Government of **Western Australia**
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Health and wellbeing of adults in Western Australia 2022

Epidemiology Directorate

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Table of Contents

List of tables

List of figures

Executive summary

The 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 2022, 8,095 adults aged 16 years and over completed either a computer assisted telephone interview or an online survey between February and December, with an average participation rate of approximately 55 per cent. The sample was randomly selected and then weighted to reflect the Western Australian adult population.

This report describes the findings from the 2022 Health and Wellbeing Surveillance System and provides the health sector and the general public with important information about various aspects of the health and wellbeing of Western Australian adults at the population level.

Key estimates from the report include:

General health:

- Approximately half (52.0%) of adults self-reported their health status as excellent or very good.

Chronic health conditions:

- One in nine (10.7%) adults reported currently having asthma.
- More than one in four (25.6%) adults have suffered an injury in the past 12 months that required treatment from a health professional.
- More than one in five (21.3%) adults have been told by a doctor that they have a mental health condition in the past 12 months.

Lifestyle and biomedical risk factors:

- One in nine (10.9%) adults aged 18 years and over were current smokers.
- One in five (19.9%) adults aged 18 years and over had ever tried an e-cigarette.
- More than one in three (37.8%) 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 (48.2% compared with 28.3%).

- More than one in three (38.4%) adults met the guidelines for recommended daily intake of fruit, while only one in thirteen (7.4%) adults met the guidelines for recommended daily intake of vegetables.
- One in twenty-five (4.3%) adults reported running out of food and not being able to afford to buy more.
- More than one in three (35.2%) of adults reported eating fast food meals at least once a week.
- More than three in five (63.8%) adults engaged in at least 150 minutes of moderate physical activity per week.
- More than one in two (54.1%) adults usually spend most of their day sitting.
- One in three (34.5%) adults reported sleeping less than the recommended number of hours on a usual night.
- One in nine (10.5%) adults reported using illicit drugs.
- More than one in three (37.7%) adults have a BMI that is categorised as overweight, with more than one in three (37.9%) adults categorised as obese.
- More than one in five (23.6%) adults reported having current high cholesterol and more than one in five (22.7%) adults reported having current high blood pressure.

Mental health:

- More than one in six (17.5%) adults experienced high or very high levels of psychological distress.
- One in twelve (8.1%) adults had seriously thought about ending their own life in the past 12 months.
- Three in five (60.0%) adults reported belonging to at least one social group or association.

Health service utilisation:

- Nine in ten (90.3%) adults used primary health services within the past 12 months. Only one in seven (15.8%) reported using mental health services.
- More than two in five (43.9%) adults had received a flu vaccination.

INTRODUCTION AND METHODOLOGY

1. Introduction and methodology

1.1 Introduction

The WA Health and Wellbeing Surveillance System (HWSS) is a continuous data collection system developed to monitor the health and wellbeing of Western Australians. The HWSS began in March 2002 and is run on a continual basis, where thousands of people throughout Western Australia (WA) are interviewed each year. This report presents the information on the health and wellbeing of 8,095 adults aged 16 years and over during 2022.

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

The questions included in the HWSS are selected either to provide information about state or national indicators of health and wellbeing, or to provide information about areas of health, lifestyle and demography that are not available elsewhere and are necessary to understand the dynamics of healthy behaviours and outcomes. 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 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, those who are homeless or those without telephones/internet access.

The HWSS has been approved by the WA Department of Health's Human Research Ethics Committee (EC00422).

1.2 Trends from 2002 onwards

Starting in 2021, trend data is no longer included in HWSS annual reports, due to the large amount of information that would need to be added. Trend data remain an important feature of the HWSS and will be made publicly available as an online resource on the Epidemiology Directorate website.

https://ww2.health.wa.gov.au/Articles/A_E/About-the-Epidemiology-branch

1.3 Methodology

1.3.1 Sampling and mode of administration

Two sample frames and two modes were used for contacting respondents in 2022. An extract from Sensis Consumer Database was linked with the WA Electoral Roll by the WA Health Data Linkage System to append phone numbers. A second extract from Thryv[1] was used to top up the numbers required by WA health region for representative sampling. Linkage with the WA Electoral Roll for this second extract was not performed. The linked and non-linked extracts were used to contact a sample of potential respondents by letter each month. Respondents were invited to respond to the survey online with a link and unique key during a 10-day period, after which non-respondents were followed up via telephone call (CATI).

All data were collected from February to December 2022 by the Edith Cowan University Survey Research Centre, an ISO accredited social research agency.

[1] In 2021, Sensis was purchased by Thryv.

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, with each person given a weight which can be thought of as the number of people they represent.

In 2022 the HWSS data have been weighted to adjust the proportions of certain demographic characteristics of the respondents so that they match the corresponding proportions in the total WA population aged 16 years and over, based on the Australian Bureau of Statistics 2021 Census usual place of residence (Table 1). This weighting method is known as raked weighting, (also raking, iterative proportional fitting, or rim 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[2]. Weights were calculated using the RAKE module in SPSS and were trimmed at an upper limit. The 2022 data were raked using the WA estimated resident population for 2021 and the 2021 Census proportions for WA as listed below.[3]

Table 1: Demographic characteristics used in the raked weighting

Characteristic	Categories
Sex	• Female • Male
Age	• 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)

[2] 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.

[3] 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. This raked weighting method differs from the design and post-stratification weighting method previously reported for HWSS estimates and so direct comparisons with previous HWSS reports using post stratification weights (2002-2020) are not recommended.

1.3.3 Mode differences

We have not made any adjustment for mode effects. Applying corrections to correct for mode differences unilaterally would also impact on characteristics with no mode effect. Additionally, specific adjustments for mode for individual topics would add considerable burden due to the statistical processing, analysis and interpretation of the data required.[4]

1.3.5 Survey response

A total of 28,061 households were contacted of which 55.5% were eligible, 11.4% were ineligible and 33.1% had unknown eligibility. Of 15,586 eligible households, 8,619 interviews and online surveys were conducted. The full breakdown of the response rates for the CATI and online surveys is presented in **Figure 1**. The data presented in this report are for 8,059 Western Australian adults aged 16 years and over.

[4] 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.

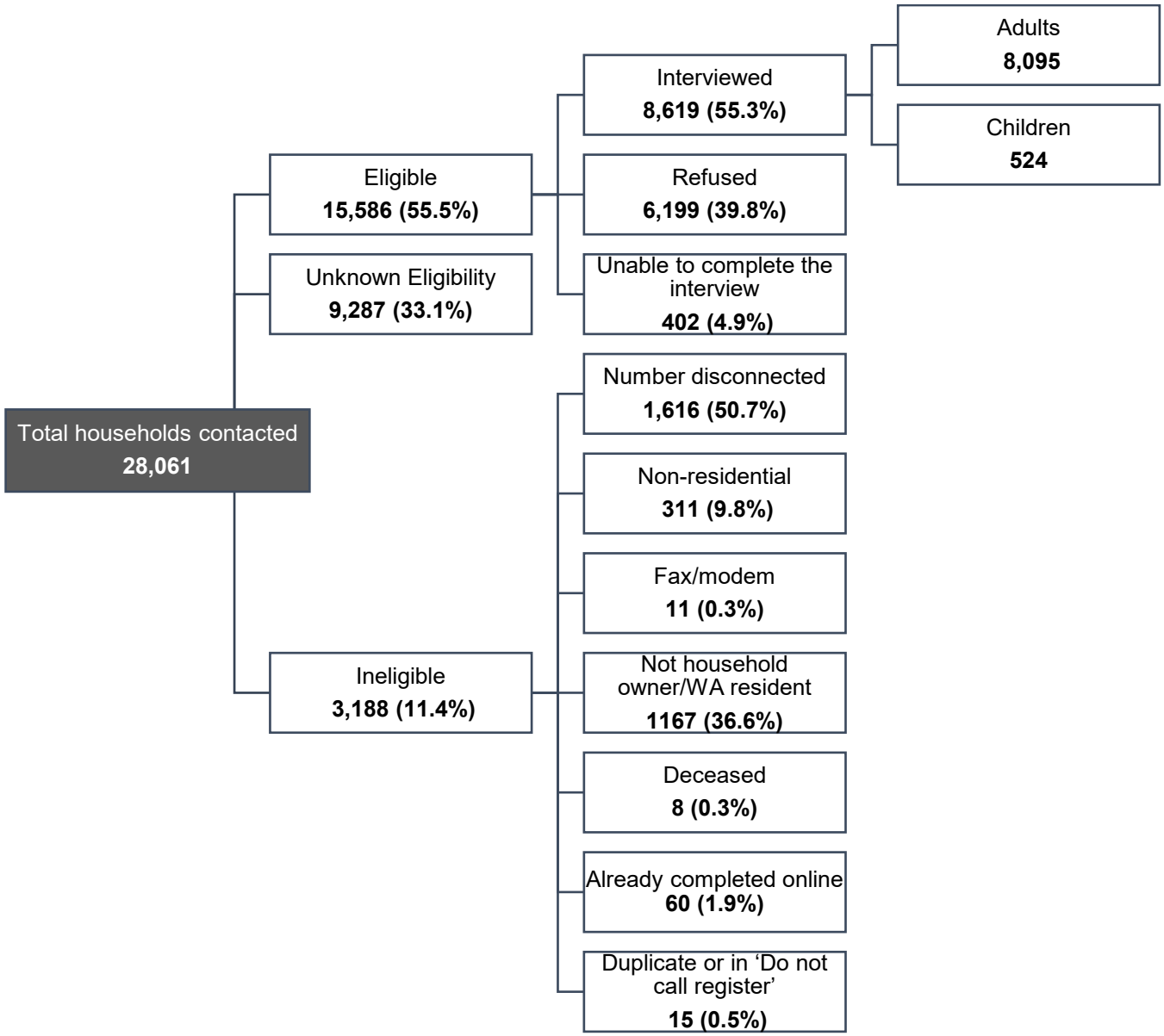


Figure 1: Flowchart of response rates to the HWSS survey, 2022

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 on the other hand refers only to new cases of a condition or characteristic during a specified time interval. 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 period, 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 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 with 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 do not overlap, then the estimates are considered significantly different. When the confidence interval of the estimates does overlap, the estimates are deemed not significantly different; however, this should be considered a guide only and a formal test of statistical significance would be required to arrive at 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. 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) for 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 some variables that have multiple response options (4 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 no text has been provided. If more detailed information is required or interpretation needed, please contact the Health and Wellbeing Survey team, Epidemiology Directorate, WA Department of Health at DOH.HWSS@health.wa.gov.au.

DEMOGRAPHICS

2. Demographics

In 2022, a total of 8,095 Western Australians aged 16 years and over participated in the HWSS. The demographic and socioeconomic characteristics of the adults who participated in the 2022 HWSS data collection period are 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 (52.5%) than males (47.5%)
- More than half (56.8%) were born in Australia
- The majority were living in metropolitan areas (77.2%)
- Just over half of respondents were employed for wages, salary or payment in kind (53.7%)
- Nearly two thirds (63.6%) possessed private health insurance with both hospital and ancillary cover

Table 2: Demographic characteristics, 16 years & over, HWSS 2022

	Unweighted sample (n)*	Weighted survey sample (%)
Data collection mode		
CATI	6,421	79.2
Online	1,674	20.8
Age group		
16 to 24 years	94	6.3
25 to 44 years	1,124	35.3
45 to 64 years	2,968	35.4
65 years & over	3,909	23.0
Sex		
Females	4,798	52.5
Males	3,297	47.5
Australian born		
Yes	5,673	56.8
No	2,407	43.2
Aboriginal or Torres Strait Islander		
Yes	156	2.2
No	7,900	97.8
Marital status		
Married	4,865	43.8
De facto	745	9.4
Widowed	688	6.0
Divorced	885	12.8
Separated	285	5.8
Never married	611	22.2
Health region		
East Metro	1,486	26.4
Goldfields	350	2.9
Great Southern	496	3.0
Kimberley	151	1.1
Midwest	454	2.8
North Metro	1,550	25.5
Pilbara	265	2.5
South Metro	1,628	25.4
South West	1,167	7.6
Wheatbelt	548	2.9

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

Table 3: Socioeconomic characteristics, 16 years & over, HWSS 2022

	Unweighted Sample (n)*	Weighted survey sample (%)
Current place of living		
Rented from government or public authority	250	3.2
Rented privately	796	16.1
Being paid off by you/your partner	2,178	37.1
Fully owned/outright owner	4,509	38.8
Other	334	4.8
Current living arrangement		
Living with parent(s)	165	7.9
Living with other family members	571	10.0
Living with friends	92	2.7
Living with a partner and children	1,745	26.9
Living with a partner but no children	3,576	25.0
Living alone	1,649	23.5
Living in a retirement village	132	0.9
Other living arrangement	155	3.1
Household income		
Under $20,000	446	5.2
$20,000 to $40,000	1,448	14.6
$40,000 to $60,000	937	10.1
$60,000 to $80,000	702	9.3
$80,000 to $100,000	578	9.4
$100,000 to $120,000	517	9.3
$120,000 to $140,000	419	7.9
$140,000 to $160,000	390	6.9
More than $160,000	1,373	27.2
Household spending		
Spend more money than earn/get	360	5.3
Have just enough money to get by	983	13.1
Spend left over money	310	4.5
Save a bit every now and then	2,051	25.2
Save some regularly	2,877	38.8
Save a lot	894	13.1

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

Table 3: Socioeconomic characteristics, 16 years & over, HWSS 2022

	Unweighted Sample (n)*	Weighted survey sample (%)
Highest level of education (a)		
Less than Year 10	341	1.9
Year 10 or Year 11	1,071	7.6
Year 12	746	10.5
TAFE/Trade qualification	3,804	42.9
Tertiary degree or equivalent	2,107	37.1
Employment status		
Self employed	976	11.2
Employed for wages, salary or payment in kind	3,082	53.7
Unemployed for less than one year	75	1.7
Unemployed for more than one year	76	1.7
Engaged in home duties	205	3.1
Retired	3,367	21.5
Unable to work	180	2.8
A student	58	3.2
Other	72	1.1
Working away (fly-in fly-out) (b)		
Yes	290	10.3
No	3,099	89.7
Shift worker (b)		
Yes	288	10.1
No	2,811	89.9
Receiving a government pension		
Yes	2,744	22.2
No	5,319	77.8
Possess a government health care card		
Yes	3,334	29.4
No	4,706	70.6
Possess private health insurance		
Yes - Hospital only	251	4.1
- Ancillary only	611	8.1
- Both hospital and ancillary	5,347	63.6
No	1,813	24.3

(a) Excludes respondents who are currently still at school. (b) Adults who are currently employed.
* Numbers may not add up to total sample due to refusal and “don’t know” responses

GENERAL HEALTH

3. General health

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

52.0% of Western Australian adults reported their current health status as 'excellent' or 'very good'

18.5% of Western Australian adults were in a family where at least one person had a disability

61.1% of Western Australians 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 reported their current health status as 'very good' decreased with age: 16 to 44 years (41.1%), 45 to 64 years (35.4%) and 65 years and over (31.2%) (**Table 4**).
- There were no differences between males and females in self-reported health status.

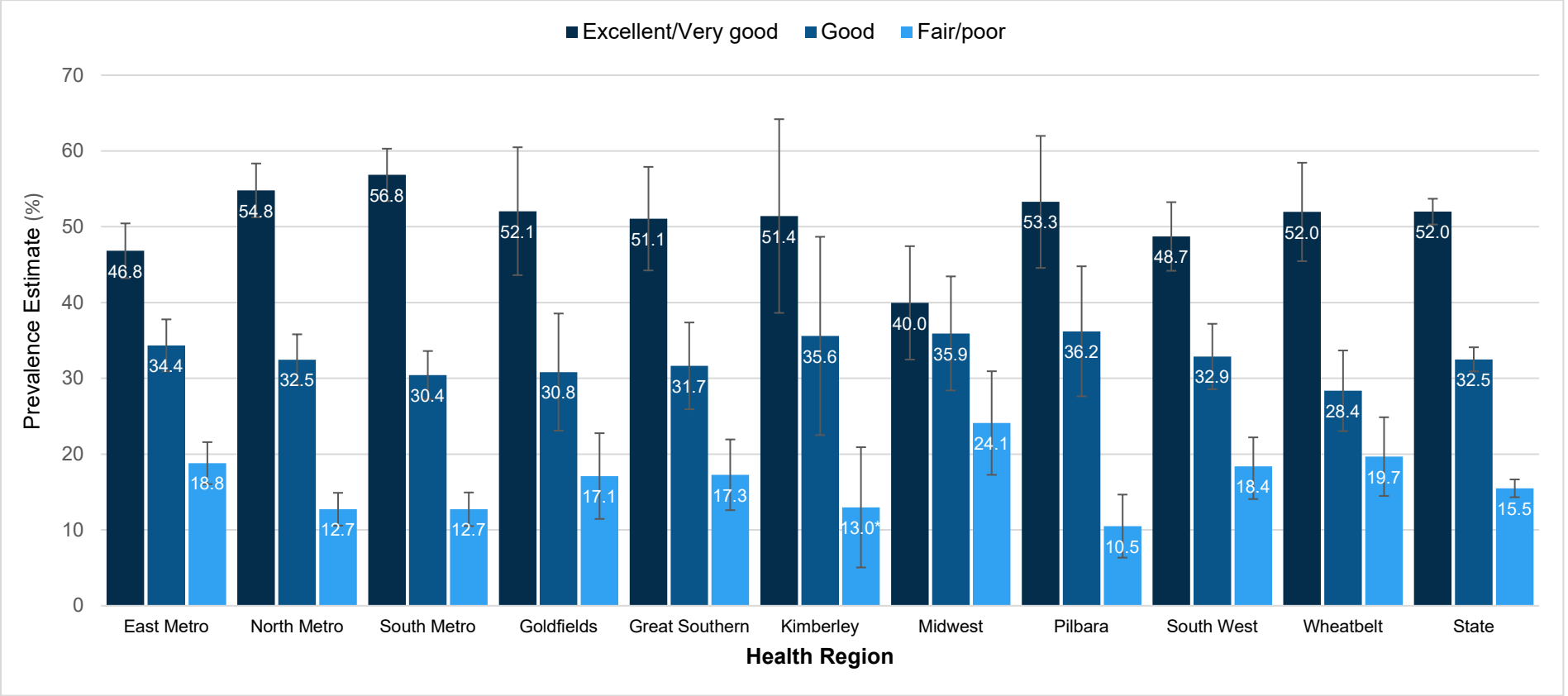
Table 4: Self-reported health status, 16 years & over, HWSS 2022

	Excellent		Very Good		Good		Fair		Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	13.7	(10.8—16.5)	40.5	(36.2—44.9)	33.0	(28.9—37.1)	9.4	(6.9—11.8)	3.4 *	(1.7—5.2)
Males	15.9	(12.1—19.6)	41.9	(36.7—47.0)	32.1	(27.2—36.9)	7.7	(4.9—10.4)	2.6 *	(0.9—4.3)
Persons	14.7	(12.3—17.0)	41.1	(37.8—44.5)	32.6	(29.4—35.7)	8.6	(6.8—10.4)	3.1	(1.8—4.3)
45 to 64 years										
Females	17.5	(15.1—19.9)	38.2	(35.2—41.1)	29.3	(26.6—32.0)	11.9	(9.8—14.0)	3.1	(2.1—4.1)
Males	17.8	(14.7—20.8)	32.2	(28.7—35.8)	34.1	(30.5—37.7)	12.2	(9.5—14.8)	3.7	(2.3—5.2)
Persons	17.6	(15.7—19.5)	35.4	(33.2—37.7)	31.5	(29.3—33.7)	12.0	(10.4—13.7)	3.4	(2.6—4.2)
65+ years										
Females	12.8	(11.0—14.6)	32.1	(29.7—34.6)	33.8	(31.3—36.3)	15.3	(13.4—17.2)	5.9	(4.7—7.2)
Males	11.8	(9.8—13.8)	30.4	(27.7—33.1)	34.0	(31.2—36.8)	17.4	(15.1—19.7)	6.3	(4.8—7.9)
Persons	12.3	(11.0—13.7)	31.2	(29.4—33.0)	33.9	(32.0—35.8)	16.4	(14.9—17.9)	6.1	(5.1—7.1)
Total										
Females	14.9	(13.3—16.4)	37.9	(35.7—40.2)	31.8	(29.7—33.9)	11.5	(10.2—12.9)	3.8	(3.0—4.7)
Males	15.5	(13.6—17.4)	35.6	(33.1—38.1)	33.3	(30.8—35.7)	11.7	(10.1—13.3)	3.9	(3.0—4.9)
Persons	15.2	(13.9—16.4)	36.8	(35.2—38.5)	32.5	(30.9—34.1)	11.6	(10.6—12.6)	3.9	(3.2—4.5)

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

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 when compared the state prevalence (24.1% and15.5%) (**Figure 2**).



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

Figure 2: Prevalence of self-reported health status by health regions in WA, 16 years & over, HWSS 2022

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 did not vary by age group or sex (**Figure 3**).

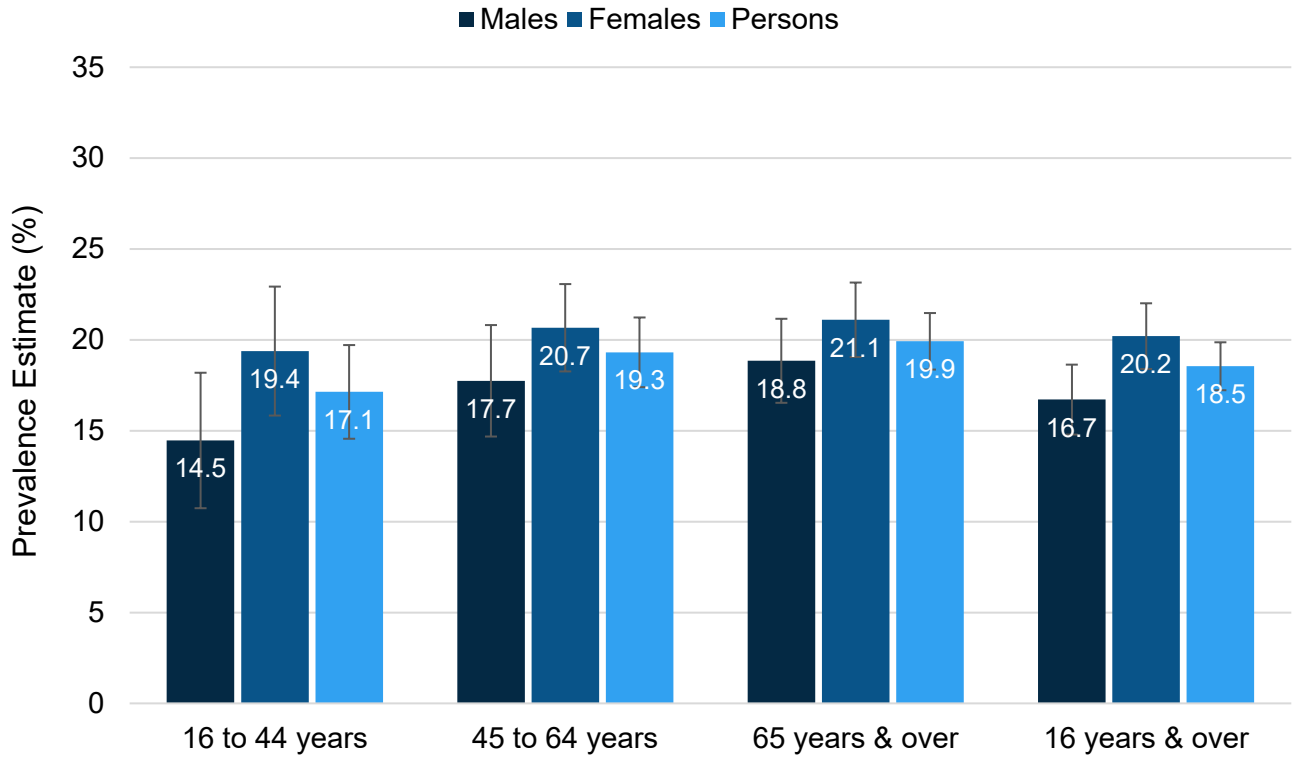
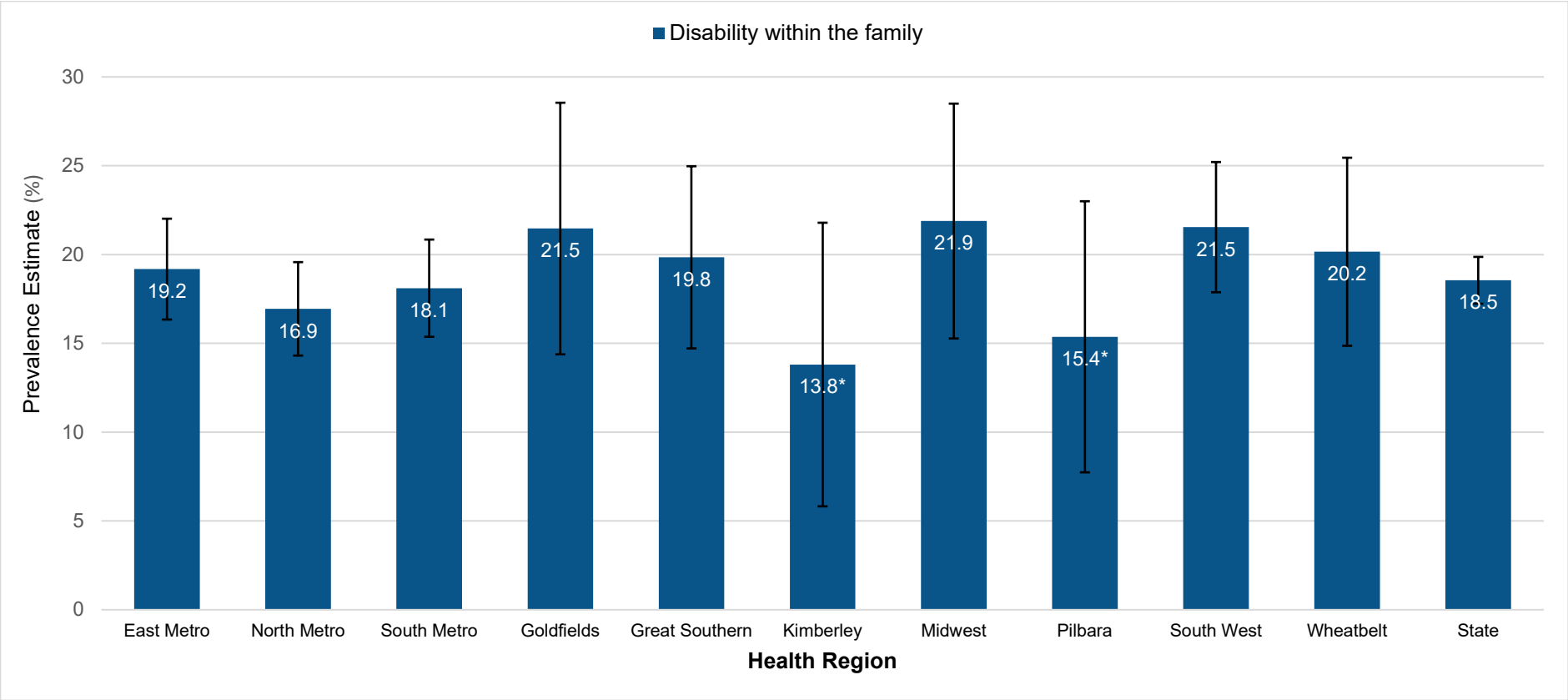


Figure 3: Prevalence of disability, long-term illness or pain within the family that puts pressure on them personally or on their family, 16 years & over, HWSS 2022

The prevalence of disability within the family was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of disability within the family did not vary by health region when compared with the state prevalence (**Figure 4**).



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

Figure 4: Prevalence of disability, long-term illness or pain within the family that puts pressure on them personally or on their family by health regions in WA, 16 years & over, HWSS 2022

- Of those with a family member with some form of disability, 21.2% reported that this had 'a very big impact' on themselves or their family **(Table 5)**.

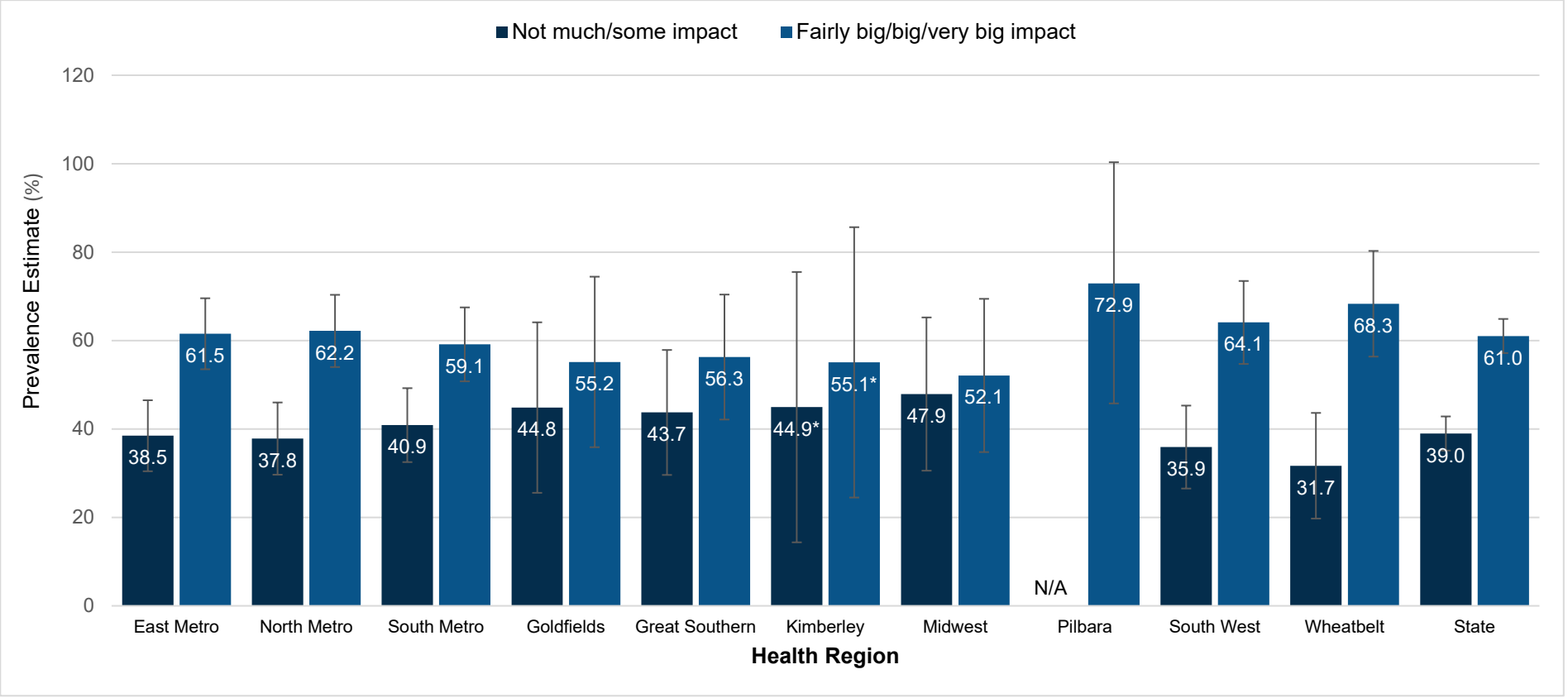
Table 5: Rating of the impact of disability on the respondents themselves and their family, 16 years & over, HWSS 2022

	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	7.0 *	(1.7—12.3)	33.5	(23.6—43.4)	23.2	(14.7—31.8)	14.4 *	(7.1—21.7)	21.8	(13.6—30.0)
Males	12.6 *	(2.7—22.5)	25.6	(13.2—38.0)	26.0	(13.9—38.1)	12.7 *	(3.3—22.1)	23.1 *	(11.3—34.9)
Persons	9.1 *	(4.1—14.2)	30.5	(22.7—38.3)	24.3	(17.2—31.3)	13.8	(8.0—19.5)	22.3	(15.5—29.1)
45 to 64 years										
Females	10.5	(6.8—14.3)	21.2	(16.1—26.3)	21.5	(16.5—26.6)	18.1	(13.2—22.9)	28.7	(22.4—34.9)
Males	19.1	(11.8—26.5)	19.1	(11.7—26.4)	15.0	(8.5—21.4)	26.0	(16.7—35.2)	20.9	(13.4—28.4)
Persons	14.2	(10.4—18.0)	20.3	(16.0—24.6)	18.7	(14.7—22.7)	21.5	(16.6—26.3)	25.3	(20.5—30.2)
65+ years										
Females	17.6	(13.6—21.6)	22.7	(18.1—27.2)	24.4	(19.8—29.0)	19.4	(15.1—23.7)	15.9	(12.0—19.9)
Males	19.4	(14.0—24.7)	29.5	(23.4—35.7)	24.5	(18.6—30.4)	15.9	(10.9—21.0)	10.7	(6.6—14.8)
Persons	18.5	(15.2—21.8)	26.1	(22.3—30.0)	24.4	(20.7—28.2)	17.7	(14.3—21.0)	13.3	(10.4—16.2)
Total										
Females	10.6	(7.9—13.4)	26.6	(21.9—31.3)	22.9	(18.7—27.0)	16.8	(13.2—20.5)	23.1	(18.8—27.3)
Males	17.0	(12.4—21.6)	24.3	(19.0—29.7)	21.5	(16.4—26.6)	18.6	(13.5—23.6)	18.7	(13.6—23.7)
Persons	13.3	(10.8—15.9)	25.6	(22.1—29.2)	22.3	(19.0—25.5)	17.6	(14.6—20.6)	21.2	(17.9—24.4)

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

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)**.



* 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

Figure 5: Rating of the impact of disability on the respondents themselves and their family by health regions in WA, 16 years & over, HWSS 2022

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
- Cancer and skin cancer
- Diabetes
- Injury
- Asthma
- Respiratory conditions other than asthma
- Mental health conditions

24.3 %
Western Australian adults reported having arthritis and
6.9%
reported having osteoporosis

8.2%
Western Australian adults reported having heart disease and
2.2%
reported ever having a stroke

14.4%
Western Australian adults reported ever having skin cancer and
9.0%
reported ever having other cancers

9.8% Western Australian adults reported living with diabetes

25.6% Western Australian adults reported an injury.
31.0% of those injuries were due to falls.

10.7% Western Australian adults reported currently having asthma

3.5% Western Australian adults reported currently having other chronic respiratory conditions

21.3% 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 (8.0%), 45 to 64 years (27.1%), and 65 years and over (49.7%); osteoporosis – 16 to 44 years (1.2%), 45 to 64 years (6.0%), and 65 years and over (19.2%) **(Table 6)**.
- Females were more likely than males to report having been told they have arthritis (28.2% compared to 19.9%) and osteoporosis (9.9% compared to 3.7%).

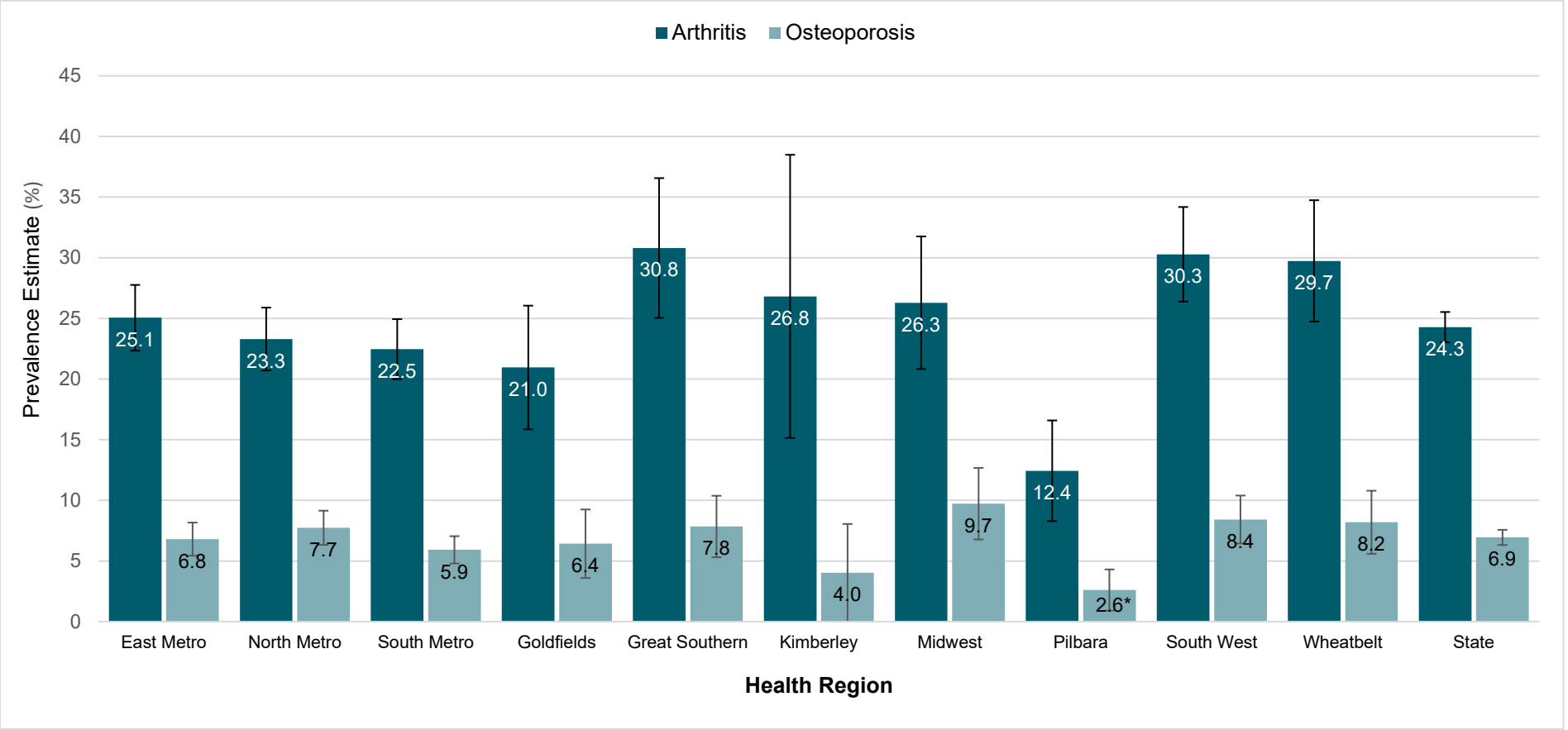
Table 6: Prevalence of arthritis and osteoporosis, 16 years & over, HWSS 2022

	Arthritis		Osteoporosis	
	%	95% CI	%	95% CI
16 to 44 years				
Females	9.5	(7.0—12.0)	1.7 *	(0.6—2.9)
Males	6.1	(3.7—8.6)	N/A	(N/A—N/A)
Persons	8.0	(6.2—9.7)	1.2 *	(0.5—1.8)
45 to 64 years				
Females	32.1	(29.3—35.0)	8.3	(6.7—9.9)
Males	21.2	(18.2—24.2)	3.3	(1.9—4.8)
Persons	27.1	(25.0—29.2)	6.0	(4.9—7.1)
65+ years				
Females	60.3	(57.7—62.9)	30.1	(27.6—32.6)
Males	40.0	(37.1—43.0)	9.4	(7.7—11.2)
Persons	49.7	(47.7—51.7)	19.2	(17.6—20.7)
Total				
Females	28.2	(26.4—30.0)	9.9	(8.9—10.9)
Males	19.9	(18.2—21.6)	3.7	(3.0—4.4)
Persons	24.3	(23.0—25.5)	6.9	(6.3—7.6)

* 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 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 health region (12.4%) and higher in the South West health region (30.3%) when compared with the state prevalence (24.3%) (**Figure 6**).
- The prevalence of osteoporosis was lower in Pilbara health region (2.6%) when compared with the state prevalence (6.9%).



* 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 & over, HWSS 2022

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 – 1.5%, 45 to 64 years – 6.5%, and 65 years and over – 23.3%; stroke: 16 to 44 years – 0.7%, 45 to 64 years – 1.6%, and 65 years and over – 5.9%) **(Table 7)**.
- Males were more likely than females to report being told they have a heart disease (10.7% compared to 5.9%).
- The prevalence of stroke did not vary by sex.

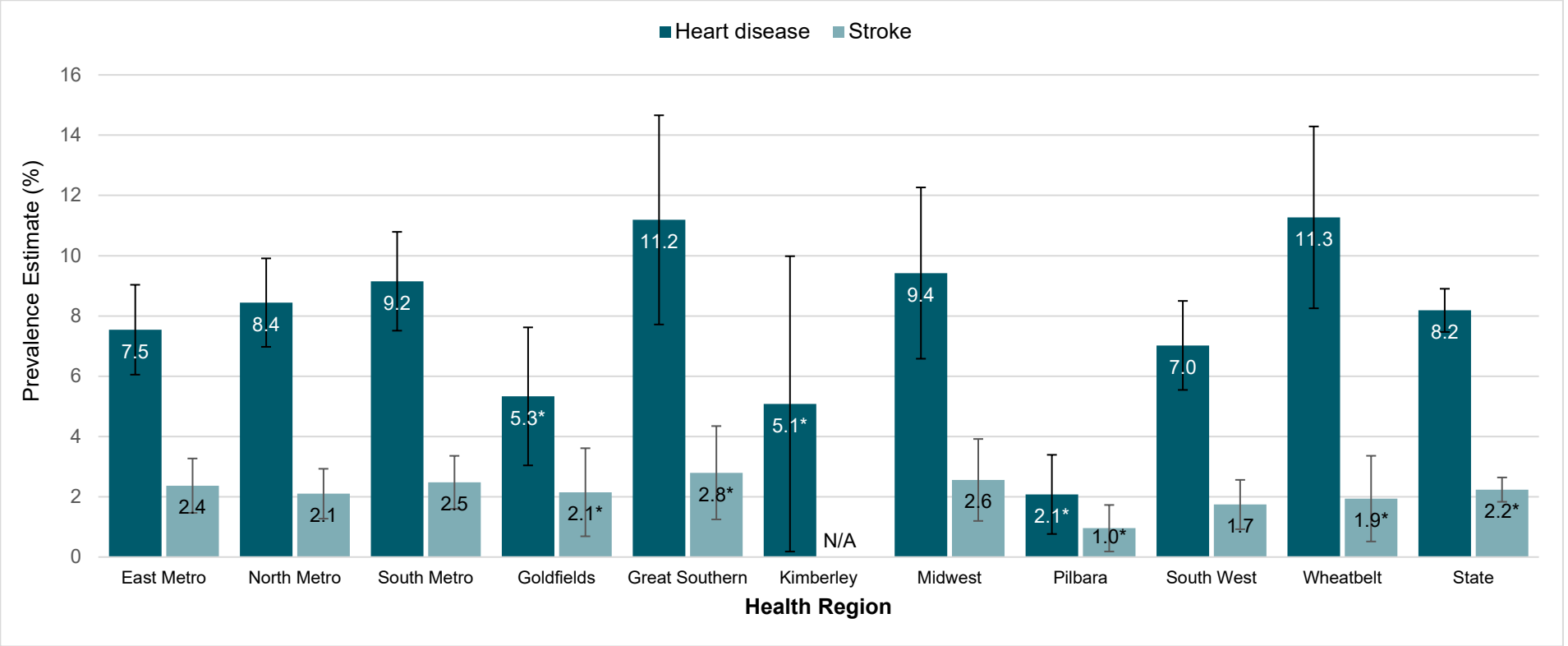
Table 7: Prevalence of heart disease and stroke, 16 years & over, HWSS 2022

	Heart Disease		Stroke	
	%	95% CI	%	95% CI
16 to 44 years				
Females	1.8 *	(0.5—3.1)	1.4 *	(0.2—2.5)
Males	1.1 *	(0.1—2.1)	N/A	(N/A—N/A)
Persons	1.5 *	(0.6—2.3)	0.7 *	(0.1—1.4)
45 to 64 years				
Females	4.4	(3.3—5.6)	1.7	(1.0—2.5)
Males	8.8	(6.7—11.0)	1.5 *	(0.7—2.4)
Persons	6.5	(5.3—7.6)	1.6	(1.1—2.2)
65+ years				
Females	17.2	(15.2—19.3)	4.6	(3.5—5.8)
Males	28.8	(26.0—31.5)	7.0	(5.4—8.6)
Persons	23.3	(21.6—25.0)	5.9	(4.9—6.9)
Total				
Females	5.9	(5.1—6.7)	2.2	(1.6—2.8)
Males	10.7	(9.5—11.9)	2.3	(1.8—2.8)
Persons	8.2	(7.5—8.9)	2.2	(1.8—2.6)

* 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 (2.1%) when compared with the state prevalence (8.2%) (**Figure 7**).
- The prevalence of stroke was lower in the Pilbara health region (1.0%) when compared with the state prevalence (2.2%).



* 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.

Figure 7: Prevalence of heart disease and stroke by health regions in WA, 16 years & over, HWSS 2022

4.3 Cancer and skin cancer

We asked respondents whether a doctor had ever told them they had skin cancer or another type of cancer.

- Overall, the prevalence of skin cancer was higher than other cancers (14.4% compared to 9.0%) **(Table 8)**.
- The prevalence of cancer increased with age (skin cancer: 16 to 44 years – 2.9%, 45 to 64 years – 14.6%, and 65 years and over – 34.9%; other cancer:16 to 44 years – 2.4%, 45 to 64 years –9.0%, and 65 years and over – 21.1%).
- The prevalence of skin cancer was lower in females aged 65 and over compared with males in the same age group (30.2% compared with 39.2%).

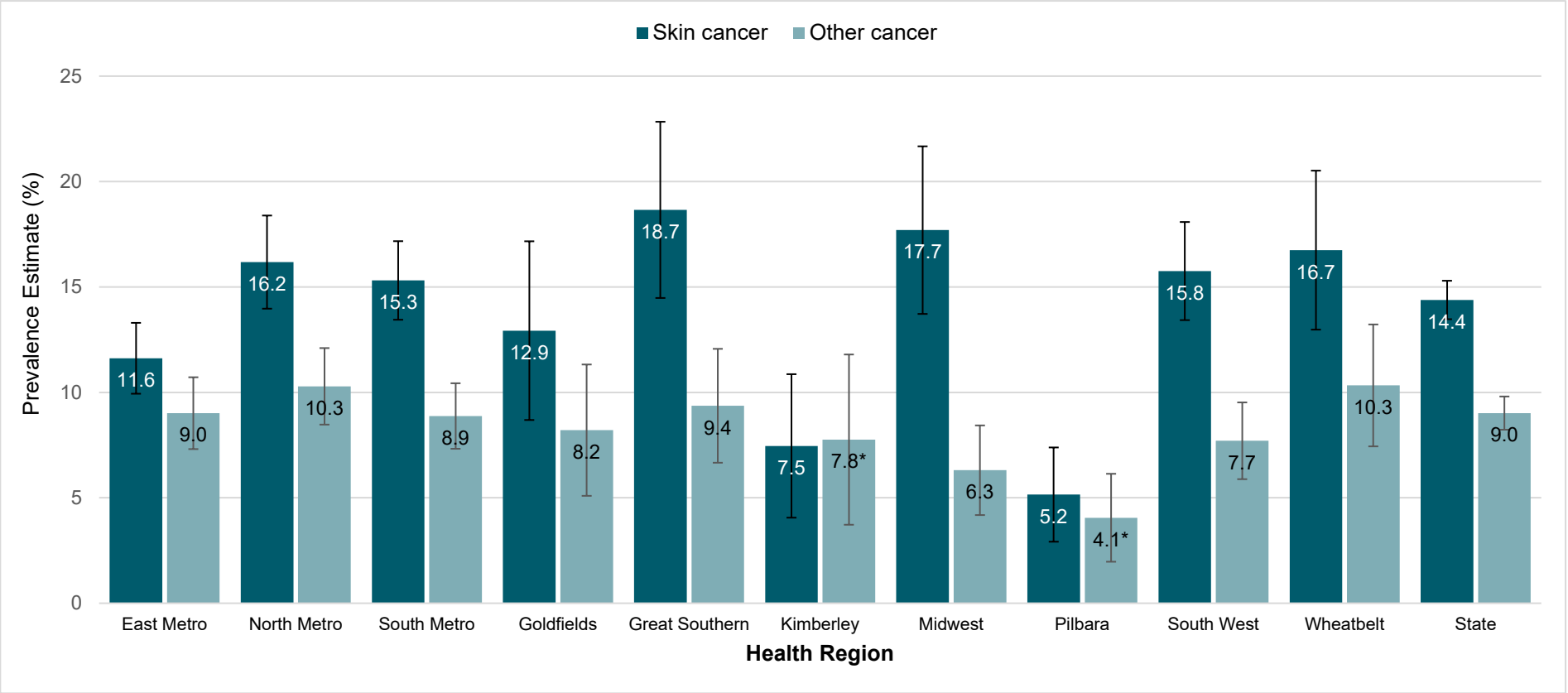
Table 8: Prevalence of skin cancer and other cancer, 16 years & over, HWSS 2022

	Skin cancer		Other cancer	
	%	95% CI	%	95% CI
16 to 44 years				
Females	3.1 *	(1.5—4.6)	3.5	(1.8—5.1)
Males	2.7 *	(1.1—4.4)	N/A	(N/A—N/A)
Persons	2.9	(1.8—4.1)	2.4	(1.3—3.4)
45 to 64 years				
Females	15.3	(13.3—17.3)	11.4	(9.4—13.4)
Males	13.8	(11.5—16.2)	6.2	(4.4—8.0)
Persons	14.6	(13.1—16.1)	9.0	(7.6—10.3)
65+ years				
Females	30.2	(27.9—32.6)	18.7	(16.6—20.8)
Males	39.2	(36.3—42.1)	23.3	(20.8—25.9)
Persons	34.9	(33.1—36.8)	21.1	(19.5—22.8)
Total				
Females	13.1	(11.9—14.3)	9.5	(8.4—10.6)
Males	15.8	(14.4—17.2)	8.5	(7.4—9.6)
Persons	14.4	(13.5—15.3)	9.0	(8.2—9.8)

* 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 skin cancer and other cancers was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of skin cancer was lower in the East Metro (11.6%), Kimberley (7.5%) and Pilbara (5.2%) health regions when compared with the state prevalence (14.4%) (**Figure 8**).
- The prevalence of other cancers was lower in the Pilbara health region (4.1%) when compared with the state prevalence (9.0%).



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

Figure 8: Prevalence of skin cancer and other cancer by health regions in WA, 16 years & over, HWSS 2022

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 diabetes increased with age (all diabetes: 16 to 44 years – 5.2%, 45 to 64 years – 9.1%, and 65 years and over – 19.1%; type 2 diabetes: 16 to 44 years – 1.7%, 45 to 64 years – 7.7%, and 65 years and over – 17.6%) **(Table 9)**.
- There prevalence of type 2 diabetes was lower in females compared with males (5.8% compared with 9.3%).

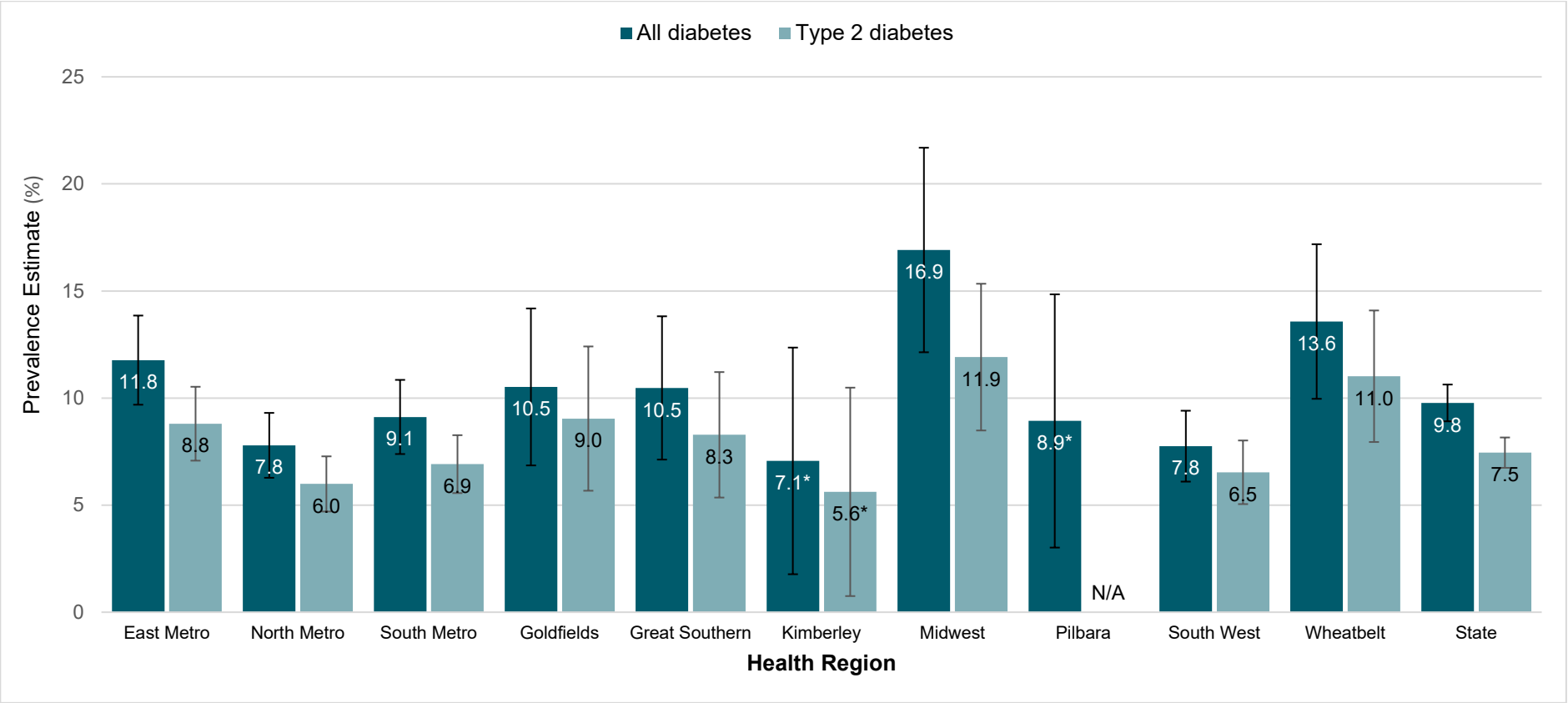
Table 9: Prevalence of diabetes and type 2 diabetes, 16 years & over, HWSS 2022

	All diabetes (a)		Type 2 diabetes (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	7.1	(5.0—9.2)	1.5 *	(0.5—2.5)
Males	3.0 *	(1.2—4.7)	2.0 *	(0.5—3.4)
Persons	5.2	(3.8—6.6)	1.7 *	(0.9—2.6)
45 to 64 years				
Females	8.3	(6.7—9.9)	6.3	(4.9—7.7)
Males	9.9	(7.6—12.2)	9.3	(7.0—11.5)
Persons	9.1	(7.7—10.4)	7.7	(6.4—8.9)
65+ years				
Females	15.0	(13.1—16.9)	14.0	(12.2—15.8)
Males	22.9	(20.4—25.5)	20.8	(18.3—23.3)
Persons	19.1	(17.5—20.8)	17.6	(16.0—19.1)
Total				
Females	9.2	(8.0—10.3)	5.8	(5.0—6.6)
Males	10.4	(9.1—11.7)	9.3	(8.0—10.5)
Persons	9.8	(8.9—10.6)	7.5	(6.7—8.2)

(a) Includes type1, type 2, gestational, other and type unknown diabetes.
(b) Type 2 diabetes only.
* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

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 all diabetes was lower in the Midwest health region compared with the state prevalence (16.9% compared to 9.8%) (**Figure 9**).
- The prevalence of type 2 diabetes was higher in the Midwest health region compared with the state (11.9% compared to 7.5%).



* 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.

Figure 9: Prevalence of all diabetes and type 2 diabetes by health regions in WA, 16 years & over, HWSS 2022

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 in adults aged 65 years and over (20.1%) compared with those aged 16 to 44 years (29.0%) and 45 to 64 years (25.2%) (**Table 10**).
- Of those who sustained an injury, adults aged 65 years and over were more likely than younger age groups to indicate that this was due to a fall (46.2% compared with 27.0% in adults aged 16 to 44 years and 28.5% in adults aged 45 to 64 years).
- The prevalence of injury due to falls (all respondents) was lower in males aged 65 years and over compared with females in the same age group (7.6% compared with 11.1%).

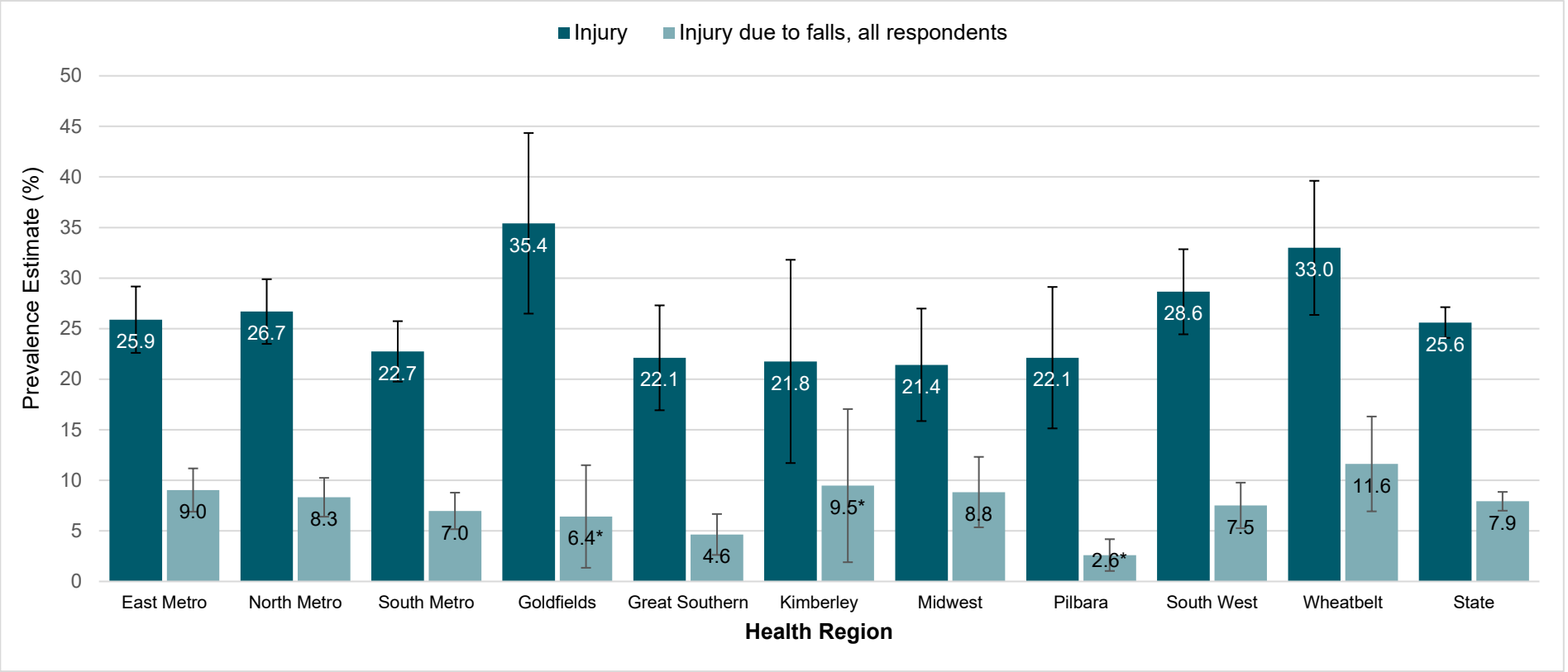
Table 10: Prevalence of injuries and falls in the past 12 months, 16 years & over, HWSS 2022

	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	28.0	(24.0—32.0)	31.1	(23.1—39.2)	8.7	(6.1—11.3)
Males	30.3	(25.5—35.0)	22.5	(14.5—30.6)	6.8	(4.1—9.5)
Persons	29.0	(25.9—32.1)	27.0	(21.3—32.8)	7.8	(6.0—9.7)
45 to 64 years						
Females	26.5	(23.8—29.1)	34.2	(28.8—39.6)	9.0	(7.4—10.7)
Males	23.7	(20.5—26.8)	21.2	(14.5—27.9)	5.0	(3.2—6.8)
Persons	25.2	(23.1—27.2)	28.5	(24.3—32.7)	7.2	(6.0—8.4)
65+ years						
Females	20.2	(18.1—22.3)	55.1	(49.4—60.9)	11.1	(9.5—12.7)
Males	20.0	(17.7—22.4)	38.1	(31.7—44.5)	7.6	(6.0—9.2)
Persons	20.1	(18.5—21.7)	46.2	(41.9—50.6)	9.3	(8.1—10.4)
Total						
Females	25.8	(23.8—27.8)	36.2	(31.8—40.5)	9.3	(8.0—10.6)
Males	25.4	(23.1—27.7)	25.2	(20.6—29.8)	6.4	(5.1—7.7)
Persons	25.6	(24.1—27.1)	31.0	(27.8—34.2)	7.9	(7.0—8.9)

(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 in health regions did not differ when compared with the state prevalence (**Figure 10**).
- The prevalence of injuries due to falls was lower in the Great Southern health region (4.6%) and the Pilbara health region (2.6%) when compared with the state (7.9%).



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

Figure 10: Prevalence of injuries and falls in the past 12 months by health regions in WA, 16 years & over, HWSS 2022

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 have asthma were also asked if they have 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 was higher in adults aged 16 to 44 years (22.7%) compared with those aged 45 to 64 years (15.7%) and 65 years and over (14.5%) (**Table 11**).
- The prevalence of current asthma was higher in females compared with males (13.2% compared to 8.0%).
- Of those who had ever been told they have asthma, 20.0% reported they had an action plan on what to do if their asthma worsens. Females were more likely than males to have an action plan (25.7% compared to 12.2%).

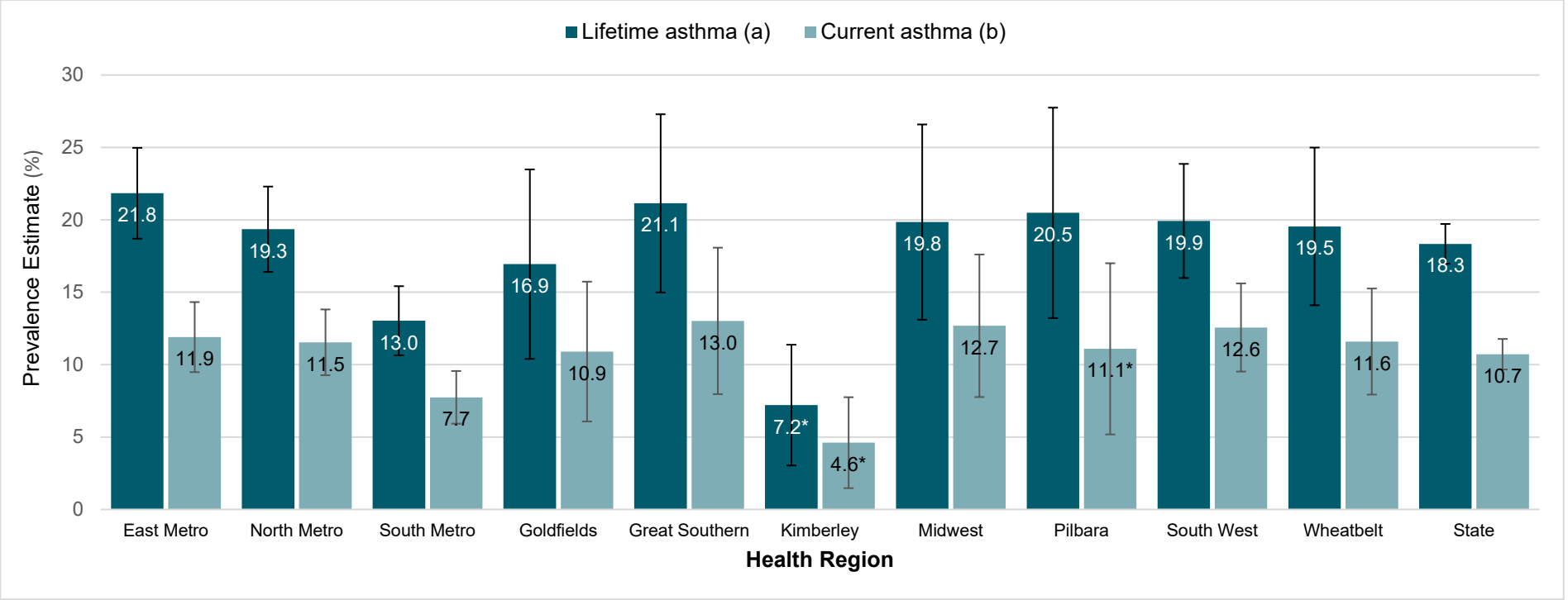
Table 11: Prevalence of asthma and asthma action plan, 16 years & over, HWSS 2022

	Lifetime asthma (a)		Current asthma (b)		Action Plan (c)	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	21.5	(17.9—25.2)	12.8	(9.8—15.8)	20.6	(12.9—28.3)
Males	24.1	(19.5—28.6)	10.0	(6.8—13.2)	8.4 *	(2.0—14.7)
Persons	22.7	(19.8—25.6)	11.5	(9.4—13.7)	14.7	(9.6—19.8)
45 to 64 years						
Females	19.6	(17.3—22.0)	13.8	(11.8—15.8)	30.4	(24.3—36.4)
Males	11.2	(8.9—13.5)	6.1	(4.5—7.8)	19.8	(11.6—28.0)
Persons	15.7	(14.1—17.4)	10.3	(8.9—11.6)	26.9	(21.9—31.8)
65+ years						
Females	18.2	(16.1—20.2)	12.9	(11.2—14.7)	29.6	(24.1—35.1)
Males	11.2	(9.3—13.1)	7.3	(5.7—8.9)	14.6	(8.7—20.6)
Persons	14.5	(13.1—15.9)	10.0	(8.8—11.2)	23.5	(19.4—27.7)
Total						
Females	20.2	(18.3—22.0)	13.2	(11.7—14.7)	25.7	(21.4—30.0)
Males	16.3	(14.2—18.4)	8.0	(6.5—9.4)	12.2	(7.8—16.5)
Persons	18.3	(17.0—19.7)	10.7	(9.7—11.8)	20.0	(16.8—23.1)

(a) People who reported they had been told by a doctor that they have asthma (ever). (b) People who reported they have had symptoms of, or treatment for, asthma in the last 12 months. (c) For respondents with lifetime asthma, written instructions 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 (7.2%) and South Metro (13.0%) health regions when compared with the state prevalence (18.3%) (**Figure 11**).
- The prevalence of current asthma was lower in Kimberley (4.6%) and South Metro (7.7%) health regions when compared with the state prevalence (10.7%).



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

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

Figure 11: Prevalence of lifetime asthma and current asthma by health regions in WA, 16 years & over, HWSS 2022

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 have asthma, 75.3% 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 that their asthma had not interfered with their daily activities (69.2% compared to 83.6%).
- Females were more likely than males to report that their asthma interfered with their daily activities some of the time (23.6% compared with 13.4%).

Table 12: Prevalence of asthma interfering with daily activities in the last 4 weeks, 16 years & over, HWSS 2022

	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	7.8 *	(2.5—13.2)	22.4	(14.2—30.5)	69.8	(60.9—78.8)
Males	N/A	(N/A—N/A)	13.7 *	(6.2—21.2)	85.1	(77.6—92.7)
Persons	4.6 *	(1.7—7.5)	18.2	(12.6—23.7)	77.3	(71.2—83.3)
45 to 64 years						
Females	6.8	(3.7—9.9)	23.1	(17.7—28.5)	70.1	(64.3—76.0)
Males	N/A	(N/A—N/A)	11.5 *	(5.7—17.2)	82.9	(75.0—90.8)
Persons	6.4	(3.5—9.3)	19.3	(15.1—23.4)	74.3	(69.5—79.1)
65+ years						
Females	6.6	(3.5—9.7)	27.5	(22.0—32.9)	65.9	(60.1—71.7)
Males	5.4 *	(0.8—10.0)	15.2	(8.5—21.8)	79.4	(71.8—87.1)
Persons	6.1	(3.5—8.7)	22.6	(18.3—26.8)	71.3	(66.6—75.9)
Total						
Females	7.2	(4.5—10.0)	23.6	(19.3—27.9)	69.2	(64.5—73.9)
Males	2.9 *	(1.1—4.8)	13.4	(8.6—18.2)	83.6	(78.6—88.7)
Persons	5.4	(3.6—7.2)	19.3	(16.1—22.5)	75.3	(71.8—78.8)

* 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.

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 – 1.3%, 45 to 64 years – 5.2%, 65 years and over – 11.6%; point prevalence: 16 to 44 years – 0.4%, 45 to 64 years – 3.5%, 65 years and over – 9.4%) (**Table 13**).
- The prevalence of a respiratory condition other than asthma did not vary by sex.

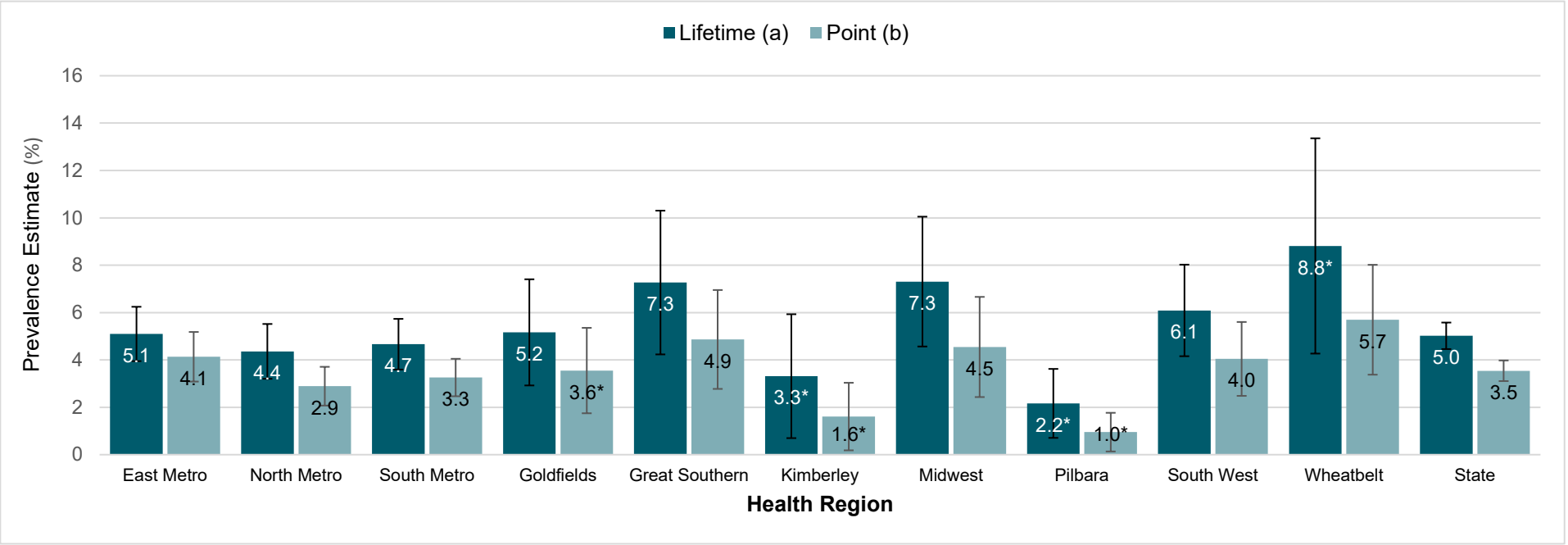
Table 13: Prevalence of respiratory conditions other than asthma, 16 years & over, HWSS 2022

	Lifetime (a)		Point (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	1.5 *	(0.6—2.5)	N/A	(N/A—N/A)
Males	1.0 *	(0.1—1.9)	N/A	(N/A—N/A)
Persons	1.3 *	(0.6—1.9)	0.4 *	(0.0—0.7)
45 to 64 years				
Females	5.5	(4.2—6.8)	3.9	(2.8—5.1)
Males	4.8	(3.1—6.4)	2.9	(1.8—4.1)
Persons	5.2	(4.1—6.2)	3.5	(2.7—4.3)
65+ years				
Females	12.1	(10.3—13.8)	9.8	(8.2—11.4)
Males	11.2	(9.3—13.1)	9.1	(7.4—10.8)
Persons	11.6	(10.3—12.9)	9.4	(8.2—10.6)
Total				
Females	5.1	(4.4—5.9)	3.6	(3.0—4.2)
Males	4.9	(4.0—5.7)	3.4	(2.8—4.1)
Persons	5.0	(4.5—5.6)	3.5	(3.1—4.0)

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

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

- The lifetime prevalence of respiratory conditions other than asthma was lower in the Pilbara health region (2.2%) when compared with the state prevalence (5.0%) (**Figure 12**).
- The point prevalence of respiratory conditions other than asthma was lower in the Kimberley (1.6%) and the Pilbara (1.0%) health regions when compared with the state (3.5%)



(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 regions in WA, 16 years & over, HWSS 2022

4.8 Mental health

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

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

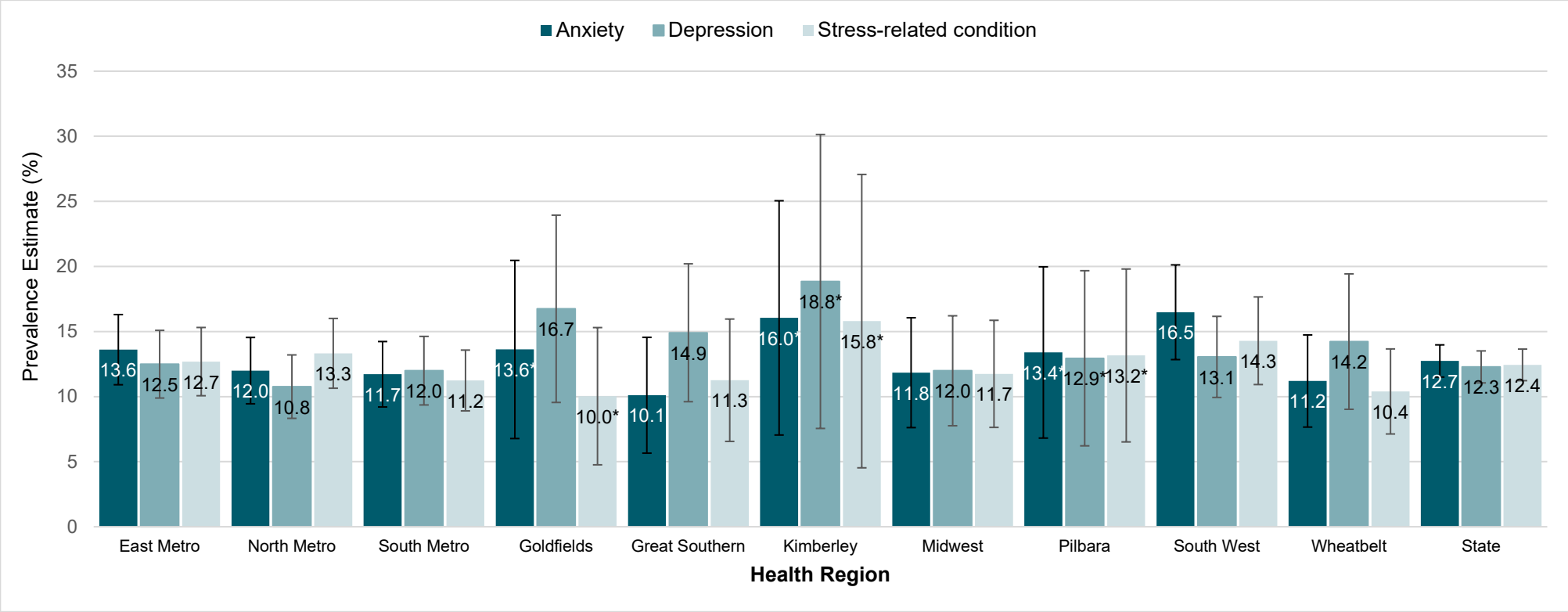
Table 14: Prevalence of mental health conditions, 16 years & over, HWSS 2022

	Anxiety		Depression		Stress-related condition		Other mental health condition	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	21.9	(18.2—25.6)	19.9	(16.3—23.6)	22.4	(18.7—26.2)	9.7	(7.1—12.4)
Males	11.3	(7.9—14.8)	11.0	(7.5—14.5)	7.6	(4.8—10.4)	4.0 *	(1.9—6.1)
Persons	17.0	(14.5—19.6)	15.8	(13.3—18.4)	15.6	(13.2—18.1)	7.1	(5.4—8.8)
45 to 64 years								
Females	14.7	(12.5—16.8)	14.5	(12.3—16.6)	16.2	(13.9—18.5)	4.4	(3.3—5.6)
Males	8.3	(6.1—10.6)	8.8	(6.5—11.1)	8.1	(5.8—10.5)	2.9	(1.8—4.1)
Persons	11.7	(10.2—13.3)	11.8	(10.3—13.4)	12.5	(10.8—14.1)	3.7	(2.9—4.6)
65+ years								
Females	8.7	(7.2—10.2)	9.2	(7.6—10.8)	9.0	(7.5—10.6)	1.1	(0.6—1.6)
Males	4.6	(3.4—5.8)	4.2	(3.1—5.4)	4.4	(3.2—5.6)	2.0	(1.1—3.0)
Persons	6.5	(5.6—7.5)	6.6	(5.6—7.6)	6.6	(5.6—7.6)	1.6	(1.0—2.2)
Total								
Females	16.5	(14.7—18.3)	15.7	(13.9—17.5)	17.4	(15.5—19.3)	6.0	(4.8—7.2)
Males	8.6	(7.0—10.2)	8.5	(6.9—10.2)	7.0	(5.6—8.4)	3.1	(2.2—4.1)
Persons	12.7	(11.5—14.0)	12.3	(11.1—13.5)	12.4	(11.2—13.6)	4.7	(3.9—5.4)

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

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

- The prevalence of anxiety, depression and stress-related conditions did not differ by health region when compared with the state prevalence.



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

Figure 13: Prevalence of anxiety, depression, and stress-related conditions by health regions in WA, 16 years & over, HWSS 2022

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 (26.8%); 45 to 64 years (20.1%) and 65 years and over (13.2%) (**Table 15**).
- The prevalence of any mental health condition was higher in females when compared with males (27.7% compared to 14.2%)
- The prevalence of receiving treatment for a mental health condition was also higher in females than in males (18.0% compared to 8.1%).

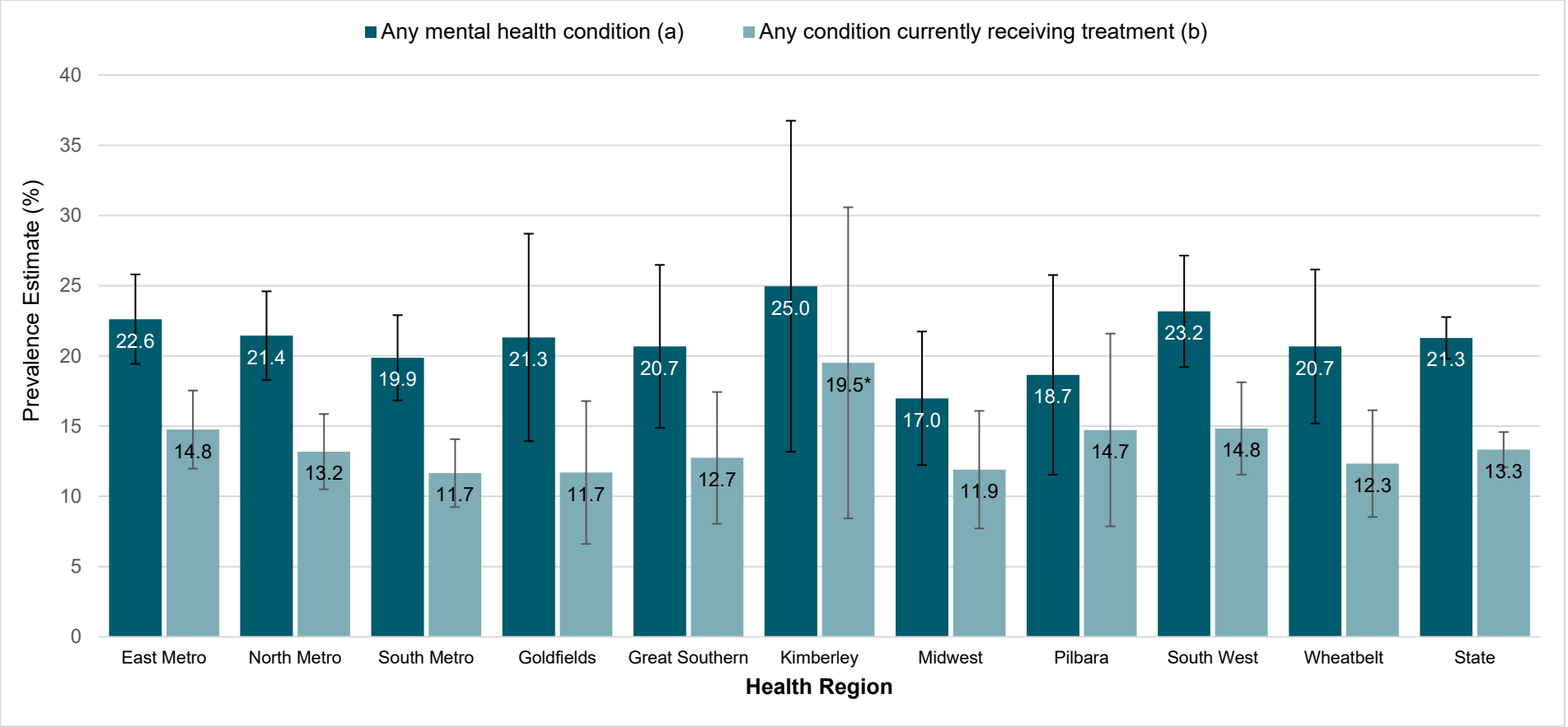
Table 15: Current mental health status, 16 years & over, HWSS 2022

	Any mental health condition (a)		Any condition currently receiving treatment (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	35.2	(30.9—39.5)	23.0	(19.2—26.8)
Males	16.7	(12.7—20.7)	9.7	(6.5—12.8)
Persons	26.8	(23.7—29.8)	16.9	(14.3—19.5)
45 to 64 years				
Females	24.6	(22.0—27.3)	16.7	(14.4—18.9)
Males	14.8	(11.9—17.6)	8.9	(6.4—11.4)
Persons	20.1	(18.1—22.0)	13.1	(11.4—14.7)
65+ years				
Females	17.5	(15.4—19.5)	10.1	(8.5—11.7)
Males	9.4	(7.6—11.1)	4.7	(3.6—5.9)
Persons	13.2	(11.9—14.6)	7.3	(6.3—8.3)
Total				
Females	27.7	(25.5—29.8)	18.0	(16.1—19.9)
Males	14.2	(12.2—16.1)	8.1	(6.6—9.7)
Persons	21.3	(19.8—22.8)	13.3	(12.1—14.6)

(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 and currently receiving treatment for a mental health condition did not differ by health region when compared with the state prevalence (**Figure 14**).



(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 & over, HWSS 2022

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

10.9%
Western Australian adults are current smokers

19.9%
Western Australian adults had ever tried an e-cigarette

10.5%
Western Australian adults reported illicit drug use

37.8% Western Australian adults drink at levels considered to put people at risk of harm from alcohol – related disease or injury

38.4% Western Australian adults met the recommended minimum daily intake for fruit

7.4% Western Australian adults met the recommended minimum daily intake for vegetables

47.2% Western Australian adults consumed full fat/whole milk

4.3% Western Australian adults could not afford to buy food when they ran out in the past 12 months

11.8% Western Australian adults aged 65 years and over reported their teeth or dentures affected the type of food they were able to eat

5.7% Western Australian adults eat fast food meals three times or more a week

6.8% Western Australian adults eat fried hot potato products three times or more a week

32.9% Western Australian adults eat sweet baked snacks three times or more a week

12.5%
Western Australian adults eat salty snacks three times or more a week

13.3%
Western Australian adults drink sugar sweetened soft-drinks or energy drinks three times or more a week

21.4% Western Australian adults eat processed meats three times or more a week

14.6% Western Australian adults self-reported as being very active

63.8% Western Australian adults complete at least 150 minutes of moderate physical activity per week

54.1% Western Australian adults reported spending most of their day sitting

33.9% Western Australian adults spend 21 hours or more per week on screen-based activity

34.0% Western Australian adults sleep less than the recommended number of hours on a usual night

5.1 Smoking

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 compared with those aged 18 to 44 years and 65 years and over (10.9% compared with 6.6% and 4.2%) (**Table 16**).
- Females were more likely to report never smoking compared with males (50.8% compared with 42.3%).

Table 16: Current smoking status, 18 years & over, HWSS 2022

	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	6.5	(4.4—8.6)	2.3 *	(1.1—3.6)	17.6	(14.3—20.9)	14.9	(11.8—17.9)	58.7	(54.4—63.0)
Males	6.8	(4.1—9.4)	8.4	(5.3—11.5)	19	(15.0—23.0)	19.1	(14.9—23.2)	46.7	(41.5—52.0)
Persons	6.6	(4.9—8.3)	5.1	(3.5—6.7)	18.3	(15.7—20.8)	16.8	(14.3—19.3)	53.2	(49.8—56.6)
45 to 64 years										
Females	9.8	(7.9—11.7)	1.9	(1.1—2.7)	36	(33.1—38.9)	11.2	(9.3—13.0)	41.2	(38.2—44.2)
Males	12.3	(9.6—14.9)	3.7	(2.1—5.3)	32.4	(28.9—36.0)	9.9	(7.6—12.1)	41.7	(38.0—45.5)
Persons	10.9	(9.4—12.5)	2.7	(1.9—3.6)	34.3	(32.1—36.6)	10.6	(9.1—12.0)	41.4	(39.1—43.8)
65+ years										
Females	3.1	(2.2—4.1)	1.1 *	(0.6—1.7)	36.1	(33.6—38.7)	7.9	(6.4—9.3)	51.8	(49.1—54.4)
Males	5.1	(3.8—6.5)	1.1 *	(0.4—1.8)	50.4	(47.5—53.4)	7.1	(5.6—8.6)	36.2	(33.3—39.0)
Persons	4.2	(3.3—5.0)	1.1	(0.7—1.6)	43.6	(41.6—45.6)	7.5	(6.4—8.5)	43.6	(41.6—45.6)
Total										
Females	7.0	(5.8—8.1)	1.9	(1.3—2.5)	28.2	(26.3—30.2)	12.0	(10.5—13.5)	50.8	(48.6—53.1)
Males	8.3	(6.8—9.7)	4.9	(3.5—6.3)	31.8	(29.5—34.0)	12.8	(10.9—14.7)	42.3	(39.7—44.9)
Persons	7.6	(6.7—8.5)	3.3	(2.6—4.1)	29.9	(28.5—31.4)	12.4	(11.2—13.6)	46.8	(45.1—48.5)

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

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.[5] 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 (5.3% compared with 11.7% and 13.7%) (**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 (69.3% compared with 50.8% and 50.9%).
- The prevalence of being an ex-smoker increased with age: 18 to 44 years (19.0%), 45 to 64 years (35.5%) and 65 years and over (43.8%).
- Males were more likely to be current smokers compared with females (13.2% compared with 8.9%).
- Females were more likely to have never smoked or never smoked regularly compared with males (62.8% compared with 53.6%).

[5] 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 & over, HWSS 2022

	Current smoker		Ex-smoker		Never smoked or never smoked regularly	
	%	95% CI	%	95% CI	%	95% CI
18 to 44 years						
Females	8.8	(6.4—11.3)	17.8	(14.5—21.1)	73.4	(69.5—77.2)
Males	15.1	(11.2—19.1)	20.3	(16.2—24.5)	64.5	(59.5—69.6)
Persons	11.7	(9.5—14.0)	19.0	(16.4—21.6)	69.3	(66.2—72.4)
45 to 64 years						
Females	11.7	(9.7—13.6)	36.4	(33.5—39.3)	52.0	(49.0—55.0)
Males	16.0	(13.0—18.9)	34.6	(31.0—38.2)	49.4	(45.6—53.3)
Persons	13.7	(11.9—15.4)	35.5	(33.3—37.8)	50.8	(48.4—53.2)
65+ years						
Females	4.2	(3.2—5.3)	35.6	(33.1—38.2)	60.1	(57.5—62.7)
Males	6.3	(4.7—7.8)	51.2	(48.2—54.1)	42.6	(39.6—45.5)
Persons	5.3	(4.4—6.2)	43.8	(41.8—45.8)	50.9	(48.9—52.9)
Total						
Females	8.9	(7.6—10.2)	28.4	(26.5—30.2)	62.8	(60.6—64.9)
Males	13.2	(11.2—15.1)	33.2	(30.9—35.5)	53.6	(51.1—56.2)
Persons	10.9	(9.8—12.1)	30.7	(29.2—32.1)	58.4	(56.8—60.1)

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 South Metro health region (7.8%) when compared with the state prevalence (10.9%) (**Figure 15**).
- The prevalence of adults who never smoked or never smoked regularly or who are ex-smokers did not differ by health region.

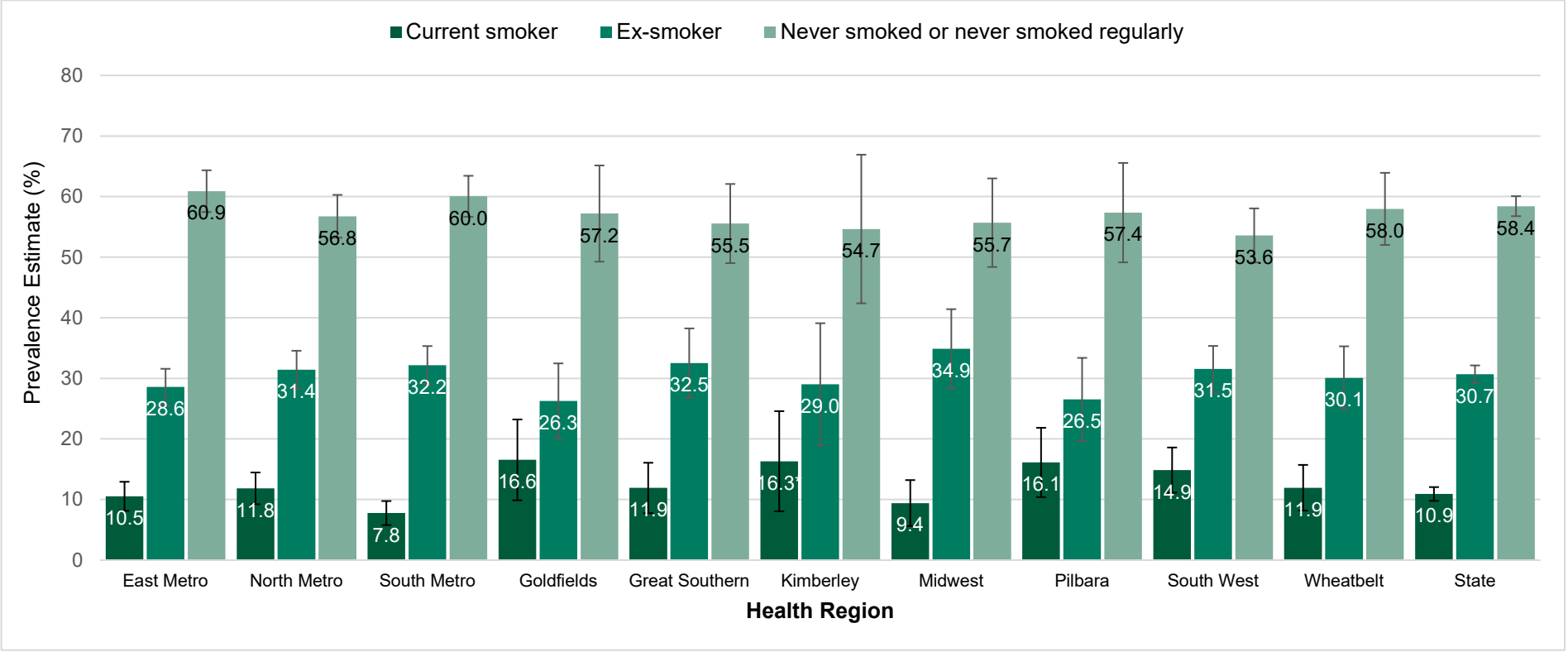


Figure 15: Prevalence of lifetime smoking status by health regions in WA, 18 years & over, HWSS 2022

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

- The majority (96.5%) of Western Australian adults live in a smoke free home (**Table 18**).
- Females were more likely to live in a smoke free home when compared with males (97.8% compared with 95.0%).

Table 18: Smoking in the home, 18 years & over, HWSS 2022

	Never smoke in the home	
	%	95% CI
18 to 44 years		
Females	97.8	(96.5—99.0)
Males	95.1	(92.7—97.5)
Persons	96.5	(95.3—97.8)
45 to 64 years		
Females	97.5	(96.6—98.3)
Males	93.7	(91.6—95.8)
Persons	95.7	(94.6—96.8)
65+ years		
Females	98.5	(97.9—99.1)
Males	96.7	(95.5—97.9)
Persons	97.5	(96.8—98.2)
Total		
Females	97.8	(97.2—98.4)
Males	95.0	(93.8—96.3)
Persons	96.5	(95.8—97.2)

5.1.2 E-cigarette smoking

We asked respondents if they had ever tried an electronic cigarette or e-cigarette including electronic-shisha, electronic-hookah, personal vaporisers and vape pens.

- The prevalence of adults ever trying e-cigarettes decreased with age (18 to 44 years – 32.9%; 45 to 64 years – 14.9% and 65 and over – 4.7%) (**Table 19**).
- Males were more likely to have ever tried an e-cigarette compared with females (22.3% compared with 17.7%).

Table 19: Prevalence of adults who have (ever) tried an e-cigarette, 18 years & over, HWSS, 2022

	Ever tried an e-cigarette		Never tried an e-cigarette	
	%	95% CI	%	95% CI
18 to 44 years				
Females	27.6	(23.5—31.7)	72.4	(68.3—76.5)
Males	39.2	(34.0—44.4)	60.8	(55.6—66.0)
Persons	32.9	(29.6—36.2)	67.1	(63.8—70.4)
45 to 64 years				
Females	14.0	(11.9—16.2)	86.0	(83.8—88.1)
Males	15.9	(13.0—18.8)	84.1	(81.2—87.0)
Persons	14.9	(13.1—16.7)	85.1	(83.3—86.9)
65+ years				
Females	4.2	(3.0—5.3)	95.8	(94.7—97.0)
Males	5.2	(3.8—6.6)	94.8	(93.4—96.2)
Persons	4.7	(3.8—5.6)	95.3	(94.4—96.2)
Total				
Females	17.7	(15.7—19.7)	82.3	(80.3—84.3)
Males	22.3	(19.9—24.7)	77.7	(75.3—80.1)
Persons	19.9	(18.3—21.4)	80.1	(78.6—81.7)

The prevalence of adults who ever tried an e-cigarette was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who ever tried an e-cigarette was lower in Great Southern health region (13.2%) when compared with the state (19.9%) (**Figure 16**).

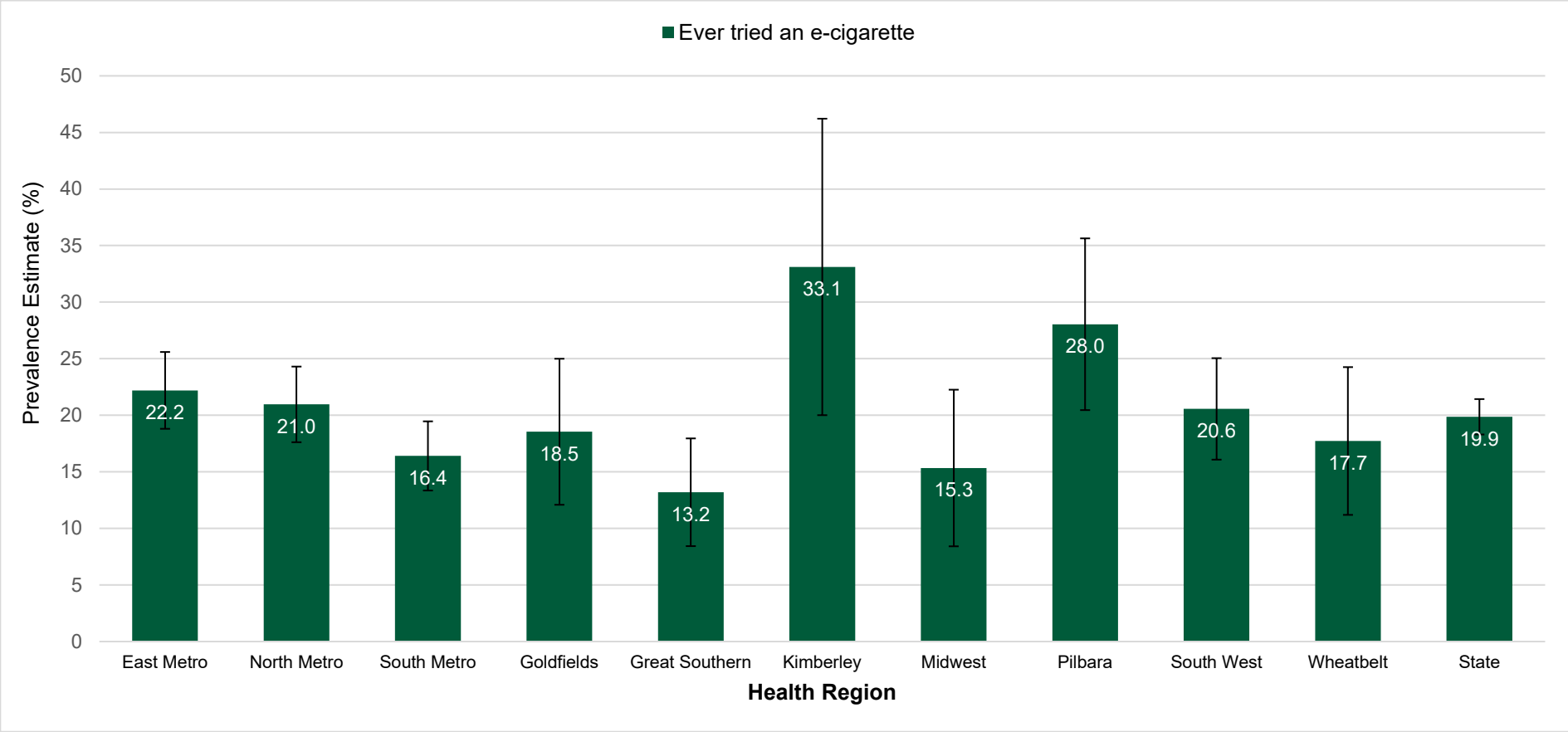


Figure 16: Prevalence of adults who ever tried an e-cigarette by health regions in WA, 18 years & over, HWSS 2022

We asked those respondents who said that they had ever tried an e-cigarette if they had tried an e-cigarette in the past 12 months.

- Of those adults who had ever tried e-cigarettes, more than half (55.7%) had used an e-cigarette in the past 12 months (**Table 20**).
- The prevalence of adults ever trying e-cigarettes in the last 12 month decreased with age: 18 to 44 years (61.2%); 45 to 64 years (45.5%) and 65 and over (38.7%).

Table 20: Prevalence of adults who tried an e-cigarette in the last 12 months of those who had ever tried an e-cigarette, 18 years & over, HWSS, 2022

	Tried an e-cigarette in the last 12 months		Did not try an e-cigarette in the last 12 months	
	%	95% CI	%	95% CI
18 to 44 years				
Females	59.2	(50.5—68.0)	40.8	(32.0—49.5)
Males	62.8	(54.6—70.9)	37.2	(29.1—45.4)
Persons	61.2	(55.2—67.1)	38.8	(32.9—44.8)
45 to 64 years				
Females	43.6	(35.2—52.0)	56.4	(48.0—64.8)
Males	47.3	(37.4—57.3)	52.7	(42.7—62.6)
Persons	45.5	(38.9—52.0)	54.5	(48.0—61.1)
65+ years				
Females	32.8	(19.6—46.0)	67.2	(54.0—80.4)
Males	43.1	(29.1—57.0)	56.9	(43.0—70.9)
Persons	38.7	(28.8—48.7)	61.3	(51.3—71.2)
Total				
Females	53.4	(47.0—59.7)	46.6	(40.3—53.0)
Males	57.7	(51.4—64.0)	42.3	(36.0—48.6)
Persons	55.7	(51.2—60.2)	44.3	(39.8—48.8)

We asked respondents how often they use electronic cigarettes during the 12 past months. Those who reported “daily”, “less than daily but at least once a week”, “less than weekly but at least once a month” and “less than once a month but occasionally” were considered as current e-cigarettes use.

- Almost two in twenty-five (7.5%) of adults are current users of e-cigarettes (**Table 21**).
- The prevalence of adults who are current users of e-cigarettes decreased with age: 18 to 44 years (14.3%); 45 to 64 years (3.8%) and 65 and over (1.4%).

Table 21: Prevalence of adults who are current users of e- cigarettes,18 years and over, HWSS, 2022

	Current e-cigarette use		No current e-cigarette use	
	%	95% CI	%	95% CI
18 to 44 years				
Females	11.0	(7.9—14.0)	89.0	(86.0—92.1)
Males	18.2	(14.0—22.5)	81.8	(77.5—86.0)
Persons	14.3	(11.7—16.8)	85.7	(83.2—88.3)
45 to 64 years				
Females	3.6	(2.5—4.7)	96.4	(95.3—97.5)
Males	4.1	(2.6—5.6)	95.9	(94.4—97.4)
Persons	3.8	(2.9—4.7)	96.2	(95.3—97.1)
65+ years				
Females	1.1 *	(0.5—1.7)	98.9	(98.3—99.5)
Males	1.7 *	(0.8—2.6)	98.3	(97.4—99.2)
Persons	1.4	(0.9—1.9)	98.6	(98.1—99.1)
Total				
Females	6.2	(4.8—7.6)	93.8	(92.4—95.2)
Males	9.0	(7.2—10.9)	91.0	(89.1—92.8)
Persons	7.5	(6.4—8.7)	92.5	(91.3—93.6)

The prevalence of current e-cigarette use among current smokers was determined.

- Almost one in four (25.8%) current smokers reported currently using e-cigarettes (**Table 22**).
- The prevalence of currently using e-cigarettes among current smokers did not vary by sex.

Table 22: Prevalence of current e-cigarette use among current smokers, 18 years & over, HWSS 2022

	Current e-cigarette use among current smokers		No current e-cigarette use among current smokers	
	%	95% CI	%	95% CI
Total				
Females	24.5	(17.2—31.8)	75.5	(68.2—82.8)
Males	26.7	(19.2—34.2)	73.3	(65.8—80.8)
Persons	25.8	(20.5—31.1)	74.2	(68.9—79.5)

5.2 Alcohol

We asked respondents about their alcohol drinking habits, including how many days a week they usually drink and how many drinks they usually have. We categorised the alcohol consumption information into risk levels based on the National Health and Medical Research Council (NHMRC) 2009 guidelines[6] and 2020 guidelines[7].

The 2009 Guidelines state:

> **Guideline 1:** To reduce the risk of alcohol-related harm over a lifetime (such as chronic disease or injury); a healthy adult should drink no more than 2 standard drinks a day.
>
> **Guideline 2:** To reduce the risks of injury on a single occasion of drinking, a healthy adult should drink no more than 4 standard drinks on any one occasion.
>
> **Guideline 3:** For children and young people under 18, not drinking is the safest option. For young people aged 15–17 years, delaying the start of alcohol consumption for as long as possible is the safest option.

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.

[6] National Health and Medical Research Council, 2009, Australian guidelines to reduce health risks from drinking alcohol, NHMRC, Canberra, ACT.
[7] 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.

5.2.1 Alcohol consumption based on the NHMRC 2009 guidelines

- Males were more likely than females to report drinking at levels considered high risk for long-term alcohol related harm (38.6% compared with 22.1%) (**Table 23**).
- The prevalence of high-risk of long-term alcohol consumption was lower for adults aged 65 years and over when compared with the younger age groups: 65 years and over (19.0%) compared with 16 to 44 years (33.5%), and 45 to 64 years (32.8%).

Table 23: Risk of long-term alcohol related harm, NHMRC 2009 guidelines, 16 years & over, HWSS 2022

	Doesn't drink/ drinking level undetermined		Low risk (a)		High risk (b)	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	46.7	(42.3—51.1)	26.3	(22.5—30.1)	27.0	(23.1—30.9)
Males	30.1	(25.2—35.0)	28.6	(23.9—33.3)	41.3	(36.2—46.4)
Persons	39.1	(35.8—42.4)	27.4	(24.4—30.4)	33.5	(30.4—36.7)
45 to 64 years						
Females	39.3	(36.3—42.3)	37.0	(34.1—39.9)	23.7	(21.2—26.3)
Males	27.1	(23.6—30.6)	29.6	(26.1—33.1)	43.3	(39.6—47.1)
Persons	33.6	(31.3—35.9)	33.6	(31.3—35.8)	32.8	(30.5—35.1)
65+ years						
Females	46.3	(43.7—49.0)	44.3	(41.7—47.0)	9.3	(7.8—10.9)
Males	31.6	(28.7—34.4)	40.6	(37.7—43.5)	27.8	(25.1—30.5)
Persons	38.6	(36.6—40.5)	42.4	(40.4—44.4)	19.0	(17.4—20.7)
Total						
Females	43.9	(41.7—46.2)	33.9	(31.9—36.0)	22.1	(20.2—24.1)
Males	29.4	(27.0—31.8)	32.0	(29.6—34.4)	38.6	(36.1—41.1)
Persons	37.1	(35.4—38.7)	33.0	(31.4—34.6)	29.9	(28.3—31.5)

(a) Drinks two or less standard drinks per day. (b) Drinks more than two standard drinks per day.

- Males were also more likely than females to report drinking at levels considered high risk for short-term alcohol related harm (16.7% compared with 7.7%) (**Table 24**).
- The prevalence of high risk of short-term alcohol consumption was lower for adults aged 65 years and over when compared with the younger age groups: 65 years and over (5.1%), compared with 16 to 44 years (15.9%), and 45 to 64 years (11.9%).

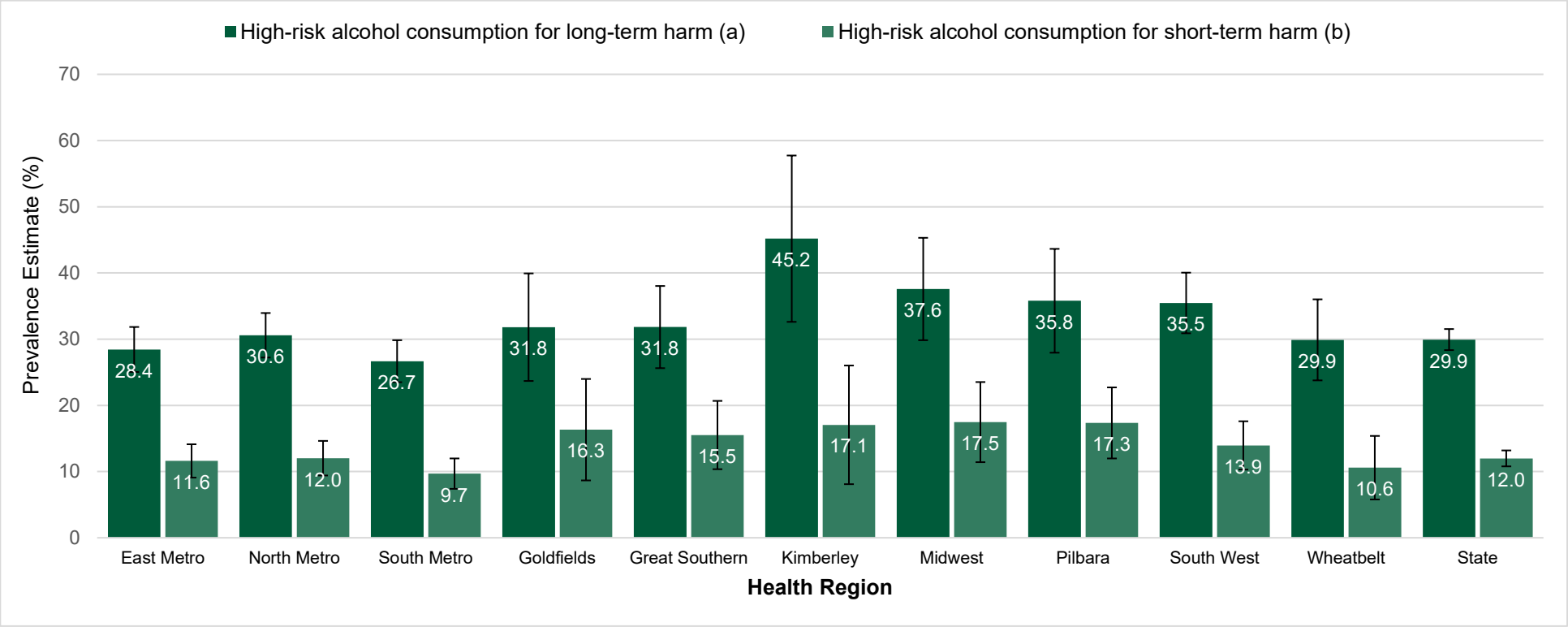
Table 24: Risk of short-term alcohol related harm, NHMRC 2009 guidelines, 16 years & over, HWSS 2022

	Doesn't drink/ drinking level undetermined		Low risk (a)		High risk (b)	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	46.7	(42.3—51.1)	41.3	(37.0—45.6)	11.9	(9.0—14.9)
Males	30.1	(25.2—35.0)	49.3	(44.1—54.5)	20.6	(16.4—24.8)
Persons	39.1	(35.8—42.4)	45.0	(41.6—48.3)	15.9	(13.4—18.4)
45 to 64 years						
Females	39.3	(36.3—42.3)	54.3	(51.2—57.3)	6.5	(5.0—7.9)
Males	27.1	(23.6—30.6)	54.7	(50.9—58.5)	18.2	(15.4—21.0)
Persons	33.6	(31.3—35.9)	54.5	(52.1—56.9)	11.9	(10.3—13.4)
65+ years						
Females	46.3	(43.7—49.0)	52.4	(49.8—55.0)	1.3	(0.7—1.8)
Males	31.6	(28.7—34.4)	59.9	(57.0—62.9)	8.5	(6.8—10.2)
Persons	38.6	(36.6—40.5)	56.4	(54.4—58.4)	5.1	(4.1—6.0)
Total						
Females	43.9	(41.7—46.2)	48.3	(46.1—50.6)	7.7	(6.3—9.1)
Males	29.4	(27.0—31.8)	53.9	(51.3—56.5)	16.7	(14.7—18.7)
Persons	37.1	(35.4—38.7)	51.0	(49.2—52.7)	12.0	(10.8—13.2)

(a) Drinks four or less standard drinks on any one day. (b) Drinks more than four standard drinks on any one day.

The prevalence of high-risk alcohol consumption for long-term and short-term harm was estimated for the WA health regions and compared with the state prevalence**.**

- The prevalence of high-risk alcohol consumption for long-term harm was higher in the Kimberley health region (45.2%) when compared with the state prevalence (29.9%) (**Figure 17**).
- The prevalence of high-risk alcohol consumption for short-term harm did not differ by health region when compared with the state prevalence.



(a) Drinks more than two standard drinks per day. (b) Drinks more than four standard drinks on any one day.
* Prevalence estimate has an RSE between 25%-50% and should be used with caution.

Figure 17: Prevalence of high-risk alcohol consumption for long-term and short-term harm by health regions in WA, NHMRC 2009 guidelines, 16 years & over, HWSS 2022

5.2.2 Alcohol consumption based on the NHMRC 2020 guidelines

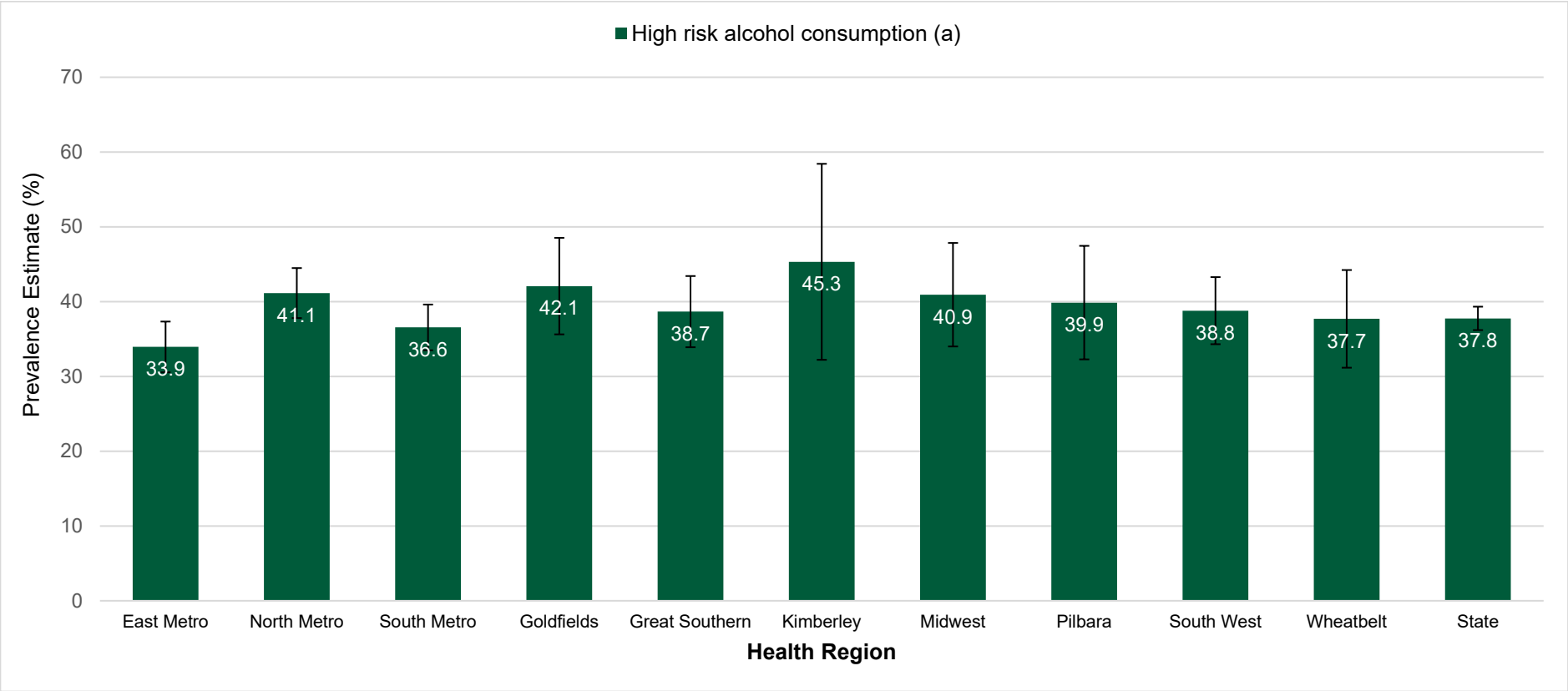
- Males were more likely than females to report drinking at levels that put them at risk of harm from alcohol-related disease or injury (48.2% compared with 28.3%) (**Table 25**).
- Persons aged 65 years and over were less likely to report drinking at level that put them at risk of harm from alcohol-related disease or injury (27.7%) as compared with 16 to 44 years (41.8%) and 45 to 64 years (39.5%).

Table 25: Drinking at levels that put people at risk of harm from alcohol-related disease or injury, NHMRC 2020 guidelines, 16 years & over, HWSS 2022

	Drinking at levels that put people at risk of harm from alcohol-related disease or injury (a)	
	%	95% CI
16 to 44 years		
Females	32.4	(28.2—36.6)
Males	52.9	(47.7—58.1)
Persons	41.8	(38.4—45.1)
45 to 64 years		
Females	30.6	(27.8—33.4)
Males	50.0	(46.1—53.8)
Persons	39.5	(37.2—41.9)
65+ years		
Females	15.9	(14.0—17.8)
Males	38.4	(35.5—41.3)
Persons	27.7	(25.9—29.6)
Total		
Females	28.3	(26.2—30.5)
Males	48.2	(45.6—50.8)
Persons	37.8	(36.1—39.4)

(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 did not differ by health region when compared with the state prevalence (**Figure 18**)



(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 18: Prevalence of consuming alcohol at levels that put them at risk of harm from alcohol related disease or injury by health regions in WA, NHMRC 2020 guidelines, 16 years & over, HWSS 2022

5.3 Nutrition

5.3.1 Fruit and Vegetables

We asked respondents how many serves of fruit or vegetables they usually eat 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[8] developed in 2013 by the National Health and Medical Research Council (NHMRC) are presented in **Table 26**.

Table 26: NHMRC Australian Dietary Guidelines for fruit and vegetable daily consumption guidelines and HWSS reporting definitions, 16 years & 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

[8] 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 (46.7%) were more likely to consume two or more serves of fruit daily compared with those age 16 to 44 years (35.0%) and 45 to 64 years (37.1%) (**Table 27**).
- Females aged 65 years and over were more likely to consume two or more serves of fruit daily compared with males in the same age group (50.2% compared with 43.6%).

Table 27: Serves of fruit consumed daily, 16 years & over, HWSS 2022

	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	10.1	(7.4—12.8)	11.9	(8.9—14.8)	44.5	(40.1—48.9)	33.5	(29.4—37.7)
Males	8.8	(5.9—11.7)	13.7	(10.2—17.1)	40.8	(35.6—45.9)	36.8	(31.7—41.8)
Persons	9.5	(7.5—11.5)	12.7	(10.4—14.9)	42.8	(39.5—46.1)	35.0	(31.8—38.2)
45 to 64 years								
Females	7.9	(6.4—9.5)	10.4	(8.7—12.2)	41.5	(38.5—44.5)	40.1	(37.1—43.2)
Males	12.7	(10.1—15.2)	12.2	(9.8—14.7)	41.6	(37.8—45.4)	33.5	(29.8—37.1)
Persons	10.1	(8.7—11.6)	11.3	(9.8—12.7)	41.5	(39.1—43.9)	37.1	(34.7—39.4)
65+ years								
Females	4.6	(3.5—5.7)	7.1	(5.8—8.4)	38.0	(35.5—40.6)	50.2	(47.6—52.9)
Males	5.4	(3.9—6.8)	12.8	(10.7—14.8)	38.3	(35.5—41.2)	43.6	(40.6—46.5)
Persons	5.0	(4.1—5.9)	10.1	(8.8—11.4)	38.2	(36.2—40.1)	46.7	(44.7—48.7)
Total								
Females	8.2	(6.9—9.5)	10.4	(8.9—11.8)	42.1	(39.8—44.3)	39.4	(37.2—41.6)
Males	9.3	(7.8—10.8)	12.9	(11.2—14.7)	40.4	(37.9—43.0)	37.4	(34.9—39.9)
Persons	8.7	(7.7—9.7)	11.6	(10.5—12.7)	41.3	(39.6—43.0)	38.4	(36.8—40.1)

- Females were more likely to consume five or more serves of vegetables daily compared with males (11.0% compared with 5.2%) (**Table 28**).
- There were no differences in the number of serves of vegetables consumed daily between the different age groups.

Table 28: Serves of vegetables consumed daily, 16 years & over, HWSS 2022

	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 *	(0.0—1.9)	4.9	(2.8—7.0)	54.6	(50.2—59.0)	29.5	(25.5—33.4)	10.0	(7.3—12.8)
Males	N/A	(N/A—N/A)	6.2	(3.6—8.9)	59.4	(54.2—64.6)	26.9	(22.2—31.5)	7.0	(4.3—9.7)
Persons	0.7 *	(0.1—1.3)	5.5	(3.8—7.2)	56.8	(53.4—60.1)	28.3	(25.3—31.3)	8.7	(6.7—10.6)
45 to 64 years										
Females	1.1 *	(0.6—1.7)	3.9	(2.6—5.3)	46.2	(43.2—49.3)	35.8	(32.9—38.8)	12.9	(10.8—15.0)
Males	0.9 *	(0.2—1.5)	6.6	(4.5—8.8)	62.7	(59.0—66.5)	26.0	(22.6—29.3)	3.8	(2.3—5.4)
Persons	1.0	(0.6—1.5)	5.2	(3.9—6.4)	53.9	(51.5—56.3)	31.2	(29.0—33.5)	8.7	(7.3—10.0)
65+ years										
Females	1.2 *	(0.6—1.9)	3.4	(2.4—4.3)	54.4	(51.8—57.1)	31.3	(28.9—33.7)	9.7	(8.1—11.2)
Males	1.1 *	(0.4—1.7)	6.4	(4.8—8.0)	66.1	(63.3—68.9)	22.0	(19.7—24.4)	4.4	(3.2—5.5)
Persons	1.1	(0.7—1.6)	5.0	(4.0—6.0)	60.5	(58.6—62.5)	26.4	(24.7—28.1)	6.9	(5.9—7.9)
Total										
Females	1.1	(0.6—1.5)	4.2	(3.2—5.3)	51.5	(49.3—53.8)	32.2	(30.1—34.2)	11.0	(9.6—12.4)
Males	0.8 *	(0.4—1.2)	6.4	(5.1—7.8)	62.3	(59.7—64.8)	25.3	(23.1—27.6)	5.2	(4.0—6.5)
Persons	0.9	(0.6—1.2)	5.3	(4.4—6.1)	56.6	(54.9—58.3)	28.9	(27.4—30.5)	8.3	(7.3—9.2)

* 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.

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 (46.7%) were more likely to meet fruit consumption guidelines compared with those aged 16 to 44 years (35.0%) and those aged 45 to 64 years (37.1%) (**Table 29**).
- Females were more likely to meet vegetables consumption guidelines compared with males (11.0% compared with 3.5%).

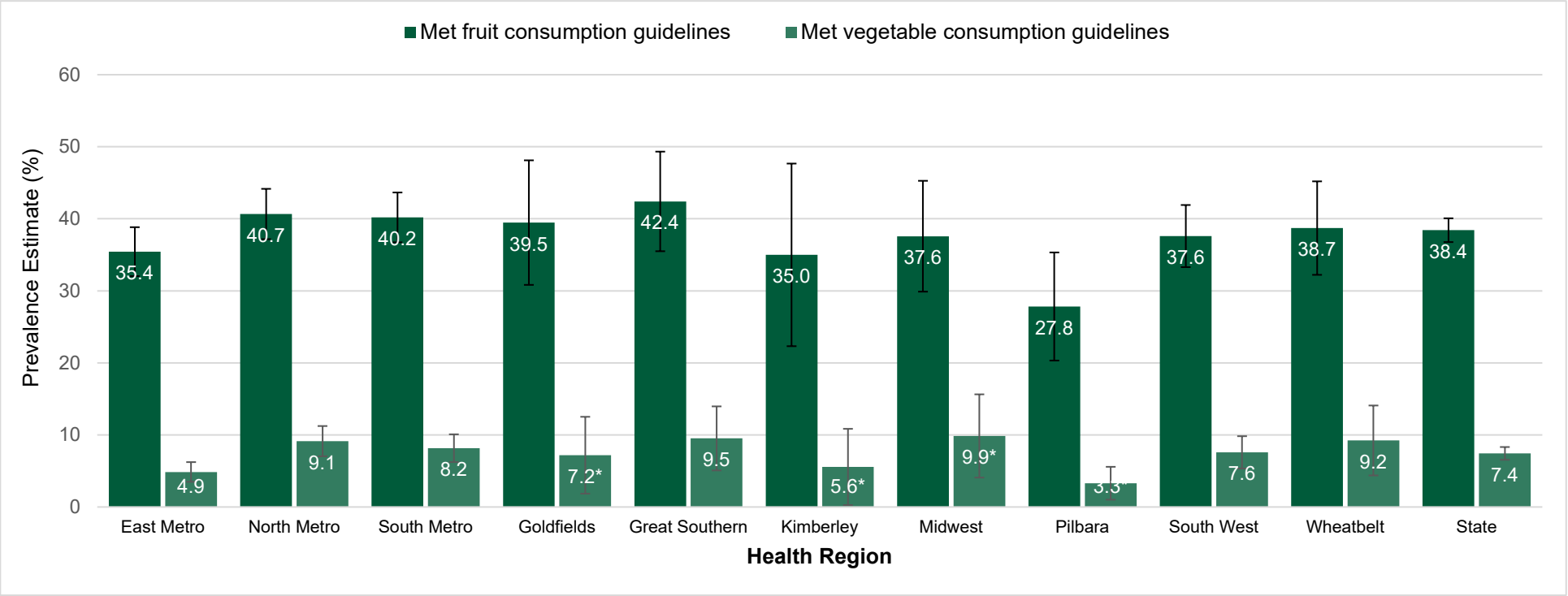
Table 29: Prevalence of meeting fruit and vegetable consumption guidelines, 16 years & over, HWSS 2022

	Met fruit consumption guidelines		Met vegetable consumption guidelines	
	%	95% CI	%	95% CI
16 to 44 years				
Females	33.5	(29.4—37.7)	10.0	(7.3—12.8)
Males	36.8	(31.7—41.8)	3.4 *	(1.4—5.3)
Persons	35.0	(31.8—38.2)	7.0	(5.3—8.8)
45 to 64 years				
Females	40.1	(37.1—43.2)	12.9	(10.8—15.0)
Males	33.5	(29.8—37.1)	3.0	(1.6—4.3)
Persons	37.1	(34.7—39.4)	8.3	(7.0—9.6)
65+ years				
Females	50.2	(47.6—52.9)	9.7	(8.1—11.2)
Males	43.6	(40.6—46.5)	4.4	(3.2—5.5)
Persons	46.7	(44.7—48.7)	6.9	(5.9—7.9)
Total				
Females	39.4	(37.2—41.6)	11.0	(9.6—12.4)
Males	37.4	(34.9—39.9)	3.5	(2.5—4.4)
Persons	38.4	(36.8—40.1)	7.4	(6.5—8.3)

Note: See Table 26 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 lower in the Pilbara health region (27.8%) compared with the state prevalence (38.4%) (**Figure 19**).
- The prevalence of meeting vegetable consumption guidelines was lower in the Pilbara health region (3.3%) compared with the state prevalence (7.4%).



Note: See Table 26 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 19: Prevalence of meeting fruit and vegetable consumption guidelines by health regions in WA, 16 years & over, HWSS 2022

5.3.2 Milk

We asked respondents what type of milk they usually consume.

- Adults aged 16 to 44 years were more likely to consume full fat or whole milk (50.9%) compared with those aged 45 to 64 years (44.5%) and those aged 65 years and over (44.8%) (**Table 30**).
- Males were more likely to consume full fat or whole milk compared with females (54.1% compared with 41.0%).
- Females were more likely to consume other types of milk compared with males (15.6% compared with 7.8%).

Table 30: Type of milk consumed, 16 years & over, HWSS 2022

	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	43.9	(39.6—48.3)	27.3	(23.3—31.2)	20.2	(16.6—23.8)	8.6	(6.1—11.1)
Males	59.3	(54.2—64.5)	21.0	(16.8—25.2)	9.9	(6.7—13.1)	9.8	(6.6—13.0)
Persons	50.9	(47.5—54.3)	24.4	(21.5—27.3)	15.5	(13.1—18.0)	9.1	(7.2—11.1)
45 to 64 years								
Females	38.2	(35.3—41.2)	39.4	(36.4—42.3)	14.6	(12.4—16.9)	7.8	(6.3—9.2)
Males	51.7	(47.8—55.5)	33.1	(29.4—36.8)	7.0	(5.0—9.0)	8.2	(6.2—10.2)
Persons	44.5	(42.1—46.9)	36.5	(34.1—38.8)	11.1	(9.6—12.7)	8.0	(6.8—9.2)
65+ years								
Females	39.9	(37.3—42.5)	44.1	(41.5—46.7)	7.7	(6.2—9.2)	8.4	(6.8—9.9)
Males	49.2	(46.2—52.2)	37.3	(34.4—40.1)	5.4	(4.1—6.8)	8.1	(6.5—9.7)
Persons	44.8	(42.8—46.8)	40.5	(38.6—42.5)	6.5	(5.5—7.5)	8.2	(7.1—9.3)
Total								
Females	41.0	(38.8—43.2)	35.1	(33.0—37.2)	15.6	(13.8—17.4)	8.3	(7.0—9.5)
Males	54.1	(51.5—56.7)	29.3	(27.1—31.6)	7.8	(6.3—9.2)	8.8	(7.3—10.3)
Persons	47.2	(45.5—48.9)	32.4	(30.8—33.9)	11.9	(10.7—13.1)	8.5	(7.6—9.5)

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.

- Females (5.4%) were more likely to have experienced running out of food in the last 12 months and could not to buy afford more compared with males (3.1%) (**Table 31**).

Table 31: Ran out of food and could not afford to buy more, 16 years & over, HWSS 2022

	Yes		No	
	%	95% CI	%	95% CI
16 to 44 years				
Females	7.8	(5.3—10.2)	92.2	(89.8—94.7)
Males	3.7 *	(1.7—5.6)	96.3	(94.4—98.3)
Persons	5.9	(4.3—7.5)	94.1	(92.5—95.7)
45 to 64 years				
Females	4.0	(2.7—5.2)	96.0	(94.8—97.3)
Males	3.4	(1.8—5.0)	96.6	(95.0—98.2)
Persons	3.7	(2.7—4.7)	96.3	(95.3—97.3)
65+ years				
Females	3.1	(2.0—4.1)	96.9	(95.9—98.0)
Males	1.9 *	(0.9—2.9)	98.1	(97.1—99.1)
Persons	2.5	(1.8—3.2)	97.5	(96.8—98.2)
Total				
Females	5.4	(4.3—6.6)	94.6	(93.4—95.7)
Males	3.1	(2.1—4.1)	96.9	(95.9—97.9)
Persons	4.3	(3.6—5.1)	95.7	(94.9—96.4)

5.3.4 Older adult dentition

We asked respondents aged 65 years and over whether their teeth or dentures affected the type of food they were able to eat.

- There were no differences between males and females in adults aged 65 years and over who reported their teeth and dentures affected the type of food they were able to eat (**Table 32**).

Table 32: Teeth or dentures affect food eaten, 65 years & over, HWSS 2022

	Yes		No	
	%	95% CI	%	95% CI
Females	11.3	9.7 -13.0	88.7	87.0 – 90.3
Males	12.3	10.3 – 14.3	87.7	85.7 – 89.8
Persons	11.8	10.5 – 13.2	88.2	86.8 – 89.5

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 once or twice a week and three or more times a week decreased with age – once or twice a week: 16 to 44 years (42.8%), 45 to 64 years (26.0%) and 65 years and over (10.8%); three or more times a week: 16 to 44 years (9.7%), 45 to 64 years (3.7%) and 65 years and over (1.5%) (**Table 33**).
- Female were more likely to never eat fast food meals compared with males (38.4% compared to 29.5%).
- Males were more likely to eat fast food three or more times a week compared with females (8.3% compared to 3.3%).

Table 33: Meals from fast food outlets per week, 16 years & over, HWSS 2022

	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	19.7	(16.2—23.1)	33.8	(29.6—38.0)	40.3	(35.9—44.7)	6.3	(4.0—8.5)
Males	11.5	(8.3—14.6)	29.0	(24.2—33.7)	45.8	(40.6—51.1)	13.7	(10.0—17.5)
Persons	15.9	(13.5—18.3)	31.6	(28.4—34.7)	42.8	(39.5—46.2)	9.7	(7.6—11.8)
45 to 64 years								
Females	41.9	(38.9—44.9)	35.8	(32.9—38.7)	20.8	(18.3—23.2)	1.5 *	(0.8—2.3)
Males	30.1	(26.5—33.7)	31.6	(28.1—35.1)	32.1	(28.5—35.7)	6.2	(4.2—8.2)
Persons	36.5	(34.1—38.8)	33.8	(31.6—36.1)	26.0	(23.9—28.2)	3.7	(2.7—4.7)
65+ years								
Females	70.5	(68.0—72.9)	21.5	(19.3—23.6)	7.8	(6.3—9.3)	N/A	(N/A—N/A)
Males	57.3	(54.4—60.3)	26.6	(24.0—29.2)	13.5	(11.6—15.5)	2.6	(1.3—3.8)
Persons	63.6	(61.6—65.5)	24.2	(22.4—25.9)	10.8	(9.6—12.1)	1.5	(0.8—2.1)
Total								
Females	38.4	(36.3—40.4)	31.9	(29.8—34.1)	26.4	(24.2—28.6)	3.3	(2.3—4.3)
Males	29.5	(27.4—31.7)	29.3	(26.9—31.6)	32.9	(30.3—35.5)	8.3	(6.6—10.0)
Persons	34.2	(32.7—35.7)	30.7	(29.1—32.2)	29.5	(27.8—31.2)	5.7	(4.7—6.6)

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

The prevalence of eating meals 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 from fast food outlets at least once a week was higher in the East Metro (41.6%) and the Goldfields health region (45.7%) and lower in the Wheatbelt health region (24.3%) when compared with the state prevalence (35.2%) (Figure 20).

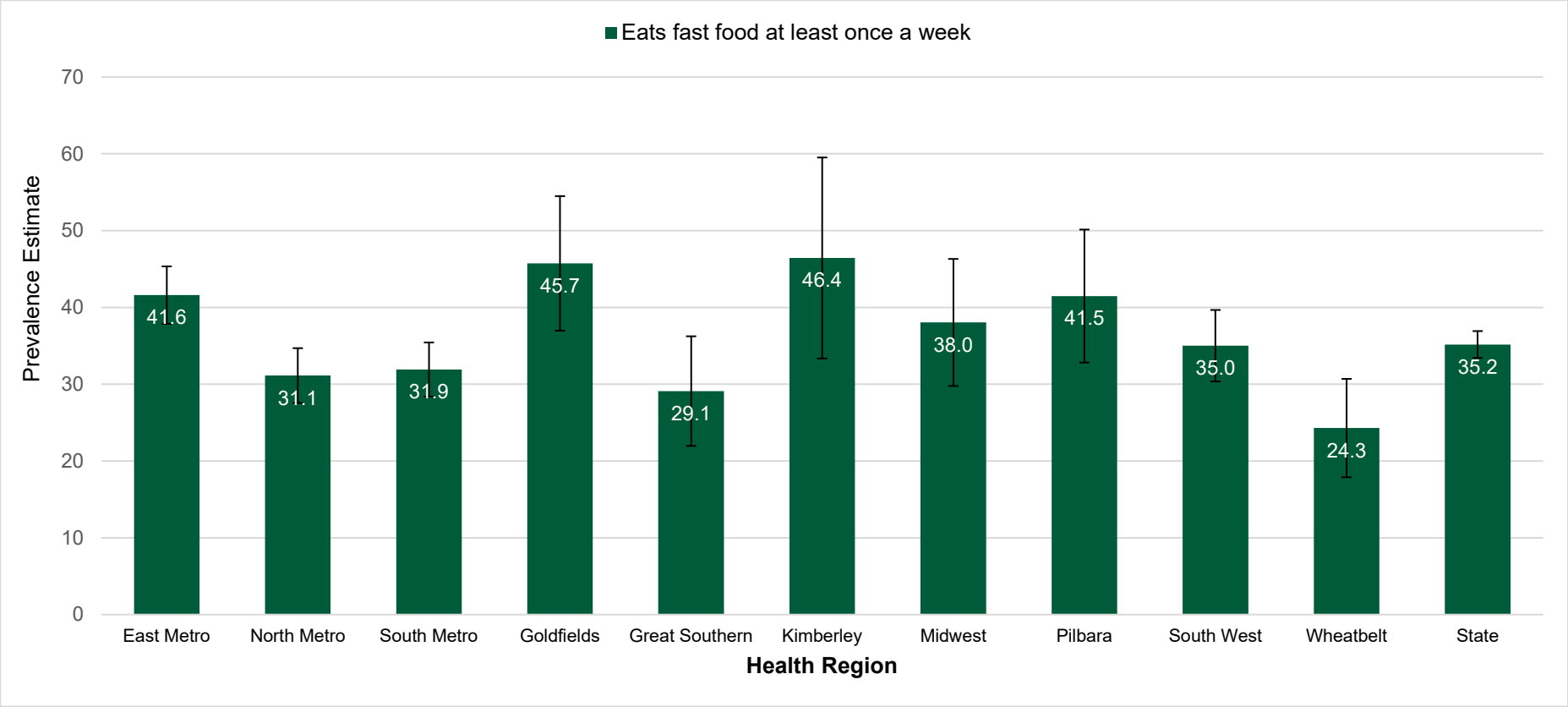


Figure 20: Prevalence of eating meals from fast food outlets at least once a week by health regions in WA, 16 years & over, HWSS 2022

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.

- Adults aged 16 to 44 years were more likely to eat fried hot potato products once or twice a week and three or more times a week compared with those aged 45 to 64 years and 65 years and over (48.9% compared with 33.0% and 27.6%; and 10.2% compared with 4.4% and 4.2%, respectively) (**Table 34**).
- Males were more likely to eat hot fried potato products once or twice a week compared with females (44.1% compared with 33.2%).

Table 34: Hot chips, french-fries, wedges, hash browns or fried potatoes eaten per week, 16 years & over, HWSS 2022

	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	11.0	(8.4—13.7)	35.3	(31.1—39.6)	44.3	(39.9—48.6)	9.4	(6.7—12.0)
Males	11.5	(8.2—14.9)	22.9	(18.5—27.3)	54.4	(49.2—59.6)	11.2	(7.8—14.6)
Persons	11.3	(9.2—13.4)	29.7	(26.6—32.7)	48.9	(45.5—52.3)	10.2	(8.1—12.3)
45 to 64 years								
Females	31.3	(28.4—34.1)	39.4	(36.4—42.4)	26.6	(24.0—29.2)	2.7	(1.8—3.7)
Males	22.8	(19.4—26.2)	30.3	(26.8—33.8)	40.5	(36.8—44.3)	6.3	(4.4—8.3)
Persons	27.3	(25.2—29.5)	35.2	(32.9—37.5)	33.0	(30.8—35.3)	4.4	(3.4—5.4)
65+ years								
Females	44.5	(41.8—47.1)	31.2	(28.8—33.7)	21.9	(19.8—24.1)	2.4	(1.6—3.2)
Males	31.7	(28.9—34.5)	29.9	(27.2—32.5)	32.7	(29.9—35.5)	5.7	(4.2—7.3)
Persons	37.8	(35.8—39.7)	30.5	(28.7—32.3)	27.6	(25.8—29.4)	4.2	(3.2—5.1)
Total								
Females	25.3	(23.5—27.0)	36.0	(33.8—38.1)	33.2	(31.0—35.5)	5.5	(4.3—6.8)
Males	20.5	(18.6—22.5)	27.2	(25.0—29.5)	44.1	(41.5—46.7)	8.1	(6.6—9.7)
Persons	23.0	(21.7—24.3)	31.8	(30.2—33.4)	38.4	(36.7—40.1)	6.8	(5.8—7.8)

The prevalence of eating hot potato chips 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 was higher in East Metro (50.6%) and Goldfields (56.6%) health regions as compared with the state prevalence (45.2%) (**Figure 21**).

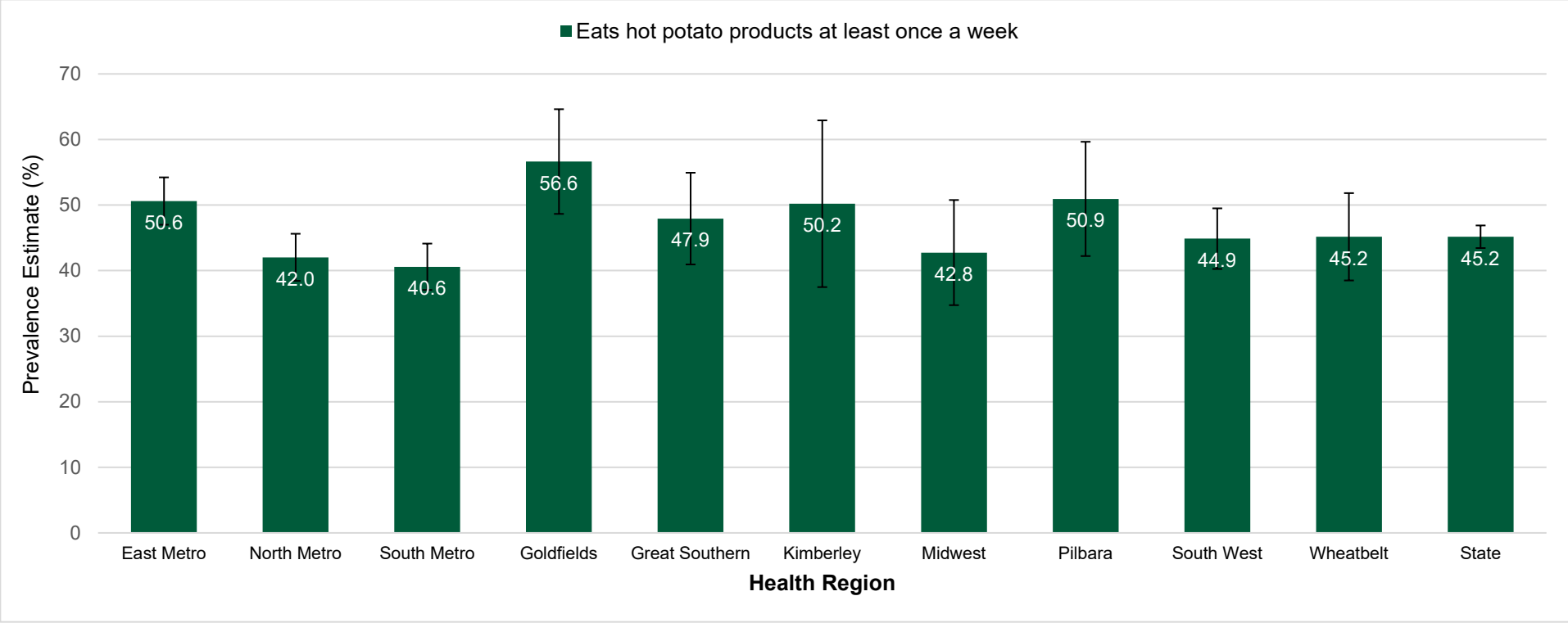


Figure 21: Prevalence of eating fried hot potato products at least once a week by health regions in WA, 16 years & over, HWSS 2022

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 (39.5% compared with 31.3% and 30.5%) (**Table 35**).

Table 35: Sweet biscuits, cakes, doughnuts, muffins, pastries or muesli bars eaten per week, 16 years & over, HWSS 2022

	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	14.3	(11.2—17.4)	17.8	(14.4—21.2)	36.4	(32.2—40.7)	31.5	(27.4—35.6)
Males	22.1	(17.7—26.4)	15.8	(12.0—19.6)	31.2	(26.4—36.0)	31.0	(26.1—35.8)
Persons	17.8	(15.2—20.4)	16.9	(14.4—19.4)	34.0	(30.9—37.2)	31.3	(28.1—34.4)
45 to 64 years								
Females	21.4	(19.0—23.7)	16.9	(14.7—19.2)	31.8	(28.9—34.6)	29.9	(27.1—32.8)
Males	23.3	(20.0—26.6)	16.1	(13.3—19.0)	29.3	(25.9—32.8)	31.2	(27.6—34.8)
Persons	22.3	(20.3—24.2)	16.6	(14.8—18.4)	30.6	(28.4—32.8)	30.5	(28.3—32.8)
65+ years								
Females	25.6	(23.3—27.9)	11.2	(9.5—12.9)	24.7	(22.4—27.0)	38.5	(35.9—41.0)
Males	23.6	(21.0—26.2)	10.4	(8.5—12.2)	25.5	(22.9—28.2)	40.5	(37.6—43.4)
Persons	24.5	(22.8—26.3)	10.8	(9.5—12.0)	25.1	(23.4—26.9)	39.5	(37.6—41.5)
Total								
Females	19.2	(17.5—20.8)	16.1	(14.4—17.9)	32.3	(30.2—34.5)	32.4	(30.3—34.5)
Males	22.9	(20.7—25.1)	14.5	(12.7—16.4)	29.1	(26.8—31.5)	33.5	(31.1—35.9)
Persons	20.9	(19.6—22.3)	15.4	(14.1—16.6)	30.8	(29.2—32.4)	32.9	(31.3—34.5)

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 did not differ by health region when compared with the state prevalence (**Figure 22**).

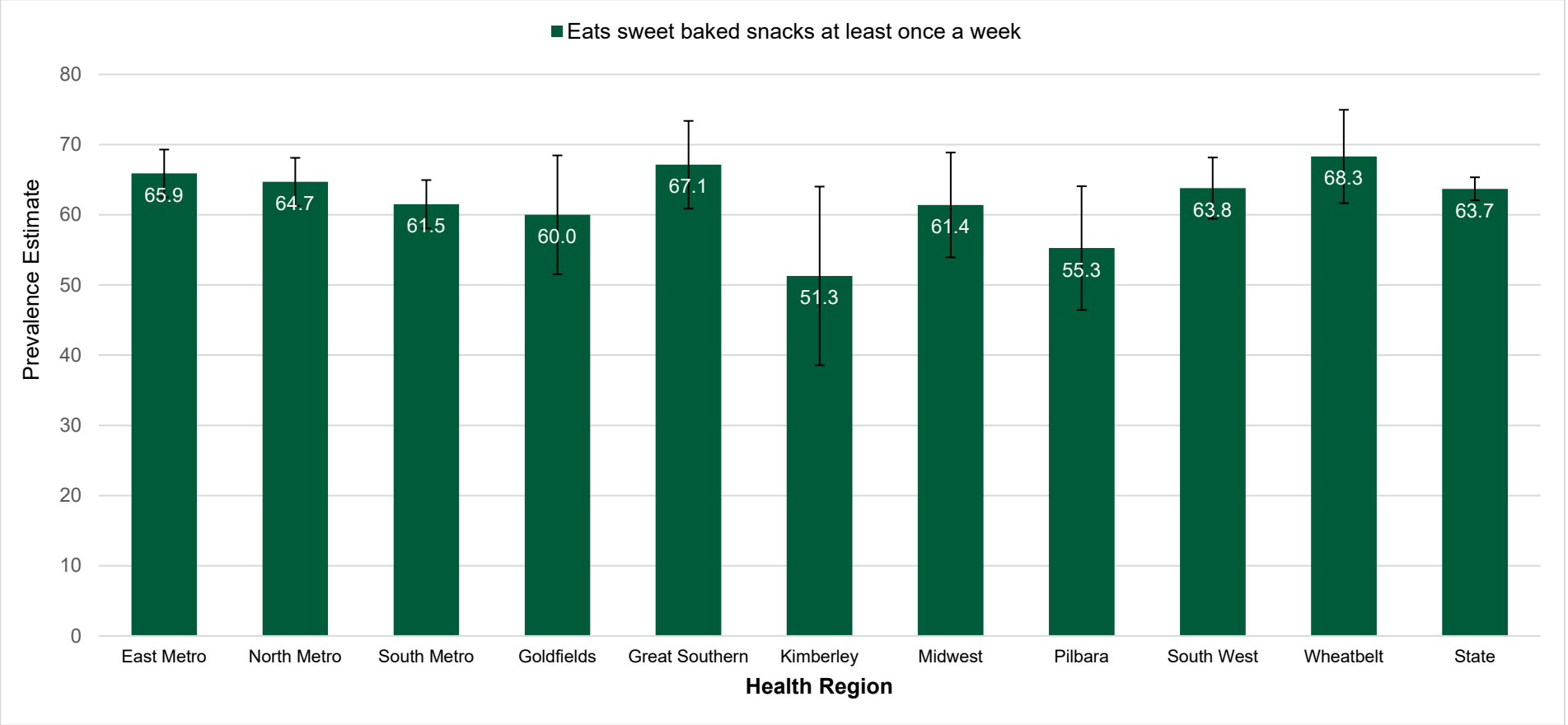


Figure 22: Prevalence of eating sweet baked snacks at least once a week by health regions in WA, 16 years & over, HWSS 2022

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 (17.1%), 45 to 64 years (10.2%) and 65 years and over (7.7%) (**Table 36**).

Table 36: Salty snacks eaten per week, 16 years & over, HWSS 2022

	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	15.6	(12.6—18.7)	23.4	(19.7—27.2)	44.3	(39.9—48.7)	16.7	(13.3—20.1)
Males	20.9	(16.7—25.2)	24.5	(20.0—28.9)	37.0	(32.0—41.9)	17.7	(13.6—21.8)
Persons	18.0	(15.5—20.6)	23.9	(21.0—26.8)	40.9	(37.6—44.2)	17.1	(14.5—19.8)
45 to 64 years								
Females	30.3	(27.5—33.1)	26.0	(23.4—28.7)	33.8	(30.9—36.7)	9.8	(8.0—11.7)
Males	28.9	(25.3—32.4)	21.1	(18.0—24.1)	39.4	(35.7—43.1)	10.6	(8.2—13.1)
Persons	29.6	(27.4—31.9)	23.7	(21.7—25.7)	36.4	(34.1—38.7)	10.2	(8.7—11.7)
65+ years								
Females	58.3	(55.6—60.9)	19.0	(16.9—21.1)	16.4	(14.4—18.3)	6.4	(5.0—7.7)
Males	51.4	(48.4—54.4)	19.9	(17.5—22.2)	19.9	(17.6—22.2)	8.8	(7.0—10.6)
Persons	54.7	(52.7—56.7)	19.5	(17.9—21.0)	18.2	(16.7—19.7)	7.7	(6.5—8.8)
Total								
Females	29.8	(27.9—31.6)	23.5	(21.5—25.4)	34.7	(32.5—36.9)	12.1	(10.4—13.7)
Males	31.4	(29.1—33.7)	22.1	(19.9—24.3)	33.5	(31.0—35.9)	13.0	(11.1—14.9)
Persons	30.5	(29.1—32.0)	22.8	(21.4—24.3)	34.1	(32.5—35.8)	12.5	(11.3—13.8)

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 higher in the Goldfields health region (60.5%) when compared with the state prevalence (46.6%) (**Figure 23**).

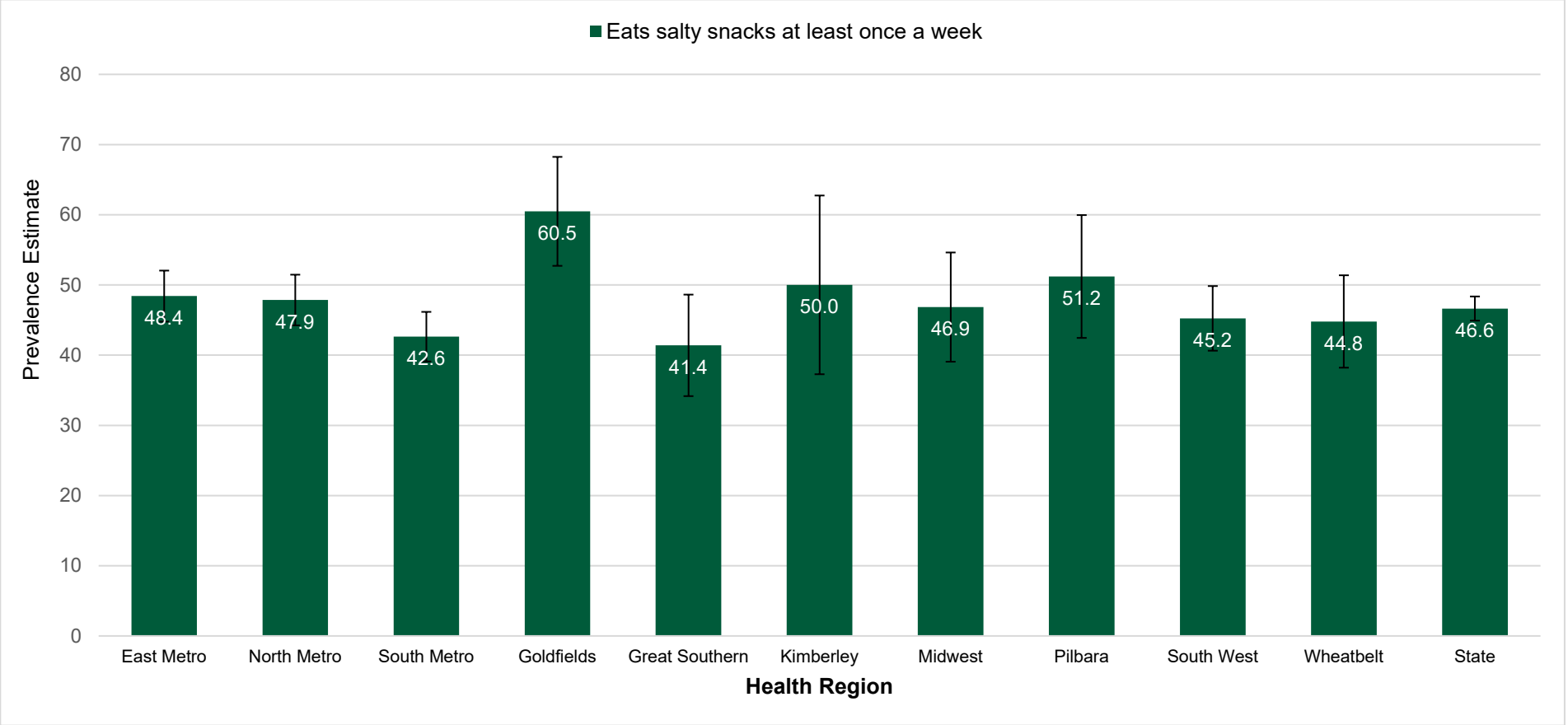


Figure 23: Prevalence of eating salty snacks at least once a week by health regions in WA, 16 years & over, HWSS 2022

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 never drinking soft drinks or energy drinks increased with age: 16 to 44 years (48.7%), 45 to 64 years (68.2%), and 65 years and over (77.7%) (**Table 37**).
- Males were more likely to drink soft drinks or energy drinks three or more times a week compared with females (17.5% compared with 9.5%).

Table 37: Drinking sugar-sweetened soft drinks or energy drinks per week, 16 years & over, HWSS 2022

	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	56.1	(51.7—60.5)	16.4	(13.0—19.8)	15.4	(12.2—18.6)	12.1	(9.2—15.0)
Males	40.0	(34.9—45.1)	9.7	(6.6—12.8)	26.6	(21.9—31.3)	23.8	(19.3—28.2)
Persons	48.7	(45.4—52.1)	13.4	(11.0—15.7)	20.5	(17.7—23.3)	17.4	(14.8—20.0)
45 to 64 years								
Females	75.5	(72.9—78.1)	8.4	(6.5—10.2)	8.3	(6.7—9.9)	7.8	(6.2—9.3)
Males	59.8	(56.0—63.6)	10.1	(7.6—12.6)	16.1	(13.2—19.0)	14.0	(11.5—16.6)
Persons	68.2	(65.9—70.5)	9.2	(7.7—10.7)	11.9	(10.3—13.5)	10.7	(9.2—12.1)
65+ years								
Females	83.5	(81.5—85.4)	4.5	(3.4—5.6)	5.0	(4.0—6.1)	7.0	(5.6—8.3)
Males	72.5	(69.9—75.2)	5.9	(4.6—7.3)	9.1	(7.5—10.7)	12.4	(10.4—14.4)
Persons	77.7	(76.0—79.4)	5.3	(4.4—6.1)	7.2	(6.2—8.2)	9.8	(8.6—11.1)
Total								
Females	68.8	(66.5—71.0)	11.0	(9.4—12.7)	10.7	(9.2—12.2)	9.5	(8.1—10.9)
Males	55.1	(52.5—57.7)	8.9	(7.3—10.4)	18.5	(16.3—20.7)	17.5	(15.4—19.6)
Persons	62.3	(60.6—64.0)	10.0	(8.9—11.1)	14.4	(13.1—15.7)	13.3	(12.0—14.5)

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 not different in health regions as compared with the state prevalence (**Figure 24**).

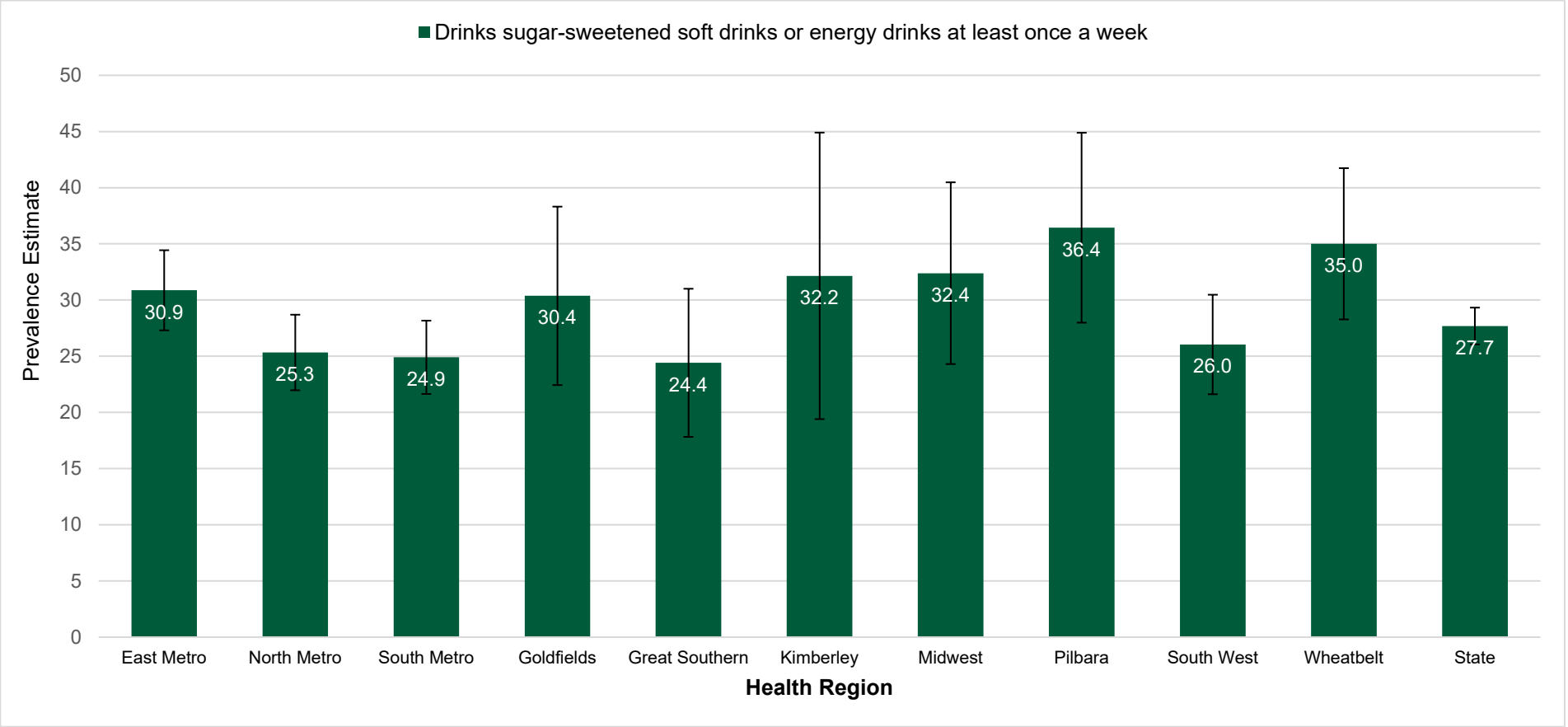


Figure 24: Prevalence of drinking sugar-sweetened soft drinks or energy drinks at least once a week by health regions in WA, 16 years & over, HWSS 2022

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 (25.8%), 45 to 64 years (20.0%), and 65 years and over (15.4%) (**Table 38**).
- Males were more likely to report eating processed meats three or more times as compared with females (28.2% compared with 15.1%).

Table 38: **Processed meats eaten per week, 16 years & over, HWSS 2022**

	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	22.9	(19.1—26.7)	20.3	(16.7—23.9)	37.4	(33.1—41.6)	19.4	(16.0—22.8)
Males	14.9	(11.1—18.8)	11.7	(8.3—15.1)	39.9	(34.8—45.0)	33.4	(28.5—38.3)
Persons	19.3	(16.5—22.0)	16.4	(13.9—18.9)	38.5	(35.3—41.8)	25.8	(22.9—28.7)
45 to 64 years								
Females	23.2	(20.6—25.9)	22.5	(20.0—25.0)	40.8	(37.8—43.8)	13.5	(11.4—15.5)
Males	16.7	(13.5—19.9)	15.7	(12.9—18.6)	40.0	(36.4—43.7)	27.5	(24.1—30.9)
Persons	20.2	(18.2—22.3)	19.4	(17.5—21.3)	40.4	(38.1—42.8)	20.0	(18.0—21.9)
65+ years								
Females	32.0	(29.4—34.5)	23.7	(21.5—25.9)	35.2	(32.7—37.7)	9.1	(7.7—10.5)
Males	18.0	(15.6—20.5)	19.1	(16.7—21.5)	41.9	(38.9—44.8)	21.0	(18.6—23.4)
Persons	24.7	(22.9—26.4)	21.3	(19.7—22.9)	38.7	(36.8—40.6)	15.4	(13.9—16.8)
Total								
Females	24.9	(22.9—26.9)	21.8	(20.0—23.7)	38.2	(36.0—40.3)	15.1	(13.4—16.8)
Males	16.3	(14.4—18.3)	15.0	(13.2—16.8)	40.5	(37.9—43.0)	28.2	(25.9—30.6)
Persons	20.8	(19.4—22.2)	18.6	(17.3—19.9)	39.2	(37.6—40.9)	21.4	(19.9—22.8)

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 Goldfields (75.0%) and Wheatbelt (72.5%) health regions when compared with the state prevalence (60.6%) (**Figure 25**).

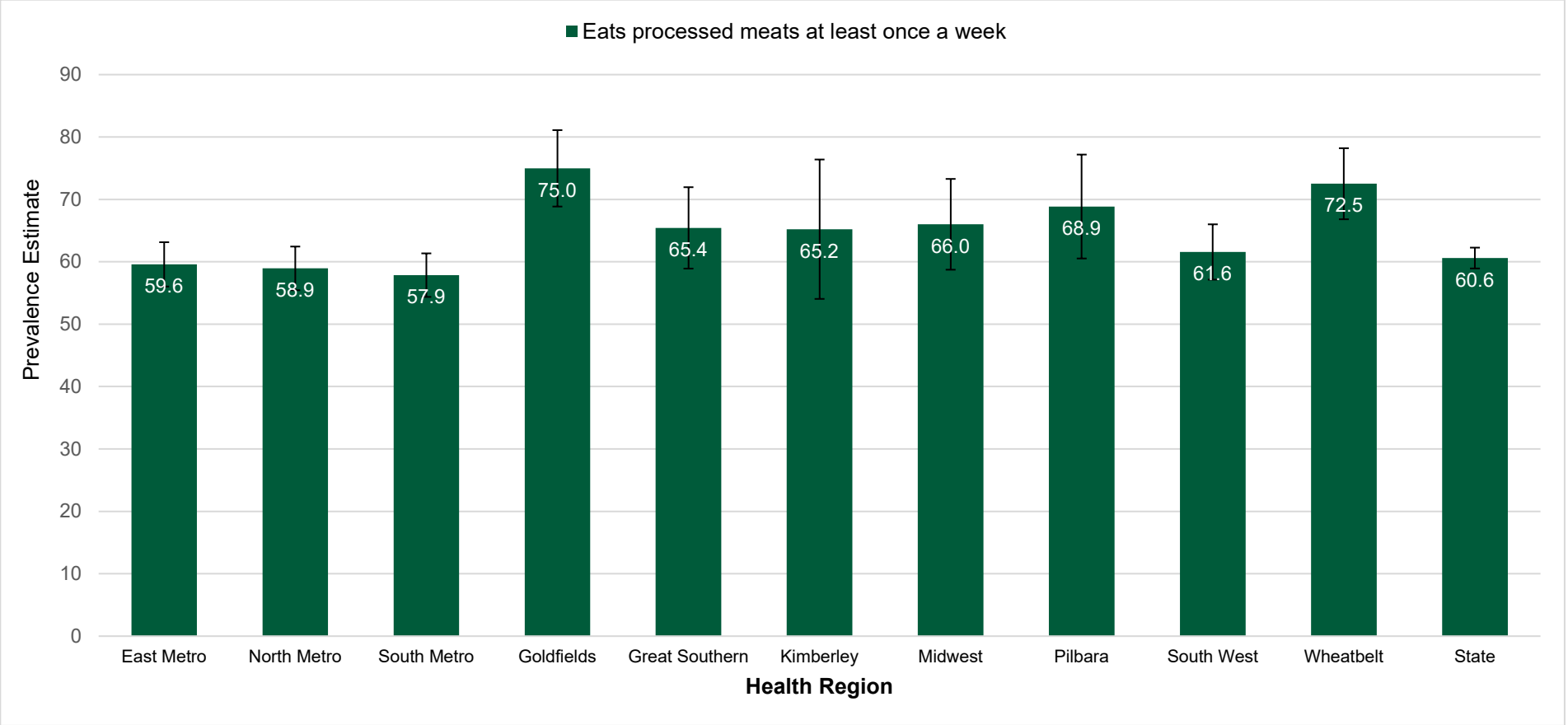


Figure 25: Prevalence of eating processed meats at least once a week by health regions in WA, 16 years & over, HWSS 2022

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.

- Adults aged 16 to 44 years were more likely to report being 'very active' compared with those aged 65 years and over (16.4% compared with 11.7%) (**Table 39**).
- Males were more likely to report being 'very active' compared with females (17.8% compared with 11.8%).

Table 39: Self-reported level of physical activity, 16 years & over, HWSS 2022

	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	12.0	(9.2—14.8)	25.3	(21.5—29.2)	38.1	(33.8—42.3)	21.6	(18.0—25.3)	3.0 *	(1.4—4.5)
Males	21.6	(17.3—25.9)	23.2	(18.9—27.6)	34.3	(29.4—39.3)	18.8	(14.6—22.9)	2.1 *	(0.6—3.6)
Persons	16.4	(13.9—18.9)	24.4	(21.5—27.3)	36.4	(33.2—39.6)	20.3	(17.6—23.1)	2.6	(1.5—3.7)
45 to 64 years										
Females	12.5	(10.4—14.6)	20.9	(18.5—23.4)	37.5	(34.6—40.4)	24.9	(22.3—27.6)	4.2	(3.1—5.2)
Males	16.7	(13.8—19.6)	26.3	(23.0—29.7)	35.2	(31.5—38.8)	18.1	(15.2—21.1)	3.6	(2.2—5.0)
Persons	14.5	(12.7—16.2)	23.4	(21.4—25.5)	36.4	(34.1—38.7)	21.8	(19.8—23.7)	3.9	(3.0—4.8)
65+ years										
Females	10.0	(8.4—11.7)	22.7	(20.5—24.8)	40.8	(38.2—43.4)	19.7	(17.6—21.8)	6.8	(5.4—8.2)
Males	13.1	(11.1—15.1)	25.9	(23.4—28.4)	37.5	(34.6—40.4)	18.3	(16.0—20.6)	5.1	(3.6—6.7)
Persons	11.7	(10.4—13.0)	24.4	(22.7—26.0)	39.1	(37.1—41.0)	19.0	(17.4—20.6)	5.9	(4.9—7.0)
Total										
Females	11.8	(10.3—13.2)	23.2	(21.2—25.1)	38.4	(36.3—40.6)	22.4	(20.5—24.3)	4.2	(3.3—5.0)
Males	17.8	(15.7—19.8)	25.0	(22.8—27.2)	35.4	(33.0—37.9)	18.4	(16.4—20.5)	3.4	(2.5—4.3)
Persons	14.6	(13.4—15.9)	24.0	(22.6—25.5)	37.0	(35.4—38.6)	20.5	(19.1—21.9)	3.8	(3.2—4.4)

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 (22.6% compared with 16.5%) (**Table 40**).
- 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 age 16 to 44 years and 45 to 64 years (4.5% compared with 12.8% and 8.8%).
- Males were more likely than females to spend most of their day in heavy labour or physically demanding work (15.4% compared with 4.3%).

Table 40: How usually spend day, 16 years & over, HWSS 2022

	Sitting		Standing		Walking		Heavy labour/physically demanding work	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	53.0	(48.6—57.5)	21.5	(17.9—25.1)	20.4	(17.0—23.8)	5.1	(3.2—6.9)
Males	50.9	(45.6—56.2)	15.0	(11.2—18.8)	11.9	(8.4—15.3)	22.2	(17.9—26.5)
Persons	52.1	(48.7—55.5)	18.6	(15.9—21.2)	16.5	(14.1—19.0)	12.8	(10.6—15.1)
45 to 64 years								
Females	54.8	(51.7—57.8)	19.0	(16.6—21.4)	21.9	(19.4—24.4)	4.3	(3.0—5.5)
Males	58.1	(54.3—61.9)	11.7	(9.3—14.1)	16.1	(13.4—18.8)	14.1	(11.4—16.7)
Persons	56.3	(53.9—58.7)	15.6	(13.9—17.3)	19.2	(17.4—21.1)	8.8	(7.4—10.2)
65+ years								
Females	48.9	(46.1—51.7)	21.9	(19.6—24.1)	26.5	(24.0—28.9)	2.8	(1.9—3.6)
Males	59.7	(56.8—62.7)	15.2	(13.1—17.2)	19.1	(16.7—21.5)	6.0	(4.6—7.4)
Persons	54.6	(52.6—56.7)	18.3	(16.8—19.8)	22.6	(20.8—24.3)	4.5	(3.6—5.3)
Total								
Females	52.9	(50.6—55.2)	20.7	(18.8—22.5)	22.1	(20.3—24.0)	4.3	(3.4—5.3)
Males	55.6	(52.9—58.2)	13.9	(12.1—15.7)	15.1	(13.3—16.9)	15.4	(13.4—17.4)
Persons	54.1	(52.4—55.9)	17.5	(16.2—18.8)	18.8	(17.5—20.1)	9.6	(8.5—10.7)

In 2014, the Australian Department of Health released Australia's Physical Activity and Sedentary Behaviour Guidelines, stating that adults aged 18 to 64 years should complete at least 75 to 150 minutes of vigorous physical activity or 150 to 300 minutes of moderate physical activity per week.[9]

With no new guideline explicitly defined in the 2014 Physical Activity and Sedentary Behaviour guidelines for adults aged 65 years and over, the 2005 recommendation of 30 minutes of moderate physical activity most and preferably all days of the week, is the most recent advice available. 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.[10]

- The prevalence of adults who reported not engaging in any leisure time physical activity per week increased with age: 18 to 44 years (9.2%), 45 to 64 years (13.9%) and 65 years older (17.6%) (**Table 41**).

[9] Australian Government Department of Health, 2014, Australia's physical activity and sedentary behaviour guidelines: adults, Department of Health, Canberra, ACT.
[10] 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 41: Physical activity level, based on the 2014 Australian Physical Activity and Sedentary Behaviour guidelines, 18 years & over, HWSS 2022

	Does no leisure time physical activity per week		Does less than 150 mins physical activity per week		Does at least 150 mins physical activity per week	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	11.0	(8.2—13.9)	24.0	(20.1—27.8)	65.0	(60.7—69.3)
Males	7.0	(4.4—9.5)	21.3	(16.8—25.7)	71.8	(66.9—76.6)
Persons	9.2	(7.2—11.1)	22.7	(19.8—25.7)	68.1	(64.8—71.3)
45 to 64 years						
Females	13.6	(11.5—15.7)	23.8	(21.1—26.4)	62.7	(59.7—65.7)
Males	14.2	(11.5—17.0)	21.9	(18.6—25.1)	63.9	(60.1—67.6)
Persons	13.9	(12.2—15.6)	22.9	(20.8—24.9)	63.2	(60.9—65.6)
65+ years						
Females	18.2	(16.1—20.3)	28.1	(25.6—30.5)	53.8	(51.0—56.5)
Males	17.1	(14.7—19.5)	22.6	(20.1—25.1)	60.3	(57.3—63.3)
Persons	17.6	(16.0—19.2)	25.2	(23.4—26.9)	57.2	(55.2—59.3)
Total						
Females	13.4	(11.9—14.9)	24.7	(22.8—26.7)	61.8	(59.6—64.0)
Males	12.2	(10.6—13.7)	21.8	(19.6—24.0)	66.0	(63.6—68.5)
Persons	12.8	(11.7—13.9)	23.3	(21.9—24.8)	63.8	(62.2—65.5)

The prevalence of physical activity levels based on the 2014 Australian Physical Activity and Sedentary Behaviour guidelines was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who reported not engaging in any leisure time physical activity was higher in the Wheatbelt (22.5%) and Midwest (21.1%) health regions when compared with the state prevalence (12.8%) (**Figure 26**).
- The prevalence of adults who do at least 150 mins physical activity per week was lower in Wheatbelt health region (55.1%) when compared with the state prevalence (63.8%).

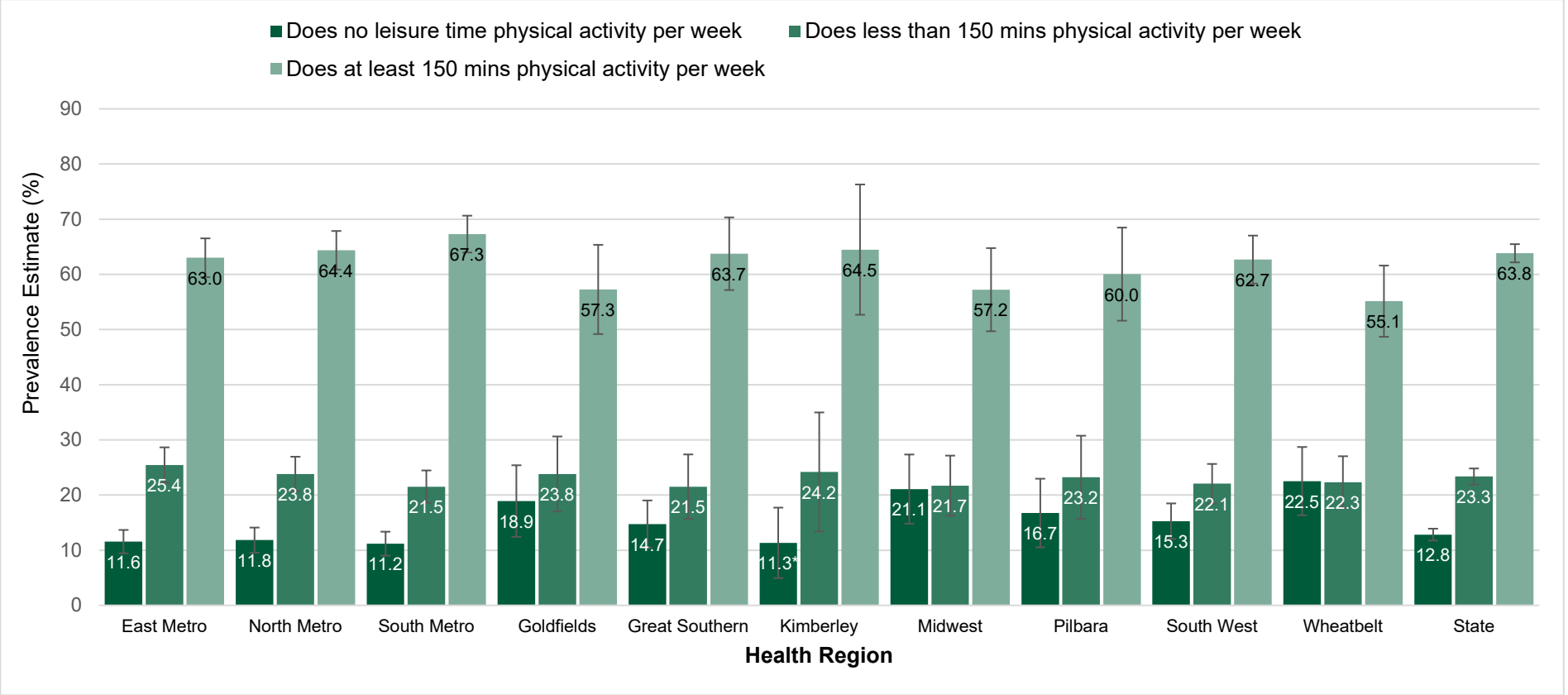


Figure 26: Physical activity levels based on the 2014 Australian Physical Activity and Sedentary Behaviour guidelines by health regions in WA, 18 years & over, HWSS 2022

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.

- The prevalence of adults who reported spending 21 hours or more per week in screen-based sedentary recreational leisure time activities increased with age: 16 to 44 years (24.7%), 45 to 64 years (30.1%) and 65 years and over (56.3%) (**Table 42).**

Table 42: Time spent watching TV/DVDs or using a computer/smartphone /tablet device per week, 16 years & over, HWSS 2022

	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	2.2 *	(0.9—3.5)	18.3	(14.9—21.7)	25.8	(22.0—29.6)	30.0	(25.9—34.0)	23.7	(19.8—27.6)
Males	2.9 *	(1.2—4.7)	16.6	(12.8—20.4)	25.2	(20.7—29.6)	29.3	(24.5—34.1)	26.0	(21.3—30.7)
Persons	2.5	(1.5—3.6)	17.5	(15.0—20.1)	25.5	(22.6—28.4)	29.7	(26.6—32.8)	24.7	(21.7—27.8)
45 to 64 years										
Females	2.0	(1.3—2.8)	15.3	(13.1—17.5)	23.2	(20.6—25.8)	29.7	(26.9—32.5)	29.8	(27.0—32.6)
Males	1.7 *	(0.7—2.8)	17.1	(14.2—20.1)	23.8	(20.6—27.1)	26.9	(23.5—30.3)	30.4	(26.8—34.0)
Persons	1.9	(1.3—2.5)	16.2	(14.4—18.0)	23.5	(21.4—25.6)	28.4	(26.2—30.6)	30.1	(27.9—32.3)
65+ years										
Females	1.5	(0.8—2.2)	8.9	(7.5—10.4)	10.9	(9.1—12.6)	20.1	(18.0—22.2)	58.6	(56.0—61.3)
Males	1.0 *	(0.4—1.6)	11.0	(9.0—12.9)	12.4	(10.3—14.4)	21.4	(19.0—23.7)	54.3	(51.3—57.3)
Persons	1.2	(0.8—1.7)	10.0	(8.8—11.2)	11.7	(10.3—13.0)	20.8	(19.2—22.4)	56.3	(54.3—58.4)
Total										
Females	2.0	(1.4—2.6)	15.3	(13.6—17.0)	21.8	(19.9—23.7)	27.8	(25.8—29.9)	33.1	(31.0—35.2)
Males	2.0	(1.2—2.8)	15.4	(13.5—17.3)	21.5	(19.3—23.6)	26.5	(24.1—28.8)	34.7	(32.3—37.1)
Persons	2.0	(1.5—2.5)	15.3	(14.1—16.6)	21.6	(20.2—23.1)	27.2	(25.6—28.7)	33.9	(32.3—35.4)

* 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 the Goldfields (23.0%) and Pilbara (24.0%) health regions when compared with the state prevalence (33.9%) (**Figure 27**).

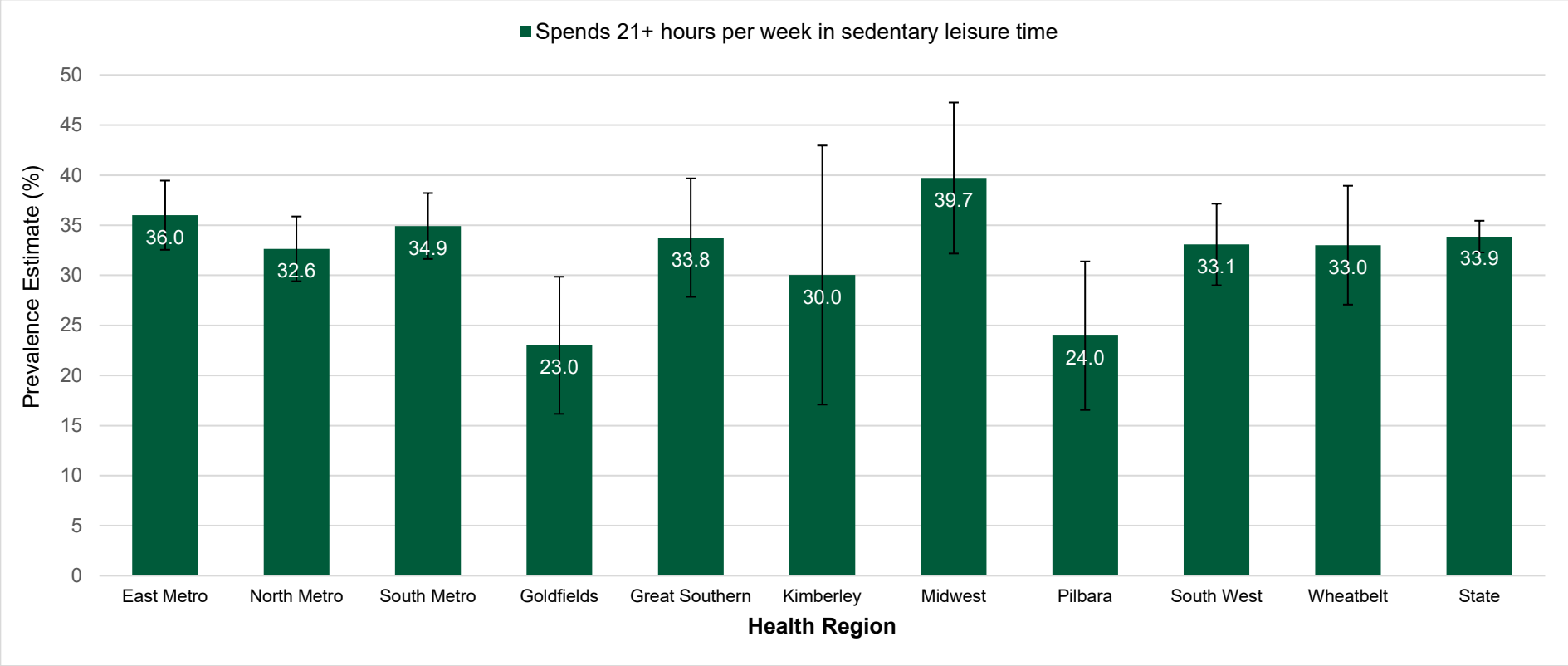


Figure 27: Prevalence of adults who spend 21 hours or more per week in screen-based sedentary leisure time activities by health regions in WA, 16 years & over, HWSS 2022

5.6 Sleep

We asked respondents how many hours sleep they get on a usual night, and these were grouped based on the Sleep Health Foundation recommendations.[11]

- The prevalence of adults who reported sleeping the recommended number of hours on a usual night was lower among 65 years and over (51.7%) compared to adults aged 16 to 44 years (66.1%) and 45 to 64 years (63.3%) (**Table 43**).

Table 43: Prevalence of adults sleeping the recommended number of hours on a usual night, 16 years & over, HWSS 2022

	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	66.7	(62.6—70.8)	31.6	(27.5—35.6)	1.7 *	(0.6—2.8)
Males	65.4	(60.4—70.4)	33.1	(28.2—38.0)	1.5 *	(0.1—2.9)
Persons	66.1	(62.9—69.3)	32.3	(29.1—35.4)	1.6 *	(0.8—2.5)
45 to 64 years						
Females	62.6	(59.6—65.6)	36.2	(33.3—39.2)	1.2	(0.7—1.6)
Males	64.0	(60.3—67.7)	35.3	(31.6—38.9)	0.7 *	(0.3—1.2)
Persons	63.3	(60.9—65.6)	35.8	(33.5—38.1)	1.0	(0.6—1.3)
65+ years						
Females	50.0	(47.3—52.6)	40.2	(37.6—42.8)	9.8	(8.3—11.4)
Males	53.3	(50.3—56.2)	33.1	(30.2—36.0)	13.7	(11.6—15.7)
Persons	51.7	(49.7—53.7)	36.5	(34.5—38.4)	11.8	(10.5—13.2)
Total						
Females	61.8	(59.6—63.9)	35.0	(32.9—37.2)	3.2	(2.6—3.8)
Males	61.8	(59.3—64.3)	33.8	(31.4—36.3)	4.3	(3.5—5.1)
Persons	61.8	(60.1—63.4)	34.5	(32.9—36.1)	3.7	(3.2—4.2)

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

[11] 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 (**Figure 28**).

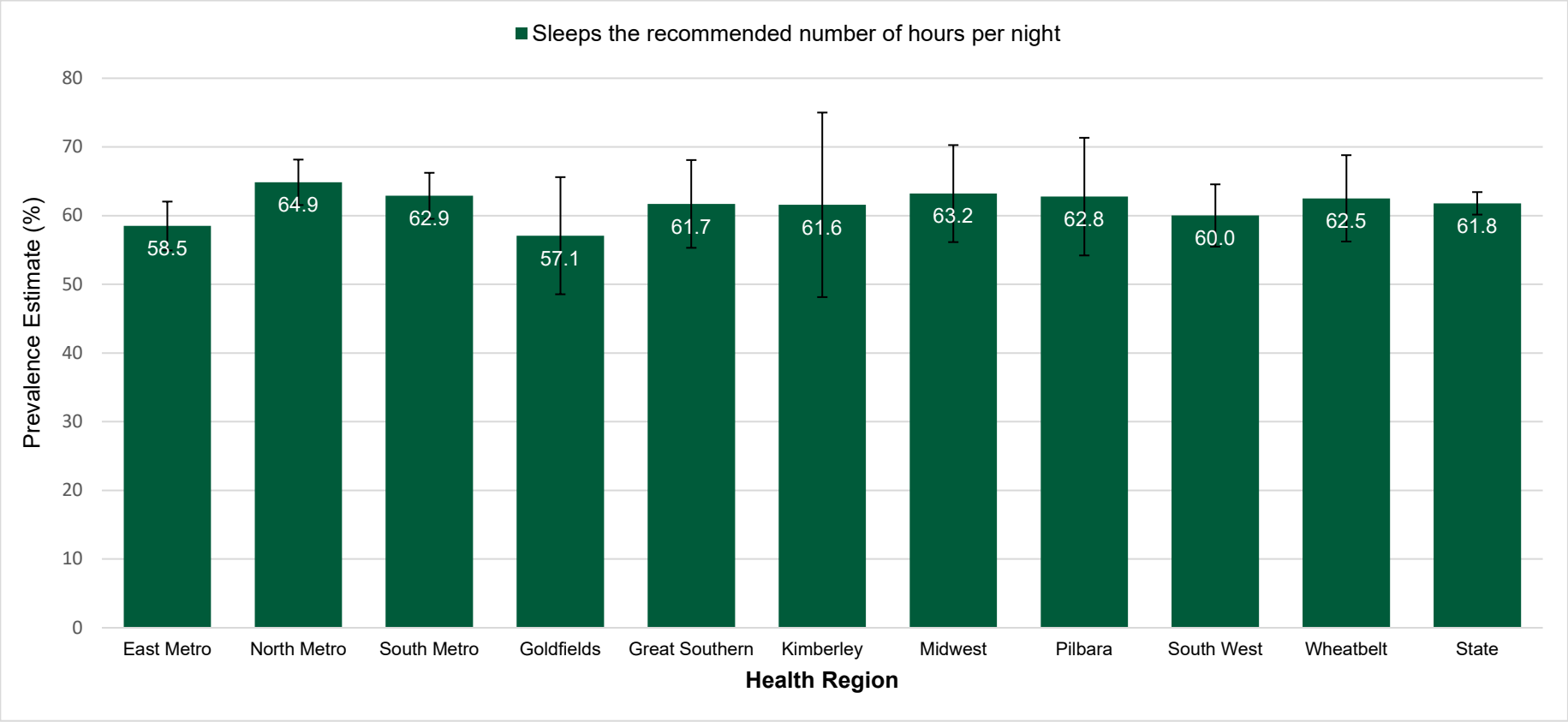


Figure 28: Prevalence of adults sleeping the recommended number of hours on a usual night by health regions in WA, 16 years & over, HWSS 2022

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 (8.3%) followed by the illicit use of methamphetamines (2.1%) and cocaine (2.0%) (**Table 44**).

Table 44: Use of illicit drugs in the last 12 months for non-medical purposes, 16 years & over, HWSS 2022

	Illicit drug use in the last 12 months	
Drug type	%	95% CI
Cannabis	8.3	(7.3—9.4)
Ecstasy	1.6	(1.0—2.1)
Cocaine	2.0	(1.4—2.6)
Methamphetamines	2.1	(1.5—2.7)
Amphetamines	1.7	(1.1—2.2)
Illicit use of pharmaceuticals (a)	1.9	(1.3—2.4)
Any illicit drug use (b) (c)	10.5	(9.3—11.7)

(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 mass are major contributors to disease burden.[12, 13] 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%
Western Australian adults currently have high cholesterol levels

22.7%
Western Australian adults currently have high blood pressure

37.9% Western Australian adults are living with obesity

[12] 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.
[13] 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 (21.6%), 45 to 64 years (37.5%), and 65 years and over (50.6%) (**Table 45**).
- The point prevalence of high cholesterol also increased with age: 16 to 44 years (8.6%), 45 to 64 years (23.6%), and 65 years and over (42.2%).

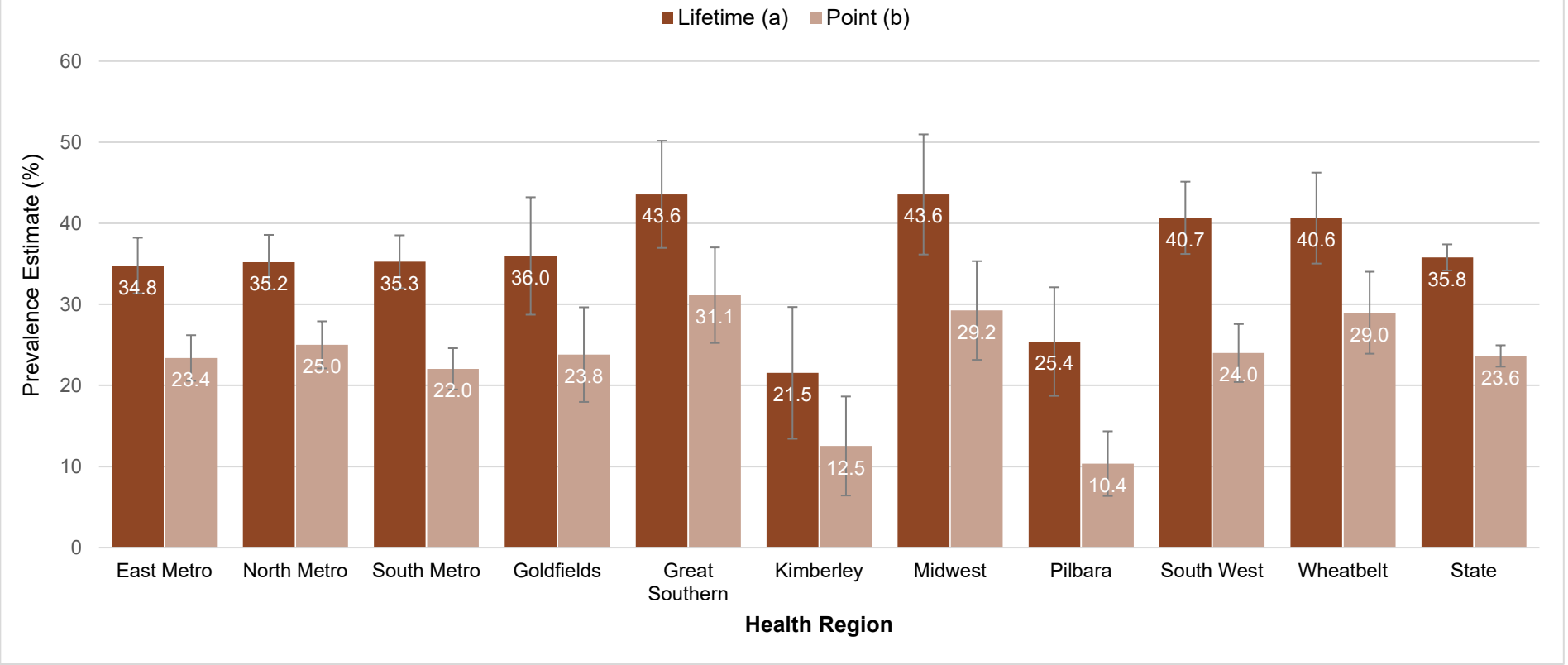
Table 45: Prevalence of adults with high cholesterol levels, 16 years & over, HWSS 2022

	Lifetime (a)		Point (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	19.2	(15.1—23.3)	6.4	(3.9—9.0)
Males	24.4	(19.1—29.7)	11.0	(7.2—14.8)
Persons	21.6	(18.3—25.0)	8.6	(6.3—10.8)
45 to 64 years				
Females	35.9	(32.9—38.8)	21.4	(18.9—23.9)
Males	39.4	(35.6—43.2)	26.1	(22.7—29.5)
Persons	37.5	(35.1—39.9)	23.6	(21.5—25.6)
65+ years				
Females	49.6	(46.9—52.2)	41.4	(38.7—44.0)
Males	51.6	(48.5—54.6)	43.0	(40.1—46.0)
Persons	50.6	(48.6—52.6)	42.2	(40.2—44.3)
Total				
Females	33.6	(31.5—35.6)	21.3	(19.7—22.9)
Males	38.2	(35.7—40.7)	26.2	(24.1—28.3)
Persons	35.8	(34.2—37.4)	23.6	(22.3—25.0)

(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 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 lower in the Kimberley (21.5%) and Pilbara (25.4%) health regions when compared with the state prevalence (35.8%) (**Figure 29**).
- The point prevalence of high cholesterol was lower in the Kimberley (12.5%) and Pilbara (10.4%) health regions and higher in Great Southern health region (31.1%) 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 29: Prevalence of adults with high cholesterol levels by health regions in WA, 16 years & over, HWSS 2022

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 (34.9%), 45 to 64 years (6.2%), and 65 years and over (1.9%) (**Table 46**).

Table 46: Prevalence of population by when cholesterol level was last tested, 16 years & over, HWSS 2022

	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	36.3	(31.8—40.7)	21.6	(17.9—25.3)	11.1	(8.3—13.8)	7.8	(5.5—10.1)	4.8	(2.9—6.7)	18.5	(15.0—21.9)
Males	33.2	(28.1—38.4)	22.4	(18.0—26.8)	13.3	(9.7—17.0)	9.7	(6.6—12.7)	7.2	(4.5—9.9)	14.1	(10.3—17.9)
Persons	34.9	(31.5—38.3)	22.0	(19.1—24.8)	12.1	(9.9—14.3)	8.7	(6.8—10.5)	5.9	(4.3—7.5)	16.5	(13.9—19.1)
45 to 64 years												
Females	6.3	(4.7—8.0)	48.8	(45.5—52.1)	21.3	(18.6—24.1)	9.0	(7.1—10.9)	5.3	(3.9—6.8)	9.2	(7.3—11.1)
Males	6.1	(4.1—8.1)	46.3	(42.2—50.5)	21.4	(18.0—24.7)	9.9	(7.5—12.4)	6.0	(4.0—8.0)	10.3	(7.5—13.0)
Persons	6.2	(4.9—7.5)	47.7	(45.1—50.3)	21.4	(19.2—23.5)	9.4	(7.9—10.9)	5.6	(4.4—6.8)	9.7	(8.1—11.3)
65+ years												
Females	1.5	(0.8—2.2)	62.5	(59.7—65.3)	17.5	(15.3—19.6)	4.4	(3.2—5.6)	2.7	(1.7—3.6)	11.4	(9.4—13.3)
Males	2.2 *	(1.1—3.3)	66.5	(63.2—69.7)	14.2	(11.8—16.5)	3.7	(2.5—4.9)	3.5	(2.0—5.0)	9.9	(7.8—12.1)
Persons	1.9	(1.2—2.5)	64.5	(62.3—66.6)	15.8	(14.2—17.4)	4.1	(3.2—4.9)	3.1	(2.2—4.0)	10.7	(9.2—12.1)
Total												
Females	19.0	(16.7—21.4)	39.1	(36.8—41.3)	15.9	(14.3—17.5)	7.6	(6.3—8.8)	4.6	(3.6—5.6)	13.9	(12.1—15.6)
Males	17.0	(14.5—19.6)	40.4	(37.8—43.1)	16.3	(14.2—18.3)	8.4	(6.8—10.0)	6.0	(4.6—7.4)	11.9	(9.9—13.8)
Persons	18.1	(16.4—19.8)	39.7	(38.0—41.4)	16.1	(14.8—17.4)	8.0	(7.0—9.0)	5.2	(4.4—6.1)	12.9	(11.6—14.2)

* 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 (15.2%), 45 to 64 years (33.1%), and 65 years and over (55.8%) (**Table 47**).
- The point prevalence of high blood pressure also increased with age: 16 to 44 years (5.7%), 45 to 64 years (24.3%), and 65 years and over (49.7%).
- Both lifetime and point prevalence of high blood pressure was higher in males compared with females (lifetime prevalence: 34.6% compared with 28.1%; point prevalence: 26.1% compared with 19.6%)

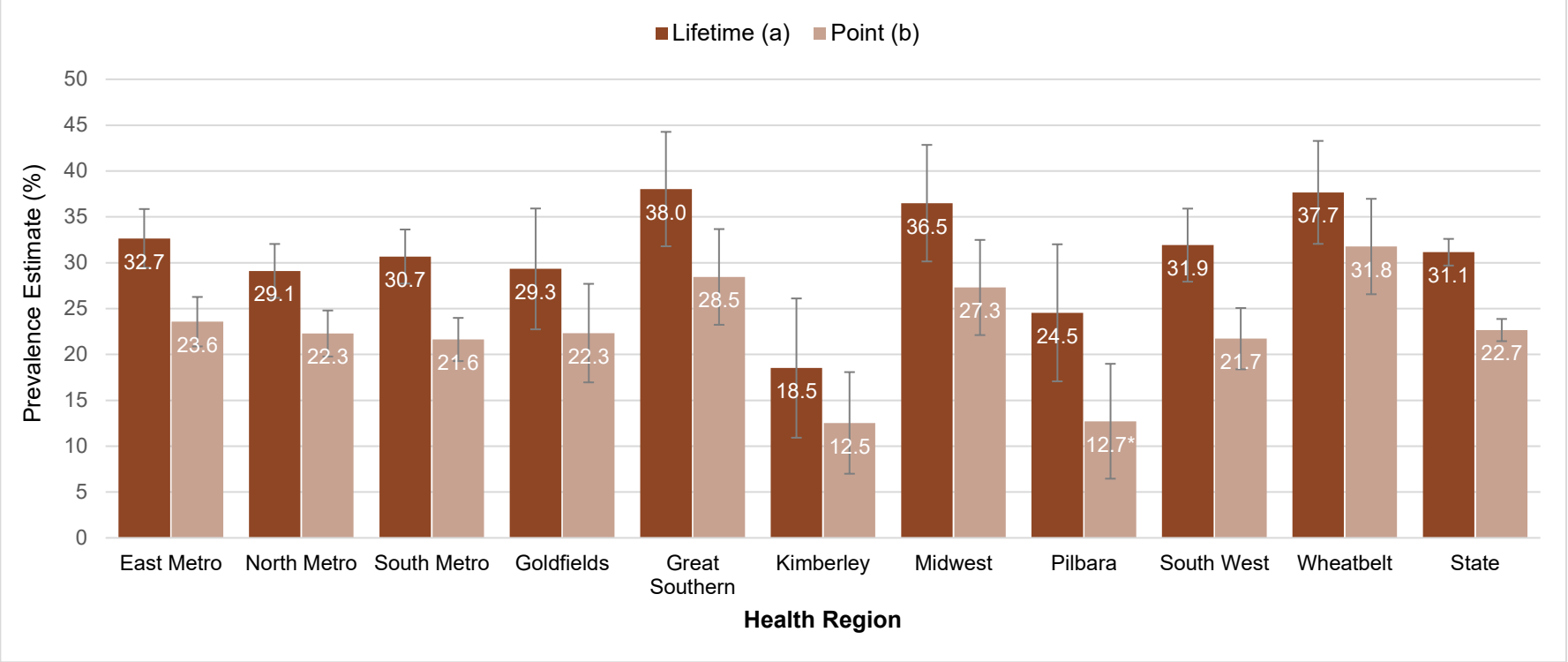
Table 47: Prevalence of adults with high blood pressure, 16 years & over, HWSS 2022

	Lifetime (a)		Point (b)	
	%	95% CI	%	95% CI
16 to 44 years				
Females	13.0	(10.1—15.8)	4.9	(3.1—6.8)
Males	18.0	(13.9—22.1)	6.5	(4.0—9.1)
Persons	15.2	(12.8—17.7)	5.7	(4.1—7.2)
45 to 64 years				
Females	30.6	(27.8—33.3)	20.1	(17.8—22.5)
Males	36.0	(32.4—39.6)	29.2	(25.7—32.6)
Persons	33.1	(30.8—35.3)	24.3	(22.3—26.4)
65+ years				
Females	54.2	(51.5—56.8)	48.1	(45.5—50.8)
Males	57.2	(54.3—60.2)	51.1	(48.2—54.1)
Persons	55.8	(53.8—57.8)	49.7	(47.7—51.7)
Total				
Females	28.1	(26.3—29.9)	19.6	(18.1—21.1)
Males	34.6	(32.3—36.9)	26.1	(24.1—28.1)
Persons	31.1	(29.7—32.6)	22.7	(21.5—23.9)

(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 lower in the Kimberley health region (18.5%) when compared with the state prevalence (31.1%) (**Figure 30**).
- The point prevalence of high blood pressure was lower in the Kimberley (12.5%) and Pilbara (12.7%) health regions and higher in the Wheatbelt health region (31.8%) when compared with the state prevalence (22.7%).



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

Figure 30: Prevalence of adults with high blood pressure by health regions in WA, 16 years & over, HWSS 2022

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 (57.8%), 45 to 64 years (77.3%), and 65 years and over (90.1%) (**Table 48**).

Table 48: Prevalence of population by when blood pressure was last tested, 16 years & over, HWSS 2022

	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	4.3 *	(2.0—6.6)	61.2	(56.5—65.8)	13.9	(10.6—17.1)	7.1	(4.6—9.6)	4.3	(2.5—6.2)	9.2	(6.4—12.0)
Males	5.3 *	(2.5—8.0)	53.9	(48.3—59.5)	17.9	(13.6—22.3)	7.4	(4.5-10.3)	5.7	(3.1—8.3)	9.8	(6.3—13.2)
Persons	4.8	(3.0—6.5)	57.8	(54.2—61.4)	15.7	(13.1—18.4)	7.2	(5.3—9.1)	5.0	(3.4—6.5)	9.5	(7.3—11.7)
45 to 64 years												
Females	N/A	(N/A—N/A)	78.9	(76.1—81.7)	10.2	(8.1—12.3)	3.4	(2.2—4.6)	1.6 *	(0.7—2.4)	5.7	(4.1—7.3)
Males	N/A	(N/A—N/A)	75.4	(71.8—79.1)	13.3	(10.5—16.1)	5.7	(3.7—7.7)	2.2 *	(0.9—3.6)	3.0	(1.6—4.5)
Persons	0.3 *	(0.1—0.5)	77.3	(75.0—79.5)	11.6	(9.9—13.3)	4.5	(3.3—5.6)	1.9	(1.1—2.7)	4.5	(3.4—5.6)
65+ years												
Females	N/A	(N/A—N/A)	89.2	(87.4—91.0)	6.0	(4.6—7.4)	0.7 *	(0.2—1.2)	0.3 *	(0.0—0.5)	3.6	(2.4—4.7)
Males	N/A	(N/A—N/A)	91.0	(88.9—93.1)	4.0	(2.7—5.4)	1.0 *	(0.2—1.7)	N/A	(N/A—N/A)	3.0	(1.8—4.3)
Persons	N/A	(N/A—N/A)	90.1	(88.7—91.5)	5.0	(4.1—6.0)	0.8 *	(0.4—1.3)	0.5 *	(0.1—0.9)	3.3	(2.4—4.1)
Total												
Females	2.0 *	(1.0—3.1)	73.2	(70.8—75.6)	10.9	(9.3—12.6)	4.5	(3.3—5.7)	2.5	(1.7—3.4)	6.8	(5.4—8.2)
Males	2.4 *	(1.2—3.6)	69.9	(67.0—72.7)	13.1	(11.0—15.3)	5.3	(3.9—6.8)	3.4	(2.1—4.6)	5.9	(4.3—7.5)
Persons	2.2	(1.4—3.0)	71.6	(69.8—73.5)	12.0	(10.7—13.3)	4.9	(4.0—5.8)	2.9	(2.2—3.6)	6.4	(5.3—7.4)

* 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.[14] 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 (43.0%) compared with those aged 16 to 44 years (33.9%) and 65 years and over (37.1%) (**Table 49**).
- Males were more likely to be overweight compared with females (42.1% compared with 33.7%).

Table 49: Prevalence by Body Mass Index categories, 16 years & over, HWSS 2022

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	35.3	(30.9—39.7)	32.3	(28.1—36.6)	32.3	(28.2—36.5)
Males	26.6	(21.7—31.4)	37.7	(32.7—42.8)	35.7	(30.7—40.7)
Persons	31.3	(28.0—34.5)	34.8	(31.6—38.1)	33.9	(30.7—37.1)
45 to 64 years						
Females	22.5	(19.9—25.0)	33.7	(30.7—36.7)	43.8	(40.7—46.9)
Males	13.1	(10.2—15.9)	44.9	(41.0—48.8)	42.0	(38.3—45.8)
Persons	18.1	(16.2—20.0)	39.0	(36.5—41.4)	43.0	(40.6—45.4)
65+ years						
Females	23.7	(21.3—26.1)	36.5	(33.9—39.2)	39.7	(37.1—42.4)
Males	20.3	(17.9—22.8)	44.9	(41.9—47.9)	34.8	(31.9—37.6)
Persons	21.9	(20.2—23.6)	41.0	(39.0—43.0)	37.1	(35.1—39.1)
Total						
Females	28.2	(26.0—30.5)	33.7	(31.5—35.9)	38.0	(35.8—40.2)
Males	20.3	(18.0—22.6)	42.1	(39.5—44.6)	37.7	(35.2—40.2)
Persons	24.4	(22.8—26.0)	37.7	(36.0—39.4)	37.9	(36.2—39.5)

[14] 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 obesity was higher in the Goldfields (52.2%), Midwest (51.9%), and Wheatbelt (45.9%) health regions compared with the state prevalence (37.9%) (**Figure 31**).

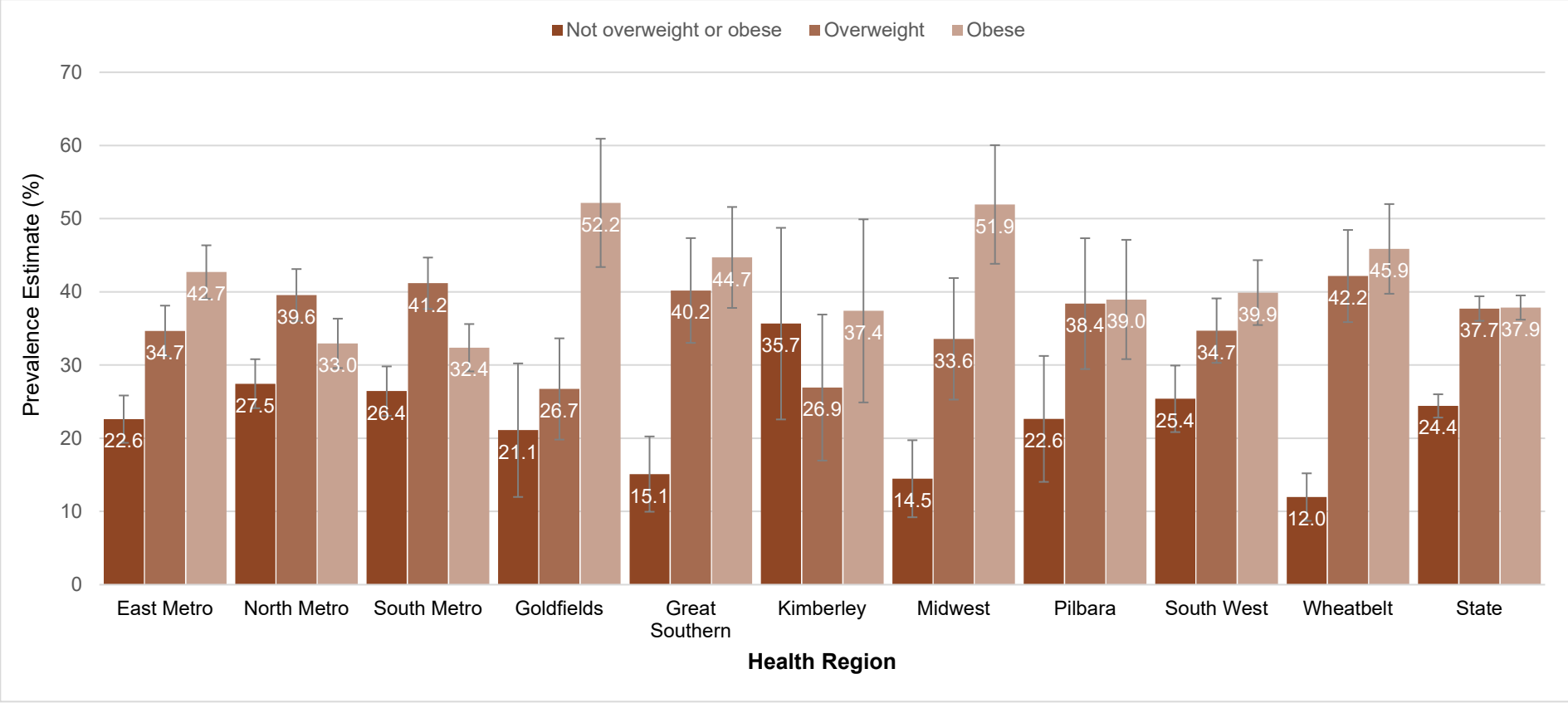


Figure 31: Prevalence of adults with high blood pressure by health regions in WA, 16 years & over, HWSS 2022

MENTAL HEALTH

7. Mental Health

This section will focus on the following mental health risk factors:

- Psychological distress
- Major life events
- Feeling a lack of control
- Suicidal ideation
- Social support

17.5% Western Australian adults reported high or very high levels of psychological distress

30.3% Western Australian adults reported the death of someone close, which was the most common major life event reported

7.8% Western Australian adults reported often or always feeling a lack of control over life in general

8.1% Western Australian adults reported having seriously thought about ending their own life over the past 12 months

60.0% 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.[15]

- The prevalence of high and very high psychological distress decreased with age – 16 to 44 years: high (15.6%) and very high (9.1%); 45 to 64 years: high (9.2%) and very high (5.2%); and 65 years and over: high (6.2%) and very high (2.7%) (**Table 50**).
- Males were more likely to report low levels of psychological distress compared with females (68.4% compared with 55.7%).

Table 50: Psychological distress as measured by Kessler Psychological Distress Scale-10, 16 years & over, HWSS 2022

	Low		Moderate		High		Very high	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	45.4	(41.0—49.7)	25.4	(21.6—29.2)	17.2	(13.9—20.6)	12.0	(8.9—15.2)
Males	60.9	(55.8—66.0)	19.6	(15.5—23.8)	13.8	(10.1—17.4)	5.7	(3.2—8.3)
Persons	52.5	(49.1—55.8)	22.8	(19.9—25.6)	15.6	(13.2—18.1)	9.1	(7.1—11.2)
45 to 64 years								
Females	60.2	(57.2—63.2)	23.5	(20.8—26.2)	10.8	(8.9—12.7)	5.6	(4.1—7.0)
Males	71.0	(67.4—74.5)	17.0	(14.1—19.8)	7.4	(5.3—9.5)	4.7	(2.8—6.6)
Persons	65.2	(62.8—67.5)	20.5	(18.5—22.4)	9.2	(7.8—10.6)	5.2	(4.0—6.3)
65+ years								
Females	69.6	(67.1—72.0)	20.2	(18.1—22.4)	6.8	(5.5—8.1)	3.5	(2.4—4.5)
Males	76.9	(74.4—79.4)	15.3	(13.2—17.4)	5.7	(4.2—7.2)	2.1	(1.2—2.9)
Persons	73.4	(71.7—75.2)	17.6	(16.1—19.1)	6.2	(5.2—7.2)	2.7	(2.1—3.4)
Total								
Females	55.7	(53.5—58.0)	23.6	(21.7—25.6)	12.7	(11.1—14.4)	7.9	(6.4—9.4)
Males	68.4	(65.9—70.9)	17.6	(15.6—19.6)	9.5	(7.8—11.2)	4.4	(3.2—5.7)
Persons	61.8	(60.1—63.5)	20.8	(19.4—22.2)	11.2	(10.0—12.4)	6.3	(5.3—7.2)

[15] Andrews G & 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 did not differ by health region when compared with the state prevalence (**Figure 32**).

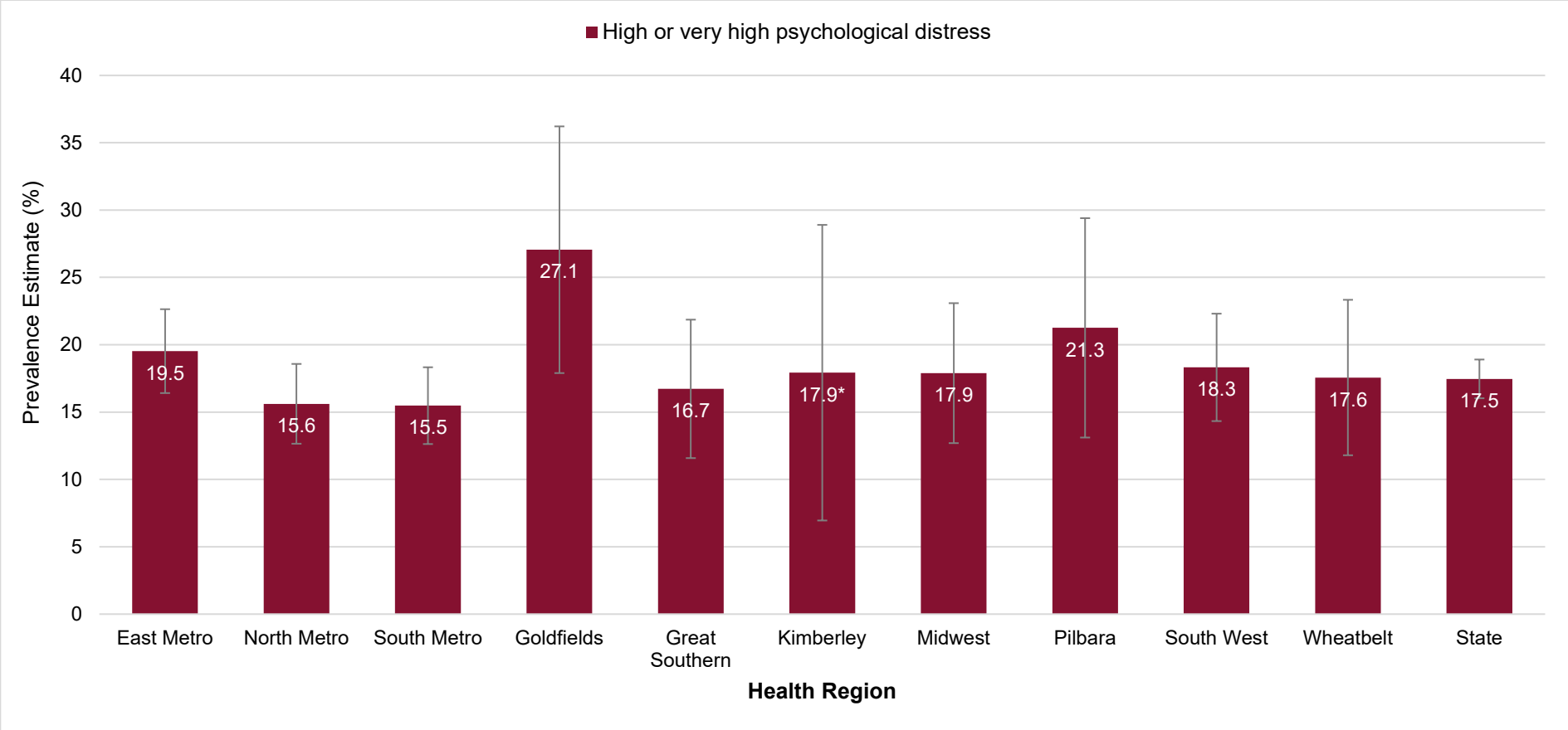


Figure 32: Prevalence of adults with high or very high psychological distress by health regions in WA, 16 years & over, HWSS 2022

7.2 Major life events

We asked respondents whether they had been personally affected by major life events in the past 12 months.

- The prevalence of adults who reported moving houses in the past 12 months decreased with age: 16 to 44 years (22.0%), 45 to 64 years (13.4%) and 65 years and older (7.1%) (**Table 51**).
- The prevalence of adults who reported a relationship breakdown in the past 12 months decreased with age: 16 to 44 years (13.9%), 45 to 64 years (8.7%) and 65 years and older (4.2%).
- Adults aged 16 to 44 years were more likely to report being robbed or burgled in the past 12 months compared with those aged 65 years and over (6.4% compared with 2.4%).
- Adults aged 16 to 44 years were more likely to report having a serious injury in the past 12 months compared with those aged 65 years and over (9.7% compared with 6.0%).
- Adults aged 16 to 44 years and 45 to 64 years were more likely to have experienced financial hardship in the past 12 months compared with those aged 65 years and over (13.2% and 12.4% compared with 6.0%).
- Females were more likely to report experiencing financial hardship in the past 12 months compared with males (13.2% compared with 9.1%).
- Females were also more likely to report being seriously ill in the past 12 months compared with males (18.7% compared with 13.9%).

Table 51: Prevalence by major life events experienced, 16 years & over, HWSS 2022

	Moved house		Robbed or burgled		Death of someone close		Relationship breakdown		Serious injury		Financial hardship		Loss of drivers licence		Seriously ill		Other major event	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years																		
Females	22.6	(18.8—26.3)	6.0	(4.0—7.9)	32.2	(28.0—36.3)	14.8	(11.5—18.1)	9.8	(7.0—12.5)	16.8	(13.4—20.2)	0.8 *	(0.1—1.6)	19.2	(15.7—22.8)	15.4	(12.2—18.6)
Males	21.3	(17.0—25.7)	6.9	(4.2—9.5)	27.8	(23.2—32.4)	12.8	(9.2—16.4)	9.5	(6.5—12.6)	8.8	(5.9—11.8)	2.6 *	(0.9—4.3)	10.0	(6.9—13.2)	10.9	(7.6—14.1)
Persons	22.0	(19.1—24.9)	6.4	(4.8—8.0)	30.2	(27.1—33.3)	13.9	(11.4—16.3)	9.7	(7.6—11.7)	13.2	(10.9—15.5)	1.6 *	(0.7—2.5)	15.0	(12.6—17.5)	13.3	(11.0—15.6)
45 to 64 years																		
Females	14.4	(12.1—16.6)	4.7	(3.3—6.0)	30.1	(27.4—32.9)	8.7	(6.9—10.4)	8.4	(6.8—10.0)	12.5	(10.5—14.6)	0.9 *	(0.4—1.4)	19.4	(17.0—21.8)	14.1	(12.0—16.2)
Males	12.2	(9.5—14.9)	4.2	(2.6—5.7)	29.9	(26.3—33.4)	8.8	(6.4—11.1)	7.6	(5.5—9.8)	12.2	(9.5—14.9)	2.2 *	(0.9—3.5)	16.0	(13.2—18.9)	8.7	(6.5—10.9)
Persons	13.4	(11.6—15.1)	4.4	(3.4—5.5)	30.0	(27.8—32.2)	8.7	(7.3—10.2)	8.0	(6.7—9.3)	12.4	(10.7—14.0)	1.5	(0.8—2.1)	17.8	(16.0—19.7)	11.6	(10.1—13.1)
65+ years																		
Females	7.3	(5.9—8.8)	2.0	(1.4—2.7)	29.3	(26.9—31.6)	4.6	(3.4—5.8)	6.2	(4.8—7.5)	6.6	(5.2—8.0)	1.6	(0.9—2.3)	16.5	(14.6—18.5)	9.6	(8.1—11.1)
Males	6.8	(5.2—8.4)	2.7	(1.7—3.6)	32.8	(30.0—35.6)	3.7	(2.5—5.0)	5.9	(4.5—7.3)	5.4	(4.0—6.7)	1.7	(0.8—2.5)	17.1	(14.9—19.3)	7.1	(5.6—8.6)
Persons	7.1	(6.0—8.1)	2.4	(1.8—3.0)	31.1	(29.3—33.0)	4.2	(3.3—5.0)	6.0	(5.1—7.0)	6.0	(5.0—6.9)	1.6	(1.1—2.2)	16.8	(15.3—18.3)	8.3	(7.3—9.4)
Total																		
Females	16.4	(14.6—18.3)	4.7	(3.7—5.7)	30.8	(28.7—32.9)	10.5	(8.9—12.1)	8.5	(7.2—9.9)	13.2	(11.5—14.8)	1.0	(0.6—1.4)	18.7	(16.9—20.5)	13.7	(12.1—15.3)
Males	14.5	(12.4—16.5)	4.9	(3.6—6.1)	29.8	(27.5—32.1)	9.1	(7.4—10.8)	7.9	(6.5—9.4)	9.1	(7.5—10.7)	2.2	(1.3—3.1)	13.9	(12.2—15.6)	9.2	(7.6—10.7)
Persons	15.5	(14.1—16.9)	4.8	(4.0—5.5)	30.3	(28.8—31.9)	9.8	(8.7—11.0)	8.2	(7.2—9.2)	11.2	(10.1—12.4)	1.6	(1.1—2.0)	16.4	(15.2—17.7)	11.6	(10.4—12.7)

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

7.3 Lack of control

We asked respondents to rate how often they felt a lack of control over their life in general during the past four weeks.

- The prevalence of adults who reported never feeling a lack of control over life in general during the past four weeks increased with age: 16 to 44 years (45.2%), 45 to 64 years (57.4%) and 65 years and over (67.2%) (**Table 52**).
- Males were more likely to report never feeling a lack of control over life in general during the past four weeks compared with females (59.5% compared with 50.1%).

Table 52: Lack of control over life in general during past four weeks, 16 years & over, HWSS 2022

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	39.4	(35.1—43.6)	24.4	(20.5—28.2)	22.9	(19.2—26.7)	9.4	(6.6—12.1)	4.0	(2.1—5.9)
Males	52.0	(46.8—57.2)	20.3	(16.2—24.4)	20.7	(16.3—25.1)	5.5	(2.9—8.0)	1.5 *	(0.2—2.8)
Persons	45.2	(41.8—48.5)	22.5	(19.7—25.3)	21.9	(19.1—24.8)	7.6	(5.7—9.5)	2.8	(1.7—4.0)
45 to 64 years										
Females	54.8	(51.8—57.8)	18.8	(16.4—21.1)	17.7	(15.4—20.0)	6.8	(5.2—8.4)	1.9	(1.2—2.7)
Males	60.4	(56.6—64.2)	18.6	(15.6—21.5)	14.5	(11.6—17.4)	3.8	(2.1—5.5)	2.7	(1.5—3.9)
Persons	57.4	(55.0—59.8)	18.7	(16.8—20.5)	16.2	(14.4—18.1)	5.4	(4.3—6.6)	2.3	(1.6—3.0)
65+ years										
Females	64.1	(61.6—66.7)	17.8	(15.8—19.8)	14.1	(12.3—16.0)	2.8	(1.9—3.7)	1.1	(0.6—1.6)
Males	70.0	(67.3—72.8)	17.1	(14.9—19.4)	10.1	(8.2—11.9)	2.0	(1.2—2.8)	0.8 *	(0.3—1.2)
Persons	67.2	(65.4—69.1)	17.4	(15.9—19.0)	12.0	(10.7—13.3)	2.4	(1.8—3.0)	0.9	(0.6—1.3)
Total										
Females	50.1	(47.8—52.4)	21.0	(19.1—22.9)	19.2	(17.3—21.1)	7.1	(5.8—8.4)	2.6	(1.8—3.5)
Males	59.5	(56.9—62.1)	18.9	(16.9—20.9)	15.9	(13.8—17.9)	4.0	(2.8—5.2)	1.7	(1.1—2.4)
Persons	54.6	(52.8—56.3)	20.0	(18.6—21.4)	17.6	(16.2—19.0)	5.6	(4.7—6.5)	2.2	(1.7—2.8)

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

We asked respondents to rate how often they felt a lack of control over their personal life during the past four weeks.

- The prevalence of adults who reported never feeling a lack of control over their personal life during the past four weeks increased with age: 16 to 44 years (51.0%), 45 to 64 years (60.3%) and 65 years and over (71.7%) (**Table 53**).
- Males were more likely to report never feeling a lack of control over their personal life during the past four weeks compared with females (64.1% compared to 54.5%).

Table 53: Lack of control over personal life during past four weeks, 16 years & over, HWSS 2022

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	45.5	(41.1—49.9)	25.5	(21.5—29.4)	18.9	(15.4—22.4)	6.0	(3.9—8.1)	4.1	(2.2—5.9)
Males	57.4	(52.3—62.6)	18.5	(14.5—22.6)	19.2	(15.0—23.4)	3.4 *	(1.5—5.4)	1.4 *	(0.2—2.6)
Persons	51.0	(47.6—54.4)	22.3	(19.4—25.1)	19.1	(16.4—21.7)	4.8	(3.4—6.3)	2.8	(1.7—4.0)
45 to 64 years										
Females	56.5	(53.4—59.5)	19.7	(17.3—22.2)	16.5	(14.2—18.8)	5.1	(3.7—6.6)	2.2	(1.3—3.1)
Males	64.8	(61.0—68.5)	15.9	(13.2—18.6)	14.3	(11.3—17.4)	3.4	(1.9—4.9)	1.6 *	(0.7—2.5)
Persons	60.3	(57.9—62.7)	18.0	(16.2—19.8)	15.5	(13.6—17.4)	4.3	(3.3—5.4)	1.9	(1.3—2.5)
65+ years										
Females	69.6	(67.2—72.0)	14.6	(12.8—16.5)	12.0	(10.3—13.7)	2.8	(2.0—3.6)	1.0 *	(0.4—1.5)
Males	73.6	(71.0—76.2)	16.2	(14.0—18.4)	7.4	(5.9—9.0)	1.9	(1.0—2.7)	0.9 *	(0.3—1.6)
Persons	71.7	(69.9—73.5)	15.4	(14.0—16.9)	9.6	(8.4—10.7)	2.3	(1.7—2.9)	0.9	(0.5—1.4)
Total										
Females	54.5	(52.2—56.8)	21.1	(19.2—23.1)	16.6	(14.8—18.4)	5.0	(4.0—6.1)	2.7	(1.9—3.6)
Males	64.1	(61.5—66.6)	17.0	(15.1—19.0)	14.6	(12.5—16.6)	3.0	(2.1—4.0)	1.3	(0.7—1.9)
Persons	59.1	(57.3—60.8)	19.2	(17.8—20.6)	15.6	(14.3—17.0)	4.1	(3.3—4.8)	2.1	(1.5—2.6)

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

We asked respondents to rate how often they felt a lack of control over their health during the past four weeks.

- The prevalence of adults who reported never feeling a lack of control over their health during the past four weeks was higher among 65 years and over compared with 16 to 44 years and 45 to 64 years (56.9% compared to 47.5% and 53.6%) (**Table 54**).
- Males were more likely to report never feeling a lack of control over their health during the past four weeks compared with females (57.7% compared to 46.5%).

Table 54: Lack of control over health during past four weeks, 16 years & over, HWSS 2022

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	40.5	(36.2—44.8)	23.9	(20.1—27.7)	21.8	(18.1—25.5)	7.4	(5.0—9.8)	6.4	(4.1—8.6)
Males	55.8	(50.6—61.0)	18.9	(14.8—22.9)	18.3	(14.1—22.4)	5.5	(3.1—7.9)	1.5 *	(0.2—2.8)
Persons	47.5	(44.2—50.9)	21.6	(18.8—24.4)	20.2	(17.4—22.9)	6.5	(4.9—8.2)	4.1	(2.8—5.5)
45 to 64 years										
Females	48.7	(45.7—51.8)	19.6	(17.1—22.1)	20.8	(18.3—23.4)	7.6	(6.1—9.2)	3.2	(2.1—4.2)
Males	59.2	(55.5—63.0)	15.8	(13.2—18.4)	17.4	(14.4—20.4)	4.1	(2.6—5.5)	3.5	(1.9—5.0)
Persons	53.6	(51.2—56.0)	17.8	(16.0—19.6)	19.2	(17.3—21.2)	6.0	(4.9—7.1)	3.3	(2.4—4.2)
65+ years										
Females	54.8	(52.2—57.5)	16.1	(14.2—18.0)	21.6	(19.3—23.8)	5.2	(4.0—6.4)	2.3	(1.6—3.0)
Males	58.8	(55.8—61.7)	19.2	(16.9—21.5)	15.1	(12.9—17.3)	3.9	(2.7—5.1)	2.9	(2.0—3.9)
Persons	56.9	(54.9—58.9)	17.7	(16.2—19.2)	18.2	(16.6—19.8)	4.6	(3.7—5.4)	2.6	(2.0—3.2)
Total										
Females	46.5	(44.2—48.7)	20.7	(18.8—22.6)	21.4	(19.5—23.3)	7.0	(5.8—8.2)	4.4	(3.3—5.4)
Males	57.7	(55.2—60.3)	17.9	(16.0—19.9)	17.2	(15.1—19.2)	4.6	(3.5—5.7)	2.5	(1.8—3.3)
Persons	51.8	(50.1—53.5)	19.4	(18.0—20.8)	19.4	(18.0—20.8)	5.9	(5.1—6.7)	3.5	(2.8—4.2)

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

The prevalence of adults who reported often or always feeling a lack of control was determined.

- The prevalence of adults who reported often or always feeling a lack of control over life in general, over their personal life and over their health decreased with age (**Table 55**).
- Females were more likely than males to report often or always feeling a lack of control in general (9.7% compared to 5.8%), lack of control over their personal life (7.8% compared to 4.4%) and lack of control over health (11.4% compared to 7.2%).

Table 55: Often or always perceive a lack of control, 16 years & over, HWSS 2022

	General		Personal		Health	
	%	95% CI	%	95% CI	%	95% CI
16 to 44 years						
Females	13.3	(10.1—16.5)	10.1	(7.4—12.8)	13.8	(10.6—16.9)
Males	7.0	(4.2—9.8)	4.8	(2.5—7.1)	7.0	(4.3—9.7)
Persons	10.4	(8.3—12.6)	7.7	(5.8—9.5)	10.7	(8.6—12.8)
45 to 64 years						
Females	8.8	(7.0—10.5)	7.3	(5.6—9.0)	10.8	(9.0—12.7)
Males	6.5	(4.5—8.5)	5.0	(3.3—6.7)	7.5	(5.5—9.6)
Persons	7.7	(6.4—9.1)	6.2	(5.0—7.4)	9.3	(7.9—10.7)
65+ years						
Females	3.9	(2.9—5.0)	3.8	(2.8—4.7)	7.5	(6.1—8.9)
Males	2.8	(1.8—3.7)	2.8	(1.7—3.9)	6.9	(5.4—8.4)
Persons	3.3	(2.6—4.0)	3.3	(2.5—4.0)	7.2	(6.2—8.2)
Total						
Females	9.7	(8.2—11.3)	7.8	(6.4—9.1)	11.4	(9.9—12.9)
Males	5.8	(4.4—7.1)	4.4	(3.2—5.5)	7.2	(5.8—8.5)
Persons	7.8	(6.8—8.9)	6.1	(5.3—7.0)	9.4	(8.4—10.4)

7.4 Suicide ideation

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

- The prevalence of adults who reported having thought about ending their own life in the past 12 months decreased with age: 16 to 44 years (11.7%), 45 to 64 years (6.6%) and 65 years and over (3.9%) (**Table 56**).

Table 56: Suicide thoughts over past 12 months, 16 years & over, HWSS 2022

	Yes	
	%	95% CI
16 to 44 years		
Females	12.9	(9.6—16.1)
Males	10.3	(7.0—13.7)
Persons	11.7	(9.3—14.0)
45 to 64 years		
Females	7.2	(5.5—8.9)
Males	5.9	(3.7—8.2)
Persons	6.6	(5.2—8.0)
65+ years		
Females	3.8	(2.8—4.9)
Males	3.9	(2.5—5.2)
Persons	3.9	(3.0—4.7)
Total		
Females	8.9	(7.3—10.4)
Males	7.2	(5.6—8.8)
Persons	8.1	(7.0—9.2)

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 (14.2%), 45 to 64 years (6.3%) and 65 years and over (2.6%) (**Table 57**).
- 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 higher in adults aged 16 to 44 years compared with those aged 65 years and over (6.8% compared with 2.5%).

Table 57: Friends/family suicide attempts over past 12 months, 16 years & over, HWSS 2022

	Friend(s) attempted		Family attempted	
	%	95% CI	%	95% CI
16 to 44 years				
Females	13.3	(10.1—16.5)	7.4	(5.1—9.7)
Males	15.3	(11.3—19.2)	6.1	(3.5—8.6)
Persons	14.2	(11.7—16.7)	6.8	(5.1—8.5)
45 to 64 years				
Females	6.2	(4.8—7.6)	5.7	(4.3—7.1)
Males	6.4	(4.4—8.3)	3.3	(2.0—4.6)
Persons	6.3	(5.1—7.5)	4.6	(3.6—5.5)
65+ years				
Females	2.5	(1.7—3.3)	2.8	(2.0—3.6)
Males	2.8	(1.7—3.9)	2.2	(1.4—3.0)
Persons	2.6	(2.0—3.3)	2.5	(1.9—3.1)
Total				
Females	8.5	(7.0—9.9)	5.8	(4.7—6.9)
Males	9.0	(7.2—10.7)	4.1	(3.0—5.3)
Persons	8.7	(7.6—9.8)	5.0	(4.2—5.8)

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

7.5 Social support

As a surrogate measure of social support, we asked respondents how many groups/associations they belong 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 (41.8% and 40.4% compared to 35.9%) (**Table 58**).

Table 58: Number of groups/associations belonging to, 16 years & over, HWSS 2022

	None		One		Two		Three		Four or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years										
Females	45.8	(41.4—50.2)	21.3	(17.6—24.9)	14.6	(11.5—17.7)	9.5	(6.9—12.0)	8.9	(6.5—11.3)
Males	37.1	(32.1—42.1)	23.0	(18.7—27.3)	18.2	(14.0—22.3)	10.0	(6.9—13.1)	11.7	(8.4—15.1)
Persons	41.8	(38.5—45.1)	22.1	(19.3—24.9)	16.2	(13.7—18.8)	9.7	(7.7—11.7)	10.2	(8.2—12.2)
45 to 64 years										
Females	41.4	(38.4—44.3)	22.9	(20.3—25.4)	16.4	(14.0—18.7)	10.2	(8.3—12.0)	9.2	(7.5—10.9)
Males	39.3	(35.6—43.0)	24.3	(20.9—27.7)	18.7	(15.7—21.6)	9.8	(7.5—12.1)	7.9	(5.8—9.9)
Persons	40.4	(38.1—42.8)	23.5	(21.4—25.6)	17.4	(15.6—19.3)	10.0	(8.6—11.5)	8.6	(7.3—9.9)
65+ years										
Females	33.8	(31.3—36.2)	24.2	(21.9—26.5)	18.5	(16.5—20.6)	11.3	(9.6—12.9)	12.2	(10.4—14.1)
Males	37.9	(35.0—40.8)	26.6	(24.0—29.2)	16.6	(14.4—18.7)	10.1	(8.3—11.9)	8.8	(7.2—10.4)
Persons	35.9	(34.0—37.9)	25.5	(23.7—27.2)	17.5	(16.0—19.0)	10.6	(9.4—11.9)	10.4	(9.2—11.6)
Total										
Females	41.7	(39.4—43.9)	22.5	(20.6—24.3)	16.1	(14.4—17.7)	10.1	(8.8—11.4)	9.7	(8.5—11.0)
Males	38.1	(35.6—40.6)	24.4	(22.2—26.6)	17.9	(15.9—19.9)	10.0	(8.4—11.5)	9.7	(8.1—11.2)
Persons	40.0	(38.3—41.6)	23.4	(21.9—24.8)	16.9	(15.7—18.2)	10.0	(9.0—11.0)	9.7	(8.7—10.7)

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 the Wheatbelt health region compared with the state prevalence (70.8% compared with 60.0%) (**Figure 33**).

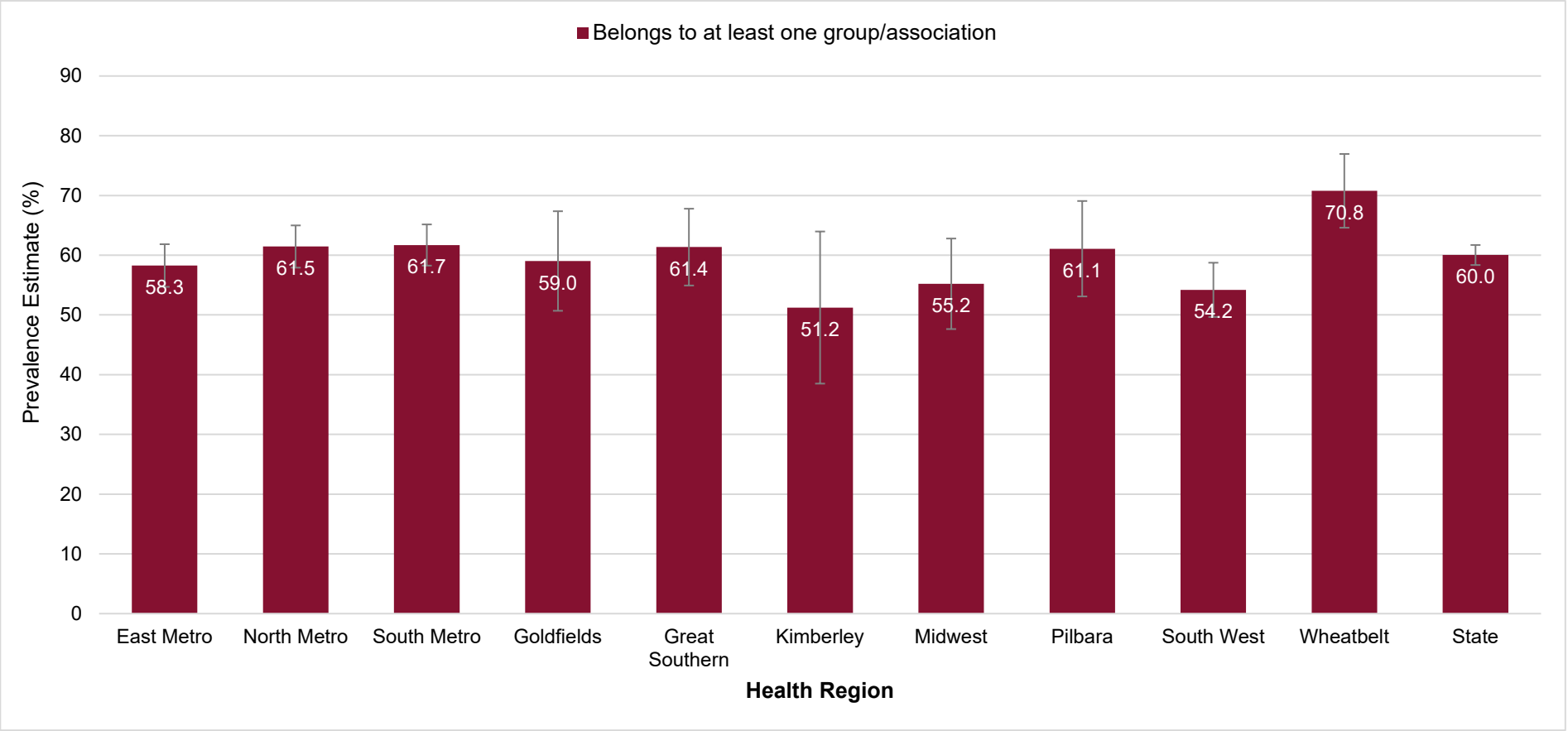
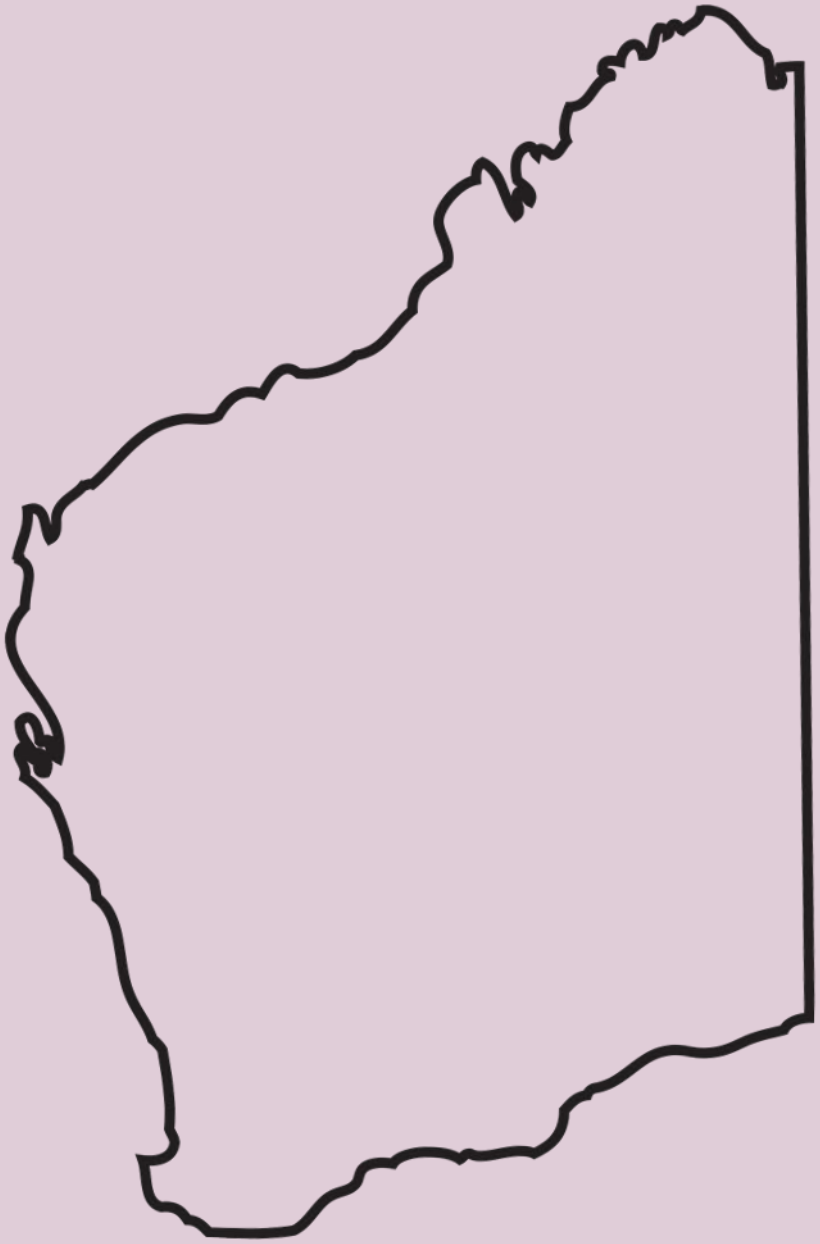


Figure 33: Prevalence of adults who reported belonging to at least one group/association by health regions in WA, 16 years & over, HWSS 2022

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
- Flu vaccinations

90.3% Western Australian adults used primary health services within the past 12 months

15.8% Western Australian adults used mental health services within the past 12 months

43.9% Western Australian adults received the flu vaccination

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: 96.5% compared with 88.0% and 88.8%; hospital: 36.8% compared with 30.8% and 31.0%) (**Table 59**).
- 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 (6.9% compared with 11.9% 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 (53.3%), 45 to 64 years (66.7%), 65 years and over (72.4%).
- The prevalence of adults who reported using mental health services in the past 12 months decreased with age: 16 to 44 years (23.9%), 45 to 64 years (13.6%), 65 years and over (4.5%).
- For all types of health services, females were more likely to have utilised services in the past 12 months compared with males (primary: 93.2% compared with 87.1%; hospital: 34.4% compared with 29.9%; allied health: 68.6% compared with 55.6%; dental: 64.4% compared with 55.0%; mental health: 20.3% compared with 10.9%; alternative health: 14.2% compared with 7.9%).

Table 59: Health service utilisation in the past 12 months, 16 years & over, HWSS 2022

	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	92.8	(90.5—95.2)	35.7	(31.5—40.0)	60.3	(55.9—64.6)	61.4	(57.2—65.7)	29.5	(25.4—33.6)	14.1	(11.1—17.2)
Males	82.4	(78.4—86.4)	25.0	(20.5—29.4)	45.0	(39.9—50.2)	51.6	(46.4—56.8)	17.2	(13.2—21.3)	9.2	(6.4—12.0)
Persons	88.0	(85.8—90.3)	30.8	(27.7—33.9)	53.3	(49.9—56.7)	56.9	(53.6—60.3)	23.9	(21.0—26.8)	11.9	(9.8—14.0)
45 to 64 years												
Females	91.6	(89.8—93.4)	31.4	(28.6—34.2)	73.4	(70.7—76.1)	66.4	(63.5—69.2)	17.7	(15.3—20.1)	17.4	(15.0—19.7)
Males	85.7	(82.8—88.5)	30.5	(26.9—34.1)	58.9	(55.2—62.7)	53.6	(49.7—57.4)	8.9	(6.6—11.3)	8.3	(6.1—10.4)
Persons	88.8	(87.2—90.5)	31.0	(28.8—33.2)	66.7	(64.4—69.0)	60.4	(58.1—62.8)	13.6	(11.9—15.4)	13.2	(11.5—14.8)
65+ years												
Females	96.7	(95.7—97.7)	36.8	(34.2—39.4)	77.3	(75.1—79.6)	67.3	(64.9—69.8)	5.6	(4.3—6.8)	8.7	(7.1—10.2)
Males	96.3	(95.2—97.4)	36.7	(33.9—39.6)	67.9	(65.1—70.7)	62.3	(59.4—65.2)	3.6	(2.5—4.7)	5.4	(3.9—6.8)
Persons	96.5	(95.7—97.3)	36.8	(34.8—38.7)	72.4	(70.6—74.2)	64.7	(62.8—66.6)	4.5	(3.7—5.4)	6.9	(5.9—8.0)
Total												
Females	93.2	(92.0—94.4)	34.4	(32.2—36.5)	68.6	(66.4—70.8)	64.4	(62.3—66.6)	20.3	(18.2—22.3)	14.2	(12.6—15.8)
Males	87.1	(85.1—89.0)	29.9	(27.6—32.2)	55.6	(53.0—58.2)	55.0	(52.4—57.6)	10.9	(9.0—12.7)	7.9	(6.5—9.3)
Persons	90.3	(89.1—91.4)	32.3	(30.7—33.8)	62.4	(60.7—64.1)	59.9	(58.3—61.6)	15.8	(14.4—17.2)	11.2	(10.1—12.3)

(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 34**).

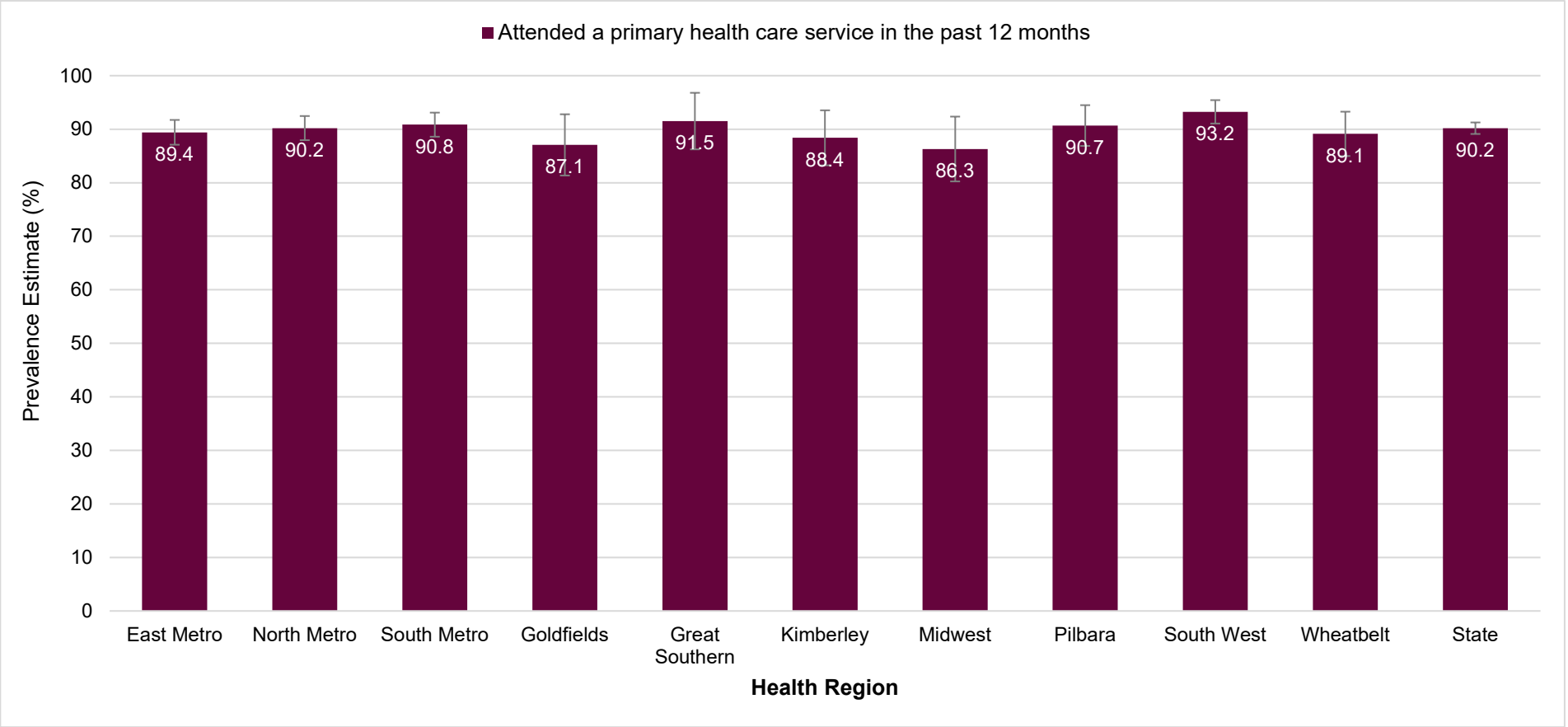


Figure 34: Prevalence of adults attending a primary health care service in the past 12 months by health regions in WA, 16 years & over, HWSS 2022

The mean number of visits to health services in the past 12 months are presented in **Table 60**.

- The most used health service at a population level was primary health care services, with a mean of 5.3 visits in the past 12 months, followed by allied health services with 4.5 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 (6.6 visits compared with 5.1 visits and 4.7 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 (0.2 visits compared with 1.9 visits and 1.0 visits).
- Females had a higher mean number of visits for primary health care services, allied, dental, mental and alternative health services when compared with males.

Table 60: Mean visits to health services in the past 12 months, 16 years & over, HWSS 2022

	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	6.1 *	(5.3—6.8)	0.7	(0.6—0.9)	5.4 *	(4.4—6.4)	1.1	(1.0—1.2)	2.5 *	(2.0—3.1)	0.8	(0.5—1.1)
Males	3.9 *	(3.0—4.9)	0.5	(0.3—0.6)	N/A	(N/A—N/A)	1.0	(0.8—1.1)	1.3 *	(0.7—1.8)	0.5	(0.2—0.8)
Persons	5.1 *	(4.5—5.7)	0.6	(0.5—0.7)	4.6 *	(3.7—5.5)	1.0	(0.9—1.1)	1.9	(1.6—2.3)	0.7	(0.4—0.9)
45 to 64 years												
Females	4.9	(4.6—5.3)	0.7	(0.6—0.8)	5.5 *	(4.9—6.1)	1.4	(1.3—1.5)	1.3	(0.9—1.6)	1.0	(0.7—1.3)
Males	4.4 *	(3.8—4.9)	0.7	(0.5—0.8)	3.0	(2.6—3.4)	1.1	(1.0—1.2)	0.7	(0.3—1.0)	0.4*	(0.2—0.7)
Persons	4.7	(4.3—5.0)	0.7	(0.6—0.8)	4.4	(4.0—4.7)	1.2	(1.2—1.3)	1.0	(0.8—1.2)	0.8	(0.6—1.0)
65+ years												
Females	6.5	(6.1—6.8)	0.8	(0.7—0.9)	5.1 *	(4.6—5.8)	1.4	(1.3—1.5)	0.3	(0.2—0.4)	0.4	(0.3—0.6)
Males	6.7 *	(6.0—7.3)	0.8	(0.7—0.9)	3.7 *	(3.2—4.3)	1.2	(1.1—1.3)	0.1	(0.1—0.2)	0.3	(0.1—0.4)
Persons	6.6	(6.2—6.9)	0.8	(0.7—0.9)	4.4	(4.0—4.8)	1.3	(1.2—1.4)	0.2	(0.2—0.3)	0.4	(0.3—0.5)
Total												
Females	5.7	(5.4—6.1)	0.7	(0.7—0.8)	5.4	(4.9—5.9)	1.3	(1.2—1.3)	1.6	(1.3—1.9)	0.8	(0.6—1.0)
Males	4.8	(4.3—5.2)	0.6	(0.5—0.7)	3.5 *	(2.8—4.2)	1.1	(1.0—1.1)	0.8	(0.5—1.0)	0.4	(0.3—0.6)
Persons	5.3	(5.0—5.6)	0.7	(0.6—0.7)	4.5	(4.0—4.9)	1.2	(1.1—1.2)	1.2	(1.0—1.4)	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 61**.

- 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 (7.6 visits) followed by allied health services (7.2 visits).

Table 61: Mean visits to health services in the past 12 months of those who attended the service, 16 years & over, HWSS 2022

	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	6.5	(5.7—7.4)	2.1	(1.7—2.4)	9.0	(7.5-10.4)	1.8	(1.6—1.9)	8.5	(7.1-9.9)	5.8	(3.7-7.8)
Males	4.8	(3.6—5.9)	1.8	(1.4—2.3)	8.1	(4.5-11.8)	1.9	(1.7—2.1)	7.3	(4.9-9.6)	5.4	(2.8-8.0)
Persons	5.8	(5.1—6.4)	2.0	(1.7—2.3)	8.6	(7.0-10.3)	1.8	(1.7—2.0)	8.1	(6.9-9.3)	5.6	(4.0-7.2)
45 to 64 years												
Females	5.4	(5.0—5.8)	2.2	(1.9—2.5)	7.5	(6.8—8.2)	2.1	(2.0—2.3)	7.1	(5.7-8.5)	6.0	(4.6-7.4)
Males	5.1	(4.5—5.8)	2.1	(1.7—2.6)	5.1	(4.5—5.7)	2.0	(1.8—2.1)	7.4	(4.2-10.6)	5.3*	(2.5-8.2)
Persons	5.3	(4.9—5.6)	2.2	(1.9—2.4)	6.5	(6.0—7.0)	2.1	(2.0—2.2)	7.2	(5.8-8.6)	5.8	(4.5-7.1)
65+ years												
Females	6.7	(6.3—7.0)	2.2	(2.0—2.5)	6.6	(5.8—7.5)	2.1	(2.0—2.2)	5.7	(4.5-7.0)	5.1	(4.1-6.2)
Males	6.9	(6.3—7.6)	2.2	(1.9—2.5)	5.5	(4.7—6.4)	2.0	(1.9—2.1)	3.6	(2.5-4.6)	5.2	(3.0-7.4)
Persons	6.8	(6.4—7.2)	2.2	(2.0—2.4)	6.1	(5.5—6.7)	2.0	(1.9—2.1)	4.8	(3.9-5.7)	5.1	(4.1-6.2)
Total												
Females	6.2	(5.8—6.5)	2.1	(1.9—2.3)	7.8	(7.2—8.5)	2.0	(1.9—2.1)	7.9	(6.9-8.9)	5.8	(4.7-6.9)
Males	5.5	(5.0—6.0)	2.1	(1.8—2.3)	6.2	(5.0-7.4)	2.0	(1.9—2.0)	7.0	(5.3-8.7)	5.3	(3.7-7.0)
Persons	5.8	(5.5—6.2)	2.1	(1.9—2.3)	7.2	(6.5—7.8)	2.0	(1.9—2.0)	7.6	(6.7-8.5)	5.6	(4.7-6.5)

(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.

8.2 Flu vaccinations

We asked respondents if they had received the flu vaccination since the first of March 2022.

- The prevalence of receiving flu vaccinations increased with age: 16 to 44 years (30.5%), 45 to 64 years (45.2%), and 65 years and over (56.0%) (**Table 62**).

Table 62: Prevalence of flu vaccinations received, 16 years & over, HWSS 2022

	Vaccination received	
	%	95% CI
16 to 44 years		
Females	33.0	(27.1—39.0)
Males	28.0	(21.6—34.4)
Persons	30.5	(26.2—34.9)
45 to 64 years		
Females	45.7	(41.6—49.8)
Males	44.7	(39.5—50.0)
Persons	45.2	(41.9—48.6)
65+ years		
Females	56.4	(52.9—60.0)
Males	55.6	(51.6—59.7)
Persons	56.0	(53.3—58.7)
Total		
Females	43.0	(40.0—46.0)
Males	40.7	(37.2—44.1)
Persons	43.9	(42.2—45.6)

The prevalence of adults who reported receiving flu vaccinations was estimated for the WA health regions and compared with the state prevalence.

- The prevalence of adults who reported receiving flu vaccinations was significantly lower in the Goldfields (33.2%) and the South West (37.3%) health regions compared to the state prevalence (43.9%) (**Figure 35**).

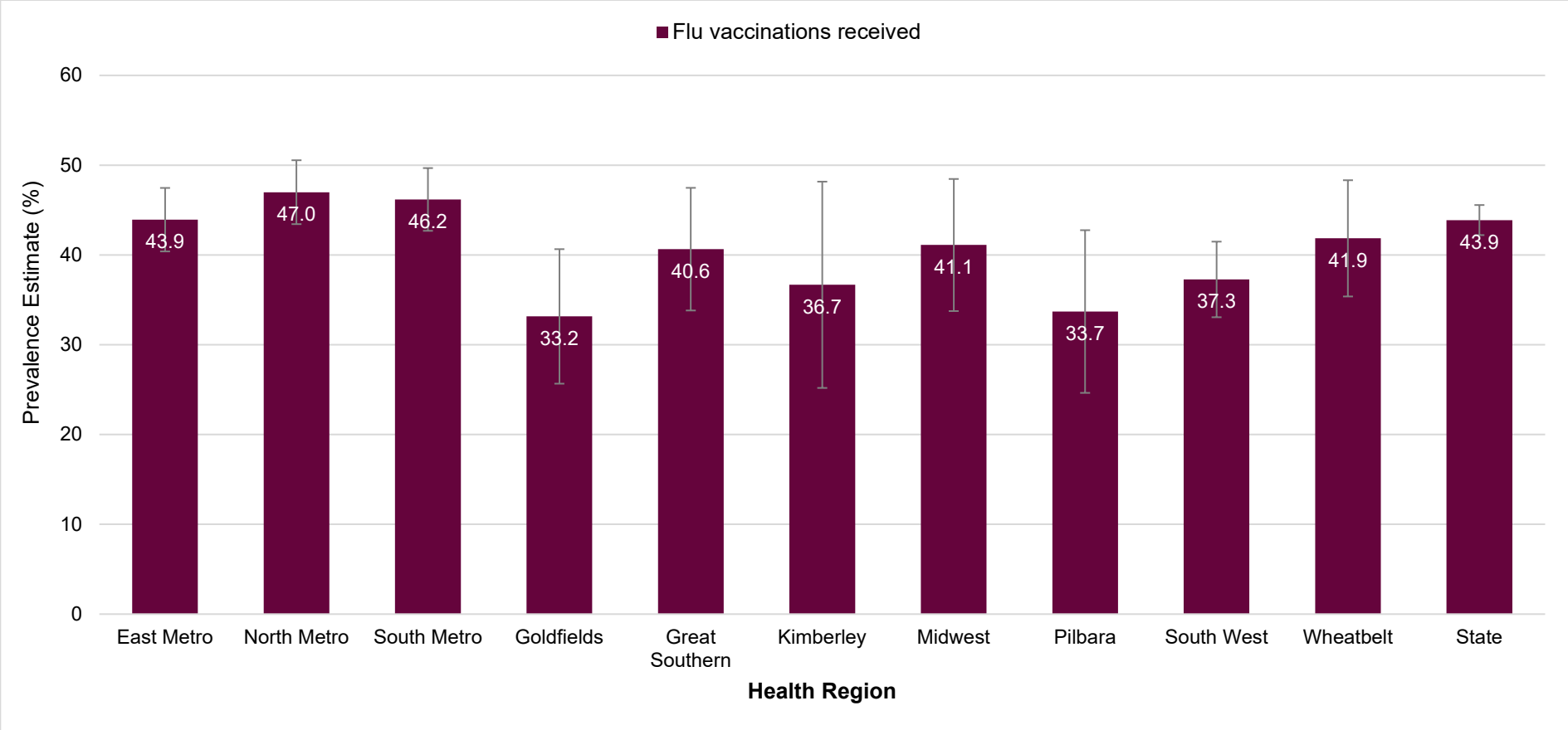


Figure 35: Prevalence of flu vaccinations received by health regions in WA, 16 years & over, HWSS 2022

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.

24.3%

Western Australian adults do not have any kind of private health insurance

63.6%

Western Australian adults have both hospital and ancillary private health insurance

We asked respondents about their health insurance status.

- Females were more likely to report having no private health insurance compared with males (22.0% compared with 26.8%). (**Table 63**).
- Females were more likely to report having 'ancillary only' private health insurance compared with males (10.0% compared with 6.1%).

Table 63: Private health insurance status, 16 years & over, HWSS 2022

	None		Hospital only		Ancillary only		Hospital and ancillary	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
16 to 44 years								
Females	23.4	(19.5—27.2)	4.9	(3.1—6.8)	9.6	(7.0—12.2)	62.1	(57.7—66.4)
Males	28.8	(23.9—33.7)	5.7	(3.3—8.1)	5.7	(3.3—8.1)	59.9	(54.7—65.1)
Persons	25.8	(22.8—28.9)	5.3	(3.8—6.8)	7.8	(6.0—9.6)	61.1	(57.7—64.4)
45 to 64 years								
Females	18.2	(15.9—20.5)	3.2	(2.1—4.4)	10.6	(8.7—12.6)	67.9	(65.1—70.8)
Males	23.0	(19.6—26.3)	3.8	(2.3—5.3)	6.4	(4.5—8.3)	66.8	(63.2—70.5)
Persons	20.4	(18.4—22.4)	3.5	(2.6—4.4)	8.7	(7.3—10.0)	67.4	(65.1—69.7)
65+ years								
Females	25.7	(23.4—28.1)	2.8	(1.9—3.8)	9.5	(7.9—11.1)	62.0	(59.4—64.6)
Males	28.9	(26.1—31.7)	2.7	(1.7—3.7)	6.2	(4.7—7.7)	62.2	(59.2—65.2)
Persons	27.4	(25.5—29.2)	2.8	(2.1—3.5)	7.8	(6.7—8.9)	62.1	(60.1—64.1)
Total								
Females	22.0	(20.1—23.9)	3.9	(2.9—4.8)	10.0	(8.6—11.3)	64.2	(62.0—66.4)
Males	26.8	(24.4—29.1)	4.3	(3.2—5.4)	6.1	(4.8—7.3)	62.9	(60.4—65.5)
Persons	24.3	(22.7—25.8)	4.1	(3.3—4.8)	8.1	(7.2—9.0)	63.6	(61.9—65.2)

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 Great Southern (56.7%), Kimberley (48.4%) and Midwest (62.4%) health regions compared with the state prevalence (75.7%) (**Figure 36).**

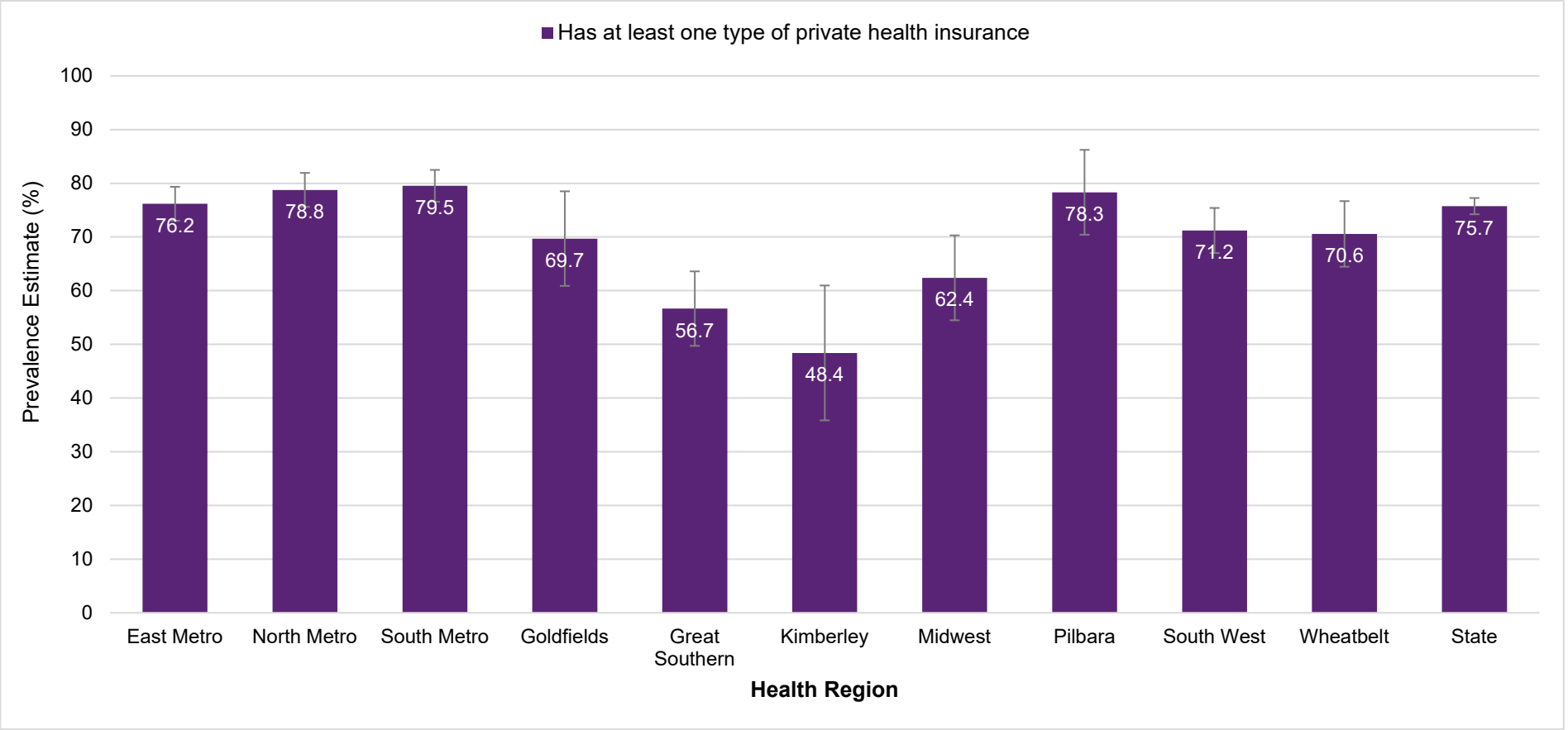


Figure 36: Prevalence of having at least one type of private health insurance by health regions in WA, 16 years & over, HWSS 2022

Enquiries
Epidemiology Directorate +61 8 9222 4241
epi@health.wa.gov.au

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