Self Reported Health Status 2010

Darling Downs-West Moreton Health Service District
Summary Report
Data from the Self Reported Health Status (SRHS) 2010 survey forms the basis for a suite of reports covering the Queensland and Health Service District (HSD) geographical areas:


**SRHS 2010: Queensland and HSD Report** - also known as a top of the line (TOL) report, provides a summarised methodology, survey instrument, definitions for derived variables and results tables for all variables for Queensland and each HSD.

**SRHS 2010: Queensland Summary Report** - presents an overview of major findings for Queensland with major indicators broken down by sex, age, SEIFA and ARIA remoteness classifications as well as comparison of Queensland to HSDs for major indicator variables.

**SRHS 2010 HSD Summary Reports** - summary table comparing the HSD-specific rates with those for the state for major indicators, as well as a series of charts displaying the rates for each HSD for each of the major indicators.
## Summary of key indicators:
**Darling Downs–West Moreton HSD and Queensland 2010**

<table>
<thead>
<tr>
<th>Indicator (self reported)</th>
<th>Age Group (years)</th>
<th>Darling Downs–West Moreton HSD</th>
<th>Queensland</th>
<th>Significant Difference HSD – Qld</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight (&lt;18.5 BMI)</td>
<td>18+</td>
<td>2.5</td>
<td>2.8</td>
<td>▲ HSD higher</td>
</tr>
<tr>
<td>Healthy weight (18.5–&lt;25 BMI)</td>
<td>18+</td>
<td>34.3</td>
<td>41.5</td>
<td>▼ HSD lower</td>
</tr>
<tr>
<td>Overweight (25–&lt;30 BMI)</td>
<td>18+</td>
<td>37.7</td>
<td>34.2</td>
<td></td>
</tr>
<tr>
<td>Obese (30–&lt;40 BMI)</td>
<td>18+</td>
<td>22.8</td>
<td>19.5</td>
<td></td>
</tr>
<tr>
<td>Severely obese (40+ BMI)</td>
<td>18+</td>
<td>2.7</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Overweight/obese (25+ BMI)</td>
<td>18+</td>
<td>63.2</td>
<td>55.6</td>
<td>▲ HSD higher</td>
</tr>
<tr>
<td>Sufficient physical activity for health benefit</td>
<td>18–75</td>
<td>52.4</td>
<td>53.9</td>
<td></td>
</tr>
<tr>
<td>Prevalence of diabetes and high blood sugar*</td>
<td>18+</td>
<td>7.5</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td>18+</td>
<td>30.6</td>
<td>27.5</td>
<td></td>
</tr>
<tr>
<td>High blood cholesterol</td>
<td>18+</td>
<td>28.1</td>
<td>28.7</td>
<td></td>
</tr>
<tr>
<td>Adequate fruit intake (2+ serves/day)</td>
<td>18+</td>
<td>58.5</td>
<td>57.4</td>
<td></td>
</tr>
<tr>
<td>Adequate vegetable intake (5+ serves/day)</td>
<td>18+</td>
<td>13.5</td>
<td>11.3</td>
<td></td>
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<tr>
<td>Mean daily fruit intake</td>
<td>18+</td>
<td>1.8</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Mean daily vegetable intake***</td>
<td>18+</td>
<td>2.7</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>Daily smoker</td>
<td>18+</td>
<td>17.7</td>
<td>15.5</td>
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<tr>
<td>Alcohol Consumption: Risk of harm in the long term</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risky/High risk</td>
<td>18+</td>
<td>11.5</td>
<td>11.4</td>
<td></td>
</tr>
<tr>
<td>Alcohol Consumption: Risk of harm in the short term</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least weekly, risky/high risk</td>
<td>18+</td>
<td>9.0</td>
<td>9.4</td>
<td></td>
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<tr>
<td>At least monthly, risky/high risk</td>
<td>18+</td>
<td>14.3</td>
<td>15.0</td>
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<tr>
<td>Unsafe sun exposure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunburnt on previous weekend</td>
<td>18+</td>
<td>9.6</td>
<td>9.2</td>
<td></td>
</tr>
<tr>
<td>Sunburnt in previous 12 months</td>
<td>18+</td>
<td>50.6</td>
<td>50.9</td>
<td></td>
</tr>
<tr>
<td>Sun protective behaviours**:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Usually did 3+ of 5 behaviours in summer</td>
<td>18+</td>
<td>62.6</td>
<td>56.5</td>
<td>▲ 95% CIs do not overlap when expressed to three decimal places.</td>
</tr>
<tr>
<td>Usually did all 5 behaviours in summer</td>
<td>18+</td>
<td>9.9</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>Usually did 3+ of 5 behaviours in winter</td>
<td>18+</td>
<td>39.7</td>
<td>33.8</td>
<td></td>
</tr>
<tr>
<td>Usually did all 5 behaviours in winter</td>
<td>18+</td>
<td>6.6</td>
<td>4.2</td>
<td></td>
</tr>
</tbody>
</table>

* Excludes those with only gestational diabetes
** Best practice
*** 95% CIs do not overlap when expressed to three decimal places.
Introduction
This report provides summaries of key population health indicators for adults (aged 18 years and older) of the Darling Downs–West Moreton Health Service District (HSD), as measured by the Self Reported Health Status (SRHS) 2010 survey. It also includes comparison of each indicator with Queensland. The health indicators assessed in the SRHS 2010 survey were chosen for their importance in chronic disease prevention and include each of the Queensland Government’s Toward Q2: Tomorrow’s Queensland core and complementary indicators. Reports from the SRHS 2010 survey for Queensland and other HSDs (listed inside front cover) are available on the Queensland Health internet site at http://www.health.qld.gov.au.

Methods
A brief overview of the SRHS 2010 methods is presented. Detailed methods are described in the Self Reported Health Status 2010: Technical Report.

Interviews and response rate
The SRHS 2010 survey was commissioned by Queensland Health and conducted between 29 October 2009 and 22 February 2010 using computer assisted telephone interviewing (CATI) methodology by I-view Pty Ltd in their Brisbane interviewing facility. Trained telephone interviewers and supervisors were employed to respectively conduct and monitor the interviews. There were 9,281 responses to the survey throughout Queensland. The response rate achieved was 64.5% of the contacted in-scope people and the contact rate was 75.8% of residential telephone numbers. In Darling Downs–West Moreton HSD 915 surveys were completed, this was a response rate of 67.9% and contact rate of 71.9%.

Target population and sample frame
The target population for the survey was households in Queensland with at least one individual aged 16 years or older. From each selected private household, one resident individual was asked to participate in the survey. All household residents aged 16 years or older were eligible to participate. If there was more than one eligible individual in a selected household, the one who had most recently had a birthday was asked to participate.

The telephone numbers for the survey were sourced by random digit dialling (RDD) using the sample frame from the Association of Market and Social Research Organisations (AMSRO) RDD sample database. A small, but unknown, proportion of the target population was excluded from selection in the survey because their household did not have a fixed telephone.

Survey measures
A structured interview, using a fully scripted questionnaire, was specifically designed for the survey to assess demographic measures (respondent: age, sex, marital status, employment status, Indigenous status, education level, annual household income and place of residence), and the following self reported measures among Queensland adults:

- Fruit consumption
- Vegetable consumption
- Body mass index (BMI)
- Smoking status
- Alcohol consumption
- Diabetes
- Physical activity
- Sun protective behaviours
- Sunburn
- Blood pressure
- Blood cholesterol

The questionnaire is provided in the Self Reported Health Status 2010: Queensland and HSD Report. Survey sections for particular health indicators (for example physical activity) conform to national conventions for the collection and measurement of that health indicator. If no convention exists, questions and estimation methods have been developed in-house or with reference to published literature.

The 2001 Australian Alcohol Guidelines have been used to define risky drinking in this report to provide continuity with previous reports and consistency with national and state targets.¹

Guide to interpretation

Data presented in this report is weighted by age, sex and HSD distribution using the Estimated Resident Population for Queensland 2008. The data were also weighted for the number of adults per household and the number of fixed telephone lines to the household. The weighted results presented in this report can be considered to provide an accurate representation of the demographic and health-related profiles of adult residents of the HSD. Further information regarding the weighting procedure for the SRHS 2010 survey can be found in the Self Reported Health Status 2010: Technical Report.

As of 1 November 2010, Sunshine Coast–Wide Bay HSD was abolished and reverted to the two former HSD/geographical areas Sunshine Coast HSD (that is, Sunshine Coast Cooloola HSD) and Wide Bay HSD. The sampling frame for the SRHS 2010 was devised using the Sunshine Coast-Wide Bay HSD. Post survey production of indicator estimates using the two new HSDs is limited due to sample weighting and sample size constraints. However, indicative health indicator estimates are provided for these new HSDs in the SRHS 2010 Sunshine Coast–Wide Bay HSD report. For more precise estimates of health indicators for HSDs as of 1 November 2010 please refer to the Self Reported Health Status 2009–2010 reports series which will be released in early 2011.

In this report, 95% confidence intervals are used to demonstrate the precision of results. The interval gives us a range of values which would contain the true population value 95% of the time if this survey were repeated on multiple samples. Thus a large interval reflects less certainty in the precision of the result. Reporting differences between state and HSD occurs only when the difference is statistically significant (based on non-overlap of 95% confidence intervals). If this criterion is not met, no difference is noted in text.

Estimates for Cape York and Torres Strait-Northern Peninsula HSDs are not available from the SRHS 2010 for reasons explained in the SRHS 2010 Queensland Summary Report. The remaining 12 HSDs were sampled during the SRHS 2010 survey to provide HSD level estimates. The SRHS 2009 survey provided estimates for Cape York and Torres Strait–Northern Peninsula HSDs.

The use of a telephone to administer the questionnaire and the design of the questionnaire itself may have been culturally inappropriate for some Indigenous Queenslanders. This may have impacted upon the rate of response by Indigenous Queenslanders, and possibly on the responses provided by those who did choose to participate. These effects are unquantifiable, and will have a greater impact on the results for those HSDs with a relatively large Indigenous population. Owing to this problem, and the relatively small number of Indigenous Queenslanders interviewed, no detailed information about the Indigenous population will be reported from this survey.

Results

The prevalence of population health indicators for Darling Downs–West Moreton HSD and for Queensland are listed on page 3. This listing includes statistical comparison between the HSD prevalence and that of Queensland. The figures below relate the prevalence of each indicator in each HSD to that of Queensland, including 95% confidence intervals, with significant differences described for each.

Percentage of adults who were overweight or obese

- 55.6% of Queenslanders and 63.2% of Darling Downs–West Moreton HSD residents aged 18 years and older reported a height and weight that classified them as overweight or obese. These estimates were significantly different.
- Gold Coast HSD prevalence was lower than Queensland.
- Central Queensland, Central West, Darling Downs–West Moreton, Mount Isa, and South West HSD prevalence were higher than Queensland.
Percentage of adults who were sufficiently physically active for health benefit

- 53.9% of Queenslanders and 52.4% of Darling Downs–West Moreton HSD residents aged 18 years and older reported physical activity at a level sufficient for health benefit. These estimates were not significantly different.
- No HSD prevalence was different from Queensland.

Percentage of adults with diabetes or high blood sugar (excl. those with gestational diabetes only)

- 7.8% of Queenslanders and 7.5% of Darling Downs–West Moreton HSD residents aged 18 years and older have been told by a doctor, nurse, or at a hospital that they have diabetes or high blood sugar. These estimates were not significantly different.
- No HSD estimate was different from Queensland.

Percentage of adults with high blood pressure

- 27.5% of Queenslanders and 30.6% of Darling Downs–West Moreton HSD residents aged 18 years and older have been told by a doctor or nurse that they have high blood pressure. These estimates were not significantly different.
- South West HSD prevalence was higher than Queensland.

Percentage of adults with high blood cholesterol

- 28.7% of Queenslanders and 28.1% of Darling Downs–West Moreton HSD residents aged 18 years and older have been told by a doctor or nurse that they have high blood cholesterol. These estimates were not significantly different.
- No HSD estimate was different from Queensland.
Percentage of adults with adequate fruit intake (2+ serves per day)

- 57.4% of Queenslanders and 58.5% of Darling Downs–West Moreton HSD residents aged 18 years and older reported they usually consumed 2 or more serves of fruit per day. These estimates were not significantly different.
- Central Queensland, Central West, and Mount Isa HSD prevalence were lower than Queensland.

Percentage of adults with adequate vegetable intake (5+ serves per day)

- 11.3% of Queenslanders and 13.5% of Darling Downs–West Moreton HSD residents aged 18 years and older reported they usually consumed 5 or more serves of vegetables per day. These estimates were not significantly different.
- No HSD estimate was different from Queensland.

Mean daily serves of fruit

- The mean serves of fruit per day was 1.8 for Queenslanders and for residents of Darling Downs–West Moreton. These estimates were not significantly different.
- Central West, Mount Isa, and South West HSD mean serves were lower than Queensland.

Mean daily serves of vegetables

- The mean serves of vegetables per day for Queenslanders was 2.6 and for residents of Darling Downs–West Moreton was 2.7. These estimates were significantly different.
- Darling Downs–West Moreton and South West HSD mean serves were higher than Queensland.
Percentage of who were daily smokers

- 15.5% of Queenslanders and 17.7% of Darling Downs–West Moreton HSD residents aged 18 years and older reported smoking daily. These estimates were not significantly different.
- No HSD estimate was different from Queensland.

Percentage of adults with risky or high risk alcohol consumption for long-term harm

- 11.4% of Queenslanders and 11.5% of Darling Downs–West Moreton HSD residents aged 18 years and older reported drinking at a level that was risky or high risk for long-term harm. These estimates were not significantly different.
- Central Queensland and Mount Isa HSD prevalence were higher than Queensland.

Percentage of adults with weekly risky or high risk alcohol consumption for short-term harm

- 9.4% of Queenslanders and 9.0% of Darling Downs–West Moreton HSD residents aged 18 years and older reported drinking at a level for risky or high risk short-term harm at least weekly. These estimates were not significantly different.
- Central Queensland HSD prevalence was higher than Queensland.

Percentage of adults with monthly risky or high risk alcohol consumption for short-term harm

- 15.0% of Queenslanders and 14.3% of Darling Downs–West Moreton HSD residents aged 18 years and older reported drinking at a level for risky or high risk short-term harm at least monthly but not weekly. These estimates were not significantly different.
- No HSD estimate was different from Queensland.
9.2% of Queenslanders and 9.6% of Darling Downs–West Moreton HSD residents aged 18 years and older reported being sunburnt on the previous weekend. These estimates were not significantly different.

No HSD estimate was different from Queensland.

50.9% of Queenslanders and 50.6% of Darling Downs–West Moreton HSD residents aged 18 years and older reported being sunburnt in the last 12 months. These estimates were not significantly different.

No HSD estimate was different from Queensland.

56.5% of Queenslanders and 62.6% of Darling Downs–West Moreton HSD residents aged 18 years and older reported they usually do at least 3 of the 5 sun protective behaviours in summer. These estimates were significantly different.

Central West and Darling Downs–West Moreton HSD prevalence were higher than Queensland. Gold Coast HSD prevalence was lower than Queensland.

7.1% of Queenslanders and 9.9% of Darling Downs–West Moreton HSD residents aged 18 years and older reported they usually do all 5 sun protective behaviours in summer. These estimates were not significantly different. Mount Isa HSD prevalence was higher than Queensland (data not shown).

33.8% of Queenslanders and 39.7% of Darling Downs–West Moreton HSD residents aged 18 years and older reported they usually do at least 3 of the 5 sun protective behaviours in winter. These estimates were significantly different.

There was large variation between HSDs: Metro North and Gold Coast were lower than Queensland, while Cairns and Hinterland, Central Queensland, Central West, Darling Downs–West Moreton, Mount Isa, South West, and Townsville were higher.

4.2% of Queenslanders and 6.6% of Darling Downs–West Moreton HSD residents aged 18 years and older reported they usually do all 5 sun protective behaviours in winter. These estimates were not significantly different. Mount Isa HSD prevalence was higher than Queensland, and Metro North HSD prevalence was lower (data not shown).