The Role of Local Government in Community Health and Wellbeing

WA Public Health Act 2016
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Executive Summary

The Public Health Act 2016 (the Act) commenced in Western Australia on July 25, 2016, replacing the Health Act 1911. The Act has begun its transition into force in a staged manner. There are five stages of implementation over three to five years. Currently the Act is in stage 3 of implementation, which commenced on January 24, 2017.

Local Governments will have a range of responsibilities under the Act. These include the appointment of Environmental Health Officers to their roles, the right to designate a person as an authorised officer, general public health duty, Public Health Planning, and in some cases, public health assessment.

During the current stage of implementation of the Act, the key issues for Local Government are the designation of Environmental Health Officers as authorised officers under the Act; ensuring there are sufficient officers to handle the health needs of the community; and preparation for Local Public Health planning.

Local Governments are now obligated under the Act to prepare a Local Public Health Plan, either as a standalone document or as part of their Community Strategic Plan. Public Health Planning aims to bring a preventative approach to health to both State and Local Government. Local Governments are advised to compile data and engage with the community to create a community health profile, to inform planning for health programs and projects targeting the issues of most need in the community. Local Public Health Plans will give regard to the priorities set out in the State Health Plan, which is now available for Local Government consultation on the Department of Health website.

The health and wellbeing of their communities has traditionally been a high priority for Local Government, including the development of sewage and sanitation systems; safe drinking water, food and housing from the 1800s to present day. The Public Health Act 2016 reflects the continuing role of Local Governments in health, including assistance with the prevention of chronic disease and mental health issues through community programs. As the closest tier of Government to the community, Local Governments are best placed to do community focused health planning and implementation. WALGA encourages Local Governments to begin to plan for the wellbeing of their communities, given the as building a plan requires Local Governments to spend time gathering data, consulting the community and reviewing strategies.

As Local Governments progress towards preparation of their Local Public Health Plans they have many things to consider. Local Government officers have shared their eagerness to work with their residents to create a Public Health Plan that represents their interests, and can create lasting positive changes in the health of their communities. WALGA encourages Local Governments to begin to plan for the wellbeing of their communities, given the as building a plan requires Local Governments to spend time gathering data, consulting the community and reviewing strategies.

However, the costs of preparing the Plans have been raised as a concern by the Local Government sector due to the time and resource intensive nature of gathering data and tailoring plans to the needs of the community. As a result, Local Governments have requested that they receive funding and greater support from the State or Commonwealth to assist in preparing their Plans. Health promotion invests time and resources into preventing health problems in the community, and it is anticipated that investment into Local and State Public
Health Planning will lead to the gradual reduction of preventable and chronic diseases in the long term. To do so would benefit State and Commonwealth Government via savings in primary health care. The WA Health Promotion Strategic Framework has calculated some of the healthcare costs which could be avoided by a concerted effort expended on preventative strategies.

- Hospital costs of admissions due to alcohol-related causes in WA exceeded $478 million over the period 2007–2011.
- Injury due to falls was responsible for more than 40% ($140 million) of the total estimated hospitalisation costs attributed to injury in WA.
- If current trends continue, the hospital costs of chronic disease are estimated to reach $971 million in 2026 in WA. For injury, the estimate for 2026 is $586 million.¹

In a recent survey of Local Government officers, the top public health issues were identified as environmental health, mental health, alcohol and drugs, physical activity, chronic disease, smoking, healthy eating, Aboriginal Health, sun safety, climate change and injury prevention. These priorities are addressed in depth both in this paper and on the WALGA website, including examples and case studies of how these issues have been addressed at a local level. Local Governments can refer to these priorities, along with resources listed below, to inform public health planning for their communities.

- the priorities of the Department of Health in the Interim State Health Plan
- relevant issues identified in their data and community consultation
- case studies from other WA and interstate Local Governments.

In the last ten years, both Victoria and South Australia have introduced in new Public Health Acts which create a requirement for Local Public Health Planning. These States have produced State Health Plans which identify public health priorities and solutions that could also apply to West Australian State and Local Governments. An overview of their Public Health Plans is provided in this paper.

**Introduction**

Defined as ‘the science and art of promoting health, preventing disease and prolonging life through the organised efforts of society’, public health is a social and political concept aimed at improving health, prolonging life, and improving the quality of life among whole populations through health promotion and disease prevention.²

This paper has been prepared in response to concerns Local Government Officers and Elected Members have raised with WALGA about the capacity of Local Governments to prepare effective Public Health Plans given funding constraints, and the necessity for this planning to commence as early as possible to ensure they have adequate time to include in Council budgets and benefit their communities.

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This paper provides an overview of how the Public Health Act 2016 will affect governments and citizens, considerations for planning the future workforce, and next steps to ensure that the process runs as smoothly as possible, with maximum benefits to the community.

The paper is divided into five broad sections.

The first section outlines the background and implications of the Public Health Act 2016, including the planned implementation of the Act.

The second section explains the obligations Local Governments are held to under the Act.

The third section outlines the resources Local Governments can consult when preparing their public health plans, and a step-by-step process for beginning to prepare a plan. This section provides an overview of Local Public Health Planning, and the resources available to Local Governments to assist with the Public Health Planning process.

The fourth section goes into detail about considerations Local Governments can take into account while preparing their Public Health Plans. This includes a description of the social determinants of health and health issues in Local Government areas which are able to be addressed within Local Public Health Plans. It also includes information on the key health issues which can be addressed with Local Government support, and how they can provide savings, not only in terms of a financial saving for the State and Commonwealth Government in primary health services, but also in terms of quality of life of residents as they age. This section also contains case studies from Local Governments around Western Australia, and how they have addressed some of the priority issues identified during the preparation of their Local Public Health Plans.

The fifth section provides a conclusion and discussion questions for Local Governments to consider.

Background

Local Governments have traditionally given the health of their communities as a high priority. Local Governments led the development of sewage and sanitation systems in the late 1800s and early 1900s, leading to significant reductions in death and disease in the twentieth century. The traditional functions of Local Government have directly focused on reducing disease or harm, including ensuring safe drinking water; legislating for safe food; insisting on safe housing; enforcing safe streets; and controlling mosquitoes and vermin.

Local government perform a range of regulatory tasks which would be difficult for State Government to administer because of their localised and varying nature. These tasks can include building inspection, planning and development approval, dog and cat management, parking, as well as food and health inspection. Local Governments also prioritise the general health and well-being of the local community, through activities such as drainage, immunisation, public toilets, water coolers, waste disposal and the cleaning and maintenance of local streets, footpaths and roads. Local governments also provide community services,

such as libraries and child care and recreational facilities, such as public gardens, parks and sports grounds.  

Environmental Health Officers are often regarded as occupying the only health role in Local Government. However, a broader view of health and wellbeing indicates that many professions can be regarded as making vital contributions to the health and wellbeing of the community. These include Sport and Recreation Officers, Pest Control Officers, Building Officers, Strategic Planners, Town Planners, Rangers, and Librarians, in addition to Environmental Health and Health Promotion Officers. 

Until 2016, Western Australia operated under the Health Act 1911. This Act addressed the public health concerns that prevailed at the beginning of last century, and had been amended more than one hundred times. The Act included issues which are now included in other legislation, did not address current and emerging public health issues, was prescriptive and reactive and did not bind the crown. The Public Health Act 2016 sought to address the deficiencies of the previous Act by:

- introducing a general public health duty - a legal duty on all persons to conduct their activities in a way that does not cause harm to the health of others;
- introducing the ability to define a health risk as serious or material, and give the option to act on the risk with a notice or order, rather than waiting until public health damage occurs before prosecution is able to be carried out;
- introducing public health assessment into certain planning proposals; and
- binding the crown, which provides the power for Local Governments to enforce health provision in Aboriginal Communities which are located on Crown reserve land.

Western Australia is a progressive State in health promotion programs and policy. Although all States and Territories in Australia have updated their Health Acts in over the past twenty years, Victoria; South Australia; and Western Australia have been the only States to incorporate Public Health Planning into their Acts. Western Australia also boasts multiple health advocacy and health promotion agencies, such as Heathway and the Public Health Advocacy Institution of Australia (PHAIWA), which provide information, resources and grants for health promotion activities in Western Australia. The emphasis on health in WA is leading to improved health behaviours in residents, with WA exhibiting a 3.3% drop in the smoking rate between 2010 and 2013, and continuing to have one of the lowest rates of smoking in Australia. 

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excellent or very good health (60.8 per cent), and are most likely to eat the recommended daily serves of fruit (54.2 per cent).”

Public Health Planning provides an extra opportunity to acknowledge and address preventative approaches to health both at a State and Local level. Local Governments can use the data they collect from their communities to determine the health issues which are most pressing, and uncover the leverage points to make a difference to that community. Local Governments can play a crucial role in public health through policy development; creating supportive environments; and supporting positive behaviour changes in community members, thereby contributing to the health and wellbeing of their communities.

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1.0 Public Health Act – Implementation and Implications

The Public Health Act 2016 (the Act) together with the supporting Public Health (Consequential Provisions) Act 2016 received Royal Assent on the 25th July 2016. These Acts aim to facilitate a comprehensive reform for public health regulation in Western Australia. The Acts acknowledge that Local Government need effective and flexible mechanisms that fit into existing planning frameworks and strategies, to enable Local Government to undertake its role and to respond to community needs, particularly with respect to health and wellbeing.

1.1 Staged Implementation

The Act will be implemented in a staged manner over 3-5 years. Stage 3 and 5 require the most preparation for Local Governments. Staged implementation of the Act commenced on the day of Royal Assent, 25 July 2016.9

Stage 1 of implementation began on the day of Royal Assent (25 July 2016). On this day clauses 1 and 2 of the Act and the Public Health (Consequential Provisions) Act 2016 came into operation.9

Stage 2 occurred on the day following Royal Assent (26 July 2016). At the initiation of Stage 2 the following clauses to come into operation: Clauses 3-5 – Objects and Principles, terms used and Crown bound. Part 16 – Crown Exemptions and Part 18 – Miscellaneous Provisions and parts of Part 19 will come into operation. These 2 stages involved various technical matters required to facilitate the transition from the Health Act 1911 to the Public Health Act 2016. At this stage the Health Act 1911 and its associated regulations, by-laws and local laws will remain in force.9

Stage 3 occurred on 24 January 2017. At the commencement of Stage 3 the Health Act 1911 was re-named the Health (Miscellaneous Provisions) Act 1911.9

During this stage elements of the administrative framework provided by Part 2 of the Public Health Act 2016 came into operation to replace the equivalent administrative framework provided by Part II of the Health Act 1911.9

These included the following changes:

- Changes to terminology, including terminology under the Health Act 1911 and all subsidiary regulations, as well as any WA legislation that references the Health Act 1911.

- Designation of authorised officers, and appointment of Environmental Health Officers must now be made under the Public Health Act 2016. Local Governments are required to present authorised officers with a certificate of Authority, which states the Acts and Regulations they are authorised to act under.

- Reporting requirements: Local Governments are required to report on their performance of functions from the commencement of Stage 3. Reporting will be

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annually on a financial year basis, and reports will be required in October each year. Reporting functions will be limited at stage 3.  

**Stage 4** is expected to occur in September 2017. This stage will include the commencement of provisions relating to notifiable infectious diseases and related conditions, prescribed conditions of health, serious public health incident powers and public health emergencies. Equivalent provisions in the *Health (Miscellaneous Provisions) Act 1911* and regulations made under that Act will be repealed. Local Governments are not required to take any action to prepare for this stage. The Department of Health has released the First Interim State Public Health in advance of the commencement of Stage 4, to inform Local Governments of the State’s priorities as they progress with preparation of their Local Public Health Plans.  

**Stage 5** will include the development of new regulations, and the commencement of the enforcement provisions for Public Health Planning, Public Health Assessments and registration and licensing. Stage 5 is a significant stage of implementation for Local Government, and the Department of Health will work closely with officers and Elected Members in the lead up to this stage, including consulting on the development of regulations. Stage 5 is expected to commence in 2019-2021.  

The Department of Health website contains Factsheets and Certificate of Authority templates to assist Local Governments in their transition.

### 1.1.1 State Health Plan

Section 43 of the *Public Health Act 2016* introduces the obligation for the Chief Health Officer to prepare a State Health Plan. This plan sets the priorities of the State Government which will then inform priorities and objectives in Local Public Health Plans.

The State Health Plan will
- identify public health needs in Western Australia,
- include an examination of data relating to the health status and health determinants in the State,
- establish objectives and policy priorities for promotion, improvement and protection of public health in the State, and identify how these objectives are proposed to be achieved, and
- describe how the Chief Health Officer will work with local governments and other bodies (undertaking public health initiatives, projects and programmes) to achieve the objectives and policy priorities; and
- include a strategic framework for the identification, evaluation and management of public health risks in the State and any other matters relating to public health risks in the State –
  - that the Chief Health Officer considers appropriate to include in the plan; or
  - that are required to be included in the plan by the regulations.  

Part 5 of the *Public Health Act 2016* sets out the obligation for the Chief Health Officer to make the first State Public Health Plan available no later than 12 months from the commencement

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of Stage 5. In the meantime, the Department of Health has produced the First Interim State Public Health Plan to assist Local Governments in identifying priorities for their planning.

WALGA will work with the Department of Health to provide information and support to ensure that Local Governments understand their responsibilities under the Act.

### 1.2 Regulations

There are currently 45 regulations made under the *Health Act 2011*. Twenty-two of the current regulations relate to environmental health. During the implementation of the *Public Health Act 2016*, all existing subsidiary legislation will be reviewed, repealed and replaced with a manageable number of new regulations to streamline the system. The Department of Health aims for current regulations to be replaced by a smaller number of regulations which will fall under the following categories:

- Built environment
- Personal safety
- Pests and Vectors
- Water
- Events

New regulations for Public Health Assessments and By-Laws for Rottnest Island will also be developed.

The *Public Health Act 2016* does not include provisions to allow local laws to be made. The *Local Government Act 1995* has been amended to allow Local Governments to make local laws relating to public health, and all new local laws from this point should be made under that Act. Existing local laws made under the *Health Act 1911* will remain in effect until Stage 5. The Department of Health is working with WALGA and Local Governments to facilitate the move of local laws to sit under the Local Government Act.

During Stage 5 of implementation, the Department of Health will follow a process to develop the new regulations. The process includes:

- Researching the area of concern to identify known and emerging issues, current best practice and how the issues are managed in other jurisdictions and countries.
- Preparing a discussion paper for public consultation that outlines the findings of that research and proposes options for the future management of that risk.
- Consulting the Regulatory Gatekeeping Unit about the proposed content of any new legislation.
- Drafting the new legislation. Local Governments and key stakeholders will be consulted at each stage of the development of the new legislation, and are encouraged to take an active role in their development.

Local Governments are invited to be involved in the development of regulations for the *Public Health Act 2016*. WALGA strongly encourages Local Government to provide feedback to the

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Department of Health as they go through the process of determining appropriate regulations. The Department of Health and WALGA will keep Local Governments informed of progress of the regulations.

1.2.1 Health (Asbestos) Regulations 1992 Amendments

The Department of Health made the decision to amend the *Health (Asbestos) Regulations 1992* as a result of advocacy by Local Governments. The changes came into operation on 24 January 2017.\(^\text{13}\) Previously the penalty for not complying with the regulations was less than the cost of compliance. Changes include increasing penalties for $1000 per day, or up to $10,000 for offences under the Regulations.

The Department of Health has provided a guidance note for Local Governments which provides more information on the changes. [https://gallery.mailchimp.com/bbc68d42eff51a06d25cb71db/files/Factsheet_sent_050117_Asbestos_Regulations_Local_Government.pdf](https://gallery.mailchimp.com/bbc68d42eff51a06d25cb71db/files/Factsheet_sent_050117_Asbestos_Regulations_Local_Government.pdf)

2.0 Local Government’s Obligations under the Public Health Act 2016

The role of Local Governments in the *Public Health Act 2016* includes the appointment of Authorised Officers to monitor environmental health; General Public Health Duty; the preparation of Local Public Health Plans; and a degree of involvement in Public Health Assessment.

The Department of Health website lists the functions of Local Government under the Act as:

- To initiate, support and manage public health planning for its local government district (i.e. in accordance with the Act and the Local Government Act 1995).
- To develop and implement policies and programmes to achieve the objects of this Act within its local government district.
- To perform the functions that are conferred on local governments by or under this Act.
- To administer and enforce this Act within its local government district in accordance with the objects and principles of this Act.\(^\text{14}\)

Previously State and Commonwealth Governments have been responsible for population and primary health services, and Local Government was involved in the area of environmental health. However the growing occurrence of preventable diseases in Australia indicates that community health needs to be addressed at all levels of government. Local Government are in a unique position to provide planning and infrastructure, education and programs which can influence the health of their communities. The Act acknowledges that position, and provides an obligation to Local Governments to become more involved in the prevention of health risks.

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and illness through preparation of Public Health Plans, while continuing the work they do in environmental health.

### 2.1 Parts of the Act relevant to Local Governments

#### 2.1.1 Functions of Local Government - Part 2 Division 2 s16

The Act outlines the functions of Local Government as being to ‘initiate, support and manage public health planning for its Local Government district’, and to ‘develop and implement policies and programmes to achieve the objects of this Act within its Local Government district’.  

#### 2.1.2 The Appointment of Environmental Health Officers - Part 2 Division 2

The Act also sets out the how the appointment of environmental health officers is to be carried out by Local Governments. This section includes the statement that the qualifications and experience of the environmental health officer must be approved by the Chief Health Officer.

#### 2.1.3 Authorised Officers - Part 2 Division 4

This section gives an enforcement agency (the Chief Health Officer, a Local Government or another person or body) the right to designate a person or class of persons as authorised officers. The enforcement agency must report at requested intervals to the Chief Health Officer. The Chief Health Officer may issue guidelines on the appropriate qualifications and experience for a person or class of persons to be designated as authorised officers.

#### 2.1.4 General Public Health Duty - Part 3

This part states that:

> A person must take all reasonable and practicable steps to prevent or minimise any harm to public health that might foreseeably result from anything done or omitted to be done by the person.

This statutory duty forms the crucial element of the Act’s risk based approach.

To assess whether a breach of the general duty has occurred, an authorised officer must consider:

- Has harm to public health occurred?
- Are the person’s actions likely to cause harm to public health?
- If yes, has the person taken reasonable and practicable steps to prevent or minimise harm?

Further information on the general public health duty will be made available in the Department of Health’s Public Health Act Toolkit for Local Government.

#### 2.1.5 Public Health Plans - Part 5

This section includes an explanation of the function and structure of Public Health Plans to be prepared by State and Local Governments. Public Health Planning is discussed to in the State and Local sections of this paper.
2.1.6 Public Health Assessment - Part 7
The role of Local Government in relation to public health assessments is limited, unless the Local Government is a *decision-making authority* for the purposes of Part 7 of the Act.\(^\text{10}\)

It is likely that proposals which are most likely to attract a public health assessment will be those which require the involvement of an authority such as the Environmental Protection Authority or other minister, rather than the Local Government alone.\(^\text{15}\)

### 3.0 Local Public Health Plans
The *Public Health Act 2016* requires Local Governments to prepare a Local Public Health Plan to play a greater role in managing public health. Section 45 of the *Public Health Act 2016* states that “a Local Government must prepare a public health plan that applies to its local government district.”\(^\text{10}\) The Act includes the obligation for Local Governments to prepare their Public Health Plans within two years following the commencement of Stage 5, and requires that Local Public Health Plan be consistent with the State Public Health Plan.\(^\text{10}\) The First Interim State Public Health Plan is now available for Local Government consultation, and this contains the health priorities for WA.

Local Governments can also look to the following WA health strategies that outline the State’s public health priorities. These include:

- Aboriginal Health – WA Aboriginal Health and Wellbeing Framework 2015-2030
- Child and Youth Health Services Framework – Our Children Our Future 2008-2012
- Chronic Disease and Injury – WA Health Promotion Strategic Framework 2017-2021
- Mental Health – Mental Health 2020: Making it personal and everyone’s business
- Mental Health Commission – Mental Health, Alcohol and Other Drugs Services Plan 2015-2025
- Mental Health Commission – Suicide Prevention 2020

Local Public Health Plans will take some time to prepare. The process involves gathering data about the current health status and future health needs of their area, developing objectives and policy priorities and beginning to undertake public health initiatives. Local Governments should commence the process as early as possible to ensure that they have time to deal with setbacks, or for aspects of the planning process taking longer than expected.

Some Local Governments in Western Australia have already prepared Local Public Health Plans. Case studies of sections of some of these Plans are included in this paper. Victoria and South Australia have already gone through the process of State and Local Public Health Planning, and examples of these are included in later sections of this paper.

### 3.1 How to prepare a Local Public Health Plan
*Public health planning is a comprehensive process that addresses broad determinants of health and wellbeing. The integration of environmental and social factors that affect health and wellbeing, such as access to education, employment status, age, gender and heredity factors all need to be considered Public Health Plans should therefore aim to promote*

equality of opportunity for all members of the community, regardless of gender, age, race, cultural background, ability or location.\textsuperscript{16} PHAIWA, 2013.

Figure 7 - Planning cycle: health and wellbeing. Source: South Metropolitan Population Health

The diagram in Figure 7 shows the steps Local Governments can follow to prepare their Public Health Plan as described by the South Metropolitan Population Health resource \textit{Pathway to a Healthy Community}.\textsuperscript{17} The steps used in the \textit{Pathway} document are summarised below to describe the Local Public Health Planning process. This section also refers extensively to PHAIWA’s \textit{Public Health Planning: A guide to developing a local government public health plan}.


**Step 1** involves commencing the pre-planning stage by identifying existing council plans which impact community health and wellbeing to ensure that the goals and strategies are aligned and duplication is avoided.17

**Step Two** is building a community profile, achieved by gathering data on the local area. This is accomplished by using broad demographic data such as the Australian Bureau of Statistics Socio-Economic Indexes for Areas (SEIFA) which measures social and economic wellbeing assigned to geographic areas, health specific data from the Department of Health and Population Health Units, or social data from the Social Atlas of Australian Local Government Areas.17

**Step 3 - Community Engagement** It is important to collect as much information as possible from stakeholders as part of developing the community profile, using surveys or other engagement methods. Qualitative data should also be collected as part of the creation of the community profile, including individual and community perceptions on a range of issues. Local Governments can make their own decision on how much they wish to engage their own community according to their community engagement policy, bearing in mind that the more the community takes ownership of the plan, the more successful it will be.17

**Step 4 - Plan development** This stage clarifies the direction of the plan which will guide planning goals, objectives and strategies, creates an understanding of how the plan will contribute to health and wellbeing, and using evidence of good practice, chooses actions that are most likely to work. As Western Australia has a short history with Local Public Health Planning, it may be best to look to Victorian and South Australian Local Governments to find effective health planning examples. The strategies selected for the plan development should support the circumstances of the local area and community to have the best chance of success. This stage of the plan should take the most time.18

PHAIWA’s Public Health Planning Guide states that if the Plan is developed well, it will provide a logical sequence of events that draws on theory and experience and gives Councils direction for public health action over the next five years. The Plan should also be clearly written so that it can be read by anyone. The Guide provides more information on developing objectives, strategies and activities to give the plan the greatest chance of success.18

**Step 5 - Implementation of the plan** This step requires strong internal leadership and management; clear allocation of resources; and a commitment to workforce learning and development. At this stage Local Governments should also seek to establish effective partnerships.18

**Step 6 - Evaluation** The Public Health Act 2016 states that a Local Public Health Plan needs to be reviewed annually. To ensure that this process runs smoothly, short and long term performance indicators can be developed prior to commencement of the Plan, and evaluation can be conducted throughout the life of the plan.18 Evaluation processes should be built into the initial planning stages to develop measures and to commence any data collection processes. Certain forms of evaluation may require continuous reflection on the experience of the program.17

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The City of Cockburn included an objective in their Public Health Plan under the General Health Promotion Opportunities priority area to enable staff to advocate for public health in their communities without needing specific approval from Council for each activity. The objective is improve legislation to make healthy lifestyles easier, and the action accompanying the objective states: “Lobby State and Commonwealth Governments to change the laws controlling the availability, advertising, marketing and taxing of unhealthy foods, sugary drinks and alcohol”.¹⁹

Many Local Governments have formed an overarching committee to oversee the planning process, and the participation and dialogue they achieve with a wider range of stakeholders is important to the planning process. See the Town of Victoria Park’s cross-functional team example below.

In a survey circulated by WALGA on Local Public Health Planning, some respondents suggested that it would be helpful to have health planning templates or models provided by the Department of Health or other agencies. So far such tools have not been prepared, due to the diversity of Local Governments in Western Australia, and the difficulty in trying to fit them all into one model. However both PHAIWA and the South Metropolitan Community and Population Health Service are currently updating their resources to assist Local Governments with public health planning, which will increase the accessible information available to those preparing Local Public Health Plans. In the meantime, the South, East and North Metropolitan Community and Population Health Services are contactable to provide advice and support to metropolitan Local Governments as they prepare their Plans, including providing advice on background papers, project plans and Public Health Plans, and the Western Australian Country Health Service provides support to regional and remote Local Governments.

Case Study - Healthy Vic Park Plan

In 2016, the Town of Victoria Park commenced preparation of their Public Health Plan. The Town began their planning by using data from the WA Health and Wellbeing Surveillance System to create a community profile, which identified local lifestyle risk factors. The Community Profile document provides a population overview and shows the socio-economic indexes for each suburb within the Town, and an infographic was created to communicate key information from the profile.

The Town then surveyed the community to gather perspectives on:

- their public health priorities;
- important health risk factors;
- types of activities currently utilised to increase wellbeing;
- the neighbourhood spaces they use to be active; and
- programs or infrastructure to improve health, that community members would like to see in their neighbourhood.

This information was also captured in an infographic. The Town used an online engagement tool throughout the whole process and encouraged respondents to vote for the title of the Plan, and a majority vote decided that the Plan would be called ‘Healthy Vic Park Plan’.

Throughout the public health planning process, the Town received support and advice from the South Metropolitan Community and Population Health Service, and, once formed, the East Metropolitan Community and Population Health Services. Support included a project officer of the Health Service regularly attending the Town of Victoria Park offices to help ensure that the plan aligned with legislation; provide relevant health data and resources; and advice relating to community consultation processes and the planning process.

The Town took advantage of information already available and reviewed Public Health Plans from other Local Governments, including those from the Perth area, the eastern states of Australian and internationally. The Town also created an internal cross-functional team to ensure that the Plan met the needs of their community, and encourage agreement, acceptance and involvement in the Plan across the organisation. Members of the cross-functional team included officers and managers from Environmental Health, Parks and Leisure, Transport Engineering, Strategic Planning, Project Management, Community Development, Environment and Human Resources. The team meets monthly to discuss the progress of the Plan development, and ensure that the Plan meets the needs of Local Governments.

The Town of Victoria Park’s Public Health Plan, titled Healthy Vic Park Plan, has recently completed a period of public review, and was brought before Council for endorsement in June.
A survey was prepared by WALGA in February 2017 to seek information on Local Government approaches and attitudes to Public Health Planning in Western Australia. The Local Public Health Planning Survey was opened on February 27 2017, and remained open for six weeks. The survey received 38 responses from a range of metropolitan, regional and rural Local Governments. The roles of respondents included management, environmental health, community development, sustainability and health promotion. Of the 38, seventeen respondents worked in the environmental health field. Of the respondents, 30% of their Local Governments had already prepared a Local Public Health Plan, 55% had not, and 15% had a plan currently in preparation.

Respondents provided information on what they see as the health priorities for Local Governments.

![Public Health issues determined by survey respondents as being important issues for the State Health Plan](image)

**Figure 8 - Public health issues for Local Governments.**

Respondents identified Environmental Health, alcohol and drugs, and mental health as the top three priority issues that they would like to see identified in the State Public Health Plan. Physical inactivity, chronic disease, smoking and healthy eating were seen as medium priority issues for the State Health Plan. The full matrix of responses to this question is included in Appendix 3.
The survey asked whether Local Governments intend to increase funding for health once the State Public Health Plan becomes available. Of the 27 responses, 61% said no, 7% said yes and 32% were unsure.

Survey respondents were asked what kind of support they would like from the State to prepare and implement their Local Public Health Plans. Over 40% of respondents stated that they would like funding from the Department of Health. The respondents anticipated that funding would be used by the Local Government engage a consultant to prepare a Local Public Health Plan, provide officer time to devote to the Local Public Health Plan, or to assist if they are required to increase their work in public health.

Other areas of support from the Department identified by respondents were:

- Tools and resources, such as workshops and training (including regional training and/or webinars), templates and examples for Local Public Health Plans, and tools for identifying health indicators and needs within local communities.
- Practical examples of Local Public Health Planning.

To a question about how WALGA could assist Local Government with their Public Health Plans, respondents gave the following replies:

**Training** - Provide training on how to run a consultation program and prepare a Local Public Health Plan.

**Policy and Advocacy** - In addition to advocating for increased funding from the Commonwealth and State Government, advocate for State/Federal Government support in understanding the amount and range of work that Local Governments undertake.

**Recruitment** - Assist with recruitment and staffing levels.

**Advice** - Provide Assistance to Elected Members, provide a list of consultants skilled in developing health plans, provide information on how this process helps the community and the LG obligations under the Act, provide advice to CEOs to help understand the importance of the plan and how it will benefit the community provide advice on how to run a consultation program and a model questionnaire.

The survey requested that respondents share advice which would assist other Local Governments as they prepare their Local Public Health Plans. From the eighteen responses to this question, the following themes emerged:

- Public Health Planning can be a slow process so leave enough time for delays and setbacks as well as the time it will take to work on the plan.
- Be proactive,
- Community and stakeholder consultation are vital – engage broadly with stakeholders with a common interest and ability to influence and add value.
- Engage the Population health units
- Look at other Public Health Plans, including examples form Victoria and South Australia.
- Local Governments already address preventative health within the community. Each Local Government should identify the extent of this within their organisation as a starting point and awareness raising exercise within the relevant service areas, management and Council
- Gaining political and leadership ‘buy in’ and understanding on the intent of a Public Health Plan is absolutely critical.
Don’t over-commit with what you want to deliver; make it achievable.

4.0 Social Determinants and the role of Local Governments in Health and Wellbeing

The social determinants of health and wellbeing are defined by the World Health Organization as “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.”\(^\text{20}\) The World Health Organization acknowledges that individual circumstances are often shaped by the distribution of money, power and resources at global, national and local levels, and that the social determinants of health are responsible for health inequities.\(^\text{20}\)

Taking a social view of health is a way to address the influence of social factors on community health and wellbeing. A social view of health intervenes to change those aspects of the environment which are promoting ill health, rather than continue to treat illness after it appears. This view of health also acknowledges that the onus is not only on the individual to change their behaviours and lifestyles when, in fact, the environment in which they live and work gives them little or no choice or support for making such changes.\(^\text{21}\)

To effectively prevent health issues within the community, local settings can be utilised to carry out health promotion interventions. Successful interventions are integrated, involve multiple interventions across multiple settings, target and work with individuals, groups and organisations; and actively involve the community in planning, implementation and evaluation.\(^\text{1}\) The Healthy Together Mildura initiative as part of the Healthy Together Victoria program offers a great example of this type of project on page 44.

The City of Perth developed the Action Plan for their Public Health and Wellbeing Plan using a Social Model of Health – a conceptual framework which addresses determinants such as the social, economic and physical environment in planning for community health and wellbeing.\(^\text{22}\) The City provides the following information on their approach to the social determinants of health:

“The City understands that the context of people’s lives has an influence on their health and wellbeing and many factors determine if people are healthy or not. As a result, the underpinning ‘Action Plan’ has been developed utilising a ‘Social Model of Health’, which is a conceptual framework in which health and wellbeing improvements are achieved through addressing these determinants including:

- the social and economic environment;
- the physical environment (natural and built); and
- the person’s individual characteristics and behaviours.


\(^{21}\) Department of Human Services. 2000

The City of Perth acknowledges that as a provider of infrastructure, services, facilities and programs, they are in a key position to influence these determinants and positively contribute to health and wellbeing outcomes at the local level as depicted in the figure below."\(^{22}\)

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**Figure 9 - The Social Determinants of Health and Wellbeing. Source – City of Perth.**

### 4.1 Health Promotion

The First International Conference on Health Promotion in Ottawa in 1986 set out the Ottawa Charter for Health Promotion, which states

"Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being."\(^{23}\)

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The five stated ‘priorities for health promotion in the 21st century’ from the Jakarta Declaration (1997) are to:

- Promote social responsibility for health
- Increase investments for health development
- Consolidate and expand partnerships for health
- Increase community capacity and empower the individual
- Secure infrastructure for health promotion.

Local Governments in Western Australia can become involved in health promotion in their communities by preparing a Local Public Health Plan which identifies issues and creates solutions for community health and wellbeing, and providing information, programs and events which encourage healthy lifestyles.

4.2 Economic Benefits of Health Promotion

Although health promotion focuses on the wellbeing and quality of life of a population, economic benefits to the community accompany the betterment of health. These economic benefits provide a strong incentive for State and Federal Governments to invest in preventative measures.

The Australian Health Promotion Association (AHPA) provides evidence of the economic benefits of health promotion. This includes information on the increasing health costs in Australia which can be attributed the risk factors alcohol, tobacco use and obesity.

- Alcohol misuse costs the Australian Government $36 billion per year. Investment in health promotion can help prevent 157,000 hospitalisations every year due to alcohol misuse, by working to reduce the supply of alcohol to minors, restricting alcohol advertising and reducing binge drinking.
- Tobacco smoking has reduced from 34% of the population to 13%. Health promotion has made a significant contribution to the reduction in smoking with strategies such as the Quit Campaign, plain cigarette packaging and smoke-free public places. Every 4% reduction in tobacco smoking saves 3000 lives in Australia.
- People living in walkable neighbourhoods are an average of 3kg lighter than those in non-walkable areas.

AHPA also state that for every dollar spent on health promotion, Australia’s health system will save five dollars in five years. Countries such as New Zealand, Canada and Finland allocate 6% of their health budget to public health activities, and AHPA reports that these countries have greater health and decreased overall health costs per capita than Australia.

A study by Vic Health in 2008: The Health and economic benefits of reducing disease risk factors, analysed the health status, economic and financial benefits of reducing the prevalence of the six behavioural risk factors that contribute to chronic diseases. The risk factors were

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smoking, high risk alcohol use, physical inactivity, intimate partner violence, obesity and inadequate diet. These risk factors contribute approximately 16% to the burden of disease in Australia. The analysis was limited to the prevention of new cases of disease attributable to the six risk factors over the lifetime of the 2008 population. The study stated that these estimates are conservative, because recurrent events that may occur in people who already have a chronic disease were not counted.

The study found that over the lifetime of the 2008 Australian adult population, opportunity cost savings were conservatively estimated to be $2,334 million. The greatest health gains in Disability Adjusted Life Years could be achieved from reducing high risk alcohol consumption and tobacco smoking, as these risk factors are associated with a larger number of fatal and non-fatal diseases compared to other risk factors. The key messages identified by the study were that the potential financial benefits of reducing risk factor prevalence are substantial, and that the gains vary by risk factor and reduction target considered.

4.3 Health Issues in Local Governments

This section covers physical activity and healthy eating, mental health, and alcohol and other drugs. Additional information and case studies on chronic diseases, climate change, smoking, Aboriginal health, injury prevention and the National Disability Insurance Scheme (NDIS), relevant to Local Public Health Planning, is currently available on the WALGA website.

4.3.1 Physical Activity and Healthy Eating

Obesity is a great challenge of developed nations. The World Health Organization reported that the prevalence of obesity across the world has doubled since 1980. The Australian Bureau of Statistics (ABS) National Health Survey 2014/2015 showed that in Western Australia 35.9% of people aged 18 and over were overweight and 24.6% were obese. The combined total was 60.3% of people, or 1.1 million of WA’s population, were overweight or obese. 24.6% of children in WA were overweight or obese at the time of the survey. Across Australia between 1985 and 1997 the combined rate of overweight and obesity in Australia doubled, and obesity among children 7-15 years of age trebled.

The World Health Organization states that unhealthy diet and lack of physical activity are leading global risks to health. Globally, around 23% of adults were not active enough in 2010, and in higher income countries this figure is around 30%.

The drop in physical activity worldwide is attributed to a shift to more sedentary lifestyles, both at work and in leisure time, and often corresponds to a high or rising gross national product. Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally. Adequate physical activity is extremely beneficial to human health, as it can improve mental and musculoskeletal health, and reduces
other risk factors such as overweight and obesity, high blood pressure and high blood cholesterol. It can also reduce the risk of cardiovascular diseases, diabetes, some cancers and depression.\textsuperscript{30}

Healthy Active by Design (HAbD) is a tool created by the Heart Foundation which aims to inform the design of communities to support and promote healthy and active living. The tool categorises nine key design features (Public Open Space, Town centre/Main Street, Mixed Use, Shared Facilities, Schools, Housing Diversity, Buildings, Movement Network and Sense of Place) to assist a range of professionals to design a built environments that enable people to be healthy and active. The \textit{Healthy Active by Design} tool enables urban planners to consider principles that make it easier for people to make healthier choices and encourages all Australians to eat well and be more active. \url{http://www.healthyactivebydesign.com.au/}\textsuperscript{31}

To encourage their communities to keep active and healthy, the Shire of Serpentine Jarrahdale, and the Cities of Armadale and Gosnells designed a guide to free outdoor exercise opportunities in their local areas. The Get Active Outdoors Guide provides the information on free activities, including the locations of outdoor exercise equipment and free exercise sessions, and information on walking groups, bushwalking, mountain bike trails and cycling groups.\textsuperscript{32}

\textbf{Healthy Eating} - The WHO recommendation for eating states that a healthy diet is that which includes at least five portions of fruit and vegetables per day, less than 10\% of total energy intake from sugar and less than 30\% of total energy intake from fats.\textsuperscript{33}

Poor nutrition can affect people in the short term as it contributes to stress and tiredness, and in the long term can contribute to being overweight or obese, tooth decay, high blood pressure, high cholesterol, heart disease and stroke, type 2 diabetes, osteoporosis, some cancers, depression and eating disorders.\textsuperscript{34}

The Australian Dietary Guidelines, created by the National Health and Medical Research Council in 2013 identified possible barriers to compliance with healthy eating recommendations. These barriers include the food environment (both availability and affordability), poor communication of advice, low levels of food literacy and high levels of food insecurity (which could include the inability to access sufficient, culturally acceptable foods), conflicting messages in advertising, and dietary preferences. The Guidelines suggest that although there is a large amount of information circulated publicly about healthy eating and

\begin{itemize}
\end{itemize}
nutrition, there is still a place for appropriate education campaigns to overcome the barriers to effective use of information.  

Local Governments can encourage healthy eating in their communities by ensuring the provision of healthy food to the community. This can be achieved by encouraging the development of community gardens and affordable farmers markets and continuing to provide information and education to families about healthy eating.

A project which can be accessed by metropolitan Local Governments is the Jamie’s Ministry of Food Mobile Kitchen. This is a subsidised cooking school set up in a caravan, which travels to different locations in Perth. Participants pay a small fee for seven weeks of healthy cooking classes. Each participant takes home a meal for dinner that night along with two additional portions. Throughout the class there is discussion on where to shop for affordable ingredients, and ideas for other healthy meals and snacks are provided. The program provides community members with an affordable way to learn to cook healthy food. Local Governments can contact the project through their website for more information.

Additionally, FoodBank’s Food Sensations program as an example to improve knowledge and skills in around nutritious food preparation for schools and adults (program is funded by State Government).

Local Governments can also influence the eating habits of their communities by developing a policy to ensure that caterers and canteens in Council events and facilities are required to provide healthy options. The WA School Canteen Association (WASCA) works with local recreation centres and sporting club kiosks, supporting them to offer healthy options. Representatives of WASCA also work with mobile food vendors (food trucks), to assist in creating healthier menus as these vendors attend many community events. WASCA has offered the following suggestions for how Local Governments can encourage the consumption of healthy food in their communities.

- All Council owned buildings, including recreation centres, swimming pools, sporting complexes and clubrooms with catering facilities can ensure that healthy food and drink choices are offered. This can be implemented using varying strategies, including developing a healthy eating policy for venues, or simply stating that healthy choices must be made available. One of the possibilities for measurement is nominating a minimum amount of healthy choices using the traffic light system minimum 30% green (healthy) food and drink must be available.
- All community events hosted by Local Governments, or using Council facilities, can ensure that food vendors attending the event offer healthy choices. For example, when food vendors apply to the Council to attend the event, preference can be given to food vendors offering healthier choices. WASCA has developed a resource, the Healthier Vendor Guide, to support Local Government to identify these vendors. WASCA can also provide support to councils to check food vendor menus to ensure that healthy choices are available.

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37 Communication with WA School Canteen Association.
• As catering facilities are upgraded in council owned buildings, Local Governments can consider the inclusion of equipment to support healthy food preparation methods. Examples include installing air fryers, toasted sandwich makers, non-stick grills and soup warmers, rather than deep fryers.

• Local Governments can utilise the staffing and resources from health agencies to support and develop healthy eating strategies. For example WASCA can provide support at recreation centres and sporting venues using the Fuel to Go resources.37

WASCA, together with staff from the South Metropolitan Health Service (SMHS) have supported Local Governments to improve the provision of healthy food at the South Lake Leisure Centre. South Lake Leisure Centre became involved with WASCA’s Fuel to Go program and improved the menu at their food outlet. After WASCA assisted by colour-coding their menu, they increased green choices by 14% and decreased red choices by 17%. Their menu now offers 31% green, 21% amber and 48% red. Ongoing support from SMHS ensures that the venue maintains this status and encourages them to make more improvements. This type of support is also being provided to sporting clubs who have access to council sporting facility kiosks.38

Local governments can use the support and resources listed to work with community groups and food businesses to improve healthy options available to customers.
Case Study – Shire of Northam
The Plan was developed using examination of local data, alignment of existing public health priorities within the Shire and consultation with staff members, external stakeholders and community members. The first priority in the plan is Obesity, Healthy food options and Keeping active.
The priority was identified due to the prevalence of insufficient physical activity, high blood pressure and obesity in Wheatbelt adults compared to the rest of the State. A resident survey identified more than half of adults and more than a third of children in the area did not eat the recommended daily serves of vegetables or fruit. The survey also found that residents “identified staying active as the number one activity that would make them happy”. A third of the community members surveyed suggested providing access to fresh food markets and gardens to improve health and wellbeing.

As a result of engagement, the Plan set out priorities. Priority One is “Preventing Obesity and Increasing Health Food Options” This priority has the goal to “Enable a community that embraces active lifestyles and good nutrition, within an environment that supports healthy lifestyle choices.” The goal encompasses thirteen strategies, which are listed in Appendix 4.

The Shire of Northam responded to WALGA’s enquiries about progress in implementing these strategies.

As a result of the Action 1: 1. Promote and develop sustainable, active transport modes, encouraging more active transport through linked up trail and cycle networks, the Shire has given a grant to Avon Valley Environmental Society who undertake a trail walking tour with the public to renew The Shires’ Tracks and Trails’ Master plan.

Action 3, Distribute information to residents on what activities and facilities are available to reduce overweight (e.g. recreation, POS, healthy options, etc.) and that are provided by the Council. The Shire promotes new activities are promoted on the website and community newsletter. These include a recent installation of exercise equipment on a walk around the river.

In response to Action 4: Introduce/pilot community gardens, the Shire has supported the development of community gardens at the Bridgeley Community Centre (Uniting Church), Avon Youth Centre and Fresh Start Rehabilitation Centre.

Action 5, Develop and implement a healthy catering policy for all Council functions and meetings, has been completed and is supported by Council staff, who ensure that healthy food options are provided at functions.
The Shire has received funding to employ Environmental Sustainability Officer for 2 years part time. The officer will work with farmers to implement the Shire’s Biodiversity Strategy, and carry out projects which support Action 6: Support self-reliance of residents to access and grow their own fresh produce.

In response to Action 9: Advocate for an indoor pool – hydrotherapy pool and offer more pool based activities, the benefits to community health was assessed as part of the cost benefit analysis for a new swimming pool complex.

As a result of Action 11: Encourage Shire staff to compete in physical activity challenges, the Shire introduced and provided time off for staff participation in 2 programs. The first, “Positive Pulse” included a fit bit, assessment, 12 week Pilates and boot camp program, and “Waste Away” provided twelve week one on one mentoring on healthy outcomes. The staff were also provided a discount for social sports and the swimming pool; a Lunch & Learn program (Eat a healthy lunch and learn about nutrition); and a staff teams entered into Relay for Life and Corporate Bowls.
4.3.2 Mental health

Mental health is defined as “a state of well-being in which every individual realizes 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.”  

Mental health is a growing issue in Western Australia and the nation as a whole. WA faces many challenges in relation to mental health. The Mental Health Commission’s Vision 2020 report cites the following examples of the impact of mental health concerns:

- An average of 240 Western Australians take their own lives through suicide each year.
- Young people are particularly vulnerable to developing mental health problems and or mental illness, with 75% of all severe mental illnesses occurring before 24 years of age.
- Surveys conducted in the Magistrate’s Court found that over half the defendants reported experiencing mental health problems.
- Aboriginal people comprise five per cent of people in specialised mental health inpatient services.
- It is estimated that 43 per cent of people in specialised mental health hospital beds could be discharged if housing and other appropriate support services were available.

The WHO has developed a framework to provide guidance on organising services for mental health. This is known as the optimal mix of services pyramid, and it shows how a large proportion of mental health care needs can be self-managed by an individual, their families, carers and friends, or managed by informal community supports.

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Figure 10 - World Health Organisation service organisation pyramid for an optimal mix of services for mental health. Source: Mental Health Commission.

The Mental Health Commission Report states that mental health hospitals and specialist services are costly to run and are the most commonly offered service, although they are the least frequently needed. In contrast, the investment in self-care and informal community support are both the most likely to be required, and the lowest cost option.\textsuperscript{39} The WHO recommends a ‘balanced approach’, whereby investment in mental health hospitals is capped and all other levels of the pyramid are invested in, increasing the availability of prevention, early intervention, treatment and recovery services. It also recommends “greater investment into roles in the community sector to prevent people with mental health problems from entering the specialist system and assisting with support for people who are discharged from hospital or leaving prison”.\textsuperscript{39}

Local Governments have a role to play in improving mental health in their communities, but not in a formal service role. Local Governments can become involved in the second layer of the WHO service organisation pyramid, informal community care. The Ecomap below, provided by the Mental Health Commission, shows Local Government’s position in the mix of supports and services available to people suffering from mental health problems.
Figure 11 - Ecomap of supports and services potentially available to people experiencing mental health problems and/or mental illness. Source – Mental Health Commission.

The Mental Health Commission’s Plan for Mental Health in WA 2015-2025 includes information on working on the prevention of mental health issues and promotion of mental health in the community. The Plan includes community programs and education as part of their prevention and promotion activities, and Local Governments, leisure, and sporting environments as key systems and environments to communicate the prevention and promotion message.40

Local Government can contribute to mental health in the community as providing events and programs which encourage connection, providing mental health education to the community, and partnering with mental health organisations to provide wellbeing programs. An emphasis on physical health in the community, such as healthy eating, active living, and reducing alcohol and tobacco use will also have an effect on mental health.

Loneliness

Loneliness is experienced by most people at some point in their lives. Loneliness is not defined by the amount of time people spend with others, or alone, but the quality of these relationships.

Lonely people may feel that they lack understanding from others and do not think they have meaningful relationships. In Australia, older people are vulnerable to loneliness. A review of a wide body of research estimating the prevalence of loneliness among older Australians found that “around 7-9 per cent experience ‘severe’ loneliness but as many as a third experience loneliness at some point in old age.”

A research study by Holt-Lunstad et al on the risk factors for mortality of loneliness and social isolation found that both actual and perceived isolation are associated with an increased risk of early mortality. The meta-analysis analysed data from 70 independent prospective studies, with over three million participants followed for an average of seven years, and found that whether measured objectively or subjectively, social isolation results in a higher likelihood of mortality. The study's authors drew parallels between the early research into obesity, and the warnings raised three decades ago, and research into loneliness occurring now. Loneliness can become a persistent cycle, as lonely people can become fearful of social situations and begin to behave in a way that discourages others from interacting with them.

It possible that loneliness can be exacerbated by the trend for older people to stay in their own homes as they age, rather than moving into an aged care facility. However, as this trend is unlikely to reverse, Local Governments can assist by investigating the ways they can encourage participation and connection in older people, including activities, places and spaces they can provide (such as Men’s Sheds and Senior's Centres) and following guidelines such as the World Health Organization’s Age-friendly Cities and Communities Guide, which encourages intergenerational and incidental interaction through planning.

### 4.3.2.1 Act Belong Commit

Many Local Governments in Western Australia have begun to partner with the Act-Belong-Commit program, a community-based health promotion campaign established by Mentally Healthy WA, which encourages people to take action to improve their mental health and wellbeing.

The program encourages people to:

- **Act** – become mentally, physically and socially active.
- **Belong** – join a community group and participate in community activities.
- **Commit** – set a challenge, volunteer or learn something new.

Act-Belong-Commit was designed based on evidence showing that these three domains represent increasing levels of contribution to positive mental (and physical) health.

Mentally Healthy WA wishes to partner with organisations such as Local Governments and other organisations to raise awareness of how to promote mental health and increase participation in community activities in WA. When Local Governments commit to becoming an Act-Belong-Commit site, they receive support from Mentally Healthy WA, including advice on

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planning, implementation and evaluation of mental health promotion strategies, resources to promote the mentally healthy message in their community, training in mental health promotion and the Act-Belong-Commit Campaign, and ongoing support from the Mentally Healthy WA team.  

### Case Study – City of Cockburn

The City of Cockburn’s Public Health Plan, prepared in 2013, includes a list of actions to improve the health of residents. One of their objectives is “improved services aimed at minimising mental health issues in the community”. The actions supplied to meet that objective are:

- Provide free access to Council-managed community centres by not-for-profit organisations providing preventative health services and City of Cockburn Services.
- Provide mental health awareness workshops or group programs at no cost to the community.
- Continue to provide and subsidise human services programs that reduce social isolation and support people who are vulnerable or “at risk” in the community.
- Encourage and provide incentives for not-for-profit organisations who provide support services for people with mental health issues to locate their client services within the City of Cockburn boundaries to improve accessibility for Cockburn residents.
- Raise staff awareness regarding who to contact if they or someone they know is experiencing mental health issues.
- Work with key stakeholders to identify risk factors associated with youth suicide and assist in development of interventions and services.  

Most of these services were identified as being of minor or no cost to the City.

In addition to these mental health objectives, the City’s work on obesity has had an indirect positive consequence for community mental health. The City is implementing a HEAL™ (healthy eating activity & lifestyle) program, and recently began to include depression, anxiety and stress scores (DASS) in the pre- and post-assessments of the program. In the small sample gathered so far, all participants have improved their DASS. The City will continue to collect data on this program.

The City of Cockburn Public Health Plan also contains objectives and actions such as increasing access to sport and recreation services for people with disabilities, CALD and Indigenous residents and reducing alcohol consumption, which can also assist with improving mental health.

#### 4.3.3 Alcohol and Other Drugs

In the WALGA Local Public Health Planning survey, respondents rated Alcohol and Drugs a high priority as a health issue in Local Government.

Alcohol is responsible for 2.85% of the total attributable burden of disease and injury in Western Australia, and is second to tobacco as the leading preventable cause of death and hospitalisation in Australia. The use of alcohol costs Australia more than $15 billion a year.

45 Mentally Healthy WA. 2016. Act-Belong-Commit Invitation to Participate. Received Mentally Healthy WA on 4/1/17.
in healthcare costs, road accidents, workforce labour, crime and resources for prevention and treatment. Alcohol consumption increases the risk of diseases such as cancer, cirrhosis of the liver and cardiovascular disease.\textsuperscript{46}

Australia uses proportionally more methamphetamine than almost any other country, and there are currently more than 200,000 users and growing. The National Drugs Strategy 2016-2025 is currently in development. The strategy will have a nationally agreed harm minimisation approach to reducing harm arising from alcohol, tobacco and other drug use.\textsuperscript{47} The National Ice Taskforce was established in April 2015 by the Commonwealth Government to advise on the impacts of ice in Australia and develop a National Ice Action Strategy. The Ice Action Strategy contained 38 recommendations over five priority areas, and the Australian Government committed nearly $300 million over four years from July 2016 to strengthen education, prevention, treatment, support, and community engagement to meet these recommendations.\textsuperscript{48}

The Western Australian State Government has prioritised the mental health and alcohol and other drug health services sector for the last six years through the establishment of a mental health portfolio, the creation of the Mental Health Commission and increasing the investment in the mental health, alcohol and other drug services sector by 68%.\textsuperscript{49}

Western Australia’s key policy document on alcohol and drugs is the Mental Health Commission’s Better Choices, Better Lives Plan. The plan focuses on prevention, community support; treatment; and bed-based services, hospital-based services, specialised state-wide services and forensic services to create system-wide transformation and better outcomes for people affected by mental illness or drug and alcohol issues.\textsuperscript{49}

Local Governments can have an influence over the consumption of alcohol and other drugs in their local areas through planning, infrastructure, (such as the siting of liquor outlets), hosting alcohol and drug free events, and providing health promotion materials.

PHAIWA, in partnership with WALGA and the Mental Health Commission, have prepared an alcohol management resource which provides information and case studies to Local Governments to effectively manage alcohol-related issues. The resource includes information on:

- Identifying alcohol-related issues in a local community
- Aligning community concerns relating to alcohol with Local Government business
- Preventing and managing alcohol-related harm by influencing the supply of alcohol
- Preventing and managing alcohol-related harm by reducing the demand for alcohol, including


• Managing alcohol at staff functions
• Making an impact when alcohol is not purchased within the Local Government
• Navigating alcohol sponsorship of events
• Encouraging local business and tourism while reducing presence of alcohol
• Alcohol free events and activities for young people
• Generating profits without alcohol
• Alcohol advertising near children’s spaces

- Responding to individual and social harms from alcohol
  - Public drinking, public intoxication and resultant antisocial behaviour.
  - Intoxicated people arriving at alcohol-free events
  - Reducing drink driving.\(^{50}\)

WALGA has also partnered with the Mental Health Commission to develop the resource: Town Planning Guidelines for Alcohol Outlets. The resource assists Local Governments by providing a method to structure their planning framework so that new development applications for alcohol outlets can be assessed based on principles that reflect the values of the Local Government. The Guidelines are available on to members of the Planning Improvement Portal on the WALGA website. Membership is free to Local Government officers.\(^{51}\)

### 4.3.4 Regional, Rural and Remote Local Governments

Regional and remote Local Governments face unique issues in health and wellbeing. These include finding and keeping health care providers who are willing to work in rural and remote areas, and the distance patients need to travel to access health care providers.

The current National Healthcare Agreement with the Commonwealth Government funds States and Territories for some services, while the Commonwealth is responsible for others, such as primary health, oral health and residential and community aged care services. In locations including some parts of country WA, where few primary health and aged care service providers exist, State funding is provided to achieve access to these essential services, including the WA Country Health Service (WACHS). This service is responsible for providing accessible health services and a health care workforce to the regional population.\(^{52}\)

The WACHS estimated resident population in 2010 was 22% of the State’s population, or 507,800 people.\(^{53}\) Services are managed and adapted to address local need and circumstance with input from community representatives, and stakeholders.\(^{53}\)

One of the greatest challenges in regional and remote areas of Western Australia is finding and employing sufficient health professionals to provide services to the population. The 2011

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Census showed that Western Australia had the lowest per capita rate of General Practitioners (183.5 per 100,000 persons) and nurses (1,069.4 per 100,000 persons). Doctors also work longer hours outside cities, with GPs working an average of 45 hours per week in remote areas, compared to 42 hours per week in major cities. Specialists and nurses working in remote areas also worked an average of 4 hours more per week than those in major cities. The Patient Assistant Travel Scheme (PATS), is an initiative which provides a subsidy towards the cost of travel and accommodation for patients who need to travel long distances to access specialist medical services.

Poor access to quality healthcare providers is one of the primary causes of health inequity and poorer health outcomes. In Australia life expectancy in rural and remote areas is 7 years less than in cities, cancer survival rates decrease with ‘increased rurality’, and suicide rates in rural and remote areas are significantly higher than in cities. Local Governments in regional, rural and remote areas face pressure to take care of their communities despite shortages of doctors. Health promotion projects and programs initiated by Local Governments can increase their communities’ health both in the short and long term.

Rural Health West conducted a survey in 2016 which asked 40 rural GPs about their readiness to use digital health technology in the care of their patients. The survey found that of the GPs interviewed, over 70% are currently using videoconferencing in some capacity, and/or other digital technology. Over 40% are using technology to connect patients to services. Rural Health West, along with the WA Primary Health Alliance and WA General Practice Education and Training Limited, prepared a submission which sought the Minister for Health’s support for a trial to introduce a Medicare item to support the use of videoconferencing for people living in communities without access to a resident GP or an adequate visiting service. These agencies believe that having the ability to access a GP via videoconferencing will have a positive impact on the health of residents of rural and remote communities as well as saving costs to the health system by “decreasing preventable hospital presentations.” Rural Health West will report on the result of that submission.

Regional, rural and remote Local Governments that have created a public health plan include the City of Albany, City of Bunbury, Shire of Northam, Town of Port Hedland and the Shire of East Pilbara. The priority issues in these plans are similar to those created by metropolitan Local Governments, encompassing obesity prevention, mental health, alcohol and drugs, environmental health protection, ageing population and community safety. Although these issues may be similar for all Local Governments, there may be different drivers or different approaches to be taken for different types of areas. Regional, rural and remote areas can contact the WACHS for advice and support on Public Health Planning, in addition to looking at existing case studies to establish how their Local Government can address the priority health areas in their community.

4.4 Victoria

The Victorian Health and Wellbeing Act 2008 was prepared with the purpose “to enact a new legislative scheme which promotes and protects public health and wellbeing in Victoria.” The

Act has many similarities to the *WA Public Health Act 2016*, including specifying the role and functions of the Chief Health Officer of Victoria and Local Governments in protecting, improving and promoting health, and the obligation to conduct public health planning at both the State and Local levels.\(^\text{57}\)

Victoria’s first Public Health and Wellbeing Plan (the Plan) was prepared in 2011, and was valid for four years from preparation.

The Plan was developed to:
- identify public health and wellbeing needs of the state;
- examine data relating to health status and determinants;
- establish objectives and policy priorities for the promotion and protection of public health and wellbeing in the State, and the development and delivery of public health interventions;
- identify how to achieve these objectives and priorities; and
- outline relationships and partnerships with other bodies to achieve these objectives and policy priorities.\(^\text{57}\)

The Plan sought to establish a “world-leading prevention system that will ensure more effective, better coordinated activity across government and community”\(^\text{57}\).

To determine the health and wellbeing needs of Victorians, the State Government used data from the Victorian Population Health Survey, Chief Health Officer’s Report, State of Victoria’s Children, and technical papers supporting the Victorian Health Priorities Framework 2012–2022. They also used data from the interactive Community Wellbeing Indicators Victoria site, which provides collated information, both self-reported and collected from various agencies, to build a picture of the wellbeing of every municipality in Victoria.\(^\text{58}\)

A review of the data for the Victorian Health and Wellbeing Plan 2011-2015 found that life expectancy continues to increase for Victorians, but that preventable diseases are also increasing, including alcohol related harms, obesity, poor mental health and cardiovascular disease.\(^\text{57}\)

The next Victorian Health and Wellbeing Plan became available in 2015. The Plan established its updated vision as a *Victoria free of the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age*. This Plan includes a stronger focus on inequalities in health and wellbeing, the determinants that contribute to inequalities, and an explicit focus on improving health and wellbeing across the life course.\(^\text{59}\)

The Plan outlined the achievements and work underway which comes from the previous Victorian Health and Wellbeing Plan 2011-2015. A particular achievement was the *Healthy Together Victoria Program*, a complex systems approach to improve diet and physical activity,
reduce obesity and related preventable chronic diseases in Victoria. A more in-depth look at Healthy Together Victoria is provided below.

### 4.4.1 Healthy Together Victoria – a systems based approach

Healthy Together Victoria was an initiative launched by the Victorian State Government in 2011, which aimed to use a systems based approach to the prevention of obesity in Victoria. The initiative was funded in a partnership between the Commonwealth and State Governments under the National Partnership Agreement on Preventative Health. Diseases linked to obesity include type 2 diabetes, cardiovascular disease and some cancers, and the program aimed target Victorians with preventative strategies. The program reached more than four thousand schools and early childhood services and nearly half a million workplaces, totalling 25% of the Victorian population.\(^\text{60}\)

A community-level trial called Healthy Together Communities formed part of the program.\(^\text{60}\) This trial included funding fourteen Local Governments deemed at risk of chronic disease, to assist with the preparation of their Public Health and Wellbeing Plans and lead preventative health activities in schools, workplaces and early childhood settings. Larger councils had up to eleven staff funded under the program.\(^\text{61}\)

Understanding the complexity of the problem and taking a systems-based approach was important, as the task of tackling chronic diseases and their risk factors requires exploring a range of factors which are beyond the individual’s control. Understanding the connections and influences provides insight into what types of interventions would be successful and could be trialled for prevention of these problems. This approach is a “departure from the traditional health promotion projects approach, which often only reaches a few people for a short time. It means considering how the systems that influence health work and where best to intervene for optimal health and wellbeing outcomes.”\(^\text{59}\) The Healthy Together Victoria program drew from theories of complexity, socio-ecology and systems, to adopt sustainable and cost effective strategies to prevent obesity-related chronic disease across the population.\(^\text{59}\)

The key principles underpinning system-wide change for good health, which Healthy Together Victoria was based upon, included transparency; prevention-at-scale delivered across the system to impact the health and wellbeing of large numbers of the population in the places where they spend their time such as schools, workplaces and community venues; collaboration, a culture of transformation and experimentation, leadership and equity.\(^\text{60}\)

The program funded a workforce of approximately 170 people in Victoria. The workforce is mainly in Local Government, community health services and non-government organisations. Local Governments are involved in the Healthy Together Victoria program actions such as:

- Local Municipal Health and Wellbeing Plans
- Providing infrastructure for communities and activity centres that support healthy lifestyles through the provision of waking and cycling paths and parks and open spaces.

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\(^{60}\) Personal Communication, Municipal Association of Victoria. 14/11/16
• Working with sporting clubs and leisure centres to increase healthy food access in canteens.
• Delivering health promotion messages across the community to build understanding, awareness and action.\textsuperscript{60}

An example of this approach is how the \textit{Healthy Together} program targeted workplaces, as a place where the adult population spends one third of their day. Rather than targeting some workplaces or employees for a length of time, the program provided an action framework for all organisations and businesses to build a health promoting workplace by adopting health promoting design and practices across the working environment, from healthy catering to engaging the workforce and the community in wellbeing.\textsuperscript{60}

Although \textit{Healthy Together Victoria} lost Commonwealth funding in 2013 and State funding in 2014, halting aspects of the program before outcomes were measured effectively, some Local Governments, including Greater Geelong and Mildura, have evaluated their programs under the Healthy Together Victoria initiative. \textit{Healthy Together Mildura}, which has run since 2012, has been a successful program which has initiated a large number of health promotion projects within the area. Their success has led them to continue to be funded by the Victorian Department of Health and Human Services (DHHS), Mildura Rural City Council and the local Primary Care Partnership. The Victorian Government has continued to implement their State Public Health Plan, and support a whole-of-government approach to health.

\textbf{4.4.2 \textit{Healthy Albany} – a WA-based systems approach}

The City of Albany’s Public Health Plan 2016 – 2020 is the first for the City. The Plan was developed following a consultation process involving 165 adults, 26 young people, 70 staff members and 22 external agencies. The City partnered with the WA Country Health Service (WACHS) Great Southern Population Health, Health Promotion team.

Prior to the development of the Plan, the City was carrying out extensive work in community health and wellbeing, and activities were predominantly through programs and departments with some responsibility for public health and health promotion. Through the development of the Public Health Plan, a framework was created to make these activities more structured, and included alongside more traditional areas of Local Government health work such as environmental health.

From the Public Health Plan development process emerged the opportunity to form the \textit{Healthy Albany} project, a unique three-year collaborative project between WACHS and the City of Albany. The vision of \textit{Healthy Albany} is to make Albany Western Australia’s healthiest regional city to live, work and visit with three aims:

1. Embed a culture of preventative health with the City of Albany as an organisation.
2. Increase the City of Albany’s capacity to implement best practice preventative public health interventions with the Albany community.
3. Improve the health and wellbeing of the Albany community by reducing population level chronic disease risk factors.

The partnership with health promotion has brought experience and expertise working in population-level preventive health as well as access to data, resources and skills to plan, implement and evaluate health initiatives. A key part of the agreement is embedding a member
of WACHS Health Promotion team within the City’s Community Development team, to coordinate and deliver on the project aims over a three year period.

*Healthy Albany* borrows from learnings from *Healthy Together Mildura*, including findings indicating that co-location and collaboration of resources gives the greatest return on investment in public health.

*Healthy Albany* applies a systems-thinking approach to preventive health, which means that it sees community health in the context of a broad complex prevention system. It aims to identify system levers such as engagement, leadership and organisational development to improve community health outcomes. This innovative approach is underpinned by the Australian Prevention Partnerships Centre’s *Prevention Tracker* project.

Early results from Healthy Albany pilot indicate this collaborative approach can be effective in increasing the scale and reach of public health initiatives and imposes minimal additional cost for partner agencies.

### 4.5 South Australia

South Australia commenced their *Public Health Act in 2011*, and implementation was staged over a two year period from June 2011.

South Australia’s previous public health legislation was the *Public and Environmental Health Act 1987*. The legislation was replaced to allow a quicker response to public health risks, and to provide for the ability for State and Local Governments to better plan for public health with the development of a State Public Health Plan. Local councils are encouraged to “incorporate public health into their existing planning processes.”

The South Australian State Health Plan sets out the vision for *South Australia: a Better Place to Live*

- *Health is part of our lives – it helps us achieve all that we want.*
- *Our health is protected and improved when we work together to develop better neighbourhoods and communities.*
- *People can be healthier when they have the chance to live healthier lives.*

Supporting the vision are four strategic priorities:

- Stronger and Healthier Communities and Neighbourhoods for All Generations
- Increasing Opportunities for Healthy Living, Healthy Eating and Being Active
- Preparing for Climate Change
- Sustaining and Improving Public and Environmental Health Protection.

The Plan identifies Local Councils as the local public health authority for their areas, meaning that Councils are in the best position to lead and coordinate public health planning for their communities. In South Australia, Councils can prepare their own Municipal Public Health

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Plans, or form a group with other municipalities and prepare a regional public health plan. In total 31 Regional Public Health Plans have been developed, comprising 20 individual Councils and 48 planning collectively in groups of two to eight Councils. Local Governments can refer to these plans to inform their own Local Public Health Planning.

The Act’s objectives recognise that actions designed to improve the public health of communities needs to have regard to special or vulnerable groups. The Act provides a process and indicators that give a general overview of the main factors.

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How the SA State Plan applies to Local Governments:

- The Minister will systematise Health in All Policies approaches and other related processes through the development of procedures for the provision of advice across State Government. This will be achieved through implementation of s.17(2) of SA Public Health Act.
- SA Health will assist Local Councils to adopt Health in All Policies approaches and other relevant processes for assessing health implications, through the implementation of public health planning and the application of s.37(2)(g) functions.
- SA Health will work with the Local Government Association and Public Health Partner Authorities to develop and refine a comprehensive data set for state-wide, regional and local public health planning that is capable of identifying specific inequities and vulnerabilities of populations in our communities.
- Councils are encouraged to identify and address inequities in their communities that may impact on the health of particular groups.
- SA Health will ensure that effective public health planning and strategies are developed to address essential public and environmental health issues in the Unincorporated Areas of the state, in particular for remote communities.
- Public health planning in unincorporated areas will be undertaken in partnership with local Aboriginal Communities and Aboriginal controlled organisations and other remote communities.

Principles underpinning Public Health Planning: Collaboration and prevention

The SA Public Health Act encourages Councils to integrate public health planning into their already established planning structures and processes under section 122 of the Local Government Act 1999. This means that it may not be necessary to produce a separate stand-alone public health plan, but a Council may instead integrate public health issues and strategies within its broader strategic planning functions.

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Public Health Partner Authorities identified under the SA Public Health Act participated in planning processes led by Local Councils. These Public Health Partner Authorities agree to share the responsibility for implementing relevant aspects of public health plans. The SA Public Health Plan also includes the development of a comprehensive dataset created in consultation with the South Australian Public Health Council, Local Government and other


public health partners. The dataset will include a population summary and a selected range of data whereby State and Local Government can cooperate with communities to identify issues and priority areas for action designed to address health inequities.65

South Australia has also developed an innovative process to implement a Health in All Policies approach. Since 2008, this approach has provided strategic opportunities for mutual benefit by focusing on achieving the goals and implementing the policies of other State Government agencies in ways that can also include health considerations. The SA Public Health Act 2011 provides the mechanism to systematise this and related approaches across government and support its adoption by Local Government.65
5.0 Conclusion and feedback

The Public Health Act 2016 will deliver comprehensive reform for public health regulation for Western Australia.

The Act acknowledges that Local Government need effective and flexible mechanisms that fit into existing planning frameworks and strategies that reflect the business of Local Government and respond to community needs. New or altered responsibilities and expectations for Local Governments include:

- To initiate, support and manage public health planning for its local government district (i.e. in accordance with the Act and the Local Government Act 1995).
- To develop and implement policies and programmes to achieve the objects of this Act within its local government district.
- To perform the functions that are conferred on local governments by or under this Act.
- To administer and enforce this Act within its local government district in accordance with the objects and principles of this Act.14

Local Government is not in a position to absorb the costs associated with delivering the known requirements of the new Act, nor the additional, unknown costs associated with the introduction of the Act. As such, Local Government expects that the State Government:

- Clearly identifies Local Government responsibilities and develops advice that authorised officers can readily use to fulfil responsibilities.
- Funds the development and implementation of Local Public Health Planning, and any changes needed to prepare Local Government for their role in Public Health Assessment.
- Commits to timely delivery of the State Health Plan, and timely delivery of programs that support the State Health Plan, with due regard for the health and economic savings that can be made over the long term by committing to preventative measures.

WALGA invite Local Governments to inform their advocacy on the role of Local Government in community health and wellbeing.

WALGA is particularly interested in receiving feedback on Local Governments’ response to the expectations on the State Government listed above.

1. What do you think of these expectations?
2. Do you have any other expectations on the State or Commonwealth Governments, with respect to the responsibilities that have been placed on Local Government?
3. Is there any additional assistance with any of these issues that you would like to receive from WALGA, the State or Commonwealth Government?

Please provide feedback and comments on the discussion paper to Survey Monkey by Monday 6 November. Written feedback can also be provided to Senior Community Policy Advisor Evie Devitt-Rix at EDevitt-Rix@walga.asn.au
Appendix 1 Responses to question 8 in the Local Public Health Planning survey: The Department of Health has advised that the State Interim Public Health Plan will be publicly available in mid 2017. This document will set the State's health priorities which Local Governments can refer to as they prepare their Local Public Health Plans. Please inform us of the health issues that your Local Government would like to see as priorities in the State Health Plan using the using the checkboxes below. If the most important health issues for your Local Government are not listed, please add them to the comment box.
<table>
<thead>
<tr>
<th></th>
<th>High Priority</th>
<th>Medium Priority</th>
<th>Low Priority</th>
<th>Total</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health</td>
<td>80.65%</td>
<td>16.13%</td>
<td>3.23%</td>
<td>31</td>
<td>1.23</td>
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<tr>
<td>Physical Activity</td>
<td>58.06%</td>
<td>35.48%</td>
<td>6.45%</td>
<td>31</td>
<td>1.48</td>
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<tr>
<td>Healthy Eating</td>
<td>50.00%</td>
<td>40.00%</td>
<td>10.00%</td>
<td>30</td>
<td>1.60</td>
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<tr>
<td>Smoking</td>
<td>51.72%</td>
<td>34.48%</td>
<td>13.79%</td>
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<td>1.62</td>
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<tr>
<td>Chronic Disease</td>
<td>53.33%</td>
<td>33.33%</td>
<td>13.33%</td>
<td>30</td>
<td>1.60</td>
</tr>
<tr>
<td>Mental Health</td>
<td>72.41%</td>
<td>17.24%</td>
<td>10.34%</td>
<td>29</td>
<td>1.38</td>
</tr>
<tr>
<td>Alcohol and Drugs</td>
<td>75.00%</td>
<td>17.86%</td>
<td>7.14%</td>
<td>28</td>
<td>1.32</td>
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<tr>
<td>Aboriginal Health</td>
<td>34.48%</td>
<td>41.38%</td>
<td>24.14%</td>
<td>29</td>
<td>1.90</td>
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<tr>
<td>Climate Change</td>
<td>27.59%</td>
<td>41.39%</td>
<td>31.00%</td>
<td>29</td>
<td>2.03</td>
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<tr>
<td>Sun safety</td>
<td>26.57%</td>
<td>53.57%</td>
<td>17.86%</td>
<td>28</td>
<td>1.89</td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>17.86%</td>
<td>63.57%</td>
<td>28.57%</td>
<td>28</td>
<td>2.11</td>
</tr>
</tbody>
</table>
Appendix 2 Shire of Northam Public Health Plan goal and strategies.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable a community that embraces active lifestyles and good nutrition, within an environment that supports healthy lifestyle choices</td>
<td>1. Promote and develop sustainable, active transport modes, encouraging more active transport through linked up trail and cycle networks</td>
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<td></td>
<td>2. Link with LiveLighter campaigns</td>
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<td></td>
<td>3. Distribute information to residents on what activities and facilities are available to reduce overweight (e.g. recreation, POS, healthy options, etc.) and that are provided by the Council</td>
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<td></td>
<td>4. Introduce/pilot community gardens</td>
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<td>5. Develop and implement a healthy catering policy for all Council functions and meetings</td>
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<td></td>
<td>6. Support self-reliance of residents to access and grow their own fresh produce</td>
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<td></td>
<td>7. Advocate to improve access to affordable fruit and vegetables for our priority populations</td>
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<td></td>
<td>8. Offer FoodCents and/ other nutrition education to the community</td>
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<td></td>
<td>9. Advocate for an indoor pool – hydrotherapy pool and offer more pool based activities</td>
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<td></td>
<td>10. Promote integrated cycle skills workshops targeting women, older people and multicultural populations – establish cycling communities</td>
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<td></td>
<td>11. Encourage Shire staff to compete in physical activity challenges</td>
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<td></td>
<td>12. Run an annual Northam triathlon</td>
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<td></td>
<td>13. Commence a healthy menu award for cafes and pubs</td>
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</tbody>
</table>