Shire of Murray

Public Health Plan

2026 – 2030

About this document

(Version 5) This document has been prepared by the Shire of Murray in collaboration with South Metropolitan Health Service, Health Promotion. This document provides a high-level overview of the strategies that the Shire of Murray can consider to increase health and wellbeing in the community.

Introduction

Our Health Vision
To protect, promote and enhance the health, well-being and quality of life of our community.

This can be achieved by creating an environment consisting of healthy people and community, healthy places and spaces, and healthy partnerships.

The Shire of Murray has developed this Plan in line with statutory obligations under the WA Public Health Act 2016.

The Plan is a five-year strategic document intended to integrate with the Plan for the Future 2023-2033 (Shire of Murray, 2023), rather than duplicate existing plans and strategies across the organisation.

The Plan has been designed to focus on measures where the Shire can make a difference to community health by addressing the social determinants of health. The social determinants of health and well-being (Figure 1) are the non-medical factors that influence health outcomes, which portrays the factors or conditions in which people live and how they influence health and well-being within our community.

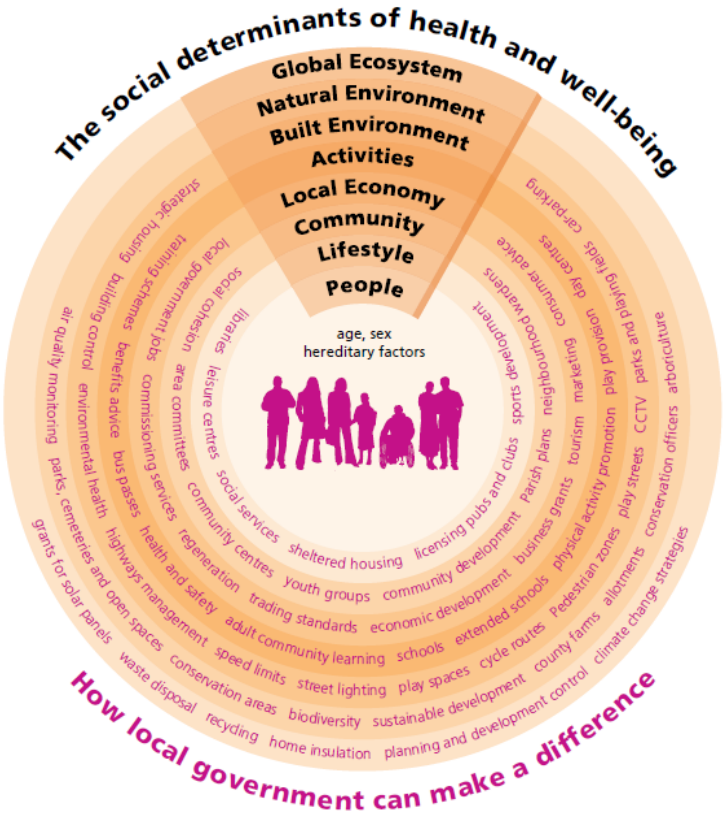

Figure 1: Campbell, F. (Ed.) (2010). *The social determinants of health and the role of local government.* The Improvement and Development Agency.

About the Murray Public Health Plan

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

1. Healthy People and Community

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

2. Healthy Places and Spaces

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

3. Healthy Partnerships

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

These three key areas were established through aligning the priorities of the Shire of Murray Plan for the Future 2023-2033 as well as identifying the community's needs which were informed by community workshops, surveys, and seminars.

Alignment to the State Public Health Plan for Western Australia.

The Plan is consistent with the State Public Health Plan for Western Australia 2025-2030 (State Plan), where applicable, under the Public Health Act 2016. The vision, objectives and guiding principles of the State Plan are summarised below:

State Plan Vision

The best possible health, wellbeing, and quality of life for all Western Australians - now and into the future.

State Plan Pillars and Objectives

PROMOTE	PREVENT	PROTECT	ENABLE
Foster strong communities and healthier environments	Reduce the burden of chronic disease, communicable disease, and injury	Protect against public and environmental health risks, effectively manage emergencies, and lessen the health impacts of climate change	Bolster public health systems and workforce, and leverage partnerships to support health and wellbeing
- Minimise impacts of public health hazards - Optimise mental health - Improve health literacy - Promote population health	- Reduce use of tobacco and vapes - Encourage healthy eating and active living - Reduce harm from alcohol use - Prevent injuries - Reduce harm from illicit drug use - Improve population screening programs - Expand immunisation program	- Manage health impacts of climate change - Control notifiable diseases - Improve disaster and emergency management - Reduce harm from radiation and biosecurity risks - Enhance pandemic response - Ensure access to safe food & water	- Enhance population health data - Foster innovation in public health issues - Develop public health partnerships Develop public health workforce

State Plan Overarching Objectives

Aboriginal health and wellbeing; and equity and inclusion.

State Plan Guiding Principles

- Sustainability
- Precautionary
- Proportionate
- Partnerships

Source: Government of Western Australia, Department of Health, Public Health Division (2025). State Public Health Plan for Western Australia, 2025-2030.

Community Engagement

This plan has been developed in partnership with the South Metropolitan Health Service and is informed by the ideas, suggestions and recommendations from the community, service providers, local organisations, businesses, and government in the development of the Shire's Plan for the Future 2023-2033.

The Shire sought the views of as many members of the community as possible. The community shared their ideas through community consultation which consisted of workshops, surveys, and seminars. This consultation helped shape the aspirations and outcomes in the Shires Plan for the Future, as summarised below.

Aspirations	**People** Our community enjoys excellent health, wellbeing and quality of life	**Planet** Our natural environment is cared for and appreciated	**Place** Our rural charm is preserved while we grow by embracing innovative urban design ideas	**Prosperity** Our economy is thriving with diverse business, tourism and job opportunities	**Performance** Our can-do attitude helps us to achieve desired outcomes and continuously strive for excellence
Outcomes	- A safe community. - A diverse, socially connected and cohesive community. - An active and healthy community.	- The ecosystem is managed sustainably for the benefit of current and future generations. - Shared responsibility for combatting climate change. - A resilient community equipped to respond to natural disasters and other emergencies.	- Population growth is being managed responsibly and sustainably. - Our towns offer vibrant and attractive spaces, with retained rural charm. - Built heritage is respected and celebrated. - It is easy to move around the Shire safely and sustainably.	- Sustainable economic growth with decent work for all. - Access to quality education and life-long learning for all. - Visitor numbers are growing.	- Capable and accountable leadership and governance. - The Shire actively listens and responds to community needs.

Source: Shire of Murray (2023). Plan for the Future, Council Plan, 1 July 2023 to 30 June 2033.

Health and Wellbeing Profile

Snapshot

The following is an overview of the health status and health determinants of people in the Shire of Murray using the latest available data from the Department of Health, Western Australia (DOH WA) and this covers the following key areas:

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

Source: Health and Wellbeing Profile Shire of Murray 2011-2020, Epidemiology Directorate, Public Health Division, Department of Health WA (2024).

Note: The data in this report are modelled. They do not represent raw values but are smoothed estimates.

Health status and health determinants for Shire of Murray

Population

As at 30 June 2021, an estimated 18,641 people lived in the Shire of Murray.
Population measures:

- Around 50.1% were male and 49.9% were female.
- **3.6**% identify as Aboriginal persons.
- **31.6**% families with an income <64,999.
- **27.5**% were born overseas.
- **13.6**% speak a language other than English at home.
- **5.4%** were unemployed.

Source: Australian Bureau of Statistics. (2021). *Census of Population and Housing.*

Murray SEIFA Index of Disadvantage

Although the overall level of health and wellbeing of Australians is relatively high compared with other countries, there are significant disparities in the health outcomes of different populations within Australia. In particular, people who live in areas with lower socio-economic condition tend to have worse health than people from other areas.

The following scores for Murray are based on the Index of Relative Socio-Economic Disadvantage (IRSD). This index contains only disadvantage indicators (e.g. unemployment, low incomes or education levels, single parent families, low skilled occupations, poor English proficiency). SEIFA scores are based on a national average of 1,000 and areas with the lowest scores are the most disadvantaged.

Based on the 2021 census data, the Shire of Murray had a SEIFA Index of Disadvantage score of 962, the third lowest among local government authorities (LGA) within the South Metropolitan Heath Service (SMHS). The SEIFA index for LGAs in the SMHS region ranged

from 936 to 1,082. Table 1 provides the SEIFA scores for suburbs and localities within the Shire of Murray.

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

Suburb	SEIFA score	Usual resident population
Barragup	1000	940
Birchmont	1008	86
Blythewood	1008	85
Coolup	984	420
Dwellingup	970	524
Fairbridge	1086	55
Furnissdale	871	1061
Holyoake	954	22
Inglehope	1044	18
Meelon	1029	174
Nambeelup	1021	361
Nirimba	1008	80
North Dandalup	1053	863
North Yunderup	932	840
Pinjarra	903	4914
Ravenswood	981	2483
South Yunderup	992	3860
Stake Hill	1051	469
Teesdale	1044	89
West Coolup	1008	182
West Pinjarra	1006	448

Source: Australian Bureau of Statistics. (2021). *Socio-Economic Indexes for Areas (SEIFA), Australia*.

Health and Wellbeing Indicators

Nutrition

Diet has an important effect on health and can influence the risk of many chronic diseases. The Australian Dietary Guidelines outlines the recommended daily serves of fruit and vegetables for adults and children (NHMRC, 2013).

Minimum recommended serves of fruit per day by age for HWSS reporting are:

- 2-3 years: 1 serve
- 4-8 years: 1 serve
- 9-15 years: 2 serves
- adults aged 16 years and over: 2 serves.

Minimum recommended serves of vegetables per day by age for HWSS reporting are:

- 2-3 years: 2 serves
- 4-8 years: 4 serves
- 9-15 years: 5 serves
- adults aged 16 years and over: 5 serves.

The prevalence estimates for those who meet the guidelines for fruit and vegetable consumption includes persons aged 2 years and over.

In 2020, 53.8% of Shire of Murray residents ate the recommended serves of fruit daily, 9.3% ate the recommended serves of vegetables daily and 24.0% ate fast food at least weekly. Among males, 50.5% ate the recommended serves of fruit daily, 6.8% ate the recommended serves of vegetables daily and 28.5% ate fast food at least weekly. In comparison, among females 57.1% ate the recommended serves of fruit daily, 11.8% ate the recommended serves of vegetables daily and 19.5% ate fast food at least once a week.

Physical activity and sedentary behaviour

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).

In 2014, the Australian Department of Health updated Australia's Physical Activity and Sedentary Behaviour Guidelines, stating 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 (AGDH, 2014).

With no new guideline explicitly defined for adults aged 65 years and over, the 2005 recommendation of 30 minutes of moderate physical activity on most and preferably all days of the week, is the most recent advice available. To avoid reporting against multiple guidelines, all persons aged 18 years and over were defined in the Health and Wellbeing Surveillance Survey (HWSS), as completing sufficient (or recommended) levels of physical activity if they completed at least 150 minutes of moderate physical activity in the last week.

The 2019 Australian 24-Hour Movement Guidelines for Children and Young People recommends children aged between 5 and 17 years complete at least 60 minutes of

moderate to vigorous physical activity each day (AGDH, 2019). Children were classified as meeting the physical activity guidelines if they were physically active for seven or more sessions a week where each session lasted 60 minutes or more. The prevalence estimates for those who completed the recommended amount of physical activity includes persons aged 5 year and over.

In 2020, Shire of Murray residents had a lower prevalence of completing the recommended amount of physical activity each week when compared to the WA average. It is estimated that 34.7% of males and 40.7% of females aged 5 years and over completed the recommended amount of physical activity each week.

In 2020, Shire of Murray residents had a similar prevalence of spending more than the recommended time in screen-based sedentary leisure activities when compared to the WA State average. It is estimated that 45.2% of males and 44.4% of females of all ages in Shire of Murray spent more than the recommended time in screen-based sedentary leisure activities.

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).

Shire of Murray residents had a lower prevalence of overweight and a lower obesity prevalence compared to the State. In 2020, it is estimated that 37.4% of males aged 5 years and over were overweight and 21.4% were obese. In comparison, 27.7% of females aged 5 years and over were overweight and 22.8% were obese.

Tobacco smoking

Tobacco use

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). The use of e-cigarettes or vaping were not included when determining the prevalence of current tobacco smoking.

Residents of the Shire of Murray had a similar prevalence of current tobacco smoking compared to the WA State. In 2020, 11.2% of males aged 18 years and over reported currently smoking compared with 8.6% of females aged 18 years and over.

Tobacco-attributable hospitalisations

In 2020, the rate of tobacco-attributable hospitalisations was similar among Shire of Murray residents (566.5 per 100,000) compared to the WA State rate. Among male residents, the rate of tobacco attributable hospitalisations was 627.7 per 100,000. This is similar compared to the WA State rate. Among female residents, the rate of tobacco-attributable hospitalisations was 489.3 per 100,000. This is similar compared to the WA State rate. Note that the data is only for people aged 15 years and over.

Tobacco-attributable deaths

In 2020, the rate of tobacco-attributable deaths was higher among Shire of Murray residents (72.2 per 100,00) compared to the WA State rate. Among male residents, the rate of tobacco-attributable deaths was 88.7 per 100,000. This is higher compared to the WA State rate. Among female residents, the rate of tobacco-attributable deaths was 55.3 per 100,000. This is higher compared to the WA State rate. Note that the data is only for people aged 15 years and over.

Alcohol-related harm

Alcohol use prevalence

Alcohol use increases the risk of some health conditions, including 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 use levels reported below were based on the 2009 Australian guidelines to reduce health risks from drinking alcohol, that 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).

For children and young people under 18 years, the guidelines recommend not drinking alcohol as the safest option. The prevalence estimates for adults who drink at levels that increase the risk of long-term harm or short-term harm includes persons 16 years and over.

In 2020, the prevalence of alcohol use at levels considered to be high risk for short-term harm (4 standard drinks on any one day) in the Shire of Murray was lower compared to the WA State average. The prevalence of alcohol use at levels considered to be high risk for long-term harm (2 standard drinks on any one day) was higher compared to the WA State average. It is estimated that 40.7% of males aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 11.4% used alcohol at levels considered to be high risk for short-term harm. In comparison, 15.5% of females aged 16 years and over used alcohol at levels considered to be high risk for long-term harm and 2.2% used alcohol at levels considered to be high risk for short-term harm.

Alcohol-attributable hospitalisations

In 2020, the rate of alcohol-attributable hospitalisations among Shire of Murray residents was similar compared to the WA State rate. Among male residents, the rate of alcohol-attributable hospitalisations was 1157.0 per 100,000. This is similar compared to the WA State male rate. Among female residents, the rate of alcohol-attributable hospitalisations was 645.3 per 100,000. This is lower compared to the WA State female rate. Note that the data is only for those aged 15 years and over.

Alcohol-attributable deaths

In 2020, the rate of alcohol-attributable deaths was higher among Shire of Murray residents (41.2 per 100,000) compared to the WA State rate. Among male residents, the rate of alcohol attributable deaths was 58.2 per 100,000. This is higher compared to the WA State male rate. Among female residents, the rate of alcohol-attributable deaths was 24.6 per 100,000. This is higher compared to the WA State female rate. Note that the data is only for those aged 15 years and over.

Illicit drug-related harm

Illicit drug-attributable hospitalisations

In 2020, the rate of illicit drug-attributable hospitalisations among Shire of Murray residents was lower compared to the WA State average. Among male residents, the rate of illicit drug-attributable hospitalisations was 181.4 per 100,000. This is lower compared to the WA State male rate. Among female residents, the rate of illicit drug-attributable hospitalisations was 185.2 per 100,000. This is lower compared to the WA State female rate. Note that the data is only for people aged 15 years and over.

Illicit drug-attributable deaths

In 2020, the rate of illicit drug-attributable deaths among Shire of Murray residents was higher compared to the WA State average. Among male residents, the rate of illicit drug-attributable deaths was 15.5 per 100,000. This is similar compared to the WA State male rate. Among female residents, the rate of illicit drug-attributable deaths was 15.2 per 100,000. This is higher compared to the WA State female rate. Note that the data is only for those aged 15 years and over.

Mental Health

Mental Health Conditions

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

In 2020, Shire of Murray residents had a higher prevalence of anxiety (11.0%), depression (11.9%), stress (11.8%), and any mental health condition (18.6%) when compared to the WA State prevalence. Note that the data is only for those aged 16 years and over.

Psychological distress

In 2020, Shire of Murray residents had a higher prevalence of high or very high psychological distress when compared to the WA State prevalence. It is estimated that 10.5% of males and 12.8% of females aged 16 years and over had high or very high psychological distress.

Injury

There are a total of 15 major injury causes, however, only the six causes considered to be amenable to prevention by local governments are presented below.

Injury-related hospitalisations

Accidental falls

In 2020, accidental falls was the leading cause of injury-related hospitalisations in Shire of Murray (854.2 per 100,000). This rate was lower compared to the WA State rate. Among males, accidental falls was the leading cause of injury-related hospitalisations (856.4 per 100,000). This is lower compared to the WA State rate. Among females, accidental falls was the leading cause of injury-related hospitalisations (853.0 per 100,000). This is lower compared to the WA State rate.

Transport accidents
Transport accidents was the second leading cause of injury-related hospitalisations in Shire of Murray (416.1 per 100,000). This rate was higher compared to the WA State rate. Among males, transport accidents was higher (558.2 per 100,000) compared to the WA State rate. Among females, transport accidents was higher (278.2 per 100,000) compared to the WA State rate.

Intentional self-harm
Intentional self-harm was the third leading cause of injury-related hospitalisations in Shire of Murray (112.3 per 100,000). This rate was lower compared to the WA State rate. Among males, intentional self-harm was similar (97.9 per 100,000) compared to the WA State rate. Among females, intentional self-harm was lower (125.6 per 100,000) compared to the WA State rate.

Assault and neglect
Assault and neglect was the fourth leading cause of injury-related hospitalisations in Shire of Murray (88.1 per 100,000). This rate was lower compared to the WA State rate. Among males, assault and neglect was lower (122.3 per 100,000) compared to the WA State rate. Among females, assault and neglect was lower (54.9 per 100,000) compared to the WA State rate.

Accidental poisoning
Accidental poisoning was the fifth leading cause of injury-related hospitalisations in Shire of Murray (56.3 per 100,000). This rate was similar compared to the WA State rate. Among males, accidental poisoning was similar (61.1 per 100,000) compared to the WA State rate. Among females, accidental poisoning was lower (51.2 per 100,000) compared to the WA State rate.

Accidental drowning, submersion, threats to breathing
Accidental drowning, submersion, threats to breathing was the sixth leading cause of injury-related hospitalisations in Shire of Murray (18.7 per 100,000). This rate was lower compared to the WA State rate. Among males, accidental drowning, submersion, threats to breathing was lower (22.5 per 100,000) compared to the WA State rate. Among females, accidental drowning, submersion, threats to breathing was lower (14.7 per 100,000) compared to the WA State rate.

Injury-related deaths
In 2020, intentional self-harm was the leading cause of injury-related deaths for persons in the Shire of Murray. This was higher compared to the WA State rate. Other reported injury-related deaths included: accidental falls (similar to the WA State rate), accidental poisoning (higher than the WA State rate), transport accidents (higher than the WA State rate), accidental drowning, submersion, threats to breathing (similar to the WA State rate) and assault and neglect (similar to the WA State rate).

Notifiable infectious diseases
In 2020, sexually transmitted infections was the leading cause of notifiable infectious diseases in the Shire of Murray. This was lower compared to the WA State rate. Other reported notifiable infectious diseases included: enteric diseases (similar to the WA State rate), vaccine preventable diseases (lower than the WA State rate), blood-borne diseases (similar to the WA State rate), and vector-borne diseases (higher than the WA State rate).

Evaluation of the Plan

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

Annual Report

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

Financial Performance

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

Key Performance Indicators

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

After five years of this Plan being implemented, it will be evaluated and reviewed entirely. Then the next Plan will be developed according to the needs of the local community with aligning the State Public Health Plan and legislative requirements of the Public Health Act 2016.

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APPENDIX 1

Action Plan: Healthy People & Community

The following strategies have been identified for future action:

Support and encourage the community to lead healthier lifestyles by the provision of education and lifestyle opportunities	
Strategies	**Actions**
1.01 Reduced alcohol related harm in the community	- Continue to support low alcohol and no alcohol events and activities, both internally and in conjunction with event organisers. - Consider adopting a policy which influences environments supportive of alcohol risk minimisation strategies. - Support the Local Drug Action Team in their initiatives.
1.02 Reduced exposure to tobacco smoke and vape aerosols in public places	- Continue to promote all Shire events as smoke and vape free. - Maintain smoke and vape free signage at Shire facilities. - Support state and federal public health campaigns to reduce tobacco use, vaping and use of related products, particularly among people at greater risk of harm.
1.03 Reduced preventable communicable diseases	- Implement policies and promote strategies to prevent and manage the spread of preventable notifiable diseases. - Provide educational opportunities that raise community awareness of minimising pollutants i.e. impacts of illegal dumping, water contamination. - Maintain and grow existing partnerships with relevant organisations to further develop healthy environments. - Support and promote the WA immunisation schedule to increase vaccination rates for children.
1.04 Improved healthy and active living	- Activate parks, bushland, foreshores, ovals and walking trails, providing connections and shared paths wherever possible. - Continue to deliver activities and programs that support active and healthy lifestyle behaviour changes at Shire facilities. - Maintain and continue to strengthen partnerships with local community groups and sporting clubs to promote healthy environments i.e. healthy canteens, safe

		alcohol environments and smoke and vape free environments.
1.05	Increase access and inclusion to community services for everyone's needs	- Facilitate programs and services for young people that promote inclusiveness, participation and recognition within the community. - Work closely with the local Aboriginal community to develop culturally appropriate, community-based initiatives that celebrate Aboriginal heritage. - Increase access to natural environments for opportunities for connecting with country, mental health benefits and active living. - Support the implementation of multicultural action plans to encourage the participation of Culturally and Linguistically Diverse (CaLD) communities in social, economic and cultural life. - Deliver programs that support disability access and inclusiveness. - Support community events that promote community inclusion and involvement.
1.06	Improved mental health and wellbeing	- Strengthen the partnership with Act Belong Commit. - Support and promote community involvement in activities that encourage a connected and mentally healthy community. - Support collaboration with government and non-government agencies to address social determinates of health including housing, education, employment, financial security, and safe, healthy environments.
1.07	Support the prevention of avoidable injuries	- Raise awareness of family and domestic violence and continue to partner with referral services and WA Police. - Continue and promote swimming pool inspection barrier programs. - Support state and federal injury prevention campaigns e.g. Injury Matters campaigns and implement relevant initiatives locally. - Continue to monitor traffic surveys to identify areas of concern to minimise road injuries.
1.08	Improved healthy eating, nutrition and food security	- Promote healthy eating at Shire events. - Promote healthy eating as part of food safety programs and food business inspections. - Investigate opportunities to increase healthy food options at Shire facilities and events. - Support state and federal nutrition campaigns in partnership with local community groups and sporting clubs.

		- Increase availability and accessibility of quality, affordable and nutritious food for all in community. - Support participation in initiatives to improve community food security.
1.09	Consider public health risks in planning and development policies to facilitate healthy living and minimise impacts from public health hazards	- Promote access to healthy food options through food retail zoning and policies and encourage local food production. - Develop and implement urban design and building code requirements that support climate-resilience, including protecting and increasing the tree canopy, creating green public spaces, improving stormwater management and using sustainable building materials. - Foster collaboration between public health representatives, urban planners, state government agencies and community stakeholders to ensure that health is a focus in urban development strategies. - Conduct regulatory compliance activities for public buildings, accommodation, aquatic facilities, recreation waters and food businesses.
1.10	Improved health literacy	- Promote and ensure public health information is accessible, appropriate and effectively communicated. - Leverage digital health tools such as mobile apps, online platforms, and social media to disseminate appropriate health information.

Action Plan: Healthy Places & Spaces

The following potential strategies have been identified for future action:

Provide healthy places to support and encourage healthy lifestyle opportunities in the shire	
Strategies	**Actions**
2.01 Improved community safety and reduced crime levels	- Support the development of a Community Safety & Crime Prevention Plan. - Support emergency services and continue to review the Local Emergency Management Plan. - Support best practice requirements for encouraging active transport. - Motivate creative design for open space in newly developed areas that meet community needs. - Support community groups to establish places that encourage community participation and involvement. - Monitor and regulate short stay accommodation and camping facilities on private land.
2.02 Conserve, maintain and enhance public areas and streetscapes through the Shire	- Implement conservation of remnant vegetation policy. - Support the establishment of sustainable community fresh food initiative i.e. farmers market, local community gardens and edible verge gardens. - Continue to maintain public areas, shared paths and streetscapes, to enhance walkability and enable the community to be active for fun, sport, transport and leisure activities.
2.03 Protect and enhance environmental health	- Implement environmental health strategies and relevant legislation to protect and enhance the health of the community. - Undertake surveillance and implement mosquito management strategies to minimise the public health impacts from disease carrying mosquitoes.
2.04 Future development	- Local Planning Strategy to create a comprehensive and strategic direction for the growing community, consolidating future urban growth towards existing settlements. - Incorporate Health Impact Assessment into the local planning framework. - Consider health opportunities in planning decisions, policies and strategies, including walkability, shared paths, active transport and liveability.

		- Ensure structure plans for growth areas focus on diverse housing options, education, employment, public transport, financial security, and safe, healthy environments.
2.05	Adapt to climate change	- Continue to promote the use of renewable energy. - Encourage and exercise best practice water management. - Reduce urban heat through landscape plantings. - Promote the waste education program and promote recycling strategies. - Implement actions in the Climate Change Mitigation and Adaptation Plan. - Consider the impact of climate change on mosquito breeding and adapt the mosquito program accordingly. - Identify and mitigate the environmental health hazards arising due to climate change.

Action Plan: Healthy Partnerships

The following potential strategies have been identified for future action:

Work in partnership with government, non-government, community-based organisations and members of the community to undertake/deliver/implement public health initiatives	
Strategies	**Actions**
3.01 Collaborative partnerships with businesses, government and service providers	- Support a local network of service providers to encourage greater collaboration and partnerships for continued growth, economic prosperity and health.
3.02 Develop a sustainable local economy	- Support local businesses including those that offer health promotion services eg personal trainers in public open space. - Provide support and incentive mechanisms for new and existing local businesses that enhance community health, including forums, development of hubs and shared office space.
3.03 Improve access to ample job opportunities locally	- Help identify gaps in service provision and support or partner programs and initiatives to fill those identified gaps. - Support a local network of service providers to encourage collaboration and partnerships for sharing of information regarding job opportunities.
3.04 Develop a healthy workplace	- Continue to provide a full package of support, training and engagement mechanisms to foster staff development and to support equality in the workplace. - Continue to offer staff a variety of health and wellbeing opportunities. - Expand Aboriginal partnerships and cultural learning to deepen understanding of racism through truth-telling and the cultural determinants of health. - Promote shared responsibility across government, private and non-government sectors to build workplaces that promote mental health and wellbeing.
3.05 Demonstrate strong leadership and good governance	- Provide strong leadership through good governance to ensure public health is considered in operational and strategic decisions.
3.06 Support and promote population-based screening programs	- Improve the access to population-based screening programs for the prevention or early detection of

		disease and other public health risks and certain other conditions of health.
3.07	Provide sustainable disaster and emergency management across Prevention, Preparedness, Response and Recovery (PPRR) phases	- Ensure clear communication and public information to manage health risks effectively during emergencies. - Provision of environmental health services after bushfires or during disasters, as required. - Assisting community led recovery, supporting long-term health needs and resilience building.
3.08	Reduce harms due to current and future health hazards, including environmental, radiation and biosecurity risks	- Reduce harms due to current and future health hazards, including environmental, radiation and biosecurity risks
3.09	Ensure access to safe food and water	- Work with stakeholders to support introduction of new food safety standards for horticulture and food safety standard 3.3.2A. - Maintain water sampling program for food businesses that are on non-potable water supply.

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