

## 5.2 Behavioural risk factors

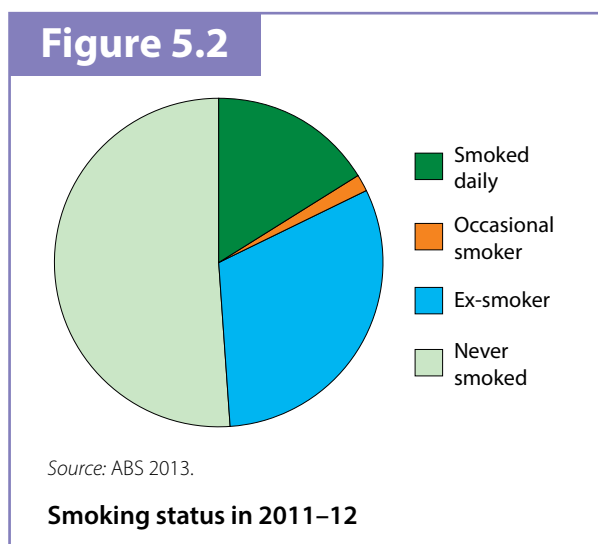
This snapshot examines a number of behaviours that may have a detrimental effect on health. These include tobacco smoking, excessive alcohol consumption and poor patterns of eating and physical activity. Additional information about risk factors can be found in Chapter 4 and Chapter 5. See Chapter 7 'Health behaviours of Indigenous Australians' for a discussion of risk factors among Indigenous Australians.

Information is drawn from the Australian Bureau of Statistics (ABS) Australian Health Survey (AHS) 2011–12 and previous National Health Surveys. Results are presented for people aged 18 and over unless otherwise specified.

### Smoking

Smoking has been shown to increase the risks of developing a range of chronic health conditions, including cancer, heart disease, stroke and emphysema. In 2011–12:

- There were 2.8 million Australian adults (16%) who smoked daily (18% of men and 14% of women) (Figure 5.2).
- The daily smoking rate was higher in areas with the lowest socioeconomic status (SES) than in areas with the highest SES (23% and 10% respectively).
- The age-standardised daily smoking rate had fallen to 16% from 22% in 2001. For more information, see Chapter 5 'Tobacco smoking'.



### Alcohol consumption

Excessive alcohol consumption can lead to liver damage and a range of other health problems (see Chapter 5 'Alcohol risk and harm'). Based on the standards outlined in the 2009 National Health and Medical Research Council (NHMRC) guidelines (NHMRC 2009), in 2011–12:

- One in 5 Australian adults (20%) drank at levels that placed them at risk of lifetime harm. Lifetime risky drinking was almost 3 times as high among men as women (29% compared with 10%), and higher in low SES areas (22%) than in high SES areas (17%).
- Over 2 in 5 Australian adults (45%) drank at levels that placed them at risk of an alcohol-related injury from a single drinking occasion at least once per year (58% of men and 32% of women). The rate was lower in low SES areas (39%) than in high SES areas (47%).



## Body weight

Being overweight or obese are risk factors for many chronic health conditions such as heart disease and some cancers. Being underweight can also carry health risks. In 2011–12:

- More than 3 in 5 Australian adults (63%) were overweight or obese (70% of men and 56% of women).
- Overweight and obesity were more common in areas with the lowest SES than areas with the highest SES (66% compared with 59%).
- The age-standardised overweight and obesity rate increased to 63% from 57% in 1995.
- Less than 2% of Australian adults were underweight.
- For children aged 5–17, 26% were overweight or obese, and 5% were underweight (see Chapter 6 'Childhood overweight and obesity').

## Exercise

Insufficient exercise is a risk factor for chronic health conditions such as heart disease, stroke and high blood pressure. For adults the recommended minimum level of activity is 150 minutes per week of walking or other moderate or vigorous activity, over at least 5 sessions (DHAC 1999). In 2011–12:

- Just over 2 in 5 adults (43%) were sufficiently active to meet the recommended guidelines (45% of males and 42% of females).
- Sufficient activity levels decreased with age, from 53% of those aged 18–24 to 25% of those aged 75 and over.
- Sufficient physical activity was more common in areas with the highest SES (52%) than areas with the lowest SES (34%).

## Consumption of fruit and vegetables and 'treat' foods

Fruit and vegetables are an important source of nutrition and dietary fibre. Inadequate consumption of fruit and vegetables is a risk factor for stomach cancer, colorectal cancer and cardiovascular disease. The NHMRC recommends that adults consume 2 serves of fruit and 5 serves of vegetables each day (NHMRC 2013).

- In 2011–12, 92% of Australian adults did not eat 5 serves of vegetables, and 52% did not eat 2 serves of fruit.

'Treat' foods are high in energy and low in nutrients. Over-consumption of these foods can contribute to obesity and other health problems.

- On average, 'treat' foods contributed to 36% of energy intake for adults and 41% for children, which is more than the recommended 0–3 serves per day (depending on age and sex) (AIHW 2012).

### What is missing from the picture?

More information on nutritional risk factors, such as measured levels of Vitamin D, iron and iodine, and self-reported salt intake, will be released from the AHS in 2014.

### Where do I go for more information?

Information about behavioural risk factors is published in many AIHW reports, which are available at [www.aihw.gov.au](http://www.aihw.gov.au). Two reports of interest are: [Risk factors contributing to chronic disease](#) and *Cardiovascular, diabetes and kidney disease: Australian facts, 2014* (forthcoming).

AHS results are available at [www.abs.gov.au](http://www.abs.gov.au).

The Australian National Preventive Health Agency's first national assessment of the state of preventive health in Australia is available at [www.anpha.gov.au](http://www.anpha.gov.au).

### References

ABS (Australian Bureau of Statistics) 2013. Australian Health Survey: updated results, 2011–12. ABS cat. no. 4364.0.55.003. Canberra: ABS.

AIHW (Australian Institute of Health and Welfare) 2012. Australia's food & nutrition 2012. Cat. no. PHE 163. Canberra: AIHW.

DHAC (Department of Health and Aged Care) 1999. An active way to better health: national physical activity guidelines for adults. Canberra: DHAC.

NHMRC (National Health and Medical Research Council) 2009. Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC.

NHMRC 2013. Australian dietary guidelines. Canberra: NHMRC.