Shire of Victoria Plains
Space to Grow

Public Health Plan

2026 -2031

Space to Grow
Bolgart Calingiri Gillingarra Mogumber
New Norcia Piawaning Yerecoin

Contents

Acknowledgement of Country

The Shire of Victoria Plains acknowledges the Yued Noongar people as the Traditional Owners and Custodians of land within the Shire and pays its respects to their Elders past, present and emerging.

The Shire recognises the continuing cultural, spiritual and historical connection of the Yued Noongar people to Country and acknowledges the importance of protecting and preserving Aboriginal cultural heritage for future generations.

The knowledge, traditions and contributions of Aboriginal people is valued by the Shire and it is committed to building respectful partnerships that promote reconciliation, cultural understanding and shared stewardship of Country.

1 Executive Summary

The Shire of Victoria Plains Public Health Plan 2026–2031 provides the strategic framework for protecting, improving and promoting the health and wellbeing of the community over the next five years.

The Plan has been developed in accordance with the Public Health Act 2016 (WA), which requires local governments to prepare and implement local plans that are consistent with the State Public Health Plan.

Victoria Plains is a predominantly rural local government area characterised by dispersed settlements, agricultural industries, an ageing population, and close-knit communities. These characteristics present both opportunities and challenges for public health planning.

The Plan adopts a preventative, whole-of-community approach, recognising that health is influenced not only by healthcare services but also by the environments in which people live, work, learn and recreate.

The Plan identifies a range of public health priorities including:

- Healthy lifestyles
- Mental health and wellbeing
- Child, youth and family wellbeing
- Healthy ageing
- Aboriginal health and cultural safety
- Environmental health protection
- Injury prevention and community safety
- Climate change adaptation and resilience
- Emergency preparedness
- Social inclusion and community connection

Actions to address these priorities have been grouped into the five foundational public health functions of Public Health Leadership, Social Environment, Built Environment, Natural Environment and Health Protection.

Implementation of the Plan will occur through annual business planning, partnerships with government agencies, community organisations and health providers, and ongoing monitoring of measurable health outcomes.

Message from the President

It is my pleasure to present the Shire of Victoria Plains Public Health Plan 2026–2031.

The health and wellbeing of our community are fundamental to the future of the Shire. A healthy community is one where people feel safe, connected and supported; where families can thrive, businesses can prosper and residents of all ages can lead active and fulfilling lives.

This Plan represents the Shire's commitment to creating environments that protect and promote health for everyone who lives, works and visits Victoria Plains. While healthcare services play an essential role in our wellbeing, many of the factors that influence health are shaped at the local level. The quality of our reserves and public spaces, the safety of our roads, the strength of our community networks, the protection of our natural environment and our preparedness for emergencies all contribute to the health of our community.

As a predominantly rural Shire, Victoria Plains enjoys many strengths including a strong sense of community, an active volunteer culture, rich agricultural heritage and unique natural and cultural landscapes. At the same time, we recognise the challenges associated with rural living including access to services, an ageing population, workforce pressures and the increasing impacts of climate change and extreme weather events. This Plan provides a practical framework for responding to these challenges through prevention, collaboration and long-term planning.

The actions outlined in this Plan recognise that improving public health is a shared responsibility. Success will depend on strong partnerships between the Shire, community organisations, health providers, businesses, volunteers, neighbouring local governments and, most importantly, our residents. Together we can create opportunities that support healthier lifestyles, strengthen social connections, protect our environment and build a more resilient community.

While the plan has been prepared in accordance with the requirements of the Public Health Act 2016 and aligns with the State Public Health Plan, it reflects the Shire's broader vision for a sustainable, inclusive and prosperous future. It is a living document which will continue to evolve, ensuring that our priorities remain evidence-based and responsive to the changing needs of our community.

On behalf of Council, I thank everyone who has contributed to the development of this Plan and those who will continue to play a role in its implementation over the coming years. I encourage all members of our community to work with us as we strive to make Victoria Plains an even healthier, safer and more connected place to live, work and visit.

Cr Pauline Bantock
Shire President
Shire of Victoria Plains

2 Section A: Background and Health Profile

This section outlines the purpose and scope of the plan and establishes the health and policy context by explaining the current public health landscape, key challenges and the reasons for development of the plan.

2.1 Purpose

This Public Health Plan (the Plan) establishes a coordinated framework through which Council, government agencies, community organisations, businesses and residents can work together to improve health outcomes for the residents of the Shire.

Generally, the Plan aims to:

- protect the community from public health risks
- promote healthy lifestyles
- strengthen community resilience
- improve environmental health
- reduce preventable illness and injury
- support healthy ageing
- improve social wellbeing
- improve health equity

2.2 Scope

The Public Health Plan applies across the entirety of the Shire of Victoria Plains and encompasses all communities, townsites and localities within the local government district. It considers the health and wellbeing needs of all population groups, recognising that different people experience different opportunities, challenges and health outcomes depending on their age, location, circumstances and access to services.

The Plan addresses the broad determinants of health, including:

- environmental health and public health protection;
- physical and mental health and wellbeing;
- healthy lifestyles, nutrition and physical activity;
- climate resilience and emergency preparedness;
- community safety and injury prevention;
- housing, liveability and the built environment;
- social connection, inclusion and community participation;
- access to health, aged care and support services;
- children, young people and families;

- healthy ageing and support for older residents;
- Aboriginal health, cultural recognition and reconciliation;
- disability inclusion and accessibility;
- economic participation, employment and education; and
- biosecurity, food safety and environmental sustainability.

Particularly, the Plan recognises the unique characteristics of the Victoria Plains community including an ageing population, dispersed settlements, the importance of agriculture, volunteerism, emergency preparedness, workforce attraction and retention, transport accessibility and equitable access to health and community services.

Implementation of the Plan will occur through collaboration between the Shire, State Government agencies, health providers, neighbouring local governments, community organisations, schools, emergency services, local businesses and residents.

Actions identified within the Plan will be monitored, reviewed and reported through the Shire's integrated planning and reporting framework to ensure they remain responsive to changing community needs, legislative requirements and emerging public health risks.

By adopting a whole-of-community and whole-of-government approach, the Shire aims to foster a healthy, inclusive, resilient and sustainable community where all people have the opportunity to achieve the highest attainable standard of health and wellbeing.

The mission and vision statements for the Plan are as follows:

2.3 Vision

The Shire is a healthy, resilient and connected community where all people have the opportunity to live healthy, safe and fulfilling lives.

2.4 Mission

The Shire will work collaboratively with its community and partners to create healthy environments, strengthen resilience and reduce preventable health risks.

2.5 Guiding Principles

The Plan is based upon the following principles.

- **Equity**

  Every resident should have opportunities to achieve good health regardless of age, gender, culture, ability or location.

- **Sustainability**

Healthy communities depend upon healthy natural, built and social environments.

- **Prevention**

  Investment in prevention delivers long-term benefits for individuals and communities.

- **Community Participation**

  Residents should be actively involved in identifying priorities and shaping local solutions.

- **Collaboration**

  Improving health requires coordinated action across all sectors.

- **Evidence-Based Decision Making**

  Programs and initiatives will be informed by available evidence and local data.

2.6 Legislation and Policy Context

All local governments are required to plan for the future of their district under s.5.56 (1) of the Local Government Act 1995. While this local health plan has been prepared as a stand-alone document, it is able to be integrated into the Shire's strategic plans in accordance with section 45(3) of the PH Act. Public health planning aligns with, and places a public health lens over, the integrated planning and reporting framework as an informing strategy. This allows a local government to set their priorities within their resourcing capability and deliver short, medium, and long-term community priorities and aspirations.[1]

2.7 Legislative Context

This Plan has been prepared in accordance with the Public Health Act 2016 (the Act) and with consideration of the various associated responsibilities in the following legislation and guidance documents:

- Local Government Act 1995
- Emergency Management Act 2005
- Environmental Protection Act 1986
- Food Act 2008
- Health (Miscellaneous Provisions) Act 1911 (where applicable)

The Act recognises local governments as key agencies responsible for creating environments that protect and promote public health.

2.8 Alignment with Other Guidance Documents

This Plan aligns with the following guidance documents.

[1] Adapted from Source: Healthway Public Health Plan Template

2.8.1 State Public Health Plan 2025-2030 (SPHP)

The SPHS has been developed to guide state and local agencies, non-government organisations, practitioners, and advocates in making decisions about public health planning. The vision of the State's plan is to achieve the best possible health, wellbeing, and quality of life for all Western Australians, now and into the future.

This Shire Plan supports the four overarching objectives of the SPHP, namely:

- **Promote:** Foster strong, connected communities and healthier environments.
- **Prevent:** Reduce the burden of chronic disease, communicable disease, and injury.
- **Protect:** Protect against public and environmental health risks, effectively manage emergencies, reduce impacts of disaster, and lessen the health impacts of climate change.
- **Enable:** Bolster public health systems and workforce, and leverage partnerships to support health and wellbeing

In addition, the following two overarching objectives were identified to be integrated across all other objectives in the SPHP.

1. Aboriginal health and wellbeing: It is essential to apply an Aboriginal cultural lens to all aspects of public health to address systemic racism and strengthen the cultural determinants of health for Aboriginal people in WA. This approach ensures that Aboriginal health and wellbeing are considered in every public health initiative, fostering more equitable and culturally safe models of care.

2. Equity and inclusion: There is an opportunity for targeted engagement and action to empower community groups who may benefit most from support, by addressing the social and environmental determinants that influence health and improving their access to health services. These include, but are not limited to:

- people of Culturally and Linguistically Diverse (CaLD) backgrounds
- people experiencing socio-economic disadvantage
- people living in rural and remote areas
- people with disability
- people living with a mental health condition
- LGBTIQ+SB people
- older people.

For each of the overarching objectives, the SPHP also has a set of priorities which the Shire has considered in the development of this Plan and its complimentary actions.

2.8.2 Shire of Victoria Plains Integrated Strategic Plan 2022 – 2032 (ISP)

The ISP presents the Shire's strategic priorities based on significant consultation undertaken in 2022 with the community. That consultation addressed community and stakeholder responses to issues around health and wellbeing which advised the development of the strategic priorities there-in and, along with the available health indices data, the investigations for this Plan.

This Plan therefore aligns with the various strategic priorities of the Shire's ISP as follows

- Healthy communities
    - 1.1 Healthy, connected and safe communities
    - 1.2 Inclusive community activities, events and initiatives
- Safe communities
    - 1.3 Recreational, social and heritage spaces are safe and are activated
    - 1.4 Support emergency services planning, risk mitigation, response and recovery
- Sustainable environment
    - 3.1 Maintain a high standard of environmental health and waste services
    - 3.2 Conservation of our natural environment and resources
- Economic resilience
    - 2.2 Safe and efficient transport network enables economic growth
    - 2.3 Visitors have a positive experience across our communities
- Effective governance
    - 4.1 Forward planning and implementation of plans to achieve community priorities
    - 4.2 Shire communication is regular, clear and transparent
    - 4.3 Proactive and well governed Shire

2.8.3 Healthway's Local Government Public Health Planning Guide

Healthway developed a Public Health Plan template to simplify the process of developing and delivering Public Health Plans. The template drew on Healthway-funded research, public health data, insights from leading studies and input from health and related agencies and experts.

For consistency of reporting and comparison, the template has been used for the final preparation of this Plan.

2.8.4 Other Informing Documents

Other internal Shire documents informing this Plan include:

- Age Friendly Community Plan 2016
- Disability Access, Inclusion and Equity Plan (updated 2026)
- Sport and Recreation Master Plan 2024
- Communications Plan 2021

3 Current Public Health Landscape

Overall, residents of the Shire enjoy many of the health benefits associated with rural living, including strong community connections, access to open space and a healthy natural environment. However, the community also faces a range of public health challenges that require ongoing planning and coordinated action.

Like many Wheatbelt communities, the Shire has an ageing population, increasing demand for aged care and support services and a relatively small resident population spread across a large geographic area. These characteristics influence access to health care, emergency services, social support and preventative health programs.

3.1 Key Public Health Challenges

The Shire of Victoria Plains enjoys many of the benefits associated with rural living, including a safe environment, strong community networks and a high-quality natural environment. However, the Shire also faces a number of public health challenges arising from its dispersed population, ageing demographic, rural economy and distance from major health services.

This Plan has been prepared to provide a coordinated and evidence-based approach to address those challenges towards improving the health, safety, wellbeing and resilience of its community.

The identified challenges are as follows:

3.1.1 Access to Health Services

One of the most significant public health challenges for the Shire is equitable access to healthcare services. The relatively small and dispersed population means that many primary health, specialist medical, allied health and diagnostic services are located outside the Shire. Residents frequently travel to Moora, Northam, Midland or Perth to access specialist treatment, creating barriers associated with travel time, transport availability and the cost of accessing care.

These barriers have contributed to delayed diagnosis, reduced participation in preventative health programs and poorer health outcomes, particularly for older residents, people with disabilities and those experiencing financial hardship.

3.1.2 Ageing Population

Like many Wheatbelt local governments, the Shire has an ageing population. An increasing proportion of older residents is creating a greater demand for health care, aged care services, home support, accessible infrastructure, social programs and emergency response services.

There is also an increase in the prevalence of chronic disease, falls, social isolation and the need for improved coordinated care between local, regional and state service providers.

3.1.3 Chronic Disease

Chronic diseases continue to represent one of the more significant health burdens for regional Western Australia. Reported conditions include cardiovascular disease, diabetes, respiratory disease, obesity and cancers, all of which are influenced by lifestyle factors, ageing and access to preventative health services.

3.1.4 Mental Health and Social Wellbeing

Mental health is an increasingly important public health issue in the Shire. Farming enterprises are often exposed to prolonged periods of drought, fluctuating commodity prices, biosecurity risks and economic uncertainty, all of which can place considerable pressure on individuals and families.

The geographic isolation experienced by some residents, combined with limited local access to specialist mental health services, has the potential to increase social isolation and anxiety and reduce wellbeing. Maintaining strong community connections, volunteer networks, sporting clubs and local events remains an important protective factor for mental health.

3.1.5 Workforce Attraction and Service Availability

Recruiting and retaining health professionals, aged care workers, allied health practitioners and other essential service providers remains an ongoing challenge within the Shire and surrounding region. Workforce shortages have reduced service availability, increased waiting times and placed additional pressure on existing providers.

The limited availability of housing, employment opportunities for partners and quality community infrastructure also influence the ability to attract and retain essential workers aligned with the community's health needs.

3.1.6 Emergency Preparedness

The Shire is exposed to a range of natural hazards including bushfire, extreme heat, storms and prolonged dry conditions. Climate variability has the potential to affect agriculture, water security, environmental health and community wellbeing.

As a major agricultural district, the Shire also has a vested interest in biosecurity and emergency disease preparedness for both human and animal health. The advent of communicable and animal diseases on the Australian mainland have reinforced the importance of maintaining emergency preparedness, community resilience and effective recovery planning, effective communication, vaccination programs and partnerships with State agencies to respond to outbreaks with potential to impact the Shire.

3.1.7 Road Safety and Agricultural Injury

The Shire's extensive rural road network, heavy agricultural transport movements and reliance on private vehicles contribute to road safety risks. Agricultural work also presents inherent

occupational hazards associated with machinery, chemicals, livestock, confined spaces and remote work environments.

3.1.8 Environmental Health Risks

Environmental health continues to be fundamental to protecting community wellbeing. Key challenges include:

- ensuring safe and sustainable drinking water supplies;
- effective onsite wastewater management;
- food safety compliance;
- waste management and recycling;
- management of pests and vectors;
- air quality impacts from smoke and agricultural activities;
- chemical storage and use; and
- maintaining healthy public facilities and recreational spaces.

3.1.9 Social Inclusion and Community Connection

Although the Shire benefits from a strong community spirit and community facilities, events, recreation opportunities and public spaces are required to be inclusive and accessible to improve mental health, stronger community participation and greater social cohesion, some residents still experience social isolation due to age, disability, distance, limited transport options or changing family circumstances.

3.1.10 Digital Access and Health Literacy

Increasingly, health services in the Shire are delivered through digital technologies including telehealth consultations, online appointment systems and electronic health information. While digital health presents significant opportunities for rural communities, reliable telecommunications, digital literacy and internet access remain challenges for Shire residents.

4 Social and Commercial Determinants of Health

The health and wellbeing of people living in the Shire is influenced by a broad range of social, economic, environmental and commercial factors. While healthcare services are important, the more significant influences on health are the conditions in which people live, work and interact within their communities. The following determinants have been considered in this Plan's development.

4.1 Social Determinants

The following social determinants influencing the health outcomes of the Shire are non-medical factors such as the conditions in which people are born, grow, live, work and age, and the wider set of forces and systems shaping the conditions of daily life in the Shire.

4.1.1 Population and Demographics

The Shire's relatively small and dispersed rural population has an increasing proportion of older residents. That ageing population is creating an increased demand for accessible infrastructure, aged care services, health care, social support and opportunities to enable them to remain active and independent.

4.1.2 Income and Employment

Agriculture is the primary driver of the local economy, with employment centred on broadacre cropping, livestock production, transport, agricultural services and small business. Seasonal conditions, commodity prices and workforce availability influence household income, employment security and financial wellbeing, all of which directly impact on physical and mental health.

4.1.3 Access to Health Services

Residents must travel to regional centres or the metropolitan area for general practice, specialist medical care, allied health services and hospital treatment. Distance, transport availability and travel costs reduce access to preventative healthcare and early intervention services.

4.1.4 Housing

Access to housing for rent or purchase is significantly limited. Housing availability is influencing the ability to attract tree-changers and essential workers such as health professionals, teachers, emergency service personnel and skilled tradespeople into the Shire. Safe, affordable and appropriate housing stock is required to support physical health, mental wellbeing and community stability.

4.1.5 Transport and Accessibility

The reliance on private vehicles and the lack of public transport has created barriers to local employment, education, healthcare and social participation, particularly for older residents, young people and those with limited mobility.

4.1.6 Social Connection

Continued improvement in social participation in the Shire's community networks, sporting clubs, volunteer organisations, agricultural groups and community events is required to reduce isolation, support mental wellbeing and bolster community resilience during times of emergency and periods of economic uncertainty.

4.1.7 Recreation and Physical Activity

Access to parks, sporting facilities, walking trails, recreation reserves and community facilities encourages physical activity, healthy lifestyles and social interaction. Well-maintained public spaces contribute to both physical and mental wellbeing.

4.1.8 Education and Lifelong Learning

Limited access to quality education, vocational training and lifelong learning opportunities is contributing to limited employment outcomes and health illiteracy and is impacting on community resilience.

4.1.9 Environmental Health

Clean air, safe drinking water, effective waste management, food safety, wastewater management and healthy public spaces are essential components of community health. Protecting environmental quality supports both public health and environmental sustainability.

4.1.10 Community Safety

Road safety, workplace safety, emergency management, bushfire preparedness and crime prevention all contribute to healthier and more resilient communities. Rural communities also face specific risks associated with agricultural work and heavy vehicle movements.

4.1.11 Digital Connectivity

Improving telecommunications and internet services is increasingly important for accessing healthcare, education, government services, employment opportunities and social connections through digital platforms and telehealth.

4.1.12 Aboriginal Health and Cultural Inclusion

Recognising and respecting the cultural heritage of the Yued Noongar people and fostering culturally safe engagement is contributing to improved social inclusion, reconciliation and community wellbeing.

5 Commercial Determinants

The following relevant commercial determinants of health refer to the ways in which business activities, commercial practices and market forces influence health outcomes in the Shire, either positively or negatively.

5.1.1 Local Food Availability

Access to affordable, nutritious food supports healthy eating and reduces the risk of chronic disease. Rural communities may experience higher food costs, reduced product availability and greater transport-related supply challenges.

5.1.2 Alcohol Availability

Hotels, licensed venues and retail outlets contribute to community life and the local economy but also influence alcohol consumption patterns. Responsible service practices, education and community awareness assist in minimising alcohol-related harm.

5.1.3 Tobacco and Vaping Products

The retail availability and marketing of tobacco and vaping products can influence smoking behaviours, particularly among young people. Public education and smoke-free environments contribute to reducing preventable illness.

5.1.4 Agricultural Chemicals

Agricultural productivity relies upon the responsible use of pesticides, herbicides and fertilisers. Appropriate regulation, training and safe handling practices minimise risks to workers, neighbouring properties and the environment.

5.1.5 Employment Practices

Local businesses influence health through workplace safety, flexible employment, staff wellbeing, training opportunities and supportive workplace cultures. Safe and healthy workplaces contribute to improved physical and mental health outcomes.

5.1.6 Built Environment and Local Business

The location of businesses, community facilities and essential services influences walkability, accessibility, social interaction and economic participation. Developing vibrant town centres will support both community wellbeing and local economic resilience.

5.1.7 Digital Commerce and Services

Increasing reliance on online services and digital transactions creates opportunities to improve access to healthcare, education and government services while also highlighting the importance of digital inclusion and cybersecurity awareness.

6 Our Community

Overall, the Shire experiences health outcomes typical of many rural Wheatbelt communities: an ageing population, a higher burden of chronic disease, increasing demand for aged care and preventive services and challenges associated with geographic isolation.

The following information has been sourced from the Shire's Health and Wellbeing Profile 2011-2020 prepared by the Epidemiology Directorate of the Department of Health in October 2024.

6.1 Health Outcomes Profile

This health profile provides an overview of the health status and health determinants of people in the Shire for the following key areas:

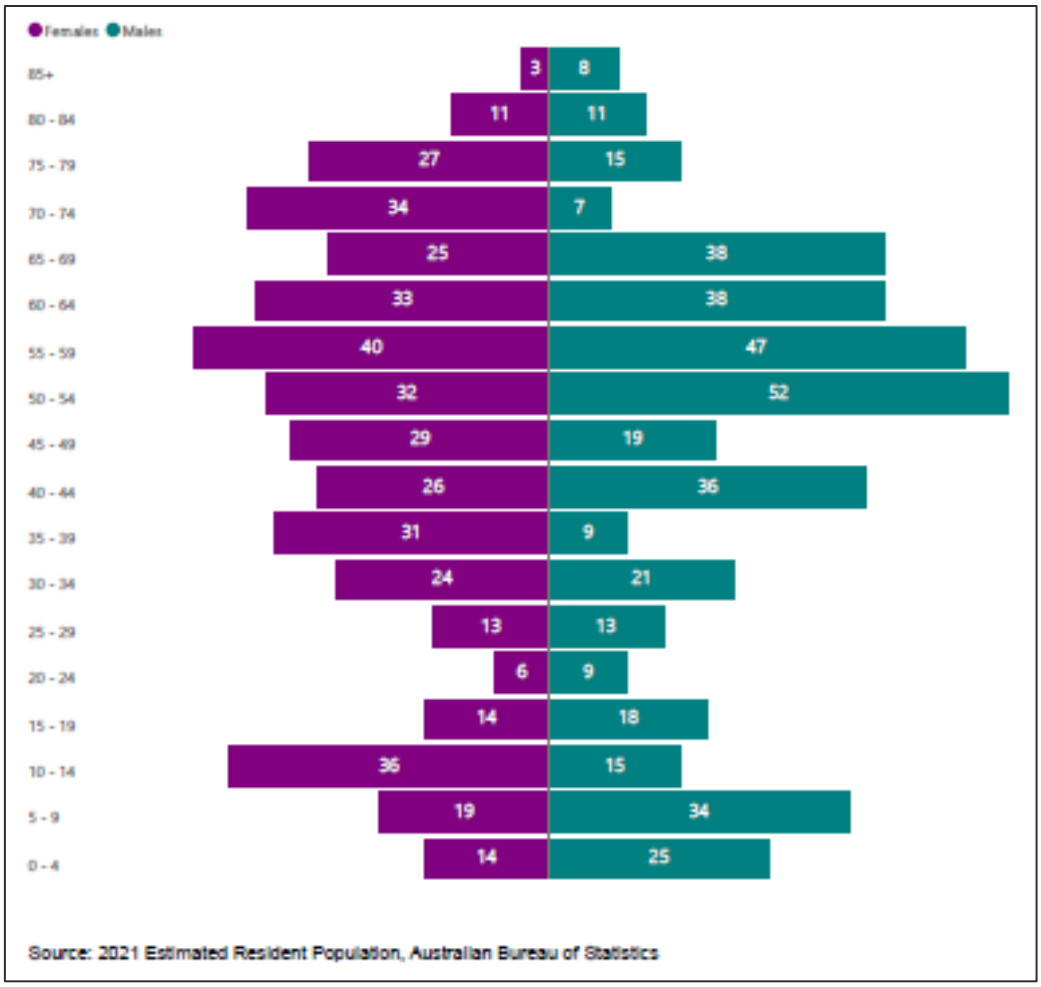
- Population
- Lifestyle-related risk factors (nutrition, physical activity, tobacco use and alcohol use)
- Physiological risk factors (overweight and obesity)
- Alcohol, tobacco and illicit drug-attributable hospitalisations and deaths
- Mental health
- Injury-related hospitalisations and deaths
- Notifiable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

It should be noted that the data used in this report from the Shire's Health and Wellbeing Profile 2011-2020 have been modelled. They do not represent raw values but are smoothed estimates. Details of the modelling methodology and data sources can be found in Epidemiology Directorate (2024a).

6.1.1 Population

As at 30 June 2021, an estimated 832 people lived in the Shire of Victoria Plains. Around 49.9% were male and 50.1% were female. Other selected population measures based on 2021 Census of Population and Housing data are provided in Table 2.

Figure 1. Population by age group (years) and sex



The following table presents some additional selected population measures for the Shire, derived from the ABS 2021 Census.

Table 1 – Additional Population Measures

Population	Measure
Male residents	52.7%
Female residents	47.3%
Median age of residents	48 years
Average household size	3 persons
Identify as Aboriginal and or Torres Strait Islander	5.3%
Persons born overseas	27.7%
Persons who do not speak English at home	18.6%

Residents Living with a Disability	**4.12%**

Housing	Measure
Family Households	**70.2%**
Single (or lone) Households	**28.4%**
Group Households	**1.4%**

Transport	Measure
Travel to Work as driver or passenger	**60.7%**
Walk to Work	**10.4%**

Employment and Income*	Measure
Less than $650 total household weekly income	**13.8%**
Median Family Weekly Income	**$2,200**
Socioeconomic index for areas (SEIFA) score	**429**
Unemployed	**3.1%**
Participated in the labour force	**91.3%**

* Employed people aged 15 years and over

Volunteering/Carer	Measure
Provided unpaid assistance to a person with a disability, health condition or due to old age	**10.3%**
Did voluntary work through an organisation or group (last 12 months)	**27.4%**

7 Lifestyle-related risk factors

7.1.1 Nutrition

Diet has an important effect on health and can influence the risk of diseases such as coronary heart disease, type 2 diabetes, stroke and some cancers.

The Australian Dietary Guidelines outlines the recommended daily serves of fruit and vegetables for adults and children (NHMRC, 2013). One serve of fruit is equal to one medium piece, two small pieces of fruit or a cup of diced fruit. A serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad.

The minimum recommended serves of fruit per day by age are:

- 2-8 years - 1 serve; and
- Over 9 years - 2 serves

The minimum recommended serves of vegetables per day by age are:

- 2-3 years - 2 serves;
- 4-8 years – 4 serves; and
- Over 9 years - 5 serves

In 2020, 52.4% of Shire of Victoria Plains residents ate the recommended serves of fruit daily, 10.6% ate the recommended serves of vegetable daily and 18.8% ate fast food at least weekly.

Among males;

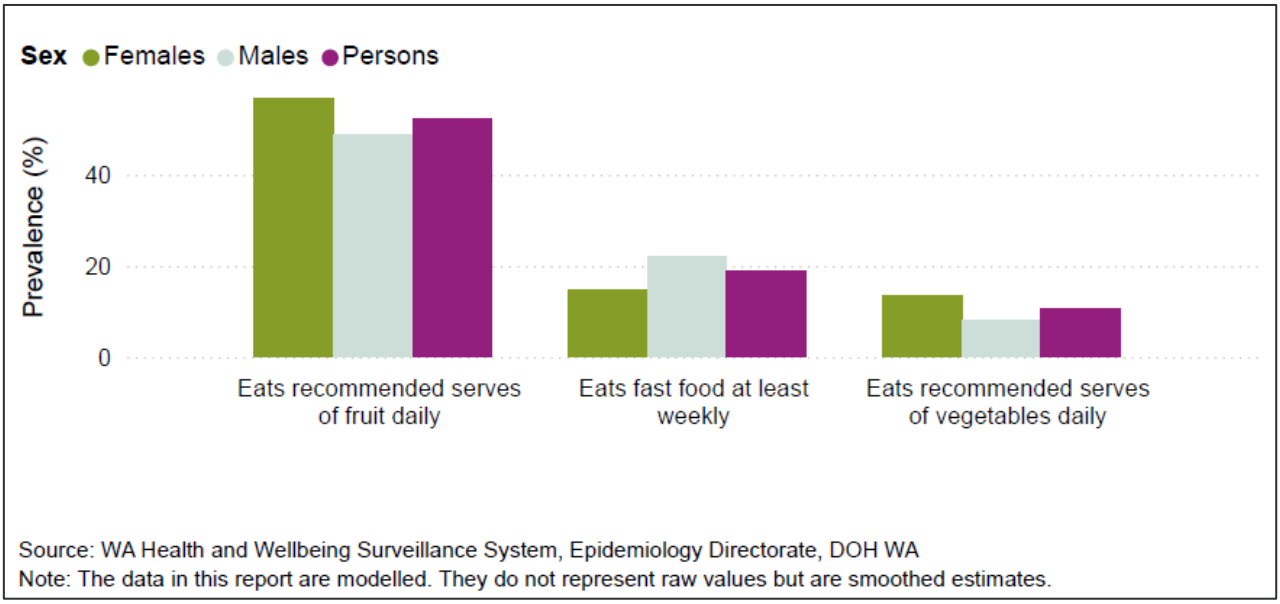
- 48.8% ate the recommended serves of fruit daily, similar to the state average;
- 8.1% ate the recommended serves of vegetable daily, higher than the state average; and
- 22.2% ate fast food at least once a week which was similar to the state average.

For females;

- 56.8% ate the recommended serves of fruit daily, higher than the state average;
- 13.6% ate the recommended serves of vegetable daily, higher than the state average; and
- 14.7% ate fast food at least once a week which was lower than the state average.

All the results for both sexes showed a slight downward trend from 2011 data.

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



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

7.1.2 Physical Activity

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

The 2019 Australian 24-Hour Movement Guidelines for Children and Young People and 2014 Australian Department of Health Physical Activity and Sedentary Behaviour Guidelines outline how much physical activity a person should do, the importance of reducing the time spent sitting or lying down, and how much sleep people should get. Needs vary depending on a person's age.

The 2014 guidelines recommended that;

- adults aged 18 to 64 years should do at least 75 to 150 minutes of vigorous physical activity or 150 to 300 minutes of moderate physical activity per week; and subsequent advice is that
- for adults aged 65 years and over, 30 minutes of moderate physical activity is preferable every day of the week.

The 2019 movement guidelines for the younger population recommended that children aged between 5 and 17 years complete at least 60 minutes of moderate to vigorous physical activity each day.

For screen-based sedentary time, the 2019 guidelines recommend that;

- for children 0-2 years - no screen time;
- 3-5 years - no more than 1 hr per day
- 5-17 years - no more than 2 hrs per day; and

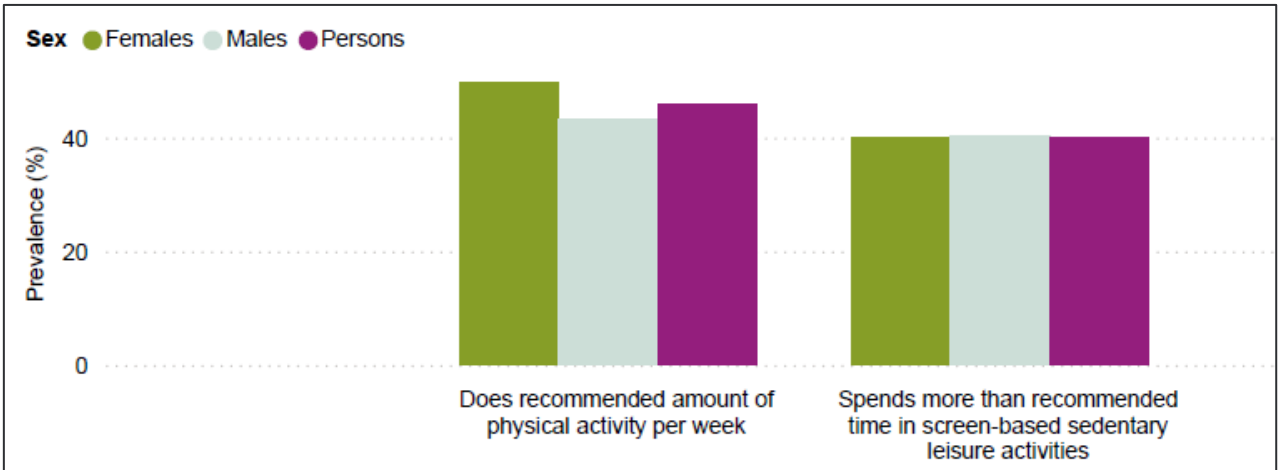
- 18 years and over - while no upper time limit is specified, more than 21 hours per week in screen-based sedentary leisure activities does not meet the guideline.

Shire residents had a similar prevalence of completing the recommended amount of physical activity each week. It is estimated that 43.1% of males and 49.6% of females aged 5 years and over completed the recommended amount of physical activity each week.

In relation to time spent on screened devices, residents spent less time on their screens when compared to the WA State average but 40.2% of males and 40.1% of females of all ages spent more than the recommended time in screen-based sedentary leisure activities.

Results for both sexes showed discernible improvements in sufficient physical activity from 2011 levels, however corresponding increases in sedentary screen time were also evident for males and females.

Figure 3. Prevalence (%) of sufficient physical activity (5 years and above) and sedentary behaviour (all ages) by sex



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

7.1.3 Overweight and Obesity

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

For each respondent to the Profile, their weight and height were used to assign body mass index (BMI) which was then categorised into a weight class. For children, these classifications were derived using age and sex. The overall results include persons 5 years and older.

The weight classes for the BMI ranges are as follows:

- Not overweight or obese - BMI less than 25;
- Overweight - BMI from 25.0 to 29.9; and
- Obese - BMI of 30.0 and above.

Shire residents had a lower prevalence of overweight and a lower obesity prevalence compared to the State. It is estimated that 37.9% of males aged 5 years and over were overweight and 25.5% were obese. In comparison, 27.7% of females aged 5 years and over were overweight and 25.7% were obese.

There was little difference between the 2011 results for overweight for both sexes but similar increases in both sexes for obesity over the same period.

Figure 4. Prevalence (%) of overweight and obesity by sex, 5 years and over

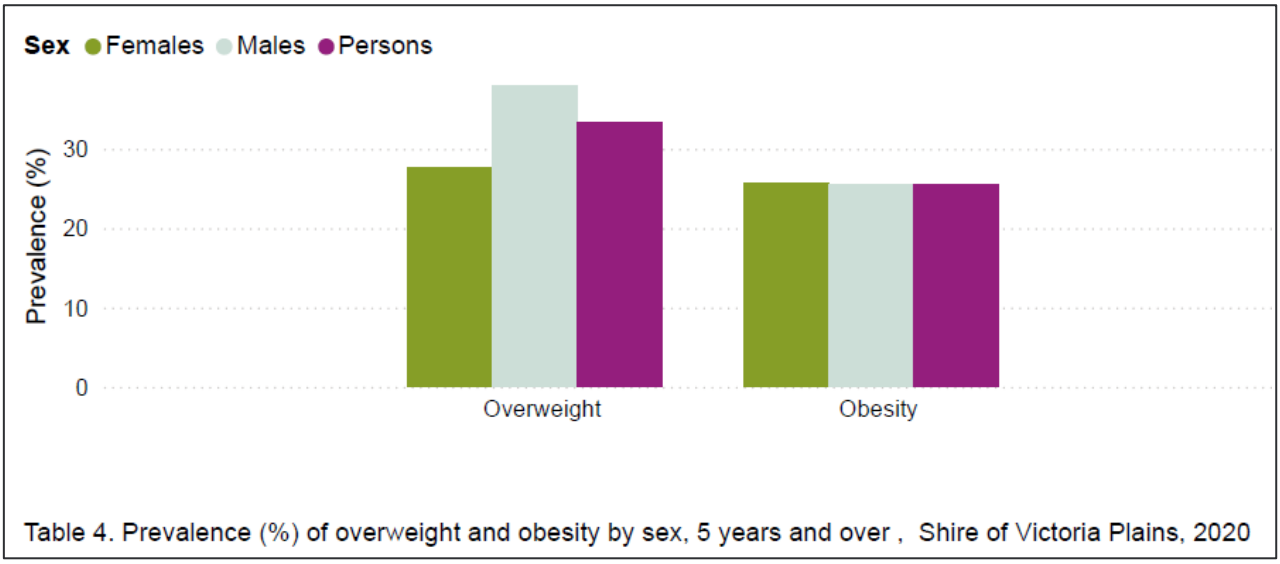


Table 4. Prevalence (%) of overweight and obesity by sex, 5 years and over , Shire of Victoria Plains, 2020

7.1.4 Tobacco Smoking Prevalence

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

Respondents (adults aged 18 years and over) were asked about their smoking status (including cigarettes, cigars, and pipes) and then categorised into those who currently smoke (daily or occasionally) or not. The use of e-cigarettes or vaping were not included.

Residents of the Shire had a similar prevalence of current smoking compared to WA figures. It is estimated that 13.4% of males aged 18 years and over were current smokers compared to 10.2% of females aged 18 years and over.

Since 2011, the numbers of current smokers has dropped markedly in both males and females.

Figure 5. Prevalence (%) of current smoking by sex, 18 years and over

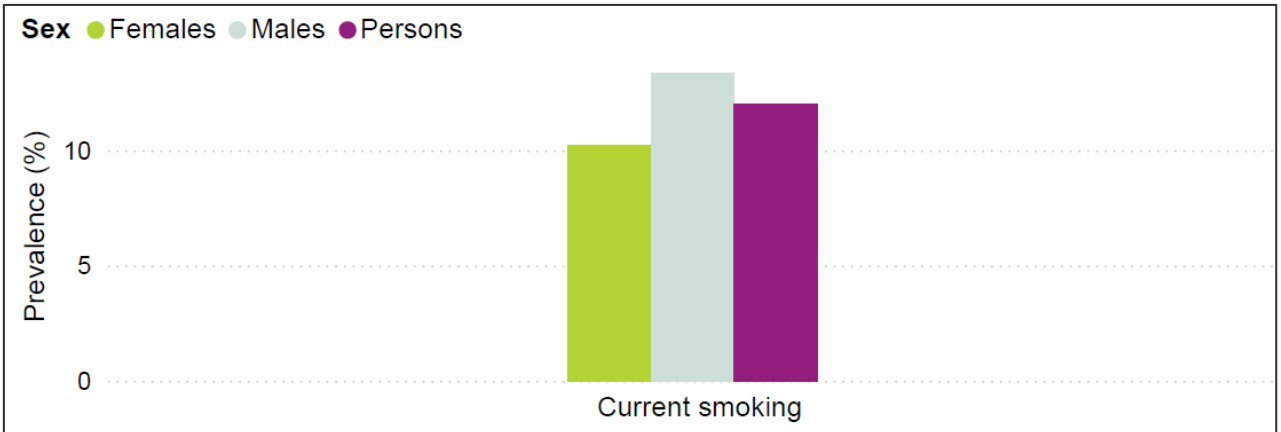


Table 5. Prevalence (%) of current smoking by sex, 18 years and over, Shire of Victoria Plains, 2020

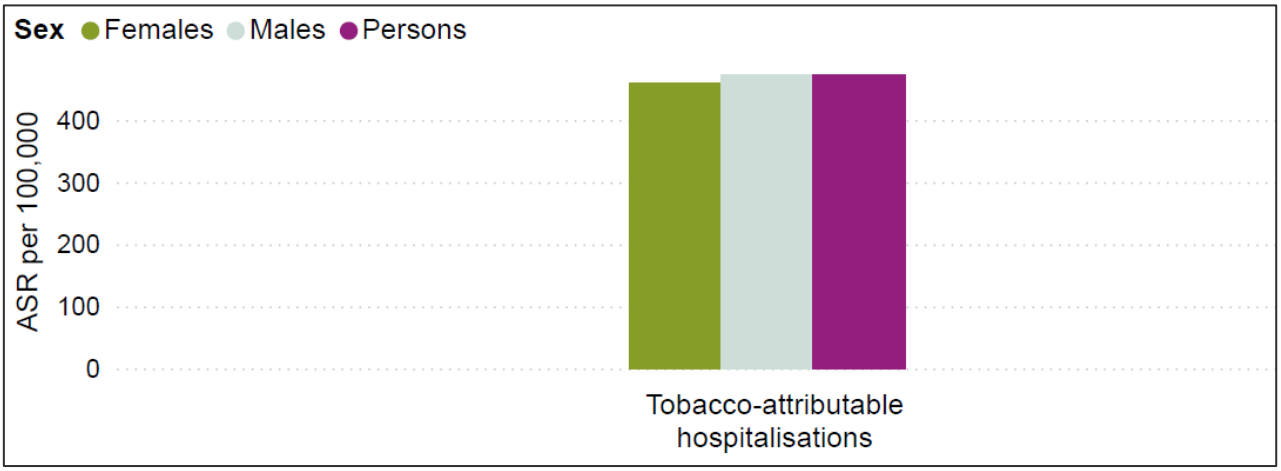
7.1.4.1 Tobacco-attributable hospitalisations

Data for tobacco-attributable hospitalisations estimated that hospitalisations among Shire residents was similar when compared to the WA State rates as follows:

- Among male residents, the rate of tobacco-attributable hospitalisations was 472.2 per 100,000.
- Among female residents, the rate of tobacco-attributable hospitalisations was 459.6 per 100,000.

The age standardised rates of tobacco-attributable hospitalisations for the Shire since 2011 has decreased.

Figure 6. Age standardised rate (per 100,000) of tobacco-attributable hospitalisations by sex



7.1.4.2 Tobacco-attributable Deaths

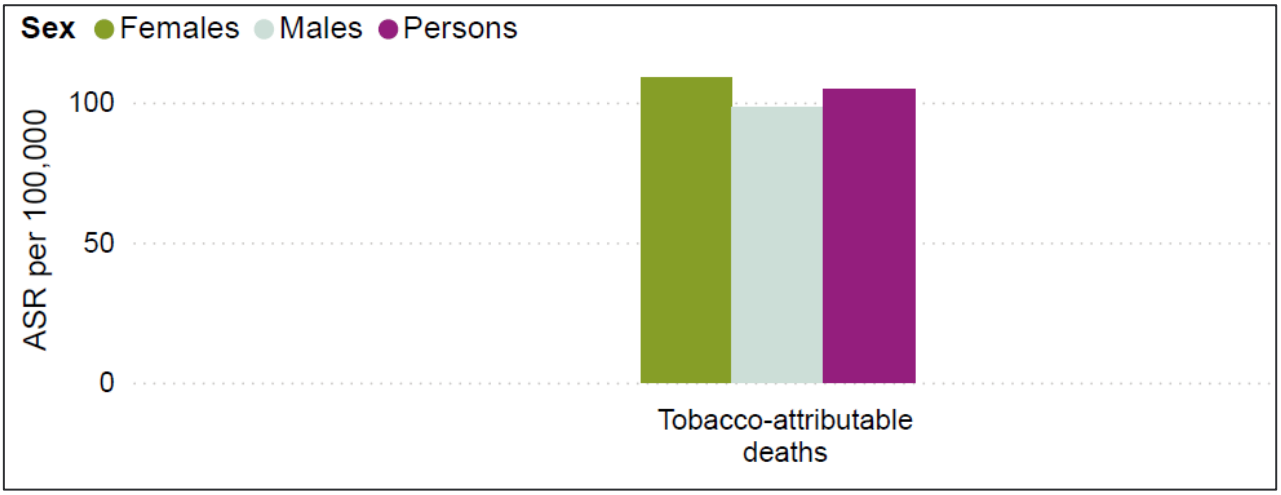
The rate of tobacco-attributable deaths was higher among residents of Shire of Victoria Plains compared to the WA State rate.

Among male residents, the rate of tobacco-attributable deaths was 98.1 per 100,000. This is higher when compared to the WA State male rate.

Among female residents, the rate of tobacco attributable deaths was 109.0 per 100,000. This is also higher compared to the WA State female rate.

For females, this result showed a downward trend over seven years to a rate similar to 2011 levels. For male residents, there has been a steady increase in the rate from that period.

Figure 7. Age standardised rate (per 100,000) of tobacco-attributable deaths by sex



7.1.5 Alcohol Use Prevalence

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

The alcohol consumption information is categorised into risk levels based on the NHMRC 2009 guidelines, which recommends that healthy adults aged 18 years and over should drink no more than 2 standard drinks per day to reduce the risk of long-term harm and no more than 4 standard drinks on any one day to reduce the risk of short-term harm from alcohol-related disease or injury (NHMRC, 2009).

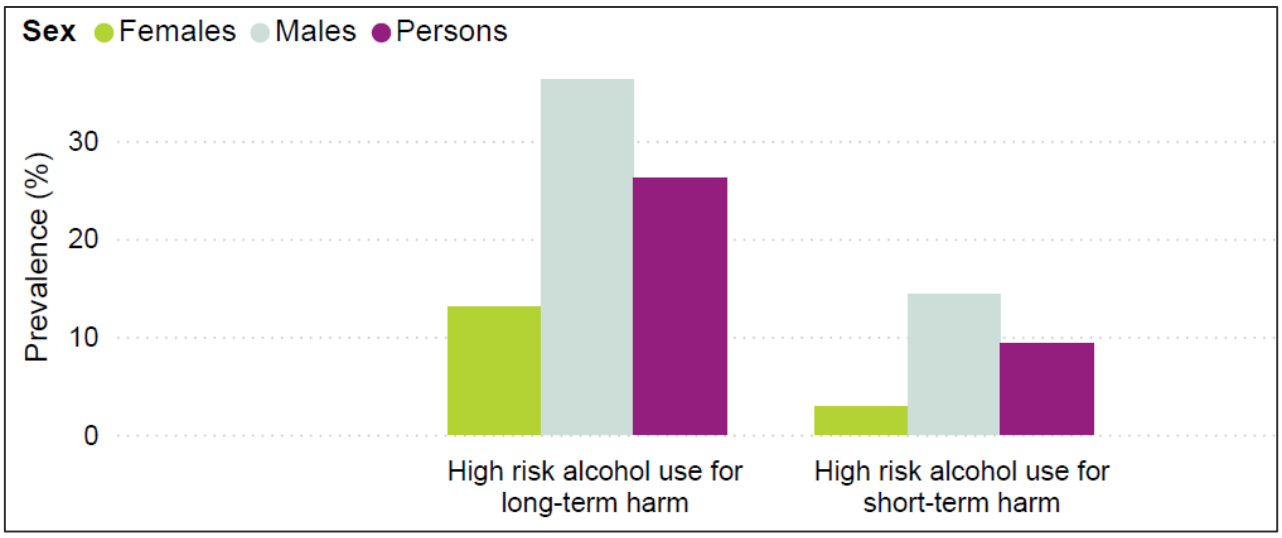
Alcohol use at levels considered to be high risk for short-term harm (4 standard drinks on any one day) in the Shire was similar compared to the WA State average. Similarly, alcohol use at levels considered to be high risk for long-term harm (2 standard drinks on any one day) was similar compared to the WA State average.

It is estimated that 36.3% of males aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 14.3% used alcohol at levels considered to be high risk for short-term harm.

In comparison, 13.0% of females aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 2.9% used alcohol at levels considered to be high risk for short-term harm.

Since 2011, the rates for both short and long-term harm has not changed significantly for females. For males, the rates for both short and long-term harm have steadily dropped over the period.

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



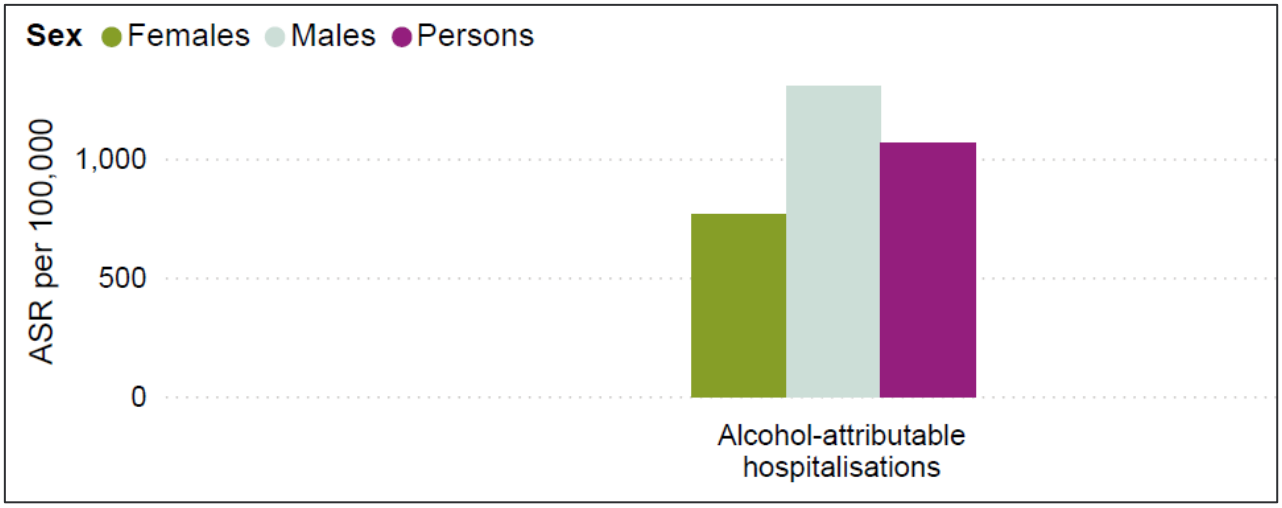
7.1.5.1 Alcohol-attributable hospitalisations

The rate of alcohol-attributable hospitalisations among Shire residents was higher compared to the WA State rate.

Among male residents, the rate of alcohol-attributable hospitalisations was 1304.9 per 100,000. This is higher compared to the WA State male rate. Among female residents, the rate of alcohol attributable hospitalisations was 764.5 per 100,000. This is similar compared to the WA State female rate.

Both of these rates are similar to 2011 levels.

Figure 9. Age standardised rate (per 100,000) of alcohol-attributable hospitalisations by sex

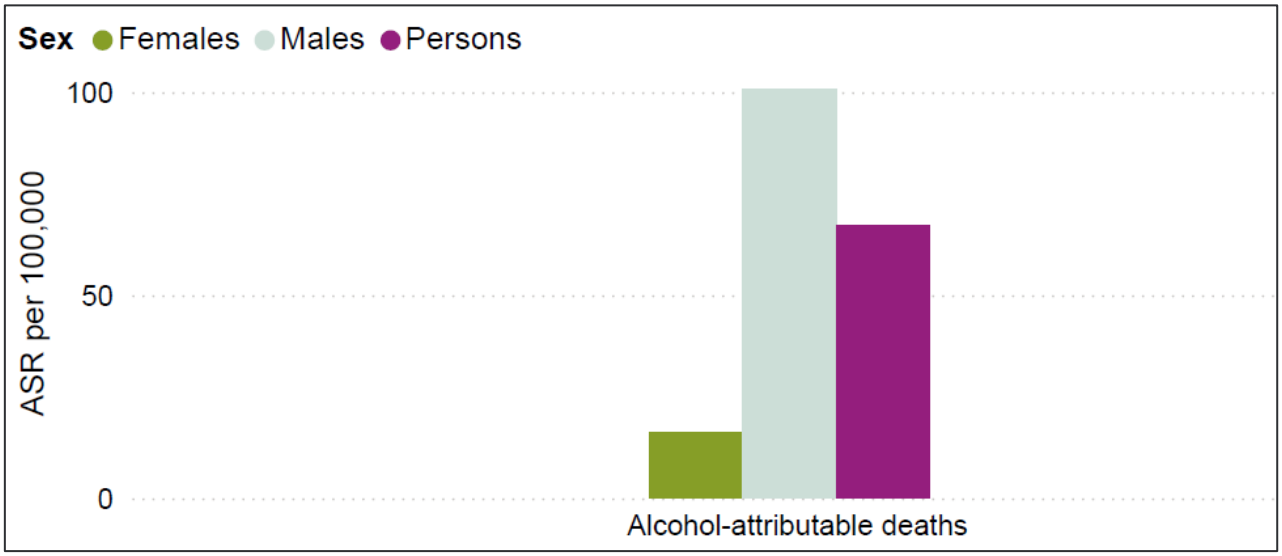


7.1.5.2 Alcohol-attributable deaths

The rate of alcohol-attributable deaths among all Shire residents was higher compared to the WA State rate. Among male residents, the rate of alcohol-attributable deaths was 100.8 per 100,000. This is higher than the WA State male rate. Among female residents, the rate of alcohol-attributable deaths was 16.3 per 100,000 which was similar to the WA State female rate.

For the female rates, there has been a slight increase for the period since 2011, with evidence of a small decline over the last two years of data. For the males, there has been a continuous increase in the rate of alcohol-attributable deaths.

Figure 10. Age standardised rate (per 100,000) of alcohol-attributable deaths by sex



7.1.6 Illicit drug-related harm

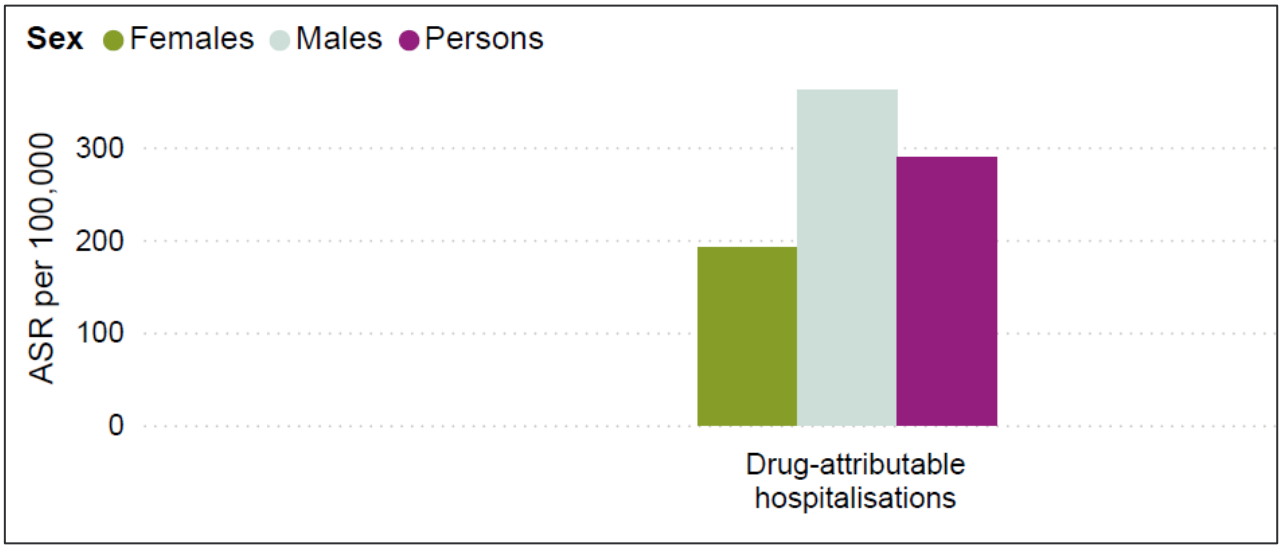
7.1.6.1 Illicit drug-attributable hospitalisations

Ten drug groups contribute to the illicit drugs-attributable conditions and include opioids, sedatives (sedatives and barbiturates and benzodiazepines), anti-depressants, psychostimulants and cocaine, hallucinogens, cannabis, volatile substances, analgesics/antipyretics/antirheumatics, combination/unspecified drugs and other adverse effects of drugs.

The overall rate of illicit drug-attributable hospitalisations among Shire residents was similar compared to the WA State average. However, among male residents, the rate of illicit drug-attributable hospitalisations was 361.2 per 100,000. This is higher than the WA State male rate. Among female residents, the rate of illicit drug-attributable hospitalisations was 192.4 per 100,000. This is lower compared to the WA State female rate.

For both sexes, there has been a decline in drug attributable hospitalisations over the last two years of data with the levels now lower than the 2011 rates.

Figure 11. Age standardised rate (per 100,000) of illicit drug-attributable hospitalisations by sex

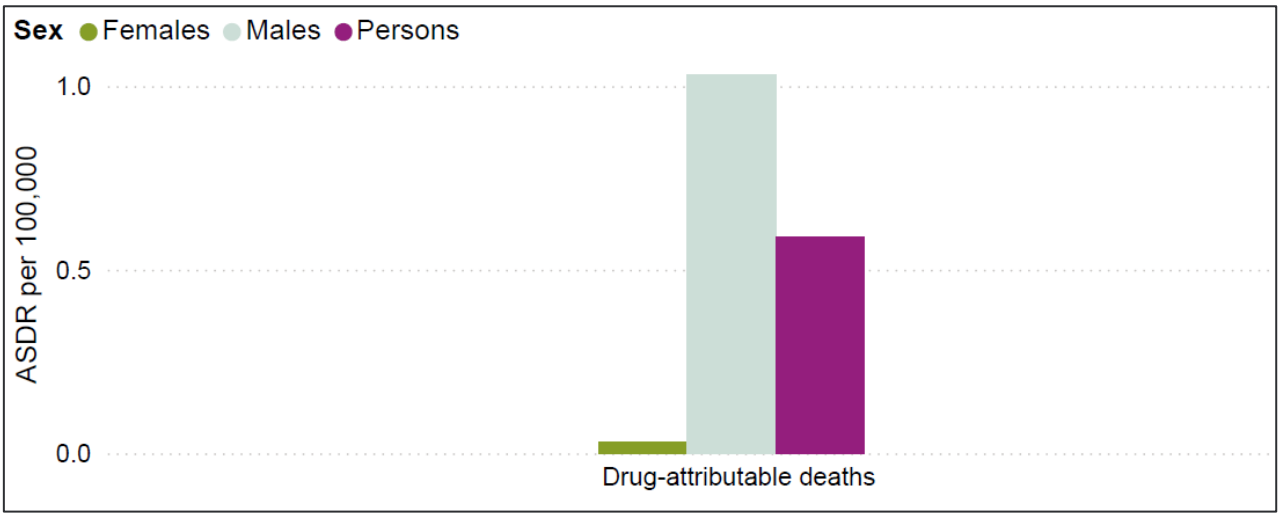


7.1.6.2 Illicit drug-attributable deaths

In 2020, the rate of illicit drug-attributable deaths among Shire of Victoria Plains residents was lower compared to the WA State average.

Among male residents, the rate of illicit drug-attributable deaths was lower than the WA State male rate at 1.0 per 100,000 and the female rate was 0.

Figure 12. Age standardised rate (per 100,000) of illicit drug-attributable deaths by sex



7.2 Mental Health

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

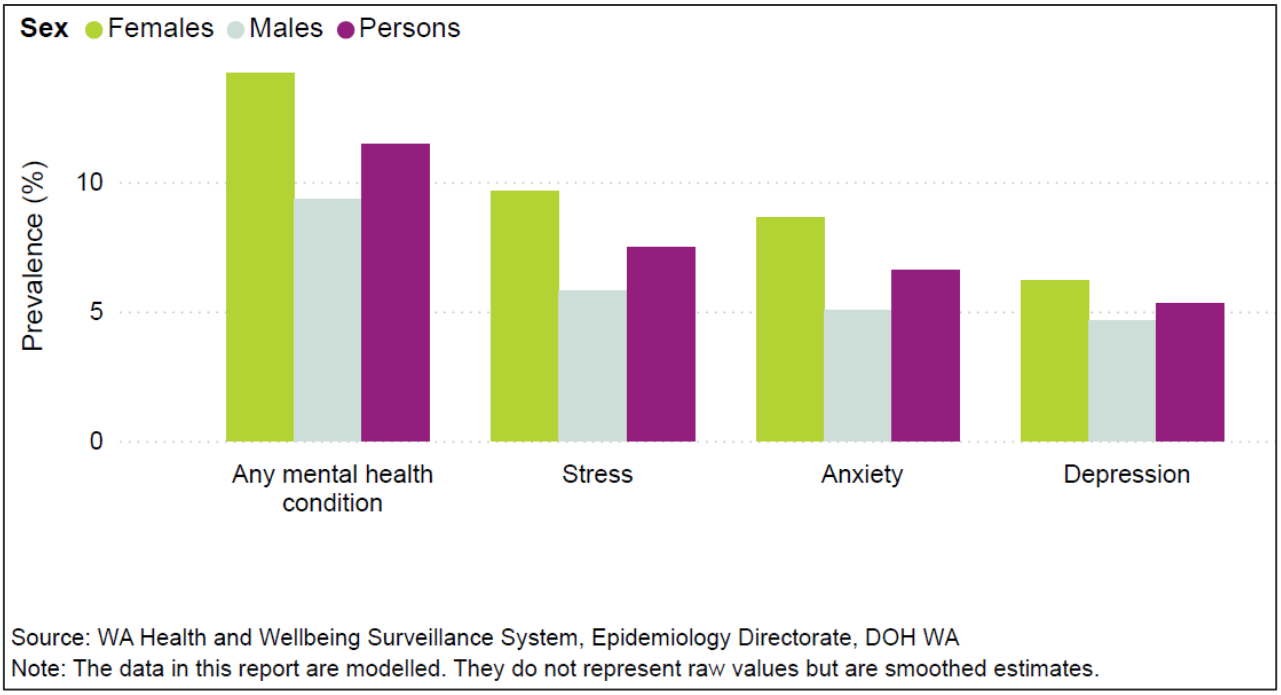
7.2.1 Mental Health Conditions

Shire residents had a lower prevalence of anxiety, a lower prevalence of depression, a lower prevalence of stress, and a lower prevalence of any mental health condition when compared to the WA State prevalence.

Thes levels have remained relatively constant since the 2011 data was collected, with a small increase across 2015 and 2016 for the female results.

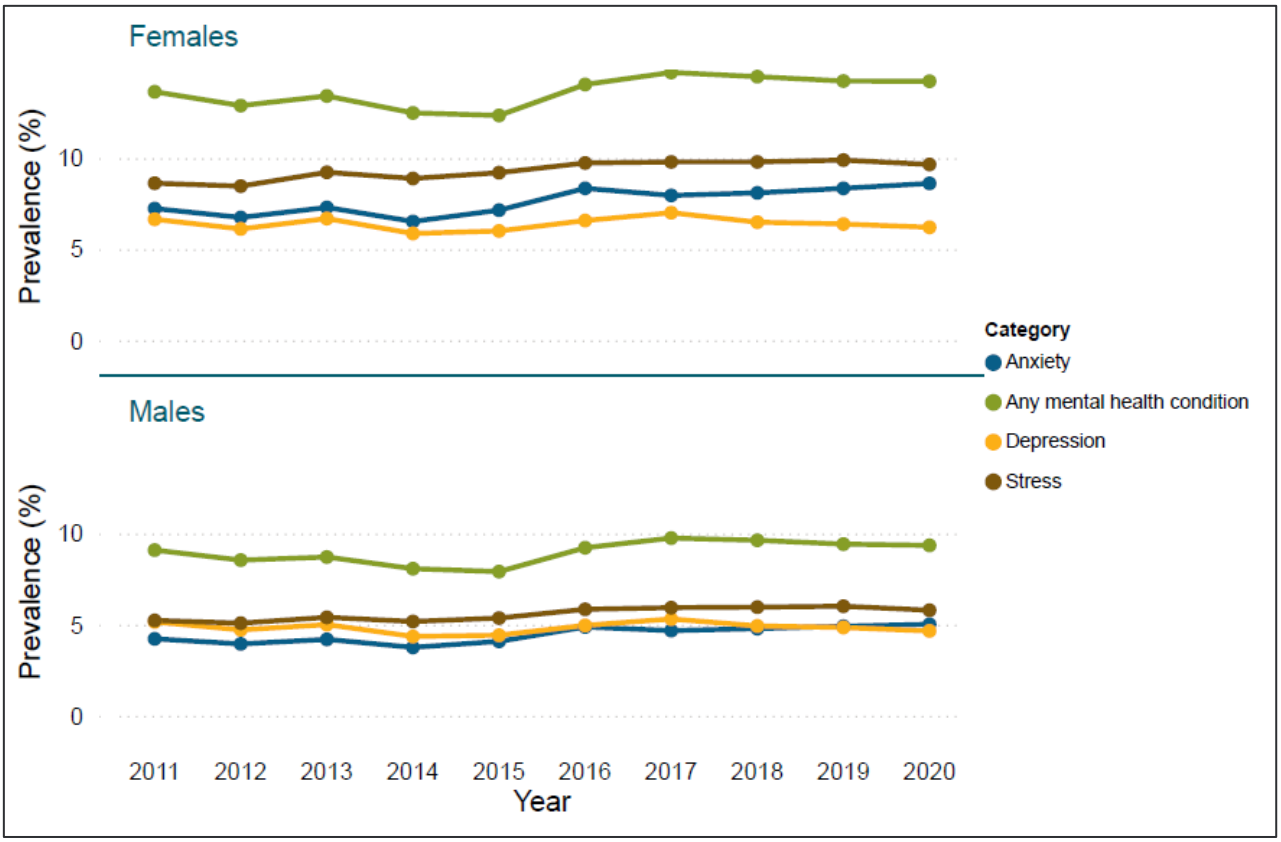
The results for the four condition categories over time are presented in Figure 13 on the next page.

Figure 13. Prevalence (%) of mental health conditions by sex, 16 years and over



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

Figure 14. Prevalence (%) of mental health conditions over time by sex, 16 years and over



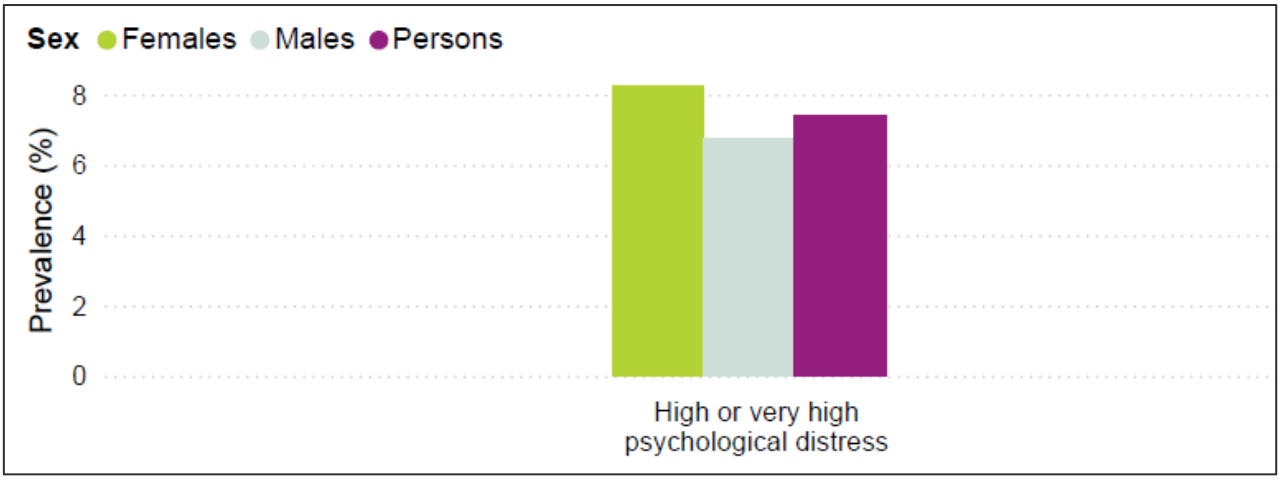
7.2.2 Psychological Distress

Based on a 10-item questionnaire that measures psychological distress asking respondents about levels of anxiety and depressive symptoms experienced in the past four weeks, Shire residents had a similar prevalence of high or very high psychological distress when compared to the WA State prevalence.

It is estimated that 6.8% of males and 8.2% of females aged 16 years and over had high or very high psychological distress.

Data since 2011 has shown that female psychological stress has remained constantly higher than men's but both sexes have shown corresponding rises and falls in rates across the data period.

Figure 15. Prevalence (%) of high or very high psychological distress by sex, 16 years and over



7.3 Injury

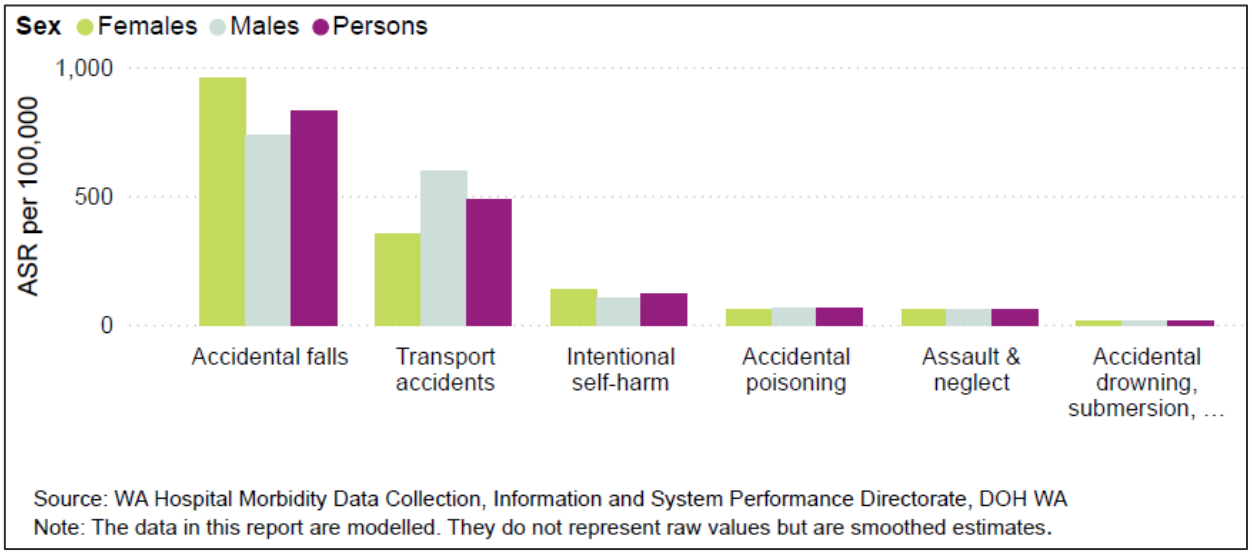
7.3.1 Injury-related hospitalisations

Injury-related hospitalisations were identified using the circumstances of injury, or the activity being undertaken when the injury occurred. While there are a total of 15 major injury causes, only data for the six causes considered to be amenable to prevention by local governments are presented. They are;

- Assault and neglect;
- Intentional self-harm;
- Accidental poisoning;
- Accidental drowning, submersion, threats to breathing;
- Falls; and
- Transport accidents.

Accidental falls was the leading cause of injury-related hospitalisations in Shire residents. Detailed estimated numbers and rates by sex for each injury cause can be found in Table 2. Of the six categories of accidents, accidental falls and transport accidents have been the two prevalent causes.

Figure 16. Age standardised rate (per 100,000) of injury-related hospitalisations by selected injury cause and sex



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

Table 2. Estimated number and age standardised rate (per 100,000) of injury-related hospitalisations by selected injury cause and sex

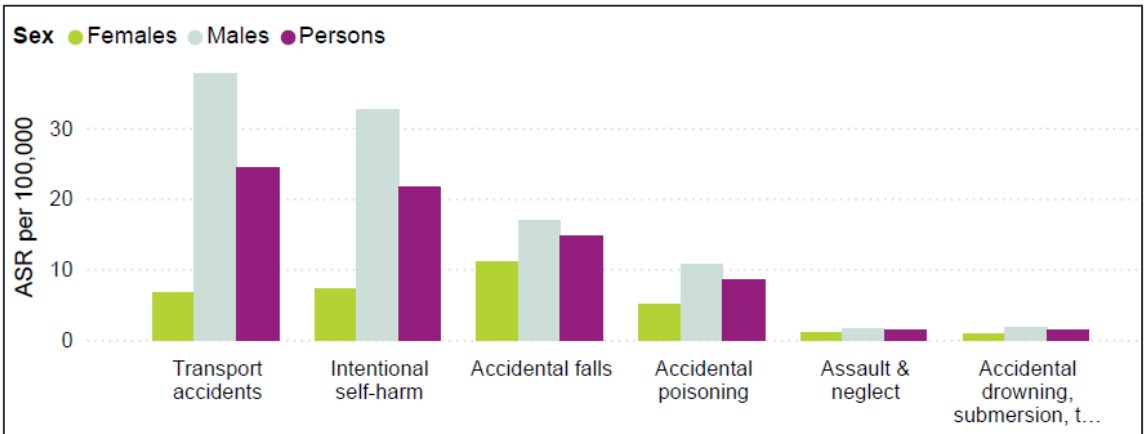
Category	Estimated number	ASR per 100,000	WA ASR per 100,000	Comparison to WA
Transport accidents				
Females	1.0	351.4	174.0	higher
Males	3.0	597.0	386.1	higher
Persons	4.0	486.8	280.4	higher
Accidental drowning, submersion, threats to breathing				
Males	0.0	15.3	27.1	lower
Persons	0.0	16.0	23.0	lower
Females	0.0	16.0	19.0	similar
Accidental falls				
Females	5.0	955.3	1,164.3	lower
Males	5.0	736.9	1,021.6	lower
Persons	10.0	829.7	1,099.2	lower
Assault & neglect				
Females	0.0	57.3	135.3	lower
Males	0.0	59.3	164.9	lower
Persons	0.0	60.6	150.1	lower
Intentional self-harm				
Females	0.0	137.8	221.6	lower
Persons	1.0	120.2	162.6	lower
Males	0.0	101.7	105.6	similar
Accidental poisoning				
Females	0.0	56.4	55.3	similar
Males	0.0	63.6	69.8	similar
Persons	1.0	61.2	62.5	similar

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

7.3.2 Injury-related deaths

Transport accidents was the leading cause of injury-related deaths in Shire. Aside from intentional self-harm, the data for which was suppressed for confidentiality purposes but was recorded as higher in comparison to the state average, results for the other four categories were recorded as 0.

Figure 17. Age standardised rate (per 100,000) of injury-related deaths by selected injury cause and sex



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

7.4 Notifiable infectious diseases

Notifiable infectious diseases were aggregated into five major disease categories. However, the major disease categories of zoonotic diseases and other notifiable diseases were not reported due to the small number of cases.

Sexually Transmitted Infection was the leading cause of notifiable infectious diseases in the Shire. The other two diseases which did not record as 0 were Enteric Infection and Vaccine Preventable Disease.

Figure 18. Age standardised rate (per 100,000) of notifiable diseases by major disease category and sex

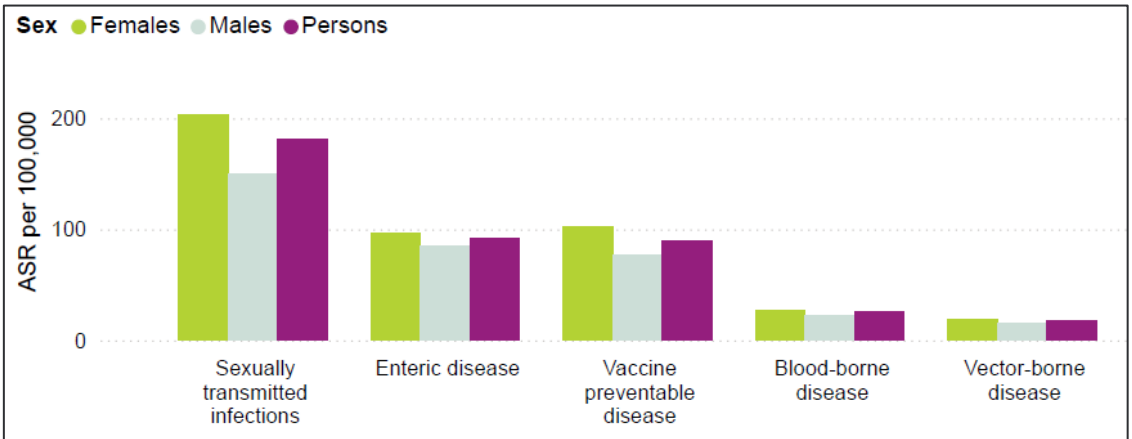


Table 19. Estimated number and age standardised rate (per 100,000) of notifiable infectious diseases by major disease category and sex, Shire of Victoria Plains, 2020

8 Health Environment Profile

The health environment of the Shire of Victoria Plains is also defined by its rural Wheatbelt setting, agricultural economy, dispersed population and natural environment. Environmental factors have a significant influence on community health, affecting water quality, air quality, waste management, food safety, climate resilience, biodiversity, housing and exposure to environmental hazards.

While the Shire enjoys many environmental advantages—including minimal levels of industrial pollution, abundant open space and strong community stewardship—it also faces environmental health challenges associated with climate change, drought, bushfire, agricultural activities and service accessibility.

8.1.1 Air Quality

Current Situation

Victoria Plains benefits from very low industrial emissions, limited traffic pollution, significant areas of native vegetation and the air quality is generally excellent throughout the year.

Potential temporary reductions in quality occur from:

- stubble burning
- bushfire smoke
- dust storms
- mining activities
- harvesting activities
- unsealed roads.

Health Considerations

During these periods of reduced air quality, groups sensitive to those changes such as the elderly, children and people with asthma or chronic respiratory disease may may be significantly impacted.

Future climate change is expected to increase smoke events associated with bushfires.

8.1.2 Water Quality

Safe drinking water remains fundamental to public health.

Current Situation

The following are the principal sources of water in the Shire:

- scheme water supplies within the townsites

- extensive use of rainwater tanks
- farm water supplies
- groundwater resources.

Health Considerations

Potential risks to water quality include:

- contamination of private water supplies
- drought impacts
- declining groundwater availability
- contamination from poorly functioning septic systems.

8.1.3 Wastewater Management

Current Situation

Reticulated sewerage services operate in Calingiri and Yerecoin, while rural properties and commercial activities in the rural areas rely on on-site wastewater treatment systems.

Health Considerations

Effective maintenance and oversight is essential to prevent failure of the systems and to prevent contamination of groundwater supplies.

8.1.4 Waste Management

Current Situation

The Shire manages three licensed landfill facilities and continues to review long-term waste management options.

Health Considerations

Impacts to health from poor landfill management can include contamination of groundwater, fires, wind-blown litter, reduced amenity and the proliferation of feral animals, vermin and insect pests.

8.1.5 Food Safety

Current Situation

The Shire only has a small number of commercial food premises, mobile food vendors, community events and temporary food stalls which are routinely inspected by its environmental health staff.

Health Considerations

Poor food preparation and hygiene practices can result in contamination of food products and foodborne illness.

8.1.6 Climate and Environmental Change

Current Situation

The Wheatbelt continues to experience:

- declining average winter rainfall
- increasing temperatures
- longer heatwaves
- greater drought frequency
- more severe bushfire conditions.

Health Considerations

Potential health impacts of this changing climate can include:

- longer fire seasons
- heat stress
- dehydration
- reduced agricultural productivity
- mental health impacts associated with drought
- increased demand for emergency services.

8.1.7 Bushfire Risk

Current Situation

Bushfire remains one of the Shire's most significant environmental health hazards with fires occurring every year.

Health Considerations

Potential impacts from bushfires include:

- injury and fatalities
- smoke exposure
- mental health impacts
- displacement
- interruption of essential services
- impacts on vulnerable residents.

8.1.8 Agricultural Environment

Current Situation

Agriculture in the shire provides major economic and social benefits and is the largest commercial activity.

Health Considerations

Potential risks to health include:

- dust exposure
- noise
- agrichemical application
- machinery accidents
- zoonotic disease
- grain storage hazards.

8.1.9 Natural Environment

Current Situation

The Shire contains:

- remnant woodland
- native vegetation corridors
- agricultural landscapes
- reserves
- roadside vegetation.

These healthy natural environments contribute to:

- improved mental wellbeing
- opportunities for physical activity
- biodiversity conservation
- ecosystem resilience
- climate regulation.

Health Considerations

Failure to protecting the shire's biodiversity will have significant long-term effects on environmental sustainability and liveability.

8.1.10 Housing and Built Environment

Current Situation

Almost all of the housing in the Shire consists of detached dwellings within low-density settlements.

Health Considerations

Environmental health priorities around existing and future housing include:

- maintaining housing quality
- ensuring safe drinking water
- wastewater disposal
- stormwater management
- energy efficiency
- accessibility for older residents.

Ageing housing stock may require upgrades to improve thermal performance and resilience to extreme weather.

8.1.11 Recreational Environment

Current Situation

Residents of the Shire benefit from:

- sporting facilities
- community parks
- walking opportunities
- recreation reserves
- community halls.

These facilities support physical activity, social connectedness, mental wellbeing and healthy ageing.

Health Considerations

Maintenance of publicly accessible built infrastructure and green spaces is critical to support community health and wellbeing.

The following dashboard provides a snapshot of the current status of the environmental indicators derived from the above list.

Figure 19: Environmental Indicator Dashboard (2026)

Environmental Health Indicator	Current Status	Trend	Risk Level	Priority
Air Quality	Excellent	Stable	Low	Low
Drinking Water Quality	Good	Stable	Low	Medium
Wastewater Management	Good	Stable	Moderate	Medium
♻ Waste Management	Good	Improving	Low	Medium
🍽 Food Safety	High Compliance	Stable	Low	Medium
Bushfire Preparedness	Moderate	Increasing Risk	High	Very High
🌡 Heatwave Resilience	Moderate	Increasing Risk	High	Very High
Agricultural Environmental Health	Good	Stable	Moderate	Medium
Biodiversity & Green Space	Moderate	Improving	Moderate	Medium
Housing Environment	Moderate	Stable	Moderate	Medium
Recreation & Active Spaces	Good	Improving	Low	Medium
🌦 Climate Change Adaptation	Developing	Increasing Need	High	High

9 Community engagement and support

This Plan has been informed by ideas gathered from the community, external organisations, Council members and the Shire's administration during community consultation processes undertaken for the Integrated Strategic Plan in 2021/22 and the Community and Organisation Surveys conducted in April/May 2024.

Community members were asked to rank strategic priorities in order of importance to them. The following table presents the results for the health and wellbeing related strategies from the Integrated Strategic Plan consultation.

Table 3 – Consultation Strategic Priorities

Service/Action	Medium Priority	High Priority
Access to, support and advocacy for local health services		
Provision and maintenance of community buildings, halls and toilets		
Access to services and facilities for indigenous and culturally diverse groups		
Access to services and facilities for people with disabilities		
Bush fire prevention and control		
Natural disaster management and adverse events planning		
Conservation and environmental management including biodiversity, climate change, weed control, water conservation		
Streetscapes, amenity improvement, lighting and development of Town Centres		
Facilities, services and care available for Seniors		
Delivery and support for events, arts and cultural activities		
Sport and Recreation activities, facilities and support		
Support for community groups, volunteers and clubs		
Safety, security and ranger services		
Services and facilities for youth		
Provision of parks, play spaces and public open space		
Waste collection, minimisation, management and sustainability		
Access, support and development of housing options locally		
Provision of footpaths, cycleways and trails for access and recreation		

10 Aboriginal Health in Our Community

The Aboriginal and/or Torres Strait Islander people's population of the Shire in 2021 was 3.85% of the total population at the last census and they have been included within the overall health data provided to the Shire. As a result, no specific aboriginal health data has been presented separately in this document.

The majority of the municipality falls within the traditional ownership of the Yued Noongar people and the Shire has a well-developed relationship with that organisation and their representatives, particularly on matters of land ownership and future land management opportunities.

11 Equity and Inclusion

This Plan has at its heart the empowerment and protection of its whole community and recognises that there are some which may benefit most from support, including;

- People of Culturally and Linguistically Diverse (CaLD) backgrounds
- People experiencing socio-economic disadvantage
- People with disability
- People living with a mental health condition
- LGBTQIA+ people.

12 Section B: Strategic plan

12.1 Priorities

Generally, this Plan aims to:

- protect the community from public health risks
- promote healthy lifestyles
- strengthen community resilience
- improve environmental health
- reduce preventable illness and injury
- support healthy ageing
- improve social wellbeing
- improve health equity

This Plan acknowledges the four overarching objectives of the SPHP, namely

- Promote
- Prevent
- Protect
- Enable

In addition, it recognises that the two overarching objectives of Aboriginal Health and Wellbeing and Equity and Exclusion are to be integrated across all the above objectives.

The development of the Strategic Action Plan included consideration of the priorities under each of the SPHP objectives and linked the proposed actions to those overarching priorities.

The Shire's own priorities were determined after consolidation of the available health status data and community consultation outcomes, and liaison with various agencies and service providers.

The investigations identified the following challenges:

- Access to Health Services
- Ageing Population
- Chronic Disease
- Mental Health and Social Wellbeing
- Workforce Attraction and Service Availability
- Emergency Preparedness
- Road Safety and Agricultural Injury
- Environmental Health Risks
- Social Inclusion and Community Connection
- Digital Access and Health Literacy

When these were coupled with the assessment of the social and commercial determinants of health, it was determined to group the strategic priorities into five foundational public health functions and services as follows;

- Public Health Leadership;
- Social Environment;
- Built Environment;
- Natural Environment; and
- Health Protection.

The table on the following page presents those foundations and the associated strategic priorities.

13 STRATEGIC ACTION PLAN

The following table presents the foundational public health functions and services which will protect and promote the health of the community and support the strategic priorities identified by it. The Strategic Action Plan is presented under the five functions on the following pages.

PUBLIC HEALTH VISION | A HEALTHY RESILIENT CONNECTED COMMUNITY SHARING SAFE AND FULFILLING LIVES					
Foundational Public Health Functions	**Public Health Leadership**	**Social Environment**	**Built Environment**	**Natural Environment**	**Health Protection**
Shire of Victoria Plains public health priorities	• Strategic initiatives • Health literacy • Healthy living environments • Mental Health programs • Improving provider partnerships	• Healthy, accessible and sustainable food and drink • Healthy social connections through activities and programs • Inclusive communities • Healthy and safe events • Thriving body thriving mind: sport and recreation • Healthy and safe communities	• Healthy urban planning and design of communities • Healthy and active travel	• Thriving parks, thriving people • Climate emergency	• Environmental health • Emergency management • Promoting community wellbeing by reducing waste and safeguarding natural resources and environments
Anticipated long-term health goals	• Policies, strategies and programs build environments that enable residents to live active, connected lives. • Health literacy improves, reducing preventable illness and promoting mental wellbeing through awareness and partnership working. • Public spaces and environments model healthy behaviour for future generations. • Mental health is recognised as a critical component of public health through advocacy, awareness campaigns, and partnerships that connect the community to the right support.	• The community can access nutritious food through local outlets and initiatives that encourage healthy eating. • Inclusive programs, events, and activities build belonging and promote mental wellbeing. • Partnerships connect people to services that reduce disadvantage. • Public spaces and events are safe, welcoming and inclusive. • Recreation facilities and programs enable physical activity and mental wellbeing; falls prevention initiatives help older adults stay active. • The community is kept safe through collaborations and partnerships.	• Planning and design make healthy living easy with safe, accessible community and sporting facilities. • Streets and public spaces invite social connection and everyday activity. • Street and infrastructure design improves safety and usability for pedestrians, cyclists and vulnerable users.	• Parks and green spaces make healthy living easy by inviting physical activity, social connection, and mental wellbeing through shade, vegetation and community events. • Climate-smart design reduces heat-related risks, especially for vulnerable populations, and improves air and water quality.	• Proactive monitoring and education reduce health risks from environmental hazards; biodiversity and natural resources are preserved for future generations. • Emergency preparedness is promoted so communities feel confident and informed; systems and planning help communities prepare, respond, and recover from disasters, reducing health risks during emergencies and supporting resilience. • Public messaging encourages responsible waste reduction and resource recovery

Public Health Leadership

Objective: Influence public health commitment through leadership, advocacy and engagement

PRIORITY AREA	DELIVERABLES	ANTICIPATED LONG-TERM HEALTH GOALS
1. STRATEGIC INITIATIVES	1.1 Embed public health and wellbeing principles into the Shire of Victoria Plains' strategic plans, policies, local law reviews and lease agreements.	**PROMOTE** • The community values health and wellbeing because policies and spaces create environments that promote healthy behaviours. • The community feels connected and confident to live active, healthy lives. • Health literacy improves so the community is empowered. **PREVENT** • Fewer preventable health problems occur because environments and education support healthy living. • Mental health is understood to be a critical component of public health through advocacy, awareness campaigns and partnerships that connect the community to the right support. **PROTECT** • Public spaces are safe, clean and healthy, lowering exposure to risks. • The community is protected from influences that harm health and wellbeing. • Actions today help protect future generations from harmful behaviours and model healthier behaviours. **ENABLE** • Strong partnerships and advocacy drive collective action for better health. • Systems and resources make it easier for the community to take charge of their health. • Shire staff are supported to stay healthy and well, so they can deliver positive outcomes for the community.
	1.2 Leverage Shire infrastructure to amplify healthy advertising and promote positive behaviours, increasing community exposure to messages that inspire healthier, more active lifestyles.	
	1.3 Increase exposure to healthy advertising specifically in areas that children and young people may be more likely to frequent.	
	1.4 Maintain a safe and healthy workplace for Shire of Victoria Plains staff by prioritising physical and mental wellbeing, recognising that a well-supported workforce is essential to delivering strong outcomes for the community.	
	1.5 Champion public health through robust advocacy and partnerships to strengthen community health and wellbeing to drive collective impact.	
2. HEALTH LITERACY	2.1 Champion vibrant, community-wide health and wellbeing messaging by delivering bold, creative and inclusive health campaigns.	
	2.2 Strengthen the health, safety and wellbeing of young people in Victoria Plains through tailored education and accessible resources.	
3. HEALTHY LIVING ENVIRONMENTS	3.1 Lead the way in advocating for clean air across Victoria Plains, including smoke- and vape-free spaces, providing strong role modelling for future generations.	
	3.2 Implement proactive alcohol harm prevention strategies that foster safer community events, modelling healthier alcohol behaviours to the community and young people.	
4. MENTAL HEALTH	4.1 Prioritise mental health across the Shire of Victoria Plains by investigating access to inclusive, protective and empowering resources that support mental health and fitness for all.	
	4.2 Reduce stigma surrounding mental ill-health and improve opportunity for good mental health in Victoria Plains through coordinated, evidence-informed campaigns and programs delivered in partnership with external agencies.	
	4.3 Champion the visibility of mental health and available support across the Shire of Victoria Plains by promoting inclusive messaging, accessible services and community-led initiatives that foster awareness and connection.	

Social Environment

OBJECTIVE: Strengthen community connections and champion physical, mental and social health and wellbeing of our community.

PRIORITY AREA	DELIVERABLES	ANTICIPATED LONG-TERM HEALTH GOALS
5. HEALTHY, ACCESSIBLE AND SUSTAINABLE FOOD AND DRINK	5.1 Promote local healthy food outlets and safeguard and signpost community access to healthy food sources.	**PROMOTE** • Local healthy food outlets are promoted, and the community knows where to find nutritious foods. • The community feels connected through inclusive programs and activities that build belonging. **PREVENT** • Healthy eating is encouraged through policy and community initiatives. • Programs reduce health inequities by supporting priority groups and promoting inclusion. • Events and activities enhance social connections and promote physical activity and mental health. • Falls prevention initiatives help older adults stay safe, active and independent. **PROTECT** • Public spaces and events are safe, welcoming, and culturally inclusive. • Access to healthy food and safe environments help to protect future generations. **ENABLE** • Strong partnerships connect people to services that reduce disadvantage and homelessness. • Community goodwill and volunteering opportunities strengthen social connection and resilience. • Modern, accessible recreation facilities and sports programs enable physical and mental wellbeing. • Shire systems and collaborations improve community safety and cohesion.
6. HEALTHY SOCIAL CONNECTIONS THROUGH ACTIVITIES AND PROGRAMS	6.1 Encourage residents to foster a sense of belonging and connection through healthy projects and activities.	
	6.2 Promote inclusive health and wellbeing programs with people from priority groups that face heightened risks of inequity.	
	6.3 Create a welcoming and safe library environment that invites the community to connect, learn and thrive through inclusive spaces and enriching experiences.	
7. INCLUSIVE COMMUNITIES	7.1 Partner with organisations that provide services and assistance to people experiencing housing crisis, to provide information, support and assistance.	
	7.2 Partner with organisations to support the health and wellbeing of individuals and families at risk of socio-economic hardship or other disadvantage.	
	7.3 Harness and promote goodwill opportunities that connect community members with local organisations and fosters participation that contributes to community health, wellbeing and social connection outcomes.	
8. HEALTHY AND SAFE EVENTS	8.1 Deliver and support healthy and safe events throughout Victoria Plains that enhance social connections, reduce social isolation and cultural barriers.	
9. THRIVING BODY THRIVING MIND: SPORT AND RECREATION	9.1 Provide accessible recreation and leisure services for the community to thrive physically and mentally.	
	9.2 Support capacity-building initiatives for local sports clubs to strengthen their ability to promote health, wellbeing and inclusive participation among members.	
10. HEALTHY AND SAFE COMMUNITIES	10.1 Enhance community safety and improve social cohesion through community and stakeholder collaborations and partnerships.	

Built Environment

OBJECTIVE: Well maintained and enhanced infrastructure and places supporting health and wellness

PRIORITY AREA	DELIVERABLES	ANTICIPATED LONG-TERM HEALTH GOALS
11. HEALTHY URBAN PLANNING AND DESIGN OF COMMUNITIES	11.1 Integrate and advocate for an evidence-informed public health lens in urban planning, design and development of the built environment.	**PROMOTE** • Planning and design make healthy living more accessible. Walking, cycling and being active becomes easier. • Streets and public spaces invite social connection and everyday activity. • Community and sporting facilities are safe, accessible and welcoming for everyone. **PREVENT** • Active travel and increased opportunities for recreation help reduce risks for chronic disease onset and support mental wellbeing. • Programs and events build confidence to use sustainable transport options. • Street design enhances usability for pedestrians, cyclists, children and other vulnerable users. **PROTECT** • Built environments and travel networks reduce injury through good design. • Streets prioritise health and safety. • Infrastructure decisions protect future generations by embedding health principles. **ENABLE** • External funding is identified to deliver safe, accessible, high-quality community and sporting infrastructure that meets current and future needs. • Age friendly, safe design supports vulnerable users' mobility and independence to travel around the Shire and its townsites
	11.2 Build accessible, fit-for-purpose and safe community and sporting infrastructure projects that recognise active and passive recreation.	
12. HEALTHY AND ACTIVE TRAVEL	12.1 Create safe, connected travel links that bring people together and support active, inclusive and sustainable travel within the townsites of the Shire.	
	12.2 Through available resources, programs and events, upskill the community to better understand and engage with safe and active methods of travel.	
13. HEALTHY STREETS	13.1 Champion high-quality public realm, healthy built form outcomes and walkable street environments that enable safer, more active and more accessible everyday movement.	

Natural Environment

OBJECTIVE: A sustainable natural environment to support health and wellbeing

PRIORITY AREA	DELIVERABLES	ANTICIPATED LONG-TERM HEALTH GOALS
14. THRIVING PARKS, THRIVING PEOPLE	14.1 Increase, protect and preserve tree canopy to create cooler and shaded public spaces that promote outdoor activity and social connection.	**PROMOTE** • Parks and green spaces encourage outdoor activity, social connection and mental wellbeing. • Tree canopy and vegetation create cooler, more inviting spaces for community use, including for physical activity. • Events and activities in parks promote physical, mental and social health. **PREVENT** • Increased shade (whether natural or built) and greenery help prevent health-related illness, reduce UV exposure and support active lifestyles. • Climate-smart design reduces health risks linked to extreme heat and poor air quality. • Access to nature helps prevent feelings of isolation, increases opportunity for physical activity and recreation and supports good mental health. **PROTECT** • Biodiversity and habitats are safeguarded for future generations. • Air and water quality are monitored and improved to protect community health. • Planning policies ensure buildings and spaces are resilient to climate impacts. **ENABLE** • Partnerships and funding opportunities are explored to deliver high-quality, sustainable parks and infrastructure. • Community capacity is strengthened to adapt to climate change and environmental challenges. • Policies and systems support renewable energy and equitable access to green spaces.
	14.2 Mitigate urban heat island effect through reducing hard stand surfacing and increasing canopy and vegetation coverage.	
	14.3 Design and nurture parks and green spaces that promote physical activity, mental wellbeing and social connection, ensuring every member of the Victoria Plains community can enjoy vibrant, healthy outdoor environments.	
	14.4 Promote physical, mental and social health by sourcing opportunities for activities and events in parks and other green space.	
15. CLIMATE EMERGENCY	15.1 Amend planning policy to improve the environmental performance and resilience of new and existing buildings.	
	15.2 Safeguard access to clean, reliable water for the community.	
	15.4 Lead the Shire's transition to renewable energy.	
	15.5 Champion the transition to renewable energy sources for Shire and residential facilities.	
	15.6 Ensure equitable access to nature (green space and public open space).	
	15.7 Enhance and protect biodiversity through habitat protection, conservation and restoration.	
	15.8 Strengthen community capacity to adapt to climate impacts	

Public Health Protection

OBJECTIVE: Health protection services and programs designed for the community

PRIORITY AREA	DELIVERABLES	ANTICIPATED LONG-TERM HEALTH GOALS
16. ENVIRONMENTAL HEALTH	16.1 Fulfill the Shire's statutory responsibilities for providing health protection for the community, as legislated by the Public Health Act 2016, Food Act 2008, Tobacco Products Control Act 2006, Environmental Protection Act 1986 and the Health (Miscellaneous Provisions) Act 1911, subsidiary legislation and local laws.	**PROMOTE** • The community has access to safe food, clean environments, and healthy practices. • Public messaging encourages responsible waste reduction and resource recovery. • Emergency preparedness is promoted so the community feel confident and informed. **PREVENT** • Health risks from food, asbestos, noise, and environmental hazards are reduced through proactive monitoring and education. • Mosquito management helps prevent communicable disease outbreaks. • Waste reduction strategies prevent environmental harm and protect community wellbeing. **PROTECT** • Air and water quality are safeguarded to protect health. • Emergency management systems help communities prepare, respond and recover from disasters. • Compliance with health laws and regulations protects the community from harm. • Biodiversity and natural resources are preserved for future generations. **ENABLE** • Partnerships support strong environmental health systems so the community feels protected from environmental harm. • Clear guidance and education empower businesses and residents to meet health standards.
	16.2 Monitor regulated businesses, buildings and facilities to minimise community exposure to public health and safety risks.	
	16.3 Support and encourage our local businesses to provide safe and healthy food environments to our community.	
	16.4 Proactively manage mosquitoes to reduce the impact of mosquito-borne disease in the community.	
	16.5 Review, improve and deliver the Shire's frameworks to respond to environmental health risks such as urban and environmental noise, asbestos and food safety to reduce their impact on public health.	
	16.6 Increase public awareness, provide clear safety guidance, and ensure compliance with relevant legislation to effectively manage risks associated with asbestos to protect community health.	
	16.7 Investigate proactive measures to protect vacant properties from illegal dumping and contribute positively to the streetscape and environment. 16.8 Support the development and maintenance of safe, accessible community environments that promote public health, reduce risk, and enhance resilience to both communicable and non communicable health challenges.	
17. EMERGENCY MANAGEMENT	17.1 Ensure Victoria Plains' Emergency Management responsibilities assist the community to prepare, prevent, respond and recover from various emergencies.	
18. PROMOTE COMMUNITY WELLBEING BY REDUCING WASTE AND SAFEGUARDING NATURAL RESOURCES AND ENVIRONMENTS	18.1 Implement strategies that protect community health and wellbeing by conserving resources, reducing waste and enhancing resource recovery.	

14 Section C: Monitoring and evaluation framework

14.1 Evaluation

This Plan will guide the Shire's Integrated Strategic Plan, Long-Term Financial Plan and annual budgets. Supported by an annual action plan, it is designed to be a flexible, living document so new opportunities can be added as they arise.

Measuring progress in reducing chronic disease is complex and improvements often take a long time to show. The reporting requirements outlined in the Public Health Act 2016 specify that a local Public Health Plan must be reviewed annually, replaced at least every five years and publicly available without charge.

The Shire will monitor and track progress over the life of the Plan, reporting annually through Council at the end of each financial year. Updates on actions will also be shared with the community via an Annual Report, social media, newsletters and other publications.

In the 2031/2032 financial year, the Shire will once again establish a new five-year plan. In the final year of the Plan, we will evaluate and review outcomes, consider what worked well, what could be improved moving forwards and reassess community health needs using the latest data. A new Health and Wellness Plan will then be developed, building on achievements and identifying fresh opportunities for supporting our future generations.

14.2 Reporting

In accordance with section 22 of the *Public Health Act 2016 (WA)*, the Shire will report to the Chief Health Officer on the performance of functions under the *Public Health Act 2016 (WA)*. As part of this reporting process, the Shire will report on their Health and Wellness Plan.

Key Term Definition

Active travel/ transport Refers to being physically active to make a journey, which can be for a variety of purposes such as transport, exercise, fun or recreation. Walking and bike riding are the most common modes but may also include using a wheelchair, scootering, skating, running, paddling or using other assisted devices (such as an eBike).

Built environment The streets, neighbourhoods and places in which we live, work, shop, learn, travel and play, including land uses, transportation systems and design features.

Commercial determinants of health The systems, practices and pathways through which commercial actors drive health and equity. Also defined as the conditions, actions and omissions by commercial actors that affect health.

Engagement When information and knowledge about research is shared with consumers and the community. The purpose of engagement is to help consumers and the community better understand why, how, where, and by whom research is conducted.

E-cigarettes (also known as vapes) E-cigarettes' typically refers to battery-powered devices which deliver an aerosol by heating a solution which is breathed in.

Equity Health equity is achieved when everyone can attain their full potential for health and wellbeing, determined by the conditions in which people are born, grow, live, work, play and age.

Exercise A sub-category of physical activity that is planned, structured, repetitive and purposive.

Health promotion The process of enabling people to increase control over and to improve their health. Sometimes referred to as primordial prevention.

Health A state of complete physical, mental and social wellbeing and not merely the absence of disease.

Intentional violence When a perpetrator deliberately and voluntarily aims to cause injury or suffering to the victim. For example, forms of intentional car-based violence.28 Other specific forms of violence are defined here.

Liveability Liveability refers to the qualities and characteristics of a place that support wellbeing and quality of life.

Mixed land use Urban development that blends residential, commercial, cultural, institutional or industrial uses, where those functions are physically and functionally integrated.

Public health The science and art of preventing disease, prolonging life and promoting health and efficiency through organised community effort and informed choices of society, organisations, public and private communities, and individuals.

Priority population groups Population groups that may experience higher levels of preventable chronic disease or are more susceptible.

Physical activity From a physiological perspective, physical activity is any bodily movement produced by skeletal muscles that requires energy expenditure encompassing all movement during leisure time, for transport to get to and from places, or as part of a person's occupation (e.g. work, education and home tasks).

Physical inactivity An absence of sufficient levels of physical activity required to meet the current physical activity recommendations.

R-codes (Residential design Codes) The Residential Design Codes (R-Codes) provide planning and design provisions for residential development across Western Australia.

Recreational physical activity Activity performed by an individual at their discretion and that is not required as an essential activity of daily living. Such activities may include sports participation, exercise conditioning or training, such as going for a walk, dancing and gardening.

Recreational facilities Recreational facilities are sporting and recreational infrastructure located on one site. Outdoor recreational facilities include sports fields, outdoor courts and playgrounds. Indoor facilities include courts and indoor gyms.

Road Encompasses streets, but refers to a thoroughfare, route or way between two places that has been paved or otherwise improved to allow travel by foot or some form of transport including a motor vehicle or bicycle.

Sedentary behaviour Any waking behaviour characterised by an energy expenditure less than 1.5 metabolic equivalents (METs) while in a sitting, reclining or lying posture.

Social determinants of health The conditions in which people are born, grow, live, work and age, and people's access to power, money and resources.

Sport An activity involving physical exertion, skill and/or hand-eye coordination as the primary focus of the activity, with elements of competition where rules and patterns of behaviour governing the activity exist formally through organisations, and may be participated in either individually or as a team.

Street A local neighbourhood road where people live, meet, visit, work and/or play.

Walkability The safe accessibility of amenities within a reasonable walking distance. A measure of how "user friendly" an area is to walking, and usually takes into consideration the infrastructure supporting walking, safety and connectedness of (or distance) between amenities, retail and other services and destinations.

Wellbeing A positive state experienced by individuals and societies.

Zoning laws Government-imposed regulations on the use and dimensions of land and structures.

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