City of Cockburn Health and Wellbeing Profile

October 2023

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 Cockburn' and 'Cockburn LGA' are used interchangeably.

Suggested citation

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 Cockburn to support local government public health planning.

Background

WA Health and Wellbeing Surveillance System (HWSS)

The HWSS 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 in 2020 and prior years. From 2021, households were selected from Electoral Roll or a consumer database.

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 profile is based on responses from:

- 786 adults within Cockburn LGA,
- 6110 adults within South Metropolitan Health Region
- 34643 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 adjust the proportions of certain demographic characteristics of the respondents so that they match the corresponding proportions in the total WA population. This is also known as raked weighting.

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 Cockburn (C) LGA, South Metropolitan Health Service and WA State from 2017-2021.

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.

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 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, Cockburn LGA, South Metropolitan Health Service (SMHS) and WA State.			
Surveillance Period, 2019			
Area	**Males**	**Females**	**Persons**
Cockburn (C)	82.8	86.6	84.7
South Metropolitan Health Service	82.2	85.8	84.0
WA State	81.7	86.2	84.0
Comparison to WA State	Similar	Similar	Similar

Source: Department of Health WA. (2021) EpiCalc. Epidemiology Branch, Public and Aboriginal Health Division, Department of Health WA. Life Expectancy, 2019.

Table 2. Prevalence of lifestyle risk factors for adults (aged 16 years and over), Cockburn LGA, and South Metropolitan Health Service (SMHS)								
Surveillance Period: January 2017 – December 2021								
Risk Factors	**Cockburn (C)**		**SMHS**		**WA**		**Significant Difference**	
	Prevalence Estimate	**95% Confidence Interval**	**Prevalence Estimate**	**95% Confidence Interval**	**Prevalence Estimate**	**95% Confidence Interval**	**SMHS**	**WA**
	Persons (%)		**Persons (%)**		**Persons (%)**			
Currently smokes	9.4	6.4 - 12.4	9.0	7.9 – 10.1	11.0	10.4 – 11.6	-	-
Eats < than two serves of fruit daily	51.5	46.5 - 56.4	52.5	50.6 - 54.3	53.5	52.6 – 54.4	-	-
Eats < than five serves of vegetables daily	90.5	87.7 – 93.3	90.9	89.8 -91.9	90.0	89.5 – 90.5	-	-
Risky/high risk drinking for long term harm (a)	20.3	16.2 - 24.4	23.5	21.8 – 25.2	25.0	24.2 – 25.8	-	-
Risky/high risk drinking for short term harm (b)	9.2	5.9 – 12.6	9.0	7.7 – 10.2	9.4	8.8 – 10.0	-	-
Insufficient physical activity (c)	42.6	37.7 – 47.5	39.6	37.8 – 41.4	41.0	40.1 – 41.9	-	-
Spends 21+ hours per week in sedentary leisure time	41.4	36.7 – 46.2	44.1	42.3 – 45.9	41.5	40.6 – 42.4	-	-
Eats fast food at least weekly	32.9	28.0 – 37.8	30.4	28.6 – 32.3	30.2	29.3 – 31.1	-	-

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.

** Significant difference is determined by comparing confidence intervals, where intervals that do not overlap are deemed significantly different

Table 3. Table 3. Prevalence of physiological risk factors for adults (aged 16 years and over), Cockburn LGA, and South Metropolitan Health Service (SMHS)

Surveillance Period:

January 2017 – December 2021

Risk Factors	Cockburn (C)		SMHS		WA		Significant difference	
	Prevalence Estimate	95% Confidence Interval	Prevalence Estimate	95% Confidence Interval	Prevalence Estimate	95% Confidence Interval	SMHS	WA
	Persons (%)		Persons (%)		Persons (%)			
Current high blood pressure (a)	22.7	19.2 – 26.3	23.0	21.7 – 24.4	22.0	21.4 – 22.6	-	-
Current high cholesterol (b)	19.9	16.4 – 23.3	23.0	21.6 – 24.4	21.5	20.8 – 22.1	-	-
Overweight (c)	38.1	33.1 – 43.0	38.8	37.0 – 40.7	38.0	37.2 – 38.9	-	-
Obese (c)	33.6	29.0 – 38.2	34.0	32.3 – 35.8	34.5	33.7 – 35.4	-	-
Injury (d)	22.3	18.1 – 26.5	20.0	18.5 – 21.5	20.6	19.9 – 21.3	-	-

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).

(d) Injury in the last 12 months requiring treatment from a health professional.

** Significant difference is determined by comparing confidence intervals, where intervals that do not overlap are deemed significantly different.

Table 4. Prevalence of psychosocial risk factors for adults (aged 16 years and over), Cockburn LGA and South Metropolitan Health Service (SMHS)

Surveillance Period:

January 2017 – December 2021

Risk Factors	Cockburn (C)		SMHS		WA		Significant difference	
	Prevalence Estimate	95% Confidence Interval	Prevalence Estimate	95% Confidence Interval	Prevalence Estimate	95% Confidence Interval	SMHS	WA
	Persons (%)		Persons (%)		Persons (%)			
High or very high psychological distress	10.0	6.9 – 13.0	10.5	9.3 – 11.7	10.4	9.8 – 10.9	-	-
Mental health problem (a)	19.6	15.6 – 23.7	17.6	16.1 – 19.1	17.8	17.1 -18.5	-	-
Stress related problem (b)	13.1	9.6 – 16.6	11.2	10.0 – 12.5	11.2	10.6 – 11.8	-	-
Anxiety (b)	13.5	9.8 – 17.2	10.1	8.9 – 11.4	10.5	9.9 – 11.1	-	-
Depression (b)	12.5	9.0 – 16.0	9.5	8.3 – 10.7	9.6	9.0 – 10.1	-	-

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.

** Significant difference is determined by comparing confidence intervals, where intervals that do not overlap are deemed significantly different.

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