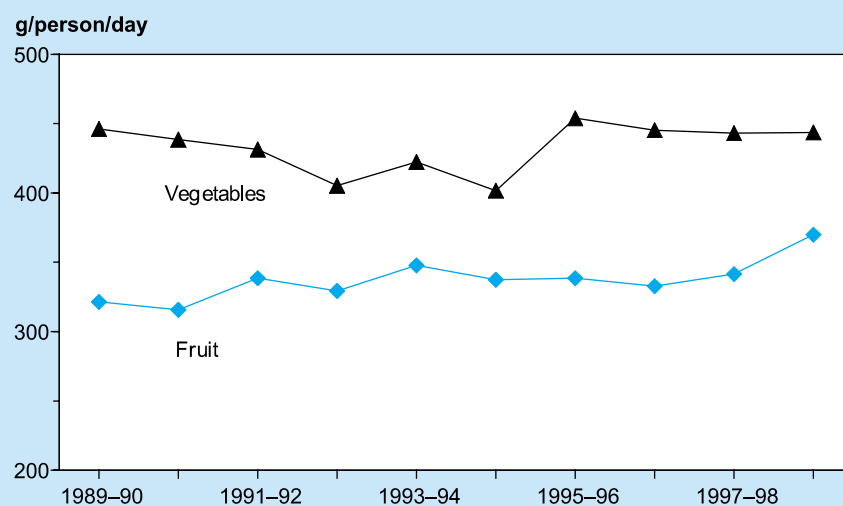


## Apparent consumption of fruit and vegetables



	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
<b>Fruit</b> g/person/day	321	316	339	329	348	337	339	333	342	370
<b>Vegetables</b> g/person/day	446	439	431	405	422	402	454	445	443	444

Note: The data given are for fresh fruit and vegetables plus the fresh equivalent weight of produce used in processing, such as canning and juice. The data include allowances for non-commercial production, such as fruit and vegetables grown at home.

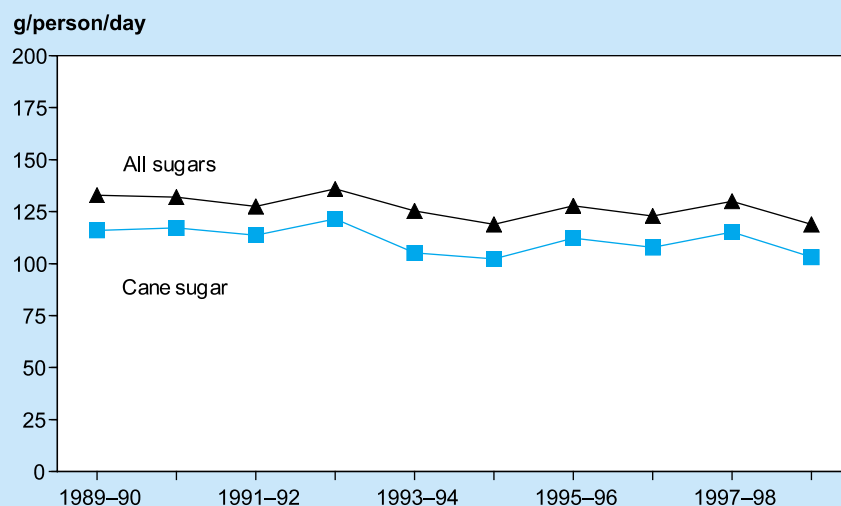
Source: ABS Cat. No. 4306.0 (various years).

- Fruit and vegetables provide dietary fibre and a large range of essential nutrients such as vitamin C, folic acid, beta carotene and potassium. The National Health and Medical Research Council (NHMRC) recommends that individuals increase their intake of fruit and vegetables.
- Information to monitor trends over time for fruit and vegetable consumption is not available at the population level. Apparent consumption data, derived from food supply data, are used as surrogate indicators. However, apparent consumption data, by definition, overestimate actual food intakes.
- Apparent consumption of vegetables decreased somewhat between 1989-90 and 1994-95, but has since increased and has remained relatively stable. In 1998-99, the fresh and fresh equivalent per capita consumption of vegetables was 444 g per person per day.
- Apparent consumption of fruit has increased steadily over the last decade, to be 370 g per person per day in 1998-99. This represents a 15% increase over the 1989-90 figure of 321 g per person per day.
- The 1995 ABS National Nutrition Survey found that, on average, persons aged 19 years and over consumed 144 g of fruit products and dishes per day, and 259 g of vegetable products and dishes per day.

**For more information, see:**

ABS. Apparent consumption of foodstuffs and nutrients, Australia. ABS Cat. No. 4306.0. Canberra: ABS.

## Apparent consumption of sugars



	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
<b>All sugars</b> g/person/day	132.9	132.0	127.5	135.9	125.3	118.9	127.8	122.9	130.0	118.9
<b>Cane sugar</b> g/person/day	116.0	117.1	113.7	121.5	105.2	102.2	112.3	107.8	115.2	103.1

Note: 'All sugars' includes cane sugar, honey, glucose and syrups, but excludes sugars in fruit and milk. 'Cane sugar' comprises packed refined sugar and sugar used in manufactured foods.

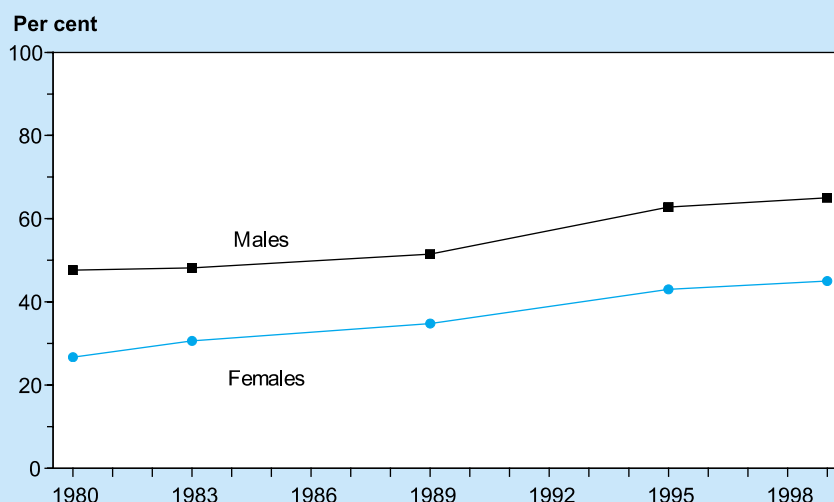
Source: ABS Cat. No. 4306.0 (various years).

- Sugars are important sources of energy for the human body. Overconsumption of foods high in sugar content, however, can contribute to overweight and tooth decay.
- Sugars are consumed in several ways, including as refined cane sugar, as an ingredient in manufactured foods and as honey, glucose or syrup.
- Time series information for monitoring trends over time in the dietary intake of sugars is not available at the population level. Apparent consumption data are used as surrogate indicators.
- Apparent sugar consumption is measured in terms of disposals of sugar by refineries and the sugar content of disposals of sugar products by manufacturers.
- For the period 1987-88 to 1996-97, the consumption of sugars remained relatively constant, fluctuating between 119 and 136 g per person per day.
- In the past 50 years, the consumption of sugars has remained relatively stable, but with a marked shift from home use of refined cane sugar to sugars consumed in manufactured food. In 1996-97, only 23% of total sugar was consumed in refined form.

**For more information, see:**

ABS. Apparent consumption of foodstuffs and nutrients, Australia. ABS Cat. No. 4306.0. Canberra: ABS.

## Proportion of 25–64-year-olds who are considered overweight



NHF Risk Factor Prevalence Study

	1980	1983	1989	1995 ABS National Nutrition Survey	1999–00 AusDiab Study
Males	47.6	48.2	51.5	62.8	65.0
Females	26.7	30.6	34.8	43.0	45.0

**Notes**

1. Persons were classified overweight if they had a body mass index (BMI)  $\geq 25$ ; BMI is calculated as weight/height<sup>2</sup>.
2. Includes only persons living in capital cities or urban areas.
3. The proportions were age-adjusted using the total Australian population as at 30 June 1991.

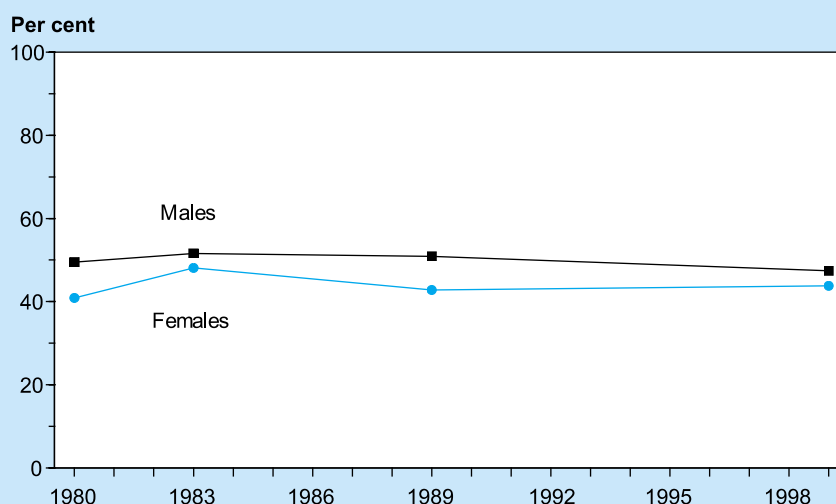
**Sources:** AIHW analysis of the 1980, 1983, 1989 NHF Risk Factor Prevalence Study surveys; 1995 ABS National Nutrition Survey; 1999–00 Australian Diabetes, Obesity and Lifestyle Study (AusDiab).

- Overweight is a condition characterised by excess body fat, and is the result of an imbalance between energy intake and expenditure over long periods of time.
- Overweight and obese people are at increased risk of many diseases and conditions, particularly heart, stroke and vascular disease. They also have a higher risk of developing respiratory and musculoskeletal problems.
- To adjust for height, weight is commonly expressed as an index, the body mass index or BMI, defined as weight/height<sup>2</sup>. Persons with a BMI greater than or equal to 25 are considered overweight, and those with a BMI greater than 30 are considered obese.
- The proportion of adults at increased risk of illness and health-related conditions through being overweight increased throughout the 1980s and 1990s. In 1999–00, two in three adult males and almost one in two adult females were found to be overweight.
- Overweight is more prevalent among older age groups, among females living in remote areas, and among females in lower socioeconomic groups.

**For more information, see:**

AIHW 2001b. Heart, stroke and vascular diseases – Australian facts 2001. Canberra: AIHW, National Heart Foundation of Australia, National Stroke Foundation of Australia.

## Proportion of 25–64-year-olds with high total blood cholesterol



NHF Risk Factor Prevalence Study

	1980	1983	1989	1999–00 AusDiab Study
Males	49.5	51.6	50.9	47.4
Females	40.9	48.1	42.8	43.8

**Notes**

1. High blood cholesterol was defined as a total blood cholesterol of 5.5 mmol/L or greater.
2. Includes only persons living in capital cities.
3. The proportions were age-adjusted using the total Australian population as at 30 June 1991.

Sources: AIHW analysis of the 1980, 1983, 1989 NHF Risk Factor Prevalence Study surveys; 1999–00 Australian Diabetes, Obesity and Lifestyle Study (AusDiab).

- High total blood cholesterol, and in particular raised low-density lipoprotein (LDL), is a major risk factor for coronary heart disease and other health problems, either alone or in combination with other known risk factors.
- In adults, a total blood cholesterol level above 5.5 mmol/L is considered to indicate an increased risk of coronary heart disease (CHD), whereas a level above 6.5 mmol/L indicates a high risk of CHD.
- Many Australians have high blood cholesterol, with 47% of males and 44% of females aged 25–64 years having levels of 5.5 mmol/L or more in 1999–00.
- Although there was no clear change in the proportion of men with high blood cholesterol during the 1980s, there appears to have been a decline from 1989

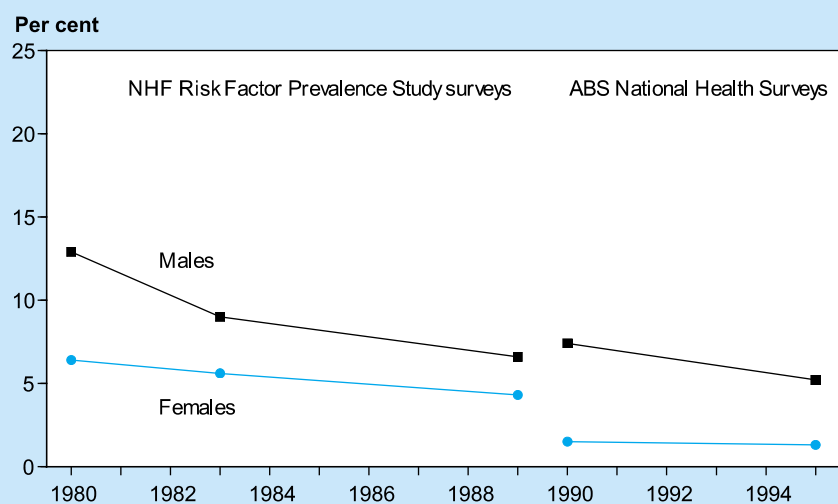
(51%) to 1999–00 (47%). There has been no change for women over the same period.

- A much smaller proportion of the population appears to be aware of their own level of blood cholesterol. For example, high blood cholesterol was reported by only 5% of 25–64-year-old respondents to the 1989–90 ABS National Health Survey, and by 8% of 25–64-year-old respondents to the 1995 survey.

**For more information, see:**

AIHW 2001b. Heart, stroke and vascular diseases – Australian facts 2001. Canberra: AIHW, National Heart Foundation of Australia, National Stroke Foundation of Australia.

## Proportion of 25–64-year-olds who drink alcohol at hazardous or harmful levels



	NHF Risk Factor Prevalence Study			ABS National Health Surveys	
	1980	1983	1989	1989–90	1995
Males	12.9	9.0	6.6	7.4	5.2
Females	6.4	5.6	4.3	1.5	1.3

**Notes**

1. For the NHF Risk Factor Prevalence Study surveys, hazardous or harmful drinking of alcohol was defined as consuming more than four standard drinks per day for males, and more than two standard drinks per day for females. For the ABS National Health Surveys, hazardous or harmful drinking was defined as consuming more than 75 ml of absolute alcohol per day for males, and more than 50 ml per day for females.

2. The proportions were age-adjusted using the total Australian population as at 30 June 1991.

Sources: AIHW analysis of NHF Risk Factor Prevalence Study survey data and ABS National Health Surveys.

- Alcohol is a drug that has serious consequences when misused. Hazardous levels of alcohol consumption have been linked with an increased risk of heart disease, stroke, high blood pressure, brain and liver damage and some cancers. Drinking alcohol at harmful levels results in lost productivity, with alcohol-related crime and social problems placing further burden on the community.
- Alcohol intoxication is also a leading cause of road traffic accidents. In 1996, 29% of fatally injured drivers and motor cycle riders had blood alcohol concentrations of 0.05 g/100 ml or more, with 21% having a concentration of 0.15 g/100 ml or more.
- There is some evidence, however, that light to moderate consumption of alcohol

is associated with a reduction in the risk of heart disease.

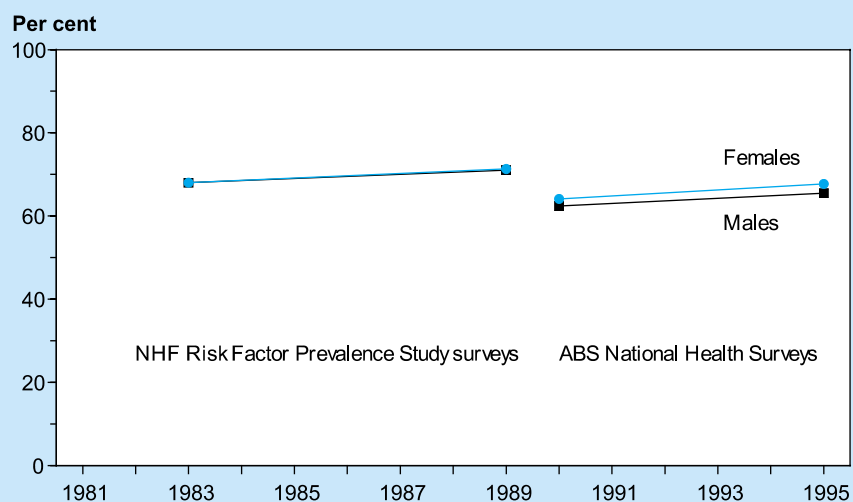
- There has been a decline in the proportion of males and females drinking alcohol at high risk levels. Despite these improvements, there were still an estimated 420,000 adults in Australia who drank alcohol at high risk levels in 1995.

**For more information, see:**

AIHW 2000a. Australia’s health 2000: the seventh biennial health report of the Australian Institute of Health and Welfare. Canberra: AIHW.

Waters A-M & Bennett S 1995. Risk factors for cardiovascular diseases – a summary of Australian data. Canberra: AIHW.

## Proportion of 25–64-year-olds engaged in physical activity



	NHF Risk Factor Prevalence Study		ABS National Health Surveys	
	1983	1989	1989–90	1995
Males	68.0	71.0	62.4	65.4
Females	68.0	71.3	64.1	67.7

**Notes**

- Physical activity includes walking or any exercise for sport or recreation.
- The exercise rates were age-adjusted using the total Australian population as at 30 June 1991.
- Data from the NHF Risk Factor Prevalence Study surveys and ABS National Health Surveys are not directly comparable, because survey questions differ.

Sources: AIHW analysis of NHF Risk Factor Prevalence Study survey data and ABS National Health Surveys.

- Physical activity is important in preventing and managing a variety of medical conditions such as coronary heart disease, hypertension, diabetes, osteoporosis, overweight and some mental health problems.
- It is recommended that a person carry out moderate-intensity physical activity for 30 minutes on each day of the week to obtain a health benefit.
- About one-third of Australians are at increased risk due to their sedentary lifestyle. Physical inactivity is more prevalent among older persons, those belonging to lower socioeconomic groups and persons from non-English-speaking backgrounds.
- Between 1989–90 and 1995, the proportion of adults engaging in any physical activity did not change

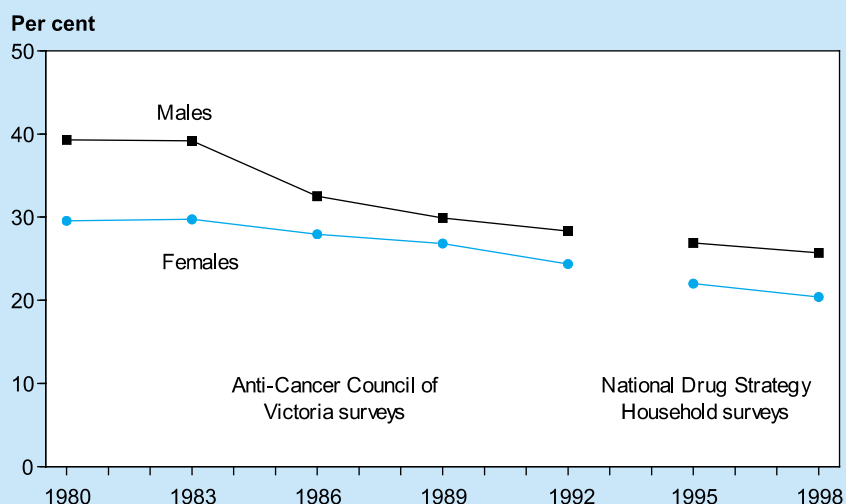
substantially, although there is evidence of a slight increase in the rate among people aged 35–54 years.

- Data from the 1999 National Physical Activity Survey indicate that 60% of males and 54% of females exercise at a 'sufficient' level, i.e. they obtain some of the health benefits attributed to physical activity.

**For more information, see:**

Armstrong T, Bauman A & Davies J 2000. Physical activity patterns of Australian adults. Canberra: AIHW.  
 AIHW 2001b. Heart, stroke and vascular diseases – Australian facts 2001. Canberra: AIHW, NHFA, NSFA.

## Proportion of persons aged 16 years and over who currently smoke



	Anti-Cancer Council of Victoria surveys					National Drug Strategy Household surveys	
	1980	1983	1986	1989	1992	1995	1998
Males	39.3	39.2	32.5	29.9	28.3	26.9	25.7
Females	29.6	29.7	27.9	26.8	24.4	22.0	20.4

Note: The percentage proportions were age-adjusted using the total Australian population as at 30 June 1991.

Sources: Hill et al. 1998; AIHW analysis of National Drug Strategy Household Survey data.

- Tobacco smoking is a known risk factor for several diseases including heart disease, stroke, lung cancer and chronic lung disease. Smoking during pregnancy has also been linked to low-birthweight babies.
- Smoking is the most notable preventable cause of premature death in Australia. Reductions in tobacco smoking are likely to contribute to further falls in the number of persons dying from cardiovascular and other diseases.
- More than a quarter of adult Australians smoke. The prevalence is higher among males than females, and among younger Australians. People on lower incomes, people with lower levels of education, Indigenous people and unemployed people also report higher rates of smoking.
- The proportion of Australian adults who smoke is declining. Between 1980 and 1998, the proportion of males who smoked

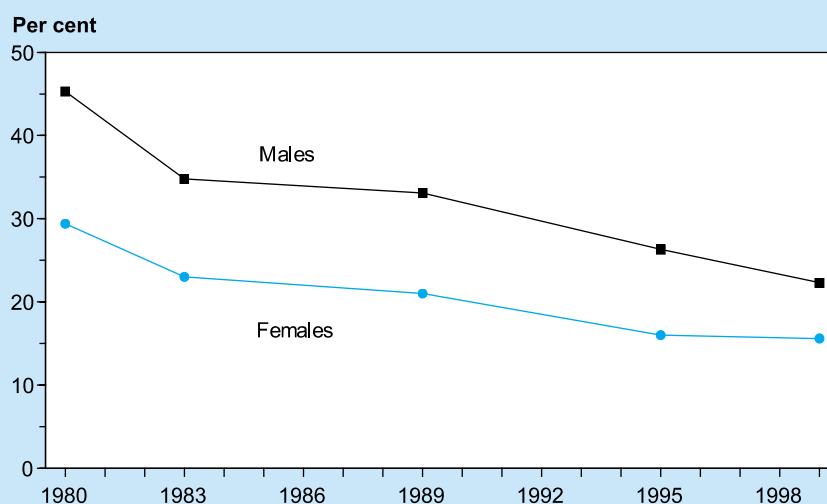
fell from 39% to 26%, with a corresponding fall from 30% to 20% among females.

- The message to quit smoking has been picked up unevenly by various segments of the population. In particular, young females are still taking up smoking and have shown less inclination to quit, resulting in little or no decline in the female smoking rate between 1992 and 1998.

### For more information, see:

Hill DJ, White VM & Scollo MM 1998. Smoking behaviours of Australian adults in 1995: trends and concerns. *Medical Journal of Australia* 168:209-13.  
 Adhikari P & Summerill A 2000. 1998 National Drug Strategy Household Survey: Detailed findings. Canberra: AIHW.

## Proportion of 25–64-year-olds with high blood pressure



NHF Risk Factor Prevalence Study

	1980	1983	1989	1995 ABS National Nutrition Survey	1999–00 AusDiab Study
Males	45.3	34.8	33.1	26.3	22.3
Females	29.4	23.0	21.0	16.0	15.6

**Notes**

- Persons were classified as having high blood pressure if they had a systolic blood pressure  $\geq 140$  mmHg and/or diastolic blood pressure  $\geq 90$  mmHg and/or receiving medication for blood pressure.
- Includes only persons living in capital cities or urban areas.
- The proportions were age-adjusted using the total Australian population as at 30 June 1991.

Sources: AIHW analysis of the 1980, 1983, 1989 NHF Risk Factor Prevalence Study surveys; 1995 ABS National Nutrition Survey; 1999–00 Australian Diabetes, Obesity and Lifestyle Study (AusDiab).

- High blood pressure, or hypertension, is a risk factor for heart, stroke and vascular disease. The risk of both stroke and coronary heart disease increases as the level of blood pressure increases.
- About one in four males and one in six females aged 25–64 years have high blood pressure. High blood pressure is more common in males than in females, in people with lower education and income levels, and in males not in the workforce.
- The prevalence of hypertension has declined markedly in both males and females in recent decades. The proportion of men aged 25–64 years with high blood pressure has fallen steadily from 45% in 1980 to 22% in 1999–00. The proportion for women has fallen from 29% in 1980 to

16% in 1995, and has shown little change since. These declines are thought to have significantly contributed to reductions in cardiovascular mortality.

- Hypertension can be treated and controlled. Levels can be lowered by reducing weight, alcohol and salt intake. Physical activity also helps, either independently or by controlling weight.

**For more information, see:**

AIHW 2001b. Heart, stroke and vascular diseases – Australian facts 2001. Canberra: AIHW, National Heart Foundation of Australia, National Stroke Foundation of Australia.