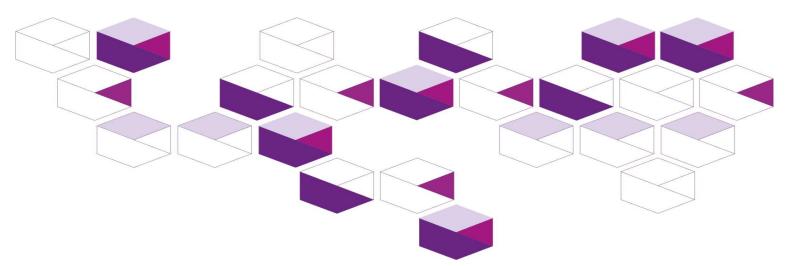
# Town of East Fremantle Health & Wellbeing Profile Summary

November 2021

South Metropolitan Health Service Health Promotion



# Acknowledgement of Country and People

South Metropolitan Health Service respectfully acknowledges the Noongar people both past and present, the traditional owners of the land on which we work. We affirm our commitment to reconciliation through strengthening partnerships and continuing to work with Aboriginal peoples.

#### **Notes**

In this report:

The terms 'Town of East Fremantle' and 'East Fremantle LGA' are used interchangeably.

## Suggested citation

Epidemiology Branch, 2021. East Fremantle, LGA HWSS Health Profile of Adults 16 years and over 2010-2019. WA Department of Health: Perth.

## Important disclaimer

All information and content in this material is provided in good faith by the WA Department of Health and is based on sources believed to be reliable and accurate at the time of development. The State of Western Australia, the WA Department of Health and their respective officers, employees and agents, do not accept legal liability or responsibility for the material, or any consequences arising from its use.

## **Purpose**

The health-specific data contained in this report is provided by South Metropolitan Health Service, Health Promotion to the Town of East Fremantle to support local government public health planning.

# Background

## WA Health and Wellbeing Surveillance System (HWSS)

The HWSS was developed to monitor the health and wellbeing of Western Australians. It is an ongoing data collection interviewing over 6,000 people each year by a Computer Assisted Telephone Interview (CATI). Households are selected from the White Pages by a stratified random process with over-sampling representative to the population in rural and remote areas. Respondents self-report on a range of questions related to health and wellbeing including chronic health conditions, lifestyle risk factors, protective factors and sociodemographic.

The information contained in this report was taken from the WA Health and Wellbeing Surveillance System (HWSS) from January 2010 to December 2019. The below information is based on responses from adults within the Town of East Fremantle and within WA State.

## Weighting the data

The Health and Wellbeing Surveillance System is designed to provide information at a population level. In this report information was collected from a random sample of the population and weighted to represent the age and sex distribution of the WA population using the 2018 Estimated Resident Population. ^ Estimated population refers to the estimated number of people with the risk factor/ condition. It is derived by multiplying the Estimated Resident Population by the persons prevalence estimate.

The data is also adjusted to compensate for oversampling in the remote and rural areas of WA. 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.

## Regions analysed

Information is provided for adults aged 16 years and over for East Fremantle LGA, South Metropolitan Health Region and WA State from 2010-2019.

## Interpreting the data

One way to compare two prevalence estimates is to assess whether the difference between them is statistically significant. Statistical significance is a statement about the likelihood of findings being due to chance. Confidence intervals can be used to determine statistical significance. Overlapping confidence intervals indicate that there is probably no difference in the estimates being compared. If the confidence intervals do not overlap, then we can say that the results are significantly different. This method has been used to identify significant differences in prevalence estimates between the health district and WA. The level of stability around an estimate can also be guided by the relative standard error (RSE). The RSE is a measure of the extent to which the survey estimate is likely to be different from the actual population result. Estimates with RSEs above 25% are considered unreliable for general use. Throughout this report, estimates between 25% and 50% have been annotated by an asterisk (\*) and should be used with caution.

## Limitation 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.
- As small numbers of people were surveyed in each LGA, the 95 per cent confidence intervals around
  the results are wide meaning that it is difficult to show any statistically significant changes from the
  last results.
- 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 the results in the last profile compared to this one. 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.

Table 1. Life expectancy at birth by gender, East Fremantle, LGA and Western Australia (WA) 2016-2018.

LGA	Males	Females	Persons	
East Fremantle	83.5	84.3	83.9	
WA	81.8	86.1	83.9	

**Source:** Department of Health WA. (2020) EpiCalc. Epidemiology Branch, Public and Aboriginal Health Division, Department of Health WA. Life Expectancy, 2016-2018.

#### Notes:

Estimates have been calculated for LGA population using Chiang's methodology, using abridged life tables up to 85+ years, and therefore are not comparable to life expectancy estimates reported by the ABS.

Table 2. Prevalence of lifestyle risk factors for adults (aged 16 years and over), East Fremantle LGA, South Metropolitan Health Region and Western Australia (WA)

#### **Surveillance Period:**

January 2010 - December 2019

	East Fremantle	South Metro		WA	
Risk Factors	Prevalence estimate	Prevalence estimate	Significant differences	Prevalence estimate	Significant differences
	Persons (%)	Persons (%)		Persons (%)	
Currently smokes	9.2*	11.6	-	12.7	-
Eats < than two serves of fruit daily	47.0	49.3	-	49.4	-
Eats < than five serves of vegetables daily	89.0	89.1	-	89.0	-
Risky/high risk drinking for long term harm (a)	26.5	29.5	-	30.5	-
Risky/high risk drinking for short term harm (b)	-	12.1	-	12.6	-
Insufficient physical activity (c)	30.1	36.2	-	37.1	-
Spends 21+ hours per week in sedentary leisure time	27.9	35.4	-	33.6	-
Eats fast food at least weekly	32.4	35.3	-	34.1	-

Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

#### Notes:

(a) As a proportion of all adult respondents 16 years and over. Drinks more than two standard drinks on any day.

Any alcohol consumption by persons 16 or 17 years classified as high risk.

(b) As a proportion of all adult respondents 16 years and over. Drinks more than four standard drinks on any day.

Any alcohol consumption by persons 16 or 17 years classified as high risk.

(c) Completes less than 150 minutes of physical activity per week (adults 18+ years). Refers to moderate minutes with minutes spent in vigorous physical activity doubled.

<sup>\*</sup> Result has an RSE between 25% and 50% therefore should be used with caution

# Table 3. Prevalence of overweight or obese adults, (aged 16 years and over), East Fremantle LGA, South Metropolitan Health Region and Western Australia (WA)

**Surveillance Period:** 

January 2010 - December 2019

	East Fremantle	South Metro		WA	
Risk Factors	Prevalence estimate	Prevalence estimate	Significant differences	Prevalence estimate	Significant differences
	Persons (%)	Persons (%)		Persons (%)	
Overweight (a)	39.2	40.0	-	39.1	-
Obese (a)	13.0*	27.5	Lower	28.2	Lower

**Source**: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

Notes:

(a) BMI of 25 to < 30 = overweight; BMI of 30+ = obese. Self-reported height and weight have been adjusted for under-reporting (i.e. over-estimating of height and under-estimating of weight).

<sup>\*</sup>Result has an RSE between 25% and 50% and therefore should be used with caution.

Table 4. Prevalence of physiological risk factors for adults (aged 16 years and over), East Fremantle LGA, South Metropolitan Health Region and Western Australia (WA)

#### **Surveillance Period:**

January 2010 - December 2019

	East Fremantle	South Metro		WA	
Risk Factors	Prevalence estimate	Prevalence estimate	Significant differences	Prevalence estimate	Significant differences
TAIGHT GOOD	Persons (%)	Persons (%)		Persons (%)	
Current high blood pressure (a)	9.9*	17.1	Lower	16.3	Lower
Current high cholesterol (b)	10.4*	18.8	Lower	18.2	Lower
Arthritis	18.8	19.9	-	19.4	-
Injury (c)	25.8*	22.4	-	22.8	-
Current asthma	11.2*	8.5	-	8.4	-

**Source**: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

#### Notes:

- (a) Currently have high blood pressure or take medication for high blood pressure. Of those who have had their blood pressure measured.
- (b) Currently have high cholesterol or take medication for high cholesterol. Of those who have had their cholesterol measured.
- (c) Injury in the last 12 months requiring treatment from a health professional

<sup>\*</sup>Result has an RSE between 25% and 50% and therefore should be used with caution.

Table 5. Prevalence of psychosocial risk factors for adults (aged 16 years and over), East Fremantle LGA, and Western Australia (WA)

**Surveillance Period:** 

January 2010 - December 2019

	East Fremantle	South Metro		WA	
Risk Factors	Prevalence Estimate	Prevalence estimate	Significant differences	Prevalence estimate	Significant differences
RISK FACTORS	Persons (%)	Persons (%)		Persons (%)	
High or very high psychological distress	-	8.4	-	8.1	-
Mental health problem (a)	21.8*	15.0	-	14.8	-
Stress related problem (b)	14.8*	9.7	-	9.3	-
Anxiety (b)	11.7*	8.3	-	8.3	-
Depression (b)	11.8*	8.1	-	8.3	-

Source: WA Health and Wellbeing Surveillance System, Epidemiology Branch, DoH WA.

Notes:

\*Result has an RSE between 25% and 50% and therefore should be used with caution.

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

(b) Diagnosed by a doctor in the last 12 months.

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

#### **South Metropolitan Health Service**

Fiona Stanley Hospital, Administration, Level 2, 14 Barry Marshall Parade, MURDOCH WA 6150

Postal address: Locked Bag 100 PALMYRA DC WA 6961

### www.southmetropolitan.health.wa.gov.au

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