The City of Greater Bendigo lies within the Loddon Mallee Victorian health region and is part of the Bendigo-Loddon Primary Care Partnership. Greater Bendigo is located 150km North of Melbourne and as of June 30 2007, had a population of 98,145 with adults comprising 75.4% of the population, compared with 77.1% for Victoria. Almost one-third of the residents (32.5%) were aged 50 years or older compared with 30.9% for Victoria. There was a greater percentage (37.2%) of low income households (combined annual income of less than $33,500) compared with 30.6% for Victoria. Life Expectancy at birth in 2006 was 83.3 years for females and 78.6 years for males, lower than the Victorian figure of 84.3 years and 80.0 years respectively.

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

**Smoking status**

Current smokers are defined as those who smoke daily or occasionally. Smoking patterns between the City and Victoria were similar. In 2008, 20.8% of males and 18.2% of females in the City were classified as current smokers compared with 21.4% and 16.9% respectively for Victoria.

**Alcohol consumption**

The Australian Alcohol Guidelines specify the risks of short and long-term alcohol–related harm by level of alcohol consumption in males and females.

In 2008, 25.5% of males in the City consumed alcohol at a low risk level for short-term harm, lower than females in the City (40.7%). The percentage of females in the City who consumed alcohol at least monthly at a risky or high risk level for short-term harm (5.3%) was lower than Victorian females (10.4%).

**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\(^6\).

In 2008, 46.6% of males and 27.1% of females in The City of Greater Bendigo were overweight, similar to Victorian males and females (39.9% and 24.2% respectively). Almost one in five males (19.6%) and 21.8% of females in the City were obese, also similar to Victorian males and females (17.3% and 16.1% respectively). Males in the City were more likely to be overweight compared with females in the City.

Percentage of overweight and obesity in adults, 2008

Physical Activity

In 2008, 56.4% of males and 56.2% of females in the City met the physical activity guidelines\(^7\), similar to Victorian males and females (61.0% and 59.7% respectively). There were no differences in physical activity levels between the City and Victoria overall or between males and females in the City.

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, 66.1% of males and 56.3% of females in the City were classified as having a low level of psychological distress, similar to Victorian males and females (65.3% and 59.7% respectively). There were no differences in distress levels between the City and Victoria overall or between males and females in the City.

Levels of psychological distress, 2008

Nutrition

In 2008, 15.0% of females and 8.8% of males in the City met the dietary guidelines\(^8\) for vegetable consumption, similar to Victorian females and males (10.7% and 5.0% respectively). However, less than four out of ten females in the City (39.8%) met the dietary guidelines for fruit consumption, lower than Victorian females (53.5%). The percentage of males in the City who met the dietary guidelines for fruit consumption (34.0%) was similar to Victorian males (41.0%).

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

1. Service Planning, Department of Health (DH).


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.


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.