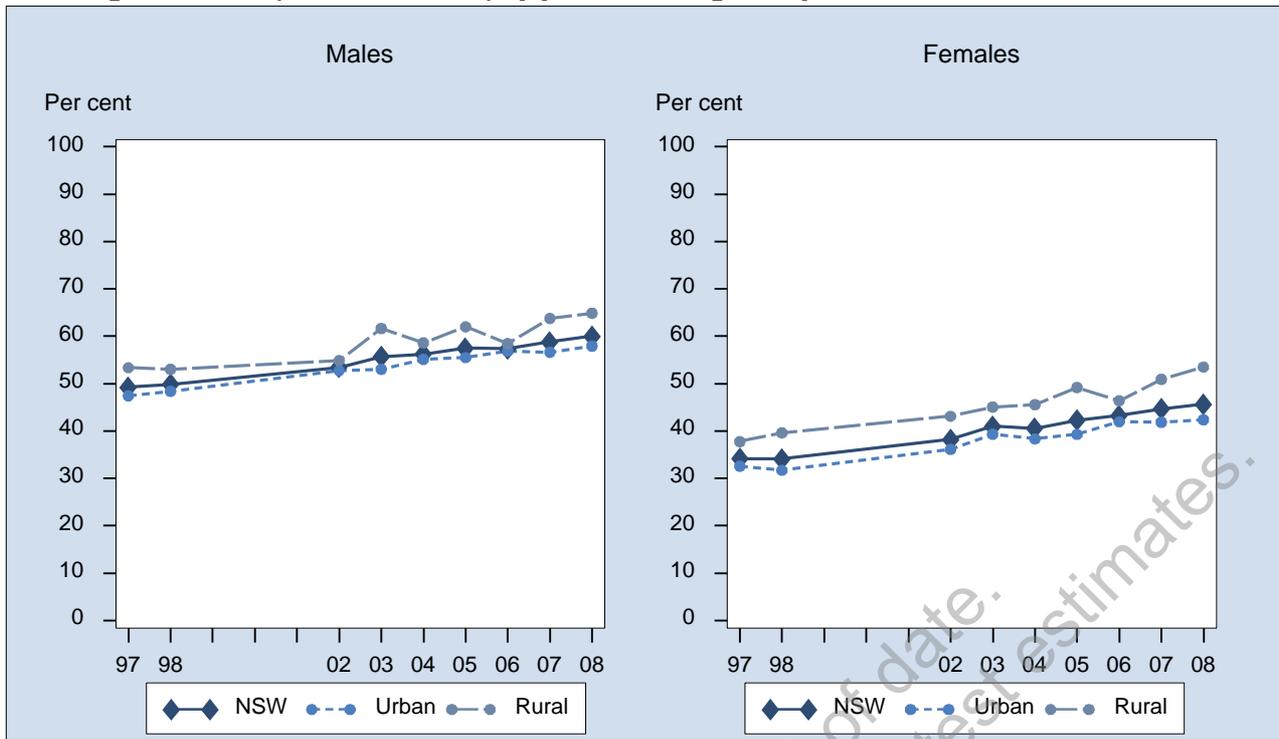
Overweight or obese (BMI 25.0 or over) by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,225 respondents in NSW. For this indicator 390 (4.53%) were not stated (Don't know or Refused) in NSW. The indicator includes those who are overweight or obese: that is with a Body Mass Index (BMI) of 25 or higher. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows: $BMI = \text{weight (kg)} / \text{height}^2(\text{m})$. Categories for this indicator include overweight (BMI from 25 to 29.9) and obese (BMI of 30 and over).

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Overweight or obese (BMI 25.0 or over) by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (16,790), 1998 (16,445), 2002 (11,997), 2003 (12,448), 2004 (9,063), 2005 (11,078), 2006 (7,668), 2007 (7,264), 2008 (8,225). The indicator includes those who are overweight or obese: that is with a Body Mass Index (BMI) of 25 or higher. The questions used to define the indicator were: How tall are you without shoes? How much do you weigh without clothes or shoes? BMI is calculated as follows: $BMI = \text{weight (kg)} / \text{height}^2 (\text{m})$. Categories for this indicator include overweight (BMI from 25 to 29.9) and obese (BMI of 30 and over).

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates may be out of date. Please check HealthStats NSW for latest estimates.

Health services

Monitoring health service use and access provides information to inform policy and planning of health services. This section reports on health service use and access (including private health insurance and difficulties getting health care), emergency departments, hospitals, general practices, public dental services, and community health centres.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Health service use and access

Introduction

To monitor use of and access to health services, the New South Wales Population Health Survey asks respondents questions about health service use, private health insurance, and difficulties getting health care.

Results

Used a health service

In 2008, 14.2 per cent of adults were admitted to hospital for at least 1 night, 17.3 per cent presented to an emergency department, 8.0 per cent attended a community health centre, 5.5 per cent attended a public dental service or hospital, 86.2 per cent visited a general practitioner, and 11.5 per cent did not attend any health services.

Private health insurance

In 2008, 56.9 per cent of adults were covered by private health insurance. There was no significant difference between males and females. A significantly lower proportion of adults aged 16-24 years (46.3 per cent) and 25-34 years (50.7 per cent) and 75 years and over (48.8 per cent), and a significantly higher proportion of adults aged 45-54 years (66.6 per cent) and 55-64 years (66.0 per cent), were covered by private health insurance, compared with the overall adult population.

A significantly lower proportion of adults in the fifth or most disadvantaged quintile (39.5 per cent) and fourth disadvantaged quintile (48.1 per cent), and a significantly higher proportion of adults in the first or least disadvantaged quintile (78.6 per cent) and second disadvantaged quintile (62.8 per cent), were covered by private health insurance, compared with the overall adult population.

A significantly higher proportion of adults in urban health areas (60.4 per cent) than rural health areas (48.8 per cent) were covered by private health insurance. A significantly higher proportion of adults in the South Eastern Sydney & Illawarra (65.5 per cent) and Northern Sydney & Central Coast (72.4 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West (49.7 per cent), North Coast (40.9 per cent), Greater Southern (49.5 per cent), and Greater Western (46.6 per cent) Area Health Services, were covered by private health insurance, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who were covered by private health insurance (42.0 per cent to 56.9 per cent). The increase has been significant in males and females, and in rural and urban health areas.

Since 2007, there has been no significant change in the proportion of adults who were covered by private health insurance; however, there has been a significant increase in females, and in urban health areas.

Difficulties getting health care

In 2008, 17.8 per cent of adults experienced difficulties getting health care. A significantly lower proportion of males (13.9 per cent) than females (21.6 per cent) experienced difficulties getting health care. Among males, a significantly lower proportion of those aged 16-24 years (3.9 per cent), 65-74 years (10.8 per cent), and 75 years and over (6.8 per cent), and a significantly higher proportion aged 35-44 years (19.7 per cent) and 45-54 years (20.9 per cent), experienced difficulties getting health care, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (13.2 per cent), 65-74 years (16.5 per cent), and 75 years and over (10.2 per cent), and a significantly higher proportion of those aged 35-44 years (30.5 per cent) and 45-54 years (25.6 per cent), experienced difficulties getting health care, compared with the overall adult female population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (10.9 per cent), and a significantly higher proportion of adults in the fourth disadvantaged quintile (24.9 per cent), experienced difficulties getting health care, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (27.2 per cent) than urban health areas (13.7 per cent) experienced difficulties getting health care. A significantly higher proportion of adults in the Hunter & New England (25.1 per cent), North Coast (26.7 per cent), Greater Southern (30.8 per cent), and Greater Western (28.6 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West (13.6 per cent), South Eastern Sydney & Illawarra (13.3 per cent), Sydney West (13.8 per cent), and Northern Sydney & Central Coast (14.2 per cent) Area Health Services, experienced difficulties getting health care, compared with the overall adult population.

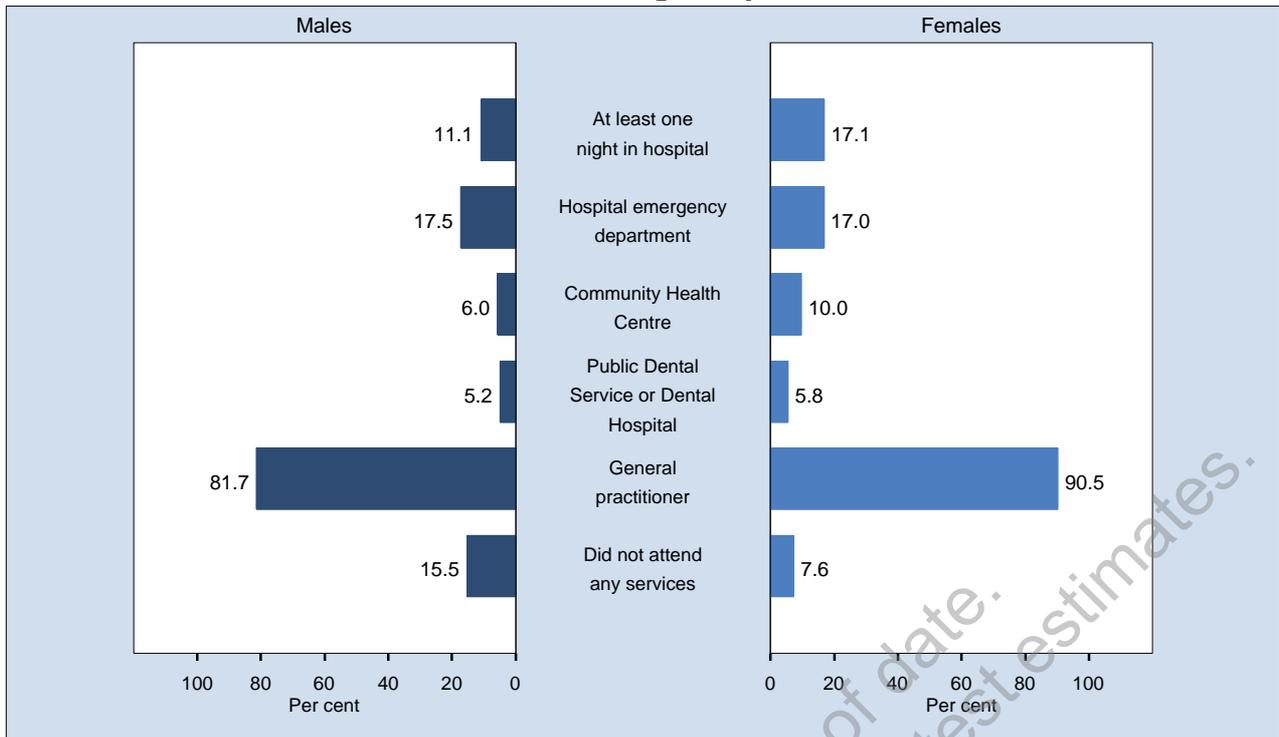
Since 1997, there has been a significant increase in the proportion of adults who experienced difficulties getting health care (9.9 per cent to 17.8 per cent). The increase has been significant in males and females, and in rural and urban health areas.

Since 2007, there has been no significant change in the proportion of adults who experienced difficulties getting health care; however, there has been a significant increase in females.

Among those who experienced difficulties getting health care, the main difficulties were: waiting time for an appointment with a general practitioner (54.3 per cent), shortage of general practitioners in area (15.2 per cent), quality of treatment (13.8 per cent), difficulty in accessing specialists (11.7 per cent), cost of health services (10.4 per cent), shortage of health services (8.0 per cent), transport issues (7.1 per cent), waiting time for dental services (6.6 per cent), and waiting time in emergency departments (6.5 per cent).

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

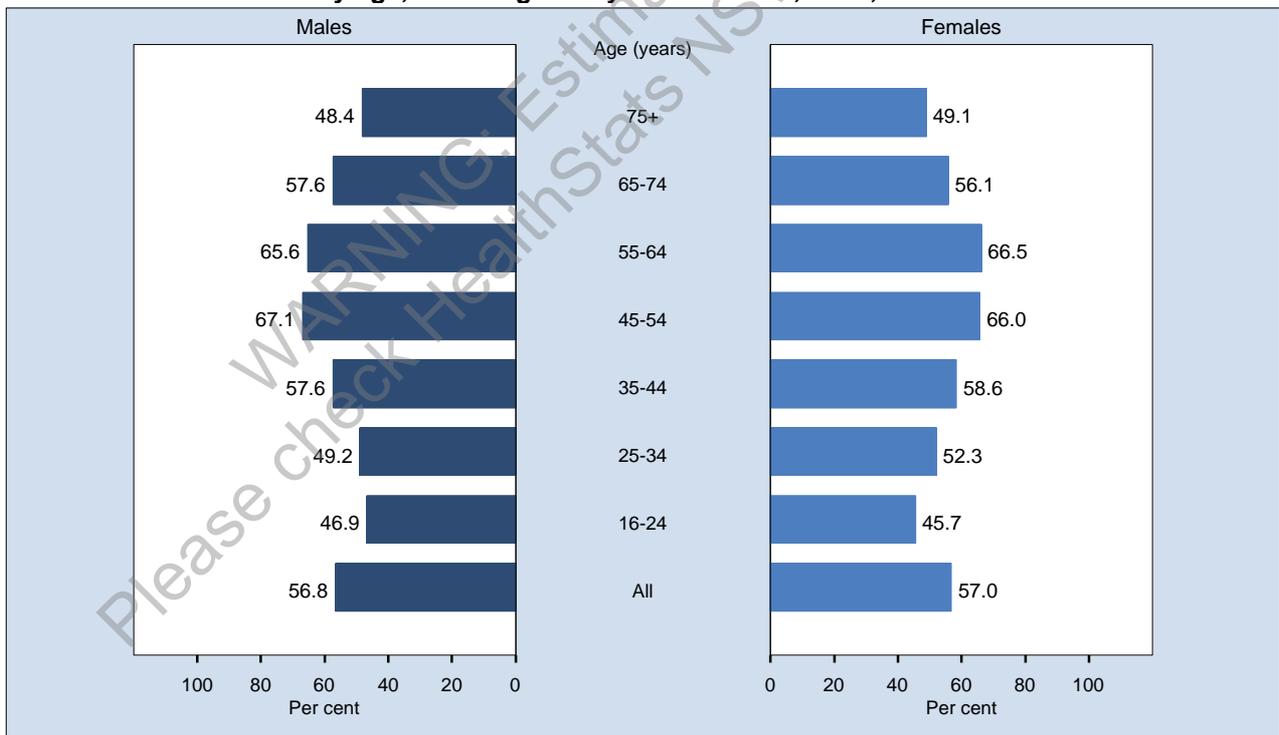
Health services attended in last 12 months, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) 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 1 night in hospital, or attended any of the following services: a hospital emergency department, a general practice, a community health centre, a public dental service or dental hospital? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

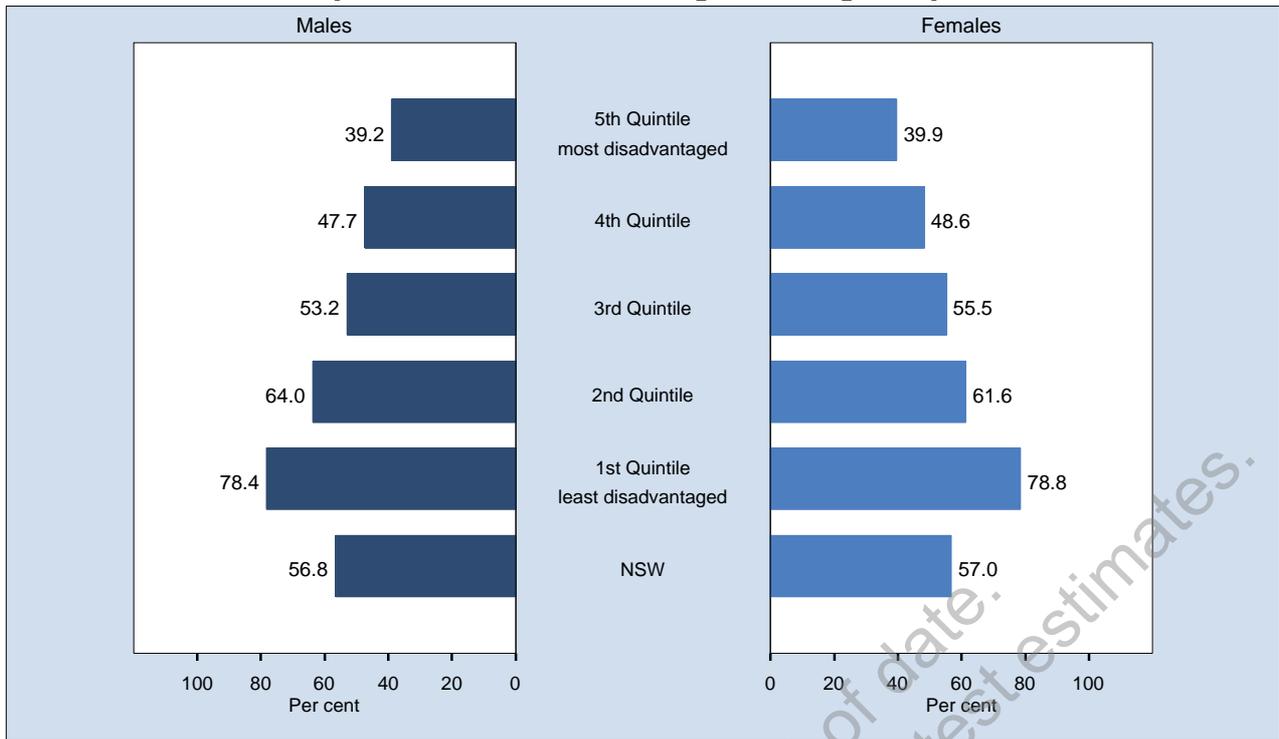
Private health insurance by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,203 respondents in NSW. For this indicator 93 (0.90%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have private health insurance. The question used to define the indicator was: Apart from Medicare, are you covered by private health insurance?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

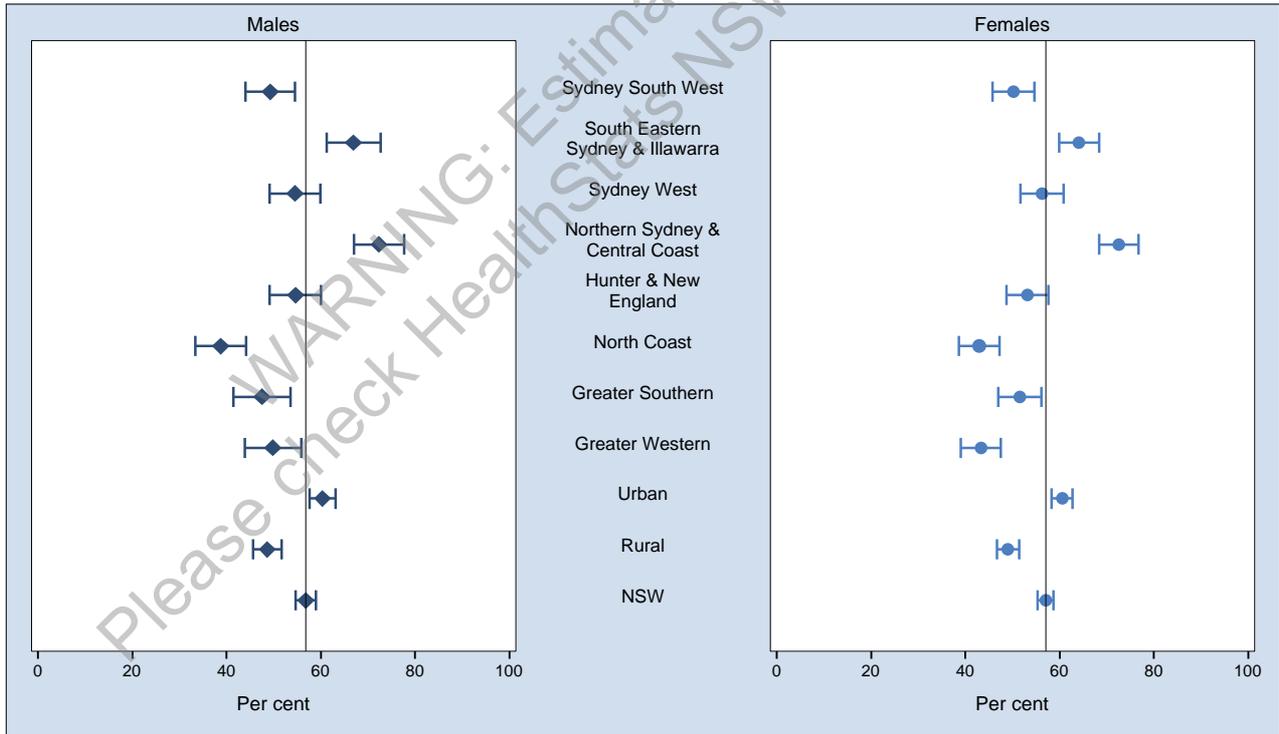
Private health insurance by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,203 respondents in NSW. For this indicator 93 (0.90%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have private health insurance. The question used to define the indicator was: Apart from Medicare, are you covered by private health insurance?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

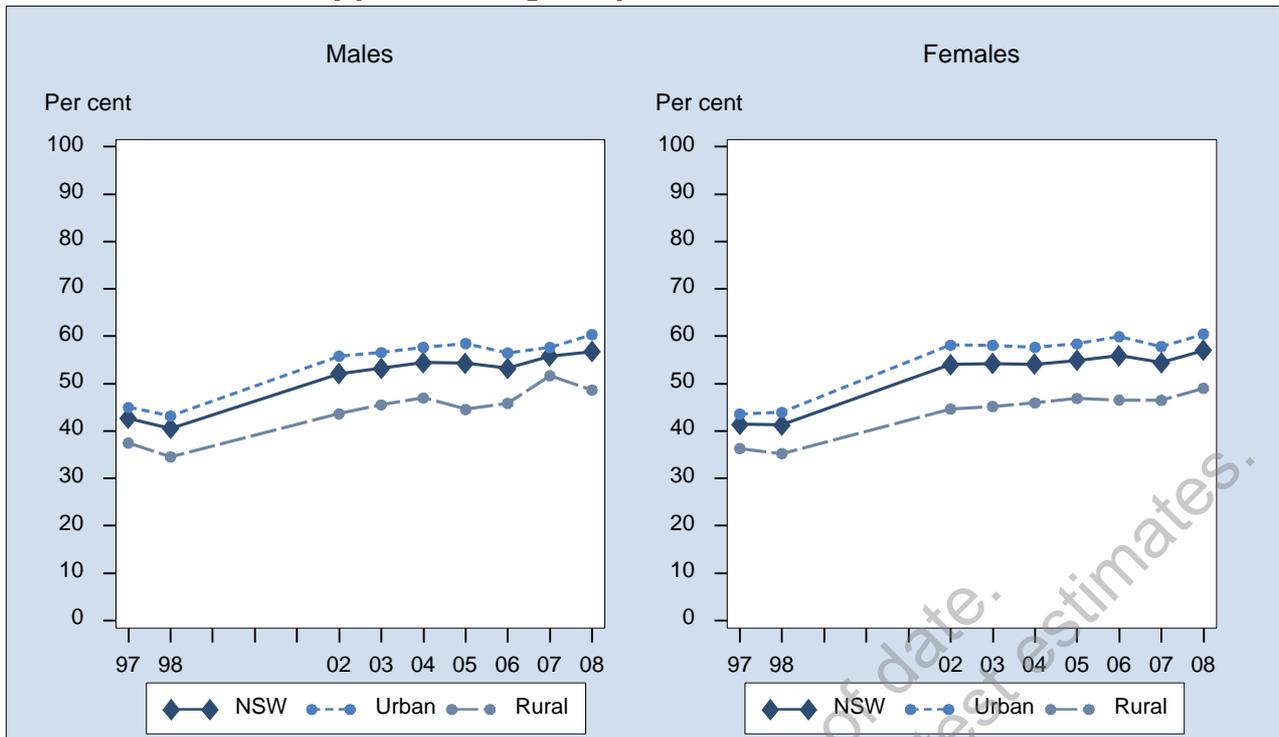
Private health insurance by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,203 respondents in NSW. For this indicator 93 (0.90%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have private health insurance. The question used to define the indicator was: Apart from Medicare, are you covered by private health insurance?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

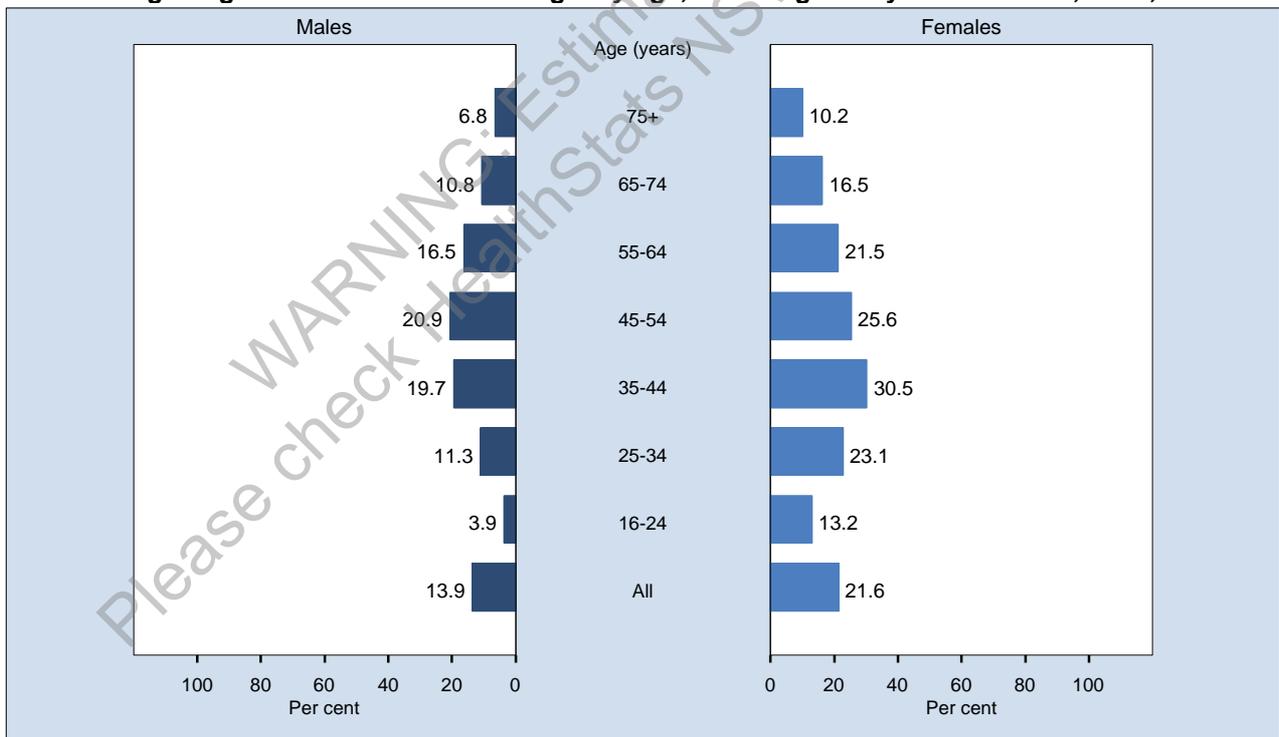
Private health insurance by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,427), 1998 (17,373), 2002 (12,537), 2003 (12,903), 2004 (9,356), 2005 (11,413), 2006 (7,911), 2007 (13,039), 2008 (10,203). The indicator includes those who have private health insurance. The question used to define the indicator was: Apart from Medicare, are you covered by private health insurance?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

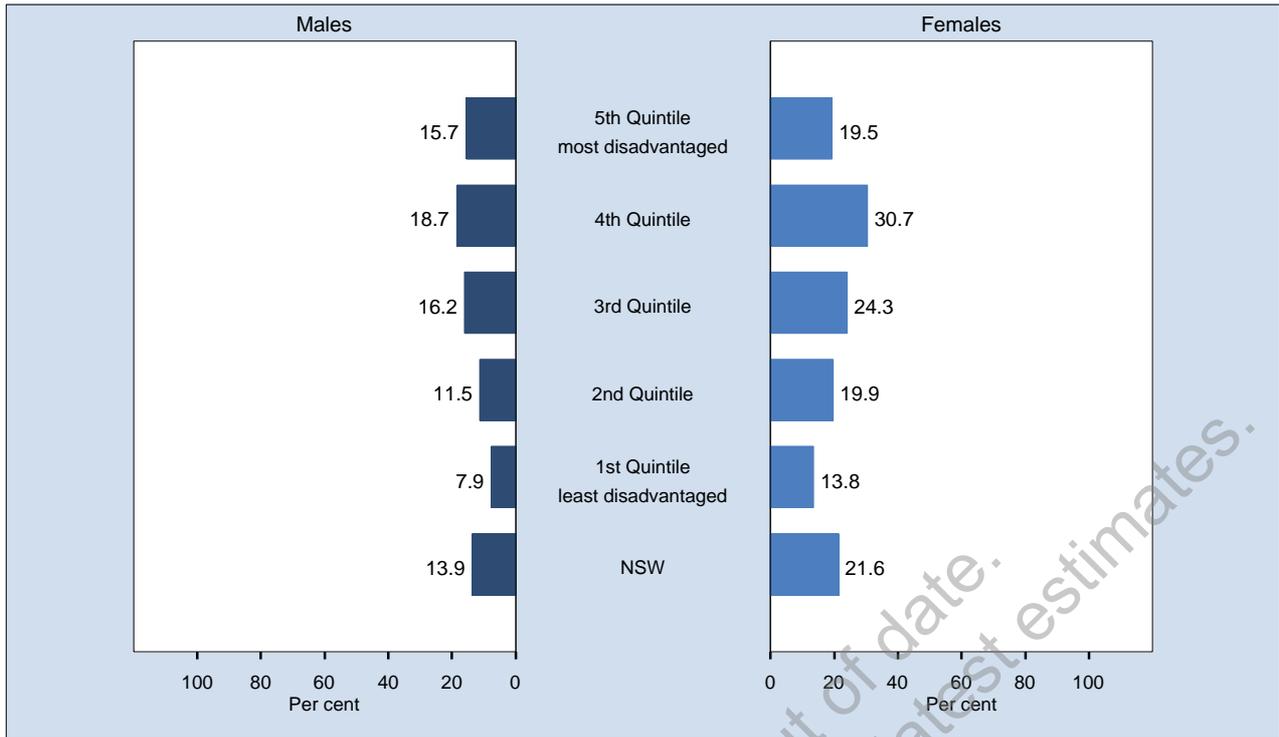
Difficulties getting health care when needing it by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,047 respondents in NSW. For this indicator 30 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had difficulties getting health care when they needed it. It excludes those who said they do not need health care. The question used to define the indicator was: Do you have any difficulties getting health care when you need it?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

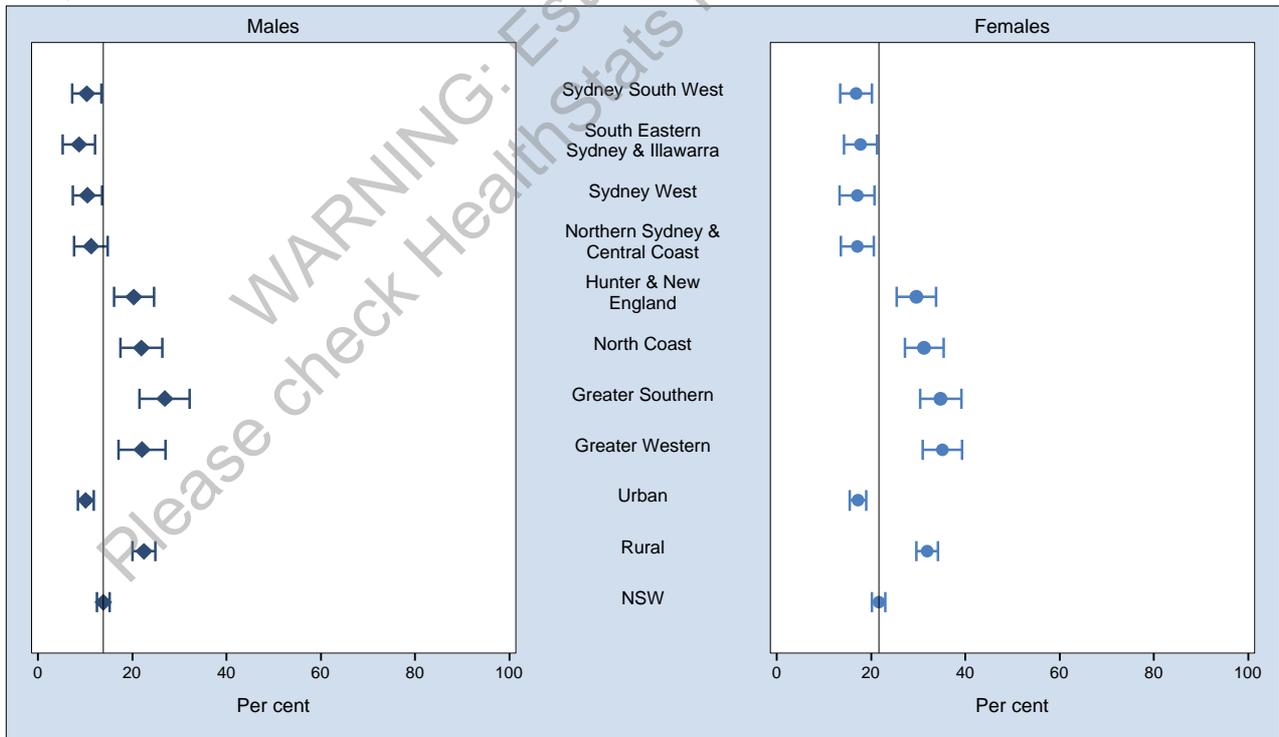
Difficulties getting health care when needing it by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,047 respondents in NSW. For this indicator 30 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had difficulties getting health care when they needed it. It excludes those who said they do not need health care. The question used to define the indicator was: Do you have any difficulties getting health care when you need it?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

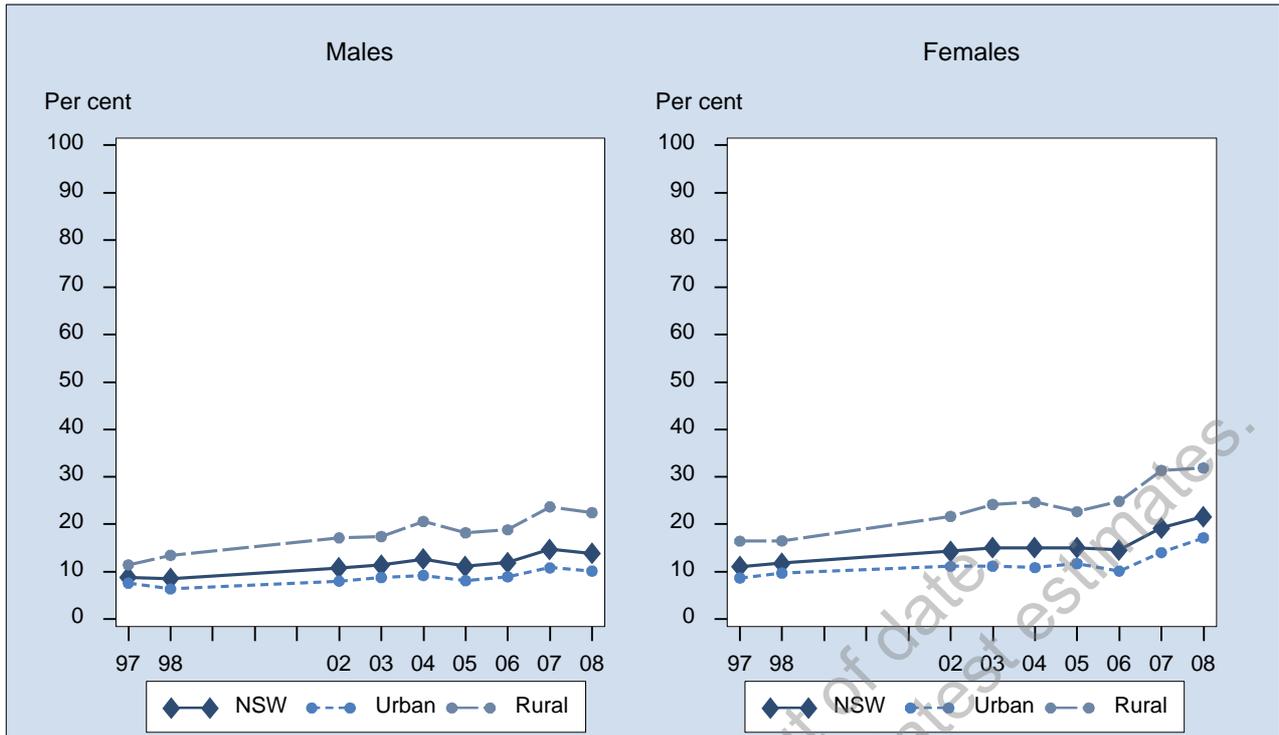
Difficulties getting health care when needing it by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,047 respondents in NSW. For this indicator 30 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those who had difficulties getting health care when they needed it. It excludes those who said they do not need health care. The question used to define the indicator was: Do you have any difficulties getting health care when you need it?

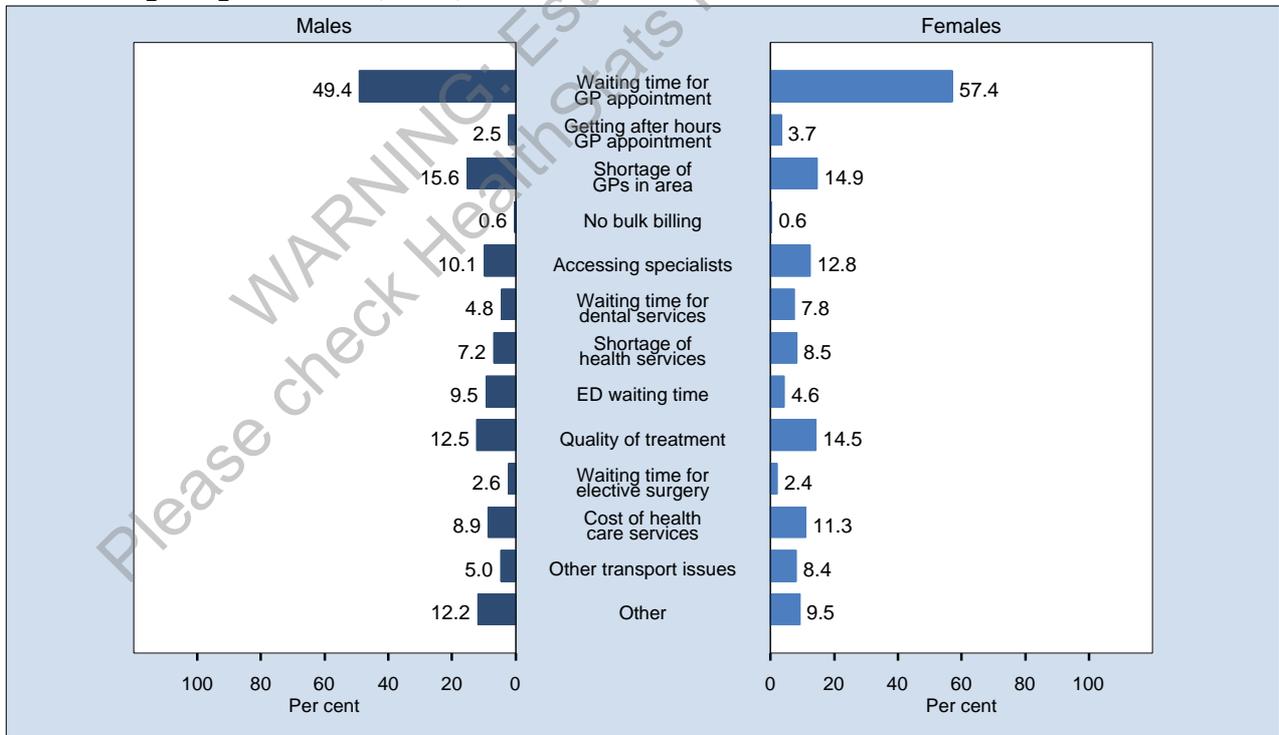
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Difficulties getting health care when needing it by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (16,968), 1998 (17,112), 2002 (12,016), 2003 (12,456), 2004 (9,084), 2005 (11,201), 2006 (7,769), 2007 (12,738), 2008 (10,047). The indicator includes those who had difficulties getting health care when they needed it. It excludes those who said they do not need health care. The question used to define the indicator was: Do you have any difficulties getting health care when you need it?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Types of difficulties getting health care when needing it, adults aged 16 years and over who had difficulties getting health care, NSW, 2008



Note: Estimates are based on 2,040 respondents in NSW. For this indicator 30 (1.45%) were not stated (Don't know or Refused) in NSW. The questions used were: Do you have any difficulties getting health care when you need it? Please describe the difficulties you have? Respondents could mention more than 1 response. Percentages may total more than 100%.
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Emergency departments

Introduction

To monitor the quality of care received in emergency departments, the New South Wales Population Health Survey asks respondents questions about presentations to emergency departments and how they rate the care received at emergency departments.

Results

Presented to an emergency department

In 2008, the New South Wales Population Health Survey estimated that 17.3 per cent of adults presented to an emergency department on 1 or more occasions in the last 12 months. There was no significant difference between males and females. A significantly lower proportion of adults aged 45-54 years (12.6 per cent) and 55-64 years (14.9 per cent), and a significantly higher proportion of adults aged 75 years and over (20.1 per cent), presented to an emergency department on 1 or more occasions in the last 12 months, compared with the overall adult population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (14.2 per cent), and a significantly higher proportion of adults in the fourth disadvantaged quintile (21.2 per cent), presented to an emergency department, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (22.0 per cent) than urban health areas (15.2 per cent) presented to an emergency department. A significantly higher proportion of adults in the Hunter & New England (20.6 per cent), North Coast (25.7 per cent), Greater Southern (20.0 per cent), and Greater Western (23.0 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West Area Health Service (14.3 per cent), presented to an emergency department, compared with the overall adult population.

Since 1997, there has been a significant increase in the proportion of adults who presented to an emergency department on 1 or more occasions in the last 12 months (13.9 per cent to 17.3 per cent). The increase has been significant in females, and in rural and urban health areas.

Since 2007, there has been a significant increase in the proportion of adults who presented to an emergency department on 1 or more occasions in the last 12 months (15.5 per cent to 17.3 per cent). The increase has been significant in females, and in rural health areas.

Rating of emergency department care

Those who presented to an emergency department were asked to rate the care they received: 28.3 per cent rated their care as excellent, 25.1 per cent as very good, 24.4 per cent as good, 11.8 per cent as fair, and 10.4 per cent as poor. Responses of excellent, very good and good were combined into a positive rating of care.

In 2008, among those adults who presented to an emergency department in the last 12 months, 77.8 per cent gave a positive rating to the care they received. There was no significant difference between males and females. A significantly higher proportion of adults aged 65-74 years (87.6 per cent) and 75 years and over (92.3 per cent) gave a positive rating to the care they received, compared with the overall adult population.

There was no significant difference among quintiles of disadvantage.

A significantly higher proportion of adults in rural health areas (81.8 per cent) than urban health areas (75.2 per cent) gave a positive rating to the care they received. A significantly higher proportion of adults in the Greater Southern Area Health Service (86.4 per cent) gave a positive rating to the care they received, compared with the overall adult population.

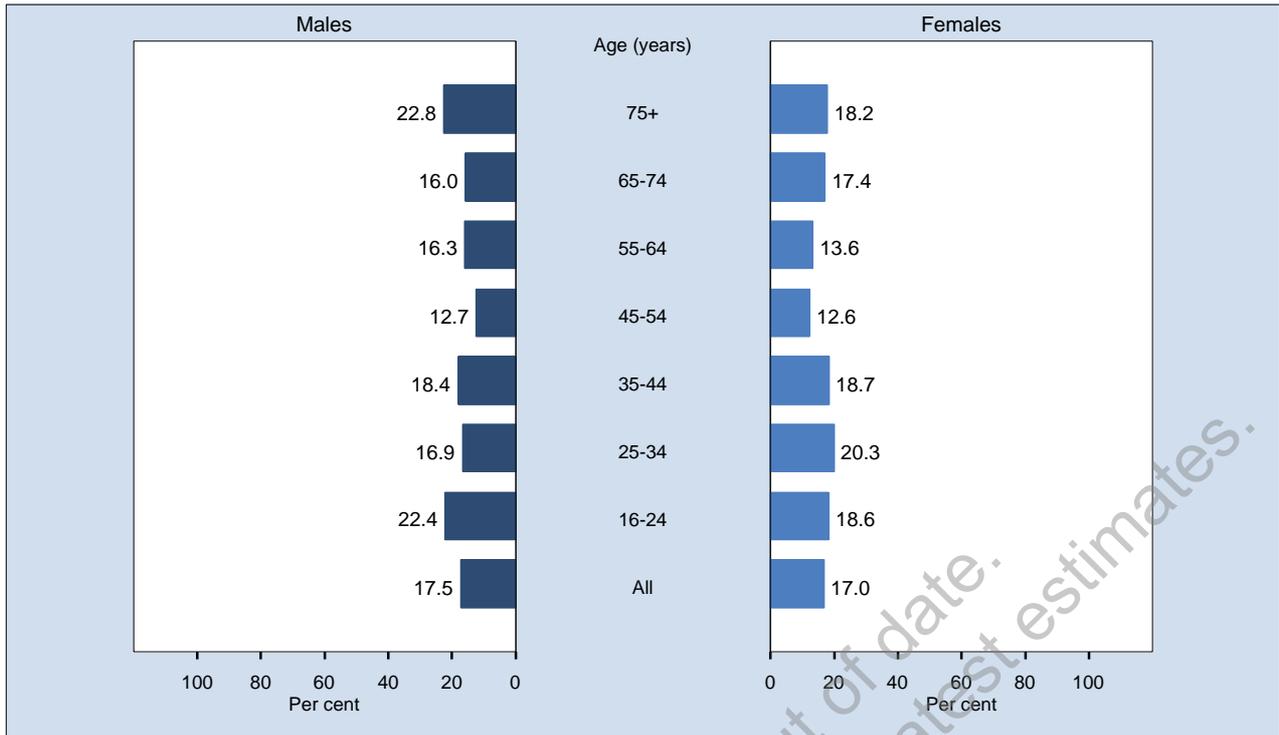
Since 1997, there has been no significant change in the proportion of adults who gave a positive rating to their emergency department care.

Since 2007, there has been no significant change in the proportion of adults who gave a positive rating to their emergency department care.

The main reason for rating care as fair or poor was waiting time (71.0 per cent) followed by: poor or inadequate service (26.6 per cent), poor attitude of clinical staff (10.7 per cent), communication problems (10.2 per cent), not enough staff (9.1 per cent), poor technical skill of clinical staff (9.1 per cent), inadequate medication or management (7.5 per cent), sent home without treatment or follow-up (6.8 per cent), poor accommodation quality (3.9 per cent), and misdiagnosis or contradictory diagnosis (3.1 per cent).

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

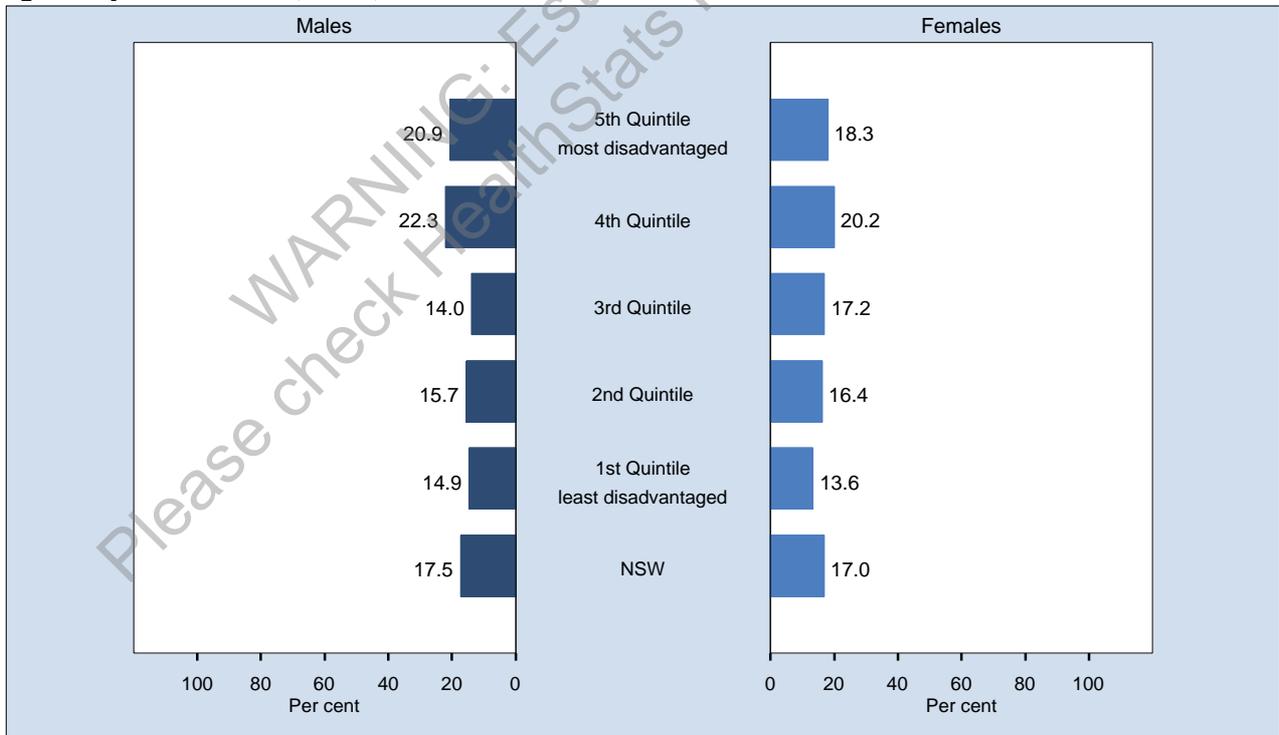
Emergency department presentation in the last 12 months by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who presented to an emergency department in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a hospital emergency department or casualty for your own medical care?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

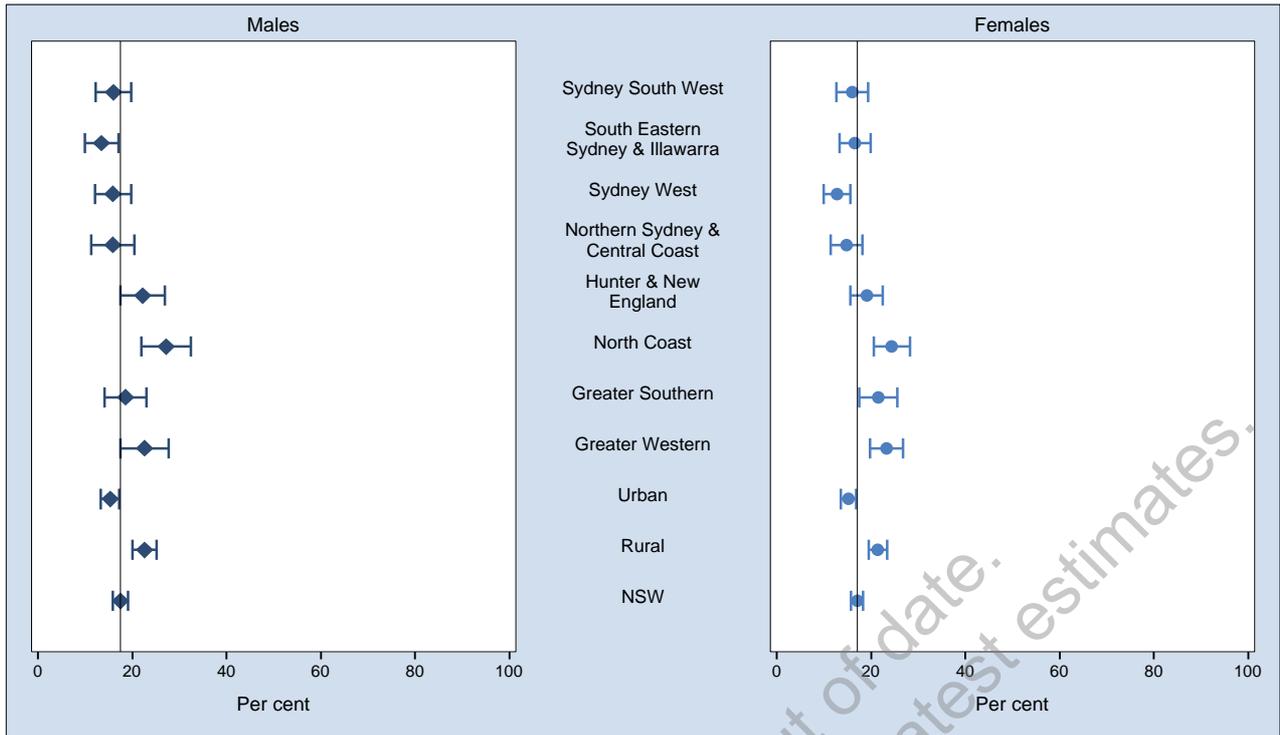
Emergency department presentation in the last 12 months by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who presented to an emergency department in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a hospital emergency department or casualty for your own medical care?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

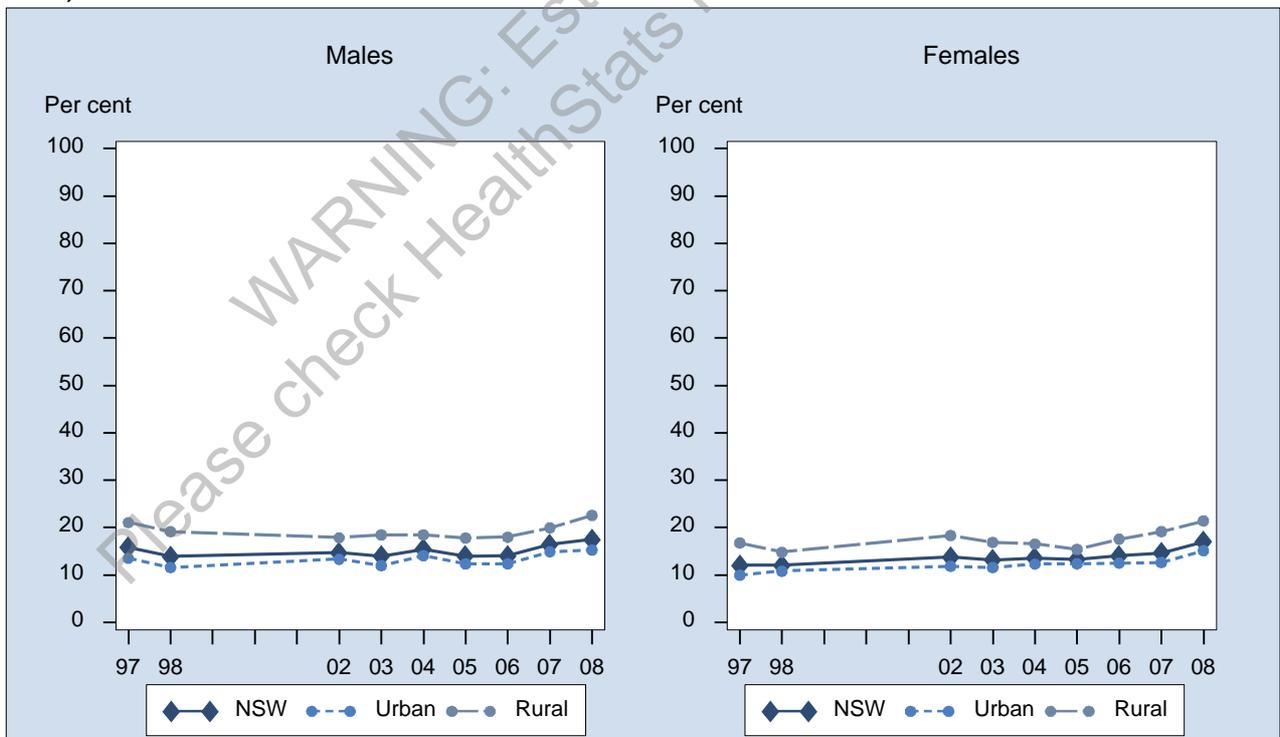
Emergency department presentation in the last 12 months by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who presented to an emergency department in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a hospital emergency department or casualty for your own medical care?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Emergency department presentation in the last 12 months by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,494), 1998 (17,438), 2002 (12,603), 2003 (12,992), 2004 (9,412), 2005 (11,470), 2006 (7,941), 2007 (13,097), 2008 (10,290). The indicator includes those who presented to an emergency department in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a hospital emergency department or casualty for your own medical care?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

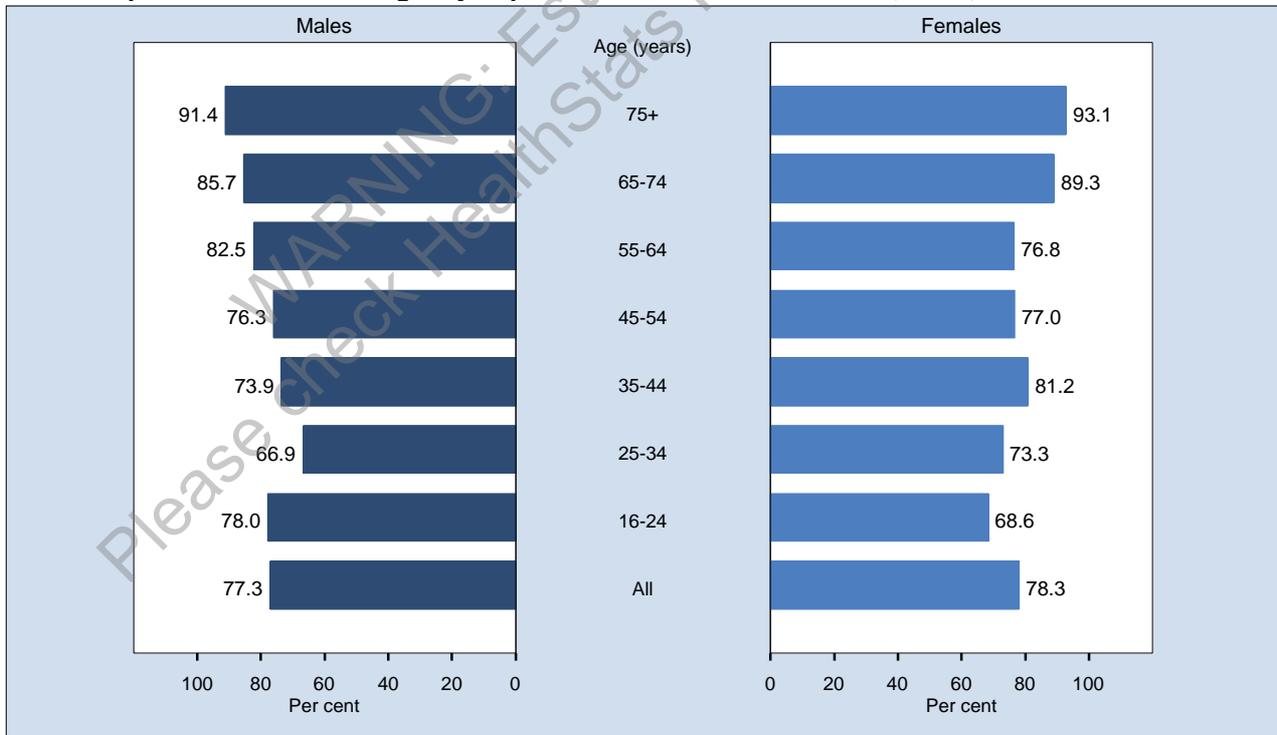
Emergency department care ratings, adults aged 16 years and over who presented to an emergency department in the last 12 months, NSW, 2008



Note: Estimates are based on 1,891 respondents in NSW. For this indicator 11 (0.58%) were not stated (Don't know or Refused) in NSW. The questions used were: 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: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

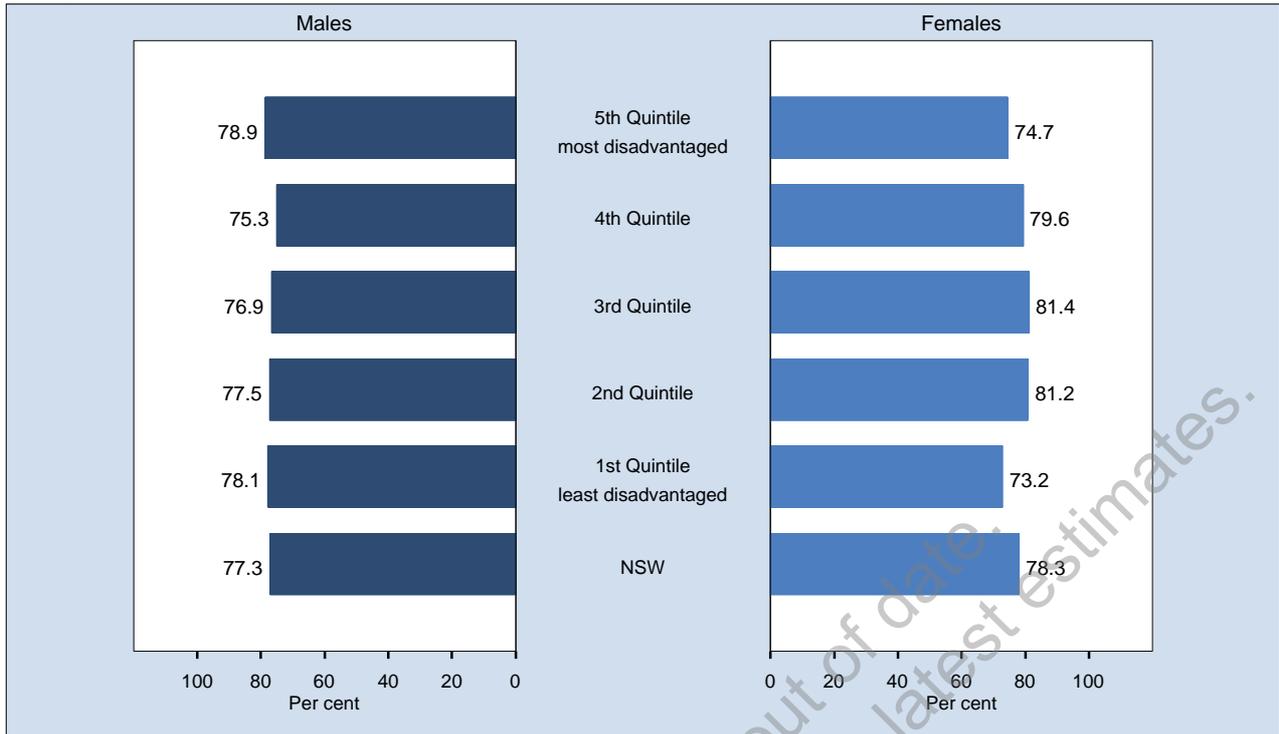
Emergency department care rated as excellent, very good or good by age, adults aged 16 years and over who presented to an emergency department in the last 12 months, NSW, 2008



Note: Estimates are based on 1,891 respondents in NSW. For this indicator 11 (0.58%) were not stated (Don't know or Refused) in NSW. The indicator includes those who presented to an emergency department in the last 12 months who rated their care as excellent, very good, or good for the most recent visit. The questions used to define the indicator were: 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: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

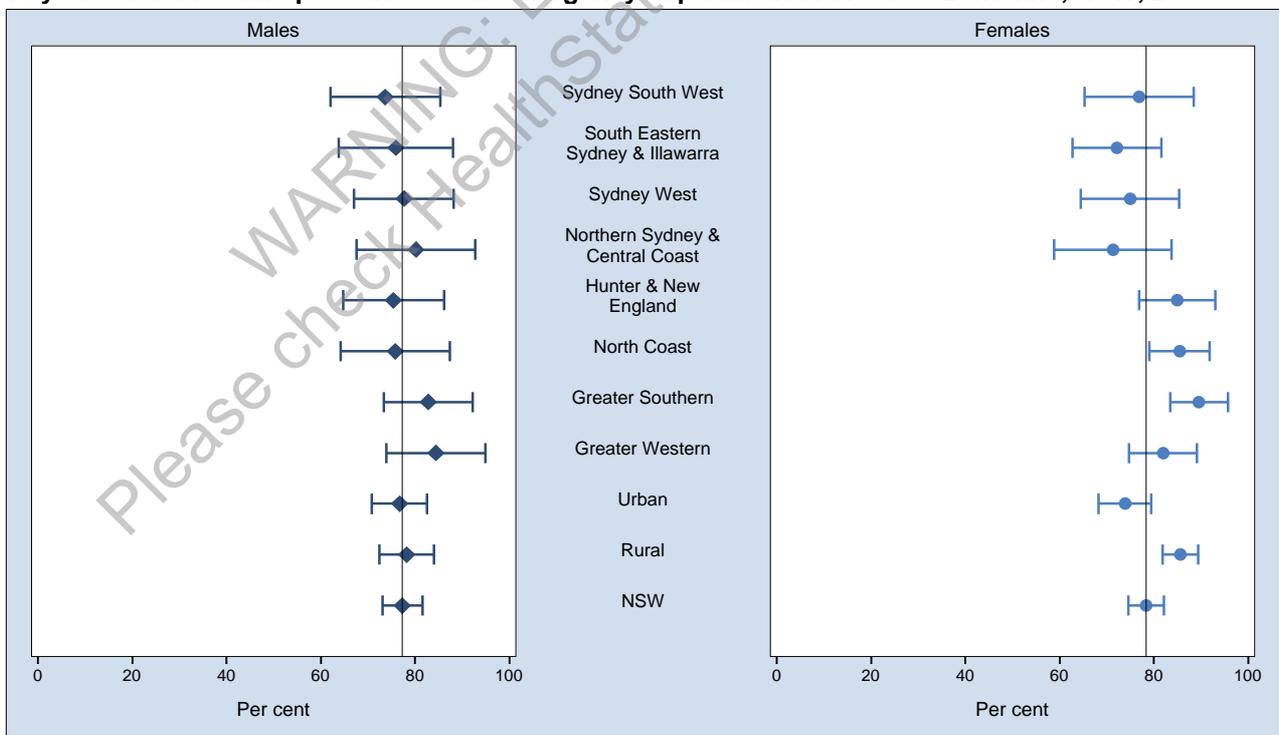
Emergency department care rated as excellent, very good or good by socioeconomic disadvantage, adults aged 16 years and over who presented to an emergency department in the last 12 months, NSW, 2008



Note: Estimates are based on 1,891 respondents in NSW. For this indicator 11 (0.58%) were not stated (Don't know or Refused) in NSW. The indicator includes those who presented to an emergency department in the last 12 months who rated their care as excellent, very good, or good for the most recent visit. The questions used to define the indicator were: 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: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

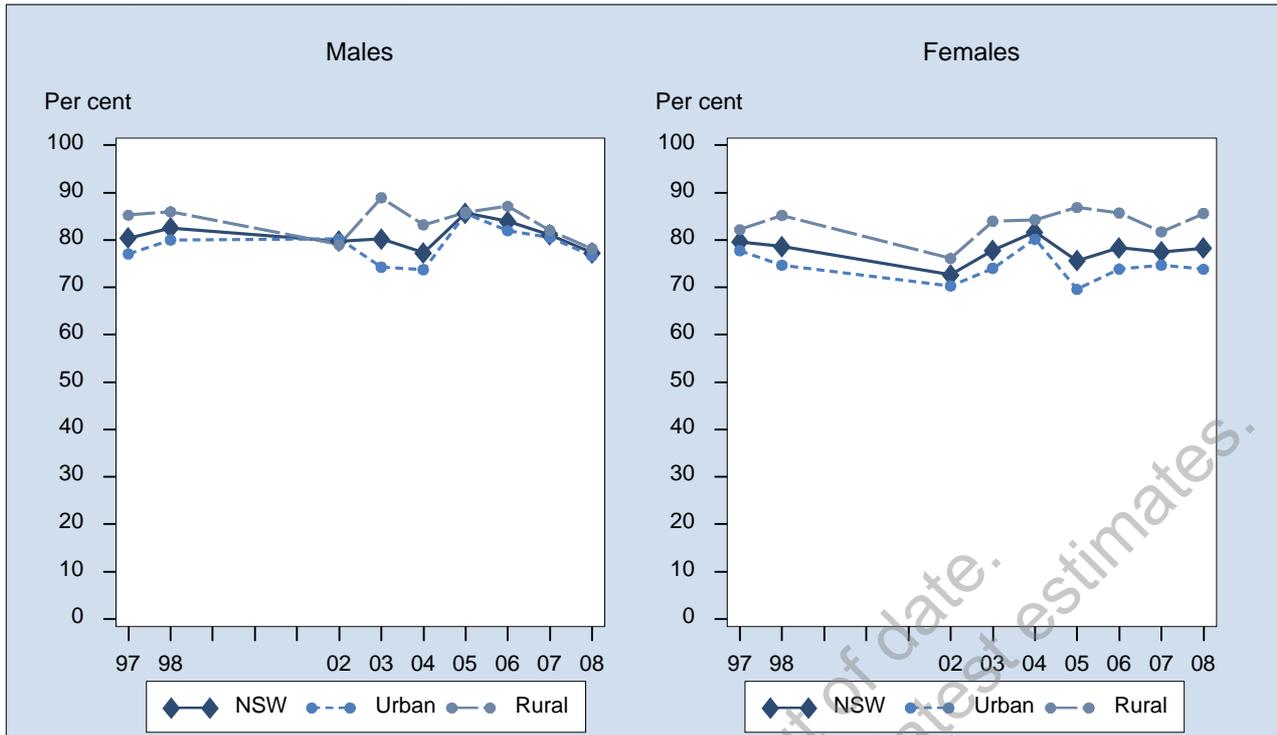
Emergency department care rated as excellent, very good or good by area health service, adults aged 16 years and over who presented to an emergency department in the last 12 months, NSW, 2008



Note: Estimates are based on 1,891 respondents in NSW. For this indicator 11 (0.58%) were not stated (Don't know or Refused) in NSW. The indicator includes those who presented to an emergency department in the last 12 months who rated their care as excellent, very good, or good for the most recent visit. The questions used to define the indicator were: 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: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

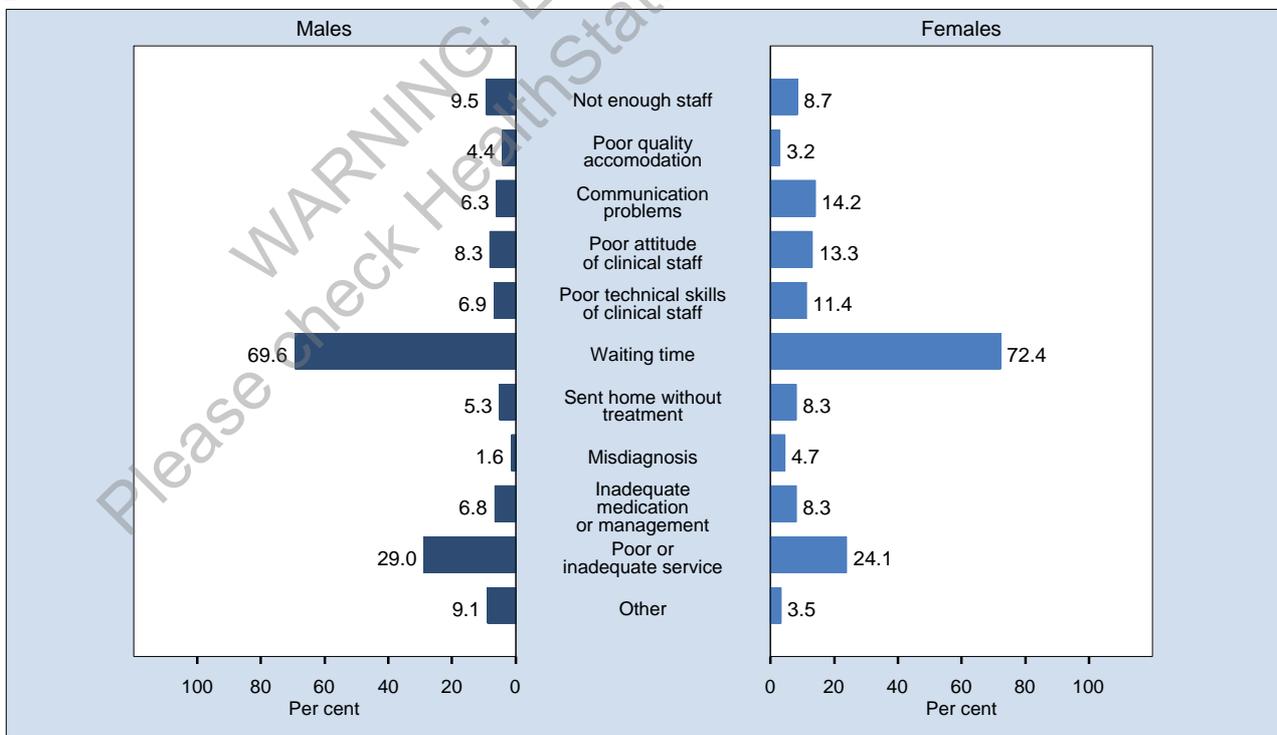
Emergency department care rated as excellent, very good or good by year, adults aged 16 years and over who presented to an emergency department in the last 12 months, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (2,727), 1998 (2,581), 2002 (2,025), 2003 (2,054), 2004 (1,535), 2005 (1,689), 2006 (1,225), 2007 (2,157), 2008 (1,891). The indicator includes those who presented to an emergency department in the last 12 months who rated their care as excellent, very good, or good for the most recent visit. The questions used to define the indicator were: 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: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Reason for rating most recent emergency visit as fair or poor, adults aged 16 years and over who presented to an emergency department in the last 12 months and rated the care as fair or poor, NSW, 2008



Note: Estimates are based on 331 respondents in NSW. For this indicator 11 (3.22%) were not stated (Don't know or Refused) in NSW. The questions used were: 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: Was it excellent, very good, good, fair or poor? Could you briefly describe why you rated the care you received as fair or poor? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Hospitals

Introduction

To monitor the quality of care received in hospitals, the New South Wales Population Health Survey asks respondents questions about admissions to hospitals and how they rate the care received at hospitals.

Results

Admitted to a hospital

In 2008, the New South Wales Population Health Survey estimated that 14.2 per cent of adults were admitted to hospital on 1 or more occasions in the last 12 months. A significantly lower proportion of males (11.1 per cent) than females (17.1 per cent) were admitted to hospital. Among males, a significantly lower proportion of those aged 35-44 years (6.9 per cent), and a significantly higher proportion of those aged 55-64 years (14.5 per cent), 65-74 years (20.6 per cent), and 75 years and over (26.9 per cent), were admitted to hospital, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 45-54 years (10.7 per cent), and a significantly higher proportion of those aged 25-34 years (25.9 per cent) and 75 years and over (22.8 per cent), were admitted to hospital, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage.

A significantly higher proportion of adults in rural health areas (15.7 per cent) than urban health areas (13.5 per cent) were admitted to hospital on 1 or more occasions in the last 12 months. There was no significant difference among health areas.

Since 1997, there has been a significant increase in the proportion of adults admitted to hospital on 1 or more occasions in the last 12 months (13.0 per cent to 14.2 per cent). The increase has been significant in females, and in urban health areas.

However, since 2007, there has been no significant change in the proportion of adults admitted to hospital on 1 or more occasions in the last 12 months.

Rating of hospital care

Those who were admitted to hospital were asked to rate the care they received: 40.9 per cent rated their care as excellent, 30.8 per cent as very good, 16.7 per cent as good, 7.4 per cent as fair, and 4.3 per cent as poor. Responses of excellent, very good, and good were combined into a positive rating of care.

In 2008, among those adults admitted to hospital in the last 12 months, 88.4 per cent gave a positive rating to the care they received. A significantly higher proportion of males (91.7 per cent) than females (86.3 per cent) gave a positive rating to the care they received. Among males, there was no significant difference among age groups, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 65-74 years (93.3 per cent) and 75 years and over (92.4 per cent), gave a positive rating to the care they received, compared with the overall adult female population.

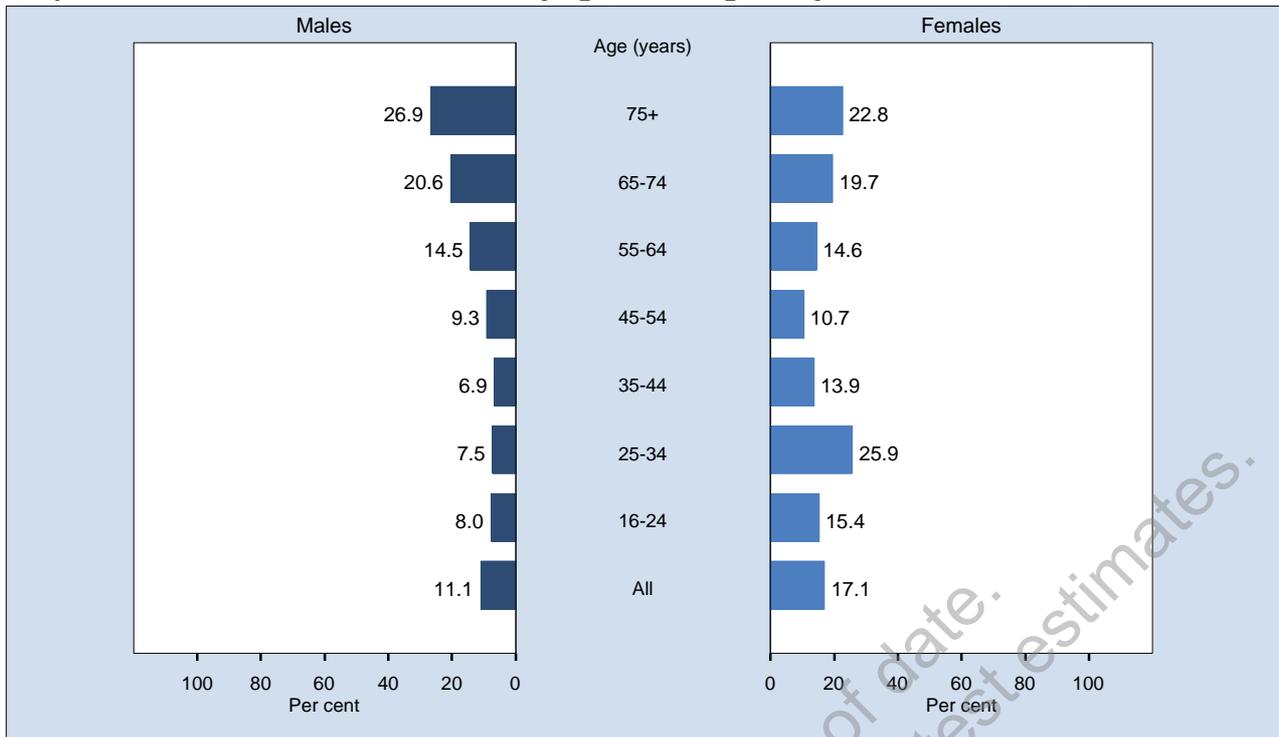
There was no significant difference among quintiles of disadvantage, between rural and urban health areas, or among health areas.

Since 1997, there has been no significant change in the proportion of adults who gave a positive rating to their hospital care.

Since 2007, there has been no significant change in the proportion of adults who gave a positive rating to their hospital care.

The main reason for rating care as fair or poor was poor attitude of clinical staff (29.5 per cent) followed by: poor quality accommodation (22.8 per cent), excessive waiting time for care (21.8 per cent), communication problems (19.0 per cent), not enough staff (17.9 per cent), inadequate medication or management (15.3 per cent), poor technical skill of clinical staff (14.4 per cent), poor or inadequate food (9.5 per cent), and hospital could not offer required care (7.4 per cent).

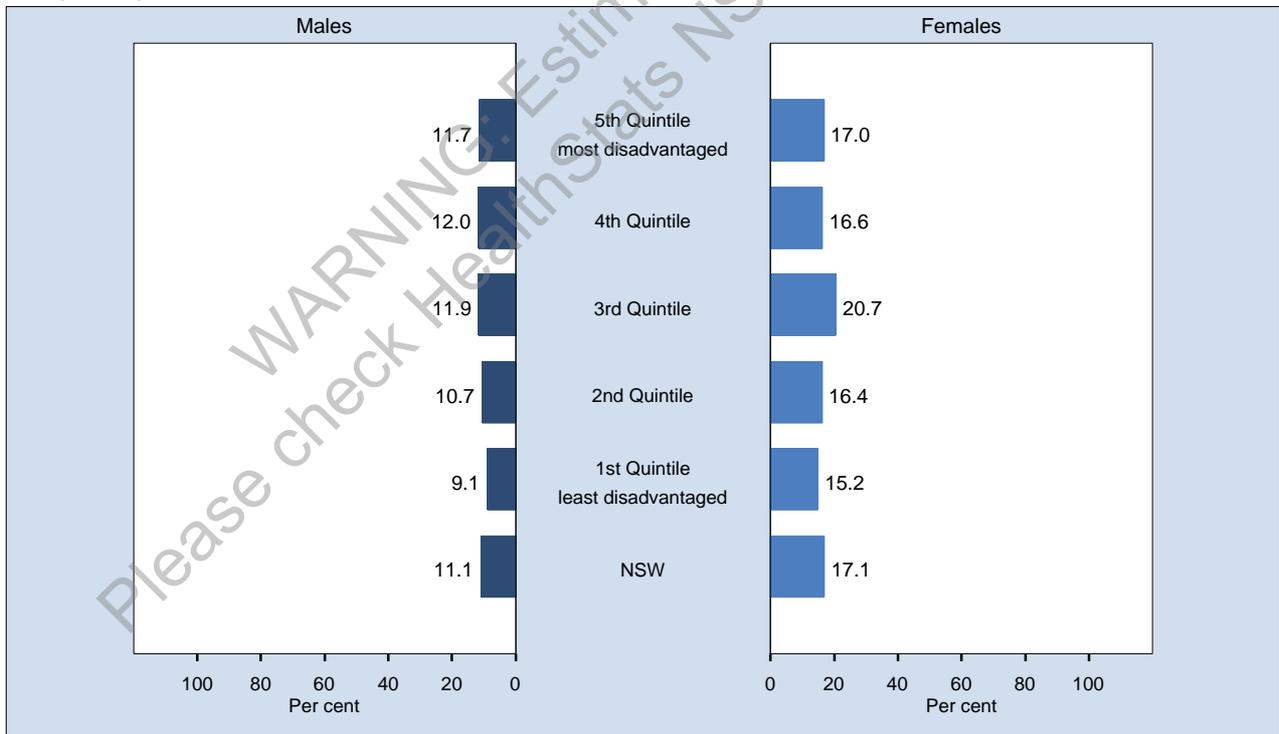
Hospital admission in the last 12 months by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those admitted to hospital in the last 12 months. The question used to define the indicator was: In the last 12 months, have you stayed for at least 1 night in hospital?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

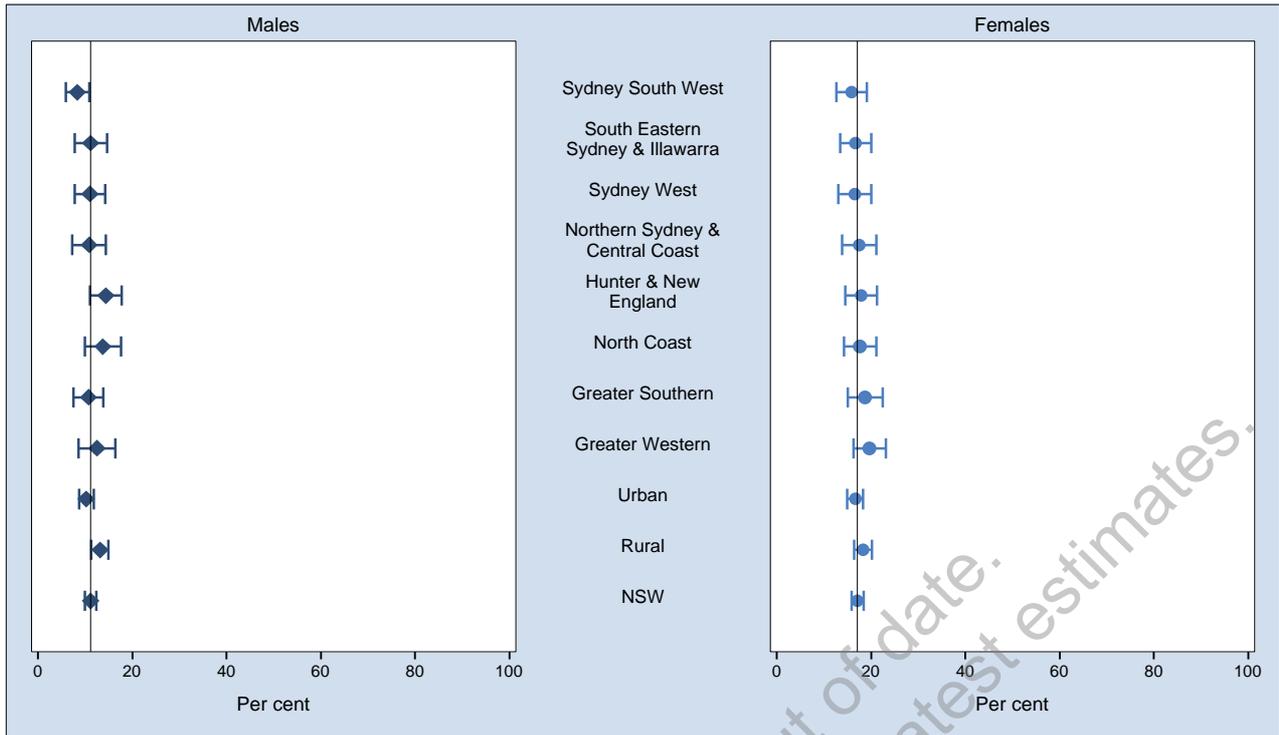
Hospital admission in the last 12 months by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those admitted to hospital in the last 12 months. The question used to define the indicator was: In the last 12 months, have you stayed for at least 1 night in hospital?

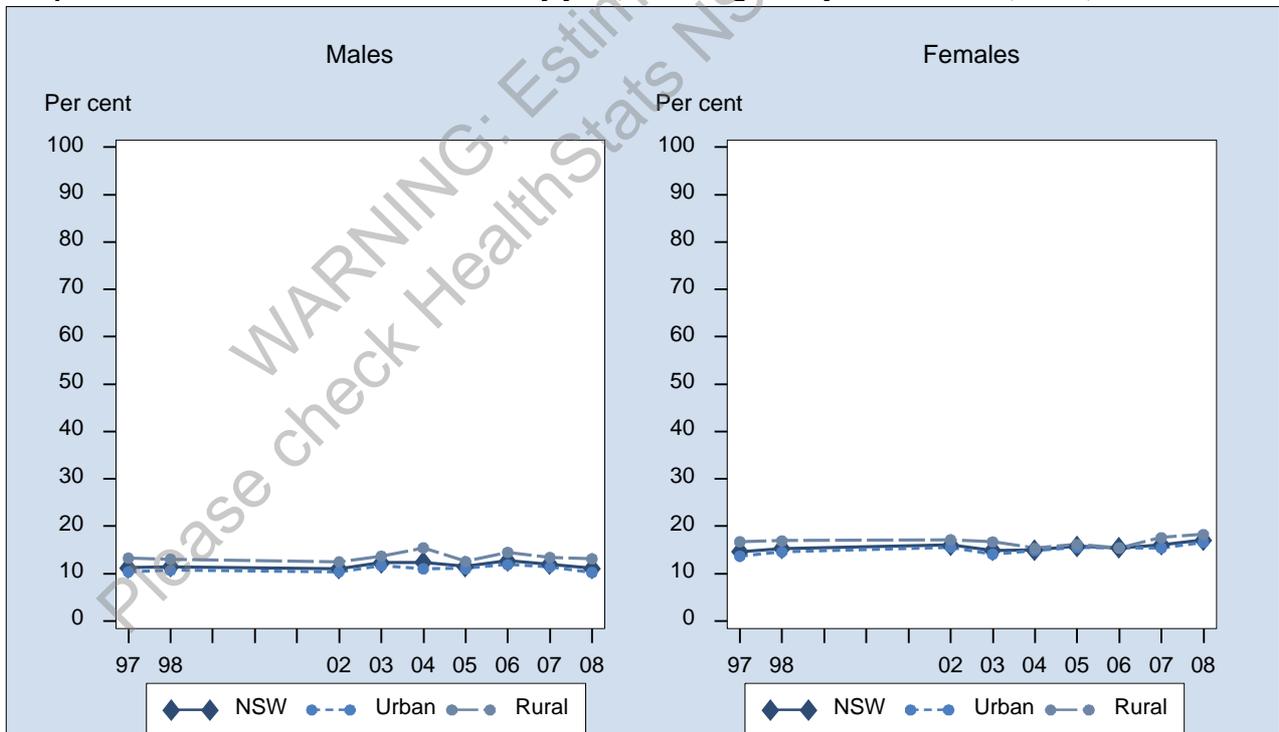
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Hospital admission in the last 12 months by area health service, adults aged 16 years and over, NSW, 2008



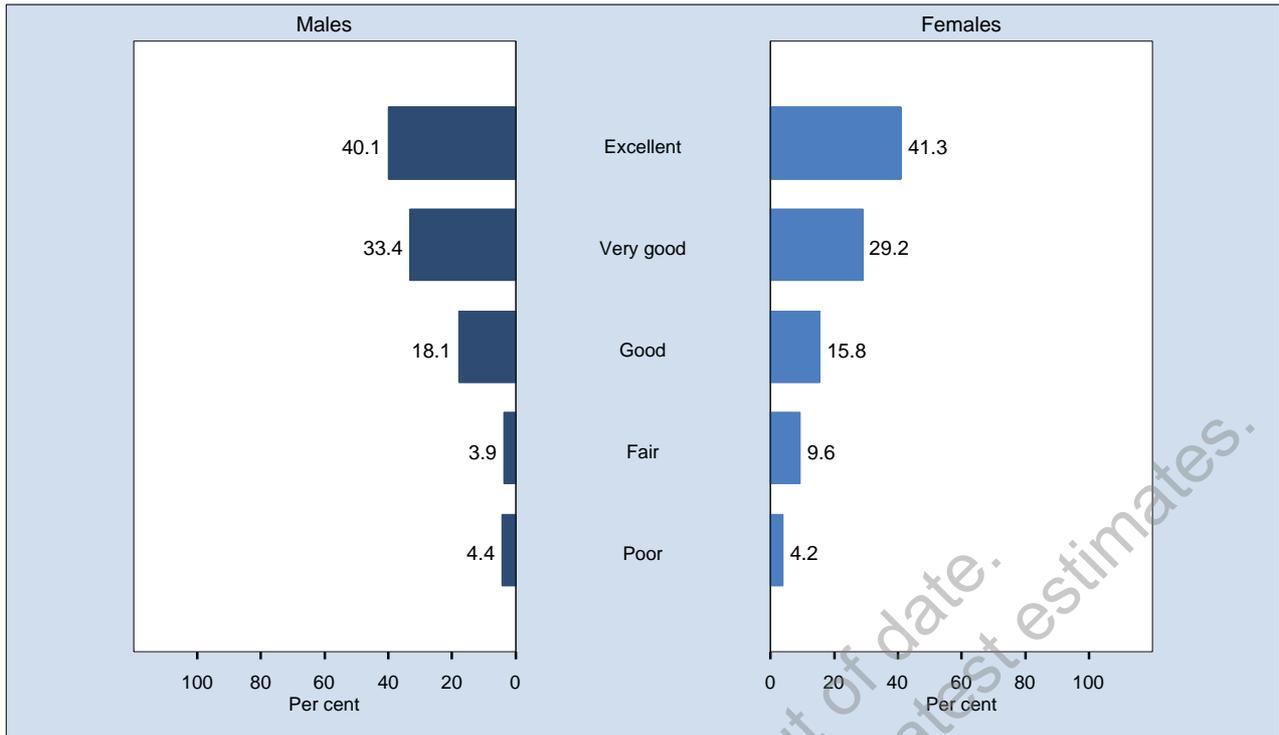
Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those admitted to hospital in the last 12 months. The question used to define the indicator was: In the last 12 months, have you stayed for at least 1 night in hospital?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Hospital admission in the last 12 months by year, adults aged 16 years and over, NSW, 1997-2008



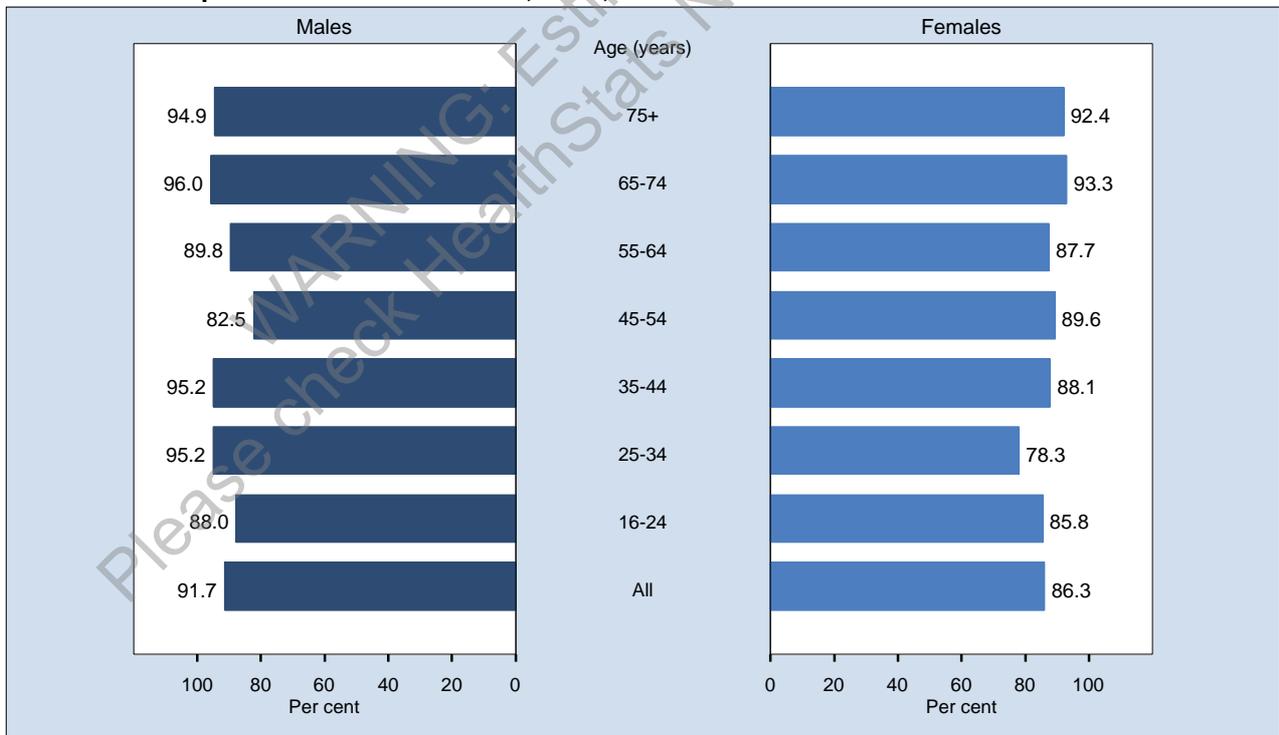
Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,494), 1998 (17,454), 2002 (12,603), 2003 (12,992), 2004 (9,412), 2005 (11,470), 2006 (7,941), 2007 (13,097), 2008 (10,290). The indicator includes those admitted to hospital in the last 12 months. The question used to define the indicator was: In the last 12 months, have you stayed for at least 1 night in hospital?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Hospital care ratings, adults aged 16 years and over who were admitted to hospital in the last 12 months, NSW, 2008



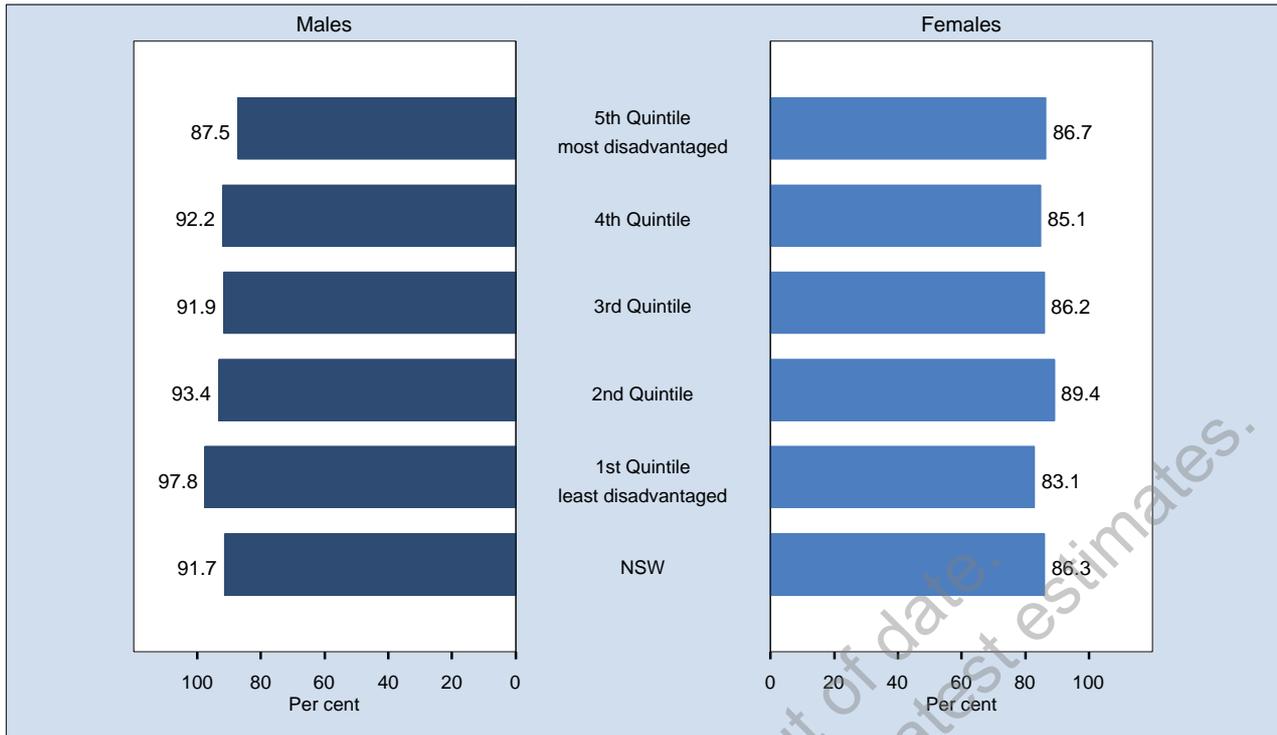
Note: Estimates are based on 1,681 respondents in NSW. For this indicator 5 (0.30%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last 12 months, have you stayed at least 1 night in hospital? Overall, what do you think of the care you received at this hospital: Was it excellent, very good, good, fair or poor?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Hospital care rated as excellent, very good or good by age, adults aged 16 years and over who were admitted to hospital in the last 12 months, NSW, 2008



Note: Estimates are based on 1,681 respondents in NSW. For this indicator 5 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those admitted to hospital in the last 12 months who rated their care as excellent, very good, or good for the most recent overnight stay. The questions used to define the indicator were: In the last 12 months, have you stayed for at least 1 night in hospital? Overall what do you think of the care you received at this hospital: Was it excellent, very good, good, fair, or poor?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

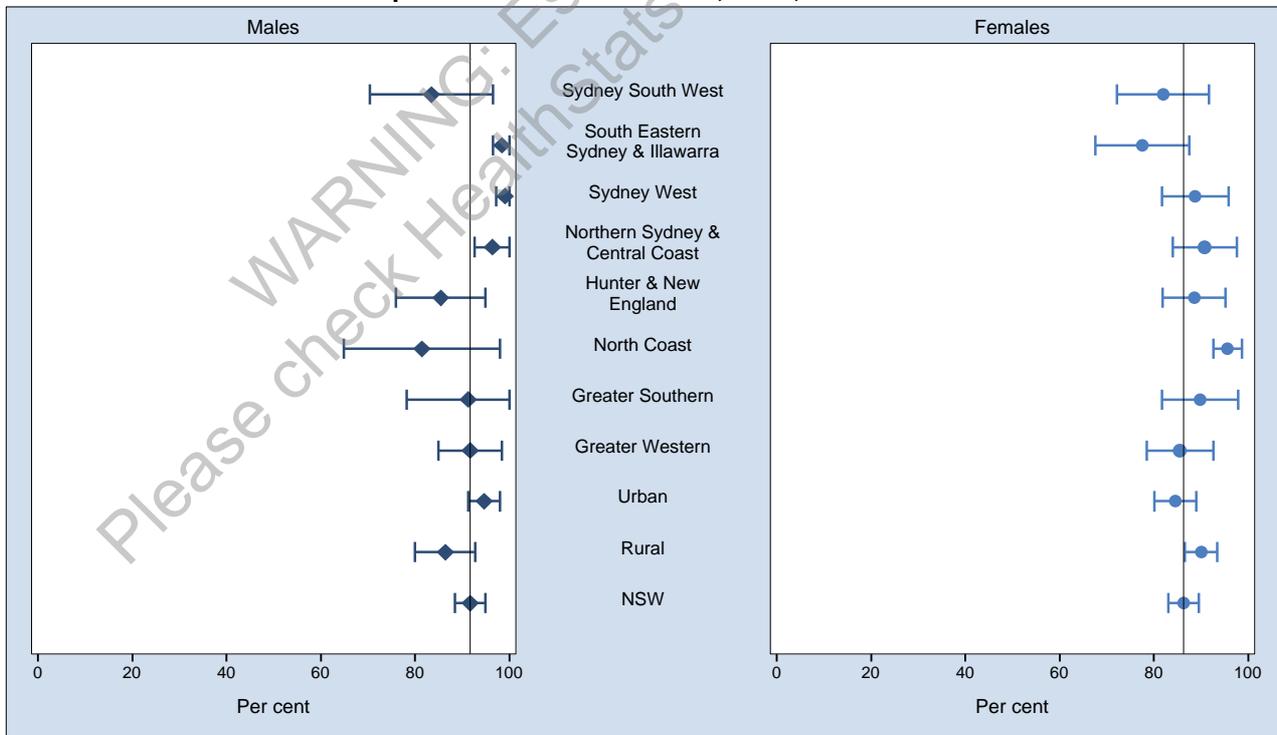
Hospital care rated as excellent, very good or good by socioeconomic disadvantage, adults aged 16 years and over who were admitted to hospital in the last 12 months, NSW, 2008



Note: Estimates are based on 1,681 respondents in NSW. For this indicator 5 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those admitted to hospital in the last 12 months who rated their care as excellent, very good, or good for the most recent overnight stay. The questions used to define the indicator were: In the last 12 months, have you stayed for at least 1 night in hospital? Overall what do you think of the care you received at this hospital: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

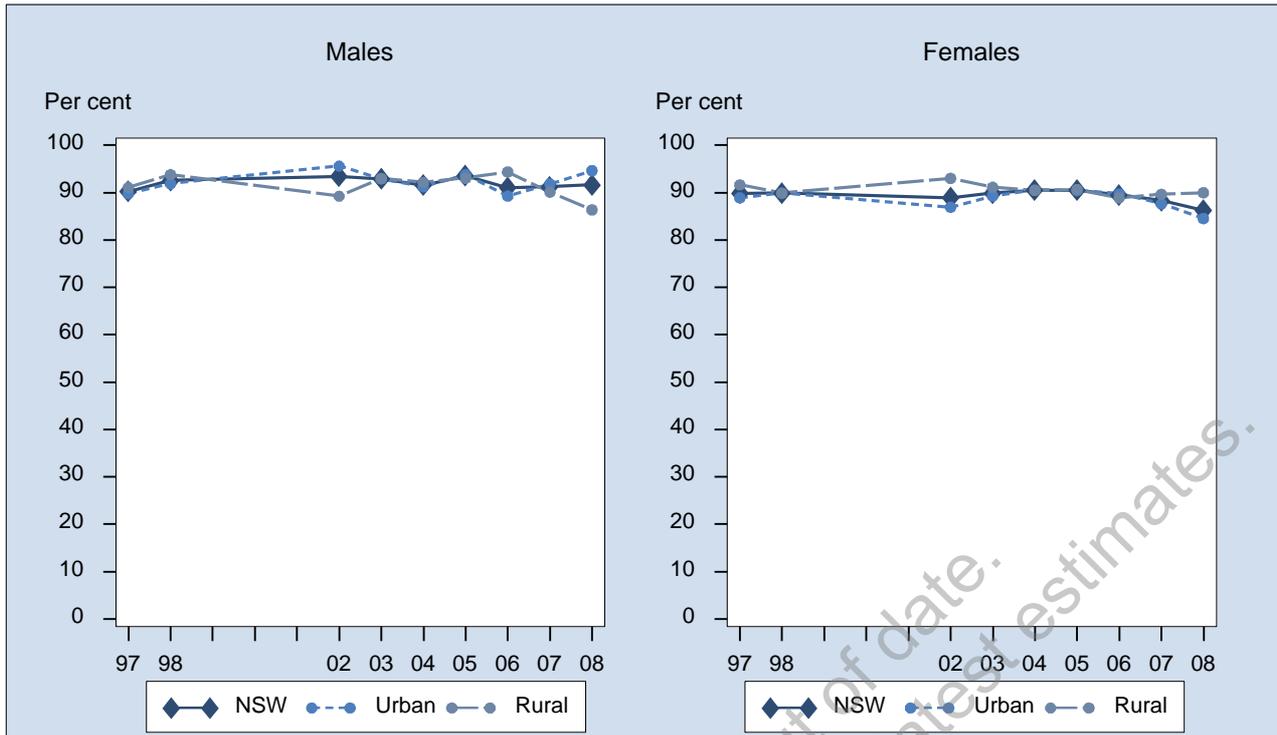
Hospital care rated as excellent, very good or good by area health service, adults aged 16 years and over who were admitted to hospital in the last 12 months, NSW, 2008



Note: Estimates are based on 1,681 respondents in NSW. For this indicator 5 (0.30%) were not stated (Don't know or Refused) in NSW. The indicator includes those admitted to hospital in the last 12 months who rated their care as excellent, very good, or good for the most recent overnight stay. The questions used to define the indicator were: In the last 12 months, have you stayed for at least 1 night in hospital? Overall what do you think of the care you received at this hospital: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

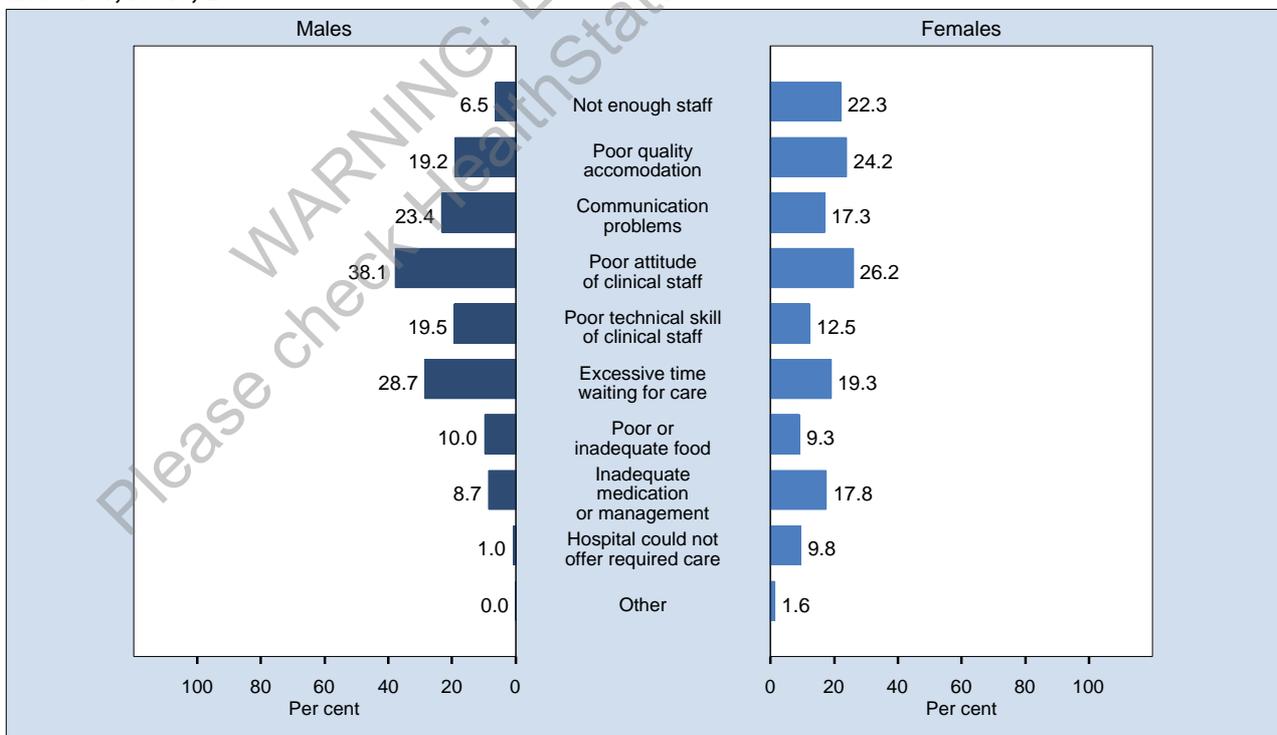
Hospital care rated as excellent, very good or good by year, adults aged 16 years and over who were admitted to hospital in the last 12 months, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (2,550), 1998 (2,659), 2002 (1,926), 2003 (2,012), 2004 (1,461), 2005 (1,772), 2006 (1,245), 2007 (2,099), 2008 (1,681). The indicator includes those admitted to hospital in the last 12 months who rated their care as excellent, very good, or good for the most recent overnight stay. The questions used to define the indicator were: In the last 12 months, have you stayed for at least 1 night in hospital? Overall what do you think of the care you received at this hospital: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Reason for rating most recent overnight hospital stay as fair or poor, adults aged 16 years and over who were admitted to hospital in the last 12 months and rated the care as fair or poor aged 16 years and over, NSW, 2008



Note: Estimates are based on 161 respondents in NSW. For this indicator 5 (3.01%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last 12 months, have you stayed for at least 1 night in hospital? Overall, what do you think of the care you received at this hospital: Was it excellent, very good, good, fair, or poor? Could you briefly describe why you rated the care you received as fair or poor? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

General practices

Introduction

To monitor the quality of care received in general practice, the New South Wales Population Health Survey asks respondents questions about visits to general practices and how they rate the care received from general practices.

Results

When last visited a general practice

In 2008, 14.3 per cent of adults visited a general practice in the last week, 10.9 per cent visited a general practice 1 to 2 weeks ago, 18.3 per cent visited a general practice between 2 weeks and 1 month ago, 33.9 per cent visited a general practice between 1 month and 6 months ago, 8.7 per cent visited a general practice between 6 and 12 months ago, and 13.9 per cent visited a general practice more than 12 months ago.

Visited a general practice in the last 2 weeks

In 2008, 29.2 per cent of adults visited a general practice in the last 2 weeks. A significantly lower proportion of males (27.1 per cent) than females (31.1 per cent) visited a general practice in the last 2 weeks. Among males, a significantly lower proportion of those aged 16-24 years (17.4 per cent), and a significantly higher proportion of those aged 55-64 years (33.0 per cent), 65-74 years (36.5 per cent), and 75 years and over (44.4 per cent), visited a general practice in the last 2 weeks, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 65-74 years (36.7 per cent) and 75 years and over (42.5 per cent), visited a general practice in the last 2 weeks, compared with the overall adult female population.

A significantly higher proportion of adults in the fifth or most disadvantaged quintile (32.6 per cent) visited a general practice in the last 2 weeks, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly lower proportion of adults in the Greater Southern Area Health Service (24.1 per cent) visited a general practice in the last 2 weeks, compared with the overall adult population.

Since 1997, there has been no significant change in the proportion of adults who visited a general practice in the last 2 weeks; however, there has been a significant increase in rural health areas.

Since 2007, there has been no significant change in the proportion of adults who visited a general practice in the last 2 weeks.

Visited a general practice in the last 12 months

In 2008, 86.2 per cent of adults visited a general practice in the last 12 months. A significantly lower proportion of males (81.7 per cent) than females (90.5 per cent) visited a general practice in the last 12 months. Among males, a significantly lower proportion of those aged 16-24 years (68.0 per cent) and 25-34 years (75.3 per cent), and a significantly higher proportion of those aged 55-64 years (89.5 per cent), 65-74 years (93.3 per cent), and 75 years and over (96.7 per cent), visited a general practice in the last 12 months, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 16-24 years (86.1 per cent), and a significantly higher proportion of those aged 65-74 years (96.4 per cent) and 75 years and over (97.1 per cent), visited a general practice in the last 12 months, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (89.0 per cent) visited a general practice in the last 12 months, compared with the overall adult population.

A significantly lower proportion of adults in rural health areas (84.7 per cent) than urban health areas (86.8 per cent) visited a general practice in the last 12 months. A significantly higher proportion of adults in the Northern Sydney & Central Coast Area Health Service (90.1 per cent) visited a general practice in the last 12 months, compared with the overall adult population.

Since 1997, there has been a significant decrease in the proportion of adults who visited a general practice in the last 12 months (87.8 per cent to 86.2 per cent). The decrease has been significant in males, and in rural health areas.

Since 2007, there has been a significant increase in the proportion of adults who visited a general practice in the last 12 months (83.2 per cent to 86.2 per cent). The increase has been significant in males and females, and in rural and urban health areas.

Rating of most recent general practice visit

In 2008, those who visited a general practice in the last 12 months were asked to rate the care they received at their most recent visit. Overall, 38.4 per cent rated their care as excellent, 31.3 per cent as very good, 23.9 per cent as good, 4.8 per cent as fair, and 1.5 per cent as poor. Responses of excellent, very good, and good were combined into a positive rating of care.

Overall, 93.7 per cent gave a positive rating to the care they received (as excellent or very good or good). There was no significant difference between males and females. A significantly lower proportion of adults aged 25-34 years (89.7 per cent), and a significantly higher proportion of adults aged 55-64 years (95.5 per cent), 65-74 years (96.2 per cent), and 75 years and over (97.3 per cent), gave a positive rating to the care they received, compared with the overall adult population.

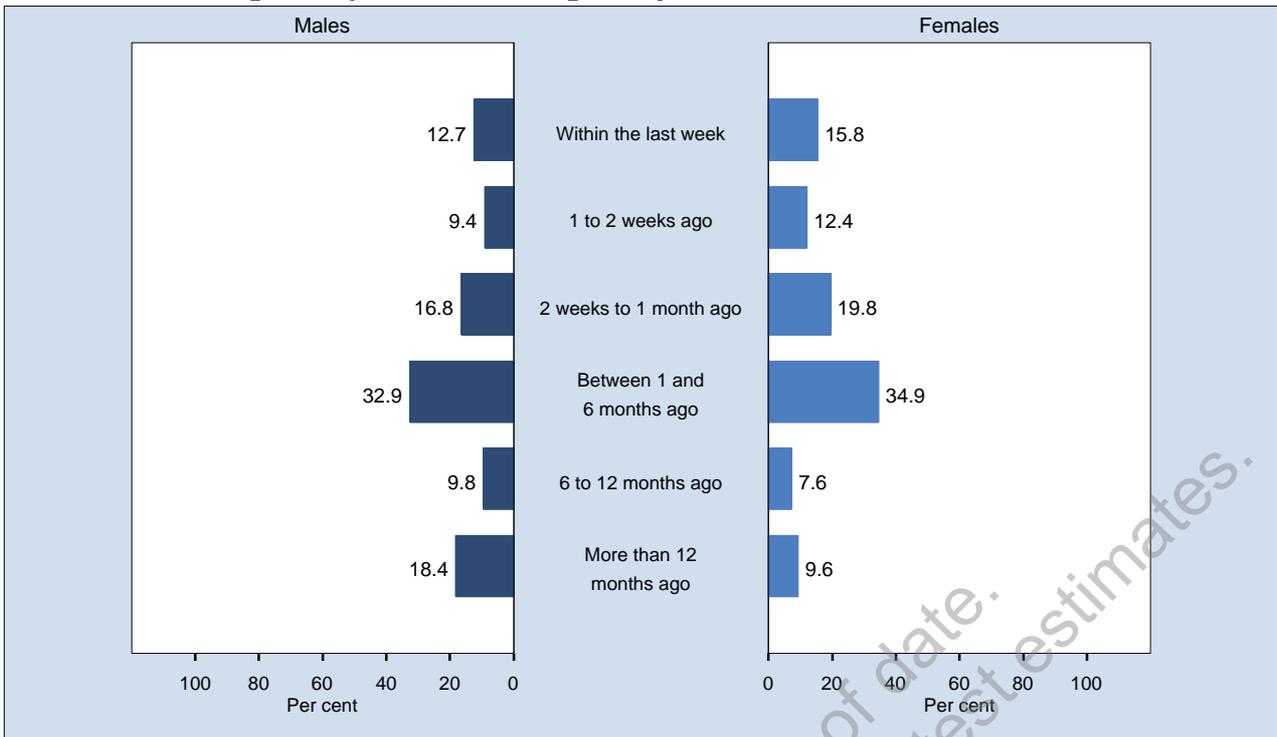
There was no significant difference among quintiles of disadvantage, between rural and urban health areas, or among health areas.

Since 2007, there has been no significant change in the proportion of adults who gave a positive rating to the general practice care they received.

The main reason for rating care as fair or poor was lack of caring manner (39.3 per cent) followed by: inadequate or wrong medication or management (31.3 per cent), waiting time (25.7 per cent), unhappy with level of service (17.7 per cent), lack of technical skills of clinical staff (13.4 per cent), communication problems (12.7 per cent), lack of availability or other access problems (4.5 per cent), too expensive (3.4 per cent), and can't find a general practice I like (2.7 per cent).

WARNING: Estimate out of date.
Please check HealthStats NSW for latest estimates.

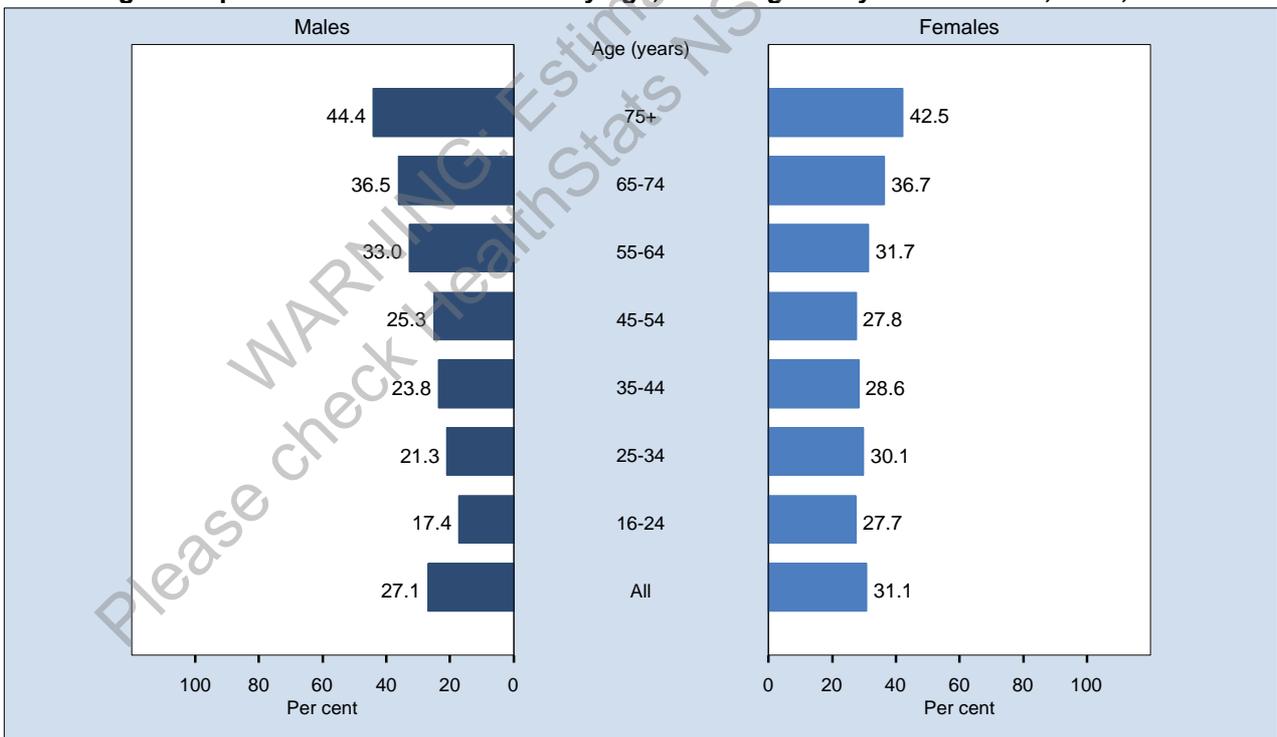
When last visited a general practice, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,248 respondents in NSW. For this indicator 47 (0.46%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last 12 months did you see a general practitioner? When did you last see a general practitioner? Would you say within the last week, 1 to 2 weeks ago, 2 weeks to 1 month ago, between 1 and 6 months, or 6 to 12 months ago?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

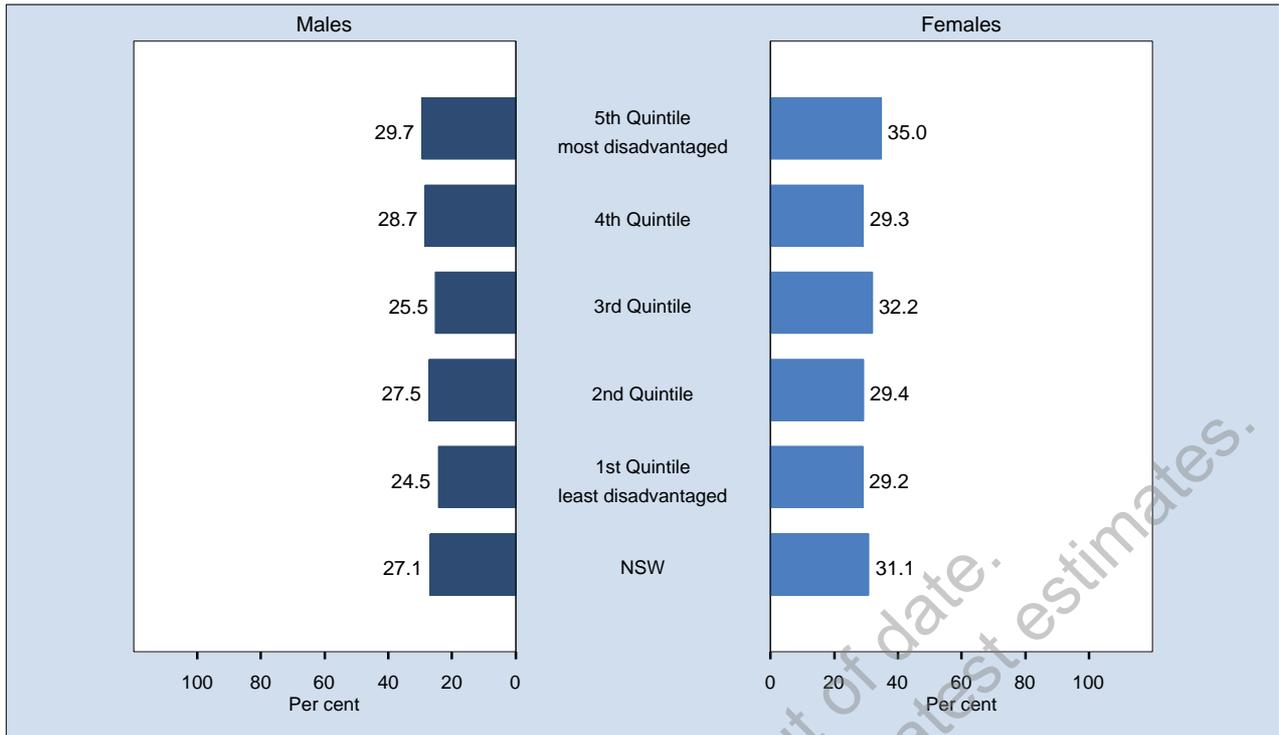
Visited a general practice in the last 2 weeks by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 9,105 respondents in NSW. For this indicator 48 (0.52%) were not stated (Don't know or Refused) in NSW. The indicator includes those that have seen a general practitioner in the last 2 weeks. The questions used to define the indicator were: In the last 12 months did you see a general practitioner? When did you last see a general practitioner?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

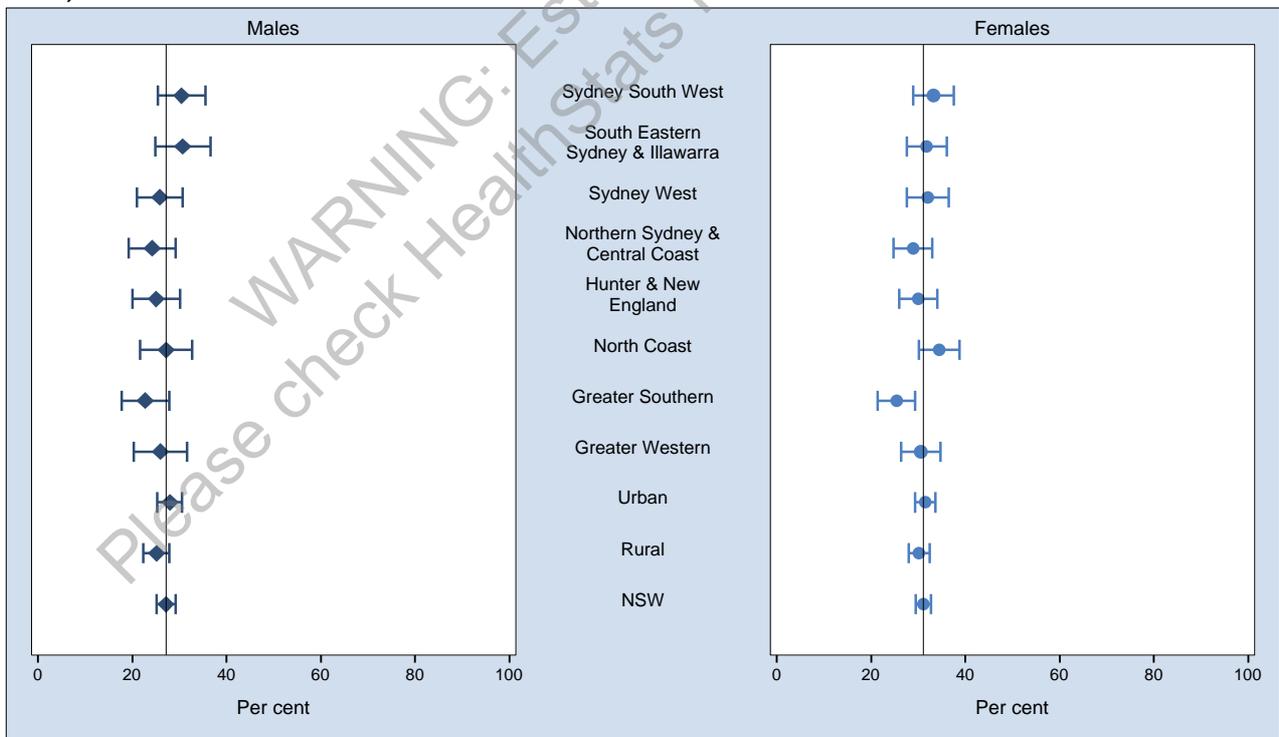
Visited a general practice in the last 2 weeks by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 9,105 respondents in NSW. For this indicator 48 (0.52%) were not stated (Don't know or Refused) in NSW. The indicator includes those that have seen a general practitioner in the last 2 weeks. The questions used to define the indicator were: In the last 12 months did you see a general practitioner? When did you last see a general practitioner?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

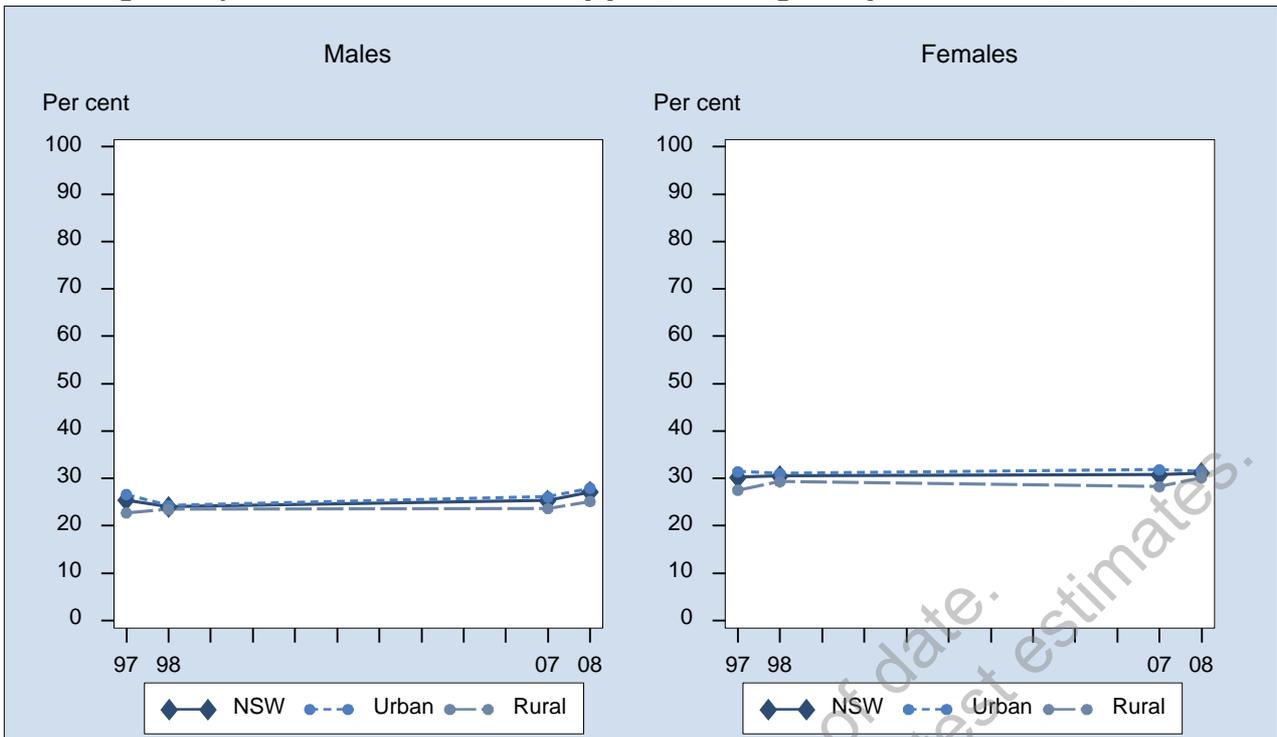
Visited a general practice in the last 2 weeks by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 9,105 respondents in NSW. For this indicator 48 (0.52%) were not stated (Don't know or Refused) in NSW. The indicator includes those that have seen a general practitioner in the last 2 weeks. The questions used to define the indicator were: In the last 12 months did you see a general practitioner? When did you last see a general practitioner?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

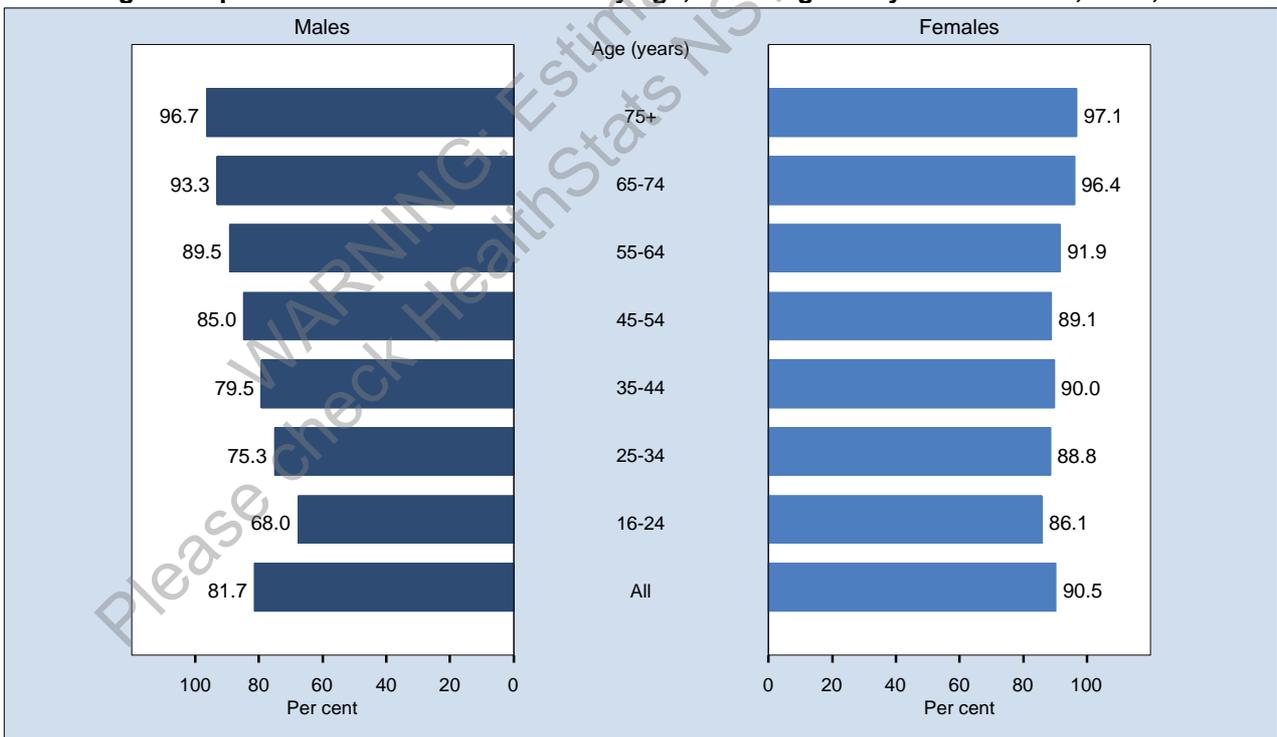
Visited a general practice in the last 2 weeks by year, adults aged 16 years and over, NSW, 1997-2008



Note: Estimates are based on the following numbers of respondents for NSW: 1997 (15,412), 1998 (15,020), 2007 (11,298), 2008 (9,105). The indicator includes those that have seen a general practitioner in the last 2 weeks. The questions used to define the indicator were: In the last 12 months did you see a general practitioner? When did you last see a general practitioner?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

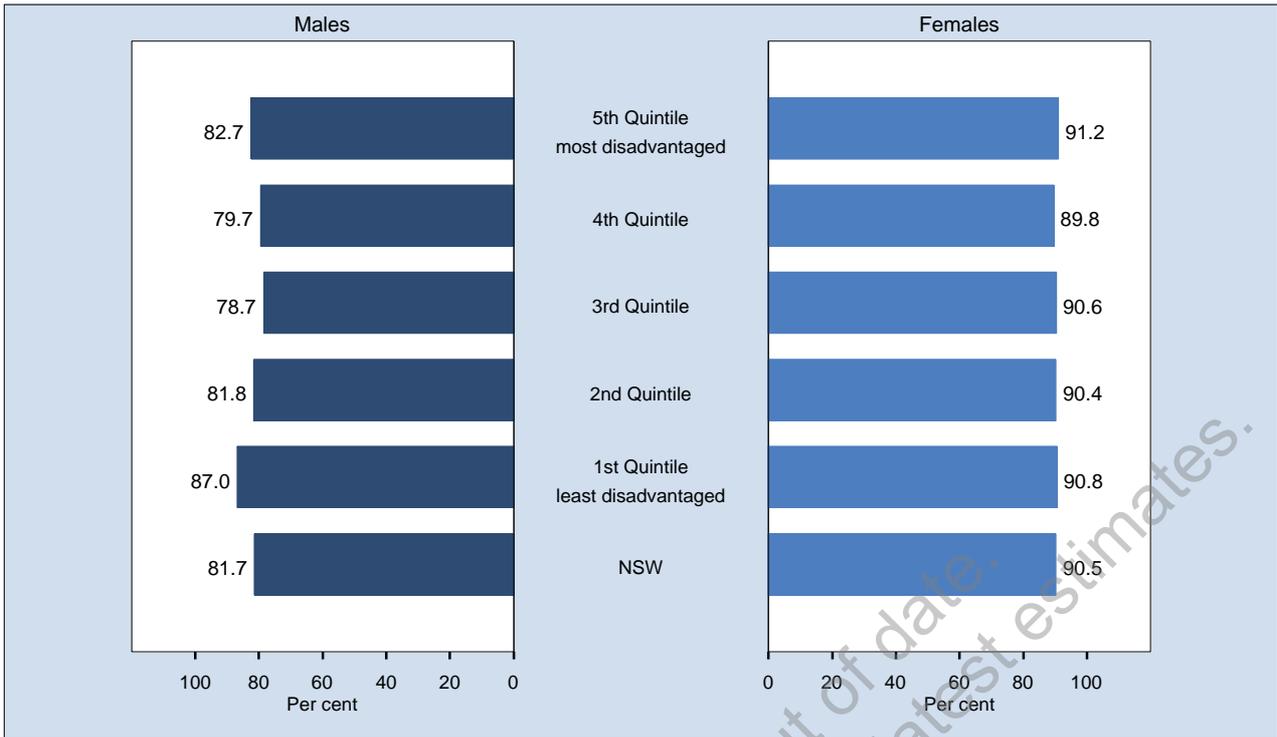
Visited a general practice in the last 12 months by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those that have seen a general practitioner in the last 12 months. The question used to define the indicator was: In the last 12 months did you see a general practitioner?

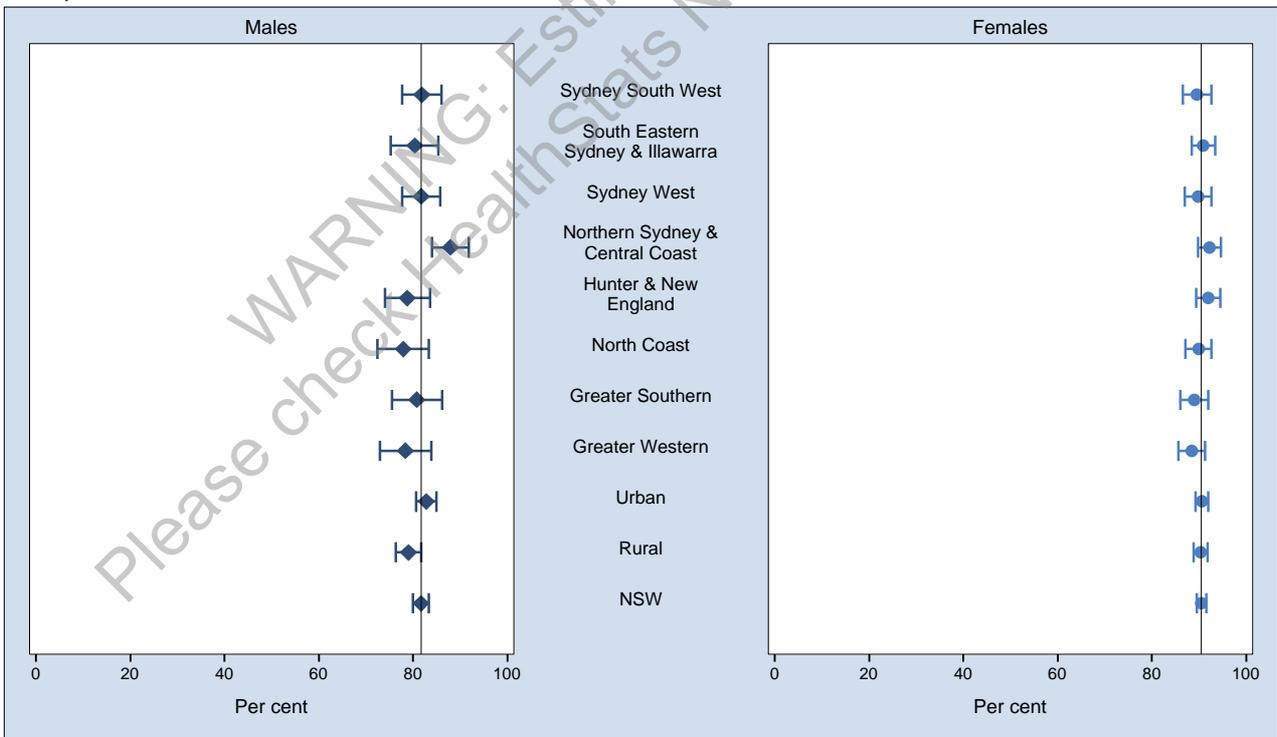
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Visited a general practice in the last 12 months by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



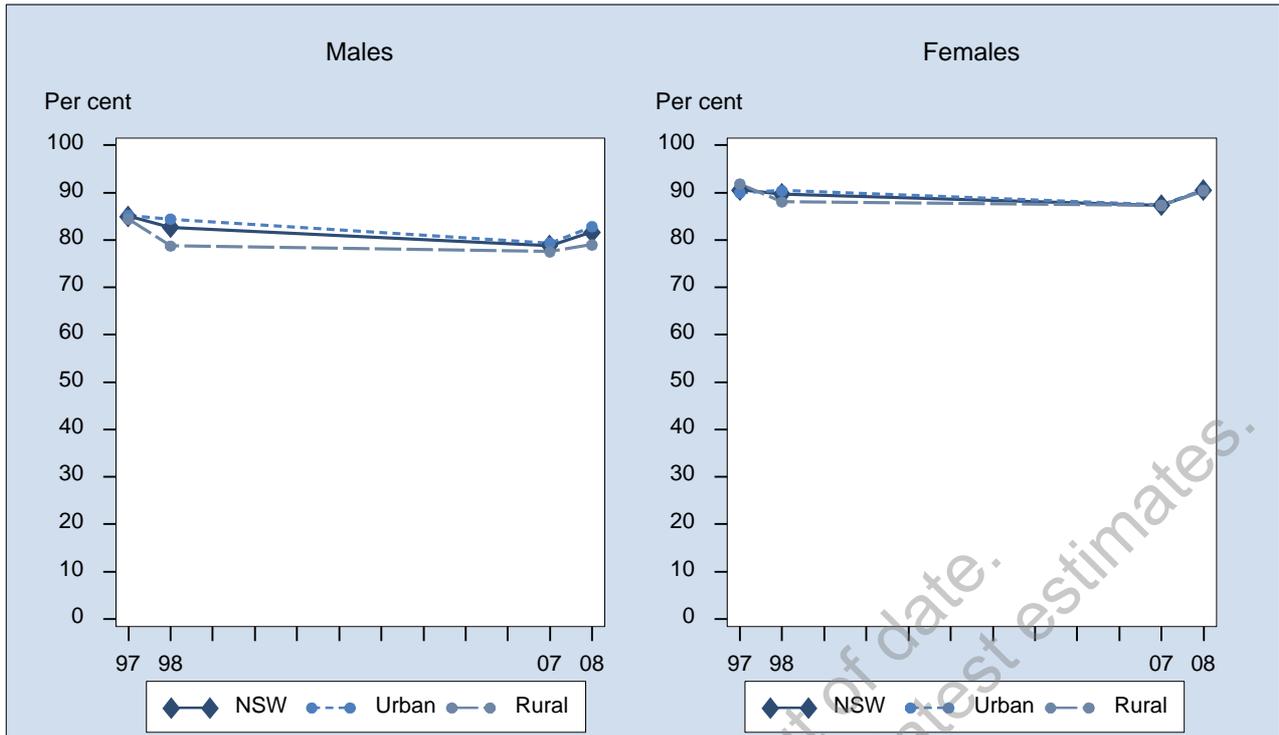
Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those that have seen a general practitioner in the last 12 months. The question used to define the indicator was: In the last 12 months did you see a general practitioner?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Visited a general practice in the last 12 months by area health service, adults aged 16 years and over, NSW, 2008



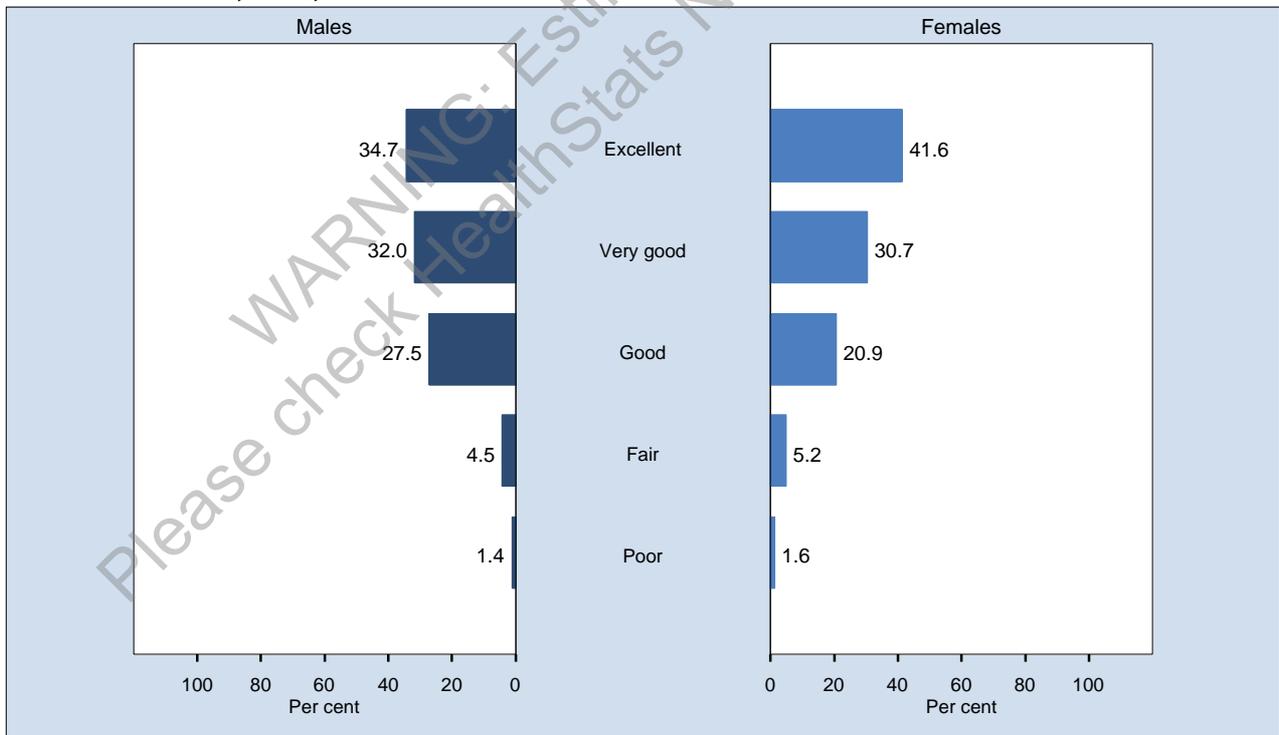
Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those that have seen a general practitioner in the last 12 months. The question used to define the indicator was: In the last 12 months did you see a general practitioner?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Visited a general practice in the last 12 months by year, adults aged 16 years and over, NSW, 1997-2008



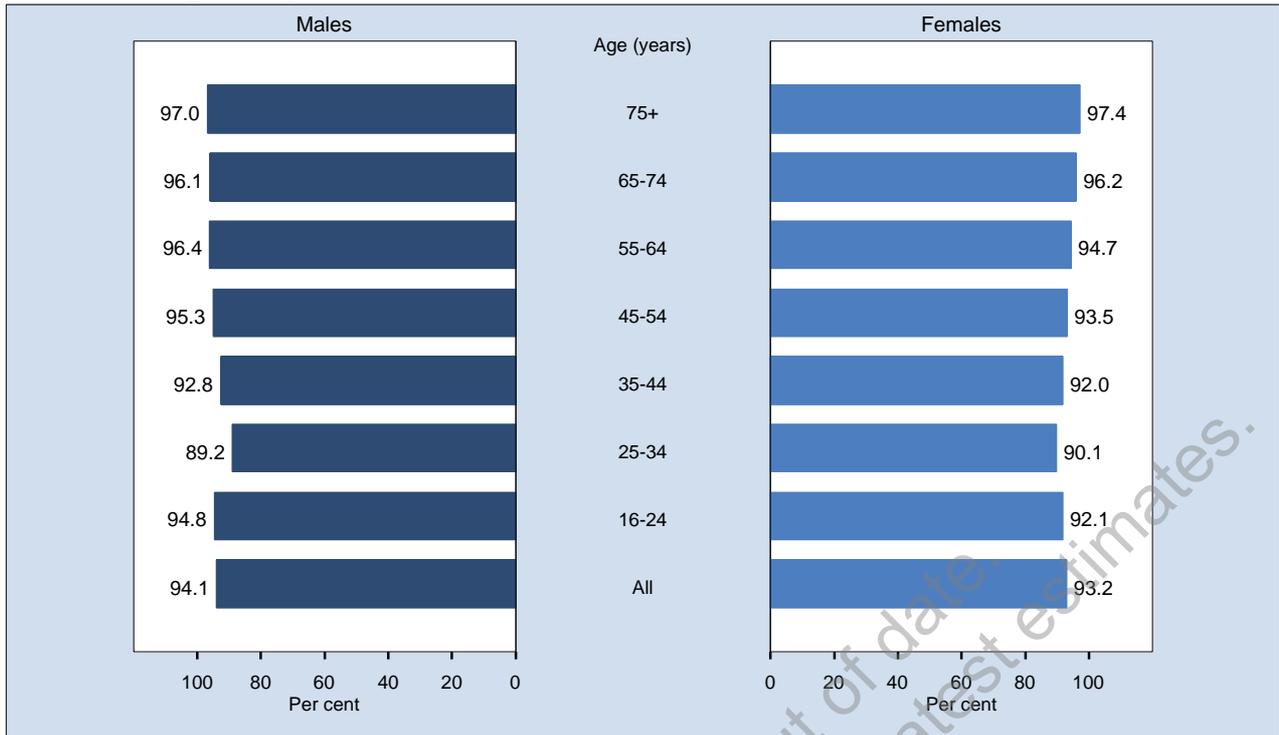
Note: Estimates are based on the following numbers of respondents for NSW: 1997 (17,470), 1998 (17,433), 2007 (13,097), 2008 (10,290). The indicator includes those that have seen a general practitioner in the last 12 months. The question used to define the indicator was: In the last 12 months did you see a general practitioner?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

General practice care ratings, adults aged 16 years or over who have visited a general practitioner in the last 12 months, NSW, 2008



Note: Estimates are based on 9,121 respondents in NSW. For this indicator 32 (0.35%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last 12 months did you see a general practitioner? Overall, what do you think of the care you received at your most recent general practitioner visit?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

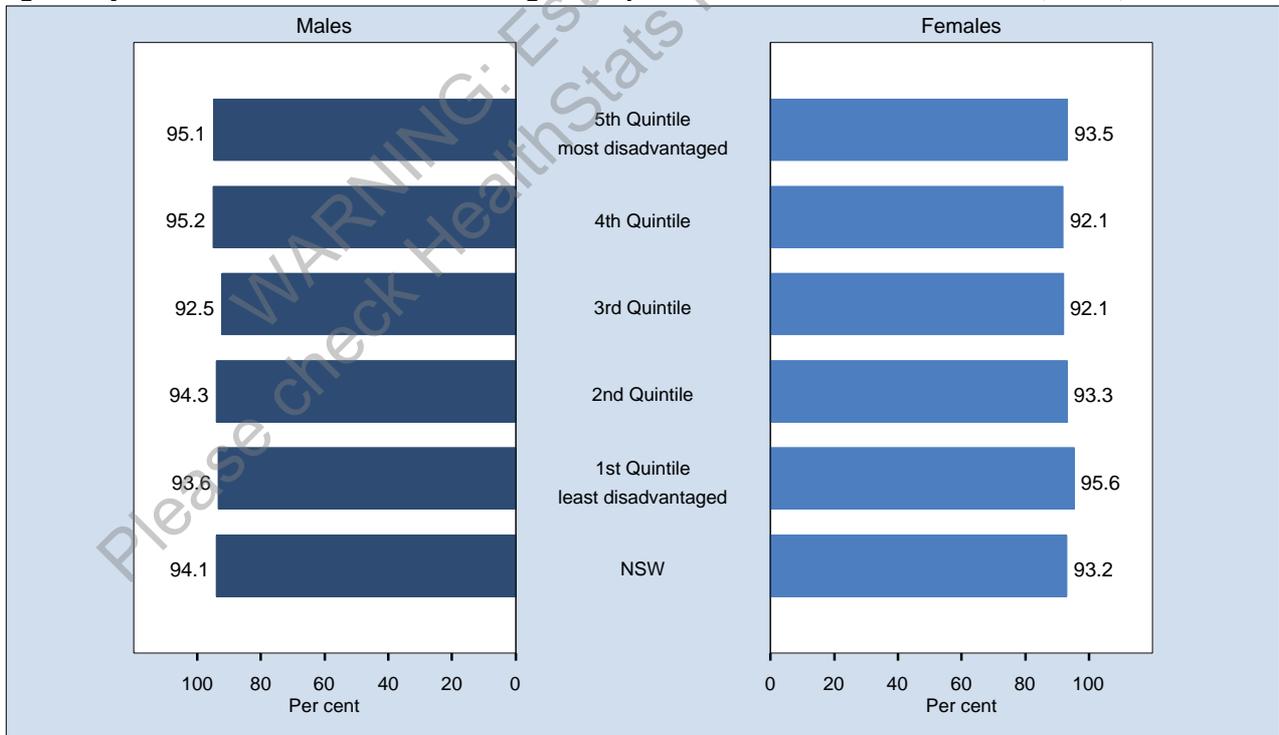
General practice care rated as excellent, very good or good by age, adults aged 16 years or over who have visited a general practitioner in the last 12 months, NSW, 2008



Note: Estimates are based on 9,121 respondents in NSW. For this indicator 32 (0.35%) were not stated (Don't know or Refused) in NSW. The indicator includes those who rated their care as excellent or very good or good for the most recent general practitioner visit. The questions used to define the indicator were: In the last 12 months did you see a general practitioner? Overall, what do you think of the care you received at your most recent general practitioner visit?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

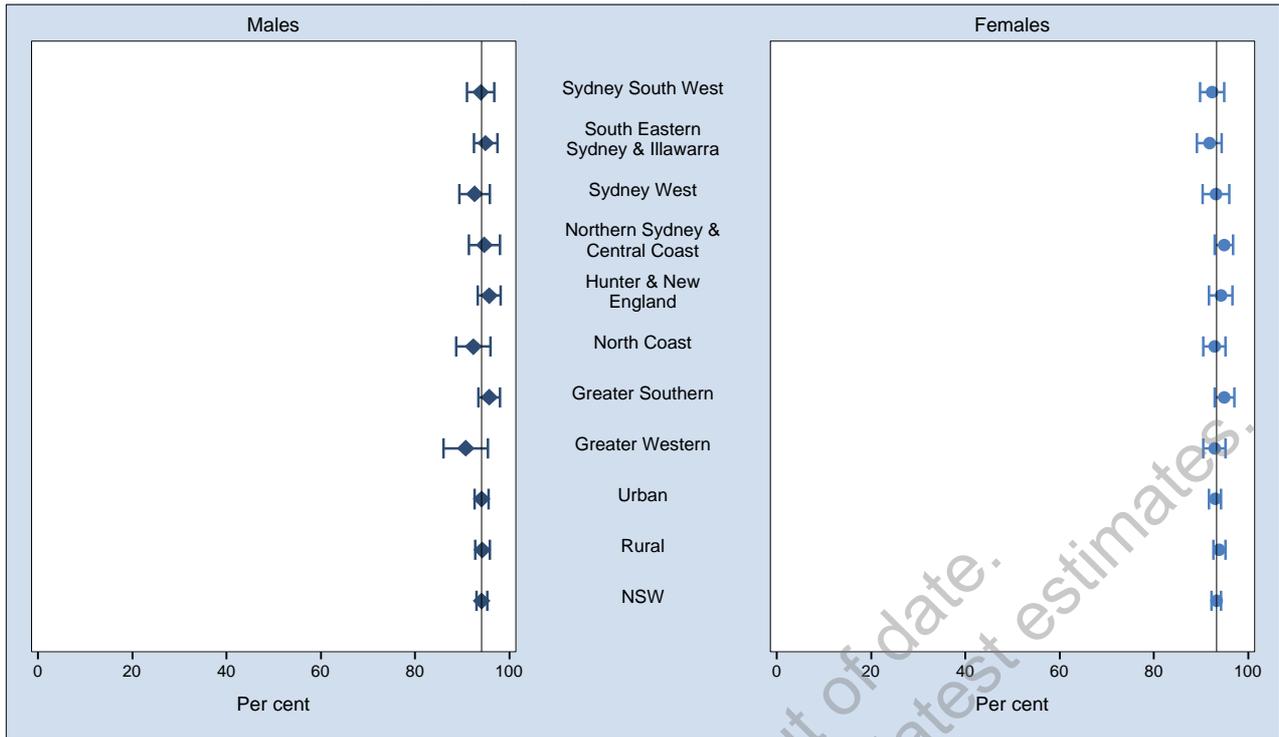
General practice care rated as excellent, very good or good by socioeconomic disadvantage, adults aged 16 years or over who have visited a general practitioner in the last 12 months, NSW, 2008



Note: Estimates are based on 9,121 respondents in NSW. For this indicator 32 (0.35%) were not stated (Don't know or Refused) in NSW. The indicator includes those who rated their care as excellent or very good or good for the most recent general practitioner visit. The questions used to define the indicator were: In the last 12 months did you see a general practitioner? Overall, what do you think of the care you received at your most recent general practitioner visit?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

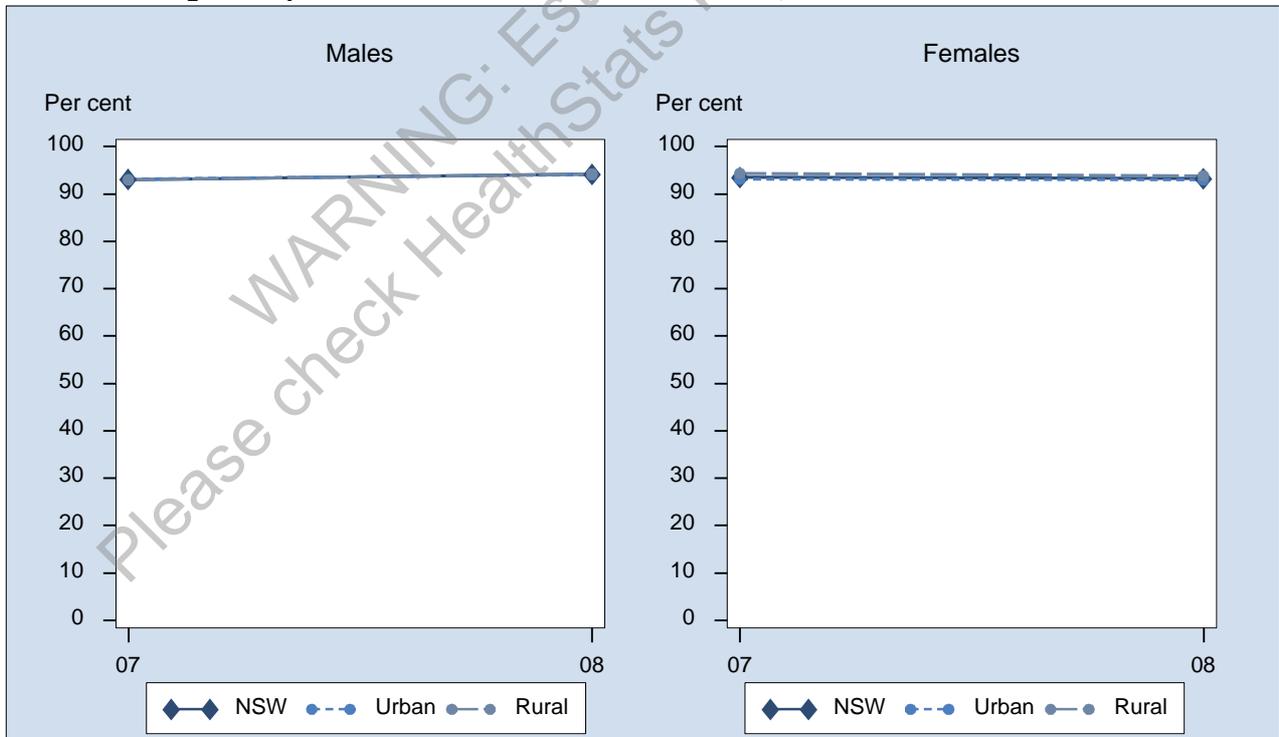
General practice care rated as excellent, very good or good by area health service, adults aged 16 years or over who have visited a general practitioner in the last 12 months, NSW, 2008



Note: Estimates are based on 9,121 respondents in NSW. For this indicator 32 (0.35%) were not stated (Don't know or Refused) in NSW. The indicator includes those who rated their care as excellent or very good or good for the most recent general practitioner visit. The questions used to define the indicator were: In the last 12 months did you see a general practitioner? Overall, what do you think of the care you received at your most recent general practitioner visit?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

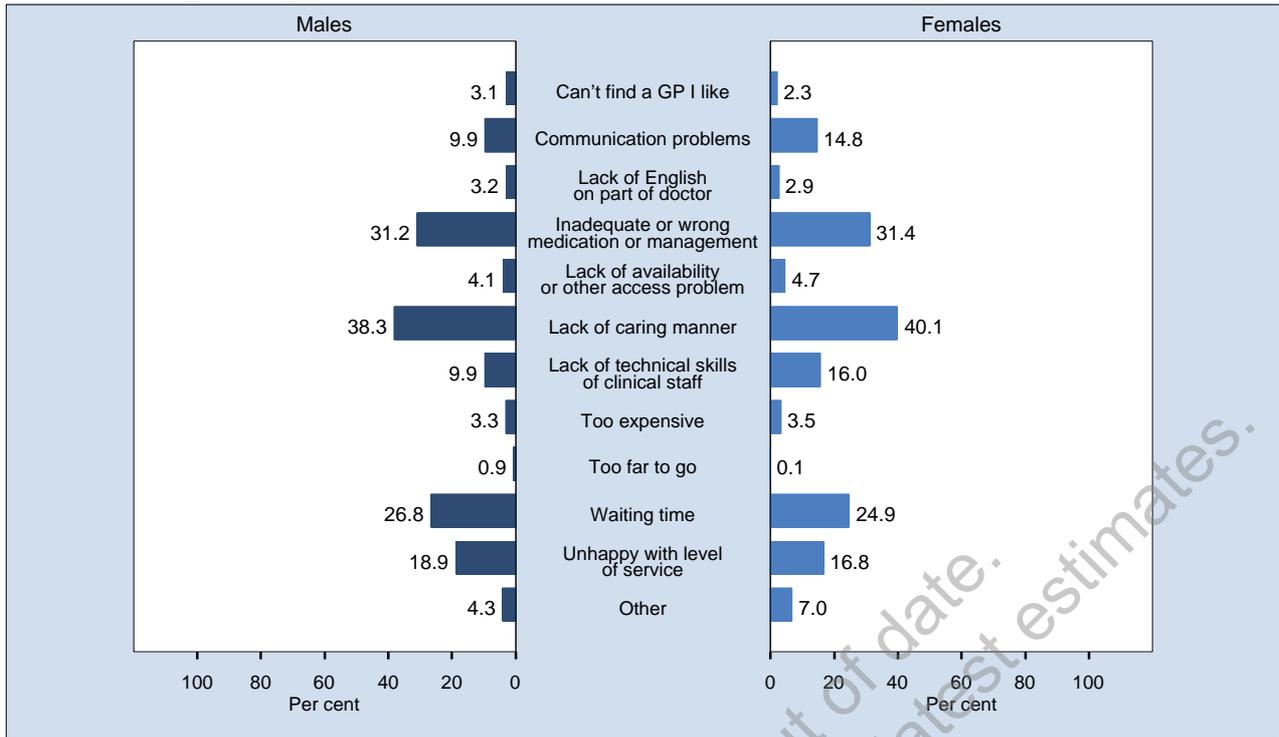
General practice care rated as excellent, very good or good by year, adults aged 16 years or over who have visited a general practitioner in the last 12 months, NSW, 2007-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2007 (11,336), 2008 (9,121). The indicator includes those who rated their care as excellent or very good or good for the most recent general practitioner visit. The questions used to define the indicator were: In the last 12 months did you see a general practitioner? Overall, what do you think of the care you received at your most recent general practitioner visit?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Reason for rating most recent general practice visit as fair or poor, adults aged 16 years or over who have visited a general practitioner in the last 12 months, NSW, 2008



Note: Estimates are based on 513 respondents in NSW. For this indicator 26 (4.82%) were not stated (Don't know or Refused) in NSW. The indicator includes those who rated their most recent general practice visit as fair or poor. The questions used were: Did you see a general practitioner in the last 12 months? Overall, what do you think of the care received at the most recent general practitioner visit: Would you say excellent, very good, good, fair, or poor? Could you briefly describe why you rated the care received as fair or poor? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates are out of date.
Please check HealthStats NSW for latest estimates.

Public dental services

Introduction

New South Wales residents with a health care card or pensioner concession card are eligible for public dental care. To monitor the quality of care received in public dental services, the New South Wales Population Health Survey asks respondents questions about visits to public dental services and how they rate the care received at public dental services.

Results

Attended a public dental service

In 2008, the New South Wales Population Health Survey estimated that 5.5 per cent of adults attended a public dental service in the last 12 months. There was no significant difference between females and males. A significantly higher proportion of adults aged 16-24 years (8.7 per cent), and a significantly lower proportion of adults aged 45-54 years (3.6 per cent), attended a public dental service in the last 12 months.

A significantly lower proportion of adults in the first or least disadvantaged quintile (3.2 per cent), and significantly a higher proportion of adults in the fifth or most disadvantaged quintile (7.5 per cent), attended a public dental service in the last 12 months.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the Greater Western Area Health Service (8.2 per cent) attended a public dental service in the last 12 months.

Since 2002, there has been a significant increase in the proportion of adults who attended a public dental service in the last 12 months (4.6 per cent to 5.5 per cent). The increase has been significant in males, and in urban health areas.

Since 2007, there has been no significant change in the proportion of adults who attended a public dental service in the last 12 months.

Rating of public dental service care

Those who attended a public dental service were asked to rate the care they received. Overall, 26.4 per cent rated their care as excellent, 32.0 per cent as very good, 28.3 per cent as good, 7.4 per cent as fair, and 5.7 per cent as poor. Responses of excellent, very good, and good were combined into a positive rating of care.

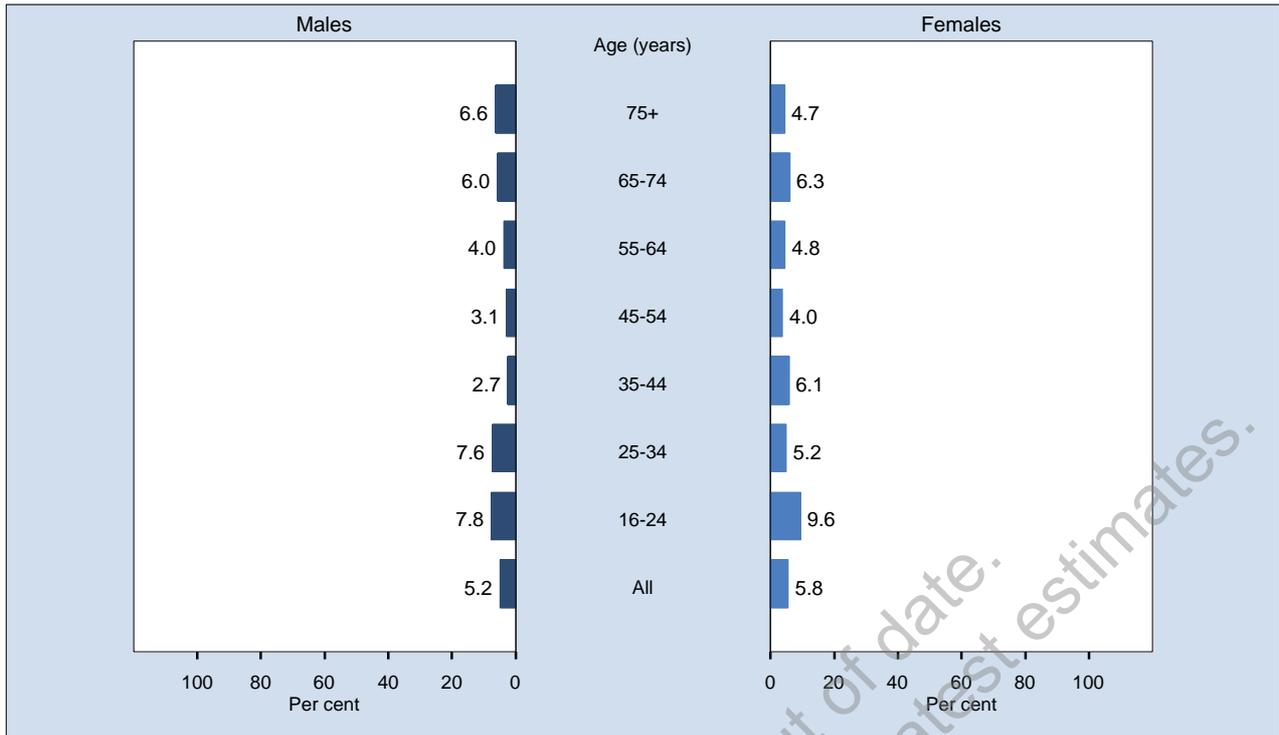
In 2008, among those adults who attended a public dental service in the last 12 months, 86.8 per cent gave a positive rating to the care they received. There was no significant difference between females and males. A significantly higher proportion of adults aged 16-24 years (98.0 per cent) gave a positive rating to the care they received, compared with the overall adult population.

There was no significant difference among quintiles of disadvantage, or between rural and urban health areas, or among health areas.

Since 2002, there has been no significant change in the proportion of adults who gave a positive rating to the public dental service care they received.

Since 2007, there has been no significant change in the proportion of adults who gave a positive rating to the public dental service care they received.

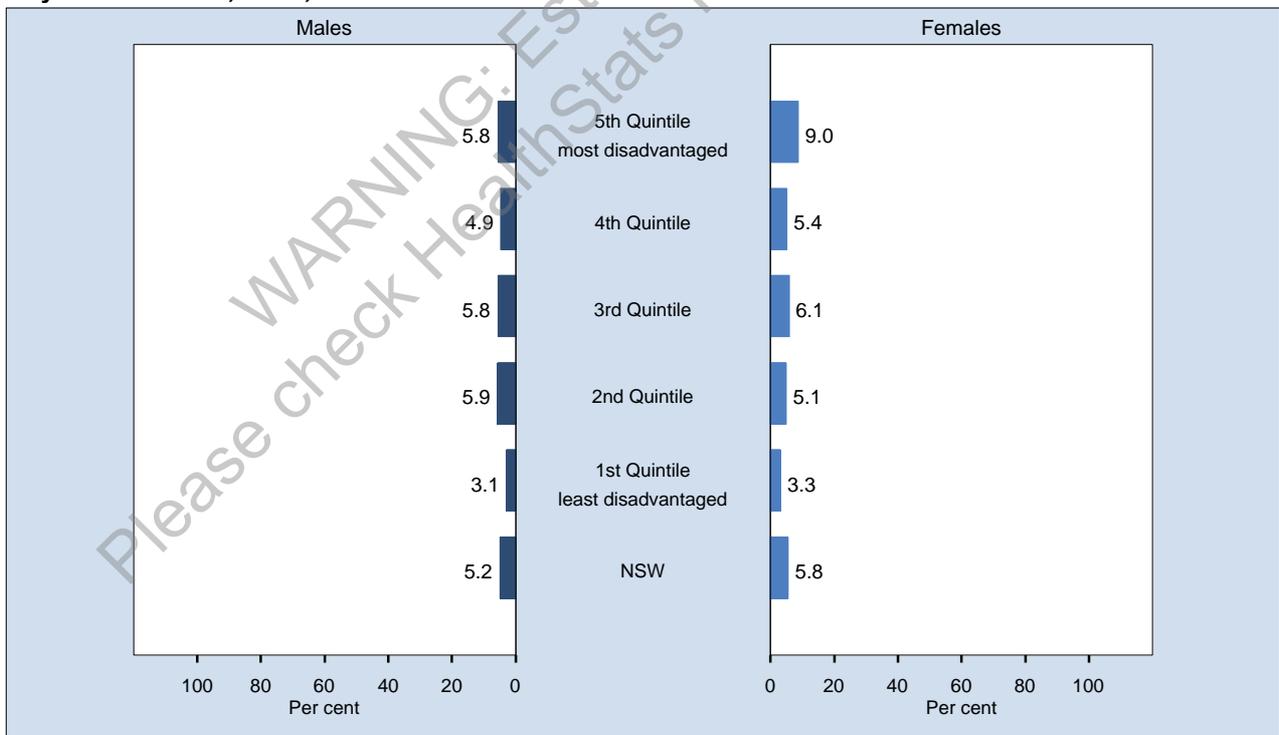
Public dental service attendance in the last 12 months by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a public dental service or dental hospital in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a public (government-run) dental service or dental hospital?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

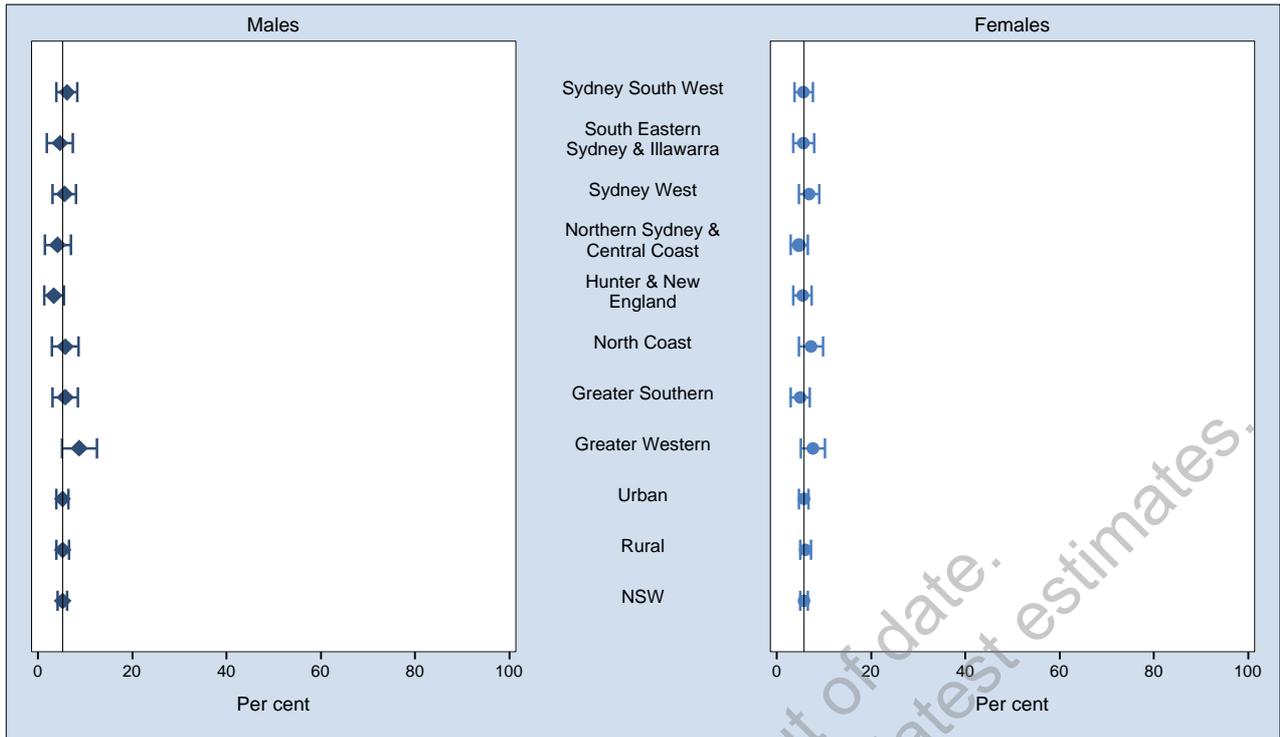
Public dental service attendance in the last 12 months by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a public dental service or dental hospital in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a public (government-run) dental service or dental hospital?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

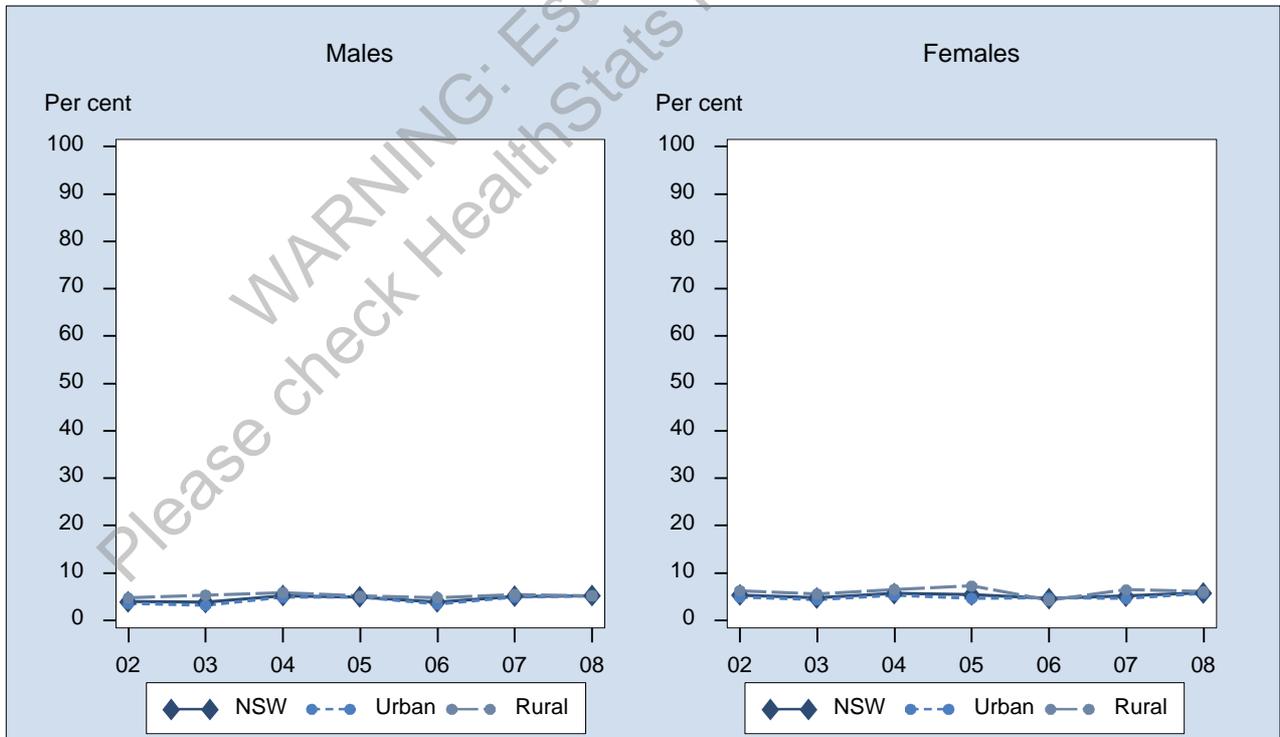
Public dental service attendance in the last 12 months by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a public dental service or dental hospital in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a public (government-run) dental service or dental hospital?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

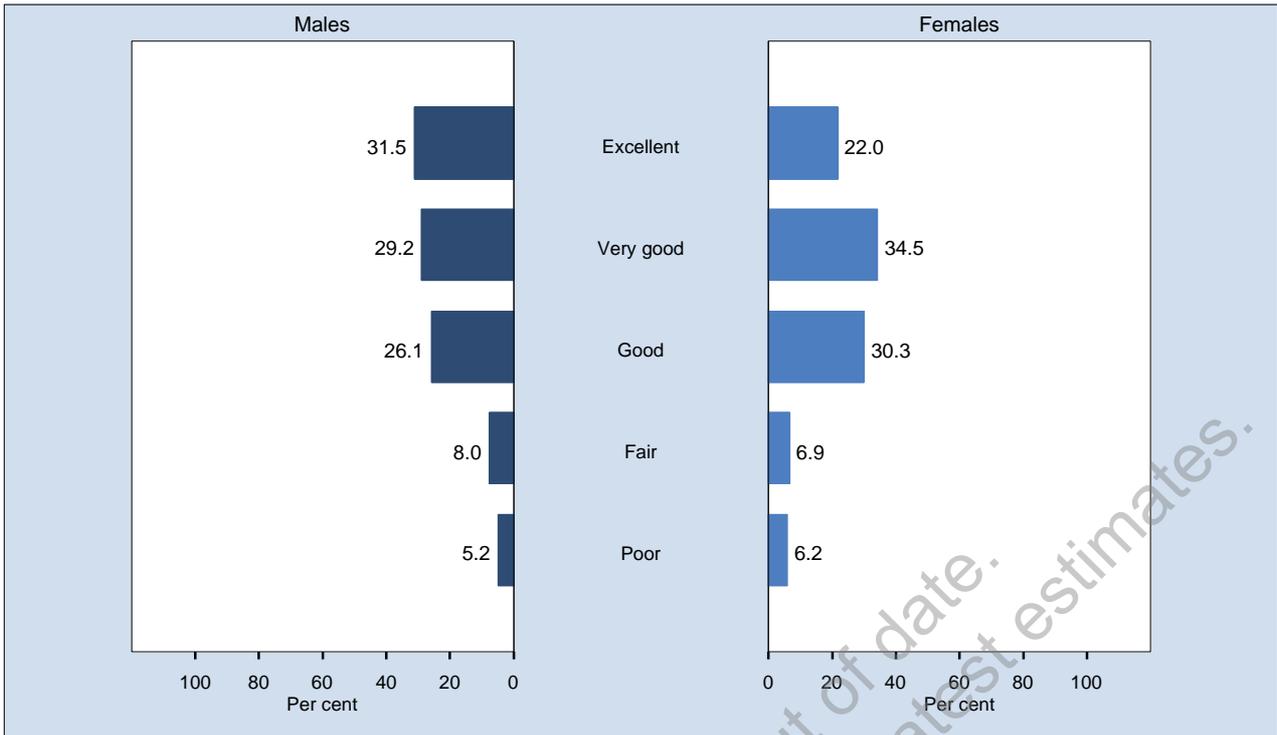
Public dental service attendance in the last 12 months by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,603), 2003 (12,992), 2004 (9,412), 2005 (11,470), 2006 (7,941), 2007 (13,097), 2008 (10,290). The indicator includes those who attended a public dental service or dental hospital in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a public (government-run) dental service or dental hospital?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

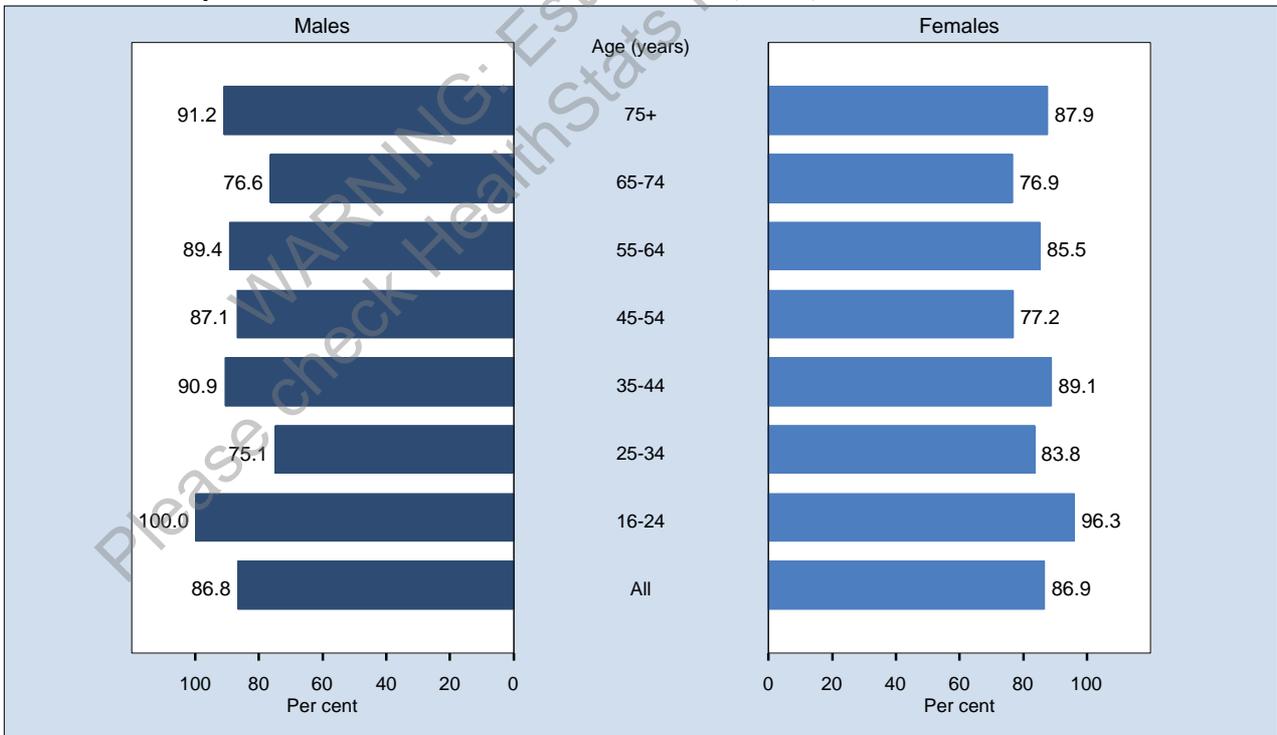
Public dental service care rating, adults aged 16 years or over who attended a public dental service in the last 12 months, NSW, 2008



Note: Estimates are based on 574 respondents in NSW. For this indicator 8 (1.37%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last 12 months, have you attended a public (government-run) dental service or dental hospital? Overall, what do you think of the care you received at the public dental service: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

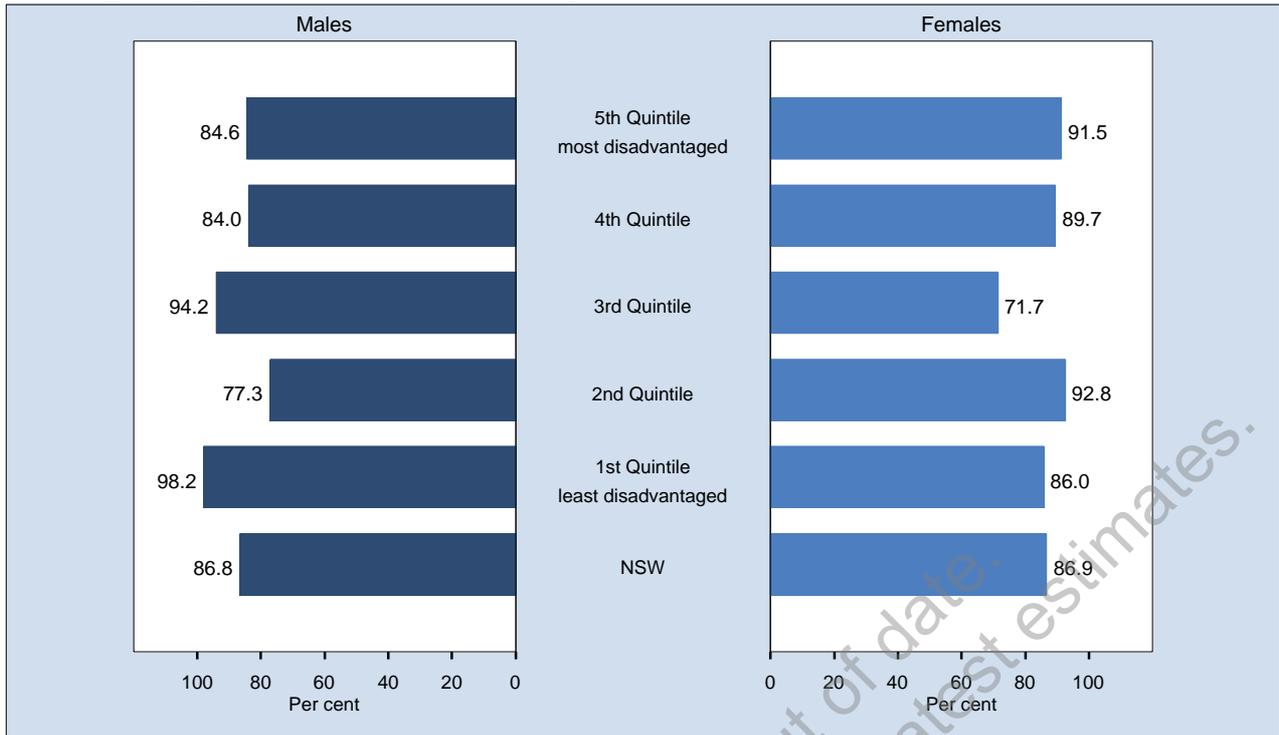
Public dental service care rated as excellent, very good, or good by age, adults aged 16 years or over who attended a public dental service in the last 12 months, NSW, 2008



Note: Estimates are based on 574 respondents in NSW. For this indicator 8 (1.37%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a public dental service or dental hospital in the last 12 months who rated their care as excellent, very good, or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, have you attended a public (government-run) dental service or dental hospital? Overall what do you think of the care you received: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

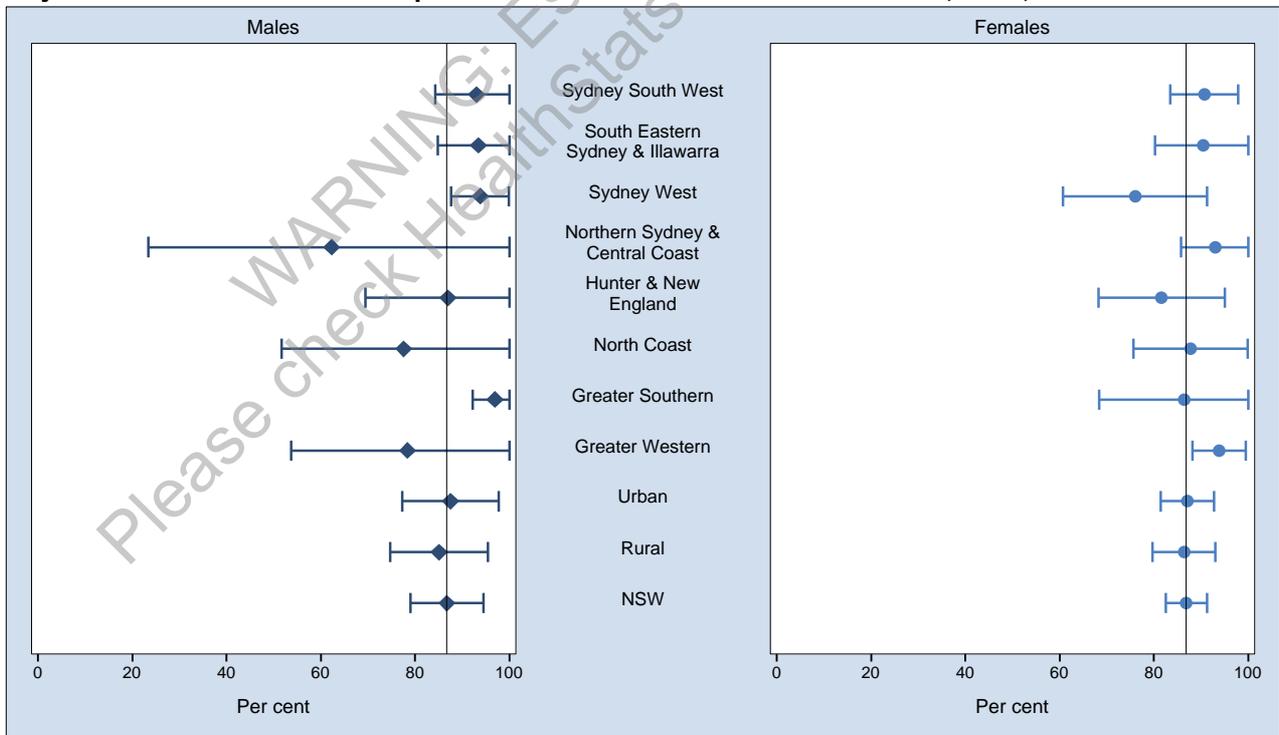
Public dental service care rated as excellent, very good, or good by socioeconomic disadvantage, adults aged 16 years or over who attended a public dental service in the last 12 months, NSW, 2008



Note: Estimates are based on 574 respondents in NSW. For this indicator 8 (1.37%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a public dental service or dental hospital in the last 12 months who rated their care as excellent, very good, or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, have you attended a public (government-run) dental service or dental hospital? Overall what do you think of the care you received: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

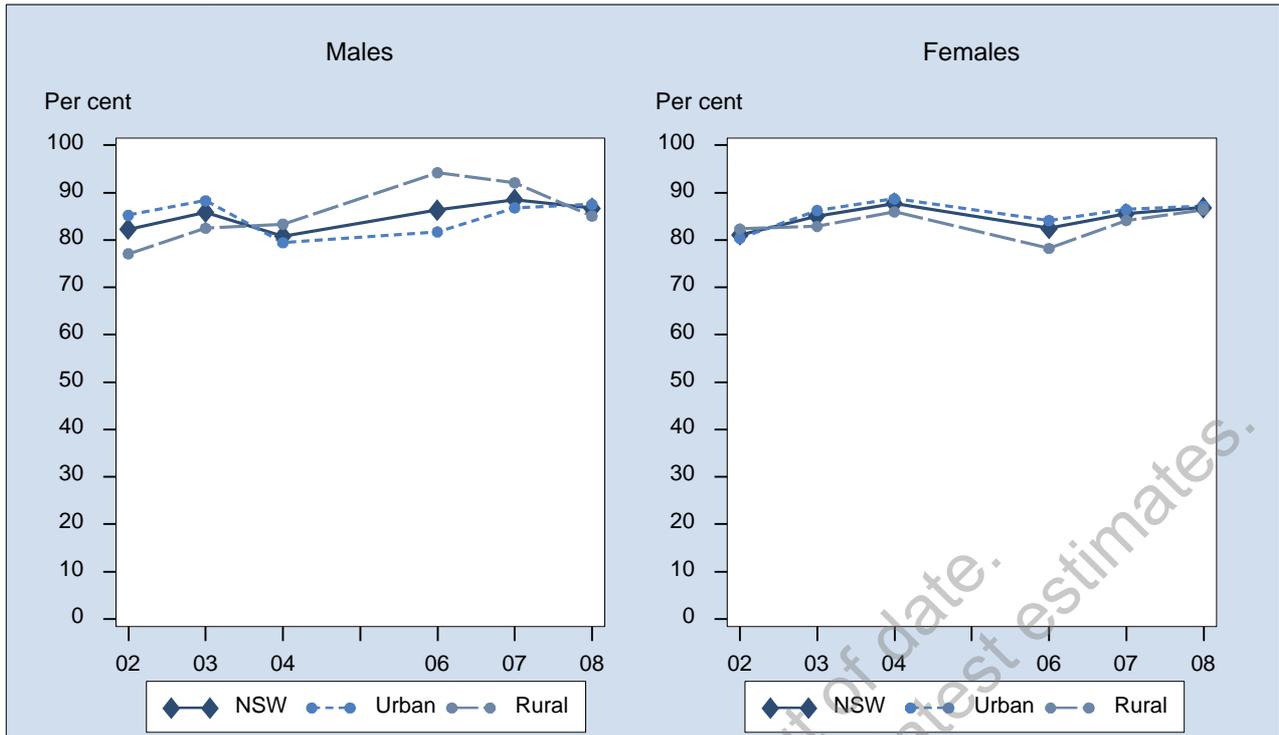
Public dental service care rated as excellent, very good, or good by area health service, adults aged 16 years or over who attended a public dental service in the last 12 months, NSW, 2008



Note: Estimates are based on 574 respondents in NSW. For this indicator 8 (1.37%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a public dental service or dental hospital in the last 12 months who rated their care as excellent, very good, or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, have you attended a public (government-run) dental service or dental hospital? Overall what do you think of the care you received: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Public dental service care rated as excellent, very good, or good by year, adults aged 16 years or over who attended a public dental service in the last 12 months, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (636), 2003 (656), 2004 (542), 2006 (331), 2007 (684), 2008 (574). The indicator includes those who attended a public dental service or dental hospital in the last 12 months who rated their care as excellent, very good, or good for the most recent attendance. The questions used to define the indicator were: In the last 12 months, have you attended a public (government-run) dental service or dental hospital? Overall what do you think of the care you received: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Community health centres

Introduction

To monitor the quality of care received in community health centres, the New South Wales Population Health Survey asks respondents questions about visits to community health centres and how they rate the care received at community health centres.

Results

Attended a community health centre

In 2008, the New South Wales Population Health Survey estimated that 8.0 per cent of adults attended a community health centre on 1 or more occasions in the last 12 months. A significantly lower proportion of males (6.0 per cent) than females (10.0 per cent) attended a community health centre in the last 12 months. Among males, there was no significant difference among age groups, compared with the overall adult male population. Among females, a significantly lower proportion of those aged 45-54 years (7.3 per cent), 55-64 years (7.2 per cent), and 75 years and over (6.1 per cent), and a significantly higher proportion of those aged 25-34 years (13.8 per cent), attended a community health centre in the last 12 months, compared with the overall adult female population.

A significantly lower proportion of adults in the first or least disadvantaged quintile (5.5 per cent) attended a community health centre in the last 12 months, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (11.0 per cent) than urban health areas (6.8 per cent) attended a community health centre in the last 12 months, compared with the overall adult population. A significantly lower proportion of adults in the Sydney South West Area Health Service (6.2 per cent) and South Eastern Sydney & Illawarra (5.9 per cent) Area Health Services, and a significantly higher proportion of adults in the Greater Southern (10.9 per cent) and Greater Western (14.7 per cent) Area Health Services, attended a community health centre in the last 12 months, compared with the overall adult population.

Since 2002, there has been a significant increase in the proportion of adults who attended a community health centre in the last 12 months (6.9 per cent to 8.0 per cent). The increase has been significant in rural health areas.

Since 2007, there has been no significant change in the proportion of adults who attended a community health centre in the last 12 months.

Rating of community health centre care

Those who attended a community health centre were asked to rate the care they received. Overall, 34.6 per cent rated their care as excellent, 29.1 per cent as very good, 28.1 per cent as good, 6.3 per cent as fair, and 1.9 per cent as poor. Responses of excellent, very good, and good were combined into a positive rating of care.

In 2008, among those adults who attended a community health centre in the last 12 months, 91.8 per cent gave a positive rating to the care they received. There was no significant difference between males and females. A significantly higher proportion of adults aged 75 years and over (96.5 per cent) gave a positive rating to the care they received, compared with the overall adult population.

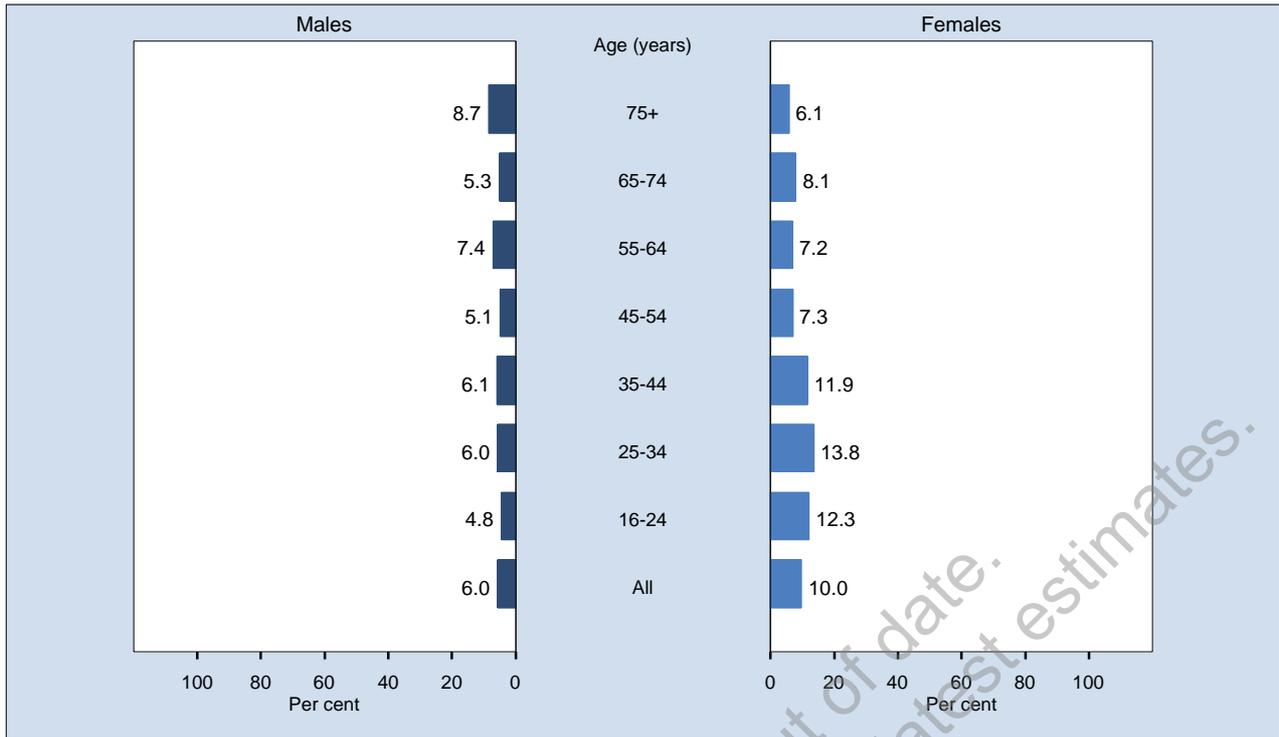
A significantly higher proportion of adults in the fourth disadvantaged quintile (96.1 per cent) gave a positive rating to the care they received, compared with the overall adult population.

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

Since 2002, there has been no significant change in the proportion of adults who gave a positive rating to the community health centre care they received.

Since 2006, there has been no significant change in the proportion of adults who gave a positive rating to the community health centre care they received.

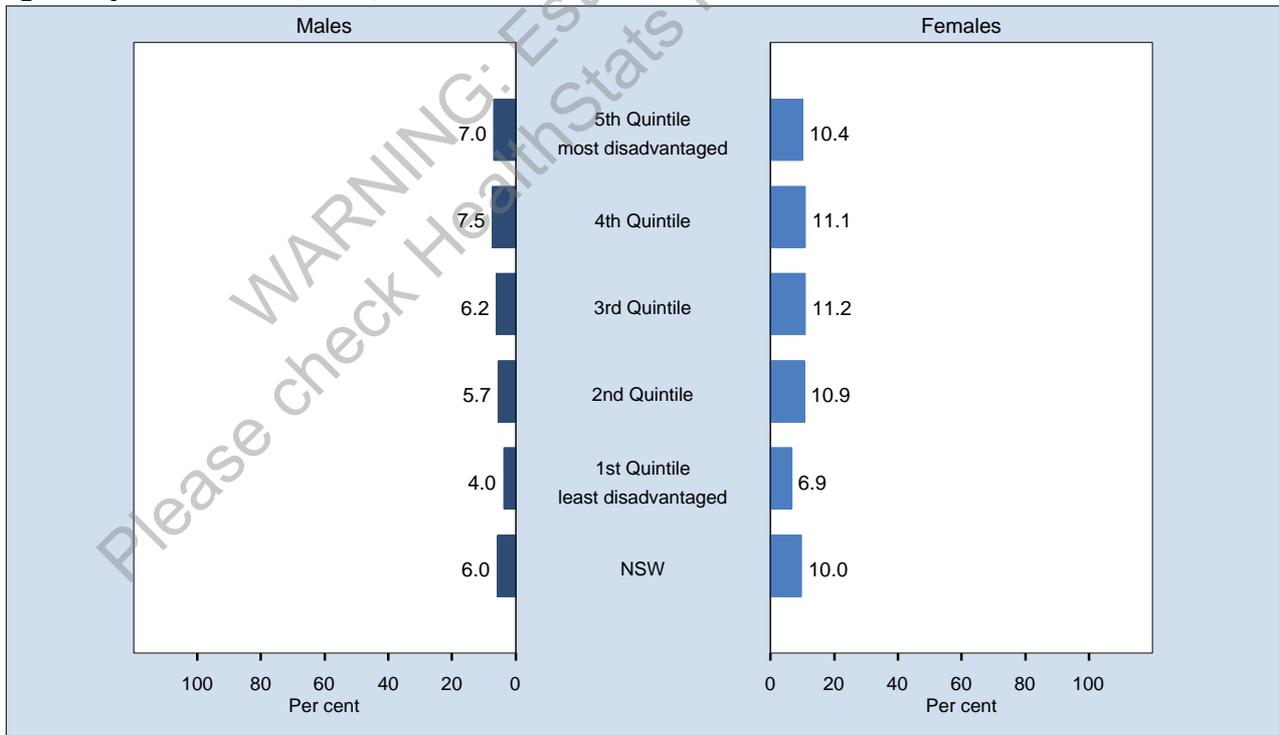
Community health centre attendance in the last 12 months by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a community health centre in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a government-run community health centre?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

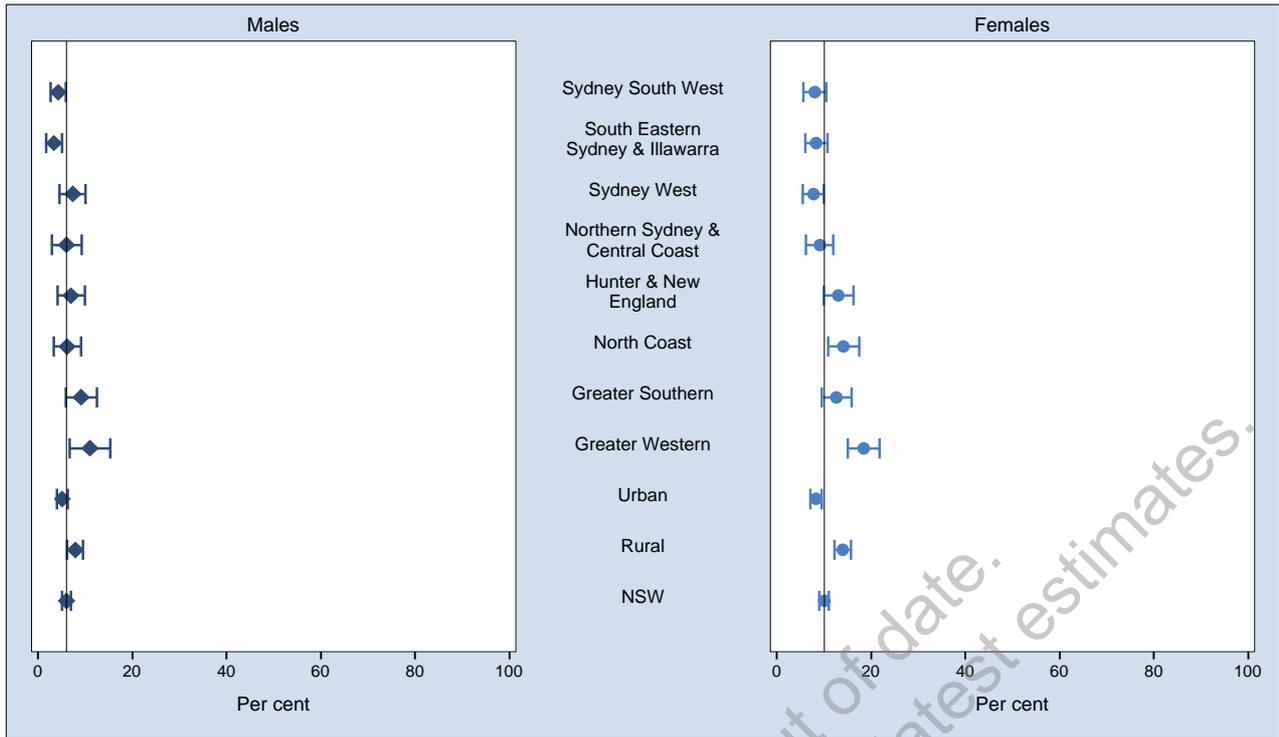
Community health centre attendance in the last 12 months by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a community health centre in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a government-run community health centre?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

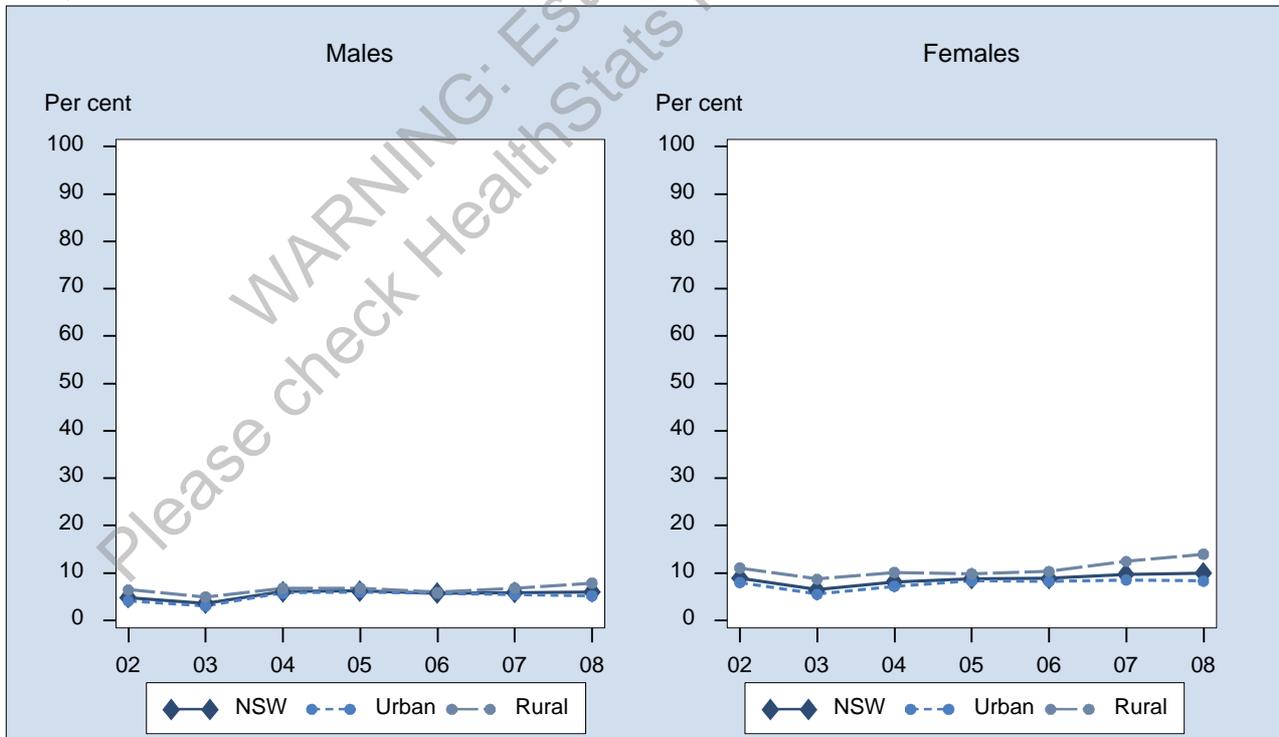
Community health centre attendance in the last 12 months by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 10,290 respondents in NSW. For this indicator 6 (0.06%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a community health centre in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a government-run community health centre?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

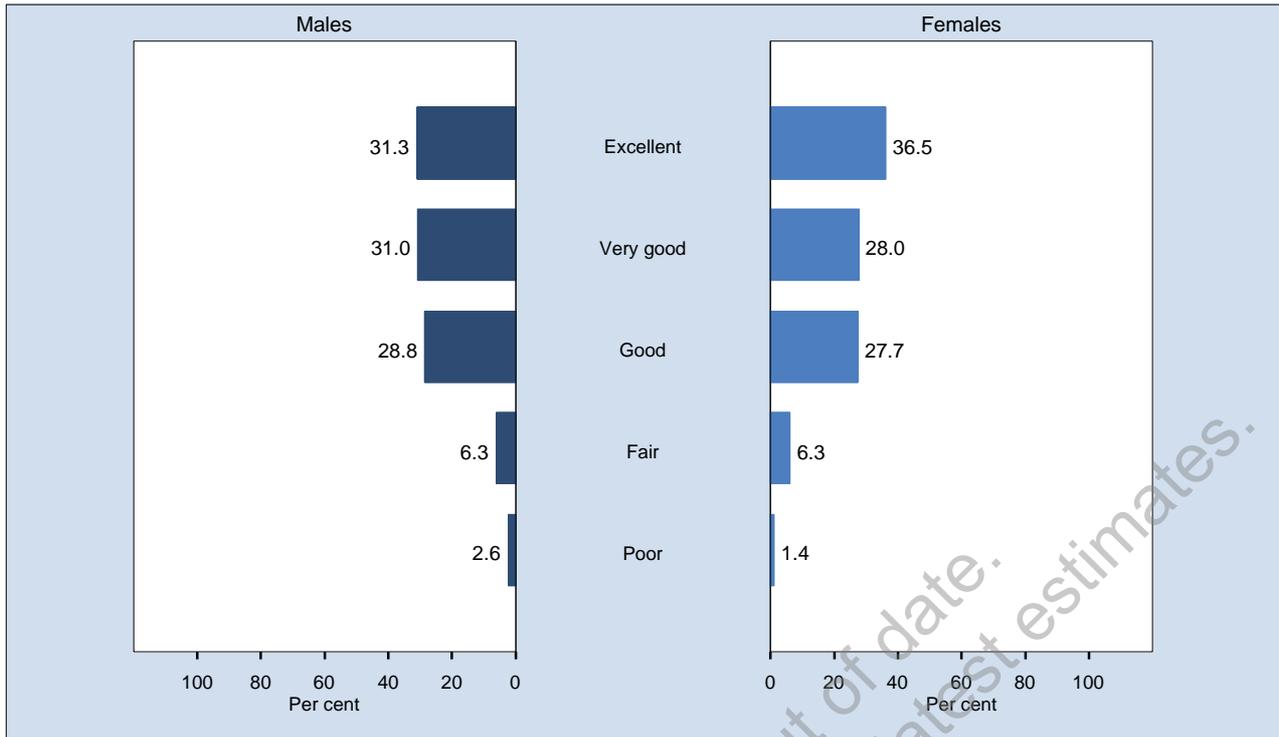
Community health centre attendance in the last 12 months by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,603), 2003 (12,992), 2004 (9,412), 2005 (11,470), 2006 (7,941), 2007 (13,097), 2008 (10,290). The indicator includes those who attended a community health centre in the last 12 months. The question used to define the indicator was: In the last 12 months, have you attended a government-run community health centre?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

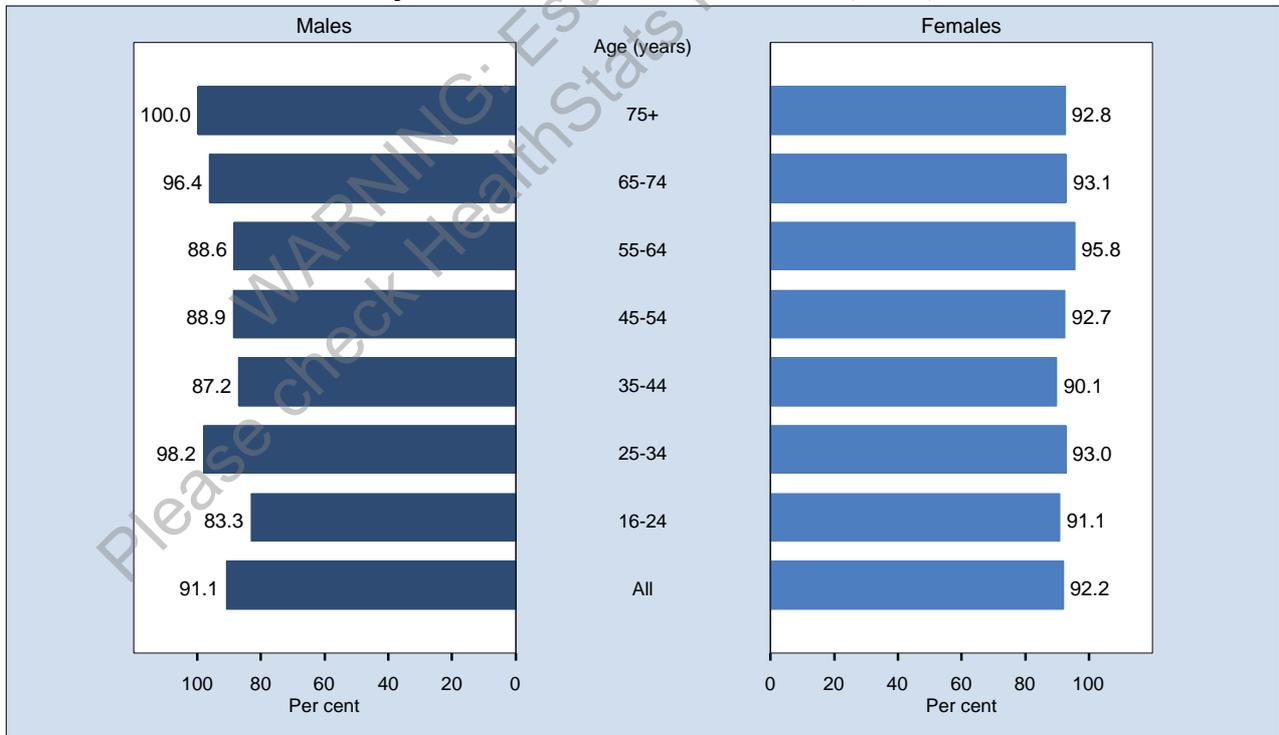
Community health centre care ratings, adults aged 16 years or over who attended a community health centre in the last 12 months, NSW, 2008



Note: Estimates are based on 914 respondents in NSW. For this indicator 10 (1.08%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last 12 months, have you attended a government-run community health centre? Overall, what do you think of the care you received at this community health centre: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

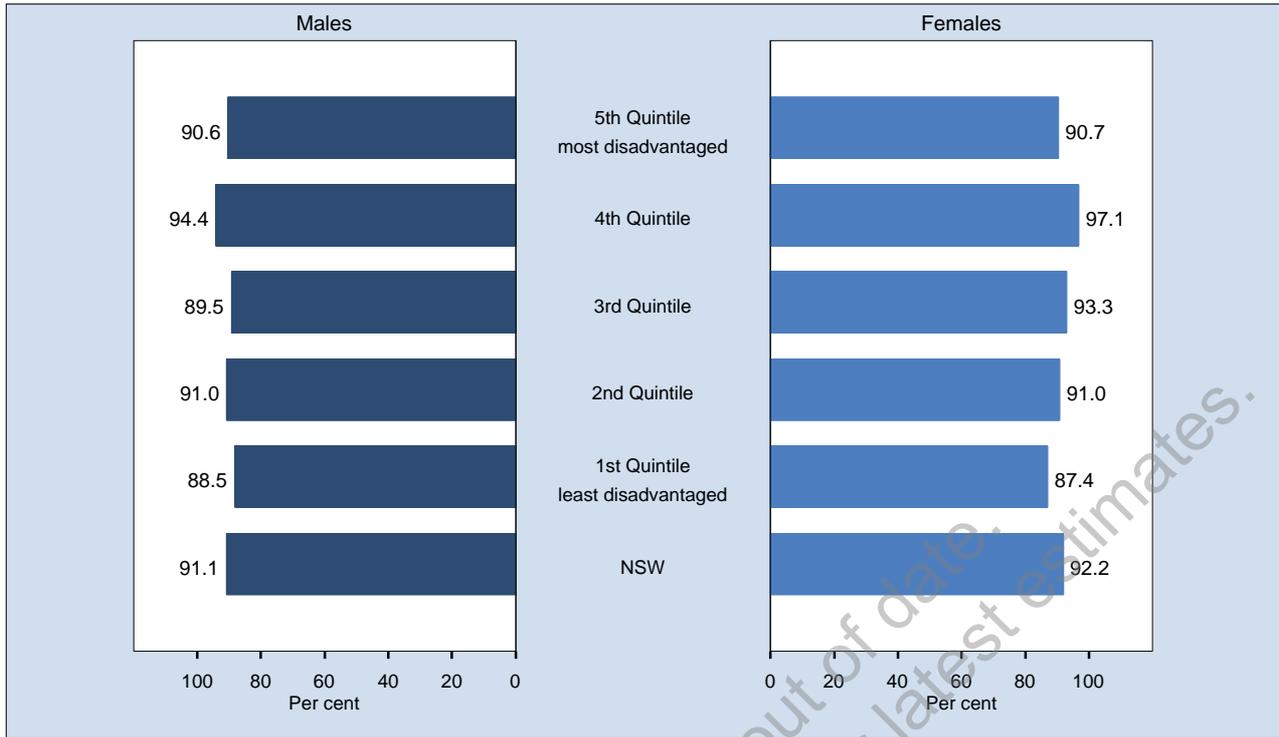
Community health centre care rated as excellent, very good, or good by age, adults aged 16 years or over who attended a community health centre in the last 12 months, NSW, 2008



Note: Estimates are based on 914 respondents in NSW. For this indicator 10 (1.08%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a community health centre in the last 12 months who rated the care as excellent, very good or good for their most recent attendance. The questions used to define the indicator were: In the last 12 months, have you attended a government-run community health centre? Overall, what do you think of the care you received at this community health centre: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

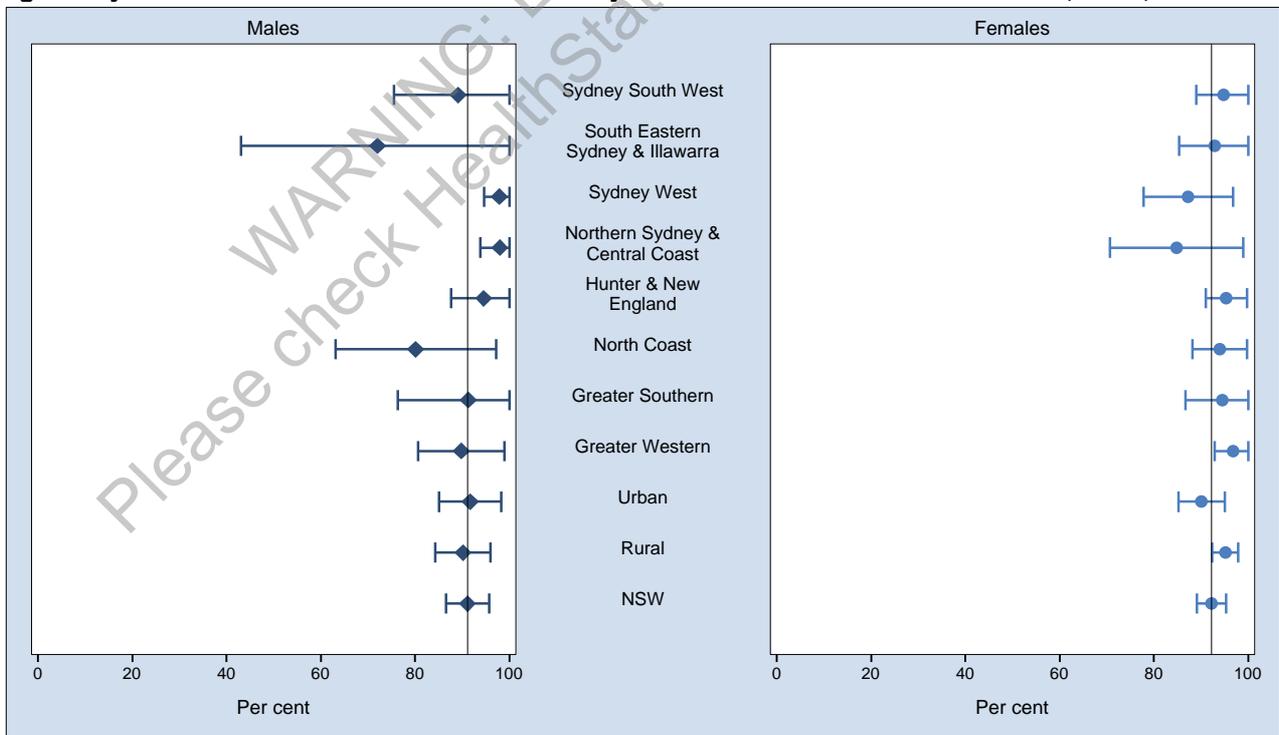
Community health centre care rated as excellent, very good, or good by socioeconomic disadvantage, adults aged 16 years or over who attended a community health centre in the last 12 months, NSW, 2008



Note: Estimates are based on 914 respondents in NSW. For this indicator 10 (1.08%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a community health centre in the last 12 months who rated the care as excellent, very good or good for their most recent attendance. The questions used to define the indicator were: In the last 12 months, have you attended a government-run community health centre? Overall, what do you think of the care you received at this community health centre: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

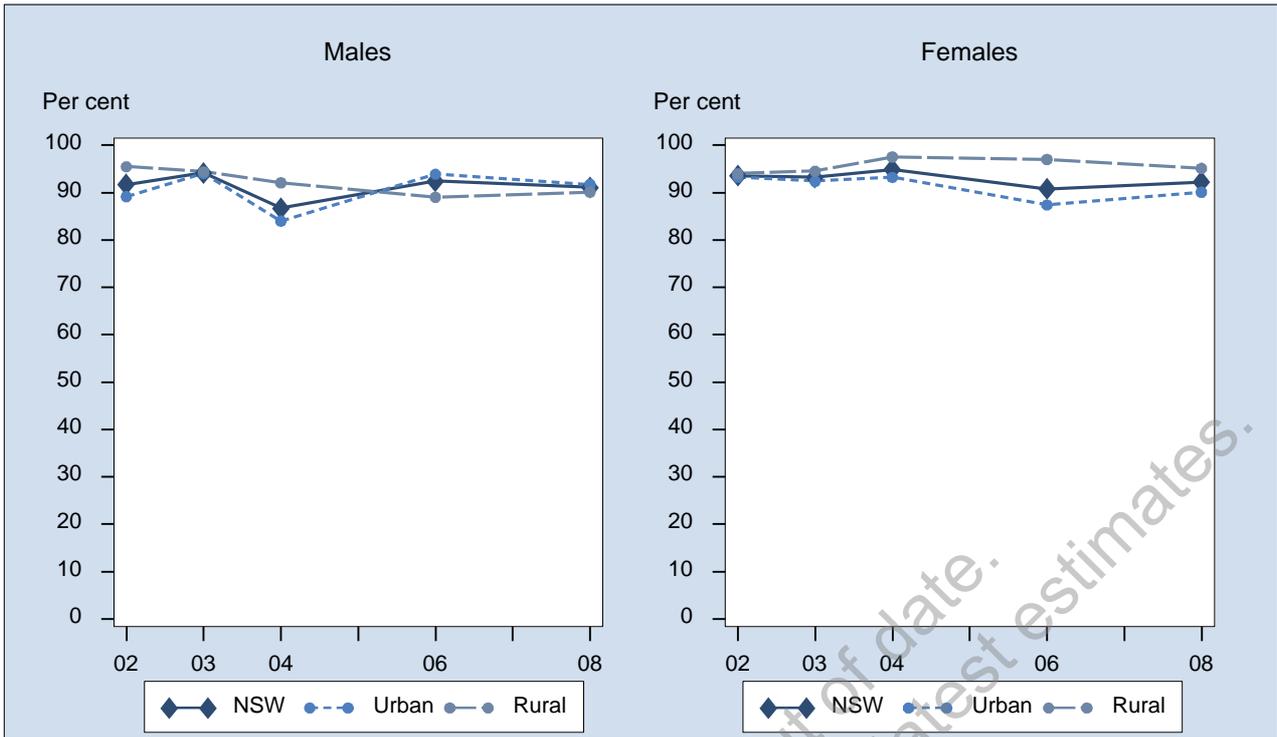
Community health centre care rated as excellent, very good, or good by area health service, adults aged 16 years or over who attended a community health centre in the last 12 months, NSW, 2008



Note: Estimates are based on 914 respondents in NSW. For this indicator 10 (1.08%) were not stated (Don't know or Refused) in NSW. The indicator includes those who attended a community health centre in the last 12 months who rated the care as excellent, very good or good for their most recent attendance. The questions used to define the indicator were: In the last 12 months, have you attended a government-run community health centre? Overall, what do you think of the care you received at this community health centre: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Community health centre care rated as excellent, very good, or good by year, adults aged 16 years or over who attended a community health centre in the last 12 months, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (979), 2003 (852), 2004 (818), 2006 (609), 2008 (914). The indicator includes those who attended a community health centre in the last 12 months who rated the care as excellent, very good or good for their most recent attendance. The questions used to define the indicator were: In the last 12 months, have you attended a government-run community health centre? Overall, what do you think of the care you received at this community health centre: Was it excellent, very good, good, fair, or poor?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates may be out of date. Please check HealthStats NSW for latest estimates.

Social capital

Monitoring social capital within the population is an important way of measuring social connections and networks based on trust, mutual reciprocity, and norms of action. This sections reports on trust and safety, reciprocity and neighbourhood connection, and building harmonious communities.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Social capital

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.[1,2,3]

The New South Wales Population Health Survey uses the social capital tool developed by Bullen and Onyx,[1] which is reported under the headings: trust and safety, and reciprocity and neighbourhood connection. In response to the State Plan, the Survey also collects further information about the proportion of the adult population who have participated in a group sport or physical activity in the last 12 months, and who have participated in a group cultural or artistic activity in the last 12 months. This information is reported under the heading: building harmonious communities.[4]

Results

Trust and safety

Most people can be trusted

In 2008, 71.5 per cent of adults strongly agreed or agreed that most people can be trusted. There was no significant difference between males and females. A significantly higher proportion of adults aged 45-54 years (76.4 per cent), 55-64 years (75.3 per cent), and 75 years and over (79.6 per cent), and a significantly lower proportion of adults aged 16-24 years (62.8 per cent) and 25-34 years (66.4 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 the first or least disadvantaged quintile (82.1 per cent), and a significantly lower proportion of adults in the fifth or most disadvantaged quintile (59.9 per cent), strongly agreed or agreed that most people can be trusted, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the Northern Sydney & Central Coast (78.7 per cent), North Coast (76.0 per cent), and Greater Southern (76.7 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West Area Health Service (64.1 per cent), strongly agreed or agreed that most people can be trusted, compared with the overall adult population.

Since 2002, there has been a significant increase in the proportion of adults who strongly agreed or agreed that most people can be trusted (65.7 per cent to 71.5 per cent). The increase has been significant in males and females, and in urban and rural health areas.

Since 2007, there has been no significant change in the proportion of adults who strongly agreed or agreed that most people can be trusted.

Feel safe walking down the street after dark

In 2008, 72.6 per cent of adults felt safe walking down their street after dark. A significantly higher proportion of males (83.9 per cent) than females (61.6 per cent) felt safe walking down their street after dark. Among males, a significantly lower proportion of those aged 65-74 years (73.7 per cent) and 75 years and over (65.1 per cent), and a significantly higher proportion of those aged 25-34 years (89.6 per cent) and 35-44 years (88.3 per cent), felt safe walking down their street after dark, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 45-54 years (72.1 per cent), and a significantly lower proportion of those aged 65-74 years (49.7 per cent) and 75 years and over (36.3 per cent), felt safe walking down their street after dark, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (86.7 per cent) and second disadvantaged quintile (77.9 per cent), and a significantly lower proportion of adults in the fourth disadvantaged quintile (68.6 per cent) and fifth or most disadvantaged quintile (58.7 per cent), felt safe walking down their street after dark, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the Northern Sydney & Central Coast (81.7 per cent) and Greater Southern (76.6 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West Area Health Service (65.7 per cent), felt safe walking down their street after dark, compared with the overall adult population.

Since 2002, there has been a significant increase in the proportion of adults who felt safe walking down their street after dark (67.4 per cent to 72.6 per cent). The increase has been significant in males and females, and in urban and rural health areas.

Since 2007, there has been no significant change in the proportion of adults who felt safe walking down their street after dark.

Area has a reputation for being safe

In 2008, 75.9 per cent of adults said their area has a reputation for being safe. A significantly higher proportion of males (78.2 per cent) than females (73.6 per cent) said their area has a reputation for being safe. Among males, a significantly lower proportion of those aged 16-24 years (71.2 per cent), and a significantly higher proportion of those aged 55-64 years (84.6 per cent), said their area has a reputation for being safe, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 45-54 years (78.1 per cent) said their area has a reputation for being safe, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (92.9 per cent) and second disadvantaged quintile (79.4 per cent), and a significantly lower proportion of adults in the fifth or most disadvantaged quintile (57.8 per cent), said their area has a reputation for being safe, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (78.6 per cent) than urban health areas (74.7 per cent) said their area has a reputation for being safe. A significantly higher proportion of adults in the Northern Sydney & Central Coast (87.6 per cent) and Greater Southern (85.8 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney West Area Health Service (71.2 per cent), said their area has a reputation for being safe, compared with the overall adult population.

Since 2002, there has been a significant increase in the proportion of adults who said their area has a reputation for being safe (73.3 per cent to 75.9 per cent). The increase has been significant in males, and in urban health areas.

Since 2007, there has been no significant change in the proportion of adults who said their area has a reputation for being safe; however, there has been a significant decrease in rural health areas.

Reciprocity and neighbourhood connection

Visited neighbours in the last week

In 2008, 62.1 per cent of adults visited neighbours at least once in the last week. A significantly higher proportion of males (64.5 per cent) than females (59.8 per cent) visited neighbours at least once in the last week. Among males, a significantly higher proportion of those aged 75 years and over (72.1 per cent) visited neighbours at least once in the last week, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 65-74 years (64.0 per cent) visited neighbours at least once in the last week, compared with the overall adult female population.

There was no significant difference among quintiles of disadvantage.

A significantly higher proportion of adults in rural health areas (66.4 per cent) than urban health areas (60.2 per cent) visited neighbours at least once in the last week. A significantly higher proportion of adults in the North Coast Area Health Service (68.5 per cent), and a significantly lower proportion of adults in the Sydney South West (57.2 per cent) and Sydney West (56.9 per cent) Area Health Services, visited neighbours at least once in the last week, compared with the overall adult population.

Since 2002, there has been a significant decrease in the proportion of adults who visited neighbours at least once in the last week (66.3 per cent to 62.1 per cent). The decrease has been significant in males and females, and in urban and rural health areas.

Since 2007, there has been no significant change in the proportion of adults who visited neighbours at least once in the last week.

Ran into friends and acquaintances while shopping

In 2008, 82.7 per cent of adults ran into friends and acquaintances when shopping in their local area. A significantly lower proportion of males (80.4 per cent) than females (84.9 per cent) ran into friends and acquaintances when shopping in their local area. Among males, a significantly higher proportion of those aged 16-24 years (86.6 per cent) and 65-74 years (84.9 per cent) ran into friends and acquaintances when shopping in their local area, compared with the overall adult male population.

A significantly higher proportion of adults in the fourth disadvantaged quintile (86.1 per cent) ran into friends and acquaintances when shopping in their local area, compared with the overall adult population.

A significantly higher proportion of adults in rural health areas (89.8 per cent) than urban health areas (79.6 per cent) ran into friends and acquaintances when shopping in their local area. A significantly higher proportion of adults in the Hunter & New England (88.2 per cent), North Coast (89.0 per cent), Greater Southern (91.3 per cent), and Greater Western (93.3 per cent) Area Health Services, and a significantly lower proportion of adults in the Sydney South West (78.4 per cent) and Sydney West (77.6 per cent) Area Health Services, ran into friends and acquaintances when shopping in their local area, compared with the overall adult population.

Since 2002, there has been no significant change in the proportion of adults who ran into friends and acquaintances when shopping in their local area.

Since 2007, there has been a significant increase in the proportion of adults who ran into friends and acquaintances when shopping in their local area (80.9 per cent to 82.7 per cent).

Sad if had to leave neighbourhood

In 2008, 74.8 per cent of adults would feel sad if they had to leave their neighbourhood. A significantly lower proportion of males (71.0 per cent) than females (78.4 per cent) would feel sad if they had to leave their neighbourhood. Among males, a significantly higher proportion of those aged 65-74 years (80.7 per cent) and 75 years and over (85.6 per cent), and a significantly lower proportion of those aged 25-34 years (58.3 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 those aged 65-74 years (84.5 per cent) and 75 years and over (87.9 per cent), and a significantly lower proportion of those aged 25-34 years (72.4 per cent), would feel sad if they had to leave their neighbourhood, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (80.5 per cent), and a significantly lower proportion of adults in the third disadvantaged quintile (70.6 per cent), would feel sad if they had to leave their neighbourhood, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the North Coast Area Health Service (78.8 per cent), and a significantly lower proportion of adults in the Sydney West Area Health Service (69.9 per cent), would feel sad if they had to leave their neighbourhood, compared with the overall adult population.

Since 2002, there has been no significant change in the proportion of adults who would feel sad if they had to leave their neighbourhood; however, there has been a significant increase in females.

Since 2007, there has been no significant change in the proportion of adults who would feel sad if they had to leave their neighbourhood; however, there has been a significant increase in urban health areas.

Building harmonious communities

In 2008, adults participated in the following activities: recreational group or cultural group (28.7 per cent), community or special interest group (32.4 per cent), church or religious activities (31.0 per cent), went out to a cafe or restaurant or bar (86.6 per cent), took part in sport or physical activities (55.2 per cent), attended a

sporting event as a spectator (51.1 per cent), visited a library or museum or art gallery (57.3 per cent), attended the movies or a theatre or a concert (67.2 per cent), visited a park or botanic gardens or zoo or theme park (69.3 per cent).

Participated in a group sport or physical activity

In 2008, 55.2 per cent of adults participated in a group sport or physical activity in the last 12 months. A significantly higher proportion of males (61.8 per cent) than females (48.8 per cent) participated in a group sport or physical activity in the last 12 months. Among males, a significantly higher proportion of those aged 16-24 years (78.3 per cent) and 35-44 years (67.8 per cent), and a significantly lower proportion of those aged 55-64 years (48.1 per cent), 65-74 years (44.4 per cent), and 75 years and over (32.7 per cent), participated in a group sport or physical activity in the last 12 months, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 16-24 years (59.2 per cent) and 35-44 years (60.4 per cent), and a significantly lower proportion of those aged 55-64 years (37.9 per cent), 65-74 years (34.8 per cent) and 75 years and over (22.2 per cent), participated in a group sport or physical activity in the last 12 months, compared with the overall adult female population.

A significantly higher proportion of adults in the first or least disadvantaged quintile (65.4 per cent), and a significantly lower proportion of adults in the fifth or most disadvantaged quintile (47.0 per cent), participated in a group sport or physical activity in the last 12 months, compared with the overall adult population.

There was no significant difference between rural and urban health areas. A significantly higher proportion of adults in the Northern Sydney & Central Coast Area Health Service (63.9 per cent), and a significantly lower proportion of adults in the Sydney South West (49.5 per cent) and Greater Western (49.9 per cent) Area Health Services, participated in a group sport or physical activity in the last 12 months, compared with the overall adult population.

Since 2007, there has been a significant decrease in the proportion of adults who participated in a group sport or physical activity in the last 12 months (60.4 per cent to 55.2 per cent). The decrease has been significant in males and females, and in urban health areas.

Participated in a group cultural or artistic activity

In 2008, 55.7 per cent of adults participated in a group cultural or artistic activity in the last 12 months. A significantly lower proportion of males (52.4 per cent) than females (58.8 per cent) participated in a group cultural or artistic activity in the last 12 months. Among males, a significantly lower proportion of those aged 16-24 years (44.5 per cent) participated in a group cultural or artistic activity in the last 12 months, compared with the overall adult male population. Among females, a significantly higher proportion of those aged 65-74 years (70.1 per cent) and 75 years and over (69.7 per cent), and a significantly lower proportion of those aged 16-24 years (50.2 per cent) and 45-54 years (53.7 per cent), participated in a group cultural or artistic activity in the last 12 months, compared with the overall adult female population.

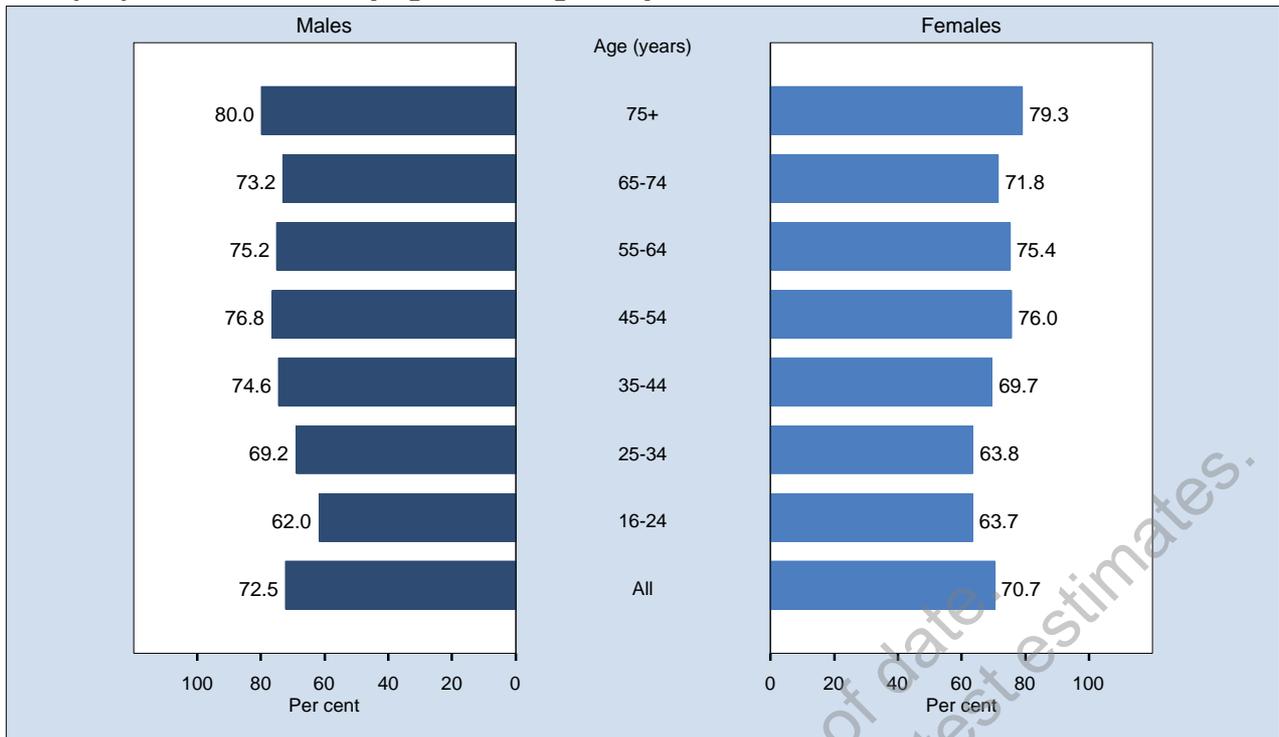
There was no significant difference among quintiles of disadvantage, or between rural and urban health areas. A significantly higher proportion of adults in the Greater Western Area Health Service (62.1 per cent) participated in a group cultural or artistic activity in the last 12 months, compared with the overall adult population.

Since 2007, there has been no significant change in the proportion of adults who participated in a group cultural or artistic activity in the last 12 months; however, there has been a significant decrease in males.

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1. Management Alternatives Pty Ltd. What is social capital? Available online at www.mapl.com.au/A2.htm (accessed 6 April 2009).
2. World Bank Social Capital Website. Measuring Social capital. Available online at <http://web.worldbank.org> (accessed 6 April 2009).
3. Australian Bureau of Statistics. *Social Capital*. Canberra: Australian Bureau of Statistics, 2008. Available online at www.abs.gov.au (accessed 6 April 2009).
4. Premier's Department. *State Plan: A new direction for New South Wales*. Sydney: NSW Government, 2006. Available online at www.nsw.gov.au/stateplan (accessed 6 April 2009).

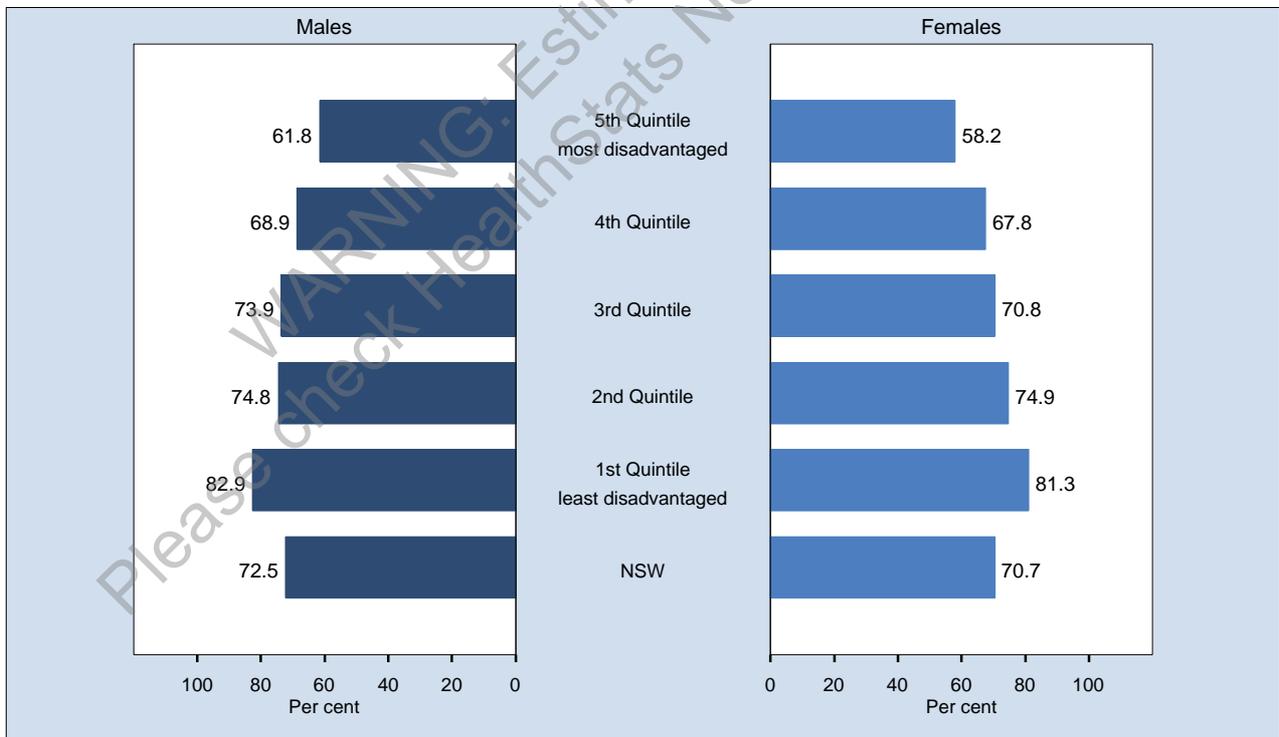
Most people can be trusted by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,279 respondents in NSW. For this indicator 313 (3.64%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that most people can be trusted. The question used was: Do you strongly agree, agree, disagree or strongly disagree with the statement "Most people can be trusted"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

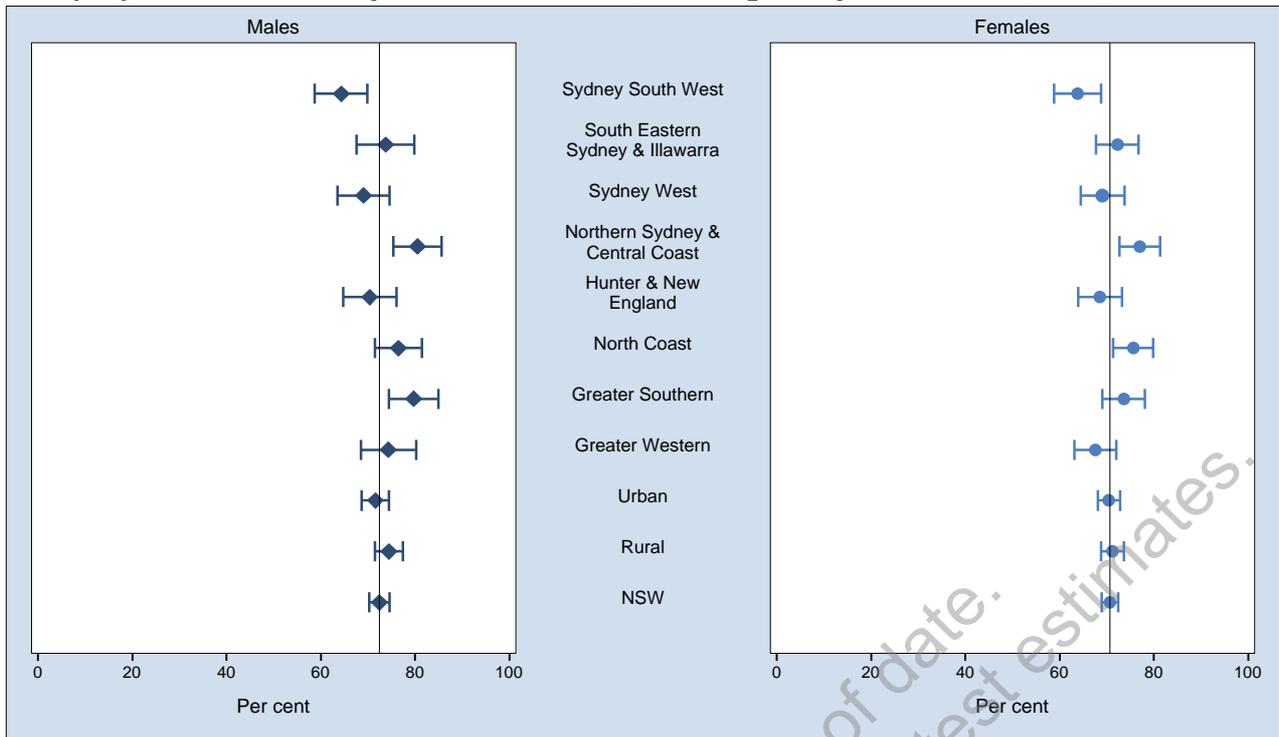
Most people can be trusted by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,279 respondents in NSW. For this indicator 313 (3.64%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that most people can be trusted. The question used was: Do you strongly agree, agree, disagree or strongly disagree with the statement "Most people can be trusted"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

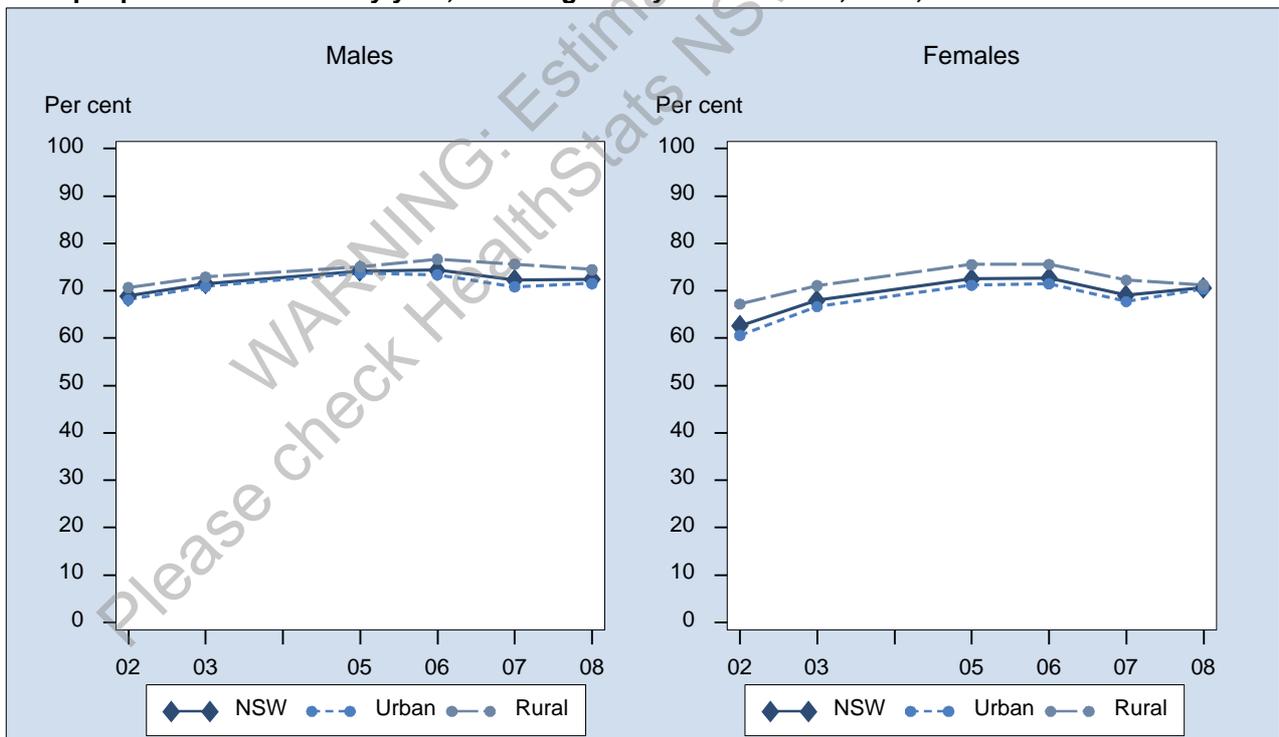
Most people can be trusted by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,279 respondents in NSW. For this indicator 313 (3.64%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that most people can be trusted. The question used was: Do you strongly agree, agree, disagree or strongly disagree with the statement "Most people can be trusted"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

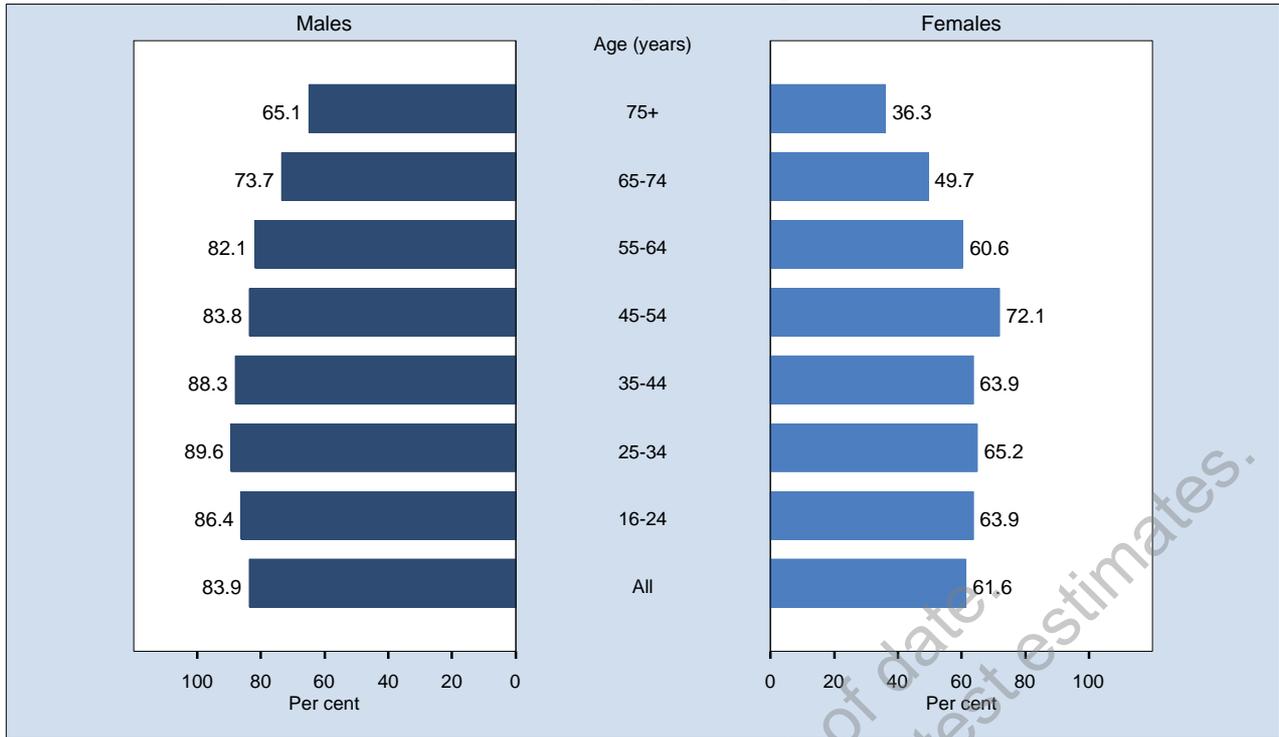
Most people can be trusted by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,251), 2003 (12,570), 2005 (11,203), 2006 (7,775), 2007 (7,204), 2008 (8,279). The indicator includes those who strongly agree or agree that most people can be trusted. The question used was: Do you strongly agree, agree, disagree or strongly disagree with the statement "Most people can be trusted"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

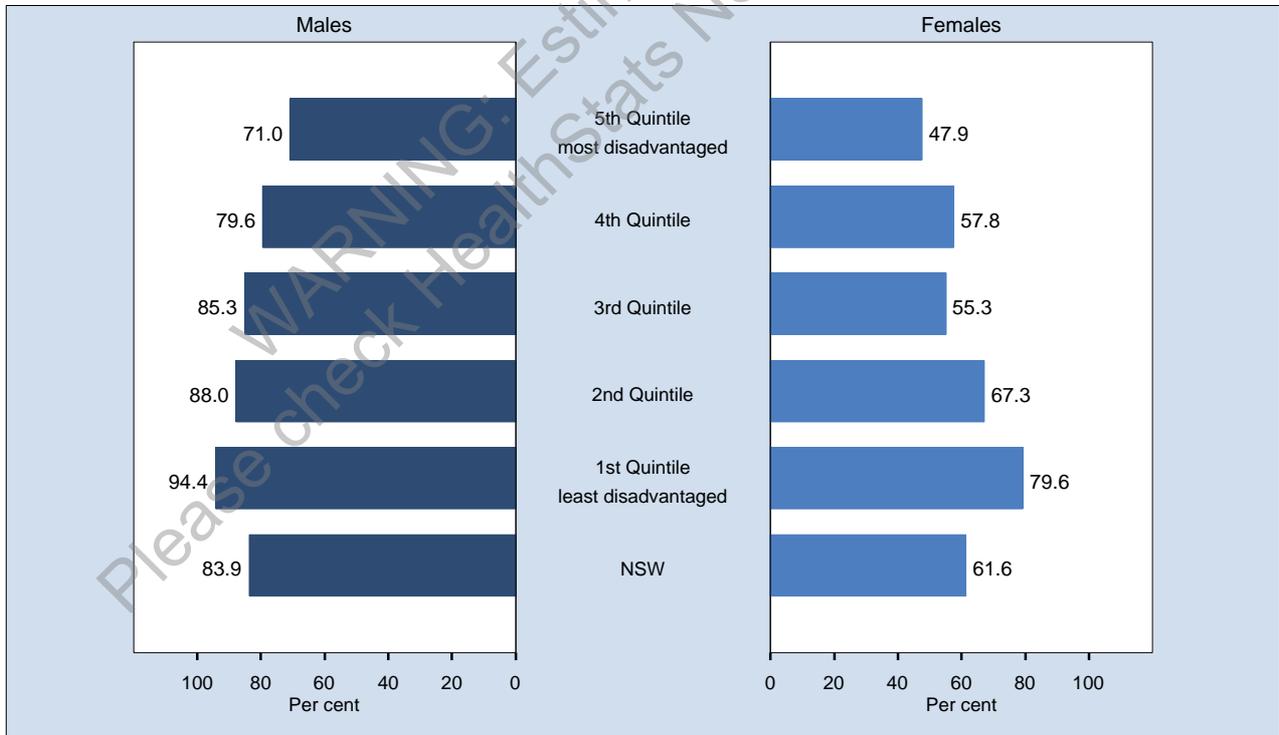
Feel safe walking down their street after dark by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,266 respondents in NSW. For this indicator 326 (3.79%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that they feel safe walking down their street after dark. The question used was: Do you strongly agree, disagree or strongly disagree with the statement "I feel safe walking down my street after dark"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

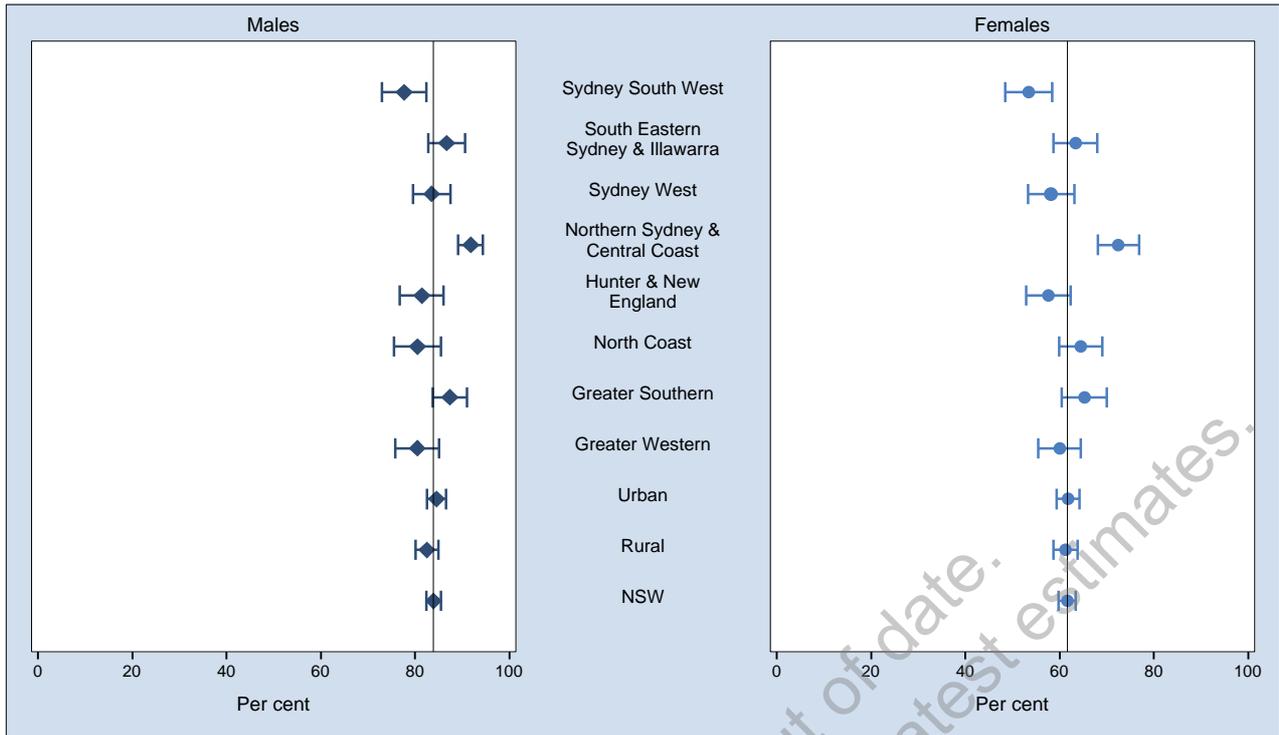
Feel safe walking down their street after dark by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,266 respondents in NSW. For this indicator 326 (3.79%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that they feel safe walking down their street after dark. The question used was: Do you strongly agree, disagree or strongly disagree with the statement "I feel safe walking down my street after dark"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

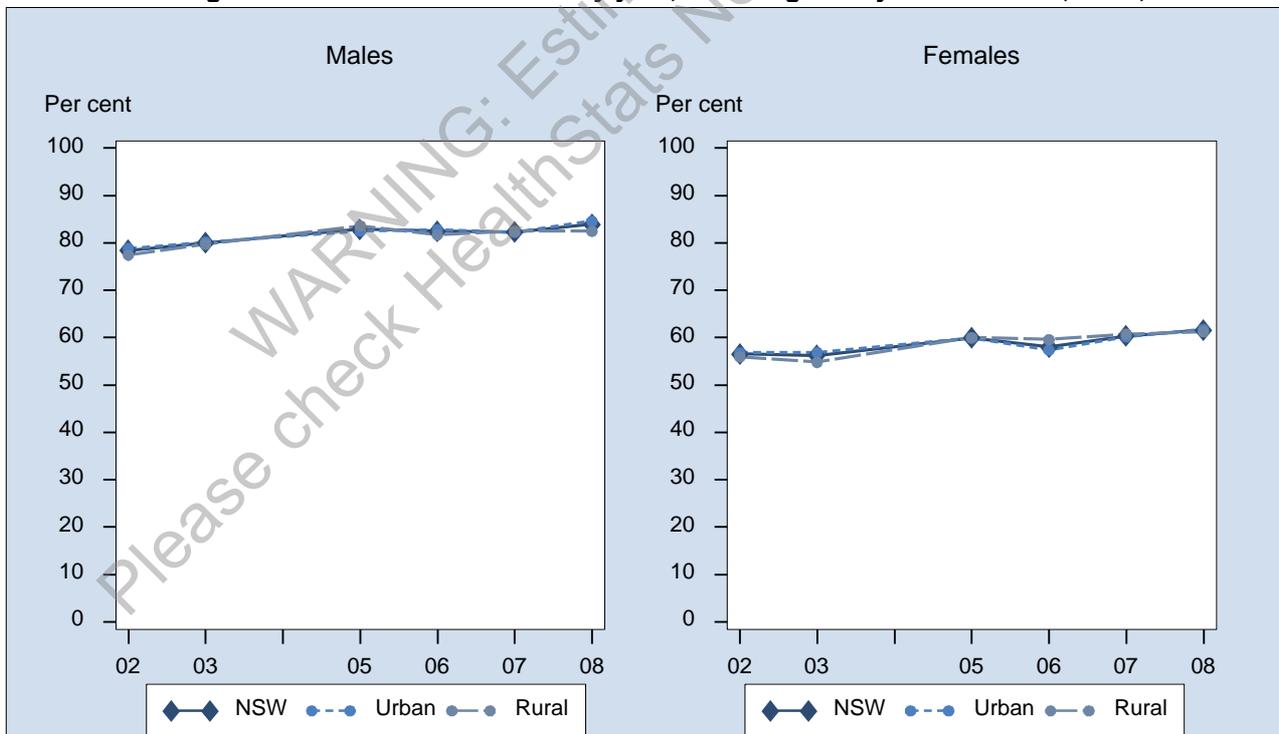
Feel safe walking down their street after dark by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,266 respondents in NSW. For this indicator 326 (3.79%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that they feel safe walking down their street after dark. The question used was: Do you strongly agree, disagree or strongly disagree with the statement "I feel safe walking down my street after dark"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

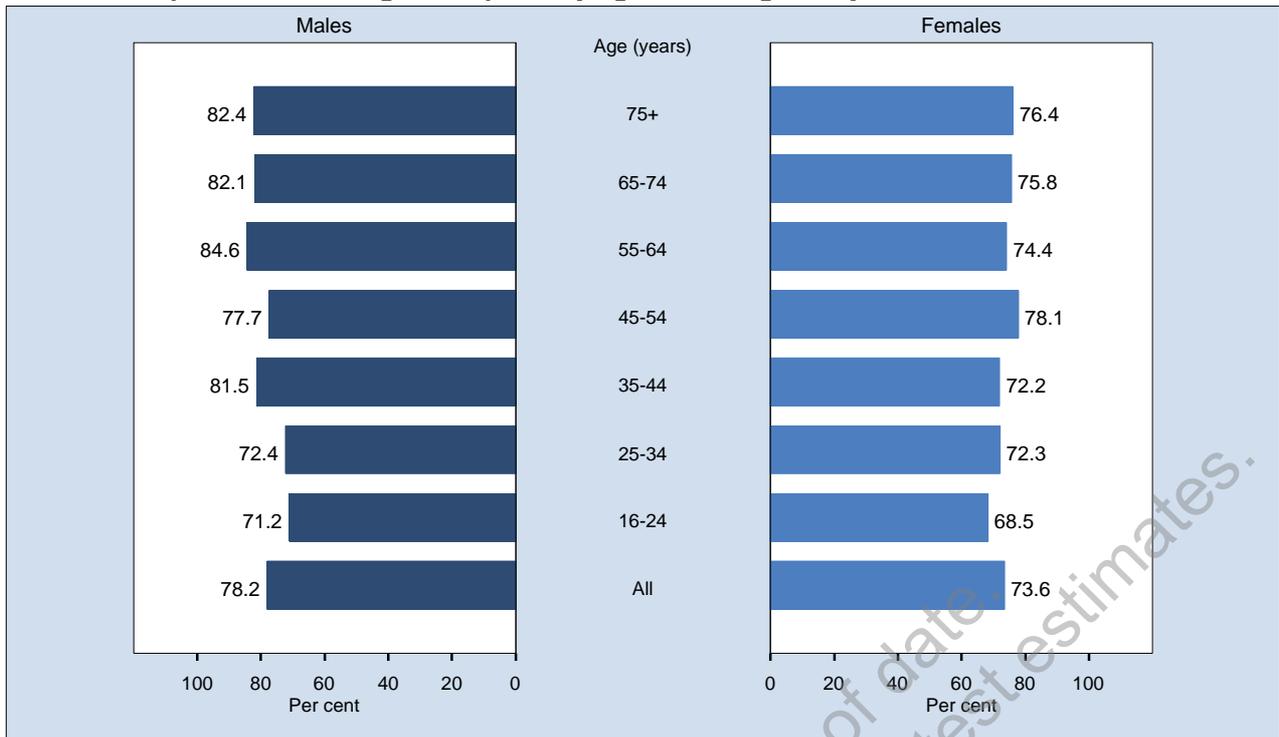
Feel safe walking down their street after dark by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,220), 2003 (12,602), 2005 (11,160), 2006 (7,719), 2007 (7,136), 2008 (8,266). The indicator includes those who strongly agree or agree that they feel safe walking down their street after dark. The question used was: Do you strongly agree, disagree or strongly disagree with the statement "I feel safe walking down my street after dark"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

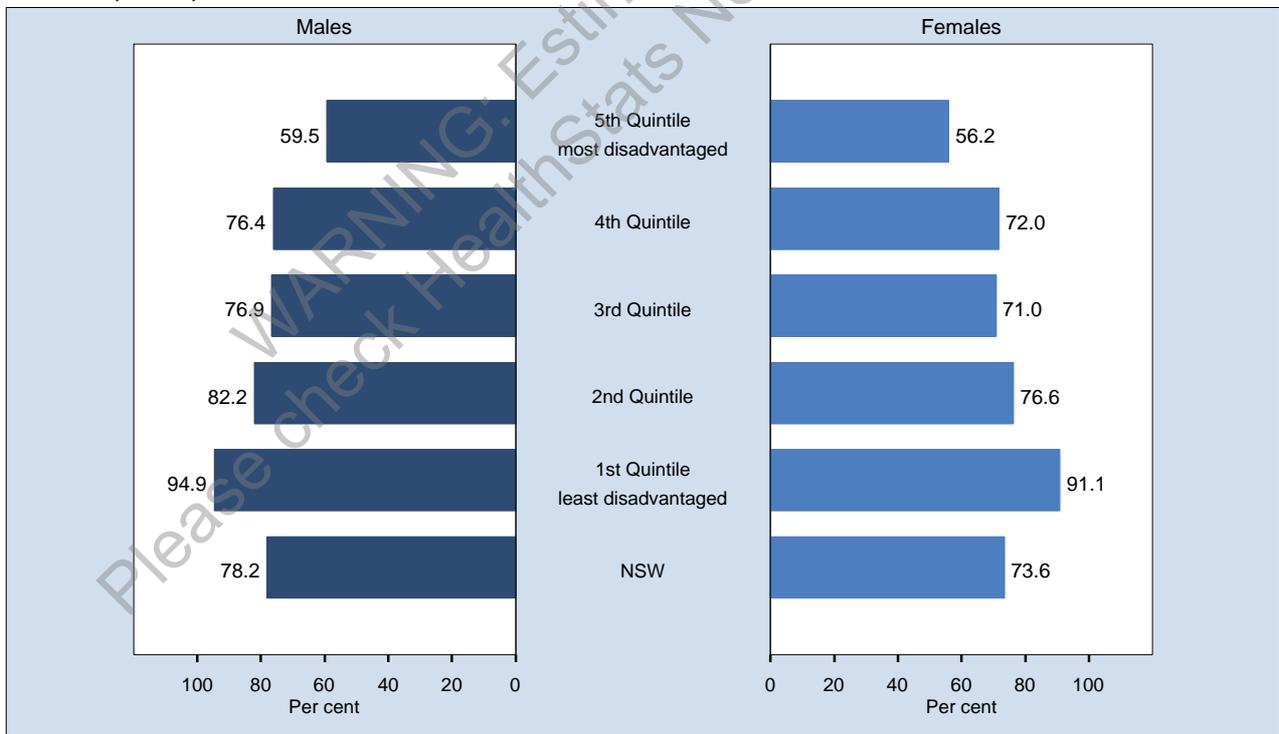
Area has a reputation for being a safe place by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,196 respondents in NSW. For this indicator 396 (4.61%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that their area has a reputation for being a safe place. The question used was: Do you strongly agree, agree, disagree or strongly disagree with the statement "My area has a reputation for being a safe place"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

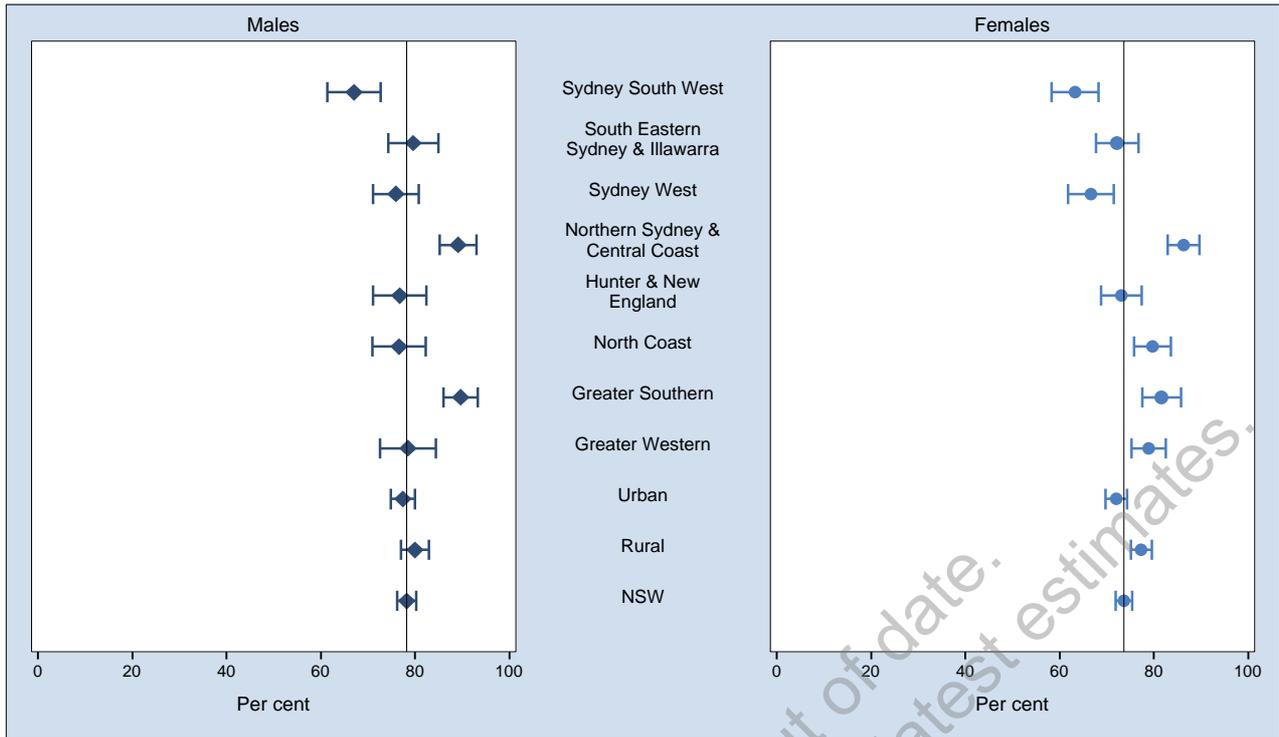
Area has a reputation for being a safe place by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,196 respondents in NSW. For this indicator 396 (4.61%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that their area has a reputation for being a safe place. The question used was: Do you strongly agree, agree, disagree or strongly disagree with the statement "My area has a reputation for being a safe place"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

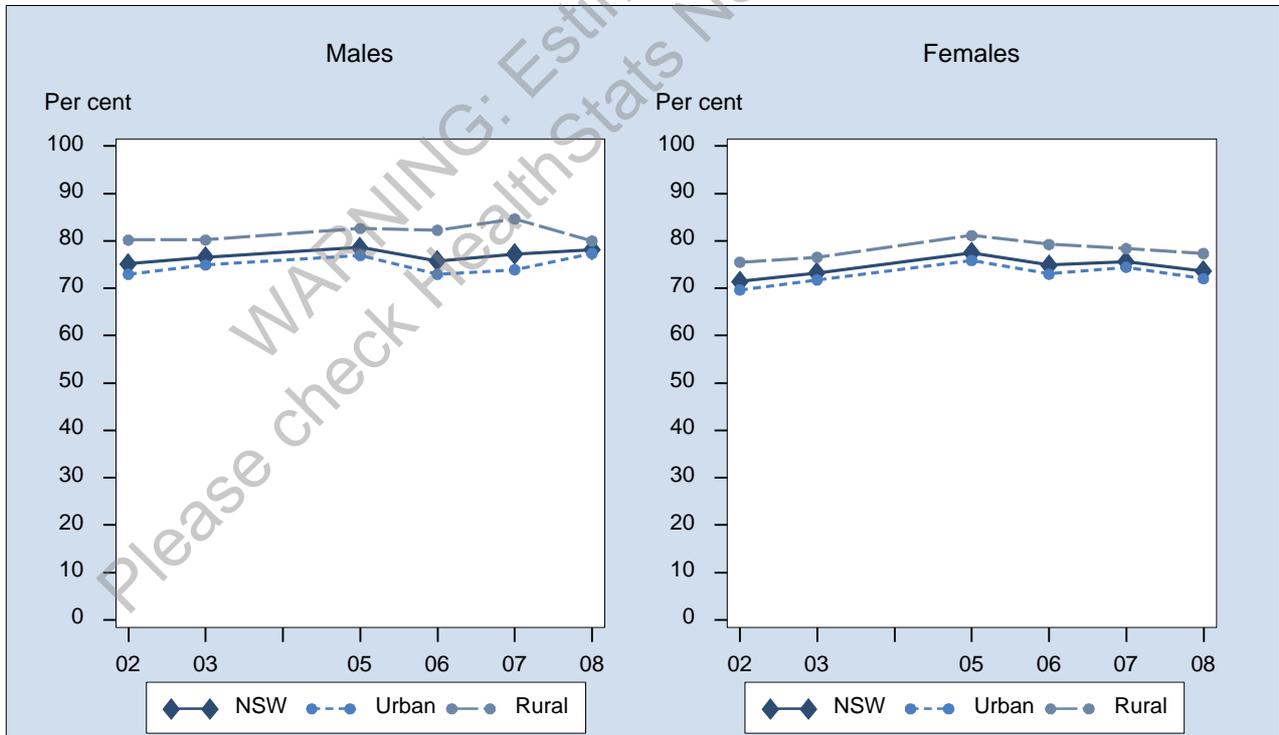
Area has a reputation for being a safe place by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,196 respondents in NSW. For this indicator 396 (4.61%) were not stated (Don't know or Refused) in NSW. The indicator includes those who strongly agree or agree that their area has a reputation for being a safe place. The question used was: Do you strongly agree, agree, disagree or strongly disagree with the statement "My area has a reputation for being a safe place"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

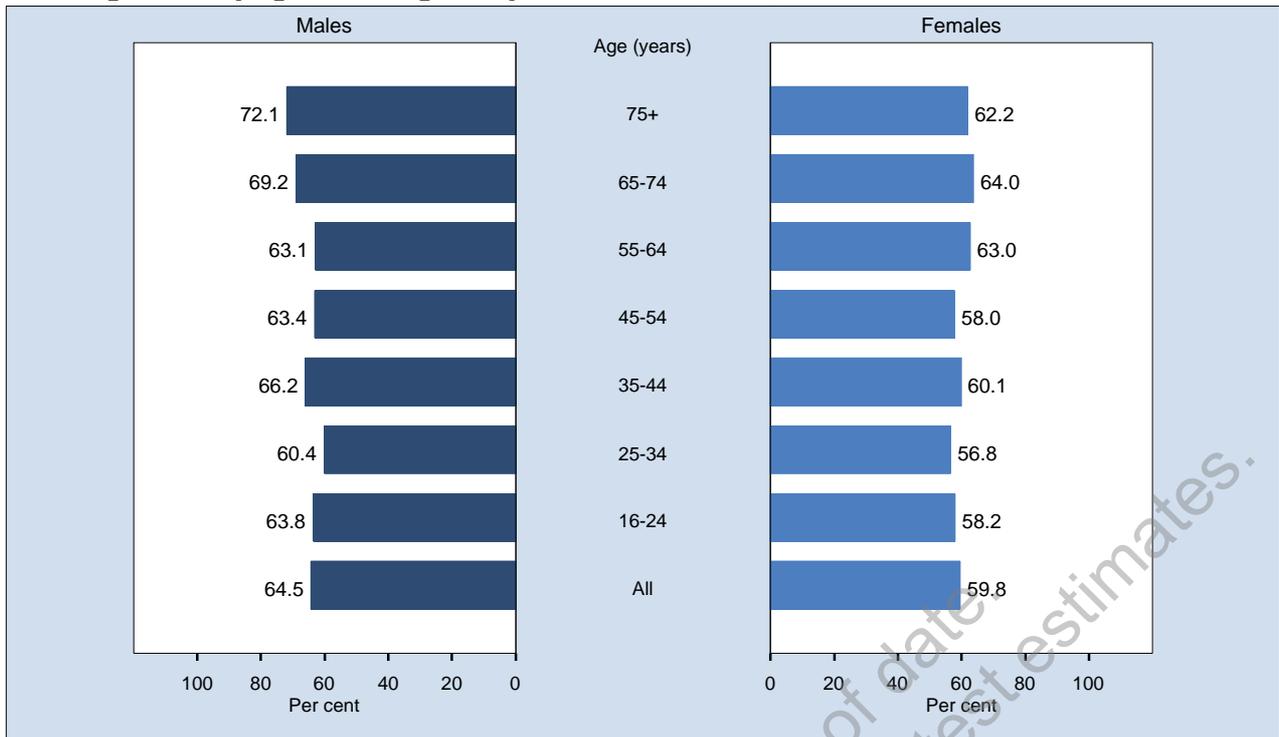
Area has a reputation for being a safe place by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,184), 2003 (12,519), 2005 (11,038), 2006 (7,690), 2007 (7,104), 2008 (8,196). The indicator includes those who strongly agree or agree that their area has a reputation for being a safe place. The question used was: Do you strongly agree, agree, disagree or strongly disagree with the statement "My area has a reputation for being a safe place"?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

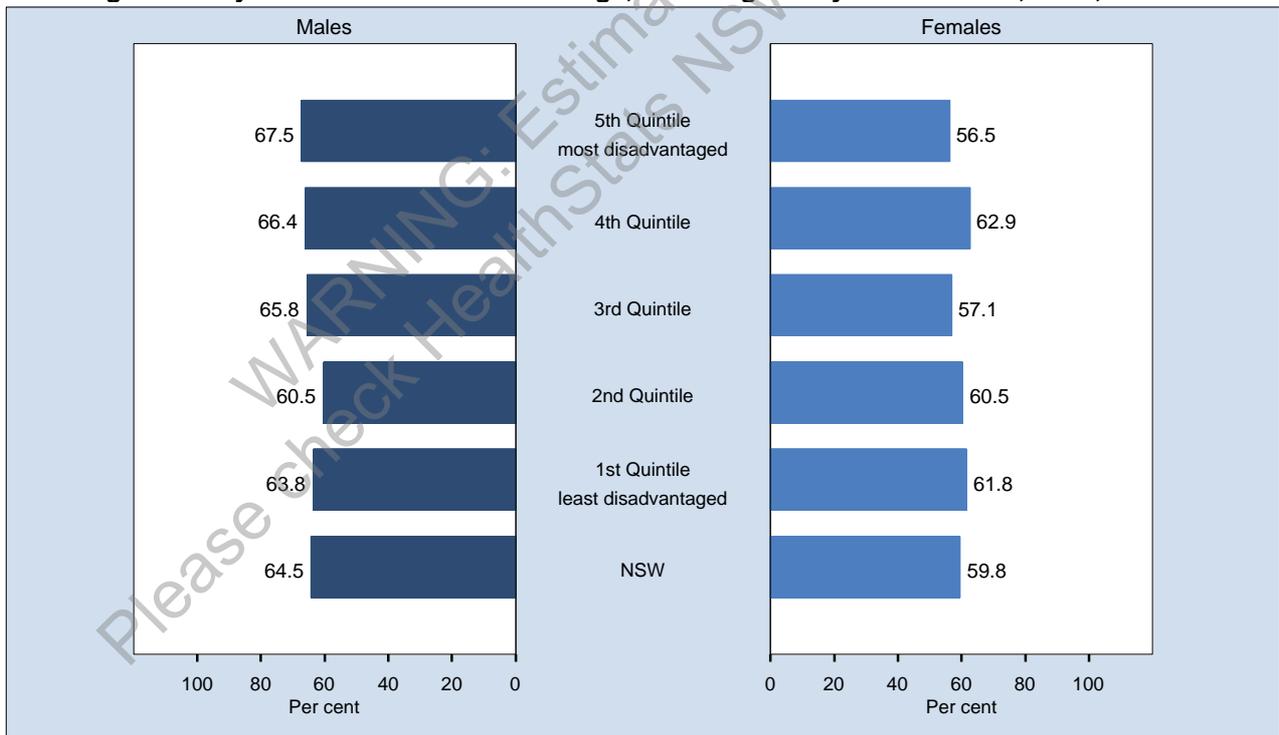
Visit neighbours by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,527 respondents in NSW. For this indicator 65 (0.76%) were not stated (Don't know or Refused) in NSW. The indicator includes those who visited someone in their neighbourhood at least once in the last week. The question used was: How often have you visited someone in your neighbourhood in the last week?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

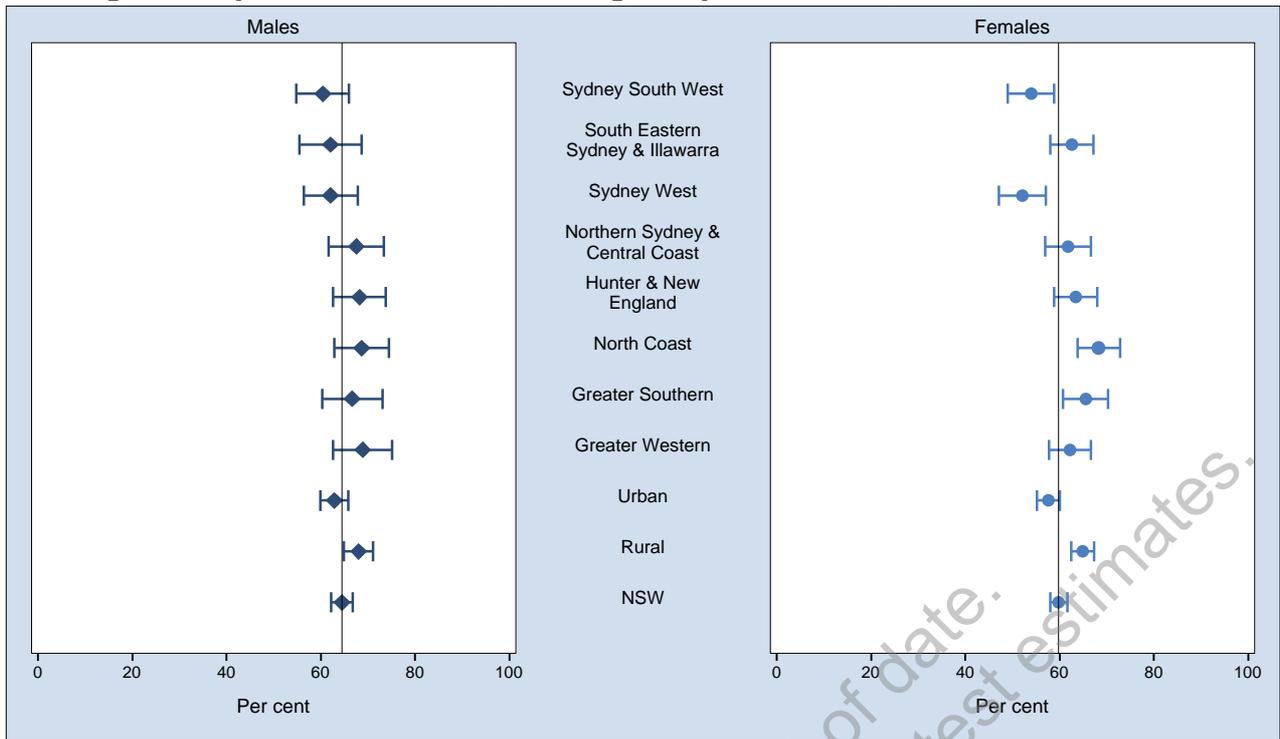
Visit neighbours by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,527 respondents in NSW. For this indicator 65 (0.76%) were not stated (Don't know or Refused) in NSW. The indicator includes those who visited someone in their neighbourhood at least once in the last week. The question used was: How often have you visited someone in your neighbourhood in the last week?

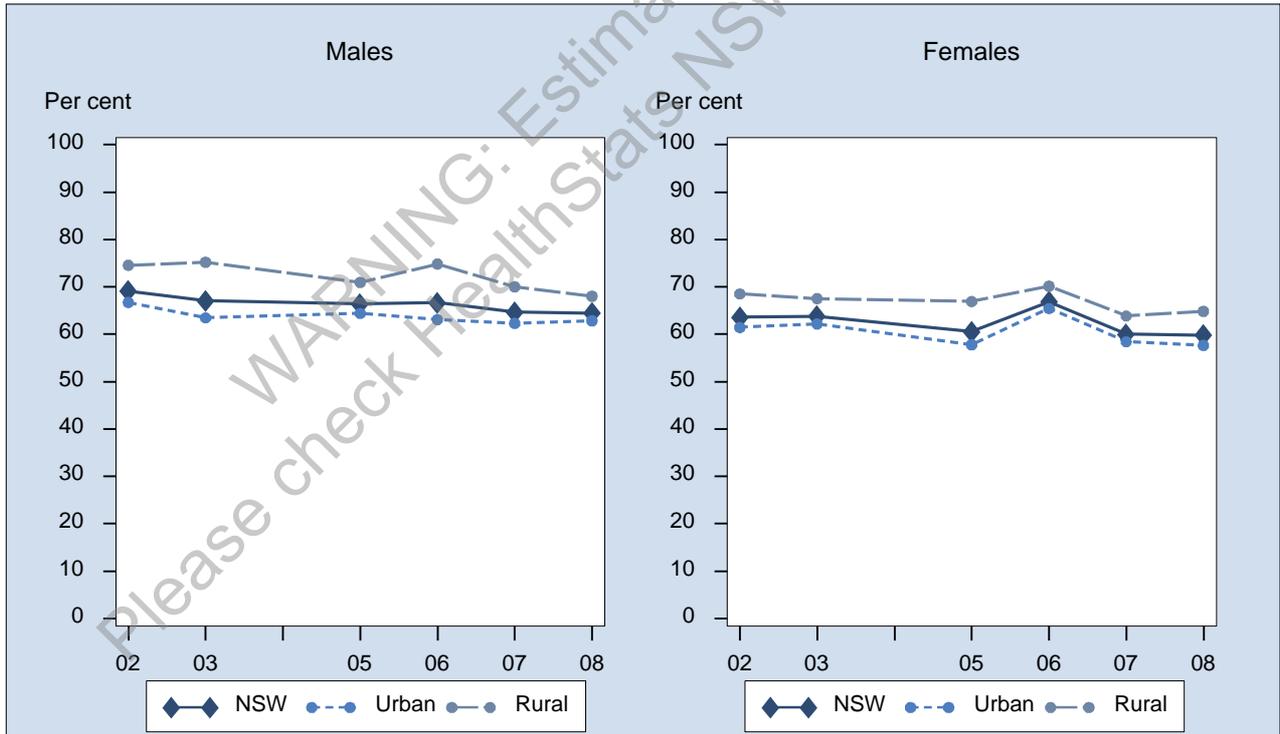
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Visit neighbours by area health service, adults aged 16 years and over, NSW, 2008



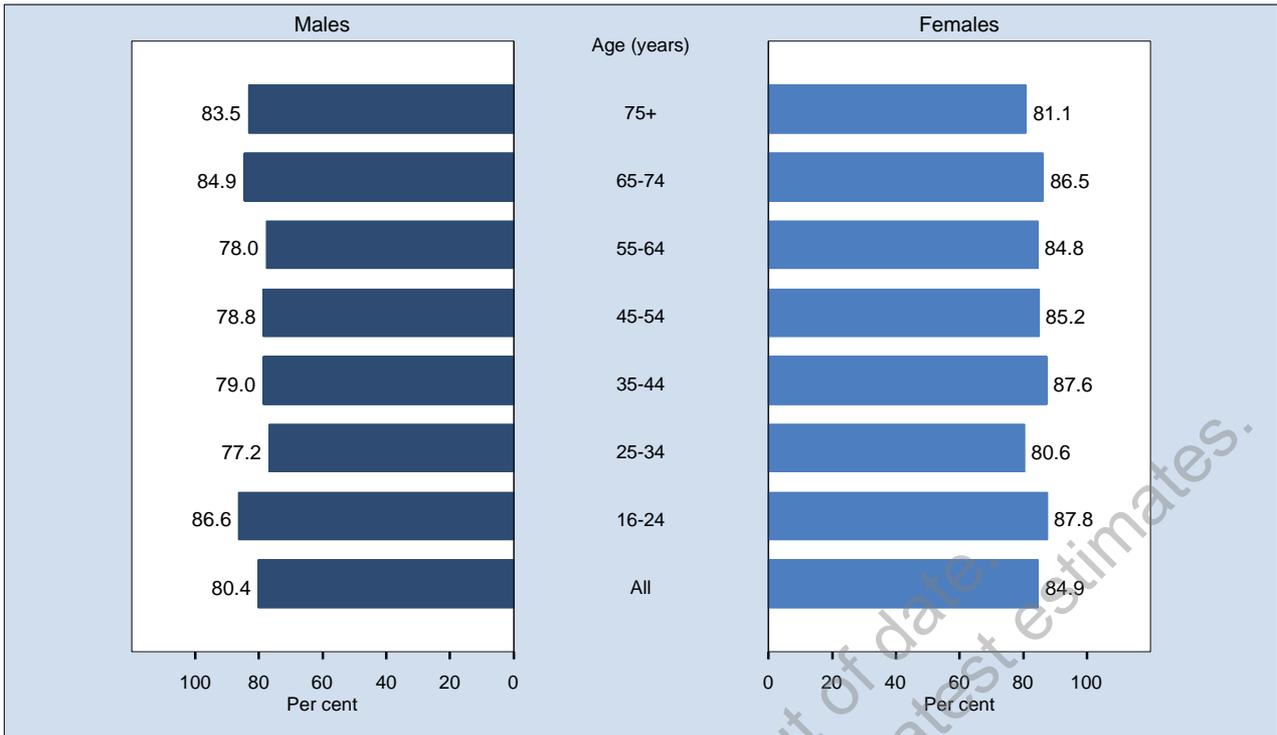
Note: Estimates are based on 8,527 respondents in NSW. For this indicator 65 (0.76%) were not stated (Don't know or Refused) in NSW. The indicator includes those who visited someone in their neighbourhood at least once in the last week. The question used was: How often have you visited someone in your neighbourhood in the last week?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Visit neighbours by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,602), 2003 (12,986), 2005 (11,476), 2006 (7,952), 2007 (7,380), 2008 (8,527). The indicator includes those who visited someone in their neighbourhood at least once in the last week. The question used was: How often have you visited someone in your neighbourhood in the last week?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

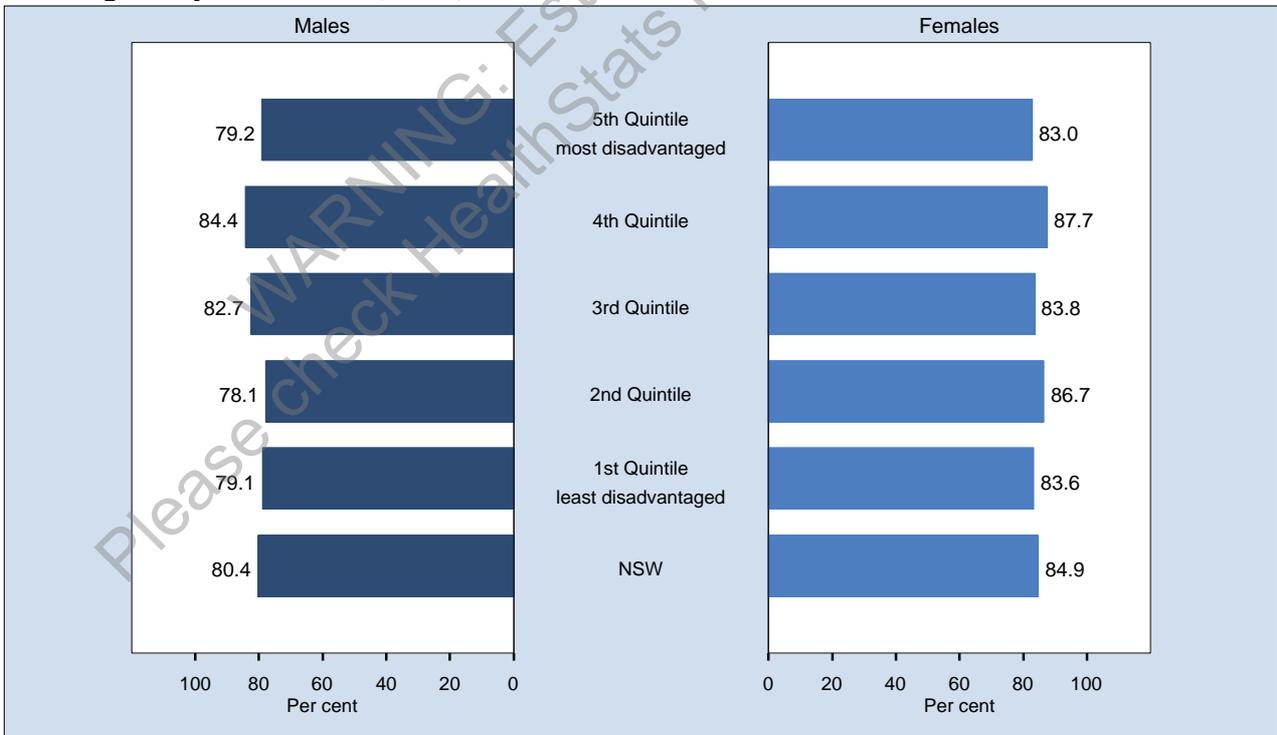
Run into friends and acquaintances when shopping in local area by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,528 respondents in NSW. For this indicator 64 (0.74%) were not stated (Don't know or Refused) in NSW. The indicator includes those who run into friends and acquaintances when shopping in their local area at least some of the time. The question used was: When you go shopping in your local area how often are you likely to run into friends and acquaintances?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

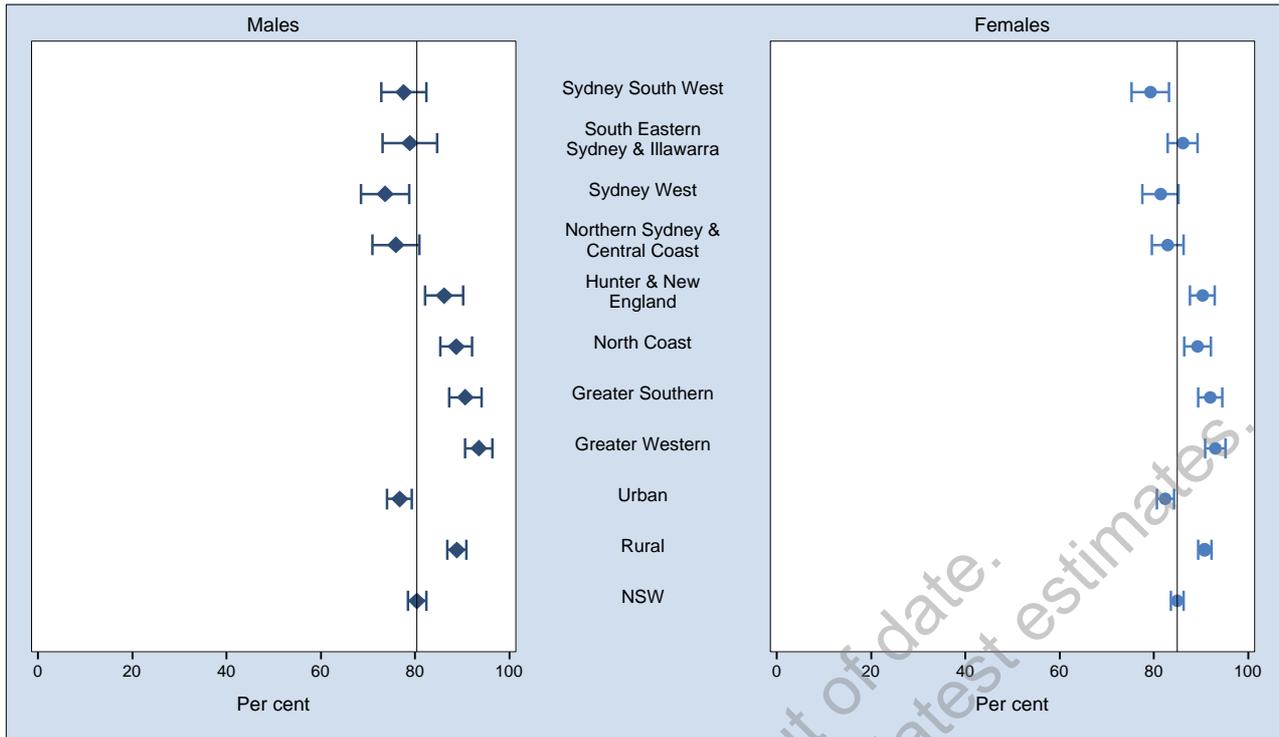
Run into friends and acquaintances when shopping in local area by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,528 respondents in NSW. For this indicator 64 (0.74%) were not stated (Don't know or Refused) in NSW. The indicator includes those who run into friends and acquaintances when shopping in their local area at least some of the time. The question used was: When you go shopping in your local area how often are you likely to run into friends and acquaintances?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

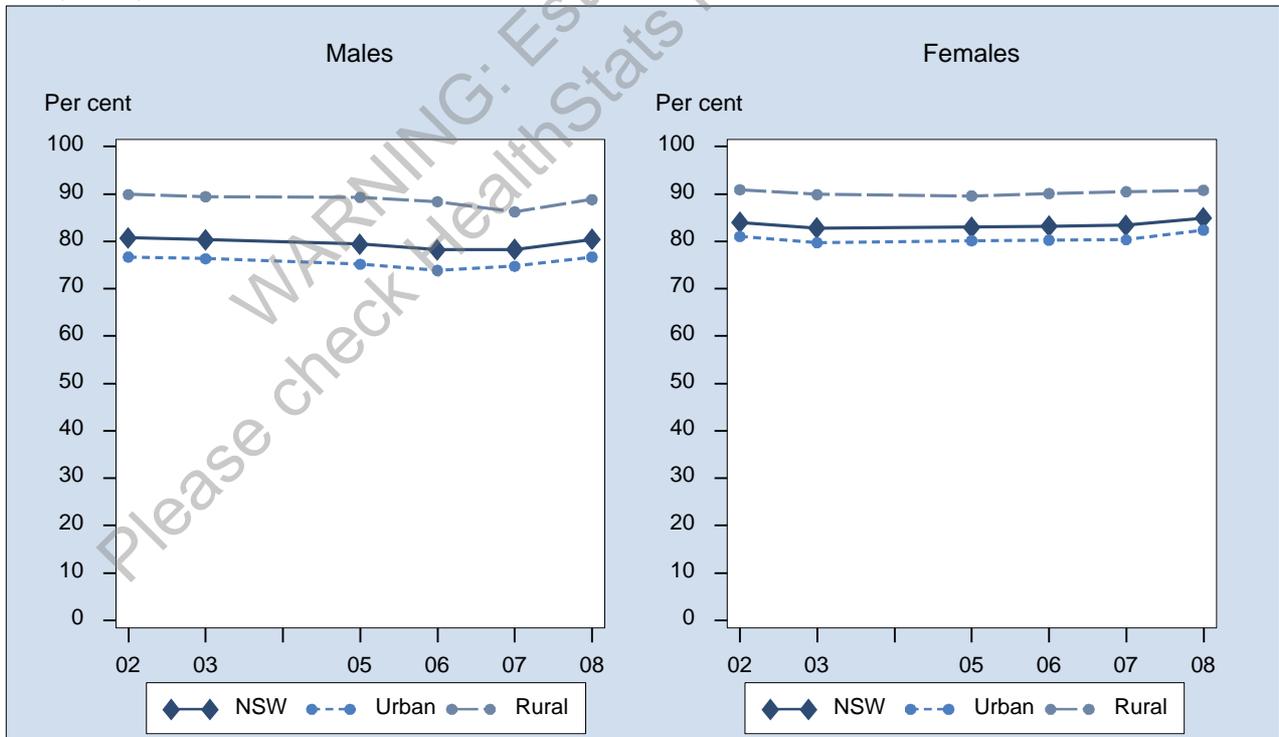
Run into friends and acquaintances when shopping in local area by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,528 respondents in NSW. For this indicator 64 (0.74%) were not stated (Don't know or Refused) in NSW. The indicator includes those who run into friends and acquaintances when shopping in their local area at least some of the time. The question used was: When you go shopping in your local area how often are you likely to run into friends and acquaintances?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

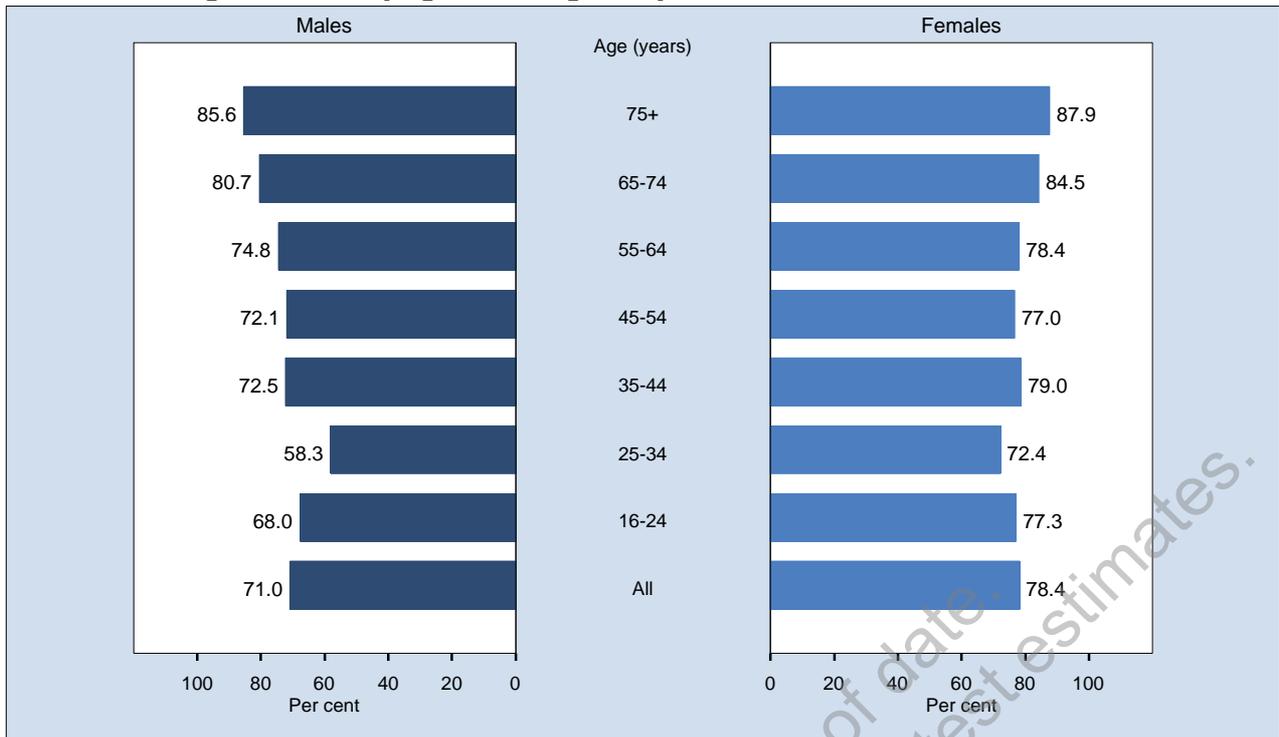
Run into friends and acquaintances when shopping in local area by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,556), 2003 (12,944), 2005 (11,447), 2006 (7,935), 2007 (7,365), 2008 (8,528). The indicator includes those who run into friends and acquaintances when shopping in their local area at least some of the time. The question used was: When you go shopping in your local area how often are you likely to run into friends and acquaintances?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

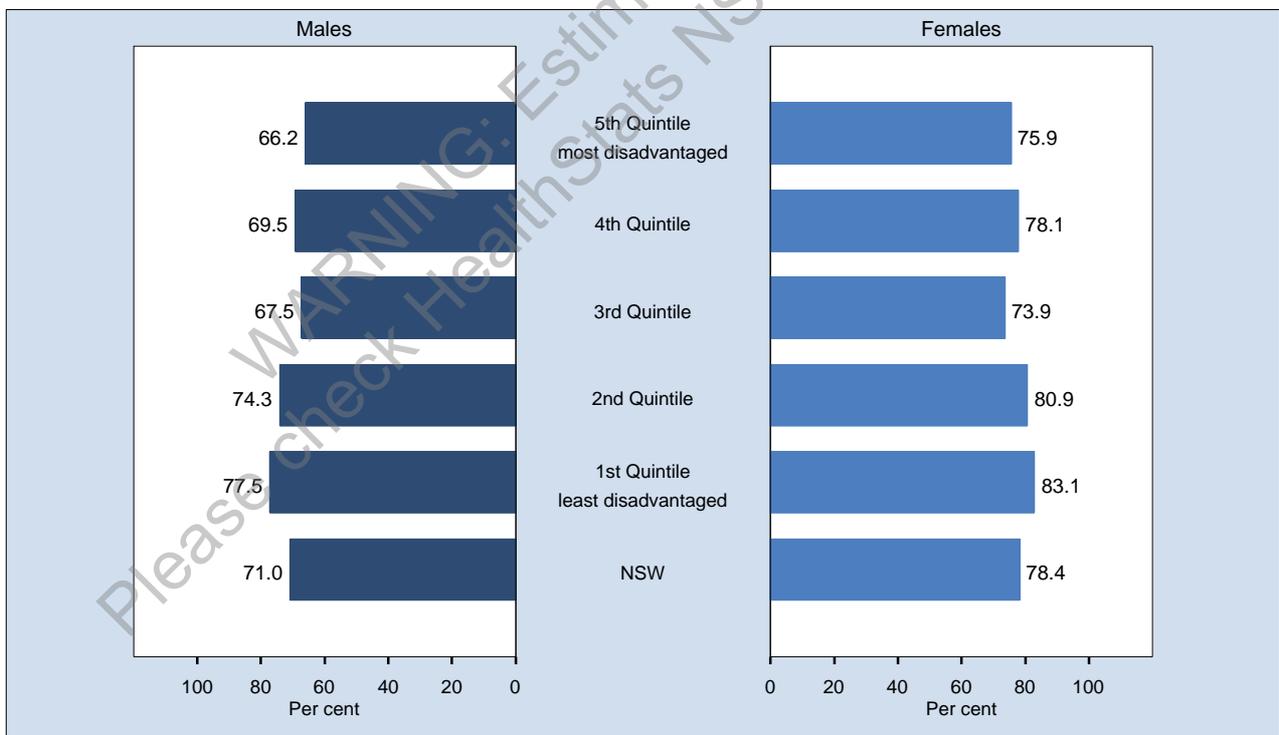
Sad to leave neighbourhood by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,323 respondents in NSW. For this indicator 269 (3.13%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be sad if they had to leave their neighbourhood. The question used was: Would you be sad if you had to leave this neighbourhood?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

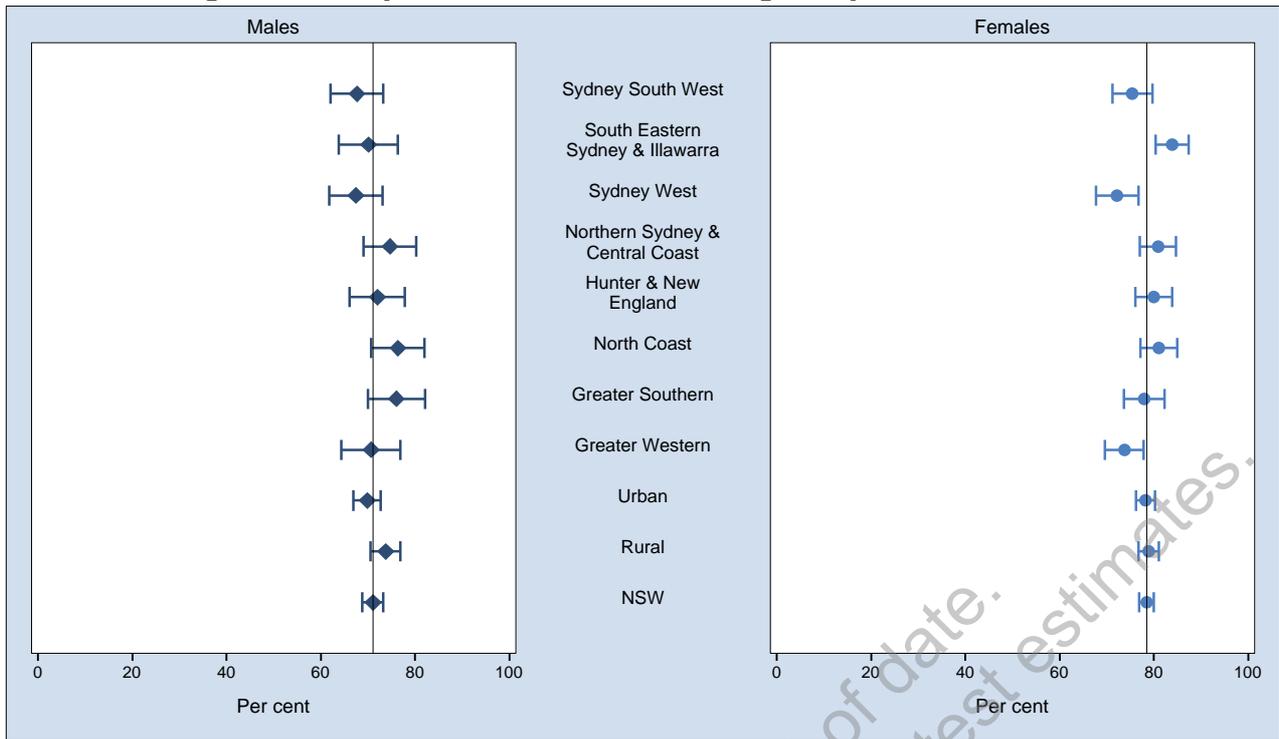
Sad to leave neighbourhood by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,323 respondents in NSW. For this indicator 269 (3.13%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be sad if they had to leave their neighbourhood. The question used was: Would you be sad if you had to leave this neighbourhood?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

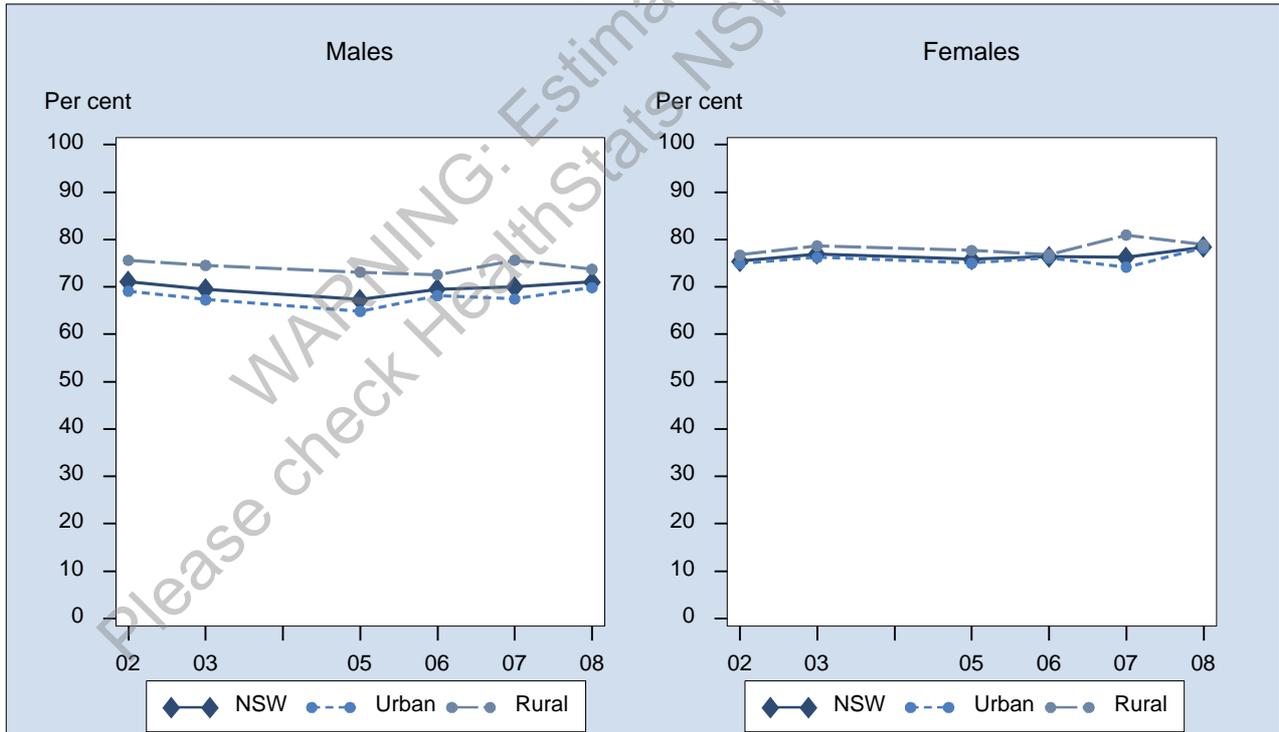
Sad to leave neighbourhood by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,323 respondents in NSW. For this indicator 269 (3.13%) were not stated (Don't know or Refused) in NSW. The indicator includes those who would be sad if they had to leave their neighbourhood. The question used was: Would you be sad if you had to leave this neighbourhood?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

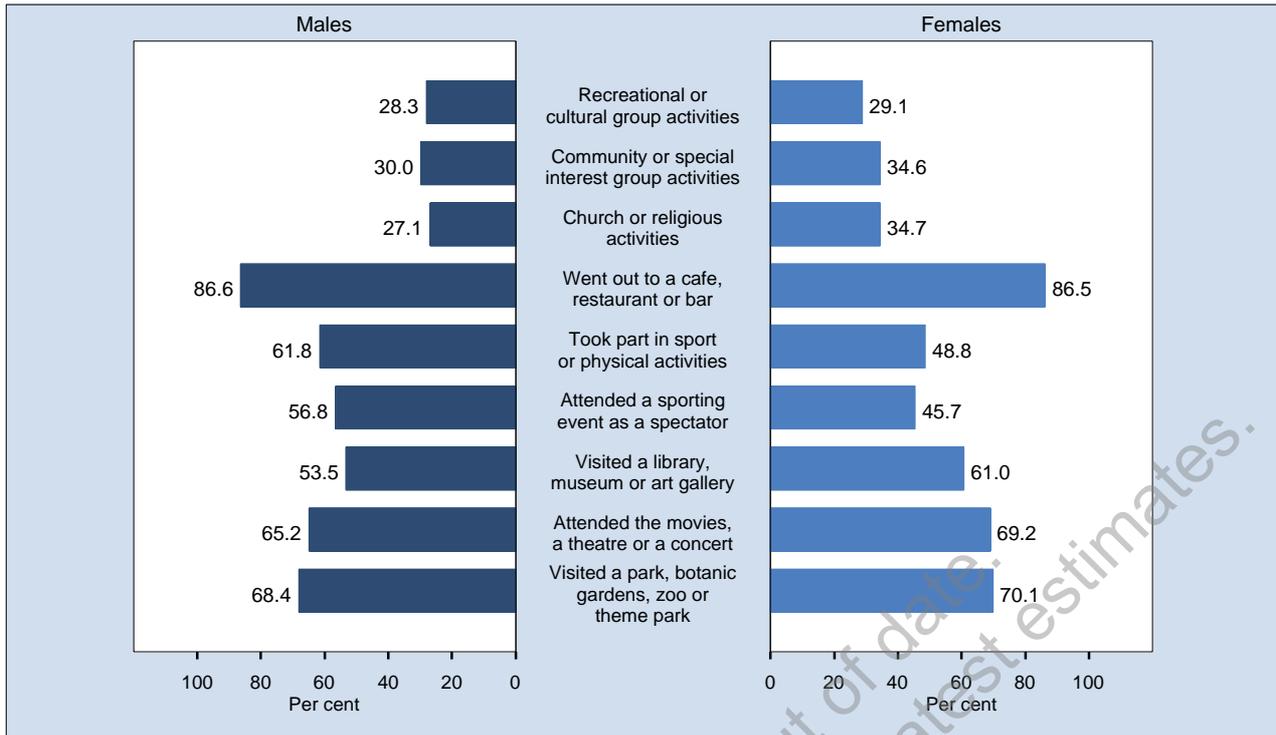
Sad to leave neighbourhood by year, adults aged 16 years and over, NSW, 2002-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2002 (12,249), 2003 (12,642), 2005 (11,178), 2006 (7,735), 2007 (7,176), 2008 (8,323). The indicator includes those who would be sad if they had to leave their neighbourhood. The question used was: Would you be sad if you had to leave this neighbourhood?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

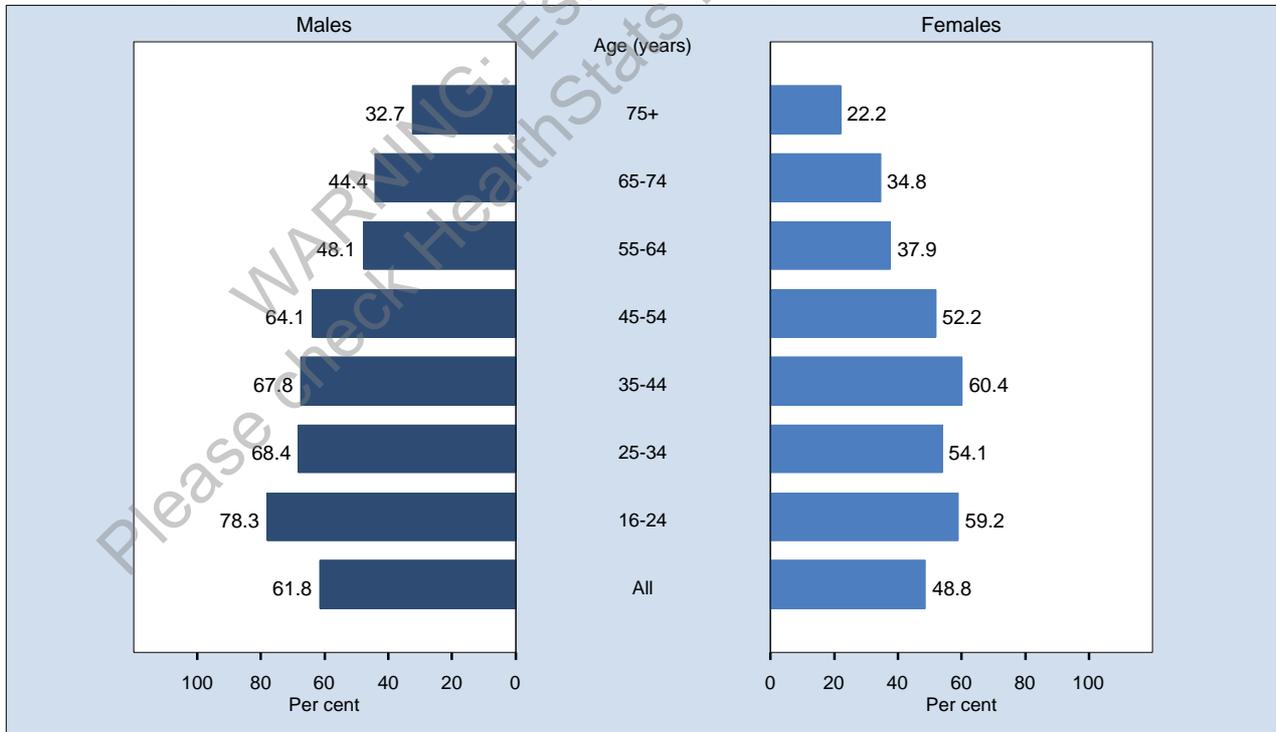
Participated in group cultural, sporting or artistic activity in the last 12 months, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 58 (0.68%) were not stated (Don't know or Refused) in NSW. The questions used were: In the last 12 months, have you participated in any of the following activities: Recreational group or cultural group activities; community or special interest group activities; church or religious activities; went out to a cafe, restaurant or bar; took part in sport or physical activities; attended a sporting event as a spectator; visited a library, museum or art gallery; attended the movies, a theatre or a concert; visited a park, botanic gardens, zoo or theme park? Respondents could mention more than 1 response. Percentages may total more than 100%.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

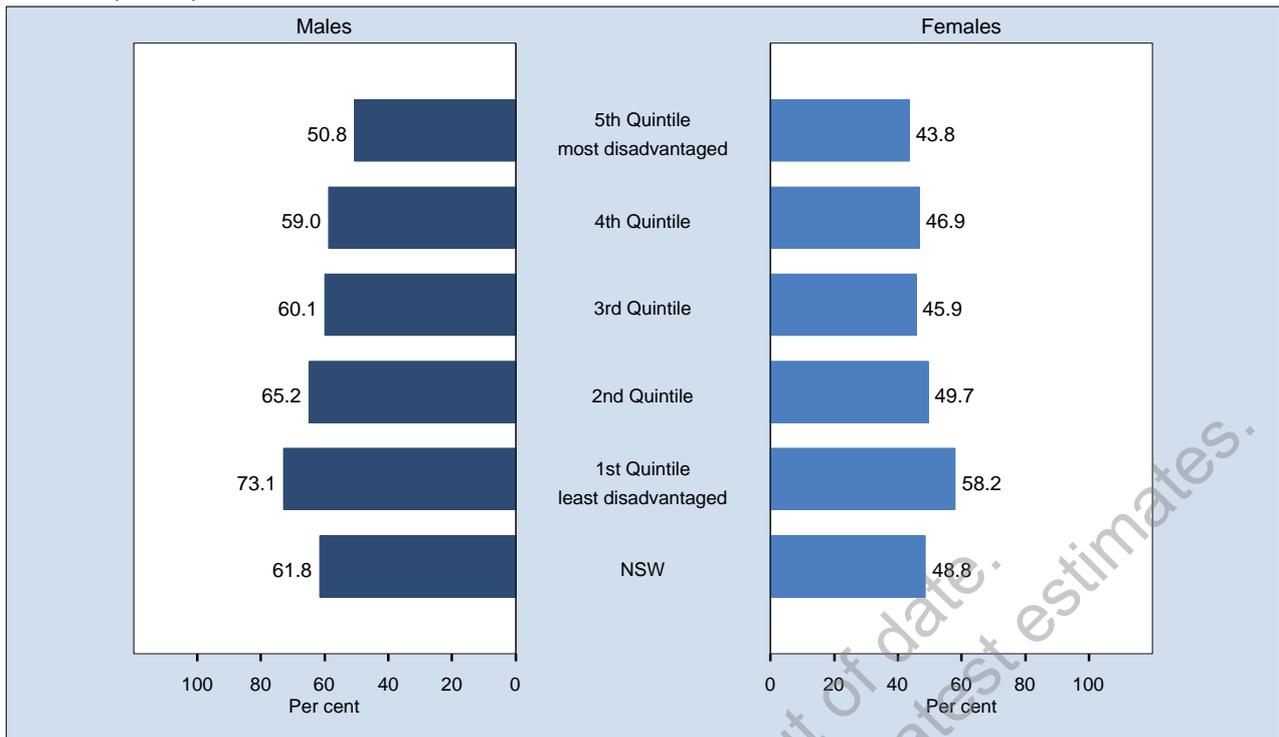
Took part in group sport or physical activity by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 58 (0.68%) were not stated (Don't know or Refused) in NSW. The indicator includes those who took part in sport or physical activities in the last 12 months. The question used to define the indicator was: In the last 12 months, have you taken part in sport or physical activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

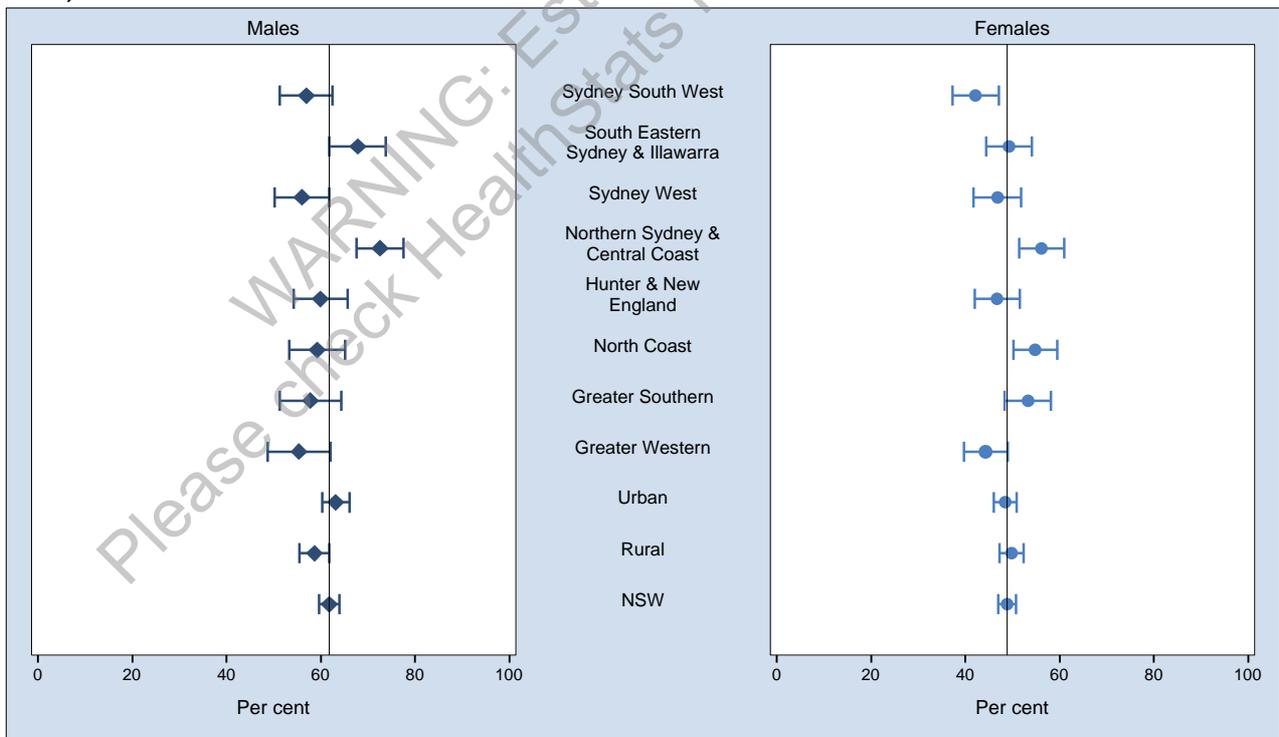
Took part in group sport or physical activity by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 58 (0.68%) were not stated (Don't know or Refused) in NSW. The indicator includes those who took part in sport or physical activities in the last 12 months. The question used to define the indicator was: In the last 12 months, have you taken part in sport or physical activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

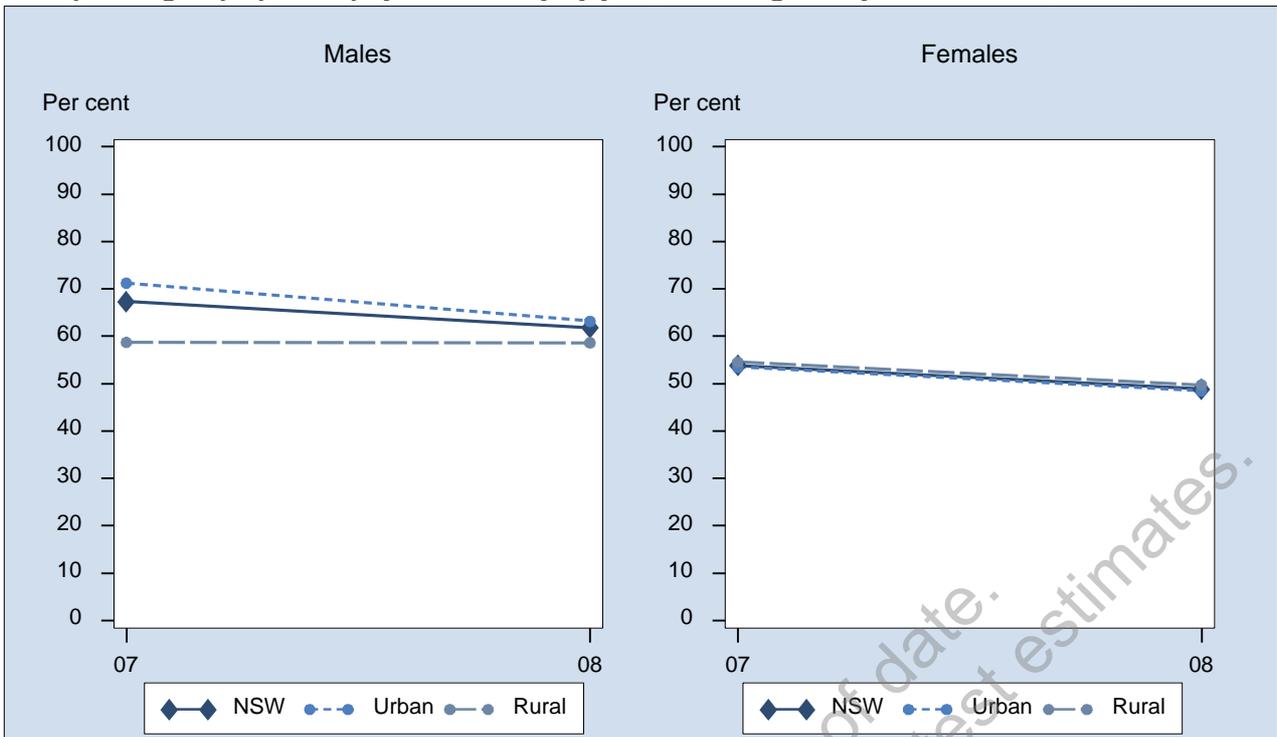
Took part in group sport or physical activity by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 58 (0.68%) were not stated (Don't know or Refused) in NSW. The indicator includes those who took part in sport or physical activities in the last 12 months. The question used to define the indicator was: In the last 12 months, have you taken part in sport or physical activities?

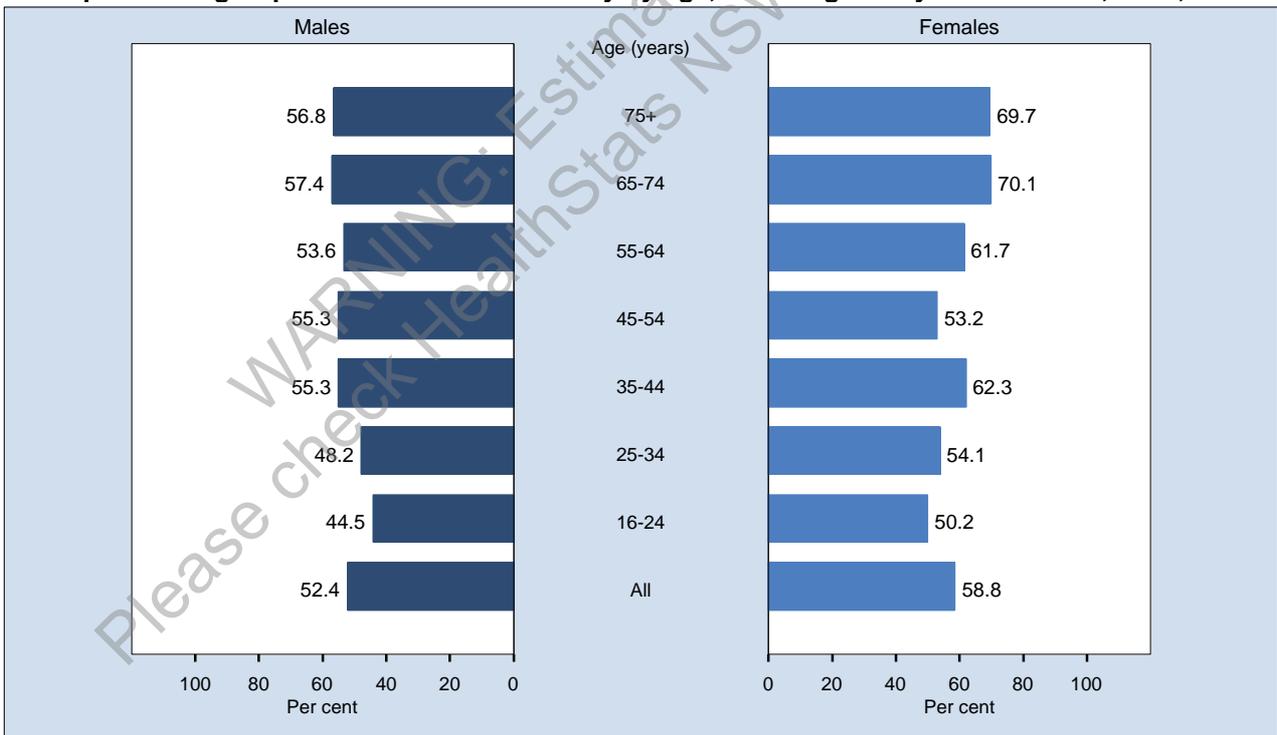
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Took part in group sport or physical activity by year, adults aged 16 years and over, NSW, 2007-2008



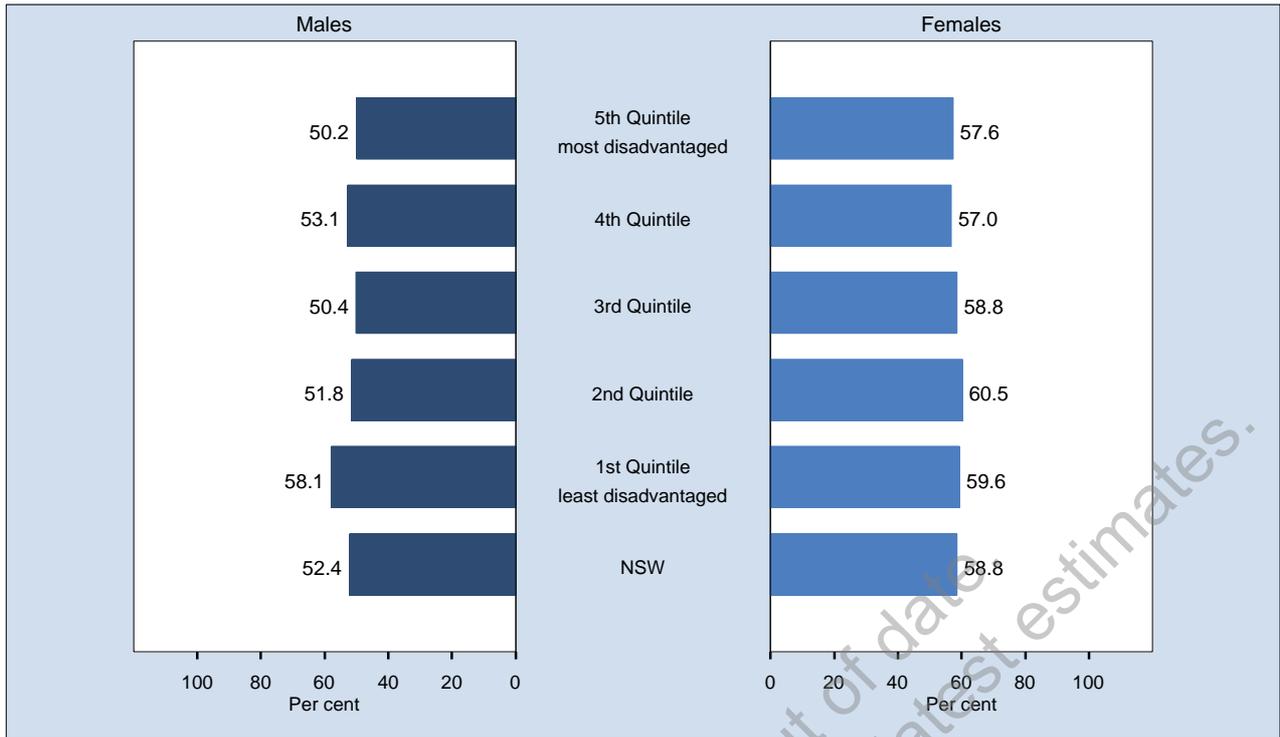
Note: Estimates are based on the following numbers of respondents for NSW: 2007 (5,100), 2008 (8,534). The indicator includes those who took part in sport or physical activities in the last 12 months. The question used to define the indicator was: In the last 12 months, have you taken part in sport or physical activities?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Participated in a group cultural or artistic activity by age, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 58 (0.68%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have participated in a group cultural or artistic activity in the last 12 months. The questions used to define the indicator were: In the last 12 months, have you participated in any of the following activities: Recreational group or cultural group activities; community or special interest group activities; church or religious activities?
Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

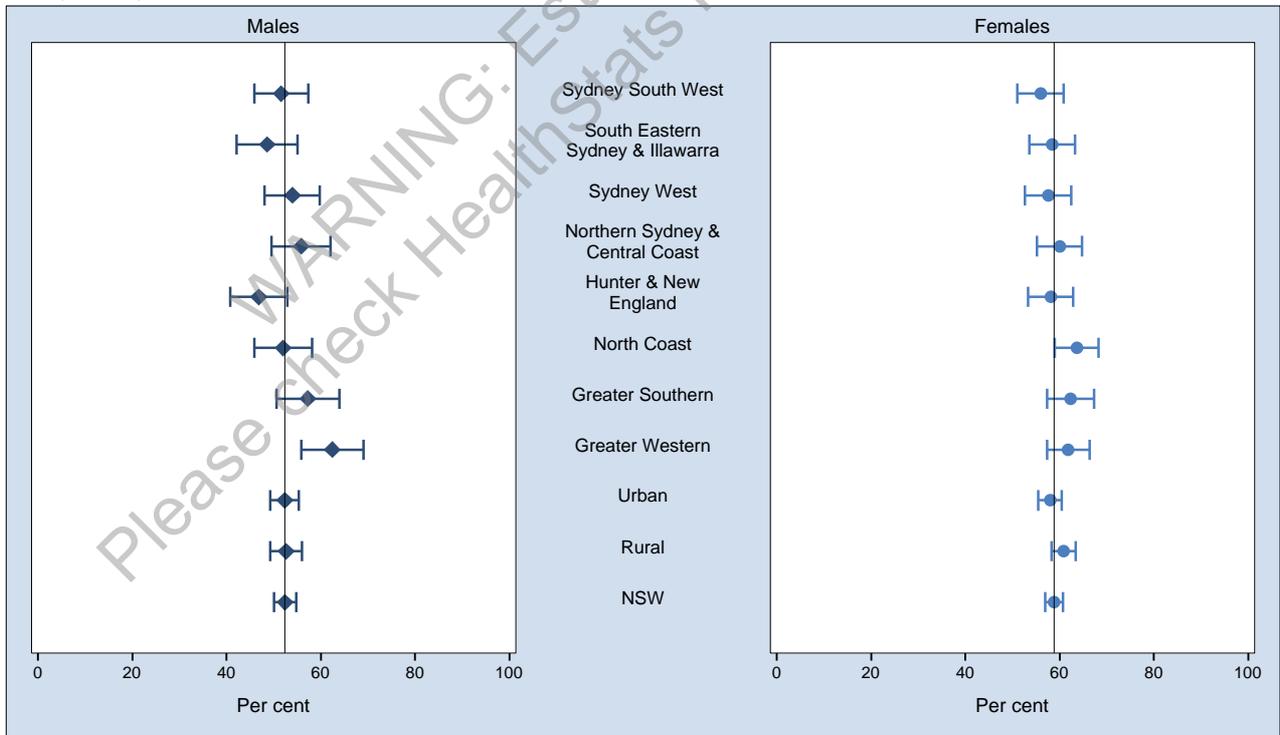
Participated in a group cultural or artistic activity by socioeconomic disadvantage, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 58 (0.68%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have participated in a group cultural or artistic activity in the last 12 months. The questions used to define the indicator were: In the last 12 months, have you participated in any of the following activities: Recreational group or cultural group activities; community or special interest group activities; church or religious activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

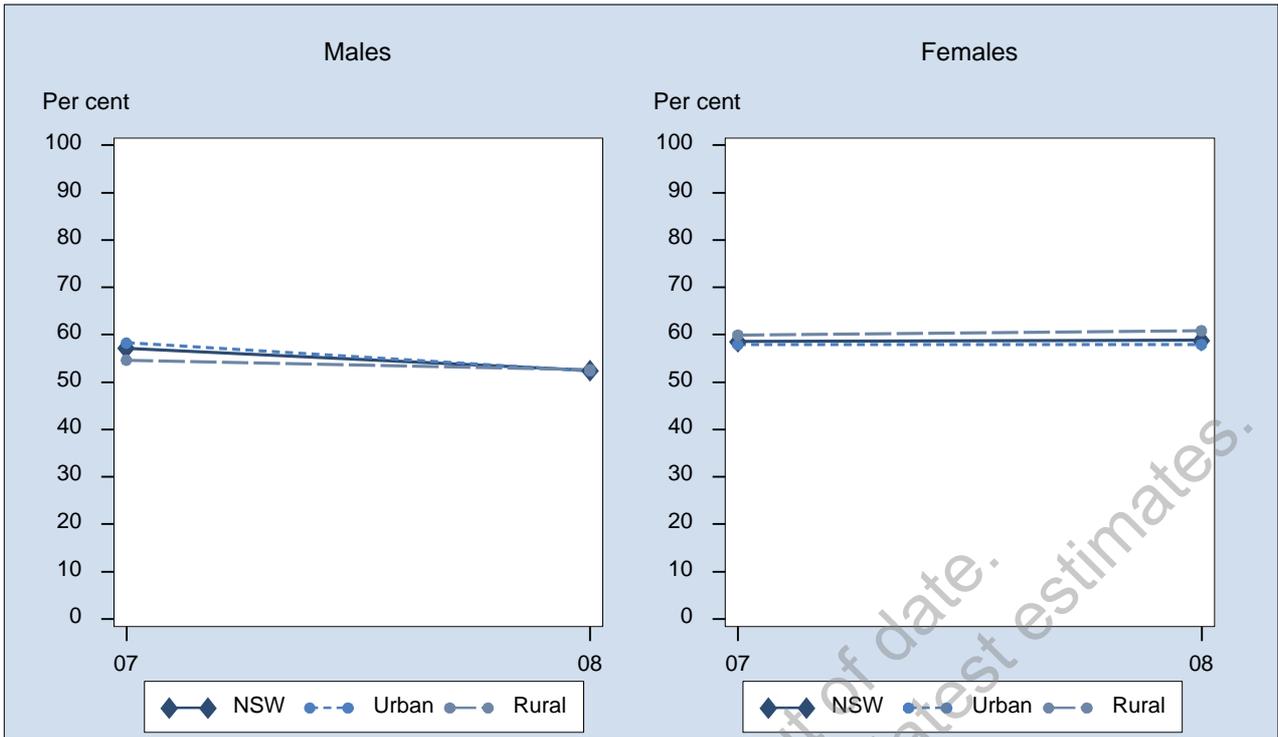
Participated in a group cultural or artistic activity by area health service, adults aged 16 years and over, NSW, 2008



Note: Estimates are based on 8,534 respondents in NSW. For this indicator 58 (0.68%) were not stated (Don't know or Refused) in NSW. The indicator includes those who have participated in a group cultural or artistic activity in the last 12 months. The questions used to define the indicator were: In the last 12 months, have you participated in any of the following activities: Recreational group or cultural group activities; community or special interest group activities; church or religious activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Participated in a group cultural or artistic activity by year, adults aged 16 years and over, NSW, 2007-2008



Note: Estimates are based on the following numbers of respondents for NSW: 2007 (5,100), 2008 (8,534). The indicator includes those who have participated in a group cultural or artistic activity in the last 12 months. The questions used to define the indicator were: In the last 12 months, have you participated in any of the following activities: Recreational group or cultural group activities; community or special interest group activities; church or religious activities?

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

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 2008, data were collected on demographics, health behaviours, health status, health service use and access, and social capital. Where possible, indicators have been aligned with those collected previously, so that trends can be examined.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Trends in adult health

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.

Since the first year of data collection, there have been significant increases in: vaccination against influenza, vaccination against pneumococcal disease, homes with a smoke alarm or detector, awareness of the NSW Fire Brigades SABRE Program, recommended fruit consumption, knowledge of recommended fruit consumption, recommended vegetable consumption, knowledge of recommended vegetable consumption, consumption of 3 or more serves of vegetables a day, usual consumption of low or reduced fat or skim milk, consumption of less than 2 cups or less of soft drinks or cordials or sports drinks a week, adequate physical activity, intention to quit smoking, smoke-free homes, smoke-free cars, and more likely to frequent hotels or licensed bars if smoking banned.

Since the first year of data collection, there have been significant decreases in: risk drinking behaviour, high risk drinking behaviour, cervical cancer screening, hysterectomy, consumption of bread once a day or more, current smoking, daily smoking, and less likely to frequent hotels or licensed bars if smoking banned.

Since the first year of data collection, there have been no significant changes in: current cannabis smoking, breast cancer screening, use of public water supply as usual source of drinking water, homes with an escape plan practiced in the last 12 months, consumption of rice or pasta or noodles or other cooked cereals once a day or more, consumption of breakfast cereals 2 times a week or more, consumption of red meat less than 3 times a week, rarely or never consumes hot fried potatoes, rarely or never consumes potato crisps or salty snacks, consumption of processed meat products less than 3 times a week, rarely or never consumes takeaway foods, and doctor advised to quit smoking.

Since 2007, there have been significant increases in: recommended fruit consumption, consumption of 3 or more serves of vegetables a day, and usual consumption of low or reduced fat or skim milk.

Since 2007, there have been significant decreases in: consumption of rice or pasta or noodles or other cooked cereals once a day or more, and doctor advised to quit smoking.

In 2008, 1 new indicator was reported for health behaviours: support for regulation to not allow cigarettes to be displayed at the point of sale.

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.

Since the first year of data collection, there have been significant increases in: ever diagnosed with asthma, written asthma management plan, blood pressure measured by a medical practitioner or nurse in the last 2 years, ever had doctor diagnosed high blood pressure, cholesterol measured in the last 2 years, ever had doctor diagnosed high cholesterol, diabetes or high blood glucose, visited a dental professional in the last 12 months, overweight, obese, and overweight or obese.

Since the first year of data collection, there have been significant decreases in: positive self-rated health, and all natural teeth missing.

Since the first year of data collection, there have been no significant changes in: degree of difficulty doing work or activities, moderate or severe bodily pain, current asthma, current smoking in adults with current asthma, high or very high psychological distress, and agree with adding fluoride to the public water supply.

Since 2007, there have been significant increases in: visited a dental professional in the last 12 months.

Since 2007, there have been significant decreases in: high or very high psychological distress.

Health service use and access

Information about the use of and access to 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.

Since the first year of data collection, there have been significant increases in: private health insurance, difficulties getting health care, emergency department presentations, hospital admissions, public dental service attendance, and community health centre attendance.

Since the first year of data collection, there have been significant decreases in: visits to a general practice in the last 12 months.

Since the first year of data collection, there have been no significant changes in: positive rating of emergency department care, positive rating of hospital care, visits to a general practitioner in the last 2 weeks, positive rating of public dental service care, and positive rating of community health centre care.

Since 2007, there have been significant increases in: emergency department presentations, and visits to a general practice in the last 12 months.

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.

Since the first year of data collection, there have been significant increases in the proportion of adults who: said most people can be trusted, felt safe walking down their street after dark, and said their local area has a reputation for being a safe place.

Since the first year of data collection, there have been significant decreases in the proportion of adults who: visited neighbours in the last week, and took part in group sport or physical activities.

Since the first year of data collection, there have been no significant changes in: the proportion of adults who: ran into friends and acquaintances when shopping in their local area, would feel sad if they had to leave their neighbourhood, and who participated in group cultural or artistic activities.

Since 2007, there have been significant increases in the proportion of adults who: ran into friends and acquaintances when shopping in their local area.

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/publichealth/surveys/index.asp. 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.

Trends in health behaviours, NSW, 2008

Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)	
Risk alcohol drinking	1997	50.6 (49.1-52.0)	34.3 (33.1-35.6)	40.0 (38.8-41.3)	47.5 (46.2-48.9)	42.3 (41.3-43.3)	
	1998	50.4 (48.8-52.0)	36.3 (35.0-37.6)	41.7 (40.4-43.0)	46.6 (45.2-48.0)	43.2 (42.2-44.2)	
	2002	39.3 (37.3-41.2)	30.2 (28.6-31.8)	33.1 (31.4-34.7)	38.4 (36.6-40.2)	34.7 (33.4-35.9)	
	2003	41.2 (39.3-43.1)	30.2 (28.7-31.6)	33.7 (32.1-35.2)	40.0 (38.4-41.6)	35.6 (34.4-36.8)	
	2004	40.5 (38.1-42.8)	30.3 (28.5-32.1)	34.3 (32.4-36.3)	37.6 (35.7-39.5)	35.3 (33.8-36.8)	
	2005	37.2 (35.3-39.2)	27.3 (25.8-28.7)	30.3 (28.7-31.9)	36.4 (34.8-38.1)	32.1 (30.9-33.3)	
	2006	37.3 (35.0-39.6)	28.4 (26.7-30.2)	30.9 (29.1-32.8)	37.2 (35.2-39.3)	32.8 (31.4-34.2)	
	2007	37.2 (34.7-39.7)	27.0 (25.2-28.8)	29.6 (27.7-31.6)	37.0 (34.7-39.3)	31.9 (30.3-33.4)	
	2008	38.9 (36.6-41.3)	29.0 (27.2-30.7)	32.0 (30.1-33.8)	38.2 (36.1-40.3)	33.8 (32.4-35.3)	
High risk alcohol drinking	2002	16.8 (15.1-18.5)	12.1 (10.7-13.6)	14.5 (13.0-16.0)	15.0 (13.5-16.6)	14.7 (13.5-15.8)	
	2003	17.7 (16.1-19.4)	10.8 (9.6-12.0)	14.3 (12.9-15.7)	15.0 (13.6-16.5)	14.5 (13.5-15.6)	
	2004	15.6 (13.7-17.5)	10.9 (9.3-12.4)	12.3 (10.6-13.9)	16.1 (14.3-17.9)	13.5 (12.2-14.7)	
	2005	13.2 (11.7-14.7)	7.1 (6.2-8.0)	9.6 (8.5-10.7)	11.3 (10.1-12.6)	10.1 (9.2-10.9)	
	2006	12.3 (10.7-13.9)	6.4 (5.4-7.5)	8.7 (7.5-9.9)	10.8 (9.4-12.2)	9.4 (8.4-10.3)	
	2007	11.3 (9.6-13.0)	6.7 (5.6-7.7)	8.1 (6.9-9.3)	10.7 (9.1-12.4)	8.9 (7.9-9.9)	
	2008	13.4 (11.6-15.1)	6.7 (5.7-7.7)	9.4 (8.2-10.7)	11.2 (9.6-12.8)	10.0 (9.0-11.0)	
	Current cannabis smoking (16 to 34 years)	2007	6.7 (3.4-10.1)	4.0 (1.7-6.2)	3.6 (1.6-5.7)	8.8 (4.4-13.1)	5.3 (3.3-7.3)
		2008	6.4 (4.0-8.7)	2.6 (1.5-3.7)	4.4 (2.8-6.0)	4.9 (2.7-7.1)	4.5 (3.2-5.8)
Screening mammogram within the last 2 years (50 to 69 years)	1997		73.3 (70.9-75.7)	73.3 (70.2-76.6)	73.3 (70.2-76.3)	73.3 (70.9-75.7)	
	1998		76.4 (74.1-78.7)	75.0 (71.9-78.2)	79.2 (76.6-81.8)	76.4 (74.1-78.7)	
	2002		75.2 (72.6-77.8)	74.5 (70.9-78.1)	76.4 (73.4-79.4)	75.2 (72.6-77.8)	
	2004		74.4 (71.4-77.4)	73.0 (68.8-77.1)	77.2 (73.9-80.6)	74.4 (71.4-77.4)	
	2006		76.2 (73.4-79.0)	75.3 (71.5-79.1)	78.0 (74.4-81.6)	76.2 (73.4-79.0)	
	2008		76.2 (73.7-78.8)	76.2 (72.8-79.7)	76.2 (73.0-79.5)	76.2 (73.7-78.8)	
Pap test within the last 2 years (20 to 69 years)	1998		77.3 (75.9-78.7)	75.9 (74.1-77.8)	80.9 (79.3-82.5)	77.3 (75.9-78.7)	
	2002		74.7 (72.9-76.4)	73.1 (70.8-75.4)	78.7 (76.5-80.9)	74.7 (72.9-76.4)	
	2004		72.8 (70.6-75.0)	72.0 (69.1-74.8)	75.0 (72.2-77.7)	72.8 (70.6-75.0)	
	2006		72.8 (70.6-74.9)	70.8 (68.0-73.6)	77.8 (75.0-80.7)	72.8 (70.6-74.9)	
	2008		73.9 (71.7-76.0)	72.4 (69.7-75.2)	77.5 (74.8-80.2)	73.9 (71.7-76.0)	
Hysterectomy (20 to 69 years)	1997		13.3 (12.4-14.2)	11.6 (10.5-12.7)	17.2 (15.8-18.6)	13.3 (12.4-14.2)	
	1998		13.1 (12.2-14.0)	11.3 (10.2-12.4)	17.4 (16.0-18.8)	13.1 (12.2-14.0)	
	2002		12.2 (11.2-13.2)	10.7 (9.5-11.9)	15.8 (14.2-17.3)	12.2 (11.2-13.2)	
	2004		11.9 (10.7-13.1)	10.1 (8.6-11.5)	16.3 (14.4-18.1)	11.9 (10.7-13.1)	
	2006		12.6 (11.4-13.7)	10.7 (9.2-12.2)	17.0 (15.1-18.9)	12.6 (11.4-13.7)	
	2008		11.9 (10.8-13.0)	10.2 (8.8-11.5)	16.0 (14.2-17.8)	11.9 (10.8-13.0)	
Use public water as usual source of water	2002			86.3 (84.3-88.3)	68.7 (66.1-71.3)	80.9 (79.3-82.5)	
	2003			86.6 (85.5-87.7)	68.7 (67.2-70.1)	81.2 (80.3-82.1)	
	2005			84.2 (83.0-85.5)	66.1 (64.6-67.7)	78.8 (77.8-79.8)	
	2006			87.6 (86.3-88.9)	67.9 (66.0-69.8)	81.7 (80.6-82.8)	
	2007			89.6 (88.3-90.9)	70.5 (68.5-72.5)	83.8 (82.7-84.9)	
	2008			88.7 (87.5-90.0)	69.1 (67.2-71.0)	82.7 (81.7-83.8)	
Vaccinated against influenza in the last 12 months (50 years and over)	1997	32.1 (30.0-34.3)	36.8 (34.9-38.8)	34.0 (32.0-35.9)	35.8 (33.9-37.8)	34.6 (33.2-36.0)	
	1998	36.8 (34.5-39.0)	43.6 (41.6-45.6)	39.0 (37.0-41.1)	42.9 (40.9-44.8)	40.3 (38.9-41.8)	
	2002	43.4 (41.0-45.9)	49.8 (47.6-51.9)	45.9 (43.6-48.1)	48.3 (46.2-50.4)	46.7 (45.1-48.3)	
	2003	46.2 (43.7-48.8)	53.1 (51.0-55.3)	50.2 (47.9-52.5)	49.0 (47.1-51.0)	49.8 (48.2-51.5)	
	2004	46.0 (43.0-49.0)	51.8 (49.4-54.2)	48.1 (45.5-50.8)	50.6 (48.2-53.1)	49.0 (47.1-50.9)	
	2005	46.6 (44.2-49.1)	50.6 (48.6-52.5)	48.8 (46.6-50.9)	48.5 (46.7-50.4)	48.7 (47.1-50.2)	
	2006	44.2 (41.5-46.9)	51.5 (49.2-53.7)	47.7 (45.3-50.2)	48.4 (46.1-50.7)	48.0 (46.2-49.7)	
	2007	41.9 (39.1-44.8)	49.1 (46.9-51.4)	44.7 (42.3-47.2)	47.5 (45.1-49.8)	45.7 (43.9-47.4)	
	2008	43.0 (40.5-45.5)	50.1 (48.0-52.1)	45.5 (43.3-47.7)	48.8 (46.6-51.0)	46.7 (45.0-48.3)	
Vaccinated against influenza in the last 12 months (65 years and over)	1997	55.7 (52.3-59.2)	58.1 (55.3-61.0)	57.6 (54.6-60.6)	56.1 (53.2-59.0)	57.1 (54.9-59.3)	
	1998	61.9 (58.4-65.3)	64.5 (61.9-67.2)	62.4 (59.5-65.3)	65.0 (62.3-67.7)	63.3 (61.2-65.5)	
	2002	74.6 (71.6-77.6)	75.8 (73.3-78.2)	76.1 (73.5-78.8)	73.6 (71.1-76.2)	75.2 (73.3-77.1)	
	2003	76.0 (73.0-79.0)	75.9 (73.5-78.3)	76.7 (74.0-79.3)	74.7 (72.4-77.1)	76.0 (74.1-77.9)	
	2004	76.1 (72.6-79.5)	75.5 (72.7-78.4)	75.9 (72.9-79.0)	75.5 (72.5-78.5)	75.8 (73.6-78.0)	
	2005	75.3 (72.6-78.1)	74.5 (72.2-76.8)	75.2 (72.8-77.6)	74.4 (72.0-76.7)	74.9 (73.1-76.7)	
	2006	73.8 (70.5-77.1)	75.9 (73.3-78.4)	75.4 (72.6-78.2)	74.2 (71.5-76.9)	75.0 (72.9-77.0)	
	2007	71.1 (67.6-74.7)	74.2 (71.5-76.9)	72.2 (69.2-75.2)	73.9 (71.1-76.6)	72.8 (70.6-75.0)	
	2008	69.7 (66.5-73.0)	73.1 (70.6-75.5)	71.4 (68.6-74.1)	72.0 (69.4-74.6)	71.6 (69.6-73.6)	
Vaccinated against pneumococcal disease in the last 5 years (50 years and over)	2002	17.4 (15.6-19.2)	20.9 (19.3-22.6)	19.2 (17.6-20.8)	19.3 (17.7-20.9)	19.2 (18.0-20.5)	
	2003	21.5 (19.5-23.5)	26.0 (24.2-27.8)	23.5 (21.7-25.3)	24.6 (22.9-26.2)	23.9 (22.5-25.2)	
	2004	20.2 (18.0-22.5)	27.3 (25.2-29.4)	22.8 (20.7-24.9)	26.1 (23.8-28.3)	23.9 (22.4-25.5)	
	2005	24.5 (22.5-26.4)	30.7 (29.0-32.5)	26.8 (25.0-28.6)	29.6 (27.9-31.3)	27.7 (26.4-29.0)	
	2006	30.2 (27.7-32.6)	33.9 (31.8-36.0)	30.9 (28.7-33.1)	34.4 (32.2-36.5)	32.1 (30.5-33.7)	
	2007	27.2 (24.7-29.6)	33.7 (31.6-35.8)	28.4 (26.3-30.5)	34.7 (32.5-37.0)	30.6 (29.0-32.2)	
	2008	28.6 (26.3-30.9)	33.9 (31.9-35.8)	29.4 (27.4-31.4)	35.1 (32.9-37.2)	31.4 (29.9-32.9)	
	2002	36.0 (32.6-39.4)	40.9 (38.0-43.7)	39.5 (36.5-42.6)	37.1 (34.2-40.0)	38.6 (36.4-40.8)	
Vaccinated against pneumococcal disease in the last 5 years (65 years and over)	2003	45.3 (41.8-48.8)	48.6 (45.8-51.5)	47.4 (44.3-50.6)	46.6 (43.8-49.4)	47.1 (44.9-49.4)	
	2004	43.4 (39.2-47.5)	50.3 (46.9-53.6)	46.8 (43.2-50.4)	47.9 (44.3-51.5)	47.2 (44.6-49.8)	
	2005	51.0 (47.8-54.3)	56.5 (53.9-59.1)	53.9 (51.1-56.7)	54.3 (51.7-57.0)	54.1 (52.0-56.1)	
	2006	60.0 (56.3-63.8)	61.6 (58.6-64.6)	59.6 (56.3-62.9)	63.0 (60.0-66.0)	60.9 (58.5-63.2)	
	2007	56.7 (52.7-60.7)	61.1 (58.1-64.1)	56.1 (52.7-59.5)	64.5 (61.4-67.6)	59.1 (56.7-61.6)	

Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)	
Live in homes with a smoke alarm or detector	2008	55.1 (51.4-58.7)	61.8 (59.0-64.6)	56.0 (52.9-59.1)	63.4 (60.6-66.3)	58.8 (56.6-61.1)	
	1997			54.5 (53.3-55.8)	66.6 (65.4-67.8)	58.2 (57.3-59.2)	
	1998			61.4 (60.1-62.7)	69.8 (68.6-71.1)	64.0 (63.0-65.0)	
	2002			70.5 (69.0-72.0)	78.7 (77.3-80.0)	73.0 (71.9-74.1)	
	2003			71.1 (69.6-72.5)	76.7 (75.4-78.1)	72.8 (71.7-73.9)	
	2004			69.5 (67.7-71.4)	76.0 (74.4-77.7)	71.5 (70.1-72.9)	
	2005			74.8 (73.3-76.3)	81.6 (80.3-82.9)	76.9 (75.8-78.0)	
	2006			85.5 (84.1-86.9)	90.0 (88.8-91.2)	86.9 (85.8-87.9)	
	2007			92.7 (91.6-93.8)	93.4 (92.2-94.6)	92.9 (92.0-93.7)	
2008			92.8 (91.7-93.8)	95.6 (94.7-96.4)	93.6 (92.8-94.4)		
Aware of the NSW Fire Brigades SABRE Program (65 years and over)	2003	25.1 (22.3-28.0)	25.2 (22.8-27.6)	23.3 (20.8-25.9)	28.5 (26.1-30.9)	25.2 (23.3-27.0)	
	2006	42.7 (38.3-47.1)	46.3 (42.7-49.9)	40.7 (36.8-44.7)	50.7 (47.0-54.3)	44.6 (41.8-47.5)	
	2008	43.7 (40.2-47.1)	46.4 (43.5-49.3)	42.4 (39.4-45.4)	49.8 (46.8-52.8)	45.1 (42.9-47.3)	
Live in homes with an emergency escape plan practiced in the last 12 months	2006			4.1 (3.3-4.8)	7.8 (6.6-9.0)	5.2 (4.5-5.9)	
	2007			4.7 (3.8-5.6)	6.2 (5.0-7.3)	5.1 (4.4-5.9)	
	2008			3.6 (2.9-4.3)	6.6 (5.5-7.6)	4.5 (3.9-5.1)	
Recommended fruit consumption	1997	39.7 (38.3-41.1)	52.4 (51.1-53.7)	47.0 (45.7-48.3)	44.2 (42.8-45.5)	46.1 (45.2-47.1)	
	1998	39.5 (38.0-41.0)	50.9 (49.5-52.2)	45.3 (44.0-46.6)	45.3 (43.9-46.6)	45.3 (44.3-46.3)	
	2002	41.4 (39.4-43.3)	51.2 (49.5-52.9)	47.3 (45.7-49.0)	44.0 (42.3-45.8)	46.3 (45.0-47.6)	
	2003	40.1 (38.2-42.0)	54.5 (52.9-56.0)	48.4 (46.8-50.0)	45.1 (43.5-46.7)	47.4 (46.2-48.6)	
	2004	40.6 (38.3-43.0)	53.4 (51.5-55.4)	48.1 (46.1-50.2)	44.7 (42.8-46.7)	47.1 (45.6-48.6)	
	2005	44.6 (42.6-46.5)	57.5 (55.9-59.1)	51.1 (49.5-52.8)	51.2 (49.6-52.9)	51.2 (49.9-52.4)	
	2006	47.0 (44.7-49.3)	59.6 (57.7-61.5)	53.8 (51.9-55.8)	52.3 (50.3-54.4)	53.4 (51.9-54.9)	
	2007	48.4 (45.8-50.9)	59.8 (57.9-61.8)	55.0 (52.9-57.1)	52.9 (50.7-55.2)	54.4 (52.8-56.0)	
	2008	52.0 (49.7-54.4)	60.9 (59.0-62.8)	57.4 (55.5-59.4)	54.7 (52.5-56.8)	56.6 (55.1-58.1)	
Knowledge of recommended fruit consumption	2006	78.8 (76.7-80.9)	90.3 (89.1-91.6)	84.4 (82.8-86.0)	86.1 (84.6-87.6)	84.9 (83.7-86.1)	
	2007	81.4 (79.2-83.6)	91.8 (90.6-92.9)	86.9 (85.4-88.5)	87.1 (85.5-88.7)	87.0 (85.8-88.2)	
	2008	82.8 (80.9-84.7)	92.1 (91.0-93.1)	87.7 (86.3-89.1)	87.5 (86.0-89.1)	87.7 (86.6-88.7)	
Recommended vegetable consumption	1997	8.0 (7.3-8.8)	9.7 (8.9-10.5)	8.1 (7.4-8.8)	10.6 (9.7-11.4)	8.9 (8.3-9.4)	
	1998	7.1 (6.4-7.9)	8.6 (7.8-9.3)	7.1 (6.4-7.7)	9.6 (8.8-10.5)	7.9 (7.3-8.4)	
	2002	5.8 (4.9-6.6)	9.1 (8.3-10.0)	6.7 (5.9-7.5)	9.2 (8.3-10.1)	7.5 (6.9-8.1)	
	2003	8.1 (7.1-9.1)	11.4 (10.4-12.4)	9.4 (8.4-10.3)	10.7 (9.8-11.6)	9.8 (9.1-10.5)	
	2004	6.0 (5.0-7.0)	10.3 (9.1-11.4)	7.2 (6.2-8.1)	10.5 (9.3-11.7)	8.2 (7.4-8.9)	
	2005	4.7 (3.9-5.4)	10.1 (9.2-10.9)	6.5 (5.7-7.2)	9.6 (8.7-10.5)	7.4 (6.8-8.0)	
	2006	6.4 (5.3-7.5)	12.4 (11.3-13.6)	8.3 (7.3-9.3)	12.0 (10.9-13.2)	9.4 (8.7-10.2)	
	2007	7.2 (6.0-8.4)	13.8 (12.5-15.1)	9.4 (8.3-10.5)	13.5 (12.2-14.9)	10.7 (9.8-11.5)	
	2008	7.2 (6.0-8.4)	13.0 (11.8-14.2)	9.3 (8.2-10.4)	12.3 (11.1-13.5)	10.2 (9.4-11.0)	
Knowledge of recommended vegetable consumption	2006	16.5 (14.5-18.4)	37.0 (35.1-39.0)	26.5 (24.7-28.4)	29.2 (27.2-31.2)	27.3 (25.9-28.7)	
	2007	22.4 (20.1-24.7)	42.9 (40.9-45.0)	32.5 (30.4-34.5)	35.7 (33.5-38.0)	33.5 (31.9-35.0)	
	2008	24.4 (22.1-26.6)	45.3 (43.3-47.4)	34.5 (32.4-36.5)	37.7 (35.5-39.8)	35.4 (33.9-37.0)	
Three or more serves of vegetables a day	1997	28.4 (27.1-29.7)	39.4 (38.1-40.6)	32.6 (31.4-33.8)	37.0 (35.7-38.3)	34.0 (33.0-34.9)	
	1998	29.3 (27.9-30.7)	38.2 (36.9-39.5)	31.3 (30.1-32.6)	39.4 (38.1-40.8)	33.8 (32.9-34.7)	
	2002	31.5 (29.7-33.3)	43.8 (42.1-45.4)	35.9 (34.3-37.5)	41.8 (40.0-43.6)	37.7 (36.5-38.9)	
	2003	38.1 (36.2-39.9)	48.8 (47.3-50.4)	41.6 (40.0-43.3)	48.0 (46.4-49.7)	43.6 (42.3-44.8)	
	2004	27.3 (25.3-29.4)	43.1 (41.2-45.0)	33.6 (31.8-35.5)	39.4 (37.5-41.3)	35.4 (34.0-36.8)	
	2005	26.3 (24.7-28.0)	46.2 (44.6-47.7)	34.4 (32.9-35.9)	41.2 (39.6-42.8)	36.4 (35.3-37.6)	
	2006	30.9 (28.8-33.0)	50.8 (48.9-52.7)	39.0 (37.1-40.9)	45.3 (43.2-47.3)	40.9 (39.4-42.3)	
	2007	31.0 (28.7-33.3)	48.7 (46.8-50.7)	37.3 (35.3-39.3)	46.9 (44.7-49.2)	40.3 (38.7-41.8)	
	2008	34.1 (31.9-36.3)	50.6 (48.7-52.5)	40.8 (38.9-42.7)	46.9 (44.8-49.0)	42.6 (41.2-44.1)	
Consumes bread once a day or more	2002	86.2 (84.8-87.7)	83.9 (82.6-85.1)	83.6 (82.4-84.9)	88.3 (87.2-89.5)	85.0 (84.1-86.0)	
	2003	87.1 (85.7-88.4)	83.5 (82.3-84.7)	83.9 (82.7-85.1)	88.4 (87.4-89.4)	85.3 (84.4-86.1)	
	2004	85.2 (83.5-86.8)	79.1 (77.5-80.7)	80.9 (79.4-82.5)	84.8 (83.4-86.1)	82.1 (80.9-83.3)	
	2005	83.0 (81.5-84.5)	75.2 (73.8-76.6)	77.6 (76.2-79.0)	82.5 (81.3-83.7)	79.0 (78.0-80.1)	
	2006	81.0 (79.1-82.8)	72.9 (71.2-74.6)	76.0 (74.3-77.6)	79.0 (77.4-80.7)	76.9 (75.6-78.2)	
	2007	80.7 (78.7-82.8)	72.3 (70.5-74.1)	75.7 (73.9-77.5)	77.8 (75.9-79.7)	76.3 (75.0-77.7)	
	2008	80.6 (78.7-82.5)	73.1 (71.4-74.7)	75.5 (73.9-77.2)	79.5 (77.8-81.1)	76.7 (75.5-78.0)	
	Consumes pasta, rice, noodles, or other cooked cereals once a day or more	2002	14.3 (12.8-15.8)	15.4 (14.0-16.8)	18.2 (16.8-19.6)	7.1 (6.2-8.1)	14.9 (13.8-15.9)
		2003	13.9 (12.4-15.4)	15.5 (14.2-16.8)	18.1 (16.8-19.5)	6.8 (5.9-7.7)	14.7 (13.7-15.7)
2004		12.3 (10.5-14.1)	13.8 (12.3-15.3)	15.8 (14.2-17.4)	6.7 (5.7-7.7)	13.1 (11.9-14.2)	
2005		15.8 (14.2-17.5)	15.1 (13.8-16.5)	18.9 (17.5-20.3)	7.5 (6.6-8.5)	15.5 (14.4-16.5)	
2006		14.1 (12.4-15.8)	15.4 (13.8-17.0)	18.7 (17.1-20.3)	5.6 (4.6-6.7)	14.7 (13.6-15.9)	
2007		17.7 (15.5-19.8)	14.7 (13.2-16.2)	19.7 (18.0-21.5)	8.0 (6.6-9.3)	16.1 (14.8-17.4)	
2008		14.4 (12.5-16.3)	14.2 (12.7-15.6)	17.8 (16.2-19.4)	6.2 (5.2-7.3)	14.3 (13.1-15.5)	
Consumes breakfast cereals 2 times a week or more		2002	64.0 (62.1-65.9)	63.2 (61.6-64.9)	62.9 (61.2-64.5)	65.3 (63.5-67.0)	63.6 (62.3-64.9)
	2003	64.3 (62.4-66.2)	65.8 (64.3-67.3)	64.4 (62.8-66.0)	66.6 (65.0-68.2)	65.1 (63.9-66.3)	
	2004	67.9 (65.7-70.2)	65.4 (63.5-67.3)	65.8 (63.9-67.8)	68.5 (66.6-70.3)	66.6 (65.2-68.1)	
	2005	66.3 (64.4-68.2)	65.7 (64.2-67.3)	65.1 (63.4-66.7)	68.3 (66.7-69.8)	66.0 (64.8-67.3)	
	2006	67.0 (64.7-69.2)	69.9 (68.1-71.6)	67.2 (65.3-69.1)	71.2 (69.3-73.1)	68.4 (67.0-69.8)	
	2007	68.6 (66.2-71.0)	67.4 (65.4-69.3)	67.1 (65.1-69.0)	70.0 (67.9-72.1)	68.0 (66.4-69.5)	
	2008	67.8 (65.5-70.0)	67.0 (65.1-68.8)	67.4 (65.5-69.2)	67.3 (65.3-69.4)	67.4 (65.9-68.8)	
	Consumes red meat less than 3 times a week	2007	42.9 (40.4-45.4)	44.2 (42.2-46.1)	46.1 (44.0-48.1)	38.0 (35.8-40.2)	43.6 (42.0-45.1)
2008		40.8 (38.5-43.1)	44.8 (42.9-46.7)	45.4 (43.4-47.4)	37.2 (35.2-39.2)	42.8 (41.3-44.3)	
Usually consumes lower fat or skim milk	1997	37.2 (35.8-38.6)	53.6 (52.3-55.0)	46.8 (45.5-48.1)	42.6 (41.2-43.9)	45.5 (44.6-46.5)	
	1998	38.6 (37.0-40.1)	52.3 (50.9-53.6)	46.6 (45.3-48.0)	43.0 (41.6-44.3)	45.5 (44.5-46.5)	
	2002	35.6 (33.7-37.4)	50.6 (48.9-52.3)	44.5 (42.8-46.2)	40.0 (38.3-41.8)	43.2 (41.9-44.4)	
	2003	37.2 (35.3-39.0)	50.9 (49.3-52.5)	44.6 (43.0-46.2)	43.2 (41.6-44.8)	44.2 (42.9-45.4)	
2004	38.8 (36.4-41.1)	53.2 (51.3-55.1)	47.7 (45.7-49.7)	42.3 (40.4-44.3)	46.1 (44.6-47.6)		

Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)
	2005	37.4 (35.5-39.2)	50.4 (48.8-52.0)	44.5 (42.9-46.1)	42.8 (41.2-44.4)	44.0 (42.7-45.2)
	2006	40.7 (38.5-43.0)	53.9 (52.0-55.8)	48.4 (46.5-50.4)	44.9 (42.9-46.9)	47.3 (45.9-48.8)
	2007	38.5 (36.0-40.9)	52.3 (50.3-54.3)	45.5 (43.5-47.6)	46.0 (43.8-48.2)	45.7 (44.1-47.2)
	2008	40.9 (38.6-43.3)	54.4 (52.5-56.3)	49.3 (47.4-51.3)	44.5 (42.4-46.5)	47.9 (46.4-49.4)
Rarely or never consumes hot fried potatoes	2005	23.4 (21.1-25.7)	32.5 (30.5-34.6)	28.1 (26.1-30.1)	27.9 (25.9-29.9)	28.1 (26.5-29.6)
	2006	25.5 (23.5-27.5)	34.5 (32.8-36.2)	29.9 (28.2-31.6)	30.4 (28.6-32.1)	30.1 (28.7-31.4)
	2007	20.6 (18.8-22.4)	33.8 (32.0-35.6)	26.6 (24.9-28.3)	29.4 (27.5-31.2)	27.5 (26.2-28.8)
	2008	23.4 (21.5-25.3)	34.5 (32.8-36.3)	29.5 (27.8-31.2)	28.2 (26.6-29.9)	29.1 (27.8-30.4)
Rarely or never consumes potato crisps or salty snacks	2005	42.1 (39.3-44.9)	48.1 (45.8-50.3)	44.2 (41.9-46.6)	47.2 (44.8-49.7)	45.1 (43.3-46.9)
	2006	43.9 (41.6-46.2)	49.4 (47.5-51.3)	45.9 (43.9-47.8)	48.5 (46.5-50.6)	46.7 (45.2-48.2)
	2007	39.6 (37.1-42.0)	48.5 (46.5-50.5)	43.0 (40.9-45.1)	46.8 (44.6-49.0)	44.2 (42.6-45.8)
	2008	40.4 (38.1-42.7)	49.7 (47.8-51.6)	45.0 (43.1-47.0)	45.3 (43.3-47.4)	45.1 (43.6-46.6)
Consumes processed meat products less than 3 times a week	1997	71.6 (70.3-72.9)	86.5 (85.6-87.4)	81.1 (80.1-82.2)	74.6 (73.4-75.8)	79.2 (78.4-80.0)
	2002	68.9 (67.1-70.8)	84.5 (83.2-85.7)	77.9 (76.4-79.3)	74.3 (72.6-75.9)	76.8 (75.6-77.9)
	2003	73.8 (72.1-75.5)	85.7 (84.6-86.9)	80.7 (79.4-82.1)	77.8 (76.4-79.3)	79.8 (78.8-80.9)
	2004	72.5 (70.3-74.6)	85.0 (83.6-86.4)	79.5 (77.8-81.2)	77.3 (75.5-79.0)	78.8 (77.5-80.1)
	2005	72.2 (70.4-74.0)	84.1 (82.8-85.3)	78.9 (77.5-80.4)	76.7 (75.1-78.2)	78.2 (77.1-79.3)
	2006	73.8 (71.7-75.8)	83.3 (81.8-84.8)	78.6 (76.9-80.2)	78.6 (76.8-80.4)	78.6 (77.3-79.8)
	2007	69.6 (67.2-72.1)	85.0 (83.6-86.5)	78.2 (76.4-80.1)	76.5 (74.4-78.6)	77.7 (76.3-79.1)
	2008	72.8 (70.7-75.0)	84.8 (83.3-86.2)	80.3 (78.7-82.0)	75.9 (73.9-77.9)	79.0 (77.7-80.3)
Consumes 2 cups or less of soft drinks, cordials or sports drinks a week	2006	54.5 (52.1-56.8)	65.6 (63.7-67.5)	60.3 (58.3-62.2)	59.8 (57.7-61.8)	60.1 (58.6-61.6)
	2007	53.0 (50.4-55.6)	68.4 (66.5-70.3)	61.3 (59.3-63.4)	60.4 (58.1-62.7)	61.1 (59.5-62.7)
	2008	55.3 (52.9-57.7)	69.5 (67.7-71.2)	63.4 (61.4-65.4)	60.6 (58.5-62.7)	62.5 (61.0-64.1)
Rarely or never consumes takeaway food	2006	32.7 (30.6-34.8)	41.4 (39.6-43.3)	35.0 (33.2-36.9)	41.9 (39.9-43.8)	37.1 (35.7-38.5)
	2007	30.8 (28.7-32.9)	44.5 (42.5-46.4)	36.3 (34.4-38.2)	41.5 (39.4-43.6)	37.9 (36.5-39.4)
	2008	30.9 (28.9-32.9)	43.4 (41.6-45.3)	36.4 (34.6-38.2)	39.4 (37.4-41.3)	37.3 (35.9-38.7)
Food insecurity in the last 12 months	2002	5.3 (4.4-6.1)	6.1 (5.3-6.9)	5.2 (4.5-6.0)	6.7 (5.8-7.7)	5.7 (5.1-6.3)
	2003	5.3 (4.5-6.2)	6.8 (6.0-7.6)	5.7 (5.0-6.4)	6.9 (6.1-7.7)	6.1 (5.5-6.6)
	2004	5.3 (4.3-6.3)	6.2 (5.2-7.2)	5.6 (4.7-6.5)	6.0 (5.0-6.9)	5.7 (5.0-6.4)
	2005	4.0 (3.2-4.8)	6.5 (5.7-7.4)	5.2 (4.5-6.0)	5.4 (4.7-6.2)	5.3 (4.7-5.9)
	2006	5.2 (4.1-6.3)	6.0 (5.1-6.9)	5.5 (4.6-6.5)	5.8 (4.8-6.8)	5.6 (4.9-6.3)
	2007	2.8 (2.1-3.6)	5.9 (4.9-6.9)	4.2 (3.4-5.0)	4.9 (4.0-5.8)	4.4 (3.8-5.0)
	2008	4.5 (3.5-5.4)	5.8 (4.8-6.7)	4.6 (3.8-5.5)	6.3 (5.2-7.3)	5.1 (4.5-5.8)
Adequate physical activity	1998	52.5 (51.0-54.0)	43.4 (42.1-44.7)	48.6 (47.3-49.9)	46.3 (44.9-47.6)	47.9 (46.9-48.9)
	2002	51.0 (49.1-53.0)	43.4 (41.8-45.1)	47.0 (45.4-48.7)	47.6 (45.8-49.3)	47.2 (45.9-48.5)
	2003	49.4 (47.4-51.3)	40.3 (38.7-41.9)	45.7 (44.1-47.3)	42.6 (40.9-44.2)	44.7 (43.5-46.0)
	2004	57.0 (54.7-59.3)	47.9 (46.0-49.8)	53.3 (51.3-55.3)	50.2 (48.3-52.2)	52.4 (50.9-53.9)
	2005	56.6 (54.6-58.5)	47.3 (45.7-49.0)	52.5 (50.8-54.2)	50.3 (48.6-52.0)	51.9 (50.6-53.1)
	2006	60.4 (58.1-62.7)	49.6 (47.6-51.5)	55.0 (53.1-57.0)	54.7 (52.6-56.7)	54.9 (53.4-56.4)
	2007	62.1 (59.3-65.0)	47.6 (45.2-50.0)	54.6 (52.2-57.0)	55.4 (52.7-58.0)	54.8 (52.9-56.7)
	2008	61.3 (59.0-63.6)	48.9 (47.0-50.9)	55.5 (53.6-57.5)	53.9 (51.8-56.1)	55.1 (53.5-56.6)
Current smoking	1997	27.1 (25.8-28.4)	21.1 (20.0-22.1)	23.6 (22.5-24.7)	25.1 (23.9-26.2)	24.0 (23.2-24.9)
	1998	26.2 (24.8-27.5)	21.3 (20.2-22.4)	23.9 (22.7-25.0)	23.3 (22.2-24.5)	23.7 (22.8-24.6)
	2002	23.9 (22.2-25.6)	19.2 (17.9-20.5)	20.8 (19.5-22.2)	23.1 (21.6-24.6)	21.5 (20.5-22.6)
	2003	24.9 (23.1-26.6)	19.8 (18.5-21.0)	21.7 (20.3-23.1)	23.6 (22.2-25.1)	22.3 (21.2-23.3)
	2004	22.5 (20.5-24.5)	19.3 (17.8-20.8)	21.0 (19.3-22.6)	20.6 (19.0-22.2)	20.9 (19.6-22.1)
	2005	22.6 (20.9-24.3)	17.6 (16.3-18.8)	19.0 (17.7-20.4)	22.5 (21.0-24.0)	20.1 (19.0-21.1)
	2006	19.2 (17.3-21.1)	16.2 (14.8-17.7)	17.1 (15.6-18.6)	19.1 (17.4-20.8)	17.7 (16.5-18.9)
	2007	21.9 (19.8-24.0)	15.4 (14.0-16.7)	18.5 (16.8-20.1)	18.8 (17.0-20.5)	18.6 (17.3-19.8)
	2008	19.7 (17.8-21.6)	17.2 (15.7-18.7)	17.9 (16.3-19.5)	19.7 (17.9-21.5)	18.4 (17.2-19.7)
Daily smoking	1997	21.6 (20.4-22.7)	16.7 (15.7-17.6)	18.3 (17.4-19.3)	20.8 (19.7-21.9)	19.1 (18.3-19.8)
	1998	20.8 (19.5-22.0)	16.6 (15.6-17.5)	18.3 (17.3-19.3)	19.4 (18.3-20.4)	18.6 (17.9-19.4)
	2002	18.5 (17.0-20.0)	14.3 (13.1-15.5)	15.6 (14.3-16.8)	18.3 (16.9-19.7)	16.4 (15.4-17.3)
	2003	19.8 (18.2-21.4)	15.8 (14.6-17.0)	17.1 (15.8-18.4)	19.3 (18.0-20.7)	17.8 (16.8-18.7)
	2004	17.3 (15.6-19.1)	15.4 (14.0-16.8)	16.1 (14.7-17.6)	16.9 (15.4-18.3)	16.3 (15.2-17.5)
	2005	17.5 (16.0-19.0)	14.1 (13.0-15.3)	14.6 (13.4-15.8)	18.5 (17.1-19.9)	15.8 (14.8-16.7)
	2006	15.0 (13.3-16.7)	12.9 (11.6-14.2)	13.1 (11.7-14.5)	15.8 (14.2-17.3)	13.9 (12.8-15.0)
	2007	17.0 (15.1-18.9)	12.2 (11.0-13.5)	14.2 (12.7-15.6)	15.5 (13.8-17.1)	14.6 (13.4-15.7)
	2008	14.7 (13.0-16.4)	13.0 (11.7-14.4)	12.8 (11.5-14.2)	16.3 (14.6-17.9)	13.9 (12.8-14.9)
Intend to quit smoking	1998	53.5 (50.5-56.5)	54.7 (51.9-57.6)	54.3 (51.6-57.0)	53.5 (50.6-56.3)	54.1 (52.0-56.1)
	2002	52.0 (47.9-56.1)	49.2 (45.3-53.1)	51.4 (47.6-55.3)	49.3 (45.4-53.1)	50.7 (47.9-53.6)
	2003	44.9 (40.8-49.0)	51.6 (48.0-55.3)	46.0 (42.3-49.8)	52.0 (48.4-55.6)	47.9 (45.1-50.7)
	2004	56.3 (51.4-61.3)	57.2 (52.8-61.7)	56.1 (51.6-60.5)	58.3 (54.1-62.5)	56.8 (53.4-60.1)
	2005	61.1 (56.9-65.2)	58.3 (54.3-62.3)	60.4 (56.4-64.3)	58.7 (54.8-62.5)	59.8 (56.9-62.8)
	2007	67.2 (59.8-74.6)	57.1 (49.6-64.6)	62.3 (55.3-69.4)	63.3 (55.6-70.9)	62.6 (57.2-68.0)
	2008	61.7 (56.2-67.1)	61.9 (57.1-66.7)	60.1 (55.2-65.0)	65.3 (60.4-70.2)	61.8 (58.1-65.4)
Doctor advised to quit smoking	2005	42.0 (37.4-46.6)	46.9 (42.6-51.3)	44.6 (40.3-48.9)	43.4 (39.1-47.7)	44.2 (41.0-47.4)
	2006	45.7 (40.1-51.3)	51.6 (46.6-56.5)	49.2 (44.2-54.3)	46.8 (41.9-51.7)	48.4 (44.7-52.2)
	2007	52.7 (47.3-58.2)	46.9 (42.1-51.8)	50.5 (45.6-55.4)	49.8 (44.5-55.1)	50.3 (46.5-54.0)
	2008	40.0 (34.5-45.4)	40.1 (35.2-44.9)	38.3 (33.5-43.2)	43.5 (38.5-48.6)	40.0 (36.3-43.7)
Live in smoke-free households	1997			70.1 (68.9-71.3)	68.7 (67.5-70.0)	69.7 (68.8-70.6)
	1998			73.6 (72.4-74.7)	72.1 (70.9-73.4)	73.1 (72.3-74.0)
	2002			81.4 (80.1-82.7)	79.2 (77.8-80.6)	80.8 (79.8-81.8)
	2003			83.2 (82.0-84.4)	81.2 (80.0-82.4)	82.6 (81.7-83.5)
	2004			84.6 (83.2-86.0)	83.5 (82.1-84.9)	84.2 (83.2-85.3)
	2005			86.1 (84.9-87.3)	86.1 (85.0-87.2)	86.1 (85.2-87.0)
	2006			88.2 (86.9-89.4)	86.5 (85.2-87.9)	87.7 (86.7-88.6)

Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)
	2007			88.3 (87.0-89.6)	88.0 (86.6-89.3)	88.2 (87.2-89.2)
	2008			89.7 (88.5-90.9)	88.9 (87.7-90.2)	89.5 (88.6-90.4)
Bans smoking in car	2003			81.8 (80.4-83.1)	80.0 (78.6-81.3)	81.2 (80.2-82.2)
	2004			83.8 (82.2-85.4)	85.4 (84.0-86.9)	84.3 (83.1-85.5)
	2005			84.8 (83.5-86.1)	84.9 (83.6-86.2)	84.8 (83.9-85.8)
	2006			88.0 (86.6-89.3)	86.9 (85.5-88.4)	87.7 (86.6-88.7)
	2007			87.4 (86.0-88.8)	88.0 (86.6-89.4)	87.6 (86.5-88.7)
	2008			88.4 (87.0-89.8)	87.9 (86.5-89.3)	88.2 (87.2-89.3)
More likely to attend hotels and licensed bars if smoking banned	2003	23.0 (21.4-24.7)	25.4 (24.0-26.8)	25.7 (24.3-27.1)	20.9 (19.6-22.3)	24.2 (23.2-25.3)
	2005	32.5 (30.6-34.4)	38.0 (36.4-39.6)	37.2 (35.6-38.9)	30.9 (29.3-32.5)	35.3 (34.0-36.5)
	2006	33.3 (31.1-35.5)	36.7 (34.9-38.6)	36.5 (34.6-38.4)	31.6 (29.7-33.5)	35.0 (33.6-36.5)
	2007	35.3 (32.0-38.6)	38.5 (36.0-41.0)	38.4 (35.7-41.1)	33.7 (30.9-36.5)	36.9 (34.9-39.0)
	2008	36.7 (34.5-39.0)	42.2 (40.4-44.1)	40.8 (38.9-42.7)	36.5 (34.5-38.5)	39.5 (38.1-41.0)
Less likely to attend hotels and licensed bars if smoking banned	2003	10.6 (9.4-11.8)	9.0 (8.1-9.9)	10.0 (9.0-11.0)	9.2 (8.3-10.1)	9.8 (9.0-10.5)
	2005	8.3 (7.1-9.4)	6.7 (5.8-7.6)	7.5 (6.5-8.4)	7.5 (6.5-8.4)	7.5 (6.7-8.2)
	2006	7.5 (6.2-8.8)	5.6 (4.7-6.5)	6.9 (5.8-8.0)	5.8 (4.8-6.8)	6.6 (5.8-7.4)
	2007	6.8 (5.1-8.4)	4.9 (3.8-6.1)	6.0 (4.7-7.4)	5.4 (4.1-6.6)	5.8 (4.8-6.8)
	2008	5.0 (3.9-6.1)	3.5 (2.8-4.2)	4.4 (3.5-5.3)	4.0 (3.2-4.8)	4.3 (3.6-4.9)
More likely to frequent outdoor dining areas if smoking banned	2006	36.0 (33.7-38.3)	40.4 (38.5-42.2)	39.2 (37.3-41.2)	35.9 (33.9-37.9)	38.2 (36.7-39.7)
	2007	38.2 (34.8-41.5)	42.9 (40.4-45.4)	41.7 (39.0-44.4)	37.9 (35.1-40.7)	40.6 (38.5-42.6)
	2008	38.0 (35.8-40.3)	43.2 (41.3-45.0)	42.0 (40.1-43.9)	37.5 (35.5-39.5)	40.6 (39.2-42.1)
Less likely to frequent outdoor dining areas if smoking banned	2006	7.1 (5.8-8.3)	5.7 (4.7-6.6)	6.9 (5.8-7.9)	5.2 (4.2-6.1)	6.3 (5.6-7.1)
	2007	6.1 (4.5-7.8)	5.5 (4.3-6.7)	6.3 (4.9-7.7)	4.7 (3.6-5.9)	5.8 (4.8-6.8)
	2008	6.1 (4.8-7.3)	4.7 (4.0-5.5)	5.5 (4.6-6.5)	5.1 (4.1-6.0)	5.4 (4.7-6.1)
Support regulation to not allow cigarettes to be displayed at the point of sale	2008	77.5 (75.5-79.5)	82.7 (81.3-84.2)	80.8 (79.2-82.4)	78.7 (76.9-80.4)	80.2 (78.9-81.4)

Note: Indicators include adults 16 years and over unless specified.

Source: New South Wales Population Health Survey 2008 (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

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Trends in health status, NSW, 2008

Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)
Excellent, very good, or good self-rated health status	1997	85.0 (84.0-85.9)	85.1 (84.2-86.0)	85.7 (84.8-86.5)	83.5 (82.6-84.5)	85.0 (84.4-85.7)
	1998	85.0 (84.0-86.0)	83.1 (82.2-84.0)	84.3 (83.4-85.2)	83.5 (82.5-84.4)	84.0 (83.3-84.7)
	2002	82.0 (80.5-83.5)	79.9 (78.6-81.2)	80.7 (79.5-82.0)	81.5 (80.1-82.8)	81.0 (80.0-81.9)
	2003	81.8 (80.4-83.2)	79.6 (78.4-80.9)	80.5 (79.2-81.7)	81.2 (80.0-82.5)	80.7 (79.8-81.6)
	2004	79.4 (77.6-81.3)	79.5 (78.0-81.0)	79.6 (78.1-81.2)	79.1 (77.5-80.6)	79.5 (78.3-80.7)
	2005	83.3 (81.9-84.7)	78.7 (77.4-80.0)	81.0 (79.7-82.2)	80.9 (79.6-82.2)	80.9 (80.0-81.9)
	2006	82.5 (80.9-84.2)	78.1 (76.6-79.7)	80.3 (78.8-81.8)	80.4 (78.8-81.9)	80.3 (79.2-81.4)
	2007	83.3 (82.0-84.7)	78.8 (77.6-80.0)	81.6 (80.4-82.8)	79.8 (78.5-81.2)	81.0 (80.1-82.0)
Some difficulty with daily activities	2008	82.4 (80.9-84.0)	78.1 (76.7-79.5)	80.2 (78.8-81.5)	80.4 (78.9-81.8)	80.2 (79.2-81.3)
	2003	17.4 (16.0-18.8)	20.2 (19.0-21.4)	17.8 (16.6-18.9)	21.2 (20.0-22.5)	18.8 (17.9-19.7)
	2004	19.7 (17.8-21.6)	20.6 (19.1-22.1)	19.7 (18.2-21.3)	21.2 (19.6-22.8)	20.2 (19.0-21.4)
Moderate or severe bodily pain	2005	16.0 (14.7-17.3)	19.7 (18.5-20.9)	17.1 (15.9-18.2)	19.8 (18.5-21.0)	17.9 (17.0-18.8)
	2008	16.1 (14.6-17.5)	20.2 (18.9-21.5)	17.1 (15.8-18.3)	20.7 (19.3-22.1)	18.2 (17.2-19.1)
	2003	19.4 (18.0-20.8)	24.2 (22.9-25.5)	20.7 (19.4-21.9)	24.6 (23.3-25.9)	21.8 (20.9-22.8)
Ever diagnosed with asthma	2004	18.8 (17.1-20.5)	23.4 (21.9-25.0)	20.3 (18.8-21.8)	23.1 (21.5-24.7)	21.2 (20.0-22.3)
	2005	16.7 (15.3-18.0)	22.8 (21.5-24.0)	18.7 (17.5-19.9)	22.4 (21.1-23.7)	19.8 (18.9-20.7)
	2008	18.9 (17.3-20.5)	22.9 (21.5-24.2)	19.9 (18.5-21.2)	23.4 (21.9-24.9)	20.9 (19.9-22.0)
Current asthma	1997	15.2 (14.1-16.2)	18.4 (17.4-19.5)	15.6 (14.7-16.6)	19.5 (18.4-20.6)	16.8 (16.1-17.6)
	1998	15.5 (14.3-16.6)	18.2 (17.2-19.2)	15.8 (14.9-16.8)	19.2 (18.1-20.3)	16.8 (16.1-17.6)
	2002	18.6 (17.1-20.1)	21.1 (19.7-22.4)	19.0 (17.7-20.3)	21.8 (20.4-23.3)	19.8 (18.8-20.9)
	2003	19.3 (17.7-20.8)	22.6 (21.3-23.9)	19.9 (18.6-21.2)	23.3 (21.9-24.8)	21.0 (19.9-22.0)
	2004	18.1 (16.2-20.0)	22.5 (20.9-24.2)	19.3 (17.7-20.9)	22.7 (21.0-24.4)	20.4 (19.1-21.6)
	2005	17.9 (16.4-19.4)	20.4 (19.1-21.7)	18.2 (16.9-19.5)	21.4 (20.1-22.8)	19.2 (18.2-20.2)
	2006	18.4 (16.6-20.2)	20.1 (18.6-21.6)	18.2 (16.7-19.7)	21.8 (20.0-23.6)	19.3 (18.1-20.4)
	2007	19.3 (17.3-21.3)	21.1 (19.6-22.7)	18.9 (17.3-20.5)	23.4 (21.5-25.3)	20.2 (19.0-21.5)
Written asthma management plan	2008	17.9 (16.0-19.7)	21.9 (20.3-23.5)	19.5 (18.0-21.1)	20.8 (19.1-22.5)	19.9 (18.7-21.1)
	1997	8.8 (7.9-9.6)	12.1 (11.2-13.0)	9.9 (9.1-10.7)	11.8 (10.9-12.7)	10.5 (9.8-11.1)
	1998	8.9 (8.0-9.8)	11.0 (10.2-11.7)	9.2 (8.4-9.9)	11.6 (10.7-12.5)	9.9 (9.4-10.5)
	2002	9.2 (8.1-10.4)	12.1 (11.1-13.2)	9.8 (8.8-10.7)	12.8 (11.6-14.0)	10.7 (9.9-11.5)
	2003	9.1 (8.0-10.3)	12.6 (11.6-13.7)	10.8 (9.8-11.8)	11.3 (10.2-12.3)	10.9 (10.1-11.7)
	2004	8.9 (7.4-10.4)	11.9 (10.7-13.1)	9.9 (8.6-11.2)	11.6 (10.4-12.9)	10.4 (9.5-11.4)
	2005	8.8 (7.7-9.9)	12.0 (11.0-13.0)	9.7 (8.7-10.7)	12.1 (11.0-13.1)	10.4 (9.7-11.2)
	2006	9.9 (8.5-11.3)	11.8 (10.6-13.0)	10.1 (8.9-11.2)	12.7 (11.2-14.1)	10.9 (9.9-11.8)
Current smoking	2007	8.9 (7.5-10.4)	11.8 (10.6-13.1)	9.6 (8.4-10.8)	12.4 (10.9-13.9)	10.5 (9.5-11.4)
	2008	8.4 (7.1-9.7)	12.6 (11.4-13.8)	10.1 (9.0-11.3)	11.3 (10.0-12.6)	10.5 (9.6-11.4)
	1997	34.2 (29.4-38.9)	36.6 (32.7-40.4)	36.4 (32.3-40.5)	34.1 (30.2-38.0)	35.6 (32.6-38.6)
	1998	33.4 (28.4-38.4)	35.6 (32.1-39.1)	35.5 (31.4-39.5)	33.0 (29.3-36.7)	34.6 (31.7-37.6)
	2003	35.6 (28.3-42.8)	44.9 (39.7-50.1)	42.5 (36.8-48.2)	38.2 (32.7-43.8)	41.2 (36.9-45.5)
	2006	33.9 (26.6-41.2)	40.6 (35.3-45.9)	39.3 (33.2-45.3)	34.6 (28.9-40.2)	37.6 (33.2-42.0)
	2007	40.7 (32.4-49.0)	46.5 (40.7-52.2)	42.8 (36.3-49.3)	46.4 (39.9-53.0)	44.1 (39.3-48.9)
	2008	42.6 (34.6-50.5)	46.7 (41.6-51.7)	44.7 (38.8-50.6)	45.7 (39.7-51.7)	45.0 (40.6-49.4)
Blood pressure measured in last 2 years	1997	22.1 (18.0-26.2)	26.2 (22.8-29.7)	23.8 (20.3-27.4)	25.8 (22.2-29.4)	24.5 (21.9-27.2)
	1998	23.7 (19.2-28.2)	24.8 (21.6-28.0)	24.5 (20.8-28.2)	24.1 (20.5-27.6)	24.3 (21.7-27.0)
	2002	26.5 (22.3-30.6)	22.1 (19.2-25.1)	23.3 (20.1-26.5)	25.8 (22.2-29.5)	24.1 (21.7-26.6)
	2003	27.1 (22.9-31.3)	24.3 (21.4-27.2)	23.5 (20.3-26.7)	29.6 (26.1-33.1)	25.6 (23.1-28.0)
	2004	21.9 (17.3-26.6)	24.1 (20.7-27.5)	23.8 (20.0-27.7)	21.8 (18.4-25.2)	23.1 (20.3-25.9)
	2005	23.8 (19.8-27.8)	20.2 (17.4-22.9)	21.1 (17.8-24.3)	23.3 (20.2-26.4)	21.8 (19.4-24.2)
	2006	19.8 (13.7-25.9)	16.4 (12.1-20.7)	18.9 (13.8-24.0)	16.1 (11.9-20.2)	17.9 (14.3-21.5)
	2007	22.4 (19.0-25.7)	15.7 (13.5-17.9)	19.1 (16.5-21.8)	18.7 (16.0-21.4)	19.0 (17.0-21.0)
Ever had high blood pressure	2008	22.2 (17.9-26.5)	16.5 (13.8-19.3)	18.5 (15.3-21.7)	20.6 (17.2-24.0)	19.1 (16.7-21.6)
	1997	82.5 (81.3-83.6)	91.3 (90.5-92.1)	87.3 (86.4-88.3)	86.2 (85.2-87.2)	87.0 (86.3-87.7)
	1998	82.8 (81.5-84.0)	91.5 (90.7-92.3)	87.3 (86.4-88.3)	86.8 (85.8-87.8)	87.2 (86.4-87.9)
	2002	81.8 (80.2-83.5)	90.4 (89.2-91.5)	85.9 (84.6-87.2)	86.8 (85.5-88.1)	86.2 (85.2-87.2)
Cholesterol measured in last 2 years	2005	86.7 (85.2-88.2)	91.8 (90.8-92.8)	89.4 (88.2-90.6)	89.1 (87.9-90.3)	89.3 (88.4-90.2)
	2008	85.4 (83.4-87.4)	92.4 (91.3-93.5)	88.1 (86.5-89.6)	90.9 (89.5-92.4)	89.0 (87.8-90.1)
	1997	16.5 (15.4-17.5)	15.9 (15.0-16.8)	15.5 (14.6-16.4)	17.6 (16.7-18.6)	16.2 (15.5-16.8)
	1998	17.1 (16.0-18.2)	17.0 (16.1-17.9)	16.0 (15.1-16.9)	19.5 (18.4-20.5)	17.1 (16.3-17.8)
Ever had high cholesterol	2002	20.4 (18.9-21.8)	18.3 (17.2-19.4)	18.4 (17.2-19.5)	21.4 (20.1-22.7)	19.3 (18.4-20.2)
	2005	25.7 (24.1-27.3)	28.6 (27.3-30.0)	26.0 (24.6-27.4)	29.9 (28.4-31.3)	27.2 (26.1-28.2)
	2008	28.5 (26.5-30.6)	31.8 (30.1-33.5)	29.0 (27.3-30.7)	32.8 (30.9-34.6)	30.2 (28.9-31.5)
	1997	47.3 (45.8-48.7)	46.1 (44.8-47.4)	48.7 (47.5-50.0)	42.0 (40.6-43.3)	46.7 (45.7-47.7)
Diabetes or high blood glucose	1998	50.3 (48.8-51.9)	47.1 (45.7-48.4)	50.7 (49.3-52.0)	44.1 (42.7-45.5)	48.7 (47.6-49.7)
	2002	53.6 (51.6-55.6)	51.5 (49.8-53.2)	54.0 (52.3-55.7)	49.2 (47.4-51.0)	52.6 (51.2-53.9)
	2005	57.9 (55.8-59.9)	59.3 (57.6-60.9)	60.2 (58.5-62.0)	54.9 (53.1-56.6)	58.6 (57.3-59.9)
	2008	62.2 (59.6-64.7)	63.8 (61.8-65.8)	63.3 (61.2-65.4)	62.4 (60.2-64.6)	63.0 (61.4-64.6)
Diabetes or high blood glucose	1997	24.9 (23.4-26.4)	23.5 (22.2-24.8)	24.8 (23.5-26.1)	22.7 (21.3-24.1)	24.2 (23.2-25.2)
	1998	21.5 (20.0-23.0)	21.3 (20.1-22.6)	20.8 (19.6-22.0)	22.9 (21.5-24.3)	21.4 (20.4-22.4)
	2002	25.2 (23.3-27.2)	24.1 (22.6-25.7)	24.8 (23.1-26.4)	24.5 (22.8-26.2)	24.7 (23.4-26.0)
	2005	25.3 (23.4-27.2)	23.9 (22.5-25.3)	24.6 (23.1-26.2)	24.5 (23.0-25.9)	24.6 (23.4-25.8)
Diabetes or high blood glucose	2008	26.6 (24.5-28.7)	26.8 (25.2-28.5)	26.5 (24.7-28.2)	27.2 (25.4-29.1)	26.7 (25.4-28.0)
	1997	5.2 (4.6-5.7)	4.2 (3.7-4.8)	4.6 (4.1-5.1)	5.0 (4.4-5.6)	4.7 (4.3-5.1)
	1998	4.9 (4.2-5.5)	4.0 (3.5-4.5)	4.3 (3.8-4.9)	4.7 (4.1-5.2)	4.4 (4.0-4.8)

Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)
	2002	6.5 (5.7-7.3)	5.5 (4.9-6.2)	5.4 (4.7-6.1)	7.3 (6.5-8.1)	6.0 (5.5-6.5)
	2003	7.0 (6.2-7.8)	5.6 (5.0-6.2)	6.0 (5.3-6.6)	7.1 (6.3-7.8)	6.3 (5.8-6.8)
	2004	8.0 (6.9-9.1)	5.3 (4.6-6.0)	6.4 (5.5-7.2)	7.2 (6.2-8.2)	6.6 (6.0-7.3)
	2005	8.4 (7.4-9.3)	6.9 (6.1-7.6)	7.5 (6.7-8.3)	7.8 (7.0-8.6)	7.6 (7.0-8.2)
	2006	8.5 (7.4-9.7)	6.4 (5.6-7.2)	7.5 (6.6-8.5)	7.3 (6.4-8.1)	7.4 (6.7-8.1)
	2007	7.8 (6.7-8.9)	6.5 (5.7-7.3)	6.5 (5.6-7.3)	8.6 (7.5-9.6)	7.1 (6.4-7.8)
	2008	7.9 (6.9-8.8)	6.8 (6.0-7.5)	6.6 (5.9-7.4)	8.8 (7.8-9.8)	7.3 (6.7-7.9)
High and very high psychological distress	1997	9.2 (8.4-10.0)	13.0 (12.1-13.9)	10.9 (10.1-11.7)	11.6 (10.8-12.5)	11.2 (10.5-11.8)
	1998	9.0 (8.1-9.9)	12.1 (11.2-12.9)	10.8 (9.9-11.6)	10.1 (9.3-11.0)	10.6 (10.0-11.2)
	2002	10.5 (9.3-11.6)	14.2 (13.0-15.4)	12.4 (11.3-13.5)	12.2 (11.0-13.4)	12.4 (11.5-13.2)
	2003	9.2 (8.2-10.3)	12.8 (11.8-13.9)	11.1 (10.1-12.1)	11.1 (10.0-12.1)	11.1 (10.3-11.8)
	2004	11.7 (10.2-13.3)	14.7 (13.3-16.1)	13.5 (12.2-14.9)	12.6 (11.2-13.9)	13.2 (12.2-14.3)
	2005	9.7 (8.4-10.9)	14.1 (12.9-15.3)	12.1 (11.0-13.2)	11.5 (10.4-12.6)	11.9 (11.1-12.8)
	2006	9.4 (8.1-10.7)	11.9 (10.7-13.2)	10.8 (9.6-12.0)	10.4 (9.2-11.7)	10.7 (9.8-11.6)
	2007	10.9 (9.4-12.5)	13.2 (11.9-14.5)	11.9 (10.6-13.2)	12.7 (11.2-14.2)	12.1 (11.1-13.1)
	2008	8.5 (7.2-9.8)	12.6 (11.3-13.9)	10.2 (9.0-11.4)	11.3 (10.0-12.7)	10.6 (9.6-11.5)
Visited a dental professional in the last 12 months	2002	53.8 (51.8-55.8)	57.7 (56.0-59.4)	57.6 (55.9-59.3)	51.5 (49.7-53.3)	55.8 (54.5-57.1)
	2003	56.0 (54.1-58.0)	60.5 (59.0-62.0)	60.7 (59.1-62.3)	52.8 (51.2-54.4)	58.3 (57.1-59.5)
	2004	58.1 (55.8-60.4)	63.1 (61.2-64.9)	62.9 (60.9-64.8)	55.5 (53.5-57.5)	60.6 (59.1-62.1)
	2005	60.2 (58.2-62.1)	63.9 (62.4-65.5)	64.4 (62.8-66.0)	56.7 (55.0-58.3)	62.1 (60.9-63.3)
	2006	56.4 (54.1-58.7)	59.8 (57.9-61.6)	60.3 (58.4-62.2)	53.0 (51.0-55.1)	58.1 (56.6-59.6)
	2007	52.9 (50.4-55.4)	59.0 (57.1-60.9)	57.8 (55.7-59.8)	51.9 (49.7-54.1)	56.0 (54.4-57.6)
	2008	57.7 (55.3-60.0)	59.9 (58.1-61.8)	61.9 (60.0-63.9)	51.5 (49.4-53.6)	58.8 (57.3-60.3)
All natural teeth missing	1998	5.7 (5.1-6.4)	10.6 (9.9-11.3)	6.8 (6.2-7.4)	11.4 (10.6-12.2)	8.2 (7.7-8.7)
	2002	4.9 (4.3-5.6)	7.8 (7.1-8.6)	5.3 (4.7-5.9)	8.9 (8.1-9.7)	6.4 (5.9-6.9)
	2003	4.4 (3.7-5.0)	7.8 (7.1-8.4)	4.8 (4.2-5.3)	9.1 (8.4-9.9)	6.1 (5.7-6.6)
	2004	4.7 (4.0-5.5)	7.7 (6.9-8.6)	5.2 (4.5-5.9)	8.6 (7.7-9.5)	6.3 (5.7-6.8)
	2005	4.2 (3.6-4.8)	6.8 (6.2-7.4)	4.7 (4.2-5.2)	7.5 (6.9-8.2)	5.6 (5.1-6.0)
	2006	3.7 (3.1-4.3)	5.9 (5.2-6.5)	3.8 (3.2-4.3)	7.1 (6.3-7.9)	4.8 (4.3-5.2)
	2007	3.9 (3.3-4.5)	6.4 (5.7-7.1)	4.2 (3.6-4.8)	7.4 (6.5-8.2)	5.1 (4.7-5.6)
	2008	4.0 (3.4-4.7)	6.2 (5.6-6.8)	4.2 (3.7-4.8)	7.2 (6.4-8.0)	5.1 (4.7-5.6)
Agree with adding fluoride to water supply	2005	87.4 (84.3-90.4)	88.2 (85.9-90.6)	91.0 (88.7-93.2)	79.7 (76.3-83.2)	87.8 (85.9-89.7)
	2006	86.2 (84.6-87.8)	86.1 (84.7-87.5)	88.8 (87.5-90.2)	80.1 (78.4-81.8)	86.1 (85.1-87.2)
	2007	89.2 (87.6-90.8)	87.8 (86.4-89.2)	90.6 (89.3-91.9)	83.6 (81.8-85.3)	88.5 (87.4-89.5)
	2008	87.2 (85.5-88.9)	87.6 (86.4-88.9)	89.9 (88.6-91.2)	81.8 (80.1-83.4)	87.4 (86.4-88.5)
Overweight (BMI 25.0 to 29.9)	1997	38.3 (36.9-39.7)	22.8 (21.7-23.9)	29.8 (28.6-31.0)	32.4 (31.1-33.7)	30.6 (29.7-31.5)
	1998	37.4 (35.9-38.9)	22.6 (21.5-23.7)	29.1 (27.9-30.4)	32.2 (30.9-33.5)	30.1 (29.1-31.0)
	2002	38.8 (36.9-40.8)	23.8 (22.4-25.2)	30.7 (29.2-32.3)	33.0 (31.3-34.7)	31.4 (30.2-32.6)
	2003	40.2 (38.3-42.1)	24.6 (23.2-25.9)	31.1 (29.6-32.7)	35.3 (33.7-36.9)	32.4 (31.2-33.6)
	2004	40.3 (38.0-42.6)	25.7 (24.0-27.3)	32.4 (30.5-34.3)	34.5 (32.6-36.4)	33.0 (31.6-34.5)
	2005	40.2 (38.2-42.1)	26.1 (24.7-27.5)	32.4 (30.8-34.0)	34.8 (33.2-36.5)	33.1 (31.9-34.3)
	2006	39.4 (37.1-41.6)	25.9 (24.3-27.6)	32.3 (30.5-34.2)	33.6 (31.7-35.6)	32.7 (31.3-34.1)
	2007	41.3 (38.8-43.7)	26.2 (24.5-27.9)	32.7 (30.7-34.6)	35.8 (33.6-38.0)	33.7 (32.2-35.2)
	2008	42.0 (39.7-44.4)	26.5 (24.9-28.2)	33.3 (31.4-35.2)	36.6 (34.5-38.6)	34.3 (32.8-35.7)
Obese (BMI 30.0 or over)	1997	11.0 (10.1-11.8)	11.3 (10.6-12.1)	10.2 (9.5-11.0)	13.2 (12.4-14.1)	11.2 (10.6-11.7)
	1998	12.5 (11.5-13.4)	11.5 (10.7-12.3)	11.0 (10.2-11.8)	14.2 (13.3-15.2)	12.0 (11.4-12.6)
	2002	14.6 (13.3-16.0)	14.4 (13.3-15.5)	13.8 (12.7-14.9)	16.1 (14.9-17.3)	14.5 (13.6-15.4)
	2003	15.5 (14.2-16.8)	16.4 (15.3-17.6)	15.0 (13.9-16.2)	18.2 (16.9-19.4)	16.0 (15.1-16.9)
	2004	15.9 (14.3-17.6)	14.8 (13.5-16.1)	14.4 (13.0-15.8)	17.7 (16.2-19.1)	15.4 (14.3-16.4)
	2005	17.3 (15.8-18.8)	16.2 (15.1-17.3)	15.0 (13.8-16.1)	20.8 (19.4-22.1)	16.7 (15.8-17.6)
	2006	18.0 (16.2-19.8)	17.4 (15.9-18.8)	17.2 (15.7-18.7)	18.9 (17.3-20.5)	17.7 (16.6-18.9)
	2007	17.6 (15.7-19.5)	18.5 (17.0-19.9)	16.5 (15.0-18.0)	21.4 (19.6-23.2)	18.0 (16.8-19.2)
	2008	18.0 (16.3-19.7)	19.1 (17.7-20.6)	16.8 (15.4-18.2)	22.7 (20.9-24.5)	18.6 (17.4-19.7)
Overweight or obese (BMI 25.0 or over)	1997	49.3 (47.8-50.7)	34.2 (32.9-35.4)	40.1 (38.8-41.3)	45.6 (44.3-47.0)	41.8 (40.8-42.7)
	1998	49.8 (48.3-51.4)	34.1 (32.9-35.4)	40.1 (38.8-41.4)	46.4 (45.0-47.8)	42.0 (41.0-43.1)
	2002	53.4 (51.4-55.4)	38.2 (36.6-39.8)	44.5 (42.8-46.2)	49.1 (47.3-51.0)	45.9 (44.6-47.2)
	2003	55.7 (53.7-57.6)	41.0 (39.5-42.6)	46.2 (44.5-47.8)	53.5 (51.8-55.1)	48.4 (47.1-49.6)
	2004	56.2 (53.8-58.6)	40.5 (38.6-42.4)	46.8 (44.8-48.8)	52.2 (50.2-54.2)	48.4 (46.9-50.0)
	2005	57.5 (55.5-59.5)	42.3 (40.7-43.9)	47.4 (45.7-49.1)	55.6 (53.9-57.3)	49.9 (48.6-51.1)
	2006	57.4 (55.0-59.7)	43.3 (41.4-45.2)	49.5 (47.5-51.5)	52.5 (50.4-54.6)	50.4 (48.9-52.0)
	2007	58.8 (56.3-61.4)	44.7 (42.7-46.6)	49.2 (47.1-51.3)	57.2 (55.0-59.5)	51.7 (50.1-53.3)
	2008	60.0 (57.7-62.4)	45.7 (43.8-47.6)	50.1 (48.1-52.1)	59.3 (57.2-61.4)	52.9 (51.3-54.4)

Note: Indicators include adults 16 years and over unless specified.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

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Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)
Private health insurance	1997	42.7 (41.2-44.1)	41.4 (40.1-42.7)	44.3 (43.0-45.6)	36.9 (35.6-38.2)	42.0 (41.1-43.0)
	1998	40.5 (39.0-42.0)	41.3 (40.0-42.6)	43.6 (42.2-44.9)	34.9 (33.6-36.2)	40.9 (39.9-41.9)
	2002	52.1 (50.2-54.1)	54.1 (52.4-55.7)	57.0 (55.3-58.7)	44.2 (42.4-45.9)	53.1 (51.8-54.4)
	2003	53.2 (51.3-55.1)	54.2 (52.6-55.8)	57.4 (55.7-59.0)	45.4 (43.7-47.0)	53.7 (52.5-55.0)
	2004	54.4 (52.1-56.8)	54.1 (52.2-56.0)	57.7 (55.7-59.6)	46.5 (44.5-48.4)	54.3 (52.7-55.8)
	2005	54.3 (52.3-56.3)	54.9 (53.3-56.5)	58.4 (56.8-60.1)	45.8 (44.1-47.4)	54.6 (53.3-55.9)
	2006	53.2 (50.9-55.6)	55.9 (54.0-57.8)	58.2 (56.3-60.2)	46.2 (44.2-48.2)	54.6 (53.1-56.1)
	2007	55.8 (53.9-57.7)	54.4 (52.9-55.9)	57.8 (56.2-59.3)	49.0 (47.3-50.7)	55.1 (53.9-56.3)
	2008	56.8 (54.6-58.9)	57.0 (55.3-58.8)	60.4 (58.7-62.2)	48.8 (46.9-50.8)	56.9 (55.5-58.3)
Difficulties getting health care when needing it	1997	8.8 (8.0-9.6)	11.0 (10.3-11.8)	8.1 (7.4-8.8)	14.0 (13.1-14.9)	9.9 (9.4-10.5)
	1998	8.5 (7.8-9.3)	11.8 (11.0-12.5)	8.0 (7.4-8.7)	15.0 (14.1-15.9)	10.2 (9.6-10.7)
	2002	10.8 (9.6-11.9)	14.3 (13.2-15.4)	9.6 (8.6-10.5)	19.4 (18.0-20.8)	12.6 (11.8-13.4)
	2003	11.4 (10.3-12.5)	15.0 (14.0-16.1)	10.0 (9.1-10.9)	20.8 (19.5-22.2)	13.3 (12.5-14.0)
	2004	12.7 (11.2-14.1)	15.0 (13.7-16.3)	10.0 (8.9-11.2)	22.6 (21.0-24.3)	13.9 (12.9-14.8)
	2005	11.1 (10.0-12.3)	15.0 (13.9-16.1)	9.9 (9.0-10.9)	20.5 (19.1-21.8)	13.1 (12.3-13.9)
	2006	11.9 (10.5-13.3)	14.6 (13.3-15.9)	9.5 (8.4-10.7)	21.9 (20.2-23.6)	13.2 (12.3-14.2)
	2007	14.7 (13.4-16.0)	19.2 (18.1-20.4)	12.5 (11.4-13.5)	27.6 (26.1-29.1)	17.0 (16.2-17.9)
	2008	13.9 (12.5-15.3)	21.6 (20.2-23.0)	13.7 (12.5-14.9)	27.2 (25.6-28.9)	17.8 (16.8-18.8)
Emergency department presentation in the last 12 months	1997	15.8 (14.8-16.8)	12.0 (11.2-12.9)	11.7 (10.9-12.5)	18.9 (17.8-20.0)	13.9 (13.2-14.6)
	1998	13.9 (12.9-14.9)	12.0 (11.2-12.8)	11.2 (10.4-12.0)	17.0 (15.9-18.0)	13.0 (12.3-13.6)
	2002	14.7 (13.4-16.0)	13.8 (12.7-14.9)	12.6 (11.5-13.7)	18.1 (16.7-19.4)	14.3 (13.4-15.1)
	2003	14.0 (12.7-15.2)	13.2 (12.2-14.2)	11.8 (10.8-12.8)	17.7 (16.4-18.9)	13.6 (12.7-14.4)
	2004	15.4 (13.8-17.0)	13.6 (12.3-14.9)	13.2 (11.9-14.5)	17.5 (16.0-19.0)	14.5 (13.5-15.5)
	2005	14.0 (12.7-15.3)	13.3 (12.2-14.4)	12.4 (11.3-13.5)	16.6 (15.3-17.8)	13.6 (12.8-14.5)
	2006	14.1 (12.5-15.7)	14.0 (12.8-15.3)	12.4 (11.1-13.7)	17.8 (16.3-19.3)	14.1 (13.0-15.1)
	2007	16.5 (15.1-17.9)	14.6 (13.6-15.6)	13.8 (12.7-14.8)	19.6 (18.2-20.9)	15.5 (14.7-16.4)
	2008	17.5 (15.9-19.1)	17.0 (15.7-18.3)	15.2 (13.9-16.5)	22.0 (20.4-23.6)	17.3 (16.2-18.3)
Emergency department care rated as excellent, very good or good	1997	80.4 (77.5-83.3)	79.6 (76.6-82.7)	77.4 (74.2-80.6)	83.9 (81.6-86.2)	80.1 (78.0-82.2)
	1998	82.5 (79.5-85.5)	78.6 (75.7-81.5)	77.4 (74.3-80.6)	85.6 (83.4-87.9)	80.7 (78.6-82.8)
	2002	79.8 (75.8-83.7)	72.6 (68.7-76.6)	75.5 (71.6-79.4)	77.5 (73.8-81.3)	76.3 (73.5-79.1)
	2003	80.2 (76.1-84.3)	77.9 (74.2-81.5)	74.2 (70.0-78.3)	86.6 (84.1-89.0)	79.1 (76.3-81.8)
	2004	77.3 (72.3-82.2)	81.7 (77.9-85.6)	76.9 (72.3-81.4)	83.7 (80.0-87.4)	79.4 (76.2-82.6)
	2005	85.7 (82.0-89.3)	75.6 (71.5-79.8)	77.4 (73.3-81.4)	86.3 (83.5-89.2)	80.7 (77.9-83.5)
	2006	84.0 (79.6-88.3)	78.4 (73.9-82.8)	77.8 (73.2-82.5)	86.4 (83.4-89.5)	81.1 (77.8-84.3)
	2007	81.1 (77.3-84.9)	77.5 (74.2-80.8)	77.8 (74.2-81.4)	81.9 (78.8-85.0)	79.4 (76.9-81.9)
	2008	77.3 (73.1-81.5)	78.3 (74.5-82.1)	75.2 (71.2-79.3)	81.8 (78.3-85.3)	77.8 (75.0-80.6)
Hospital admission in the last 12 months	1997	11.3 (10.4-12.1)	14.6 (13.7-15.5)	12.1 (11.3-12.8)	15.0 (14.1-15.9)	13.0 (12.3-13.6)
	1998	11.4 (10.5-12.4)	15.3 (14.4-16.2)	12.7 (11.8-13.5)	15.0 (14.1-15.9)	13.4 (12.7-14.0)
	2002	11.0 (9.9-12.2)	16.0 (14.8-17.3)	13.0 (11.9-14.1)	14.8 (13.6-16.0)	13.6 (12.7-14.4)
	2003	12.3 (11.1-13.5)	14.9 (13.8-16.0)	12.9 (11.9-14.0)	15.2 (14.0-16.4)	13.6 (12.8-14.4)
	2004	12.4 (10.9-13.8)	15.0 (13.6-16.4)	13.0 (11.6-14.3)	15.4 (14.0-16.8)	13.7 (12.7-14.7)
	2005	11.5 (10.4-12.7)	15.7 (14.6-16.9)	13.4 (12.3-14.4)	14.4 (13.2-15.5)	13.7 (12.9-14.5)
	2006	12.7 (11.3-14.1)	15.4 (14.1-16.8)	13.7 (12.4-15.0)	15.0 (13.6-16.4)	14.1 (13.1-15.1)
	2007	12.0 (10.9-13.1)	16.1 (15.0-17.2)	13.5 (12.5-14.4)	15.5 (14.4-16.7)	14.1 (13.3-14.9)
	2008	11.1 (9.9-12.4)	17.1 (15.8-18.4)	13.5 (12.3-14.7)	15.7 (14.4-17.0)	14.2 (13.3-15.1)
Hospital care rated as excellent, very good or good	1997	90.2 (87.8-92.7)	89.9 (87.9-91.9)	89.3 (87.1-91.5)	91.4 (89.6-93.2)	90.0 (88.5-91.6)
	1998	92.6 (90.4-94.7)	89.9 (88.0-91.8)	90.7 (88.8-92.7)	91.6 (89.7-93.5)	91.0 (89.6-92.5)
	2002	93.4 (90.6-96.2)	88.9 (85.9-91.9)	90.4 (87.6-93.2)	91.4 (88.2-94.6)	90.7 (88.6-92.9)
	2003	92.9 (90.2-95.7)	89.9 (87.6-92.3)	90.9 (88.5-93.3)	92.0 (89.7-94.2)	91.3 (89.5-93.0)
	2004	91.6 (88.3-94.9)	90.5 (87.4-93.7)	90.8 (87.7-94.0)	91.3 (88.7-93.9)	91.0 (88.7-93.3)
	2005	93.6 (91.1-96.1)	90.5 (88.0-93.0)	91.8 (89.5-94.1)	91.7 (89.0-94.4)	91.8 (90.0-93.6)
	2006	91.0 (87.5-94.6)	89.5 (86.5-92.5)	89.6 (86.4-92.7)	91.5 (88.9-94.2)	90.2 (87.9-92.5)
	2007	91.3 (88.7-93.8)	88.3 (85.9-90.7)	89.4 (87.0-91.8)	89.9 (87.7-92.1)	89.6 (87.8-91.3)
	2008	91.7 (88.4-94.9)	86.3 (83.1-89.5)	88.3 (85.2-91.4)	88.5 (85.2-91.9)	88.4 (86.0-90.7)
Visited a general practice in the last 2 weeks	1997	25.4 (24.1-26.8)	30.2 (28.9-31.5)	29.1 (27.9-30.3)	25.2 (24.0-26.5)	27.9 (27.0-28.9)
	1998	24.0 (22.6-25.4)	30.5 (29.2-31.8)	27.8 (26.6-29.0)	26.6 (25.3-27.8)	27.4 (26.5-28.4)
	2002	25.4 (23.6-27.1)	30.8 (29.3-32.2)	29.2 (27.7-30.6)	26.1 (24.6-27.6)	28.3 (27.1-29.4)
	2008	27.1 (25.1-29.1)	31.1 (29.5-32.7)	29.8 (28.2-31.5)	27.8 (26.1-29.6)	29.2 (28.0-30.5)
Visited a general practice in the last 12 months	1997	85.0 (83.9-86.0)	90.6 (89.8-91.3)	87.7 (86.8-88.5)	88.1 (87.3-89.0)	87.8 (87.2-88.4)
	1998	82.7 (81.5-83.8)	89.7 (88.9-90.5)	87.5 (86.6-88.4)	83.4 (82.4-84.5)	86.2 (85.5-86.9)
	2007	78.8 (77.2-80.4)	87.3 (86.3-88.4)	83.4 (82.2-84.7)	82.5 (81.0-83.9)	83.2 (82.2-84.1)
	2008	81.7 (79.9-83.4)	90.5 (89.5-91.6)	86.8 (85.5-88.1)	84.7 (83.2-86.3)	86.2 (85.1-87.2)
General practice care rated as excellent, very good or good	2007	93.1 (92.0-94.1)	93.5 (92.7-94.3)	93.1 (92.3-94.0)	93.7 (92.8-94.6)	93.3 (92.7-94.0)
	2008	94.1 (93.0-95.3)	93.2 (92.3-94.2)	93.5 (92.5-94.5)	94.0 (93.1-95.0)	93.7 (92.9-94.4)
Public dental service attendance in the last 12 months	2002	3.9 (3.1-4.7)	5.3 (4.5-6.1)	4.2 (3.5-4.9)	5.5 (4.7-6.3)	4.6 (4.1-5.2)
	2003	3.8 (3.2-4.4)	4.7 (4.1-5.4)	3.8 (3.2-4.3)	5.4 (4.7-6.2)	4.3 (3.8-4.7)
	2004	5.2 (4.2-6.1)	5.6 (4.8-6.5)	5.1 (4.2-5.9)	6.2 (5.2-7.2)	5.4 (4.8-6.1)
	2005	4.9 (4.1-5.8)	5.4 (4.7-6.1)	4.7 (4.0-5.4)	6.2 (5.3-7.1)	5.2 (4.6-5.7)
	2006	3.9 (2.9-4.8)	4.6 (3.8-5.4)	4.1 (3.3-4.8)	4.5 (3.6-5.5)	4.2 (3.6-4.8)
	2007	5.1 (4.3-5.9)	5.1 (4.5-5.8)	4.7 (4.1-5.4)	6.0 (5.1-6.8)	5.1 (4.6-5.6)
Public dental service care rated as excellent, very good, or good	2008	5.2 (4.2-6.2)	5.8 (5.0-6.6)	5.4 (4.6-6.2)	5.7 (4.8-6.5)	5.5 (4.9-6.1)
	2002	82.2 (75.0-89.5)	81.1 (75.5-86.6)	82.4 (76.5-88.3)	80.1 (73.7-86.5)	81.6 (77.1-86.0)

Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)
	2003	85.8 (80.5-91.2)	85.1 (80.1-90.0)	87.1 (82.2-92.0)	82.7 (77.5-87.9)	85.4 (81.8-89.0)
	2004	80.8 (72.0-89.6)	87.7 (82.7-92.8)	84.3 (77.3-91.3)	84.7 (78.6-90.9)	84.4 (79.4-89.5)
	2006	86.4 (77.5-95.2)	82.4 (76.0-88.9)	83.1 (75.9-90.3)	86.6 (80.0-93.1)	84.2 (78.9-89.5)
	2007	88.5 (83.2-93.9)	85.6 (81.6-89.5)	86.6 (82.0-91.3)	87.7 (84.0-91.5)	87.0 (83.7-90.3)
	2008	86.8 (79.0-94.5)	86.9 (82.5-91.3)	87.3 (81.7-93.0)	85.8 (79.8-91.7)	86.8 (82.5-91.1)
Community health centre attendance in the last 12 months	2002	4.8 (4.0-5.6)	8.9 (8.0-9.9)	6.1 (5.3-6.9)	8.8 (7.8-9.7)	6.9 (6.3-7.5)
	2003	3.6 (2.9-4.3)	6.5 (5.8-7.2)	4.3 (3.7-4.9)	6.9 (6.1-7.6)	5.1 (4.6-5.6)
	2004	6.1 (5.0-7.2)	8.1 (7.1-9.1)	6.5 (5.5-7.5)	8.5 (7.4-9.5)	7.1 (6.4-7.8)
	2005	6.2 (5.3-7.2)	8.8 (7.9-9.7)	7.2 (6.3-8.0)	8.4 (7.5-9.2)	7.5 (6.9-8.2)
	2006	5.7 (4.7-6.8)	8.8 (7.7-9.9)	7.0 (5.9-8.0)	8.1 (7.1-9.2)	7.3 (6.5-8.1)
	2007	5.8 (5.0-6.7)	9.7 (8.8-10.6)	7.0 (6.2-7.8)	9.7 (8.7-10.6)	7.8 (7.2-8.4)
	2008	6.0 (5.0-6.9)	10.0 (9.0-11.0)	6.8 (5.9-7.6)	11.0 (9.8-12.2)	8.0 (7.3-8.7)
Community health centre care rated as excellent, very good, or good	2002	91.7 (87.1-96.4)	93.6 (90.8-96.3)	91.9 (88.3-95.5)	94.5 (92.3-96.8)	92.9 (90.5-95.3)
	2003	94.2 (90.1-98.3)	93.3 (90.5-96.1)	93.0 (89.4-96.6)	94.5 (92.1-96.9)	93.6 (91.3-95.9)
	2004	86.7 (80.6-92.9)	94.9 (91.8-98.0)	89.2 (84.5-94.0)	95.5 (92.9-98.0)	91.5 (88.3-94.7)
	2006	92.4 (88.1-96.7)	90.8 (86.5-95.1)	90.0 (85.6-94.5)	94.2 (90.9-97.4)	91.4 (88.3-94.6)
	2008	91.1 (86.5-95.7)	92.2 (89.2-95.3)	90.7 (86.8-94.6)	93.3 (90.6-96.1)	91.8 (89.2-94.4)

Note: Indicators include adults 16 years and over unless specified.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Trends in social capital, NSW, 2008

Indicator	Year	Males % (95% CI)	Females % (95% CI)	Urban % (95% CI)	Rural % (95% CI)	All % (95% CI)
Most people can be trusted	2002	68.9 (67.1-70.7)	62.6 (60.9-64.3)	64.3 (62.7-66.0)	68.9 (67.3-70.6)	65.7 (64.5-67.0)
	2003	71.5 (69.7-73.3)	68.0 (66.5-69.5)	68.8 (67.2-70.3)	72.0 (70.5-73.5)	69.7 (68.6-70.9)
	2005	74.2 (72.4-76.0)	72.5 (71.0-74.0)	72.5 (70.9-74.0)	75.3 (73.8-76.8)	73.3 (72.2-74.5)
	2006	74.4 (72.3-76.4)	72.7 (71.0-74.5)	72.4 (70.6-74.2)	76.1 (74.3-77.9)	73.5 (72.2-74.9)
	2007	72.3 (70.0-74.6)	69.1 (67.2-71.0)	69.2 (67.3-71.2)	73.9 (71.9-76.0)	70.7 (69.2-72.2)
Feel safe walking down their street after dark	2002	78.4 (76.8-80.0)	56.5 (54.9-58.2)	67.8 (66.2-69.3)	66.7 (65.1-68.3)	67.4 (66.3-68.6)
	2003	80.0 (78.6-81.5)	56.3 (54.7-57.8)	68.3 (66.9-69.8)	67.3 (65.8-68.8)	68.0 (66.9-69.1)
	2005	82.9 (81.4-84.3)	59.9 (58.4-61.5)	71.1 (69.7-72.6)	71.6 (70.2-73.1)	71.3 (70.2-72.4)
	2006	82.4 (80.8-84.1)	58.0 (56.2-59.9)	70.1 (68.3-71.8)	70.6 (68.8-72.4)	70.2 (68.9-71.6)
	2007	82.3 (80.5-84.1)	60.3 (58.4-62.3)	70.9 (69.1-72.7)	71.5 (69.6-73.5)	71.1 (69.7-72.5)
Area has a reputation for being a safe place	2002	75.2 (73.5-76.9)	71.4 (69.9-73.0)	71.3 (69.8-72.8)	77.9 (76.4-79.3)	73.3 (72.2-74.4)
	2003	76.5 (74.9-78.2)	73.2 (71.8-74.6)	73.3 (71.9-74.8)	78.4 (77.0-79.8)	74.9 (73.8-75.9)
	2005	78.6 (77.0-80.3)	77.5 (76.1-78.9)	76.4 (75.0-77.8)	81.9 (80.5-83.2)	78.1 (77.0-79.1)
	2006	75.8 (73.7-77.8)	74.9 (73.2-76.6)	73.0 (71.2-74.8)	80.8 (79.1-82.4)	75.3 (74.0-76.7)
	2007	77.2 (75.1-79.4)	75.6 (73.9-77.4)	74.2 (72.4-76.0)	81.5 (79.8-83.2)	76.4 (75.1-77.8)
Visit neighbours	2002	69.1 (67.3-70.9)	63.6 (62.0-65.2)	64.1 (62.5-65.7)	71.5 (70.0-73.1)	68.3 (65.1-67.5)
	2003	67.1 (65.2-68.9)	63.8 (62.3-65.3)	62.8 (61.2-64.4)	71.4 (69.9-72.8)	65.4 (64.2-66.6)
	2005	66.4 (64.5-68.3)	60.6 (59.0-62.2)	61.1 (59.4-62.7)	68.9 (67.3-70.5)	63.4 (62.2-64.7)
	2006	66.6 (64.4-68.9)	66.9 (65.1-68.6)	64.3 (62.4-66.2)	72.5 (70.7-74.3)	66.7 (65.3-68.2)
	2007	64.7 (62.2-67.2)	60.1 (58.1-62.0)	60.3 (58.3-62.3)	66.9 (64.8-69.1)	62.3 (60.7-63.9)
Run into friends and acquaintances when shopping in local area	2002	80.7 (79.2-82.3)	84.0 (82.8-85.2)	78.9 (77.6-80.2)	90.4 (89.2-91.6)	82.4 (81.4-83.4)
	2003	80.3 (78.8-81.9)	82.8 (81.6-84.0)	78.1 (76.7-79.4)	89.7 (88.7-90.7)	81.6 (80.6-82.6)
	2005	79.4 (77.7-81.1)	83.0 (81.8-84.2)	77.7 (76.3-79.1)	89.4 (88.4-90.5)	81.2 (80.2-82.3)
	2006	78.2 (76.3-80.2)	83.2 (81.8-84.6)	77.1 (75.5-78.7)	89.2 (88.0-90.5)	80.8 (79.5-82.0)
	2007	78.3 (76.2-80.4)	83.4 (81.9-84.8)	77.6 (75.9-79.4)	88.4 (86.9-89.9)	80.9 (79.6-82.2)
Sad to leave neighbourhood	2002	71.1 (69.3-72.9)	75.5 (74.0-76.9)	72.0 (70.5-73.6)	76.2 (74.6-77.8)	73.3 (72.1-74.5)
	2003	69.5 (67.7-71.3)	76.9 (75.6-78.3)	71.9 (70.4-73.4)	76.6 (75.2-78.0)	73.3 (72.2-74.4)
	2005	67.3 (65.4-69.3)	75.8 (74.4-77.2)	70.0 (68.5-71.6)	75.5 (74.0-77.0)	71.7 (70.5-72.9)
	2006	69.5 (67.3-71.7)	76.3 (74.7-78.0)	72.2 (70.4-74.0)	74.7 (72.9-76.6)	73.0 (71.6-74.3)
	2007	70.0 (67.6-72.4)	76.2 (74.5-78.0)	71.0 (69.0-72.9)	78.3 (76.5-80.2)	73.2 (71.7-74.7)
Took part in group sport or physical activity	2007	67.3 (64.6-70.1)	53.8 (51.5-56.2)	62.2 (59.8-64.5)	56.6 (54.0-59.2)	60.4 (58.6-62.3)
	2008	61.8 (59.6-64.0)	48.8 (47.0-50.7)	55.6 (53.7-57.5)	54.2 (52.1-56.2)	55.2 (53.7-56.7)
Participated in a group cultural or artistic activity	2007	57.2 (54.1-60.2)	58.5 (56.2-60.9)	58.1 (55.6-60.6)	57.4 (54.7-60.0)	57.9 (55.9-59.8)
	2008	52.4 (50.1-54.8)	58.8 (56.9-60.7)	55.2 (53.3-57.1)	56.8 (54.7-58.9)	55.7 (54.2-57.2)

Note: Indicators include adults 16 years and over unless specified.

Source: New South Wales Population Health Survey 2008 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Question modules

The survey questions used in the New South Wales Population Health Survey in 2008 are available as individual question modules, including: alcohol and cannabis, asthma, cancer screening (breast and cervical), demographics, diabetes or high blood glucose, environmental health (usual source of drinking water), health services use and access (including private health insurance and difficulties getting health care), immunisation (influenza and pneumococcal), injury prevention (fire safety in the home), mental health (psychological distress), nutrition, oral health, overweight and obesity, physical activity, self-rated health, smoking (including passive smoking), and social capital.

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.

Alcohol and cannabis

Q1. How often do you usually drink alcohol?

1. _____ number of days
 2. Less than once per week
 3. I don't drink alcohol → Q6
- X Don't know → Q6
R Refused → Q6

Q2. Alcoholic drinks are measured in terms of a standard drink. A standard drink is equal to 1 middy of full-strength beer, 1 schooner of light beer, 1 small glass of wine, or 1 pub-sized nip of spirits. On a day when you drink alcohol, how many standard drinks do you usually have?

1. _____ number of drinks
- X Don't know
R Refused

Q3. In the last 4 weeks have you had more than [4 if male/2 if female] drinks in a day?

1. Yes
 2. No → Q6
- X Don't know → Q6
R Refused → Q6

Q4. In the last 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 last 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

Q6. Which of the following best describes your marijuana or hashish smoking status? [ASKED IF 16-34 YEARS - READ OUT]

1. I smoke daily
 2. I smoke occasionally
 3. I don't smoke now, but I used to → END OF MODULE
 4. I've tried it a few times but never smoked regularly → END OF MODULE
 5. I've never smoked marijuana or hashish → END OF MODULE
- X Don't know → END OF MODULE
R Refused → END OF MODULE

Q7. When you smoke marijuana or hashish do you mix it with tobacco? [ASKED IF 16-34 YEARS - READ OUT]

1. Always
 2. Sometimes
 3. Rarely
 4. Never
- X Don't know
R Refused

Q8. How soon after you wake do you have your first smoke of marijuana or hashish? [ASKED IF 16-34 YEARS - READ OUT]

1. Less than or equal to 5 minutes
 2. 6-30 minutes
 3. 31-60 minutes
 4. Longer than 60 minutes
- 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? [ASKED IF FEMALE 40-79 YEARS]

- 1. Yes
- 2. No → Q4
- X Don't know → Q4
- R Refused → Q4

Q2. When did you last have a mammogram? [ASKED IF FEMALE 40-79 YEARS]

- 1. Less than 1 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? [ASKED IF FEMALE 40-79 YEARS - 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. 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? [ASKED IF FEMALE 20-79 YEARS]

- 1. Yes
- 2. No → Q6
- X Don't know → Q6
- R Refused → Q6

Q5. When did you last have a Pap test? [ASKED IF FEMALE 20-79 YEARS]

- 1. Less than 1 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

Q6. A hysterectomy is an operation in which a woman's uterus (or womb) is removed. Have you ever had a hysterectomy? [ASKED IF FEMALE 20-69 YEARS]

- 1. Yes
- 2. No → END OF MODULE
- X Don't know → END OF MODULE
- R Refused → END OF MODULE

Q7. How old were you when you had a hysterectomy? [ASKED IF FEMALE 20-69 YEARS]

- 1. _____ age in years
- 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

Immunisation

Q1. Were you vaccinated or immunised 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 or immunised 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

X Don't know

R Refused

Injury prevention

Q1. Do you have smoke alarms installed in your home? [IF YES ASKED: BATTERY OPERATED, HARD WIRED, OR BOTH?]

1. Yes: battery operated → Q2

2. Yes: hard wired → Q4

3. Yes: battery operated and hard wired → Q2

4. No → Q7

X Don't know → Q7

R Refused → Q7

Q2. When did you last test the battery operated 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

6. No battery currently in alarm

X Don't know
R Refused

Q3. How many battery operated smoke alarms do you have?

1. _____ [SPECIFY]

X Don't know
R Refused

Q4. 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

Q5. How many hard wired smoke alarms do you have?

1. _____ [SPECIFY]

X Don't know
R Refused

Q6. Are you aware of the NSW Fire Brigades program to change or install battery operated fire alarms in homes for the elderly or disabled?

1. Yes
4. No

X Don't know
R Refused

Q7. Does your household have: [READ OUT]

1. A written home escape plan
2. A home escape plan which is not written down
3. No home escape plan → END OF MODULE

X Don't know → END OF MODULE

R Refused → END OF MODULE

Q8. 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

Nutrition

Q1. How many serves of vegetables do you usually eat each day? [1 serve = 1/2 cup cooked or 1 cup of salad vegetables]

1. _____ serves per day
2. _____ serves per week
3. Don't eat vegetables

X Don't know
R Refused

Q2. 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

Q3. How many serves of fruit do you usually eat each day? [1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces]

1. _____ serves per day
 2. _____ serves per week
 3. Don't eat fruit
- X Don't know
R Refused

Q4. 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

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 do you eat pasta, rice, noodles or other cooked cereals (not including cooked breakfast cereals)?

1. _____ times per day
 2. _____ times per week
 3. _____ times per month
 4. Rarely or never
- X Don't know
R Refused

Q8. 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

Q9. 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

Q10. How often do you eat potato crisps or other salty snacks (such as twisties or corn chips)?

1. _____ times per day
 2. _____ times per week
 3. _____ times per month
 4. Rarely or never
- X Don't know
R Refused

Q11. 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

Q12. How many cups of soft drink, cordials or sports drink such as lemonade or Gatorade do you usually drink in a day? [1 cup = 250 ml, 1 can of soft drink = 1.5 cups, 1 x 500 ml bottle of Gatorade = 2 cups]

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 like McDonalds, Hungry Jacks, Pizza Hut, KFC, Red Rooster, or local take-away places?

1. _____ times per week
 2. _____ times per month
 3. Rarely or never
- X Don't know
R Refused

Q14. How many cups of fruit juice do you usually drink in a day? [1 cup = 250 ml, a household cup, or a large popper]

1. _____ cups per day
 2. _____ cups per week
 3. Doesn't drink juice
- X Don't know
R Refused

Q15. How many cups of water do you usually drink in a day? [1 cup = 250 ml or a household tea cup, 1 average bottle of water = 1.5 cups]

1. _____ cups per day
 2. _____ cups per week
 3. Doesn't drink water
- X Don't know
R Refused

Q16. How often do you eat red meat such as beef, lamb, liver and kidney but not pork or ham?

1. _____ times per day
 2. _____ times per week
 3. _____ times per month
 4. Rarely or never
- X Don't know
R Refused

Q17. 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

Physical activity

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 → Q3]
- X Don't know → Q3

R Refused → 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 gardening. In the last week, how many times did you do any vigorous household chores which made you breathe harder or puff and pant?

1. _____ number of times [If = 0 → Q5]

X Don't know → Q5

R Refused → Q5

Q4. What do you estimate was the total time you spent doing these vigorous household chores in the last week? [In hours and minutes]

1. _____ hours _____ minutes

X Don't know

R Refused

Q5. In the last week, how many times did you do any vigorous gardening or heavy work around the yard which made you breathe harder or puff and pant?

1. _____ number of times [If = 0 → Q7]

X Don't know → Q7

R Refused → Q7

Q6. What do you estimate was the total time you spent doing this vigorous gardening or heavy work around the yard in the last week? [In hours and minutes]

1. _____ hours _____ minutes

X Don't know

R Refused

Q7. 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? [For example: football, tennis, netball, squash, athletics, cycling, jogging, keep-fit exercises, and vigorous swimming]

1. _____ number of times [If = 0 → Q9]

X Don't know → Q9

R Refused → Q9

Q8. What do you estimate was the total time you spent doing this vigorous physical activity in the last week? [In hours and minutes]

1. _____ hours _____ minutes

X Don't know

R Refused

Q9. 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? [For example: lawn bowls, golf, tai chi, and sailing]

1. _____ number of times [If = 0 → Q11]

X Don't know → Q11

R Refused → Q11

Q10. What do you estimate was the total time that you spent doing these activities in the last week? [In hours and minutes]

1. _____ hours _____ minutes

X Don't know

R Refused

Q11. How do you usually get to work? [MULTIPLE RESPONSE]

1. Train

2. Bus

3. Ferry

4. Tram (including light rail)

5. Taxi

- 6. Car (as driver)
- 7. Car (as passenger)
- 8. Truck
- 9. Motor bike or motor scooter
- 10. Bicycle
- 11. Walk only
- 12. Work from home
- 13. Walk part of the way
- 14. Other
- X Don't know
- R Refused

Smoking

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 → Q5
- 4. I've tried it a few times but never smoked regularly → Q5
- 5. I've never smoked → Q5
- X Don't know → Q5
- R Refused → Q5

Q2. Which of the following best describes how you feel about your smoking? [READ OUT]

- 1. I am not planning on quitting within the next 6 months
- 2. I am planning on quitting within the next 6 months
- 3. I am planning on quitting within the next month
- 4. I have not smoked in the last 24 hours but was smoking 6 months ago → Q5
- 5. I have not been smoking in the last 6 months → Q5
- X Don't know → Q5
- R Refused → Q5

Q3. How soon after you wake do you smoke your first cigarette? [READ OUT]

- 1. Less than or equal to 5 minutes
- 2. 6-30 minutes
- 3. 31-60 minutes
- 4. Longer than 60 minutes
- X Don't know
- R Refused

Q4. 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

Q5. 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

Q6. Are people allowed to smoke in your car?

- 1. Yes
- 2. No
- 3. Don't have a car
- X Don't know
- R Refused

Q7. 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

Q8. 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

Q9. Do you support a regulation to ensure that, in shops, cigarettes are stored out of sight?

- 1. Yes
- 2. No
- X Don't know
- R Refused

Health-related quality of life

Q1. Overall, how would you rate your health during the last 4 weeks? [READ OUT]

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor
- 6. Very poor
- X Don't know
- R Refused

Q2. During the last 4 weeks how much difficulty did you have doing your daily work or activities? [READ OUT]

- 1. No difficulty at all
- 2. A little bit of difficulty
- 3. Some difficulty
- 4. Much difficulty
- 5. Could not do work or activities
- X Don't know
- R Refused

Q3. During the last 4 weeks how much bodily pain have you generally had? [READ OUT]

- 1. No pain
- 2. Very mild pain
- 3. Mild pain
- 4. Moderate pain
- 5. Severe pain
- X Don't know
- R Refused

Asthma

Q1. Have you ever been told by a doctor or hospital you have asthma?

- 1. Yes
- 2. No → END OF MODULE
- X Don't know → END OF MODULE
- R Refused → END OF MODULE

Q2. Have you had symptoms of or treatment for asthma in the last 12 months?

- 1. Yes: symptoms
- 2. Yes: treatment
- 3. Yes: both
- 4. No → END OF MODULE
- X Don't know → END OF MODULE
- R Refused → 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 last 4 weeks did your asthma interfere with your ability to manage your day-to-day activities?

- 1. Yes
- 2. No → END OF MODULE
- X Don't know → END OF MODULE
- R Refused → END OF MODULE

Q5. Did it interfere with these activities [READ OUT]:

- 1. A little bit
- 2. Moderately
- 3. Quite a lot
- 4. Extremely
- X Don't know
- R Refused

Cardiovascular disease precursors

Q1. When did you last have your blood pressure measured by a medical practitioner or nurse? {PROMPT IF NECESSARY - This does not include blood pressure taken at home, gym, etcetera - it must be carried out by a medical practitioner}

- 1. 0-3 months ago
- 2. 4-6 months ago
- 3. 7-12 months ago
- 4. 13 months to 2 years ago
- 5. More than 2 years ago
- 6. Never measured
- X Don't know
- R Refused

Q2. Have you ever been told by a doctor or hospital you have high blood pressure (also known as hypertension)?

- 1. Yes
- 2. Yes, but only during pregnancy → Q5
- 3. Yes, but only temporarily → Q5
- 2. No → Q5
- X Don't know → Q5
- R Refused → Q5

Q3. What are you doing now to manage your high blood pressure or hypertension?

- 1. Following a diet
- 2. Trying to lose weight
- 3. Exercising most days
- 4. Taking medication to help lower blood pressure
- 5. Other [SPECIFY] _____
- 6. Not applicable as no longer have high blood pressure → Q5
- 7. Not doing anything to manage my high blood pressure
- X Don't know → Q5
- R Refused → Q5

Q4. Have you ever taken medication for high blood pressure on a regular basis?

- 1. Yes
- 2. No
- X Don't know
- R Refused

Q5. When did you last have your cholesterol measured?

- 1. 0-6 months ago
- 2. 7-12 months ago
- 3. 13 months to 2 years ago
- 4. More than 2 years ago
- 5. Never measured → END OF MODULE
- X Don't know → END OF MODULE
- R Refused → END OF MODULE

Q6. Have you ever been told by a doctor or hospital you have high cholesterol?

- 1. Yes
- 2. No → END OF MODULE
- 3. Borderline
- X Don't know → END OF MODULE
- R Refused → END OF MODULE

Q7. What are you doing now to manage your high cholesterol?

- 1. Following a diet (including reducing salty food and weight reduction diet)
- 2. Trying to lose weight
- 3. Exercising most days
- 4. Taking medication to help lower cholesterol
- 5. Other [SPECIFY] _____
- 6. No longer have high cholesterol
- 7. Not doing anything
- X Don't know
- R Refused

Diabetes or high blood glucose

Q1. Have you ever been told by a doctor or hospital you have diabetes?

- 1. Yes [IF FEMALE → Q3; IF MALE → Q5]
- 2. No
- 3. Only during pregnancy → 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 MALE → Q5]
- 2. No → END OF MODULE
- 3. Borderline → [IF FEMALE → Q3; IF MALE → END OF MODULE]
- 4. Only during pregnancy → END OF MODULE
- X Don't know → 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 → Q5
- X Don't know → END OF MODULE
- R Refused → END OF MODULE

Q4. Have you ever had diabetes or high blood glucose apart from when you were pregnant?

- 1. Yes
- 2. No → END OF MODULE
- X Don't know → END OF MODULE
- R Refused → END OF MODULE

Q5. What type of diabetes were you told you had?

1. Type 1
 2. Type 2
 3. Gestational
 4. Other _____ [SPECIFY]
- X Don't know
R Refused

Q6. Have any other members of your immediate family or other relatives been diagnosed with diabetes?

1. None
 2. Grandparent, aunt, uncle, or first cousin
 3. Parent, brother, sister, or own child
 4. Other _____ [SPECIFY]
- X Don't know
R Refused

Mental health

Q1. In the last 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 last 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 → Q4
- X Don't know → Q4
R Refused → Q4

Q3. In the last 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 last 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 last 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 → Q7
- X Don't know → Q7

R Refused → Q7

Q6. In the last 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 last 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 last 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 last 4 weeks, about how often did you feel so sad that nothing could cheer you up? [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

Q10. In the last 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 days were you totally unable to work, study or manage your day-to-day activities because of these feelings?

- 1. _____ number of days
- 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 days
- 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?

- 1. _____ number of consultations
- 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

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 → Q3
- X Don't know → Q3
R Refused → Q3

Q2. Do you have dentures or false teeth?

1. Yes
 2. No
- X Don't know
R Refused

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 → Q5
 2. One year to less than 2 years ago
 3. Two to less than 5 years ago
 4. Five to less than 10 years ago
 5. Ten years ago or more
 6. Never
- X Don't know → Q5
R Refused → Q5

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 → Q7
- X Don't know → Q7
R Refused → Q7

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

Population weight status

Q1. How tall are you without shoes?

1. _____ centimetres or feet and inches
- X Don't know (probe for best estimate before accepting)
R Refused

Q2. How much do you weigh without clothes or shoes?

1. _____ kilograms or stones and pounds
- X Don't know (probe for best estimate before accepting)
R Refused

Q3. What is your waist measurement?

1. _____ centimetres or inches
- X Don't know (probe for best estimate before accepting)
R Refused

Health service use and access

Q1. In the last 12 months have you attended any of the following services? [READ OUT - MULTIPLE RESPONSE]

1. Stayed at least 1 night in hospital → Q2
 2. A hospital emergency department (or casualty) for your own medical care → Q5
 3. A government run community health centre → Q7
 4. A government run public dental service or dental hospital → Q9
 5. A general practitioner → Q11
 6. Did not attend any of these services → Q14
- X Don't know → Q14
R Refused → Q14

If Q1 = 1 [Stayed at least 1 night in hospital]

Q2. Can you tell me if the overnight stay was at a public or private hospital?

1. Public hospital
 2. Private hospital
 3. Private hospital attached to a public hospital
- X Don't know
R Refused

Q3. Overall, what do you think of the care you received at the last hospital you attended? [READ OUT]

1. Excellent → Q5
 2. Very good → Q5
 3. Good → Q5
 4. Fair
 5. Poor
- X Don't know → Q5
R Refused → Q5

Q4. Could you briefly describe why you rated the care you received as fair or poor?

1. [SPECIFY] _____
- X Don't know

R Refused

If Q1 = 2 [Attended a hospital emergency department (or casualty) for your own medical care]

Q5. Overall, what do you think of the care you received at the last emergency department you attended?

- 1. Excellent → Q7
- 2. Very good → Q7
- 3. Good → Q7
- 4. Fair
- 5. Poor
- X Don't know → Q7
- R Refused → Q7

Q6. Could you briefly describe why you rated the care you received as fair or poor?

- 1. [SPECIFY] _____
- X Don't know
- R Refused

If Q1 = 3 [Attended a government run community health centre]

Q7. Overall, what do you think of the care you received at the community health centre you last attended?

- 1. Excellent → Q9
- 2. Very good → Q9
- 3. Good → Q9
- 4. Fair
- 5. Poor
- X Don't know → Q9
- R Refused → Q9

Q8. Could you briefly describe why you rated the care you received as fair or poor?

- 1. [SPECIFY] _____
- X Don't know
- R Refused

If Q1 = 4 [Attended a government run public dental service or dental hospital]

Q9. Overall, what do you think of the care you received at the most recent public dental service visit?

- 1. Excellent → Q11
- 2. Very good → Q11
- 3. Good → Q11
- 4. Fair
- 5. Poor
- X Don't know → Q11
- R Refused → Q11

Q10. Could you briefly describe why you rated the care you received as fair or poor?

- 1. [SPECIFY] _____
- X Don't know
- R Refused

If Q1 = 5 [Attended a general practitioner]

Q11. When did you last see a general practitioner?

- 1. Within the last week
- 2. 1 to 2 weeks ago
- 3. 2 weeks to 1 month ago
- 4. Between 1 and 6 months
- 5. 6 to 12 months ago
- X Don't know → Q14
- R Refused → Q14

Q12. Overall, what do you think of the care received at the most recent general practitioner visit?

- 1. Excellent → Q14
- 2. Very good → Q14
- 3. Good → Q14
- 4. Fair
- 5. Poor
- X Don't know → Q14

R Refused → Q14

Q13. Could you briefly describe why you rated the care you received as fair or poor?

1. [SPECIFY] _____

X Don't know

R Refused

Q14. Apart from Medicare, are you covered by private health insurance?

1. Yes

2. No

X Don't know

R Refused

Q15. Do you have any difficulties getting health care when you need it?

1. Yes

2. No → Q17

3. Don't need health care → Q17

X Don't know → Q17

R Refused → Q17

Q16. Please describe the difficulties you have.

1. Comments _____

Q17. Do you have any comments on the health services in your local area?

1. Comments _____

Social capital

Q1. In the last 12 months, have you participated in any of the following activities? [READ OUT - MULTIPLE RESPONSE]

1. Recreational group or cultural group activities

2. Community or special interest group activities

3. Church or religious activities

4. Went out to a cafe, restaurant or bar

5. Took part in sport or physical activities

6. Attended a sporting event as a spectator

7. Visited a library, museum or art gallery

8. Attended the movies, a theatre or a concert

9. Visited a park, botanic gardens, zoo or theme park

10. None of these activities

X Don't know

R Refused

Q2. 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

Q3. 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

Q4. I feel safe walking down my street after dark. Do you agree or disagree?

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- X Don't know
- R Refused

Q5. 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

Q6. How often have you visited someone in your neighbourhood in the last 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

Q7. If you were caring for a child and needed to go out for a while, and could not take the child with you, would you ask someone in your neighbourhood for help? [READ OUT]

- 1. Yes, definitely
- 2. Yes, possibly
- 3. No, probably not
- 4. No, definitely not
- X Don't know
- R Refused

Q8. 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

Q9. Would you be sad if you had to leave this neighbourhood?

- 1. Yes
- 2. No
- X Don't know
- R Refused

Demographics

Q1. Could you please tell me how old you are today?

- 1. ___ age in years
- X Don't know
- R Refused

Q2. Are you male or female? [ONLY ASKED IF UNSURE]

- 1. Male
- 2. Female

Q3. How many of children under 16 years of age live in this household?

- 1. ___ number of people
- X Don't know

R Refused

Q4. How many children under 6 years of age live in this household?

1. ___ number of people

X Don't know

R Refused

Q5. How many people aged 65 years old or over live in this household?

1. ___ number of people

X Don't know

R Refused

Q6. 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

Q7. 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

Q8. In which country were you born?

1. Australia

2. Other country [SPECIFY] _____

X Don't know

R Refused

Q9. In which country was your natural mother born?

1. Australia

2. Other country [SPECIFY] _____

X Don't know

R Refused

Q10. In which country was your natural father born?

1. Australia

2. Other country [SPECIFY] _____

X Don't know

R Refused

Q11. Do you usually speak a language other than English at home?

1. Yes

2. No → Q13

X Don't know → Q13

R Refused → Q13

Q12. What language do you usually speak at home?

1. Language [SPECIFY] _____

X Don't know

R Refused

Q13. Are you of Aboriginal or Torres Strait Island origin?

1. Aboriginal but not Torres Strait Islander

2. Torres Strait Islander but not Aboriginal origin

3. Aboriginal and Torres Strait Islander origin

X Don't know

R Refused

Q14. 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

Q15. In the last week, which of the following best describes your employment status? [READ OUT]

1. A salary or wage earner or conducting a business → Q17

2. A salary or wage earner or conducting a business but absent on paid leave (including unpaid maternity), holidays, on strike or stood down → Q17

3. Unpaid work in a family business → Q17

4. Other unpaid work

5. Did not have a job

X Don't know or not sure

R Refused

Q16. Were you actively looking for work in the last week?

1. Yes: looked for full-time work → Q18

2. Yes: looked for part-time work → Q18

3. No: did not look for work → Q18

X Don't know → Q18

R Refused → Q18

Q17. In the last week, how many hours did you work in all jobs?

1. Number of hours [SPECIFY] _____

X Don't know

R Refused

Q18. 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

Q19. 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

Q20. How long have you lived in your local area?

1. ____ years

X Don't know

R Refused

Q21. What is the name of your local council or shire?

1. _____

X Don't know

R Refused

Q22. What is the name of the town or suburb where you live?

1. _____

X Don't know

R Refused

WARNING: Estimates out of date.
Please check HealthStats NSW for latest estimates.