Metro South Health | Better together

Health indicators 2025

Snapshot series III: Chronic disease modifiable risk factors

Metro South Health, Logan LGA and Redland LGA

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Epidemiology team for report preparation:

Gayle Pollard: Advanced Epidemiologist, Metro South Public Health Unit, Metro South Health

Bonnie Macfarlane: Health Surveillance Team Leader, Metro South Public Health Unit, Metro South Health

Health indicators 2025: Snapshot series III: Chronic disease modifiable risk factors.

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For more information, contact:

Metro South Public Health Unit, Metro South Health, Building 5, garden City Office Park, 2404 Logan Rd, Eight Mile Plains QLD 4113, email MSPHU-EPI@hgealth.qld.gov.au, phone 3156 4000 for Metro South Public Health Unit.

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Chronic disease risk factors at a glance

MSH: overweight & obesity

- 61% MSH adults overweight or obese (Qld = 62%)
- Prevalence higher in males than females
- Prevalence of overweight stable but obesity increasing
- 29% MSH children (5-17 years) overweight or obese (Qld = 28%)

Logan LGA: overweight & obesity

- 71% Logan adults overweight or obese (Qld = 62%)
- Prevalence higher in males than females
- Prevalence of obesity increasing more sharply than overweight

Redland LGA: overweight & obesity

- 67% Redland adults overweight or obese (Qld = 62%)
- Prevalence higher in males than females
- Prevalence of obesity generally increasing, overweight showing no consistent trend

MSH: smoking

- 7.6% MSH adults smoked daily (Qld = 9.5%)
- Prevalence higher in males than females
- Prevalence trending downwards
- Rate higher in socio-economically disadvantaged areas
- 4.7% adults report current e-cigarette use

Logan LGA: smoking

- 10.6% Logan adults smoked daily (Qld = 9.5%)
- Prevalence higher in males than females
- Prevalence trending downwards
- Rate higher in socio-economically disadvantaged areas

Redland LGA: Smoking

- 7.2% Redland adults smoked daily (Qld = 9.5%)
- Prevalence trending downwards
- Rate higher in socio-economically disadvantaged area

MSH: nutrition

- 55% MSH adults ate insufficient fruit (Qld = 54%)
- 95% MSH adults ate insufficient vegetables (Qld = 94%)
- Prevalence of insufficient fruit and vegetable consumption trending upwards in adults
- 32% MSH children ate insufficient fruit (Qld = 33%)
- 98% MSH children ate insufficient vegetables (Qld = 97%)

Logan LGA: nutrition

- 58% Logan adults ate insufficient fruit (Qld = 54%)
- 96% Logan adults ate insufficient vegetables (Qld = 94%)
- Rate of insufficient fruit consumption higher in socio-economically disadvantaged areas
- Prevalence of insufficient fruit and low vegetable consumption trending upwards

Redland LGA: nutrition

- 56% Redland adults ate insufficient fruit (Qld = 54%)
- 93% Redland adults ate insufficient vegetables (Qld = 94%)
- Prevalence of insufficient fruit and low vegetable consumption trending strongly upwards

Chronic disease risk factors at a glance (cont'd)

MSH: physical activity (PA)

- 45% MSH adults did insufficient PA (Qld = 44%)
- Prevalence of inactivity higher in females than males
- Inactivity rate higher in socio-economically disadvantaged areas
- 51% MSH children (5-17 years) active for less than 60mins per day (Qld = 51%)
- Inactivity in children trending downwards

Logan LGA: physical activity (PA)

- 57% Logan adults did insufficient PA (Qld = 44%)
- Prevalence higher in females than males
- Rate higher in socio-economically disadvantaged areas
- Prevalence trending upwards

Redland LGA: physical activity (PA)

- 46% Redland adults did insufficient PA (Qld = 44%)
- Rate higher in socio-economically disadvantaged areas
- No consistent trend over time

MSH: alcohol consumption

- 33% MSH adults consumed alcohol in excess of Guidelines (Qld = 36%)
- Prevalence higher in males and younger adults

Logan LGA: alcohol consumption

- 32% Logan adults consumed alcohol in excess of Guidelines (Qld = 36%)
- Prevalence higher in males and younger adults
- No consistent trend over time

Redland LGA: alcohol consumption

- 37% Redland adults consumed alcohol in excess of Guidelines (Qld = 36%)
- Prevalence higher in males and younger adults
- No consistent trend over time

MSH: sun safety

- 44% MSH adults sunburnt in past 12 months (Qld = 46%)
- Prevalence higher in males and younger adults
- 39% MSH children (5-17 years) sunburnt in past 12 months (Qld = 48%)

Logan LGA: sun safety

- 42% Logan adults sunburnt in past 12 months (Qld = 46%)
- Prevalence higher in younger adults
- Prevalence of sunburn trending downwards
- Prevalence higher in males and younger adults

Redland LGA: sun safety

- 46% MSH adults sunburnt in past 12 months (Qld = 46%)
- Prevalence much higher in younger adults
- Prevalence of sunburn lower in most socio-economically disadvantaged areas
- Prevalence generally trending downwards

Table of contents

CHRONIC DISEASE RISK FACTORS AT A GLANCE 3

TABLE OF CONTENTS 5

INTRODUCTION 6

METRO SOUTH HEALTH 7

Geographical area 7

Modifiable risk factors - background 8

Overweight and obesity 10

Smoking 13

Nutrition 16

Physical activity 19

Alcohol consumption 22

Sun safety 24

LOGAN LOCAL GOVERNMENT AREA 27

Geographical area 27

Modifiable risk factors 28

Overweight and obesity 28

Smoking 30

Nutrition 31

Physical activity 34

Alcohol consumption 35

Sun safety 37

REDLAND LOCAL GOVERNMENT AREA 40

Geographical area 40

Modifiable risk factors 41

Overweight and obesity 41

Smoking 42

Nutrition 44

Physical activity 46

Alcohol consumption 48

Sun safety 50

COMPARISON STATISTICS 53

DEFINITIONS 54

LIST OF FIGURES 55

LIST OF TABLES 58

REFERENCES 59

APPENDIX 1: INDICATORS BY SA3 60

Introduction

The Metro South Health (MSH) *Health indicators report series* is a compendium report compiled on an approximately biennial basis and covering a wide range of health indicators and population statistics for the residents of the MSH area. The report is produced as a series of snapshot reports each covering specific indicators/topic areas. The aims of the report series are to examine the current and multi-year trends in various aspects of health status of people living in the geographical area covered by MSH.

Separate data is presented for MSH and the sub-regions of Logan and Redland local government areas (LGAs) owing to the substantial differences in population characteristics and therefore potentially the health outcomes of the residents of these areas.

MSH is one of 16 Hospital and Health Services (HHS) in Queensland and serves an estimated population of over 1.2 million people, representing 23 per cent of Queensland's population. The HHS's catchment spans 3,856 square kilometres and covers the area from the Brisbane River in the north to Redland City in the east, south to Logan City and the eastern portion of the Scenic Rim to the border of New South Wales. A detailed profile of the population of MSH can be found in the Snapshot Series Report [1].

This sub-report provides an overview of modifiable risk factors for chronic disease separately for the residents of MSH, Logan and Redland LGA areas.

Metro South Health

Geographical area

Metro South Health (MSH) is situated in the south-east corner of Queensland, covering 3,856 square kilometres from the Brisbane River in the north to Redland City in the east, and through Logan City and Scenic Rim Regional Council to the border of New South Wales in the south-west.

Under the Australian Statistical Geography Standard (ASGS) 2021 classification MSH is subdivided into 20 Statistical Area 3's (SA3s) and 68 SA2s which broadly represent suburbs or groupings of suburbs. It encompasses the local government areas (LGAs) of Brisbane (south of the Brisbane River only), Logan, Redland and part of Scenic Rim, specifically the Statistical Area Level 2 (SA2) of Beaudesert (Figure 1).

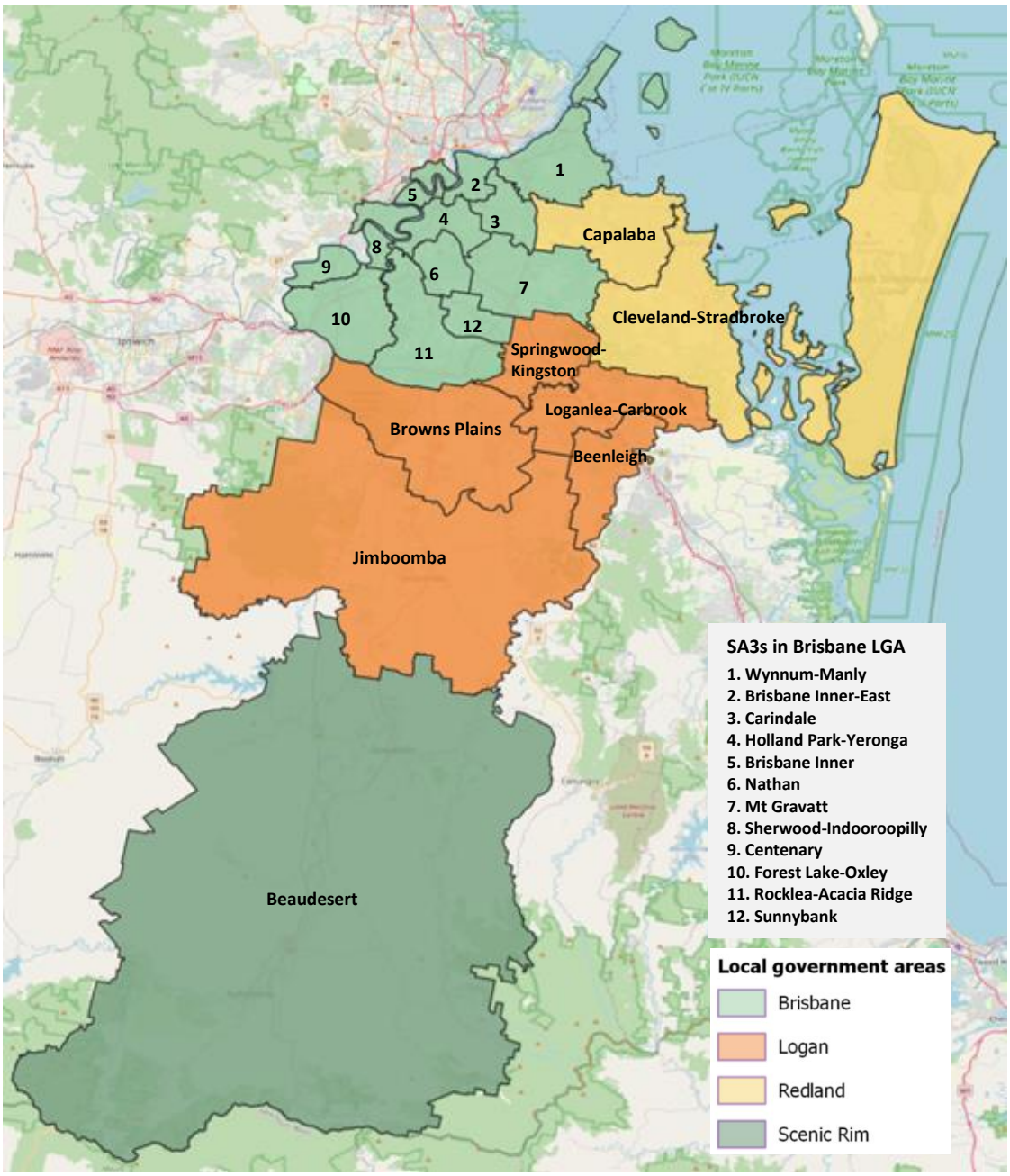


Figure 1: Map of Metro South Health showing local government areas within the MSH boundary and 2021 SA3 boundaries and names

MSH encompasses 20 Statistical Area 3s (SA3s). Five SA3s (Beenleigh, Browns Plains, Jimboomba, Loganlea – Carbrook and Springwood – Kingston) comprise the entirety of the Logan LGA. One SA3 (Beaudesert) is contained within but represents only the central part of the Scenic Rim LGA.

Ten Metro South SA3s (Brisbane Inner-East, Carindale, Centenary, Forest Lake – Oxley, Holland Park – Yeronga, Mt Gravatt, Nathan, Rocklea – Acacia Ridge, Sunnybank and Wynnum – Manly) are contained entirely within Brisbane LGA, south of the Brisbane River. A further two Brisbane LGA SA3s (Brisbane Inner and Sherwood – Indooroopilly) are partly contained within MSH but also include areas across the Brisbane River border with Metro North Hospital and Health Service (MNHHS). Where data are presented in this report for these two SA3s, only the data pertaining to the MSH residents of the SA3 (south of the Brisbane River) are included. This has the effect that the population sizes reported for these part-SA3s are considerably smaller than for other SA3s.

The final two SA3s within MSH (Capalaba and Cleveland – Stradbroke) are largely contained within Redland LGA. Capalaba SA3 includes the SA2 of Gumdale which is within Brisbane LGA.

Modifiable risk factors - background

Chronic diseases continue to be a leading contributor to disease burden across Queensland. It is estimated that 36% of the disease burden is due to modifiable or behavioural risk factors and could have been avoided or reduced[2]. Modifiable risk factors such as tobacco use, overweight and obesity, physical inactivity, poor nutrition and risky alcohol consumption explain a substantial proportion of the total chronic disease burden in the population[2,1]. For example, more than two thirds of the burden of diabetes in Queensland can be attributed to the combined effect of high body mass and physical inactivity[2]; while lung cancer is primarily caused by tobacco smoking, which also contributes to the development of a number of other cancers.

Understanding the risk factors for chronic disease and their prevalence in the community is vital to interpreting chronic disease profiles and trends within these communities[2,3]. Furthermore, monitoring health is fundamental to providing evidence-based services and strategies aimed at improving health status, now and in the future[4].

Queensland Health commissions regular population surveys of adults (Table 1)[5] and children (Table 2)[5] to determine the self-reported prevalence of a variety of modifiable chronic disease risk factors at the state and lower geographical levels. This self-reported and caregiver reported (in the case of children) data is presented in this section of this report.

Table 1: Summary of selected modifiable risk factors for chronic disease in adults (18+ years), Metro South Health and Queensland, 2023 to 2024 or earlier years (as available and noted)[5]

Risk factor	Population–weighted prevalence^		Statistically significant difference MSH - QLD*#
	MSH %	Queensland %	
Body mass index			
Underweight (BMI <18.5)	2.3	2.3	—
Healthy weight (BMI 18.5-<25)	36.5	35.4	—
Overweight (BMI 25-<30)	34.6	34.6	—
Obese (BMI 30+)	26.6	27.7	—
All overweight/obese (BMI 25+)	61.2	62.3	—
Smoking			
Current daily smoking	7.6	9.5	🡻
Current e-cigarette use**	4.7	4.3	—
Sunburn			
Sunburnt in last 12 months	43.5	46.1	—
Does not use broad brimmed hat, SPF30+, sun-safe clothing in summer	83.8	83.1	—
Alcohol consumption##			
Exceeds guideline 1	32.8	36.4	🡻
Single occasion risk – at least monthly	27.0	29.7	🡻
Physical activity (18-75 years)			
Insufficient activity for health benefit	45.0	43.9	—
Fruit and vegetable consumption			
Insufficient fruit intake (<2 serves/day)	54.7	54.0	—
Insufficient vegetable intake (<5 serves/day)	94.8	94.0	—
<3 serves of vegetables/day	67.8	66.9	—

^ Survey data were weighted to adjust for differences between the demographic characteristics of the population and of the sample. Weighted results are considered to be an accurate representation of the demographic profile of the adult residents of MSH/Queensland

* 🡹 MSH statistically significantly higher than Queensland; 🡻 MSH statistically significantly lower than Queensland; — no statistically significant difference between MSH and Queensland

Based upon comparison of age standardised prevalence, not population weighted prevalence

** Data from 2021 to 2022

2020 Australian guidelines to reduce health risks from drinking alcohol; data from 2021 to 2022

Table 2: Summary of selected modifiable risk factors for chronic disease in children (5-17 years), Metro South Health and Queensland, 2023 to 2024[5]

Risk factor	Population–weighted prevalence^		Statistically significant difference MSH - QLD*#
	MSH %	Queensland %	
Body mass index^^			
Under-or healthy weight	70.7	71.9	—
Overweight	20.1	18.6	—
Obese	9.3	9.5	—
All overweight/obese	29.3	28.1	—
Sunburn			
Sunburnt in last 12 months	38.9	47.5	🡻
Physical activity##			
Active for less than 60 minutes daily	51.2	51.3	—
Fruit and vegetable consumption^^^			
Insufficient fruit intake	32.0	32.6	—
Insufficient vegetable intake	97.9	97.3	—
<3 serves of vegetables/day	78.8	77.9	—

^ Survey data were weighted to adjust for differences between the demographic characteristics of the population and of the sample. Weighted results are considered to be an accurate representation of the demographic profile of the 5 to 17 year old residents of MSH/Queensland

* 🡹 MSH statistically significantly higher than Queensland; 🡻 MSH statistically significantly lower than Queensland; — no statistically significant difference between MSH and Queensland

Based upon comparison of age standardised prevalence, not population weighted prevalence

^^ Specific BMI categories vary with age and sex of child

Based upon 2014 physical activity guidelines for children which recommend 60 minutes or more of physical activity per day

^^^ Based upon 2013 Australian dietary guidelines which vary with age and sex of child

Overweight and obesity

Unhealthy weight gain is recognised as a significant public health issue, with rates of obesity in the population increasing over several decades. The pathway to overweight and obesity is complex. The combination of multiple interactions involving genetics, diet, physical activity, social and physical environments, other health conditions and social determinants make overweight and obesity a significant public health challenge[6].

The health implications of being overweight or obese include increased risk for a range of disease groups including endocrine disorders, kidney and urinary diseases, cardiovascular diseases, musculoskeletal conditions and various cancers[2]. In 2024, overweight and obesity were estimated to account for 8.3% of the total burden of disease in Australia[2].

In 2023-2024, 61% of adult MSH residents were overweight or obese, which was not significantly different from the Queensland prevalence (62%) (Table 1). This is a much higher level of overweight and obesity than the 48% found via self-report in Queensland in 2001[7]. The prevalence of overweight and obesity in adults increased with age. In females it levelled after 45 years at around 60% while in males it peaked at almost 80% in the 45 to 64 years age group and then fell slightly to 72% in those 65 years and over (Figure 2).

The rate of overweight and obesity was significantly higher in males than in females in all age groups.

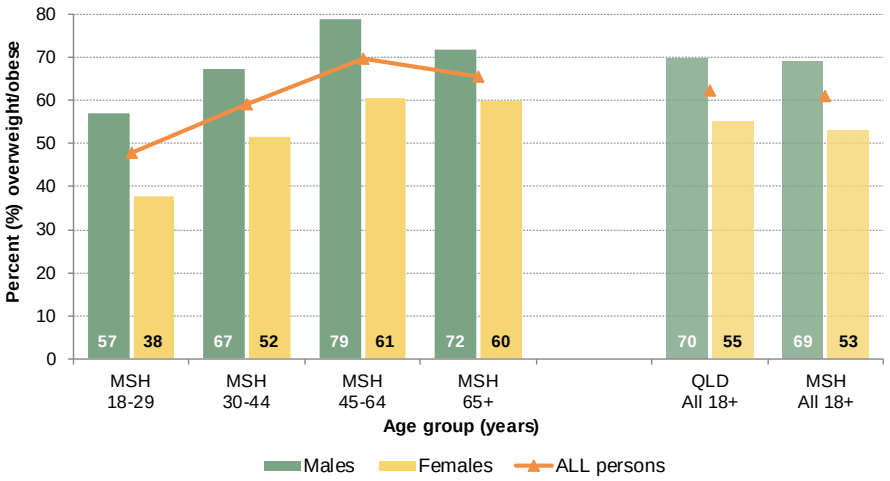


Figure 2: Percentage of overweight or obese adults (18+ years) by age group and sex, Metro South Health and Queensland, 2023-2024

In 2023-2024 the prevalence of overweight and obesity was highest in SA3s within the Logan LGA and Beaudesert SA3, with the highest levels reported in Loganlea – Carbrook and Jimboomba. The lowest levels were reported in inner-Brisbane areas including the SA3s of Brisbane Inner and Sherwood – Indooroopilly (Appendix 1: Table 1; Table 2).

The prevalence of adult overweight and obesity was associated with socio-economic status in both MSH and Queensland, with the highest rates found in the most disadvantaged areas and lowest rates in the most advantaged areas (Figure 3).

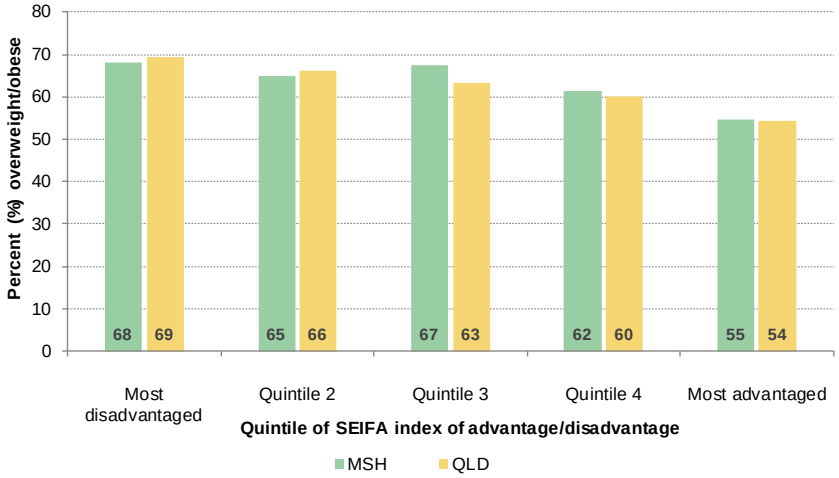


Figure 3: Percentage of overweight or obese adults (18+ years) by socioeconomic status (SEIFA index of relative advantage/disadvantage), Metro South Health, 2023-2024

Between 2009-10 and 2023-24 the prevalence of overweight in MSH residents remained remarkably stable at around 34%. However, the prevalence of obesity increased from 21% to 27% over this period (Figure 4).

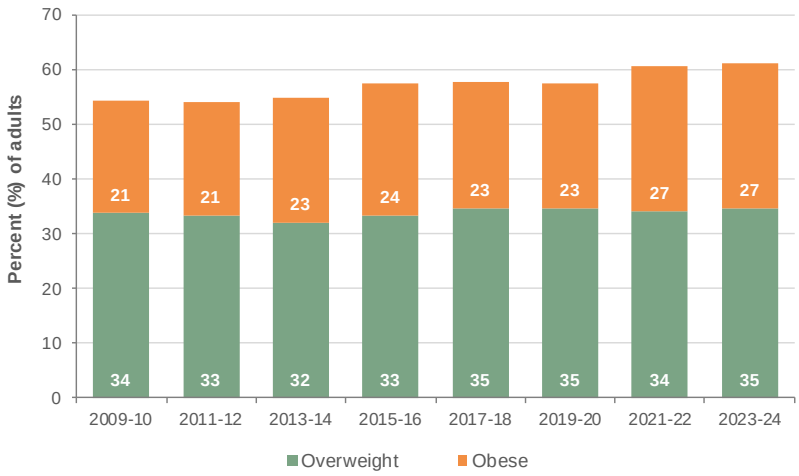


Figure 4: Prevalence of overweight and obesity in adults (18+ years) Metro South Health, 2009-10 to 2023-24

In 2023-2024, 29% of MSH children aged 5 to 17 years were overweight or obese, statistically similar to the Queensland prevalence (Table 2). No clear trend between 2013-14 and 2023-24 was identified (Figure 5).

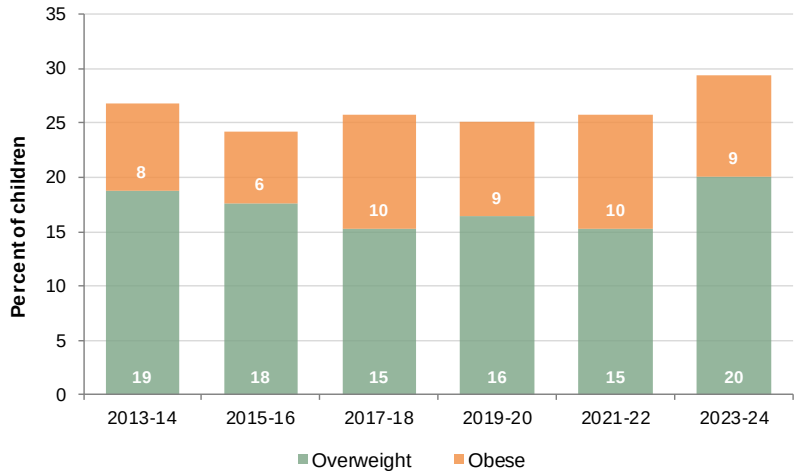


Figure 5: Prevalence of overweight and obesity in children (5-17 years) Metro South Health, 2009-10 to 2023-24

Overweight/obesity was most common in children in the 5 to 7 years age group. In males the prevalence decreased with increasing age group while in girls the lowest rate was in the 12 to 15 years group with an increase in those 16 to 17 years (Figure 6).

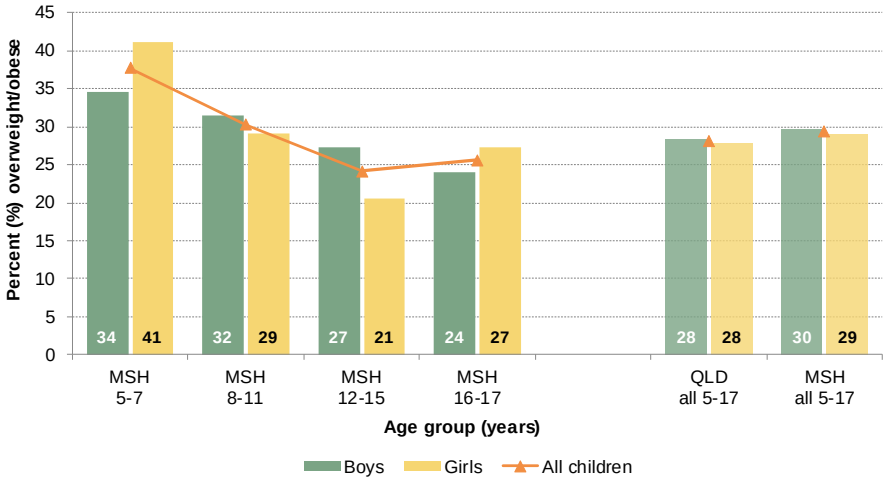


Figure 6: Prevalence of overweight and obesity in children (5-17 years) by age group and sex, Metro South Health, 2009-10 to 2023-24

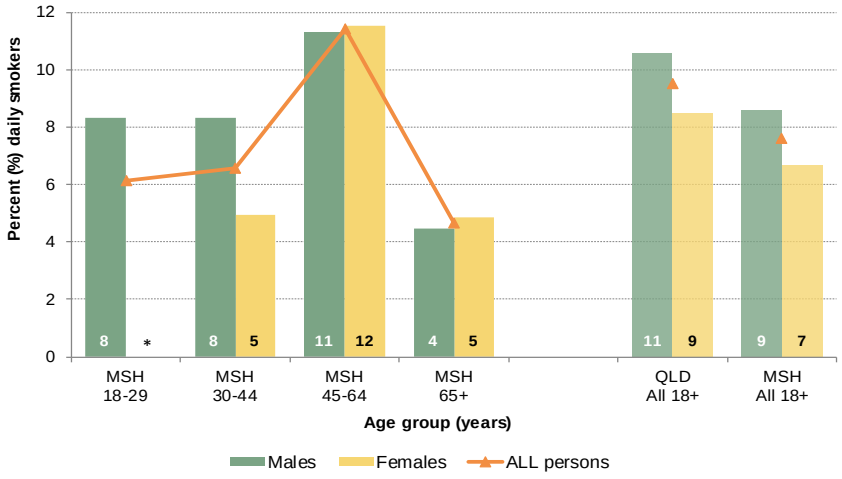
Tobacco smoking

Tobacco smoking remains the leading cause of preventable disease and death in Queensland, despite a significant reduction in smoking rates being recorded in recent decades[6]. Smoking increases the risk of various disease groups including respiratory diseases, various cancers, cardiovascular diseases, infectious diseases, type 2 diabetes, gastrointestinal disorders, hearing and vision disorders, musculoskeletal conditions and neurological conditions[2]. In 2024, tobacco use (excluding nicotine vaping) was estimated to account for 7.6% of the total burden of disease in Australia[2].

In 2023-2024, fewer than one in ten (7.6%) MSH adults smoked daily, representing a 14 percentage point reduction in prevalence rate since 2001. The 2023-2024, MSH daily smoking rate was significantly lower than the rate in Queensland (9.5%) (Table 1).

The prevalence of daily smoking was highest in SA3s within the Logan LGA and Beaudesert SA3, with the highest levels reported in Loganlea – Carbrook and Beaudesert SA3s. The lowest levels were reported in Brisbane Inner and Forest Lake – Oxley SA3s (Appendix 1: Table 3).

The prevalence of adult daily smoking was highest in the 45 to 64 years age group and lowest in those aged 65 years and over (Figure 7). Rates were lower in females than in males in both MSH and Queensland (Figure 7) but it is important to note that in MSH this difference was not statistically significant. Rates in males and females were similar in those aged 45 years and over, however the rate in females aged 30 to 44 years (4.9%) was substantially lower than in males of the same age group (8.3%) (Figure 7). A reliable daily smoking rate for females under 30 years was not able to be published for MSH owing to low counts in the source survey data.



* Survey count too low for reliable prevalence estimate to be published

Figure 7: Percentage of adults (18+ years) who smoke tobacco daily by age group and sex, Metro South Health and Queensland, 2023-2024

Tobacco smoking was strongly linked with socio-economic status in both MSH and Queensland, with the highest prevalence rates (approaching 16%) found in the most disadvantaged areas and the lowest (around 5%) in the most advantaged areas (Figure 8).

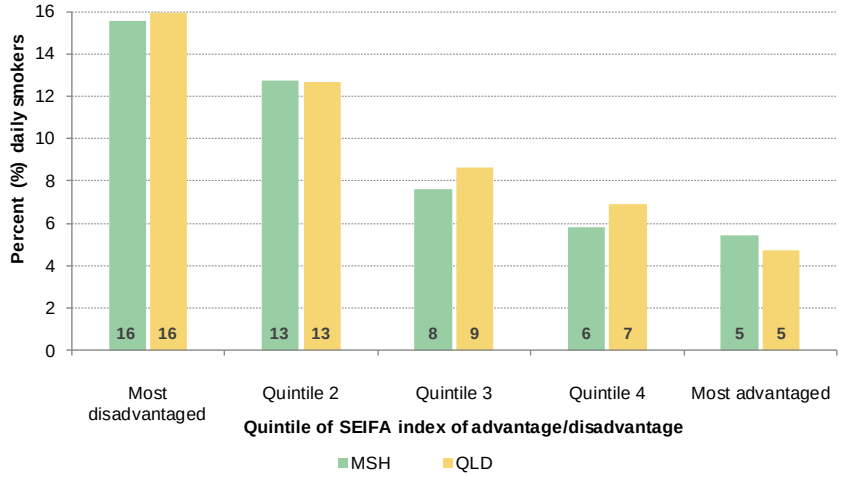


Figure 8: Percentage of adults who smoke tobacco daily, by socioeconomic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2023-2024

Between 2009-10 and 2023-24, the prevalence of daily smoking in MSH resident adults declined fairly steadily from 14.4% in 2009-10 to 7.6% in 2023-24 (Figure 9). The rate in Queensland, which was usually measured to be slightly higher than the MSH rate, exhibited a very similar decline (Figure 9).

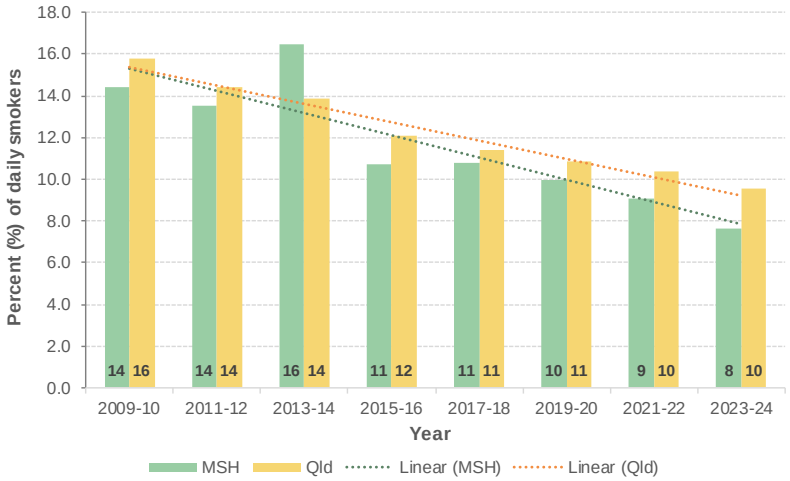


Figure 9: Percentage of adults (18+ years) who smoke tobacco daily (with linear trendlines), Metro South Health and Queensland, 2009-10 to 2023-2024

The use of electronic cigarettes (e-cigarettes or vapes) which heat liquid into a fine vapour that users inhale is emerging as a key health issue[8]. E-cigarettes are designed to deliver chemicals via aerosol vapour directly to the lungs. The liquid solution used in them usually contains propylene glycol, glycerol and flavourings and may contain nicotine[8]. The short and long term health effects of e-cigarettes are currently being researched, and they have not been proven safe to use. In addition, studies are increasingly showing that e-cigarettes emit harmful, possibly carcinogenic substances[9].

In 2024, 26% of Queensland adults had used an e-cigarette on at least one occasion (double the 2018-19 prevalence of 13%) and 8% of adults reported current e-cigarette use (in the past 12 months). Data on daily e-cigarette use is not available from 2024, however in 2021-22 the prevalence among Queensland adults was 1.6%, with the rate significantly higher in males (2.2%) than in females (0.9%).

In 2021-2022 the prevalence of adults having ever used an e-cigarette was highest in Holland Park – Yeronga and Beenleigh SA3s. The lowest levels were reported in Beaudesert, Sunnybank and Wynnum Manly SA3s (Appendix 1: Table 3).

In 2024, Queensland adult use of an e-cigarette on at least one occasion was strongly linked with age group, peaking in those aged 18 to 24 years (63%) and decreasing sharply with increasing age (Figure 10). In 2017, 16% of Queensland secondary school students aged 12 to 17 years reported having ever used e-cigarettes[9]. No data are available to address usage in younger children.

E-cigarette use was not associated with socioeconomic advantage/disadvantage, with the prevalence of ‘ever used’ consistently between 25% and 27% across all SEIFA quintiles in Queensland.

Current e-cigarette use (in the past 12 months) in MSH was reported in 2021-22 by 4.7% of adults, statistically similar to the Queensland prevalence at that time (4.3%). MSH data are not currently available by age group and sex.

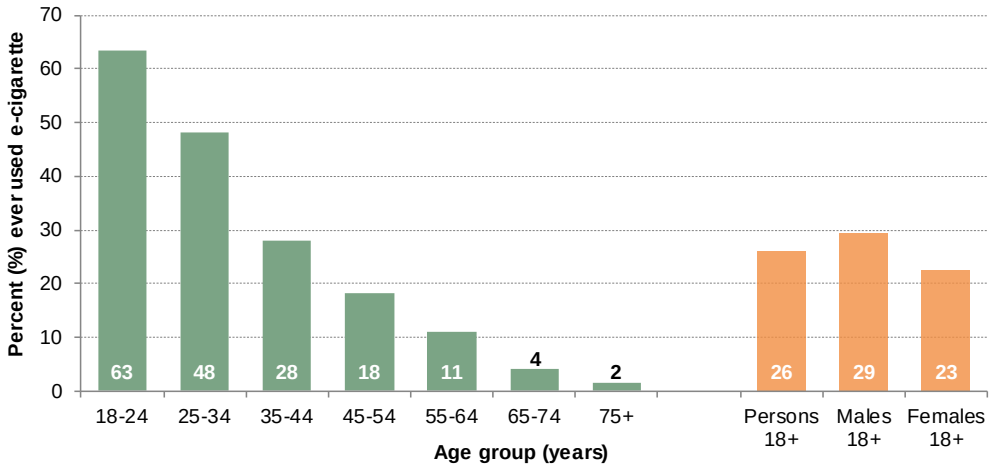


Figure 10: Percentage of Queensland adults who have ever used e-cigarettes, by age and sex, 2024

Nutrition

Healthy eating is a challenge. While poor health cannot be attributed to a single food or nutrient, in 2024, the Australian Institute of Health and Welfare (AIHW) estimated dietary risks accounted for 4.8% of the total disease burden in Australia[2]. The health implications of poor diet include increased risk for disease groups, including cardiovascular diseases, type 2 diabetes and bowel and other cancers[2]. Eating a wide variety of nutritious foods from the five food groups daily (vegetables, fruit, grain, lean meat, and dairy) is recommended to promote overall health and wellbeing, reduce the risk of diet related disease, and protect against future chronic conditions[6,10].

This report focuses solely on fruit and vegetable consumption. The current (2013) guidelines recommend adults should consume at least two serves of fruit and at least five serves of vegetables per day[11].

In 2023-2024 over half (56%) of MSH adults consumed insufficient fruit (<2 serves per day) to meet recommendations, while 98% of adults consumed insufficient vegetables (<5 serves per day) (Table 1). There were no significant differences in the percentages of MSH and Queensland adults consuming insufficient serves of fruit or vegetables (Table 1).

The lowest level of daily fruit and vegetable consumption was reported in Beenleigh SA3. The highest fruit consumption was in the inner-western Brisbane SA3s of Centenary and Sherwood – Indooroopilly while Brisbane Inner East and Sherwood – Indooroopilly SA3s had the highest vegetable consumption (Appendix 1: Table 4).

In adult males the prevalence of insufficient fruit consumption was highest in the 45 to 64 years age group, while in adult females it was highest in those under 45 years. In both sexes prevalence was lowest in those aged 65 years and over (Figure 11). Overall, prevalence of insufficient fruit was higher in males than in females in both MSH and Queensland (Figure 11), but it is important to note that while this difference was statistically significant in Queensland, in MSH it was not significant. In MSH there were no significant differences in prevalence between males and females in any of the four age groups examined.

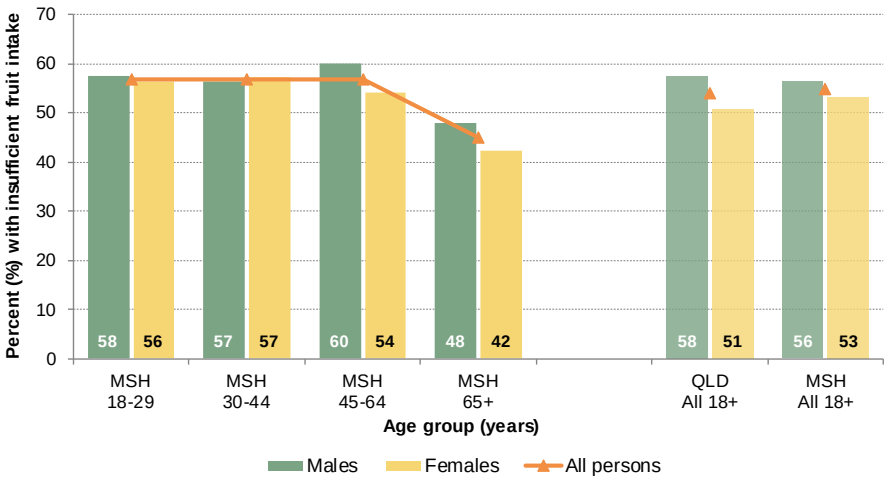


Figure 11: Percentage of adults (18+ years) who consume insufficient daily serves of fruit to meet recommendations by age group and sex, Metro South Health and Queensland, 2023-2024

The prevalence of insufficient vegetable consumption in adults varied little across age groups but was slightly higher in those under 30 years (Figure 12). Overall, prevalence was significantly higher in males than in females in both MSH and Queensland (Figure 12) and in all MSH age groups except those 18 to 29 years.

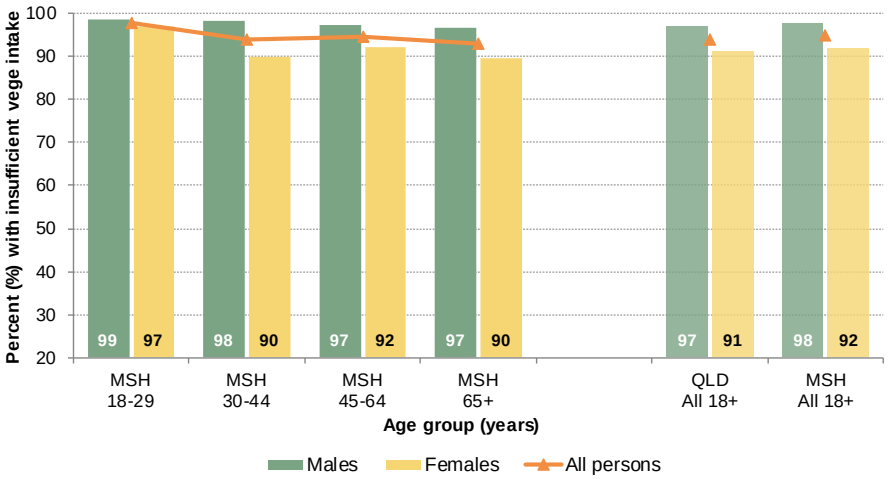


Figure 12: Percentage of adults (18+ years) who consume insufficient daily serves of vegetables to meet recommended guidelines by age group and sex, Metro South Health and Queensland, 2023-2024

Consumption of insufficient fruit was linked with socio-economic status in both MSH and Queensland. The highest prevalence (over 60%) was found in the most disadvantaged areas (quintiles 1 and 2) and the lowest (around 50%) in the most advantaged areas (Figure 13).

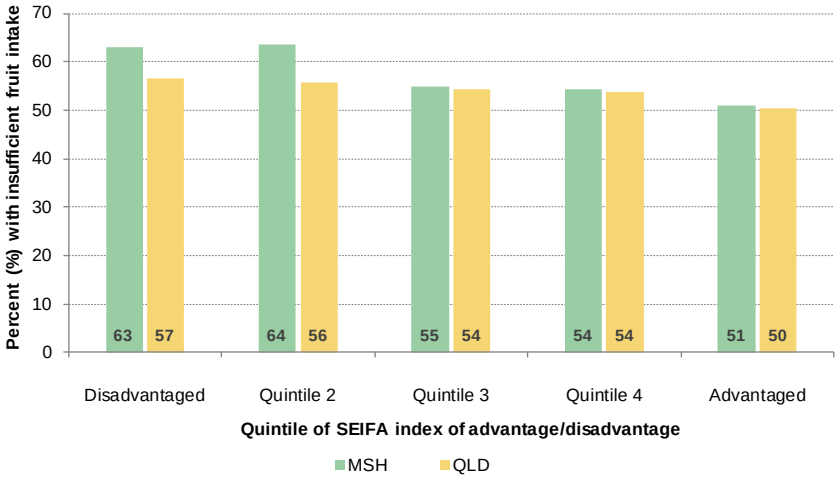


Figure 13: Percentage of adults who consume insufficient daily serves of fruit to meet recommended guidelines, by socio-economic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2023-2024

Consumption of insufficient vegetables was not strongly linked with socio-economic status with the prevalence at or above 94% in all SEIFA index quintiles in MSH.

Between 2013-14 and 2023-24 (noting that data on this topic were not available for all years over that period) the prevalence of insufficient fruit consumption in MSH residents increased by ten percentage points from 45% to 55% (Figure 14).

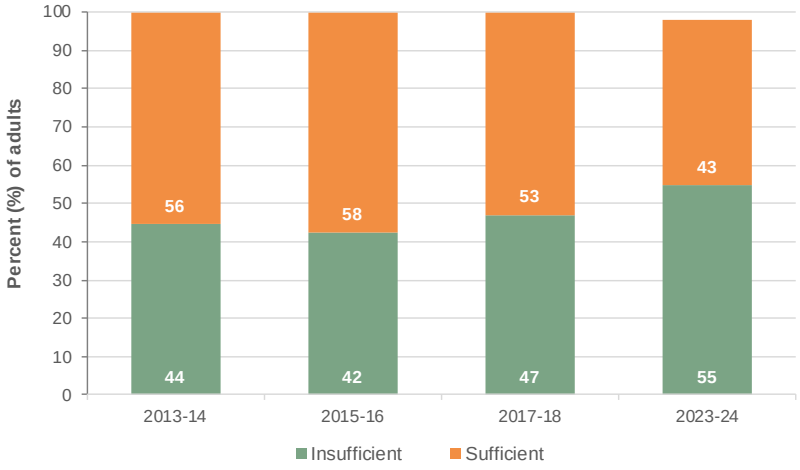


Figure 14: Prevalence of insufficient and sufficient fruit consumption in adults (18+ years) Metro South Health, 2013-14 to 2023-24

Between 2013-14 and 2023-24 (noting that data on this topic were not available for all years over that period) the prevalence of insufficient vegetable consumption in MSH residents increased from 93% to 95%. Between 2009-10 and 2023-24 the consumption of fewer than three serves of vegetables per day increased in adults by 11 percentage points from 57% to 68% (Figure 15).

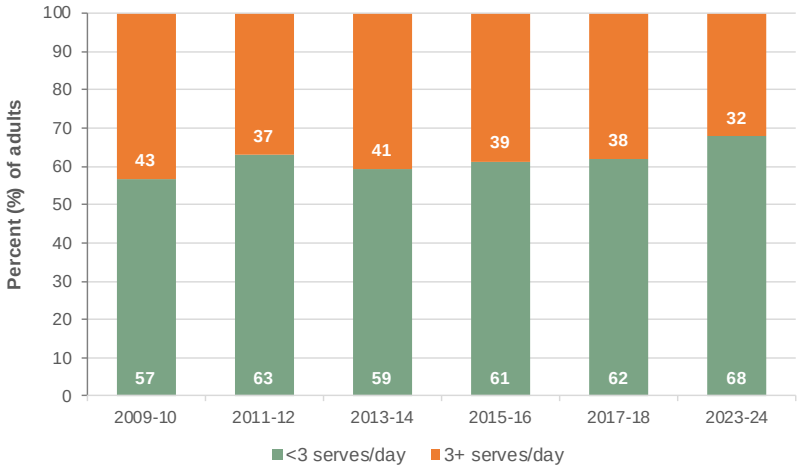


Figure 15: Prevalence of consumption of fewer than three and three or more serves of vegetables per day in adults (18+ years) Metro South Health, 2009-10 to 2023-24

In 2023-2024, MSH children aged 5 to 17 years were less likely to report insufficient fruit consumption (32%) than their adult counterparts (55%). However 98% of MSH children reported insufficient vegetable consumption, compared with 95% of adults (Table 1; Table 2).

Between 2013-14 and 2023-24 there was no identifiable trend in child consumption of either fruit or vegetables.

Physical activity

Regular physical activity provides numerous benefits to both physical and mental health. It can help prevent heart disease, stroke, diabetes, hypertension, breast and colon cancer, overweight and obesity and improve mental health, quality of life and wellbeing[6]. The health impacts of physical inactivity include coronary heart disease, dementia, type 2 diabetes, bowel cancer, stroke, breast cancer and uterine cancer. In 2024, physical inactivity was estimated to account for 2.1% of the total burden of disease in Australia[2].

In 2023-24 45% of MSH adults (18 to 75 years) reported insufficient physical activity for health benefit (Table 1). This was statistically similar to the Queensland prevalence (44%) (Table 1). In both MSH and Queensland the prevalence of insufficient physical activity was significantly higher in females than in males.

SA3s within Logan LGA tended to report the higher levels of insufficient physical activity, with the SA3s of Beenleigh and Browns Plains reporting the highest. Correspondingly the lowest levels of insufficient activity were reported in SA3s in the inner-Brisbane region (Brisbane Inner-East, Sherwood – Indooroopilly) (Appendix 1: Table 5).

The prevalence of insufficient activity increased with increasing age group (Figure 16). In males it increased from 33% in adults under 30 years to 53% in those aged 65 and over, while in females the increase was from 45% in younger adults to 59% in those 65 and over (Figure 16).

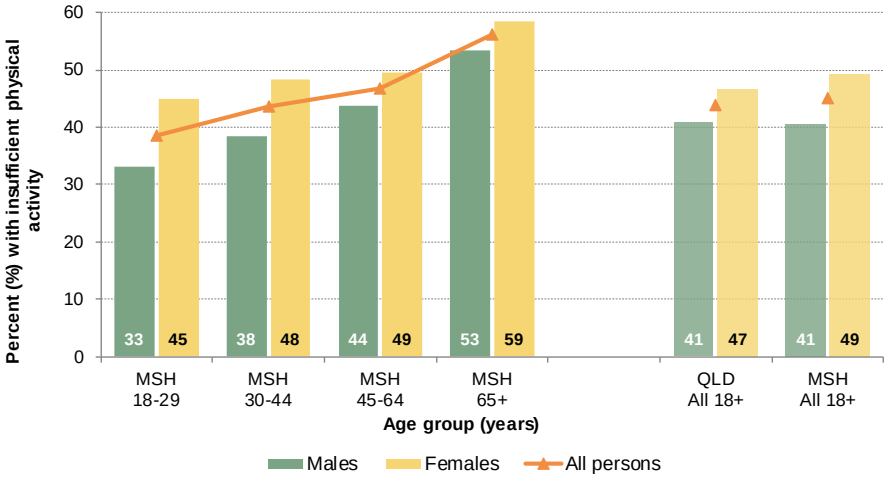


Figure 16: Percentage of adults (18+ years) who did insufficient physical activity for health benefit by age group and sex, Metro South Health and Queensland, 2023-2024

Insufficient physical activity was strongly linked with socio-economic status in both MSH and Queensland. The highest prevalence (60% in MSH) was found in the most disadvantaged areas (SEIFA quintiles 1 and 2) and the lowest prevalence (36% in MSH) in the most advantaged areas (Figure 17).

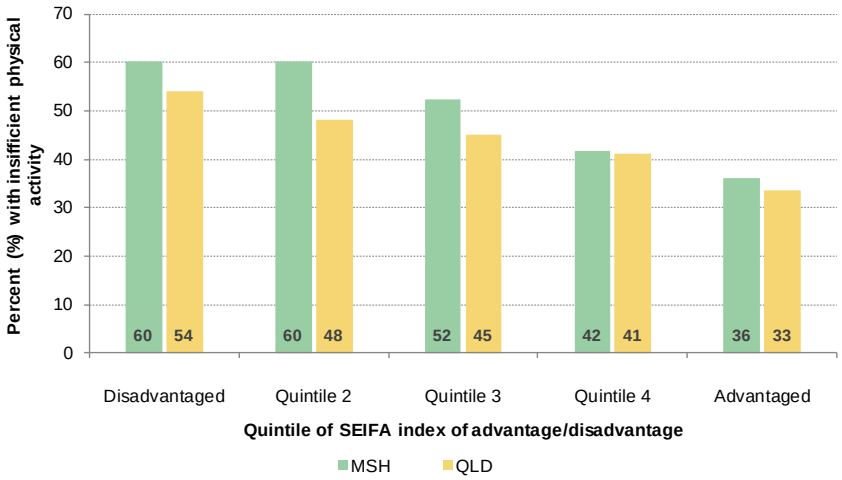


Figure 17: Percentage of adults who undertake insufficient physical activity for health benefit, by socio-economic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2023-2024

Between 2009-14 and 2023-24 the prevalence of MSH adults undertaking insufficient physical activity did not show any consistent trend (Figure 18).

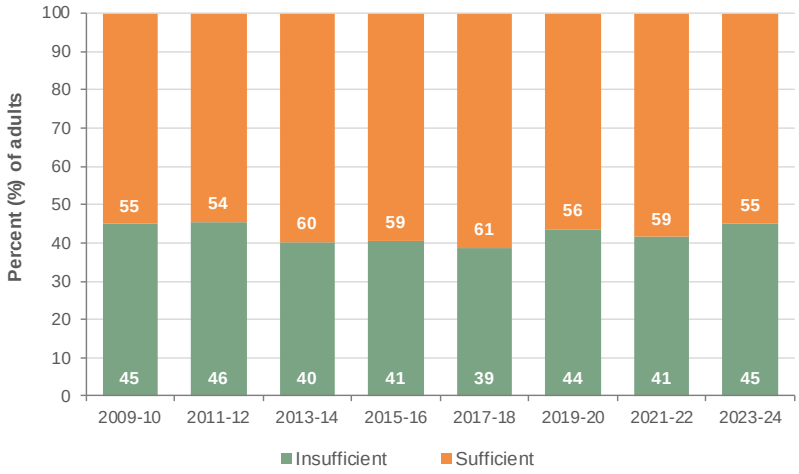


Figure 18: Prevalence of insufficient and sufficient physical activity for health benefit in adults (18-75 years) Metro South Health, 2009-10 to 2023-24

In 2023-2024, just over half (51%) of MSH children aged 5 to 17 years were active for less than 60 minutes daily. This was almost the same as the prevalence of inactivity in Queensland children (Table 2).

Between 2013-14 and 2023-24 the percentage of MSH children active for less than 60 minutes per day decreased by 14 percentage points from 65% to 51% (Figure 19).

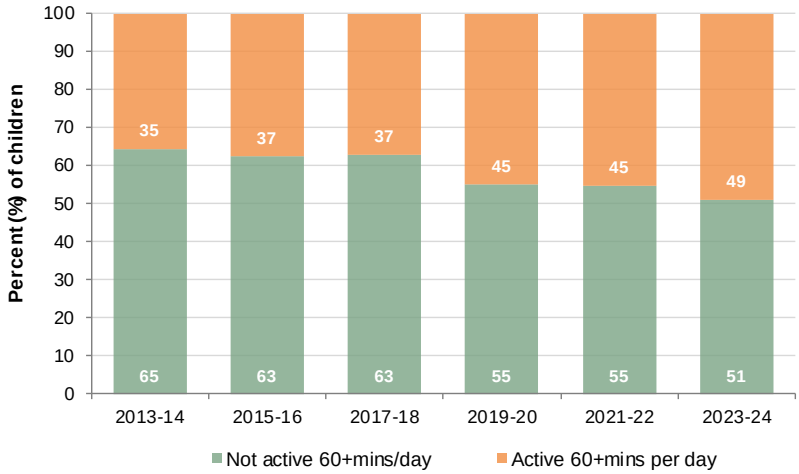


Figure 19: Percentage of children (5-17 years) who were and were not active for 60 minutes or more per day, Metro South Health, 2013-14 to 2023-24

The percentage of children who were not active for at least 60 minutes per day was highest in the 16 to 17 years age group. In general, the lower the age group the lower the percentage of children not meeting this guideline (Figure 20). In Queensland the percentage of boys who were not active for at least 60 minutes per day (46%) was significantly lower than for girls (57%). The pattern was similar in MSH, but the difference was not statistically significant (Figure 20).

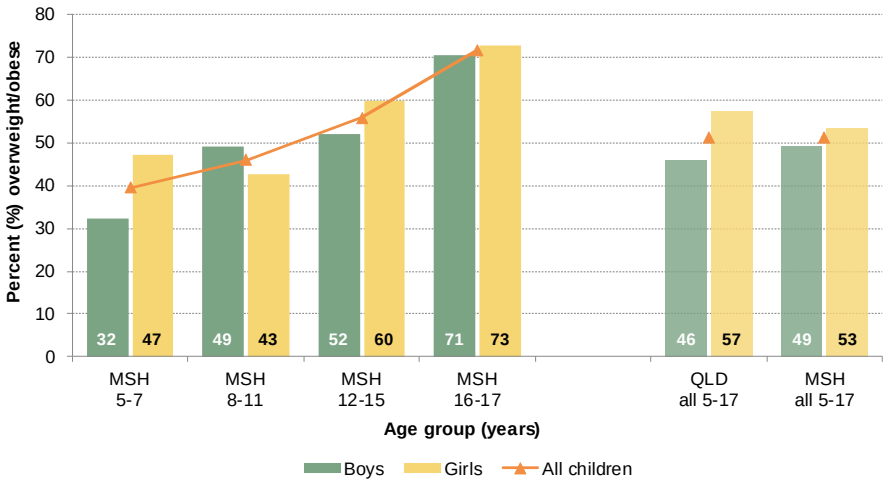


Figure 20: Percentage of children (5-17 years) who were not active for 60 minutes or more per day, by age group and sex, Metro South Health, 2023-24

Alcohol consumption

The health impacts of alcohol consumption include multiple injury types (predominantly road traffic, suicide and self-inflicted injuries), chronic liver disease, liver cancer, seven other cancers and coronary heart disease[2]. In 2024, alcohol consumption was estimated to account for 4.1% of the total burden of disease in Australia[2].

The National Health and Medical Research Council (NHMRC) published a review of the health effects of alcohol consumption in Australia in 2020[12]. The review found increased evidence of relationships between alcohol consumption and the risk of cancers including breast, liver, pancreatic, colorectal, oesophageal, mouth and throat cancers[12]. Evidence of any protective effects of low-level alcohol consumption for coronary heart disease has weakened, largely as a result of improved approaches to research and study designs[12].

Along with the review, the NHMRC published revised Australian alcohol consumption guidelines in 2020. Adherence to guideline 1 which relates to reducing the risk of alcohol-related harm for adults is assessed in this sub-report. Guideline 1 states[12]:

"To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than ten standard drinks a week and more than four standard drinks on any one day."

In 2021-22 33% of MSH adults consumed alcohol in excess of the amount recommended in Guideline 1 (Table 1). This was significantly lower than the percentage in Queensland (36%) (Table 1). In both MSH and Queensland the prevalence of consumption in excess of Guideline 1 was significantly higher in males than in females.

The highest prevalence of alcohol consumption in excess of Guideline 1 was reported in inner-Brisbane SA3s (Brisbane Inner; Brisbane Inner-East) while the lowest was in Rocklea – Acacia Ridge SA3. The geographical pattern of higher alcohol consumption varied between males and females (Appendix 1: Table 6).

The prevalence of alcohol consumption in excess of Guideline 1 decreased strongly with increasing age group, with the decrease more consistent in males (Figure 21). In males it decreased from 48% in adults

under 30 years to 36% in those aged 65 and over while in females the decrease was from 36% in younger adults to 15% in those 65 and over (Figure 21).

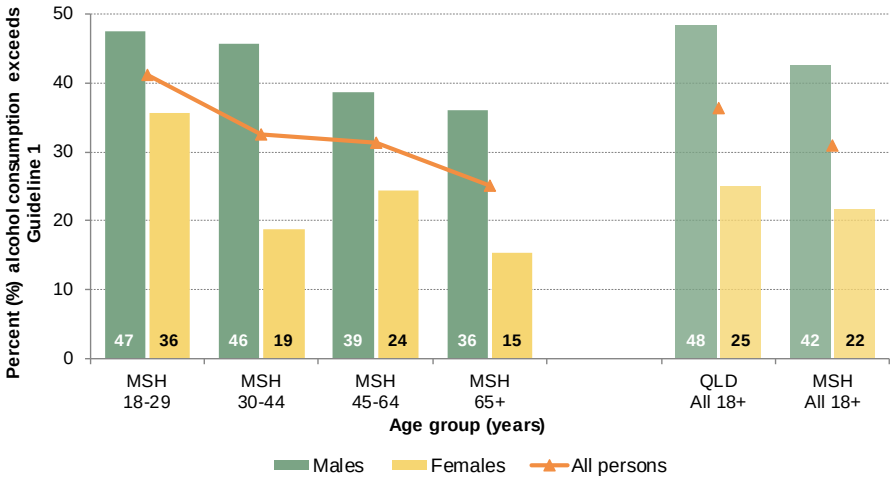


Figure 21: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by age and sex, Metro South Health and Queensland, 2021-2022

In MSH the prevalence of consumption of alcohol in excess of Guideline 1 was mildly positively correlated with socio-economic status. The lowest prevalence (30%) was found in the most disadvantaged areas (SEIFA quintile 1) and the highest prevalence (35%) in the most advantaged areas (SEIFA quintile 5) (Figure 22). In Queensland there was no consistent association with SEIFA quintile (Figure 22).

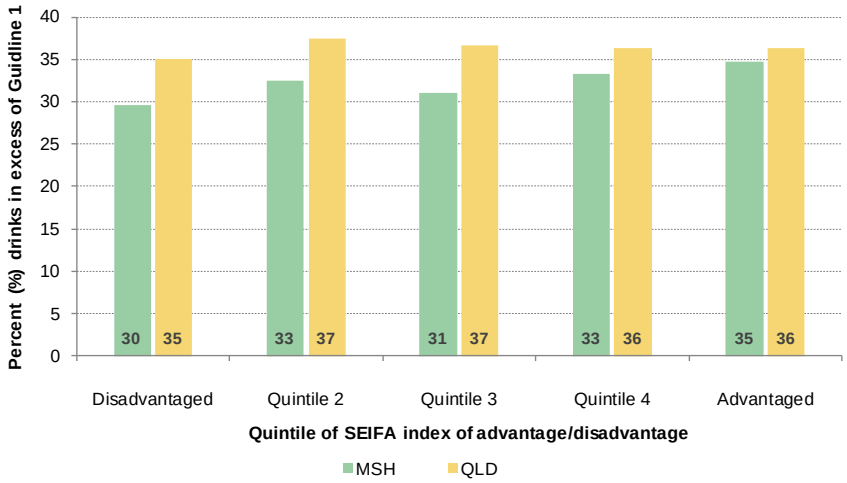


Figure 22: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by socio-economic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2021-2022

Between 2013-14 and 2021-22 the prevalence of MSH adults consuming alcohol in excess of Guideline 1 remained consistently between 31% and 35%. Similarly the prevalence of consuming more than ten standard drinks per week remained relatively constant, ranging from 24% to 28% (Figure 23).

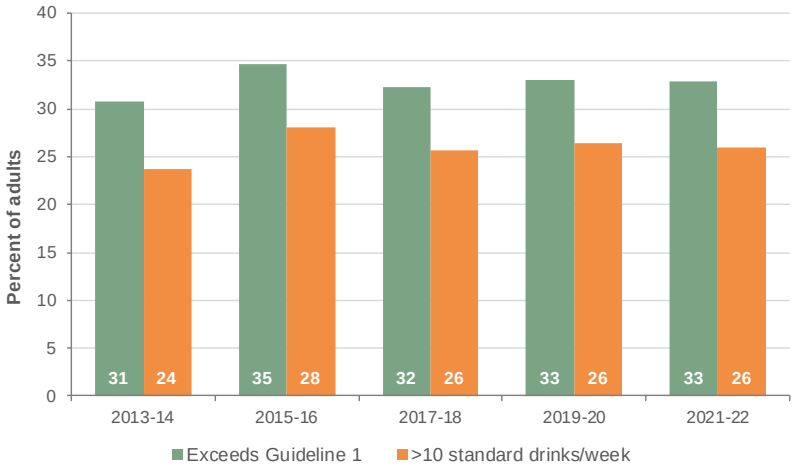


Figure 23: Prevalence of consumption of alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), Metro South Health, 2013-14 to 2021-22

Sun safety

Sun exposure is a risk factor for future skin cancer[6].Differences in ultraviolet exposure (chronic or intermittent) and age at which melanoma occurs both influence disease development[5]. Sunburn frequency, especially in childhood, increases the risk of melanoma[6]. In 2024, high sun exposure was estimated to account for 0.5% of the total burden of disease in Australia[2].

In 2023-24, 44% of MSH adults reported being sunburnt in the past 12 months, not significantly different from Queensland (46%) (Table 1). In both MSH and Queensland the prevalence of sunburn was significantly higher in males than in females.

The highest prevalence of sunburn in the past 12 months was reported in Jimboomba and Nathan SA3s while the lowest was in Sunnybank and Beaudesert SA3s (Appendix 1: Table 7).

In females the prevalence of sunburn decreased strongly with increasing age group, however in males the decrease was not observed until after the age of 44 years (Figure 24).

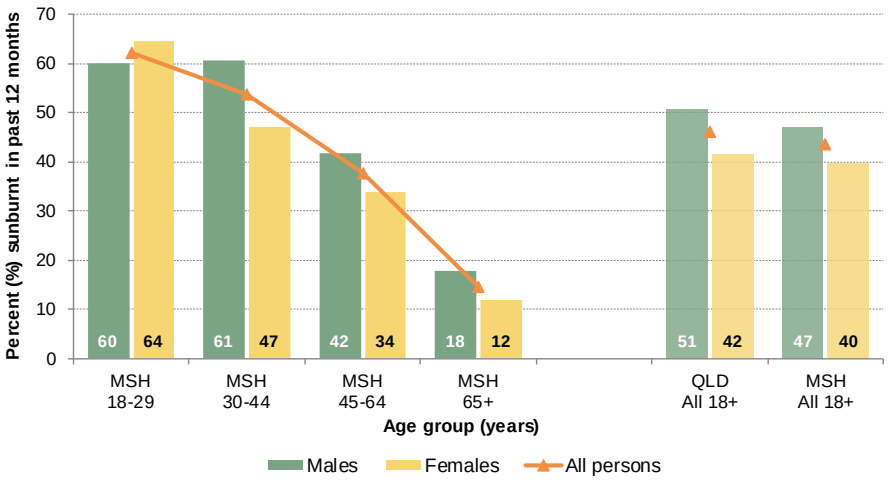


Figure 24: Percentage of adults (18+ years) who were sunburnt in the past 12 months, by age and sex, Metro South Health and Queensland, 2023-2024

In 2023-24 84% of MSH adults reported not using sun protection in summer (broad-brimmed hat, SPF30+, sun protective clothing), not significantly different from Queensland (83%) (Table 1). In both MSH and Queensland the failure to use of sun protection in summer was significantly higher in males than in females (MSH: males 86%, females 81%).

In both males and females the reported prevalence of failure to use sun protection was highest (over 90%) in those aged 18 to 29 years (Figure 25).

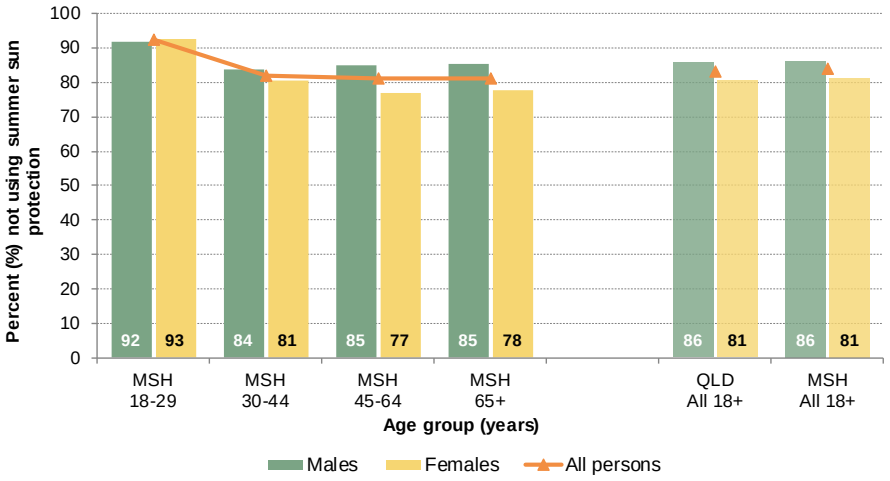


Figure 25: Percentage of adults (18+ years) who did not use summer sun protection (broad-brimmed hat, SPF30+, sun protective clothing), by age and sex, Metro South Health and Queensland, 2023-2024

In MSH and Queensland the prevalence of sunburn in the past 12 months was lower in areas of higher socio-economic disadvantage. The effect of SEIFA quintile on reported sunburn was greater in MSH than in Queensland (Figure 26).

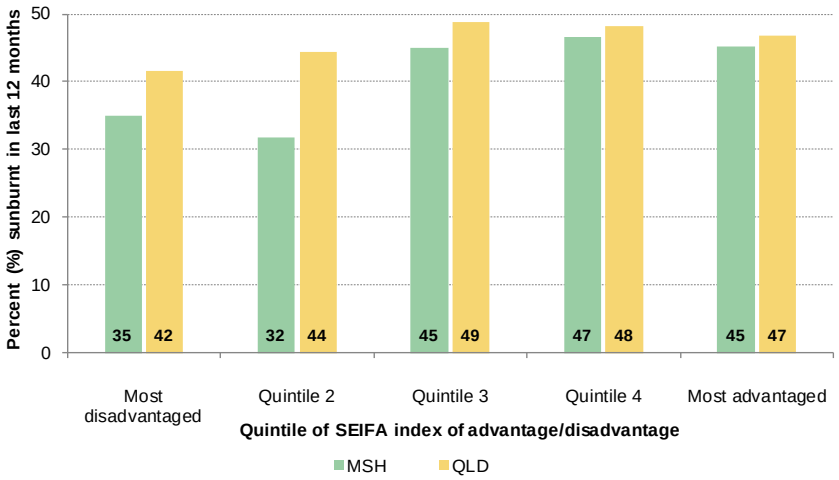


Figure 26: Percentage of adults (18+ years) who reported being sunburnt in the past 12 months, by socio-economic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2023-2024

Between 2011-12 and 2019-20 the prevalence of MSH adult females reporting being sunburnt in the past 12 months remained remarkably constant at 47%. In 2023-24 there was a drop to 40% reported (Figure 27). However in adult males, the prevalence fell from 56% in 2013-14 to 47% in 2023-24 (Figure 27).

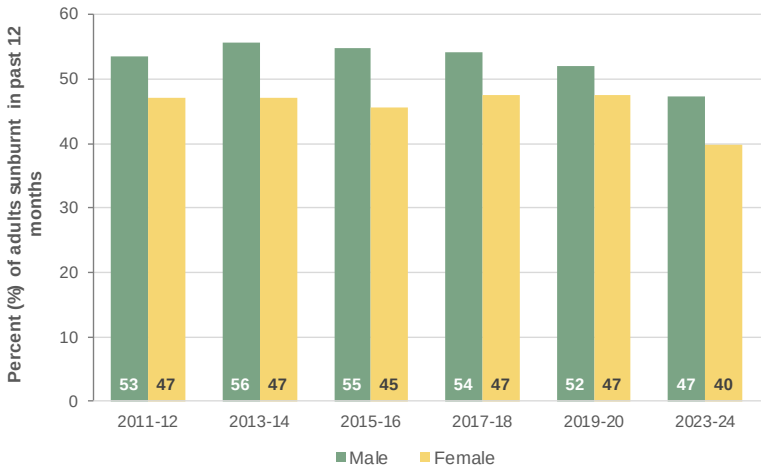


Figure 27: Prevalence of adults reporting being sunburnt in the past 12 months, Metro South Health, 2011-12 to 2023-24

In 2023-2024 MSH children (5 to 17 years) were significantly less likely than Queensland children to have been sunburnt in the past 12 months (39% vs 48%) (Table 2).

In MSH children, primary school aged boys (33%) and girls (35%) were equally likely to have been sunburnt in the past 12 months. In older high school aged children the prevalence of sunburn was higher and girls (51%) were more likely to have been sunburnt than boys (40%) (Figure 28) although it is important to note that these differences were not statistically significant.

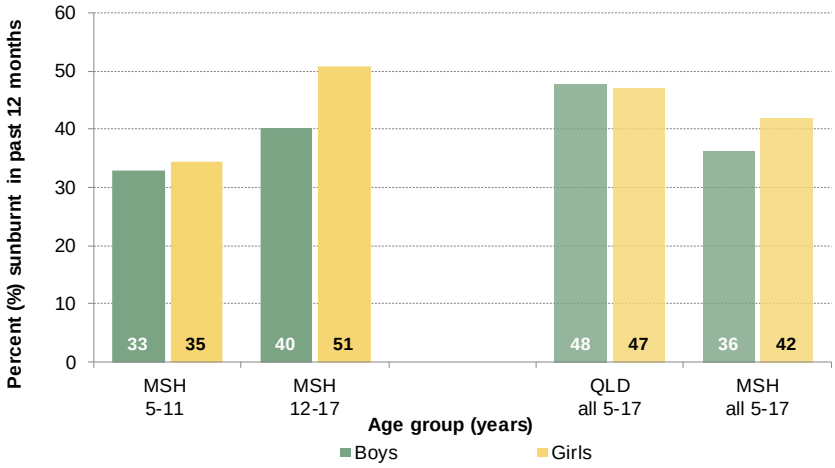


Figure 28: Percentage of children (5-17 years) sunburnt in the previous 12 months, by age and sex, Metro South Health and Queensland, 2023-2024

Logan Local Government Area

Geographical area

The local government area (LGA) of Logan is located between Brisbane and Redland cities to the north, Ipswich city to the west, Scenic Rim LGA to the south and Gold Coast city to the east. It encompasses 63 suburbs from Rochedale South and Underwood in the north, to Carbrook in the east, Greenbank and Lyons in the west and Mundoolun and Cedar Vale in the south.

The LGA covers a geographic area of 958.1 km², representing less than 0.1% of the total area of Queensland (Figure 29). Under the Australian Statistical Geography Standard (ASGS) 2021 classification it is subdivided into 34 Statistical Area level 2's (SA2s) which broadly represent suburbs or groupings of suburbs (Figure 29).

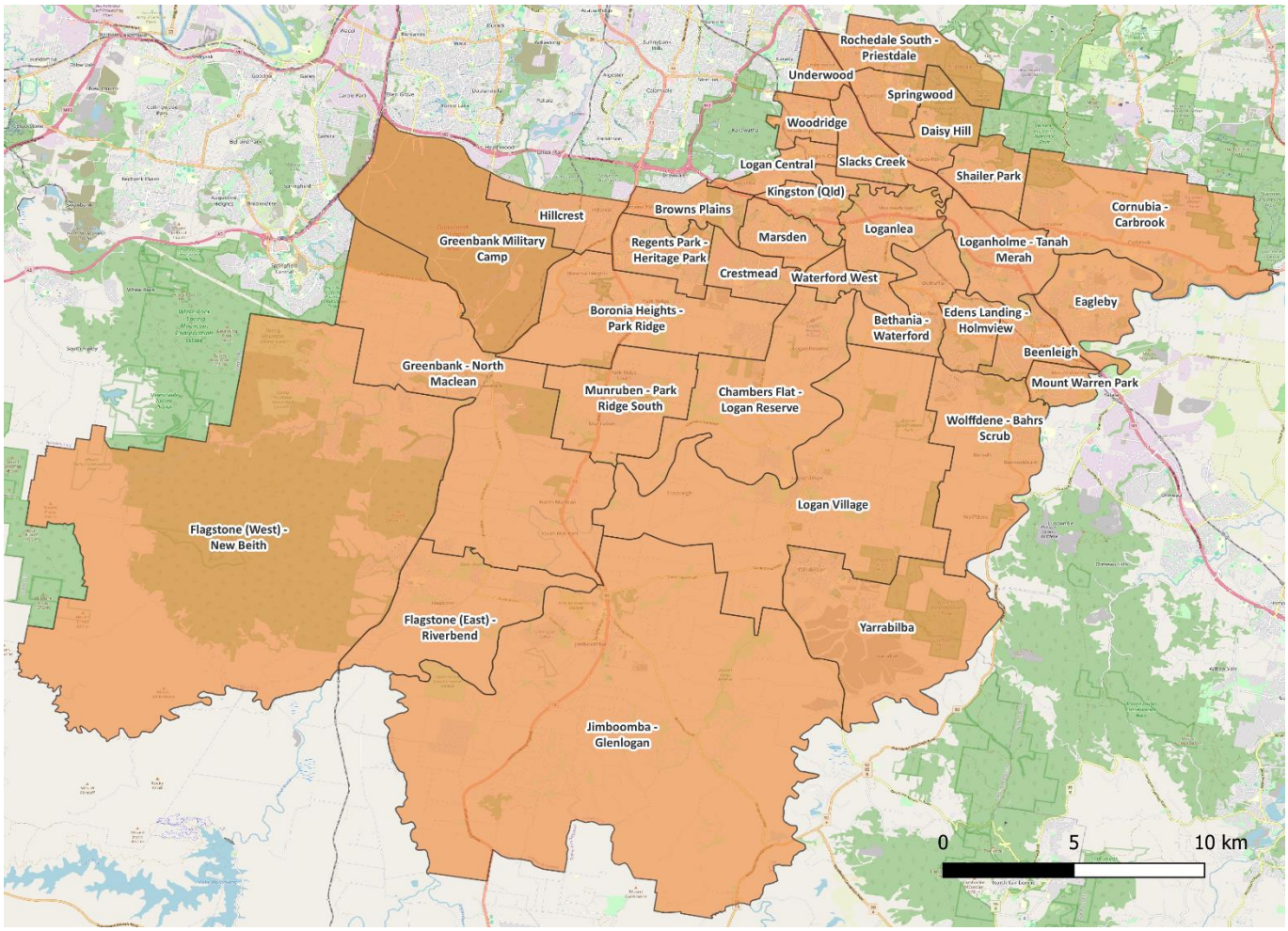


Figure 29: Map of Logan local government area showing 2021 SA2 boundaries and labels

Modifiable risk factors

Summaries of the prevalence of a range of modifiable chronic disease risk factors for Logan LGA adults (Table 3)[5] derived from the most recent population surveys undertaken by Queensland Health are presented below. It should be noted that this is self-reported data. At the time of publication, data for children was not available at the LGA level.

Table 3: Summary of selected modifiable risk factors for chronic disease in adults (18+ years), Logan LGA and Queensland, 2023 to 2024 or earlier years (as available and noted)[5]

Risk factor	Population–weighted prevalence^		Statistically significant difference LGA - QLD*#
	Logan LGA %	Queensland %	
Body mass index			
Underweight (BMI <18.5)	1.8	2.3	—
Healthy weight (BMI 18.5-<25)	27.4	35.4	↓
Overweight (BMI 25-<30)	35.9	34.6	—
Obese (BMI 30+)	34.9	27.7	↑
All overweight/obese (BMI 25+)	70.8	62.3	↑
Smoking			
Daily smoking	10.6	9.5	—
e-cigarette (ever used)**	Not avail.	12.7	.
Sunburn			
Sunburnt in last 12 months	42.4	46.1	—
Does not use broad brimmed hat, SPF30+, sun-safe clothing in summer	82.5	83.1	—
Alcohol consumption##			
Exceeds guideline 1	32.1	36.4	—
Single occasion risk – at least monthly	26.6	29.7	—
Physical activity (18-75 years)			
Insufficient activity for health benefit	57.1	43.9	↑
Fruit and vegetable consumption			
Insufficient fruit intake (<2 serves/day)	58.1	54.0	—
Insufficient vegetable intake (<5 serves/day)	96.4	94.0	↑
<3 serves of vegetables/day	73.3	66.9	↑

^ Survey data were weighted to adjust for differences between the demographic characteristics of the population and of the sample. Weighted results are considered to be an accurate representation of the demographic profile of the adult residents of LGA/Queensland

* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

\# Based upon comparison of age standardised prevalence, not population weighted prevalence

** Data from 2018 to 2019

2020 Australian guidelines to reduce health risks from drinking alcohol; data from 2021 to 2022

Overweight and obesity

In 2023-2024, 71% of adult Logan LGA residents were overweight or obese, which was significantly higher than the Queensland prevalence (62%) (Table 3). It is interesting to note that the percentage of overweight people in Logan LGA was similar to the Queensland rate but the percentage of obese people was much higher in Logan LGA (Table 3).

The prevalence of overweight and obesity in Logan LGA adults was lowest in those aged under 30 years (55%). In females it increased to around 70% in all age groups over 29 years (Figure 30) while in males it increased to a peak of 87% in those aged 45 to 64 years but dropped to 76% in older males (Figure 30).

The prevalence of overweight and obesity was significantly higher in males than in females in all age groups.

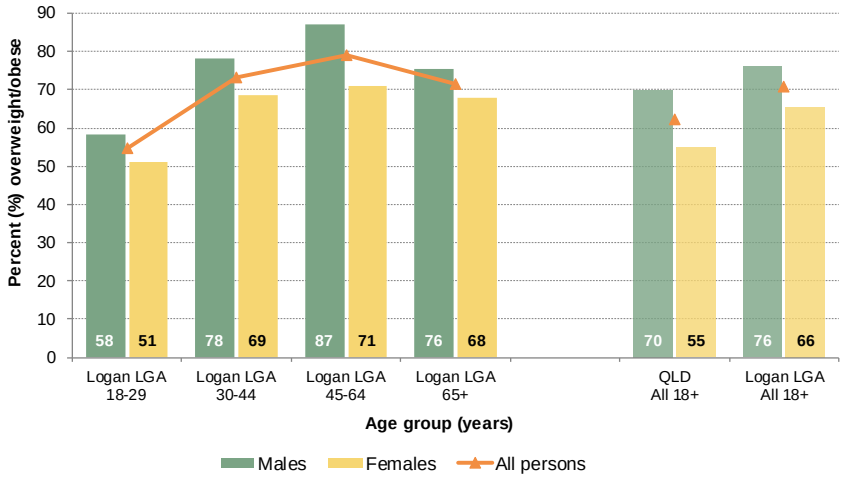
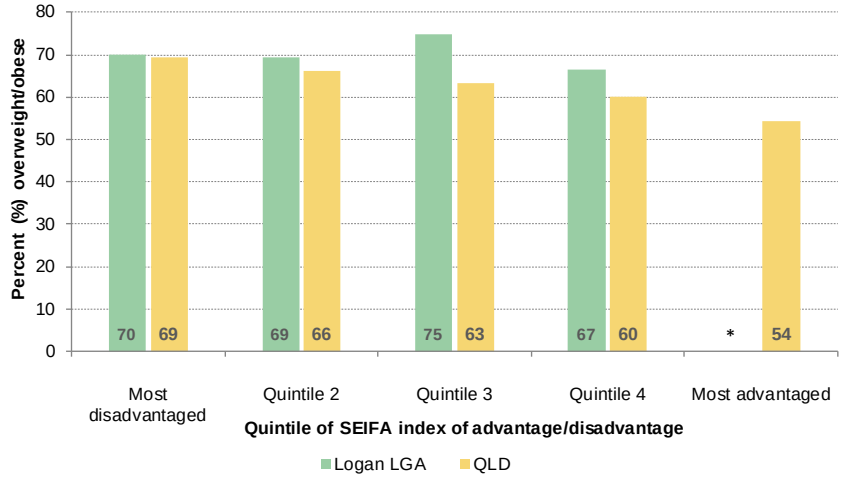


Figure 30: Percentage of overweight or obese adults (18+ years) by age group and sex, Logan LGA and Queensland, 2023-2024

The prevalence of adult overweight and obesity was associated with socio-economic status in Queensland, however in Logan LGA there was no consistent pattern associated with socio-economic advantage/disadvantage (Figure 31).



* Survey count too low for reliable prevalence estimate to be published

Figure 31: Percentage of overweight or obese adults (18+ years) by socio-economic status (SEIFA index of relative advantage/disadvantage), Logan LGA, 2023-2024

Between 2009-10 and 2023-24 the prevalence of overweight in Logan LGA residents increased only slightly from 33% to 36%. However the prevalence of obesity increased from 27% to 35% over this period (Figure 32).

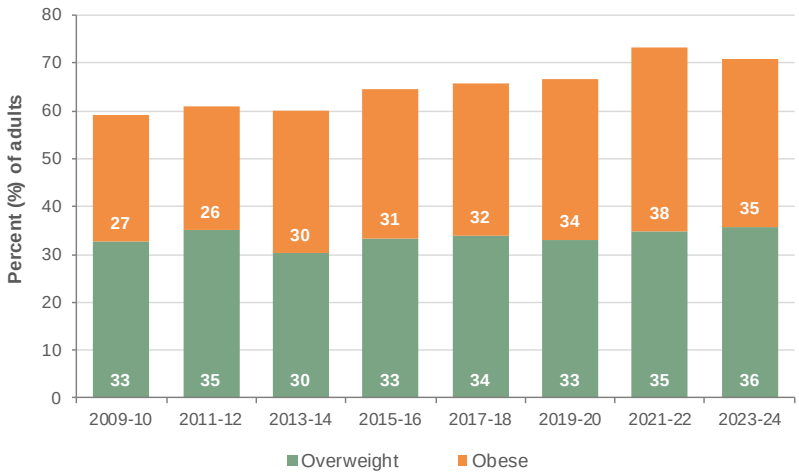
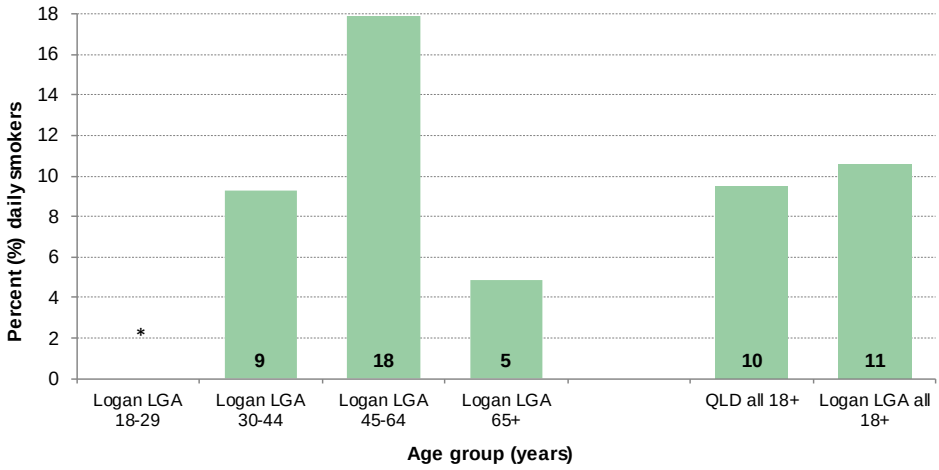


Figure 32: Prevalence of overweight and obesity in adults (18+ years) Logan LGA, 2009-10 to 2023-24

Tobacco smoking

In 2023-2024, just over one in ten (10.6%) Logan LGA adults smoked daily which was not significantly different from the rate in Queensland (9.5%) (Table 3).

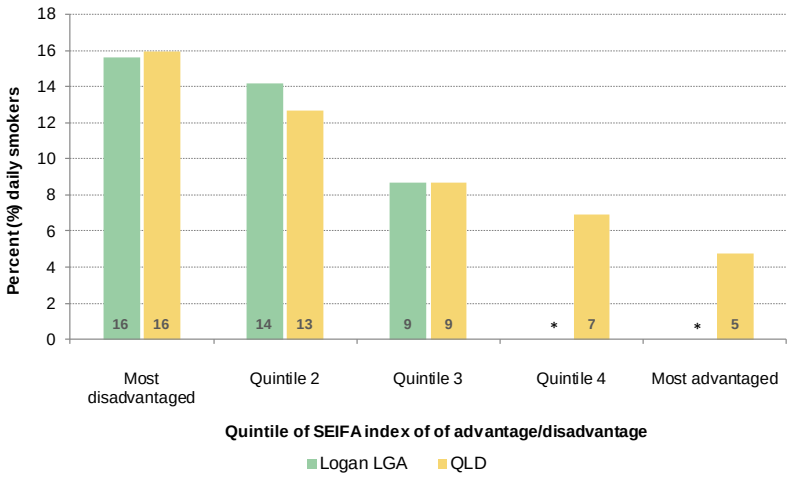
The prevalence of adult daily smoking was highest in the 45 to 64 years age group and lowest in those aged 65 years and over (Figure 33). In Queensland the rate was significantly lower in females (8.5%) than in males (10.6%), however in Logan LGA while not statistically significant, the rate was numerically higher in females (11.7%) than in males (9.3%). Owing to low survey counts, reliable rates for age groups by sex were not able to be published for Logan LGA.



* Survey count too low for reliable prevalence estimate to be published

Figure 33: Percentage of adults (18+ years) who smoke tobacco daily by age group and sex, Logan LGA and Queensland, 2023-2024

Tobacco smoking was strongly linked with socio-economic status in both Logan LGA and Queensland, with the highest prevalence rates (approaching 16%) found in the most disadvantaged areas and the lower prevalence in more advantaged areas (Figure 34).



* Survey count too low for reliable prevalence estimate to be published

Figure 34: Percentage of adults who smoke tobacco daily, by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2023-2024

The prevalence of daily smoking in Logan LGA adults decreased from 21.3% in 2009-10 to 10.6% in 2023-24 (Figure 35). Over that period the rate in Logan LGA was consistently higher than the Queensland rate. However the rate in Logan LGA declined at a faster rate than recorded in Queensland, resulting in the gap between the two decreasing from 5.5 to 1.0 percentage points (Figure 35).

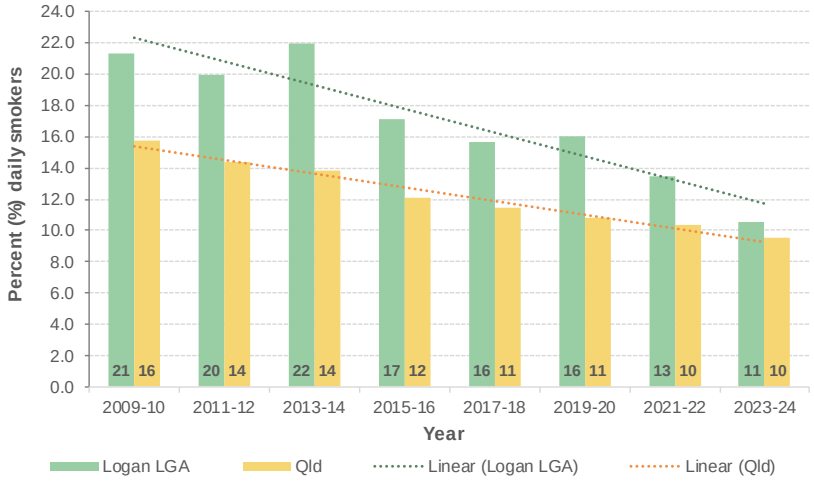


Figure 35: Percentage of adults (18+ years) who smoke tobacco daily (with linear trendlines), Logan LGA and Queensland, 2009-10 to 2023-2024

Unfortunately data on the use of electronic cigarettes (e-cigarettes or vapes) is not currently available for Queensland residents at the LGA-level.

Nutrition

The current (2013) guidelines recommend adults should consume at least two serves of fruit and at least five serves of vegetables per day[11].

In 2023-24 over half (58%) of Logan LGA adults consumed insufficient fruit (<2 serves per day) to meet recommendations. This was statistically similar to the rate in Queensland (54%) (Table 3). In comparison 96%

of Logan LGA adults consumed insufficient vegetables (<5 serves per day) which was significantly higher than the Queensland rate of 94% (Table 3).

In adult males the prevalence of consumption of insufficient fruit was marginally highest in the 45 to 64 years age group while in females it was highest in those 30 to 44 years. In both sexes prevalence was lowest in those aged 65 years and over (Figure 36). Overall, prevalence of insufficient fruit was higher in males than in females in both Logan LGA and Queensland (Figure 36), but it is important to note that while this difference was statistically significant in Queensland, in Logan LGA it was marginal and not significant. In Logan LGA there were no significant differences in prevalence between males and females in any of the four age groups examined.

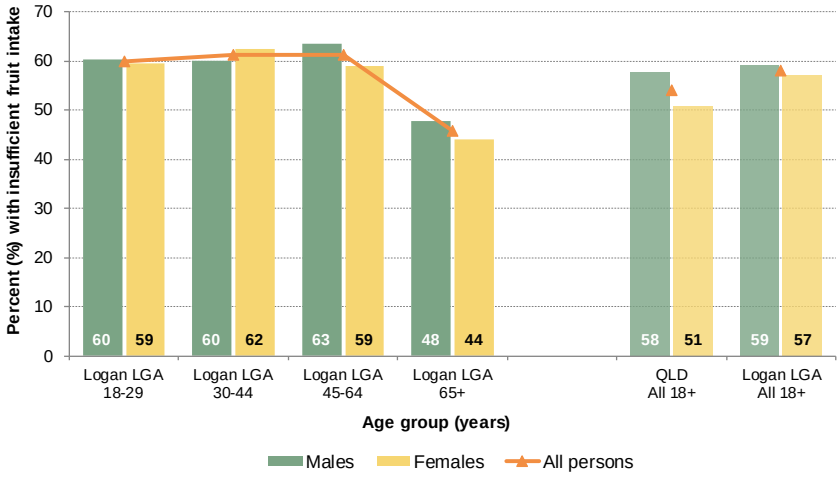


Figure 36: Percentage of adults (18+ years) who consume insufficient daily serves of fruit to meet recommendations by age group and sex, Logan LGA and Queensland, 2023-2024

The prevalence of adult consumption of insufficient vegetables varied little between age groups (Figure 37). Overall, prevalence was significantly higher in males than in females in both Logan LGA and Queensland (Figure 37) and in all Logan LGA age groups except those 18 to 29 years.

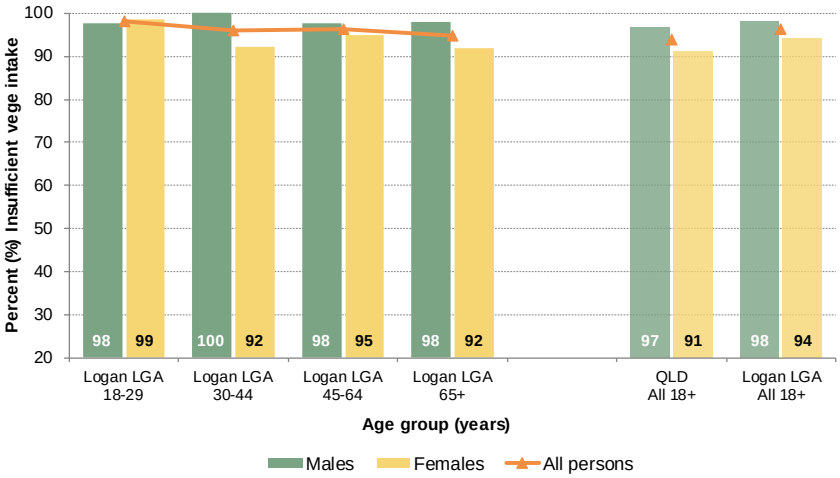
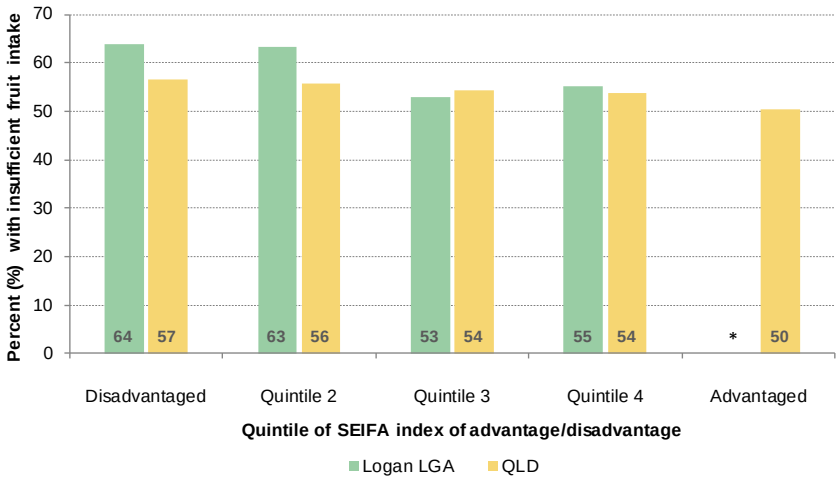


Figure 37: Percentage of adults (18+ years) who consume insufficient daily serves of vegetables to meet recommended guidelines by age group and sex, Logan LGA and Queensland, 2023-2024

Consumption of insufficient fruit was linked with socio-economic status in Logan LGA. The highest prevalence (over 60%) found in the most disadvantaged areas (quintiles 1 and 2) and lower prevalence in more advantaged areas (Figure 38).



* Survey count too low for reliable prevalence estimate to be published

Figure 38: Percentage of adults who consume insufficient daily serves of fruit to meet recommended guidelines, by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2023-2024

Consumption of insufficient vegetables was not strongly linked with socio-economic status with the prevalence at or above 95% in all SEIFA index quintiles in Logan LGA.

Between 2013-14 and 2023-24 (noting that data on this topic were not available for all years over that period) the prevalence of insufficient fruit consumption in Logan LGA residents increased by nine percentage points from 49% to 58% (Figure 39).

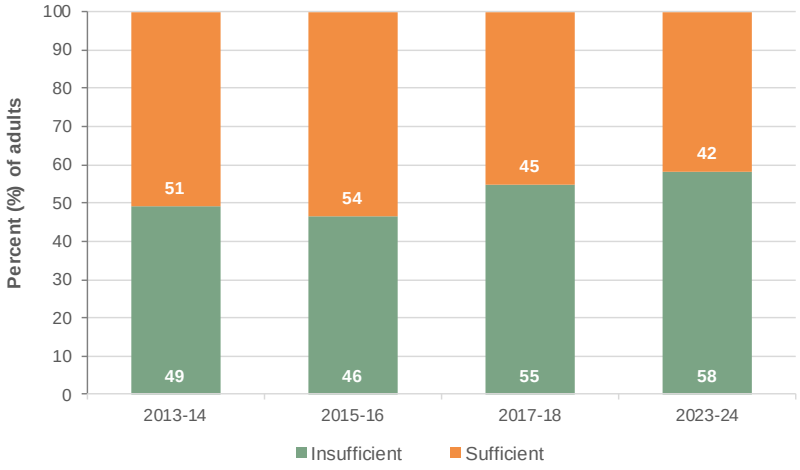


Figure 39: Prevalence of insufficient and sufficient fruit consumption in adults (18+ years) Logan LGA, 2013-14 to 2023-24

Between 2013-14 and 2023-24 (noting that data on this topic were not available for all years over that period) the prevalence of insufficient vegetable consumption in MSH residents increased from 94% to 96%. Between 2009-10 and 2023-24 the consumption of fewer than three serves of vegetables per day increased in adults by ten percentage points from 63% to 73% (Figure 40).

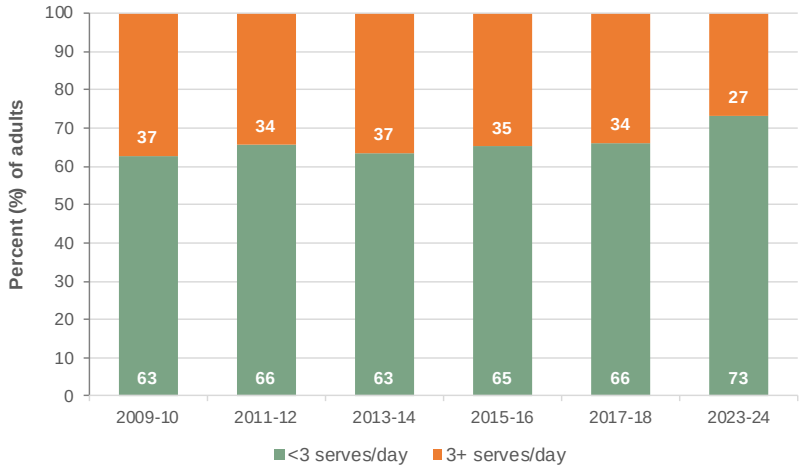


Figure 40: Prevalence of consumption of fewer than three and three or more serves of vegetables per day in adults (18+ years) Logan LGA, 2009-10 to 2023-24

Physical activity

In 2023-24 over half (57%) of Logan LGA adults (18 to 75 years) undertook insufficient physical activity for health benefit (Table 3). This was significantly higher than the Queensland prevalence (44%) (Table 3). In both Logan LGA and Queensland the prevalence of insufficient physical activity was higher in females than in males but in Logan LGA this difference was not statistically significant.

In Logan LGA the prevalence of insufficient activity was consistently around 60% in females, increasing to 73% in those over 64 years (Figure 41). In Logan LGA males it increased from 38% in those under 30 years to 73% in those aged 65 and over (Figure 41).

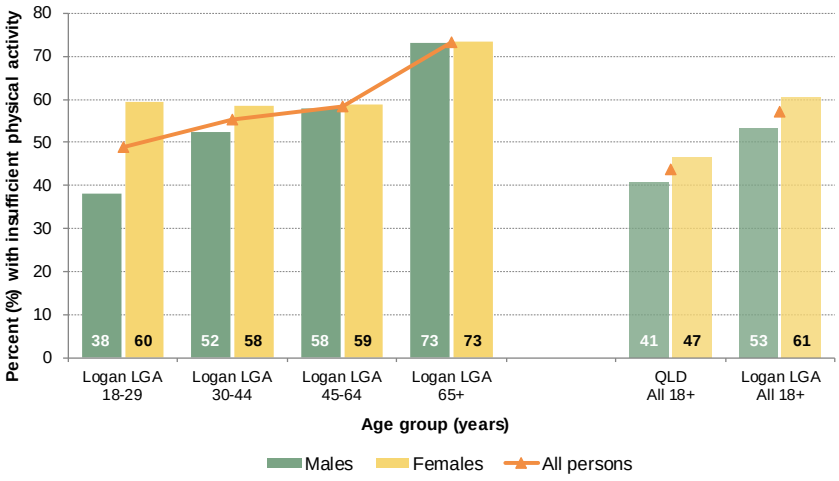
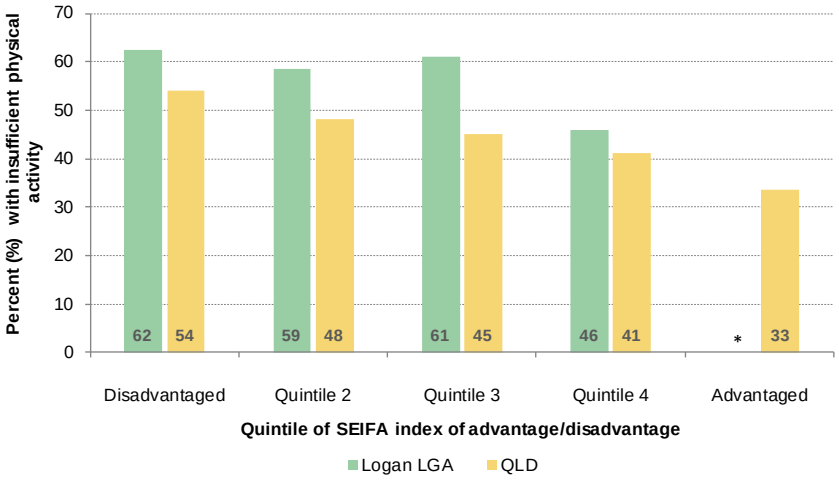


Figure 41: Percentage of adults (18+ years) who did insufficient physical activity for health benefit by age group and sex, Logan LGA and Queensland, 2023-2024

Insufficient physical activity decreased consistently with increasing levels of socio-economic advantage in Queensland. However in Logan LGA, the prevalence was consistently around 60% in SEIFA quintiles 1-3, dropping only in quintile 4 (the second highest level of advantage) to 46% (Figure 42).



* Survey count too low for reliable prevalence estimate to be published

Figure 42: Percentage of adults who undertake insufficient physical activity for health benefit, by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2023-2024

Between 2013-14 and 2023-24 the prevalence of Logan LGA adults reporting insufficient physical activity increased by 16 percentage points from 41% to 57% (Figure 43).

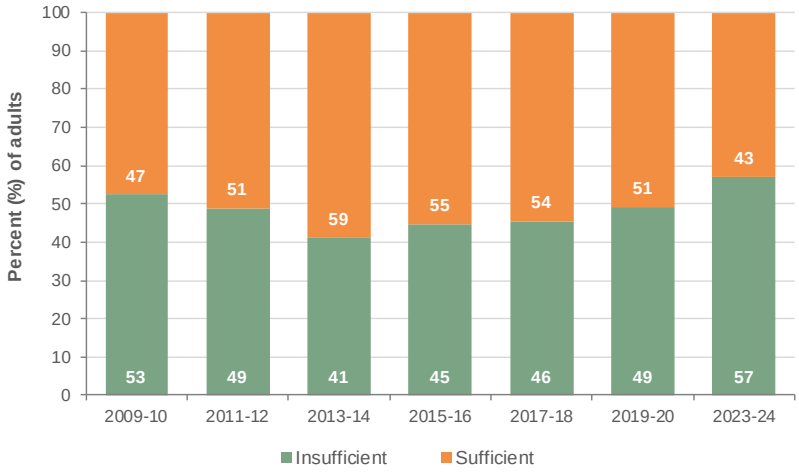


Figure 43: Prevalence of insufficient and sufficient physical activity for health benefit in adults (18-75 years) Logan LGA, 2009-10 to 2023-24

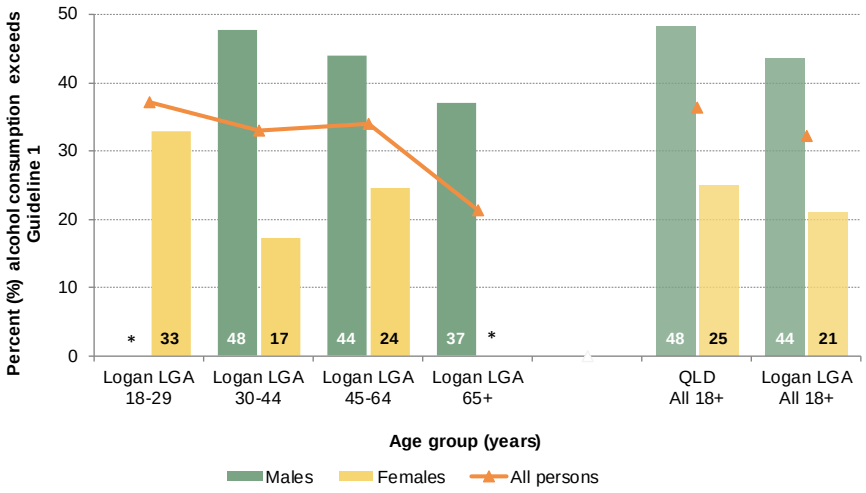
Alcohol consumption

The NHMRC published revised Australian alcohol consumption guidelines in 2020. Adherence to guideline 1 which relates to reducing the risk of alcohol-related harm for adults is assessed in this sub-report. Guideline 1 states[12]:

"To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than ten standard drinks a week and more than four standard drinks on any one day."

In 2021-22 32% of Logan LGA adults consumed alcohol in excess of the amount recommended in Guideline 1 (Table 3). This was statistically similar to the percentage in Queensland (36%) (Table 3). In both Logan LGA and Queensland the prevalence of consumption in excess of Guideline 1 was significantly higher in males than in females.

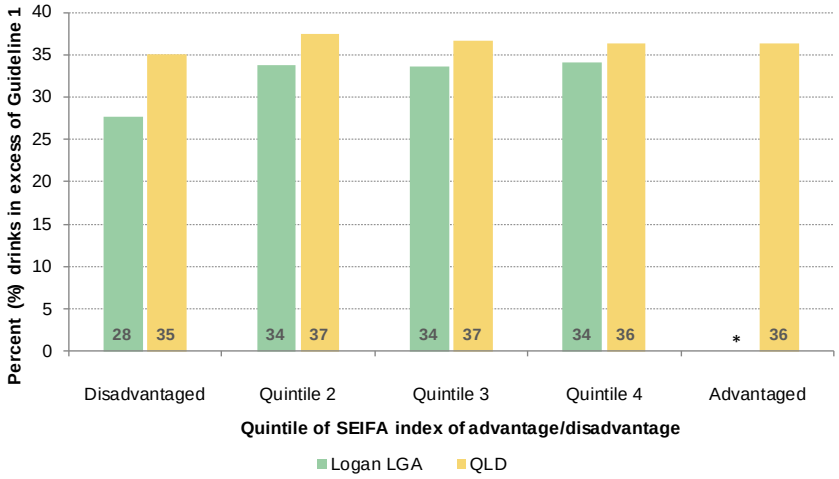
The prevalence of alcohol consumption in excess of Guideline 1 generally decreased with increasing age group, with the decrease more consistent in males (Figure 44). Owing to low survey counts, reliable rates for some age groups by sex were not able to be published for Logan LGA.



* Survey count too low for reliable prevalence estimate to be published

Figure 44: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by age and sex, Logan LGA and Queensland, 2021-2022

In Logan LGA adults living in the most socio-economically disadvantaged areas (SEIFA quintile 1) had the lowest prevalence of consumption of alcohol in excess of Guideline 1 (28%). The rate in quintiles 2 - 4 was consistent at 34% (Figure 45).



* Survey count too low for reliable prevalence estimate to be published

Figure 45: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2021-2022

Between 2013-14 and 2021-22 the prevalence of Logan LGA adults consuming alcohol in excess of Guideline 1 remained consistently between 31% and 33%. Similarly, the prevalence of consuming more than ten standard drinks per week remained relatively constant, ranging from 23% to 27% (Figure 46).

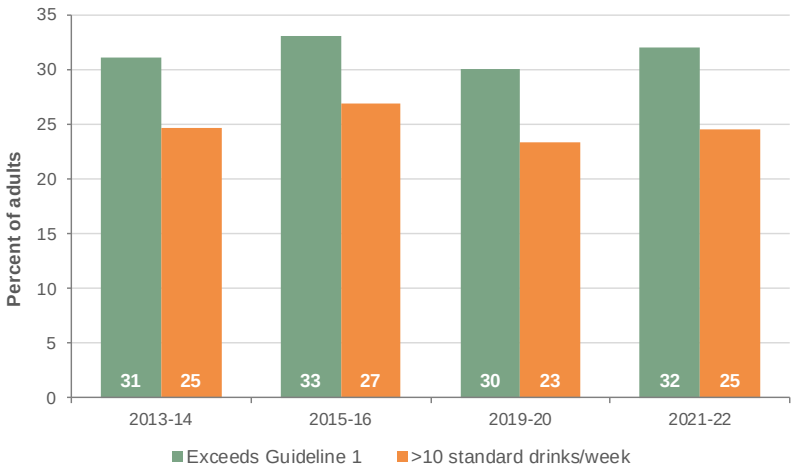


Figure 46: Prevalence of consumption of alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), Logan LGA, 2013-14 to 2021-22

Sun safety

In 2023-24 42% of Logan LGA adults reported being sunburnt in the past 12 months, not significantly different from Queensland (46%) (Table 3). In both Logan LGA and Queensland the prevalence of sunburn was higher in males than in females but this difference was only statistically significant in Queensland.

In both males and females the prevalence of sunburn decreased strongly with increasing age group, from around 60% in adults under 30 years to 17% in those 65 years and over (Figure 47).

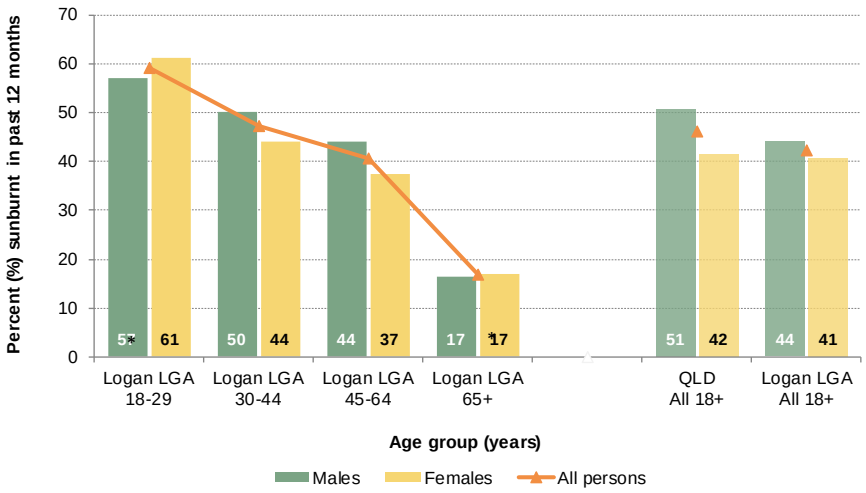


Figure 47: Percentage of adults (18+ years) who were sunburnt in the past 12 months, by age and sex, Logan LGA and Queensland, 2023-2024

In 2023-24, 83% of Logan LGA adults reported not using sun protection in summer (broad-brimmed hat, SPF30+, sun protective clothing), the same as the rate in Queensland (Table 3). In Logan LGA the failure to use of sun protection in summer was almost the same in males (83%) and females (82%) (Figure 48).

In both males and females the reported prevalence of failure to use sun protection was highest (87% males; 95% females) in adults 18 to 29 years (Figure 48).

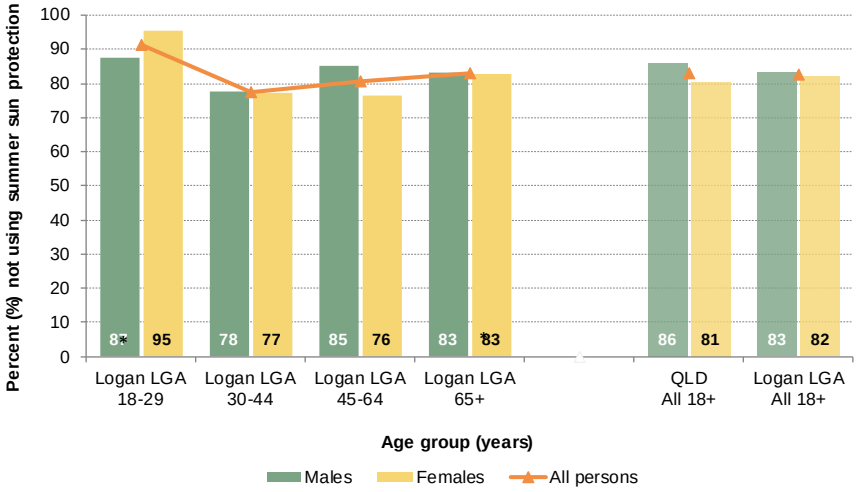
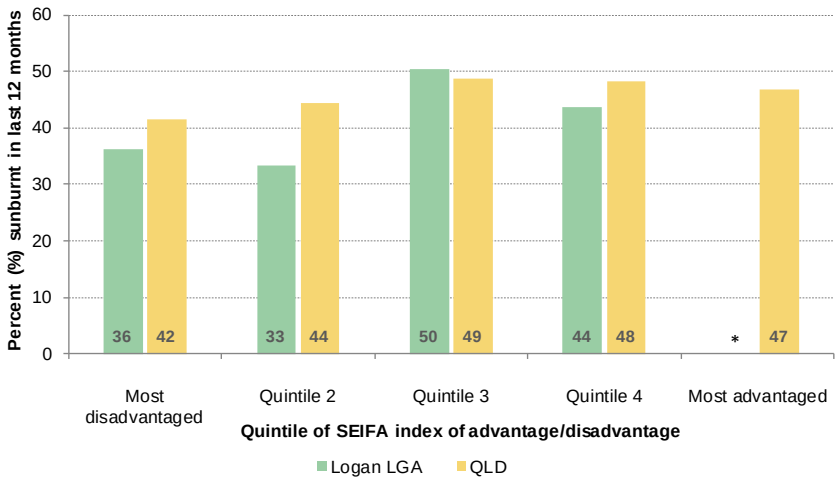


Figure 48: Percentage of adults (18+ years) who did not use summer sun protection (broad-brimmed hat, SPF30+, sun protective clothing), by age and sex, Logan LGA and Queensland, 2023-2024

In Logan LGA and Queensland the prevalence of sunburn in the past 12 months was lower in areas of higher socio-economic disadvantage (Figure 49).



* Survey count too low for reliable prevalence estimate to be published

Figure 49: Percentage of adults (18+ years) who reported being sunburnt in the past 12 months, by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2023-2024

Between 2011-12 and 2023-24 the prevalence of Logan adult males and females reporting being sunburnt in the past 12 months fell from over 50% to just over 40% (Figure 50). Over the same period the reported prevalence of failure to use sun protection increased marginally from 81% to 83%.

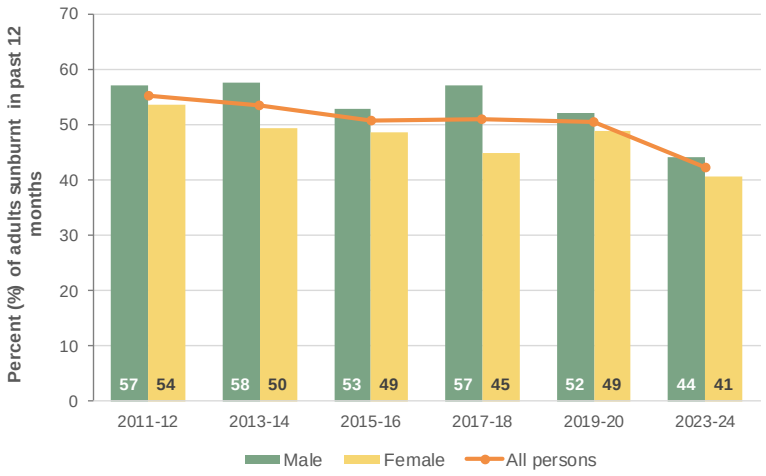


Figure 50: Prevalence of adults reporting being sunburnt in the past 12 months, Logan LGA, 2011-12 to 2023-24

Redland Local Government Area

Geographical area

Redland LGA is located on the Moreton Bay coast, sharing a boundary with Brisbane LGA to the west and Logan LGA to the south. It encompasses 12 mainland suburbs (Alexandra Hills, Birkdale, Capalaba, Cleveland, Mount Cotton, Ormiston, Redland Bay, Sheldon, Thorneside, Thornlands, Victoria Point and Wellington Point) in addition to North Stradbroke Island and the Southern Moreton Bay Islands of Russell, Karragarra, Macleay, Lamb and Coochiemudlo (Figure 51).

The LGA covers a geographic area of 537.1 km², representing less than 0.1% of the total area of Queensland.

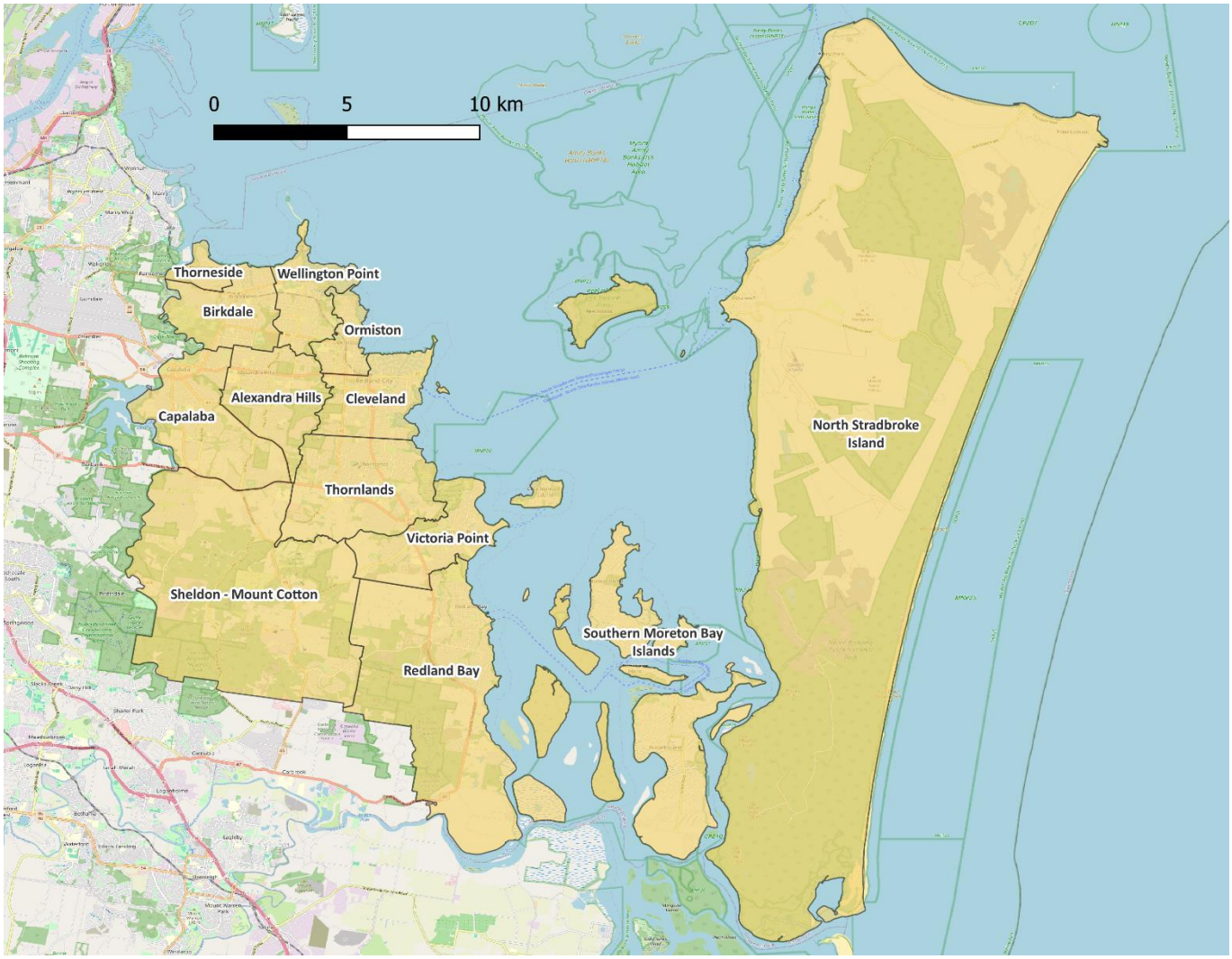


Figure 51: Map of Redland local government area showing 2021 SA2 boundaries and labels

Modifiable risk factors

Summaries of the prevalence of a range of modifiable chronic disease risk factors for Redland LGA adults (Table 4)[5] derived from the most recent population surveys undertaken by Queensland Health are presented below. It is worth noting that this is self-reported data. At the time of publication, data for children was not available at the LGA level.

Table 4: Summary of selected modifiable risk factors for chronic disease in adults (18+ years), Redland LGA and Queensland, 2023 to 2024 or earlier years (as available and noted)[5]

Risk factor	Population–weighted prevalence^		Statistically significant difference LGA - QLD*#
	Redland LGA %	Queensland %	
Body mass index			
Underweight (BMI <18.5)	2.2	2.3	—
Healthy weight (BMI 18.5-<25)	31.2	35.4	—
Overweight (BMI 25-<30)	36.3	34.6	—
Obese (BMI 30+)	30.4	27.7	—
All overweight/obese (BMI 25+)	66.6	62.3	—
Smoking			
Daily smoking	7.2	9.5	—
e-cigarette (ever used)**	Not avail.	12.7	.
Sun safety			
Sunburnt in last 12 months	45.6	46.1	—
Does not use broad brimmed hat, SPF30+, sun-safe clothing	79.9	83.1	—
Alcohol consumption##			
Exceeds guideline 1	37.4	36.4	—
Single occasion risk – at least monthly	29.0	29.7	—
Physical activity (18-75 years)			
Insufficient activity for health benefit	46.2	43.9	—
Fruit and vegetable consumption			
Insufficient fruit intake (<2 serves/day)	56.3	54.0	—
Insufficient vegetable intake (<5 serves/day)	93.2	94.0	—
<3 serves of vegetables/day	67.4	66.9	—

^ Survey data were weighted to adjust for differences between the demographic characteristics of the population and of the sample. Weighted results are considered to be an accurate representation of the demographic profile of the adult residents of LGA/Queensland

* ↑ LGA statistically significantly higher than Queensland; ↓ LGA statistically significantly lower than Queensland; — no statistically significant difference between LGA and Queensland

\# Based upon comparison of age standardised prevalence, not population weighted prevalence

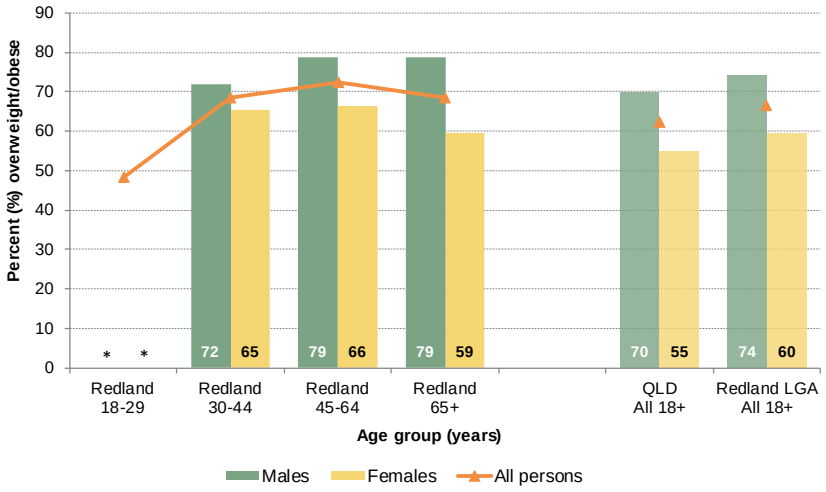
** Data from 2018 to 2019

2020 Australian guidelines to reduce health risks from drinking alcohol; data from 2021 to 2022

Overweight and obesity

In 2023-2024, 67% of adult Redland LGA residents were overweight or obese, which was not significantly different from the Queensland prevalence (62%) (Table 4). The prevalence of overweight and obesity in adults was lowest in those aged under 30 years (48%) (Figure 52). In females prevalence increased to around 65% in those aged 30 to 64 years and then dropped slightly in older women to just under 60% (Figure 52). In males prevalence increased with age group to be consistently just under 80% in those aged 45 years and over (Figure 52).

The prevalence of overweight and obesity was statistically similar in males and females aged 30 to 64 years but was significantly higher in males than in females in the 65 years and over age group. Owing to low survey counts, reliable rates for 18 to 29 year olds by sex were not able to be published for Redland LGA.



* Survey count too low for reliable prevalence estimate to be published

Figure 52: Percentage of overweight or obese adults (18+ years) by age group and sex, Redland LGA and Queensland, 2023-2024

The prevalence of adult overweight and obesity in Redland LGA did not show any consistent association with SEIFA index of relative advantage/disadvantage. It is important to note that in Redland LGA, survey counts were too low in quintile 2 for a prevalence figure to be published.

Between 2009-10 and 2013-14 the prevalence of both overweight and obesity in Redland LGA adult residents decreased; however since that time overweight has increased from 30% to 36% and obesity from 26% to 30% of adults (Figure 53).

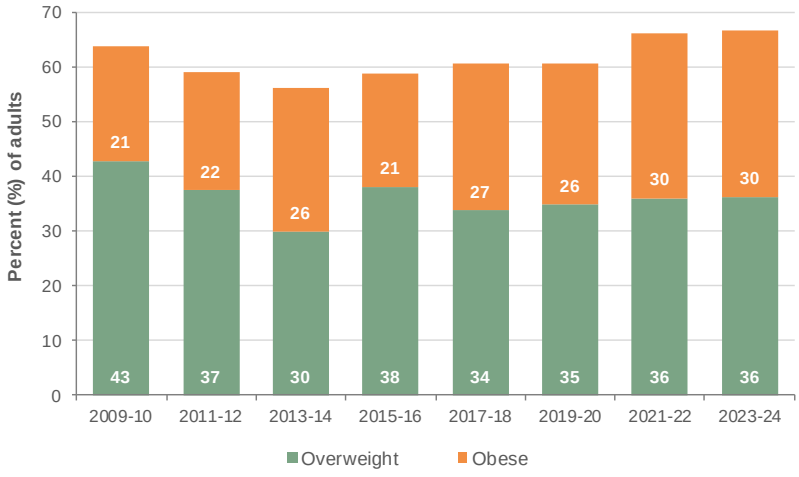


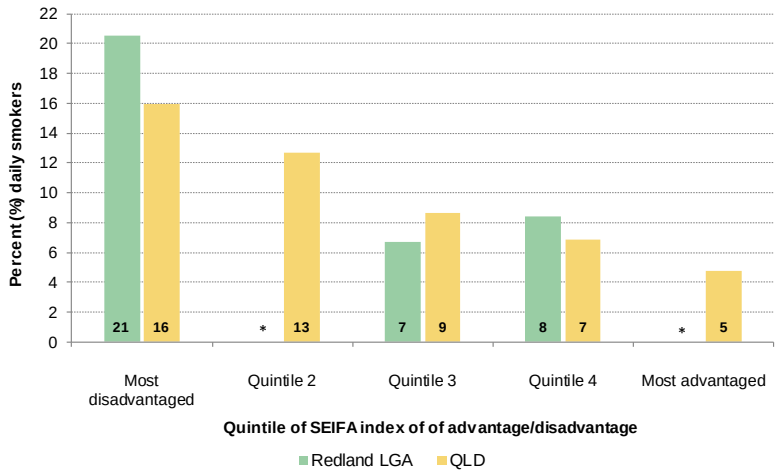
Figure 53: Prevalence of overweight and obesity in adults (18+ years), Redland LGA, 2009-10 to 2023-24

Tobacco smoking

In 2023-2024, 7.2% of adults resident in Redland LGA smoked daily, which was not significantly different from the rate in Queensland (9.5%) (Table 4).

There was no significant difference in the prevalence of daily smoking between males (7.5%) and females (7.0%) in Redland LGA. Owing to low survey counts, reliable rates for most age groups for all persons and by sex were not able to be published for Redland LGA.

Tobacco smoking was linked with socio-economic status in both Redland LGA and Queensland, with the highest prevalence rate (21%) found in the most disadvantaged areas and lower prevalence in more advantaged areas (Figure 54).



* Survey count too low for reliable prevalence estimate to be published

Figure 54: Percentage of adults who smoke tobacco daily, by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2023-2024

The prevalence of daily smoking among Redland LGA adults decreased from 11.7% in 2009-10 to 7.2% in 2023-24 (Figure 55). Over that period the prevalence in Redland was consistently recorded to be lower than the Queensland prevalence except in 2013-14 which recorded the exceptionally high rate of 23%. This apparent anomaly is likely be an artifact of the survey data collection.

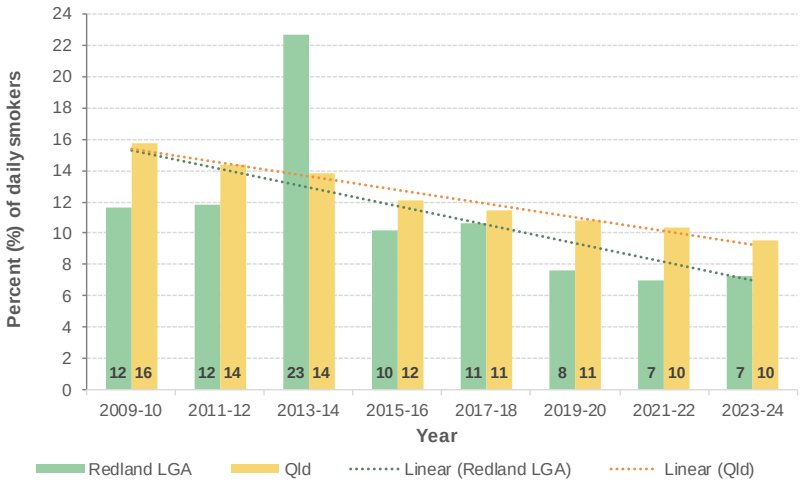


Figure 55: Percentage of adults (18+ years) who smoke tobacco daily (with linear trendlines), Redland LGA and Queensland, 2009-10 to 2023-2024

Unfortunately data on the use of electronic cigarettes (e-cigarettes or vapes) is not currently available for Queensland residents at the LGA-level.

Nutrition

The current (2013) guidelines recommend that adults consume at least two serves of fruit and at least five serves of vegetables per day[11].

In 2023-24 over half (56%) of Redland LGA adults consumed insufficient fruit (<2 serves per day) to meet recommendations. This rate was statistically similar to that in Queensland (54%) (Table 4). In comparison 93% of Redland LGA adults consumed insufficient vegetables (<5 serves per day) which was also statistically similar to the Queensland rate of 94% (Table 4).

In adult males the prevalence of insufficient fruit consumption was highest in the 30 to 64 years age group while in females it was highest in those aged 30 to 44 years. In both sexes, prevalence was lowest in those aged 65 years and over (Figure 56). Overall, prevalence of insufficient fruit was higher in males than in females in both Redland LGA and Queensland (Figure 56). However it is important to note that this difference was statistically significant in Queensland but not in Redland LGA. In Redland LGA there were no significant differences in prevalence between males and females in any of the three age groups for which data was available.

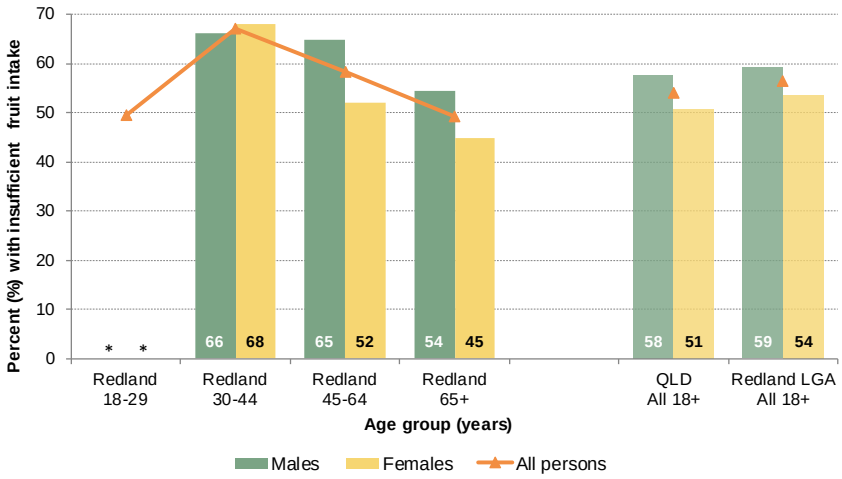
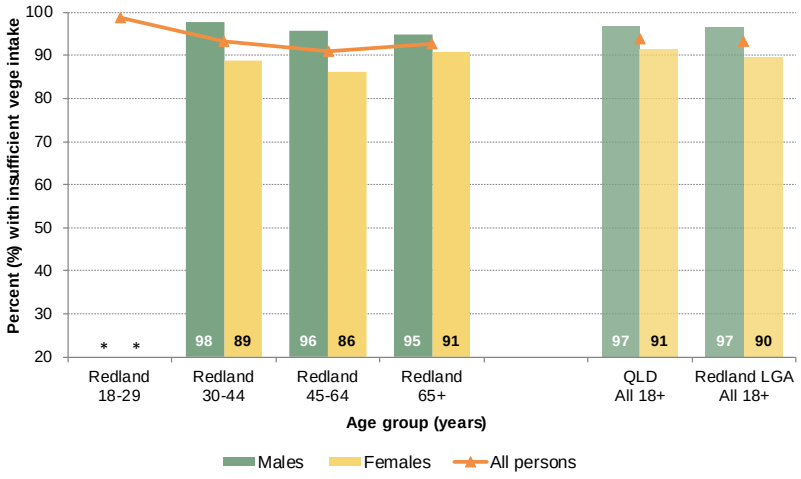


Figure 56: Percentage of adults (18+ years) who consume insufficient daily serves of fruit to meet recommendations by age group and sex, Redland LGA and Queensland, 2023-2024

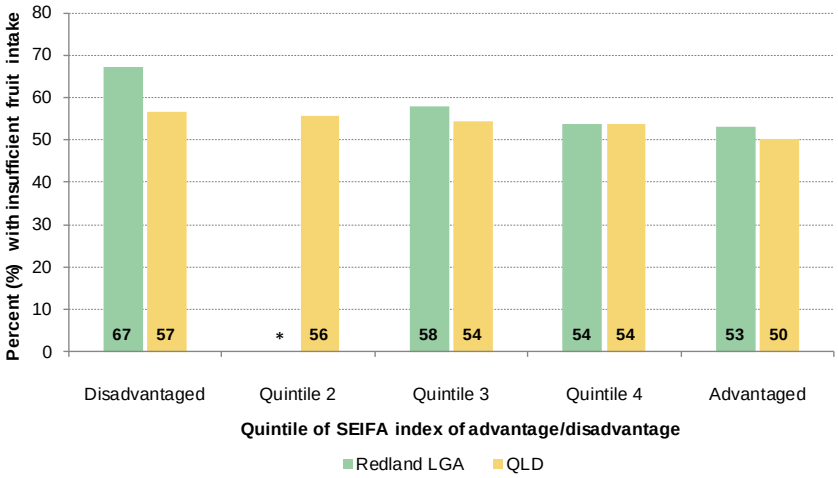
The prevalence of adult consumption of insufficient vegetables varied little between age groups but was slightly higher in those under 30 years (Figure 57). Overall, prevalence was significantly higher in males than in females in both Redland LGA and Queensland (Figure 57) but there were no significant differences between sexes in the separate age groups. Owing to low survey counts, reliable rates for 18 to 29 year olds by sex were not able to be published for Redland LGA.



* Survey count too low for reliable prevalence estimate to be published

Figure 57: Percentage of adults (18+ years) who consume insufficient daily serves of vegetables to meet recommended guidelines by age group and sex, Redland LGA and Queensland, 2023-2024

Consumption of insufficient fruit was associated with socio-economic status in Redland LGA. The highest prevalence (over 67%) was found in the most disadvantaged areas (quintile 1) and lower prevalence in more advantaged areas (Figure 58).



* Survey count too low for reliable prevalence estimate to be published

Figure 58: Percentage of adults who consume insufficient daily serves of fruit to meet recommended guidelines, by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2023-2024

Consumption of insufficient vegetables was not strongly linked with socio-economic status, with a prevalence of 92% or above in all SEIFA index quintiles in Redland LGA.

Between 2013-14 and 2023-24 (noting that data on this topic were not available for all years over that period) the prevalence of insufficient fruit consumption among Redland LGA residents increased by 16 percentage points from 40% to 56% (Figure 59).

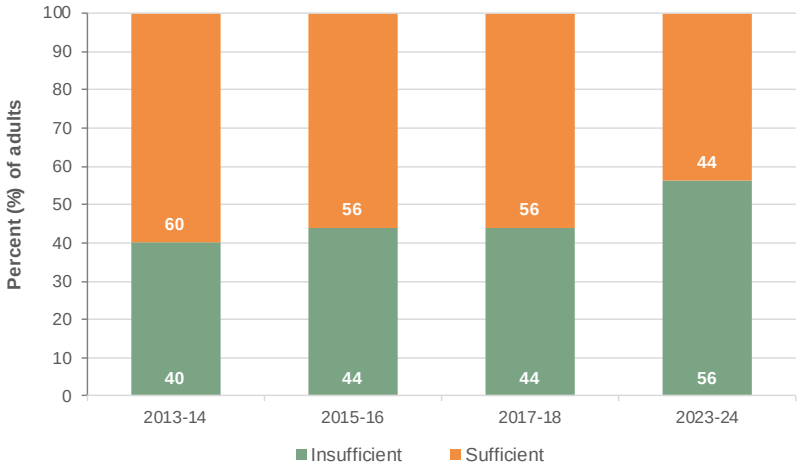


Figure 59: Prevalence of insufficient and sufficient fruit consumption in adults (18+ years) Redland LGA, 2013-14 to 2023-24

Between 2013-14 and 2023-24 (noting that data on this topic were not available for all years over that period) the prevalence of insufficient vegetable consumption among Redland LGA residents remained steady at around 93%. Between 2009-10 and 2023-24 the consumption of fewer than three serves of vegetables per day increased in adults by 18 percentage points from 49% to 67% (Figure 60).

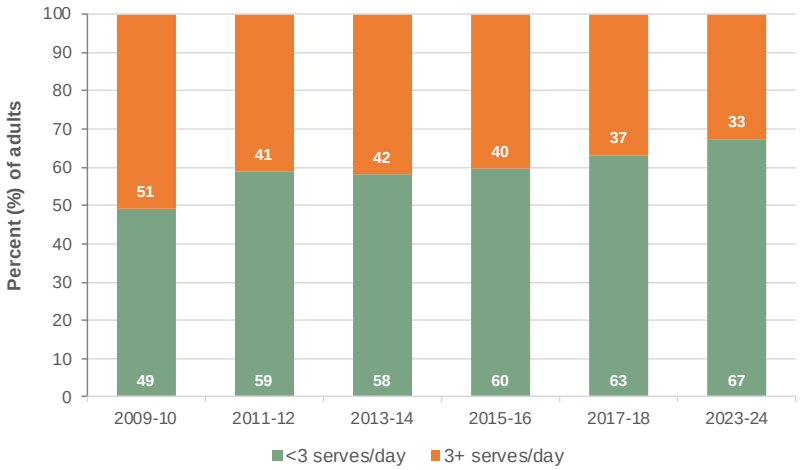


Figure 60: Prevalence of consumption of fewer than three and three or more serves of vegetables per day in adults (18+ years), Redland LGA, 2009-10 to 2023-24

Physical activity

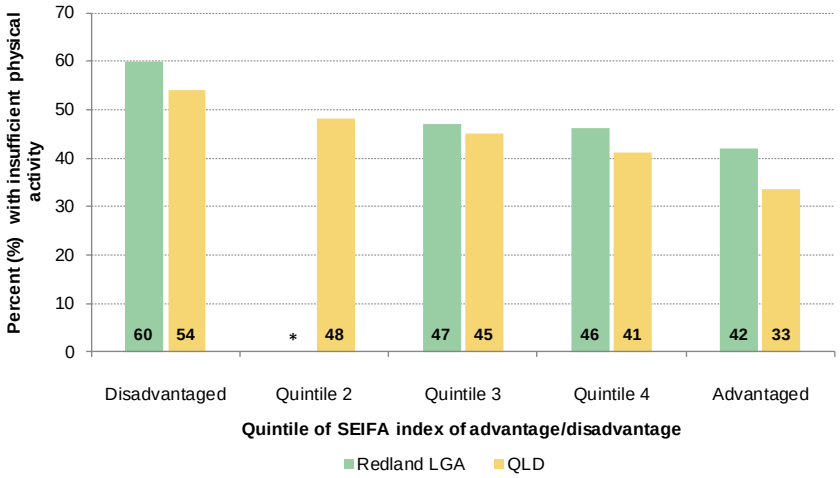
In 2023-24 almost half (46%) of Redland LGA adults (18 to 75 years) reported insufficient physical activity for health benefit (Table 4). This was statistically similar to the Queensland prevalence (44%) (Table 4). In both Redland LGA and Queensland the prevalence of insufficient physical activity was higher in females than in males but in Redland LGA this difference was not statistically significant.

In Redland LGA the prevalence of insufficient activity was lowest in the 18 to 29 years age group (36%). In older age groups the rate was consistently around 52% in females 30 to 65+ years (Figure 61). In males there was no identifiable trend with age group, but the rate was lowest (40%) in those 45-64 years (Figure 61). Owing to low survey counts, reliable rates for 18 to 29 year olds by sex were not able to be published for Redland LGA.

* Survey count too low for reliable prevalence estimate to be published

Figure 61: Percentage of adults (18+ years) who did insufficient physical activity for health benefit by age group and sex, Redland LGA and Queensland, 2023-2024

Insufficient physical activity decreased consistently with increasing levels of socio-economic advantage in Queensland and Redland LGA. In Redland LGA the decrease was from 60% in the most disadvantaged areas (SEIFA quintile 1) to 42% in the most advantaged areas (SEIFA quintile 5) (Figure 62).



* Survey count too low for reliable prevalence estimate to be published

Figure 62: Percentage of adults who undertake insufficient physical activity for health benefit, by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2023-2024

Between 2013-14 and 2023-24 the prevalence of Redland LGA adults undertaking insufficient physical activity did not show any consistent trend (Figure 63).

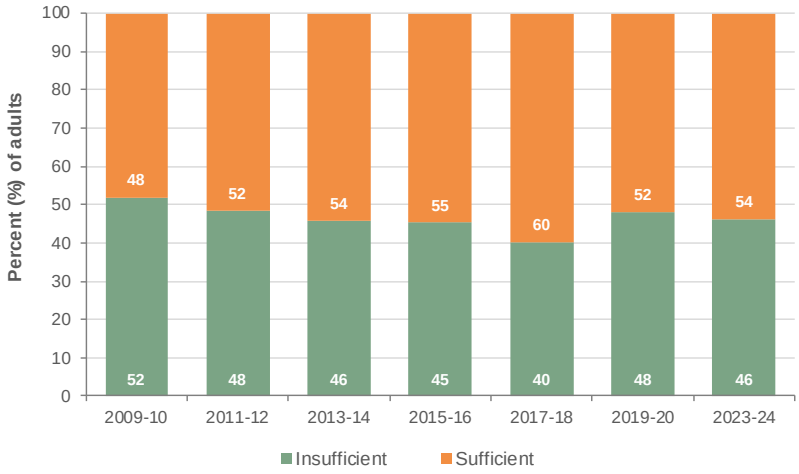


Figure 63: Prevalence of insufficient and sufficient physical activity for health benefit in adults (18-75 years), Redland LGA, 2009-10 to 2023-24

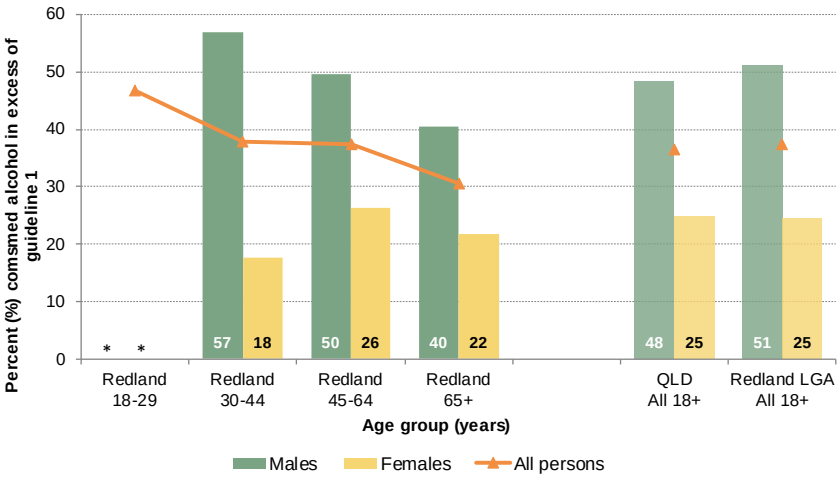
Alcohol consumption

The NHMRC published revised Australian guidelines on alcohol consumption in 2020. Adherence to guideline 1 which relates to reducing the risk of alcohol-related harm for adults is assessed in this sub-report. Guideline 1 states[12]:

"To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than ten standard drinks a week and more than four standard drinks on any one day."

In 2021-22, over one third (37%) of Redland LGA adults consumed alcohol in excess of the amount recommended in Guideline 1 (Table 4). This was statistically similar to the percentage in Queensland (36%) (Table 4). In both Redland LGA and Queensland the prevalence of consumption in excess of Guideline 1 was significantly higher in males than in females.

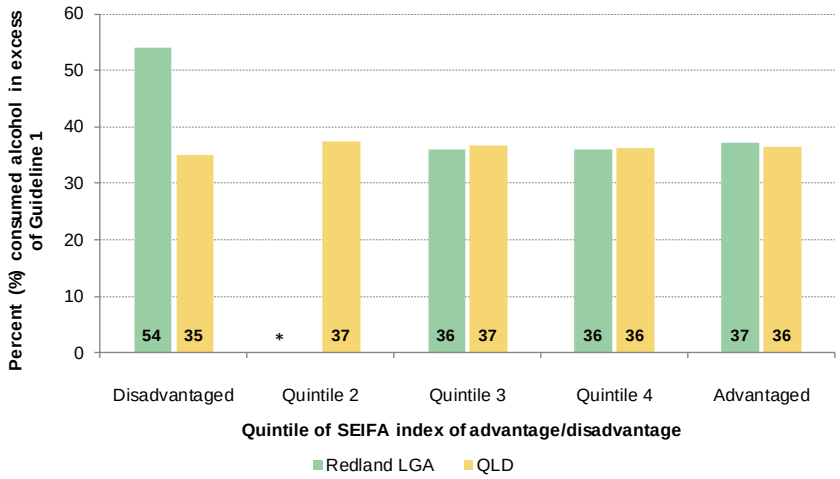
In Redland LGA males, the prevalence of alcohol consumption in excess of Guideline 1 decreased with increasing age group, from 57% in those aged 30 to 40 years to 40% in those over 64 years (Figure 64). Rates were significantly lower in females but peaked in the 45 to 64 years age group at 26% (Figure 64). Owing to low survey counts, reliable rates for 18 to 29 year olds by sex were not able to be published for Redland LGA.



* Survey count too low for reliable prevalence estimate to be published

Figure 64: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by age and sex, Redland LGA and Queensland, 2021-2022.

Redland LGA adults living in the most socio-economically disadvantaged areas (SEIFA quintile 1) had the highest prevalence of consumption of alcohol in excess of Guideline 1 (54%). This rate in quintile 1 was significantly higher than the quintile 1 rate in Queensland (35%). The rates in Redland LGA quintiles 3 to 5 were consistent at 36-37% (Figure 65).



* Survey count too low for reliable prevalence estimate to be published

Figure 65: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2021-2022

Between 2013-14 and 2021-22 the prevalence of Redland LGA adults consuming alcohol in excess of Guideline 1 remained consistently between 34% and 39%. Similarly the prevalence of consuming more than ten standard drinks per week remained relatively constant, ranging from 28% to 32% (Figure 66).

Figure 66: Prevalence of consumption of alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), Redland LGA, 2013-14 to 2021-22

Sun safety

In 2023-24 almost half (46%) of Redland LGA and Queensland adults reported being sunburnt in the past 12 months (Table 4). In both Redland LGA and Queensland the prevalence of sunburn was higher in males than in females but this difference was only statistically significant in Queensland.

In both males and females the prevalence of sunburn decreased strongly with increasing age group, from almost 80% in adults under 30 years to 15% in those 65 years and over (Figure 67). Owing to low survey counts, reliable rates for 18 to 29 year olds by sex were not able to be published for Redland LGA.

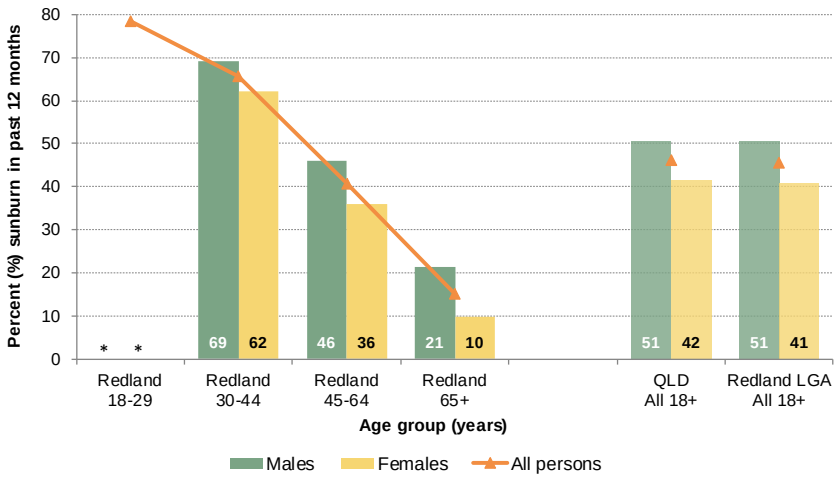


Figure 67: Percentage of adults (18+ years) who were sunburnt in the past 12 months, by age and sex, Redland LGA and Queensland, 2023-2024

In 2023-24, 80% of Redland LGA adults reported not using sun protection in summer (broad-brimmed hat, SPF30+, sun protective clothing), statistically similar to the rate in Queensland (Table 4). In both Redland LGA and Queensland, the prevalence of failure to use sun protection in summer was higher in males than in females but this difference was only statistically significant in Queensland (Figure 68).

Reported prevalence of failure to use sun protection was highest in adults 18 to 29 years (86%) but was above at or above 75% in all age groups for both sexes (Figure 68). Owing to low survey counts, reliable rates for 18 to 29 year olds by sex were not able to be published for Redland LGA.

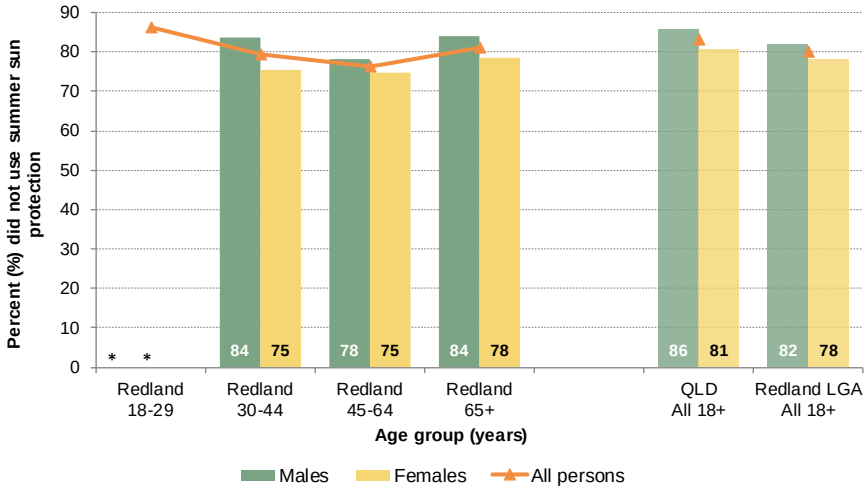
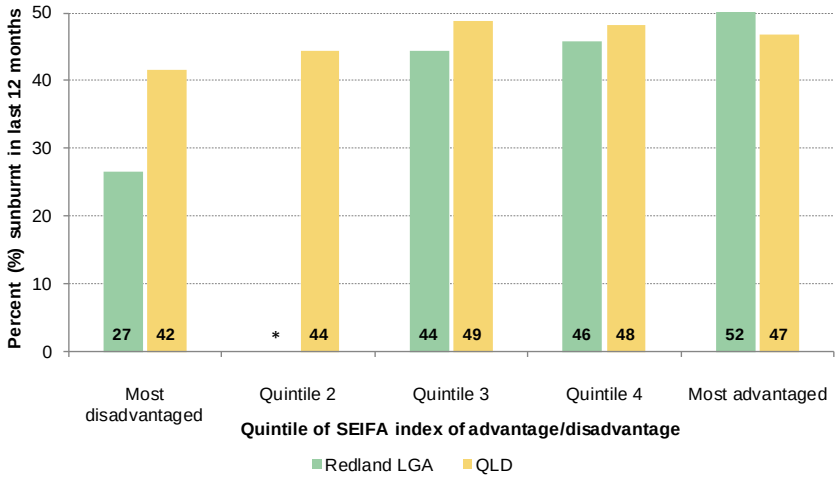


Figure 68: Percentage of adults (18+ years) who did not use summer sun protection (broad-brimmed hat, SPF30+, sun protective clothing), by age and sex, Redland LGA and Queensland, 2023-2024

In Redland LGA and Queensland the prevalence of sunburn in the past 12 months was lower in areas of higher socio-economic disadvantage, in Redland LGA ranging from 27% (quintile 1) to 52% (quintile 5) (Figure 69).



* Survey count too low for reliable prevalence estimate to be published

Figure 69: Percentage of adults (18+ years) who reported being sunburnt in the past 12 months, by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2023-2024

Between 2011-12 and 2023-24 the prevalence of Redland LGA adult males and females reporting being sunburnt in the past 12 months fell by nine percentage points from 55% to 46% (Figure 70). Over the same period the reported prevalence of failure to use sun protection increased marginally from 77% to 80%.

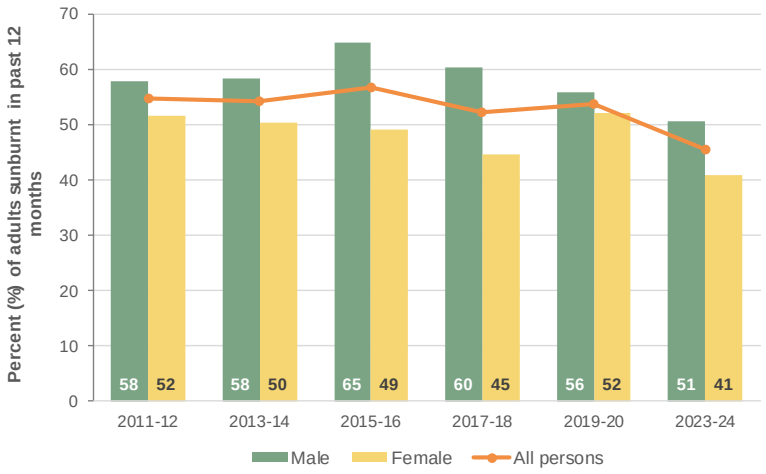


Figure 70: Prevalence of adults reporting being sunburnt in the past 12 months, Redland LGA, 2011-12 to 2023-24

Comparison statistics

Table 5: Comparison of chronic disease modifiable risk factors/protective factors in adults, Metro South Health, Logan LGA, Redland LGA and Queensland residents[5]

Risk factor	Population-weighted prevalence^*			
	Metro South* %	Logan LGA* %	Redland LGA* %	Queensland %
Body mass index				
Underweight (BMI <18.5)	2.3	1.8	2.2	2.3
Healthy weight (BMI 18.5-<25)	36.5	**27.4**	31.2	35.4
Overweight (BMI 20-<30)	34.6	35.9	36.3	34.6
Obese (BMI 30+)	26.6	**34.9**	30.4	27.7
All overweight/obese (BMI 25+)	61.2	**70.8**	66.6	62.3
Smoking				
Current daily smoking	**7.6**	10.6	7.2	9.5
Current e-cigarette (past 12 months)**	4.7	Not avail.	Not avail.	4.3
Sunburn				
Sunburnt in the last 12 months	43.5	42.4	45.6	46.1
Does not use broad brimmed hat, SPF30+, sun-safe clothing in summer	83.8	82.5	79.9	83.1
Alcohol consumption#				
Exceeds Guideline 1	**32.8**	32.1	37.4	36.4
Single occasion risk – at least monthly	**27.0**	26.6	29.0	29.7
Physical activity (18-75 years)				
Insufficient activity for health benefit	45.0	**57.1**	46.2	43.9
Fruit and vegetable consumption				
Insufficient fruit intake (2+ serves/day)	54.7	58.1	56.3	54.0
Insufficient vege intake (5+ serves/day)	94.8	**96.4**	93.2	94.0
<3 serves of vegetables/day	67.8	**73.3**	67.4	66.9

^ Survey data were weighted to adjust for differences between the demographic characteristics of the population and of the sample. Weighted results are considered to be an accurate representation of the demographic profile of the adult residents of MSH/LGAs/Queensland

* Prevalence significantly higher than Queensland highlighted in **bold red**; significantly lower than Queensland highlighted in **bold blue**

** Data from 2021 to 2022

2020 Australian guidelines to reduce health risks from drinking alcohol; data from 2021 to 2022

Two SA3s with highest percentages.

Definitions

Confidence intervals: Usually expressed as 95% CI, this means we can be 95% confident that the true value of interest lies within the confidence intervals given. We do not usually know what the true value is as we can only estimate it from observations taken from samples. For example, if the mortality rate is 3.1 per 100,000 (95% CI: 2.9-3.2), we can be 95% confident that the true rate will be between 2.9 and 3.2, and our best estimate is 3.1 per 100,000.

Estimated resident populations (ERPs): These are the official estimates of the Australian population, which link people to a place of usual residence within Australia. The Australian Bureau of Statistics defines 'usual residence' as the place where each person has lived or intends to live for six months or more from the reference date for data collection.

Prevalence: Prevalence is the proportion of a population that has a disease or condition at a given point in time. It is usually expressed as a percentage where the number of events is the numerator and the population at risk is the denominator. Therefore if 10,000 people have diabetes in a total population at risk of 100,000, then the prevalence of diabetes in that population at that time is 1 in 10, or 10%.

P value: By convention, a P value of 0.05 or less is usually considered 'statistically significant'. That is, if the P value is less than 0.05, there is a less than one in 20 chance that the observed difference would have arisen by chance alone. When comparing rates between a Hospital and Health Service area and Queensland, if the P value is <0.01, this is often referred to 'highly significant' because the probability that the observed difference is due to chance alone is less than one in 100.

Statistical significance: A statistical test that provides us with information on whether an observed difference or association is unlikely to be due to chance alone (See P value). If it is unlikely to be due to chance alone it is deemed to be 'statistically significant'. However, it is important to note that statistical significance does not necessarily mean that an observed effect or difference is 'real', because by chance alone one in 20 'significant' findings will be spurious (where P=0.05). Additionally, 'statistical significance' does not necessarily imply clinical significance. The size of the effect determines the clinical or public health importance, not the presence of statistical significance alone.

List of figures

Figure 1: Map of Metro South Health showing local government areas within the MSH boundary and 2021 SA3 boundaries and names 7

Figure 2: Percentage of overweight or obese adults (18+ years) by age group and sex, Metro South Health and Queensland, 2023-2024 11

Figure 3: Percentage of overweight or obese adults (18+ years) by socioeconomic status (SEIFA index of relative advantage/disadvantage), Metro South Health, 2023-2024 11

Figure 4: Prevalence of overweight and obesity in adults (18+ years) Metro South Health, 2009-10 to 2023-24 12

Figure 5: Prevalence of overweight and obesity in children (5-17 years) Metro South Health, 2009-10 to 2023-24 12

Figure 6: Prevalence of overweight and obesity in children (5-17 years) by age group and sex, Metro South Health, 2009-10 to 2023-24 13

Figure 7: Percentage of adults (18+ years) who smoke tobacco daily by age group and sex, Metro South Health and Queensland, 2023-2024 14

Figure 8: Percentage of adults who smoke tobacco daily, by socioeconomic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2023-2024 14

Figure 9: Percentage of adults (18+ years) who smoke tobacco daily (with linear trendlines), Metro South Health and Queensland, 2009-10 to 2023-2024 15

Figure 10: Percentage of Queensland adults who have ever used e-cigarettes, by age and sex, 2024 16

Figure 11: Percentage of adults (18+ years) who consume insufficient daily serves of fruit to meet recommendations by age group and sex, Metro South Health and Queensland, 2023-2024 17

Figure 12: Percentage of adults (18+ years) who consume insufficient daily serves of vegetables to meet recommended guidelines by age group and sex, Metro South Health and Queensland, 2023-2024 17

Figure 13: Percentage of adults who consume insufficient daily serves of fruit to meet recommended guidelines, by socio-economic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2023-2024 18

Figure 14: Prevalence of insufficient and sufficient fruit consumption in adults (18+ years) Metro South Health, 2013-14 to 2023-24 18

Figure 15: Prevalence of consumption of fewer than three and three or more serves of vegetables per day in adults (18+ years) Metro South Health, 2009-10 to 2023-24 19

Figure 16: Percentage of adults (18+ years) who did insufficient physical activity for health benefit by age group and sex, Metro South Health and Queensland, 2023-2024 20

Figure 17: Percentage of adults who undertake insufficient physical activity for health benefit, by socio-economic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2023-2024 20

Figure 18: Prevalence of insufficient and sufficient physical activity for health benefit in adults (18-75 years) Metro South Health, 2009-10 to 2023-24 21

Figure 19: Percentage of children (5-17 years) who were and were not active for 60 minutes or more per day, Metro South Health, 2013-14 to 2023-24 21

Figure 20: Percentage of children (5-17 years) who were not active for 60 minutes or more per day, by age group and sex, Metro South Health, 2023-24 22

Figure 21: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by age and sex, Metro South Health and Queensland, 2021-2022 23

Figure 22: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by socio-economic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2021-2022 23

Figure 23: Prevalence of consumption of alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), Metro South Health, 2013-14 to 2021-22 24

Figure 24: Percentage of adults (18+ years) who were sunburnt in the past 12 months, by age and sex, Metro South Health and Queensland, 2023-2024 24

Figure 25: Percentage of adults (18+ years) who did not use summer sun protection (broad-brimmed hat, SPF30+, sun protective clothing), by age and sex, Metro South Health and Queensland, 2023-2024 25

Figure 26: Percentage of adults (18+ years) who reported being sunburnt in the past 12 months, by socio-economic status (SEIFA index of advantage/disadvantage), Metro South Health and Queensland, 2023-2024.....25

Figure 27: Prevalence of adults reporting being sunburnt in the past 12 months, Metro South Health, 2011-12 to 2023-24.....26

Figure 28: Percentage of children (5-17 years) sunburnt in the previous 12 months, by age and sex, Metro South Health and Queensland, 2023-2024.....26

Figure 29: Map of Logan local government area showing 2021 SA2 boundaries and labels 27

Figure 30: Percentage of overweight or obese adults (18+ years) by age group and sex, Logan LGA and Queensland, 2023-2024 29

Figure 31: Percentage of overweight or obese adults (18+ years) by socio-economic status (SEIFA index of relative advantage/disadvantage), Logan LGA, 2023-2024 29

Figure 32: Prevalence of overweight and obesity in adults (18+ years) Logan LGA, 2009-10 to 2023-24.....30

Figure 33: Percentage of adults (18+ years) who smoke tobacco daily by age group and sex, Logan LGA and Queensland, 2023-2024 30

Figure 34: Percentage of adults who smoke tobacco daily, by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2023-2024 31

Figure 35: Percentage of adults (18+ years) who smoke tobacco daily (with linear trendlines), Logan LGA and Queensland, 2009-10 to 2023-2024.....31

Figure 36: Percentage of adults (18+ years) who consume insufficient daily serves of fruit to meet recommendations by age group and sex, Logan LGA and Queensland, 2023-2024 32

Figure 37: Percentage of adults (18+ years) who consume insufficient daily serves of vegetables to meet recommended guidelines by age group and sex, Logan LGA and Queensland, 2023-2024 32

Figure 38: Percentage of adults who consume insufficient daily serves of fruit to meet recommended guidelines, by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2023-2024.....33

Figure 39: Prevalence of insufficient and sufficient fruit consumption in adults (18+ years) Logan LGA, 2013-14 to 2023-24.....33

Figure 40: Prevalence of consumption of fewer than three and three or more serves of vegetables per day in adults (18+ years) Logan LGA, 2009-10 to 2023-24 34

Figure 41: Percentage of adults (18+ years) who did insufficient physical activity for health benefit by age group and sex, Logan LGA and Queensland, 2023-2024 34

Figure 42: Percentage of adults who undertake insufficient physical activity for health benefit, by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2023-2024 35

Figure 43: Prevalence of insufficient and sufficient physical activity for health benefit in adults (18-75 years) Logan LGA, 2009-10 to 2023-24 35

Figure 44: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by age and sex, Logan LGA and Queensland, 2021-2022 36

Figure 45: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2021-2022.....36

Figure 46: Prevalence of consumption of alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), Logan LGA, 2013-14 to 2021-22 37

Figure 47: Percentage of adults (18+ years) who were sunburnt in the past 12 months, by age and sex, Logan LGA and Queensland, 2023-2024 37

Figure 48: Percentage of adults (18+ years) who did not use summer sun protection (broad-brimmed hat, SPF30+, sun protective clothing), by age and sex, Logan LGA and Queensland, 2023-2024 38

Figure 49: Percentage of adults (18+ years) who reported being sunburnt in the past 12 months, by socio-economic status (SEIFA index of advantage/disadvantage), Logan LGA and Queensland, 2023-2024.....38

Figure 50: Prevalence of adults reporting being sunburnt in the past 12 months, Logan LGA, 2011-12 to 2023-24 39

Figure 51: Map of Redland local government area showing 2021 SA2 boundaries and labels.....40

Figure 52: Percentage of overweight or obese adults (18+ years) by age group and sex, Redland LGA and Queensland, 2023-2024 42

Figure 53: Prevalence of overweight and obesity in adults (18+ years), Redland LGA, 2009-10 to 2023-24 42

Figure 54: Percentage of adults who smoke tobacco daily, by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2023-2024.....43

Figure 55: Percentage of adults (18+ years) who smoke tobacco daily (with linear trendlines), Redland LGA and Queensland, 2009-10 to 2023-2024 43

Figure 56: Percentage of adults (18+ years) who consume insufficient daily serves of fruit to meet recommendations by age group and sex, Redland LGA and Queensland, 2023-2024.....44

Figure 57: Percentage of adults (18+ years) who consume insufficient daily serves of vegetables to meet recommended guidelines by age group and sex, Redland LGA and Queensland, 2023-2024 45

Figure 58: Percentage of adults who consume insufficient daily serves of fruit to meet recommended guidelines, by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2023-2024 45

Figure 59: Prevalence of insufficient and sufficient fruit consumption in adults (18+ years) Redland LGA, 2013-14 to 2023-24.....46

Figure 60: Prevalence of consumption of fewer than three and three or more serves of vegetables per day in adults (18+ years), Redland LGA, 2009-10 to 2023-24.....46

Figure 61: Percentage of adults (18+ years) who did insufficient physical activity for health benefit by age group and sex, Redland LGA and Queensland, 2023-2024.....47

Figure 62: Percentage of adults who undertake insufficient physical activity for health benefit, by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2023-2024.....47

Figure 63: Prevalence of insufficient and sufficient physical activity for health benefit in adults (18-75 years), Redland LGA, 2009-10 to 2023-24.....48

Figure 64: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by age and sex, Redland LGA and Queensland, 2021-2022. 49

Figure 65: Percentage of adults (18+ years) who consumed alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2021-2022 49

Figure 66: Prevalence of consumption of alcohol in excess of Guideline 1 (no more than ten standard drinks per week and not more than four standard drinks on any one day), Redland LGA, 2013-14 to 2021-22.....50

Figure 67: Percentage of adults (18+ years) who were sunburnt in the past 12 months, by age and sex, Redland LGA and Queensland, 2023-2024 50

Figure 68: Percentage of adults (18+ years) who did not use summer sun protection (broad-brimmed hat, SPF30+, sun protective clothing), by age and sex, Redland LGA and Queensland, 2023-2024.....51

Figure 69: Percentage of adults (18+ years) who reported being sunburnt in the past 12 months, by socio-economic status (SEIFA index of advantage/disadvantage), Redland LGA and Queensland, 2023-2024 51

Figure 70: Prevalence of adults reporting being sunburnt in the past 12 months, Redland LGA, 2011-12 to 2023-24 52

List of tables

Table 1: Summary of selected modifiable risk factors for chronic disease in adults (18+ years), Metro South Health and Queensland, 2023 to 2024 or earlier years (as available and noted)[5] 9

Table 2: Summary of selected modifiable risk factors for chronic disease in children (5-17 years), Metro South Health and Queensland, 2023 to 2024[5].....10

Table 3: Summary of selected modifiable risk factors for chronic disease in adults (18+ years), Logan LGA and Queensland, 2023 to 2024 or earlier years (as available and noted)[5] 28

Table 4: Summary of selected modifiable risk factors for chronic disease in adults (18+ years), Redland LGA and Queensland, 2023 to 2024 or earlier years (as available and noted)[5] 41

Table 5: Comparison of chronic disease modifiable risk factors/protective factors in adults, Metro South Health, Logan LGA, Redland LGA and Queensland residents[5] 53

References

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Appendix 1: Indicators by SA3

Table 1: Body mass index indicators, pooled survey data from 2023-2024, Metro South Health by SA3, LGA and Queensland (persons).

Geographic region (SA3/LGA/HHS)	Under/Healthy weight (BMI <25)# (%)	Overweight (BMI 25-<30) # (%)	Obese (BMI 30+)# (%)	Overweight/Obese (BMI 25+)# (%)
Beaudesert	26.1	33.6	**40.3**	73.9
Beenleigh	33.6	29.4	37.0	66.4
Brisbane Inner+	**52.8**	33.2	**14.0**	**47.2**
Brisbane Inner-East	45.9	**39.5**	**14.6**	54.1
Browns Plains	27.2	33.8	**39.0**	72.8
Capalaba	36.7	34.2	29.1	63.3
Carindale	38.3	36.5	25.2	61.7
Centenary	42.3	36.0	21.7	57.7
Cleveland – Stradbroke	32.6	37.4	30.0	67.4
Forest Lake – Oxley	38.5	34.4	27.1	61.5
Holland Park – Yeronga	46.9	**26.3**	26.9	53.1
Jimboomba	**25.8**	38.2	36.0	**74.2**
Loganlea – Carbrook	**24.0**	**42.2**	33.8	**76.0**
Mt Gravatt	51.1	31.3	17.6	48.9
Nathan	52.3	**28.2**	19.5	47.7
Rocklea – Acacia Ridge	43.0	38.0	19.0	57.0
Sherwood – Indooroopilly+	**55.4**	29.5	15.1	**44.6**
Springwood – Kingston	37.0	34.1	28.9	63.0
Sunnybank	43.6	31.4	25.0	56.4
Wynnum – Manly	37.8	37.7	24.5	62.2
Logan LGA	29.2	35.9	34.9	70.8
Redland LGA	33.4	36.3	30.4	66.6
Metro South	**38.8**	**34.6**	**26.6**	**61.2**
Queensland	37.7	34.6	27.7	62.3

Two SA3s with highest percentages highlighted in **bold red**; two SA3s with lowest percentages highlighted in **bold blue**.

\+ SA3 only partly within the MSH region. Residents of the entire SA3 (MSH + Metro North portions) are included.

Table 2: Body mass index indicators, pooled survey data from 2023-2024, Metro South Health by sex, SA3, LGA and Queensland.

Geographic region (SA3/LGA/HHS)	Males		Females	
	Under/Healthy weight (BMI <25)# (%)	Overweight/Obese (BMI 25+)# (%)	Under/Healthy weight (BMI <25)# (%)	Overweight/Obese (BMI 25+)# (%)
Beaudesert	21.8	78.2	**30.3**	**69.7**
Beenleigh	33.3	66.7	*	*
Brisbane Inner+	**42.0**	**58.0**	**63.3**	**36.7**
Brisbane Inner-East	36.2	63.8	*	*
Browns Plains	**21.6**	**78.4**	32.2	67.8
Capalaba	25.4	74.6	47.2	52.8
Carindale	31.7	68.3	44.2	55.8
Centenary	*	*	*	*
Cleveland – Stradbroke	26.2	73.8	38.6	61.4
Forest Lake – Oxley	31.9	68.1	43.8	56.2
Holland Park – Yeronga	38.1	61.9	56.2	43.8
Jimboomba	23.0	77.0	**28.3**	**71.7**
Loganlea – Carbrook	**13.4**	**86.6**	33.5	66.5
Mt Gravatt	39.5	60.5	61.1	38.9
Nathan	**42.8**	**57.2**	*	*
Rocklea – Acacia Ridge	32.3	67.7	54.4	45.6
Sherwood – Indooroopilly+	37.2	62.8	**72.6**	**27.4**
Springwood – Kingston	30.4	69.6	44.9	55.1
Sunnybank	41.8	58.2	*	*
Wynnum – Manly	30.2	69.8	45.9	54.1
Logan LGA	23.9	76.1	34.4	65.6
Redland LGA	25.8	74.2	40.5	59.5
Metro South	**30.7**	**69.3**	**46.8**	**53.2**
Queensland	30.2	69.8	45.0	55.0

Two SA3s with highest percentages highlighted in **bold red**; two SA3s with lowest percentages highlighted in **bold blue**.

+ SA3 only partly within the MSH region. Residents of the entire SA3 (MSH + Metro North Hospital and Health Service portions) are included.

* Survey response counts too low to calculate reliable estimates

Table 3: Smoking indicators, pooled survey data from 2023-2024 and 2021-2022, Metro South Health by SA3, LGA and Queensland (persons).

Geographic region (SA3/LGA/HHS)	Daily tobacco smoking (%)#^	Ever used an e-cigarette (%)#**
Beaudesert	**12.9**	**10.0**
Beenleigh	10.4	**28.6**
Brisbane Inner+	**4.8**	27.8
Brisbane Inner-East	*	18.9
Browns Plains	8.5	16.7
Capalaba	6.4	16.2
Carindale	*	22.3
Centenary	*	*
Cleveland – Stradbroke	8.3	15.9
Forest Lake – Oxley	**6.3**	22.1
Holland Park – Yeronga	*	**29.9**
Jimboomba	11.2	20.0
Loganlea – Carbrook	**13.1**	18.6
Mt Gravatt	4.8	17.8
Nathan	*	22.9
Rocklea – Acacia Ridge	12.4	15.1
Sherwood – Indooroopilly+	*	16.4
Springwood – Kingston	10.2	21.6
Sunnybank	*	**13.8**
Wynnum – Manly	*	**13.8**
Logan LGA	10.6	Not avail.
Redland LGA	7.2	Not avail.
Metro South	**7.6**	**Not avail**
Queensland	9.5	18.2

Two SA3s with highest percentages highlighted in **bold red**; two SA3s with lowest percentages highlighted in **bold blue**.

^ Data from 2023-2024

** Data from 2021-2022

+ SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included.

* Survey response counts too low to calculate reliable estimates

Table 4: Nutrition indicators, pooled survey data from 2023-2024, Metro South Health by SA3, LGA and Queensland (persons).

Geographic region (SA3/LGA/HHS)	Insufficient daily fruit consumption (<2 serves/day) (%)#	Insufficient daily vegetable consumption (<5 serves/day) (%)#	<3 serves vegetables per day (%)#
Beaudesert	60.4	94.9	66.0
Beenleigh	**71.1**	96.7	**76.5**
Brisbane Inner+	54.3	92.0	60.5
Brisbane Inner-East	48.1	94.5	**57.2**
Browns Plains	52.9	96.1	69.8
Capalaba	58.0	93.2	63.6
Carindale	56.3	**91.3**	62.7
Centenary	**43.5**	94.5	64.7
Cleveland – Stradbroke	54.9	92.9	67.8
Forest Lake – Oxley	52.5	96.4	67.0
Holland Park – Yeronga	52.9	95.1	60.7
Jimboomba	54.4	95.5	74.9
Loganlea – Carbrook	58.8	**98.6**	73.8
Mt Gravatt	52.5	94.9	75.0
Nathan	**61.5**	94.1	60.9
Rocklea – Acacia Ridge	59.3	**98.3**	**75.8**
Sherwood – Indooroopilly+	**47.0**	92.2	**60.3**
Springwood – Kingston	58.8	95.1	73.5
Sunnybank	53.0	95.1	71.9
Wynnum – Manly	47.5	**91.1**	61.7
Logan LGA	58.1	96.4	73.3
Redland LGA	56.3	93.2	67.4
Metro South	**54.7**	**94.8**	**67.8**
Queensland	54.0	94.0	66.9

Two SA3s with highest percentages highlighted in **bold red**; two SA3s with lowest percentages highlighted in **bold blue**.

\+ SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included.

* Survey response counts too low to calculate reliable estimates

Table 5: Insufficient physical activity for health benefit, pooled survey data from 2023-2024, Metro South Health by SA3, LGA and Queensland, persons and by sex.

Geographic region (SA3/LGA/HHS)	Insufficient physical activity		
	Persons (%)#	Males (%)#	Females (%)#
Beaudesert	58.6	48.7	**67.2**
Beenleigh	**64.5**	**61.1**	*
Brisbane Inner+	29.2	28.5	**29.8**
Brisbane Inner-East	**25.1**	27.1	*
Browns Plains	**60.0**	**56.8**	63.0
Capalaba	46.8	44.6	48.7
Carindale	38.9	**23.6**	54.0
Centenary	36.4	*	*
Cleveland – Stradbroke	43.8	38.1	49.4
Forest Lake – Oxley	46.9	40.6	52.2
Holland Park – Yeronga	33.8	32.2	35.4
Jimboomba	50.7	52.3	49.4
Loganlea – Carbrook	58.9	52.7	**64.7**
Mt Gravatt	44.1	38.5	49.0
Nathan	33.9	28.8	*
Rocklea – Acacia Ridge	51.9	44.9	59.4
Sherwood – Indooroopilly+	**26.4**	**20.1**	**32.4**
Springwood – Kingston	52.6	45.8	60.0
Sunnybank	52.7	*	*
Wynnum – Manly	31.5	30.5	32.7
Logan LGA	57.1	53.2	60.8
Redland LGA	46.2	42.4	49.9
Metro South	**45.0**	**40.7**	**49.2**
Queensland	43.9	40.9	46.7

Two SA3s with highest percentages highlighted in **bold red**; two SA3s with lowest percentages highlighted in **bold blue**.

+ SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included.

* Survey response counts too low to calculate reliable estimates

Table 6: Alcohol consumption in excess of Guideline 1, pooled survey data from 2021-2022, Metro South Health by SA3, LGA and Queensland, persons and by sex.

Geographic region (SA3/LGA/HHS)	Alcohol consumption in excess of Guideline 1		
	Persons (%)#	Males (%)#	Females (%)#
Beaudesert	31.0	41.9	21.1
Beenleigh	38.1	43.2	32.6
Brisbane Inner+	**43.8**	45.4	**41.8**
Brisbane Inner-East	**43.4**	*	33.3
Browns Plains	26.8	32.1	21.5
Capalaba	35.6	53.9	20.5
Carindale	37.7	43.2	32.8
Centenary	30.4	*	*
Cleveland – Stradbroke	37.6	48.7	26.9
Forest Lake – Oxley	28.9	35.7	21.0
Holland Park – Yeronga	39.5	**54.7**	30.0
Jimboomba	36.5	46.9	27.1
Loganlea – Carbrook	33.4	**55.2**	**12.1**
Mt Gravatt	26.7	39.6	**11.5**
Nathan	33.4	45.8	*
Rocklea – Acacia Ridge	**15.9**	**16.5**	15.3
Sherwood – Indooroopilly+	33.4	30.6	**35.6**
Springwood – Kingston	30.5	43.5	18.6
Sunnybank	**21.9**	**29.3**	*
Wynnum – Manly	33.7	41.7	26.3
Logan LGA	32.1	43.6	21.1
Redland LGA	37.4	51.3	24.5
Metro South	**32.8**	**42.4**	**23.8**
Queensland	36.4	48.4	24.9

Two SA3s with highest percentages highlighted in **bold red**; two SA3s with lowest percentages highlighted in **bold blue**.

+ SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included.

* Survey response counts too low to calculate reliable estimates

Table 7: Sunburnt in past 12 months, pooled survey data from 2023-2024, Metro South Health by SA3, LGA and Queensland, persons and by sex.

Geographic region (SA3/LGA/HHS)	Sunburnt in past 12 months		
	Persons (%)#	Males (%)#	Females (%)#
Beaudesert	**36.3**	**35.3**	37.3
Beenleigh	36.4	37.8	35.0
Brisbane Inner+	38.7	38.0	39.4
Brisbane Inner-East	51.3	**57.6**	44.2
Browns Plains	40.8	41.2	40.4
Capalaba	46.2	50.2	42.6
Carindale	45.0	57.0	34.4
Centenary	37.1	*	**
Cleveland – Stradbroke	46.2	52.5	40.4
Forest Lake – Oxley	41.3	45.0	38.2
Holland Park – Yeronga	50.5	**59.2**	41.4
Jimboomba	**55.9**	52.8	**58.7**
Loganlea – Carbrook	39.9	44.7	35.6
Mt Gravatt	38.4	43.3	34.3
Nathan	**52.8**	54.5	**
Rocklea – Acacia Ridge	39.3	37.8	40.9
Sherwood – Indooroopilly+	48.3	53.6	43.3
Springwood – Kingston	39.4	44.4	**33.9**
Sunnybank	**30.0**	**27.0**	**33.0**
Wynnum – Manly	52.3	52.0	**52.6**
Logan LGA	42.4	44.2	40.8
Redland LGA	45.6	50.6	40.8
Metro South	**43.5**	**47.2**	**39.9**
Queensland	46.1	50.7	41.6

Two SA3s with highest percentages highlighted in **bold red**; two SA3s with lowest percentages highlighted in **bold blue**.

^ Wear broad-brimmed hat, SPF30+ sunscreen and sun-safe clothing in summer

\+ SA3 only partly within the MSH region. Only residents of the MSH portion of the SA3 (south of Brisbane River) are included.

* Survey response counts too low to calculate reliable estimates