Victorian population health survey of people with an intellectual disability 2013

Department of Health & Human Services

State Government Victoria

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Artist Erica Berechree drew the picture that features on the front cover of this report. Erica was asked to describe what the picture means to her. She said:

'The work is an escape from my world. It makes me feel really relaxed inside and it's my way of communicating. The artwork is my interpretation of Google Earth and it's also representative of having open space.'

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Preface

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. People with an intellectual disability have poorer health and restricted health care opportunities than the general population and as a result they usually have reduced life expectancy.

The first Victorian Population Health Survey of People with an Intellectual Disability was conducted in 2009 and this second report provides a snapshot of the health of vulnerable Victorians four years after the initial survey. Since the last survey there has been a significant improvement in breast cancer screening rates for women with an intellectual disability. In 2009, the survey showed 42.9 per cent of women with an intellectual disability aged 50 to 59 years had had a mammogram in the past two years. In 2013, this figure had risen to 78.1 per cent.

The report also clearly outlines areas requiring more focussed attention. People with an intellectual disability are more likely to experience depression, mental health issues, obesity at a younger age and be less physically active than the general Victorian population.

The findings provide important information to guide and monitor prevention efforts in Victoria for people with an intellectual disability to improve their health and wellbeing. The 2009 and 2013 reports may be accessed at: **www.health.vic.gov.au/healthstatus/survey/vphs-id.htm**

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 (WHO) 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, in countries around the world, are comprised on 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 (Australian Institute of Health and Welfare (AIHW) 2008). People with an intellectual disability have poorer health and restricted healthcare opportunities than the general population. As a result they usually have reduced life expectancy.

Until 2009, when the first Victorian Population Health Survey of People with an Intellectual Disability was conducted, despite the poorer health of people with an intellectual disability, there had been no systematic monitoring of the health of people with an intellectual disability in Victoria.

The results of this second 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
- assisting governments and service providers to improve the wellbeing of people with an intellectual disability.

About the survey

The Department of Health & Human Services 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 2013 (VPHS-ID 2013) is the second survey to compare the health and wellbeing of people with an intellectual disability with the general Victorian population. The first Victorian Population Health Survey of People with an Intellectual Disability was conducted in 2009. This 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' (Scheepers et al. 2005).

About this report

The VPHS-ID 2013 collected a wide range of information relating to the health of adults with an intellectual disability and the determinants of that health.

A key difference between the general VPHS and the VPHS-ID 2013 is that the computer-assisted telephone interviews (CATI) for the VPHS-ID 2013 were conducted with a proxy respondent. A proxy respondent is someone who knows 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 on social capital measures the extent and diversity of social networks for people with an intellectual disability. This information provides policymakers 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 with the Victorian estimates for the general Victorian population. Generally, the Victorian estimates have been used from 2012 data (VPHS 2012) but in cases where information was not available from the VPHS 2012, data from the VPHS 2011–12 were used.
- Data presented in the tables and figures are age-specific proportions. Estimates have not been age standardised.
- The significance of differences in estimates has been determined by comparing the 95 per cent confidence intervals of the estimates.
- The reliability of estimates has been determined using relative standard errors, and the tables and figures indicate the degree of reliability.

Sample table: Reported dental health status, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Excellent or very good	**42.8**	36.3	49.5	**52.8**	48.7	56.9
Good	**28.2**	22.6	34.4	**30.0**	26.4	33.8
Fair or poor	27.9	22.3	34.4	**16.8**	13.8	20.2
Has dentures, no natural teeth	**	**	**	**	**	**
40–59 years						
Excellent or very good	33.2	27.1	39.9	**46.0**	43.6	48.5
Good	**28.5**	23.0	34.7	**30.7**	28.5	33.0
Fair or poor	32.7	26.8	39.2	**20.8**	18.9	22.9
Has dentures, no natural teeth	**3.9***	2.2	6.8	**2.2**	1.7	2.9
60+ years						
Excellent or very good	**15.8***	8.3	28.1	**28.7**	26.8	30.7
Good	**22.6**	13.6	35.2	**30.9**	28.9	32.9
Fair or poor	35.8	24.0	49.6	**21.9**	20.1	23.7
Has dentures, no natural teeth	**25.3**	16.1	37.4	**18.2**	16.6	19.9

If the estimate of the people with an intellectual disability (VPHS-ID 2013) is coloured **red**, this indicates that it is (statistically) significantly **HIGHER** than the general Victorian population estimate.

For example, 27.9 per cent of people with an intellectual disability aged 18–39 years have fair or poor dental health status and this is higher than the general Victorian population estimate, which is 16.8 per cent.

If the estimate of the people with an intellectual disability (VPHS-ID 2013) is coloured **blue**, this indicates that it is (statistically) significantly **LOWER** than the general Victorian population estimate.

For example, 33.2 per cent of people with an intellectual disability aged 40–59 years have excellent or very good dental health status and this is higher than the general Victorian population estimate, which is 46.0 per cent.

Summary of findings

Fruit intake

For every age group there was no difference between people with an intellectual disability and the general population in the proportion of people who met the guidelines for daily fruit consumption.

Vegetable intake

For every age group there was no difference between people with an intellectual disability and the general population in the number of serves of vegetables consumed daily, except that a lower proportion of people with an intellectual disability aged 40–59 years (46.9 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 2012) (56.7 per cent).

Soft drinks and water intake

In every age group, there was no difference in the consumption of sugar-sweetened soft drinks between people with an intellectual disability and the general Victorian population. The proportion of adults with an intellectual disability aged 18–39 years (23.9 per cent) and 40–59 years (29.6 per cent) who reported consuming diet drinks daily was significantly higher compared with the same age groups in the general Victorian population (VPHS 2012) (12.3 per cent and 9.9 per cent, respectively). There was a significant reduction in the consumption of soft drinks in people with an intellectual disability since 2009. People with an intellectual disability aged 18–39 years (22.0 per cent) and aged 40–59 years (18.6 per cent) in the current survey (VPHS-ID 2013) were less likely to drink soft drinks when thirsty than people with an intellectual disability in the same age group from the previous survey (VPHS-ID 2009) (33.6 per cent and 30.9 per cent, respectively).

Alcohol intake

In every age group people with an intellectual disability were more likely to be abstainers from alcohol compared with the general Victorian population (VPHS 2012).

Smoking

A lower proportion of people with an intellectual disability aged 18–39 years (3.2 per cent) and 40–59 years (5.5 per cent) were current smokers than the same age groups in the general Victorian population (VPHS 2012) (17.5 per cent and 18.2 per cent, respectively).

Physical activity

People with an intellectual disability aged 18–39 years (54.4 per cent) or 40–59 years (48.6 per cent) were less likely to meet physical activity guidelines compared with the general Victorian population (VPHS 2012) (65.9 per cent and 66.0 per cent, respectively).

Sun protection behaviour

For every age group almost four in 10 people with an intellectual disability were reported to usually wear sunglasses when out in the sun, which was lower than the general Victorian population (VPHS 2012).

Reported health status

A lower proportion of people with an intellectual disability aged 40–59 years (38.0 per cent) were reported to be in excellent or very good health compared with the same age group in the general Victorian population (VPHS 2012) (48.5 per cent).

Body weight

Obesity was more prevalent among people with an intellectual disability aged 18–39 years (30.9 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (14.6 per cent).

Asthma

People with an intellectual disability aged 18–39 years were less likely to report having been diagnosed by a doctor with current asthma (7.3 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (15.5 per cent).

Diabetes

In each age group the prevalence of doctor-diagnosed diabetes for people with an intellectual disability was similar to the general Victorian population (VPHS 2012).

Chronic diseases

In every age group people with an intellectual disability were more likely to have depression and less likely to have arthritis compared with the general Victorian population (VPHS 2012). People with an intellectual disability aged 60 years or over were less likely to have ever been diagnosed with arthritis (14.6 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (50.1 per cent). A higher proportion of people with an intellectual disability aged 18–39 years and 40–59 years had been told by a doctor that they had heart disease compared with the same age groups in the general Victorian population (VPHS 2012).

Mental health

In every age group a higher proportion of people with an intellectual disability sought professional help for a mental health problem in the preceding 12 months compared with the general Victorian population (VPHS 2012).

Health checks and screening

People with an intellectual disability aged 40–59 years were more likely to have had their blood pressure and blood glucose checked in the preceding two years than the general Victorian population (VPHS 2012).

About eight in 10 (77.4 per cent) people with an intellectual disability aged 60 years or over had had a blood cholesterol check in the preceding two years, lower than the same age group in the general Victorian population (VPHS 2012) (88.7 per cent).

Four in 10 (42.1 per cent) people with an intellectual disability aged 50–59 years had had a test to detect bowel cancer in the preceding two years, higher than the same age group in the general Victorian population (VPHS 2012) (28.1 per cent).

About two in 10 (17.4 per cent) females with an intellectual disability aged 18–39 years and 13.8 per cent aged 40–59 years had had a Pap test in the preceding two years, lower than females in the same age groups from the general Victorian population (VPHS 2012) (83.7 per cent and 75.9 per cent, respectively).

Females with an intellectual disability aged 60 years or over (91.5 per cent) were more likely to have had a mammogram in the preceding two years than females aged 60 years or over from the general Victorian population (VPHS 2012) (65.4 per cent).

Medicine use and polypharmacy

In every age group approximately nine out of 10 people with an intellectual disability had taken a medicine in the preceding month. Almost three out of 10 (30.4 per cent) people with an intellectual disability aged 18–39 years and five out of 10 people with an intellectual disability aged 40–59 years (50.9 per cent) were exposed to polypharmacy (use of five or more medicines).

Connections with others

People with an intellectual disability aged 60 years or over were less likely to be definitely able to get help from family if needed (62.6 per cent) compared with the same age group in the general Victorian population (82.6 per cent).

In every age group a lower proportion of people with an intellectual disability could definitely get help from friends and neighbours when needed compared with the general Victorian population (VPHS 2012).

There was no difference by age group between people with an intellectual disability and the general Victorian population regarding membership of an organised group (sports, religious, church or community action group).

In every age group higher proportions of people with an intellectual disability attended a local community event in the preceding six months and received help from a volunteer organisation compared with the general Victorian population (VPHS 2012).

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 and have private health insurance.

References

Australian Institute of Health and Welfare (AIHW) 2008, *Disability in Australia: intellectual disability*, Bulletin no. 67, Cat. no. AUS 110, AIHW, Canberra.

Scheepers M, Kerr M, O'Hara D, Bainbridge D, Cooper S-A, Davis R, Fujiura G, Heller T, Holland A, Krahn G, Lennox N, Meaney J, Wehmeyer M 2005, 'Reducing health disparity in people with intellectual disabilities: a report from Health Issues Special Interest Research Group of the International Association for the Scientific Study of Intellectual Disabilities', *Journal of Policy and Practice in Intellectual Disabilities*, no. 2, pp. 249–255.

World Health Organization (WHO) 2001, *International classification of functioning, disability and health*, WHO, Geneva.

World Health Organization (WHO) 1992 *International classification of diseases, version 10*, WHO, Geneva.

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 with the health and wellbeing of the general Victorian population.

1.3 Methods

The VPHS-ID 2013 is the second survey in Victoria of people with an intellectual disability and is conducted using a survey methodology developed over several years for the VPHS of the general population.

A key difference between the general VPHS and the VPHS-ID 2013 is that the CATI for the VPHS-ID 2013 was conducted with a proxy respondent. According to the POMONA I Group (Linehan et al. 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 using a proxy provides a reliable means for data collection.

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.

1.3.1 Survey design

An administrative database of people who have previously sought assistance from Disability Services in the Department of Health and 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 18,610 people listed on the administrative database who lived in Victoria were aged 18 years or over and had an intellectual disability as either a primary or secondary condition. This sampling methodology excluded people unknown to Disability Services.

1.3.2 Ethics committee approval

The Victorian Department of Health & Human Services's 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 VPHS-ID. Proxy respondents were interviewed on behalf of people with an intellectual disability. This survey tool was used to conduct the 2009 survey. With further modification this survey tool was used for VPHS-ID 2013.

1.4 Sampling frame

In total 6,900 people aged 18 years or 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 6,900 recruitment packages were mailed to a randomly selected group of people with an intellectual disability.

The recruitment package included:

- a covering letter, which outlined the importance of the survey and informed the participant and their support network that the department was conducting the VPHS-ID 2013 to collect information about health, lifestyle and wellbeing in the community
- information in an easy-to-read format

- detailed information about how to participate
- an 'agreement to participate' form
- information about the social 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 2013 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
- 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 653 people with an intellectual disability, and their proxy respondents, who participated 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 social research company by telephone.

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. Eight interviews were conducted in a language other than English.

1.8 Fieldwork period

The questionnaire was modified following pilot testing. In total 653 people were interviewed between March and June 2013. The average interview length was 32 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 and 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: 18–24, 25–34, 35–44, 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 and 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).

1.11.1 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.

1.11.2 Relative standard error

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 and 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.

Relative standard error (%) = standard error/point estimate × 100

1.11.3 Confidence intervals

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% confidence interval = point estimate ± standard error × 1.96

1.11.4 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 not 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 1.1 shows the profile of respondents in the VPHS-ID 2013, and indicates the following:

- Proportions of males and females were similar.
- Adults aged 18–39 years were less likely to participate in the survey.
- Adults aged 40–59 years and 60 years or over were more likely to participate in the survey.
- Proportions of adults living in rural and metropolitan areas of Victoria were similar.

1.13 Difference between the general VPHS and the VPHS-ID 2013 survey methodology

A comparison between the VPHS 2012 and VPHS-ID 2013 methodology (Table 1.2) indicates the following:

- The sample size of the VPHS 2012 was much larger than the VPHS-ID 2013.
- Respondents in the VPHS 2012 had a higher mean age than respondents in the VPHS-ID 2013.
- The VPHS 2012 survey was conducted directly with respondents, whereas the VPHS-ID 2013 survey was conducted with a proxy respondent, on behalf of a person with an intellectual disability.

This report compares information on selected data items from the VPHS-ID 2013 with comparable data from the VPHS of the general Victorian population undertaken in 2012. Items

Table 1.1: Profile of respondents in the Victorian Population Health Survey of People with an Intellectual Disability, 2013

Selected characteristics	Administrative benchmark data (%)[a]	Unweighted survey sample (%)	Weighted survey sample (%)
Sex			
Male	58.8	57.0	58.1
Female	41.2	43.0	41.9
Age group (years)			
18-39	55.5	38.6	54.7
40-59	35.0	46.2	36.6
60+	9.5	15.2	8.7
Area of state			
Metropolitan	61.2	57.9	63.1
Rural	38.8	42.1	36.9

(a) Administrative database, 2013. Benchmark figures apply to persons aged 18 years or over.

that were not included in the VPHS 2012 have been compared with either other Victorian Population Health Surveys or other reports, or presented as a stand-alone item as baseline data for future surveys.

Reference

Linehan C, Walsh PN, Lantman-de Valk HMJV, Kerr MP, Dawson F on behalf of the POMONA 1 Group 2009, 'Are people with intellectual disabilities represented in European public health surveys?', *Journal of Applied Research in Intellectual Disabilities*, vol. 22, pp. 409–20.

Table 1.2: Difference between the VPHS 2012 and the VPHS-ID 2013 survey methodology

Component	VPHS 2012	VPHS-ID 2013
Sample size	7,533	653
Age of respondents	18 years or over	18 years or over
Mean age	46.2 years	38.5 years
Target population	All people living in Victoria with landline telephone connections were considered in-scope for the survey	People with an intellectual disability registered on an admi nistrative database as a result of seeking disability services from the Department of Health & 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 Health & 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 2012	March–June 2013
Consent to participate	Obtained directly over the phone	Obtained in writing

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.

Summary

Key findings

Nutrition

Vegetable and fruit consumption

- For every age group there was no difference between people with an intellectual disability and the general population regarding number of serves of vegetables consumed daily, except for a lower proportion of people with an intellectual disability aged 40–59 years (46.9 per cent) consumed one to two serves of vegetables per day compared with their counterparts in the same age group in the general Victorian population (VPHS 2012) (56.7 per cent).
- For every age group there was no difference between people with an intellectual disability and the general Victorian population (VPHS 2012) in the proportion of people who met the guidelines for daily fruit and vegetable consumption.

Drinking water and milk consumption

- Most people with an intellectual disability aged 18–39 years had a preference for water when thirsty (56.7 per cent), followed by soft drinks (22.0 per cent) and fruit juice (7.7 per cent). Most people aged 40–59 years and 60 years or over with an intellectual disability had a preference for water, followed by tea or coffee and soft drinks.
- Most people with an intellectual disability in every age group had a preference for low- or reduced-fat milk, followed by whole milk and skimmed milk.
- The mean daily water consumption was 0.93 L per day in people with an intellectual disability aged 18–39 years, 0.80 L per day in those aged 40–59 years and 0.71 L per day in those aged 60 years or over.

Consumption of sugar-sweetened soft drinks

- In every age group, there was no difference in the consumption of sugar-sweetened soft drinks between people with an intellectual disability and the general Victorian population.
- The proportion of adults with an intellectual disability aged 18–39 years (23.9 per cent) and 40–59 years (29.6 per cent) whose proxies reported consuming diet drinks daily was significantly higher compared with the same age groups in the general Victorian population (VPHS 2012) (12.3 per cent and 9.9 per cent, respectively).
- People with an intellectual disability aged 40–59 years were more likely to consume both sugar-sweetened and diet drinks daily (4.2 per cent) than the same age group in the general Victorian population (VPHS 2012) (0.6 per cent).

Alcohol consumption

- In every age group people with an intellectual disability were more likely to be abstainers from alcohol compared with the general Victorian population (VPHS 2012).

Short-term risk of harm

- The reported prevalence of drinking alcohol at risky or high-risk levels for short-term harm was lower for people with an intellectual disability aged 18–39 years (3.2 per cent) than the same age group in the general Victorian population (VPHS 2012) (47.6 per cent).

Long-term risk of harm

- People with an intellectual disability aged 18–39 years (37.3 per cent), 40–59 years (26.7 per cent) and 60 years or over (26.6 per cent) were reported to be at a low risk of long-term harm, which was lower than the same age groups in the general Victorian population (VPHS 2012) (77.5 per cent, 79.4 per cent and 70.4 per cent, respectively).

Smoking

- A lower proportion of people with an intellectual disability aged 18–39 years (3.2 per cent) and 40–59 years (5.5 per cent) were current smokers than the same age groups in the general Victorian population (VPHS 2012) (17.5 per cent and 18.2 per cent, respectively).
- A lower proportion of people with an intellectual disability aged 40–59 years (2.4 per cent) and 60 years or over (7.8 per cent) were ex-smokers than the same age groups in the general Victorian population (VPHS 2012) (28.7 per cent and 35.3 per cent, respectively).

Physical activity

Ability to walk unaided

- About 14 per cent of people with an intellectual disability aged 18–39 years, 22.8 per cent aged 40–59 years and 27.7 per cent aged 60 years or over required assistance to walk.
- The most common type of mobility aid used by people with an intellectual disability aged 18–39 years or 40–59 years were un-motorised wheelchairs and walking frames.

Physical activity for health benefits

- In every age group a higher proportion of people with an intellectual disability took part in 'walking only' (34.0 per cent) than the general Victorian population (VPHS 2012) (17.5 per cent).
- In every age group a lower proportion of people with an intellectual disability took part in 'walking and vigorous activity' than the general Victorian population (VPHS 2012).
- People with an intellectual disability aged 18–39 years (54.4 per cent) or 40–59 years (48.6 per cent) were less likely to undertake sufficient time and number of sessions to meet the physical activity guidelines compared with the general Victorian population (VPHS 2012) (65.9 per cent and 66.0 per cent, respectively).

Eye health

Sun protective behaviour

- For every age group it was reported that almost four in 10 people with an intellectual disability usually wear sunglasses when out in the sun, which was lower than the general Victorian population (VPHS 2012).
- For every age group almost seven in 10 people with an intellectual disability usually wear a hat when out in the sun, which was higher than the general Victorian population (VPHS 2012).
- People with an intellectual disability aged 40–59 years (32.4 per cent) were less likely to usually wear a hat and sunglasses when out in the sun than the same age group in the general Victorian population (VPHS 2012) (46.8 per cent).

Vision impairment

- Less than half of the people with an intellectual disability aged 18–39 years (47.2 per cent) or aged 60 years or over (49.0 per cent) were reported to have vision impairment.
- About six in 10 (58.5 per cent) people with an intellectual disability aged 40–59 years were reported to have vision impairment.

Change in vision

- In every age group a lower proportion of people with an intellectual disability were reported to have experienced a change in their vision in the preceding 12 months than the general Victorian population (VPHS 2012).

Use of eye care services

- More than three-quarters (78.1 per cent) of all people with an intellectual disability aged 18–39 years had ever consulted an eye care specialist or attended an eye clinic, which was higher than the same age group in the general Victorian population (VPHS 2012) (66.7 per cent).
- A lower proportion of people aged 60 years or over with an intellectual disability had seen an eye care specialist or attended an eye clinic (87.7 per cent) than the same age group in the general Victorian population (VPHS 2012) (95.4 per cent).
- For every age group there was no difference between people with an intellectual disability and the general population in the recency of their visit to an eye care specialist or attendance at an eye clinic.

Selected eye conditions

- A higher proportion of people with an intellectual disability aged 18–39 years (3.1 per cent) or 40–59 years (6.4 per cent) had ever had a cataract than the same age group in the general Victorian population (VPHS 2012) (0.7 per cent and 2.8 per cent, respectively).
- A higher proportion of people with an intellectual disability aged 18–39 years (1.8 per cent) had ever had glaucoma than the same age group in the general Victorian population (VPHS 2012) (0.2 per cent).

Hearing impairment

- Almost one in six people with an intellectual disability aged 18–39 years (15.8 per cent) and 40–59 years (15.1 per cent) had a hearing impairment.
- Almost one in five people with an intellectual disability aged 60 years or over (20.6 per cent) had a hearing impairment.

Health checks

Blood pressure checks

- Ninety-six per cent of people with an intellectual disability aged 40–59 years had had a blood pressure check in the preceding two years, which was higher than the same age group in the general Victorian population (VPHS 2012) (85.7 per cent).

Cholesterol checks

- About eight in 10 (77.4 per cent) people with an intellectual disability aged 60 years or over had had a blood cholesterol check in the preceding two years, which was lower than the same age group in the general Victorian population (VPHS 2012) (88.7 per cent).

Blood glucose checks

- About seven in 10 (72.0 per cent) people with an intellectual disability aged 40–59 years had had their blood glucose checked in the preceding two years, which was higher than the same age group in the general Victorian population (VPHS 2012) (63.1 per cent).

Annual health review for people with an intellectual disability

- Over a quarter (26.6 per cent) of people with an intellectual disability aged 18–39 years reported having an annual health review in the two years preceding the survey. The proportion of people aged 18–39 years with an intellectual disability who had had an annual health review in the preceding two years was lower (26.6 per cent) than the other two age groups surveyed (63.9 per cent for the 40–59 year age group and 68.2 per cent for the 60 years or over age group).

Cancer screening

Bowel cancer screening

- About six in 10 (58.1 per cent) people with an intellectual disability aged 50–59 years had received a faecal occult blood test (FOBT) kit in the mail, which was lower than the same age group in the general Victorian population (VPHS 2012) (73.4 per cent).
- Four in 10 (42.1 per cent) people with an intellectual disability aged 50–59 years had a test to detect bowel cancer in the preceding two years, which was higher than the same age group in the general Victorian population (VPHS 2012) (28.1 per cent).

Skin examination for lesions/cancers

- About half of the people with an intellectual disability aged 40–59 years (45.7 per cent) and 60 years or over (50.5 per cent) had had a skin examination to detect lesions/cancers.
- People with an intellectual disability aged 18–39 years were less likely (22.5 per cent) to have had a skin examination to detect lesions/cancers compared with other age groups (45.7 per cent for people aged 40–59 years and 50.5 per cent for people aged 60 years or over).

Prostate cancer screening

- Three in 10 (29.0 per cent) males with an intellectual disability aged 40–59 years and four in 10 aged 60 years or over had been tested for prostate cancer.

Cervical cancer screening

- About two in 10 (17.4 per cent) females with an intellectual disability aged 18–39 years and 13.8 per cent aged 40–59 years had had a Pap test in the preceding two years, which was lower than females in the same age groups from the general Victorian population (VPHS 2012) (83.7 per cent and 75.9 per cent, respectively).

Breast cancer screening

- Females with an intellectual disability aged 50–59 years (78.1 per cent) were more likely to have had a mammogram in the preceding two years than females aged 50–59 years from the general Victorian population (VPHS 2012) (42.9 per cent).
- Females with an intellectual disability aged 50–59 years (61.3 per cent) and those aged 60 years or over (69.6 per cent) were less likely to ever have a mammogram than females in the same age group from the general Victorian population (VPHS 2012) (85.3 per cent and 91.1 per cent, respectively).

Change since previous survey

Change in drinking water and milk consumption

- There was a significant reduction in the consumption of soft drinks in people with an intellectual disability since 2009. People with an intellectual disability aged 18–39 years (22.0 per cent) and aged 40–59 years (18.6 per cent) in the current survey (VPHS-ID 2013) were less likely to drink soft drinks when thirsty than people with an intellectual disability in the same age group from the previous survey (VPHS-ID 2009) (33.6 per cent and 30.9 per cent, respectively).

Change in breast cancer screening rates

- There was a significant improvement in the breast cancer screening rates for females with an intellectual disability since 2009. A higher proportion of females with an intellectual disability aged 50–59 years (78.1 per cent) in the current survey (VPHS-ID 2013) had a mammogram in the preceding two years than females in the same age group from the previous survey (VPHS-ID 2009) (42.9 per cent).

Fruit and vegetable intake

The Australian dietary guidelines recommend a minimum daily vegetable intake of four serves for persons aged 12–18 years and five serves for persons aged 19 years or over, where a serve is defined as half a cup of cooked vegetables or a cup of salad vegetables (National Health and Medical Research Council (NHMRC) 2003a; 2003b). The recommended minimum daily fruit intake is three serves for persons aged 12–18 years and two serves for persons aged 19 years or 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 and Figure 2.1 show vegetable consumption by age group. The data show that a lower proportion of people with an intellectual disability aged 40–59 years (46.9 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 2012) (56.7 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 or over	Two serves
Vegetables	Persons aged 12–18	Four serves
	Persons aged 19 years or over	Five serves

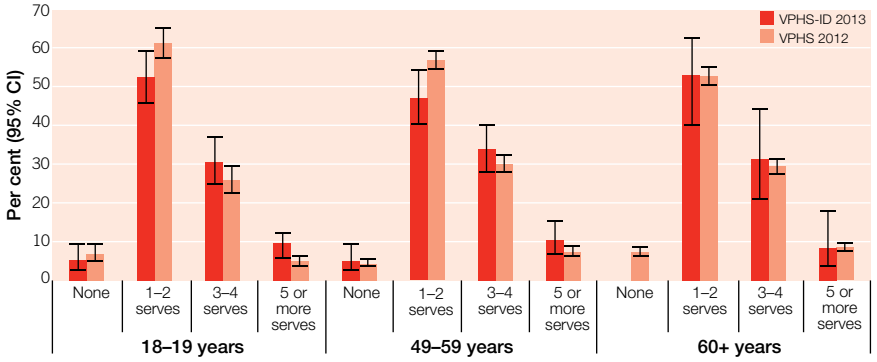
Source: NHMRC 2003a, 2003b
a = Excludes pregnant or breastfeeding women

Table 2.2: Daily vegetable consumption (serves[a] per day), by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
None	**5.3***	2.9	9.5	**6.8**	4.9	9.4
1–2 serves	**52.5**	45.8	59.1	**61.3**	57.3	65.2
3–4 serves	**30.6**	24.8	37.1	**25.9**	22.6	29.5
5 or more serves	**9.6**	6.4	14.2	**5.0**	3.6	6.9
40–59 years						
None	**4.9***	2.6	9.2	**4.3**	3.4	5.5
1–2 serves	**46.9**	40.3	53.6	**56.7**	54.2	59.1
3–4 serves	**33.8**	28.0	40.2	**30.1**	27.9	32.4
5 or more serves	**10.5**	7.1	15.4	**7.4**	6.2	8.7
60+ years						
None	**	**	**	**7.3**	6.2	8.6
1–2 serves	**53.0**	40.0	65.6	**52.7**	50.5	54.9
3–4 serves	**31.4**	21.0	44.2	**29.4**	27.5	31.3
5 or more serves	**8.4***	3.8	17.9	**8.5**	7.4	9.6

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
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-specific proportions.
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 are identified by colour as follows: above/below 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.

Figure 2.1: Daily vegetable consumption (serves[a] per day), by age group



95% CI = 95 per cent confidence interval.
Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.
Data are age-specific proportions.
a = A serve is one medium piece or two small pieces of fruit, or one cup of diced pieces.

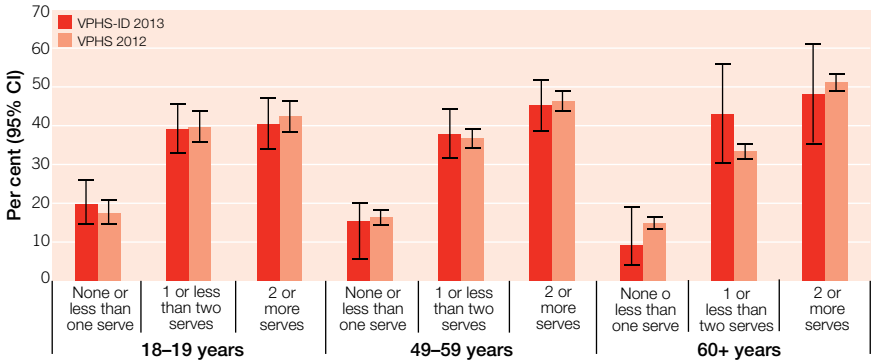
Table 2.3 and Figure 2.2 show the proportion of people who consumed a given number of serves of fruit each day by age group. About 20 per cent of people with an intellectual disability aged 18–39 years, 15.3 per cent aged 40–59 years and 9.1 per cent aged 60 years or over consumed no fruit or less than one serve, which was similar to the same age groups in the general Victorian population (VPHS 2012) (17.4 per cent, 16.3 per cent and 14.9 per cent, respectively).

Table 2.3: Daily fruit consumption (serves[a] per day), by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
None or less than one serve	**19.6**	14.7	25.7	**17.4**	14.5	20.8
1 or less than two serves	**39.0**	32.8	45.7	**39.6**	35.6	43.7
2 or more serves	**40.4**	34.1	47.1	**42.3**	38.3	46.3
40–59 years						
None or less than one serve	**15.3**	11.0	20.8	**16.3**	14.6	18.1
1 or less than two serves	**37.7**	31.5	44.3	**36.7**	34.3	39.1
2 or more serves	**45.2**	38.7	51.9	**46.4**	43.9	48.9
60+ years						
None or less than one serve	**9.1***	4.0	19.1	**14.9**	13.4	16.5
1 or less than two serves	**42.8**	30.5	56.1	**33.3**	31.3	35.3
2 or more serves	**48.1**	35.4	61.1	**51.1**	48.9	53.2

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
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-specific proportions.
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.

Figure 2.2: Daily fruit consumption (serves[a] per day), by age group



95% CI = 95 per cent confidence interval.
Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.
Data are age-specific proportions.
a = A serve is one medium piece or two small pieces of fruit, or one cup of diced pieces.

Table 2.4 shows the proportion of people who met the guidelines for daily fruit and vegetable consumption by age group. For every age group there was no difference between people with an intellectual disability and the general population for meeting the guidelines for daily fruit and vegetable consumption.

Table 2.4: Meeting guidelines[a] for consumption of fruit and vegetables, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Both	**4.2***	2.3	7.5	**2.7**	1.8	4.1
Vegetable only[b]	**9.6**	6.4	14.2	**5.3**	3.8	7.1
Fruit only[c]	**40.0**	33.7	46.6	**41.1**	37.2	45.1
Neither	**52.6**	46.0	59.2	**55.8**	51.7	59.7
40–59 years						
Both	**8.6**	5.5	13.3	**5.2**	4.2	6.3
Vegetable only[b]	**10.5**	7.1	15.4	**7.2**	6.0	8.5
Fruit only[c]	**45.2**	38.7	51.9	**46.4**	43.9	48.9
Neither	**49.7**	43.1	56.4	**50.7**	48.3	53.2
60+ years						
Both	**	**	**	**5.6**	4.8	6.6
Vegetable only[b]	**8.4***	3.8	17.9	**8.3**	7.2	9.4
Fruit only[c]	**48.1**	35.4	61.1	**51.1**	48.9	53.2
Neither	**47.2**	34.5	60.3	**44.6**	42.5	46.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
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-specific proportions.
* 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.

Drinking water and milk consumption

Water is essential for life and is involved in digestion, thermoregulation and absorption and transportation of nutrients around the body. It acts as a solvent for nutrients and is involved in the elimination of waste. 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 2.5 shows preferred drink when thirsty, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Most people with an intellectual disability aged 18–39 years had a preference for water when thirsty (56.7 per cent), followed by soft drinks (22.0 per cent) and fruit juice (7.7 per cent). Most people aged 40–59 years and 60 years or over with an intellectual disability had a preference for water, followed by tea or coffee and soft drinks.

Table 2.5: Preferred drink when thirsty, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Water (includes tap water, still/carbonated mineral water)	**56.7**	50.0	63.1
Soft drink (includes cordial and carbonated soft drinks)	**22.0**	17.0	28.0
Sports/energy drink	**	**	**
Milk	**6.9***	4.2	11.3
Tea/coffee	**4.9***	2.9	8.2
Fruit juice (includes vegetable juice)	**7.7**	4.7	12.2
Other	**	**	**
40–59 years			
Water (includes tap water, still/carbonated mineral water)	**43.9**	37.4	50.6
Soft drink (includes cordial and carbonated soft drinks)	**18.6**	14.0	24.3
Sports/Energy drink	**	**	**
Milk	**2.9***	1.3	6.4
Tea/coffee	**27.0**	21.6	33.1
Fruit juice (includes vegetable juice)	**3.4***	1.7	6.7
Other	**2.7***	1.2	6.0
60+ years			
Water (includes tap water, still/carbonated mineral water)	**45.5**	33.0	58.7
Soft drink (includes cordial and carbonated soft drinks)	**10.3***	4.6	21.6
Sports/Energy drink	**	**	**
Milk	**2.3***	0.9	5.7
Tea/coffee	**40.5**	28.3	53.9
Fruit juice (includes vegetable juice)	**	**	**
Other	**0.0**		

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
* 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.

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 2.6 shows the type of milk usually consumed, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Most people with an intellectual disability in every age group had a preference for low- or reduced-fat milk, followed by whole milk and skimmed milk.

Survey respondents were asked how much water they usually drank on an average day. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Table 2.7 shows that the mean daily water consumption was 0.93 L per day in people with an intellectual disability aged 18–39 years, 0.80 L per day in those aged 40–59 years and 0.71 L per day in those aged 60 years or over.

Consumption of sugar-sweetened soft drinks

In 2013 questions were included in the survey to measure the consumption of sugar-sweetened soft drinks in people with an intellectual disability living in Victoria. The term 'sugar-sweetened soft drink' refers to any beverage with added sugar, and includes carbonated drinks, flavoured mineral water, cordial, sports drinks and energy drinks. Ready-to-drink alcoholic beverages were also included as sugar-sweetened beverages because they are mixed with other flavours such as fruit juice or soft drink. All plain, non-flavoured mineral water and soda water were excluded.

Table 2.6: Type of milk usually consumed, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Whole milk	**28.5**	22.7	35.0
Low or reduced fat milk	**39.3**	33.1	46.0
Skim (includes Skinny milk)	**15.9**	11.7	21.2
Soya	**5.6***	3.3	9.4
Other (includes Lactose-free)	**5.2***	2.8	9.3
Doesn't drink milk	**5.1***	2.8	9.3
40–59 years			
Whole milk	**25.0**	19.5	31.3
Low or reduced fat milk	**56.1**	49.3	62.6
Skim (includes Skinny milk)	**12.2**	8.5	17.2
Soya	**3.2***	1.4	7.0
Other (includes Lactose-free)	**	**	**
Doesn't drink milk	**	**	**
60+ years			
Whole milk	**23.1**	13.9	35.7
Low or reduced fat milk	**49.6**	36.8	62.5
Skim (includes Skinny milk)	**19.9***	11.2	32.8
Soya	**	**	**
Other (includes Lactose-free)	**	**	**
Doesn't drink milk	**	**	**

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
* 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 2.7: Mean water intake (L/day), by age group

	VPHS-ID 2013		
Age group	Mean	95% CI	
18–39 years	**0.93**	0.81	1.04
40–59 years	**0.80**	0.71	0.89
60+ years	**0.71**	0.59	0.82

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval

The weight of epidemiological evidence shows that consumption of sugar-sweetened soft drinks has significantly contributed to the obesity epidemic (Malik, Schulze & Hu 2006; Vartanian, Schwartz & Brownell 2007; Woodward-Lopez, Kao & Ritchis 2011).

Consumption of sugar-sweetened and artificially sweetened (diet) soft drinks

Proxy respondents were asked how often the person with an intellectual disability consumed cordial, soft drinks, flavoured mineral water, energy drinks or sports drinks.

Table 2.8 shows the prevalence of soft drink consumption, irrespective of whether the soft drinks were sugar-sweetened or diet soft drinks, by age group. Two in 10 (21.2 per cent) people with an intellectual disability aged 18–39 years consumed sugar-sweetened soft drinks daily, similar to the same age group in the general Victorian population (VPHS 2012) (17.4 per cent), while approximately one in 10 aged 40–59 years (11.8 per cent) or 60 years or over (9.8 per cent) consumed sugar-sweetened soft drinks daily, similar to the same age groups in the general Victorian population (VPHS 2012) (12.1 per cent and 6.8 per cent, respectively).

Table 2.9 shows the frequency of soft drink consumption, by type of soft drink and age group.

Table 2.8: Consumption of daily sugar-sweetened soft drink consumption daily, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
No	**73.1**	66.7	78.6	**70.5**	66.7	74.0
Yes	**21.2**	16.1	27.3	**17.4**	14.5	20.7
40–59 years						
No	**76.7**	70.4	81.9	**70.4**	68.1	72.6
Yes	**11.8**	8.0	17.1	**12.1**	10.5	13.9
60+ years						
No	**69.1**	55.6	79.9	**74.4**	72.4	76.2
Yes	**9.8***	4.2	21.1	**6.8**	5.8	8.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

The proportion of adults with an intellectual disability aged 18–39 years (23.9 per cent) or 40–59 years (29.6 per cent) who reported consuming diet drinks daily was significantly higher compared with the same age groups in the general Victorian population (VPHS 2012) (12.3 per cent and 9.9 per cent, respectively). The proportion of adults who reported not consuming soft drinks was significantly lower in people with an intellectual disability aged 40–59 years (11.6 per cent) and 60 years or over (17.7 per cent) compared with the same age groups in the general Victorian population (VPHS 2012) (25.9 per cent and 45.0 per cent, respectively). People with an intellectual disability aged 40–59 years were more likely to consume both sugar-sweetened and diet drinks daily (4.2 per cent) than those in the same age group in the general Victorian population (VPHS 2012) (0.6 per cent).

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) 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

Table 2.9: Frequency and type of soft drink consumption, by age group

		VPHS-ID 2013			VPHS 2012		
Age group		%	95% CI		%	95% CI	
18–39 years							
Never		**11.2**	7.6	16.3	**14.3**	11.7	17.2
Sugar-sweetened	Daily	**21.2**	16.1	27.3	**17.4**	14.5	20.7
	Several times a week	**6.5***	3.9	10.9	**15.6**	12.7	18.9
	Once a week	**7.1**	4.4	11.2	**10.1**	7.9	12.7
	Once a fortnight	**2.3***	0.9	6.1	**3.4**	2.2	5.3
Diet	Daily	**23.9**	18.8	30.0	**12.3**	9.8	15.3
	Several times a week	**8.5**	5.4	13.2	**5.6**	4.0	7.6
	Once a week	**6.1***	3.7	10.1	**4.3**	2.8	6.5
	Once a fortnight	**	**	**	**1.4***	0.7	2.7
Both sugar-sweetened and diet	Daily	**1.9***	0.8	4.5	**1.7***	0.7	3.7
	Several times a week	**2.3***	1.0	5.5	**1.1***	0.6	2.2
	Once a week	**	**	**	**	**	**
	Once a fortnight	**	**	**	**0.0**		
40–59 years							
Never		**11.6**	7.9	16.7	**25.9**	23.9	28.1
Sugar-sweetened	Daily	**11.8**	8.0	17.1	**12.1**	10.5	13.9
	Several times a week	**8.1**	5.0	12.7	**8.0**	6.8	9.5
	Once a week	**3.9***	1.9	7.8	**8.0**	6.7	9.6
	Once a fortnight	**	**	**	**4.4**	3.4	5.6
Diet	Daily	**29.6**	24.0	35.9	**9.9**	8.6	11.5
	Several times a week	**8.9**	6.0	13.2	**6.1**	5.0	7.4
	Once a week	**4.7***	2.7	8.2	**4.5**	3.6	5.6
	Once a fortnight	**2.3***	1.0	5.5	**1.7**	1.2	2.4
Both sugar-sweetened and diet	Daily	**4.2***	2.2	7.9	**0.6***	0.3	1.2
	Several times a week	**2.1***	0.8	5.6	**0.7***	0.3	1.2
	Once a week	**	**	**	**0.2***	0.1	0.6
	Once a fortnight	**0.0**			**	**	**
60+ years							
Never		**17.7***	9.7	30.2	**45.0**	42.8	47.1
Sugar-sweetened	Daily	**9.8***	4.2	21.1	**6.8**	5.8	8.0
	Several times a week	**13.3***	6.1	26.6	**5.2**	4.2	6.3
	Once a week	**	**	**	**4.9**	4.1	6.0
	Once a fortnight	**0.0**			**2.5**	1.9	3.3
Diet	Daily	**13.3***	7.1	23.5	**6.5**	5.5	7.6
	Several times a week	**10.0***	4.8	19.8	**4.7**	3.9	5.8
	Once a week	**	**	**	**2.6**	2.0	3.3
	Once a fortnight	**	**	**	**1.5**	1.0	2.1
Both sugar-sweetened and diet	Daily	**	**	**	**0.7***	0.4	1.3
	Several times a week	**0.0**			**0.5***	0.2	0.9
	Once a week	**0.0**			**	**	**
	Once a fortnight	**0.0**			**0.2***	0.1	0.5

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Data are age-specific proportions.
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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.

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:

- excessive alcohol intake on a particular occasion
- 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 kg for males and ≥ 50 kg for females) over the short and long-term. The guidelines categorised risk according to three levels:

- low risk – a level of drinking at which the risk of harm is minimal and there are possible benefits for some of the population
- risky – a level of drinking at which the risk of harm outweighs any possible benefit
- high risk – a level of drinking at which there is substantial risk of serious harm and above which risk increases rapidly.

Tables 2.10 and 2.11 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 2.11). 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 five to six drinks on an average day (29–42 per week) and if females consume four or more drinks daily (15–28 per week).

Abstainers

In the VPHS-ID 2013, abstainers from alcohol were those who did not drink, or who had a drink in the preceding 12 months but were reported as no longer drinking (recent abstainers).

Table 2.12 shows abstainers from alcohol by age group. In every age group people with an intellectual disability were more likely to be abstainers from alcohol compared with the general Victorian population (VPHS 2012).

Table 2.10: 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 2.11: 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 gm or 12.5 mL of alcohol
Source: NHMRC 2001

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 2.12. The reported prevalence of drinking alcohol at risky or high-risk levels for short-term harm was lower for people with an intellectual disability aged 18–39 years (3.2 per cent) than the same age group in the general Victorian population (VPHS 2012) (47.6 per cent). The reported prevalence of drinking alcohol at a low risk level for short-term harm was lower for people with an intellectual disability aged 40–59 years (25.0 per cent) and 60 years or over (24.3 per cent) than the same age groups in the general Victorian population (VPHS 2012) (48.4 per cent and 58.5 per cent, respectively).

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.

People with an intellectual disability aged 18–39 years (37.3 per cent), 40–59 years (26.7 per cent) and 60 years or over (26.6 per cent) were reported to be at a low risk of long-term harm, which was lower than the same age groups in the general Victorian population (VPHS 2012) (77.5 per cent, 79.4 per cent and 70.4 per cent, respectively) (Table 2.13).

Table 2.12: Short-term alcohol-related harm[a] levels, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Abstainer	62.3	55.6	68.5	**18.1**	15.1	21.7
At low risk	**33.6**	27.6	40.2	**33.3**	29.6	37.2
At risk or high risk	3.2*	1.5	6.7	**47.6**	43.6	51.7
40–59 years						
Abstainer	71.3	64.8	76.9	**16.0**	14.3	18.0
At low risk	25.0	19.6	31.2	**48.4**	45.9	50.8
At risk or high risk	**	**	**	**34.2**	32.0	36.6
60+ years						
Abstainer	73.0	59.8	83.1	**25.6**	23.7	27.5
At low risk	24.3	14.8	37.3	**58.5**	56.3	60.6
At risk or high risk	**0.0**	.	.	**14.2**	12.8	15.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
a = Based on NHMRC guidelines (2001).
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 2.13: Long-term risk[a] of alcohol-related harm, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Abstainer	62.3	55.6	68.5	**18.1**	15.1	21.7
At low risk	37.3	31.1	44.0	**77.5**	73.7	80.9
At risk or high risk	**0.0**	.	.	**3.5**	2.2	5.3
40–59 years						
Abstainer	71.3	64.8	76.9	**16.0**	14.3	18.0
At low risk	26.7	21.2	33.0	**79.4**	77.4	81.3
At risk or high risk	**	**	**	**3.8**	3.1	4.8
60+ years						
Abstainer	73.0	59.8	83.1	**25.6**	23.7	27.5
At low risk	26.6	16.6	39.9	**70.4**	68.4	72.3
At risk or high risk	**0.0**	.	.	**3.2**	2.6	4.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
a = Based on NHMRC guidelines (2001).
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

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, Willaims & McCubbin 2002).

Current smokers are defined as those who smoke daily or occasionally. Table 2.14 shows smoking status. A lower proportion of people with an intellectual disability aged 18–39 years (3.2 per cent) or 40–59 years (5.5 per cent) were current smokers than the same age groups in the general Victorian population (VPHS 2012) (17.5 per cent and 18.2 per cent, respectively). A lower proportion of people with an intellectual disability aged 40–59 years (2.4 per cent) or 60 years or over (7.8 per cent) were current ex-smokers than the same age groups in the general Victorian population (VPHS 2012) (28.7 per cent and 35.3 per cent, respectively).

Table 2.15 shows the frequency of current smoking behaviour by age group. Most people who were current smokers smoked on a daily basis, as opposed to smoking occasionally. A lower proportion of people with an intellectual disability aged 18–39 years (2.3 per cent) or 40–59 years (5.1 per cent) smoked daily compare with the same age groups in the general Victorian population (VPHS 2012) (13.6 per cent and 14.8 per cent, respectively).

Table 2.14: Smoking status[a], by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Current smoker	3.2*	1.5	6.8	**17.5**	14.6	20.9
Ex-smoker	**	**	**	**15.3**	12.7	18.4
Non-smoker	96.6	93.1	98.4	**66.8**	62.9	70.5
40–59 years						
Current smoker	5.5*	3.1	9.5	**18.2**	16.3	20.3
Ex-smoker	2.4*	1.0	5.4	**28.7**	26.5	30.9
Non-smoker	91.5	86.9	94.6	**52.7**	50.2	55.2
60+ years						
Current smoker	**	**	**	**8.7**	7.5	10.0
Ex-smoker	7.8*	3.1	18.4	**35.3**	33.3	37.4
Non-smoker	84.3	72.3	91.7	**54.6**	52.5	56.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
a = A person who smoked daily or occasionally was categorised as a current smoker.
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 2.15: Frequency of current smoking behaviour, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Daily	2.3*	0.9	5.5	**13.6**	11.0	16.8
Occasionally	**	**	**	**3.9**	2.7	5.6
Ex-smoker	**	**	**	**15.3**	12.7	18.4
Non-smoker	96.6	93.1	98.4	**66.8**	62.9	70.5
40–59 years						
Daily	5.1*	2.8	9.0	**14.8**	13.1	16.7
Occasionally	**	**	**	**3.4**	2.5	4.5
Ex-smoker	2.4*	1.0	5.4	**28.7**	26.5	30.9
Non-smoker	91.5	86.9	94.6	**52.7**	50.2	55.2
60+ years						
Daily	**	**	**	**7.2**	6.2	8.5
Occasionally	**	**	**	**1.5**	1.0	2.1
Ex-smoker	7.8*	3.1	18.4	**35.3**	33.3	37.4
Non-smoker	84.3	72.3	91.7	**54.6**	52.5	56.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
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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 older people. 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.

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 10 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:

- time spent walking (for more than 10 minutes at a time) for recreation or exercise, or to get to and from places
- time spent doing vigorous household chores (excluding gardening)
- 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 2.16 shows the proportion of people who were able to walk unaided by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. About 14 per cent of people with an intellectual disability aged 18–39 years, 22.8 per cent aged 40–59 years and 27.7 per cent aged 60 years required assistance to walk.

Table 2.16: Ability to walk unaided, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Yes	**85.6**	80.5	89.5
No	**14.4**	10.5	19.5
40–59 years			
Yes	**77.2**	71.3	82.1
No	**22.8**	17.9	28.7
60+ years			
Yes	**72.3**	58.5	82.9
No	**27.7**	17.1	41.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.

Table 2.17 shows the type of mobility aid used by people who needed assistance to walk. The most common type of mobility aid used by people with an intellectual disability aged 18–39 years or 40–59 years were un-motorised wheelchairs and walking frames. The most common type of mobility aid used by people with an intellectual disability aged 60 years or over was walking frames (73.5 per cent).

Table 2.18 shows the proportion of people who were sedentary and those who had undertaken different types of physical activity in the preceding week, by age group. In every age group a higher proportion of people with an intellectual disability took part in 'walking only' than the general Victorian population (VPHS 2012). In every age group a lower proportion of people with an intellectual disability took part in 'walking and vigorous activity' than the general Victorian population (VPHS 2012). A higher proportion of people with an intellectual disability aged 18–39 years were sedentary (11.1 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (3.7 per cent). People with an intellectual disability aged 60 years or over (56.4 per cent) were more likely to take part in 'walking only' than people aged 18–39 years (34.0 per cent).

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

Table 2.17: Type of mobility aid[a], by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Wheelchair motorised	**14.9***	6.4	30.8
Wheelchair un-motorised	**55.2**	38.4	70.9
Walking frame	**20.7***	9.9	38.3
Other	**	**	**
40–59 years			
Wheelchair motorised	**15.2***	7.7	27.7
Wheelchair un-motorised	**49.8**	36.7	63.0
Walking frame	**23.8**	14.1	37.2
Other	**11.2***	4.8	24.2
60+ years			
Wheelchair motorised	**0.0**	.	.
Wheelchair un-motorised	**	**	**
Walking frame	**73.5**	47.2	89.6
Other	**	**	**

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
a = Among those unable to walk unaided
Data are age-specific proportions.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.
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Table 2.18: Types of physical activity undertaken during the preceding week[a], by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
No physical activity	**11.1**	7.1	16.8	**3.7**	2.3	5.9
Walking only	**34.0**	27.5	41.1	**17.5**	14.7	20.7
Vigorous activity only	**2.8***	1.2	6.7	**6.7**	4.6	9.6
Walking and vigorous activity	**41.5**	34.6	48.7	**69.6**	65.6	73.3
40–59 years						
No physical activity	**9.6**	6.0	14.9	**4.9**	3.9	6.1
Walking only	**45.5**	38.1	53.1	**24.8**	22.8	27.0
Vigorous activity only	**3.8***	1.6	8.6	**6.0**	4.8	7.3
Walking and vigorous activity	**29.6**	23.2	37.0	**61.9**	59.5	64.3
60+ years						
No physical activity	**9.0***	3.7	20.3	**9.8**	8.6	11.1
Walking only	**56.4**	41.4	70.3	**38.6**	36.5	40.7
Vigorous activity only	**	**	**	**5.7**	4.8	6.7
Walking and vigorous activity	**19.9***	10.8	33.8	**40.8**	38.7	42.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
a = Based on DoHA guidelines (1999).
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.
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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* (Department of Health and Ageing (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.

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 survey respondent 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 2.19).

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 (aged 18 years or 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 12–18 years (DoHA 2004) and devised guidelines on physical activity for health for older adults (aged 65 years or over and Aboriginal and/or Torres Strait Islander persons aged 55 years or over) (DoHA 2006). While 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 (such as watching TV, videos or DVDs, internet use and playing computer games).

Table 2.19: 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

Table 2.20 shows the reported prevalence of physical activity levels for adults aged 18 years or over, by age group. People with an intellectual disability aged 18–39 years (54.4 per cent) or 40–59 years (48.6 per cent) were less likely to meet the physical activity guidelines compared with the general Victorian population (VPHS 2012) (65.9 per cent and 66.0 per cent, respectively).

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).

There is evidence to show that vision problems (such as refractive errors, strabismus, cataracts and keratoconus) 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.

Table 2.20: Physical activity levels[a], by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Sedentary	**9.6**	6.2	14.7	**3.7**	2.3	5.9
Insufficient	**24.5**	19.2	30.6	**27.1**	23.6	30.9
Sufficient	**54.4**	47.6	60.9	**65.9**	61.9	69.7
40–59 years						
Sedentary	**7.5**	4.7	11.8	**4.9**	3.9	6.1
Insufficient	**31.8**	25.9	38.3	**25.5**	23.4	27.7
Sufficient	**48.6**	42.0	55.2	**66.0**	63.6	68.3
60+ years						
Sedentary	**6.7***	2.7	15.5	**9.8**	8.6	11.1
Insufficient	**29.0**	18.8	41.9	**34.8**	32.8	36.9
Sufficient	**49.5**	36.7	62.4	**48.2**	46.0	50.3

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
a = Based on DoHA guidelines (1999).
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Sun protective behaviour

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

Table 2.21 shows the proportion of people who were reported to usually wear sunglasses when going out in the sun, by age group. For every age group almost four in 10 people with an intellectual disability usually wear sunglasses when out in the sun, which was lower than the general Victorian population (VPHS 2012).

Table 2.22 shows the proportion of people who were reported to usually wear a hat when going out in the sun, by age group. For every age group almost seven in 10 people with an intellectual disability usually wear a hat when out in the sun, which was higher than the general Victorian population (VPHS 2012).

Table 2.23 shows the proportion of persons who were reported to usually wear a hat and sunglasses when going out in the sun, by age group. People with an intellectual disability aged 40–59 years (32.4 per cent) were less likely to usually wear a hat and sunglasses when out in the sun than the same age group in the general Victorian population (VPHS 2012) (46.8 per cent).

Table 2.21: Use of sunglasses to protect vision, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	39.8	33.4	46.5	**71.6**	69.6	73.5
No	60.2	53.5	66.6	**28.2**	26.3	30.1
40–59 years						
Yes	39.0	32.7	45.7	**79.4**	78.3	80.4
No	59.6	52.9	66.0	**20.3**	19.3	21.4
60+ years						
Yes	39.2	27.2	52.6	**69.9**	68.8	71.0
No	60.0	46.6	72.0	**29.7**	28.6	30.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.

Table 2.22: Use of a hat when outside, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	68.9	62.3	74.8	**37.7**	35.8	39.7
No	30.5	24.6	37.1	**62.0**	60.0	63.9
40–59 years						
Yes	69.5	63.1	75.2	**56.4**	55.2	57.7
No	30.5	24.8	36.9	**43.0**	41.8	44.3
60+ years						
Yes	76.0	63.0	85.5	**60.5**	59.3	61.6
No	24.0	14.5	37.0	**39.0**	37.8	40.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.

Table 2.23: Use of a hat and sunglasses when outside, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
18–39 years						
Wears hat and sunglasses	**33.0**	27.1	39.6	**30.3**	28.5	32.2
Wears neither hat nor sunglasses	**24.1**	18.8	30.4	**20.8**	19.1	22.6
40–59 years						
Wears hat and sunglasses	32.4	26.4	39.0	**46.8**	45.5	48.0
Wears neither hat nor sunglasses	23.3	18.2	29.2	**10.6**	9.9	11.5
60+ years						
Wears hat and sunglasses	**30.8**	20.1	44.1	**44.4**	43.2	45.6
Wears neither hat nor sunglasses	**15.6***	8.4	27.1	**13.7**	12.9	14.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Vision impairment

Table 2.24 shows the proportion of people with an intellectual disability who have impaired vision, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Less than half of the people with an intellectual disability aged 18–39 years (47.2 per cent) and aged 60 years or over (49.0 per cent) were reported to have vision impairment. About six in 10 (58.5 per cent) people with an intellectual disability aged 40–59 years were reported to have vision impairment.

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 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.

Proxy respondents were asked 'Has the person with an intellectual disability noticed a change in vision in the last 12 months?'.

Table 2.25 shows the proportion of persons who had a change in their vision in the 12 months preceding the survey, by age group. In every age group a lower proportion of people with an intellectual disability had noticed a change in their vision in the preceding 12 months than the general Victorian population (VPHS 2012).

Table 2.24: Vision impairment, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
No	**51.0**	46.2	55.7
Yes	**47.2**	42.4	52.0
40–59 years			
No	**40.3**	34.1	46.9
Yes	**58.5**	52.0	64.8
60+ years			
No	**47.7**	35.0	60.7
Yes	**49.0**	36.2	62.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.

Table 2.25: Change in vision noticed in the preceding 12 months, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
18–39 years						
No	95.7	91.9	97.7	**75.4**	73.5	77.1
Yes	4.2*	2.2	8.0	**24.5**	22.7	26.3
40–59 years						
No	90.5	85.7	93.8	**42.2**	40.9	43.4
Yes	9.4	6.1	14.2	**57.7**	56.4	58.9
60+ years						
No	83.6	70.2	91.7	**51.1**	49.9	52.2
Yes	13.7*	6.5	26.5	**48.6**	47.5	49.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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

Proxy respondents were subsequently asked 'Has the person with an intellectual disability ever seen someone who specialises in eyes, for example, an optician, optometrist, ophthalmologist (specialist eye doctor) or eye clinic?' Table 2.26 shows the proportion of persons who had ever consulted an eye care specialist or attended an eye clinic, by age group.

More than three-quarters (78.1 per cent) of all people with an intellectual disability aged 18–39 years had ever consulted an eye care specialist or attended an eye clinic, which was higher than the same age group in the general Victorian population (VPHS 2012) (66.7 per cent). A lower proportion of people aged 60 years or over with an intellectual disability had seen an eye care specialist or attended an eye clinic (87.7 per cent) than the same age group in the general Victorian population (VPHS 2012) (95.4 per cent).

Table 2.27 shows the most recent visit to an eye care specialist or attendance at an eye clinic. The table shows that almost two in 10 (20.4 per cent) people with an intellectual disability aged 18–39 years visited an eye care specialist or attended an eye clinic less than six months preceding the survey, which was similar to the same age group in the general Victorian population (VPHS 2012) (23.8 per cent). Almost three in 10 people with an intellectual disability aged 40–59 years (29.1 per cent) or 60 years or over (30.4 per cent) visited an eye care specialist or attended an eye clinic less than six months preceding the survey, which was similar to the general Victorian population (VPHS 2012) (29.0 per cent and 37.1 per cent).

Table 2.26: Ever consulted an eye care specialist or attended an eye clinic, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
No	19.2	14.4	25.2	**33.2**	31.3	35.2
Yes	78.1	72.0	83.2	**66.7**	64.7	68.7
40–59 years						
No	**12.9**	9.1	17.9	**16.3**	15.3	17.3
Yes	**84.7**	79.6	88.8	**83.7**	82.7	84.7
60+ years						
No	11.9*	5.5	24.1	**4.5**	4.0	5.0
Yes	87.7	75.6	94.3	**95.4**	94.9	95.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.27: Recency of last visit to eye specialist

	VPHS-ID 2013			VPHS 2011–12		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Less than six months ago	**20.4**	15.1	26.9	**23.8**	21.7	26.1
Between six months and one year ago	**21.8**	16.3	28.5	**20.8**	18.9	22.9
More than one year but less than two years ago	**14.7**	10.1	21.0	**19.6**	17.7	21.6
Two years but less than five years ago	**17.7**	12.6	24.4	**17.7**	16.0	19.7
Five years or more ago	**23.7**	17.9	30.7	**17.6**	15.8	19.5
40–59 years						
Less than six months ago	**29.1**	23.0	36.2	**29.0**	27.8	30.3
Between six months and one year ago	**33.6**	27.2	40.8	**27.8**	26.6	29.1
More than one year but less than two years ago	**18.5**	13.5	24.9	**21.6**	20.4	22.7
Two years but less than five years ago	**10.8**	6.9	16.6	**14.5**	13.6	15.6
Five years or more ago	**7.1***	4.1	12.0	**6.8**	6.1	7.6
60+ years						
Less than six months ago	**30.4**	19.6	44.0	**37.1**	36.0	38.3
Between six months and one year ago	**33.2**	21.8	47.1	**28.7**	27.6	29.8
More than one year but less than two years ago	**15.6***	7.8	28.7	**18.7**	17.7	19.6
Two years but less than five years ago	**	**	**	**11.5**	10.8	12.3
Five years or more ago	**	**	**	**3.7**	3.3	4.2

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
* 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.

Selected eye conditions

Proxy respondents were asked if people with an intellectual disability had ever had a cataract or glaucoma.

Table 2.28 shows that a higher proportion of people with an intellectual disability aged 18–39 years (3.1 per cent) or 40–59 years (6.4 per cent) had ever had a cataract than the same age group in the general Victorian population (VPHS 2012) (0.7 per cent and 2.8 per cent, respectively).

Table 2.29 shows that a higher proportion of people with an intellectual disability aged 18–39 years (1.8 per cent) had ever had glaucoma than the same age group in the general Victorian population (VPHS 2012) (0.2 per cent).

Table 2.28: Prevalence of cataract, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
18–39 years						
No	74.9	68.6	80.3	**66.1**	64.0	68.0
Yes	3.1*	1.5	6.5	**0.7***	0.4	1.1
Never seen an eye specialist	19.2	14.4	25.2	**33.2**	31.3	35.2
40–59 years						
No	**77.0**	71.1	82.0	**80.9**	79.8	81.9
Yes	6.4*	3.8	10.6	**2.8**	2.4	3.3
Never seen an eye specialist	**12.9**	9.1	17.9	**16.3**	15.3	17.3
60+ years						
No	**67.8**	54.7	78.6	**67.4**	66.3	68.5
Yes	**16.3***	9.2	27.3	**28.0**	27.0	29.1
Never seen an eye specialist	11.9*	5.5	24.1	**4.5**	4.0	5.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 2.29: Prevalence of glaucoma, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
18–39 years						
No	75.8	69.6	81.1	**66.5**	64.5	68.4
Yes	1.8*	0.7	4.7	**0.2***	0.1	0.3
Never seen an eye specialist	19.2	14.4	25.2	**33.2**	31.3	35.2
40–59 years						
No	**81.4**	75.9	85.8	**82.2**	81.2	83.2
Yes	**	**	**	**1.2**	1.0	1.5
Never seen an eye specialist	**12.9**	9.1	17.9	**16.3**	15.3	17.3
60+ years						
No	**79.0**	65.7	88.1	**88.6**	87.8	89.3
Yes	**	**	**	**6.4**	5.9	7.0
Never seen an eye specialist	11.9*	5.5	24.1	**4.5**	4.0	5.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 impaired hearing among people with an intellectual disability is considerably higher than in the general population (Beange, Lennox & Parmenter 2000; Evenhuis et al. 2001; van Schrojenstein Lantman-De Valk et al. 2000).

Table 2.30 shows the proportion of people with a hearing impairment, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Almost one in six people with an intellectual disability aged 18–39 years (15.8 per cent) and 40–59 years (15.1 per cent) had a hearing impairment. Almost one in five people with an intellectual disability aged 60 years or over (20.6 per cent) had a hearing impairment.

Table 2.30: Hearing impairment, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Yes	**15.8**	11.5	21.3
No	**82.9**	77.3	87.4
40–59 years			
Yes	**15.1**	10.9	20.6
No	**84.2**	78.7	88.5
60+ years			
Yes	**20.6***	11.7	33.7
No	**78.9**	65.9	87.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Health checks

The survey collected information about health checks for people aged 18 years or 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 two years preceding the survey. A Medical Benefits Schedule item to cover an annual health review by a general practitioner (GP) for a person with an intellectual disability was introduced in Australia in July 2007 (DoHA 2010b).

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 2.31 shows the proportion of people who reported having had a blood pressure check in the two years preceding the survey, by age group. The table shows that 96.0 per cent of people with an intellectual disability aged 40–59 years had had a blood pressure check in the previous two years, higher than the same age group in the general Victorian population (VPHS 2012) (85.7 per cent). People with an intellectual disability aged 18–39 years were less likely to have had a blood pressure check in the preceding two years (73.8 per cent) than the other two age groups of people with an intellectual disability (96.0 per cent and 94.4 per cent, respectively).

Table 2.31: Blood pressure check in the preceding two years, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	**73.8**	67.2	79.4	**68.7**	64.7	72.4
No	**25.0**	19.4	31.5	**31.0**	27.3	35.0
40–59 years						
Yes	**96.0**	92.6	97.8	**85.7**	83.7	87.4
No	**3.7***	1.9	7.1	**14.1**	12.3	16.1
60+ years						
Yes	**94.4**	82.2	98.4	**96.4**	95.6	97.1
No	**	**	**	**3.4**	2.7	4.2

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** 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.

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 people 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 or over (National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand 2001).

Table 2.32 shows the proportion of persons who had a blood cholesterol check in the two years preceding the survey, by age group. The data show that 77.4 per cent of people with an intellectual disability aged 60 years or over had a blood cholesterol check in the preceding two years, lower than

Table 2.32: Blood test for cholesterol in the preceding two years, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	**41.4**	35.1	48.0	**35.9**	32.1	40.0
No	**49.6**	43.0	56.3	**63.1**	59.1	67.0
40–59 years						
Yes	**77.6**	71.3	82.8	**73.0**	70.7	75.1
No	**14.8**	10.5	20.4	**26.0**	23.9	28.3
60+ years						
Yes	**77.4**	63.1	87.3	**88.7**	87.4	89.9
No	**11.7***	5.0	25.2	**9.9**	8.8	11.2

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

the same age group in the general Victorian population (VPHS 2012) (88.7 per cent).

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, those with high total cholesterol and those with high blood pressure (AIHW 2008).

Table 2.33 shows the proportion of people who had a test for diabetes or a blood glucose check in the two years preceding the survey, by age group. The data show that 72.0 per cent of people with an intellectual disability aged 40–59 years had their blood glucose checked in the preceding two years, which was higher than the same age group in the general Victorian population (VPHS 2012) (63.1 per cent).

Table 2.33: A test for diabetes or blood glucose check in the preceding two years, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	**46.7**	40.1	53.4	**39.6**	35.7	43.6
No	**48.3**	41.7	55.0	**59.1**	55.0	63.1
40–59 years						
Yes	**72.0**	65.6	77.7	**63.1**	60.7	65.5
No	**22.1**	16.9	28.3	**34.0**	31.7	36.5
60+ years						
Yes	**81.3**	67.3	90.2	**78.6**	76.8	80.2
No	**9.4***	3.5	22.5	**17.8**	16.3	19.4

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

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 healthcare 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 GP. 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 2.34 shows the proportion of people with an intellectual disability who had an annual health review in the two years preceding the survey, by age group. In the preceding two years 26.6 per cent of people with an intellectual disability aged 18–39 years reported having an annual health review. The proportion of people aged 18–39 years with an intellectual disability who had had an annual health review in the preceding two years was lower (26.6 per cent) than the other two age groups (63.9 per cent for the 40–59 year age group and 68.2 per cent for the 60 years or over age group).

Table 2.34: Annual health review performed by a GP, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Yes	**26.6**	21.5	32.6
No	**67.7**	61.5	73.4
40–59 years			
Yes	**63.9**	57.0	70.2
No	**28.6**	22.8	35.4
60+ years			
Yes	**68.2**	53.8	79.8
No	**17.4***	8.9	31.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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

Cancer screening

Screening is defined as the examination of a group of usually asymptomatic individuals to detect those who may have an undiagnosed pathological condition or are at high risk of that condition. Most diseases and conditions have a better prognosis if caught and treated in the early stages. Therefore the purpose of screening is to identify individuals in the early stages of the disease so that treatment can be initiated, thus improving health outcomes and reducing mortality.

The VPHS-ID 2013 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 or over, skin examination for lesions/cancers, prostate cancer screening by males 40 years or over, participation in cervical cancer screening (Pap test) by females aged 18 years or over, and participation in breast cancer screening (mammogram) by females aged 50 years or over.

Bowel cancer screening

Bowel cancer is one of the most common forms of cancer in Australia, and around 80 Australians die each week from the disease. Bowel cancer can be treated successfully if detected in its early stages, but currently fewer than 40 per cent of bowel cancers are detected early (DoHA 2013).

In 2006 the Australian Government commenced a limited bowel cancer screening program, which continues to be expanded. When fully implemented it is expected that all Australians aged 50–74 years will be offered free biennial screening. People eligible for the program receive a written invitation in the mail to complete a faecal occult blood test FOBT, which they return by mail to a designated pathology laboratory for analysis. If the test is positive they are advised to consult their doctor who will generally recommend a follow-up colonoscopy. Currently, people aged 50, 55, 60 or 65 years who hold a Medicare or Department of Veterans' Affairs (DVA) card are being invited to participate (DoHA 2013).

Survey respondents aged 50 years or over were asked whether the person with an intellectual disability had received an FOBT kit from the National Bowel Cancer Screening Program (NBCSP) in the mail. Table 2.35 shows the proportion of people who had received an FOBT kit, by age group.

About six in 10 (58.1 per cent) people with an Intellectual disability aged 50–59 years had received an FOBT kit in the mail, which was lower than the same age group in the general Victorian population (VPHS 2012) (73.4 per cent). The proportion of people aged 50–59 years with an intellectual disability who received an FOBT kit in the mail was higher (58.1 per cent) than for people aged 60 years or over (26.4 per cent).

Respondents were subsequently asked if they had completed and returned the FOBT kit for testing. Table 2.36 shows the people who had returned the FOBT kit for testing, by age group.

About five in 10 (47.6 per cent) people with an intellectual disability aged 50–59 years and eight in 10 (82.0 per cent) aged 60 years or over who had received an FOBT kit in the mail had completed and returned the kit for testing, which was similar to the general Victorian population (VPHS 2012) (51.3 per cent and 65.0 per cent, respectively).

The survey asked respondents aged 50 years or over whether they had had a bowel examination to detect bowel cancer in the preceding two years. Table 2.37 shows the proportion of persons aged 50 years or over who had a test to detect bowel cancer in the preceding two years, by age group. Four in 10 (42.1 per cent) people with an intellectual disability aged 50–59 years had had a test to detect bowel cancer in the preceding two years, which was higher than the same age group in the general Victorian population (VPHS 2012) (28.1 per cent).

Table 2.35: Received faecal occult blood test (FOBT) kit in mail from NBCSPa, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
50–59 years						
No	**23.1**	15.6	32.7	**25.2**	23.7	26.8
Yes	**58.1**	47.6	67.8	**73.4**	71.8	74.9
60+ years						
No	**48.6**	35.8	61.6	**62.4**	61.2	63.5
Yes	**26.4**	16.6	39.3	**35.6**	34.4	36.7

a = National Bowel Cancer Screening Program
VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.

Table 2.36: Returned faecal occult blood test (FOBT) kit sent by NBCSP, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
50–59 years						
No	**44.0**	31.1	57.8	**48.5**	46.4	50.5
Yes	**47.6**	34.3	61.2	**51.3**	49.2	53.3
60+ years						
No	**	**	**	**34.5**	32.6	36.5
Yes	**82.0**	57.2	93.9	**65.0**	63.0	66.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
** Estimate has a relative standard error of greater than 50 per cent and is not reported as it is unreliable for general use.

Table 2.37: Test to detect bowel cancer in the preceding two yearsa, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
50–59 years						
No	**49.6**	39.4	59.8	**71.0**	69.3	72.5
Yes	**42.1**	32.3	52.5	**28.1**	26.6	29.7
60+ years						
No	**60.1**	46.7	72.1	**66.3**	65.1	67.3
Yes	**30.5**	19.9	43.7	**32.6**	31.5	33.7

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
a = Only respondents aged 50 years and over were asked whether they had had a test for bowel cancer in the past two years.
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.

Skin examination for lesions/cancers

The survey asked proxy respondents whether the person with an intellectual disability had had a skin examination to detect lesions/cancers in the preceding two years. Table 2.38 shows the proportion of people who answered yes, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Results show nearly half of the people with an intellectual disability aged 40–59 years (45.7 per cent) or 60 years or over (50.5 per cent) had had a skin examination to detect lesions/cancers. People with an intellectual disability aged 18–39 years were less likely (22.5 per cent) to have had a skin examination to detect lesions/cancers compared with other age groups (45.7 per cent for people aged 40–59 years and 50.5 per cent for people aged 60 years or over).

Table 2.38: Skin examination for lesions/cancers in the preceding two years, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
No	**75.6**	69.6	80.8
Yes	**22.5**	17.6	28.4
40–59 years			
No	**48.0**	41.4	54.7
Yes	**45.7**	39.2	52.3
60+ years			
No	**40.5**	28.4	53.9
Yes	**50.5**	37.6	63.3

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.

Prostate cancer screening

Prostate cancer is the most common cancer among Victorians and the second-leading cause of cancer death among Victorian men (Cancer Council Victoria 2013).

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

Table 2.39 shows the proportion of males who had a test to detect prostate cancer in the preceding two years, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Three in 10 (29.0 per cent) males with an intellectual disability aged 40–59 years and four in 10 (40.6 per cent) aged 60 years or over had been tested for prostate cancer.

Table 2.39: Test to detect prostate cancer in the preceding two years[a], by age group

	VPHS-ID 2013		
Age group	%	95% CI	
40–59 years			
No	**56.0**	46.8	64.9
Yes	**29.0**	21.4	37.9
60+ years			
No	**38.8***	21.7	59.1
Yes	**40.6**	24.2	59.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Cervical cancer screening

There were 213 new cases of cancer of the cervix in Victoria in 2012 (Cancer Council Victoria 2013). 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 and 20 years, or one or two years after first sexual intercourse, whichever is later; it ends at age 69 years for women who have had two normal Pap tests within the last five years. The policy recommends that women aged 70 or over 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 preceding two years, by age group. The table shows that 17.4 per cent of females with an intellectual disability aged 18–39 years and 13.8 per cent aged 40–59 years had had a Pap test in the preceding two years, which was lower than females in the same age groups from the general Victorian population (VPHS 2012) (83.7 per cent and 75.9 per cent, respectively).

Table 2.40: Had a Pap test in the preceding two years, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
No	79.9	70.2	87.0	**15.9**	14.1	17.9
Yes	17.4	10.8	26.9	**83.7**	81.7	85.6
40–59 years						
No	81.6	73.1	87.8	**21.5**	20.2	22.8
Yes	13.8	8.6	21.5	**75.9**	74.5	77.3
60+ years						
No	**68.0**	48.9	82.6	**51.4**	49.8	53.0
Yes	**27.1***	13.9	46.1	**42.1**	40.6	43.7

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Breast cancer screening

Breast cancer was the second most common new cancer in Victoria in 2011, accounting for 13 per cent (3,721) of new cases and 28 per cent of all cancers in women (Cancer Council Victoria 2013). The BreastScreen Australia Program actively recruits and screens women aged 50–69 years (DoHA 2010d). More specifically, BreastScreen Australia is targeted at well women *without* symptoms aged 50–69 years, although women aged 40–49 years and 70 years or over are able to be screened. The survey asked if females with an intellectual disability aged 50 years or over had ever had a mammogram and if they had had one in the preceding two years.

Table 2.41 shows the proportion of females with an intellectual disability aged 50 years or over who had had a mammogram in the preceding two years, by age group. Females with an intellectual disability aged 60 years or over (91.5 per cent) were more likely to have had a mammogram in the preceding two years than females aged 60 years or over from the general Victorian population (VPHS 2012) (65.4 per cent).

Table 2.42 shows the proportion of females with an intellectual disability aged 50 years or over who had ever had a mammogram, by age group. Females with an intellectual disability aged 50–59 years (61.3 per cent) and aged 60 years or over (69.6 per cent) were less likely to have ever had a mammogram than females in the same age group from the general Victorian population (VPHS 2012) (85.3 per cent and 91.1 per cent, respectively).

Table 2.41: Females aged 50 years or older who had a mammogram in the preceding two years, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
50–59 years						
No	**20.6***	9.9	38.1	**17.6**	15.9	19.4
Yes	**78.1**	60.6	89.2	**82.2**	80.4	84.0
60+ years						
No	**	**	**	**33.7**	32.2	35.2
Yes	**91.5**	73.7	97.7	**65.4**	63.9	66.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 2.42: Females aged 50 years or older who have ever had a mammogram, by age group

	VPHS-ID 2013			VPHS 2011–12		
Age group	%	95% CI		%	95% CI	
50–59 years						
No	**32.5**	20.3	47.6	**14.5**	13.0	16.1
Yes	**61.3**	46.2	74.6	**85.3**	83.6	86.8
60+ years						
No	**19.5***	9.7	35.5	**8.4**	7.6	9.3
Yes	**69.6**	51.2	83.2	**91.1**	90.2	91.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2011–12 = Victorian Population Health Survey 2011–12
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Change since previous survey

The first VPHS-ID was conducted in 2009 and this section reports on significant differences since this survey. Only indicators where there are significant differences since the last survey are reported.

Change in drinking water and milk consumption

Table 2.43 shows preferred drink when thirsty, by age group and year of survey. People with an intellectual disability aged 18–39 years (22.0 per cent) or aged 40–59 years (18.6 per cent) in the current survey (VPHS-ID 2013) were less likely to drink soft drinks when thirsty than people with an intellectual disability in the same age group from the previous survey (VPHS-ID 2009) (33.6 per cent and 30.9 per cent, respectively). This shows a significant improvement in reducing soft drink consumption in people with an intellectual disability since 2009.

Table 2.43: Preferred drink when thirsty, by age group and year of survey

	VPHS-ID 2013			VPHS-ID 2009		
Age group	%	95% CI		%	95% CI	
18–39 years						
Water (includes tap water, still/ carbonated mineral water)	**56.7**	50.0	63.1	**45.8**	40.6	51.2
Soft drink (includes cordial and carbonated soft drinks)	22.0	17.0	28.0	**33.6**	28.7	38.9
Sports/energy drink	**			**0.0**		
Milk	**6.9***	4.2	11.3	**3.0***	1.7	5.4
Tea/coffee	**4.9***	2.9	8.2	**6.1**	4.1	9.1
Fruit juice (includes vegetable juice)	**7.7**	4.7	12.2	**9.5**	6.8	13.0
Other	**			**		
40–59 years						
Water (includes tap water, still/ carbonated mineral water)	**43.9**	37.4	50.6	**43.6**	37.4	50.0
Soft drink (includes cordial and carbonated soft drinks)	18.6	14.0	24.3	**30.9**	25.4	37.1
Sports/energy drink	**			**		
Milk	**2.9***	1.3	6.4	**2.2***	1.0	4.5
Tea/coffee	**27.0**	21.6	33.1	**17.5**	13.4	22.6
Fruit juice (includes vegetable juice)	**3.4***	1.7	6.7	**2.8***	1.5	5.4
Other	**2.7***	1.2	6.0	**		
60+ (years)						
Water (includes tap water, still/ carbonated mineral water)	**45.5**	33.0	58.7	**44.3**	30.4	59.1
Soft drink (includes cordial and carbonated soft drinks)	**10.3***	4.6	21.6	**23.2**	13.7	36.5
Sports/energy drink	**			**0.0**		
Milk	**2.3***	0.9	5.7	**		
Tea/coffee	**40.5**	28.3	53.9	**27.7**	16.6	42.4
Fruit juice (includes vegetable juice)	**			**		
Other	**0.0**			**0.0**		

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS-ID 2009 = Victorian Population Health Survey of People with an Intellectual Disability 2009
95% CI = 95 per cent confidence interval.
Data are age-specific proportions.
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 VPHS-ID 2009 are identified by colour as follows: above/below 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.

Change in breast cancer screening rates

Table 2.44 shows the proportion of females with an intellectual disability aged 50 years or over who had had a mammogram in the preceding two years, by age group and year of survey. Females with an intellectual disability aged 50–59 years (78.1 per cent) in the current survey (VPHS-ID 2013) were more likely to have had a mammogram in the preceding two years than females in the same age group from the previous survey (VPHS-ID 2009) (42.9 per cent). This shows a significant improvement in the breast cancer screening rates for females with an intellectual disability since 2009.

Table 2.44: Females aged 50 years or older who had a mammogram in the preceding two years, by age group and year of survey

	VPHS-ID 2013			VPHS-ID 2009		
Age group	%	95% CI		%	95% CI	
50–59 years						
Yes	**78.1**	60.6	89.2	**42.9**	28.1	59.0
No	**20.6***	9.9	38.1	**54.9**	38.9	69.9
60+ (years)						
Yes	**91.5**	73.7	97.7	**71.0**	49.3	86.1
No	**			**29.0***	13.9	50.7

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS-ID 2009 = Victorian Population Health Survey of People with an Intellectual Disability 2009
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 VPHS-ID 2009 are identified by colour as follows: **above**/**below** 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.

References

Australian Institute of Health and Welfare (AIHW) 2004, *Heart, stroke and vascular diseases, Australian facts 2004*, cat. no. CVD 27, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW) 2008, *Diabetes: Australian facts 2008,* cat. no. CVD 40, AIHW, Canberra.

Beange H, Lennox N, Parmenter T 2000, 'Health targets for people with an intellectual disability', *Journal of Intellectual and Developmental Disability*, vol. 24, no. 4, pp. 283–297.

Cancer Council Victoria 2013, Cancer in Victoria: statistics and trends 2012, Cancer Council Victoria, Melbourne.

Carvill S 2001, 'Sensory impairments, intellectual disability and psychiatry', *Journal of Intellectual Disability Research*, no. 45, pp. 467–483.

Department of Health and Ageing (DoHA) 1999, *National physical activity guidelines for adults*, Australian Government, Canberra.

Department of Health and Ageing (DoHA) 2004, *Get out and get active. Australia's physical activity recommendations for 12–18 year olds,* Australian Government, Canberra.

Department of Health and Ageing (DoHA) 2006, *Recommendations on physical activity for health for older Australians,* Australian Government, Canberra, viewed 17 March 2010, <www.health.gov.au/internet/main/publishing.nsf/Content/ECBF57CB49827C0BCA2575820004650C/$File/pa-guidelines.pdf>.

Department of Health and Ageing (DoHA) 2010a, *National eye health awareness campaign*, viewed 29 March 2010, www.health.gov.au/internet/eyehealth/publishing.nsf/Content/overview.

Department of Health and Ageing (DoHA) 2010b, *Medicare Benefits Schedule (MBS) Health assessment for people with an intellectual disability*, viewed 26 July 2010, <http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_intellectual_disability>.

Department of Health and Ageing (DoHA) 2010c, *National cervical screening program*, viewed 29 March 2010, <www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/cervical-about>.

Department of Health and Ageing (DoHA) 2010d, *Breast screen Australia program*, viewed 29 March 2010, <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/breastscreen-about>.

Department of Health and Ageing (DoHA) 2013, BreastScreen Australia Program 2013, viewed 25 May 2013, <http://www.breastscreen.org.au/Home>.

Draheim C, Williams DP, McCubbin JA 2002, 'Prevalence of physical inactivity and recommended physical activity in community-based adults with mental retardation', *Mental Retardation*, vol. 40, no. 6, pp. 436–444.

Evenhuis H, Henderson M, Beange H, Lennox N, Chicoine B 2001, 'Healthy aging – adults with intellectual disabilities: physical health issues', *Journal of Applied Research in Intellectual Disabilities*, no. 14, pp. 175–194.

Lante K, Walkley J 2006, 'Free living physical activity behaviours of adults with an intellectual disability', *The American Public Health Association 134th Annual Meeting and Exposition*, Boston, MA.

Lennox N, Bain C, Rey-Conde T, Purdie D, Bush R, Pandeya N 2007, 'Effects of a comprehensive health assessment programme for Australian adults with intellectual disability: a cluster randomized trial', *International Journal of Epidemiololgy*, no. 36, pp.139–146.

Malik VS, Schulze MB, Hu FB, 2006, 'Intake of sugar-sweetened beverages and weight gain: a systematic review'. American Journal of Clinical Nutrition, 84, 274-88.

National Heart Foundation of Australia and The Cardiac Society of Australia and New Zealand 2001, 'Lipid management guidelines – 2001', *Medical Journal of Australia*, no. 175 (supplement), pp. S81.

National Health and Medical Research Council (NHMRC) 2001, *Australian alcohol guidelines: health risks and benefits*, NHMRC, Canberra.

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

National Health and Medical Research Council (NHMRC) 2003b, *Dietary guidelines for children and adolescents in Australia*, NHMRC, Canberra.

Temple VA, Anderson C, Walkley JW 2000, 'Physical activity levels of individuals living in a group home', *Journal of Intellectual and Developmental Disability*, no. 25, pp. 327–341.

Temple VA, Walkley JW 2003, 'Physical activity of adults with intellectual disability', *Journal of Intellectual and Developmental Disability'*, no. 28, pp. 332–334.

van Schrojenstein Lantman-de Valk H, Metsemakers J, Haveman M, Crebolder H 2000, 'Health problems in people with intellectual disability in general practice: a comparative study', *Family Practice*, no. 17, pp. 405–407.

Vartanian LR, Schwartz MB, Brownell KD, 2007, 'Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis'. American Journal of Public Health, 97, 667-75.

Warburg M 2001, 'Visual impairment in adult people with intellectual disability: literature review', *Journal of Intellectual Disability Research*, no. 45, pp. 424–438.

Woodward-Lopez G, Kao J, Ritchis L 2011, 'To what extent have sweetened beverages contributed to the obesity epidemic?'. Public Health Nutrition no. 14, pp. 499–509.

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 healthcare 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.

Summary

Key findings

Reported health status

- A lower proportion of people with an intellectual disability aged 40–59 years (38.0 per cent) were reported to be in excellent or very good health compared with the same age group in the general Victorian population (VPHS 2012) (48.5 per cent).
- A higher proportion of females with an intellectual disability aged 18–39 years were reported to have fair or poor health (21.5 per cent) compared with females aged 18–39 years in the general Victorian population (VPHS 2012) (9.7 per cent).

Selected health conditions

- In 2013 a higher proportion of people with an intellectual disability aged 18–39 years and aged 40–59 years had ever been told by a doctor that they had heart disease compared with the same age groups in the general Victorian population (VPHS 2012).
- In 2013, 1.6 per cent of people with an intellectual disability aged 18–39 years had ever been told by a doctor that they had experienced a stroke, which was higher than the general Victorian population aged 18–39 years (VPHS 2012) (0.2 per cent).
- In 2013, 5.1 per cent of people with an intellectual disability aged 40–59 years and 15.9 per cent aged 60 years or over had ever been diagnosed with cancer, which was similar to the same age groups in the general Victorian population (VPHS 2012) (6.8 per cent and 17.1 per cent, respectively).
- The prevalence of having ever been diagnosed with osteoporosis was 9.8 per cent for people with an intellectual disability aged 40–59 years, which was higher than the general Victorian population aged 40–59 years (VPHS 2012) (3.5 per cent).
- People with an intellectual disability aged 60 years or over were less likely to have ever been diagnosed with arthritis (14.6 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (50.1 per cent).
- A higher proportion of people with an intellectual disability aged 18–39 years (36.5 per cent), 40–59 years (36.8 per cent) and 60 years or over (31.5 per cent) had ever been diagnosed with depression compared with the same age groups in the general Victorian population (VPHS 2012) (20.8 per cent, 22.0 per cent and 16.9 per cent respectively).
- Over one-third of people with an intellectual disability aged 18–39 years (35.9 per cent) or 40–59 years (36.0 per cent) had ever been diagnosed with epilepsy. Almost two in 10 (20.7 per cent) people with an intellectual disability aged 60 years or over had ever been diagnosed with epilepsy.

Reported health status

Reported health status by age group

Table 3.1 shows reported health status by age group. A lower proportion of people with an intellectual disability aged 40–59 years (38.0 per cent) were reported to be in excellent or very good health compared with the same age group in the general Victorian population (VPHS 2012) (48.5 per cent).

Reported health status by age group and sex

Table 3.2 shows reported health status by age group and sex. A higher proportion of females with an intellectual disability aged 18–39 years were reported to have fair or poor health (21.5 per cent) compared with females aged 18–39 years in the general Victorian population (VPHS 2012) (9.7 per cent).

Table 3.1: Reported health status, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Excellent or very good	**42.7**	36.3	49.4	**50.7**	46.6	54.8
Good	**37.6**	31.3	44.3	**36.4**	32.6	40.4
Fair or poor	**19.1**	14.4	24.8	**12.4**	9.9	15.5
40–59 years						
Excellent or very good	**38.0**	31.9	44.6	**48.5**	46.0	51.0
Good	**43.4**	36.9	50.0	**36.9**	34.5	39.3
Fair or poor	**18.6**	13.9	24.5	**14.4**	12.8	16.3
60+ years						
Excellent or very good	**35.7**	24.4	48.9	**44.5**	42.3	46.6
Good	**32.7**	21.8	45.7	**34.0**	32.0	36.1
Fair or poor	**31.6**	20.5	45.3	**21.3**	19.5	23.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.

Table 3.2: Reported health status, by age group and sex

	Males						Females					
	VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI	
18–39 years												
Excellent or very good	**42.9**	34.7	51.5	**49.0**	43.1	55.0	**42.3**	32.4	52.9	**52.4**	46.9	57.9
Good	**38.4**	30.4	47.0	**34.9**	29.5	40.8	**36.1**	26.7	46.8	**37.9**	32.7	43.4
Fair or poor	**17.7**	12.2	25.1	**15.1**	11.1	20.1	**21.5**	14.0	31.6	**9.7**	6.9	13.3
40–59 years												
Excellent or very good	**37.4**	29.1	46.5	**47.4**	43.6	51.3	**38.8**	30.0	48.5	**49.5**	46.4	52.6
Good	**44.4**	35.4	53.7	**38.5**	34.8	42.4	**42.1**	33.1	51.6	**35.3**	32.4	38.3
Fair or poor	**18.2**	12.0	26.7	**13.9**	11.4	16.9	**19.1**	12.6	27.9	**14.9**	12.8	17.2
60+ years												
Excellent or very good	**37.0***	21.0	56.6	**42.1**	38.8	45.4	**34.3**	20.0	52.2	**46.5**	43.8	49.3
Good	**25.1***	12.4	44.3	**35.2**	32.1	38.4	**40.8**	25.1	58.7	**33.0**	30.5	35.6
Fair or poor	**37.9***	21.3	57.9	**22.4**	19.8	25.3	**24.9***	12.5	43.4	**20.3**	18.0	22.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Reported health status by age group and geographical location

Table 3.3 shows reported health status by age group and geographical location. A higher proportion of people with an intellectual disability aged 40–59 years from rural Victoria (25.3 per cent) were reported to be in fair or poor health compared with the general rural Victorian population aged 40–59 years (VPHS 2012) (13.4 per cent)

Table 3.3: Reported health status, by sex, age group and geographical location

	Rural regions						Metropolitan regions					
	VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI	
18–39 years												
Excellent or very good	**45.9**	35.4	56.8	**52.6**	47.4	57.7	**40.6**	32.7	49.1	**50.2**	45.2	55.2
Good	**36.6**	26.9	47.6	**36.4**	31.5	41.5	**38.2**	30.3	46.7	**36.4**	31.8	41.3
Fair or poor	**17.4**	10.9	26.6	**11.1**	8.3	14.6	**20.2**	14.2	27.9	**12.8**	9.7	16.6
40–59 years												
Excellent or very good	**36.1**	26.9	46.5	**48.8**	46.1	51.5	**39.2**	31.3	47.7	**48.4**	45.2	51.6
Good	**38.5**	28.9	49.1	**37.6**	35.1	40.3	**46.2**	37.9	54.8	**36.6**	33.5	39.8
Fair or poor	**25.3**	17.1	35.9	**13.4**	11.6	15.3	**14.6**	9.4	21.8	**14.8**	12.7	17.2
60+ years												
Excellent or very good	**40.7**	23.5	60.6	**43.1**	40.8	45.3	**33.4**	19.7	50.5	**45.1**	42.2	48.0
Good	**26.3***	13.9	44.0	**35.6**	33.4	37.8	**35.7**	21.5	52.9	**33.3**	30.6	36.2
Fair or poor	**33.0***	17.3	53.6	**20.9**	19.1	22.9	**30.9***	17.3	49.0	**21.4**	19.1	24.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 2013, 9.3 per cent of people with an intellectual disability aged 18–39 years and 9.9 per cent aged 40–59 years had ever been told by a doctor that they had heart disease, which was higher than the same age group in the general Victorian population (VPHS 2012) (1.1 per cent and 4.3 per cent, respectively) (Table 3.4).

Table 3.5 shows doctor-diagnosed heart disease, by age group and sex. A higher proportion of males with an intellectual disability aged 18–39 years (10.5 per cent) and 40–59 years (12.3 per cent) had ever been told by a doctor that they had heart disease compared with males in the same group from the general Victorian population (VPHS 2012) (1.3 per cent and 4.9 per cent, respectively). Females with an intellectual disability aged 18–39 years (7.2 per cent) were more likely to have doctor-diagnosed heart disease compared with females aged 18–39 years in the general Victorian population (VPHS 2012) (1.0 per cent).

Table 3.4: Doctor-diagnosed heart disease, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
No	90.7	86.1	93.9	**98.6**	97.6	99.2
Yes	9.3	6.1	13.9	**1.1***	0.6	2.0
40–59 years						
No	89.7	84.7	93.2	**95.3**	94.2	96.2
Yes	9.9	6.5	14.9	**4.3**	3.5	5.4
60+ years						
No	95.5	85.8	98.6	**79.6**	77.9	81.3
Yes	**	**	**	**19.8**	18.2	21.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 3.5: Doctor-diagnosed heart disease, by age group and sex

	Males						Females					
	VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI	
18–39 years												
No	89.5	83.0	93.7	**98.3**	96.3	99.2	92.8	85.6	96.6	**98.9**	97.9	99.4
Yes	10.5*	6.3	17.0	**1.3***	0.5	2.9	7.2*	3.4	14.4	**1.0***	0.5	1.9
40–59 years												
No	87.7	79.9	92.8	**95.0**	93.1	96.4	**92.2**	85.1	96.0	**95.5**	94.1	96.6
Yes	12.3*	7.2	20.1	**4.9**	3.5	6.7	**7.0***	3.4	13.8	**3.8**	2.8	5.1
60+ years												
No	**92.0**	74.3	97.9	**74.6**	71.7	77.3	99.2	94.3	99.9	**84.0**	81.9	85.9
Yes	**	**	**	**24.9**	22.2	27.8	**	**	**	**15.4**	13.5	17.4

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 shows doctor-diagnosed heart disease, by age group and geographical location. A higher proportion of people with an intellectual disability aged 18–39 years (8.2 per cent) or 40–59 years (12.8 per cent) in a rural area had ever been told by a doctor that they had heart disease compared with the general rural Victorian population in the same age groups (1.8 per cent and 3.9 per cent, respectively). People with an intellectual disability in the metropolitan area aged 18–39 years (10.0 per cent) were more likely to have doctor-diagnosed heart disease compared with the general metropolitan Victorian population aged 18–39 years (VPHS 2012) (0.9 per cent).

Table 3.6: Doctor-diagnosed heart disease, by age group and geographical location

	Rural regions						Metropolitan regions					
	VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI	
18–39 years												
No	91.8	83.7	96.0	**98.2**	96.8	99.0	90.0	83.6	94.1	**98.7**	97.3	99.4
Yes	8.2*	4.0	16.3	**1.8***	1.0	3.2	10.0*	5.9	16.4	**0.9***	0.4	2.1
40–59 years												
No	86.1	76.4	92.2	**95.8**	94.7	96.7	**91.9**	85.6	95.5	**95.1**	93.6	96.2
Yes	12.8*	7.0	22.4	**3.9**	3.1	5.0	**8.1***	4.5	14.4	**4.5**	3.4	5.9
60+ years												
No	95.5	88.1	98.4	**78.0**	76.1	79.9	**95.4**	78.3	99.2	**80.4**	78.0	82.6
Yes	**	**	**	**21.5**	19.7	23.5	**	**	**	**19.0**	16.9	21.4

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

Stroke

In 2013, 1.6 per cent of people with an intellectual disability aged 18–39 years had ever been told by a doctor that they had experienced a stroke, which was higher than the general Victorian population aged 18–39 years (VPHS 2012) (0.2 per cent) (Table 3.7).

Table 3.7: Doctor-diagnosed stroke, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
No	**98.3**	95.8	99.3	**99.6**	98.7	99.8
Yes	**1.6***	0.6	4.2	**0.2***	0.1	0.5
40–59 years						
No	**96.1**	92.2	98.1	**98.5**	97.7	98.9
Yes	**3.8***	1.9	7.8	**1.5**	1.0	2.2
60+ years						
No	**96.9**	84.6	99.4	**92.9**	91.8	93.9
Yes	**	**	**	**7.0**	5.9	8.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

Cancer

In 2013, 5.1 per cent of people with an intellectual disability aged 40–59 years and 15.9 per cent aged 60 years or over had ever been diagnosed with cancer, similar to the same age groups in the general Victorian population (VPHS 2012) (6.8 per cent and 17.1 per cent, respectively) (Table 3.8).

Table 3.8: Doctor-diagnosed cancer, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
No	**99.3**	97.3	99.8	**98.9**	97.9	99.4
Yes	**	**	**	**0.8***	0.4	1.7
40–59 years						
No	**94.3**	90.2	96.8	**93.1**	91.9	94.2
Yes	**5.1***	2.8	9.1	**6.8**	5.7	8.1
60+ years						
No	**84.1**	71.7	91.7	**82.7**	81.0	84.2
Yes	**15.9***	8.3	28.3	**17.1**	15.6	18.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

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 9.8 per cent for people with an intellectual disability aged 40–59 years, which was higher than the general Victorian population aged 40–59 years (VPHS 2012) (3.5 per cent) (Table 3.9).

Table 3.9: Doctor-diagnosed osteoporosis, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
No	**97.7**	95.0	99.0	**99.4**	98.6	99.8
Yes	**1.3***	0.5	3.4	**0.3***	0.1	0.8
40–59 years						
No	**88.6**	83.6	92.3	**96.3**	95.3	97.1
Yes	**9.8**	6.5	14.7	**3.5**	2.7	4.5
60+ years						
No	**83.3**	71.7	90.8	**84.3**	82.8	85.8
Yes	**13.7***	7.3	24.1	**14.9**	13.5	16.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

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).

People with an intellectual disability aged 60 years or over were less likely to have ever been diagnosed with arthritis (14.6 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (50.1 per cent) (Table 3.10).

Females with an intellectual disability aged 60 years or over were less likely to have ever been diagnosed with arthritis (20.8 per cent) than females in the same age group from the general Victorian population (VPHS 2012) (58.8 per cent) (Table 3.11).

Table 3.10: Doctor-diagnosed arthritis, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
No	**97.3**	94.2	98.7	**95.8**	94.0	97.0
Yes	**2.7***	1.3	5.8	**3.9**	2.7	5.6
40–59 years						
No	**83.6**	78.1	87.9	**81.5**	79.7	83.3
Yes	**14.3**	10.3	19.4	**17.9**	16.2	19.7
60+ years						
No	**77.2**	64.1	86.6	**49.4**	47.3	51.6
Yes	**14.6***	7.8	25.9	**50.1**	48.0	52.3

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 3.11: Doctor-diagnosed arthritis, by age group and sex

	Males						Females					
	VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI	
18–39 years												
No	**96.5**	91.9	98.6	**96.6**	93.4	98.2	**98.5**	94.2	99.6	**95.0**	92.7	96.6
Yes	**3.5***	1.4	8.1	**3.0***	1.4	6.0	**	**	**	**4.9**	3.3	7.1
40–59 years												
No	**90.0**	83.1	94.3	**86.8**	84.1	89.0	**75.8**	66.7	83.1	**76.7**	74.1	79.1
Yes	**8.9***	5.0	15.5	**12.6**	10.4	15.2	**20.8**	14.1	29.6	**22.8**	20.4	25.4
60+ years												
No	**80.8**	60.1	92.1	**59.5**	56.2	62.7	73.5	55.0	86.2	**40.7**	38.0	43.5
Yes	**	**	**	**40.1**	36.9	43.4	20.8*	10.0	38.5	**58.8**	56.0	61.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

VPHS 2012 = Victorian Population Health Survey 2012

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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

Depression

A higher proportion of people with an intellectual disability aged 18–39 years (36.5 per cent), 40–59 years (36.8 per cent) or 60 years or over (31.5 per cent) had ever been diagnosed with depression compared with the same age groups in the general Victorian population (VPHS 2012) (20.8 per cent and 22.0 and 16.9 per cent, respectively) (Table 3.12).

Table 3.13 shows doctor-diagnosed depression, by age group and sex. A higher proportion of males with an intellectual disability aged 18–39 years (32.3 per cent) or 40–59 years (42.5 per cent) had ever been told by a doctor that they had depression compared with males in the same group from the general Victorian population (VPHS 2012) (15.0 per cent and 16.4 per cent, respectively). Females with an intellectual disability aged 18–39 years (44.1 per cent) or 60 years or over (39.4 per cent) were more likely to have doctor-diagnosed depression compared with females in the same age group from the general Victorian population (VPHS 2012) (26.9 per cent and 19.0 per cent).

Table 3.12: Doctor-diagnosed depression, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
No	**63.0**	56.4	69.2	**78.5**	75.1	81.6
Yes	**36.5**	30.3	43.1	**20.8**	17.9	24.1
40–59 years						
No	**61.7**	55.0	68.0	**77.8**	75.8	79.7
Yes	**36.8**	30.6	43.5	**22.0**	20.1	24.1
60+ years						
No	**67.5**	54.7	78.1	**82.9**	81.2	84.5
Yes	**31.5**	21.0	44.3	**16.9**	15.3	18.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.

Table 3.13: Doctor-diagnosed depression, by age group and sex

	Males						Females					
	VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI	
18–39 years												
No	**67.7**	59.3	75.2	**83.8**	79.0	87.6	**54.6**	44.0	64.8	**73.1**	68.1	77.6
Yes	**32.3**	24.8	40.7	**15.0**	11.5	19.5	**44.1**	34.0	54.7	**26.9**	22.4	31.9
40–59 years												
No	**56.3**	46.9	65.3	**83.5**	80.6	86.1	**68.3**	58.9	76.4	**72.6**	69.8	75.2
Yes	**42.5**	33.6	51.9	**16.4**	13.9	19.3	**29.9**	22.0	39.3	**27.3**	24.6	30.1
60+ years												
No	**75.0**	56.2	87.5	**85.7**	83.3	87.8	**59.4**	41.7	75.0	**80.5**	78.2	82.7
Yes	**24.1***	11.8	43.1	**14.3**	12.2	16.7	**39.4**	24.0	57.2	**19.0**	16.9	21.4

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 3.14 shows doctor-diagnosed depression, by age group and area of state. A higher proportion of people with an intellectual disability aged 18–39 years (38.0 per cent) living in a rural area had ever been told by a doctor that they had depression compared with the general rural Victorian population in the same age group (23.4 per cent). People with an intellectual disability in the metropolitan area aged 18–39 years (35.5 per cent) or 40–59 years (39.7 per cent) were more likely to have doctor-diagnosed heart disease compared with the same age groups in the general metropolitan Victorian population (VPHS 2012) (20.2 per cent and 21.3 per cent, respectively).

Table 3.14: Doctor-diagnosed heart disease, by age group and area of state

	Rural regions						Metropolitan regions					
	VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012		
	%	95% CI		%	95% CI		%	95% CI		%	95% CI	
18–39 years												
No	62.0	51.1	71.8	**76.5**	72.2	80.3	63.8	55.3	71.4	**79.1**	74.9	82.7
Yes	38.0	28.2	48.9	**23.4**	19.6	27.7	35.5	27.9	43.9	**20.2**	16.6	24.3
40–59 years												
No	**64.1**	53.5	73.5	**75.7**	73.4	77.9	60.3	51.5	68.4	**78.6**	76.0	81.0
Yes	**32.0**	23.1	42.5	**24.1**	21.9	26.4	39.7	31.6	48.5	**21.3**	18.9	23.9
60+ years												
No	**64.4**	44.2	80.5	**81.3**	79.5	83.1	**69.0**	52.4	81.7	**83.6**	81.3	85.7
Yes	**35.6***	19.5	55.8	**18.5**	16.8	20.3	**29.6***	17.0	46.2	**16.1**	14.1	18.4

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Epilepsy

Epilepsy is a common neurological condition affecting up 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 between higher prevalence of epilepsy and increasing severity of disability.

Over one-third of people with an intellectual disability aged 18–39 years (35.9 per cent) or 40–59 years (36.0 per cent) had ever been diagnosed with epilepsy (Table 3.15). Almost two in 10 (20.7 per cent) people with an intellectual disability aged 60 years or over had ever been diagnosed with epilepsy.

Table 3.15: Doctor-diagnosed epilepsy, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
No	**64.1**	57.5	70.3
Yes	**35.9**	29.7	42.5
40–59 years			
No	**63.3**	56.8	69.4
Yes	**36.0**	29.9	42.5
60+ years			
No	**76.7**	64.1	85.8
Yes	**20.7***	12.3	32.6

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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

References

Burstrom B, Fredlund P 2001, 'Self-rated health: is it as good a predictor of subsequent mortality among adults in lower as well as in higher social classes?', *Journal of Epidemiology and Community Health,* no. 55, pp. 836–840.

Center J, Beange H, McElduff A 1998, 'People with developmental disability have an increased prevalence of osteoporosis: a population study', *American Journal on Mental Retardation*, vol. 103, no. 1, pp. 19–28.

Corbett J 1988, 'Epilepsy and mental handicap'. In: Laidlaw J, Richens A, Oxley JA (eds) Textbook of epilepsy, 3rd edition, Churchill Livingstone, Edinburgh, pp. 533–538.

Epilepsy Action Australia 2010, *Understanding epilepsy*, viewed 29 July 2010, <http://www.epilepsy.org.au/understanding_epilepsy.asp>.

Idler E, Benyami Y 1997, 'Self-rated health and mortality: a review of twenty-seven community studies', *Journal of Health and Social Behaviour*, no. 38, pp. 21–37.

Miilunpalo S, Vuori I, Oja P 1997, 'Self-rated health as a health measure: the predictive value of reported health status on the use of physician services and on mortality in the working age population', *Journal of Clinical Epidemiology,* vol. 50, no. 5, pp. 517–528.

Welsh Office 1995, *Welsh health survey 1995*, Welsh Office, Cardiff.

4. Oral health

4. Oral health

Oral health is important for overall health and wellbeing. Oral diseases place a considerable burden on individuals, families and the community. The impact of oral disease comes from four main conditions: tooth decay, gum disease, oral cancer and oral trauma. Oral health is linked to overall health and wellbeing in a number of ways. The ability to chew and swallow food is essential for obtaining nutrients needed for good health. Other adverse impacts of poor oral health include problems with speech and low self-esteem, increased risk of aspiration pneumonia and increased complications with diabetes (Rogers 2011). Moreover the impact of poor oral health is not just on the individual but also on the broader community through increased demands on the health system and high associated economic costs. For example, oral health conditions are the highest cause of avoidable hospital admissions in young people aged up to 19 years in Victoria (Rogers & Morgan 2012, p. 329).

For the first time, questions were included in the VPHS-ID 2013 to measure proxy-rated oral health, the period of time since the last visit to a dental professional, and avoidance or delaying a dental visit because of cost.

Summary

Key findings

Reported dental health status

- The dental health status of people with an intellectual disability in every age group was reported to be fair or poor, higher than the same age groups in the general Victorian population (VPHS 2012).
- The dental health status of approximately three out of 10 (33.2 per cent) people with an intellectual disability aged 40–59 years was reported as being excellent or very good, which was lower than the same age group in the general Victorian population (VPHS 2012) (46.0 per cent).

Visits to dental professionals

- Approximately, seven in 10 people with an intellectual disability aged 40–59 years (74.5 per cent) had visited a dental professional within the 12 months preceding the survey, which was higher than the same age group in the general Victorian population (VPHS 2012) (63.2 per cent).

Presence of missing teeth

- There was no difference by age group between the two population groups in regard to the proportion of people with missing teeth.

Frequency of toothache

- A lower proportion of people with an intellectual disability aged 18–39 years (13.7 per cent) had hardly ever had a toothache during the preceding 12 months compared with the same age group in the general Victorian population (29.1 per cent).
- A lower proportion of people with an intellectual disability aged 60 years or over (56.3 per cent) had never had a toothache during preceding 12 months compared with the same age group in the general Victorian population (73.5 per cent).

Avoidance of eating foods

- A lower proportion of people with an intellectual disability aged 18–39 years (5.7 per cent) had hardly ever avoided eating some foods due to oral health issues during the preceding 12 months compared with the same age group in the general Victorian population (15.9 per cent).
- People with an intellectual disability aged 18–39 years were more likely (84.9 per cent) to never avoid eating some foods due to oral health issues compared with the same age group in the general Victorian population (74.8 per cent).

Frequency of brushing teeth

- People with an intellectual disability aged 18–39 years were less likely (59.7 per cent) to brush their teeth two times or more a day than the same age group in the general Victorian population (77.3 per cent). A similar pattern was observed in the other two age groups.
- A higher proportion of people with an intellectual disability aged 18–39 years (29.2 per cent) brushed their teeth once a day compared with the same age group in the general Victorian population (19.3 per cent).
- People with an intellectual disability aged 60 years or over were more likely to have dentures or no teeth.

Avoided or delayed visiting a dental professional due to cost

- Approximately nine in 10 people with an intellectual disability aged 18–39 years (89.1 per cent) had not avoided or delayed visiting a dental professional due to the cost, which was higher than the same age group in the general Victorian population (VPHS 2012) (67.4 per cent). A similar pattern was observed for people aged 40–59 years and 60 years or over.

Private insurance cover for dental expenses

- In every age group people with an intellectual disability were less likely to have private dental insurance than the general Victorian population.

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

The dental health status of approximately three out of 10 (33.2 per cent) people with an intellectual disability aged 40–59 years was reported as being excellent and very good, which was lower than the same age group in the general Victorian population (VPHS 2012) (46.0 per cent). The dental health status of almost three in 10 (27.9 per cent) people with an intellectual disability aged 18–39 years was reported to be fair or poor, which was higher than the same age group in the general Victorian population (VPHS 2012) (16.8 per cent) (Table 4.1). A similar pattern was observed in other age groups.

Table 4.1: Reported dental health status, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Excellent or very good	**42.8**	36.3	49.5	**52.8**	48.7	56.9
Good	**28.2**	22.6	34.4	**30.0**	26.4	33.8
Fair or poor	27.9	22.3	34.4	**16.8**	13.8	20.2
Has dentures, no natural teeth	**	**	**	**	**	**
40–59 years						
Excellent or very good	33.2	27.1	39.9	**46.0**	43.6	48.5
Good	**28.5**	23.0	34.7	**30.7**	28.5	33.0
Fair or poor	32.7	26.8	39.2	**20.8**	18.9	22.9
Has dentures, no natural teeth	**3.9***	2.2	6.8	**2.2**	1.7	2.9
60+ years						
Excellent or very good	**15.8***	8.3	28.1	**28.7**	26.8	30.7
Good	**22.6**	13.6	35.2	**30.9**	28.9	32.9
Fair or poor	35.8	24.0	49.6	**21.9**	20.1	23.7
Has dentures, no natural teeth	**25.3**	16.1	37.4	**18.2**	16.6	19.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

Proxy respondents were next asked 'How long ago did the person with an intellectual disability last visit a dental professional about their teeth, dentures or gums?'. Table 4.2 shows the recency of the last visit to a dental health professional, by age group. Approximately seven in 10 people with an intellectual disability aged 40–59 years (74.5 per cent) had visited a dental professional within the previous 12 months, which was higher than the same age group in the general Victorian population (VPHS 2012) (63.2 per cent).

Table 4.3 shows the proportion of people who had missing teeth by age group. There was no difference by age group between two population groups in the proportion of people with missing teeth.

Table 4.2: Last visit to a dental professional, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Less than 12 months ago	**66.7**	60.1	72.8	**58.6**	54.6	62.6
1 year to less than 2 years ago	**14.9**	10.7	20.3	**19.4**	16.4	22.9
2 years to less than 5 years ago	**9.1**	5.8	13.9	**13.1**	10.7	16.0
5 years or more ago	**5.9***	3.3	10.1	**7.8**	5.9	10.3
Never	**	**	**	**0.6***	0.2	1.5
40–59 years						
Less than 12 months ago	**74.5**	68.2	79.9	**63.2**	60.8	65.6
1 year to less than 2 years ago	**12.5**	8.7	17.7	**17.0**	15.2	18.9
2 years to less than 5 years ago	**6.7***	4.0	11.1	**12.5**	10.9	14.3
5 years or more ago	**3.8***	1.8	7.8	**6.7**	5.7	8.0
Never	**0.0**	.	.	**	**	**
60+ years						
Less than 12 months ago	**68.0**	54.5	79.0	**56.5**	54.4	58.7
1 year to less than 2 years ago	**11.3***	5.3	22.4	**15.8**	14.2	17.5
2 years to less than 5 years ago	**9.7***	4.3	20.7	**14.2**	12.8	15.7
5 years or more ago	**	**	**	**12.4**	11.2	13.7
Never	**0.0**	.	.	**0.2***	0.1	0.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows:above/below 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 4.3: Presence of missing teeth, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes – some natural teeth missing	**25.4**	20.1	31.6	**23.4**	20.3	26.8
Yes – ALL natural teeth missing	**	**	**	**0.9***	0.4	2.1
No	**70.3**	63.9	76.0	**75.7**	72.2	78.9
40–59 years						
Yes – some natural teeth missing	**62.3**	55.4	68.7	**58.8**	56.2	61.2
Yes – ALL natural teeth missing	**	**	**	**1.2***	0.7	2.1
No	**32.6**	26.5	39.4	**40.0**	37.5	42.5
60+ years						
Yes – some natural teeth missing	**70.9**	54.0	83.4	**81.8**	79.9	83.6
Yes – ALL natural teeth missing	**	**	**	**5.4**	4.5	6.4
No	**17.4***	7.9	34.1	**12.5**	10.9	14.3

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
* 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 the frequency of toothache in the 12 months preceding the survey, by age group. A lower proportion of people with an intellectual disability aged 18–39 years (13.7 per cent) had hardly ever had a toothache during the preceding 12 months compared with the same age group in the general Victorian population (29.1 per cent). A lower proportion of people with an intellectual disability aged 60 years or over (56.3 per cent) had never had a toothache during the preceding 12 months compared with the same age group in the general Victorian population (73.5 per cent).

Please note that people with an intellectual disability may experience toothache but be unable to communicate this to their support network.

Proxy respondents were asked 'How often during the last 12 months did the person with an intellectual disability avoid eating some foods because of problems with his/her teeth, mouth or dentures?'

Table 4.5 shows the frequency of avoidance of eating some foods in the preceding 12 months by age group. A lower proportion of people with an intellectual disability aged 18–39 years (5.7 per cent) had hardly ever avoided eating some foods during the preceding 12 months compared with the same age group in the general Victorian population (15.9 per cent). Proxy respondents reported that people with an intellectual disability aged 18–39 years were more likely (84.9 per cent) to never avoid eating some foods compared with the general Victorian population (74.8 per cent).

Table 4.4: Frequency of toothache during the preceding 12 months, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Often / very often	**3.9***	1.9	7.6	**4.5**	3.0	6.7
Sometimes	**7.7**	4.9	11.9	**10.0**	7.8	12.7
Hardly ever	**13.7**	9.7	19.0	**29.1**	25.4	33.0
Never	**65.4**	58.8	71.4	**56.4**	52.3	60.5
40–59 years						
Often / very often	**	**	**	**2.7**	2.0	3.7
Sometimes	**6.3***	3.7	10.4	**9.1**	7.7	10.7
Hardly ever	**24.5**	19.0	31.0	**24.9**	22.8	27.1
Never	**60.5**	53.7	67.0	**63.1**	60.6	65.5
60+ years						
Often / very often	**	**	**	**2.2**	1.5	3.1
Sometimes	**	**	**	**5.4**	4.3	6.7
Hardly ever	**30.5***	17.7	47.3	**18.7**	16.8	20.7
Never	**56.3**	40.4	71.0	**73.5**	71.2	75.6

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 4.5: Frequency of avoidance of eating some foods, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Often / very often	**3.6***	1.8	6.9	**2.8**	1.7	4.6
Sometimes	**5.1***	2.8	9.0	**6.1**	4.5	8.3
Hardly ever	**5.7***	3.3	9.6	**15.9**	13.0	19.2
Never	**84.9**	79.6	89.0	**74.8**	71.0	78.2
40–59 years						
Often / very often	**4.7***	2.5	8.6	**3.8**	3.1	4.8
Sometimes	**5.0***	2.7	9.1	**5.9**	4.8	7.3
Hardly ever	**12.8**	8.8	18.1	**13.1**	11.5	14.8
Never	**74.2**	67.9	79.7	**76.9**	74.8	78.9
60+ years						
Often / very often	**9.2***	3.7	21.1	**3.9**	3.2	4.8
Sometimes	**6.8***	2.8	15.7	**5.8**	4.8	6.9
Hardly ever	**6.4***	2.3	16.3	**13.8**	12.3	15.3
Never	**77.3**	64.7	86.4	**76.2**	74.3	78.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 4.6 shows the frequency of teeth brushing each day, by age group. People with an intellectual disability aged 18–39 years were less likely (59.7 per cent) to brush their teeth two times or more a day than the same age group in the general Victorian population (77.3 per cent). A similar pattern was observed in the other two age groups. A higher proportion of people with an intellectual disability aged 18–39 years (29.2 per cent) brushed their teeth once a day compared with the same age group in the general Victorian population (19.3 per cent).

Proxy respondents were next asked 'During the last 12 months, has the person with an intellectual disability avoided or delayed visiting a dental professional because of the cost?'. Table 4.7 shows the proportion of people with an intellectual disability who avoided or delayed visiting a dental professional due to cost, by age group.

Approximately nine in 10 people with an intellectual disability aged 18–39 years (89.1 per cent) had not avoided or delayed visiting a dental professional due to the cost, which was higher than the same age group in the general Victorian population (VPHS 2012) (67.4 per cent). A similar pattern was observed in people aged 40–59 years and 60 years or over. In Victoria, people with an intellectual disability are a priority group for access to public dental services.

Table 4.6: Frequency of brushing teeth each day, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Twice or more	59.7	53.0	66.1	**77.3**	73.6	80.5
Once	29.2	23.5	35.7	**19.3**	16.3	22.7
Less than once	**6.4***	3.7	10.9	**3.1***	1.8	5.1
Never	2.6*	1.1	6.3	**	**	**
NA (dentures/toothless)	**	**	**	**	**	**
40–59 years						
Twice or more	58.6	51.9	65.0	**72.9**	70.7	75.1
Once	**29.6**	23.8	36.1	**23.9**	21.8	26.0
Less than once	**3.7***	1.8	7.4	**1.2***	0.7	2.0
Never	**	**	**	**	**	**
NA (dentures/toothless)	**4.7***	2.7	7.9	**1.8**	1.1	2.7
60+ years						
Twice or more	47.5	34.9	60.5	**63.5**	61.4	65.6
Once	**16.7***	8.4	30.3	**26.7**	24.8	28.7
Less than once	**	**	**	**1.4**	1.0	2.0
Never	**	**	**	**0.2***	0.1	0.5
NA (dentures/toothless)	28.4	18.5	41.0	**7.9**	6.9	9.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 4.7: Avoided or delayed visiting a dental professional due to cost, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	10.0	6.5	15.1	**32.6**	28.8	36.6
No	89.1	83.9	92.8	**67.4**	63.4	71.2
40–59 years						
Yes	3.8*	1.9	7.6	**31.9**	29.7	34.2
No	96.0	92.2	97.9	**67.8**	65.5	70.0
60+ years						
Yes	**	**	**	**19.6**	17.9	21.3
No	97.9	90.2	99.6	**80.2**	78.4	81.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Table 4.7: Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 4.8 shows the proportion of people who had private insurance cover for dental expenses. In every age group people with an intellectual disability were less likely to have private dental insurance than the general Victorian population.

References

Rogers JG 2011, *Evidence-based oral health promotion resource, Prevention and Population Health Branch*, Department of Health, State Government of Victoria, Melbourne.

Rogers JG, Morgan M 2012, 'Changes in preventable dental hospitalisation of children by socioeconomic status', *Journal of Dental Research*, 91, Special Issue B.

Table 4.8: Proportion with private insurance cover for dental expenses, by age group

Age group	VPHS-ID 2013 %	VPHS-ID 2013 95% CI		VPHS 2012 %	VPHS 2012 95% CI	
18–39 years						
Yes	29.2	23.5	35.8	**47.0**	43.0	51.1
No	69.5	62.9	75.3	**50.3**	46.3	54.4
40–59 years						
Yes	17.1	12.4	23.1	**54.0**	51.6	56.5
No	80.4	74.4	85.3	**45.0**	42.6	47.5
60+ years						
Yes	17.2*	8.8	30.9	**43.6**	41.4	45.7
No	80.0	66.2	89.1	**55.4**	53.3	57.6

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

5. Medicine use

5. Medicine use

A high proportion of people with an intellectual disability have comorbid health problems. Previous studies have shown that people with an intellectual disability had more than twice the number of health problems than other people treated at the same GP practice (van Schrojenstein Lantman-de Valk et al. 2000). To treat these physical and mental health conditions a higher proportion of people with an intellectual disability are prescribed a variety of medications. Numerous studies conducted in people with an intellectual disability have documented psychotropic and anticonvulsant medications as the most commonly used medicines (Molyneux, Emerson & Caine 1999; Radouco-Thomas et al. 2004). To address the inappropriate use of these medicines, a regular medication review was recommended to the World Health Organization by the International Association for the Scientific Study of Intellectual and Developmental Disabilities's (IASSID) Physical Health Special Interest Research Group (Beange Lennox & Parmenter, 1999).

Proxy respondents were asked a series of questions about medicines taken by the person with an intellectual disability in the month preceding the survey. Medicines included prescription, over-the-counter, complementary, herbal or 'natural' medicines. For each person with an intellectual disability, the medication name, frequency of use, duration and reason for use were recorded.

Summary

Key findings

Prevalence of medicine use

- In every age group approximately nine out of 10 people with an intellectual disability had taken a medicine in the preceding month.

Mean number of medicines used

- The mean number of medicines used by people with an intellectual disability was 5.1 in those aged 40–59 years and 5.0 in those aged 60 years or over, which was higher compared with a mean number of 3.6 in those aged 18-39 years.

Prevalence of polypharmacy

- Almost three out of 10 (30.4 per cent) people with an intellectual disability aged 18–39 years and five out of 10 people with an intellectual disability aged 40–59 years (50.9 per cent) were exposed to polypharmacy (use of five or more medicines).
- Less than three in 10 (28.0 per cent) people with a mild level of intellectual disability were exposed to polypharmacy in the month preceding the survey, while five out of 10 people with a profound level of disability (47.9 per cent) were exposed to polypharmacy over the same period.

Use of selected medicines

- Antiepileptics (medicines to treat epilepsy), paracetamol, antipsychotics (primarily used to manage psychosis, in particular in schizophrenia and bipolar disorder), thyroid replacement hormones, antidepressants and vitamin D were the most commonly used medicines.

Prevalence of medicine use

Proxy respondents were asked if the person with an intellectual disability had taken or used any prescription, over-the-counter, complementary, herbal or 'natural' medicines in the preceding month.

Table 5.1 shows the proportion of people with an intellectual disability taking any medicine in the preceding month, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison was made. In every age group approximately nine out of 10 people with an intellectual disability had taken a medicine in the preceding month.

Table 5.1: Proportion of people with an intellectual disability taking medicines in the preceding month, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Yes	**88.3**	83.1	92.1
No	**11.7**	7.9	16.9
40–59 years			
Yes	**92.5**	87.7	95.5
No	**7.4***	4.4	12.1
60+ years			
Yes	**94.7**	85.2	98.2
No	**		

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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.

Mean number of medicines used

Table 5.2 shows the mean number of medicines used in the preceding month, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison was made. The mean number of medicines used by people with an intellectual disability was 5.1 in those aged 40–59 years and 5.0 in those aged 60 years or over, which was higher compared with a mean number of 3.6 in those aged 18–39 years.

Table 5.2: Mean number of medicines used in the preceding month, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years	**3.6**	3.2	3.9
40–59 years	**5.1**	4.6	5.5
60+ years	**5.0**	4.1	5.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval

Prevalence of polypharmacy

Polypharmacy was defined to proxy survey participants as the concurrent use of five or more medicines. Table 5.3 shows the proportion of people with an intellectual disability exposed to polypharmacy in the preceding month, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Almost three out of 10 (30.4 per cent) people with an intellectual disability aged 18–39 years and five out of 10 aged 40–59 years (50.9 per cent) were exposed to polypharmacy.

Table 5.3: Prevalence of polypharmacy (use of five or more medicines), by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Yes	**30.4**	24.7	36.7
No	**69.6**	63.3	75.3
40–59 years			
Yes	**50.9**	44.2	57.5
No	**49.1**	42.5	55.8
60+ years			
Yes	**45.5**	33.1	58.5
No	**54.5**	41.5	66.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Prevalence of polypharmacy by level of intellectual disability

Table 5.4 shows the proportion of people exposed to polypharmacy in the preceding month, by level of intellectual disability. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Less than three in 10 (28.0 per cent) people with a mild level of intellectual disability were exposed to polypharmacy in the preceding month, while five out of 10 people reported to have a profound level of disability (47.9 per cent) were exposed to polypharmacy over the same period.

Table 5.4: Prevalence of polypharmacy, by level of intellectual disability and age group

Level of disability	VPHS-ID 2013 %	95% CI	
Mild (IQ 50–70)			
Yes	**28.0**	20.0	37.7
No	**72.0**	62.3	80.0
Moderate (IQ 35–50)			
Yes	**39.8**	33.6	46.3
No	**60.2**	53.7	66.4
Severe (IQ 20–35)			
Yes	**44.9**	36.3	53.8
No	**55.1**	46.2	63.7
Profound (IQ < 20)			
Yes	**47.9**	32.2	64.0
No	**52.1**	36.0	67.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.

Use of selected medicines

Table 5.5 shows the proportion of people using selected medicines in the preceding month, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Antiepileptics, paracetalmol, antipsychotics, thyroid hormones, antidepressants and vitamin D were most commonly used medicines.

Table 5.5: Proportion using selected medicines, by age group

Medicine	VPHS-ID 2013		
Valproic acid (Antiepileptics)			
18–39 years	**36.9**	30.7	43.6
40–59 years	**31.8**	25.8	38.3
60+ years	**15.7***	9.0	25.9
Lamotrigine (Antiepileptics)			
18–39 years	**22.9**	17.7	29.1
40–59 years	**15.6**	11.3	21.0
60+ years	**8.4***	3.5	19.0
Paracetamol (Analgesic)			
18–39 years	**22.3**	17.1	28.5
40–59 years	**23.5**	18.3	29.8
60+ years	**21.3***	12.6	33.7
Risperidone (Antipsychotics)			
18–39 years	**19.9**	15.0	26.0
40–59 years	**14.5**	10.3	20.0
60+ years	**11.7***	6.0	21.7
Levothyroxine sodium (Thyroid hormones)			
18–39 years	**19.5**	14.7	25.4
40–59 years	**17.2**	12.6	23.1
60+ years	**11.3***	5.7	21.1
Carbamazepine (Antiepileptics)			
18–39 years	**18.3**	13.6	24.2
40–59 years	**23.3**	18.2	29.4
60+ years	**12.5***	6.4	22.9
Olanzapine (Antipsychotics)			
18–39 years	**17.9**	13.3	23.8
40–59 years	**15.8**	11.4	21.4
60+ years	**13.4***	6.8	24.6
Sertraline (Antidepressants)			
18–39 years	**17.8**	13.1	23.7
40–59 years	**13.9**	9.6	19.5
60+ years	**	**	**
Colecalciferol (Vitamin D)			
18–39 years	**16.4**	12.0	22.0
40–59 years	**22.0**	17.1	27.7
60+ years	**24.2**	15.0	36.6
Levetiracetam (Antiepileptics)			
18–39 years	**15.4**	11.1	21.0
40–59 years	**13.4**	9.3	18.9
60+ years	**	**	**

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions; 'Total' are crude (not age standardiosed) proportions.

* 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.

References

Beange H, Lennox N, Parmenter TR 1999, 'Health targets for people with an intellectual disability', *Journal of Intellectual Disability Research*, no. 24, pp. 283–297.

Molyneux P, Emerson E, Caine A 1999, 'Prescription of psychotropic medication to people with intellectual disabilities in primary health-care settings', *Journal of Applied Research in Intellectual Disabilities*, no. 12, pp. 46–57.

Radouco-Thomas M, Bolduc M, Brisson A, Brassard P, Fortier L, Thivierge J 2004, 'Pilot study on the use of psychotropic medication in persons with mental retardation', *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, no. 28, pp. 879–883.

van Schrojenstein Lantman-de Valk HMJ, Metsemakers JFM, Haveman MJ, Crebolder HFJM 2000, 'Health problems in people with intellectual disability in general practice', *Family Practice*, no. 17, pp. 405–407.

6. Body weight status

6. Body weight status

Obesity is an excess accumulation of body fat and is a significant risk factor for hypertension, cardiovascular disease, type 2 diabetes, gallbladder disease, musculoskeletal disorders (especially osteoarthritis), some cancers (endometrial, breast and colon), psychosocial disorders and breathing difficulties (WHO 2013a). Ultimately, being obese can lead to premature death. 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).

Measurement of excess body fat as a risk factor for chronic disease is not simple because both the amount of overall fat and its anatomical distribution contribute to chronic disease development and progression. At the population level, a common indicator of excess weight (approximating body fat) is the body mass index (BMI) (see Box 6.1). However, BMI is a poor indicator of the percentage of body fat as it cannot distinguish between body fat and muscle. Therefore, an individual who is very muscular with low body fat could have a high BMI estimate and be classified as obese.

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 or overestimate their height, resulting in an underestimation of their BMI. Some studies have reported underestimation of weight in proxy-reported data.

However, self-reported BMI estimates still have a place in health monitoring because self-reported height and weight information is relatively inexpensive and easy to collect, and self-reported BMI can be useful in monitoring trends in body weight status over time. The VPHS-ID pilot study conducted in 2007–2008 found that the proxy-reported weight was a valid measure of actual weight (Iacono et al. 2008).

Proxy respondents were asked to report the height and weight of the person with an intellectual disability. Their BMI was calculated and they were then assigned to body weight categories, according to the WHO classifications for body weight status.

Box 6.1: Classification of body weight status

The 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:

BMI = weight (kg) / height squared (m^2).

WHO classifications for adult body weight status are based on BMI scores.

WHO classifications for adult body weight status

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

Source: WHO 2013b

Summary

Key findings

- Obesity was more prevalent among people with an intellectual disability aged 18–39 years (30.9 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (14.6 per cent).
- A lower proportion of people with an intellectual disability in age groups 40–59 years (27.2 per cent) and 60 years or over (21.8 per cent) were overweight compared with the general Victorian population aged 40–59 years and 60 years or over (37.7 per cent and 39.5 per cent, respectively).
- In every age group almost half of the people with an intellectual disability were overweight or obese, which was similar to the general Victorian population (VPHS 2012)
- In every age group, class I obesity was the most common class of obesity for people with an intellectual disability, which was similar to the general Victorian population (VPHS 2012).
- People with an intellectual disability aged 18–39 years (8.3 per cent) or aged 60 years or over (14.8 per cent) were more likely to be classified as being class II obese (BMI of 35.0–39.9) than the same age group in the general Victorian population (2.6 per cent and 4.1 per cent, respectively).

Table 6.1 shows body weight status by age group. Obesity was more prevalent among people with an intellectual disability aged 18–39 years (30.9 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (14.6 per cent). A lower proportion of people with an intellectual disability in age groups 40–59 years (27.2 per cent) and 60 years or over (21.8 per cent) were overweight compared with the general Victorian population aged 40–59 years and 60 years or over (37.7 per cent and 39.5 per cent, respectively). A lower proportion of people with an intellectual disability aged 18–39 years (34.3 per cent) were normal weight compared with the general Victorian population aged 18–39 years (47.6 per cent).

Table 6.2 shows the proportion of people reported as overweight or obese, by age group. In every age group almost half of the people with an intellectual disability were overweight or obese, which was similar to the general Victorian population (VPHS 2012).

Table 6.1: Body weight status,[a] by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Underweight	**4.5***	2.4	8.3	**3.0**	1.9	4.7
Normal	**34.3**	28.2	40.9	**47.6**	43.6	51.7
Overweight	**20.2**	15.4	26.1	**29.3**	25.7	33.3
Obese	**30.9**	25.1	37.3	**14.6**	11.9	17.8
40–59 years						
Underweight	**2.2***	1.1	4.5	**1.6**	1.0	2.5
Normal	**33.6**	27.6	40.1	**34.7**	32.4	37.1
Overweight	**27.2**	21.7	33.5	**37.7**	35.3	40.2
Obese	**27.2**	21.7	33.6	**20.6**	18.7	22.7
60+ years						
Underweight	**2.2***	0.9	5.6	**1.2**	0.8	1.8
Normal	**34.6**	23.4	47.7	**32.1**	30.1	34.1
Overweight	**21.8**	13.0	34.1	**39.5**	37.4	41.6
Obese	**32.1**	20.9	45.8	**19.5**	17.8	21.3

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013.
VPHS 2012 = Victorian Population Health Survey 2012
a = Determined by calculation of body mass index (BMI).
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: **above**/**below** Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 6.2: Overweight or obese, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years	**51.1**	44.4	57.7	**43.9**	39.9	48.0
40–59 years	**54.5**	47.8	61.0	**58.4**	55.9	60.8
60+ years	**53.8**	40.8	66.4	**58.9**	56.8	61.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.

Table 6.3 shows the proportion of persons who were obese by class of obesity. In every age group, class I obesity was the most common class of obesity for people with an intellectual disability, which was similar to the general Victorian population (VPHS 2012). People with an intellectual disability aged 18–39 years (8.3 per cent) or aged 60 years or over (14.8 per cent) were more likely to be classified as being class II obese (BMI of 35.0–39.9) than the same age group in the general Victorian population (2.6 per cent and 4.1 per cent, respectively).

Table 6.3: Prevalence of obesity, by obesity class[a]

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Obese class I	**17.2**	12.9	22.8	**10.2***	7.9	13.0
Obese class II	**8.3**	5.3	12.9	**2.6***	1.6	4.2
Obese class III	**5.3**	3.0	9.1	**1.8**	1.0	3.4
40–59 years						
Obese class I	**15.1**	10.9	20.5	**13.8**	12.2	15.5
Obese class II	**6.8**	4.1	11.1	**4.2**	3.4	5.3
Obese class III	**5.3**	3.0	9.2	**2.6**	1.9	3.6
60+ years						
Obese class I	**15.2**	7.6	28.1	**14.0**	12.6	15.6
Obese class II	**14.8**	7.4	27.5	**4.1**	3.3	5.1
Obese class III	**2.0**	0.4	9.8	**1.4**	1.0	2.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
a = Determined by calculation of body mass index (BMI).
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

References

Iacono T, Walkley J, Keleher H, Koritsas S, Davis B, McVilly K, West D 2008, *The development of a health and wellbeing survey for people with an intellectual disability*, Department of Human Services, Melbourne.

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. 223–230.

World Health Organization (WHO) 2013a, World Health Organization fact sheet number 311: overweight and obesity, viewed 14 November 2013, <http://www.who.int/mediacentre/factsheets/fs311/en/index.html>.

World Health Organization (WHO) 2013b, BMI classification, viewed 14 November 2013, <http://apps.who.int/bmi/index.jsp?introPage=intro_3.html>.

7. Asthma

7. 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 an 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, that are based on objective measures of lung function (Woolcock, Marks & Keena 2001), which typically measure current or persistent asthma (wheezing episodes with abnormal airway function between episodes).

Summary

Key findings

Asthma prevalence

- People with an intellectual disability aged 40–59 years were less likely to report having ever been diagnosed with asthma by a doctor (9.2 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (17.1 per cent).
- People with an intellectual disability aged 18–39 years were less likely to report having been diagnosed with current asthma by a doctor (7.3 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (15.5 per cent).

Asthma action plans

- People with an intellectual disability aged 40–59 years were more likely to have an asthma action plan (97.5 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (55.6 per cent).

The VPHS-ID 2013 examined the prevalence of doctor-diagnosed asthma – both lifetime and current asthma. Respondents were asked whether they had ever been diagnosed with asthma by a doctor and those persons who responded ‘yes’ to this question were included in the estimate of the lifetime prevalence of asthma (sometimes referred to as ‘asthma ever’).

Respondents who indicated that they had been diagnosed with asthma were subsequently asked if they had experienced symptoms of asthma (wheezing, coughing, shortness of breath, chest tightness) in the previous 12 months. Those who indicated that they had were classified as having ‘current’ asthma. This aligns with the definitions recommended by the Australian Centre for Asthma Monitoring (ACAM) for the purposes of estimating the prevalence of asthma (ACAM 2007).

Lifetime prevalence of asthma

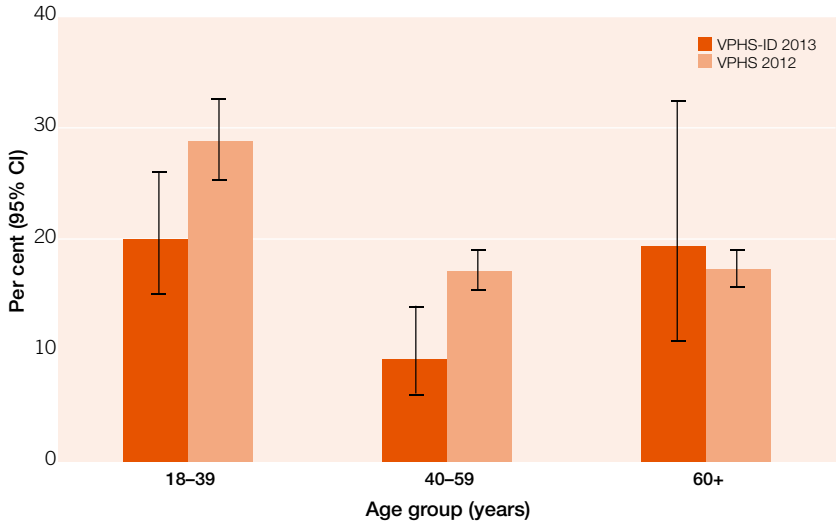
Table 7.1 and Figure 7.1 show the prevalence of lifetime asthma for people with an intellectual disability aged 18 years or over, by age group. People with an intellectual disability aged 40–59 years were less likely to report having ever been diagnosed with asthma by a doctor (9.2 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (17.1 per cent).

Table 7.1: Prevalence of asthma ever,[a] by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years	**20.0**	15.1	25.9	**28.8**	25.3	32.6
40–59 years	**9.2**	6.0	13.9	**17.1**	15.3	18.9
60+ years	**19.4**	10.8	32.3	**17.3**	15.7	19.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
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-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.

Figure 7.1: Prevalence of asthma ever,[a] by age group



Error bars represent 95 per cent confidence intervals.
VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
a. Reported ever having been diagnosed with asthma by a doctor.
95% CI = 95 per cent confidence interval
Data are age-specific proportions.

Current asthma

Table 7.2 shows the prevalence of current asthma for people with an intellectual disability aged 18 years or over, by age group. People with an intellectual disability aged 18–39 years were less likely to report having been diagnosed with current asthma by a doctor (7.3 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (15.5 per cent).

Table 7.2: Prevalence of current asthma,[a] by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years	**7.3**	4.5	11.8	**15.5**	12.8	18.6
40–59 years	**4.1***	2.2	7.5	**7.8**	6.6	9.1
60+ years	**10.7***	4.7	22.8	**6.8**	5.8	7.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
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-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

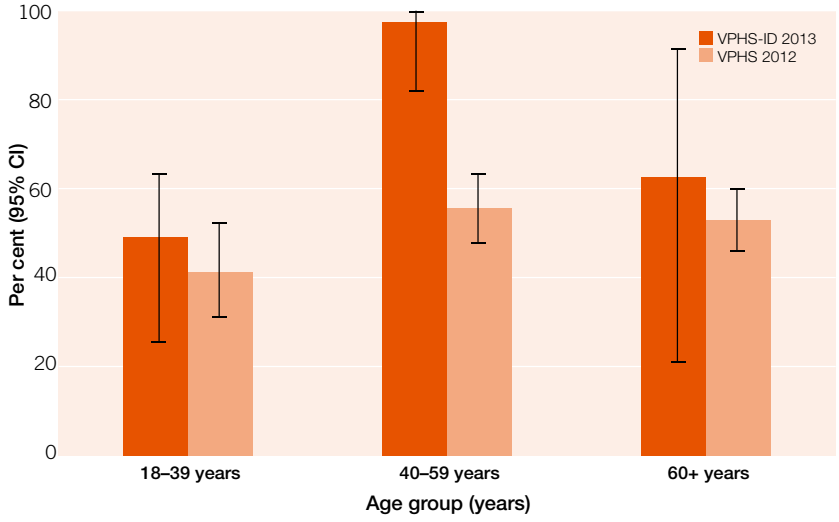
Table 7.3 and Figure 7.2 show the proportion of people with current asthma who had an asthma action plan. People with an intellectual disability aged 40–59 years were more likely to have an asthma action plan (97.5 per cent) than the same age group in the general Victorian population (VPHS 2012) (55.6 per cent).

Table 7.3: Asthma action plans, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years	**49.1***	25.4	73.2	**41.3**	31.1	52.4
40–59 years	**97.5**	82.0	99.7	**55.6**	47.8	63.1
60+ years	**62.7***	20.9	91.4	**53.0**	45.9	59.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Figure 7.2: Asthma action plans, by age group



Error bars represent 95 per cent confidence intervals.
VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.

References

Australian Centre for Asthma Monitoring (ACAM) 2007 Australian asthma indicators: Five year review of asthma monitoring in Australia, AIHW, Canberra.

Gale L, Naqvi H, Russ L 2009, 'Asthma, smoking and BMI in adults with intellectual disabilities: a community-based survey', *Journal of Intellectual Disability Research*, no. 53, pp. 87–96.

Woolcock B, Marks GB, Keena VA 2001, 'The burden of asthma in Australia', *Medical Journal of Australia*, no. 175, pp. 141–45.

8. Diabetes

8. 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 developing 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-rendering the individual unable to produce enough of the hormone insulin, which is essential for the control of glucose levels in the blood. It most commonly occurs in persons 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 10–15 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, which occurs mostly in people aged 50 years or over. Risk factors for type 2 diabetes include being overweight or obese and having a family history of the condition. Type 2 diabetes accounts 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 glucose 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.

Summary

Key findings

Diabetes prevalence

- Three per cent of people with an intellectual disability aged 18–39 years, 8.8 per cent aged 40–59 years and 8.1 per cent aged 60 years or over were diagnosed with diabetes. There was no difference in the prevalence of diabetes by age group for people with an intellectual disability and the general Victorian population (VPHS 2012).

Diabetes screening

- A higher proportion of people with an intellectual disability aged 40–59 years (72.0 per cent) reported having a blood sugar test compared with the same age group in the general Victorian population (VPHS 2012) (63.1 per cent).
- In every age group people with an intellectual disability were more likely to be diagnosed at an early age than the general Victorian population (VPHS 2012).

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.

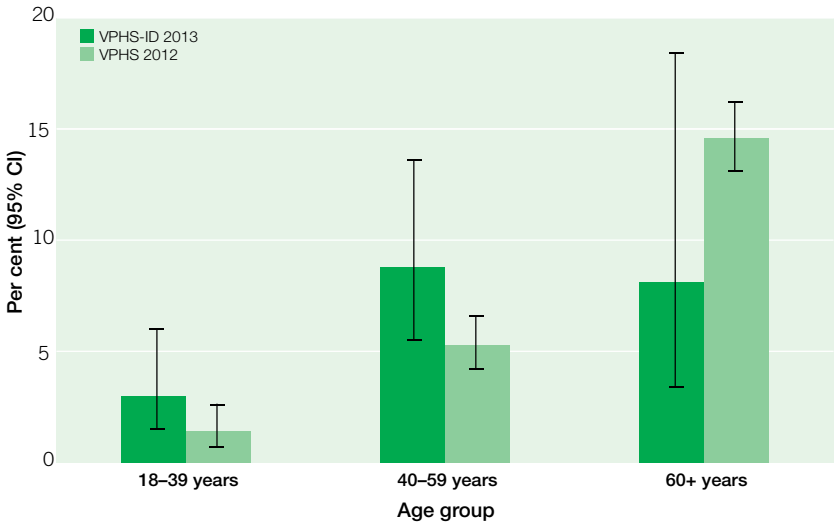
Table 8.1 and Figure 8.1 show the prevalence of diabetes by age group. Three per cent of people with an intellectual disability aged 18–39 years, 8.8 per cent aged 40–59 years and 8.1 per cent aged 60 years or over were diagnosed with diabetes. There was no difference in the prevalence of diabetes by age group for people with an intellectual disability and the general Victorian population (VPHS 2012).

Table 8.1: Prevalence of diabetes, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years	**3.0***	1.5	6.0	**1.4**	0.7	2.6
40–59 years	**8.8**	5.5	13.6	**5.3**	4.2	6.6
60+ years	**8.1***	3.4	18.4	**14.6**	13.1	16.2

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution

Figure 8.1: Prevalence of diabetes, by age group



Error bars represent 95 per cent confidence intervals.
VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age specific proportions

Diabetes screening

The proportion of people with an intellectual disability undergoing a blood glucose test increased steadily with age group, with more than three-quarters of people with an intellectual disability aged 60 years or over (81.3 per cent) having had a test in the preceding two years (Table 8.2 and Figure 8.2). A higher proportion of people with an intellectual disability aged 40–59 years (72.0 per cent) reported having a blood sugar test compared with the same age group in the general Victorian population (VPHS 2012) (63.1 per cent).

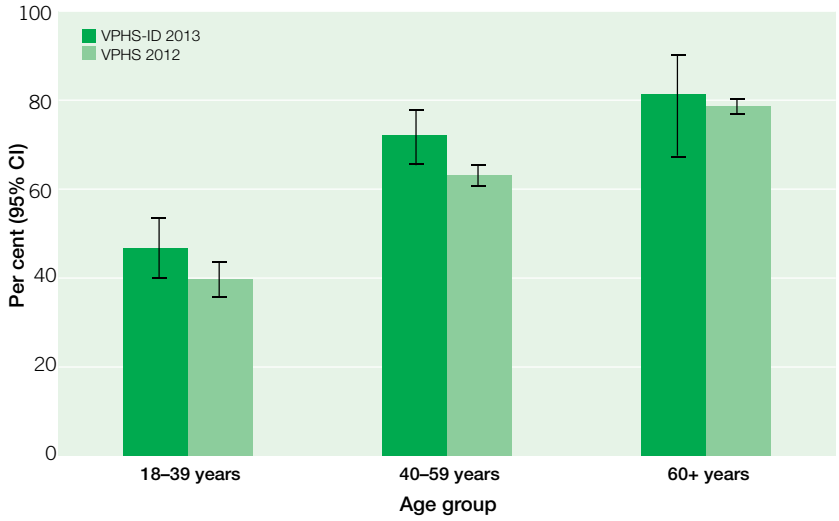
Table 8.3 shows the mean age at diagnosis with diabetes, by age group. In every age group people with an intellectual disability were more likely (mean age 38.1) to be diagnosed at an early age than the general Victorian population (VPHS 2012) (mean age 54.4).

Table 8.2: Diabetes screening in previous two years, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years	**46.7**	40.1	53.4	**46.7**	40.1	53.4
40–59 years	**72.0**	65.6	77.7	**72.0**	65.6	77.7
60+ years	**81.3**	67.3	90.2	**81.3**	67.3	90.2

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.

Figure 8.2: Diabetes screening in previous two years, by age group



Error bars represent 95 per cent confidence intervals.
VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age specific proportions

Table 8.3: Mean age at diagnosis with diabetes, by sex

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years	**37.9**	31.1	44.7	**53.5**	52.8	58.3
40–59 years	**38.4**	29.9	46.8	**55.7**	56.6	61.6
60+ years	**38.1**	33.0	43.1	**54.4**	55.4	59.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.

9. Mental health

9. Mental health

There is strong and consistent evidence of an association between depression/anxiety and physical illness (Clarke & Currie 2009). People with an 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 a higher prevalence than that reported for the general population (Cooper et al. 2007). Depression is associated with poorer health outcomes in people with physical health issues.

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 VPHS 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 VPHS-ID 2013 relies on proxy-reported data. The consortia of academics who developed the 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 questions in the VPHS-ID 2013 were adapted from a carer checklist 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 four weeks preceding the survey. The survey also collected information regarding the use of mental health services. No comparison was made between the results of the VPHS-ID 2013 and the VPHS 2012 because different tools were used. There was no difference between the findings for mental health of VPHS-ID 2009 and VPHS-ID 2013.

Summary

Key findings

Mental health

- In every age group about one in 10 people with an intellectual disability were reported to have shown signs of anxiety all of the time in the preceding four weeks.
- A lower proportion (15.1 per cent) of people with an intellectual disability aged 18–39 years were reported to have shown signs of anxiety none of the time compared with people aged 40–59 years and 60 years or over with an intellectual disability (30.8 per cent and 34.5 per cent, respectively).
- About one in 20 people with an intellectual disability aged 18–39 years (6.0 per cent) and 3.7 per cent of people with an intellectual disability aged 40–59 years could not be calmed down or reassured all or most of the time in the preceding four weeks.
- About seven per cent of people with an intellectual disability aged 18–39 years (6.8 per cent) and three per cent aged 40–59 years (3.0 per cent) were reported to be restless or fidgety all of the time.
- In every age group most of the people with an intellectual disability were reported to show signs of depressed thinking none of the time in the preceding four weeks.
- More than one in 20 (4.7 per cent) people with an intellectual disability aged 18–39 years and 6.7 per cent of people aged 40–59 years were reported to show one or more signs of depressed thinking most of the time.
- Fewer than one in 10 people with an intellectual disability aged 40–59 years and 60 years or over were reported to show reduced general functioning most of the time in the preceding four weeks.
- In every age group approximately six out of 10 people with an intellectual disability were reported to show reduced general functioning none of the time in the preceding four weeks.
- One in five people with an intellectual disability aged 18–39 years (51.4 per cent), one in six aged 40–59 years (61.7 per cent) and one in seven aged 60 years or over (68.1 per cent) were reported as showing signs of a depressed mood none of the time.
- Fewer than one in 20 (3.8 per cent) people with an intellectual disability aged 18–39 years and 3.9 per cent of people with an intellectual disability aged 40–59 years showed signs of a depressed mood all or most of the time in the preceding four weeks.

Use of mental health services

- In every age group a higher proportion of people with an intellectual disability sought professional help for a mental health problem in the preceding 12 months compared with the general Victorian population (VPHS 2012).
- In every age group most people with an intellectual disability who sought professional help for a mental health problem consulted a GP in the preceding 12 months.
- People with an intellectual disability aged 40–59 years were less likely (15.2 per cent) to consult a private counselling service or psychologist than the same age group in the general Victorian population (VPHS 2012) (42.8 per cent).
- People with an intellectual disability aged 40–59 years were more likely to consult a private psychiatrist (38.3 per cent) and public mental health community service (11.8 per cent) than the same age group in the general Victorian population (VPHS 2012) (16.0 per cent and 2.1 per cent, respectively).

Anxiety

Table 9.1 shows the proportion of persons who showed one or more signs of anxiety in the four weeks preceding the survey, by age group. 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, clinging behaviour or worrying. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made.

In every age group about one in 10 people with an intellectual disability was reported to have shown signs of anxiety all of the time in the preceding four weeks. A lower proportion (15.1 per cent) of people with an intellectual disability aged 18–39 years were reported to have shown signs of anxiety none of the time compared with people aged 40–59 years and 60 years or over with an intellectual disability (30.8 per cent and 34.5 per cent, respectively).

Table 9.1: One or more signs of anxiety in the preceding four weeks, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
All of the time	**14.1**	10.0	19.6
Most of the time	**19.6**	14.9	25.4
Some of the time	**27.2**	21.7	33.5
A little of the time	**23.6**	18.4	29.7
None of the time	**15.1**	10.9	20.5
40–59 years			
All of the time	**7.1**	4.3	11.3
Most of the time	**14.0**	9.9	19.3
Some of the time	**29.0**	23.2	35.4
A little of the time	**18.1**	13.6	23.7
None of the time	**30.8**	25.1	37.3
60+ years			
All of the time	**13.7***	6.4	26.9
Most of the time	**7.0***	3.2	14.8
Some of the time	**28.9**	18.9	41.5
A little of the time	**15.9***	8.3	28.3
None of the time	**34.5**	23.1	48.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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.

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 9.2 shows the proportion of people with anxiety who could not be calmed down or reassured in the preceding four weeks, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. About one in 20 people with an intellectual disability aged 18–39 years (6.0 per cent) and 3.7 per cent of people with an intellectual disability aged 40–59 years could not be calmed down or reassured all or most of the time in the preceding four weeks.

Table 9.2: Proportion of people with anxiety who could not be calmed down or reassured in the preceding four weeks, by age group

	VPHS-ID 2013		
Age group	**%**	**95% CI**	
18–39 years			
All of the time	**	**	**
Most of the time	**6.0***	3.2	10.9
Some of the time	**19.6**	14.4	26.1
A little of the time	**20.4**	15.1	27.1
None of the time	**52.1**	44.8	59.3
40–59 years			
All of the time	**	**	**
Most of the time	**3.7***	1.6	8.1
Some of the time	**9.9***	5.9	16.0
A little of the time	**19.6**	13.9	26.8
None of the time	**63.8**	55.7	71.2
60+ years			
All of the time	**0.0**	.	.
Most of the time	**	**	**
Some of the time	**	**	**
A little of the time	**21.8***	11.7	37.0
None of the time	**65.3**	49.1	78.6

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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 preceding four weeks. Table 9.3 shows the proportion of people who seemed restless or fidgety in the preceding four weeks, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. About seven per cent of people with an intellectual disability aged 18–39 years (6.8 per cent) and three per cent aged 40–59 years were reported to be restless or fidgety all of the time.

Table 9.3: Proportion of people who seemed restless or fidgety in the preceding four weeks, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
All of the time	**6.8***	4.1	11.2
Most of the time	**13.1**	9.2	18.3
Some of the time	**25.3**	19.9	31.6
A little of the time	**28.0**	22.4	34.4
None of the time	**26.7**	21.3	32.9
40–59 years			
All of the time	**3.0***	1.5	5.8
Most of the time	**9.5**	6.2	14.3
Some of the time	**17.8**	13.3	23.4
A little of the time	**25.3**	20.0	31.6
None of the time	**42.3**	35.9	49.0
60+ years			
All of the time	**	**	**
Most of the time	**	**	**
Some of the time	**24.6**	15.4	36.9
A little of the time	**34.5**	23.2	47.9
None of the time	**33.3**	22.1	46.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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 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; and expressing concerns about their health or their body, in the preceding four weeks. Table 9.4 shows the proportion of persons who were reported to show one or more signs of depressed thinking by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made.

In every age group most of the people with an intellectual disability were reported to show signs of depressed thinking none of the time. However, more than one in 20 (4.7 per cent) people with an intellectual disability aged 18–39 years and 6.7 per cent of people aged 40–59 years were reported to show one or more signs of depressed thinking most of the time.

Table 9.4: Proportion of persons who were reported to show one or more signs of depressed thinking, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
All of the time	**2.6***	1.2	5.7
Most of the time	**4.7***	2.6	8.4
Some of the time	**17.1**	12.6	22.7
A little of the time	**21.4**	16.4	27.4
None of the time	**40.0**	33.7	46.7
Not applicable	**13.6**	9.7	18.7
40–59 years			
All of the time	**	**	**
Most of the time	**6.7***	4.0	11.2
Some of the time	**11.8**	8.1	17.0
A little of the time	**18.2**	13.4	24.2
None of the time	**45.3**	38.8	52.0
Not applicable	**16.9**	12.9	21.8
60+ years			
All of the time	**	**	**
Most of the time	**	**	**
Some of the time	**8.6***	3.8	18.1
A little of the time	**17.3***	9.2	30.0
None of the time	**53.6**	40.6	66.1
Not applicable	**12.9***	7.5	21.3

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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 preceding four weeks. Table 9.5 shows the proportion of persons reported to show reduced general functioning by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made.

Fewer than one in 10 people with an intellectual disability aged 40–59 years and 60 years or over were reported to show reduced general functioning most of the time in the preceding four weeks. In every age group approximately six out of 10 people with an intellectual disability were reported to show reduced general functioning none of the time in the preceding four weeks.

Table 9.5: Proportion of persons reported to show reduced general functioning in the preceding four weeks, by age group

	VPHS-ID 2013		
Age group	**%**	**95% CI**	
18–39 years			
All of the time	**	**	**
Most of the time	**4.3***	2.2	8.2
Some of the time	**11.0**	7.5	16.0
A little of the time	**18.4**	13.8	24.1
None of the time	**63.7**	57.1	69.9
Not applicable	**	**	**
40–59 years			
All of the time	**2.8***	1.2	6.5
Most of the time	**7.9**	4.9	12.4
Some of the time	**7.7**	4.8	12.2
A little of the time	**14.6**	10.4	20.1
None of the time	**65.1**	58.4	71.2
Not applicable	**	**	**
60+ years			
All of the time	**	**	**
Most of the time	**8.3***	3.0	20.7
Some of the time	**11.8***	5.9	22.2
A little of the time	**10.6***	4.8	21.8
None of the time	**66.2**	52.8	77.5
Not applicable	**0.0**	.	.

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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 the person with an intellectual disability demonstrated one or more of the following signs of a depressed mood: crying more often or easily; looking sad, unhappy or depressed; less or lack of emotional response or expressiveness; or less or lost sense of humour in the preceding four weeks.

Table 9.6 shows the proportion of persons who were reported as showing signs of a depressed mood over the preceding four weeks, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made.

One in two people with an intellectual disability aged 18–39 years (51.4 per cent), six in 10 aged 40–59 years (61.7 per cent) and seven in 10 aged 60 years or over (68.1 per cent) were reported as showing signs of a depressed mood none of the time. Less than one in 20 (3.8 per cent) people with an intellectual disability aged 18–39 years and 3.9 per cent of people with an intellectual disability aged 40–59 years showed signs of a depressed mood all or most of the time in the preceding four weeks.

Table 9.6: Proportion of persons who were reported as showing signs of a depressed mood over the preceding four weeks, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
All of the time	**	**	**
Most of the time	**3.8***	2.0	7.1
Some of the time	**15.6**	11.4	21.1
A little of the time	**27.2**	21.6	33.5
None of the time	**51.4**	44.8	58.0
Not applicable	**	**	**
40–59 years			
All of the time	**	**	**
Most of the time	**3.9***	2.0	7.2
Some of the time	**9.7**	6.5	14.2
A little of the time	**23.3**	18.0	29.5
None of the time	**61.7**	55.1	68.0
Not applicable	**0.0**	.	.
60+ years			
All of the time	**	**	**
Most of the time	**	**	**
Some of the time	**11.2***	5.1	22.9
A little of the time	**13.2***	6.7	24.3
None of the time	**68.1**	54.7	79.0
Not applicable	**0.0**	.	.

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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

Proxy respondents were asked if the person with an intellectual disability had sought help from a medical professional for a mental health problem in the preceding 12 months. Table 9.7 shows the proportion of persons who sought help for a mental health problem in the 12 months prior to the survey, by age group.

In every age group a higher proportion of people with an intellectual disability sought professional help for a mental health problem in the preceding 12 months compared with the general Victorian population (VPHS 2012).

Sources of professional help

Proxy respondents who reported that people with an intellectual disability had sought professional help for a mental health problem were asked who that person had sought help from in the preceding 12 months. Table 9.8 shows the various sources of professional help sought for a mental health problem.

In every age group most people with an intellectual disability who sought professional help for a mental health problem consulted a GP in the preceding 12 months. People aged 40–59 years were less likely (15.2 per cent) to consult a private counselling service or psychologist than the same age group in the general Victorian population (VPHS 2012) (42.8 per cent). People aged 40–59 years were more likely to consult a private psychiatrist (38.3 per cent) and public mental health community service (11.8 per cent) than the same age group in the general Victorian population (VPHS 2012) (16.0 per cent and 2.1 per cent, respectively).

Table 9.7: Proportion of persons who sought help for a mental health problem in the 12 months prior to the survey, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	33.6	27.6	40.1	**13.6**	11.2	16.5
No	65.8	59.2	71.8	**85.8**	82.9	88.3
40–59 years						
Yes	28.5	22.8	34.9	**13.5**	12.0	15.2
No	71.5	65.1	77.2	**86.2**	84.5	87.7
60+ years						
Yes	23.6	14.4	36.2	**5.5**	4.6	6.5
No	76.4	63.8	85.6	**94.5**	93.5	95.4

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VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.

Table 9.8: Sources of professional help for a mental health problem in the preceding 12 months, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
General practitioner	**53.9**	42.3	65.0	**65.8**	55.5	74.9
Private psychiatrist	**25.5**	16.9	36.5	**21.3**	13.9	31.3
Private counselling service/ psychologist	**27.8**	18.6	39.4	**45.0**	35.1	55.3
Public mental health community service	**16.4***	9.6	26.6	**9.7***	4.7	18.7
Other	**17.2***	9.9	28.2	**	**	**
40–59 years						
General practitioner	**61.3**	48.5	72.7	**68.9**	62.5	74.7
Private psychiatrist	38.3	26.9	51.0	**16.0**	11.6	21.5
Private counselling service/ psychologist	15.2*	7.8	27.5	**42.8**	36.7	49.2
Public mental health community service	11.8*	6.0	21.7	**2.1***	1.0	4.4
Other	**	**	**	**3.4***	1.8	6.4
60+ years						
General practitioner	**65.2**	37.9	85.2	**69.6**	61.2	76.8
Private psychiatrist	**30.7***	12.6	57.7	**22.7**	15.8	31.4
Private counselling service/ psychologist	**	**	**	**35.0**	27.0	44.1
Public mental health community service	**	**	**	**1.0***	0.4	2.4
Other	**	**	**	**3.2***	1.4	7.3

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

References

Clarke DM, Currie KC 2009, 'Depression, anxiety and their relationship with chronic diseases: a review of the epidemiology, risk and treatment evidence', *Medical Journal of Australia*, vol. 190, pp. S54-60.

Cooper SA, Smiley E, Morrison J, Allan L 2007, 'An epidemiological investigation of affective disorders with a population-based cohort of 1023 adults with intellectual disabilities', *Psychological Medicine*, vol. 37, pp. 873–82.

Tonge B, Einfeld S 2000, 'The trajectory of psychiatric disorders in young people with intellectual disabilities', *Australian and New Zealand Journal of Psychiatry*, vol. 34, pp. 80-84.

Torr J, Iacono T, Graham MJ, Galea J 2008 'Checklists for general practitioner diagnosis of depression in adults with intellectual disability', *Journal of Intellectual Disability Research*, vol. 52, no. 11, pp. 930–941.

10. Social capital

10. Social capital

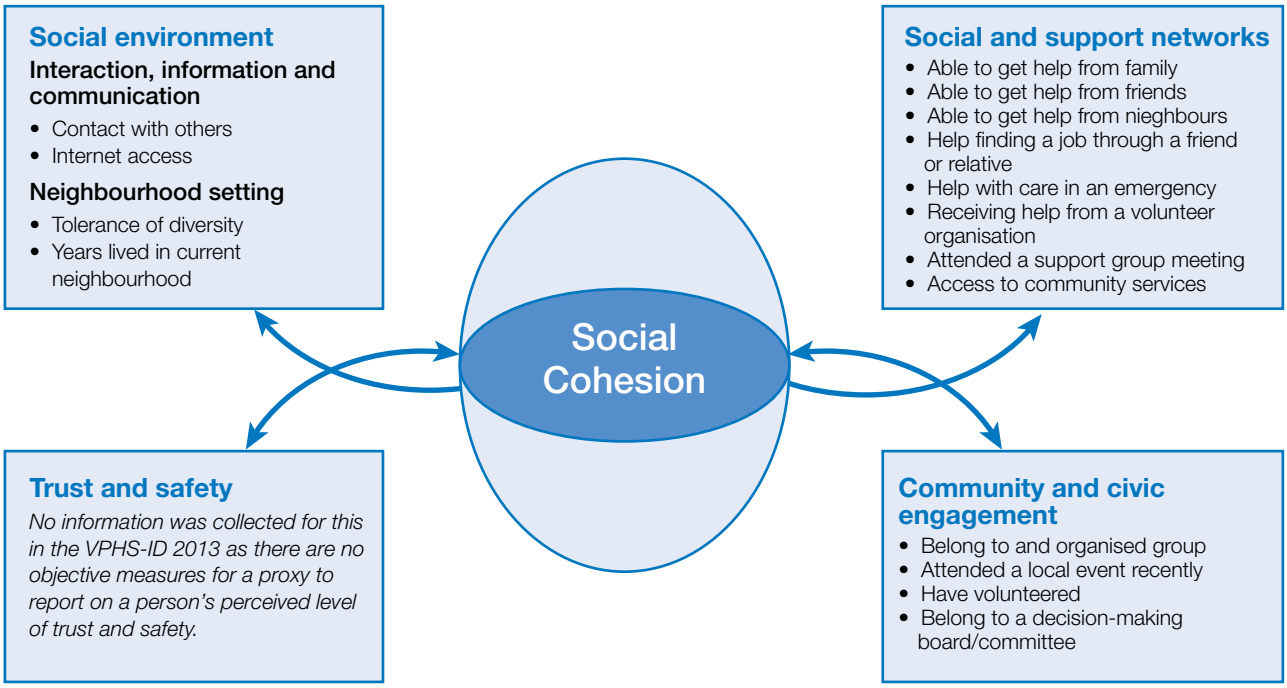
There is no universally agreed definition of social capital. Social capital refers to the idea that social networks are a potential resource for individuals, communities and society as a whole. Robert Putnam refers to social capital as 'features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit' (Putnam 1995). This definition of social capital is the most widely cited in health research.

Social capital can be both beneficial and harmful as it can function in a socially exclusive manner, having positive effects for some and negative effects for others. Negative effects can include the exclusion of outsiders, excessive claims on group members, restrictions on the freedom of individuals, and the downward levelling of social norms. Moreover societies that are high in bonding social capital but low in bridging and linking social capital are often troubled and segregated, as cooperation is fostered and potentially maximised by the presence of social networks that cross social cleavages (Szreter & Woolcock 2004).

Many studies have been conducted to investigate the impact of different levels of social capital on various diseases and their outcomes (Steptoe et al. 2010). Stronger social networks have consistently been shown to be associated with a lower incidence and mortality due to cardiovascular disease, as well as a better prognosis when survival is the end point being considered. There is also strong evidence of a protective effect of social networks on cognitive decline. The findings with cancer are mixed, however, with some studies showing a protective effect and others not. Overall, a dose-response relationship between all-cause mortality and the degree of social connectedness has been observed.

The VPHS-ID 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 the survey findings under headings that describe some key enabling and reinforcing factors of social cohesion. The VPHS measures social capital using a cohesion-based approach and the indicators used are described below in Figure 10.1.

Figure 10.1: Selected indicators of social cohesion



Adapted from AIHW 2007

Summary

Key findings

Interaction, information and communication

Contact with others

- In every age group most people with an intellectual disability communicated with 10 or more people on a typical weekday, followed by five to nine people.
- Most people with an intellectual disability aged 18–39 years and 40–59 years communicated with five to nine people on a typical weekend, followed by 10 or more people.
- Most people with an intellectual disability aged 60 years or over communicated with 10 or more people on a typical weekend, followed by five to nine people.

Neighbourhood setting

Years lived in current neighbourhood

- A higher proportion of people with an intellectual disability aged 18–39 years (69.7 per cent) or 40–59 years (76.9 per cent) had been resident in their neighbourhood or local area for 10 years or more compared with the same age groups in the general Victorian population (VPHS 2012) (42.4 per cent, 64.5 per cent, respectively).
- A lower proportion (10.6 per cent) of people with an intellectual disability aged 18–39 years had lived in their current neighbourhood for more than five years but less than or equal to 10 years compared with the same age group in the general Victorian population (VPHS 2012) (27.0 per cent).

Social and support networks

Ability to get help from family, friends and neighbours

- A higher proportion of people with an intellectual disability aged 40–59 years (13.5 per cent) or 60 years or over (23.8 per cent) were not at all able to get help from family if needed (Table 10.4) compared with the same age groups in the general Victorian population (VPHS 2012) (3.9 per cent and 3.5 per cent, respectively).
- People with an intellectual disability aged 60 years or over were less likely to be definitely able to get help from family if needed (62.6 per cent) compared with the same age group in the general Victorian population (82.6 per cent).
- In every age group a lower proportion of people with an intellectual disability could definitely get help from friends compared with the general Victorian population (VPHS 2012).
- In every age group a lower proportion of people with an intellectual disability could definitely get help from neighbours compared with the general Victorian population (VPHS 2012).

Help with care in the case of an emergency

- In every age group a lower proportion of people with an intellectual disability were able to rely on a friend or relative to care for them in the event of an emergency compared with the general Victorian population (VPHS 2012).
- The proportion of people with an intellectual disability who were able to rely on a friend or relative to care for them in the event of an emergency decreased significantly with increasing age.

Ability to get respite care in an emergency

- In every age group about six in 10 people with an intellectual disability had the ability to get respite care in an emergency.

Receiving help from a volunteer organisation

- In every age group a higher proportion of people with an intellectual disability received some help from a volunteer organisation compared with the general Victorian population (VPHS 2012).

Attending a support group meeting

- In every age group a higher proportion of people with an intellectual disability attended a support group meeting in the preceding two years compared with the general Victorian population (VPHS 2012).

Sources of help regarding things to do in free time

- The most common source of information for people with an intellectual disability aged 18–39 when seeking help regarding things to do in their free time was from a parent (67.2 per cent), followed by a paid support person (22.7 per cent) and another relative (12.0 per cent).
- The most common source of information for people with an intellectual disability aged 40–59 when seeking help regarding things to do in their free time was from a paid support person (50.9 per cent), followed by a parent (27.6 per cent) and another relative (17.0 per cent).
- The most common source of information for people with an intellectual disability aged 60 years or over when seeking help regarding things to do in their free time was from a paid support person (59.6 per cent), followed by another relative (27.7 per cent) and staff at a day centre or educational facility (16.3 per cent).

Desire to see friends and family more often

- In every age group more than half of people with an intellectual disability expressed a desire to see family and friends more often.

Barriers to seeing friends and family more often

- In people with an intellectual disability aged 18–39 years and 40–59 years, travel problems were cited as the most common barrier to seeing friends and family more often, followed by not having enough time, family issues or other commitments and the lack of required assistance.

Community and civic engagement

Membership of an organised group

- There was no difference by age group between people with an intellectual disability and the general Victorian population regarding membership of an organised group (sports, religious, church or community action group).

Attendance at a local event

- In every age group a higher proportion of people with an intellectual disability had attended a community event in the preceding six months compared with the general Victorian population (VPHS 2012).

Volunteering

- A lower proportion of people with an intellectual disability aged 40–59 years or 60 years or over had definitely helped out a local group as a volunteer compared with the same age groups in the general Victorian population (VPHS 2012).
- More than seven in 10 people with an intellectual disability aged 18–39 years or 40–59 years had not helped out a local group as a volunteer, which was higher than the same age group in the general Victorian population (VPHS 2012).

Access to community resources

- A lower proportion of people with an intellectual disability aged 18–39 years or 40–59 years could definitely access community resources when required compared with the same age groups in the general Victorian population (VPHS 2012).
- A higher proportion of people with an intellectual disability aged 18–39 years or 60 years or over could sometimes access community resources when required compared with the same age groups in the general Victorian population (VPHS 2012).

Holidays

- In every age group approximately six out of 10 people with an intellectual disability had taken a holiday in the preceding 12 months.

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 VPHS-ID 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; a lack of social contact may imply some vulnerability from not being in touch with people or events.

Table 10.1 provides data on the number of persons with whom an individual communicated on a typical weekday, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made.

Table 10.1: Number of persons communicated with on a weekday, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
None at all	**0.0**	.	.
Less than 5	**10.5**	7.0	15.4
5–9	**24.9**	19.6	31.2
10 or more	**64.6**	57.9	70.7
40–59 years			
None at all	**2.0***	0.8	4.9
Less than 5	**13.1**	9.2	18.5
5–9	**19.3**	14.6	25.1
10 or more	**65.0**	58.3	71.1
60+ years			
None at all	**0.0**	.	.
Less than 5	**11.8***	5.4	24.0
5–9	**25.3**	15.3	38.9
10 or more	**62.9**	49.2	74.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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.

In every age group most people with an intellectual disability communicated with 10 or more people on a typical weekday, followed by five to nine people.

Table 10.2 shows the proportion of persons with whom an individual communicated on a typical weekend, by age group. Data were not available for the general Victorian population (VPHS) therefore no comparison can be made. Most people with an intellectual disability aged 18–39 years and 40–59 years communicated with five to nine people on a typical weekend, followed by 10 or more people. Most people with an intellectual disability aged 60 years or over (39.2 per cent) communicated with 10 or more people on a typical weekend, followed by five to nine people.

Table 10.2: Number of persons communicated with on a weekend, by age group

	VPHS-ID 2013		
Age group	**%**	**95% CI**	
18–39 years			
None at all	**	**	**
Less than 5	**30.9**	25.0	37.3
5–9	**41.8**	35.5	48.5
10 or more	**26.4**	20.8	32.8
40–59 years			
None at all	**	**	**
Less than 5	**29.6**	23.8	36.1
5–9	**42.5**	36.0	49.1
10 or more	**25.1**	19.9	31.1
60+ years			
None at all	**	**	**
Less than 5	**22.5***	13.0	36.0
5–9	**35.6**	24.4	48.7
10 or more	**39.2**	27.4	52.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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.

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 10.3 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 10 years or more, by age group. A higher proportion of people with an intellectual disability aged 18–39 years (69.7 per cent) or 40–59 years (76.9 per cent) had been resident in their neighbourhood or local area for 10 years or more compared with the same age groups in the general Victorian population (VPHS 2012) (42.4 per cent, 64.5 per cent, respectively). A lower proportion (10.6 per cent) of people with an intellectual disability aged 18–39 years had lived in their current neighbourhood for more than five years but less than or equal to 10 years compared with the same age group in the general Victorian population (VPHS 2012) (27.0 per cent).

Table 10.3: Years lived in current neighbourhood, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Less than a year	**2.2***	0.9	5.4	**4.1**	2.8	5.9
More than one year but less than or equal to five years	**17.5**	13.0	23.3	**26.2**	22.9	29.8
More than five years but less than or equal to 10 years	**10.6**	7.3	15.2	**27.0**	23.5	30.7
More than 10 years	**69.7**	63.2	75.4	**42.4**	38.4	46.6
40–59 years						
Less than a year	**	**	**	**1.4**	0.9	2.1
More than one year but less than or equal to five years	**6.9**	4.2	10.9	**13.6**	12.0	15.4
More than five years but less than or equal to 10 years	**14.5**	10.5	19.6	**20.1**	18.2	22.3
More than 10 years	**76.9**	71.0	81.9	**64.5**	62.0	66.8
60+ years						
Less than a year	**	**	**	**0.6**	0.4	0.9
More than one year but less than or equal to five years	**12.1***	5.4	24.9	**7.7**	6.7	8.9
More than five years but less than or equal to 10 years	**9.9***	4.9	19.1	**9.8**	8.6	11.1
More than 10 years	**73.9**	60.8	83.8	**81.7**	80.0	83.2

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

VPHS 2012 = Victorian Population Health Survey 2012

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** 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 people 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 information or emotional, practical and financial support. These resources are often provided without obligation, except for a norm of reciprocity. At a social level, social and support networks provide a sense of belonging.

Another layer of support within the community is provided by volunteer organisations and support groups. Many people 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 10.4–10.6 show the proportion of persons who could get help from each of these groups, by age group.

Family

A higher proportion of people with an intellectual disability aged 40–59 years (13.5 per cent) or 60 years or over (23.8 per cent) were not able to get help from family if needed (Table 10.4) compared with the same age groups in the general Victorian population (VPHS 2012) (3.9 per cent and 3.5 per cent, respectively). People with an intellectual disability aged 60 years or over were less likely to be definitely able to get help from family if needed (62.6 per cent) compared with the same age group in general Victorian population (82.6 per cent). Ability to definitely get help from family if needed decreased with increasing age for people with an intellectual disability.

Table 10.4: Ability to get help from family members when needed, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Not at all	**4.4***	2.3	8.0	**2.5***	1.4	4.3
Not often	**2.9***	1.5	5.8	**2.4**	1.5	3.8
Sometimes	**8.5**	5.5	12.9	**12.3**	9.9	15.2
Yes, definitely	**84.2**	78.9	88.4	**82.4**	79.1	85.3
40–59 years						
Not at all	**13.5**	9.8	18.2	**3.9**	3.1	4.9
Not often	**4.7***	2.6	8.3	**2.3**	1.8	3.0
Sometimes	**8.9**	5.8	13.3	**14.5**	12.8	16.4
Yes, definitely	**71.8**	65.7	77.2	**78.1**	76.0	80.1
60+ years						
Not at all	**23.8**	14.9	35.9	**3.5**	2.9	4.3
Not often	**6.8***	2.6	16.5	**3.2**	2.5	4.0
Sometimes	**6.7***	2.8	15.3	**9.9**	8.7	11.3
Yes, definitely	**62.6**	49.8	73.9	**82.6**	80.9	84.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: above/below Victorian population.

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

Friends

Table 10.5 shows the proportion of persons who could get help from friends if needed. In every age group a lower proportion of people with an intellectual disability could definitely get help from friends compared with the general Victorian population (VPHS 2012).

Neighbours

Table 10.6 shows the proportion of persons who could get help from neighbours if needed. In every age group a lower proportion of people with an intellectual disability could definitely get help from neighbours compared with the general Victorian population (VPHS 2012).

Table 10.5: Ability to get help from friends when needed, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Not at all	37.1	31.0	43.7	**1.4***	0.7	2.7
Not often	9.0	5.7	13.8	**1.4***	0.7	2.9
Sometimes	**20.2**	15.3	26.2	**15.4**	12.6	18.6
Yes, definitely	31.4	25.5	37.9	**81.0**	77.5	84.1
40–59 years						
Not at all	42.2	35.9	48.8	**2.4**	1.7	3.3
Not often	6.9*	4.1	11.4	**2.6**	1.9	3.5
Sometimes	**14.8**	10.7	20.3	**16.5**	14.7	18.5
Yes, definitely	33.7	27.6	40.3	**77.9**	75.8	80.0
60+ years						
Not at all	36.4	25.2	49.4	**4.5**	3.7	5.5
Not often	**	**	**	**2.9**	2.2	3.8
Sometimes	26.0	15.7	39.8	**13.7**	12.2	15.3
Yes, definitely	29.4	19.0	42.4	**77.6**	75.6	79.4

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: above/below 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 10.6: Ability to get help from neighbours when needed, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Not at all	43.5	37.0	50.2	**18.1**	15.2	21.6
Not often	**12.0**	8.2	17.2	**11.7**	9.3	14.6
Sometimes	12.6	8.9	17.4	**27.2**	23.6	31.1
Yes, definitely	28.4	22.7	34.9	**40.5**	36.6	44.5
40–59 years						
Not at all	47.2	40.6	53.8	**15.5**	13.8	17.5
Not often	**8.2**	5.1	13.0	**7.4**	6.2	8.8
Sometimes	14.1	9.9	19.5	**23.5**	21.5	25.7
Yes, definitely	25.6	20.2	31.8	**51.6**	49.1	54.1
60+ years						
Not at all	47.9	35.2	60.9	**13.4**	11.9	14.9
Not often	**3.4***	1.5	7.2	**6.3**	5.2	7.6
Sometimes	**9.7***	3.9	22.0	**15.3**	13.8	16.9
Yes, definitely	35.8	24.4	49.1	**61.5**	59.3	63.6

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
Data are age-specific proportions.
Data are age standardised to the 2011 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 are identified by colour as follows: above/below 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 10.7 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 age group. In every age group a lower proportion of people with an intellectual disability were able to rely on a friend or relative to care for them in the event of an emergency compared with the general Victorian population (VPHS 2012). The proportion of people with an intellectual disability who were able to rely on a friend or relative to care for them in the event of an emergency decreased significantly with increasing age.

Ability to get respite care in an emergency

Table 10.8 shows the ability of people with an intellectual disability to seek respite care in case of an emergency, by age group. Data were not available for this question from the general Victorian population (VPHS) therefore no comparison can be made. In every age group about six in 10 people with an intellectual disability had the ability to get respite care in an emergency.

Table 10.7: Ability to get care from relatives or friends in an emergency, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	**85.5**	80.3	89.5	**92.6**	90.2	94.5
No	**13.1**	9.3	18.1	**6.0**	4.4	8.3
40–59 years						
Yes	**65.9**	59.7	71.7	**88.8**	87.1	90.3
No	**30.4**	24.9	36.6	**8.6**	7.3	10.1
60+ years						
Yes	**58.4**	45.5	70.3	**85.3**	83.7	86.8
No	**35.3**	24.6	47.8	**11.3**	10.0	12.7

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: **above**/**below** Victorian population.

Table 10.8: Ability to get respite care in an emergency, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Yes	59.6	51.6	67.1
No	26.7	20.2	34.4
Not applicable	2.6*	1.1	6.3
40–59 years			
Yes	64.4	52.6	74.8
No	15.1*	8.5	25.5
Not applicable	6.3*	2.4	15.1
60+ years			
Yes	63.4	39.5	82.1
No	0.0	.	.
Not applicable	**	**	**

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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.

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 10.9 shows the proportion of people with an intellectual disability who had received help from volunteer organisations, by age group. In every age group a higher proportion of people with an intellectual disability received some help from a volunteer organisation compared with the general Victorian population (VPHS 2012).

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 preceding two years.

Table 10.10 presents data for persons who had attended a support group meeting within the preceding two years, by age group. In every age group a higher proportion of people with an intellectual disability attended a support group meeting in the preceding two years compared with the general Victorian population (VPHS 2012).

Table 10.9: Received help from a volunteer organisation, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Yes	23.7	18.4	29.8	**3.2**	2.1	4.9
No	76.0	69.8	81.2	**96.3**	94.6	97.5
40–59 years						
Yes	13.4	9.4	18.8	**3.4**	2.5	4.5
No	84.7	79.1	89.0	**96.3**	95.1	97.2
60+ years						
Yes	18.6*	9.9	32.3	**6.6**	5.7	7.6
No	78.7	64.7	88.2	**93.2**	92.2	94.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 10.10: Attended a support group meeting in the preceding two years, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Yes	19.0	14.3	24.9	**9.4**	7.3	11.9
No	78.3	72.3	83.3	**90.2**	87.6	92.3
40–59 years						
Yes	19.1	14.4	24.9	**7.9**	6.8	9.3
No	77.7	71.6	82.8	**92.0**	90.6	93.2
60+ years						
Yes	27.5	16.8	41.7	**10.1**	8.9	11.4
No	68.1	54.0	79.5	**89.7**	88.4	90.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: above/below Victorian population.

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 10.11 presents data on sources of information about things to do in free time, by age group. 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 people with an intellectual disability aged 18–39 was from a parent (67.2 per cent), followed by a paid support person (22.7 per cent) and another relative (12.0 per cent). The largest source of information for people with an intellectual disability aged 40–59 was from a paid support person/staff (50.9 per cent), followed by a parent (27.6 per cent) and another relative (17.0 per cent). The largest source of information for people with an intellectual disability aged 60 years or over was from a paid support person/staff (59.6 per cent), followed by another relative (27.7 per cent) and staff at a day centre or educational facility (16.3 per cent). People aged 18–39 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 10.11: Source of help regarding things to do in free time, by age group

	Paid support person/carer/staff in residential home			Parent			Other relative			Staff at day centre, educational facility			Friend		
Age group	**%**	**95% CI**		**%**	**95% CI**		**%**	**95% CI**		**%**	**95% CI**		**%**	**95% CI**	
18–39 years															
No	**77.3**	71.6	82.2	**32.8**	26.9	39.2	**88.0**	82.8	91.7	**89.0**	84.1	92.5	**94.4**	90.4	96.8
Yes	**22.7**	17.8	28.4	**67.2**	60.8	73.1	**12.0**	8.3	17.2	**11.0**	7.5	15.9	**5.6***	3.2	9.6
40–59 years															
No	**49.1**	42.5	55.7	**72.4**	65.8	78.2	**83.0**	77.3	87.5	**85.8**	80.4	89.9	**94.8**	90.5	97.2
Yes	**50.9**	44.3	57.5	**27.6**	21.8	34.2	**17.0**	12.5	22.7	**14.2**	10.1	19.6	**5.2***	2.8	9.5
60+ years															
No	**40.4**	28.0	54.1	**92.3**	79.5	97.3	**72.3**	58.3	83.0	**83.7**	71.5	91.4	**88.4**	75.5	94.9
Yes	**59.6**	45.9	72.0	**	**	**	**27.7**	17.0	41.7	**16.3***	8.6	28.5	**11.6***	5.1	24.5

95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' or 'not applicable' 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 10.12 presents data on the desire of people with an intellectual disability to see family and friends more often, by age group. Data were not available for this question from the general Victorian population (VPHS) therefore no comparison can be made. In every age group more than half of people with an intellectual disability expressed a desire to see family and friends more often.

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 10.13 presents data on factors that prevented people with an intellectual disability from seeing family and friends more often, by age group. Data were not available for this question from the general Victorian population (VPHS) therefore no comparison can be made. In the people with an intellectual disability aged 18–39 years and 40–59 years, travel problems were cited as the most common barrier to seeing friends and family more often, followed by not having enough time, family issues or other commitments and that required assistance was not available.

Table 10.12: Desire to see friends and family more often, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Yes	**62.4**	55.8	68.6
No	**32.2**	26.3	38.7
40–59 years			
Yes	**53.0**	46.3	59.5
No	**40.3**	33.9	47.0
60+ years			
Yes	**60.3**	47.0	72.2
No	**28.7**	18.2	42.0

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

Table 10.13: Barriers to seeing family and friends more often, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Travel problems/cant get there/too far	**40.1**	32.1	48.6
Not enough time	**38.7**	30.9	47.2
Family issues or other commitments	**16.8**	11.4	24.1
Required assistance was not available	**15.4**	10.2	22.6
40–59 years			
Travel problems/cant get there/too far	**32.9**	25.3	41.6
Not enough time	**26.6**	19.4	35.3
Family issues or other commitments	**25.9**	18.6	34.7
Required assistance was not available	**5.9***	2.9	11.6
60+ years			
Travel problems/cant get there/too far	**30.7**	18.1	47.0
Not enough time	**23.8***	12.3	40.9
Family issues or other commitments	**30.8***	17.2	48.9
Required assistance was not available	**8.5***	3.8	18.3

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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.

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 fetes 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 therefore 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 10.14 presents information on the proportion of persons who were members of specific groups, by age group. There was no difference by age group between people with an intellectual disability and the general Victorian population regarding membership of an organised group (sports, religious, church or community action group).

Table 10.14: Membership of an organised group, by age group

	Sports group						Religous / church group						Community action group					
	VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012			VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI		%	95% CI		%	95% CI		%	95% CI		%	95% CI	
18–39 years	**27.8**	22.2	34.3	**30.9**	27.3	34.7	**12.7**	8.9	18.0	**13.5**	10.9	16.5	**19.7**	14.9	25.7	**14.2**	11.7	17.1
40–59 years	**22.7**	17.4	29.0	**28.9**	26.8	31.2	**16.6**	12.1	22.4	**16.1**	14.4	18.0	**18.5**	13.7	24.5	**17.1**	15.4	19.0
60+ years	**20.7***	11.7	34.1	**23.4**	21.6	25.2	**26.8**	16.3	41.0	**23.3**	21.5	25.1	**21.8***	12.7	34.8	**26.6**	24.7	28.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Attendance at a local event

Another indicator of participation in recreational and leisure activities is attendance at a local community event within the preceding six months. Examples of a community event include church fetes, community concerts, or craft exhibitions. Table 10.15 shows the proportion of persons who reported attending a local community event in the preceding six months, by age group.

In every age group a higher proportion of people with an intellectual disability had attended a community event in the preceding six months compared with the general Victorian population (VPHS 2012).

Volunteering

Proxy respondents were asked whether people with an intellectual disability currently received any help from volunteer organisations and whether they had been a volunteer. The first of these two indicators was discussed earlier in the chapter; the second indicator is reported in this section.

Table 10.16 shows the proportion of persons who volunteered to help out a local group, by age group. A lower proportion of people with an intellectual disability aged 40–59 years (16.1 per cent) or 60 years or over (11.6 per cent) had definitely helped out a local group as a volunteer compared with the same age groups in the general Victorian population (VPHS 2012) (27.3 per cent and 27.6 per cent, respectively).

More than seven in 10 people with an intellectual disability aged 18–39 years (73.6 per cent) or 40–59 years (73.8 per cent) had not been a volunteer, which was higher than the same age group in the general Victorian population (VPHS 2012) (63.4 per cent and 56.5 per cent, respectively).

Table 10.15: Attended a local community event in the preceding six months, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Yes	70.9	64.4	76.7	**54.3**	50.1	58.4
No	28.5	22.8	35.0	**45.5**	41.4	49.6
40–59 years						
Yes	77.9	71.8	83.1	**59.4**	56.9	61.8
No	20.8	15.8	26.8	**40.2**	37.7	42.7
60+ years						
Yes	85.1	71.7	92.8	**50.0**	47.8	52.1
No	14.9*	7.2	28.3	**49.6**	47.5	51.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: above/below Victorian population.
* Estimate has a relative standard error of between 25 and 50 per cent and should be interpreted with caution.

Table 10.16: Volunteering, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Not at all	73.6	67.2	79.2	**63.4**	59.5	67.1
Not often	**4.6***	2.3	8.7	**5.8**	4.2	8.1
Sometimes	2.8*	1.2	6.2	**12.7**	10.3	15.6
Yes, definitely	**19.0**	14.3	25.0	**17.8**	15.2	20.9
40–59 years						
Not at all	73.8	67.3	79.4	**56.5**	54.1	58.9
Not often	**2.6***	1.2	5.7	**3.7**	2.9	4.6
Sometimes	6.0*	3.4	10.3	**12.4**	10.9	14.1
Yes, definitely	16.1	11.6	21.9	**27.3**	25.2	29.5
60+ years						
Not at all	**75.2**	61.3	85.4	**60.1**	58.0	62.1
Not often	**	**	**	**3.0**	2.4	3.8
Sometimes	**	**	**	**9.2**	8.0	10.5
Yes, definitely	11.6*	5.4	23.4	**27.6**	25.8	29.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: above/below Victorian population.
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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.

Access to community resources

Table 10.17 shows accessibility to community resources, by age group. A lower proportion of people with an intellectual disability aged 18–39 years (66.6 per cent) and 40–59 years (78.9 per cent) could definitely access community resources when required compared with the same age groups in the general Victorian population (VPHS 2012) (85.9 per cent and 87.4 per cent, respectively).

A higher proportion of people with an intellectual disability aged 18–39 years (18.9 per cent) or 60 years or over (16.3 per cent) could sometimes access community resources when required compared with the same age groups in the general Victorian population (VPHS 2012) (7.8 per cent and 6.3 per cent, respectively).

Holidays

Table 10.18 shows the proportion of people with an intellectual disability who had a holiday away from home in the 12 months preceding the survey, by age group. Data were not available for this question from the general Victorian population (VPHS) therefore no comparison can be made. In every age group approximately six out of 10 people with an intellectual disability had had a holiday in the preceding 12 months.

Table 10:17: Access to community resources, by age group

	VPHS-ID 2013			VPHS 2012		
Age group Age group	%	95% CI		%	95% CI	
18–39 years						
Not at all	**7.2**	4.4	11.5	**3.0***	1.8	5.0
Not often	**6.3***	3.7	10.5	**0.8***	0.4	2.0
Sometimes	**18.9**	14.1	24.8	**7.8**	5.7	10.5
Yes, definitely	**66.6**	60.0	72.7	**85.9**	82.5	88.6
40–59 years						
Not at all	**4.8***	2.5	8.8	**2.7**	2.0	3.7
Not often	**2.2***	1.0	4.9	**1.1**	0.7	1.7
Sometimes	**11.3**	7.6	16.5	**6.6**	5.4	8.0
Yes, definitely	**78.9**	72.7	83.9	**87.4**	85.5	89.0
60+ years						
Not at all	**8.4***	3.1	20.7	**3.0**	2.3	3.8
Not often	**	**	**	**1.1**	0.7	1.6
Sometimes	**16.3***	8.6	28.8	**6.3**	5.3	7.5
Yes, definitely	**74.8**	61.4	84.8	**86.2**	84.6	87.6

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: **above**/**below** 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 10.18: Had been on a holiday away from home in the last 12 months, by age group

	VPHS-ID 2013		
	%	95% CI	
18–39 years			
Yes	**63.3**	56.6	69.5
No	**36.6**	30.5	43.3
40–59 years			
Yes	**60.7**	54.1	66.9
No	**38.6**	32.4	45.2
60+ years			
Yes	**57.5**	44.2	69.8
No	**42.5**	30.2	55.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Note that figures may not add to 100 per cent due to a proportion of 'don't know' or 'refused' responses.

References

Australian Institute of Health and Welfare (AIHW) 2007, Australia's welfare 2007. Cat. no. AUS 93., AIHW, Canberra.

Putnam R 1995, 'Bowling alone: America's declining social capital', *Journal of Democracy*, vol. 6, no. 1, pp. 65–78.

Steptoe A, Freedland KE, Jennings JR, Llabre M, Manuck SB, Susman EJ 2010, *Handbook of behavioral medicine*, Springer, New York.

Szreter S, Woolcock M 2004, 'Health by association? Social capital, social theory, and the political economy of public health.' *International Journal of Epidemiololgy* no. 33, pp. 650–667.

11. Socio-demographic characteristics

11. 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 preceding 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 healthcare 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 VPHS-ID provides valuable information about the socio-demographic status and disability characteristics of people with an intellectual disability living in Victoria.

Summary

Key findings

- A substantially higher proportion of people with an intellectual disability were reported to have never married in every age group compared with same age groups from the general Victorian population (VPHS 2012).
- In every age group a higher proportion of people with an intellectual disability were born in Australia compared with same age group from the general Victorian population (VPHS 2012).
- People with intellectual disability aged 18–39 years (7.8 per cent) or 40–59 years (5.4 per cent) were less likely to communicate in a language other than English at home compared with the same age groups from the general Victorian population (VPHS 2012) (32.1 per cent and 22.5 per cent, respectively).
- A lower proportion of people with an intellectual disability aged 18–39 years had secondary (19.5 per cent) and tertiary education (7.2 per cent) compared with the same age groups from the general Victorian population (VPHS 2012) (34.2 per cent and 39.0 per cent, respectively).
- A lower proportion of people with an intellectual disability aged 18–39 years (35.7 per cent) or 40–59 years (11.3 per cent) had an annual household income of $60,000 or higher compared with the same age groups in the Victorian population (VPHS 2012) (55.8 per cent and 61.1 per cent, respectively).
- A lower proportion of people with an intellectual disability aged 18–39 years (18.3 per cent), 40–59 years (18.0 per cent) or 60 years or over (6.1 per cent) were reported as employed than the same age groups in the general Victorian population (VPHS 2012) (70.9 per cent, 81.8 per cent and 22.1 per cent, respectively).
- Most people with an intellectual disability in every age group received a disability support pension.
- A lower proportion of people with an intellectual disability in every age group had private health insurance compared with the same age groups in the general Victorian population.
- People with an intellectual disability in every age group were less likely to live as two people together than the same age groups in the general Victorian population.
- Most people with an intellectual disability in every age group were reported to have a moderate level of disability. Profound disability was least common level of disability in every age group.

- Most people with an intellectual disability in every age group had a moderate level of support needs, followed by a high level of support needs. Only 7.7 per cent of people with an intellectual disability aged 60 years of over required minimal support.
- Most people with a profound intellectual disability had a very high level of support needs (65.9 per cent), followed by a high level of support needs (19.2 per cent).
- The most common type of proxy respondent for people with an intellectual disability aged 18–39 years was their mother (67.4 per cent), followed by a paid support worker (11.8 per cent) and a father (10.3 per cent).
- Most proxy respondents had supported people with an intellectual disability aged 18–39 years for 20–39 years (64.8 per cent), followed by 10–19 years (15.2 per cent) and one to nine years (13.7 per cent).

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 11.1 shows the marital status of survey participants, by age group. A substantially higher proportion of people with an intellectual disability were reported to have never married for every age group compared with all groups from the general Victorian population (VPHS 2012).

Table 11.1: Marital status, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Never married	96.7	93.2	98.5	**45.3**	41.2	49.4
Married/Widowed/Divorced/ Separated	3.3*	1.5	6.8	**53.7**	49.6	57.8
40–59 years						
Never married	96.5	92.9	98.3	**7.2**	6.0	8.5
Married/Widowed/Divorced/ Separated	3.5*	1.7	7.1	**92.0**	90.6	93.3
60+ years						
Never married	96.8	87.0	99.3	**3.4**	2.7	4.4
Married/Widowed/Divorced/ Separated	**	**	**	**95.8**	94.8	96.7

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95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.
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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.

Aboriginal and/or Torres Strait Islander status

Table 11.2 shows the number of survey participants who identified as Aboriginal and/or Torres Strait Islander in origin. In every age group, a similar proportion of people with an intellectual disability were not of Aboriginal and/or Torres Strait Islander origin (97.0 per cent) compared with the same age group in the general Victorian population (VPHS 2012) (99.5 per cent).

Country of birth

Table 11.3 shows the country of birth of survey respondents. In every age group a higher proportion of people with an intellectual disability were born in Australia compared with same age group from the general Victorian population (VPHS 2012).

Table 11.2: Aboriginal and/or Torres Strait Islander status, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Not Aboriginal or Torres Strait Islander	**98.4**	95.9	99.4	**99.4**	98.5	99.8
Aboriginal or Torres Strait Islander	**	**	**	**	**	**
40–59 years						
Not Aboriginal or Torres Strait Islander	**97.0**	93.2	98.7	**99.5**	98.7	99.8
Aboriginal or Torres Strait Islander	**2.5***	1.0	6.1	**	**	**
60+ years						
Not Aboriginal or Torres Strait Islander	**100.0**			**99.5**	99.1	99.7
Aboriginal or Torres Strait Islander	**0.0**			**0.3***	0.1	0.6

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 11.3: Country of birth, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Australia	94.8	90.7	97.1	**73.7**	69.8	77.3
Overseas	5.2*	2.9	9.3	**26.3**	22.7	30.2
40–59 years						
Australia	95.3	91.6	97.4	**72.5**	70.1	74.7
Overseas	4.7*	2.6	8.4	**27.5**	25.3	29.9
60+ years						
Australia	93.8	81.3	98.2	**66.9**	64.8	69.0
Overseas	**	**	**	**33.1**	31.0	35.2

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
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95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below Victorian population.

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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.

Language spoken at home

Table 11.4 shows the proportion of people who communicated in English or a language other than English (LOTE) at home, by age group. People with an intellectual disability aged 18–39 years (7.8 per cent) or 40–59 years (5.4 per cent) were less likely to communicate in a LOTE at home compared with the same age groups from the general Victorian population (VPHS 2012) (32.1 per cent and 22.5 per cent, respectively).

Highest level of education attained

Table 11.5 shows the highest level of education attained by survey participants. A lower proportion of people with an intellectual disability aged 18–39 years had secondary (19.5 per cent) and tertiary education (7.2 per cent) compared with the same age groups from the general Victorian population (VPHS 2012) (34.2 per cent and 39.0 per cent, respectively). A lower proportion of people with an intellectual disability aged 40–59 years had attained a secondary (4.9 per cent) compared with the same age group from the general Victorian population (VPHS 2012) (30.9 per cent).

Table 11.4: Language spoken at home, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
English only	**72.5**	66.2	78.0	**67.5**	63.2	71.4
Language other than English	**7.8**	4.8	12.5	**32.1**	28.2	36.3
Client is Non-verbal	**19.7**	15.1	25.4			
40–59 years						
English only	**75.4**	69.6	80.4	**77.1**	74.7	79.4
Language other than English	**5.4***	3.0	9.5	**22.5**	20.3	24.9
Client is Non-verbal	**19.1**	14.8	24.3			
60+ years						
English only	**81.2**	70.2	88.8	**81.0**	79.1	82.8
Language other than English	**	**	**	**18.8**	17.0	20.7
Client is Non-verbal	**13.8***	8.2	22.3			

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VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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 11.5: Highest level of education attained, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
None	**5.0***	2.9	8.3	**0.0**	.	.
Primary	**3.9***	2.0	7.3	**	**	**
Secondary	**19.5**	14.7	25.2	**34.2**	30.3	38.2
Tertiary	**7.2**	4.4	11.5	**39.0**	35.1	43.0
TAFE				**25.5**	22.2	29.1
Special education	**60.0**	53.4	66.3			
40–59 years						
None	**14.1**	10.4	18.9	**	**	**
Primary	**9.7**	6.3	14.6	**0.8***	0.4	1.8
Secondary	**4.9***	2.6	9.0	**30.9**	28.8	33.2
Tertiary	**	**	**	**39.9**	37.4	42.3
TAFE				**27.5**	25.4	29.7
Special education	**55.7**	49.0	62.1			
60+ years						
None	**17.0***	9.9	27.6	**0.2***	0.1	0.6
Primary	**15.0***	7.9	26.5	**7.5**	6.4	8.8
Secondary	**	**	**	**46.5**	44.4	48.7
Tertiary	**0.0**			**22.0**	20.2	23.9
TAFE				**22.0**	20.2	23.8
Special education	**39.9**	27.6	53.6			

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

Household income

Table 11.6 shows the household income of survey participants. A lower proportion of people with an intellectual disability aged 18–39 years (35.7 per cent) or 40–59 years (11.3 per cent) had an annual household income of $60,000 or higher compared with the same age groups in the general Victorian population (VPHS 2012) (55.8 per cent and 61.1 per cent, respectively). People with an intellectual disability aged 18–39 years (25.8 per cent) and 40–59 years (39.1 per cent) were more likely to have an annual household income of $20,000 to less than $40,000 than the same age groups in the general Victorian population (VPHS 2012) (4.9 per cent and 8.6 per cent, respectively).

Table 11.6: Household income, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
≥ $60,000	35.7	28.4	43.9	**55.8**	51.7	59.9
$40,000 to < $60,000	**10.4**	6.4	16.3	**11.7**	9.3	14.5
$20,000 to < $40,000	25.8	19.5	33.4	**4.9**	3.6	6.8
< $20,000	**7.5***	4.3	12.8	**3.9**	2.5	5.9
40–59 years						
≥ $60,000	11.3	5.6	21.3	**61.1**	58.7	63.5
$40,000 to < $60,000	**9.0***	4.1	18.8	**11.8**	10.4	13.5
$20,000 to < $40,000	39.1	28.1	51.3	**8.6**	7.4	9.9
< $20,000	14.8*	8.2	25.4	**3.6**	2.8	4.6
60+ years						
≥ $60,000	**0.0**			**16.9**	15.2	18.7
$40,000 to < $60,000	**0.0**	1.0	2.0	**13.0**	11.6	14.5
$20,000 to < $40,000	**	**	**	**32.4**	30.4	34.4
< $20,000	44.1*	21.0	70.0	**17.9**	16.5	19.4

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

Employment status

Table 11.7 shows the employment status of survey respondents. A lower proportion of people with an intellectual disability aged 18–39 years (18.3 per cent), 40–59 years (18.0 per cent) or 60 years or over (6.1 per cent) were reported as employed than the same age groups in the general Victorian population (VPHS 2012) (70.9 per cent, 81.8 per cent and 22.1 per cent, respectively).

Table 11.7: Employment status, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Employed	18.3	13.6	24.1	**70.9**	67.0	74.4
Unemployed	**0.0**			**4.5**	3.0	6.5
Not in labour force	9.6	6.2	14.4	**24.7**	21.3	28.4
Attending a disability day service	**67.9**	61.3	73.8	**..**	..	..
40–59 years						
Employed	18.0	13.2	23.9	**81.8**	79.9	83.6
Unemployed	**	**	**	**3.7**	2.9	4.8
Not in labour force	7.6	4.6	12.3	**14.5**	12.9	16.3
Attending a disability day service	**66.9**	60.1	73.0	**..**	..	..
60+ years						
Employed	6.1	1.9	17.9	**22.1**	20.3	24.0
Unemployed	**0.0**			**0.9**	0.6	1.5
Not in labour force	19.1*	10.3	32.7	**77.0**	75.0	78.8
Attending a disability day service	**61.5**	47.7	73.7	**..**	..	..

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
.. Data not available
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: above/below 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.

Disability support pension

The Australian Government provides a disability support pension to people aged 16 years or over if they are not eligible for an age pension and they have a physical, intellectual or psychiatric condition that stops them from working or the person is permanently blind.

Table 11.8 shows the proportion of people receiving a disability support pension, by age group. Data were not available from the general Victorian population (VPHS 2012) therefore no comparison can be made. Most people with an intellectual disability in every age group received a disability support pension.

Private health insurance

Table 11.9 shows the proportion of persons surveyed with private health insurance, by age group. A lower proportion of people with an intellectual disability aged 18–39 years (38.6 per cent), 40–59 years (26.4 per cent) and 60 years or over (28.3 per cent) had private health insurance compared with the same age groups in the general Victorian population (VPHS 2012) (54.0 per cent, 65.1 per cent and 62.6 per cent, respectively).

Table 11.8: Disability support pension, by age group

	VPHS-ID 2013		
Age group	**%**	**95% CI**	
18–39 years			
Yes	99.2	96.6	99.8
No	**	**	**
40–59 years			
Yes	97.9	94.7	99.2
No	**	**	**
60+ years			
Yes	87.9	74.6	94.8
No	**	**	**

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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.

Table 11.9: Private health insurance, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	**%**	**95% CI**		**%**	**95% CI**	
18–39 years						
Yes	**38.6**	32.3	45.3	**54.0**	49.9	58.0
No	**60.6**	53.9	67.0	**44.5**	40.5	48.6
40–59 years						
Yes	**26.4**	20.8	33.0	**65.1**	62.7	67.4
No	**73.1**	66.5	78.8	**34.5**	32.2	36.9
60+ years						
Yes	**28.3**	17.3	42.6	**62.6**	60.5	64.6
No	**68.6**	54.3	80.1	**36.8**	34.8	38.9

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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 are identified by colour as follows: **above**/**below** Victorian population.

Number of people in household

Table 11.10 shows the number of people living in a household by age group. A higher proportion of people with an intellectual disability in every age group were living in households of five to nine people compared with the same age group in the general Victorian population (VPHS 2012). People with an intellectual disability in every age group were less likely to live as two people together than the same age group in the general Victorian population (VPHS 2012).

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) and 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

Table 11.10: Number of people in household, by age group

	VPHS-ID 2013			VPHS 2012		
Age group	%	95% CI		%	95% CI	
18–39 years						
Single person	**5.0***	2.8	8.7	**2.8**	2.1	3.6
Two people	**13.8**	9.7	19.3	**45.5**	41.6	49.5
Three to four people	**58.6**	51.9	65.0	**41.5**	37.5	45.7
Five to nine people	**21.2**	16.5	26.9	**9.8**	7.0	13.5
Ten or more people	**	**	**	**0.0**		
40–59 years						
Single person	**8.4**	5.2	13.4	**7.6**	6.8	8.5
Two people	**11.6**	7.7	17.0	**51.9**	49.4	54.4
Three to four people	**31.2**	25.3	37.8	**34.1**	31.7	36.6
Five to nine people	**41.6**	35.3	48.2	**5.5**	4.1	7.3
Ten or more people	**6.8**	4.6	9.8	**0.0**		
60+ years						
Single person	**22.5***	12.6	36.7	**20.4**	19.1	21.8
Two people	**13.4***	6.1	26.8	**62.1**	60.0	64.2
Three to four people	**18.6***	11.1	29.7	**14.9**	13.0	16.9
Five to nine people	**34.6**	23.9	47.2	**1.4**	0.8	2.5
Ten or more people	**10.9***	4.7	23.2	**0.3**	0.0	1.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
VPHS 2012 = Victorian Population Health Survey 2012
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
Estimates that are (statistically) significantly different to the corresponding estimate for the general Victorian population are identified by colour as follows: **above**/**below** 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.

Proxy respondents were asked which category best described each participant's level of disability. Table 11.11 shows 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 in every age group were reported to have a moderate level of disability. Profound disability was the least common level of disability in every age group.

Table 11.11: Level of disability reported by proxy respondents, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Mild (IQ 50–70)	**17.4**	12.9	23.2
Moderate (IQ 35–50)	**42.3**	35.9	49.0
Severe (IQ 20–35)	**29.7**	24.0	36.2
Profound (IQ<20)	**9.8**	6.4	14.6
40–59 years			
Mild (IQ 50–70)	**22.2**	17.0	28.4
Moderate (IQ 35–50)	**47.6**	41.0	54.3
Severe (IQ 20–35)	**23.0**	18.0	28.9
Profound (IQ<20)	**5.4***	3.1	9.3
60+ years			
Mild (IQ 50–70)	**26.0**	15.7	39.7
Moderate (IQ 35–50)	**50.0**	37.1	62.9
Severe (IQ 20–35)	**12.9***	6.8	23.2
Profound (IQ<20)	**8.8***	3.5	20.5

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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.

Support needs levels

Proxy respondents were asked to estimate and categorise the support needs level for people with an intellectual disability. Table 11.12 shows the varying support needs levels reported by age group. Data were not available from the general Victorian population (VPHS) therefore no comparison can be made. Most people with an intellectual disability in every age group had a moderate level of support needs, followed by a high level of support needs. Only 7.7 per cent of people with an intellectual disability aged 60 years or over required minimal support.

Table 11.12: Support needs levels reported by proxy respondents, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Minimal	**5.6***	3.1	9.8
Low	**7.6**	4.8	11.7
Moderate	**35.1**	29.0	41.7
High	**34.2**	28.1	40.9
Very high	**17.5**	13.1	23.2
40–59 years			
Minimal	**10.3**	6.9	15.2
Low	**9.0**	5.7	13.8
Moderate	**40.3**	34.0	47.1
High	**27.4**	22.0	33.5
Very high	**12.4**	8.8	17.1
60+ years			
Minimal	**7.7***	3.0	18.1
Low	**9.9***	4.0	22.2
Moderate	**50.4**	37.5	63.2
High	**26.3**	16.6	38.9
Very high	**5.8**	2.1	14.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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.

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 11.13 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 moderate level of support needs (37.8 per cent), followed by a low level of support needs (23.5 per cent) and a minimal level of support needs (22.6 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 (65.9 per cent), followed by a high level of support needs (19.2 per cent).

Table 11.13: Support needs levels, by level of intellectual disability

	VPHS-ID 2013		
Age group	%	95% CI	
Mild disability			
Minimal support required	**22.6**	15.2	32.2
Low support required	**23.5**	16.0	33.1
Moderate support required	**37.8**	28.4	48.2
High support required	**15.4***	9.0	24.9
Very high support required	**	**	**
Moderate disability			
Minimal support required	**4.5***	2.6	7.9
Low support required	**5.6***	3.3	9.5
Moderate support required	**57.2**	50.5	63.6
High support required	**30.1**	24.3	36.5
Very high support required	**2.6***	1.2	5.3
Severe disability			
Minimal support required	**	**	**
Low support required	**3.4***	1.3	8.5
Moderate support required	**14.2**	9.0	21.5
High support required	**49.3**	40.4	58.2
Very high support required	**30.9**	23.3	39.8
Profound disability			
Minimal support required	**	**	**
Low support required	**0.0**		
Moderate support required	**	**	**
High support required	**19.2***	9.0	36.2
Very high support required	**65.9**	48.5	79.9
Total			
Minimal support required	**7.5**	5.4	10.3
Low support required	**8.3**	6.1	11.1
Moderate support required	**38.3**	34.0	42.8
High support required	**31.0**	27.0	35.4
Very high support required	**14.6**	11.7	18.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are crude proportions.
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.

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 11.14 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 2012), therefore no comparison can be made. The most common type of proxy respondent for people with an intellectual disability aged 18–39 years was their mother (67.4 per cent), followed by a paid support worker (11.8 per cent) and their fathers (10.3 per cent). The most common type of proxy respondent for people with an intellectual disability aged 40–59 years was a paid support worker (34.6 per cent), followed by their mother (27.0 per cent) and a supervisor or manager (14.5 per cent). The most common type of proxy respondent for people with an intellectual disability aged 60 years or over was a paid support worker (45.8 per cent), followed by a sibling (24.4 per cent) and a supervisor or manager (7.4 per cent).

Table 11.14: Relationship of proxy respondent to participant, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Father	**10.3**	6.8	15.1
Mother	**67.4**	61.0	73.1
Sibling	**2.7***	1.3	5.5
Family/ other family	**	**	**
Supervisor/ manager	**2.9***	1.5	5.4
Other	**	**	**
Paid support worker	**11.8**	8.3	16.4
Carer	**2.4***	1.3	4.5
40–59 years			
Father	**6.5***	3.6	11.3
Mother	**27.0**	21.2	33.6
Sibling	**5.3***	2.8	9.7
Family/ other family	**2.7***	1.1	6.3
Supervisor/ manager	**14.5**	10.6	19.7
Other	**3.4***	1.5	7.4
Paid support worker	**34.6**	28.8	40.8
Carer	**6.2**	3.8	10.0
60+ years			
Father	**0.0**		
Mother	**	**	**
Sibling	**24.4***	14.2	38.7
Family/ other family	**	**	**
Supervisor/ manager	**7.4***	3.5	15.0
Other	**6.7***	2.5	16.4
Paid support worker	**45.8**	33.3	58.9
Carer	**4.2***	2.2	8.1

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013
95% CI = 95 per cent confidence interval
Data are age-specific proportions.
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.

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 (VPHS) therefore no comparison can be made. Table 11.15 shows the length of time proxy respondents had supported people with an intellectual disability. Most proxy respondents had supported people with an intellectual disability aged 18–39 years for 20–39 years (64.8 per cent), followed by 10–19 years (15.2 per cent) and one to nine years (13.7 per cent). The lowest proportion of proxy respondents had supported people with an intellectual disability in every age group for less than one year. Most proxy respondents had supported people with an intellectual disability aged 40–59 years for one to nine years (45.1 per cent), followed by 40 years or over (34.5 per cent). Most proxy respondents had supported people with an intellectual disability aged 60 years or over for one to nine years (42.3 per cent), followed by 10–19 years (25.1 per cent).

Table 11.15: Length of time proxy respondent has supported participant with a disability, by age group

	VPHS-ID 2013		
Age group	%	95% CI	
18–39 years			
Less than one year	**2.7***	1.3	5.3
1–9 years	**13.7**	10.0	18.6
10–19 years	**15.2**	10.9	20.9
20–39 years	**64.8**	58.3	70.8
40 years and over	**2.3***	1.0	5.1
40–59 years			
Less than one year	**6.6**	4.0	10.6
1–9 years	**45.1**	38.6	51.7
10–19 years	**9.6**	6.6	13.7
20–39 years	**4.3***	2.3	8.0
40 years and over	**34.5**	28.2	41.3
60+ years			
Less than one year	**9.9***	4.3	21.3
1–9 years	**42.3**	30.5	55.1
10–19 years	**25.1**	15.0	39.1
20–39 years	**13.6***	6.4	26.4
40 years and over	**9.0***	3.4	21.8

VPHS-ID 2013 = Victorian Population Health Survey of People with an Intellectual Disability 2013

95% CI = 95 per cent confidence interval

Data are age-specific proportions.

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

References

Beber E, Biswas AB 2009, 'Marriage and family life in people with developmental disability', *International Journal of Culture and Mental Health*, vol. 2, pp.102–108.

Carlson G 2002, 'Supporting the health and well-being of people with intellectual disability and high support needs through networking and resource development', *Australian Occupational Therapy Journal*, vol. 49, pp. 37–43.

Turrell G, Oldenburg B, McGuffog I, Dent R 1999, *Socioeconomic determinants of health: towards a national research program and a policy and intervention agenda,* AusInfo, Canberra.

Wen X 1997, *The definition and prevalence of intellectual disability in Australia,* Australian Institute of Health and Welfare, Canberra.

Appendix

Appendix

Questionnaire items for the Victorian Population Health Survey of people with an intellectual disability 2013

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

Asthma

- Asthma status

Blood pressure

- High blood pressure status
- Body weight status
- Proxy-reported height and weight

Diabetes

- Diabetes status
- Type of diabetes

Eye care

- Change in vision in past 12 months
- Visits to eye specialists
- Eye problems
- Sun protection behaviour

Health checks

- 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

Health conditions

- Arthritis
- Heart disease
- Stroke
- Cancer
- Osteoporosis
- Depression
- Anxiety
- Epilepsy

Medicine use

- Number of medicines used in the past one month
- Polypharmacy (Concurrent use of five or more medicines)

Mental health

- Whether sought help for mental health related disorder
- Who professional help was sought from

Nutrition

- Number of serves of vegetables eaten each day
- Number of serves of fruit eaten each day
- Amount of water consumed each day
- Consumption of sugar-sweetened soft drinks
- Oral care
- Proxy-rated dental health
- Last visit to a dental health professional

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

Smoking

- Smoking status
- Frequency of smoking

Social capital measures

- Social networks and support structures
- Social and community participation
- Civic involvement and empowerment

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
- Level of intellectual disability
- Support needs levels