Snapshot: Hills Mallee Health Region - Chronic Conditions, Risk Factors and Mental Health

FINDINGS IN BRIEF

- Respondents in the Hills Mallee Health Region were more likely to smoke and eat less than two serves of fruit.
- Respondents were more likely to undertake an insufficient level of activity.

INTRODUCTION

This brief report summarises key epidemiological information on the prevalence of chronic conditions, risk factors, and mental health for respondents 16 years and over in the Hills Mallee health region (n=999), the rest of South Australia (n=12128), and the whole of South Australia (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 the SAMSS 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 Hills Mallee health region, the rest of South Australia, and the whole of South Australia. There were no statistically significant differences.

Table 1: Prevalence of self-reported mental health conditions in Hills Mallee health region, the rest of South Australia, and total for South Australia, 16 years and over

<table>
<thead>
<tr>
<th></th>
<th>Hills Mallee (%)</th>
<th>Rest of South Australia (%)</th>
<th>Whole of South Australia (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Mental Condition</td>
<td>14.4</td>
<td>14.0</td>
<td>14.3</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td>8.9</td>
<td>10.6</td>
<td>10.4</td>
</tr>
<tr>
<td>Suicidal Ideation</td>
<td>4.4</td>
<td>5.0</td>
<td>4.9</td>
</tr>
</tbody>
</table>

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

Figure 1 presents the prevalence of selected self-reported chronic conditions in the Hills Mallee health region, the rest of South Australia, and South Australia as a whole. There were no statistically significant differences.

Figure 1: Prevalence of selected self-reported chronic conditions in Hills Mallee health region, the rest of South Australia, and the whole of South Australia, 16 years and over (injury 65 years and over)
Health Risk Factors

Figure 2 shows the prevalence of selected risk factors in the Hills Mallee 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), body mass index (BMI), current smoking, and consumption of the recommended daily intake of vegetables and fruit.

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

**Key Findings:**

- The proportion of respondents who are current smokers is statistically significantly higher in the Hills Mallee health region (22.2%; 95% CI 19.6 – 24.9) than the rest of South Australia (19.5%; 95% CI 18.8 – 20.2).
- The proportion of respondents at risk of harm from alcohol in the long term is statistically significantly higher in the Hills Mallee health region (5.4%; 95% CI 4 – 6.9) than the rest of South Australia (3.9%; 95% CI 3.6 – 4.3).
- Respondents in the Hills Mallee health region were statistically significantly less likely to eat under 5 serves of vegetables per day (90.2%; 95% CI 88.1 – 91.9) than the rest of South Australia (92.6%; 95% CI 92.1 – 93.1).
- Respondents in the Hills Mallee health region were statistically significantly more likely to eat under 2 serves of fruit per day (64.0%; 95% CI 60.9 – 66.9) than the rest of South Australia (59.2%; 95% CI 58.3 – 60.1).
- Respondents in the Hills Mallee health region were statistically significantly more likely to be doing an insufficient amount of physical activity (66.0%; 95% CI 62.3 – 69.7) than the rest of South Australia (60.6%; 95% CI 59.5 – 61.7).

**SUMMARY**

These findings indicate that among the biggest health issues in the Hills Mallee health region are the high prevalence of smokers, the proportion of people at risk of harm from alcohol in the long term, and the proportion of respondents undertaking an insufficient amount of physical activity and not eating two serves of fruit a day. Respondents in this region were more likely to eat the recommended daily intake of vegetables.

**REFERENCES**


**INFORMATION**