

Victorian population health survey of people with an intellectual disability 2009



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Artist Charles House drew the picture that features on the front cover of this report. The title of the work is 'Man likes to walk around'. Charles was asked to describe what the picture means to him. He said:

"I like walking around everywhere. It's good for your health.

This man, he walks and sees everything, doing things himself, so he can eat and drink and look

at things. He's free to do anything he likes, go anywhere he pleases. In Australia it's best being free, not hurt by anyone. People like being free and walking. I like being free, not locked away. That's what I always wanted, to be free as a bee."

Acknowledgements

Many thanks to the people with an intellectual disability, their families and support networks, disability support staff and disability services providers who participated in this landmark survey.

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Foreword

The Victorian Population Health Survey of People with an Intellectual Disability 2009 represents a significant leap in understanding the health and wellbeing of Victorians with an intellectual disability.

Prior to the survey, undertaken collaboratively between the Department of Human Services and the Department of Health, there was an absence of data about the health and wellbeing of this important group within the Victorian community. This created a gap in the evidence needed to make informed decisions about public health priorities and interventions.

A Victorian population health survey for the general Victorian population has been conducted by the Department of Health over the past ten years. This survey is an invaluable tool in providing accurate and robust data about the health and wellbeing of the broad Victorian population. The use of this same framework for Victorians with an intellectual disability represents an important step forward.

Throughout this report comparisons are made between survey findings about people with an intellectual disability and the health of the general population based on data from the 2008 Victorian Population Health Survey.

There are some pleasing results from this survey, such as lower rates of smoking and alcohol intake in people with an intellectual disability compared to the general Victorian population, and a greater propensity to have blood pressure and blood sugar levels checked. People with an intellectual disability also have a higher attendance at local community events and greater membership of community groups compared to the general population. The findings further reveal that people with an intellectual disability eat the same amount of fruit and vegetables as the general population, and are just as likely to be part of a sports club or church group.

However, there are also some clear priority areas for further focus. The survey findings have identified that more work is needed in increasing the levels of physical activity and in addressing unhealthy weight (underweight and obesity). People with an intellectual disability also have higher levels of depression compared to the general population and lower levels of screening for breast and cervical cancer.

By investigating the health and wellbeing of Victorians with an intellectual disability we can see the specific health issues and gaps in providing health services. This knowledge will ensure a public policy focus on building stronger links between people with a disability, and health and community services.



Hon Mary Wooldridge MP
Minister for Community Services



Hon David Davis MP
Minister for Health

Contents

Foreword	iii
Introduction	1
1. Methods	7
2. Health and lifestyle	13
3. Reported health status and selected health conditions	63
4. Body weight status	73
5. Asthma	83
6. Diabetes	91
7. Mental health	99
8. Connections with others	113
9. Socio-demographic characteristics	141
Appendix	157

Introduction

Background

What is an intellectual disability?

An intellectual disability is defined in the Victorian *Disability Act 2006* as follows:

Intellectual disability ‘in relation to a person over the age of five years, means the concurrent existence of:

- (a) significant sub-average general intellectual functioning; and
- (b) significant deficits in adaptive behaviour – each of which became manifest before the age of 18 years’

An intellectual disability is defined by ICD 10 (World Health Organization’s International Classification of Diseases, Version 10, 1992) as ‘a condition of arrested or incomplete development of the mind, which is especially characterized by impairment of skills manifested during the developmental period’.

Why is this survey important?

It has been estimated that between one and three per cent of populations around the world are comprised of people with an intellectual disability (WHO 2001). People with an intellectual disability represent a very significant client group of disability services in Australia, with approximately three per cent of Australians having an intellectual disability (AIHW 2008). People with an intellectual disability have poorer health and restricted health care opportunities than the general population. As a result they usually have reduced life expectancy.

Until now, despite the poorer health of people with an intellectual disability,

there has been no systematic monitoring of the health of people with an intellectual disability in Victoria.

The results of this survey will help improve the health and wellbeing of Victorians with an intellectual disability by:

- raising awareness of the health status, wellbeing, inclusion and participation issues faced by people with an intellectual disability;
- focusing health and social services on the unique needs of people with an intellectual disability; and
- assisting governments and service providers to improve the wellbeing of people with an intellectual disability.

About the survey

The Department of Health conducts the Victorian Population Health Survey (VPHS) each year to measure the health and wellbeing of Victorians. This survey was initiated by the Department in 1998 and the first survey of adult Victorians was conducted in 2001. The survey is based on core question modules that are critical to informing decisions about public health priorities. Its findings fill a significant void in the accessible data needed to ensure public health programs are relevant and responsive to current and emerging health issues. To date, this survey has not specifically identified the health of people with an intellectual disability and there has been no systematic monitoring of the health of people with an intellectual disability in Victoria.

The Victorian Population Health Survey of People with an Intellectual

Disability 2009 (VPHS-ID 2009) is the first survey to compare the health and wellbeing of people with an intellectual disability to the general Victorian population. This ground-breaking survey has gathered information about the health, wellbeing, social participation and community inclusion of people with an intellectual disability.

This survey targets people with an intellectual disability specifically rather than people with other types of disability. According to the International Association for the Scientific Study of Intellectual Disability (IASSID) ‘persons with intellectual disability should not be subsumed into a broad ‘disability population’ definition, because additional factors, which may affect health outcomes, play significant roles that require specific attention to the needs of people with a range of syndromes, but having in common cognitive difficulties’.

About this report

The Victorian Population Health Survey of People with an Intellectual Disability (VPHS-ID 2009) collected a wide range of information relating to the health of adults with an intellectual disability and the determinants of that health. Table 1.1 presents key results from the survey providing an overview of health and lifestyle of people with an intellectual disability living in Victoria.

A key difference between the general VPHS and the VPHS-ID 2009 is that the computer assisted telephone interviews (CATI) for the VPHS-ID 2009 were conducted with a proxy respondent. A proxy respondent was someone who knew the person with an intellectual disability well enough to answer detailed questions about that

person's health, wellbeing and daily routine. Proxy respondents included disability support workers, family members, close friends, advocates or case managers.

The report includes a chapter on, 'Health and lifestyle', which contains information on the prevalence of major risk-taking behaviours for people with an intellectual disability compared with the Victorian general population, including the prevalence of smoking, fruit and vegetable intake, alcohol consumption, levels of physical activity and selected health and screening checks. This information is vital for targeting public health interventions and evaluating outcomes.

Information is presented on health status and selected chronic diseases, as well as separate chapters on body weight, asthma and diabetes,

which are the subject of public health programs in Victoria and nationwide. These data identify aspects of prevention that are amenable to public health intervention.

The report also contains a chapter on mental health and whether a person sought help from a professional for a mental health-related problem in the preceding year.

Of particular interest are the questions on the social determinants of health. The chapter, 'Connections with others' measures the extent and diversity of social networks for people with an intellectual disability. This information provides policy makers with data for people with an intellectual disability that links preventable risk-taking behaviours, their 'upstream' determinants (such as levels of social networks) and health status.

How to interpret a table

- Individual estimates for people with an intellectual disability have been compared to the Victorian estimates for the general Victorian population. Generally, the Victorian estimates have been used from 2008 data (VPHS 2008) but in cases where information was not available from the VPHS 2008, data from the VPHS 2007 were used.
- Where subgroups of the population are presented (for example, males and females), the estimates for people with an intellectual disability have been compared to the total Victorian estimate for that population subgroup (all Victorian males, all Victorian females).
- The significance of differences in estimates has been determined by comparing the 95 per cent confidence intervals of the estimates.
- With the exception of age specific rates, all other estimates have been age standardised throughout the report to eliminate the affect that differences in age structure may have on estimates from different population groups.
- The reliability of estimates has been determined using relative standard errors, and the tables and figures indicate the degree of reliability.

Summary of findings

The following findings refer to the information in Table 1.1.

Fruit intake

Almost half (48.0 per cent) of all people with an intellectual disability surveyed met the recommended minimum daily intake levels for fruit (three or more serves for those aged 18 years and two or more serves for those aged 19 years and over), similar to the general Victorian population (VPHS 2008) (47.4 per cent).

Vegetable intake

More than one in ten (10.7 per cent) people with an intellectual disability met the recommended minimum daily intake for vegetables (four or more serves for those aged 18 years and five or more serves for those aged 19 years and over), similar to the general Victorian population (VPHS 2008) (7.9 per cent).

Water intake

More than two out of five (44.7 per cent) people with an intellectual disability were reported to usually drink water when thirsty, lower than the general Victorian population (VPHS 2007) (72.5 per cent).

Alcohol intake

People with an intellectual disability were more likely to be reported as abstainers or non-drinkers (65.8 per cent), compared with the general Victorian population (VPHS 2008) (18.0 per cent).

Smoking

A lower proportion of people with an intellectual disability were reported to be current smokers (5.7 per cent) and ex-smokers (3.1 per cent) compared with the general Victorian population (VPHS 2008) (19.1 per cent and 23.8 per cent respectively).

Physical activity

The proportion of people with an intellectual disability undertaking adequate physical activity (measured in both sufficient time and sessions) to meet the national guidelines, was 21.7 per cent, lower than the general Victorian population (VPHS 2008) (60.3 per cent).

Sun protection behaviour

Almost four in ten (40.3 per cent) people with an intellectual disability were reported to usually wear sunglasses when out in the sun, lower than the general Victorian population (VPHS 2008) (74.0 per cent).

Reported health status

The health status of approximately three out of four (75.6 per cent) people with an intellectual disability aged 18 years and over was reported as being excellent, very good or good, similar to the general Victorian population (81.5 per cent) (VPHS 2008).

Body weight

Almost half of all people with an intellectual disability (54.7 per cent) were either overweight or obese, which was higher than the general Victorian population (VPHS 2008) (48.6 per cent). A higher proportion of people with an intellectual disability (3.7 per cent) were underweight, compared with the general Victorian population (VPHS 2008) (2.2 per cent).

Asthma

Almost one in ten (8.7 per cent) people with an intellectual disability reported having experienced current asthma (experienced asthma symptoms in the past 12 months), similar to the general Victorian population (10.7 per cent).

Diabetes

The prevalence of doctor diagnosed diabetes for people with an intellectual disability was 8.9 per cent, similar to the general Victorian population (VPHS 2008) (5.8 per cent).

Chronic diseases

People with an intellectual disability were more likely to have depression and less likely to have arthritis compared with the general Victorian population (VPHS 2008). There was no difference in the prevalence of heart disease and osteoporosis between people with an intellectual disability and the general Victorian population.

Mental health

More than one in four (26.0 per cent) people with an intellectual disability sought professional help for a mental health disorder in the last 12 months, higher than the general Victorian population (VPHS 2008) (11.4 per cent).

Health checks and screening

People with an intellectual disability were more likely to have their blood pressure (85.3 per cent) and blood glucose (63.6 per cent) checked in the past two years than the general Victorian population (VPHS 2008) (79.5 per cent and 52.2 per cent).

Almost one in four (25.6 per cent) people with an intellectual disability were reported to have had a test to detect bowel cancer, similar to the general Victorian population (VPHS 2008) (29.4 per cent).

More than one in ten (14.8 per cent) females with an intellectual disability aged 20 to 69 years were reported to have had a Pap test in the past two years, lower than females from the general Victorian population (VPHS 2008) (71.1 per cent).

More than half (55.2 per cent) of females with an intellectual disability were reported to have had a mammogram in the past two years, lower than females from the general Victorian population (VPHS 2008) (75.9 per cent).

Medicine use and polypharmacy

More than three out of four (76.5 per cent) people with an intellectual disability were reported to have had a prescribed medicine in the last two weeks.

Polypharmacy is defined as the concurrent use of five or more medicines. Almost two out of ten (19.9 per cent) people with an intellectual disability were reported to have been exposed to polypharmacy in the last two weeks.

Connections with others

More than one in five (22.6 per cent) people with an intellectual disability were members of a sports group and almost one in six (16.0 per cent) were members of a church group, similar to the general Victorian population (VPHS 2008).

Higher proportions of people with an intellectual disability attended a local community event in the past six months (74.1 per cent), received help from volunteer organisations (19.8 per cent) and were members of a community action group (25.7 per cent), compared with the general Victorian population (VPHS 2008)

(52.9 per cent, 5.8 per cent and 19.0 per cent).

People with an intellectual disability were less likely to help out as a volunteer, get help from family, friends and neighbours when needed and access community resources, compared with the general Victorian population (VPHS 2008).

Socio-demographic characteristics

People with an intellectual disability were less likely to have ever married, ever been employed or to have completed secondary education. They were also less likely than the general Victorian population (VPHS 2008) to have been born overseas.

Table 1.1: Health and lifestyle of Victorian adults* with an intellectual disability, selected findings

Lifestyle behaviours	VPHS-ID 2009	Measure
Fruit intake	↔	Proportion meeting recommended daily intake levels
Vegetable intake	↔	
Alcohol intake	↓	Proportion of persons who drink alcohol
Water intake	↓	Proportion of persons who drink water when thirsty
Smoking	↓	Proportion of current smokers
Physical activity	↓	Adequate physical activity – sufficient time and sessions
Sun protective behaviour	↓	Proportion of persons wearing sunglasses when out in the sun
Health Status		
Reported health status	↔	Proportion reporting excellent/very good/good health
Obesity	↑	Proportion of persons obese according to Body Mass Index
Asthma	↔	Proportion experienced asthma symptoms in last 12 months (current asthma)
Diabetes	↔	Proportion diagnosed with type 2 diabetes
Heart disease	↔	Proportion diagnosed with heart disease
Osteoporosis	↔	Proportion diagnosed with osteoporosis
Arthritis	↓	Proportion diagnosed with arthritis
Depression	↑	Proportion diagnosed with depression
Health checks and screening		
Blood pressure check	↑	Proportion of persons aged 18 years and over who had a test in the past two years
Cholesterol checks	↔	
Blood sugar test	↑	Proportion of persons aged 50 years and over who had a test in the past two years
Bowel screen	↔	
Cervical screen	↓	Proportion of females aged 20–69 years who had a test in the past two years
Breast screen	↓	Proportion of females aged 50–69 years who had a test in the past two years
Connections with others		
Attended a local community event in the past six months	↑	Proportion of persons aged 18 years and over
Member of a sports group	↔	
Member of a church group	↔	Proportion of responses 'Yes definitely'
Member of community or action group	↑	
Receiving help from a volunteer organisation	↑	Proportion of persons who could get carer from relatives or a friend in an emergency
Help out a local group as a volunteer	↓	
Can get help from friends when needed	↓	Proportion of persons residing in neighbourhood for 10 years or more
Can get help from family when needed	↓	
Can get help from neighbours when needed	↓	Proportion of persons ever married
Can access community resources	↓	
Can get care from relatives or friends in an emergency	↓	Proportion of persons born overseas
Years lived in current neighbourhood	↑	Proportion of employed persons
Socio-demographic characteristics		
Marital status	↓	Proportion of persons with at least secondary school education
Country of birth	↓	
Employment status	↓	
Highest level of education attained	↓	

* Aged 18 years and over unless otherwise specified

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

↓ = Estimates that are (statistically) significantly lower than the corresponding estimate for the general Victorian population (VPHS 2008).

↑ = Estimates that are (statistically) significantly higher than the corresponding estimate for the general Victorian population (VPHS 2008).

↔ = Estimates that are not (statistically) significantly different from the corresponding estimate for the general Victorian population (VPHS 2008)

1. Methods



1. Methods

1.1 Background

Population health surveys based on CATI are used to collect key population health surveillance data because they use collection procedures that are acceptable to respondents, use an adequate sample size, use current technology and provide high quality data (especially through greater supervision of interviewers, computer data entry and question sequencing). Further, they allow for data collection that is timely, cost-effective (especially in rural and metropolitan areas) and adaptable to changing and emerging information needs.

1.2 Aim of the Survey

The aim of this survey was to describe and explore the health and wellbeing of Victorians with an intellectual disability and to compare this to the health and wellbeing of the general Victorian population.

1.3 Methods

The Victorian Population Health Survey of People with an Intellectual Disability 2009 was informed by a pilot study undertaken in 2007–08 of people with an intellectual disability and by a survey methodology developed over several years for the Victorian Population Health Survey (VPHS) of the general population.

According to the *Pomona-I group* (Linehan 2009), who conducted a survey of health indicators for people with an intellectual disability in Europe, 'Reliance on proxy respondents is expected when surveying the health of respondents who have intellectual disabilities'. Similarly, the use of proxy respondents is considered a valid method for data collection in all Health Interview Surveys and Health

Examination Surveys for a range of respondent groups'. The pilot study for the VPHS-ID conducted in 2007–08 confirmed that the use of a proxy provided a reliable means for data collection.

A key difference between the general VPHS and the VPHS-ID 2009 is that the CATI for the VPHS-ID 2009 was conducted with a proxy respondent. A proxy respondent was someone who knew the person with an intellectual disability selected well enough to answer detailed questions about that person's health, wellbeing and daily routine. Proxy respondents included disability support workers, family members, close friends, advocates or case managers.

Some people with an intellectual disability can participate in a telephone interview themselves. However, many people with a more severe intellectual disability have difficulty answering complex questions about their wellbeing over the telephone, where no pictures or objects can be used to assist communication. A proxy respondent was used for every interview to enable the survey to include adults with any level of intellectual disability. Data collection methods were not mixed which increased the rigour of the data collected.

The survey team used CATI to administer the survey by interviewing proxy respondents on behalf of a sample of persons aged 18 years or over who resided in Victoria and had an intellectual disability as a primary or secondary condition.

1.3.1 Survey design

An administrative database of people who had previously sought assistance from Disability Services in

the Department of Human Services was used as the sampling frame for the survey. This database was used because there is no readily available sampling frame to reliably identify people with an intellectual disability in Victoria. The study population consisted of 21,210 people listed on the administrative database who resided in Victoria were aged 18 years and over and had an intellectual disability as either a primary or secondary condition. This sampling methodology excluded people unknown to the Disability Services, Department of Human Services.

1.3.2 Ethics committee approval

The Department of Human Services, Human Research Ethics Committee approved the survey method and questionnaire content.

1.3.3 Survey development

In 2007–08 a consortium of academics piloted the development and validation of a tool to replicate the Victorian Population Health Survey of People with an Intellectual Disability. Proxy respondents were interviewed on behalf of people with an intellectual disability. This survey tool was used to conduct the Victorian Population Health Survey of People with an Intellectual Disability 2009.

1.4 Sampling frame

In total 7,106 people aged 18 years and over, with an intellectual disability as a primary or secondary disability, were randomly selected from the administrative database. Exclusion criteria included people who had previously stated they did not want to be contacted by the department.

1.4.1 Recruitment

A total of 7,106 recruitment packages were mailed to a randomly selected group of people with an intellectual disability. Reminder recruitment packages were mailed three weeks after the initial recruitment packages.

The recruitment package included:

- A covering letter informing the participant and their support network that the department was conducting the VPHS-ID 2009 to collect information about health, lifestyle and wellbeing in the community, and outlining the importance of the survey.
- Information in an easy to read format.
- Detailed information about how to participate.
- An agreement to participate form.
- Information about the market research company appointed to conduct the survey.
- Information in six community languages.
- A reply paid envelope.

The sample group was encouraged to call the VPHS-ID 2009 information line with any questions about the study.

Survey participants, with the assistance of their support network, were asked to nominate a proxy respondent to take part in a CATI interview and return the 'agreement to participate' form in the supplied reply paid envelope supplied.

1.4.2 Information to assist the proxy respondents to prepare for the survey

The department sent information to each person who opted into the survey describing the types of questions that would be asked in order to:

assist respondents in providing the most accurate and current information; and

- promote the inclusion of the person with an intellectual disability by encouraging their proxy to discuss the answers in advance with them.

1.5 Data collection

There were 897 people with an intellectual disability, and their proxy respondents, who agreed to participate in the survey. The market research company contacted the nominated proxy respondent and scheduled a telephone interview. Almost two-thirds of all completed interviews were achieved within the first three calls. This proportion is consistent with national experience on similar telephone surveys.

1.6 Call routine and interviews

The interviewers made an unlimited number of call attempts to schedule and complete an interview with the proxy respondents. The proxy was asked to nominate three preferred dates and times to be contacted. If they could not be contacted during these times then call attempts were spread over different times of the day and different days of the week. Except for engaged numbers at the first call attempt, a non-contact in any specific time block was automatically scheduled for call back in a different time block as per the call back routine. A scripted message was left at the first and second calls to an answering machine, encouraging respondents to contact the VPHS-ID 2009 information line.

1.7 Interviewing in languages other than English

The recruitment package offered people the opportunity to request interviews in six community languages: Mandarin, Cantonese, Vietnamese, Italian, Greek and Arabic. CATI interviewers were recruited to undertake the interviews in these other languages as required. Only one interview was conducted in a language other than English (Greek).

1.8 Fieldwork period

The questionnaire was modified following pilot testing. In total 897 people were interviewed between October and December 2009. The average interview length was 25 minutes.

1.9 Participation

The participation rate, defined as the proportion of people where contact was made and an interview was then completed, was 13.9 per cent.

1.10 Weighting

The survey data were weighted to reflect the age/sex/geographic distribution of the population, as estimated from the administrative database. The project team applied a population benchmark component to ensure the adjusted sample distribution matched the population distribution for the combined cross cells of age group and sex. The categories used for each of the variables were:

- Age group: 18 to 24, 25 to 34, 35 to 44, 45 or over.
- Sex: male, female.
- Geography: Melbourne; rest of Victoria.

The person weight was calculated by dividing the population (N) by the achieved sample size (n) for each of the age / sex / location cells, using the formula N/n .

1.11 Statistical analysis

The survey data were analysed using the Stata statistical software package (StatCorp LP, College Station Texas).

Age standardisation

The rates presented in this report have been standardised, or adjusted for age. They are based on the direct method of standardisation. This method adjusts for effects of differences in the age composition of different populations and allows for comparison between these populations. The direct age standardised rates presented are based upon the weighted sum of age-specific rates in the population. The weights that have been used in the calculation of these rates (the 'standard' population) are population ratios for age groups derived from the estimated resident mid-year 2006 Victorian population.

Standard error

The standard error is a measure of the variation in an estimate, produced by sampling a population. The standard error can be used to calculate confidence intervals and relative standard errors, providing the likely range of the true value of an estimate and an indication of the reliability of an estimate.

Relative standard error (RSE)

A relative standard error (RSE) provides an indication of the reliability of an estimate. Estimates with RSEs less than 25 per cent are generally regarded as 'reliable' for general use. The estimates presented in tables and graphs in this report have RSEs less than 25 per cent, unless otherwise stated. Estimates that have an RSE between 25 to 50 per cent have been marked with an asterisk (*) and should be interpreted with caution. For the purposes of this report, Estimates with RSEs over 50 per cent were not considered reliable and have not been presented. A double asterisk (**) has been included in tables where the estimate would otherwise appear, indicating that the relevant RSE was greater than 50 per cent.

$$\text{Relative standard error (\%)} = \frac{\text{Standard error}}{\text{Point estimate}} \times 100$$

Confidence intervals (95% CI)

A confidence interval is a computed interval with a given probability (for example, 95%) that a true value of a variable, such as a rate, is contained within the interval. So, the confidence interval is the likely range of the true value for a rate. Throughout the report, 95% confidence intervals have been included in tables and graphs.

$$95\% \text{ confidence interval} = \text{point estimate} \pm \text{standard error} \times 1.96$$

Statistical significance

The only trends and patterns in the data that are discussed in the report are statistically significant trends

and patterns. Statistical significance provides an indication of how likely a result is due to chance.

The term 'significance' is used to denote statistical significance. It is not used to describe clinical significance, the relative importance of a particular finding, or the actual magnitude of difference between two estimates.

1.12 Profile of survey respondents

Population benchmarks from the administrative database for selected data items were used to assess the representativeness of the sample. Table 1.2 shows the benchmark data and weighted and unweighted estimates obtained from the survey. A comparison between benchmark and survey data indicates the following:

- Proportions of males and females were similar.
- Proportions of people living in rural and metropolitan areas of Victoria were similar.
- Adults born in Australia were more likely to participate than those born overseas.
- A small proportion of respondents (1.0 per cent) identified themselves as being Aboriginal and/or Torres Strait Islander, similar to benchmark data.

Table 1.2: Profile of respondents in the Victorian Population Health Survey of People with an Intellectual Disability, 2009

Selected characteristics	Administrative database benchmark (%) ^a	Survey outcome (%)	Weighted survey outcome (%)	95% confidence interval	
				Lower limit	Upper limit
Sex					
Male	57.3	58.1	57.1	53.2	61.0
Female	42.7	41.9	42.9	39.0	46.8
Age group (years)					
18–39	54.4	44.7	54.3	50.4	58.2
40–59	35.4	44.6	38.2	34.4	42.1
60+	10.1	10.7	7.5	5.3	9.6
Area of state					
Metropolitan	61.5	60.1	62.0	57.2	66.5
Rural	38.5	39.9	38.0	33.5	42.8
Country of birth					
Australia	85.3	92.4	92.4	90.3	94.5

^a Administrative database, 2009. Benchmark figures apply to persons aged 18 years or over.

1.13 Difference between the VPHS 2008 and the VPHS-ID 2009 survey methodology

A comparison between the VPHS 2008 and VPHS-ID 2009 methodology indicates the following:

- The sample size of the VPHS 2008 was much larger than the VPHS-ID 2009.
- Respondents in the VPHS 2008 had a higher mean age than respondents in the VPHS-ID 2009.
- The VPHS 2008 survey was conducted directly with respondents, whereas the VPHS-ID 2009 survey was conducted with a proxy respondent, on behalf of a person with an intellectual disability.

Table 1.3: Difference between the VPHS 2008 and the VPHS-ID 2009 survey methodology

Component	VPHS 2008	VPHS-ID 2009
Sample size	34,169	897
Age of respondents	18 years and over.	18 years and over.
Mean age	45.9 years.	38.4 years.
Target population	All people living in Victoria with land-line telephone connections were considered in-scope for the survey.	People with an intellectual disability registered on an administrative database as a result of seeking disability services from the Department of Human Services.
Exclusions	Various population groups, such as people who are homeless or itinerant, people in hospitals or institutions, the frail and aged, and people with disabilities who could not participate in an interview.	People with an intellectual disability who were unknown to Disability Services Department of Human Services.
Recruitment	Randomly selected households were telephoned and eligible adults were asked to participate.	Recruitment packages were mailed to randomly selected people with an intellectual disability. The person and/or their proxy returned an agreement to participate form to 'opt-in' to the survey.
Interview method	Computer assisted telephone interviews (CATI) with respondents.	CATI by proxy on behalf of the person with an intellectual disability.
Fieldwork period	September – December 2008	October – December 2009.
Consent to participate	Obtained directly over the phone.	Obtained in writing.

This report compares information on selected data items from the Victorian Population Health Survey of People with an Intellectual Disability undertaken in 2009 to comparable data from the Victorian Population Health Survey of the general Victorian population in 2008. Items that were not included in the Victorian Population Health Survey 2008, have been compared to either other Victorian Population Health Surveys, other reports, or presented as a stand alone item as baseline data for future surveys.

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2. Health and lifestyle



2. Health and lifestyle

A range of lifestyle behaviours influence the health status and health risk profile of individuals. Lifestyle-related risk factors contribute to the burden of disease in Australia, influencing the onset, maintenance and prognosis of a variety of health conditions and their complications. The risk factors associated with health and lifestyle behaviours are largely avoidable or modifiable, providing considerable scope for health gain. This section presents information on lifestyle behaviours that influence health, including the intake of fruit and vegetables, alcohol consumption, tobacco use and levels of physical activity, as well as participation in health screening programs, eye checks and the use of prescribed medicine.

Survey results

Nutrition

Vegetable consumption

- People with an intellectual disability consumed a higher proportion of three to four serves (33.9 per cent) and a lower proportion of one to two serves of vegetables per day (44.7 per cent), compared with the general Victorian population (28.2 per cent and 56.9 per cent respectively).
- A higher proportion of males with an intellectual disability consumed three to four (32.0 per cent) and five or more serves of vegetables per day (9.4 per cent), compared with males from the general Victorian population (VPHS 2008) (22.2 per cent and 4.9 per cent respectively).
- A lower proportion of people with an intellectual disability in the age groups 18 to 39 years (47.8 per cent) and 40 to 59 years (44.2 per cent) consumed one to two serves of vegetables per day, compared with their counterparts in the same age groups from the general Victorian population (VPHS 2008) (62.1 per cent and 55.5 per cent respectively).
- The proportion of people with an intellectual disability aged 18 to 39 years who consumed three to four serves of vegetables (33.8 per cent) was greater than for people aged 18 to 39 years from the general Victorian population (VPHS 2008) (24.5 per cent).

Fruit consumption

- More than one in ten (12.3 per cent) people with an intellectual disability consumed no fruit or less than one serve of fruit and 32.3 per cent consumed one serve of fruit or less than two serves each day, similar to the general Victorian population (VPHS 2008) (14.3 per cent and 36.1 per cent respectively).

Fruit and vegetable guidelines

- Less than one in ten (7.5 per cent) people with an intellectual disability met the guidelines for both fruit and vegetable daily intake, similar to the general Victorian population (VPHS 2008) (5.7 per cent).
- A higher proportion of males with an intellectual disability met the guidelines for vegetable consumption and both fruit and vegetable consumption (9.7 per cent), than males from the general Victorian population (VPHS 2008) (5.0 per cent and 3.2 per cent respectively).
- A lower proportion of people with an intellectual disability from the metropolitan area met neither of the guidelines for consumption of fruit and vegetables (40.5 per cent), compared with the general Victorian population (VPHS 2008) living in the metropolitan area (47.7 per cent).

Drinking water and milk consumption

- More than two in five (44.7 per cent) people with an intellectual disability usually drank water when thirsty, lower than the general Victorian population (VPHS 2007) (72.5 per cent). A similar pattern was observed by sex, age group and area of state.
- People with an intellectual disability were more likely to usually consume soft drinks when thirsty (30.4 per cent), compared with the general Victorian population (VPHS 2007) (10.1 per cent).
- Similarly, a higher proportion of people with an intellectual disability reported a preference for fruit juice when thirsty (5.0 per cent), compared with the general Victorian population (VPHS 2007) (3.0 per cent).
- Females with an intellectual disability were more likely to be reported to drink milk (2.5 per cent) and tea or coffee (14.3 per cent) when thirsty, compared with females from the general Victorian population (VPHS 2007) (0.8 per cent and 12.4 per cent respectively).
- People with an intellectual disability living in the metropolitan area were more likely to drink milk (2.7 per cent) and fruit juice (6.1 per cent) when thirsty than the general Victorian population (VPHS 2007) (1.0 per cent and 3.1 per cent respectively).
- Less than five in ten (46.5 per cent) people with an intellectual disability reported a preference for low or reduced fat milk, higher than the general Victorian population (VPHS 2007) (39.4 per cent).
- People with an intellectual disability were less likely to drink whole fat milk (27.0 per cent) and soya milk (2.0 per cent), compared with the general Victorian population (VPHS 2007) (37.3 per cent and 3.7 per cent respectively).
- People with an intellectual disability were less likely to drink 5–6 glasses (10.6 per cent), 7–8 glasses (8.6 per cent) and 9 or more glasses (2.9 per cent) of water per day, compared with the general Victorian population (VPHS 2007) (18.9 per cent, 14.9 per cent and 8.4 per cent respectively).

Involvement in the selection of foods

- More than six in ten (62.7 per cent) people with an intellectual disability reported that they have a say in the weekly shopping.

Alcohol consumption

- People with an intellectual disability were more likely to be abstainers or non-drinkers (65.8 per cent), compared with the general Victorian population (VPHS 2008) (18.0 per cent).

Short-term risk of harm

- The reported prevalence of drinking alcohol at risky or high risk levels for harm in the short-term, at least yearly, at least monthly and at least weekly, was lower for people with an intellectual disability (1.9 per cent, 0.8 per cent and 0.7 per cent respectively), than the general Victorian population (VPHS 2008) (22.0 per cent, 13.0 per cent and 10.2 per cent respectively).

Long-term risk of harm

- Almost one-third (32.2 per cent) of people with an intellectual disability were reported to be at low risk of long-term harm, based on their frequency and volume of alcohol consumption, lower than the general Victorian population (VPHS 2008) (77.5 per cent).

Smoking

- A lower proportion of people with an intellectual disability were reported to be current smokers (5.7 per cent) or ex-smokers (3.1 per cent), compared with the general Victorian population (VPHS 2008) (19.1 per cent and 23.8 per cent respectively).
- Less than one in ten (8.8 per cent) people with an intellectual disability had ever smoked (those who smoke currently and ex-smokers), lower than the general Victorian population (VPHS 2008) (42.9 per cent).
- Most people with an intellectual disability who were current smokers were reported to smoke on a daily basis, as opposed to smoking occasionally. A lower proportion of people with an intellectual disability were reported to smoke daily (4.7 per cent) and occasionally (1.1 per cent), than the general Victorian population (VPHS 2008) (14.9 per cent and 4.3 per cent).

Smoking in the home

- People with an intellectual disability were more likely to live in a smoke free home (94.4 per cent), compared with the general Victorian population (VPHS 2007) (89.4 per cent).

Physical activity

Ability to walk unaided

- Less than two in ten (17.2 per cent) people with an intellectual disability reported needing assistance to walk.
- A higher proportion of females (22.6 per cent) with an intellectual disability needed assistance to walk, compared with males (12.5 per cent).
- The most common mobility aids used by people with an intellectual disability with mobility limitations were un-motorised wheelchairs (39.9 per cent) and walking frames (28.8 per cent).

Physical activity for health benefits

- A higher proportion of people with an intellectual disability took part in 'walking only' (34.0 per cent), compared with the general Victorian population (VPHS 2008) (26.4 per cent). A similar pattern was reported by sex, age group and area of state with the exception of people with an intellectual disability aged 60 years and over, who showed no difference to their counterparts in the general Victorian population.
- Less than three in ten (28.0 per cent) people with an intellectual disability were reported to be engaged in 'walking and vigorous activity', lower than the general Victorian population (VPHS 2008) (59.6 per cent).
- People with an intellectual disability were less likely to meet the guidelines for physical activity in terms of time and number of sessions undertaken each week (21.7 per cent), compared with the general Victorian population (VPHS 2008) (60.3 per cent).

Eye health

Sun protective behaviour

- Almost four in ten (40.3 per cent) people with an intellectual disability were reported to usually wear sunglasses when out in the sun, lower than the general Victorian population (VPHS 2008) (74.0 per cent). A similar pattern was observed by sex, age group and area of state.
- More than three quarters (77.7 per cent) of people with an intellectual disability were reported to usually wear a hat, when out in the sun, higher than the general Victorian population (VPHS 2008) (52.6 per cent).

Vision impairment

- Less than half (48.5 per cent) of all people with an intellectual disability were reported to have a vision impairment.
- More than one in ten (13.0 per cent) people with an intellectual disability were reported to have noticed a change in their vision in the past 12 months, lower than the general Victorian population (VPHS 2008) (41.0 per cent).

Use of eye care services

- More than three quarters (76.9 per cent) of all people with an intellectual disability were reported to have ever consulted an eye care specialist or attended an eye clinic, similar to the general Victorian population (VPHS 2008) (77.7 per cent).
- A higher proportion of people aged 18 to 39 years with an intellectual disability were reported to have seen an eye care specialist or attended an eye clinic (75.9 per cent), than the general Victorian population (VPHS 2008) aged 18 to 39 years (64.5 per cent).
- People with an intellectual disability in the age groups 40 to 59 years (72.3 per cent) and 60 years and over (85.4 per cent) were less likely to see an eye care specialist or attend an eye clinic, compared with their counterparts in the general Victorian population (VPHS 2008) (81.5 per cent and 95.3 per cent respectively).
- People with an intellectual disability were more likely to have visited an eye care specialist or attended an eye clinic five years or more before the survey (12.0 per cent), compared with the general Victorian population (VPHS 2008) (8.3 per cent).

Selected eye conditions

- Less than one in ten (9.7 per cent) people with an intellectual disability reported to have had a cataract, a further 4.1 per cent had glaucoma and 0.9 per cent had macular degeneration, similar to the general Victorian population (VPHS 2008) (8.3 per cent, 2.3 per cent and 2.1 per cent respectively).

Hearing impairment

- Almost one in six (16.7 per cent) people with an intellectual disability reported having a hearing impairment.
- A higher proportion of people with an intellectual disability aged 60 years and over reported having impaired hearing (27.5 per cent), compared with people aged 18 to 39 years (11.9 per cent).

Health checks

Blood pressure checks

- Over eight in ten (85.3 per cent) people with an intellectual disability had had a blood pressure check in the past two years, higher than the general Victorian population (VPHS 2008) (79.5 per cent).

Cholesterol checks

- Almost six out of ten (59.9 per cent) people with an intellectual disability reported having a blood cholesterol check in the past two years, similar to the general Victorian population (VPHS 2008) (56.5 per cent).

Blood glucose checks

- More than six out of ten (63.6 per cent) people with an intellectual disability reported having their blood glucose checked in the past two years, higher than the general Victorian population (VPHS 2008) (52.2 per cent).
- The lowest proportion of people with an intellectual disability reported having their blood glucose checked in the past two years was in the 18 to 39 years age group.

Annual health review for people with an intellectual disability

- Less than half (46.1 per cent) of all people with an intellectual disability had had an annual health review in the past two years.
- The lowest proportion of people with an intellectual disability reported to have had an annual health review in the past two years was in the 18 to 39 years age group.

Cancer screening

Bowel cancer screening

- Almost one in four (25.6 per cent) people with an intellectual disability aged 50 years and over reported having a test to detect bowel cancer in the past two years, similar to the general Victorian population (VPHS 2008) (29.4 per cent).

Skin examination for lesions/cancers

- More than one out of three (36.6 per cent) people with an intellectual disability were reported to have had a skin examination to detect lesions/cancers in the past two years.
- The lowest proportion of people with an intellectual disability reported having a skin examination to detect lesions/cancers was in the 18 to 39 years age group.

Prostate cancer screening

- One out of three (33.8 per cent) males aged 40 years and over with an intellectual disability reported having a test to detect prostate cancer in the past two years.

Cervical cancer screening

- More than one in ten (14.8 per cent) females with an intellectual disability, aged 20 to 69 years, were reported to have had a Pap smear in the past two years, lower than females from the general Victorian population (VPHS 2008) (71.1 per cent).

Breast cancer screening

- More than half of (55.2 per cent) all females aged 50 to 69 years with an intellectual disability were reported to have had a mammogram in the past two years, lower than females from the general Victorian population (VPHS 2008) (75.9 per cent).

Use of medicines and polypharmacy

Medicine use

- More than three out of four (76.5 per cent) people with an intellectual disability had taken a prescribed medicine in the past two weeks.

Polypharmacy

- Polypharmacy is defined as the concurrent use of five or more medicines. Almost two out of ten (19.9 per cent) people with an intellectual disability were reported to have been exposed to polypharmacy in the last two weeks.

Polypharmacy and level of intellectual disability

- Less than four in ten (37.0 per cent) people with a profound intellectual disability reported to be exposed to polypharmacy in the last two weeks.
- Two out of ten people with a moderate (20.6 per cent) and severe (20.5 per cent) intellectual disability were reported to be exposed to polypharmacy in the past two weeks.

Fruit and vegetable intake

The Australian dietary guidelines recommend a minimum daily vegetable intake of four serves for persons aged 12 to 18 years and five serves for persons aged 19 years and over, where a serve is defined as half a cup of cooked vegetables or a cup of salad vegetables (NHMRC 2003a; 2003b). The recommended minimum daily fruit intake is three serves for persons aged 12 to 18 years and two serves for persons aged 19 years and over, where a serve is defined as one medium piece or two small pieces of fruit or one cup of diced pieces (table 2.1).

Table 2.2 shows vegetable consumption by sex. The data show that overall, a higher proportion of people with an intellectual disability consumed three to four serves of vegetables per day (33.9 per cent) and a lower proportion consumed one to two serves of vegetables per day (44.7 per cent), compared with the general Victorian population (22.2 per cent and 56.9 per cent respectively).

A higher proportion of males with an intellectual disability reported consuming three to four (32.0 per cent) and five or more serves of vegetables per day (9.4 per cent), compared with males from the general Victorian population (VPHS 2008) (22.2 per cent and 4.9 per cent respectively).

The proportion of females with an intellectual disability who consumed one to two serves of vegetables per day (40.5 per cent) was lower than the proportion of females in the general Victorian population (VPHS 2008) (49.6 per cent).

Table 2.1: Recommended daily intake of fruit and vegetables

Guideline	Age group ^a	Recommended daily intake
Fruit	Persons aged 12–18	Three serves
	Persons aged 19 years and over	Two serves
Vegetables	Persons aged 12–18	Four serves
	Persons aged 19 years and over	Five serves

Source: NHMRC 2003a, 2003b.

^a Excludes pregnant or breastfeeding women.

Table 2.2: Daily vegetable consumption, by sex

Serves ^a per day	%	VPHS-ID 2009		VPHS 2008		
		Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males						
None	4.0	2.5	6.4	6.8	6.1	7.6
1–2 serves	48.4	42.2	54.6	64.5	63.2	65.7
3–4 serves	32.0	26.3	38.2	22.2	21.2	23.3
5 or more serves	9.4	7.0	12.7	4.9	4.4	5.4
Females						
None	4.1 ^a	2.4	6.8	4.7	4.3	5.3
1–2 serves	40.5	34.1	47.2	49.6	48.5	50.6
3–4 serves	36.4	30.1	43.3	33.9	32.9	34.9
5 or more serves	11.6	7.7	17.3	10.5	9.9	11.1
Persons						
None	4.0	2.9	5.7	5.8	5.3	6.2
1–2 serves	44.7	40.3	49.3	56.9	56.0	57.7
3–4 serves	33.9	29.6	38.5	28.2	27.4	28.9
5 or more serves	10.5	8.0	13.7	7.7	7.4	8.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009

VPHS 2008 = Victorian Population Health Survey 2008.

^a A serve is half a cup of cooked vegetables or a cup of salad vegetables.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

^{*} Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.3 shows vegetable consumption by age group. The data show that a lower proportion of people with an intellectual disability aged 18 to 39 years (47.8 per cent) and 40 to 59 years (44.2 per cent) consumed one to two serves of vegetables per day, compared with their counterparts in the same age groups in the general Victorian population (VPHS 2008) (62.1 per cent and 55.5 per cent). The proportion of people with an intellectual disability aged 18 to 39 years who reported a higher daily vegetable intake of three to four serves was 33.8 per cent, higher than for people aged 18 to 39 years from the general Victorian population (VPHS 2008) (24.5 per cent).

Table 2.4 shows vegetable consumption by area of state. People with an intellectual disability living in rural and metropolitan areas (41.3 per cent and 47.2 per cent) were less likely to consume one to two serves of vegetables per day compared with people from rural and metropolitan areas in the general Victorian population (VPHS 2008) (53.4 per cent and 58.1 per cent respectively).

Table 2.3: Daily vegetable consumption, by age group

Serves ^a per day	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18–39 years						
None	6.3	4.1	9.5	7.1	6.2	8.1
1–2 serves	47.8	42.5	53.2	62.1	60.5	63.7
3–4 serves	33.8	28.9	39.0	24.5	23.1	25.9
5 or more serves	8.6	6.0	12.1	5.3	4.7	6.0
40–59 years						
None	4.1*	2.2	7.4	5.3	4.7	5.9
1–2 serves	44.2	38.0	50.6	55.5	54.2	56.7
3–4 serves	34.6	28.8	40.8	29.5	28.4	30.7
5 or more serves	12.8	9.1	17.6	8.8	8.2	9.5
60+ years						
None				4.1	3.7	4.7
1–2 serves	40.1	27.1	54.6	49.7	48.4	51.0
3–4 serves	33.1	20.6	48.6	32.6	31.5	33.8
5 or more serves	10.6*	4.4	23.3	10.5	9.7	11.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

a A serve is half a cup of cooked vegetables or a cup of salad vegetables.

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.4: Daily vegetable consumption, by area of state

Serves ^a per day	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Rural						
None	**			5.1	4.3	6.2
1–2 serves	41.3	34.3	48.8	53.4	52.0	54.8
3–4 serves	34.7	27.5	42.5	30.5	29.2	31.7
5 or more serves	13.5	9.1	19.6	9.8	9.1	10.5
Metropolitan						
None	4.7	3.2	7.0	6.0	5.5	6.5
1–2 serves	47.2	41.5	52.9	58.1	57.1	59.1
3–4 serves	33.4	28.2	39.1	27.4	26.5	28.3
5 or more serves	8.7	5.9	12.5	7.0	6.5	7.4
Persons						
None	4.0	2.9	5.7	5.8	5.3	6.2
1–2 serves	44.7	40.3	49.3	56.9	56.0	57.7
3–4 serves	33.9	29.6	38.5	28.2	27.4	28.9
5 or more serves	10.5	8.0	13.7	7.7	7.4	8.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

a A serve is half a cup of cooked vegetables or a cup of salad vegetables.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 2.5 shows the proportion of people who consumed a given number of serves of fruit each day. In 2009, almost half (49.9 per cent) of all people with an intellectual disability consumed two or more serves of fruit each day, similar to the general Victorian population (VPHS 2008) (48.6 per cent). More than one in ten (12.3 per cent) people with an intellectual disability consumed no fruit or less than one serve of fruit and 32.3 per cent consumed one serve of fruit or less than two serves each day, similar to the general Victorian population (VPHS 2008) (14.3 per cent and 36.1 per cent respectively). There were no differences by sex between people with an intellectual disability and the general Victorian population (VPHS 2008)

Table 2.6 shows the proportion of people who consumed a given number of serves of fruit each day by age group. A higher proportion of people with an intellectual disability aged 18 to 39 years consumed no fruit or less than one serve (19.4 per cent), compared with other age groups (8.8 per cent and 5.2 per cent respectively). A lower proportion of people with an intellectual disability aged 40 to 59 years consumed no fruit or less than one serve (8.8 per cent), compared with the general Victorian population (VPHS 2008) (15.2 per cent).

Table 2.5: Daily fruit consumption, by sex

Serves ^a per day	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males						
None or less than one serve	14.0	10.7	18.2	17.9	16.8	18.9
1 or less than two serves	33.1	27.7	39.1	38.8	37.4	40.1
2 or more serves	48.4	42.2	54.6	42.3	41.0	43.7
Females						
None or less than one serve	10.5	7.7	14.0	10.8	10.1	11.4
1 or less than two serves	31.5	25.4	38.2	33.8	32.8	34.8
2 or more serves	51.4	44.5	58.3	54.6	53.5	55.6
Persons						
None or less than one serve	12.3	10.1	15.0	14.3	13.7	14.9
1 or less than two serves	32.3	28.2	36.7	36.1	35.3	37.0
2 or more serves	49.9	45.3	54.6	48.6	47.8	49.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a A serve is one medium piece or two small pieces of fruit, or one cup of diced pieces

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/below general Victorian population.

Table 2.6: Daily fruit consumption, by age group

Serves ^a per day	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18–39 years						
None or less than one serve	19.4	15.5	24.1	14.9	13.7	16.1
1 or less than two serves	33.2	28.3	38.4	38.5	36.9	40.1
2 or more serves	45.1	39.8	50.5	45.6	44.0	47.3
40–59 years						
None or less than one serve	8.8	5.9	12.8	15.2	14.3	16.1
1 or less than two serves	33.1	27.4	39.4	34.7	33.5	35.9
2 or more serves	53.6	47.2	59.9	49.3	48.0	50.6
60+ years						
None or less than one serve	5.2*	1.9	13.4	11.8	11.0	12.6
1 or less than two serves	29.6	18.3	44.2	34.1	32.9	35.3
2 or more serves	52.9	38.2	67.1	52.9	51.6	54.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a A serve is one medium piece or two small pieces of fruit, or one cup of diced pieces

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.7 shows the proportion of people who consumed a given number of serves of fruit each day by area of state. There were no differences in fruit consumption by area of state between people with an intellectual disability and the general Victorian population (VPHS 2008)

Table 2.7: Daily fruit consumption, by area of state

Serves ^a per day	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Rural						
None or less than one serve	11.7	8.5	15.8	16.3	15.2	17.3
1 or less than two serves	34.9	27.8	42.7	35.8	34.5	37.2
2 or more serves	48.8	40.9	56.7	46.9	45.5	48.4
Metropolitan						
None or less than one serve	12.8	9.8	16.5	13.7	12.9	14.4
1 or less than two serves	30.8	26.0	36.0	36.0	35.0	37.0
2 or more serves	50.8	45.1	56.4	49.4	48.3	50.4

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a A serve is one medium piece or two small pieces of fruit, or one cup of diced pieces

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

Table 2.8 shows the proportion of persons who met the guidelines (summarised in table 2.1) for daily fruit and vegetable consumption by sex. Less than one in ten (7.5 per cent) people with an intellectual disability met the guidelines for both daily intake of fruit and vegetables, similar to the general Victorian population (VPHS 2008) (5.7 per cent). A lower proportion of people with an intellectual disability did not meet the guidelines for either fruit or vegetable consumption (40.9 per cent), compared with the general Victorian population (VPHS 2008) (48.2 per cent).

A higher proportion of males with an intellectual disability met the guidelines for vegetable consumption and for both fruit and vegetable consumption (9.7 per cent and 7.1 per cent), than males from the general Victorian population (VPHS 2008) (5.0 per cent and 3.2 per cent respectively).

Table 2.8: Meeting guidelines^a for consumption of fruit and vegetables, by sex

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Both guidelines						
Males	7.1	4.9	10.0	3.2	2.8	3.6
Females	8.0	5.0	12.6	8.0	7.5	8.6
Persons	7.5	5.6	10.1	5.7	5.3	6.0
Neither fruit or vegetable guidelines						
Males	43.9	38.0	50.0	54.8	53.5	56.2
Females	37.6	31.6	43.9	41.9	40.9	43.0
Persons	40.9	36.6	45.2	48.2	47.3	49.1
Vegetable guidelines^b						
Males	9.7	7.2	13.0	5.0	4.5	5.6
Females	11.6	7.7	17.3	10.7	10.1	11.3
Persons	10.7	8.1	13.9	7.9	7.5	8.3
Fruit guidelines^c						
Males	46.9	40.7	53.1	41.0	39.7	42.4
Females	49.3	42.4	56.3	53.5	52.4	54.6
Persons	48.0	43.4	52.7	47.4	46.6	48.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Based on national guidelines (NHMRC 2003a; 2003b).

^b Includes all those who met the guidelines for serves of vegetables per day.

^c Includes all those who met the guidelines for serves of fruit per day.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

Table 2.9 shows the proportion of people who met the guidelines for daily fruit and vegetable consumption by age group. A lower proportion of people aged 40 to 59 years with an intellectual disability did not meet the guidelines for fruit or vegetable consumption (37.8 per cent), than the general Victorian population (VPHS 2008) aged 40 to 59 years (47.4 per cent).

Table 2.9: Meeting guidelines^a for consumption of fruit and vegetables, by age group

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Both guidelines						
18–39 years	6.6*	4.4	9.9	4.0	3.4	4.6
40–59 years	9.7	6.5	14.2	6.7	6.1	7.3
60+ years	**			7.1	6.5	7.7
Neither fruit or vegetable guidelines						
18–39 years	49.9	44.5	55.3	52.7	51.1	54.3
40–59 years	37.8	31.9	44.2	47.4	46.2	48.7
60+ years	29.5	18.4	43.7	41.4	40.2	42.7
Vegetable guidelines^b						
18–39 years	8.9*	6.3	12.5	5.8	5.1	6.5
40–59 years	12.8	9.1	17.6	8.8	8.2	9.5
60+ years	10.6*	4.4	23.3	10.4	9.7	11.2
Fruit guidelines^c						
18–39 years	43.0	37.8	48.4	43.9	42.2	45.5
40–59 years	52.9	46.5	59.2	48.9	47.7	50.2
60+ years	49.6	35.1	64.1	51.4	50.1	52.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Based on national guidelines (NHMRC 2003a; 2003b).

^b Includes all those who met the guidelines for serves of vegetables per day.

^c Includes all those who met the guidelines for serves of fruit per day.

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 2.10 shows the proportion of people who met the guidelines for daily fruit and vegetable consumption by area of state. A lower proportion of people with an intellectual disability from the metropolitan area did not meet the guidelines for fruit or vegetables (40.5 per cent), compared with the general Victorian population (VPHS 2008) living in the metropolitan area (47.7 per cent).

Table 2.10: Meeting guidelines^a for consumption of fruit and vegetables, by area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Both guidelines						
Rural	8.6	5.7	12.8	6.9	6.3	7.5
Metropolitan	6.9	4.4	10.7	5.2	4.8	5.6
Neither fruit or vegetable guidelines						
Rural	41.7	34.7	49.1	49.3	47.8	50.8
Metropolitan	40.5	35.3	45.9	47.7	46.6	48.7
Vegetable guidelines^b						
Rural	13.5	9.1	19.6	9.8	9.1	10.5
Metropolitan	8.9	6.1	12.7	7.2	6.7	7.7
Fruit guidelines^c						
Rural	45.3	37.7	53.1	45.8	44.4	47.3
Metropolitan	49.9	44.3	55.6	48.1	47.1	49.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Based on national guidelines (NHMRC 2003a; 2003b).

^b Includes all those who met the guidelines for serves of vegetables per day.

^c Includes all those who met the guidelines for serves of fruit per day.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

Drinking water and milk consumption

Water is essential for life and is involved in digestion, absorption, transportation and thermoregulation. It acts as a solvent for nutrients and is involved in the elimination of waste from the body. Drinking water is a safe and low-cost way to ensure adequate fluid ingestion without additional dietary energy and the Australian dietary guidelines for adults recommend drinking sufficient water to maintain hydration (NHMRC 2003a).

Table 2.11 shows preferred choices of drinks when thirsty, by sex, age group and area of state. The data show that more than two in five (44.7 per cent) people with an intellectual disability usually drank water when thirsty, lower than the general Victorian population (VPHS 2007) (72.5 per cent). A similar pattern was observed by sex, age group and area of state. People with an intellectual disability were more likely to usually consume soft drinks when thirsty (30.4 per cent), compared with the general Victorian population (VPHS 2007) (10.1 per cent). A similar pattern was reported for soft drink consumption by sex, age group and area of state. Similarly, a higher proportion of people with an intellectual disability had a preference for fruit juice when thirsty (5.0 per cent), compared with the general Victorian population (VPHS 2007) (3.0 per cent). No one with an intellectual disability consumed alcohol when thirsty, compared with 0.8 per cent in the general Victorian population (VPHS 2007).

Table 2.11: Preferred drink when thirsty, by sex, age group and area of state

Usually drinks when thirsty	VPHS-ID 2009			VPHS 2007*		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Water	40.3	34.4	46.6	67.4	65.0	69.7
Soft drinks	34.6	29.3	40.3	13.0	11.3	14.9
Milk	1.8*	0.9	3.4	1.4	0.9	2.2
Tea/Coffee	16.4	11.8	22.4	12.5	11.1	14.0
Fruit juice	5.1	3.4	7.5	3.7	2.8	4.8
Alcohol	0.0			1.4	1.0	2.1
Females						
Water	49.6	42.7	56.6	77.3	75.6	78.9
Soft drinks	25.1	19.8	31.3	7.2	6.2	8.4
Milk	2.5*	1.4	4.6	0.8	0.5	1.3
Tea/Coffee	14.3	10.1	19.8	12.1	11.0	13.4
Fruit juice	5.1	3.3	7.8	2.3	1.6	3.1
Alcohol	0.0			0.1	0.0	0.3
Age group (years)						
18-39						
Water	45.9	40.5	51.3	76.2	73.5	78.7
Soft drinks	33.6	28.7	38.9	13.0	11.0	15.2
Milk	3.0*	1.7	5.4	1.6	0.9	2.6
Tea/Coffee	6.1	4.1	9.1	4.8	3.7	6.2
Fruit juice	9.5	6.8	13.1	3.7	2.6	5.1
Alcohol	0.0			0.6	0.3	1.3
40-59						
Water	43.6	37.4	50.0	72.2	70.0	74.3
Soft drinks	31.4	25.8	37.6	9.2	7.9	10.7
Milk	2.2*	1.0	4.5	1.0	0.6	1.6
Tea/Coffee	17.5	13.4	22.6	14.0	12.4	15.7
Fruit juice	2.8*	1.5	5.4	2.3	1.6	3.3
Alcohol	0.0			0.7	0.4	1.2
60+						
Water	44.3	30.2	59.4	66.3	63.8	68.7
Soft drinks	23.2	13.6	36.8	6.2	5.1	7.6
Milk	**			0.4	0.2	0.7
Tea/Coffee	27.7	16.5	42.6	22.9	20.8	25.1
Fruit juice	**			2.7	2.0	3.6
Alcohol	0.0			1.2	0.7	1.9

Table 2.11 continued on next page...

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Usually drinks when thirsty	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Area of state						
Metropolitan						
Water	42.3	36.8	48.0	73.3	71.4	75.2
Soft drinks	31.2	26.2	36.6	9.3	8.1	10.7
Milk	2.7	1.7	4.4	1.0	0.7	1.6
Tea/Coffee	15.0	11.0	20.0	12.1	10.9	13.4
Fruit juice	6.1	4.3	8.4	3.1	2.4	4.0
Alcohol	0.0			0.8	0.5	1.2
Rural						
Water	48.0	40.3	55.8	69.9	68.2	71.6
Soft drinks	29.5	23.6	36.2	12.4	11.1	13.8
Milk	**			1.3	0.9	1.8
Tea/Coffee	15.7	10.5	22.8	12.7	11.7	13.8
Fruit juice	3.4*	1.9	6.2	2.4	1.9	3.1
Alcohol	0.0			0.7	0.4	1.0
Persons						
Water	44.7	40.1	49.4	72.5	71.0	73.9
Soft drinks	30.4	26.5	34.5	10.1	9.1	11.2
Milk	2.1	1.3	3.2	1.1	0.8	1.5
Tea/Coffee	15.2	11.9	19.2	12.3	11.4	13.2
Fruit juice	5.0	3.8	6.7	3.0	2.4	3.6
Alcohol	0.0			0.8	0.5	1.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2007 = Victorian Population Health Survey 2007.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

‡ Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Females with an intellectual disability were more likely to report drinking milk (2.5 per cent) and tea or coffee (14.3 per cent) when thirsty, compared with females from the general Victorian population (VPHS 2007) (0.8 per cent and 12.4 per cent respectively). Almost one out of ten (9.5 per cent) people aged 18 to 39 years with an intellectual disability had a preference for fruit juice when thirsty, higher than the general Victorian population (VPHS 2007) (3.7 per cent). People with an intellectual disability living in the metropolitan area were more likely to have a preference for milk (2.7 per cent) and fruit juice (6.1 per cent) when thirsty than the general Victorian population living in the metropolitan area (VPHS 2007) (1.0 per cent and 3.1 per cent).

The dietary guidelines recognise milk as an important source of nutrients, including calcium and protein (NHMRC 2003a). However, reduced-fat or skim milk varieties are recommended for adults to reduce additional fat and energy intake.

Table 2.12 shows that around half (46.5 per cent) of people with an intellectual disability had a preference for low or reduced fat milk, higher than the general Victorian population (VPHS 2007) (39.4 per cent). A similar pattern was reported for low or reduced fat milk consumption by area of state. People with an intellectual disability were also less likely to prefer whole fat milk (27.0 per cent) and soya milk (2.0 per cent), compared with the general Victorian population (VPHS 2007) (37.3 per cent and 3.7 per cent respectively).

Table 2.12: Type of milk consumed, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2007 ⁺		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Whole fat	31.9	26.2	38.1	43.1	40.6	45.7
Low or reduced fat	40.0	34.8	45.4	37.1	34.7	39.5
Skim	15.8	11.3	21.7	10.1	8.6	11.8
Soya	2.5*	1.4	4.4	3.0	2.2	4.1
Other	1.0*	0.4	2.6	1.4	0.9	2.2
Don't drink milk	4.5*	2.4	8.2	4.7	3.8	6.0
Females						
Whole fat	21.3	16.3	27.5	31.7	29.8	33.7
Low or reduced fat	53.6	46.6	60.4	41.6	39.7	43.6
Skim	16.8	12.5	22.2	16.5	15.0	18.0
Soya	1.2*	0.6	2.7	4.4	3.7	5.3
Other	1.6*	0.7	4.0	1.7	1.2	2.4
Don't drink milk	**			3.4	2.8	4.1
Age group (years)						
18-39						
Whole fat	29.2	24.5	34.31	46.4	43.3	49.4
Low or reduced fat	46.1	40.8	51.5	31.7	28.9	34.5
Skim	15.7	12.1	20.1	12.9	10.9	15.1
Soya	3.2*	1.8	5.7	3.9	2.9	5.3
Other	1.6*	0.7	3.7	1.4	0.9	2.3
Don't drink milk	3.4*	1.9	6.1	2.9	2.1	4.2
40-59						
Whole fat	26.7	21.4	32.7	33.3	31.0	35.7
Low or reduced fat	46.4	40.2	52.7	43.8	41.4	46.2
Skim	18.3	13.7	24.1	12.7	11.3	14.3
Soya	1.4*	0.6	3.3	3.4	2.7	4.4
Other	**			1.8	1.2	2.8
Don't drink milk	2.6*	1.2	5.2	4.4	3.5	5.6
60+						
Whole fat	23.7*	13.1	39.1	27.5	25.3	29.8
Low or reduced fat	47.4	33.3	62.0	46.3	43.7	48.9
Skim	13.1*	5.5	28.0	15.1	13.3	17.0
Soya	**			3.9	3.0	4.9
Other	0.0			1.4	0.9	2.1
Don't drink milk	**			5.4	4.4	6.7

Table 2.12 continued on next page...

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	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Area of state						
Metropolitan						
Whole fat	24.7	20.2	29.8	36.2	34.1	38.2
Low or reduced fat	47.6	41.9	53.3	40.0	38.1	42.1
Skim	15.8	11.9	20.7	13.3	11.9	14.8
Soya	2.6*	1.5	4.3	3.9	3.2	4.8
Other	1.6*	0.8	3.3	1.7	1.2	2.4
Don't drink milk	4.1*	2.3	7.2	4.2	3.5	5.1
Rural						
Whole fat	30.6	23.7	38.5	40.3	38.5	42.2
Low or reduced fat	44.8	37.2	52.6	38.1	36.3	39.9
Skim	16.6	11.5	23.4	13.2	12.1	14.5
Soya	**			3.1	2.5	3.7
Other	**			1.1	0.7	1.5
Don't drink milk	**			3.7	3.0	4.5
Persons						
Whole fat	27.0	23.1	31.4	37.3	35.7	39.0
Low or reduced fat	46.5	41.9	51.2	39.4	37.8	40.9
Skim	16.0	12.8	19.8	13.3	12.3	14.5
Soya	2.0	1.2	3.1	3.7	3.2	4.4
Other	1.3*	0.7	2.4	1.5	1.2	2.0
Don't drink milk	3.8*	2.2	6.5	4.0	3.5	4.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2009 = Victorian Population Health Survey 2009.

95% CI = 95 per cent confidence interval.

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* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

‡ Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Table 2.13 shows the quantity of water consumed daily by sex, age group and area of state. People with an intellectual disability were less likely to drink five to six glasses (10.6 per cent), seven to eight glasses (8.6 per cent) and nine or more glasses (2.9 per cent) of water per day, compared with the general Victorian population (VPHS 2007) (18.9 per cent, 14.9 per cent and 8.4 per cent respectively). A similar pattern was reported by sex, in the metropolitan area and for the age groups 18 to 39 years and 40 to 59 years.

Table 2.13: Daily water consumption, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2007 ⁺		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
None	12.9	9.6	17.1	4.3	3.4	5.4
1–2 glasses	23.6	19.4	28.5	23.8	21.8	26.0
3–4 glasses	33.0	27.2	39.4	31.5	29.2	33.9
5–6 glasses	10.5	7.9	13.7	16.6	14.8	18.6
7–8 glasses	8.4	5.6	12.3	13.4	11.7	15.3
9+ glasses	2.6*	1.5	4.3	10.5	8.7	12.4
Females						
None	12.7	9.0	17.5	2.9	2.3	3.7
1–2 glasses	27.1	21.7	33.3	18.1	16.6	19.7
3–4 glasses	30.9	24.8	37.8	35.0	33.1	37.0
5–6 glasses	10.5	7.0	15.4	21.2	19.6	22.9
7–8 glasses	8.7	5.5	13.3	16.4	14.9	18.1
9+ glasses	**			6.4	5.4	7.5
Age group (years)						
18–39						
None	13.7	10.42	17.79	2.6	1.8	3.9
1–2 glasses	26.2	21.8	31.1	16.9	14.8	19.3
3–4 glasses	33.4	28.5	38.7	31.0	28.2	33.9
5–6 glasses	12.5	9.3	16.6	19.4	17.2	21.8
7–8 glasses	7.3	4.9	10.7	18.3	16.1	20.8
9+ glasses	2.8*	1.5	5.2	11.8	9.7	14.2
40–59						
None	12.1	8.7	16.6	3.9	3.1	4.9
1–2 glasses	28.7	23.3	34.9	22.4	20.4	24.5
3–4 glasses	28.0	22.5	34.1	33.9	31.6	36.2
5–6 glasses	12.4	8.9	17.0	19.9	17.9	22.0
7–8 glasses	10.1	6.9	14.5	13.7	12.2	15.4
9+ glasses	2.4*	1.2	5.0	6.2	5.1	7.6
60+						
None	12.1*	6.0	22.9	4.7	3.7	5.8
1–2 glasses	17.8*	9.7	30.4	25.4	23.3	27.7
3–4 glasses	35.8	22.8	51.3	36.5	34.1	39.1
5–6 glasses	4.5*	1.0	18.0	16.8	15.0	18.8
7–8 glasses	8.6*	3.4	20.2	10.9	9.3	12.6
9+ glasses	3.8*	0.7	19.0	5.7	4.6	7.1

Table 2.13 continued overleaf...

...Table 2.13 continued

	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Area of state						
Metropolitan						
None	14.2	10.6	18.7	3.5	2.8	4.3
1–2 glasses	26.4	22.1	31.3	20.4	18.7	22.1
3–4 glasses	28.5	23.5	34.1	33.6	31.6	35.6
5–6 glasses	10.4	8.1	13.4	19.1	17.5	20.8
7–8 glasses	9.9	6.8	14.2	14.9	13.5	16.5
9+ glasses	2.0*	1.1	3.5	8.6	7.3	10.1
Rural						
None	10.8	7.7	14.9	3.9	3.2	4.6
1–2 glasses	22.9	17.4	29.6	22.1	20.6	23.7
3–4 glasses	37.7	30.3	45.8	32.7	31.0	34.5
5–6 glasses	10.5	6.6	16.3	18.8	17.3	20.5
7–8 glasses	6.9	4.2	11.0	14.8	13.5	16.2
9+ glasses	4.2*	1.6	10.3	7.7	6.7	8.9
Persons						
None	12.7	10.2	15.8	3.6	3.0	4.2
1–2 glasses	25.1	21.6	29.0	20.9	19.6	22.2
3–4 glasses	32.1	27.8	36.7	33.3	31.8	34.9
5–6 glasses	10.6	8.3	13.4	18.9	17.7	20.3
7–8 glasses	8.6	6.4	11.5	14.9	13.8	16.2
9+ glasses	2.9*	1.6	5.3	8.4	7.4	9.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2009 = Victorian Population Health Survey 2009

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

‡ Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Involvement in selection of foods

Proxy respondents were asked if the person with an intellectual disability had a say in the selection of foods for the weekly shopping.

Table 2.14 shows the degree to which people with an intellectual disability were reported to have a say in the selection of foods for the weekly shopping, by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. More than six in ten (62.7 per cent) people with an intellectual disability had a say in the weekly shopping.

Table 2.14: Involvement in selection of foods for the weekly shopping, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
Yes	58.3	52.2	64.2
No	41.7	35.8	47.8
Females			
Yes	68.1	62.3	73.4
No	31.4	26.2	37.2
Age group (years)			
18–39			
Yes	55.3	49.9	60.6
No	44.6	39.3	50.0
40–59			
Yes	63.9	57.6	69.7
No	35.5	29.7	41.8
60+			
Yes	73.8	60.1	84.0
No	26.2	16.0	39.9
Area of state			
Metropolitan			
Yes	59.7	54.3	64.9
No	39.9	34.8	45.3
Rural			
Yes	67.2	60.3	73.5
No	32.8	26.5	39.8
Persons			
Yes	62.7	58.5	66.7
No	37.1	33.0	41.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Alcohol consumption

Regular, excessive consumption of alcohol over time places people at increased risk of chronic ill health and premature death, and episodes of heavy drinking may place the drinker (and others) at risk of injury or death. The consequences of heavy, regular use of alcohol may include cirrhosis of the liver, cognitive impairment, heart and blood disorders, ulcers, cancers and damage to the pancreas.

The 2001 *Australian Alcohol Guidelines: Health Risks and Benefits* (NHMRC 2001), which were current when the VPHS 2008 was conducted, emphasise patterns of drinking as opposed to levels of consumption (the average amount consumed). The concept of drinking patterns refers to aspects of drinking behaviour other than the level of drinking, and includes when, where and with whom drinking behaviour occurs, the types of drinks consumed, the number of heavy drinking occasions undertaken and the norms associated with drinking behaviour. The 2001 guidelines identified two main patterns of drinking behaviour as creating a risk to an individual's health:

1. excessive alcohol intake on a particular occasion; and,
2. consistent high-level intake over months and years.

The 2001 guidelines specified the risks for various drinking levels for males and females of average, or larger than average body size (≥ 60 kilograms for males and ≥ 50 kilograms for females), over the short and long-term. The guidelines categorised risk according to three levels:

1. low risk— a level of drinking at which the risk of harm is minimal and there are possible benefits for some of the population;
2. risky— a level of drinking at which the risk of harm outweighs any possible benefit; and,
3. high risk— a level of drinking at which there is substantial risk of serious harm and above which risk increases rapidly.

Tables 2.15 and 2.16 summarise the 2001 Australian alcohol guidelines. For the purpose of determining the risk of alcohol-related harm, the 2001 guidelines define short-term risk in terms of the number of standard drinks consumed per drinking occasion. The guidelines for the whole population indicate that males who drink up to six standard drinks and females who drink up to four standard drinks are at *low risk* of alcohol-related harm in the short-term. Males who drink 11 or more drinks and females who consume

seven or more drinks are categorised as being at *high risk* of alcohol-related harm. Between these levels, alcohol consumption behaviour is classified as *risky* in the short-term.

Based on the 2001 guidelines, long-term risk of harm due to alcohol consumption is associated with regular daily patterns of drinking alcohol, defined in terms of the amount typically consumed each week. The 2001 guidelines indicate that males are at high risk of long-term harm if they consume seven or more drinks on an average day, or more than 43 drinks per week (table 2.16). For females, high risk of long-term harm is associated with the consumption of five or more standard drinks on an average day, or more than 29 drinks per week. Alcohol consumption is considered risky in the long-term if males consume 5–6 drinks on an average day (29–42 per week) and if females consume more than 3–4 drinks daily (15–28 per week).

Table 2.15: 2001 Australian alcohol guidelines for risk to health in the short-term^a

	Low risk	Risky	High risk
Males	Up to six on any one day; no more than three days per week	Seven to 10 on any one day	11 or more on any one day
Females	Up to four on any one day; no more than three days per week	Five to six on any one day	Seven or more on any one day

^a Quantities in standard drinks. **Source:** NHMRC 2001.

Table 2.16: 2001 Australian alcohol guidelines for risk to health in the long-term^a

	Low risk	Risky	High risk	
Males	On an average day	Up to four per day	Five to six per day	Seven or more per day
	Overall weekly level	Up to 28 per week	29–42 per week	43 or more per week
Females	On an average day	Up to two per day	Three to four per day	Five or more per day
	Overall weekly level	Up to 14 per week	15–28 per week	29 or more per week

^a Based on a standard drink containing 10 grams or 12.5 millilitres of alcohol. **Source:** NHMRC 2001.

Abstainers

Abstainers from alcohol were those persons who did not drink, or who had a drink in the past 12 months, but were reported as no longer drinking (recent abstainers).

Table 2.17 shows abstainers from alcohol by sex, age group and area of state. People with an intellectual disability were more likely to be abstainers from alcohol (65.8 per cent), compared with the general Victorian population (VPHS 2008) (18.0 per cent). A similar pattern was observed by sex, age group and area of state.

Table 2.17: Abstainers^a from alcohol consumption, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males	63.4	57.5	68.9	12.6	11.7	13.5
Females	68.8	61.9	74.9	23.0	22.2	23.9
Age group (years)						
18–39	65.6	60.3	70.5	14.9	13.8	16.1
40–59	64.4	58.0	70.3	15.9	15.0	16.9
60+	68.4	53.7	80.2	26.6	25.5	27.7
Area of state						
Metropolitan	62.2	56.4	67.7	18.5	17.7	19.3
Rural	71.1	64.4	77.0	16.4	15.4	17.3
Persons	65.8	61.3	70.0	18.0	17.4	18.6

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Includes both long-term and recent abstainers (i.e. those who had a drink in the past 12 months but reported they no longer drink).

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Short-term risk of harm

The frequency of drinking alcohol at above the recommended short-term risk levels for people with an intellectual disability is shown in table 2.18. The reported prevalence of drinking alcohol at risky or high risk levels for harm, at least yearly, monthly and weekly, was lower for people with an intellectual disability (1.9 per cent, 0.8 per cent and 0.7 per cent respectively), than the general Victorian population (VPHS 2008) (22.0 per cent, 13.0 per cent and 10.2 per cent respectively).

Table 2.18: Frequency of drinking alcohol at above short-term risk^a levels

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Low risk ^b	29.5	25.4	33.8	36.2	35.5	37.0
At least yearly	1.9*	1.2	3.1	22.0	21.3	22.7
At least monthly	0.8*	0.4	1.8	13.0	12.4	13.7
At least weekly	0.7*	0.3	1.8	10.2	9.7	10.8

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Based on national guidelines (NHMRC 2001).

^b Drinkers who consumed alcohol at levels that did not expose them to risk of short-term harm were classified as low risk.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent (excluding abstainers) due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Long-term risk of harm

The quantity and frequency method was used to estimate the proportion of the population drinking at risky or high risk levels for harm in the long-term. This method combined information on how often respondents usually had an alcoholic drink of any kind with information on the number of standard drinks that respondents usually had on a day when they consumed an alcoholic drink.

Almost one-third (32.2 per cent) of people with an intellectual disability were reported to be at a low risk of long-term harm, based on their frequency and volume of alcohol consumption, which was lower than the general Victorian population (VPHS 2008) (77.5 per cent) (table 2.19).

Smoking

There is very little information available on smoking rates for adults with an intellectual disability. However, lower smoking rates (compared with the general population) have been noted among adults with a severe intellectual disability, and equivalent or higher rates among community-dwellers and adults with a mild intellectual disability (Draheim et al. 2002).

Current smokers are defined as those persons who smoke daily or occasionally. Table 2.20 shows smoking status. A lower proportion of people with an intellectual disability were current smokers (5.7 per cent) and ex-smokers (3.1 per cent), than the general Victorian population (VPHS 2008) (19.1 per cent and 23.8 per cent respectively).

Table 2.19: Long-term risk^a of alcohol-related harm

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Low risk ^b	32.2	28.1	36.6	77.5	76.8	78.2
Risky or high risk	**			3.7	3.3	4.0

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Based on national guidelines (NHMRC 2001).

^b Drinkers who consumed alcohol at levels that did not expose them to risk of long-term harm were classified as low risk. 95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent (excluding abstainers) due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 2.20: Smoking status^a

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Current smoker	5.7	4.1	8.0	19.1	18.4	19.9
Ex-smoker	3.1*	1.8	5.4	23.8	23.1	24.4
Non-smoker	90.0	86.9	92.5	56.8	56.0	57.7

^a A person who smoked daily or occasionally was categorised as a current smoker.

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.21 shows smoking status by sex, age group and area of state. Less than one in ten (8.8 per cent) people with an intellectual disability had ever smoked (those who smoke currently and ex-smokers), lower than the general Victorian population (VPHS 2008) (42.9 per cent). A similar pattern was reported by sex, age group and area of state.

Table 2.21: Smoking status, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Smoker ever	10.7	7.6	14.9	49.0	47.7	50.4
Non-smoker	87.6	82.9	91.2	50.7	49.4	52.1
Females						
Smoker ever	6.7*	3.9	11.4	37.3	36.3	38.3
Non-smoker	92.5	87.9	95.5	62.4	61.4	63.4
Age group (years)						
18–39						
Smoker ever	6.4	4.2	9.7	38.8	37.2	40.4
Non-smoker	93.5	90.3	95.8	61.1	59.5	62.7
40–59						
Smoker ever	9.1	6.0	13.7	47.2	45.9	48.4
Non-smoker	90.0	85.4	93.2	52.6	51.4	53.9
60+						
Smoker ever	12.6*	6.4	23.3	43.7	42.4	45.0
Non-smoker	84.0	72.5	91.3	55.6	54.4	56.9
Area of state						
Metropolitan						
Smoker ever	9.7	6.6	14.2	42.3	41.2	43.3
Non-smoker	89.2	84.5	92.6	57.5	56.5	58.5
Rural						
Smoker ever	7.5	4.9	11.4	44.8	43.4	46.2
Non-smoker	91.1	87.1	93.9	54.9	53.5	56.3
Persons						
Smoker ever	8.8	6.6	11.7	42.9	42.1	43.7
Non-smoker	90.0	86.9	92.5	56.8	56.0	57.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.22 shows the proportion of persons who smoked tobacco on a daily or occasional basis. Most persons who were current smokers smoked on a daily basis, as opposed to smoking occasionally. A lower proportion of people with an intellectual disability smoked daily (4.7 per cent) and occasionally (1.1 per cent), than the general Victorian population (VPHS 2008) (14.9 per cent and 4.3 per cent).

Table 2.22: Frequency of current smoking behaviour^{a, b}

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Daily	4.7	3.2	6.8	14.9	14.3	15.5
Occasionally	1.1*	0.5	2.3	4.3	3.9	4.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a A person who smoked daily or occasionally was categorised as a current smoker.

^b The term 'occasional' was defined by the respondent who chose the response option 'I smoke occasionally' when asked which of a number of alternative response options (including 'I smoke daily') best described their smoking status. 95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.23 shows the status of smoking in the home. People with an intellectual disability were more likely to live in a smoke free home (94.4 per cent), compared with the general Victorian population (VPHS 2007) (89.4 per cent). However, 2.0 per cent of homes where people with an intellectual disability lived had people who frequently smoked in the home.

Table 2.23: Smoking in the home

	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
My home is smoke free	94.4	92.4	95.9	89.4	88.3	90.4
People occasionally smoke inside the house	3.3	2.2	5.0	5.5	4.8	6.2
People frequently smoke in the house	2.0*	1.2	3.3	5.2	4.4	6.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2007 = Victorian Population Health Survey 2007.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

[‡] Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Physical activity

Physical inactivity is a major modifiable risk factor for a range of conditions, including cardiovascular disease, diabetes, some cancers, obesity and falls among the elderly. The evidence suggests that health benefits accrue with increasing levels of physical activity and that this protective effect occurs even if adopted in middle and later life, which suggests physical activity is an obvious target for health promotion. Monitoring physical activity levels at the population level is relevant for investigating the outcomes of health promotion efforts.

There is currently a lack of comprehensive data describing physical activity levels of people with a disability in Victoria and Australia. Small scale research studies (Lante & Walkley 2006, Temple, Anderson & Walkley 2000; Temple & Walkley 2003) in Victoria have reported that people with an intellectual disability are far less active than adults who do not have a disability. These studies show that approximately 20 per cent of adults with an intellectual disability have met the physical activity guidelines for adult Australians. A consistent finding was that fewer females with an intellectual disability were sufficiently active to meet the guidelines, with less than ten per cent meeting the guidelines compared with approximately 40 per cent of males.

Physical activity to achieve health benefits

Information was collected on three types of physical activity to measure the extent to which the population with an intellectual disability is engaging in sufficient physical activity to achieve a health benefit and meet the current national guidelines:

- i. time spent walking (for more than 10 minutes at a time) for recreation or exercise, or to get to and from places;
- ii. time spent doing vigorous household chores (excluding gardening); and,
- iii. time spent doing vigorous activities other than household chores and gardening (for example, tennis, jogging, cycling or keep-fit exercises).

Data were collected on the number of sessions and the duration of each type of physical activity.

Table 2.24 shows the proportion of people who were able to walk unaided by sex, age group and area of state. Overall 17.2 per cent of people with an intellectual disability required assistance to walk, however, a higher proportion of females (22.6 per cent) with an intellectual disability required assistance to walk, compared with males (12.5 per cent).

Table 2.24: Ability to walk unaided, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
Yes	87.5	82.9	91.0
No	12.5	9.0	17.1
Females			
Yes	77.4	70.8	82.8
No	22.6	17.2	29.2
Age group (years)			
18–39			
Yes	84.4	80.2	87.8
No	15.6	12.2	19.8
40–59			
Yes	86.1	81.4	89.8
No	13.9	10.2	18.7
60+			
Yes	75.1	60.3	85.8
No	24.9*	14.3	39.7
Area of state			
Metropolitan			
Yes	81.4	76.2	85.7
No	18.6	14.3	23.8
Rural			
Yes	85.1	78.5	90.0
No	14.9	10.0	21.5
Persons			
Yes	82.8	78.8	86.2
No	17.2	13.8	21.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.25 shows the type of mobility aid used by people who need assistance to walk. The most common types of mobility aid used by people with an intellectual disability were un-motorised wheelchairs (39.9 per cent) and walking frames (28.8 per cent).

Table 2.25: Type of mobility aid

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Wheelchair motorised	11.5	7.2	17.7
Wheelchair un-motorised	39.9	31.9	48.4
Walking frame	28.8	20.4	39.0
Other	19.2	11.8	29.6

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Table 2.26 shows the proportion of persons who were sedentary and those who had undertaken different types of physical activity in the past week, by sex, age group and area of state. A higher proportion of people with an intellectual disability took part in 'walking only' (34.0 per cent) than the general Victorian population (VPHS 2008) (26.4 per cent). A similar pattern was reported by sex, age group and area of state with the exception of people aged 60 years and over who showed no difference between people with an intellectual disability and the general population. Less than three in ten (28.0 per cent) people with an intellectual disability took part in walking and vigorous activity, lower than the general Victorian population (VPHS 2008) (59.6 per cent). A similar pattern was reported by sex, age group and area of state.

The level of health benefit achieved from physical activity partly depends on the intensity of the activity undertaken. In general, to obtain a health benefit from physical activity requires participation in at least moderate intensity activities. Accruing 150 or more minutes of moderate intensity physical activity (such as walking) on a regular basis over one week is believed to be 'sufficient' for health benefits and is the recommended threshold of physical activity according to the *National Physical Activity Guidelines for Australians* (DoHA 1999). For those who achieve an adequate baseline level of fitness, extra health benefits may be gained by undertaking at least 30 minutes of regular vigorous exercise on three to four days per week.

Table 2.26: Types of physical activity undertaken during the past week, by sex age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
No physical activity	5.7	3.4	9.4	5.1	4.6	5.6
Walking only	35.9	30.1	42.2	27.9	26.7	29.1
Vigorous activity only	1.8*	0.9	3.7	5.3	4.7	6.0
Walking and vigorous activity	30.3	25.2	36.1	58.1	56.8	59.4
Females						
No physical activity	9.5	5.8	15.2	5.4	5.0	5.8
Walking only	32.4	26.3	39.1	25.0	24.1	25.9
Vigorous activity only	1.7*	0.7	4.0	4.9	4.5	5.4
Walking and vigorous activity	25.1	19.9	31.1	61.1	60.1	62.0
Age group (years)						
18-39						
No physical activity	4.2	2.58	6.77	2.7	2.2	3.2
Walking only	32.4	27.6	37.6	19.6	18.3	20.9
Vigorous activity only	2.3*	1.1	4.7	4.9	4.3	5.7
Walking and vigorous activity	35.5	30.5	40.8	70.1	68.6	71.5
40-59						
No physical activity	7.6	4.8	11.8	5.0	4.5	5.6
Walking only	35.6	29.7	41.9	26.1	25.0	27.2
Vigorous activity only	**			5.6	5.0	6.2
Walking and vigorous activity	26.4	21.3	32.2	60.0	58.7	61.2
60+						
No physical activity	13.0*	5.9	26.3	10.2	9.4	11.0
Walking only	34.6	22.0	49.8	38.8	37.6	40.1
Vigorous activity only	**			4.8	4.3	5.4
Walking and vigorous activity	17.5*	8.7	31.9	40.6	39.4	41.8

Table 2.26 continued overleaf...

...Table 2.26 continued

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Area of state						
Metropolitan						
No physical activity	7.7	4.9	12.0	5.4	5.0	5.8
Walking only	33.8	28.8	39.2	27.2	26.3	28.1
Vigorous activity only	2.0*	1.0	3.9	4.9	4.5	5.4
Walking and vigorous activity	27.5	22.8	32.7	59.0	58.0	60.0
Rural						
No physical activity	7.1*	3.8	12.8	5.0	4.5	5.7
Walking only	34.2	26.9	42.2	24.1	23.0	25.2
Vigorous activity only	**			5.5	5.0	6.2
Walking and vigorous activity	29.1	23.2	35.9	61.2	59.9	62.5
Persons						
No physical activity	7.5	5.2	10.7	5.3	4.9	5.6
Walking only	34.0	29.8	38.6	26.4	25.6	27.1
Vigorous activity only	1.7*	1.0	3.0	5.1	4.8	5.5
Walking and vigorous activity	28.0	24.3	32.1	59.6	58.8	60.4

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' or 'who were unable to walk without assistance' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 2.27: Definition of sufficient physical activity time and number of sessions per week

Physical activity category	Time and sessions per week
Sedentary	0 minutes
Insufficient time and/or sessions	Less than 150 minutes or 150 or more minutes, but fewer than 5 sessions.
Sufficient time & sessions	150 minutes and five or more sessions

The sum of the proportion of adults who undertake only vigorous physical activity or walking and vigorous activity sets the upper limit for the proportion of the population who may satisfy both the health benefit and health fitness criteria to meet the guidelines on physical activity. The actual proportion of adults who fulfil both criteria is reduced to the extent that individuals do not spend sufficient time on physical activity and/or do not participate in physical activity regularly.

The 'sufficient time and sessions' measure of physical activity is regarded as the preferred indicator of the adequacy of physical activity for a health benefit because it addresses the regularity of the activity undertaken. Under this measure, the requirement to participate in physical activity regularly (that is, on five, preferably seven, days per week) is an accrued 150 or more minutes of at least moderate intensity physical activity. A person who satisfied both criteria (time and number of sessions) was classified as doing 'sufficient' physical activity to achieve an added health benefit in the analysis that follows (table 2.27).

The number of minutes spent on physical activity was calculated by adding the minutes of moderate intensity activity to two times the minutes of vigorous activity (that is, the minutes of vigorous intensity activity were weighted by a factor of two).

Individuals were classified as doing 'insufficient' physical activity if they reported undertaking physical activity during the week before the survey, but did not accrue 150 minutes and/or did fewer than five sessions of activity. Individuals were considered to be 'sedentary' if they reported no physical activity for the relevant time period. Individuals classified as 'sedentary' or 'insufficient' have been referred to as doing an 'insufficient' amount of physical activity to achieve health benefits. People with an intellectual disability who required assistance to walk were not included.

The *National Physical Activity Guidelines For Adults* (DoHA 1999) have been applied to all respondents

(persons aged 18 years and over) in previous VPHS reports to provide information about the prevalence of different levels of physical activity, including sufficient physical activity to achieve a health benefit. Subsequently, the Australian government has established physical activity guidelines for children aged 12 to 18 years (DoHA 2004) and devised guidelines on physical activity for health for older adults (persons aged 65 years and over, and Aboriginal and/or Torres Strait Islander persons aged 55 years and over) (DoHA 2006). Whereas the latter set of guidelines were developed to complement the existing guidelines for adults, the guidelines for children pertain to both undertaking physical

activity and limiting time spent on non-educational activities that involve sitting still for a long period of time (e.g. watching TV, videos or DVDs, internet use and playing computer games).

Table 2.28 shows the reported prevalence of physical activity levels for persons aged 19 years and over, by sex, age group and area of state. People with an intellectual disability were less likely to undertake sufficient time and number of sessions to meet the physical activity guidelines (21.7 per cent), compared with the general Victorian population (VPHS 2008) (60.3 per cent). A similar pattern was reported by sex, age group and area of state.

Table 2.28: Physical activity levels^a, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Sedentary	30.8	25.3	36.9	5.1	4.6	5.6
Insufficient time and/or sessions	11.5	8.4	15.7	27.5	26.3	28.7
Sufficient time and sessions	24.2	19.3	29.8	61.0	59.7	62.3
Females						
Sedentary	31.8	25.7	38.6	5.4	5.0	5.9
Insufficient time and/or sessions	15.7	11.2	21.6	27.3	26.3	28.2
Sufficient time and sessions	18.5	13.8	24.3	59.7	58.7	60.8
Age group (years)						
18–39						
Sedentary	31.0	26.17	36.19	2.7	2.3	3.2
Insufficient time and/or sessions	13.2	10.0	17.4	25.0	23.6	26.5
Sufficient time and sessions	24.0	19.7	28.9	66.5	64.9	68.1
40–59						
Sedentary	32.3	26.6	38.5	5.0	4.5	5.6
Insufficient time and/or sessions	12.4	8.8	17.2	26.9	25.8	28.1
Sufficient time and sessions	22.1	17.4	27.8	62.0	60.7	63.2
60+						
Sedentary	29.5	17.9	44.7	10.2	9.4	11.0
Insufficient time and/or sessions	15.4*	7.8	28.3	32.2	31.0	33.4
Sufficient time and sessions	16.8*	8.2	31.4	46.7	45.4	47.9
Area of state						
Metropolitan						
Sedentary	31.3	26.6	36.4	5.4	5.0	5.8
Insufficient time and/or sessions	13.6	10.0	18.1	27.8	26.9	28.8
Sufficient time and sessions	22.4	17.9	27.5	60.2	59.2	61.2
Rural						
Sedentary	30.2	23.2	38.3	5.1	4.5	5.7
Insufficient time and/or sessions	13.3	9.0	19.2	25.9	24.7	27.1
Sufficient time and sessions	20.8	15.4	27.5	60.5	59.1	61.9
Persons						
Sedentary	31.1	27.0	35.6	5.3	4.9	5.6
Insufficient time and/or sessions	13.5	10.6	16.9	27.4	26.6	28.2
Sufficient time and sessions	21.7	18.2	25.6	60.3	59.4	61.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Based on national guidelines (DoHA 1999) and excludes adults aged less than 19 years.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' or 'who were unable to walk without assistance' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows:

above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Eye health

People who experience changes to their vision should see a health professional for an eye examination as soon as possible. If people are over the age of 40, have diabetes, have a family history of eye disease, or are Aboriginal and/or Torres Strait Islander, they are advised to have regular eye examinations to help detect eye problems and allow for treatment at an early stage (DoHA 2010a). For more information, people should see a health professional, or visit their optometrist or ophthalmologist.

There is evidence to show that vision problems (e.g. refractive errors, strabismus, cataracts, and kerataconus) are more common among people with an intellectual disability than the rest of the population (Carvill 2001; Warburg 2001).

Proxy respondents were asked a series of questions about eye health of people with an intellectual disability including whether they had ever seen an eye specialist, the timing of their last visit, whether they had been diagnosed with a specific eye condition and whether they usually wore a hat or sunglasses when out in the sun.

Sun protective behaviour

Damage to the eye can occur from exposure to high levels of ultra violet (UV) radiation. Therefore, the risk of eye injury can be reduced by protecting the eyes or face when out in the sun.

Table 2.29 shows the proportion of persons who were reported to wear a hat or sunglasses when going out in the sun, by sex, age group and area of state. Almost four in ten (40.3 per cent) people with an intellectual disability usually wear sunglasses when out in the sun, lower than the general Victorian population (VPHS 2008) (74.0 per cent). A similar

pattern was reported by sex, age group and area of state. More than three quarters (77.7 per cent) of people with an intellectual disability usually wear a hat, when out in the sun, higher than the general Victorian population (VPHS 2008) (52.6 per cent). A similar pattern was reported by sex, age group and area of state.

Table 2.29: Sun protective behaviours, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Usually wear a hat	79.7	74.7	83.9	62.6	61.2	63.8
Usually wear sunglasses	38.4	32.8	44.4	68.0	66.7	69.2
Females						
Usually wear a hat	75.4	69.2	80.6	43.2	42.2	44.2
Usually wear sunglasses	41.9	35.2	49.0	79.7	78.8	80.6
Age group (years)						
18–39						
Usually wear a hat	76.3	71.4	80.6	41.4	39.9	43.0
Usually wear sunglasses	44.6	39.4	50.0	73.3	71.8	74.8
40–59						
Usually wear a hat	75.1	69.1	80.2	57.8	56.5	59.0
Usually wear sunglasses	36.7	30.7	43.2	78.3	77.3	79.4
60+						
Usually wear a hat	84.2	70.6	92.2	64.3	63.1	65.5
Usually wear sunglasses	38.0	24.9	53.1	68.7	67.5	69.9
Area of state						
Metropolitan						
Usually wear a hat	77.5	72.4	81.8	50.2	49.2	51.2
Usually wear sunglasses	40.2	34.7	46.0	73.5	72.5	74.4
Rural						
Usually wear a hat	78.1	71.7	83.5	59.5	58.1	61.0
Usually wear sunglasses	41.7	34.7	49.0	76.1	74.9	77.2
Persons						
Usually wear a hat	77.7	73.9	81.2	52.6	51.7	53.4
Usually wear sunglasses	40.3	35.8	44.9	74.0	73.2	74.8

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Vision impairment

Table 2.30 shows the proportion of people with an intellectual disability who have vision impairment, by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. Less than half (48.5 per cent) of all people with an intellectual disability were reported to have a vision impairment.

Table 2.30: Vision impairment, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
Yes	45.4	39.3	51.7
No	52.0	45.8	58.2
Females			
Yes	51.4	45.3	57.6
No	46.3	40.2	52.5
Age group (years)			
18–39			
Yes	41.4	36.21	46.77
No	55.9	50.5	61.2
40–59			
Yes	45.9	39.6	52.3
No	51.7	45.3	58.0
60+			
Yes	64.9	50.3	77.1
No	33.3	21.3	48.0
Area of state			
Metropolitan			
Yes	48.9	43.4	54.5
No	48.9	43.4	54.5
Rural			
Yes	47.3	40.0	54.7
No	49.8	42.4	57.1
Persons			
Yes	48.5	44.1	52.9
No	49.1	44.7	53.6

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Change in vision

In addition to protecting the face and eyes from exposure to UV radiation by wearing a hat and sunglasses, it is recommended that individuals who are at risk of specific eye conditions should have regular eye examinations to detect problems and allow for treatment at an early stage (DoHA 2010a). Individuals who have noticed a recent change in their vision are also advised to see a health professional or visit their eye specialist.

Table 2.31 shows the proportion of persons who had a change in their vision in the past 12 months, by sex, age group and area of state. More than one in ten (13.0 per cent) people with an intellectual disability had noticed a change in their vision in the past 12 months, lower than the general Victorian population (VPHS 2008) (41.0 per cent). A similar pattern was reported by sex, age group and area of state.

Table 2.31: Change in vision noticed in the past 12 months, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Yes	10.3	6.6	15.7	38.5	37.3	39.7
No	89.5	84.0	93.2	61.3	60.1	62.5
Females						
Yes	15.9	10.9	22.7	43.6	42.6	44.5
No	84.0	77.3	89.0	56.3	55.3	57.3
Age group (years)						
18–39						
Yes	7.9	5.4	11.3	24.0	22.6	25.4
No	92.2	88.8	94.6	75.8	74.4	77.2
40–59						
Yes	13.3	9.3	18.7	57.2	56.0	58.4
No	86.4	81.0	90.4	42.7	41.4	43.9
60+						
Yes	21.5*	11.0	37.7	46.8	45.5	48.0
No	78.3	62.1	88.8	52.9	51.6	54.2
Area of state						
Metropolitan						
Yes	12.3	8.6	17.3	41.1	40.2	42.1
No	87.6	82.6	91.3	58.7	57.7	59.6
Rural						
Yes	13.8	8.5	21.6	40.4	39.2	41.5
No	86.0	78.2	91.3	59.4	58.2	60.6
Persons						
Yes	13.0	9.7	17.1	41.0	40.3	41.8
No	86.9	82.7	90.1	58.8	58.0	59.6

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Use of eye care services

Table 2.32 shows the proportion of persons who had ever consulted an eye care specialist or attended an eye clinic, by sex, age group and area of state.

More than three quarters (76.9 per cent) of all people with an intellectual disability had ever consulted an eye care specialist or attended an eye clinic, similar to the general Victorian population (VPHS 2008) (77.7 per cent). A higher proportion of people aged 18 to 39 years with an intellectual disability had seen an eye care specialist or attended an eye clinic (75.9 per cent), than the same age group in the general Victorian population (VPHS 2008) (64.5 per cent). People aged 40 to 59 years (72.3 per cent) and 60 years and over (85.4 per cent) with an intellectual disability were less likely to see an eye care specialist or attend an eye clinic, compared with the general Victorian population (VPHS 2008) aged 40 to 59 years and 60 years and over (81.5 per cent and 95.3 per cent respectively).

Table 2.32: Ever consulted an eye care specialist or attended an eye clinic, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Yes	73.2	67.5	78.2	74.3	73.1	75.5
No	23.2	18.5	28.6	25.6	24.5	26.9
Females						
Yes	81.5	76.4	85.7	81.0	80.1	81.9
No	15.8	12.4	19.9	19.0	18.1	19.9
Age group (years)						
18–39						
Yes	75.9	70.9	80.2	64.5	62.8	66.0
No	22.9	18.6	27.8	35.5	33.9	37.1
40–59						
Yes	72.3	66.4	77.6	81.5	80.5	82.4
No	24.6	19.6	30.4	18.5	17.6	19.5
60+						
Yes	85.4	72.0	93.0	95.3	94.8	95.8
No	7.7*	2.8	19.5	4.7	4.2	5.2
Area of state						
Metropolitan						
Yes	76.6	71.8	80.8	77.7	76.7	78.5
No	19.5	16.3	23.2	22.3	21.4	23.2
Rural						
Yes	77.2	70.5	82.7	78.0	76.7	79.3
No	20.3	15.0	27.0	22.0	20.7	23.3
Persons						
Yes	76.9	73.1	80.3	77.7	76.9	78.4
No	19.9	16.9	23.3	22.3	21.6	23.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.33 shows the most recent visit to an eye care specialist or attendance at an eye clinic. The table shows that almost two in ten (19.9 per cent) people with an intellectual disability had never visited an eye care specialist or attended an eye clinic, similar to the general Victorian population (VPHS 2008) (22.3 per cent). People with an intellectual disability were more likely to have visited an eye care specialist or attended an eye clinic five years or more before the survey (12.0 per cent), compared with the general Victorian population (VPHS 2008) (8.3 per cent).

Selected eye conditions

People with an intellectual disability who had seen an eye care specialist or visited an eye clinic, were asked if they had ever had a cataract, glaucoma, macular degeneration or if they had diabetes and had been diagnosed with diabetic retinopathy.

Table 2.34 shows that less than one in ten (9.7 per cent) people with an intellectual disability had ever had a cataract, a further 4.1 per cent had glaucoma, and 0.9 per cent had macular degeneration, similar to the general Victorian population (VPHS 2008) (8.3 per cent, 2.3 per cent and 2.1 per cent respectively). The results for diabetic retinopathy were not reported due to the small number of people with an intellectual disability having this condition.

Table 2.33: Recency of last visit to eye specialist

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Never visited an eye care specialist/eye clinic	19.9	16.9	23.3	22.3	21.5	23.0
Less than six months ago	20.0	16.4	24.2	21.1	20.4	21.8
Between six months and one year ago	17.4	14.3	21.0	19.7	19.1	20.3
More than one year but less than two years ago	13.1	10.0	17.1	15.4	14.8	16.0
Two years but less than five years	11.1	8.3	14.8	13.0	12.5	13.6
Five years or more	12.0	10.0	14.4	8.3	7.7	8.8

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population.**

Table 2.34: Selected eye conditions

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Cataract	9.7	6.9	13.4	8.3	8.0	8.6
Glaucoma	4.1*	2.1	7.9	2.3	2.1	2.5
Macular degeneration	0.9*	0.4	1.9	2.1	1.9	2.4
Diabetic retinopathy(a)	**			0.6	0.5	0.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

a Only persons aged 18 years and over who reported they had been diagnosed with diabetes (excluding gestational) and had seen an eye care specialist or visited an eye clinic were asked whether they had been diagnosed with diabetic retinopathy.

95% CI = 95 per cent confidence interval. Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population.**

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Hearing impairment

The prevalence of hearing impairment among people with an intellectual disability is considerably higher than in the general population (Beange, Lennox & Parmenter et al. 2000; Evenhuis et al. 2001; van Schroyenstein Lantman-De Valk et al. 2000).

Table 2.35 shows the proportion of persons with a hearing impairment by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. Almost one in six (16.7 per cent) people with an intellectual disability had a hearing impairment. A higher proportion of people with an intellectual disability aged 60 years and over had impaired hearing (27.5 per cent) than people aged 18 to 39 years (11.9 per cent).

Table 2.35: Hearing impairment, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
Yes	17.1	12.8	22.4
No	80.4	74.5	85.2
Females			
Yes	15.9	11.0	22.4
No	82.2	75.6	87.3
Age group (years)			
18–39			
Yes	11.9	8.8	15.9
No	86.5	82.3	89.8
40–59			
Yes	15.1	11.1	20.3
No	83.4	78.1	87.7
60+			
Yes	27.5	16.3	42.5
No	68.6	53.2	80.7
Area of state			
Metropolitan			
Yes	17.0	12.8	22.3
No	81.9	76.6	86.2
Rural			
Yes	16.6	11.3	23.8
No	79.9	72.1	85.9
Persons			
Yes	16.7	13.3	20.8
No	81.2	76.9	84.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Health checks

The survey collected information about health checks from males and females aged 18 years and over. In particular, the survey asked about blood pressure checks, cholesterol checks, diabetes or high blood sugar (glucose) level checks and annual health reviews for people with an intellectual disability, in the past two years. A Medical Benefits Schedule item to cover an annual health review by a General Practitioner for a person with an intellectual disability was introduced in Australia in July 2007 (DoHA 2010e).

Blood pressure checks

High blood pressure, or hypertension, is an important risk factor for cardiovascular disease and the risk of disease increases with increasing blood pressure levels (AIHW 2004). There are several modifiable causes of high blood pressure including poor nutrition, especially a diet high in salt, low levels of physical activity, obesity and high levels of alcohol consumption. Adults are advised to have their blood pressure checked regularly.

Table 2.36 shows the proportion of persons who reported having had a blood pressure check in the past two years, by sex, age group and area of state. The table shows that 85.3 per cent of people with an intellectual disability had had a blood pressure check in the past two years, higher than the general Victorian population (VPHS 2008) (79.5 per cent). A similar pattern was reported for males, people aged 18 to 39 years, people aged 40 to 59 years and people living in the metropolitan area.

Table 2.36: Health checks, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Blood pressure check	86.1	82.8	88.9	75.6	74.4	76.8
Blood test for cholesterol	58.4	52.4	64.1	57.9	56.7	59.0
Test for diabetes or blood glucose check	62.1	56.3	67.7	51.2	50.0	52.4
Annual health review for people with an intellectual disability	45.5	39.3	51.7	..	..	..
Females						
Blood pressure check	85.1	79.2	89.5	83.5	82.6	84.3
Blood test for cholesterol	61.5	55.2	67.5	55.2	54.3	56.2
Test for diabetes or blood glucose check	65.4	58.9	71.3	53.4	52.4	54.4
Annual health review for people with an intellectual disability	47.1	40.2	54.1	..	..	..
Age group (years)						
18–39						
Blood pressure check	73.9	68.8	78.4	65.4	63.8	67.0
Blood test for cholesterol	38.3	33.3	43.6	29.4	28.0	30.8
Test for diabetes or blood glucose check	45.6	40.3	50.9	33.2	31.7	34.7
Annual health review for people with an intellectual disability	32.4	27.7	37.5	..	..	..
40–59						
Blood pressure check	93.4	89.5	95.9	85.4	84.5	86.3
Blood test for cholesterol	73.5	67.4	78.8	69.6	68.5	70.7
Test for diabetes or blood glucose check	75.3	69.3	80.4	59.3	58.0	60.5
Annual health review for people with an intellectual disability	55.1	48.7	61.5	..	..	..
60+						
Blood pressure check	93.3	76.8	98.3	95.5	95.0	96.0
Blood test for cholesterol	77.4	61.4	88.0	84.5	83.6	85.4
Test for diabetes or blood glucose check	77.8	62.1	88.2	75.3	74.2	76.3
Annual health review for people with an intellectual disability	56.8	41.3	71.1	..	..	..

Table 2.36 continued overleaf...

...Table 2.36 continued

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Area of state						
Metropolitan						
Blood pressure check	85.2	82.1	87.9	79.7	78.8	80.6
Blood test for cholesterol	60.5	55.3	65.4	57.7	56.8	58.6
Test for diabetes or blood glucose check	64.7	59.6	69.4	52.9	52.0	53.8
Annual health review for people with an intellectual disability	46.1	40.5	51.8	..	..	..
Rural						
Blood pressure check	86.0	79.1	90.9	79.0	77.7	80.3
Blood test for cholesterol	59.1	51.5	66.2	52.8	51.6	54.1
Test for diabetes or blood glucose check	62.1	54.5	69.2	50.7	49.4	52.0
Annual health review for people with an intellectual disability	45.8	38.1	53.8	..	..	..
Persons						
Blood pressure check	85.3	82.0	88.1	79.5	78.8	80.3
Blood test for cholesterol	59.9	55.5	64.0	56.5	55.7	57.2
Test for diabetes or blood glucose check	63.6	59.3	67.7	52.2	51.5	53.0
Annual health review for people with an intellectual disability	46.1	41.5	50.8	..	..	..

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

.. Data not available.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population except for age group.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Cholesterol checks

Elevated blood cholesterol is an important risk factor for coronary heart disease, stroke and peripheral vascular disease (AIHW 2004). Cholesterol checks are recommended for persons at high risk of disease, such as smokers, those with a significant family history of coronary heart disease (a first-degree relative affected at an age under 60 years), those who are overweight or obese, those who have hypertension and those aged 45 years and over (National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand 2001).

Table 2.36 shows the proportion of persons who had a blood cholesterol check in the past two years, by sex, age group and area of state. The data show that 59.9 per cent of people with an intellectual disability had a blood cholesterol check in the past two years, similar to the general Victorian population (VPHS 2008) (56.5 per cent). A similar pattern was reported by sex, area of state, and for people aged 40 to 59 years and 60 years and over.

Blood glucose checks

Blood glucose tests are used to detect the development of, or a predisposition to, diabetes mellitus. Individuals at-risk of the disease are advised to have their blood glucose levels checked periodically. At-risk groups include persons who are physically inactive, overweight or obese persons, those with high total cholesterol and those with high blood pressure (AIHW 2008).

Table 2.36 shows the proportion of persons who had a test for diabetes or a blood glucose check in the past two years, by sex, age group and area of state. The data show that 63.6 per cent of people with an intellectual disability had their blood glucose checked in the past two years, higher than the general Victorian population (VPHS 2008) (52.2 per cent). A similar pattern was reported by sex, age group and area of state, except for people aged 60 years and over. The proportion of people aged 18 to 39 years with an intellectual disability, who had their blood glucose checked in the past two years, was lower than the other two age groups.

Annual health review for people with an intellectual disability

A health assessment for people with an intellectual disability provides a structured clinical framework for medical practitioners to comprehensively assess the physical, psychological and social function of patients with an intellectual disability and to identify any medical intervention and preventive health care required.

The Comprehensive Health Assessment Program (CHAP) has been developed by the Queensland Centre for Intellectual and Developmental Disability to promote annual health reviews for a person with an intellectual disability by their General Practitioner. Tools such as the CHAP help to draw the attention of GPs to the health needs of people with an intellectual disability and have been shown to increase health promotion, disease prevention and case-finding activity (Lennox et al. 2007).

Table 2.36 shows the proportion of people with an intellectual disability who had an annual health review in the past two years, by sex, age group and area of state. In the past two years 46.1 per cent of people with an intellectual disability reported having an annual health review. The proportion of people aged 18 to 39 years with an intellectual disability who had had an annual health review in the past two years, was lower (32.4 per cent) than the other two age groups (55.1 per cent for the 40 to 59 year age group and 56.8 per cent for the 60 years and over age group).

Cancer screening

The survey included a series of questions about screening for bowel, skin, prostate, cervical and breast cancer. In particular, information was collected about bowel cancer screening by males and females aged 50 years and over, skin examination for lesions/cancers, prostate cancer screening by males 40 years and over, participation in cervical cancer screening (Pap test) by females aged 18 years and over, and participation in breast cancer screening (mammogram) by females aged 50 years and over.

Bowel cancer screening

Bowel (colon and rectum) cancer was the second most common new cancer in Victoria in 2006, with 3,516 new cases diagnosed which is 14 per cent of all cancers (Cancer Council Victoria 2009).

Bowel cancer can be treated successfully if detected in its early stages, but currently, less than 40 per cent of bowel cancers are detected early (DoHA 2010b).

The survey asked respondents aged 50 years and over whether they had had a bowel examination to detect bowel cancer in the past two years. Table 2.37 shows the proportion of persons, aged 50 years and over, who had a test to detect bowel cancer in the past two years, by sex and area of state. The table shows that almost one in four (25.6 per cent) people with an intellectual disability had a test to detect bowel cancer, similar to the general Victorian population (VPHS 2008) (29.4 per cent).

Table 2.37: Test to detect bowel cancer in the past two years^{a,b}, by sex and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males	27.0	17.7	38.9	33.5	31.9	35.0
Females	24.5	15.1	37.1	25.6	24.4	26.7
Area of state						
Metropolitan	20.3	13.3	29.8	29.1	27.8	30.3
Rural	33.7	21.1	49.2	30.0	28.7	31.3
Persons	25.6	18.8	34.0	29.4	28.4	30.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Only respondents aged 50 years and over were asked whether they had had a test for bowel cancer in the past two years.

^b Based on persons for whom a bowel examination to detect bowel cancer was applicable at the time of the survey for the VPHS 2008 only.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

Skin examination for lesions/ cancers

The survey asked proxy respondents whether the people with an intellectual disability had had a skin examination to detect lesions/cancers in the past two years. Table 2.38 shows the proportion of persons, who had a skin examination to detect lesions/cancers in the past two years, by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. Results show 36.6 per cent of people with an intellectual disability had had a skin examination to detect lesions/cancers. People with an intellectual disability aged 18 to 39 years were less likely (21.2 per cent) to have had a skin examination to detect lesions/cancers, compared with other age groups (43.4 per cent for people aged 40 to 59 years and 53.6 per cent for people aged 60 years and over).

Table 2.38: Skin examination for lesions/cancers in the past two years, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males	33.2	27.7	39.3
Females	40.6	34.0	47.5
Age group (years)			
18–39	21.2	17.2	25.7
40–59	43.4	37.3	49.7
60+	53.6	38.7	67.9
Area of state			
Metropolitan	36.4	31.2	42.1
Rural	36.4	29.3	44.2
Persons	36.6	32.3	41.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Prostate cancer screening

Prostate cancer is the most common cancer among Australians after skin cancers and the second-leading cause of cancer death after lung cancer. There were 4,240 new cases of prostate cancer in Victoria in 2006 (Cancer Council Victoria 2009).

The survey asked proxy respondents, on behalf of males aged 40 years and over whether they had ever been screened for prostate cancer and, if so, whether they had been screened in the past two years.

Table 2.39 shows the proportion of males who had a test to detect prostate cancer in the past two years, by area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. A third (33.8 per cent) of males with an intellectual disability had been tested for prostate cancer.

Table 2.39: Test to detect prostate cancer in the past two years^a, by area of state

Area of state	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Metropolitan	41.0	30.7	52.1
Rural	21.4	13.0	33.2
Males (40 years and over)	33.8	25.6	43.0

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

^a Only males aged 40 years and over were asked whether they had had a test for prostate cancer in the past two years.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Cervical cancer screening

There were 160 new cases of cancer of the cervix in Victoria in 2006 (Cancer Council Victoria 2009). Cervical cancer can be treated successfully if detected in its early stages. The National Cervical Screening Program aims to reduce the burden of cervical cancer, through early detection of disease and an organised approach to screening (DoHA 2010c). The program encourages women in the target population to have regular Pap tests. The national policy provides guidelines about which women need screening and how often Pap tests should be taken.

The target population for the program includes all women who have ever been sexually active. The National Cervical Screening Program recommends that screening begins between the ages of 18 to 20 years, or one or two years after first sexual intercourse, whichever is later; and ends at age 69 years for women who have had two normal Pap tests within the last five years. The policy recommends that women over 70 years who have never had a Pap test, or who request a Pap test, should be screened. Pap tests are recommended for all females in the target population, every two years, including those who have been vaccinated against several types of human papilloma virus (HPV). The survey asked all female respondents whether they had had a Pap test within the last two years.

Table 2.40 shows females with an intellectual disability who had a Pap test in the past two years, by age group and area of state. The total in the table is based on responses for females with an intellectual disability aged 20 to 69 years. The table shows that 14.8 per cent of females with an intellectual disability had had a Pap test in the past two years, lower than females from the general Victorian population (VPHS 2008) (71.1 per cent).

Table 2.40: Had a Pap test in the past two years^a, by age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Age group (years)						
20–39	9.8	5.9	15.7	68.8	66.8	70.8
40–59	19.7	12.8	29.1	76.3	74.9	77.6
60–69	**			66.4	63.4	69.2
Area of state						
Metropolitan	10.2	6.5	15.4	71.2	69.9	72.5
Rural	21.4	13.3	32.8	71.4	69.7	73.2
Females (20–69 years)	14.8	10.3	20.8	71.1	70.0	72.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Female survey participants were able to select 'not applicable' as a response to this question. They have been excluded from the denominator when calculating estimates for the VPHS 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Breast cancer screening

Breast cancer was the third most common new cancer in Victoria in 2006, accounting for 13 per cent (3,182) of new cases and 28 per cent of all cancers in women (Cancer Council Victoria 2009). The BreastScreen Australia Program actively recruits and screens women aged 50 to 69 years (DoHA 2010d). More specifically, BreastScreen Australia is targeted at well women *without* symptoms aged 50 to 69 years, although women aged 40 to 49 years and 70 years and over are able to be screened. The survey asked if females with an intellectual disability aged 50 years and over had had a mammogram in the past two years.

Table 2.41 shows the proportion of females aged 50 to 69 years with an intellectual disability who had had a mammogram in the past two years, by area of state. More than half (55.2 per cent) of females with an intellectual disability had had a mammogram in the past two years, lower than females from the general Victorian population (VPHS 2008) (75.9 per cent).

Table 2.41: Had a mammogram in the past two years^a, by area of state

Area of state	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Metropolitan	52.2	36.0	68.0	76.5	74.6	78.2
Rural	58.5	36.8	77.3	74.4	72.3	76.3
Females (50–69 years)	55.2	42.4	67.3	75.9	74.5	77.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Female survey participants were able to select 'not applicable' as a response to this question. They have been excluded from the denominator when calculating estimates for VPHS 2008

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

Medicine use and polypharmacy

Medicine use

Table 2.42 shows the proportion of people taking prescribed medicine in the past two weeks, by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison was made. More than three out of four (76.5 per cent) people with an intellectual disability had had a prescribed medicine in the past two weeks.

Table 2.42: Proportion of persons using medicines in the past two weeks, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
Yes	73.2	67.4	78.2
No	22.7	19.1	26.7
Females			
Yes	81.4	74.8	86.6
No	15.2	10.7	21.1
Age group (years)			
18–39			
Yes	69.4	64.11	74.18
No	30.3	25.5	35.5
40–59			
Yes	80.9	75.1	85.5
No	15.5	11.4	20.8
60+			
Yes	82.4	66.0	91.8
No	**		
Area of state			
Metropolitan			
Yes	79.6	75.6	83.2
No	17.8	14.9	21.2
Rural			
Yes	72.1	63.9	79.0
No	22.7	16.7	30.0
Persons			
Yes	76.5	72.2	80.3
No	19.8	16.6	23.4

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Polypharmacy

Polypharmacy is defined as the concurrent use of five or more prescribed medicines (Haider 2009). Table 2.43 shows the proportion of people exposed to polypharmacy in the past two weeks, by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. Almost two out of ten (19.9 per cent) people with an intellectual disability were exposed to polypharmacy in the past two weeks.

Polypharmacy and level of intellectual disability

Table 2.44 shows the proportion of people exposed to polypharmacy in the past two weeks, by level of intellectual disability. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. Less than four in ten (37.0 per cent) people with a profound level of intellectual disability were exposed to polypharmacy in the past two weeks. While two out of ten people reported to have a moderate (20.6 per cent) or severe (20.5 per cent) level of intellectual disability were exposed to polypharmacy over the same period.

Table 2.43: Prevalence of polypharmacy^a, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
Yes	19.9	15.1	25.7
No	75.9	70.0	81.0
Females			
Yes	20.6	16.0	26.1
No	76.0	69.9	81.2
Age group (years)			
18–39			
Yes	13.3	10.11	17.2
No	86.4	82.4	89.6
40–59			
Yes	22.4	17.8	27.8
No	73.9	68.1	79.0
60+			
Yes	27.8	17.1	41.7
No	62.3	47.4	75.3
Area of state			
Metropolitan			
Yes	20.7	16.6	25.5
No	76.7	71.6	81.1
Rural			
Yes	18.4	13.0	25.5
No	76.3	68.6	82.5
Persons			
Yes	19.9	16.5	23.8
No	76.3	72.0	80.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

^a Use of five or more medicines in the past two weeks.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Table 2.44: Prevalence of polypharmacy^a, by level of disability

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Mild	14.4	9.3	21.7
Moderate	20.6	15.5	26.9
Severe	20.5	14.1	28.9
Profound	37.0	22.3	54.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

^a Use of five or more medicines in the past two weeks.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

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3. Reported health status and selected health conditions



3. Reported health status and selected health conditions

Self-reported health status has been shown to be a reliable predictor of ill-health, future health care use and premature mortality, independent of other medical, behavioural or psychosocial risk factors (Burstrom & Fredlund 2001; Idler & Benyami 1997; Miilunpalo, Vuori & Oja 1997).

Proxy respondents were asked to summarise the overall health status of people with an intellectual disability by indicating whether, in general, their health was excellent, very good, good, fair or poor.

Proxy respondents were also asked whether people with an intellectual disability had at any time in their life been told by a doctor that they had any of the following conditions: heart disease, stroke, cancer, osteoporosis, arthritis, depression or epilepsy.

Survey results

Reported health status

- The health status of approximately three out of four (75.6 per cent) people with an intellectual disability aged 18 years and over was reported as being excellent, very good or good, similar to the general population (81.5 per cent) (VPHS 2008).
- Almost one in four (24.4 per cent) people with an intellectual disability were reported to be in fair or poor health, higher than the general Victorian population (VPHS 2008) (18.3 per cent).
- The health status of males with an intellectual disability was more likely to be reported as poor (7.0 per cent), compared with males in the general Victorian population (VPHS 2008) (3.4 per cent). The health status of females with an intellectual disability was less likely to be reported as excellent (8.0 per cent), compared with females in the general Victorian population (VPHS 2008) (12.0 per cent).
- A higher proportion of people with an intellectual disability aged 18 to 39 years were reported to be in poor health (5.6 per cent) and a lower proportion were reported to be in good health (31.6 per cent), compared with the same age groups in the general Victorian population (VPHS 2008) (2.2 per cent and 39.7 per cent respectively).
- People with an intellectual disability from the metropolitan area were more likely to be reported as being in poor health (6.6 per cent), compared with the general metropolitan Victorian population (VPHS 2008) (3.6 per cent).

Selected health conditions

- The prevalence of heart disease (8.6 per cent), stroke (2.0 per cent), cancer (4.6 per cent) and osteoporosis (6.9 per cent) were similar for people with an intellectual disability and the general Victorian population (VPHS 2008) (6.7 per cent, 2.5 per cent, 6.6 per cent and 4.8 per cent respectively) but occurred at a younger age.
- The prevalence of people with an intellectual disability having ever been told by a doctor that they had arthritis was 13.9 per cent, lower than the general Victorian population (VPHS 2008) (20.2 per cent).

- The prevalence of arthritis for people with an intellectual disability living in rural areas was lower (13.1 per cent), compared with the general Victorian rural population (VPHS 2008) (21.6 per cent).
- People with an intellectual disability were more likely to have ever been told by a doctor they had depression (30.4 per cent), compared with the general Victorian population (VPHS 2008) (19.9 per cent). People with an intellectual disability living in the metropolitan area had a higher prevalence of depression (32.9 per cent), compared with the general Victorian metropolitan population (VPHS 2008) (19.2 per cent).

Reported health status

The health status of approximately three out of four (75.6 per cent) people with an intellectual disability aged 18 years and over was reported as being excellent, very good or good. Table 3.1, figures 3.1 and 3.2 show that similar proportions of the general Victorian population (VPHS 2008) reported their health status as being excellent, very good or good (81.5 per cent). The health status of almost one in four (24.4 per cent) people with an intellectual disability aged 18 years and over was reported to be fair or poor, higher than the general Victorian population (VPHS 2008) (18.3 per cent) (table 3.1).

Figure 3.1: Reported health status

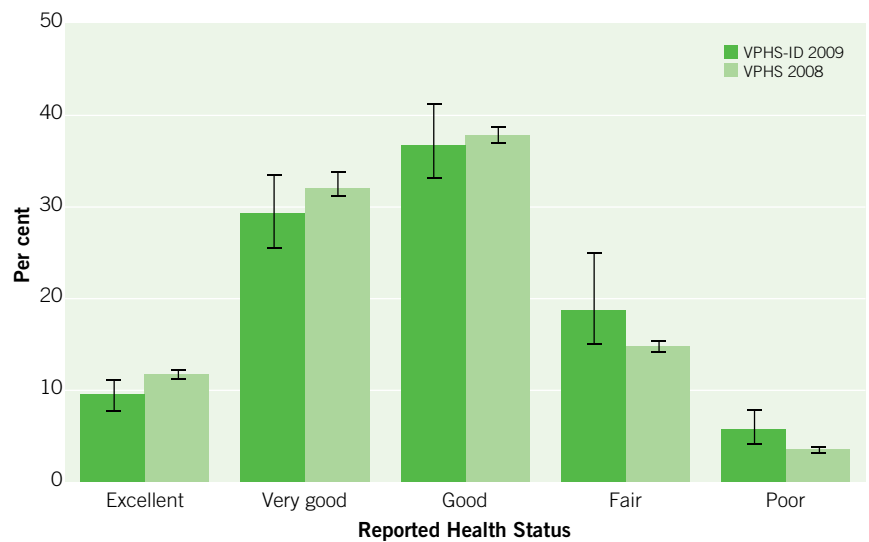
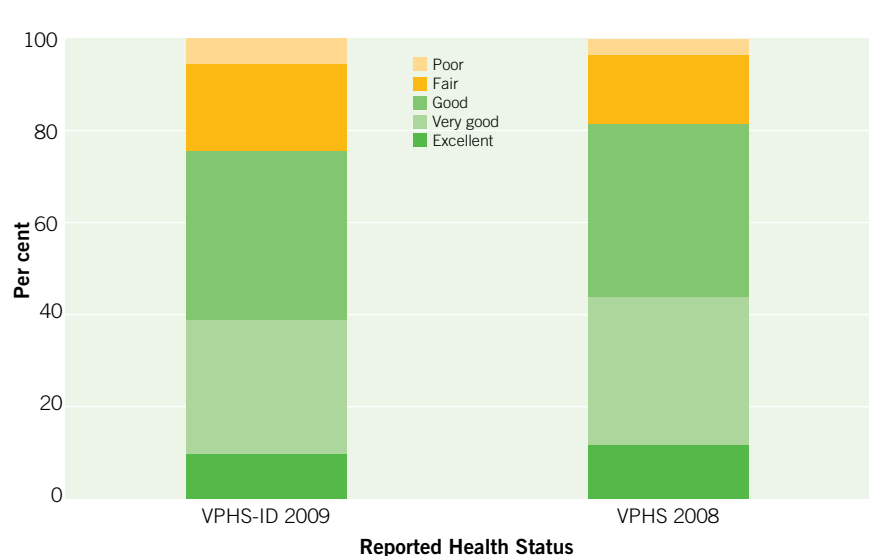


Figure 3.2: Reported health status



Reported health status by sex

Table 3.1, figures 3.3 and 3.4 show reported health status by sex. A higher proportion of males with an intellectual disability were reported to have poor health (7.0 per cent), compared with males in the general Victorian population (VPHS 2008) (3.4 per cent). Females with an intellectual disability were less likely to be reported as having excellent health (8.0 per cent), compared with females in the general Victorian population (VPHS 2008) (12.0 per cent). A higher proportion of females with an intellectual disability were reported as having fair health (23.4 per cent), compared with females from the general Victorian population (VPHS 2008) (13.9 per cent).

Table 3.1: Reported health, by sex

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males						
Excellent	10.8	8.2	14.0	11.2	10.4	12.1
Very good	29.8	25.0	35.1	30.2	28.9	31.4
Good	37.9	32.1	44.1	39.2	37.9	40.6
Fair	14.5	10.4	19.8	15.8	14.9	16.8
Poor	7.0	4.5	10.9	3.4	3.0	3.8
Females						
Excellent	8.0	5.8	11.1	12.0	11.4	12.7
Very good	28.4	22.6	35.0	33.8	32.8	34.9
Good	35.8	29.4	42.7	36.4	35.4	37.5
Fair	23.4	17.8	30.2	13.9	13.1	14.6
Poor	4.3	2.6	7.2	3.7	3.3	4.1
Persons						
Excellent	9.6	7.7	11.8	11.7	11.1	12.2
Very good	29.3	25.5	33.5	32.0	31.2	32.9
Good	36.7	32.2	41.3	37.8	36.9	38.6
Fair	18.7	15.1	23.0	14.8	14.2	15.4
Poor	5.7	4.1	7.9	3.5	3.2	3.8

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/below **general Victorian population**.

Figure 3.3: Reported health status, males

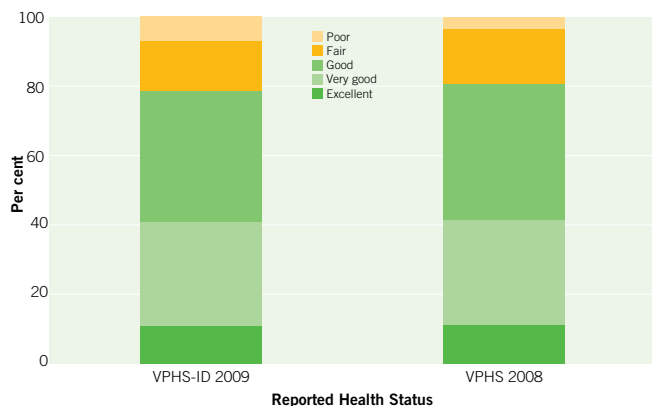
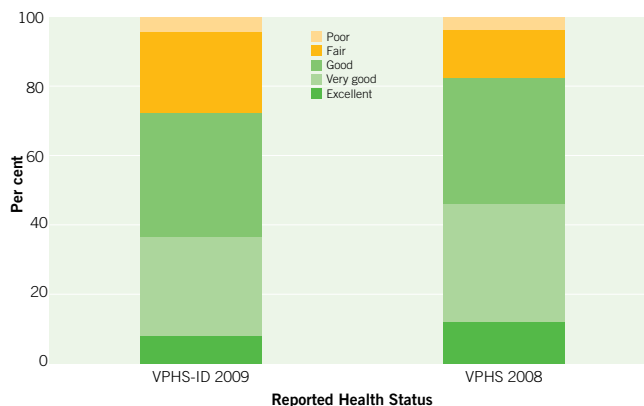


Figure 3.4: Reported health status, females



Reported health status by age group

Table 3.2 shows reported health status by age group. A higher proportion of people with an intellectual disability aged 18 to 39 years (5.6 per cent) were reported to be in poor health, compared with the same age group in the general Victorian population (VPHS 2008) (2.2 per cent). A lower proportion of people with an intellectual disability aged 18 to 39 years (31.6 per cent) were reported to be in good health, compared with the same age group in the general Victorian population (VPHS 2008) (39.7 per cent).

Table 3.2: Reported health, by age group

Age group (years)	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18–39						
Excellent	13.8	10.5	18.0	10.5	9.6	11.6
Very good	31.5	26.7	36.7	34.7	33.1	36.3
Good	31.6	26.8	36.8	39.7	38.1	41.4
Fair	17.4	13.7	21.9	12.8	11.7	13.9
Poor	5.6	3.6	8.6	2.2	1.8	2.7
40–59						
Excellent	9.0	6.2	12.7	12.6	11.8	13.4
Very good	33.4	27.6	39.7	30.7	29.6	31.9
Good	37.8	31.9	44.2	37.2	36.0	38.4
Fair	12.9	9.3	17.7	15.4	14.5	16.4
Poor	6.9	4.2	11.1	3.9	3.4	4.4
60+						
Excellent	**			12.2	11.4	13.1
Very good	19.4*	10.2	33.7	29.3	28.2	30.5
Good	43.8	29.9	58.8	35.2	34.0	36.4
Fair	29.7	17.8	45.3	17.4	16.5	18.4
Poor	4.0	1.2	13.1	5.2	4.7	5.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Reported health status by area of state

Table 3.3 shows reported health status by area of state. A higher proportion of people with an intellectual disability from the metropolitan area (6.6 per cent) were reported to be in poor health, compared with the general rural Victorian population (VPHS 2008) (3.6 per cent).

Table 3.3: Reported health, by area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Metropolitan						
Excellent	10.4	8.1	13.3	12.0	11.4	12.7
Very good	26.8	21.9	32.2	31.6	30.6	32.6
Good	36.8	31.5	42.4	37.6	36.6	38.6
Fair	19.4	15.0	24.8	14.9	14.2	15.7
Poor	6.6	4.3	9.9	3.6	3.2	4.0
Rural						
Excellent	8.1	5.5	11.9	10.5	9.7	11.4
Very good	34.2	28.0	41.0	32.8	31.5	34.3
Good	35.4	28.3	43.2	38.6	37.1	40.0
Fair	17.7	12.0	25.3	14.7	13.7	15.7
Poor	4.5*	2.5	8.2	3.3	2.9	3.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Selected health conditions

Heart Disease

In 2009, 8.6 per cent of people with an intellectual disability had ever been told by a doctor that they had heart disease, similar to the general Victorian population (VPHS 2008) (6.7 per cent) (table 3.4). Females with an intellectual disability were more likely to have heart disease (11.3 per cent), compared with females from the general Victorian population (VPHS 2008) (5.2 per cent). A higher proportion of people with an intellectual disability aged 18 to 39 years (8.1 per cent) had heart disease, compared with the same age group in the general Victorian population (VPHS 2008) (0.7 per cent) (table 3.5). There was no difference in the prevalence of doctor-diagnosed heart disease by area of state between people with an intellectual disability and the general Victorian population (VPHS 2008) (table 3.6).

Stroke

In 2009, 2.0 per cent of people with an intellectual disability had ever been told by a doctor that they had experienced a stroke, similar to the general Victorian population (VPHS 2008) (2.5 per cent) (table 3.4). A higher proportion of people with an intellectual disability aged 18 to 39 years (2.9 per cent) had experienced a stroke, compared with the same age group in the general Victorian population (VPHS 2008) (0.4 per cent) (table 3.5). There was no difference in the prevalence of doctor-diagnosed stroke, by sex (table 3.4) and area of state (table 3.6) between people with an intellectual disability and the general Victorian population (VPHS 2008).

Cancer

The prevalence of having ever been diagnosed with cancer was 4.6 per cent for people with an intellectual disability, similar to the general Victorian population (VPHS 2008) (6.6 per cent) (table 3.4). There was no difference in the prevalence of doctor-diagnosed cancer by sex, age group and area of state between people with an intellectual disability and the general Victorian population (VPHS 2008) (tables 3.4, 3.5 and 3.6).

Osteoporosis

Internationally, the prevalence of osteoporosis has been shown to be high among people with a developmental disability (Center, Beange & McElduff 1998). In Victoria, the prevalence of having ever been diagnosed with osteoporosis was 6.9 per cent for people with an intellectual disability, similar to the general Victorian population (VPHS 2008) (4.8 per cent) (table 3.4). Males with an intellectual disability were more likely to have osteoporosis (4.5 per cent), compared with males in the general Victorian population (VPHS 2008) (2.2 per cent) (table 3.4). A higher proportion of people with an intellectual disability aged 18 to 39 years (3.4 per cent) and 40 to 59 years (8.5 per cent) had ever been diagnosed with osteoporosis, compared with the same age groups in the general Victorian population (VPHS 2008) (0.2 per cent and 3.7 per cent respectively) (table 3.5). There was no difference in the prevalence of doctor-diagnosed osteoporosis by area of state between people with an intellectual disability and the general Victorian population (VPHS 2008) (table 3.6).

Arthritis

A survey from Wales has shown that people with an intellectual disability have lower levels of arthritis, compared with the general population (Welsh Office 1995).

Approximately one in seven (13.9 per cent) people with an intellectual disability aged 18 years and over had ever been diagnosed with arthritis, lower than the proportion of the general Victorian population (VPHS 2008) (20.2 per cent) (table 3.4). There was no difference between people with an intellectual disability and the general Victorian population (VPHS 2008) in the prevalence of arthritis for either sex (table 3.4). People with an intellectual disability aged 60 years and over were less likely to have ever been diagnosed with arthritis (25.7 per cent), compared with the same age group in the general Victorian population (VPHS 2008) (49.9 per cent) (table 3.5). The prevalence of arthritis for people with an intellectual disability living in rural areas was lower (13.1 per cent), compared with the general Victorian rural population (21.6 per cent) (table 3.6).

Depression

Almost a third (30.4 per cent) of people with an intellectual disability aged 18 years and over had ever been diagnosed with depression (table 3.4), higher than the general Victorian population (VPHS 2008) (19.9 per cent). Males with an intellectual disability were more likely to have ever had depression (33.5 per cent) than males in the general Victorian population (VPHS 2008) (15.0 per cent). A higher proportion of people with an intellectual disability aged 18 to 39 years (31.2 per cent) and 40 to 59 years (31.2 per cent)

had ever been diagnosed with depression, compared with the same age groups in the general Victorian population (VPHS 2008) (19.0 per cent and 22.6 per cent respectively) (table 3.5). The prevalence of depression for people with an intellectual disability living in the metropolitan area was higher (32.9 per cent), than the general Victorian metropolitan population (19.2 per cent) (table 3.6).

Epilepsy

Epilepsy is a common neurological condition affecting up to one to two per cent of the population (Epilepsy Action Australia 2010). People with an intellectual disability have a significantly increased lifetime risk of developing epilepsy (Corbett 1988). There is a relationship with higher prevalence of epilepsy and increasing severity of disability.

Over a quarter (28.3 per cent) of people with an intellectual disability aged 18 years and over had ever been diagnosed with epilepsy (table 3.4). One in four males (24.3 per cent) and one in three females (33.5 per cent) with an intellectual disability had epilepsy. One in four (24.9 per cent) people with an intellectual disability from the metropolitan area and one in three (33.2 per cent) people with an intellectual disability from rural areas had epilepsy (table 3.6).

Figure 3.5: Reported prevalence of selected health conditions

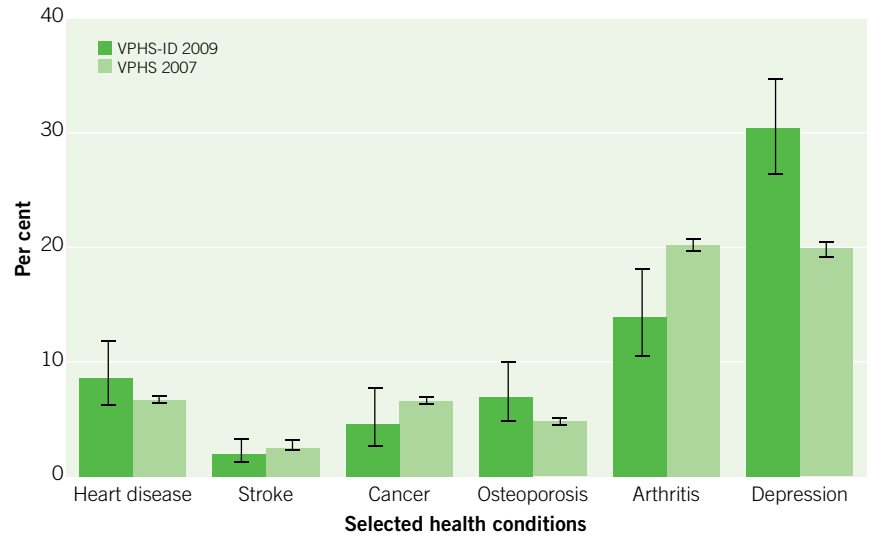


Table 3.4: Selected health conditions, by sex

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males						
Heart disease	6.4	4.0	10.1	8.3	7.8	8.9
Stroke	2.1*	1.1	4.0	2.8	2.5	3.2
Cancer	4.6*	2.1	9.9	6.1	5.6	6.6
Osteoporosis	4.5	2.8	7.0	2.2	1.9	2.5
Arthritis	11.7	7.7	17.3	16.6	15.9	17.4
Depression	33.5	27.7	39.7	15.0	14.1	16.0
Epilepsy	24.3	19.5	29.8	..	..	..
Females						
Heart disease	11.3	7.3	17.0	5.2	4.9	5.6
Stroke	2.1*	1.0	2.4	2.3	2.0	2.5
Cancer	4.7*	2.3	9.4	7.1	6.6	7.5
Osteoporosis	9.6	5.9	15.4	7.0	6.7	7.5
Arthritis	16.5	11.4	23.3	23.5	22.8	24.1
Depression	27.8	22.8	33.4	24.5	23.6	25.4
Epilepsy	33.5	27.2	40.3	..	..	..
Persons						
Heart disease	8.6	6.2	11.8	6.7	6.3	7.0
Stroke	2.0	1.3	3.3	2.5	2.3	2.8
Cancer	4.6*	2.7	7.7	6.6	6.2	6.9
Osteoporosis	6.9	4.8	10.0	4.8	4.5	5.1
Arthritis	13.9	10.5	18.1	20.2	19.7	20.7
Depression	30.4	26.4	34.7	19.9	19.2	20.5
Epilepsy	28.3	24.3	32.7	..	..	..

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

.. Data not available. 95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 3.5: Selected health conditions, by age group

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18–39						
Heart disease	8.1	5.6	11.5	0.7	0.5	1.0
Stroke	2.9*	1.6	5.3	0.4	0.2	0.5
Cancer	**			1.3	1.0	1.7
Osteoporosis	3.4*	1.9	5.8	0.2	0.2	0.4
Arthritis	5.6	3.6	8.6	3.7	3.2	4.3
Depression	31.2	26.5	36.4	19.0	17.8	20.3
Epilepsy	31.3	26.6	36.5	..	..	..
40–59						
Heart disease	7.1	4.4	11.1	4.6	4.1	5.2
Stroke	**			1.8	1.5	2.1
Cancer	5.5*	3.2	9.4	6.2	5.6	6.8
Osteoporosis	8.5	5.4	13.0	3.7	3.3	4.2
Arthritis	15.8	11.4	21.4	19.9	18.9	20.9
Depression	31.2	26.5	36.4	22.6	21.6	23.6
Epilepsy	27.3	22.2	33.0	..	..	..
60+						
Heart disease	11.8*	5.0	25.4	20.1	19.1	21.2
Stroke	**			7.5	6.9	8.3
Cancer	10.4*	4.1	23.9	16.4	15.5	17.4
Osteoporosis	10.9*	4.6	23.7	14.3	13.5	15.2
Arthritis	25.7*	14.4	41.5	49.9	48.6	51.1
Depression	26.0	15.3	40.4	17.2	16.3	18.2
Epilepsy	24.7*	13.7	40.4	..	..	..

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

.. Data not available.

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 3.6: Selected health conditions, by area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Metropolitan						
Heart disease	9.2	6.1	13.5	6.5	6.1	6.9
Stroke	**			2.5	2.2	2.8
Cancer	4.5*	2.4	8.3	6.4	6.0	6.8
Osteoporosis	7.3*	4.6	11.2	4.8	4.5	5.2
Arthritis	14.2	10.2	19.4	19.7	19.1	20.4
Depression	32.9	27.7	38.5	19.2	18.4	20.0
Epilepsy	24.9	20.7	29.7	..	..	..
Rural						
Heart disease	7.7	4.3	13.5	7.2	6.7	7.7
Stroke	2.7	1.6	4.6	2.7	2.4	3.0
Cancer	4.7*	1.9	11.2	7.1	6.6	7.6
Osteoporosis	6.4*	3.3	12.3	4.7	4.4	5.0
Arthritis	13.1	8.0	20.8	21.6	20.9	22.4
Depression	27.0	21.1	33.8	22.0	20.8	23.2
Epilepsy	33.2	26.2	41.1	..	..	..

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

.. Data not available.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

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4. Body weight status



4. Body weight status

There is an association between being obese or overweight and significantly reduced life expectancy and increased health needs. Being obese or overweight is also an independent risk factor for chronic disease. Adults with an intellectual disability are more likely to be obese than the general population. Obesity is included in the internationally agreed health indicators for adults with intellectual disabilities (Melville et al. 2007).

The body mass index (BMI) provides a measure of weight in relation to height and can be used to estimate levels of unhealthy weight in a population. It is calculated as weight in kilograms divided by height in metres squared:

$$\text{BMI} = \text{weight (kg)} / \text{height squared (m}^2\text{)}$$

The World Health Organization classifies adult body weight status based on the following BMI scores:

BMI score	Body weight category
<18.5	Underweight
18.5–24.9	Normal weight
25.0–29.9	Overweight
30.0–34.9	Obese class I
35.0–39.9	Obese class II
≥40.0	Obese class III

(WHO 2000)

Proxy respondents were asked to report the height and weight for the person with an intellectual disability and the formula described above was used to calculate their BMI.

It is important to note that studies comparing self-reported height and weight with actual physical measurements have shown that people tend to underestimate their weight and overestimate their height, resulting in an underestimation of their BMI. Some studies have reported under estimation of weight in proxy-reported data. However, the pilot study of the Victorian Population Health Survey of People with an Intellectual Disability showed that the proxy reported weight was a valid measure of actual weight (Iacono et al. 2008). Of further note is that BMI cannot distinguish between body fat and muscle. Therefore, an individual who is very muscular with low body fat could have a high BMI and be classified as being obese.

Survey results

- Almost half of all people aged 18 years and over with an intellectual disability (54.7 per cent) were either overweight or obese (28.0 per cent were overweight and 26.7 per cent were obese), higher than the general Victorian population (VPHS 2008) (48.6 per cent).
- People with an intellectual disability were less likely to be normal weight (29.6 per cent) compared with the general Victorian population (VPHS 2008) (43.5 per cent).
- A higher proportion of people with an intellectual disability (3.7 per cent) were underweight, compared with the general Victorian population (VPHS 2008) (2.2 per cent).
- The proportions of males with an intellectual disability who were either underweight (3.4 per cent) or obese (23.2 per cent) were higher than the corresponding proportions for males from the general Victorian population (VPHS 2008) (0.9 per cent and 17.3 per cent respectively), however, the proportions of males with an intellectual disability who were either normal weight (28.5 per cent) or overweight (31.4 per cent) were lower than the corresponding proportions for males from the general Victorian population (VPHS 2008) (38.6 per cent and 39.9 per cent).
- Obesity was more prevalent among people with an intellectual disability aged 18 to 39 years and 40 to 59 years (25.5 per cent and 30.4 per cent respectively), compared with the same age groups from the general Victorian population (VPHS 2008) (11.8 per cent and 21.3 per cent respectively).
- The proportion of all people with an intellectual disability who were classified as Class II obese (BMI 35.0 to 39.9) was 7.4 per cent and 4.7 per cent were classified as Class III obese (BMI 40.0 and over), which was higher than the corresponding proportions in the general Victorian population (VPHS 2008) (3.4 per cent and 1.7 per cent respectively).
- A higher proportion of people with an intellectual disability from rural and metropolitan areas were obese (30.6 per cent and 24.0 per cent), compared with the rural and metropolitan general Victorian populations (19.8 per cent and 15.7 per cent respectively).

Table 4.1 and figure 4.1 show body weight status for people with an intellectual disability.

Over half (54.7 per cent) of all people aged 18 years and over with an intellectual disability were overweight or obese (28.0 per cent were overweight and 26.7 per cent were obese), which was higher than the general Victorian population (VPHS 2008) (48.6 per cent) (table 4.1 and 4.5). People with an intellectual disability were less likely to be normal weight (29.6 per cent), compared with the general Victorian population (VPHS 2008) (43.5 per cent). The proportion of persons who were underweight was higher for people with an intellectual disability (3.7 per cent), compared with the general Victorian population (VPHS 2008) (2.2 per cent).

Figure 4.1: Reported body weight status

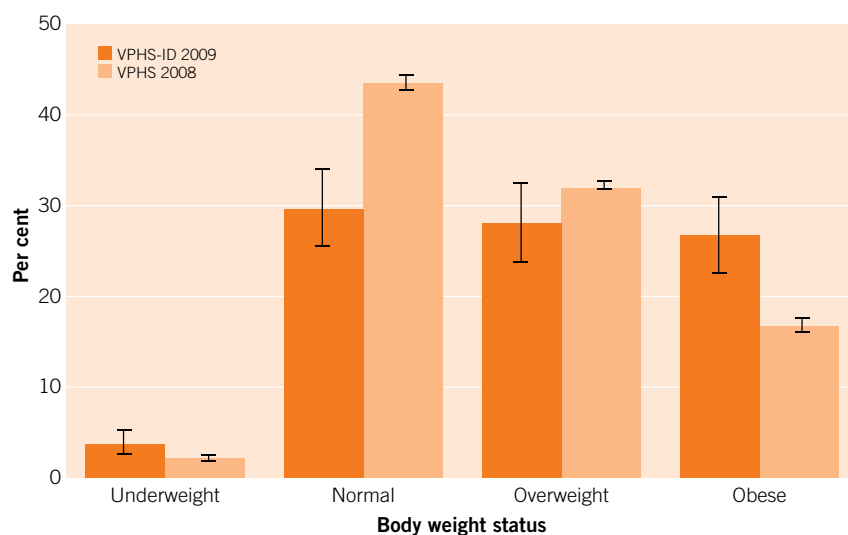


Table 4.1: Body weight status

Body weight status ^a	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Underweight (<18.5)	3.7	2.6	5.3	2.2	2.0	2.5
Normal (18.5–<25)	29.6	25.6	34.0	43.5	42.6	44.3
Overweight (25–<30)	28.0	23.8	32.5	31.9	31.1	32.7
Obese (30+)	26.7	22.8	31.0	16.7	16.1	17.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Determined by calculation of body mass index (BMI).

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Table 4.2 shows body weight status by sex. A higher proportion of males with an intellectual disability were underweight (3.4 per cent) or obese (23.2 per cent), compared with males in the general Victorian population (VPHS 2008) (0.9 per cent and 17.3 per cent respectively). A lower proportion of males with an intellectual disability were normal weight (28.5 per cent) or overweight (31.4 per cent), compared with males from the general Victorian population (VPHS 2008) (38.6 per cent and 39.9 per cent respectively). Obesity was more prevalent among females with an intellectual disability, compared with females in the general Victorian population (VPHS 2008).

Table 4.3 shows body weight status by age group. Obesity was more prevalent among people with an intellectual disability aged 18 to 39 years and 40 to 59 years (25.5 per cent and 30.4 per cent), compared with the same age groups in the general Victorian population (VPHS 2008) (11.8 per cent and 21.3 per cent respectively).

Table 4.2: Body weight status^a, by sex

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males						
Underweight (<18.5)	3.4	2.0	5.7	0.9	0.7	1.2
Normal (18.5–<25)	28.5	23.6	34.0	38.6	37.3	40.0
Overweight (25–<30)	31.4	25.7	37.6	39.9	38.7	41.2
Obese (30+)	23.2	18.3	28.9	17.3	16.4	18.2
Females						
Underweight (<18.5)	4.0	2.4	6.7	3.6	3.1	4.1
Normal (18.5–<25)	30.5	24.4	37.4	48.1	47.1	49.2
Overweight (25–<30)	24.4	18.7	31.2	24.2	23.4	25.1
Obese (30+)	30.9	24.9	37.6	16.1	15.4	16.8
Persons						
Underweight (<18.5)	3.7	2.6	5.3	2.2	2.0	2.5
Normal (18.5–<25)	29.6	25.6	34.0	43.5	42.6	44.3
Overweight (25–<30)	28.0	23.8	32.5	31.9	31.1	32.7
Obese (30+)	26.7	22.8	31.0	16.7	16.1	17.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008. ^a Determined by calculation of body mass index (BMI). 95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Table 4.3: Body weight status^a, by age group

Age group (years)	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18–39						
Underweight (<18.5)	5.9	3.8	9.0	3.5	2.9	4.2
Normal (18.5–<25)	28.2	23.7	33.3	52.2	50.6	53.8
Overweight (25–<30)	23.8	19.5	28.7	26.9	25.5	28.4
Obese (30+)	25.5	21.1	30.5	11.8	10.8	12.8
40–59						
Underweight (<18.5)	3.2*	1.5	6.7	1.1	0.9	1.4
Normal (18.5–<25)	28.3	23.1	34.1	37.7	36.5	38.9
Overweight (25–<30)	25.7	20.6	31.7	35.1	33.9	36.3
Obese (30+)	30.4	24.8	36.7	21.3	20.3	22.4
60+						
Underweight (<18.5)	**			1.7	1.4	2.1
Normal (18.5–<25)	34.2	21.9	49.0	36.7	35.5	38.0
Overweight (25–<30)	38.6	25.2	54.0	35.9	34.7	37.2
Obese (30+)	23.1*	12.7	38.1	18.5	17.5	19.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Determined by calculation of body mass index (BMI).

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 4.4 shows body weight status by area of state. A higher proportion of people with an intellectual disability from rural and metropolitan areas were obese (30.6 per cent and 24.0 per cent respectively), compared with the general rural and metropolitan Victorian populations (VPHS 2008) (19.8 per cent and 15.7 per cent respectively). A lower proportion of people with an intellectual disability from rural and metropolitan areas were normal weight (22.0 per cent and 34.7 per cent), compared with the general rural and metropolitan Victorian populations (38.5 per cent and 45.0 per cent respectively). People with an intellectual disability from the metropolitan area were less likely to be overweight (23.6 per cent), compared with the general metropolitan Victorian population (31.1 per cent).

Table 4.4: Body weight status^a, by area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Rural						
Underweight (<18.5)	3.0*	1.5	6.1	1.7	1.3	2.2
Normal (18.5–<25)	22.0	16.7	28.3	38.5	37.1	39.9
Overweight (25–<30)	34.7	27.4	42.7	34.4	33.0	35.7
Obese (30+)	30.6	23.7	38.5	19.8	18.8	20.8
Metropolitan						
Underweight (<18.5)	4.1	2.7	6.2	2.4	2.1	2.8
Normal (18.5–<25)	34.7	29.4	40.4	45.0	44.0	46.1
Overweight (25–<30)	23.6	19.0	28.9	31.1	30.2	32.1
Obese (30+)	24.0	19.8	28.9	15.7	15.0	16.5
Persons						
Underweight (<18.5)	3.7	2.6	5.3	2.2	2.0	2.5
Normal (18.5–<25)	29.6	25.6	34.0	43.5	42.6	44.3
Overweight (25–<30)	28.0	23.8	32.5	31.9	31.1	32.7
Obese (30+)	26.7	22.8	31.0	16.7	16.1	17.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Determined by calculation of body mass index (BMI).

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

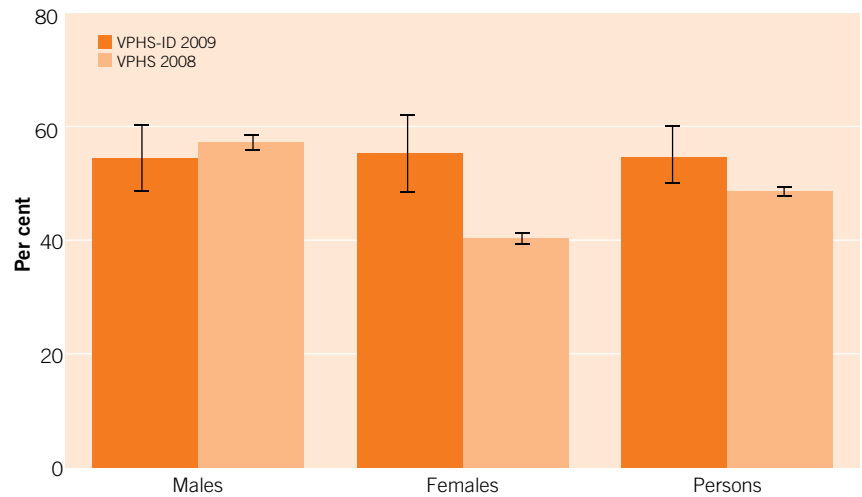
Table 4.5 and figure 4.2 show the proportion of people reported as overweight or obese by sex. Almost half (54.7 per cent) of all people aged 18 years and over with an intellectual disability were overweight or obese, which was higher than the general Victorian population (VPHS 2008) (48.6 per cent). Females with an intellectual disability were more likely to be overweight or obese (55.3 per cent) compared with females in the general Victorian population (VPHS 2008) (40.3 per cent).

Table 4.5: Overweight or obese, by sex

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males	54.6	48.7	60.3	57.2	55.9	58.5
Females	55.3	48.4	62.1	40.3	39.4	41.3
Persons	54.7	50.1	59.1	48.6	47.8	49.4

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
 VPHS 2008 = Victorian Population Health Survey 2008.
 95% CI = 95 per cent confidence interval.
 Data are age standardised to the 2006 Victorian population.
 Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Figure 4.2: Overweight or obese, by sex



The World Health Organization has categorised obesity into three groups, ranging from moderate (Class I: BMI 30.0 to 34.9), to severe (Class II: BMI 35.0 to 39.9), through to very severe (Class III: BMI 40 and over).

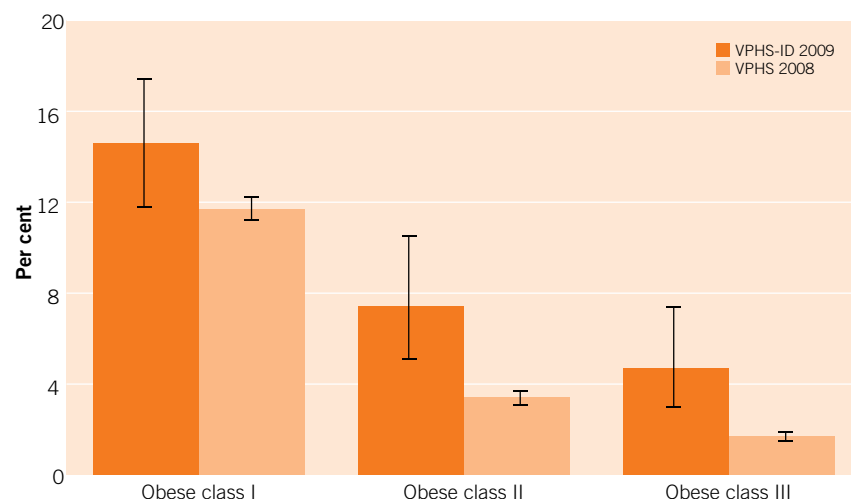
Table 4.6 and figure 4.3 show the proportion of persons who were obese by class of obesity. Class I obesity was the most common class of obesity for people with an intellectual disability, with 14.6 per cent of all persons surveyed having a BMI of 30.0 to 34.9, similar to the general Victorian population (VPHS 2008) (11.7 per cent). People with an intellectual disability were more likely to be classified as being Class II obese (BMI of 35.0 to 39.9) (7.4 per cent) and Class III obese (BMI of 40.0 and over) (4.7 per cent) than the general Victorian population (3.4 per cent and 1.7 per cent respectively).

Table 4.6: Prevalence of obesity, by obesity class^a

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Obese class I	14.6	11.8	17.8	11.7	11.2	12.2
Obese class II	7.4	5.1	10.5	3.4	3.1	3.6
Obese class III	4.7	3.0	7.4	1.7	1.5	1.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
 VPHS 2008 = Victorian Population Health Survey 2008.
 a Determined by calculation of body mass index (BMI).
 95% CI = 95 per cent confidence interval.
 Data are age standardised to the 2006 Victorian population.
 Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

Figure 4.3: Prevalence of obesity, by obesity class



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Melville, CA, Hamilton, S, Hankey, CR, Miller, S & Boyle, S 2007, 'The prevalence and determinants of obesity in adults with intellectual disabilities', *Obesity Reviews*, vol 8, no. 3, pp 223–30.

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5. Asthma



5. Asthma

Asthma is a common, chronic disorder affecting the airways of the lungs. Narrowing of these air passages (caused by the inflammation and swelling of the airway lining, and the overproduction of mucus) results in airway obstruction and difficulty with breathing, which may be reversed either spontaneously or with medical treatment. This disease affects all age groups, but particularly young persons, and ranges in severity from intermittent, mild symptoms to a severe, incapacitating and life threatening disorder. The prevalence of asthma has been reported to be much higher in adults with intellectual disability than among the general population (Gale, Naqvi & Russ 2009).

The self-reported prevalence of asthma has been shown to be higher than prevalence levels based on objective measures of lung function (Woolcock, Marks & Keena 2001), which typically measure the current or persistent asthma (wheezing episodes with abnormal airway function between episodes).

Survey results

Asthma prevalence

- Almost one in six (16.2 per cent) people with an intellectual disability reported having ever been diagnosed by a doctor with asthma (asthma ever), which was lower than the general Victorian population (21.2 per cent).
- Almost one in ten (8.7 per cent) people with an intellectual disability reported having experienced asthma symptoms in the last 12 months (current asthma), similar to the general Victorian population (10.7 per cent).
- Among people with an intellectual disability, 15.1 per cent of males and 17.1 per cent of females reported ever having been diagnosed with asthma, similar to the corresponding proportions for Victorian males and females (19.5 per cent and 22.7 per cent respectively).
- The prevalence of having ever been diagnosed by a doctor with asthma, for people with an intellectual disability, was highest for the 18 to 39 year age group (22.1 per cent), similar to the same age group in the general Victorian population (25.8 per cent). People with an intellectual disability aged 40 to 59 years were less likely to report having ever been diagnosed with asthma by a doctor (11.5 per cent), compared with their Victorian counterparts from the same age group (18.4 per cent).
- There was no difference in the prevalence of having ever been diagnosed with asthma, by area of state, between people with an intellectual disability and the general Victorian population (VPHS 2008).

Asthma action plans

- Most people with an intellectual disability who reported having ever been diagnosed with asthma had been given asthma action plans by their doctor (62.9 per cent), similar to the corresponding proportion for the general Victorian population (VPHS 2007) (56.7 per cent).
- The frequency of the use and perceived usefulness of asthma action plans was similar between people with an intellectual disability and the general Victorian population (VPHS 2007).

Respondents were asked whether a doctor had ever told them that they had asthma and, if so, whether they had had asthma symptoms (wheezing, coughing, shortness of breath, chest tightness) in the 12 months before the survey. Those persons who responded 'yes' to the first question are referred to as the population with 'asthma ever' in the analysis that follows. Those persons who responded 'yes' to the question about having had symptoms in the 12 months before the survey are referred to as the population with 'current asthma'.

Prevalence of asthma

Table 5.1 and figure 5.1 show the prevalence of asthma ever for people with an intellectual disability aged 18 years and over. The prevalence of ‘asthma ever’ in people with an intellectual disability was 16.2 per cent which was lower than the general Victorian population (VPHS 2008) (21.2 per cent). There were no differences in the prevalence of ‘asthma ever’ by sex between people with an intellectual disability and the general Victorian population (VPHS 2008).

Table 5.2 shows that the prevalence of current asthma for people with an intellectual disability was 8.7 per cent, compared with 10.7 per cent in the general Victorian population (VPHS 2008). Among people with an intellectual disability 7.8 per cent of males and 9.9 per cent of females had current asthma, similar to Victorian males and females (8.9 per cent and 12.3 per cent respectively).

Table 5.1: Prevalence of asthma ever^a, by sex

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males	15.1	11.7	19.4	19.5	18.4	20.7
Females	17.1	12.5	23.0	22.7	21.8	23.6
Persons	16.2	13.2	19.8	21.2	20.5	21.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
 VPHS 2008 = Victorian Population Health Survey 2008.
 a Reported ever having been diagnosed with asthma by a doctor.
 95% CI = 95 per cent confidence interval.
 Data are age standardised to the 2006 Victorian population.
 Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Figure 5.1: Prevalence of asthma ever, by sex

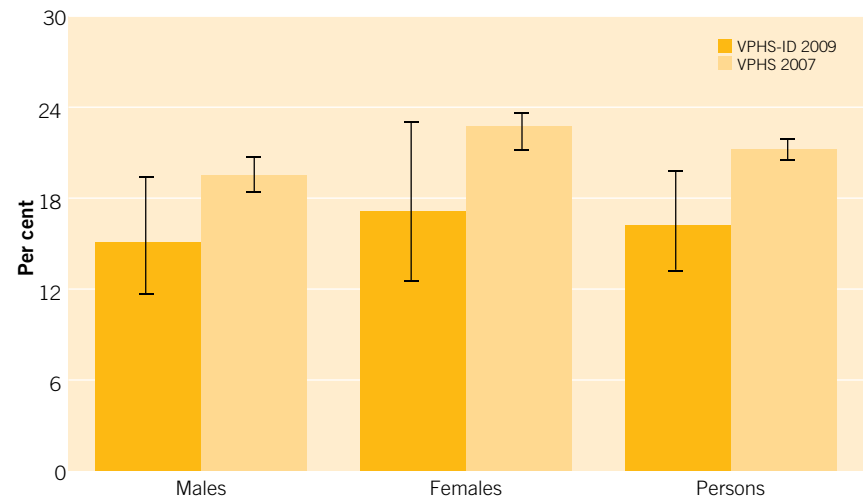


Table 5.2: Prevalence of current asthma^a, by sex

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males	7.8	5.1	11.7	8.9	8.2	9.7
Females	9.9	6.5	14.8	12.3	11.6	13.1
Persons	8.7	6.4	11.7	10.7	10.1	11.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
 VPHS 2008 = Victorian Population Health Survey 2008.
 a Reported ever having been diagnosed with asthma by a doctor and reported experiencing symptoms in previous 12 months.
 95% CI = 95 per cent confidence interval.
 Data are age standardised to the 2006 Victorian population.
 Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Table 5.3 shows the prevalence of 'asthma ever' by age group. People with an intellectual disability aged 40 to 59 years were less likely to report having ever been diagnosed by a doctor with asthma (11.5 per cent), compared with the general Victorian population in the same age group (18.4 per cent).

Table 5.3: Prevalence of asthma ever^a, by age group

Age group (years)	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18–39	22.1	17.9	27.0	25.8	24.4	27.3
40–59	11.5	8.0	16.3	18.4	17.5	19.4
60+	12.9*	5.7	26.6	17.1	16.2	18.1
Total	16.2	13.2	19.8	21.2	20.5	21.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008

^a Reported ever having been diagnosed with asthma by a doctor.

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 5.4 shows doctor diagnosed 'asthma ever' by area of state. There was no difference in the prevalence of doctor diagnosed 'asthma ever' by area of state between people with an intellectual disability and the general Victorian population (VPHS 2008).

Table 5.4: Prevalence of asthma ever^a, by area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Rural	18.6	10.9	29.9	20.9	17.9	24.2
Metropolitan	15.8*	7.1	31.5	16.8	22.9	28.4
Total	16.2	13.2	19.8	21.2	20.5	21.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

^a Reported ever having been diagnosed with asthma by a doctor.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Asthma action plans

The current focus for minimising the burden of asthma is directed at appropriate management of disease. This includes maintaining regular contact with a doctor, developing a personalised asthma action plan, monitoring symptoms, taking medication appropriately, identifying and avoiding asthma triggers and being physically active.

Table 5.5 and figure 5.2 show the proportion of people with current asthma who had an asthma action plan. The percentage of people with an intellectual disability with current asthma who had an asthma action plan was 62.9 per cent, similar to the general Victorian population (VPHS 2007) (56.7 per cent). The pattern for asthma action plans was similar between people with an intellectual disability and the general Victorian population (VPHS 2007) for both males and females.

Table 5.5: Asthma action plans, by sex

	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males	57.5	42.7	71.1	52.9	44.6	61.1
Females	68.4	51.2	81.6	59.1	53.0	64.9
Persons	62.9	51.3	73.2	56.7	51.8	61.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2007.

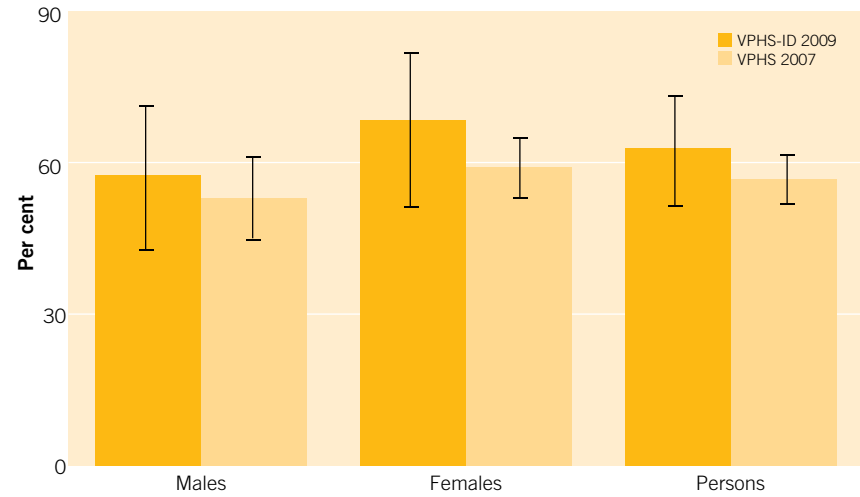
95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

[‡] Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Figure 5.2: Asthma action plans, by sex



Almost half (47.7 per cent) of all people with an intellectual disability who had current asthma and an asthma action plan reported using their asthma action plan sometimes or frequently. There was no difference in use of an asthma action plan, either sometimes or frequently, between people with an intellectual disability and the general Victorian population (VPHS 2007). More than one in five (21.4 per cent) people with an intellectual disability reported never using their asthma action plan, similar to the general Victorian population (VPHS 2007) (20.7 per cent).

Table 5.7 shows that of those people with an intellectual disability with current asthma who used their plans, 87.9 per cent reported that the plan was helpful with day to day management of their condition, 80.0 per cent reported that the plan was helpful for knowing when to seek advice and 82.4 per cent reported that their plan was helpful for managing an acute attack. There was no difference in the perceived usefulness of asthma plans between people with an intellectual disability and the general Victorian population (VPHS 2007).

Table 5.6: Frequency of using asthma action plans

	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Never	21.4*	11.6	36.1	20.7	15.9	26.6
Rarely	30.9	19.3	45.6	24.6	19.2	31.1
Sometimes	30.3	17.3	47.5	25.2	19.9	31.4
Frequently	17.4*	7.9	34.3	29.0	23.5	35.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2007.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

‡ Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Table 5.7: Usefulness of asthma action plans

	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Helpful for managing an acute attack	82.4	65.0	92.2	79.2	72.0	85.0
Helpful for knowing when to seek medical advice	80.0	61.4	91.0	92.3	86.2	95.8
Helpful with day to day management	87.9	73.4	95.1	93.0	88.0	96.0

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2007.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/below general Victorian population.

‡ Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

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Woolcock, B, Marks, GB & Keena, VA 2001, 'The burden of asthma in Australia', *Medical Journal of Australia*, vol. 175, pp. 141–45.

6. Diabetes



6. Diabetes

Diabetes mellitus is a common chronic condition characterised by high blood glucose (sugar) levels. The two main types of diabetes mellitus are type 1 (insulin dependent) diabetes and type 2 diabetes. Gestational diabetes is another form of the condition that affects women during pregnancy, with no prior diagnosis of diabetes. This condition usually abates after birth, but is a risk factor for the development of type 2 diabetes later in life.

Type 1 diabetes is an autoimmune disease in which the body's immune system destroys the insulin-producing cells of the pancreas, resulting in inadequate production of the hormone insulin, which is essential for the control of blood glucose levels. It most commonly occurs in people under the age of 30 years and may be referred to as juvenile-onset diabetes. People with type 1 diabetes require replacement insulin injections (usually several times a day) for life. Unlike type 2 diabetes, it is not caused by lifestyle factors. Type 1 diabetes accounts for approximately 10 to 15 per cent of diabetes mellitus and while a great deal of research is being carried out, at this stage nothing can be done to prevent or cure type 1 diabetes.

Type 2 diabetes is the most common form of diabetes. It occurs mostly in overweight people aged 50 years and over, or in those who have a family history of the condition. Accounting for around 85 per cent of all cases of diabetes mellitus, it is caused by insufficient production of insulin and/or the body becoming resistant to high insulin levels in the blood. In many cases, appropriate diet and exercise can control type 2 diabetes. More severe cases require treatment with oral glucose-lowering drugs, insulin injections, or a combination of these.

Left untreated, diabetes mellitus can cause kidney, eye and nerve damage, heart disease, stroke and impotence.

Survey results

Prevalence

- The prevalence of doctor diagnosed diabetes for people aged 18 years and over was 8.9 per cent for people with an intellectual disability, compared with 5.8 per cent in the general Victorian population (VPHS 2008).
- Type 2 diabetes was more commonly reported in both populations (7.0 per cent in people with an intellectual disability and 4.8 per cent for the general Victorian population) than type 1 diabetes (1.7 per cent and 0.7 per cent respectively).
- The prevalence of type 1 and type 2 diabetes did not vary by age group or sex between people with an intellectual disability and the general Victorian population (VPHS 2008).
- A higher proportion of people with an intellectual disability from rural areas of Victoria reported having diabetes (12.0 per cent), compared with the general rural Victorian population (VPHS 2008) (5.8 per cent).

Use of health professionals

- People with an intellectual disability who reported having diabetes were more likely to visit their general practitioner/doctor (98.8 per cent), or a podiatrist or chiropodist (78.1 per cent) for advice about diabetes management in the past 12 months, compared with the general Victorian population (VPHS 2007) (77.6 per cent and 32.7 per cent respectively).

Diabetes screening

- Almost two thirds of males (62.1 per cent) and females (65.4 per cent) with an intellectual disability reported having had a test for diabetes in the past two years, a higher proportion than for all Victorian males and females (VPHS 2007) (46.5 per cent and 51.4 per cent respectively).

Prevalence of diabetes

Respondents were asked if they had ever been told by a doctor that they had diabetes and, if so, what type of diabetes they were told they had.

Table 6.1 shows the prevalence of diabetes for people with an intellectual disability aged 18 years and over was 8.9 per cent, compared with 5.8 per cent in the general Victorian population (VPHS 2008). Type 2 diabetes was more commonly reported in both populations (7.0 per cent for people with an intellectual disability) and 4.8 per cent for the general Victorian population) than type 1 diabetes (1.7 per cent and 0.7 per cent respectively).

Table 6.2 and figure 6.1 show the prevalence of diabetes by sex. Almost one out of ten males (9.5 per cent) and 8.2 per cent of females with an intellectual disability were diagnosed as having diabetes. There was no difference in the prevalence of diabetes by sex for people with an intellectual disability and the general Victorian population (VPHS 2008).

Table 6.1: Prevalence of diabetes, by diabetes type

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Type 1 diabetes	1.7*	0.6	4.7	0.7	0.6	0.9
Type 2 diabetes	7.0	4.7	10.6	4.8	4.5	5.1
Total	8.9	6.1	12.7	5.8	5.5	6.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 6.2: Prevalence of diabetes, by sex

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males	9.5	5.8	15.2	6.9	6.4	7.5
Females	8.2*	4.6	14.0	4.9	4.5	5.3
Persons	8.9	6.1	12.7	5.8	5.5	6.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Figure 6.1: Prevalence of diabetes, by sex

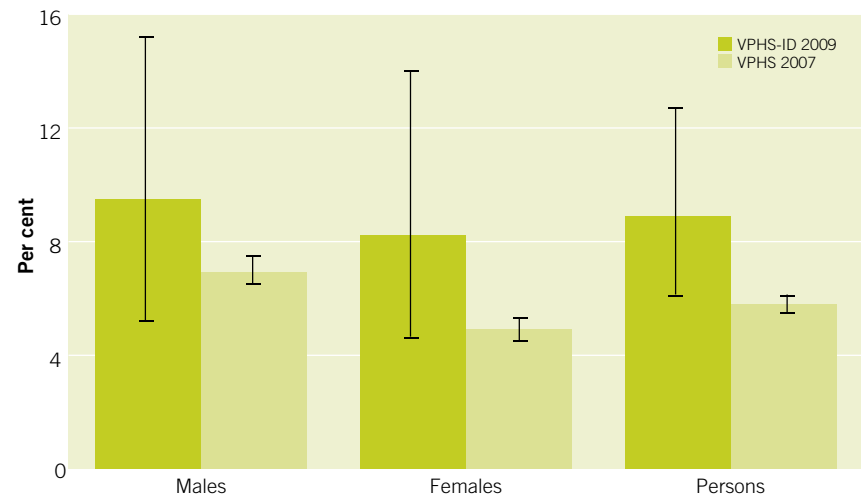


Table 6.3 shows the prevalence of diabetes by age group. The prevalence of diabetes increased with age group and was highest for people aged 60 years and over for both people with an intellectual disability and the general Victorian population (19.4 per cent and 13.9 per cent respectively).

People with an intellectual disability aged 18 to 39 years were more likely to report having been diagnosed with diabetes (3.8 per cent) than the general Victorian population (VPHS 2008) aged 18 to 39 years (1.3 per cent).

People with an intellectual disability from rural areas were more likely (12.0 per cent) to have been diagnosed with diabetes than the general Victorian rural population (5.8 per cent) (table 6.4).

Table 6.3: Prevalence of diabetes, by age group

Age group (years)	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18–39	3.8*	2.2	6.5	1.3	1.0	1.7
40–59	7.8	4.8	12.3	5.8	5.2	6.4
60+	19.4*	9.9	34.6	13.9	13.0	14.8

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 6.4: Prevalence of diabetes, by area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Rural	12.0	7.0	19.7	5.8	5.3	6.3
Metropolitan	6.8	4.3	10.7	5.9	5.5	6.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Use of health professionals

Table 6.5 shows the proportion of people with diabetes who visited a health professional for advice about diabetes management in the past 12 months. Most people with an intellectual disability who reported a diagnosis of diabetes also reported having visited their general practitioner or doctor (98.8 per cent), which was higher than the general Victorian population (VPHS 2007) (77.6 per cent). Similarly, people with an intellectual disability with diabetes were more likely to have visited a podiatrist or chiropodist in the past 12 months than people with diabetes in the general Victorian population (VPHS 2007) (78.1 per cent compared with 32.7 per cent).

It is important for a person with diabetes to have their feet checked regularly because people with diabetes have a higher risk of infection, delayed healing and nerve damage. The majority (80.7 per cent) of people with an intellectual disability who had been diagnosed with diabetes reported having had their feet checked by a health professional at least once in the past 12 months, compared with 55.7 per cent of the general Victorian population with diabetes (VPHS 2007). Approximately one third (34.0 per cent) of people with an intellectual disability with diabetes reported caring for their feet themselves, compared with 72.3 per cent in the corresponding general Victorian population (VPHS 2007) (table 6.6).

Table 6.5: Visiting health professionals for diabetes in the previous 12 months

Type of health professional	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
General practitioner/doctor	98.8	94.9	99.7	77.6	61.1	88.4
Podiatrist or chiropodist	78.1	62.6	88.4	32.7	25.0	41.6
Diabetes educator or nurse	63.6	47.0	77.5	58.3	48.0	67.9
Optometrist or ophthalmologist	70.0	53.2	82.6	62.4	48.0	74.0
Nutritionist or dietitian	56.9	40.4	72.1	38.1	20.1	45.6
Specialist	46.9	31.4	63.0	31.4	20.1	45.6

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2007 = Victorian Population Health Survey 2007

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' or 'other' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

[‡] Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Table 6.6: Persons with diabetes: Caring for feet in previous 12 months

	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Have seen health professional regarding feet	80.7	64.4	90.7	55.7	41.4	69.2
Cared for feet – self	34.0	20.2	51.1	72.3	56.3	84.1
Cared for feet – by proxy respondent	72.0	55.8	84.0	..	..	..

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2007 = Victorian Population Health Survey 2007

.. Data not available

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

[‡] Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Diabetes screening

Almost two thirds (63.6 per cent) of all people with an intellectual disability reported having had a test for diabetes or high blood sugar levels in the past two years, which was higher than their Victorian counterparts (VPHS 2007) (49.0 per cent) (table 6.7 and figure 6.2). The percentage of males with an intellectual disability who reported having had a test for diabetes or high blood sugar levels (62.1 per cent) was higher than the percentage for males from the general Victorian population (VPHS 2007) (46.5 per cent). Females with an intellectual disability were also more likely to report blood glucose screening for diabetes (65.4 per cent), compared with females from the general Victorian population (VPHS 2007) (51.4 per cent).

Table 6.7: Diabetes screening in previous two years, by sex

Sex	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Males	62.1	56.3	67.7	46.5	44.3	48.8
Females	65.4	56.3	71.3	51.4	49.4	53.4
Persons	63.6	59.3	67.7	49.0	47.5	50.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2007 = Victorian Population Health Survey 2007.

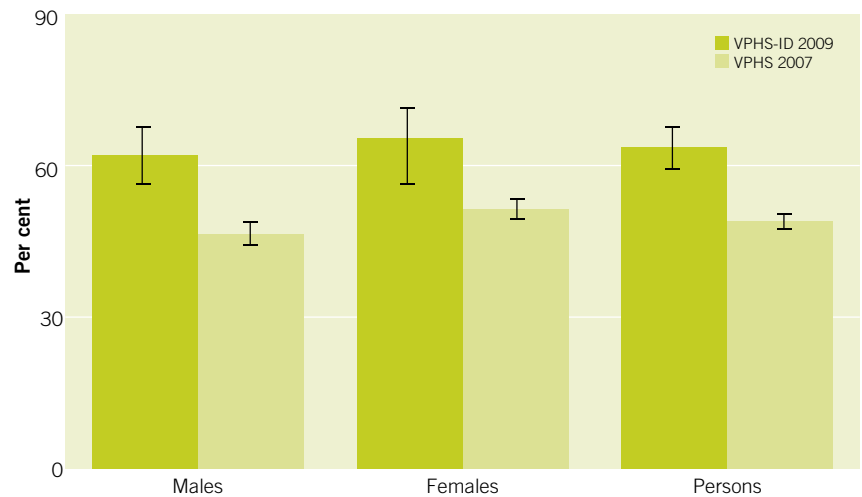
95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

[‡] Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

Figure 6.2: Diabetes screening in previous two years, by sex



The proportion of people with an intellectual disability undergoing a blood sugar test increased steadily with age group, with almost three quarters of people with an intellectual disability aged 60 years and over (77.8 per cent) having had a test in the past two years (table 6.8).

Table 6.8: Diabetes screening in previous two years, by age group

Age group (years)	VPHS-ID 2009			VPHS 2007 [‡]		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
18–39	45.6	40.3	50.9	31.9	29.2	34.7
40–59	75.3	60.3	80.4	53.8	51.3	56.2
60+	77.8	62.1	88.2	71.9	69.6	74.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2007 = Victorian Population Health Survey 2007.

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

[‡] Please note the data in this report are age standardised for VPHS 2007. The VPHS 2007 published report data are crude estimates.

References

NHMRC (National Health and Medical Research Council) 2003, *Dietary guidelines for Australian adults*, NHMRC, Canberra.

7. Mental health



7. Mental health

There is strong and consistent evidence of an association between depression and anxiety and physical illness (Clark & Currie 2009). People with intellectual disability are more likely to be diagnosed with psychiatric disorders than the general population (Tonge & Einfeld 2000). Depression occurs commonly among adults with an intellectual disability, with prevalence higher than that reported for the general population (Cooper et al. 2007). Depression is associated with poorer health outcomes in people with physical diseases.

Given the significance of mental health and its relationship to poor physical health, a number of questions about mental health have been included in the survey. The Victorian Population Health Survey for the general population uses the Kessler 10 Psychological Distress Scale (Kessler 10) to measure psychological distress. The Kessler 10 relies on self-reported data. The Victorian Population Health Survey of People with an Intellectual Disability (VPHS-ID 2009) relies on proxy reported data. The consortia of academics who developed the mental health survey tool for the VPHS-ID 2009 advised that the Kessler 10 should be replaced with questions based on observable signs of depression and anxiety. The mental health questions in the VPHS-ID 2009 were adapted from a carer checklist which was developed by the Centre for Developmental Disability Health Victoria (Torr et al. 2008). The questions included observations by the proxy respondent such as the person appearing anxious, appearing restless and crying in the past four weeks. The survey also collected information regarding the use of mental health services. No comparison was made between the results of the VPHS-ID 2009 and the VPHS 2008 because different tools were used for these items. However, the baseline data can be used for comparison with results from future Victorian Population Health Surveys for People with an Intellectual Disability.

Survey results

Mental health

- Overall, 10.8 per cent of people with an intellectual disability aged 18 years and over were reported to show signs of anxiety all of the time and 21.0 per cent were reported to show signs most of the time in the past four weeks.
- More than one in five (21.8 per cent) people with an intellectual disability showed no signs of anxiety at any time in the past four weeks.
- The prevalence of no reported signs of anxiety at any time in the past four weeks was higher for people with an intellectual disability aged 60 years and over (32.5 per cent), compared with people with an intellectual disability aged 18 to 39 years (14.4 per cent).
- Overall, 7.1 per cent of people with an intellectual disability who were reported to show signs of anxiety over the last four weeks could not be calmed down or reassured most of the time.
- Almost one in twenty (4.5 per cent) people with an intellectual disability were reported to be restless or fidgety all of the time in the past four weeks.
- Overall, 4.9 per cent of people with an intellectual disability were reported to show one or more signs of depressed thinking most of the time in the past four weeks.
- Overall, 5.2 per cent of people with an intellectual disability were reported to show reduced general functioning most of the time in the last four weeks, compared to their usual state. Approximately six out of ten (62.3 per cent) people with an intellectual disability were reported to show no reduced general functioning at any time in the last four weeks.
- Overall, 3.9 per cent of people with an intellectual disability were reported as showing a depressed mood most of the time in the past four weeks.

Use of mental health services

- More than one in four (26.0 per cent) people with an intellectual disability sought professional help for a mental health related problem in the last 12 months, higher than the general Victorian population (VPHS 2008) (11.4 per cent). A similar pattern was observed by sex, age and area of state.
- More than one third (37.6 per cent) of people with an intellectual disability who sought professional help consulted a general practitioner while 18.8 per cent consulted a private counsellor or psychologist, lower than the general Victorian population (VPHS 2008) (60.7 per cent and 38.1 per cent respectively).
- Approximately one third (37.0 per cent) of people with an intellectual disability consulted a private psychiatrist, while 16.5 per cent consulted a public mental health service community service, higher than the general Victorian population (VPHS 2008) (18.9 per cent and 6.1 per cent respectively).

Anxiety

Table 7.1 and figure 7.1 show the proportion of persons who showed one or more signs of anxiety in the last four weeks, by sex, age group and area of state. Signs of anxiety included appearing anxious, fearful, nervous, seeking reassurance, repetitive questioning, repetitive behaviours, rituals or obsessions, increased or new fear of lifts, escalators, crowds etc, clinging behaviour, or worrying. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made.

Overall, 10.8 per cent of people with an intellectual disability were reported to have shown signs of anxiety all of the time and 21.0 per cent were reported to have shown signs of anxiety most of the time in the past four weeks. More than one in five (21.8 per cent) people with an intellectual disability were reported to have shown signs of anxiety none of the time, compared with people aged 60 years and over with an intellectual disability (32.5 per cent).

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

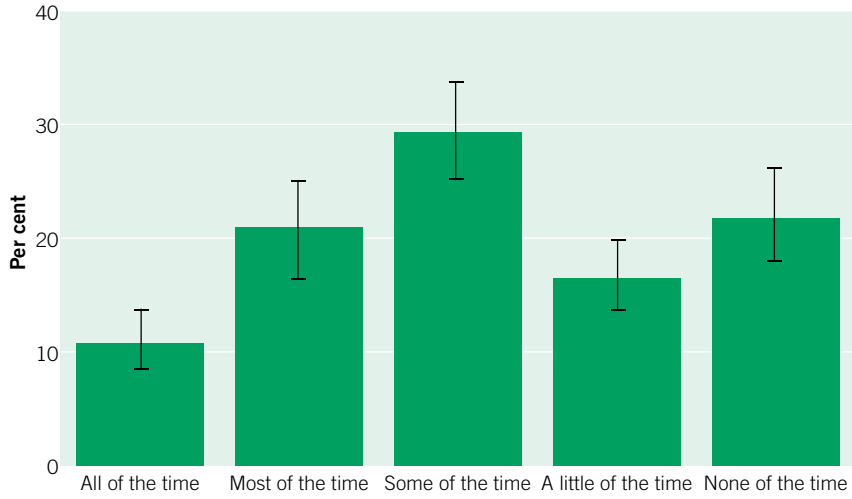
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 7.1: One or more signs of anxiety in the past four weeks, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
All of the time	11.4	8.7	14.7
Most of the time	20.2	15.6	25.9
Some of the time	26.6	21.6	32.2
A little of the time	17.6	13.3	22.8
None of the time	23.3	18.2	29.4
Females			
All of the time	10.0	6.6	14.8
Most of the time	21.7	16.5	27.9
Some of the time	31.8	25.6	38.7
A little of the time	16.0	12.4	20.4
None of the time	20.3	14.9	27.0
Age group (years)			
18–39			
All of the time	13.8	10.4	18.0
Most of the time	23.5	19.2	28.4
Some of the time	29.9	25.3	35.1
A little of the time	17.5	13.8	22.0
None of the time	14.4	11.2	18.4
40–59			
All of the time	10.1	7.0	14.5
Most of the time	21.9	17.0	27.8
Some of the time	26.1	20.9	32.1
A little of the time	17.6	13.4	22.9
None of the time	23.4	18.4	29.2
60+			
All of the time	**		
Most of the time	15.1*	6.6	30.7
Some of the time	32.8	20.6	47.8
A little of the time	13.0*	6.6	23.9
None of the time	32.5	20.0	48.0
Area of state			
Metropolitan			
All of the time	9.4	7.2	12.3
Most of the time	17.7	14.3	21.7
Some of the time	33.1	27.8	38.9
A little of the time	18.4	14.5	23.1
None of the time	20.5	16.1	25.8
Rural			
All of the time	12.9	8.6	18.8
Most of the time	25.7	19.1	33.6
Some of the time	23.5	18.0	30.2
A little of the time	13.7	10.1	18.4
None of the time	23.8	17.5	31.6
Persons			
All of the time	10.8	8.5	13.7
Most of the time	21.0	17.4	25.0
Some of the time	29.3	25.2	33.7
A little of the time	16.5	13.7	19.8
None of the time	21.8	18.0	26.2

Figure 7.1: One or more signs of anxiety in the past four weeks



Ability to calm down or be reassured when anxious

If it was reported that the person with an intellectual disability showed one or more signs of anxiety, then the proxy respondent was asked a further question about whether the person concerned was able to be calmed down or reassured when anxious.

Table 7.2 shows the proportion of persons unable to be calmed down or reassured, by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. Overall, 7.1 per cent of people with an intellectual disability who were reported to show signs of anxiety could not be calmed down or reassured most of the time.

Table 7.2: Proportion of people with anxiety that could not be calmed down or reassured in the past four weeks, by sex, age group and area of state

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Sex			
Males			
All of the time	**		
Most of the time	4.5	2.8	7.3
Some of the time	15.4	11.1	21.0
A little of the time	16.0	11.8	21.4
None of the time	62.4	55.7	68.6
Females			
All of the time	**		
Most of the time	9.2*	4.9	16.7
Some of the time	15.2	10.7	21.2
A little of the time	17.0	12.1	23.4
None of the time	58.2	50.2	65.7
Age group (years)			
18–39			
All of the time	**		
Most of the time	6.3	3.9	9.9
Some of the time	19.3	15.1	24.3
A little of the time	21.1	16.7	26.4
None of the time	51.6	45.7	57.5
40–59			
All of the time	**		
Most of the time	5.9*	3.2	10.8
Some of the time	12.0	8.1	17.5
A little of the time	16.1	11.4	22.3
None of the time	64.5	57.3	71.2
60+			
All of the time			
Most of the time	**		
Some of the time	12.7*	5.0	28.8
A little of the time	**		
None of the time	67.8	48.9	82.2
Area of state			
Metropolitan			
All of the time	1.1*	0.4	2.8
Most of the time	7.1*	4.1	12.1
Some of the time	17.6	13.1	23.1
A little of the time	16.9	12.4	22.6
None of the time	57.0	50.4	63.4
Rural			
All of the time	**		
Most of the time	7.2*	2.9	16.7
Some of the time	11.4	7.7	16.6
A little of the time	15.5	11.3	20.9
None of the time	64.9	56.3	72.6
Persons			
All of the time	0.7*	0.3	1.7
Most of the time	7.1	4.4	11.3
Some of the time	15.2	11.9	19.2
A little of the time	16.6	13.2	20.6
None of the time	60.0	54.6	65.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Being restless or fidgety

Proxy respondents were asked how often a person with an intellectual disability seemed restless or fidgety in the past four weeks. Table 7.3 shows the proportion of persons reported as being restless or fidgety by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. Overall, almost one in twenty (4.5 per cent) people with an intellectual disability were reported to be restless or fidgety all of the time.

Table 7.3: Proportion of people who seemed restless or fidgety in the past four weeks, by sex, age group and area of state

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Sex			
Males			
All of the time	6.7*	3.6	12.2
Most of the time	7.7	5.6	10.5
Some of the time	25.5	20.6	31.3
A little of the time	25.5	20.6	31.0
None of the time	33.7	28.0	39.9
Females			
All of the time	2.3*	1.2	4.4
Most of the time	6.4	4.3	9.6
Some of the time	24.6	19.5	30.7
A little of the time	26.0	20.4	32.6
None of the time	39.9	33.3	46.8
Age group (years)			
18–39			
All of the time	4.5	2.7	7.3
Most of the time	7.9	5.5	11.3
Some of the time	29.0	24.3	34.1
A little of the time	27.0	22.5	32.1
None of the time	30.8	26.1	36.0
40–59			
All of the time	2.3*	1.2	4.6
Most of the time	9.7	6.6	14.0
Some of the time	27.2	21.8	33.2
A little of the time	22.7	17.8	28.5
None of the time	36.7	30.8	43.0
60+			
All of the time	**		
Most of the time	2.1*	0.8	5.4
Some of the time	15.4*	7.1	30.3
A little of the time	28.1	17.3	42.2
None of the time	46.4	32.2	61.3
Area of state			
Metropolitan			
All of the time	4.1*	2.3	7.2
Most of the time	9.0	6.8	11.9
Some of the time	26.0	21.4	31.3
A little of the time	24.8	20.0	30.2
None of the time	35.3	30.0	41.0
Rural			
All of the time	5.1*	2.2	11.2
Most of the time	4.0	2.5	6.5
Some of the time	23.9	18.1	30.8
A little of the time	28.3	22.4	35.0
None of the time	37.9	30.7	45.6
Persons			
All of the time	4.5	2.8	7.4
Most of the time	7.2	5.6	9.2
Some of the time	25.2	21.5	29.2
A little of the time	25.7	21.9	29.9
None of the time	36.6	32.1	41.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Depressed thinking

Proxy respondents were asked how often in the past four weeks people with an intellectual disability showed signs of depression such as: talking about sad things; talking about being bad or no good; saying people don't like them or are picking on them; expressing concerns about their health or their body. Table 7.4 shows the proportion of persons who were reported to show one or more signs of depressed thinking by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made.

Overall, 4.9 per cent of people with an intellectual disability were reported to show one or more signs of depressed thinking most of the time. Approximately four out of ten (41.6 per cent) people with an intellectual disability were reported to show one or more signs of depressed thinking none of the time. A similar pattern was observed by sex, age and area of state.

Table 7.4: Signs of depressed thinking in the past four weeks, by sex, age group, and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
All of the time	4.1*	2.0	8.0
Most of the time	3.9	2.4	6.1
Some of the time	10.0	7.5	13.3
A little of the time	19.4	14.7	25.2
None of the time	45.9	39.9	52.1
Females			
All of the time	1.5*	0.6	3.6
Most of the time	6.4	4.1	9.8
Some of the time	20.3	14.8	27.2
A little of the time	22.3	16.9	28.7
None of the time	37.0	30.6	43.9
Age group (years)			
18–39			
All of the time	2.1*	1.0	4.4
Most of the time	7.3	4.9	10.6
Some of the time	14.7	11.3	19.0
A little of the time	21.6	17.4	26.4
None of the time	34.9	29.9	40.1
40–59			
All of the time	3.0*	1.2	7.0
Most of the time	5.2*	2.9	9.2
Some of the time	13.6	9.7	18.7
A little of the time	17.2	12.9	22.6
None of the time	47.7	41.4	54.0
60+			
All of the time	**		
Most of the time	**		
Some of the time	17.9*	8.4	34.2
A little of the time	24.3*	13.6	39.4
None of the time	44.6	30.6	59.4
Area of state			
Metropolitan			
All of the time	2.7*	1.2	5.8
Most of the time	5.0	3.4	7.4
Some of the time	12.9	9.2	17.6
A little of the time	21.4	16.9	26.7
None of the time	41.6	36.1	47.3
Rural			
All of the time	3.4*	1.5	7.2
Most of the time	4.6*	2.7	7.9
Some of the time	18.2	12.5	25.8
A little of the time	19.8	14.1	27.2
None of the time	41.6	34.1	49.6
Persons			
All of the time	2.8*	1.6	4.9
Most of the time	4.9	3.6	6.7
Some of the time	15.1	11.7	19.1
A little of the time	20.7	17.0	24.9
None of the time	41.6	37.1	46.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
95% CI = 95 per cent confidence interval.

Data are

age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Changes to general functioning

Proxy respondents were asked how often people with an intellectual disability seemed to take longer than usual to do things, or appeared to have slowed down, in the past four weeks. Table 7.5 shows the proportion of persons reported to show reduced general functioning by sex, age group and area of state. Data were not available for the general Victorian population (VPHS 2008), therefore no comparison can be made.

Overall, 5.2 per cent of people with an intellectual disability were reported to show reduced general functioning most of the time in the past four weeks. Approximately six out of ten (62.3 per cent) people with an intellectual disability were reported to show reduced general functioning none of the time in the past four weeks. A similar pattern was observed by sex, age and area of state.

Table 7.5: Signs of reduced general functioning in the past four weeks, by sex, age group and area of state

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Sex			
Males			
All of the time	1.5*	0.7	3.2
Most of the time	5.1*	2.9	8.7
Some of the time	14.9	10.7	20.4
A little of the time	11.1	8.5	14.5
None of the time	65.4	59.3	71.0
Females			
All of the time	2.9*	1.4	5.7
Most of the time	5.6	3.7	8.5
Some of the time	20.2	14.7	27.1
A little of the time	12.0	8.4	16.9
None of the time	58.5	51.4	65.2
Age group (years)			
18–39			
All of the time	2.4*	1.2	4.8
Most of the time	7.2	4.9	10.4
Some of the time	15.4	11.9	19.7
A little of the time	12.7	9.6	16.7
None of the time	60.7	55.3	65.8
40–59			
All of the time	3.1*	1.4	6.7
Most of the time	3.7*	2.1	6.7
Some of the time	14.7	10.6	20.2
A little of the time	13.7	9.9	18.7
None of the time	62.6	56.2	68.6
60+			
All of the time	0.0		
Most of the time	**		
Some of the time	24.8*	13.7	40.7
A little of the time	**		
None of the time	64.7	49.3	77.5
Area of state			
Metropolitan			
All of the time	1.7*	0.9	3.2
Most of the time	6.5	4.3	9.7
Some of the time	14.3	11.1	18.2
A little of the time	12.7	9.5	16.7
None of the time	63.6	58.3	68.5
Rural			
All of the time	2.9*	1.3	6.4
Most of the time	3.2*	1.7	5.7
Some of the time	21.5	15.3	29.5
A little of the time	9.7	6.6	14.2
None of the time	61.0	53.0	68.5
Persons			
All of the time	2.1*	1.2	3.5
Most of the time	5.2	3.7	7.3
Some of the time	17.4	13.8	21.6
A little of the time	11.6	9.2	14.4
None of the time	62.3	57.7	66.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are

age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Depressed mood

Another indicator of psychological distress is the extent to which people have a depressed mood. Proxy respondents were asked how often in the past four weeks the people with an intellectual disability demonstrated one or more of the following signs of a depressed mood: crying more often or easily; looking sad, unhappy, depressed; less or lack of emotional response or expressiveness; less or lost sense of humour; or laughing.

Table 7.6 shows the proportion of persons who were reported as showing signs of a depressed mood over the past four weeks by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made.

Overall, 3.9 per cent of people with an intellectual disability were reported as showing signs of a depressed mood most of the time. Approximately six out of ten (57.5 per cent) people with an intellectual disability were reported as showing signs of a depressed mood none of the time.

Table 7.6: Signs of depressed mood, by sex, age group and area of state

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Sex			
Males			
All of the time	1.7*	0.9	3.5
Most of the time	3.8*	2.3	6.2
Some of the time	12.1	9.4	15.4
A little of the time	18.7	14.9	23.2
None of the time	62.8	57.9	67.5
Females			
All of the time	**		
Most of the time	4.0*	2.3	6.8
Some of the time	20.9	15.6	27.4
A little of the time	21.3	16.4	27.2
None of the time	51.8	44.9	58.6
Age group (years)			
18–39			
All of the time	2.3*	1.1	4.6
Most of the time	5.1	3.2	8.1
Some of the time	17.9	14.1	22.4
A little of the time	21.2	17.2	25.9
None of the time	53.1	47.7	58.4
40–59			
All of the time	**		
Most of the time	4.7*	2.5	8.5
Some of the time	15.8	11.7	21.0
A little of the time	23.9	18.9	29.8
None of the time	52.9	46.5	59.1
60+			
All of the time	**		
Most of the time	**		
Some of the time	14.1*	6.4	28.3
A little of the time	11.8*	5.1	24.9
None of the time	72.3	57.5	83.5
Area of state			
Metropolitan			
All of the time	1.9*	1.0	3.5
Most of the time	4.2	2.8	6.4
Some of the time	16.1	12.5	20.3
A little of the time	22.4	18.0	27.6
None of the time	54.6	49.1	60.1
Rural			
All of the time	**		
Most of the time	3.5*	1.7	7.1
Some of the time	16.2	11.1	23.2
A little of the time	16.2	12.2	21.3
None of the time	62.2	54.8	69.1
Persons			
All of the time	1.5*	0.9	2.7
Most of the time	3.9	2.7	5.6
Some of the time	16.3	13.2	20.0
A little of the time	20.0	16.8	23.6
None of the time	57.5	53.1	61.8

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Use of mental health services

Survey respondents were asked if they had sought help from a medical professional for a mental health disorder in the past 12 months. Table 7.7 shows the proportion of persons who sought help for a mental health disorder in the 12 months prior to the survey, by sex, age group and area of state.

More than one in four (26.0 per cent) people with an intellectual disability sought professional help for a mental health disorder in the past 12 months, higher than the general Victorian population (VPHS 2008) (11.4 per cent). A similar pattern was observed by sex, age and area of state.

Table 7.7: Sought professional help for a mental health problem in the past 12 months, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males	28.3	22.9	34.5	8.6	7.9	9.4
Females	23.6	18.9	29.2	14.1	13.3	14.8
Age group (years)						
18–39	26.0	21.5	30.9	13.4	12.4	14.5
40–59	27.0	21.9	32.8	12.8	12.0	13.6
60+	24.7*	14.4	38.9	5.6	5.1	6.2
Area of state						
Metropolitan	29.0	24.0	34.4	11.2	10.5	11.8
Rural	21.7	16.3	28.3	12.0	11.1	12.9
Persons	26.0	22.3	30.2	11.4	10.8	11.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Sources of professional help

Proxy respondents who reported that people with an intellectual disability had sought professional help for a mental health disorder were asked who that person had sought help from in the past 12 months. Table 7.8 and figure 7.2 show the various sources of professional help sought for a mental health disorder.

More than one third (37.6 per cent) of people with an intellectual disability who sought professional help consulted a general practitioner, while 18.8 per cent consulted a private counsellor or psychologist, lower than the general Victorian population (VPHS 2008) (60.7 per cent and 38.1 per cent respectively). More than one third (37.0 per cent) of people with an intellectual disability who sought professional help consulted a private psychiatrist, while 16.5 per cent consulted a public mental health service community service, higher than the general Victorian population (VPHS 2008) (18.9 per cent and 6.1 per cent respectively).

Table 7.8: Sources of professional help for a mental health problem in the past 12 months

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
General practitioner	37.6	29.3	46.8	60.7	58.2	63.2
Private psychiatrist	37.0	29.0	45.8	18.9	17.0	20.9
Private counselling service/psychologist	18.8	13.2	26.1	38.1	35.7	40.5
Public mental health service community service	16.5	10.2	25.4	6.1	5.0	7.5
Community health service	7.0	4.2	11.4	4.3	3.4	5.5
Other	6.2	3.7	10.0	4.5	3.6	5.6

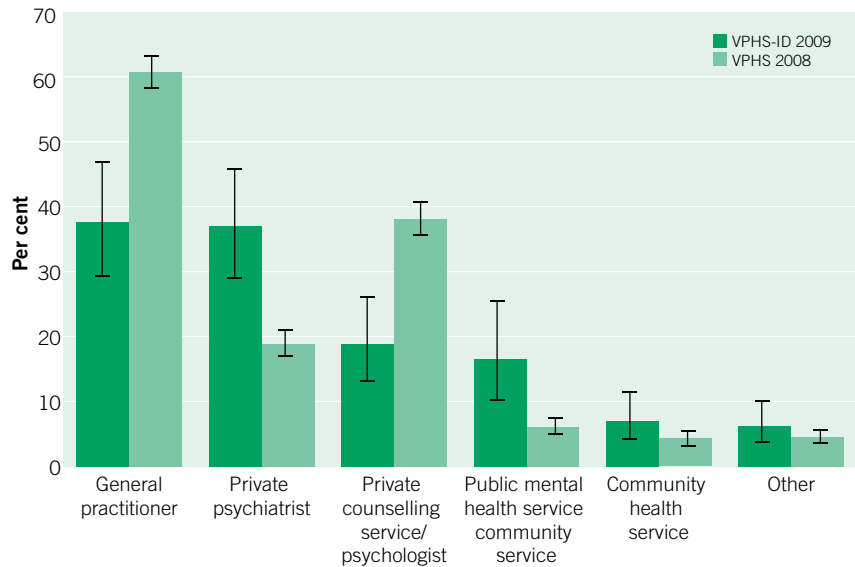
VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
 95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Figure 7.2: Sources of professional help for a mental health problem in the last 12 months



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8. Connections with others



8. Connections with others

The Victorian Population Health Survey of People with an Intellectual Disability included questions on social support and community connections and participation. The survey collected information on informal social contacts (friends, family and neighbours) and membership or involvement with broader organisations such as sporting clubs, professional associations and community groups. It also collected data on other indicators of social cohesion. This section presents survey findings under headings that describe some key enabling and reinforcing factors of social cohesion.

Survey results

Interaction, information and communication

Contact with others

- Overall, 88.1 per cent of people with an intellectual disability had communicated with five or more people on a typical weekday.
- Seven in ten (70.1 per cent) people with an intellectual disability had spoken with five or more people on a typical weekend.

Neighbourhood setting

Years lived in current neighbourhood

- Almost seven in ten (68.0 per cent) people with an intellectual disability had been resident in their neighbourhood or local area for ten years or more, higher than the general Victorian population (VPHS 2008) (50.9 per cent).
- A lower proportion of people with an intellectual disability had lived in their current neighbourhood for either less than a year (2.0 per cent) or between one and five years (14.4 per cent), compared with the general Victorian population (VPHS 2008) (8.4 per cent and 22.9 per cent respectively).

Social and support networks

Ability to get help from family, friends and neighbours

- More than seven in ten (73.1 per cent) people with an intellectual disability could definitely get help from family if needed, lower than the general Victorian population (VPHS 2008) (80.3 per cent). People with an intellectual disability living in the metropolitan area were less likely to definitely get help from family if needed (70.6 per cent), compared with the general Victorian population in the metropolitan area (80.0 per cent).
- A lower proportion of people with an intellectual disability (39.1 per cent), than the general Victorian population (VPHS 2008) (80.6 per cent), could definitely get help from friends if needed.
- Almost three in ten (29.9 per cent) people with an intellectual disability felt they could definitely get help from neighbours if required, lower than the general Victorian population (VPHS 2008) (50.2 per cent).

Help with care in the case of an emergency

- More than seven in ten (71.8 per cent) people with an intellectual disability had someone outside their household who could provide care in the event of an emergency, lower than the general Victorian population (VPHS 2008) (88.5 per cent). Similar patterns were observed by sex, age group and area of state.

Ability to get respite care in an emergency

- Almost six in ten (60.5 per cent) people with an intellectual disability were able to get respite care in an emergency.

Receiving help from a volunteer organisation

- Almost one in five (19.8 per cent) people with an intellectual disability receive help from a volunteer organisation, higher than the general Victorian population (VPHS 2008) (5.8 per cent). Similar patterns were observed by sex, age group and area of state.

Attending a support group meeting

- Almost one in five (19.1 per cent) people with an intellectual disability had attended a support group meeting in the past two years, higher than the general Victorian population (VPHS 2008) (10.0 per cent).
- A higher proportion (29.4 per cent) of people with an intellectual disability living in rural areas had attended a support group meeting within the past two years, compared with the general Victorian rural population (VPHS 2008) (9.3 per cent).
- The proportion of people with an intellectual disability who attended a support group meeting in the past two years did not differ by sex.

Help regarding things to do in free time

- The most common source of information for things to do in free time was from a parent (41.8 per cent), followed by a paid support person/ staff (37.5 per cent), another relative (20.6 per cent), staff at a day centre or educational facility (13.6 per cent) and a friend (6.1 per cent). A similar pattern was observed for males and females.
- People with an intellectual disability aged 18 to 39 years were more likely to ask their parents and less likely to ask paid support staff for information about things to do in their free time, compared with people from other age groups.

Desire to see friends and family more often

- More than half (56.5 per cent) of all people with an intellectual disability expressed a desire to see friends and family more often. A similar pattern was observed by sex, age group and area of state.

Barriers to seeing friends and family more often

- Travel problems were the most common (46.0 per cent) reason that prevented people with an intellectual disability seeing friends and family more often, followed by not having enough time (29.9 per cent), family issues or other commitments (14.2 per cent) and parents or siblings being too old (7.8 per cent). A similar pattern was observed by sex, age group and area of state.

Community and civic engagement

Membership of an organised group

- More than one in five (22.6 per cent) people with an intellectual disability was a member of a sports group and almost one in six (16.0 per cent) was a member of a church group, similar to the general Victorian population (VPHS 2008). More than one in four (25.7 per cent) people with an intellectual disability belonged to a community or other action group, higher than the general Victorian population (VPHS 2008) (19.0 per cent).
- A lower proportion (25.1 per cent) of males with an intellectual disability belonged to a sports group, compared with the general Victorian population (VPHS 2008) (31.9 per cent). The proportion of females with an intellectual disability who were members of a community action group (26.8 per cent) was higher than the proportion for the general Victorian population (VPHS 2008) (19.2 per cent).
- A lower proportion (13.7 per cent) of people with an intellectual disability aged 18 to 39 years belonged to a church group, compared with the same age group in the general Victorian population (VPHS 2008) (27.4 per cent).
- Almost one-quarter (23.9 per cent) of people with an intellectual disability aged 40 to 59 years belonged to a sports group, higher than the same age group in the general Victorian population (VPHS 2008) (11.8 per cent).
- Belonging to a sports group was less common for people with an intellectual disability living in rural areas (23.3 per cent) than the general Victorian rural population (VPHS 2008) (31.3 per cent).

Attendance at a local event

- More than seven in ten (74.1 per cent) people with an intellectual disability had attended a community event in the past six months, higher than the general Victorian population (VPHS 2008) (52.9 per cent). A similar pattern was observed by sex, age group and area of state.

Volunteering

- More than one in ten (13.0 per cent) people with an intellectual disability definitely helped out a local group as a volunteer, and a further 5.0 per cent sometimes did so, lower than the general Victorian population (VPHS 2008) (22.2 per cent and 10.2 per cent respectively). A similar pattern was observed by sex, age group and area of state, except for people aged 18 to 39 years, where there was no difference between the two population groups in definitely helping out a local group as a volunteer.

Access to community resources

- More than six in ten (66.6 per cent) people with an intellectual disability could definitely access community resources when required, lower than the general Victorian population (VPHS 2008) (84.0 per cent). A similar pattern was observed by sex, age group and area of state, except for people aged 60 years and over, where there was no difference between the two populations in the proportions who could definitely access community resources when required.

Participation in daily activities

- The most common activity participated in by people with an intellectual disability in the past week was shopping (94.7 per cent) followed by having a meal in a café or pub (84.8 per cent), visiting friends or family (77.1 per cent), going to the hairdresser (63.3 per cent), going to the cinema, a concert or play (53.6 per cent), playing sport or swimming (47.2 per cent), going to a pub or club (44.5 per cent), participating in other activities (41.5 per cent), visiting a library (27.1 per cent) and watching sport (20.0 per cent).

Interaction, information and communication

Communication is central to developing and maintaining social ties, sharing knowledge and information, and staying in touch with events. There are many ways to stay in touch, apart from meeting face-to-face or speaking on the telephone. Some people with an intellectual disability have complex communication needs. A person with complex communication needs is someone who does not speak or whose speech is difficult to understand. Having little or no speech does not mean a person cannot communicate. It may mean a person communicates in different ways. The effectiveness of the communication may depend on the assistance of a skilled communication partner or a communication device.

Contact with others

The Victorian Population Health Survey of People with an Intellectual Disability collected information on the number of persons with whom the individual with an intellectual disability communicated, either face-to-face or by telephone, on a typical weekday and a typical weekend. The number of contacts on an average day does not necessarily reflect social isolation or detachment, but a lack of social contact may imply some vulnerability from not being in touch with people or events.

Table 8.1 provides data on the number of persons with whom an individual communicated on a typical weekday, by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made.

Overall, 88.1 per cent of people with an intellectual disability communicated with five or more people on a typical weekday.

Table 8.1: Number of persons communicated with on a weekday, by sex, age group and area of state

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Sex			
Males			
None at all	1.0*	0.4	2.4
Less than 5	7.6	5.4	10.7
5–9	19.5	14.9	25.1
10 or more	69.0	62.8	74.6
Females			
None at all	**		
Less than 5	9.5	6.2	14.3
5–9	22.0	16.7	28.4
10 or more	65.9	58.9	72.2
Age group (years)			
18–39			
None at all	**		
Less than 5	9.7	6.9	13.3
5–9	18.9	15.0	23.5
10 or more	69.8	64.6	74.5
40–59			
None at all	**		
Less than 5	9.3	6.1	13.9
5–9	19.0	14.4	24.6
10 or more	69.9	63.6	75.4
60+			
None at all	**		
Less than 5	**		
5–9	26.5	15.7	41.0
10 or more	59.5	44.4	73.0
Area of state			
Metropolitan			
None at all	1.0*	0.4	2.2
Less than 5	10.2	7.2	14.2
5–9	25.1	20.2	30.7
10 or more	62.4	56.6	67.8
Rural			
None at all	**		
Less than 5	6.0	3.6	9.7
5–9	13.9	9.4	20.0
10 or more	75.5	67.8	81.9
Persons			
None at all	**		
Less than 5	8.5	6.4	11.2
5–9	20.7	17.1	24.8
10 or more	67.4	62.8	71.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 8.2 shows the proportion of persons with whom an individual communicated on a typical weekend, by sex, age group and area of state. Data were not available for the general Victorian population (VPHS), therefore no comparison can be made. Overall, seven in ten (70.1 per cent) people with an intellectual disability communicated with five or more people on a typical weekend.

Table 8.2: Number of persons communicated with on a weekend, by sex, age group and area of state

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Sex			
Males			
None at all	**		
Less than 5	28.4	23.0	34.6
5–9	38.3	32.7	44.1
10 or more	31.7	26.1	38.0
Females			
None at all	**		
Less than 5	28.6	22.6	35.5
5–9	41.1	34.5	48.0
10 or more	29.4	23.5	36.1
Age group (years)			
18–39			
None at all	**		
Less than 5	30.2	25.4	35.4
5–9	45.6	40.3	51.0
10 or more	22.8	18.6	27.6
40–59			
None at all	**		
Less than 5	23.7	18.6	29.8
5–9	37.0	31.2	43.1
10 or more	37.7	31.7	44.0
60+			
None at all			
Less than 5	32.8	20.5	48.1
5–9	32.6	20.4	47.8
10 or more	33.9	21.5	49.1
Area of state			
Metropolitan			
None at all	**		
Less than 5	29.8	24.7	35.6
5–9	41.3	35.8	47.0
10 or more	27.3	23.0	32.0
Rural			
None at all	**		
Less than 5	27.1	20.7	34.5
5–9	37.0	30.2	44.5
10 or more	35.1	28.0	42.9
Persons			
None at all	**		
Less than 5	28.5	24.4	33.1
5–9	39.5	35.2	44.0
10 or more	30.6	26.5	35.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009
95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Neighbourhood Setting

Years lived in current neighbourhood

Neighbourhoods are an important unit in society. One indicator of the stability of neighbourhoods is the number of years that a person has lived in their current neighbourhood. Table 8.3 shows the proportion of persons who reported having lived in their neighbourhood (local area/suburb/town) for intervals ranging from less than a year, to ten years or more, by sex, age group and area of state. Almost seven in ten (68.0 per cent) people with an intellectual disability had been resident in their neighbourhood or local area for ten years or more, higher than the general Victorian population (VPHS 2008) (50.9 per cent). Similar patterns were observed by sex, age group and area of state, except for people with an intellectual disability aged 60 years and over, for whom there was no difference. Of the remainder, a lower proportion (2.0 per cent) of people with an intellectual disability had lived in their current neighbourhood for less than a year and 14.4 per cent had been in their neighbourhood for between one and five years, compared with the general Victorian population (VPHS 2008) (8.4 per cent, 22.9 per cent respectively).

Table 8.3: Years lived in current neighbourhood, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Less than a year	3.0	1.8	5.2	8.7	7.9	9.6
One year to less than five years	15.6	11.3	21.0	23.0	21.9	24.2
Five years to less than 10 years	11.0	7.6	15.6	16.8	15.9	17.8
10 years and more	69.8	63.7	75.3	51.3	50.0	52.5
Females						
Less than a year	**			8.2	7.5	8.8
One year to less than five years	13.3	9.5	18.4	22.7	21.8	23.6
Five years to less than 10 years	20.0	14.5	26.9	18.4	17.6	19.2
10 years and more	66.0	59.0	72.5	50.6	49.6	51.5
Age group (years)						
18–39						
Less than a year	3.3*	1.8	5.8	15.2	14.1	16.4
One year to less than five years	13.8	10.5	17.9	36.0	34.5	37.5
Five years to less than 10 years	11.0	8.1	14.8	18.4	17.3	19.6
10 years and more	71.9	66.9	76.5	30.3	28.8	31.8
40–59						
Less than a year	**			4.5	4.0	5.1
One year to less than five years	15.9	11.9	21.1	16.5	15.6	17.4
Five years to less than 10 years	14.7	10.6	20.0	20.7	19.7	21.7
10 years and more	66.7	60.4	72.5	58.2	57.0	59.4
60+						
Less than a year	..	..	..	2.3	2.0	2.7
One year to less than five years	13.2*	5.8	27.4	9.4	8.7	10.1
Five years to less than 10 years	23.7*	12.9	39.5	11.7	10.9	12.5
10 years and more	62.8	47.3	76.1	76.4	75.3	77.4
Area of state						
Metropolitan						
Less than a year	2.1	1.2	3.7	8.4	7.7	9.0
One year to less than five years	13.0	10.0	16.7	22.5	21.7	23.4
Five years to less than 10 years	16.7	12.3	22.2	17.3	16.5	18.1
10 years and more	68.2	62.5	73.4	51.6	50.7	52.6
Rural						
Less than a year	2.1*	0.8	5.2	8.5	7.7	9.4
One year to less than five years	16.5	11.1	23.8	23.8	22.5	25.1
Five years to less than 10 years	13.2	8.4	20.3	18.6	17.6	19.7
10 years and more	67.3	59.2	74.5	49.1	47.7	50.5
Persons						
Less than a year	2.0	1.2	3.4	8.4	7.9	9.0
One year to less than five years	14.4	11.4	18.0	22.9	22.2	23.6
Five years to less than 10 years	15.3	11.9	19.4	17.6	17.0	18.3
10 years and more	68.0	63.3	72.3	50.9	50.1	51.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Social and support networks

Families, friends and neighbours are among the more immediate sources of care and support for individuals in need of help with everyday activities or unforeseen contingencies. They are part of the social environment in which adults spend a large part of each day and in which children grow and develop. Social and support networks refer to informal relationships that individuals have with family, friends, neighbours and other members of their community. These networks often serve as a resource, providing individuals with information or emotional, practical and financial support. These resources are often provided to an individual without obligation, except for a norm of reciprocity. At a social level, social and support networks provide individuals with a sense of belonging.

Another layer of support within the community is provided by volunteer organisations and support groups. Many individuals receive help from these organisations. They provide a vehicle for individuals or groups to address human, environmental and social needs. Support groups provide an opportunity for people to share experiences with others with similar backgrounds or experiences, and they often benefit from the work of volunteers.

Ability to get help from family, friends and neighbours

An individual's informal relationships with family, friends and neighbours provide valuable support in times of need. Proxy respondents were asked whether people with an intellectual disability were able to get help from family, friends and neighbours if needed. Tables 8.4–8.6 show the proportion of persons who could get help from each of these sources, by sex, age group and area of state.

Family

More than seven in ten (73.1 per cent) people with an intellectual disability were definitely able to get help from family if needed (table 8.4), lower than the general Victorian population (VPHS 2008) (80.3 per cent). People with an intellectual disability living in the metropolitan area were less likely to be definitely able to get help from family if needed (70.6 per cent), compared with the general Victorian population living in the metropolitan area (80.0 per cent).

Table 8.4: Ability to get help from family members when needed, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Not at all	11.2	7.8	15.8	3.9	3.5	4.4
Not often	4.5	2.9	6.7	2.5	2.2	3.0
Sometimes	9.7	6.8	13.6	12.1	11.2	13.0
Yes, definitely	73.4	67.8	78.4	80.8	79.7	81.8
Females						
Not at all	12.9	8.6	18.9	4.3	3.9	4.7
Not often	4.6	2.7	7.5	3.8	3.4	4.2
Sometimes	9.2	6.0	14.1	11.6	11.0	12.3
Yes, definitely	73.0	66.3	78.8	79.9	79.1	80.7
Age group (years)						
18–39						
Not at all	5.2	3.3	8.1	3.3	2.8	3.9
Not often	4.2	2.5	7.0	3.1	2.6	3.7
Sometimes	7.3	5.0	10.6	12.1	11.1	13.2
Yes, definitely	82.7	78.3	86.4	81.1	79.9	82.3
40–59						
Not at all	10.1	7.1	14.1	5.0	4.5	5.5
Not often	5.9	3.6	9.5	3.9	3.4	4.4
Sometimes	14.2	10.3	19.3	13.6	12.8	14.5
Yes, definitely	69.3	63.3	74.7	77.1	76.0	78.1
60+						
Not at all	27.1	16.6	41.0	4.2	3.8	4.7
Not often	3.0*	1.3	6.7	2.3	2.0	2.7
Sometimes	**			8.8	8.1	9.5
Yes, definitely	62.1	47.6	74.6	83.9	83.0	84.8
Area of state						
Metropolitan						
Not at all	12.8	9.2	17.5	4.2	3.8	4.6
Not often	5.1	3.4	7.4	3.2	2.9	3.6
Sometimes	10.6	7.4	15.0	12.1	11.4	12.8
Yes, definitely	70.6	65.1	75.6	80.0	79.1	80.8
Rural						
Not at all	10.8	6.6	17.4	3.8	3.4	4.3
Not often	3.6*	1.9	6.4	3.1	2.7	3.6
Sometimes	8.0	5.1	12.2	11.1	10.3	12.0
Yes, definitely	77.2	70.0	83.1	81.6	80.6	82.6
Persons						
Not at all	12.1	9.2	15.7	4.1	3.8	4.4
Not often	4.5	3.2	6.2	3.2	2.9	3.5
Sometimes	9.5	7.2	12.5	11.9	11.3	12.4
Yes, definitely	73.1	68.8	77.1	80.3	79.7	81.0

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Friends

Table 8.5 shows the proportion of persons who could get help from friends if needed. A lower proportion of people with an intellectual disability (39.1 per cent), than the general Victorian population (VPHS 2008) (80.6 per cent) could definitely get help from friends. A similar pattern was observed in ability to definitely get help from friends by sex, age group and area of state.

Table 8.5: Ability to get help from friends when needed, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Not at all	31.9	26.8	37.5	2.4	2.0	2.7
Not often	8.2	5.6	12.0	2.7	2.3	3.2
Sometimes	19.9	15.5	25.2	14.7	13.8	15.7
Yes, definitely	39.3	33.4	45.7	79.5	78.4	80.6
Females						
Not at all	31.2	25.1	37.9	2.8	2.5	3.1
Not often	8.9	5.4	14.4	2.3	2.0	2.6
Sometimes	17.8	14.1	22.3	12.7	12.0	13.5
Yes, definitely	39.5	32.9	46.6	81.7	80.9	82.5
Age group (years)						
18–39						
Not at all	34.0	29.1	39.2	1.6	1.3	2.0
Not often	8.4	5.8	12.1	2.2	1.8	2.7
Sometimes	21.9	17.7	26.7	14.4	13.3	15.6
Yes, definitely	35.3	30.3	40.6	81.6	80.3	82.9
40–59						
Not at all	30.1	24.8	36.0	2.5	2.1	2.9
Not often	7.1	4.5	11.0	2.6	2.2	3.1
Sometimes		16.0	26.3	15.1	14.2	16.0
Yes, definitely	40.2	34.0	46.7	79.4	78.4	80.5
60+						
Not at all	30.5	19.0	45.1	4.5	3.9	5.0
Not often	11.8*	5.1	24.9	2.9	2.4	3.4
Sometimes	10.4*	4.7	21.5	10.4	9.7	11.2
Yes, definitely	44.2	30.1	59.3	80.5	79.4	81.5
Area of state						
Metropolitan						
Not at all	36.9	31.6	42.6	2.7	2.4	3.0
Not often	11.0	7.5	16.0	2.8	2.5	3.2
Sometimes	19.8	15.8	24.5	14.3	13.6	15.1
Yes, definitely	30.1	25.7	35.0	79.5	78.6	80.3
Rural						
Not at all	24.2	18.7	30.7	2.4	2.0	2.8
Not often	5.3	3.2	8.5	1.6	1.3	2.0
Sometimes	17.4	13.2	22.5	11.9	11.0	12.8
Yes, definitely	52.3	45.5	59.1	83.6	82.6	84.6
Persons						
Not at all	31.8	27.8	36.2	2.6	2.3	2.8
Not often	8.8	6.4	11.9	2.5	2.2	2.8
Sometimes	18.8	15.8	22.1	13.7	13.1	14.3
Yes, definitely	39.1	34.6	43.8	80.6	79.9	81.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

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95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Neighbours

Table 8.6 shows the proportion of persons who could get help from neighbours if needed. A lower proportion of people with an intellectual disability (29.9 per cent), than the general Victorian population (VPHS 2008) (50.2 per cent), could definitely get help from neighbours. Similarly, a lower proportion of people with an intellectual disability in each age group could definitely get help from neighbours if needed, compared with people from the corresponding age groups in the general Victorian population (VPHS 2008). A similar pattern was observed by sex and area of state.

Table 8.6: Ability to get help from neighbours when needed, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Not at all	43.7	37.7	50.0	16.6	15.6	17.7
Not often	7.9	5.2	11.8	7.7	7.0	8.5
Sometimes	16.7	12.7	21.6	21.3	20.2	22.5
Yes, definitely	28.4	23.0	34.6	50.2	48.9	51.5
Females						
Not at all	45.2	38.4	52.2	17.1	16.3	18.0
Not often	4.3	2.5	7.1	7.5	6.9	8.1
Sometimes	14.0	10.2	18.9	21.6	20.7	22.5
Yes, definitely	31.7	25.6	38.6	50.3	49.2	51.3
Age group (years)						
18–39						
Not at all	45.6	40.3	51	21.8	20.5	23.2
Not often	5.5	3.5	8.5	9.8	8.9	10.8
Sometimes	16.9	13.2	21.4	25.4	24.0	26.9
Yes, definitely	29.8	25.1	35.0	38.9	37.3	40.5
40–59						
Not at all	41.2	35.2	47.6	14.6	13.7	15.5
Not often	8.1	5.2	12.4	6.8	6.2	7.4
Sometimes	16.9	12.7	22.2	22.1	21.1	23.2
Yes, definitely	29.6	24.0	35.8	53.3	52.1	54.6
60+						
Not at all	47.4	33.1	62.1	11.8	11.0	12.7
Not often	5.0*	1.7	13.3	4.8	4.3	5.4
Sometimes	10.3*	4.2	22.7	13.5	12.6	14.4
Yes, definitely	30.5	18.6	45.8	65.6	64.4	66.8
Area of state						
Metropolitan						
Not at all	47.1	41.5	52.8	18.2	17.4	19.0
Not often	7.0	4.7	10.4	8.0	7.4	8.6
Sometimes	16.0	12.2	20.8	22.2	21.4	23.2
Yes, definitely	27.0	22.1	32.4	47.6	46.6	48.6
Rural						
Not at all	39.8	32.3	47.7	13.1	12.1	14.1
Not often	5.1*	2.9	8.8	6.6	5.9	7.3
Sometimes	14.9	10.9	19.9	19.3	18.1	20.5
Yes, definitely	34.6	27.4	42.5	57.8	56.4	59.3
Persons						
Not at all	44.5	39.9	49.2	16.9	16.3	17.6
Not often	6.3	4.6	8.6	7.6	7.1	8.1
Sometimes	15.4	12.5	18.7	21.4	20.7	22.2
Yes, definitely	29.9	25.8	34.4	50.2	49.4	51.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Help with care in the case of an emergency

Table 8.7 shows the proportion of persons who could rely on a relative or a friend not living with them to care for them in an emergency, by sex, age group and area of state. More than seven in ten (71.8 per cent) people with an intellectual disability were able to rely on a friend or relative to care for them in the event of an emergency, lower than the general Victorian population (VPHS 2008) (88.5 per cent). Similar patterns were observed by sex, age group and area of state.

Table 8.7: Ability to get care from relatives or friends in an emergency, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Yes	69.9	64.2	75.1	87.5	86.6	88.3
No	27.9	22.8	33.5	9.9	9.2	10.7
Females						
Yes	74.8	68.2	80.3	89.5	88.9	90.1
No	22.6	17.3	28.9	8.2	7.7	8.8
Age group (years)						
18–39						
Yes	76.2	71.4	80.5	92.6	91.7	93.4
No	21.9	17.7	26.6	6.3	5.6	7.2
40–59						
Yes	74.4	68.9	79.2	87.3	86.4	88.1
No	23.4	18.8	28.7	10.2	9.5	11.0
60+						
Yes	60.0	45.6	72.8	83.2	82.2	84.1
No	35.9	23.9	49.9	12.1	11.3	13.0
Area of state						
Metropolitan						
Yes	67.5	61.8	72.7	87.8	87.2	88.5
No	28.9	23.9	34.4	9.5	8.9	10.1
Rural						
Yes	78.4	71.9	83.7	90.5	89.8	91.2
No	20.7	15.5	27.1	7.6	7.0	8.3
Persons						
Yes	71.8	67.5	75.7	88.5	88.0	89.0
No	25.7	21.9	29.9	9.1	8.6	9.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Ability to get respite care in an emergency

Table 8.8 shows the ability of people with an intellectual disability to seek respite care in case of an emergency, by sex, age group and area of state. Data were not available for this question from the general Victorian population (VPHS), therefore no comparison can be made. About six in ten (60.5 per cent) people with an intellectual disability had the ability to get respite care in an emergency.

Table 8.8: Ability to get respite care in an emergency, by sex, age group and area of state

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Sex			
Males			
Yes	60.5	54.3	66.4
No	17.2	13.3	21.9
Not applicable	7.3	4.8	10.9
Don't know	15.0	10.6	20.8
Females			
Yes	60.4	53.4	67.0
No	15.0	11.1	19.9
Not applicable	4.7*	2.3	9.3
Don't know	19.9	14.6	26.7
Age group (years)			
18–39			
Yes	57.7	52.4	62.9
No	22.9	18.7	27.7
Not applicable	4.3	2.6	6.9
Don't know	15.1	11.6	19.3
40–59			
Yes	68.3	62.3	73.7
No	10.2	7.3	14.3
Not applicable	6.3	4.1	9.5
Don't know	15.2	11.1	20.4
60+			
Yes	53.9	39.0	68.1
No	12.6*	6.0	24.6
Not applicable	9.2*	3.7	21.0
Don't know	24.3*	13.1	40.5
Area of state			
Metropolitan			
Yes	56.6	50.9	62.1
No	19.8	15.7	24.7
Not applicable	6.0	3.9	9.2
Don't know	17.6	13.6	22.5
Rural			
Yes	67.5	59.8	74.4
No	10.3	7.5	14.1
Not applicable	6.1*	3.2	11.4
Don't know	16.1	10.4	23.9
Persons			
Yes	60.5	55.9	65.0
No	16.0	13.2	19.3
Not applicable	6.2	4.3	8.8
Don't know	17.3	13.7	21.6

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Receiving help from a volunteer organisation

Many volunteer organisations seek to address human, environmental and social needs within the community. An important principle of volunteering is respecting the rights, dignity and culture of those who are afforded material or other assistance. Proxy respondents were asked whether people with an intellectual disability were receiving any help from volunteer organisations.

Table 8.9 shows the proportion of people with an intellectual disability who had received help from volunteer organisations, by sex, age group and area of state. Almost one in five (19.8 per cent) people with an intellectual disability received some help from a volunteer organisation, higher than the general Victorian population (VPHS 2008) (5.8 per cent). Similar patterns were observed by sex, age group and area of state.

Table 8.9: Received help from a volunteer organisation, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Yes	24.3	18.9	30.7	5.7	5.1	6.3
No	74.8	68.4	80.2	93.9	93.3	94.5
Females						
Yes	15.1	10.9	20.7	5.9	5.4	6.3
No	83.9	78.4	88.3	93.8	93.4	94.3
Age group (years)						
18–39						
Yes	20.7	16.6	25.5	4.6	4.0	5.4
No	78.5	73.7	82.6	95.0	94.3	95.7
40–59						
Yes	14.6	10.7	19.6	4.6	4.1	5.2
No	83.8	78.7	87.8	95.1	94.5	95.6
60+						
Yes	26.2*	14.8	42.0	9.6	8.9	10.4
No	73.8	58.0	85.2	89.9	89.1	90.6
Area of state						
Metropolitan						
Yes	19.8	16.2	24.1	6.2	5.1	7.5
No	79.2	74.9	83.0	94.0	93.5	94.5
Rural						
Yes	19.9	14.1	27.2	6.2	5.7	6.8
No	79.7	72.4	85.5	93.5	92.9	94.0
Persons						
Yes	19.8	16.2	24.1	5.8	5.4	6.2
No	79.2	74.9	83.0	93.9	93.5	94.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Attending a support group meeting

There are a range of support groups in which individuals support one another to deal with an issue they have in common, sometimes with the aid of a facilitator, counsellor or other professional. Proxy respondents were asked whether people with an intellectual disability had been to any support group meetings over the past two years.

Table 8.10 presents data for persons who had attended a support group meeting within the past two years, by sex, age group and area of state. Almost one in five (19.1 per cent) people with an intellectual disability attended a support group meeting in the past two years, higher than the general Victorian population (VPHS 2008) (10.0 per cent). A similar pattern was observed by sex. A higher proportion (29.4 per cent) of people with an intellectual disability living in rural areas had attended a support group meeting within the past two years, compared with the general Victorian rural population (VPHS 2008) (9.3 per cent). People with an intellectual disability were more likely to attend a support group at a younger age than the general Victorian population.

Table 8.10: Attended a support group meeting in the past two years by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Yes	20.8	16.1	26.6	9.2	8.5	10.0
No	78.1	72.4	83.0	90.7	89.9	91.4
Females						
Yes	17.2	12.9	22.6	10.8	10.2	11.5
No	81.4	76.0	85.9	88.9	88.3	89.6
Age group (years)						
18–39						
Yes	21.1	17.0	26.0	8.8	7.9	9.7
No	78.8	73.9	82.9	91.1	90.1	91.9
40–59						
Yes	21.9	16.9	27.8	10.8	10.0	11.6
No	75.3	69.2	80.5	89.1	88.3	89.9
60+						
Yes	11.3*	4.4	26.3	11.1	10.3	11.9
No	88.2	73.5	95.3	88.7	87.9	89.5
Area of state						
Metropolitan						
Yes	12.8	9.8	16.5	12.8	11.5	14.2
No	86.0	82.3	89.1	90.5	89.9	91.1
Rural						
Yes	29.4	22.8	37.0	9.3	8.8	10.0
No	69.6	62.0	76.2	88.2	87.3	89.0
Persons						
Yes	19.1	15.8	22.9	10.0	9.5	10.5
No	79.8	75.9	83.1	89.8	89.3	90.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Help regarding things to do in free time

There are many sources of information about what is available to do in a person's free time. Proxy respondents were asked about the sources of information used by people with an intellectual disability to find out about what to do in their free time.

Table 8.11 presents data on sources of information about things to do in free time, by sex, age group and area of state. Data were not available for this question from the general Victorian population (VPHS), therefore no comparison can be made. The largest source of information for finding out about what to do in free time was from a parent (41.8 per cent), followed by a paid support person/staff (37.5 per cent), another relative (20.6 per cent), staff at a day centre or educational facility (13.6 per cent) and/or a friend (6.1 per cent). A similar pattern was observed for males and females. People aged 18 to 39 years with an intellectual disability were more likely to ask their parents and less likely to ask a paid support staff for information about things to do in their free time, compared with other age groups.

Table 8.11: If wanted to know about things to do in free time, who would you ask for help?, by sex, age group and area of state

	VPHS-ID 2009		
	%	Lower 95% CI	Upper 95% CI
Sex			
Males			
Parent	43.7	39.3	48.3
Other relative	23.1	17.8	29.4
Friend	7.4	4.7	11.3
Paid support person/staff	40.3	35.0	45.9
Staff at day centre, educational facility	12.9	9.0	18.2
Females			
Parent	39.1	34.0	44.4
Other relative	18.1	12.8	24.9
Friend	4.4*	2.0	9.3
Paid support person/staff	34.9	28.7	41.7
Staff at day centre, educational facility	14.8	10.8	20.0
Age group (years)			
18-39			
Parent	66.0	60.9	70.8
Other relative	14.6	11.1	19.0
Friend	5.0	3.1	8.0
Paid support person/staff	18.1	14.5	22.2
Staff at day centre, educational facility	9.7	7.0	13.3
40-59			
Parent	37.1	31.1	43.6
Other relative	18.2	13.6	24.0
Friend	6.0*	3.4	10.4
Paid support person/staff	45.2	39.1	51.5
Staff at day centre, educational facility	18.3	14.0	23.6
60+			
Parent	**		
Other relative	34.8	21.6	50.9
Friend	8.2*	3.0	20.5
Paid support person/staff	60.0	44.4	73.9
Staff at day centre, educational facility	13.3*	5.9	27.4
Area of state			
Metropolitan			
Parent	39.8	35.2	44.5
Other relative	17.1	12.8	22.5
Friend	4.9*	2.9	8.1
Paid support person/staff	39.0	33.8	44.6
Staff at day centre, educational facility	13.0	10.0	16.7
Rural			
Parent	45.7	40.5	51.0
Other relative	25.9	19.2	33.9
Friend	8.0*	4.4	14.2
Paid support person/staff	34.5	27.6	42.1
Staff at day centre, educational facility	13.9	9.1	20.8
Persons			
Parent	41.8	38.3	45.3
Other relative	20.6	16.7	25.2
Friend	6.1	4.1	9.0
Paid support person/staff	37.5	33.2	42.0
Staff at day centre, educational facility	13.6	10.7	17.1

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Desire to see family and friends more often

Proxy respondents were asked about the desire of people with an intellectual disability to see family and friends more often. Table 8.12 presents data on the desire of people with an intellectual disability to see family and friends more often, by sex, age group and area of state. Data were not available for this question from the general Victorian population (VPHS), therefore no comparison can be made. More than half (56.5 per cent) of all people with an intellectual disability expressed a desire to see family and friends more often. A similar pattern was observed by sex, age group and area of state.

Table 8.12: Wanted to see friends and family more often, by sex, age group and area of state

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Sex			
Males			
Yes	52.7	46.5	58.9
No	40.1	34.1	46.4
Females			
Yes	60.7	54.0	67.1
No	33.0	27.1	39.4
Age group (years)			
18–39			
Yes	56.7	51.3	62
No	35.9	30.9	41.2
40–59			
Yes	52.4	46.0	58.7
No	40.3	34.1	46.7
60+			
Yes	62.4	47.3	75.4
No	31.9	19.9	47.0
Area of state			
Metropolitan			
Yes	59.7	54.5	64.6
No	33.5	28.7	38.6
Rural			
Yes	52.1	44.3	59.9
No	41.1	33.5	49.1
Persons			
Yes	56.5	51.9	61.0
No	36.5	32.2	41.0

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Barriers to seeing family and friends more often

Proxy respondents were asked about what prevented people with an intellectual disability from seeing family and friends more often. Table 8.13 presents data on factors that prevented people with an intellectual disability from seeing family and friends more often, by sex, age group and area of state. Data were not available for this question from the general Victorian population (VPHS), therefore no comparison can be made. Travel problems were cited as the most common (46.0 per cent) barrier to seeing friends and family more often, followed by not having enough time (29.9 per cent), family issues or other commitments (14.2 per cent) and that parents or siblings were too old (7.8 per cent). A similar pattern was observed by sex, age group and area of state.

Table 8.13: What stops you seeing friends and family more often? by sex, age group and area of state

	VPHS-ID 2009		
	%	Lower 95% CI	Upper 95% CI
Sex			
Males			
Not enough time	28.3	21.2	36.6
Travel problems	46.6	38.2	55.1
Family issues or other commitments	10.2	6.1	16.6
Parents or siblings too old	4.3*	2.4	7.7
Females			
Not enough time	31.3	23.5	40.4
Travel problems	45.5	37.1	54.2
Family issues or other commitments	18.0	12.2	25.8
Parents or siblings too old	10.7*	6.1	17.9
Age group (years)			
18–39			
Not enough time	32.0	25.7	39.1
Travel problems	48.4	41.3	55.5
Family issues or other commitments	10.1	6.8	14.9
Parents or siblings too old	**		
40–59			
Not enough time	22.6	16.0	31.0
Travel problems	40.2	32.1	48.9
Family issues or other commitments	16.9	11.3	24.4
Parents or siblings too old	11.6	7.5	17.7
60+			
Not enough time	36.9*	20.5	57.1
Travel problems	50.7	32.2	69.0
Family issues or other commitments	17.3*	7.0	37.0
Parents or siblings too old	13.8*	5.0	33.1
Area of state			
Metropolitan			
Not enough time	29.9	23.5	37.1
Travel problems	39.6	32.7	47.0
Family issues or other commitments	17.0	12.0	23.7
Parents or siblings too old	10.4	6.3	16.5
Rural			
Not enough time	30.1	20.4	42.1
Travel problems	56.9	45.6	67.6
Family issues or other commitments	8.4*	4.7	14.4
Parents or siblings too old	2.5*	1.2	5.0
Persons			
Not enough time	29.9	24.4	36.0
Travel problems	46.0	40.0	52.1
Family issues or other commitments	14.2	10.3	19.2
Parents or siblings too old	7.8	4.9	12.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population, except for age groups.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Community and civic engagement

Participating in recreational and leisure activities allows for social interaction and engagement with a broader cross-section of the community. These activities also contribute to individual wellbeing with benefits to physical and mental health, including social health. In this chapter, recreation and leisure are interpreted broadly to involve activities that individuals may undertake during their leisure time. They may include belonging to and participating in organised groups (including church or other religious groups and social or action groups) and attending local events (including church fêtes and school concerts).

Ways of expressing community and civic engagement include being involved in the community through volunteering, being on a committee or decision-making body, or taking local action on behalf of an organised group (for example, a sporting group, a church group or a school group). Being involved in community or civic activities is a form of socialisation. Networks formed through community and civic engagement tend to bring together individuals from different backgrounds who may not otherwise interact. Community and civic engagement thus facilitates social cohesion by allowing the expression of different perspectives, and fosters greater appreciation of diversity and understanding throughout the community.

Membership of an organised group

The survey collected information on whether people with an intellectual disability were members of different types of organised groups. Table 8.14 presents information on the proportion of persons who were members of specific groups, by sex, age group and area of state. More than one in five (22.6 per cent) people with an intellectual disability was a member of a sports group, and almost one in six (16.0 per cent) was a member of a church group similar to the general Victorian population (26.0 per cent and 16.4 per cent respectively). More than one in four (25.7 per cent) people with an intellectual disability belonged to a community or other action group, higher than the general Victorian population (VPHS 2008) (19.0 per cent).

Table 8.14: Membership of an organised group, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Sports group	25.1	20.6	30.3	31.9	30.6	33.1
Church group	15.2	10.8	20.9	14.5	13.6	15.4
Community action group	24.8	19.5	31.0	18.9	17.9	19.8
Females						
Sports group	19.6	14.7	25.6	20.3	19.5	21.2
Church group	17.3	12.5	23.6	18.1	17.4	18.9
Community action group	26.8	21.0	33.6	19.2	18.5	19.9
Age group (years)						
18–39						
Sports group	26.5	21.9	31.6	26.3	24.9	27.8
Church group	13.7	10.4	17.9	27.4	26.2	28.5
Community action group	22.7	18.5	27.5	23.2	22.2	24.3
40–59						
Sports group	23.9	18.9	29.7	11.8	10.8	12.9
Church group	13.7	9.9	18.8	16.0	15.1	17.0
Community action group	20.7	15.9	26.4	24.9	23.8	26.0
60+						
Sports group	14.0*	6.4	28.0	11.8	10.8	12.8
Church group	23.6*	13.1	38.7	20.1	19.1	21.1
Community action group	38.4	25.2	53.6	30.3	29.1	31.4
Area of state						
Metropolitan						
Sports group	22.3	18.0	27.4	24.1	23.2	25.0
Church group	18.5	14.0	24.0	15.9	15.2	16.7
Community action group	26.3	21.3	31.9	17.2	16.5	17.9
Rural						
Sports group	23.3	17.9	29.9	31.3	30.0	32.6
Church group	12.5	8.1	18.7	17.4	16.5	18.4
Community action group	25.0	18.5	32.8	24.0	23.0	25.1
Persons						
Sports group	22.6	19.2	26.5	26.0	25.2	26.7
Church group	16.0	12.7	20.1	16.4	15.8	17.0
Community action group	25.7	21.6	30.2	19.0	18.5	19.7

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

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Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

* E estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Group membership varied by sex, age group and area of state. A lower proportion (25.1 per cent) of males with an intellectual disability belonged to a sports group, compared with the general Victorian population (VPHS 2008) (31.9 per cent). The proportion of females with an intellectual disability who were members of a community action group (26.8 per cent) was higher than the general Victorian population (VPHS 2008) (19.2 per cent). A lower proportion (13.7 per cent) of people with an intellectual disability aged 18 to 39 years belonged to a church group, compared with people from the same age group in the general Victorian population (VPHS 2008) (27.4 per cent).

Almost one-quarter (23.9 per cent) of people with an intellectual disability aged 40 to 59 years belonged to a sports group, higher than the proportion for people in the same age group in the general Victorian population (VPHS 2008) (11.8 per cent). A lower proportion (23.3 per cent) of people with an intellectual disability living in rural areas belonged to a sports group, compared with the general Victorian rural population (VPHS 2008) (31.3 per cent).

Attendance at a local event

Another indicator of participation in recreational and leisure activities is attendance at a local community event within the past six months. Table 8.15 shows the proportion of persons who reported attending a local community event in the past six months, by sex, age group and area of state.

More than seven in ten (74.1 per cent) people with an intellectual disability had attended a community event in the past six months, higher than the general Victorian population (VPHS 2008) (52.9 per cent). A similar pattern was observed by sex, age group and area of state.

Table 8.15: Attended a local community event in the past six months^a, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Yes	72.7	66.8	78.0	50.9	49.6	52.2
No	24.7	20.1	29.9	48.9	47.5	50.2
Females						
Yes	75.5	69.2	80.9	54.8	53.7	55.9
No	23.4	18.1	29.7	44.8	43.7	45.8
Age group (years)						
18–39						
Yes	69.9	64.7	74.6	49.3	47.7	50.9
No	28.5	23.9	33.6	50.3	48.7	51.9
40–59						
Yes	75.2	69.0	80.4	59.0	57.8	60.2
No	24.1	18.9	30.2	40.7	39.4	41.9
60+						
Yes	79.8	64.7	89.5	50.2	48.9	51.4
No	16.6*	8.2	30.5	49.5	48.3	50.8
Area of state						
Metropolitan						
Yes	72.3	67.5	76.7	48.5	47.5	49.6
No	26.7	22.4	31.4	51.1	50.1	52.2
Rural						
Yes	77.3	69.4	83.6	65.3	63.9	66.7
No	20.0	14.3	27.3	34.3	32.9	35.7
Persons						
Yes	74.1	69.8	77.9	52.9	52.1	53.8
No	24.1	20.6	28.1	46.7	45.9	47.6

^a Examples of community event include church fetes, community concerts, or craft exhibitions

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VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

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Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

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Volunteering

Proxy respondents were asked whether people with an intellectual disability currently received any help from volunteer organisations and whether they helped out a local group as a volunteer. The first of these two indicators was discussed earlier in the chapter; the second indicator is reported in this section.

Table 8.16 shows the proportion of persons who volunteered to help out a local group, by sex, age group and area of state. More than one in ten (13.0 per cent) people with an intellectual disability had definitely helped out a local group as a volunteer, and a further 5.0 per cent sometimes did so, lower than the general Victorian population (VPHS 2008) (22.2 per cent and 10.2 per cent respectively). A similar pattern was observed by sex, age group and area of state, except for people aged 18 to 39 years, where there was no difference between the two population groups in definitely helping out a local group as a volunteer.

Table 8.16: Volunteering, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Not at all	76.1	70.2	81.1	61.9	60.6	63.2
Not often	3.3*	1.9	5.6	5.3	4.7	6.0
Sometimes	6.6*	3.6	11.6	10.2	9.4	11.1
Yes, definitely	13.4	9.8	18.1	22.4	21.4	23.4
Females						
Not at all	79.7	73.8	84.5	62.6	61.6	63.6
Not often	4.2*	2.0	8.6	4.9	4.7	5.5
Sometimes	3.1*	1.7	5.8	10.2	9.7	10.7
Yes, definitely	12.8	9.0	17.7	22.1	21.6	22.9
Age group (years)						
18–39						
Not at all	72.8	67.7	77.4	67.2	65.7	68.7
Not often	4.2	2.5	7.0	6.1	5.3	7.0
Sometimes	5.0	3.1	8.0	10.7	9.8	11.8
Yes, definitely	17.3	13.6	21.9	15.7	14.6	16.9
40–59						
Not at all	80.4	75.0	84.9	58.2	57.0	59.5
Not often	3.3*	1.7	6.4	4.5	4.0	5.1
Sometimes	5.2*	3.0	8.7	11.5	10.7	12.3
Yes, definitely	10.5	7.3	15.0	25.6	24.5	26.7
60+						
Not at all	82.8	67.7	91.8	59.8	58.6	61.0
Not often	**			4.1	3.6	4.6
Sometimes	**			7.2	6.6	7.8
Yes, definitely	9.0*	3.4	22.0	28.6	27.6	29.7
Area of state						
Metropolitan						
Not at all	78.8	73.5	83.2	66.4	65.4	67.4
Not often	4.0*	2.0	7.8	4.9	4.4	5.4
Sometimes	3.8	2.4	6.0	9.6	8.9	10.2
Yes, definitely	12.7	9.2	17.4	18.9	18.1	19.7
Rural						
Not at all	75.8	69.1	81.4	50.9	49.5	52.3
Not often	3.6*	1.9	6.9	5.6	5.0	6.4
Sometimes	6.8*	3.4	12.9	12.0	11.1	12.9
Yes, definitely	13.8	10.2	18.4	31.4	30.1	32.6
Persons						
Not at all	77.9	73.8	81.4	62.3	61.5	63.1
Not often	3.8	2.3	6.1	5.1	4.7	5.5
Sometimes	5.0	3.2	7.6	10.2	9.7	10.7
Yes, definitely	13.0	10.3	16.2	22.2	21.6	22.9

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* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Access to community resources

Table 8.17 shows accessibility to community resources, by sex, age group and area of state. More than six in ten (66.6 per cent) people with an intellectual disability could definitely access community resources when required, lower than the general Victorian population (VPHS 2008) (84.0 per cent). A similar pattern was observed by sex, age group and area of state except for people aged 60 years and over, where there was no difference in the proportions who could definitely access community resources when required.

Table 8.17: Access to community resources^a, by sex, age group and area of state

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Sex						
Males						
Not at all	7.1	4.6	10.9	3.1	2.7	3.6
Not often	5.6*	2.8	10.7	1.8	1.5	2.2
Sometimes	20.5	16.3	25.6	9.3	8.5	10.1
Yes, definitely	63.9	57.8	69.6	82.4	81.3	83.4
Females						
Not at all	10.6	6.4	16.9	2.8	2.5	3.1
Not often	4.2	2.5	7.0	1.1	0.9	1.3
Sometimes	13.6	9.8	18.6	8.4	7.8	9.1
Yes, definitely	70.3	63.5	76.3	85.6	84.8	86.3
Age group (years)						
18–39						
Not at all	7.7	5.3	11	1.7	1.4	2.2
Not often	6.2	4.0	9.3	1.1	0.8	1.4
Sometimes	21.0	16.9	25.7	10.4	9.4	11.5
Yes, definitely	61.5	56.2	66.6	84.3	83.1	85.5
40–59						
Not at all	8.2	5.2	12.8	2.6	2.3	3.1
Not often	3.1*	1.5	6.6	1.5	1.2	1.9
Sometimes	17.4	13.2	22.7	7.3	6.7	8.0
Yes, definitely	69.2	63.0	74.8	85.9	85.0	86.8
60+						
Not at all	12.1*	4.7	27.7	5.6	5.0	6.3
Not often	**			1.9	1.6	2.4
Sometimes	11.4*	5.0	24.1	8.3	7.6	9.1
Yes, definitely	71.8	56.0	83.6	80.5	79.4	81.5
Area of state						
Metropolitan						
Not at all	11.7	8.0	16.7	3.4	3.1	3.8
Not often	4.2	2.8	6.3	1.6	1.3	1.9
Sometimes	17.9	14.3	22.2	9.1	8.5	9.8
Yes, definitely	63.7	58.1	68.9	82.7	81.9	83.5
Rural						
Not at all	4.3*	1.7	10.5	1.8	1.6	2.1
Not often	5.5*	2.4	12.0	1.0	0.8	1.2
Sometimes	16.9	12.0	23.3	8.0	7.2	8.8
Yes, definitely	71.6	63.7	78.4	87.4	86.5	88.3
Persons						
Not at all	8.9	6.3	12.5	3.0	2.7	3.2
Not often	4.8	3.0	7.4	1.4	1.2	1.6
Sometimes	17.5	14.5	21.0	8.8	8.3	9.4
Yes, definitely	66.6	62.1	70.9	84.0	83.3	84.6

^a Includes libraries, maternal and child health services, neighbourhood centres etc.

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** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Participation in daily activities

Tables 8.18, 8.19 and 8.20 show the proportion of people with an intellectual disability who participated in a range of daily activities in the past week, by sex, age group and area of state. Data were not available for this question from the general Victorian population (VPHS), therefore no comparison can be made. The most common activity participated in by people with an intellectual disability in the past week was shopping (94.7 per cent) followed by having a meal in a café or pub (84.8 per cent), visiting friends or family (77.1 per cent), going to the hairdresser (63.3 per cent), going to the cinema, a concert or a play (53.6 per cent), playing sport or swimming (47.2 per cent), going to a pub or club (44.5 per cent), participating in other activities (41.5 per cent), visiting a library (27.1 per cent) and watching sport (20.0 per cent).

People with an intellectual disability aged 18 to 39 years were more likely to visit their friends or family (85.3 per cent) than people with an intellectual disability aged 40 to 59 years (74.4 per cent) and 60 years and over (68.2 per cent).

Table 8.18: Participated in activities in the past month, by sex

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Males			
Shopping	93.2	88.1	96.2
Meal in cafe or pub	82.4	76.5	87.0
Visit friends or family	79.2	73.8	83.8
Hairdresser	64.6	58.4	70.4
Cinema, concerts or plays	51.0	45.1	56.9
Play sport or swimming	45.7	40.7	50.7
Pub or club	45.0	39.1	51.1
Other activities	44.3	38.2	50.5
Library	29.4	23.8	35.6
Watch sport	23.5	19.3	28.3
Females			
Shopping	96.4	93.7	98.0
Meal in cafe or pub	87.3	83.0	90.6
Visit friends or family	74.9	68.2	80.5
Hairdresser	61.4	54.5	67.8
Cinema, concerts or plays	56.3	49.2	63.1
Play sport or swimming	48.7	42.0	55.4
Pub or club	43.6	36.9	50.6
Other activities	37.9	31.4	44.9
Library	24.6	19.4	30.6
Watch sport	15.7	11.6	20.9
Persons			
Shopping	94.7	92.0	96.5
Meal in cafe or pub	84.8	81.2	87.8
Visit friends or family	77.1	72.9	80.8
Hairdresser	63.3	58.7	67.6
Cinema, concerts or plays	53.6	48.9	58.2
Play sport or swimming	47.2	42.9	51.6
Pub or club	44.5	40.0	49.2
Other activities	41.5	37.0	46.1
Library	27.1	23.2	31.3
Watch sport	20.0	17.0	23.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Table 8.19: Participated in activities in the past month, by age group

Age group (years)	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
18–39			
Shopping	95.6	93.0	97.3
Meal in cafe or pub	87.6	83.8	90.6
Visit friends or family	85.3	81.0	88.7
Hairdresser	60.1	54.7	65.2
Cinema, concerts or plays	58.0	52.7	63.2
Play sport or swimming	57.4	52.0	62.6
Pub or club	42.3	37.1	47.6
Other activities	39.9	34.8	45.3
Library	33.0	28.1	38.3
Watch sport	23.7	19.3	28.7
40–59			
Shopping	94.6	90.7	97.0
Meal in cafe or pub	81.3	75.4	86.0
Visit friends or family	74.4	68.8	79.3
Hairdresser	66.1	59.9	71.9
Cinema, concerts or plays	53.5	47.2	59.8
Play sport or swimming	48.5	42.2	54.9
Pub or club	43.4	37.4	49.7
Other activities	39.5	33.5	45.7
Library	23.1	18.1	28.9
Watch sport	20.8	16.2	26.3
60+			
Shopping	93.2	80.8	97.8
Meal in cafe or pub	89.3	75.6	95.7
Visit friends or family	68.2	52.7	80.5
Hairdresser	62.6	47.9	75.2
Cinema, concerts or plays	47.0	32.9	61.7
Play sport or swimming	46.8	32.7	61.4
Pub or club	43.1	29.4	57.9
Other activities	30.2	18.7	44.9
Library	26.0*	15.1	41.0
Watch sport	9.1*	3.8	20.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are crude estimates.

Table 8.20: Participated in activities in the past month, by area of state

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Metropolitan			
Shopping	95.0	92.6	96.6
Meal in cafe or pub	83.9	79.5	87.5
Visit friends or family	78.7	73.9	82.8
Hairdresser	58.9	53.1	64.5
Cinema, concerts or plays	55.3	49.6	61.0
Play sport or swimming	46.9	41.5	52.5
Other activities	44.7	39.1	50.5
Pub or club	40.6	35.2	46.3
Library	25.8	21.1	31.2
Watch sport	18.0	14.1	22.7
Rural			
Shopping	94.4	87.9	97.5
Meal in cafe or pub	86.4	79.9	91.0
Visit friends or family	75.1	67.6	81.4
Hairdresser	70.1	62.7	76.6
Cinema, concerts or plays	51.2	43.5	58.8
Pub or club	50.8	42.9	58.7
Play sport or swimming	47.6	40.6	54.7
Other activities	36.1	28.9	43.9
Library	29.6	23.2	37.1
Watch sport	23.7	18.9	29.2

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

References

AIHW (Australian Institute of Health and Welfare) 2007, 'Indicators of social cohesion', *Australia's Welfare 2007*, cat. no. AUS 93, Canberra.

9. Socio-demographic characteristics



9. Socio-demographic characteristics

This section examines the distribution of selected socio-demographic characteristics among survey respondents. Socio-demographic characteristics including marital status, education and income have been consistently suggested as determinants for differences in both morbidity and mortality. Overall, people with a lower education and lower income are more likely to have higher mortality or morbidity.

Despite significant achievements in public health in Victoria over the past century, the evidence on socioeconomic status (SES) and health in Australia is unequivocal: people lower in the socioeconomic hierarchy fare significantly worse in terms of their health. Specifically, those classified as having low SES have higher mortality rates for most major causes of death. Their morbidity profile indicates they experience more ill health (both physiological and psychosocial), and their use of health care services suggests they are less likely, or may have less opportunity, to act to prevent disease or detect it at an early stage. Moreover, socioeconomic differences in health are evident for both males and females at every stage of the life course (birth, infancy, childhood, adolescence and adulthood), and the relationship exists irrespective of how SES and health are measured (Turrell et al. 1999).

The Victorian Population Health Survey of People with an Intellectual Disability provides valuable information about the socio-demographic status and disability characteristics of people with an intellectual disability living in Victoria.

Survey results

- A higher proportion (97.1 per cent) of people with an intellectual disability had never married, compared with the general Victorian population (VPHS 2008) (20.8 per cent).
- Similar proportions of people with an intellectual disability (1.1 per cent) and the general Victorian population (VPHS 2008) (0.9 per cent) were of Aboriginal and/or Torres Strait Islander in origin.
- More than nine in ten (90.9 per cent) people with an intellectual disability were born in Australia, higher than the general Victorian population (VPHS 2008) (71.8 per cent).
- Approximately one in ten (8.6 per cent) people with an intellectual disability communicated in a language other than English at home, lower than the general Victorian population (VPHS 2008) (22.0 per cent).
- A lower proportion of people with an intellectual disability had attained a secondary (11.9 per cent) and tertiary education (2.6 per cent), compared with the general Victorian population (VPHS 2008) (41.8 per cent and 54.6 per cent respectively).
- About one in ten (10.8 per cent) people with an intellectual disability had an annual household income of \$60,000 and over while 9.8 per cent had an annual household income between \$40,000–\$60,000, which was lower than the corresponding proportions for the general Victorian population (VPHS 2008) (42.2 per cent and 13.4 per cent respectively).

- People with an intellectual disability were less likely to be employed (14.1 per cent), compared with the general Victorian population (VPHS 2008) (60.7 per cent).
- Most people with an intellectual disability received a disability support pension (95.3 per cent).
- Around one-third (32.6 per cent) of people with an intellectual disability had private health insurance, lower than the general Victorian population (VPHS 2008) (54.5 per cent).
- A higher proportion of people with an intellectual disability were living in households of three to four people (38.6 per cent), five to nine people (27.3 per cent) and ten or more people (5.8 per cent), compared with the general Victorian population (VPHS 2008) (29.8 per cent, 4.5 per cent and 0.1 per cent respectively).
- Almost half (45.8 per cent) of all survey participants with an intellectual disability had no known diagnosis to explain their disability.
- Most people with an intellectual disability were reported by the proxy respondents as having a moderate level of disability (46.8 per cent), followed by a mild level of disability (26.0 per cent), a severe level of disability (21.8 per cent) and a profound level of disability (5.1 per cent).
- Most people with an intellectual disability were reported by the proxy as having a moderate level of support needs (36.2 per cent), followed by a high level of support needs (31.4 per cent), a low level of support needs (13.4 per cent) and a very high level of support needs (13.0 per cent). Only one in twenty (5.8 per cent) people with an intellectual disability required minimal support needs.
- The most common type of proxy respondent for people with an intellectual disability was a mother (42.4 per cent), followed by a paid support worker (28.8 per cent) and a sibling (12.3 per cent).
- Most proxy respondents had supported people with an intellectual disability who participated in the survey for 20 to 39 years (36.1 per cent), followed by 1 to 9 years (26.9 per cent) and 40 years or more (18.8 per cent). Only 2.3 per cent of the proxy respondents had supported people with an intellectual disability for less than one year.

Marital status

It has been reported that people with developmental disability are less likely to marry and have a family life, compared with the general population (Beber & Biswas 2009). Table 9.1 shows the marital status of survey participants. Proxy respondents reported that nearly all (97.1 per cent) people with an intellectual disability had never married, higher than the general Victorian population (VPHS 2008) (20.8 per cent). A substantially lower proportion of people with an intellectual disability were reported to be married/widowed/divorced/separated (2.7 per cent), compared with the general Victorian population (VPHS 2008) (57.0 per cent).

Table 9.1: Marital status

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Never Married	97.1	94.2	98.5	20.8	20.2	21.4
Married/Widowed/ Divorced/Separated	2.7*	1.3	5.6	57.0	57.0	58.4

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Aboriginal and/or Torres Strait Islander status

Table 9.2 shows the number of persons who identified as Aboriginal and/or Torres Strait Islander in origin. A similar proportion of people with an intellectual disability were of Aboriginal and/or Torres Strait Islander origin (1.1 per cent), compared with the general Victorian population (VPHS 2008) (0.9 per cent).

Table 9.2: Aboriginal and/or Torres Strait Islander status^a

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Aboriginal and/or Torres Strait Islander	1.1*	0.6	2.1	0.9	0.7	1.1
Non-Aboriginal and/or Torres Strait Islander	98.7	97.7	99.3	99.1	98.9	99.3

^a An 'Aboriginal' person was defined as anyone who reported being of 'Aboriginal' and/or 'Torres Strait Islander' origin.

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Country of birth

Table 9.3 shows the country of birth of survey respondents. A higher proportion of people with an intellectual disability were born in Australia (90.9 per cent), compared with the general Victorian population (VPHS 2008) (71.8 per cent).

Table 9.3: Country of birth

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Australia	90.9	87.5	93.5	71.8	71.0	72.5
Overseas	8.0	5.5	11.4	28.2	27.5	29.0

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

Language spoken at home

Table 9.4 shows the proportion of people who communicated in English or a language other than English (LOTE) at home. Approximately one in ten (8.6 per cent) people with an intellectual disability communicated in a LOTE at home, lower than the general Victorian population (VPHS 2008) (22.0 per cent).

Table 9.4: Language spoken at home

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
English	75.3	71.5	78.8	77.7	76.9	78.4
Language other than English	8.6	6.4	11.7	22.0	21.3	22.8
Person is non-verbal	15.8	13.2	18.8	..	..	..

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008

.. Data not available

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population.**

Highest level of education attained

Table 9.5 shows the highest level of education attained by survey participants. A higher proportion of people with an intellectual disability had no education (18.0 per cent) or had only attained a primary education (13.9 per cent), compared with the general Victorian population (VPHS 2008) (0.2 per cent and 2.8 per cent respectively). A lower proportion of people with an intellectual disability had attained a secondary (11.9 per cent) and tertiary education (2.6 per cent), compared with the general Victorian population (VPHS 2008) (41.8 per cent and 54.6 per cent respectively).

Table 9.5: Highest level of education attained

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
None	18.0	15.0	21.4	0.2	0.1	0.2
Primary	13.9	10.5	18.3	2.8	2.6	3.1
Secondary	11.9	9.5	14.9	41.8	40.9	42.6
Tertiary	2.6	1.7	4.0	54.6	53.8	55.5
Special Education	45.3	40.8	49.9	..	..	..

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population/below general Victorian population.**

Household income

Table 9.6 shows the household income of survey participants. More than one in ten (10.8 per cent) people with an intellectual disability had an annual household income of \$60,000 and over while 9.8 per cent had an annual household income from \$40,000 to \$60,000, which was lower than the general Victorian population (VPHS 2008) (42.2 per cent and 13.4 per cent respectively). However, similar proportions of people with an intellectual disability (26.2 per cent) had a household income less than \$40,000, compared with the general Victorian population (26.3 per cent).

Table 9.6: Household income^a

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
More than \$60,000	10.8	8.9	13.0	42.2	41.3	43.0
From \$40,000 to \$60,000	9.8	7.6	12.7	13.4	12.9	14.0
From \$20,000 to \$40,000	14.0	11.7	16.8	16.2	15.6	16.7
Less than \$20,000	12.2	9.0	16.4	10.1	9.7	10.5

^a This excludes people living in group homes or shared accommodation settings.

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

Employment status

Table 9.7 shows the employment status of survey respondents. A lower proportion of people with an intellectual disability were reported as employed (14.1 per cent) than the general Victorian population (VPHS 2008) (60.7 per cent).

Table 9.7: Employment status

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Employed	14.1	11.6	17.0	60.7	60.0	61.4
Unemployed	3.0	1.8	5.1	3.6	3.2	4.0
Not in labour force	11.3	8.2	15.2	35.2	34.6	35.9
Attending a disability day service	66.0	61.4	70.4	..	..	..

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008

.. Data not available

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: **above general Victorian population**/**below general Victorian population**.

Disability support pension

The Australian government provides a disability support pension to people aged 16 years and over if they are not eligible for an age pension or if a person is unable to work for two years because of illness, injury or disability, or if a person is permanently blind.

Table 9.8 shows the proportion of people receiving a disability support pension. Data were not available from the general Victorian population (VPHS), therefore no comparison can be made. Most people with an intellectual disability received a disability support pension (95.3 per cent).

Table 9.8: Disability support pension

	VPHS-ID 2009		
	%	Lower 95% CI	Upper 95% CI
Yes	95.3	91.6	97.4
No	4.6*	2.5	8.4

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Private health insurance

Table 9.9 shows the proportion of persons surveyed with private health insurance. More than three out of ten (32.6 per cent) people with an intellectual disability had private health insurance, lower than the general Victorian population (VPHS 2008) (54.5 per cent).

Table 9.9: Private health insurance

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Yes	32.6	28.3	37.2	54.5	53.6	55.3
No	67.0	62.4	71.3	44.5	43.7	45.3

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Number of people in household

Table 9.10 shows the number of people living in a household. A higher proportion of people with an intellectual disability were living in households of three to four people (38.6 per cent), five to nine people (27.3 per cent) and ten or more people (5.8 per cent), compared with the general Victorian population (VPHS 2008) (29.8 per cent, 4.5 per cent and 0.1 per cent respectively). People with an intellectual disability were less likely to live as two people together (14.0 per cent) than the general Victorian population (VPHS 2008) (54.1 per cent). A similar proportion of people with an intellectual disability lived in single person households (12.8 per cent), compared with the general Victorian population (11.1 per cent).

Table 9.10: Number of people in household

	VPHS-ID 2009			VPHS 2008		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Single person	12.8	9.3	17.2	11.1	10.8	11.5
Two people	14.0	11.4	17.2	54.1	53.3	54.9
Three to four people	38.6	35.0	42.2	29.8	29.0	30.6
Five to nine people	27.3	23.6	31.3	4.5	4.0	5.1
Ten or more people	5.8	3.7	9.1	0.1	0.0	0.4

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

VPHS 2008 = Victorian Population Health Survey 2008

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population (VPHS 2008) are identified by colour as follows: above general Victorian population/below general Victorian population.

Causes of intellectual disability

In many cases the cause of a person's intellectual disability is not known or cannot be determined. However, some of the most common known causes occur before, or at the time of conception and include: genetic conditions such as phenylketonuria, Tay-Sachs disease, neurofibromatosis, hypothyroidism, fragile X syndrome, Down syndrome and Rett syndrome; and conditions arising during pregnancy, such as infections (e.g. rubella) or exposure to toxins (e.g. alcohol, drugs, mercury); conditions arising during birth, such as the child not getting enough oxygen; conditions arising after birth, such as childhood diseases (whooping cough, measles or meningitis); environmental factors, such as extreme malnutrition or being exposed to poisons.

Proxy respondents were asked whether the diagnosis that led to the intellectual disability was known. Data were not available from the general Victorian population (VPHS 2008), therefore no comparison can be made. Table 9.11 shows the top five responses that were reported as the cause of a person's intellectual disability. Almost half (45.8 per cent) of all people with an intellectual disability had no known diagnosis to explain their disability.

Table 9.11: Top five causes of intellectual disability

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Down syndrome	15.8	13	18.9
Cerebral palsy	7.5	5.5	10.1
Autism	6.4	4.9	8.4
Brain injury/damage	5.5	3.4	9.0
Epilepsy	1.8*	0.7	4.5
No known diagnosis	45.8	41.2	50.4

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Level of disability

An intellectual disability is defined as an IQ below 70 and deficits in adaptive behaviour or daily living skills (self-care, communication, community participation). These give some guide to the level of support someone might need but the way that person functions in their life will depend on many other factors such as personality, coping strategies, the presence of other disabilities (motor, social or sensory) as well as the support provided to them by their social network and community.)

The following ranges, based on standard scores for intelligence tests, reflect the categories of the American Association of Mental Retardation, the Diagnostic and Statistical Manual of Mental Disorders-IV-TR, and the International Classification of Diseases-10.

Level of disability	IQ
Profound intellectual disability	Below 20
Severe intellectual disability	20–34
Moderate intellectual disability	35–49
Mild intellectual disability	50–69
Borderline intellectual functioning	70–84

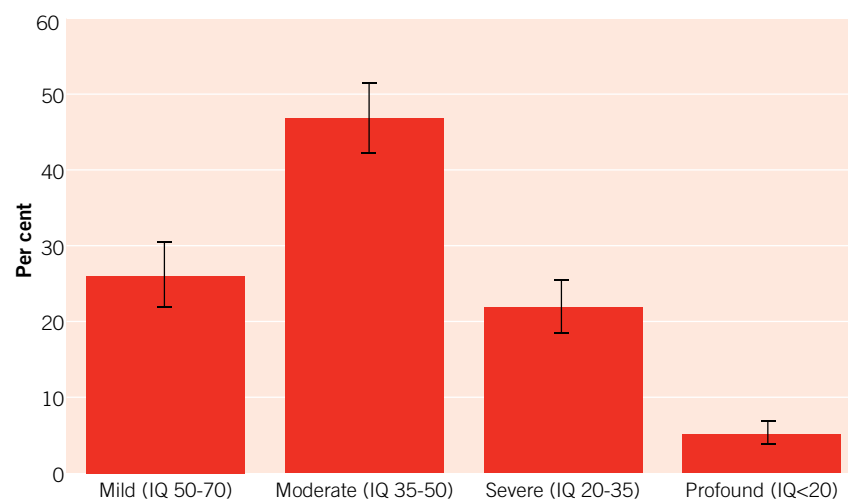
Proxy respondents were asked which category best described each participant’s level of disability. Table 9.12 and figure 9.1 show the level of disability reported. Data were not available from the general Victorian population (VPHS), therefore no comparison can be made. Most people with an intellectual disability were reported to have a moderate level of disability (46.8 per cent), followed by a mild (26.0 per cent), severe (21.8 per cent) and profound (5.1 per cent) level of disability.

Table 9.12: Level of disability reported by proxy respondents

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Mild (IQ 50–70)	26.0	21.9	30.5
Moderate (IQ 35–50)	46.8	42.2	51.5
Severe (IQ 20–35)	21.8	18.5	25.5
Profound (IQ<20)	5.1	3.8	6.8

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
 95% CI = 95 per cent confidence interval.
 Data are age standardised to the 2006 Victorian population.
 Note that figures may not add to 100 per cent due to a proportion of ‘don’t know’ or ‘refused’ responses.

Figure 9.1: Level of disability reported by proxy respondents



Support needs levels

Proxy respondents were asked to estimate and categorize the support needs level for people with an intellectual disability. Table 9.13 and figure 9.2 show the varying support needs levels reported. Data were not available from the general Victorian population (VPHS), therefore no comparison can be made. Most people with an intellectual disability had a moderate level of support needs (36.2 per cent), followed by a high level of support needs (31.4 per cent), a low level of support needs (13.4 per cent) and a very high level of support needs (13.0 per cent). Only one in twenty (5.8 per cent) people with an intellectual disability required minimal support.

Table 9.13: Support needs levels reported by proxy respondents

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Minimal	5.8	4.3	7.9
Low	13.4	10.3	17.4
Moderate	36.2	31.9	40.8
High	31.4	27.2	36.0
Very high	13.0	10.6	15.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

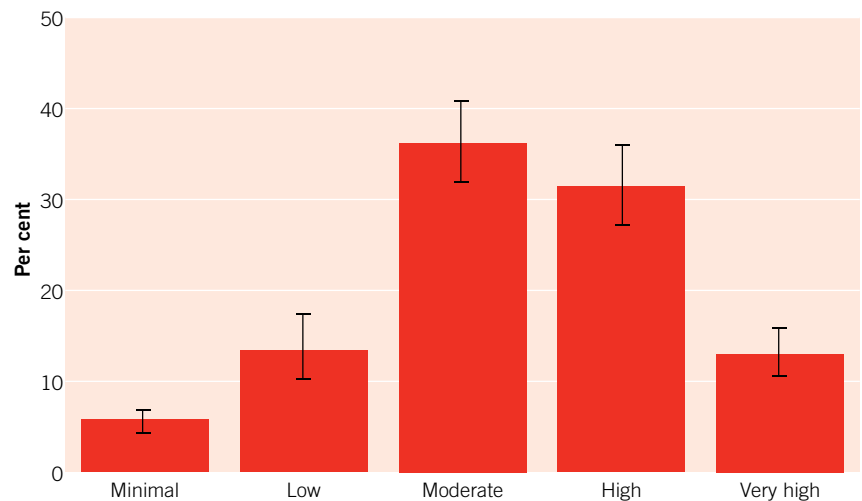
VPHS 2008 = Victorian Population Health Survey 2008.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Figure 9.2: Support needs level reported by proxy respondents



Relationship between level of disability and support needs level

Support needs for people with an intellectual disability can range from minimal for a person with a mild disability to very high for a person with a profound disability who requires ongoing support with eating, drinking, mobility and other activities of daily living (Carlson 2002). People with more severe levels of intellectual disability have higher support needs and are more likely to access support services (Wen 1997).

Table 9.14 presents support needs levels by severity of intellectual disability, as reported by proxy respondents. Data were not available from the general Victorian population (VPHS), therefore no comparison can be made. Most people with a mild intellectual disability had a low level of support needs (33.2 per cent), followed by a moderate level of support needs (32.2 per cent) and a minimal level of support needs (17.9 per cent). The level of very high support needs increased with severity of intellectual disability. Most people with a profound intellectual disability had a very high level of support needs (57.9 per cent), followed by a high level of support needs (34.0 per cent).

Table 9.14: Support needs levels by level of intellectual disability

	%	VPHS-ID 2009 Lower 95% CI	Upper 95% CI
Mild disability			
Minimal	17.9	12.8	24.5
Low	33.2	25.2	42.3
Moderate	32.2	24.6	40.9
High	14.5	8.7	23.2
Very high	**		
Moderate disability			
Minimal	2.1*	1.1	4.3
Low	9.3	5.8	14.8
Moderate	55.4	48.6	62.0
High	29.1	23.2	35.6
Very high	4.1*	1.9	8.8
Severe disability			
Minimal	**		
Low	**		
Moderate	8.1	5.0	13.0
High	60.0	52.0	67.5
Very high	30.2	23.4	38.0
Profound disability			
Minimal	**		
Low	**		
Moderate	**		
High	34.0	23.4	46.5
Very high	57.9	44.6	70.0

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.
95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Relationship of proxy respondents to participants

A proxy respondent was someone who knew the participant with an intellectual disability well enough to be able to answer detailed questions about that person's health, wellbeing and routine. Proxy respondents were asked to describe their relationship with participants. Table 9.15 shows the classification of proxy respondents based on their relationship with the participant they represented. Proxy respondents were not used in the general Victorian population survey (VPHS 2008), therefore no comparison can be made. The most common type of proxy respondent for people with an intellectual disability was their mother (42.4 per cent), followed by a paid support worker (28.8 per cent) and a sibling (12.3 per cent).

Table 9.15: Relationship of proxy respondent to participant

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Mother	42.4	39.5	45.3
Paid support worker	28.8	24.9	33.1
Sibling	12.3	9.0	16.7
Father	5.9	4.4	7.7
Other	5.8	3.9	8.7
Other family	4.8*	2.5	8.9

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Length of time proxy respondent has supported participant with disability

It was important that proxy respondents knew the person with an intellectual disability well in order to answer survey questions. Proxy respondents were asked about the length of time they had supported the person with an intellectual disability. Proxy respondents were not used in the general Victorian population survey, therefore no comparison can be made. Table 9.16 shows the length of time proxy respondents had supported people with an intellectual disability. Most proxy respondents had supported people with an intellectual disability for 20 to 39 years (36.1 per cent), followed by 1 to 9 years (26.9 per cent) and 40 years or more (18.8 per cent). Only 2.3 per cent of proxy respondents had supported people with an intellectual disability for less than one year.

Table 9.16: Length of time proxy respondent has supported participant with disability

	%	VPHS-ID 2009	
		Lower 95% CI	Upper 95% CI
Less than one year	2.3	1.5	3.4
1–9 years	26.9	23.0	31.2
10–19 years	15.9	12.6	19.9
20–39 years	36.1	32.6	39.7
40 or more	18.8	15.4	22.5

VPHS-ID 2009 = Victorian population health survey of people with an intellectual disability 2009.

95% CI = 95 per cent confidence interval.

Data are age standardised to the 2006 Victorian population.

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Appendix



Appendix

Data items for the Victorian Population Health Survey of people with an intellectual disability 2009

Socio-demographic characteristics

- Age
- Sex
- Marital status
- Country of birth
- Main language spoken at home
- Highest level of education
- Employment status
- Household income
- Housing tenure
- Private health insurance status
- Indigenous status
- Number of adults aged 18 years or over in household
- Diagnosis that led to the intellectual disability
- Level of intellectual disability
- Support needs levels

Screening

- Whether had blood pressure check in past two years
- Whether had cholesterol check in past two years
- Whether had a test for diabetes or high blood sugar levels in past two years
- Skin examination for lesions/cancers
- Prostate cancer screening in past two years
- Bowel cancer screening in past two years
- Cervical cancer screening in past two years
- Breast cancer screening in past two years
- Annual health review for people with an intellectual disability

Proxy-reported height and weight

Nutrition

- Number of serves of vegetables eaten each day
- Number of serves of fruit eaten each day
- Amount of water consumed each day

Alcohol

- Whether had an alcoholic drink of any kind in past 12 months
- Frequency of having an alcoholic drink of any kind
- Number of standard drinks consumed when drinking
- Level and frequency of high risk drinking

Smoking

- Smoking status
- Frequency of smoking

Asthma

- Asthma status

Blood pressure

- High blood pressure status
- Management of high blood pressure

Diabetes

- Diabetes status
- Type of diabetes

Social capital measures

- Social networks and support structures
- Social and community participation
- Civic involvement and empowerment

Physical activity

- Whether walked continuously for at least 10 minutes in past week
- Amount of time spent walking continuously in past week
- Whether did any vigorous physical activity in past week
- Amount of time spent doing vigorous activity
- Whether did any incidental physical activity for 10 or more minutes in past week

Proxy-reported health status

Mental health

- Whether sought help for mental health related disorder
- Who professional help was sought from

Health conditions

- Arthritis
- Heart disease
- Stroke
- Cancer
- Osteoporosis
- Depression
- Anxiety

Eye care

- Change in vision in past 12 months
- Visits to eye specialists
- Eye problems
- Sun protection behaviour

Medicine use

- Number of prescribed medicines used in the past two weeks
- Polypharmacy (Concurrent use of five or more medicines)

