Government of **Western Australia**
Department of **Health**

Health and wellbeing of adults in Western Australia 2024

Epidemiology Directorate

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Acknowledgements

Thanks are extended to the people of Western Australia who participate in the Health and Wellbeing Survey. Appreciation is extended to our colleagues and specialists in the field who contribute to the content and integrity of the system.

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Suggested citation

Epidemiology Directorate, 2025. Health and Wellbeing of Adults in Western Australia 2024. Department of Health, Western Australia

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Executive summary

The Western Australia Health and Wellbeing Surveillance System is a continuous data collection initiated in 2002 to monitor the health status of the population of Western Australia. In 2024, 13,780 participants completed either a computer assisted telephone interview or an online survey from February to December, with a participation rate of 39.7 percent. Of 13,780 participants surveyed, 13,151 (95.43%) were adults aged 16 years and over and the remaining 629 (4.57%) participants responded on behalf of children. The sample was randomly selected and then weighted to reflect the Western Australian adult population.

This report describes the findings from the 2024 Health and Wellbeing Surveillance System and provides the health sector and the public with important information about various aspects of the health and wellbeing of Western Australian adults.

Key findings from the report are as follows:

General health:

- Less than half (47.6%) of adults self-reported their health status as excellent or very good.

Chronic health conditions:

- More than one in ten (11.2%) adults reported currently having asthma.
- More than one in four (26%) adults have suffered an injury in the past 12 months that required treatment from a health professional.
- One in four (25%) adults have been told by a doctor that they have a mental health condition in the past 12 months.

Lifestyle and biomedical risk factors:

- More than one in eight (13.5%) adults aged 18 years and over were current smokers.
- More than one in five (22.3%) adults aged 18 years and over had ever tried vaping.
- More than one in three (36.4%) adults reported drinking at levels that put them at risk of harm from alcohol related disease or injury. Males were almost twice as likely as females to report drinking at levels that put them at risk of harm from alcohol related disease or injury (45.9% compared with 27.3%).
- One in three (33.4%) adults met the guidelines for recommended daily intake of fruit, while only one in twenty (4.7%) adults met the guidelines for recommended daily intake of vegetables.

- More than two in twenty-five (8.4%) adults reported running out of food and not being able to afford to buy more in the past 12 months.
- More than one in three (37.3%) of adults reported eating fast food meals at least once a week.
- More than six in ten (60.9%) adults engaged in at least 150 minutes of moderate physical activity per week.
- Almost one in two (49.1%) adults usually spent most of their day sitting.
- More than one in three (37.2%) adults reported sleeping less than the recommended number of hours on a usual night.
- Almost one in eight (12.4%) adults reported using illicit drugs.
- More than one in three (37.4%) adults had a body mass index (BMI) that is categorised as overweight, with more than one in three (37.3%) adults categorised as obese.
- Nearly one in four (23.6%) adults reported having current high cholesterol and one in five (20.4%) adults reported having current high blood pressure.

Mental health:

- More than one in six (21.7%) adults experienced high or very high levels of psychological distress.
- One in twelve (8%) adults had seriously thought about ending their own life in the past 12 months.
- Almost one in twenty-five (3.7%) adults reported self-harm, without the intention of ending their own life in the past 12 months.
- More than half (56.4%) of adults reported belonging to at least one social group or association.

Health service utilisation:

- Almost nine in ten (87.8%) adults used primary health services within the past 12 months and nearly one in five (18.9%) reported using mental health services.

INTRODUCTION AND METHODOLOGY

1. Introduction and methodology

1.1 Introduction

The Western Australia Health and Wellbeing Surveillance System (HWSS) is a continuous data collection system used to monitor the health and wellbeing of Western Australians. The HWSS began in March 2002 and is run on a continual basis, with thousands of people throughout WA interviewed each year. This report presents information on the health and wellbeing of 13,151 adults aged 16 years and over via a random sample collected during 2024.

Information from the survey is also used to inform health education programs, evaluate interventions and programs, guide health research, support health policy development, identify and monitor emerging trends and support health service planning and development. Respondents are asked questions on a range of health and wellbeing topics, including chronic health conditions, lifestyle and biomedical risk factors, health service utilisation, mental health, and socio-demographics.

Questions included in the HWSS are selected to collect information about either state or national indicators of health and wellbeing, or areas of health, lifestyle and demography that are not available elsewhere. These questions are necessary to understand the dynamics of health behaviours and outcomes among Western Australian adults. A copy of the questionnaire is available on the WA Department of Health website https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys.

An important feature of this surveillance system is that it is population-based, meaning that it is designed to examine health status at the population-level. Although major socio-demographic group estimates are possible, it is not the purpose of the system to investigate smaller population subgroups. Therefore, the information provided in this report is representative of Western Australian adults by age and sex but is unlikely to be reliably representative of small or specific groups within the population, such as Aboriginal people, culturally and linguistically diverse (CALD) populations, people who are experiencing homelessness or those without telephones/internet access.

The HWSS has been approved by the WA Department of Health's Human Research Ethics Committee (approval no. EC00422).

1.2 Changes to the availability of trend data

From 2021 onwards, trend data has not been included in HWSS annual reports, due to the large amount of information that would need to be added and a change in weighting method. Trend data remain an important feature of the HWSS and are currently available as an interactive online resource: Western Australia Health and Wellbeing Surveillance System trend dashboard.

1.3 Methodology

1.3.1 Sampling and mode of administration

A random sample of individuals from the sample frame of SamplePages, a provider of phone number samples, was used for contacting survey respondents in 2024. All lists maintained by SamplePages were used to contact a sample of potential respondents by invitation letters each month. Two survey administration modes, online and computer-assisted telephone interview (CATI), were used. Respondents were invited to respond to the survey online with a link and unique key provided in the invitation letter during a 10-day period, after which they were followed up for CATI. Within each contacted household, the individual with the next birthday was asked to complete the survey. If the selected person was a child, the survey was completed by a parent or carer on their behalf.

All data was collected from February to December 2024 by the Edith Cowan University Survey Research Centre, an ISO accredited social research agency.

1.3.2 Weighting and analysis of data

Surveys such as the HWSS are designed to provide information at a population level, e.g., to inform what proportion of the population have a particular characteristic. However, most surveys will only collect information from a sample of the target population. These raw data are then weighted to represent the population from which it was drawn. Each person surveyed is given a weight which can be thought of as the number of people they represent.

In 2024, the HWSS data were weighted to adjust the proportions of certain demographic characteristics (i.e., sex, age group, residential location and country of birth) of the respondents so that they matched the corresponding proportions of population aged 16 years and over in the total WA population, based on the usual place of residence from the Australian Bureau of Statistics 2021 Census (**Table 1**). This weighting method is known as raked weighting and allows the derivation of precise weights, by adjusting for non-response bias and respondent biases better than weights produced by design and post-stratification weighting methods[1]. Weights were calculated using the RAKE module in SPSS 24 and were trimmed at an upper limit. The 2024 data were raked using the WA estimated resident population for 2023 and the 2021 Census proportions for WA as listed below.[2]

Table 1: Demographic characteristics used in the raked weighting

Characteristic	Categories
Sex	• Female • Male
Age group	• 16-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+ years
Location	• Metro • Kimberley and Pilbara • Rest of State
Country of Birth	• Born in Australia • Born in other country
Marital Status	• Married or living with partner • Other (widowed, divorced, separated, never married)
Employment Status	• Employed (full time, part time) • Not Employed (unemployed, retired, home duties, student, unable to work)
Education Status	• Bachelor's degree or higher • Other (none to some high school, trade, certificate, diploma)

[1] Dal Grande et al. 2015. Health estimates using survey raked-weighting techniques in an Australian population health surveillance system. *American Journal of Epidemiology*. 182(6):544-556.

[2] Dwelling status and household composition were not included in the raking process due to the sparsity of data across rural and remote areas of Western Australia that created extremely large weights for only a few respondents.

Data were then analysed in SAS EG 8.3. This raked weighting method differs from the design and post-stratification weighting method previously reported for HWSS estimates. Therefore, direct comparisons with previous HWSS reports (2002-2020) are not recommended.

1.3.3 Mode differences

No adjustments were made for the effects of the different data collection modes, such as online and CATI for the following reasons:

- Applying corrections to correct for mode differences unilaterally would impact on characteristics with no mode effect.
- Specific adjustments for mode for individual topics would add considerable burden due to the statistical processing, analysis and interpretation of the data required.[3]

1.3.4 Survey response

A total of 76,922 households were contacted of which 45.2% were eligible, 15.5% were ineligible, and 39.3% had unknown eligibility. Of 34,732 eligible households, 13,952 were interviewed or completed the online survey. The full breakdown of the response rates for the survey is presented in **Figure 1**. The data presented in this report are based on 13,151 Western Australian adults aged 16 years and over that were sampled from all Western Australian adults for the same age range.

[3] Olsen K et al. 2021. Transitions from telephone surveys to self-administered and mixed-mode surveys: AAPOR Task Force Report. *Journal of Survey Statistics and Methodology* 9(3):381–411.

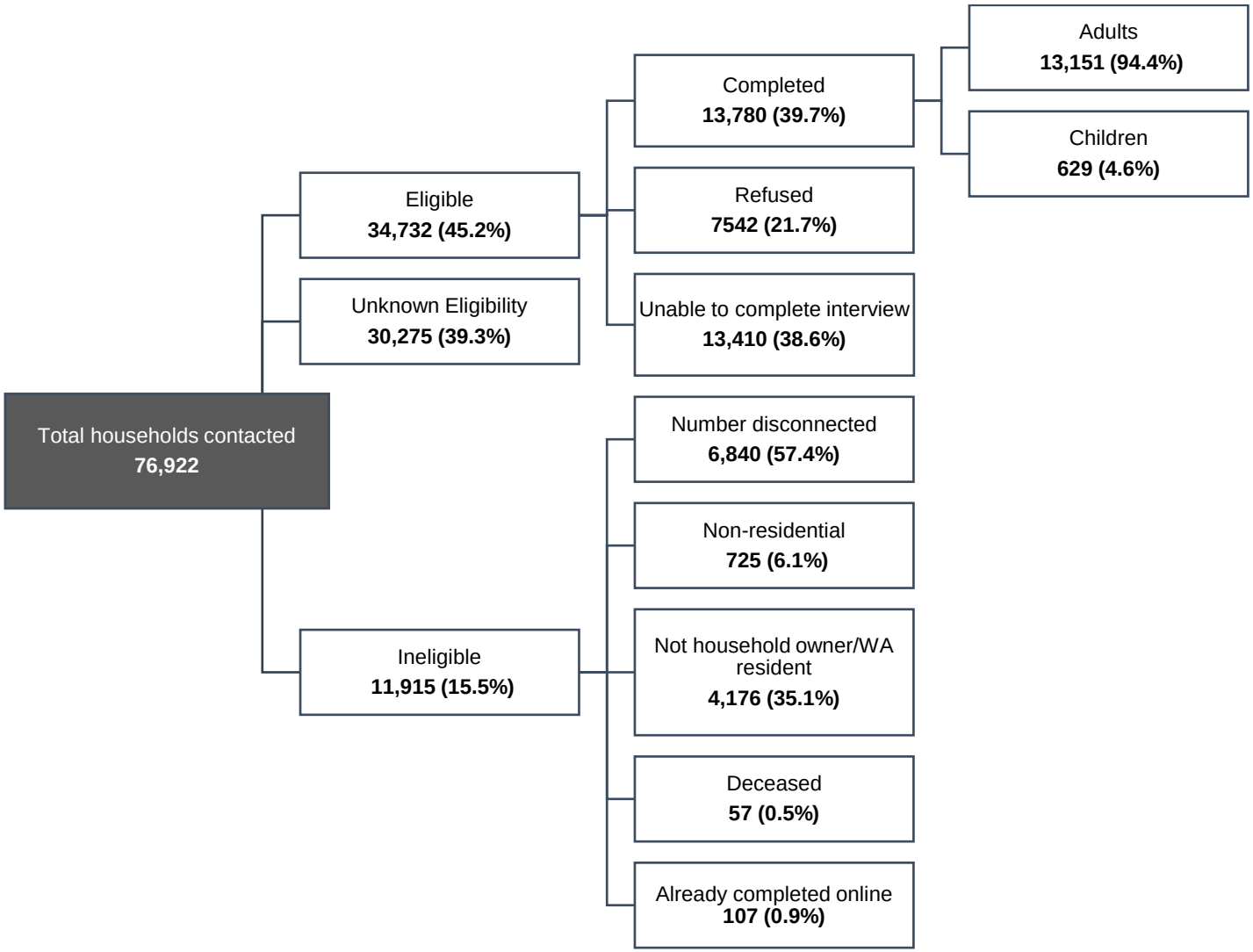


Figure 1: Flowchart of responses to the HWSS survey and response rates, 2024

1.4 How estimates are reported

1.4.1 Percentage and prevalence

The information in this report is presented either as a percentage of the population who have a particular risk factor or demographic characteristic, or as the prevalence of a particular health condition within the adult population. Prevalence refers to the number or proportion of individuals in a community who exhibit a given condition or characteristic and is usually expressed as a percentage. Prevalence is distinct from incidence, which is a measure of the number of new cases of a condition or characteristic. Prevalence is concerned with all individuals with a given condition or characteristic regardless of when it began. Incidence refers only to new cases of a condition or characteristic during a specified time period. Surveys generally do not collect or report on incidence of disease.

There are three main types of prevalence that are typically reported.

- Lifetime prevalence represents the proportion of the population that have ever exhibited a given condition or characteristic.
- Period prevalence represents the proportion of the population who have exhibited a condition or characteristic within a specified time, for example 12 months.
- Point prevalence represents the proportion of the population who exhibited a condition or characteristic at the time of the survey.

In this report, most of the prevalence estimates are presented as period prevalence. In some cases, such as with asthma, lifetime and point prevalence are reported. This is because a person may have had asthma at some point in their life but not have it currently.

1.4.2 Confidence intervals and Statistical significance

Survey results are estimates of ‘true’ population values and will always contain some error because they are based on samples and not the entire population. Therefore, each table presents both a prevalence figure for a given condition or characteristic as well as a 95 per cent confidence interval (CI) for that estimate. The 95 per cent confidence interval is the range within which the true estimate would lie 95 out of 100 times. The wider the confidence interval is around an estimate, the less precise the estimate is, and the more caution that should be applied when using it.

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 a finding being due to chance. Confidence intervals can be used to determine statistical significance. If the confidence intervals for the two prevalence estimates do not overlap, then the estimates are considered significantly different. When the confidence intervals of the estimates do overlap, the estimates are deemed similar. However, this should be considered a guide only and a formal test of statistical significance would be required to arrive at a statistically credible conclusion.

Along with helping to determine statistically significant differences, confidence intervals can also be used as a measure of the level of stability around an estimate. In figures, these confidence intervals are presented as error bars, indicating the upper and lower confidence limits of 95% confidence intervals. 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.

For example, in this report, wide confidence intervals and high RSEs can be present for younger age groups (e.g., 16 to 44 years) with certain chronic health conditions, because they are less likely to be present and detectable at younger ages. It is also possible to see wide confidence intervals and high RSEs for survey questions that have multiple response options (say, four or more), for example, self-reported level of physical activity and fast food intake.

Therefore, throughout this report, estimates with RSEs between 25 per cent and 50 per cent have been annotated by an asterisk and should be used with caution. Estimates with RSEs above 50 per cent are considered too unreliable for general use and have been withheld.

1.5 Using this report

This report is intended to be a reference document and therefore contains little interpretative text. The confidence intervals should be used to determine statistical significance. If more detailed information is required or interpretation needed, please contact the Health and Wellbeing Survey team, Epidemiology Directorate, WA Department of Health via email DOH.HWSS@health.wa.gov.au.

DEMOGRAPHICS

2. Demographics

In 2024, a total of 13,151 Western Australians aged 16 years and over participated in the HWSS survey. The demographic and socioeconomic characteristics of the adults who participated in the 2024 HWSS data collection period is shown in **Table 2** and **Table 3.** The tables show the unweighted number in the sample for each group and the weighted population prevalence estimate expressed as a percentage.

From the weighted prevalence estimates shown in **Table 2** and **Table 3:**

- There were slightly more females (51.4%) than males (48.6%).
- More than half (56.3%) were born in Australia.
- Just over half (54.2%) of respondents were employed for wages, salary, or payment in kind.
- More than half (58.7%) possessed private health insurance with both hospital and ancillary cover.

Table 2: Demographic characteristics, 16 years and over, HWSS 2024

	Unweighted Sample (n)	Weighted survey sample (%)
Data collection mode		
CATI	10,924	84.1
Online	2,227	15.9
Age groups		
16 to 24 years	355	11.3
25 to 44 years	3,549	36.1
45 to 64 years	5,462	31.9
65 years and over	3,785	20.7
Gender		
Females	7,640	51.4
Males	5,511	48.6
Australian Born		
Yes	8,714	56.3
No	4,268	43.7
Aboriginal or Torres Strait Islander		
Yes	288	2.4
No	12,613	97.6
Marital Status		
Married	7,510	38.8
De facto	1,568	9.9
Widowed	638	5.4
Divorced	1,259	12.1
Separated	565	5.7
Never married	1,561	28.1
Health Region		
East Metro	2,360	27.6
Goldfields	575	2.1
Great Southern	860	2.8
Kimberley	393	1.5
Midwest	783	2.7
North Metro	2,367	24.6
Pilbara	402	1.8
South Metro	2,489	26.9
Southwest	2,013	6.9
Wheatbelt	909	3.0

* Numbers may not add up to total sample or 100 due to refusal and “don’t know” responses.

Table 3: Socioeconomic characteristics, 16 years and over, HWSS 2024

	Unweighted Sample (n)	Weighted survey sample (%)
Current Place of Living		
Rented from govt or public authority	456	4.0
Rented privately	1,911	21.2
Being paid off by you/your partner	4,618	33.7
Fully owned/outright owner	5,523	35.0
Other	574	6.1
Current Living Arrangement		
Living with parent(s)	441	10.7
Living with other family members	1,207	13.0
Living with friends	251	4.1
Living with a partner and children	4,157	25.2
Living with a partner but no children	4,491	21.5
Living alone	2,105	20.3
Living in a retirement village	339	4.1
Other living arrangement	136	1.2
Annual Household Income		
$40,000 or under	1,901	18.5
$40,001-$80,000	2,257	20.7
$80,001-$120,000	1,983	17.8
$120,001-$160,000	1,641	13.5
$160,001 - $200,000	1,364	11.0
More than $200,000	2,246	18.5
Household Spending		
Spend more money than earn/get	680	6.5
Have just enough money to get by	1,800	17.0
Spend left over money	600	4.7
Save a bit every now and then	3,327	26.6
Save some regularly	4,501	33.6
Save a lot	1,508	11.7

* Numbers may not add up to total sample due to refusal and “don’t know” responses.

Table 3: Socioeconomic characteristics, 16 years and over, HWSS 2024 (cont.)

	Unweighted Sample (n)	Weighted survey sample (%)
Highest Level of Education (a)		
Less than Year 10	343	2.3
Year 10 or Year 11	1,294	9.0
Year 12	1,099	12.3
TAFE/Trade qualification	6,210	51.3
Tertiary degree or equivalent	4,150	25.0
Employment Status		
Self employed	1,743	10.3
Employed for wages, salary or payment in kind	6,817	54.2
Unemployed for less than one year	204	2.8
Unemployed for more than one year	154	2.1
Engaged in home duties	378	3.1
Retired	3,157	18.6
Unable to work	383	3.6
Student	152	4.1
Other	137	1.1
Receiving a Government Pension		
Yes	3,004	23.2
No	10,064	76.8
Possess a Government Health Care Card		
Yes	3,852	32.2
No	9,187	67.8
Possess Private Health Insurance		
Yes - Hospital only	417	3.4
- Ancillary only	1,112	9.3
- Both hospital and ancillary	8,178	58.7
No	3,224	28.6

(a) Excludes respondents who are currently still at school.

GENERAL HEALTH

3. General health

This section focuses on self-reported health status and disability.

47.6%
of Western Australian adults reported their current health status as ‘excellent’ or ‘very good’

20.9%
of Western Australian adults were in a family where at least one person was living with a disability

63.9%
of Western Australian adults with a disability in the family reported that the disability had a ‘fairly big’, ‘big’ or ‘very big’ impact on the family

3.1 Self-reported health status

We asked respondents several questions regarding their general health, including their current health status.

- The prevalence of adults who rated their health status as 'Excellent' decreased with age: 16 to 44 years (17.0%), 45 to 64 years (12.6%) and 65 years and over (9.4%) (**Table 4**).
- There were no differences between males and females in self-reported health status.

Table 4: Prevalence of self-reported health status, 16 years and over, HWSS 2024

	Excellent		Very Good		Good		Fair		Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	14.3	(12.4-16.2)	37.9	(35.2-40.6)	33.0	(30.5-35.6)	11.4	(9.6-13.2)	3.3	(2.3-4.4)
Males	19.8	(17.2-22.4)	35.5	(32.5-38.5)	31.4	(28.5-34.3)	9.8	(7.9-11.7)	3.5	(2.2-4.7)
Persons	17.0	(15.4-18.6)	36.7	(34.7-38.7)	32.2	(30.3-34.2)	10.6	(9.3-11.9)	3.4	(2.6-4.2)
45 to 64 years										
Females	14.0	(12.5-15.5)	32.9	(30.9-34.9)	33.1	(31.0-35.1)	13.4	(11.9-15.0)	6.6	(5.4-7.8)
Males	11.1	(9.6-12.7)	31.1	(28.8-33.4)	36.1	(33.6-38.6)	15.0	(13.1-16.9)	6.6	(5.3-8.0)
Persons	12.6	(11.5-13.7)	32.0	(30.5-33.5)	34.6	(32.9-36.2)	14.2	(13.0-15.4)	6.6	(5.7-7.5)
65+ years										
Females	10.5	(8.9-12.2)	30.7	(28.2-33.2)	32.3	(29.8-34.9)	18.0	(15.8-20.1)	8.4	(6.8-10.0)
Males	8.0	(6.4-9.6)	26.2	(23.6-28.8)	38.6	(35.7-41.5)	19.4	(16.9-21.9)	7.8	(6.1-9.4)
Persons	9.4	(8.2-10.5)	28.6	(26.8-30.4)	35.3	(33.4-37.2)	18.6	(17.0-20.3)	8.1	(6.9-9.3)
Total										
Females	13.4	(12.3-14.5)	34.8	(33.3-36.3)	32.9	(31.4-34.4)	13.4	(12.4-14.5)	5.4	(4.7-6.2)
Males	14.7	(13.3-16.1)	32.2	(30.5-33.9)	34.4	(32.7-36.1)	13.4	(12.2-14.6)	5.3	(4.5-6.1)
Persons	14.0	(13.1-14.9)	33.6	(32.4-34.7)	33.6	(32.5-34.7)	13.4	(12.6-14.2)	5.4	(4.9-5.9)

Self-reported health status was further categorised into three groups: i) excellent/very good, ii) good and iii) fair/poor. The prevalence for these groups was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who rated their health as 'fair/poor' was higher in the Midwest health region (25.3%) and lower in the Pilbara health region (12.7%) when compared with the state prevalence (18.8%); those who rated their health as 'good' were higher in the Kimberley health region (41.3%) when compared with the state prevalence (33.6%); and those who rated their health as 'excellent/very good' was lower in the Wheatbelt health region (41.3%) when compared to the state prevalence (47.6%) (**Figure 2**).

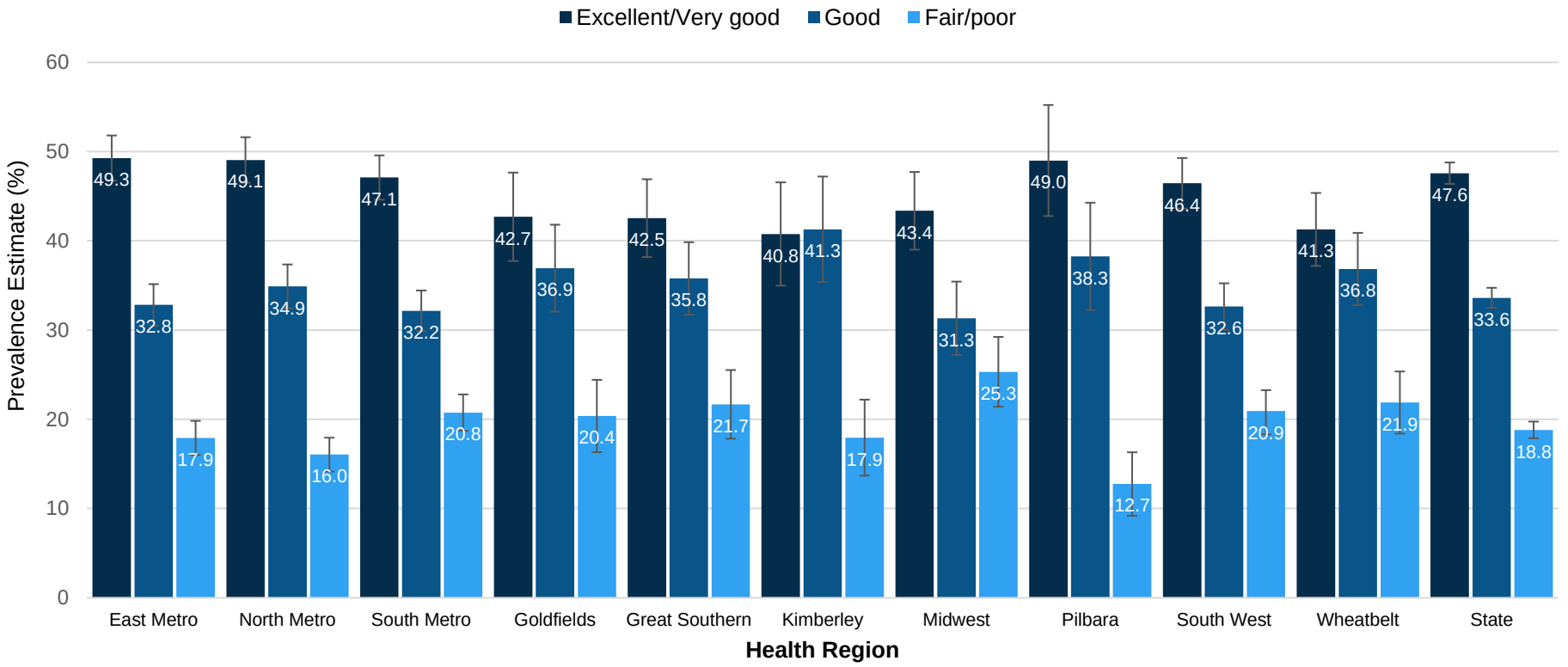


Figure 2: Prevalence of self-reported health status by health regions in WA, 16 years and over, HWSS 2024

3.2 Disability

We asked respondents whether they or a family member had any disability. If respondents answered “yes”, they were asked how much of an impact this is for them personally or for their family.

- The prevalence of disability, long-term illness or pain within the family that impacts on them personally or on their family did not vary greatly by age group or sex (**Figure 3**).

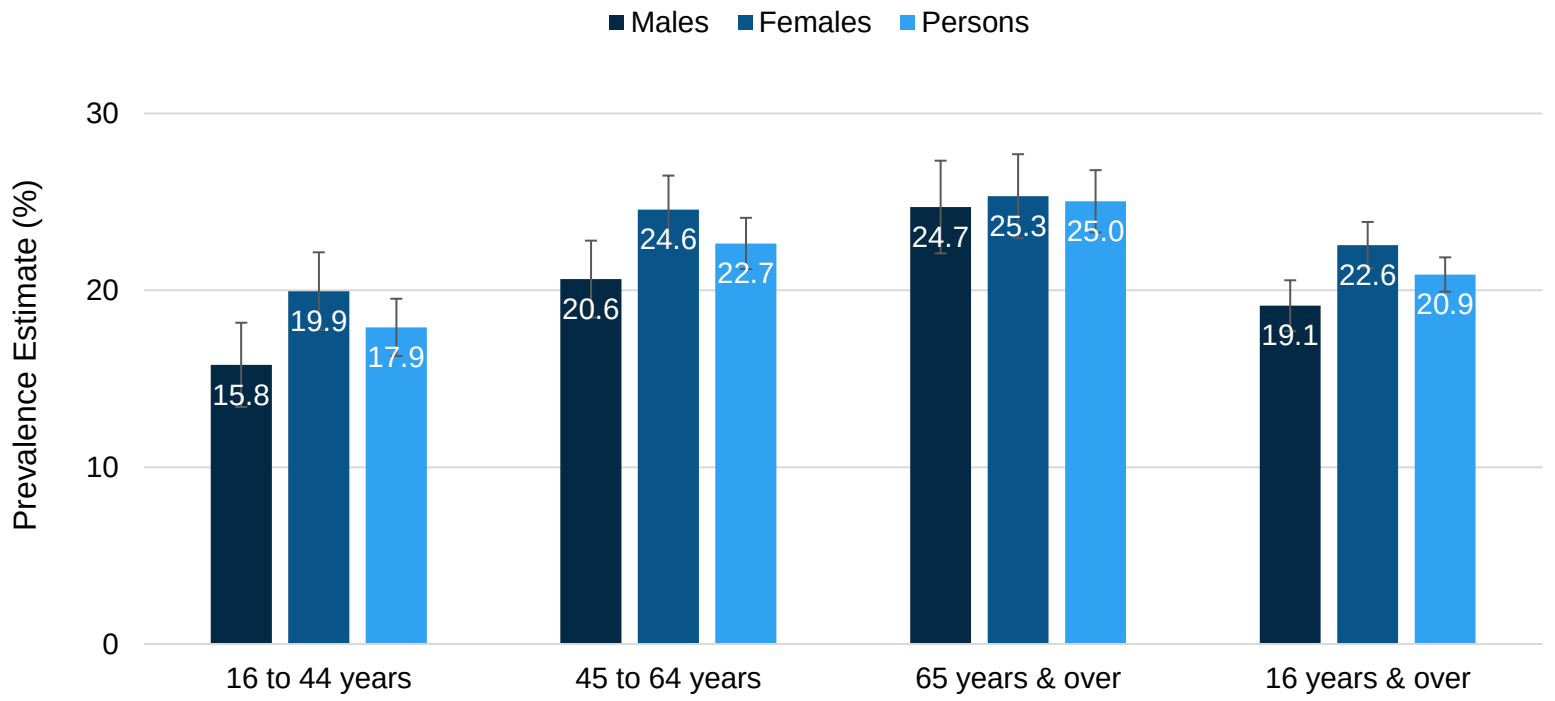


Figure 3: Prevalence of disability, long-term illness or pain within the family that impacts on them personally or on their family, 16 years and over, HWSS 2024

The prevalence of disability, long-term illness or pain within the family that impacts on them personally or on their family was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of disability, long-term illness or pain within the family that impacts on them personally or on their family by health region when compared with the state prevalence (**Figure 4**).

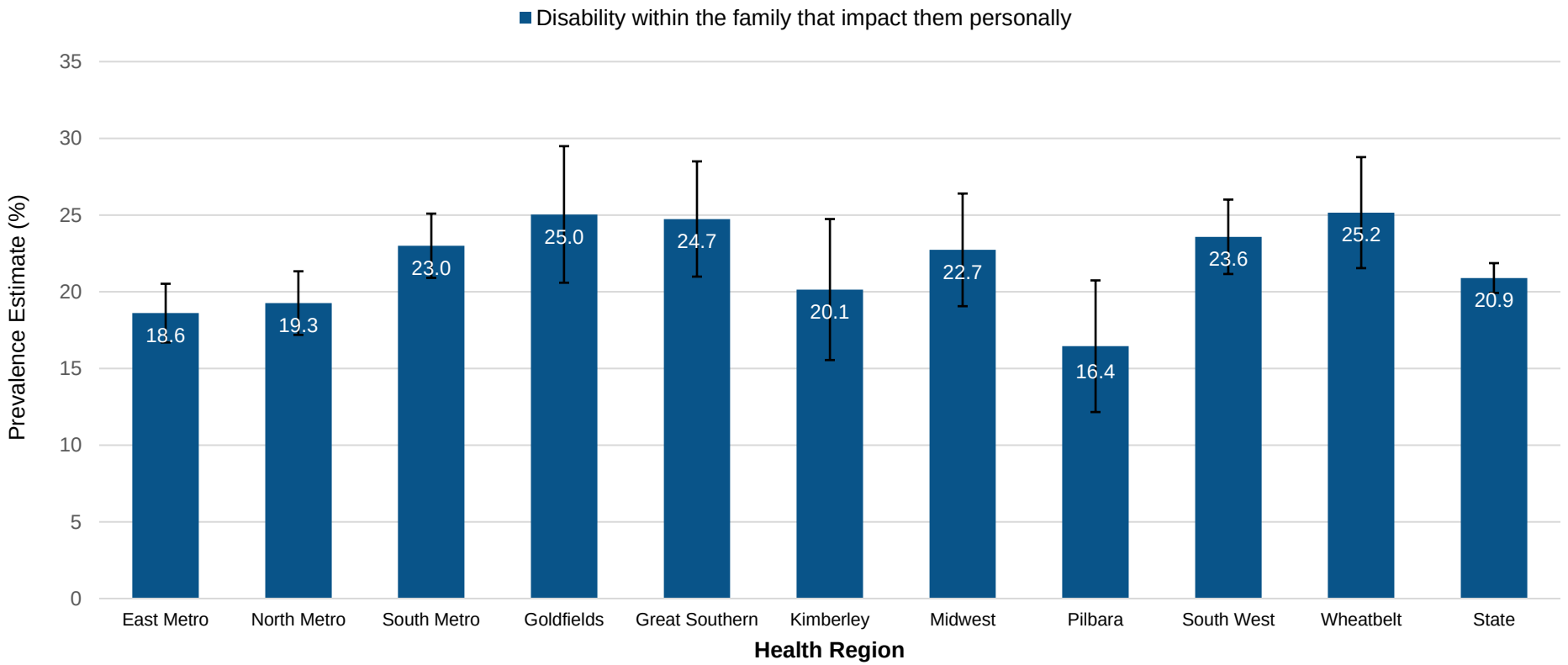


Figure 4: Prevalence of disability, long-term illness or pain within the family that impacts on them personally or on their family by health regions in WA, 16 years and over, HWSS 2024

- Of those with a family member with some form of disability, 21.6% reported that this had ‘a very big impact’ on themselves or their family (**Table 5**).
- Females (25%) were more likely to report having a family member with some form of disability that had ‘a very big impact’ on themselves or their family as compared to males (17.4%)

Table 5: Prevalence of rating of the impact of disability on the respondents themselves and their family, 16 years and over, HWSS 2024

	Not much of an impact		Some impact		A fairly big impact		A big impact		A very big impact	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	9.6	(5.9-13.3)	23.1	(17.9-28.2)	21.6	(16.6-26.5)	18.1	(13.3-23.0)	27.6	(22.1-33.2)
Males	23.6	(16.3-30.9)	24.3	(17.1-31.5)	26.0	(19.2-32.8)	12.3	(6.6-18.1)	13.7	(8.1-19.4)
Persons	15.7	(11.8-19.6)	23.6	(19.3-27.9)	23.5	(19.4-27.5)	15.6	(11.9-19.3)	21.6	(17.5-25.7)
45 to 64 years										
Females	9.7	(7.0-12.3)	18.1	(14.8-21.4)	27.1	(23.0-31.2)	17.8	(14.2-21.5)	27.2	(23.1-31.4)
Males	13.8	(9.8-17.7)	19.7	(14.9-24.6)	23.9	(18.8-29.0)	17.6	(13.1-22.1)	25.0	(19.6-30.3)
Persons	11.5	(9.2-13.8)	18.8	(16.0-21.7)	25.7	(22.5-28.9)	17.8	(14.9-20.6)	26.2	(22.9-29.5)
65+ years										
Females	12.7	(9.0-16.4)	19.4	(15.3-23.4)	27.5	(22.7-32.3)	23.2	(18.4-28.0)	17.2	(13.1-21.4)
Males	20.5	(15.4-25.7)	25.4	(19.9-30.9)	22.3	(17.2-27.5)	18.9	(14.1-23.8)	12.9	(9.3-16.4)
Persons	16.3	(13.2-19.4)	22.1	(18.8-25.5)	25.1	(21.6-28.6)	21.2	(17.8-24.7)	15.2	(12.4-18.0)
Total										
Females	10.4	(8.4-12.4)	20.5	(17.9-23.1)	24.9	(22.1-27.7)	19.2	(16.6-21.9)	25.0	(22.1-27.9)
Males	19.4	(15.9-22.9)	23.0	(19.4-26.6)	24.3	(20.8-27.8)	15.9	(12.8-18.9)	17.4	(14.3-20.5)
Persons	14.4	(12.4-16.3)	21.6	(19.4-23.8)	24.6	(22.5-26.8)	17.7	(15.8-19.7)	21.6	(19.5-23.8)

The rating of the impact of disability was grouped into two: i) not much/some impact and ii) fairly big/big/very big impact. The prevalence for these groups was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who reported that the disability had not much/some impact or fairly big/big/very big impact did not differ by health region when compared with the state **(Figure 5)**.

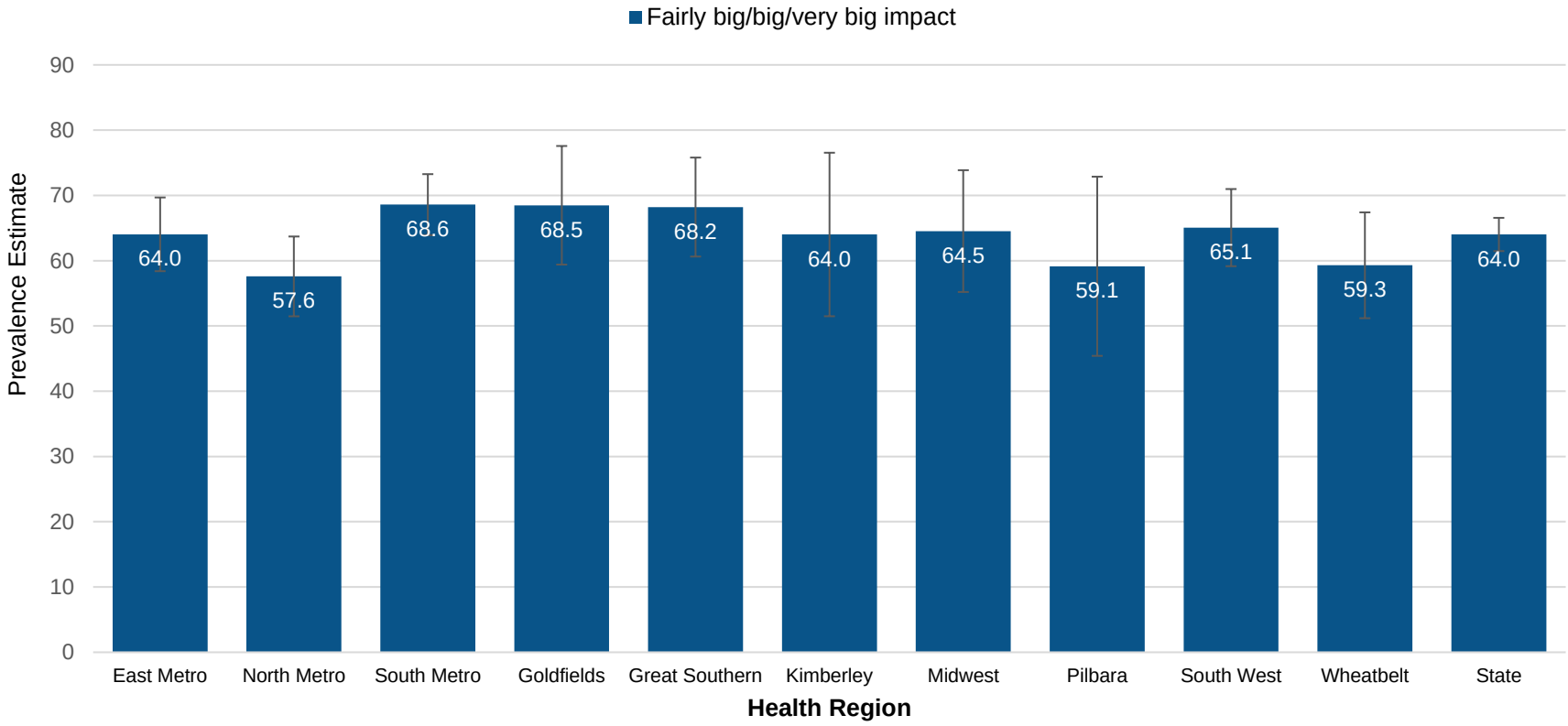


Figure 5: Prevalence of rating of the impact of disability on the respondents themselves and their family by health regions in WA, 16 years and over, HWSS 2024

CHRONIC HEALTH CONDITIONS

4. Chronic health conditions

Chronic health conditions refer to long-term conditions (lasting more than six months) that can have a significant impact on a person's life. This section will focus on the following eight chronic condition groups:

- Arthritis and osteoporosis
- Heart disease and stroke
- Non-melanoma skin cancer
- Diabetes
- Injury
- Asthma
- Respiratory conditions other than asthma
- Mental health conditions

16.5%
of Western Australian adults reported having arthritis and
6.1%
reported having osteoporosis

7.5%
of Western Australian adults reported having heart disease and
2.4%
reported ever having a stroke

12.8%
of Western Australian adults reported ever having non-melanoma skin cancer

9.9%
of Western Australian adults reported living with diabetes

26%
of Western Australian adults reported an injury and

31.5%
of those injuries were due to falls.

11.2%
of Western Australian adults reported currently having asthma

4.3%
of Western Australian adults reported currently having other chronic respiratory conditions

25%
of Western Australian adults were told by a doctor that they have a mental health condition in the past 12 months

4.1 Arthritis and osteoporosis

We asked respondents whether a doctor had ever told them they had arthritis or osteoporosis.

- The prevalence of arthritis and osteoporosis increased with age: arthritis – 16 to 44 years (3.2%), 45 to 64 years (20.5%), and 65 years and over (41.3%); osteoporosis – 16 to 44 years (0.7%), 45 to 64 years (5.3%), and 65 years and over (20.3%) (**Table 6**).
- Females were more likely than males to report having been told they had arthritis (19.7% compared to 13.2%) and osteoporosis (9.2% compared to 2.9%).

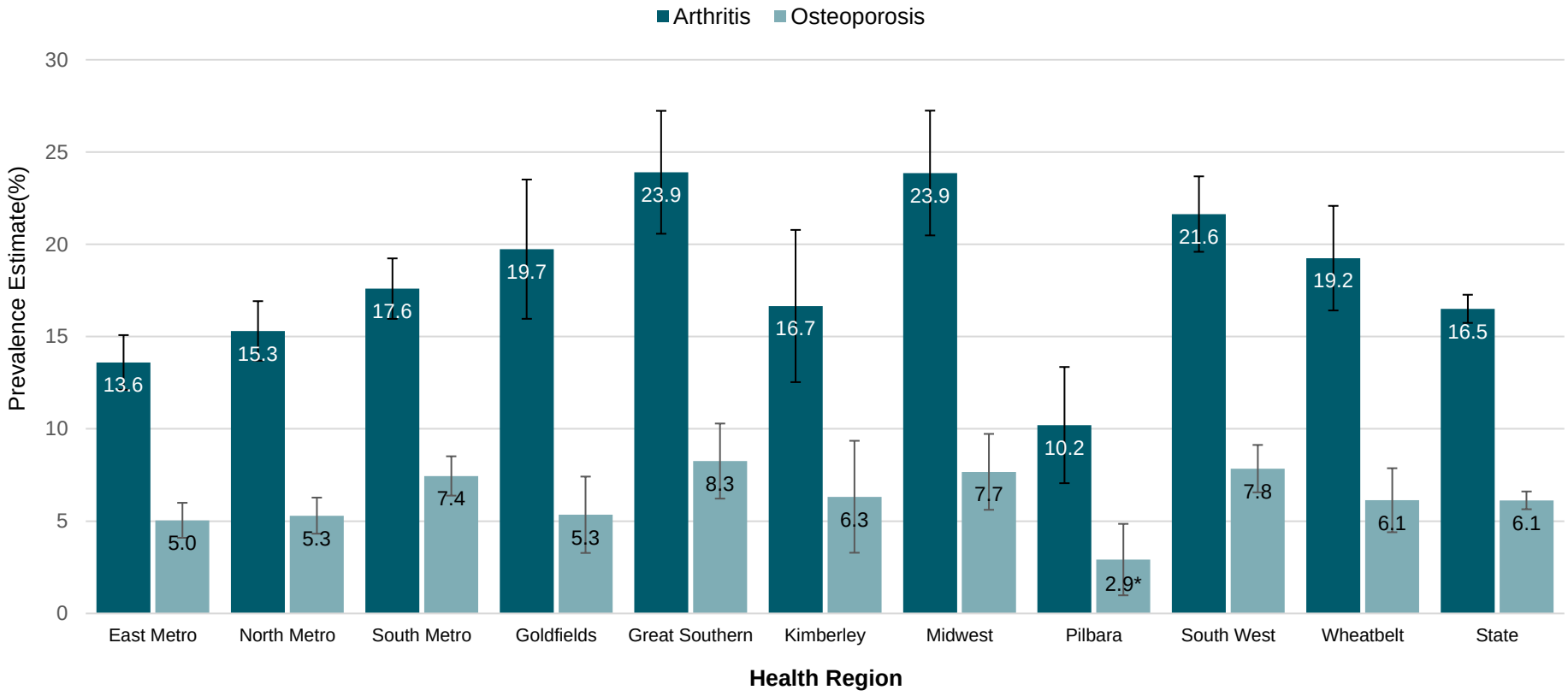
Table 6: Prevalence of arthritis and osteoporosis, 16 years and over, HWSS 2024

	Arthritis		Osteoporosis	
	%	95% CI	%	95% CI
16 to 44 years				
Females	3.6	(2.8-4.5)	0.9	(0.5-1.3)
Males	2.8	(1.9-3.8)	0.6 *	(0.2-1.0)
Persons	3.2	(2.6-3.9)	0.7	(0.4-1.0)
45 to 64 years				
Females	23.1	(21.2-24.9)	7.8	(6.6-9.0)
Males	17.8	(15.8-19.8)	2.6	(1.7-3.5)
Persons	20.5	(19.1-21.8)	5.3	(4.5-6.0)
65+ years				
Females	50.7	(48.0-53.5)	30.6	(27.9-33.2)
Males	30.7	(27.9-33.5)	8.9	(7.0-10.7)
Persons	41.3	(39.2-43.3)	20.3	(18.5-22.0)
Total				
Females	19.7	(18.6-20.7)	9.2	(8.4-10.0)
Males	13.2	(12.1-14.2)	2.9	(2.3-3.4)
Persons	16.5	(15.7-17.3)	6.1	(5.6-6.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The prevalence of arthritis and osteoporosis was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of arthritis was lower in the Pilbara (10.2%) and East Metro (13.6%) health regions, and higher in the Midwest (23.9%), Great Southern (23.9%), South West (21.6%), and Goldfields (19.7%) health regions when compared with the state prevalence (16.5%) (**Figure 6**).
- The prevalence of osteoporosis was lower in Pilbara health region (2.9%) when compared with the state prevalence (6.1%).



*Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Figure 6: Prevalence of arthritis and osteoporosis by health regions in WA, 16 years and over, HWSS 2024

4.2 Heart disease and stroke

We asked respondents whether a doctor had ever told them they had heart disease or stroke.

- The prevalence of heart disease and stroke increased with age: heart disease – 16 to 44 years (1%), 45 to 64 years (7.8%), and 65 years and over (22.5%); stroke – 16 to 44 years (0.5%), 45 to 64 years (2.5%), and 65 years and over (6.7%) (**Table 7**).
- Males were more likely than females to report being told they had heart disease (9.1% compared to 6.1%).

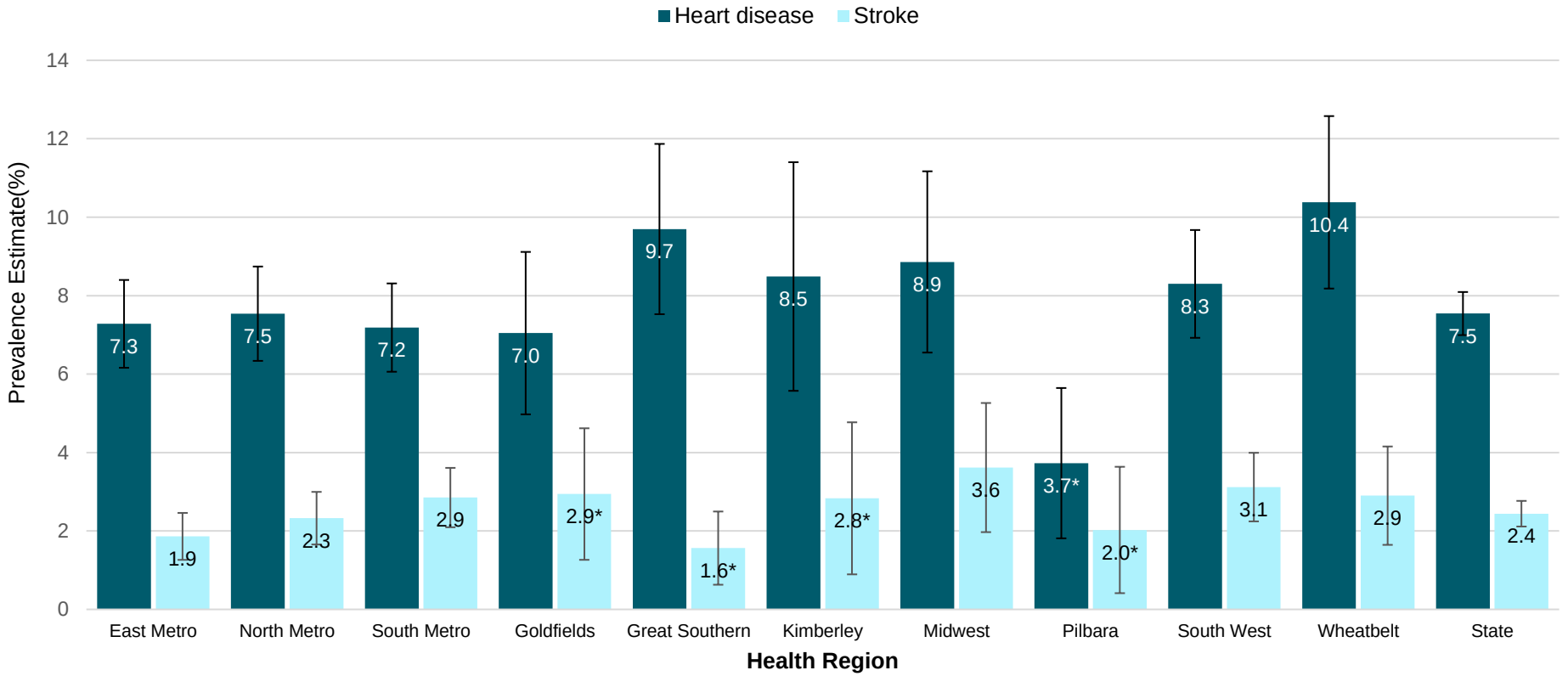
Table 7: Prevalence of heart disease and stroke, 16 years and over, HWSS 2024

	Heart Disease		Stroke	
	%	95% CI	%	95% CI
16 to 44 years				
Females	0.9	(0.5-1.3)	0.8 *	(0.3-1.2)
Males	1.2 *	(0.5-1.8)	N/A	(N/A-N/A)
Persons	1.0	(0.6-1.4)	0.5 *	(0.2-0.8)
45 to 64 years				
Females	5.4	(4.3-6.5)	2.3	(1.6-3.0)
Males	10.2	(8.5-11.9)	2.8	(2.0-3.6)
Persons	7.8	(6.8-8.8)	2.5	(2.0-3.1)
65+ years				
Females	18.6	(16.4-20.8)	4.6	(3.3-5.9)
Males	26.8	(24.1-29.6)	9.0	(7.1-10.9)
Persons	22.5	(20.7-24.2)	6.7	(5.5-7.8)
Total				
Females	6.1	(5.4-6.7)	2.1	(1.6-2.5)
Males	9.1	(8.2-10.0)	2.8	(2.3-3.3)
Persons	7.5	(7.0-8.1)	2.4	(2.1-2.8)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.
N/A: Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use.

The prevalence of heart disease and stroke was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of heart disease was lower in the Pilbara health region (3.7%) and higher in the Wheatbelt health region (10.4%) when compared with the state prevalence (7.5%) (**Figure 7**).



* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Figure 7: Prevalence of heart disease and stroke by health regions in WA, 16 years and over, HWSS 2024

4.3 Non-melanoma skin cancer

We asked respondents whether a doctor had ever told them they had non-melanoma skin cancer.

- Overall, the prevalence of non-melanoma skin cancer was (12.8%) (**Table 8**).
- The prevalence of non-melanoma skin cancer increased with age: 16 to 44 years (3%), 45 to 64 years (15%), and 65 years and over (32.1%).

Table 8: Prevalence of non-melanoma skin cancer, 16 years and over, HWSS 2024

	Yes		No	
	%	95% CI	%	95% CI
16 to 44 years				
Females	3.0	(2.3-3.7)	97.0	(96.3-97.7)
Males	3.0	(2.2-3.9)	97.0	(96.1-97.8)
Persons	3.0	(2.5-3.6)	97.0	(96.4-97.5)
45 to 64 years				
Females	14.8	(13.3-16.3)	85.2	(83.7-86.7)
Males	15.2	(13.5-16.9)	84.8	(83.1-86.5)
Persons	15.0	(13.9-16.1)	85.0	(83.9-86.1)
65+ years				
Females	29.5	(27.0-31.9)	70.5	(68.1-73.0)
Males	35.1	(32.2-37.9)	64.9	(62.1-67.8)
Persons	32.1	(30.2-34.0)	67.9	(66.0-69.8)
Total				
Females	12.3	(11.5-13.2)	87.7	(86.8-88.5)
Males	13.3	(12.3-14.3)	86.7	(85.7-87.7)
Persons	12.8	(12.2-13.5)	87.2	(86.5-87.8)

The prevalence of non-melanoma skin cancer was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of non-melanoma skin cancer was lower in the Pilbara (8.5%) and East Metro (10.4%) health regions, and higher in the Wheatbelt (16.6%), South West (16.8%), Midwest (17.3%), and Great Southern (18.7%) health regions when compared with the state prevalence (12.8%) (**Figure 8**).

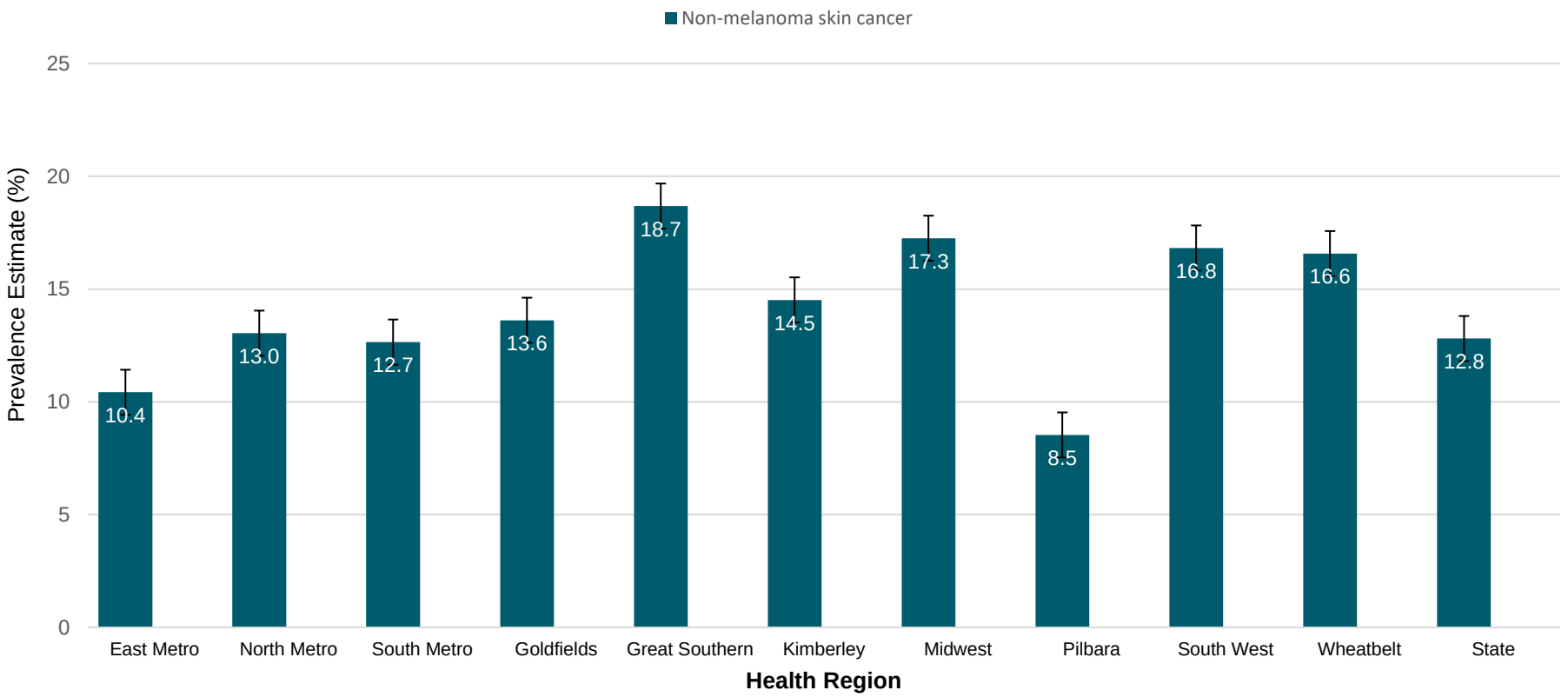


Figure 8: Prevalence of non-melanoma skin cancer by health regions in WA, 16 years and over, HWSS 2024

4.4 Diabetes

We asked respondents whether a doctor had ever told them they had diabetes and what type of diabetes they had.

- The prevalence of all diabetes increased with age: all diabetes – 16 to 44 years (4.4%), 45 to 64 years (12.1%), and 65 years and over (19%); Type 2 diabetes – 16 to 44 years (1.5%), 45 to 64 years (9.9%), and 65 years and over (17.6%) **(Table 9)**.
- Females (5.5%) were less likely to report having been told they had Type 2 diabetes than males (9.7%).

Table 9: Prevalence of all diabetes and type 2 diabetes, 16 years and over, HWSS 2024

	All diabetes (a)		Type 2 diabetes (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	6.3	(5.2-7.4)	1.3	(0.8-1.9)
Males	2.3	(1.5-3.2)	1.7	(0.9-2.4)
Persons	4.4	(3.7-5.1)	1.5	(1.0-2.0)
45 to 64 years				
Females	9.9	(8.6-11.1)	6.9	(5.9-8.0)
Males	14.5	(12.7-16.4)	13.1	(11.3-14.9)
Persons	12.1	(11.0-13.3)	9.9	(8.9-11.0)
65+ years				
Females	13.5	(11.7-15.4)	12.4	(10.6-14.2)
Males	25.2	(22.5-27.9)	23.5	(20.8-26.1)
Persons	19.0	(17.4-20.7)	17.6	(16.0-19.2)
Total				
Females	9.0	(8.2-9.8)	5.5	(4.9-6.1)
Males	10.8	(9.8-11.8)	9.7	(8.8-10.6)
Persons	9.9	(9.3-10.5)	7.5	(7.0-8.1)

(a) Includes type1, type 2, gestational, other and type unknown diabetes.

(b) Type 2 diabetes only.

The prevalence of all diabetes and type 2 diabetes was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of both All diabetes and Type 2 diabetes did not differ by health region when compared with the state prevalence (**Figure 9**).

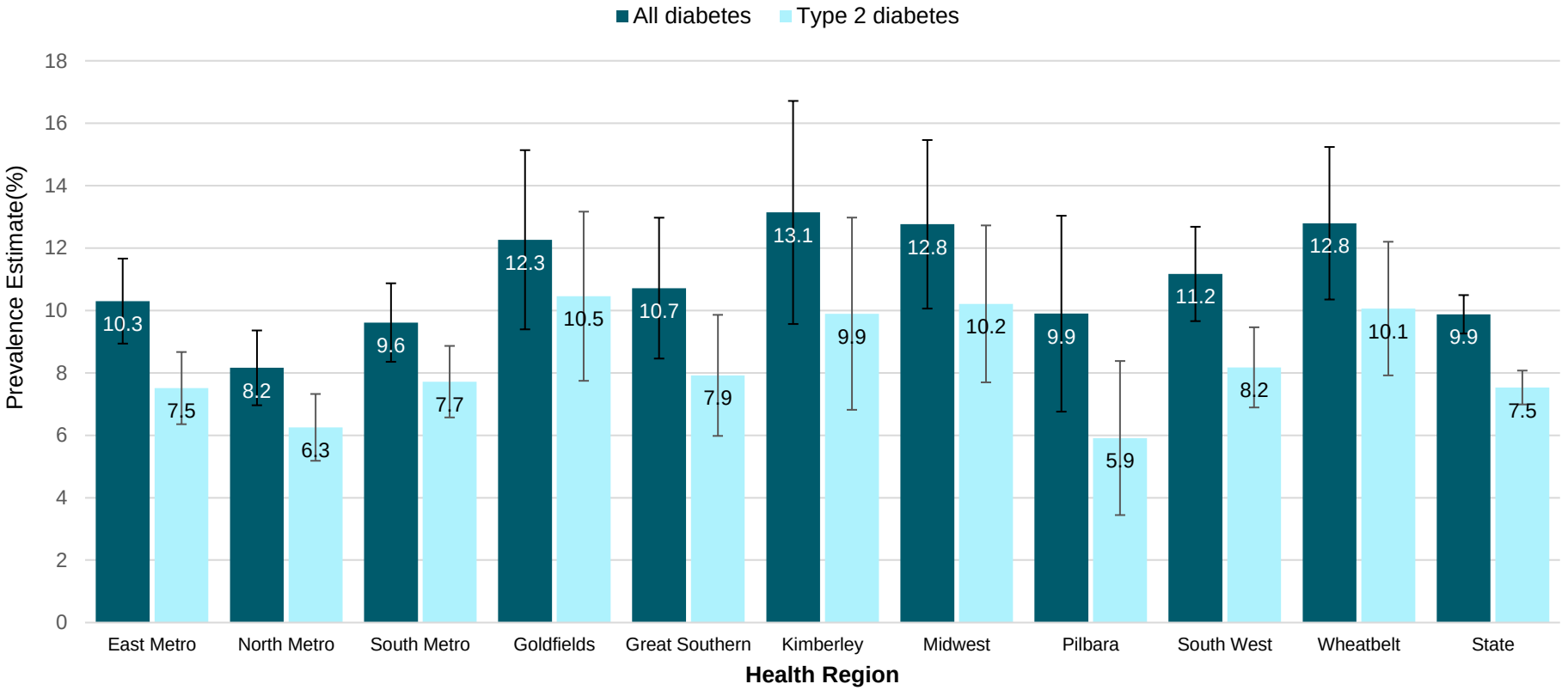


Figure 9: Prevalence of all diabetes and type 2 diabetes by health regions in WA, 16 years and over, HWSS 2024

4.5 Injury

We asked respondents whether they had any injuries in the past 12 months that required treatment from a health professional, and if so, whether these injuries were due to falls.

- The prevalence of injury was lower inadults aged 65 years and over (22.8%) when compared with those aged 16 to 44 years (26.8%) and 45 to 64 years (26.9%) (**Table 10**).
- Of those who sustained an injury, adults aged 65 years and over were more likely to indicate that this was due to a fall (51.1% compared with 25.3% in adults aged 16 to 44 years and 29.8% in adults aged 45 to 64 years).
- The prevalence of injury due to falls (all respondents) was lower in males compared with females (7% compared with 9.3%).

Table 10: Prevalence of injuries and falls in the past 12 months, 16 years and over, HWSS 2024

	Injury		Injuries due to falls (of those injured) (a)		Injury due to falls all respondents (b)	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	25.2	(22.8-27.6)	27.7	(22.6-32.8)	6.9	(5.5-8.4)
Males	28.5	(25.7-31.3)	23.2	(18.1-28.2)	6.6	(5.0-8.2)
Persons	26.8	(25.0-28.7)	25.3	(21.7-28.9)	6.8	(5.7-7.9)
45 to 64 years						
Females	27.4	(25.4-29.3)	36.1	(32.0-40.3)	9.9	(8.5-11.2)
Males	26.4	(24.1-28.7)	22.9	(18.6-27.2)	6.0	(4.7-7.3)
Persons	26.9	(25.4-28.4)	29.8	(26.8-32.8)	8.0	(7.1-8.9)
65+ years						
Females	23.3	(21.0-25.6)	58.8	(53.3-64.2)	13.7	(11.8-15.5)
Males	22.3	(19.7-24.8)	42.1	(35.5-48.7)	9.3	(7.4-11.2)
Persons	22.8	(21.1-24.5)	51.1	(46.8-55.3)	11.6	(10.3-13.0)
Total						
Females	25.5	(24.1-26.9)	36.6	(33.6-39.7)	9.3	(8.4-10.2)
Males	26.6	(25.0-28.2)	26.3	(23.1-29.4)	7.0	(6.0-7.9)
Persons	26.0	(25.0-27.1)	31.5	(29.3-33.7)	8.2	(7.5-8.8)

(a) As a proportion of respondents reporting an injury. (b) As a proportion of all respondents.

The prevalence of injuries in the past 12 months and injuries due to falls in all respondents was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of injuries in the past 12 months and injuries due to falls did not differ by health region when compared with the state prevalence (**Figure 10**).

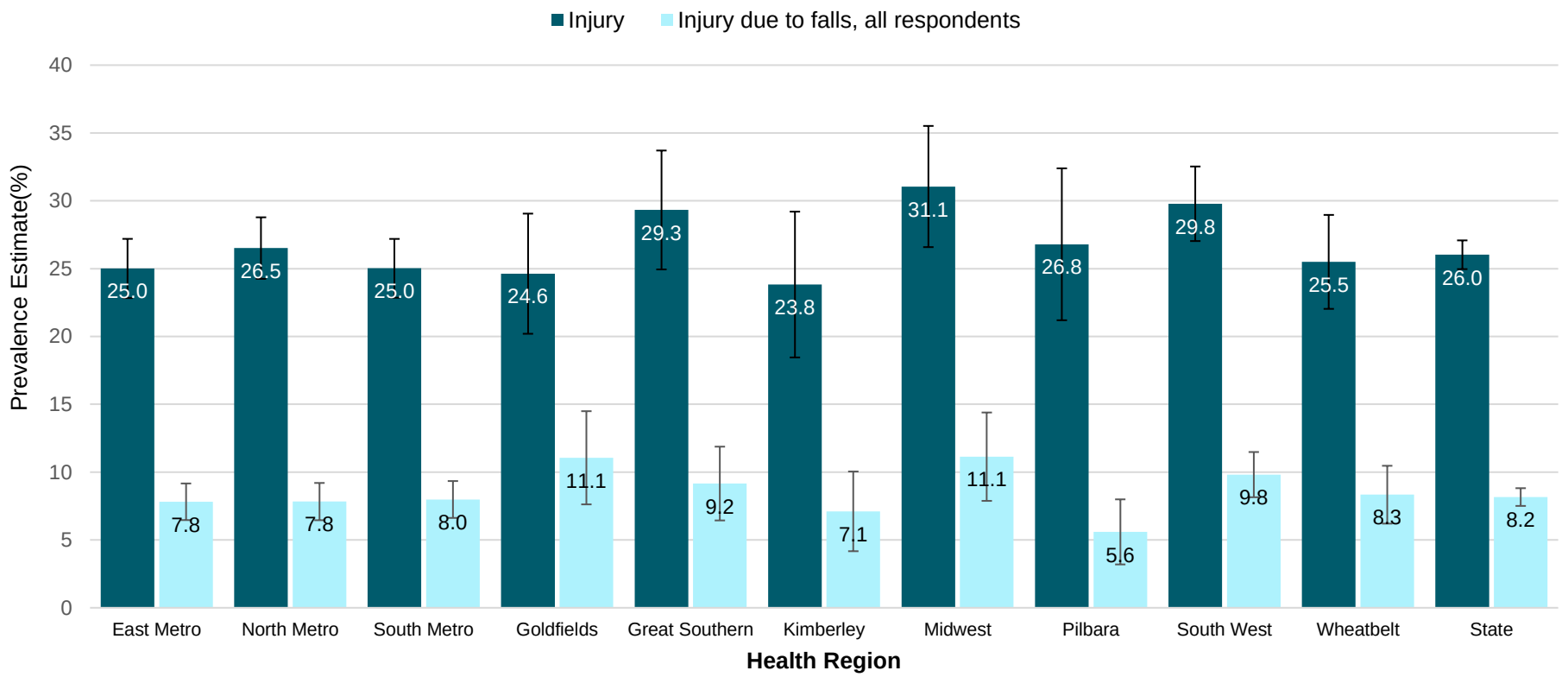


Figure 10: Prevalence of injuries and falls in the past 12 months by health regions in WA, 16 years and over, HWSS 2024

4.6 Asthma

We asked respondents whether a doctor had ever told them they had asthma and whether they had symptoms or had taken treatment for asthma during the past 12 months. Respondents who reported ever being told they had asthma were also asked if they had a written asthma action plan; that is, a written instruction of what to do if their asthma gets worse or out of control.

- The prevalence of lifetime asthma decreased with age: 16 to 44 years (21.2%), 45 to 64 years (17.8%), and 65 years and over (14.9%) (**Table 11**).
- The prevalence of current asthma was higher in females (14.6%) than males (7.5%).
- Of those who had ever been told they had asthma, 22.1% reported they had an action plan on what to do if their asthma got worse. Females (26.8%) were more likely to have an action plan than males (15.3%).

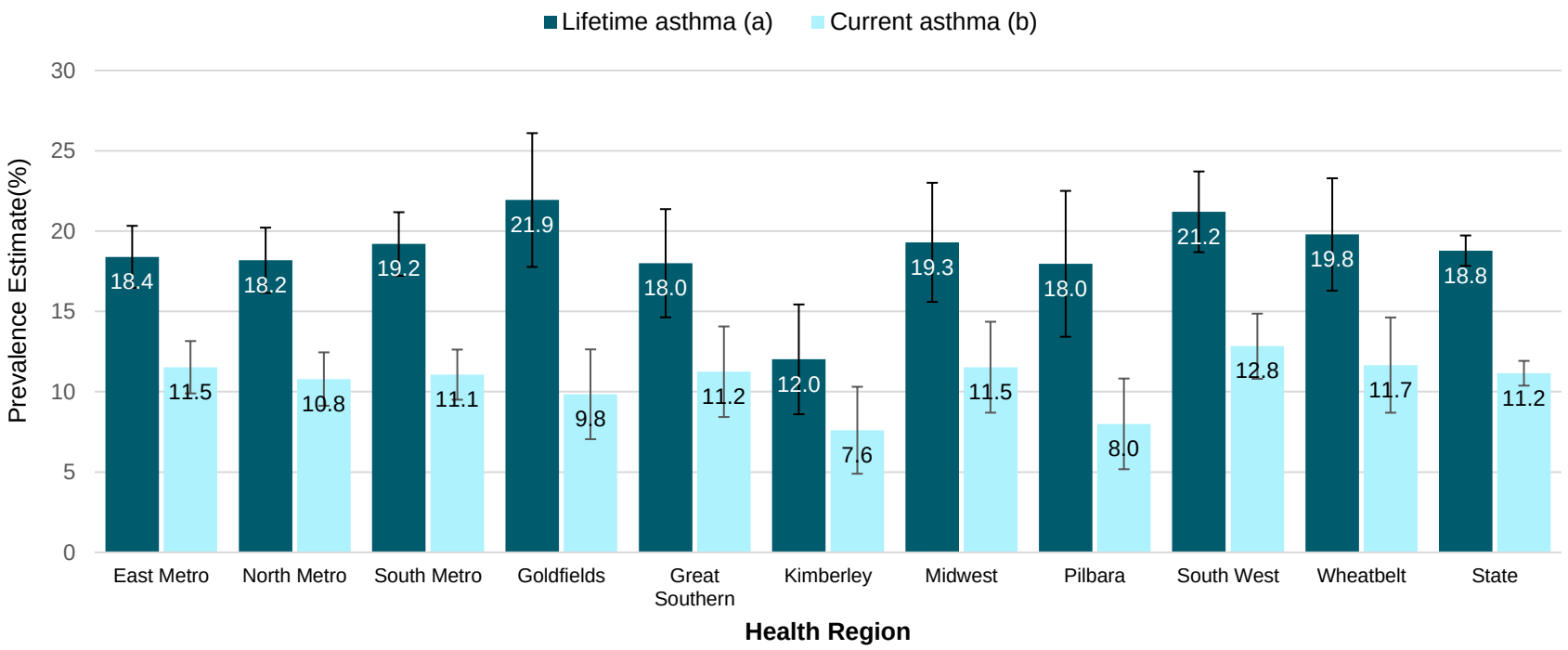
Table 11: Prevalence of asthma and asthma action plan, 16 years and over, HWSS 2024

	Lifetime asthma (a)		Current asthma (b)		Action Plan (c)	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	23.7	(21.3-26.1)	15.0	(12.9-17.1)	25.4	(20.2-30.5)
Males	18.5	(16.1-20.9)	7.6	(5.9-9.3)	13.1	(7.9-18.2)
Persons	21.2	(19.5-22.8)	11.3	(10.0-12.7)	20.1	(16.4-23.8)
45 to 64 years						
Females	21.4	(19.6-23.2)	14.2	(12.6-15.7)	27.1	(22.8-31.3)
Males	14.0	(12.2-15.8)	7.8	(6.4-9.2)	17.2	(11.7-22.6)
Persons	17.8	(16.5-19.0)	11.1	(10.0-12.1)	23.2	(19.9-26.6)
65+ years						
Females	18.2	(16.1-20.3)	14.2	(12.3-16.1)	30.5	(24.7-36.4)
Males	11.2	(9.5-12.9)	7.1	(5.6-8.5)	20.3	(13.3-27.3)
Persons	14.9	(13.5-16.3)	10.8	(9.6-12.1)	26.9	(22.4-31.4)
Total						
Females	21.8	(20.5-23.1)	14.6	(13.4-15.7)	26.8	(23.7-29.9)
Males	15.6	(14.2-16.9)	7.5	(6.6-8.5)	15.3	(11.8-18.7)
Persons	18.8	(17.8-19.7)	11.2	(10.4-11.9)	22.1	(19.8-24.5)

(a) People who reported they had been told by a doctor that they have asthma ever.
(b) People who reported they had symptoms of, or treatment for, asthma in the last 12 months.
(c) For respondents with lifetime asthma, written instructions were developed with a doctor of what to do if their asthma worsens.

The prevalence of lifetime asthma and current asthma was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of lifetime asthma was lower in the Kimberley health region (12%) when compared with the state prevalence (18.8%); the prevalence of current asthma was lower in Kimberley health region (7.6%) when compared with the state prevalence (11.2%) (**Figure 11**).



(a) People who reported they had been told by a doctor that they have asthma ever. (b) People who reported they had symptoms of, or treatment for, asthma in the last 12 months.

Figure 11: Prevalence of lifetime asthma and current asthma by health regions in WA, 16 years and over, HWSS 2024

We asked respondents with asthma how often their asthma had interfered with daily activities in the last 4 weeks.

- Of those adults who had ever been told they had asthma, 70.7% reported that their asthma had not interfered with their daily activities in the last 4 weeks (**Table 12**).
- Males were more likely than females to report that their asthma had not interfered with their daily activities (77% compared with 66.5%).

Table 12: Prevalence of asthma interfering with daily activities in the last 4 weeks, 16 years and over, HWSS 2024

	All or most of the time		Some of the time		None of the time	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	5.6 *	(2.4-8.8)	28.8	(23.2-34.3)	65.6	(59.8-71.5)
Males	4.5 *	(1.1-7.9)	17.3	(11.3-23.3)	78.3	(71.7-84.8)
Persons	5.1	(2.8-7.4)	23.9	(19.7-28.0)	71.0	(66.7-75.4)
45 to 64 years						
Females	8.1	(5.3-10.9)	22.4	(18.4-26.5)	69.4	(65.0-73.9)
Males	5.2 *	(1.4-9.1)	18.3	(12.6-24.1)	76.4	(70.0-82.9)
Persons	7.0	(4.7-9.3)	20.9	(17.5-24.2)	72.1	(68.4-75.8)
65+ years						
Females	13.1	(8.5-17.7)	23.3	(17.9-28.6)	63.6	(57.4-69.9)
Males	6.8 *	(1.6-11.9)	20.2	(13.5-26.8)	73.1	(65.4-80.7)
Persons	10.8	(7.3-14.4)	22.2	(18.0-26.3)	67.0	(62.1-71.8)
Total						
Females	7.7	(5.7-9.7)	25.8	(22.6-29.1)	66.5	(63.0-69.9)
Males	5.0	(2.7-7.4)	18.0	(14.1-21.9)	77.0	(72.7-81.3)
Persons	6.6	(5.1-8.2)	22.7	(20.2-25.2)	70.7	(68.0-73.4)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

4.7 Respiratory conditions other than asthma

We asked respondents if a doctor had told them they had a respiratory problem other than asthma, such as chronic bronchitis, emphysema, or chronic lung disease that lasted six months or more, and whether they still had the respiratory problem.

- The lifetime and point prevalence of a respiratory condition other than asthma increased with age (lifetime prevalence: 16 to 44 years (2.3%), 45 to 64 years (6.5%), 65 years and over (13.7%); point prevalence: 16 to 44 years (1.3%), 45 to 64 years (4.2%), 65 years and over (11.2%)) (**Table 13**).
- The prevalence of a respiratory condition other than asthma did not vary by sex.

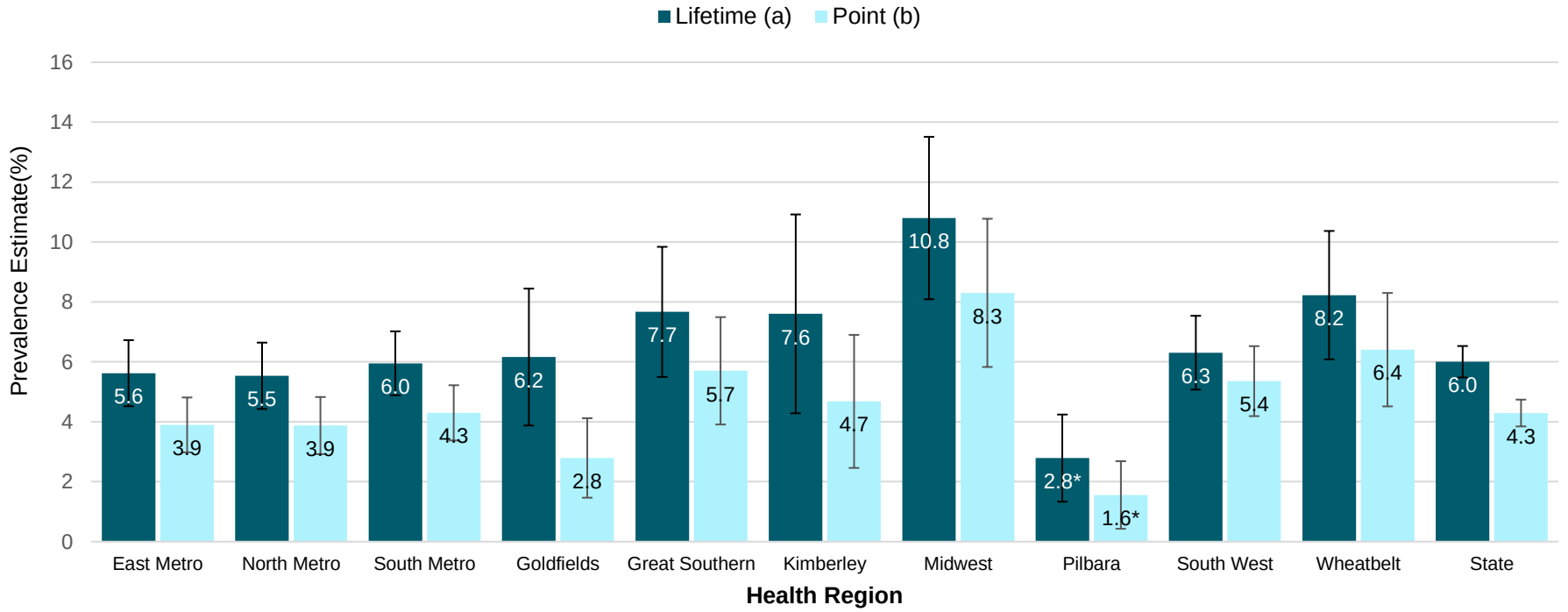
Table 13: Prevalence of respiratory conditions other than asthma, 16 years and over, HWSS 2024

	Lifetime (a)		Point (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	2.4	(1.5-3.3)	1.4 *	(0.7-2.1)
Males	2.2	(1.2-3.1)	1.2 *	(0.5-2.0)
Persons	2.3	(1.6-2.9)	1.3	(0.8-1.8)
45 to 64 years				
Females	6.4	(5.2-7.5)	4.0	(3.1-5.0)
Males	6.7	(5.3-8.2)	4.5	(3.2-5.7)
Persons	6.5	(5.6-7.5)	4.2	(3.5-5.0)
65+ years				
Females	15.7	(13.7-17.8)	12.9	(11.0-14.8)
Males	11.5	(9.5-13.4)	9.3	(7.6-11.1)
Persons	13.7	(12.3-15.2)	11.2	(9.9-12.5)
Total				
Females	6.5	(5.8-7.2)	4.7	(4.1-5.3)
Males	5.5	(4.7-6.3)	3.9	(3.2-4.5)
Persons	6.0	(5.5-6.5)	4.3	(3.8-4.7)

(a) People who reported they were told by a doctor that they have a respiratory condition other than asthma that lasted 6 months or more, such as bronchitis, emphysema, or chronic lung disease (ever).
(b) People who reported they had a respiratory condition other than asthma that lasted 6 months or more that is still present.
* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The lifetime and point prevalence of respiratory conditions other than asthma was estimated for health regions and compared with the state prevalence**.**

- The lifetime prevalence of respiratory conditions other than asthma was higher in the Midwest health region (10.8%) and lower in the Pilbara health region (2.8%) when compared with the state prevalence (6%) (**Figure 12**).
- The point prevalence of respiratory conditions other than asthma was higher in the Midwest health region (8.3%) and lower in the Pilbara health region (1.6%) when compared with the state prevalence (4.3%).



(a) People who reported they were told by a doctor that they have a respiratory condition other than asthma that lasted 6 months or more (b) People who reported they had a respiratory condition other than asthma that lasted 6 months or more and is still present.
* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Figure 12: Prevalence of respiratory conditions other than asthma by health region in WA, 16 years and over, HWSS 2024

4.8 Mental health

We asked respondents if a doctor had told them they had a mental health condition during the past 12 months.

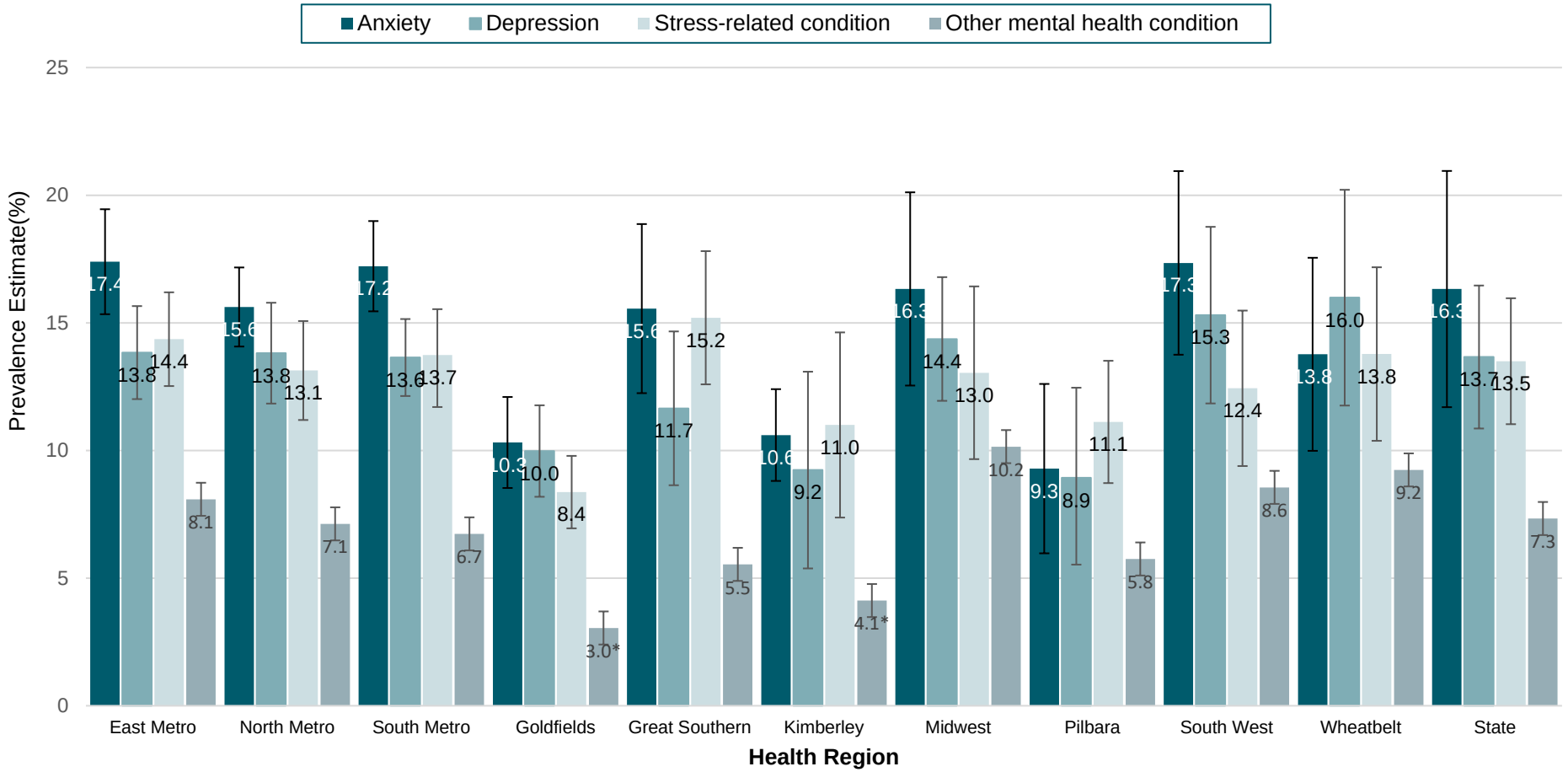
- The prevalence of anxiety, depression, stress-related conditions, and other mental health conditions within the past 12 months was higher in younger age groups when compared with adults aged 65 years and over (**Table 14**).
- The prevalence of anxiety, depression, stress-related conditions, and other mental health conditions was higher in females when compared with males.

Table 14: Prevalence of mental health conditions, 16 years and over, HWSS 2024

	Anxiety		Depression		Stress-related condition		Other mental health condition	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	26.8	(24.2-29.4)	19.8	(17.5-22.1)	18.7	(16.5-20.9)	12.7	(10.7-14.6)
Males	15.1	(12.7-17.5)	10.8	(8.8-12.9)	11.0	(9.0-13.1)	8.4	(6.5-10.2)
Persons	21.0	(19.3-22.8)	15.4	(13.8-16.9)	14.9	(13.4-16.4)	10.6	(9.2-11.9)
45 to 64 years								
Females	18.9	(17.1-20.7)	17.5	(15.7-19.3)	18.0	(16.2-19.8)	6.6	(5.4-7.8)
Males	9.4	(7.7-11.0)	10.9	(9.1-12.7)	10.1	(8.4-11.8)	5.2	(4.0-6.5)
Persons	14.2	(13.0-15.5)	14.3	(13.0-15.5)	14.2	(12.9-15.4)	5.9	(5.1-6.8)
65+ years								
Females	11.2	(9.4-12.9)	10.3	(8.5-12.0)	12.3	(10.4-14.2)	1.7	(1.0-2.4)
Males	6.0	(4.7-7.3)	7.1	(5.5-8.7)	5.8	(4.4-7.1)	2.7	(1.7-3.7)
Persons	8.7	(7.6-9.9)	8.8	(7.6-10.0)	9.2	(8.0-10.4)	2.2	(1.6-2.7)
Total								
Females	20.9	(19.5-22.3)	17.0	(15.7-18.3)	17.1	(15.9-18.4)	8.4	(7.4-9.4)
Males	11.4	(10.2-12.7)	10.1	(8.9-11.3)	9.7	(8.5-10.8)	6.2	(5.2-7.2)
Persons	16.3	(15.4-17.3)	13.7	(12.8-14.5)	13.5	(12.6-14.4)	7.3	(6.6-8.1)

The prevalence of anxiety, depression, stress-related conditions and other mental health conditions was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of anxiety was lower in Goldfields (10.3%) and Pilbara (9.3%) health regions when compared with the state prevalence (16.3%) (**Figure 13)**.
- The prevalence of depression was lower in the Kimberley (9.3%) and Pilbara (8.9%) health regions when compared with the state prevalence (13.7%) Figure 13.
- The prevalence of stress-related conditions was lower in the Goldfields health region (8.4%) when compared with the state prevalence (13.5%).
- The prevalence of other mental health conditions was lower in the Goldfields (3%) and Kimberley (4.1%) health regions when compared with the state prevalence (7.3%).



* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Figure 13: Prevalence of mental health conditions by health regions in WA, 16 years and over, HWSS 2024

We asked respondents if they were currently receiving treatment for a mental health condition.

- The prevalence of any mental health condition decreased with age: 16 to 44 years (29.5%), 45 to 64 years (23.4%) and 65 years and over (17%) (**Table 15**).
- The prevalence of any mental health condition was higher in females (31%) when compared with males (18.6%).
- The prevalence of receiving treatment for a mental health condition was also higher in females (19.9%) than in males (11.9%).

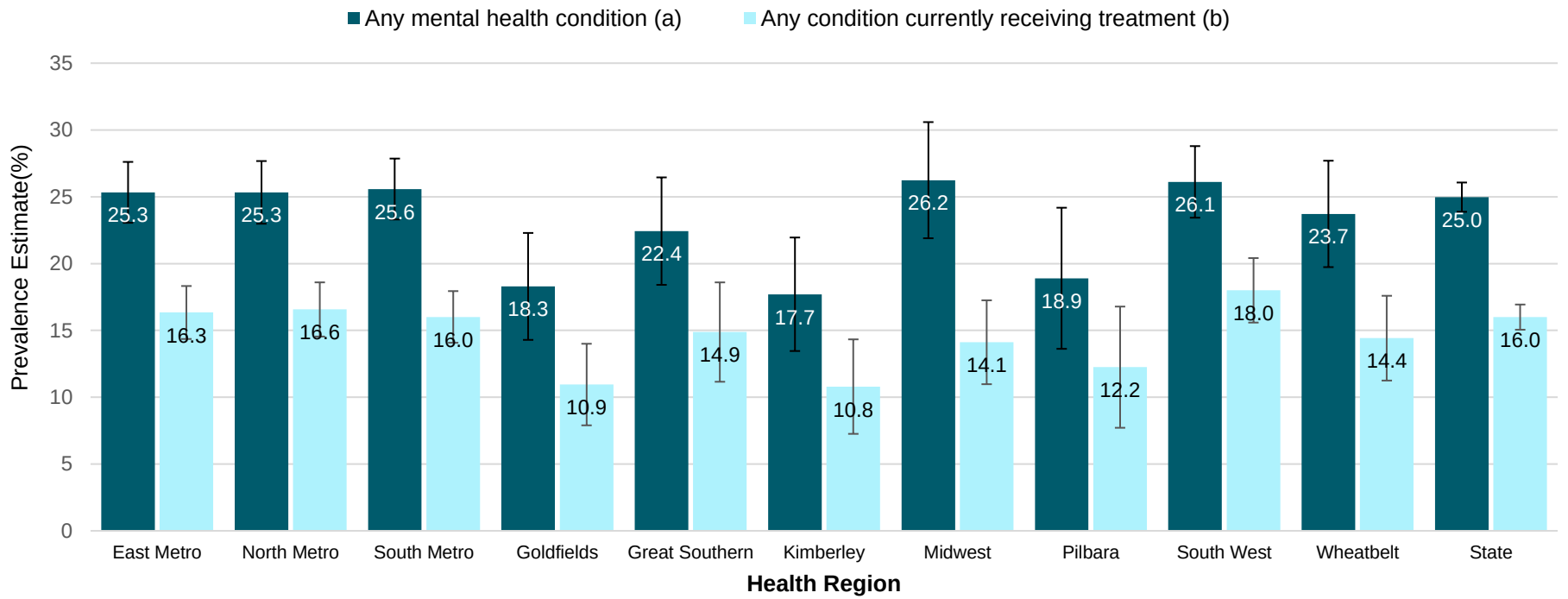
Table 15: Current mental health status, 16 years and over, HWSS 2024

	Any mental health condition (a)		Any condition currently receiving treatment (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	36.9	(34.2-39.7)	23.3	(20.9-25.7)
Males	21.8	(19.1-24.5)	14.0	(11.7-16.3)
Persons	29.5	(27.5-31.4)	18.7	(17.0-20.4)
45 to 64 years				
Females	29.0	(27.0-31.1)	20.3	(18.5-22.2)
Males	17.6	(15.4-19.7)	11.2	(9.4-13.0)
Persons	23.4	(21.9-24.9)	15.9	(14.6-17.2)
65+ years				
Females	20.8	(18.5-23.1)	11.9	(10.1-13.7)
Males	12.7	(10.7-14.8)	7.7	(6.0-9.3)
Persons	17.0	(15.5-18.6)	9.9	(8.7-11.2)
Total				
Females	31.0	(29.4-32.5)	19.9	(18.6-21.3)
Males	18.6	(17.1-20.2)	11.9	(10.6-13.2)
Persons	25.0	(23.9-26.1)	16.0	(15.1-16.9)

(a) People who reported that they had been told they have a mental health condition in the previous 12 months
(b) People who reported that they are currently receiving treatment for a mental health condition.

The prevalence of current mental health status (i.e., any mental health condition and currently receiving treatment for a mental health condition) was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of any mental health condition was lower in the Goldfields (18.3%) and Kimberley (17.7%) health regions when compared with the state prevalence (25%) (**Figure 14**).
- The prevalence of currently receiving treatment for a mental health condition was lower in the Goldfields (10.9%) and Kimberley (10.8%) health regions when compared with the state prevalence (16%).



(a) People who reported that they had been told they have a mental health condition in the previous 12 months (b) People who reported that they are currently receiving treatment for a mental health condition.

Figure 14: Prevalence of current mental health status by health regions in WA, 16 years and over, HWSS 2024

LIFESTYLE BEHAVIOURS

5. Lifestyle behaviours

Lifestyle behaviours can have a positive effect on health, such as the consumption of sufficient fruit and vegetables, or a negative effect, such as smoking and physical inactivity. This section will focus on the following lifestyle behaviours:

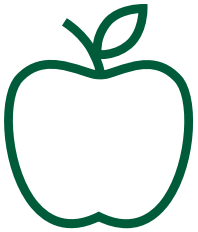
- Smoking and vaping
- Alcohol
- Illicit drug use
- Physical activity and sedentary behaviour
- Nutrition
- Sleep

13.5%
of Western Australian adults are current smokers

22.3%
of Western Australian adults had ever tried vaping

12.4%
of Western Australian adults reported illicit drug use

36.4%
of Western Australian adults drank at levels considered to put them at risk of harm from alcohol – related disease or injury



33.4%
of Western Australian adults met the recommended minimum daily intake for fruit

4.7%
of Western Australian adults met the recommended minimum daily intake for vegetables

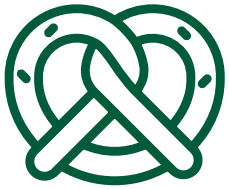
51.5%
of Western Australian adults consumed full fat/whole milk

8.4%
of Western Australian adults could not afford to buy food when they ran out in the past 12 months

6%
of Western Australian adults ate fast food meals three times or more a week

8.3%
of Western Australian adults ate fried hot potato products three times or more a week

31.6%
of Western Australian adults ate sweet baked snacks three times or more a week



13.5%
of Western Australian adults ate salty snacks three times or more a week

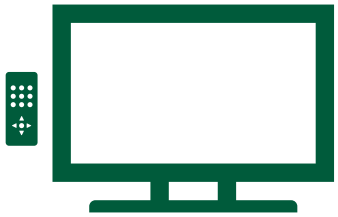
16.8%
of Western Australian adults drank sugar sweetened soft-drinks or energy drinks three times or more a week

22.2%
of Western Australian adults ate processed meats three times or more a week

15.8%
of Western Australian adults self-reported as being very active

60.9%
of Western Australian adults did at least 150 minutes of moderate physical activity per week

49.1%
of Western Australian adults reported spending most of their day sitting



37.4%
of Western Australian adults spent 21 hours or more per week on screen-based activity

37.2%
of Western Australian adults sleeped less than the recommended number of hours on a usual night

5.1 Tobacco and vape use (e-cigarette)

5.1.1 Tobacco smoking

We asked respondents about their smoking status (including cigarettes, cigars, and pipes).

- Adults aged 45 to 64 years were more likely to report smoking daily than those aged 65 years and over (13.4% compared with 6.0%) (**Table 16**).
- Females were more likely to report never smoking than males (50.8% compared with 41.3%).

Table 16: Current smoking status, 18 years and over, HWSS 2024

	I smoke daily		I smoke occasionally		I don't smoke now but I used to		I've tried it a few times but never smoked regularly		I've never smoked	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
18 to 44 years										
Females	6.8	(5.3-8.2)	2.9	(1.9-4.0)	17.5	(15.4-19.6)	14.4	(12.5-16.3)	58.4	(55.7-61.1)
Males	12.3	(10.1-14.5)	5.9	(4.3-7.6)	19.1	(16.7-21.5)	16.0	(13.7-18.4)	46.7	(43.5-49.8)
Persons	9.5	(8.2-10.8)	4.4	(3.4-5.4)	18.3	(16.7-19.9)	15.2	(13.7-16.7)	52.7	(50.6-54.8)
45 to 64 years										
Females	11.4	(9.9-12.9)	2.9	(2.1-3.6)	33.2	(31.2-35.3)	9.1	(7.9-10.3)	43.4	(41.2-45.5)
Males	15.6	(13.6-17.6)	3.9	(2.8-5.0)	33.4	(31.0-35.8)	7.2	(5.9-8.6)	39.9	(37.5-42.4)
Persons	13.4	(12.2-14.7)	3.4	(2.7-4.0)	33.3	(31.7-34.9)	8.2	(7.3-9.1)	41.7	(40.1-43.3)
65+ years										
Females	5.8	(4.5-7.1)	1.6	(0.9-2.3)	38.3	(35.6-41.0)	8.5	(6.9-10.0)	45.8	(43.1-48.6)
Males	6.3	(4.9-7.8)	1.9	(1.0-2.8)	53.3	(50.3-56.2)	7.4	(5.8-9.0)	31.1	(28.4-33.7)
Persons	6.0	(5.1-7.0)	1.8	(1.2-2.3)	45.3	(43.3-47.4)	8.0	(6.9-9.1)	38.9	(36.9-40.8)
Total										
Females	8.1	(7.2-8.9)	2.6	(2.1-3.2)	27.1	(25.8-28.4)	11.4	(10.4-12.4)	50.8	(49.3-52.4)
Males	12.1	(10.9-13.4)	4.4	(3.6-5.3)	30.8	(29.2-32.3)	11.4	(10.2-12.6)	41.3	(39.5-43.1)
Persons	10.0	(9.3-10.8)	3.5	(3.0-4.0)	28.9	(27.9-29.9)	11.4	(10.6-12.2)	46.2	(45.0-47.4)

Smoking status was categorised into those who currently smoke (daily or occasionally), ex-smokers, and those who have never smoked regularly according to definitions in the National Health Data Dictionary.[4] Those who had smoked 100 or more cigarettes in their lifetime but no longer currently smoked were classified as ex-smokers, while those who had smoked less than 100 cigarettes were classified as having never smoked or never smoked regularly.

- Adults aged 65 years and over were less likely to be current smokers compared with those aged 18 to 44 years and 45 to 64 years (7.8% compared with 13.9% and 16.8%) (**Table 17**).
- Adults aged 18 to 44 years were more likely to have never smoked or never smoked regularly compared with those aged 45 to 64 years and 65 years and over (66.6% compared with 48.8% and 46.6%).
- The prevalence of being an ex-smoker was higher among adults aged 65 years and over than those aged 18 to 44 years and 45 to 64 years (45.5% compared with 19.6% and 34.4%).
- Males were more likely to be current smokers compared with females (16.6% compared with 10.7%).
- Females were more likely to have never smoked or never smoked regularly compared with males (61.7% compared with 51.2%).

[4] Australian Institute of Health and Welfare, 2015, National Health Data Dictionary: version 16.2, National Health Data Dictionary series. Cat. no. HWI 131., AIHW, Canberra, ACT. Available from: https://www.aihw.gov.au/getmedia/95a1c4b5-01ab-4524-9ea2-fd45df130a8e/18488-dictionary-v16-2.pdf.aspx?inline=true

Table 17: Lifetime smoking status, 18 years and over, HWSS 2024

	Current smoker		Ex-smoker		Never smoked or never smoked regularly	
	%	95% CI	%	95% CI	%	95% CI
18 to 44 years						
Females	9.7	(8.0-11.4)	18.0	(15.9-20.0)	72.3	(69.9-74.8)
Males	18.2	(15.6-20.8)	21.2	(18.8-23.7)	60.6	(57.5-63.7)
Persons	13.9	(12.3-15.4)	19.6	(18.0-21.2)	66.6	(64.6-68.6)
45 to 64 years						
Females	14.3	(12.7-15.9)	34.2	(32.1-36.2)	51.5	(49.3-53.7)
Males	19.4	(17.3-21.6)	34.6	(32.2-37.1)	45.9	(43.4-48.5)
Persons	16.8	(15.4-18.2)	34.4	(32.8-36.0)	48.8	(47.1-50.5)
65+ years						
Females	7.4	(6.0-8.9)	38.3	(35.6-40.9)	54.3	(51.6-57.0)
Males	8.3	(6.6-9.9)	53.7	(50.7-56.7)	38.0	(35.2-40.9)
Persons	7.8	(6.7-8.9)	45.5	(43.5-47.6)	46.6	(44.6-48.7)
Total						
Females	10.7	(9.7-11.7)	27.6	(26.3-28.9)	61.7	(60.2-63.2)
Males	16.6	(15.1-18.0)	32.3	(30.7-33.9)	51.2	(49.3-53.0)
Persons	13.5	(12.7-14.4)	29.9	(28.8-30.9)	56.6	(55.4-57.8)

The prevalence of lifetime smoking status was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of current smokers was lower in the North Metro health region (10.4%), and higher in the Goldfield (19.1%), Pilbara (21.1%), and Kimberley (22.9%) health regions when compared with the state prevalence (13.5%) (**Figure 15**).
- The prevalence of adults who are ex-smokers was higher in the South West health region (36.7%) when compared with the state prevalence (29.9%).
- The prevalence of adults who never smoked or never smoked regularly was lower in the Kimberley (43.2%), Goldfields (48.5%), Midwest (47.5%), South West (49.2%), and Wheatbelt (50.1%) health regions when compared with the state prevalence (56.6%).

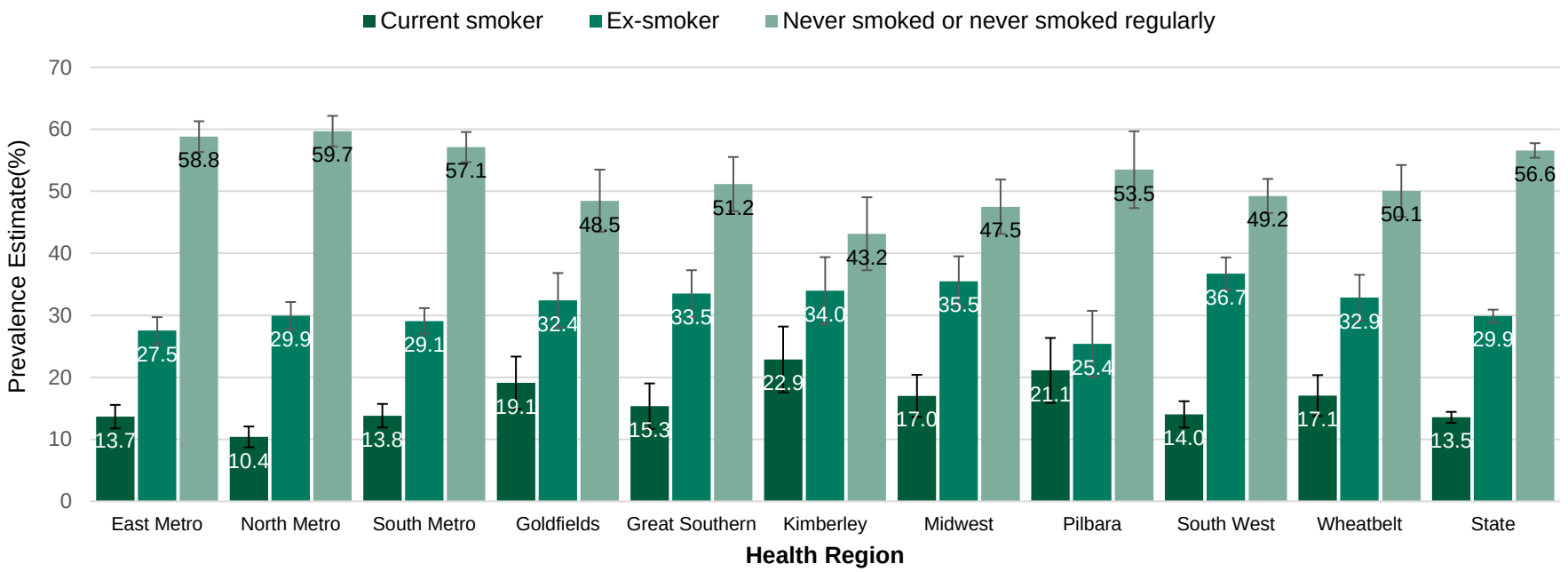


Figure 15: Prevalence of lifetime smoking status by health regions in WA, 18 years and over, HWSS 2024

We asked respondents if their home was smoke free or if people occasionally or frequently smoke in their home.

- The majority (95.7%) of Western Australian adults live in a smoke free home (**Table 18**).

Table 18: Smoking in the home, 18 years and over, HWSS 2024

	Never	
	%	95% CI
18 to 44 years		
Females	95.9	(94.7—97.1)
Males	95.1	(93.5—96.7)
Persons	95.5	(94.5—96.5)
45 to 64 years		
Females	96.0	(94.9—97.0)
Males	93.8	(92.4—95.2)
Persons	94.9	(94.0—95.8)
65+ years		
Females	97.9	(97.0—98.7)
Males	97.1	(96.0—98.1)
Persons	97.5	(96.8—98.1)
Total		
Females	96.3	(95.7—97.0)
Males	95.1	(94.2—96.0)
Persons	95.7	(95.2—96.3)

5.1.2 Vaping (E-cigarette use)

We asked respondents how often they vape. We classified them as having ever tried vaping if they reported vaping daily, less than daily but at least once a week, less than weekly but at least once a month, less than once a month, no longer vape but used to, or have tried it a few times but never vaped regularly.

- The prevalence of adults having ever tried vaping was highest among the youngest age group - 18 to 44 years (35.8%), 45 to 64 years (14.7%) and 65 and over (3.9%) (**Table 19**).
- Males were more likely to have ever tried vaping compared with females (25.8% when compared with 18.9%).

Table 19: Prevalence of adults who have (ever) tried vaping, 18 years and over, HWSS, 2024

	Ever tried vaping		Never tried vaping	
	%	95% CI	%	95% CI
18 to 44 years				
Females	31.1	(28.3-33.9)	68.9	(66.1-71.7)
Males	40.8	(37.6-44.0)	59.2	(56.0-62.4)
Persons	35.8	(33.7-38.0)	64.2	(62.0-66.3)
45 to 64 years				
Females	11.8	(10.3-13.3)	88.2	(86.7-89.7)
Males	17.8	(15.7-19.9)	82.2	(80.1-84.3)
Persons	14.7	(13.4-16.0)	85.3	(84.0-86.6)
65+ years				
Females	3.6	(2.5-4.6)	96.4	(95.4-97.5)
Males	4.4	(3.1-5.6)	95.6	(94.4-96.9)
Persons	3.9	(3.1-4.7)	96.1	(95.3-96.9)
Total				
Females	18.9	(17.4-20.4)	81.1	(79.6-82.6)
Males	25.8	(24.0-27.6)	74.2	(72.4-76.0)
Persons	22.3	(21.1-23.4)	77.7	(76.6-78.9)

The prevalence of adults who have ever tried vaping was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who ever tried vaping was lower in the Great Southern health region (16.6%) when compared with the state prevalence (22.3%) (**Figure 16**).

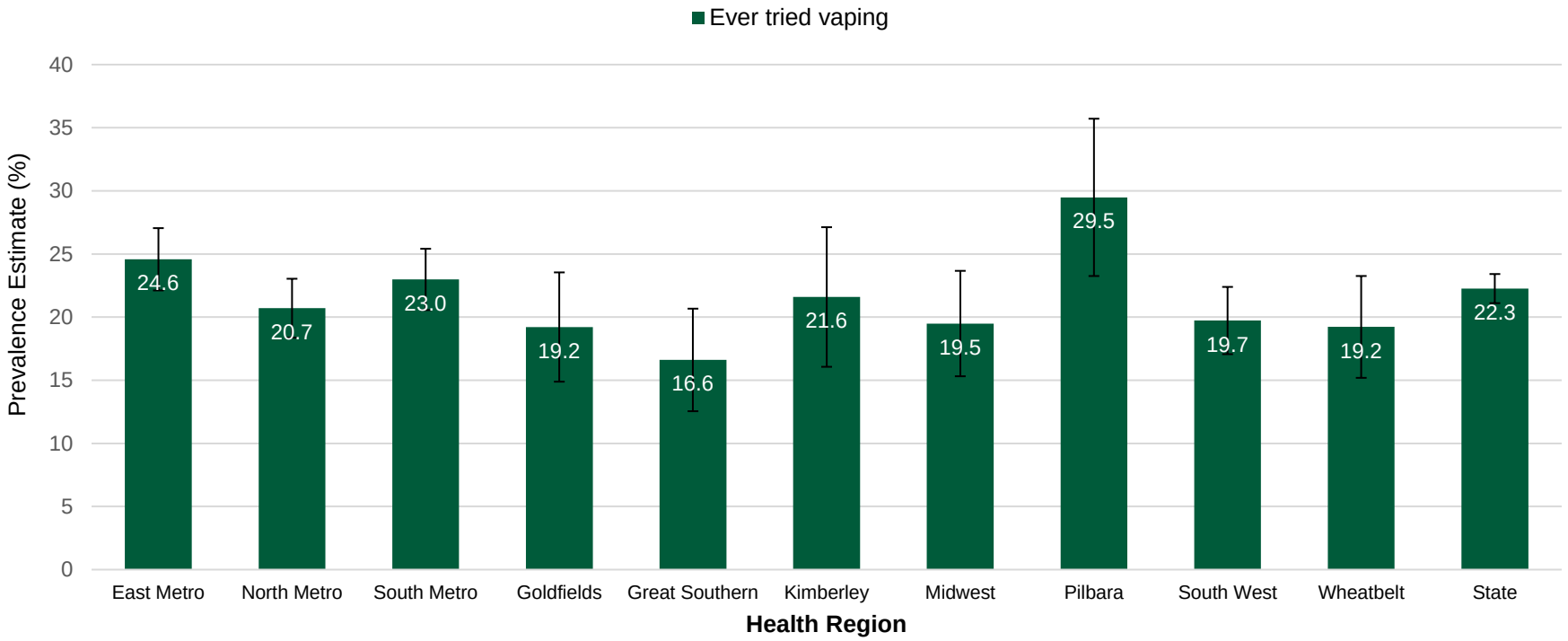


Figure 16: Prevalence of adults who have ever tried vaping by health regions in WA, 18 years and over, HWSS 2024

We asked respondents how often they vape. We considered them to be current vape users if they reported vaping daily, less than daily but at least once a week, less than weekly but at least once a month, or less than once a month.

- Around one in 13 (7.9%) adults were current vape users (**Table 20**).
- The prevalence of adults who were current vape users decreased with age:18 to 44 years (13.3%), 45 to 64 years (4.8%) and 65 and over (0.7%).

Table 20: Prevalence ofadults who are current vape users,18 years and over, HWSS, 2024

	Current vape users		Not current vape users	
	%	95% CI	%	95% CI
18 to 44 years				
Females	12.4	(10.2-14.5)	87.6	(85.5-89.8)
Males	14.3	(12.0-16.7)	85.7	(83.3-88.0)
Persons	13.3	(11.7-14.9)	86.7	(85.1-88.3)
45 to 64 years				
Females	4.7	(3.7-5.7)	95.3	(94.3-96.3)
Males	4.8	(3.7-6.0)	95.2	(94.0-96.3)
Persons	4.8	(4.0-5.6)	95.2	(94.4-96.0)
65+ years				
Females	0.7 *	(0.2-1.3)	99.3	(98.7-99.8)
Males	0.6 *	(0.2-1.1)	99.4	(98.9-99.8)
Persons	0.7 *	(0.3-1.0)	99.3	(99.0-99.7)
Total				
Females	7.4	(6.3-8.5)	92.6	(91.5-93.7)
Males	8.4	(7.2-9.6)	91.6	(90.4-92.8)
Persons	7.9	(7.1-8.7)	92.1	(91.3-92.9)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The prevalence of current vape use among current smokers was determined.

- Around one in five (19.4%) of current smokers reported currently using vapes (**Table 21**).
- The prevalence of currently using vapes among current smokers did not vary by sex.

Table 21: Prevalence of current vape use among current smokers, 18 years and over, HWSS 2024

	Current vape use among current smokers		No current vape use among current smokers	
	%	95% CI	%	95% CI
Total				
Females	18.8	(13.9-23.7)	81.2	(76.3-86.1)
Males	19.9	(15.6-24.1)	80.1	(75.9-84.4)
Persons	19.4	(16.2-22.6)	80.6	(77.4-83.8)

We asked respondents if their home was vape free or if people occasionally or frequently vape in their home.

- The majority (91.4%) of Western Australian adults live in a vaping free home (**Table 22**).

Table 22: Vaping in the home, 18 years and over, HWSS 2024

	Never	
	%	95% CI
18 to 44 years		
Females	86.4	(84.2—88.7)
Males	86.1	(83.7—88.5)
Persons	86.3	(84.6—87.9)
45 to 64 years		
Females	93.3	(92.1—94.5)
Males	94.8	(93.6—95.9)
Persons	94.0	(93.2—94.8)
65+ years		
Females	98.2	(97.4—99.0)
Males	98.8	(98.2—99.5)
Persons	98.5	(98.0—99.0)
Total		
Females	91.2	(90.1—92.3)
Males	91.6	(90.3—92.8)
Persons	91.4	(90.5—92.2)

5.2 Alcohol consumption based on the NHMRC 2020 guidelines

We asked respondents about their alcohol drinking habits, including how many days a week they usually drank and how many drinks they usually had. We categorised the alcohol consumption information into risk levels based on the National Health and Medical Research Council (NHMRC) 2020 guidelines.[5] We will not be reporting on the alcohol prevalence based on the 2009 guidelines from 2024 onward.

The 2020 Guidelines state:

> **Guideline 1:** To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day.
>
> **Guideline 2:** To reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.

[5] National Health and Medical Research Council, 2020, Australian guidelines to reduce health risks from drinking alcohol, NHMRC, Canberra, ACT. Available from https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol

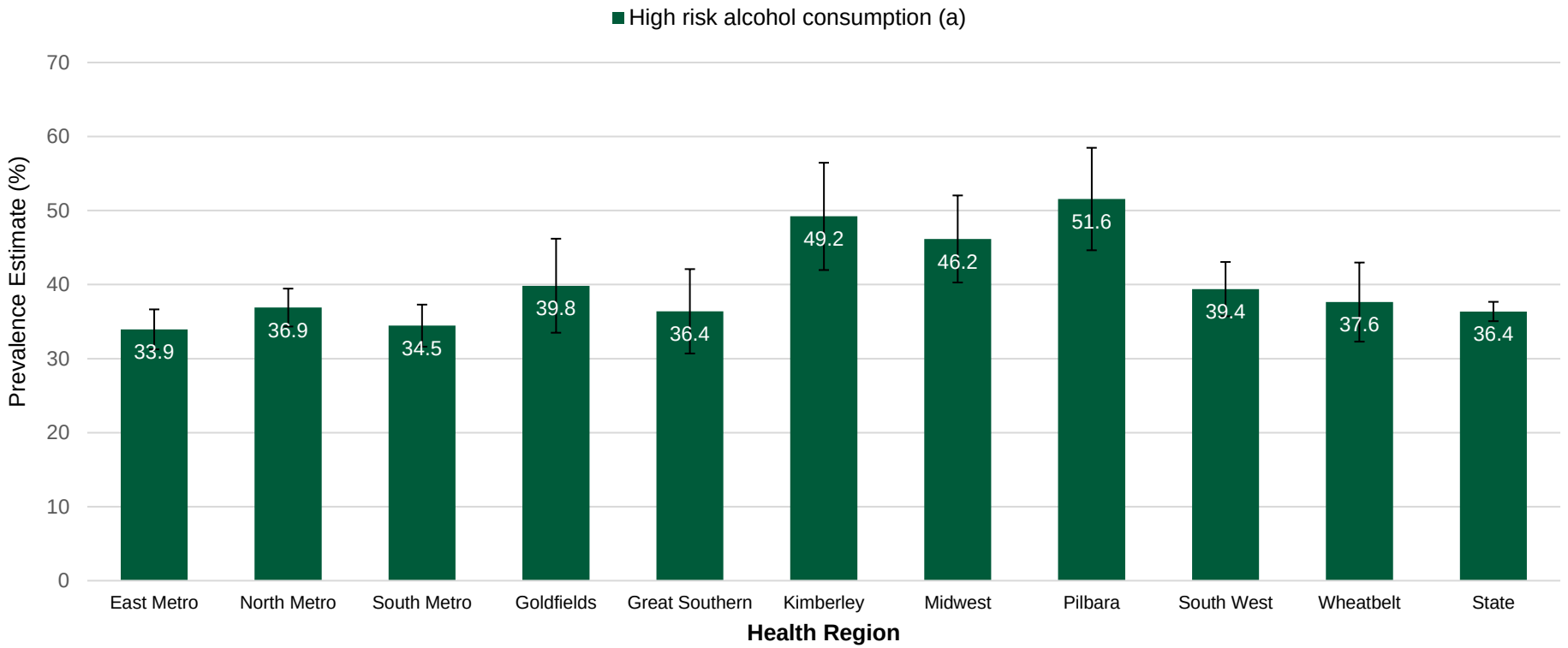
- Males were more likely than females to report drinking at levels that put them at risk of harm from alcohol-related disease or injury (45.9% vs. 27.3%) (**Table 23**).
- Persons aged 65 years and over were less likely to report drinking at level that put them at risk of harm from alcohol-related disease or injury (26.6%) as compared with 16 to 44 years (39.7%) and 45 to 64 years (37.8%).

Table 23: Prevalence of drinking at levels that put people at risk of harm from alcohol-related disease or injury, NHMRC 2020 guidelines, 16 years and over, HWSS 2024

	Drinking at levels that put people at risk of harm from alcohol-related disease or injury (a)	
	%	95% CI
16 to 44 years		
Females	31.4	(28.8-34.0)
Males	48.2	(45.0-51.4)
Persons	39.7	(37.6-41.7)
45 to 64 years		
Females	28.8	(26.9-30.7)
Males	47.4	(44.8-49.9)
Persons	37.8	(36.2-39.5)
65+ years		
Females	16.2	(14.3-18.1)
Males	38.2	(35.3-41.0)
Persons	26.6	(24.9-28.3)
Total		
Females	27.3	(25.9-28.8)
Males	45.9	(44.1-47.7)
Persons	36.4	(35.2-37.5)

(a) People aged 18 years and over who drink more than 10 standard drinks per week and more than 4 standard drinks on any one day, and people aged 16-17 who drink any alcohol.

- The prevalence of consuming alcohol at levels that put people at risk of harm from alcohol related disease or injury was higher in the Kimberley (49.2%), Midwest (46.2%), Pilbara (51.6%) health regions when compared with the state prevalence (36.4%) (**Figure 17**).



(a) People aged 18 years and over who drink more than 10 standard drinks per week and more than 4 standard drinks on any one day, and people aged 16-17 who drink any alcohol.

Figure 17: Prevalence of consuming alcohol at levels that put people at risk of harm from alcohol related disease or injury by health regions in WA, NHMRC 2020 guidelines, 16 years and over, HWSS 2024

5.3 Nutrition

5.3.1 Fruit and Vegetables

We asked respondents how many serves of fruit or vegetables they usually ate each day. A serve of fruit is equal to one medium piece, two small pieces of fruit or a cup of diced fruit. A serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. As the consumption of half serves is not captured in the questions currently asked in the HWSS, for the purposes of reporting, the recommended number of serves are rounded down to the nearest whole number. The current Australian Dietary Guidelines[6] developed in 2013 by the National Health and Medical Research Council (NHMRC) are presented in **Table 24**.

Table 24: NHMRC Australian Dietary Guidelines for fruit and vegetable daily consumption guidelines and HWSS reporting definitions, 16 years and over

	Minimum recommended serves of fruit per day	Minimum recommended serves of vegetables per day		Minimum serves of vegetables per day for HWSS reporting	
	Females and Males	Females	Males	Females	Males
16-18 years	2	5	5.5	5	5
19-50 years	2	5	6	5	6
51-70 years	2	5	5.5	5	5
70 + years	2	5	5	5	5

[6] National Health and Medical Research Council, 2013, Australian dietary guidelines, NHMRC, Canberra, ACT. Available from: https://www.nhmrc.gov.au/guidelines-publications/n55

- Adults aged 65 years and over (40.7%) were more likely to consume two or more serves of fruit daily compared with those aged 16 to 44 years (31.6%) and 45 to 64 years (31.3%) (**Table 25)**.
- Females were more likely to consume two or more serves of fruit daily compared with males (35.5% vs. 31.1%).

Table 25: Prevalence of serves of fruit consumed daily, 16 years and over, HWSS 2024

	Doesn't eat fruit		Eats less than one serve of fruit daily		Eats one serve of fruit daily		Eats two or more serves of fruit daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	6.9	(5.6-8.2)	15.6	(13.5-17.7)	44.2	(41.4-46.9)	33.3	(30.7-35.9)
Males	10.6	(8.6-12.5)	22.8	(20.1-25.5)	36.9	(33.8-39.9)	29.8	(26.9-32.6)
Persons	8.7	(7.5-9.9)	19.1	(17.4-20.8)	40.6	(38.6-42.7)	31.6	(29.6-33.5)
45 to 64 years								
Females	8.5	(7.3-9.8)	17.3	(15.6-19.0)	41.8	(39.6-43.9)	32.4	(30.4-34.4)
Males	10.8	(9.2-12.5)	20.5	(18.4-22.5)	38.7	(36.2-41.2)	30.0	(27.7-32.4)
Persons	9.6	(8.6-10.7)	18.8	(17.5-20.2)	40.3	(38.6-41.9)	31.3	(29.7-32.8)
65+ years								
Females	5.4	(4.1-6.6)	12.6	(10.7-14.5)	37.3	(34.6-39.9)	44.8	(42.0-47.5)
Males	7.0	(5.3-8.6)	16.5	(14.2-18.7)	40.4	(37.4-43.3)	36.2	(33.3-39.0)
Persons	6.1	(5.1-7.1)	14.4	(13.0-15.9)	38.7	(36.8-40.7)	40.7	(38.7-42.7)
Total								
Females	7.1	(6.3-7.9)	15.5	(14.3-16.7)	41.9	(40.4-43.5)	35.5	(34.0-37.0)
Males	9.9	(8.8-11.1)	20.8	(19.3-22.3)	38.2	(36.4-39.9)	31.1	(29.5-32.8)
Persons	8.5	(7.8-9.2)	18.1	(17.1-19.0)	40.1	(38.9-41.3)	33.4	(32.2-34.5)

- Females were more likely to consume three to four serves of vegetables daily and five or more serves of vegetables daily compared with males (26.9% compared with 21%; 6.9% compared with 3.9%, respectively) (**Table 26**).

Table 26: Prevalence of serves of vegetables consumed daily, 16 years and over, HWSS 2024

	Doesn't eat vegetables		Eats less than one serve of vegetables daily		Eats one to two serves of vegetables daily		Eats three to four serves of vegetables daily		Eats five or more serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	1.0 *	(0.4-1.5)	7.8	(6.1-9.5)	60.4	(57.7-63.1)	24.9	(22.5-27.2)	6.0	(4.8-7.3)
Males	1.3 *	(0.5-2.1)	9.9	(7.9-11.9)	63.1	(60.0-66.2)	21.3	(18.7-23.9)	4.4	(3.1-5.7)
Persons	1.1	(0.7-1.6)	8.8	(7.5-10.1)	61.7	(59.7-63.8)	23.1	(21.4-24.8)	5.2	(4.3-6.1)
45 to 64 years										
Females	1.3	(0.8-1.9)	6.9	(5.8-8.1)	56.9	(54.7-59.0)	26.7	(24.8-28.6)	8.1	(6.9-9.3)
Males	2.2	(1.3-3.1)	10.0	(8.4-11.6)	63.7	(61.2-66.2)	20.6	(18.6-22.6)	3.5	(2.6-4.3)
Persons	1.8	(1.2-2.3)	8.4	(7.4-9.4)	60.2	(58.6-61.9)	23.7	(22.4-25.1)	5.8	(5.1-6.6)
65+ years										
Females	1.0 *	(0.5-1.6)	6.0	(4.6-7.4)	54.5	(51.8-57.2)	31.4	(28.9-33.9)	7.1	(5.8-8.4)
Males	1.3 *	(0.5-2.0)	8.6	(6.7-10.5)	65.9	(63.1-68.8)	20.9	(18.5-23.2)	3.3	(2.5-4.2)
Persons	1.1	(0.7-1.6)	7.2	(6.0-8.4)	59.9	(57.9-61.9)	26.5	(24.7-28.2)	5.3	(4.5-6.1)
Total										
Females	1.1	(0.7-1.4)	7.1	(6.2-8.0)	58.0	(56.5-59.6)	26.9	(25.5-28.2)	6.9	(6.2-7.7)
Males	1.6	(1.1-2.1)	9.6	(8.5-10.8)	63.9	(62.1-65.7)	21.0	(19.5-22.5)	3.9	(3.2-4.6)
Persons	1.3	(1.0-1.6)	8.4	(7.6-9.1)	60.9	(59.7-62.0)	24.0	(23.0-25.0)	5.4	(4.9-6.0)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The prevalence of adults aged 16 years and over who met the 2013 Australian Dietary Guidelines for fruit and vegetable consumption (rounded down to the nearest whole number) was estimated.

- Adults aged 65 years and over (40.7%) were more likely to meet fruit consumption guidelines compared with those aged 16 to 44 years (31.6%) and those aged 45 to 64 years (31.3%) (**Table 27**).
- Females were more likely to meet fruit consumption guidelines compared with males (35.5% vs. 31.1%).
- Females were more likely to meet vegetable consumption guidelines compared with males (6.9% vs. 2.3%).

Table 27: Prevalence of meeting fruit and vegetable consumption guidelines, 16 years and over, HWSS 2024

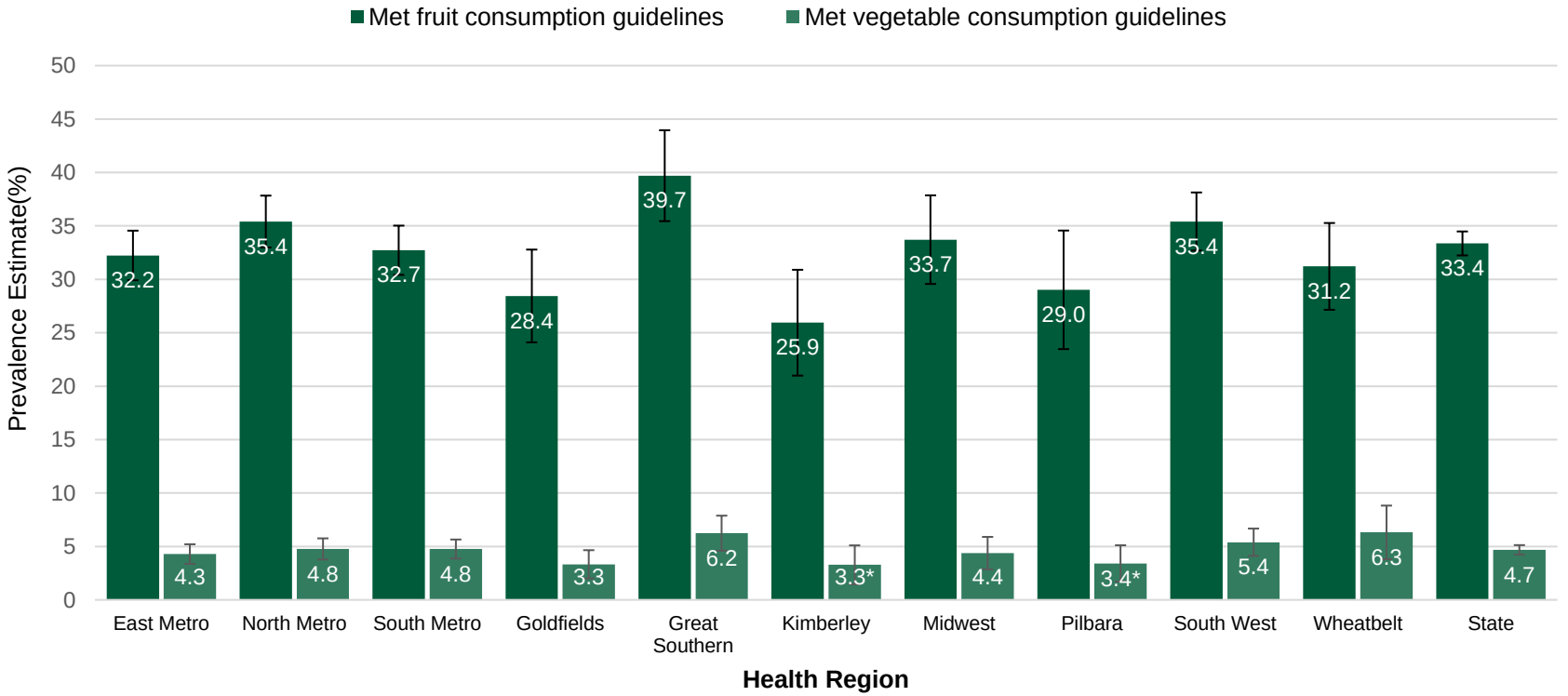
	Met fruit consumption guidelines		Met vegetable consumption guidelines	
	%	95% CI	%	95% CI
16 to 44 years				
Females	33.3	(30.7-35.9)	6.0	(4.8-7.3)
Males	29.8	(26.9-32.6)	1.5 *	(0.7-2.2)
Persons	31.6	(29.6-33.5)	3.8	(3.1-4.5)
45 to 64 years				
Females	32.4	(30.4-34.4)	8.1	(6.9-9.3)
Males	30.0	(27.7-32.4)	2.9	(2.1-3.7)
Persons	31.3	(29.7-32.8)	5.6	(4.8-6.3)
65+ years				
Females	44.8	(42.0-47.5)	7.1	(5.8-8.4)
Males	36.2	(33.3-39.0)	3.3	(2.5-4.2)
Persons	40.7	(38.7-42.7)	5.3	(4.5-6.1)
Total				
Females	35.5	(34.0-37.0)	6.9	(6.2-7.7)
Males	31.1	(29.5-32.8)	2.3	(1.8-2.8)
Persons	33.4	(32.2-34.5)	4.7	(4.2-5.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Note: See Table 23 for definitions of meeting the fruit and vegetable consumption guidelines based on age.

The prevalence of meeting fruit and vegetable consumption guidelines was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of meeting fruit consumption guidelines was higher in the Great Southern health region (39.7%) and lower in the Kimberley health region (25.9%) when compared with the state prevalence (33.4%) (**Figure 18**).
- The prevalence of meeting vegetable consumption did not differ by health region when compared with the state prevalence.



Note: See Table 23 for definitions of meeting the fruit and vegetable consumption guidelines based on age
* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Figure 18: Prevalence of meeting fruit and vegetable consumption guidelines by health regions in WA, 16 years and over, HWSS 2024

5.3.2 Milk

We asked respondents what type of milk they usually consumed.

- Adults aged 16 to 44 years were more likely to consume full fat or whole milk (54.1%) compared with those aged 45 to 64 years (49.7%) and those aged 65 years and over (48.5%) (**Table 28**).
- Males were more likely to consume full fat or whole milk compared with females (57.8% vs 45.6%).
- Females were more likely to consume other types of milk compared with males (16.5% vs 9%).

Table 28: Type of milk consumed, 16 years and over, HWSS 2024

	Full fat/whole		Low/reduced fat/skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	48.7	(46.0-51.5)	22.5	(20.2-24.8)	20.6	(18.3-22.9)	8.2	(6.7-9.7)
Males	59.7	(56.6-62.9)	18.8	(16.3-21.3)	11.9	(9.8-14.0)	9.6	(7.7-11.4)
Persons	54.1	(52.1-56.2)	20.7	(19.0-22.4)	16.3	(14.8-17.9)	8.9	(7.7-10.0)
45 to 64 years								
Females	42.7	(40.5-44.8)	32.4	(30.4-34.4)	15.5	(13.9-17.1)	9.5	(8.2-10.8)
Males	57.1	(54.6-59.6)	25.9	(23.6-28.1)	7.2	(6.0-8.4)	9.9	(8.4-11.4)
Persons	49.7	(48.0-51.4)	29.2	(27.7-30.7)	11.4	(10.4-12.5)	9.7	(8.7-10.7)
65+ years								
Females	43.1	(40.4-45.8)	38.4	(35.8-41.1)	9.0	(7.4-10.5)	9.5	(7.9-11.1)
Males	54.5	(51.5-57.5)	31.6	(28.8-34.4)	5.0	(3.7-6.2)	8.9	(7.3-10.6)
Persons	48.5	(46.4-50.5)	35.2	(33.3-37.1)	7.1	(6.1-8.1)	9.2	(8.1-10.4)
Total								
Females	45.6	(44.0-47.2)	29.0	(27.6-30.4)	16.5	(15.3-17.7)	8.9	(8.0-9.8)
Males	57.8	(56.0-59.6)	23.6	(22.1-25.1)	9.0	(7.9-10.1)	9.5	(8.5-10.6)
Persons	51.5	(50.3-52.7)	26.4	(25.4-27.4)	12.9	(12.0-13.7)	9.2	(8.5-9.9)

5.3.3 Food security

We asked respondents whether there was any time in the last 12 months when they had run out of food and could not afford to buy more.

- The prevalence of adults that were more likely to have experience running out of food in the last 12 months and could not afford to buy more decreased with age: 16 to 44 years (11.2%), 45 to 64 years (7.7%) and 65 years and over (3.3%).
- Females (9.5%) were more likely to have experienced running out of food in the last 12 months and could not afford to buy more compared with males (7.2%) (**Table 29**).

Table 29: Prevalance of running out of food and could not afford to buy more 16 years and over, HWSS 2024

	Yes		No	
	%	95% CI	%	95% CI
16 to 44 years				
Females	13.0	(10.9-15.0)	87.0	(85.0-89.1)
Males	9.3	(7.2-11.3)	90.7	(88.7-92.8)
Persons	11.2	(9.7-12.6)	88.8	(87.4-90.3)
45 to 64 years				
Females	8.5	(7.0-9.9)	91.5	(90.1-93.0)
Males	6.8	(5.3-8.4)	93.2	(91.6-94.7)
Persons	7.7	(6.6-8.7)	92.3	(91.3-93.4)
65+ years				
Females	3.6	(2.5-4.6)	96.4	(95.4-97.5)
Males	3.0	(1.8-4.1)	97.0	(95.9-98.2)
Persons	3.3	(2.5-4.1)	96.7	(95.9-97.5)
Total				
Females	9.5	(8.4-10.6)	90.5	(89.4-91.6)
Males	7.2	(6.1-8.4)	92.8	(91.6-93.9)
Persons	8.4	(7.6-9.2)	91.6	(90.8-92.4)

5.4 Discretionary foods

5.4.1 Fast food

We asked respondents how many times a week on average they ate fast food meals or snacks such as burgers, kebabs, meat pies, pizza, chicken, or chicken nuggets from fast food outlets.

- The prevalence of adults who reported eating fast food meals or snacks once or twice a week and three or more times a week decreased with age: 'once or twice a week' – 16 to 44 years (42.7%), 45 to 64 years (27.1%) and 65 years and over (11.8%); 'three or more times a week –16 to 44 years (9.1%), 45 to 64 years (4.3%) and 65 years and over (1.4%) (**Table 30**).
- Females were more likely to never eat fast food meals or snacks when compared with males (36.7% vs 25.9%).
- Males were more likely to eat fast food meals or snacks three or more times a week when compared with females (8.8% vs 3.4%).

Table 30: Prevalence of eating meals from fast food outlets per week, 16 years and over, HWSS 2024

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	18.8	(16.8-20.9)	35.8	(33.2-38.4)	40.0	(37.3-42.8)	5.4	(4.0-6.7)
Males	12.1	(10.2-14.1)	29.2	(26.4-32.0)	45.6	(42.4-48.7)	13.1	(10.8-15.3)
Persons	15.6	(14.1-17.0)	32.6	(30.6-34.5)	42.7	(40.6-44.8)	9.1	(7.8-10.5)
45 to 64 years								
Females	40.8	(38.6-42.9)	33.8	(31.8-35.9)	23.2	(21.3-25.0)	2.2	(1.5-3.0)
Males	30.1	(27.7-32.5)	32.1	(29.8-34.5)	31.2	(28.9-33.6)	6.5	(5.2-7.9)
Persons	35.6	(34.0-37.2)	33.0	(31.5-34.6)	27.1	(25.6-28.6)	4.3	(3.6-5.1)
65+ years								
Females	70.1	(67.7-72.6)	21.0	(18.8-23.2)	8.2	(6.8-9.6)	0.7 *	(0.2-1.1)
Males	51.8	(48.8-54.8)	30.0	(27.3-32.8)	15.9	(13.8-18.0)	2.2	(1.2-3.2)
Persons	61.5	(59.5-63.5)	25.3	(23.5-27.0)	11.8	(10.6-13.1)	1.4	(0.9-1.9)
Total								
Females	36.7	(35.3-38.2)	32.0	(30.6-33.5)	27.9	(26.4-29.4)	3.4	(2.7-4.1)
Males	25.9	(24.4-27.3)	30.3	(28.7-32.0)	35.0	(33.2-36.8)	8.8	(7.6-10.0)
Persons	31.5	(30.4-32.5)	31.2	(30.1-32.3)	31.3	(30.2-32.5)	6.0	(5.3-6.7)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The prevalence of eating meals or snacks from fast food outlets at least once a week was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who reported eating meals or snacks from fast food outlets at least once a week was higher in the East Metro health region (42.6%), and lower in the Great Southern (24.6%), Midwest (28.5%), South West (31.3%), Wheatbelt (21.8%) health regions when compared with the state prevalence (37.3%) (**Figure 19**)

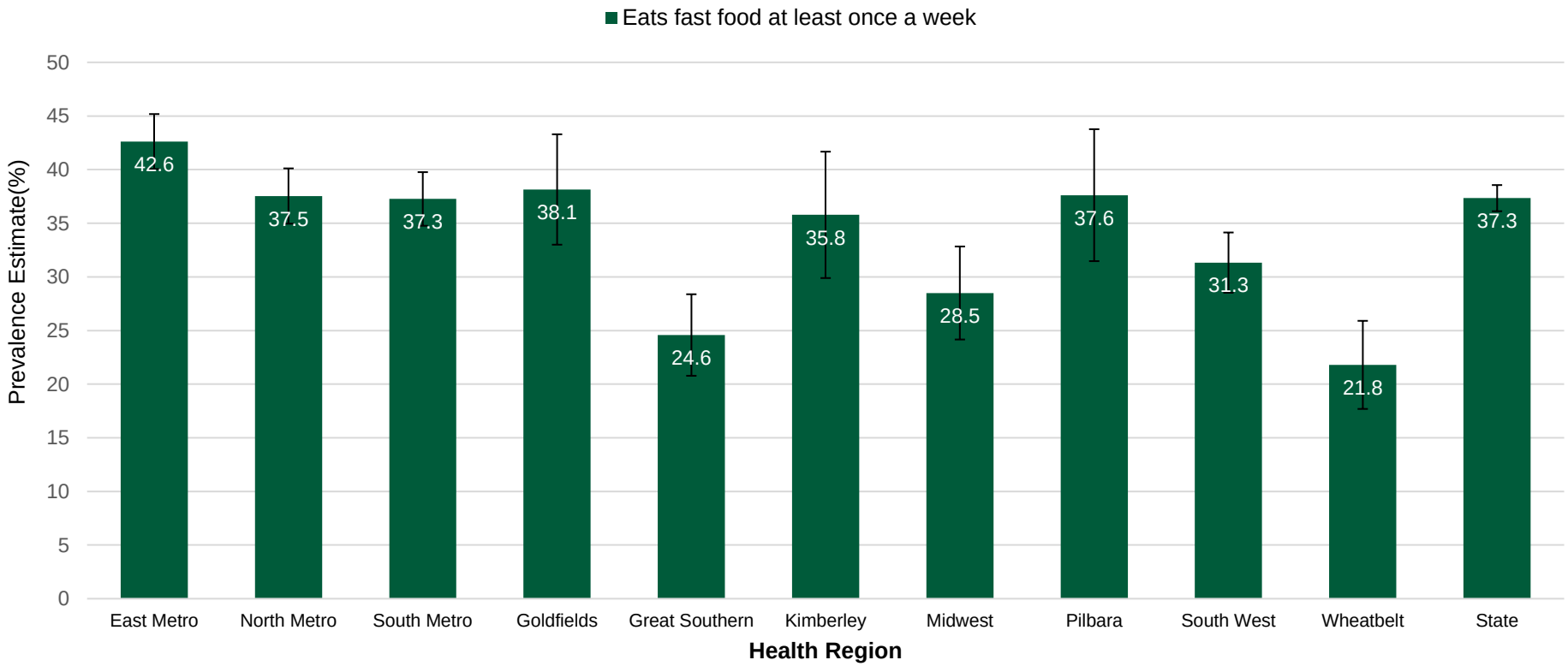


Figure 19: Prevalence of eating meals from fast food outlets at least once a week by health regions in WA, 16 years and over, HWSS 2024

5.4.2 Fried hot potato products

We asked respondents how many times a week on average they ate hot chips, french-fries, wedges, hash browns or fried potatoes.

- The prevalence of adults who reported eating fried hot potato products three or more times a week decreased with age: 16 to 44 years (11.8%), 45 to 64 years (5.9%) and 65 years and over (4.0%) (**Table 31**).
- Males were more likely to eat fried hot potato products once or twice a week and three or more times a week compared with females (43% compared with 35.2%; and 10.2% compared with 6.6%, respectively).

Table 31: Prevalence of eating hot chips, french-fries, wedges, hash browns or fried potatoes per week, 16 years and over, HWSS 2024

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	16.7	(14.6-18.8)	30.4	(28.0-32.9)	42.6	(39.8-45.3)	10.3	(8.5-12.1)
Males	13.8	(11.6-16.0)	25.6	(22.9-28.4)	47.2	(44.0-50.3)	13.4	(11.2-15.6)
Persons	15.3	(13.8-16.8)	28.1	(26.3-29.9)	44.8	(42.7-46.9)	11.8	(10.4-13.2)
45 to 64 years								
Females	30.3	(28.3-32.3)	33.9	(31.9-35.9)	31.6	(29.6-33.7)	4.1	(3.2-5.0)
Males	21.9	(19.7-24.0)	28.7	(26.4-31.0)	41.6	(39.1-44.2)	7.8	(6.4-9.2)
Persons	26.2	(24.7-27.7)	31.4	(29.8-32.9)	36.5	(34.9-38.1)	5.9	(5.1-6.8)
65+ years								
Females	47.1	(44.4-49.8)	26.6	(24.2-28.9)	24.4	(22.1-26.7)	1.9	(1.2-2.6)
Males	28.0	(25.2-30.7)	30.4	(27.7-33.2)	35.3	(32.5-38.2)	6.3	(4.8-7.7)
Persons	38.1	(36.1-40.1)	28.4	(26.6-30.2)	29.5	(27.7-31.4)	4.0	(3.2-4.8)
Total								
Females	27.5	(26.1-28.8)	30.7	(29.3-32.1)	35.2	(33.7-36.8)	6.6	(5.6-7.5)
Males	19.2	(17.9-20.6)	27.6	(26.0-29.2)	43.0	(41.2-44.8)	10.2	(9.0-11.4)
Persons	23.5	(22.5-24.5)	29.2	(28.1-30.3)	39.0	(37.8-40.2)	8.3	(7.6-9.1)

The prevalence of eating fried hot potato products at least once a week was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who reported eating fried hot potato products at least once a week did not differ by health region when compared with the state prevalence (**Figure 20**).

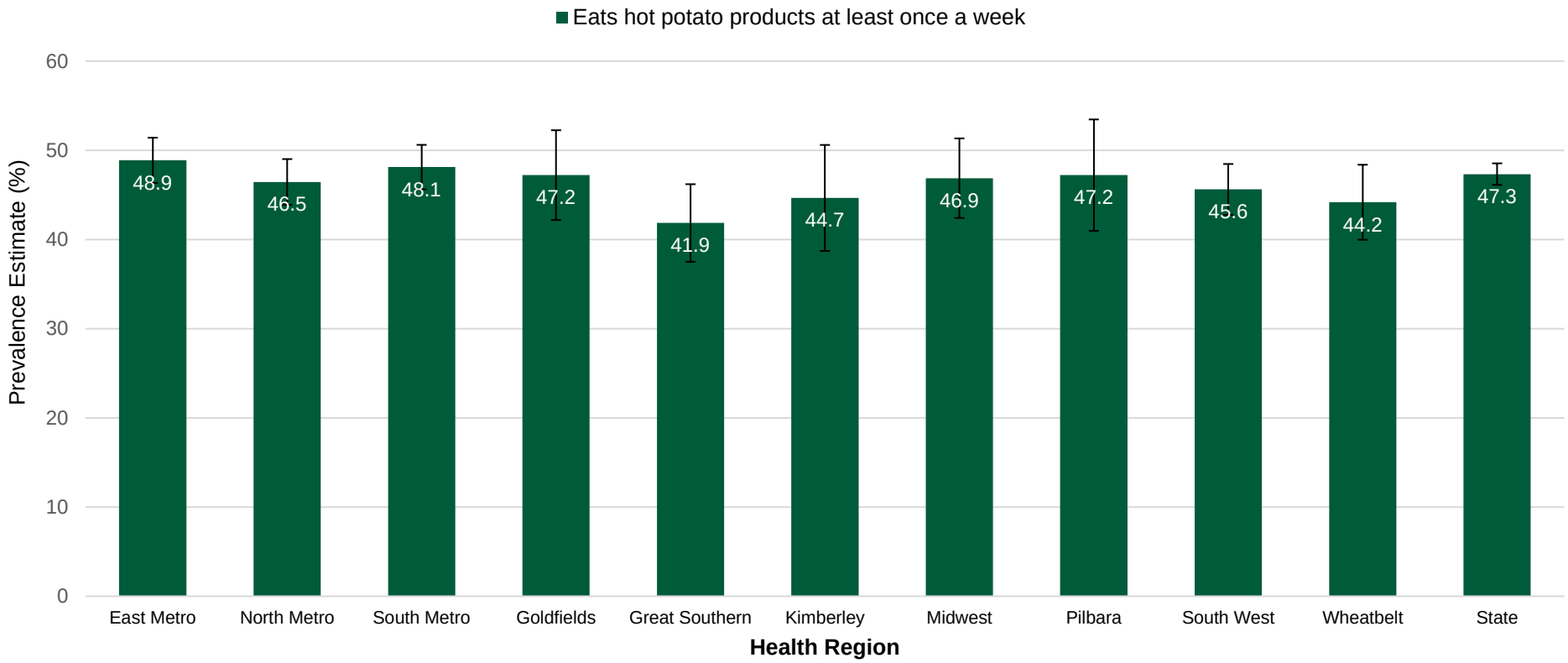


Figure 20: Prevalence of eating fried hot potato products at least once a week by health regions in WA, 16 years and over, HWSS 2024

5.4.3 Sweet baked snacks

We asked respondents how many times a week on average they ate sweet biscuits, cakes, doughnuts, muffins, pastries, or muesli bars.

- Adults aged 65 years and over were more likely to report eating sweet biscuits, cakes, doughnuts, muffins, pastries, or muesli bars three or more times a week compared with those aged 16 to 44 years and 45 to 64 years (40.1% compared with 29.7% and 28.9%) **(Table 32).**

Table 32: Prevalence of eating sweet biscuits, cakes, doughnuts, muffins, pastries or muesli bars per week, 16 years and over, HWSS 2024

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	16.7	(14.6-18.7)	18.3	(16.2-20.5)	33.2	(30.7-35.8)	31.7	(29.1-34.4)
Males	21.2	(18.5-23.8)	19.4	(16.9-22.0)	31.9	(29.0-34.9)	27.5	(24.7-30.3)
Persons	18.9	(17.2-20.5)	18.9	(17.2-20.5)	32.6	(30.6-34.5)	29.7	(27.7-31.6)
45 to 64 years								
Females	25.5	(23.6-27.4)	16.1	(14.5-17.8)	30.0	(28.0-32.0)	28.4	(26.5-30.4)
Males	24.4	(22.2-26.7)	15.8	(14.0-17.6)	30.4	(28.1-32.8)	29.3	(27.0-31.7)
Persons	25.0	(23.5-26.4)	16.0	(14.7-17.2)	30.2	(28.7-31.7)	28.9	(27.4-30.4)
65+ years								
Females	24.8	(22.4-27.2)	11.6	(9.9-13.3)	25.2	(22.8-27.5)	38.4	(35.8-41.1)
Males	24.3	(21.7-26.9)	10.4	(8.5-12.4)	23.3	(20.9-25.8)	42.0	(39.0-44.9)
Persons	24.6	(22.8-26.3)	11.0	(9.7-12.3)	24.3	(22.6-26.0)	40.1	(38.1-42.1)
Total								
Females	21.2	(19.9-22.4)	16.2	(15.0-17.4)	30.5	(29.0-32.0)	32.1	(30.6-33.6)
Males	22.8	(21.3-24.4)	16.5	(15.1-17.9)	29.7	(28.0-31.4)	31.0	(29.3-32.6)
Persons	22.0	(21.0-23.0)	16.3	(15.4-17.2)	30.1	(29.0-31.2)	31.6	(30.4-32.7)

The prevalence of eating sweet baked snacks at least once a week was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who reported eating sweet baked snacks at least once a week was lower in the Pilbara (53.1%) and Kimberley (54.3%) health regions when compared with the state prevalence (61.7%) (**Figure 21**).

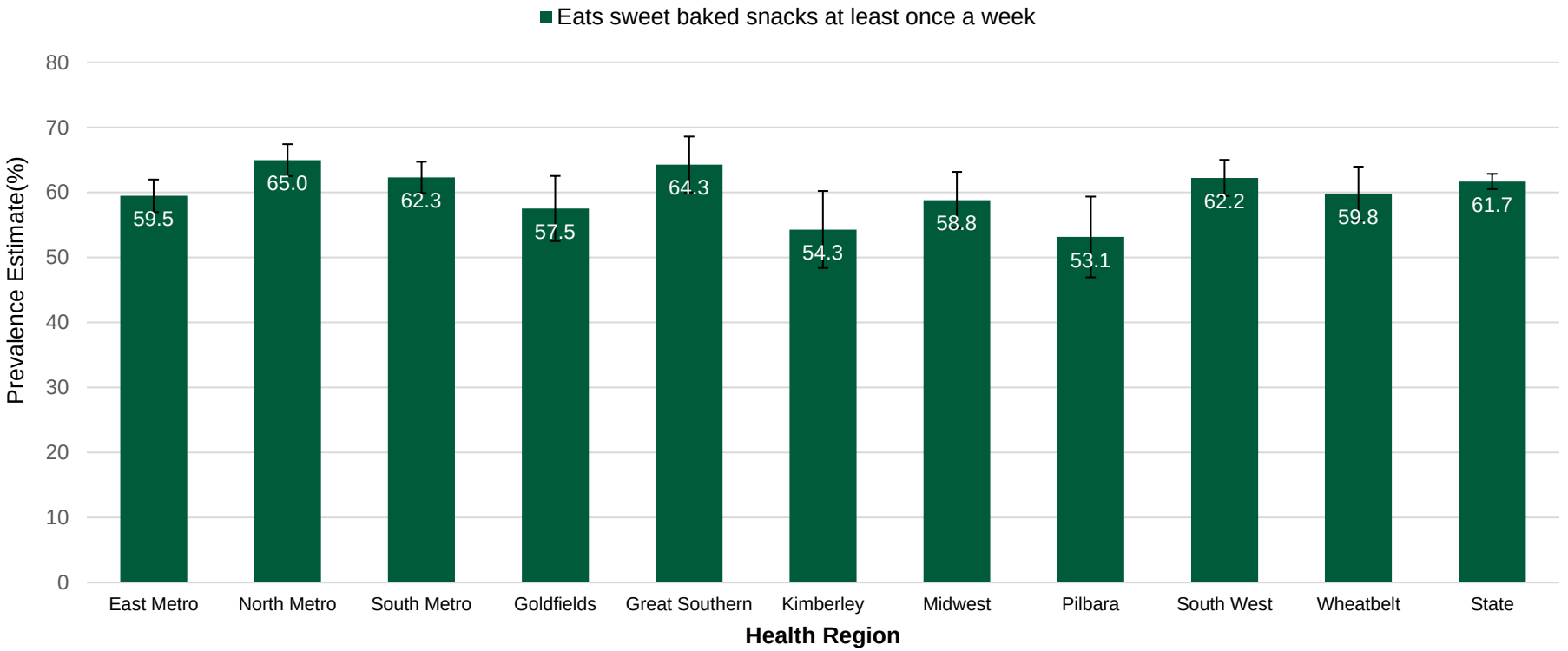


Figure 21: Prevalence of eating sweet baked snacks at least once a week by health regions in WA, 16 years and over, HWSS 2024

5.4.4 Salty snacks

We asked respondents how many times a week on average they ate salty snacks such as potato crisps, corn chips, crackers, or pretzels.

- The prevalence of adults who reported eating salty snacks three or more times a week decreased with age: 16 to 44 years (17.7%), 45 to 64 years (10.9%) and 65 years and over (7.8%) **(Table 33)**

Table 33: Prevalence of eating salty snacks per week, 16 years and over, HWSS 2024

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	21.7	(19.4-24.0)	23.6	(21.2-25.9)	36.5	(33.8-39.1)	18.3	(16.0-20.5)
Males	24.6	(21.8-27.3)	23.0	(20.3-25.6)	35.3	(32.3-38.3)	17.2	(14.7-19.7)
Persons	23.1	(21.3-24.9)	23.3	(21.5-25.1)	35.9	(33.9-37.9)	17.7	(16.1-19.4)
45 to 64 years								
Females	32.3	(30.3-34.3)	26.1	(24.2-28.0)	31.2	(29.1-33.2)	10.5	(9.1-11.8)
Males	32.6	(30.2-35.0)	22.0	(20.0-24.1)	34.1	(31.6-36.5)	11.3	(9.6-12.9)
Persons	32.5	(30.9-34.0)	24.1	(22.7-25.5)	32.6	(31.0-34.2)	10.9	(9.8-11.9)
65+ years								
Females	56.6	(53.9-59.3)	19.2	(17.1-21.3)	17.6	(15.5-19.6)	6.6	(5.3-7.9)
Males	49.2	(46.2-52.2)	19.8	(17.5-22.2)	21.8	(19.4-24.2)	9.2	(7.4-10.9)
Persons	53.1	(51.1-55.1)	19.5	(17.9-21.1)	19.6	(18.0-21.1)	7.8	(6.7-8.9)
Total								
Females	32.5	(31.0-33.9)	23.5	(22.1-24.8)	30.8	(29.3-32.2)	13.3	(12.1-14.5)
Males	32.1	(30.4-33.7)	22.0	(20.5-23.5)	32.2	(30.5-33.9)	13.7	(12.3-15.1)
Persons	32.3	(31.2-33.4)	22.8	(21.7-23.8)	31.5	(30.3-32.6)	13.5	(12.6-14.4)

The prevalence of eating salty snacks at least once a week was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who reported eating salty snacks at least once a week was lower in Kimberley health region (36.6%) when compared with the state prevalence (45.0%) (**Figure 22**).

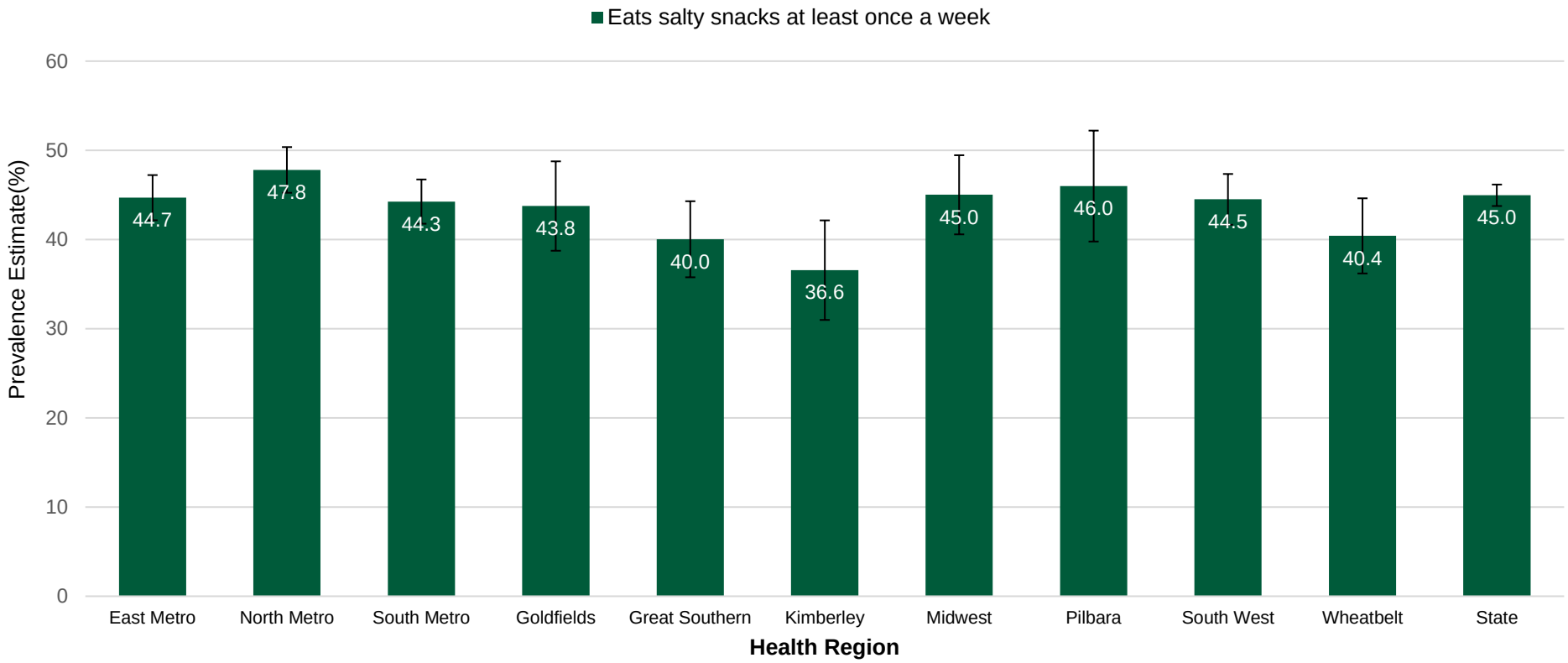


Figure 22: Prevalence of eating salty snacks at least once a week by health regions in WA, 16 years and over, HWSS 2024

5.4.5 Sugar-sweetened soft drinks and energy drinks

We asked respondents how many times a week on average they drank sugar-sweetened soft drinks, energy or sports drinks or cordial.

- The prevalence of adults drinking sugar-sweetened soft drinks or energy drinks three or more times a week decreased with age: 16 to 44 years (21.4%), 45 to 64 years (14.2%), and 65 years and over (10.5%) (**Table 34**).
- Males were more likely to drink sugar-sweetened soft drinks or energy drinks three or more times a week compared with females (21.6% compared with 12.3%).

Table 34: Prevalence of drinking sugar-sweetened soft drinks or energy drinks per week, 16 years and over, HWSS 2024

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	53.2	(50.4-56.0)	14.0	(12.0-15.9)	16.8	(14.6-18.9)	16.1	(13.9-18.3)
Males	37.4	(34.5-40.4)	11.7	(9.7-13.7)	24.0	(21.2-26.8)	26.9	(24.0-29.7)
Persons	45.4	(43.4-47.5)	12.9	(11.5-14.3)	20.3	(18.5-22.1)	21.4	(19.6-23.2)
45 to 64 years								
Females	73.9	(71.9-75.8)	7.6	(6.4-8.7)	8.8	(7.6-10.0)	9.8	(8.4-11.1)
Males	55.3	(52.8-57.9)	10.8	(9.1-12.4)	15.2	(13.3-17.0)	18.7	(16.7-20.8)
Persons	64.8	(63.2-66.5)	9.1	(8.1-10.1)	11.9	(10.8-13.0)	14.2	(12.9-15.4)
65+ years								
Females	83.3	(81.2-85.3)	3.8	(2.7-4.8)	5.1	(4.0-6.2)	7.9	(6.3-9.4)
Males	69.4	(66.6-72.2)	7.4	(5.9-9.0)	9.8	(8.1-11.5)	13.4	(11.3-15.6)
Persons	76.7	(75.0-78.4)	5.5	(4.6-6.4)	7.3	(6.3-8.3)	10.5	(9.2-11.8)
Total								
Females	66.1	(64.5-67.7)	9.8	(8.8-10.8)	11.8	(10.6-12.9)	12.3	(11.2-13.5)
Males	49.6	(47.7-51.4)	10.6	(9.4-11.7)	18.3	(16.8-19.8)	21.6	(20.0-23.2)
Persons	58.1	(56.9-59.3)	10.2	(9.4-10.9)	14.9	(14.0-15.9)	16.8	(15.8-17.8)

The prevalence of drinking sugar-sweetened soft drinks or energy drinks at least once a week was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who reported drinking sugar-sweetened soft drinks or energy drinks at least once a week was higher in the East Metro health region (36.3%) when compared with the state prevalence (31.8%) (**Figure 23**).

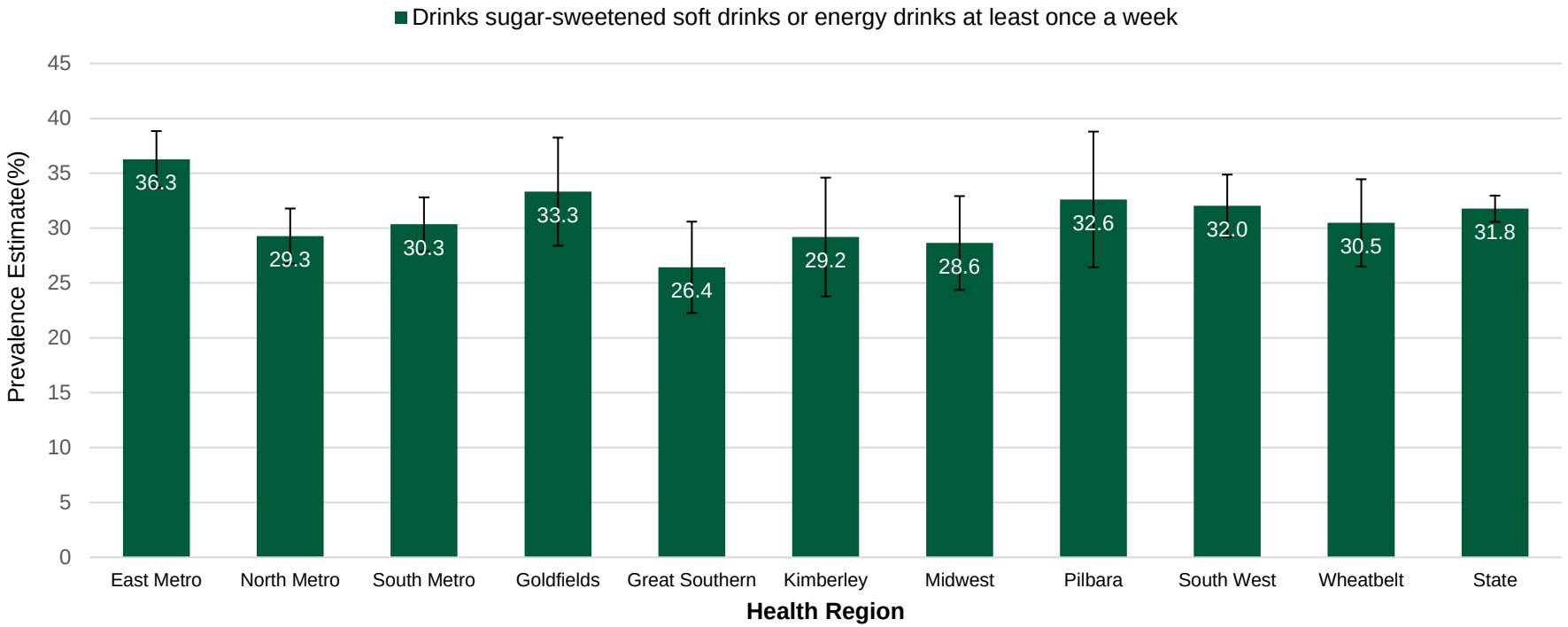


Figure 23: Prevalence of drinking sugar-sweetened soft drinks or energy drinks at least once a week by health regions in WA, 16 years and over, HWSS 2024

5.4.6 Processed meats

We asked respondents how many times a week on average they ate processed meat products such as sausages, sausage-rolls, bacon, ham, salami, or other cold meats.

- The prevalence of adults eating processed meats three or more times a week decreased with age: 16 to 44 years (26.7%), 45 to 64 years (19.8%), and 65 years and over (15.4%) (**Table 35**).
- Males were more likely to report eating processed meats three or more times as compared with females (28.1% compared with 16.5%).

Table 35: Prevalance of eating processed meats per week, 16 years and over, HWSS 2024

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	21.6	(19.3-23.9)	20.1	(17.9-22.2)	36.5	(33.9-39.2)	21.8	(19.5-24.2)
Males	18.2	(15.7-20.7)	12.7	(10.7-14.6)	37.3	(34.3-40.4)	31.8	(28.8-34.8)
Persons	19.9	(18.2-21.6)	16.4	(14.9-17.9)	36.9	(34.9-38.9)	26.7	(24.8-28.6)
45 to 64 years								
Females	26.9	(24.9-28.9)	22.9	(21.1-24.7)	36.7	(34.6-38.7)	13.6	(12.1-15.1)
Males	17.7	(15.7-19.8)	15.2	(13.4-17.0)	40.7	(38.2-43.2)	26.4	(24.1-28.6)
Persons	22.4	(21.0-23.9)	19.1	(17.8-20.4)	38.6	(37.0-40.2)	19.8	(18.5-21.2)
65+ years								
Females	34.3	(31.6-36.9)	23.8	(21.5-26.1)	32.7	(30.2-35.2)	9.2	(7.6-10.8)
Males	19.1	(16.7-21.6)	17.5	(15.2-19.7)	41.2	(38.2-44.1)	22.2	(19.8-24.7)
Persons	27.1	(25.3-28.9)	20.8	(19.2-22.4)	36.7	(34.8-38.6)	15.4	(13.9-16.8)
Total								
Females	26.0	(24.6-27.3)	21.8	(20.5-23.0)	35.8	(34.3-37.3)	16.5	(15.3-17.8)
Males	18.2	(16.8-19.7)	14.4	(13.2-15.6)	39.2	(37.4-40.9)	28.1	(26.4-29.8)
Persons	22.2	(21.2-23.2)	18.2	(17.3-19.1)	37.4	(36.3-38.6)	22.2	(21.1-23.2)

The prevalence of eating processed meats at least once a week was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who reported eating processed meats at least once a week was higher in the Midwest (67.7%), Wheatbelt (67.2%), and Great Southern (65.2%) health regions when compared with the state prevalence (59.6%) (**Figure 24**).

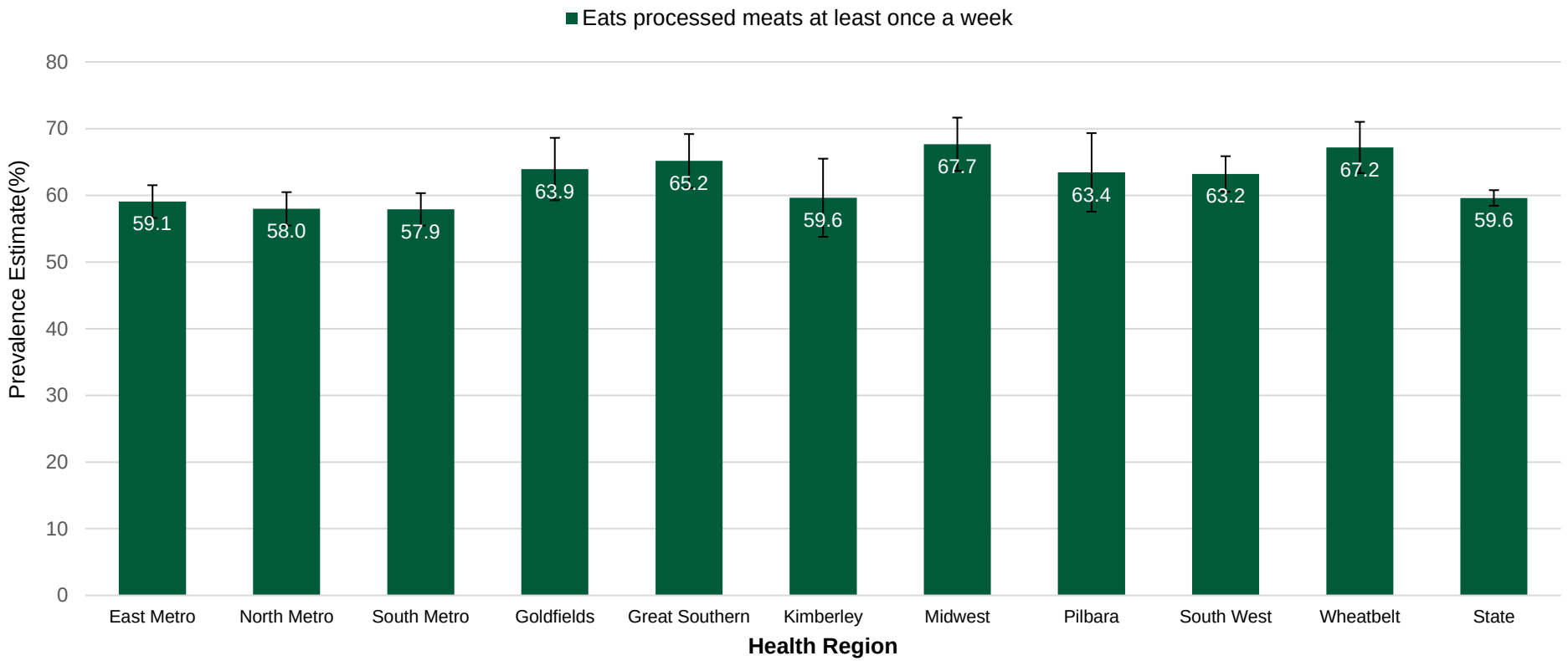


Figure 24: Prevalence of eating processed meats at least once a week by health regions in WA, 16 years and over, HWSS 2024

5.5 Physical activity and sedentary behaviour

5.5.1 Physical activity

We asked respondents to rate their own physical activity level as very active, active, moderately active, not very active, or not at all active.

- The prevalence of adults who were more likely to report being 'very active' decreased with age: 16 to 44 years (18.8%), 45 to 64 years (14.3%) and 65 years and over (11.2%) (**Table 36**).
- Males were more likely to report being 'very active' compared with females (19.5% compared with 12.3%).

Table 36: Prevalence of self-reported level of physical activity, 16 years and over, HWSS 2024

	Very active		Active		Moderately active		Not very active		Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	13.5	(11.6-15.3)	21.7	(19.4-23.9)	41.4	(38.7-44.2)	19.5	(17.3-21.7)	3.9	(2.8-5.0)
Males	24.3	(21.6-27.1)	30.4	(27.5-33.3)	31.1	(28.2-34.0)	11.6	(9.6-13.5)	2.7	(1.6-3.7)
Persons	18.8	(17.1-20.5)	25.9	(24.1-27.8)	36.4	(34.3-38.4)	15.6	(14.1-17.1)	3.3	(2.5-4.1)
45 to 64 years										
Females	12.2	(10.7-13.6)	21.2	(19.4-22.9)	38.9	(36.8-41.0)	21.8	(20.0-23.6)	5.9	(4.9-6.9)
Males	16.6	(14.7-18.5)	25.7	(23.5-27.9)	35.6	(33.2-38.0)	17.8	(15.7-19.8)	4.3	(3.2-5.4)
Persons	14.3	(13.2-15.5)	23.4	(22.0-24.8)	37.3	(35.7-38.9)	19.9	(18.5-21.2)	5.1	(4.4-5.9)
65+ years										
Females	9.9	(8.2-11.5)	22.2	(20.0-24.5)	38.8	(36.2-41.5)	22.3	(20.0-24.6)	6.8	(5.4-8.3)
Males	12.7	(10.7-14.6)	25.7	(23.1-28.2)	35.6	(32.8-38.5)	21.1	(18.5-23.7)	4.9	(3.5-6.4)
Persons	11.2	(9.9-12.5)	23.8	(22.2-25.5)	37.3	(35.4-39.3)	21.7	(20.0-23.4)	5.9	(4.9-7.0)
Total										
Females	12.3	(11.3-13.3)	21.6	(20.3-22.9)	40.1	(38.5-41.6)	20.8	(19.6-22.1)	5.2	(4.5-5.9)
Males	19.5	(18.0-21.0)	27.9	(26.3-29.6)	33.4	(31.7-35.1)	15.5	(14.2-16.7)	3.6	(2.9-4.3)
Persons	15.8	(14.9-16.7)	24.7	(23.6-25.7)	36.8	(35.7-38.0)	18.2	(17.3-19.1)	4.4	(3.9-4.9)

We asked respondents how they usually spend most of the day.

- Adults aged 65 years and over were more likely to spend most of their day walking compared with those aged 16 to 44 years (26.5% vs 20.1%) (**Table 37**).
- Adults aged 65 years and over were less likely to report spending most of their day in heavy labour or physically demanding work compared with those aged 45 to 64 years (4.9% vs 11%).
- Males were more likely than females to spend most of their day in heavy labour or physically demanding work (18.1% vs 5.8%).

Table 37: Prevalence of how respondents usually spend their day, 16 years and over, HWSS 2024

	Sitting		Standing		Walking		Heavy labour/ physically demanding work	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	46.9	(44.1-49.7)	23.8	(21.4-26.2)	22.5	(20.2-24.8)	6.7	(5.4-8.1)
Males	45.1	(41.9-48.3)	13.4	(11.2-15.6)	17.7	(15.2-20.1)	23.9	(21.2-26.6)
Persons	46.0	(43.9-48.2)	18.7	(17.0-20.3)	20.1	(18.4-21.8)	15.2	(13.6-16.7)
45 to 64 years								
Females	52.2	(50.0-54.4)	20.3	(18.6-22.1)	21.6	(19.8-23.4)	5.9	(4.8-7.0)
Males	51.8	(49.2-54.4)	15.2	(13.4-17.1)	16.6	(14.6-18.6)	16.3	(14.4-18.2)
Persons	52.0	(50.3-53.7)	17.8	(16.6-19.1)	19.2	(17.8-20.5)	11.0	(9.9-12.1)
65+ years								
Females	49.0	(46.1-51.8)	17.8	(15.7-19.8)	29.9	(27.3-32.6)	3.3	(2.4-4.3)
Males	55.1	(52.0-58.2)	15.6	(13.4-17.9)	22.6	(20.1-25.1)	6.7	(5.3-8.1)
Persons	51.9	(49.8-54.0)	16.7	(15.2-18.2)	26.5	(24.6-28.3)	4.9	(4.1-5.8)
Total								
Females	49.0	(47.4-50.7)	21.5	(20.1-22.8)	23.7	(22.3-25.1)	5.8	(5.0-6.5)
Males	49.2	(47.3-51.1)	14.4	(13.1-15.7)	18.3	(16.9-19.7)	18.1	(16.6-19.6)
Persons	49.1	(47.9-50.3)	18.0	(17.1-19.0)	21.1	(20.1-22.1)	11.8	(11.0-12.7)

Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults aged 18-64 years state that adults should accumulate 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, eachweek.[7]

Physical activity guidelines for older Australians aged 65 years and over recommend older people should accumulate at least 30 minutes of moderate intensity physical activity on most, preferably all, days. To avoid reporting against multiple guidelines, all persons aged 18 years and over will be defined as completing sufficient (or recommended) levels of physical activity if they complete at least 150 minutes of moderate physical activity in the last week. The questions used to estimate the amount of physical activity undertaken in a week are taken from the Active Australia Survey.[8]

- The prevalence of adults who reported not engaging in any moderate physical activity per week increased with age: 18 to 44 years (8.9%), 45 to 64 years (16.1%) and 65 years older (21.9%) (**Table 38**).

[7] Australian Government Department of Health, 2014, Australia's physical activity and sedentary behaviour guidelines: adults, Department of Health, Canberra, ACT. Available from https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians
[8] Australian Institute of Health and Welfare, 2003, The Active Australia Survey, a guide and manual for implementation, analysis and reporting, cat. no. CVD 22, AIHW, Canberra, ACT. Available from: http://www.aihw.gov.au/publication-detail/?id=6442467449

Table 38: Prevalence of moderate physical activity level, based on Australian Physical Activity and Sedentary Behaviour guidelines (150 minutes or more moderate physical activity per week), 18 years and over, HWSS 2024

	Does no moderate physical activity per week		Does less than 150 mins moderate physical activity per week		Does at least 150 mins moderate physical activity per week	
	%	95% CI	%	95% CI	%	95% CI
18 to 44 years						
Females	10.6	(8.7-12.5)	28.5	(25.8-31.2)	60.9	(58.0-63.9)
Males	7.3	(5.6-9.0)	21.3	(18.5-24.1)	71.4	(68.3-74.5)
Persons	8.9	(7.6-10.2)	24.9	(22.9-26.8)	66.2	(64.1-68.4)
45 to 64 years						
Females	15.9	(14.0-17.8)	28.8	(26.6-31.1)	55.2	(52.8-57.7)
Males	16.4	(14.1-18.7)	22.3	(19.9-24.7)	61.3	(58.5-64.2)
Persons	16.1	(14.7-17.6)	25.6	(23.9-27.2)	58.3	(56.4-60.2)
65+ years						
Females	24.8	(22.0-27.7)	27.1	(24.4-29.9)	48.0	(44.9-51.2)
Males	18.8	(16.0-21.5)	24.6	(21.6-27.6)	56.6	(53.2-60.0)
Persons	21.9	(20.0-23.9)	25.9	(23.9-28.0)	52.1	(49.8-54.4)
Total						
Females	15.3	(14.0-16.5)	28.3	(26.7-29.9)	56.4	(54.7-58.2)
Males	12.4	(11.1-13.6)	22.3	(20.6-23.9)	65.4	(63.5-67.3)
Persons	13.8	(12.9-14.7)	25.3	(24.2-26.5)	60.9	(59.6-62.2)

The prevalence of physical activity levels based on Australian Physical Activity and Sedentary Behaviour guidelines (150 minutes moderate physical activity or more per week) was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who reported not engaging in any moderate physical activity was higher in the Goldfields (19.4%), Kimberley (21.2%), Midwest (21.5%), and Wheatbelt (21.1%) health regions when compared with the state prevalence (13.8%) (**Figure 25**).
- The prevalence of adults who do at least 150 mins moderate physical activity per week was lower in the Kimberley (51.7%), Midwest (53.3%), and Wheatbelt (51%) health regions and higher in the North Metro health region (65.1%) when compared with the state prevalence (60.9%).

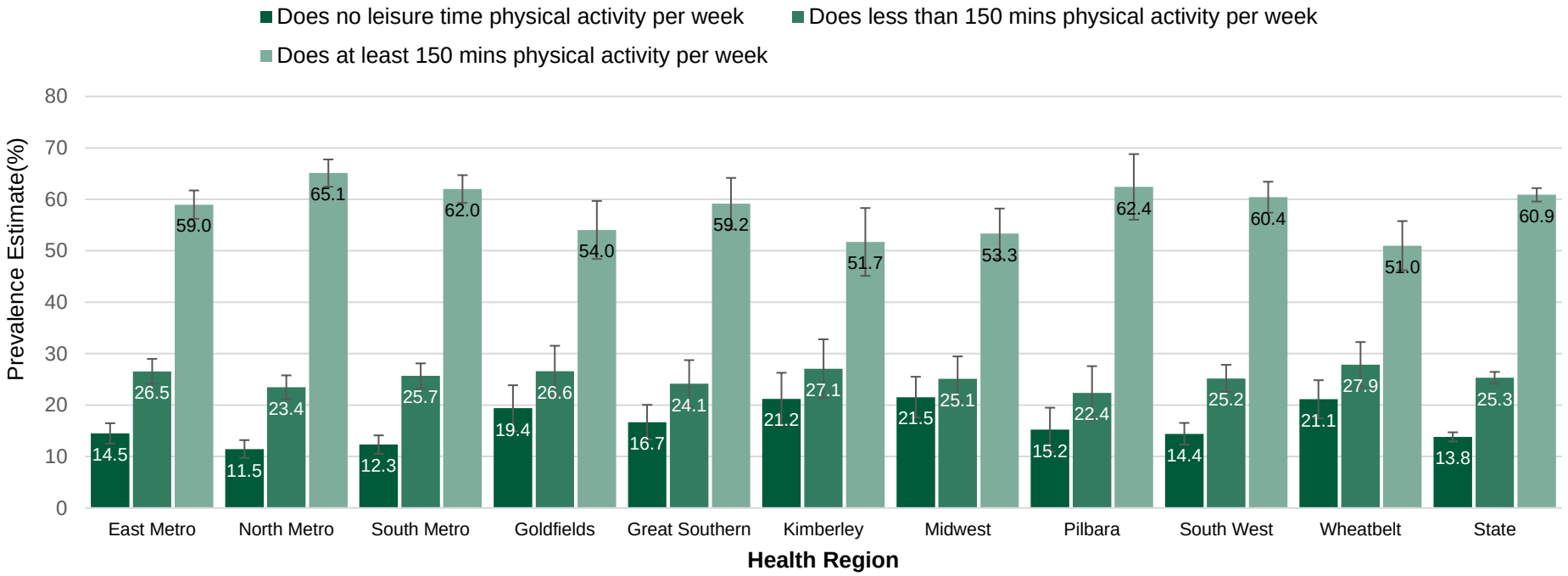


Figure 25: Physical activity levels based on the 2014 Australian Physical Activity and Sedentary Behaviour guidelines (150 minutes or more per week) by health regions in WA, 18 years and over, HWSS 2024

5.5.2 Sedentary recreational screen time

We asked respondents how many hours per week they spend in screen-based sedentary recreational leisure time activities such as watching TV or DVDs, using a computer, smartphone, or tablet device for the internet or to play games, excluding work time.

- Adults aged 65 years and over were more likely to spend 21 hours or more per week in screen-based sedentary recreational leisure time compared with those aged 16 to 44 years and 45 to 64 years(52.9% compared with 33.7% and 32.9%) (**Table 39**)**.**

Table 39: Time spent watching TV/DVDs or using a computer/smartphone/tablet device per week, 16 years and over, HWSS 2024

	None		Less than 7hrs		7 to less than 14hrs		14 to less than 21hrs		21+ hrs	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	1.0 *	(0.5-1.6)	13.5	(11.7-15.3)	21.5	(19.4-23.7)	30.5	(27.9-33.1)	33.4	(30.7-36.2)
Males	0.9 *	(0.3-1.4)	13.4	(11.3-15.4)	23.3	(20.7-25.9)	28.6	(25.8-31.4)	33.9	(30.7-37.0)
Persons	1.0	(0.6-1.3)	13.4	(12.1-14.8)	22.4	(20.7-24.1)	29.5	(27.6-31.4)	33.7	(31.6-35.7)
45 to 64 years										
Females	1.5	(0.9-2.1)	13.0	(11.5-14.4)	19.5	(17.8-21.1)	33.1	(31.0-35.1)	33.0	(30.9-35.1)
Males	1.6	(0.9-2.3)	14.5	(12.7-16.2)	21.4	(19.4-23.5)	29.7	(27.4-32.1)	32.7	(30.3-35.2)
Persons	1.6	(1.1-2.0)	13.7	(12.6-14.8)	20.4	(19.1-21.8)	31.4	(29.9-33.0)	32.9	(31.3-34.5)
65+ years										
Females	1.0 *	(0.5-1.5)	9.3	(7.8-10.9)	13.2	(11.4-15.0)	23.7	(21.4-26.0)	52.8	(50.0-55.5)
Males	0.8 *	(0.3-1.3)	9.5	(7.8-11.2)	13.2	(11.3-15.2)	23.4	(20.9-26.0)	53.0	(50.0-56.0)
Persons	0.9	(0.5-1.3)	9.4	(8.3-10.6)	13.2	(11.9-14.6)	23.6	(21.9-25.3)	52.9	(50.8-54.9)
Total										
Females	1.2	(0.8-1.5)	12.5	(11.4-13.5)	19.1	(17.9-20.3)	29.9	(28.4-31.3)	37.4	(35.8-39.0)
Males	1.1	(0.7-1.5)	12.9	(11.8-14.1)	20.7	(19.2-22.1)	27.9	(26.3-29.5)	37.4	(35.5-39.2)
Persons	1.1	(0.9-1.4)	12.7	(11.9-13.5)	19.9	(18.9-20.8)	28.9	(27.8-30.0)	37.4	(36.2-38.6)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

The prevalence of adults who spend 21 hours or more per week in screen-based sedentary leisure time activities was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of adults who spend 21 hours or more per week in screen-based sedentary leisure time activities was lower in Pilbara health region (29.1%) when compared with the state prevalence (37.4%) (**Figure 26**).

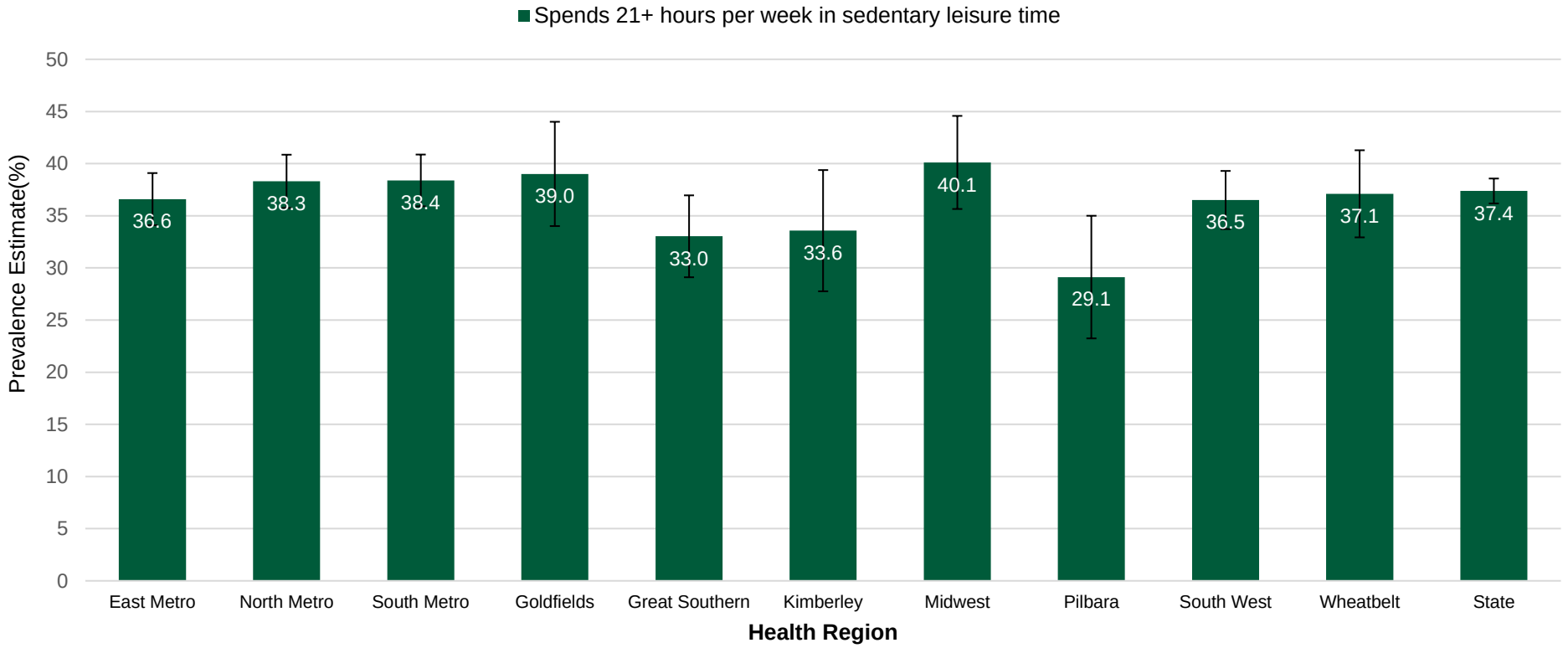


Figure 26: Prevalence of adults who spend 21 hours or more per week in screen-based sedentary leisure time activities by health regions in WA, 16 years and over, HWSS 2024

5.6 Sleep

We asked respondents how many hours sleep they got on a usual night, and these were grouped based on the Sleep Health Foundation recommendations, which vary by age group.[9] For ages 16-17, 8-10 hours are suggested; ages 18-64, 7-9 hours; and for adults 65 and over, 7-8 hours.

- The prevalence of adults who reported sleeping the recommended number of hours on a usual night decreased with age: 16 to 44 years (62%), 45 to 64 years (58.6%) and 65 years and over (52.5%) (**Table 40**).

Table 40: Prevalence of adults sleeping the recommended number of hours on a usual night, 16 years and over, HWSS 2024

	Sleeps the recommended number of hours per night		Sleeps less than the recommended number of hours per night		Sleeps more than the recommended number of hours per night	
Sex	**%**	**95% CI**	**%**	**95% CI**	**%**	**95% CI**
16 to 44 years						
Females	61.7	(59.0-64.5)	35.8	(33.2-38.5)	2.4	(1.4-3.4)
Males	62.3	(59.2-65.4)	36.2	(33.1-39.2)	1.5 *	(0.6-2.4)
Persons	62.0	(60.0-64.1)	36.0	(34.0-38.0)	2.0	(1.3-2.6)
45 to 64 years						
Females	59.2	(57.0-61.3)	39.4	(37.2-41.5)	1.4	(1.0-1.9)
Males	58.0	(55.5-60.6)	40.0	(37.5-42.6)	1.9	(1.2-2.7)
Persons	58.6	(57.0-60.3)	39.7	(38.0-41.4)	1.7	(1.2-2.1)
65+ years						
Females	51.5	(48.7-54.2)	39.2	(36.5-41.9)	9.3	(7.8-10.9)
Males	53.6	(50.6-56.6)	32.1	(29.3-35.0)	14.3	(12.1-16.4)
Persons	52.5	(50.5-54.5)	35.9	(33.9-37.8)	11.7	(10.3-13.0)
Total						
Females	58.7	(57.2-60.3)	37.7	(36.1-39.2)	3.6	(3.0-4.2)
Males	59.2	(57.4-61.0)	36.6	(34.8-38.4)	4.2	(3.5-4.9)
Persons	59.0	(57.8-60.2)	37.2	(36.0-38.3)	3.9	(3.4-4.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

[9] Sleep Health Foundation, 2015, How Much Sleep Do You Really Need? Sleep Health Foundation, Blacktown, NSW. Available from: https://www.sleephealthfoundation.org.au/pdfs/HowMuchSleep-0716.pdf.

The prevalence of adults sleeping the recommended number of hours on a usual night was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who reported sleeping the recommended number of hours on a usual night did not differ by health region when compared with the state prevalence (**Figure 27**).

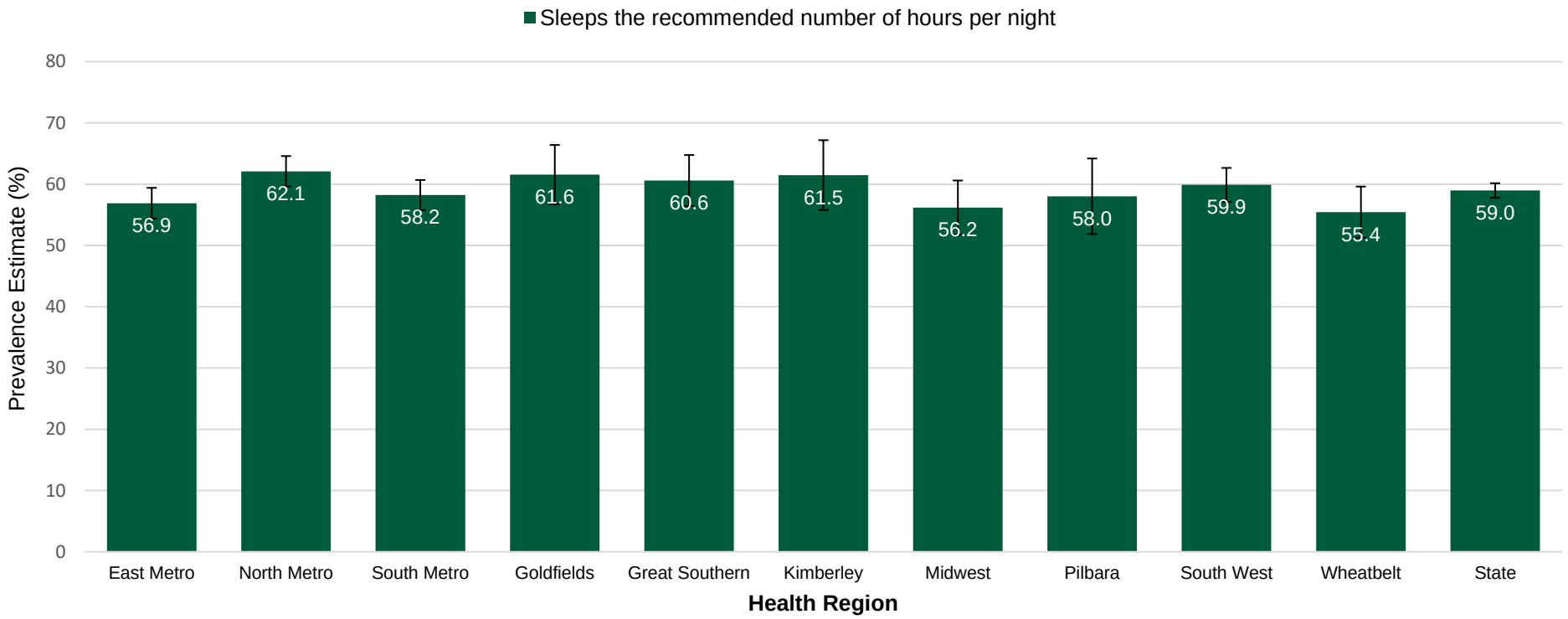


Figure 27: Prevalence of adults sleeping the recommended number of hours on a usual night by health regions in WA, 16 years and over, HWSS 2024

5.7 Illicit drug use

We asked respondents if they had used any drugs for non-medical purposes in the last 12 months. This could include illicit drugs such as cannabis, ecstasy, methamphetamines, or illicit use of pharmaceuticals such as pain-relievers, sleeping pills and steroids.

- Cannabis was the most common illicit drug used (9.8%) followed by cocaine (2.2%), hallucinogens (2%), and the illicit use of pharmaceuticals (2%) (**Table 41**).

Table 41: Prevalence of illicit drugs use in the last 12 months for non-medical purposes, 16 years and over, HWSS 2024

	Illicit drug use in the last 12 months	
Drug type	**%**	**95% CI**
Cannabis	9.8	(9.0-10.6)
Hallucinogens	2.0	(1.5-2.4)
Cocaine	2.2	(1.8-2.6)
Ecstasy	1.8	(1.4-2.2)
Illicit use of pharmaceuticals (a)	2.0	(1.6-2.4)
Amphetamines	1.5	(1.2-1.9)
Methamphetamines	0.9	(0.7-1.2)
Any illicit drug use (b) (c)	12.4	(11.5-13.3)

(a) Includes painkillers, analgesics, opioids, tranquillisers, sleeping pills, steroids, methadone, and buprenorphine used for non-medical purposes.
(b) Includes cannabis, ecstasy, cocaine, methamphetamines, amphetamines, pharmaceuticals, heroin, hallucinogens, and illicit use of any other drug not listed.
(c) Refers to individuals who may have more than one drug use type.

BIOMEDICAL RISK FACTORS

6. Biomedical risk factors

Biomedical risk factors such as high cholesterol, high blood pressure and excess body weight are major contributors to disease burden.[10,11] However, they can be effectively managed through a combination of clinical practice, medications, population-based interventions, and lifestyle behaviours. This section will focus on the following biomedical risk factors:

- Cholesterol
- Blood pressure
- Body weight

23.6%
of Western Australian adults reported having high cholesterol levels

20.4%
of Western Australian adults reported having high blood pressure

37.3%
of Western Australian adults were living with obesity

and

37.4%

were living with overweight.

[10] Australian Institute of Health and Welfare, 2023, Australia's health 2022: Topic Summaries – Biomedical risk factors, AIHW, Canberra, ACT. Available from: https://www.aihw.gov.au/reports/australias-health/biomedical-risk-factors
[11] Australian Institute of Health and Welfare, 2023, Australia's health 2022: Topic Summaries – Overweight and obesity, AIHW, Canberra, ACT. Available from: https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity

6.1 Cholesterol

We asked respondents whether a doctor had told them that they had high cholesterol and if they still have high cholesterol.

- The lifetime prevalence of high cholesterol increased with age: 16 to 44 years (18.1%), 45 to 64 years (40.5%), and 65 years and over (52.3%) (**Table 42**).
- The point prevalence of high cholesterol also increased with age: 16 to 44 years (6.3%), 45 to 64 years (26.9%), and 65 years and over (44.5%).

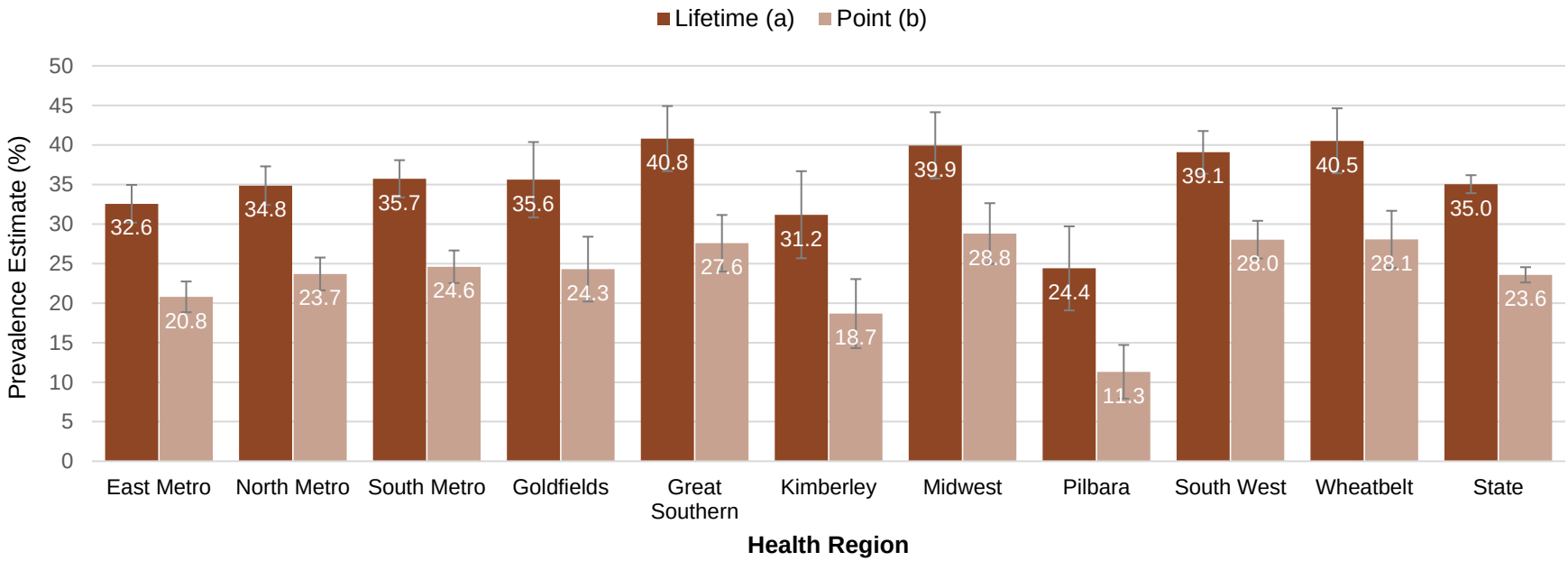
Table 42: Prevalence of adults with high cholesterol levels, 16 years and over, HWSS 2024

	Lifetime (a)		Point (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	15.4	(13.1-17.6)	6.7	(5.1-8.2)
Males	20.9	(18.0-23.7)	6.0	(4.5-7.5)
Persons	18.1	(16.3-19.9)	6.3	(5.2-7.4)
45 to 64 years				
Females	38.8	(36.6-41.0)	25.4	(23.4-27.4)
Males	42.3	(39.6-44.9)	28.5	(26.1-30.9)
Persons	40.5	(38.8-42.2)	26.9	(25.3-28.4)
65+ years				
Females	53.4	(50.7-56.2)	43.8	(41.1-46.6)
Males	50.9	(47.9-54.0)	45.2	(42.2-48.3)
Persons	52.3	(50.2-54.3)	44.5	(42.4-46.5)
Total				
Females	34.0	(32.5-35.5)	23.3	(22.0-24.6)
Males	36.1	(34.4-37.9)	23.8	(22.4-25.3)
Persons	35.0	(33.9-36.2)	23.6	(22.6-24.5)

(a) People who reported having been told by a doctor that they have high cholesterol (ever).
(b) People who reported having been told by a doctor with high cholesterol and either still have high cholesterol or are taking medication for high cholesterol.

The lifetime and point prevalence of adults having been told they have high cholesterol was estimated for the WA health regions and compared with the state prevalence.

- The lifetime prevalence of high cholesterol was higher in the Great Southern (40.8%), Midwest (39.9%), and Wheatbelt (40.5%) health regions when compared with the state prevalence (35%) (
- **Figure** 28).
- The point prevalence of high cholesterol was higher in the Midwest (28.8%) and Wheatbelt (28.1%) health regions and lower in Pilbara health region (11.3%) when compared with the state prevalence (23.6%).



(a) People who reported having been told by a doctor that they have high cholesterol (ever). (b) People who reported having been told by a doctor with high cholesterol and either still have high cholesterol or are taking medication for high cholesterol.

Figure 28: Prevalence of adults with high cholesterol levels by health regions in WA, 16 years and over, HWSS 2024

We asked respondents when they last had their cholesterol measured.

- The prevalence of adults who reported never testing for cholesterol levels decreased with age: 16 to 44 years (32.8%), 45 to 64 years (4.5%), and 65 years and over (1%) (**Table 43**).

Table 43: Prevalence of adults by when cholesterol level was last tested, 16 years and over, HWSS 2024

	Never		Within 6 months		6 months to a year		1 to 2 years ago		2 or more years ago		Unsure	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years												
Females	33.9	(31.1-36.7)	25.2	(22.9-27.5)	12.5	(10.8-14.2)	6.3	(5.0-7.6)	4.2	(3.2-5.2)	17.9	(15.7-20.1)
Males	31.6	(28.4-34.8)	23.7	(21.1-26.3)	14.3	(12.2-16.4)	7.1	(5.6-8.5)	5.6	(4.3-7.0)	17.8	(15.1-20.4)
Persons	32.8	(30.6-34.9)	24.5	(22.8-26.2)	13.4	(12.0-14.7)	6.7	(5.7-7.6)	4.9	(4.1-5.7)	17.8	(16.1-19.5)
45 to 64 years												
Females	4.3	(3.4-5.2)	51.9	(49.7-54.1)	22.6	(20.7-24.4)	8.3	(7.1-9.5)	4.2	(3.3-5.0)	8.7	(7.5-10.0)
Males	4.7	(3.6-5.9)	54.4	(51.8-57.0)	18.6	(16.7-20.6)	8.3	(6.9-9.7)	5.7	(4.4-7.0)	8.3	(6.8-9.8)
Persons	4.5	(3.8-5.3)	53.1	(51.4-54.8)	20.6	(19.3-22.0)	8.3	(7.4-9.2)	4.9	(4.2-5.7)	8.5	(7.6-9.5)
65+ years												
Females	0.9 *	(0.4-1.4)	63.6	(61.0-66.3)	18.2	(16.1-20.3)	4.1	(3.1-5.1)	2.4	(1.6-3.2)	10.8	(8.9-12.6)
Males	1.1 *	(0.4-1.7)	67.4	(64.6-70.3)	16.1	(14.0-18.3)	3.1	(2.1-4.0)	2.7	(1.8-3.6)	9.7	(7.7-11.6)
Persons	1.0	(0.6-1.4)	65.4	(63.5-67.4)	17.2	(15.7-18.7)	3.6	(2.9-4.3)	2.5	(1.9-3.1)	10.2	(8.9-11.6)
Total												
Females	17.1	(15.7-18.6)	42.2	(40.7-43.8)	17.0	(15.9-18.1)	6.5	(5.7-7.2)	3.8	(3.2-4.4)	13.4	(12.2-14.5)
Males	16.5	(14.8-18.1)	42.8	(41.1-44.6)	16.1	(14.8-17.3)	6.6	(5.8-7.5)	5.0	(4.2-5.8)	13.0	(11.6-14.4)
Persons	16.8	(15.7-17.9)	42.5	(41.3-43.7)	16.6	(15.7-17.4)	6.5	(6.0-7.1)	4.4	(3.9-4.9)	13.2	(12.3-14.1)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

6.2 Blood pressure

We asked respondents whether a doctor had told them that they had high blood pressure and if they still have high blood pressure.

- The lifetime prevalence of high blood pressure increased with age: 16 to 44 years (13.9%), 45 to 64 years (34.1%), and 65 years and over (54.7%) (**Table 44**).
- The point prevalence of high blood pressure also increased with age: 16 to 44 years (5%), 45 to 64 years (24.8%), and 65 years and over (47.6%).
- Both lifetime and point prevalence of high blood pressure was higher in males compared with females (lifetime prevalence: 31.7% compared with 26.6%; point prevalence: 22.8% compared with 18.1%).

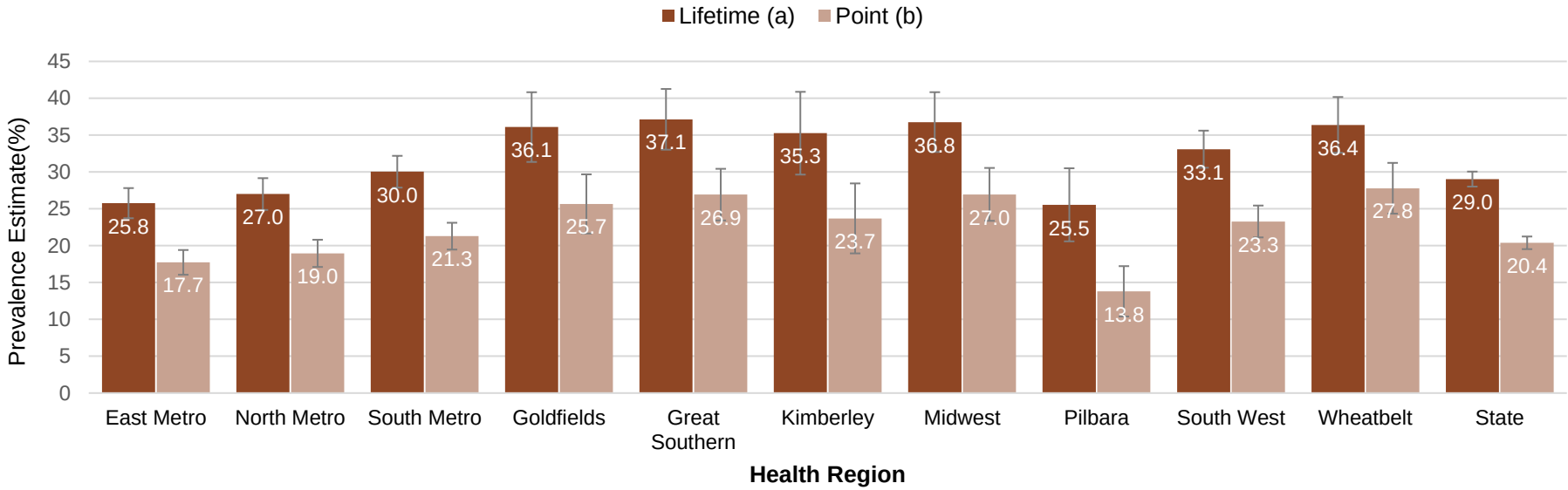
Table 44: Prevalence of adults with high blood pressure, 16 years and over, HWSS 2024

	Lifetime (a)		Point (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	11.6	(9.9-13.2)	3.2	(2.3-4.2)
Males	16.3	(14.0-18.6)	6.9	(5.4-8.4)
Persons	13.9	(12.5-15.3)	5.0	(4.1-5.9)
45 to 64 years				
Females	30.3	(28.3-32.4)	21.0	(19.2-22.8)
Males	38.0	(35.5-40.5)	28.8	(26.4-31.1)
Persons	34.1	(32.5-35.7)	24.8	(23.3-26.3)
65+ years				
Females	53.1	(50.4-55.8)	45.7	(42.9-48.4)
Males	56.6	(53.6-59.5)	49.7	(46.7-52.7)
Persons	54.7	(52.7-56.7)	47.6	(45.5-49.6)
Total				
Females	26.6	(25.3-27.9)	18.1	(17.0-19.2)
Males	31.7	(30.1-33.3)	22.8	(21.5-24.2)
Persons	29.0	(28.0-30.1)	20.4	(19.5-21.2)

(a) People who reported having been told by a doctor that they have high blood pressure (ever).
(b) People who reported having been told by a doctor with high blood pressure and either still have high blood pressure or are taking medication for high blood pressure.

The lifetime and point prevalence of adults with high blood pressure was estimated for the WA health regions and compared with the state prevalence.

- The lifetime prevalence of high blood pressure was higher in the Goldfields (36.1%), Great Southern (37.1%), Midwest (36.8%), South West (33.1%), Wheatbelt (36.4%) health regions and lower in the Pilbara health region (25.5%) when compared with the state prevalence (29%) (**Figure 29**).
- The point prevalence of high blood pressure was higher in the Great Southern (26.9%), Midwest (27%), Goldfields (25.7%), and Wheatbelt (27.8%) health regions and lower in the East Metro (17.7%) and Pilbara (13.8%) health regions when compared with the state prevalence (20.4%)



(a) People who reported having been told by a doctor that they have high blood pressure (ever). (b) People who reported having been told by a doctor with high blood pressure and either still have high blood pressure or are taking medication for high blood pressure.

Figure 29: Prevalence of adults with high blood pressure by health regions in WA, 16 years and over, HWSS 2024

We asked respondents when they last had their blood pressure measured.

- The prevalence of adults who reported measuring their blood pressure within the last six months increased with age: 16 to 44 years (61.1%), 45 to 64 years (79.9%), and 65 years and over (89.5%) (**Table 45**)

Table 45: Prevalence of adults by when blood pressure was last tested, 16 years and over, HWSS 2024

	Never		Within 6 months		6 months to a year		1 to 2 years ago		2 or more years ago		Unsure	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years												
Females	3.0	(1.7-4.4)	65.5	(62.7-68.4)	13.5	(11.5-15.4)	4.5	(3.4-5.6)	2.4	(1.8-3.1)	11.1	(9.0-13.1)
Males	5.1	(3.3-6.8)	56.5	(53.1-59.8)	15.4	(13.0-17.8)	6.3	(4.6-8.0)	4.2	(2.9-5.5)	12.5	(10.1-14.9)
Persons	4.0	(2.9-5.2)	61.1	(58.9-63.3)	14.4	(12.9-16.0)	5.4	(4.4-6.4)	3.3	(2.6-4.0)	11.8	(10.2-13.3)
45 to 64 years												
Females	0.2 *	(0.1-0.3)	80.2	(78.4-82.0)	10.6	(9.2-12.0)	2.7	(2.0-3.4)	1.6	(1.0-2.2)	4.7	(3.7-5.7)
Males	N/A	(N/A-N/A)	79.6	(77.5-81.7)	10.9	(9.3-12.5)	3.2	(2.3-4.1)	2.5	(1.6-3.4)	3.6	(2.7-4.6)
Persons	0.2 *	(0.1-0.4)	79.9	(78.5-81.3)	10.8	(9.7-11.8)	2.9	(2.4-3.5)	2.0	(1.5-2.6)	4.2	(3.5-4.9)
65+ years												
Females	0.5 *	(0.0-1.0)	88.2	(86.4-90.1)	4.8	(3.7-5.9)	1.0 *	(0.5-1.6)	0.4 *	(0.1-0.7)	5.0	(3.7-6.4)
Males	N/A	(N/A-N/A)	90.9	(89.2-92.7)	4.0	(2.9-5.2)	0.9 *	(0.4-1.4)	0.7 *	(0.3-1.1)	3.5	(2.2-4.7)
Persons	0.3 *	(0.0-0.5)	89.5	(88.2-90.8)	4.4	(3.6-5.2)	1.0	(0.6-1.4)	0.5	(0.3-0.8)	4.3	(3.4-5.2)
Total												
Females	1.5	(0.9-2.2)	75.3	(73.8-76.9)	10.6	(9.6-11.7)	3.1	(2.6-3.7)	1.7	(1.3-2.1)	7.6	(6.6-8.7)
Males	2.4	(1.6-3.3)	71.2	(69.3-73.1)	11.6	(10.3-12.8)	4.2	(3.3-5.0)	2.9	(2.2-3.6)	7.7	(6.5-8.9)
Persons	2.0	(1.5-2.5)	73.3	(72.1-74.5)	11.1	(10.3-11.9)	3.6	(3.1-4.1)	2.3	(1.9-2.7)	7.7	(6.9-8.5)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use

6.3 Body weight

We asked respondents how tall they were and how much they weighed. For each respondent, 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.[12] Each respondent's BMI was then classified as not overweight or obese (BMI<25), overweight (25≤BMI<30) or obese (BMI≥30).

- The prevalence of obesity was higher in adults aged 45 to 64 years (44.1%) when compared with those aged 16 to 44 years (31.8%) and 65 years and over (39.1%) (**Table 46**)
- Males were more likely to be living with overweight compared with females (42.8% compared with 32.1%).

Table 46: Prevalence by Body Mass Index categories, 16 years and over, HWSS 2024

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	36.4	(33.6-39.2)	31.2	(28.6-33.8)	32.4	(29.7-35.0)
Males	27.5	(24.5-30.6)	41.2	(38.1-44.4)	31.3	(28.4-34.1)
Persons	32.0	(29.9-34.0)	36.2	(34.2-38.3)	31.8	(29.9-33.8)
45 to 64 years						
Females	24.7	(22.7-26.7)	32.2	(30.1-34.2)	43.1	(40.9-45.3)
Males	11.9	(10.2-13.6)	43.0	(40.4-45.6)	45.1	(42.5-47.6)
Persons	18.4	(17.1-19.7)	37.5	(35.9-39.2)	44.1	(42.4-45.8)
65+ years						
Females	26.2	(23.7-28.7)	33.9	(31.2-36.6)	39.9	(37.1-42.6)
Males	15.6	(13.3-17.8)	46.2	(43.2-49.3)	38.2	(35.3-41.1)
Persons	21.1	(19.4-22.8)	39.8	(37.8-41.8)	39.1	(37.1-41.1)
Total						
Females	30.5	(28.9-32.0)	32.1	(30.6-33.6)	37.4	(35.9-39.0)
Males	20.1	(18.5-21.8)	42.8	(41.0-44.6)	37.1	(35.3-38.8)
Persons	25.4	(24.2-26.5)	37.4	(36.2-38.6)	37.3	(36.1-38.4)

[12] Hayes A., Kortt M., Clarke P. and Brandup J., 2008. Estimating equations to correct self-reported height and weight: implications for prevalence of overweight and obesity in Australia. *Australian and New Zealand Journal of Public Health*, 32(6): 542-45.

The prevalence of adults by BMI category was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of not overweight or obese was lower in the Goldfields (14.3%), Pilbara (16.4%), and Midwest (19.6%) health regions when compared to the state prevalence (25.4%) (**Figure 30**).
- The prevalence of obesity was higher in the Goldfields (53.3%), Wheatbelt (43.8%), Midwest (45.2%) and Pilbara (49%) health regions and lower in the North Metro (32.3%) health regions when compared with the state prevalence (37.3%).

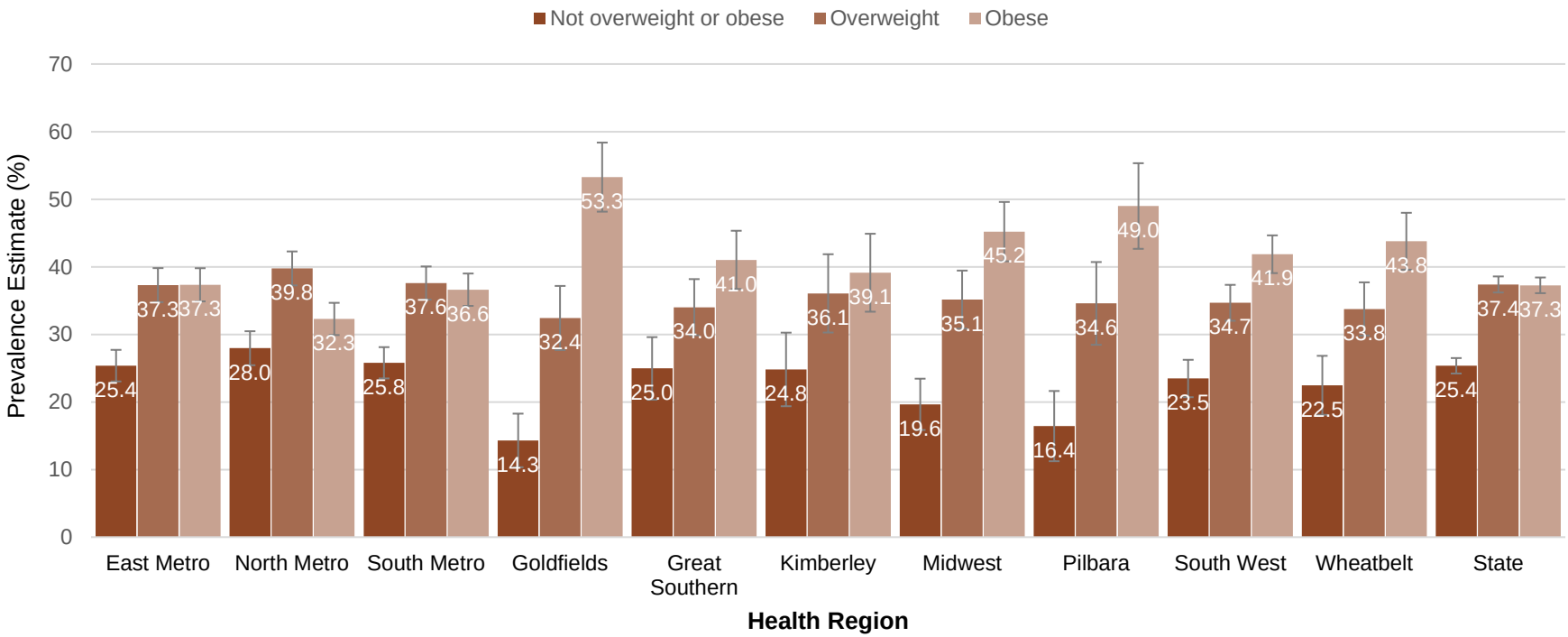


Figure 30: Prevalence of adults by BMI categories by health regions in WA, 16 years and over, HWSS 2024

We asked respondents about their perceptions of their own weight. Perceptions of weight have been reported against BMI based weight classifications which were derived from corrected self-reported height and weight.

- Of those adults with a BMI classification of overweight, half (55.7%) perceived their weight to be normal (**Table 47**).
- Of those adults with a BMI classification of obese, nearly three in four (73.4%) perceived themselves to be overweight and just over one in ten (11.5%) perceived their weight to be normal.

Table 47: Prevalence of self-perception of body weight, by BMI classification, 16 years and over, HWSS 2024

Body Mass Index classification	Self-perception of body weight							
	Underweight		Normal weight		Overweight		Very overweight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	77.0	(65.7-88.3)	22.2*	(11-33.4)	N/A	(N/A-N/A)	N/A	(N/A-N/A)
Normal weight	11.7	(9.8-13.5)	81.7	(79.5-83.9)	6.6	(5.3-8)	N/A	(N/A-N/A)
Overweight	1.5	(0.9-2.0)	55.7	(53.7-57.7)	42.3	(40.4-44.3)	0.5*	(0.1-0.9)
Obese	0.2*	(0.1-0.4)	11.5	(10.2-12.8)	73.4	(71.7-75.1)	14.9	(13.5-16.2)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use

We asked respondents what they were trying to do about their weight. Intentions around weight change have been reported against BMI based weight classifications which were derived from corrected self-reported height and weight.

- Almost one in two adults (45%) with a BMI classification of overweight had intentions to lose weight, this increased to almost three in four (72.2%) among adults with a BMI classification of obese (**Table 48**).

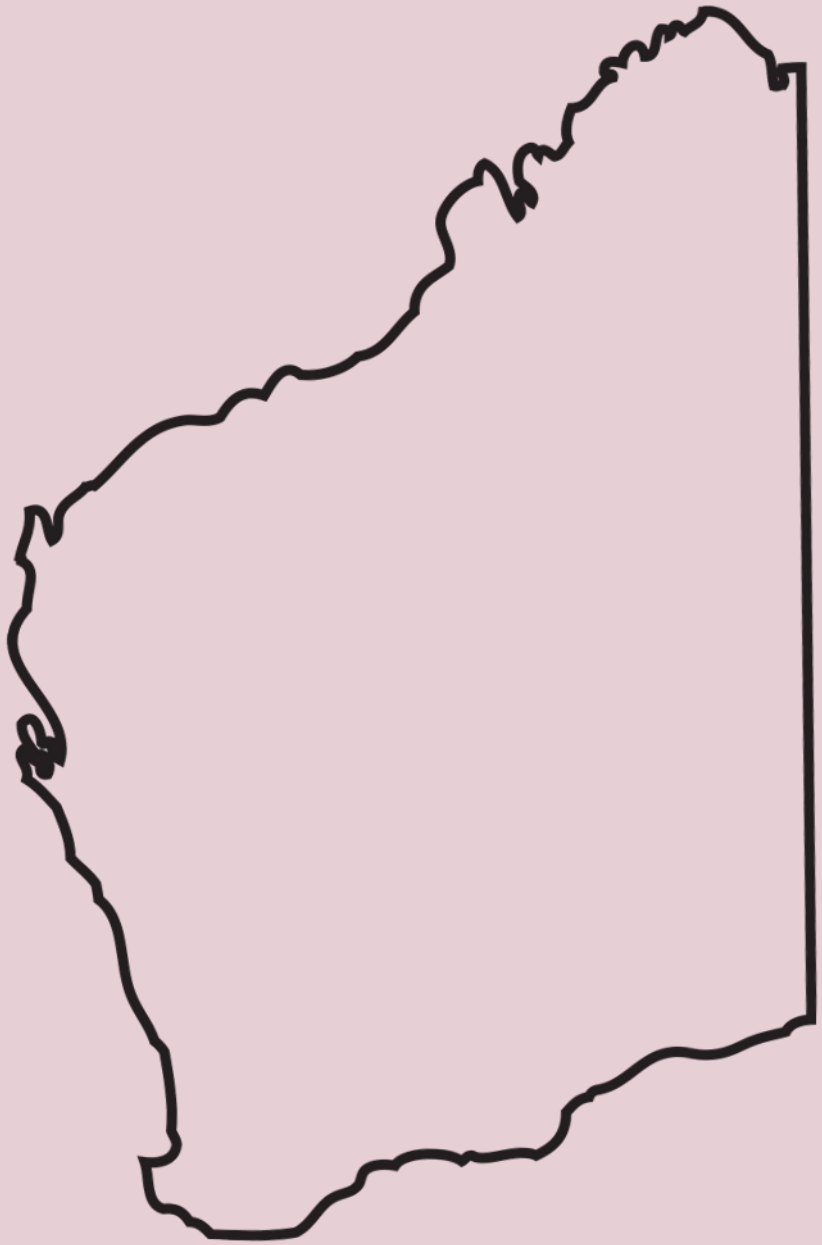
Table 48: Prevalence of intentions to change weight, by BMI classification, 16 years and over, HWSS 2024

Body Mass Index classification	Intentions around weight							
	Lose weight		Gain weight		Stay the same weight		I am not trying to do anything about my weight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	N/A	(N/A-N/A)	63.4	(49.7-77.1)	14.8*	(5.1-24.5)	21.1*	(10.5-31.6)
Normal weight	16.9	(14.9-18.9)	14.3	(12.0-16.6)	29.9	(27.5-32.3)	38.9	(36.3-41.6)
Overweight	45.0	(43.1-47.0)	3.5	(2.5-4.5)	22.3	(20.7-23.9)	29.2	(27.4-31.0)
Obese	72.2	(70.5-73.9)	0.5*	(0.2-0.8)	7.5	(6.5-8.5)	19.8	(18.4-21.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use

MENTAL HEALTH



7. Mental Health

This section will focus on the following mental health risk factors, which may be sensitive or distressing to some readers. If you find any of the content upsetting or need support, consider contacting support services such as Lifeline (13 11 14) or Beyond Blue (1300 224 636).

- Psychological distress
- Mental wellbeing
- Self-harm
- Suicidal ideation
- Social support

21.7%
of Western Australian adults reported high or very high levels of psychological distress

3.7%
of Western Australian adults reported self-harm, without the intention of ending their life in the past 12 months.

8%
of Western Australian adults reported having seriously thought about ending their own life over the past 12 months

56.4%
of Western Australian adults reported belonging to at least one social group or association

7.1 Psychological distress

The Kessler Psychological Distress Scale-10 (K10) is a standardised instrument consisting of 10 questions that measure psychological distress by asking 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, which have then been categorised into four groups. Moderate and high levels of psychological distress may indicate the presence of mental health issues, while very high levels indicate that professional help or treatment for a diagnosable mental health condition may be required.[13]

- The prevalence of adults who reported very high psychological distress decreased with age: 16 to 44 years (11.1%), 45 to 64 years (7.2%), and 65 years and over (3.6%) (**Table 49**).
- Males were more likely to report low levels of psychological distress compared with females (60.8% compared with 50.1%).

Table 49: Prevalance of psychological distress as measured by Kessler Psychological Distress Scale-10, 16 years and over, HWSS 2024

	Low		Moderate		High		Very high	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	41.3	(38.7-44.0)	26.4	(24.0-28.9)	17.2	(15.1-19.4)	15.0	(12.8-17.2)
Males	52.1	(48.9-55.3)	23.9	(21.2-26.7)	16.9	(14.4-19.5)	7.1	(5.3-8.9)
Persons	46.6	(44.5-48.7)	25.2	(23.4-27.0)	17.1	(15.4-18.7)	11.1	(9.7-12.6)
45 to 64 years								
Females	53.0	(50.9-55.2)	26.1	(24.2-28.0)	12.4	(11.0-13.8)	8.5	(7.1-9.9)
Males	65.8	(63.3-68.3)	19.3	(17.3-21.3)	9.1	(7.6-10.6)	5.8	(4.4-7.2)
Persons	59.3	(57.6-60.9)	22.8	(21.4-24.2)	10.8	(9.8-11.8)	7.2	(6.2-8.2)
65+ years								
Females	64.9	(62.3-67.5)	20.4	(18.2-22.6)	10.4	(8.6-12.1)	4.4	(3.2-5.6)
Males	73.4	(70.8-76.1)	16.5	(14.3-18.8)	7.4	(5.7-9.1)	2.7	(1.7-3.6)
Persons	68.9	(67.0-70.8)	18.6	(17.0-20.1)	8.9	(7.7-10.2)	3.6	(2.8-4.3)
Total								
Females	50.1	(48.5-51.6)	25.0	(23.7-26.4)	14.2	(13.1-15.4)	10.7	(9.5-11.8)
Males	60.8	(58.9-62.6)	21.0	(19.4-22.5)	12.5	(11.1-13.9)	5.8	(4.8-6.8)
Persons	55.2	(54.0-56.5)	23.1	(22.0-24.1)	13.4	(12.5-14.3)	8.3	(7.5-9.1)

[13] Andrews G and Slade T, 2001. Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian And New Zealand Journal of Public Health*, 25(6): 494-97.

The prevalence of high or very high psychological distress was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of high or very high psychological distress was lower in the Goldfields health region (16.2%) when compared with the state prevalence (21.7%) (**Figure 31**).

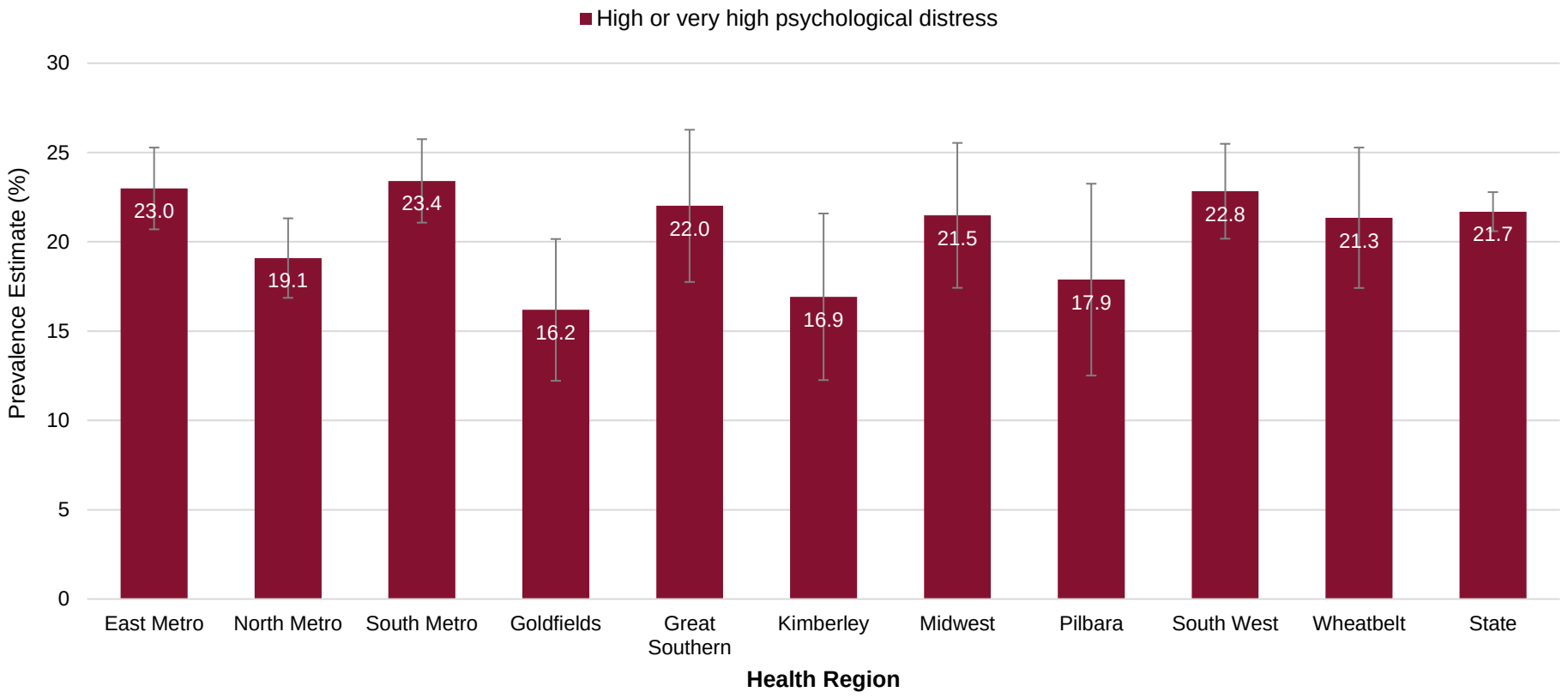


Figure 31: Prevalence of adults with high or very high psychological distress by health regions in WA, 16 years and over, HWSS 2024

7.2 Mental wellbeing

The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), a shorter version of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), is a standardised instrument consisting of seven questions that monitor mental wellbeing by asking about feeling and thoughts experienced in the past two weeks. The option ranges from 1 (none of the time) to 5 (all of the time). Each item on the SWEMWBS is scored and then summed, resulting in a range of possible scores from 7 to 35. A higher score indicates better mental health, while very low score indicates more promotion and re-evaluation of mental wellbeing initiatives.[14]

The SWEMWBS mean scores in the past two weeks are presented in **Table 50.**

- Adults aged 65 years and over had a higher SWEMWBS mean score compared with those aged 16 to 44 years and 45 to 64 years (25.3 compared with 23.3 and 24.3).
- Males had a higher SWEMWBS mean score compared with females (24.2% vs with 23.9%).
- A mean score of 24.1 would indicate moderate mental wellbeing in the Western Australian adult population.

[14] Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J. and Weich, S., 2009. Internal construct validity of the Warwick-Edinburgh mental well-being scale (WEMWBS): a Rasch analysis using data from the Scottish health education population survey. *Health and quality of life outcomes*, *7*, pp.1-8.

Table 50: Mental well-being over the last two weeks, 16 years and over, HWSS 2024

	Mean	95% CI
16 to 44 years		
Females	23.1	(22.9-23.2)
Males	23.6	(23.3-23.9)
Persons	23.3	(23.2-23.5)
45 to 64 years		
Females	24.2	(24.0-24.4)
Males	24.4	(24.2-24.7)
Persons	24.3	(24.2-24.5)
65+ years		
Females	25.1	(24.9-25.3)
Males	25.5	(25.2-25.8)
Persons	25.3	(25.1-25.5)
Total		
Females	23.9	(23.7-24.0)
Males	24.2	(24.1-24.4)
Persons	24.1	(23.9-24.2)

Note: Meansured by SWEMWBS mean scores

SWEMWBS mean score was estimated for the WA health regions and compared with the state WEMWBS scores.

- The SWEMWBS mean score was higher in the Wheatbelt and Midwest health region (24.5%) when compared with the state mean score (24.1%) (**Figure 32)**

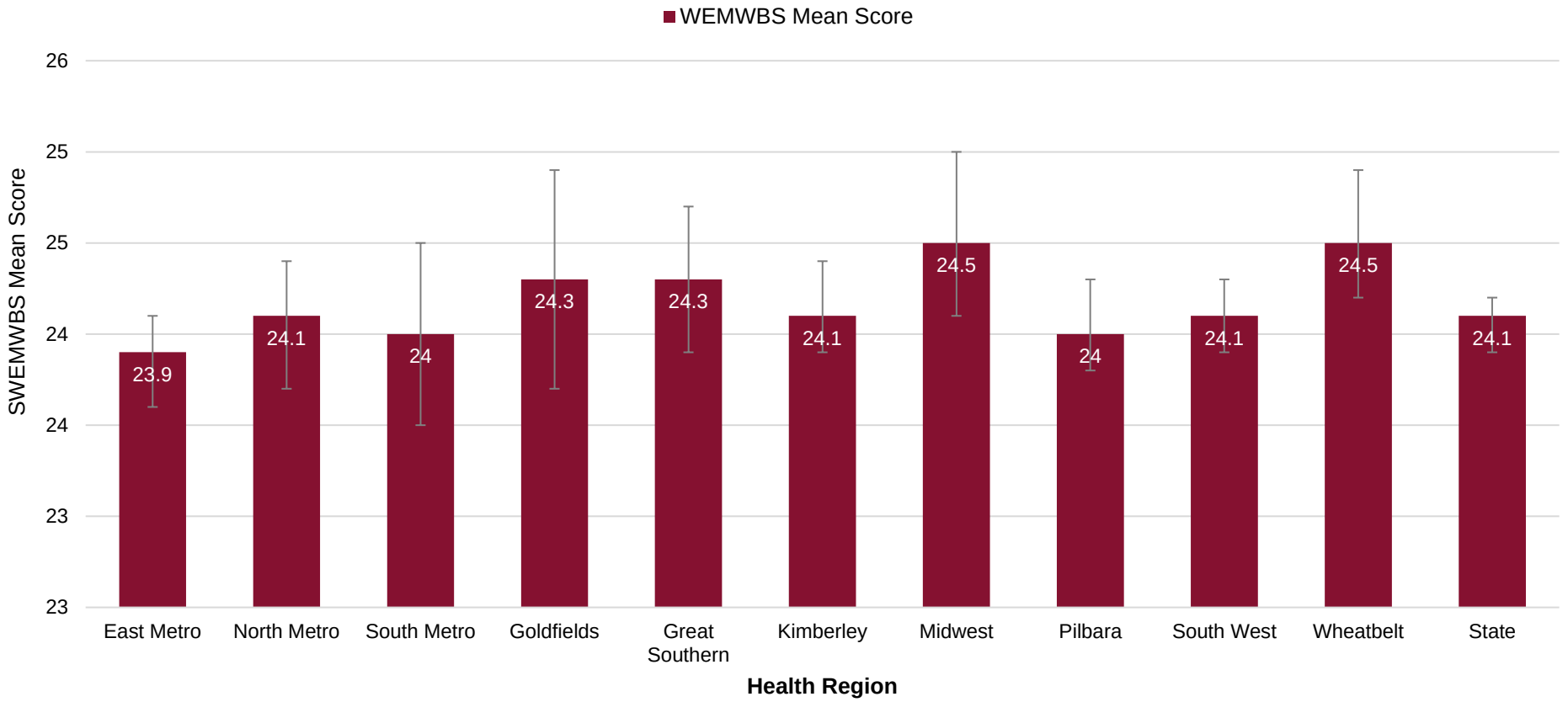


Figure 32: SWEMWBS scores by health regions in WA, 16 years and over, HWSS 2024

7.3 Self-harm

We asked respondents whether they ever tried intentionally and physically harmed themselves, without the intention of ending their life in the past 12 months.

- The prevalence of adults who reported self-harm decreased with age: 16 to 44 years (6.4%), 45 to 64 years (1.8%), and 65 years and over (0.4%) (**Table 51**).
- Females were more likely to report self-harm compared with males (4.4% compared with 3%).

Table 51: Prevalence of self harm over past 12 months, 16 years and over, HWSS 2024

	%	95% CI
16 to 44 years		
Females	8.0	(6.2-9.8)
Males	4.8	(3.3-6.4)
Persons	6.4	(5.2-7.7)
45 to 64 years		
Females	1.7	(1.1-2.4)
Males	1.8	(1.1-2.6)
Persons	1.8	(1.3-2.3)
65+ years		
Females	0.3 *	(0.0-0.5)
Males	N/A	(N/A-N/A)
Persons	0.4 *	(0.1-0.7)
Total		
Females	4.4	(3.5-5.3)
Males	3.0	(2.2-3.8)
Persons	3.7	(3.1-4.3)

* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

N/A: Prevalence estimate has an RSE greater than 50% and is considered too unreliable for general use

7.4 Suicide ideation

We asked respondents whether they had suicidal thoughts in the past 12 months.

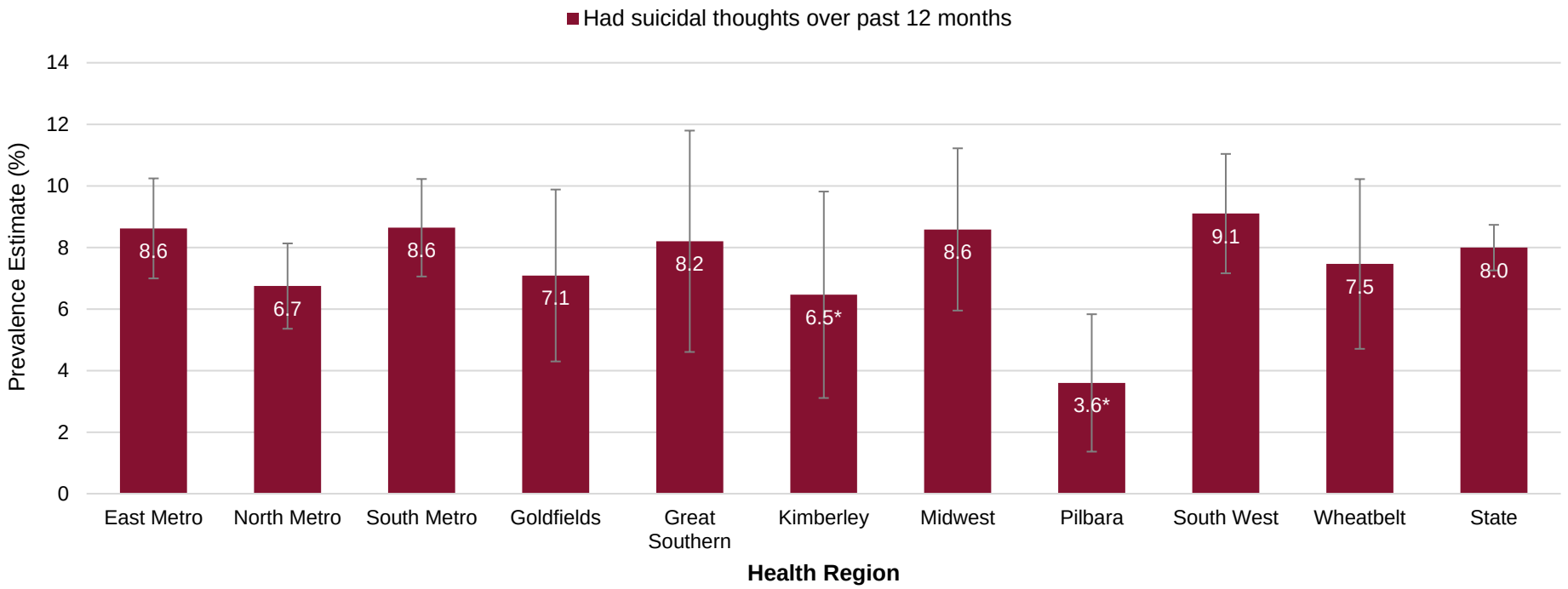
- Adults aged 16 to 44 years were more likely to report having thought about suicide compared with those aged 65 years and over (9.9% compared with 4.3%) (**Table 52**)

Table 52: Prevalence of suicidal thoughts over past 12 months, 16 years and over, HWSS 2024

	%	95% CI
16 to 44 years		
Females	10.7	(8.8-12.5)
Males	9.2	(7.2-11.2)
Persons	9.9	(8.6-11.3)
45 to 64 years		
Females	7.9	(6.5-9.3)
Males	7.2	(5.7-8.6)
Persons	7.5	(6.5-8.5)
65+ years		
Females	4.5	(3.3-5.7)
Males	4.0	(2.7-5.2)
Persons	4.3	(3.4-5.1)
Total		
Females	8.5	(7.5-9.5)
Males	7.5	(6.4-8.6)
Persons	8.0	(7.3-8.7)

The prevalence of adults who reported that they had suicidal thoughts in the past 12 months was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who reported that they had suicidal thoughts in the past 12 months was lower in Pilbara health region (3.6%) when compared with the state prevalence (8%) (**Figure 35**).



* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Figure 33: Prevalence of adults who reported had suicidal thoughts by health regions in WA, 16 years and over, HWSS 2024

We asked respondents if any of their friends or family had attempted suicide in the past 12 months.

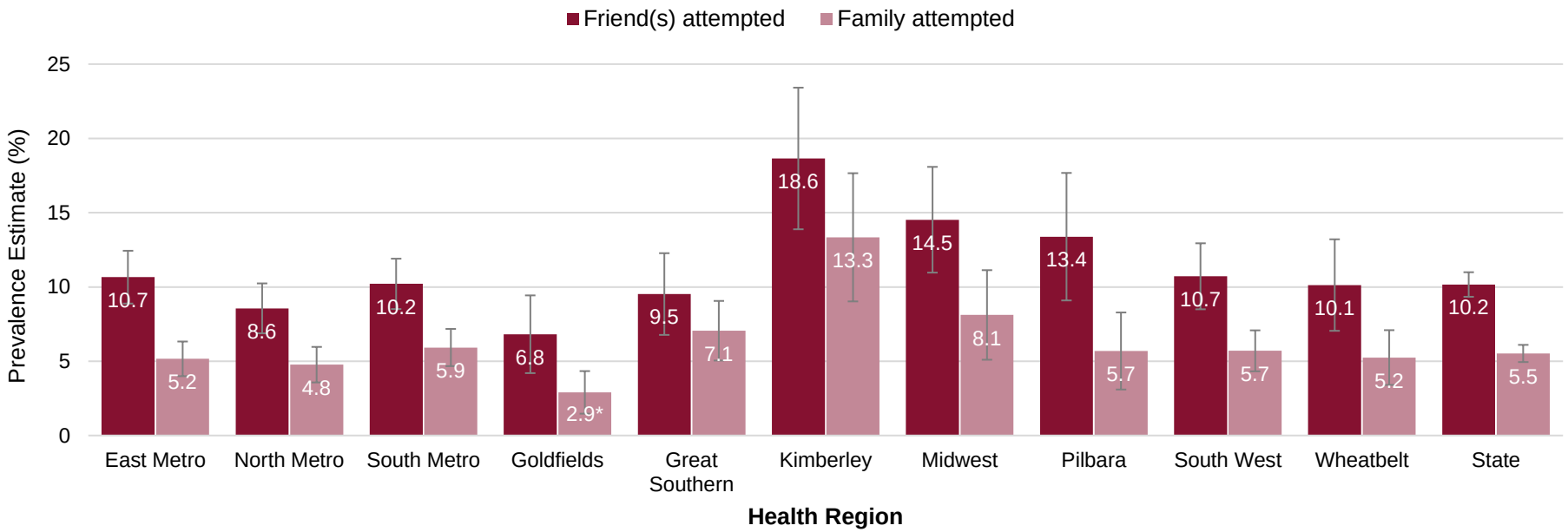
- The prevalence of adults who reported that a friend had tried to end their own life in the past 12 months decreased with age: 16 to 44 years (13.5%), 45 to 64 years (9%) and 65 years and over (4.3%) (**Table 53**).
- The prevalence of adults who reported that a member of their family had tried to end their own life in the past 12 months does not differ by age groups.

Table 53: Friends/family suicide attempts over past 12 months, 16 years and over, HWSS 2024

	Friend(s) attempted		Family attempted	
	%	95% CI	%	95% CI
16 to 44 years				
Females	12.8	(10.8-14.8)	7.9	(6.3-9.4)
Males	14.3	(11.9-16.7)	5.2	(3.8-6.7)
Persons	13.5	(12.0-15.1)	6.6	(5.5-7.6)
45 to 64 years				
Females	8.7	(7.4-10.0)	6.5	(5.4-7.5)
Males	9.3	(7.7-10.9)	4.5	(3.3-5.6)
Persons	9.0	(8.0-10.1)	5.5	(4.7-6.3)
65+ years				
Females	3.6	(2.7-4.6)	3.5	(2.6-4.5)
Males	5.1	(3.7-6.4)	2.8	(1.8-3.8)
Persons	4.3	(3.5-5.1)	3.2	(2.5-3.9)
Total				
Females	9.5	(8.5-10.6)	6.5	(5.7-7.3)
Males	10.8	(9.5-12.1)	4.5	(3.7-5.3)
Persons	10.2	(9.3-11.0)	5.5	(4.9-6.1)

The prevalence of adults who reported that a friend had tried to end their own life in the past 12 months was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who reported that a friend had tried to end their own life in the past 12 months was higher in Kimberley health region (18.6%) when compared with the state prevalence (10.2%) (**Figure 34**).
- The prevalence of adults who reported that a member of their family had tried to end their own life in the past 12 months was lower in the Goldfields health region (2.9%) and higher in the Kimberley health region (13.3%) when compared with the state prevalence (5.5%).



* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Figure 34: Prevalence of adults who reported a friend had tried to end their own life by health regions in WA, 16 years and over, HWSS 2024

7.5 Social support

As an alternative measure of social support, we asked respondents how many groups/associations they belonged to, including church, social, community, political and professional groups.

- Adults aged 16 to 44 years and 45 to 64 years were more likely to report not belonging to any groups or associations compared with adults aged 65 years and over (44.1% and 46.7% compared with 37.7%) (**Table 54**).

Table 54: Number of groups/associations belonging to, 16 years and over, HWSS 2024

	None		One		Two		Three		Four or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	45.2	(42.5-48.0)	22.4	(20.1-24.7)	15.2	(13.2-17.1)	8.8	(7.3-10.2)	8.4	(7.0-9.9)
Males	43.0	(39.8-46.1)	24.1	(21.3-26.8)	16.5	(14.2-18.8)	8.6	(6.8-10.5)	7.8	(6.2-9.5)
Persons	44.1	(42.0-46.2)	23.2	(21.4-25.0)	15.8	(14.3-17.3)	8.7	(7.5-9.9)	8.1	(7.0-9.2)
45 to 64 years										
Females	46.9	(44.8-49.1)	21.7	(19.9-23.5)	14.6	(13.1-16.1)	8.0	(6.9-9.0)	8.8	(7.6-10.0)
Males	46.5	(44.0-49.1)	20.7	(18.6-22.7)	16.7	(14.8-18.5)	8.4	(7.0-9.7)	7.8	(6.5-9.0)
Persons	46.7	(45.1-48.4)	21.2	(19.8-22.6)	15.6	(14.4-16.8)	8.2	(7.3-9.0)	8.3	(7.4-9.2)
65+ years										
Females	35.7	(33.1-38.4)	24.1	(21.7-26.5)	18.1	(16.1-20.2)	12.6	(10.9-14.4)	9.4	(7.9-10.9)
Males	40.0	(37.0-43.0)	25.9	(23.2-28.6)	16.7	(14.5-18.8)	9.8	(8.0-11.6)	7.6	(6.2-9.0)
Persons	37.7	(35.8-39.7)	24.9	(23.2-26.7)	17.4	(16.0-18.9)	11.3	(10.0-12.6)	8.6	(7.5-9.6)
Total										
Females	43.8	(42.2-45.3)	22.5	(21.2-23.9)	15.6	(14.5-16.7)	9.3	(8.5-10.2)	8.8	(7.9-9.6)
Males	43.5	(41.7-45.3)	23.3	(21.8-24.9)	16.6	(15.3-17.9)	8.8	(7.7-9.8)	7.8	(6.8-8.7)
Persons	43.6	(42.4-44.8)	22.9	(21.9-23.9)	16.1	(15.2-17.0)	9.1	(8.4-9.7)	8.3	(7.6-8.9)

The prevalence of adults who reported belonging to at least one group/association was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who reported belonging to at least one group/association was higher in Wheatbelt health region (63.4%) when compared with the state prevalence (56.4%) (**Figure 35**).

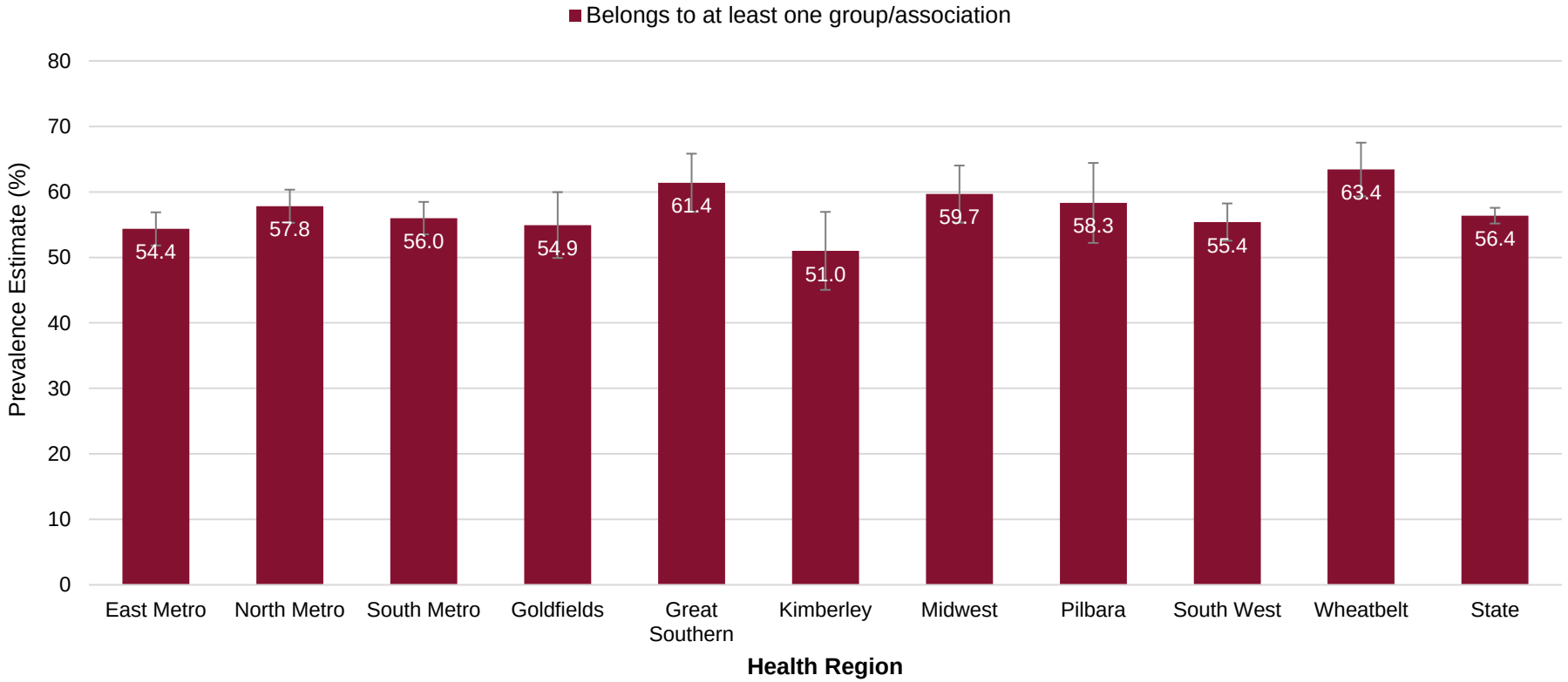
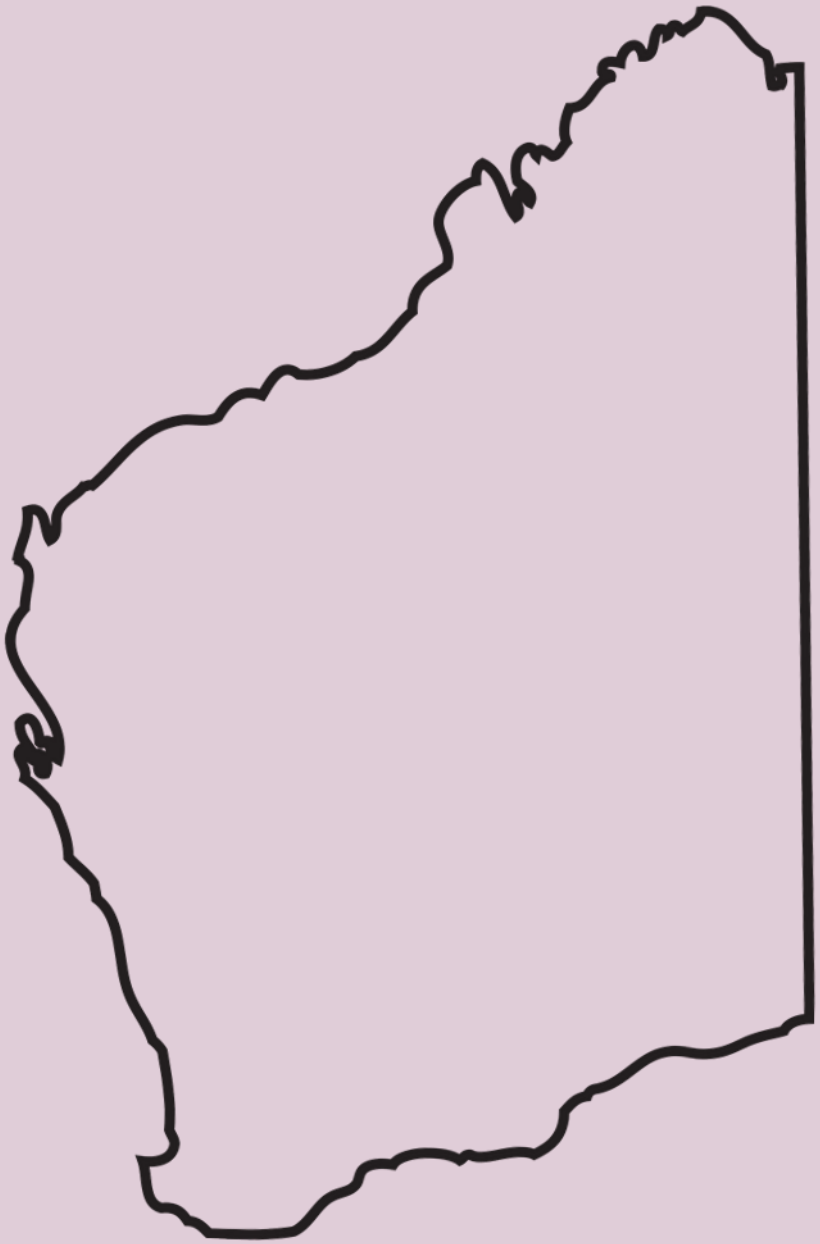


Figure 35: Prevalence of adults who reported belonging to at least one group/association by health regions in WA, 16 years and over, HWSS 2024

HEALTH SERVICE UTILISATION



8. Health service utilisation

Health services are the ways in which health care is provided to the general population such as through GPs, hospitals, dental, mental, and alternative health services. This section will focus on the following:

- Health services

87.8%
of Western Australian adults used primary health services within the past 12 months

18.9%
of Western Australian adults used mental health services within the past 12 months

8.1 Health services

We asked respondents whether they had used any common health services such as GPs, hospitals, allied, dental, mental, and alternative health services within the past 12 months.

- Adults aged 65 years and over were more likely to have used primary health care services and hospital services in the past 12 months compared with those aged 16 to 44 years and 45 to 64 years (primary: 94.8% compared with 83.9% and 89%; hospital: 41% compared with 29% and 33.8%) (**Table 55)**
- Adults aged 65 years and over were less likely to have alternative health services in the past 12 months compared with those aged 16 to 44 years and 45 to 64 years (7.5% compared with 10.7% and 13.2%).
- The prevalence of adults who reported using allied health services in the past 12 months increased with age: 16 to 44 years (49%), 45 to 64 years (63.9%), 65 years and over (72%).
- The prevalence of adults who reported using mental health services in the past 12 months decreased with age: 16 to 44 years (26.7%), 45 to 64 years (16.1%), 65 years and over (5.7%).
- For all types of health services, females were more likely to have utilised services in the past 12 months compared with males (primary: 91.7% compared with 83.7%; hospital: 36.2% compared with 29.5%; allied health: 63.8% compared with 52.9%; dental: 65.3% compared with 54.4%; mental health: 22.2% compared with 15.5%; alternative health: 13.5% compared with 8%).

Table 55: Health service utilisation in the past 12 months, 16 years and over, HWSS

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years												
Females	90.0	(88.2-91.8)	35.5	(32.9-38.1)	53.6	(50.8-56.4)	63.4	(60.7-66.0)	31.6	(29.0-34.2)	13.1	(11.4-14.8)
Males	77.7	(75.0-80.4)	22.2	(19.6-24.8)	44.2	(41.1-47.4)	51.2	(48.0-54.4)	21.6	(19.0-24.2)	8.2	(6.5-9.8)
Persons	83.9	(82.3-85.6)	29.0	(27.1-30.8)	49.0	(46.9-51.1)	57.4	(55.3-59.5)	26.7	(24.8-28.5)	10.7	(9.5-11.9)
45 to 64 years												
Females	92.0	(90.8-93.1)	34.7	(32.6-36.8)	70.6	(68.5-72.6)	66.9	(64.8-68.9)	18.7	(16.9-20.5)	17.2	(15.6-18.9)
Males	85.9	(84.1-87.8)	32.8	(30.4-35.2)	56.8	(54.3-59.4)	54.8	(52.2-57.3)	13.3	(11.4-15.1)	9.0	(7.6-10.5)
Persons	89.0	(87.9-90.1)	33.8	(32.2-35.4)	63.9	(62.2-65.5)	61.0	(59.3-62.6)	16.1	(14.8-17.4)	13.2	(12.1-14.3)
65+ years												
Females	95.3	(94.1-96.4)	40.1	(37.5-42.8)	76.1	(73.8-78.4)	67.4	(64.8-70.0)	6.7	(5.3-8.0)	9.0	(7.5-10.5)
Males	94.3	(93.0-95.6)	41.9	(38.9-44.9)	67.4	(64.6-70.2)	61.6	(58.7-64.5)	4.6	(3.4-5.8)	5.9	(4.5-7.3)
Persons	94.8	(93.9-95.7)	41.0	(39.0-43.0)	72.0	(70.2-73.8)	64.7	(62.7-66.6)	5.7	(4.8-6.6)	7.5	(6.5-8.6)
Total												
Females	91.7	(90.8-92.7)	36.2	(34.7-37.7)	63.8	(62.2-65.4)	65.3	(63.8-66.9)	22.2	(20.8-23.6)	13.5	(12.5-14.5)
Males	83.7	(82.2-85.1)	29.5	(27.9-31.2)	52.9	(51.1-54.7)	54.4	(52.6-56.3)	15.5	(14.1-17.0)	8.0	(7.0-8.9)
Persons	87.8	(86.9-88.7)	33.0	(31.9-34.1)	58.5	(57.3-59.7)	60.0	(58.8-61.2)	18.9	(17.9-20.0)	10.8	(10.1-11.5)

(a) e.g., medical specialist, general practitioner, community health centre, community, or district nurses.
(b) e.g., overnight stay, accident and emergency department or outpatients.
(c) e.g., optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.
(d) e.g., psychiatrist, psychologist, or counsellor.
(e) e.g., acupuncturist, naturopath, homeopath, or any other alternative health service.

The prevalence of adults who reported using primary health care services in the past 12 months was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who reported using primary health care services in the past 12 months did not differ by health region when compared with the state prevalence (**Figure 36**).

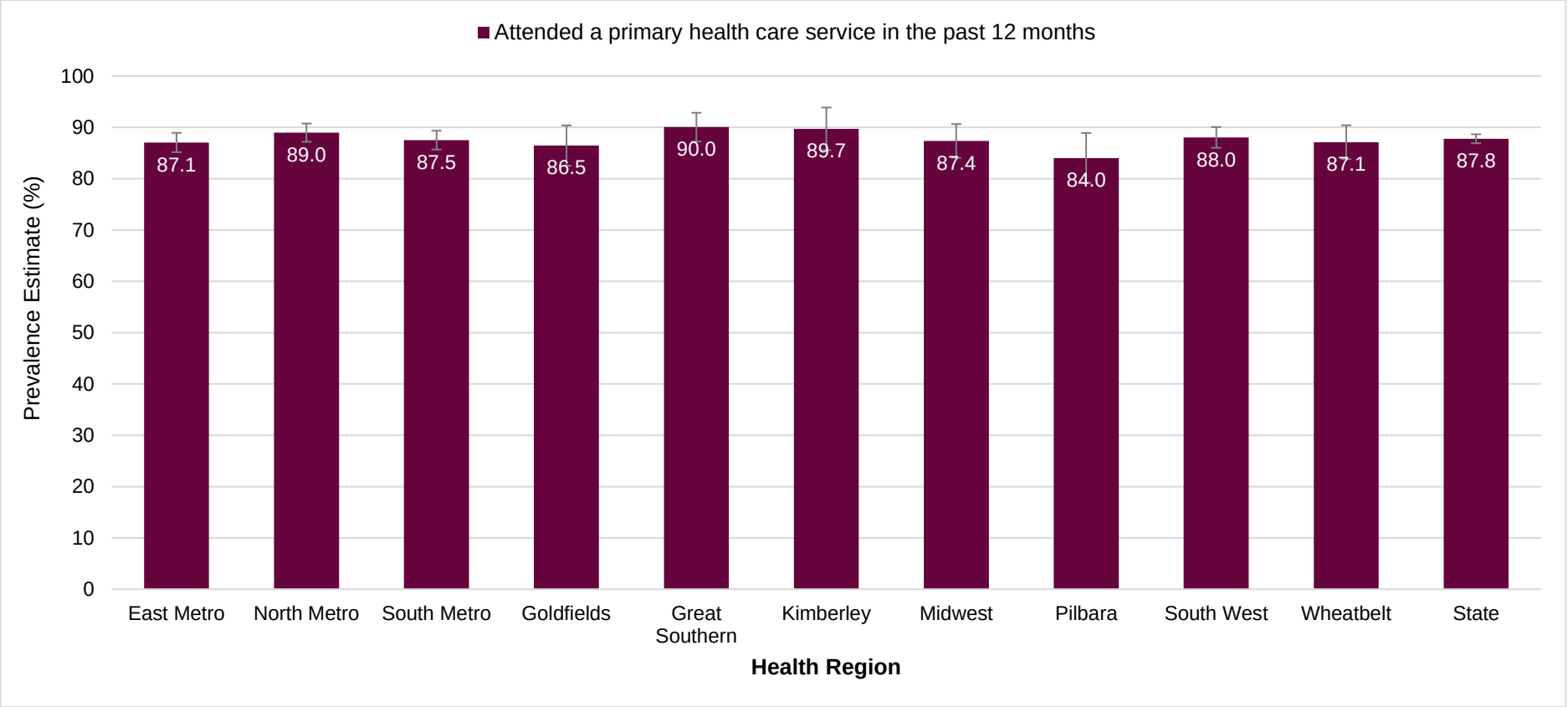


Figure 36: Prevalence of adults attending a primary health care service in the past 12 months by health regions in WA, 16 years and over, HWSS 2024

The mean number of visits to health services in the past 12 months are presented in **Table 56.**

- The most used health service at a population level was primary health care services, with a mean of 5.1 visits in the past 12 months, followed by allied health services with 4.0 visits.
- Adults aged 65 years and over had a higher mean number of visits for primary health care services compared with those aged 16 to 44 years and 45 to 64 years (6.5 visits compared with 4.4 visits and 5.1 visits).
- Adults aged 65 years and over had a lower mean number of visits for mental health services compared with those aged 16 to 44 years and 45 to 64 years (0.3 visits compared with 2.1 visits and 1.3 visits).
- Females had a higher mean number of visits for primary health care services, hospital-based services, allied, dental, mental, and alternative health services when compared with males.

Table 56: Mean visits to health services in the past 12 months, 16 years and over, HWSS 2024

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
16 to 44 years												
Females	5.6	(5.2-6.0)	0.9	(0.7-1.1)	4.2	(3.8-4.7)	1.2	(1.2-1.3)	2.9	(2.4-3.3)	0.7	(0.5-0.8)
Males	3.2	(2.9-3.5)	0.5	(0.3-0.7)	2.8	(2.4-3.2)	0.9	(0.8-1.0)	1.4	(1.1-1.7)	0.4	(0.2-0.5)
Persons	4.4	(4.2-4.7)	0.7	(0.6-0.8)	3.5	(3.2-3.8)	1.1	(1.0-1.1)	2.1	(1.9-2.4)	0.5	(0.4-0.6)
45 to 64 years												
Females	5.6	(5.3-6.0)	0.9	(0.7-1.0)	5.4	(5.0-5.9)	1.4	(1.3-1.5)	1.5	(1.3-1.8)	1.1	(0.9-1.2)
Males	4.6	(4.0-5.1)	0.8	(0.7-0.9)	3.5	(3.1-3.9)	1.0	(1.0-1.1)	1.1	(0.8-1.3)	0.4	(0.3-0.5)
Persons	5.1	(4.8-5.4)	0.8	(0.7-0.9)	4.5	(4.2-4.8)	1.2	(1.2-1.3)	1.3	(1.1-1.5)	0.8	(0.7-0.9)
65+ years												
Females	6.6	(6.1-7.2)	1.0	(0.9-1.2)	5.3	(4.8-5.8)	1.5	(1.3-1.7)	0.4	(0.3-0.5)	0.5	(0.4-0.7)
Males	6.4	(5.8-6.9)	1.3	(1.0-1.5)	3.7	(3.3-4.3)	1.2	(1.1-1.3)	0.3	(0.2-0.4)	0.4*	(0.2-0.6)
Persons	6.5	(6.1-6.9)	1.2	(1.0-1.3)	4.5	(4.1-4.9)	1.4	(1.3-1.5)	0.3	(0.2-0.4)	0.5	(0.3-0.6)
Total												
Females	5.8	(5.6-6.1)	0.9	(0.8-1.0)	4.8	(4.5-5.1)	1.3	(1.3-1.4)	1.9	(1.7-2.1)	0.8	(0.7-0.9)
Males	4.3	(4.0-4.5)	0.7	(0.6-0.9)	3.2	(3.0-3.5)	1.0	(1.0-1.1)	1.1	(0.9-1.2)	0.4	(0.3-0.5)
Persons	5.1	(4.9-5.2)	0.8	(0.8-0.9)	4.0	(3.9-4.2)	1.2	(1.1-1.2)	1.5	(1.4-1.6)	0.6	(0.5-0.7)

(a) e.g., medical specialist, general practitioner, community health centre, community, or district nurses. (b) e.g., overnight stay, emergency department or outpatients.
(c) e.g., optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.
(d) e.g., psychiatrist, psychologist, or counsellor. (e) e.g., acupuncturist, naturopath, homeopath, or any other alternative health service.
* Mean estimate has an RSE between 25%-50% and should be used with caution.

The mean number of visits to health services amongst those who used the type of service at least once in the past 12 months are presented in **Table 57.**

- The most used health service at a population level among adults who used the type of service at least once in the past 12 months was mental health services (7.9 visits) followed by allied health services (6.9 visits).

Table 57: Mean visits to health services in the past 12 months of those who attended the service, 16 years and over, HWSS 2024

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
16 to 44 years												
Females	6.2	(5.8-6.6)	2.6	(2.1-3.1)	7.9	(7.1-8.7)	1.9	(1.9-2.0)	9.1	(8.0-10.1)	5.1	(4.0-6.2)
Males	4.1	(3.8-4.5)	2.2	(1.4-3.0)	6.4	(5.6-7.1)	1.8	(1.7-1.9)	6.5	(5.4-7.5)	4.6	(3.3-5.9)
Persons	5.3	(5.0-5.5)	2.4	(2.0-2.9)	7.2	(6.7-7.8)	1.9	(1.8-1.9)	8.0	(7.2-8.8)	4.9	(4.0-5.7)
45 to 64 years												
Females	6.1	(5.4-6.5)	2.5	(2.2-2.7)	7.7	(7.1-8.3)	2.1	(2.0-2.2)	8.3	(7.1-9.4)	6.2	(5.5-7.0)
Males	5.3	(4.7-5.9)	2.4	(2.0-2.7)	6.2	(5.6-6.9)	1.9	(1.8-2.0)	8.1	(6.5-9.7)	4.7	(3.7-5.6)
Persons	5.7	(5.4-6.1)	2.4	(2.2-2.6)	7.0	(6.6-7.5)	2.0	(1.9-2.1)	8.2	(7.3-9.1)	5.7	(5.1-6.3)
65+ years												
Females	7.0	(6.4-7.5)	2.6	(2.2-3.0)	6.9	(6.3-7.6)	2.2	(1.9-2.5)	5.8	(4.5-7.1)	6.1	(4.8-7.4)
Males	6.7	(6.2-7.3)	3.1	(2.5-3.6)	5.4	(4.5-6.3)	2.0	(1.9-2.1)	5.8	(3.9-7.7)	6.4*	(3.2-9.7)
Persons	6.9	(6.5-7.3)	2.8	(2.5-3.2)	6.3	(5.7-6.8)	2.1	(2.0-2.3)	5.8	(4.7-6.9)	6.2	(4.8-7.7)
Total												
Females	6.3	(6.1-6.6)	2.5	(2.3-2.8)	7.6	(7.2-8.0)	2.1	(2.0-2.1)	8.6	(7.9-9.4)	5.7	(5.1-6.3)
Males	5.1	(4.8-5.4)	2.5	(2.2-2.9)	6.1	(5.6-6.5)	1.9	(1.8-1.9)	6.9	(6.0-7.7)	4.9	(4.0-5.8)
Persons	5.8	(5.6-6.0)	2.5	(2.3-2.7)	6.9	(6.6-7.2)	2.0	(1.9-2.0)	7.9	(7.4-8.5)	5.4	(4.9-5.9)

(a) e.g., medical specialist, general practitioner, community health centre, community, or district nurses. (b) e.g., overnight stay, emergency department or outpatients.
(c) e.g., optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.
(d) e.g., psychiatrist, psychologist, or counsellor. (e) e.g., acupuncturist, naturopath, homeopath, or any other alternative health service.

* Mean estimate has an RSE between 25%-50% and should be used with caution.

SOCIAL CHARACTERISTICS

9. Social characteristics

In Australia, private health insurance operates in conjunction with the publicly funded universal healthcare cover, Medicare. Private health insurance can be purchased by individuals to contribute to the cost of private patient hospital care as well as ancillary medical services such as dental care, optical, chiropractic and physiotherapy treatments.

28.6%

of Western Australian adults reported not having any kind of private health insurance

58.7%

of Western Australian adults reported having both hospital and ancillary private health insurance

We asked respondents about their health insurance status.

- Females were more likely to report having ‘ancillary only’ private health insurance compared with males (11.4% compared with 7%) (**Table 58**).

Table 58: Private health insurance status, 16 years and over, HWSS 2024

	None		Hospital only		Ancillary only		Hospital and ancillary	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	27.1	(24.4-29.7)	3.7	(2.7-4.7)	10.2	(8.6-11.9)	59.0	(56.2-61.8)
Males	30.4	(27.3-33.5)	3.7	(2.6-4.8)	6.8	(5.2-8.4)	59.1	(55.9-62.3)
Persons	28.7	(26.7-30.7)	3.7	(3.0-4.5)	8.6	(7.4-9.7)	59.0	(56.9-61.2)
45 to 64 years								
Females	25.5	(23.5-27.6)	2.9	(2.2-3.6)	11.7	(10.2-13.2)	59.9	(57.7-62.1)
Males	29.2	(26.7-31.6)	3.6	(2.6-4.6)	7.0	(5.6-8.4)	60.2	(57.7-62.8)
Persons	27.3	(25.7-28.9)	3.2	(2.6-3.8)	9.4	(8.4-10.4)	60.1	(58.4-61.7)
65+ years								
Females	29.9	(27.3-32.5)	2.7	(1.8-3.6)	13.4	(11.5-15.4)	53.9	(51.2-56.7)
Males	31.4	(28.5-34.3)	3.3	(2.3-4.4)	7.5	(5.8-9.2)	57.8	(54.8-60.8)
Persons	30.6	(28.7-32.5)	3.0	(2.3-3.7)	10.6	(9.3-12.0)	55.7	(53.7-57.8)
Total								
Females	27.2	(25.7-28.7)	3.2	(2.7-3.8)	11.4	(10.4-12.4)	58.2	(56.6-59.8)
Males	30.2	(28.4-31.9)	3.6	(2.9-4.2)	7.0	(6.1-8.0)	59.2	(57.4-61.0)
Persons	28.6	(27.5-29.8)	3.4	(3.0-3.8)	9.3	(8.6-10.0)	58.7	(57.5-59.9)

The prevalence of adults having at least one type of private health insurance was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults having at least one type of private health insurance was lower in the Kimberley (46.9%), Great Southern (55.2%), Goldfields (64.5%), Midwest (64.5%), and Wheatbelt (61.2%) health regions; and higher in the North Metro health region (78.2%) compared with the state prevalence (71.4%) (**Figure 37**).

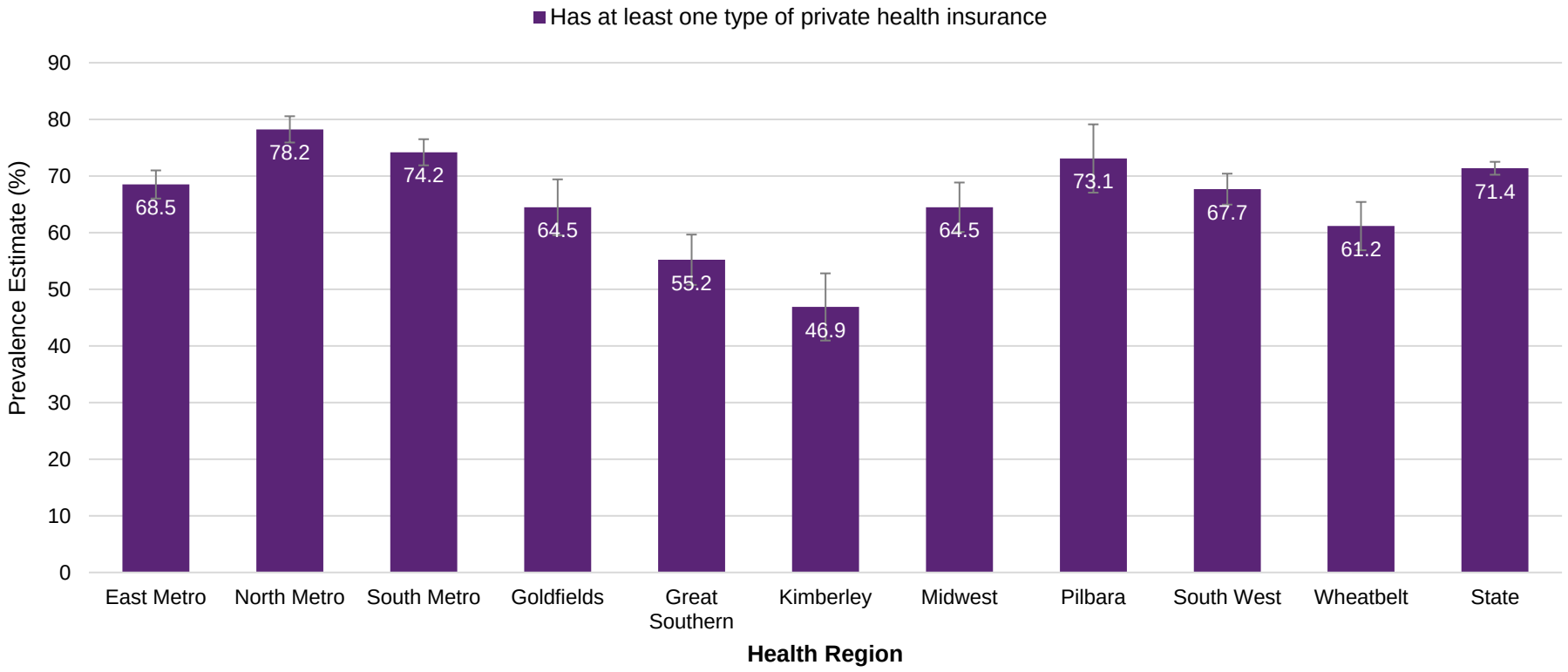


Figure 37: Prevalence of having at least one type of private health insurance by health regions in WA, 16 years and over, HWSS 2024

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