

# Cardiovascular Disease Fact Sheet

## Hume Region

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The **Hume** region covers an area of 40,427 square kilometres in provincial, north-east Victoria and provides services to a number of cities, a range of small towns and many farming and agricultural communities, some of which are relatively isolated. The region also includes Victoria's alpine areas. In 2005, it had an estimated resident population of 262,803 (5.2% of the Victorian population). The region includes 12 local government areas (LGAs). This fact sheet presents Department of Human Services data for the Hume region relating to a variety of cardiovascular outcomes and risk factors.

It aims to provide answers to the following questions for this region:

- How common is cardiovascular disease?
  - What is the impact of cardiovascular disease?
  - How common are some of the risk factors for cardiovascular disease—specifically smoking, diet, exercise, obesity and high blood pressure?
  - How commonly do people use screening tests?
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Several specific terms are used in this fact sheet. These terms are defined as follows:

- **Cardiovascular disease**  
A general term that refers to heart, stroke and blood vessel disease. The underlying cause of most cardiovascular disease is a gradual clogging of the arteries (called atherosclerosis) that supply blood to the heart, brain and other vital organs.<sup>1</sup>
- **Heart disease**  
A general term used to describe a range of diseases affecting the heart.
- **Ischaemic heart disease**  
A condition caused by the slow build-up over many years of fatty cholesterol-containing deposits (called plaques) in the inner wall of one or more of the heart's arteries. If the coronary arteries (those arteries supplying the heart with oxygen) become too clogged, the flow of blood is reduced and the heart may not be able to meet the demands placed on it to pump harder during times of exercise or stress. It is also sometimes referred to as coronary heart disease and can lead to angina or heart attack.<sup>2</sup>

- **Stroke**  
Stroke occurs when an artery supplying blood to a part of the brain becomes blocked or bursts. As a result, that part of the brain is damaged because it is deprived of its blood supply, which normally carries oxygen and sugar to the brain and enables it to function.<sup>3</sup>
- **Region**  
This fact sheet covers the Hume region which includes the following LGAs: Alpine, Benalla, Greater Shepparton, Indigo, Mansfield, Mitchell, Moira, Murrindindi, Strathbogie, Towong, Wangaratta and Wodonga.
- **Local government area (LGA)**  
A municipal council area.
- **Primary care partnership (PCP)**  
Groups of LGAs that cooperate together to improve delivery of primary healthcare services and health promotion activities in their local communities. This fact sheet covers the following PCPs: Central Hume PCP, Goulburn Valley PCP, Lower Hume PCP and Upper Hume PCP.
- **Prevalence**  
The proportion of people who have a disease at a particular point in time (e.g. 'at the end of 2006'), irrespective of when they were either diagnosed with the condition, or when they first developed the condition.
- **Disability-adjusted life year (DALY)**  
The disability-adjusted life year (DALY) is a measure of the disease impact in a population. This measure combines the effects of healthy years of life lost due to developing illness or becoming injured, with years lost through premature death. One DALY can be thought of as one lost year of healthy life.
- **DALY rates**  
The number of DALYs per 1000 people in the population. The population in areas with high DALY rates has a poorer health status than populations in areas with lower DALY rates. Differences in DALY rates are not due to differences in the age structure between areas.

## Data sources

This fact sheet draws on the following information provided by the Department of Human Services:

- Victorian Population Health Survey 2006
- 2001 Victorian Burden of Disease Study.

Information about the degree of detail available in these data sources is shown in Table 1.

**Table 1: Sources of data on cardiovascular disease, by type of data available**

Source	Type of information	Available for:			
		Victoria	Regions	PCPs	LGAs
Victorian Population Health Survey 2006	Self-reported prevalence of:				
	• heart disease	✓	✓	x	x
	• stroke	✓	✓	x	x
	• obesity/overweight	✓	✓	x	x
	• smoking	✓	✓	x	x
	• physical inactivity	✓	✓	x	x
	• consumption of fruit	✓	✓	x	x
	• consumption of vegetables	✓	✓	x	x
	• high blood pressure	✓	✓	x	x
	• blood pressure screening	✓	✓	x	x
2001 Victorian Burden of Disease Study	Prevalence and DALY rates for:				
	• ischaemic heart disease	✓	✓	✓	✓
	• stroke	✓	✓	✓	✓
	• total cardiovascular disease (DALY rates only)	✓	✓	✓	✓
	• total cardiovascular disease (prevalence)	✓	x	x	x

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### For further information

Methodological information and other results may be found in selected reports of findings from the Victorian Population Health Surveys and the Victorian Burden of Disease Study. These reports and other useful resources can be downloaded from the website <http://www.health.vic.gov.au/healthstatus/>

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## How common is cardiovascular disease?

Information about the occurrence of cardiovascular disease is taken from two sources: the Victorian Population Health Survey, an annual statewide survey that the Department of Human Services (Chronic Disease Surveillance and Epidemiology Section, Public Health Group) undertakes in the second half of each year to collect a wide range of information about the health of the adult Victorian population, and from statistics compiled as part of the 2001 Victorian Burden of Disease Study.

Findings from the Victorian Population Health Survey relate to 2006 and are reported as percentages. These data represent the proportion of adults aged 18 years or more who reported that they had been diagnosed with either heart disease or stroke. Adults living in nursing homes and other similar settings were not included in the survey population.

Findings from the 2001 Victorian Burden of Disease study are estimates of the number of people, who at any point in time during the year 2001, had the condition, regardless of when it first affected the individual. These data were available for ischaemic heart disease, inflammatory heart disease and stroke. The data were calculated using a variety of sources and represent all Victorians, irrespective of type of diagnosis, age or living situation.

## How common is heart disease?

In 2006, 6.8% of Victorians reported that they had been diagnosed with heart disease by a doctor. Additional detail on the specific type of heart disease was not collected. Table 2 compares the self-reported prevalence of heart disease in the Hume region with that for Victoria.

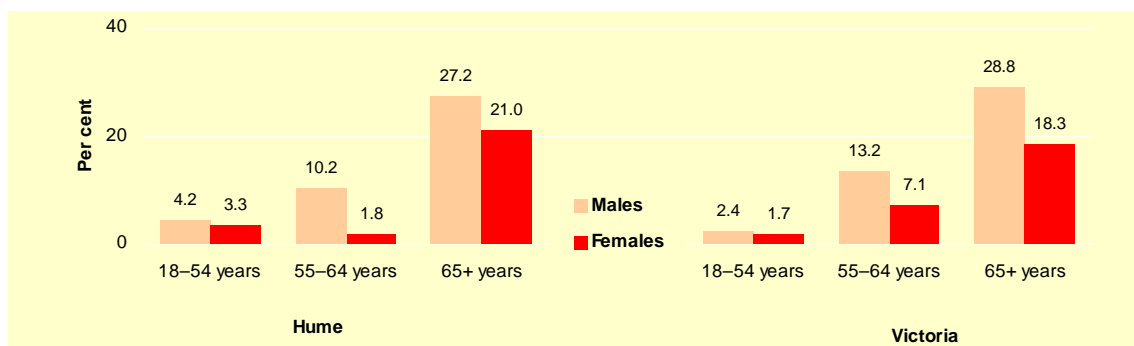
**Table 2: Self-reported prevalence of heart disease, by sex and age, 2006**

Sex	Age group	Hume		Victoria	
		(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>	18–54 years	4.2	0.8–7.7	2.4	1.5–3.2
	55–64 years	10.2	2.2–18.2	13.2	9.3–17.0
	65 years or more	27.2	16.4–38.1	28.8	24.6–32.9
	<b>Total</b>	<b>9.4</b>	<b>6.0–12.8</b>	<b>8.1</b>	<b>7.0–9.2</b>
<b>Females</b>	18–54 years	3.3	1.4–5.2	1.7	1.1–2.3
	55–64 years	1.8	0.0–4.5	7.1	4.9–9.3
	65 years or more	21.0	13.1–28.9	18.3	15.1–21.6
	<b>Total</b>	<b>6.8</b>	<b>4.6–9.0</b>	<b>5.6</b>	<b>4.8–6.4</b>
<b>Persons</b>	18–54 years	3.8	1.8–5.7	2.0	1.5–2.5
	55–64 years	6.1	1.7–10.4	10.1	7.9–12.4
	65 years or more	23.9	17.3–30.4	23.0	20.3–25.6
	<b>Total</b>	<b>8.1</b>	<b>6.0–10.1</b>	<b>6.8</b>	<b>6.1–7.5</b>

In Victoria in 2006, over one-quarter of men aged 65 years or more had been diagnosed with heart disease. This compares with 18.3% of Victorian women in the same age group. In the Hume region, the self-reported prevalence of heart disease was generally a little higher than that for Victoria; however, with the exception of women aged 55–64 years, the differences were not statistically significant. Women living in the Hume region aged 55–64 years were significantly less likely to have been diagnosed with heart disease (1.8% compared with 7.1% for Victoria). As

observed for the state as a whole, the prevalence in adult men (9.4%) was higher than in adult women (6.8%).

**Figure 1: Self-reported prevalence of heart disease, by sex and age, 2006**



### How common is ischaemic heart disease?

Ischaemic heart disease is one of the most common types of heart disease. Based on estimates compiled for the 2001 Victorian Burden of Disease Study, there were 45,051 Victorians living with ischaemic heart disease in 2001. This represents 53.9% of Victorians living with heart disease in that year.

Table 3 contains estimates of the number of Victorians living in the Hume region with ischaemic heart disease in 2001. It details the number of males and females with ischaemic heart disease in each LGA and PCP of the region.

**Table 3: Estimated prevalent cases of ischaemic heart disease in the Hume region, by PCP, LGA and sex, 2001**

Area	PCP	LGA	Males (n)	Females (n)	Persons (n)
Hume	Lower Hume	Mitchell	99	73	172
		Murrindindi	70	52	123
	Goulburn Valley	Greater Shepparton	293	234	527
		Moira	163	138	301
		Strathbogjie	65	59	124
	Central Hume	Alpine	70	57	126
		Benalla/Mansfield	119	106	225
		Wangaratta	149	130	279
	Upper Hume	Indigo	68	57	124
		Towong	36	28	64
Wodonga		128	100	228	
<b>Total</b>			<b>1260</b>	<b>1033</b>	<b>2294</b>
<b>Victoria</b>			<b>23,227</b>	<b>21,824</b>	<b>45,051</b>

Some 2294 people were estimated to be living in the Hume region with ischaemic heart disease. Of these, almost one in four (23.0%) lived in the City of Greater Shepparton.

Approximately equal numbers of Victorian males and females were estimated to be living with ischaemic heart disease.

## How common is stroke?

In 2006, 1.9% of Victorian adults indicated that they had been diagnosed with stroke by a doctor. Table 4 compares the self-reported prevalence of stroke in the Hume region with that for Victoria.

**Table 4: Self-reported prevalence of stroke, by sex and age, 2006**

Sex	Age group	Hume		Victoria	
		(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>	18–54 years	0.8	0.0–2.0	0.4	0.1–0.7
	55–64 years	3.4	0.0–8.0	3.7	1.4–6.0
	65 years or more	7.7	1.1–14.3	7.9	5.6–10.2
	<b>Total</b>	<b>2.5</b>	<b>0.8–4.1</b>	<b>2.1</b>	<b>1.5–2.6</b>
<b>Females</b>	18–54 years	0.8	0.0–1.6	0.5	0.3–0.8
	55–64 years	1.2	0.0–2.9	3.5	1.9–5.2
	65 years or more	5.6	1.5–9.7	5.0	3.2–6.8
	<b>Total</b>	<b>1.9</b>	<b>0.8–2.9</b>	<b>1.8</b>	<b>1.3–2.3</b>
<b>Persons</b>	18–54 years	0.8	0.1–1.5	0.5	0.3–0.7
	55–64 years	2.3	0.0–4.8	3.6	2.2–5.0
	65 years or more	6.5	2.8–10.3	6.3	4.9–7.7
	<b>Total</b>	<b>2.2</b>	<b>1.2–3.1</b>	<b>1.9</b>	<b>1.6–2.3</b>

In the Hume region, the self-reported prevalence of stroke among adults (2.2%) was higher than that for Victoria (1.9%). This difference was not statistically significant. In men aged 65 years or more who lived in the region the self-reported prevalence was 7.7%. This compares with a self-reported prevalence of 5.6% among women aged 65 years or more for the region.

Based on information from the 2001 Victorian Burden of Disease Study, an estimated 33,664 Victorians were affected by stroke in 2001. Of these, 1701 lived in the Hume region, and within this group more than one in five (21.9%) lived in the City of Greater Shepparton.

**Table 5: Estimated prevalent cases of stroke, by PCP, LGA and sex, 2001**

Area	PCP	LGA	Males (n)	Females (n)	Persons (n)
<b>Hume</b>	Lower Hume	Mitchell	61	78	139
		Murrindindi	45	53	98
	Goulburn Valley	Greater Shepparton	160	213	373
		Moira	104	133	237
		Strathbogie	41	55	96
	Central Hume	Alpine	44	55	99
		Benalla/Mansfield	63	89	152
		Wangaratta	81	111	192
	Upper Hume	Indigo	44	55	99
		Towong	22	25	46
Wodonga		71	99	170	
<b>Total</b>			<b>736</b>	<b>965</b>	<b>1701</b>
<b>Victoria</b>			<b>14,049</b>	<b>19,615</b>	<b>33,664</b>

There were marked differences in the gender balance between the self-reported data from 2006 and the prevalence estimates from 2001. The prevalence estimates from 2001 were modelled from a wider range of sources and, although less recent, provide a more accurate reflection of the true prevalence of stroke in the community as they include all cases of stroke, including those in hospitals and nursing homes. In contrast, the 2006 population survey excludes people aged less than 18 years and those who live in institutional settings such as nursing homes. Differences between these two data sources should not therefore be interpreted as reflecting changes in the distribution of stroke.

## What is the impact of cardiovascular disease?

The impact of cardiovascular disease includes that of ischaemic heart disease and stroke together with other types of cardiovascular disease. The impact of cardiovascular disease can be measured using DALYs. DALY rates quantify the number of DALYs lost per 1000 people in the population and are useful when making comparisons of health status between populations in different geographic areas.

Across Victoria, ischaemic heart disease accounts for 58.4% of the cardiovascular disease burden per 1000 in males and 46.9% in females. In this region it accounts for 59.7% of the cardiovascular disease burden per 1000 in males and 46.8% of the cardiovascular disease burden per 1000 in females.

Table 6 compares DALY rates for cardiovascular disease in males and females in the Hume region with the rates for Victoria.

**Table 6: Burden of disease and injury, all causes and cardiovascular disease, in males and females, DALY rates, 2001**

Disease	Hume		Victoria	
	DALY rates per 1000 in males	DALY rates per 1000 in females	DALY rates per 1000 in males	DALY rates per 1000 in females
All causes	153.4	135.0	143.0	129.1
Total cardiovascular disease	27.8	23.5	25.5	22.4
• Ischaemic heart disease	16.6	11.0	14.9	10.5
• Stroke	6.3	8.0	6.2	7.8

DALY rates for total cardiovascular disease in the region were higher for both males and females than those for Victoria. Similarly, DALY rates for ischaemic heart disease and for stroke in the region were both higher than those for Victoria.

**Table 7: Burden of cardiovascular disease in males and females by PCP and LGA, DALY rates, 2001**

Sex	PCP	LGA	DALY rates per 1000				
			All causes	Total cardio-vascular disease	Ischaemic heart disease	Stroke	
Males	Lower Hume	Mitchell	148.8	26.9	16.1	6.0	
		Murrindindi	149.7	27.3	16.0	6.3	
	Goulburn Valley	Greater Shepparton	157.3	28.9	17.6	6.3	
		Moira	158.6	29.5	17.5	6.8	
		Strathbogie	158.6	29.5	17.5	6.8	
	Central Hume	Alpine	141.1	23.9	13.9	5.8	
		Benalla/Mansfield	157.1	27.6	16.4	6.4	
		Wangaratta	149.6	26.6	15.9	6.0	
	Upper Hume	Indigo	144.9	26.0	15.1	6.0	
		Towong	140.2	24.8	14.3	5.7	
		Wodonga	158.7	29.1	17.9	6.2	
	Females	Lower Hume	Mitchell	128.9	22.2	10.3	7.4
			Murrindindi	130.2	23.5	11.0	7.8
		Goulburn Valley	Greater Shepparton	138.3	23.2	10.9	8.1
			Moira	140.4	25.2	11.9	8.6
Strathbogie			140.4	25.2	11.9	8.6	
Central Hume		Alpine	126.6	22.5	10.6	7.8	
		Benalla/Mansfield	140.4	25.5	12.2	8.0	
		Wangaratta	132.3	22.6	10.6	7.8	
Upper Hume		Indigo	125.1	22.4	10.4	7.3	
		Towong	120.0	21.4	9.9	6.8	
		Wodonga	139.4	22.9	10.7	8.1	

The highest DALY rates for cardiovascular disease occurred in Moira and Strathbogie for males and in Benalla/Mansfield for females. The lowest DALY rates for cardiovascular disease occurred in Alpine for males and in Towong for females.

## How common are some of the risk factors for cardiovascular disease?

Selected key risk factors presented here include smoking, inadequate consumption of fruit and vegetables, physical inactivity, obesity and high blood pressure. Self-reported information about behaviour in relation to these risk factors was drawn from the Victorian Population Health Survey. Findings from the survey relate to 2006 and are reported as percentages. These data represent the proportion of adults aged 18 years or more. Adults living in nursing homes and other similar settings were not included in the survey population.

### How common is smoking?

Smoking is a major risk factor for coronary heart disease, stroke and peripheral vascular disease as well as for numerous cancers and a range of other diseases and conditions. Table 8 shows the proportion of Victorian adults who are classified as current smokers on the basis of their self-reported smoking behaviour, by age group

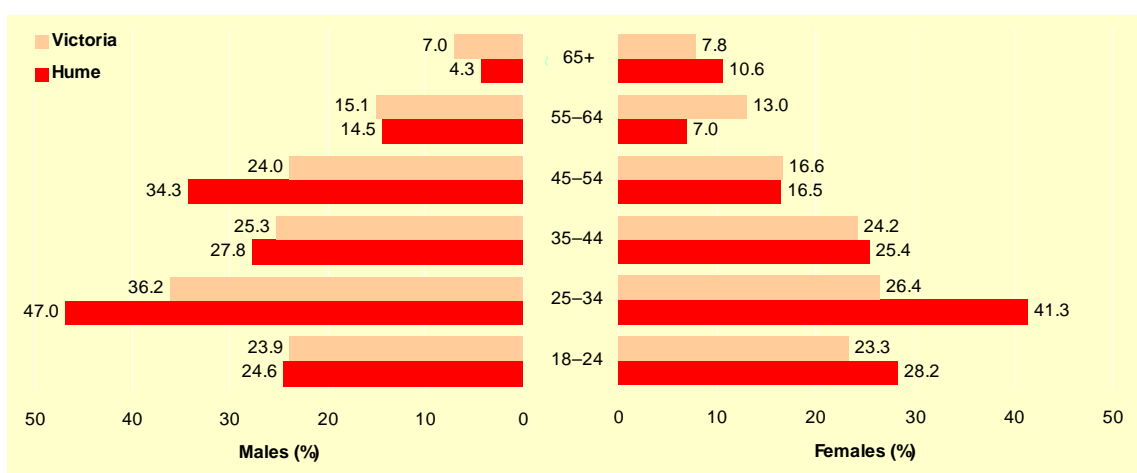
and gender. This table compares findings for the Hume region with those for Victoria. Current smokers were defined as those who smoke daily or occasionally.

**Table 8: Self-reported prevalence of current smoking, by sex and age, 2006**

Sex	Age group	Hume		Victoria	
		(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>	18–24 years	24.6	6.2–42.9	23.9	17.0–30.8
	25–34 years	47.0	28.6–65.4	36.2	28.7–43.6
	35–44 years	27.8	13.6–41.9	25.3	20.4–30.1
	45–54 years	34.3	22.6–46.0	24.0	19.5–28.6
	55–64 years	14.5	5.8–23.1	15.1	11.3–18.9
	65 years or more	4.3	0.0–9.2	7.0	4.7–9.3
	<b>Total</b>		<b>25.4</b>	<b>19.8–31.1</b>	<b>22.6</b>
<b>Females</b>	18–24 years	28.2	5.2–51.3	23.3	16.9–29.6
	25–34 years	41.3	28.6–54.0	26.4	22.1–30.7
	35–44 years	25.4	16.1–34.7	24.2	20.8–27.7
	45–54 years	16.5	9.4–23.5	16.6	13.5–19.6
	55–64 years	7.0	2.2–11.8	13.0	10.1–15.8
	65 years or more	10.6	4.7–16.6	7.8	5.3–10.2
	<b>Total</b>		<b>20.6</b>	<b>16.4–24.8</b>	<b>18.5</b>
<b>Persons</b>	18–24 years	26.3	11.7–40.9	23.6	18.9–28.3
	25–34 years	44.2	32.9–55.4	31.2	26.9–35.6
	35–44 years	26.6	18.2–35.0	24.7	21.8–27.7
	45–54 years	25.4	18.4–32.3	20.3	17.5–23.0
	55–64 years	10.8	5.7–15.8	14.0	11.7–16.4
	65 years or more	7.7	3.8–11.7	7.4	5.7–9.1
	<b>Total</b>		<b>23.0</b>	<b>19.5–26.5</b>	<b>20.5</b>

More than one in five Victorian adults (20.5%) were categorised as current smokers in 2006 on the basis of their self-reported smoking behaviour. In the Hume region the rate was higher (23.0%); however, the difference was not statistically significant. In common with other parts of Victoria, a higher percentage of men (25.4%) than women (20.6%) in the region were current smokers. The proportion of current smokers was highest for the 25–34 years age group for both men and women. For those aged 35–44 years or more, the proportion of adults who were current smokers generally decreased with increasing age.

**Figure 2: Self-reported prevalence of current smoking, by sex and age, 2006**



Most current smokers were daily smokers (Table 9). Among Victorian adults, 17.5% of men and 14.9% of women smoked daily, while 5.1% of men and 3.6% of women smoked occasionally.

**Table 9: Self-reported prevalence of current smoking, by type of smoking behaviour, sex and age, 2006**

Sex	Age group	Hume				Victoria			
		Current daily		Occasional		Current daily		Occasional	
		(%)	95% confidence interval	(%)	95% confidence interval	(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>									
	18–24 years	14.0	0.6–27.4	10.5	0.0–24.4	16.5	10.9–22.1	7.4	2.7–12.1
	25–34 years	36.1	17.8–54.5	10.8	0.2–21.5	24.0	17.6–30.4	12.1	6.2–18.0
	35–44 years	26.3	12.3–40.3	1.5	0.0–4.4	21.7	17.1–26.3	3.6	1.4–5.7
	45–54 years	26.3	15.7–37.0	8.0	0.9–15.0	19.4	15.2–23.6	4.6	2.4–6.9
	55–64 years	11.9	3.9–19.9	2.6	0.0–6.2	13.5	9.8–17.1	1.7	0.4–2.9
	65 years or more	4.3	0.0–9.2	0.0	0.0–0.0	6.4	4.2–8.6	0.6	0.0–1.2
	<b>Total</b>	<b>20.2</b>	<b>15.0–25.5</b>	<b>5.2</b>	<b>2.3–8.0</b>	<b>17.5</b>	<b>15.5–19.4</b>	<b>5.1</b>	<b>3.7–6.6</b>
<b>Females</b>									
	18–24 years	28.2	5.2–51.3	0.0	0.0–0.0	15.9	10.7–21.1	7.4	2.9–11.8
	25–34 years	39.6	26.9–52.2	1.8	0.0–4.2	21.6	17.6–25.5	4.8	2.5–7.1
	35–44 years	22.5	13.6–31.5	2.9	0.0–6.2	19.0	15.8–22.1	5.3	3.4–7.1
	45–54 years	13.9	7.2–20.6	2.6	0.0–5.2	14.7	11.7–17.7	1.8	1.0–2.7
	55–64 years	6.4	1.7–11.1	0.6	0.0–1.8	11.7	8.9–14.5	1.3	0.6–2.0
	65 years or more	10.6	4.7–16.6	0.0	0.0–0.0	6.2	4.0–8.4	1.6	0.4–2.7
	<b>Total</b>	<b>19.2</b>	<b>15.1–23.3</b>	<b>1.4</b>	<b>0.5–2.3</b>	<b>14.9</b>	<b>13.5–16.3</b>	<b>3.6</b>	<b>2.8–4.4</b>
<b>Persons</b>									
	18–24 years	20.7	7.3–34.1	5.6	0.0–13.1	16.2	12.4–20.0	7.4	4.1–10.6
	25–34 years	37.8	26.7–49.0	6.3	0.8–11.9	22.8	19.0–26.5	8.5	5.2–11.7
	35–44 years	24.4	16.2–32.6	2.2	0.0–4.4	20.3	17.6–23.1	4.4	3.0–5.9
	45–54 years	20.1	13.8–26.5	5.3	1.5–9.1	17.0	14.5–19.6	3.2	2.0–4.4
	55–64 years	9.2	4.5–13.9	1.6	0.0–3.6	12.6	10.3–14.8	1.5	0.8–2.2
	65 years or more	7.7	3.8–11.7	0.0	0.0–0.0	6.3	4.7–7.9	1.1	0.4–1.8
	<b>Total</b>	<b>19.7</b>	<b>16.4–23.0</b>	<b>3.3</b>	<b>1.8–4.8</b>	<b>16.2</b>	<b>15–17.3</b>	<b>4.4</b>	<b>3.5–5.2</b>

The proportion of adult males within the region who reported that they smoked daily was a little higher than that for Victoria, but the difference was not statistically significant. The proportion of adults within the region aged 25–34 years who reported being daily smokers (37.8%) was significantly higher than that for Victoria (22.8%), although in the same age group, the proportion who reported being occasional smokers (6.3%) was a little lower than that for Victoria (8.5%).

## How many serves of fruit and vegetables do people consume?

Plant foods have been found to be protective in a range of heart-related health problems, including coronary heart disease, high blood pressure, obesity and non-insulin dependent diabetes.<sup>4</sup> Inadequate consumption of fruit and vegetables has been identified as a risk factor in the development of a number of chronic diseases, including coronary heart disease and stroke.

Evidence regarding the protective effect of vegetables is stronger than that for fruit, although this may be due to the limited range of fruit available in some populations and/or the greater amount of vegetables in most diets.<sup>5</sup> Current Australian guidelines recommend a daily vegetable intake of three serves for people aged 12–18 years

and five serves for people aged 19 years or more. The recommended daily fruit intake is three serves for people aged 12–18 years and two serves for people aged 19 years or more.<sup>6</sup>

Tables 10 and 11 show the levels of reported consumption of fruit and vegetables by sex and number of serves, within the Hume region and within Victoria, for adults aged 18 years or more.

**Table 10: Self-reported prevalence of daily vegetable consumption by sex and number of serves, 2006**

Sex	Number of serves	Hume		Victoria	
		(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>	None	5.8	3.2–8.4	5.1	3.9–6.3
	One or two serves	58.9	52.7–65.1	64.4	62.0–66.9
	Three or four serves	29.1	23.3–34.9	22.5	20.4–24.5
	Five or more serves	5.9	3.1–8.7	6.6	5.2–8.0
<b>Females</b>	None	2.8	1.3–4.3	3.9	3.1–4.7
	One or two serves	40.6	35.7–45.5	44.5	42.5–46.5
	Three or four serves	37.6	32.9–42.2	37.5	35.6–39.4
	Five or more serves	18.0	14.4–21.7	13.1	11.9–14.4
<b>Persons</b>	None	4.3	2.8–5.8	4.5	3.8–5.2
	One or two serves	49.7	45.7–53.7	54.2	52.6–55.8
	Three or four serves	33.4	29.7–37.1	30.2	28.7–31.6
	Five or more serves	12.0	9.7–14.4	9.9	9.0–10.9

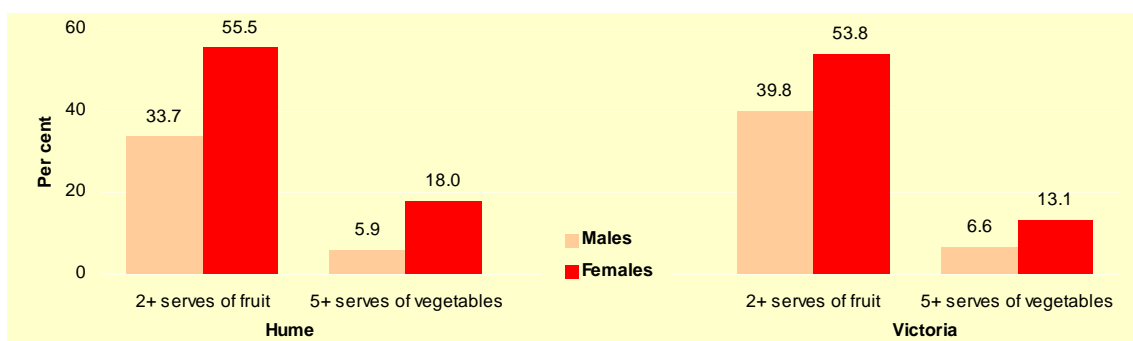
**Table 11: Self-reported prevalence of daily fruit consumption by sex and number of serves, 2006**

Sex	Number of serves	Hume		Victoria	
		(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>	None	24.4	18.8–30.1	20.3	18.3–22.3
	One serve	40.5	34.3–46.7	38.8	36.3–41.3
	Two or more serves	33.7	27.8–39.7	39.8	37.2–42.3
<b>Females</b>	None	9.2	6.6–11.9	11.1	9.9–12.3
	One serve	34.3	29.5–39.1	34.0	32.1–35.8
	Two or more serves	55.5	50.6–60.4	53.8	51.9–55.8
<b>Persons</b>	None	16.8	13.6–20.0	15.6	14.4–16.8
	One serve	37.4	33.5–41.3	36.3	34.7–37.9
	Two or more serves	44.7	40.8–48.7	47.0	45.4–48.6

Patterns for consumption of vegetables and fruit in the region were similar to the Victorian average. Women in the region were significantly less likely than men to report consuming no serves of fruit (9.2% compared with 24.4% for men). Similar findings were also observed for Victoria.

Figure 3 shows the proportion of adults aged 18 years or more who reported consuming at least the recommended daily amount of fruit and/or vegetables.

**Figure 3: Self-reported prevalence of consumption of at least the recommended intake of fruit and/or vegetables, by sex, 2006**



### How common is physical inactivity?

Physical inactivity is a major modifiable risk factor for a range of diseases and conditions, including cardiovascular disease, diabetes, obesity, some cancers, and falls among the elderly.<sup>7-11</sup> The national physical activity guidelines for Australians<sup>12</sup> recommend that individuals undertake at least 30 minutes of moderate-intensity activity on most days of the week. This is generally interpreted as meaning at least 30 minutes on each of five or more days of the week.

Table 12 shows the percentage of adults reporting inadequate physical activity during the previous week. Adults with inadequate physical activity include those who are sedentary (5.0% of adults in the region) and those who reported an insufficient amount of time and/or sessions spent exercising during the week. This was defined as exercising for less than 150 minutes per week and/or participating in less than five exercise sessions per week. In the Hume region, 29.5% of adults reported an insufficient amount of time and/or sessions spent exercising.

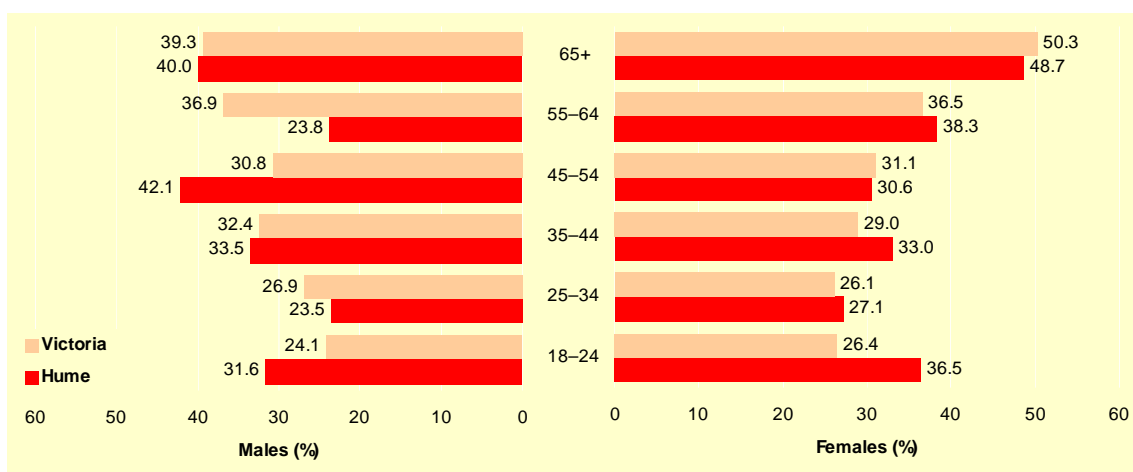
The proportion of adults in the region categorised as having sedentary behaviour was lowest for men and women aged 18–24 years. Within the region the highest levels of sedentary behaviour were reported for men and women aged 65 years or more. Similarly, the highest levels of insufficient physical exercise in the region were reported for women aged 65 years or more and for men aged 45–54 years.

**Table 12: Self-reported prevalence of sedentary behaviour/insufficient exercise during the previous week, by sex and age, 2006**

Sex Age group	Hume				Victoria			
	Sedentary behaviour		Insufficient time and/or sessions		Sedentary behaviour		Insufficient time and/or sessions	
	(%)	95% confidence interval	(%)	95% confidence interval	(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>								
18–24 years	0.0	0.0–0.0	31.6	8.3–54.8	3.9	0.8–7.0	20.2	13.3–27.1
25–34 years	5.4	0.0–13.2	18.1	4.4–31.8	2.1	0.6–3.6	24.8	18.5–31.0
35–44 years	4.5	0.0–10.9	29.0	13.8–44.3	3.7	1.6–5.8	28.7	23.7–33.7
45–54 years	5.3	0.0–10.7	36.8	25.2–48.5	6.1	3.6–8.6	24.7	20.3–29.1
55–64 years	2.6	0.0–6.2	21.3	10.7–31.8	5.3	2.2–8.5	31.6	26.0–37.2
65 years or more	8.5	2.1–14.9	31.5	20.0–42.9	7.1	4.9–9.3	32.2	27.9–36.5
<b>Total</b>	<b>4.7</b>	<b>2.3–7.2</b>	<b>28.3</b>	<b>22.5–34.1</b>	<b>4.6</b>	<b>3.6–5.6</b>	<b>27.1</b>	<b>24.8–29.3</b>
<b>Females</b>								
18–24 years	0.0	0.0–0.0	36.5	12.1–60.8	2.5	0.5–4.5	23.9	17.2–30.6
25–34 years	1.8	0.0–5.2	25.3	14.1–36.6	3.7	1.8–5.5	22.4	18.3–26.6
35–44 years	5.5	0.7–10.3	27.5	18.0–37.1	3.8	2.2–5.4	25.2	21.7–28.7
45–54 years	4.1	0.5–7.7	26.6	18.2–35.0	3.8	2.1–5.4	27.3	23.5–31.1
55–64 years	7.9	2.0–13.8	30.4	20.4–40.4	4.8	2.9–6.6	31.7	27.6–35.8
65 years or more	9.6	4.3–14.9	39.1	29.8–48.5	12.7	9.6–15.7	37.6	33.4–41.8
<b>Total</b>	<b>5.3</b>	<b>3.4–7.3</b>	<b>30.7</b>	<b>26.1–35.4</b>	<b>5.4</b>	<b>4.5–6.3</b>	<b>28.1</b>	<b>26.4–29.9</b>
<b>Persons</b>								
18–24 years	0.0	0.0–0.0	33.9	17.1–50.7	3.2	1.3–5.0	22.0	17.2–26.8
25–34 years	3.6	0.0–7.9	21.7	12.7–30.6	2.9	1.7–4.1	23.6	19.8–27.3
35–44 years	5.0	1.0–9.0	28.3	19.3–37.2	3.7	2.4–5.1	26.9	23.9–30.0
45–54 years	4.7	1.4–7.9	31.7	24.5–38.9	4.9	3.4–6.4	26.0	23.1–28.9
55–64 years	5.2	1.7–8.7	25.8	18.5–33.1	5.0	3.2–6.9	31.7	28.2–35.1
65 years or more	9.1	5.0–13.2	35.6	28.3–43.0	10.2	8.2–12.2	35.2	32.2–38.2
<b>Total</b>	<b>5.0</b>	<b>3.5–6.6</b>	<b>29.5</b>	<b>25.8–33.2</b>	<b>5.0</b>	<b>4.4–5.7</b>	<b>27.6</b>	<b>26.2–29.0</b>

Figure 4 shows the proportion of adults, by age group and gender, who undertake less than the recommended levels of exercise. This includes adults who are sedentary together with those who exercise for less than 150 minutes per week and/or participate in less than five exercise sessions per week.

**Figure 4: Self-reported prevalence of sedentary behaviour/insufficient exercise during the previous week, by sex and age, 2006**



Within the region, levels of inadequate physical activity were higher than those for Victoria for males and females aged 18–24 years and for males aged 45–54 years.

## How common is obesity?

Cardiovascular health risks associated with being overweight or obese include an increased risk of developing type 2 diabetes, cardiovascular disease and high blood pressure. The most common population-level measure of weight status is body mass index (BMI). Self-reported height and weight data were used to determine the BMI for each survey respondent (weight in kilograms, divided by height in metres squared).

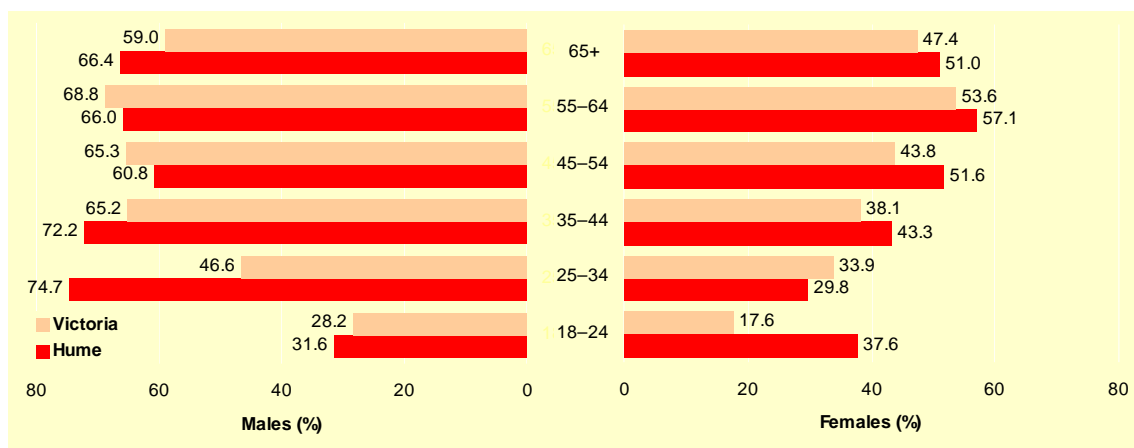
Being overweight refers to increased body weight in relation to height, compared with a standard of acceptable or desirable weight. BMI data were classified into the following categories using the standard cut-offs recommended by the World Health Organization:<sup>13</sup>

- less than 18.5 (underweight)
- 18.5 to less than 25.0 (normal)
- 25.0 to less than 30.0 (overweight)
- 30.0 and above (obese).

Being overweight may be due to increases in body fat, or increases in muscle and other lean tissue. People who are overweight due to lean tissue mass are not necessarily overweight, regardless of BMI.

Figure 5 shows the proportion of adults who are categorised as being either overweight or obese on the basis of their self-reported height and weight by sex and age. It compares findings for the Hume region with those for Victoria.

**Figure 5: Prevalence of being overweight or obese, based on self-reported height and weight, by sex and age, 2006**



The proportion of women in the region who were categorised as being either overweight or obese generally rose steadily with age until the age group 55–64 years and then declined. For men the pattern was different. Men aged 25–34 were most likely to be categorised as being either overweight or obese (74.7% compared with 46.6% for Victoria).

More than one-third (35.0%) of adults in the region were categorised as being overweight. A further 19.7% of adults in the region were categorised as being obese. These proportions were similar to those for Victoria. Obesity was more common in the region among men aged 25–34 years than for Victoria in general (34.3% compared with 14.3%); however, this difference was not statistically significant.

**Table 13: Prevalence of being overweight or obese, based on self-reported height and weight, by sex and age, 2006**

Sex	Age group	Hume				Victoria			
		Overweight		Obese		Overweight		Obese	
		(%)	95% confidence interval	(%)	95% confidence interval	(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>									
	18–24 years	22.8	3.0–42.6	8.8	0.0–20.8	22.2	15.0–29.4	6.0	2.9–9.0
	25–34 years	40.4	22.3–58.4	34.3	16.2–52.4	32.3	25.5–39.1	14.3	9.7–18.9
	35–44 years	47.6	31.0–64.2	24.6	10.2–38.9	48.6	43.0–54.1	16.6	12.8–20.4
	45–54 years	43.6	31.2–55.9	17.3	8.4–26.1	45.5	40.3–50.6	19.8	15.7–23.9
	55–64 years	44.7	31.9–57.5	21.3	10.6–32.0	44.0	38.3–49.7	24.8	19.5–30.1
	65 years or more	43.4	31.3–55.6	23.0	12.6–33.4	43.7	39.2–48.3	15.3	12.1–18.5
	<b>Total</b>	<b>41.7</b>	<b>35.4–48.0</b>	<b>22.2</b>	<b>16.8–27.6</b>	<b>40.0</b>	<b>37.5–42.5</b>	<b>16.3</b>	<b>14.6–18.0</b>
<b>Females</b>									
	18–24 years	21.2	1.4–41.0	16.5	0.0–35.6	12.4	7.7–17.0	5.2	2.2–8.1
	25–34 years	11.1	3.8–18.4	18.7	9.0–28.3	21.4	17.3–25.5	12.5	9.3–15.7
	35–44 years	27.7	18.0–37.4	15.6	7.9–23.3	24.0	20.6–27.4	14.1	11.4–16.8
	45–54 years	28.1	19.5–36.6	23.6	15.2–31.9	25.6	22.0–29.3	18.2	15.1–21.3
	55–64 years	37.4	26.7–48.1	19.8	11.6–27.9	31.6	27.6–35.7	22.0	18.3–25.7
	65 years or more	39.8	30.5–49.0	11.3	5.0–17.5	32.0	27.9–36.0	15.4	12.1–18.6
	<b>Total</b>	<b>28.5</b>	<b>24.2–32.9</b>	<b>17.4</b>	<b>13.7–21.1</b>	<b>24.9</b>	<b>23.3–26.6</b>	<b>14.7</b>	<b>13.4–16.0</b>
<b>Persons</b>									
	18–24 years	22.0	8.0–36.1	12.4	1.2–23.6	17.4	13.0–21.8	5.6	3.5–7.7
	25–34 years	25.8	15.4–36.2	26.5	15.9–37.1	26.8	22.9–30.8	13.4	10.6–16.2
	35–44 years	37.5	27.7–47.4	20.0	11.9–28.2	36.1	32.8–39.5	15.4	13.0–17.7
	45–54 years	35.8	28.2–43.5	20.4	14.3–26.5	35.4	32.2–38.6	19.0	16.4–21.6
	55–64 years	41.1	32.7–49.4	20.5	13.8–27.3	37.8	34.3–41.3	23.4	20.2–26.6
	65 years or more	41.4	33.9–48.9	16.6	10.7–22.6	37.2	34.1–40.2	15.3	13.0–17.6
	<b>Total</b>	<b>35.0</b>	<b>31.2–38.9</b>	<b>19.7</b>	<b>16.5–23.0</b>	<b>32.3</b>	<b>30.8–33.8</b>	<b>15.5</b>	<b>14.4–16.6</b>

## How common is high blood pressure?

Elevated blood pressure is an important risk factor for cardiovascular disease. In 2006, 24.5% of Victorians indicated that they had been diagnosed with high blood pressure by a doctor.

Table 14 compares the proportion of adults with high blood pressure in Victoria with that for the Hume region.

**Table 14: Self-reported prevalence of high blood pressure, by sex and age, 2006**

Sex	Age group	Hume		Victoria	
		(%)	95% confidence interval	(%)	95% confidence interval
<b>Males</b>	18–24 years	3.5	0.0–10.3	2.6	0.6–4.6
	25–34 years	19.3	5.4–33.1	8.9	4.8–13.1
	35–44 years	22.3	8.5–36.2	11.8	8.4–15.3
	45–54 years	23.7	13.9–33.5	23.6	19.4–27.8
	55–64 years	36.2	24.2–48.2	35.0	29.6–40.4
	65 years or more	53.6	41.4–65.8	54.4	49.9–59.0
	<b>Total</b>	<b>27.9</b>	<b>22.5–33.2</b>	<b>22.2</b>	<b>20.3–24.1</b>
<b>Females</b>	18–24 years	0.0	0.0–0.0	2.8	0.6–5.1
	25–34 years	22.2	11.5–33.0	13.1	9.7–16.5
	35–44 years	15.6	7.2–24.0	14.3	11.7–17.0
	45–54 years	28.5	20.1–36.9	25.6	21.8–29.4
	55–64 years	40.1	29.5–50.8	39.6	35.3–43.9
	65 years or more	62.1	52.9–71.3	59.2	55.0–63.5
	<b>Total</b>	<b>31.1</b>	<b>26.8–35.4</b>	<b>26.7</b>	<b>25.0–28.3</b>
<b>Persons</b>	18–24 years	1.9	0.0–5.5	2.7	1.2–4.2
	25–34 years	20.7	11.9–29.5	11.0	8.3–13.7
	35–44 years	18.9	10.9–27.0	13.1	10.9–15.3
	45–54 years	26.1	19.6–32.6	24.6	21.8–27.4
	55–64 years	38.1	30.1–46.2	37.3	33.8–40.8
	65 years or more	58.2	50.7–65.7	57.1	54.0–60.2
	<b>Total</b>	<b>29.5</b>	<b>26.1–32.9</b>	<b>24.5</b>	<b>23.2–25.7</b>

Levels of high blood pressure were generally higher among women and increased with increasing age. Levels of high blood pressure were marginally higher in the Hume region than for Victoria.

## How commonly do people use screening tests?

In Victoria, data are collected each year about some routine checks or screening tests that may be performed to identify the presence of risk factors for the development of a disease or condition before its symptoms occur. These data are collected via the Victorian Population Health Survey. They are collected for the following two factors that may influence development of cardiovascular disease: blood pressure and blood cholesterol levels.

## How many people have had their blood pressure checked?

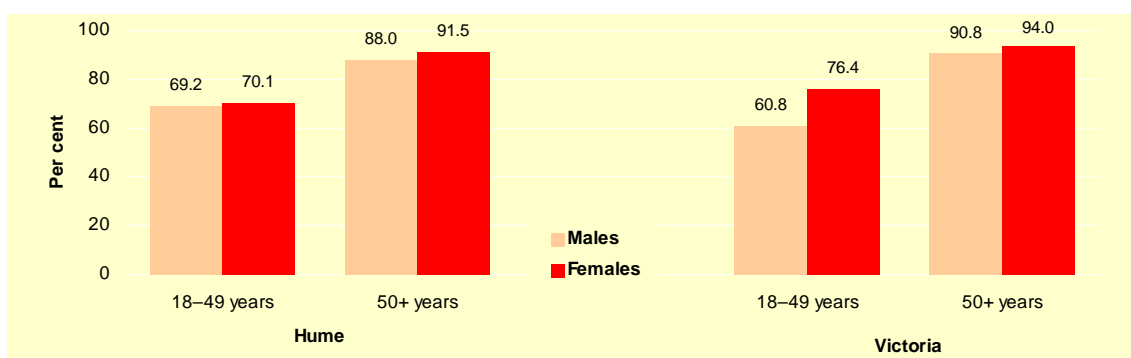
It is recommended that all adults have their blood pressure checked regularly, primarily to identify high blood pressure, also known as hypertension.<sup>14</sup> Table 15 shows the percentage of adults, in the Hume region and in Victoria, who reported having had their blood pressure checked within the previous two years.

**Table 15: Self-reported prevalence of having had a blood pressure check in the previous two years, by sex and age, 2006**

Sex	Age group	Hume		Victoria	
		(%)	95% confidence interval	(%)	95% confidence interval
Males	18–49 years	69.2	59.7–78.7	60.8	57.2–64.4
	50 years or more	88.0	83.1–93.0	90.8	88.9–92.7
	<b>Total</b>	<b>77.9</b>	<b>72.2–83.7</b>	<b>72.5</b>	<b>70.1–75.0</b>
Females	18–49 years	70.1	63.1–77.1	76.4	74.0–78.8
	50 years or more	91.5	87.8–95.1	94.0	92.8–95.2
	<b>Total</b>	<b>79.7</b>	<b>75.4–84.1</b>	<b>83.6</b>	<b>82.1–85.2</b>
Persons	18–49 years	69.7	63.8–75.5	68.7	66.5–70.9
	50 years or more	89.7	86.6–92.8	92.5	91.4–93.6
	<b>Total</b>	<b>78.9</b>	<b>75.2–82.5</b>	<b>78.2</b>	<b>76.8–79.7</b>

In the Hume region almost 80% of adults reported having had their blood pressure checked within the past two years, including almost 90% of adults aged 50 years or more (89.7%).

**Figure 6: Self-reported prevalence of having had a blood pressure check in the previous two years, by sex and age, 2006**



Victorians aged 50 years or more were more likely than younger adults to report having had their blood pressure checked within the past two years. In Victoria, for adults aged less than 50 years, women were more likely than men to have had their blood pressure checked.

### How many people have had their blood cholesterol checked?

Elevated blood cholesterol is an important risk factor for coronary heart disease. Cholesterol checks are recommended for persons potentially at high risk, such as smokers, those with a significant family history of coronary heart disease (a first-degree relative affected before the age of 60 years), those who are overweight or obese, those who have high blood pressure and those aged 45 years or more.<sup>15</sup>

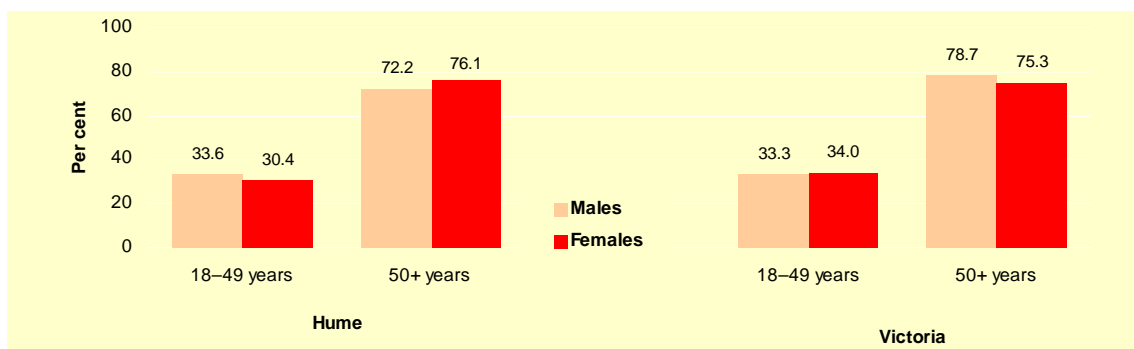
Table 16 shows the percentage of adults in the Hume region and in Victoria who have had their blood cholesterol checked within the previous two years.

**Table 16: Self-reported prevalence of having had a blood cholesterol check in the previous two years, by sex and age, 2006**

Sex	Age group	Hume		Victoria	
		(%)	95% confidence interval	(%)	95% confidence interval
Males	18–49 years	33.6	24.4–42.8	33.3	30.0–36.7
	50 years or more	72.2	65.1–79.4	78.7	76.0–81.4
	<b>Total</b>	<b>51.6</b>	<b>45.2–58.0</b>	<b>51.1</b>	<b>48.5–53.7</b>
Females	18–49 years	30.4	23.8–37.0	34.0	31.5–36.6
	50 years or more	76.1	70.7–81.5	75.3	72.9–77.6
	<b>Total</b>	<b>51.0</b>	<b>46.1–55.9</b>	<b>50.9</b>	<b>48.9–52.9</b>
Persons	18–49 years	32.0	26.3–37.6	33.7	31.6–35.8
	50 years or more	74.2	69.7–78.7	76.9	75.2–78.7
	<b>Total</b>	<b>51.3</b>	<b>47.2–55.3</b>	<b>51.0</b>	<b>49.4–52.6</b>

Adults living in the Hume region were no less likely to report having had their blood cholesterol levels checked within the previous two years than Victorians in general (51.3% compared with 51.0%). Fewer women in the region aged less than 50 years reported having undergone testing (30.4% compared with 34.0%); however, this difference was not statistically significant.

**Figure 7: Self-reported prevalence of having had a blood cholesterol check in the previous two years, by sex and age, 2006**



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- For further information about the data in this fact sheet, visit <http://www.health.vic.gov.au/healthstatus/>
- For further information about cardiovascular disease, visit <http://www.heartfoundation.org.au>.