City of Belmont
Health and Wellbeing Profile

South Metropolitan
Population Health Unit

May 2016
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<table>
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<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
</tr>
<tr>
<td>BMI</td>
<td>Body mass index</td>
</tr>
<tr>
<td>CI</td>
<td>Confidence interval</td>
</tr>
<tr>
<td>Department of Health</td>
<td>Department of Health Western Australia</td>
</tr>
<tr>
<td>ERP</td>
<td>Estimated resident population</td>
</tr>
<tr>
<td>HWSS</td>
<td>Health and Wellbeing Surveillance System</td>
</tr>
<tr>
<td>LGA</td>
<td>Local government area</td>
</tr>
<tr>
<td>NHPA</td>
<td>National Health Priority Areas</td>
</tr>
<tr>
<td>RSE</td>
<td>Relative standard error</td>
</tr>
<tr>
<td>SMHS</td>
<td>South Metropolitan Health Service</td>
</tr>
<tr>
<td>SMPHU</td>
<td>South Metropolitan Population Health Unit</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
</tbody>
</table>
About this report

The purpose of this profile is to support local government to prepare local public health plans. It provides an update on the self-reported measures of health and wellbeing in each LGA. This document has been prepared by the SMPHU with data from the Western Australian Health and Wellbeing Surveillance System (HWSS).
Infographic: City of Belmont Lifestyle Risk Factors

- **23.7%** adults are **obese**
- **37.2%** adults are **overweight**
- **60.9%** adults are **overweight and/or obese**
- **56.2%** adults eat **less than 2 serves of fruit daily**
- **City of Belmont Lifestyle risk factors**
- **91.2%** adults eat **less than 5 serves of vegetables daily**
- **17.2%** adults currently **smoke**
- **23.7%** adults **drink alcohol at risky/high-risk levels for long-term harm**
- **39.2%** adults are **not active enough**

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 (Department of Health). 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 chronic health conditions, lifestyle, physiological and psychosocial risk factors.

Since 2002, the WA HWSS has captured 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.
- As small numbers of people were surveyed in each LGA, the 95 per cent confidence intervals around the results are wide. This means 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.
Introduction

The World Health Organisation defines health as:

‘… a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.’

Health is impacted by a number of factors often outside the control of the individual; these factors fall into the social, economic, built and natural environments in which people live, work and play.
What determines health and wellbeing?

Health is impacted by a number of factors often outside the control of the individual. These factors are referred to as the social determinants of health and include socio-economic status, employment, income, education, housing, social support, access to health care, drug addiction, transport, food security and community safety.

The relationship between the determinants of health and the health and wellbeing of individuals and communities can also be understood by considering factors that:

- contribute to good health and wellbeing – ‘protective factors’
- jeopardise good health and wellbeing – ‘risk factors’.

Why is health and wellbeing important?

Under the National Healthcare Agreement, two of the 21 conditions reported to be potentially avoidable hospitalisations are due to preventable chronic conditions. They include asthma, diabetes complications, lung disease, angina and high blood pressure.

Many of the risk factors associated with these chronic conditions such as high blood pressure, high blood cholesterol, lack of physical activity, smoking, overweight/ obesity and poor nutrition can be prevented through modification of environments and lifestyle behaviour change.

From a community perspective, the health and wellbeing of the population contributes to social interaction and the vitality of the community. For example, it enables participation in sports, volunteering, arts, culture and other activities that bring the community together. By contrast, poor health and wellbeing reduces this participation and brings with it the high costs of medical care and other community services.
What population groups are vulnerable to poor health and wellbeing?

Some members of the community are more vulnerable to poor health and wellbeing. This might be the result of culture, ethnicity, gender, age, illness, injury, lack of mobility or even where they live. It might also result from lack of income or skills. Groups of particular interest include:

- children (birth to 12 years)
- young people (13 to 25 years)
- older people (65 years and over)
- Aboriginal people
- people with a disability
- people from culturally and linguistically diverse backgrounds
- people with a mental illness
- economically disadvantaged people.

The resource, *Pathway to a healthy community: A guide for councillors,* provides a series of questions for local governments to consider when planning for the health and wellbeing of vulnerable population groups within their community.

What is local government’s role in health and wellbeing?

Local government traditionally played a central role in public health through the *Health Act 1911*. This role was primarily regulatory and related to housing standards, drains, sewerage, water supply, refuse disposal and food handling and safety practices. The aim was to maintain basic sanitation requirements in order to prevent and control disease.

However, local governments have become increasingly focused on building resilient communities through the *Local Government Act 1995* to ensure that policies, services and resources meet community needs and expectations. LGAs have actively built the capacity of communities, by increasing the knowledge, skills and capabilities of individuals and local organisations so they can support themselves and each other.
Population overview

The Belmont LGA covers an area of 40 square kilometres. In 2011, its total population was 35,208 (Table 1), which represented 1.6 per cent of the state’s population. Aboriginal people accounted for 3.0 per cent of the area’s population, which is similar to the state average of 3.1 per cent.

Table 1: Population of the City of Belmont by age group and sex, 2011

<table>
<thead>
<tr>
<th></th>
<th>Age group</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>0–4</td>
<td>5–14</td>
<td>15–24</td>
<td>25–44</td>
<td>45–64</td>
<td>65+</td>
<td>Total</td>
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<tr>
<td>Sex</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>1,212</td>
<td>1,813</td>
<td>2,438</td>
<td>6,289</td>
<td>4,027</td>
<td>2,108</td>
<td>17,887</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>1,154</td>
<td>1,637</td>
<td>2,356</td>
<td>5,601</td>
<td>3,833</td>
<td>2,740</td>
<td>17,321</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,366</td>
<td>3,450</td>
<td>4,794</td>
<td>11,890</td>
<td>7,860</td>
<td>4,848</td>
<td>35,208</td>
</tr>
</tbody>
</table>

Socio-economic disadvantage

Although the overall level of health and wellbeing of Australians is relatively high compared with other countries, there are significant disparities in the health outcomes of different populations within Australia. In particular, people who live in areas with poorer socio-economic conditions tend to have worse health than people from other areas. Previous analysis has shown that disadvantaged Australians have higher levels of disease risk factors and lower use of preventative health services than those who experience socio-economic advantage.4

The socio-economic indexes for areas (SEIFA) scores are made up of four indices which summarise a variety of social and economic variables such as income, educational attainment, employment and number of unskilled workers. SEIFA scores are based on a national average of 1000 and areas with the lowest scores are the most disadvantaged.

Based on 2011 Census data, the City of Belmont had a SEIFA Index of Disadvantage score of 987. The range of scores for this SEIFA index for LGAs within the SMHS was 948 to 1088.5 Table 2 shows the SEIFA scores for each suburb in the City of Belmont.

<table>
<thead>
<tr>
<th>Suburb</th>
<th>SEIFA score</th>
<th>Usual resident population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascot</td>
<td>1073</td>
<td>2,272</td>
</tr>
<tr>
<td>Belmont</td>
<td>983</td>
<td>6,261</td>
</tr>
<tr>
<td>Cloverdale</td>
<td>964</td>
<td>7,258</td>
</tr>
<tr>
<td>Kewdale*</td>
<td>990</td>
<td>6,186</td>
</tr>
<tr>
<td>Redcliffe</td>
<td>979</td>
<td>4,755</td>
</tr>
<tr>
<td>Rivervale</td>
<td>988</td>
<td>8,402</td>
</tr>
</tbody>
</table>


* The suburb of Kewdale is split between Belmont and Kalamunda LGAs.
Health and wellbeing data

The health and wellbeing data for the Belmont LGA are shown in Tables 3 to 6. This information is based on responses from 351 adults (aged 16 years and older) in the Belmont LGA, 9,394 adults in the SMHS, and 39,443 adults state-wide, who were surveyed over the period January 2009 to December 2014.

The data is weighted to compensate for oversampling in the rural and remote areas of WA and then adjusted to the age and sex distribution of the WA population in 2013.

The ‘estimated population’ in the tables refers to the estimated number of people in the Belmont LGA with the particular risk factor, based on the Australian Bureau of Statistics’ (ABS) 2013 estimated resident population (ERP).

Health conditions

Many of the health conditions included in the HWSS are National Health Priority Areas (NHPAs). These are diseases and conditions that the Australian government has chosen to focus on because they contribute significantly to the burden of illness and injury in the community and there is potential to reduce their burden.

There are nine NHPAs, most of which are chronic health conditions, i.e. long-term health conditions lasting more than six months. Chronic health conditions are a major concern because they can have a significant impact on a person’s life, particularly because of the ageing population. These conditions develop over a long period of time and can often be modified by changes in lifestyle.

Population surveys can provide an indication of the prevalence of long term health conditions. The HWSS asked respondents questions about the following eight NHPAs (dementia, the ninth NHPA, was added to the list of NHPAs in 2012, and is not currently included in the HWSS).

Diabetes mellitus

Diabetes is a condition where the body is unable to maintain normal blood glucose levels and contributes significantly to ill health, disability and premature death in Australia.6

Cardiovascular disease

Cardiovascular disease, such as heart disease and stroke, is the largest cause of premature death in Australia and accounts for the highest proportion of health service costs, much of which is preventable.7
Cancer (excluding skin cancer)

Cancer is a diverse group of diseases in which some of the body’s cells become defective and multiply out of control. These abnormal cells form tumours and invade and damage the tissues around them. They can also spread to other parts of the body and cause further damage. If the spread of tumours is not controlled they can result in death.8

Asthma

Asthma is a reversible narrowing of the airways in the lungs. Symptoms include wheezing, coughing, tightness of the chest, breathing difficulties and shortness of breath.9

Arthritis and musculoskeletal conditions

Arthritis and osteoporosis are musculoskeletal conditions that can greatly reduce a person’s quality of life. Arthritis causes inflammation of the joints, while osteoporosis is a disease where bone density and structural quality deteriorate, leading to an increased risk of fracture.10

Injury

Injury is a leading cause of hospitalisation and death in Australia. A major contributor to the injury burden is fall injuries in older people.11

Mental health

Mental health conditions include short-term conditions, such as depression and anxiety, and long-term conditions, such as chronic depression and schizophrenia. Mental health problems are associated with higher rates of death, poorer physical health and increased exposure to health risk factors.12

Obesity

Obesity was added to the NHPAs in 2008. This is covered in the section on physiological risk factors in this report.

Results

Respondents to the survey were asked whether their doctor had ever diagnosed them with certain health conditions. For the conditions examined, injuries, arthritis and mental health conditions were the most common ones reported by residents of Belmont LGA.
Table 3: Prevalence of self-reported doctor-diagnosed conditions for persons aged 16 years and over, Belmont LGA, SMHS & WA, 2009–2014

<table>
<thead>
<tr>
<th>Condition</th>
<th>Belmont LGA</th>
<th>SMHS</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons (%)</td>
<td>Estimated population</td>
<td>Persons (%)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8.1</td>
<td>2,705</td>
<td>6.5</td>
</tr>
<tr>
<td>Heart disease</td>
<td>9.2</td>
<td>3,053</td>
<td>6.5</td>
</tr>
<tr>
<td>Cancer (excluding skin cancer)</td>
<td>*3.2</td>
<td>1,065</td>
<td>5.5</td>
</tr>
<tr>
<td>Current asthma</td>
<td>9.6</td>
<td>3,196</td>
<td>8.4</td>
</tr>
<tr>
<td>Stroke</td>
<td>*2.4</td>
<td>790</td>
<td>1.7</td>
</tr>
<tr>
<td>Arthritis</td>
<td>20.5</td>
<td>6,833</td>
<td>19.9</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>4.5</td>
<td>1,516</td>
<td>5.0</td>
</tr>
<tr>
<td>Injury (a)</td>
<td>23.1</td>
<td>7,689</td>
<td>22.3</td>
</tr>
<tr>
<td>Current mental health problem (b)</td>
<td>13.8</td>
<td>4,605</td>
<td>14.7</td>
</tr>
<tr>
<td>Current respiratory problem (c)</td>
<td>*2.4</td>
<td>797</td>
<td>2.2</td>
</tr>
</tbody>
</table>

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

Notes:
* Prevalence estimate has a RSE between 25 per cent and 50 per cent and should be used with caution.
(a) Injury in the last 12 months requiring treatment from a health professional.
(b) Diagnosed with depression, anxiety, stress-related or other mental health problem in the past 12 months by a doctor.
(c) Respiratory problem other than asthma that has lasted 6 months or more, e.g. bronchitis, emphysema, or chronic lung disease.
Lifestyle risk factors

There are many factors that can influence a person’s health, including genetics, lifestyle, environmental and social factors. These factors may have a positive effect on health, such as a high consumption of fruit and vegetables, or a negative effect, such as smoking and physical inactivity. Modifiable lifestyle behaviours are also associated with the onset of physiological risk factors, such as high cholesterol, high blood pressure and obesity (these are covered in the next section).

Smoking

Smoking increases the risk of developing a number of health conditions, including respiratory disease, coronary heart disease, stroke and several cancers, such as lung and mouth cancers. Respondents were asked about their smoking status (including cigarettes, cigars and pipes). Current smoking status was re-categorised into those who smoke (daily or occasionally), ex-smokers and those who have never smoked regularly. Respondents who had tried cigarettes and had smoked 100 or more cigarettes in their lifetime were classified as ex-smokers, while those who had smoked less than 100 cigarettes were classified as having never smoked.

Nutrition

Diet has an important effect on health and can influence the risk of various diseases, including coronary heart disease, type 2 diabetes, stroke and digestive system cancers. Eating fruit and vegetables is important for health and protects against disease. It is recommended that Australian adults aged 19 years and over eat two serves of fruit and five serves of vegetables, while three serves of fruit and four serves of vegetables are recommended for those aged 16 to 18 years.

Alcohol

Excessive alcohol consumption increases the risk of some health conditions, including coronary heart disease, stroke, blood pressure, liver and pancreatic disease. It also increases the risk of accidents and mental illness. Respondents were asked about their alcohol drinking habits, including how many days a week they usually drink and how many drinks they usually have. The information was categorised into risk levels based on the 2009 National Health and Medical Research Council guidelines (which categorise any drinking by people aged 16 and 17 years as risky). Long term harm is the potential for alcohol-related harm over a lifetime of drinking and short term harm is the risk of harm due to a single occasion of drinking.
Physical activity

Physical inactivity is associated with several chronic health conditions, including coronary heart disease, stroke and diabetes. Being physically active reduces the risk of developing such conditions, and also improves general wellbeing. Respondents were asked to rate their physical activity level. The Australian Physical Activity and Sedentary Guidelines for adults aged 18 to 64 years recommends: accumulating 150 to 300 minutes of moderate intensity physical activity or 75 to 150 minutes of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week. For older Australians (65 years and older), 30 minutes of physical activity is recommended in their daily lives.

Results

Respondents to the survey were asked about certain lifestyle risk factors. For the risk factors examined, insufficient fruit and vegetable consumption and insufficient physical activity were the most common ones reported by residents of the Belmont LGA.
### Table 4: Prevalence of lifestyle risk factors for adults (aged 16 years and over), Belmont LGA, SMHS and WA, 2009–2014

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Belmont LGA</th>
<th></th>
<th>SMHS</th>
<th></th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons (%)</td>
<td>Estimated population</td>
<td>Persons (%)</td>
<td>Persons (%)</td>
<td></td>
</tr>
<tr>
<td>Currently smokes</td>
<td>17.2</td>
<td>5,737</td>
<td>14.6</td>
<td>14.4</td>
<td></td>
</tr>
<tr>
<td>Never smoked (or smoked &lt;100 cigarettes)</td>
<td>55.6</td>
<td>18,508</td>
<td>59.5</td>
<td>59.5</td>
<td></td>
</tr>
<tr>
<td>Eats less than &lt;2 serves of fruit daily</td>
<td>56.2</td>
<td>18,720</td>
<td>48.4</td>
<td>47.8</td>
<td></td>
</tr>
<tr>
<td>Eats less than &lt;5 serves of vegetables daily</td>
<td>91.2</td>
<td>30,398</td>
<td>89.7</td>
<td>89.0</td>
<td></td>
</tr>
<tr>
<td>Risky/high risk drinking for long term harm (a)</td>
<td>23.7</td>
<td>7,889</td>
<td>32.1</td>
<td>33.8</td>
<td></td>
</tr>
<tr>
<td>Risky/high risk drinking for short term harm (b)</td>
<td>10.3</td>
<td>3,444</td>
<td>13.3</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>Insufficient physical activity (c)</td>
<td>39.2</td>
<td>12,791</td>
<td>37.7</td>
<td>36.8</td>
<td></td>
</tr>
</tbody>
</table>

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

**Notes:**

* Prevalence estimate has a RSE between 25 per cent and 50 per cent and should be used with caution.
(a) As a proportion of all adult respondents 16 years and over. Drinks more than 2 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 4 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).
Physiological risk factors

Physiological risk factors such as high cholesterol, high blood pressure, and overweight or obesity can be major contributors to ill health and chronic disease. These risk factors are expressed through physical changes in the body and are highly interrelated. They are managed through a combination of medications, population-based interventions and modification of lifestyle behaviours.

Blood pressure

High blood pressure is a major risk factor for the development of coronary artery disease, stroke and renal failure.

Cholesterol level

Cholesterol is a fatty substance produced by the liver and carried by the blood to the rest of the body. Its natural function is to supply material for cell walls and hormones, but high blood cholesterol can form plaque that clogs the blood vessels supplying the heart and certain other parts of the body. High blood cholesterol can be a major risk factor for coronary heart disease, ischaemic stroke and peripheral vascular disease.

Body weight

Being overweight or obese can contribute to the development of chronic conditions, such as cardiovascular disease, type 2 diabetes, osteoarthritis, some cancers and sleep apnoea. As excess body weight increases, so does the risk of chronic disease and mortality. Respondents were asked how tall they are and how much they weigh. A body mass index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared, after adjustment for errors in the self-reported height and weight. The BMIs were then categorised. Adults with a BMI greater than 25kg/m² are considered to be overweight, and those with a BMI greater than 30kg/m² obese. BMI may not be a suitable measure for athletes who have a muscular build, older people and some ethnic groups.

Results

Respondents to the survey were asked about certain physiological risk factors. For the risk factors examined, being overweight or obese were the most common ones reported by residents of Belmont LGA.
Table 5: Prevalence of physiological risk factors for adults (aged 16 years and over), Belmont LGA, SMHS and WA, 2009–2014

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Belmont LGA</th>
<th>SMHS</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons (%)</td>
<td>Estimated population</td>
<td>Persons (%)</td>
</tr>
<tr>
<td>Current high blood pressure</td>
<td>17.3</td>
<td>5,749</td>
<td>17.2</td>
</tr>
<tr>
<td>Current high cholesterol</td>
<td>23.4</td>
<td>7,800</td>
<td>19.3</td>
</tr>
<tr>
<td>Overweight (a)</td>
<td>37.2</td>
<td>12,383</td>
<td>39.3</td>
</tr>
<tr>
<td>Obese (a)</td>
<td>23.7</td>
<td>7,911</td>
<td>27.0</td>
</tr>
</tbody>
</table>

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

(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).

Psychosocial risk factors

Mental health involves the capacity to interact with people and the environment and refers to the ability to negotiate the social interactions and challenges of life without experiencing undue emotional or behavioural incapacity. Mental health is also referred to as psychosocial health as it involves aspects of both social and psychological behaviour.
Psychological distress

Psychological distress may be determined in ways other than having been diagnosed or treated for a mental health condition. The Kessler 10 (K10) is a standardised instrument that measures psychological distress by asking ten questions about levels of anxiety and depressive symptoms experienced in the past four weeks. Each item on the K10 is scored and then summed, resulting in a range of possible scores from 10 to 50. These are then categorised into low, moderate, high and very high levels of psychological distress. Low level psychological distress is regarded as not requiring any intervention, moderate and high levels require self-help, and very high levels require professional help.

Feeling lack of control

Perceptions of control relate to an individual’s belief as to whether outcomes are determined by external events outside their control or by their own actions. Feelings of lack of control have been found to have adverse effects on health and to increase the risk of mortality.

Results

Respondents to the survey were asked about certain psychosocial risk factors.

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Belmont LGA</th>
<th></th>
<th>SMHS</th>
<th></th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons (%)</td>
<td>Estimated population</td>
<td>Persons (%)</td>
<td>Estimated population</td>
<td>Persons (%)</td>
</tr>
<tr>
<td>High/very high psychological distress</td>
<td>8.4</td>
<td>2,785</td>
<td>9.2</td>
<td>7.9</td>
<td></td>
</tr>
<tr>
<td>Lack of control over life in general (a)</td>
<td>*4.2</td>
<td>1,392</td>
<td>4.7</td>
<td>4.3</td>
<td></td>
</tr>
</tbody>
</table>

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

Notes:
* Prevalence estimate has a RSE between 25 per cent and 50 per cent and should be used with caution.
(a) Often or always feels a lack of control over life in general.
Conclusion

Health and wellbeing profiles support local government to develop local public health plans to ensure the health and wellbeing of the community can be effectively promoted and protected.

The increasing prevalence of preventable chronic health conditions due to lifestyle, physiological and psychosocial risk factors outlined in this profile present challenges for all tiers of government. The focus on the prevention of health conditions is expected to continue to target risk factors such as physical inactivity, unhealthy eating, harmful alcohol use, and smoking as well as the promotion of psychological wellbeing.

Although individuals ultimately make the decisions that affect their own health, local government can assist people in making healthy choices and leading healthier lives. Local government plays an important role in creating environments that support healthy living, wellbeing and quality of life at a local level. Many aspects of community life are influenced, for example urban planning, parks and facilities, transport, social support and community participation.
References


