

New health insights from the Census help inform local government planning

For the first time, the 2021 Census collected information about the health of Australians by asking a simple question – “Has the person been told by a doctor or nurse that they have any of these long-term health conditions?”. The Census question asked respondents if they had been diagnosed with a specific condition from a list of ten conditions plus “other.” Combined, these ten conditions comprise approximately 60% of Australia’s deaths, and even those that are not deadly contribute substantially to the disease burden. Over 8 million people reported having a long-term health condition, and almost 800,000 Australians had three or more of the selected long-term health conditions. This information is very valuable to researchers, all levels of government, community health networks, minority groups and other health advocacy groups.

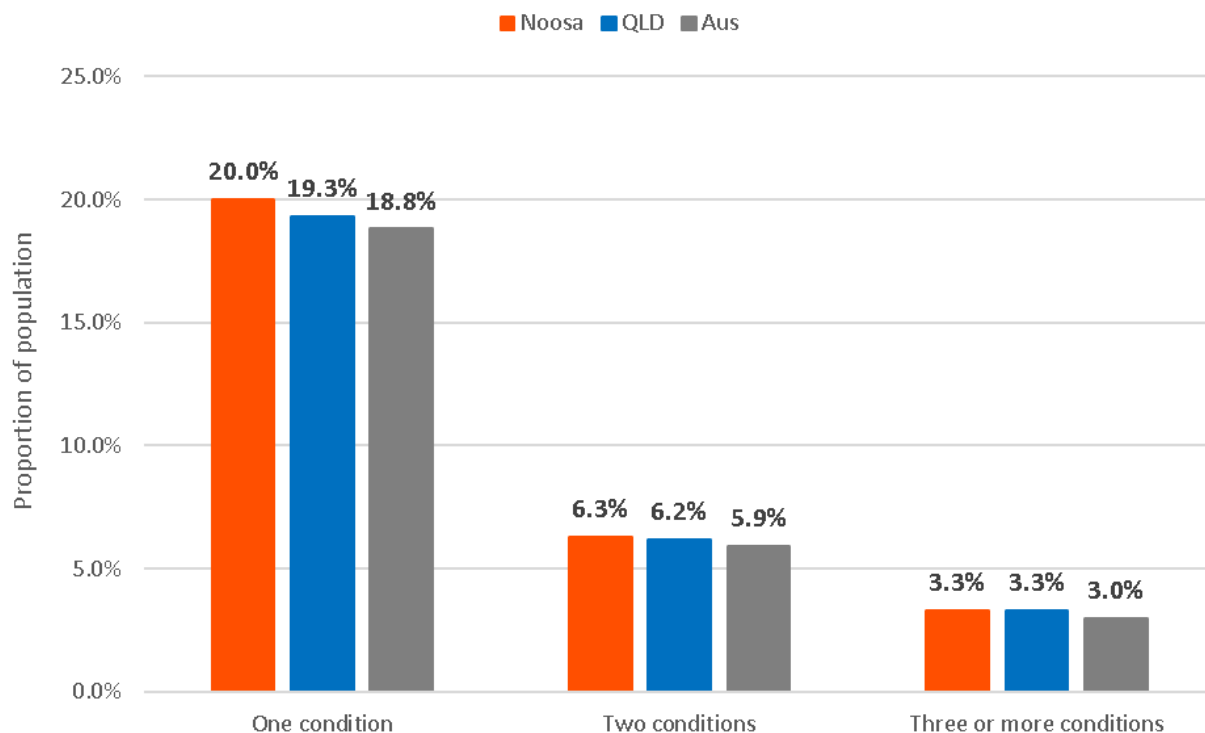
By including this simple question in the Census of our nation, the Australian Bureau of Statistics created the most detailed survey of long-term health conditions we have ever had from a coverage and response perspective. Over 23.3 million Australians answered this Census question and indicated whether they have any long-term health conditions.

Getting the most out of the long-term health conditions information

On its own, this information is helpful and valuable, but deep insight comes when we “crosstabulate” long-term health information with other demographic attributes such as sex, age or location and investigate where the prevalence of long-term health conditions requires attention and investment from agencies and authorities. Agencies that have already begun using this information include federal and state governments, departments of health, health advocacy groups and community health networks, among others. The long-term health conditions dataset improves planning and resource allocation of hospitals or medical centres, for example, and a better understanding of coverage for existing health infrastructure.

Long-term health conditions in Noosa Shire

In Noosa Shire, 19,027 residents reported having at least one long-term health condition. This represents 33.8% of Noosa’s population. By comparison, 32.9% of Queensland’s and 31.7% of Australia’s population reported having at least one long-term health condition. Regarding multiple long-term health conditions, 3.3% of Noosa’s population reported having three or more long-term health conditions, a percentage identical to Queensland’s and slightly higher than Australia’s (3.0%).

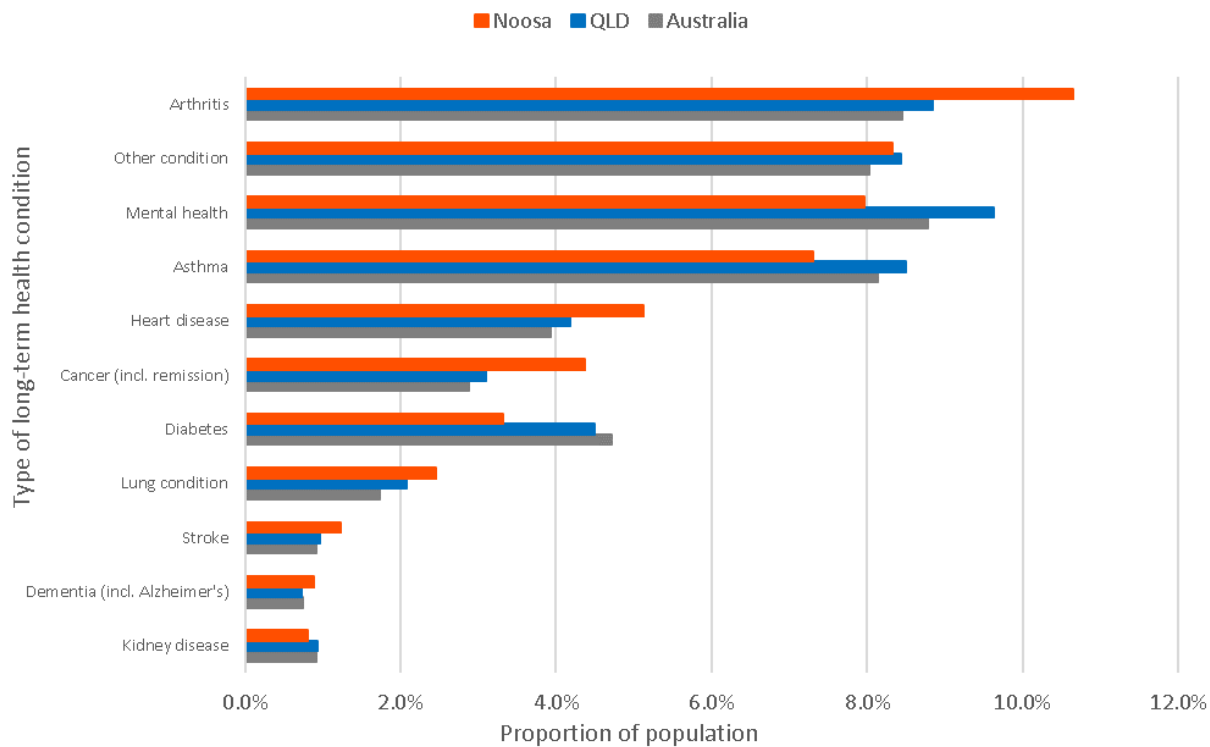


The proportion of residents with one, two or three or more long-term health conditions

In terms of the types of health conditions, Noosa residents have – arthritis is the highest, with 10.6% of the population reporting having it as a long-term health condition. By comparison, arthritis rates in Queensland and Australia are lower. Arthritis is a health condition strongly correlated with age and Noosa has a notably older population than Queensland or Australia. In 2021, the median age of Noosa residents was 50 years, compared to 38 years in Queensland and Australia.

The second most prevalent health condition in Noosa is the “other health conditions” group, which unfortunately is not defined but can include any condition not listed. 8.3% of residents are included in this group. Close behind was “mental health condition,” with 8% of Noosa residents reported as having this condition, a figure lower than Queensland’s (9.6%) or Australia’s (8.8%).

Noosa has a higher proportion of heart disease, cancer (including remission), lung conditions, stroke, and diabetes than Queensland or Australia. Conversely, Noosa has a lower proportion of residents with asthma or diabetes than Queensland or Australia.



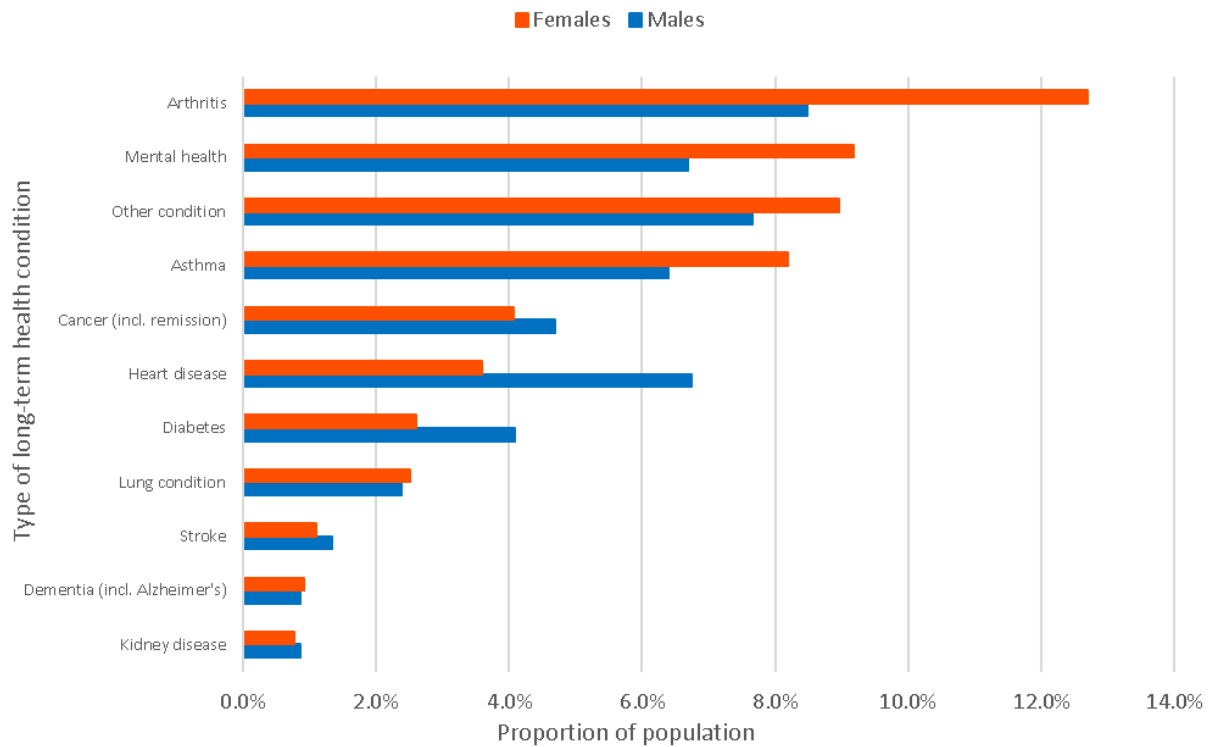
Prevalence of different long-term health conditions

Women and men have different long-term health outcomes

The prevalence of long-term health conditions differs for females and males. Part of the reason for this is longer lifespans of females, whereby some conditions such as arthritis or dementia appear more frequently at an older age. On the other hand, males are more likely to develop conditions such as heart disease.

In Noosa Shire, arthritis was a long-term health condition affecting 12.7% of females and 8.5% of males. Mental health also affected more females than males (9.2% compared to 6.7%). With conditions such as mental health it is important to remember the wording of the Census question with which this information was collected – “Has the person been told by a doctor or nurse that they have any of these long-term health conditions?” and it is not certain whether mental health may perhaps be a more diagnosed condition for females than males or if it is indeed a more prevalent condition for females.

Females also have notably higher rates of asthma, “other health conditions” and to a lesser degree lung conditions and dementia (including Alzheimer’s). Males in Noosa, on the other hand, have higher rates of cancer (including remission), heart disease and diabetes than females in Noosa.

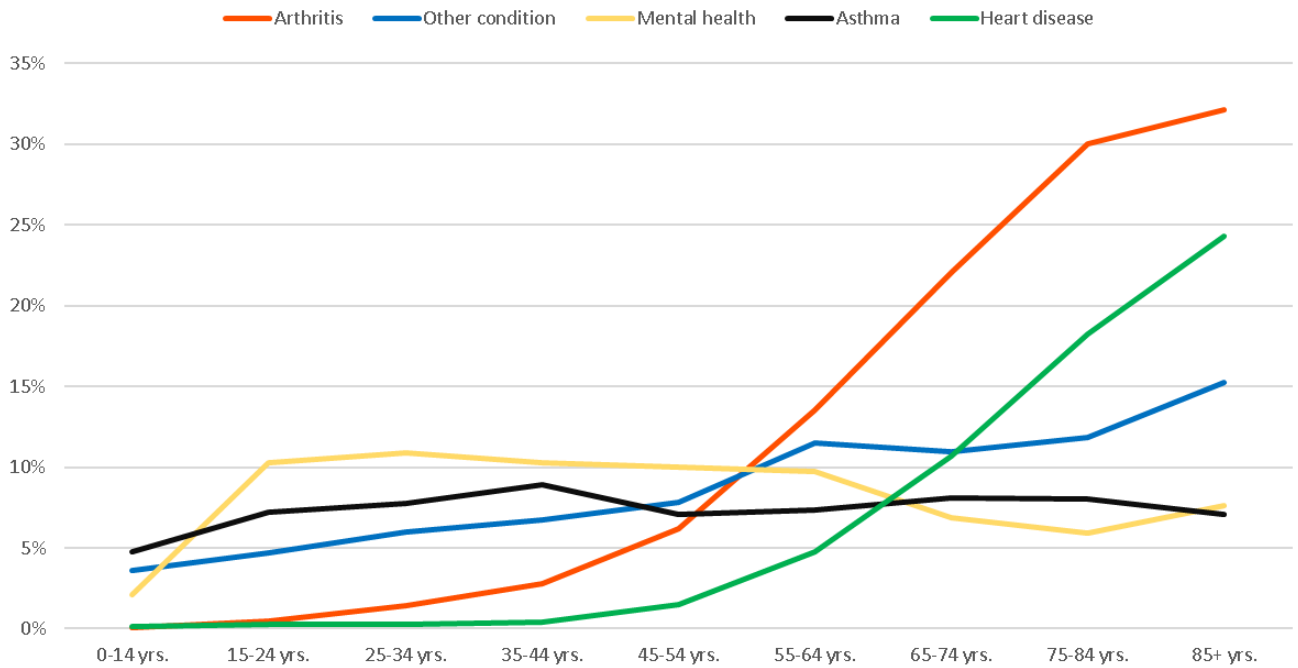


Differences in long-term health condition prevalence by sex in Noosa Shire

Age is a confounding factor with many health conditions

Some long-term health conditions are highly correlated with age. For arthritis, heart disease and diabetes, age is an apparent contributing factor. For example, only 2.8% of 35-44-year-olds in Noosa have arthritis. By the age of 75, 30% of residents (of this age) have the condition. The prevalence of heart disease also increases with age, from 4.8% at the age of 55-64 years to 24.3% at age 85.

Conditions such as mental health are slightly more prevalent in younger age groups before increasing again for 85+-year-olds. In contrast, asthma is similar across all age groups, affecting 7-8% of Noosa residents in all age groups from 15 years to 85 years and older.



Differences in long-term health condition prevalence by age in Noosa Shire

Using this information to inform resource allocation and focus at the local level

This information, especially at a local level, can help drive focus and prioritisation of health resources and infrastructure provision, but it pays to know how to "read" the information. One important reminder is that these statistics refer to prevalence of long-term health conditions which have been diagnosed, meaning that undiagnosed conditions (for example in areas without medical centres, in areas where people cannot afford doctor visits or where cultural barriers may mean diagnosis of some conditions such as mental health is taboo) are not included. Any in-depth analysis and resource allocation should use this Census dataset as a starting point, complemented with more local insight.

Long-term health condition data can be used in municipal public health and wellbeing plans, age-based planning, seasonal health, or emergency management planning (e.g. knowing where your asthma sufferers are if you are in a bushfire-prone area) and community infrastructure planning (such as assessing the outdoor environment and public spaces and making improvements, so they are accessible and conducive to physical activity by adults with certain conditions).

A better understanding of Noosa Shire's health can help local government with:

1. Safer, functional, more impactful infrastructure

Using this information can inform the creation of safe, functional pathways and resting areas in and around parks, recreation centres and other community venues for physical activity among adults with arthritis (Arthritis Foundation 2012). In addition, "Community Infrastructure Plans" can benefit from the knowledge of health conditions at the local level

by informing how aquatic, leisure and recreation assets are used and resourced but also which services (e.g. hydrotherapy exercise classes) are provided. It is similar to how some councils use "need for assistance due to disability by age" information to plan the provision of playground equipment for children with disabilities.

2. **Data-driven community outreach**

Local government planning could focus on the need for clean air and the provision of air quality monitoring in some indoor and outdoor community spaces for neighbourhoods with conditions such as asthma. Local government can also assist with providing mental health services or community outreach programs that aim to help those in most need. If the statistics suggest that certain parts of your LGA (Local Government Area) or certain segments of your population have above-average rates of reported long-term mental health conditions, focus can be placed here, backed by evidence.

3. **Creating Community Programs based on recent health data Analysis**

Understanding the health needs of people in our community is vital in improving health outcomes. This includes using the outcomes from census and local health data that deliver programs and activities or providing services that can guide individuals to healthier outcomes. Health and Wellbeing is a dynamic field and involves incorporating new evidence-based interventions and new models of care to the needs of a growing and changing population. Health promotion within communities utilises community-centred practice approach, underpinned by community engagement, partnership and community-drive needs assessment, implementation, and evaluation. By understanding our community through evidence-based research we identify the wellbeing and health status of the Noosa Shire and compare the current health status of other communities. Noosa Council is at the forefront of community preventive health with the introduction of their new initiative, [‘Living Well Noosa’](#).

The program has been designed to target health inequalities and implement initiatives that respond to local health data by creating a free and low-cost community-based health and wellbeing program. Program initiatives seek to:

- Improve access and availability of child development activities
- Improve the lives of people with asthma
- Improve RDI through access and availability of Nutrition
- Improve Mental Health and Wellbeing
- Improve Health Literacy
- Improve the availability of activities to assist with falls prevention, dementia, arthritis, and chronic pain management
- Support and strengthen the range of initiatives available to parents from preconception through pregnancy and early childhood.
- Provide access and inclusion of activities for individuals with a disability
- Improve Cultural Safety and work in partnership to improve health outcomes to reduce ‘the gap’ between Aboriginal and Torres Strait Islander peoples and non-Indigenous.
- Implement Workplace Wellbeing Initiatives.

The 'Living Well' program will be launched on October 20th,2022. For more information, please visit the program website [here](#).

4. Different health conditions require different approaches

Alzheimer's Australia suggests that local government has a role in helping develop dementia-friendly communities in Australia to build awareness, acceptance, and understanding of dementia in the community. In another example, Indigo Shire (Victoria) rolled out dementia education and awareness initiatives to its teams, focusing on front-line customer services staff. In addition, staff at the Beechworth Library teamed up with the Changing Minds Beechworth alliance to incorporate dementia-friendly design principles into the refurbishment of the library. This focus on the physical environment extended to upgrading public toilet facilities, and there are plans to review the accessibility of other public amenities as part of longer-term planning.

Ultimately, Councils that look at long-term health conditions strategically and positively are not only able to mitigate pressure on their services but facilitate other innovative ways for people living with long-term health conditions to contribute to their community and in turn, feel more valued and included.