



Public Health Plan

2020 - 2023





Revision History

REVISION	DATE	NAME	DESCRIPTION
Original 1.0	15 September 2020	Will Pearce	Initial document



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Acknowledgement of Country

**Kaya Wanjoo Boodja (pronounced “Kya Wanjoo Yued Booja”)
Hello – Welcome to the land of the Yued Traditional Owners.**

The Shire of Gingin would like to acknowledge the Yued people who are the traditional custodians of this land. The Shire would like to pay respect to the elders past, present and emerging of the Yued Nation and extend this respect to all Aboriginal people. The Shire also recognises the living culture of the Yued people and the unique contribution they have made to the Gingin region.

The Yued region covers an area of 20,252km². Their Boodja – meaning ‘their Country’ includes the Shires of Coorow, Dalwallinu, Dandaragan, Moora, Gingin, Victoria Plains, Toodyay and Chittering.

Nyoongar camping grounds, birthing areas, festival places, song lines and sacred lore sites are scattered throughout the Yued region. They are very significant and important for the Yued community.

The Shire of Gingin formally recognises the Yued Nyoongar People as an important stakeholder in the development and progression of the Shire.



Message from the Shire President

The Shire of Gingin is proud to present its first Public Health Plan as a major step towards improving the health, safety and well-being of our residents, visitors and stakeholders.

This plan provides a coordinated approach to meet public health objectives that focus on prevention, health promotion and health protection and aim to prevent disease, injury, disability and premature death across the Shire.

The Shire will strengthen existing and explore initiating new partnerships to fulfil our vision that people live well and experience the best possible quality of life outcomes.

We want to improve life expectancy and the quality of life across the population spectrum and people of all backgrounds. In addition to ‘traditional Environmental Health’ services provided by local government, we will endeavour to provide support to our ageing population as well as work in partnership with the State Government in areas of chronic disease prevention, promoting healthy eating and being active, improving mental well-being, reducing injuries/fatalities on our roads and harm caused by alcohol and drugs.

Living in Western Australia provides many of us with a high standard of living that both current and



past generations have worked hard to attain. Our plan endeavours to respect the past and present and continue to work hard in the future in maintaining a culture of wellness.

I encourage you to continue looking after your health at a personal level and where possible, help play a role in improving the health of your own families, friends and people in need. This collective approach can only strengthen our wonderful local communities and the State overall well into the future.

**Cr Wayne Fewster
SHIRE PRESIDENT**



Introduction

The Shire of Gingin believes that the health and well-being of its community is paramount. The Shire takes a holistic view of health, which is influenced by the interconnections between our social, cultural, economic and physical environments. Within these environments the Shire, often in partnership with the community or with other agencies, can create and maintain positive health and well-being outcomes.

The vision for the Shire of Gingin is to be a welcoming and progressive community that celebrates its diversity and unique rural and coastal environment. Community well-being is a key focus area under the Shire's Strategic Community Plan 2019-2029 with the community aspiration to be an active, healthy and safe community with a range of easily accessible services and facilities. To meet this aspiration the Shire has committed to support the local community to be inclusive, vibrant, healthy and safe through the Shire's service delivery.

This Public Health Plan (the Plan) embraces this vision and aspiration, and ensures that community health and well-being becomes an integral part of the Shire's work. As the Shire has been providing infrastructure, services and information that promotes and ensures the health and well-being of its community for many years, this Plan recognises these efforts and builds upon this strong foundation, forging internal and external partnerships as a priority.

1 Community Profile

1.1 POPULATION OVERVIEW

The Shire of Gingin is the first rural local government outside of the metropolitan area of Perth, Western Australia. The seat of government of the Shire is located in Gingin which is 50 minutes' drive north from Joondalup and Midland and the Shire is a mix of rural, residential and coastal communities. In 2018 there were 5258 people living in the Shire of Gingin.

The age structure of the Shire of Gingin reflects an older demographic with 14% aged at least 70 years. The median age being 47 years, which is 11 years above the WA median and three years above the median for the Wheatbelt. The Shire has a higher than State average rate for all age brackets between 50-84 years, and is almost double that of the State in the specific 60-69 year age bracket. One-fifth of the population is aged under 17 years. The Shire has just under 2% of people from Aboriginal and Torres Islander descent, which is below the WA and Wheatbelt averages of 3.1% and 4.1% respectively.

1.2 EMPLOYMENT

The unemployment rate as of 2016 across the Shire of Gingin sits at 6.5% and is higher than that of the Wheatbelt (5.5%). Of those employed, 54.6% are employed full time and 31.3% are employed part-time.





1.3 SOCIO-ECONOMIC STATUS

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 the number of unskilled workers. SEIFA scores are based on a national average of 1002 and areas with the lowest scores are the most disadvantaged. The Shire of Gingin's SEIFA Index of Disadvantage score is 973, which means the Shire has a higher level of disadvantage than WA (1015) and Australia (1002). A comparison to geographically close local governments is demonstrated in Table One.

Table One – SEIFA of Neighbouring & Close Local Governments

Local Governments	SEIFA Score
Chittering	1034
Wanneroo	1015
Dandaragan	1003
Moora	981
Victoria Plains	1008
Toodyay	996

1.4 HOUSEHOLD TYPES & STATUS

In the Shire of Gingin, there is a higher proportion of couples without children (33%) when compared to Greater Perth (32.2%) but lower than the Wheatbelt average of 47.9%. Around one in five (21%) are single households. A large percentage of families own their homes in the Shire of Gingin (38.5%). This is higher than that experienced in Greater Perth (28.1%), Western Australia (28.5%) and Australia (31%) yet lower than the Wheatbelt average of 39.5%.





2 Public Health in the Shire of Gingin

This Public Health Plan (the 'Plan') aims to improve the health of the local community. All Australians, including the Shire of Gingin residents, are increasingly living with chronic diseases and their risk factors, which are related to our ageing population as well as to lifestyles and health habits. On average, Australians are living 25 years longer than a century ago.

2.1 LIFESTYLE RISK FACTORS

Chronic diseases are the leading cause of illness, disability and death in Australia. The prevention of chronic disease is a major health priority for the Shire. This Plan outlines the investment in time and resources the Shire is prepared to make to improve healthy lifestyle behaviours, such as increasing physical activity and improving diet. It also aims to reduce risky behaviours, such as smoking, alcohol consumption and being overweight. Table Two outlines the adult risk factors for chronic disease in the Shire of Gingin and compares the rates to the Wheatbelt Region and the State average.

Table Two – Risk Factor Data for the Shire of Gingin

Risk Factor	Shire of Gingin	Wheatbelt Region (2013-2016) (%)	WA
Currently smokes	16.6	13.8	11.8 ¹
Less than 2 serves of fruit daily	44.8	51	48.6
Less than 5 serves of vegetables daily	86.6	88	88.9
Eats meals from fast food outlets at least weekly	10.4	NA	33.8
Insufficient Physical Activity	46.8	44.6	36.5
Risky/high risk drinking (short term)	8.5	9.8	12.9
Risky/high risk drinking (long term)	32.3	28	31.5
Attended primary health care service (past 12 mths)	95.3	NA	88.7
Obese	37.9	37.8	27.5
Obese and overweight	71.6	78.8	66.8

Source: WA Health and Well-being Surveillance System, Epidemiology Branch, DoH WA.

2.1.1 Eating Habits

Adults in the Shire of Gingin eat less fruit and vegetables when compared with both the Wheatbelt and WA averages. Less than half the adults do not consume the recommended daily intake of fruit.

The proportion of the Shire of Gingin residents aged over 18 years who are obese or overweight (71.6%) is lower than the Wheatbelt average of 78.8% but higher than the WA average of 66.8%. HealthTracker data was accessed to provide a more comprehensive picture of health and well-being in the Shire, including the health of children. HealthTracker data is collected differently to the Epidemiology Branch of WA's Department of Health. The childhood (2 to 17 years) obesity rate for the Shire of Gingin was reported to be 22.7%, which is lower than regional WA (24%) and WA (25%) as a whole. However, having almost one in four children being overweight or obese remains a public health priority for the Shire.

¹ National Health Survey 2017-18



2.1.2 Physical Activity

A significantly higher proportion (46.8%) of the Shire of Gingin residents report insufficient levels of physical activity as compared to 44.6% for the Wheatbelt and 36.5% for WA.

2.1.3 Smoking

The smoking prevalence rate for the Shire of Gingin (16.6%) is higher than the Wheatbelt and WA prevalence levels of 13.8% and 11.8% respectively.

2.1.4 Alcohol Consumption

The levels of short term harm related to alcohol consumption in the Shire of Gingin adults (8.5%) is lower than both the Wheatbelt (9.8%) and WA average (28.4%). However the long term harm from consuming alcohol is greater in the Shire of Gingin (32.2%) than the Wheatbelt (28%) and the WA average (31.5%).

2.1.5 Chronic Health Conditions

Data on chronic health conditions is not available at the local government level in many WA locations. The following evidence is for the Wheatbelt region (population 76 394), of which the Shire of Gingin forms one part.

For the period 2011-2015, the Wheatbelt cancer incidence rate was significantly higher (1.1 times) than the State. Prostate gland cancer was the leading condition for cancer incidence, accounting for 17% of cases in 15-64 year olds that was 1.1 times the State rate. The lung, bronchus and trachea cancer incidence rate was 1.3 times the WA rate, melanoma was 1.2 times the WA rate and colorectal cancer was 1.1 times the State rate. The main cause of hospitalisation was digestive diseases, which is the same as the State.

The leading causes of death were ischaemic heart disease, lung cancer, dementia, cerebrovascular disease and chronic obstructive pulmonary disease (COPD).

2.2 MENTAL HEALTH & WELLBEING

According to the World Health Organisation, mental health is *'a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.'*²

Mental health is often used as a substitute for mental health conditions – such as depression, anxiety conditions, schizophrenia and others. When looking at the data, much of what is reported are the conditions rather than looking at what is going well. Although the following provides an overview of the mental health conditions in the Shire of Gingin, this Public Health Plan will aim to achieve 'positive mental health and well-being' to emphasise that mental health is about wellness rather than illness and to ensure that the actions in the Plan are achievable within the Shire's remit.

For the period 2013-2016, 13% of Wheatbelt residents aged 15-64 years reported having a current diagnosed mental health problem. The leading cause for accessing community mental health services was schizophrenia schizotypal and delusional disorders followed by mood (affective) disorders. These had a significantly higher rate (1.1 times) than the State rate.

² https://www.who.int/mental_health/en/



2.3 EDUCATIONAL ATTAINMENT IN THE SHIRE OF GINGIN

The Australian Early Development Census (AEDC) uses an early development instrument tool to measure how young children have developed as they start their first year of full-time school. A checklist for each child is completed across five domains of early childhood development: physical health and well-being, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge. The scores of all Australian children who are ranked in the bottom 10% are classed as 'developmentally vulnerable'; those in the top 75% are classed as 'on track' and those in between are classed as 'at risk'.

In 2018, 58 children from Lancelin and Ledge Point and surrounds, Gingin, Lennard Brook, Coonabidgee and Caraban schools were assessed. The mean age of children assessed was 5 years and 5 months. Table Three displays the 2018 AEDC data for the Shire of Gingin region. It shows that physical health and well-being, emotional maturity, language and cognitive skills are all above the State and Australian average. Social competence and communication skills and general knowledge are both below the averages. The Region has a higher percentage of children vulnerable on two or more domains than both the WA and Australian averages.

Table Three – AEDC Data for the Shire of Gingin Region

	Gingin Community	Australia	Western Australia	Gingin Community
	Number of Children	308,953	34,369	58
Percentage of Children Developmentally Vulnerable (%)	Physical Health & Wellbeing	9.8	8.9	15.8
	Social Competence	9.8	7.4	7
	Emotional Maturity	8.4	7.7	10.5
	Language & Cognitive Skills (School-based)	6.6	6.6	7
	Communication Skills & General Knowledge	8.2	7	7
	Vulnerable on One or more domains of the AEDC	21.7	19.4	21.1
	Vulnerable on Two or more domains of the AEDC	11	9.4	12.3

2.4 ROAD SAFETY

In 2018, the Shire of Gingin was ranked equal 8th with five other local government areas, for the highest road fatality count. During that year, four deaths were recorded. The total death count for Western Australia in 2018 was 161. The Wheatbelt police district had the highest fatality rate per 100,000 persons (46.2) during 2018.³

³Road Safety Commission WA (2019). Preliminary summary of fatalities on Western Australian roads 2018.



3 How the Plan was Developed

This Plan will enable the Shire to respond to emerging trends and issues or changes to policy and legislation in the public health arena.

The development of this Plan included:

- Analysis of health, well-being and social data and the local policy environment;
- Development of a community profile;
- Research and consultation with the community through discussion groups and surveys;
- Consultation with Elected Members and Shire staff;
- Consultation with key stakeholders; and
- Interviews with Department Heads and Elected Members.

3.1 WHAT THE COMMUNITY SAID

Community members, partners of the Shire of Gingin, Elected Members and shire staff were consulted during the development of this Plan. The following provides a summary of key messages.

3.1.1 Community members

Community members had their say at facilitated community sessions (n=40), and via an online platform (n=159). Almost 80% self-reported their health to be good, very good or excellent. Social capital was high with 60% of respondents reported belonging to a club or social group.

When asked if there was one thing the Shire could do to improve health and well-being, the aggregate responses were:

- Improve aged care services for the ageing population;
- Improve access to medical and health services;
- Improve access to healthy, fresh and affordable foods;
- Maintain mental health in the community through inclusion strategies, and
- Manage alcohol and drug use in the community.

3.1.2 Elected Members and Shire of Gingin Staff Perceptions

A total of 29 Shire of Gingin Elected Members and staff identified the following top five priority public health risks:

- | | |
|--------------------------------------|-------|
| • Access to quality medical services | 53.5% |
| • Ageing population | 48.2% |
| • Lack of employment opportunities | 41.4% |
| • Poor mental health | 35.7% |
| • Alcohol and drug issues | 34.5% |

The main services currently provided by the Shire that have a positive impact on the public's health and well-being were identified as:

- Parks, playgrounds, trails and gardens (access and usability);
- Events for the community;
- Existing medical hub (support);
- Access to health information; and
- Public amenities.



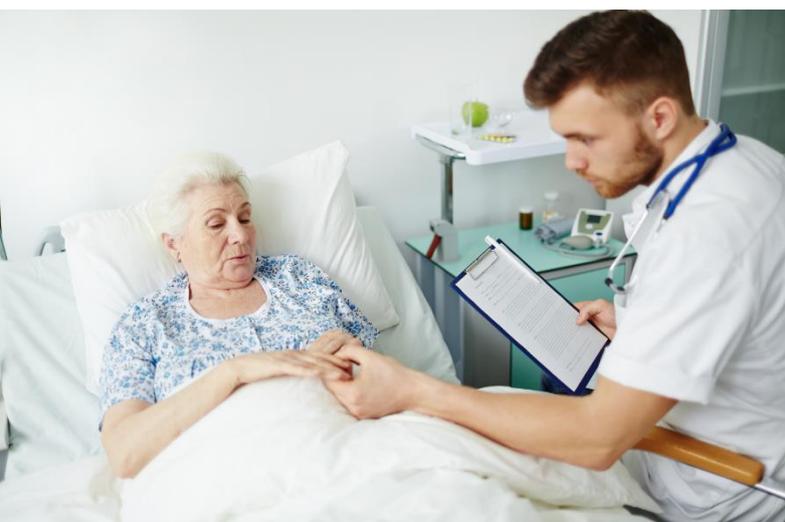
3.1.3 Partners of the Shire

A total of 12 organisational representatives provided data on the type of public health priorities that could be addressed in the Plan. The aggregate responses identified the following needs:

- Lack of healthy messages for the community;
- Poor access to medical and allied health services; and
- Poor mental health.

Specific chronic diseases or risk factors identified by the organisations were:

- High prevalence of chronic diseases such as cancer, heart disease and diabetes;
- Poor access and availability to healthy, fresh and affordable foods leading to overweight; and
- High use of tobacco.





4 Public Health Priorities & Alignment

Like many regional local governments the Shire of Gingin operates with very limited resources. To achieve the objectives in this Plan, it is important for the Shire to work in partnership with the community, neighbouring local governments and State and Federal government agencies.

This Plan has been developed using the guidance of the *Public Health Act 2016* and the State Public Health Plan for Western Australia (the State PHP). The State PHP has identified the public health needs of the State by examining available data on the health status and health determinants of the population.

The *Public Health Act 2016* states that local governments should align, where possible, with the public health objectives and priorities of the State PHP. This Public Health Plan aligns with the State PHP by ensuring the following:

- A focus on prevention and the promotion of healthy lifestyle choices and the creation of health-promoting environments to reduce the future impact of chronic disease; and
- The delivery of a suite of essential services and regulatory programs including regulation of food safety, wastewater management, infectious disease surveillance and outbreak response, control of disease vectors for example mosquitoes, and emergency management.

The alignment with the State PHP has occurred where the local data, including community, stakeholder and staff views, identifies similar priorities to the State's public health aims.

The Shire has an existing commitment to health and well-being as indicated in the Strategic Community Plan (SCP) 2019-2029. As a key focus area, the community aspiration is to have '*An active, healthy and safe community with a range of easily accessible services and facilities*'. In response to that aspiration, the Council's objective is '*To support the Shire of Gingin community to be inclusive, vibrant, healthy and safe through the Shire's service delivery*'. The development of this Plan is a key supporting strategy to meet this objective.

Within the community well-being focus area, the Shire has prioritised similar issues to those which the consultation for this Plan identified. The SCP community well-being issues include:

- An ageing population that requires facilities and services;
- Demand for education services from a growing and increasingly diverse population;
- Access to medical services throughout the Shire; and
- Support for volunteers and youth.

This Plan takes a broad view of health and acknowledges that the choices people make are influenced by many factors including their education, age and employment status, as well as the distribution of wealth, power and available resources. This Plan will assist in developing strategies to address many of these factors and ensure the Shire is an active, healthy and safe community.

The Shire is a partner to the 'Building Community Safety through Connected and Resilient Families' project that is aiming to address family and domestic violence (FDV) in the Shire. A number of strategies have been implemented within this program including training of health professionals, presentations on FDV to some parts of the community and an alcohol awareness program over the Festive Season (2019/2020) which included key messages with take away alcohol purchases, print media and posters.

Through the development of this Plan, five key priority action areas have been identified to guide the Shire, local service providers, community organisations and businesses to help create an active, healthy and a safe community.



Based on the current policy climate within the Shire, local data and outcomes through consultation with community, staff and stakeholders, the public health priorities for the Shire of Gingin Public Health Plan are:

- Environmental health protection;
- To have an active, healthy and safe ageing population;
- Promote Mental Well-being;
- Promote the Prevention of Chronic Disease;
- Health and Safety Promotion.





5 Shire of Gingin Public Health Plan Priorities

Vision

To plan for a welcoming, healthy and progressive community that is surrounded by a supportive environment and accessible facilities that promote health and happiness for all.

Shire Roles	
Lead Role	Project manager or service provider leading the delivery and potentially includes project planning, coordination, management, evaluation and reporting
Support	Provides and assists through coaching, guidance and some participation in the delivery
Facilitator	Brings key players together and guides process and development (is not directly involved in undertaking the deliverables)
Agent	Acts on behalf of others including advocacy, partnerships and negotiations
Stakeholder	Involved as a financial contributor or participates as a representative of the Shire

ACRONYMS USED IN THE PUBLIC HEALTH PLAN

AFCP	Age-Friendly Community Plan
C&P	Community and Place
CCS	Corporate and Community Services
EMO	Executive Manager Operations
EMRDS	Executive Manager Regulatory and Development Services
HPO	Health Promotion Officer
MPS	Manager Planning Services
Ops	Operations
PEHO	Principal Environmental Health Officer
RDS	Regulatory and Development Services
WALGA	Western Australian Local Government Association





5.1 ENVIRONMENTAL HEALTH PROTECTION

Key Messages:

- Maintaining a healthy environment is central to improving quality of life and increasing the years of healthy a life
- Environmental health is the public health field that prevents or controls disease, injury or disability. We do this by addressing and monitoring those physical, chemical and biological factors that can adversely impact our health
- Unlike diet and exercise, many environmental health factors are unable to be managed at the individual level. Removing or reducing environmental health risks requires mechanisms such as legislation, education and advocacy

OBJECTIVE – Supporting public health, safety, lifestyle and well-being through Shire initiatives and partnerships

Action 1

Control Environmental Health Risks

Implement disease, injury and harm prevention programs that control and abate Environmental Health risks associated with:

- Food
- Water and wastewater disposal
- Built environment
- Air
- Waste management including chemical hazards
- Animals, vectors and pests
- Environment – noise, pollution
- Events and/or gatherings

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	RDS/PEHO	Lead Role/Facilitator	<ul style="list-style-type: none"> • Department of Health • Wheatbelt Public Health Unit • Local Stakeholders

Action 2

Protecting People's Health

Protect the health and well-being of all who live in, work in and visit the Shire through the effective application of State and local public health, food, waste and environmental legislation.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	RDS/PEHO	Lead Role/Facilitator	<ul style="list-style-type: none"> • Department of Health • Department of Water and Environmental Regulation

Action 3

Public Health Risks During Emergencies

Lobby the Department of Health to develop protocols to control and abate the public health risks associated with natural, human-made and disease based disasters in support of Local Emergency Management Arrangements (*Emergency Management Act 2005*).

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/PEHO	Facilitator	<ul style="list-style-type: none"> • Department of Health • Department of Fire and Emergency Services



OBJECTIVE – Supporting sustainable resource management through waste minimisation and materials recovery

Action 4 **Minimising Waste**
 Continue supporting and implementing the ‘7 Rs’ (rethinking, reducing, reusing, refusing, repurposing, recycling and rot/composting) programs and campaigns to reduce waste going to landfill.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	RDS/PEHO	Lead Role	<ul style="list-style-type: none"> WALGA Waste Authority

Action 5 **Resource Recovery**
 Continue supporting waste contractors and community groups to maximise the community’s recycling efforts effectively.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/PEHO	Facilitator	<ul style="list-style-type: none"> WALGA Waste Authority

OBJECTIVE – Supporting public health and environmental protection by managing waste holistically

Action 6 **Waste Management**
 Develop a strategic waste plan to set the future direction in providing best practice services and disposal facilities.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/EMRDS and PEHO	Lead Role	<ul style="list-style-type: none"> WALGA Department of Water and Environmental Regulation



Photo credit: Golden Eggs



5.2 TO HAVE AN ACTIVE, HEALTHY AND SAFE AGEING POPULATION

Key Messages:

- Most older Australians are living longer and more healthily than ever before
- Older residents can add valuable contributions to the community
- Promoting physical and social activity can achieve good mental health
- An active and healthy ageing population will continue to attract retirees to the Shire

OBJECTIVE – Supporting ‘Ageing in Place’

Action 1

Age-Friendly Community Plan (AFCP)

To continue to implement the Age-Friendly Community Plan (Ageing in Place).

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	CCS/C&P	Lead Role/Facilitator/ Support	<ul style="list-style-type: none"> • Council of the Ageing WA • Wheatbelt Public Health Unit • Seniors groups • Lancelin Healthy Community Forum • Community Car programs • Local, regional health and allied service providers • Department of Communities • Community Resource Centres

OBJECTIVE – Actively seeking opportunities to increase the availability of medical services across the Shire (from AFCP)

Action 2

Medical Services

Advocate for improved medical and allied health services that are accessible across the Shire.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	CCS/C&P	Lead Role/Facilitator	<ul style="list-style-type: none"> • Local/regional health and allied service providers • Department of Health • Wheatbelt Public Health Unit

OBJECTIVE – Ensuring sport and recreation activities are advertised and promoted in a way that is effective and suitable for older people (from AFCP)

Action 3

Activities Promotion

Promote sport and recreation activities suitable for older people.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	CCS/C&P	Lead Role/Facilitator	<ul style="list-style-type: none"> • Seniors groups • Lancelin Healthy Community Forum • Media bodies • Sporting and recreation clubs • Act Belong Commit • Department of Local Government, Sports and Cultural Industries



OBJECTIVE – Facilitating coordination of volunteers across the Shire to maximise community benefit (from AFCP)

Action 4 **Volunteer Coordination**
 Develop a sustainable volunteer program to capitalise on community skills to assist with identified community needs (also refer 5.3, Action 4).

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	CCS/C&P	Facilitator/Support	<ul style="list-style-type: none"> • Volunteering WA • Community Resource Centres • Local community leaders • Act Belong Commit • Community clubs and groups

OBJECTIVE – Directly engaging community to obtain their input and contribution to areas that impact on and/or of interest to them

Action 5 **Healthy Ageing Advisory Committee**
 Determine community interest in establishing a ‘Healthy Ageing Advisory Committee’ that, if established, will provide input and recommendations on ageing services, programs and facilities to the decision-making process of Council.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	CCS/C&P	Lead Role/Facilitator	<ul style="list-style-type: none"> • Community clubs and groups • Local community leaders





5.3 PROMOTE MENTAL WELL-BEING

Key Messages:

- Resilience, social capital and social connection are important for the development and maintenance of mental health and well-being
- Every individual should be able to realise their potential, to cope with the normal stresses of life, work productively and feel they can make a positive contribution to the community

OBJECTIVE – Supporting community friendly mental health and well-being services including accessibility

Action 1	<p>Support Mental Health Services Partner, link and support local and State mental health programs and initiatives that are available across the Shire.</p>
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Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	CCS/C&P	Lead Role/Facilitator	<ul style="list-style-type: none"> • Regional mental health and allied service providers • Mental Health Commission • Local/regional Health and Allied Health Services

OBJECTIVE – Inclusive and welcoming social and community programs, groups and clubs

Action 2	<p>Inclusive Community Promote existing community programs and groups that welcome participation and provide social interactions for all.</p>
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Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	CCS/C&P	Facilitator/ Support	<ul style="list-style-type: none"> • Local community leaders • Act Belong Commit • Community clubs and groups • Department of Local Government, Sports and Cultural Industries • Community Resource Centres

OBJECTIVE – Supporting events that target or cater for specific groups and people of all ages

Action 3	<p>Community Events Plan, coordinate and support targeted and 'all ages' events to support community health and well-being (<i>also refer 5.4, Action 9</i>).</p>
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Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	CCS/C&P	Lead Role/Support	<ul style="list-style-type: none"> • Event Managers/Coordinators • Community clubs and groups • Community Resource Centres



OBJECTIVE – Facilitating coordination of volunteers across the Shire to maximise community benefit

Action 4 **Volunteer Coordination**
 Develop a sustainable volunteer program to capitalise on community skills to assist with identified community needs (*also refer 5.2, Action 4*).

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	CCS/C&P	Facilitator/ Support	<ul style="list-style-type: none"> • Volunteering WA • Community Resource Centres • Local community leaders • Act Belong Commit • Community clubs and groups

OBJECTIVE – Promoting the broad suite of State and local health and well-being programs and campaigns through available media platforms

Action 5 **Mental Health Campaigns**
 Develop an annual calendar of Specific Mental Health Awareness Days and promote relevant material.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	CCS/C&P	Lead Role	<ul style="list-style-type: none"> • State and national health, well-being and safety organisations





5.4 PROMOTE THE PREVENTION OF CHRONIC DISEASE

Key Messages:

- A healthy diet is paramount for optimal growth, development and health throughout life and contributes to physical, mental and social well-being
- Most residents consume too much sugar, fat and salt and not enough fruit and vegetables
- Smoking and exposure to second-hand tobacco smoke causes 16 different types of cancer, lung disease and heart disease
- There is no safe level of exposure to smoking or second hand smoke
- Local governments have an important role in supporting campaigns to help prevent acute and long-term harm from illicit drugs and alcohol in their communities
- Cleaning up after alcohol and drug fueled events costs the Shire financially, time and resources
- Physical activity can prevent many chronic diseases and increase feelings of self-esteem and well-being

OBJECTIVE – Promoting the broad suite of State and local health and well-being programs and campaigns through available media platforms.

Action 1

Health Campaigns

Develop an annual calendar of Specific Health Awareness Days and promote relevant material (*also refer 5.5, Action 1*).

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	RDS/HPO	Lead Role	<ul style="list-style-type: none"> • State and national health, well-being and safety organisations • Wheatbelt Public Health Unit

OBJECTIVE – Supporting public health, safety, lifestyle and well-being through Shire initiatives and partnerships.

Action 2

Limit Liquor Outlets

Develop and implement a Planning Policy that restricts the number of liquor outlets to 2020 levels.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/MPS	Lead Role/ Facilitator	<ul style="list-style-type: none"> • Department of Local Government, Sport and Cultural Industries

Action 3

Reduce Reliance on Alcohol Industry

Develop and implement a Council Policy that encourages and provides support to sport and recreation organisations in limiting alcohol advertising and sponsorship.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/HPO	Lead Role/Facilitator	<ul style="list-style-type: none"> • Sporting and recreation clubs

Action 4

Short-Term Accommodation Impacts

Develop and implement a Planning Policy requiring Development Applications for short-term accommodation to include a 'Code of Conduct for Guests' that prohibits anti-social behaviour.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/MPS	Lead Role/Facilitator	<ul style="list-style-type: none"> • Accommodation providers



Action 5 **Shire Functions – Healthy Food**
 Develop and implement a Council Policy that requires caterers of internal functions to provide food that is healthy and locally sourced.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	CEO/HPO	Lead Role/Facilitator	<ul style="list-style-type: none"> • Food businesses

Action 6 **Healthy Food Access and Education**
 Develop programs that support access to a healthy food supply and increase food literacy programs including the promotion of the local Farmers’ Markets.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/HPO	Lead Role/Facilitator	<ul style="list-style-type: none"> • Farmer Markets’ businesses • Community groups and clubs • Lancelin Healthy Community Forum • Local/regional health and allied service providers • Wheatbelt Public Health Unit

Action 7 **Healthy Food Menus**
 Develop and implement a Council Policy that encourages food businesses to offer ‘healthy food options’.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/HPO	Lead Role/Facilitator	<ul style="list-style-type: none"> • New and existing food businesses

Action 8 **Walkable Neighbourhoods**
 Continue to provide walkable neighbourhoods through implementation of the Shire’s ‘10 Year Pathway Program’.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	Ops/EMO	Lead Role	<ul style="list-style-type: none"> • State and National Infrastructure agencies

OBJECTIVE – Supporting events that target or cater for specific groups and people of all ages.

Action 9 **Community Events**
 Plan, coordinate and support targeted and ‘all ages’ events to support community health and well-being (*also refer 5.3, Action 3*).

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	CS/C&P	Lead Role/Support	<ul style="list-style-type: none"> • Event Managers/Coordinators • Community clubs and groups • Community Resource Centres



5.5 HEALTH AND SAFETY PROMOTION

Key Messages:

- The Shire provides services, infrastructure and information that promote community health and well-being
- Social media is part of a foundation for a new type of democracy and community participation

OBJECTIVE – Promoting the broad suite of State and local health and well-being programs and campaigns through available media platforms.

Action 1	Health Campaigns Develop an annual calendar of Specific Health Awareness Days and promote relevant material (<i>also refer 5.4, Action 1</i>).
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Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/HPO	Lead Role	<ul style="list-style-type: none"> • State and national health, well-being and safety organisations • Wheatbelt Public Health Unit

OBJECTIVE – Supporting public health, safety, lifestyle and well-being through Shire initiatives and partnerships.

Action 2	Elected Members Health Promotion Elected Members will promote, on an annual basis, a targeted health and/or well-being campaign of their choice, that is relevant to the needs of the community or, if they wish, target a local group or club.
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Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/HPO	Lead Role	<ul style="list-style-type: none"> • State and national health, well-being and safety organisations • Wheatbelt Public Health Unit





Action 3 **Public Health Stakeholder Network**
 Establish a 'Public Health Stakeholder Network' that provides opportunities for the community to work together, identify common goals and achieve efficiencies and improve the value for money through joint funding applications.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
2020-2021	RDS/HPO	Lead Role/Facilitator	<ul style="list-style-type: none"> Local/regional health and allied service providers Department of Health Wheatbelt Public Health Unit Lancelin Healthy Community Forum

Action 4 **Improve Road Conditions**
 Apply for 'Black Spot Program' grants to help fund treatments of hazardous road locations.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	Ops/EMO	Lead Role	<ul style="list-style-type: none"> Department of Infrastructure (Cth)

Action 5 **Road Safety Campaigns**
 Partner, link with and promote Road Safety Commission and RoadWise 'community education campaigns' to reduce road crashes and road trauma.

Timeframe	Responsible Service/Officer	Shire Role	Partnerships
Ongoing	Ops/EMO	Lead Role	<ul style="list-style-type: none"> Road Safety Commission





6 Monitoring and Evaluation

This Public Health Plan outlines a range of goals and strategies that will be undertaken over the next three years.

The actions include work to be undertaken by Shire staff in partnership with health and community partners.

The Plan will measure the changes in health across the population. The following list of measures will be used to assess the success of the Plan over time. Several actions can have an impact on a particular measure and similarly an action can have an impact on several measures. The Action Plan indicates the relationship between actions and measures:

- Environmental health key performance indicators (KPIs)
- Mandatory annual reports
- Smoking levels
- Alcohol consumption levels
- Overweight and obesity levels
- Proportion of adults who meet the recommended physical activity guidelines
- Number of smoke and alcohol free public places
- Built community infrastructure
- Health and well-being indicators
- Employment rate
- Australian Early Development Census (AEDC) rates for the Shire of Gingin
- Proportion of the adult population who have completed year 12, a Bachelor degree or higher, or a vocational qualification
- Socio-economic Indices for Areas (SEIFA) Scores
- Proportion of people who feel valued in the Shire
- Participation rates in events and programs
- Quality of life rating
- Proportion of people who feel a strong community connection
- Number of inclusive community events facilitated by the Shire
- Number of partnering organisations
- Level of community pride
- Increase in community awareness about health issues and risks
- Level of satisfaction with activities and events
- Number of road crashes and trauma
- Number of Black Spot Program grants being awarded





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