Snapshot: Southern Adelaide Health Region - Chronic Conditions, Risk Factors, and Mental Health

FINDINGS IN BRIEF

• Respondents in the Southern Adelaide Health Region were more likely to have cardiovascular disease.
• Respondents were more likely to eat less than five serves of vegetables per day.

INTRODUCTION

This brief report provides a snapshot of key epidemiological information on the prevalence of chronic conditions, risk factors, and mental health for respondents 16 years and over in the Southern Adelaide health region (n=3197), the rest of South Australia (n=9931), and South Australia as a whole (n=13127) for the period July 2002 to December 2004.

METHODS

The data in this report were obtained from the South Australian Monitoring and Surveillance System (SAMSS) dataset. This system aims to provide representative, timely and relevant population data on the South Australian community. The questions in SAMSS are related to the priority health areas and main indicators pertinent to Department of Health policies.

SAMSS collects data at the population level, and each month approximately 600 people are interviewed. The interviews are conducted using the CATI (Computer-Assisted Telephone Interviewing) system. All households in South Australia with a telephone number listed in the Electronic White Pages are eligible for selection in the sample. Within each household, the person who last had their birthday is selected for interview. There are no replacements for non-contactable persons. For further information on SAMSS methodology consult theSAMSS methodology brief report or SAMSS methodology technical paper series.

RESULTS

Mental Health

Table 1 shows the prevalence of self-reported mental health conditions in the Southern Adelaide health region, the rest of South Australia, and South Australia as a whole. There were no statistically significant differences.

Table 1: Prevalence of self-reported mental health conditions in the Southern Adelaide health region, the rest of South Australia, and South Australia as a whole, 16 years and over

<table>
<thead>
<tr>
<th>Condition</th>
<th>Southern Adelaide (%)</th>
<th>Rest of South Australia (%)</th>
<th>Whole of South Australia (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Mental Condition</td>
<td>14.2</td>
<td>14.0</td>
<td>14.0</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>10.5</td>
<td>10.4</td>
<td>10.4</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>5.3</td>
<td>4.8</td>
<td>4.9</td>
</tr>
</tbody>
</table>

†† Statistically significantly different from rest of SA using χ² test (p<0.05)

Key Findings:

• The proportion of respondents with cardiovascular disease (CVD) was statistically significantly higher in the Southern

Figure 1 presents the prevalence of selected self-reported chronic conditions in the Southern Adelaide health region, the rest of South Australia, and South Australia as a whole.

Figure 1: Prevalence of selected self-reported chronic conditions in the Southern Adelaide health region, the rest of South Australia, and South Australia as a whole, 16 years and over (injury 65 years and over)

* Statistically significantly different from rest of SA using χ² test (p<0.05)
Adelaide health region (9.2%; 95% CI 8.2 – 10.3) than the rest of South Australia (7.7%; 95% CI 7.2 – 8.2).

- The proportion of respondents with diabetes was statistically significantly lower in the Southern Adelaide health region (5.4%; 95% CI 4.7 – 6.3) than the rest of South Australia (6.7%; 95% CI 6.2 – 7.2).

**Health Risk Factors**

Figure 2 shows the prevalence of selected risk factors in the Southern Adelaide health region, the rest of South Australia, and South Australia as a whole. The selected risk factors include: risk of harm from alcohol in the long (LT) and short term (ST),

*current* high blood pressure (HBP), current high cholesterol (HC), insufficient physical activity (using definition 2)^4^, body mass index (BMI), current smoking, and consumption of the recommended daily intake of vegetables and fruit^5^.

The prevalence of overweight and obesity among 16 and 17 year olds was calculated using the classification of Cole et al.^6^ The body mass index of respondents aged 18 years and over was calculated according to World Health Organisation (WHO) criteria.^7^

**Key Findings:**

- Respondents in the Southern Adelaide health region were statistically significantly more likely to eat under five serves of vegetables per day (93.5%; 95% CI 92.6–94.3) than the rest of South Australia (92.1%; 95% CI 91.5–92.6).
- The proportion of respondents who are current smokers is statistically significantly lower in the Southern Adelaide health region (17.6%; 95% CI 16.3–19.0) than the rest of South Australia (20.4%; 95% CI 19.6–21.2).
- The proportion of respondents undertaking insufficient physical activity was statistically significantly lower in the Southern Adelaide health region (57.6%; 95% CI 55.4–59.7) than the rest of South Australia (62.1%; 95% CI 60.9–63.3).

**SUMMARY**

The findings presented here indicate that in the Southern Adelaide health region, the most pertinent health issue is cardiovascular disease. Respondents in the Southern Adelaide health region were statistically significantly less likely than the other health regions to have diabetes, consume less than five serves of vegetables per day, be current smokers, or undertake an insufficient amount of physical activity.

**REFERENCES**


For further results from the survey, please visit the Population Research and Outcome Studies Unit web site at: http://www.dh.sa.gov.au/pehs/PROS.html