

NHS 2004/5: Physical Activity, Nutrition, BMI Fact Sheet

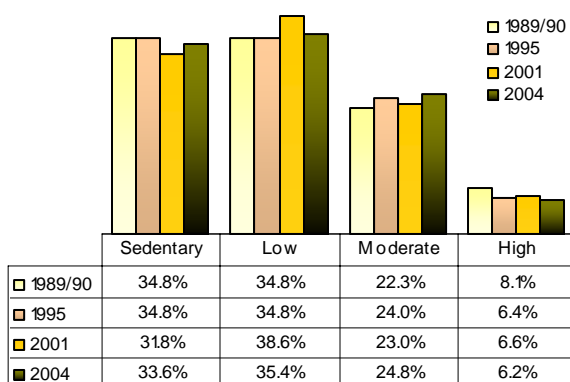
This fact sheet presents the results for physical activity, nutrition and body mass index from the National Health Survey (NHS) conducted from August 2004 to June 2005. A total of 2,873 Tasmanians aged 15 years and over participated in this national survey.

Physical Activity

Physical inactivity is a major modifiable risk factor for cardiovascular disease, with an impact similar to smoking, high cholesterol, and hypertension.¹ Physical inactivity is also a risk factor for type 2 diabetes and some cancers.²

The National Physical Activity Guidelines for Australians recommend exercise of at least a moderate level most days of the week. A total of 30 minutes or more of physical activity on each of those days should be accumulated, with each session lasting 10 minutes or more. The results of the NHS cannot be used to assess the proportion of Tasmanians meeting the National Physical Activity Guidelines as the NHS collects data relating only to exercise for sport, recreation or fitness. Data on other physical activities, such as activity at work, at home or in the garden are not collected.

Physical Activity Levels, 15 Years and Over, Tasmania 1989-2004/5



NHS, Confidentialised Unit Record Files

However, results from the NHS suggest that the majority of Tasmanians are not engaging in moderate to high levels of physical activity. Since 1989/90, there has been little change in levels of sedentariness or low level physical activity. There has been a small but statistically significant increase in moderate level activity and a decrease in high level activity since 1989/90.

Physical activity levels are related to age. The proportion of adults who are sedentary increases with age and the proportion of adults with high physical activity levels decrease with age.

Physical Activity Levels by Age, Tasmania 2004/5

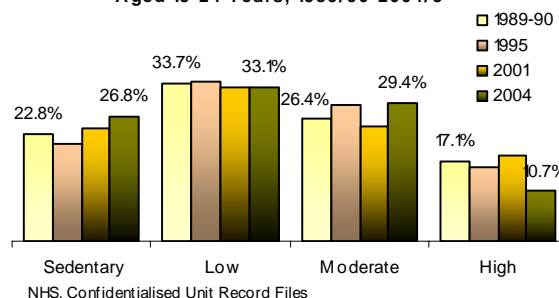
Level	Age				
	15-24	25-44	45-54	55-64	65+
Sedentary	26.8%	29.2%	31.5%	40.8%	45.0%
Low	33.1%	39.3%	33.5%	33.9%	33.3%
Moderate	29.4%	24.2%	30.7%	20.4%	19.2%
High	10.7%	7.4%	4.3%	4.9%	2.5%*

*RSE=>25%; NHS, Confidentialised Unit Record File

There have been statistically significant changes in levels of physical activity within two age groups since 1989/90 – the 15-24 year old age group and the 45-54 year old age group.

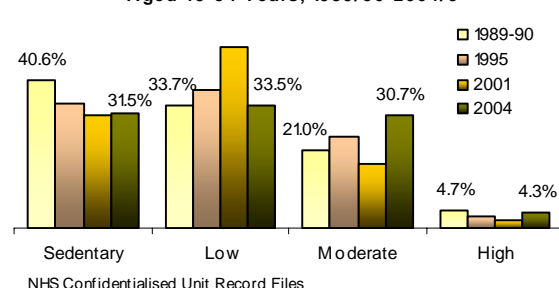
In people aged 15-24 years there has been a statistically significant decrease in high levels of physical activity. Within this age group there is also a trend overall towards more sedentary behaviour. However this is not statistically significant.

Physical Activity Levels for Tasmanians Aged 15-24 Years, 1989/90-2004/5



In people aged 45-54 years moderate physical activity levels have increased significantly and sedentary behaviour has decreased significantly since 1989/90.

Physical Activity Levels for Tasmanians Aged 45-54 Years, 1989/90-2004/5



NHS Confidentialised Unit Record Files

Physical activity levels are also related to tobacco smoking. Adults who smoke are significantly more likely to be sedentary. This difference is statistically significant at the 99 Ci.

Research evidence shows that physical activity can delay the onset of chronic disease associated with tobacco consumption, and could be considered as a harm reduction strategy.³

Physical Activity Levels by Smoking Status, 18 Years and Over, Tasmania, 2004/5

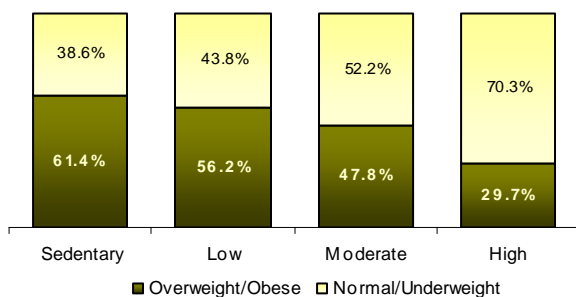
	Non-smoker (incl ex smoker)	Current smoker (daily/occasional)
Sedentary	32.0%	40.5%
Low	36.9%	34.3%
Moderate	24.8%	22.8%
High	6.3%	2.5%*

*RSE=>25%; NHS, Confidentialised Unit Record Files

Physical activity levels are inversely related to Body Mass Index (BMI) categories. The graph below shows, for example, that sedentary behaviour is significantly higher for Tasmanians who are overweight or obese than for Tasmanians with a BMI

in the underweight/normal range. This difference is statistically significant at the 99% CI.

Physical Activity Levels by BMI Category, 15 Years and Over, Tasmania 2004/5



NHS, Confidentialised Unit Record File

Nutrition

Poor nutrition is a major risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes and certain cancers. It has been estimated that around 30% of all cancers are preventable by a diet high in vegetables and fruit.⁴ The National Health and Medical Research Council (NHMRC) recommend a minimum daily intake of five or more serves of vegetables and two or more serves of fruit.

In 2004/5 only 20.4% of Tasmanians consumed five or more serves of vegetables a day.

Vegetable and Fruit Consumption, 15 Years and Over, Tasmania 2004/5

	Usual daily intake	%
Vegetables	4 serves or more	48.3%
	5 serves or more	20.4%
Fruit	2 serves or more	53.4%

NHS, Confidentialised Unit Record File

Vegetable consumption was highest among 55-64 year olds.

Vegetable and Fruit Consumption by Age, Tasmania 2004/5

Age	Vegetables		Fruit
	4 serves or more	5 serves or more	2 serves or more
15-24	37.7%	17.2%	45.9%
25-34	43.1%	14.9%	40.6%
35-44	50.1%	22.8%	49.5%
45-54	48.3%	18.3%	56.0%
55-64	54.2%	26.2%	64.1%
65+	55.8%	22.7%	63.9%

NHS, Confidentialised Unit Record File

Tasmanians who are overweight or obese are slightly more likely to consume five serves or more of vegetables per day.

Vegetable and Fruit Consumption by BMI, 15 Years and Over, Tasmania, 2004

	Daily Consumption	Underweight/Normal	Overweight/Obese
Vegetables	5 serves or more	19.4%	21.3%
Fruit	2 serves or more	55.7%	54.6%

NHS, Confidentialised Unit Record File

Prior to 2004/5 the NHS collected data on daily consumption of four or more serves of vegetables. The table below shows that consumption of four or more serves of vegetables a day has increased by approximately 3% for Tasmanians aged 12 years and over from 2001 to 2004. This increase in fruit and vegetable consumption is statistically significant at the 95%CI.

Vegetable and Fruit Consumption, 12 Years and Over, Tasmania 2001 and 2004/5

	Daily serves	2001	2004/5
Vegetables	4 or more	45.2%	48.4%
Fruit	2 or more	50.7%	53.8%

NHS 2001, State Table No 40; NHS 2004/5, State Table No 29

Body Mass Index (BMI)

Overweight and obesity are risk factors for a number of chronic conditions, including type 2 diabetes, hypertension, cardiovascular disease and stroke. The World Health Organisation (WHO) defines weight status according to BMI, the ratio of weight (in kilograms) divided by height (in metres squared). The NHS calculates BMI from self-reported height and weight.

From 1989/90 to 2004/5 the proportion of the Tasmanian population classified as obese had more than doubled. This increase in obesity is statistically significant at the 99% CI.

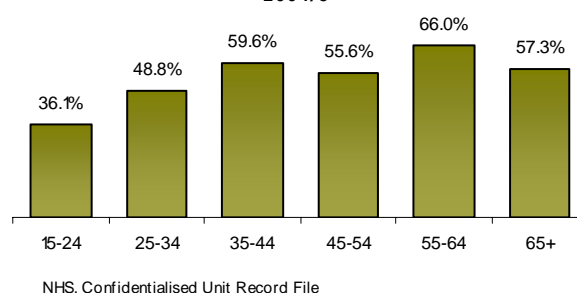
Overweight/Obesity, 18 Years and Over, Tasmania, 1989/90-2004/5

	1989/90	2001	2004/5
Overweight	28.8%	30.5%	31.8%
Obese	7.7%	14.7%	17.1%
Total	36.5%	45.2%	48.9%

NHS 1989/90, Health Risk Factors Tasmania, Table 32; NHS 2001, Summary Results Table No 30; NHS 2004/5, Summary Results, Table 20

The prevalence of overweight and obesity increases with age, with the highest proportion of overweight/obese Tasmanians in the 55-64 year age group. Overall, 58.6% of all Tasmanian males and 49% of all Tasmanian females aged 15 years and over are overweight or obese.

Overweight and Obesity by Age, Tasmania 2004/5



NHS, Confidentialised Unit Record File

¹ Kavanagh T, Exercise in the Primary Prevention of Coronary Artery Disease, Canadian Journal of Cardiology, Vol. 17, No 2, 2001, pp 155-61

² Slattery ML and Potter JD, Physical Activity and Colon Cancer: Confounding Cancer Interaction?, Medicine & Science in Sports & Exercise, Vol.34, No.6, 2002, pp.913-19

³ De Ruiter W and Faulkner G, Tobacco Harm Reduction Strategies: The Case for Physical Activity, Nicotine and Tobacco Research, Vol 8, No 2, 2006, pp. 157-68

⁴ World Cancer Research Fund & American Institute for Cancer Research, Food, Nutrition and the Prevention of Cancer: A Global Perspective, American Institute for Cancer Research, Washington, DC, 1997