Shire of Murray

Public Health Plan

2021 – 2025

Adopted 22 October 2020

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About this document

This document has been prepared by the Shire of Murray in collaboration with South Metropolitan Health Service.
This document provides a high-level overview of the strategies that the Shire of Murray can consider to increase health and wellbeing in the community.

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Message from the Shire President

Local Governments have the ability to influence and provide resources that have the potential to impact on the health of its community. The Shire of Murray has been working for a number of years on initiatives that improve the overall health of its community. Overall health is represented by factors such as physical health, mental health and lifestyle.

Opportunities that can be facilitated by the local government can provide benefits to the community as a whole, groups and individuals. Our community has expressed the high value it places on the provision of infrastructure and services that support its health.

As part of its commitment to the health and wellbeing of its community, I am pleased to present the Shire of Murray Public Health Plan. Council has been working for a number of years to implement strategies that deliver quality outcomes for our community, including strategies for community health and wellbeing.

The Public Health Plan has been designed to focus on measures that enhance the health of residents, in a holistic manner. By enacting the proposed action plan that harnesses the strength of our people, local places and partnerships, I am confident the Shire of Murray will have a positive impact on community health, both now and in the future.

David Bolt
Shire of Murray President

Integrated Planning & Reporting Framework

In 2010, the Integrated Planning and Reporting (IPR) Framework and Guidelines were introduced in Western Australia (WA) as part of the State Government's Local Government Reform Program. All local governments were required to have their first suite of IPR documents in place by 1 July 2013.

This updated IPR Framework and Guidelines reflects current local government IPR practice and the lessons learned by the local government sector since 2010.

The Public Health Plan is an element of the IPR Framework.

The elements of Integrated Planning & Reporting Framework are illustrated below:
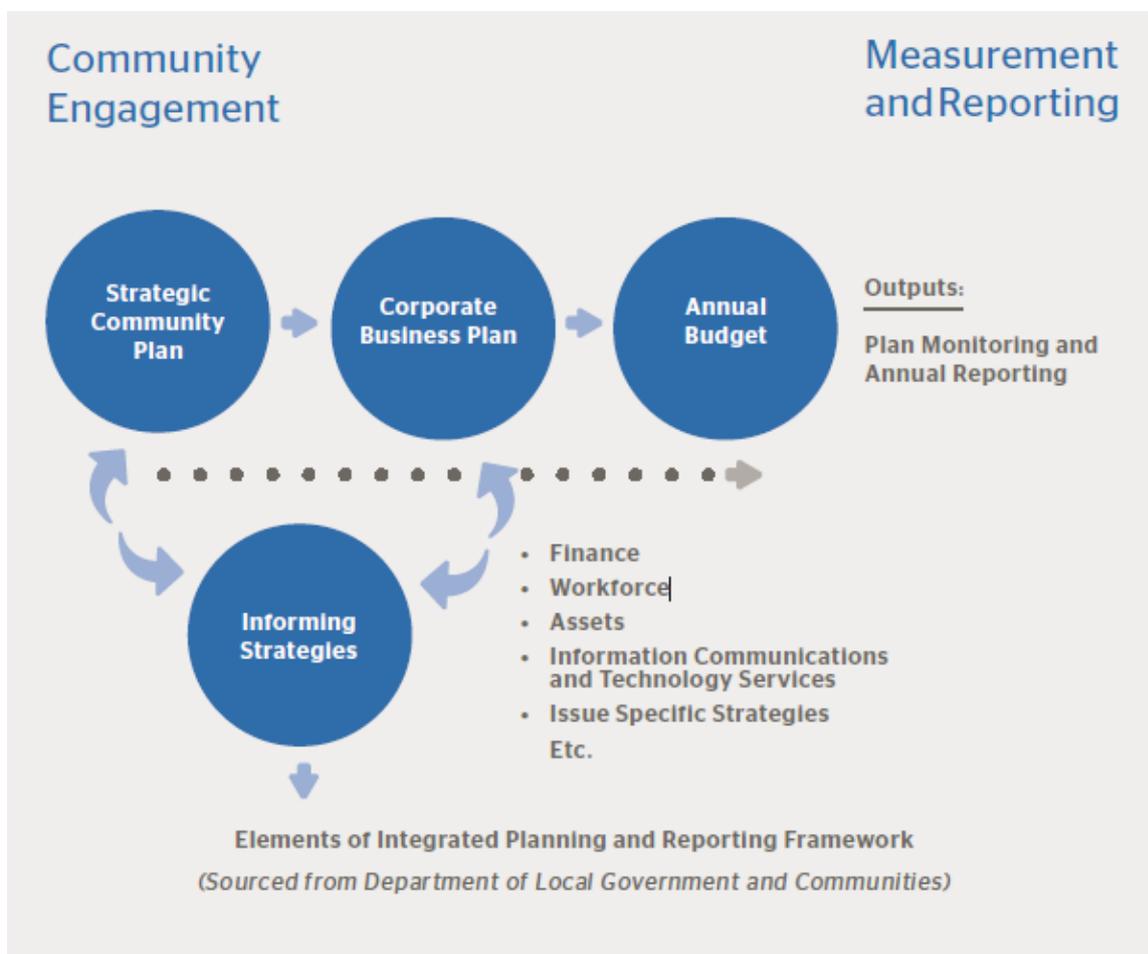

Figure 1 - Elements of Integrated Planning & Reporting Framework. Source: Shire of Murray Strategic Community Plan 2019 – 2030.

Introduction

This Plan is a five year strategic document that meets the Shire's legislative obligations for the development of a local Public Health Plan under the WA Public Health Act 2016. This plan is intended to integrate with and 'value-add' to the Shire's core functions rather than duplicate existing plans and strategies across the organisation.

Vision

To protect, promote and enhance the health, wellbeing and quality of life of our community.

Guiding Principles

The Shire aims to enhance the health, wellbeing and quality of life for the community through:

- Assessing, reviewing and responding to current and future public health and wellbeing needs, issues and emerging trends, based on best practice, sustainability and evidence-based decision making processes;
- Developing collaborative partnerships with internal and external key stakeholders;
- Integrating public health and wellbeing into existing services and programs;
- Facilitating the vision for a healthy and sustainable community through greater community participation and development on health issues; and
- Aligning with and providing strategic links and relationships with local, state and national strategic plans and policies that impact on health and wellbeing.

The approach adopted in developing this Plan has been guided by the '*Pathway to a Healthy community: a guide for councillors and local government'*, South Metropolitan Health Service, Perth, and recognises local government as the tier of government closest to the community in supporting and influencing the health and wellbeing outcomes. It promotes the range of services delivered by the Shire which help to establish many of the necessary conditions upon which good health and wellbeing is determined, see Figure 2 below.

Figure 1 - Source: Pathway to a Healthy Community: A guide for councillors and local government. 2nd Edition. South Metropolitan Health Service. 2017

Public Health Plan

About the plan

This plan meets the Shire's legislative obligations under the WA Public Health Act 2016, which aims to establish an integrated health and wellbeing planning process that fits into existing planning frameworks and strategies within local government, and can support a wider local vision for a healthier community.

The aim of the Shire of Murray Public Health Plan is to:

- Identify the current status of health and wellbeing and the needs of the community;
- Establish priorities and strategies for a five year period;
- Implement strategies and initiatives;
- Form a framework for future decision making; and
- Deliver relevant activities, programs and projects designed to tackle community priorities, current health trends and to achieve the plan.

The key focus areas are:

1. **Healthy People and Community**

   To guide and encourage our community to lead healthier lifestyles through the provision of lifestyle and educational opportunities.

2. **Healthy Places and Spaces**

   To provide healthy places and spaces to encourage and support healthy lifestyle opportunities.

3. **Healthy Partnerships**

   To develop collaborative partnerships with community, business, government, non-government and key stakeholders to improve health and wellbeing.

Developing the plan

This plan has been developed in partnership with the South Metropolitan Health Service and is informed by the ideas and feedback gathered from the community, service providers, local organisations, businesses and government agencies through the community consultation completed for the review of the Shire's Murray 2030 Strategic Community Plan and development of the Shire's Age-Friendly Communities Plan 2016 – 2021.

The Shire sought the views of as many members of the community as possible. The community shared their ideas through community consultation which consisted of surveys, interviews with key stakeholders and community groups, and engagement at high traffic areas and events.

Managing the plan

The Shire of Murray is committed to community health and wellbeing through the provision and facilitation of various projects and partnership with key stakeholders.

The underpinning philosophy for community health and wellbeing is that it is everyone's business to promote good health and therefore not the domain of any single agency or group. However the Shire and local health service providers play an important role in facilitating and implementing actions as leading agencies for the significant number of organisations, community groups and residents who also play a vital role in improving community health and wellbeing. For this reason, the Public Health Plan is considered a whole of community plan, with the Shire facilitating the collective actions of key government and non-government partners and delivering services and programs that are deemed core local government business.

Link to Strategic Community Plan

The Public Health Plan aligns with and supports Council's vision and mission as outlined in the Strategic Community Plan:

Vision: "By 2030, the Shire of Murray will be a place where business thrives, we protect our environment, and all people enjoy an outstanding quality of life."

Mission: "We will be an organisation with a can-do attitude that strives for service excellence, continued improvement and a commitment to outcomes."

The plan also contributes to the achievement of the focus areas and aspirations identified in the Murray 2030 Strategic Community Plan. These include:

Places for People: In 2030 Murray will have created great places for people through strong partnerships with the community; innovative urban design; and improved the well-being and quality of life for residents.

Thriving Economy: In 2030 Murray will have a diverse and prosperous economy that supports innovation, training opportunities and provides a variety of business, tourism and employment opportunities.

Environment, Character and Heritage: In 2030 Murray will be effective stewards of our environment, history, heritage, natural landscape and rural character.

Connected and Accessible: In 2030 Murray will have enhanced our transport linkages and opportunities to share information using a variety of travel and technology options.

Capable and Accountable: In 2030 Murray will have further developed strong leadership through good governance, effective communication and ensuring value for money.

Alignment to other plans

This plan provides a framework for an integrated and collaborative approach that will support and enhance the community's ability to lead healthy, active and rewarding lives. Consideration and comparison has been given to various local, regional and state plans, including, but not limited to, the following:

- Shire of Murray 2030 Strategic Community Plan
- Shire of Murray Community Safety and Crime Prevention Strategy 2016 – 2021
- Shire of Murray Age Friendly Communities Plan 2016 – 2021
- Peel Regional Investment Blueprint 2050, *Peel Development Commission*
- South Metropolitan Peel Sub-Regional Planning Framework, *Department of Planning, Lands & Heritage*
- Murray Youth Strategy 2016-2020

Health Profile

Snapshot

Prevalence of lifestyle and psychosocial behaviours and risk factors for Shire of Murray

Figure 3 Snapshot. Note: "Estimates are presented for persons aged 16 years and over except for physical activity where estimates are presented for persons aged 18 years and over."
Source: Western Australian Health and Wellbeing Surveillance System, WA Department of Health: Shire of Murray self-reported measures of health and wellbeing for adults January 2010 – December 2016.

Demographics

The 2016 census released by the Australian Bureau of Statistics showed the population for the Shire to be 16,698 people, which is an increase of 2,549 since the 2011 census (14,149). The distribution of this population among the localities is illustrated in Table 1 below.

Socio-economic status

Although the overall level of health and wellbeing of Australians is relatively high compared with other countries, there are significant disparities in the health outcomes of different populations within Australia. In particular, people who live in areas with lower socio-economic condition tend to have worse health than people from other areas. Previous analysis has shown that disadvantaged Australian have higher level of disease risk factors and lower use of preventative health services than those who experience socio-economic advantage (ABS, 2016).

The Socio-Economic Indexes For Areas (SEIFA) scores are made up of four indices which summarise a variety of social and economic variables such as income, educational attainment, employment and number of unskilled workers. SEIFA scores are based on a national average of 1,000 and areas with the lowest scores are the most disadvantaged.

Based on the 2016 census data, the Murray Shire had a SEIFA Index of Disadvantage score of 962, the second lowest in the South Metropolitan Heath Service (SMHS) – the range of scores for this SEIFA index for local government authorities within the SMHS was 945 to 1,088[1]. Table 1 below shows the SEIFA scores for each suburb in the Shire of Murray.

Table 1: SEIFA Index of relative socio-economic disadvantage scores by suburb, Shire of Murray, 2016.

Suburb	SEIFA score	Usual resident population
Barragup	994	928
Birchmont	1022	73
Blythewood	1022	64
Coolup	981	386
Dwellingup	949	557
Fairbridge	1013	48
Furnissdale	886	1029
Holyoake	918	19

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[1] The indexes and supporting material are found in the ABS publication *Census of Population and Housing: Socio-Econo64mic Indexes For Areas (SEIFA). Australia 2016* (Cat. No. 2033.0.55.001).386

Inglehope	1007	38
Meelon	1008	201
Nambeelup	1034	318
Nirimba	1022	71
North Dandalup	1019	712
North Yunderup	974	849
Pinjarra	912	4910
Ravenswood	961	2176
South Yunderup	999	3114
Stake Hill	1068	485
Teesdale	1007	103
West Coolup	1022	155
West Pinjarra	1008	410

Socio-Economic Indexes For Areas. Source: ABS 2016 Census

Health & Wellbeing Data

Data from the WA Health and Wellbeing Surveillance System (HWSS), Australian Bureau of Statistics (ABS) Census and Australia Early Development Census (AEDC) are presented as the proportion of the population (or prevalence) reporting a particular attribute. While data from Census (ABS and AEDC) reports point prevalence, representing the proportion of the population who have a condition at the time of the survey, data from the HWSS reports period prevalence, measuring the proportion of the population who have a condition within a specified period of time.

Chronic diseases

Many of the health conditions included in the HWSS are chronic diseases which usually have a number of contributing factors, develop gradually and have long lasting effects. Diseases such as cardiovascular disease, type 2 diabetes, respiratory diseases and some cancers contribute significantly to the burden of illness and injury in the community. Considerable potential exists to reduce this burden of disease.

Lifestyle and physiological risk factors

The data for lifestyle risk factors shown in Tables 2 & 3, is based on responses to HWSS from adults (aged 16 years and older) in the Shire of Murray and adults within the state, who were surveyed over the period.

Curbing the rise in overweight and obesity

Being overweight or obese can contribute to the development of chronic conditions, such as cardiovascular disease, type 2 diabetes, osteoarthritis, some cancers and sleep apnoea. Getting an appropriate amount of sleep each day is essential to health and wellbeing. For children and young people, developing healthy sleep hygiene, and limiting screen time, is important for optimal growth and development. As excess body weight increases, so does the risk of chronic disease and mortality. Respondents were asked about their height and weight. Body mass index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared, after adjustment for errors.

Healthy eating

Eating fruit and vegetables is important for health and protects against the risk of various diseases, including coronary heart disease, type 2 diabetes, stroke and digestive system cancers. It is recommended that Australian adults eat two serves of fruit and five serves of vegetables daily.

A more active Murray

Physical inactivity is associated with several chronic health conditions, including coronary heart disease, stroke and diabetes. It is common for us to spend large amounts of time being sedentary when at school, at work, when travelling or during leisure time. Being physically active reduces the risk of developing such conditions and improves general physical and mental wellbeing. The Australian Physical Activity and Sedentary Guidelines for adults aged 18 to 64 years recommend accumulating 150 to 300 minutes of moderate intensity physical

activity or 75 to 150 minutes of vigorous intensity physical activity, or an equivalent combination of both moderate and vigorous activities, each week.

Making smoking history

Smoking increases the risk of developing a number of health conditions, including respiratory disease, coronary heart disease, stroke and several cancers, such as lung and mouth cancers. Respondents were asked about their smoking status (including cigarettes, cigars and pipes). Current smoking status was re-categorised into those who smoke (daily or occasionally), ex-smokers and those who have never smoked regularly. Respondents who had tried cigarettes and had smoked 100 or more cigarettes in their lifetime were classified as ex-smokers, while those who had smoked less than 100 cigarettes classified as having never smoked.

Reducing harmful levels of alcohol use

Excessive alcohol consumption increases the risk of some health conditions, including coronary heart disease, some cancers, stroke, blood pressure, liver and pancreatic disease. It also increases the risk of accidents and mental illness.

Respondents were asked about their alcohol drinking habits, including how many days a week they usually drink and how many drinks they usually have. The information was categorised into risk levels based on the 2009 National Health and Medical Research Council guidelines (which categorise any drinking by children and young people under 18 years of age as risky drinking).

Lifetime risky drinking is the potential for alcohol-related harm over a lifetime of drinking, for healthy men and women drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol related disease or injury.

Single-occasion risky drinking is the risk of harm due to a single occasion of drinking and for healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

For women who are pregnant, planning a pregnancy or breastfeeding not drinking is the safest option. (National Health and Medical Research Council, 2009)

Table 2 on the next page summarises risk factors and their prevalence in the Shire of Murray and Western Australia.

Table 2: Prevalence of lifestyle risk factors for adults (aged 16 years and over), Shire of Murray, LGA, and Western Australia, January 2010 – December 2016.

	Shire of Murray		WA
	Prevalence Estimate	**Estimated population**	**Prevalence Estimate**
Currently smokes	12.0*	1,633	13.1
Eats less than 2 serves of fruit daily	50.9	6,941	48.6
Eats less than 5 serves of vegetables daily	74.6	10,167	88.9
Eats fast food at least weekly	29.7	4,049	33.8
Risky/high risk drinking for long term harm (a)	38.6	5,263	31.5
Risky/high risk drinking for short term harm (b)	15.2*	2,075	12.9
Spends 21+ hours per week in sedentary leisure time	38.0	5180	32.4
Insufficient physical activity (c)	36.7	4,826	36.5
Injury (d)	27.4	3,732	23.3

Source: WA Health and Wellbeing Surveillance System, Epidemiology, DOH.
Notes:
This information is based on responses from 230 adults within the Murray (S) Local Government Authority and 44379 adults within the State.

* Prevalence estimate has a relative standard error between 25 per cent and 50 per cent and should be used with caution.

(a) As a proportion of all adult respondents 16 years and over. Drinks more than 2 standard drinks on any day. Any alcohol consumption by persons 16 or 17 years classified as high risk.

(b) As a proportion of all adult respondents 16 years and over. Drinks more than 4 standard drinks on any day. Any alcohol consumption by persons 16 or 17 years classified as high risk.

(c) Completes less than 150 minutes of physical activity per week (adults 18+ years)

(d) Injury in the last 12 months requiring treatment from a health professional.

Physiological risk factors

Physiological risk factors such as high cholesterol, high blood pressure, and overweight or obesity can be major contributors to ill health and chronic disease. These risk factors are expressed through physical changes in the body and are highly interrelated (Australian Institute of Health and Welfare, 2016). They can be managed through a combination of medications, population-based interventions and modification of lifestyle behaviours.

Blood pressure

High blood pressure is a major risk factor for the development of coronary artery disease, stroke and renal failure.

Cholesterol level

Cholesterol is a fatty substance produced by the liver and carried by the blood to the rest of the body. Its natural function is to supply material for cell walls and hormones, but high blood cholesterol can form plaque that clogs the blood vessels supplying the heart and certain other parts of the body. High blood cholesterol can be a major risk factor for coronary heart disease, ischaemic stroke and peripheral vascular disease (Australian Institute of Health and Welfare, 2016).

Body weight

Being overweight or obese can contribute to the development of chronic conditions, such as cardiovascular disease, type 2 diabetes, osteoarthritis, some cancers and sleep apnoea. Excess body weight increases the risk of chronic disease and mortality exponentially (Hruby et al 2016). Respondents were asked how tall they are and how much they weigh. A body mass index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared, after adjustment for errors in the self-reported height and weight. The BMIs were then categorised. Adults with a BMI greater than 25kg/m^2 are considered to be overweight, and those with a BMI greater than 30kg/m^2 obese. BMI may not be a suitable measure for athletes who have a muscular build, older people and some ethnic groups.

Obesity

Obesity is the result of many complex systems, these include food supply, transport, urban design, business, socio-cultural, marketing, communications, education, health, trade, legal, economic, and governance systems (World Obesity Federation, 2015). Rates of overweight and obesity among adults have increased over time, driven by a general increase in Body Mass Index (BMI). Since 2002, there has been a significant increase in the mean BMI for both men and women (Tomlin et al, 2015).

Table 3: Prevalence of physiological risk factors for adults (aged 16 years and over), Shire of Murray, LGA & Western Australian, January 2010 – December 2016.

Risk factors	Shire Murray		WA
	Persons (%)	Estimated population	Persons (%)
Current high blood pressure (a)	23.1	3,143	16.5
Current high cholesterol (b)	21.4	2,920	18.6
Overweight (C)	40.6	5,539	39.3
Obese (c)	34.8	4,738	27.5

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

Notes:
This information is based on responses from 230 adults within the Murray (S) Local Government Authority and 44379 adults within the State.

(a) Currently have high blood pressure or take medication for high blood pressure. Of those who have had their blood pressure measured.

(b) Currently have high cholesterol or take medication for high cholesterol. Of those who have had their cholesterol measured.
(c) BMI of 25 to < 30 = overweight; BMI of 30+ = obese. Self-reported height and weight have been adjusted for under-reporting (i.e. over-estimating of height and under-estimating of weight).

Mental health

Mental health conditions include short-term conditions, such as depression and anxiety, and long-term conditions, such as chronic depression and schizophrenia. Mental health problems are associated with higher rates of death, poorer physical health and increased exposure to health risk factors.

Mental health involves the capacity to interact with people and the environment and refers to the ability to negotiate the social interactions and challenges of life without experiencing undue emotional or behavioural incapacity. Mental health is also referred to as psychosocial health, as it involves aspects of both social and psychological behaviour.

Psychological distress

Psychological distress may be determined in ways other than having been diagnosed or treated for a mental health condition. The Kessler 10 (K10) is a standardised instrument that measures psychological distress by asking ten questions about levels of anxiety and depressive symptoms experienced in the past four weeks. Each item on the K10 is scored and then summed, resulting in a range of possible scores from 10 to 50. These are then categorised into low, moderate, high and very high levels of psychological distress. Low level psychological distress is regarded as not requiring any intervention, moderate and high levels require self-help, and high and very high levels require professional help.

Feeling lack of control

Perceptions of control relate to an individual's belief as to whether outcomes are determined by external events outside their control or by their own actions. Feelings of lack of control have been found to have adverse effects on health and to increase the risk of mortality.

Table 4: Prevalence of psychosocial risk factors for adults (aged 16 years and over), Shire of Murray & Western Australia, 2016.

Risk factors	Shire of Murray		WA
	Persons (%)	Estimated population	Persons (%)
High/very high psychological distress	8.7*	1181	8.2
Mental health problem (a)	9.7*	1317	14.5
Stress related problem (b)	6.6*	898	9.1
Anxiety (b)	4.6*	633	8.0
Depression (b)	7.0*	957	8.2

Source: Epidemiology Branch, 2018, Murray (S) LGA Health Profile, 2010-2016, HWSS, WA. Department of Health: Perth.

Injury

Injuries are often described as unintentional and intentional. Unintentional injuries include most transport, poisoning, falls, drowning, and fire and burn injuries. Intentional injuries include interpersonal violence, suicide and self-harm. In some cases it may not be possible to determine whether an injury has been intentional or unintentional.

Community injuries are those that are typically sustained in places such as the home, workplace or street. They do not include injuries due to complications of medical or surgical care, or other unclassified injuries.

The burden that injury places on the health care system, through hospitalisation, disability and premature death makes injury a serious public health issue**.** Table 5 on the next page shows the number and rates of hospitalisations due to injury and poisoning in the Shire of Murray and Western Australia.

Table 5: Number and rates of hospitalisations due to injury and poisoning by injury category and age groups, Murray LGA, WA, 2014 - 2018 (combined).

Injury category	Numbers by age group					Total	Age group specific rates					ASR	ASR LCI	ASR UCI
	0-14	15-24	25-44	45-64	65+		0-14	15-24	25-44	45-64	65+			
Transport accidents	37	78	99	49	45	308	208.6	840	464.2	211.3	244.6	383.4	339	427.8
Accidental falls	97	26	53	129	426	731	546.9	280	248.5	556.2	2316	677.8	626.7	728.8
Exposure to mechanical forces	88	78	119	121	72	478	496.2	840	558	521.7	391.4	561.8	509.3	614.2
Accidental drowning, submersion, threats to breathing	6	N/A	0	0	N/A	10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Exposure to electricity, radiation, extreme temperature/pressure	0	0	N/A	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Exposure to smoke, fire, flames, hot substances	7	N/A	6	8	8	33	39.5	43.1	28.1	34.5	43.5	38.4	24.7	52.1
Exposure to venomous plants, animals, forces of nature	10	N/A	9	7	N/A	31	56.4	21.5	42.2	30.2	16.3	36.6	23.3	49.8
Accidental poisoning	11	N/A	6	8	6	33	62	21.5	28.1	34.5	32.6	37.8	24.4	51.2
Other external causes of accidental injury	19	67	99	93	56	334	107.1	721.5	464.2	401	304.4	389.7	346.1	433.3
Intentional self-harm	N/A	14	17	11	N/A	47	5.6	150.8	79.7	47.4	21.7	60.8	42.7	78.9
Assault & other injury caused by other person(s)	N/A	12	19	17	N/A	52	11.3	129.2	89.1	73.3	10.9	68.7	49.5	87.9
Event of undetermined intent	0	N/A	N/A	5	0	7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adverse effects due to drugs & other substances	7	5	6	5	12	35	39.5	53.8	28.1	21.6	65.2	36.3	23.5	49
Medical misadventure	N/A	0	N/A	10	5	18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Abnormal reaction following procedure	25	20	102	188	301	636	141	215.4	478.3	810.6	1636	606.6	557	656.2
Total	**307**	**300**	**535**	**651**	**931**	**2753**	**1714**	**3317**	**2508**	**2742**	**5083**	**2898**	**2566**	**3229**

Source: WA Hospital Morbidity Data System, Epidemiology, DOH.

All rates are per 100,000 population. ASR = Age-standardised rate ; ASR LCI=95% lower confidence limit for ASR; ASR UCI=95% upper confidence limit for ASR.

Note 1: Counts less than 5 have been suppressed in this report to protect privacy and data confidentiality.

Note 2: Age standardised rates are not provided when the total event numbers for the population being studied are less than 20 due to unreliable rates that are derived.

Notifiable diseases

Under the Western Australian Health Act of 1911 and following the recent enactment of the Public Health Act 2016 (Part 9), any medical practitioner or nurse practitioner attending a patient who is known, or suspected, to have a notifiable disease has a legal obligation to report it to the WA Department of Health (DOH). In addition, laboratory notification is mandatory for all notifiable diseases.

Notifiable diseases are entered into the **Western Australian Notifiable Infectious Diseases Database (WANIDD)** and cross-checked for duplication. Some diseases, including suspected meningococcal disease and measles, require the practitioner to notify the DOH urgently by telephone and these are marked on the notification form.

Communicable disease notifications are used to inform public health interventions and enhance the prevention and control of these diseases. The data for notifiable diseases are shown in Table 6.

Table 6: Notifiable diseases, 2011 – 2015, Shire of Murray, Metropolitan area & Western Australia.

	Murray, LGA	Metro	WA State
Enteric disease	221.5	167.9	179.6
Vector borne diseases	269.3	76.6	87.8
STI's	582.4	482.5	541.6
Vaccine preventable diseases	337.9	386.3	397.2

Notifiable diseases (per 100,000 persons, 2011 - 2015). Source: WA Notifiable Infectious Diseases Database, Public Health Division, Department of Health WA.

Key Focus Areas

The overall aspirations and objectives of this Public Health Plan are to create an environment consisting of healthy people and community, healthy places and spaces, and healthy partnerships.

As a result of the findings, three key focus areas have been developed, each containing potential strategies to assist in the identified aspirations and objectives. These are:

1. **Healthy People & Community**

2. **Healthy Places & Spaces**

3. **Healthy Partnerships**

Each of these themes are set out in greater detail in this document, including the associated priority areas and strategies for each.

Key Focus Area 1: Healthy People & Community

The following potential strategies have been identified for future action:

"Support and encourage the community to lead healthier lifestyles by the provision of education and lifestyle opportunities"

Strategies	Actions
1.01 Reduced exposure to alcohol related harm in the community	- Continue to support low alcohol and no alcohol events and activities, both internally and in conjunction with event organisers. - Consider adopting a policy which influences environments supportive of alcohol risk minimisation strategies. - Support the Local Drug Action team in their initiatives.
1.02 Reduced exposure to tobacco smoke in public places	- Continue to promote all Shire events as smoke free. - Maintain smoke free signage at Shire facilities.
1.03 Reduced preventable communicable diseases	- Implement policies and promote strategies to prevent and manage the spread of preventable notifiable diseases. - Provide educational opportunities that raise community awareness of minimising pollutants i.e. impacts of illegal dumping, water contamination. - Maintain and grow existing partnerships with relevant organisations to further develop healthy environments. - Support and promote the WA immunisation schedule to increase vaccination rates for children.
1.04 Increase access to services for a healthy and active community for everyone's needs	- Activate parks, ovals and walking trails, providing connections and shared pathways wherever possible. - Continue to deliver activities and programs that support healthy lifestyle behaviour changes at Shire facilities. - Investigate opportunities to increase healthy food options at Shire facilities and events. - Maintain and continue to strengthen partnerships with local community groups and sporting clubs to promote healthy environments i.e. healthy canteens, safe alcohol provision, smoke free environments. - Facilitate programs and services for young people that promote inclusiveness, participation and recognition within the community.

		-	Work closely with the local Aboriginal community to develop culturally appropriate, community-based initiatives that celebrate Aboriginal heritage.
		-	Support the implementation of multicultural action plans to encourage the participation of Culturally and Linguistically Diverse (CaLD) communities in social, economic and cultural life.
		-	Deliver programs that support disability access and inclusiveness.
		-	Support community events that promote community inclusion and involvement.
1.05	Improved mental health	-	Strengthen the partnership with Act-Belong-Commit.
		-	Support and promote community involvement in activities that encourage a connected and mentally healthy community.
1.06	Support the prevention of avoidable injuries	-	Raise awareness of family violence and continue to partner with referral services and WA Police.
		-	Continue and promote swimming pool inspection barrier programs.
		-	Support state and federal injury prevention campaigns and implement relevant initiatives locally.
		-	Continue to monitor traffic surveys to identify areas of concern to minimise road injuries.
1.07	Improved nutrition	-	Promote healthy eating at Shire events
		-	Promote healthy eating as part of food safety programs and food business inspections.
		-	Support nutrition campaigns in partnership with local community groups and sporting clubs.

Key Focus Area 2: Healthy Places & Spaces

The following potential strategies have been identified for future action:

"Provide healthy places to support and encourage healthy lifestyle opportunities in the shire"

Strategies	Actions
2.01 Improved community safety and reduced crime levels	- Support the Community Safety & Crime Prevention Plan. - Support emergency services and continue to review the Local Emergency Management Plan. - Support best practice requirements for encouraging active transport. - Motivate creative design for open space in newly developed areas that meet community needs. - Support community groups to establish places that encourage community participation and involvement.
2.02 Conserve, maintain and enhance public areas and streetscapes through the shire	- Implement conservation of remnant vegetation policy. - Support the establishment of sustainable community fresh food initiative i.e. farmers market, local community gardens and edible verge gardens. - Continue to maintain public areas and streetscapes, to enable the community to be active for fun, sport, transport and leisure activities.
2.03 Protect and enhance environmental health	- Implement environmental health strategies and relevant legislation to protect and enhance the health of the community.
2.04 Future development	- Local Planning Strategy to create a comprehensive and strategic direction for the growing community. - Incorporate Health Impact Assessment into the local planning framework. - Consider health opportunities in planning decisions, policies and strategies, including walkability, active transport and liveability.
2.05 Adapt to climate change	- Continue to promote the use of renewable energy. - Encourage and exercise best practice water management. - Promote the waste education program and promote recycling strategies.

	- Implement actions in the Climate Change Mitigation and Adaptation Plan.
	- Consider the impact of climate change on mosquito breeding, and adapt the mosquito program accordingly.

Key Focus Area 3: Healthy Partnerships

The following potential strategies have been identified for future action:

"Work in partnership with government, non-government, community based organisations and members of the community to undertake/deliver/implement public health initiatives"

Strategies	Actions
3.01 Collaborative partnerships with businesses, government and service providers	- Support a local network of service providers to encourage greater collaboration and partnerships for continued growth, economic prosperity and health.
3.02 Develop a sustainable local economy	- Support local businesses including those that offer health promotion services eg personal trainers in public open space. - Provide support and incentive mechanisms for new and existing local businesses that enhance community health, including forums, development of hubs and shared office space.
3.03 Improve access to ample job opportunities locally	- Help identify gaps in service provision and support or partner programs and initiatives run to fill those gaps. - Support a local network of service providers to encourage collaboration and partnerships for sharing of information regarding opportunities.
3.04 Develop a healthy workplace	- Continue to provide a full package of support, training and engagement mechanisms to foster staff development and to support equality in the workplace. - Continue to offer staff a variety of health and wellbeing opportunities.
3.05 Demonstrate strong leadership and good governance	- Provide strong leadership through good governance to ensure public health is considered in operational and strategic decisions.

Resourcing the Plan

The objectives, strategies and actions developed in this plan have been reviewed and prioritised, whilst considering and balancing the finite resource capacity of the Council.

To address the strategies identified in the Public Health Plan, a review of current services and resources was undertaken. The majority of actions in the plan can be undertaken within existing resources across various Shire Departments. Where this is not possible individual budget submission will be made for Consideration on an annual basis.

Measuring Success

The Shire of Murray will regularly track the progress on the completion of the Plan's key focus areas including the period between each review and report to the community through:

- Annual Report

  The annual report is produced at the end of each financial year and highlights the operations and achievements of the Shire during the prior 12 month period. It contains an indication of key priorities from the Strategic Community Plan, Corporate Business Plan, and informing strategies such as this plan.

- Financial Performance

  The proportion of programs and projects funded by the Shire's annual budget will indicate how well the Shire is progressing with the completion of the Plan for a finance and resource perspective.

- Key Performance Indicators

  The Shire's Corporate Business Plan contains key performance indicators and is reviewed annually by Council. These indicators include how the Shire is progressing on key projects, as well as reviewing its operational efficiencies and achievements.

Regularly tracking progress will allow the Shire and the community to keep updated on the Public Health Plan. Opportunity will then be provided for reassessment of key areas of emphasis at the review of the Plan scheduled for 2022.

Evaluation

The Shire's staff will review the Plan annually or as required in accordance with the WA *Public Health Act 2016* to ensure it continues to respond to the needs of the community, and that it remains current.

The Shire's staff will coordinate the annual review in partnership with the South Metropolitan Health Service.

An evaluation will occur towards the end of the Plan cycle, in 2024, consisting of:

- Assessment of progress against outcomes for each goal within the Plan;
- Assessment of performance measures for each priority area;
- Review of key data for the Shire including the social profile, health status, health risk factors, health behaviours and population risk groups; and
- Review of implementation mechanisms for the Plan including partnership terms and arrangements with key stakeholders.

The Shire's staff will prepare and submit an annual report on progress and evaluation findings to the Chief Health Officer of the Western Australian Department of Health.