

# Wangaratta Rural City

Selected findings



The Rural City of Wangaratta lies within the Hume Victorian health region and is part of the Central Hume Primary Care Partnership. Wangaratta is located 235km North-East of Melbourne and as of June 30 2007, had a population of 27,591<sup>1</sup> with adults comprising 76.0% of the population, compared with 77.1% for Victoria<sup>2</sup>. Almost four out of ten residents (37.0%) were aged 50 years or older, compared with 30.9% for Victoria. There was a greater percentage (38.1%) of low income households (combined annual income of less than \$33,500) compared with 30.6% for Victoria<sup>3</sup>. Life Expectancy at birth in 2006 was 83.3 years for females and 79.1 years for males, which was similar<sup>4</sup> to the Victorian figure of 84.3 years and 80.0 years respectively<sup>5</sup>.

The Victorian Population Health Survey is an annual state-wide survey that the Department of Health undertakes to collect information on the health of the adult Victorian population (18 years or older). This is the first time that the sample size has been expanded to allow detailed analysis at the local government area level.

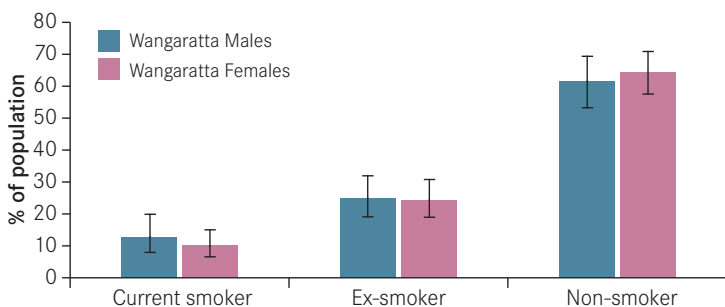
This fact sheet presents major findings from the 2008 survey. For more information see:

[www.health.vic.gov.au/healthstatus/vphs.htm](http://www.health.vic.gov.au/healthstatus/vphs.htm)

## Smoking status

Current smokers are defined as those who smoke daily or occasionally. In 2008, 12.8% of males and 10.1% of females in the Rural City of Wangaratta were classified as current smokers, lower than Victorian males and females (21.4% and 16.9% respectively)<sup>6</sup>.

### Smoking status, 2008

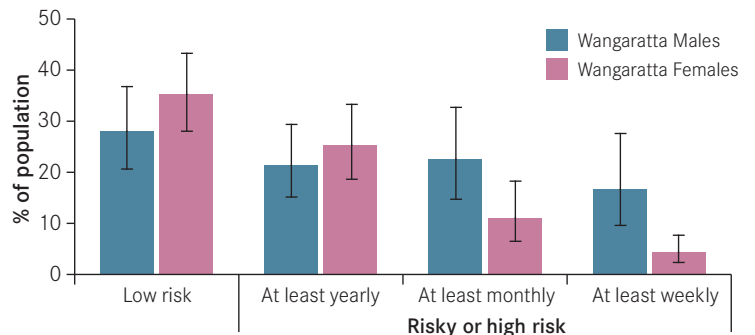


## Alcohol consumption<sup>7</sup>

The *Australian Alcohol Guidelines*<sup>8</sup> specify the risks of short and long-term alcohol-related harm by level of alcohol consumption in males and females.

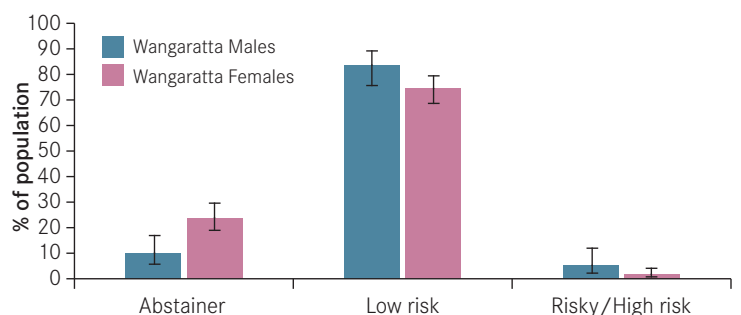
The patterns of alcohol consumption were similar between the Rural City of Wangaratta and Victoria for both males and females. The percentage of males in the Rural City of Wangaratta who consumed alcohol at least weekly at a risky or high risk level for short-term harm (16.7%) was higher than females in the Rural City of Wangaratta (4.4%). Females in the Rural City of Wangaratta were also more likely to be classified as abstainers from alcohol (23.8%) compared with males in the Rural City of Wangaratta (10.0%).

### Percentage of persons at short-term risk of alcohol-related harm, 2008



Note: abstainers are not included in the assessment of short-term risk levels.

### Percentage of persons at long-term risk of alcohol-related harm, 2008

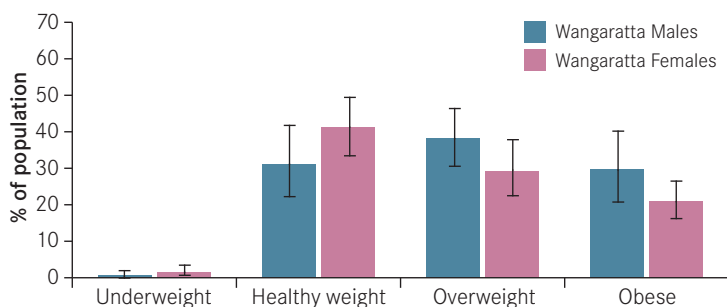


## Overweight and obesity

Being overweight or obese is an important risk factor for developing type 2 diabetes, cardiovascular disease, hypertension, certain cancers, sleep apnoea and osteoarthritis. It is typically measured by calculating a person's Body Mass Index (BMI), which is their weight in relation to their height<sup>9</sup>.

In 2008, 38.2% of males and 29.2% of females in the Rural City of Wangaratta were overweight, similar to Victorian males and females (39.9% and 24.2% respectively). Almost three out of ten males (29.6%) in the Rural City of Wangaratta were obese, higher than Victorian males (17.3%). Approximately one in five females (20.9%) in the Rural City of Wangaratta were obese, similar to Victorian females (16.1%).

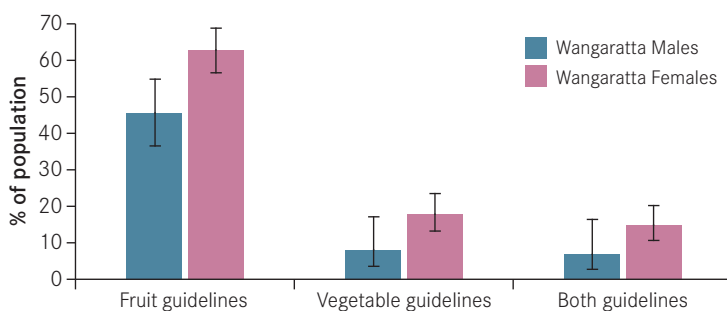
### Percentage of overweight and obesity in adults, 2008



## Nutrition

In 2008, females in the Rural City of Wangaratta were more likely to meet the dietary guidelines<sup>10</sup> for vegetable consumption (17.8%), fruit consumption (62.9%) and combined fruit and vegetable consumption (14.8%) compared with Victorian females (10.7%, 53.5% and 8.0% respectively). Less than one in ten males in the Rural City of Wangaratta (8.0%) met the dietary guidelines for vegetable consumption, whilst 45.6% met the dietary guidelines for fruit consumption, similar to Victorian males (5.0% and 41.0% respectively). Females in the Rural City of Wangaratta were also more likely to meet the dietary guidelines for fruit consumption compared with males in the Rural City of Wangaratta.

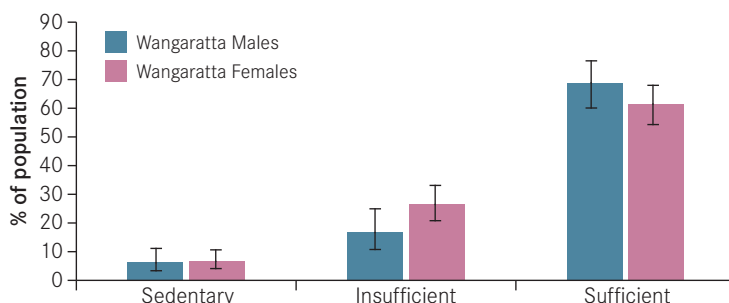
### Percentage of adults who met guidelines for the number of serves of fruit and/or vegetables per day, 2008



## Physical Activity

In 2008, 68.8% of males and 61.4% of females in the Rural City of Wangaratta met the physical activity guidelines<sup>11</sup>, similar to Victorian males and females (61.0% and 59.7% respectively). The percentage of males in the Rural City of Wangaratta classified as completing an insufficient amount of physical activity (16.7%) was lower than Victorian males (27.5%).

### Levels of physical activity, 2008

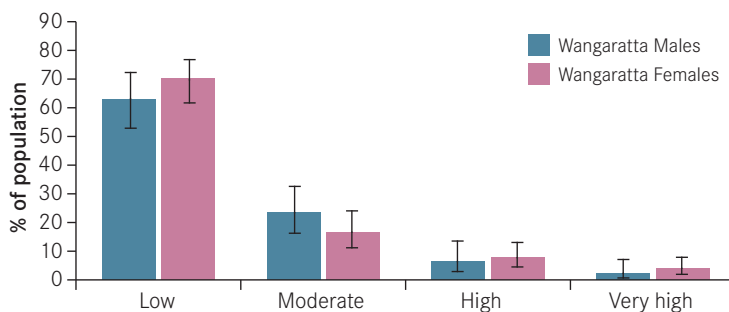


## Psychological distress

Poor mental health is a significant risk factor for poor health outcomes. The Kessler 10 (K10) scale is a set of ten questions designed to categorise the level of psychological distress over a four week period.

In 2008, 62.9% of males in the Rural City of Wangaratta were classified as having a low level of psychological distress, similar to Victorian males (65.3%). However, 70.1% of females in the Rural City of Wangaratta were classified as having a low level of psychological distress, higher than Victorian females (59.7%). There were no other differences in distress levels between the Rural City of Wangaratta and Victoria overall or between males and females in the Rural City of Wangaratta.

### Levels of psychological distress, 2008



For more information please refer to the full report of the 2008 Victorian Population Health Survey at

[www.health.vic.gov/healthstatus/vphs.htm](http://www.health.vic.gov/healthstatus/vphs.htm)

1. Service Planning, Department of Health (DH).
2. ABS (Australian Bureau of Statistics), 2007.
3. ABS, 2006 national census.
4. LGA estimates are considered to be higher or lower than the Victorian estimate based on statistical significance, determined by comparing the 95% confidence intervals (CI) between estimates. Where the 95% CI of estimates do not overlap there is strong evidence that the estimates are different. Where they overlap, the estimates are deemed to be similar.
5. Health Intelligence Unit, DH.
6. The LGA estimates are age-adjusted to the 2006 Victorian population.
7. The 2008 VPHS survey questions on alcohol consumption captured the risks of alcohol-related-harm based on the current 2001 Australian Alcohol Guidelines. New guidelines were released in March 2009 and will be reflected in the 2009 VPHS.
8. NHMRC (National Health and Medical Research Council) 2001.
9. BMI Reference: WHO 2000, *Obesity: Preventing and Managing the Global Epidemic*, WHO Technical Report Series 894, World Health Organisation (WHO), Geneva.
10. The **Dietary Guidelines for Australian Adults** recommend five serves of vegetables and two serves of fruit daily for adults, aged 19 years and older, to ensure a healthy diet. NHMRC 2003. For persons aged 12 to 18 years, the recommendations are for three serves of vegetables and three serves of fruit.
11. **The National Physical Activity Guidelines for Australians** recommend at least 30 minutes of moderate intensity activity on most, preferably all days in persons aged 19 years and over. DoHAC (Department of Health and Aged Care) 1999, Canberra.