

Tasmanian Lifestyle Risk Factor Survey 2004

Fact Sheet

The Australian Department of Health and Ageing funded the collection of data on risk factors in Tasmania and three other jurisdictions as part of a national chronic disease data pooling project conducted under the auspice of the National Public Health Information Working Group (NPHIWG).

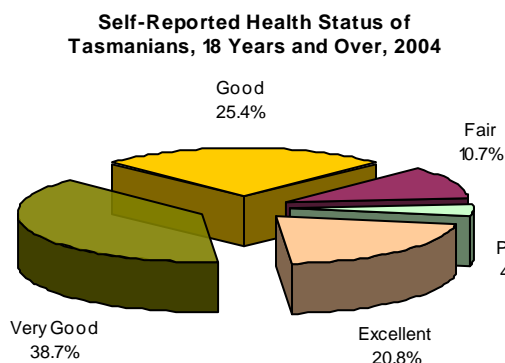
The data were obtained in December 2004 using computer assisted telephone interviews (CATI) with a total of 1,215 completed interviews of Tasmanians aged 18 years and over.

The survey included the SF1 for self-assessed health status, the Kessler 10 Psychological Distress Scales, social and demographic characteristics, and questions on smoking, nutrition, alcohol consumption, body weight, and physical activity.

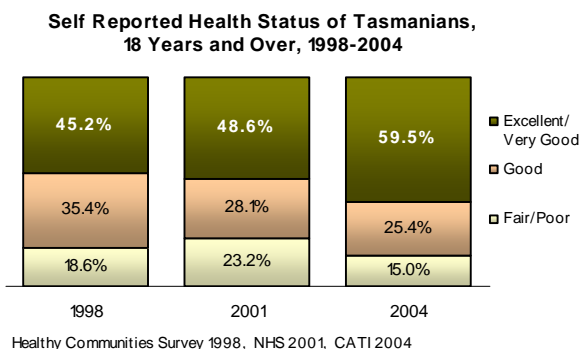
Rural/urban population distributions were based on ARIA (Accessibility/Remoteness Index of Australia), and socio-economic status was ascertained with the SEIFA (Socio-Economic Indexes for Areas).

Self-Assessed Health Status

The great majority of Tasmanians report good to excellent health, with only 15% of Tasmanians assessing their health as fair or poor.



As shown in the graph below, the self-reported health status of Tasmanians has improved since 1998, with greater proportions of Tasmanians reporting excellent or very good health and smaller proportions reporting fair and poor health.



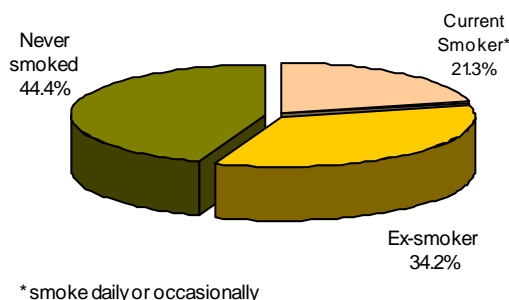
According to the Kessler 10 Psychological Distress Instrument, 7.3% of Tasmanians aged 18 years and over had experienced high or very high psychological distress during the four weeks preceding the survey.

High or very high levels of psychological distress were more frequently reported by Tasmanians living in urban (8.3%) than rural and metropolitan areas (6.6%).

Smoking

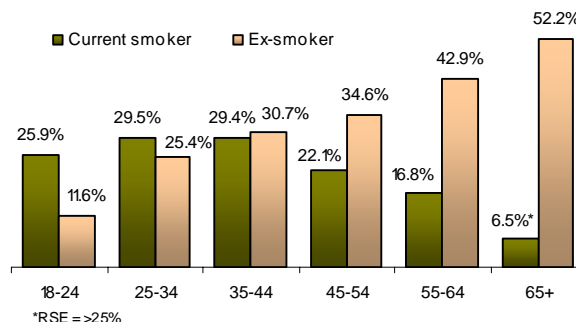
In December 2004, 21.3% of Tasmanian aged 18 years and over reported they smoke either daily or occasionally.

Smoking Status of Tasmanians, 18 Years and Over, 2004



The proportion of current smokers peaks at age 25-44 years, and declines with older age groups.

Smoking Status of Tasmanians by Age, 2004



The SEIFA Index of Relative Disadvantage represents a single geographic value derived from attributes such as low income, high unemployment, and other variables that reflect disadvantage. The higher an area's index value, the less disadvantaged that area is compared with other areas. The table below shows that the least disadvantaged socioeconomic areas (quintile 5) had the lowest proportion of current smokers (8.9%).

Smoking by SEIFA Index of Relative Disadvantage Quintile, Tasmania 2004

SEIFA Quintile	Current Smoker*	Never smoked	Other
1 (lowest)	22.8%	38.6%	38.6%
2	24.6%	42.5%	32.9%
3	23.2%	44.5%	32.3%
4	22.0%	42.4%	35.6%
5 (highest)	8.9%*	57.1%	34.0%

*Daily or occasionally * RSE = >25%

Smoking is less common in urban areas, such as Hobart and Launceston (17.5%) than metropolitan/rural areas (24.8%).

Tobacco smoke exposure at home, either occasionally or frequently, was reported by 11.5% of respondents in 2004 compared to 21.4% of Tasmanians reporting regular exposure in 1998 (Healthy Communities Survey Tasmania 1998).

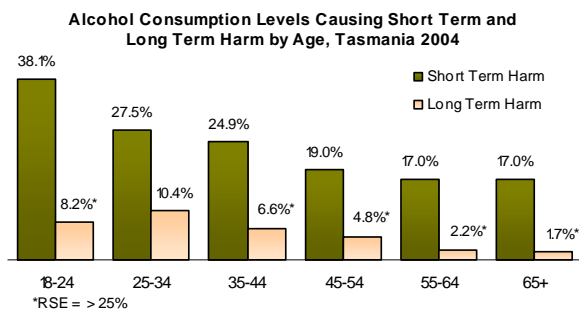
Alcohol Consumption

The risk of long term chronic alcohol related harm applied to 8.3% of adult Tasmanians in 2004, while the risk of short term acute harm affected 23.2% of Tasmanians.

Risky Alcohol Consumption Levels, 18 Years and Over, Tasmania 2004

Type of Risk	%
Short Term Acute Harm	23.2%
Long Term Chronic Harm	8.3%

The prevalence of risky alcohol consumption levels correlates with age, with higher proportions of younger people at risk of both short term and long term related harm.



The risk of short term acute alcohol related harm was slightly higher in urban areas (24.9%) than in metropolitan and rural areas (21.8%).

Less disadvantaged socio-economic areas (quintile 4) had the highest proportion of Tasmanians at risk of short term or long term alcohol related harm.

Risky Alcohol Consumption Levels by SEIFA Index of Relative Disadvantage Quintile, Tasmania 2004

SEIFA Quintile	Short Term Acute Harm	Long Term Chronic Harm
1 (lowest)	18.9%	8.8%
2	21.5%	6.6%
3	22.9%	9.0%
4	29.0%	10.1%
5 (highest)	23.5%	7.0%*

* = RSE >25%

Nutrition

The NHMRC recommends a daily intake of five or more serves of vegetables and two or more serves of fruit a day for adults. The 2004 CATI survey found that 15.7% and 47.2% of Tasmanians eat sufficient vegetables and fruit respectively.

Adequate Daily Consumption of Vegetables and Fruit, 18 Years and Over, Tasmania 2004

5 serves or more of vegetables	15.7%
2 Serves or more of fruit	47.2%

CATI 2004

There was no statistically significant difference in the level of vegetable and fruit consumption in urban and rural areas in Tasmania.

The table below shows that the proportion of Tasmanians consuming inadequate serves of fruit and vegetables is high across all age groups. Vegetable consumption was the highest in the 45-54 year age group, with 73.6% reporting inadequate serves of vegetables. The highest fruit consumption was reported by people aged 55 years and over, and the lowest by those aged 18-24 years.

Inadequate Serves of Vegetables and Fruit by Age Group, Tasmania 2004

Age Group	< 5 serves of vegetables daily	< 2 serves of fruit daily
18-24	75.3%	65.1%
25-34	82.9%	58.5%
35-44	79.1%	52.4%
45-54	73.6%	48.9%
55-64	82.7%	48.1%
65+	82.1%	48.0%
Total	79.3%	52.8%

The table below shows that only 43.4% of all Tasmanians in quintile 1 consumed adequate serves of fruit. However, a clear correlation between SEIFA quintiles and fruit consumption is not evident.

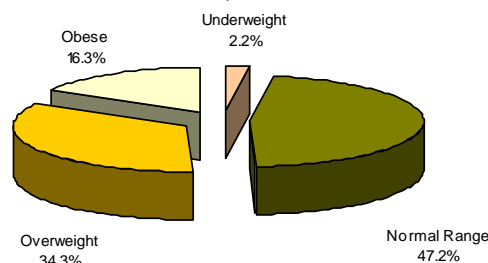
Adequate Serves of Fruit by SEIFA Quintile, Tasmania 2004

SEIFA Quintile	≥2 or more serves
1 (lowest)	43.4%
2	51.6%
3	44.1%
4	47.5%
5 (highest)	50.4%

Body Weight

Body Mass Index (BMI) provides a useful population level measure for overweight and obesity. In 2004, the proportion of adult Tasmanians reporting to be overweight or obese was 50.6%.

Self-Reported BMI Status of Tasmanians, 18-64 Years, 2004



Overweight/obesity was more prevalent in metropolitan and rural areas (52.7%) than in urban areas (47.6%).

There was a positive correlation between obesity and SEIFA quintiles, with the prevalence of obesity falling from 24.3% in quintile 1 to 14% in quintile 5.