



The City of Boroondara lies within the Eastern Victorian health region and is part of the Inner East Primary Care Partnership. Boroondara is located in the Inner Eastern area of Melbourne and as of June 30 2007, had a population of 162,866¹ with adults comprising 78.2% of the population, compared with 77.1% for Victoria². Almost one-third of residents (32.0%) were aged 50 years or older, compared with 30.9% for Victoria. There was a smaller percentage (20.0%) of low income households (combined annual income of less than \$33,500) compared with 30.6% for Victoria³. Life Expectancy at birth in 2006 was 85.3 years for females and 81.5 years for males, higher⁴ than the Victorian figure of 84.3 years and 80.0 years respectively⁵.

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.

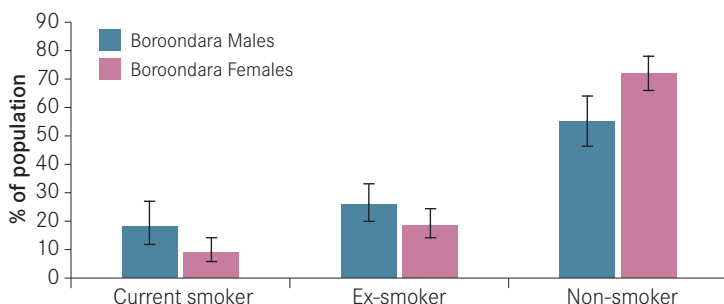
This fact sheet presents major findings from the 2008 survey. For more information see:

www.health.vic.gov.au/healthstatus/vphs.htm

Smoking status

Current smokers are defined as those who smoke daily or occasionally. In 2008, male smoking patterns between the City (18.0%) and Victoria (21.4%) were similar⁶. However 9.1% of females in the City were classified as current smokers, lower than Victorian females (16.9%).

Smoking status, 2008

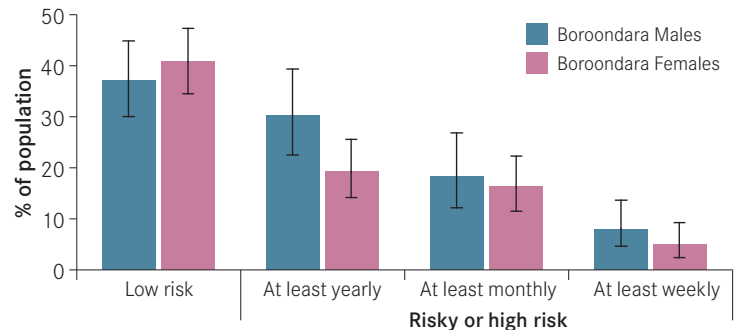


Alcohol consumption⁷

The *Australian Alcohol Guidelines*⁸ specify the risks of short and long-term alcohol-related harm by level of alcohol consumption in males and females.

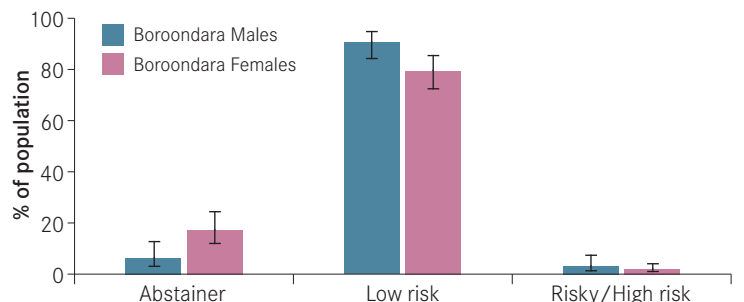
In 2008, the percentage of males in the City who consumed alcohol at a low risk level for long-term harm (90.5%) was higher than Victorian males (82.2%). More than one in seven females in the City (16.3%) consumed alcohol at least monthly at a risky or high risk level for short-term harm, higher than 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

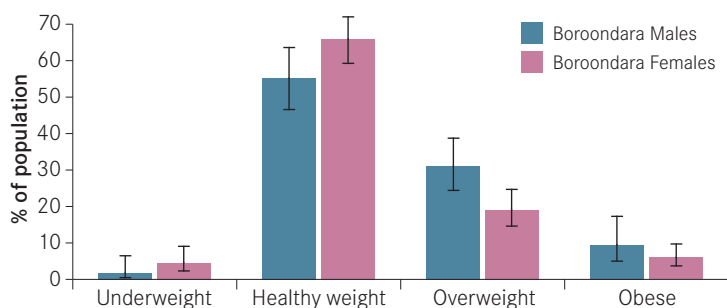


Overweight and obesity

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 height⁹.

In 2008, 31.1% of males in the City of Boroondara were overweight, lower than Victorian males (39.9%), whilst 9.5% of males in the City were obese, similar to Victorian males (17.3%). Almost one in five females in the City (19.1%) were overweight, similar to results for Victoria (24.2%), however 6.0% of females in the City were obese, lower than Victorian females (16.1%).

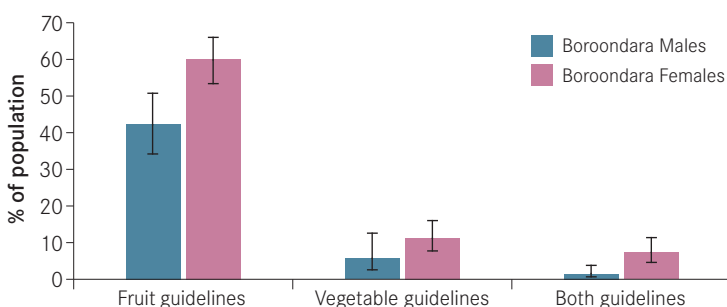
Percentage of overweight and obesity in adults, 2008



Nutrition

In 2008, 11.2% of females and 5.7% of males in the City met the dietary guidelines¹⁰ for vegetable consumption, similar to Victorian females and males (10.7% and 5.0% respectively). Approximately six out of ten females (60.1%) and 42.4% of males in the City met the dietary guidelines for fruit consumption, similar to Victorian females and males (53.5% and 41.0% respectively). Females in the City were also more likely to meet the dietary guidelines for consumption of fruit and combined fruit and vegetables compared with males in the City.

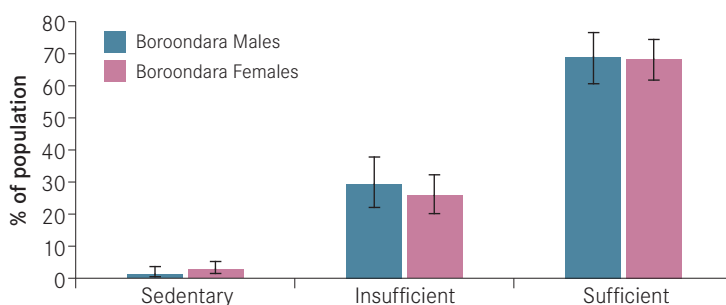
Percentage of adults who met guidelines for the number of serves of fruit and/or vegetables per day, 2008



Physical Activity

In 2008, 68.4% of males in the City met the physical activity guidelines¹¹, similar to Victorian males (61.0%). However, the percentage of females in the City who met the physical activity guidelines (67.7%) was higher than Victorian females (59.7%).

Levels of physical activity, 2008

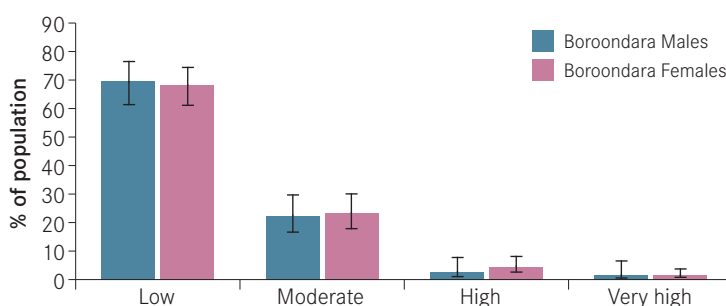


Psychological distress

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, 69.5% of males in the City were classified as having a low level of psychological distress, similar to Victorian males (65.3%). However, 68.2% of females in the City were classified as having a low level of psychological distress, higher than Victorian females (59.7%). Females in the City were also less likely to be classified as having a high level of psychological distress (4.5%) compared to Victorian females (9.3%).

Levels of psychological distress, 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).
2. ABS (Australian Bureau of Statistics), 2007.
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.
9. BMI Reference: WHO 2000, *Obesity: Preventing and Managing the Global Epidemic*, WHO Technical Report Series 894, World Health Organisation (WHO), Geneva.
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.