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

Health and Wellbeing Profile

Town of Bassendean

2011-2020

October 2024

Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA

Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

Abbreviations

ABS	Australian Bureau of Statistics
AF	Aetiological fraction
AIHW	Australian Institute of Health and Welfare
ASR	Age-standardised rate
BMI	Body mass index
COD URF	Cause of Death Unit Record File
DOH WA	Department of Health, Western Australia
EP	Exceedance probability
ERP	Estimated Resident Population
HMDC	Hospital Morbidity Data Collection
HWSS	Health and Wellbeing Surveillance System
ICD-10	International Classification of Diseases, 10th revision
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification
IRSD	Index of Relative Socio-economic Disadvantage
K10	Kessler Psychological Distress Scale-10
LGA	Local Government Area
NHMRC	National Health and Medical Research Council
PAHD	Public and Aboriginal Health Division
RSE	Relative standard error
WA	Western Australia
WANIDD	WA Notifiable Infectious Diseases Database

Contents

Introduction

The Town of Bassendean Health Profile 2011-2020 has been prepared by the Epidemiology Directorate, Department of Health, Western Australia (DOH WA), in collaboration with the Public Health Advisory Group, to inform the development of a local public health plan as required under the WA Public Health Act 2016 (PAHD, 2019).

This health profile aims to provide an overview of the health status and health determinants of people in the Town of Bassendean using the latest available data from multiple sources and covers the following key areas:

- Population
- Lifestyle-related risk factors (nutrition, physical activity, tobacco use and alcohol use)
- Physiological risk factors (overweight and obesity)
- Alcohol, tobacco and illicit drug-attributable hospitalisations and deaths
- Injury-related hospitalisations and deaths
- Mental health
- Notifiable infectious diseases.

We would like to emphasise that the data in this report are modelled. They do not represent raw values but are smoothed estimates. Due to rounding and the modelling approaches we used, the sum of male and female values may not add up to the total. Details of the modelling methodology can be found in Epidemiology Directorate (2024a).

Methods

Data sources

WA Health and Wellbeing Surveillance System
The WA Health and Wellbeing Surveillance System (HWSS) is managed by the Epidemiology Directorate, DOH WA. The main objectives of the HWSS are to monitor the health status of the WA population, inform and support planning, implementation and evaluation of health services and policies in WA.

The HWSS is designed to provide information at a population level. Information on a range of health indicators is collected from a random sample of the WA population and is weighted to represent the age and sex distribution of the WA population using the Estimated Resident Population (ERP). The data are also adjusted to compensate for oversampling in remote and rural areas of WA. Data can be considered representative of the general population but will not be representative of smaller groups such as Aboriginal people or those from non-English speaking backgrounds. Further details on the design and methods used in the HWSS can be obtained from Epidemiology Directorate (2024b).

WA Hospital Morbidity Data Collection
The WA Hospital Morbidity Data Collection (HMDC) is managed by the Information and System Performance Directorate, Purchasing and System Performance Division, DOH WA. The HMDC provides the WA health system with information for planning, allocating and evaluating health services. The HMDC records all inpatient episodes of care from all public and private acute hospitals, public and private psychiatric hospitals and private day surgeries in WA.

WA Cause of Death Unit Record File
The Cause of Death Unit Record File (COD URF) data is sourced from the Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety and managed by the Information and System Performance Directorate, Purchasing and System Performance Division, DOH WA. In order to complete a death registration, the death must be certified by either a doctor or by a coroner. Causes of death data are a vital measure of a population's health and provides information on patterns of diseases that cause death by population groups and over time. Examining death patterns can help explain differences and changes in health status, evaluate health strategies, and guide planning and policy-making (ABS 2021a).

WA Notifiable Infectious Diseases Database

The WA Notifiable Infectious Diseases Database (WANIDD) is managed by the Communicable Disease Control Directorate, Public and Aboriginal Health Division, DOH WA. This database contains information on all notifiable infectious diseases diagnosed in WA that have been reported to the Department of Health, as mandated by the Public Health Act 2016 and subsequent amendments. Further details on the dataset can be obtained from Communicable Disease Control Directorate (2023).

ABS Estimated Resident Population

The WA ERP is obtained from the Australian Bureau of Statistics (ABS). These population estimates are as at 30 June and broken down by local government area, year, age and sex (ABS 2021b).

ABS 2021 Census of Population and Housing

The Census of Population and Housing is the primary source of population statistics in Australia and is undertaken by the ABS once every five years. The aim of the Census is to collect data on the key characteristics of people in Australia on Census night and the dwellings in which they live.

Summary measures and their uses

Health and Wellbeing Surveillance System

Prevalence estimates

Prevalence refers to the proportion or percentage of the population with the lifestyle risk factor or disease in a specified period. Prevalence estimates for the HWSS indicators are calculated by dividing the number of people with the lifestyle risk factor or disease in a specified period by the total number of people in the population in the same period.

HWSS, like most surveys, only collects information from a sample of the target population. The raw data are then weighted to represent the population from which it was drawn, with each person given a weight that can be thought of as the number of people they represent. In this report, 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 (raked weighting).

Estimated numbers

Estimated numbers for the HWSS indicators refer to the estimated number of people in the Local Government Area (LGA) who have the lifestyle-related risk factor or mental health condition. This is calculated by multiplying the prevalence estimate (or percentage) by the ERP of the LGA.

Suppression of prevalence estimates

The stability of prevalence estimates can 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. In this report, prevalence estimates with RSEs between 25%–50% should be used with caution. Estimates with RSEs above 50% are considered too unreliable for general use and have been suppressed.

Comparisons with WA State prevalence estimates

In this report, comparisons of local prevalence estimates with WA State prevalence estimates are made by using exceedance probabilities (EPs) of the posterior draws (i.e., samples), to identify whether the lifestyle risk factor or disease prevalence is higher, lower, or similar between the LGA compared to the State prevalence. Further details can be found in Epidemiology Directorate (2024a).

All other data sources

Age-standardised rates

Age-standardised rates (ASR) are calculated by adjusting the crude rate to eliminate the effect of differences in population age structures when comparing crude rates for different time periods, different geographic areas and/or different population sub-groups. In other words, ASRs are hypothetical or artificial rates that would have been observed if the populations being studied had the same age distribution as the standard population, while all other factors remained unchanged. When making comparisons between population groups, ASRs should be used as they take into account any differences in the age structure of the populations (AIHW, 2011). In this report, the direct method of age-standardisation has been applied using all age groups of the 2001 Australian standard population. The rates are expressed per 100,000 population.

Suppression of numbers
In this report, for deaths due to intentional self-harm, estimated numbers are not presented when they are less than six. This is to protect the confidentiality of people whose data are included in the report by reducing or eliminating the risk of disclosing their identity.

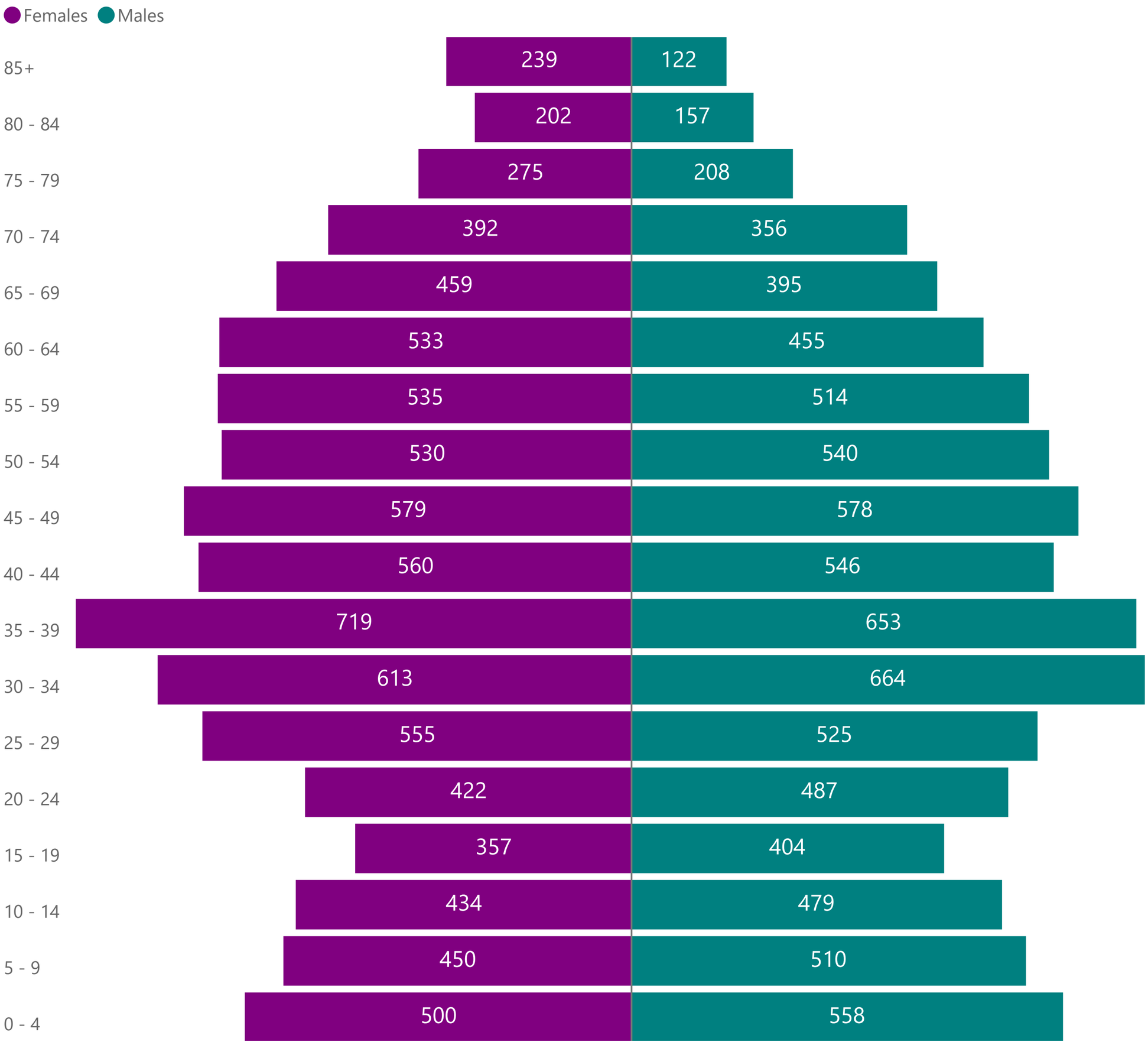
For all other conditions, estimated numbers are presented even when they are less than six. However, rates should be used rather than numbers for all reporting and area/sex comparison purposes, especially when the numbers are less than six. The inclusion of small estimated counts in the presentation/visualisation is for maintaining the data completeness for all LGAs.

Comparisons with WA State rates
Comparison to State is based on the EPs of the posterior draws (i.e., samples), to identify whether the disease/condition ASR is higher, lower, or similar between the LGA compared to the State ASR.

Population

As at 30 June 2021, an estimated 16505 people lived in the Town of Bassendean. Around 49.4% were male and 50.6% were female. Other selected population measures based on 2021 Census of Population and Housing data are provided in Table 2.

Figure 1.Population by age group (years) and sex, Town of Bassendean, 2021



Source: 2021 Estimated Resident Population, Australian Bureau of Statistics

Table 1. Selected population measures, Town of Bassendean, 2021

Population measure ▲	Count	Percentage (%)
Aboriginal persons	541	3.3
Families with annual income < $64,999	950	22.2
Persons born overseas	5,733	34.7
Persons who are unemployed	411	4.4
Persons who do not speak English at home	3,644	22.9

Source: 2021 Census of Population and Housing, Australian Bureau of Statistics

Nutrition

Diet has an important effect on health and can influence the risk of diseases such as coronary heart disease, type 2 diabetes, stroke and some cancers. The Australian Dietary Guidelines outlines the recommended daily serves of fruit and vegetables for adults and children (NHMRC, 2013).

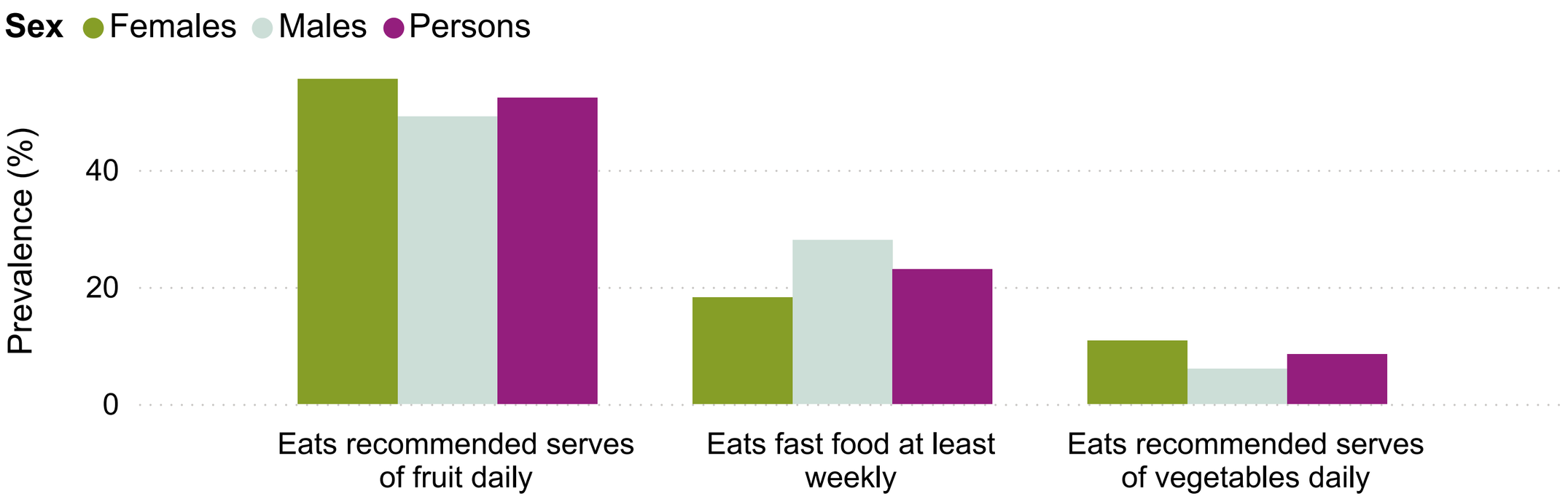
Data for the prevalence of dietary behaviours were sourced from the HWSS. Respondents were asked how many serves of fruit or vegetables they usually eat each day. A serve of fruit is equal to one medium piece, two small pieces of fruit or a cup of diced fruit. A serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. The number of serves eaten were rounded down to the nearest whole number and compared to the NMHRC Australian Dietary Guidelines to estimate the prevalence of those who eat the recommended serves of fruit daily and those who eat the recommended serves of vegetables daily (NHMRC, 2013). Minimum recommended serves of fruit per day by age for HWSS reporting are: 2-3 years: 1 serve, 4-8 years: 1 serve, 9-15 years: 2 serves and adults aged 16 years and over: 2 serves. Minimum recommended serves of vegetables per day by age for HWSS reporting are: 2-3 years: 2 serves, 4-8 years: 4 serves, 9-15 years: 5 serves and adults aged 16 years and over: 5 serves. The prevalence estimates for those who meet the guidelines for fruit and vegetable consumption includes persons aged 2 years and over.

Respondents were also asked 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. They were then categorised on whether they ate fast food at least weekly. The NMHRC Australian Dietary Guidelines recommends limited intake of discretionary foods such as fast food and ultra-processed foods. The prevalence estimates for those who ate fast food at least weekly includes persons aged 1 year and over.

In 2020, 52.4% of Town of Bassendean residents ate the recommended serves of fruit daily, 8.5% ate the recommended serves of vegetable daily and 23.0% ate fast food at least weekly.

Among males, 49.1% ate the recommended serves of fruit daily, 6.0% ate the recommended serves of vegetable daily and 28.0% ate fast food at least once a week. In comparison, among females, 55.5% ate the recommended serves of fruit daily, 10.9% ate the recommended serves of vegetable daily and 18.2% ate fast food at least once a week.

Figure 2. Prevalence (%) of eating recommended serves of fruit and vegetables daily (2 years and above) and eating meals from fast food outlets at least weekly (1 year and above) by sex, Town of Bassendean, 2020

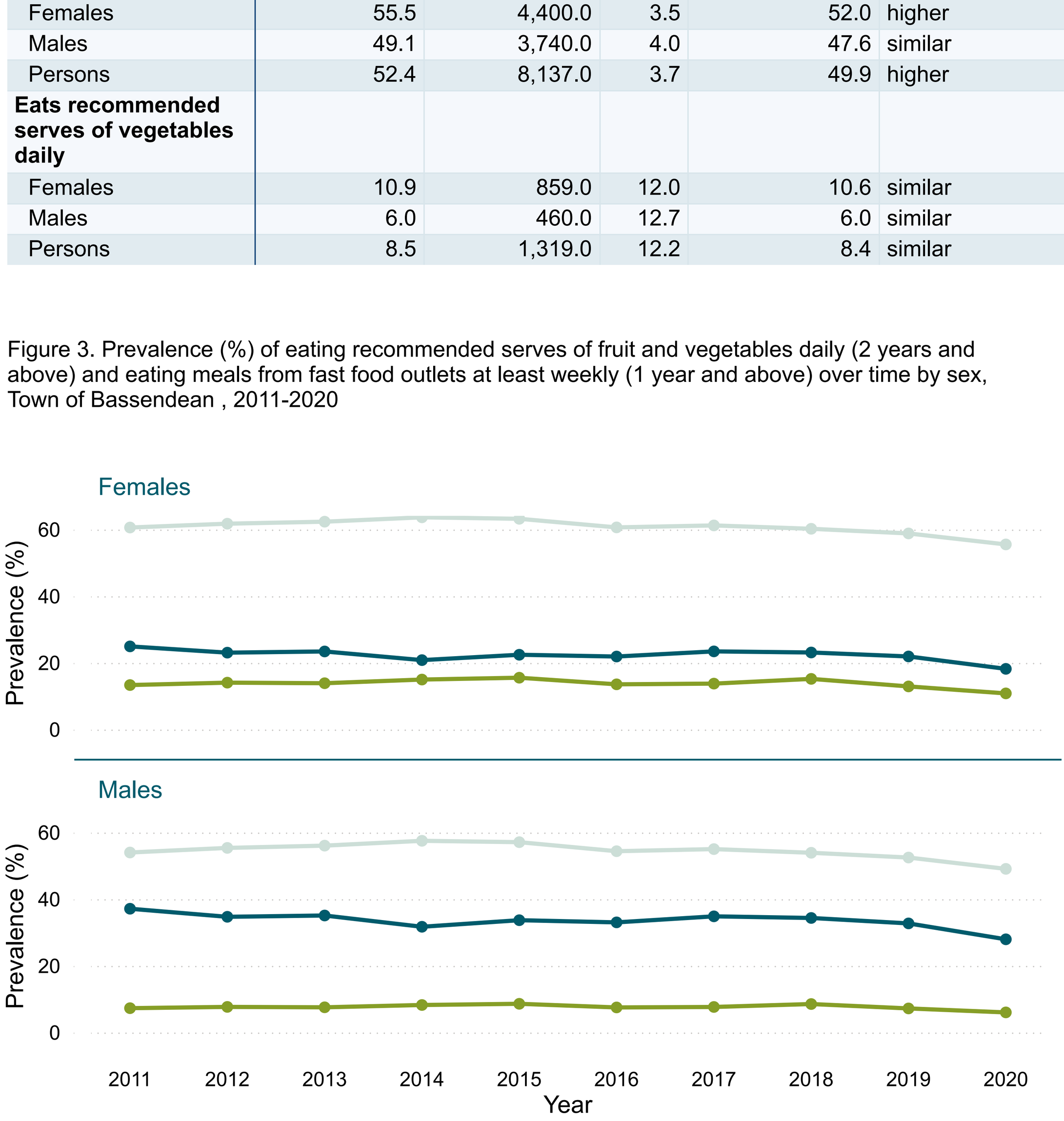


Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Table 2. Prevalence (%) of eating recommended serves of fruit and vegetables daily (2 years and above) and eating meals from fast food outlets at least weekly (1 year and above) by sex, Town of Bassendean, 2020

Category	Prevalence (%)	Estimated number	RSE (%)	WA prevalence (%)	Comparison to WA
Eats fast food at least weekly					
Females	18.2	1,460.0	11.0	22.6	lower
Males	28.0	2,165.0	9.5	25.4	higher
Persons	23.0	3,624.0	10.1	23.9	similar
Eats recommended serves of fruit daily					
Females	55.5	4,400.0	3.5	52.0	higher
Males	49.1	3,740.0	4.0	47.6	similar
Persons	52.4	8,137.0	3.7	49.9	higher
Eats recommended serves of vegetables daily					
Females	10.9	859.0	12.0	10.6	similar
Males	6.0	460.0	12.7	6.0	similar
Persons	8.5	1,319.0	12.2	8.4	similar

Figure 3. Prevalence (%) of eating recommended serves of fruit and vegetables daily (2 years and above) and eating meals from fast food outlets at least weekly (1 year and above) over time by sex, Town of Bassendean , 2011-2020



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Physical activity and sedentary behaviour

Physical activity reduces the risk of cardiovascular disease, some cancers and type 2 diabetes, and also helps improve musculoskeletal health, maintain body weight and reduce symptoms of depression (WHO, 2009).

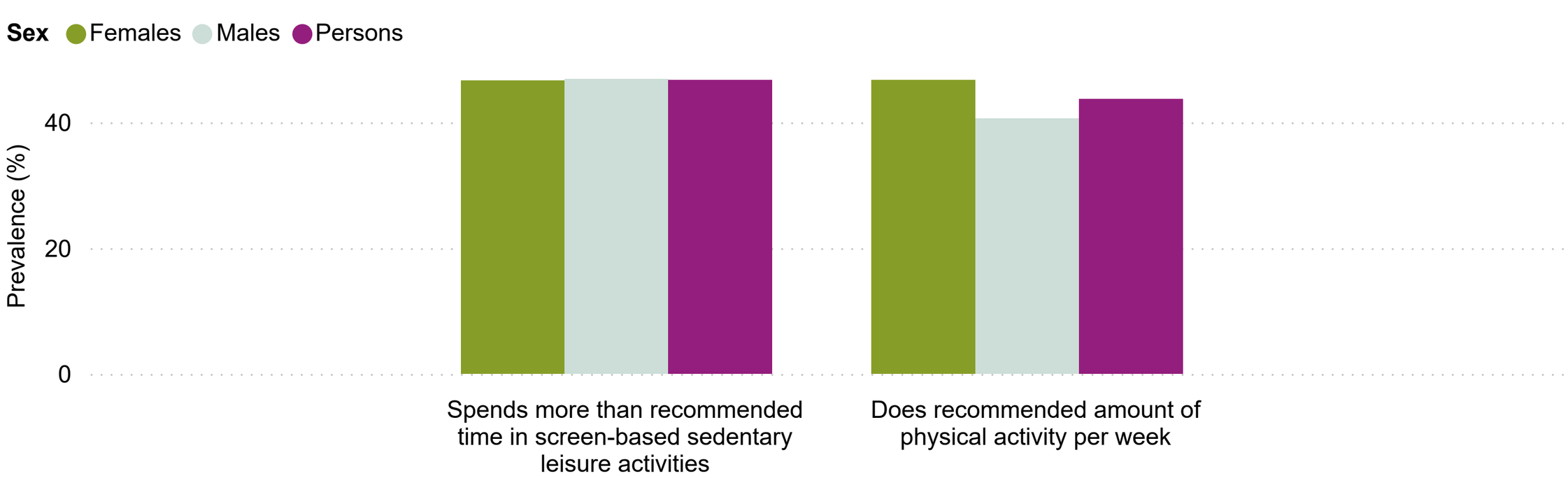
Data for the prevalence of physical activity and sedentary behaviour were sourced from the HWSS. Respondents were asked a range of questions on the types and length of physical activity undertaken in the past week. They were then categorised on whether they met the physical activity guideline for their age. Different physical activity guidelines apply to different age groups. In 2014, the Australian Department of Health updated Australia's Physical Activity and Sedentary Behaviour Guidelines, stating that adults aged 18 to 64 years should do at least 75 to 150 minutes of vigorous physical activity or 150 to 300 minutes of moderate physical activity per week (DHAC, 2014). With no new guideline explicitly defined for adults aged 65 years and over, the 2005 recommendation of 30 minutes of moderate physical activity on 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 were defined as completing sufficient (or recommended) levels of physical activity if they completed at least 150 minutes of moderate physical activity in the last week. The 2019 Australian 24-Hour Movement Guidelines for Children and Young People recommends children aged between 5 and 17 years complete at least 60 minutes of moderate to vigorous physical activity each day (DHAC, 2019). Children were classified as meeting the physical activity guidelines if they were physically active for seven or more sessions a week where each session lasted 60 minutes or more. The prevalence estimates for those who completed the recommended amount of physical activity includes persons aged 5 year and over.

Respondents were asked how many hours per week they spend in screen-based sedentary recreational leisure activities such as watching TV or DVDs, using a computer, smartphone or tablet device for the internet or to play games, excluding work time. They were then categorised on whether they spent more than recommended time in screen-based leisure activities for their age based on the 2019 Australian 24-Hour Movement Guidelines for Children and Young People and 2014 Australian Department of Health Physical Activity and Sedentary Behaviour Guidelines. The recommendations for children by age are: 0-2 years: no screen time, 3-5 years: no more than 1 hr per day, 5-17 years: no more than 2 hrs per day. For adults 18 years and over, no upper time limit is specified in the guidelines. As such, adults who spend more than 21 hours per week in screen-based sedentary leisure activities have been categorised as not meeting the guideline.

In 2020, Town of Bassendean residents had a lower prevalence of completing the recommended amount of physical activity each week. It is estimated that 40.6% of males and 46.7% of females aged 5 years and over completed the recommended amount of physical activity each week.

In 2020, Town of Bassendean residents had a similar prevalence of spending more than the recommended time in screen-based sedentary leisure activities when compared to the WA State average. It is estimated that 46.9% of males and 46.6% of females of all ages spent more than the recommended time in screen-based sedentary leisure activities.

Figure 4. Prevalence (%) of sufficient physical activity (5 years and above) and sedentary behaviour (all ages) by sex, Town of Bassendean, 2020

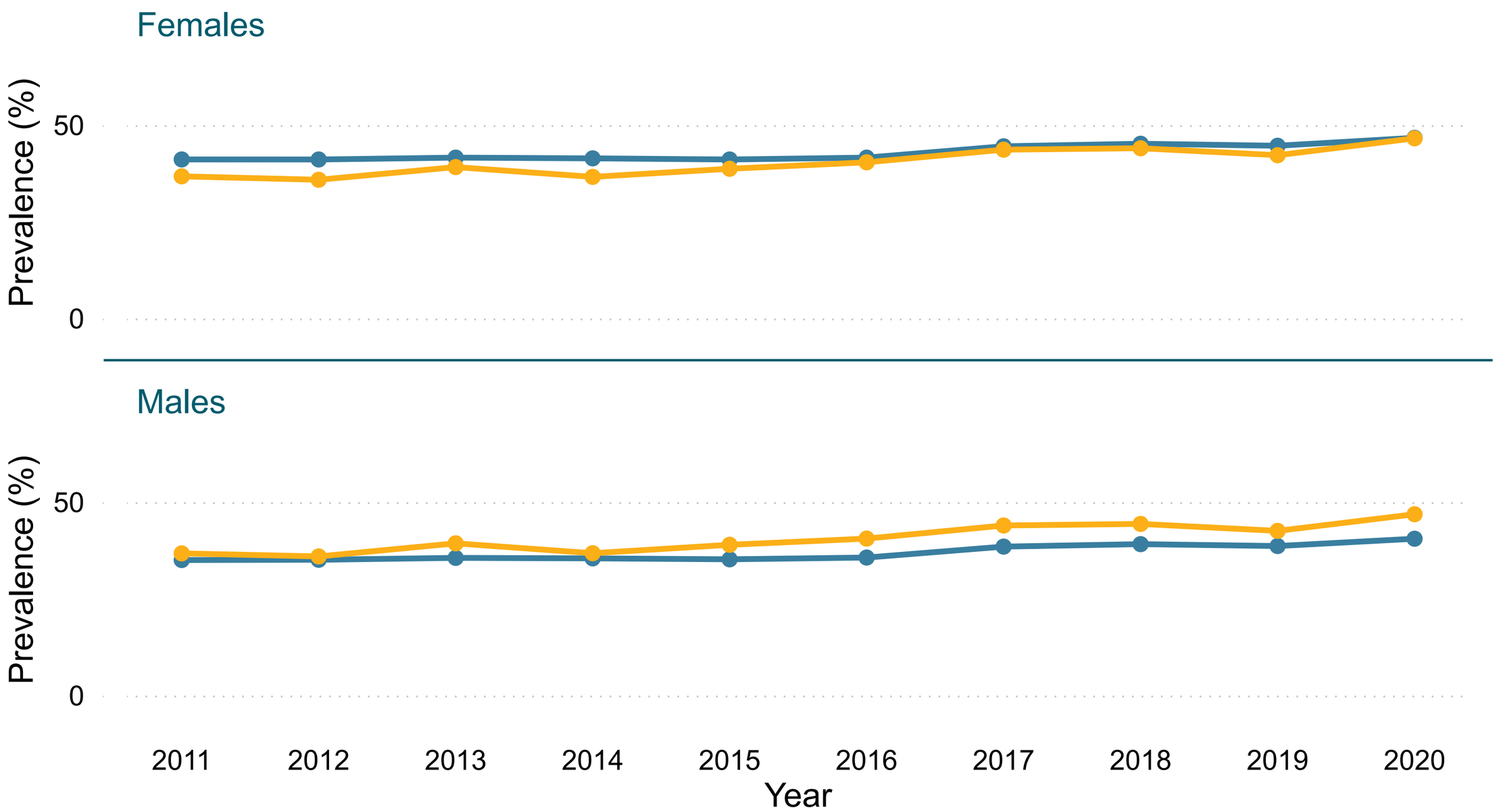


Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Table 3. Prevalence (%) of sufficient physical activity (5 years and above) and sedentary behaviour (all ages) by sex, Town of Bassendean, 2020

Category	Prevalence (%)	Estimated number	RSE (%)	WA prevalence (%)	Compared to WA
Does recommended amount of physical activity per week					
Females	46.7	3,564.0	5.2	49.2	lower
Males	40.6	2,949.0	5.8	46.9	lower
Persons	43.7	6,514.0	5.5	48.1	lower
Spends more than recommended time in screen-based sedentary leisure activities					
Females	46.6	3,778.0	4.6	46.0	similar
Males	46.9	3,686.0	4.7	44.0	higher
Persons	46.7	7,463.0	4.6	45.1	similar

Figure 5. Prevalence (%) of sufficient physical activity (5 years and above) and sedentary behaviour (all ages) over time by sex, Town of Bassendean, 2011-2020



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Overweight and obesity

Overweight and obesity in adults is associated with cardiovascular disease, type 2 diabetes, some cancers, musculoskeletal disorders (in particular osteoarthritis), dementia and a range of other conditions (AIHW, 2017).

Data for the prevalence of overweight and obesity were sourced from the HWSS. Respondents were asked how tall they were and how much they weighed. For each respondent, a body mass ass 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 (Hayes et al., 2008) and the exclusion of biologically implausible values (CDC, 2023). Each respondent's adjusted BMI was then categorised into weight classes. For adults, these were not overweight or obese (BMI less than 25), overweight (BMI from 25.0 to 29.9) and obese (BMI of 30.0 and above). For children, these classifications were derived using age and sex percentile curves as developed by Coles et al (2000). The prevalence estimates for those who are overweight and those who are obese includes persons 5 years and over.

In 2020, Town of Bassendean residents had a lower prevalence of overweight and a lower obesity prevalence compared to the State. It is estimated that 36.4% of males aged 5 years and over were overweight and 22.0% were obese. In comparison, 27.4% of females aged 5 years and over were overweight and 23.4% were obese.

Figure 6. Prevalence (%) of overweight and obesity by sex, 5 years and over, Town of Bassendean, 2020

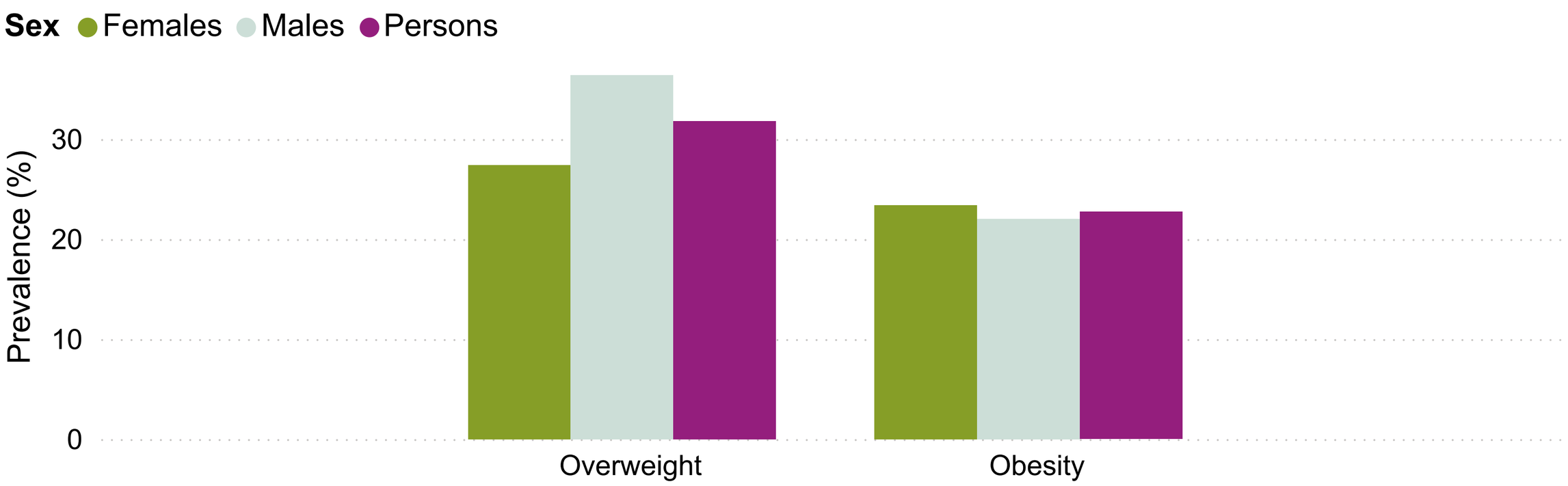
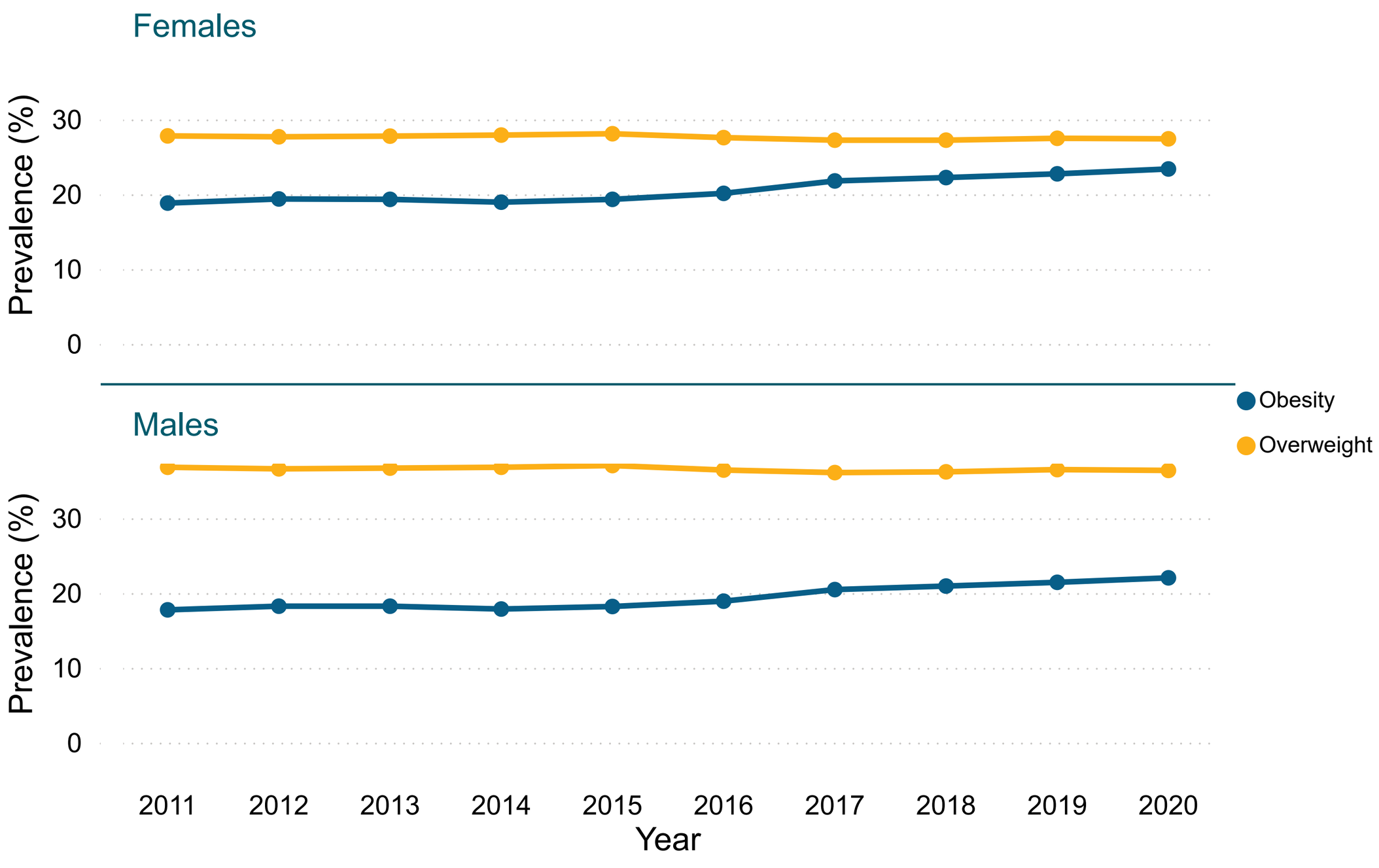


Table 4. Prevalence (%) of overweight and obesity by sex, 5 years and over , Town of Bassendean, 2020

Category	Prevalence (%)	Estimated number	RSE (%)	WA prevalence (%)	Comparison to WA
Obesity					
Females	23.4	1,784.0	6.8	32.2	lower
Males	22.0	1,602.0	6.9	31.6	lower
Persons	22.7	3,386.0	6.8	31.9	lower
Overweight					
Females	27.4	2,091.0	5.0	31.4	lower
Males	36.4	2,646.0	4.3	38.7	lower
Persons	31.8	4,738.0	4.6	35.0	lower

Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 7. Prevalence (%) of overweight and obesity over time by sex, 5 years and over, Town of Bassendean, 2011-2020



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Tobacco smoking

Tobacco smoking prevalence

Tobacco use, including past and current use and exposure to second-hand smoke, increases the risk of a number of health conditions, including cancer, respiratory diseases and cardiovascular disease (AIHW 2018).

Data for the prevalence of tobacco smoking were sourced from the HWSS. Respondents were asked about their smoking status (including cigarettes, cigars, and pipes). Smoking status was then categorised into those who currently smoke (daily or occasionally) or not. The use of e-cigarettes or vaping were not included when determining the prevalence of current tobacco smoking. The prevalence estimates for current tobacco smoking includes adults aged 18 years and over.

In 2020, residents of the Town of Bassendean had a similar prevalence of current smoking compared to WA State. It is estimated that 12.1% of males aged 18 years and over were current smokers compared to 9.2% of females aged 18 years and over.

Figure 8. Prevalence (%) of current smoking by sex, 18 years and over, Town of Bassendean, 2020

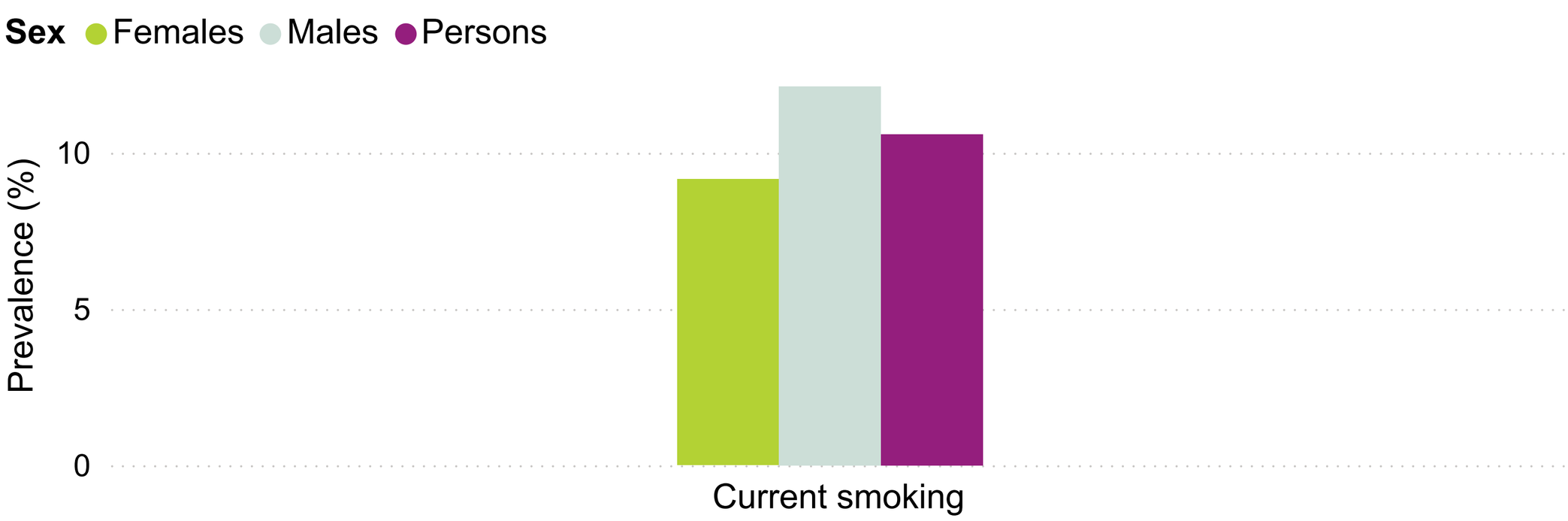
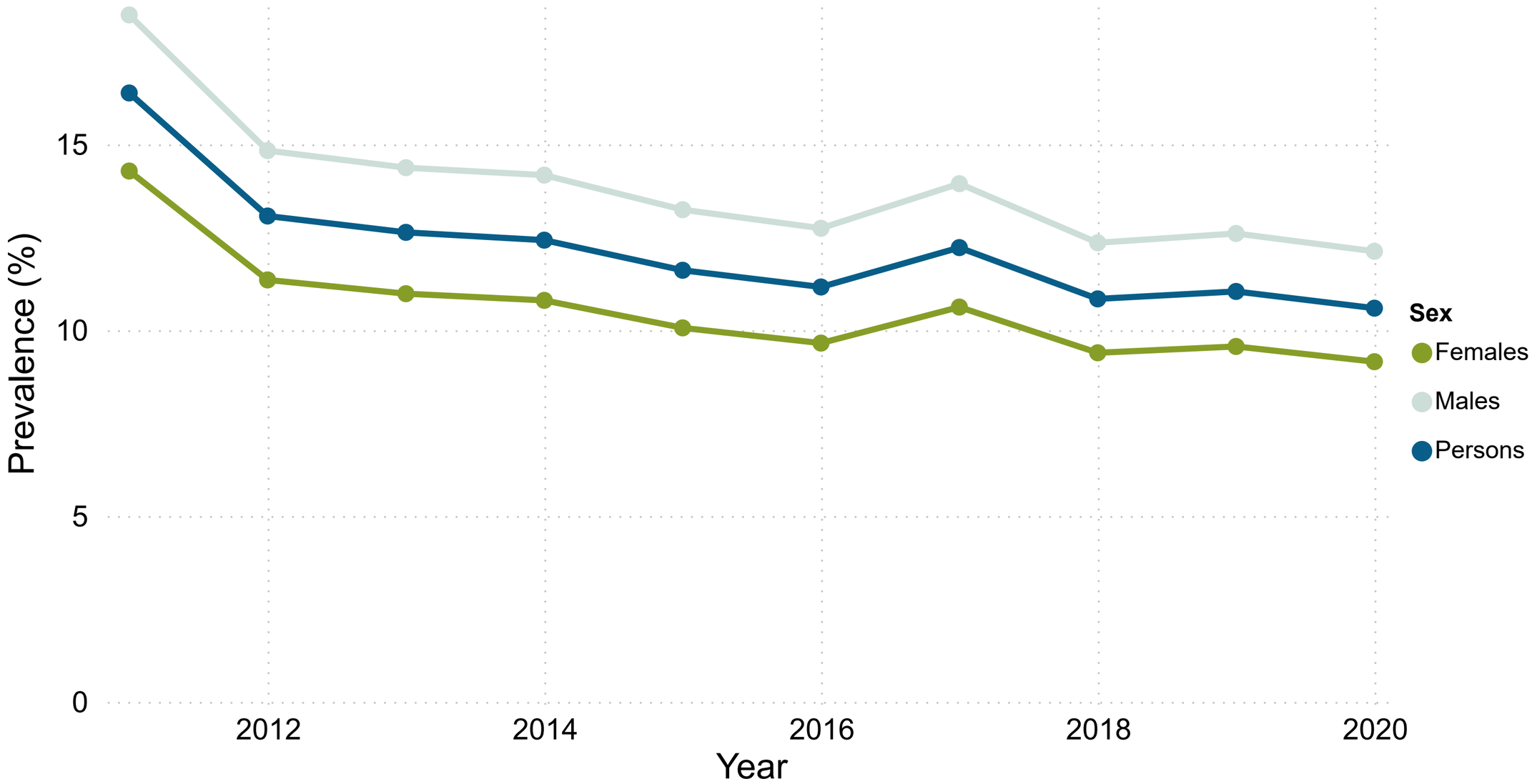


Table 5. Prevalence (%) of current smoking by sex, 18 years and over, Town of Bassendean, 2020

Category	Prevalence (%)	Estimated number	RSE (%)	WA prevalence (%)	Comparison to WA
Current smoking					
Females	9.2	609.0	12.2	9.7	similar
Males	12.1	755.0	11.8	11.9	similar
Persons	10.6	1,365.0	11.8	10.7	similar

Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 9. Prevalence (%) of current smoking over time by sex, 18 years and over, Town of Bassendean, 2011-2020



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Tobacco-attributable hospitalisations

Data for tobacco-attributable hospitalisations were sourced from the WA HMDC. Population estimates were obtained from the ABS. Hospitalisations attributable to tobacco use were estimated using the tobacco-attributable aetiological fractions (AFs) for WA developed by the Epidemiology Directorate, DOH WA and based on the method used by the National Drug Research Institute, Curtin University (Whetton et al., 2009). A tobacco-attributable AF is the proportion of hospitalisations or deaths for a particular condition that can be attributed to tobacco use. The AFs vary by age and sex. Hospitalisations for tobacco-attributable conditions were identified using ICD-10-AM codes for principal diagnosis and/or external causes. A list of tobacco-attributable conditions included in the estimation of tobacco-attributable hospitalisations can be requested from the Epidemiology Directorate (Coles and Sun 2021).

In 2020, the rate of tobacco-attributable hospitalisations among Town of Bassendean residents was similar compared to the WA State rate. Among male residents, the rate of tobacco-attributable hospitalisations was 571.4 per 100,000. This is similar compared to the WA State male rate. Among female residents, the rate of tobacco-attributable hospitalisations was 409.6 per 100,000. This is similar compared to the WA State female rate. Note that the data is only for people aged 15 years and over.

Figure 10. Age standardised rate (per 100,000) of tobacco-attributable hospitalisations by sex, Town of Bassendean, 2020

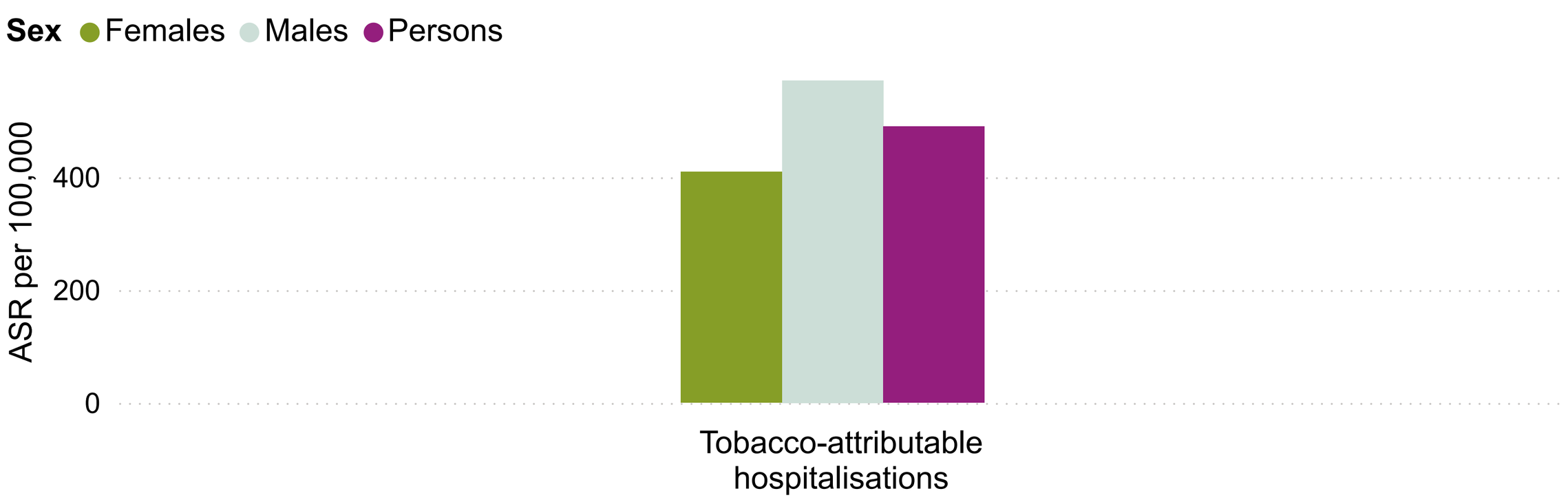
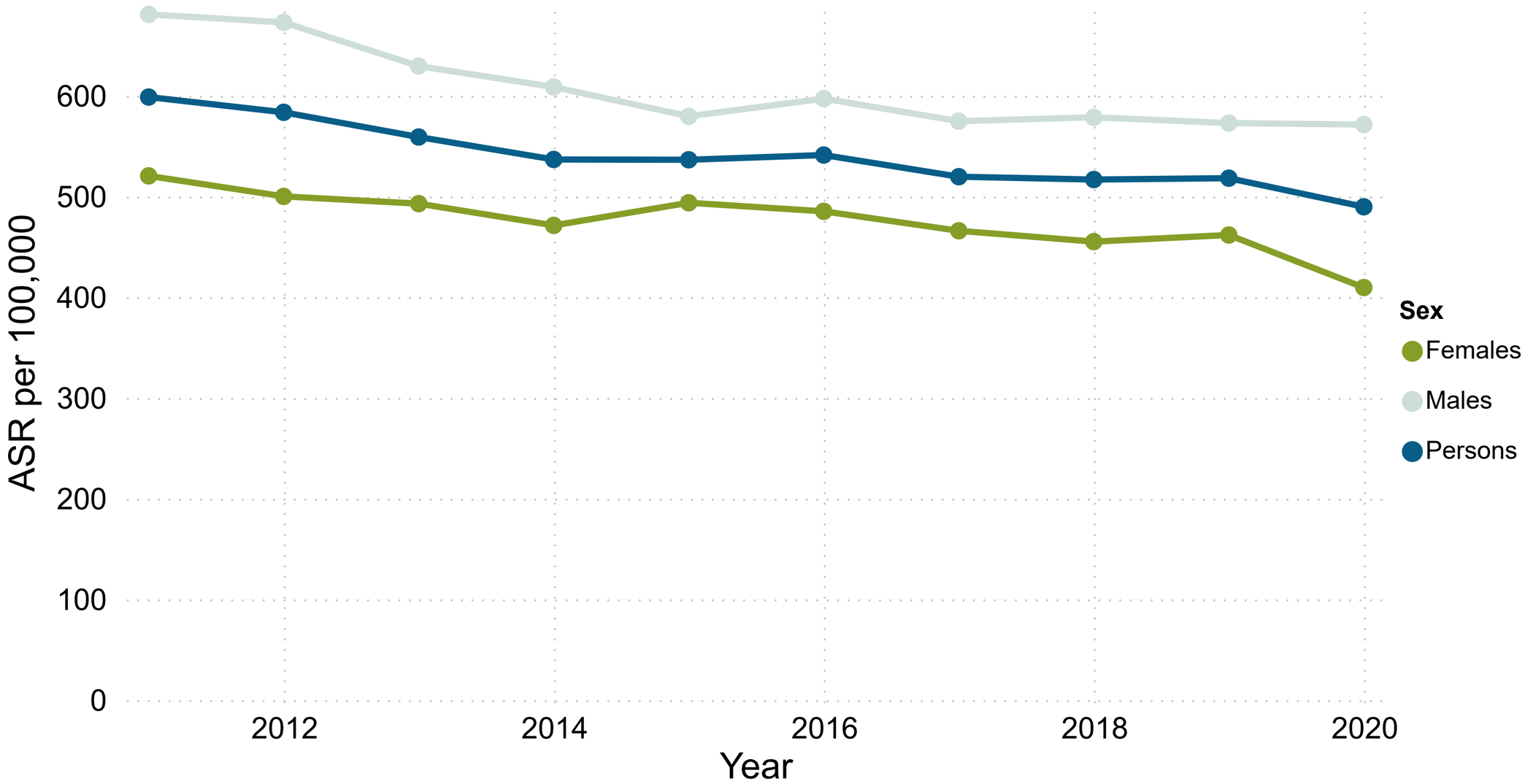


Table 6. Estimated number and age standardised rate (per 100,000) of tobacco-attributable hospitalisations by sex, Town of Bassendean, 2020

Sex ▲	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Females	34.0	409.6	399.6	similar
Males	41.0	571.4	516.8	similar
Persons	76.0	489.8	455.6	similar

Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 11. Age standardised rates (per 100,000) of tobacco-attributable hospitalisations over time by sex, Town of Bassendean, 2011-2020



Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Tobacco-attributable deaths

Data for tobacco-attributable deaths were sourced from the COD URF. Population estimates were obtained from the ABS. Deaths attributable to tobacco use were estimated using the tobacco-attributable AFs for WA developed by the Epidemiology Directorate, DOH WA and based on the method used by the National Drug Research Institute, Curtin University (Whetton et al., 2009). A tobacco-attributable AF is the proportion of hospitalisations or deaths for a particular condition that can be attributed to tobacco use. The AFs vary by age and sex. Deaths for tobacco-attributable conditions were identified using ICD-10 codes for underlying cause of death and/or multiple cause of death. A list of tobacco-attributable conditions included in the estimation of tobacco-attributable deaths can be requested from the Epidemiology Directorate (Coles and Sun 2021).

In 2020, the rate of tobacco-attributable deaths was higher among residents of Town of Bassendean compared to the WA State rate. Among male residents, the rate of tobacco-attributable deaths was 96.5 per 100,000. This is higher compared to the WA State male rate. Among female residents, the rate of tobacco-attributable deaths was 59.1 per 100,000. This is higher compared to the WA State female rate. Note that the data is only for people aged 15 years and over.

Figure 12. Age standardised rate (per 100,000) of tobacco-attributable deaths by sex, Town of Bassendean, 2020

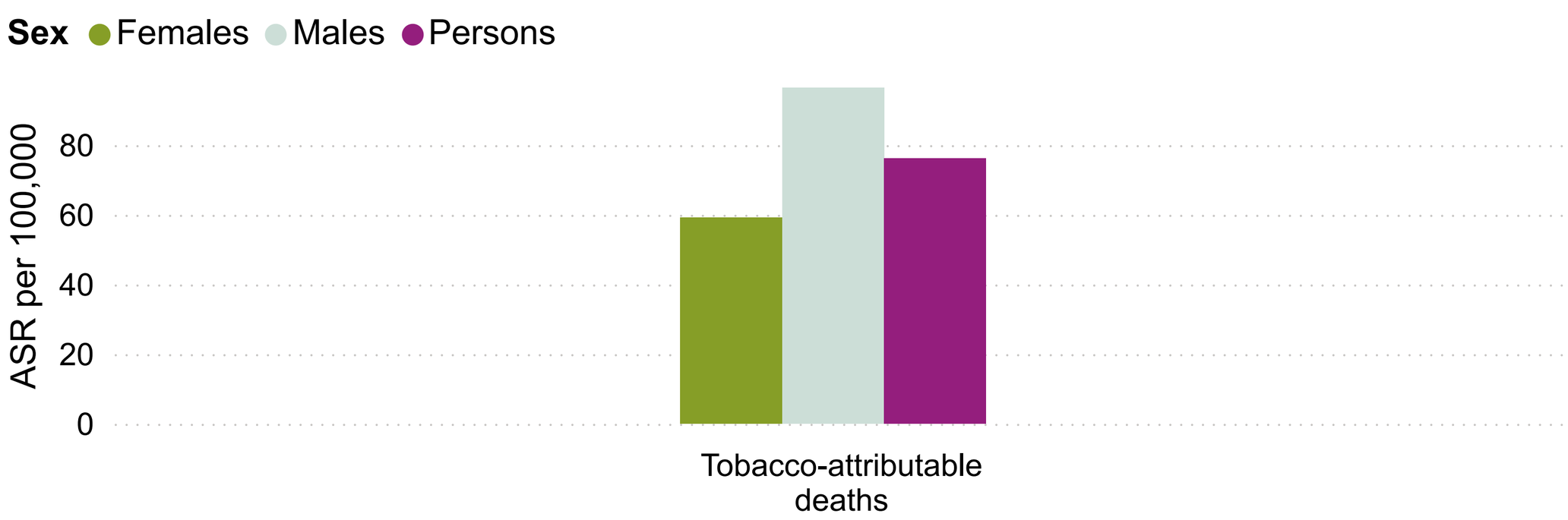
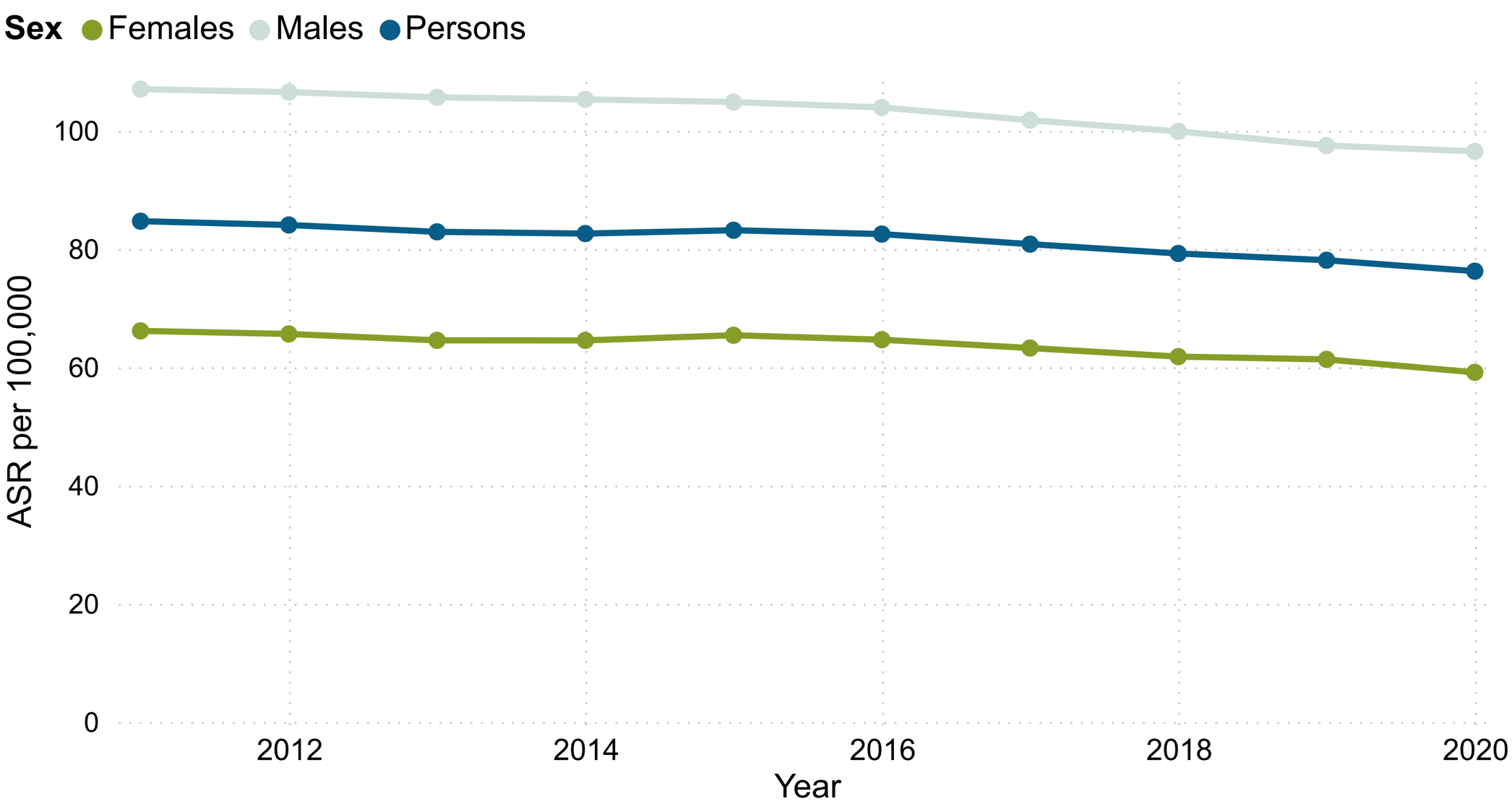


Table 7. Estimated number and age standardised rate (per 100,000) of tobacco-attributable deaths by sex, Town of Bassendean, 2020

Sex ▲	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Females	5.0	59.1	49.4	higher
Males	7.0	96.5	74.9	higher
Persons	12.0	76.2	61.6	higher

Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 13. Age standardised rate (per 100,000) of tobacco-attributable deaths over time by sex, Town of Bassendean, 2011-2020



Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Alcohol-related harm

Alcohol use prevalence

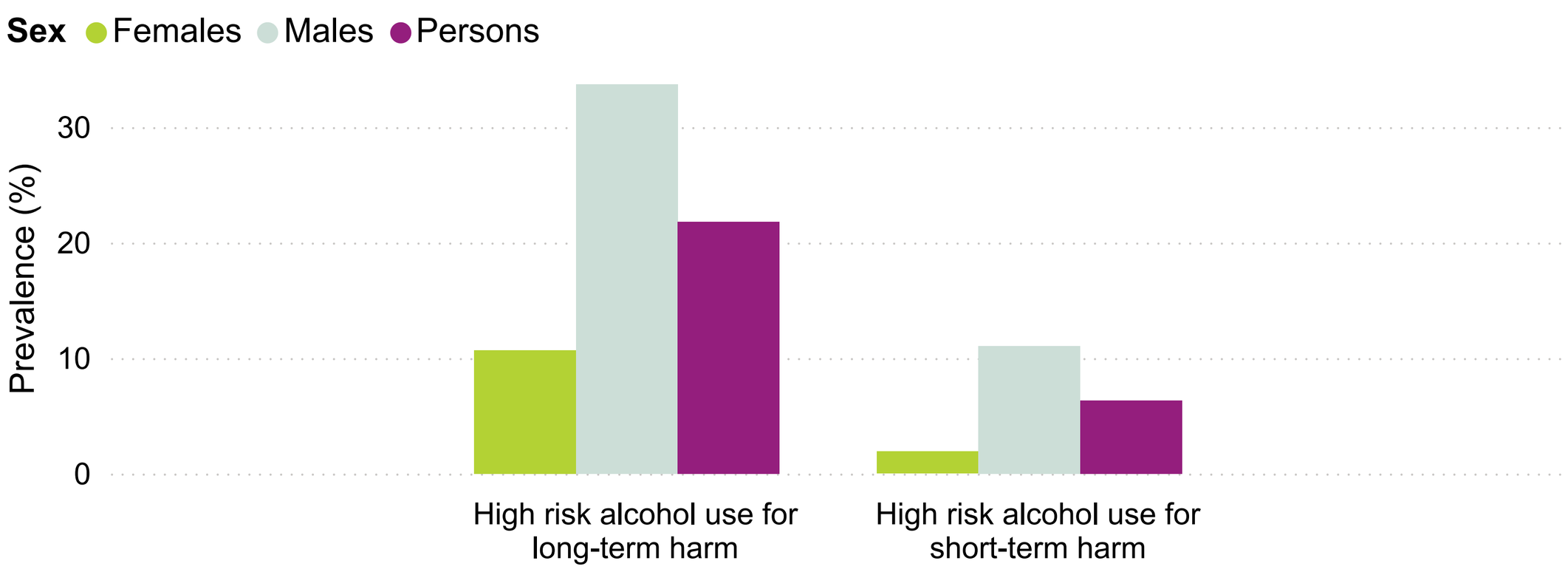
Alcohol use increases the risk of some health conditions, including coronary heart disease, stroke, high blood pressure, and liver and pancreatic disease. It also increases the risk of violence and anti-social behaviour, accidents and mental illness (AIHW, 2017).

Data for the prevalence of alcohol consumption were sourced from the HWSS. Respondents were asked about their alcohol drinking habits, including how many days a week they usually drink and how many drinks they usually have. The alcohol consumption information was then categorised into risk levels based on the NHMRC 2009 guidelines, which recommends that healthy adults aged 18 years and over should drink no more than 2 standard drinks per day to reduce the risk of long-term harm and no more than 4 standard drinks on any one day to reduce the risk of short-term harm from alcohol-related disease or injury (NHMRC, 2009). For children and young people under 18 years, the guidelines recommend not drinking alcohol as the safest option. The prevalence estimates for adults who drink at levels that increase the risk of long-term harm or short term harm includes persons 16 years and over. We do not currently report alcohol consumption using the revised NHMRC 2020 guidelines on alcohol consumption in this resource, as no data had been collected reflecting the new guidelines prior to 2022.

In 2020, the prevalence of alcohol use at levels considered to be high risk for short-term harm (4 standard drinks on any one day) in the Town of Bassendean was lower compared to the WA State average. The prevalence of alcohol use at levels considered to be high risk for long-term harm (2 standard drinks on any one day) was similar compared to the WA State average. It is estimated that 33.7% of males aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 11.1% used alcohol at levels considered to be high risk for short-term harm. In comparison, 10.7% of females aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 1.9% used alcohol at levels considered to be high risk for short-term harm.

Note that data may not be available for certain category/sex due to RSE >50%.

Figure 14. Prevalence (%) of high risk alcohol use for short-term and long-term harm by sex, 16 years and over, Town of Bassendean, 2020

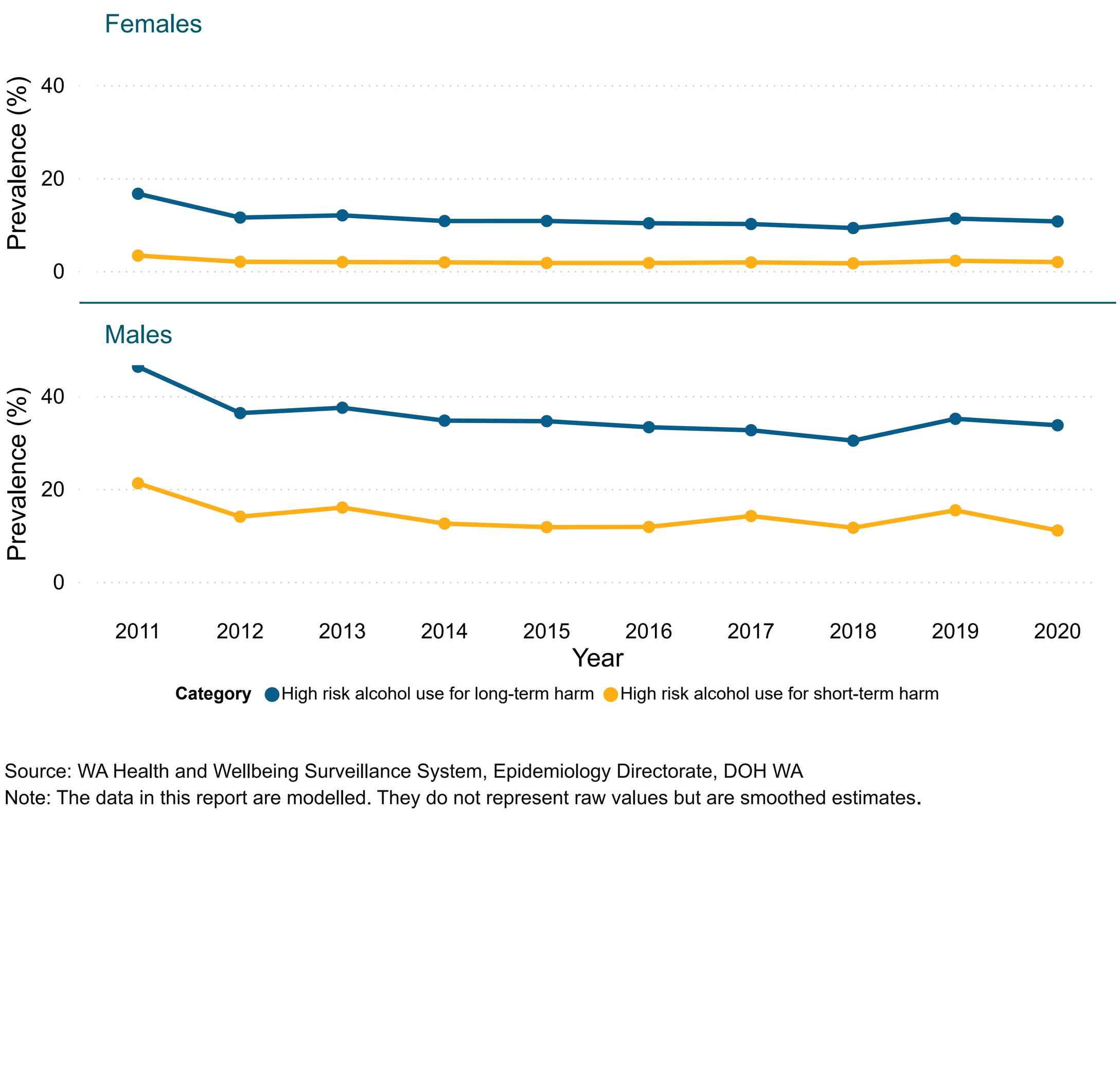


Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Table 8. Prevalence (%) of high risk alcohol use for short-term and long-term harm by sex, 16 years and over, Town of Bassendean, 2020

Category	Prevalence (%)	Estimated number	RSE (%)	WA prevalence (%)	Comparison to WA
High risk alcohol use for long-term harm					
Females	10.7	711.0	18.3	16.4	lower
Males	33.7	2,098.0	13.6	32.7	similar
Persons	21.8	2,809.0	14.7	24.0	similar
High risk alcohol use for short-term harm					
Females	1.9	128.0	20.8	4.2	lower
Males	11.1	688.0	17.9	12.2	similar
Persons	6.3	817.0	17.6	7.9	lower

Figure 15. Prevalence (%) of high risk alcohol use for short-term and long-term harm over time by sex, Town of Bassendean, 2011-2020



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Alcohol-attributable hospitalisations

Data for alcohol-attributable hospitalisations were sourced from the WA HMDC. Population estimates were obtained from the ABS. Hospitalisations attributable to alcohol use were estimated using alcohol AFs for WA developed by the Epidemiology Directorate, DOH WA (Van Diemen et al., 2017). An alcohol AF is the proportion of hospitalisations or deaths for a particular condition that can be attributed to alcohol use. The AFs vary by age, sex, remoteness and Aboriginal status. Hospitalisations for alcohol-attributable conditions were identified using ICD-10-AM codes for principal diagnosis and/or external causes.

In 2020, the rate of alcohol-attributable hospitalisations among Town of Bassendean was similar compared to the WA State rate. Among male residents, the rate of alcohol-attributable hospitalisations was 1165.1 per 100,000. This is similar compared to the WA State male rate. Among female residents, the rate of alcohol-attributable hospitalisations was 839.5 per 100,000. This is higher compared to the WA State female rate. Note that the data is only for those aged 15 years and over.

Figure 16. Age standardised rate (per 100,000) of alcohol-attributable hospitalisations by sex, Town of Bassendean, 2020

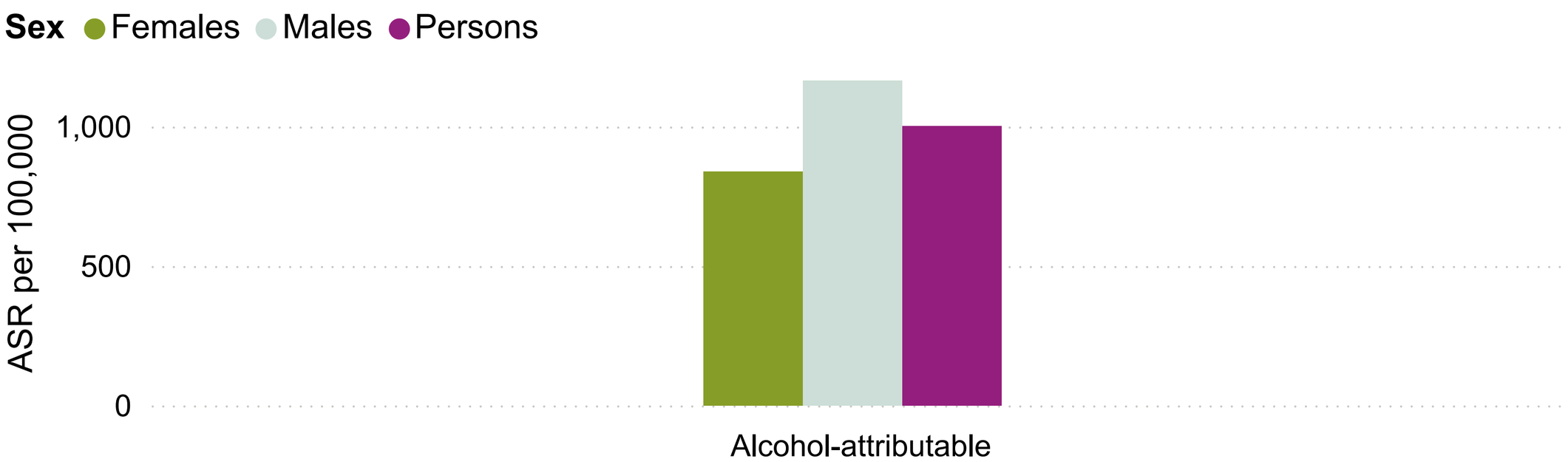


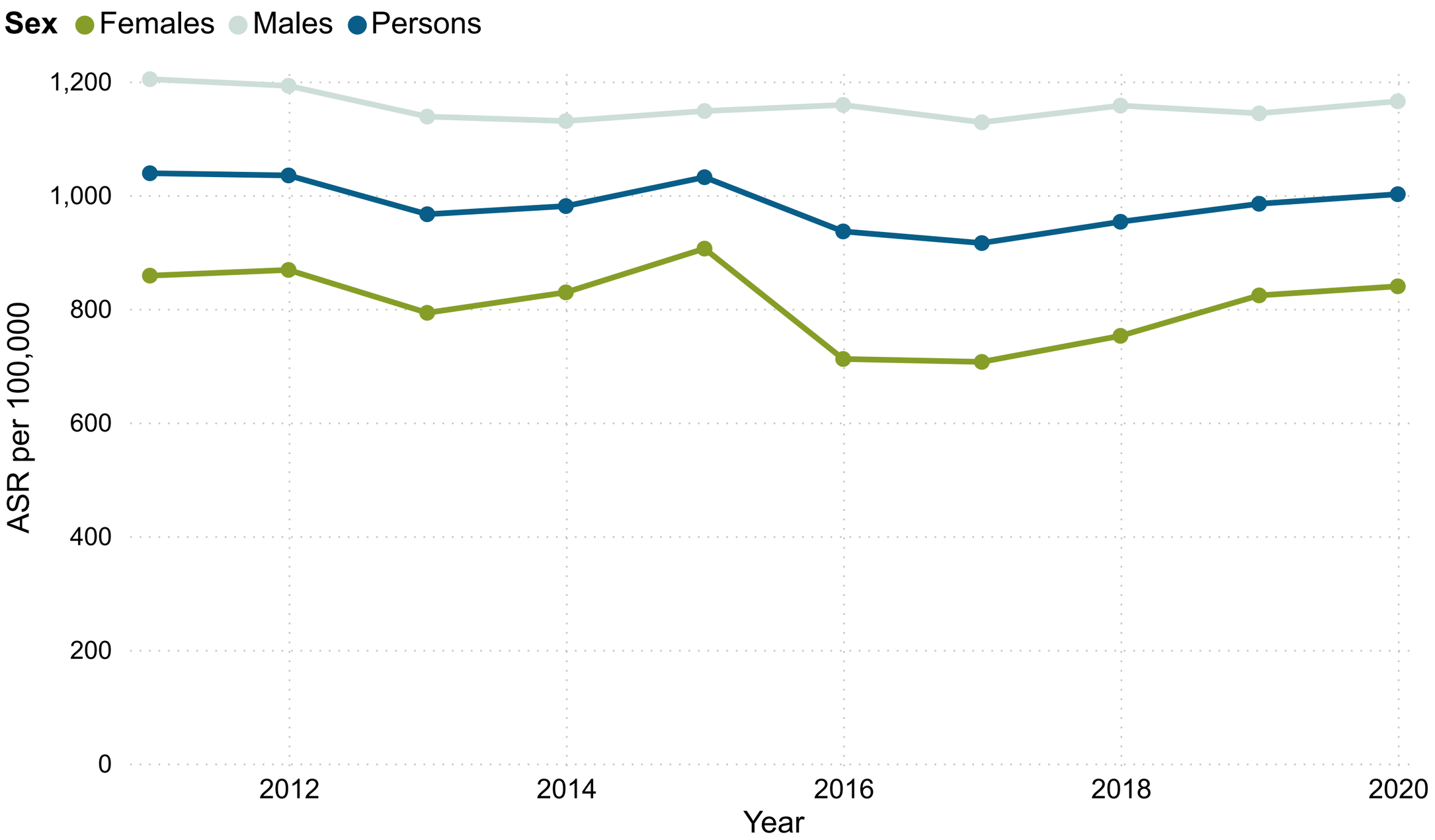
Table 9. Estimated number and age standardised rate (per 100,000) of alcohol-attributable hospitalisations by sex, Town of Bassendean, 2020

Sex ▲	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Females	61.0	839.5	747.4	higher
Males	74.0	1,165.1	1,144.9	similar
Persons	136.0	1,001.6	944.2	similar

Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA

Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 17. Age standardised rate (per 100,000) of alcohol-attributable hospitalisations over time by sex, Town of Bassendean, 2011-2020



Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Alcohol-attributable deaths

Data for alcohol-attributable deaths were sourced from the COD URF. Population estimates were obtained from the ABS. Deaths attributable to alcohol use were estimated using alcohol AFs for WA developed by the Epidemiology Directorate, DOH WA (Van Diemen et al., 2017). An alcohol AF is the proportion of hospitalisations or deaths for a particular condition that can be attributed to alcohol use. The AFs vary by age, sex, remoteness and Aboriginal status. Deaths due to alcohol-attributable conditions were identified using ICD-10 codes for underlying cause of death.

In 2020, the rate of alcohol-attributable deaths among Town of Bassendean residents was higher compared to the WA State rate. Among male residents, the rate of alcohol-attributable deaths was 66.1 per 100,000. This is higher compared to the WA State male rate. Among female residents, the rate of alcohol-attributable deaths was 21.7 per 100,000. This is higher compared to the WA State female rate. Note that the data is only for those aged 15 years and over.

Figure 18. Age standardised rate (per 100,000) of alcohol-attributable deaths by sex, Town of Bassendean, 2020

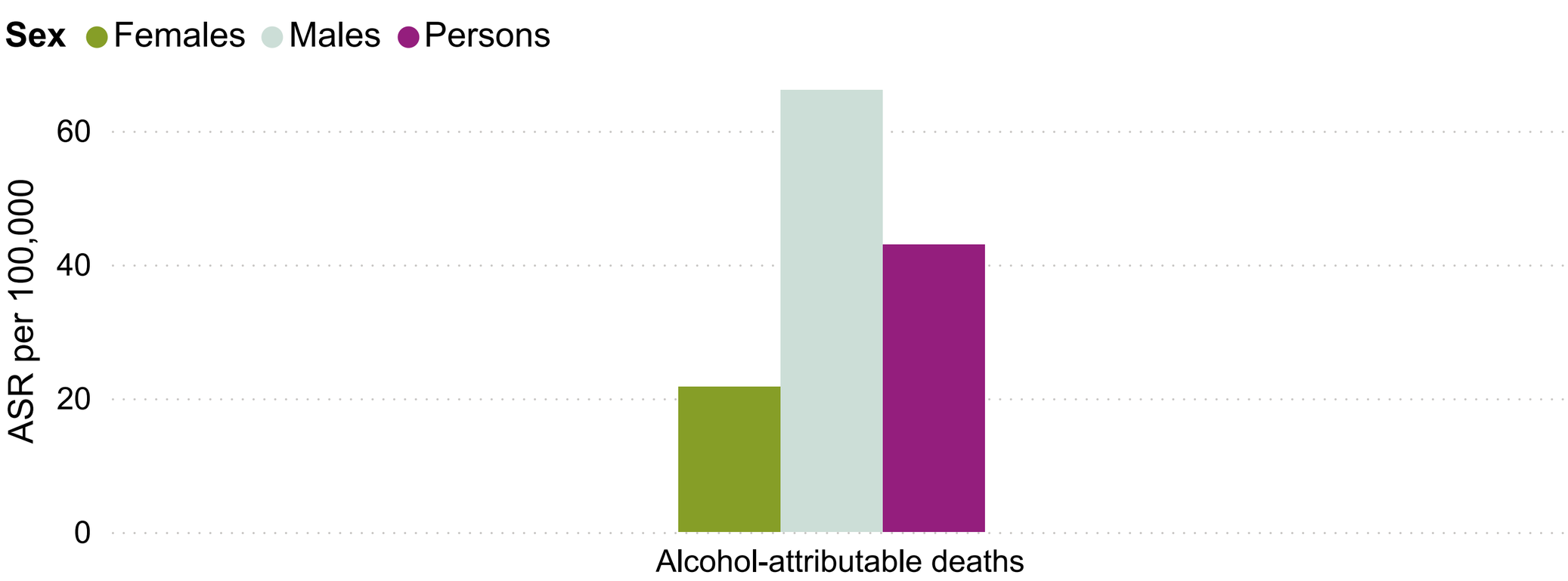
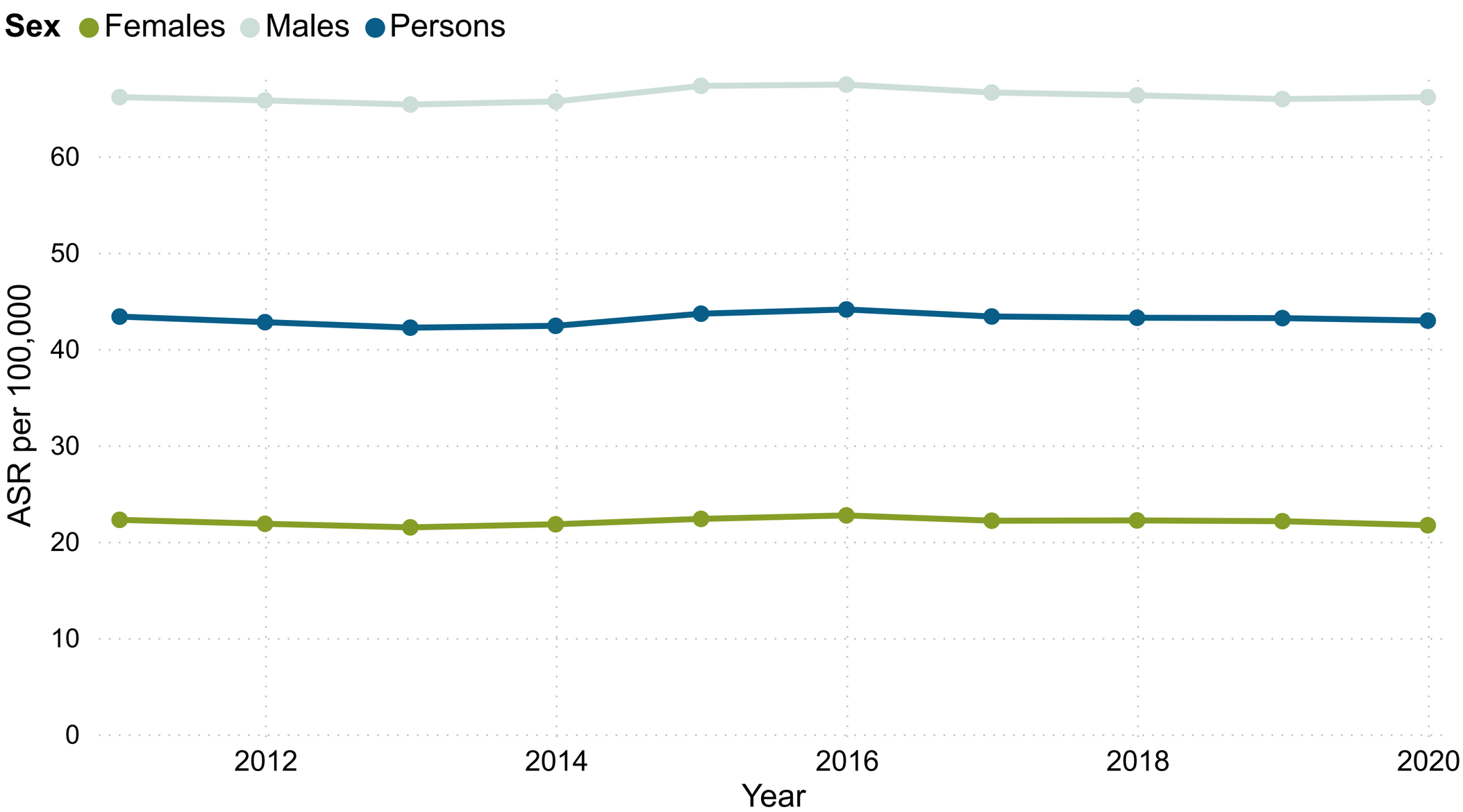


Table 10. Age standardised rate (per 100,000) of alcohol-attributable deaths by sex, Town of Bassendean,2020

Sex ▲	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Females	2.0	21.7	18.0	higher
Males	4.0	66.1	50.3	higher
Persons	6.0	42.9	33.7	higher

Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 19. Age standardised rate (per 100,000) of alcohol-attributable deaths over time by sex, Town of Bassendean, 2011-2020



Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Illicit drug-related harm

Illicit drug-attributable hospitalisations

Data for illicit drug-attributable hospitalisations were sourced from the WA HMDC. Population estimates were obtained from the ABS. Hospitalisations attributable to illicit drug use were estimated using illicit drug AFs for Australia developed by the Australian Institute of Health and Welfare (AIHW) (Ridolfo and Stevenson, 2001). An illicit drug AF is the proportion of hospitalisations or deaths for a particular condition that can be attributed to illicit drug use. The AFs vary by age and sex. Hospitalisations for illicit drug-attributable conditions were identified using ICD-10-AM codes for principal diagnosis and/or external causes. Ten drug groups contribute to the illicit drugs-attributable conditions and include opioids, sedatives (sedatives and barbiturates and benzodiazepines), anti-depressants, psychostimulants and cocaine, hallucinogens, cannabis, volatile substances, analgesics/antipyretics/antirheumatics, combination/unspecified drugs and other adverse effects of drugs.

In 2020, the rate of illicit drug-attributable hospitalisations among Town of Bassendean residents was higher compared to the WA State average. Among male residents, the rate of illicit drug-attributable hospitalisations was 325.6 per 100,000. This is higher compared to the WA State male rate. Among female residents, the rate of illicit drug-attributable hospitalisations was 320.7 per 100,000. This is higher compared to the WA State female rate. Note that the data is only for people aged 15 years and over.

Figure 20. Age standardised rate (per 100,000) of illicit drug-attributable hospitalisations by sex, Town of Bassendean, 2020

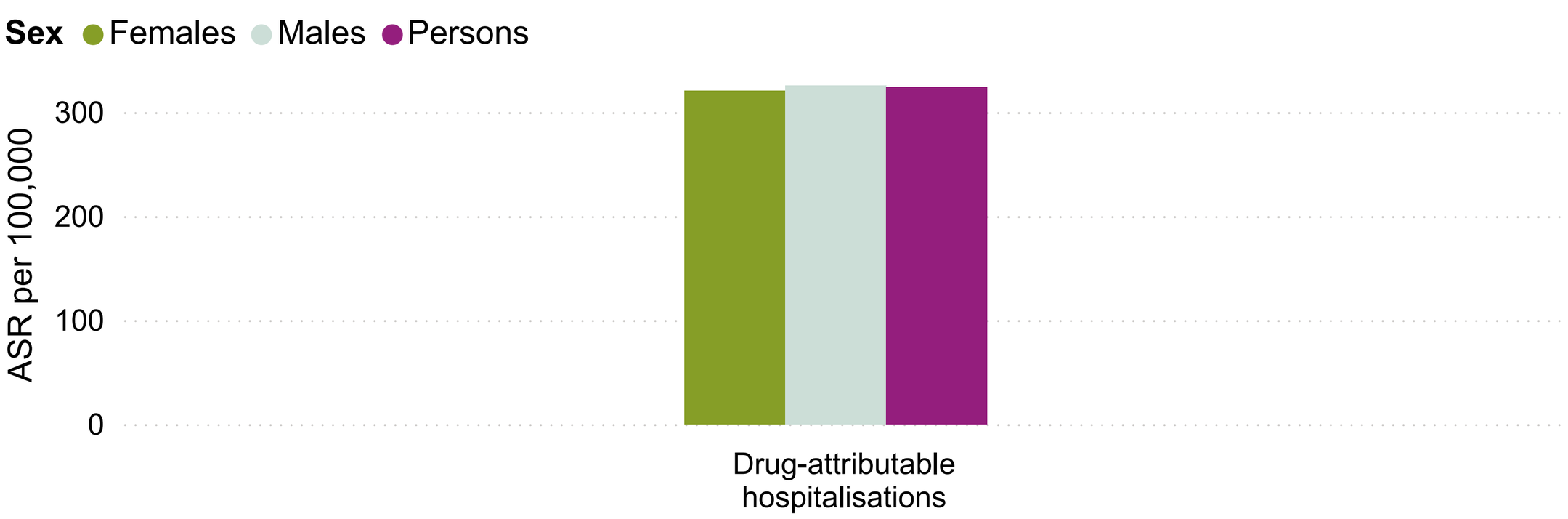
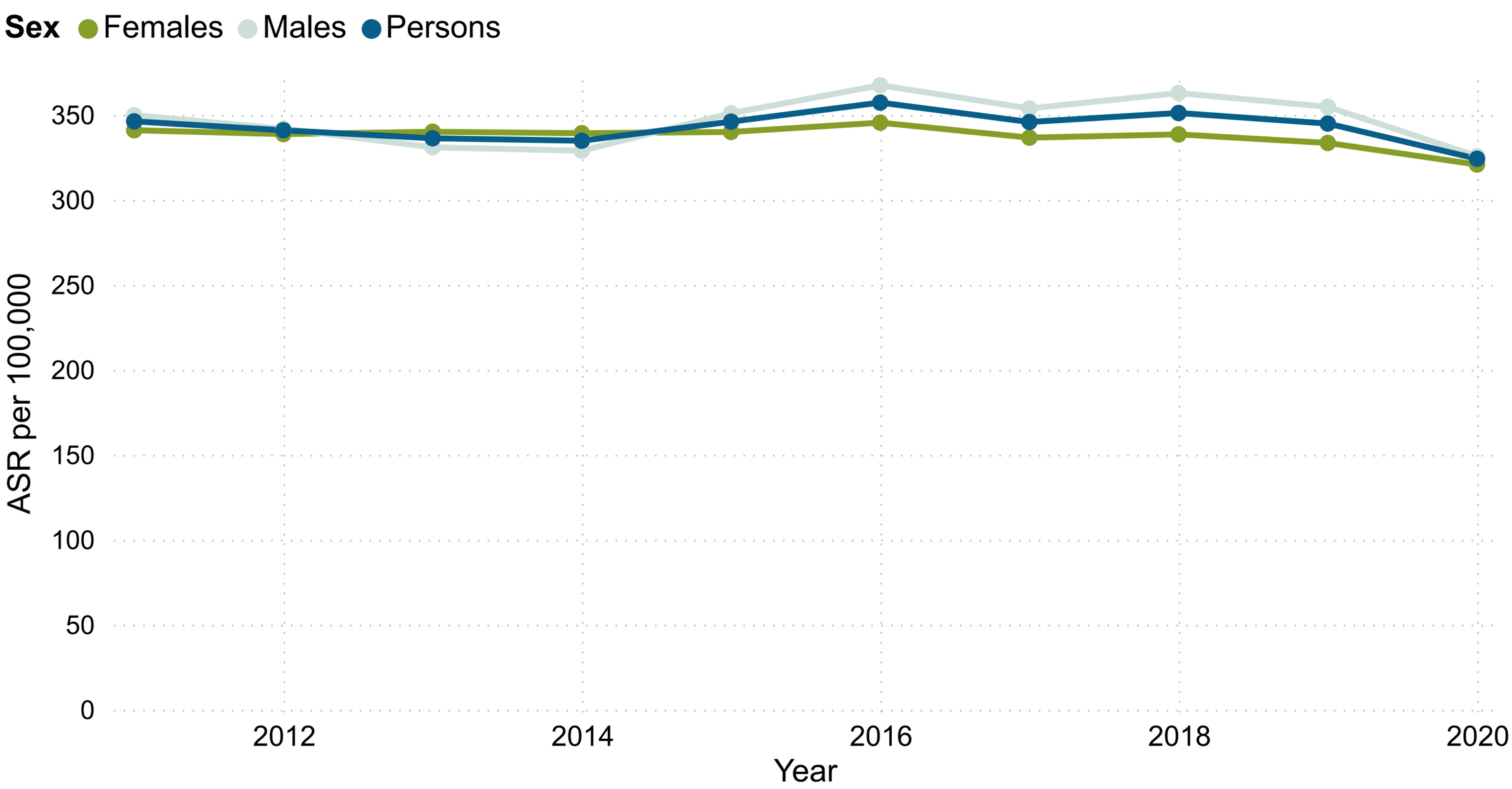


Table 11. Estimated number and age standardised rate (per 100,000) of illicit drug-attributable hospitalisations by sex, Town of Bassendean, 2020

Sex	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Females	20.0	320.7	282.0	higher
Males	19.0	325.6	252.2	higher
Persons	39.0	324.1	266.7	higher

Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 21. Age standardised rate (per 100,000) of illicit drug-attributable hospitalisations over time by sex, Town of Bassendean, 2011-2020



Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA

Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Illicit drug-attributable deaths

Data for illicit drug-attributable deaths were sourced from the COD URF. Population estimates were obtained from the ABS. Deaths attributable to illicit drug use were estimated using illicit drug AFs for Australia developed by the AIHW (Ridolfo and Stevenson, 2001). An illicit drug AF is the proportion of hospitalisations or deaths for a particular condition that can be attributed to illicit drug use. The AFs vary by age and sex. Deaths due to illicit drug-attributable conditions were identified using ICD-10 codes for underlying cause of death and/or multiple cause of death. Ten drug groups contribute to the illicit drugs-attributable conditions and include opioids, sedatives (sedatives and barbiturates and benzodiazepines), anti-depressants, psychostimulants and cocaine, hallucinogens, cannabis, volatile substances, analgesics/antipyretics/antirheumatics, combination/unspecified drugs and other adverse effects of drugs.

In 2020, the rate of illicit drug-attributable deaths among Town of Bassendean residents was higher compared to the WA State average. Among male residents, the rate of illicit drug-attributable deaths was 15.2 per 100,000. This is similar compared to the WA State male rate. Among female residents, the rate of illicit drug-attributable deaths was 16.2 per 100,000. This is higher compared to the WA State female rate. Note that the data is only for those aged 15 years and over.

Figure 22. Age standardised rate (per 100,000) of illicit drug-attributable deaths by sex, Town of Bassendean, 2020

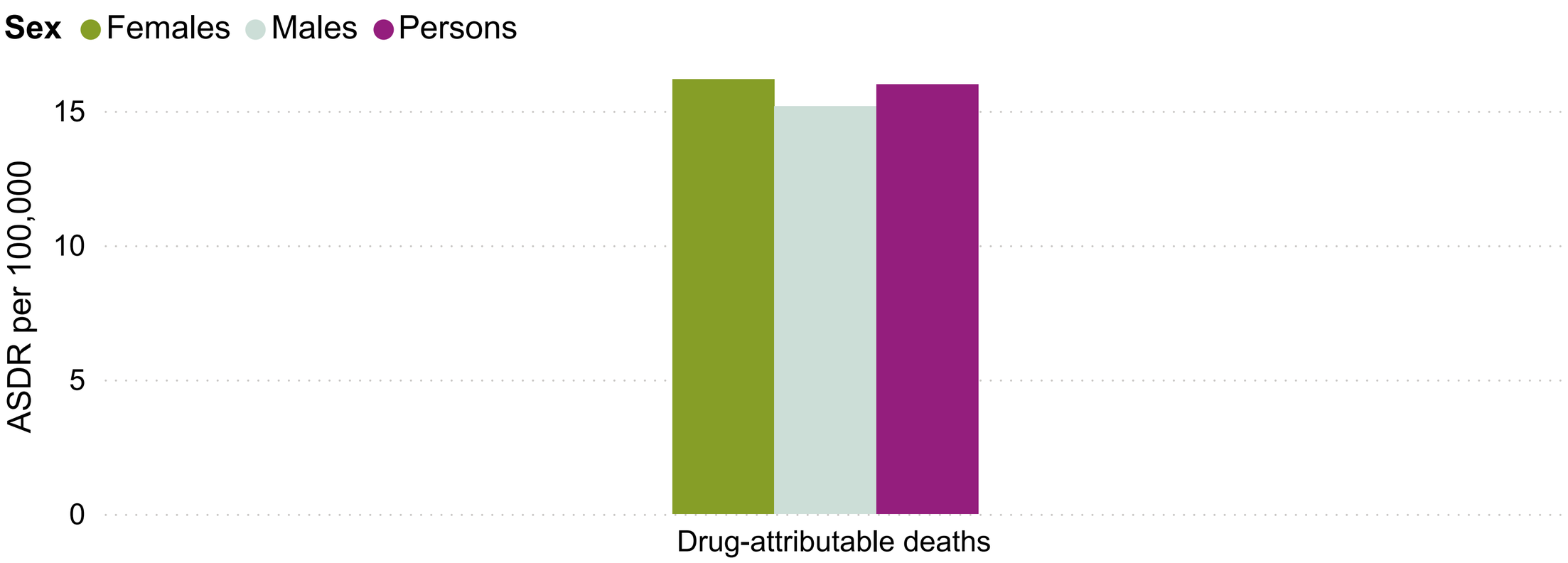
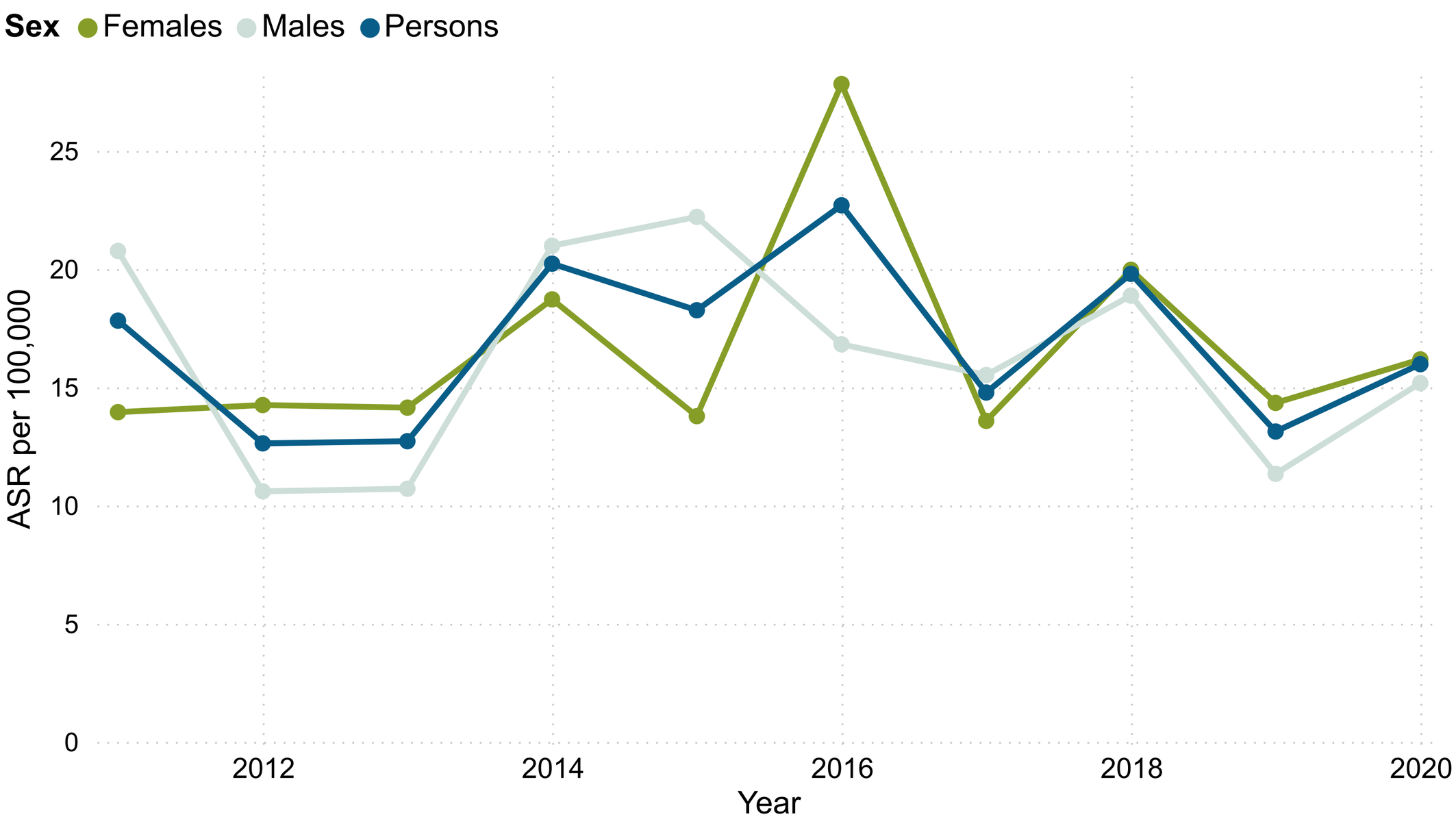


Table 12. Estimated number and age standardised rate (per 100,000) of illicit drug-attributable deaths by sex, Town of Bassendean, 2020

Sex ▲	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Females	1.0	16.2	7.3	higher
Males	1.0	15.2	15.9	similar
Persons	2.0	16.0	11.6	higher

Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 23. Age standardised rate (per 100,000) of illicit drug-attributable deaths over time by sex, Town of Bassendean, 2011-2020



Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Mental Health

Mental health conditions

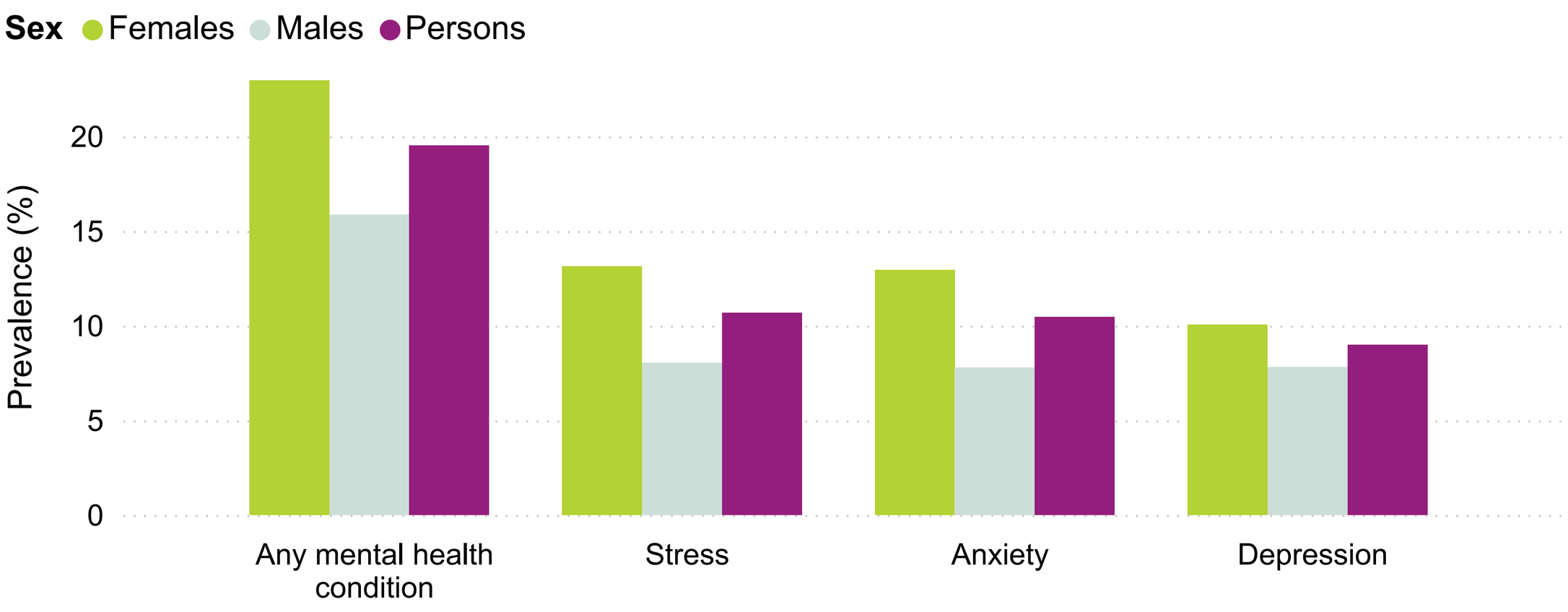
People with a mental health condition are at an increased risk of experiencing other disorders including physical disorders and diabetes (AIHW 2017).

Data for the prevalence of mental health conditions were sourced from the HWSS. Respondents were asked if a doctor had told them they have a mental health condition in the past 12 months, including anxiety, depression, stress related condition, or other mental health condition. For each condition, respondents were categorised into two groups, those who had been told by a doctor they had a mental health condition and those who had not. Respondents were also categorised into those who had any mental health condition diagnosed in the past 12 months. The prevalence estimates for adults who had a doctor tell them they had a mental health condition includes persons 16 years and over.

In 2020, Town of Bassendean residents had a higher prevalence of anxiety, a similar prevalence of depression, a higher prevalence of stress, and a higher prevalence of any mental health condition when compared to the WA State prevalence.

A detailed breakdown by sex for each mental health condition can be found in the Table 13.

Figure 24. Prevalence (%) of mental health conditions by sex, 16 years and over, Town of Bassendean, 2020

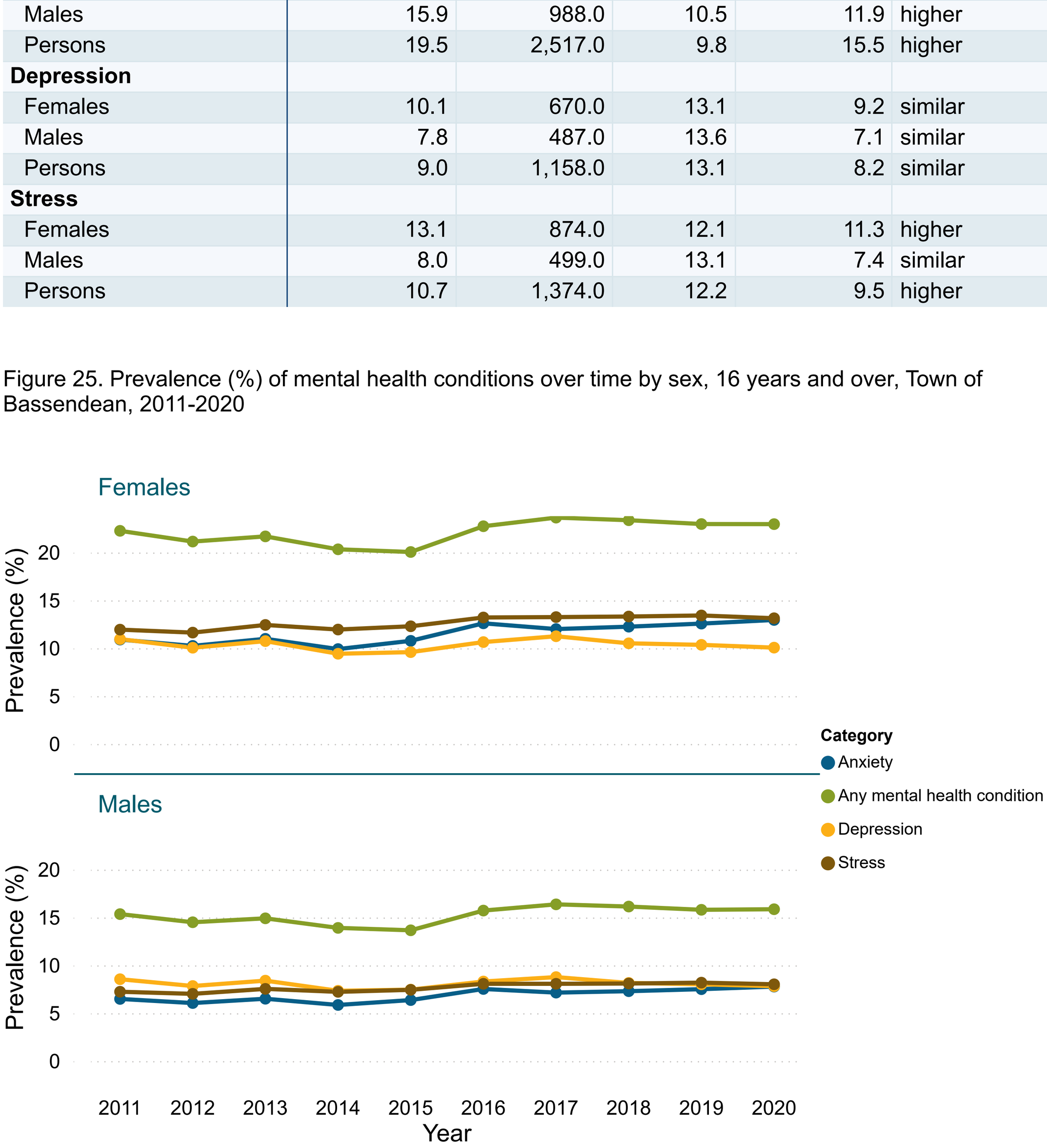


Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Table 13. Prevalence (%) of mental health conditions by sex, 16 years and over, Town of Bassendean, 2020

Category	Prevalence (%)	Estimated number	RSE (%)	WA prevalence (%)	Compared to WA
Anxiety					
Females	13.0	863.0	12.8	11.2	higher
Males	7.8	484.0	13.7	7.2	similar
Persons	10.5	1,347.0	12.9	9.3	higher
Any mental health condition					
Females	23.0	1,529.0	9.5	18.7	higher
Males	15.9	988.0	10.5	11.9	higher
Persons	19.5	2,517.0	9.8	15.5	higher
Depression					
Females	10.1	670.0	13.1	9.2	similar
Males	7.8	487.0	13.6	7.1	similar
Persons	9.0	1,158.0	13.1	8.2	similar
Stress					
Females	13.1	874.0	12.1	11.3	higher
Males	8.0	499.0	13.1	7.4	similar
Persons	10.7	1,374.0	12.2	9.5	higher

Figure 25. Prevalence (%) of mental health conditions over time by sex, 16 years and over, Town of Bassendean, 2011-2020



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Psychological distress

Data for the prevalence of psychological distress were sourced from the HWSS. The prevalence of psychological distress was determined using the Kessler Psychological Distress Scale-10 (K10), a 10-item questionnaire that measures psychological distress by asking respondents 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 are then categorised into low, moderate, high and very high levels of psychological distress (Andrews and Slade, 2001). Respondents were then categorised into two groups, those with high and very high psychological distress and those with low and moderate psychological distress. The prevalence estimates for adults with high or very high psychological distress is presented in this report and includes persons 16 years and over.

In 2020, Town of Bassendean residents had a higher prevalence of high or very high psychological distress when compared to the WA State prevalence. It is estimated that 9.0% of males and 10.7% of females aged 16 years and over had high or very high psychological distress.

Figure 26. Prevalence (%) of high or very high psychological distress by sex, 16 years and over, Town of Bassendean, 2020

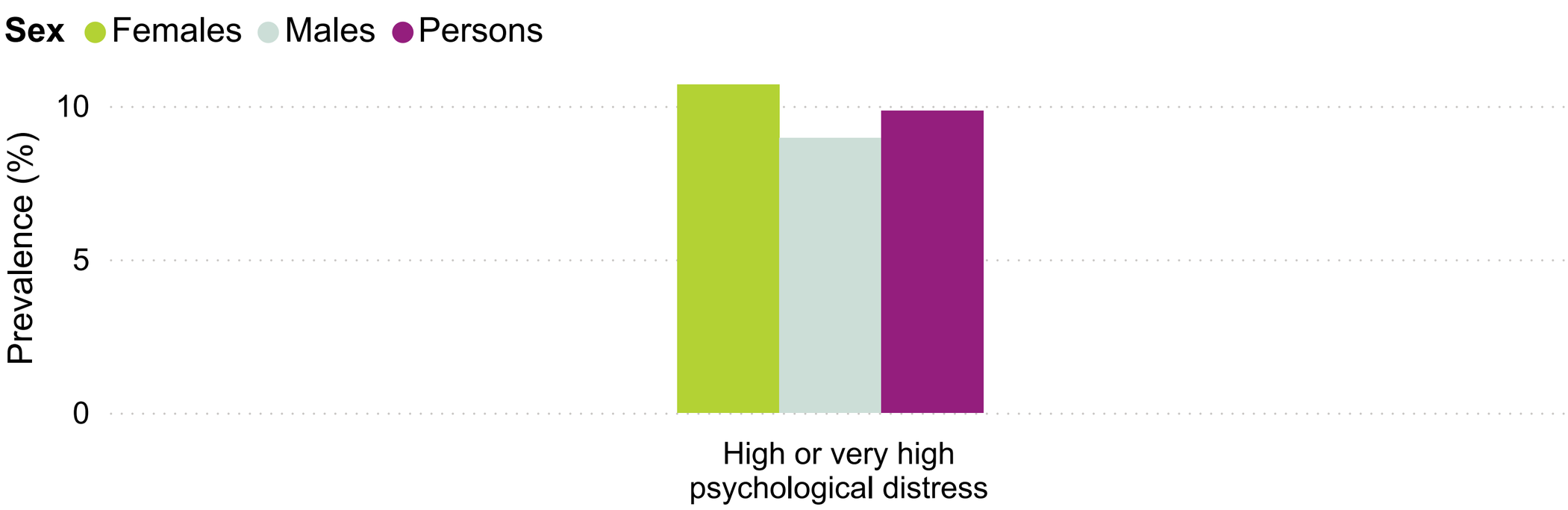


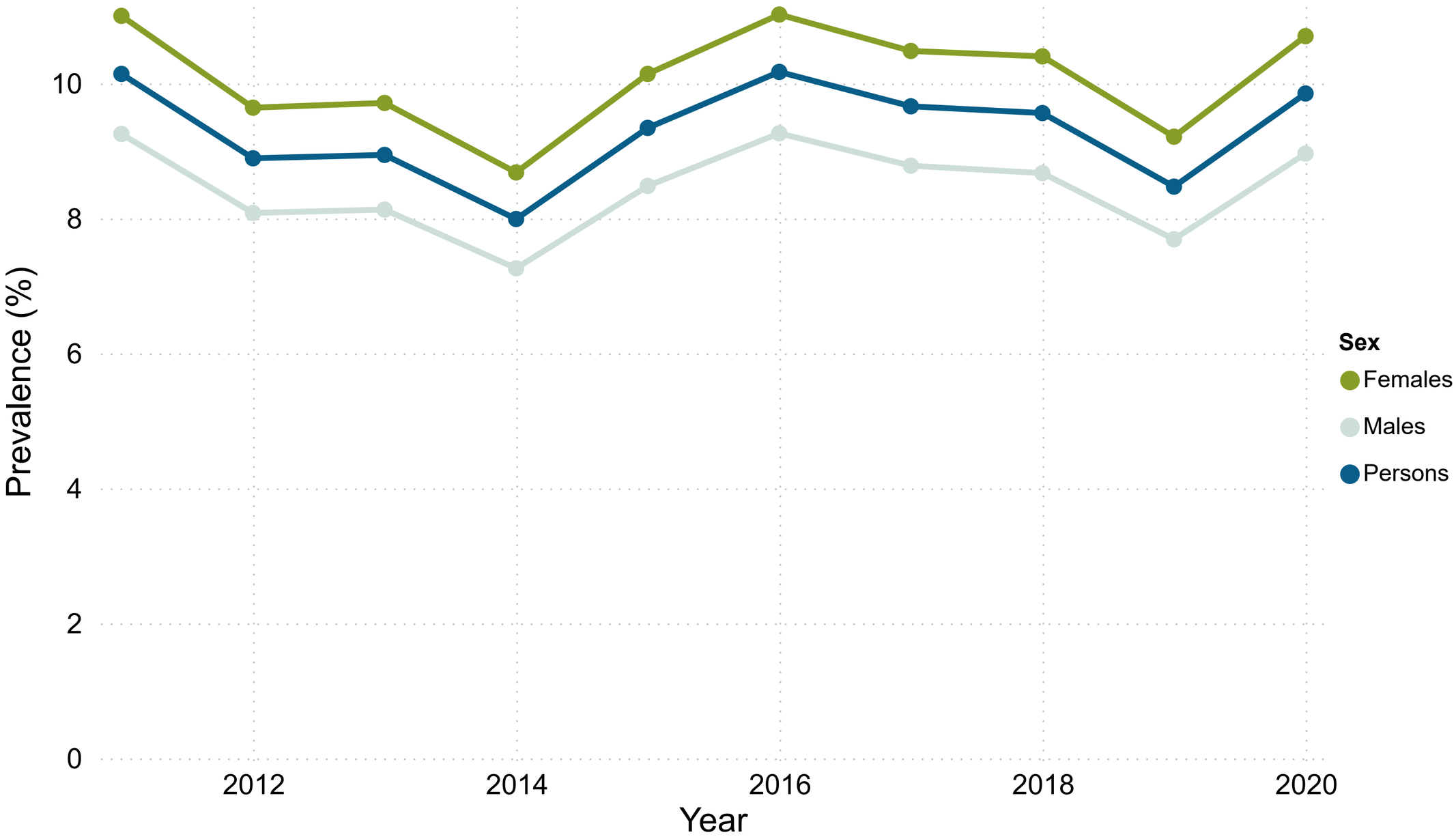
Table 14. Prevalence (%) of high or very high psychological distress by sex, 16 years and over, Town of Bassendean, 2020

Category	Prevalence (%)	Estimated number	RSE (%)	WA prevalence (%)	Compared to WA
High or very high psychological distress					
Females	10.7	713.0	13.5	10.2	similar
Males	9.0	558.0	13.8	6.9	higher
Persons	9.9	1,270.0	13.4	8.6	higher

Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA

Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 27. Prevalence (%) of high or very high psychological distress over time by sex, 16 years and over, Town of Bassendean, 2011-2020



Source: WA Health and Wellbeing Surveillance System, Epidemiology Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Injury

Injury-related hospitalisations

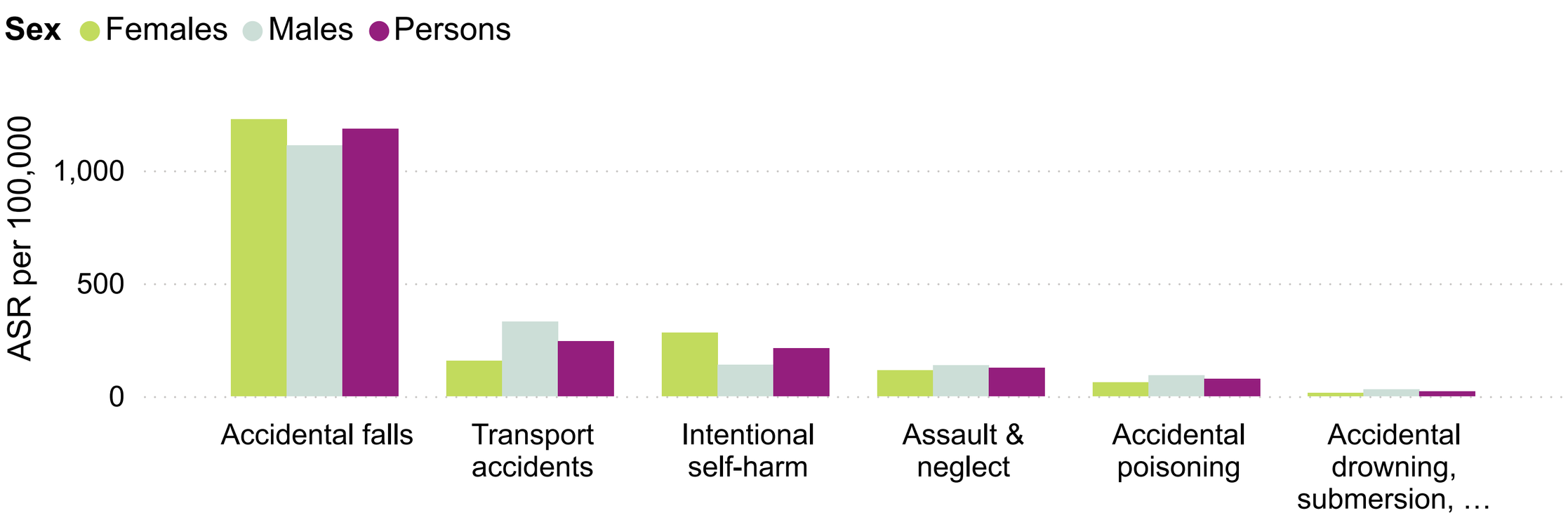
Data for injury-related hospitalisations were sourced from the WA HMDC. Population estimates were obtained from the ABS. Injury-related hospitalisations were identified using ICD-10-AM codes for external causes of injury (see Table 15). These external causes are the circumstances of injury, or the activity being undertaken when the injury occurred. There are a total of 15 major injury causes, however, only the six causes considered to be amenable to prevention by local governments are presented in this report (see Table 15).

Table 15. ICD-10-AM codes for selected external causes of injury

Selected external cause of injury/external cause of death	ICD-10-AM codes for cause of injury
Assault and neglect	X85-X99; Y00-Y09
Intentional self-harm	X60-X84
Accidental poisoning	X20-X29; X40-X49
Accidental drowning, submersion, threats to breathing	W65-W84
Falls	W00-W19
Transport accidents	V00-V99

In 2020, accidental falls was the leading cause of injury-related hospitalisations in Town of Bassendean. Detailed estimated numbers and rates by sex for each injury cause can be found in Table 16. Note that the data is for people of all ages.

Figure 28. Age standardised rate (per 100,000) of injury-related hospitalisations by selected injury cause and sex, Town of Bassendean, 2020



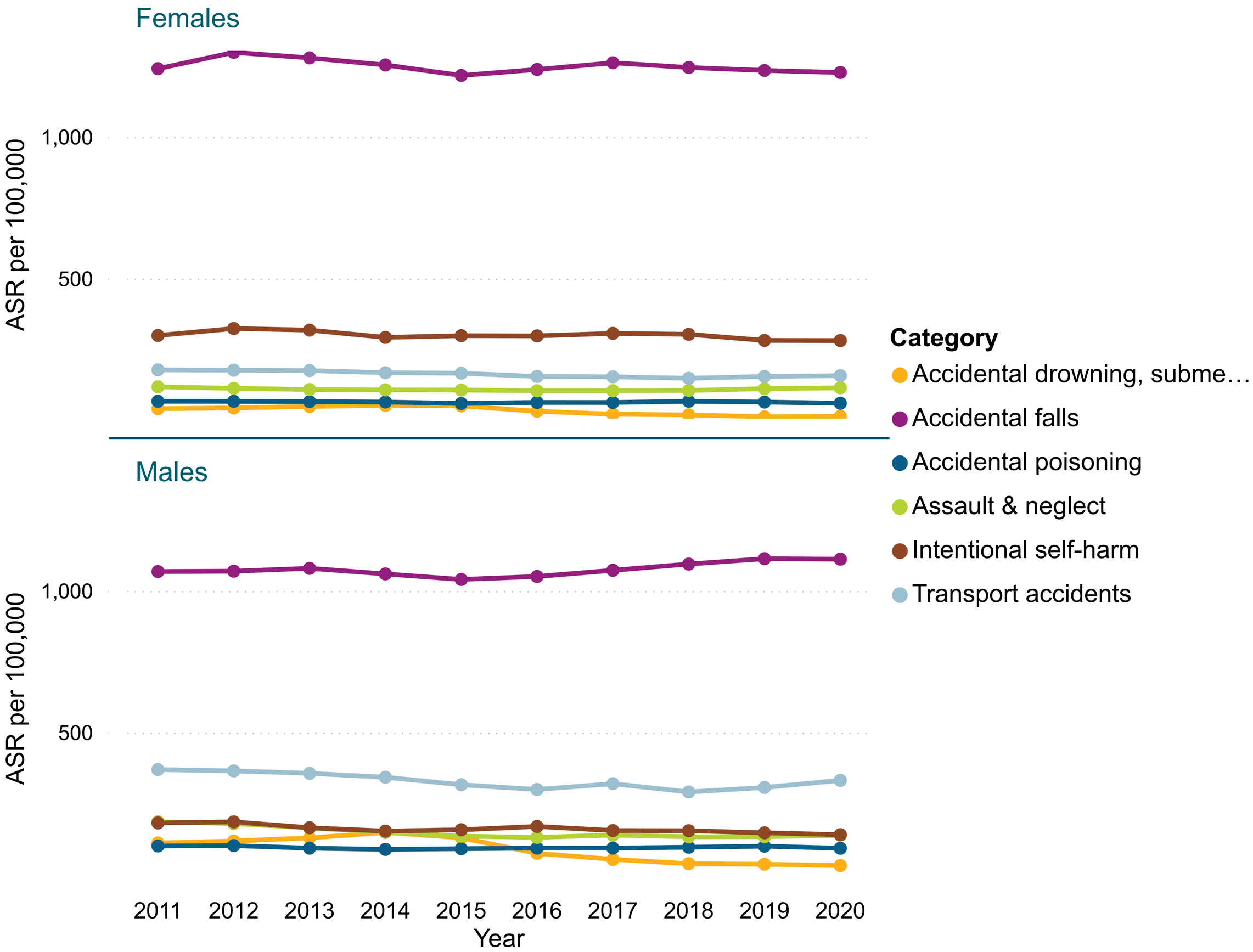
Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Table 16. Estimated number and age standardised rate (per 100,000) of injury-related hospitalisations by selected injury cause and sex, Town of Bassendean, 2020

Category	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Accidental drowning, submersion, threats to breathing				
Males	3.0	30.6	27.1	higher
Females	2.0	14.6	19.0	lower
Persons	4.0	22.0	23.0	similar
Accidental falls				
Females	131.0	1,227.5	1,164.3	higher
Males	97.0	1,111.7	1,021.6	higher
Persons	228.0	1,184.8	1,099.2	higher
Accidental poisoning				
Females	5.0	60.5	55.3	higher
Males	8.0	91.9	69.8	higher
Persons	13.0	76.3	62.5	higher
Intentional self-harm				
Females	21.0	281.6	221.6	higher
Males	10.0	139.6	105.6	higher
Persons	31.0	211.8	162.6	higher
Assault & neglect				
Females	9.0	115.0	135.3	lower
Males	10.0	137.4	164.9	lower
Persons	19.0	126.2	150.1	lower
Transport accidents				
Females	13.0	157.8	174.0	lower
Males	25.0	331.3	386.1	lower
Persons	38.0	243.9	280.4	lower

Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 29. Age standardised rate (per 100,000) of injury-related hospitalisations over time by sex, Town of Bassendean, 2011-2020



Source: WA Hospital Morbidity Data Collection, Information and System Performance Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Injury-related deaths

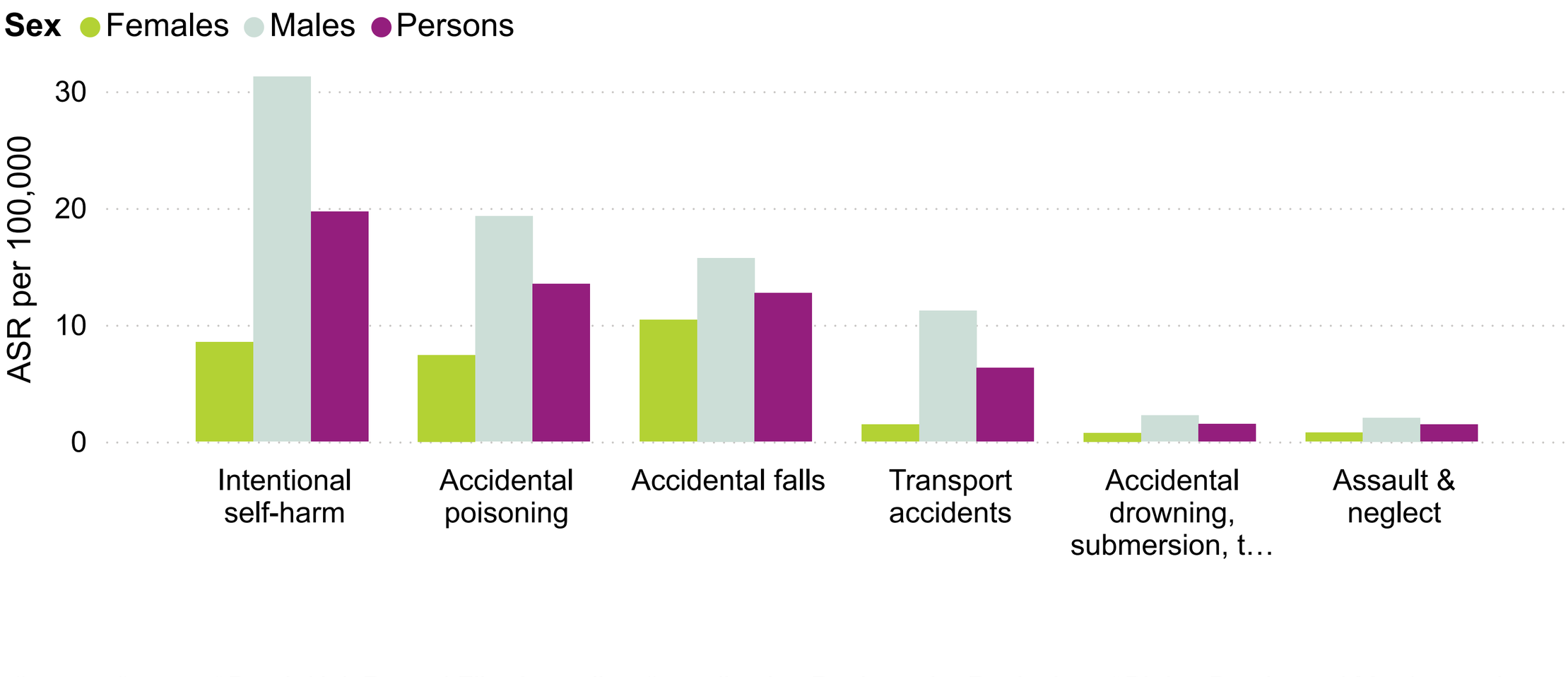
Data for injury-related deaths were sourced from the COD URF. Population estimates were obtained from the ABS. Injury-related deaths were identified using ICD-10 codes for underlying cause of death (see Table 17). These external causes are the circumstances of injury, or the activity being undertaken when the injury occurred. There are a total of 15 major injury causes, however, only the six causes considered to be amenable to prevention by local governments are presented in this report (see Table 17).

Table 17. ICD-10 codes for selected external causes of death

Selected external cause of injury/external cause of death	ICD-10 codes for cause of death
Transport accidents	V00-V99, Y85
Falls	W00-W19
Accidental drowning, submersion, threats to breathing	W65-W84
Accidental poisoning	X40-X49
Intentional self-harm	X60-X84, Y87.0
Assault and neglect	X85-Y09, Y35-Y36, Y87.1

In 2020, intentional self-harm was the leading cause of injury-related deaths in Town of Bassendean. Detailed estimated numbers and rates by sex for each injury cause in the Town of Bassendean can be found in Table 18. Note that the data is for people of all ages.

Figure 30. Age standardised rate (per 100,000) of injury-related deaths by selected injury cause and sex, Town of Bassendean, 2020



Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

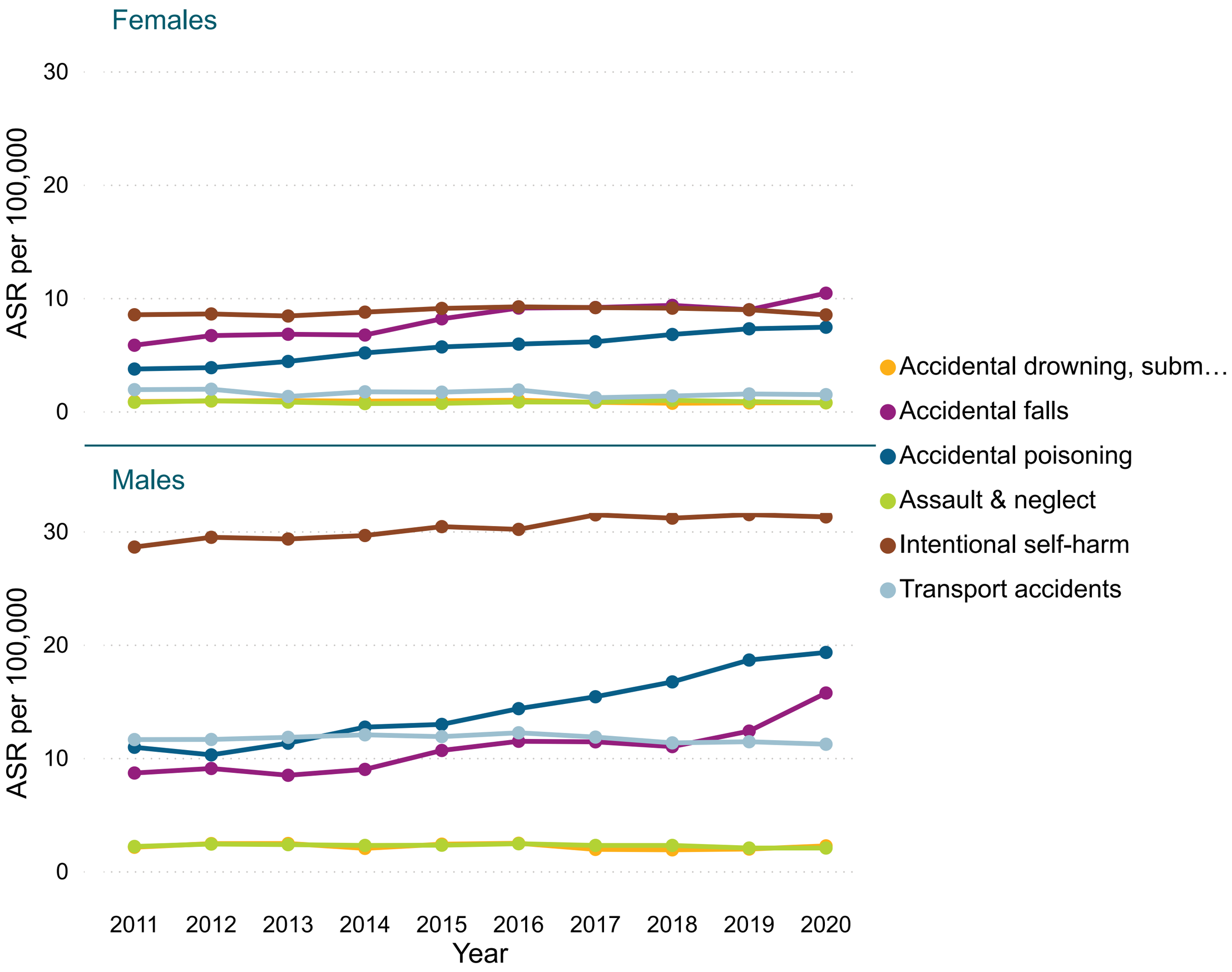
Table 18. Estimated number and age standardised rate (per 100,000) of injury-related deaths by selected injury cause and sex, Town of Bassendean, 2020

Category	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Accidental drowning, submersion, threats to breathing				
Females	0.0	0.7	0.9	similar
Males	0.0	2.2	2.4	similar
Persons	0.0	1.5	1.7	similar
Accidental falls				
Females	2.0	10.4	12.7	lower
Males	1.0	15.7	20.0	lower
Persons	3.0	12.7	15.9	lower
Accidental poisoning				
Females	1.0	7.4	5.7	similar
Males	2.0	19.3	13.6	higher
Persons	2.0	13.5	9.6	higher
Assault & neglect				
Females	0.0	0.8	0.8	similar
Males	0.0	2.0	1.6	similar
Persons	0.0	1.5	1.2	similar
Intentional self-harm				
Females		8.5	6.9	higher
Males		31.3	22.2	higher
Persons		19.7	14.5	higher
Transport accidents				
Females	0.0	1.5	3.3	lower
Males	1.0	11.2	10.5	similar
Persons	1.0	6.3	6.9	similar

For intentional self harm, estimated numbers less than six have been suppressed to maintain confidentiality.

Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 31. Age standardised rate (per 100,000) of injury-related deaths over time by sex, Town of Bassendean, 2011-2020



Source: Cause of Death Unit Record File, Australian Co-ordinating Registry, the Registries of Births, Deaths and Marriages, the Coroners, the National Coronial Information System and the Victorian Department of Justice and Community Safety.
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Notifiable infectious diseases

Data for infectious disease notifications were sourced from the WANIDD. Population estimates were obtained from the ABS. In this report, notifiable infectious diseases were aggregated into five major disease categories. However, the major disease categories of zoonotic diseases and other notifiable diseases were not reported due to small number of cases in WA. A list of the specific infectious diseases that fall under the major disease categories can be requested from the Epidemiology Directorate. Specific infectious diseases were identified using case definitions available from Communicable Disease Control Directorate (2021).

In 2020, sexually transmitted infections was the leading cause of notifiable infectious diseases in the Town of Bassendean. Detailed estimated numbers and rates by sex for each cause can be found in Table 19. Note that the data is for people of all ages.

Figure 32. Age standardised rate (per 100,000) of notifiable diseases by major disease category and sex, Town of Bassendean, 2020

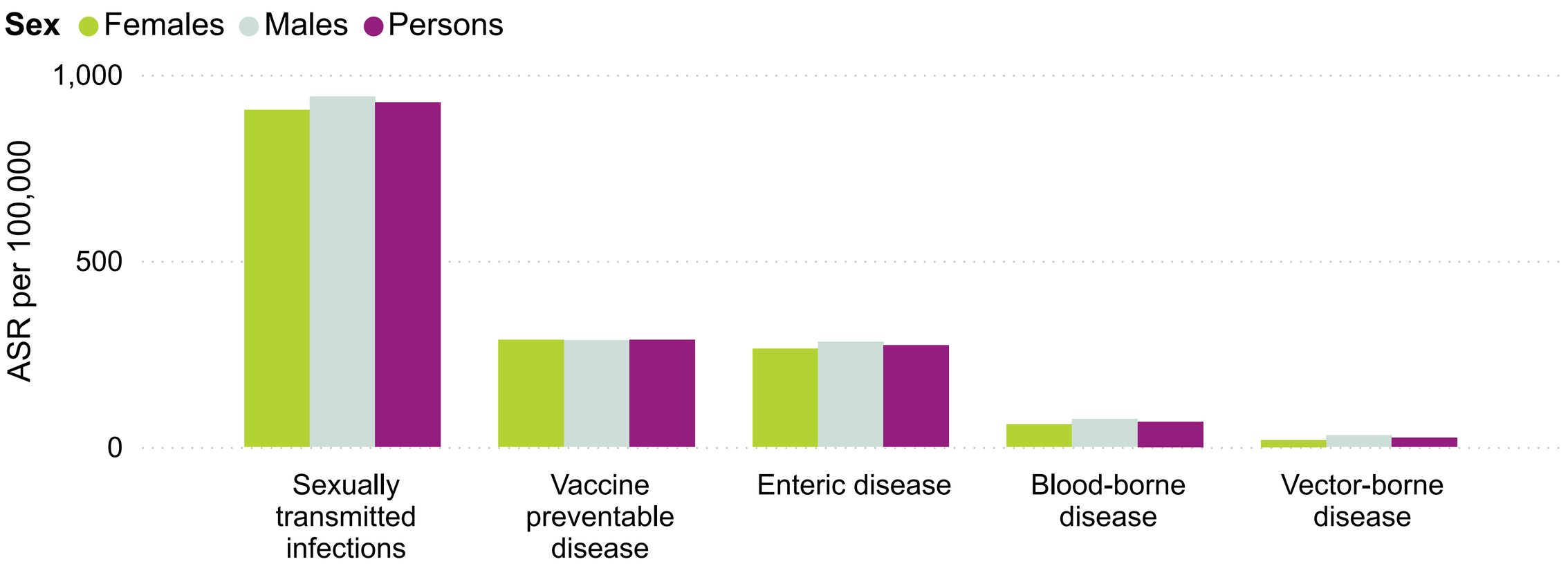
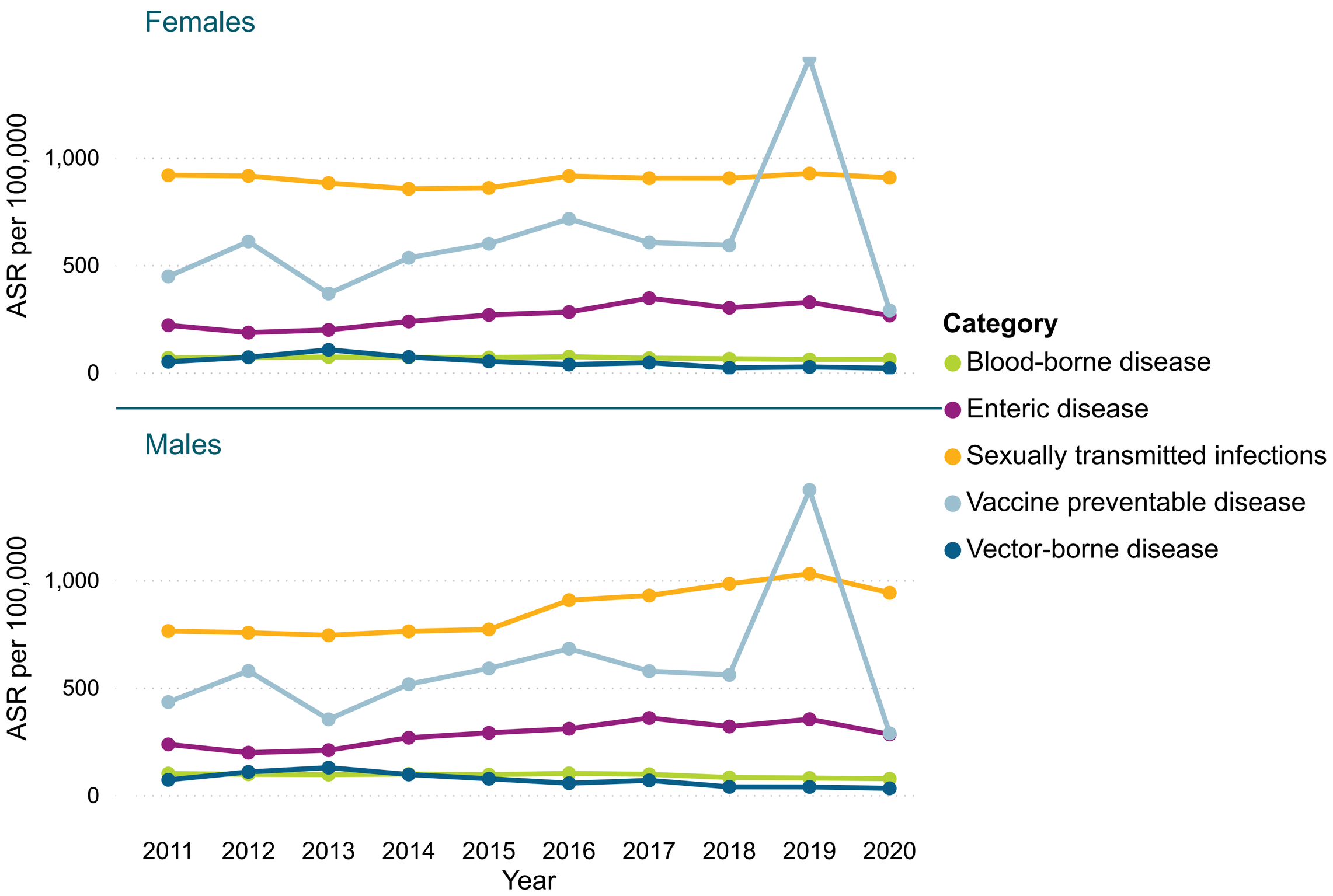


Table 19. Estimated number and age standardised rate (per 100,000) of notifiable infectious diseases by major disease category and sex, Town of Bassendean, 2020

Category	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Blood-borne disease				
Females	5.0	60.5	44.0	higher
Males	6.0	75.6	64.9	higher
Persons	11.0	67.9	54.5	higher
Enteric disease				
Females	21.0	264.2	206.9	higher
Males	23.0	281.9	220.2	higher
Persons	44.0	273.5	213.6	higher
Sexually transmitted infections				
Females	60.0	905.4	648.7	higher
Males	66.0	940.7	578.8	higher
Persons	126.0	924.6	611.6	higher
Vaccine preventable disease				
Females	24.0	288.0	240.7	higher
Males	23.0	286.6	223.3	higher
Persons	47.0	288.1	232.1	higher
Vector-borne disease				
Females	2.0	18.7	23.3	lower
Males	2.0	31.0	24.6	higher
Persons	4.0	24.9	24.0	similar

Source: WA Notifiable Infectious Disease Database, Communicable Disease Control Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Figure 33. Age standardised rate (per 100,000) of notifiable infectious diseases over time by sex, Town of Bassendean, 2011-2020



Source: WA Notifiable Infectious Disease Database, Communicable Disease Control Directorate, DOH WA
Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

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Enquiries
Epidemiology Directorate +61 8 6373 3804; epi@health.wa.gov.au

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