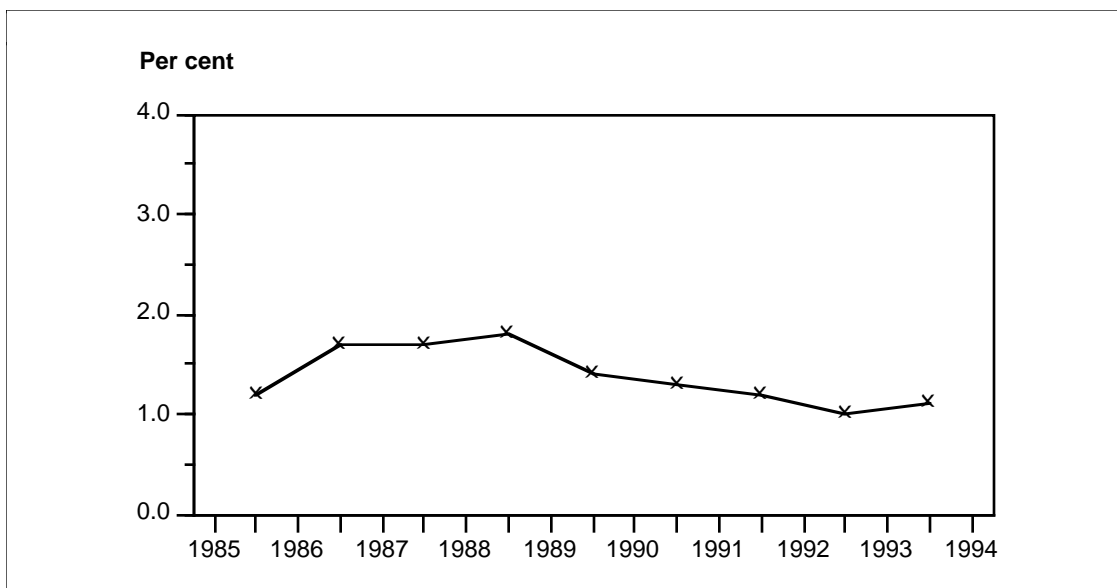


Health determinants and risk factors

- ◆ *Population trends*
 - ◆ *Fertility*
 - ◆ *Economic environment*
 - ◆ *Anthropometric measures*
 - ◆ *Physiological measures*
 - ◆ *Food and nutrition*
 - ◆ *Physical activity*
 - ◆ *Drug use*
-

Annual rate of increase in the Australian population



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
Population size										
Males	7,882.7	7,968.6	8,112.6	8,254.2	8,404.8	8,511.3	8,615.4	8,714.9	8,795.8	8,887.0
Females	7,905.6	8,005.3	8,136.3	8,277.7	8,427.9	8,553.9	8,668.6	8,774.1	8,860.6	8,956.3
Total	15,788.3	15,973.9	16,248.8	16,531.9	16,832.7	17,065.1	17,284.0	17,489.1	17,656.4	17,843.3
Annual rate of increase (%)		1.2	1.7	1.7	1.8	1.4	1.3	1.2	1.0	1.1

Notes: 1. Population estimated as at 30 June each year.

2. Data for 1994 are preliminary.

Source: ABS Cat. No. 3101.0.

- The total Australian population has grown from 15.8 million people in 1985 to 17.8 million in 1994, representing an average annual increase of 1.4%.
- The increases in the annual growth of the population observed in the mid to late 1980s were due primarily to an increase in the numbers of immigrants (see *Net immigration rate per 1,000 population* on page 67). The birth rate during this time declined slightly (see *Crude birth rate per 1,000 population* on page 64) and the death rate declined steadily (see *Total death rate per 1,000 population* on page 15).
- Projections of the population by the Australian Bureau of Statistics indicate

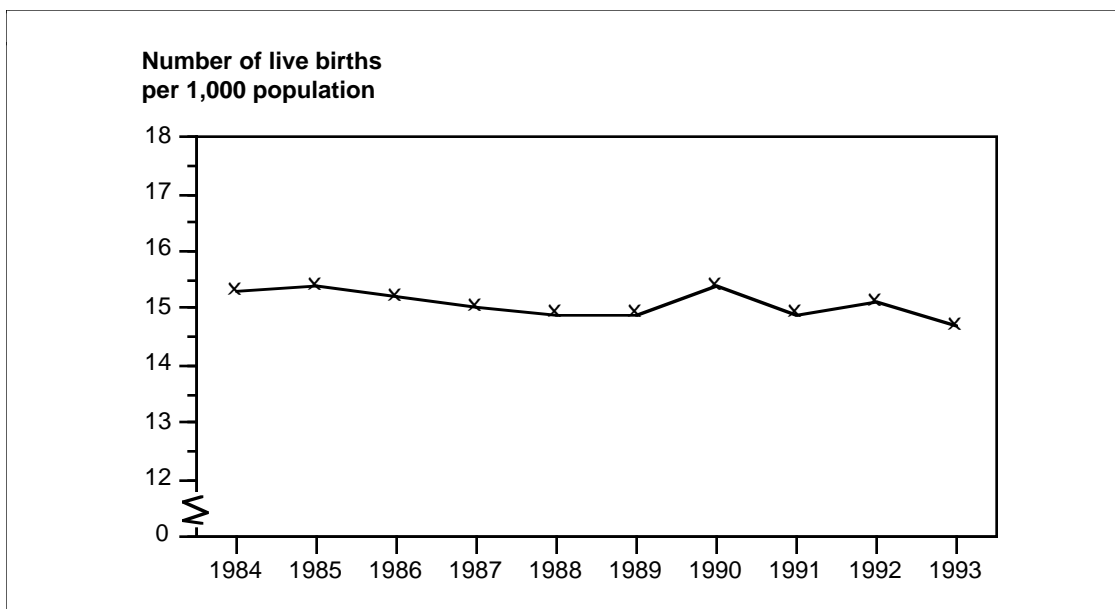
that the total population will reach 19.0 million by the year 2000, and 21.0 million by the year 2010. This represents an average annual growth rate of 1.1%, similar to the trend in recent years.

For more information, see:

ABS *Australian demographic statistics*. Cat. No. 3101.0.

ABS (1994) *Projections of the populations of Australia, States and Territories*. Cat. No. 3222.0. Canberra: ABS.

Crude birth rate per 1,000 population



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Number of live births	238,472	242,910	243,408	243,959	246,193	250,853	262,648	257,247	264,151	260,229
Crude birth rate per 1,000 population	15.3	15.4	15.2	15.0	14.9	14.9	15.4	14.9	15.1	14.7

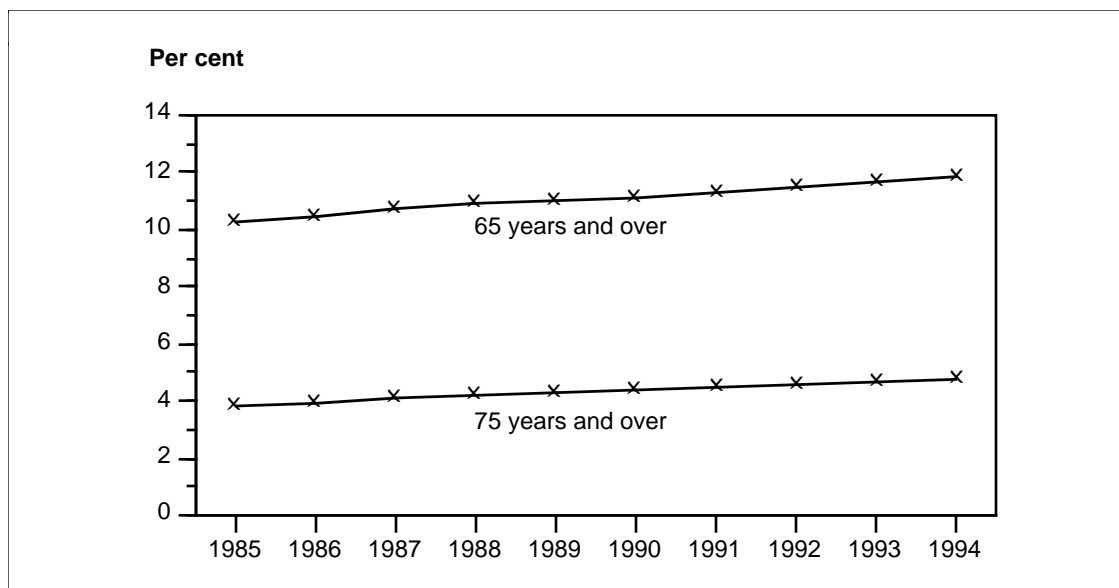
Notes: 1. Population estimated as at 30 June each year.
2. Number of births for each calendar year.

Source: ABS Cat. No. 3301.0.

- There were just over 260,000 live births in Australia in 1993, representing a crude birth rate of 14.7 per 1,000 population. The data indicate a slight fall since 1984 when the crude birth rate was 15.3 births per 1,000 population.
- There are marked regional differences in the crude birth rate in Australia. In 1993, the crude birth rate was highest in the Northern Territory and the Australian Capital Territory (21.1 and 16.2 live births per 1,000 population respectively) and lowest in South Australia and Victoria (13.8 and 14.4 respectively).
- These differences reflect variations in the proportion of women of child-bearing age living in these regions. One reason for this is the higher rates of migration of young people to the Territories. The Territories have a larger proportion of younger people than South Australia and Victoria.
- The high crude birth rate in the Northern Territory is also influenced by its relatively large Aboriginal and Torres Strait Islander population which has a high fertility rate. In 1993, the total fertility rate of the Northern Territory's Aboriginal women was about 3.4 children per woman compared with a rate of 1.9 for the total Australian population (see *Total fertility rate per woman* on page 68).

For more information, see:
ABS Births, Australia. Cat. No. 3301.0.

Proportion of the population aged 65 years and over and 75 years and over (%)



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
Total aged population ('000)										
65 years and over	1,621.0	1,669.6	1,741.9	1,799.9	1,856.9	1,893.4	1,950.8	2,004.0	2,057.4	2,109.1
75 years and over	601.9	638.8	666.2	694.5	727.2	742.5	768.6	793.6	816.5	840.6
Proportion of the total population (%)										
65 years and over	10.2	10.5	10.7	10.9	11.0	11.1	11.3	11.5	11.7	11.8
75 years and over	3.8	4.0	4.1	4.2	4.3	4.4	4.4	4.5	4.6	4.7

Notes: 1. Population estimated as at 30 June each year.
2. Data for 1994 are preliminary.

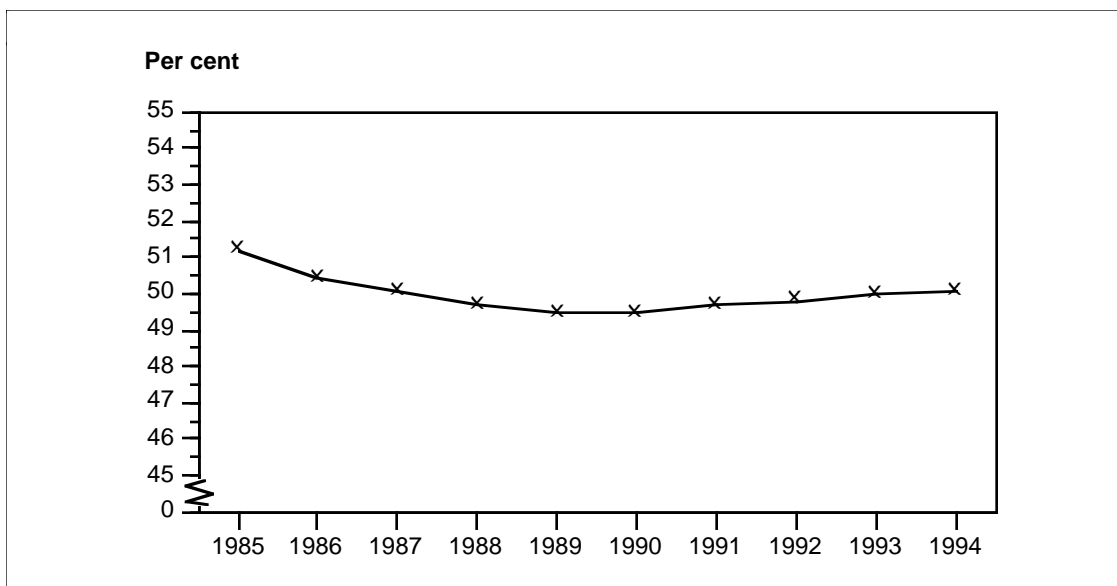
Source: ABS Cat. No. 3101.0.

- Between 1985 and 1994, the proportion of people aged 65 years and over increased by an average 0.2% per year. This increase was due to a combination of a slowly declining birth rate and increasing longevity.
- As people become older, the incidence of both non-fatal diseases of ageing and chronic degenerative diseases increases. These include diseases such as arthritis, diabetes, heart disease, cancer and dementia.
- These diseases, which can severely impact on the independence of older people and hence on their overall quality of life, are emerging challenges for Australian and other societies in which life expectancies are now very high and in which the population is ageing.

For more information, see:

ABS *Australian demographic statistics*. Cat. No. 3101.0.

Dependency ratio



	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
Child dependency ratio	35.7	34.7	34.0	33.4	33.0	32.9	32.8	32.6	32.5	32.3
Aged dependency ratio	15.5	15.7	16.1	16.3	16.5	16.6	16.9	17.2	17.5	17.8
Dependency ratio	51.2	50.4	50.1	49.7	49.5	49.5	49.7	49.8	50.0	50.1

Notes: 1. Population estimated as at 30 June each year.
2. Data for 1994 are preliminary.

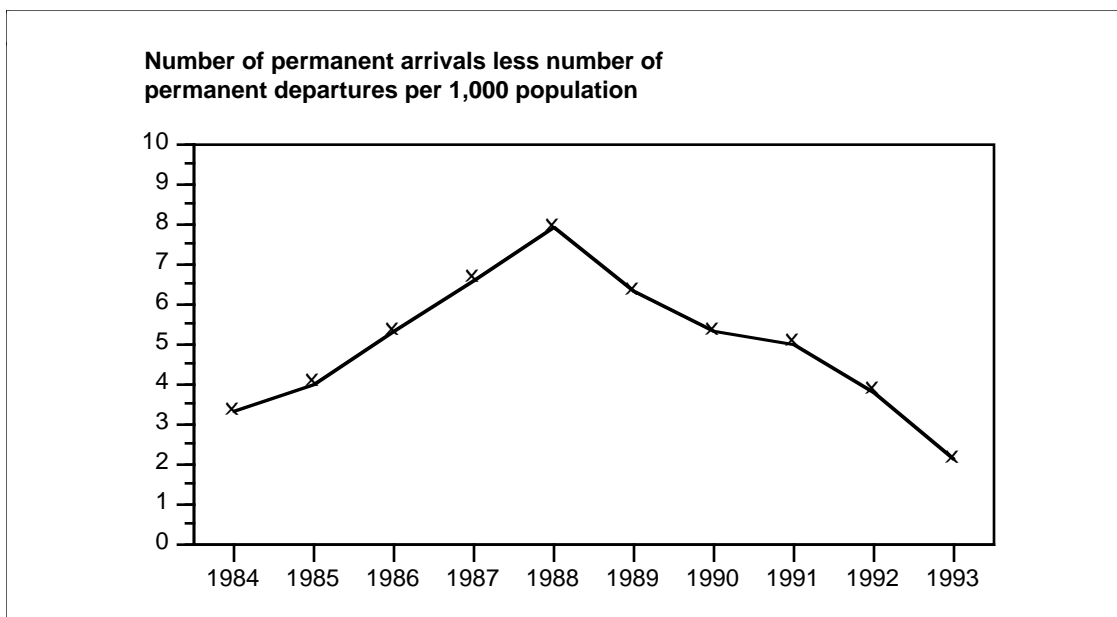
Source: AIHW, derived from the ABS Cat. No. 3101.0.

- The dependency ratio is an indicator of the proportion of people of non-working age in the community dependent on the number of people of working age. The ratio can be broken down into two components; the child dependency ratio which is the ratio of children aged 0–14 years dependent on the population of working age (15–64 years) and the aged dependency ratio which is the ratio of people aged 65 years and over dependent on the population of working age (15–64 years).
- The child dependency ratio declined by 1.1% per annum from 35.7 in 1985 to 32.3 in 1994. The fall was more substantial throughout the mid to late 1980s but has lessened in more recent years.
- By contrast, the aged dependency ratio increased from 15.5 in 1985 to 17.7 in 1994, corresponding to an average annual rate of increase of 1.5%.
- The dependency ratio reached a minimum of 49.5 in 1989 and 1990 and is expected to increase in the coming years due primarily to an increase in the proportion of people aged 65 years and over (see *Proportion of the population aged 65 years and over and 75 years and over* on page 65).

For more information, see:

ABS *Australian demographic statistics*. Cat. No. 3101.0.

Net immigration rate per 1,000 population



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Number of permanent arrivals	73,110	82,000	103,330	128,290	151,550	131,060	121,560	116,650	94,250	65,680
Number of permanent departures	22,310	18,620	18,820	20,420	20,320	24,830	30,370	29,900	28,140	28,070
Net immigration rate per 1,000 population	3.3	4.0	5.3	6.6	7.9	6.3	5.3	5.0	3.8	2.1

- Notes:
1. Population estimated as at 30 June each year.
 2. Net immigration rate = (Number of permanent arrivals—Number of permanent departures)/Total population in the reference year * 1,000.
 3. Number of permanent arrivals and departures for each calendar year.

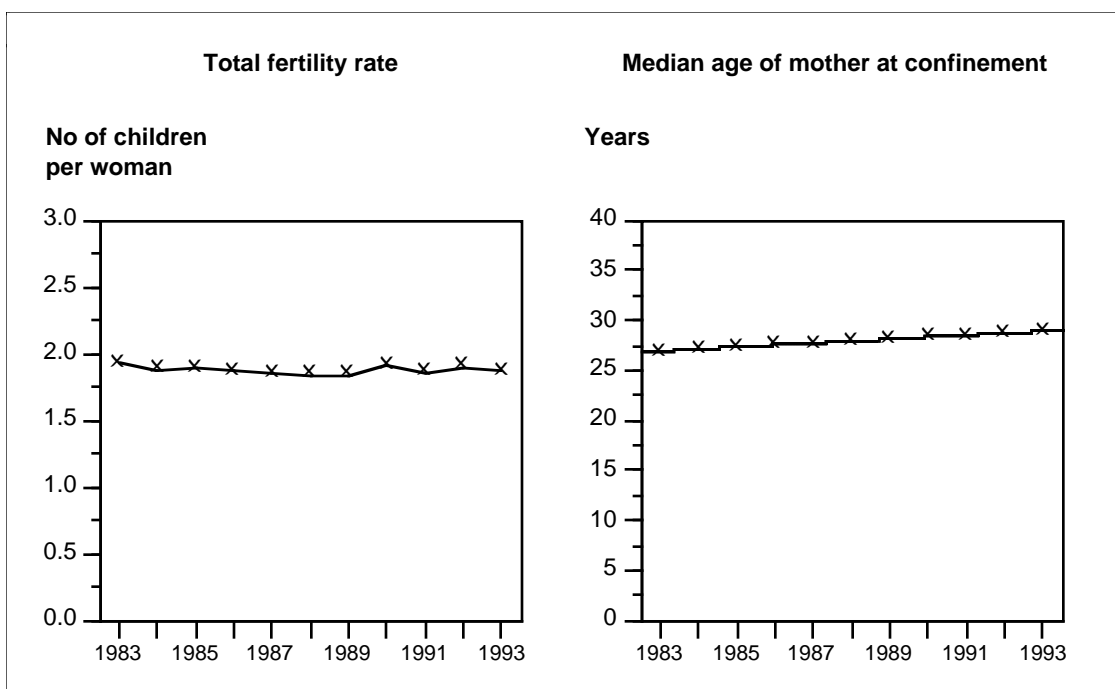
Source: ABS Cat. No. 3404.0.

- In the period 1984 to 1993, the number of people migrating to Australia peaked in 1988 at 7.9 per 1,000 population. Since 1988, the net immigration rate has been falling steadily to reach a low in 1993 of 2.1 per 1,000 population. This rate is lower than at any time in the previous ten years.
- Between 1984 and 1993, trends in the net immigration rates have mirrored movements in the number of permanent arrivals. By contrast the number of permanent departures has generally shown an upward trend.
- In 1993, over three-quarters of all migrants came from the following regions: Europe and the former USSR (30%), South-east Asia (20%), Oceania (14%) and North-east Asia (13%).
- In 1993, 72% of all permanent arrivals were between 15 and 64 years of age.

For more information, see:

ABS *Overseas arrivals and departures*. Cat. No. 3404.0.

Total fertility rate per woman and median age of mother at confinement



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Total fertility rate	1.93	1.88	1.89	1.87	1.85	1.84	1.84	1.91	1.85	1.89	1.87
Median age of mother (years)	26.9	27.1	27.3	27.5	27.7	27.9	28.2	28.3	28.5	28.7	28.9

Note: Year ending 31 December.

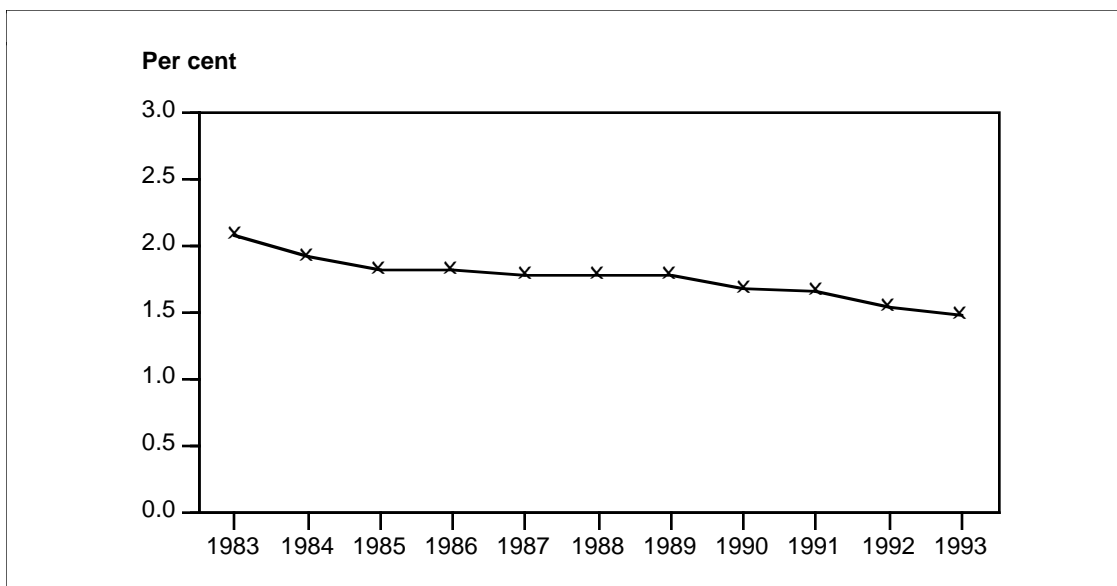
Source: ABS Cat. No. 3301.0

- The total fertility rate is a useful summary measure of fertility. It is the number of live births a woman would have if, throughout her reproductive years, she had children at the age-specific rates prevailing in the reference year. This rate is obtained by summing the age-specific fertility rates for one particular year. This sum yielded a total fertility rate of 1.87 children per woman in 1993.
- Whilst the total fertility rate fell between 1983 and 1993, the median age of women giving birth increased from 26.9 to 28.9 years in the same period. Women who delay the birth of their first child till late in their reproductive life span face some increased health risks to both themselves and their infant, but these risks are manageable with modern obstetric care.
- The pattern of continuing low fertility in Australia has also been observed in most other developed countries since the early 1970s. The reasons behind this pattern are complex and include the availability of a wider range of options or choices for women, including increased opportunities for women to participate more fully in the paid labour force, greater availability of contraceptives, more liberal divorce laws and easier access to abortion as a method of birth limitation.

For more information, see:

Lancaster P, Huang J & Pedisich E (1994) *Australia's mothers and babies 1991*. AIHW Perinatal statistics series No. 1. Sydney: National Perinatal Statistics Unit.

Number of live births to women less than 18 years of age (adolescents)



	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Live births to adolescents											
Number	5,004	4,445	4,464	4,389	4,306	4,322	4,377	4,330	4,186	3,977	3,844
% of total births	2.1	1.9	1.8	1.8	1.8	1.8	1.8	1.7	1.7	1.5	1.5

Note: Year ending 31 December.

Source: ABS Cat. No. 3301.0

- In 1993, a total of 3,844 babies were born to mothers less than 18 years of age, compared with 5,004 births in 1983. The proportion of births where the mother was an adolescent fell from 2.1% of all births in 1983 to 1.5% in 1993.
- Age at first pregnancy is influenced by both biological, and social and cultural forces. The age of onset of menstruation, when a female becomes capable of bearing children, has decreased in Australia throughout this century. However, social and cultural forces still tend to discourage childbearing at very early ages. When it happens, it is usually under adverse social conditions.
- Infants born to teenagers less than 18 years of age are at greater risk of having low birthweight and higher perinatal mortal-

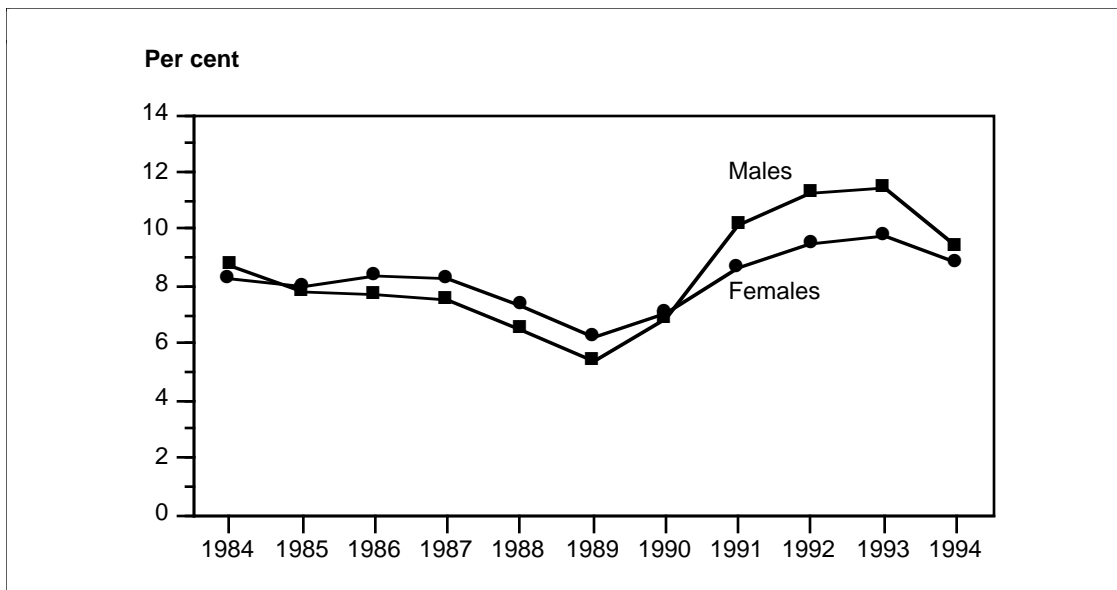
ity. These adverse birth outcomes are more readily explained by the conditions of social and economic disadvantage of the young mothers than by the influence of biological factors.

- The decline in the number of adolescent births may have been influenced by increased access to abortion as there is some evidence that the frequency of teenage pregnancy did not change during the late 1980s.

For more information, see:

Lancaster P, Huang J & Pedisich E (1994) *Australia's mothers and babies 1991*. AIHW Perinatal statistics series No. 1. Sydney: National Perinatal Statistics Unit.

Unemployment rate



	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
Males	8.7	7.8	7.7	7.5	6.5	5.4	6.9	10.1	11.3	11.4	9.4
Females	8.3	8.0	8.4	8.3	7.3	6.2	7.1	8.6	9.5	9.8	8.8
Total	8.5	7.9	8.0	7.8	6.8	5.7	7.0	9.5	10.5	10.7	9.2

Notes: 1. The unemployment rate includes persons looking for full-time and part-time work.
2. Data refer to August of each year.

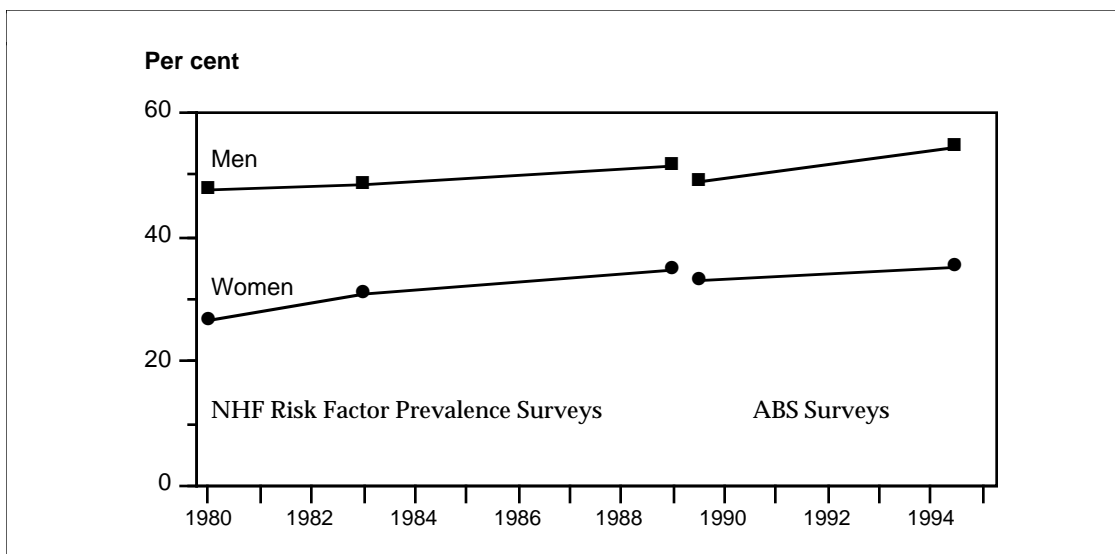
Source: ABS Cat. No. 6203.0.

- The unemployment rate is a ratio of the number of people out of work but seeking work, to the total labour force (which comprises both employed and unemployed people).
- There is clear evidence that, compared with people who are working, unemployed people are more likely to experience higher rates of ill-health and mortality, a greater prevalence of disability and handicap, to use medical services more frequently and to report poor or fair health.
- Harmful consequences of unemployment can result from combinations of poverty, stress, social isolation and deterioration of mental health. In men, in particular, the effect of unemployment increases the risk of premature death from suicide, cardiovascular disease and respiratory diseases.
- The total unemployment rate fell steadily between 1983 and 1989 but rose substantially in the period 1989 to 1993. Between August 1993 and August 1994, the total unemployment rate fell substantially for both males and females, but is still much higher than the prevailing rates of the mid to late 1980s. The male unemployment rate in 1994 was 9.4% and that for females was 8.8%.

For more information, see:

Mathers C. (1994) *Health differentials among adult Australians aged 25–64 years*. AIHW Health monitoring series No. 1. Canberra: AGPS.

Proportion of 25–64 year olds considered overweight (%)



	NHF Risk Factor Prevalence Surveys			ABS Surveys	
	1980	1983	1989	1989–90	1994
Men	47.6	48.2	51.5	48.6	54.5
Women	26.7	30.6	34.8	32.9	34.9

Notes: 1. In the NHF surveys, weight and height were measured by a nurse; in the ABS surveys, weight and height were reported by the respondents.
 2. People were classified as overweight if they had a body mass index (BMI) exceeding 25.0 where BMI was calculated as weight/height² and expressed as kg per square metre.
 3. The proportions were age-adjusted using the total Australian population as at 30 June 1991.

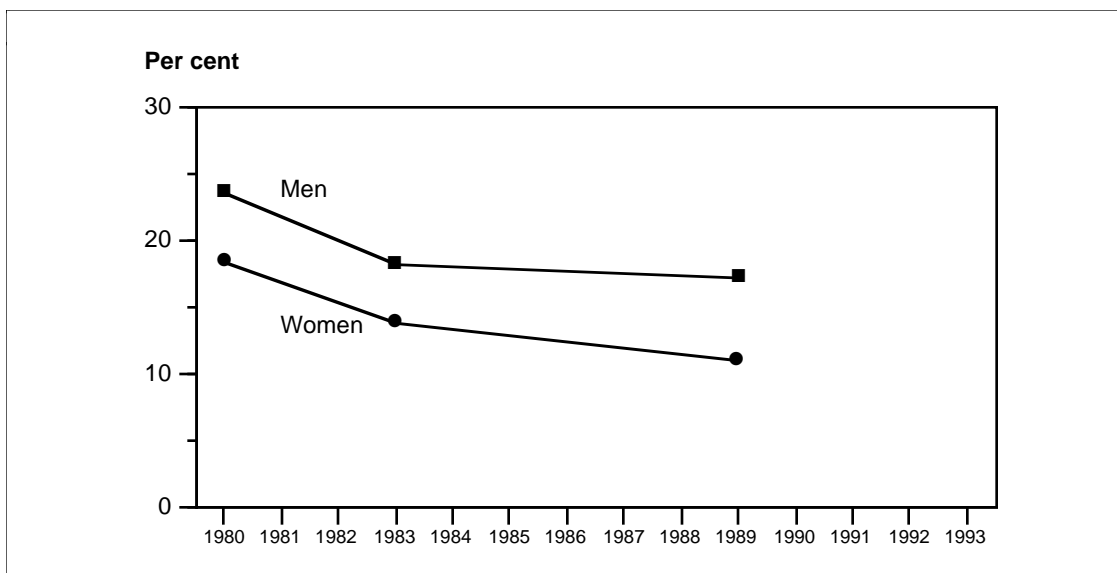
Sources: 1. Data for 1980, 1983 and 1989 were derived from the NHF Risk Factor Prevalence Surveys.
 2. Data for 1989–90 were derived from the ABS National Health Survey.
 3. Data for 1994 were derived from the ABS Population Survey Monitor conducted in May, August and November 1994.

- Since 1980, there has been a steady increase in the proportion of men and women who are overweight. Increases have also been reported in the United Kingdom and the United States.
- Being overweight can lead to increased heart load and blood pressure, and to detrimental changes in blood lipids. These, in turn, often increase the risk of coronary heart disease, stroke, high blood pressure and diabetes. Overweight individuals also have an increased risk of developing cancer and respiratory and musculo-skeletal problems.
- The differences between the ABS and NHF surveys reflect differences in methods. The NHF estimates were based on capital cities and actual measurements; the ABS surveys were national and used self reports.

For more information, see:

Waters AM & Bennett S (1995) *Risk factors for cardiovascular diseases—A summary of Australian data*. AIHW Cardiovascular disease monitoring series No. 1. Canberra: AGPS.

Proportion of 25–64 year olds with high blood pressure (%)



	1980	1983	1989
Men	23.6	18.2	17.2
Women	18.4	13.8	11.1

Notes: 1. People were classified as having high blood pressure if they had a systolic blood pressure \geq 160 mmHg and/or diastolic blood pressure \geq 95 mmHg and/or were taking tablets for blood pressure.

2. The proportions were age-adjusted using the total Australian population as at 30 June 1991.

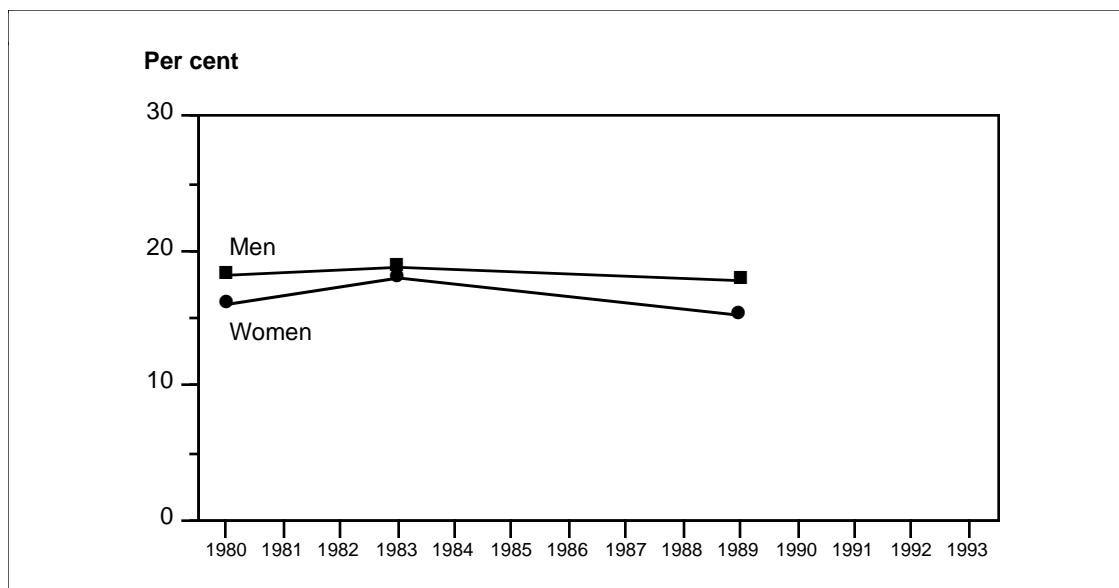
Source: Data were derived from the NHF Risk Factor Prevalence Surveys.

- During the 1980s, the proportions of people with high blood pressure declined for both men and women.
- Hypertension (high blood pressure) is more common in men than women, in people with lower education and income levels, and in men not in the workforce. Hypertension is also more prevalent among Aboriginal and Torres Strait Islander peoples. Except for men born in Eastern Europe, Australian residents born outside Australia usually have lower blood pressure than those born in Australia.
- Hypertension is a major independent risk factor for stroke, coronary heart disease and other cardiovascular disease. On average, the risk of cardiovascular disease is 2 to 4 times greater among hypertensive people than among non-affected people of the same age.
- High sodium intake, overweight, obesity and heavy drinking have all been associated with high blood pressure. Levels can be lowered by reducing weight, alcohol and salt intake. Exercise may help, either independently or by controlling weight.

For more information, see:

Waters AM & Bennett S (1995) *Risk factors for cardiovascular diseases—A summary of Australian data*. AIHW Cardiovascular disease monitoring series No. 1. Canberra: AGPS.

Proportion of 25–64 year olds with high total blood cholesterol (%)



	1980	1983	1989
Men	18.1	18.7	17.7
Women	16.0	17.9	15.2

Notes: 1. High blood cholesterol was defined as a total blood cholesterol of 6.5 mmol/L or greater.
2. The proportions were age-adjusted using the total Australian population as at 30 June 1991.

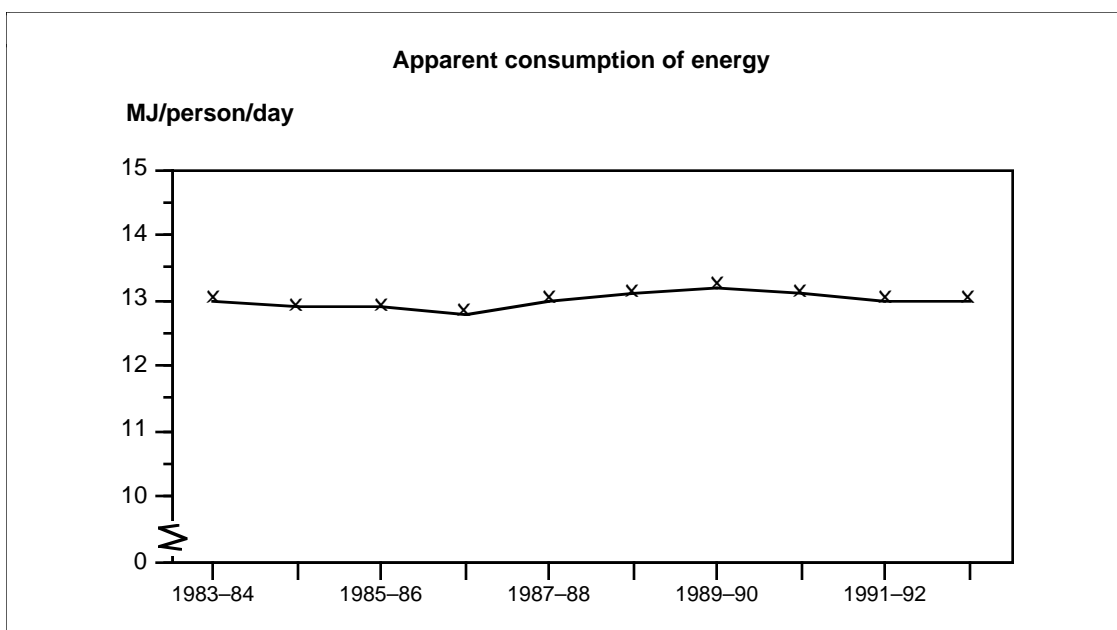
Source: Data were derived from the NHF Risk Factor Prevalence Surveys.

- The proportion of 25–64 year olds with high blood cholesterol has remained relatively unchanged during the 1980s. For men, the proportion was 17.7% in 1989 compared with 18.1% in 1980. The corresponding levels for women were 15.2% in 1989 compared with 16.0% in 1980. Although there was little change in total blood cholesterol levels in the adult population aged 25–64 years, total blood cholesterol levels decreased significantly in younger men and older women during the 1980s.
- There is strong scientific evidence linking high blood cholesterol with the development of coronary heart disease. Lowering total blood cholesterol has been shown to reduce the incidence of fatal and non-fatal coronary heart disease.
- The prevalence of high blood cholesterol tends to increase with age and is more common in men than women. Among Australia's immigrants, men and women from Italy have lower levels of total blood cholesterol than their Australian-born counterparts. Differentials between other population groups are not marked.

For more information, see:

Waters AM & Bennett S (1995) *Risk factors for cardiovascular diseases—A summary of Australian data*. AIHW Cardiovascular disease monitoring series No. 1. Canberra: AGPS.

Apparent consumption of energy and fat



	1983-84	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93
Energy										
MJ/person/day	13.0	12.9	12.9	12.8	13.0	13.1	13.2	13.1	13.0	13.0
Fat										
Per cent of energy	33.9	34.0	34.4	34.3	34.0	33.9	33.6	33.3	33.8	32.9

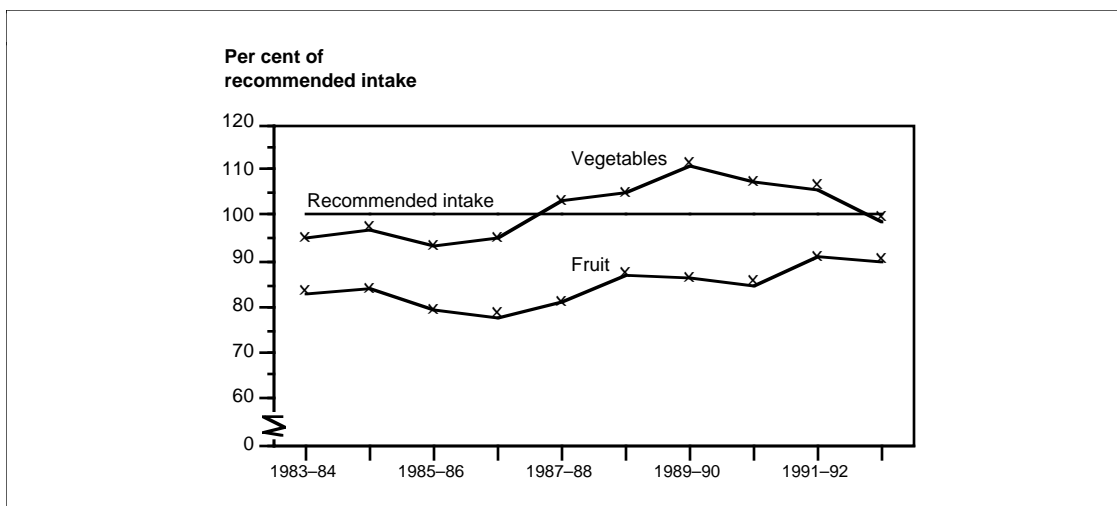
Source: ABS Cat. No. 4306.0

- In Australia, diet-related disease (coronary heart disease, stroke, hypertension, some cancers, non-insulin dependent diabetes and tooth decay) is due more to over-consumption of nutrients such as energy, fat and refined carbohydrate, than to any deficiency.
- Information on trends over time for the dietary intake of energy and fat is not available at the population level. Apparent consumption data, derived from food supply information, are used as surrogate indicators of energy and fat consumption in the population. Any significant change, up or down, of these indicators would signal a need for closer investigation of the food supply.
- Between 1983 and 1993, the apparent consumption of energy per person showed no consistent trend. During this period it exceeded the population requirement by at least 35%. An excess is expected because apparent consumption information does not take into account retail and household wastage or uses of food other than human consumption.
- The data show that the contribution of fat to the total supply of energy has not altered significantly since 1983. Due to limitations in the apparent consumption data, estimates of consumption by type of fat (i.e. saturated or unsaturated) cannot be made.

For more information, see:

Lester IH (1994) *Australia's food & nutrition*. Canberra: AGPS.

Apparent consumption of fruit and vegetables



	1983-84	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93
Fruit										
Per cent of recommended intake	83	84	79	78	81	87	86	85	91	90
Vegetables										
Per cent of recommended intake	95	97	93	95	103	105	111	107	106	99

Note: The data given are for fresh fruit and vegetables plus the fresh equivalent weight of produce used in processing (e.g. canning, juice). The data include allowances for non-commercial production (i.e. home production of fruits and vegetables).

Sources: ABS Cat. No. 4306.0; NHMRC 1994.

- Fruit and vegetables provide dietary fibre and a large range of essential nutrients (e.g. vitamin C, folic acid, beta carotene, potassium). The NHMRC recommends that individuals increase their intake of fruit and vegetables.
- Information on trends over time in the dietary intakes of fruit and vegetables is not available at the population level. Apparent consumption data, i.e. the quantity of fruit and vegetables available for consumption, are used as surrogate indicators of changes in intake at the population level.
- The NHMRC have made recommendations about appropriate levels of fruit and vegetables available for consumption for the population as a whole; these are

373 g/day/person for fruit and 401 g/day/person for vegetables.

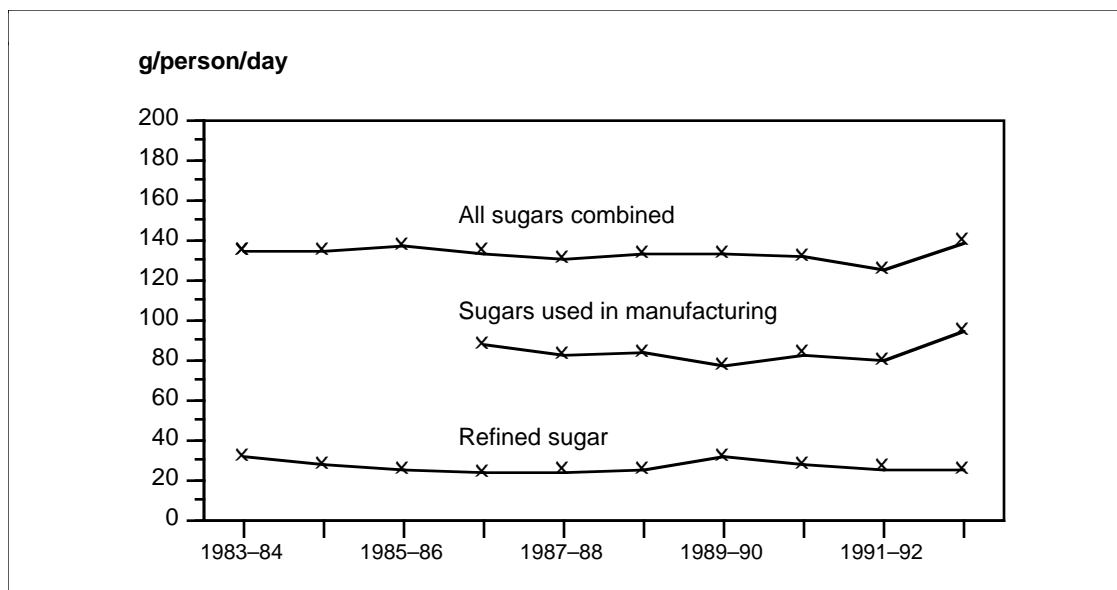
- Apparent consumption of vegetables increased substantially between 1983 and 1990, but has since declined. Apparent consumption of fruit fell between 1983 and 1987, but appears to be increasing, although there was a levelling out in 1992-93.

For more information, see:

Lester IH (1994) *Australia's food & nutrition*. Canberra: AGPS.

NHMRC (1994) *The core food groups: the scientific basis for developing nutrition education tools*. Canberra: NHMRC.

Apparent consumption of sugars



	1983-84	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93
All sugars combined										
g/person/day	134.2	134.5	136.7	133.4	130.1	133.1	132.9	131.5	124.9	138.9
Refined sugar										
g/person/day	31.5	27.4	24.9	23.6	24.1	24.7	31.8	27.1	25.5	24.7
Manufacturing sugar (excl. brewing)										
g/person/day	na	na	na	87.9	82.2	83.2	76.8	82.7	79.4	93.9

na Data not available

Note: All sugars combined includes cane sugar, honey, glucose and syrups and excludes sugars in fruit and milk.

Source: ABS Cat. No. 4306.0

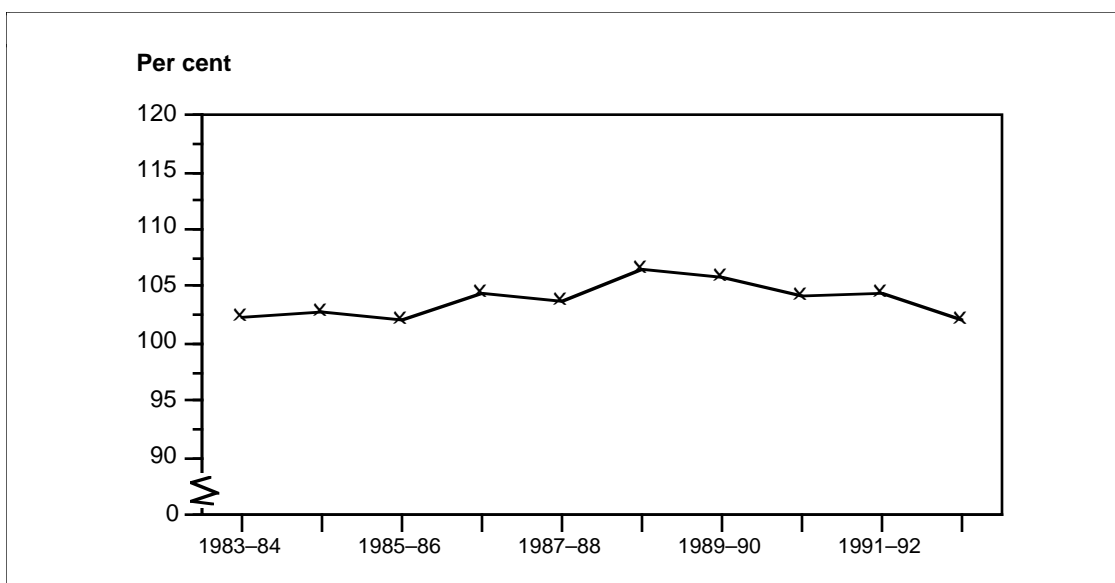
- Refined sugar is mostly used to make food, particularly fatty foods, more palatable. Consumption of refined sugar contributes to overweight and tooth decay. The NHMRC recommends that people eat only a moderate amount of sugars and foods containing added sugars.
- Information on trends over time for the dietary intake of sugars is not available at the population level. Apparent consumption data, i.e. the quantity of sugar available for consumption, are used as surrogate indicators of possible changes in dietary intake at the population level.
- Between 1983 and 1993, the consumption of all sugars combined fluctuated between 125 and 139 grams per person per day. A similar pattern was observed for refined sugar. The amount of sugars used in manufacturing has been increasing since 1989.

For more information, see:

Lester IH (1994) *Australia's food & nutrition*. Canberra: AGPS.

NHMRC (1992) *Dietary guidelines for Australians*. Canberra: AGPS.

Adequacy of the calcium supply



1983-84 1984-85 1985-86 1986-87 1987-88 1988-89 1989-90 1990-91 1991-92 1992-93

Available calcium

as a % of an

adequate supply

102.2 102.8 102.0 104.3 103.6 106.4 105.7 104.1 104.3 102.1

Source: AIHW, derived from ABS Cat. No. 4306.0

- Calcium is an important nutrient for maintaining adequate bone density. It is also important in a variety of metabolic functions in the body (e.g. muscle contraction and nerve functioning). When the diet is calcium deficient, calcium is drawn from bone to meet the body's metabolic needs. An adequate dietary intake of calcium throughout life is therefore necessary so that bone is not depleted of its store of calcium.
- An inadequate intake of calcium in childhood and early adulthood can predispose a person to bone fragility and osteoporosis in later life. Although calcium intake is of concern for the whole population, infants, children, pregnant and lactating women, and post-menopausal women are the most vulnerable groups.
- Information on trends over time for the dietary intake of calcium is not available at the population level. Apparent consump-

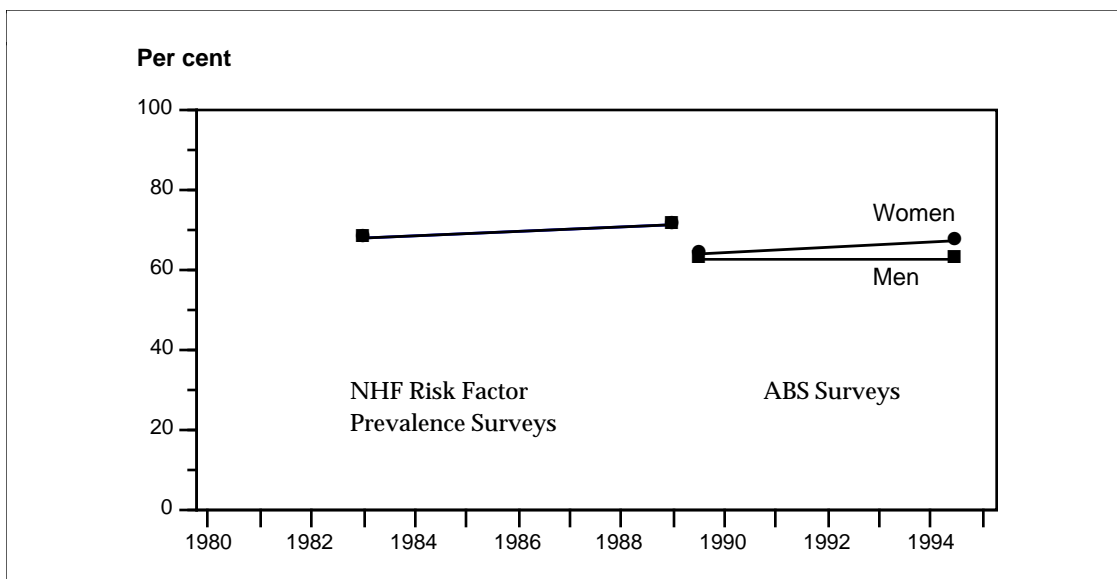
tion data expressed as a proportion of the amount of calcium considered to be adequate for the population as a whole, is used as a surrogate indicator of the adequacy of the supply of this nutrient.

- If the available calcium supply is equal to 100%, then supply is just meeting demand. It is recommended that supply exceed demand by a substantial amount to allow for varying needs in the population, and to offset losses which occur in food processing and wastage. Between 1983 and 1993, the available calcium supply averaged 104% with no consistent trend evident during this period. Thus, the data indicate that calcium is a nutrient of concern and an examination of intakes is warranted.

For more information, see:

Lester IH (1994) *Australia's food & nutrition*. Canberra: AGPS.

Proportion of 25–64 year olds undertaking any physical exercise for sport or recreation (%)



	NHF Risk Factor Prevalence Surveys			ABS Surveys	
	1980	1983	1989	1989–90	1994–95
Men	na	68.0	71.0	62.4	62.7
Women	na	68.0	71.3	64.1	67.4

na Data not available

Notes: 1. Physical exercise included walking or any exercise for sport or recreation.

2. The exercise rates were age-adjusted using the total Australian population as at 30 June 1991.

Sources: 1. Data for 1980, 1983 and 1989 were derived from the NHF Risk Factor Prevalence Surveys.

2. Data for 1989–90 were derived from the ABS National Health Survey.

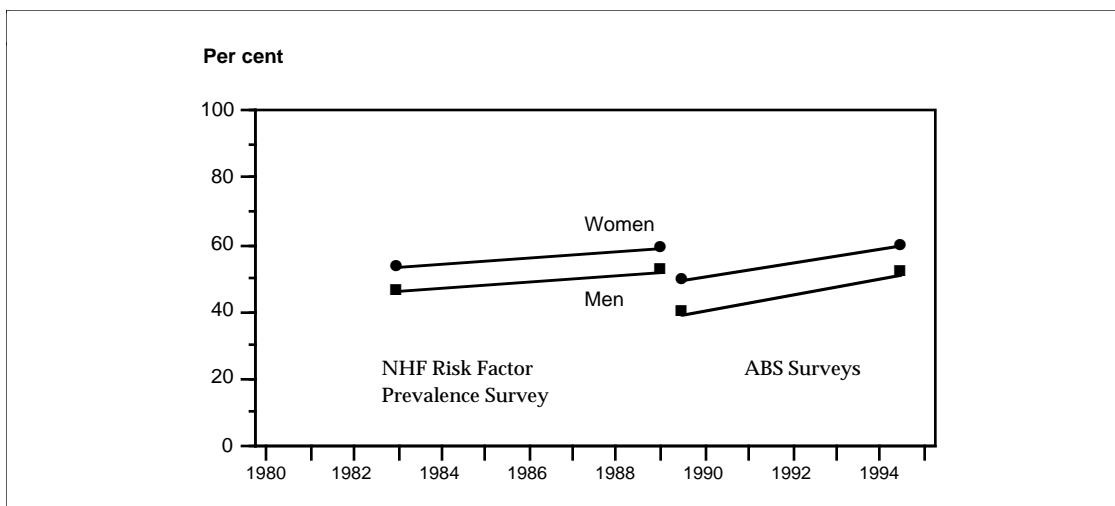
3. Data for 1994–95 were derived from the ABS Population Survey Monitor conducted in May, August and November 1994, and February 1995.

- Physical activity is important in preventing and managing a number of medical conditions such as coronary heart disease, hypertension, non insulin dependent diabetes mellitus, osteoporosis, obesity, and some mental health problems, specifically depression and self esteem. It has also been associated with a decreased risk of certain types of cancer.
- Between 1983 and 1995, the proportion of 25–64 year olds engaging in any exercise had not changed substantially, although more people were walking for exercise (see *Proportion of 25–64 year olds walking for exercise* on page 79).
- The differences between the ABS and NHF surveys reflect differences in methods. In particular, the NHF estimates were based on capital cities and self-completed questionnaires; the ABS surveys were national and responses were obtained via an interview.

For more information, see:

Waters AM & Bennett S (1995) *Risk factors for cardiovascular diseases—A summary of Australian data*. AIHW Cardiovascular disease monitoring series No. 1. Canberra: AGPS.

Proportion of 25–64 year olds walking for recreation or exercise (%)



	NHF Risk Factor Prevalence Surveys			ABS Surveys	
	1980	1983	1989	1989–90	1994–95
Men	na	46.5	52.4	40.0	51.9
Women	na	53.4	59.0	49.8	59.7

na Data not available

Notes: 1. Walking was defined as walking for recreation or exercise.

2. The walking rates were age-adjusted using the total Australian population as at 30 June 1991.

Sources: 1. Data for 1980, 1983 and 1989 were derived from the NHF Risk Factor Prevalence Surveys.

2. Data for 1989–90 were derived from the ABS National Health Survey.

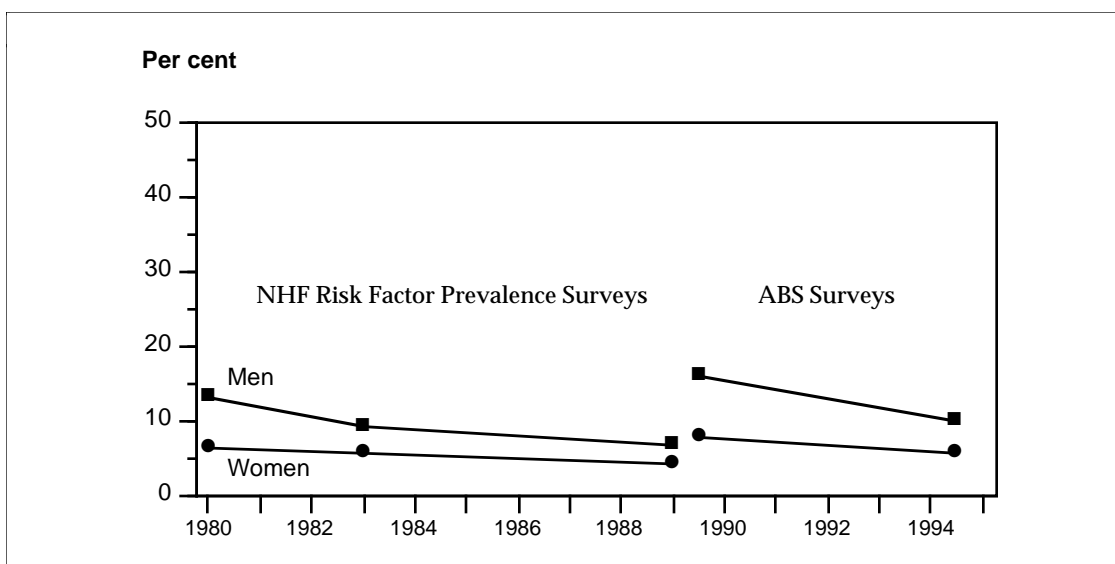
3. Data for 1994–95 were derived from the ABS Population Survey Monitor conducted in May, August and November 1994, and February 1995.

- There is increasing evidence that lower intensity exercise, such as walking, reduces the risk of cardiovascular disease. From a public health perspective, there may be greater merit in encouraging people to walk for exercise or to participate in other forms of low intensity exercise which can be incorporated into everyday life, than in promoting the benefits of vigorous, high intensity exercise.
- Between 1983 and 1995, the proportion of both men and women walking for exercise increased, with rates consistently higher for women than men. In 1994–95, over 50% of 25 to 64 year olds reported walking for exercise in the two weeks prior to participating in the survey.
- The differences between the ABS and NHF surveys reflect differences in methods. In particular, the NHF estimates were based on capital cities and self-completed questionnaires; the ABS surveys were national and responses were obtained via an interview.

For more information, see:

Waters AM & Bennett S (1995) *Risk factors for cardiovascular diseases—A summary of Australian data*. AIHW Cardiovascular disease monitoring series No. 1. Canberra: AGPS.

Proportion of 25–64 year olds who drink alcohol at a level hazardous to their health (%)



	NHF Risk Factor Prevalence Surveys			ABS Surveys	
	1980	1983	1989	1989–90	1994–95
Men	12.9	9.0	6.6	15.8	9.7
Women	6.4	5.6	4.3	7.6	5.6

Notes: 1. Hazardous levels of alcohol consumption are defined by the NHMRC as 'more than four standard drinks per day for men, and more than two standard drinks per day for women'.

2. The proportions were age-adjusted using the total Australian population as at 30 June 1991.

Sources: 1. Data for 1980, 1983 and 1989 were derived from the NHF Risk Factor Prevalence Surveys.

2. Data for 1989–90 were derived from the ABS National Health Survey.

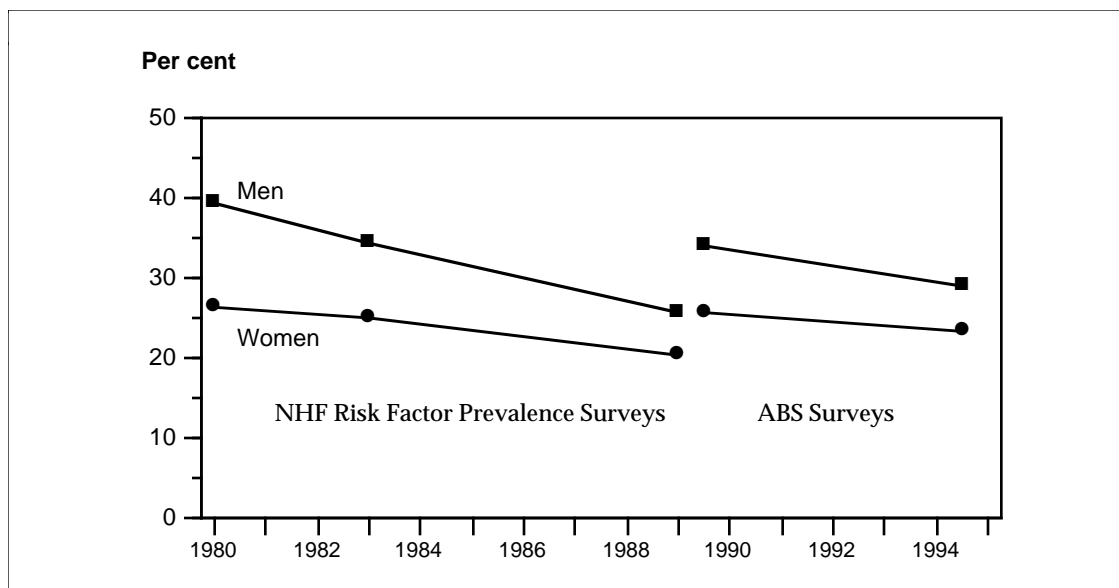
3. Data for 1994–95 were derived from the ABS Population Survey Monitor conducted in May, August and November 1994, and February 1995.

- Alcohol is a drug which has serious consequences when misused. Alcohol intoxication is a leading cause of road traffic accidents. In 1983, 40% of fatally injured drivers and motor cycle riders had blood alcohol concentrations of 0.05 mg/ml or more. In 1993, the proportion of driver fatalities had fallen to 32%. Hazardous levels of alcohol consumption have also been linked to an increased risk of heart disease, stroke, brain and liver damage, and some cancers.
- Between 1980 and 1995, there has been a decline in the proportion of men and women drinking alcohol at levels hazardous to their health. Despite these improvements, there were still an estimated 860,000 adults in Australia who drank alcohol at dangerous levels in 1994–95.
- The differences between the ABS and NHF surveys reflect differences in methods. In particular, the NHF estimates were based on capital cities and self-completed questionnaires; the ABS surveys were national and responses were obtained via an interview.

For more information, see:

AIHW (1994) *Australian health indicators*. No. 2.

Proportion of 25–64 year olds who smoke cigarettes (%)



	NHF Risk Factor Prevalence Surveys			ABS Surveys	
	1980	1983	1989	1989–90	1994–95
Men	39.3	34.4	25.7	34.0	29.0
Women	26.2	25.1	20.4	25.8	23.3

Note: The proportions were age-adjusted using the total Australian population as at 30 June 1991.

Sources: 1. Data for 1980, 1983 and 1989 were derived from the NHF Risk Factor Prevalence Surveys.

2. Data for 1989–90 were derived from the ABS National Health Survey.

3. Data for 1994–95 were derived from the ABS Population Survey Monitor conducted in February, May, August and November 1994, and February 1995.

- Tobacco smoking is a risk factor for heart disease, stroke, lung cancer and chronic lung disease. Reductions in the number of people smoking are likely to contribute to further falls in the numbers of people dying from cardiovascular disease. Smoking during pregnancy has also been linked to lower birthweight babies.
- Between 1980 and 1995, the proportion of men and women smoking declined substantially. Despite the decline, one in four adults were still smoking cigarettes in 1994–95. The distribution of smokers in the population is uneven with people on lower incomes, people with less education and unemployed people reporting higher rates of smoking.
- The differences between the ABS and NHF surveys reflect differences in methods. In particular, the NHF estimates were based on capital cities and self-completed questionnaires; the ABS surveys were national and responses were obtained via an interview.

For more information, see:

AIHW *Australian health indicators* No. 1 1994; No. 3 1995.

Mathers C (1994) *Health differentials among adult Australians aged 25–64 years*. AIHW Health monitoring series No. 1. Canberra: AGPS.

