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

Health and Wellbeing Profile: Shire of Goomalling

2015–2024

Epidemiology Directorate, Public and Aboriginal Health Division, Department of Health WA
January 2026

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.

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Abbreviations

ABS	Australian Bureau of Statistics
AF	Aetiological Fraction
AIHW	Australian Institute of Health and Welfare
ASR	Age-Standardised Rate
BMI	Body Mass Index
CDCD	Communicable Disease Control Directorate
CI	Credible Interval
COD URF	Cause of Death Unit Record File
DHAC	Department of Health and Aged Care, Australia
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
LCI	Lower Credible Interval
LGA	Local Government Area
NHMRC	National Health and Medical Research Council
n.p.	not published
PAHD	Public and Aboriginal Health Division
RSE	Relative Standard Error
STI	Sexually Transmitted Infections
UCI	Upper Credible Interval
WA	Western Australia
WANIDD	WA Notifiable Infectious Diseases Database

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Introduction

The Shire of Goomalling Health Profile 2015–2024 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, 2025). Download Report

This health profile provides an overview of the health status and determinants of people in the Shire of Goomalling using the latest available data from multiple sources. It covers the following key areas:

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

This report presents modelled data (i.e. not raw values), which are smoothed estimates produced through Bayesian methods. Due to rounding and modelling approaches, male and female values may not sum to totals. Details of the modelling methodology can be found in Epidemiology Directorate (2024a).

This report draws on the latest available data for each indicator. Reported years may vary depending on the data source.

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. It is the largest ongoing population health survey in WA and has been running since 2002. The main objectives of the HWSS is to monitor the health status of the WA population and to inform and support the 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 weighted to adjust the proportions of certain demographic characteristics of the respondents so that they match the corresponding proportions in the total WA population. 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 the 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 (2025).

ABS Estimated Resident Population

The WA ERP is obtained from the Australian Bureau of Statistics (ABS). These population estimates are as at 30 June for each calendar year and broken down by age, sex, and local government area (ABS, 2024).

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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 sociodemographic characteristics of people in Australia on Census night. The 2021 Census was used for this report (ABS, 2021b).

Please note the term Aboriginal has been used in preference to Aboriginal and Torres Strait Islander when presenting Census data. Within WA, the term Aboriginal is used in recognition that Aboriginal people are the original inhabitants of WA. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

Summary measures and their uses

WA Health and Wellbeing Surveillance System

- **Prevalence estimates**

  Prevalence refers to the proportion (percentage) of the Western Australian population who have a particular lifestyle risk factor or health condition during a specified period. For each HWSS indicator, prevalence estimates are calculated by dividing the number of respondents who report the relevant risk factor or condition by the total number of respondents for that period, after applying survey weights so that the results reflect the demographic profile of the WA population. These prevalence estimates can therefore be interpreted as representative of the general Western Australian population.

  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 (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and have been suppressed (not published (n.p.)).

- **Comparisons with WA state prevalence**

  In this report, comparisons of local prevalence estimates with WA state prevalence estimates are made by using exceedance probabilities (EPs) to identify whether the lifestyle risk factor or disease prevalence for the LGA is higher, lower, or similar to the state prevalence.

  EP values above 0.8 were considered likely to be ‘higher’ than the state prevalence. Values below 0.2 were considered likely to be ‘lower’ than the state prevalence. Values between 0.2 and 0.8 were then considered to be ‘similar’ 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 account for any

differences in the age structure of the populations (AIHW, 2011). In this report, the direct method of age-standardisation has been applied using the age distribution 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. Small estimated counts are included in figures and tables to maintain data completeness for all LGAs.

- **Comparisons with WA state ASR**

  In this report, comparison of local estimates with WA state are made by using EPs to identify whether the risk factor or disease/condition ASR for the LGA is higher, lower, or similar to the state ASR.

  EP values above 0.8 were considered likely to be ‘higher’ than the state ASR. Values below 0.2 were considered likely to be ‘lower’ than the state ASR. Values between 0.2 and 0.8 were then considered to be ‘similar’ to the state ASR. Further details can be found in Epidemiology Directorate (2024a).

Population

As of 30 June 2024, an estimated 992 people lived in the Shire of Goomalling. Around 50% were male and 50% were female (Figure 1). Other selected population measures based on 2021 Census of Population and Housing data are provided in Table 1.

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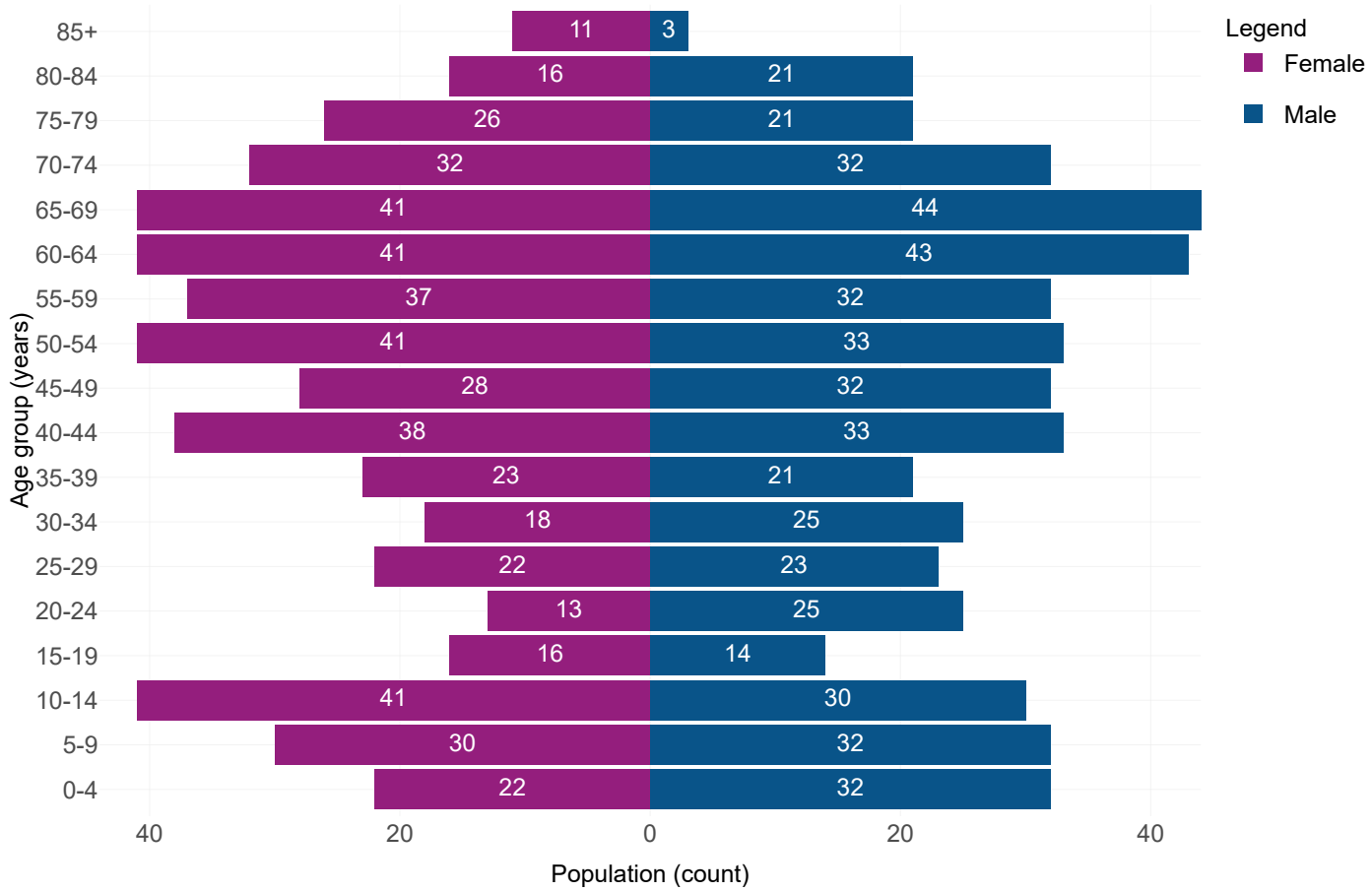

Figure 1. Population by age group and sex, Shire of Goomalling (2024).

Source: 2024 Estimated Resident Population, Australian Bureau of Statistics.

Table 1. Selected population measures, Shire of Goomalling, 2021

Population measure	Count	Percentage (%)
Aboriginal	48	4.9
Persons born overseas	246	25.0
Persons who do not speak English at home	152	15.9
Persons who are unemployed	18	3.2
Families with annual income < $64,999	59	23.0

Source: 2021 Census 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). Download Report

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 above: 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 above: 5 serves. The prevalence estimates for those who meet the guidelines for fruit and vegetable consumption are presented for children (2–15 years) and adults (16 years and above).

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, and also how many times a week on average they drank sugar-sweetened soft drinks or energy drinks. They were then categorised on whether they ate fast food more than twice a week or drank sugar-sweetened soft drinks or energy drinks more than twice a week. The NMHRC Australian Dietary Guidelines recommends limited intake of discretionary foods such as fast food and ultra-processed foods as well as sugar-sweetened drinks. The prevalence estimates for those who ate fast food and those who drank sugar-sweetened soft drinks or energy drinks more than twice a week are presented for children (1–15 years) and adults (16 years and above). Data for sugar-sweetened soft drink and energy drink consumption are presented from 2020 onwards; questions relating to this indicator were not part of the HWSS questionnaire prior to 2020.

Children

In 2024, 69.4% of Shire of Goomalling residents aged 2–15 years ate the recommended serves of fruit daily. This was lower than the state prevalence (75.4%). Among male residents of this age, 66.4% ate the recommended serves of fruit daily, which was lower than the state prevalence (73.2%). In comparison, among females, the prevalence was 72.1%, which was lower than the state prevalence (77.7%).

An estimated 10.1% of Shire of Goomalling residents aged 2–15 years ate the recommended serves of vegetables daily in 2024. This was similar to the state prevalence (10.9%). Among male residents of this age, 7.6% ate the recommended serves of vegetables daily, which was lower than the state prevalence (8.7%). In comparison, among females, the prevalence was 12.2%*, which was similar to the state prevalence (13.3%).

In 2024, 5.0% of Shire of Goomalling residents aged 1–15 years ate fast food more than twice a week. This was lower than the state prevalence (6.2%). Among male residents of this age, 7.1% ate fast food more than twice a week, which was lower than the state prevalence (8.3%). In comparison, among females, the prevalence was 3.1%, which was lower than the state prevalence (4.0%).

Additionally, 11.6% of Shire of Goomalling residents aged 1–15 years drank sugar-sweetened soft drinks or energy drinks more than twice a week in 2024. This was higher than the state prevalence (8.5%). Among male residents of this age, 12.8% drank sugar-sweetened soft drinks or energy drinks more than twice a week, which was higher than the state prevalence (8.2%). In comparison, among females, the prevalence was 10.2%*, which was similar to the state prevalence (8.8%).

The data described above are presented in Figure 2, with trends over time shown in Figure 3.

Adults

In 2024, 34.5% of Shire of Goomalling residents aged 16 years and above ate the recommended serves of fruit daily. This was similar to the state prevalence (33.4%). Among male residents of this age, 33.8% ate the recommended serves of fruit daily, which was higher than the state prevalence (31.1%). In comparison, among females, the prevalence was 35.1%, which was similar to the state prevalence (35.5%).

An estimated 5.1%* of Shire of Goomalling residents aged 16 years and above ate the recommended serves of vegetables daily in 2024. This was similar to the state prevalence (4.7%). Among male residents of this age, 3.4% ate the recommended serves of vegetables daily, which was higher than the state prevalence (2.3%). In comparison, among females, the prevalence was 6.9%*, which was similar to the state prevalence (6.9%).

In 2024, 6.0% of Shire of Goomalling residents aged 16 years and above ate fast food more than twice a week. This was similar to the state prevalence (6.0%). Among male residents of this age, 8.4% ate fast food more than twice a week, which was lower than the state prevalence (8.8%). In comparison, among females, the prevalence was 3.5%, which was similar to the state prevalence (3.4%).

Additionally, 20.8%* of Shire of Goomalling residents aged 16 years and above drank sugar-sweetened soft drinks or energy drinks more than twice a week in 2024. This was similar to the state prevalence (16.8%). Among male residents of this age, 24.2% drank sugar-sweetened soft drinks or energy drinks more than twice a week, which was similar to the state prevalence (21.6%). In comparison, among females, the prevalence was 17.1%*, which was higher than the state prevalence (12.3%).

The data described above are presented in Figure 2, with trends over time shown in Figure 4.

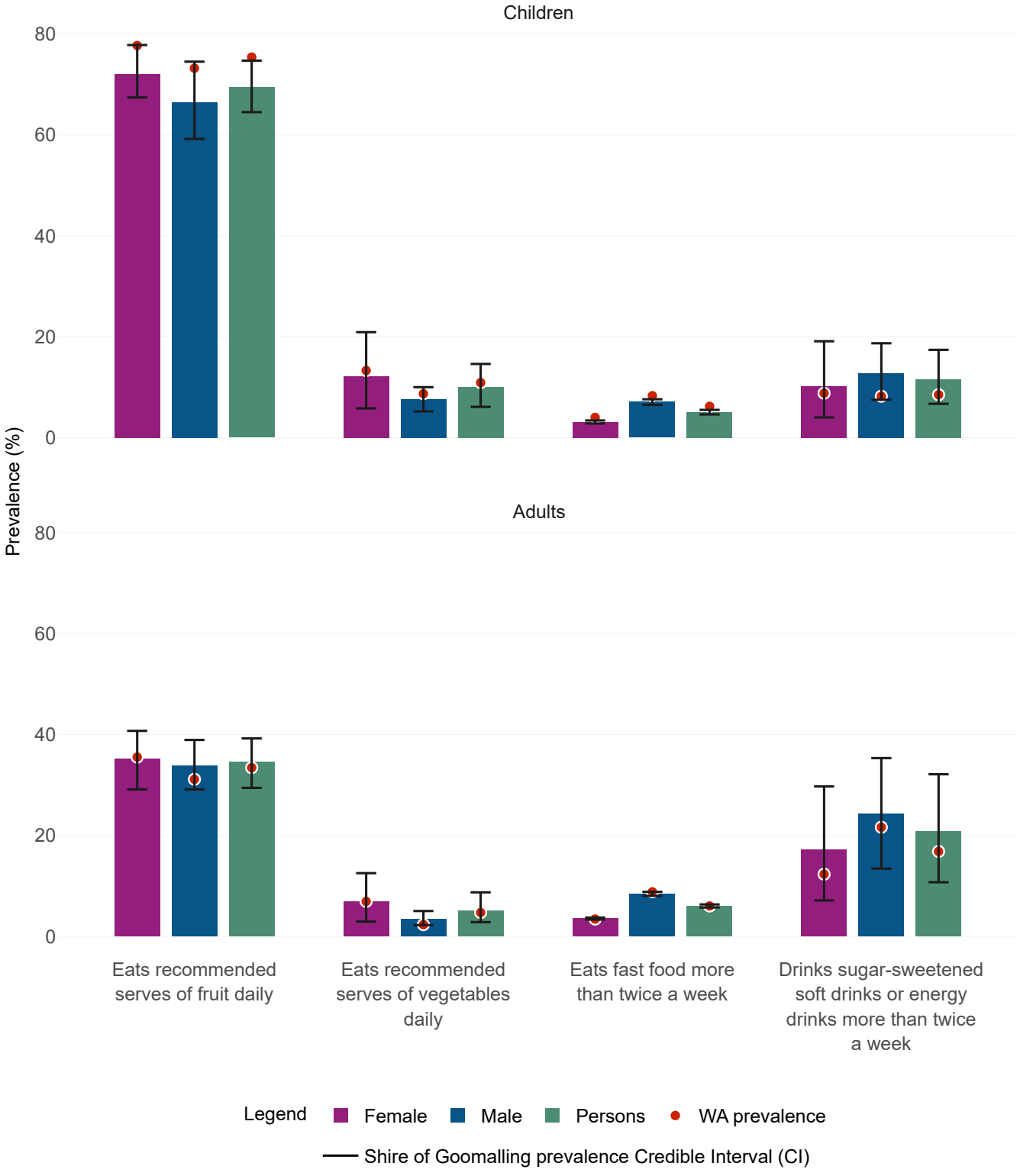

Figure 2. Prevalence (%) of nutrition indicators for children (1–15 years or 2–15 years) and adults (16 years and above) by sex, Shire of Goomalling, 2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

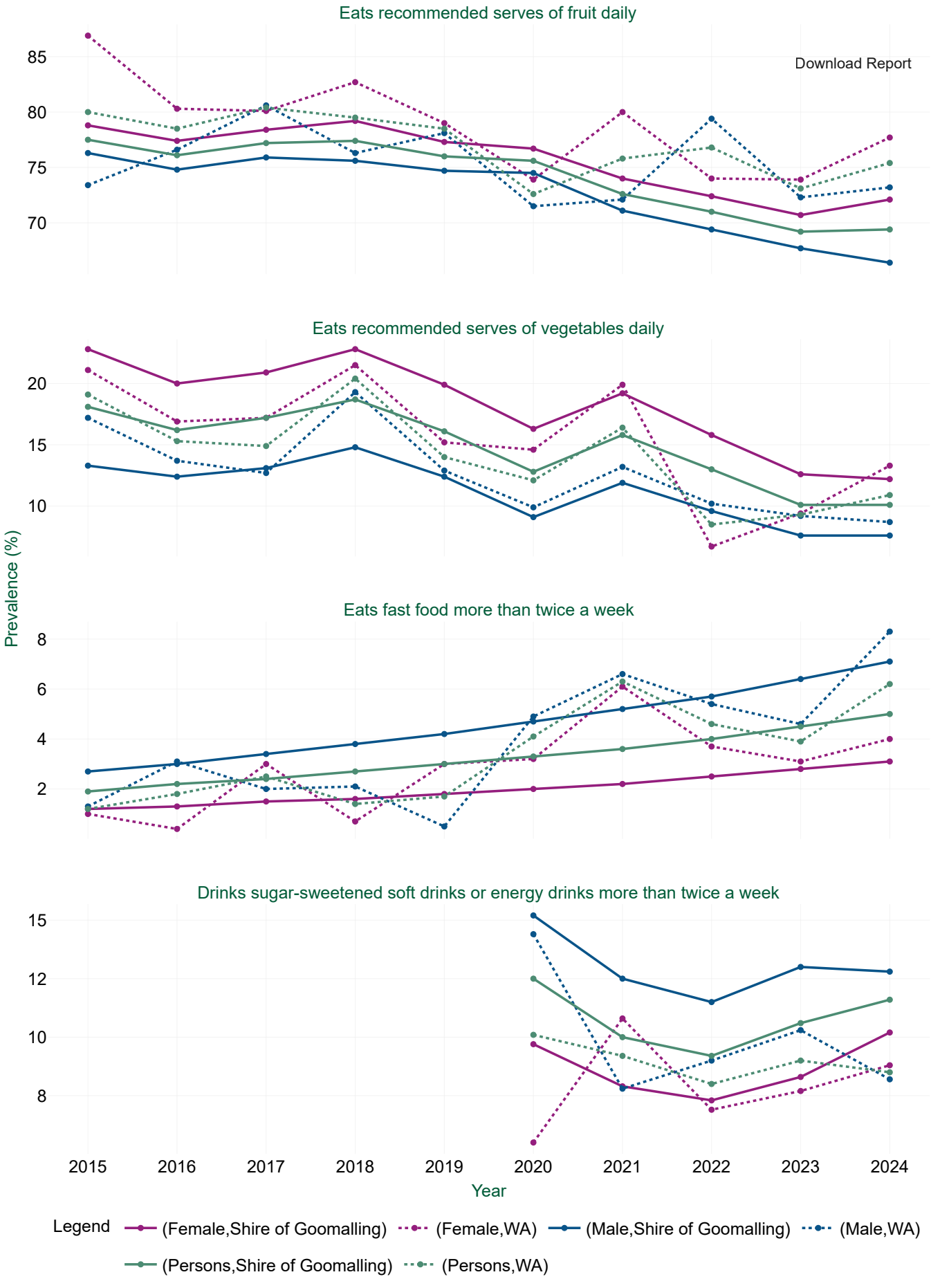

Figure 3. Trends in prevalence (%) of nutrition indicators for children (1–15 years or 2–15 years), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

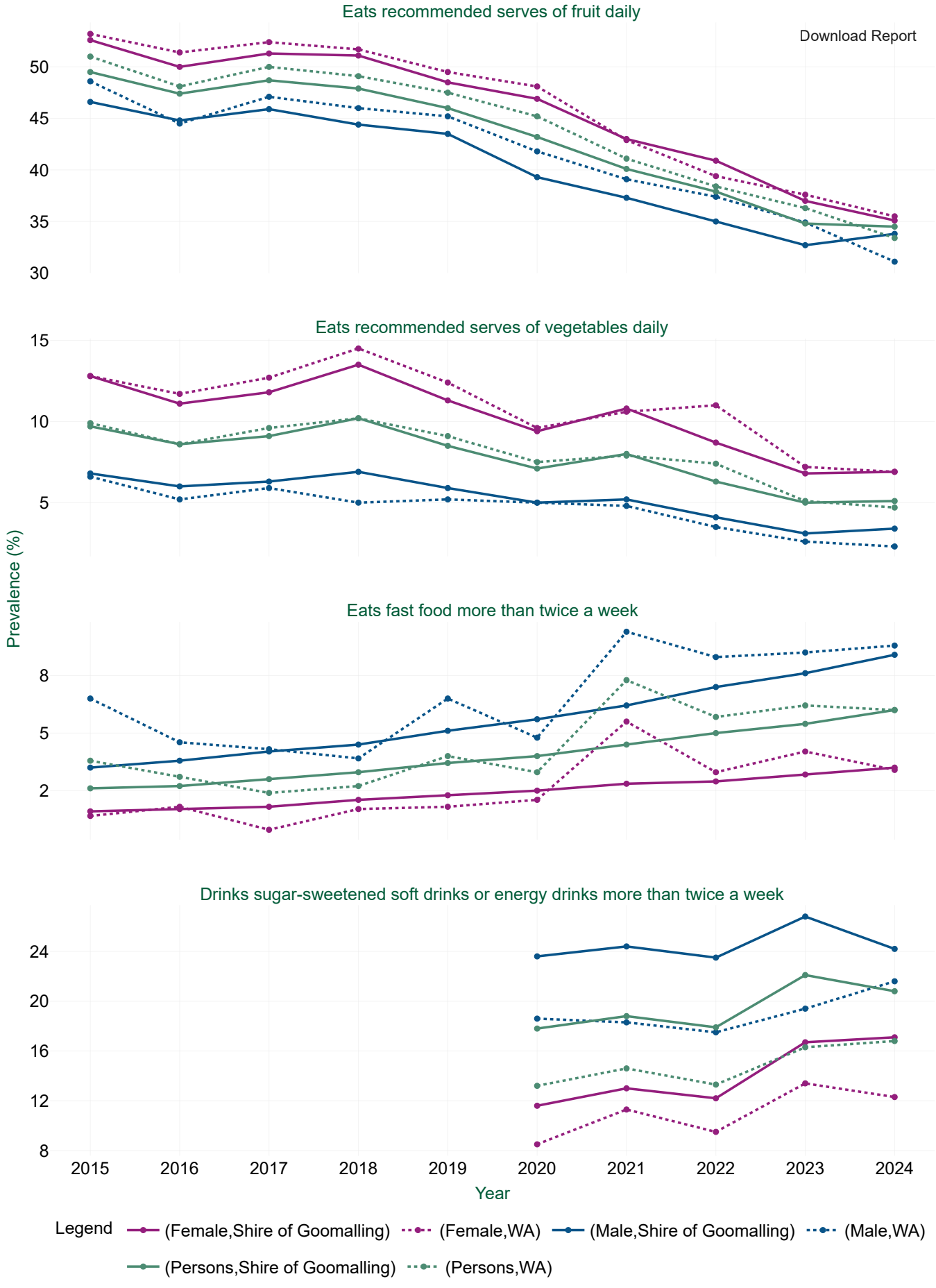

Figure 4. Trends in prevalence (%) of nutrition indicators for adults (16 years and above), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

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Physical inactivity 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 insufficient physical activity and sedentary behaviour were sourced from the HWSS. Respondents were asked a range of questions on the types and duration of physical activity undertaken in the past week. They were then categorised according to whether they met the physical activity guideline for their age. Different physical activity guidelines apply to different age groups. The Australian Physical Activity and Sedentary Behaviour Guidelines for Adults aged 18–64 years state that adults should accumulate 150 to 300 minutes of moderate-intensity physical activity, or 75 to 150 minutes of vigorous-intensity physical activity, or an equivalent combination of both moderate and vigorous activities each week (DHAC, 2014). Physical activity guidelines for older Australians aged 65 years and over recommend that older people accumulate at least 30 minutes of moderate-intensity physical activity on most or preferably all days (DAHC, 2021). To avoid reporting against multiple guidelines, all persons aged 18 years and above were defined as completing sufficient (or recommended) levels of physical activity if they completed at least 150 minutes of moderate-intensity physical activity in the last week. The 2019 Australian 24-Hour Movement Guidelines for Children and Young People recommend that children aged 5–15 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 engaged in moderate to vigorous physical activity for seven or more sessions a week where each session lasted 60 minutes or more.

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 the recommended time in screen-based leisure activities for their age based on the 2019 Australian 24-Hour Movement Guidelines for Children and Young People (DHAC, 2019) and 2014 Australian Department of Health Physical Activity and Sedentary Behaviour Guidelines (DHAC, 2014). The recommendations for children by age are: 0–2 years: no screen time, 3–5 years: no more than 1 hr per day, 5–15 years: no more than 2 hrs per day. For adults 18 years and above, 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.

Children

In 2024, 61.7% of Shire of Goomalling residents aged 5-15 years did not complete the recommended amount of weekly physical activity. This was similar to the state prevalence (62.3%). Among male residents of this age, 61.7% did not complete the recommended amount of weekly physical activity, which was similar to the state prevalence (58.8%). In comparison, among females, the prevalence was 62.4%, which was similar to the state prevalence (65.7%).

An estimated 38.4% of Shire of Goomalling residents aged 0-15 years spent more than the recommended time in screen-based sedentary leisure activities in 2024. This was a was lower than the state prevalence (43.9%). Among male residents of this age, 35.8% spent more than the recommended time in screen-based sedentary leisure activities, which was lower than the state prevalence (48.5%). In comparison, among females, the prevalence was 41.3%, which was similar to the state prevalence (38.9%).

The data described above are presented in Figure 5, with trends over time shown in Figure 6.

Adults

In 2024, 37.4% of Shire of Goomalling residents aged 18 years and above did not complete the recommended amount of weekly physical activity. This was similar to the state prevalence (39.1%). Among male residents of this age, 37.8% did not complete the recommended amount of weekly physical activity, which was similar to the state prevalence (34.6%). In comparison, among adult females, the prevalence was 37.3%, which was lower than the state prevalence (43.6%).

An estimated 38.7% of Shire of Goomalling residents aged 16 years and above spent more than the recommended time in screen-based sedentary leisure activities in 2024. This was similar to the state prevalence (37.4%). Among male residents of this age, 39.9% spent more than the recommended time in screen-based sedentary leisure activities, which was similar to the

state than or to the WA prevalence (37.4%). In comparison, among females, the prevalence was 37.6%, which was similar to the state prevalence (37.4%).

The data described above are presented in Figure 5, with trends over time shown in Figure 7.

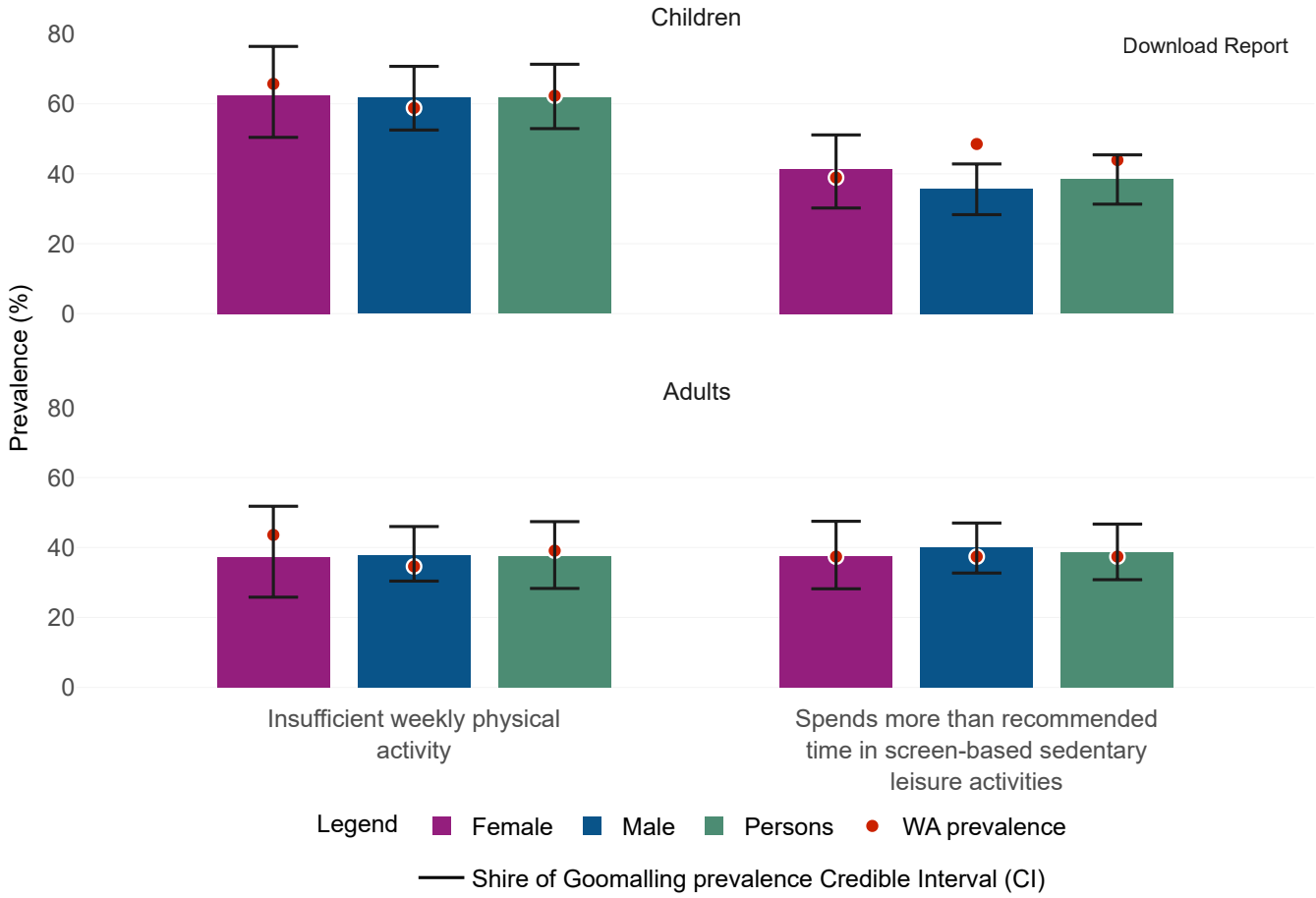

Figure 5. Prevalence (%) of insufficient physical activity (5-15 years, 18 years and above) and sedentary behaviour (0-15 years, 16 years and above) indicators for children and adults by sex, Shire of Goomalling, 2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

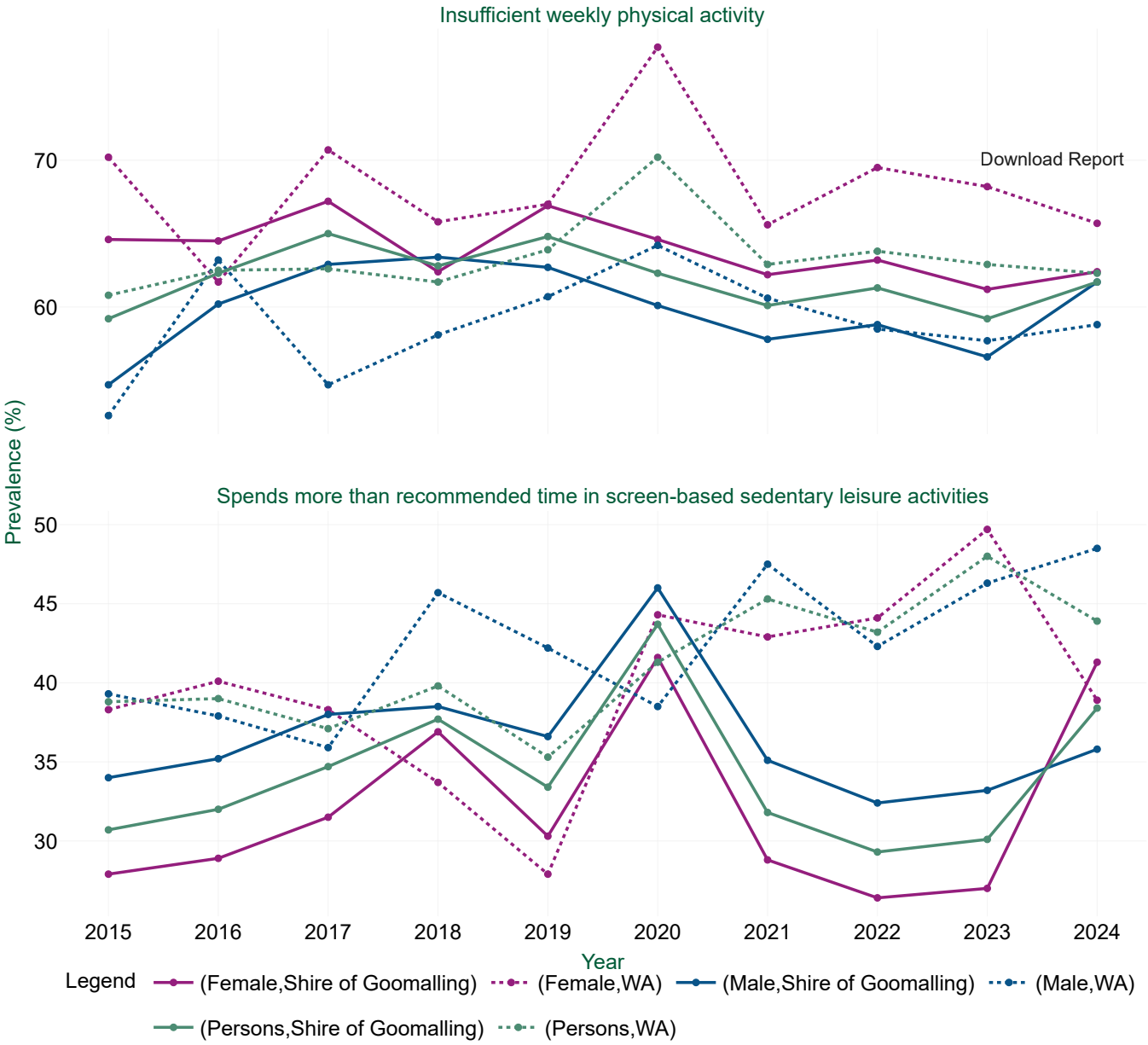

Figure 6. Trends in prevalence (%) of insufficient physical activity (5-15 years) and sedentary behaviour (0-15 years) indicators for children, Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

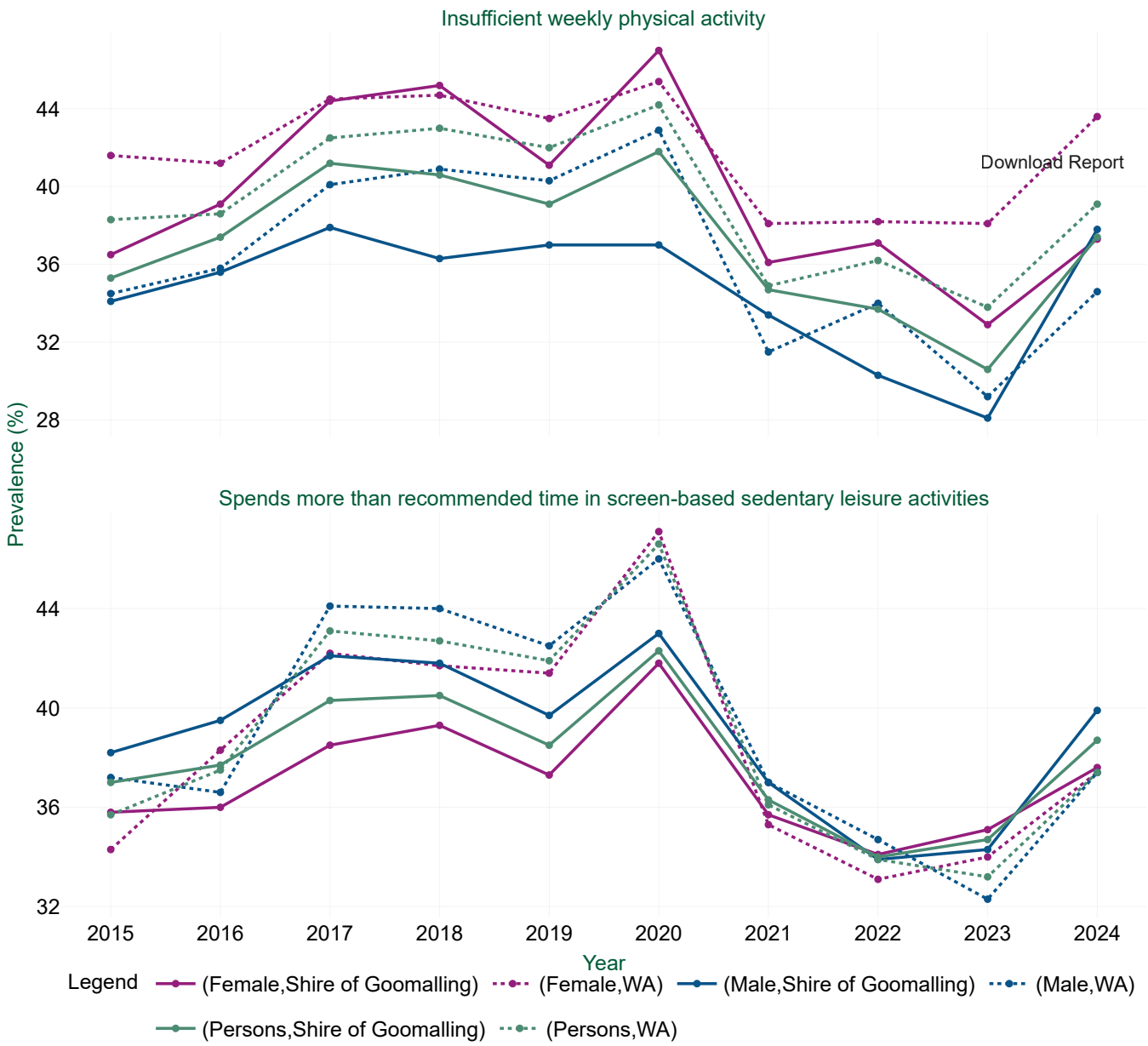

Figure 7. Trends in prevalence (%) of insufficient physical activity (18 years and above) and sedentary behaviour (16 years and above) indicators for adults, Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

Overweight and obesity

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

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 index (BMI) was derived from these figures by dividing weight in kilograms by height in meters squared after adjustment for errors in self-reported height and weight (Hayes et al., 2008) and the exclusion of biologically implausible values. 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 Cole et al (2000). The prevalence estimates for those who are overweight and those who are obese includes persons aged 5 years and above.

Children

In 2024, an estimated 16.7% of Shire of Goomalling residents aged 5-15 years were overweight. This was higher than the state prevalence (15.0%). Among male residents of this age, 16.9% were overweight, which was similar to the state prevalence (17.0%). In comparison, among females, 16.5% were overweight, which was higher than the state prevalence (13.1%).

An estimated 10.3% of Shire of Goomalling residents aged 5-15 years were obese in 2024, this was similar to the state prevalence (10.2%). Among male residents of this age, 11.8% were obese, which was higher than the state prevalence (10.0%). In comparison, among females, 9.1% were obese, which was similar to the state prevalence (10.3%).

The data described above are presented in Figure 8, with trends over time shown in Figure 9.

Adults

In 2024, an estimated 40.3% of Shire of Goomalling residents aged 16 years and above were overweight. This was higher than the state prevalence (37.4%). Among male residents of this age, 44.1% were overweight, which was similar to the state pevalence (42.8%). In comparison, among females, 36.5% were overweight, which was higher than the state prevalence (32.1%).

An estimated 39.3% of Shire of Goomalling residents aged 16 years and above were obese in 2024, this was similar to the state prevalence (37.3%). Among male residents of this age, 40.0% were obese, which was similar to the state prevalence (37.1%). In comparison, among females, 38.7% were obese, which was similar to the state prevalence (37.4%).

The data described above are presented in Figure 8, with trends over time shown in Figure 10.

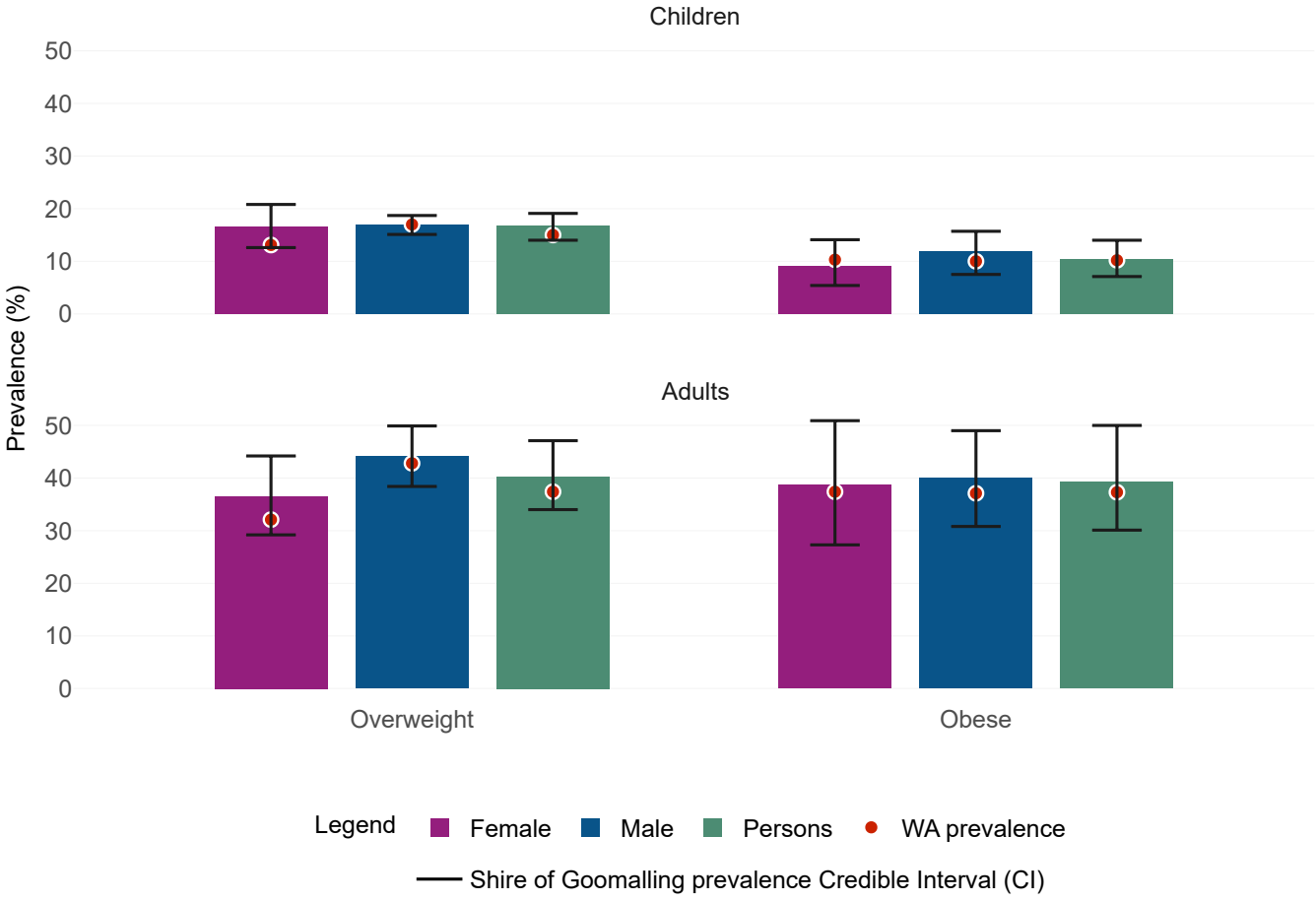

Figure 8. Prevalence (%) of overweight and obesity in children (5-15 years) and adults (16 years and above) by sex, Shire of Goomalling, 2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

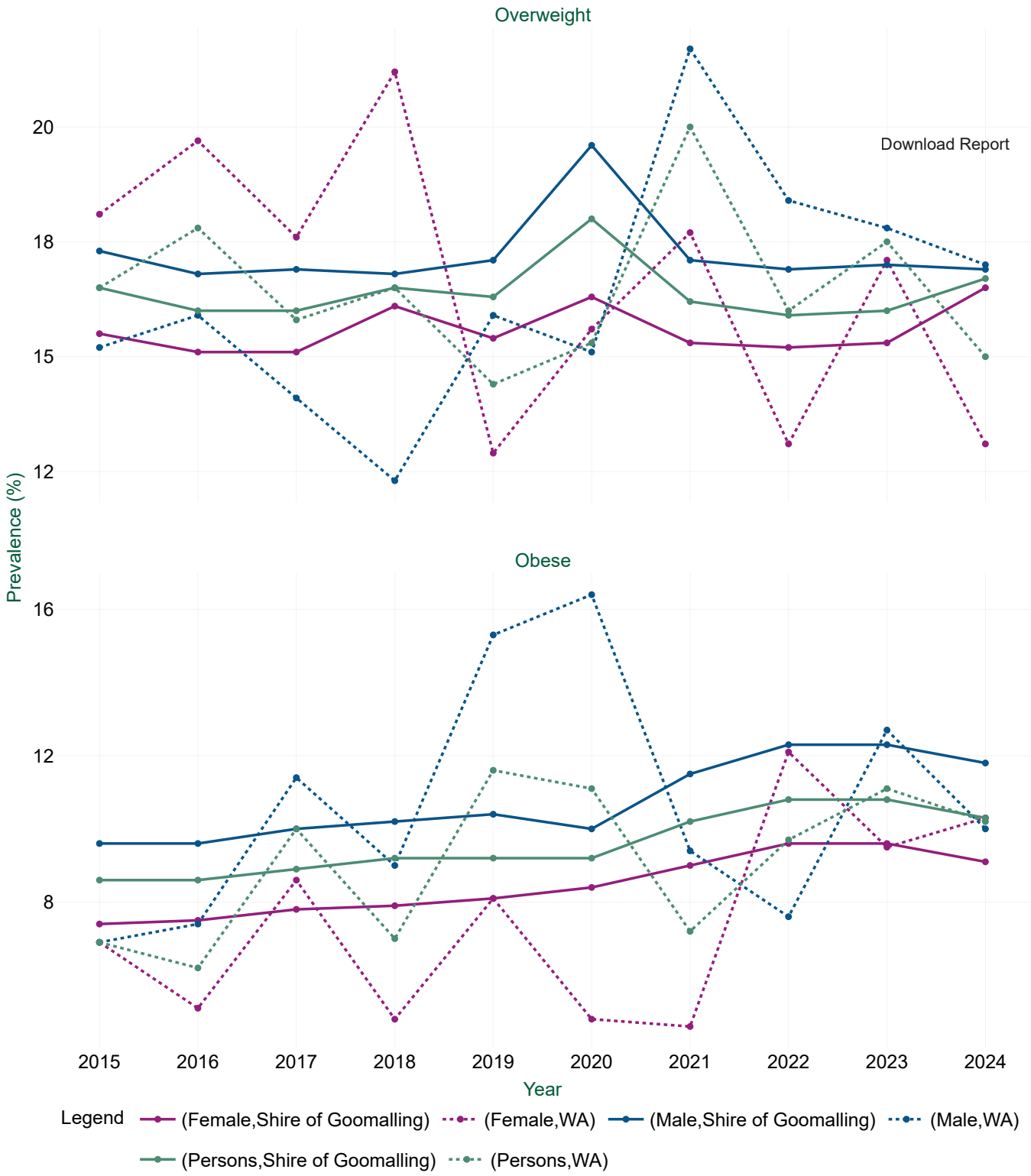

Figure 9. Trends in prevalence (%) of overweight and obesity in children (5-15 years), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

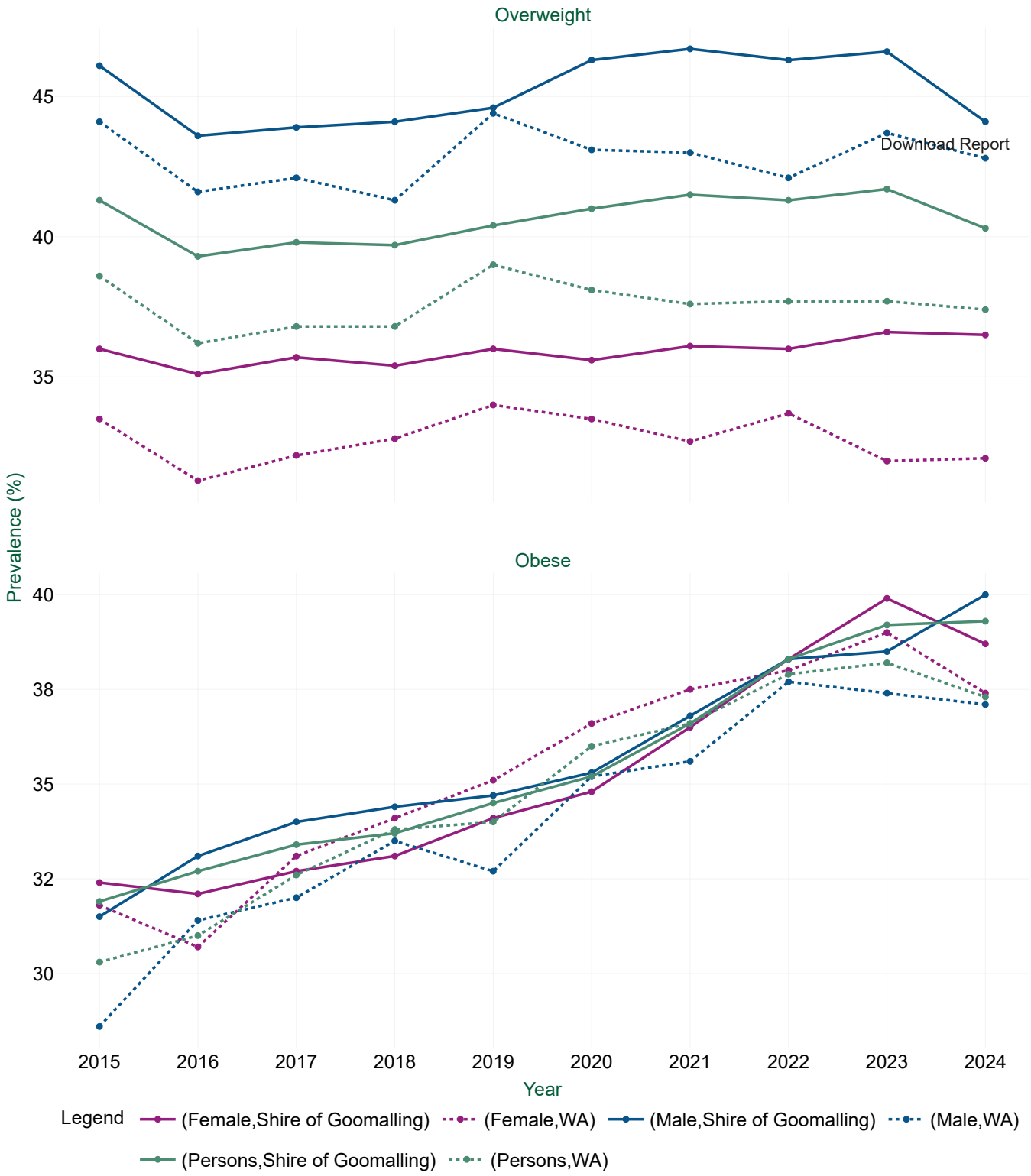

Figure 10. Trends in prevalence (%) of overweight and obesity in adults (16 years and above), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

Smoking-related harm

Tobacco smoking and vaping prevalence

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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).

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. Respondents were also asked how often they had used e-cigarettes in the past 12 months. Those who reported using e-cigarettes “daily”, “less than daily but at least once a week”, “less than weekly but at least once a month” or “less than once a month but occasionally” were classified as current vapers. Data related to current vaping status are presented from 2017 onwards, as questions relating to this indicator were not part of the HWSS questionnaire prior to 2017. The prevalence estimates for current tobacco smoking and current vaping include those aged 18 years and above.

In 2024, an estimated 14.7% of Shire of Goomalling residents aged 18 years and above currently smoked. This was similar to the state prevalence (13.5%). Among male residents of this age, 17.6% were current smokers, which was similar to the state prevalence (16.6%). In comparison, among females, 11.5%* were current smokers, which was similar to the state prevalence (10.7%).

An estimated 5.7%* of Shire of Goomalling residents aged 18 years and above currently vaped in 2024. This was lower than the state prevalence (7.9%). Among male residents of this age, 7.1%* currently vaped, which was similar to the state prevalence (8.4%). In comparison, among females, 4.3%* currently vaped, which was lower than the state prevalence (7.4%).

The data described above are presented in Figure 11, with trends over time shown in Figure 12.

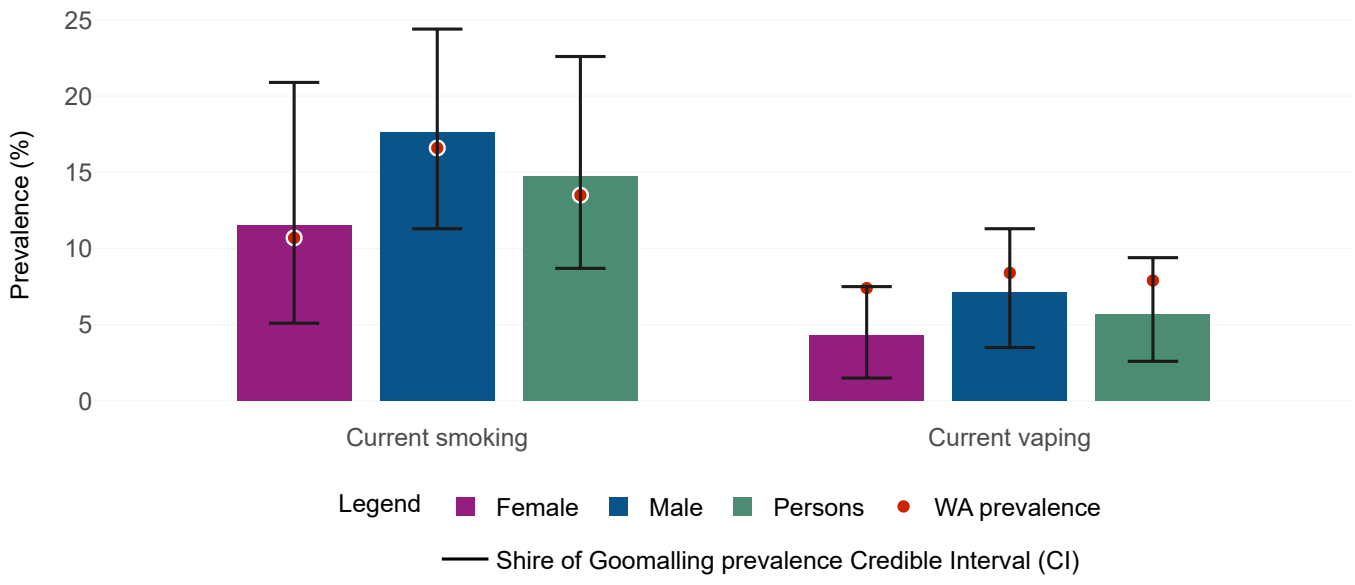

Figure 11. Prevalence (%) of current smoking and vaping (18 years and above) by sex, Shire of Goomalling, 2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

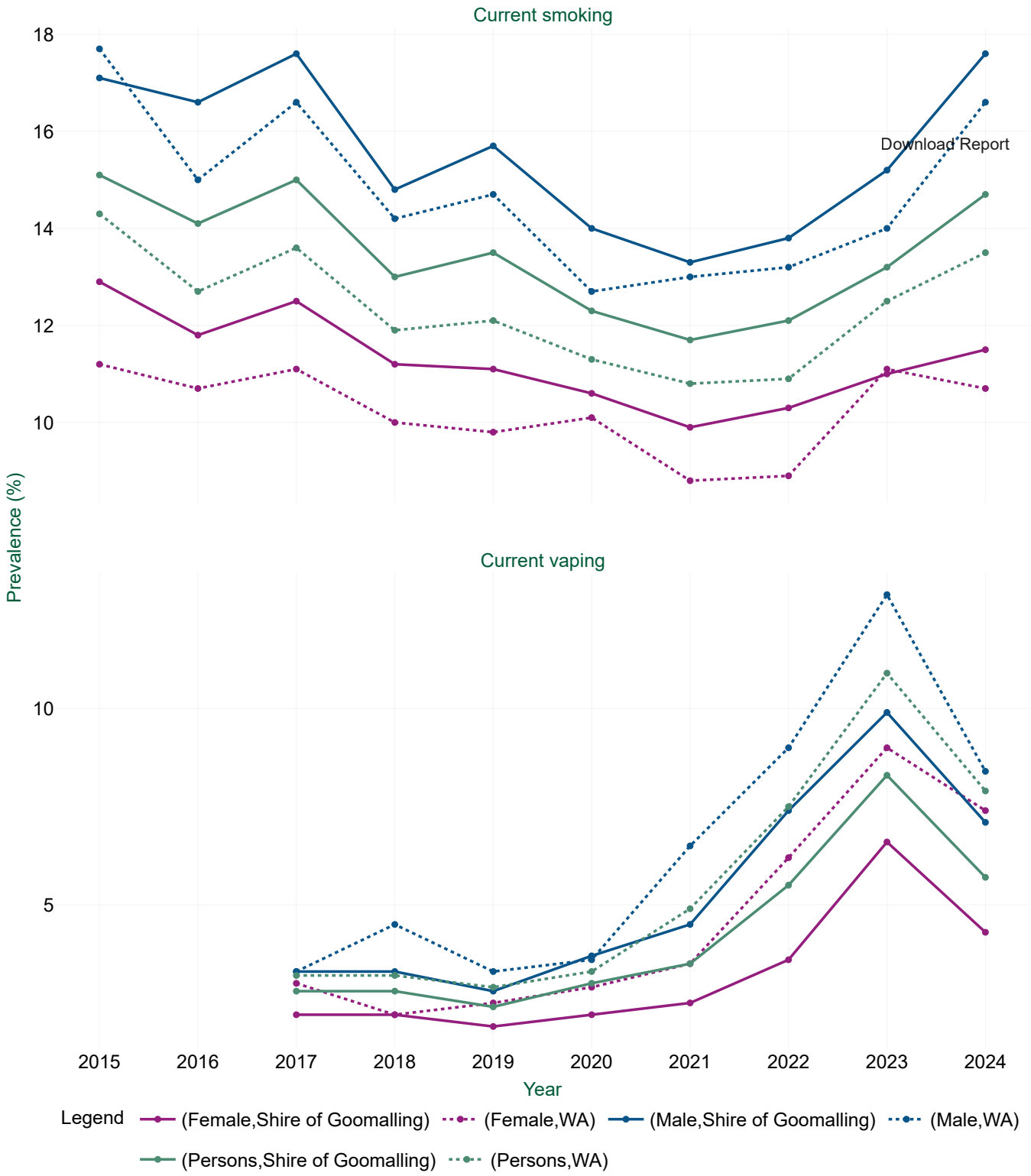

Figure 12. Trends in prevalence (%) of current smoking and vaping in residents (18 years and above), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

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., 2019). A tobacco-attributable AF is the proportion of a hospitalisation or death 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 2024, the ASR of tobacco-attributable hospitalisations among Shire of Goomalling residents of all ages was 551.2 per 100,000. This was higher than the state ASR (366.8 per 100,000). Among male residents the ASR of tobacco-attributable hospitalisations was 605.2 per 100,000, which was higher than the state ASR (399.1 per 100,000). In comparison, among females, the ASR of tobacco-attributable hospitalisations was 499.6 per 100,000, which was higher than the state ASR (339.1 per 100,000).

The data described above are presented in Figure 13, with trends over time shown in Figure 14.

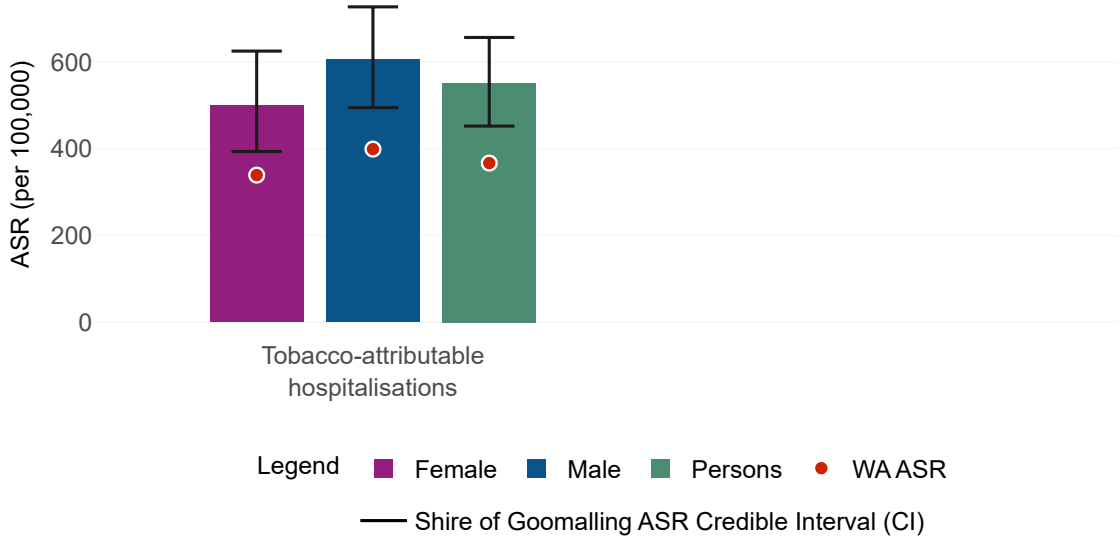

Figure 13. ASR (per 100,000) of tobacco-attributable hospitalisations (all ages) by sex, Shire of Goomalling, 2024.

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

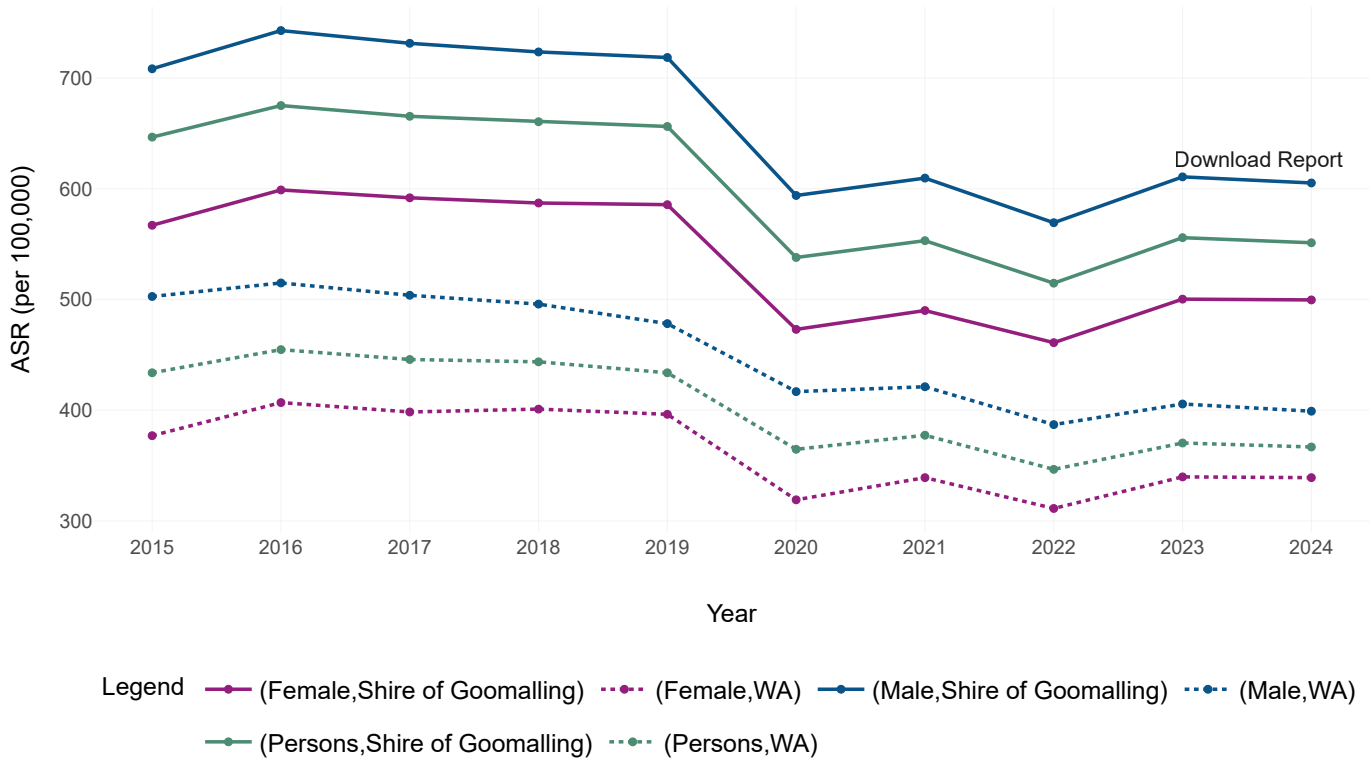

Figure 14. Trends in ASR (per 100,000) of tobacco-attributable hospitalisations (all ages), Shire of Goomalling vs WA, 2015–2024.

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

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., 2019). A tobacco-attributable AF is the proportion of a hospitalisation or death 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 causes 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 2021, the ASR of tobacco-attributable deaths among Shire of Goomalling residents of all ages was 58.9 per 100,000. This was higher than the state ASR (48.7 per 100,000). Among male residents the ASR of tobacco-attributable deaths was 70.3 per 100,000, which was higher than the state ASR (61.4 per 100,000). In comparison, among females, the ASR of tobacco-attributable deaths was 46.7 per 100,000, which was higher than the state ASR (37.7 per 100,000).

The data described above are presented in Figure 15, with trends over time shown in Figure 16.

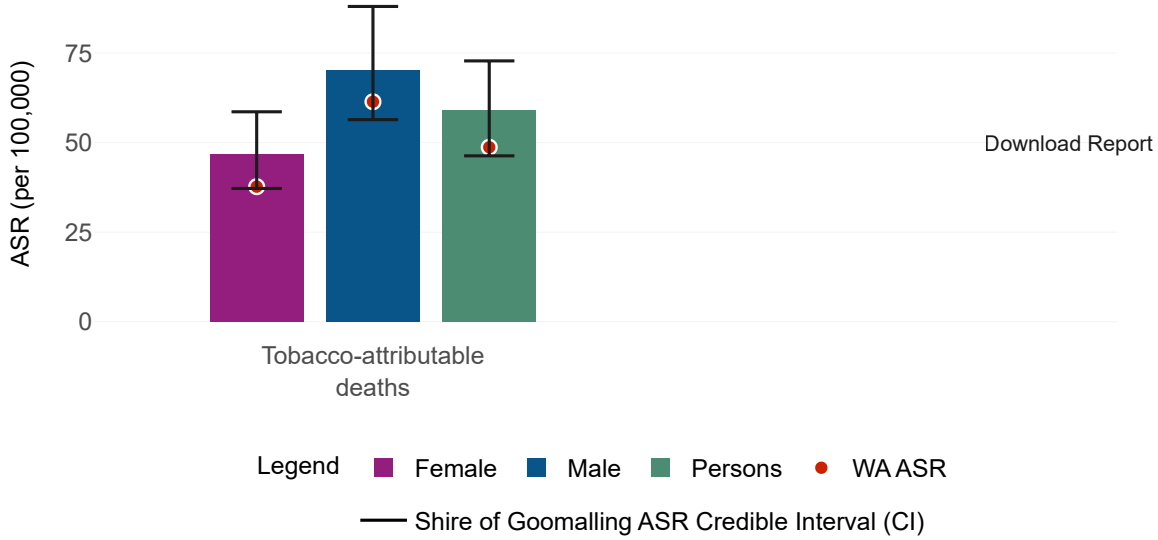

Figure 15. ASR (per 100,000) of tobacco-attributable deaths (all ages) by sex, Shire of Goomalling, 2021.

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.

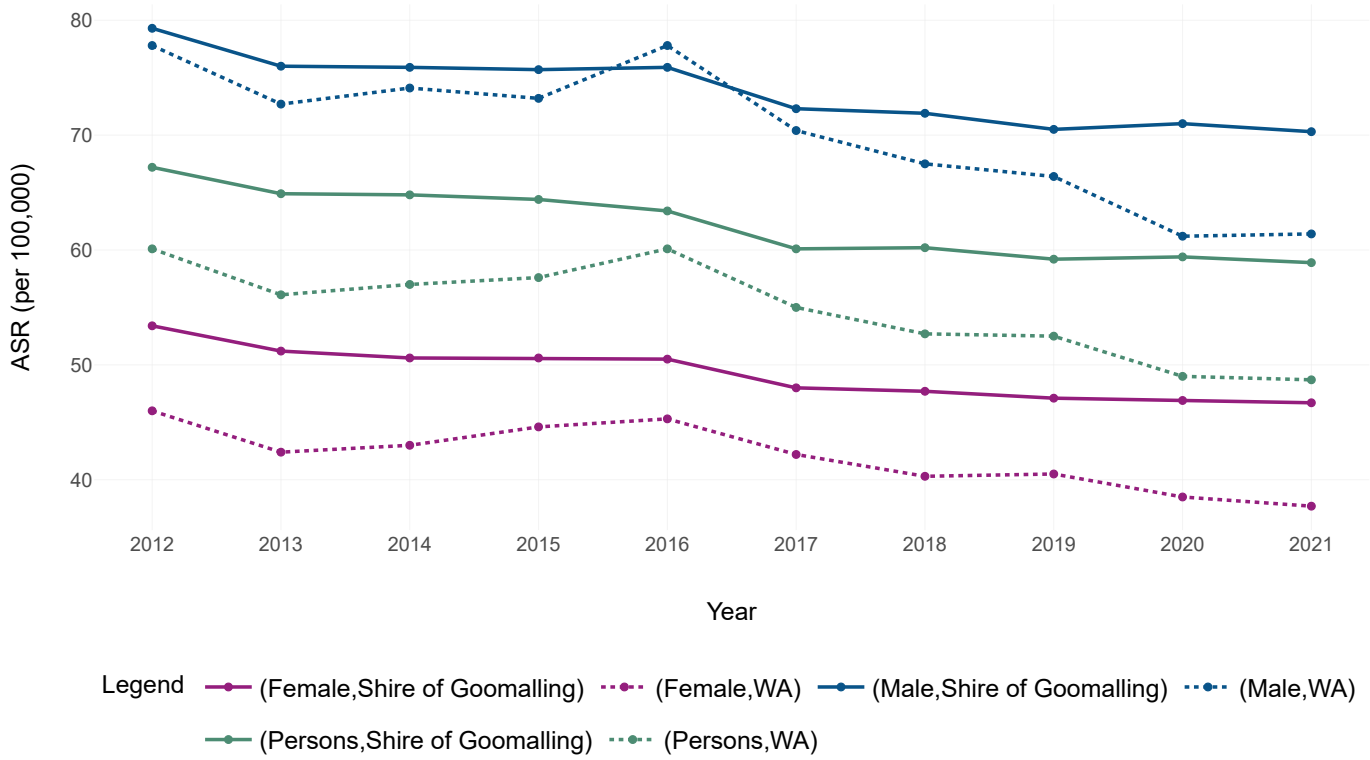

Figure 16. Trends in ASR (per 100,000) of tobacco-attributable deaths (all ages), Shire of Goomalling vs WA, 2012–2021.

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.

Alcohol-related harm

Alcohol use prevalence

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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, 2017c).

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 above should drink no more than 2 standard drinks on any one day to reduce the risk of long-term harm and no more than 4 standard drinks on a single occasion 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 above.

In 2023, an estimated 13.3%* of Shire of Goomalling residents aged 16 years and above drank alcohol at levels considered to be high risk for short-term harm (i.e. no more than 4 standard drinks on a single occasion). This was similar to the state prevalence (11.9%). Among male residents of this age, 19.2%* drank alcohol at levels considered to be high risk for short-term harm, which was similar to the state prevalence (17.5%). In comparison, among females, the prevalence was 7.1%*, which was similar to the state prevalence (6.8%).

An estimated 31.1% of Shire of Goomalling residents aged 16 years and above drank alcohol at levels considered to be high risk for long-term harm (i.e. no more than 2 standard drinks on any one day) in 2023. This was similar to the state prevalence (29.1%). Among male residents of this age, 41.3% drank alcohol at levels considered to be high risk for long-term harm, which was similar to the state prevalence (38.7%). In comparison, among females, the prevalence was 20.5%, which was similar to the state prevalence (20.4%).

The data described above are presented in Figure 17, with trends over time shown in Figure 18.

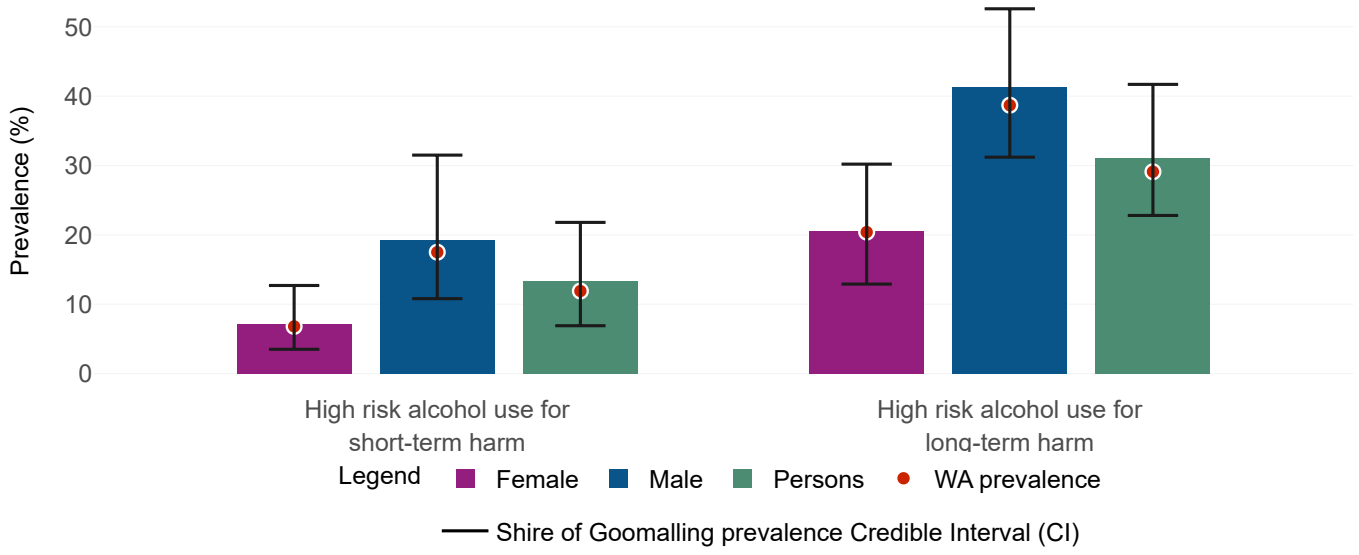

Figure 17. Prevalence (%) of high risk alcohol use (16 years and above) by sex, Shire of Goomalling, 2023.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

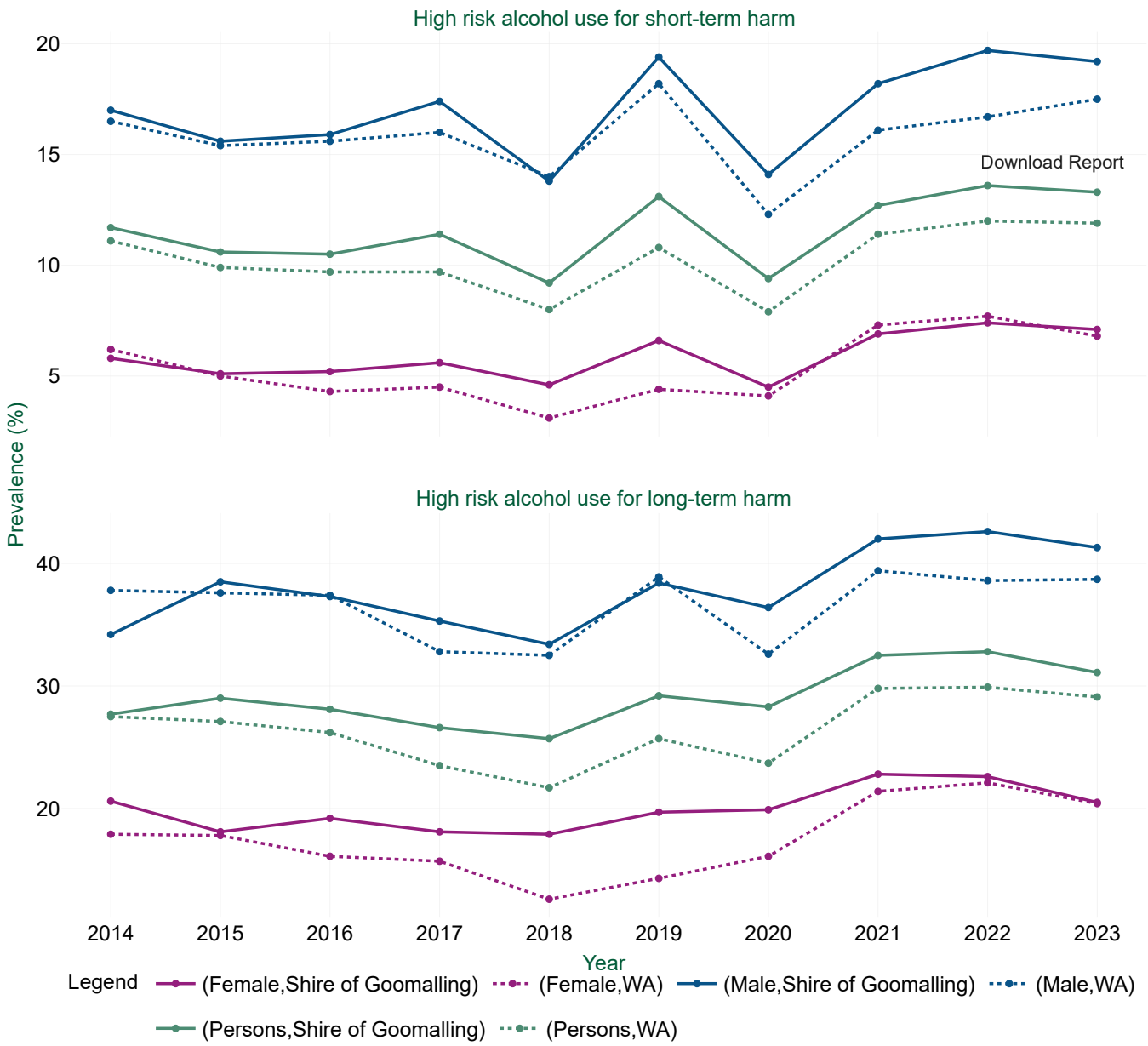

Figure 18. Trends in prevalence (%) of high risk alcohol use in residents (16 years and above), Shire of Goomalling vs WA, 2014–2023.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

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 a hospitalisation or death 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 2024, the ASR of alcohol-attributable hospitalisations among Shire of Goomalling residents of all ages was 1,001.5 per 100,000. This was higher than the state ASR (665.4 per 100,000). Among male residents the ASR of alcohol-attributable hospitalisations was 1,271.0 per 100,000, which was higher than the state ASR (816.5 per 100,000). In comparison, among females, the ASR was 712.0 per 100,000, which was higher than the state ASR (517.4 per 100,000).

The data described above are presented in Figure 19, with trends over time shown in Figure 20.

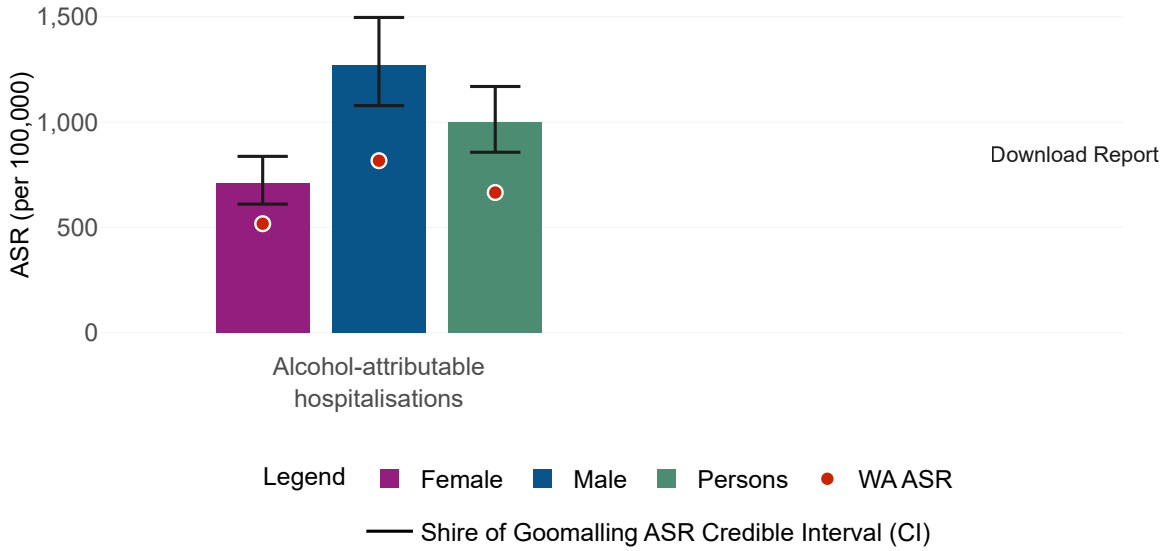

Figure 19. ASR (per 100,000) of alcohol-attributable hospitalisations (all ages) by sex, Shire of Goomalling, 2024.

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

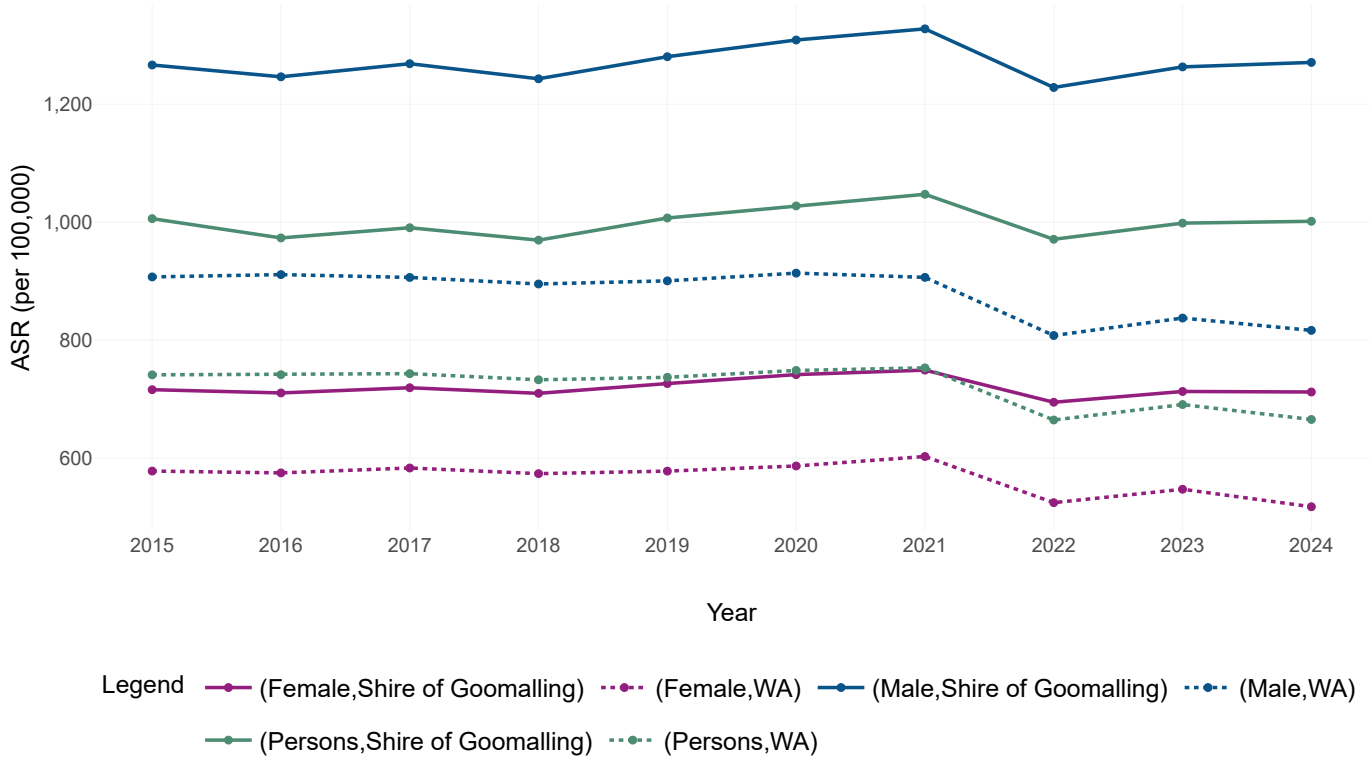

Figure 20. Trends in ASR (per 100,000) of alcohol-attributable hospitalisations (all ages), Shire of Goomalling vs WA, 2015–2024.

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

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 a hospitalisation or death 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 2021, the ASR of alcohol-attributable deaths among Shire of Goomalling residents of all ages was 48.2 per 100,000. This was higher than the state ASR (26.0 per 100,000). Among male residents the ASR of alcohol-attributable deaths was 71.4 per 100,000, which was higher than the state ASR (38.2 per 100,000). In comparison, among females, the ASR was 23.6 per 100,000, which was higher than the state ASR (14.5 per 100,000).

The data described above are presented in Figure 21, with trends over time shown in Figure 22.

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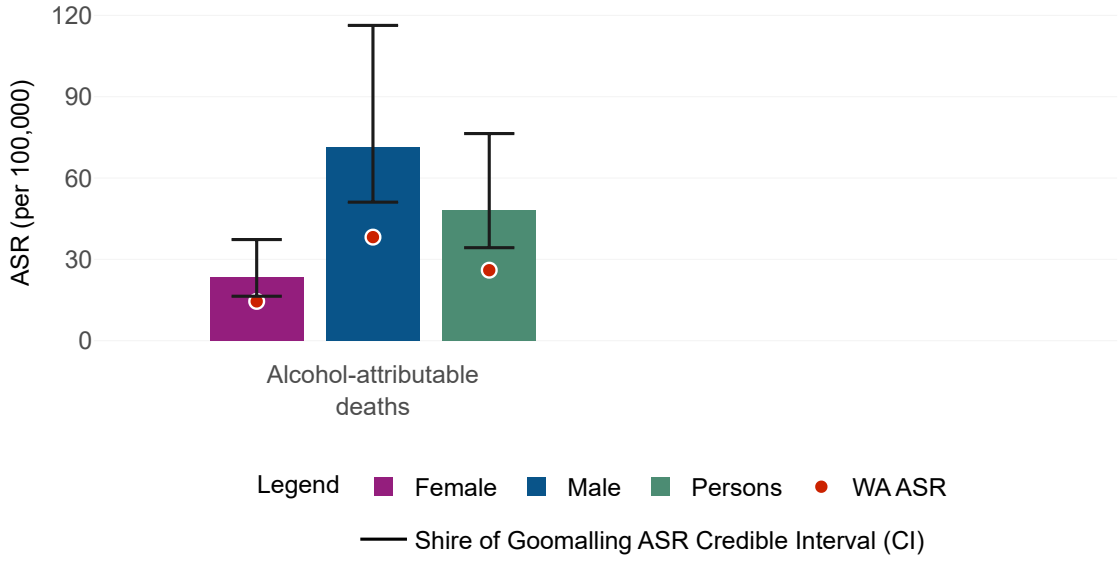

Figure 21. ASR (per 100,000) of alcohol-attributable deaths (all ages) by sex, Shire of Goomalling, 2021.

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.

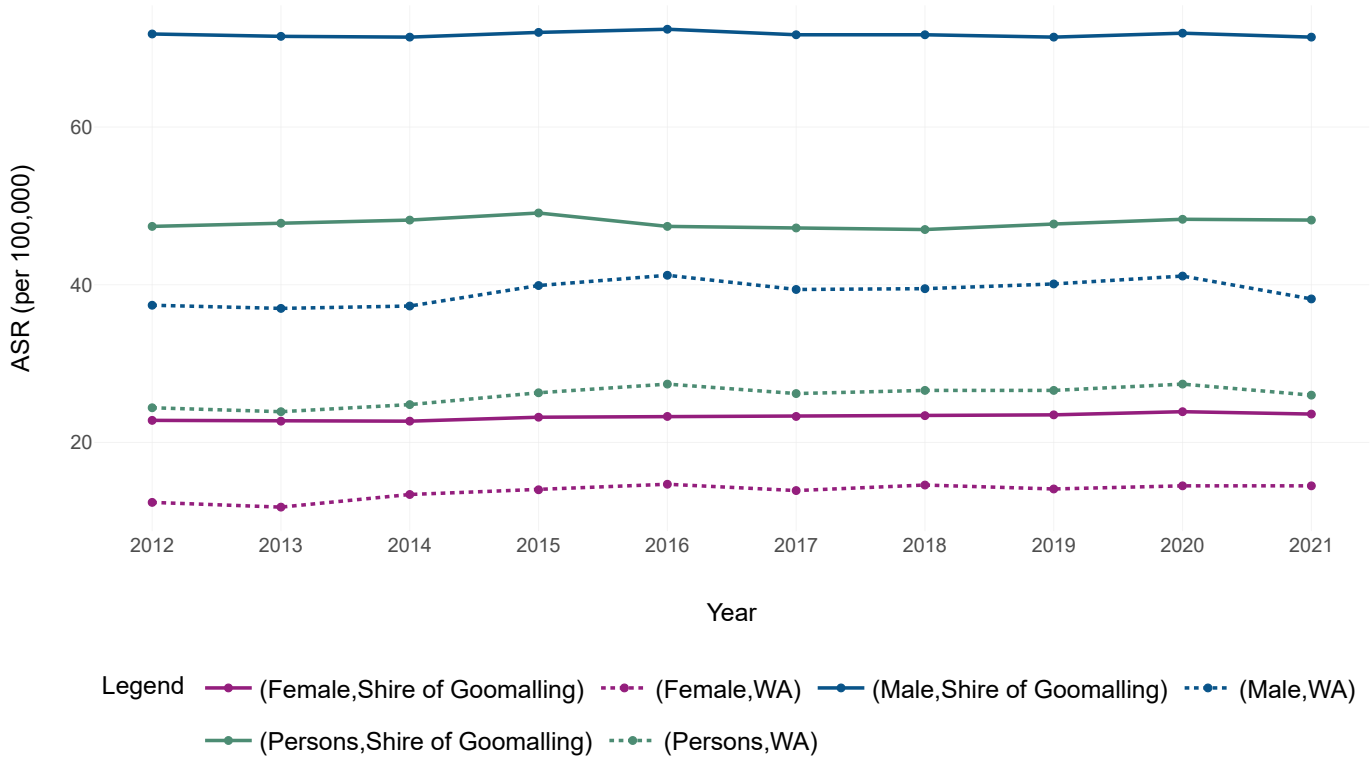

Figure 22. Trends in ASR (per 100,000) of alcohol-attributable deaths (all ages), Shire of Goomalling vs WA, 2012–2021.

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.

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 a hospitalisation or death 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 drug-attributable hospitalisations 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 2024, the ASR of illicit drug-attributable hospitalisations among Shire of Goomalling residents of all ages was 303.5 per 100,000. This was higher than the state ASR (181.8 per 100,000). Among male residents the ASR of illicit drug-attributable hospitalisations was 290.1 per 100,000, which was higher than the state ASR (175.8 per 100,000). In comparison, among females, the ASR was 319.9 per 100,000, which was higher than the state ASR (188.4 per 100,000).

The data described above are presented in Figure 23, with trends over time shown in Figure 24.

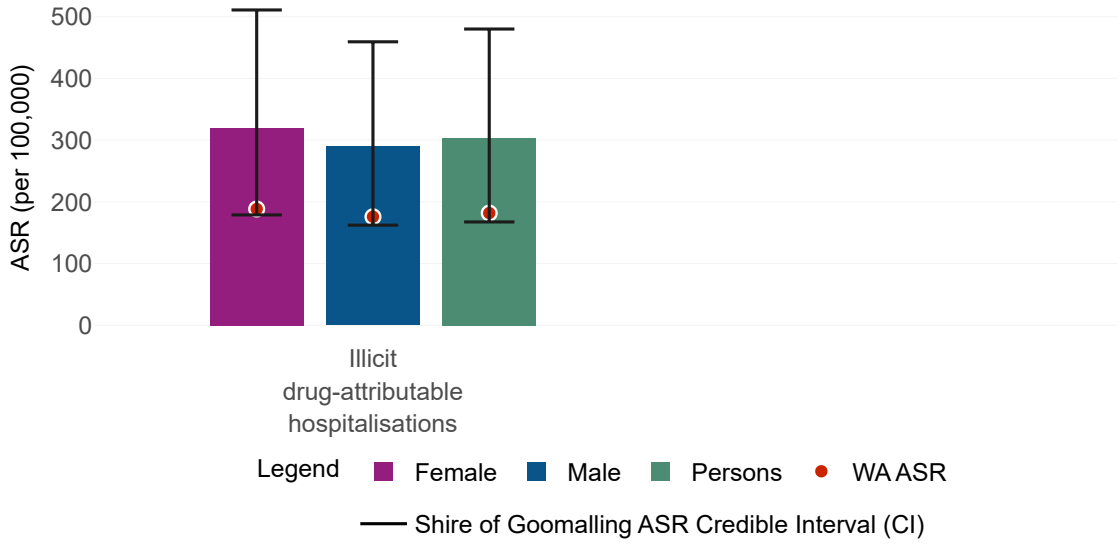

Figure 23. ASR (per 100,000) of illicit drug-attributable hospitalisations (all ages) by sex, Shire of Goomalling, 2024.

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

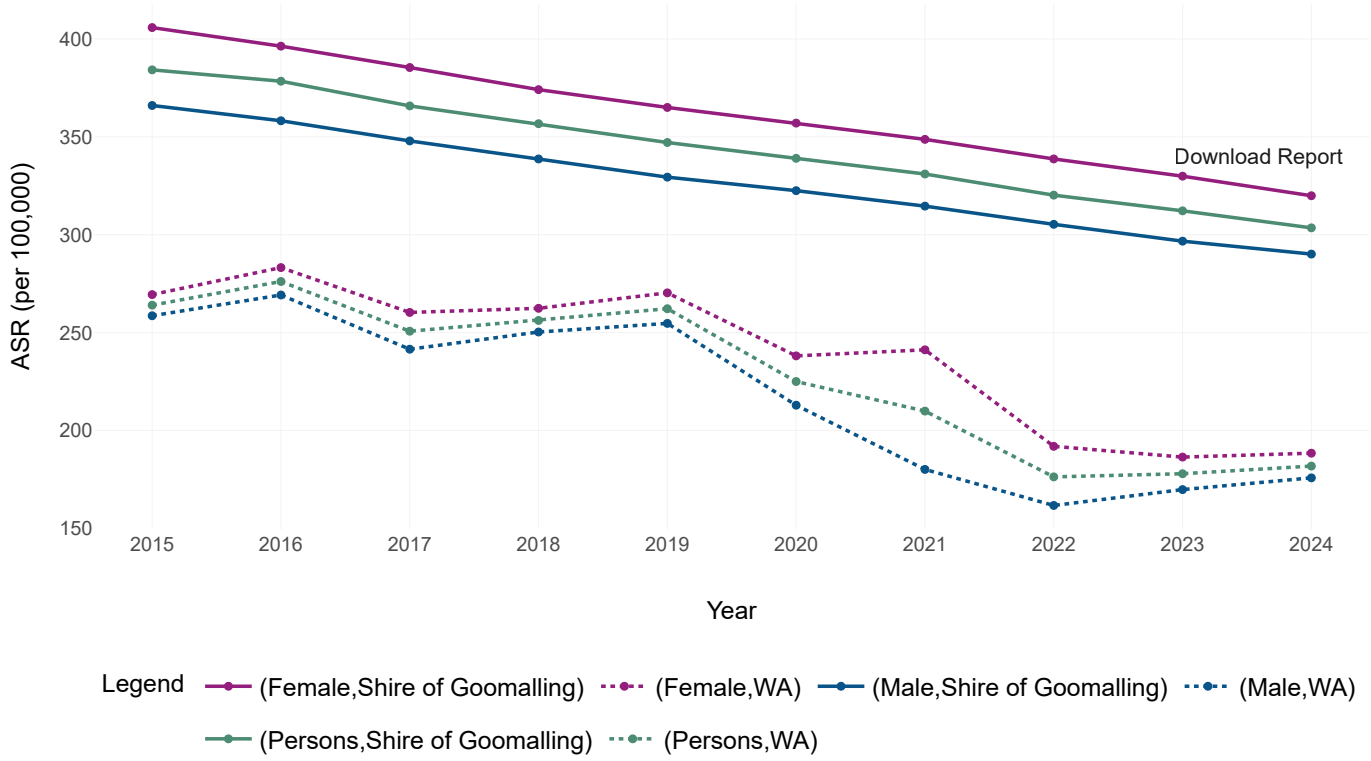

Figure 24. Trends in ASR (per 100,000) of Illicit drug-attributable hospitalisations (all ages), Shire of Goomalling vs WA, 2015–2024.

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

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 a hospitalisation or death 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 drug-attributable deaths 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 2021, the ASR of illicit drug-attributable deaths among Shire of Goomalling residents of all ages was 9.7 per 100,000. This was similar to the state ASR (9.4 per 100,000). Among male residents the ASR of illicit drug-attributable deaths was 12.3 per 100,000, which was similar to the state ASR (12.2 per 100,000). In comparison, among females, the ASR was 7.0 per 100,000, which was similar to the state ASR (6.6 per 100,000).

The data described above are presented in Figure 25, with trends over time shown in Figure 26.

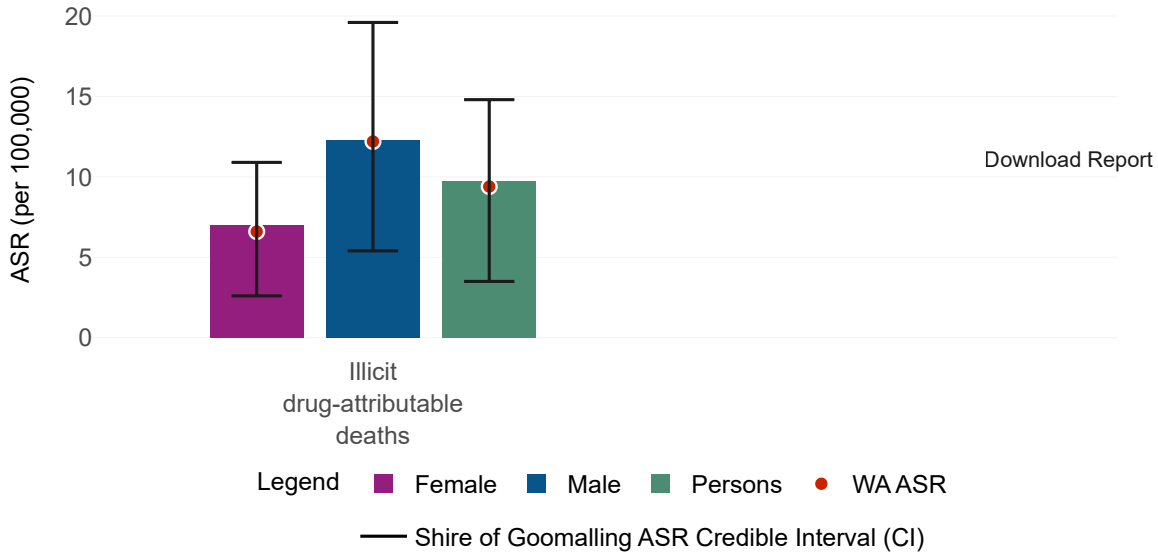

Figure 25. ASR (per 100,000) of illicit drug-attributable deaths (all ages) by sex, Shire of Goomalling, 2021.

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.

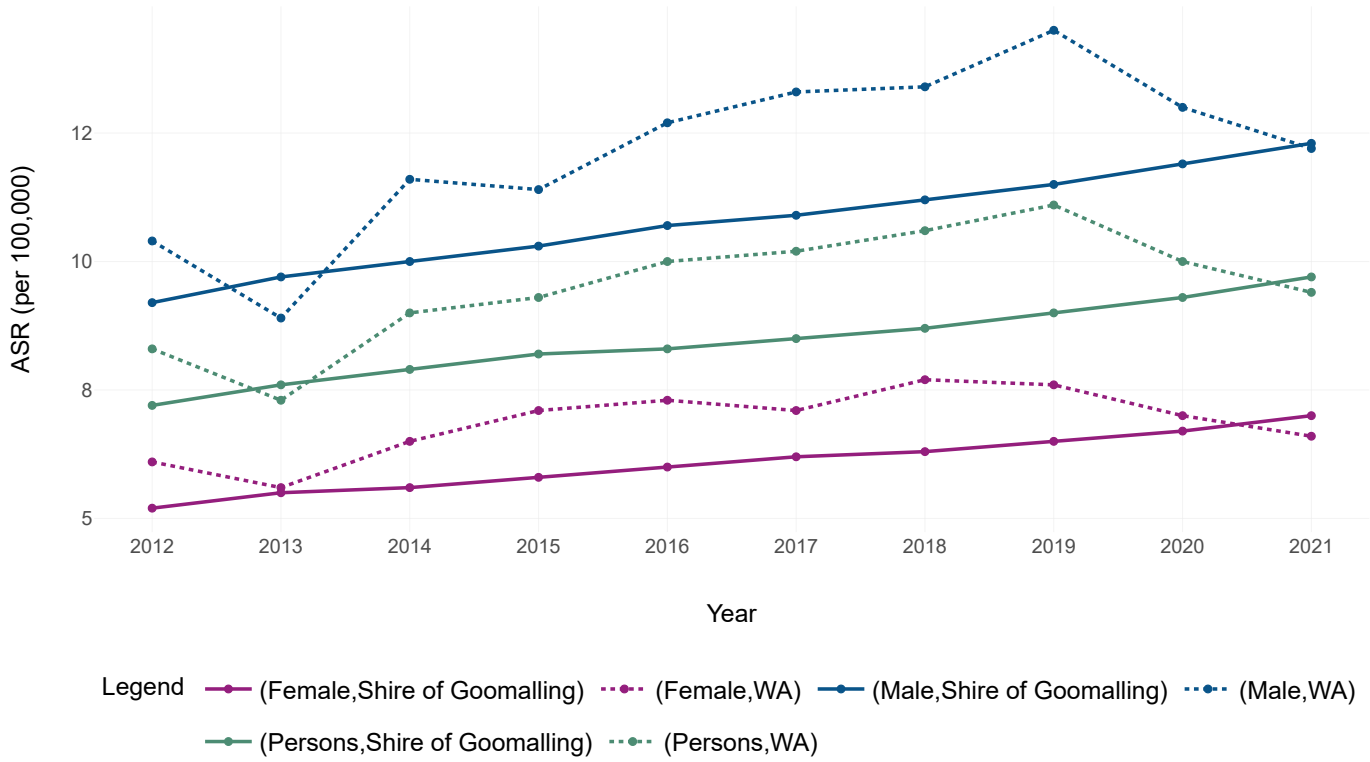

Figure 26. Trends in ASR (per 100,000) of Illicit drug-attributable deaths (all ages), Shire of Goomalling vs WA, 2012–2021.

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.

Mental health

Mental health conditions prevalence

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

Data for the prevalence of mental health conditions were sourced from the HWSS for persons aged 16 years and above. Respondents were asked if a doctor had told them if they had a mental health condition in the past 12 months, including anxiety, depression, a stress related condition, or other mental health conditions. For each condition, respondents were categorised into those who had been told by a doctor that they had any of these mental health conditions in the past 12 months, and those who had not.

In 2024, an estimated 23.6% of Shire of Goomalling residents aged 16 years and above were told by a doctor in the past 12 months that they had a mental health condition. This was similar to the state prevalence (25.0%). Among male residents of this age, the prevalence was 17.9%, which was similar to the state prevalence (18.7%). In comparison, among females, the prevalence was 29.2%, which was similar to the state prevalence (31.0%).

For stress-related conditions, an estimated 12.8% of Shire of Goomalling residents aged 16 years and above were told by a doctor in the past 12 months that they had a stress-related condition. This was similar to the state prevalence (13.5%). Among male residents of this age, the prevalence was 9.4%, which was similar to the state prevalence (9.7%). In comparison, among females, the prevalence was 16.4%, which was similar to the state prevalence (17.1%).

For anxiety, 14.7% of Shire of Goomalling residents aged 16 years and above were told by a doctor in the past 12 months that they had anxiety. This was similar to the state prevalence (16.3%). Among male residents of this age, the prevalence was 10.9%, which was similar to the state prevalence (11.5%). In comparison, among females, the prevalence was 18.9%, which was similar to the state prevalence (20.9%).

For depression, 14.3% of Shire of Goomalling residents aged 16 years and above were told by a doctor in the past 12 months that they had depression. This was similar to the state prevalence (13.7%). Among male residents of this age, the prevalence was 11.0%, which was similar to the state prevalence (10.1%). In comparison, among females, the prevalence was 17.7%, which was similar to the state prevalence (17.0%).

The data described above are presented in Figure 27, with trends over time shown in Figure 28.

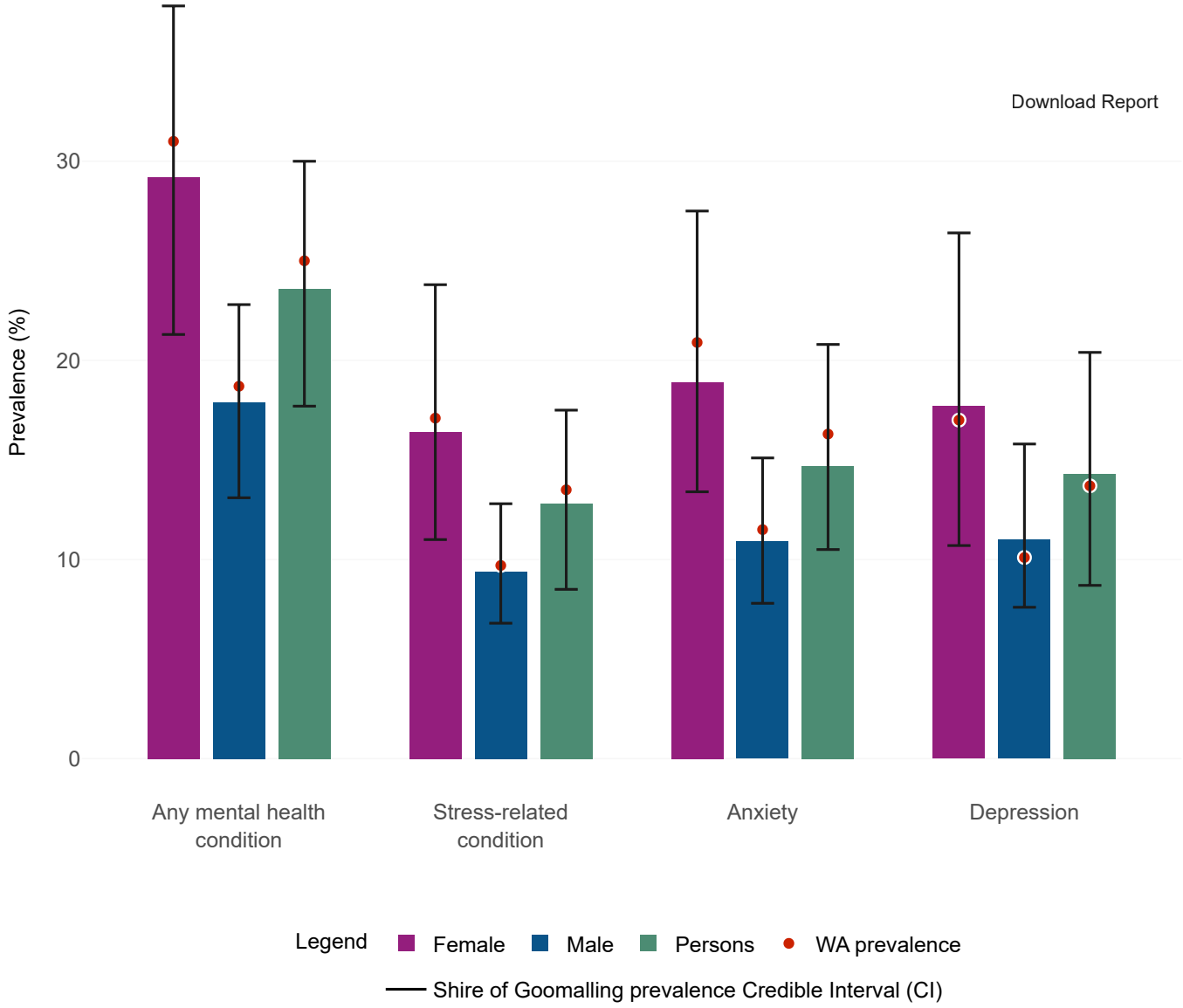

Figure 27. Prevalence (%) of mental health conditions (16 years and above) by sex, Shire of Goomalling, 2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

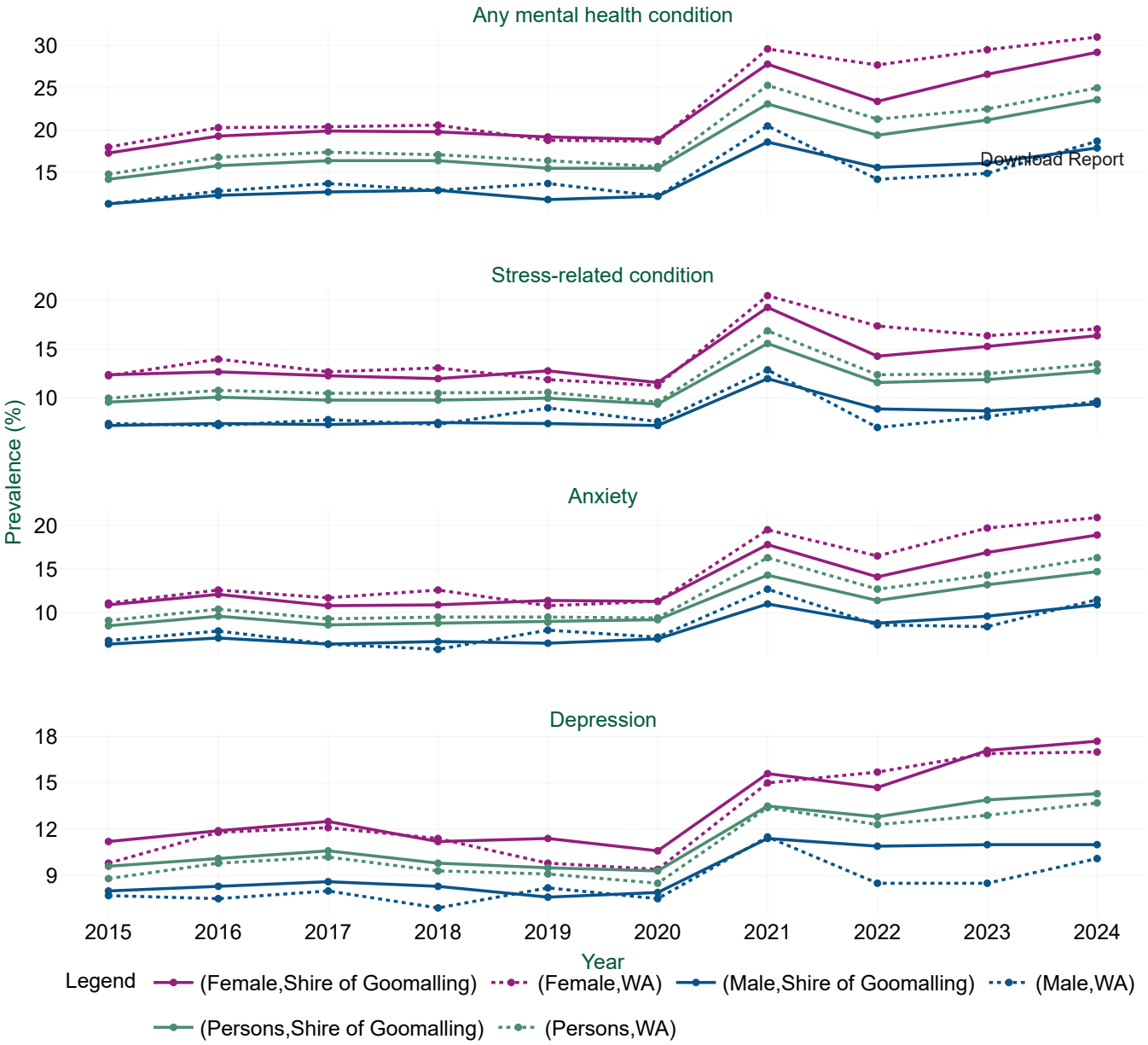

Figure 28. Trends in prevalence (%) of mental health conditions (16 years and above), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

Psychological distress prevalence

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 above.

In 2024, an estimated 24.9% of Shire of Goomalling residents aged 16 years and above had high or very high psychological distress. This was higher than the state prevalence (21.7%). Among male residents of this age, 21.1% had high or very high psychological distress, which was higher than the state prevalence (18.3%). In comparison, among females, the prevalence was 28.6%, which was similar to the state prevalence (24.9%).

The data described above are presented in Figure 29, with trends over time shown in Figure 30.

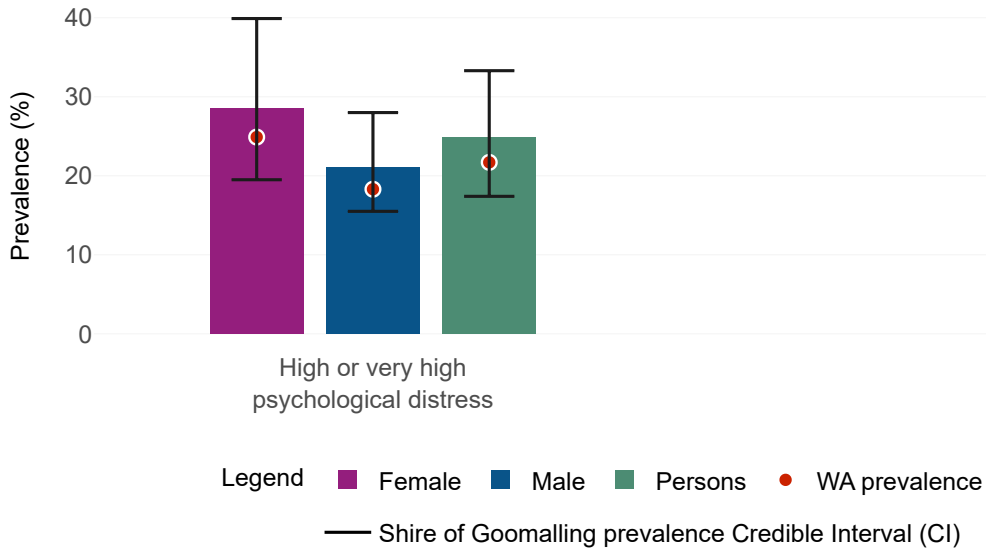

Figure 29. Prevalence (%) of high or very high psychological distress (16 years and above) by sex, Shire of Goomalling, 2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

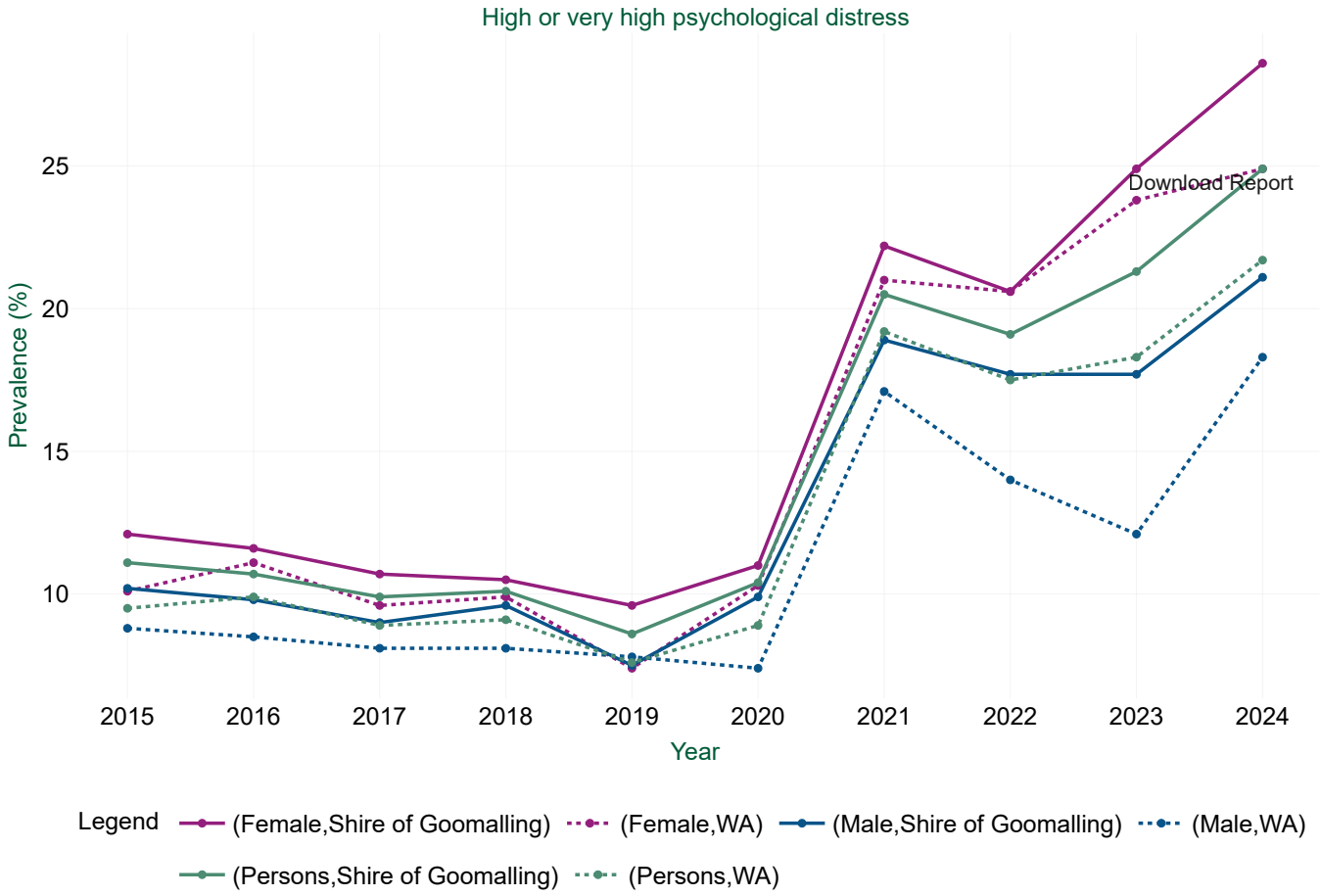

Figure 30. Trends in prevalence (%) of high or very high psychological distress (16 years and above), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

Injury-related harm

Injury prevalence

Data for the prevalence of injury was sourced from the HWSS. Respondents were asked whether they had any injuries in the past 12 months that required treatment from a health professional.

Children

In 2024, 26.1% of Shire of Goomalling residents aged 0-15 years reported they had been injured in the past 12 months requiring treatment from a health professional. This was lower than the state prevalence (29.6%). Among male residents of this age, 31.4% reported they had been injured, which was similar to the state prevalence (31.2%). In comparison, among females, the prevalence was 20.6%, which was lower than the state prevalence (28.0%).

The data described above are presented in Figure 31, with trends over time shown in Figure 32.

Adults

In 2024, 22.9% of Shire of Goomalling residents aged 16 years and above reported they had been injured in the past 12 months requiring treatment from a health professional. This was similar to the state prevalence (26.0%). Among male residents of this age, 24.9% reported they had been injured, which was similar to the state prevalence (26.6%). In comparison, among females, the prevalence was 20.8%, which was lower than the state prevalence (25.5%).

The data described above are presented in Figure 31, with trends over time shown in Figure 33.

Figure 31. Prevalence (%) of injury in the past 12 months requiring treatment from a health professional for children (0–15 years) and adults (16 years and above) by sex, Shire of Goomalling, 2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

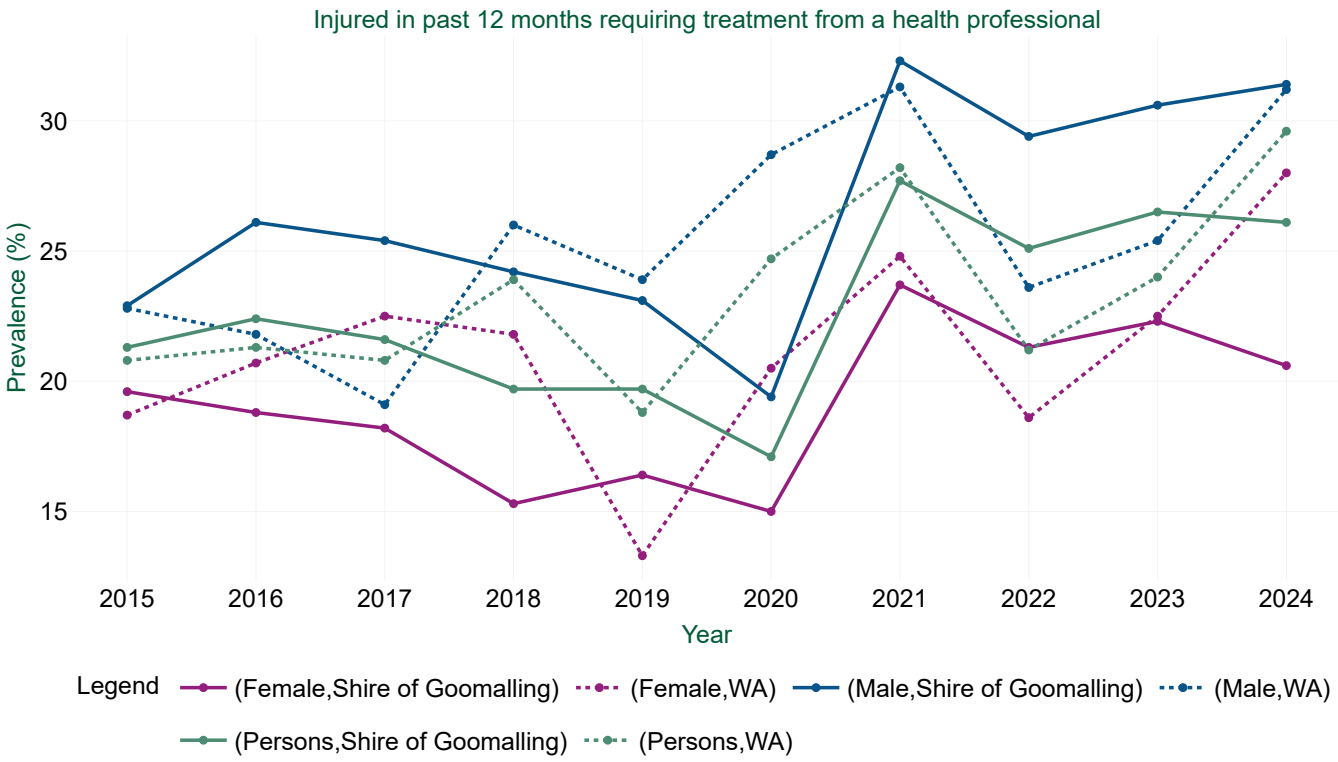

Figure 32. Trends in prevalence (%) of injury in the past 12 months requiring treatment from a health professional (0-15 years), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

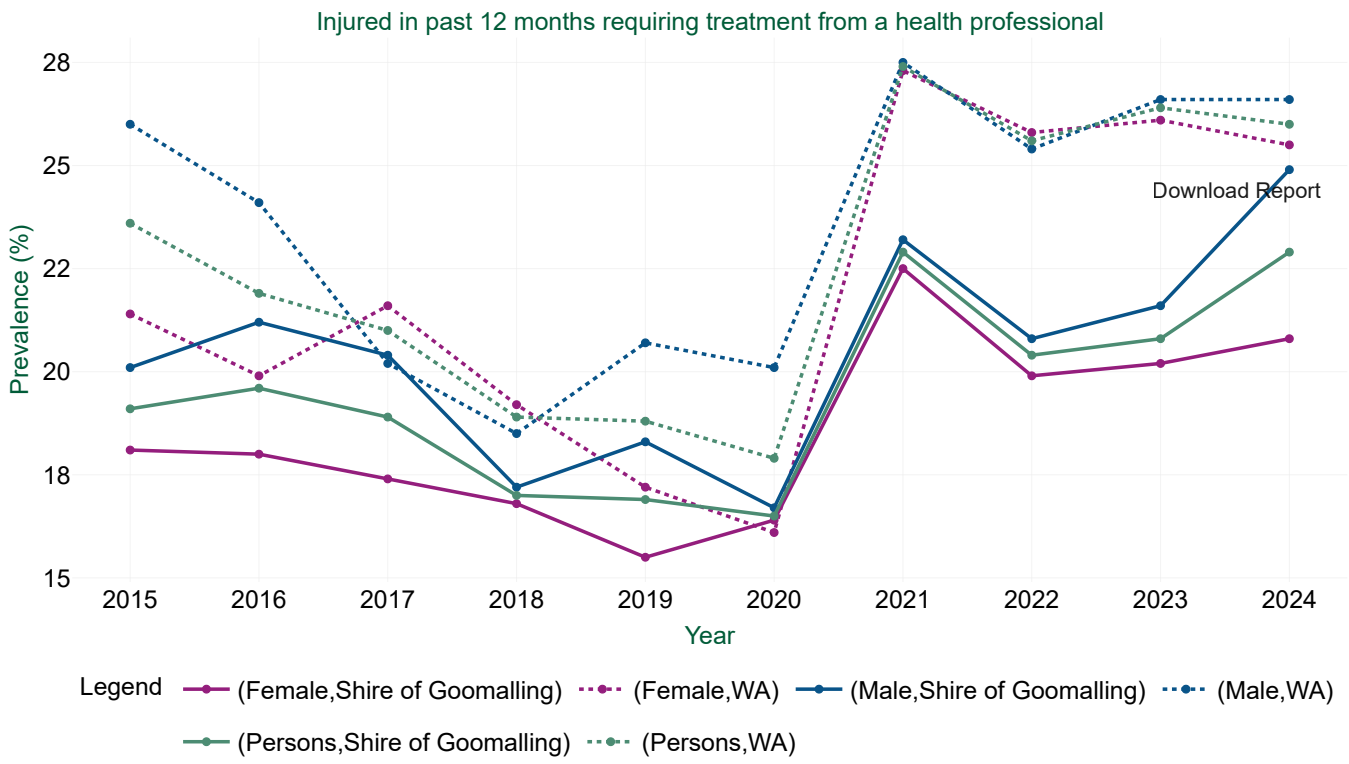

Figure 33. Trends in prevalence (%) of injury in the past 12 months requiring treatment from a health professional (16 years and above), Shire of Goomalling vs WA, 2015–2024.

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

*Note: Prevalence estimates with RSEs between 25%–50% should be used with caution (marked with *). Estimates with RSEs above 50% are considered unreliable for general use and not published (n.p.).*

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 2). 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 2).

Table 2. ICD-10-AM codes for selected external causes of injury

Selected external cause of injury	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 2024, the ASR of injury-related hospitalisations among Shire of Goomalling residents of all ages due to accidental falls was 1,138.5 per 100,000. This was higher than the state ASR (1,031.0 per 100,000). Among male residents the ASR was 1,063.6 per 100,000, which was similar to the state ASR (992.9 per 100,000). In comparison, among females, the ASR was 1,202.5 per 100,000, which was higher than the state ASR (1,061.2 per 100,000).

The ASR of hospitalisations due to assault and neglect among Shire of Goomalling residents of all ages was 184.7 per 100,000 in 2024. This was higher than the state ASR (106.4 per 100,000). Among male residents the ASR was 153.1 per 100,000, which was higher than the state ASR (102.1 per 100,000). In comparison, among females, the ASR was 218.7 per 100,000, which was higher than the state ASR (111.1 per 100,000).

For hospitalisations due to transport accidents among Shire of Goomalling residents of all ages, 589.8 per 100,000 persons were hospitalised in 2024. This was higher than the state ASR (236.9 per 100,000). Among male residents the ASR was 792.7 per 100,000, which was higher than the state ASR (327.2 per 100,000). In comparison, among females, the ASR was 370.6 per 100,000, which was higher than the state ASR (144.8 per 100,000).

For hospitalisations due to intentional self-harm among Shire of Goomalling residents of all ages, 84.4 per 100,000 persons were hospitalised in 2024. This was similar to the state ASR (106.6 per 100,000). Among male residents the ASR was 59.5 per 100,000, which was similar to the state ASR (74.5 per 100,000). In comparison, among females, the ASR was 112.7 per 100,000, which was similar to the state ASR (140.6 per 100,000).

For hospitalisations due to accidental poisoning among Shire of Goomalling residents of all ages, 63.5 per 100,000 persons were hospitalised in 2024. This was similar to the state ASR (52.3 per 100,000). Among male residents the ASR was 67.9 per 100,000, which was similar to the state ASR (56.7 per 100,000). In comparison, among females, the ASR was 58.3 per 100,000, which was similar to the state ASR (47.9 per 100,000).

Additionally, for hospitalisations due to accidental drowning, submersion or threats to breathing among Shire of Goomalling residents of all ages, 18.6 per 100,000 persons were hospitalised in 2024. This was similar to the state ASR (21.8 per 100,000). Among male residents the ASR was 22.8 per 100,000, which was similar to the state ASR (26.5 per 100,000). In comparison, among females, the ASR was 14.1 per 100,000, which was similar to the state ASR (17.4 per 100,000).

The data described above are presented in Figure 34, with trends over time shown in Figure 35.

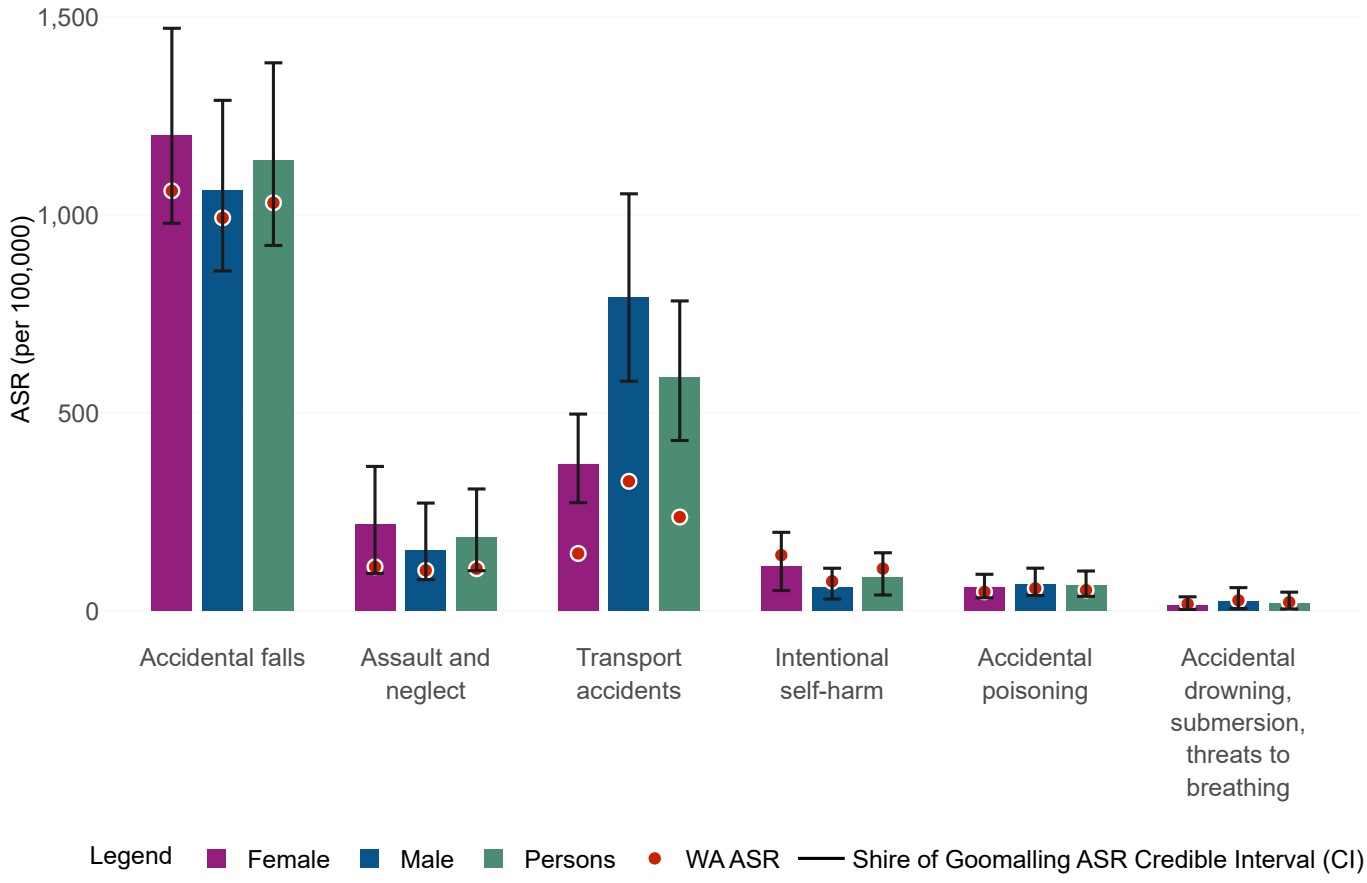

Figure 34. ASR (per 100,000) of injury-related hospitalisations (all ages) by sex, Shire of Goomalling, 2024.

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

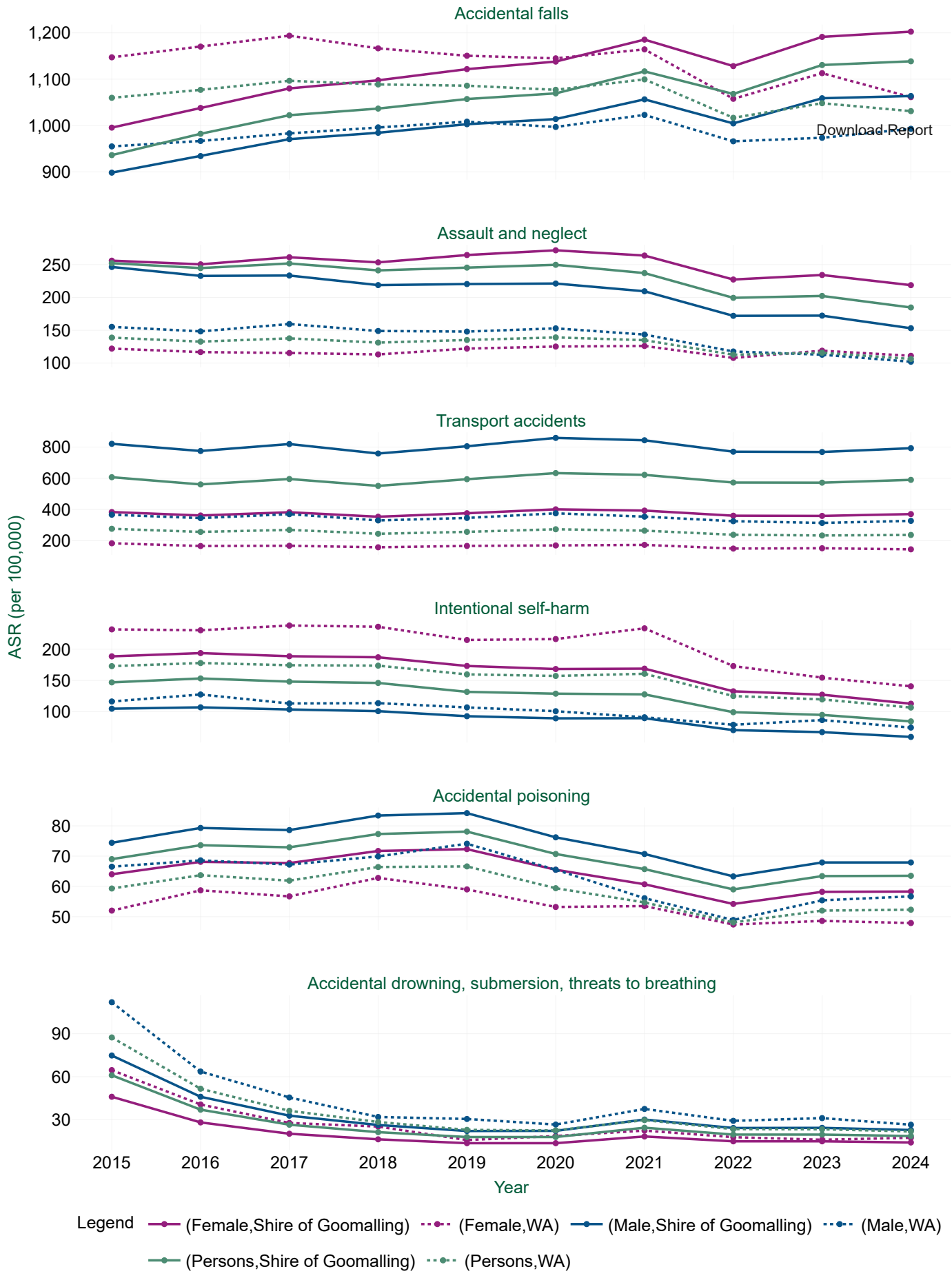

Figure 35. Trends in ASR of injury-related hospitalisations (all ages), Shire of Goomalling vs WA, 2015–2024.

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

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 3). 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 3).

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.

Table 3. ICD-10 codes for selected external causes of death

Selected external cause of death	ICD-10 codes for cause of death
Assault and neglect	X85–X99, Y00–Y09, Y35–Y36, Y87.1
Intentional self-harm	X60–X84, Y87.0
Accidental poisoning	X40–X49
Accidental drowning, submersion, threats to breathing	W65–W84
Falls	W00–W19
Transport accidents	V00–V99, Y85

In 2021, the ASR of injury-related deaths among Shire of Goomalling residents of all ages due to accidental falls was 12.2 per 100,000. This was lower than the state ASR (15.3 per 100,000). Among male residents the ASR was 13.2 per 100,000, which was lower than the state ASR (16.1 per 100,000). In comparison, among females, the ASR was 11.1 per 100,000, which was lower than the state ASR (14.5 per 100,000).

The ASR of deaths due to assault and neglect among Shire of Goomalling residents of all ages was 1.2 per 100,000 in 2021. This was higher than the state ASR (0.8 per 100,000). Among male residents the ASR was 1.6 per 100,000, which was similar to the state ASR (1.1 per 100,000). In comparison, among females, the ASR was 0.9 per 100,000, which was higher than the state ASR (0.4 per 100,000).

Among Shire of Goomalling residents of all ages, 50.4 per 100,000 persons died due to transport accidents in 2021. This was higher than the state ASR (7.2 per 100,000). Among male residents the ASR was 76.1 per 100,000, which was higher than the state ASR (11.3 per 100,000). In comparison, among females, the ASR was 23.9 per 100,000, which was higher than the state ASR (3.1 per 100,000).

For deaths due to intentional self-harm among Shire of Goomalling residents of all ages, 19.4 per 100,000 persons died in 2021. This was higher than the state ASR (13.5 per 100,000). Among male residents the ASR was 28.7 per 100,000, which was higher than the state ASR (20.0 per 100,000). In comparison, among females, the ASR was 9.9 per 100,000, which was higher than the state ASR (7.1 per 100,000).

For deaths due to accidental poisoning among Shire of Goomalling residents of all ages, 7.0 per 100,000 persons died in 2021. This was similar to the state ASR (7.8 per 100,000). Among male residents the ASR was 9.7 per 100,000, which was similar to the state ASR (11.4 per 100,000). In comparison, among females, the ASR was 4.3 per 100,000, which was similar to the state ASR (4.2 per 100,000).

Additionally, for deaths due to accidental drowning, submersion or threats to breathing among Shire of Goomalling residents of all ages, 1.3 per 100,000 persons died in 2021. This was similar to the state ASR (1.5 per 100,000). Among male residents the ASR was 1.8 per 100,000, which was similar to the state ASR (2.2 per 100,000). In comparison, among females, the ASR was 0.8 per 100,000, which was similar to the state ASR (0.8 per 100,000).

The data described above are presented in Figure 36, with trends over time shown in Figure 37.

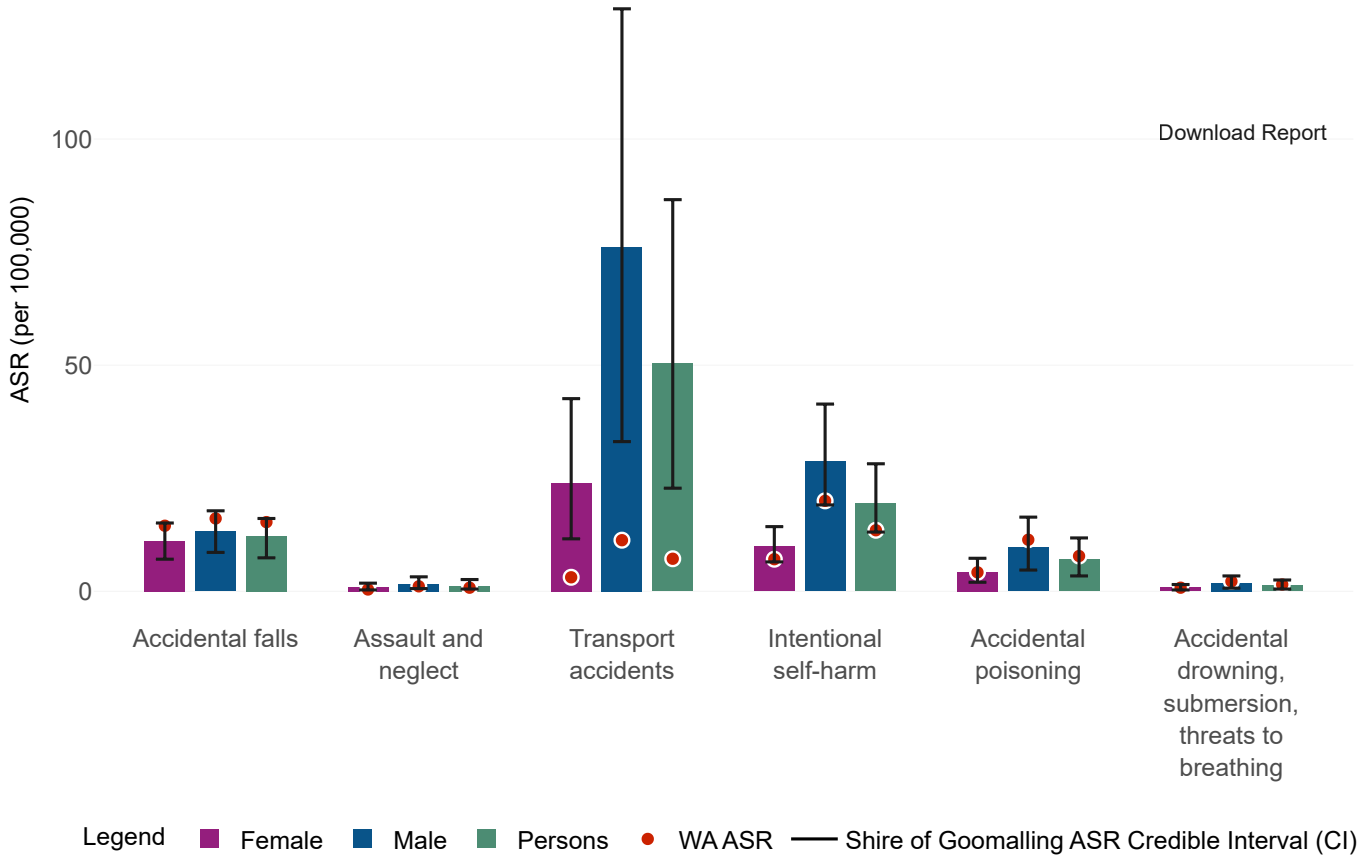

Figure 36. ASR (per 100,000) of injury-related deaths (all ages) by sex, Shire of Goomalling, 2021.

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.

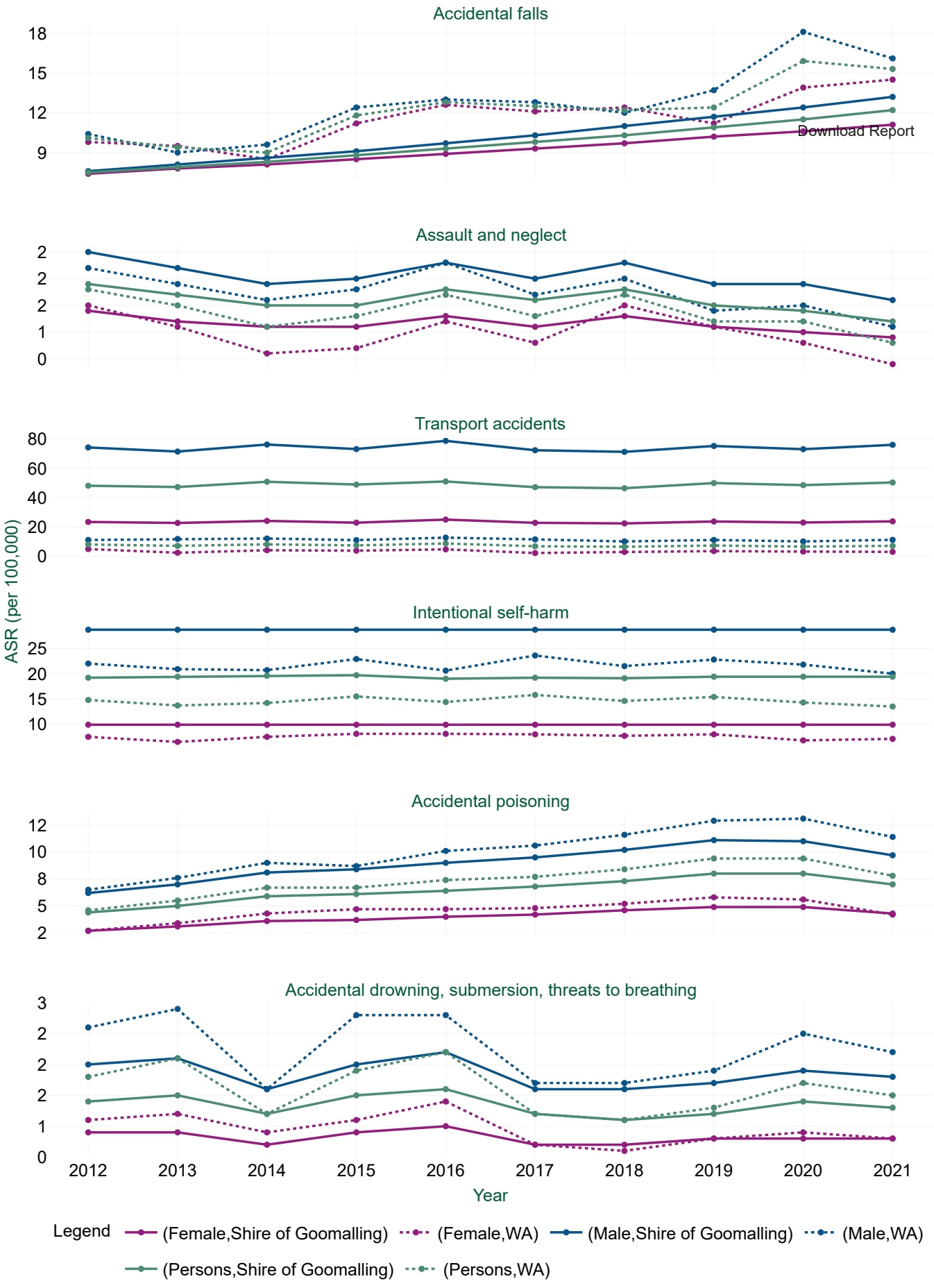

Figure 37. Trends in ASR of injury-related deaths (all ages), Shire of Goomalling vs WA, 2012–2021.

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.

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 (2025).

In 2022, the ASR of blood-borne disease among Shire of Goomalling residents of all ages was 71.0 per 100,000. This was higher than the state ASR (44.1 per 100,000). Among male residents the ASR was 78.2 per 100,000, which was higher than the state ASR (56.7 per 100,000). In comparison, among females, the ASR was 62.0 per 100,000, which was higher than the state ASR (31.4 per 100,000).

The ASR of enteric disease among Shire of Goomalling residents of all ages was 199.6 per 100,000 in 2022. This was similar to the state ASR (218.9 per 100,000). Among male residents the ASR was 206.8 per 100,000, which was similar to the state ASR (228.6 per 100,000). In comparison, among females, the ASR was 191.5 per 100,000, which was similar to the state ASR (208.8 per 100,000).

The ASR of sexually transmitted infections (STIs) among Shire of Goomalling residents of all ages was 498.3 per 100,000 in 2022. This was lower than the state ASR (600.6 per 100,000). Among male residents the ASR was 372.0 per 100,000, which was lower than the state ASR (586.6 per 100,000). In comparison, among females, the ASR was 656.7 per 100,000, which was similar to the state ASR (619.8 per 100,000).

The ASR of vaccine preventable disease among Shire of Goomalling residents of all ages was 1,278.9 per 100,000 in 2022. This was higher than the state ASR (714.1 per 100,000). Among male residents the ASR was 1,187.6 per 100,000, which was higher than the state ASR (662.7 per 100,000). In comparison, among females, the ASR was 1,370.5 per 100,000, which was higher than the state ASR (765.3 per 100,000).

Additionally, the ASR of vector-borne disease among Shire of Goomalling residents of all ages was 40.8 per 100,000 in 2022. This was higher than the state ASR (21.1 per 100,000). Among male residents the ASR was 39.0 per 100,000, which was higher than the state ASR (21.7 per 100,000). In comparison, among females, the ASR was 42.7 per 100,000, which was higher than the state ASR (20.5 per 100,000).

The data described above are presented in Figure 38, with trends over time shown in Figure 39.

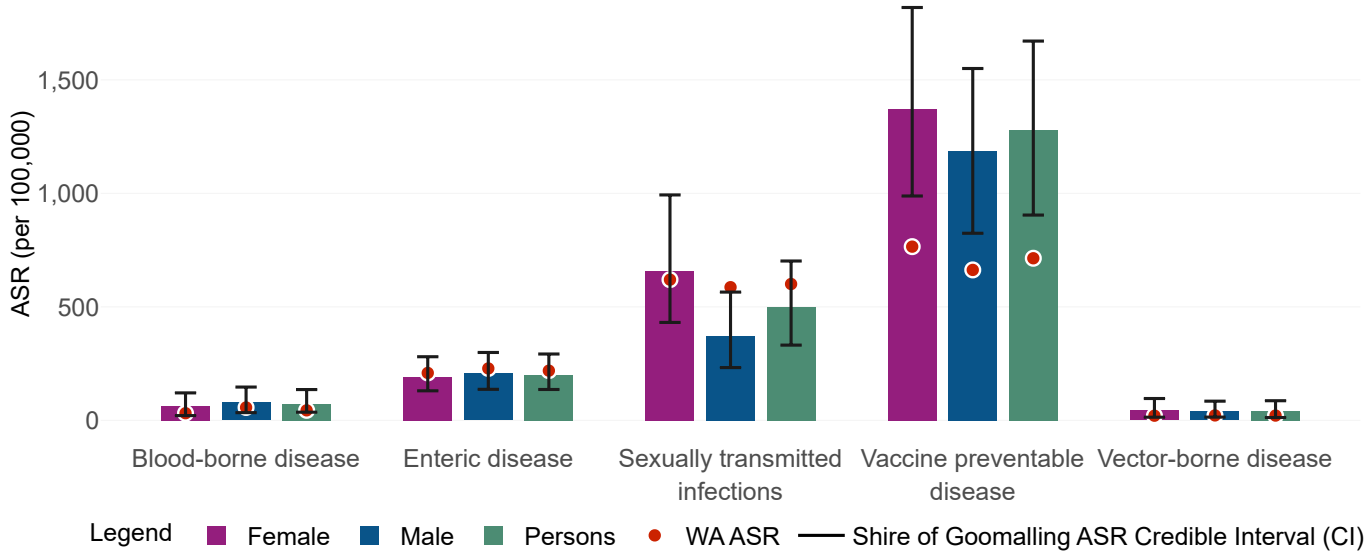

Figure 38. ASR (per 100,000) of notifiable infectious diseases (all ages) by sex, Shire of Goomalling, 2022.

Source: WA Notifiable Infectious Disease Database, Communicable Disease Control Directorate, DOH WA.

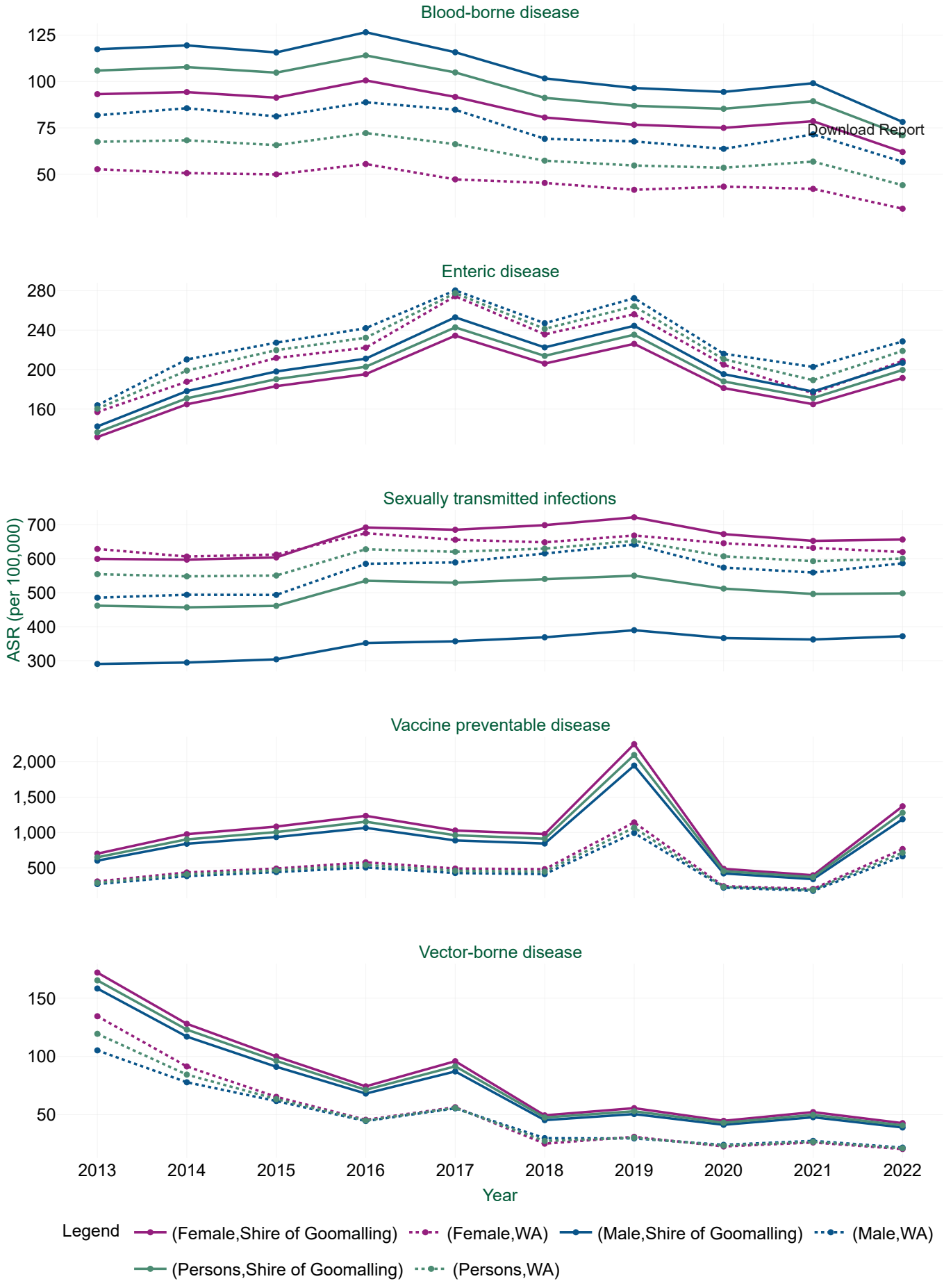

Figure 39. Trends in ASR of notifiable infectious diseases (all ages), Shire of Goomalling vs WA, 2013–2022.

Source: WA Notifiable Infectious Disease Database, Communicable Disease Control Directorate, DOH WA.

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