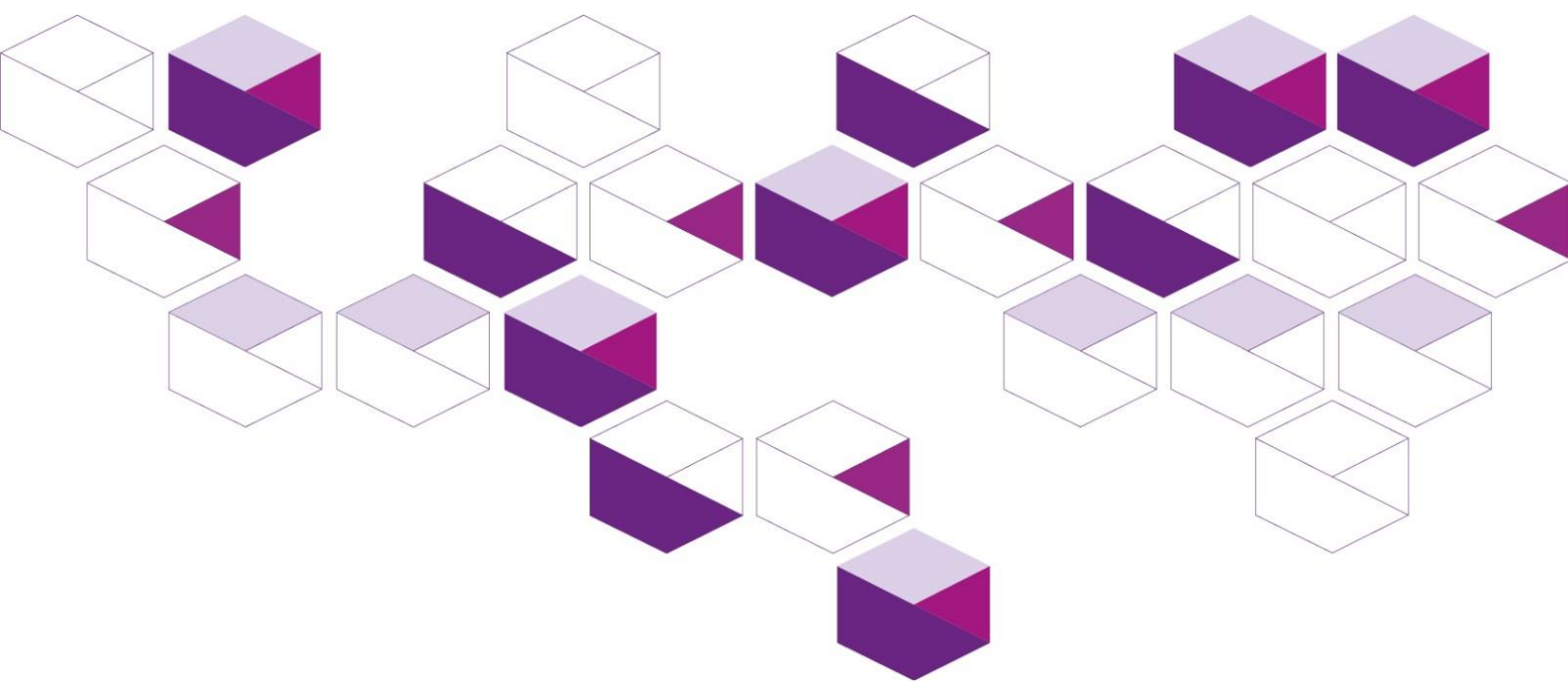




Government of **Western Australia**
South Metropolitan Health Service

Shire of Murray Health and Wellbeing Profile 2019

Lifestyle and Physiological Risk Factors



Background

The purpose of this summary is to support the Shire of Murray with public health planning. This profile is the latest in a series of profiles prepared by the South Metropolitan Health Promotion Service (SMHPS) since 2012. It provides an update on the self-reported measures of the health and wellbeing in the Shire of Murray with data from the Western Australian Health and Wellbeing Surveillance System (HWSS). This information is based on responses from 230 adults within the Shire of Murray LGA (aged 16 years and older), and 44,379 adults within the State, who were surveyed over the period. The data collected is weighted to represent the age and sex distribution of the WA population using the 2015 Estimated Resident Population.

Chronic diseases

Many of the health conditions included in the HWSS are chronic diseases which usually have a number of contributing factors, develop gradually and have long lasting effects. Diseases such as cardiovascular disease, type 2 diabetes, respiratory diseases and some cancers contribute significantly to the burden of illness and injury in the community. Considerable potential exists to reduce this burden of disease.¹ It is estimated that in Australia in 2015, 4.8 million years of healthy life was lost to premature death or living with illness. Injuries are also an important cause of death and disability and strategies to prevent chronic disease are often linked with injury prevention.

Lifestyle and physiological risk factors

There are many factors that can influence a person's health, including genetics, lifestyle, age, environmental and social factors. Many chronic diseases and injuries are associated with a common set of modifiable lifestyle risk factors which can have either a positive effect on health, such as a high consumption of fruit and vegetables, or a negative effect, such as smoking, alcohol use and physical inactivity. These lifestyle risk factors also impact on the physiological risk factors such as high cholesterol, high blood pressure, and overweight which are also related to chronic disease and potentially modifiable.

Table 1: Prevalence of physiological risk factors for adults (aged 16 years and over), Shire of Murray LGA and Western Australia, January 2010 – December 2016

Risk factors	Murray LGA		WA
	Persons (%)	Estimated population	Persons (%)
Current high blood pressure (as a proportion of adults who reported having been measured)	23.1	3,143	16.5
Current high cholesterol (as a proportion of adults who reported having been measured)	21.4	2,920	18.6
Overweight (BMI 25<30)	40.6	5,539	39.3
Obese (BMI 30+)	34.8	4,738	27.5
Risk condition			
Injury (in the last twelve months requiring treatment)	27.4	3,732	23.3

Source: Western Australian Health and Wellbeing Surveillance System, WA Department of Health: Shire of Murray self-reported measures of health and wellbeing for adults, January 2010 – December 2016.

Table 2: Prevalence of lifestyle risk factors for adults (aged 16 years and over), Shire of Murray LGA and Western Australia, January 2010 – December 2016

Behaviour / Risk factor	LGA %	LGA (estimated population)	WA (%)
Currently smokes	12.0*	1,633	13.1
Mental health problem (a)	9.7*	1,317	14.5
Eats less than two serves of fruit daily	50.9	6,941	48.6
Eats less than five serves of vegetables daily	74.6	10,167	88.9
Eats meals from fast food outlets at least weekly	29.7	4,049	33.8
Risky/high risk drinking for long term harm (b)	38.6	5,263	31.5
Risky/ high risk drinking for short term harm (c)	15.2*	2,075	12.9
Completes less than 150 minutes of physical activity per week (adults plus 18 years)	36.7	4,826	36.5

(a) Diagnosed by a doctor with a stress related problem, depression, anxiety or any other mental health problem in the last 12 months.

(b) Drinks more than 2 standard drinks on any day.

(c) Drinks more than 4 standard drinks on any day.

Any alcohol consumption by persons 16 or 17 is considered high risk.

Source: Western Australian Health and Wellbeing Surveillance System, WA Department of Health: Shire of Murray self-reported measures of health and wellbeing for adults, January 2010 – December 2016.

1. Chronic Disease Prevention Directorate. Western Australian Health Promotion Strategic Framework 2017–2021. Perth: Department of Health, Western Australia; 2017.

2. *Result has a RSE between 25% and 50%. Therefore, should be used with caution.



Prevalence of lifestyle and psychosocial behaviours and risk factors for Shire of Murray

35%



adults are
obese

51%



adults eat
less than 2
serves of fruit daily

75%



adults eat
less than 5
serves of vegetables daily

75%



adults are
overweight
or **obese**

**Behaviour
and
risk factors**

30%



adults **eat** meals from
fast food outlets
at least weekly

12%



adults currently
smoke

39%



adults **drink alcohol**
at levels that put
them at high risk of
long-term harm

37%



adults are
not active
enough for health benefits

Note: "Estimates are presented for persons aged 16 years and over except for physical activity where estimates are presented for persons aged 18 years and over."

Source: Western Australian Health and Wellbeing Surveillance System, WA Department of Health: Shire of Murray self-reported measures of health and wellbeing for adults January 2010 – December 2016.

WA Health and Wellbeing Surveillance System

The HWSS is managed by the Health Survey Unit in the Epidemiology Branch at the Department of Health Western Australia. Householders are selected at random to participate in a computer-assisted telephone interview. Questions are asked on a range of indicators related to health and wellbeing. Topics include lifestyle and physiological risk factors.

Since 2002, the HWSS has captured self-reported health and wellbeing data from over 6,000 Western Australians each year. Information from the survey is used to:

- monitor the health status of all Western Australians
- inform and evaluate health promotion programs
- support health policy development
- identify emerging trends.

Limitations of the data

It is important to be cautious when comparing the HWSS data in this profile to that in the previous profile because:

- Changes could be due to a change in the demographic mix of the population, particularly as there have been some minor revisions to LGA boundaries over time and the data is weighted using a different Estimated Resident Population.
- For some LGAs, the number of people surveyed is small, which makes it difficult to show statistically significant changes over time.
- There are only two time points to compare, so it is difficult to determine whether any increase or decrease is due to a trend, or to random variability.

For these reasons, it is important not to overstate any perceived differences between this, and the last profile.

Results are also not comparable between LGAs because, for each LGA, the minimum number of years necessary to make up a sufficient sample has been used. This means that the time period for other LGAs may differ.

Data can be considered representative of the general population, but will not be representative of small or specific groups such as Aboriginal people or people from non-English speaking backgrounds.

This document can be made available in alternative formats on request.

South Metropolitan Health Promotion Service

Fremantle Hospital

Level 2, D5, Alma Street, FREMANTLE WA 6160

Postal address: PO Box 480, FREMANTLE WA 6959

T: 9431 0200 | F: 9431 0227

E: southmetropolitanhealthpromotion@health.wa.gov.au

www.southmetropolitan.health.wa.gov.au

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