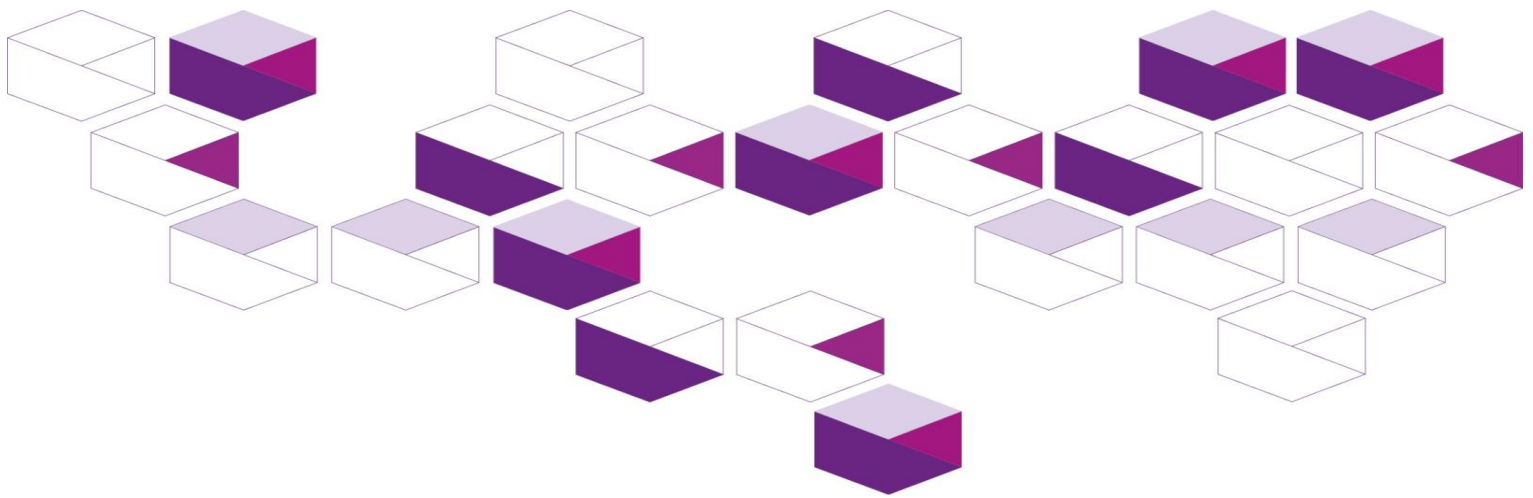


City of Melville Health & Wellbeing Profile Summary September 2022

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 'City of Melville' and 'Melville LGA' are used interchangeably.

Suggested citation

Epidemiology Directorate, 2022. Melville (C) LGA HWSS Health Profile of Adults 16 years and over 2016-2020. 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 City of Melville 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 2016 to December 2020. The below information is based on responses from 1058 adults within the Melville (C) area, 5269 adults with South Metro Health Service and 30162 adults within the 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 2017 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 Melville (C) LGA, South Metropolitan Health Service and WA State from 2016-2020.

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, Melville LGA, South Metropolitan Health Service and WA State.

Surveillance Period, 2019

Area	Males	Females	Persons
Melville (C)	84.9	88.7	86.9
South Metropolitan Health Service	82.2	85.8	84.0
WA State	81.7	86.2	84.0
Comparison to WA State	Higher	Higher	Higher

Table 2. Prevalence of lifestyle risk factors for adults (aged 16 years and over), Melville LGA, and Western Australia (WA)

Surveillance Period:
January 2016 – December 2020

Risk Factors	Melville (C)		SMHS	Significant difference	Western Australia	Significant difference
	Prevalence Estimate	Estimated Population	Prevalence Estimate	From SMHS	Prevalence Estimate	From WA
	Persons (%)	Persons	Persons (%)		Persons (%)	
Currently smokes	8.2	6,842	9.1	-	10.5	-
Eats < than two serves of fruit daily	49.9	41,416	53.1	-	53.1	-
Eats < than five serves of vegetables daily	88.3	73,256	90.7	-	89.5	-
Risky/high risk drinking for long term harm (a)	20.4	16,899	24.6	-	25.9	-
Risky/high risk drinking for short term harm (b)	9.0*	7,447	10.3	-	10.3	-
Insufficient physical activity (c)	36.3	29,147	39.3	-	39.7	-
Spends 21+ hours per week in sedentary leisure time	42.5	35,224	40.7	-	39.1	-
Eats fast food at least weekly	30.9	25,620	36.1	-	34.0	-

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) 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.

Table 3. Prevalence of physiological risk factors for adults (aged 16 years and over), Melville LGA, and Western Australia (WA)

Surveillance Period:
January 2016 – December 2020

Risk Factors	Melville (C)		SMHS	Significant difference	Western Australia	Significant differences
	Prevalence estimate	Estimated population	Prevalence estimate	From SMHS	Prevalence estimate	From WA
	Persons (%)	Persons	Persons (%)		Persons (%)	
Current high blood pressure (a)	17.6	14,581	17.5	-	17.3	-
Current high cholesterol (b)	20.2	16,780	18.3	-	17.6	-
Overweight (c)	42.1	34,894	40.6	-	38.2	-
Obese (c)	23.0	19,045	31.2	Lower	31.2	Lower

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) 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).

Table 4. Prevalence of psychosocial risk factors for adults (aged 16 years and over), Melville LGA and Western Australia (WA)

Surveillance Period:
January 2016 – December 2020

Risk Factors	Melville (C)		SMHS	Significant difference	Western Australia	Significant differences
	Prevalence estimate	Estimated population	Prevalence estimate	From SMHS	Prevalence estimate	From WA
	Persons (%)	Persons	Persons (%)		Persons (%)	
High or very high psychological distress	5.8*	4,793	8.5	-	9.0	-
Mental health problem (a)	13.6	11,245	15.9	-	16.7	-
Stress related problem (b)	6.4	5,333	10.0	-	10.3	Lower
Anxiety (b)	8.8	7,325	9.4	-	9.8	-
Depression (b)	5.5	4,525	8.2	-	9.0	Lower

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.

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