

Executive Summary

Introduction

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

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

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

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

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

Health behaviours

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

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

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

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

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

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

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

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

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

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

Health status

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

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

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

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

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

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

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

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

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

Health services

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

Health service use

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

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

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

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

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

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

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

Social capital

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

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

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

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